



Development of a Formalised Orientation and Internal Support Program for Mentoring New Infection Control Professionals to the role

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Declaration and Acknowledgements



I have no conflicts of interest

Acknowledgements:

I begin today by acknowledging the Traditional Custodians of the land on which we meet today and pay my respects to their Elders past, present and emerging.

I extend that respect to Aboriginal and Torres Strait Islander peoples here today.

I would also like to acknowledge Healthscope Hospitals.





Our Hospitals

- ▶ Australian Capital Territory
- ▶ New South Wales
- ▶ Northern Territory
- ▶ Queensland
- ▶ South Australia
- ▶ Tasmania
- ▶ Victoria
- ▶ Western Australia

71% Acute Care
15.9% Rehab
13% Mental Health
➤ (some acute sites incl mental health)
Independent Services in
Victoria/ NSW/NT
HITH



Purpose

Background

Historically clinical staff have been seconded to manage infection prevention and control (IPC) programs with no formal qualification or induction

Autonomous role

Aim

Identify factors influencing high turnover of IPC staff

Method

Two surveys undertaken with hospital IPC staff

- Exploring qualifications and experience
 - Role, FTE and requirements
- Reviewing the training needs of IPC staff and strategies required to support them



One dedicated nurse / 100 beds (acute care)
1 FTE: 150-250 LTCF



American Journal of Infection Control

journal homepage: www.ajicjournal.org



36% of time spent on surveillance
Australasian study - Mean staffing 0.66 FTE/100 overnight beds



ACIPC IPC Workforce Guidance Document

Majc
Hov
app
Laxr
Baby
^a Depar
^b Infect
^c Dr BR

REVIEW

Minimum requiren

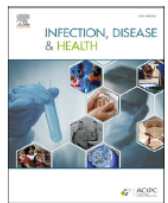
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Available online at www.sciencedirect.com

ScienceDirect

journal homepage: <http://www.journals.elsevier.com/infection-disease-and-health/>



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Hospital, Department of Infectious Disea

Discussion paper

Resourcing hospital infection prevention and control units in Australia: A discussion paper

Staffing and structure of infection prevention and control programs

Brett G. Mitche
Anne Gardner

Patricia W. Stone, PhD, RN, FAAN, MPH,^a Andrew Dick, PhD,^b Monika Pogorzelska, MPH,^a Teresa C. Horan, MPH,^c E. Yoko Furuya, MD, MS,^d and Elaine Larson, RN, PhD, FAAN, CIC^a
New York, New York, Pittsburgh, Pennsylvania, and Atlanta, Georgia



IPC tasks
1982 was identified as 60
2001 was identified as 147
Where are we now in 2024?
And still the same FTE 1:250



IPC FTE

ICP FTE between 0.1- 1.0 FTE
with a few larger sites > 1.0
FTE (1.6- 2.0 FTE)
More than one site

5 Sites have dual IPC and QM roles

- 3 Rehab/ Mental Health
- 2 of these are acute – re-evaluated
- ✓ 2024 additional assistance at 0.6FTE
for auditing / staff health
 - ✓ Additional IPC hrs. to new and
some existing roles



What is the Formula? Are bed numbers / FTE the answer?

Acute

81% of acute sites have: FTE %:250 beds
19% Additional FTE

11% 1:150 beds

Acuties/ Specialties

High risk

- Emergency/Theatres/Endoscopy/CSD/ICU-CCU-HDU/Obstetrics?

Apply the formula

- No. of additional hrs. required /% of high-risk areas to actual hrs./week
- 100% exceed 1:250 not 1:150
- 76 % >150 beds (some very close)

** Not inclusive of Rehab/ Mental Health*



Survey (Role, FTE, Requirements)

Site:	Acute/Mental Health/Rehab	IPC FTE:	
	ED/ICU/OT/CSD/Maternity		
	ED/ICU/OT/CSD/Maternity		
	ED/ICU/OT/CSD/Maternity		
	ED/ICU/OT/CSD/Maternity		
	No. of Beds:		
Key Infection Prevention and Control activities including Staff Health and data entry		Estimated hrs required/ fortnight to complete the below	
		IPC	Other: HICMR Level 3 only
Governance: Policies and Guidelines	Local policies and guidelines review/development		
Education	Staff education including induction of new staff		
Risk Management	Riskman incident review - IPC, SAB, Sentinel events and O/E incidents		
	Risk Register / Updating eQMS - quarterly		
	Outbreak Management Plan / Local Pandemic and Business Continuity Plan		
	Contact tracing (COVID-19, TB, Chicken Pox patients)		
Auditing	Audit completion and collation (not covered below)		
	Audit action plan		
	HICMR review/audit/ action plan		
Surveillance	Infection Surveillance HCA/CA infections		
	Reporting PHU/WCNISS/LARU/IPC etc		
	Preparing reports for committee		
Clinical and quality data	Quality KPI data collation		
	ACHS Clinical Indicator data collation		
	HAC review #3		
	Heater cooler unit (if applicable)		
	Readmission / return to theatre for HCA SSI		
Consumer participation	Consumer surveys		
	Review of consumer brochures		
	Review of consumer compendium		
	Education to consumers incl patients e.g managed under TBP		
Committees incl. preparing agenda, minutes, documents	IPC and AMS		
	Quality		
	Other e.g WHS/ department or standard specific		
	Reports and / or attendance for medical craft group committees e.g MAC/Medical committee		
	Local Committee evaluation and review of TOR		
Site QI activities	Local QI Activities		

Workforce
Processes for IPC
Standard and Transmission Based
Environmental
Fit Testing
Staff Health
Hand Hygiene
Aseptic Technique
Invasive Devices
Sterilisation RMD
Antimicrobial Stewardship

Acuity	No. of Beds	% Achieved
Acute	1-99	63%
Acute	100-199	63%
Acute	100-199	88%
Acute	100-199	70.6%
Acute	100-199	75%
Acute	100-199	75%
Acute	>200	77%
Acute	>200	75%
Acute	>200	52%
Rehab		46%
Mental Health		

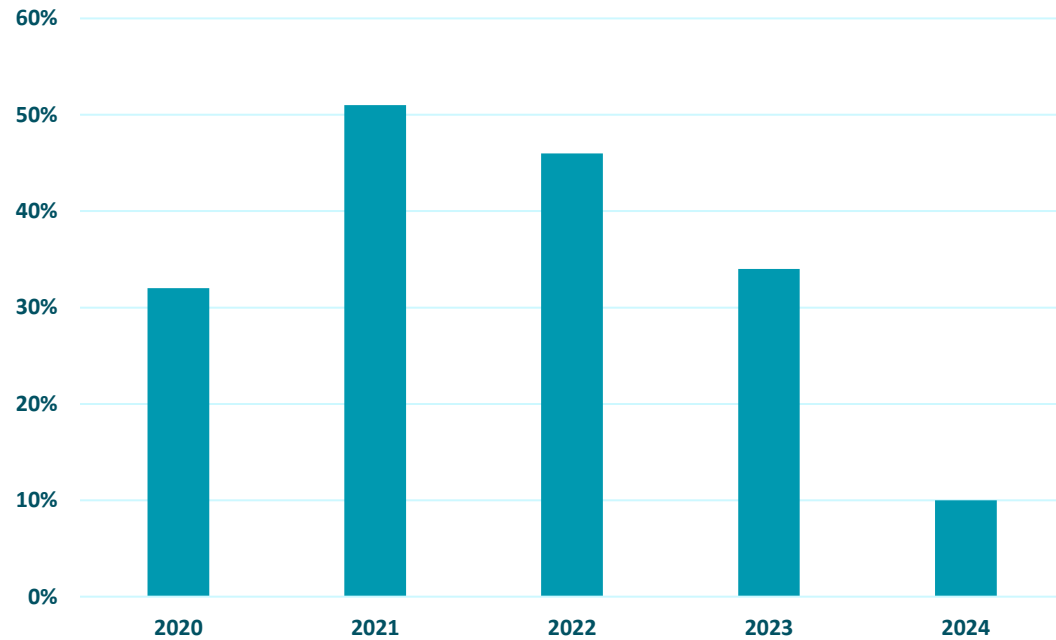
No admin support

Total hrs. required /ftn
Total No. of IPC hrs /ftn available



Attrition Rates in IPC

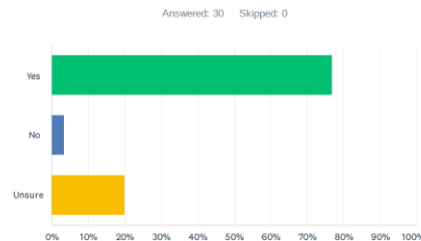
IPC Attrition Rates



Reasons

COVID-19, Staff Health, Fit testing, Sole role 'autonomous'
Change of role / hospital
Retirement

Q4 Are you planning to continue in the IPC role?



Inaugural IPC Strategy for Healthscope developed for 2021-2025

- Trends in IPC at sites
 - Position description revised to include minimum requirement FIPC, Post Grad or above (incl.ACSQHC Modules/ HA/RNI/BBEFI etc.)
 - Need this for Executives to understand the role
- ✓ FIPC Board endorsed and funded

Survey - Qualifications

2022-2023

- >40% no formal qualification (some cover more than one site)
- 58% commenced / completed FIPC / Post Grad Certificate
(Some left the role)

2024

- ✓ 83% commenced/ completed FIPC (funded) /commenced a post grad
- ✓ 8% unknown
- ✓ Remaining % reallocated with IPC qualifications



What does an Infection Preventionist do ?

We are **but not limited to**

Specialists and often autonomous

Require:

- Communication and time management/ team building skills
- Public speakers, management and leadership skills
- Policy writers and develop guidelines
- Build business cases for best clinical practice
- Product evaluation
- Educate and manage doctors, staff, patients
- Building and Renovations Standards - AusHFG
- Engineers
- Water Management Legionella, R/O water testing and requirements / Endoscope reprocessing
- Sterilising Standards
 - AS/NZS 4187:2014- AS 5369

- Management of sharps and waste
- Cleaning, Food and Waste relevant Standards
- Chemical Scientists
- Hand Hygiene - BBE
- Pharmacists
 - AMS and appropriate prescribing
- Microbiologists
- Monitoring performance through surveillance
- Surveillance
 - Distinguish between HCA/CA don't want to own an infection we did not cause
 - HCA infections and reporting internally and externally
 - Public Health requirements/legislation and notifications in your own state or territory
- Management of Invasive Devices
- Transmission Based Precautions
- Outbreak Management –outbreak – costs /media/consumer perceptions

In private hospitals we also have Staff Health to manage often including management and follow up of occupational exposures / reviewing serology for new staff / vaccinations/ advice/ and the dreaded fit testing and no admin support



What do we do ?



Formalised Education Program

Reviewed all IPC eLearning

- Development of new IPC package annually
- Aseptic Technique/ Donning and Doffing / Fit Testing (Edn. Dept. develops other modules eg cannulation etc.)
- NHHI Hand Hygiene
 - COVID-19 modules incorporated into new IPC

Annual time savings

- IPC > 107 000 hours

However

- No specific education orientation program for staff new to Healthscope in IPC
 - Autonomous role

Position Description was rewritten to include the requirement for an appropriate qualification

- Development of an
 - 11-week program

Subject	Action required	Who to contact	Why
ACHS	ACHS Clinical Indicator Manual	http://hint.healthscope.com.au/achs/achscoreviewer/ClinicalQualityRisk/InfectionPreventionControl/IPC/CHSscoreviewer/General/ACHS%20Clinical%20Indicators%20Control%20Manual%20v5.2.pdf	
Accreditation	Accreditation Resource	http://hint.healthscope.com.au/achs/achscoreviewer/ClinicalQualityRisk/InfectionPreventionControl/IPC/CHSscoreviewer/General/ACHS%20Clinical%20Indicators%20Control%20Manual%20v5.2.pdf	Essential for NS3 SNA
Antimicrobial Stewardship (NAUSP)	NS3 Evidence base report	Melanie O'Connell	Keep up to date with EDU/AMS review and action plan
AS/NZS 4187:2014 (5369) gap analysis	NAUSP	Pharmacy / NAUSP website	Complete NAUSP survey inline with AMS work annually
ASQC 441:2014 (5369) gap analysis	Ensure all gap analysis are up to date - living documents and comply with current ASQC Advisory	OT/OSD manager/HICMR comp	Living documents ensure up to date compliance with building renovation/renovator
ASQC 441:2014 (5369) gap analysis	NS3 Advisory	HINT	Review and complete gap analysis eg AMS/PIWO Clinical Care Standard
ASQC 441:2014 (5369) gap analysis	Survey for NS3	National IPC/ Site OH	Ensure evidence of consumer engagement
DL and Webex Groups	Inclusion in DL email groups and Webex DL IPC group to just IPC to talk to the other one for DON and OM	Katrin Neuland	Ensure communication with IPC group for risk factor
Healthscope Reporting	Upgrade to obtain access for year 2024	IT Services approval from DON	Ability to run reports for alerts and cross reference with WebPAS alerts
Hospital Acquired Complications (HAC)	HAC reports	Quality Manager	Review HAC monthly report to IPC Committee (local) verify and HCAI into Riskman
HICMR	Upgrade login access	National IPC/HICMR help desk	May need email from current DON for approval
HICMR Infection Control Management Plan (ICMP) Part A and B	Infection Control Management Plan	HICMR template - Required to be completed annually	Covers all areas of National Standard 3
HICMR Risk assessment	Review recent audit risk assessments		Risk assessments have been actioned and tabled at relevant committee / Exec endorsement
HINT	IPC Page	http://hint.healthscope.com.au/achs/achscoreviewer/ClinicalQualityRisk/InfectionPreventionControl/IPC/CHSscoreviewer/General/ACHS%20Clinical%20Indicators%20Control%20Manual%20v5.2.pdf	Resource for IPC
KPI report	Complete data or per reporting period to OM review compliance	Quality Manager	Review IPC KPI and complete action plan for outliers
NHHI	Access to site or organization administrator	National IPC	Ensure audits are validated and submitted in line with NHHI reporting periods
	Review auditor numbers and categories for HA/HAE	http://hint.healthscope.com.au/achs/achscoreviewer/ClinicalQualityRisk/InfectionPreventionControl/IPC/CHSscoreviewer/General/ACHS%20Clinical%20Indicators%20Control%20Manual%20v5.2.pdf	Ensure sufficient auditors are available to meet collection of required number of mandatory facility / reporting period
MARS	Auditor for NS3	Quality Manager	Ensure all auditors are allocated to relevant departments and completed as per schedule
Occupational Exposure Management	Access to WHS incidents on Riskman	Deanne Warwick	Review and complete all Occupational exposure incidents not covered by HICMR (Level 3 services) Complete BEEFI Devour (AOIPO)
Pandemic and Outbreak Management Readiness	Review annually with Executive	Site GM/DON	Ability to enter into RL Data
Policies	Review IPC Policies at site	IPC Local Committee	Review Corporate local and HICMR policies to ensure they are covered
PRODA	Obtain main PRODA RA number and link to Net IPC	http://hint.healthscope.com.au/achs/achscoreviewer/ClinicalQualityRisk/InfectionPreventionControl/IPC/CHSscoreviewer/General/ACHS%20Clinical%20Indicators%20Control%20Manual%20v5.2.pdf	Require to be linked to their PRODA business account to link with AIR to add immunisations into the AIR (or per legal requirements) can only be linked by Net IPC
RL Data	RL Data training	Net IPC	Arrange training for reporter staff health surveillance
Riskman	Upgrade access to IPC and WHS for Occupational exposure	Deanne Warwick	Access to review / enter / complete IPC Riskman incidents
Risk Register	Review all risks for 3 NS		Ensure risks are accurate and updated for risks
Surveillance	ESI definitions	HINT	Review all ESI report to relevant local committee enter HACI into Riskman
	SAB definitions	HINT	Review SAB enter into Riskman all HCAI
	Access to RL Data (depending on site)	National IPC Manager	Surveillance pathology reports
Water Management	Review Water Management Plan (HICMR talking) cross reference with Infection alert	OT/Endo/OSD	Legionella testing / Follow up and all water management testing completed eg RO water / copper etc
WebPAS			Review alerts and remove as per policy

IPC Documents	Equams evidence	MARS Mandatory audit schedule	MARS Optional audit schedule
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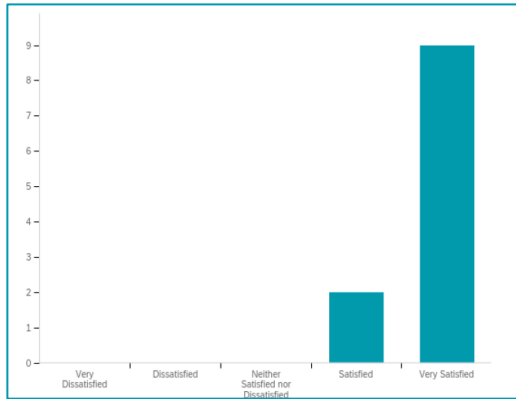
- **Week 1 – New to either HSO or the role and what to do first HINT page resources**
- **Week 2 – Governance /ACHS/KPI/HAC reporting requirements /Consumers and Patient Experience**
- **Week 3 – Staff Health and RL Datix**
- **Week 4 – Riskman and Risk Register**
- **Week 5 – Surveillance and Investigations (reportable CA or HCA)**
- **Week 6 – Hand Hygiene Auditing and Training NHHI**
- **Week 7 – National Standard 3 Audits and Reports**
- **Week 8 – -Clean and Safe Environment, Standard and Transmission Based Precautions, Linen Management, Food Safety, Water Management Plan**
- **Week 9 – Antimicrobial Stewardship (AMS)**
- **Week 10 – How to Write an AS 5369:2023 (AS/NZS 4187:2014) Gap Analysis**
- **Week 11 – Accreditation Planning and Equams**

- ✓ **Regular “New IPC” Forum**
- ✓ **Partnering/Mentoring Program**
- ✓ **Quarterly State and SIG forums**
- **3/12 Shared learnings/sites Quality Activities Riskman / HAC / incidents, etc.**

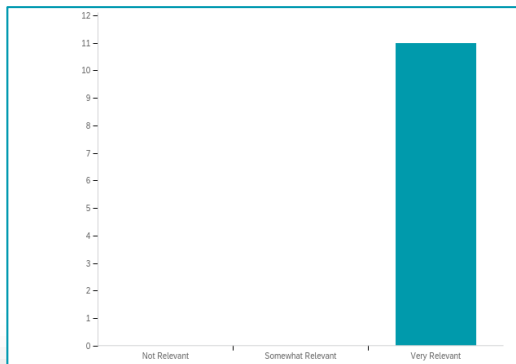


Evaluation

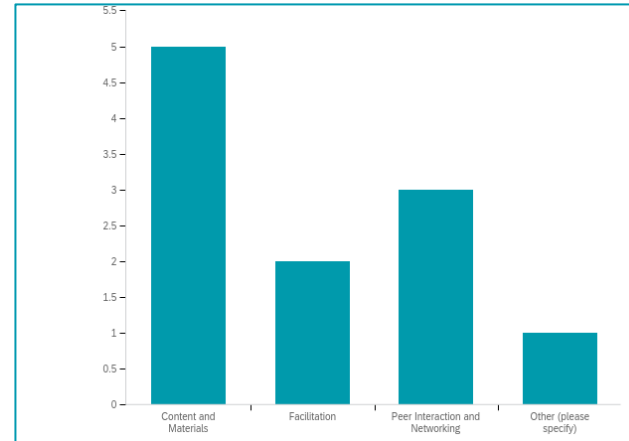
1. Overall, how would you rate your satisfaction with the weekly Infection Prevention and Control Induction program?



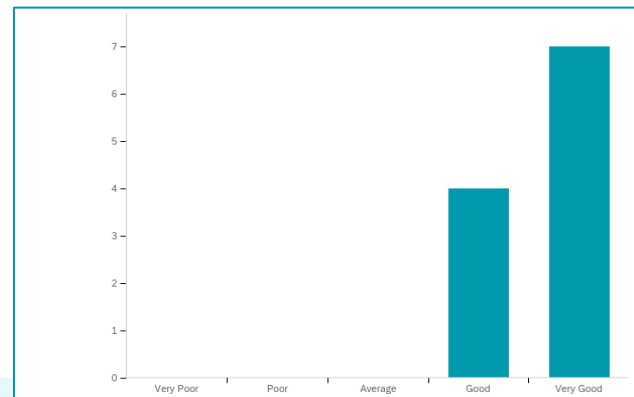
2. How relevant was the program content to your needs?



4. The IPC induction program was designed to be interactive and to generate meaningful discussion amongst peers. What aspects of the program did you find most helpful?

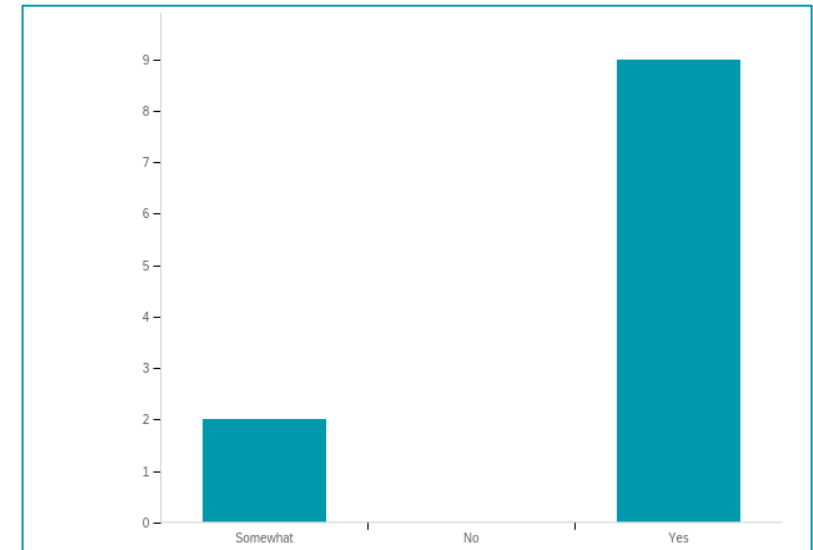


5. How would you rate the quality of the presentations and ability to use this information in your role?

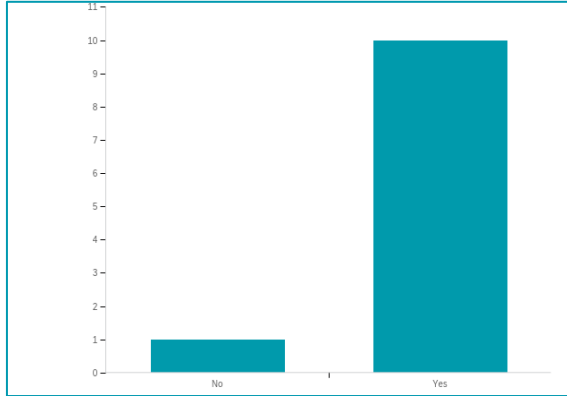


3. Which session/s did you find most helpful?

6. The induction program over the 11 weeks aims to assist Infection Prevention and Control Coordinators (IPCC) both new to Healthscope and to the role of IPC to feel more supported within a team and have some essential resources to work with. Did you feel this program connected you with other IPCC and would provide you with some team support in your role?



7. Did the program meet your expectations?



Comments

The presentations were great. Speakers were fabulous.

Even better than expected :)

Feel comfortable and supported. Know who to reach out to if need assistance.

Resources on HiNT is very useful

Even though I am not new to the role it was good to be able to drop in to select session to update my knowledge and make sure I am still on the same pages as everyone

The answer is due to inability to access the program in real time or recordings

9. Where there any areas of the program you felt were not addressed and could be included in future programs?

It all met my needs.

No

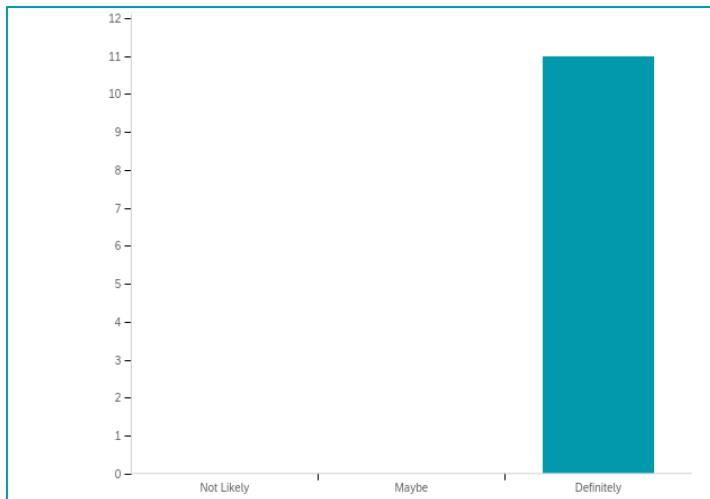
No good intro without overwhelming with too much information

Not sure at the moment.

Not for now.

Recordings of the induction should be made available

8. Would you recommend this program to other new IPCC (Infection Prevention and Control Coordinators)?



10. Do you have any additional comments or suggestions for the IPC induction program? It is good to have proper orientation to the facility and role when you start

Nicola is great.

No

No. Great course.

Just a huge thank you!

Difficult to attend all weeks of the program when you are taken off IPC to fill staffing gaps on the floor.

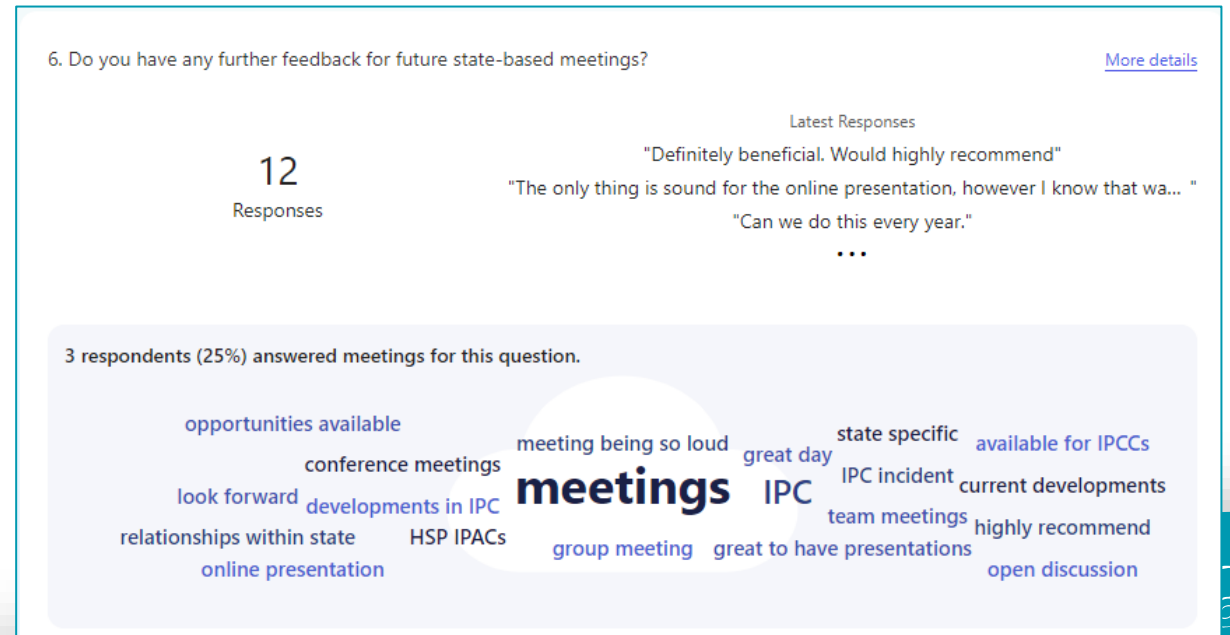
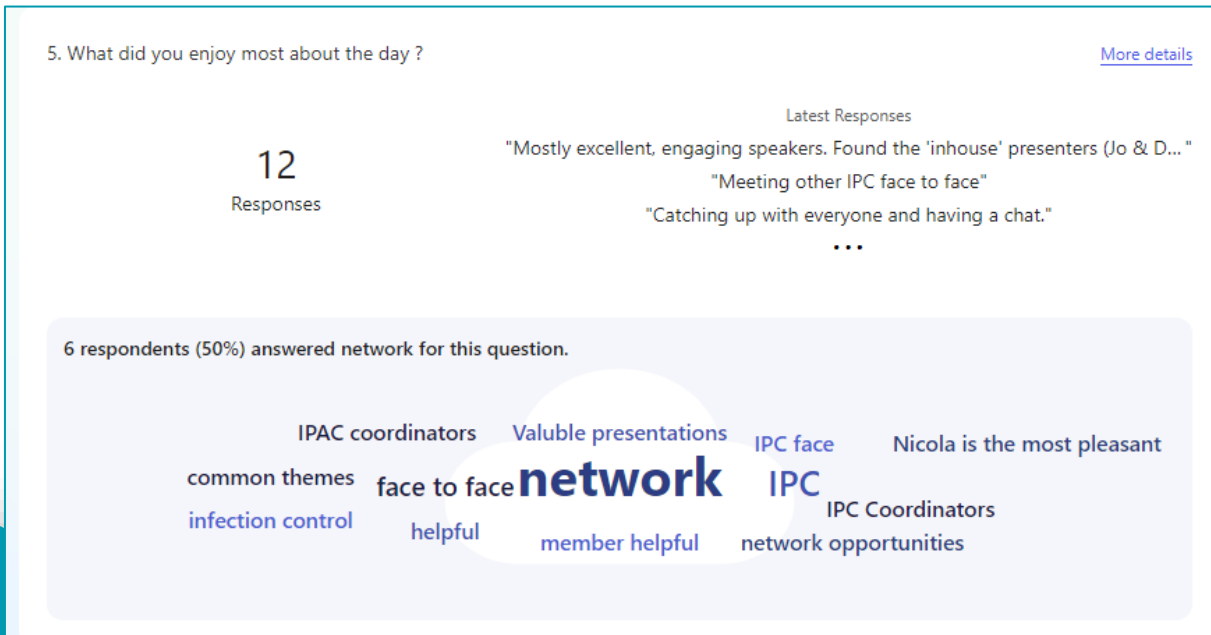
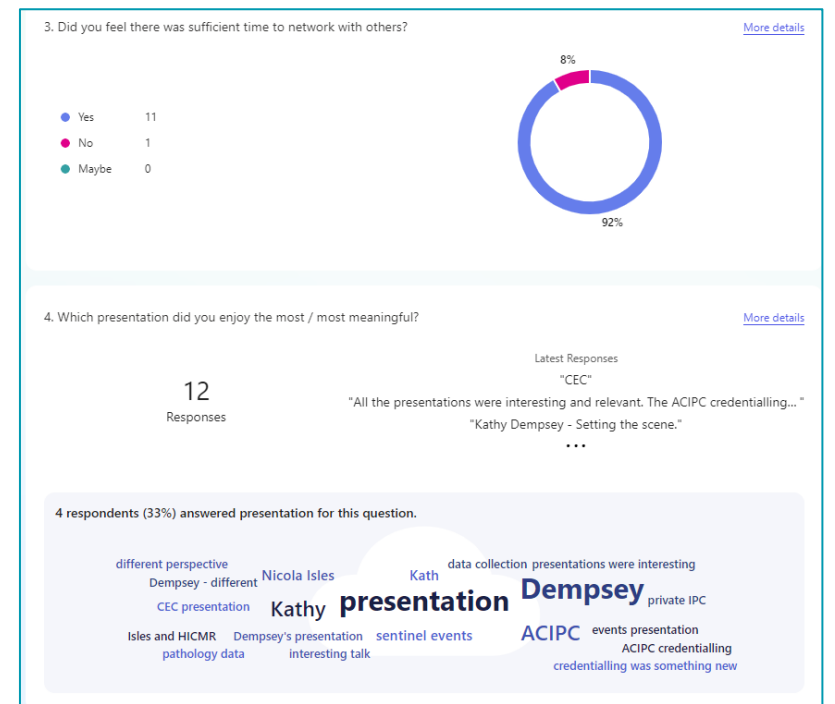
Have a quarterly catchup session for informal discussion and any networking

Thank you to everyone who gave their time

Thank you, Nicola, for your service and support



Evaluation F2F Meeting



Summary

Induction program to be ongoing

Now completed twice

State based forums to be ongoing with f2f for networking **annually**

Know your colleagues internally/externally

Build your networks

Increase confidence and internal capacity

Reduce turnover in IPC (reduced to 10% in 2024)

- Feel supported as a team

Where to now?

State Based Forums / SIG

- Quarterly
- ✓ Completed Round 1
- ✓ NSWACT f2f Day
 - **National f2f**

What is possible to achieve in FTE
Talk this to Executives

2 years at least in the role

FTE not perfect working away at it
'Never give up'





[Home](#) > [The ACIPC Mentoring Program](#)

The ACIPC Mentoring Program

About ▾

Education ▾

Credentialling ▾

Research ▾

Resources ▾

Members area ▾

The College is proud to present our new **ACIPC Mentoring Program**, coming in February 2024. The program aims to contribute to the future of the IPC profession by pairing mentees with suitable mentors across all fields in a professional relationship of growth and development. Participants in mentoring programs report a number of benefits from their participation, including:

- improved confidence and self-awareness
- clearer career direction
- better communication, listening and feedback skills
- more assertive communication
- enhanced management skills

Take your personal and professional IPC career development to new levels, and apply for the ACIPC Mentoring Program here – [Art of Mentoring \(aomapps.au\)](#) There are no fees to participate for ACIPC Members. Applications close 15 December 2023. More information can be found [here](#).



ACIPC Mentoring Program

Members area

2024 ACIPC Conference

ACIPC Mentoring Program

Forum Access

Forum Guidelines

IDH Journal
(idhjournal.com.au)
Member Access

Infection, Disease & Health
Journal

IPC Websites and Guidelines

Members area

2025 program

Following the success of the 2024 ACIPC Mentoring Program, we are excited to announce that, in conjunction with Art of Mentoring, we will be offering the program again in 2025.

The program aims to contribute to the future of the IPC profession by pairing mentees with suitable mentors across all fields in a professional relationship of growth and development.

The benefits of mentoring:

- Take your personal and professional development to new levels
- Reflect on personal challenges and achievements
- Help others and contribute to the future of the industry/profession
- Develop your mentoring and leadership skills

Further information can be found in the program flyer

Applications open on 4 March 2025 and close on 31 March 2025.

There is no fee to participate as a member of ACIPC.

Members will receive details on how to apply via email in early 2025, so **make sure your details are up to date** by contacting office@acipc.org.au



The ACIPC Mentoring Program

The benefits of mentoring:

- ✓ Take your personal and professional development to new levels
- ✓ Reflect on professional challenges and achievements
- ✓ Help others and contribute to the future of the industry/profession
- ✓ Develop your mentoring and leadership skills

What's involved:

Program duration is 10 months commencing in May 2025. Mentors and mentees will be matched according to application details. During the program, mentors and mentees will be expected to attend three online events; Program Launch, Progress Review and Program Close. During the program, mentors and mentees will meet monthly with their mentoring partners. Mentees and first-time mentors will have access to Art of Mentoring online training to prepare and support them in their mentoring relationship.



The ACIPC mentoring program aims to:

- ✓ Obtain experienced guidance and support
- ✓ Explore your career development plan
- ✓ Receive feedback and developmental guidance
- ✓ Discover fresh perspectives that may assist in your work

How to register:

Applications open on 4 March 2025 and close on 31 March 2025.
There are no fees to participate as a Member of ACIPC.
Details on how to apply will be emailed to members in early 2025.

For more information contact
P: +61 3 6281 9239
E: office@acipc.org.au
W: [Mentoring Program](#)





Healthscope