



Voices of the AICA

Presented by the Australian Infection Control Association (www.aica.org.au)
A Webber Training Teleclass




Voices of the AICA

IT'S EASIER IF WE ALL PULL TOGETHER



Claire Boardman BN, Cert IC, MPH, CICP
President, Australian Infection Control Association
Adjunct Griffith University

Philip Russo M.Clin.Epid
Chair, AICA National Consultative Steering Committee
National Project Manager, Hand Hygiene Australia




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A bit of background

- 2010 AICA celebrates 25 years
- Membership of 1200 across Australia with separate executives (declining)
- Made up of States/Territory representatives who form the AICA Executive
- Significant challenges to meet the needs of the membership


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COMMITTEE REPRESENTATION

- National HH initiative
- National surveillance committee
Implementation advisory committee
 - Reducing harm to patients from HAIs: An Australian infection prevention & control model for acute hospitals
 - Education models for the novice ICP
- National Infection Control Guidelines
- Antimicrobial stewardship

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EXTERNAL PARTNERSHIPS



AUSTRALIAN

- Standards Australia
- ACHS
- HaaaICSIG/ASID
- ASHM
- University linkages



INTERNATIONAL

- IFIC
- HIS
- APIC
- NNZO
- APSIC (Sri Lanka)
- WHO - GOARN
- UAE - IC course

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PRIORITY AREAS FOR AICA

- Healthcare Infection Journal
- Credentialing
- Education
- Research & development
- Representation
- Respected voice



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PRIORITY AREAS FOR AICA

WORKING WITH INDUSTRY MAJOR PARTNERS

3M	 <small>practical • ingenious solutions • succeed™</small>	Marketing for IC
Covidien		Annual scholarships
BD	 <small>Helping all people live healthier lives</small>	Six sigma training
ASHM		PCO
CSIRO		Publisher

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Some of the challenges

Perception that AICA has lost touch with members & their concerns

Change on multiple fronts

Limitations for growth & development

Lost opportunities due to organisational structure



Rumour mill - more accurate and faster than formal communication

Suspicion regarding external relationships

Commitment from membership to assist in projects and representation

Confusion about changing agendas

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WHY DO WE NEED to CHANGE?

The situation that exists
Duplication in effort
Organisational structure/volunteer body
Financial constraints
Not sustainable long term
Stratified communication
Lack of consensus State vs National

What's changed?
Increased activity
Flagging interest of membership
Lack of support for S/T associations
Restricted capacity of the Executive
Professional profile of AICA & ICP

The solution (actions, options)
Do nothing (status quo)
Seek the views of the membership
Establish a transition committee
Implement preferred option

What will happen?
Appoint CSC
Ask the members
Seek legal and financial advice
Wind up the association
Re-open as a new entity

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Process for review

2009	Started to plant the seed – discussion around future models
June 2010	AICA Executive agrees to explore other Business Operating models
Jul – Aug 2010	Communication to members regarding proposed changes Commence consultation with S/T Presidents and Executive members Commence discussions with Moores legal Commence review of other business models such as MSF, CENA, APNA
September 2010	Advertise Nationally for 6 members to form NCSC Further communication to members about proposed changes
October 2010	Vote at AGM to review structure & establish a NCSC
Sept– Dec 2010	Appoint members of NCSC Appoint Chair Appoint Secretariat Establish TOR, Code of Conduct etc

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NCSC TOR

Purpose	To identify & make recommendations for organisational restructure of AICA
Role	<ul style="list-style-type: none"> Set priorities for action Establish realistic timelines for release of discussion documents & communication Provide expert advice & assistance Provide support to NCSC Chair Deliver a proposed model by Sept 2011
TOR	<ul style="list-style-type: none"> Propose a new model for a new national entity Identify & make recommendations for organisational restructure Consult with AICA Exec & S/T executives Act as a liaison with membership of AICA & others as required Act as an advocate for change as appropriate Work to facilitate outcomes in conjunction with appointed chair Work in partnership with Moores Legal, & appointed secretariat Work to agreed timelines

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All working together to design the best possible competitive model



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PROPOSED STRUCTURE OF A NEW NATIONAL BODY FOR INFECTION CONTROL AND PREVENTION

National Consultative Steering Committee

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Claire Boardman (claire_boardman@health.qld.gov.au)
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Timeline

1 st Quarter Jan – Mar	<ul style="list-style-type: none"> • Establish an independent website (AICA website) which can be regularly updated • Provide an avenue for AICA members and other stakeholders to submit feedback/comments/questions. To remain in place for the lifespan of the NCSC. • Review national membership data base to ensure it is up to date and ready to engage • Create template for e-newsletters • Consultative Round 1: NCSC with AICA Executive and State/Territory Associations • Present progress report to AICA Executive Committee • Identify appropriate process for feedback and evaluation for next consultation round • Draft potential models for an organisational structure in preparation for consultation round 2.
2 nd Quarter Apr – June	<ul style="list-style-type: none"> • Consultative Round 2: Call for consultation with membership and key stakeholders <ul style="list-style-type: none"> ○ E Newsletter ○ Website – Survey ○ Teleclass 9th May ○ AICA Newsletter • Present progress report to AICA Executive • Review feedback • Consultative Round 3: Submission business case to AICA Executive

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The content of this presentation are intended to be accompanied by explanatory commentary for the 'Voices of AICA' Teleclass to be conducted on 9th May 2011 and should not be used outside of this context

AICA NCSC

Timeline

3 rd Quarter Jul – Sep	<ul style="list-style-type: none"> • Revision of business case and model • Consultative Round 4: Open Community Consultation • Revise and finalise model • Present model to legal consultants for opinion • Present progress report to AICA Executive • Release final organisational structure, business plan and membership fees proposal to membership
4 th Quarter Oct – Dec	<ul style="list-style-type: none"> • Launch of new national organisation • Prepare a critical path for short to long-term marketing, incorporating guidelines for a national membership marketing campaign and building the national resource base; establishing strategic alliances; ongoing communication and media plan; sponsorship partnerships; and the strengthening of delivery services • Develop new logo and produce new membership brochure • Announce to members that Steering Committee task has been finalised

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Consultation

- **Victorian** Infection Control Practitioners Association 18th February
- **Tasmanian** Infection Control Association 24th February
- **Australian Capital Territory** Infection Control Association 24th
- Infection Control Association of **New South Wales** 25th February
- Infection Control Association of **Western Australia** 25th February
- Infection Control Practitioners Association of **Queensland** 1st March
- Infection Control Association of **South Australia** 1st March
- AICA Executive 30th March
- State & Territory Association Presidents 31st March

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Consultation

- Website
 - White Paper
 - Online Survey (closes Friday 13th May)

Dashboard Apr 4, 2011 - May 4, 2011

Site Usage

- 821 Visits
- 1,289 Pageviews
- 1.57 Pages/Visit

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Who is interested?

Detail Level	City	Visits	Visits	City contribution to total	Visits
1	Melbourne	165	20.37%		7.04%
2	Sydney	128	15.80%		14.69%
3	Brisbane	119	14.69%		15.80%
4	Adelaide	98	12.10%		7.04%
5	Perth	62	7.65%		3.46%
6	Hobart	57	7.04%		1.48%
7	Canberra	28	3.46%		1.36%
8	Albany	12	1.48%		1.36%
9	Geelong	11	1.36%		
10	Launceston	11	1.36%		

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 **Review**


- Royal College of Nursing Australia
- Infection Prevention Society UK
- Association of Professionals in Infection Control
- Community and Hospital Infection Control Association – Canada
- Australian Society for HIV Medicine
- Australian Mathematical Association
- Gastroenterological Nurses College of Australia Inc (GENSA)
- Coalition of National Nursing Organisations
- Australasian College for Emergency Medicine
- Australasian Society of Infectious Diseases
- College of Emergency Nursing Australasia
- Australasian Society for Emergency Medicine

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 **How will the new structure effect me?**


- More Education workshops
- More scholarships offered
- Greater opportunity to be involved in research
- Network with colleagues from similar workplaces or interests through Special Interest Groups
- Receive education online
- Annual national conference
- Have a national identity
- More options for membership
- Full Membership fee \$145

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 **KEY POINTS OF THE PROPOSED STRUCTURE?**


1. A name accurately reflecting the functions of the new national body
2. An Executive Council incorporating State and Territory, consumer and Operational representation
3. Creation of a General Manager, Executive Officer and other paid administrative roles
4. Creation of four sub committees

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 **KEY POINTS OF THE PROPOSED STRUCTURE?**

5. Increased level of educational and resource support through
 - i. Creation of 16 Special Interest Groups
 - ii. Extensive range of Education workshops
 - iii. Annual National Conference
 - iv. Increased use of technology for delivery of education
6. Seven levels of membership representing various entitlements and fees
7. Ten year Business Plan


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 **A name**

- College
- Society
- Australasian
- Infection Prevention
- Control
- Healthcare

The NCSC will offer several variations of a name, but believe that members should determine the preferred name

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 **Proposed organisational structure**

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    graph TD
      EC["Executive Council  
President1  
Seven (7) elected State/Territory-based Members2  
Three (3) Elected General Members3  
One (1) Consumer Representative4  
One (1) General Manager5"]
      EO["Executive Officer6"]
      EC --- EO
      EC --- C1["Credentiaing & Professional Standards Committee"]
      EC --- C2["Education and Research Committee"]
      EC --- C3["Policy and Publications Committee (Includes Healthcare Infection)"]
      EC --- C4["Special Interest Group Advisory Committee"]
    
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Proposed organisational structure

1. EC: Elected by vote of full membership; Specific eligibility criteria including membership and professional standing; Full voting rights.
2. EC: One member elected to represent each State and Territory prior to wind down of associations; Specific eligibility criteria including membership and professional standing; Required to reside in the jurisdiction and voted upon by only members from that same jurisdiction; Offices of Vice-President, Honorary Secretary and Honorary Treasurer to be appointed from this committee
3. EC: Four elected members; Voted in by all full membership; Specific eligibility criteria including membership and professional standing; Full voting rights;
4. EC: One consumer represented; Voted in by the Executive Council; Specific eligibility criteria; Full voting rights;
5. GM: Appointed by the Executive Council; Non-voting member.
6. EO: Appointed by the Executive Council; Non-member of Executive Council; Specific professional skill set in infection prevention and control, business, and education.


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Role of the Executive Council

- Provide the overall strategic direction of the national body;
- Determine internal policies governing the operations of the national body;
- Enter into an agreement with the General Manager to manage the national body;
- Approve annually, a corporate plan for the next three years and a one year business plan;
- Approve the annual budget and long term budgets;
- Review the annual performance of the national body;
- Act as an interface between the General Manager and stakeholders;

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Role of the Executive Council

- Approve a delegations register authorising relevant staff to carry out actions on behalf of the national body;
- Approve all items of capital expenditure as set out in the delegations register;
- Review and provide feedback on the performance of the General Manager;
- Establish and determine the powers and functions of the committees of the national body
- Review the terms and conditions of senior management through the annual performance review

Executive Council members will receive remuneration.


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Paid positions

- General Manager
 - responsible for the financial, human resource, service development, quality and performance management of all services for the association
- Executive Officer
 - Devise and implement targeted Education Programs
 - apply for sponsorship and grants to support the Education Programs
 - development of clinical guidelines, policies and position papers
- Secretarial and administrative support services


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Committees

- **Credentialing and Professional Standards Committee**
 - To carry out Credentialing of members
 - To determine, develop, promulgate, and publish the professionals standards relating for infection prevention and control across Australasia
 - To advise and recommend to the AICA National Consultative Steering Committee regarding credentialing and professional standards

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Committees

- **Education and Research Committee**
 - To develop, promote and facilitate educational material for national body members
 - To promote and facilitate the education of national body members in local & national infection control policies & procedures
 - To advise and recommend to the national body Executive Council educational opportunities to create awareness of and provide leadership relating to infection control issues
 - To advise and recommend to the Executive Council collaborative opportunities relating to infection control education
 - To advise and recommend to the AICA National Consultative Steering Committee regarding education and research


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Claire Boardman (claire_boardman@health.qld.gov.au)
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Committees

- **Policy and Publication Committee**
 - Policies
 - To develop evidence based policies
 - To advise and recommend to the AICA National Consultative Steering Committee regarding policy and publication
 - Official Publication
 - The official publication of the Association shall be *Healthcare Infection*
 - All members shall receive *Healthcare Infection*.
 - To ensure that appropriate infection control policies and procedures are scholarly, evidence based, regularly reviewed, and appropriate for implementation

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Committees

- **Special Interest Group Advisory Committee**
 - Establish, lead and oversee functions and activities of special interest groups

Acute Care Hospitals	Long Term Care and Aged care
Community Care	Mental Health
Cosmetic and Beauty industry	Public Health
Defence	Rural and Remote
Dental	Sexual Health/IDU
Environmental health	Staff Health
General Practice	Sterilization
Indigenous Health	Veterinary


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Education and resource support

- Special Interest Groups
- Extensive range of Educational workshops
- Annual national conference
- Increased use of technology


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Educational workshops

Basic Principles for Infection Prevention and Control	Designing a research study	Preparing for Accreditation
Cleaning, Disinfection and Sterilisation	Infection Control in an Ambulatory Setting	Infection Control in Office Based Practice
Epidemiology and using statistics	Report writing-what do you need to know	Developing policies, procedures and audit tools in Health Care
Building a Business Case	Renovation and Redesign	Immunisation
Writing and publishing your outbreak, project or case study	How to use social marketing to promote a project or programme	Infection Control in Long Term care
Mentoring	Blood and Body fluid exposure management	Journal Clubs


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Seven levels of membership

Full \$145	<ul style="list-style-type: none"> Full voting rights Access to two special interest groups Healthcare Infection journal Quarterly newsletter Reduced costs for education and conferences including pre and post-conference workshops Eligibility to apply for scholarships Access to position and policy papers Free webinars (limited) Able to apply for credentialed status. Access to Infexion Connexion Ability to use the notation (M) followed by new organisation's abbreviation e.g. (MACIP)
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Seven levels of membership

Institutional	<ul style="list-style-type: none"> No voting rights Access to two special interest groups Healthcare Infection journal (one per institution) Quarterly newsletter Limited discounts to educational activities as the discretion of the council Eligibility to apply for scholarships (discretion of council) Access to Infexion Connexion Membership to be transferable from one member to another Nominate 'members' within institution (affiliate members) Cannot be eligible for credentialed status
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1-3	\$275
4-10	\$750
11-20	\$1750
>20	\$3000

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Seven levels of membership

Student \$75	Same entitlements to as full member except no voting rights.
Fellow \$200	Same entitlements to as full member. Ability to use the notation (F) followed by new organisation's abbreviation e.g. (FACIP) Can represent the association as the discretion/direction of the council
International Developing Country \$0 Developed Country \$160	Same entitlements to as full member Different membership costs for developed and developing countries. Developing countries to be determined by the Executive Council

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Seven levels of membership

Corporate \$2000	No voting rights Healthcare Infection journal (limited to be determined) Logo on page of corporate members on the website Reduction of 5 – 10 percent to attend seminars/conferences First preference to represent company at regional sessions Access to Infexion Connexion Certificate
Life (closed)	Closed category Entitlements of full member

*Additional special interest groups attract a cost of \$10 per year

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Finances

- Year 1 & 2 run at a significant loss to establish association
- Break even by year 5
- Ten year conservative budget estimate indicates >\$400 000 in bank in Year 10 of new association
- Budget is based on no increase in membership numbers between year 1 to year 5

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Profit and loss

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Finances

- Four fold increase education investment
- Three fold increased in scholarship investment (total cost)
- 25 annual scholarships available for all members, in addition to any corporate/industry scholarships

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Expenses Year 1

Expenditure Year 1

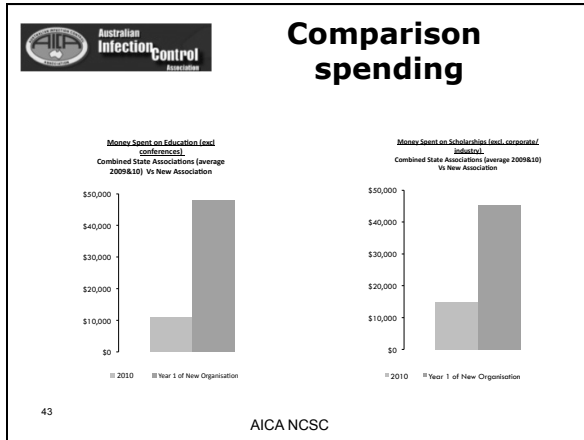
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Claire Boardman (claire_boardman@health.qld.gov.au)
Philip Russo (philip.russo@austin.org.au)
www.webbertraining.com

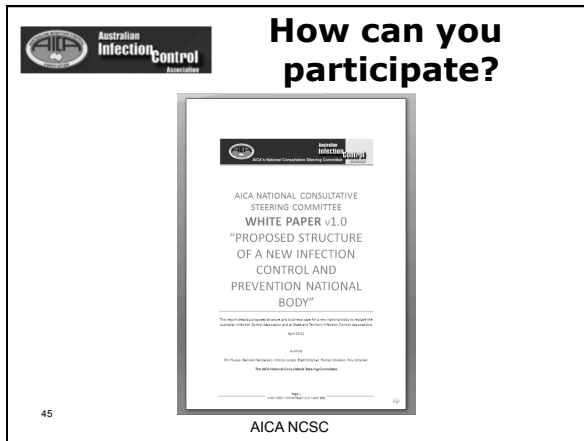
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- ### Summary- New national body
- Name
 - Structure
 - Employed management
 - Executive Council
 - Specialist Committees
 - Special Interest Groups
 - Enhanced education, scholarship and research opportunities
 - Strong financial base
 - National and international identity
 - Attractive membership packages
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How can you participate?

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Survey Responses...

1. Which State or Territory association are you a member of?

Association	Response Percent	Response Count
Victorian Infection Control Practitioners' Association	23.4%	22
Tasmanian Infection Control Association	8.5%	8
Australian Capital Territory Infection Control	3.2%	3
Infection Control Association of New South Wales	31.9%	30
Infection Control Association of Western Australia	7.4%	7
Infection Control Practitioners Association of Queensland	13.8%	13
Infection Control Association of South Australia	11.7%	11

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Survey Responses...

8. The organisational structure of the proposed National Body will see the State and Territory Associations replaced by Elected State/Territory-based members. To what extent are you in favour of this element of the proposed structure?


Response	Response Percent	Response Count
Strongly Agree	36.4%	32
Agree	55.7%	49
Neither Agree or Disagree	5.7%	5
Disagree	1.1%	1
Strongly Disagree	1.1%	1

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Survey Responses...

21. Do the proposed levels of membership and the associated benefits suit your professional needs?

		Response Percent	Response Count
Yes	<input type="checkbox"/>	92.9%	79
No	<input type="checkbox"/>	2.4%	2
Unsure	<input type="checkbox"/>	4.7%	4

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Survey Responses...

16. Would you join, contribute to, and participate in a geographically-based Special Interest Group?

		Response Percent	Response Count
Yes	<input type="checkbox"/>	72.9%	62
No	<input type="checkbox"/>	4.7%	4
Unsure	<input type="checkbox"/>	22.4%	19


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Next Steps

- Legal process
- Operating entity
- Constitution
- Transition

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AICA's National Consultative Steering Committee

QUESTIONS?

National Consultative Steering Committee

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Claire Boardman (claire_boardman@health.qld.gov.au)
Philip Russo (philip.russo@austin.org.au)
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