


Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass

1



Leadership in Infection Prevention and Control
Martin Kiernan, Nurse Consultant, Southport and Ormskirk Hospitals, UK

Hosted by Paul Webber
paul@webbertraining.com
www.webbertraining.com

April 18, 2013

2

Session Outline

1. Understand the concept of leadership and the main theories
2. Understand the importance of leadership in Infection Prevention and Control
3. Outline with some examples

Health Warning: Leadership has been poorly studied in social (i.e., non-profit making) organisations

3

Is medicine a high-reliability industry?

- The practice of medicine involves complex systems in which humans play a key role
 - Procedures are very technical and sometimes risky
- Medicine should be a high-reliability industry
 - Unfortunately literature shows that it is fraught with error, can be unsafe, and at times is not effective
- Things happen on a daily basis: staff go off sick, equipment doesn't work, people forget to do something - we are all human no matter how diligent
- This is a normal part of a complex healthcare system

4

What you have to do

- Clinical staff almost always know what they should do
 - Why don't they do it??
- They have to be convinced that they NEED to do it
- It is our job to convince staff that they need to do what they want to do

5

Are we Salesmen?



6

Selling

- Salesmanship is the art of convincing people that they NEED something that they may want
- There is an element of mutual gain in selling
 - Commission for the salesman, product for the purchaser
- It is a skill, especially if the product isn't that appealing
 - So we have to alter the perception of the product
 - Difficult in the absence of evidence that what we are selling is worthwhile buying into

Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com


Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass

7

Selling isn't always that easy..



8

Ass'n between leadership & practice
Sinkowitz-Cochran et al; AJIC 2011


- Cross-sectional surveys of 16 medical centres
 - 2314 resp (43% nurses; 9% medical; 48% other)
- Hospital Leadership
 - Leaders visit units regularly to help improve quality of care
 - Help staff implement their own solutions to problems
 - Implement staff ideas
- Leadership positively associated with hand hygiene, gowning/ gloving practices
- Staff engagement was significantly associated with knowledge relating to IPC issues such as MRSA

9

Risks for IPC Problems
Griffiths et al, J Hosp Inf (2009)

- Scoping review
 - weak or negative clinical leadership at ward level
 - weak or negative clinical leadership above ward level
 - absence of clear lines of clinical management and responsibility
 - excessive span of control among clinical leaders
 - unclear roles and responsibilities for infection control
 - lack of clear policies and active support for training
 - absence of an effective multidisciplinary infection control team perceived as exercising positive leadership at ward or unit level


10



Come on everybody let's get those bugs!

11

What do you mean, you just haven't had the time to clean it!!



12

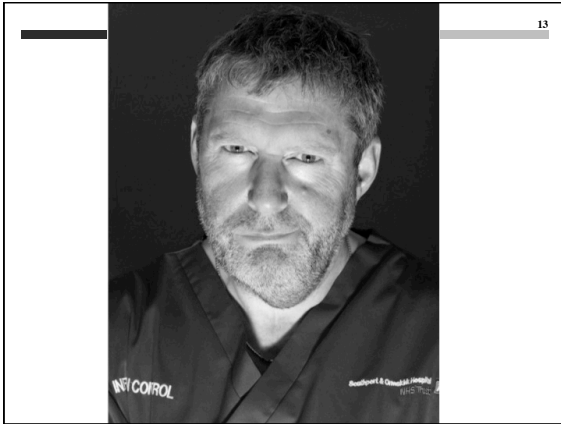


Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com

Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass



What is Leadership?

- The process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task
 - Chermers M. (1997) *An integrative theory of leadership*
- Theories centre on
 - traits
 - situational interaction
 - function
 - behavior
 - power
 - vision and values
 - charisma
 - Intelligence
- Some have argued that leaders are born, not created
 - Galton (1869) *Hereditary Genius*

Transactional leadership

- Burns (1978) looked at the relations between a group and it's leader
- Leader given power to perform tasks evaluate, correct, and train subordinates when productivity is not up to the desired level, and reward effectiveness when expected outcome is reached
- Motivates the team to be effective and efficient; communication is the key and the leader is seen to be highly visible with an effective chain of command
 - Focus on the big picture; don't do the details; always looking for new ways to move towards achieving the vision

The Effect of Emotions

Sy, Cote and Saavedra (2005)

- Three levels in ways that the leader's mood affects the group
 - Positive mood affects individual mood of those being led positively
 - Emotional contagion – how charismatic leaders work
 - Affective tone of the group; collective mood of a group, affected by the positive mood of the leader
 - Expressions of positive moods by leaders signal that leaders deem progress toward goals to be good
 - members respond to those signals cognitively and behaviorally in ways that are reflected in the group processes

Behavioural and style theories

- Leaders have a strong personality and a well-developed ego
 - Self-confidence and a strong sense of self-esteem are vital (McLelland)
- Leadership styles vary: authoritarian, democratic and laissez-faire (Lewin, Lipitt and White; 1939)
 - Leader exercised influence over
 - Group decision making
 - Feedback (praise and criticism)
 - Management of group tasks
- The power of positive reinforcement
 - Skinner (1904-90)
 - Research suggests that positive reinforcement shows a 17% increase in performance

Transformational leaders

- Have and share a vision for what the organisation can be
 - invest effort in developing and stimulating others to exceed their own self-interests for a higher purpose
- Leader-follower relationships are based on a series of exchanges or interactions between leader and followers
 - leaders must be active and engaged with their teams
- Contrast with management-by-exception, where the leader takes action only when required or when issues become serious and laissez-faire styles where the leader avoids leadership responsibilities
 - Healthcare Commission reports into infection outbreaks provide powerful examples of leadership failures relating to infection control

**Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com**

Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass

19

High profile outbreaks

- Investigation into outbreaks of C. difficile at Stoke Mandeville, Buckinghamshire Hospitals
 - Healthcare Commission Report, July 2006
- 41 Deaths directly attributable
 - Possibly implicated in a further 24 deaths
 - 2 outbreaks, lessons not learned

20

Most damningly

- There was a serious failing at the highest levels to give priority to the management of the second major outbreak
 - Managers followed neither the advice of its own infection control team nor that of the Health Protection Agency
 - Other targets placed before patient safety
- CEO, Nurse Director and Chair all 'resigned' the week before publication of the Report
 - Though the medical director stayed..

21

The Infection Control Team

- Were tenacious
- They provided good advice
 - But it was ignored
- They documented their advice
- They performed in an exemplary manner
- Their managers didn't realise that they were trying to protect them as well as the patients

22


Team Support when rates did not fall

- Department of Health sent 'support teams' into NHS Organisations when MRSA Bacteraemia did not fall in England
- Teams did not like it
 - They felt that the team was being excluded
 - They felt (and were made to feel) personally responsible for the organisational failures
- Many teams were doing very well
 - But some were not, partly because they had no voice

23

Teams were frustrated

- I virtually never told an organisation something that the IPC Team did not know
 - Who is an expert in their own home?
- Many Teams had no voice and were often 'buffered' from senior management by layers that meant that the message was diluted (or even not delivered)



24

How did teams work?

Findings from Health Dept. Support Team visits

- Traditional
 - High profile subject but team has low profile in organisation
 - "They phone us or pop in occasionally"
 - Highly reactive
 - Keep control and do...
 - Write reports
 - The Organisation's IPC Programme is written by them for the organisation
 - No ownership
 - Sometimes Teams did the 'easy' things
 - 'difficult' things were thought likely to be unsuccessful

**Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com**

Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass

25

How did teams work?
Findings from DH Support Team visits

- Modern
 - Prominent team
 - Highly visible
 - Highly pro-active
 - Provide expert input for others to do
 - Use data to drive improvement
 - The IPC Programme is everyone's
- I would suggest that they were exhibiting leadership

26

He that complies against his will is of his own opinion still

Samuel Butler (1612-80)

27

You have a problem and you are going to fix it	
Solution	

28

You have a problem and you are going to fix it	We have a problem, how will you fix it?
Solution	

29

You have a problem and you are going to fix it	We have a problem, how will you fix it?
Solution	
We have a problem, how do we fix it?	

30

You have a problem and you are going to fix it	We have a problem, how will you fix it?
Solution	
We have a problem, how do we fix it?	Do we have a problem? How should we fix it?

Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass

31

The Importance of Leadership in Preventing HCAI

Saint et al, ICHE (2010)

- Mixed method 3-phase project
 - Quantitative questionnaire-14 organisations; – in-depth study of six hospitals
- Leadership plays an important role in infection prevention activities but successful leaders do not have to be at the top of organisations
- Example in organisation with high management turnover
 - Chief of medicine, hospital epidemiologist and lead ICN played key roles; formed partnerships with unit managers
 - Used a well-reasoned approach to the use of evidence-based practice and were discerning in which practices to implement
 - *"We take evidence-based medicine and we say this is the way it is and if you don't like it, go somewhere else...that's the end of discussion"*

32

Successful leaders in IPC

Saint et al, ICHE (2010)

- Cultivated a culture of clinical excellence
 - They developed a vision, articulated the organizational culture well, and successfully conveyed that to staff at all levels
- They focused on overcoming barriers and did not tend to throw up their hands or complain about how the system will not allow change
 - rather, they pulled the issue out of the fray of organisational disconnect by dealing directly with resistant staff or process issues that impeded prevention of HAI
- Cultivated leadership skills and inspired the people they supervised
 - This inspiration was described by staff as motivating and energizing them to work toward the goal of preventing HAI

33

Non-inspirational leadership

Saint et al, ICHE (2010)

- *"we're in the military model...we hear a lot about productivity and meeting certain standards but we don't really hear much about how you need to innovate. I mean that's something that really is not part of our culture."*
- *"there's this huge disconnect between most of our administrative polices and processes and what actually inspires, motivates, awakens front-line people... we are very, very top down in our thinking."*

34

Successful leaders in IPC

Saint et al, ICHE (2010)

- Thought strategically while acting locally
 - involved canvassing before crucial committee meetings and votes
 - leveraging personal prestige to move initiatives forward
 - 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

35

Successful leaders in IPC

Saint et al, ICHE (2010)

- In another hospital that had successfully fostered a culture of clinical excellence, multiple leaders, including the CEO, espoused the importance of patient-centered care
- The CEO's strategy for solving disagreements about resources was to ask, "What is best for the patient?"
- Chief of staff explained, "[Our] chief executive officer...says we are the best public hospital in the whole United States...our hospital is always on the map because of all the excellent stuff that goes on here..."

36

The limits of leadership

Saint et al, ICHE (2010)

- Influence of rigid employment rules
 - A chief nurse at one hospital found an innovative approach for dealing with the problem of employees who were "impossible" to fire by creating "turnover opportunities"
- Instituted more stringent policies so that nurses who were taking advantage of the system were more likely to voluntarily leave the organization
 - "When I first came, nurses did not draw any of the bloods...and I said, 'That stops. We're going to give you refresher courses for starting IVs, putting in Foley catheters, drawing blood, you're an RN, you need to be able to do this' and people liked working here because they didn't do any of those things. So we had to create some turnover opportunities."

Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass

37

Successful leaders in IPC

Saint et al, ICHE (2010)

- Differences between transactional leaders
 - guide their followers by ensuring that roles and tasks are clearly specified and by using reward and punishment as motivation
- and transformational leaders
 - those who inspire their followers to see beyond their perceived self - interest
- Although the distinction between transactional and transformational leadership styles is important, the lines between the two are blurred
 - some believe that the styles are complementary and that perhaps transformational leadership builds on transactional leadership

38

Effective Nurses

Saint et al, ICHE (2010)

- Nurses with leadership qualities
 - focus on overcoming barriers
 - deal directly with resistant staff
 - process issues, that impede the prevention of HCAI

39

Leadership isn't easy

- You will meet the following on your journey
- The
 - Know-it-all
 - Sniper
 - Negativist
 - Obstinate

40

The Know-all

- They are always right (and let you know it..)
 - Often knowledgeable and competent they enjoy being challenged as it gives an opportunity to show off
 - Often nit-pick over detail to demonstrate their grasp
- Bad news - you have to do your homework!
- Do NOT try to undermine them, listen actively and let them know that you value their opinion
 - Don't correct them in front of others, you risk a public argument
- Make them part of the decision-making process
- But most of all, do your homework!!

41

The Sniper

- Avoids direct confrontation by making sarcastic asides that all can hear, generally to make people laugh to raise their self-esteem
- Bring them out of hiding, don't ignore the remark
- Don't be amused by the comment, take it seriously
- Suggest a meeting, say you take their comments seriously and would like to meet so that they can air their grievances

42

The Negativist

- Throws cold water on any idea, will always find a reason why it will all go wrong, can appear angry and resentful due to a perceived lack of control over their actions and distrust of those in power
- You must remain optimistic and enthusiastic
- Don't argue or try and make it into a 'winner and loser' situation
- Steer generalisations into specifics that can be dealt with
- Use them as a sounding board and show that you are listening to the advice when it is based on facts
- Continually remind them of successes as the project unfolds

Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com

Leadership in Infection Prevention and Control
Martin Kiernan, Southport and Ormskirk NHS Trust
A Webber Training Teleclass

43

The Obstinate

- Resists change, doesn't listen to other opinions, uses stalling and delay and when pushed digs in heels
- Don't assume that they actually do understand the changes, take time to explain them
- Don't spring surprises, give them a little time
- The stubbornness may be due to a feeling that they are being controlled
- Allow them to feel that they have options and ask for their opinions and for input

44

Selling the Message

- Consider the foot in the door, but watch for the Camel's nose

45

The Foot in the Door

- Foot in the door
 - "Can I go over to Susan's house for an hour?" followed by "Can I stay the night?"

46

The Camel's Nose

- Arabian Proverb
- If the camel once gets his nose in the tent, his body will soon follow
 - Allow some small undesirable element in and a bigger problem will invariably follow
- Aka the slippery slope, give them an inch they will take a mile

47

Dealing with the objection

- First find out if this is a real problem or a smokescreen
- Use 'If I could..... would you..... to flush out the real reason
 - Only then can you deal with it

48

The Problem

- Organisational barriers to empowerment still remain
- Positional authority is important for building professional credibility and for introducing and sustaining new initiatives in infection control

Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com

Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass

49

Support from Superiors

- Lukewarm support is worse than no support
- Everyone must sign up, and ensure that all know that they have
- There is nothing as contagious as enthusiasm... other than the lack of it
 - Another old bit of sales training

50

Others concur

Ashman et al, Clin Effectiveness in Nursing (2006)

- A survey of Modern Matrons found:
 - Role conflicts and tensions
 - Lack of clarity and shared understandings about the role
 - A fragile sense of authority
 - Blurred interface with other organisational roles
 - Competing priorities
 - Role overload
 - Inequitable grading and responsibilities

51

Problem

- The effects of positive leadership are diffused by direct supervision of large numbers of staff
 - span of control
- Clear allocation of direct supervision to appropriate managerial levels is important
 - Span of influence

52

Control vs. Influence

Span of Control	Span of Influence
Hold people accountable for what they can control	Hold people accountable for what they can influence
Measurement at the individual level fosters competition	Measurement at the team level fosters collaboration

53

Gaining Commitment

- The first step is for the leader to get everyone to commit to doing whatever it is that you want to implement to improve patient safety
- Pick the right people
 - Sales training
 - You have to speak to the person who will say yes
- Find out who the key opinion leaders are

54

Using opinion leaders

Seto et al; AJIC (1991)

- Opinion leaders are members of a group with significant social influence over the others in a group
- New information must be accepted by these leaders before it can be transmitted to the rest of the group
- Opinion leaders identified by peers using a simple scoring method
- Opinion leaders involved in the development of an intervention and in undertaking the education
 - New information better received

**Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com**

Leadership in Infection Prevention and Control

Martin Kiernan, Southport and Ormskirk NHS Trust

A Webber Training Teleclass

55

Lilley's Laws of Leadership
www.nhsmanagers.net

- **Leadership is about creating the space** for people to do the best job they can
 - Creating opportunities for people to realise how good they can be, creating the time for them to come to work and really enjoy it
- **Great leaders 'do' listening better than anything else**
 - Fierce listening: intense, rigorous, focussed listening. They hunt down people to listen to, they burrow into organisations and eavesdrop and they pay attention to everyone
- **Leaders don't have bad days**, especially on bad day
 - Leaders bring a great attitude to work on a gloomy day. Every hour creates leadership opportunities

56

Lilley's Laws of Leadership

- **Leaders know they are not the 'whole show'**. They search out the discontented, the disconsolate and the disappointed and find out why
- **Leaders are candid about how bad it is** - if it's wrong, they say so and fix it
- **Leaders know informed people don't fear change**, that's why they tell everyone what's happening and are generous with what they know
- **Leaders hire people better than they are** and let them get on with the job
- **Leaders say thank you** in handwritten notes and in front of everyone else
- **Leaders know**, if they don't know, they'll find someone who does know
- **And, finally Leaders are visible, have a vision and share it often**

57

Concluding

- IPC is one of the areas in which a relatively small team within an organisation can demonstrate and facilitate leadership that positively affects
 - Patient safety
 - Organisational use of resources
 - Organisational reputation
- But it isn't easy – you have to be tenacious, have a clear vision, communicate it to all who will deliver it and provide positive reinforcement whilst being in a good mood all of the time

58

Final (MOST IMPORTANT) Point

**If you have no followers,
you are not a leader**

Coming Soon

25 April *(Denver Russell Memorial Teleclass)* **ROLE OF SURFACES IN DISEASE TRANSMISSION: DOES ENHANCED DISINFECTION REDUCE TRANSMISSION?**
Speaker: Prof. Bill Rutala, University of North Carolina

06 May *(Free WHO Teleclass ... Europe)* **SPECIAL LECTURE FOR MAY 5**
Speaker: Prof. Didier Pittet, World Health Organization, Geneva

09 May **SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION IN ACUTE CARE SETTINGS**
Speaker: Teresa Horan, Rollins School of Public Health, Emory University

16 May **WHAT'S NEW IN TECHNOLOGIC INNOVATIONS FOR THE PREVENTION OF INTRAVASCULAR CATHETER ASSOCIATED BLOODSTREAM INFECTION?**
Speaker: Prof. Mark Rupp, University of Nebraska Medical Center

www.webbertraining.com/schedulept.php

NEW

Thanks to Teleclass Education
PATRON SPONSORS



www.virox.com



www.who.int/gpsc/en

For information on Patron Sponsorship, contact Paul Harrison (Paul.Harrison@fitwise.co.uk)

Hosted by Paul Webber paul@webbertraining.com
www.webbertraining.com