

## CONTEXT

The Department of Health and Aged Care (the Department) engaged Healthcare Management Advisors (HMA) to:

*evaluate the effectiveness of the Infection Prevention and Control Lead Nurse role and its impact during COVID-19 in Aged Care*

The IPC capability of all health and human services systems faced the common challenge of responding to the COVID-19 pandemic, formally declared by the World Health Organization (WHO) as a Public Health Emergency of International Concern on 30 January 2020. While significantly accelerated development of IPC practices and measures has occurred since the start of the pandemic, the vulnerability of older Australians in residential aged care facilities (RACFs) was exposed during this period.

As a result of the impact of COVID-19 on RACFs, a special report into COVID-19 and aged care was produced during the Royal Commission into Aged Care Quality and Safety in 2020. The review found that although most RACFs believed they had appropriate and sufficient measures in place to deal with COVID-19, a majority were in fact not prepared for the highly infectious nature of the virus and that immediate support and [government] action was required. Six recommendations were made during the review, and all were subsequently endorsed by the Commonwealth. Recommendation five called for:

*All residential aged care homes [to] have one or more trained infection control officers as a condition of accreditation. The training requirements for these officers should be set by the aged care advisory body we [the Royal Commission] propose.*

The review stated that these IPC officers should act as dedicated infection control champions and found that similar concepts have been successfully implemented in overseas jurisdictions.

The Australian Government subsequently took steps to address the deficiencies in aged care provider IPC practices while ensuring a nationally consistent approach. A key component of this reform effort was the introduction of the IPC Lead, which required all RACFs to appoint an IPC Lead by 1 December 2020. This program is ongoing.

The IPC Lead role aims to increase infection prevention control expertise across the aged care sector and offers a focal point for the Aged Care Quality and Safety Commission (the Commission) to audit aged care services regarding IPC capability.

## PROJECT OBJECTIVES

The evaluation will examine and assess the impact of the introduction of the IPC Lead role on its intended objective of lifting IPC capability in residential aged care services and assurance that each facility has a dedicated responsible expert in IPC policies, procedures, practices, and their continuous improvement within the service.

The evaluation will consider the future viability and funding of the IPC Lead program, variations in its implementation by providers and associated outcomes for service residents and their families, and factors relating to the training, education, and broader sector support for the role of nurses.

## PROJECT METHOD

HMA will apply the following method in undertaking the evaluation of the IPC Lead role:

1. **Stage 1: Project Initiation** – The objective of this stage is to finalise the project scope and clarify the roles and responsibilities of the Australian Department of Health and Aged Care and HMA. This will include the development of a detailed project management plan (July 2023).
2. **Stage 2: Situation Analysis and Evaluation Framework** – In this stage, HMA will undertake a desktop review of existing program documentation, a literature scan on IPC practices and comparable international programs and preliminary consultation with the Department regarding program implementation. This will form a detailed situation analysis to inform the development of the evaluation framework.
3. **Stage 3: Data collection instruments and Ethics Submission** – In this stage, HMA will prepare an ethics application and the data collection instruments required to inform the assessment of the evaluation questions.
4. **Stage 4: Consultation, Survey Distribution and Data Analysis** – This stage will include consultation with a broad range of stakeholders, a survey of IPC Leads across all RACFs and a preliminary analysis of quantitative data.
5. **Stage 5: Case Studies and Interviews** – HMA will conduct in-person case studies across a representative sample of RACF sites to enable an in-depth exploration of key issues identified during the previous stages of the evaluation.
6. **Stage 6: Draft Evaluation Report** – HMA will summarise findings from the previous stages into a draft and final report for submission to the Department.
7. **Stage 7: Final Evaluation Report** – HMA will review feedback on the draft report from the Department and address any changes required.

## CONTACT INFORMATION

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