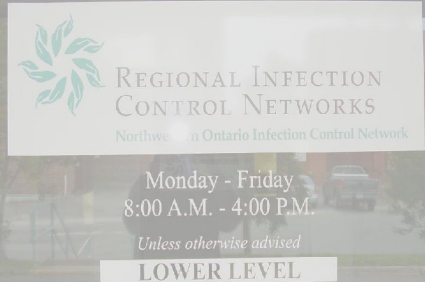




CONNECTING PEOPLE



CONNECTING PRACTICE

2006 / 2007 ANNUAL REPORT

CONTENTS

MESSAGE FROM THE PROVINCIAL COORDINATOR	3
INTRODUCTION	4
EVOLUTION OF INFRASTRUCTURE & IDENTITY	5
EDUCATIONAL INITIATIVES	7
COMMUNICATION & KNOWLEDGE SHARING	10
PARTNERSHIPS & COLLABORATION	12
OUTREACH	14
CONCLUSION	16
APPENDIX: NETWORK CONTACT INFORMATION	17

MESSAGE FROM THE PROVINCIAL COORDINATOR

“‘Strength in numbers’ is a phrase which epitomizes the RICN philosophy as the second year of this exciting project comes to a close. We have a tremendous responsibility as well as a tremendous opportunity to effect positive change in Ontario’s health care system. The quality of our work is a reflection of the diversity and commitment of our membership as well as the strength of our leadership. Together we have made great achievements, many of which you will read about in more detail in this report. Our success as operational networks is dependent upon the voluntary efforts of numerous active and dedicated stakeholders. As such, our successes are your successes. As we move out of our initial operational phase and into our new role as leaders in infection prevention and control, RICN now have a solid infrastructure to support them. We continue to address gaps in infection prevention and control coverage (IPAC) by collaborating, communicating, and using our combined wisdom to its greatest potential. So much has already been learned from our implementation stage, and we are focused on communicating these valuable lessons and building on our past successes to streamline network processes and inform IPAC practice.”

- Patricia Syms Sutherland

Provincial Coordinator, Regional Infection Control Networks

INTRODUCTION

Regional Infection Control Networks connect, desegregate, and coordinate to improve health outcomes, patient and employee safety, and quality of care. They are the new facilitators on the block, charged with the mission of maximizing the cohesion and integration of the infection prevention and control and surveillance activities of each of Ontario's 14 regions in facilities and agencies which span the continuum of care.

In a culturally and geographically diverse province, RICN members have vastly different challenges and needs, yet all can benefit from collaboration. RICN were developed from the bottom up using a progressive grassroots approach, and they continue to abide by their philosophy of inclusion, diversity, and collaboration. The networks strive to be responsive to member needs. Stakeholder consultation and consensus is central to the successful evolution of the networks in a complex, multistakeholder environment.

The networks foster open communication among all members to promote standardization and consistency in policies and procedures and to create a culture of collaboration. Through their outreach efforts they have sought out varied and mutually beneficial partnerships. With education as a large part of their mandate, networks leverage regional expertise and provide badly needed IPAC education and training that is dynamic and tailored to the needs of health care professionals. They are in a unique position to oversee the collection of regional surveillance data using proscribed methods so that it can be compared across regions. Above all, the networks are advocates and conduits for information sharing between IPAC professionals in every role, health care sector, and region. This reduces costly duplication of effort and helps make efficient use of limited resources.

In the next three years, RICN envision that they will:

- raise the profile of IPAC within each region and provincially;
- provide of access to specialized/relevant education;
- enhance practical skills of HC practitioners across continuum;
- become a recognized and reference source of best practice education and expertise.

EVOLUTION OF INFRASTRUCTURE & IDENTITY

In year two, RICN began to stand on their own two feet. Riding the momentum of a successful implementation year, RICN continued to evolve and build critical infrastructure. A total of six new networks were operationalized in 2006, bringing the total to an impressive 10, with 3 additional regions poised on the brink of implementation in early 2007.

Perhaps even more important than this foundational work was the creation of a RICN strategic plan: an explicit statement of guiding principles and strategies for success for all networks. As RICN began to transition out of their initial operational focus, they found the direction they needed from the network positioning and planning information in this document. The role of RICN became more clearly defined with the rollout of this provincial strategic framework.

Informed by the experiences of the four founding networks and the collective wisdom of Steering Committee Chairs, Medical Coordinators, and Network Coordinators, this framework was created to align regional infection control realities with the MOHLTC approach to infection prevention and control and to reflect regional needs and expertise. It will act as a template for the efficient roll out of the final RICNs, allowing them to minimize the ambiguity and role confusion that so often accompanies new network initiatives. While each individual network will identify strategic priorities tailored to the unique needs of its region, all networks will align their high-level goals and processes with the guidance provided in the provincial framework.

Outlined in the strategic framework are four key guiding principles which frame the work of all RICN:

1. Evidence based decision-making and practice. Promoting the use of practices that are supported by scientific evidence or considered best practices according to the prevailing body of knowledge.
2. Information Accessibility. Supporting the efficient exchange of information and collaborative decision-making at the local level.
3. IPAC best practice promotion. Increasing awareness of and promoting the use of best practices in infection prevention and control.

4. Active integration. Integrating IPAC activities across the continuum of care and across the province.

These overarching principles are fundamental to cultivating a common sense of purpose and strategy among vastly different networks with divergent goals.

This is only the beginning of the planning process for RICN. On the road ahead lay many opportunities for leveraging the work of the networks to its full potential. RICN are in a position to link IPAC activities in smaller institutions (i.e. dentist's offices, home care organizations) where significant risks exist for both patients and employees but no institutional-based IPAC programming is in place to support them. Further planning must take place to determine the logistics of communicating effectively with these groups. Through continued collaboration, integration, and pragmatic management, RICN will continue to demonstrate positive return through tangible outcomes and quantifiable indicators.

EDUCATIONAL INITIATIVES

RICN strive to make IPAC education accessible to infection control practitioners in all regions and sectors. The body of knowledge on infection prevention and control is always evolving, and this mutability creates a need for current, dynamic, and continuing education. Through democratic interventions such as videoconferences, 2006 saw the networks bring training to ICPs in the smallest institutions and the most remote communities where this need is significant.

Networks give members with a direct link to a wealth of IPAC expertise. Coordinators in each network are available to provide consultation, guidance, and problem solving strategies when IPAC challenges arose. To address questions of a less urgent nature and support continuing education, RICN continue to develop resource libraries which hold books and other media on current IPAC issues.

Network Success Story:

“An obstetrical patient presented to our OBS unit in possible early labour and with the Chickenpox. As a low risk obstetrical facility, we do not have a team of infection control professionals; I am a department of one. We immediately isolated the patient and I consulted with the CICN Coordinator. She provided the information required to provide appropriate care for this potentially at risk infant. Having access to an infection control expert via RICN is invaluable asset to the smaller hospitals.”

-Harriet Soudant, Director of Special Services and Infection Control Practitioner, Almonte General Hospital/Fairview Manor

RICN began holding educational videoconferences in their inaugural year, and they doubled their efforts in 2006 to deliver these popular and widely attended sessions. Content for each broadcast was prepared and presented in partnership with the Provincial Infectious Diseases Advisory Committee (PIDAC), the Ontario Hospital Association, and the Ministry of Health and Long-Term care. These sessions remain an extremely efficient means of delivering education sessions to a maximum number of participants with a minimal amount of travel and cost to network members. The interactive nature of videoconferences allows ICPs to dialogue with provincial, national, and international IPAC experts in the Q&A sessions which are a component of all broadcasts. Each RICN videoconference provides an in-depth look at one current challenge in IPAC practice and builds upon the work of provincial infection prevention and control initiatives. Each videoconference is archived on the OHA website and is publicly available for viewing for a full three months after the initial broadcast date. In the past year, RICNs held province-wide videoconferences on disinfection and sterilization, *C. difficile*, surveillance, and hand hygiene, all of which received positive

feedback documenting the tangible improvements which were made in many institutions as a result of the training provided.

Table 1: RICN Province-wide Videoconferences in 2006

Date	Topic of Session	Number of Sites	Number of Participants *
April 28, 2006	Best Practices for Cleaning, Disinfection, and Sterilization in Health Care Settings	60	400
June 21, 2006	Prevention and Control of Transmission of <i>Clostridium difficile</i> in Health Care Facilities	76	500
October 19, 2006	Surveillance 101: Developing an Infection Control Surveillance Program	60	325
November 16, 2006	Improving Hand Hygiene in Health Care Settings: Lessons Learned from the UK Experience	52	300

* Approximate total based on participant lists compiled by individual sites

A number of regional conferences, seminars, workshops, and other education sessions were also held by individual networks in response to regional needs and interests. Ranging in scope from small informal lectures to structured educational sessions with hundreds of participants, regional RICN education is delivered in the format which best suits the intended audience and the subject at hand. This flexibility caters to the diverse educational needs of professionals with varying levels of IPAC knowledge in each region. Sessions are often planned at the request of network members and according to regional needs assessments to address the most relevant IPAC issues in each region.

Table 2: Selected Regional Conferences and Education Sessions

Topic of Session	Host Network	Number of Participants
ARO Workshop	Waterloo Wellington Infection Control Network	200
Community Health Centres	Southeastern Ontario Infection Control Network	10
Microbiology 101	Northwestern Ontario Infection Control Network	36
Patient Safety & Infection Control	Northwestern Ontario Infection Control Network	24
Reprocessing	Southeastern Ontario Infection Control Network	19
RICN at Work	Southeastern Ontario Infection Control Network	169
Support Services & Infection Control	Northwestern Ontario Infection Control Network	59

Network Success Story:

One of our acute care agencies was able to get a Reprocessing Committee started because of the specific goals and targets identified in the Cleaning, Disinfection and Sterilization document.

- Cathy Egan, Network Coordinator, Waterloo-Wellington Infection Control Network

While provincial best practice documents such as those developed by the PIDAC are crucial to evidence-based IPAC practice in Ontario, the knowledge contained in these documents needs to be adapted to the individual challenges of a diverse group of organizations. To increase operationalization of best practice documents and standardization of IPAC procedures across the province, RICN conducted education sessions and focus groups at the local level to help individuals and institutions interpret and implement IPAC best practices in their day-to-day work.

The development and support of mentoring programs was yet another component of RICN's multifaceted approach to education in 2006. Under the coordination of RICN, IPAC leaders in several networks stepped forward to provide new ICPs with the benefit of their experience. Through site visits and one-on-one consultation, mentors guided recently appointed ICPs to whom little other training is provided, lending their expertise to initiate these new professionals to the complex practice of institutional infection prevention and control. Plans are underway to expand this program in 2007/08.

Network Success Story:

"ICPs doing virtually the same job in one part of the region would never normally connect with ICPs in another part of the region. We are bringing them together through face to face educational conferences and through our videoconference network. We are able to reach Northern and remote communities through connections between Ontario Telemedicine Network and Keewaytinook Okimakanak (KO) Telehealth."

- Pat Piaskowski, Network Coordinator, Northwestern Ontario Infection Control Network

COMMUNICATION & KNOWLEDGE SHARING

To effect positive change in infection prevention and control practices on a grand scale, much depends on teamwork and collective knowledge. RICN are dedicated to creating a knowledge sharing culture among IPAC professionals in Ontario. Simply put, RICN make sure that IPAC knowledge gets into the hands of those who need it, when they need it, and in a format that is meaningful and practical. Over the past year, RICN have established themselves in this crucial role in the cycle of IPAC knowledge transfer.

Network Success Story:

“I just wanted to tell you and your colleagues at the Infection Control Network what a wonderful job you are doing. The newsletter is terrific. I share it with all staff, all departments. You are a great resource for LTC Homes where Infection Control Officers are attached to many other parts of a position.”

-Beryl Belliveau, Director of Care, St. Patrick's Home of Ottawa Inc.

RICN aim not only to make provincially supported knowledge available, but also to make it practical. They distribute the “know-how” as well as the “know-why”; that is to say, they give knowledge context and relevance. Because unused information quickly loses value, it is paramount that health care workers act on the knowledge that they possess. RICNs have facilitated this process by “brokering” the knowledge that they share.

RICN play a dual role in knowledge transfer by assessing local needs and communicating them to knowledge creators such as PIDAC, while simultaneously disseminating best practice documents created by experts and helping front-line workers to implement them. In conjunction with their relationship to PIDAC, RICNs also created smaller but equally fruitful linkages between professionals across many traditional boundaries and barriers. RICN helped individual institutions to realize the worth of their own resources and the value of sharing them with other members. Each member's distinct knowledge is respected, valued and used to inform decisions.

It is virtually impossible to communicate and share knowledge effectively within large and geographically dispersed networks without using technology. It plays a crucial transformational role and is key to creating a knowledge sharing culture. In recognition of this reality, RICNs have utilized current technology to create practical communication tools which connect members and facilitate knowledge transfer. Video

and teleconferencing technology makes it possible for information to be instantaneously shared with participants in virtually any location.

Network Success Story:

“We have long had a good rapport between public health and infection control in acute and long term care in Ottawa, but the sanctioned experts of Champlaining Infection Control Network (CICN) take it to a new level. It was an easy transition [to implement a RICN] here with CICN staff being recognized experts in the field. We have also seen the attempt to integrate health units with shared communications and similar practice. You are the catalyst to enable the expansion of Infection Prevention and Control in our area.”

-Dr. Paula Arnold, Medical Officer of Health, Ottawa Public Health

The benefits to effective communication strategies are invaluable in terms of resource conservation and safety. RICN nurture trust and create a sense of community which cuts across organizational boundaries to break down barriers to effective communication. Communication has many components; RICN helped network members to ask the right questions of the right people, share plans for the future in a timely manner, request help when it was needed, share the “why” and “how” as well as the “what” of practices and procedures, and share lessons learned. Each network now regularly publishes its own newsletter to keep members informed of the latest developments in IPAC research and practice, advertise HR and educational opportunities, and share answers to frequently asked questions. Better communication means reduced duplication of effort, maximized use of funding, and ultimately increased patient safety.

PARTNERSHIPS & COLLABORATION

As networks, RICN are first and foremost about connection: connecting people, connecting practice, and overcoming geographical and professional differences. In their second year, RICN created linkages between stakeholding provincial and regional organizations to create collaborative solutions to their common IPAC challenges. A comprehensive partnership strategy was developed as a component of the RICN strategic plan to ensure that the networks are responsive to all stakeholders, including hospitals, long-term care facilities, laboratories, Community Care Access Centres, public health units, emergency medical services, family physicians, and dentists.

Network Success Story:

“Our work in highlighting the CA-MRSA situation and bringing together Cornwall Community Hospital’s infection control program with Akwesasne public health prompted these two groups to develop increased collaboration and communication related to identification and management of new CA-MRSA cases as a direct result of our involvement.”

- Colette Ouellet, Network Coordinator, Champlain Infection Control Network

RICN’s most visible and long-standing partnership has always been with the Provincial Infectious Diseases Advisory Committee (PIDAC). In 2006, RICN acted as an intermediary and a conduit for information exchange between the IPAC knowledge creators of PIDAC and front-line health care practitioners. The networks ensured open lines of communication and the 2-way flow of information between these key groups. RICN stepped forward as the primary distributors of PIDAC best practice documents, and have taken steps to ensure that these documents are fully understood and acted upon at the local level. They in turn collected feedback from network members to ensure that the information needs of IPCs in all regions/sectors were communicated to the provincial knowledge source.

Network Success Story:

“The added resource of the Northwestern Regional Infection Control Network has proven to be an effective partnership. Public health and network staff have engaged in complimentary strategies to strengthen infection control practices throughout the region. The result of the collaboration is more work being done in the area of infectious disease prevention and control.”

-Dr. Nancy Cameron, Medical Officer of Health, Thunder Bay District Health Unit

RICN also began cultivating a partnership with the Ministry of Labour, which will bring a valuable occupational health and safety perspective to the discourse of infection prevention and control taking place in the province.

Network Success Story:

“The increase in VRE in two acute care centres in Waterloo Wellington was the catalyst for the WWICN bringing public health, laboratory, acute care and long term care together to enhance consistency in strategies, communication and education. WWICN and public health worked together to educate staff in long term care about VRE and its control measures. The education sessions for long term care were also used as a training opportunity for public health inspectors who were not familiar with VRE which has helped to build capacity in the public health unit.”

- *Cathy Egan, Network Coordinator,
Waterloo-Wellington Infection Control*

In the coming years, RICN looks to execute memorandums of understanding with all regional partner organizations. The networks will soon complete their contact database of community partners in each region, an IPAC resource more diverse and comprehensive than any that came before it. RICN will challenge the common perception that infection prevention and control is primarily a hospital-based function by reaching out to smaller, less visible sectors across the continuum of care. Full inclusion of Long-Term care homes in all RICN will be aggressively pursued.

OUTREACH

RICN have already been successful in raising the profile of infection prevention and control among health care workers and the general public as a result of their continued outreach efforts. The volume of requests for information and presentations received monthly by RICN has doubled and even tripled in some networks over the past year.

Network Success Story:
“The CIC study group in Waterloo Wellington is flourishing. It is preparing 17 individuals to write their CIC exam in 2007, and is building connections across geography, discipline and sectors. The sharing of knowledge and recognition of the expertise that resides in our own area has been an unexpected benefit of this group.”
- *Cathy Egan, Network Coordinator, Waterloo-Wellington Infection Control Network*

To encourage ICPs to become certified in infection prevention and control (CIC), several networks organized certification study groups in late 2006 to help practitioners prepare to write their final certification exam in the spring of 2007. In these groups, participants reviewed practice study questions, participated in relevant discussions, and listened to informal lectures. Response rates to study group evaluation surveys have been high, and responses indicate a high level of satisfaction with both the information provided in these sessions and the format in which it is delivered. RICN staff provide support by coordinating group meetings, providing meeting space and administrative support, arranging for guest speakers, and loaning resources such as CIC study guides. Due to overwhelming positive response, additional study groups will be offered again in the coming fall.

Table 3: RICN Certification in Infection Control (CIC) Study Group Participation

Host Network of CIC Study Group	Number of Participants *
Southeastern Ontario Infection Control Network	58*
Northwestern Ontario Infection Control Network	6
Champlain Infection Control Network	22
Central South Infection Control Network	10
Central East Infection Control Network	6
Waterloo Wellington Infection Control Network	18

* Three participants from this study group have already written and passed their CIC exam!

Networks continued to make site visits a priority in 2006. RICN staff traveled, often hundreds of kilometres, across Ontario to meet in-person for introductory sessions with health care

organizations and to deliver educational presentations at the request of network members. Several networks provide toll free 1-800 numbers to encourage

members to utilize the knowledge that is being put at their disposal. Outreach will remain a key objective for RICN in the coming years as new mechanisms are developed to overcome cultural and geographical barriers, increase access to IPAC expertise, and engage with ICPs at the local level.

Network Success Story:

“The WWICN has been asked to coordinate a group of acute care practitioners and public health called “INC” to enhance consistency and standardization of policies and procedures across the geographic area. This group had previously functioned, but with time limitations of its members, there had not been a coordinated effort to continue to meet. The WWICN will help to resurrect this group and continue its good work.”

- *Cathy Egan, Network Coordinator, Waterloo-Wellington Infection Control Network*

CONCLUSION

RICN are quickly evolving from their indistinct beginnings in health care renewal recommendations into a fully integrated and functioning knowledge collaborative. In year two, the networks carved their niche in Ontario's health care system, broadcasting their newly affirmed identity to increase stakeholder awareness and engagement. In two short years, the networks have been designed and refined to effectively address barriers to collaboration and integration of infection prevention and control practices throughout the province. Their established structure and processes are an excellent basis with which to implement further collaborative projects as RICN learn how best to respond to stakeholder needs. RICN staff are grateful for the overwhelming support they have received from their partners throughout the implementation phase, and look forward to their continued participation as the networks hone their abilities and take on future IPAC challenges.

Network Success Story:
"Halton Region Health Department values the consultative role the CSICN provides and have appreciated their sharing of infection prevention and control resources. Halton Region looks forward to opportunities for continued collaboration."
- Kathy Blake, Halton Region Health Department

APPENDIX: NETWORK CONTACT INFORMATION

Central East Infection Control Network (CEICN)

Permanent address pending

Network Coordinator: Joanne Habib

Phone : 905-430-4055 x6212

e-mail : habibj@wmhc.ca

Central Region Infection Control Network (CRICN)

Permanent address pending

Network Coordinator: Grace Volkening

Phone : 416-635-2555

e-mail : gvolkeni@nygh.on.ca

Central South Infection Control Network (CSICN)

Joseph Brant Community Health Centre

1182 North Shore Blvd. East, Room B17, B13

Burlington, ON L7S 1C5

Phone : 1-866-681-4916 (toll free)

Fax : 905-681-4917

Network Coordinator: Anne Bialachowski

Phone : 905-632-3737 x3495

e-mail : bialach@hhsc.ca

Champlain Infection Control Network (CICN)

Réseau de Contrôle des Champlain

751 Parkdale Ave, Suite 1406

Ottawa, ON K1Y 1J7

Phone : 1-866-833-8868 (toll free)

Fax : 613-761-4917

Network Coordinator: Colette Ouellet

Phone : 613-761-4833

e-mail : couellet@cicn-rcic.on.ca

Mississauga Halton Infection Control Network (MHICN)

Permanent address pending

Network Coordinator: Madeleine Ashcroft

Phone : 905-848-7580 x3313

e-mail : mashcroft@thc.on.ca

North Simcoe Muskoka Infection Control Network (NSMICN)

80 Victoria Street, Unit 7
Orillia, ON L3V 7E4
Phone : 1-866-812-8566 (toll free)
Fax : 705-326-5434

Network Coordinator: Colleen Nisbet
Phone : 705-325-2201 x3022
e-mail : chnisbet@osmh.on.ca

Northeastern Ontario Infection Control Network (NWOICN)

Permanent address pending

Network Coordinator: Isabelle Langman
Phone : 705-671-1000 x8609
e-mail : ilangman@hrsrb.on.ca

Northwestern Ontario Infection Control Network (NWOICN)

289 Munro Street
Thunder Bay, ON P7A 2N3
Phone : 1-866-706-7426 (toll free)
Fax : 807-683-1745

Network Coordinator: Pat Piaskowski
Phone : 807-683-1747
e-mail : piaskowp@tbh.net

Southeastern Ontario Infection Control Network (SEOICN)

1471 John Counter Blvd., Suite 400
Kingston, ON K7M 8S8
Phone : 1-866-883-8428 (toll free)
Fax : 613-548-3576

Network Coordinator: Janet Allen
Phone : 613-548-3921 x222
e-mail : allenj1@kgh.kari.net

Waterloo Wellington Infection Control Network (WWICN)

Cambridge Memorial Hospital
700 Coronation Blvd.
Cambridge, ON N1R 3G2
Phone : 519-621-2330
Fax : 519-740-4920

Network Coordinator: Cathy Egan
Phone : 519-621-2333 x3088
e-mail : cegan@cmh.org