



RESOURCES AND ACTIVITIES FOR INFECTION PREVENTION AND CONTROL IN ONTARIO, 2008

SECTOR REPORT: COMMUNITY CARE

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I. METHODOLOGY

A. SECTOR RESPONSE RATE

- Five separate questionnaires were designed to cover each sector (Acute Care Facilities, Non-Acute Care Facilities, Emergency Medical Services, Community Care Facilities, and Public Health Units)
- This report provides results for the Community Care sector.
- Response rate for this sector was the lowest among regions at 42%. (see chart below)
- For results based on the Community Care sector sample, one can say with 95% confidence that the margin of sampling error is ± 8.7 percentage points.

NOTE OF CAUTION

- All the results in this document should be interpreted with caution and used only to provide guidance about and insight into the data as it relates to the subjects discussed.

A. RESPONSE RATE BY SECTOR AND REGION

	NON ACUTE			ACUTE			PH			COMMUNITY			EMS			TOTAL		
	S	R	RR	S	R	RR	S	R	RR	S	R	RR	S	R	RR	S	R	RR
CEICN	80	46	57.50%	9	6	66.67%	3	3	100.00%	14	6	42.86%	6	4	66.67%	112	65	58.04%
CICN	58	38	65.52%	20	12	60.00%	4	4	100.00%	14	7	50.00%	5	3	60.00%	101	64	63.37%
CRICN	49	26	53.06%	7	7	100.00%	1	1	100.00%	16	6	37.50%	1	1	100.00%	74	41	55.41%
CSICN	94	66	70.21%	9	7	77.78%	5	3	60.00%	18	8	44.44%	5	2	40.00%	131	86	65.65%
MHICN	29	14	48.28%	3	3	100.00%	2	2	100.00%	9	5	55.56%	4	2	50.00%	47	26	55.32%
NEOICN	42	27	64.29%	26	20	76.92%	5	2	40.00%	10	4	40.00%	8	6	75.00%	91	59	64.84%
NSMICN	28	17	60.71%	6	5	83.33%	1	1	100.00%	10	7	70.00%	2	1	50.00%	47	31	65.96%
NWOICN	14	7	50.00%	12	11	91.67%	2	2	100.00%	9	3	33.33%	6	1	16.67%	43	24	55.81%
SEOICN	40	22	55.00%	6	6	100.00%	2	1	50.00%	6	3	50.00%	4	1	25.00%	58	33	56.90%
WWICN	35	23	65.71%	6	6	100.00%	2	2	100.00%	10	6	60.00%	2	2	100.00%	55	39	70.91%
CWICN	24	13	54.17%	2	1	50.00%	0	0	-	13	6	46.15%	4	1	25.00%	43	21	48.84%
ESICN	35	25	71.43%	5	5	100.00%	3	2	66.67%	11	2	18.18%	4	4	100.00%	58	38	65.52%
SWOICN	74	45	60.81%	16	13	81.25%	7	7	100.00%	24	10	41.67%	6	5	83.33%	127	80	62.99%
TCICN	35	21	60.00%	17	9	52.94%	1	1	100.00%	18	3	16.67%	0	0	-	71	34	47.89%
TOTAL	637	390	61.22%	144	111	77.08%	38	31	81.58%	182	76	41.76%	57	33	57.89%	1058	641	60.59%

S= SENT
R= RECEIVED
RR= RETURN RATE

II. SUMMARY OF FINDINGS

Organization Profile

- The sample was composed primarily of Community Home Healthcare facilities (83%) and a few (13%) Community Care Access Centers.
- Most participating organizations had more than one site with a median number of 50 employees per site.

Types of Clients Served

- Almost all Direct Care facilities provide Immunocompromised care, care for patients with Antibiotic Resistant Organisms (AROs), and undertake activities where medical equipment is used on patients.
- The majority also provide Wound dressings care (81%) and Central Venous Access Devices (CVAD) care (75%).
- About half provide mechanical ventilation care, and slightly more than half provide a “Clinic” setting option.

Training

- Community Care was the least likely, in comparison with other sectors, to provide their newly hired staff with General and Clinical Orientation and In-Service Training

Networks

- Only half of facilities in Community Care (52%) are members of the Regional Infection Control Network, lower than the provincial average of 72%.

IPAC Policies and Procedures.

- The great majority in Community Care stated that infection prevention and control is a high to very high priority for them and that their facility has IPAC policies in place, including policies and procedures to assist the staff with ‘identifying an infection’, ‘managing an infection a client has’, ‘preventing a client from getting an infection through routine practices’ and ‘reporting infectious complications’.
- However, the level of satisfaction with the current standard of infection prevention and control practices in facilities in Community Care is lower than the provincial average.
- Community Care respondents were also the least likely to strongly agree that their facility consistently adheres to the Provincial Infectious Diseases Advisory Committee (PIDAC) best practice documents. 20% (the highest among the sectors) disagreed with this statement.
- In most cases, it is senior management or the corporate office that is ultimately responsible for approving IPAC policies.
- In comparison with other sectors, Community Care employs a limited number of approaches to evaluate compliance with IPAC policies. Most just ‘review documentation’.

IPAC Program Profile

- The majority of the participating Community Care facilities had an IPAC Program, however, most were at the corporate level, and only a few were local.
- Almost all programs have a Policy and Procedure manual and Education components, but only about half have a data collection, analysis and reporting and surveillance system in place.
- Overall, most were satisfied with their IPAC programs.
- Satisfaction with the IPAC Program’s ability to impact positive change was at the average provincial level.

- Only a few programs (16%) had an IPAC committee – which is much lower than in Acute and Non-Acute Care, but comparable with EMS.
- Most IPAC committees in Community Care have Terms of Reference, but very few have a Public Health representative on the committee.
- Occupation Health and Safety departments work in close co-operation with IPAC programs only in about half (57%) of the organizations: this is the lowest level of co-operation with OHSD among the sectors.
- Community Care IPAC programs reported the lowest level of involvement in initiatives within their facility: only about 50-60% of them are consulted on most initiatives. Pandemic Planning, Emergency Preparedness and Professional Practice are among the initiatives with the highest involvement (60%). Construction and renovation had the lowest level of involvement at 6%.

IPAC Staffing

- Overall, Community Care has the fewest ICPs in comparison with Acute and Non-Acute Care: only a third of facilities have ICPs, most of them at the corporate level.
- Despite being seriously understaffed, very few plan to hire more ICPs. The reasons for not hiring are primarily financial; most reported that the “priority is to invest elsewhere” or “limited budgets”.
- No one among participating organizations had ICPs who have the ‘Certification in Infection Control (CIC)’ from the Certification Board of Infection Control and Epidemiology (CBIC).

External expertise for IPAC.

- Those who do not have their own IPAC program or staff were asked how they access expertise in IPAC. Most refer to their local Public Health office for expertise on infection prevention and control. Other sources of expertise also included the Regional Infection Control Network, local Acute Care or Long-Term Care ICPs or a local Acute Care infection control physician.
- Very few have their own dedicated physicians to consult with on IPAC issues.
- Overall, only 6 in 10 felt that it was easy to access expertise in infection prevention and control within their agency.

Surveillance and Reporting Activities.

- Overall, the incidence level for surveillance activities in Community Care is very low: only 30% of facilities surveille at least one of the following : Wound management and skin infection, Foley Catheter use and Urinary Tract Infections or Ventilator-Associated Pneumonia. Very few surveille all three. This is the lowest incidence in comparison with the Acute and Non-Acute Care sectors.
- Most do not use any benchmarks in their surveillance activities.
- Overall satisfaction with the quality of reporting of surveillance undertaken by Community Care facilities is also not high: most are just somewhat satisfied/ neither satisfied nor dissatisfied.
- Not surprisingly, given the lowest incidence of surveillance, Community Care facilities are the least likely to undertake any initiatives based on surveillance activities.

Issues

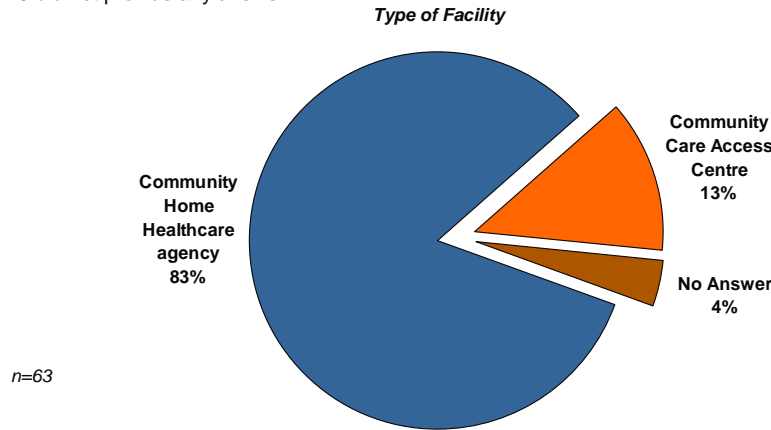
- When asked what is the most pressing issue facing their facility, the majority in Community Care as in the other sectors said “education of internal staff”.

DETAILED FINDINGS

ORGANIZATION PROFILE

Type of Facility

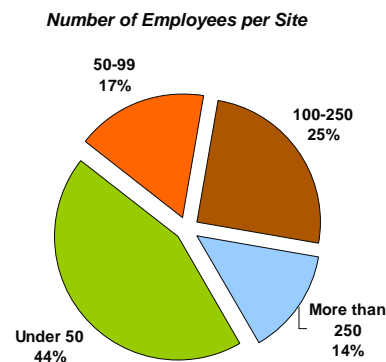
- Most Community Care agencies that participated in the survey identified themselves as Community Home Healthcare agency (83%) and 13% said they are Community Care Access Centre.
- 5 did not provide any answer.



Q1. Is your agency a...?

Organization Profile

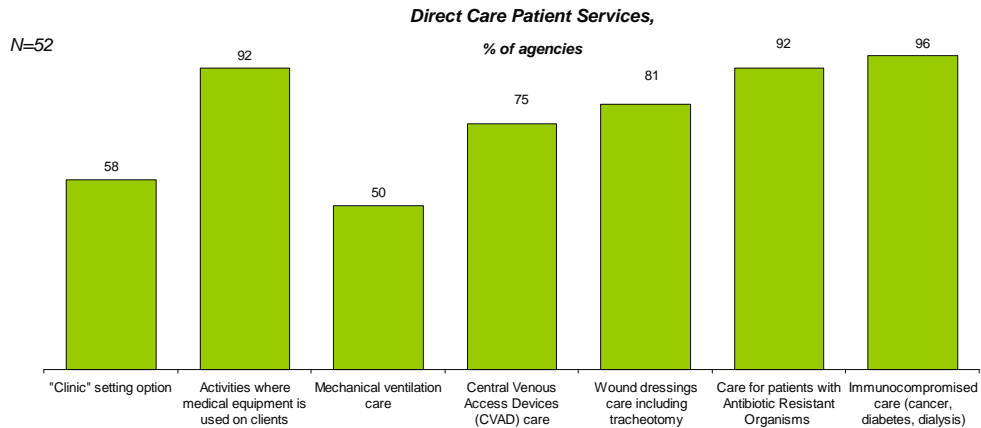
- Less than a third (29%) said that they have one site, 1 in 5 have 2-3 sites. A third said that they have more than 3 sites, and 18 respondents (29%) did not provide any answer.
- Based on those who provided the number of sites and number of employees, most (44%) have under 50 employees per site, 17% have 50-99 employees, a quarter have 100-250 employees, and 14% said they have more than 250 employees per site.
- A median number of employees per site is 50.
- About 1 in 5 said that on average they do less than 100 home visits per month, 40% said more than 100, but 40% did not provide any information.
- About 25% said that on average they do less than 100 home shifts per month, 20% said more than 100, but more than half did not provide any information.



Q2. Please provide the following information regarding your facility as of August 31, 2007:
Total Number of Sites, number of employees, number of shifts and home visits per month.

Direct Care Patient Services

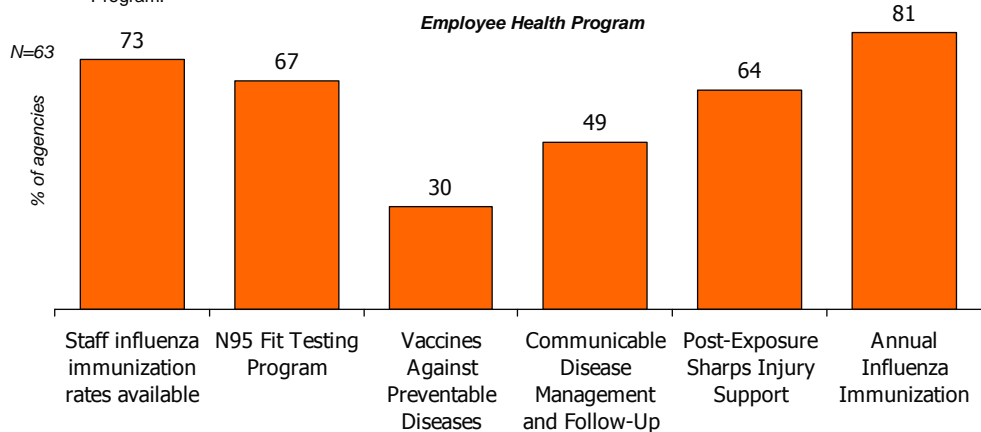
- Only Direct Care providers were asked the questions about Direct Care services.
- Out of those who replied, almost all agencies provide Immunocompromised care and care for patients with antibiotic resistant organisms, and undertake activities where medical equipment is used on patients.
- The majority also offer Wound dressings care (81%) and CVAD care (75%).
- Only about half provide mechanical ventilation care, and slightly more than half provide a "Clinic" setting option.



- Q.3. Please indicate whether the following **Direct Care Patient Services** are provided by this agency.
 Q.4. Does your agency undertake activities where medical equipment is used on clients.
 Q.5. Does your agency provide clients with a "Clinic" setting option to receive care.

An Employee Health Program

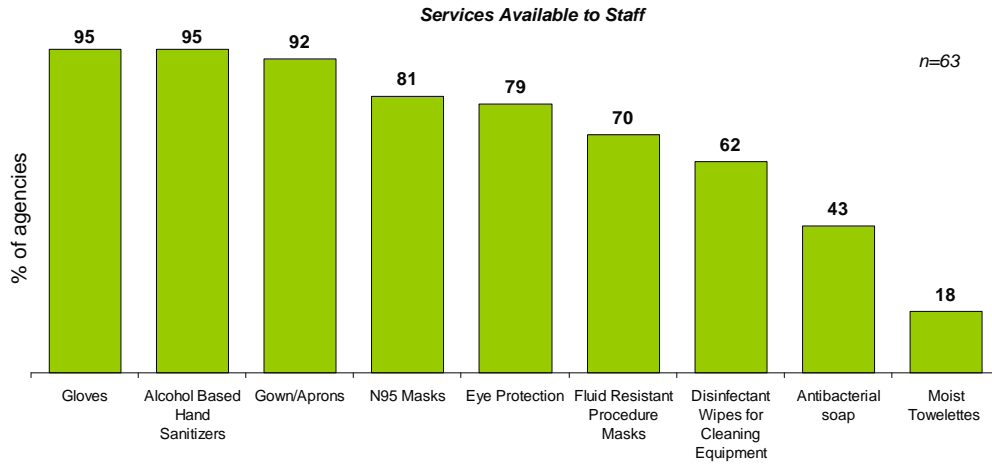
- Most agencies provide their staff with annual influenza immunization programs
- Just 2/3 said they offer post-exposure sharp injury support and about half said they have an N95 Fit Testing program and communicable disease management and follow-up.
- Only 30% provide their staff with vaccines against preventable diseases.
- 7 in 10 said the staff influenza immunization rates are available in their facility and 2/3 provide N95 Fit Testing Program.



- Q.37. Are staff influenza rates available?
 Q.38. Is there a formal N95 Fit Testing Program within this facility?
 Q.39. Does this facility have an employee health program that provides the following services?

Services Available to Staff

- The vast majority have alcohol based hand sanitizers, gloves, aprons, eye protection, fluid resistant masks, and N95 masks.
- However, only about half said they have disinfectant wipes for cleaning equipment and antibacterial soap. Only a few have moist towelettes.



Q36. Please indicate whether the following is provided to your staff.

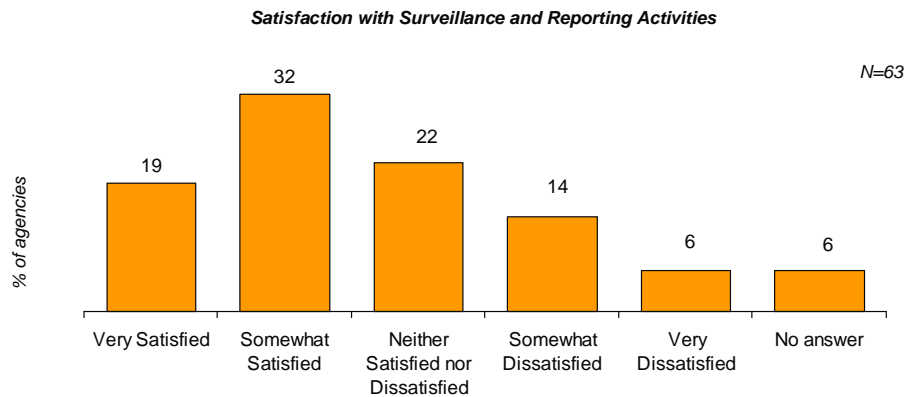
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SURVEILLANCE ACTIVITIES

RISIG
RESEARCH STRATEGY GROUP

Satisfaction With Surveillance and Reporting Activities

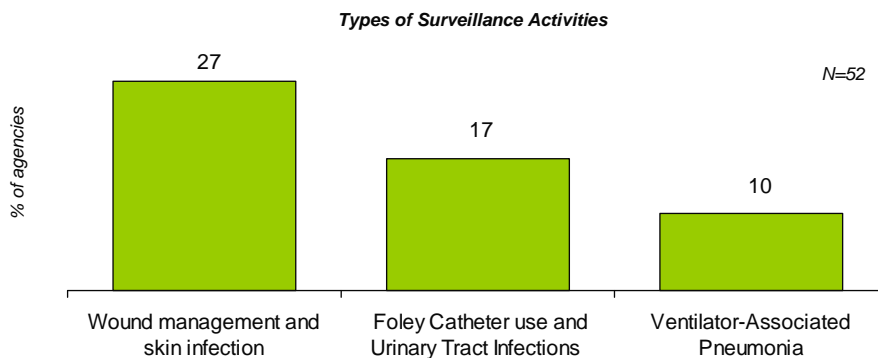
- Overall satisfaction with the quality of reporting of surveillance undertaken by Community Care agencies is moderate.
- About half (32 out of 63) said they are satisfied, while 13 were dissatisfied, and 14 said they were neither satisfied nor dissatisfied.



Q40. When thinking about surveillance and reporting activities undertaken by this agency, how satisfied are you with the quality of reporting?

Types of Surveillance Activities

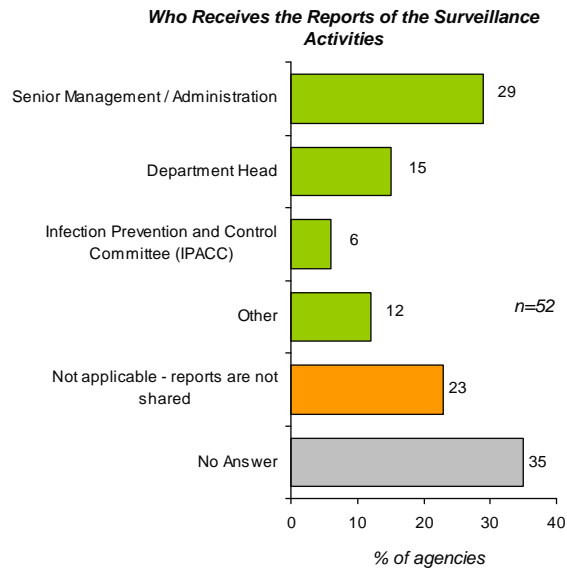
- Only a quarter of direct care providers undertake wound management and skin infection surveillance, and even fewer said that they undertake Foley Catheter use and Urinary Tract Infections (17% or 9 agencies) or ventilator associated pneumonia surveillance (10% or 5 agencies).
- The frequency of surveillance of different types varies from agency to agency.



Q41. Are the following surveillance activities undertaken within this facility? Q.42. At what frequency?

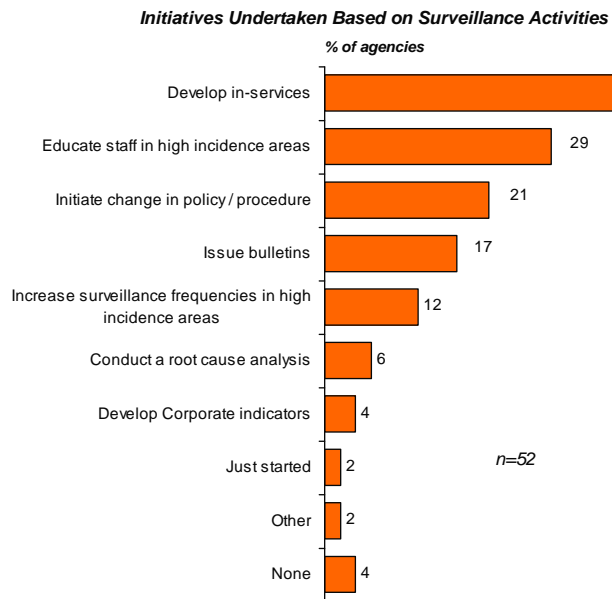
Surveillance Activities: Reports and Benchmarks

- Direct Care providers who undertake surveillance activities mostly share reports with senior management or department head.
- Benchmarks.** Most (19 out of 52) don't use any benchmarks. 13 said they use internal benchmarks, and three agency said they use external benchmarks.



Q42. Who receives reports of the surveillance activities? Q43. Within this facility, which of the following benchmarks are used in surveillance and reporting activities?

Initiatives Undertaken Based on Surveillance Activities



- Most common response to the surveillance reports is develop "in-services" (reported by 19 agencies), educate staff in high incidence areas (15), initiate change in policy (11).
- A few said that they increase surveillance frequencies, issue bulletins, conduct a root cause analysis.
- A few mentioned developing corporate indicators.

Q44. Which of the following initiatives has your facility undertaken based on your surveillance results in the past 6 months?

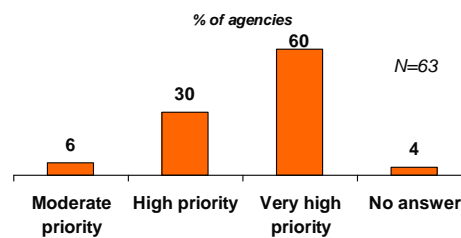
IPAC PROGRAM PROFILE

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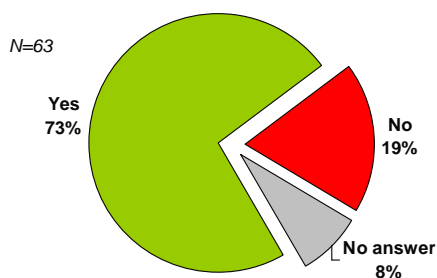
IPAC Program

- The vast majority stated that infection prevention and control is a high to very high priority for their agency. Only 4 organizations said it was a moderate priority, and 2 did not provide any answer.
- Almost three quarters (46 out of 63 organizations) of the participating Community Care agencies have an IPAC Program.
- Out of 46 which have an IPAC program, 38 (83%) said they have an IPAC program at a corporate level, and 28 (61%) said they also have a local IPAC program.

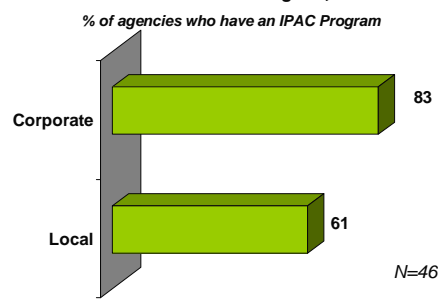
IPAC is considered a...



Does Your Agency Have an IPAC Program?



Level of IPAC Program,

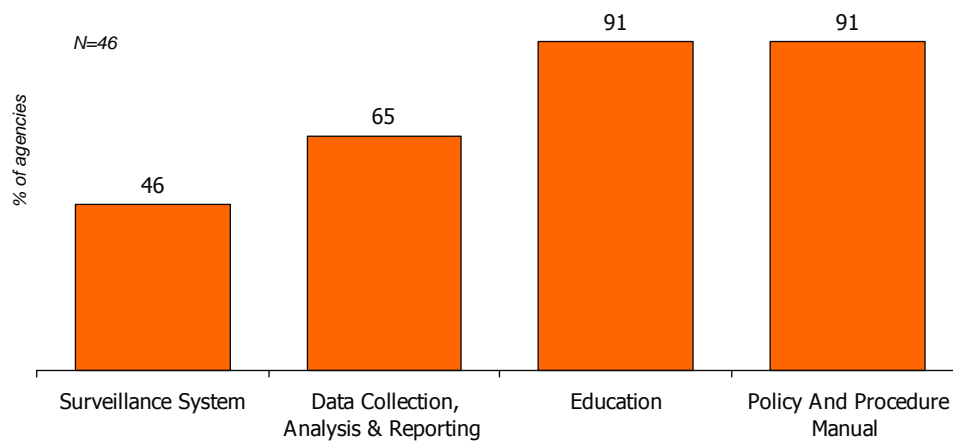


Q6. For your organization, would you say that infection prevention and control in the home care environment is considered....Q7. Does your agency have an IPAC program at the corporate or local level?

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Components of IPAC Program

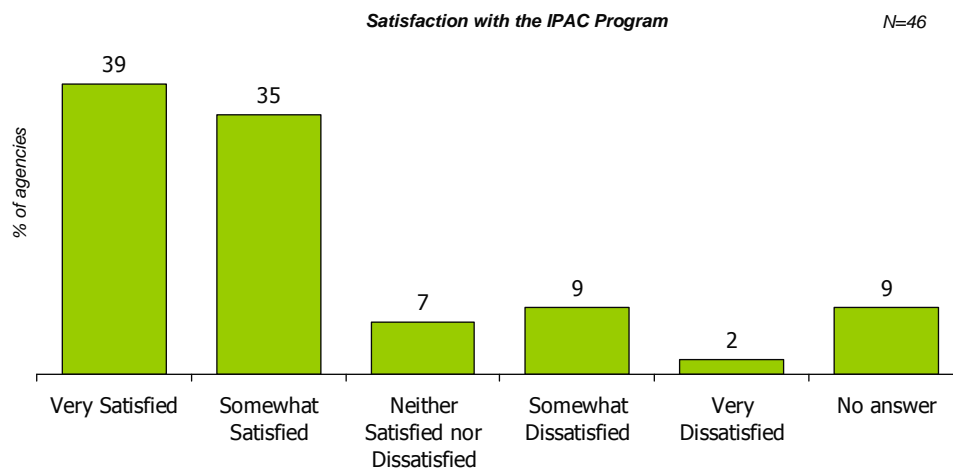
- 42 out of 46 agencies which have an IPAC Program indicated a Policy and Procedure manual and Education as part of this program.
- 2/3 (30 out of 46) said they do data collection, analysis and reporting, and less than half (21 out of 46) have a surveillance system in place.



Q8. For your agency's infection prevention and control program, please indicate whether or not the following components are present:

Satisfaction with IPAC Program

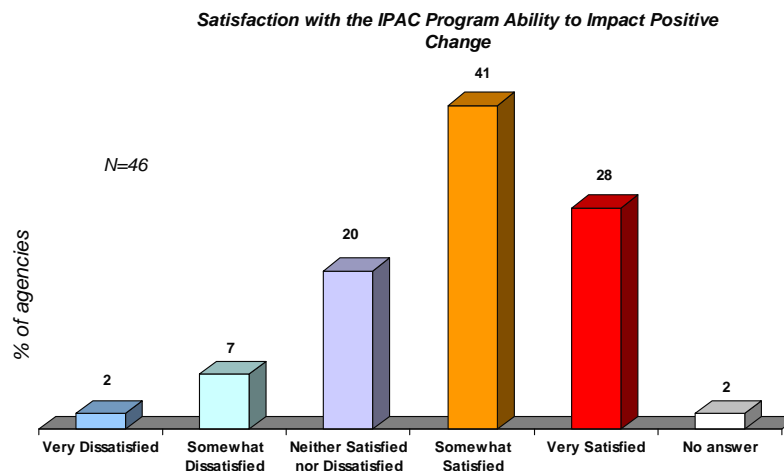
- 34 out of 46 organizations that have an IPAC program (74%) said they are satisfied with it.
- However, there were 5 agencies which are dissatisfied.



Q9. Overall, how satisfied or dissatisfied are you with your agency's infection prevention and control program?

Satisfaction With the IPAC Program Ability to Impact Positive Change

- Overall, satisfaction with the IPAC Program's ability to impact positive change is moderate.
- 19 agencies are somewhat satisfied, and 13 are very satisfied.
- 4 agencies indicated dissatisfaction.



Q63. Overall, how satisfied are you with the IPAC Program's ability to impact positive change in your agency?

IPAC Program Staff

- Number of ICPs.** Overall, only 20 out of 63 agencies (32%) have ICPs. 18 organizations have ICPs at the corporate level (most have just one) and 12 have ICPs at the local level. 12 have one or more full-time ICPs, and 12 have part-time ICPs. Only 4 agencies have both full-time and part-time ICPs on staff.
- Intention to hire new ICPs.** Only two agencies said they intend to hire one part-time ICP in 2008. The rest provide different reasons for not hiring new IPAC staff – most common being “a priority to invest somewhere else”, “the IPAC program is at full complement” and “we are a small organization”.
- Position ICPs Report To.** When asked to whom their ICPs report to, 11 organizations said “director or manager of IPAC Program”.
- Succession Plan.** Only 5 agencies have a succession plan in place for ICPs in the event of new positions, retirements, and resignations.
- Professional Designations, Programs Completed and CIC Certification.** The vast majority could not specify which IPAC program their ICPs completed.
- No ICPs have the ‘Certification in Infection Control (CIC)’ from the Certification Board of Infection Control and Epidemiology (CBIC).
- All organizations that have ICPs said that their ICPs hold the professional designation of registered nurse, and 2 said their ICPs hold “other” professional designations.
- Professional Memberships.** 9 organizations said that their ICPs are members of CHICA Canada, and 11 – a local chapter of CHICA.
- Membership in RICN.** Half (33 agencies) said that they are members of the Regional Infection Control Network. However, 19 did not know if they are.

Q10. For your IPAC Program, please indicate your staffing as of August 31st, 2007? Q45. Do you intend to hire any ICPs in 2008? Q46. What are the reasons for hiring/non-hiring? Q48. Who would the ICP(s) within the IPAC Program report to? Q49. Does the IPAC Program have a formal succession plan in place? Q50. What is the number of ICPs who have completed...? Q51. How many ICPs within the IPAC Program have the professional designations of...? Q52. How many of the ICPs have the ‘Certification in Infection Control (CIC)’ from the Certification Board of Infection Control and Epidemiology (CBIC)?

IPAC Committee, Cooperation with OHSD and IPAC Policies

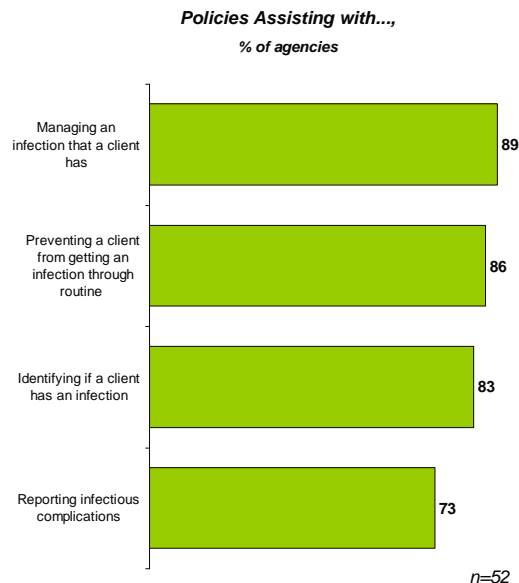
- Only 10 out of 63 organizations have an IPAC committee. All of them have Terms of Reference, but only one said that they have a Public Health representative on the committee. Most IPACCs meet as needed.
- In most cases, the internal communications from the IPACC are shared with senior management (6 out of 10), department head (5) and staff (5). 3 organizations said they share info through the hospital intranet and one – with Medical Advisory Committee.
- More than half (36 out of 63) said that their IPAC Program work with the Occupational Health and Safety Department (OHSD) to review and resolve infection prevention and control issues. Most of those who work with OHSD are satisfied with their relationships. Only one expressed dissatisfaction.
- About a third (24 out of 63) said somebody from their IPAC Program a member of, or sit on, the Joint Occupational Health and Safety Committee (JOHSC).
- When asked who is ultimately responsible for approving IPAC policies, 11 respondents said Head of their agency, 9 – corporate head office, 7 mentioned IPAC program and committee, and 2 – Medical Advisory Committee, but most (28 out of 63) said "other".
- The majority said the IPAC policies in their organization are reviewed annually, or 1-2 times a year. And when new guidelines are published, most organize a meeting to review them.

IPAC Committee	Cooperation with OHSD	IPAC representative on JOHSC	Have IPAC polices in place	Frequency of policy reviews	Response to new guidelines
16% (10 out of 63 organizations)	57% (36 out of 63)	38% (24 out of 63)	92% (58 out of 63 organizations)	Annually (43%) 1-2 times a year (30%)	Organize a meeting

Q12. Is there an IPACC in this facility? Are there terms of reference? Is there a Public Health representative that sits on the committee? Q13. How often does the IPACC meet? Q14. With whom are the internal communications from the IPACC shared? Q23. Do you have infection prevention and control policies in place? Q24. Who is ultimately responsible for approving infection prevention and control policies? Q25. How often are they reviewed? Q26. When new guidelines/best practice documents are published, how do you respond?

IPAC Policies and Procedures

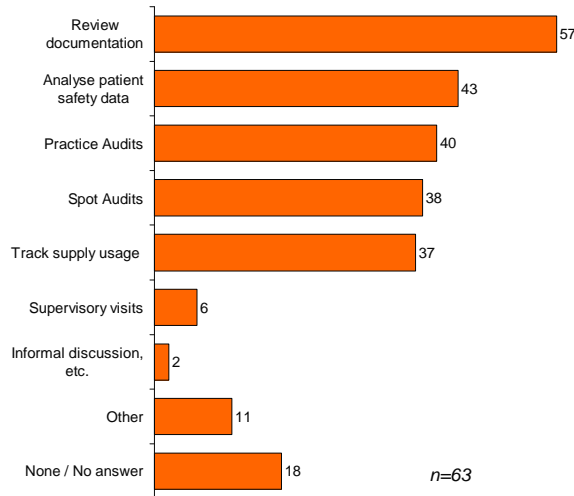
- 2/3 (36 out of 52 direct care providers) said that their agency provides general house cleaning guidelines to their staff, and half (28 out of 52) offer them to patients and patients' families.
- Most confirmed that their agency has policies and procedures in place to assist the staff with identifying, managing a client infection, and preventing a client from getting an infection through routine and reporting infectious complications.



Q27. Does your agency provide general house cleaning guidelines to...? Q28. Does your agency have policies and procedures in place to assist appropriate staff with the following?

Evaluation of Compliance with IPAC Policies

Compliance Evaluation Approaches
% of agencies



- Most (57%) review documentation to assess their compliance with the policies.
- Other common approaches (employed by 37-43%) include analysis of patient safety data, spot and practice audits and supply usage tracking.
- Other approaches are used by few.

Q29. What approaches do you use to evaluate compliance with policies?

Current Issues in IPAC

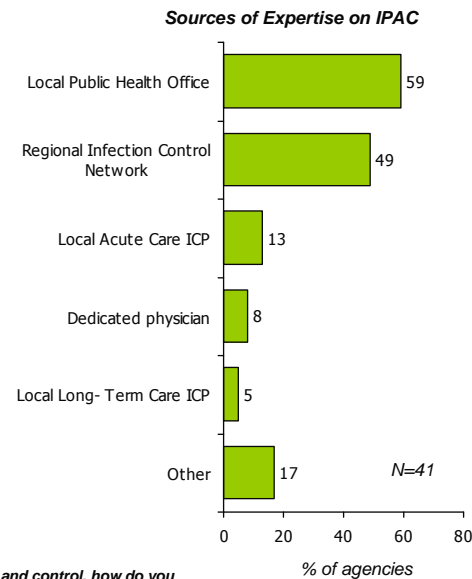
- Satisfaction with current IPAC standards.** Overall satisfaction with current IPAC standards in their organization is moderate. 62% (39 out of 63 organizations) said they are somewhat/very satisfied, however, 7 were dissatisfied.
- Most Pressing Issues.** Education of internal staff was pointed out by most (29 organizations) as the most pressing IPAC issue in the Community Care agencies, followed by emergency preparedness (12), and 5 agencies said that the most pressing issue for them is obtaining supplies and equipment.
- Emergency preparedness is the next most pressing.
- Adherence to PIDAC best practice documents.** When asked if their agency consistently adheres to the Provincial Infectious Diseases Advisory Committee (PIDAC) best practice documents, the majority (47 out of 63) said Yes, 2 agencies said No, and the rest were not sure.

Overall satisfaction with IPAC standards	Most pressing issues in IPAC	Adherence to PIDAC Best Practice documents
Somewhat satisfied / Very Satisfied (62%)	Education of the internal staff Emergency preparedness	75% (47 out of 63 organizations)

Q33. Overall, how satisfied are you with the current standard of infection prevention and control practices in your facility? Q34. Most Pressing Issues Facing Facility Q35. Our Facility consistently adheres to the Provincial Infectious Diseases Advisory Committee (PIDAC) best practice documents

External Expertise on IPAC

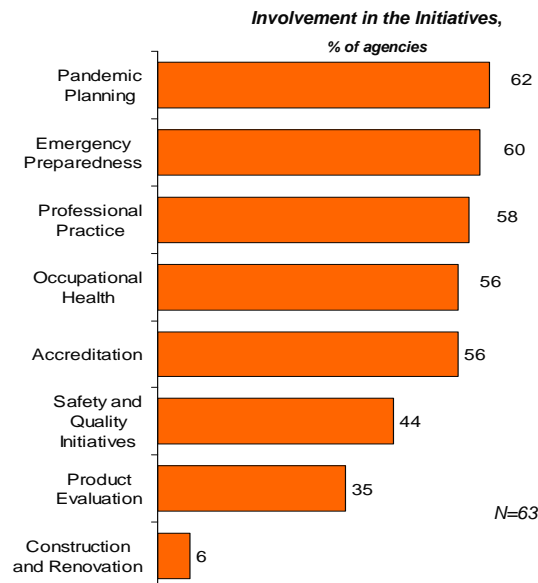
- **Sources of Expertise on IPAC.** Those who do not have their own IPAC program or staff were asked how they access expertise in IPAC. More than half refer to their local Public Health office for expertise on infection prevention and control.
- About half consult with the Regional Infection Control Network.
- A few said they ask for help their local Acute Care ICP or local Acute Care infection control physician, or local Long-Term Care ICP.
- **Dedicated physicians.** When asked if they have a physician dedicated to supporting IPAC in their agency, only 5 out of 63 organizations said that they have one. 4 of them are satisfied with their dedicated physicians support and expertise and one expressed a neutral opinion on this matter.
- **Evaluation of access to IPAC expertise.** Most organizations (62%) said that it is somewhat easy (20 organizations) or very easy (19) for them to access expertise in IPAC. However, 6 organizations said it's not so easy. For 3 of them this represents a significant concern, 2 said that they are somewhat concerned, and one indicated that it's only a minor concern.



Q11. If your agency does not have a program/ staff for infection prevention and control, how do you access expertise in infection prevention and control? Q16. Is there a physician(s) who is dedicated to supporting the IPAC Program? Q18. Overall, what is your level of agreement that the dedicated physician(s) provides the IPAC Program with the expertise that is needed? Q21. How easy is it to access expertise in infection prevention and control within your agency?

IPAC Involvement in Initiatives

- **IPAC Program involvement in the initiatives**
- More than half (56-62%) reported that their IPAC staff is involved in planning on pandemic, emergency preparedness, professional practice, occupational health and accreditation.
- About half said they are consulted on safety and quality initiatives and a third are involved in product evaluation.

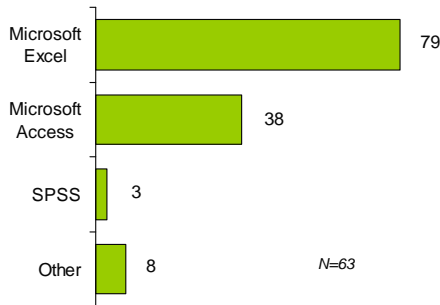


Q62. Please indicate whether the IPAC Program is involved in or consulted on the following initiatives.

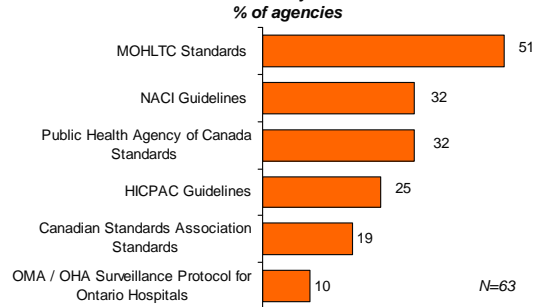
IPAC Infrastructure and Resources

- **IPAC Standards and Guidelines.** Only half stated that they have *MOHLTC Standards* in their facility. About one in three have *Public Health Agency of Canada Standards* and *National Advisory Committee on Immunization (NACI) Guidelines*. Other guidelines are available in a quarter or less of the units.
- Those who have the guidelines and standards find them very useful.

Q. Are the following software programs available in the facility?
% of agencies



Q. Are the following manuals and guidelines available in the facility?
% of agencies



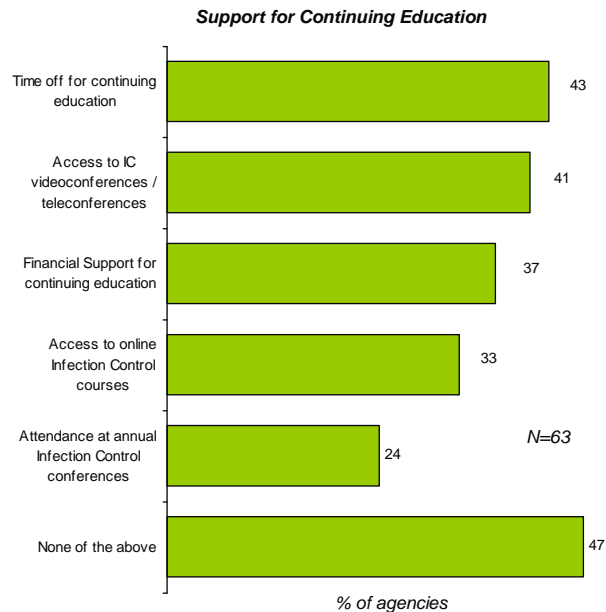
- **Textbooks and Handbooks.** On average, 10% or less have specified IPAC textbooks and handbooks.
- **Software programs.** MS Excel is available in the majority of agencies, MS Access is available in less than half. 2 respondents said they have SPSS. Those who have these programs find them useful.
- **Access to the Internet.** Three quarters said that their IPAC staff has access to the Internet. However, a quarter did not answer the question.

Q.58-60. Please indicate whether the following resources are available at this agency? Q61. Do(es) the Infection Control Staff have access to the Internet?

PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION

Support for Continuing Education

- Only a third (20 out of 63 organizations) said that they agree that their agency provides IPAC staff with appropriate access to education and training. 5 agencies (8%) disagreed. 43% did not provide any answer.
- About a third to half of agencies provide support for continuing education in the form of some time off, access to IC video/teleconferences, financial support, and access to online IC courses.
- However, almost half did not choose any of these options.



Q54. Level of agreement: Our agency provides IPAC staff with appropriate access to education and training.

Q55. Does the facility or IPAC Program provide IPAC Staff with support and, or access to, the following for Professional Development and Continuing Education?

Orientation and Training

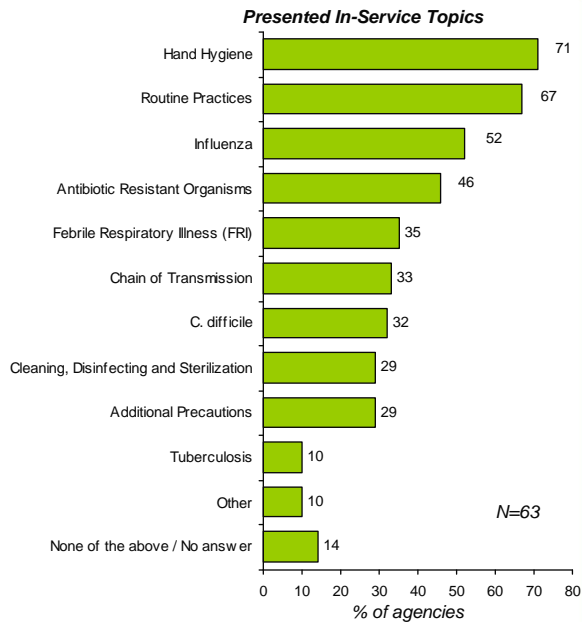
- General orientation, clinical orientation and in-services training** is available in most Community Care agencies.
- The average duration of general orientation is more than 2 hours. The duration of clinical orientation varies from facility to facility – from one hour to more than 2 hours. In-service training's duration is about one hour in most agencies.
- The training and orientation are provided as needed in most cases, however some agencies run them on a quarterly or annually basis.

TYPE OF TRAINING	AVAILABILITY	DURATION	FREQUENCY
GENERAL ORIENTATION	84% (53 out of 63 organizations)	More than 2 hours (40 out of 53)	As needed (36 out of 53)
CLINICAL ORIENTATION	68% (43 out of 63 organizations)	1-2 hours and more	As needed (34 out of 43)
IN-SERVICE TRAINING	75% (47 out of 63 organizations)	An hour (22 out of 47)	As needed (18) Quarterly (11) Annually (11)

Q56. Are the following training and orientations provided to newly hired Professional Staff?

“In-Service” Topics Presented in the Past 6 Months

- **Hand hygiene and routine practices** are the most frequent topics presented (reported by 2/3).
- About half of the units presented such topics as **Influenza and Antibiotic Resistant Organisms**.
- **C.difficile, FRI, Cleaning/ Disinfecting/ Sterilization, Additional Precautions, Chain of Transmission and Additional Precautions** were presented in 29-35%.
- **Tuberculosis** is the least common topic, presented only in 10% of the agencies.



Q57. In the past 6 months, which of the following 'in-service' topics have been presented?

Additional Comments by Respondents

- No dedicated IPAC person / department
- Survey not tailored to our organization/type of org
- Facility has limited resources/not enough attention
- Funding (general)
- Staffing issues / want dedicated IPAC staff
- No formal IPAC program
- Utilize / rely on external resources
- Praise for other organization
- Difficulties with lack of education/training/info
- New to position / program is new / filling in
- Pleased with own performance/optimistic for future
- Training offered/recently attended/plan to attend

APPENDIX A

COMMUNITY CARE

INFECTION PREVENTION AND CONTROL SURVEY

INFECTION PREVENTION AND CONTROL SURVEY

COMMUNITY CARE FACILITIES

INFORMATION AND INSTRUCTIONS:

This survey is intended for the person who is most responsible (i.e., Director, Manager or Program Coordinator) for the Infection Prevention and Control (IPAC) Program at your Community Care Agency. If you are not the person who should be filling it in, please forward it to the appropriate person.

The survey is being coordinated by Research Strategy Group. All data collected will be kept completely confidential and will be reported only in aggregate form. Your individual answers will not be shared under any circumstances.

We have designed the survey to make it easy to read and complete. We estimate the time for completion should be approximately 30 minutes. Please ensure all questions are completed before returning.

For Multi-Site Facilities: please provide 'total numbers across all sites' when answering questions.

Please return this survey in the enclosed addressed envelope provided **no later than October 26th, 2007.**

If you have any questions regarding this survey, please contact Research Strategy Group at 1-800-515-0689 and ask for Salima x 116 or Ricki x 112, or email us at thegroup@rsginc.net

The answers you provide will be extremely important for the support and management of infection prevention and control activities in the province.

**THANK YOU FOR YOUR PARTICIPATION.
WE VALUE YOUR INPUT!**



ORGANIZATION PROFILE

Name of person completing the questionnaire: _____

Organization: _____

Job Title: _____

Phone Number: () _____ Fax Number: () _____

1) Is your agency a...?

Please check one answer.

Community Home Healthcare agency (direct care provider)	<input type="checkbox"/>	→ Please go to Q2.
Community Care Access Centre	<input type="checkbox"/>	→ Please go to Q6.

2) Please provide the following information regarding your agency as of August 31, 2007:

As of August 31st, 2007

(Write In)

Total Number of Sites	_____ # sites
Total Number of Employees	_____ # employees
Average number of home visits per month (excluding shifts)	_____ # visits
Average number of home shifts per month	_____ # shifts

3) Please indicate whether the following Direct Care Patient Services are provided by this agency. Note: Direct Care refers to “hands on” client care (i.e., vital signs, bathing, wound care, IV therapy, suctioning, catheter care, etc.).

Please check one for each row
Direct Care Patient Services

Yes No

Immunocompromised care (cancer, diabetes, dialysis)	<input type="checkbox"/>	<input type="checkbox"/>
Central Venous Access Devices (CVAD) care	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation care	<input type="checkbox"/>	<input type="checkbox"/>
Wound dressings care including tracheotomy	<input type="checkbox"/>	<input type="checkbox"/>
Care for patients with Antibiotic Resistant Organisms (MRSA, VRE, C. difficile, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

ORGANIZATION PROFILE – Cont’d

4) Does your agency undertake activities where medical

Please check one answer.

Yes	<input type="checkbox"/>
-----	--------------------------

equipment is used on clients (i.e., foot care instruments, blood pressure cuffs, stethoscopes, etc.)?	No	<input type="checkbox"/>
---	----	--------------------------

5) Does your agency provide clients with a “Clinic” setting option to receive care (i.e., wound management, infusion therapy, foot care, etc.)?	<i>Please check one answer.</i>	
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Q6 to Q26– FOR ALL PROVIDERS INCLUDING DIRECT CARE AND FACILITIES

6) For your organization, would you say that infection prevention and control in the home care environment is considered a...	<p><i>Please check one answer</i></p> <p><input type="checkbox"/> Very high priority</p> <p><input type="checkbox"/> High priority</p> <p><input type="checkbox"/> Moderate priority</p> <p><input type="checkbox"/> Low priority</p> <p><input type="checkbox"/> Not a priority</p>
---	--

INFECTION PREVENTION AND CONTROL (IPAC) PROFILE

7) Does your agency have an infection prevention and control program?	<i>Please check one answer</i>			If No, please go to Q.11
		<u>Yes</u>	<u>No</u>	
	Infection Prevention and Control (IPAC) Program	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>If Community Home Healthcare agency, specify level(s) of program(s)</i>			
	Corporate level	<input type="checkbox"/>	<input type="checkbox"/>	
Local level	<input type="checkbox"/>	<input type="checkbox"/>		

INFECTION PREVENTION AND CONTROL (IPAC) PROFILE – Cont'd

<p>8) For your agency's infection prevention and control program, please indicate whether or not the following components are present:</p>	<i>For each component, please mark either 'Yes' or 'No'.</i>		
		<u>Yes</u>	<u>No</u>
	Policy And Procedure Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Surveillance System	<input type="checkbox"/>	<input type="checkbox"/>
	Data Collection, Analysis & Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	

<p>9) Overall, how satisfied or dissatisfied are you with your agency's infection prevention and control program?</p>	<i>Please check one answer.</i>				
	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>10) For your Infection Prevention and Control Program, please indicate staffing as of <u>August 31st, 2007</u>:</p>	<i>As of August 31st, 2007</i>		<i>(Write In)</i>
	Total number of Full-time Infection control staff		_____ #
	Total number of Part-time Infection control staff		_____ #
	Total number of Infection control staff at the corporate level		_____ #
	Total number of Infection control staff at the local level		_____ #

<p>11) If your agency <u>does not have</u> a program/ staff for infection prevention and control, how do you access expertise in infection prevention and control?</p>	<i>Please check all that apply.</i>	
	Regional Infection Control Network	<input type="checkbox"/>
	Local Public Health Office	<input type="checkbox"/>
	Local Acute Care ICP	<input type="checkbox"/>
	Local Long- Term Care ICP	<input type="checkbox"/>
	Local Acute Care Infection Control Physician	<input type="checkbox"/>
	Other - <i>please describe</i>	<input type="checkbox"/>

INFECTION PREVENTION AND CONTROL (IPAC) PROFILE – Cont'd

12) Is there an Infection Prevention and Control Committee (IPACC) in this agency?

If 'YES,' please indicate if there are terms of reference, and whether a Public Health representative sits on the committee.

<i>Please check one answer.</i>			
	<u>Yes</u>	<u>No</u>	If No, please go to Q.15
Infection Prevention and Control Committee (IPACC)	<input type="checkbox"/>	<input type="checkbox"/>	

13) How often does the Infection Prevention and Control Committee (IPACC) meet?

<i>Please check one answer.</i>	
Monthly	<input type="checkbox"/>
Every other month	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>
As needed	<input type="checkbox"/>
Other - <i>please describe</i>	<input type="checkbox"/>

14) With whom are the internal communications (i.e., minutes, notes, etc.) from the IPACC shared?

<i>Please check all that apply.</i>	
With Senior Administration	<input type="checkbox"/>
With Medical Advisory Committee	<input type="checkbox"/>
With Hospital Board	<input type="checkbox"/>
With Department Head	<input type="checkbox"/>
With Staff	<input type="checkbox"/>
Through the Intranet	<input type="checkbox"/>
Not Shared	<input type="checkbox"/>

15) Is this agency a member of the Regional Infection Control Network (RICN)?

<i>Please check one answer.</i>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

16) Is there a physician(s) that is dedicated to supporting the IPAC program within this agency?

	<u>Yes</u>	<u>No</u>	(Write in) Total Number of Physicians
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____ #

IF YES, PLEASE CONTINUE ← → IF NO, PLEASE GO TO Q21.

INFECTION PREVENTION AND CONTROL (IPAC) PROFILE – Cont'd

17) Please specify:
a) The applicable physician(s) specialty

b) Whether the physician(s) is an internal (i.e., internal includes multi-site facilities), or external employee. If the physician is an internal employee, please indicate whether the physician's regular duties include support for the IPAC Program or if the physician is additionally compensated to assist the IPAC Program.

Note: If you are a multi-site facility, please indicate total number of physicians supporting the IPAC Program.

Please mark the appropriate column(s), and write in the number of physicians.

<u>Specialty</u>	<u>a)</u>	<u>b)</u>		
	<u>Yes, support the program</u>	<u>Number of Internal Physicians</u>		<u>Number of Contracted / External Physicians</u>
		<u>Support included in regular duties</u>	<u>Additionally Compensated</u>	
Community Medicine	<input type="checkbox"/>	_____ #	_____ #	_____ #
Family Physician	<input type="checkbox"/>	_____ #	_____ #	_____ #
Infectious Diseases	<input type="checkbox"/>	_____ #	_____ #	_____ #
Internal Medicine	<input type="checkbox"/>	_____ #	_____ #	_____ #
Medical Microbiology	<input type="checkbox"/>	_____ #	_____ #	_____ #
Other – <i>please describe:</i> _____	<input type="checkbox"/>	_____ #	_____ #	_____ #

18) What is your level of agreement that the dedicated physician(s) provides the IPAC Program with the expertise that is needed?

Please check one answer.

Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19) And, how satisfied are you overall with the level of support from the dedicated physician(s)?

Please check one answer.

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20) If dissatisfied, please elaborate:

INFECTION PREVENTION AND CONTROL (IPAC) PROFILE – Cont'd

21) How easy is it to access expertise in infection prevention and control within your agency?

<i>Please check one answer.</i>				
Very Easy	Somewhat Easy	Adequate	Not Very Easy	Not At All Easy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to Q.23			Go to Q.22	

22) To what extent is the lack of ease in accessing expertise in infection control a concern for you? Would you say it is...?

Please check one answer.

- A significant concern
- Somewhat of a concern
- A minor concern
- Not at all a concern

Please explain: _____

INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES

23) Do you have infection prevention and control policies in place?

<i>Please check one answer.</i>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

24) Who is ultimately responsible for approving infection prevention and control policies?

<i>Please check one answer.</i>	
Infection Prevention and Control (IPAC) Program	<input type="checkbox"/>
Infection Prevention and Control Committee (IPACC)	<input type="checkbox"/>
Medical Advisory Committee	<input type="checkbox"/>
Other - <i>please describe</i> _____	<input type="checkbox"/>

25) How often are the infection prevention and control policies formally reviewed?

<i>Please check one answer.</i>	
Annually	<input type="checkbox"/>
Every 1-2 years	<input type="checkbox"/>
Less frequently than every 2 years	<input type="checkbox"/>
Other - <i>please describe</i> _____	<input type="checkbox"/>

INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES – Cont'd

26) When new guidelines/best practice documents are published (i.e., PIDAC), how do you respond?

<i>Please check one answer.</i>	
Organize a meeting to review new guidelines, irrespective of the timing of the next formal policy review.	<input type="checkbox"/>
Wait to review guidelines at the next formal policy review meeting.	<input type="checkbox"/>
Other - <i>please describe</i> _____	<input type="checkbox"/>

PLEASE ANSWER Q27 ONLY IF YOU ARE A DIRECT CARE PROVIDER; OTHERWISE, GO TO Q28:

27) Does your agency provide general house cleaning guidelines to...?

<i>Please check one answer per row:</i>	<u>Yes</u>	<u>No</u>
Your staff?	<input type="checkbox"/>	<input type="checkbox"/>
Patients / patient's families?	<input type="checkbox"/>	<input type="checkbox"/>

Q 28 to 40 FOR ALL PROVIDERS INCLUDING DIRECT CARE AND FACILITIES

28) Does your agency have policies and procedures in place to assist appropriate staff with the following?

<i>Please check one answer per row:</i>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Reporting infectious complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing an infection that a client has (i.e., use of personal protective equipment, additional precautions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying if a client has an infection (i.e. signs and symptoms of infection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing a client from getting an infection through routine practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29) What approaches do you use to evaluate compliance with policies?

<i>Please check all that apply:</i>	
Practice Audits	<input type="checkbox"/>
Spot Audits	<input type="checkbox"/>
Track supply usage (i.e., gloves, soap, etc.)	<input type="checkbox"/>
Review documentation	<input type="checkbox"/>
Analyse patient safety data	<input type="checkbox"/>
Other – <i>please describe below</i> _____	<input type="checkbox"/>

INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES Cont'd

30) Does the IPAC Program/staff work with the Occupational Health and Safety Department/staff (OHSD) to review and resolve infection prevention and control issues?

Please check one answer:

Yes	<input type="checkbox"/>	→ If 'YES', please go to Q31 first, then Q32
No	<input type="checkbox"/>	→ If 'NO', please go to Q32.

31) If 'YES', how satisfied are you with the current relationship between the IPAC Program and OHSD within this agency?

Please check one answer:

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32) Is anyone from the IPAC Program/staff a member of, or sit on, the Joint Occupational Health and Safety Committee (JOHSC)? [The JOHSC includes labour and management representatives, who discuss health and safety issues.]

Please check one answer.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

CURRENT ISSUES IN INFECTION PREVENTION AND CONTROL

33) Overall, how satisfied are you with the current standard of infection prevention and control practices in your agency?

Please check one answer.

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34) Which of the following do you consider to be the **three (3) most pressing infection prevention and control issues facing this agency?** Please **prioritize** by order of importance.

<i>PLEASE CHECK 3 ITEMS and prioritize by order of importance.</i>	Most Pressing Issues Facing Agency		
	1 st	2 nd	3 rd
Construction and renovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education of internal staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility design issues in existing facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining supplies and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - please describe and assign priority _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT ISSUES IN INFECTION PREVENTION AND CONTROL – Cont'd

35) Please indicate how much you disagree or agree with the following statement in relation to your agency's policies and procedures regarding infection prevention and control.

	LEVEL OF AGREEMENT				
	AGREE		Neither Agree Nor Disagree	DISAGREE	
	Strongly	Somewhat		Somewhat	Strongly
Our agency consistently adheres to the Provincial Infectious Diseases Advisory Committee (PIDAC) best practice documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36) Please indicate whether the following infection control related products and, or equipment are provided to your staff by this agency.

<i>Please check one answer per row.</i>	<u>Yes</u>	<u>No</u>
Alcohol Based Hand Sanitizers	<input type="checkbox"/>	<input type="checkbox"/>
Moist Towelettes	<input type="checkbox"/>	<input type="checkbox"/>
Antibacterial soap	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectant Wipes To Assist In Cleaning Shared Patient Care Equipment (i.e., Stethoscope, B/P Cuff)	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Resistant Procedure Masks	<input type="checkbox"/>	<input type="checkbox"/>
N95 Masks	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>
Gown/Aprons	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection (i.e., goggles)	<input type="checkbox"/>	<input type="checkbox"/>

37) Are staff influenza immunization rates available?

<i>Please check one answer.</i>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

38) Is there a formal N95 Fit Testing Program within this facility?

<i>Please check one answer.</i>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

CURRENT ISSUES IN INFECTION PREVENTION AND CONTROL – Cont'd

39) Does this agency have an employee health program that provides the following services?

<i>Please check one answer per row.</i>	<u>Yes</u>	<u>No</u>
Annual Influenza Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Post-Exposure Sharps Injury Support	<input type="checkbox"/>	<input type="checkbox"/>
Communicable Disease Management And Follow-Up	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines Against Preventable Diseases (i.e., Hepatitis B, measles, mumps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

SURVEILLANCE AND REPORTING ACTIVITIES

40) When thinking about surveillance and reporting activities undertaken by this agency, how satisfied are you with the quality of reporting?

<i>Please check one answer.</i>				
Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMPLETE QUESTIONS 41 TO 44 ONLY IF YOU ARE A DIRECT CARE PROVIDER - OTHERWISE, GOTO Q45

41) Please indicate whether the following surveillance activities are undertaken, and if 'YES' the frequency of reporting.

	No	Yes	<i>FREQUENCY OF REPORTING</i>
Mechanical Ventilator Associated Pneumonia (For sites with adult ventilator capacity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – please describe _____
Foley Catheter use and Urinary Tract Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – please describe _____
Wound management and skin infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – please describe _____

SURVEILLANCE AND REPORTING ACTIVITIES – Cont'd

42) Who receives the reports of the surveillance activities?	<i>Please check all that apply.</i>	
	Department Head	<input type="checkbox"/>
	Senior Management / Administration	<input type="checkbox"/>
	Infection Prevention and Control Committee (IPACC)	<input type="checkbox"/>
	General Public	<input type="checkbox"/>
	Other – please describe below: _____	<input type="checkbox"/>
Not applicable – reports are not shared		<input type="checkbox"/>

43) Within this facility, which of the following benchmarks are used in surveillance and reporting activities?	<i>Please check all that apply.</i>	
	Internal Benchmarks	<input type="checkbox"/>
	External Benchmarks Please Specify: _____	<input type="checkbox"/>
	No benchmark used	<input type="checkbox"/>

44) Which of the following initiatives has your agency undertaken based on your surveillance results in the past 6 months?	<i>Please check all that apply.</i>	
	Increase surveillance frequencies in high incidence areas	<input type="checkbox"/>
	Educate staff in high incidence areas	<input type="checkbox"/>
	Conduct a root cause analysis	<input type="checkbox"/>
	Issue bulletins	<input type="checkbox"/>
	Develop in-services	<input type="checkbox"/>
	Initiate change in policy / procedure	<input type="checkbox"/>
	Develop Corporate indicators	<input type="checkbox"/>
Other – please describe below: _____	<input type="checkbox"/>	

Q 45 to 64 FOR ALL PROVIDERS INCLUDING DIRECT CARE AND FACILITIES

45) Do you intend to hire any infection prevention and control (IPAC) Staff in 2008? If 'YES', please indicate the anticipated number of new hires.	<i>Please mark the appropriate column(s).</i>			
		Yes	Anticipated Number of New Hires (Write in)	No
	Full-time Infection Control Staff	<input type="checkbox"/>	→ _____ #	<input type="checkbox"/>
Part-time Infection Control Staff	<input type="checkbox"/>	→ _____ #	<input type="checkbox"/>	

SURVEILLANCE AND REPORTING ACTIVITIES – Cont'd

46) If 'YES' to any hires in Q.45, what are the reasons?	Please check all that apply.	
	Fill existing funded vacancies within the IPAC Program Staff.	<input type="checkbox"/>
	The IPAC Program Staff has received additional internal funding for <u>new</u> ICP positions	<input type="checkbox"/>
	Other – please describe: _____	<input type="checkbox"/>
47) If 'NO' to any hires in Q.45, what are the reasons?	Please check all that apply.	
	The IPAC Program is at full complement.	<input type="checkbox"/>
	Although the IPAC Program is not at full complement, the priority is to invest elsewhere (i.e., training).	<input type="checkbox"/>
	There is a hiring freeze within the IPAC Program.	<input type="checkbox"/>
	Cannot find people with the appropriate skills	<input type="checkbox"/>
	Other – please describe: _____	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>
48) Who would the <u>IPAC Staff</u> report to?	Please check all that apply.	
	Director, Infection Prevention and Control Program	<input type="checkbox"/>
	Manager, Infection Prevention and Control Program	<input type="checkbox"/>
	Staff Epidemiologist	<input type="checkbox"/>
	Other – please describe: _____	<input type="checkbox"/>
49) Does the IPAC Program have a formal succession plan in place for Infection Control Staff in the event of new positions, retirements, and resignations?	Please check one answer.	
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION

50) For each school listed, please indicate the number of IPAC Staff who have completed the infection control training program. (You can include multiple schools for each staff member, if appropriate).

	<i>Number of IPAC Staff (Write In)</i>
a) Centennial College	_____ #
b) Queen’s University	_____ #
c) University of British Columbia	_____ #
d) APIC Basic Infection Control Course	_____ #
e) Other IC course – please describe:	_____ #

51) How many of the IPAC Staff have the following professional designations?

	<i>(Write In)</i>
Registered Nurse (RN)	_____ #
Medical Laboratory Technologist (MLT)	_____ #
Public Health Inspector	_____ #
Other (i.e., Occupational Therapist, Physiotherapist, Registered Therapist, etc.)	_____ #

52) How many of the IPAC Staff have the ‘Certification in Infection Control (CIC)’ from the Certification Board of Infection Control and Epidemiology (CBIC)?

	<i>Number of IPAC Staff (Write In)</i>
Total Number of ICPs with CIC designation	_____ #

PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION – Cont'd

53) Please indicate the number of IPAC Staff who are members of the following associations. Also, specify the frequency of attending meetings, or sessions.

<i>Associations</i>	<i>(Write In)</i> Number of IPAC Staff who are members	<i>(Write In)</i> Frequency of Meeting Attendance
Community Hospital Infection Control Association (CHICA) – <u>Canada</u>	_____ _#	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – <i>please describe</i> _____
<u>Local Chapter</u> of Community Hospital Infection Control Association (CHICA)	_____ _#	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – <i>please describe</i> _____
Association for Professionals in Infection Control and Epidemiology (APIC)	_____ _#	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – <i>please describe</i> _____
Society for Healthcare Epidemiology of America (SHEA)	_____ _#	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – <i>please describe</i> _____
Other memberships specific to infection prevention and control: _____	_____ _#	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – <i>please describe</i> _____

54) Please indicate to what extent you disagree or agree with the following statement:

<i>Please check one answer.</i>	LEVEL OF AGREEMENT				
	AGREE		Neither Agree Nor Disagree	DISAGREE	
	Strongly	Somewhat		Somewhat	Strongly
Our agency provides IPAC staff with appropriate access to education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION – Cont’d

55) Please specify whether this agency provides IPAC Staff with support and, or access to the following for Professional Development and Continuing Education.

<i>Please check all that apply.</i>	
Financial Support for continuing education	<input type="checkbox"/>
Time off for continuing education	<input type="checkbox"/>
Access to online Infection Control courses (i.e., APIC courses, other, etc.)	<input type="checkbox"/>
Access to Infection Control videoconferences / teleconferences	<input type="checkbox"/>
Attendance at annual Infection Control conferences (e.g., National and International level)	<input type="checkbox"/>

56) Are the following **orientation and ‘in-services training’** programs provided to newly hired Professional Staff? If ‘YES’, please specify the approximate duration and frequency of the orientation programs.

	No	Yes	Average Duration	Frequency
a) General Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Less than an hour <input type="checkbox"/> An hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> > 2 hours	<input type="checkbox"/> Once a month <input type="checkbox"/> Quarterly <input type="checkbox"/> As needed
b) Clinical Orientation (i.e., related to infection prevention and control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Less than an hour <input type="checkbox"/> An hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> > 2 hours	<input type="checkbox"/> Once a month <input type="checkbox"/> Quarterly <input type="checkbox"/> As needed
c) ‘In-services’ training related to infection prevention and control (i.e., seminars, lunch ‘n’ learns, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Less than an hour <input type="checkbox"/> An hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> > 2 hours	<input type="checkbox"/> Several times per month <input type="checkbox"/> Once a month <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> As needed

57) In the past 6 months, which of the following ‘in-services’ topics have been presented?

<i>Please check all that apply.</i>	
Routine Practices	<input type="checkbox"/>
Hand Hygiene	<input type="checkbox"/>
Influenza	<input type="checkbox"/>
Cleaning, Disinfecting and Sterilization	<input type="checkbox"/>
Antibiotic Resistant Organisms (MRSA, VRE, etc.)	<input type="checkbox"/>
C. difficile	<input type="checkbox"/>
Febrile Respiratory Illness (FRI)	<input type="checkbox"/>
Chain of Transmission	<input type="checkbox"/>
Additional Precautions	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>
None of the above. WHY NOT? Please describe	<input type="checkbox"/>
Other – please describe:	<input type="checkbox"/>

IPAC INFRASTRUCTURE AND RESOURCES

58) Please indicate whether the following infection control best practice manuals & guidelines are available at this agency and, if 'YES', how useful each is?

	LEVEL OF USEFULNESS						
	No	Yes	Very Useful	Somewhat Useful	Adequate	Not Very Useful	Not At All Useful
a.) National Advisory Committee on Immunization (NACI) Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) Public Health Agency of Canada Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) Ministry of Health and Long Term Care Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.) Centre for Disease Control - Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.) Ontario Medical Association (OMA) / Ontario Hospital Association (OHA) Surveillance Protocol for Ontario Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.) Canadian Standards Association Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59) Please indicate whether the following software programs are available at this agency, and if 'YES', how useful each is?

	LEVEL OF USEFULNESS						
	No	Yes	Very Useful	Somewhat Useful	Adequate	Not Very Useful	Not At All Useful
a.) Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) SPSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.) Other – <i>please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.) None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IPAC INFRASTRUCTURE AND RESOURCES – Cont'd

60) Please indicate whether the following infection control textbooks and handbooks are available in this agency, and if 'YES', how useful each is.

	LEVEL OF USEFULNESS						
	No	Yes	Very Useful	Somewhat Useful	Adequate	Not Very Useful	Not At All Useful
a.) Text of Infection Control and Epidemiology - APIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) Hospital Epidemiology and Infection Control 3rd Ed- Mayhall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) Hospital Infections- Bennett and Brachman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.) Outbreak Investigation and Control in Healthcare Facilities- Arias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.) Prevention and Control of Nosocomial Infections- Wenzel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.) Control of Communicable Diseases Manual-Heymann	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61) Do(es) the Infection Control Staff have access to the Internet?

Please check one answer.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

62) Please indicate whether the IPAC Program is involved or consulted in the agency's planning of the following activities / initiatives.

<i>Please check once for each row.</i>	Yes	No
a) Construction and Renovation	<input type="checkbox"/>	<input type="checkbox"/>
b) Safety and Quality Initiatives (i.e., Safer Healthcare Now, other quality improvement)	<input type="checkbox"/>	<input type="checkbox"/>
c) Occupational Health	<input type="checkbox"/>	<input type="checkbox"/>
d) Professional Practice	<input type="checkbox"/>	<input type="checkbox"/>
e) Accreditation	<input type="checkbox"/>	<input type="checkbox"/>
f) Product Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
g) Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>
h) Pandemic Planning	<input type="checkbox"/>	<input type="checkbox"/>

