

Issue
ICP practitioners under sell themselves and IC issues. Difference in ICP in big and small services.
Complexity of role – job was too broad. in charge of too many things, no time to commit to one area
Reporting to doctors – stopped ICP having knowledge. Doctors using info as their own
Data, KPI's – becoming more central
Lack of training of dental assistants.
Curriculum material under postgraduate not available
Risk Management – Guidelines for construction and renovation. Building – not regulated / not followed. Lack of IC consultation in pre-development stage. Consideration for eg. new facilities, retro fitting and furnishings, no of isolation rooms, clean – dirty flow. Issues in LTCF's.
Antibiotic prescribing/stewardship – increase MRO's. monitoring compliance?, AB guidelines only, decision support systems, pharmacy input / monitoring, national monitoring compliance, mandatory reporting systems, surveillance of MRO's and prescribing
Decision support systems
Surveillance – National Surveillance System, WA, QLD, VIC, SA Consistency. Funding, resources human and financial. Lack of integration – data bases, data collection, national health system record, mandatory reporting systems.
Qualified competent ICC's. Major hospitals (knowledgeable ICC's). Smaller hospitals (regional/remote), support for role, commitment to human resources, no of ICC's ratio 1:150 (undefined)
Community settings – consumer input, rural and remote IC, issues in community, resources for education
Education – Undergraduate IC training – basic IC in universities, IC not integrated in practice. Postgraduate – peer example / behaviour. Ongoing Ax / orientation. Specialist positions – overseas trained students, key IC competencies for all HCW, importance understated eg. S + A P's (eg wering of PPE), basic principles ignored, OH&S model, consequences for poor practice, executive sponsorship and support, public perception, reason vs ritual, affecting behavioural change.
Cultural change – good habits early

Issue
Staff Health – prevention of exposures, immunisation history, B+BV exposure Mx and national reporting, recording of HCW Immunisations, differing legislation private and public, mandatory / compliance eg. f/up, cultural change, lack of coordinated approach. Fit testing – sustainable?, resources to assess HCW fit testing
Little understanding of the role of ICP's in Australia and what is expected of these positions. North America has mapped this out.
Changing clinician attitudes for zero tolerance. What is an acceptable level of control?
Lack of ICP representation at a national level
Infections and diseases physicians drive agenda
Lack of implementation strategies to accompany guidelines standards etc
Inability to influence tertiary education providers about infection control in health disciplines curriculum – integrate earlier
Lack of recognition of national credentialing process
Completing priorities of clinicians at a ward/unit level
24/7 access to information esp for rural communities
Critical priorities need to be identified in ICP role and done well rather than doing a whole lot of work poorly – reduces burn out – focuses role.
Formalise network with doctors infection association
Formal national training of PSA's.
Poor management of critical incidents
Resources – people/staffing, program budget – need one. Surveillance program. Business plans. Inconsistency public / private resourcing. Administrators do not value ICP's / programs. Implementing new technology / devices – funding. Reactive. Wording 'shall' verse 'mandatory' reporting. Directives from DHS. WA license private. Zero tolerance to infections
Lack of standardisation – core programs. Core education, career path. Reporting lines

Issue
Implementing best practice verse current practice
Validate your positions and serve to administrators
Mentoring / Networking – formal. Partnerships / professional
Just in time information – about increase infections. Public health – hospitals – critical incidents
Do fewer things well
Formalising strong partnerships – AICA joining Links with AICA + ASID.
Change – how to do
Advanced education – IC for all disciplines
Uniformity – additional prec signs
Hand hygiene – sustainability – funding resources
MRO's – how to control. overuse of gloves
Training of PSA's – cleaners – National System
Outcome measures to validate guidelines
Information for consumers – transparency - what to expect