Link professionals in healthcare facilities

Rose Gallagher

Royal College of Nursing

A bit on language

- Infection control/hospital hygiene (IC/HH) used to describe infection prevention and control (IPC)

- Link professional (LP) – we acknowledge the use of other titles such as link nurse or doctor, practitioner, champion, advocate etc

Why link professionals, why now?

- Council Recommendation of 9th June 2009 on patient safety including the prevention and control of healthcare associated infections.
- Focus is on co-operation to achieve organisational change.
- IC/HH Teams require support and ownership of IC/HH at the clinical level by staff in wards/dept's

Link staff

Member States should aim to reduce the number of people affected by healthcare associated infections. In order to achieve a reduction in healthcare associated infections, recruitment of health professionals specialising in infection control should be encouraged. Furthermore, Member States and their healthcare institutions should consider the use of link staff to support specialist infection control staff at the clinical level.

What does the literature say?

- Link nurses historically used in a variety of settings to support specialist practice and teams
- Originally used to support education of ward based staff (Horton 1988)
- LN's used to support implementation of catheter guidelines (Ching and Seto 1990)
- Expansion of LN role to support ownership of IPC standards by staff (Teare and Peacock 1996)
- Expansion of LN role and learning in literature on benefits of such systems

Why link practitioners?

- Personal and professional drivers
- Desire from RCN members
- Need to support ICT's and to help embed ownership at the clinical level
- Rapid expansion of LP role across many practice areas, especially IC/HH
- Variety in use, support, roles and expectations
- Grow future infection prevention nurses and doctors

Looking deeper at some of the challenges

- Change in focus to ‘outcomes’ which bring with it an emphasis on measurement (includes assurance such as audit and surveillance)
- Change in social and nursing culture – vocational assumptions are no longer valid
- Focus on fundamentals of care and professional attitudes and behaviours, not necessarily technical skills
- Need to bring incentive and performance ‘partnership’ to the clinical level e.g. CQIN

Royal College of Nursing

The role of the link nurse in infection prevention and control (IPC): developing a link nurse framework

Enabling factors The factors that need to be in place for the link role to be implemented successfully	**The essential recognisable characteristics of a link role system** ***The Link* nurse…**	**Outcomes** Or consequences of having a link role
INDIVIDUAL: • Role Clarity e.g. role profile in place • Up to date knowledge, skills & understanding about IPC best practice • Knowledge and skills to facilitate learning in and from practice **WORKPLACE:** • Inter-disciplinary team recognise the role & value of the link worker role • Active support with engagement from clinical leaders, managers, senior nurses & all members of interdisciplinary team • Access to best practice guidelines & evidence-based practice. • Local opportunities to regularly review IPC measures, indicators and practice **ORGANISATIONAL:** • Organisational and senior management endorsement, support and active commitment to the role • Governance systems in place for monitoring infection control/prevention practice and outcomes • Regular Board reporting and discussion	**1. Acts as role model and is a visible advocate for infection Prevention/Control (IPC**) e.g. • Role models best practice • Is visible in the clinical area • Actively promotes IPC issues • Celebrates achievements and best practice • Challenges others when standards are not met **2. Enables individuals and teams to learn and develop their infection control/prevention practice** e.g. • Uses opportunities to learn in and from practice • Creates a culture for learning from incidents/complaints • Provides creative opportunities for learning • Acts as a local resource for IPC • Works with students and practice facilitators on IPC • Sets up and sustains Link nurse meetings • Reviews collaboratively local IPC measures, indicators & IPC practice **3. Communicates and networks around infection control/prevention practice** e.g. • Develops and creates methods for communication such as; IPC Notice Boards. Newsletters, blogs • Provides regular 2-way communication with the Infection control team • Provides & receives reports to & from Ward/Dept manager • Promotes and establishes local networks • Signposts best practice and relevant resources **4. Supports individuals and teams in local review/ audit/Surveillance** e.g. • Supports completion of local review/audit/surveillance • Facilitates ownership of local review/audit/surveillance • Reports regularly and systematically to governance systems	***For Link Nurse (LN):*** • LN role is recognised and supported by the wider MDT • Role satisfaction, continued commitment and motivation • Role enhances professional development ***For the workplace*** • Best practice standards and guidelines implemented • Link Nurse Role is actively used by the wider MDT • Infection prevention/control learning is identified and implemented • Reduced IPC related complaints & incidents • A culture for networking and mutual support is created • Success is celebrated • Sustainable body of local expertise around IPC ***For the Organisation:*** • ICP practice is standardised across organisation • Findings from reviews/surveillance and audit are implemented • Corporate objectives are met including those around learning and development • IPC is considered everyone's business • Increased uptake and interest in IPC link nurse role enabling sustainability • Positive media messages are developed

Competence	Link to KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Generic contextual factors
1. **Acts as role model and local leader and is a visible advocate for infection prevention and control (IPC).**	Core 1 Core 2 Core 3	**Role modelling:** 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. **Leadership:** Supports the workplace manager with the organisation's IPC strategy/work programme. Develops person-centred relationships. Provides feedback to others on their practice. Enables others to challenge practice when standards are not met.	**Knowledge and understanding of:** 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. **Knows how to:** Seek feedback on their role. Evaluate their link role Maintain competence. Access professional peer support for local leadership role.	Resilient. Participative. Collaborative. Visible in practice area. Open to receiving feedback.	RCN (2007) *Workplace resources for practice development.* National guidance on IPC. National Regulatory Organisations and Standards. NRIC website. RCN *Principles of Nursing Practice.* *Making the care for ward sisters/team leaders to be supervisory to practice* (RCN, 2011). RCN Clinical Leadership Programme.

European experience

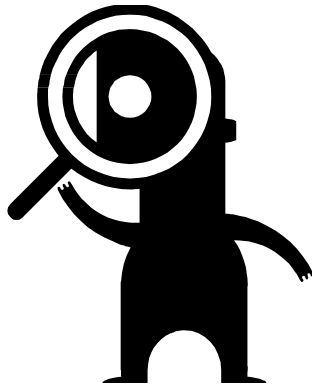
- EUNETIPS informal survey of member countries
- Aims:

1 - To gain an oversight of awareness and use of link professionals with a focus on IC/HH

2. To determine interest among EUNETIPS members to undertake further work in this area

Summary of survey

- EUNETIPS members
- Short survey (17 questions) exploring experiences and knowledge of LP systems
- Distributed electronically in June 2012
- Response rate – 16 out of 20 member countries



Scene setting

- Have you heard of the term link professional?

  Response 16/16 - yes
- Are you familiar with the concept of LP for IC/HH?

  Response 16/16 – yes
- Are LP's used for IC/HH in your country?

  Response 13/16 – yes, 2/16 – no, 1/16 – in development

The LP role

- Are LP's used for other areas of practice?

  12/16 – yes
- Which professional group do you most associate with LP's in IC/HH?

  Nurses: 12/16, Doctors: 8/16, Others:4/16
- Are they primarily

  Nurses: 8/16, Nurses and Doctors: 4/16
  Doctors:2/16

Formality of the role

- Nationally agreed role profile/job description
  4/16 – yes, 9/16 – no,
- If yes when was this introduced?
  Total – 6 responses Range 1995 -2012
- Do LP receive payment for the role?
  11/16 – no, 2/16 – D/K, 1/16 local incentives
- Do competencies exists for LP's?
  2/16 - yes

Impact of using LP's

- Has the LP role ever been evaluated?

  no – 11/16, D/K – 1, yes – 1
- How beneficial do you think the LP role is? Likert scale 1-5

Score	Nurse	Doctor
1	9	6
3	3	2
4-5	3	3

In conclusion

- The LP role is well recognised amongst the 16 European countries surveyed
- The LP role in IC/HH is widely used
- The role is formally recognised at the national level in only a few countries with the little work on competencies
- The role is felt to be beneficial
- There is an appetite to undertake more work