

The Role of Leadership in Implementing Change

Satellite Symposium on November 8th

■ Date

Tuesday, November 8th 2011: 15:30-17:00

■ Venue

Meeting Room 203 on Level 1, the Melbourne Convention Centre

■ Chairpersons

Professor Dr Hiroyoshi Kobayashi (Tokyo Healthcare University, Japan)
Ms. Erisa Sugawara (Japanese Red Cross Medical Centre, Japan)

Program

- 1. The Role of Leadership of ICN in Clinical Setting**
Ms.Rika Yoshida, RN, MS, CNIC
(Kinki University Hospital, Japan)
- 2. The Role of Leadership to Make Good Communication among Healthcare Personnel in Hospital**
Dr.Hyang Soon Oh, RN, CIC, PhD
(Seoul National University Hospital, South Korea)
- 3. Infection Control Measures in Disaster Area**
Ms.Erisa Sugawara, RN, MS, CNIC
(Japanese Red Cross Medical Centre, Japan)
- 4. Organizational Leadership for Implementing the Change (provisional)**
Professor Dr Bijie Hu, MD, PhD
(Zhongshan Hospital of Fudan University, China)
- 5. Safety Culture - Regulations for the Leaders in Prevention of Healthcare-Associated Infections (HAI) and the German Stand within the European Union**
Professor Dr Axel Kramer
(Ernst-Moritz-Arndt University of Greifswald, Germany)

ABSTRACTS

The Role of Leadership of Infection Control Nurse in Clinical Setting

Rika Yoshida, RN. MS. CNIC

Infection prevention and control system in Japan

Risk management including infection prevention and control is one of the most important strategies for healthcare with high quality. The infection prevention and control system in Japan had been discussed and reevaluated by the Expert Panel of the Nosocomial Infection of Ministry of Health, Labour and Welfare(MHLW) in 2003, and on the conclusion the regulation was revised and enforced on April 1 2007 in which the system for nosocomial infection prevention and control in each hospital was provided mandatorily as a part of the medical law.

Infection control team(ICT)

In Japan, Infection control team (ICT) organized by infection control doctors and nurses and representative from each special field is so active to perform the infection control strategies at each hospital.

Certification systems concerning infection control experts such as Certified Infection Control Doctor (CICD), Certified Nurse for Infection Control (CNIC), Board Certified Infection Control Pharmacy Specialist (BCICPS), Infection Control Microbiological Technologist (ICMT), Certified Sterilization Specialist (CSS), or Certified Sterilization Service Technologist (CSST) has been developed since 1999. In order to offer the high level healthcare with better qualities, the cooperation of each specialist is recognized to be the most important in clinical settings. They are key members of ICT in each hospital and their specialties are so useful for ICT activities.

Certified Nurse for Infection Control(CNIC)

For the high quality care and the effective collaborative infection prevention and control, the education program for the infection control nurses (ICNs) was started by Japanese Nursing Association in 2000. As of September 2011 the number of CNIC became 1,177 and most of them are actively working as the coordinators of ICT.

Leadership in Implementing Change

In the daily practical activity, CNIC must solve many problems found out among interventions at ward liaison, surveillances, educations, adequate prophylaxes, facility managements, or occupational safeties. Furthermore, CNIC in a viewpoint of the nursing have to show a leadership and must be moderator in medical care team so that they can perform the effective precautions. The leadership required for CNIC to achieve those daily jobs effectively will be also discussed.

The Role of Leadership to Make Good Communication Among Healthcare Personnel in Hospital

Hyang Soon Oh, RN, CIC, PhD
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President of Korean Association of Infection Control Nurses

Leadership is defined as a process of [social influence](#) in which one person can enlist the aid and [support](#) of others in the accomplishment of a common [task](#) in Wikipedia.

Infection control professional should educate, motivate and support hospital personnel caring patients directly or indirectly to decrease hospital associated infections. Hospital personnel are critically important for infection prevention and control because they practice infection control methods recommended in the evidence based guidelines in their patients' care, ie aseptic technique, hand washing, and isolation techniques. Therefore, it is hospital personnel that can decrease actively hospital infections not infection control professional. Therefore infection control professionals should use leadership to motivate hospital personnel in their practice in infection control and active engagement in infection prevention and control programs.

Among the leadership theories, transformational leadership theory is used relatively more effective in infection prevention. The transactional leader ([Burns, 1978](#)) is given power to perform certain tasks and reward or punish for the team's performance. It gives the opportunity to the manager to lead the group and the group agrees to follow his lead to accomplish a predetermined goal in exchange for something else. Power is given to the leader to evaluate, correct, and train subordinates when productivity is not up to the desired level, and reward effectiveness when expected outcome is reached.

The transformational leader ([Burns, 1978](#))¹ motivates its team to be effective and efficient. Communication is the base for goal achievement focusing the group on the final desired outcome or goal attainment. This leader is highly visible and uses chain of command to get the job done. Transformational leaders focus on the big picture, needing to be surrounded by people who take care of the details. The leader is always looking for ideas that move the organization to reach the company's vision.

What kinds of leadership style in infection prevention and control will be success in infection prevention? A certain one style leadership may not be the answer. According to the situation of infection control problems, the most adequate leadership style will be changed whether it will be democratic style, servant style, or empowerment style so on.

Therefore, infection control professionals should get the good leadership and is required a good leadership and communication skills.

References

- [Burns, J. M.](#) (1978). *Leadership*. New York: Harper and Row Publishers Inc..
http://en.wikipedia.org/wiki/Leadership#Transactional_and_transformational_theories
[Koteyko N, Carter R.](#) Discourse of 'transformational leadership' in infection control. [Health \(London\)](#). 2008 Oct;12(4):479-99.
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Infection Control Measures in Disaster Area

Ms Erisa Sugawara, RN, MS, CNIC

Japanese Red Cross Medical Centre, Japan

March 11, 2011 (14:46) became a day that we will not forget in modern day Japan. The violent shaking of the Tohoku earthquake was felt even in Tokyo. While aftershocks continued, people became glued to the television watching the unfolding devastation of the tsunami. The unprecedented major disaster happened. I participated in disaster relief as a member of the Red Cross staff and as an infection control nurse (ICN). This report describes the issues and experience of my involvement in the assessment of shelter hygiene management and the coordination with health care centers.

When the disaster occurred, the Ishinomaki Red Cross Hospital in the disaster area experienced violent shaking. However, it experienced no damage to the building and provided lifelines to victims. This hospital was luckily spared from the tsunami and was the only operating high-functioning hospital in the Ishinomaki area. On the third day after the disaster, the hospital accepted patients who arrived in an estimated 160 helicopters of the Japan Self-Defense Force. There were patients in serious condition as well as remains transported to the hospital. The disaster victims who came to the first-aid stations had lost everything in the tsunami. They had no water or food and could not even wash their hands. In general, health problems due to disasters are mostly physical trauma followed by infection at the initial stage after disasters. After this disaster, many people suffered from hypothermia because of the tsunami and the coldness of winter, and some even had frostbite. Most injuries were infected in people who came to the clinic. There were also unexpectedly many burn patients.

Many areas hit by the tsunami had suffered a collapse of public health. Environmental hygiene and food, the foundation for survival, were destroyed, and the shelters were like refugee camps that opened in an advanced country, Japan. The disaster areas suffered interruption of lifelines, material supply, and information. In particular, the interruption of water and sewage services quickly worsened the sanitation environment. In the shelters, tens of thousands of disaster victims were living with polluted water, insufficient food, pollution, overcrowding, insecurity, and stress. Under such conditions, the most concerning health issues were mass outbreaks of infectious gastroenteritis and flu-like symptoms. Mobile clinic teams performed syndromic surveillance, and ICNs made visits and performed disease control interventions at shelters when problems occurred.

A collapse of the sanitation environment is the first and greatest crisis that befalls the victims after disasters. Infection control needs to be considered to rebuild the sanitation environment. We must use our knowledge and experience to the maximum and be fully prepared.

Safety culture – regulations for the leaders in prevention of healthcare-associated infections (HAI) and the German stand within the European Union

A. Kramer

Legal background

At present, mandatory European standards for organization and structure of hospital infection control are lacking. E.g., there are no uniform requirements for staffing and qualification of infection control practitioner. While European Norms (EN) exist, stipulated by the European Committee for Standardization (CEN), starting in 1961, their intention is to harmonize the market and break down business barriers. Only the Medical Device Directive is mandatory, all other EN, i.e. for sterilization, disinfection and antisepsis, are voluntary.

However, infection control measures are comparable in most European countries, as demonstrated for MRSA.

In Germany, the Commission of Hospital Hygiene and Infection Prevention at the Robert Koch Institute (RKI) regularly prepares evidence based guidelines for infection control, comparable with the US CDC or HICPAC guidelines. The RKI guidelines are mandatory in Germany since 2011.

Most European country now have stipulated an Infection Prevention Act which demands the regulation of prevention of HAI. In Germany, the following requirements are mandatory:

- Every hospital and medical practice must establish a hygiene plan regulating all measures for infection control and prevention of HAI.
- Every hospital and outpatient surgery must conduct a standardised surveillance of HAI on the base of recommendations of the Robert Koch Institute and the National Reference Center for

Surveillance of Nosocomial Infections in Berlin, the so-called KISS (Hospital Infection Surveillance System), which exist since 2000. KISS contains at present the moduls ICU, SSI, Devices, Oncology, Outpatient surgery, MRSA, Neonatology, and Hand hygiene. At least one of the following indicator infections must be recorded: SSI, catheter-related septicemia, respiratory-related infections or urinary tract infections

- Immediate notification of an outbreak (> 2 patients with epidemiologic relationship)
- Registration of epidemiologically relevant bacterial resistance profiles.

Other relevant acts with high relevance for HAI prevention in Germany are the Medical Device Act, the Accident Prevention Regulation Health Service, Code of Social Law, which defines quality assurance, water and food safety regulations and waste management.

General organization of prevention of HAI in Europe

The European Society for Clinical Microbiology and Infectious Diseases, founded 1983, is a non-profit organisation whose mission is to improve the diagnosis, treatment and prevention of infection-related diseases. This is achieved by promoting and supporting research, education, training, and good medical practice.

The European Centre for Disease Prevention and Control (E-CDC), founded 2005, is an EU agency aimed at strengthening Europe's defences against infectious diseases with seat in Stockholm, Sweden. E-CDC works in partnership with national health protection bodies across Europe to strengthen and develop continent-wide disease surveillance and early warning systems. By working with experts throughout Europe, E-CDC pools Europe's health knowledge to develop authoritative scientific opinions about the risks posed by current and emerging infectious diseases.

The European Network of National Societies for Hospital Hygiene, founded 2008 in Berlin by the German Society of Hospital Hygiene, will analyze the recommendations of different national societies of Hospital Hygiene with the aim, to give a harmonized European recommendation.

In each European country the infection control staff includes the Infection Control Doctor and Nurse together with Infection laboratory technicians. They instruct and co-work together with the link physician and link nurse, which implement additionally to their specialized disciplinary work the infection control and surveillance in each department. They elaborate the hygiene plan with detailed SOPs in cooperation with all other partners in the medical institution and supervise the infection control and prevention.

In Germany the training comprises for

- IC Doctor, 1 year on-the-ward training, 2 years specialization for hygiene or medical microbiology and 3 years subspecialisation for hospital hygiene
- IC link physician, minimal 2 years clinical practice and 40 h training course in hospital hygiene

- IC nurse, minimal 3 years clinical practice as nurse and 1 year postgraduate education on a nursing school or 2 years education parallel to the work with special training courses
- IC link nurse, minimal 3 years clinical practice as nurse
- Technician for Hygiene, experience as disinfectant or assistant for sterilization with minimal 4 weeks subspecialisation, or Bachelor/Master graduation (4 years) at University of Applied Sciences with focus on in university clinical centers or hospital networks.

Infection control strategy in Europe

Characteristic is the combination of a pro-active and re-active strategy. The main aim of the pro-active strategy is the transfer of the HACCP concept in medical institutions with implementation of primary prevention. The focus of the re-active strategy is the analysis of epidemiological correlations with implementation of secondary prevention (surveillance) and tertiary prevention (outbreak management). Instead of developing a so-called mistake analysis, in Germany the establishment of a so-called safety culture is fostered. Its aim is the continuous increase of responsibility of each person on each stage of the (hospital) hierarchy by risk perception and motivation. The precondition for its realization is the competence for infection prevention with everyone during the medical care involved by education, training and supervision. The method to realize the safety culture is a structured quality management in combination with the multi-barrier strategy with coordinated realization of established standards in form of bundles with self controlled compliance. An example for the multi-barrier strategy is given for the prevention of SSI.

Future Challenges for Europe

The harmonizing of national standards of HAI prevention, the standardization of national surveillance systems for international comparison of HAI rates and the harmonization of the education of HAI control staff are the main future challenges for Europe.

Conclusion

On the base of laws, regulations and guidelines by the interaction of the Infection Control Team with the medical team (physicians and nurses) the prevention of HAI is becoming the dominating part of the quality management in European hospitals.