The Infection Preventionist as Leader
Catherine Adamson and Laura Showers
Teleclass Broadcast Sponsored by ASP (www.aspjnj.com)

Refining communication skills, building relationships, and breaking down silos

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Live teleclass broadcast sponsored by
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Disclosures
I have no disclosures

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“Creating positive outcomes for future generations and achieving significant, lasting and measurable results”

Upon Completion
• Describe 2 tools that will break down healthcare silos while creating safety in communication
• Demonstrate how to actively listen and effectively communicate a concern
• Utilize one Lean Six Sigma strategy to create a plan to break down a healthcare silo in your institution

UC DAVIS
MEDICAL CENTER
• Academic institution serving high-risk patient population.
• Lack of a standardised, system-wide approach to hospital-associated infection prevention
• Performance below the National Healthcare Safety Network (NHSN) benchmarks
Hypothesis: Increasing stakeholder collaboration and breaking down departmental silos will result in measurable improvements in patient outcomes.

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UCDHS 33-County Service Area
- 619 licensed beds
- Serving 6 million residents in 33 counties, 65,000 square miles
- Major educational, research and patient-care facilities spread across more than 140 acres
- Only Level 1 trauma center for both adult and pediatric emergencies in inland Northern California
- Firefighters Burn Institute Regional Burn Center

The First Year
- Fall 2010: Seven bedside nurses selected to become the Nurse Champion Team
- What is a Champion?
- Mission: Decrease adult VAP rates

We had no idea what we were doing...
- Most of us had come straight from the bedside
- We learned on the job. Lots of tears, lots of retracing our steps and trying again
- Team-building exercises, Lean and Six Sigma training, Crucial Conversations classes, Infection Prevention training

Group Dynamics
- Robert’s Rules
- Personality Types
- Learning Styles
- Code of Conduct
- Mission Statement

“…We have an opportunity to positively change culture by educating healthcare providers and reinforcing quality and patient outcomes.”

Bringing All Experts to the Table
- The VAP Stakeholders Group was born: Physicians, Nurses, Pharmacists, Infection Preventionists, Respiratory Therapists
- All came to the table with the singular goal of reducing VAP in our adult ICU population
- Having been here 21 years at this point in my career, this was my first experience with breaking down departmental silos

What is a Silo?
- Healthcare sub-systems in which departments function less collaboratively and more independently
- Can lead to fragmented, poorly coordinated care.
- Patient-centered, integrated model necessary to achieve optimal patient outcomes for which we strive

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Back to Basics
The IHI Ventilator Bundle:
Head-of-Bed at least 30 degrees, Oral care with Chlorhexidine, Daily Sedation Interruption and Assessment of Readiness to Wean, Stress Ulcer and DVT Prophylaxis
• Let’s do it right: direct observation at the bedside
• Let’s document our good care: chart audits
• Let’s be clear with our expectations: in-services, unit binders, Intranet website with teaching tools, relevant literature, and a new Patient Care Services dashboard showing all Hospital Acquired Conditions

Back to Basics, part 2
• Make it easier for your staff to do the right thing
• Walk their walk (Gemba)
• Listen to them; they probably have a solution
• Take their input back to Administration

Clear Expectations
• Re-education of the bundle
• Head of the bed
• Re-establishing current practice
• Standardized documentation across all ICUs
• Standardized practice
  • “Train your eyes”
  • Bed angle indicator

Root Cause Analysis
• Used for decades in fields such as aviation, the fire service, and nuclear power production
• RCA process: multidisciplinary case review involving all key stakeholders
• The VAP RCA is key in reviewing VAP cases and implementing interventions with a multidisciplinary approach

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What happened next?
- VAP rates were coming down nicely
- That summer: Spike in VAP
- Called stakeholders back together, held a "kaizen" to compile RCA findings
- Brainstormed, proposed long list of additional VAP reduction interventions.

As a result of that kaizen, subgroups were formed to address:
- Subglottic Suctioning: when and how
- Oral Care done correctly every four hours
- Product Trials: ETTs, ETT suctioning devices, ETT cuff pressure measuring devices, mini BAL catheter kits, oral care kits
- Intensive look at ETT migration/ETT secretion
- Methods used to collect respiratory cultures
- Re-examine the vent weaning timeline and process
- Revisit sedation interruption
- Early mobility in the ICU
- Environmental Services and cleaning solutions
- Hand Hygiene
- Chlorhexidine bathing
- Outside Consultant

Rapid Cycles of Change
The PDSA Cycle

The original “Breaking Down Silos” concept

Working Together with the Patient Always at the Center

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Lessons Learned and Still Learning
Planning Quality Improvement Projects

Bring all stakeholders to the table when planning ANYTHING
• Why? You need buy-in AND you need their expertise
• Making decisions without involving all involved departments is a perfect way to build more silos

Be sure to get the support of Administration
• You are going to need it for many reasons, one of which is for handling push-back
• Keep all stakeholders informed at every turn
• Leave an email trail
• Walk out of planning meetings with an agreement of does what, by when

Lessons Learned: Communication

• Develop a thick skin
• Leave your ego at the door
• Put yourself in the shoes of the other person
• Better yet, walk a mile in their shoes
• Believe in yourself
• Know what you’re talking about (this is the flip side of “believe in yourself”)
• Pick your battles
• Bring candy

Lessons Learned: Communication, part 2

• Say hello to people, learn names
• Be gracious, be kind
• Smile
• Accept others as they are
• Accept yourself as you are
• Timing is key: make it safe, ensure the other person is ready, provide privacy if needed
• Clarity of purpose: what do you want to get out of this? What do they want to get out of this?
• Plan for these discussions rather than suddenly find yourself in them

More Lessons Learned

• Make it easy to do the right thing
• Find the good in everything: if you find a very elaborate work-around, at least admire the creativity
• Again, walk the walk: if you are allowed to, help the staff any way you can. Check blood with them, run for supplies, get in there and help them turn the patient. They won’t forget your kindness and you will gain credibility
• You can uncover an enormous amount of learning opportunities just by getting in there and helping/talking/observing. Stay close to the bedside

Let’s Talk About Push-Back

• Most differentiates between push-back and feedback
• Make it safe for staff to come to you
• Look for the positive
• Understand silent resisters and violent resisters
• Watch for work-arounds
• Keep your eyes and ears open
• Do you experience push-back or work-arounds, ask the “five whys”
• Find common ground: keep patient in the center
• Do NOT take it personally. This isn’t about you

Just-in-Time Coaching

Real-time coaching and teaching at the bedside
• “Another way to do that...”
• “Something I’ve found...”
• “Did you know...”
• “Caught you being awesome”

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Just-in-Time Coaching, part 2
Example: champions rounding on all ventilated patients each morning—why?
- Quickly review night shift charting before they go home
- Review sedation interruption and spontaneous breathing trial outcomes (night shift)
- Hang a new 24-hour oral care kit: let’s talk about that

“Thank you for washing your hands!”
“Did you know?”

Taking it to the Streets
It was written into the grant that we disseminate any knowledge we gained.

So, How’s It Going?
VAP over the past 3½ years

Yearly VAP Rates Sorted by Unit and in Aggregate

Extubate ASAP

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Magnet Designation!

Our group now:

Going Strong, still Learning!

Thank You

Questions?

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The Infection Preventionist as Leader. Part 2.
Refining communication skills, building relationships and breaking down silos.
Laura Showers
Jefferson Healthcare
Nothing to Disclose

Jefferson Healthcare
25 Bed Critical Access Hospital on the Olympic Peninsula of Washington State

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Healthcare provided to a rural community

Communication Essentials
- Listening
- Speaking effectively
- Creating safety
- Self-awareness
- Empathy

Why is it so hard?
- We each have our own perspective
- We come from different backgrounds
- We have different goals and aspirations
- We don’t spend enough time learning about each other
- We are in a hurry

Do people say “oh no” when they see you coming?
- Infection “control” can be seen by some as the “police”
- We often add complexity to their work
- We tell them they have to do more or do things differently
- The things we are concerned about are usually invisible to the naked eye...

Perspectives
- Organizational leadership is responsible to assure safety for patients and staff
- Deep down almost everyone wants to do the right thing
- Healthcare jobs are complex and time consuming
- When we can frame things positively and look for good intentions we will have better results

LISTENING WELL

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The art of listening
- Do you find yourself formulating your response as someone talks to you?
- Do you enter the conversation with your mind already made up?
- Do you feel like you know how it would or should be done best?
- Do you find yourself leaving conversations dissatisfied?

Take time to listen
- In the long run it will pay off
- When people are listened to they feel respected and will be more engaged
- You will find them wanting to be your partner
- You will get a reputation for being collaborative

Effective listening
- Listen calmly, don’t plan your response—focus on the person who is talking
- Don’t defend yourself, argue or complain
- Remind yourself not to take what is being said personally
- Keep the “big picture” in mind, remember your goal

If you can plan the conversation
- Don’t engage in a difficult conversation (if you don’t have to) if you aren’t prepared
- Do you have the energy to listen openly and manage your reactions?
- Can you remember not to “own” the problem?

Ask questions
- Be truly curious, be interested in what they have to say
- Ask clarifying questions of the speaker
- Have open body language
- Be humble and ready to hear their perspective

Empathize
- Try to walk in their shoes, understand their barriers
- Make empathetic statements without being condescending
  – It is possible to empathize without losing yourself, stay present
- Keep the end in mind, remember they want the best for themselves and/or others

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Recap
• Repeat back what you heard at short (but not annoying) intervals
• Check out what you heard for accuracy and completeness
• Don’t be afraid to interpret what you heard, then give them the opportunity to correct you

Working together for the patient

To stay connected in the conversation
• Don’t over-analyze, criticize or judge
• Don’t assign blame for thoughts or feelings
• Don’t demand (threaten, bribe)
• Don’t try to determine if something needs punishment or reward
• Do respect others and yourself
• Do take responsibility for your own actions
• Do request what you want or need
• Do remember that we need each other to succeed

Let’s practice
• Remember that the person you are listening to is a separate person with their own feelings, thoughts, personality and background
• All you need to do is listen openly
• It’s hard to believe but you don’t have to look for solutions while listening
• Just be present

Tell your story effectively
• You are not the only one formulating your response or rebuttal as you listen
• The person you are talking to may not have studied effective communication
• You can count on the listener feeling busy and distracted
• Look for common ground, be patient

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Initiating the conversation

- Do your best to pick a good time
- It is best to make an appointment
- Start with small talk or ice breaking conversation
  - Ask them about themselves or bring up a light topic before launching into the difficult conversation

Stay focused

- It is best to just stick to one issue
- Be clear about your concern(s) before you start, notes for reference may be helpful
- Understand your motivation
- If it is personal for you be aware of that
- Contemplate and reveal your vulnerability (this doesn’t have to be deep feelings)

Express your thoughts and feelings

- Infection prevention is important and can be a passion for many of us
- If you feel strongly it is ok to tell that story
- Understand your motivations, your passion about patient or staff safety is probably compelling
- Remember your feelings are your own, they aren’t universal, don’t assume

Don’t assign blame or fault

- It may help to tell a story of patient harm
- Blaming others keeps us from learning the truth
- To be heard you will need to keep it objective
- As soon as fault becomes assigned you will likely lose your listener
- Find something positive to include in your story

Be open

- If you have listened well and spoken well you will likely learn something
- What you learn may be about the other or about you, it may be about an outside party
- Try to be open to discovering the truth about yourself or the situation
- It is most commonly not exactly how you imagined it

Let’s practice

- Trade roles, now you be the speaker
- Express your thought or idea simply and without reservation
- Try to keep it objective but if it becomes personal for you acknowledge that too
- Give your partner time to check in and clarify
- Be open to what you learn about yourself as you talk

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Walk the walk
- To serve is to demonstrate service
- True participation in the process takes time up front but saves time later

Help start the process
- Help develop an aim or goal for the work needing to be done
- Help to set a plan with steps and tasks
- Take on some (not all) tasks
- Provide background and data
- Gently encourage a PDSA process to help drive success in process and outcomes

Collaboration leads to deep understanding and results

Nurse champions at UC Davis
- The nurse champion process led to mutually agreed-upon goals
- Specialized local leaders worked with departments to implement change and help do the work
- Relationship building and collaboration got effective results

Provide help and resources
- Work on gaining a reputation as a helper
- Be present in the areas you are trying to improve
  - Make time for them
  - Seek to understand them
- Respond to requests
  - promptly
  - eagerly

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Creating and sustaining safety

- Patient safety and quality improvement work can be highly charged
- We all have perceptions of ourselves as professionals or workers that influence our responses to others
- Without true collaboration we will get stuck
- If the IP is seen as only the “enforcer” results will not be as good or as sustainable

Communication is key

- Learn to tell your story effectively
- Know your own biases
- Learn to listen
- Learn to be persuasive but not abrasive
- Learn to stay focused on the need or process, don’t let it get personal
- Learn to be aware of how others are taking your message

Resources


Resources cont.

- Leadership in Healthcare. Values at the top. Dye, C.F. 2000; Chicago, IL: Health Administration Press

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