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1 PROJECT INFO BULLETIN

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

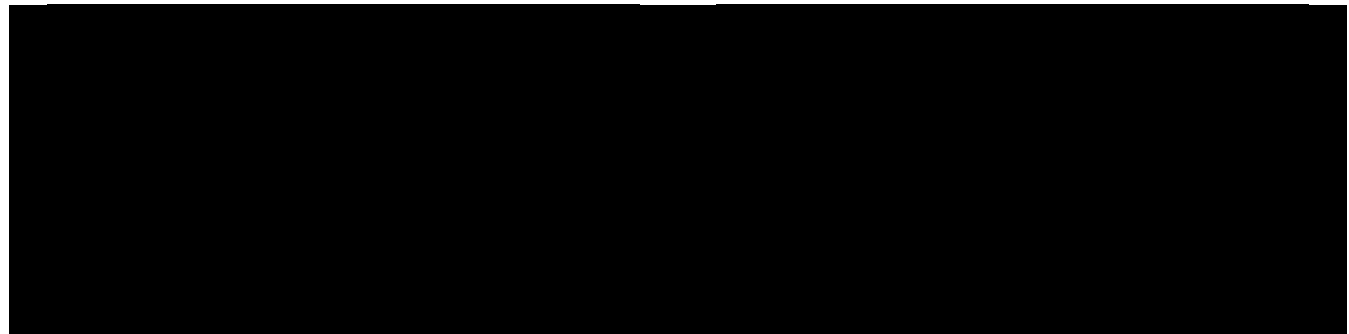
HMA will apply the following method in undertaking the evaluation of the IPC Lead role:

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

HMA

**Department of Health and Aged
Care**



2 CONSULT GUIDE AGED CARE PROVIDERS

INTRODUCTION

The Infection Prevention and Control (IPC) Lead role is a key component of reform efforts led by the Australian Government following a special report on COVID-19 and aged care that was produced by the Royal Commission into Aged Care Quality and Safety in 2020. All residential aged care facilities (RACFs) were required to appoint an IPC Lead by 1 December 2020. This program is ongoing.

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

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 (IPC Lead) role and its impact during COVID-19 in Aged Care.

PURPOSE OF CONSULTATIONS

The purpose of consultations with aged care providers who provide services to settings other than RACF, (for example home care or flexi care) is to discuss the IPC Lead role in RACFs and explore the potential application of the program concept to other aged care settings.

Information will not be directly attributed to individuals or organisations. Information gathered during consultations will be aggregated and analysed thematically to understand the key themes and issues. A summary of the consultation process will be included in the final evaluation report and triangulated with key evaluation findings to inform the recommendations.

CONSULTATION MODE

HMA will schedule a Microsoft Teams session for up to 50 minutes at an agreed day and time with each aged care provider. The discussion guide will be distributed to the provider prior to the consultation. Acknowledging the competing priorities of individuals and organisations, a written response to the discussion areas may be submitted in lieu of consultation or supplemented by a shorter 20 to 30-minute consultation.

DISCUSSION AREAS

1. What do you understand the objectives, intended outcomes and benefits of the IPC Lead program to be?
2. Are you aware of any issues, or challenges with the implementation and delivery of the IPC Lead program?
3. How does the IPC Lead program align with the broader aged care regulatory and policy context? (e.g. Aged Care Quality Standards)
4. What would be the drivers to adopt and adapt the IPC Lead program to other aged care settings including home care, short-term restorative care, and transition care programs?
5. How could the IPC Lead program be changed to support providers of other aged care services such as home care or flexi-care? (E.g. training, staff requirements for each setting/site, program funding, reporting and governance)
6. Other comments, ideas, thoughts, or questions?

3 CONSULT GUIDE STAKEHOLDERS

INTRODUCTION

The Infection Prevention and Control (IPC) Lead role is a key component of reform efforts led by the Australian Government following a special report on COVID-19 and aged care that was produced by the Royal Commission into Aged Care Quality and Safety in 2020. All residential aged care facilities (RACFs) were required to appoint an IPC Lead by 1 December 2020. This program is ongoing.

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

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 (IPC Lead) role.

PURPOSE OF CONSULTATIONS

The purpose of the consultations is to discuss and understand the benefits of the IPC Lead role in RACFs. Consultations with stakeholders are being undertaken to understand the benefits of the IPC Lead role. Factors impacting the implementation and delivery of the IPC Lead program will also be discussed to understand the sustainability and impact of the program.

Information received through consultation will not be directly attributed to individuals or organisations and instead will be aggregated and analysed thematically to understand the key insights. A summary of the consultation outcomes will be included in the final evaluation report and will be considered alongside other evaluation findings and insights to inform the development of ongoing recommendations.

CONSULTATION MODE

HMA will schedule a Microsoft Teams session for up to 50 minutes at an agreed day and time with each stakeholder group. The discussion guide will be distributed to stakeholders prior to the consultation. Where competing priorities of individuals and organisations require, a written response to the discussion areas may be submitted in lieu of consultation or supplemented by a shorter 20 to 30-minute consultation.

DISCUSSION AREAS

The questions outlined below broadly represent the focus areas of the evaluation. The discussions with each stakeholder group will be tailored to align with the organisation's areas of expertise, knowledge, and experience.

7. What do you understand the objectives, intended outcomes and benefits of the IPC Lead program to be?
8. What challenges have existed with the implementation and delivery of the IPC Lead program?
9. How has the IPC Lead program impacted nursing career pathways, role satisfaction and career opportunities in RACFs and/or the aged care sector more broadly?
10. How relevant are the current training and supports available to IPC Leads?
11. How appropriate is the ongoing support for IPC Lead roles?
12. How has the IPC Lead program impacted residents, their families, carers, and friends, including any unintended consequences?
13. What needs to be considered for the IPC Lead program to be effective and sustainable? (e.g. ongoing investment in professional development, access to other supports offered by the sector accessible to the IPC Lead)

14. How does the IPC Lead program align with the broader aged care regulatory context, that is, the Aged Care Quality Standards and ACQSC regulatory framework?
15. How well does the IPC Lead role align with IPC practices in healthcare services, i.e., services provided within aged care settings (e.g. residential in reach) or RACFs co-located with hospitals?
16. How does the IPC Lead program align with other relevant aged care policy positions and guidance?
17. What are the opportunities to improve the IPC Lead program?
18. How could the IPC Lead program be changed to support providers of other aged care services such as home care or flexi-care? (E.g. training, staff requirements for each setting/site, program funding, reporting and governance)
19. Other comments, ideas, thoughts, or questions?

4 IPC LEAD SURVEY

INTRODUCTION

This survey is for Infection Prevention and Control (IPC) Lead roles in residential aged care facilities (RACFs) to complete.

This survey asks questions about the IPC Lead role in RACFs. The IPC Lead role is a key component of reform efforts led by the Australian Government following a special report on COVID-19 and aged care that was produced by the Royal Commission into Aged Care Quality and Safety in 2020. The IPC Lead role aims to address the deficiencies in aged care provider IPC practices while ensuring a nationally consistent approach.

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

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 (IPC Lead) role.

PURPOSE OF SURVEY

To understand the benefits of the IPC Lead role in RACFs and factors impacting the implementation and delivery of the IPC Lead program. The survey will be open for a period of six weeks and will take approximately 15 minutes to complete.

Information received through the survey will not be directly attributed to individuals or organisations and will be aggregated and analysed to understand the key insights. A summary of the survey outcomes will be included in the final evaluation report and be considered alongside other evaluation findings and insights to inform the development of ongoing recommendations.

The survey consists of 27 questions and an opportunity to add comments.

SURVEY QUESTIONS

RACF and IPC Lead role characteristics

20. What type of RACF are you employed as an IPC Lead? (Select one only)

- Not-for-profit
- For-profit
- Government
- Multi-Purpose Services (MPS)
- National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC)

21. What [Modified Monash Model](#) (MMM) setting is your RACF located in? (Select one only)

- Metropolitan (MMM 1)
- Regional (MMM 2)
- Rural (MMM 3-5)
- Remote (MMM 6-7)

22. What full-time equivalent (FTE) is allocated to your IPC Lead role? (Select one only)

- 0.1

- 0.2
- 0.3
- 0.4
- 0.5
- 0.6
- 0.7
- 0.8
- 0.9
- 1.0
- Other (free text)

23. Do you perform another role or function in the RACF? If so, please specify.

- Free text

24. What nursing stream are you qualified to undertake? (Select one only)

- Enrolled nurse
- Registered nurse
- Nurse Practitioner
- Other (please specify) free text

Career pathways, training, and support

25. What influenced or attracted you to undertake the IPC Lead role? (Select all that apply)

- Professional development opportunity
- Career pathway advancement/opportunity in aged care
- Job satisfaction
- Requested by employer
- Other (free text)

26. The IPC Lead role has improved nursing career pathways and opportunities in RACFs (Select one only)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

27. How has the IPC Lead role impacted nursing career pathways and opportunities in RACFs?

- Free text

28. What approved IPC training program did you complete? (Select one only)

- Foundations of Infection Prevention and Control for Aged Care Staff at the Australasian College for Infection Prevention and Control (ACIPC)
- Graduate Certificate in Infection Prevention and Control, Griffith University
- Master in Infection Prevention and Control, Griffith University
- Graduate Certificate of Infection Control, James Cook University
- Graduate Certificate in Nursing Science (Infection Control Nursing), University of Adelaide
- Enrolled in an approved IPC training program
- Not completed
- Previously completed post-graduate training in IPC
- Other (please specify) free text

29. Did you complete the [Aged Care COVID-19 Infection Control online training modules?](#)

- Yes
- No
- Unsure

30. The approved IPC training program I completed was of relevance to the RACF setting (Select one only)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable

31. How satisfied are you with ongoing support to undertake the IPC Lead role?

	VERY SATISFIED	SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
Access to relevant information and training					
Dedicated time to undertake professional development in IPC training					
Access to formal or informal peer support such as a community of practice, forum or network, health service IPC support or RACF provider group support					
Dedicated time to access and participate in formal or informal peer support					
Overall support to undertake the IPC Nurse Lead role					

32. What opportunities are there to improve training and support for the IPC Lead?

- Free text

Satisfaction with undertaking the IPC Lead role

33. How satisfied are you with undertaking the IPC Lead role? (Select one only)

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

34. Has the IPC Lead role impacted other aspects of your role or functions in the RACF?

- Always
- Very Often
- Sometimes

- Rarely
- Never
- Comments (optional)

IPC Lead role in aged care

35. How well does the IPC Lead role align with the broader aged care regulatory context, that is, the Aged Care Quality Standards (standards 3, 7 and 8), and the Aged Care Quality and Safety Commission (ACQSC) regulatory framework?

- Extremely
- Very
- Moderately
- Slightly
- Not at all
- Unsure
- Comments (optional):

36. How well does the IPC Lead role align with IPC practices in other aged care programs (e.g. home care, transition care program)?

- Extremely
- Very
- Moderately
- Slightly
- Not at all
- Unsure

37. How well does the IPC Lead role align with IPC practices in healthcare services, i.e., services provided within aged care settings (e.g. residential in reach) or RACFs co-located with hospitals?

- Extremely
- Very
- Moderately
- Slightly
- Not at all
- Unsure

38. What opportunities are there to improve the integration and alignment of the IPC Lead role to the Aged Care Standards, other relevant aged care programs and/or health services?

- Free text

39. Could the IPC Lead role be modified to support providers of other aged care services such as home care or flexi-care? If so, how?

- Free text

IPC Lead role outcomes and impact

40. What type of IPC support have you provided? (Select all that apply)

- Development of IPC policies/protocols/governance
- Implementation of IPC policies/protocols/governance
- Training and/or coordination of IPC practices training for residential staff
- RACF point of contact for IPC (e.g. ACQSC audit)
- Assistance to manage outbreaks of infectious diseases (including COVID-19)
- Other (free text)

41. How would you rate the impact of the IPC Lead role on IPC capability and outcomes in RACFs?

	MUCH BETTER	SOMEWHAT BETTER	STAYED THE SAME	SOMEWHAT WORSE	MUCH WORSE
Increase in RACF workforce capability to respond to infectious outbreaks					
Minimisation of transmission and control of infectious diseases/conditions in RACFs					
Decrease in the number of hospital admissions from RACFs (unplanned, unavoidable)					
Enhanced resident and visitor safety					

42. How has the IPC Lead program potentially impacted residents, including any unintended consequences?

- Free text

43. How has the IPC Lead program potentially impacted families, carers, and friends of residents, including any unintended consequences?

- Free text

44. How well has the IPC Lead role in RACFs been used? (Select one only)

- Extremely
- Very
- Moderately
- Slightly
- Not at all
- Unsure

45. How important is it to continue the IPC Lead role in RACFs?

- Extremely
- Very
- Moderately
- Slightly
- Not at all
- Comments (optional)

46. What other opportunities are there to improve the IPC Lead role in RACFs?

- Free text

5 FORMER IPC LEAD SURVEY SYNOPSIS

INTRODUCTION

The IPC Lead role is a key component of reform efforts led by the Australian Government following a special report on COVID-19 and aged care that was produced by the Royal Commission into Aged Care Quality and Safety in 2020. The IPC Lead role aims to address the deficiencies in aged care provider IPC practices while ensuring a nationally consistent approach.

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

EVALUATION OBJECTIVES

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 (IPC Lead) role.

This evaluation will assess the introduction of the IPC Lead role on IPC capability in residential aged care services with a focus on:

- implementation
- perceived benefits and experiences of the aged care sector and service users
- drivers and support for the IPC Lead to undertake their role
- integration and alignment with the Australian Aged Care Quality Standards and other relevant guidelines
- awareness, knowledge, and adoption of IPC practices in RACFs.

The evaluation applies a mixed methods approach with both quantitative and qualitative data informing the analysis and responses to the evaluation questions. The evaluation will be undertaken in a staged approach with the Final Evaluation Report due in December 2023.

PURPOSE OF THE SURVEY

To further understand the drivers and support for the IPC Lead to undertake their role a survey of **former IPC Leads** is being conducted. The survey will briefly explore the factors influencing people to leave the IPC Lead role, and what their next career steps were. Most IPC Leads (96%) completed the Australasian College of Infection Prevention and Control (ACIPC) Foundation Course in IPC. Course participants were gifted an ACIPC membership. This survey is aimed at former IPC Leads who may still retain membership with ACIPC.

The survey consists of nine questions (including an opportunity to provide comments) and will take approximately five minutes to complete.

A summary of the survey outcomes will be included in the final evaluation report and be considered alongside other evaluation findings and insights to inform the development of ongoing recommendations.

The IPC Lead is an ongoing program to bolster the IPC capability in residential aged care. Understanding the drivers and support to undertake the IPC Lead role will enable recommendations to strengthen workforce sustainability and succession planning (e.g. investment in ongoing training and support).

6 FORMER IPC LEAD SURVEY

INTRODUCTION

This survey is for FORMER Infection Prevention and Control (IPC) Lead roles in residential aged care facilities (RACFs) to complete.

The IPC Lead role is a key component of reform efforts led by the Australian Government following a special report on COVID-19 and aged care that was produced by the Royal Commission into Aged Care Quality and Safety in 2020. The IPC Lead role aims to address the deficiencies in aged care provider IPC practices while ensuring a nationally consistent approach.

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

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 (IPC Lead) role.

PURPOSE OF SURVEY

To understand what influenced people to leave the IPC Lead role in RACFs, and what their next career steps have been. The survey will be open for a period of six weeks and will take approximately five minutes to complete.

Information received through the survey will not be directly attributed to individuals or organisations and will be aggregated and analysed to understand the key insights. A summary of the survey outcomes will be included in the final evaluation report and be considered alongside other evaluation findings and insights to inform the development of ongoing recommendations.

The survey consists of nine questions and an opportunity to add comments.

SURVEY QUESTIONS

47. What type of RACF were you employed as an IPC Lead? (Select one only)

- Not-for-profit
- For-profit
- Government
- Multi-Purpose Services (MPS)
- National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC)

48. What [Modified Monash Model](#) (MMM) setting is your RACF located in? (Select one only)

- Metropolitan (Modified Monash Model (MMM) 1)
- Regional (MMM 2)
- Rural (MMM 3-5)
- Remote (MMM 6-7)

49. What full-time equivalent (FTE) was allocated to your IPC Lead role? (Select one only)

- 0.1
- 0.2
- 0.3
- 0.4

- 0.5
- 0.6
- 0.7
- 0.8
- 0.9
- 1.0
- Other (free text)

50. What nursing stream are you qualified to undertake? (Select one only)

- Enrolled nurse
- Registered nurse
- Nurse Practitioner

51. How satisfied were you with undertaking the IPC Lead role? (Select one only)

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

52. Why did you leave the IPC Lead role? (Select all that apply)

- Career pathway advancement/opportunity in aged care
- Career pathway advancement/opportunity in health
- Job satisfaction
- Support to undertake the IPC Lead role
- Other (free text)

53. What type of role did you transition to from the IPC Lead role? (Select one only)

- Nursing
- Management
- Quality and/or risk
- Other (please specify)
- Comments (free text optional)

54. What setting did you transition to from the IPC Lead role? (Select one only)

- Aged care (same RACF)
- Aged care (other RACF)
- Aged care (other aged care settings e.g. home care, transition care program)
- Health (acute, sub-acute)
- Health (community)
- Government
- Not-for-profit
- Private organisation
- Other (please specify)
- Comments (free text optional)

55. What opportunities are there to improve the IPC Lead role in RACFs?

- Free text

7 BELLBERRY ETHICS PROTOCOL

Protocol 2023-09-1078

Application ID: 2023-09-1078

Submission Date: 8 September 2023

1. STUDY OVERVIEW

The evaluation applies a mixed methods approach with both quantitative and qualitative data informing the analysis and responses to the evaluation questions. The evaluation will include:

- Desktop review of program documentation
- Literature scan
- Stakeholder consultation with a broad cross-section of aged care sector groups
- Survey of Infection Prevention and Control (IPC) Leads
- Residential aged care facility (RACF) case studies that will include interviews with both staff and resident's family/carers/friends.

The evaluation will be undertaken in a staged approach with the Final Evaluation Report due in November 2023.

2. GLOSSARY OF ABBREVIATIONS AND TERMS

ACQSC	Aged Care Quality and Safety Commission
EN	Enrolled nurses
HMA	Healthcare Management Advisors
HREC	Human Research Ethics Committee
IPC	Infection prevention and control
MPS	Multi-purpose services
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care
RAT	Rapid antigen test
RN	Registered nurses
VACRC	Victorian Aged Care Response Centre

3. INVESTIGATORS AND QUALIFICATIONS

The Australian Department of Health and Aged Care (the Department) engaged Healthcare Management Advisors (HMA) to evaluate the effectiveness of the IPC Lead role.

HMA is a management consulting firm with over 25 years of experience in the Australian health and human services sectors. HMA is experienced in program review and evaluation, evidence collection and economic analysis. HMA has also drawn in several associates who are subject matter experts in management consulting, aged care, and training to supplement our evaluation team.

4. STUDY SITE

The evaluation will include case study visits to 18 aged care homes across Australia. The sample of aged care homes will represent provider type, size, scope of service offering, IPC Lead program variables, and geography. The purpose of the case studies will be to enable an in-depth exploration of the implementation and outcomes of the IPC Lead program. **At least one resident's family member, carer, or friend from each RACF case study site will be nominated to be interviewed. The interviews with family/carers/friends of RACF residents will be conducted by telephone or videoconference.**

5. BACKGROUND

The IPC Lead role is a key component of reform efforts led by the Australian Government following a special report on COVID-19 and aged care that was produced by the Royal Commission into Aged Care Quality and Safety in 2020. The IPC Lead role aims to address the deficiencies in aged care provider IPC practices whilst ensuring a nationally consistent approach.

The IPC Lead program requires all Australian RACFs to have at least one registered or enrolled nursing staff member on-site as their nominated IPC Lead to ensure that every site is prepared to prevent and respond to infectious diseases, including COVID-19 and influenza. This program is required across all RACFs that receive government funding including providers of the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program and the Multi-Purpose Services (MPS) Program.

The Department provided grant funding for the IPC Lead program through the 2022–23 Budget. This funding supported the appointment of up to two suitable registered nurses (RNs) or enrolled nurses (ENs) per facility as IPC Leads. The funding is intended to assist RACFs with the cost of training, study leave and the backfilling of staff during periods of study leave. Funding ceased on 30 June 2023.

As of May 2023, over 96% of RACFs (2,671 total RACFs in Australia) have an IPC Lead appointed. Compliance with the requirements of the IPC Lead program is monitored by the Aged Care Quality and Safety Commission (ACQSC).

The IPC Lead role aims to increase IPC expertise across the aged care sector and offer a focal point for the ACQSC to audit aged care services regarding IPC capability.

6. STUDY OBJECTIVES

Evaluation aims

This evaluation will assess the introduction of the IPC Lead role on IPC capability in RACFs with a focus on:

- Implementation
- Perceived benefits and experiences of the aged care sector and service users
- Drivers and support for the IPC Lead to undertake their role
- Integration and alignment with the Australian Aged Care Quality Standards and other relevant guidelines
- Awareness, knowledge, and adoption of IPC practices in RACFs.

The evaluation will also 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.

This evaluation is a quality activity to provide recommendations for program improvement.

Providing residents' families/carers/friends with the opportunity to provide feedback on their experiences with the aged care service aligns with Standard 6 of the Aged Care Quality Standards. Standard 6 outlines requirements for providers to ensure consumers, their families, carers and friends are encouraged and supported to provide feedback (3a) through a range of mechanisms (3b).

Outcomes

The interviews with RACF staff will explore the impact of the IPC Lead program. Factors impacting the implementation and delivery of the IPC Lead program will also be discussed to understand the sustainability and impact of the program.

The family, carer and friend interviews will discuss the experience of the resident's family member, carer, or friend with IPC practices (e.g. hand washing, use of face masks) when visiting a resident of the aged care home and/or relay the experience of the family member or friend who is a resident of this aged care home. The outcomes of the interviews will be collated and thematically analysed to derive the key themes related to:

- IPC practices aware of and/or observed in action at the aged care homes
- Level of awareness of the IPC Lead role
- Communication of outbreaks of infectious disease/conditions to residents and families, carers, and friends
- Changes in IPC practices since the COVID-19 pandemic and any impact on aged care home residents' staff or visitors (family, carers, or friends)

The interview outcomes will be considered alongside the key findings of the RACF case studies to provide further contextualisation to any variation in IPC Lead role implementation and delivery.

7. METHODOLOGY

Overview

HMA will schedule an in-person site visit to each RACF case study site on an agreed day in October 2023. A discussion guide will be distributed to RACFs before each site visit. During the visit, HMA will conduct individual and/or small group discussions with RACF operational leads, care staff, and IPC Leads. Where competing priorities of RACFs take precedence, case studies may be undertaken virtually via Microsoft Teams where an on-site visit is not possible. In addition, a written response to the discussion areas may be submitted to supplement case study site visits and discussions. A template for this will be sent to each RACF before the case study site visit alongside the discussion guide.

The RACF provider will be asked to assist with the nomination of a resident and their family, carer, or friend (who is an authorised representative (e.g. power of attorney, guardian) and holds a legally completed formal document to speak and consent on behalf of the aged care home resident if they are unable to consent) to approach and gather informed consent to participate in the evaluation. Up to five family, carers or friends may be nominated and approached for informed consent to participate in an interview. HMA will aim to interview at least one of these individuals. Approximately 18 interviews will be conducted (at least one per RACF case study). HMA will offer a 20-minute online session with each RACF to guide the provider through the family, carer and friend interview purpose and process.

The RACF provider will provide the Participant Information and Consent Form to the aged care resident, explain the purpose of the interviews, and gather consent (if the resident is cognitively able to provide informed consent). The RACF provider will contact the aged care resident's nominated family member, carer, or friend to gain permission for HMA to contact them to participate in the evaluation interview. The RACF provider will send an electronic copy of the Participant Information and Consent Form to the nominated family member, carer, or friend or by hard copy.

The RACF provider will provide advice and guidance to consider for the evaluation team when engaging with the families, carers, and friends of residents.

HMA will contact the nominated family member, carer, or friend to schedule an interview in October 2023 which will take up to 20 minutes.

8. DATA COLLECTION

Data linkage

There is no data linkage involved in the analysis of the interview outcomes. The information generated from the interviews is qualitative.

Interviews

The information from each of the interviews will be transcribed into notes for analysis.

9. STUDY POPULATION

Population

The evaluation will include case study visits to 18 RACFs across Australia. The sample of 18 RACFs will have a mix of provider type, geography, facility size, scope of service offering, and IPC Lead role variables such as full-time equivalent hours worked by nurses in the IPC Lead role. RACF participation in the case studies is voluntary.

Over half of residents living permanently in aged care homes have dementia. People with cognitive impairment are entitled to participate in studies however they may be more vulnerable to various forms of discomfort and stress. Aged care facilities are also home to other special needs groups including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people with a disability. Given the purpose of the interviews to gather consumer perspectives from a small, targeted sample to contextualise the RACF case studies in this evaluation, the **families, carers, and friends of aged care home residents** will be used as a proxy to minimise any risk of discomfort or stress on aged care home residents. The families, carers and friends will relay consumer experience with IPC practices and their impact from the perspective of both the resident and family/carer/friend.

Recruitment

A sample of RACFs were invited by HMA to participate as a case study site on a voluntary basis. The aged care sector – including RACF providers – was notified of the IPC Lead evaluation project by the Department of Health and Aged Care via their aged care sector newsletter.

The RACF provider will be asked to assist with the nomination of a resident and their family, carer, or friend (who is a person nominated under a power of attorney and/or guardian of the RACF resident, i.e. holds a legally completed formal document to speak and consent on the resident's behalf) to approach and gather informed consent to participate in the evaluation. Up to five family, carers or friends may be nominated and approached to gather at least one informed consent for an interview. Approximately 18 interviews will be conducted (at least one per RACF case study).

Inclusion criteria

The family member, carer or friend should be a person nominated under a power of attorney and/or guardian of the RACF resident. This means that the family member, carer or friend must hold a legally completed formal document to speak and consent on the resident's behalf.

The family member, carer or friend should be aged 18 years or older.

Whilst not an exclusion criterion specifically, participants must be able to speak and understand the English language and/or have a support person to assist them.

Exclusion criteria

Family member, carer or friend that is not a person nominated under a power of attorney and/or guardian of the RACF resident.

Family member, carer or friend that is aged less than 18 years old.

Consent

Informed consent will be gathered from the RACF provider, resident (if able to do so) and family/carer/friend. Participants for whom English is a second language, have a low proficiency in literacy, visual, hearing or communication impairment should have a support person (e.g. friend, family member) to assist them in understanding the evaluation interview purpose and their participation.

10. PARTICIPANT SAFETY AND WITHDRAWAL

Interviews

An RACF decision to participate as a case study site and staff interviews in the IPC Lead evaluation is voluntary.

A participant's decision about whether to take part in the interview and the information they give will not affect the care their family member or friend receives as a resident of the aged care home or their relationship with the care providers and the evaluation team.

There may be no direct benefits to participants for taking part in the evaluation interviews. This is an opportunity for participants to provide feedback on their experience of IPC practices at the aged care home.

There is no reimbursement or payment for participation in this evaluation. No travel is required by participants as the interview is by telephone or videoconference. Reimbursement for study participants' time is reasonably ascertained to be equivalent to the minimum wage in Australia (\$23.23 per hour as of July 2023). The interview is anticipated to take up to 20 minutes, which equates to \$7.74. This is a negligible amount.

There is a very low/negligible risk that participants may experience some discomfort discussing topics in the interview.

The evaluation team are familiar with the National Statement¹ and has the knowledge and experience to conduct the evaluation competently and professionally. The evaluation team will seek to engage residents' families, carers and friends for the evaluation purposes outlined in this protocol only. The evaluation team will treat the interview participants with respect and acknowledge their values, experiences, and cultural identity. The evaluation team is not 'evaluating' the residents' families, carers, and friends. The voluntary participation in the evaluation interviews is an opportunity for participants to provide their experiences with IPC practices in aged care homes and the perceived impact of these practices.

Withdrawals

Participants are free to change their minds at any time after they have agreed (and consented) to participate in the interviews. Participants can stop the interview and withdraw at any time.

¹ National Statement on ethical conduct in human research, 2007 (updated 2018)

11. DATA ANALYSIS METHODS

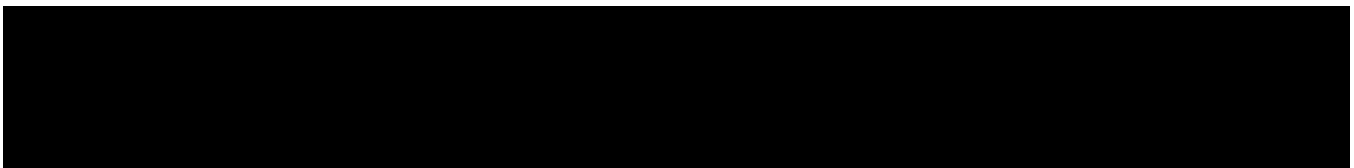
The outcomes of the interviews will be combined and analysed thematically to provide additional context to the implementation and impact of the IPC Lead role explored in the RACF case studies. The interview outcomes will be considered alongside other evaluation findings and insights to inform the development of ongoing recommendations.

12. DATA SECURITY AND HANDLING

Data storage, confidentiality, and security

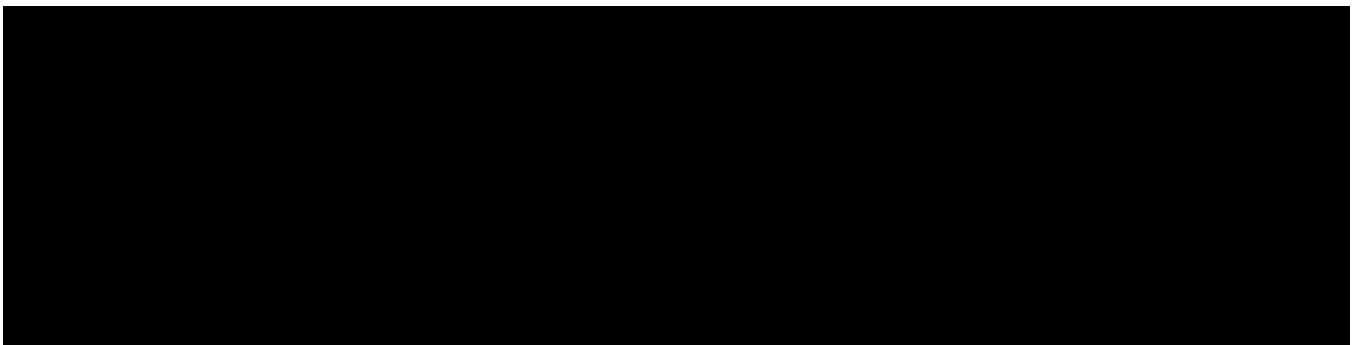
Storage

Information collected for the evaluation will be stored securely in Australia. Only the evaluation team, the sponsor (the Department) and other agencies required by law may inspect records related to the evaluation.



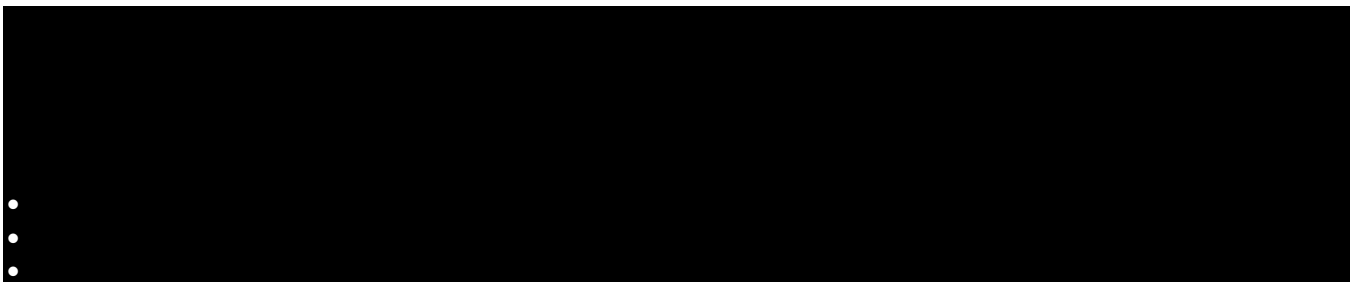
Data and information collected and analysed for the IPC Lead evaluation will be stored securely for a minimum period of seven years after the final evaluation report is completed.

Access and transfer of data



The data and information collected in the case studies will only be used for the purpose of the IPC Lead evaluation and will not be shared and/or re-used by HMA or any other party for any other purpose or future research.

Back up of data



Confidentiality

The individual identity of families/carers/friends will not be revealed, nor will their ethnic, religious, Aboriginal and Torres Strait Islander status or other minority groups. Participant confidentiality will be protected in any reviews and reports of this study which may be published.

Information collected from individuals will not be labelled with identifying labels or case study participant identifiers that allows individuals to be re-identified in the final evaluation report.

All information collected will be treated with strict confidentiality. No individual or organisation will be identified in reports without their written consent. The outputs are not expected to cause any reputational harm to the persons represented in the data, the Department or the Government.

Analysis, reporting and publication

The information from the interviews will be thematically analysed and summarised in a report on the IPC Lead Nurse role evaluation for the Department. The report will be for internal (Departmental) use only for program improvement and policy development. The Department is yet to make a decision on if the report will be made publicly available.

13. TIMEFRAMES

The interviews will be scheduled for October 2023.

14. ETHICS

This evaluation activity has not yet been reviewed by a human research ethics committee (HREC). It will be reviewed by Bellberry HREC in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates.

8 BELLBERRY PICF FAMILY FRIEND CARER

INTRODUCTION

You have been invited to participate in the evaluation of the Infection Prevention and Control (IPC) Lead Nurse role in Residential Aged Care Facilities (aged care homes). This is because you are a family member, carer or friend of a resident of this aged care home and are nominated under a power of attorney and/or guardian of the RACF resident.

The rollout of the IPC Lead Nurse role in aged care homes is funded by the Australian Government Department of Health and Aged Care (the Department). This evaluation is being completed by Healthcare Management Advisors (HMA).

This Participant Information Sheet tells you about the evaluation project. It will help you understand the process involved in taking part in the evaluation, and help you decide if you want to participate.

Please read this information carefully and feel free to ask the evaluation team about anything that you don't understand or want to know more about. Before deciding whether to take part, you might want to talk about it with a relative, carer or friend.

Participation by way of an interview in this evaluation is voluntary. If you don't wish to take part, you don't have to. If you decide you want to take part in the evaluation project, you will be asked to sign a Consent Form.

You will be given a signed and dated copy of this Participant Information Sheet and Consent Form to keep.

PURPOSE OF THE EVALUATION

You are invited to participate in this evaluation, which is being conducted to evaluate how well the use of the IPC Lead Nurse role can help increase infection prevention control (e.g. hand washing, use of face masks) expertise in aged care homes. Infection prevention and control practices can help stop the spread of infectious diseases, for example, COVID-19 or the influenza virus.

The evaluation will include visits to 18 aged care homes across Australia to talk with IPC Lead Nurses, aged care staff, and residents and/or their families or carers. At least one resident's family, carer or friend will be interviewed at each aged care home.

The interviews will discuss your experience with infection prevention and control practices when visiting a resident of this aged care home and/or relay the experience of the family member or friend who is a resident of this aged care home.

RESIDENT AND FAMILY, CARER OR FRIEND INTERVIEWS

The interview will be scheduled for October 2023. The interview with the HMA evaluation staff member should take up to 20 minutes and will be conducted by telephone. You are a person authorised representative (e.g. power of attorney, guardian) and hold a legally completed formal document to speak and consent on behalf of the aged care home resident if they are not able to consent.

Should you agree to participate in the evaluation, you can still change your mind at any time. You can stop the interview and withdraw at any time. Information already received will be stored unless you request otherwise. No further information will be collected about you.

Participants for whom English is a second language, have a low proficiency in literacy, visual, hearing or communication impairment should have a support person (e.g. friend, family member) to assist them in understanding the evaluation interview purpose and their participation.

Your decision about whether to take part and the information you give will not affect the care your family member or friend receives as a resident of the aged care home or your relationship with the care providers and the evaluation team.

POSSIBLE BENEFITS

There may be no direct benefits to you for taking part in the evaluation. This is an opportunity for you to provide feedback on your experience of infection prevention and control practices at this aged care home.

There is no reimbursement or payment for participation in this evaluation.

RISKS AND DISCOMFORTS

There is a very low risk that you may experience some discomfort discussing topics in the interview. You can stop the interview at any time and choose to withdraw from the interview.

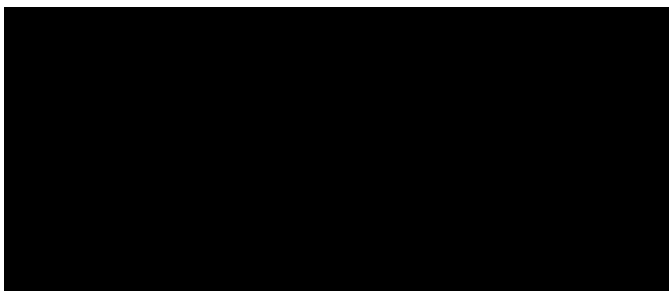
INFORMATION GATHERED IN THE INTERVIEW

The information from your interview will be combined with the information given by other resident families, carers and friends from all aged care homes visited. Your identity will not be revealed, and your confidentiality will be protected in any reviews and reports of this study that may be published. This means you cannot be identified by your aged care home or the Department from the information you provide. This information will be summarised in a report on the IPC Lead role evaluation.

Information collected for the evaluation will be stored securely in Australia. Only the evaluation team, the Department and other agencies required by law may inspect records related to the evaluation.

ADVICE AND INFORMATION

If you have any further questions regarding this evaluation, please do not hesitate to discuss it with the evaluation team conducting the interview or contact the HMA Project Manager:



The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Operations Manager, Bellberry Limited on 08 8361 3222.

CONSENT FORM

Title	Evaluation of the Infection Prevention and Control Lead Nurse role in Residential Aged Care Facilities
Short title	Resident and/or family/carers interviews
Protocol number	
Project investigator	Healthcare Management Advisors (HMA)
Project sponsor	Australian Government Department of Health and Aged Care

Note: All parties signing the consent section must date their own signature.

Declaration by participant

I am 18 years or older.

I am an authorised representative (e.g. power of attorney, guardian) and hold a legally completed formal document to speak and consent on behalf of the aged care home resident who is unable to consent.

I have read, or have had read to me, and I understand the participant information and consent form.

I have had the opportunity to discuss this with an independent person.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this evaluation as described and understand that I am free to withdraw at any time during the study without affecting the future care of my family member or friend who is a resident of this aged care home.

I understand the purposes, processes and risks of the evaluation described in the information sheet.

I understand that I will be given a signed copy of this document to keep.

Signature

Date:

Name of participant
(Please print)

Date of verbal consent:

Name of support
person (if applicable)
(Please print)

Declaration by aged care home staff member

I have given a verbal explanation of the evaluation, its processes, and risks, and I believe that the participant has understood that explanation.

Signature

Date:

Name of aged care
home staff member
(Please print)

9 BELLBERRY PICF RACF

INTRODUCTION

You are invited to participate in the evaluation of the Infection Prevention and Control (IPC) Lead Nurse role in Residential Aged Care Facilities (RACFs). This is because you are a provider of residential aged care. This project is evaluating the IPC Lead Nurse role in RACFs.

The rollout of the IPC Lead Nurse role in aged care homes is funded by the Australian Government Department of Health and Aged Care (the Department). The evaluation is being conducted by Healthcare Management Advisors (HMA).

Please read this information carefully and feel free to ask the evaluation team about anything that you don't understand or want to know more about.

Participation in this evaluation is voluntary. If you agree to take part in the evaluation, you will sign and date the consent form.

You will be given a copy of this Participant Information and Consent Form to keep.

PURPOSE OF THE EVALUATION

You are invited to participate in this evaluation, which is being conducted to assess the introduction of the IPC Lead role on IPC capability in residential aged care services with a focus on:

The evaluation will include case study visits to 18 aged care homes across Australia. The purpose of the case studies will be to enable an in-depth exploration of the implementation and outcomes of the IPC Lead program.

At least one resident's family member, carer or friend will also be nominated to be interviewed at each aged care home by telephone or videoconference. The interviews will discuss the experience of the resident's family member, carer or friend with infection prevention and control practices (e.g. hand washing, use of face masks) when visiting a resident of this aged care home and/or relay the experience of the family member or friend who is a resident of this aged care home.

RACF CASE STUDY VISIT

The case study visit will be scheduled on a specific agreed day in the month of October 2023. Individual and/or small group discussions with IPC Lead Nurses, RACF manager/operational leads and RACF staff (personal care workers, nurses/enrolled nurses, administrative staff) for up to 50 minutes will be undertaken with the HMA evaluation team. To enable efficient use of time an interview guide will be distributed prior to the case study visit outlining discussion topics. A case study template will also be distributed prior to the case study visit for RACF providers to complete.

Where competing priorities of RACFs take precedence, case studies may be undertaken virtually by Microsoft Teams where an on-site visit is absolutely not possible.

RESIDENT FAMILY/CARER INTERVIEWS

The RACF provider will be asked to assist with the nomination of up to five residents and their family members, carers or friends to approach and gather informed consent to participate in the evaluation.

The RACF provider will provide the Participant Information and Consent Form to the aged care resident (if the resident is cognitively able to provide informed consent). The RACF provider will contact the aged care

resident's nominated family member, carer or friend to gather consent and permission for HMA to contact them to participate in the evaluation interview. The RACF provider will send an electronic copy of the Participant Information and Consent Form to the nominated family member, carer or friend if available means or else a hard copy.

The RACF provider will provide advice and guidance to consider for the evaluation team when engaging with the families, carers, and friends of residents.

HMA will contact the nominated family member, carer, or friend to schedule an interview in October 2023 which will take up to 20 minutes.

POSSIBLE BENEFITS

There may be no direct benefits to you for taking part in the evaluation. This is an opportunity for you to provide feedback on the implementation and impact of the IPC Lead role at this aged care home.

There is no reimbursement or payment for participation in this evaluation.

RISKS AND DISCOMFORTS

There is a very low risk that you may experience some distress discussing the topics in the case study interview. You can stop the interview at any time and choose to withdraw from the interview.

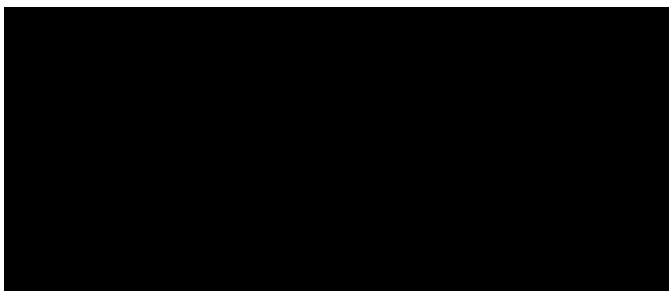
INFORMATION GATHERED IN THE INTERVIEWS

The information from your interview will be combined with the information given by other RACF case studies. Your individual identity will not be revealed, and your confidentiality will be protected in any reviews and reports of this study which may be published. This information will be summarised in a report on the IPC Lead Nurse role evaluation.

Information collected for the evaluation will be stored securely in Australia. Only the evaluation team, the sponsor (the Department) and other agencies required by law may inspect records related to the evaluation.

ADVICE AND INFORMATION

If you have any further questions regarding this evaluation, please do not hesitate to discuss it with the evaluation team visiting your aged care home or contact the HMA Project Manager:



The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Operations Manager, Bellberry Limited on 08 8361 3222.

CONSENT FORM

Title	Evaluation of the Infection Prevention and Control Lead Nurse role in Residential Aged Care Facilities – case studies
Short title	IPC Lead case studies
Protocol number	2023-09-1078
Project investigator	Healthcare Management Advisors (HMA)
Project sponsor	Australian Government Department of Health and Aged Care

Note: All parties signing the consent section must date their own signature.

Declaration by participant

I am aged 18 years or older.

I have read, or have had read to me, and I understand the participant information and consent form.

I have had the opportunity to discuss this with an independent person.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this evaluation as described and understand that I am free to withdraw at any time during the study.

I understand the purposes, processes and risks of the evaluation described in the information sheet.

I understand that I will be given a signed copy of this document to keep.

Signature

Date:

Name of participant
(Please print)

Declaration by HMA evaluation team member

I have given a verbal explanation of the evaluation, its processes, and risks, and I believe that the participant has understood that explanation.

Signature

Date:

Name of HMA
evaluation team
member
(Please print)

10 BELLBERRY PICF RESIDENT

INTRODUCTION

You have been invited to participate in the evaluation of the Infection Prevention and Control (IPC) Lead Nurse role in Residential Aged Care Facilities (aged care homes). This is because you are a resident of this aged care home. This project is evaluating the IPC Lead Nurse role in aged care homes.

The rollout of the IPC Lead Nurse role in aged care homes is funded by the Australian Government Department of Health and Aged Care (the Department). The evaluation is being conducted by Healthcare Management Advisors (HMA).

This Participant Information Sheet tells you about the evaluation project. It will help you understand the process involved with taking part in the evaluation, and help you decide if you want to participate.

Please read this information carefully and feel free to ask the evaluation team about anything that you don't understand or want to know more about. Before deciding whether to take part, you might want to talk about it with a relative, carer or friend.

Participation in this evaluation is voluntary. If you don't wish to take part, you don't have to. You will receive the best possible care whether you take part or not. If you decide you want to take part in the evaluation project, you will be asked to sign the Consent Form.

You will be given a signed and dated copy of this Participant Information Sheet and Consent Form to keep.

PURPOSE OF THE EVALUATION

You will nominate a family member, carer, or friend who will be invited to participate in the evaluation through an interview with an HMA evaluation team member. This evaluation is being conducted to assess how well the use of IPC Lead Nurse roles can help increase infection prevention control (e.g. hand washing, use of face masks) expertise in aged care homes. Infection prevention and control practices can help stop the outbreak and spread of infectious diseases, for example, COVID-19 or the influenza virus.

The evaluation will include visits to 18 aged care homes across Australia to talk with IPC Lead Nurse roles, aged care staff, and residents' families, carers, or friends. At least one resident's family, carer or friend will be nominated by a resident to be interviewed by telephone/videoconference from each aged care home.

The interviews will discuss their experience with infection prevention and control practices as a visitor to your aged care home and any impact on residents, aged care staff or visitors (families, carers, and friends).

RESIDENT FAMILY/CARER/FRIEND INTERVIEWS

The evaluation team will interview your nominated family, carer or friend by telephone or videoconference.

The interviews will be scheduled for October 2023. The interview with the evaluation staff member should take up to 20 minutes.

Should your nominated family member, carer or friend agree to participate in the evaluation interview, they can change their mind at any time and withdraw. Information already received will be stored unless they request otherwise. No further information will be collected about them.

Your decision about whether to take part and the information you give will not affect the care you receive or your relationship with your care providers and the evaluation team.

POSSIBLE BENEFITS

There may be no direct benefits to you for taking part in the evaluation. This is an opportunity for your family, carer, or friend to provide feedback on infection prevention and control practices at your aged care home.

There is no reimbursement or payment for participation in this evaluation.

RISKS AND DISCOMFORTS

There is a very low risk that you may experience some distress on reflection of the topic (infection prevention and control in aged care homes) to be discussed in the interview. Family, carers, and friends can stop the interview at any time and choose to withdraw from the interview should they experience any distress from discussions during the interview.

INFORMATION GATHERED IN THE INTERVIEW

The information from interviews will be combined with the information given by other residents families and carers from all aged care homes visited. Your identity will not be revealed, and your confidentiality will be protected in any reviews and reports of this study that may be published. This means you cannot be identified by your aged care home or the Department from the information you provide. This information will be summarised in a report on the IPC Lead Nurse role evaluation.

Information collected for the evaluation will be stored securely in Australia. Only the evaluation team, the sponsor (the Department) and other agencies required by law may inspect records related to the evaluation.

ADVICE AND INFORMATION

If you have any further questions regarding this evaluation, please do not hesitate to discuss it with the evaluation team visiting your aged care home or contact the HMA Project Manager:

HMA Project Manager

Katrina Gray

Senior Manager, Healthcare Management
Advisors

katrinagray@hma.com.au

Phone: 0405 192 438

The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Operations Manager, Bellberry Limited on 08 8361 3222.

CONSENT FORM

Title	Evaluation of the Infection Prevention and Control Lead Nurse role in Residential Aged Care Facilities – case studies
Short title	IPC Lead case studies
Protocol number	2023-09-1078
Project investigator	Healthcare Management Advisors (HMA)
Project sponsor	Australian Government Department of Health and Aged Care

Note: All parties signing the consent section must date their own signature.

Declaration by participant

I have read, or have had read to me, and I understand the participant information and consent form.

I have had the opportunity to discuss this with an independent person.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this evaluation as described and understand that I am free to withdraw at any time during the study without affecting my future care.

I understand the purposes, processes and risks of the evaluation described in the information sheet.

I understand that I will be given a signed copy of this document to keep.

Name of nominated
family member, carer or
friend

(Please print)

Signature

Date:

Name of aged care
resident (Please print)

Declaration by aged care home staff member

I have given a verbal explanation of the evaluation, its processes, and risks, and I believe that the participant has understood that explanation.

Signature

Date:

Name of aged care
home staff member

(Please print)

11 WACHS ETHICS PROTOCOL

Protocol 2023-09-1078

PRN: RGS0000006470

Submission Date: 5 October 2023

1. STUDY OVERVIEW

The evaluation applies a mixed methods approach with both quantitative and qualitative data informing the analysis and responses to the evaluation questions. The evaluation will include:

- Desktop review of program documentation
- Literature scan
- Stakeholder consultation with a broad cross-section of aged care sector groups
- Survey of Infection Prevention and Control (IPC) Leads
- Residential aged care facility (RACF) case studies that will include interviews with both staff and resident's family/carers/friends.

The evaluation will be undertaken in a staged approach with the Final Evaluation Report due in November 2023.

2. GLOSSARY OF ABBREVIATIONS AND TERMS

ACQSC	Aged Care Quality and Safety Commission
EN	Enrolled nurses
HMA	Healthcare Management Advisors
HREC	Human Research Ethics Committee
IPC	Infection prevention and control
MPS	Multi-purpose services
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care
RAT	Rapid antigen test
RN	Registered nurses
VACRC	Victorian Aged Care Response Centre

3. INVESTIGATORS AND QUALIFICATIONS

The Australian Department of Health and Aged Care (the Department) engaged Healthcare Management Advisors (HMA) to evaluate the effectiveness of the IPC Lead role.

HMA is a management consulting firm with over 25 years of experience in the Australian health and human services sectors. HMA is experienced in program review and evaluation, evidence collection and economic analysis. HMA has also drawn in several associates who are subject matter experts in management consulting, aged care, and training to supplement our evaluation team.

4. STUDY SITE

The evaluation will include case study visits to 18 aged care homes across Australia. The sample of aged care homes will represent provider type, size, scope of service offering, IPC Lead program variables, and geography. The purpose of the case studies will be to enable an in-depth exploration of the implementation and outcomes of the IPC Lead program. **At least one resident's family member, carer, or friend from each RACF case study site will be nominated to be interviewed. The interviews with family/carers/friends of RACF residents will be conducted by telephone or videoconference.**

5. BACKGROUND

The IPC Lead role is a key component of reform efforts led by the Australian Government following a special report on COVID-19 and aged care that was produced by the Royal Commission into Aged Care Quality and Safety in 2020. The IPC Lead role aims to address the deficiencies in aged care provider IPC practices whilst ensuring a nationally consistent approach.

The IPC Lead program requires all Australian RACFs to have at least one registered or enrolled nursing staff member on-site as their nominated IPC Lead to ensure that every site is prepared to prevent and respond to infectious diseases, including COVID-19 and influenza. This program is required across all RACFs that receive government funding including providers of the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program and the Multi-Purpose Services (MPS) Program.

The Department provided grant funding for the IPC Lead program through the 2022–23 Budget. This funding supported the appointment of up to two suitable registered nurses (RNs) or enrolled nurses (ENs) per facility as IPC Leads. The funding is intended to assist RACFs with the cost of training, study leave and the backfilling of staff during periods of study leave. Funding ceased on 30 June 2023.

As of May 2023, over 96% of RACFs (2,671 total RACFs in Australia) have an IPC Lead appointed. Compliance with the requirements of the IPC Lead program is monitored by the Aged Care Quality and Safety Commission (ACQSC).

The IPC Lead role aims to increase IPC expertise across the aged care sector and offer a focal point for the ACQSC to audit aged care services regarding IPC capability.

6. STUDY OBJECTIVES

Evaluation aims

This evaluation will assess the introduction of the IPC Lead role on IPC capability in RACFs with a focus on:

- Implementation
- Perceived benefits and experiences of the aged care sector and service users
- Drivers and support for the IPC Lead to undertake their role
- Integration and alignment with the Australian Aged Care Quality Standards and other relevant guidelines
- Awareness, knowledge, and adoption of IPC practices in RACFs.

The evaluation will also 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.

This evaluation is a quality activity to provide recommendations for program improvement.

Providing residents' families/carers/friends with the opportunity to provide feedback on their experiences with the aged care service aligns with Standard 6 of the Aged Care Quality Standards. Standard 6 outlines requirements for providers to ensure consumers, their families, carers and friends are encouraged and supported to provide feedback (3a) through a range of mechanisms (3b).

Outcomes

The interviews with RACF staff will explore the impact of the IPC Lead program. Factors impacting the implementation and delivery of the IPC Lead program will also be discussed to understand the sustainability and impact of the program.

The family, carer and friend interviews will discuss the experience of the resident's family member, carer, or friend with IPC practices (e.g. hand washing, use of face masks) when visiting a resident of the aged care home and/or relay the experience of the family member or friend who is a resident of this aged care home. The outcomes of the interviews will be collated and thematically analysed to derive the key themes related to:

- IPC practices aware of and/or observed in action at the aged care homes
- Level of awareness of the IPC Lead role
- Communication of outbreaks of infectious disease/conditions to residents and families, carers, and friends
- Changes in IPC practices since the COVID-19 pandemic and any impact on aged care home residents' staff or visitors (family, carers, or friends)

The interview outcomes will be considered alongside the key findings of the RACF case studies to provide further contextualisation to any variation in IPC Lead role implementation and delivery.

7. METHODOLOGY

Overview

HMA will schedule a case site visit for each RACF case study site on an agreed day in October to November 2023. The case study will be conducted virtually via Microsoft Teams. A discussion guide will be distributed to RACFs before each site visit. HMA will conduct individual and/or small group discussions with RACF operational leads, care staff, and IPC Leads. The MPS manager will identify and invite staff to participate in the discussions. In addition, a written response to the discussion areas may be submitted to supplement case study site visits and discussions. A template for this will be sent to each RACF before the case study site visit alongside the discussion guide.

The RACF provider (MPS manager) will be asked to assist with the nomination of a resident and their family, carer, or friend to approach and gather informed consent to participate in the evaluation. Up to five family, carers or friends may be nominated and approached for informed consent to participate in an interview. HMA will aim to interview at least one of these individuals. Approximately 18 interviews will be conducted (at least one per RACF case study). HMA will offer a 20-minute online session with each RACF to guide the provider through the family, carer and friend interview purpose and process.

The RACF provider will provide the Participant Information and Consent Form to the aged care resident, explain the purpose of the interviews, and gather consent (if the resident is cognitively able to provide informed consent). The RACF provider will contact the aged care resident's nominated family member, carer, or friend to gain permission for HMA to contact them to participate in the evaluation interview. The RACF provider will send an electronic copy of the Participant Information and Consent Form to the nominated family member, carer, or friend or by hard copy.

The RACF provider will provide advice and guidance to consider for the evaluation team when engaging with the families, carers, and friends of residents.

HMA will contact the nominated family member, carer, or friend to schedule an interview in October 2023 which will take up to 20 minutes.

8. DATA COLLECTION

Data linkage

There is no data linkage involved in the analysis of the family, carer and friend interview outcomes or RACF staff (operational lead, care workers, IPC Leads) interview outcomes. The information generated from the interviews is qualitative.

Interviews

The information from each of the interviews conducted with family, carers and friends, and RACF staff will be written down as notes by an HMA project team member for analysis. Interviews will not be recorded.

9. STUDY POPULATION

Population

The evaluation will include case study visits to 18 RACFs across Australia. The sample of 18 RACFs will have a mix of provider type, geography, facility size, scope of service offering, and IPC Lead role variables such as full-time equivalent hours worked by nurses in the IPC Lead role. RACF participation in the case studies is voluntary. Individual and/or small group discussions will be conducted with RACF operational leads, care workers, and IPC Leads.

Given the purpose of the interviews to gather consumer perspectives from a small, targeted sample to contextualise the RACF case studies in this evaluation, the **families, carers, and friends of aged care home residents** will be used as a proxy to minimise any risk of discomfort or stress on aged care home residents. The families, carers and friends will relay consumer experience with IPC practices and their impact from the perspective of both the resident and family/carer/friend.

Recruitment

A sample of RACFs were invited by HMA to participate as a case study site on a voluntary basis. The aged care sector – including RACF providers – was notified of the IPC Lead evaluation project by the Department of Health and Aged Care via their aged care sector newsletter.

The RACF provider will be asked to assist with the nomination of a resident and their family, carer, or friend to approach and gather informed consent to participate in the evaluation. Only qualified RACF staff will make an assessment on which residents have cognitive capacity to understand the project, and provide consent and nominate a family member, carer or friend to participate. Up to five family, carers or friends may be nominated and approached to gather at least one informed consent for an interview. Approximately 18 interviews will be conducted (at least one per RACF case study).

Inclusion criteria

- RACFs are approved providers of residential aged care services in Australia.
- The family member, carer or friend must be a person nominated by the RACF resident.
- The family member, carer or friend should be aged 18 years or older.
- Whilst not an exclusion criterion specifically, participants must be able to speak and understand the English language and/or have a support person to assist them.

Exclusion criteria

- RACFs are not approved providers of residential aged care services in Australia.

- Family member, carer or friend that is not a person nominated by the RACF resident.
- Family member, carer or friend that is aged less than 18 years old.

Consent

Informed consent will be gathered from the RACF provider, resident, and family/carer/friend. Only residents with cognitive capacity to understand the project and provide consent will be consented to the project. Participants for whom English is a second language, have a low proficiency in literacy, visual, or hearing impairment should have a support person (e.g. friend, family member) to assist them in understanding the evaluation interview purpose and their participation.

10. PARTICIPANT SAFETY AND WITHDRAWAL

Interviews

An RACF decision to participate as a case study site and staff interviews in the IPC Lead evaluation is voluntary.

A participant's decision about whether to take part in the interview and the information they give will not affect the care their family member or friend receives as a resident of the aged care home or their relationship with the care providers and the evaluation team.

There may be no direct benefits to participants for taking part in the evaluation interviews. This is an opportunity for participants to provide feedback on their experience of IPC practices at the aged care home.

There is no reimbursement or payment for participation in this evaluation. No travel is required by participants as the interview is by telephone or videoconference. Reimbursement for study participants' time is reasonably ascertained to be equivalent to the minimum wage in Australia (\$23.23 per hour as of July 2023). The interview is anticipated to take up to 20 minutes, which equates to \$7.74. This is a negligible amount.

There is a very low/negligible risk that participants may experience some discomfort discussing topics in the interview. RACF staff (WACHS MPS facility staff) who experience any episodes of distress or discomfort as a result of participating in the project will be referred to the WACHS Employee Assistance Providers PeopleSense (telephone 1300 307 912) and Benestar (telephone 1300 360 364). For family and residents, the details of Lifeline (telephone 13 11 14), SANE Australia (telephone 1800 187 263), and Beyond Blue (telephone 1300 224 636) will be provided.

The evaluation team are familiar with the National Statement² and has the knowledge and experience to conduct the evaluation competently and professionally. The evaluation team will seek to engage residents' families, carers and friends for the evaluation purposes outlined in this protocol only. The evaluation team will treat the interview participants with respect and acknowledge their values, experiences, and cultural identity. The evaluation team is not 'evaluating' the residents' families, carers, and friends. The voluntary participation in the evaluation interviews is an opportunity for participants to provide their experiences with IPC practices in aged care homes and the perceived impact of these practices.

Withdrawals

Participants are free to change their minds at any time after they have agreed (and consented) to participate in the interviews. Participants can stop the interview and withdraw at any time.

² National Statement on ethical conduct in human research, 2007 (updated 2018)

11. DATA ANALYSIS METHODS

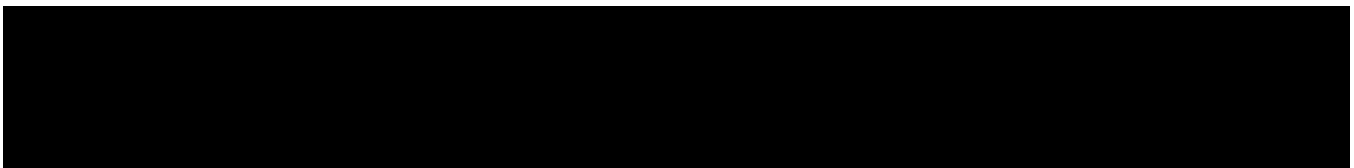
The outcomes of the interviews will be combined and analysed thematically to provide additional context to the implementation and impact of the IPC Lead role explored in the RACF case studies. The interview outcomes will be considered alongside other evaluation findings and insights to inform the development of ongoing recommendations.

12. DATA SECURITY AND HANDLING

Data storage, confidentiality, and security

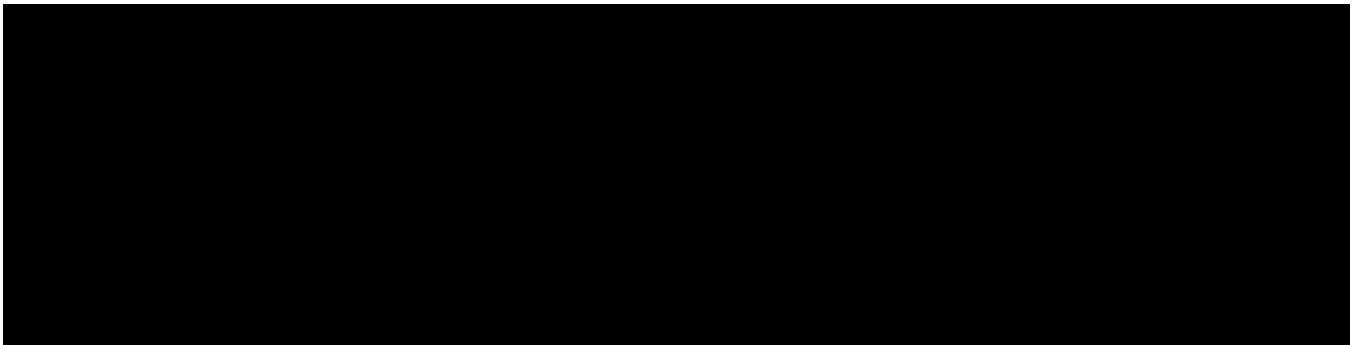
Storage

Information collected for the evaluation will be stored securely in Australia. Only the evaluation team, the sponsor (the Department) and other agencies required by law may inspect records related to the evaluation.



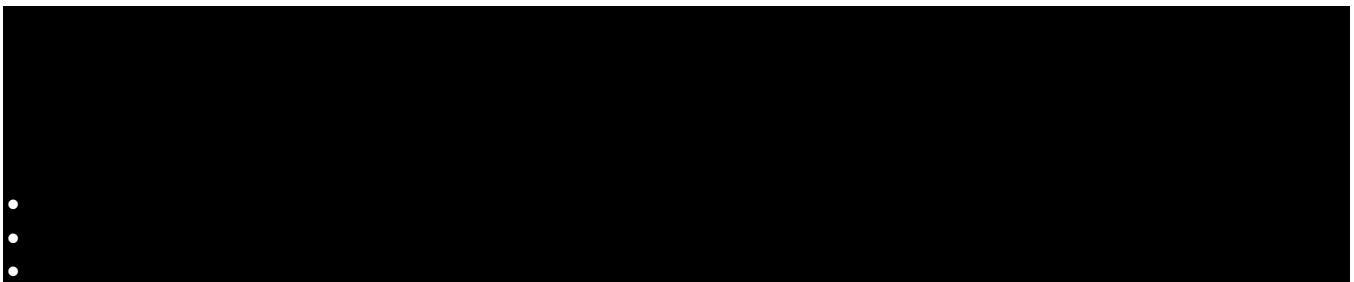
Data and information collected and analysed for the IPC Lead evaluation will be stored securely for a minimum period of seven years after the final evaluation report is completed.

Access and transfer of data



The data and information collected in the case studies will only be used for the purpose of the IPC Lead evaluation and will not be shared and/or re-used by HMA or any other party for any other purpose or future research.

Back up of data



Confidentiality

The individual identity of families/carers/friends will not be revealed, nor will their ethnic, religious, Aboriginal and Torres Strait Islander status or other minority groups. Participant confidentiality will be protected in any reviews and reports of this study which may be published.

Information collected from individuals will not be labelled with identifying labels or case study participant identifiers that allows individuals to be re-identified in the final evaluation report.

All information collected will be treated with strict confidentiality. No individual or organisation will be identified in reports without their written consent. The outputs are not expected to cause any reputational harm to the persons represented in the data, the Department or the Government.

Analysis, reporting and publication

The information from the interviews will be thematically analysed and summarised in a report on the IPC Lead Nurse role evaluation for the Department. Only aggregate findings will be reported, with no identification of individuals or organisations. The report will be for internal (Departmental) use only for program improvement and policy development. The Department is yet to make a decision on if the report will be made publicly available.

13. TIMEFRAMES

The interviews will be scheduled for October 2023.

14. ETHICS

This evaluation activity has not yet been reviewed by a human research ethics committee (HREC). It will be reviewed by WA Country Health HREC in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates.

12 WACHS PICF FAMILY FRIEND CARER

INTRODUCTION

You have been invited to participate in the evaluation of the Infection Prevention and Control (IPC) Lead Nurse role in Residential Aged Care Facilities (aged care homes). This is because you have been nominated as a family member, carer, or friend of a resident of this aged care home.

The rollout of the IPC Lead Nurse role in aged care homes is funded by the Australian Government Department of Health and Aged Care (the Department). This evaluation is being completed by Healthcare Management Advisors (HMA).

This Participant Information Sheet tells you about the evaluation project. It will help you understand the process involved in taking part in the evaluation, and help you decide if you want to participate.

Please read this information carefully and feel free to ask the evaluation team about anything that you don't understand or want to know more about. Before deciding whether to take part, you might want to talk about it with a relative, carer or friend.

Participation by way of an interview in this evaluation is voluntary. If you don't wish to take part, you don't have to. If you decide you want to take part in the evaluation project, you will be asked to sign a Consent Form.

You will be given a signed and dated copy of this Participant Information Sheet and Consent Form to keep.

PURPOSE OF THE EVALUATION

You are invited to participate in this evaluation, which is being conducted to evaluate how well the use of the IPC Lead Nurse role can help increase infection prevention control (e.g. hand washing, use of face masks) expertise in aged care homes. Infection prevention and control practices can help stop the spread of infectious diseases, for example, COVID-19 or the influenza virus.

The evaluation will include visits to 18 aged care homes across Australia to talk with IPC Lead Nurses, aged care staff, and residents and/or their families or carers. At least one resident's family, carer or friend will be interviewed at each aged care home.

The interviews will discuss your experience with infection prevention and control practices when visiting a resident of this aged care home and/or relay the experience of the family member or friend who is a resident of this aged care home.

RESIDENT AND FAMILY, CARER OR FRIEND INTERVIEWS

The interview will be scheduled for October 2023. The interview with the HMA evaluation staff member should take up to 20 minutes and will be conducted by telephone.

Should you agree to participate in the evaluation, you can still change your mind at any time. You can stop the interview and withdraw at any time. Information already received will be stored unless you request otherwise. No further information will be collected about you.

Participants for whom English is a second language, have a low proficiency in literacy, visual, hearing or communication impairment should have a support person (e.g. friend, family member) to assist them in understanding the evaluation interview purpose and their participation.

Your decision about whether to take part and the information you give will not affect the care your family member or friend receives as a resident of the aged care home or your relationship with the care providers and the evaluation team.

POSSIBLE BENEFITS

There may be no direct benefits to you for taking part in the evaluation. This is an opportunity for you to provide feedback on your experience of infection prevention and control practices at this aged care home. If you experience any distress or discomfort as a result of participating in the interview there are support services available for you to access including LifeLine (13 11 14), SANE Australia (1800 187 263), and Beyond Blue (1300 224 636).

There is no reimbursement or payment for participation in this evaluation.

RISKS AND DISCOMFORTS

There is a very low risk that you may experience some discomfort discussing topics in the interview. You can stop the interview at any time and choose to withdraw from the interview.

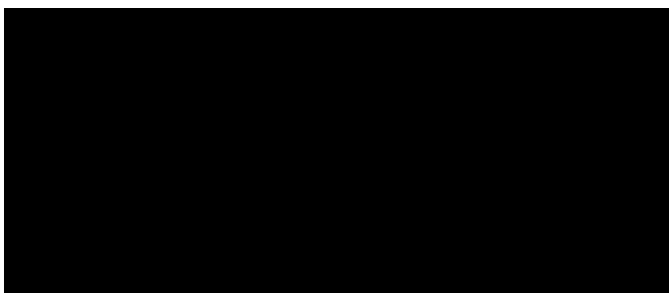
INFORMATION GATHERED IN THE INTERVIEW

The information from your interview will be combined with the information given by other resident families, carers and friends from all aged care homes visited. Your identity will not be revealed, and your confidentiality will be protected in any reviews and reports of this study that may be published. This means you cannot be identified by your aged care home or the Department from the information you provide. This information will be summarised in a report on the IPC Lead role evaluation.

Information collected for the evaluation will be stored securely in Australia. Only the evaluation team, the Department and other agencies required by law may inspect records related to the evaluation.

ADVICE AND INFORMATION

If you have any further questions regarding this evaluation, please do not hesitate to discuss it with the evaluation team conducting the interview or contact the HMA Project Manager:



The WA Country Health Service Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the WACHS HREC and WACHS Research Governance Manager, wachs.hrec@health.wa.gov.au, phone 0417 068 594.

CONSENT FORM

Title	Evaluation of the Infection Prevention and Control Lead Nurse role in Residential Aged Care Facilities
Short title	IPC Lead case studies
Protocol number	2023-09-1078
Project investigator	Healthcare Management Advisors (HMA)
Project sponsor	Australian Government Department of Health and Aged Care

Note: All parties signing the consent section must date their own signature.

Declaration by participant

I am 18 years or older.

I have read, or have had read to me, and I understand the participant information and consent form.

I have had the opportunity to discuss this with an independent person.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this evaluation as described and understand that I am free to withdraw at any time during the study without affecting the future care of my family member or friend who is a resident of this aged care home.

I understand the purposes, processes and risks of the evaluation described in the information sheet.

I understand that I will be given a signed copy of this document to keep.

Signature

Date:

Name of participant
(Please print)

Date of verbal consent:

Name of support
person (if applicable)
(Please print)

Declaration by aged care home staff member

I have given a verbal explanation of the evaluation, its processes, and risks, and I believe that the participant has understood that explanation.

Signature

Date:

Name of aged care
home staff member
(Please print)

13 WACHS PICF RACF

INTRODUCTION

You are invited to participate in the evaluation of the Infection Prevention and Control (IPC) Lead Nurse role in Residential Aged Care Facilities (RACFs). This is because you are a provider of residential aged care. This project is evaluating the IPC Lead Nurse role in RACFs.

The rollout of the IPC Lead Nurse role in aged care homes is funded by the Australian Government Department of Health and Aged Care (the Department). The evaluation is being conducted by Healthcare Management Advisors (HMA).

Please read this information carefully and feel free to ask the evaluation team about anything that you don't understand or want to know more about.

Participation in this evaluation is voluntary. If you agree to take part in the evaluation, you will sign and date the consent form.

You will be given a copy of this Participant Information and Consent Form to keep.

PURPOSE OF THE EVALUATION

You are invited to participate in this evaluation, which is being conducted to assess the introduction of the IPC Lead role on IPC capability in residential aged care services with a focus on:

The evaluation will include case study visits to 18 aged care homes across Australia. The purpose of the case studies will be to enable an in-depth exploration of the implementation and outcomes of the IPC Lead program.

At least one resident's family member, carer or friend will also be nominated to be interviewed at each aged care home by telephone or videoconference. The interviews will discuss the experience of the resident's family member, carer or friend with infection prevention and control practices (e.g. hand washing, use of face masks) when visiting a resident of this aged care home and/or relay the experience of the family member or friend who is a resident of this aged care home.

RACF CASE STUDY VISIT

The case study visit will be scheduled on a specific agreed day in the month of October 2023. Individual and/or small group discussions with IPC Lead Nurses, RACF manager/operational leads and RACF staff (personal care workers, nurses/enrolled nurses, administrative staff) for up to 50 minutes will be undertaken with the HMA evaluation team. To enable efficient use of time an interview guide will be distributed prior to the case study visit outlining discussion topics. A case study template will also be distributed prior to the case study visit for RACF providers to complete.

Where competing priorities of RACFs take precedence, case studies may be undertaken virtually by Microsoft Teams where an on-site visit is absolutely not possible.

RESIDENT FAMILY/CARER INTERVIEWS

The RACF provider will be asked to assist with the nomination of up to five residents and their family members, carers or friends to approach and gather informed consent to participate in the evaluation.

The RACF provider will provide the Participant Information and Consent Form to the aged care resident (if the resident is cognitively able to provide informed consent). The RACF provider will contact the aged care

resident's nominated family member, carer or friend to gather consent and permission for HMA to contact them to participate in the evaluation interview. The RACF provider will send an electronic copy of the Participant Information and Consent Form to the nominated family member, carer or friend if available means or else a hard copy.

The RACF provider will provide advice and guidance to consider for the evaluation team when engaging with the families, carers, and friends of residents.

HMA will contact the nominated family member, carer, or friend to schedule an interview in October 2023 which will take up to 20 minutes.

POSSIBLE BENEFITS

There may be no direct benefits to you for taking part in the evaluation. This is an opportunity for you to provide feedback on the implementation and impact of the IPC Lead role at this aged care home. If you experience any discomfort or distress as a result of participating in the case study interview the WACHS Employee Assistance Providers PeopleSense (1300 307 912) and Benestar (1300 360 364) are available for you to access.

There is no reimbursement or payment for participation in this evaluation.

RISKS AND DISCOMFORTS

There is a very low risk that you may experience some distress discussing the topics in the case study interview. You can stop the interview at any time and choose to withdraw from the interview.

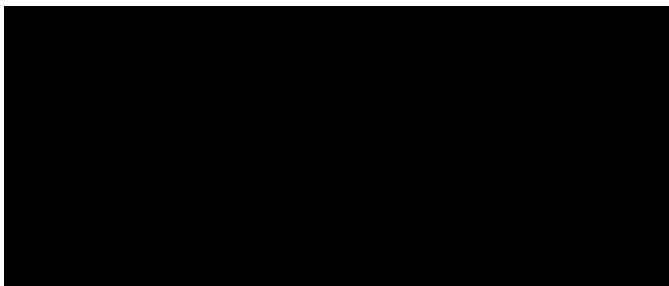
INFORMATION GATHERED IN THE INTERVIEWS

The information from your interview will be combined with the information given by other RACF case studies. Your individual identity will not be revealed, and your confidentiality will be protected in any reviews and reports of this study which may be published. This information will be summarised in a report on the IPC Lead Nurse role evaluation.

Information collected for the evaluation will be stored securely in Australia. Only the evaluation team, the sponsor (the Department) and other agencies required by law may inspect records related to the evaluation.

ADVICE AND INFORMATION

If you have any further questions regarding this evaluation, please do not hesitate to discuss it with the evaluation team visiting your aged care home or contact the HMA Project Manager:



The WA Country Health Service Human Research Ethics Committee has reviewed and approved this study (**case studies only**) in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may

contact the WACHS HREC and WACHS Research Governance Manager, wachs.hrec@health.wa.gov.au, phone 0417 068 594.

CONSENT FORM

Title	Evaluation of the Infection Prevention and Control Lead Nurse role in Residential Aged Care Facilities – case studies
Short title	IPC Lead case studies
Protocol number	2023-09-1078
Project investigator	Healthcare Management Advisors (HMA)
Project sponsor	Australian Government Department of Health and Aged Care

Note: All parties signing the consent section must date their own signature.

Declaration by participant

I am aged 18 years or older.

I have read, or have had read to me, and I understand the participant information and consent form.

I have had the opportunity to discuss this with an independent person.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this evaluation as described and understand that I am free to withdraw at any time during the study.

I understand the purposes, processes and risks of the evaluation described in the information sheet.

I understand that I will be given a signed copy of this document to keep.

Signature

Date:

Name of participant
(Please print)

Declaration by HMA evaluation team member

I have given a verbal explanation of the evaluation, its processes, and risks, and I believe that the participant has understood that explanation.

Signature

Date:

Name of HMA
evaluation team
member
(Please print)

14 WACHS PICF RESIDENT

INTRODUCTION

You have been invited to participate in the evaluation of the Infection Prevention and Control (IPC) Lead Nurse role in Residential Aged Care Facilities (aged care homes). This is because you are a resident of this aged care home. This project is evaluating the IPC Lead Nurse role in aged care homes.

The rollout of the IPC Lead Nurse role in aged care homes is funded by the Australian Government Department of Health and Aged Care (the Department). The evaluation is being conducted by Healthcare Management Advisors (HMA).

This Participant Information Sheet tells you about the evaluation project. It will help you understand the process involved with taking part in the evaluation, and help you decide if you want to participate.

Please read this information carefully and feel free to ask the evaluation team about anything that you don't understand or want to know more about. Before deciding whether to take part, you might want to talk about it with a relative, carer or friend.

Participation in this evaluation is voluntary. If you don't wish to take part, you don't have to. You will receive the best possible care whether you take part or not. If you decide you want to take part in the evaluation project, you will be asked to sign the Consent Form.

You will be given a signed and dated copy of this Participant Information Sheet and Consent Form to keep.

PURPOSE OF THE EVALUATION

You will nominate a family member, carer, or friend who will be invited to participate in the evaluation through an interview with an HMA evaluation team member. This evaluation is being conducted to assess how well the use of IPC Lead Nurse roles can help increase infection prevention control (e.g. hand washing, use of face masks) expertise in aged care homes. Infection prevention and control practices can help stop the outbreak and spread of infectious diseases, for example, COVID-19 or the influenza virus.

The evaluation will include visits to 18 aged care homes across Australia to talk with IPC Lead Nurse roles, aged care staff, and residents' families, carers, or friends. At least one resident's family, carer or friend will be nominated by a resident to be interviewed by telephone/videoconference from each aged care home.

The interviews will discuss their experience with infection prevention and control practices as a visitor to your aged care home and any impact on residents, aged care staff or visitors (families, carers, and friends).

RESIDENT FAMILY/CARER/FRIEND INTERVIEWS

The evaluation team will interview your nominated family, carer or friend by telephone or videoconference.

The interviews will be scheduled for October 2023. The interview with the evaluation staff member should take up to 20 minutes.

Should your nominated family member, carer or friend agree to participate in the evaluation interview, they can change their mind at any time and withdraw. Information already received will be stored unless they request otherwise. No further information will be collected about them.

Your decision about whether to take part and the information you give will not affect the care you receive or your relationship with your care providers and the evaluation team.

POSSIBLE BENEFITS

There may be no direct benefits to you for taking part in the evaluation. This is an opportunity for your family, carer, or friend to provide feedback on infection prevention and control practices at your aged care home.

There is no reimbursement or payment for participation in this evaluation.

RISKS AND DISCOMFORTS

There is a very low risk that you may experience some distress on reflection of the topic (infection prevention and control in aged care homes) to be discussed in the interview. Family, carers, and friends can stop the interview at any time and choose to withdraw from the interview should they experience any distress from discussions during the interview. If you or your nominated family, carer or friend experience any distress or discomfort there are support services available for you to access including LifeLine (13 11 14), SANE Australia (1800 187 263), and Beyond Blue (1300 224 636).

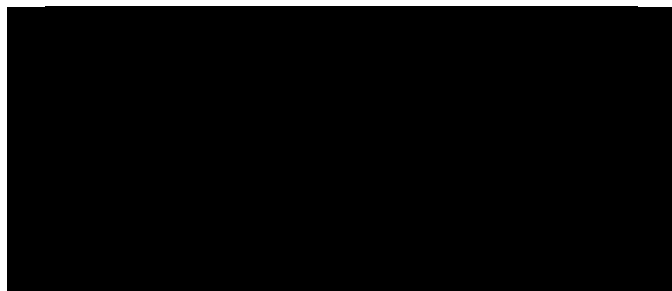
INFORMATION GATHERED IN THE INTERVIEW

The information from interviews will be combined with the information given by other residents' families and carers from all aged care homes visited. Your identity will not be revealed, and your confidentiality will be protected in any reviews and reports of this study that may be published. This means you cannot be identified by your aged care home or the Department from the information you provide. This information will be summarised in a report on the IPC Lead Nurse role evaluation.

Information collected for the evaluation will be stored securely in Australia. Only the evaluation team, the sponsor (the Department) and other agencies required by law may inspect records related to the evaluation.

ADVICE AND INFORMATION

If you have any further questions regarding this evaluation, please do not hesitate to discuss it with the evaluation team visiting your aged care home or contact the HMA Project Manager:



The WA Country Health Service Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the WACHS HREC and WACHS Research Governance Manager, wachs.hrec@health.wa.gov.au or phone 0417 068 594.

CONSENT FORM

Title	Evaluation of the Infection Prevention and Control Lead Nurse role in Residential Aged Care Facilities – case studies
Short title	IPC Lead case studies
Protocol number	2023-09-1078
Project investigator	Healthcare Management Advisors (HMA)
Project sponsor	Australian Government Department of Health and Aged Care

Note: All parties signing the consent section must date their own signature.

Declaration by participant

I have read, or have had read to me, and I understand the participant information and consent form.

I have had the opportunity to discuss this with an independent person.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this evaluation as described and understand that I am free to withdraw at any time during the study without affecting my future care.

I understand the purposes, processes and risks of the evaluation described in the information sheet.

I understand that I will be given a signed copy of this document to keep.

Name of nominated
family member, carer or
friend

(Please print)

Signature

Date:

Name of aged care
resident (Please print)

Declaration by aged care home staff member

I have given a verbal explanation of the evaluation, its processes, and risks, and I believe that the participant has understood that explanation.

Signature

Date:

Name of aged care
home staff member

(Please print)

15 FAMILY FRIEND CARER INTERVIEW GUIDE

INTRODUCTION

You have consented to participate in this evaluation, which is being conducted to evaluate how well the use of the IPC Lead Nurse role can help increase infection prevention control expertise in aged care homes. Infection prevention and control practices can help stop the outbreak and spread of infectious diseases, for example, COVID-19 or influenza.

The interviews will discuss your experience with infection prevention and control practices (e.g. hand washing, use of face masks) when visiting a resident of this aged care home and/or relay the experience of the family member or friend who is a resident of this aged care home. The interview should require up to 20 minutes.

You can stop the interview and withdraw at any time. Information already received will be stored unless you request otherwise. No further information will be collected about you.

Your decision about whether to take part and the information you give will not affect the care residents of the aged care home receive or your relationship with your care providers and the evaluation team.

INTERVIEW DISCUSSION AREAS

1. What kind of infection prevention and control practices – for example, hand washing, and use of face masks – are you aware of or do you see being done here at this aged care home? Please note, that this includes practices exhibited by residents, visitors, or aged care home staff.
2. There is now a nurse dedicated to improving infection prevention and control in each aged care home across Australia since the end of 2020 during the COVID-19 pandemic.
 - a. Are you aware of this role and who undertakes it here at this aged care home?
 - b. How does the aged care home keep you informed about the infection prevention and control practices in place at the home?
 - c. How does the aged care home communicate with you when there is an outbreak of an infectious disease (e.g. influenza, COVID-19) at the home? Has this changed or improved over the past one to two years?
 - d. How do you feel infection prevention and control practices have changed since the COVID-19 pandemic and has this impacted aged care home residents, staff, or visitors (family, carers, or friends)?
3. How reassured do you feel knowing the aged care home has a person with specialist training overseeing infection prevention and control?
4. Are there opportunities for improvement in infection prevention and control practices in aged care homes? If so, what are they?

16 CASE STUDY VISIT GUIDE

INTRODUCTION

The Infection Prevention and Control (IPC) Lead role is a key component of reform efforts led by the Australian Government following a special report on COVID-19 and aged care produced by the Royal Commission into Aged Care Quality and Safety in 2020. All residential aged care facilities (RACFs) were required to appoint an IPC Lead by 1 December 2020. This requirement is ongoing.

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

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 (IPC Lead) role.

The evaluation will include case study visits to 18 RACFs across Australia. The sample of 18 RACFs will have a mix of provider type, geography, facility size, scope of service offering, and IPC Lead role variables such as full-time equivalent hours worked by nurses in the IPC Lead role. At least one family member, carer, or friend of a resident from each RACF case study site will also be nominated to be interviewed by HMA. The interviews with family/carers/friends of RACF residents will be conducted by telephone or videoconference.

PURPOSE OF CASE STUDIES

The purpose of the case studies is to enable an exploration of the impact of the IPC Lead program. Factors impacting the implementation and delivery of the IPC Lead program will also be discussed to understand the sustainability and impact of the program.

Information received through consultation will not be directly attributed to individuals or organisations and instead will be aggregated and analysed thematically to understand the key insights. A summary of the consultation outcomes will be included in the final evaluation report. It will be considered alongside other evaluation findings and insights to inform the development of ongoing recommendations.

CASE STUDY MODE

HMA will schedule an in-person site visit to each RACF case study site on an agreed day in October 2023. A discussion guide will be distributed to RACFs before each site visit. During the visit, HMA will conduct individual and/or small group discussions with RACF operational leads, care staff, and IPC Leads.

Where competing priorities of RACFs take precedence, case studies may be undertaken virtually via Microsoft Teams where an on-site visit is absolutely not possible.

In addition, a written response to the discussion areas may be submitted to supplement case study site visits and discussions. A template for this will be sent to each RACF before the case study site visit alongside the discussion guide.

FAMILY, CARER AND FRIEND INTERVIEWS

Informed consent will be gathered from the RACF provider, resident, and family/carers/friend. The case study approach will be reviewed by WA Country Health Service HREC in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates.

The RACF provider will be asked to assist with the nomination of a resident and their family, carer, or friend to approach and gather informed consent to participate in the evaluation. Up to five family, carers or friends

may be nominated and approached for informed consent to participate in an interview. HMA will aim to interview at least one of these individuals. Approximately 18 interviews will be conducted (at least one per RACF case study). HMA will offer a 20-minute online session with each RACF to guide the provider through the family, carer and friend interview purpose and process.

Only residents with cognitive capacity to understand the project and provide consent will be consented to the project. Only qualified RACF staff will make an assessment on which residents have cognitive capacity to understand the project, and provide consent and nominate a family member, carer or friend to participate. The RACF provider will contact the aged care resident's nominated family member, carer, or friend to gain permission for HMA to contact them to participate in the evaluation interview. Participants for whom English is a second language, have a low proficiency in literacy, visual, or hearing impairment should have a support person (e.g. friend, family member) to assist them in understanding the evaluation interview purpose and their participation. The RACF provider will send an electronic copy of the Participant Information and Consent Form to the nominated family member, carer, or friend or by hard copy.

The RACF provider will provide advice and guidance to consider for the evaluation team when engaging with the families, carers, and friends of residents.

HMA will contact the nominated family member, carer, or friend to schedule an interview in October 2023 which will take up to 20 minutes.

DISCUSSION AREAS

Operational leads and managers

56. What do you understand the purpose and intended benefits of the IPC Lead role in RACFs to be?
57. What are the drivers for RACFs to effectively implement the IPC Lead role? (e.g. funding for professional development, capacity to manage outbreaks, reputational risk)
58. What enablers and challenges have existed with the implementation of the IPC Lead role? (e.g. related to workforce, IPC training, IPC Lead reporting, other factors)
59. How has the IPC Lead program impacted the nursing career pathway, role satisfaction and career opportunities in RACFs and/or the aged care sector more broadly?
60. How relevant are the current training and supports available for IPC Leads to use in their role in aged care homes?
61. How appropriate is the ongoing support for IPC Lead roles? (e.g. online information and resources, communities of practice, networks, or forums)
62. How does the IPC Lead program align with the broader aged care regulatory context, that is, the Aged Care Quality Standards and ACQSC regulatory framework?
63. How does the IPC Lead role align with IPC practices in healthcare services, i.e., health services provided within aged care settings (e.g. residential in-reach) or RACFs co-located with hospitals?
64. How does the IPC Lead program align with other relevant aged care policy positions and guidance?
65. How has the IPC Lead role assisted RACFs in managing outbreaks of infectious diseases (particularly COVID-19 and influenza)? (e.g. training, PPE supply chain management and use, visitor restrictions, clinical testing, use of surge workforce)
66. How have IPC practices improved or changed over the last one to two years in aged care homes?
67. How have these changes in IPC practices impacted residents, their families, carers, and friends?
68. How has the IPC Lead role influenced these changes in IPC practices or residents, their families, carers, and friends directly?
69. What are the opportunities to improve the IPC Lead program and make it more effective and sustainable in the future? (e.g. ongoing investment in professional development, access to other supports offered by the sector accessible to the IPC Lead)?
70. Could the IPC Lead role be modified to support providers of other aged care services such as home care or flexi-care? If so, how?
71. Other comments, ideas, thoughts, or questions?

Aged care staff (e.g. personal care workers)

1. What do you understand the purpose and benefits of the IPC Lead program to be?
2. Have you been involved in or participated in any IPC training related to your role at the aged care home? If so, do you think your knowledge of IPC practices has improved or changed?
3. How have IPC practices improved or changed over the last one to two years in aged care homes?
4. Have any changes in IPC practices at the RACF impacted residents, their families, carers, and friends? If so, how?
5. What are the opportunities to improve the IPC Lead program?
6. Other comments, ideas, thoughts, or questions?

IPC Leads

1. What do you understand the purpose and benefits of the IPC Lead program to be?
2. How has the IPC Lead program impacted the nursing career pathways, role satisfaction and career opportunities in RACFs and/or the aged care sector more broadly?
3. Has the IPC Lead role impacted other aspects of your role in the RACF?
4. What information and support do you access and use to undertake the IPC Lead role? (e.g. online information and resources, communities of practice)
5. How does the IPC Lead role contribute to the RACF achieving compliance with the Aged Care Quality Standards? (Particularly Standards 3, 7 and 8)
6. How has the IPC Lead role assisted RACFs in managing outbreaks of infectious diseases (particularly COVID-19 and influenza)? (e.g. training, PPE supply chain management and use, visitor restrictions, clinical testing, use of surge workforce)
7. How have IPC practices improved or changed over the last one to two years in aged care homes?
8. How has the IPC Lead role influenced these changes in IPC practices?
9. How have these changes in IPC practices impacted residents, their families, carers, and friends?
10. What are the opportunities to improve the IPC Lead program and make it more effective and sustainable in the future? (e.g. ongoing investment in professional development, access to other supports offered by the sector accessible to the IPC Lead)?
11. Could the IPC Lead role be modified to support providers of other aged care services such as home care or flexi-care? If so, how?
12. Other comments, ideas, thoughts, or questions?