



REGIONAL INFECTION
CONTROL NETWORKS

South Eastern Ontario Infection Control Network

SEOICN

2006-2007

ANNUAL REPORT

*“Promoting Excellence in Infection Control
.....Prevention at Work”*



Message from the Chair

It has been a privilege and a pleasure to be the Chair of such a strong steering committee, each of whom is a dedicated committed professional who represents their sector in an exemplary manner. Each person articulates clearly the concerns of their sector while understanding, accepting and making decisions based on integration and continuous improvement of prevention and control of infectious diseases within South Eastern Ontario.

During this past year the main activities have been education and surveillance which have been guided and directed by the steering committee members. Their collective experience, knowledge and interest have ensured that evidence-based initiatives have been undertaken to enhance the practical skills of health care practitioners within our region.

As my first year ends, I feel very proud to be the Chair of such a fine group of people who in a collaborative manner, provide efficient and practical solutions to move prevention and control of infectious diseases in a positive direction. We have achieved many success stories within the last year. Just ask us!

*Carole Weir, Chair
SEOICN*

Message from the Network Coordinator

The completion of the annual report marks a very important milestone in the evolution of the South Eastern Ontario Infection Control Network. This past year has been filled with a multitude of diverse activities directed at establishing functional offices space, developing a contact database, creating linkages with our partners, delivering our "Who are We?" presentation and, responding to the vast educational needs in southeastern Ontario. We have been challenged to demonstrate our value and our commitment to increasing the knowledge of infection prevention and control in this region. The SEOICN, with the assistance and support of many partner organizations has successfully responded to this challenge.

The network strives to be responsive to member needs while fostering a collaborative environment in keeping with our mandate:

"To promote a common approach to infection prevention and control and utilization of best practices within the region which will include standardization of infection prevention and control policies, procedures, protocols and surveillance practices."

*Janet Allen,
Network Coordinator
SEOICN*

Message from the Network Medical Coordinator

Infection prevention and control has become a major community concern. Preparing for a pandemic, preventing infections in first responder emergency situations, nosocomial infections in our hospitals and controlling the spread of bacteria in nursing home and community care situations are pressing issues that demand our attention. We require the very best in evidence, application of best practices and knowledge transfer to achieve our goal of reducing the terrible burden infections present to those who are so vulnerable in our community.

The past year has seen the further development of the SEOICN as a key player in finding local solutions to these difficult challenges while also supporting provincial initiatives in strategic areas of infection prevention and control. It has been a tremendous journey that is still in its early days. There is much more to come.

*Dick Zoutman, MD, FRCPC
Network Medical Coordinator
SEOICN*

Building the South Eastern Ontario Regional Infection Control Network

Background

In May 2004, Dr. Dick Zoutman in cooperation with members of the Health Care Network of Southeastern Ontario authored and submitted a proposal for a Regional Infection Control Program. The working group, known as the Healthcare Providers of the South Eastern Region of Ontario Infection Control Program (HEROIC), was comprised of representatives from acute and non-acute care, public health, long term care and community care access centers. The working group recognized that there was an immediate need to enhance the current level of infection surveillance, prevention and control within the region. The sustainability of a regional infection control program model builds on collaboration with partner agencies, concise and timely communication, harmonization of common infection control practices, and accessibility to resources and training opportunities. In April 2005, the Ministry of Health and Long Term Care (MOH<C) announced start-up funding for the support and creation of the South Eastern Ontario Infection Control Network (SEOICN).

The Environment

Southeastern Ontario or Local Health Integration Network (LHIN) 10, covers a large geographic expanse of roughly 20,000 kilometers² with a population of approximately 500,000. Although much of the population is concentrated in the urban centers of Kingston, Belleville, Brockville and Trenton, there is a rural and remote population in the central and northern areas of this region. The southeastern region of Ontario has nine correctional institutions and houses a population which is at high risk for such diseases as hepatitis, HIV and tuberculosis. Kingston Hospitals provide medical care to these institutions. The population in LHIN 10 is older than the province as a whole with almost 16% of the population over the age of 65. There are thirteen acute care hospital sites, one complex continuing care hospital, three public health agencies, one Community Care Access Center (CCAC), four community health centers, seventeen family health teams, and thirty-eight long term care (LTC) facilities across the region,

Network Development

Infrastructure

The Health Care Network of Southeastern Ontario provided the administrative support for HEROIC, the working group, and initially, for the Network Steering Committee. Funding for regional networks flows through the host hospital. Kingston General Hospital was designated as the host hospital for the network and as such, has provided support for procurement of supplies, human resources assistance and information technology.

Network Steering Committee

The Network Steering Committee provides guidance, direction and leadership to Network activities, and facilitates the development of a multi-year Strategic Plan. The Network Steering Committee is composed of professionals who reflect a complementary mixture of knowledge, skills and experience in healthcare and represent a number of the sectors. The Network Steering Committee was struck in May and, in July 2005, Karen Gillan, former Chair of the Board of Brockville General Hospital was nominated as Chair. The initial energy of

this committee was directed at the development of a mandate, terms of reference and the recruitment of a Network Coordinator and Medical Coordinator.

The Medical Coordinator, Dr Dick Zoutman, was appointed in 2005 and the Network Coordinator commenced employment in February 2006. Marianne Walker arrived in the network offices on June 5, 2006 as the Administrative Assistant. Susan Cooper was hired as the Infection Control Consultant and commenced employment in December 2006.

The Network Steering Committee has met regularly over the past year and has already been challenged with the recruitment of a new chair, and new steering committee members for LTC, Occupational Health and a community agency representative. Carole Weir was appointed Chair and assumed the position on June 5, 2006. Carol has past experience with CCAC and the Board of Education.

Network Offices

Network office space was secured at 1471 John Counter Boulevard in Kingston. The location is easily accessed by the 401 corridor and has available parking. These attributes were considered important to the members of the Network Steering Committee. A 5 year lease agreement was signed by a representative of the host hospital taking effect March 1, 2005. Following the completion of renovations, office systems and furnishings were purchased and installed. The SEOICN celebrated their official opening of the network offices on June 5, 2006.

Strategic Planning

A Strategic Planning workshop took place on April 28, 2006 in Kingston. Network Steering Committee members and representatives from a broader community healthcare provider base were invited to attend this retreat. The facilitator, Lynda Trommelen, used exercises which prompted participants to share past experiences, identify current strengths and weaknesses and consider future opportunities and threats. From these discussions, seven strategic goals emerged: motivation and compliance, standardized surveillance, electronic monitoring & communication, universal education across all sectors, funding & resources, enhanced profile of Infection Control Programs and Infection Control Professionals (ICPs), support for providers at patient's first point of contact with the healthcare system and research.

A follow-up meeting of the Strategic planning participants was held on June 5th. At this time, the group was asked to identify overlapping priorities, determine time-lines and identify working groups. Participants agreed that motivation could be achieved through the delivery of solid, consistent education initiatives which demonstrated knowledge transfer and measurable outcomes. Motivation and compliance was folded into the universal Education goal. Through consensus, participants agreed that the Funding and Resource goal, and the Research goal, should be embraced in each of the remaining four goals: **Education, Communication, Surveillance and Collaboration.**

A one page high level summary of these Strategic Priorities is attached as **Appendix 1**. A status of the network's progress on achieving the objectives is attached as **Appendix 2**.

EDUCATION

Goal: To deliver high quality education and training programs to healthcare providers across all health care sectors.

Education is a large part of our mandate and, therefore, a high percentage of our resources, both financial and human, is directed at this goal. In our inaugural year, we organized educational videoconferences, hosted Webber training teleclasses, provided hands on Excel training for Long Term Care and supported front line ICP's by facilitating Certification study groups. We also partnered with CHICA-EO to sponsor a Certification in Infection Control (CIC) preparation workshop.

"I think that the SEOICN is an outstanding, much needed and unique resource."

*Teresa Garrahan
Regional Infectious Disease Coordinator
Health Services - Ontario Region -
Correctional Service of Canada*

SEOICN provided our members with a direct link to expertise in infection prevention and control. The Coordinator and Consultant provided consultation, guidance, and problem solving strategies when infection prevention and control challenges presented to our members.

Library

The Network continues to develop an extensive collection of reference materials, text books, and audio visual resources in its library. These resources are readily accessible to members upon request through email or direct communication with our offices.

Certification in Infection Control and Epidemiology (CIC) Study Groups

The Certificate of Infection Control and Epidemiology is an internationally recognized level of excellence in infection Control practice. To support and encourage ICP's to become certified the SEOICN organized seven study sessions which were attended by 12 to 15 people. The first session was held in July 2006 and evaluation forms were extremely positive. In September 2006, the SEOICN partnered with the local chapter of Community and Hospital Infection Control Association – Canada (CHICA) by sponsoring a CIC Workshop. The network provided administrative support and purchased 30 Certification in Infection Control Study Guides for the participants.

A measurable outcome of these study sessions has been the number of ICP's in Southeastern Ontario who has successfully completed the examination. Five individuals have now achieved CIC designation, thus bringing our numbers to 9 as of March 31st, 2007. This success can be directly attributable to the resources dedicated to this objective.

I PASSED !!

"Thank you for all your support. I believe that the study groups were a big part in getting me through the exam. Sue, the micro package was a great help. I will always keep the IgM and IgG straight. I'll be taking my study shrine down this weekend."

Best Regards Dorianne: Quinte Health Care

"I liked the opportunity to have a dedicated time to devote to studying with colleagues. Thank you so much for offering these sessions- I always left feeling inspired and a little more confident!"

Adrienne Hansen-Taugher: KFL&A Public Health

"What I liked most was the relaxed atmosphere, knowledgeable instructors and that the members of the group were supportive of each other. Good Job!"

Dana Anderson: E.J. McQuigge Lodge. Belleville

"I think that the education, resources and support introduced by the network are making a real difference to the infection control knowledge in our community. I have learned from my peers in the CIC study groups and, also through the general networking that has resulted."

Bonnie Carter: Rideaucrest Home for the Aged

COMMUNICATION

The Network has not yet retained a consultant to assist with the development of a regional communication strategy. This strategy will be aligned with the provincial communication strategy which has not been developed. It will be important for our regional plan to be linked, and intertwined with the education and surveillance goals and well connected to the RICN Web Portal.

Web Portal

The SEOICN has been the lead network for the development phase of the RICN Web Portal. The architecture for the web portal has been structured to allow the 14 regional infection control networks (RICNs) to each have their own home page and individual sections which provide unique regional information related to infectious diseases, upcoming educational events and issues of concern that are relevant to that particular network. SEOICN has continued to provide the leadership on this project through a service agreement with Shirley McDonald who has acted as the Project Manager. Shirley has provided support, guidance and training through this development stage. The next very important phase of this project is the development of the Education portal which will eventually host online courses, testing, quizzes, and surveys. The launch date for www.ricn.on.ca is June 1, 2007.

Supporting Provincial Infectious Disease Advisory Committee Best Practices

In addition to providing electronic copies, the SEOICN has distributed approximately 75 printed copies of each of the best practice document to our members.

- Preventing Febrile Respiratory Illness: Protecting Patients and Staff
- Best Practices for Cleaning, Disinfecting and Sterilization in all Health Care Settings
- Best Practice Document for the Management of *Clostridium difficile* in all Health Care Settings
- Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and Vancomycin – resistant Enterococcus in all Health Care Settings

Supporting Best Practice through Videoconferencing:

The installation of videoconferencing equipment in the network offices was completed in May 2007 thus allowing SEOICN to increase opportunities for education, meetings and training in the next year.

Educational videoconferences were widely used by the RICNs for delivery of education that was prepared and presented in partnership with PIDAC, the OHA and the MOHLTC. This modality of delivery of education is efficient, inexpensive and accessible to our members. Each videoconference afforded an opportunity for questions and answers, thus allowing ICP's and other health care providers to dialogue directly with Infection Prevention and Control experts. We have established 5 preferred host videoconferencing sites in southeastern Ontario. These sites were selected based on availability of parking, room size, accessibility and availability and willingness to host external participants.

The SEOICN is grateful to the Mental Health site of Providence Care, Quinte Health Care - Belleville site, Lennox and Addington County Hospital, Perth and Smiths Falls Hospitals and Brockville General Hospital for sharing their videoconferencing capabilities.

Table 4: Network Supported Videoconferences – Jan. 31, 2006 to Mar. 31, 2007

Date	Topic of Session	Number of Sites	Total Number of Participants
2006			
Jan 31	Best Practices in Cleaning , Disinfecting and Sterilization	5	54
April 28,	Repeat of Best Practices in Cleaning, Disinfecting and Sterilization	3	14
June 21,	Prevention & Control of Transmission of <u>Clostridium difficile</u> within Health Care Facilities	6	90
Oct 19,	OHA: Surveillance 101	5	31
Nov 16,	UK Hand Hygiene Campaign	5	22
2007			
Feb 13	Hand Hygiene Best Practices	5	45
Mar 20,	Core Competency Education for Acute Care	3	14

The evaluation forms reflect an appreciation of the clear concise presentation of information and the question and answer period was considered a definite asset to the program. Technical difficulties with the connection, clarity and volume have been experienced. Some of these challenges have been addressed through the Ontario Telemedicine Network and other challenges will remain until the host sites assign individuals with the expertise in supporting videoconferencing.

Surveillance 101

**Developing an Infection Surveillance Program; Videoconference
Comments from Evaluation forms:**

“Great to hear other peoples questions.”

“I am the manager of Infection Control in addition to Microbiology and Genetics. This session was useful to me in expanding my understanding of definitions and surveillance programs”

“It gave us the basics to help us establish a surveillance program”

Regional Presentations

Presentations offered during the first half of 2006 were primarily directed at informing our stakeholders of the newly developed infection control network. Information was provided on the network history, planned developmental phases and concluded with a summary of future initiatives.

Table 2: Regional Presentation

Date	Location	#	Topic
Mar 24	Quinte Health Care, Management , Belleville	18	Who Are We? Network Introduction
May 17,24,31	Emergency Preparedness Belleville, Kingston, Brockville Workshops	287	Who Are We? Network Introduction
May 31	Lanark Community Health Centre	8	Who Are We? Network Introduction
Jun 7	CCAC Smiths Falls	5	Who Are We? Network Introduction
Jul 5	QHC: Bancroft site – 2 hours	5	Reprocessing Focus Group
Aug 18	KFLA Public Health	16	Basic Microbiology (2 hrs)
Sept 20	Brockville Mental Services – 2 one hour sessions.	12	Infection Control in Construction And Renovation of Health Care Facilities
Sep 28	CHICA-EO Education Conference: Kingston	138	Who Are We: Network Introduction
Oct 3	Fall Auxiliary Conference: Region 8 Bancroft	85	Infection Control “ Feed a Cold, Starve a Fever and Wash Your Hands” (45 min)
Dec 8	Pine Meadow Nursing Home Northbrook	10	Hepatitis C (1 hr)

Excel Training

The SEOICN in partnership with the Kingston Frontenac Lennox and Addington Public Health supported three hands-on Excel Training Workshops for individuals working in Long Term Care. This opportunity provided some insight into the skill sets and accessibility to computers of some of the long term care homes in southeastern Ontario. The training focused on the use of spreadsheets for recording data during an outbreak. The Network plans to follow-up with the participants in these training sessions to determine next steps and evaluate the effectiveness of the training.

Mentoring:

There are no formal Infection Control mentoring programs for recently appointed ICPs in Ontario. One of the acute care hospitals has a month – long orientation program for newly hired staff. Unfortunately, smaller organizations are not able to support this activity. Network staff have addressed this gap by providing regular on-site, one-on-one consultations. By sharing their experience in the complex practice of institutional infection prevention and control, network staff have assisted new ICP's to whom little other training is provided. At this time the focus of the consultation is directed at problem solving rather than a structured mentoring program. This informal response will continue until a formal provincial mentoring framework and content has been developed and adequately resourced.

Consultations:

The Network Coordinator, Medical Coordinator and Consultant not only provide expert advice to front line ICPs but provide support by engaging in dialogue which fosters collaboration and openness to learning. Through this type of support, the Network endeavours to increase local capacity by facilitating others to solve problems and make decisions based on interpersonal feedback. The Network further supports members by providing access to reference materials, guidelines and infection control web links.

The Network has experienced a steady increase in the number of consultations they have responded to in recent months. Questions posed by the field include topics such as: environmental cleaning, equipment reprocessing, construction, outbreak management, mould, occupational health, antibiotic resistant organisms, *Clostridium difficile* and isolation protocols.

A Regional Infection Control Network Activity and Contact (RICNAC) Database was developed by Chuck Van Den Corput and the Waterloo Wellington Infection Control Network has provided the lead role on this initiative. The RICNAC database was designed to manage a large and dynamic contact list for agencies and individuals involved in the provision of health care that requires infection control knowledge in the Network geographic area and to establish a tracking system for all RICN activities.

Due to network performance issues which were not fully addressed until March 2007, the SEOICNO was unable to utilize the RICNAC database. On April 1, 2007, network staff commenced tracking consultations, inquiries, education and visits through data entry into this access database. The development and coordination of this initiative has once again demonstrated economies of scale as the provincial networks partner to find and share solutions.

“Thanks again for the micro session – I was reviewing our monthly infection report (MDS) and I was actually able to analyze the information much more thoroughly. You obviously did a great job.”

Bonnie Carter: Rideaucrest Home

Collaboration:

Goal: To establish a recognized forum for sharing of information and promoting harmonization of infection prevention and control practices across the continuum of care

The all important objective for the Network is to ensure engagement and sharing of information with all partners to improve infection prevention and control activities and to continuously improve outcomes.

The Network is providing regular network updates to the following partners:

- Community Infection & Prevention Partners (CIPP) – a non-acute care quarterly meeting organized by KFL&A Public Health
- Bug Busters – Acute and Non-acute care quarterly meeting organized by Leeds, Grenville and Lanark Public Health

- CHICA – EO – local chapter of the national organization meets 5 times annually
- Communicable Disease Network - 5 Public Health Units and SEOICN meets two times per year
- Incident Management Committee of Southeastern Ontario

The Network Consultant has provided educational sessions to other RICNs

- Champlain Infection Control Network – On-site Microbiology presentations which were videoconferenced to Champlain sites.
- Northwestern Ontario Infection Control Network – two educational sessions via teleconferencing to NWOICN partner agencies

Rural Community Health Centers Working Group:

During the past year the SEOICN had partnered with Leeds, Grenville and Lanark Public Health and the Champlain Infection Control Network to provide focus sessions with staff from 3 rural community health centers. Sessions have focused on infection prevention and control, occupational health topics. Topics discussed over the past year included reprocessing, biohazardous waste management, immunization, chemical safety and hand hygiene. These sessions have been held on a quarterly basis with individuals who have responsibilities for infection control in their setting. Significant improvements in practice have resulted. For example, one community health center has successfully centralized their reprocessing activities to one room thereby allowing hand washing sinks in client rooms to remain dedicated to that purpose.

Future Directions:

The Network will continue to develop work plans around the goals and objectives identified in the Strategic Priorities 2005 - 2008 (Appendix 1). Through surveys and interviews, the network will continue to gather knowledge and information about infection control resources, diseases of interest, and processes within the healthcare environment. Analysis of the surveys will lead to the development of further action plans which will incorporate measurable outcomes to ensure a process of continuing quality improvement.

The Network envisions the evolution of a strong regional infection control program which will provide an ongoing role in supporting healthcare providers in the adoption and implementation of evidence-based practices and standardized surveillance strategies. The successful implementation of our initiatives will serve to increase the quality of patient care and improve the safety of the working environment for health care providers.

Appendix 1



REGIONAL INFECTION
CONTROL NETWORKS

South Eastern Ontario Infection Control Network

STRATEGIC PRIORITIES FOR 2005 - 2008

Mandate: The mandate of the Ontario Infection Control Networks is to maximize coordination and integration of activities related to the prevention, surveillance and control of infectious disease between acute, non-acute care facilities, Public Health and provider agencies.

Vision Statement: Under development

Draft Mission Statement: To protect the health of patients, clients and staff in the region through education, networking, and the promotion of best practices to prevent and control infections.

Education	Communication	Surveillance
<p>Goal: To deliver high quality education and training programs to healthcare providers across all health care sectors.</p>	<p>Goal: To develop a communication and marketing strategy that will identify and engage our community with timely and appropriate infection prevention and control information.</p>	<p>Goal: To gather knowledge about infection prevention and control resources, processes, outcomes of interest in the healthcare environment.</p>
<ul style="list-style-type: none"> • ↑ # of Infection Control Professionals with Certification in Infection Control by 85% by 2008 • Complete an Education Needs Assessment for 100% hospitals, Public Health agencies, *Community Health Agencies and 80% of Long Term Care facilities by March 2007. • Develop a strategic plan to address priorities identified in the Education Needs Assessment by March 2007. • Meet 100% of the indicators identified in the Education Strategic Plan by March 2009. 	<ul style="list-style-type: none"> • Develop a dynamic web portal and evaluate its' effectiveness in reaching our regional partners by March 2007. • Purchase / install videoconferencing equipment in Network offices by December 2007. • Develop a communication strategy which identifies our partners, relates to their unique environments and provides clear and time-sensitive messaging by 2008. 	<ul style="list-style-type: none"> • Complete Infection Control Resource Survey of institutional –based healthcare by March 2007 • ↑ Surveillance baseline knowledge through education and support of Ministry surveillance pilots and by 2008. • Complete an inventory of current infection prevention and control policies and procedures in 100% of hospitals, 100% *Community Health Agencies and 80% of Long Term Care facilities across the region by 2008. • Conduct a surveillance of environmental resources in 100% of the hospitals and 80% of long term care facilities across the region.
Collaboration		
<p>Goal: To establish a recognized forum for sharing of information and promoting harmonization of infection prevention and control practices across the continuum of care.</p>		
<ul style="list-style-type: none"> • Signed Memorandum of Understanding from 95% of hospitals, Public Health agencies, *Community Health Agencies and Long Term Care facilities by 2008. • Signed Memorandum of Understanding from 100% of Network Steering Committee within 3 months of assuming position on the Committee. • Harmonization of practices related to management of patients / clients who are colonized or infected with antibiotic resistant organisms in 100% of Acute Care and 60% of Long Term Care facilities. • Standardization of surveillance for <i>Clostridium difficile</i> in 100% of Acute Care facilities. 		

Appendix 2 - Status Report of Strategic Priorities

EDUCATION	
Objective	Status
To increase the number of Infection Control Professionals by 85% by 2008	Completed
To complete an Educational Needs Assessment for 100% of hospitals, Public Health and Community health agencies and 80% of Long Term Care facilities by March 2007	Not started. This initiative has been delayed as a standardized provincial survey has been developed and will be circulated to member organizations this summer.
To develop a strategic plan to address priorities identified in the Needs Assessment	Pending survey
To meet 100% of the indicators identified in the Education Strategic Plan by 2009	Pending development of a Education Strategic Plan
COMMUNICATION	
To develop a Web portal and evaluate its' effectiveness in reaching partners by Mar/07.	Web Portal launch – June 1, 2007. Evaluation – not started
To purchase & install videoconferencing equipment in Network offices by December 2007	Installation – completed May 2007. Training – not started
To develop a communication strategy which identifies our partners, relates to their unique environments & provides clear & time-sensitive messaging by 2008.	Not started.
SURVEILLANCE	
To complete an Infection Control Resource Survey of institutional based healthcare by March 2007	Not started. This initiative has been delayed as a standardized provincial survey will be developed and circulated in the fall 2007.
To increase surveillance baseline knowledge through education and support of Ministry surveillance pilots by 2008.	On-going Surveillance 101 Videoconference (Oct/06) supported by Network Site visits and telephone support to C. difficile pilot hospitals
To complete an inventory of current infection prevention and control policies and procedures in 100% of hospitals, 100% Community Health Agencies and 80% of Long Term Care facilities across the region	Not started.
To conduct a surveillance of environmental resources in 100% of the hospitals and 80% of Long Term Care facilities across the region by 2008.	Not started.
COLLABORATION	
To obtain signed Memorandum of Understanding from 95% of hospitals, Public Health, Community Health Agencies and Long Term Care facilities by 2008.	Not started. This initiative has been delayed as the Regional Infection Control Networks will be developing a consistent MOU for use in all the networks. Initial working group has been formed. There are no timelines established.
To harmonize practices related to management of patients / clients who are colonized or infected with antibiotic resistant organisms in 100% of Acute Care and 60% of Long Term Care facilities.	Acute Care Working Group formed in January 2007. AROs is on their agenda for September 2007.
To standardize surveillance for <i>Clostridium difficile</i> in 100% of Acute Care facilities.	Network supporting two acute care hospitals in the pilot surveillance tool project. Next steps will be identified based on the results of this pilot study.