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Nursing home staff perceptions of infection prevention and control champions: a qualitative study.

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Abstract

Background: The COVID-19 pandemic highlighted the need for robust Infection Prevention and Control (IPC) policies and for the workforce of long-term residential care facilities (LTRCFs) to be educated and trained in IPC with support from specialists with IPC knowledge and advice. IPC champions are often put in place within LTRCFs to provide education and guidance. The aim of this study was to explore how the impact of trained IPC champions (or leads) was perceived by staff in the long-term residential care settings.

Methods: Purposive sampling was conducted to recruit participants from three LTRCFs located in the East of Ireland. Semi-structured interviews were conducted amongst six participants which were then transcribed and analysed using thematic analysis.

Results: Four themes were identified via codes and sub-themes: (1) IPC Core Knowledge and Skills, (2) Point of Care Coaching and Support, (3) Practical Enablers of IPC and (4) Audit and Quality Improvement in IPC**.**

Conclusion: The results indicate that IPC champions make a positive impact on IPC practices and procedures in Irish LTRCFs. The identified themes and sub-themes indicate that IPC champions' roles are multi-faceted, and that they utilise several skills to ensure best IPC practices are carried out in their workplace.

Declarations

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Background

The COVID-19 pandemic raised the profile of infection prevention and control (IPC), particularly in the long-term care sector. Unfortunately, the SARS-CoV-2 virus led to consistently higher rates internationally of infection and mortality in long-term residential care facilities (LTRCFs) (Carnahan *et al.,* 2021). Ouslander and Grabowski (2020) describe the many confounding factors associated with the presence of a COVID-19 outbreak in a LTRCF as "*a perfect storm*". The pandemic resulted in increased stressors on healthcare systems and the staff working within them (Hoedl *et al.,* 2022), resulting in continued feelings of anxiety and with an estimated 7% suffering from post-traumatic stress, (Tebbeb *et al,.* 2022). However, this period also led to new knowledge in IPC-related elements of care, through anecdotal communication and formal studies (Lawson *et al.,* 2022).

The pandemic highlighted elements of care that perhaps were not previously as considered as high priority in LTRCFs (Phelan and McCormack, 2023). Consequently, there was increased focus on quality improvement and research in the setting providing new knowledge contributing to the improved care delivered to older adults living in these settings (Martínez-Payá *et al.,* 2022). IPC has become the focus of those governing, working in and regulating LTRCF settings (HIQA, 2021; HPSC, 2022).

In response to the need for enhanced IPC, many LTRCFs responded by appointing 'IPC champions' or 'IPC leads' in the Republic of Ireland. The Health Service Executive (HSE), Ireland's public health service authority, launched the IPC Link Practitioner programme in 2021 (HSE, 2021). This programme supports training of nurses and healthcare assistants (HCAs) to a high standard of knowledge to support strengthening of IPC practices amongst their colleagues (HSE, 2021). Elements of the framework include, core knowledge and IPC skills, managerial issues, IPC resources, hand hygiene and audits and quality improvement. These core competencies mirror the Infection Prevention Society's (2021) framework, which is designed to support IPC practitioner education and professional development.

While studies on the presence of IPC champions/leads in acute hospital settings exist, (HSE, 2021; HPSC, 2022) there is a dearth of research related to LTRCFs in Ireland. When IPC champions are present, a better approach to IPC was taken by all staff with improved communication, compliance and ability to support change (Hale et al. 2015). While the link practitioner framework (HSE 2021), contains indicative content for IPC champions, there is currently no set education syllabus.

This study explores nursing home staff perceptions of the impact of trained IPC champions (or leads) working within long-term residential care facilities.

Methods

Study Design

This research used a descriptive qualitative design (Saint *et al.,* 2010). Semi-structured interviews were conducted with healthcare assistants and staff nurses from three affiliated LTRCFs in the East of Ireland. Each site had an IPC champion/lead working as part of the staff.

Population

Purposive sampling was utilised to recruit healthcare assistants and staff nurses. Nursing managers were excluded due to their experience and leadership role related to IPC. Nursing management in the nursing homes participated in enhanced IPC training meaning their knowledge may be overstated and not solely from standard training via an IPC champion. Participants were recruited through the LTRCF group where the researcher is part of the management team. At the time of data collection, the study sites had a total of 229 residents with a total number of 110 Healthcare Assistants (HCAs) and 40 registered nurses.

Data Collection

Semi-structured interviews were conducted using an interview guide (Supplemental File (SF) 1) informed by the HSE's IPC Link Practitioner Framework (HSE, 2021). Interviews lasted approximately 20 to 30 minutes and took place in the LTRCF the participant worked in or via Microsoft Teams.

Data Analysis

Thematic analysis of the semi-structured interviews was implemented (Braun and Clarke, 2006). Steps in the analysis included familiarisation with the data, generating initial codes, searching for themes, reviewing potential themes and defining and naming the subthemes and themes. Transcripts were coded by one researcher [RB] and recoded by a second [MS] to ensure consistency and validation. There were no disagreements related to the coding accuracy. Researcher reflexivity is described in SF 2.

Ethical Approval

Ethical approval was granted from the relevant university.

Process evaluation

The study was guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (SF 3), (Tong et al., 2007).

Results

Participant Characteristics

A total of six participants were interviewed, three HCA's and three staff nurses. Participants were recruited from three study sites with an even breakdown of one HCA and one staff nurse from each site. There were two male and four female participants, with both genders represented in each role category. All participants had between one and four years' service in the organisation. Codes, subthemes and four themes were derived from the data, Table 1.

Table 1: Codes, Subthemes and Themes

Codes	Subthemes	Themes
Training pre-pandemic (COVID-19)	In person education	**Theme 1: IPC Core Knowledge and Skills**
Training enabling compliance		
Method of training		
IPC Champion's own programme	Foundational knowledge	
Induction training		
Comfortable with IPC procedures	Enduring knowledge	
Maintaining a safe environment	Specialist training	
5 Moments of Hand Hygiene	Hand hygiene education	
Hand washing		
Alcohol-based hand rub		
Clean hands having better resident outcomes		
Motivated IPC Champion	Problem solving	**Theme 2: Point of Care Coaching and Support**
Resolving issues		
Correct procedure	Ad-hoc re-education of staff when needed	
Off the record knowledge sharing		
Informal communication	Training	**Theme 3: Practical Enablers of IPC**
Knowledge sharing		
Knowledge Confirmation	Support	
Change management support		
Policy implementation support		
Personal Protective Equipment (PPE)	Availability of Personal Protective Equipment (PPE)	
Spot checks (informal audit)	Audit	**Theme 4: Audit and Quality Improvement in IPC**
Formal audit		
Quality improvement		
Vigilance	Antimicrobial Stewardship	
Multidrug resistant organism awareness		

1. IPC Core Knowledge and Skills

All participants reported that the presence of an IPC champion positively impacted their own and their colleagues' core IPC knowledge and skills, *"They definitely teach us better than like the online modules or an external person coming for a day"* (SN1). Participants noted that a post-pandemic return to in-person training better facilitated participant learning and knowledge retention (HCA1, HCA2, HCA3), *"You don't just do training and forget about it until you do it the next time",* (HCA2). *"When* [IPC champion name] *teaches it to me it stays with me way longer"* (HCA1).

When new colleagues received a thorough IPC focussed induction from an IPC champion it was perceived to lead to stronger foundational knowledge, leading to a safer environment for LTRCF residents and staff (SN2). It was also noted that in-person education delivered by an IPC champion led to a greater understanding and correct application of IPC procedures, *"It is better for new staff to get inducted by the champion than just online training, it is safer for residents because the champion can see if they are actually learning. They can't just keep clicking next, next, next and pass a quiz"* (HCA1).

Hand hygiene skills and training were mentioned by all participants. Participants noted that hand hygiene was important regarding breaking the chain of infection, "*Just by doing a proper hand hygiene you have* a much higher [anecdotal percentage of 90% cited by participant] *chance to stop the spreading of the viruses [and] bacteria"* (SN3). Participant learning included the '5 Moments of Hand Hygiene' (WHO, 2009), technique and use of alcohol-based hand rub (ABHR). "[IPC Champion Name] *was actually the first person to teach me you can't always use hand sanitiser, like say with C. diff, you have to actually wash the spores away"* (SN1).

2. ***Point of Care Coaching and Support***

The sub-themes of problem solving, and staff re-education contribute to the theme of point of care coaching and support. When asked if they could depend on the IPC champion to assist in solving an IPC related issue all participants said they could do so. *"*[IPC champion name] *would definitely help solve a problem… but they do it in a nice way, they don't annoy anyone"* (SN1).

Participants indicated they would first attempt to solve the IPC issues prior to escalating to the IPC champion as they felt equipped to do so, *"If it was an issue with the staff, and then I would let the champion know that maybe they need attention or more education"* (SN2).

Participants identified IPC champions as monitors of correct practice and providing re-education when needed and expressed gratitude that the IPC champions were there to correct staff in a genuine manner supporting implementation and conformance (SN1, HCA3). *"If they* [IPC champion] *see you do something not right they will say so they make you consider the IPC more maybe by doing this"* (HCA3).

3. Practical Enablers of IPC

Support as an IPC resource was identified by participants with all commenting on the support of an IPC champion in a LTRCF as being a huge benefit, "*We are very supported with IPC, it isn't always the champion, but they fuel the whole thing, they delegate"* (SN2).

Participants spoke about it being easier to turn to a colleague who is an IPC champion when they are in doubt over a policy or procedure, stating they may be nervous if they needed to approach management directly, "s*omebody that you meet all day"* (HCA3).

Training was often discussed alongside support as a resource by both nurses and HCAs. Particularly in relation to change management and policy introduction. Participants commented on IPC champions being intrinsically motivated and successfully managing changes in their LTRCFs and helping to introduce new policies or updated versions, "*help to turn policies and guidelines into the real world*" (SN2).

While personal protective equipment (PPE) was identified as a practical enabler of IPC, no participant discussed it in detail. However, one participant noted that the presence of an IPC champion contributed to better compliance with PPE, "*[IPC champion name] is very into the practical stuff like the first line of defence… so that is like the PPE, hand hygiene, masks and he uses education to help with compliance"* (SN2).

4. Audit and Quality Improvement in IPC

Participants indicated the importance of audit and antimicrobial stewardship (AMS) related to quality improvement in IPC. Participants (SN1, HCA1, HCA2) commented on their IPC champions conducting audits however participants also commented on informal audit, or *"spot checks"* being particularly useful in ensuring correct techniques were followed supporting instant training to improve quality. "*They make our care better by checking all the time and letting us know what to work on"* (HCA1).

Participants were not as aware of formal structured audit as they were of real-time feedback by the IPC Champions and indicated that the spot checks acted as reminders of good practice. *"The graphs and charts can be complicated, I prefer it when [IPC Champion name] just stops me and reminds me how to do things properly"* (SN1).

Participants noted that IPC champions fostered an ethos of vigilance, particularly surrounding antimicrobial resistance (AMR) and multidrug resistant organisms (MDROs). *"We do have a feeling that the antibiotics are prescribed sometimes on, you know, just like that, like there's no clinical signs of infection"* (SN3).

Additional themed quotations are presented in SF 4.

Discussion

The findings of this study indicate that the presence of an IPC champion amongst LTRCF staff has a positive impact on IPC practices in Irish LTRCFs. Participants consistently reported similar attributes regarding their IPC champion colleagues. This is the first qualitative study examining the impact of IPC champions in this setting within Ireland.

The findings relating to IPC core knowledge and skills indicate that participants favoured in-person education sessions over online learning systems which can often be viewed as 'tick box' exercises. This is consistent with recommendations by the CDC (2022) who list the provision of job-specific training as a core practice of a successful, robust IPC program within healthcare settings. Training when a knowledge gap exists is essential for a successful IPC programme (WHO, 2016). Without a trained IPC champion within the workforce, lapses in adherence to IPC precautions could go unchecked increasing risks to resident safety (HIQA, 2018). Hand hygiene is included as an independent subtheme due to the emphasis by participants. This identified as indicative content for IPC link practitioners (HSE, 2021). Site specific in-person hand hygiene training is recommended (Castle *et al.,* 2016). LTRCF managers and leaders have a significant impact on hand hygiene practices through their role modelling (Hammerschmidt and Manser 2019).

Constraints to point of care coaching and IPC leadership can often arise in day-to-day running of LTRCFs. Balancing practical solutions and evidence-based principles can be a challenge for the strongest of leaders (Abas *et al.*, 2019). Point of Care Coaching and Support facilitated by IPC champions playing an active role in problem-solving in their LTRCFs was an integral part of the role (Gould *et al.,* 2016). Consistent with the findings of this study the value of problem-solving abilities and leadership skills are important to empower colleagues (Snow, 2019). The sub-theme of support was discussed by all participants with IPC champions described as being intrinsically motivated with a genuine desire to improve resident and staff safety. This is aligned to IPC leadership where inherent motivational attitudes and open communication lead to enhanced IPC outcomes (Saint *et al.,* 2010; Bianchi *et al.,* 2018). These findings align with the domains of IPC competencies listed by the Infection Prevention Society (IPS), notably education and leadership & management (Denton *et al.,* 2019).

Practical Enablers of IPC emerged as a theme with support, training and resources discussed by participants. Participants viewed champions as a practical enabler of good IPC practice noting that they found it easier to learn from the IPC champions, which made them a valuable IPC resource within the setting. De Kok *et al.* (2021) indicates this nurturing of open relationships with colleagues as a key aspect of nurse leadership with the ability to share expert knowledge

contributing to competence. This also aligns with the education domain listed in the IPS competencies (Denton *et al.,* 2019). Tangible items such as PPE were mentioned but not focussed on as much as knowledgeable staff.

Participants spoke about continuous cycles of audit taking place but primarily referenced informal audit, or *'spot checks'*. Audit with feedback has a positive effect on professional practice and healthcare outcomes with improved efficacy when feedback is shared with by a supervisor or colleague (Ivers *et al.,* 2012). IPC champions were found to have raised an awareness of AMS amongst their colleagues in Irish LTRCFs which has been identified as a key priority for the health service (HSE 2021). Participants demonstrated foundational knowledge of AMS and knew that an increased level of antibiotic prescribing could lead to adverse effects for residents. Specific AMS education repeated regularly improves LTRCF staff's knowledge and vigilance relating to MDROs (Dumyati *et al.* 2017). Reece *et al.* (2018) note that long-term care settings face unique challenges, in implementing AMS. Participants in this study noted inappropriate prescribing of antibiotics as an issue. Morrill *et al.* (2016) found this to be an international issue for long-term care settings reporting that 38% of antimicrobial prescriptions in LTRCFs could be deemed inappropriate. The prevention of AMR is included as a competency of Quality Improvement, so it is promising to see such knowledge on the subject in LTRCFs (Denton *et al.,* 2019)

There are strengths and limitations associated with this research. The participant sample size was limited to six however, this was an initial study on the subject matter which will be used to further develop the direction of future research. As participation was restricted to healthcare assistants and staff nurses, expanding data collection to a wider multidisciplinary team could offer comprehensive insights into the effectiveness of the IPC champion role. In addition, findings from this research could be included to develop and expand the semi-structured interview guide for future data collection. Strengths of the study include the rich data provided by participants and the study design and implementation were supported using the COREQ research checklist (SF 3), (Tong et al., 2007).

Conclusion

There is a need for IPC champions and specialists in long-term residential care settings. Global and national data shows a rise in MDROs and HCAIs as well as intensified seasonal surges of COVID-19 and other airborne viruses such as influenza. LTRCFs must have a minimum level of preparedness to best protect those that reside within them. An IPC champion can not only assist but lead in improving LTRCF resident safety.

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