



**We asked, you answered.**

AMERICAN HOSPITAL ASSOCIATION SPECIAL EDITION

# Building a Culture of Safety in Health Care



*Advancing Health in America*



# A Letter from AHA Leaders on Infection Prevention and Control

**A**s a leading health care organization serving hospitals and health systems across the country, the American Hospital Association continually looks for opportunities to gain feedback from our members so we can effectively meet their needs. We know that being a good listener builds trust, nurtures relationships and creates opportunities for positive changes.

In health care, listening helps us identify challenges, share what's working, improve outcomes and create better patient experiences.

That's why AHA conducted a series of listening sessions with health care workers from across the field to discuss the state of infection prevention and control. Conversations focused on everyday infection prevention and control risks, interventions, insights and lessons learned. We talked about empowering frontline teams, getting back to the fundamentals of infection prevention, and designing and deploying new practices and protocols.

We also talked about the role of leadership and a culture of safety that recognizes health care workers are human and when we work together, we can minimize errors and maximize quality.

We are pleased to share highlights from the infection prevention and control listening sessions in this special report. We thank everyone who participated for their honesty and compassion.

Patient safety and quality of care are at the core of what we all want to achieve in health care. They are powerful drivers for creating a just society of healthy communities, where all individuals reach their highest potential for health.



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# Situation Overview

When it comes to infection prevention and control, it's impossible to prevent all health care-associated infections. History and science have proven that some are unavoidable.

Still, every day hospitals and health systems across the country are working tirelessly to build a strong and sustainable culture of safety and pushing toward a better future of health care for all. By examining lessons learned from the pandemic and trusting the fundamentals of infection prevention and control, progress is happening.

What's working? A focus on structure, process and outcome.

That's what we heard from nearly 350 health care professionals nationwide — including nurses, administrators, CNOs, directors of quality and safety, infection preventionists, epidemiologists, dietary directors and more — who participated in a series of infection prevention and control listening sessions hosted by AHA.

We asked the questions that are on the minds of hospital and health system leaders across the country and the participating health care professionals responded by sharing knowledge, pain points, actions and opportunities for improving infection prevention and control. Each brought their experiences and perspectives to the discussion.

This special edition report highlights key takeaways from these listening sessions.



## Discussion Goal

Gather different perspectives on HAI prevention from health care professionals involved in direct and indirect patient care. Focus on HAI contributing factors, barriers to success and strategies for improvement.



## What daily challenges do you encounter that prevent you from effectively and consistently participating in infection prevention and control practices?



### Common Pain Points:

- Staffing issues, such as shortages, change in management, increased use of staffing agencies, burnout and lack of ongoing training opportunities.
- Data burden, such as manual surveillance process and data collection.
- Limited medical supplies, such as PPE, and challenging environmental logistics, such as reduced table space for food service meal trays.
- Support from leadership to make infection prevention and control an enterprise-wide priority.



### What People Said:

“I’m still spending more time putting out COVID-19 fires and managing data than I am on patient care.”

“We don’t have enough table space in our patient rooms, which causes clinical staff to use the over-bed table as a staging place for patient treatment and items. This causes a problem when the meal tray needs to be delivered because the bottom of the tray becomes a transmission source.”



### The Aha! Moment

Going virtual impacted the infection prevention and control training process. While it allowed staff to meet, the majority agreed that nothing beats hands-on training. Plus, the physicality of in-person training presents a sense of community that can easily be lost online. By training together, team members have bonding experiences not easily replicated in a virtual setting.

### AHA Related Resources and Support:

- [Project Firstline](#)
- [Strengthening the Health Care Workforce](#)
- [Clinician Well-being Playbook](#)





## If you could design your daily work to do things you really need to do, what would that look like?

### Common Responses:

- Create more opportunities for communication and accountability, such as leadership rounding and device checks, daily safety huddles and unit-based council meetings.
- Increase staff and leadership support for infection prevention and control. That allows nurses to spend more time at the bedside as additional staff is brought on to assist with high-risk procedures and improves the nurse-patient ratios.
- Invest in software systems for better reporting. Automated reporting can make communications with health departments and NHSN easier, faster and more efficient.
- Make infection prevention and control part of the community. Offer education opportunities customized for diverse populations and made available through community organizations, such as senior centers, recreation facilities, daycares, schools and more.

### What People Said:

“We need front line staff to really be engaged. They are KEY!! This should start in nursing school, and always be reinforced daily in safety huddles.”

“Time and budget to provide the needed education and more time to be down on the units rounding and answering questions with staff who have time to talk and be educated.”

“Infection control is a dynamic role, more time needed for education on changing technologies and practices. Better software systems and electronic medical records and reports would be beneficial.”



### The Aha! Moment

COVID-19 and the vaccine rollout demonstrated the effectiveness of empowering people and communities to help stop the spread of infectious illnesses. Key to success was forming effective partnerships with community groups and offering easy to use — and share — educational materials.

#### AHA Related Resources and Support:

- [Overcoming Mindsets](#)
- [Patient and Family Engagement](#)
- [CUSP Onboarding Modules](#)
- [Role of the Nurse Manager](#)



# If your organization saw increases in HAIs during the COVID-19 pandemic, what were the key factors that led to those increases?



## Common Responses:

- Longer lengths of stay for patients. As a result, patients needed their central lines and foleys in place for extended periods of time, directly impacting MRSA, CLABSI and CAUTI rates.
- Lack of hand washing and lack of antimicrobial stewardship.
- Severity of proning — it's hard to get to lines for care or dressing changes.
- Loss of trust and credibility in infection preventionists due to frequent guideline changes.
- Breakdown of communications across the organization, supply chain interruptions (such as PPE) and staffing shortages



## What People Said:

"IP suffered loss of trust/credibility related to ever changing guidelines ... still don't think that has recovered." – IP Director

"During COVID-19 we wanted less exposure. Get in, do the necessities, and get out- at least in the beginning."

"All of our CAUTIs were proned covid patients with greater than 10 days of stay."

"Dependency of those with COVID-19 on devices - interestingly less C. diff as many units had fewer patients and this spatial distancing lessened risk of transmission of the bacterium."



## The Aha! Moment

Prone positioning with or without mechanical ventilation has been widely adopted in treating patients with respiratory failure due to COVID-19. It has been shown to improve oxygenation for decades. However, many clinicians were unfamiliar with sustained proning over long periods of time in awake, non-intubated patients prior to the pandemic. Distancing, when necessary, during proning made it difficult for clinicians to monitor and maintain central lines leading to increased infection rates.



## AHA Related Resources and Support:

- [Building a Case for Infection Prevention](#)
- [HAI Calculator Tools](#)
- [Strategies for Preventing HAIs](#)



# If your organization saw decreases in HAIs, what were the key factors that led to those decreases?

## Common Responses

- Aggressively instituted protocols to help limit spread of infection once a COVID-19 patient was admitted on the unit.
- Posted visible reminders, such as door and chart alerts.
- Consistently discussed use of catheters and infection prevention protocols during roundings as ongoing coaching and training opportunities.
- Enhanced environmental cleaning and hand hygiene practices.
- Increased education on infection screening for new staff and unit nurses, including travel nurses.

## What People Said

“Since we mass onboarded travel nurses in our ICU, our HAI were eliminated for eight months.”

“We have daily line meetings with reasons/needs discussed. That then allows me to zero in on which charts to audit and who to round on. It has been very effective to keep need on everyone’s minds.”

“We do K card audits; one audit per shift per day focusing on our top three challenges with CLABSI bundle.”

“We created a ticket to test for C. diff to decrease inappropriate testing or not testing when we should have sent a test.”

“In 2020, decreased HAI C. diff from increased EVS cleaning, good hand hygiene and PPE practices. However, in 2021-2022 (current), C. diff cases increased with challenges around staff burnout and staffing challenges, decreased attentiveness on EVS cleaning and hand hygiene and PPE practices.”

“We increased education around infection screening for the intake department and for unit nurses so we could isolate pts for medical eval to limit spread and identify POA infections with greater efficacy.”



## The Aha! Moment

Hospitals and health systems must learn to create an “always coaching” culture to continually educate staff on HAI risks and reduce rates. In addition to formal training, this can include highly visible training tips and reminders posted where team members commonly gather and daily discussions on protocols and testing.

### AHA Related Resources and Support:

- [Hand Hygiene](#)
- [Environmental Cleaning](#)
- [Personal Protective Equipment](#)
- [Competency-based Training, Audits and Feedback](#)



## What is one professional lesson learned from the COVID-19 pandemic you'd like to share with your peers?



### Common Responses

- Communication is key, but often times we need to slow it down to ensure clarity — especially when everyone is moving quickly. Frequent huddles are also essential to addressing medical emergencies and ongoing challenges like the pandemic.
- Health care workers are human with emotional, physical and mental needs. We need to provide greater support — both physically and emotionally, and provide staff with the resources they need to take care of their patients and themselves.
- Learned to be humble because no person is always right. Never assume you know it all or have all the answers.
- There's no replacement for first-hand knowledge. Being front and center on a unit to observe, coach, support and mentor the staff reinforces a safety culture and nurtures innovative ideas to address problems.
- There is real power in infection preventionists working side-by-side with other caregivers and engaging all staff in infection prevention.



### What People Said

"I prefer that IPs be thought of as 'safety spotters' to empower staff to do the right things in a complex and confusing environment."

"I gained trust with staff by being available to answer questions even after hours, providing guidance from CDC and links to current guidance in ever-changing world, dispelling fears and working on behalf of team to ensure a safe workplace."  
— Infection Preventionist

"Family needs to be present for end of life!"

"Hand hygiene really is the cornerstone of infection prevention. I can't push it enough. And it really takes a village to keep infections out of the hospital/in check. Collaboration and professional respect are key."



“Family is important during all aspects of care — we lost that during the height of the pandemic and now often staff frown because family is present — like it’s a burden.”

“Increase daily rounding. Talking to staff about them/getting to know them to build rapport and respect so they feel comfortable bringing issues to me is key.” — Infection Preventionist



## The Aha! Moment

Too often, health care workers believe infection prevention and control is not their responsibility, that it’s an infection prevention specialist or leadership problem. We feel less responsible when we think someone else will take on the burden, but infection prevention and control is the responsibility of everyone working in a health care setting.

### AHA Related Resources and Support

- [Strategies for Preventing HAIs](#)
- [Patient and Family Engagement](#)





# Was there something that you started doing during the COVID-19 pandemic that you are continuing to do?

## Common Responses

- Placing greater focus on self-care. Hospitals and health systems have created staff respite rooms, outdoor eating areas and other dedicated spaces that encourage mindfulness and care.
- Using virtual technology, such as Zoom, for staff meetings to foster a sense of connectivity, engage more people in conversation and encourage attendance.
- Increasing rounding and opportunities for communication among multidisciplinary teams.
- Having readily available resources, such as isolation and CDC guidelines, so teams can work together to solve problems.
- Infection prevention education gamification, which makes training interactive and fun.



## What People Said

“I have definitely amped up my rounding to all areas and find surprising things daily.”

“Specific donning and doffing stations and training to frontline staff about these stations (clean on top/dirty on bottom) really helped bedside caregivers.”

“Communicating our IP nurse bundles and documentation for CLABSI, CAUTI and C. diff that were already in place. Supply changes, and process for PPE education.”

“Enhanced system-wide approach to IP, quality, supply chain issues, safety events, etc.”

“Infection Prevention education games. Staff engage more with it. We also put in an eating area outside for our staff so they can step out of the hospital and take a break AWAY from the actual hospital!”

## The Aha! Moment

The more motivated a person is, the more they will learn, which leads to higher performance. By gamifying infection prevention and control training, team members may become better motivated, information can be easier to remember, and more people may participate because it’s fun.

### AHA Related Resources and Support

- Culture
- Clinician Well-being Playbook
- Personal Protective Equipment