

From Little Things Big Things Grow

Dr. Cathryn Murphy, Infection Control Plus Pty Ltd

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“From Little Things Big Things Grow”

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 CONVENTION CENTRE
 31st ANNUAL CONFERENCE OF THE INFECTION
 PREVENTION & CONTROL NURSES COLLEGE NZNO

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Dr Cathryn Murphy is a casual consultant to multiple medical industry and device manufacturers. Today's presentation is independent of those relationships.

- ### Objectives
- Briefly review the evolution of the infection preventionist's (IP) role
 - Review the concept of leadership
 - Highlight essential leadership skills for the contemporary ICP;
 - Outline leadership opportunities; and
 - Share examples of life-long infection prevention leadership.



- ### Influences That Impacted The Development of ICP
- Early nosocomial *S. aureus* outbreaks (neonates)
 - 1958 United Kingdom – The Infection Officer
 - Ability & tact
 - Expert knowledge of aseptic techniques
 - Oversee control of infections in hospitals
 - ~1963 USA – first appointment in California – role defined by American Hospital Association and Joint Commission

- ### Influences That Impacted The Development of ICP
- 1973 Association for Professionals in Infection Control & Epidemiology (APIC) formed
 - 1984 – initiative, leadership, communication skills, commitment & charisma
 - Expertise in pt. care; epi, micro, psychology, asepsis, sterilization, research, education

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Annotations

INFECTION CONTROL SISTER

Most British hospitals now have a control of infection committee functioning more or less as recommended by the Ministry of Health. The best of these have improved infection control, firstly by showing the disbelievers that infections really do occur in their hospitals, secondly by investigating, recommending, and teaching methods of control, and thirdly by ensuring that the methods are actually practised.

These three functions of the committees are stated simply enough, but the performance of each is a complex matter. Thus, the first involves the organisation of a reliable system for recording infections in any part of the hospital and for collecting and collating the results so that the endemic incidence of sepsis is known and increases are quickly recognised. The difficulties of doing this were shown by Cohen et al., who examined a system in which each infection was notified from the ward to a central office. For about a month after the system was started all infections were reported, but after fourteen months only 64% were being notified. Among those that went unreported were wound sepsis, staphylococcal pneumoniae, bacteraemia, abscess, endocarditis, and septic thrombophlebitis; the finding that general surgical wards reported less of their sepsis—only 47%—than any other department confirms the experience of many control of infection committees. Cohen et al. found that their reporting system had to be supplemented by personal investigation of cases for which the laboratory had received specimens suggesting the possibility of hospital infection. This meant visiting about 5 patients to detect 2 cases of hospital infection; and, in a large general hospital, it occupied one person for about five hours a week.

1. Ministry of Health: Central Health Service Council: Hospital Infection Advisory Committee: Hospital Infection in Hospitals: report 2. of the survey, P. R., 1958; 3. P. R., 1959; 4. P. R., 1960; 5. P. R., 1961; 6. P. R., 1962.

Gardner, A. M., M. Stamp, et al. (1962). "The infection control sister. A new member of the control of infection team in general hospitals." *Lancet* 2(7288): 710-711.

The Duties of an Infection Control Sister

Traditional Role Of The ICP

SUMMARY AND CONCLUSION

The Infection Control Sister does play an important role in a major hospital and her main role may be summed up as being one of liaison between the Infection Control Sub-committee and the entire hospital personnel.

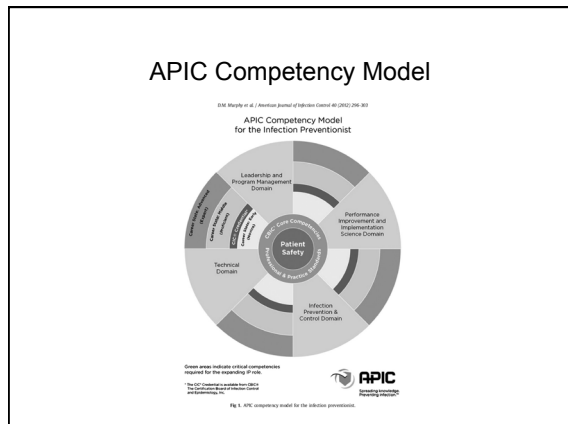
The maintenance of accurate records, upon which all assessment and decisions regarding infection control are based, is absolutely essential. Her important role can be rendered personally engrossing if she is interested in this aspect of hospital work. She has the opportunity to undertake routine bacteriological investigations under expert guidance, and therefore can combine clinical work with laboratory interest.

There are moments when utmost patience and tact are called for and the necessity for exerting these qualities cannot be exaggerated.

- Box 2. Functions of the ICN: 1995 (Department of Health and Public Health Laboratory Service, 1995)**
- Identification and control of outbreaks
 - Education of hospital staff in infection control procedures
 - Preparation of policy documents and audit of implementation
 - Formulation of an annual programme of work including surveillance
 - Implementation of the annual programme
 - Provision of an annual report to the chief executive
 - Liaison with departments including occupational health and clinical teams
 - Monitoring of hospital hygiene
 - Advise on procedures for discharge and transfer of patients with infection or colonisation
 - Advise purchasing and plans for building works.
- Perry, C. (2005). "The infection control nurse in England: past, present and future." *British Journal of Infection Control* 6(5): 18-21.

- Influences That Impacted Development Of Australian ICPS**
- 1962 – Princess Alexandra Hospital, Brisbane
 - 1980 – NSW Health – The Infection Control Sister
 - Overall supervision of nursing procedures associated with recognition and prevention of hospital infection
 - Detection of infected cases & supervision of isolation
 - Supervise collection of specimens for bacteriological exam
 - To ensure that student nurses are adequately educated in methods of infection control
 - Formation of Australian Infection Control Association
 - Australian Council on Healthcare Standards (ACHS) Accreditation
 - Pt-to-pt. transmission of HIV
 - National Infection Control Guidelines
 - Standardised surveillance and public reporting
 - Australian Commission on Safety & Quality in Healthcare
 - National Safety & Quality in Healthcare Standards

- IP Competencies**
- Align IP program and organizational goals;
 - Oversee daily prevention activities, the budget, personnel and other resources;
 - Constantly balance workload with patient-focused priorities and respond to shifts in regulatory and accreditation requirements;
 - Understand the economic environment and how HAIs specifically erode the organization's financial health; and
 - Plan strategically and operationally including forecasting the need for new services. 11



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Factors Impacting the ICP's Role

- Complying with administrative and regulatory directives
- Enhanced role in outbreak detection and control
- Extended education – staff, patients and carers
- Measuring and improving compliance with evidence-based measures
- Increased engagement with patients and carers
- Preparing for and responding to public release of infection data
- Designing and undertaking research and
- Contributing to innovation

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What is Leadership?

- More than just convincing personnel to follow rules.
- The skill to encourage communication, teamwork, and professional collaboration
- Lead the facility toward meeting current and future demands.
- Motivate and inspire his or her personnel to "buy in" to the facility's values, mission, and goals.
- Be knowledgeable about and fully support the facility's philosophy, communicate its expectations, and be able to help develop quality leaders

Tinkham, M. R. (2013). The road to magnet: encouraging transformational leadership. *AORN Journal*, 98, 186-188.

Observations of Leadership in Healthcare

- Higher workplace satisfaction associated with leadership that:
 - Resolves conflict
 - Creates a rewarding environment
 - Presents a vision for the organisation
 - Motivates and inspires

Nelsey, L., & Brownie, S. (2012). Effective leadership, teamwork and mentoring—essential elements in promoting generational cohesion in the nursing workforce and retaining nurses. *Collegian*, 19, 197-202.



Strategic Leadership

Six skills that when used in concert enable leaders to think strategically and navigate the unknown effectively

Shoemaker, P. et al Strategic Leadership: The Essential Skills. *Harvard Business Review*. January-February 2013.

<p>ANTICIPATE</p> <p>Gather information from a wide network of experts and sources both inside and outside your industry or function.</p> <p>Predict competitors' potential moves and likely reactions to new initiatives or products.</p>	<p>DECIDE</p> <p>Balance long-term investment for growth with short-term pressure for results.</p> <p>Determine trade-offs, risks, and unintended consequences for customers and other stakeholders when making decisions.</p>
<p>CHALLENGE</p> <p>Reframe a problem from several angles to understand root causes.</p> <p>Seek out diverse views to see multiple sides of an issue.</p>	<p>ALIGN</p> <p>Assess stakeholders' tolerance and motivation for change.</p> <p>Pinpoint and address conflicting interests among stakeholders.</p>
<p>INTERPRET</p> <p>Demonstrate curiosity and an open mind.</p> <p>Test multiple working hypotheses with others before coming to conclusions.</p>	<p>LEARN</p> <p>Communicate stories about success and failure to promote institutional learning.</p> <p>Course correct on the basis of disconfirming evidence, even after a decision has been made.</p>

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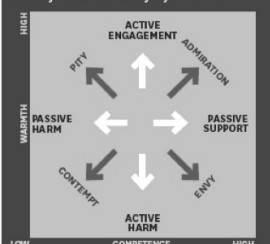
Better To Be Loved or Feared?

- Most leaders today tend to emphasize their strength, competence, and credentials in the workplace:
- but leaders who project strength before establishing trust run the risk of eliciting fear, and along with it a host of dysfunctional behaviors.
- The way to influence—and to lead—is to begin with warmth:
- warmth is the conduit of influence: It facilitates trust and the communication and absorption of ideas

Cuddy, Amy J.C., Matthew Kohut, and John Neffinger. "Connect Then Lead." *Harvard Business Review* 91, nos. 7/8 (July–August 2013): 54–61

HOW WILL PEOPLE REACT TO YOUR STYLE?


Research by Amy Cuddy, Susan Fiske, and Peter Glick suggests that the way others perceive your levels of warmth and competence determines the emotions you'll elicit and your ability to influence a situation. For example, if you're highly competent but show only moderate warmth, you'll get people to go along with you, but you won't earn their true engagement and support. And if you show no warmth, beware of those who may try to derail your efforts—and maybe your career.



How Experts Gain Influence

Four competencies that help functional leaders (or groups) compete for top management's limited time and attention, and increase their impact

1. Trailblazing
2. Toolmaking
3. Teamwork
4. Translation



Mikes Anette, Hall Matthew and Yuval Milo. "How Experts Gain Influence." *Harvard Business Review* 91, nos. 7/8 (July–August 2013): 70–74

How Experts Gain Influence

- Trailblazing
 - Finding new opportunities to use your expertise
- Toolmaking
 - developing and deploying tools that embody and spread expertise
- Teamwork
 - using personal interaction to take in others' expertise and convince people of the relevance of your own
- Translation
 - personally helping decision makers understand complex content

Mikes, A. How Experts Gain Influence

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY SEPTEMBER 2010, VOL. 30, NO. 9

ORIGINAL ARTICLE

The Importance of Leadership in Preventing Healthcare-Associated Infection: Results of a Multisite Qualitative Study

Sanjay Saint, MD, MPH; Christine P. Kowalski, MPH; Jane Banaszak-Holl, PhD; Jane Forman, ScD, MHS; Laura Damschroder, MS, MPH; Sarah L. Krein, PhD, RN

OBJECTIVE. Healthcare-associated infection (HAI) is costly and causes substantial morbidity. We sought to understand why some hospitals were engaged in HAI prevention activities while others were not. Because preliminary data indicated that hospital leadership played an important role, we sought better to understand which behaviors are exhibited by leaders who are successful at implementing HAI prevention practices in US hospitals.

METHODS. We report phases 2 and 3 of a 3-phase study. In phase 2, 14 purposefully sampled US hospitals were selected from among the 72% of 700 invited hospitals whose lead infection preventionist had completed a quantitative survey on HAI prevention during phase 1. Qualitative data were collected during 38 semistructured phone interviews with key personnel at the 14 hospitals. During phase 3, we conducted 48 interviews during 6 in-person site visits to identify recurrent and unifying themes that characterize behaviors of successful leaders.

RESULTS. We found that successful leaders (1) cultivated a culture of clinical excellence and effectively communicated it to staff; (2) focused on overcoming barriers and dealt directly with resistant staff or process issues that impeded prevention of HAI; (3) inspired their employees and (4) thought strategically while acting locally, which involved politicking before crucial committee votes, leveraging personal prestige to move initiatives forward, and forming partnerships across disciplines. Hospital epidemiologists and infection preventionists often played more important leadership roles in their hospital's patient safety activities than did senior executives.

CONCLUSIONS. Leadership plays an important role in infection prevention activities. The behaviors of successful leaders could be adopted by others who seek to prevent HAI.

Infect Control Hosp Epidemiol 2010; 31(9):901-907

Leadership skills for the contemporary ICP – from the literature

- Cultivate a culture of clinical excellence and communicate it to staff;
- Focus on overcoming barriers and deal directly with impediments to HAI prevention;
- Inspire your employees and colleagues;
- Think strategically while acting locally
 - Politicking;
 - Leverage personal prestige; and
 - Form partnerships across disciplines.

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Leadership skills for the contemporary
 ICP – from traditional business

“...the leaders who stand out are those with the
*capacity to effect change, have durability,
 depth of experience, and an ability to connect
 with the broader community...*”

Fox, C et al. True Leadership 2009. Australian Financial Review Boss. August 2009, Volume 10, pp. 16-41

Skills for the future healthcare leader –
 Harvard Business Review

“...Health care's new leaders must organize doctors
 into teams; measure their performance not by how
 much they do but by how their patients fare; deftly
 apply financial and behavioural incentives; improve
 processes; and dismantle dysfunctional teams...”

Lee, T.H. Turning doctors into leaders. Harvard Business Review. April 2010; pp50-60.

The ICP As A Leader
 How The Infection Prevention Literature Sees It

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Leadership Skills For The Contemporary
 ICP – From The Literature

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- Inspire your employees and colleagues;
- Think strategically while acting locally
 - Politicking;
 - Leverage personal prestige; and
 - Form partnerships across disciplines.

The ICP As A Leader
 How The Infection Prevention Leaders See It

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Leadership Skills For The Contemporary
ICP – From The Experts

- Have passion;
- Have goals;
- Work together;
- Know uniqueness & capitalise on it (yours and theirs);
- Provide direction;
- Learn how to adapt;
- Learn how to inform;
- Be authentic and maintain your integrity;
- Be gracious and act with humility; and
- Step back when it's the next leader's time.

“Followership”

- Followers support leaders by:
 - Managing themselves well;
 - Being committed to the organisation and to purpose, principle or person outside of themselves;
 - Building competence and focussing efforts for maximum impact; and
 - Being courageous, honest and credible.

Hertig, J. Followership: Non traditional leadership roles for new practitioners. Am J Health-Syst Pharm, Vol 67 Sep 1, 2010 pp1412-

Opportunities to Lead




Ten Secret Tips To
Raising Your Profile As An ICP

Find A Mentor or Be A Mentor



Be A Role Model Locally & Beyond



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Become Actively Involved in Public Policy



ACSQH HAI Implementation Advisory Committee – March 2008

Stay Strong and Fight For What's Right



Be Willing To Go The Extra Mile...
Always



WHO Infection Control Informal Network Advisory Meeting, Geneva –2008

Expand Your Networks:
Real & Virtual



Learn About Your Peers, Their Role, Their Work and Their Programs



Respect The Past
But Don't Dwell On It



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Tell Others About Your Work...Proudly

Editorial
Detection and management of outbreaks in Australia: well founded or a house of cards?

Associate Professor Cathryn Murphy PhD, MPH, PhD, CIC
 Faculty of Health Sciences & Medicine, Queensland University of Technology
 Managing Director, Infection Control Plus Pty Ltd, QLD, AU

Abstract
 Healthcare associated infection (HAI) monitoring remains a cornerstone of good infection prevention practice. Another cornerstone is detection of outbreaks. A HAI surveillance system is designed to detect and manage outbreaks of infection in a hospital or other care setting. The first and most important step in outbreak investigation is the identification of a cluster of cases or an increase in the incidence of infection. The second step is to confirm the diagnosis of the infection. The third step is to identify the source of the infection. The fourth step is to identify the mode of transmission. The fifth step is to implement control measures to prevent further cases. The sixth step is to evaluate the effectiveness of the control measures. The seventh step is to report the outbreak to the appropriate authorities. The eighth step is to conduct a post-outbreak review to identify lessons learned and to improve the infection prevention program.

Introduction
 The detection and management of outbreaks in Australia is a complex task that requires a multi-disciplinary approach. This paper discusses the challenges of outbreak detection and management in Australia and provides a framework for the detection and management of outbreaks in Australia. The paper also discusses the importance of a strong infection prevention program in the detection and management of outbreaks in Australia.

Methods
 This paper reviews the literature on outbreak detection and management in Australia. The paper also discusses the challenges of outbreak detection and management in Australia and provides a framework for the detection and management of outbreaks in Australia.

Results
 The results of this review indicate that the detection and management of outbreaks in Australia is a complex task that requires a multi-disciplinary approach. The paper also discusses the challenges of outbreak detection and management in Australia and provides a framework for the detection and management of outbreaks in Australia.

Conclusion
 The detection and management of outbreaks in Australia is a complex task that requires a multi-disciplinary approach. The paper also discusses the challenges of outbreak detection and management in Australia and provides a framework for the detection and management of outbreaks in Australia.

The Lifelong ICP Leadership Challenge

"... (ICPs) lead by example as role models holding themselves and others to high levels of accountability, integrity and excellence thereby inspiring others to follow the path they set. As mentors they demonstrate a deep understanding of the strengths and needs of others as well as themselves. They subscribe to practices and methods that are innovative, resourceful, reasonable and well-planned. They recognize and reward improvement and achievement. Above all, IPs must be demonstrate passion for infection prevention. As a result of the enthusiasm they display, others inside and outside the organization will feel a desire to implement the measures necessary to ensure perfect patient care as it relates to infection prevention..."

Murphy C et al. 2011. Draft APIC Core Competencies for the Infection Preventionist - WHITE PAPER. Unpublished.

Leaning In Lessons For Infection Prevention

Talking can transform MINDS, which can transform BEHAVIORS, which can transform INSTITUTIONS.

- from the book LEAN IN

leanin.org **LEAN IN**



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Lean In: A First Step To Leadership

- Are you “sitting at the table”?

CHAPTER 2: SIT AT THE TABLE

- **Sitting at the table.** Where do you usually sit in a classroom or conference room—in the middle of the action? On the sidelines? Are you nervous about drawing attention to yourself?
- **Impostor syndrome.** Have you ever felt like a fraud at school or at work? What makes you feel less insecure and more confident?
- **Attributing success.** When men succeed, how do they account for their success? How do women account for their success? Why does it matter what people attribute their success to? When you succeed, to what do you attribute your accomplishments?
- **The cost of insecurity.** Have you passed on opportunities because you felt unsure or insecure? Have you seen others pass on opportunities they should have seized?
- **Taking risks.** When have you challenged yourself? Did you succeed or fail? Did it make you more likely to challenge yourself in the future?

http://cdn-static.leanin.org/wp-content/themes/leanin/v/resources/lean_in_discussion_guide_all_audiences.pdf?77864

Lean In: A First Step To Leadership

- How important are success and likeability?

CHAPTER 3: SUCCESS AND LIKEABILITY

- **Like him, dislike her.** What is the success vs. likeability trade-off women face? Were you surprised to read the different reactions the students had to Heidi and Howard? Does this finding resonate for you on a personal level? Do you believe that women are judged more harshly than men?
- **Pleasing others.** How important is it for you to be liked by your peers? How likeable are the women you know who are in positions of power?
- **Self-promotion.** Have you ever hidden an accomplishment because you worried about being criticized for self-promotion? Have you ever taken credit that was deserved and suffered for it?
- **Gender discount problem.** Do you get asked to do more favors than colleagues of the opposite gender? Do you feel those additional efforts are compensated and/or appreciated?
- **Successful negotiations.** What unique obstacles do women face in negotiations? Have you ever had a disappointing negotiation? A successful one? Why do you think one worked and one didn't? Is there anything you will change in your next negotiation?

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Lean In: A First Step To Leadership

- Do you speak and seek the truth?

CHAPTER 6: SEEK AND SPEAK YOUR TRUTH

- **Authentic communication.** Do you feel safe being honest with your peers? Your teachers or supervisors? Can you think of a time when people weren't honest with each other and it hurt a project?
- **Getting feedback.** Do you actively solicit feedback? Has feedback made you a better employee or student? Do you remember what that feedback was?
- **Giving feedback.** Do you offer feedback to others? Have you ever had feedback about a colleague's performance that would have helped him or her but you did not share it? If yes, do you regret not sharing it?
- **Using humor.** Have you ever used humor to get your point across? Did it work?
- **Getting emotional.** Have you ever cried at work or in school? Have you seen others cry in a similar situation? How was it regarded? Do you feel that attitudes toward showing strong emotions outside the home are changing?
- **Professional persona.** How much do you separate your personal life from your career or classroom life? Why?

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Lean In: A First Step To Leadership

- Don't leave before you leave

CHAPTER 7: DON'T LEAVE BEFORE YOU LEAVE

- **Leaving back.** Have you pulled back from seeking challenges in anticipation of having to care for—or possibly having to care for—the loss of a family member? When you were in school, did thoughts about having to balance work and family in the future influence how long you stayed in school, the course of study you chose, or the type of job and career you envisioned for yourself?
- **Your chosen field.** What would be the impact of having children on your career? For those with children, has there been an impact on your career? Why or why not? Do you think your chosen field is supportive of employees with children?
- **Having plans.** Has anyone in your office asked you about your plans to have children or asked other employees about their plans to have children? If no, do you wish someone had asked the subject? Why or why not?
- **Pregnancy.** If you have children, did your pregnancy affect your work? If so, how? Did being pregnant affect how others treated or interacted with you at work or school?
- **Primary child care.** Do you think mothers are better suited to raising children than fathers? Do you think that's the result of socialization or a biological imperative?
- **The career marathon.** Do you think society views one gender on more than the other? Have you encouraged someone to stay in school or the workforce when he or she was thinking about leaving? Have you encouraged someone to leave school or the workforce to stay home with his or her children?
- **Men as primary caretakers.** Do you know any men who have scaled back their work responsibilities to take on more responsibility at home? Do you know any men who left jobs and careers to become the stay-at-home parent? What challenges did they face?

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Conclusion

skill clearly uncompromising

quick positive critical

adapt Passion simply

confidence engage value together clarity inspire

influence and consumer goals courage

fellowship balance honesty

persistence bold uniqueness priority

Contact Details

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For more information about our web-based training and infection control resources and products.

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ALL THE TOOLS FOR EFFECTIVE INFECTION CONTROL

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Welcome to the Infection Prevention & Control Nurses College, NZNO

haere mai haere mai haere mai
Nga manuhiri tuarangi, nga rangatira ma, tena koutou, haere mai
Visitors from afar, respected guests, greetings to you all and welcome.
he pu'a taronui
he ope rangata rau,
e kare e nigara.
A large single-purpose group will not be deterred.

National IPCNC Conference to be held in Palmerston North 21-23 August 2013

On behalf of the Infection Prevention & Control Nurses College NZNO 2013 Conference organizing committee we have much pleasure in inviting you to attend the 31st conference to be held at the convention center in the wonderful city of Palmerston North, New Zealand. 21st - 23rd

Rheumatic fever eradication programme for Auckland
Tuesday, 13 August 2013 -
Children in South Auckland schools will have throat swabs taken to detect Group A streptococcus, the bacteria that can cause... MORE

CHCA changes its name
Wednesday, 31 July 2013 - Bruce Gamage RN BScN CIC, President, CHCA Canada/PIIC Canada has announced that CHCA which is the Canadian Infection Prevention &... MORE

World Hepatitis Day 28 July Sunday
Wednesday, 24 July 2013 - World Hepatitis Day: This is hepatitis. Know it. Test it. Treat it. Ahead Of World Hepatitis Day on Sunday 28 July... MORE

Latest Hand Hygiene New Zealand bulletin now available
Monday, 22 July 2013 - The latest

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