Developing Champions

Infection Prevention and Control Champions and Link Nurse at Providence Health Care

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Outline

1. Background
2. Infection Control Champions Overview
3. Infection Control Champions Findings
4. Infection Prevention and Control Link Nurses
5. Next Steps and Conclusion
Background

- Literature on Infection Control Champions (ICC) and Link Nurses (LN) is limited and mostly European
- Variability in roles, training, scope and titles
- Variability in measurement of impact of ICC
  - Quantitatively: outcomes
  - Qualitatively: process
- No gold standard
Champions Overview

• Develop a program to train, mentor, support unit nurses to become ICC

• ICC role
  – Supervised by Infection Control Practitioners (ICPs)
  – Involved in Infection Prevention and Control (IPAC)-related projects (e.g., hand hygiene)
  – Engaged as IPAC role model and resource for unit

• Dependent and supported by IPAC team

• Canadian Institute for Health Research (CIHR) funded grant
Logistics

• Operational material
  – Electronic: Projector, video, presentations, links, websites
  – Hard: Binders with articles, guidelines, attendance, meeting minutes
  – Logo development

• Communication material
  – Electronic: Blogs, websites, e-mail
  – Hard: Newsletters, flyers

• Administrative support
  – Time and space booking for orientation sessions, projects, questions

• Budget
  – IPAC and ICC expenses
Identifying Stakeholders

- Clinical staff
- Clinical nurse leaders
- Operations leaders
- Program directors
- Senior leaders
- IPAC team
- ICCs
Developing Skills

• Workshops on IPAC knowledge transfer and leadership development
• Program launched on June, 2007
  – 3 day orientation
  – 6 hours every 2 months rest of 2007
  – 6 hours every month until June, 2008
  – Total 11 meetings

  – Basic infection control practices
  – Hand hygiene compliance
  – Recognition of infection control issues
  – Communication skills

• Access to 2 ICPs for education and mentorship
Measurement
Study Sample

- Unit recruitment in acute care settings

- 9 ICC and 9 Control units
  - 6 ICC completed the full year project
  - 3 ICCs dropped out and 1 ICCs were replaced
  - 7 ICC and 7 Control units in quantitative analysis
Quantitative Findings

- Data from 1) hand hygiene compliance, 2) staff knowledge survey, 3) hospital-associated infection rate

1) Hand hygiene compliance increased after patient contact from end of intervention to 6-months post-intervention for ICC units ($p<0.05$)

2) Improvement in knowledge survey of unit staff from baseline to post-intervention for ICC units ($p<0.05$)

3) Rates of MRSA infections decreased in both groups, with no significant differences between groups
Economic Findings

• Data of estimated versus actual costs of ICC program to ICP
  – Core IPAC team crucial part of ICC, cannot be replaced
  – ICC cost and coverage half of PHC beds. $184,645/650*2 = $568
  – Salary of ICP by bed coverage. $85,400/150 = $569
  – Actual cost by actual bed coverage. $98,953/202 = $490

• Cost per bed for ICC was less than hiring an additional ICP
Qualitative Findings

- Results from focus groups of stakeholders
- Clearly defined roles and goals for the ICC/LN
- Encourage creativity
- Support and resources
- Engagement
- Structure
- Evaluation plan
Summary Findings

- Units with an ICC improved significantly in some measures over time
- Economic analysis indicated ICC was cost effective
- Focus group results suggested ICC were proactive educators, positive role models, built capacity and good resources for staff
- Stakeholders successfully advocated for the ICC program to be fully adopted
IPAC Link Nurse

IPAC Needs YOU! Help your unit fight infection as an Infection Prevention and Control (IPAC) Link Nurse!

- Get the skills to kill the bugs.
- Educate Support and Promote your unit’s IPAC activities
Recruitment Process

• Strategy:
  – Posters
  – E-mail messages
  – Newsletters
  – ICP discussion with senior nurses
  – Explanation to potential LN by ICP
  – LN seeks consent of Operations Leader

• Mostly recruiting nurses as name suggests
Selecting Candidates

- Willing
- Enthusiastic
- Creative
- Brave
- Determined
- Communicator/Listener
- Committed
- Also: not exclusively working nights & vaccinated
Recruitment

• Four PHC settings
  1. Acute care
  2. Rehabilitation
  3. Ambulatory
  4. Residential care

• 38 nursing units, 7 clinics/teams and laboratory

• 78 LNrs recruited

• 2 ICC nurses volunteered to remain as LN

• 1 LN now an ICP

• Recruitment ongoing-14 new LNrs for February orientation
Workshops

- 8 hour orientation day
  - role of LN and principles of change management
- 4 -2 hour updates per year
Challenges

- Lack of time
- Budget
- Recruitment
- Keeping the LNs motivated
- Appropriately educating LNs
Accomplishments

- Complete educational workshops
- Serve as resource and role model
- Act as liaison with IPAC and frontline staff
- Create a network
- Raise awareness
- Sustained interest
- Professional development

Accomplishments differed depending on the unit!
Building your own

- Senior staff commitment
- IPAC commitment
- Name
- Role description
- Educational packages
- Administrative support
- LN website
- Time/patience/energy
- Celebrate small successes
Next Steps

- Acknowledging LNns
- Identification of LNns
- Improved economic analysis
Conclusion

Given economic environment Canadian healthcare system, ICC/LN program provides relatively low-cost opportunity to increase role and profile of IPAC
References

- NHS Scotland. Information Resource to support the introduction of assigned staff to champion infection prevention and control. 2003.
Any questions?

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