



NSW Health

From one to many.

Building Leadership Capacity in Rural Infection Prevention

*Infection Prevention Connection team.
Creating a circle of Influence!*

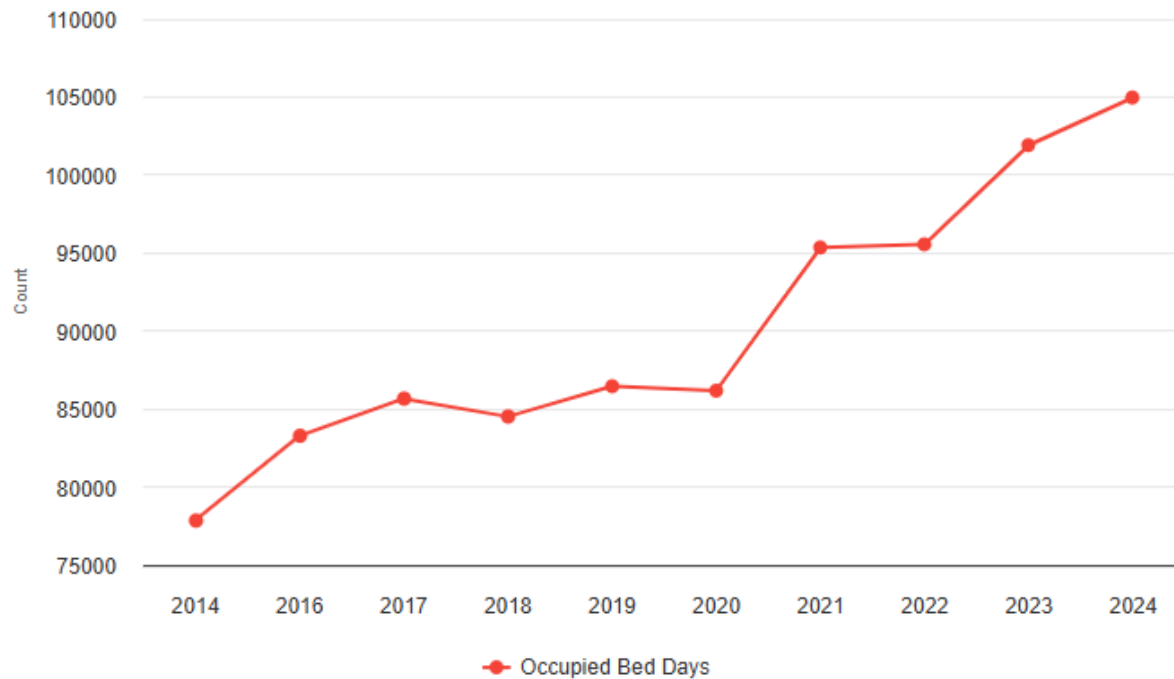
Michelle Bolte, Tammy McMahon, Linda Pottathuparambil.
Clinical Nurse Consultants ,Tamworth Rural Referral Hospital.

ACIPC November 2025

2017- One person....

- ❑ One Rural Referral Hospital.
- ❑ One CNC IPS

Occupied bed days 2014-2024



Link Nurse Program

Hunter New England Local Health District



Infection Prevention Link Nurse / Midwife (IPLN)

FACTSHEET

Role Statement:

The IPLN acts as a role model for infection prevention practice in a local ward or unit, linking with the visiting or on-site Infection Prevention Nurse Consultant or Specialist for that facility or service.

Through training, local experience and close local connection with patients, staff, and management, the IPLN can be an effective advocate for key elements of National Safety and Quality in Healthcare Standards (NSQHS); Standard 3 and State and National Infection Prevention and Control Policy and Guidelines designed to protect patients from infection.

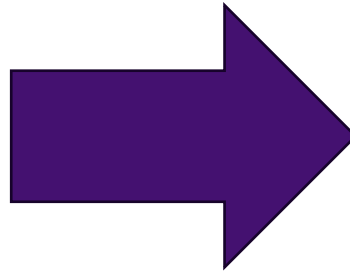
By connection with the Infection Prevention Service (IPS) the IPLN can act as a local resource for infection prevention and with consultant or specialist support is able to assist with unusual situations that may arise.

Key responsibilities:

The core requirements of the role include auditing of clinical practice in line with the Hunter New England Local Health District (HNE LHD) Clinical Audit Policy and Framework as required to comply with National Standard 3 (NS3), focusing on the implementation and maintenance of Standard Precautions. In the event of poor audit compliance additional educational activities and audits may be required as locally driven quality improvement processes.

Auditing includes, but may not be limited to:

1. Hand hygiene (HH) compliance
 - HH compliance auditing and submission of data to the National Hand Hygiene Initiative (NHHI) database
2. Aseptic technique (AT) compliance
 - Auditing of AT compliance during Level 1 (medium risk) and Level 2 (high risk) procedures.
3. Intravenous device management
 - For indwelling peripheral and centrally inserted intravenous catheters insitu for >24hours.
4. Indwelling urinary catheter management
 - For indwelling urinary catheters insitu >24hrs.
5. Respiratory preparedness
 - Assessing the availability of, and access to, information and items which assist in the prevention of transmission of respiratory infections, particularly in preparation for periods of seasonal influenza and like illnesses.
6. Storage of sterile stock and other clean clinical consumable items
 - Assessing the appropriateness of identified storage areas and the way items are stored to prevent contamination, damage, and ensure suitability for clinical use.



The Team.

Regular education sessions



Teamwork



Schedules

HUNTER NEW ENGLAND
NSW@HEALTH

Infection Prevention and Control Unit Liaison Representative Meetings

Liaison Meeting days
Dates for 2023 & 2024

2025	2025	2024	2024
January 31st	July 25th	January 19th	July 26th
February 28th	August 29th	February 23rd	August 30th
March 28th	September 26th	March 22nd	September 20th
April 17th	October 31st	April 19th	October 25th
May 30th	November 28th	May 31st	November 29 th
June 27th	December 12th	June 28 th	December 12 th

- Please ensure that you have this day scheduled well in advance by discussing with your NUM.
- Morning tea /Lunch & meetings will be held at the UON lecture theatre (next to the library)
- Hand hygiene audits target all health specialities- a target of moments is set for each audit period.
- If you are not able to attend the above days, please talk to your NUM about arranging a day for you to attend the audits for that month.

Schedule for the days will be:

Time	Activity
8:00 – 11:30	Hand hygiene/QARS auditing
11:30 – 12:30	Meeting -Lunch catch up
1:00 -2pm	Finish QARS/HH audits
2pm-3pm	Planned ward education
3pm-4.30pm	Own ward round QARS site visits/ Tidy up. <ul style="list-style-type: none"> • check stock rooms. • Check signs. • Project write up time.

Link nurse role statement – see link below.
http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0007/188008/Infection_Prevention_Link_Nurse_PLN_IPS-020-FACT-1.1.pdf

Promotions



Christmas parties

Quality improvement projects

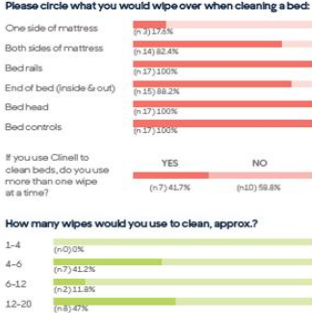
Promoting evidence-based practice through practice-based evidence

Don't let the ones you can't see get away. Maintaining consistency with environmental cleaning.
 Authors: Michelle Bolte CNC, IPS, Michael Ryan, AN, Elaine Hall, EEN, Katie Rimmer CNS, IPS. Tamworth Rural Referral Hospital, NSW.

Introduction
 Recent evidence has shown that the hospital environment plays a significant role in healthcare-associated infections. High touch areas (frequently touched by patients and healthcare workers) provide a reservoir for transmission of pathogens directly through the healthcare workers, hands and/or from the patient touching contaminated surfaces.¹ The hospital environment has been shown to be a contributing factor in the spread of healthcare-associated infections, with pathogens surviving days and months on surfaces.²
 Cleaning by hand remains pivotal to breaking the chain of transmission. Nurses are responsible for cleaning the bed after discharge. The rehabilitation Infection Prevention Link Nurses observed inconsistent cleaning methods of patient beds after discharge. The Rehabilitation Ward consists of 22 beds with a mix of patients who may be colonised with a multi-resistant organisms. The Link Nurses conducted a quality improvement project that aims to develop standardised cleaning methods using Clinell wipes.

Methods
 Observational audits were first initiated by the Infection Prevention staff. The observational audits helped formulate the questions that were included on a paper survey that was conducted with rehabilitation staff. The survey contained questions relating to the staff perceptions and knowledge about cleaning. The topics included education conducted, type of cleaning agent they would use and how would it be done. 60% of the nursing staff were surveyed on these practices.

Results
Survey to understand cleaning perceptions with nurses in a rural rehabilitation ward. (N=17)
 Have you received any training on cleaning a discharge bed?
 YES (n=6) 35.3% NO (n=11) 64.7%
 What would you use to clean a discharge bed?
 CLINELL UNIVERSAL (n=17) 100%
 *10 participants chose do target as an option



Discussion
 From the ward survey performed it was clear there are various practices used in cleaning the beds after discharge. It was identified that the staff are needing more education on cleaning. Mitchell, B, et al has mentioned that improving staff knowledge around product use and training have been shown to improve cleaning outcomes. The Rehabilitation Ward has both permanent and transient staff so methods of training that promotes consistency needed to occur. A poster that shows how and where to clean was designed using the product (Clinell) that is available within the ward.
 The poster is to be used as a reminder and training resource for all staff throughout the hospital.
 A post survey will be conducted to evaluate this quality improvement.

Environmental cleaning



2021 ACIPC International Conference
Best Poster Presentation
Delegates Choice

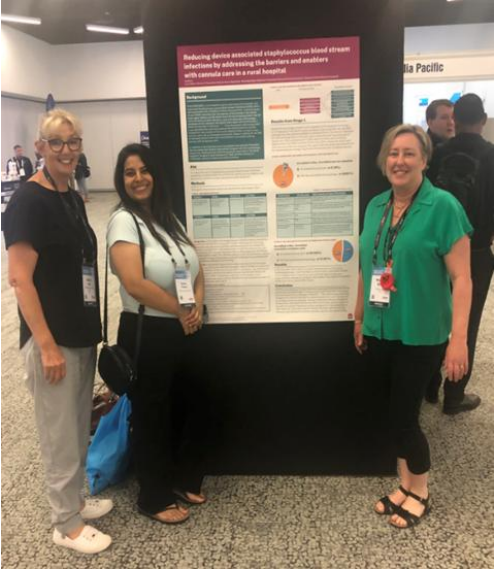
Don't let the ones you can't see get away. Maintaining consistency with environmental cleaning

Awarded to

Michelle Bolte, Elaine Hall, Michael Ryan

Kristie Popkiss, CQIP-E
 President
 Australasian College for Infection Prevention and Control Ltd

Reducing device associated
 Bloodstream infections

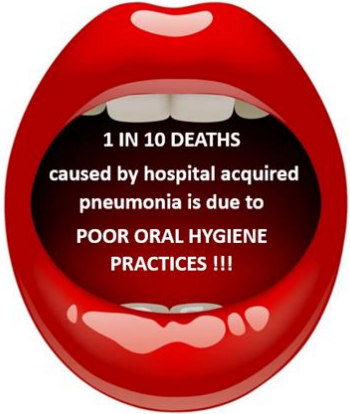


Hand hygiene

Improving oral health care education

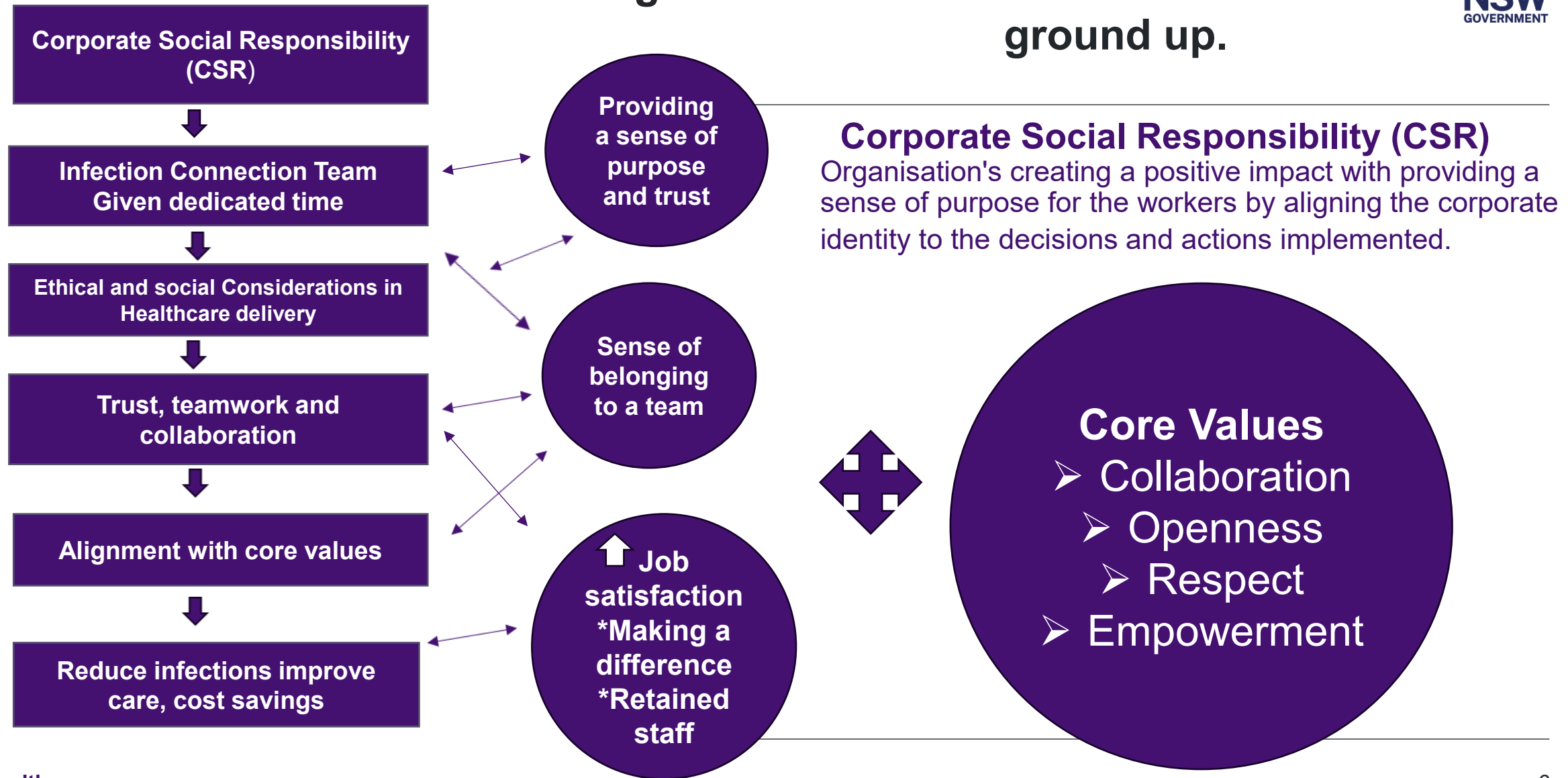
Saving Lives – One Tooth at a Time
Michelle Bolte PhD, IP, CNC, Infection Prevention, Tamworth Rural Referral Hospital, NSW; Elaine Hall PhD, IP, CNC, Infection Prevention, Tamworth Rural Referral Hospital, NSW; Michael Ryan PhD, IP, CNC, Infection Prevention, Tamworth Rural Referral Hospital, NSW; Tamworth Rural Referral Hospital

Background – Oral hygiene is an essential part of patient care, and when delivered appropriately has been shown to reduce hospital acquired pneumonia. A recent survey of nurses has shown that knowledge and practice vary, and this directly influences the delivery of care when performing oral hygiene. The lack of knowledge has been associated with nurses perceiving oral hygiene as not important. This project aims to evaluate the nurses understanding and knowledge of oral hygiene to inform improvement strategies.



Evidence-based practice influencing practice-based evidence

Building a circle of influence from the ground up.



The team have expanded and needed a new name.

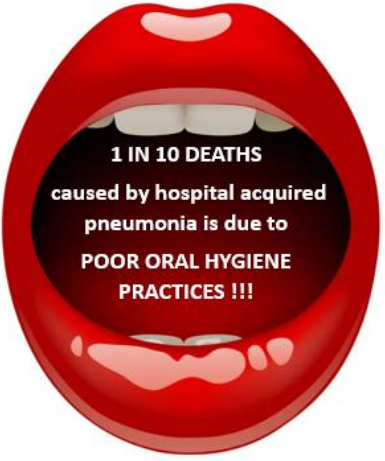


Tammy McMahon

Infection Prevention CNC

Saving Lives – One Tooth at a Time

Background – Oral hygiene is an essential part of patient care, and when delivered appropriately has been shown to reduce hospital acquired pneumonia. A recent survey of nurses has shown that knowledge and practice vary, and this directly influences the delivery of care when performing oral hygiene. The lack of knowledge has been associated with nurses perceiving oral hygiene as not important. This project aims to evaluate the nurses understanding and knowledge of oral hygiene to inform improvement strategies.



ACIPC INTERNATIONAL CONFERENCE



Oral Hygiene Education Poster

Saving Lives
ONE TOOTH AT A TIME



Brushing teeth, gums and tongue
twice daily removes plaque and
reduces bacteria and
acid levels in the mouth.

The Connection Between
Your Oral Health and Your Overall Health

Patients with dysphagia
(swallowing disorder)
should have oral care
after EACH meal to prevent
aspiration of bacteria caused
by leftover food.

1 IN 10 DEATHS
caused by hospital acquired
pneumonia is due to
**POOR ORAL HYGIENE
PRACTICES !!!**

Patients who are
ill by mouth still require at
least twice daily oral care
due to risk of aspirating
pathogenic saliva.

Complete an assessment
of the oral cavity daily for
ventilated patients and use the
Mouth Care Assessment Tool
to determine interventions.

Clean dentures
morning and night with
soap and a soft toothbrush.
Patients are not to sleep
with dentures in.

**DON'T FORGET
TO DOCUMENT
ALL ORAL
CARES IN THE
PROGRESS
NOTES**

Please refer to the following policies:
Oral Care for the Subacute and Community Health Sector v. 10
Oral Care for the Health and Adult Facility (Short-term) v. 10 (High-dependency Care) v. 10 v. 10 v. 10 v. 10
Respiratory Infection Management and Control v. 10
Quality Health Practice v. 10 v. 10 v. 10 v. 10
Respiratory Infection Management v. 10 v. 10 v. 10 v. 10

Linda Pottathuparambil CNC IPS

Link Nurse ICU





with thanks from the
**TAMWORTH INFECTION
PREVENTION TEAM**



References

Ta'amneh, M. M., Ta'amneh, A. M. & Abu Eid, A. I., 2024. *Corporate Social Programs and Employee Retention: The Mediating Effects of Employee Trust in Organization. Journal of Public Affairs*. Available at: <https://doi.org/10.1002/pa.2964>. [ivysci.com]

Haski-Leventhal, Debbie; Roza, Lonneke; Meijjs, Lucas C. P. M. (1 June 2017). "Congruence in Corporate Social Responsibility: Connecting the Identity and Behavior of Employers and Employees". *Journal of Business Ethics*. **143** (1): 35–51. doi:10.1007/s10551-015-2793-z. ISSN 1573-0697.