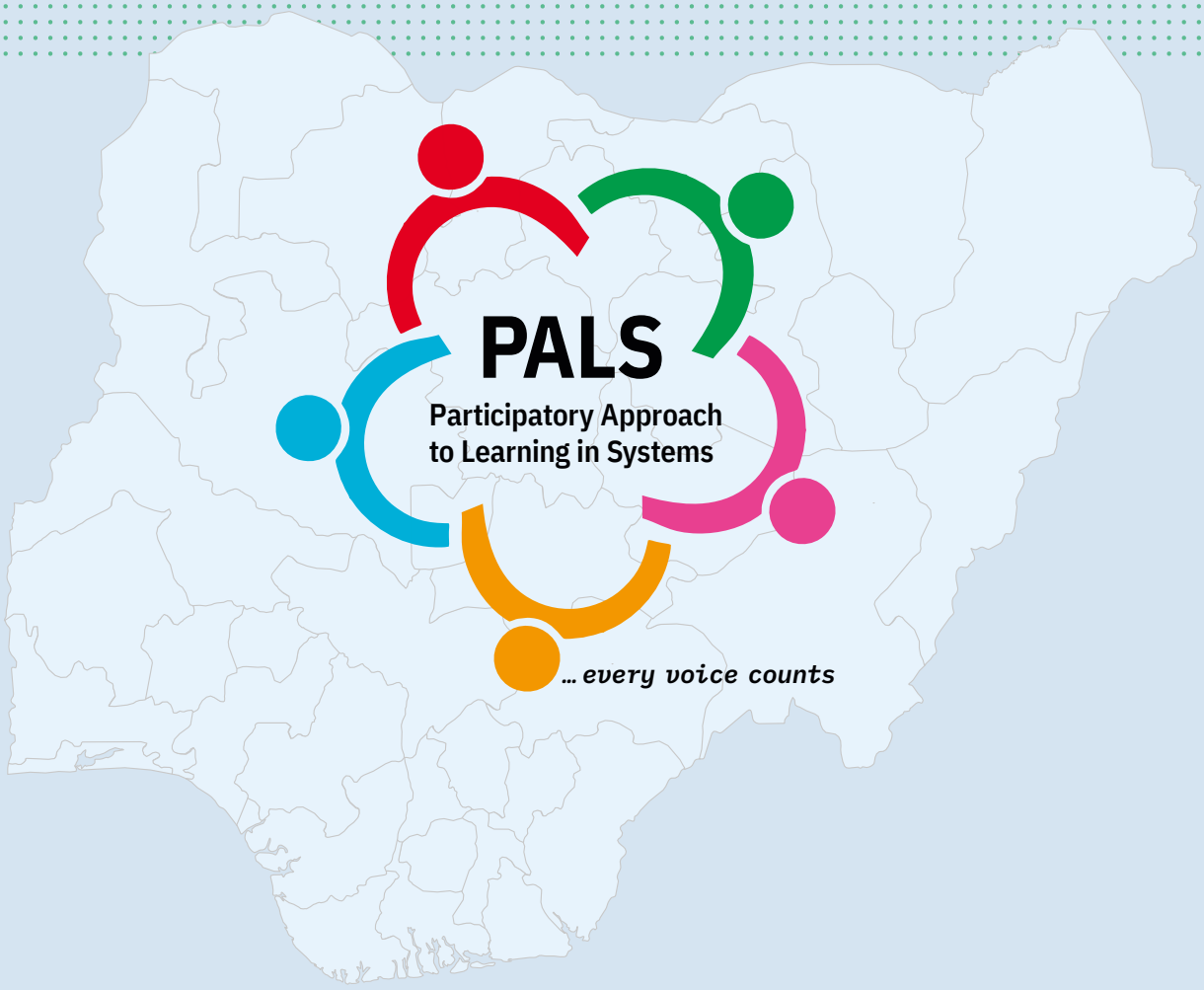
PALS Booklet for Hospital Management

Participatory Approach to Learning in Systems (PALS)

For Quality Development in Infection Prevention and Control in Nigerian Hospitals

IPC for a Better Patient and Healthcare Worker Safety



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NIGERIA CENTRE FOR DISEASE CONTROL AND PREVENTION

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For Quality Development in Infection Prevention and Control in Nigerian Hospitals

Imprint

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“PALS: Catalyzing the Power of People for Sustainable IPC Improvement in Health Facilities” (Slogan of the first PALS conference held in Abuja, December 2023)

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Abbreviations

CA	Change Agent
PALS	Participatory Approach to Learning in Systems
MD	Medical Director
CMD	Chief Medical Director
HM	Hospital Management
HMB	Hospital Management Board
HAI	Healthcare Associated Infection
HCW	Health Care Worker
AMR	Antimicrobial Resistance
IPC	Infection Prevention and Control
NCDC	Nigeria Centre for Disease Control and Prevention
RKI	Robert Koch Institute
HF	Health Facility
WS	Workshop
FPH	Field Phase
TCI	Theme-Centered Interaction
PA	Participatory Approach
SV	Systemic View
4FS	Four Factor Structure
PQD	Participatory Quality Development
WHO	World Health Organisation

Welcome Note to Hospital Management

Dear Esteemed Hospital Managers,

Welcome to the *PALS Booklet for Hospital Management*, an advocacy and training manual which is a vital resource designed to empower you as key change agents in your health facility. Your leadership and commitment are essential as we embark on a transformative journey to enhance Infection Prevention and Control (IPC) practices.

In today's complex healthcare landscape, addressing IPC challenges requires a multi-faceted approach that integrates social, organizational and behavioural insights. We are excited that a team of healthcare workers in your facility have been enrolled as Change Agents and will receive training in the Participatory Approach to Learning in Systems (PALS). You will get to know what PALS is and why we are confident that it will make a significant difference in the implementation of IPC and improve the quality of care. We encourage you to champion this initiative, fostering an environment where your IPC teams can thrive and implement these critical strategies.

Your support in this endeavour not only strengthens our IPC efforts but also reinforces our commitment to patient safety and community health. Together, we can create a culture that prioritizes innovation and collaboration, ensuring the highest standards of care.

Thank you for your dedication and leadership. We look forward to working alongside you to make a meaningful impact.

Warm regards,

Jide Idris

Dr Jide Idris
Director General,
Nigeria Centre for Disease Control and Prevention

Foreword

I am deeply humbled to write the foreword to this *PALS Booklet for Hospital Management*, which is an advocacy manual for medical directors and health facility managers. The journey that has culminated into this product has been seven years in the making, but the dream to address the issues contained herein has taken much longer.

Current research evidence highlights significant concerns regarding healthcare-associated infections (HAIs) and antimicrobial resistance (AMR) in Africa, including Nigeria. Common HAIs include surgical site infections, bloodstream infections, respiratory and urinary tract infections. For instance, a 2020 point of prevalence study conducted in acute care hospitals in Northern Nigeria found that the prevalence of HAIs ranged from 11 % to 38 % (Abubakar, 2020 [1]). Similarly, AMR is a growing concern, with high resistance rates reported for common pathogens like Escherichia coli and Staphylococcus aureus in Africa (Haindongo et al., 2023 [2]).

What is the impact of all of these on patient outcomes? HAIs and AMR significantly impact patient morbidity and mortality, leading to prolonged hospital stays and increased healthcare costs. Studies have highlighted that patients with HAIs experienced a higher mortality rate, and those with antibiotic-resistant infections had worse clinical outcomes.

Infection prevention and control (IPC) measures in Nigeria are often inadequate. This is often blamed on several factors, including limited resources, insufficient training of healthcare workers, and a lack of strict adherence to IPC guidelines.

The Participatory Approach to Learning in Systems (PALS) is one way we hope to further improve IPC practice in health facilities but also affect the hospital setting. As a concept, PALS is a new creation based on the Participatory Approach, Systemic View and Team Approach. It is the result of the intensive collaboration of colleagues of the NCDC and RKI in the past seven years and is evidence of what it means to co-create knowledge in an international technical cooperation, but more importantly locally, together with the people who will use this knowledge in their very own work context. We are grateful for the institutional trust and support that the NiCaDe-IPC project team received from the leadership and colleagues at NCDC and RKI.

We are also grateful for the collaboration with many Change Agents and the management of their hospitals both secondary and tertiary across Nigeria. It is only by working with practitioners and responsible management representatives that we have been able to gain deep insights into the different realities of hospitals and healthcare practice in Nigeria.

As health facility managers, you are the number one Change Agent in your facilities and must endeavor to take an active role in prioritizing IPC. This is the best way to styme the spread of HAIs, protect healthcare workers and ensure quality patient care.

Dr Tochi Okwor
National IPC Programme Coordinator and Chair, Antimicrobial Resistance Coordinating Committee
Nigeria Centre for Disease Control and Prevention

1. Introduction: The Hospital as a Social System

1.1 The Challenge of Preventing Healthcare Associated Infections

Healthcare associated infections (HAI), or nosocomial infections are infections acquired during hospital care which were not present or incubating at admission. HAIs have adverse effects on the quality and cost-effectiveness of healthcare and have a significant impact on patients' and healthcare workers' health conditions throughout the world.

The unsafe use of injection equipment, other medical devices and blood products, unsafe surgical procedures and deficient biomedical waste management result in thousands of infections acquired not only from the patients, but also from healthcare workers. High prevalence of pathogens in the community and lack of hospital infection prevention and control infrastructure (e.g., lack of isolation facilities, unavailability of infection control products, lack of personal protective equipment and hand hygiene products, lack of antimicrobials and immunization, reuse of single-use items, and heavy workload) constitute a severe risk for occupational exposure among healthcare workers.

Prevention of nosocomial infections is the responsibility of all individuals and healthcare providers. During the Ebola crisis 7–8 % of healthcare workers died in Liberia and Sierra Leone, thus the importance of infection prevention and control and the need to strengthen the capacities of healthcare workers became evident. Furthermore, in Nigeria Lassa fever outbreaks occurring each year have shown that nosocomial transmissions occur in patients and healthcare staff.

Globally, the rate of universal HAIs is estimated to be 0.14 with an annual increasing rate of 0.06. In the WHO AFRO region, the estimated rate is 0.27 [3]. In West-Africa, the estimated HAI prevalence is 15 % [4]. However, the prevalence in middle- and low-income countries underestimated or unknown.

In Nigeria, the *National Infection Prevention and Control Strategy* was established to address the consistent rise in the incidence of healthcare associated infections. Strategy 3 on "Reducing risk through implementation of guidelines for infection prevention and control" aims to improve the compliance of healthcare workers with existing guidelines and protocols on IPC. Similarly, the *National Policy for Infection Prevention and Control* outlines the responsibilities of all stakeholders at the different levels of the healthcare system, detailing the responsibility of the Chief Medical Directors / Medical Directors to establish IPC committees and teams and to determine the role and responsibilities of the members of the IPC committee and team.

The third recommendation of the *World Health Organisation's (WHO) Core Components for IPC programmes*[1] is IPC education and training. WHO posits that IPC education and training should be in place for all healthcare workers using the team and task-based strategies that are participatory. It also identifies two major categories of human resource to be targeted for IPC training using different strategies and training content namely: IPC specialists and all healthcare workers. Such implementation approach should integrate IPC best practices "within an improved safety and organizational culture," in a healthcare environment which enables, supports and fosters IPC practice.

But how do we get there? How can we develop an organizational IPC culture in the healthcare facility for better IPC compliance of staff, patients and their caregivers?

1.2 The Social Side of IPC Practice in Health Facilities – Know it and Own it!

Numerous studies have shown that teaching biomedical technical knowledge of Infection Prevention and Control and demonstrations of "right" behaviour alone often do not lead to the desired results. More is needed for the sustainable improvement of professional IPC practice in hospitals.

IPC strategies seem to work better when professional knowledge and competences, supportive working conditions (in terms of environment, standard IPC equipment, strong leadership, continuous supportive mentoring) and a constructive teamwork culture come together. Sustainability, ownership and ongoing awareness are probably higher, when the needs and perspectives, the ideas and the experiences of the actors themselves get visible and become a starting point for locally tailored change processes. The research results clearly show that IPC is not only about standards and protocols of IPC practice, but also about creating a work culture, reflecting on processes of collaboration and developing a sense of ownership: We step into a social world of interaction with communication and attitudes based on values at the centre. Enabling skills, such as communication techniques, abilities to work in teams, understanding of complexities and mutual trust in finding solutions are necessary to address this social interaction and sustainably improve IPC quality in the entire health facilities.

Therefore, a participatory and systemic approach that takes the real working conditions of the health workers and their hospital management as a starting point for sustainable change in IPC has been developed by an international and interdisciplinary project team[2]. The IPC practice approach is called PALS: Participatory Approach to Learning in Systems (https://nicadeipcpals.ncdc.gov.ng/pals-training-approach/).

> "Infection prevention and control cannot be the role and responsibility of a single individual or a small, dedicated team; rather it should be a priority at all levels and integrated within all management systems." [6]

1 World Health Organization: Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. https://www.who.int/publications/i/item/9789241549929

2 The PALS concept was developed by the NCDC and the RKI during two project phases (NiCaDe-IPC project https://nicadeipcpals.ncdc.gov.ng/) based on a first pilot project called MAURICE in 2018 [5]. The interdisciplinary project team, comprising public health experts and educators, implemented the IPC practice and training approach in secondary and tertiary health facilities in Nigeria. All training modules and materials have been evaluated, reviewed and adapted where necessary. PALS is an ongoing inquiry and learning process.

Together with their colleagues and the Hospital Management, participants of PALS training programmes analyse the IPC needs in their work context and initiate improvement processes accordingly.

A multi-modal training programme offers not only IPC knowledge and competence, but also the above-mentioned enabling skills (e.g. skills in communication, team building, process management), methods and instruments that shape this participative change process. In order to maintain and further develop these processes in the pressure of everyday working life, the support of Hospital Management is core: The management is actively involved in the training organisation and invited to participate in certain modules. Medical Directors and Chief Medical Directors are our “Number 1 Change Agents”.

1.3 First Results of an Innovative IPC Approach: PALS in Practice

The Participatory Approach to Learning in Systems (PALS) promotes and sustains the development of an attitude towards a vital and functioning IPC culture where every voice counts.

The implementation of PALS training programmes and the translation of this social IPC lens into Nigerian hospitals is based on social science and reflects the reasoning of practitioners. PALS in practice already shows promising results:

The experiences of the first cohort of participants from 2021, and the results they achieved are convincing:

- Establishment of IPC committee or teams in the participating hospitals or re-vitalisation of the already existing IPC structure on ground
- Improved collaboration of interprofessional cadres in order to improve IPC standard precautions
- Reorganisation of work flows, ward procedures and procurement systems
- Addressing leadership problems and conflict mediation
- Improvement of basic infrastructure for quality healthcare like water supply, electricity and reconstruction of buildings (with strong support of the hospital management)
- Step-down training on IPC topics such as hand hygiene that involves all healthcare workers in the hospital through PALS skills

Change Agents become experts in enabling skills and practice these competencies amongst their team and in collaboration with staff and hospital management.

Here are some examples from the work of Change Agents and Hospital Management:

A solar panel brings light back to a health facility after years of darkness due to lack of electricity thanks to CA engagement and MD support.

"After the first PALS experience as a Change Agent, I saw a different approach and concept that brought about tangible and sustainable changes in IPC activities in my local setting within a short period of time. These significant positive changes were not possible in the past using conventional methods of communication, negotiation and training." *(Change Agent, FCT 2023)*

Change Agents invite staff to collaborate and brainstorm together on urgent IPC challenges. Colleagues from different professional cadres and positions start to listen to each other and develop feasible and locally tailored improvement activities.

A health facility moves from a state of no WASH infrastructure to having newly installed facilities for water supply. Solar powered borehole sunk in the facility with reticulation ongoing in addition to the well water.

"Thereafter, the MD (of a secondary hospital) explained how the hospital environment is now being kept clean and monitored routinely by the team of CAs. Wastes are now properly segregated and treated accordingly. He was so excited about the project and pledged to continue to nurture it and preposition the approach as a culture for IPC improvement process in his facility. He, furthermore, thanked his Change Agents for their commitment, and efforts in pushing this through and informed them that his door is always open for them for any need as it regards to their PALS IPC work. He further, stated that he had applied to NCDC for assessment of their molecular laboratory which the facility has equipped and would like to begin to manage Lassa Fever cases and other infectious diseases as they are preparing for another Lassa fever season. He hopes that when the facility receives this approval, most of his staff who are already trained in the management of such cases would also be trained on PALS IPC by these Change Agents and that would provide a better and safe care for the patient." *(Report on advocacy visits by NCDC, Abuja 2022 by Okwor, T. and Okoroafor, O.)*

2. The PALS Training Programme for Change Agents and Hospital Management

2.1 The Multi-Module Training Programme

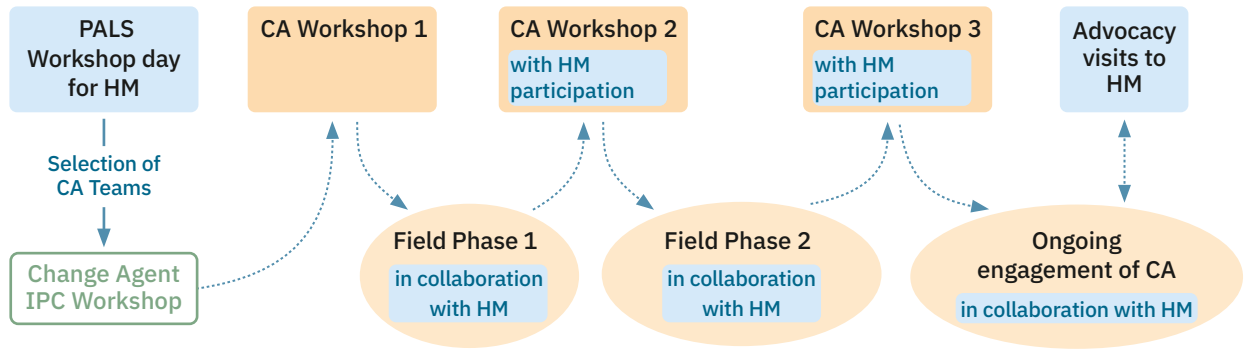
The PALS training programme is facilitated and mentored by PALS Trainers. They accompany and support the Change Agents (CA) and their Hospital Management (HM) in the professional and organisational improvement of an "IPC culture" in the hospitals.

In the framework of the PALS training programme the NCDC and the PALS Trainers work actively together with Hospital Management: CMDs / MDs (and/or other hospital management representatives) will be invited to a pre-workshop ("PALS Workshop day for HM") in which PALS will be presented and the organization of the training programme discussed, considering the requirements and needs of each hospital. As the next step, HM select the staff members they want to participate as CA Team in the training programme.

The programme also includes advocacy visits done by NCDC to the state Ministry of Health and Hospital Management Board to support institutional backing. State IPC Focal Persons will be involved in different training modules.

> PALS follows a double helix strategy for change: Improvement of enabling skills of Change Agents on one hand and supporting of Hospital Management to procure the needed work conditions for good quality of IPC standards on the other.

Figure 1: **PALS Multi-Module Training Programme for Change Agents (CAs) and Hospital Management (HM)**



Some further explanation of the modules of the training programme shown in the graphic:

PALS Workshop (WS) Day for HM: MDs and CMDs are invited to get to know PALS and the training programme: They select four staff members to send to the training programme based on selection criteria suggested by NCDC.

CA IPC WS: Change Agents undergo an IPC WS (online or in person) to refresh medical-technical IPC knowledge.

CA WS 1: A first in-person PALS WS introduces CAs to the principles of PALS and prepares them for a first Field Phase in their hospital.

Field Phase (FPH) 1: During the six-week FPH 1 the CA team applies PALS in a first small experience in their hospital - probing and testing what they have learnt so far.

CA WS 2: The field experiences are presented and discussed in WS 2 in order to review the PALS concept in the light of this first practice-check. MDs / CMDs are invited to take part in WS 2 (one session) to share their impression on PALS and foster the strong collaboration with their CAs.

Field Phase 2: A six-month mentoring phase supports the CAs to translate PALS into the work reality on ground and further experience PALS in collaboration with their colleagues and in strong agreement with the IPC structure on ground. PALS trainers will mentor CAs and support directly on ground through monthly onsite visits.

CA WS 3: The CMDs/MDs are invited together with the CAs to receive a PALS certificate – a preliminary conclusion of the training programme, with a shared commitment to continuing the IPC improvement process already started in the hospital.

More detailed information on the training program is provided during the PALS Workshop Day for Hospital Management.

The training programme aims at a systemic change in the participating hospitals: IPC is seen as part of the quality of the institution itself, therefore IPC improvement is a quality development process of health facilities. IPC should be aligned with the quality goals of the hospital. In quality improvement, the "system" in which IPC takes place, is understood as a physical and managerial environment, but also as a social and relational workspace in which a productive working atmosphere and an appreciative communication culture are similarly important, as are IPC consumables and WASH infrastructure. Therefore, the quality of IPC practice is closely related to the role and responsibilities of CMDs / MDs.

"I think leadership interest in IPC is something PALS also needs to work with." *(Change Agent FCT, 2024)*

2.2 What is expected of the Hospital Management during the PALS Training Programme and thereafter?

Medical directors and hospital management play a crucial role in supporting Infection Prevention and Control teams, especially in low-resourced contexts. The role of leadership within a social sector, such as health care, is different from that in a for-profit business. The revised National Infection Prevention and Control Policy 2024 of Nigeria outlines the role of health facility management as follows: "Shall provide leadership and support for the IPC programme to foster a safe environment for patients, staff, and visitors. Should facilitate an effective hospital-based

IPC programme with personnel with the required skills and knowledge on infection prevention and control."

> "The diverse areas and aspects of a hospital infrastructure which must be considered as having a role in IPC include human resources, staff: patient ratios, bed management, patient pathways, staff training, information and information technology, contract management, procurement, estates and facilities, capital planning, building, design, performance monitoring, antibiotic stewardship, organisational learning, adoption of innovation, risk management, governance, priority setting, resource allocation, communications, and business planning." [6]

Hospital management must consider IPC primarily as a core aspect of patient safety, occupational health and as an indicator of quality of care.

In addition to these, the chief medical director or medical director would contribute greatly to the success of IPC in the facility, especially to the work of the PALS Change Agents when such chief executive exhibits the attributes outlined below. Doing so they foster a culture of reliability and on-going IPC improvement.

"Medical Directors and Chief Medical Directors are our 'Number One Change Agents'!" *(Dr. Tochi Okwor, PALS conference, Abuja 2023)*

How to translate PALS into effective IPC management and hands- on support of PALS CAs:

1. **Advocacy and Leadership:** Hospital Management should advocate for the importance of IPC at all levels of the organization. By highlighting the benefits of IPC practices, they can secure support and resources needed for effective implementation and the work of PALS Change Agents.

2. **Resource Allocation:** They can help prioritize and allocate resources, including funds, personnel, and materials, specifically for IPC initiatives. This could involve sourcing low-cost supplies or reallocating existing resources to strengthen IPC efforts in general and regarding the PALS activities.

3. **Training, Capacity Building and Collaboration:** HM can encourage and support Change Agents to plan and facilitate trainings for IPC team members and other healthcare staff. This could involve practical workshops, mentorship programs, round tables or partnerships with local educational institutions to enhance IPC knowledge and skills.

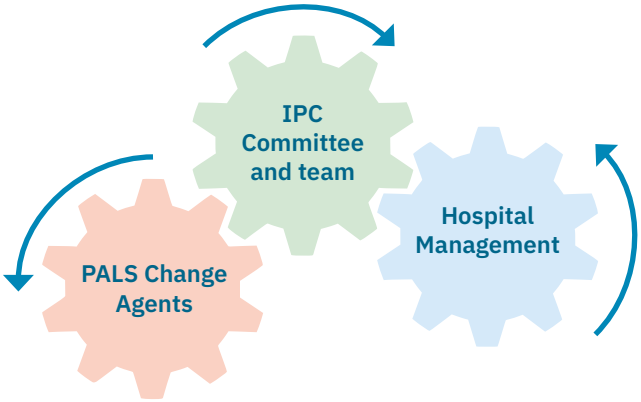
4. **Integration into Routine Practices:** HM can promote policies that embed IPC into clinical protocols, making it a standard part of patient care rather than an add-on.

5. **Encouraging Collaboration:** Fostering collaboration between the team of Change Agents and other departments is vital. HM can facilitate interprofessional collaboration by arranging for time slots and physical spaces to meet.

6. **Monitoring and Feedback:** Implementing regular monitoring of IPC practices and providing constructive feedback can help improve adherence.

7. **Sustaining Commitment:** Sustaining long-term commitment to IPC requires ongoing advocacy and reinforcement. Medical directors can regularly review the IPC priorities and successes of Change Agents, ensuring they remain a key focus in organizational strategies.

Figure 2: **IPC improvement as collaborative process in the hospital**



The HM is invited and encouraged to participate in the whole process by supporting activities of their CAs. Each hospital must inquire into its landscape of IPC, the weaknesses and strengths, the local conditions and the objectives of quality development.

"PALS can be transferred because it is a management thing. We have not used the approach only in IPC but in other areas of management in the hospital. For example, when we had a problem with our 250KVA generator, we brought all the stakeholders together and we agreed to buy smaller generators for key departments." *(Medical Director, Lagos State, 2018)*

2.3 The PALS-Slogans

The project staff, PALS Trainers and Change Agents developed slogans that illustrate the idea of PALS practice in health facilities. This collection is a growing road map of PALS experiences in different contexts of work.

What else…? Join us and create your PALS slogan!

Figure 3: **PALS Slogans**

3. The Concept of the Participatory Approach to Learning in Systems

PALS aims on quality development for improving IPC standards in Nigerian health facilities. PALS combines three important concepts: The Participatory Approach[3] and the Systemic View[4] and leverages at all levels of practice a productive Team Approach. PALS consists of a bundle of methods and practices in order to support improvement and change processes in systems and organizations.

PALS is a universal approach that can be adapted to various contexts and different matters in improving processes. Here we are using and describing it for IPC improvement processes in health facilities in Nigeria.

3.1 The Participatory Approach

The Participatory Approach (PA) in IPC empowers the trained Change Agents to start the process of improvement of IPC on the basis of their perspectives of needs, their resources and the interaction with colleagues in the local context of healthcare service, supported by institutional leadership and in collaboration with the IPC structure on ground. This approach has a number of advantages:

It increases the likelihood of sustainable improvements because the solutions are more practical, feasible, and acceptable to those who are directly involved in patient care. Empowering Change Agents in this way also fosters ownership and commitment, which are essential for long-term success in infection control practices. Another advantage is that it enhances accountability and team-based leadership. By empowering Change Agents at the grassroots level, the approach ensures that all team members have a stake in the success of IPC initiatives. This distributed leadership model fosters shared responsibility, where the facility management guides and supports the overall strategy while local teams provide the insights necessary for day-to-day decision-making. The PALS training programme promotes the necessary social skills and competencies of the participating healthcare professionals.

> **"I do not know what you did to the Change Agents at the training. They have taken ownership of the programme, planning and management. They also involve the units, the facility managers and the management etc."** *(Medical Director, Lagos 2018)*

The health care workers and hospital management become the main actors! The expertise is local!

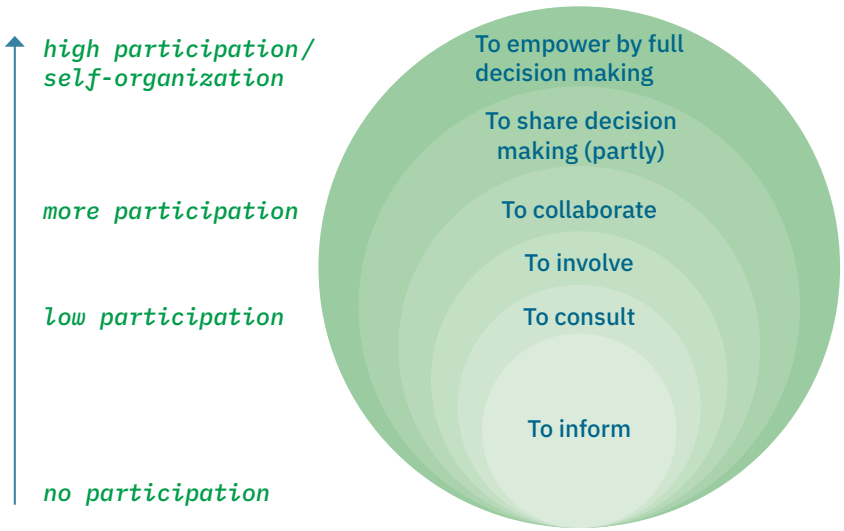
3 The Participatory Approach was first described by Robert Chambers in 1994, see reference [7].

4 Ruth Cohn developed the "Systemic View" as part of her work on Theme-Centered Interaction, see reference [8].

The basic principles of the Participatory Approach (PA) are:

- Respectful, accommodating and candid collaboration (expert meets expert)
- Respectful, non-threatening communication
- The expertise is “local” as a starting point of any process (local knowledge, local context, local solutions)
- Participation should happen on all steps of intervention: decision making, planning, implementing and monitoring and evaluation (PALS Public Health Action Cycle)
- Resource and solution-oriented procedures (don’t get stuck in problem-trance)
- Changes and improvements have to suit the concrete work context: tailored local solutions
- No blaming working style, but a correction friendly working culture
- Appreciative working attitude

Figure 4: **Spectrum of Participation**



Source: **adapted from International Association for Public Participation, 2007**

Participation is a process of collaboration characterised by the sharing of decision-making power with the target group. However, active listening, consulting and involving the target group in the process are preliminary steps to participation and good starting points for developing an interest among the target group and a participatory collaboration.

The Participatory Approach is complemented and enhanced by a Systemic View on IPC practice in hospitals.

3.2 The Systemic View

The Systemic Theory generally assumes that an organization, unit or institution consists of relationships and roles: the type of hierarchical structures and the rules of behaviour are defined in the institution itself and follow the objectives of the system. Consequently, an organization is described as an interactive and changeable construction. As relationships and roles change with changes in situations, negotiation processes of structures and rules continue more or less constantly.

> The improvement of the IPC practice in a hospital is therefore not first and foremost a problem of the behaviour of an individual health care worker, but a missing culture in a system: We are not only focussing on enabling skills to encourage and foster health care workers to further include IPC practice in their health care routine but we are aiming on an organisational development process.

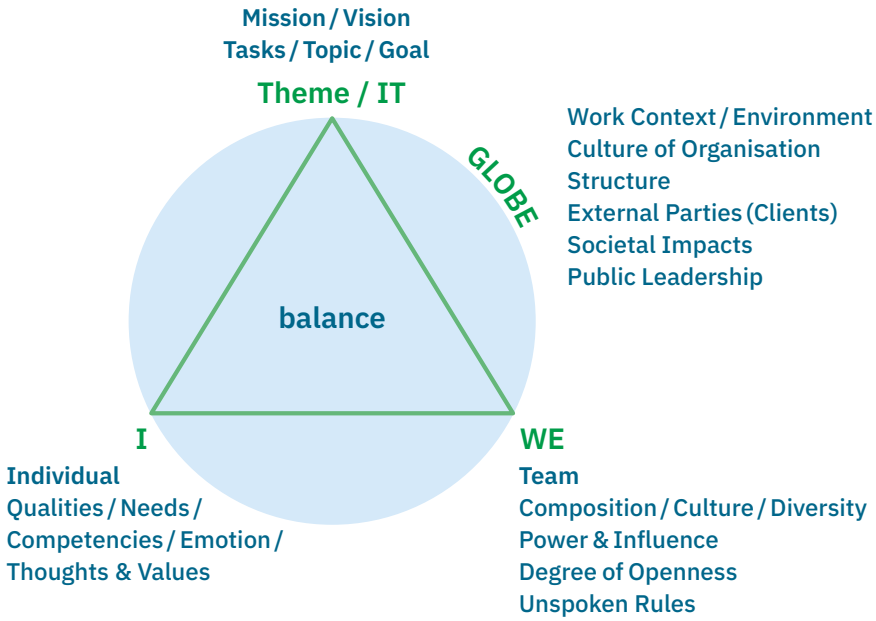
To bring this Systemic View into action and relevance for IPC practice in hospitals, we use the Four Factor Structure (4FS), which defines four influencing factors for successful collaboration and performance of task in a team. The four factors are:

1. **Theme/It:** The characteristics or elements of the task or theme in question.
2. **I/Me:** Individual factors including knowledge, skill, attitude, belief, perception, values etc.
3. **We:** The relational aspects between the group members including shared goals, complementary roles, effective communication, supportive relationships etc. as well as important partners of interaction to fulfil the task.
4. **Globe:** The environment and contexts conditions that influence individual performance, relational aspects and the topic / task itself.

The Globe factors which are partly under control of the HM play a central role in this holistic approach:

> “We must pay attention to how the Globe affects us and to how we affect the Globe. Otherwise, we are like the captain at sea who knows his own ship but pays no heed to the conditions of the ocean, the wind, and the geographical circumstances.” [8]

Figure 5: **Four Factor Structure (4FS)**



Source: adapted from Schneider-Landolf, 2017

The four factors are in constant interaction and contribute equally to a successful performance. Applying the Systemic View to IPC improvement processes aims to improve the quality of work, promote the personal development of staff and support the efficiency of teamwork.

3.3 The Team Approach

PALS emphasize the Team Approach to face complex IPC challenges and change processes. In line with modern management approaches and WHO recommendation (see chapter 1.1) we promote the collaboration of colleagues as teams to enrich the pool of competences, skills, ideas and responsibilities.

In the PALS training programme, Change Agents work together as a team in the hospital and support each other in their task and mission. They involve other health care workers and hospital staff to collaborate on IPC improvement in a PALSy team spirit. Our results show that good teamwork of CAs is an equivalent for high quality of PALS and good sustainable IPC improvement. Therefore, it is important that the integrity of the CA team is not compromised by transfer of CAs to other facilities.

The team spirit is usually not the starting point of a process, but a product of shared attitude towards cooperation, a productive

feedback culture and stimulating experiences. The preconditions for creating team spirit and motivation are trust, openness and willingness to work together. The ability to listen to each other, to analyse a situation together and plan together creates a feeling of “we”.

Work conditions like time resources for meetings, good staff covering, stable work relationship are necessary GLOBE factors for creating team spirit and productive collaboration.

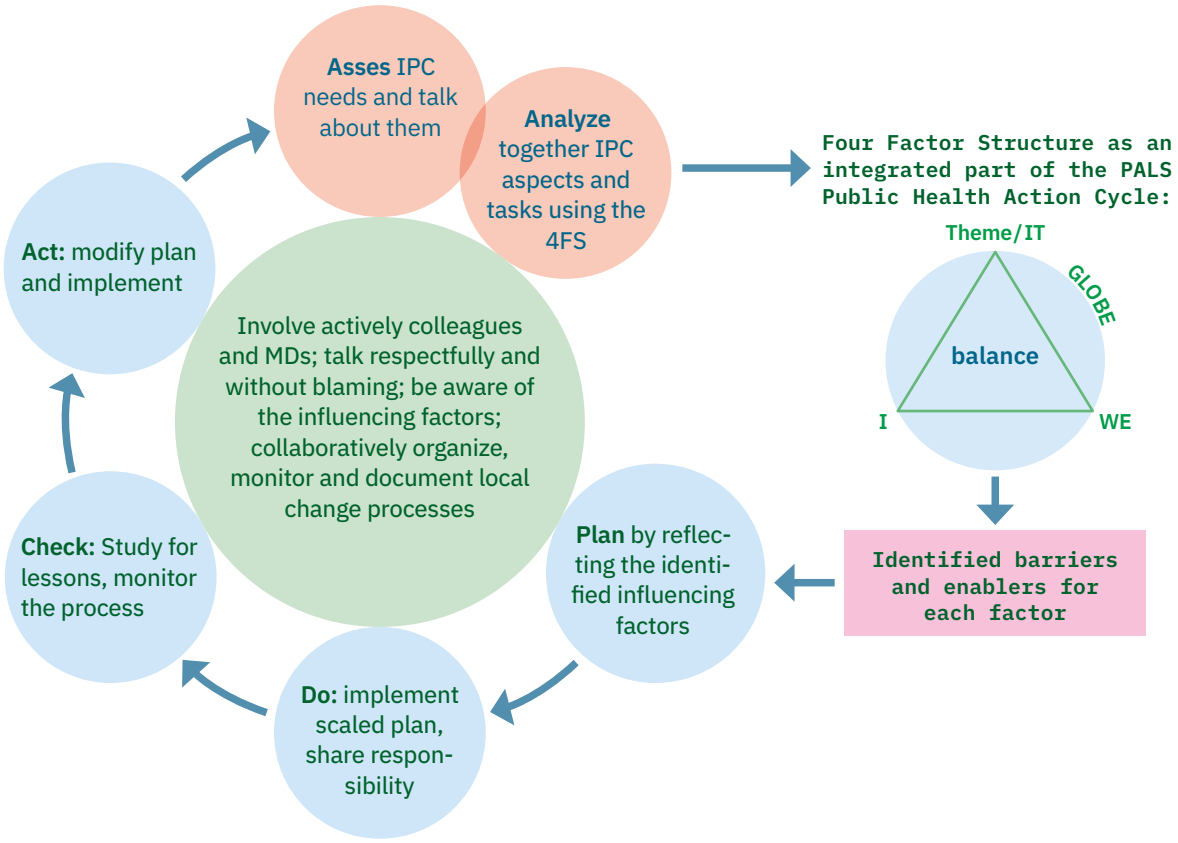
CA teams become experts in team work and know how to foster interprofessional collaboration in the hospital to improve IPC practice. These skills are translated directly into a better working atmosphere and a better task-oriented communication and practice among staff members.

4. PALS – a Strategy for Change

PALS is a strategy of change from good to better.

The PALS Public Health Action Cycle reflects how PALS in practice strengthens the implementation of concrete IPC change processes. It is based on the Public Health Action Cycle, adds the Participatory Approach, Team Approach and the Systemic View (Four Factor Structure) and shows the organization and realization of PALS change processes for a better IPC practice.

Figure 6: **The PALS Public Health Action Cycle**



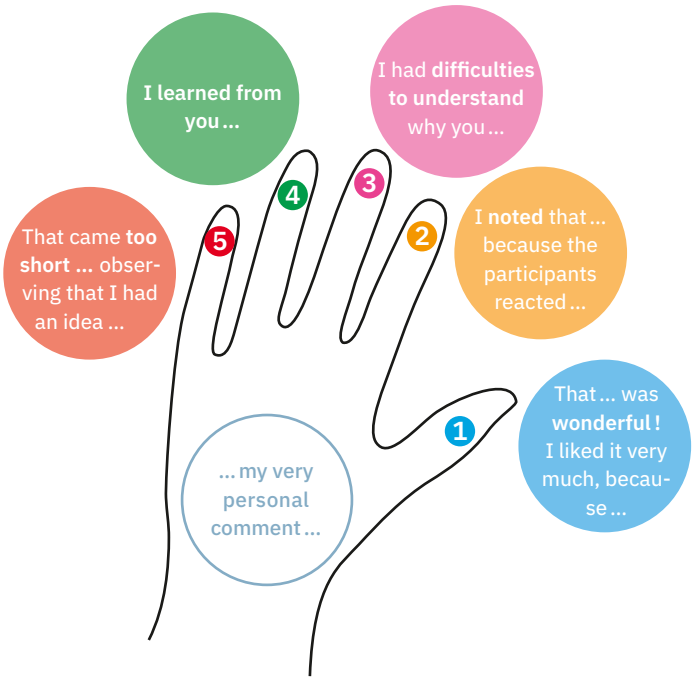
Create a correction friendly working atmosphere!

Every voice counts!

PALS refers to the following basic principles to initiate and support sustainable change processes:

1. Change is understood as a collective effort towards a better quality of health care delivery and better work conditions for health care workers.
2. The collective effort is made by all members of the system in their individual sphere of influence and responsibility by excellent PALSy collaboration.
3. The local actors are engaged to liberate their competences, ideas and find-solution-capacity for the process in order to achieve the goal.
4. Context and relationship are crucial for the understanding of behaviour, procedures and improvement processes.
5. Sustainable IPC improvement means change of the system and quality development of the organisation.
6. Communication and collaboration style and skills are central to support ownership and authentic motivation. Appreciation and respect are key to sustainable success.
7. PALS follows a double helix strategy for change: Improvement of enabling skills of health care workers (bottom-up) and encouraging hospital management to procure the needed work conditions for improvement of IPC quality in the health facility (top-down).

Figure 7: **Feedback Hand**



As the No. 1 Change Agent of your health facility, we are confident that you will lead the team in trying out this approach, and we are hopeful that in due course, we will realise the transformation that we all yearn for: better patient care and improved IPC practices.

5. References

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The PALS Booklet for Hospital Management presents the Participatory Approach to Learning in Systems as a training and practice approach for sustainable quality development in infection prevention and control in Nigerian health facilities. It describes how PALS addresses IPC improvement, gives an overview on the training programme for Change Agents in health facilities and provides insights into the concept, models and methods of PALS.

PALS cannot be taught, it has to be experienced!

… every voice counts