Infection Prevention and Control ECHO Network

Session 2: Training for Link Nurses and IPC Leads

Wednesday 27th July 2022
Network Recording Declaration

During this ECHO session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the Data Protection Act 2018 General Data Protection Regulations (GDPR), under that law we need you to be aware that:

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• This Data will be available for as long as your network continues to meet and will then be taken down from the internet and either stored securely at the Superhub or deleted.

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If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>13:00</td>
<td>Introductions</td>
<td>Julia Russell, Senior Clinical and Quality Improvement Manager, Hospice UK</td>
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<tr>
<td>13:05</td>
<td>The Position and the Benefit of Link Nurses in the Prevention of Infection</td>
<td>Rose Gallagher MBE, Professional Lead Infection Prevention and Control, Royal College of Nursing</td>
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<td>13:25</td>
<td>Questions and Discussion</td>
<td>All</td>
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<tr>
<td>13:55</td>
<td>Case Presentation: Starting Over</td>
<td>Kerry O’Brien, Quality Lead Nurse, Harlington Hospice</td>
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<tr>
<td>14:05</td>
<td>Questions and Discussion</td>
<td>All</td>
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<tr>
<td>14:25</td>
<td>Summary &amp; Close</td>
<td>Julia Russell, Senior Clinical and Quality Improvement Manager, Hospice UK</td>
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The position and the benefit of link nurses in the prevention of infection

Rose Gallagher MBE
Professional Lead Infection Prevention and Control
Presentation themes

- The importance of link nurses
- UK experience
- Using a link nurse framework and competencies
- Current priorities
The importance of link nurses in IPC

- Allows a structure to support devolved leadership and use of clinical expertise at ‘local’ patient level
- Aid to communication, dissemination of information and intelligence
- Enables specialist nurses to share learning
- Provides a reservoir of potential future IPC nurse leaders
Recommendations

Council

Council Recommendation of 9 June 2009
on patient safety, including the prevention and control of healthcare associated infections
(2009/C 151/01)
Common pitfalls

- Link nurses are not specialist nurses by proxy—the role is different but shares some commonality
- Ward/Dept managers are responsible overall for standards of IPC, not the Link nurse
- Link nurses need support and the whole team to engage if they are to be successful
- The role is about more than doing audit! It is a voluntary role
Challenges for Link nurses in the UK

- Link practitioners are commonplace – there is variation in what they are called, how they are used and the support they receive
- Expectations of the LN role and purpose vary
- Programmes are rarely evaluated
- Creating a post that is desirable rather than onerous
- Professional and personal development ‘on the job’ must be enabled
Looking deeper at some of the challenges/opportunities

- Opportunity to develop a cadre of staff within organisations that act as a reservoir of best practice and local leadership for IPC
- Risk of silo working/thinking (IPC blinkered) and enable broad improvement on aligned issues e.g. sustainability
- Opportunity to bring strategic issues to life at the local level
Putting evidence into practice

- Easy to say, hard to do – not straightforward
- Tension between policy imperatives/detail and the ability to successfully support and enable change locally
- Spread of evidence or change in practice is not a linear process – e.g. pandemic learning
- Whole system change is needed - includes both individuals and organisation, a successful link worker programme can be invaluable with this
Why did the RCN develop link nurse competencies?

- Personal and professional drivers
- Desire from members
- Need to support Infection Control Teams and to help embed IPC ownership at the clinical level
- Grow future infection prevention nurses
- Recognition that education alone is insufficient to improve standards
Meaningful work

Around the world, nurses say meaningful work keeps them going
Part 1 - methodology

- Focus on using the experience of link nurses and specialists to shape the outcome
- Using an opportunity at an annual event for general nurses to undertake a series of workshops
- Link nurse workshop full – twice!
- Analysis of themes from the discussion
Part 2 - methodology

- Use a concept analysis approach to the outcomes from the workshops
- Draft a document summarising the findings and context for the role profile
- Send out for comments
- Discussion at a RCN European event to determine suitability for wider adoption
Key themes from the analysis

- Enabling factors
- Attributes
- Outcomes or consequences
Enabling factors

The factors that need to be in place for the link role to be implemented successfully

Can be related to the:

- Individual
- Workplace
- Employer organisation
Attributes

How would you recognise a link practitioner in the role in Hospice UK?

What would the link role do?

- Acting as a role model and visible advocate
- Enabling individuals and teams to learn and develop their infection prevention practice
- Communicating and networking around infection prevention practice
- Supporting individuals and teams in local audit/surveillance (optional)
Outcomes or consequences

Can be:

- Individual
- Workplace
- Organisational – this may vary depending on the institution e.g. community or acute, small or large
Framework for the infection prevention and control link nurse role

<table>
<thead>
<tr>
<th>Enabling factors</th>
<th>The essential recognisable characteristics of link nurse activity</th>
<th>Outcomes</th>
<th>The consequences of having a link nurse (LN) role</th>
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</thead>
<tbody>
<tr>
<td>Factors required to successfully implement the link nurse (LN) role</td>
<td>The link nurse</td>
<td>For the link nurse (LN):</td>
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<tr>
<td><strong>Individual:</strong></td>
<td>Acts as role model and is a visible advocate for IPC, for example:</td>
<td>LN role is recognised and supported by the wider multidisciplinary team (MDT)</td>
<td></td>
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<tr>
<td>• role clarity— for example a role profile in place</td>
<td>• role models best practice</td>
<td>• role satisfaction, continued commitment and motivation</td>
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<td>• up-to-date knowledge, skills and understanding about infection prevention and control (IPC) best practice</td>
<td>• is visible in the clinical area</td>
<td>• role enhances professional and personal development.</td>
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<td>• knowledge and skills to facilitate learning in, and from, practice.</td>
<td>• actively promotes IPC issues</td>
<td>For the workplace:</td>
<td></td>
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<tr>
<td><strong>Workplace:</strong></td>
<td>• celebrates achievements and best practice</td>
<td>• best practice standards and guidelines are implemented</td>
<td></td>
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<tr>
<td>• interdisciplinary team recognise the role and value of the LN role</td>
<td>• challenges when standards are not met</td>
<td>• LN role is actively used by the wider MDT</td>
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<td>• active support with engagement from clinical leaders, managers, senior nurses and all members of the interdisciplinary team</td>
<td>Enables individuals and teams to learn and develop their IPC practice, for example:</td>
<td>• IPC learning is identified and implemented</td>
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<tr>
<td>• access to best practice guidelines and evidence-based practice</td>
<td>• uses opportunities to learn in, and from, practice</td>
<td>• reduced IPC-related complaints and incidents</td>
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<td>• local opportunities to regularly review IPC measures, indicators and practice.</td>
<td>• creates a culture for learning from incidents/complaints</td>
<td>• a culture for networking and mutual support is created</td>
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<tr>
<td><strong>Organisational:</strong></td>
<td>• provides creative opportunities for learning</td>
<td>• success is celebrated</td>
<td></td>
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<td>• organisational and senior management endorsement, support and active commitment to the role</td>
<td>• acts as a local resource for IPC</td>
<td>• a sustainable body of local expertise around IPC is created.</td>
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<td>• governance systems in place for monitoring IPC practice and outcomes</td>
<td>• works with students and practice facilitators on IPC</td>
<td>For the organisation:</td>
<td></td>
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<td>• regular board reporting and discussion.</td>
<td>• supports and sustains LN meetings</td>
<td>• IPC practice is standardised across organisation</td>
<td></td>
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<td>Supports individuals and teams in local review/audit/surveillance (optional), for example:</td>
<td>• reviews collaboratively local IPC measures, indicators and IPC practice.</td>
<td>• findings from reviews/surveillance and audit are implemented</td>
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<tr>
<td>• supports completion of local review/audit/surveillance</td>
<td>Communicates and networks around IPC practice, for example:</td>
<td>• corporate objectives are met, including those around learning and development</td>
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<tr>
<td>• facilitates ownership of local review/audit/surveillance</td>
<td>• develops and creates methods for communication such as IPC notice boards, newsletters and blogs</td>
<td>• IPC is considered everyone’s business and responsibility</td>
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<td>• contributes to reporting within local governance structures.</td>
<td>• provides regular two-way communication with the IPC team</td>
<td>• IPC is embedded within clinical practice</td>
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*Please note that you can substitute infection prevention and control with your own specialty.*
<table>
<thead>
<tr>
<th>Competence</th>
<th>Link to KSF</th>
<th>Performance criteria</th>
<th>Knowledge and understanding</th>
<th>Attitudes and behaviours</th>
<th>Generic contextual factors</th>
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<tbody>
<tr>
<td>1. Acts as role model and local leader and is a visible advocate for infection prevention and control (IPC).</td>
<td>Core 1</td>
<td><strong>Role modelling:</strong> Articulates the concept and vision of the organisation’s local quality and patient safety strategy (including IPC). Role models the use of local and national policy and guidelines. Is visible in the workplace as a resource and champion. Works within own field of competence and is aware of own role limitations. Seeks advice and guidance from IPC team when presented with new or complex situations. Works effectively as team member of the local workplace.</td>
<td><strong>Knowledge and understanding of:</strong> Local and national strategy/priorities and policies for IPC. Best practice and evidence-based guidelines for IPC. IPC local arrangements and provision. Effective team working. Own competence and its limitations. LN role and responsibilities. Difference between the purpose and function of LN IPC role and infection control team. Local organisational governance and safety systems.</td>
<td>Resilient. Participative. Collaborative. Visible in practice area. Open to receiving feedback.</td>
<td><strong>RCN (2007) Workplace resources for practice development.</strong> National guidance on IPC. National Regulatory Organisations and Standards. NRIC website. <strong>RCN Principles of Nursing Practice.</strong> Making the care for ward sisters/team leaders to be supervisory to practice (RCN, 2011). <strong>RCN Clinical Leadership Programme.</strong></td>
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Core behaviours

- Person-centred
- Inclusive
- Reflective
- Passionate about infection control/quality patient care
- Visible in practice area
- Welcomes feedback
- Good communicator
- Proactive
Priorities

- Biodiversity Collapse
- Climate Change
- Recession
- COVID-19

BE SURE TO WASH YOUR HANDS AND ALL WILL BE WELL.
Sustainability – integral to IPC
Thank you for listening

Join us at ipc@rcn.org.uk
Starting Over

Kerry O’Brien, 
Quality Lead Nurse, 
Harlington Hospice

www.hospiceuk.org
Before you go…
Next Session:

Topic: Hospice Specific IPC Guidance

Date: 22 September 2022