Focus of today's class

- The relevance of leadership to IPC
- What makes an effective IPC leader
- Leadership challenges and opportunities in IPC
- Leadership implementation
Why Leadership Matters for Effective IPC
Julie Storr, World Health Organization
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The big picture

IPC and global health
World Health Organization

- Promote health
- Keep the world safe
- Serve the vulnerable

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Keep the world safe

Active and effective IPC programmes

What role does leadership play?

Peoples lives depend on it

A negative or positive health outcome is influenced by the effectiveness of an IPC programme – but how do we get our messages across the multiple levels of health care?

Watch WHO IPC animation video here: https://www.youtube.com/watch?v=K2v09UEf8qg&app=desktop

Keep the world safe

Active and effective IPC programmes

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Convince decision makers and stakeholders that effective IPC strengthens health systems

The IPC – population health continuum

Based on an idea by Shams Syed, WHO

28/02/2018  |  Why leadership matters for effective IPC

Building a strong message

IPC is relevant to population health – how do we influence, motivate and enable the right people at the right time to do the right thing?

http://journals.sagepub.com/doi/abs/10.1177/1744987116628328

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What the textbooks say

Leadership describes the ability to:
- influence,
- motivate and
- enable

members of an organization to contribute to the effectiveness and success of the organization

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Characteristics of a leader
Opinions are personal on what makes a good leader

- What are the traits/features of a leader that you know (in real life or a celebrity, politician, sports person)?
- Which of these do you have as well?

Five fundamental principles for leadership

1. Set an example
2. Inspire a shared vision
3. Challenge the process
4. Enable others to act
5. Encourage the heart

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Situational Leadership

Adaptable leaders

- Situational leaders adapt their leadership style to situations
- Leadership ‘based on a relationship between the leader’s supportive and directive behaviour, and between the follower’s level of development’ (Grimm, 2010)
- Leader’s support requires personal involvement, sustained communication and emotional support
- Leader’s direction refers to the steering provided by the leader as well as the allocation of follower roles


Transformational leadership

Visionary leaders

- They have and share a vision for what organisation should be (Sims, 2009)
- They develop others to exceed their own self-interests for a higher purpose (Vinkenburg et al, 2011)
- Leader-follower relationships are based on interactions or exchanges (Rolfe, 2011)


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Transactional leadership

Performance-oriented leaders

- Empowered to evaluate, correct, and train subordinates
- Performance shaped by punishment or rewards
- Highly visible leader, top of ‘chain of command’
- Motivation to be effective and efficient
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What is the relation between leadership and effective IPC?

- **Leaders** in close and regular contact with clinical teams in wards and units **positively influence quality** of care
- Leaders support others to develop, implement and evaluate their own solutions to problems
- Leadership associated with **hand hygiene**, gowning and gloving
- **Staff engagement** and Hospital Leadership significantly associated with knowledge related to IPC (Sinkowitz-Cochran et al, 2011)
- Positive leadership behaviours associated with **reduced** incidence of pneumonia and urinary tract **infections** (Houser, 2003)


Characteristics of an IPC leader

- Leaders **foster** a culture of **excellence**
- Leaders **develop** an organisational **vision**
- Leaders focus on **previewing** and **resolving** challenges which could be opportunities to improve
- Leaders **inspire**, **encourage**, and **motivate** others to lead

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The behaviours of successful IPC leaders

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


The behaviours of successful IPC leaders

Leadership and IPC implementation

Overcoming the obstacles of implementing infection prevention and control guidelines


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Context, innovation & recipients
Social cultural and organizational factors matter

**Context**
- Inner context
- Local and organizational
  - leadership support
  - culture
  - organizational priorities
- Outer context
  - policy drivers and priorities
  - incentives and mandates
  - networks

**Innovation**
- Added benefit of the intervention
- Ease of use
- Evidence
  - research
  - clinical
  - experiential

**Recipients**
- Motivation
- Values/beliefs
- Goals
- Skills
- Knowledge
- Time
- Resources
- Support
- Opinion leaders
- Power
- Authority

Multimodal improvement strategy

ONE System change
Alcohol-based hand rubs at point of care and access to safe continuous water supply, soap and towels

TWO Training and education
Providing regular training to all health-care workers

THREE Evaluation and feedback
Monitoring hand hygiene practices, infrastructure, perceptions, & knowledge, while providing results feedback to health-care workers

FOUR Reminders in the workplace
Prompting and reminding health-care workers

FIVE Institutional safety climate
Individual active participation, institutional support, patient participation

In other words, the WHO multimodal improvement strategy addresses these five areas:

1. Build it (system change)
2. Teach it (training and education)
3. Check it (evaluation and feedback)
4. Sell it (reminders in the workplace)
5. Live it (institutional safety climate)

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Leadership and the multimodal approach

Context
• Dec 2006-08, 55 departments in 43 hospitals, Costa Rica, Italy, Mali, Pakistan, Saudi Arabia
• Strong leaders in each setting

Innovation
• WHO hand hygiene multimodal strategy

Recipients
• Intervention launch endorsed by Minister of Health
• Increased dispensers at point of care

Distributed leadership in IPC

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Leadership at the front line

Leadership and a vision

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Strong leadership and good governance


IPC leadership challenges and solutions

Leadership and multimodal thinking


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Key summary points

- **Robust leadership** in infection prevention and control is **essential** for effective decision-making, efficient use of resources and the provision of **high quality, safe, effective, person-centered care**

- Strong leadership supports activities to prevent and control infection within the organization, in particular by **catalyzing participation** and **motivation** among local teams, and is essential to achieve reduction of patient harm due to HAIs and AMR

- **Leadership** must be aligned, from the **hospital management team**, to the executive and specialist infection control team, to **clinical and non-clinical staff**

What the guidelines say

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WHO Core Component Guidelines 2016
The ultimate accountability for IPC programmes lies with facility leadership

Summary of the Core Components of IPC Programmes
Interconnected pieces of the IPC jigsaw – the sum is greater than its parts

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**Summary of the Core Components of IPC Programmes**

Technical expertise is important

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**LEADERSHIP (adaptive)**

But so are the “softer” skills – the “adaptive” i.e. effective leadership

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Core component 1 (IPC programmes)

"Legislation has been a critical part to building recognition as many won’t consider IPC and its value until there is a norm or requirement for an IPC programme."
IPC Professional from Africa

"We had success in our IPC programme using a multimodal strategy and strong leadership from the highest levels of the health authority. Acting upon local data with evidence-based interventions and documenting results has been key to obtaining local acceptance and integration into routine hospital health care."
IPC National Lead from Chile

"After trying other approaches to build political will for IPC, we started to regularly attend the ministerial advisory committee for AMR where we continuously advocated for IPC among programme managers. This is how we were able to get official recognition of IPC and a national mandate."
Regional IPC Focal Person from the Americas

http://www.who.int/infection-prevention/tools/core-components/co-implementation-guidelines.pdf?ua=1

Key points

Leadership and the WHO Core Component Guidelines

- The WHO Core Components are a road map for how IPC can prevent harm due to healthcare-associated infection (HAI) and antimicrobial resistance (AMR)

- The IPC focal person should oversee development, implementation, coordination, and evaluation of the IPC programme and all its activities

- The development of leadership and programme management skills supports success

- IPC focal persons must be aware of their important role in advocating for a multimodal approach to improvement as one part of their leadership role

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WHO Leadership advocacy video
In less than it takes to listen to Purple Rain

IPC Leaders describe the Core Components
WHO advocacy video – building a compelling case…

“Infections cause up to two thirds of deaths among hospital born babies.”

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IPC Leaders describe the Core Components
WHO advocacy video

“HAI are preventable... prevention is a key priority for WHO.”

Dr Benedetta Allegranzi
WHO Headquarters

WHO advocacy video

“The new Core Components are absolutely essential for us (in low resource settings).”

Professor Shaheen Mehtar
South Africa

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IPC Leaders describe the Core Components
WHO advocacy video

“Monitoring is a very important issue”

IPC Leaders describe the Core Components
WHO advocacy video

“Establishing a team at the national level provides guidance and leadership that could accelerate the momentum that is needed to ensure that IPC is implemented throughout the country”

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IPC Leaders describe the Core Components
WHO advocacy video

“One of the great lessons learned from outbreaks like Ebola and MERS and SARS is the importance of strong IPC from a global health perspective to prevent the next epidemic”

Dr Benjamin Park
Centers for Disease Control and Prevention, United States of America

https://www.youtube.com/watch?v=LZapz2L6J1Q&feature=youtu.be

Personal perspectives from the field

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What would a great IPC leader look like?

What do you think are the top three things that a great IPC leader does to demonstrate their leadership?

Helen Bevan

1. Introduce themselves
2. Less talking...more listening
3. Empower:
   - Help others develop as leaders through positive thinking, challenge, support, and thanks
4. Live the values
5. Be accessible
6. Give credit
7. Remain positive
8. Welcome challenge
9. Balance
10. Learn and develop


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Role model

A Brilliant IPC Leader
0 should be a role model
When it comes to IPC

Good communicator

Be a good listener and
Communicator
Inspirational and motivational

3. Inspire, encourage, and motivate others to lead.

Change agent

3 Things

What brilliant IPC leader would look like:

1. Change agent
2. Good Communicator
3. Advocate

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Innovator and solution focused

A Brilliant IPC leader is one who:
- is one who is on site, mentors staff, and is accountable for training. They identify and fix solutions. They are effective communicators.
- supports, leads and finds solutions.
- is innovative.

How would you describe yourself?
How WHO is supporting countries

Leadership matters in IPC
For implementation. For behaviour change.

The implementation of guidelines into practice

Behaviour change through multimodal strategies

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Multimodal thinking
Build it. Teach it. Check it. Sell it. Live it.

The Five Components of the WHO multimodal hand hygiene improvement strategy:
1a. System change - alcohol-based handrub at point of care
1b. System change - access to safe, continuous water supply, soap and towels
2. Training and education
3. Evaluation and feedback
4. Reminders in the workplace
5. Institutional safety climate

WHO Leadership modules

Session 1
Introduction to leadership in the context of:
The Core Components; The multimodal strategy; Implementation resources; Project management; IPC interlinkages; Principles of adult learning.

Session 2
Drill-down on IPC leadership:
What makes a good leader?; The relevance of leadership to IPC; Leadership characteristics; Types of leaders; Leadership challenges and opportunities.

Session 3
Exploration of implementation and behaviour change:
Implementation success factors; Behaviour change and implementation; Quality improvement cycles and implementation; Leadership challenges and solutions.

Session 4
Focus on communication and advocacy:
Communication skills in IPC; Choosing the right communication channels; Leadership and conflict resolution.

Leadership modules will be available at: http://www.who.int/infection-prevention/tools/core-components/en/

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WHO e-Learning modules
Stand-alone module on Leadership

Launch date anticipated March 2018

Easy to navigate web pages to access all WHO IPC materials

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Worth a look

Also worth a look for IPC leadership and solidarity
IPC and WASH Learning Pod

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Leadership saves lives!
Effective leadership and influence in IPC saves lives

You play a critical role in supporting and stimulating the right action at the right time to:

• Support the development of an effective IPC programme;
• Support the implementation of the core components of IPC programmes in your facility;
• Contribute to a reduction in HAI & AMR
• Run effective projects
• Link with other relevant programmes
• Train the health workforce effectively

We need to influence doctors, nurses, managers and leaders and all disciplines in health care!

WHO training modules (due for launch March 2018)

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And finally, a call to action...

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Published December 2017: Lancet Global Health

Leadership matters if the call to action is to be fulfilled in all countries

Countries with immature IPC programmes
- Visible political commitment
- Policy development and enforcement
- Availability of human and financial resources
- Establishment and execution of IPC programmes at the national and facility level
- Action to ensure in country knowledge and expertise

Countries with advanced IPC programmes
- Increased accountability with IPC as a quality indicator
- Development of advanced information technology tools to support IPC monitoring and implementation
- Enhanced communication to sustain awareness and engagement
- Credible, context specific incentives to increase compliance
- Enhanced education and training to embed IPC knowledge in all disciplines
Expanding the narrative on AMR and IPC

Visualising how IPC programmes support AMR risk reduction

“The spread of AMR is just like a bushfire - yes we need new firetraps & new helicopters i.e. new ABX, but they’re 5 or 10 years away. In the meantime we need a firebreak & that firebreak is good infection prevention and control”

Thank you
WHO Infection Prevention and Control Global Unit

Learn more at:
http://www.who.int/infection-prevention/en/
### Why Leadership Matters for Effective IPC

**Julie Storr**, World Health Organization

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