

Building Regional Infection Control Networks (RICNs) in Ontario

Year One: Borders to Bridges

Introduction

The inception phase of the RICN project was both challenging and exciting. The task at hand was formidable, even daunting: to build 14 regional networks from the ground up. Thanks to the dedication and teamwork of infection control professionals at the provincial, regional, and local levels, year one saw the philosophy of the RICNs translated into tangible, measurable results as the four initial networks began to forge their identities and move purposefully in a clear direction. The four burgeoning RICNs came of age in 2005 and have steadily gained momentum ever since. These continually-evolving networks hold the promise of a more efficient and comprehensive approach to infection prevention and control in Ontario.

1. Genesis of the Networks: The Need for Integration of Infection Control Activities in Ontario

When the Walker Report¹, released in 2004, highlighted the need for the coordination and integration of Ontario's infection control activities, existing infection control staff and networks in Ontario were working in relative isolation. As healthcare facilities re-assessed their policies and resources in the wake of SARS, significant gaps in infection control coverage became apparent. To remedy this, *Operation Health Protection*² recommended the implementation of Regional Infection Control Networks: local networks of infection control professionals from all fields of healthcare which enhance infection control practices not by replacing existing collaborations and resources, but by coordinating activities and promoting standardization in healthcare facilities across the province. RICNs enable knowledge transfer and information sharing, enhance communication, provide education, increase access to expertise, maximize integration and ensure efficient use of scarce resources by reducing duplication of efforts.

2. Laying the foundation: Defining the key components and roles of RICNs

In order for the networks to provide purposeful and effective coordination of infection control activities, the logistics of implementing and operating a RICN first had to be determined and the roles and objectives of the network clearly defined. The RICN Working Group, a provincial committee of infection control specialists guiding the RICN strategy, cooperated with local healthcare professionals in order to develop principles for network construction and define the function of the networks among Ontario's existing infection control networks and activities.

Parameters for membership, reporting structure, and accountability were determined, and 3 key components for a RICN were identified:

1. Network Steering Committee

Key role: to offer guidance, direction and leadership for network activities, and to establish a strategic direction/multi-year strategic plan for the network.

2. Network Coordinator

¹ Expert Panel on SARS and Infectious Disease Control (Ont.), Walker D. For the public's health: an action plan to prevent threats to our health and promote a healthy Ontario. [Toronto, Ont.]: SARS Expert Panel Secretariat. Ontario. Ministry of Health and Long-Term Care; 2004. [online]. Accessed January 15, 2006 from: http://www.health.gov.on.ca/english/public/pub/ministry_reports/walker04/walker04_mn.html

² Ontario. Ministry of Health and Long-Term Care. *Operation health protection: an action plan to prevent threats to our health and promote a healthy Ontario*. Toronto, Ont.: Ministry of Health and Long-Term Care; 2004. [online]. Accessed January 12, 2006 from: http://www.health.gov.on.ca/english/public/pub/ministry_reports/consumer_04/oper_healthprotection.html

Key role: to manage the development/implementation of the network, to oversee operational aspects of the network once established, to promote a consistent approach to infection prevention and control founded on best practices, and to ensure sharing of information within the network, among all RICNs, and with the MOHLTC.

3. Medical Coordinator

Key role: to provide medical leadership/expertise on implementation of the network, best practice models and surveillance tools, and to cultivate relationships within and amongst the regions to endorse the benefits/opportunities of network participation.

Developing the tools of implementation:

The following core documentation was developed in year one to aid the startup of a Regional Infection Control Network:

Memorandum of Understanding

Network membership is voluntary, and allows a participant to access all RICN resources and take part in all network activities. A template Memorandum of Understanding (or partnership agreement) was developed, adapted by RICN steering committees as necessary, and distributed to healthcare organizations and facilities in each region to expedite network expansion.

Resource Inventory Documents

Each RICN must conduct an inventory of all infection prevention and control resources, activities, and standards of practice within its region in order for the needs of each network to be assessed and gaps in infection control coverage to be identified. Guidelines and evaluation criteria for this important task have been developed, and key documents with respect to methodology, focus groups, and institution surveying have been created based on the core components of an effective infection control and prevention program. Because this inventory will be an enormous and critically important undertaking for all networks, the careful development of these documents at an early stage was crucial.

Sample "Call for Applicants"/Position Descriptions/Terms of Reference

Position descriptions, terms of reference, and sample "call for applicants" forms for each of the 3 key network components were drafted, reviewed, and finalized in order to accelerate the recruitment process and set out clear expectations for new network staff.

Office Startup Manual

This comprehensive guide to the successful set-up of a RICN office was developed based on the challenges faced by the first four networks, and is designed to advise network implementers of the potential pitfalls of the start-up process. It provides guidance on the selection of an office location, the purchasing of supplies and equipment, the hiring of an administrative assistant, and the acquisition of key information resources.

3. Joining Forces: Cultivating External Partnerships

Ontario Provincial Infectious Disease Advisory Committee

One major accomplishment of the networks in year one was the successful nurturing of a close relationship with Ontario's Provincial Infectious Disease Advisory Committee (PIDAC). The partnership between the RICNs and PIDAC, the province's foremost bank of expertise on infectious diseases, is a natural and mutually beneficial one. Like that of the networks, PIDAC's membership is comprised of professionals from all relevant fields of the healthcare sector. This diverse group of advisors develops best practices and guidelines for infection prevention and control, and makes recommendations on key infection prevention and control issues such as immunization, surveillance, and communicable diseases.

Through this partnership, RICNs are able to bring the work of PIDAC to the local or "grassroots" level, implementing the policies and procedures developed by this esteemed group of infection

control specialists. The combined efforts of these two groups are conducive to making a true improvement in patient and employee safety, one which can only be achieved through the fusion of evidence-based policy (PIDAC's development of quality standards of care) with effective strategies for enactment (the networks' distribution and implementation of best practices).

Other Key Partnerships

The development of inter-relationships between RICNs and local public health units was a critically important accomplishment in year one of the RICN project. Networks that are served by multiple health units face a particularly challenging task in bridging gaps within their regions, making it all the more important for these networks to maintain such relationships. Sustaining these crucially important partnerships at the regional level is integral to the development of other relationships within the network and to the uniting of infection prevention and control efforts within each region and across the province.

Networks are exploring further possibilities for partnerships at the provincial level, with other ministries and within the MOHLTC, in order to facilitate effective communication among all professionals with a vested interest in infection control activities, regardless of their particular branch or ministry affiliation.

Healthcare professionals and organizations external to the networks have come to recognize that the RICNs have a wealth of expertise to offer, and have of their own volition begun to seek out partnerships with the RICNs. The networks have already been sought as partners in the development of best practices for MOHLTC and PIDAC initiatives such as the Hand Hygiene and Core Competencies projects. Members of the Regional Infection Control Networks are rightfully perceived as leaders in the field of infection prevention and control; they make wise advisors and are an invaluable resource for infection control projects throughout the province.

4. Leaving the Nest: Launch of the First Four RICNs

In March of 2005, efforts to launch the first four networks began. Since then, the networks for Champlain, Central South, Northwestern Ontario, and Southeastern Ontario have grown by leaps and bounds. These networks will pave the way for the future RICNs in Ontario.

Success Stories

Reprocessing Videoconference

On January 30, 2006, RICNs in cooperation with the MOHLTC organized an all-day videoconference designed to increase awareness about infection control issues related to the disinfection and sterilization of medical equipment. This education day was a huge undertaking, and ultimately a huge success. The event was coordinated throughout all regions in order to review the current standards for disinfection and sterilization and plan for the operationalisation of the newly developed best practice document; infection control professionals from all over Ontario were invited to attend. Feedback from participants was overwhelmingly positive with respect to the value of the information that was provided and the clarity with which it was communicated. Focus groups have also been developed to further advance the discussion locally.

Clostridium difficile (C. diff) Project

This issue is a priority for PIDAC, and RICNs have agreed to lend their infection control expertise to the development of best practices for the management of C. diff. A videoconference for network members on C. diff, similar to the one on reprocessing, is being planned. The networks will also aid PIDAC's C. diff surveillance project by acting as pilot sites for the testing of a surveillance tool. Collection of data from the RICNs will provide valuable feedback to PIDAC on the tool's effectiveness, and this surveillance data will inform future infection control projects in the networks.

Selection of Regional Steering Committees

Steering committees have been selected for each of the first four networks. A primary objective of each network during the committee selection process was to ensure representation of healthcare professionals from across the continuum of care. Accomplishments of the committees were varied; they include such activities as the development of terms of reference, strategic planning, and the election of subcommittees. This has been a critical, and sometimes difficult, step in the development of the project, and it is a major triumph for the first four networks.

Contact List Development

The generation of extensive and diverse contact lists for each network was a major undertaking and an admirable success for each RICN. For the first time, a widely varied collection of groups and interests are being brought together in each network, all working towards the common goal of increasing patient safety and improving the quality of infection control activities. One network already has more than 400 contacts on its rapidly-expanding list. This is an unparalleled opportunity for knowledge transfer, collaboration, reducing duplication of effort, and raising the standard of care throughout the province.

Outreach

RICNs have already made a tangible difference at the local level. They have reached out into their respective regions by visiting numerous facilities and agencies to gain their cooperation and raise awareness about the evolving RICN project. A RICN's list of partners will never be complete, but will constantly evolve to include new healthcare stakeholders as they emerge. RICNs value, respect, and represent Ontario's diverse cultures. Their efforts transcend jurisdictional borders; RICNs have pursued partners in areas as wide-ranging as First Nations health and national defense. One specific accomplishment in the area of outreach was the provision of quick reference infection control handbooks for network members.

Education

Education is a key role for all networks as they have quickly become leaders in the education and mentoring of infection control professionals across Ontario. In one region, a mentoring program is in development for those who are new to infection prevention and control and have no formal training in the field. In that network, the regional coordinator currently hosts new infection control professionals for mentoring sessions and visits healthcare facilities to discuss their learning needs. The need for such a mentoring program has been vehemently expressed by healthcare professionals in all sectors, and the development of such a program is a priority for RICNs.

Communication Strategies

Successful communication between network members and among all RICNs is of the utmost importance to the efficient operation of the networks. In recognition of this fact, networks have developed and implemented tools to promote effective communication. All RICNs publish regular newsletters using common themes which provide updates on both local infection control issues and the evolution of the RICNs. These are important vehicles for knowledge dissemination among network members. The RICNs also issue official written announcements to keep members updated on network activities. In addition, several networks have arranged for a toll-free number to facilitate communication between network members.

5. Passing the Torch: Ongoing Implementation

As of January 2006, four new RICNs began the implementation process: Central East, North Simcoe Muskoka, Northeastern Ontario, and Waterloo-Wellington. These networks will be modeled on the successes of the first four RICNs and will benefit from the lessons they have learned thus far. Networks will keep in close contact with one another, and as the knowledge pool continues to grow along with a general understanding of the implementation process, reciprocal learning among the networks will continue. By the end of 2007, all fourteen networks are anticipated to be funded and functioning.

NETWORK HIGHLIGHTS

Education Programs

Videoconferences	Number of Sites Province-Wide	Number of Attendees (Estimated)
Reprocessing of Medical Devices (Two Sessions)	95	500+
Outbreak Management	62	178
Management of C-Diff	82	588
Total	239	1200+

Contact Databases

	Number of Sites	Number of Contacts
Central South	138	330
Champlain	186	481
Northwestern Ontario	76	264
Southeastern Ontario	56	292
Developing Networks	65	312
Total	521	1679

Number of Presentations

	Number of Presentations	Number of Attendees
Central South	15	625
Champlain	24	235
Northwestern Ontario	10	80+
Southeastern Ontario	14	413
Developing Networks	53	500+
Total	116	1853+

RICNs “Top Five” Requests for Information

1. Assistance in Interpreting Best Practices on Reprocessing of Medical Devices
2. Managing Antibiotic Resistant Organisms (MRSA and VRE)
3. Pandemic Flu Planning Resources
4. Management of Outbreaks
5. Surveillance Issues

RICNs “Top Five” Strategic Planning Objectives

1. Education of Infection Prevention & Control Practices & Protocols
2. Mentorship of Infection Control Practitioners
3. Developing Collaborative Partnerships
4. Support Development of Standardized Surveillance Practices
5. Effective and Open Communication with all Stakeholders.

RICNs “Top Five” Requests for Presentations

1. Who we are and what the networks are about
2. Pandemic Planning
3. Antibiotic Resistant Organisms (MRSA and VRE)
4. How to Manage Norovirus Outbreaks
5. Management of Febrile Respiratory Illness

Did You Know?

1. NWOICN Network Coordinator & Medical Coordinator have logged over 6700 miles traveling Driving over 15 hours on gravel logging roads in NWO, nearly missing pulp trucks
2. 15,000 words have been translated into French for Network business.