

# Your words, our collective learnings ACIPC 2023 survey results and together driving forward?

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SHEA/CDC Cert Infection Control, Cert Med Micro, DipLdrshp&Mgt.CICP-E, FACIPC; Future Leaders of Healthcare DrPH  
Candidate

NSW Chief ICP & HAI Advisor | IPAC COVID-19 Response Clinical Lead | Clinical Excellence  
Commission  
Infection Prevention and Control Practitioner (CICPE; FACIPC).



# Acknowledgement of Country and Elders



'Health Custodian' by  
Jasmine Sarin

# RESEARCH AREA - IPAC



1

**COMPARISON**

- What are the characteristics of Australian HAI programs

2

**EVALUATION**

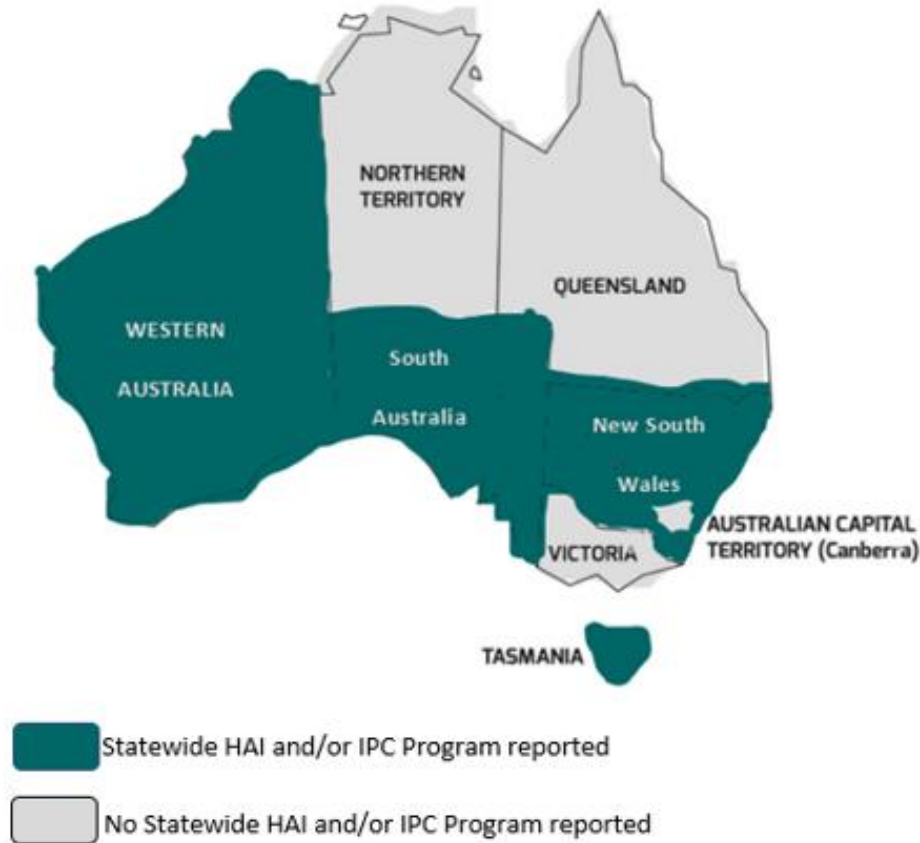
- Evaluation of NSW CEC IPAC Response and Escalation Framework in providing effective infection prevention and control advice for the management of COVID-19

3

**IMPLEMENTATION**

- Governance

**Figure 1:** Jurisdictional HAI and IPC Program



44% of Australia did not have a statewide HAI/IPC Program

**Table 3:** WHO IPC Core Components and Australia’s Jurisdictional Programs alignment

WHO IPC CORE COMPONENTS	NSW	QLD	VIC	SA	WA	ACT	NT	TAS	ACSQHC
IPC programmes	✓		✓	✓				✓	✓
National and facility jurisdiction level IPC guidelines	✓	✓	✓	✓	✓	✓	✓	✓	✓
IPC education and training	✓			✓					✓
HAI surveillance			✓	✓	✓				
Multimodal strategies for implementing IPC activities									
IPC monitoring, audit and feedback				✓					✓
Workload, staffing and bed occupancy at the facility jurisdiction level									
Built environment, materials and equipment for IPC									

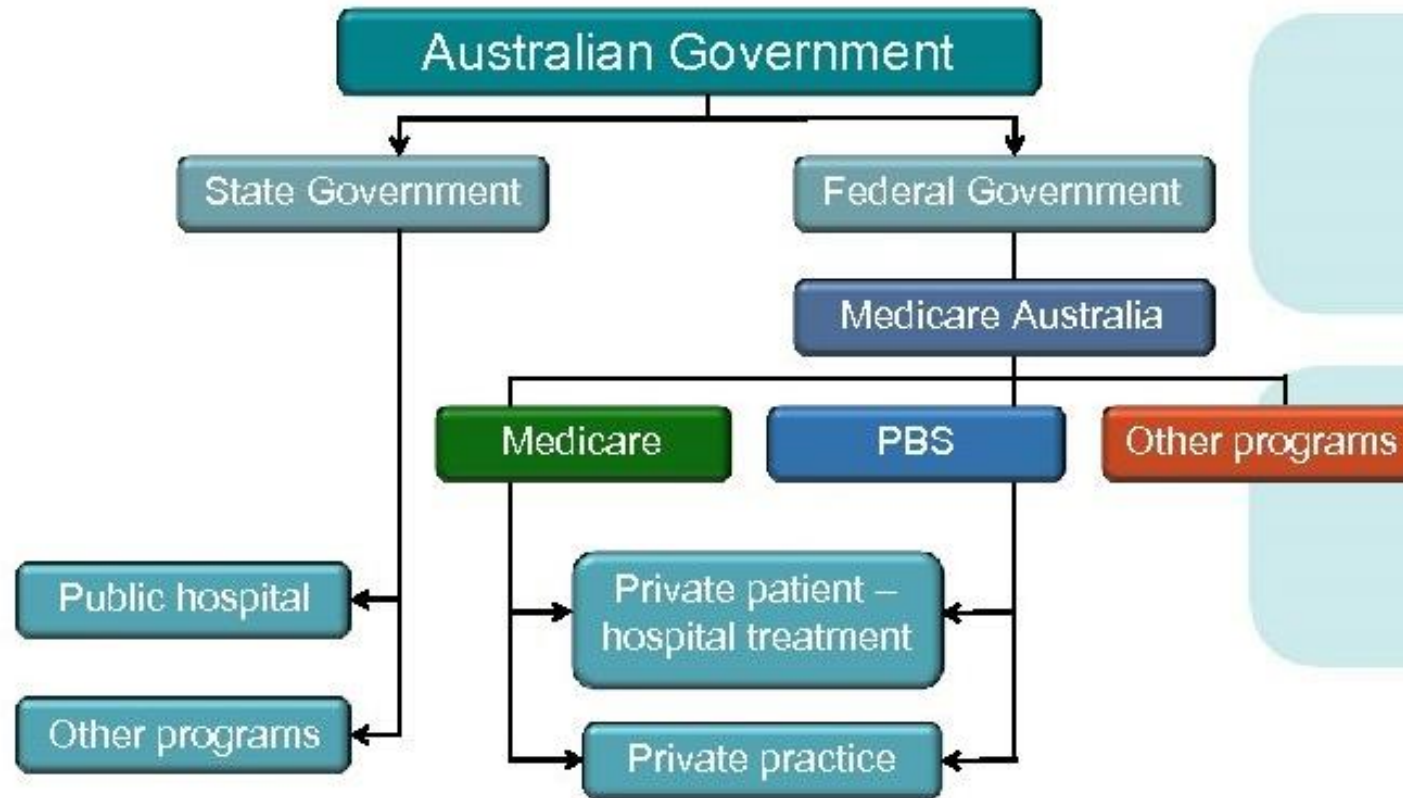
Not a core component in jurisdictional program

Partial component



# Australian healthcare system

## Three levels of Government



[Orientation to Australian health system and working in \(present5.com\)](#)

# HAI & IPAC ACROSS AUSTRALIA



Infection Prevention and Control Expert Group (ICEG)

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE

HAI STEERING COMMITTEE



# History Australian IPaC

**1960s**



1959 first joint Hospitals Infection Committee formed in Brisbane

**1962**



Princess Alexandra Hospital appoints Australia's First ICS

**1965**

NSW POW Hospital appoints first ICS (Infection Control Sister)

**1967**

Canberra Hospital appoints first full time ICP

**Late 1960s**

SA appoints first IC Adelaide's Children Hospital

**1975 - 1977**

NSW – 7 metropolitan hospitals in Sydney had FTE ICS  
Tasmania appoints first ICS  
NB: Vic & NT unrecorded.  
Role and function first described for Infection surveillance and Control programs by ACHS

**1989**



Australia's 1<sup>st</sup> reported case of pt-to-pt transmission HIV  
HCV transmission

**1995**

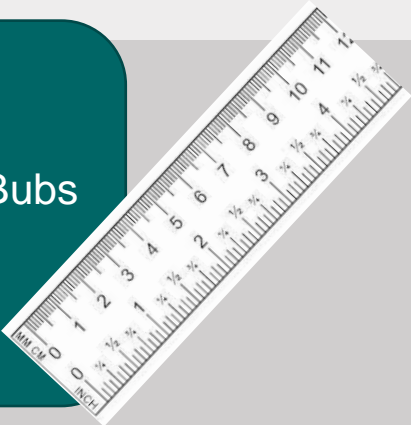


NSW first Australian state to adopt a government policy position to employ an ICP  
1996 Federal rec ICN/200-250 beds

JE; Mpox; Measles

COVID-19

ICU  
Emergency  
Paediatric / Bubs  
Patient Flow  
Ambulance  
Surgery



EBOLA 2014

MERS 2012

H1N1 2009-2010

SARs COV 1 2003

FLORENCE  
HIV  
HAND HYGIENE  
MROs /HAI

IPAC

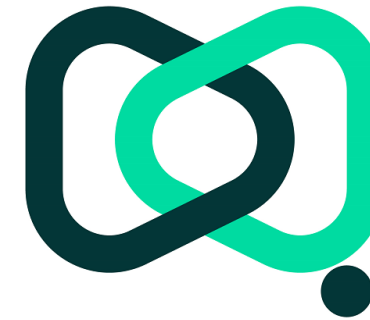
- 2006 intro of ABHR
- 1996 Standard Precautions & TBP
- 1996 Standard Precautions & TBP
- 1987 body substance isolation
- 1985 universal precautions





# Australian Centre for Disease Control

We are establishing an Australian Centre for Disease Control (CDC) to improve our response to public health emergencies.



## About the CDC

We are establishing an Australian CDC to improve Australia's response and preparedness for public health emergencies.

By establishing an Australian CDC we will build on our nation's existing strengths and capabilities, drive better health outcomes for all Australians, and help protect our country from whatever nationally significant health threats we may face in the future.

*I am excited!*



## Sequence of Speakers for session

### Session Schedule:

1. Intro
2. Jurisdiction Presentations
3. Presentation/Slide Summary
4. Polling Questions
5. Panel Discussion
6. Close

1. Introduction and setting scene 3mins

2. Each presenter will get 5 minutes (Max) to present 50mins

3. Slide Summary 5mins

4. Polling to audience (4qu's) 5mins

5. PANEL 15MINS

What is the ideal Aust IPC framework and why

Taken from written responses

ACIPC ACIPC INTERNATIONAL CONFERENCE

Driving forward. EMBRACING FUNDAMENTALS & CHARTING A PATH FOR THE FUTURE

12-15 NOV 23 ADELAIDE, SA & ONLINE

**NATIONAL SUMMIT**

ETHICS PARTICIPATION CONSENT Full Survey

1



2



3

**GOVERNANCE: PATIENT SAFETY**

**STRENGTHS**

Quality and safety approach-broad

**WEAKNESSES**

Disconnect from other parts of system

Models in patient safety not always aligned with IPAC response

14/11/2023 SAMPLE NSW JURISDICTIONAL GOVERNANCE, PROGRAM AND FUTURE

4

**Future**

**Local Structure - Health Services**

- Centralised across LHD.
- District Director IPAC
- District Operational Manager
- District Multi-disciplinary
- Facility Based IPCs/Clinicians

**JURISDICTIONAL STRUCTURE**

- Lead Agency - connected to Pub Health/Communicable Diseases
- Chief ICP
- Principal ICP
- Medical Lead
- Team Clinical and project officers

**Australian CDC**

- Jurisdictions to make up Expert panel
- Incorporate ACSQHC functions into this structure

1/10/2023 SAMPLE NSW JURISDICTIONAL GOVERNANCE, PROGRAM AND FUTURE

5

**Written Response** (For use during discussion panel, not for presentation)

- What structure should IPC resemble at health organisations and why?
- What should a state structure look like and why?
- What should a national structure look like and why?
- What does ideal governance and reporting look like and why?

- LOCAL
- STATE
- NATIONAL

*Complete and hand back Not for presentation*

1/11/2023 SAMPLE NSW JURISDICTIONAL GOVERNANCE, PROGRAM AND FUTURE

6



# NATIONAL SUMMIT

Following success of the National Summit at the 2022 ACIPC conference, the 2023 ACIPC International conference will see the return of the National Summit session. This is an opportunity for members to connect with their state leaders in IPC and to inform and guide future IPC directions for Australian IPC.

This year's session will focus on governance, structure and strategic direction. The session chair/coordinator is Kathy Dempsey (ACIPC Conference organising committee member, Credentiailling and Professional Standards Chair, Scientific Journal Committee member and ACIPC Board Director and NSW Chief ICP). This year's session is being used as part of a study for Kathy's DrPH at UNSW: *The UNSW Future Health Leaders Program is a work-place based professional doctorate for candidates identified by the workplace as future leaders.* (Ethics: \_\_\_\_\_)

Session details: Tuesday 14<sup>th</sup> November 2023

Room	Hall C Lower Section (Capacity 670)
Session Coordinator/Chair	Kathy Dempsey <a href="mailto:kdempsey@acipc.org.au">kdempsey@acipc.org.au</a>
09:00 - 10:30	IPAC National Summit



ETHICS PARTICIPATION CONSENT Poll survey

APPROVED: Conference organising committee and ACIPC Research committee

## Study Title: Development of an Australian National Infection Prevention and Control program governance, structure and strategic direction framework

The primary aim of the project is to design a framework encompassing governance, structure and strategic directions of infection Prevention and Control (IPC) programs at hospital, state and national levels. The development of such a framework based on clinician experience and expertise and supported by evidence from the international literature will help strengthen and promote the standardised coordination of IPC at all levels across Australia. The results obtained in this study will further assist in driving the direction for IPC as the Australian Centres for Disease Control evolves.

Participation is voluntary and no individuals identifiable. Come along and participate in the poll or if you do not wish to participate your attendance is welcomed

PRINT FRONT

Polling Questions we will be asking during session:

### Question 1

What is your current governance arrangement (department program reports under) for Infection Prevention and Control (IPC)?

- Patient Safety
- Health Protection/Public Health
- Communicable (Infectious) Diseases
- Other

### Question 2

What are the most important element(s) required for effective IPC governance? (Free text)

### Question 3

Has been said the executive management and engagement with executive drives the culture – "the way things are done" and possible effectiveness and success of IPC programs

Choose the best statement

- My organisation senior executive has a clear understanding of the issues of IPC  
 Yes  No  Unsure
- My organisation senior executive has regular access with IPC Lead/Delegate  
 Yes  No  Unsure
- My organisation senior executive has effective engagement with IPC Lead/Delegate  
 Yes  No  Unsure

### Question 4

Nationally should Infection Prevention and Control (IPC) governance:

1. Remain under patient safety and ACSQHC (Australian Commission on Safety and Quality in Health Care) governance  
 Yes  No  Unsure
2. Move to a new structure within Australian Centres for Disease Control (CDC)  
 Yes  No  Unsure
3. Retain Standard 3 and HAI at ACSQHC but move all other SME (Subject Matter Expertise) to Australian CDC similar to the setup of National Infection Control Expert group (ICEG)  
 Yes  No  Unsure
4. Other  
Free text

If you require any additional information, please contact [kdempsey@acipc.org.au](mailto:kdempsey@acipc.org.au)

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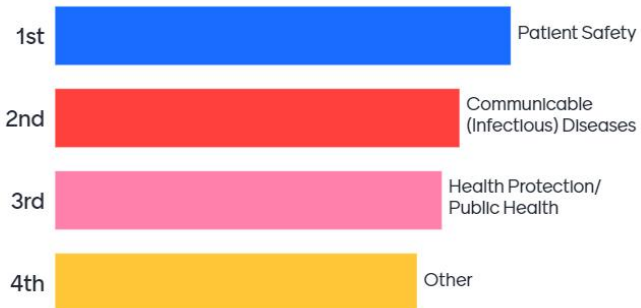
Information slide for Conference attendees to be shown at commencement of session and on display prior to session:



Join at menti.com use code 8491 4996

Mentimeter

### What is your current governance structure for Infection Prevention and Control



Other governance?  
191 responses

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Mentimeter



# GOVERNANCE: Communicable diseases

## Benefits

Reach across system  
Connectivity with ICPs delivering services  
Engagement - CHO, HCEs, CDNA, ACDC, PHN, Laboratories

## Opportunities

Enhanced engagement with Patient Safety  
Partnership with research entities

# GOVERNANCE: Patient Safety

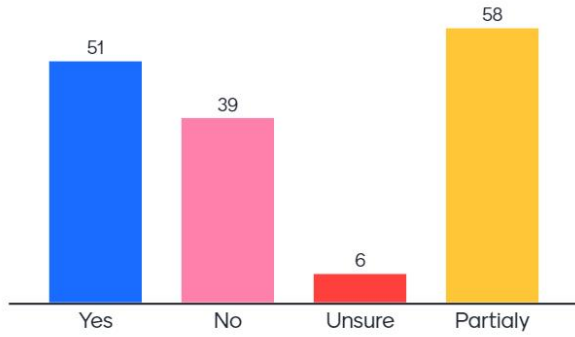
## BENEFITS

Centralised  
Standardised  
Consistent  
Collaborative  
Consultive  
Timely  
One source of Truth

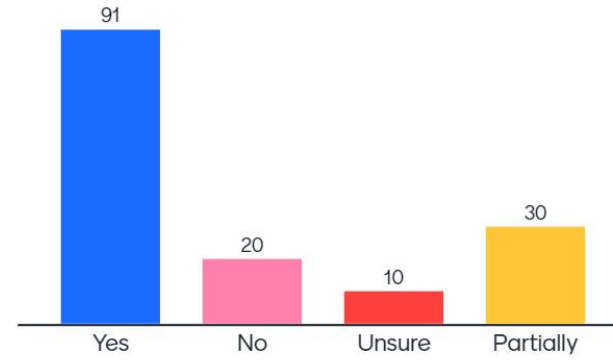
## OPPORTUNITIES

Funding  
Resource  
Surveillance  
Proactive than reactive  
Continued enhanced engagement with Pub Health  
Partnership with Research

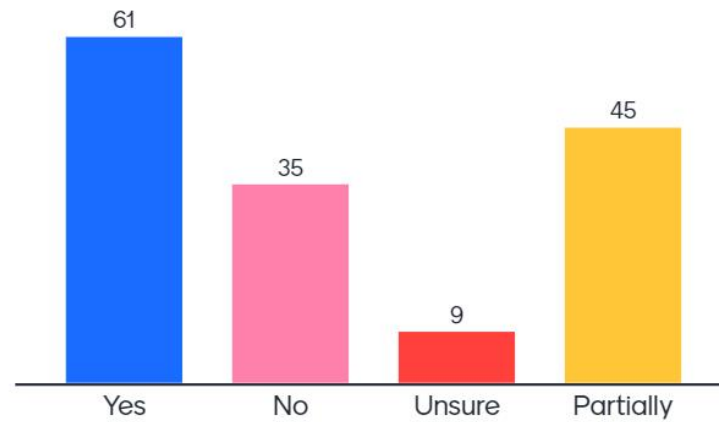
My organisation senior executive has a clear understanding of the issues of IPC



My organisation senior executive has regular access with IPC Lead/Delegate



My organisation senior executive has effective engagement with IPC Lead/Delegate



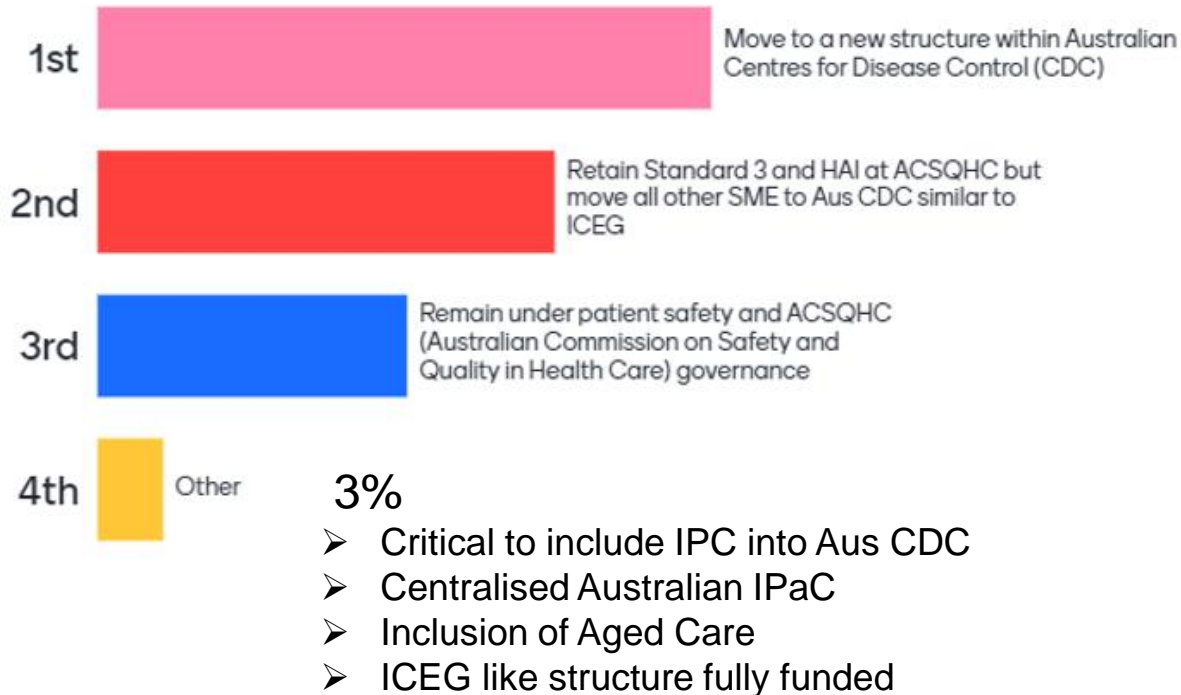
## What are the most important element(s) required for effective IPAC governance?

223 responses

One structure	transparency	Management planning for future
Leadership	Consistency	Expertise
Information and communications	Patuent care	Advocacy
Collaboration and communication	Leadership	The ability to make and implement decisions. Communication, respect, trust, collaboration.
SupportLeadership	Support	

# Future Possibilities

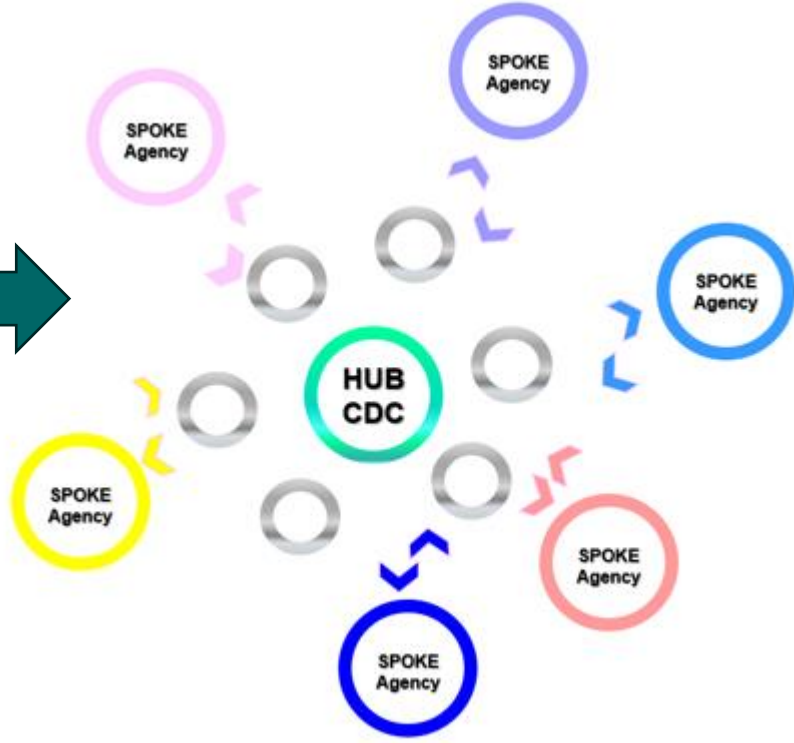
Nationally should Infection Prevention and Control (IPC)/ Health Care Associated Infection (HAI) governance Ranking



**1** 47% - Move to a new structure within Aus CDC

**2** 29% - Retain Std 3 & Hai at ACSQHC but move all other IPC to Aus CDC like ICEG

**3** 19% - Remain under pt safety and ACSQHC



# Where to from here?



Advocacy / Voice for IPAC



Lobbying for IPAC Governance & Recognition within Aus CDC



Continued research on governance and Australian IPC

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Infection Prevention and Control Practitioner (CICPE; FACIPC) | Past ACIPC Board Director  
ACIPC Professional and Credentialling Standards Committee  
ICEG | IPC National Evidence Taskforce

