

Central South Infection Control Network

Strategic Plan
2007 - 2010

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Executive Summary

The Central South Infection Control Network (CSICN) has made tremendous strides since the original proposal for a regional infection control proposal was submitted to the MOHLTC in February 2005. CSICN has developed an effective and efficient operational model focused on partnership building and collaboration.

As one of four pioneer regional infection control networks in the province, CSICN has been a leader in the engagement of stakeholders across the Burlington, Brant, Haldimand, Hamilton, Niagara, Norfolk region. This Network has created a collaborative environment for the enhancement of infection prevention and control information and best practices.

CSICN understands that this start-up operational success is however only a step towards the realization of the true value of a regional infection control network in the Central South region. We recognize that the true value of the regional infection control networks lies in the ability to positively impact infection prevention and control practice today and in the future, thereby reducing infection rates and improving patient care.

To this end, CSICN has developed this strategic document as a road map for moving from the functioning operational state of today to the desired strategic state of the future.

Through a collaborative, stakeholder driven planning process, CSICN has defined a meaningful, measurable Vision that resonates with clinicians, administrators and patients/ residents and clients/ residents and clients:

Vision

Over the next three years, CSICN will build and sustain a community of excellence in Infection Prevention and Control by:

- Developing and providing culturally diverse and skills appropriate education, delivered through a multimodal education strategy
- Providing practical, accessible evidence-based Infection Prevention and Control (IPAC) tools and resources to support best practices across the continuum of health care
- Raising Awareness of the consequences of non-compliance with IPAC best practices to patient, visitor and staff safety
- Connecting health providers, organizations, services and institutions with each other to share, learn, practice and evaluate, with a goal to preventing or reducing the burden of infectious diseases.

To attain this Vision, CSICN has developed five key strategic directions that align with and interpret the provincial strategic directions in the Central South region:

Strategic Directions

- 1) Knowledge Creation and Transfer
- 2) Marketing and Communication
- 3) Partnership and Networking
- 4) Decision Makers Intelligence Strategy
- 5) Public Health Emergency

These strategic directions and their associated strategic activities provide CSICN with a collaboratively developed road map for attaining the desired outcomes of CSICN's three year Vision.

CSICN clearly understands the dynamic nature of the environment in which it operates. CSICN has therefore created a dynamic strategic plan that continually aligns with shifting provincial priorities, stakeholder needs, resources and environmental influences.

With the development of this strategic plan, CSICN has defined a road map for moving forward. CSICN is proud of its accomplishments to date and is committed to its future: a future based on building partnerships, fostering collaboration, leveraging regional expertise and getting results.

Infection Control Networks in Ontario

In the wake of the Severe Acute Respiratory Syndrome (SARS) crisis, the Province of Ontario has adopted a more proactive approach to the prevention and control of infectious diseases. The approach is based on leveraging regional expertise and fostering collaboration.

The Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control (more commonly known as the Walker Report) highlighted the shortfalls which have long existed in infection prevention and control activities across the province of Ontario. The report called for three key integrated initiatives to improve the state of infection prevention and control, including:

- ◆ The establishment of a Provincial Communicable Disease Committee. This Committee would advise the Chief Medical Officer of Health on issues relating to infectious and communicable diseases, as well as establish standards and guidelines for infection prevention and control;
- ◆ The establishment of Regional Communicable Disease and Infection Control Networks. These networks' crucial role would be the coordination of infection prevention and control activities at a regional level;
- ◆ The establishment of a series of programs to enhance training and education in infection prevention and control at all levels.

The Province has responded to the challenges detailed in the Walker Report with action. In the two and a half years since the release of the interim report, the Ministry of Health and Long Term Care has made significant strides towards improving the management and coordination of infection prevention and control activities. The development of Regional Infection Control Networks is a prime example.

Regional Infection Control Networks (RICNs) have been designed to leverage extensive regional expertise in infection prevention and control.

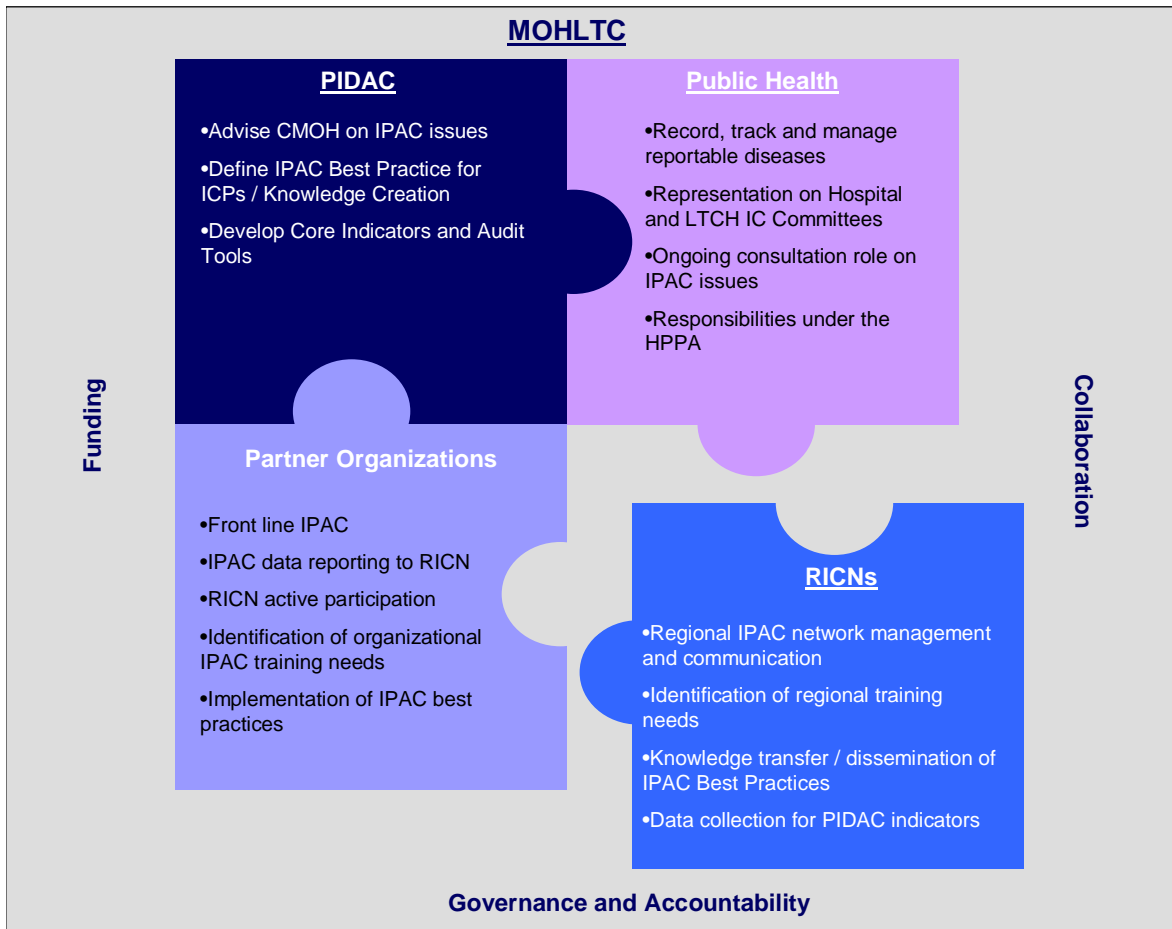
RICNs have been charged with the mandate of maximizing coordination and integration of activities related to the prevention, surveillance and control of infections and infectious diseases. RICNs integrate the distinct infection prevention and control activities of acute and non-acute care facilities, public health programs, and community care agency programs.

RICNs operate in a complex, multi-stakeholder environment in which multiple organizations collaborate to ensure the effective prevention and control of infection across the individual regions and the province.

Through a facilitated collaborative process, the MOHLTC's Strategic Planning and Implementation Branch (Public Health Division) has identified the five key stakeholders that impact IPAC across the province:

- Regional Healthcare Partner Organizations
- RICNs
- Provincial infectious Diseases Advisory Committee (PIDAC)
- Public Health
- MOHLTC

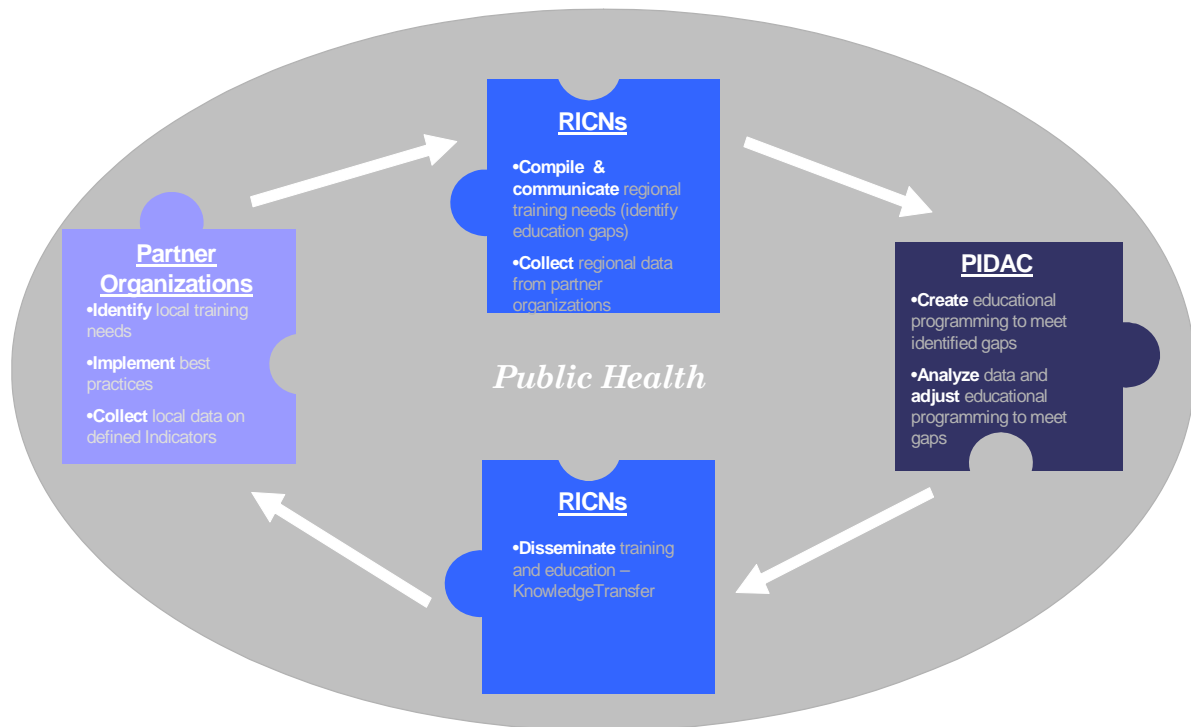
The following schematic presents these major players and outlines their respective roles in IPAC:



RICNs are a vital piece of the IPAC puzzle. RICNs provide an effective vehicle for the identification of regional training needs and the dissemination of educational programming to meet these needs.

While the Provincial Infectious Diseases Advisory Committee (PIDAC) creates the knowledge, RICNs are an essential communication channel to ensure that knowledge makes its way into clinical practice within the Partner Organizations.

The role of the RICNs becomes even more pivotal considering the dynamic nature of IPAC and healthcare education in general. RICNs provide a dynamic mechanism for constantly monitoring the IPAC educational needs of partner organizations and communicating those needs to PIDAC and / or the MOHLTC where they are to be addressed.. As a result, RICNs serve as a continual feedback mechanism for ensuring the continued alignment of PIDAC educational programming with regional education needs. The following schematic illustrates the RICNs' dual role in the management of regional infection prevention and control:



Central South Infection Control Network (CSICN)

The Central South Infection Control Network (CSICN) follows the geographic boundaries established for the Burlington Brant Haldimand Hamilton Niagara Norfolk Local Health Integration Network (LHIN 4). LHIN 4 is a complex multi-stakeholder healthcare environment, containing 20 hospital sites, 90 long-term care facilities, 1 Community Care Access Center, 3 community health centers and 5 Public Health Units.

CSICN has been charged with a mandate to maximize coordination and integration of activities related to the prevention, surveillance and control of infectious diseases across all healthcare sectors and for all healthcare providers within the Central South region. As with each region of the province, the CSICN demographic catchment area has both common healthcare needs and individual characteristics that make the region and its people unique. The CSICN has been designed to align with and leverage core provincial infection prevention and control directions and tools, while respecting and representing the regional needs of CSICN's partner organizations, healthcare providers, infection control professionals and patients/ residents and clients/ residents and clients.

Since its inception, the Central South Infection Control Network (CSICN) has made tremendous strides in the development of an operational network, with strong leadership and extensive member support. To fully realize the mandate as a regional network,

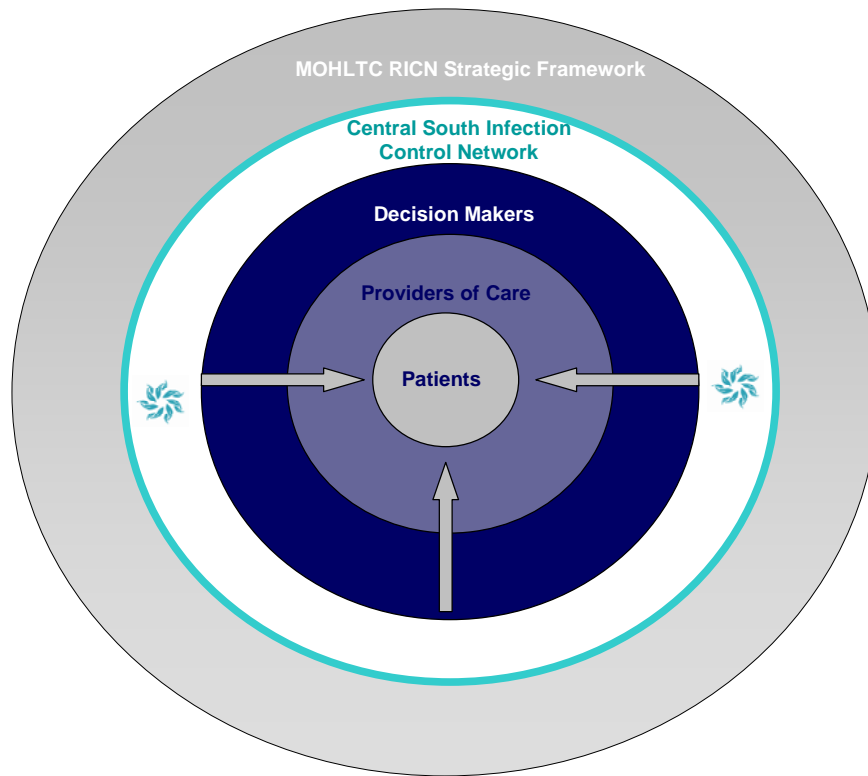
CSICN understands that it must evolve beyond its operational focus and strategically plan for the years ahead.

To this end, the CSICN Steering Committee has embarked upon a strategic planning process, facilitated by Health Strategy Corporation, to define the organization vision and build the strategic road map for moving forward.

This document represents a Strategic Plan for CSICN that reflects regional needs and expertise and aligns with both the other Regional Infection Control Networks and the MOHLTC approach to infection prevention and control. It represents the logical next step in the strategic evolution of CSICN from a response to the Walker report into a recognized and respected regional leader in infection prevention and control.

Value Proposition

CSICN operates in a complex, multi-stakeholder environment. The definition of the CSICN value proposition is therefore dependent upon a clear understanding of the clients that CSICN serves. Through a facilitated strategic process, the CSICN Steering Committee has defined three major stakeholder groups (as depicted in the following schematic) and outlined easily communicated value propositions for each target audience. The value propositions have been designed to address stakeholder needs and CSICN's ability to meet these needs within the strategic framework established by the MOHTLC for regional infection control networks.



Patient = Patient/resident/client

Patients/ Residents and Clients

While the patients/ residents and clients of the Central South region are clearly the beneficiaries of the efforts of CSICN, CSICN does not interface directly at the patient level. Therefore, while the patient remains central to everything that CSICN does, the impact on this group is only through the actions of CSICN on the other key client groups.

CSICN provides patients/ residents and clients with reassurance that positive steps are being taken to prevent and control another SARS-like occurrence. CSICN ensures that healthcare practitioners are knowledgeable and that the level of infection prevention and control practice in the Central South region is optimized.

Value Proposition for Patients/ residents and clients

CSICN improves the health of the population by reducing the risk of acquiring healthcare associated infections.

Front Line Healthcare Practitioners

The front line healthcare practitioners represent a secondary target market for the efforts of the CSICN. CSICN provides healthcare practitioners with the education and knowledge necessary to ensure the successful prevention and control of infectious diseases at the patient interface. CSICN provides healthcare practitioners with the

knowledge necessary to facilitate access to appropriate information and resources in real time.

Value Proposition for Front Line Healthcare Practitioners

CSICN improves the quality and safety of infection prevention and control by front line healthcare practitioners through proactive education and knowledge transfer.

Decision Makers

Decision makers, whether senior management from partner hospitals, community care providers, Public Health, CCACs, MOHLTC, First Nations or other organizations, are the key target client of CSICN. As a partnership-based, collaborative network with a limited budget and mandate, CSICN must maximize its impact by leveraging the control of the decision makers of key regional partners. CSICN recognizes that it will have the greatest impact at the point of interface with key decision makers, decision makers who in turn will direct front line healthcare practitioners, who will provide improved patient care and infection prevention and control.

CSICN understands that the data is fundamental to influencing decision makers. Adoption and utilization of CSICN services is therefore dependent upon a compelling argument being made for the value of infection prevention and control activities. Evidenced-based data, standardized indicators and best practices will provide decision makers with a compelling rationale for making infection prevention and control a fundamental part of their organizational strategy and operations.

Value Proposition for Decision Makers

CSICN facilitates the collection, analysis and dissemination of evidence-based infection prevention and control best practices to improve quality, minimize risk and reduce the costs associated with infectious diseases.

Vision

As with all the RICNs, the CSICN has been charged with a mandate to:

“maximize coordination and integration of activities related to the prevention, surveillance and control of infectious diseases across all healthcare sectors and for all healthcare providers within the Central South region”.

Building on this mandate, CSICN has taken a proactive approach to clearly defining the desired future state of the organization. Through a facilitated strategic planning exercise, the CSICN Steering Committee has defined a detailed Vision that clearly defines where CSICN will be in three years time. A three year strategic planning cycle was used to align with MOHLTC funding intervals and ensure the attainment of measurable and timely results.

Vision

Over the next three years, CSICN will build and sustain a community of excellence in Infection Prevention and Control by:

- Developing and providing culturally diverse and skills appropriate education, delivered through a multimodal education strategy
- Providing practical, accessible evidence-based IPAC tools and resources to support best practices across the continuum of health care
- Raising Awareness of the consequences of non-compliance with IPAC best practices to patient, visitor and staff safety
- Connecting health providers, organizations, services and institutions with each other to share, learn, practice and evaluate, with a goal to preventing or reducing the burden of infectious diseases.

Strategic Directions

To support the realization of the CSICN Vision and remain in alignment with the Provincial RICN Strategic Framework, the CSICN Steering Committee has defined five key strategic directions that will be actively developed, implemented and measured over the next three years:

- 1) Knowledge Transfer
- 2) Communication
- 3) Partnership
- 4) Information
- 5) Public Health Emergency

The CSICN Vision and Strategic Directions have been designed to identify and represent regional IPAC needs and promote best practices across the Central South region. The CSICN strategy is designed to be reflective of and responsive to regional needs and realities while fostering collaboration towards the realization of the provincial RICN Vision.

Presented below is an overview of the CSICN strategic directions:

Knowledge Transfer Strategy

CSICN recognizes that a fundamental role of RICNs is the management of the knowledge transfer process between regional ICPs and the province, namely PIDAC. It is important to note that this is a two-way relationship that requires the CSICN to:

- clearly understand the IPAC knowledge needs and challenges of the regional partners,
- provide this regional input into the PIDAC planning process and
- clearly communicate best practices from PIDAC back to the regional partners to close the loop and facilitate the transfer of best practice theory into direct clinical care
- measure regional utilization of introduced best practices and track outcomes

The CSICN Knowledge Transfer Strategy is fundamental to the attainment of the CSICN Vision . The strategy focuses on strategic activities designed to develop and execute high quality educational programming that efficiently transfers meaningful infection prevention and control knowledge to front line healthcare practitioners. The activities within the Knowledge Creation focus on CSICN's dual role as both a regional assessor of IPAC readiness amongst partner organizations and a communicator of PIDAC-endorsed best practices.

Through the CSICN Knowledge Transfer Strategy, CSICN will actively engage, measure and report on the current level of IPAC knowledge across the Central South continuum of care. CSICN will identify gaps in regional knowledge and represent regional needs to PIDAC.

Upon development and endorsement of IPAC best practice documents, the CSICN will serve as an established and effective communication channel for the timely dissemination of PIDAC processes and documents.

The Knowledge Transfer Strategy will finally focus on encouraging the practical application of best practices, moving from simply informing IPC's to encouraging, supporting and measuring best practice implementation and utilization.

Targeted Strategy Results

- Accessible and well referenced regional IPAC resource library
- Annual Knowledge Transfer report detailing infection prevention and control education programs offered through CSICN and measuring utilization by healthcare practitioners (increased knowledge and use of IPAC best practices)
- 100% of eligible acute care ICPs in Central South region will be CIC certified within 3 years of entry to IPAC practice
- 100% increase in information requests by clients over 2007 levels (as per RICNAC database)

Communication and Marketing Strategy

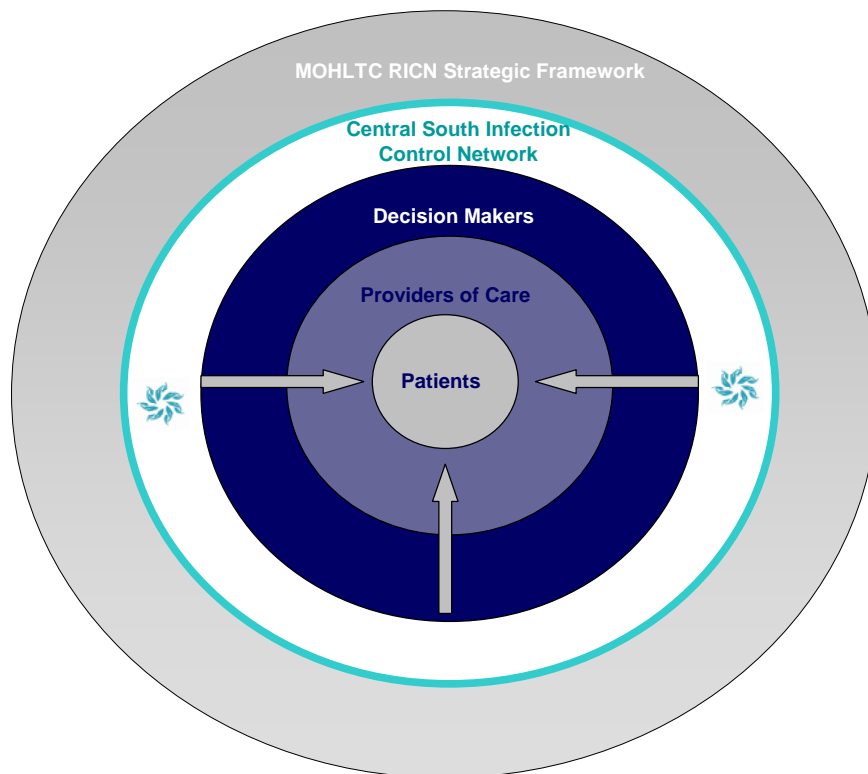
The execution of effective communication and marketing strategies is fundamental to the successful realization of the CSICN Vision. The CSICN Communication Strategy must be designed to raise the profile of CSICN within the Central South healthcare continuum, establish effective channels for the communication of the identified value propositions and improve brand awareness and market penetration.

Since inception, CSICN has actively participated in the development of a number of communication and marketing vehicles including:

- CSICNetwork News
- Web Portal
- CIC Study Groups
- CSICN fact sheets and introductory material
- best practice focus groups
- RICN information booth at educational events

Still, however, CSICN remains a relatively unknown resource in the minds of many front line professionals responsible for infection prevention and control and they are even less present in the minds of those decision makers who allocate the IPAC resources. To successfully attain awareness in the minds of Central South clients, CSICN must develop a comprehensive understanding of their clients, their communication needs and the information they need to make decision or effect change.

CSICN has adopted a client map that aligns with the MOHLTC provincial RICN framework. CSICN understands that, while regionally unique and diverse, the Central South region shares common client groupings with the other RICNs across the province, as identified below:



Building on the identified client map and their associated value propositions, CSICN will develop a strategic approach to communication and marketing that focuses on providing the right information, to the right clients, through the right communication vehicles.

The CSICN Communication and Marketing strategic direction will focus on the development of bidirectional communication channels between CSICN, its clients and partners, and the development of targeted messaging that will influence IPAC uptake and utilization amongst partner organizations.

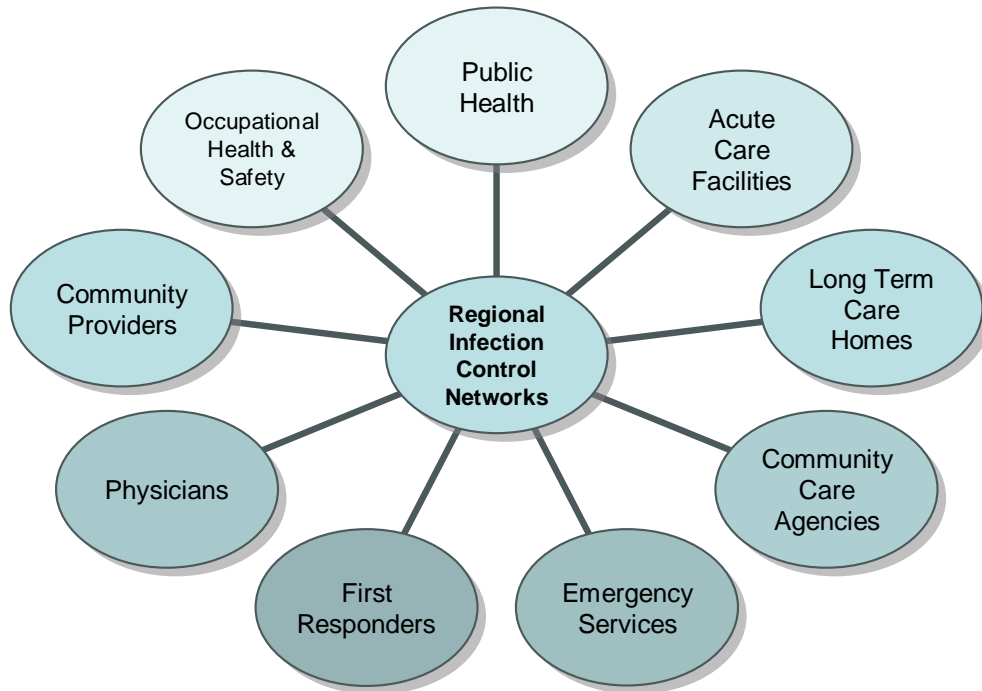
Targeted Strategy Results

- Detailed Marketing and Communication Plan designed and executed (aligned with the Provincial RICN Marketing Strategy), including targeted marketing tools providing client-specific messaging
- 100% brand awareness among decision makers as measured by Year 3 decision maker survey
- Increased understanding of the role of IPAC by decision makers as measured by annual MOHLTC and partner IPAC investment
- 100% increase in brand awareness amongst stakeholders
- Integrated and shared Communication and Knowledge Transfer Strategies amongst RICNs

Partnership Strategy

The CSICN is a partnership-based, collaborative network of healthcare organizations committed to improving the prevention and management of infectious diseases in the Central South region of Ontario. Given the fundamental role of collaboration in the success of CSICN, a comprehensive Partnership Strategy is essential to ensure the active management of the CSICN networks and the development of strong partner relations.

In order to be successful, Network operations must be responsive to stakeholders. Ultimately, this includes all providers of healthcare services, such as hospitals, long-term care facilities, laboratories, Community Care Access Centres, Public Health Units, Emergency Medical Services, and family physicians and dentists (see below).



Given this broad list of stakeholders, CSICN must balance the desire to be inclusive, with their ability to adequately address the needs of each of these groups. The CSICN recognizes the existence of financial and human resource constraints for both the CSICN and their partner organizations. The CSICN partnership strategy will therefore strive to be as inclusive of partner organizations as possible, while realizing that such constraints may prevent the development of an exhaustive relationship with all potential regional partners.

Through the CSICN Partnership Strategy, the CSICN will actively refine and build on its relationship with its current partners in the Central South Acute Care facilities and foster the development of enhanced partnership with Long Term Care Facilities and Community Providers across the region. CSICN will extend its reach to other partner organizations, as resources permit.

Finally, the CSICN Partnership Strategy will focus on the integration and coordination of CSICN strategic and operational activities with the other RICNs. The RICNs and their respective coordinators, medical directors and steering committees represent an invaluable resource for the development and incubation of practical advice that supports all CSICN Strategic Directions. CSICN will continue to work closely with their partner RICNs to leverage regional successes in knowledge transfer, communication, partnership and information management.

The shared development of the RICN Web Portal lead by the Southeastern Ontario Infection Control Network and the integration of the RICNAC database across the RICNs represent short term wins that are readily attainable through an active RICN partnership approach.

Targeted Strategy Results

- Executed Memoranda of Understanding with all CSICN regional partner organizations
- Alignment of CSICN activities with Provincial direction and all other regional infection control networks
- Full inclusion of Long Term Care Homes in RICNs
- Completed contact database of community partners including acute care, long term care homes, public health, CCAC, community agencies, and EMS
- Developed and implemented process for receiving partner input into PIDAC best practices
- 100% Inclusion of CSICN in Acute care Partner strategic plans
- Inclusion of CSICN in LTC and Community partner strategic plans
- Open sharing of all RICN tools (communication, data, etc.) across all RICNs

Information and Measurement Strategy

Dissemination of information is always challenging, whether within a particular organization or across the entire province. The changing landscape makes it difficult to know: a) who needs what information; b) what format best suits their needs; and c) when is the best time to share that information. CSICN has the power to facilitate the dissemination of relevant IPAC information in the Central South region at a level which may not have occurred in the past, getting the right information, to the right people at the right time

CSICN recognizes that one of their greatest opportunities for exerting influence on their stakeholders is through the decision maker stakeholder target market. On a daily basis, healthcare decision makers must strive to balance the demands on their organization with available resources, both financial and human. Intelligent data is therefore of paramount importance for this target market to make informed decisions. CSICN recognizes this need for reliable information for decision making and are committed to the production of tangible, measurable results that enable the sustainable adoption and utilization of CSICN services

The number and complexity of infectious diseases continues to grow making it challenging to maintain an accurate picture of the state of infections and infectious diseases within the regions and in the province. A critical ingredient of any infection prevention and control program is an active, focused surveillance system.

Working with the MOHLTC, PIDAC and the Public Health Units, CSICN will provide assistance in the development of a surveillance reporting system and benchmarking reports for disease or sector specific areas. Given the present lack of standardized definitions, this guidance will improve the consistency and availability of data related to

healthcare associated infections and will assist infection prevention and control professionals in assessing the programs within their settings.

Finally, CSICN recognizes that to be truly effective, the information created collaboratively by CSICN and its partner RICNs, PIDAC and the MOHLTC must be received, adopted and implemented by the end users of the information. Measurement is therefore critical to understanding the success of any CSICN information sharing initiative. For example, the dissemination of PIDAC best practice documents requires the CSICN to actively measure receipt and uptake by front line regional healthcare professionals in order to demonstrate success in changing practice patterns.

The PIDAC Surveillance Committee has designed a measurement tool for the evaluation of information transfer to front line healthcare professionals. Through the Information and Measurement Strategic Direction, the CSICN will work actively with PIDAC to implement standardized measurement tools associated with PIDAC best practice documents and provide timely and relevant feedback on adoption, utilization and impact of such documents on clinical practice in the Central South region.

Targeted Strategy Results

- Annual Intelligence Report designed and generated to provide key decision makers with the data necessary to support investment in infection prevention and control.
- Established mechanism for the reporting of regional infections and non-reportable infectious diseases
- Increased consistency in surveillance practices.
- increased capacity of all sectors to develop and evaluate surveillance programs that improve patient outcomes or patient care processes
- Completed implementation and adoption measurement for each PIDAC best practice documents

Public Health Emergency Strategy

As CSICN continues to grow and develop as an organization and a regional resource, both the breadth of its partnerships and its reach into the healthcare continuum will continue to expand. Indeed, the four primary strategic directions noted above are designed to entrench the CSICN as a fundamental part of the health system in the Central South region and the premier regional source of IPAC information, knowledge and support.

CSICN recognizes however that in times of public health crisis, this role may change dramatically and that the CSICN may have a significant role to play in the dissemination of timely public health information both at the regional and provincial level.

CSICN's expanding knowledge and connection with local partners aids in the establishment of direct, client specific communication channels. This positions the network to assist in dissemination of critical advice from PIDAC, the Chief Medical Officer of Health and the Emergency Measures Branch.

Further, as with all RICNs, CSICN represents a high level resource of regional IPAC expertise. CSICN therefore recognizes the potential for secondment or reassignment during a Public Health Crisis, whether regional or provincial in nature.

CSICN will work closely with the Emergency Measure Branch, the CMOH, PIDAC and the Public Health Division to contribute to the development of a successful emergency management plan that provides for the reallocation of CSICN human resources during the time of crisis, but effectively refocuses CSICN on its core mandate once the crisis has subsided.

Targeted Strategy Results

- Defined role of CSICN and its resources in the provincial Emergency Measures Plan

CSICN Strategic Activity Timeline

Strategic Direction	2007	2008	2009	Targeted Results
Knowledge Transfer Strategy	<p>Support Core Competency roll-out</p> <p>Disseminate ARO best practice documentation</p> <p>Evaluate uptake and utilization of ARO best practice</p> <p>Survey current partner IPAC knowledge needs and identify gaps for communication to PIDAC</p> <p>Define/Survey IPAC learning needs for LTC professionals, identify knowledge gaps for communication to PIDAC</p> <p>Support/sponsor the establishment of CIC study groups</p> <p>Baseline survey of client information requests (from RICNAC database)</p>	<p>Support Core Competency roll-out</p> <p>Collaborate on standardized education initiatives</p> <p>Implement PIDAC best practices and measure uptake</p> <p>Support/sponsor the establishment of CIC study groups</p>	<p>Support Core Competency roll-out</p> <p>Support/sponsor the establishment of CIC study groups</p> <p>Develop relevant skill based, culturally diverse resource library</p>	<p>Increased awareness, adoption and utilization of PIDAC best practices (as measured by the Information and Measurement Strategy below)</p> <p>100% of eligible acute care ICP's in Central South region will be CIC certified within 3 years of entry to IPAC practice</p> <p>Accessible and well referenced regional IPAC resource library</p> <p>100% increase in information requests by clients 2007 levels (RICNAC)</p>

Strategic Direction	2007	2008	2009	Targeted Results
Communication and Marketing Strategy	<p>Develop detailed Marketing and communication strategy</p> <p>Define all regional stakeholders and develop a Stakeholder Map</p> <p>Identify all regional decision makers and survey preferred mode of communication</p> <p>Actively participate in the development of the Provincial RICN Framework</p> <p>Baseline survey of brand awareness amongst stakeholders</p> <p>Inventory and align existing marketing resources with identified stakeholder needs</p>	<p>Collaboratively develop a Social Marketing Campaign with the MOHLTC and the other RICNs</p> <p>Follow-up survey of CSICN brand awareness amongst stakeholders</p>	<p>Follow-up survey of CSICN brand awareness amongst stakeholders</p>	<p>Detailed Marketing and Communication Plan designed and executed (aligned with the Provincial RICN Marketing Strategy), including targeted marketing tools providing client-specific messaging</p> <p>100% brand awareness among decision makers as measured by Year 3 decision maker survey</p> <p>Increased understanding of the role of IPAC by decision makers as measured by annual MOHLTC and partner IPAC investment</p> <p>100% increase in brand awareness amongst stakeholders</p> <p>Integrated and shared Communication and Knowledge Transfer Strategies amongst RICNs</p>

Strategic Direction	2007	2008	2009	Targeted Results
Partnership Strategy	<p>Identify and engage all key regional decision makers</p> <p>Sign MOUs with all existing partners</p> <p>Contribute to the PIDAC, provincial RICN and regional RICN strategic plans</p>	<p>Develop CSICN-sponsored study groups</p> <p>Sign MOUs with LTC and Community providers as resources permit</p> <p>Contribute to the PIDAC, provincial RICN and regional RICN strategic plans</p>	<p>Active Participation in partner organization strategic planning process</p>	<p>Executed Memorandums of Understanding with all CSICN regional partner organizations</p> <p>Alignment of CSICN activities with Provincial direction and all other regional infection control networks</p> <p>Full inclusion of Long Term Care Homes in RICNs</p> <p>Completed contact database of community partners including acute care, long term care homes, public health, community agencies, EMS, etc</p> <p>Developed and implemented process for receiving partner input into PIDAC best practices</p> <p>100% inclusion of CSICN in Acute care Partner strategic plans</p> <p>100% inclusion of CSICN in LTC and Community partner strategic plans</p> <p>Open sharing of all RICN tools (communication, data, etc.) across all RICNs</p>

Strategic Direction	2007	2008	2009	Targeted Results
Information Strategy	<p>Formalize role in surveillance with CMOH, MOHLTC, PIDAC, PHUs</p> <p>In collaboration with PIDAC, RICNs and Public Health Branch, define standardized indicators and data collection process</p> <p>Implement PIDAC measurement tool for new best practice documents</p> <p>Compile decision maker information needs (in conjunction with communication survey)</p> <p>Clarify measurement process and information reporting relationships with PIDAC and Public Health</p>	<p>Disseminate best practices, measure, report and make regional recommendations to PIDAC</p> <p>Develop and distribute regional decision maker report demonstrating return on investment in IPAC</p>	<p>Disseminate best practices, measure, report and make regional recommendations to PIDAC</p> <p>Develop and distribute regional decision maker report demonstrating return on investment IPAC</p>	<p>Annual Intelligence Report designed and generated to provide key decision makers with the data necessary to support investment in infection prevention and control.</p> <p>Established and understood mechanism for the reporting of regional infections and non-reportable infectious diseases</p> <p>Increased consistency in surveillance practices</p> <p>Increased number of surveillance programs in Long-Term Care Homes</p>

Strategic Direction	2007	2008	2009	Targeted Results
<p align="center">Public Health Emergency Strategy</p>	<p>Participate in the development of the Emergency Measures plan</p> <p>Collectively with the other RICNs and the Public Health Division's Strategic Planning and Implementation Branch, represent the RICNs and their contribution during the a Public Health Crisis</p>	<p>Communicate RICN role in the time of crisis to relevant internal and external stakeholders</p>	<p>Communicate RICN role in the time of crisis to relevant internal and external stakeholders</p>	<p>Defined role of CSICN and its regional resources in the provincial Emergency Measures Plan</p>

The Road Forward

Since its inception, the Central South Infection Control Network (CSICN) has made tremendous strides in the development of an operational network, with strong leadership and extensive member support. CSICN clearly understands however that this start-up operational success is only a step towards the realization of the true value of a regional infection control network in the Central South region.

CSICN recognizes that the true value of the regional infection control networks lies in the ability to positively impact infection prevention and control practice today and in the future, thereby reducing infection rates and improving patient care.

To this end, CSICN has developed this strategic document as a road map for moving from the functioning operational state of today to the desired strategic state of tomorrow. CSICN has defined a meaningful, measurable Vision and Strategic Directions that resonate with clinicians, administrators and patients/ residents and clients.

These strategic directions and their associated strategic activities provide CSICN with a collaboratively developed road map for attaining the desired outcomes of CSICN's three year Vision. But it doesn't stop there. CSICN operates in a dynamic environment. CSICN has therefore created a dynamic strategic plan that continually aligns with shifting provincial priorities, stakeholder needs, resources and environmental influences.

With the development of this strategic plan, CSICN has defined a road map for moving forward. CSICN is proud of its accomplishments to date and is committed to its future: a future based on building partnerships, fostering collaboration, leveraging regional expertise and getting results.