109. EXPLORING NURSE LED ANTIMICROBIAL STEWARDSHIP PROGRAMS IN AUSTRALIAN HOSPITALS: SEMI STRUCTURED INTERVIEWS WITH KEY INFORMANTS

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Introduction: Antimicrobial stewardship (AMS) aims to minimise harms associated with antimicrobial use, including antimicrobial resistance (AMR). Due to resource limitations models of AMS may necessarily differ across settings. There is potential for nurses to use and apply leadership skills to influence antimicrobial use and outcomes. Qualitative study aims to explore features of hospital based AMS programs, coordinated or led by a nurse.

Methods: Health professionals involved in hospital based, nurse led AMS, invited to participate in interview discussion. Purposeful and snowball sampling methods to ensure representation of experiences from a range of professional backgrounds, hospital types, sizes, and locations. Recruitment until saturation of themes is achieved. Between fifteen and thirty interviews to be conducted commencing July 2022. Framework method of qualitative data analysis, and identified themes mapped to established implementation frameworks.

Results: Presentation will report results of this study. We expect this research will contribute new knowledge about features of nurse led AMS and nurses’ leadership role, what facilitates or impedes nurses to lead AMS activities, and how nurse led programs may influence AMS processes and outcomes. Findings will inform recommendations for nurse led AMS, and for future research priorities on this topic.

Conclusion: It is important to understand the work of nurses tasked with leading AMS, how hospital based nurse led AMS programs work, and influences on their implementation. This understanding is needed to guide and support meaningful strategies for implementation and sustainability of nurse-led AMS programs.

116. A MINIMUM FULL-TIME EQUIVALENT FOR IPC LEAD NURSES IN AUSTRALIAN RESIDENTIAL AGED CARE FACILITIES- A SYSTEMATIC REVIEW

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Introduction: With the COVID-19 pandemic still ongoing, and the majority of deaths in the first waves occurring in residential aged care, infection prevention and control (IPC) in this setting has been put under the spotlight. It has been recognised that expertise in the sector was lacking (Safety 2021). To address this, the federal Department of Health mandated every residential aged care facility (RACF) employ an on-site ‘infection control lead nurse’. However, no stipulation was made as to the minimum full-time equivalent (FTE) dedicated to this position. A literature review was undertaken to explore evidence and trends to determine what the minimum FTE should be dedicated to this particular role.

Methods: The Preferred Reporting Items of Systematic Reviews and Meta-Analysis (PRISMA) framework guided a systematic integrative literature review conducted. Electronic databases Medline, CINHAL, EMBASE & Proquest were searched between 1/1/2000 and 30/4/2022. Grey literature was also searched. The mixed-methods appraisal tool (MMAT) was used to critique the quality of articles for inclusion.

Results: The literature search yielded 1486 articles, with 17 articles meeting the inclusion criteria. Results showed bed numbers per FTE has been trending downwards in the acute care sector. Most recent studies indicate FTE for IPC is appropriate at 1.0 FTE for every 67 beds.

Conclusions: Study on what the FTE is suitable for nurses working in IPC in any healthcare setting has been scant. Only four studies that met the inclusion criteria were found to have attempted to quantify the time taken to carry out infection control activities.