



Forging Partnerships

for infection free hospital

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Learning Objectives

- To Define Partnership and to describe partnership in healthcare settings.
- To determine the core principles of partnership.
- To demonstrate the role of leaders in promoting teamwork and creating a positive culture.
- To describe the roles and responsibilities of different IPC Organizational structures.
- To discuss the patient involvement in IPC efforts.
- To highlight the key factors that facilitate adherence to IPC in healthcare settings (HCSs).
- To identify the challenges that impair the delivery of care in healthcare and community settings.
- To discuss partnership at the national and global levels.

Partnership Definition

Partnership is [a relationship in which two or more people, organizations, or countries work together as partners].

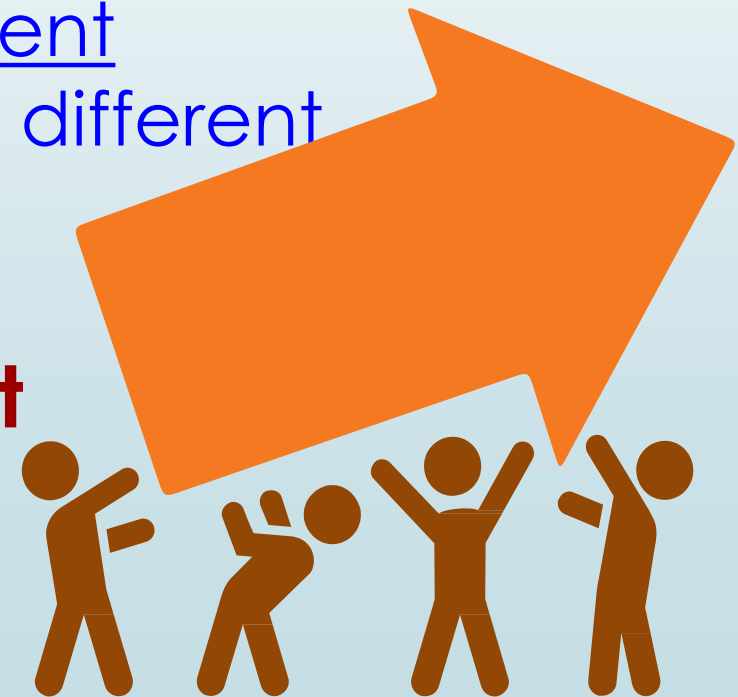
It's a collaborative relationship based on trust, equality and mutual understanding, for achievement of a specified goal, and in which information, and responsibility are shared by two or more actual or legal persons.



Partnership in health care brings together separate individuals, settings or organizations, to benefit from pooled expertise, resources and power sharing, to enhance efficiency and quality of service provision.

Collaborative partnerships can improve delivery and quality in HCSs by better integrating patient characteristics with services provided by different HCWs.

➡ **Partnership for improvement**






CORE PRINCIPLES OF PARTNERSHIP

Partnerships entail;

- Relative Equality between partners
- Mutual Commitment to objectives
- Autonomy for each partner
- Shared decision-making and accountability
- Equitable Returns / Outcomes
- Benefits to the Stakeholders

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- Lack of coordination has contributed to decreased patient satisfaction;
 - Fragmented healthcare has a detrimental impact on patient outcomes.
 - Collaboration is key to improving IPC and patient safety in different HCSs;
 - It's key to expanding the overall effectiveness of IPC and is vital to the continuum of quality healthcare.
 - The time for more collaborative relationships is **NOW**.





IPC Partnership can be discussed at different levels:

- At the HC Facility level
- At the Community level
- At the National level
- At the Global level



Partnership at the HC Facility level

- ▶ The cross section of the environment of care and IPC is of utmost importance in the delivery of high quality care.
 - ▶ There should be an understanding of how these two critical areas work together and how to build working relationships between infection preventionists and facilities staff.
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- Creating a collaborative environment does mean all members of the care team - executives, administrators, clinicians, and patients - has mutual respect for and trust in each member.
 - The concept is simple, but its implementation may not be.
 - There should be reevaluation and restructuring of executives, administrators, and boards, as well as physicians, nurses, and everyone responsible for patient care.



LEADERS

- ▶ should demonstrate their commitment to quality and set expectations for HCWs in the organization.
- ▶ They should encourage teamwork and create structures and programs that allow this positive culture to flourish.
- ▶ Leaders who drive improvement require a profound transformation of the system.
- ▶ The task of the leader is to create a vision that tells people where they are going and how they get there, and to create excitement to work together to achieve goals.



Leaders should ensure:

- Effective and adequately resourced arrangements
- Role and functions of IPC are satisfactorily fulfilled by competent persons
- Appropriate systems are in place for ensuring that IPC is effectively devolved to all professional clinical and nursing groups.
- With senior leadership support, a well-chosen IPC team can significantly improve the quality and lead the organization toward high-performance IPC.



Director of IPC

The role of IPC Director is to:

- Oversee IPC policies and their implementation.
- Be an integral member of the organization's clinical governance and PS teams and structures

IPC Team

The ICT is responsible for:

- Staff preparing, reviewing and updating evidence-based policies in line with their relevant Depts.
- Ensuring the provision of education to all grades of staff.



IPC Committee

Responsibilities of the ICC include:

- Advising and supporting the ICT
- Promoting and facilitating the education to all grades of staff.
- Ensuring that all healthcare staff are up to date with IPC compulsory training
- Ensuring that good IPC practice is promoted within the workplace



Healthcare Personnel

- All healthcare staff have a duty to act on and report, at the earliest opportunity, conditions or incidents that may be deemed infectious to others and resistant organisms.
- All healthcare staff are required to adhere to the IPC P&P which provide a framework for safe and best practices.



Nurses

- Nurses are the front line of health care and serve as the “eyes and ears” for IPC.
- In order to ensure implementation of IPC practices, nurses must be aware of their role and the scope of preventive interventions.
- Responsibilities include those related to clinical practices, new technology, emerging infections, construction planning, occupational health, surveillance, invasive interventions, and education.....
- We should empower nurses to protect themselves and their patients by providing a real time IPC training.

Visitors

- ▶ Visitors can help prevent spread of infections to others and can protect everyone in the ward.

Instructions to help visitors to do their role as partners:

- ▶ Not to continue their visit if they feel unwell or have recently had symptoms of infectious/communicable diseases.
- ▶ To stay at home if they have had such symptoms, and not to visit for at least two days recovery.
- ▶ To always clean their hands before entering the ward and after their visit.
- ▶ To cover up any open wounds, with a suitable dressing.







Sustaining Improvement

Additional Activities; for Consideration by Health-Care Facilities(HCFs)

➤ Patient involvement and empowerment



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- Empowering patients could potentially improve PS by influencing behaviors that could prevent HAIs.
 - Opening Lines of Communication among HCWs and Patients is part of the patients-as-partners philosophy.
 - HCFs should inform patients about HAI, IPC, and policies to empower them to act as partners, motivated by respect for patient autonomy and promotion of patient welfare.
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- Patient involvement and empowerment strategy require full support of HCWs across all levels of the organization
 - Patients who are actively involved in their care often enjoy better clinical outcomes.
 - When patients know what to expect, they will make choices that can affect their care, and they are more likely to catch potential errors.
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- Educating and Empowering Patients includes essential information (e.g. Reporting concerns, Patient hygiene, Food safety, Medications, Standard precautions, HAIs,etc.)

Patient empowerment initiatives could include:

- Establishing a core support network for individual and organizational support including; HCWs, community leaders, champions, patient advocates.....etc



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- Engaging patient organizations to lobby for funding to support long-term initiatives
 - Providing information leaflets / posters to patients at key points; upon arrival and throughout duration of their stay, to inform them of IPC expectations and how they can support its promotion.

➤ Sharing experience: internal

- Encouraging senior managers or other highly-trained HCWs to share their IPC expertise with new or junior ones is motivational and informative and one of the key factors that influence adherence to IPC.

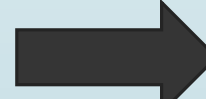
Some examples of potential activities:

Buddying





In the “**buddy**” system; each new HCW is coupled with a trained HCW who takes responsibility for:

- Highlighting the importance of IPC and explaining different IPC practices.
 - Explaining facility's IPC initiatives/policies and guidelines.
 - Sharing the facility's data that shows improvements in IPC and its impact on reducing HAIs, morbidity and mortality
 - Showing the facility's resources for IPC.
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- Providing the new worker with relevant information resources and training material
 - Monitoring and evaluating new HCWs' compliance with IPC practices.

Buddy systems may assist in encouraging and motivating both new and established workers to practice optimal IPC activities.



Internal Newsletters

Newsletters distributed to HCWs could be used to:

- ▶ Provide up to date information on initiatives and improvements in IPC
- ▶ Highlight cases, individuals, teams or wards who have performed exceptionally – i.e. Recognition of good practice
- ▶ Announce upcoming training, presentations, debates or publications



Lunchtime Presentations

Short presentations led by individual wards or key workers could be used as a motivational and educational tool. Such presentations could:

- Explore the IPC issues in wards / departments
- Explain how these issues were addressed
- Outline improvements and progress made
- Discuss key lessons learned from the activities
- Consider next steps and future directions

Focus Groups


- Focus group technique could help HCWs who already attended regular training sessions, to express their personal perception, beliefs, and difficulties, and to discuss, with a facilitator, the behavioral changes expected from them.
- These groups should be moderated by a facilitator who should be a trained Infection Preventionist, experienced in IPC, thus, ideally be a role model.






➤ Sharing experience: external

HCFs excelling in IPC can share their experience with other facilities; e.g.:

- ❑ Preparation of a case study of experience, that could be used to illustrate success to other facilities.
 - ❑ communicating with local health authority and offer to present case studies to other facilities, and encourage HCWs from other facilities to visit yours, to learn more.
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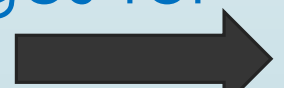
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- “Twinning” with another facility to help them to: Understand the importance of IPC, Create an effective action plan to improve IPC, and Secure funding.
 - Sharing training materials
 - Publication of IPC improvement in peer-reviewed Journals, or presentation of data at local, national or international conferences.


HCWs Rewarding for compliance


- ❑ Acknowledgement of good IPC practice and compliance with activities is important for motivation.
- ❑ It can also stimulate healthy competition between workers, encouraging greater IPC compliance across the facility.
- ❑ Organize Fair competitions, such as poster preparation by individuals or groups and award the best ones .
- ❑ Event on 5 May to publicly acknowledge key workers / teams / wards with good compliance to the IPC Practices ...This could include an awards ceremony
- ❑ Announcements in internal newsletters or at formal/ informal meetings


Partnership at the Community level




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- ❑ Public-Private Partnerships “PPP” (government and private sector) provide a vehicle for coordination to make integrated, comprehensive efforts to meet community needs
 - ❑ **Effective IPC in community HCSs (particularly in patients' homes) is becoming increasingly important, and care provision continues to shift towards such settings, in which more patients being served than ever before.**
 - ❑ It is therefore imperative that education and training recognize the specific requirements, and challenges for HCWs working in these settings.
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- ❑ There is unique range of challenges in the delivery of care in community settings, including :
 - Varying standards of cleanliness in patients' homes;
 - Lack of facilities, and lack of powerful cleaning products;
 - Lack of public awareness around the spread of infection and their role in IPC;
 - Staff not having sufficient time to implement IPC measures thoroughly;
 - Limited awareness of the evidence base that supports the need for IPC measures in community settings;
 - Lack of training and support.


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- ❑ More tailored training, guidance and support is required to enable community HCWs to best address these challenges.
 - ❑ Partnership among community-based health care and social care **workers** could improve the situation.
 - ❑ Community-based staff should be given clear, simple messages about how to implement effective IPC.
 - ❑ Community Boards can promote public awareness of the importance of personal and domestic hygiene and they can support staff in their role to educate pts&the public.

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- Community-based system should partner with other HC organizations to ensure health and wellness of the community. IPC is a vital part of that mission.
 - A highly effective method of expanding IPC is the designation of IPC liaisons. Liaisons are volunteers who facilitate communication between HC, social care, and IPC professionals.

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- Liaisons could be individuals from nursing department, physician's office, outpatient clinics, surgical services, microbiology, and emergency department.....
 - Liaisons can provide services and be involved in surveillance activities and quality initiatives.

Partnership at the National level



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- In times of declining funding for public health (PH) programs, alternative strategies are needed to maintain the abilities of health systems (HS) to respond to such crises.
 - Dedicated PH programs are increasingly transitioning into PPP models in which community providers become the key care providers guided by PH programs.

RATIONALE TO COLLABORATE

- Given respective strengths and weaknesses, neither the public sector nor private sector alone is the best provider of Health care.



BENEFITS of PPP


- ❑ Improve Access & Reach
- ❑ Improve Equity (Reduce out of pocket expenses)
- ❑ Better Efficiency
- ❑ Opportunity to Regulate & Accountability
- ❑ Improve Quality
- ❑ Imbibe Best practices
- ❑ Augment Resources; Funds and Technology.



PPP in infectious disease (ID) surveillance

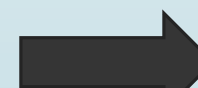
- ❑ There are some choices which explore how the public and private sectors play in ID surveillance, and could promote the role of PPP:
- ➡ Private sector can play substantial roles in ID surveillance, in data provision and management. These roles should be acknowledged.




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- The private sector may be able to add value to ID surveillance, as opposed to government working alone.
 - Partnerships of several types are working now; it would seem reasonable to consider more mixed models.
 - There may be untapped markets for ID surveillance (e.g. pharmaceutical firms, insurance firms...) which could support a more robust system, to carry out research, and to improve surveillance for new, rare, and emerging conditions.




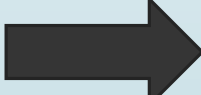
PPP in Drug and vaccine development


- ▶ Development and promotion of new drugs and vaccines depends heavily on ID surveillance for understanding the distribution and determinants of IDs.
 - ▶ Pharmaceutical firms could not do their work, in drug and vaccine development, without active participation of researchers in government & nonprofit universities and research institutes that work with HC providers in government HCFs.
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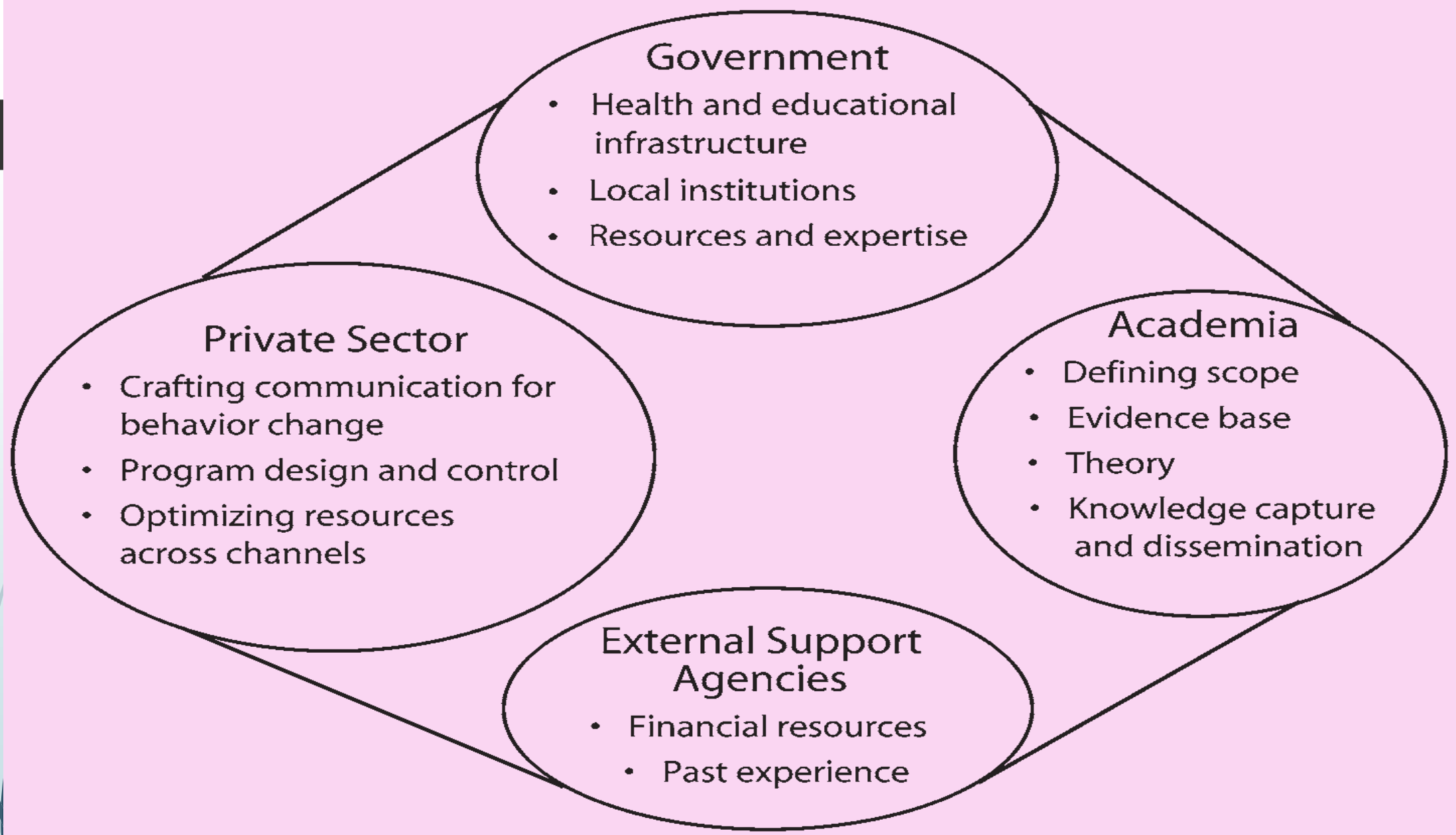
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- For drugs and vaccines that have a limited market (e.g. HIV drugs); PPP plays an essential role in funding, in addition to their active role in research, involving these drugs and vaccines.
 - PPP is currently working in countries with limited resources, especially for prevalent diseases (e.g., tuberculosis, malaria) or diseases for which new vaccines hold special promise (e.g. Pneumococcus or H. influenza).
 - Each of these projects has a group of partners from government; nonprofit firms; and for-profit services and research firms.

Partnership at the Global level



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- Global partnerships aim to strengthen health services in the LMIC by improving HCWs competencies and performance.
 - PPP at the global level plays an important role in conducting research and commercializing emerging technologies.
 - Governments and foundations play an essential role in R&D and promotion of new drugs and vaccines. 

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- PPPs is one of the most visible new approaches for international PH. There are so many PPPs including, for example, the Malaria Global Partnership, and the International AIDS Vaccine Initiative.
 - It was agreed in 2001 that the Global PPP for Hand Washing - would be a model to set up large-scale national programs.



Roles of partners in the Global PPP for Hand washing With Soap.

ESSENCE OF PUBLIC PRIVATE PARTNERSHIP: Financing vs Delivery: Public vs Private


	Public Delivery	Private Delivery
Public Financing	Public Hospitals	CONTRACTING Demand/ Supply
Private Financing	International Disease (TB/HIV) Control Initiatives	Private Hospitals



Examples for the Global PPP:

I- TB Infection Prevention and Control

JOINT PARTNERS FORUM – GENEVA, 30 APRIL 2015

- The TB IPC Working Group is a group of professionals working in TB, dedicated to saving lives worldwide.
 - It's to make the case for TB IPC as a worldwide priority, and Collaborating with others to achieve the goals; Building and disseminating the evidence base, and Keeping track of worldwide actions to tackle TB.
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➤ **MISSION**

To provide leadership on the implementation of effective TB IPC.

➤ **Strategic Objectives**

1. To advocate and communicate for preventing TB transmission as a strategic priority worldwide
2. To identify key partners and work with the collaboratively to achieve the common goals
3. To broaden the evidence base about TB IPC, and disseminate to improve practice
4. To monitor and evaluate the impact of TB IPC measures
5. To sustain improvement and innovate in TB IPC through better professional practice


II- International disease detection and prevention

- **USAID** and its **counterparts** in other countries (e.g., UK Dept. for International Development), and **foundations** (Gates, Global Fund) and **WHO agencies**, operate many projects in developing countries to monitor and prevent IDs.
- There is a special focus on HIV/AIDS, TB, and malaria. These programs involve PPPs between government experts, universities in developed and developing countries, community-based organizations, and nonprofit and for-profit firms.
- Some projects that have been in operation for over two decades as PPP cover the ID surveillance (especially for HIV/AIDS and malaria).

III- Sharing Experience with other International Associations, Societies, Chapters,.....etc

- ❑ Model of health “**Partnerships**” or “**Twinning**” between hospitals or health-care Institutions in High Income Countries (HIC) and a counterpart in a LMIC.
- ❑ Twinning aims to strengthen health services in the LMIC by improving health worker competencies and performance;
 - Partners design and implement projects based on needs identified by the LMIC partner.



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- Very commonly, HCWs from the HIC partner volunteer to spend time in the LMIC institution, designing curricula, training or mentoring their counterparts.
 - Health partnerships often begin through an informal or personal connection between individuals in the two institutions.
 - Widening this connection, deciding to work together on a project and understanding the need to institutionalize the relationship, marks the beginning of an ongoing partnership.



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- Partnership comprises numerous approaches to develop workers' knowledge and skills; including in-service training; on-the-job teaching and mentoring; curriculum development; distance mentoring & coaching, e-learning and development of protocols and systems.
 - Health-care professionals from HIC partner volunteer their technical expertise to act as advisers, academic coordinators, mentors and trainers, for colleagues from LMICs.
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Long-term perspective

- ❑ Health partnerships provide a flexible framework for people to work together effectively and responsively for longer periods.
- ❑ Institutional agreements provide continuity and strategy beyond the involvement of a particular individual.



Let's Partner to prevent Infections

References

Marta Wałaszek , Małgorzata Kołpa , Zdzisław Wolak , Anna Rózanska and Jadwiga Wójkowska-Mach ; Patient as a Partner in Healthcare-Associated Infection Prevention; International Journal of Environmental Research and Public Health (Int. J. Environ. Res. Public Health), 2018, 15, 624 - 635; doi: 10.3390/ijerph15040624. www.mdpi.com/journal/ijerph

- Butenko, S.; Lockwood, C.; McArthur, A. Patient experiences of partnering with healthcare professionals for hand hygiene compliance: A systematic review. JBI Database Syst. Rev. Implement. Rep. 2017, 15, 1645–1670.
- Thomas S. Woodson; Public private partnerships and emerging technologies: A look at nanomedicine for diseases of poverty, Research Policy 45 (2016) 1410–1418
- A. Venkat Raman & J.W. Bjorkman; Public Private Partnership in Health Care in India: Lessons for Developing Countries. Routledge, London, 2009. <http://south.du.ac.in/fms/idpad/idpad.html>
- Centers for Disease Control and Prevention: Estimates of Healthcare-Associated Infections. <http://www.cdc.gov/ncidod/dhqp/hai.html> (Mar. 25, 2009).
- WHO. The World Health Report 2006; Working together for health. Available from: <http://www.who.int/whr/2006/en/>
- Buse K; Governing public-private infectious disease partnerships. Brown J World Affairs. 2004; 10:225–242.
- Enriqueta C. Bond; Public/Private Sector Partnership For Emerging Infections, Emerging Infectious Diseases, Vol. 7, No. 3 Supplement, June 2001