Central Challenge:
To support SHEA members’ professional growth and expertise in healthcare epidemiology, antibiotic stewardship, and infection prevention and to serve as a timely and reliable source of expertise to guide institutional administrators, policymakers, public health officials, and others who influence the delivery of healthcare in ways that advance SHEA’s mission of Safe Healthcare for All.

A MEMBERSHIP
Embed diversity, equity, and inclusion within SHEA volunteer structures to advance DEI principles in the fields of healthcare epidemiology, infection prevention, and antibiotic stewardship.

B GUIDANCE, EDUCATION, & PUBLICATIONS
Enhance the development and dissemination of SHEA-developed education, guidance, and publications to ensure both timeliness and impact.

C GOVERNANCE & LEADERSHIP
Develop leaders to promote the expertise of specialized training in healthcare epidemiology, infection prevention, and antibiotic stewardship.

D POLICY & RESEARCH
Campaign for resources to support the research and practice of healthcare epi and antibiotic stewardship.

YEAR 1
2022

A2-3.
Increase membership of healthcare personnel (HCP) leading IP and AS programs domestically and internationally. 5% Dec. 2022-Dec. 2024

B1-5. Target activities, including SHEA expert guidance documents and white papers, to foster sustainable growth and prevent any significant decreases in key metrics for ICHE and ASHE over 5 years. These metrics include:
1. Immediacy index
2. Impact factor
3. Reviewers
4. Downloads
5. Rejection rate.

B1-3. Increase participation from education-related activities. 5% Dec. 2022- Dec. 2024

C1. Assess and optimize SHEA volunteer opportunities and governance structure.

D1. Create a comprehensive plan to proactively guide and support advocacy and research efforts.

YEAR 2
2023

A4-5.
1. Increase membership of HCPs leading IP and AS programs domestically and internationally. 10% Dec. 2022-Dec. 2026
2. Monitor SHEA membership retention and maintain a ≥75% renewal rate at the close of each renewal period over 5 years.

B4-5. Increase participation from education-related activities. 10% Dec. 2024-Dec. 2026

C2-3. 1. Identify leadership pathways for professionals to effectively manage changes within their roles.
2. Create leadership opportunities for direct and indirect leadership skill development.
3. Create media training for HEs, IPs, and AS to take an active role in press opportunities and external leadership.

D1-3.
1. Explain the value of HEs, IPs, and AS staff.
2. Develop ways to interact and collaborate with patient advocacy groups.

YEAR 3
2024

A3.
Increase membership of HCPs leading IP and AS programs domestically and internationally. 5% Dec. 2023-Dec. 2024

B3.
Increase participation from education-related activities. 5% Dec. 2023-Dec. 2024

C3.
Support ongoing efforts to leverage lessons learned from COVID-19 for ongoing resource needs for HE and ASPs.

D1-5.
1. Develop and implement methods to grow the SHEA Research Network, and increase diversity according to facility-level characteristics that are identified as priorities by the DEI taskforce:
   a. Facility membership by 5% per year
   b. Response rate averaged across total studies per year, by 5% per year
2. Develop and establish ways to expand the grassroots program to educate federal policymakers on the role of HE, IP, and AS in improving the quality of health services.

YEAR 4
2025

A1.
Increase membership of HCPs leading IP and AS programs domestically and internationally. 10% Dec. 2025-Dec. 2026

B2.
Increase participation from education-related activities. 10% Dec. 2025-Dec. 2026

C4-5.
1. Support ongoing efforts to leverage lessons learned from COVID-19 for ongoing resource needs for HE and ASPs.
3. Consider additional opportunities and educational activities to keep content fresh and relevant.

YEAR 5
2026

A1-3.
Increase membership of HCPs leading IP and AS programs domestically and internationally. 10% Dec. 2026-Dec. 2026

B1.
Increase participation from education-related activities. 10% Dec. 2026-Dec. 2026

C5.
Assess and optimize SHEA volunteer opportunities and governance structure.

D1-5.
1. Explain the value of HEs, IPs, and AS staff.
2. Develop ways to interact and collaborate with patient advocacy groups.

Operationalization of the Strategic Plan (“tactics”) are described on the next page and within committees’ yearly workplans.