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

A successful infection control program must:
- Assume that unintended events will happen
- Assume that everyone has a role
- Assume that no one person can be all things to all people
- Assume that errors can be minimized by:
  - Assumption of control
  - Assumption of incompetence
  - Assumption of lack of availability of the necessary information (and thus, the possibility of success)
  - Assumption that no one is perfect

**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
- Supervision of 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
- 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.

**APIC Competency Model**

**IP Core Competencies**

**Communication & Teamwork**

**Safeguarding Patients & Providers**

**Resource Management**

**APIC Competency Model**

**Infectious Disease**

**Summary and Conclusion**

The infection control sister does play an important role in a major hospital and her role must be seen as being one of liaison between the infection control sub-committee and the entire hospital personnel.

The maintenance of sterile records, upon which all decisions regarding infection control are based, is absolutely essential.

The ability to cope with new and rapidly changing technology can be rendered personally aggravating if she is interested in this aspect of hospital work. She has the opportunity to undertake routine bacteriological investigations under expert guidance.

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

**Box 2: Functions of the INCS, 1995 (Department of Health and Public Health Laboratory Service, 1995)**

- Identification and control of outbreaks
- Education of 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
- Preparation of an annual report to the chief executive
- Liaison with departments including occupational health and clinical teams
- Monitoring of hospital hygiene
- Advice on procedures for discharge and transfer of patients with infection or colonisation
- Advice on purchasing plans for building works.
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

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

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

Leadership Outside of Healthcare

Strategic Leadership

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

- Anticipate
- Challenge
- Interpret
- Learn
- Align

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Better To Be Loved of 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

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

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....”


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....”


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

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.

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

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


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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 focusing efforts for maximum impact; and
  • Being courageous, honest and credible.


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

Stay Strong and Fight For What’s Right

Be Willing To Go The Extra Mile… Always

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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Always Look Out For The Next Generation of ICPs

Explore and Embrace New Technologies and Applications

Tell Others About Your Work…Proudly

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 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...”


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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—on the head of the table or on the sidelines? Are you aware of drawing attention to yourself?

• Imposter syndrome. Have you ever felt like a fraud at school or work? What makes you feel insecure and more competent?

• Artificial success. What is success? How do you account for your success? How do you account for your failures? What does matter who people attribute their success or failure to? What do you attribute your accomplishments to?

• The cost of insecurity. Have you ever been passed over for opportunities because you felt unsure or insecure? Have you ever been passed over for opportunities because you should have asked?

• Taking risks. When have you challenged yourself? Did you succeed or fail? Did you make yourself look foolish? Did you say yes?

Lean In: A First Step To Leadership

• How important are success and likeability?

CHAPTER 3: SUCCESS AND LIKEABILITY

• Like, like, like. Have the same success formulas work for women as well? How do you define success? Do you believe that women are subject to the same realities as men?

• Feeling others. How important is it for your success to appeal to others? How do you define your success when you are not the only woman in a position of power?

• Self-promotion. Have you ever faced an accomplishment because you weren’t sure how to promote it? Have you ever been fired because you didn’t know how to network?

• Gender discount. Do you wait to do more than is expected of women? Do you feel as if you have additional skills or opportunities that aren’t recognized?

• Success and failure. What unique obstacles do women face in their negotiation?

• Success and the beginning of leadership. What are some things you do when you think you have something to say but you’re not sure that anyone will listen to you?

• Success and the beginning of leadership. How do you define success? Do you think there is something you can do that will change the way you’re perceived?

Lean In: A First Step To Leadership

• Do you speak and seek the truth?

CHAPTER 4: SEEK AND SPEAK THE TRUTH

• Authentic communication. Do you have a message to share with your peers? How important is it for you to express your ideas with your peers? Do you believe that your ideas are being heard by your peers?

• Getting feedback. How do you decide if you need feedback? How do you know when feedback is beneficial? When do you know when feedback is not beneficial?

• Asking feedback. What is feedback? How do you ask for feedback? How do you know when feedback is not beneficial?

• Asking for feedback. Have you ever felt your feedback is not beneficial? How do you know when feedback is not beneficial?

• Professional presence. How much do you represent your professional life from your career or leadership role?

Lean In: A First Step To Leadership

• Don’t leave before you leave

CHAPTER 5: DON’T LEAVE BEFORE YOU LEAVE

• The leaving. Why do people think they can’t leave a job? How do you think you can’t leave a job? How do you think you can’t leave a job?

• The leaving. What does it mean to leave a job? What is the difference between leaving a job and leaving a job?

• The leaving. How do you define your离开? How do you define your离开? Do you define your离开 as leaving a job?

• The leaving. How do you define your离开? How do you define your离开 as leaving a job?

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

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