



**NISPAC**

National Infection Surveillance  
Program for Aged Care

# Investigating and developing a National Infection Surveillance Program for Aged Care

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# Background

- Residents in Residential Aged Care Facilities (RACFs) are vulnerable to acquiring infections
- Almost a quarter of hospitalisations from RACFs are for infectious diseases
- Infection surveillance is an important part of Infection Prevention and Control (IPC) activities in RACFs.
- Two major existing surveillance programs for aged care, neither are nationally mandated
  - VICNISS Infection Indicator Surveillance Program
  - NCAS Aged Care National Antimicrobial Prescribing Survey (NAPS)

# Study overview

- A 3 year, staged, mixed methods study
- Collaboration between VICNISS, NCAS and the Registry of Senior Australians (ROSA)
- To investigate, develop, implement and evaluate a National Infection Surveillance Program for Aged Care

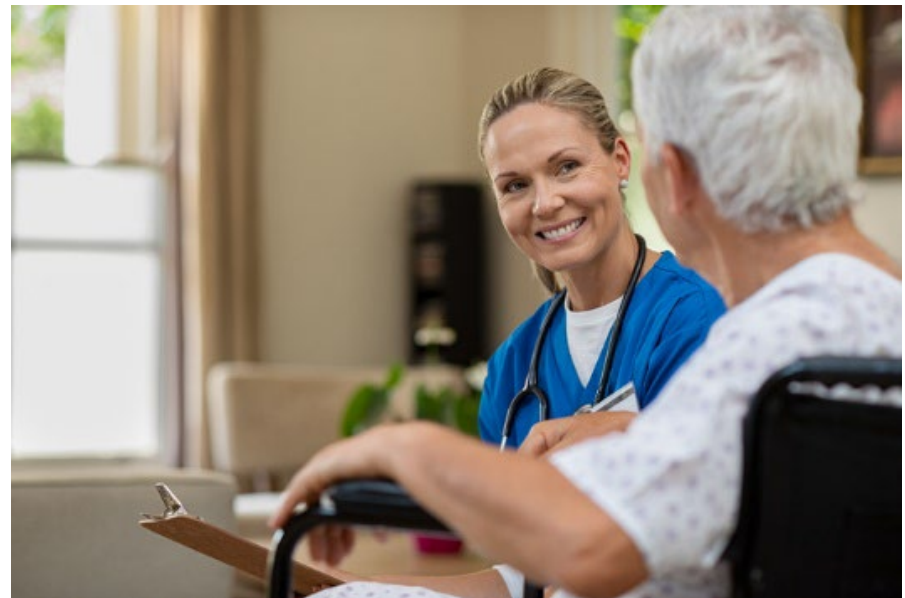


# Aims

1. Develop a **comprehensive** and **useful** infection and antimicrobial use surveillance program specifically for use in Australian RACFs
2. Ensure this national surveillance program is both **effective** and **efficient** so that it may be confidently used to ensure improved health outcomes for RACFs residents
3. Provide a dedicated and secure website that enables **straightforward participation** in this national surveillance program

# User Focused

- Consumer and Community Committee
- Including consumers (RACF staff) through different research methods
- Ensuring consumer opinions and needs are listened to and valued



# Stage 1 - Investigation

- Review and understand current surveillance activities from different perspectives

## **Survey**

- RACF staff
- Understand infection and antimicrobial use surveillance in RACFs

## **Interviews**

- NCAS and VICNISS staff about the performance of each program currently

## **Scoping reviews**

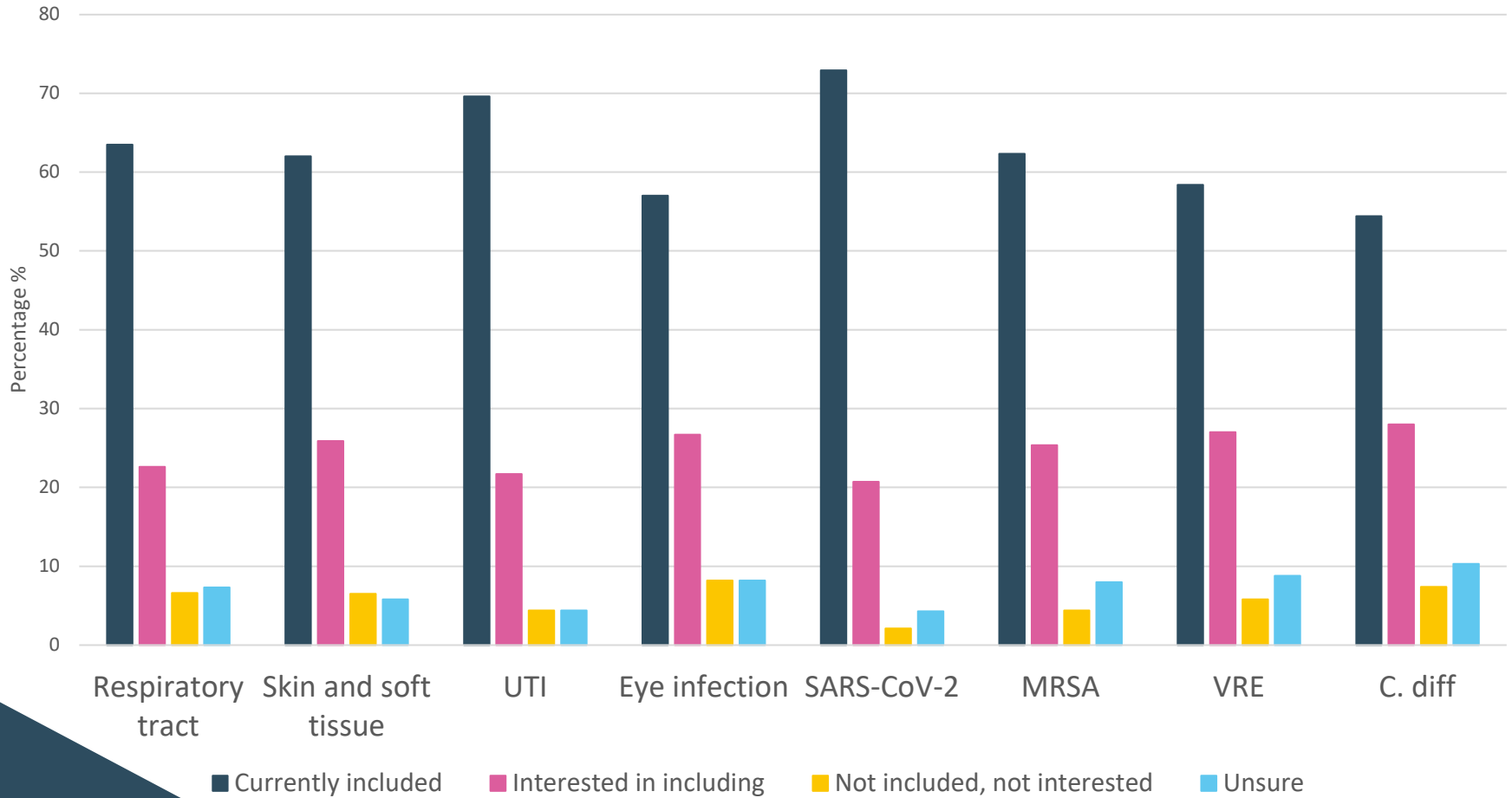
- Infections and antimicrobial use in RACFs
- Surveillance programs in RACFs

## Stage 1 – Survey

- 241 clicked through, approximately half completed whole survey
- Most from public (47%) or not for profit (42%) facilities
- Even spread across metro/regional/rural
- Most from Victoria (42%), followed by 17% from NSW and 15% WA
- Mostly Aged Care IPC leads or IPC consultants

# Stage 1 – Survey

## Infection surveillance modules



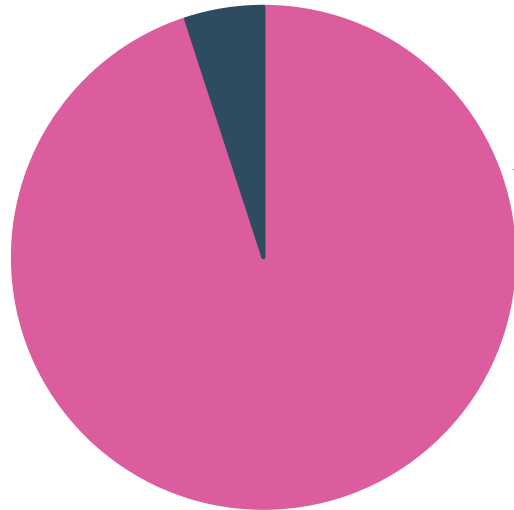


# Stage 1 – Survey

- Key barriers to participating in surveillance:
  - Considerable time commitment
  - Competing priority tasks
  - Lack of a well-defined, targeted surveillance plan
  - Lack of surveillance expertise
  - Lack of targeted education
- Education: All topics, all forms!

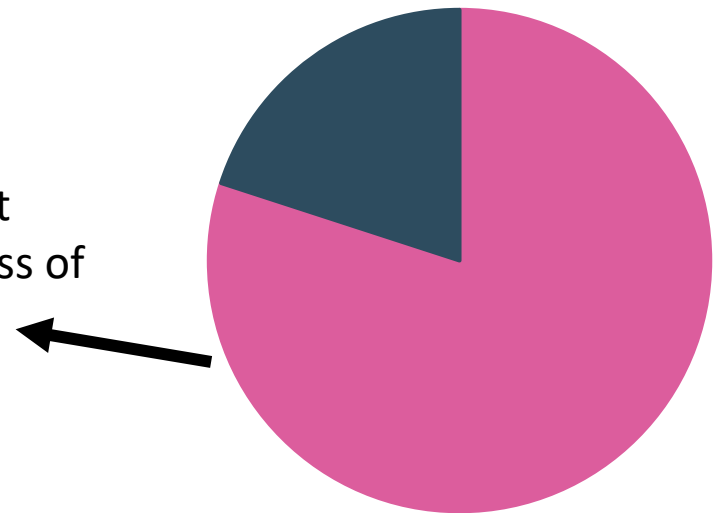
# Stage 1 – Survey

## Current VICNISS participants



95% of respondents agree the VICNISS infection and vaccination surveillance is useful for their RACF

~80% of respondents agreed that participation has raised awareness of infections



# Stage 1 - Interviews

- 8 participants:
  - Staff from VICNISS involved with Aged Care infection and vaccination surveillance
  - Staff from NCAS involved in the Aged Care NAPS

# Stage 1 – Interviews

## Preliminary analysis

- Unique programs in Australia that provides support and education modules
- Both programs are simple to use and are very stable – rare to have IT issues
- They can be easily and quickly updated according to changing guidelines or definitions
- The programs have not been updated recently
- Awareness that RACF staff have limited time and competing priorities

# Stage 2 – Development

## **Delphi technique:**

- Panel of aged care, ID, AMS, epi, pharmacy experts
- Consensus of surveillance methods

## **Focus Groups:**

- RACF staff who would be involved in NISPAC
- Discussing barriers and enablers to implementation

## **Think-aloud User**

### **Testing:**

- RACF staff who would be involved in NISPAC
- Testing NISPAC module prototypes

## Next steps...

- Develop the Delphi survey
- Recruit participants for stage 2
- Develop NISPAC
- Stage 3: Trial in a representative sample of RACFs

## **Chief Investigator**

Associate Professor Noleen Bennett

Associate Professor Leon Worth (Steering committee) – Melbourne Health

Professor Karin Thursky (Steering committee) – Melbourne Health

Professor Maria Inacio - South Australian Health and Medical Research Institute

Dr Janet Sluggett (Steering committee) - South Australian Health and Medical Research Institute

Ms Megan Corlis – University of South Australia

Dr Malcolm Clark

Emeritus Professor David Dunt – University of Melbourne

Dr Ann Bull (Steering committee) – Melbourne Health

Associate Professor Solomon Yu – The University of Adelaide

Mr Stephen Peterson (Consumer)

Dr Arjun Rajkhowa – The University of Melbourne

Dr Lyn-li Lim – Melbourne Health

Mr Simon Burrell – Melbourne Health

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Professor Eugenia Pedagogos – Western Health

Dr Leslie Dowson – University of Melbourne

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Ms Olivia Ryan (ROSA Research Officer) – South Australian Health and Medical Research Institute

Check out our website: [nispac.site](https://nispac.site)