

Roles, responsibilities and scope of practice: describing the ‘state of play’ for infection control professionals in Australia and New Zealand

Lisa Hall^{1,5} BTech, BiomedSci (Hons), PhD

Kate Halton¹ BA, MSc, PhD

Deborah Macbeth² RN, BNurs, MA App Ethics, PhD

Anne Gardner³ RN, PhD

Brett Mitchell⁴ RN, BN, MAdvPrac, PhD

¹Institute of Health and Biomedical Innovation, Queensland University of Technology, Kelvin Grove, Qld 4059, Australia.

²Gold Coast Hospital and Health Service, Southport, Qld 4215, Australia.

³Australian Catholic University, Dickson, ACT 2602, Australia.

⁴Avondale College, Wahroonga, NSW 2076, Australia.

⁵Corresponding author. Email: L11.hall@qut.edu.au

Abstract. *Background:* In the past decade the policy and practice context for infection control in Australia and New Zealand has changed, with infection control professionals (ICPs) now involved in the implementation of a large number of national strategies. Little is known about the current ICP workforce and what they do in their day-to-day positions. The aim of this study was to describe the ICP workforce in Australia and New Zealand with a focus on roles, responsibilities, and scope of practice.

Methods: A cross-sectional design using snowball recruitment was employed. ICPs completed an anonymous web-based survey with questions on demographics; qualifications held; level of experience; workplace characteristics; and roles and responsibilities. Chi-squared tests were used to determine if any factors were associated with how often activities were undertaken.

Results: A total of 300 ICPs from all Australian states and territories and New Zealand participated. Most ICPs were female (94%); 53% were aged over 50, and 93% were employed in registered nursing roles. Scope of practice was diverse: all ICPs indicated they undertook a large number and variety of activities as part of their roles. Some activities were undertaken on a less frequent basis by sole practitioners and ICPs in small teams.

Conclusion: This survey provides useful information on the current education, experience levels and scope of practice of ICPs in Australia and New Zealand. Work is now required to establish the best mechanisms to support and potentially streamline scope of practice, so that infection-control practice is optimised.

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Introduction

Infection control professionals (ICPs) play a vital role in preventing healthcare-associated infections (HAI) worldwide. Since the landmark Study on the Efficacy of Nosocomial Infection Control (SENIC) Project in the 1970s, hospitals and health services have taken a proactive approach in establishing infection control services, and employing ICPs to undertake a range of activities aimed at reducing risk of HAI in both patients and staff.^{1–4}

Internationally, there has been an increased focus on national infection control guidelines, standards and

initiatives.^{5,6} In Australia and New Zealand we now rely on ICPs to undertake the important role of implementing and evaluating initiatives to reduce HAIs, including policies, in a range of settings. In Australia, the Australian Commission on Safety and Quality in Healthcare (ACSQHC) was established in 2006. In New Zealand, the Health Quality and Safety Commission (HQSC) was formed in 2010. Both commissions have infection prevention and control strategies that focus on hand hygiene, prevention of central line-associated bacteraemia and surveillance. From a professional perspective, in New Zealand, many ICPs are members of the

Implications

- This is the first study in 15 years to comprehensively describe the ICP workforce in Australia and New Zealand, and their scope of practice.
- It will be useful for decision-makers to design and target strategies aimed at improving infection control practice and implementation of national policy.

Infection Prevention and Control Nurses College of the New Zealand Nursing Organisation. ICPs from both countries are eligible, and encouraged, to join the Australasian College of Infection Prevention and Control (ACIPC).

In order for these government agencies and the ACIPC to make informed policy decisions and recommendations for optimal infection control practice, there is a need to understand the ICP workforce and establish what educational levels, and scope of practice currently exist. Little is currently known about who ICPs are and what they do in their day-to-day jobs. The ACSQHC has commissioned several reviews into Australian infection control programs and scope of infection control practice.^{7,8} A comprehensive report by the ACSQHC in 2009 found a lack of literature to underpin recommendations for a model for infection prevention and control in acute hospitals.⁴ All these reports have identified major gaps in contemporary evidence, and called for research into the role of the Australian ICP to be undertaken.

The aim of this study was to describe the ICP workforce in Australia and New Zealand with a focus on roles, responsibilities, and scope of practice.

Methods

Study design

A cross-sectional design was employed. A secure, anonymous, online survey was developed using validated questions from international and state-based surveys.^{3,9–12} The survey included questions on demographics (including age, qualifications, and years of experience), workplace characteristics, and roles and responsibilities undertaken. The survey was pilot-tested by a small number of ICPs with varying levels of experience.

We were particularly interested in how ICPs as individuals described their own practice. We understand that many ICPs work in teams to deliver services; however, tasks are usually completed by individuals. Participants were asked to identify their job responsibilities from a list covering: prevention and control of transmission of infectious agents (seven activities); surveillance and epidemiological investigations (nine activities); education (three activities); communication and/or organisational support (11 activities); administration (four activities); and research (two activities).^{13,14} We collected data on the source of service funding (public v. private) and size of the infection control team in full-time-

equivalents to allow us to compare tasks undertaken by ICPs in these different team environments.

Sampling frame and recruitment

All ICPs in Australia and New Zealand who identified as being actively employed in the profession were eligible to participate. Since the true number of ICPs in Australia and New Zealand is not known, a snowball approach was employed to maximise recruitment. First members of ACIPC were contacted via a posting on their online list-server forum, which triggers an email to subscribers. Subscribers include both Australian and New Zealand ICPs. New Zealand ICPs were also emailed by the Infection Prevention and Control Nurses College of the New Zealand Nursing Organisation. Flyers were distributed at the ACIPC annual national conference in October 2013, and the survey was promoted at the ACIPC's Annual General Meeting. Each ICP was only eligible to complete one survey; this was monitored using data on the Internet Protocol (IP) address of the computer used to fill in the survey, cross-checked against demographic data provided.

To reduce the possibility that only senior ICPs, responsible for planning and managing infection control services, would complete the survey we proactively advertised the survey and its benefits to members broadly, and offered a range of small incentives (such as book vouchers and an iPad) to encourage participation.

Ethics

Ethics approval was obtained from the Human Research Ethics Committee of Avondale College of Higher Education (2013 : 37).

Data cleaning and analysis

Data was extracted from the online survey tool into IBM SPSS Statistics v21 where logic and consistency checks were performed to ensure data quality. Descriptive and stratified analysis using Chi-squared testing was undertaken to identify frequencies, patterns, and associations.

Results

Demographics

Overall, 300 infection control practitioners from all Australian states and territories and New Zealand completed the survey (see Table 1). Fifty-three percent of ICPs were aged over 50 years. Nearly all ICPs were female ($n = 281$, 94%). Many respondents, 32% ($n = 98$) have worked in infection prevention and control for more than 10 years.

Roles

Participants were asked to record a classification for their key position: 280 (93.3%) stated they held registered nursing and/or midwifery positions and three respondents were enrolled nurses. The remaining ICPs recorded that they worked in positions in research, microbiology, safety and quality, administration and management.

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