Queensland Health

Innovation in IPC leadership

Belinda Henderson

Chief Infection control nurse

Population Health

Queensland Health

GOARN Focal point

WHO

Queensland Government

Our approach to centralised IPC

Queensland IPC Program functions:

- Governance for IPC across the state
- Statewide HAI surveillance
- Policy, guidance, and support on preventing HAI and managing outbreaks
- IPC guidance and advice to the CHO and other internal stakeholders
- Research partnerships with leading research institutes
- Leading behavioural and cultural change to prevent HAI and promote best practice in IPC
- Development of learning materials, and delivery and support of IPC education.

Risks in the absence of an IPC program

- Patient safety compromised
- Increased cost of patient care
- Failure to meet NSQHS Standards accreditation
- Missed opportunities for quality improvement
- Failed detection and mitigation of outbreaks
- Poor data quality
- Poor organisational culture

Benefits of approach

Patient safety and quality of care

- Proactive system-level response to patient safety
- Advanced outbreak response readiness
- Improved quality of care and patient experience
- Improved health equity and outcomes, particularly for vulnerable groups
- Reduced variability

Efficiency

- Standardised, timely, accurate, accessible, and actionable surveillance data
- Reduced financial burden of HAI
- Optimised health service planning and delivery
- Reduced duplication across the system
- Improved procurement processes

Capacity building

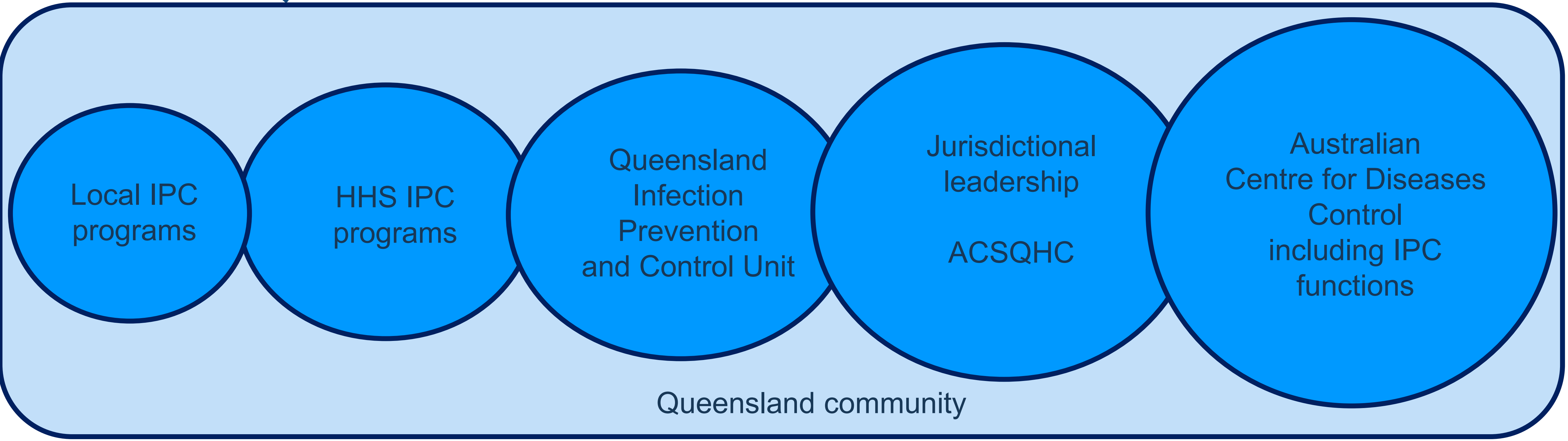
- Improved IPC support for regional, rural and remote facilities
- Capacity building of ICPs
- Collective identity
- Collaborative, innovative, agile, and responsive to the needs of the HHSs and the community
- ICPs working at top-of-scope with meaningful work

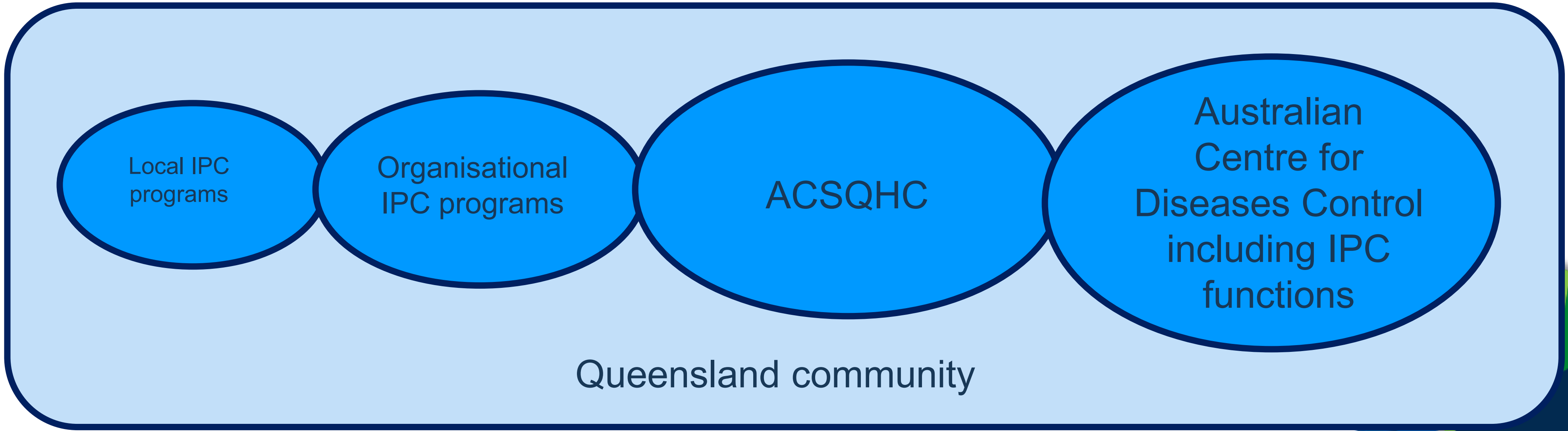
Partnerships and engagement

- Genuine engagement and collaboration
- Data sharing
- Strengthened partnership with the QICN
- Meaningful partnerships and support for clinical research and innovation
- Clinical excellence, reform, optimised efficiencies, influence on national & international policy

IPC is a state-wide priority with accountability for outcomes at a system level

IPC in Queensland





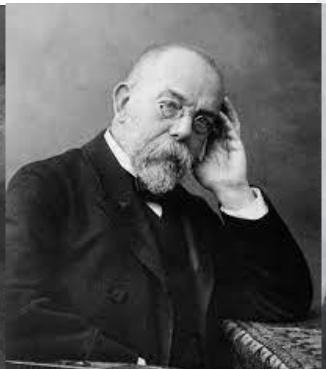
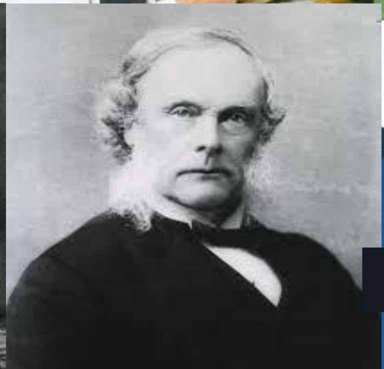
Influential health leadership

- Florence Nightingale (1820 - 1910)
- Edward Jenner (1749 - 1823)
- Alexander Fleming (1881- 1955)
- Joseph Lister (1827- 1912)
- Robert Koch (1843 - 1910)

- Virginia Henderson (1897- 1996)
- Lucy Osburn (1836 - 1891)





The best team?

Key Characteristics of a 2026 "Best Team"

- **Young/Experienced Mix:** Teams with a high-performing "prime" age group (24-28 years old) paired with elite veteran leadership.
- **Financial Power/Investment:** Teams willing to spend on roster construction and infrastructure (e.g., Cowboys, Dodgers, Real Madrid).
- **Adaptability:** The ability to change strategies based on new rules, such as faster gameplay in soccer or new rulesets in the AFL.
- **Deep Rotation:** Depth is prioritized over having one superstar, as shown by teams like the OKC Thunder, who have positive net ratings across their entire roster. Fox Sports +1





AIG


ANZ


vodafone

The best HC team?

1. Structure & Composition

- **Interdisciplinary & Multidisciplinary:** Care is provided by a coordinated mix of doctors, nurses, allied health professionals, and specialized roles like digital wellness coordinators and peer navigators.
- **"Hospital-in-the-Home" (HITH) Specialists:** Teams include practitioners who manage acute care remotely, reducing reliance on physical hospital beds.
- **Virtual Care Specialists:** Dedicated teams, such as those in Victoria's Virtual ED (Australia), provide 24/7 remote triage and emergency consultation.
- **Aged Care Focus:** Following 2025-26 reforms, teams have higher staffing mandates and specialized skill sets to support an aging population (the "silver tsunami"). Capgemini +2

2. Technology Integration (The AI-Co-pilot)

- **Ambient AI Scribes:** Clinical documentation is automated using voice-enabled tools, freeing up to 30% of administrative time for direct patient interaction.
- **Predictive Analytics & Remote Monitoring:** Teams use wearable data and real-time alerts to detect deterioration in chronic conditions (e.g., CHF, diabetes) before hospitalization is needed.
- **Data-Driven Decision Making:** Clinicians use AI-driven decision support tools that analyze EHRs, genetic data, and imaging to tailor treatments to specific individual risk factors. Boston Consulting Group +3

3. Key Team Characteristics (2026 Trends)

- **Digital Fluency as Core Competence:** Proficiency in digital health platforms, telehealth, and data interpretation is mandatory.
- **High Psychological Safety:** A culture where team members feel safe challenging assumptions and reporting errors, which is directly linked to patient safety.
- **Adaptable & Autonomous:** Due to virtual care models, professionals must be confident in working with less direct supervision.
- **Person-Centered Design:** Teams focus on user-centered design, ensuring patient portals and digital tools are easy to use for older adults. HCA Healthcare Australia +1

4. Focus on Well-being & Retention

- **Combating Burnout:** With staffing shortages, the best teams implement strategies for mental health support and work-life balance to retain staff.
- **Upskilling & Learning:** Continuous professional development is prioritized through simulation, micro-credentials, and AI training. HCA Healthcare Australia +1

What does the best team look like?

- Professor Zoe Wainer
- Dr Peter Collignon
- Dr Sally Havers
- Professor Didier Pittet
- Dr John Gerrard
- Professor Ramon Shaban
- Dame Sally Davies
- Dr Kathy Dempsey
- Dr Gina Samaan
- Lisa Gilbert
- Ann Whitfield










What does your best team look like?

- Infectious diseases physician
- Clinical microbiologist
- Nurses
- Doctors
- Allied Health
- Pharmacist
- Environmental services
- Data Epi
- Executive leadership
- Comms

- Your team

Leadership is not just about authority or accountability but about influence

- Team
  - Interdisciplinary
  - Dedicated
  - Educated and Professional
  - Curious
  - Adaptable
- Elements
  - Program
  - Education
  - Risk appetite

- Patient focus
- Staff support and focus

- Trust
- Accountability
- Credibility
- Advocacy

Core capabilities of effective Infection Prevention Nursing Leaders

Clinical credibility and expertise

- Credibility allows leaders to guide practice changes with authority and trust

System thinking

- See the whole picture: patient flow, environmental designs, staffing levels and Organisational culture

Communication and influence

- Ability to engage with clinicians, executive and support staff
- Framing information in meaningful ways, clear guidance, managing resistance/change

Data driven decision making

- Effective leaders use data not just to report but to influence

Emotional intelligence and resilience

- Your area of specialty comes with high-stakes, scrutiny and fatigue. Leaders must support their teams

AICG – Clinical Governance

System where managers and clinicians share responsibility and held accountable for pt care

An effective IPC program requires organisational support

Requires structures that support the implementation, monitoring and reporting of effective work practices

Adequate resourcing of IPC staff and to run the program

Person in charge of organisation must have:

- Overall responsibility
- Direct involvement

Slide credit Sr Michelle Doidge

What is QIPCU's role in IPC governance?

- Strategic framework for QLD
- Culture of safety and quality
- Represent QLD IPC programs state and nationally
- Support risk management
- Jurisdictional guidelines and resources
- Develop and support systems that assist HHS to monitor programs

Slide credit Sr Michelle Doidge

Nursing leadership in infection prevention and control is about more than compliance.
It's about shaping systems, influencing behaviours and protecting lives.

The most effective leaders

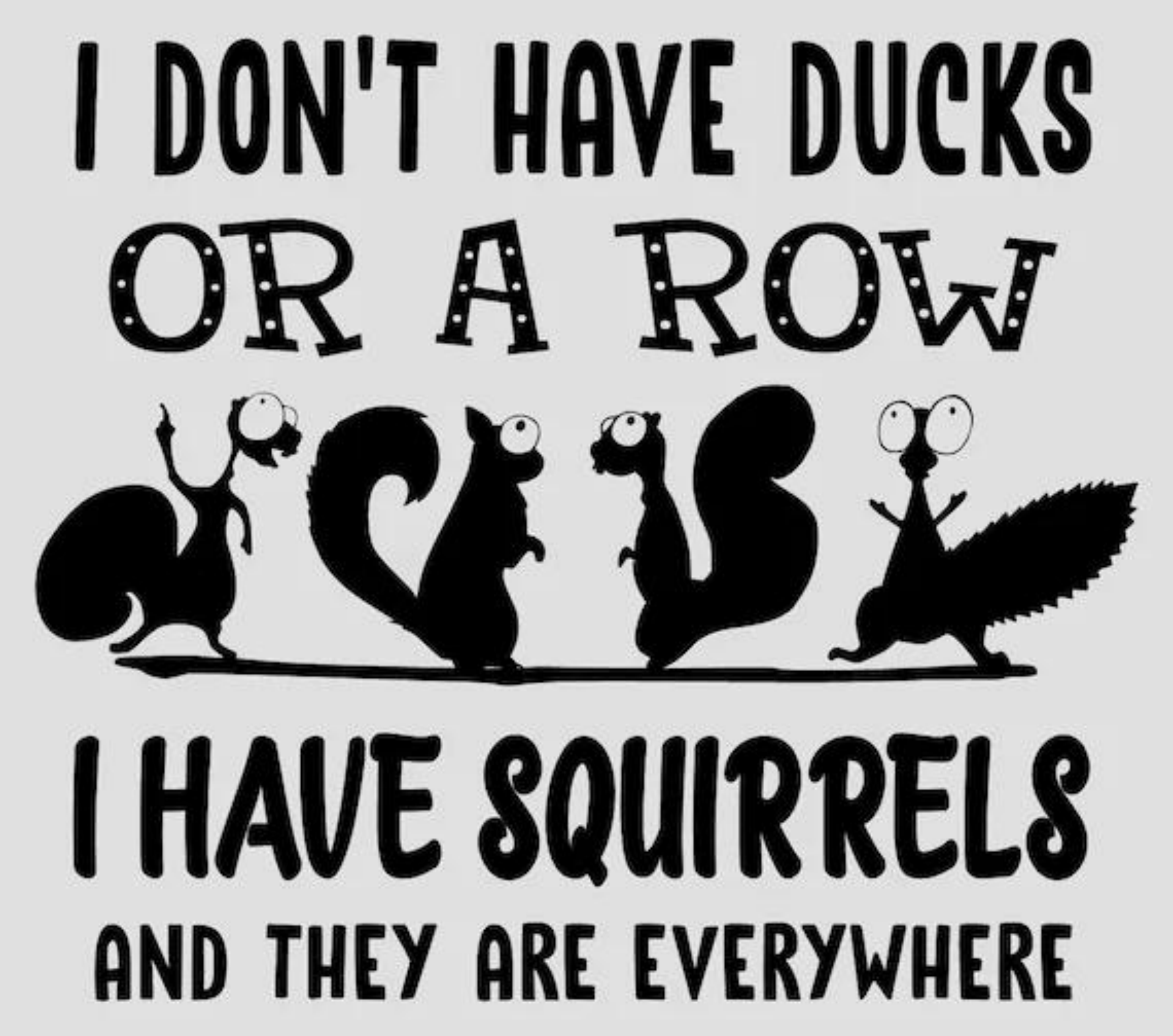
- Combine expertise with empathy
- Use data to drive change
- Engage others with clarity and purpose
- Remain adaptable in the face of complexity.

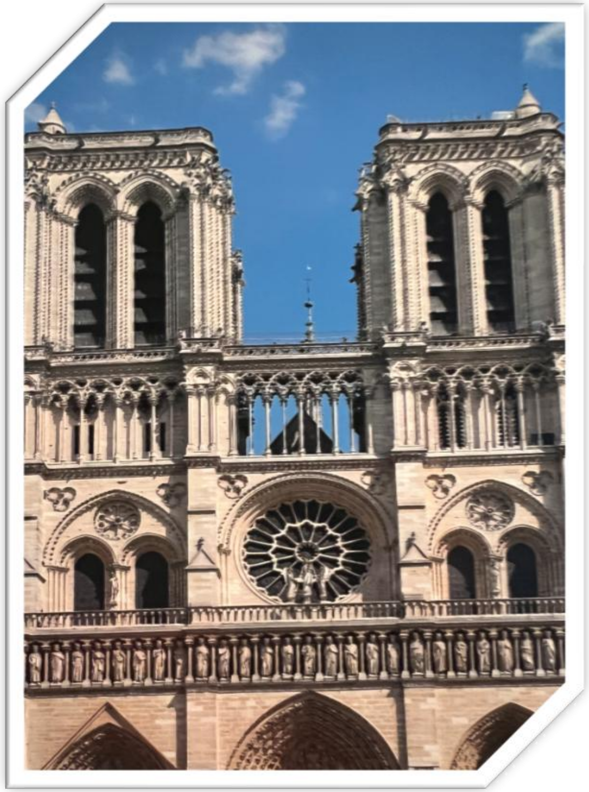
Your role is not just to prevent or minimise infections – it is to lead safer healthcare.

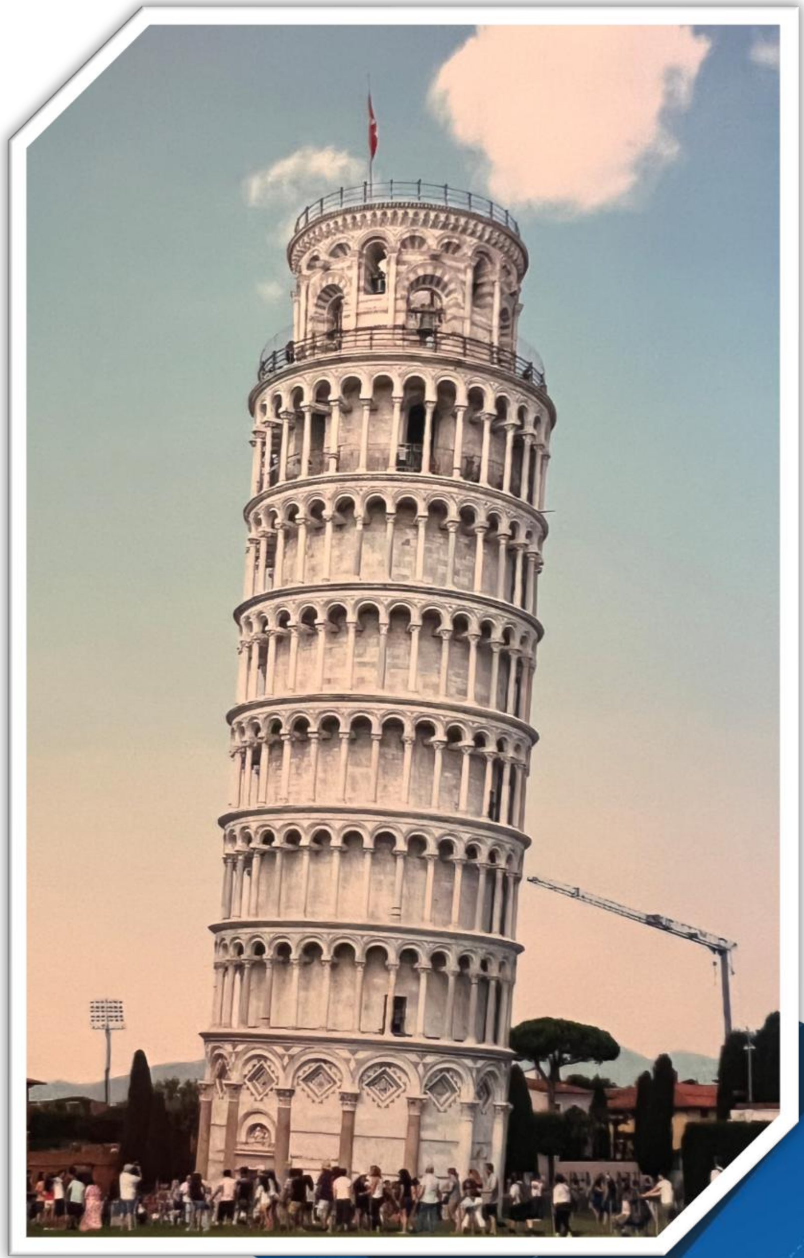
Side credit Sr Fiona Fullerton

Good teams do the simple things well…

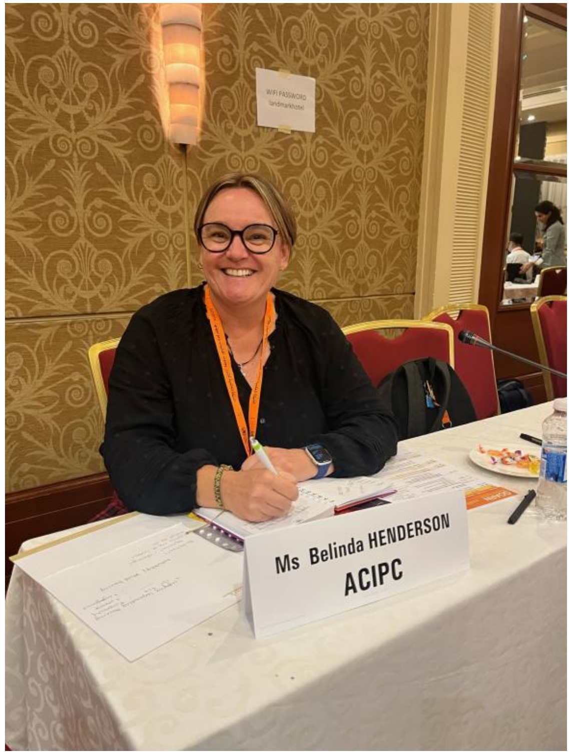
- Communication
- Expectations
- Time
- Professional curiosity
- Conflict / polarizing tensions
- Connections with others
- What we can and can't control
- Attitudes
- Value and meaningful work
- Culture
- Celebrate


I DON'T HAVE DUCKS
OR A ROW
I HAVE SQUIRRELS
AND THEY ARE EVERYWHERE





IPCPs opportunities are endless….



ACIPC
Australasian College for Infection Prevention and Control

World Health Organization

GOARN

Ministry of Health leadership


SAFETY BOX 5L

Variation in local isolation options




Patient entrance to isolation room

Patient Bathroom

Isolation /Cohort Room

Be Authentic

- Diversity is fact
- Inclusion is a behaviour
- Belonging is an emotional outcome that people want