



# Mission Possible?

# Infection control across a continent



“Tales from a travelling National Infection Prevention and Control Manager”

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# Declaration and Acknowledgements



**I have no conflicts of interest**

Acknowledgements:

I begin today by acknowledging the Traditional Custodians of the land on which we meet today and pay my respects to their Elders past, present and emerging.

I extend that respect to Aboriginal and Torres Strait Islander peoples here today.

I would also like to acknowledge Healthscope Hospitals.



# Initial Challenges of a National Manager Role

Many large providers of private healthcare in **Australia created a National Infection Prevention and Control (IPC) position** during the COVID-19 Pandemic

We quickly discovered this was going to be **complex** providing an IPC service across many states and territories and including different healthcare settings ie acute care, home based care, mental health, rehabilitation and aged care

**However, this offers a unique opportunity to:**

Shine a light on IPC especially after COVID-19 and to attempt to standardise practice across hospitals

- Many complexities, challenges and opportunities to this role:
  - Position Description
  - Inaugural position
  - Reporting lines
    - Who am I ?





## Our Hospitals

- ▶ Australian Capital Territory
- ▶ New South Wales
- ▶ Northern Territory
- ▶ Queensland
- ▶ South Australia
- ▶ Tasmania
- ▶ Victoria
- ▶ Western Australia

71% Acute Care  
15.9% Rehab  
13% Mental Health (some acute sites incl mental health)  
Independent Services in Victoria/ NSW/NT



# What you think you get ...and what do you get

***“National Infection Prevention and Radiation and Laser Safety Manager”***

Included

- Radiation and Laser Safety and
- Oncology

**Commenced this role in May 2021**

- In the height of second wave of the COVID-19 Pandemic
  - I live in Hobart ..
  - Everyone was still in lockdown..

**the impossible expectation that I should be the person in the room and would have all the answers (should know everything!..)**

**Initially all about COVID**

- Healthscope developed > 100 covid guidelines, policies, flow charts, and education packages
- Outbreaks with different state requirements, testing, isolation (quarantine) – CDNA National Guidelines **“SONG”**
- Fit testing P2 respirators
- P2/N95 masks and availability
- Advice to everyone and anyone at all times of day and night

**Zoom around on an iPhone interstate hospitals I had never actually seen, to set up covid wards/ zones**



# Pandemic has settled – where to now?

What was business as usual in this *'new'* national role ?

Was this hard?

Is it still hard?



# A Journey of Leadership

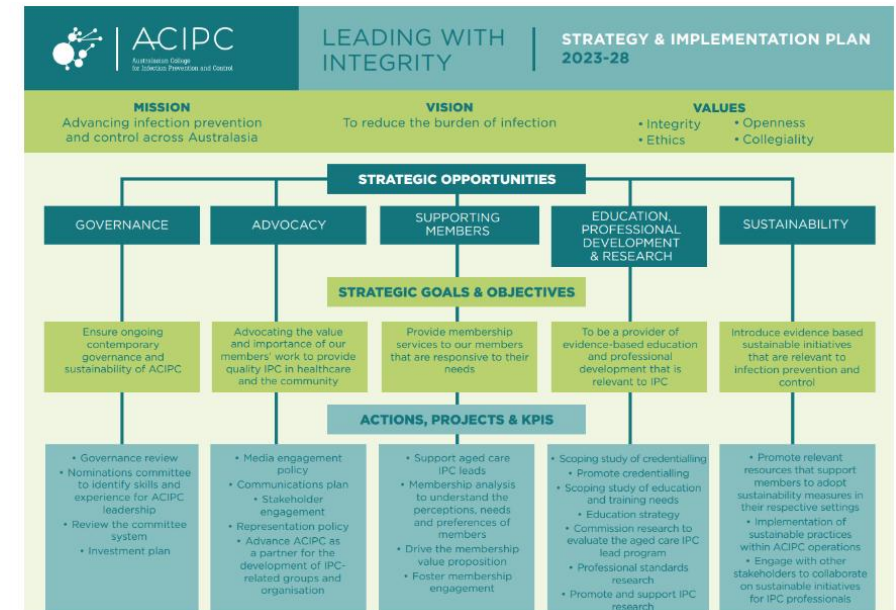
Have a **vision** and a mission statement for infection prevention and control for your company

Developed:

- A Pandemic Plan
- Best Practice Bundles
- Infection Prevention and Control “Strategy” for Healthscope



Three core strategies for the next four years: 2021- 2025  
 Delivered through strong Clinical Governance /Evidence Based Best Practice/Digital Technology/Antimicrobial Stewardship



# VISION - IPC Strategy

*Embed Infection Prevention and Control (IPC) into everyday practice to ensure the safety and improved outcomes for our patients, people and partners. Promote a zero acceptance of avoidable healthcare associated infections, whilst minimising the risk of transmission of infection. To be the private hospital provider leader in Infection Prevention and Control and Antimicrobial Stewardship (AMS).*

We will do this by:

- *Aligning with our OneHealthscope Strategy*
- *Use our scale to create value by building internal capacity and sustainability of both our people and the IPC program*
- *Monitoring and reducing the burden of antimicrobial resistant organisms*
- *Promotion and adoption of evidence-based research into best clinical practice*
- *Promotion and participation in research within Infection Prevention and Control*
- *Actively engaging with our patients (consumers), people and partners in collaborative practice to deliver exceptional patient care and improve clinical and patient outcomes*
- *Utilising Digital Technology to enhance best practice Surveillance and Reporting Technology*
- *Promotion of environmental sustainability and adhering to practices that do not negatively affect the environment*

## OneHealthscope Strategy



# Challenges of a National Manager Role

## Inaugural Position

Keep our patients (staff and consumers) safe  
Patients are at the centre of everything

Develop my portfolio and reputation

Ensuring a strong governance framework for IPC eg policies

Managing diverse teams across clinical and nonclinical areas

- Navigate different departments corporately and build trust in relationships
- Learning to speak each others language
- Procurement

Very good at implementing products at a corporate level but getting it to department level often hits roadblocks

Managing a geographically dispersed team across all states and territories

- Be the intermediate **contact person** between clinical and nonclinical teams where IPC is relevant eg waste

Time Management

Adapting to change /Resiliant



# Challenges of a National Manager Role

## Remote Management

Difficult building and maintaining team morale with an IPC Team in different states and territories.

- Find methods to communicate and keep them engaged and connected

## Support for ICP at hospitals

- IPC Team motivation
- **Getting into the 'cupboards'**

## Delegating effectively

- Overcoming the instinct to micromanage is critical
  - Find your SME and learn to trust and empower them and to operate with autonomy, rather than trying to do everything myself



## Focus on process, not just outcomes

## Improving patient outcomes

When the destination is unknown, focus on how you can still get there.

- Teamwork, experimentation, and collaboration..
  - Maintain motivation when it gets tough / managing different expectations from Corporate to hospitals



# My challenges

How to do BAU when all the fuss about covid has finished ?

How to still stay relevant ?

How to help others in positions of authority understand my language ?

What to included when reporting data up ?

- The importance of reporting up the data

Change of reporting lines for my position within my own team

How to feel relevant and not invisible in my own team ?

Which teams in a corporate picture do you need to be involved with / can influence / those you cannot ?

*“Something comes to you that is not in the right format, send it back”*

*“Say it with conviction”*

*“Don’t invite comment”*

**I Don't Have All the Answers  
Only Because  
There are Too Many Questions**



# Adaptive Leadership

**On the Balcony** Looks like

- Stepping back from action and asking - "What is really going on here?"
- higher level decisions
- seeking perspective
- being reflective
- making observations
- longer term focus
- macro view of risks & opportunities
- vision

• Seeing patterns

• Seeing the 'big picture'

• Strategic oversight

**Review goals & schedules**

• look at big picture

What is happening?

has gaps

connections

bullet points

patterns

Ask questions

• What is working?

• What isn't?

Debrief

There is a difference between

doing the work  $\neq$  getting the work done

Leaders need to be able to do both and know when to choose

Proactively make time to practice getting on the balcony - build a deliberate practice into your ways of working

© discovery in action ! eyes + associates

**On the Dancefloor**

front-line

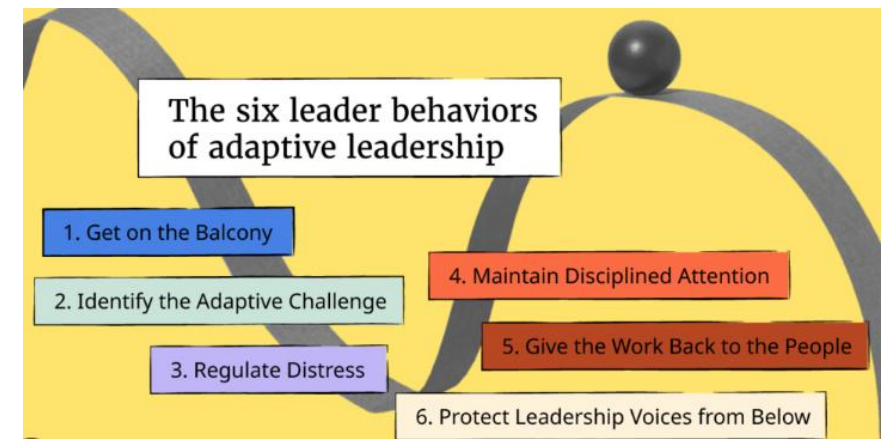
• hands on execution

• deep understanding of issues

• direct engagement

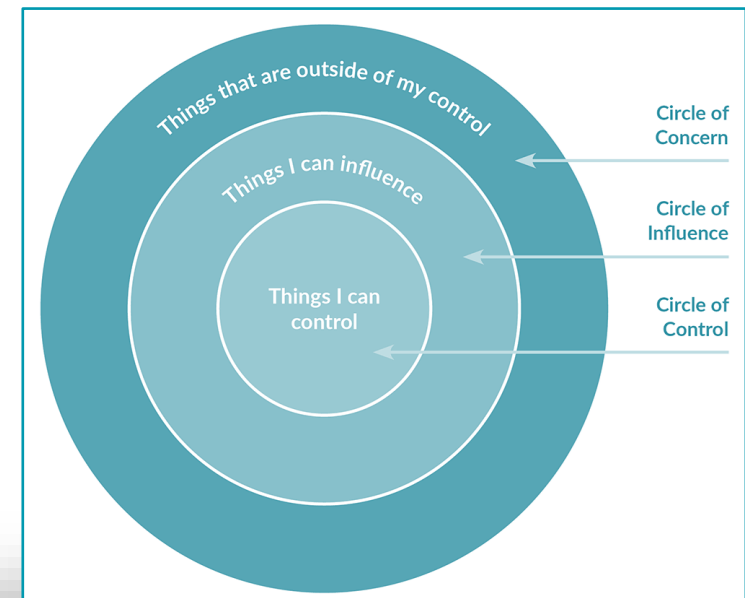
Looks like...

- being part of the action
- operational focus
- being active
- making interventions
- focussing on the details



“Doing the work, to getting the work done”.

- role to bring people up to the balcony
- Support the organisation to thrive during change



# Leadership is not about a title

## Difference between managing and leading

*‘Effective leadership is centred on a vision to guide change. Whereas managers set out to achieve organizational goals through implementing processes, such as budgeting, organizational structuring, and staffing, leaders are more intent on thinking ahead and capitalizing on opportunities’.*

Empowerment and development  
Vision  
Communication  
Reinforcement and influence  
Empathy  
Humility  
Passion and commitment  
Respect  
Patience  
Resilience Honesty and transparency  
Accountability  
Integrity

### Your leadership style

- Leadership: empathy, influence and making people feel valued and respected
  - Inclusive
- Value driven leadership
- Have a vision and a shared purpose without a crystal ball even if it is still a bit fuzzy

### *Difficult people and difficult conversations*

Involve others, bring them along on the journey so they are part of it = **sense of purpose**  
The art of not having all the answers.

### Clinician peer to leader

Admit when you don't know = The humble leader

Ask for help:

- Involve your team in a vision / purpose = more motivated with a sense of purpose
  - Seek out their specific skill sets
  - Makes you look like a collaborative genius 😊



# Some good outcomes...

## **'OneHealthscope' approach**

Does not always work but when it does it has proven beneficial

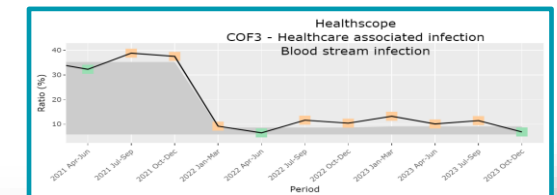
- Easy ... not always !!

## **Engagement with**

- Legal and Finance Teams
  - Contracts – one contact person
  - BioClinical Services – sites accessed >7700- time efficiency
- Financial Savings
- Procurement
  - Standardisation of Masks/P2 Respirators. Cleaning and disinfectant products. Use of Standardised IV starter kits.
  - Introduction of prefilled saline syringes across all acute sites
  - Product reviews – engage Infectious Diseases
- National Staff Health /Immunisation Database
  - Project person appointed
  - National onboarding pathology agreement



- **Clinical Managers – Proposed FTE requirements = Increased FTE in portfolios**
- Clinical review Riskman Infection extension –HCAI data improvement
- Non-Clinical Managers and Directors
- Information Technology Teams - products
- Building and Infrastructure
  - CSD / Water Management
  - CSD Tracking system – electronic standardised



# Some good outcomes...

## Education

### Education and Qualifications –Position Description (PD)

- Attrition rates since 2020 reviewed
- Now >90% qualified in IPC

### Community of Practice (COP) Team building in IPC portfolios

- State forums/ speciality groups
- Site assistance and support advocating for staff

### Partnering with the Education and Learning Team

- Blue Mirror  **BLUE MIRROR**
- Education package for all healthcare workers
- Internal orientation / induction program for new ICP
- **'Skill Builder Program'** for transition to ICP from grad upwards

## Accreditation

- Outcomes Short Notice Accreditation (SNA) - current assessor to NSQHS
- Blutac



## Consumer Engagement

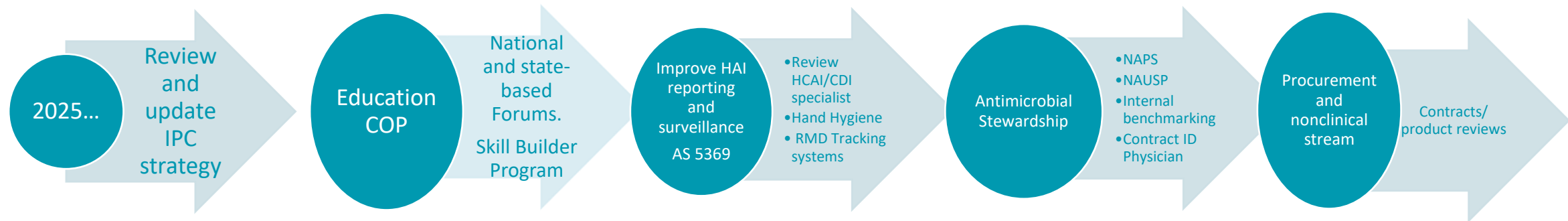
- Patient experience survey question sets:
- PIVC and TBP

## Infectious Diseases Physician contractual arrangement Antimicrobial Stewardship

- National Antimicrobial Stewardship Committee
- NAPS and NAUSP national benchmarking



# What I want to do now ? 2025 and beyond



# Advice

## Build 'your IPC' networks outside your employment

### New to IPC

Find your passion in IPC

Always refer to best practice and standards

- Report what is important (Don't unhear things)

Have the courage to stand up ask for help

### Seek out experts outside your organisation

- Build your support network
- Get a mentor (ACIPC Mentoring Program)
- Autonomous role challenging

Engagement is challenging to all healthcare worker categories (Medical staff to visitors)

- Make it interesting to them
- What matters most and is relevant to them
- What and how will it affect them

**Document a weekly achievement (even if it is small)**

- **Micro renewals**

ACIPC



Australasian College  
for Infection Prevention and Control

### Consider applying for a committee

- Advancing IPC Practice and Standards
- Developing the Profession
- IPC Research and Science Committee
- Membership Engagement Committee
- Representation and Advocacy Committee
- Annual Conference Committee
- Credentialling and Fellowship Assessment Panel

### Working Party

### Special Interest group (SIG)



# Summary: Challenges and Rewards

## Challenges

- Getting across differing state and territories guidelines/ legislation etc.
- Presenting something simply to all levels to those not in “IPC Land “
- Sufficient face to face interaction and giving time in person cannot be underestimated
- FTE allocated to hospitals and my position
- Not to get distracted by the noise
- Clinical role – don’t loose touch

Valancing between operational and strategic roles

Ensuring best practice is in place to improve **patient clinical outcomes**

Hand Hygiene “internal training” program

Radiation and Laser Safety 😊

## Still getting there

IPC is a speciality not everyone is across; we speak our own language 😊

- Executive Teams
- Australian Centre for Disease (CDC) – interim



Engagement is challenging to all healthcare worker categories

- Make it interesting to them
- What matters most and is relevant to them
- What will affect them
- Patient outcomes always at the centre of what we do



# Summary: Challenges and Rewards

## Rewards

Corporate legal contracts and financial savings - DEA  
Robust governance framework for IPC eg policies, educational resources  
Engagement with Procurement and Nonclinical Teams  
Ability to influence best clinical practice and outcomes across many hospitals  
Consumer surveys – data for action = executive engagement  
AS 5369:2023 Electronic tracking project (commenced)  
Connecting with my teams to build individual projects builds inclusion  
❖ Seeing the different but ‘so very clever’ projects hospitals do

## National AMS Committee

- Infectious Diseases Contractual arrangement
- NAUSP Healthscope are the only group to opt-in organisation wide to NAUSP, which will enable any sites joining the group in the future to participate (less paperwork)

## Radiation and Laser Safety

*Celebrate wins even if it is small*

*Connections with key experts outside my company that have enabled me to do my job inside more effectively*

*A team of passionate ICP at my hospitals who work really hard*

*“We all make a difference”*

## Questions

How challenging has this role been ?

Is the role of value to the company ?

Do I recommend this role?





Healthscope