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# Strategic Plan

Version 2.0 October 2010

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## CORE VISION

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*Core Vision describes an organization's consistent identity that transcends all changes related to its relevant environment. Core ideology consists of two notions: **Core Purpose** – the organization's reason for being – and **Core Values** – essential and enduring principles that guide an organization, its behaviors and actions.*

### **Core Purpose**

The organization's central purpose is to prevent and control healthcare-associated infections and advance the field of healthcare epidemiology.

### **Core Values**

SHEA as an organization:

1. Advances the science of healthcare epidemiology through research and education
2. Translates knowledge into effective policy and practice
3. Mentors, trains and promotes professional development in healthcare epidemiology
4. Collaborates and shares expertise with other organizations
5. Adheres to high ethical standards and promotes honesty and ethical principles in the practice of epidemiology

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## ENVISIONED FUTURE (10-15 YEAR TIME HORIZON)

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*An **Envisioned Future** conveys a concrete, but yet unrealized, vision for the organization. This is carried forward from the prior SHEA strategic plan.*

### **Goal**

To be the professional society that:

1. Leads and advances the science and application of healthcare epidemiology and infection prevention **and**
2. Drives healthcare epidemiology practice and public policy.

### **Vivid Description (What Constitutes Success)**

1. Professionals, policy makers and payors recognize SHEA as an essential and valued source of Infection Prevention information and expertise
2. Allied groups find SHEA to be an outstanding partner for research, education and policy making.
3. Professionals consider SHEA's educational offerings valuable to their career and scientific development.
4. Healthcare Epidemiologists and Infection Preventionists view SHEA membership as a core aspect of their professional identity.
5. Increased funding for research is available to advance the field and abundant opportunities for education and training exist for those choosing to pursue a career in healthcare epidemiology.

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## GOALS & OBJECTIVES

### ~ 3-5 YEAR TIME HORIZON ~

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**GOAL: EDUCATION**

HEALTHCARE PROFESSIONALS VALUE SHEA INFORMATION AND EDUCATIONAL RESOURCES AS ESSENTIAL TO PROFESSIONAL DEVELOPMENT AND LIFELONG LEARNING IN HEALTHCARE EPIDEMIOLOGY.

Objectives:

1. Offer a continuum of training and education content suitable to lifelong learning that is accessible to domestic and international learners.
2. Enhance quality and relevance of educational and informational resources of SHEA to support interprofessional education in healthcare epidemiology and infection prevention.
3. Establish core competencies in HAI prevention and control and offer a certificate in healthcare epidemiology.
4. Maintain compliance with ACCME criteria for high quality, unbiased educational content.
5. Advance the prominence of the society's journal, *Infection Control and Hospital Epidemiology*.

**GOAL: RESEARCH**

SHEA LEADS HEALTHCARE EPIDEMIOLOGY AND HEALTHCARE-ASSOCIATED INFECTION (HAI) PREVENTION RESEARCH

Objectives:

1. Identify and promote SHEA's Research Agenda
2. Establish policy and process for review and promotion of key research topics in healthcare epidemiology and infection prevention.
3. Identify and exploit opportunities to conduct, sponsor, or promote high-quality research projects including those utilizing the SHEA research network
4. Support and develop future healthcare epidemiology researchers
5. Establish a 501c3 charitable foundation to support research, scholarship and mentorship

**GOAL: PUBLIC POLICY**

SHEA IS THE INDISPENSABLE SOURCE OF SCIENTIFIC INFORMATION IN THE NON-GOVERNMENTAL SECTOR THAT INFORMS POLICYMAKERS AND ESTABLISHES GUIDANCE ON INFECTION PREVENTION

Objectives:

1. Define a sound and persuasive policy platform to advance HAI prevention in patient care, research, education and training, and the practice of healthcare epidemiology
2. Demonstrate value to members in advancing SHEA policy platform
3. Create robust policy infrastructure to advance policy priorities.

**GOAL: ADVANCING THE SCIENCE AND PRACTICE OF HAI PREVENTION**

SHEA IS A LEADER IN PROMOTING IMPLEMENTATION OF PRACTICAL STRATEGIES FOR HEALTHCARE-ASSOCIATED INFECTION PREVENTION.

Objectives:

1. Sustain development and dissemination of expert guidelines addressing healthcare associated infections.
2. Contribute to performance measure development for healthcare-associated infections.
3. Promote understanding of healthcare epidemiology and its role in healthcare
4. Champion effective antimicrobial stewardship to prevent resistance and promote patient safety and quality improvement.

**GOAL: COLLABORATION**  
MEMBERS BENEFIT FROM STRATEGIC RELATIONSHIPS  
BETWEEN SHEA AND OTHER ORGANIZATIONS WITH  
SIMILAR OBJECTIVES.

Objectives:

1. Strengthen communication and collaboration with other professional societies and organizations to improve educational and advocacy efforts for members:
  - a. International societies and organizations focused in infection prevention
  - b. U.S. sister societies
2. Promote partnership with similar organizations to advance research initiatives relevant to SHEA members.
3. Identify effective expert liaisons represent SHEA positions to external entities and convey opportunities back to the organization.

**GOAL: ORGANIZATIONAL INFRASTRUCTURE**  
SHEA'S GOVERNANCE AND COMMITTEE STRUCTURE  
EFFECTIVELY SUPPORTS THE ACHIEVEMENT OF THE  
STRATEGIC VISION AND GOALS.

Objectives:

1. Achieve and sustain alignment of organizational structure and capacity with strategic goals.
2. Ensure representativeness and inclusiveness of volunteer/member participation in Board of Trustees, committees, task forces, guideline and policy writing groups, and society liaisons.
3. Enhance profitability of revenue streams from Annual Meeting, journals and SHEA educational programs and develop other revenue sources to support important activities.
4. Achieve significant, measurable membership growth among:
  - a. Public health officials
  - b. Non-ID trained health professionals involved in HAI prevention
  - c. Young physicians with intent to specialize in healthcare epidemiology
  - d. International professionals with interest in HAI prevention
5. Establish a process to sustain an ongoing strategic planning process.

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## SHEA GOALS AND OBJECTIVES 2010-2015

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**Goals** describe the outcomes the organization will achieve for its stakeholders (members, customers, etc.)

**Objectives** describe what we want to have happen with an issue. What would constitute success in observable or measurable terms? They should be stated using words that indicate a change in direction - e.g., increase, expand, decrease, reduce, consolidate, abandon, etc.

**Tasks** identify specific activities that describe HOW the organization will use its resources to achieve the goal. They are typically stated with action words such as promote, develop, inform, identify, etc.

**Metrics** define how SHEA will measure achievement of goals and objectives and involve data collection, evaluation of programs and activities, external feedback and other measurable indices.

## EDUCATION

**GOAL: HEALTHCARE PROFESSIONALS VALUE SHEA INFORMATION AND EDUCATIONAL RESOURCES AS ESSENTIAL TO PROFESSIONAL DEVELOPMENT AND LIFELONG LEARNING IN HEALTHCARE EPIDEMIOLOGY.**

### OBJECTIVES

- 1. Offer a continuum of training and education content suitable to lifelong learning that is accessible to domestic and international learners.**

By 2015, SHEA educational offerings meet the test of diversity in the following areas: subject content, geographic accessibility, learning format, length/time commitment, CME, online vs. live, and pricepoint.

### Tasks

1. Develop programs that recruit, train and retain professionals with expertise in healthcare epidemiology and infection prevention
2. Target program development for individuals in medical school, fellowship training, and other professional schools of post-graduate education (e.g., nursing, pharmacy).
3. Develop a comprehensive plan for meetings and educational programs that meet the diverse needs of SHEA members and other healthcare professionals with interest in healthcare epidemiology and infection prevention.
  - a. Evaluate current spectrum of educational content.
  - b. Identify comprehensive desired list of educational content that will be delivered by SHEA
  - c. Prioritize areas for development.
  - d. Identify subject matter experts within SHEA leadership and members at large required to develop prioritized content type(s)
  - e. Establish timeline for content development and delivery
  - f. Identify potential partners for any of the prioritized content types or topics
  - g. Test methods and evaluate offerings in order to promote ongoing program development and improvement

4. Reassess annually external programs modeled on SHEA education content (e.g., ESCMID course; GCC course)
5. Review and standardize educational development procedures:
  - a. Course content development
  - b. Educational need assessment
  - c. Identification of medical practice change/behavior change,
  - d. Recruitment and compensation of faculty
  - e. Promotion and audience generation
  - f. Ongoing evaluation and modification .

### Metrics

- Number of users by activity type and overall
- Listing of educational formats and topic areas
- Ratio of online to live offerings
- Summary data on key audiences across offerings to demonstrate geographic and professional applicability and accessibility
- Growth rates in geographic or professional users of SHEA educational content

## **2. Enhance quality and relevance of educational and informational resources of SHEA to support interprofessional<sup>1</sup> education in healthcare epidemiology and infection prevention.<sup>2</sup>**

### Tasks

1. Evaluate more thoroughly SHEA current market audience and identify gaps.
2. Identify new targets for audience development with focus on interprofessional education (e.g. pharmacists), trainees/fellows and international communities (e.g. Latin/South America, India, China).
3. Identify core organizations for partnership in audience development and recruitment.

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<sup>1</sup> Interprofessional Education refers to “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE, 1997 revised) found in Journal of Interprofessional Education.

<sup>2</sup> SHEA educational programs and content are used by a wide spectrum of clinicians, researchers, trainees and infection prevention professionals. The quality of educational programs is highly regarded, yet programs are not tailored to basic as well as advanced audiences. Further, educational content is not accessible in a variety of formats (e.g., live course, online, journal based).

4. Conduct needs assessment to identify key data, technologies, skill sets or other requirements to ensure SHEA has capacity to target and generate audience for educational offerings
5. Identify 3-5 priority audience targets and develop outreach plan.
6. Measure change in audience participation, size and geographic distribution and adjust tactics as appropriate.

### Metrics

- Geographic distribution of users; percentage change over time
- Professional demographics of users; percentage change over time
- Percentage of audience that are SHEA members; percentage change over time
- Distribution of audience across type (e.g. physician, pharmacist etc); change over time
- Quality measurement of evaluation feedback by audience sector to assess fit of content to audience group

### **3. Establish core competencies in HAI prevention and control and offer Certificate in Healthcare Epidemiology<sup>3</sup>**

#### Tasks

1. Conduct market analysis to identify other certificate or professional development programs in this field to ensure unique niche.
2. Outline of the core competencies that SHEA envisions being the foundation of a Certificate in Healthcare Epidemiology.
3. Consult with external group of experts for confirmation of this set and identification of other topics
4. Consider two-tiers: Basic Certificate and Advanced Certificate.
5. Establish task force to develop certificate requirements
6. Create curriculum based on 2&3 and identify methods for content delivery (eg live course vs. webinar/online/podcast)

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<sup>3</sup> Currently, there is no board certification for physicians who practice healthcare epidemiology. In addition, training in this area is only a minor component of infectious disease fellow training. Consequently, there is a need to establish a more rigorous set of core skills in this field that can be applied not only to healthcare epidemiologists but also to others with designated responsibility for infection prevention and control within healthcare settings. This will also potentially provide certificate holders with more marketable qualifications during employment negotiations.

## Metrics

- Creation of certificate program
- External ratification of content/subject area
- Number of external organizations requiring certificate completion
- Number of members/non members seeking certificate
- Evaluation data of educational content to complete certificate
- Evaluation data regarding effectiveness of delivery method for educational content
- Growth in certificate holders over time
- Attendance data for educational components of certificate (e.g. course)

### **4. Maintain compliance with ACCME criteria for high quality, unbiased educational content**

As an accredited provider of continuing medical education, compliance with ACCME criteria is essential not only to maintain accreditation, but as a guarantee of quality educational program development.

## Tasks

1. Annual CME Committee review of SHEA educational activities and report to Board of Trustees and Membership regarding compliance with ACCME and quality measures of educational content
2. Conduct annual training for planners and faculty of all educational programs in conflict of interest management and SHEA educational policies and procedures

## Metrics

- Successful compliance with ACCME deadlines for annual reporting and reaccreditation
- Maintenance of records demonstrating compliance with ACCME criteria at SHEA HQ
- 100% compliance in training for policies and procedures among planners and faculty
- 100% compliance with COI disclosure and management policies
- 100% compliance with commercial support criteria

### **5. Advance the prominence of the society's journal, *Infection Control and Hospital Epidemiology*.**

## Tasks

1. Identify on a monthly basis key articles published in ICHE relating to policy or research agenda of SHEA for promotion via policy communication and media development.
2. Support the ICHE editorial board and publisher in implementing CME for journal reviewers as a means of attracting and retaining high caliber reviewers.
3. Evaluate whether journal-based CME activities are appropriate for accomplishing this goal for SHEA.

### Metrics

- Number of identified articles for media or policy communication
- Annual evaluation of CME for journal reviewers; number of credits provided
- Clear evaluation of cost-benefit of potential journal-based CME activities
- Note: not directly affected by SHEA activities, but measures of ICHE growth:
  - Impact factor
  - Number of submissions; rejection rate
  - Time to print
  - Advertising
  - Reprint sales

### **Overall Outcomes**

By 2015, SHEA will have a comprehensive array of premier information resources, training and education products in the field of healthcare epidemiology. This content will be accessible both from geographic and learning capability standpoints and known by external organizations as the foundation for professional development in this field.

### Metrics

- Number trained; number granted CME
- Number of users of educational programs
- Replication of course – frequency; attendance
- Handbook distribution/circulation numbers
- Demographics of users/attendees by profession, degree, institution, size of institution, job role
- Qualitative scores of educational programs for content and faculty
- Documented processes for CQI in educational program development
- List of number and types of organizations seeking educational content from SHEA (e.g. states, hospitals, ASCs, LTC, international organizations)
- List of organizations citing or linking to SHEA educational programs; promoting same in organizational communications
- Measures of change in practice through follow on surveys

## Immediate Tasks

1. Evaluate existing SHEA educational content to identify potential opportunities for enduring material development, new course content etc.
2. Prioritize areas for short-term content and program development.
  - a. Antimicrobial stewardship curriculum and learning activity development
  - b. Advanced epi methods components for SHEA-CDC Course and other delivery formats
  - c. Research design modules/educational activities
  - d. 2-day SHEA-CDC Course format (possibly developed with international input for that audience)
  - e. Enduring materials derived from workshops and sessions at SHEA 2011
  - f. New formats (podcasts/ expert Q&A)
  - g. Exploration of journal-based CME
  - h. Development of SHEA speakers' bureau
3. Create a working group to be exploring the possibility of a recurring healthcare epidemiology certificate offering.
4. Develop 1-3 online learning modules based on existing educational content (e.g. antimicrobial stewardship lecture with pre/post test)
5. Create learning center "content" for SHEA website - development of concept for content, look and feel etc.
6. Evaluate potential work scope and contract with educational content development support (individual consultant or firm) to work with existing SHEA staff and Sr. Manager Education to accomplish the above tasks.
7. Reassess an initiative to develop webinar series tied to the SHEA-IDSA Compendium. <sup>4</sup>

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<sup>4</sup> Note: this was identified last fall and overtaken by H1N1 for execution. Unclear whether this is immediate task v.v. priorities Model: 90 minute archived webinars with multi-site recorded presentation synched to slide decks. Option for pre and post testing with CME component as enduring material development. Need hosting, program coordination, design and audience generation support. SHEA to identify core speakers, content and format with partners (APIC, AHA, IDSA and JC on board)

# RESEARCH

**GOAL: SHEA LEADS HEALTHCARE EPIDEMIOLOGY AND HEALTHCARE-ASSOCIATED INFECTION (HAI) PREVENTION RESEARCH**

## OBJECTIVES

### 1. Identify and Promote SHEA's Research Agenda

#### Tasks

1. Enumerate barriers to HAI research and define methods to eliminate those barriers.
2. Influence funders and policymakers to incorporate SHEA priority research agenda.
3. Identify priority federal agencies, international agencies and international partner institutions to which SHEA :
  - a. communicates its research agenda
  - b. recommends funding and research priorities and
  - c. seeks collaborative opportunities to foster US and international multi-center research initiatives
4. Identify focused communication goals to define SHEA's 2-5 year footprint in healthcare epidemiology and HAI research through media consulting resources and SHEA member communication channels.
5. Formulate additional steps to publicize the agenda and advocate for investment, for example
  - a. Congressional communications/briefings
  - b. Meetings with key agencies and external organizations with research emphasis
  - c. Meetings with 1-2 key foundations with HAI and research focus
  - d. Webinars/podcasts or other knowledge generating mechanisms
6. Collaborate (Research and PPGA Committees) to identify policy components that support the agenda and communications goals (e.g., funding earmarks etc.)
7. Identify key external organizations through which to deliver research agenda message (e.g., presentations at IHI annual meeting)

## Metrics

- Media publicity about research agenda and prevalence of key communications messages
- Number of meetings and organizations knowledgeable about the SHEA research agenda
- Growth in funding resources available for topics listed in the SHEA research agenda
- Growth in SHEA-secured resources to support the research agenda

## **2. Establish a policy and process for review and promotion of key research topics in healthcare epidemiology and infection prevention.**

### Tasks:

1. Identify criteria and tools to evaluate research topics nominated from membership and external sources for promotion by SHEA.
2. Develop informational resources to assist researchers (e.g., sample IRB application)
3. Establish a review body to assess research opportunities that may be candidates for SHEA Research Network or other SHEA support.
4. Disseminate policy to members

## **3. Identify and exploit opportunities to conduct, sponsor, or promote high-quality research projects including those utilizing the SHEA research network**

### Tasks

1. Identify at least 100 hospitals committed to forming a network to address research questions of interest to the SHEA membership and determine number necessary to conduct initial study.
2. Invest in infrastructure to ensure viability of the SHEA Research Network.
3. Define organizational structure, including frequency of communication, method of communication, leadership, decision making governance and resource needs
4. Construct policies in accordance with the SHEA research agenda and strategic goals that define the society's approach to future research requests.

5. In tandem with the aims of the SHEA research agenda (as defined by Enhancing Patient Safety by Reducing Healthcare-Associated Infections: The Role of Discovery and Dissemination) identify 3-5 key research questions.
6. Based on Board feedback, committee deliberation and input from the network participants, determine study question that will demonstrate the Network's viability for addressing future questions (aligned with the research agenda).
7. Perform an initial study. Analyze results, seek external review and submit for publication.
8. Identify potential revenue streams to support Research Network
9. Identify and secure appropriate partner involvement

### Metrics

- Creation of research network structure
- Feasibility of study questions
- Number of studies submitted and deployed
- Participation rates in deployed studies
- Qualitative evaluation of study design and deployment process
- Investment of SHEA resources to deployed studies; ROI calculation
- Measure of successful publication and/or application of study results (e.g. media measures, policy measures, journal publication measures as applicable)
- Number of partner organizations with interest and/or engagement on research questions
- Amount and percentage growth in dedicated funding for research studies by SHEA network

## **4. Support and develop future healthcare epidemiology researchers**

### Tasks

1. Collaborate with SHEA Education Committee to develop research methods training for healthcare epidemiologists
  - a. Identify core competencies for healthcare epidemiology research
  - b. Conduct needs assessment with Education Committee on training needs in research methods
  - c. Identify content and delivery mechanisms for advancing knowledge (e.g., workshops/programs tied to annual meeting, training course modules, discreet training forums, webinars etc.

- d. Identify partner organizations and faculty
2. Create task force of past investigator and pediatric investigator recipients to give insight to research committee and board
3. Explore Fellowship programs, scholarships or other mechanisms for SHEA to recruit, cultivate and promote healthcare epidemiology researchers.

### Metrics

- Creation of research competencies
- Needs assessment results
- Number of research abstracts submitted to SHEA by trainees
- Creation of content for research training curriculum
- Data on learners and evaluation of content
- Growth in scholarships, research grants etc. underwritten by SHEA; comparison to goal rate
- Growth in SHEA Mentor Scholar Fund
- Implementation of investigator task force recommendations
- Implementation of one or more funding mechanisms to sustain research investment

## **5. Create a 501c3 charitable foundation to support research, scholarship and mentorship**

### **Tasks:**

1. Draft purpose and activities of a charitable foundation for education and research in healthcare epidemiology
2. Develop a three-year budget; secure tax-exempt status
3. Identify and evaluate mechanisms for investment, including:
  - a. SHEA Founding Contribution
  - b. Named scholarship program (e.g., covers course and annual meeting focused on trainees with research focus)
  - c. Corporate and Foundation grant funding

## **Overall Expected Outcomes**

By 2015, SHEA will be recognized as a leader in articulating the priority research agenda for the field of healthcare epidemiology and HAI prevention. Through its work in developing and deploying a research consortium and utilizing the expertise of members, SHEA will contribute to the conduct of research on priority scientific questions. Further, the expertise of SHEA members, through its Research Committee, will yield premier training components in research methods applicable to the field. These activities will be supported by SHEA's policy messaging and efforts to build sustainable funding resources dedicated to this strategic goal.

### Metrics

- Number of modules/trainings presented
- Number of physicians trained in research methods
- Demographics of users/attendees by profession, degree, institution, size of institution, job role
- Qualitative evaluation of training content
- Representation of trained individuals at SHEA trainings, conferences and other educational programs
- Representation of trained individuals in accepted abstracts; ICHE published articles
- Growth in applications for scholarships and grants
- Growth in applications/nominations for SHEA research awards (investigator, pediatric investigator)
- Number of studies conducted by SHEA Research Network
- Amount/growth of sustainable funding streams for SHEA research agenda

### **Immediate tasks:**

1. Clarify priorities for the society; choose 1-2 initial tasks
2. Give specific charge to the SHEA standing committees – Research and Education
3. Identify resource and/or staff capacity needs to support level of effort
4. Board decision on 501c3 foundation
5. Identify key partners for research efforts
6. Identify 4-5 potential funding sources

## PUBLIC POLICY

**GOAL: SHEA IS THE INDISPENSABLE SOURCE OF SCIENTIFIC INFORMATION IN THE NON-GOVERNMENTAL SECTOR THAT INFORMS POLICYMAKERS AND ESTABLISHES GUIDANCE ON INFECTION PREVENTION**

### OBJECTIVES

- 1. Define a sound and persuasive policy platform to advance HAI prevention in patient care, research, education and training and the practice of healthcare epidemiology.**

#### Tasks

1. The PPGA Committee will identify and articulate core policy principles for endorsement by the SHEA Board.
2. The committee will perform a periodic assessment (yearly?) to determine emerging issues, risks to the field, and opportunities that informs an evolving and prospective policy agenda.
3. Identify regulatory agencies and key federal legislators to whom policy agenda should be messaged.
4. Identify and partner with stakeholder organizations and coalitions on policy priorities.
5. Inform and engage members in policy activities.
6. Collaborate with the Research and Education Committees to identify policy components relevant to other strategic objectives e.g., research, workforce training.
7. Identify need for and contribute to effective education programs that inform the field on policy issues affecting the practice of healthcare epidemiology and HAI prevention.

#### Metrics

- Material exists that articulates policy agenda (e.g., position papers, educational materials, web resources, fact sheets)
- Measure of member buy-in on policy principles (e.g. member survey)
- Measure of awareness of SHEA policy principles (e.g. among congressional staff, agency officials, external organizations)

- Evidence of SHEA policy principles in media coverage, key policy publications
- Level of participation in key policy dialogues (e.g. national HAI action strategy agenda, task forces, etc)

## **2. Demonstrate value to members in advancing SHEA policy platform**

### Tasks

1. Communicate to members the key accomplishments and investments in policy development and advocacy.
2. Identify member expectations and needs for policy information and support.
  - a. Conduct membership survey to determine needs/expectations relating to policy agenda e.g. Priority issues? Level/type of desired involvement on part of SHEA staff? Level/type of desired involvement on part of SHEA members? Benefit to international members?
  - b. Review findings with Board and relevant standing committees (PPGA, Education, Research, Guidelines, Publications) as necessary to determine strategies to meet needs

### Metrics

- Knowledge of member priorities regarding issue areas and desired role for SHEA in regulatory versus legislative activities (e.g., via member survey).
- Survey results regarding member demand and availability for personal engagement in policy activities.
- Web hits on policy documents available to members
- Knowledge of impact/relevance of policy documents/guidelines to international membership.

### **3. Create robust policy infrastructure to advance policy priorities.**

#### Tasks

1. Create prioritized, incremental plan for building advocacy infrastructure, policy network, communications tools, etc. that support policy agenda, as determined to be appropriate (see objective 2).
2. PPGA Committee will consider issues and develop SHEA documents articulating key elements of policy agenda (e.g. testimony, comments, correspondence, position statements).
3. Conduct meetings with key federal agencies, congress and external organizations related to policy priorities.
4. Identify and deploy consulting resources, as necessary to augment staff, to develop and execute strategy that highlights policy principles. For example:
  - a. Media strategies (e.g. telebriefings, releases, targeted pitching and interviews)
  - b. Congressional communications/briefings
  - c. Webinars/podcasts or other educational mechanisms

#### Metrics

- Evidence of increased awareness of policy priorities among federal legislators, regulators and SHEA members.
- Impact of SHEA meetings/communications addressing policy issues.
- Evidence of SHEA policy principles in media coverage and key policy publications.
- Evidence of SHEA member engagement in policy agenda.

#### **Overall Outcomes**

By 2015, SHEA will be recognized as the leader in articulating the policy agenda for the field of healthcare epidemiology and HAI prevention. SHEA will be in a position to clearly articulate what it stands for in the policy arena, understand the needs of its members as relates to policy priorities and have a plan in place to carry forward the Society's policy agenda. Above all, SHEA will remain steadfast as a society whose expertise is sought by healthcare regulatory and accrediting agencies and its scientific voice is influential in guiding decision-making bodies towards rational, effective, cost-conscious policies

**Immediate tasks:**

1. Solidify core principles of the SHEA policy agenda
2. Engage membership to assess priorities/needs/expectations relating to policy activities.
3. Establish process for periodic review of vulnerabilities/opportunities and priority-setting for SHEA public policy agenda.

# ADVANCING THE SCIENCE AND PRACTICE OF HAI PREVENTION

**GOAL: SHEA IS A RECOGNIZED LEADER IN PROMOTING IMPLEMENTATION OF PRACTICAL STRATEGIES FOR HEALTHCARE-ASSOCIATED INFECTION PREVENTION.**

## Objectives:

- 1. Sustain development and dissemination of expert guidelines addressing healthcare associated infections.**

## Tasks

1. Formalize process and mechanisms to support the SHEA Guidelines Committee's formation of writing groups for SHEA guidelines, including ensuring the disclosure, review and management of potential conflicts of interest.
2. Formalize Committee procedures and consistently review existing guidelines for update by SHEA.
3. Identify 2-4 key topics per year for new guideline development by SHEA and/or in collaboration with other professional societies.
4. Maintain strong liaison with HICPAC and coordinate guideline development with that entity as well as IDSA's Standard Practice and Guidelines Committee.
5. Strengthen the partnership with external organizations in maintaining the Compendium of Strategies to Prevent HAIs in Acute Care Settings
  - a. Updates and scientific review
  - b. Management of implementation questions
  - c. Dissemination and implementation strategies, education and public awareness
  - d. Ancillary materials including translations, patient education materials etc.
  - e. Publication and media promotion

## Metrics

- Data on update review of existing SHEA guidelines
- Number of new guidelines developed by SHEA or in partnership with other organizations, annually

- Adherence to process on writing group development
- Outcome of review and whether potential conflicts of interest exist on writing groups
- Strength of liaison relationship with HICPAC
- Web hits and/or reprints of SHEA guidelines published in ICHE
- Output from partnership related to the Compendium.

## **2. Contribute to performance measure development for healthcare-associated infections.**

### Tasks

1. Provide expert liaison and public comment to National Quality Forum measure development process
2. Provide expert participation and public comment to DHHS National Action Strategy on Elimination of HAIs to develop effective measures and target goals on key HAIs in acute-care settings, as well as ambulatory care and long-term care settings.
3. Provide liaison and expert collaboration with the CDC on measure development.

### Metrics

- Identified liaisons to NQF and HAI Steering Committee and other initiatives of national scope
- Public comments of SHEA on performance measures
- Identified liaisons to CDC metrics groups

## **3. Promote understanding of healthcare epidemiology and its role in healthcare.**

### Tasks

1. Execute media and public policy strategies (outlined above) to raise awareness about SHEA and the discipline of healthcare epidemiology
2. Promote local and national expert liaison to key policy initiatives and agencies tasked with HAI prevention leadership.
3. Use certificate initiative within the education goal to highlight the importance of healthcare epidemiology to prevention of HAIs.
4. Identify other initiatives that reinforce the value of healthcare epidemiology.

### Metrics

- Media data on rate of increase in coverage of SHEA and key issues
- Number and position of SHEA liaisons to national and local organizations
- Data on educational program attendance, diversity of professions represented.
- New initiatives identified

#### **4. Champion effective antimicrobial stewardship to prevent resistance and promote patient safety and quality improvement.**

##### Tasks

1. Develop policy statement for SHEA that articulates key mechanisms to make implementation of ASPs in healthcare settings a reality.
2. Develop educational content that emphasizes practical implementation strategies and skills for antimicrobial stewardship in all healthcare settings
3. Seek collaborative relationships with professional organizations interested in antimicrobial stewardship with an emphasis on education, advocacy and harmonization of efforts.

##### Metrics

- Policy statement exists
- Educational content needs regarding antimicrobial stewardship are assessed
- Educational content to meet unmet needs is created/in development
- Measures of increased knowledge, skills and practical implementation of antimicrobial stewardship (as through evaluations, practice improvement assessments)
- Evidence of collaborative partnerships to foster antimicrobial stewardship

##### **Overall Outcomes**

By 2015, SHEA's leadership in guidelines development addressing infection prevention is well-recognized. SHEA expertise is sought from external organizations seeking to develop expert guidelines with relevance to infection prevention and control. SHEA is also seen as a leader and expert resource for antimicrobial stewardship in healthcare settings.

## **Immediate Tasks**

1. Charge Guidelines Committee to identify one-year plan for guidelines development including topics and timelines
2. Identify priority organizations for collaboration in guideline development
3. Reestablish process and participants to sustain the Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute-Care Settings.

# COLLABORATION

**GOAL: MEMBERS BENEFIT FROM STRATEGIC RELATIONSHIPS BETWEEN SHEA AND OTHER ORGANIZATIONS WITH SIMILAR OBJECTIVES.**

## OBJECTIVES

- 1. Strengthen communication and collaboration with other professional societies and organizations to improve educational and advocacy efforts for members:**
  - a. International societies/organizations focused on infection prevention**
  - b. U.S. sister societies**

### Tasks

1. Identify priority relationships for domestic and international organizations
2. Create a tiered strategy to strengthen, expand or initiate partnerships for each priority organization
3. Identify board leaders and other prominent SHEA members to act in liaison and collaborative development roles

### Metrics

- Priority list of organizations identified
- Collaborative initiatives exist with international organizations
- Collaborative initiatives exist with domestic sister societies
- Identification of Board/leader liaisons

- 2. Promote partnership with similar organizations to advance research initiatives relevant to SHEA members.**

### Tasks

1. Identify priority organizations for research collaboration
2. With the SHEA Research Committee, plan methods and workplan for outreach
3. Identify SHEA representatives for key international and domestic meetings with emphasis on promoting research collaboration

### Metrics

- Number of prioritized organizations
- Evidence of outreach to target organizations
- Number of representatives to external meetings
- Impact of representation (e.g., new initiatives, visibility for SHEA)
- Collaborative research initiatives exist

### **3. Identify effective expert liaisons represent SHEA positions to external entities and convey opportunities back to the organization.**

### Tasks

1. Formalize liaison selection, orientation and reporting structure.
2. Initiate member profile capability to more accurately identify expertise within membership for purposes of liaison identification.

### Metrics

- Number and representativeness of liaisons
- Consistency of liaisons in participating in activities; reporting back to SHEA leadership

### **Overall Outcomes**

By 2015, SHEA's reputation for collaboration will be demonstrated through established relationships with priority domestic and international organizations of importance to healthcare epidemiology and infection prevention. SHEA will dedicate sufficient resources to prioritizing, cultivating and sustaining these relationships and resulting initiatives. SHEA liaisons are viewed as expert informants of policy, education and research initiatives and consistently represent the society's interests and inform SHEA leadership about external issues affecting SHEA and its members.

### **Immediate Tasks**

1. Identify priority organizations of strategic interest to SHEA
2. Identify priority issues/initiatives in policy, education and research emphasizing existing projects for collaboration
3. Seek input from SHEA liaisons about communication structures and orientation to maximize effectiveness of liaison representatives
4. Use monthly leader update as communication vehicle to ensure all leaders and representatives of SHEA have current information about initiatives and positions of the organization.

## ORGANIZATIONAL INFRASTRUCTURE

**GOAL: SHEA'S GOVERNANCE AND COMMITTEE STRUCTURE EFFECTIVELY SUPPORTS THE ACHIEVEMENT OF THE STRATEGIC VISION AND GOALS.**

### OBJECTIVES

- 1. Achieve and sustain alignment of organizational structure and capacity with strategic goals.**

#### Tasks

1. Redesign website and align design and functionality with strategic goals as platform for member recruitment, service provision, networking, career development and information.
2. Improve/streamline member recruitment and retention procedures.
3. Evaluate impact of and refine member communication strategies.
4. Evaluate communication methods, services and programs with relevance to international members and stakeholders of SHEA
5. Review committee charges and structure to ensure continued alignment.
6. Evaluate staffing needs annually to ensure alignment with SHEA strategic initiatives.

#### Metrics

- Member satisfaction statistics via new member surveys, periodic member surveys
  - Web metrics on SHEA website
  - Satisfaction and use ratings for member newsletter
  - Appropriateness of charge and number of standing committees and task forces
- 2. Ensure representativeness and inclusiveness of volunteer/member participation in Board of Trustees, committees, task forces, guideline and policy writing groups and society liaisons.**

#### Tasks

1. Formalize diversity expectations within Nominating Committee procedures:

- a. Geographic
- b. Years in the field/years in membership
- c. Size of institution
- d. Academic vs. clinical
- e. Gender
- f. Ethnicity
- g. Professional expertise (e.g. pediatric, microbiology)
2. Revise volunteer application and call for nominations process to promote this objective.
3. Educate members about volunteer opportunities on an ongoing basis via member newsletter, website.
4. Promote diversity in selection of guideline and policy statement writing groups
5. Promote diversity in selection of faculty and invited speakers at SHEA meetings and educational programs.

### Metrics

- Diversity of member representation on committees, task forces, writing groups, liaisons and Board of Trustees
- Number of new volunteers per year
- Diversity in educational faculty and invited speakers at meetings

### **3. Enhance profitability and predictability of revenue streams from Annual Meeting, journals and SHEA educational programs and develop other revenue sources to support important activities.**

### Tasks

1. Create a 501c3 research and education foundation that can in part help fulfill strategic goals in research, professional development of the field and education and training.
2. Promote SHEA's journal revenue through advertising and publication of guidelines and policy papers that elevate reprint revenue
3. Increase net revenues from SHEA 2011 Annual Meeting
4. Promote successful joint meeting with IDSA (2012-2014)
5. Pursue corporate support and other funding streams to offset SHEA-CDC course and fellows course training programs
6. Target online educational programming and other educational content that can generate revenues to support education and training expansion.

## Metrics

- Revenue growth per year; over 5-year period by source
- Net revenue for SHEA 2011; joint meeting
- Creation of foundation; growth in revenue base per year
- Rate of growth in member contributions (non-dues) per year
- SHEA membership growth per year
  - New membership
  - Retention rate
- Net revenue from SHEA educational programs and content

### **4. Achieve significant, measurable membership growth among:**

- a. Public health officials**
- b. Non-ID trained health professional involved in HAI prevention**
- c. Young physicians with intent to specialize in healthcare epidemiology**
- d. International professionals with interest in HAI prevention**

## Tasks

1. Establish partnerships with professional organizations representing public health and international communities with interest in HAI issues
2. Create educational content with relevance to ID Fellows and medical schools
3. Create mentoring opportunities at meetings and other forums to recruit young professionals
4. Partner with international members to promote education and membership connectivity.

## Metrics

- Membership increases in target categories
  - International membership growth
  - Retention of trainees/fellows beyond 1 year of membership
  - New member survey
- 5. Establish a process to sustain ongoing strategic planning.**

## Tasks

1. Conduct annual assessment of progress on strategic plan goals
2. Charge standing committees with reporting progress and proposed activities using strategic plan framework

## Metrics

- Operational activities consistent with strategic plan goals
- Progress on at least 70% of goals
- Committee reports reflect strategic plan goals

## **Overall Outcomes**

By 2015, SHEA's organizational structure and technical, financial and staff capacity will be closely and consistently aligned with SHEA strategic goals and the needs of its members. SHEA will be valued as an indispensable resource of information, professional networking, and service to its members. SHEA work will have relevance to US and international members. SHEA's financial growth will be sustainable and balanced across membership, journal, programming and fundraising sources.

## **Immediate Tasks**

1. Act on Foundation articles of incorporation; file federal forms for tax-exempt status
2. Work with IDSA Administrative VP to develop Foundation budget and accounting system
3. Review and finalize 2011 Committee charges
4. Identify diverse cadre of committee appointees for 2011
5. Launch SHEA website (January 2011)
6. Identify priority partner organizations
  - a. US
  - b. International
  - c. Industry
7. Identify immediate mentoring mechanisms
8. Consider creation of new fellow awards for international meeting(s)

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## FUTURE ISSUES

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*Future issues* are overriding issues of strategic importance, which cut across multiple goal or outcome areas. They articulate key questions that will need to be asked and answered by the organization in the next few years, some quite immediately and others long range. They are worded to illuminate choices or alternatives.

- 1 How can SHEA become more globally relevant?
- 2 Does SHEA engage with patients and families? How?
- 3 What does SHEA offer to other societies (national or international) to get more involved in SHEA activities?
- 4 How does SHEA identify and reach relevant potential membership audiences?
- 5 How does SHEA offer mentoring and career support to members over the lifetime of their career (e.g., student to expert)?
- 6 How can we become more effective at translating research into practice?
- 7 Given that antibiotic resistance will likely increase over the next few years, how will SHEA maintain its credibility as an authority on effective antibiotic stewardship?