

One Program, many sites: Co ordinating Infection Control Across a Multicampus Health Service.

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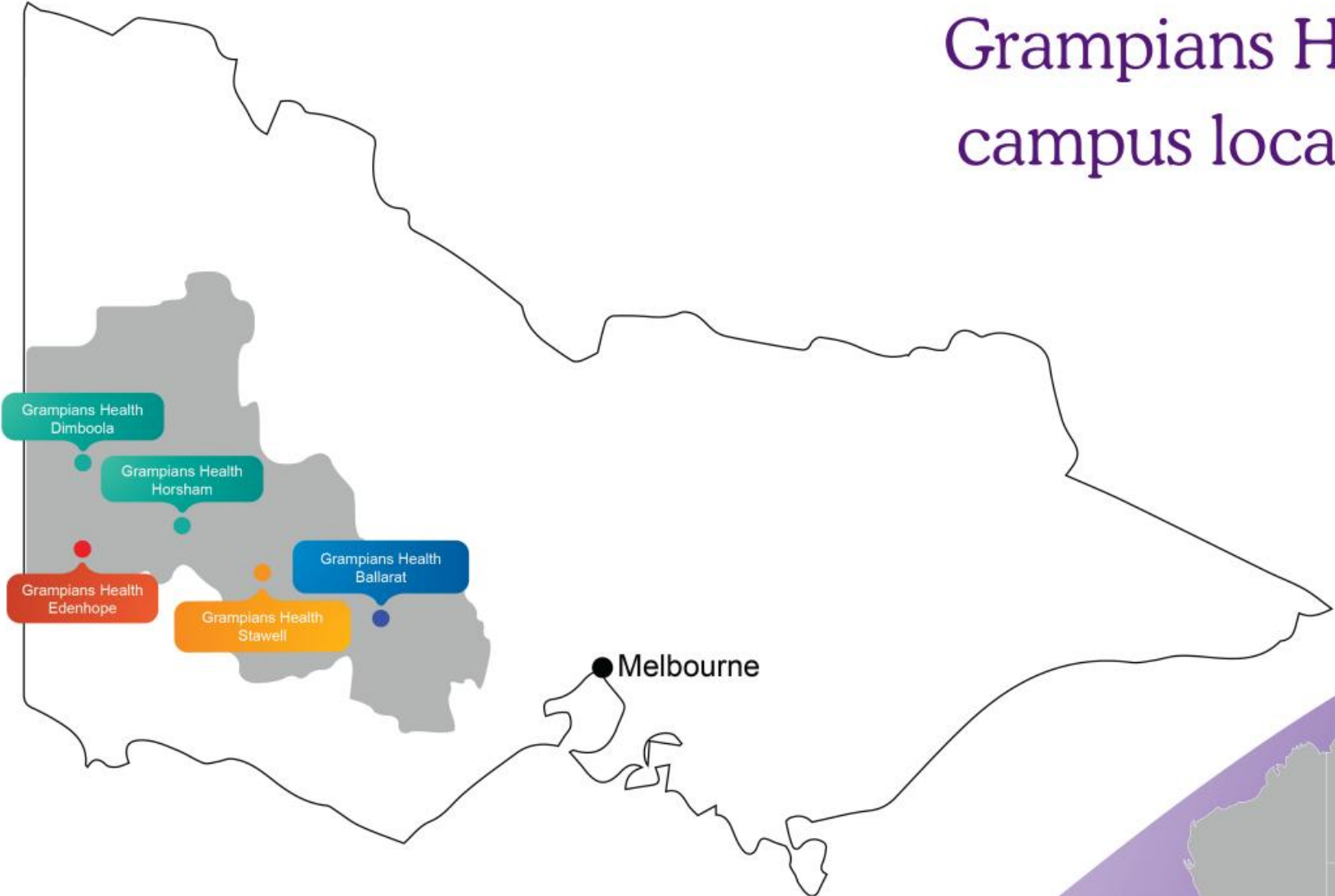
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Acknowledgement to ALL members of the Infection Prevention and Control (IPaC) team - Grampians Health



Grampians Health campus locations



Why it was needed

AIM

This project aimed to implement a unified IPC program across five campuses within a regional health network, supported by a dedicated planner ‘our director’ overseeing all locations

Process

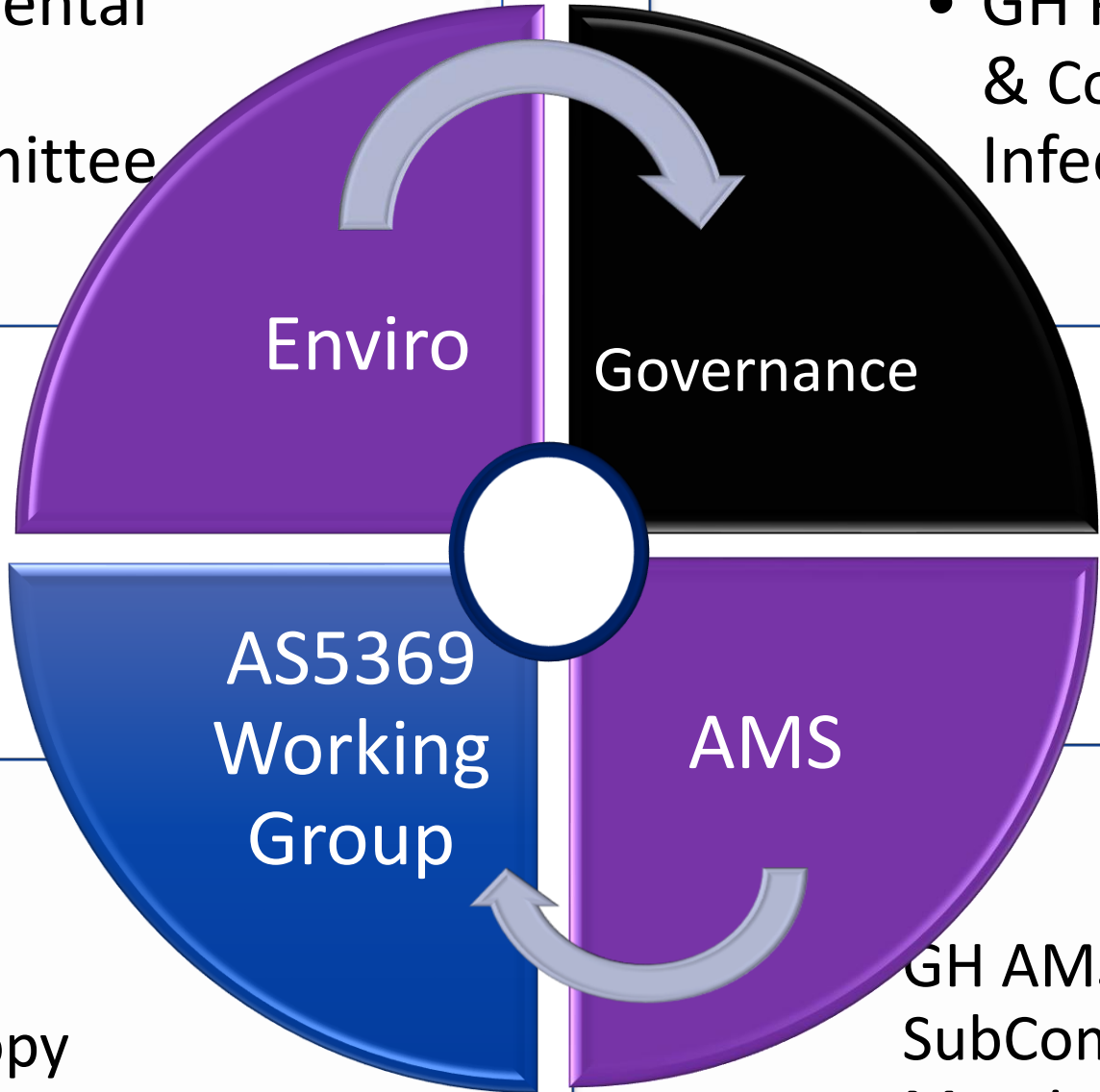
A standardised IPC framework was developed and implemented across five diverse healthcare campuses, including acute, subacute, mental health, Care Community settings and community programs

- Environmental Services SubCommittee

- GH Preventing & Controlling Infections

- CSSD & Endoscopy SubCommittee

- GH AMS SubCommittee Meeting





Preventing and Controlling Infections Standard

One GH Action Plan Quarter 1 July - September 2025 / 2026

Compliant	Partially Compliant	Non-Compliant	Not Applicable
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No.	Actions	B	H	D	S	E	GH
3.01	The workforce uses the safety and quality systems from the Clinical Governance Standard when:						
	a. Actively involve patients in their own care.						
	b. Meet the patient's information needs.						
3.05	The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that:						
	a. Incorporates national and jurisdictional information in a timely manner.						
	d. Identifying and managing antimicrobial stewardship risks.						
3.17	When reusable equipment and devices are used, the health service organisation has:						
	a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines						
	b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying:						
	c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections						

No.	Actions	B	H	D	S	E	GH	Comments	Risk Rating	Responsible Person
NATIONAL SAFETY & QUALITY HEALTHCARE STANDARDS										
3.01	The workforce uses the safety and quality systems from the Clinical Governance Standard when:							PROMPT transition working group guided by Quality and Safety team Policies and procedures have all been transferred to the one PROMPT platform and available GH wide are all standardised Actions Required: Update Policies and procedures periodically and as required due to advisories	LOW	GH iRaC team leads
	a. Implementing policies and procedures for infection prevention and control.									
	b. Identifying and managing risks associated with infections.							Surveillance & rounding daily by iRaC CNCs IC alert screening tool on admission updated GH wide to GR002 from previous versions (GR002/MR229/MR8/MR229) Actions Required:	LOW	
	c. Implementing policies and procedures for antimicrobial stewardship.							GH wide AMS subcommittee formed in August 2023 – monthly meetings AMS subcommittee reports to Preventing and Controlling Infections Governance Committee GH Antimicrobial Prescribing Policy GH Antimicrobial Stewardship Clinical Procedure GH Antimicrobial Allergy documentation and penicillin de-labelling clinical procedure GH IV to oral switch clinical procedure Actions Required: Harmonisation of gentamicin and vancomycin guidelines following release of updated Therapeutic Guidelines: Antibiotic	LOW	AMS Stewardship pharmacist
	c. Share decision-making									
	d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual									
	e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations									
	f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection									
	g. Provide for outbreak monitoring, investigation and management									
	h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection									
	i. Monitors, assesses and uses surveillance data to reduce the risks associated with infections.							Annual NAPS, SNAPS Contribution of data to NAUSP AMS rounds/review of antimicrobials occurring at Ballarat, Horsham, Stawell, Edenhope using a methodology suitable to campus size and available resources. Participating in SCV "Check Again" penicillin allergy de-labelling program Risks discussed monthly as a standing item in AMS subcommittee agenda. All sites have completed a 2024 and NAPS 2025 All applicable sites completed a SNAPS in 2024 and 2025 GH has appointed a GH-wide stewardship pharmacist Actions Required: MS guidance software business case completed by ID physician R Cowan. Approved executive response – now undergoing further review in relation to EMR implementation. Recruitment to vacant G2 Stewardship Pharmacist position ongoing (long term vacant position)	MODERATE	AMS Stewardship pharmacist IC Team Leads at GHH and GHS
3.02	The health service organisation:							Multidisciplinary Preventing & Controlling Infections Governance Committee – monthly meetings AMS subcommittee monthly meetings GH CSSD subcommittee GH reverse osmosis working group formed-now finalised GH ultrasound device working group-currently finalising recommendations GH vascular access working group proposed. Elimination - Air purifiers in all areas Hierarchy of controls described in PPE CPG (Prompt) Online education – mandatory infection control including hand hygiene module for all staff. Riskman system captures incidents, risks and actions, and QI Actions Required:	LOW	iRaC
	a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems.									
	e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation									
	d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups									
	f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing							E-learning platform, mandatory infection control module Ad hoc face to face infection control education including ward meetings. GHS IC educator to assist with dissemination of education to other campuses. IC information provided at orientation forums including graduate nurses, mandatory training. Education provided as requested on specific topics	LOW	iRaC
	b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections.									
	g. Monitors responsiveness to risks identified through surveillance							Preventing and Controlling Infections 14. 10.2025 Actions Required: Implementation of Guidance MS Monthly and quarterly reporting to governance and operational committees Escalation to clinical governance Monitoring for trends in KPIs Form working groups as required Involve relevant stakeholders in clusters of infections and with outbreaks Participation in M&Ms as required. Actions Required:	LOW	iRaC

Logistics and Constraints

- ❑ Physical distance between campuses
 - ✓ mitigated through virtual meetings & flexible communication strategies
- ❑ Maintaining the 'One GH Action Plan'
 - ✓ Shared ownership by the four authors
- ❑ Aligning Audit practices
 - ✓ staff confidence
- ❑ Standardising Procedures
 - ✓ improved consistency in IPC practices



Communication ++



Next Steps – Future

Maintaining currency of the ‘One GH Action Plan’
and the links to up-to-date evidence





References

Australian Commission on Safety and Quality in Healthcare, Australian Guidelines for the Prevention and Control of Infection in Healthcare 2023 Recommendations

Australian Commission on Safety and Quality in Health Care. Antimicrobial Stewardship in Australian Health Care. Sydney: ACSQHC; 2023

Antimicrobial Stewardship Clinical Care Standard. ACSQHC; 2020

AS 5369:2023. Reprocessing of reusable medical devices and other devices in health and non-health related facilities

Infection Prevention and Control in Endoscopy: GESA; 2025

Thank you & Questions

Acknowledge all members of the Infection Prevention and Control (IPaC) team Clinical Nurse Consultants

GH Director IPaC Sue Flockhart

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