



30 mins

IPC leadership & value: surviving and thriving in the 21st century

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Disclosures.

Nothing to disclose.



Member of the Infection
prevention in 2030
Crystal Ball Initiative,
led by Hugo Sax.



Pre-session
assumptions.



HAI is devastating & it can be prevented

**A reason to be
cheerful.**



There is a lot to be
positive about when
we think about IPC
leadership & the
future.

Let's start with the
five questions

1

Who's the best leader you've ever worked with?

2

Who's the best IPC leader you've ever worked with?

3

What informed your answers?

4

What do you think needs to happen to strengthen the power and influence of ICPs?

5

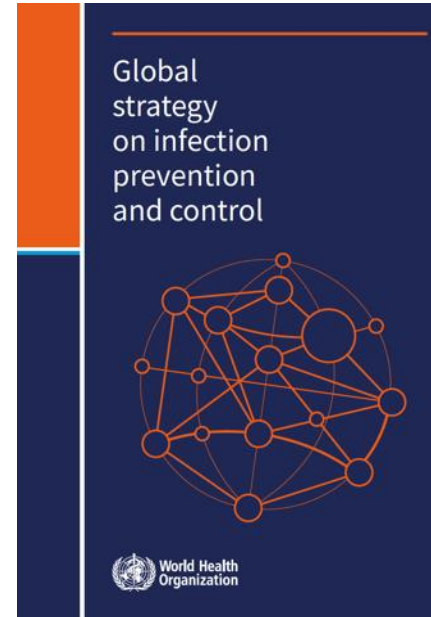
And what do you consider to be necessary and sufficient to develop the pool of leadership talent needed for IPC to survive and thrive as we hurtle towards the middle of the 21st century?

“If all people do is do and not stop to take a breath - it scares the hell out of me – who the hell is doing the thinking?”

2023 has been an
important year for
global infection
prevention & control.

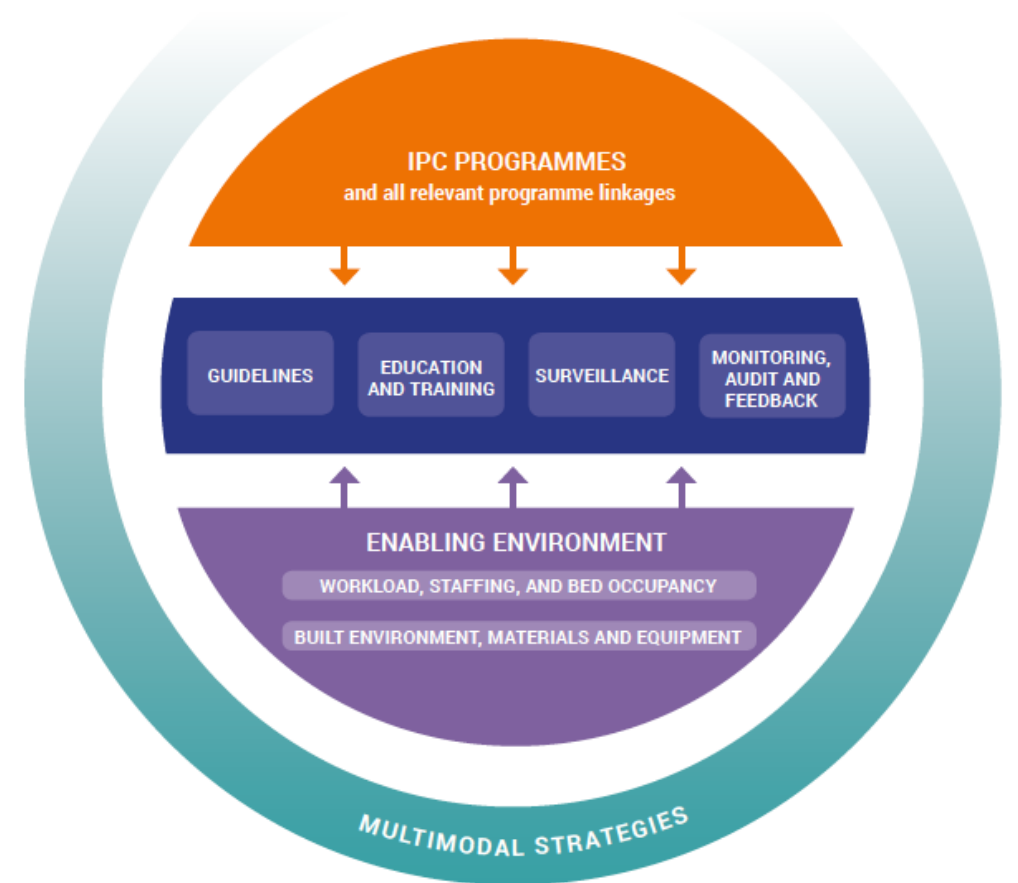


A path to 2030.
A global **vision** for
IPC.

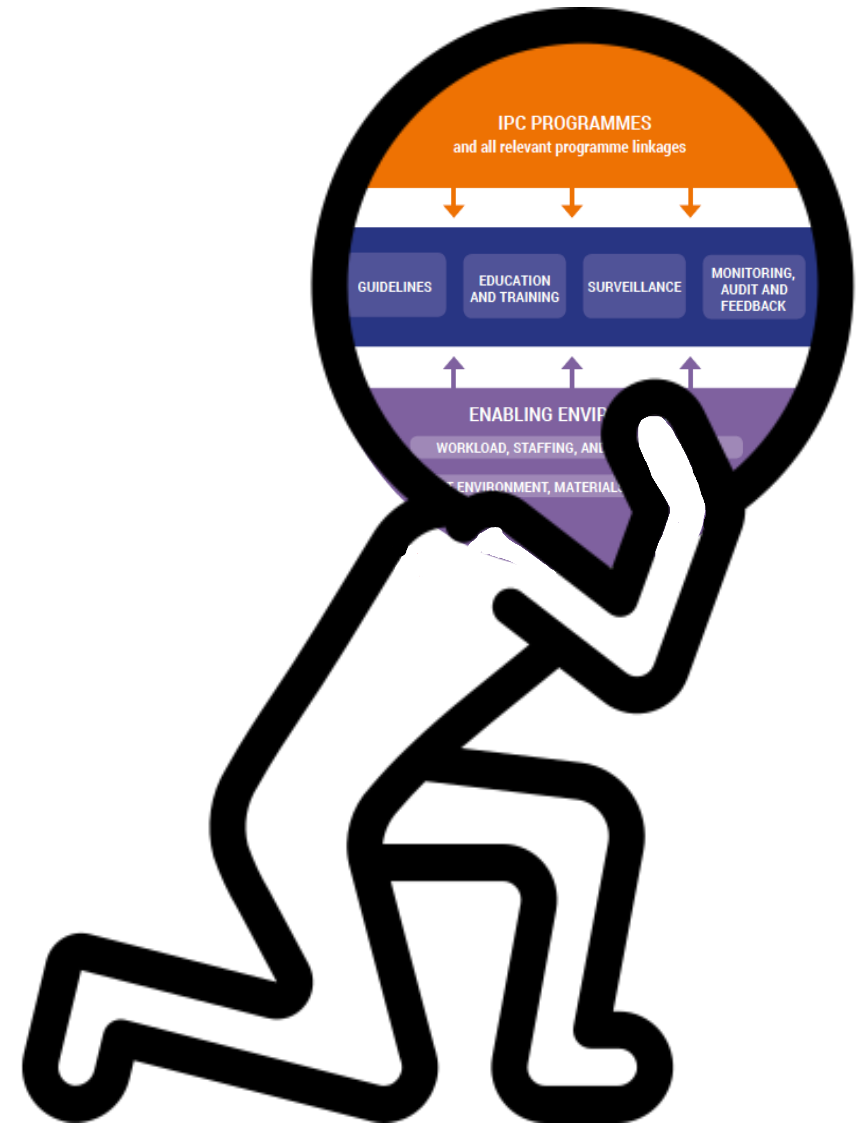


By 2030 everyone
accessing or
providing health
care is **safe from
associated
infections.**

So where does leadership come in to the picture?



Our ability to influence and persuade – to lead, is fundamental for implementation of guidelines.



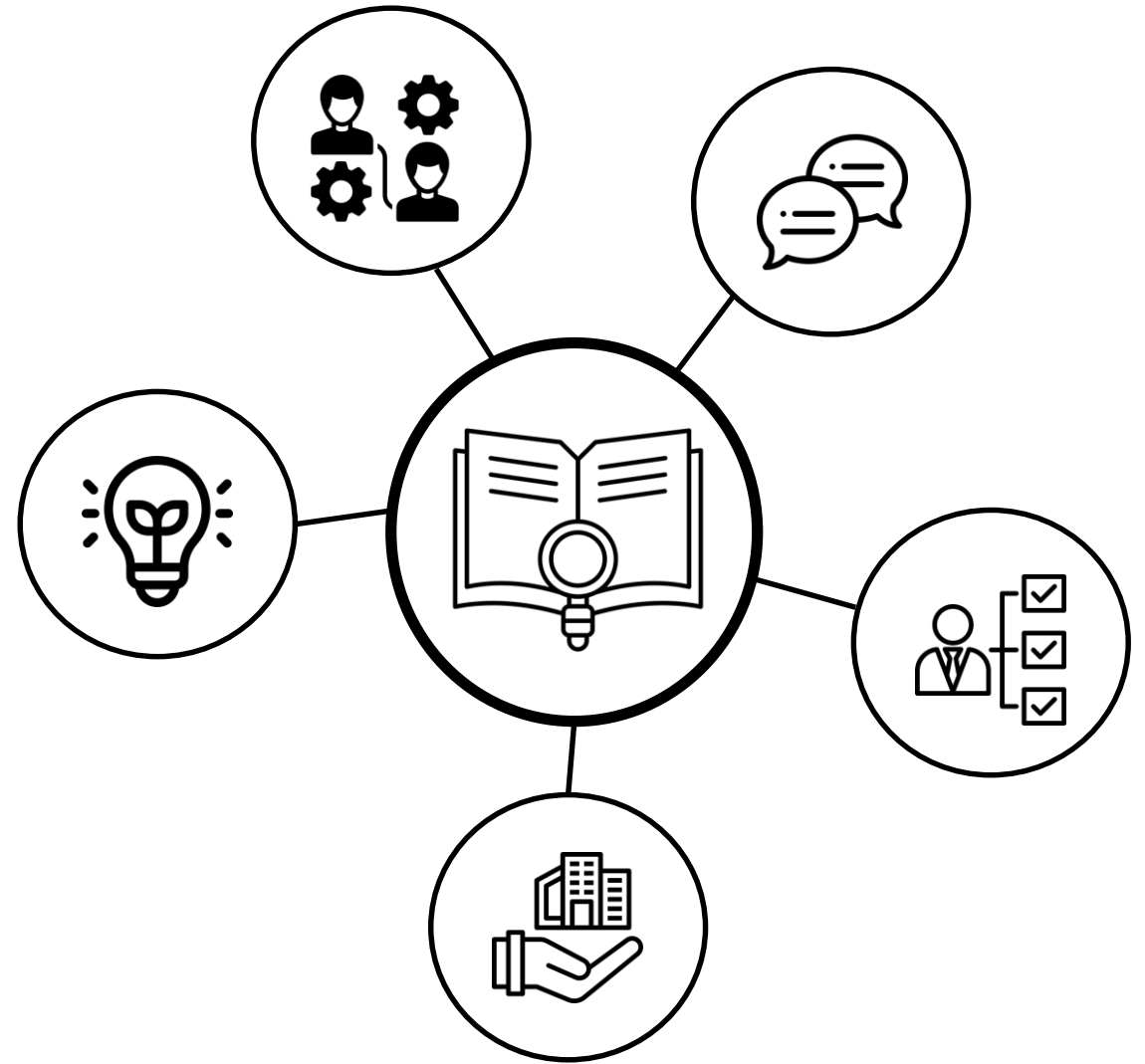
Leadership and the literature.

- Fads and fashions.



Leadership, the literature & IPC.

- Culture, communication, competence, ownership & inspiration.



Leadership is also **personal**.
Our expectations &
disappointments shape us.

Expectations

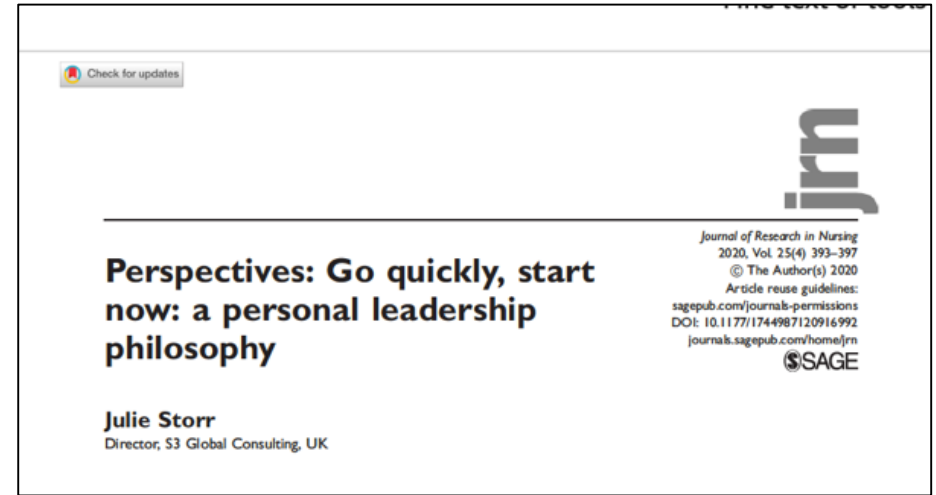
- Integrity
- Visionary
- Inspirational
- Decisive
- Team builder

Disappointments

- Don't walk the talk
- Self-centered
- Non-participative
- Poor communication
- Dishonest



Leadership is personal.
My own personal leadership
philosophy.



Develop your own
leadership philosophy!
**Build an inspiration
machine.**



Jack Conte,
CEO Patreon

Leadership – it's personal.

A short story.



▲ Colby Hutson, a nurse at Ascension Seton Hays in Texas, holds a sign that reads: 'Just going to hold his hand for a while, I don't think he has long.' Photograph: Ascension Seton Hays, Austin, Texas / Facebook

“We protected them to death.”

Leaders challenge injustices.



CHAPTER 2

Just infection prevention and control

.....
Julie Storr

*Information giving and anxiety reduction should be fundamental
parts of nursing.¹*

INTRODUCTION

Over 20 years ago, a conversation was stimulated on the challenges of moving away from outdated nursing procedures that are based on myths and consist of ritualistic behaviour and which are carried out by healthcare practitioners (nurses) without thinking and insight.¹ This chapter resumes the conversation in the present day, through an infection prevention and control lens. It explores what, if any, are the present-day myths and rituals in modern healthcare that are carried out in the name of infection prevention and control, alongside practices that have become accepted as the norm. Most important, it considers the unintended consequences that such myths and misconceptions can have, particularly in terms of injustice, inequity, ethics and psychological harm. It calls for action now where warranted to stop injustice, to refocus on activities that are safe, evidence informed, patient focused and, ultimately, sensible. It subsequently highlights the need to build capacity and capability across healthcare such that insight into the consequences of what is carried out in the name of infection control is readdressed, posing the question: 'What can we do better to ensure justice for infection prevention in the name of patient safety?' This chapter culminates with a number of proposed actions, including a healthcare worker training revolution, research on the impact of redundant or

*“We spend too much time judging people by their answers rather than by the **questions** that they ask.”



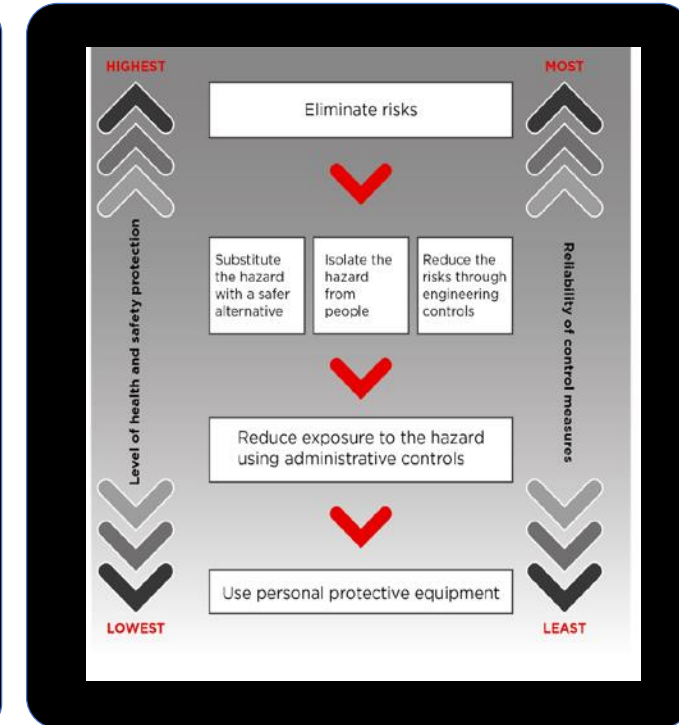
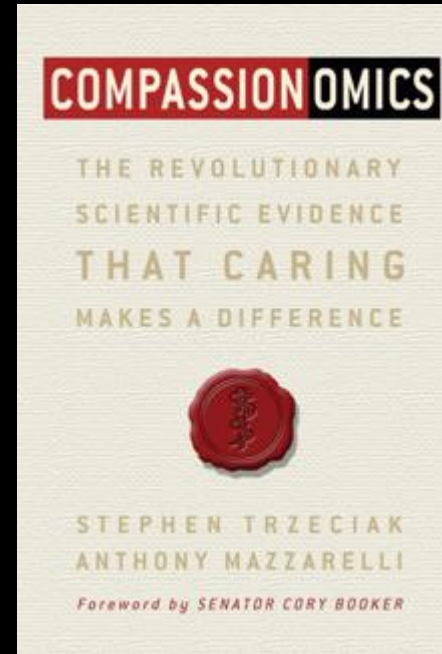
Back in 2020....decisions & their consequences



Back even
further..



Compassion, discretion, ethics, decision making & the hierarchy of controls



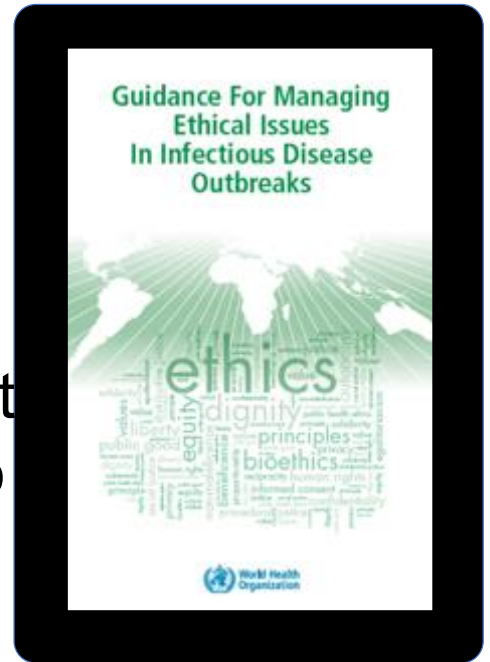
The challenges in getting the balance right

- Initial guidance in the UK suspended general visiting whilst continuing to support **compassionate visiting** when needed, for example at the **end of life**.
- Updated guidance emphasised “**discretion**” for hospitals to define visiting arrangements.



Restrictions - a matter of ethics

“Restrictions should be informed by evidence, proportionate ... carried out humanely ... and limited to the immediate crisis only”



What influences the decisions we make in this area?



- Information & misinformation.
- Science, data & evidence.
- Policy & politics & litigation.
- Fear & uncertainty.
- Alternatives.
- Public health risks.
- Health worker competence.
- Perceptions.
- Specificity & ambiguity in guidance.
- IPC resources.
- Workload & staffing levels.
- Infrastructure & building design.
- Other (fill in the blanks)



Jules Storr
@julesstorr

Been thinking how best to take this forward. An open letter on infection prevention & compassion/humanity & #COVID19 could be a start. If you're interested, DM me. It is possible to influence this agenda now.



Jules Storr @julesstorr · 4 Oct 2020

The homes visiting arrangements when someone is dying: "one family member could visit twice a week for just 20 minutes a time. Again, they would have to wear full PPE & remain at a distance of 2m." This is painful to read, shameful & not necessary in any circumstance. twitter.com/Sally_Brown196...

8:05 pm · 4 Oct 2020 · Twitter for iPhone



SOCIAL CARE

Exclusive: Infection control experts issue open letter on care home visiting

16 OCTOBER 2020 | BY MEGAN FORD

**Nursing
Times**

HOME · NEWS · CLINICAL · EPS ZONE · INNOVATIONS · STUDENTS · OPINION · EVENTS · CAREERS · SUBSCRIBE

OPINION

Open letter: Infection prevention and control should never be at the expense of compassionate care

16 OCTOBER 2020

Restrictions are being imposed in relation to Covid-19 across too many nursing, care and residential homes in the UK and beyond, in the name of infection prevention and control.

As experts in this field, and together with interested and concerned individuals and organisations, here we summarise why infection prevention and control should be an enabler not a barrier to safe, compassionate human interaction in nursing, care and residential homes.

Five considerations outlined in the letter

1. Don't 'abuse' IPC
2. IPC is an enabler of safety
3. Beware de-implementation
4. IPC can be compassionate
5. IPC is a force for good



How can I enable a safe interaction for all?

Safe practices with compassion in a care home

Prevent COVID-19 and other infections by applying reliable, evidence based actions

SCENARIO EXAMPLE 1 – spending time with a loved one (indoors)



¹ Testing may or may not be taking place but does not change these actions (neither does vaccination). Other PPE, as well as use of a mask, may also be offered, i.e. disposable apron, face shield, gloves, etc.

² Resident's own room is appropriate. ³ If anything else is touched on route to meeting up, including face mask, hands should be cleaned.

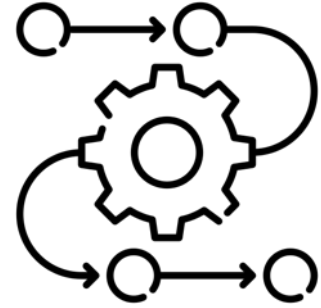
Infection prevention practices enable safe contact always



SAFE PRACTICES WITH COMPRESSION



**Charting a path for
the future.**

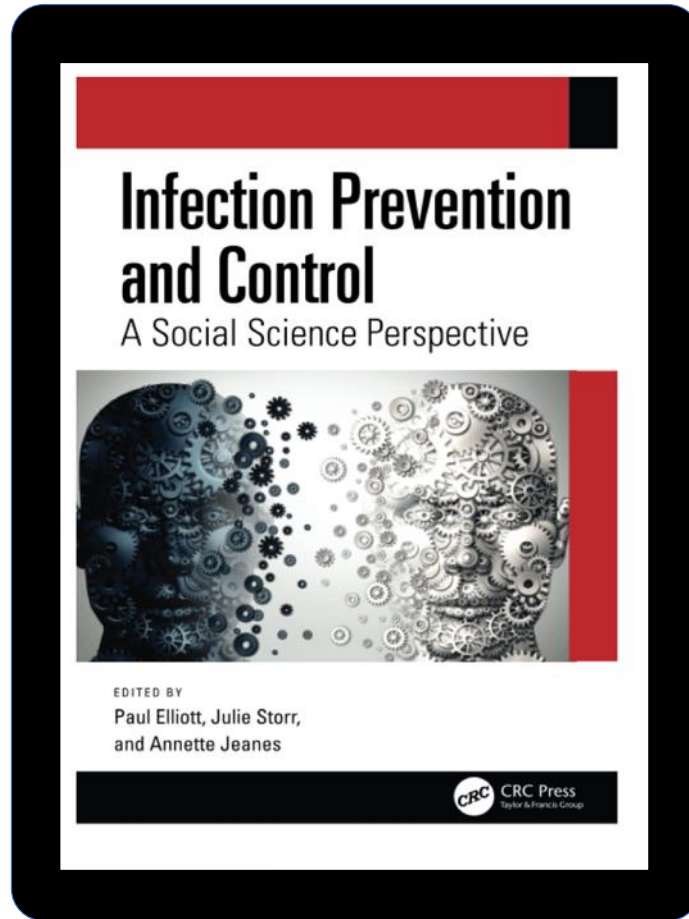




Crystal Ball Initiative - findings.

“.. “soft skills” will be extremely important. Human relationships, diplomacy, compromise, listening, team building capacity, leadership.”

“First and foremost leadership development & an understanding of the value of developing strong and effective IPC leaders, empowered to take IPC where it needs to go & to get IPC understood by those who need to understand it.”



- **Psychosocial perspectives**
 - *The concept of truth*
- **Leadership perspectives**
 - *Leadership & influence*
 - *Communicating with compassion*
- **Real world perspectives**
 - *Human factors*
 - *Language*
 - *Unintended consequences of campaigns*
 - *Philosophical musings on IPC*



Moving forward with **everyday leadership.**

- Leadership can be asking “why?”
- Leadership can be making a decision that’s not easy or popular
- Leadership can be seeking advice – reaching out
- Leadership can be thinking beyond the germs to the person
- Leadership can be embracing the fundamentals
- Leadership can be taking a breath - pausing and thinking & resetting.

Build that inspiration
machine.



Thank you for listening.



I would also like to thank Paul Elliott & Annette Jeanes for the book collaboration.
Claire Kilpatrick, Sheila Hall, all the Nursing Times letter signatories & all of the campaigning
groups fighting for IPC with compassion.

WHO colleague, Shams Syed, for championing compassion as a critical element of quality
health care.

WHO IPC colleagues including Bendetta Allegranzi for her global leadership in IPC and
Mandy Deeves, Giovanni Satta, Valeska Stempliuk, Ermira Tartari and Anthony Twyman for
sharing their insights on leadership.

And Hugo Sax for constant mental stimulation and leadership insights.

Sources & resources

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- **On IPC and quality health care**

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- **On compassion**

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- **More general**

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The Nursing Times letter signatories

Lise Andersen, infection prevention and control expert

Anna Anobile, community infection prevention and control team leader, Bolton

Paul Bolton, infection prevention and control expert

Sally Brown, parent carer of a young person with a learning disability and autism in residential care

Richard Catlin, infection prevention and control lead for Bolton NHS Foundation Trust and Bolton Council

Belinda Caslake, infection prevention and control expert, South West Branch Co-ordinator IPS

Pat Cattini, President, Infection Prevention Society (IPS)

Claire Chadwick, Nurse Consultant /Assistant Director Infection Prevention and Control

Louise Dalby, concerned individual

Dr Ron Daniels, CEO UK Sepsis Trust

Rosie Dixon, concerned individual

Louisa Forbes, Care Home Programme Manager, prior infection prevention and control specialist nurse

Janine Goss, concerned individual

Andrew Grainger, concerned individual

Carole Hallam, infection prevention and control expert

Jo Hart, concerned individual and health psychologist

Helen Hughes, Chief Executive, Patient Safety Learning

Clare Johnstone, infection prevention and control expert

Martin Kiernan, Past President, IPS

Claire Kilpatrick, RN, PGDipICN, MSc, infection prevention and control expert

Rachel Lindley, General Practitioner

Heather Loveday, Past President, IPS

Matt Mason, RN, CICP-E, Lecturer in Nursing, University of the Sunshine Coast

Elaine Maxwell, Content Lead, National Institute for Health Research, Centre for Engagement and Dissemination

Vanessa McGrath Morris, specialist nurse infection prevention and control

Jacki O'Neill, concerned relative (daughter) of a care home resident

Vicki Parkin, infection prevention and control expert

Jude Robinson, infection prevention and control expert, IPS

Jules Storr, Past President, IPS

Mike Sullivan, concerned individual and UK sales manager for SARAYA Europe

Gary Thirkell, infection prevention and control expert and honorary member IPS

Neil Wigglesworth, Past President IPS

Helen Wilcox, concerned individual

Jennie Wilson, Incoming President, IPS

Peta-Anne Zimmerman, infection prevention and control expert