

SURVEY OF INFECTION CONTROL PROFESSIONALS

The Australian Commission on Safety and Quality in Health Care has nine priority programs one of which is the Health Care Associated Infection (HCAI) program. During our initial consultation on the HCAI program it was apparent that one of the objectives of the HCAI program should be to build clinician capacity. To support this aim the Commission, after consultation with the AICA Executive, decided to actively engage with the expertise represented by the AICA membership at a facilitated workshop in Hobart on September 26 2007.

Forty one Infection Control Professionals (ICP's) registered for the workshop through the AICA website. The participants were asked to compile a list of infection control issues that might impact on the Australian health system. Most of the issues identified at the workshop that reflect on the Australian health system are being addressed by other initiatives in the Commission's HCAI program. These include activities such as national surveillance, antibiotic stewardship, hand hygiene, and national infection control guidelines.

The Commission is unable to undertake strategies that are industrial in nature such as recommending an increase in the number of ICP's, a ratio of ICP's to patient numbers or, improvement in pay and conditions. However, other strategies that might improve recruitment and retention of ICP's such as education initiatives would be appropriate. As part of the HCAI program the Commission will be developing strategies that will be sustainable and of value at a national level. Information about the work of the Commission is available at www.safetyandquality.gov.au

We would like to further the consultation process by canvassing the AICA membership on issues that impact on ICP's. The table below contains the issues identified at the workshop and through further discussion with the AICA executive that pertain to ICP's. **Please feel free to add to this list.** For each question we would like you to:

1. rate the importance of these issues to you in your workplace, and
2. indicate any solutions that you feel the Commission could undertake to assist ICP's in their role through building clinical capacity.

PLEASE COMPLETE THIS SECTION FIRST

State/Territory:

Healthcare facility name (optional):

Healthcare setting: eg. Tertiary public/community

Years of infection control experience:

Name (optional):

Position:

Issues	Importance of these issues to you in your workplace				Solutions
	Very important	Important	Not important	Not applicable	
ICP role					
♦ Need for a strategy to retain and recruit qualified and skilled ICP's					
♦ Understanding of the ICP's role and what is/can be expected by other health workers and administrators					
♦ Expansion of the ICP's including responsibility for additional tasks such as 'fit testing', influenza preparedness planning, building work/construction and/or research					
♦ Expansion of the ICP's responsibilities from single health facility to multiple care settings and system-wide responsibilities. Additional breadth of knowledge required to coordinate, communicate, and manage functions across multiple settings.					
♦ Minimum core responsibilities required due to complexity of role and job expansion					
♦ ICP role expansion in the application of traditional infection control principles to new patient care settings.					
♦ Competing responsibilities within ICP role					
♦ Difficulty accessing resources					
♦ Definition of minimum education, experience and qualifications required for ICP positions					
Other					
Other					

Issues	Importance of these issues to you in your workplace				Solutions
	Very important	Important	Not important	Not applicable	
Education					
♦ Availability of education for new ICP's at entry level					
♦ Availability of education for experienced ICP's					
♦ Consistency of information and, quality and content of education in IC Curriculum for undergraduates					
♦ Amount of information and ongoing education available to novice ICP's to assist in their role (eg. Access to resources and peers					
♦ Level of understanding among tertiary education providers about the importance of IC in health disciplines' curricula					
♦ Need for IC competencies to be integrated into everyday HCW practice					
♦ Development of HCW competency assessment for basic IC practices					
♦ National Standardisation of healthcare attendant training (PSA/PCA/NA's) eg. Importance of cleaning and disinfection practices					
♦ Adequacy of education and assessment of IC competencies for overseas trained health workers					
♦ Need for standardisation of core subject matter required for IC programs/education					
Other					
Other					

Issues	Importance of these issues to you in your workplace				Solutions
	Very important	Important	Not important	Not applicable	
Cultural change in HCW's					
♦ Ability to affect cultural change in HCW's and administrators					
♦ Ability to communicate consequences of poor practice in the absence of HCW accountability					
♦ Need for a coordinated approach to changing practice					
♦ Opportunity to design implementation strategies to accompany guidelines due to organisational culture etc					
♦ Level of hospital executive sponsorship and support for IC activities					
♦ Recognition for relationship between staffing levels, adherence to recommended infection control practices and HAI rates					
♦ Level of integration and accountability for IC issues incorporated into executive culture/framework					
♦ Legislation to ensure IC issues have the same significance as OH&S issues					
♦ Current reporting/organisational structure for IC. Eg under micro/nursing/quality					
Other					
Other					

Issues	Importance of these issues to you in your workplace				Solutions
	Very important	Important	Not important	Not applicable	
Formal national networking					
♦ Ensure adequate ICP representation and involvement at national level					
♦ Formalise networking with medical clinicians to promote a consistent approach to IC issues					
♦ Development and promotion of formal mentoring and networking programs					
♦ Integration of IC into State/Territory Health Departments ie designated State ICP's as expert resources with access to current information					
Other issues					
♦ Existing management of IC critical incidents					
♦ Need for dedicated capital investment/resources for engineering and infrastructure eg inadequate numbers of single rooms, lack of handwashing facilities, and adequate ventilation/negative pressure/isolation systems					
♦ Recognition that infection prevention and control programs be integrated into organisational programs with a view to limiting the transmission of antimicrobial resistance					
♦ Review infection prevention and control guidelines regarding the resources and personnel required in the changing health care environment					
♦ Standardised approach to HCW immunisation eg. State/National database					
♦ Consistent approach to funding of HCW immunisations					