Regional Infection Control Networks

Giving Health a Helping Hand

Annual Report 2008-2009

Ontario, Canada

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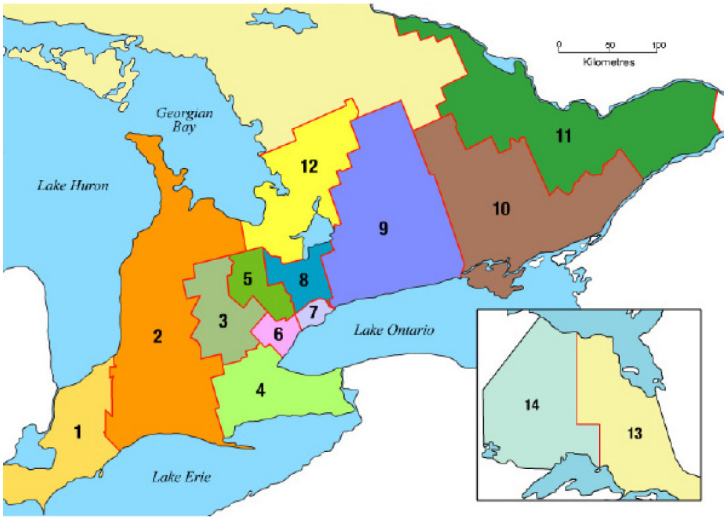
Regional Infection Control Networks

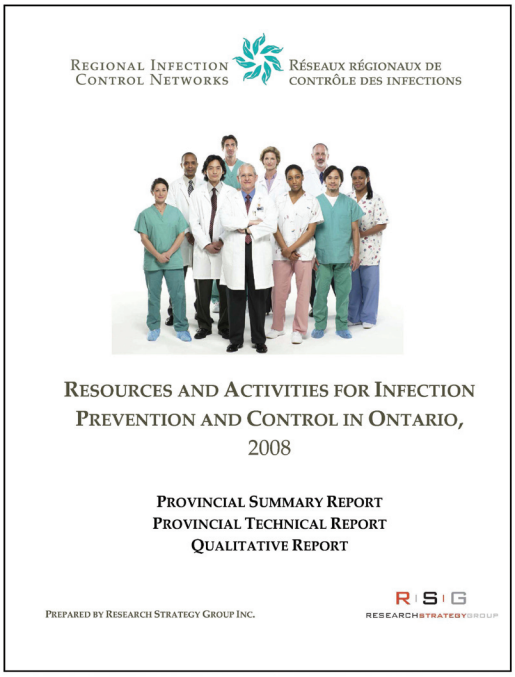


This map illustrates the boundaries of the fourteen regions served by the Regional Infection Control Networks. These boundaries are aligned with the Local Health Integration Networks (LHINs).

GIVING HEALTH A HELPING HAND
2008-09 Highlights

The Regional Infection Control Networks (RICNs) were created after the SARS outbreak in Ontario. Various reports including the National Advisory Committee on SARS and Public Health chaired by Dr. David Naylor, the Expert Panel on SARS and Infectious Disease Control chaired by Dr. David Walker, and the Interim Report of Mr. Justice Archie Campbell, recommended the need for coordination and integration of infection prevention and control activities across the provincial health care system.

The building of the "Network" began in 2004, with the creation of four RICNs, and concluded with the fourteenth and final RICN, Toronto Central, becoming operational December 2008. RICNs are typically staffed with a Network Coordinator, Administrative Assistant, Infection Control Consultant and part-time Medical Coordinator. They are governed by a local Steering Committee, and are funded by the Ministry of Health and Long-Term Care (MOHLTC). Funding includes annual operating funds, and from time to time, funding for special projects. During their brief existence, the RICNs have had many successes, due in part to their responsive nature, the strength of their partnerships and their ability to continually balance provincial priorities with local needs.



RICNs assist their members by coordinating activities and promoting standardization in practice across the province. In order to determine the strengths and gaps in infection control resources, the RICNs led a provincial survey to produce an inventory *Resources and Activities for Infection Prevention and Control in Ontario, 2008*. Studies of this type for acute care and long term care had taken place in the past. However, this survey was the first in Ontario to include acute care, long term care, emergency medical services, public health and community care, and involved over 1,000 participants.

The data provided a provincial snapshot of current infection prevention and control services and identified strengths, gaps and issues related to infection prevention and control. It provided the RICNs with the information needed to proactively support and develop improved infection prevention and control programs, resources and activities. This annual report will provide the details of strategies that were put in place.

"The Regional Infection Control Networks played a key role in the success of implementing Patient Safety Indicators in Ontario, primarily, by providing quality training and support required for the reporting of CDAD rates in hospitals across Ontario."

Dr. Michael Baker, University Health Network, Toronto

"RICNs have already made a significant contribution by coordinating and educating staff from acute care, public health, community care and long term care homes. Their work on assisting with implementing patient safety indicators has been extremely valuable. With the public spotlight on infection prevention and control, I'm confident RICNs will continue to meet their potential, and will have an enhanced role in the province's growing network of partners devoted to the prevention and control of infectious diseases."

Dr. David Williams, MOHLTC

The RICN commitment is to ensure that the most up-to date information on infection prevention and control is in the hands of frontline professionals when they need it, and in a form that is meaningful and practical. Through their partnerships, RICNs are able to gather the most advanced information and thinking on infection prevention and control, from within a region, throughout the province or from across the world. One such partnership with the Provincial Infectious Disease Advisory Committee (PIDAC) - the province's foremost group of experts on infectious diseases - is a natural and mutually beneficial one. The strength of the RICN-PIDAC relationship allows the RICNs to bring the work of PIDAC to a local or "grassroots" level. The combined efforts of the two organizations result in a true improvement in patient and employee safety, one which can only be achieved through the fusion of evidence-based policy (PIDAC's best practice documents) with effective strategies for enactment (the networks' distribution and support of best practices).

Another beneficial partnership is one with the Community and Hospital Infection Control Association (CHICA)-Canada. CHICA-Canada employs evidence-based practice and the application of epidemiological principles through education, communication, standards, research and consumer awareness. The RICNs have maintained close ties with CHICA-Canada through co-sponsored events such as education days and conferences and by serving in executive positions in local chapters. In fact, the 2010 CHICA-Canada President is one of RICN's own. RICNs play a supportive role and continue to have a solid presence within this organization and it is thought that increased membership and chapter growth is linked in part to the expansion of the RICNs.

All healthcare sectors including acute care, non-acute care, public health and community care must be vigilant in identifying, preventing and controlling infections and infectious diseases. In an effort to keep the public informed on patient safety related issues, the Ontario government announced, in May 2008, that hospitals would be required to publicly report on eight different patient safety indicators - seven are directly related to hospitals' infection control programs - a significant undertaking! The RICNs played a key role by supporting the hospitals through training and facilitating the implementation of the reporting.

The RICN staff would like to thank our many partners for the support and participation that has helped us all to achieve successes in infection prevention and control – Ministry of Health and Long-Term Care, Ontario Agency for Health Protection and Promotion, CHICA-Canada, Local Health Integration Networks, and local stakeholder agencies. We would also like to thank the numerous volunteers who so generously give their time to steering committees, subcommittees and working groups. Their knowledge, guidance and expertise has been instrumental in moving forward the RICN strategies of Partnership, Communication, Knowledge Transfer and Information Management. The future of the RICNs will continue to be influenced by changes at the provincial level as well as changes in local stakeholder needs. We look forward to shaping future governance and improving infection prevention and control practices in Ontario, for the good of our health.

Partnership

Partnership involves individuals or groups working together towards a common goal which leads to better solutions for everyone. The power of the RICNs is in the broad spectrum of health professionals, community leaders and medical experts who are linked together to enable a sharing of knowledge, expertise and research. Fostering relationships with stakeholders creates a climate of sharing and enables everyone to move more effectively towards adopting best practice. The results of the RICN Partnership Strategy were evident through the numerous initiatives executed both provincially and locally.

Can Clean Show

The Can Clean Show in April 2008 was a joint endeavour between the RICNs and the Canadian Association of Environmental Managers. Liz Van Horne (MOHLTC) presented on environmental cleaning and facilitated a discussion around the need for a PIDAC best practice document. Following the presentation, participants formed break-out groups to identify the desired content of the document, the results of which were collated and funneled through to PIDAC. The session provided an opportunity for leaders in two inter-related and connected fields, IPAC and environmental services, to collaborate on the creation of a much needed document.

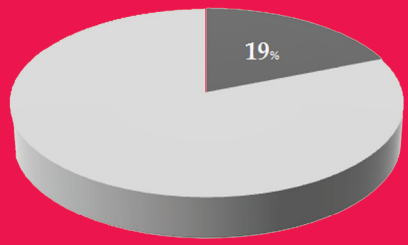
Small Project Quality Assurance Grants Program

This project was launched by the North Simcoe Muskoka Infection Control Network (NSMICN) in collaboration with the LHIN. The intent was to support improved infection control practice within all healthcare sectors in the region. The program was specifically designed to encourage innovation, promote quality assurance and foster leadership in infection prevention and control. Grants of up to $5,000 were provided to local infection control practitioners to offset costs associated with the start up of new projects. NSMICN also provided education, project management support and quality assurance expertise in the form of continuing mentorship. Outcomes from this initiative are expected to be improved surveillance practices in home health care, use of routine practices and better hand hygiene in acute care, and the development of evidence-based policies and procedures in long term care. Outcomes will be shared at the region's November Education Day this year.

Partnering with First Nations Communities

In a culturally and geographically diverse province, RICN stakeholders have vastly different challenges and needs. This is particularly evident in northern Ontario where the networks servicing this area are challenged by geography, economics and cultural diversity. Here, the First Nations population is a prime stakeholder group and an important

Allocation of Resources to Partnership



"The special projects funding enabled us to learn how to monitor and report non-surgical wound infections in the home care setting, which is important to allow us to assess the quality and safety of the wound care we deliver. Once the pilot project is completed, we will incorporate our lessons learned to a national approach across all VON sites. Thank you NSMICN! "

Nan Cleator,
Victorian Order of Nurses

"There has been an immediate and positive impact on the day-to-day performance within the Dental and Housekeeping Programs in the nursing stations. The cleaning, disinfection and sterilization training received has empowered staff and as a result has enabled them to immediately implement best practices that has then improved the standards of care within this setting."

Lorinda Christie Jacobson, FNIH-Sioux Lookout Zone

partner in advancing infection prevention and control practice. Being sensitive to the unique requirements of these constituents is a key success factor.

Following a very well received First Nations event in April 2007 in Thunder Bay, strategies were developed to meet the specific needs of this stakeholder group. In October 2008, the Northwestern Ontario Infection Control Network (NWOICN) organized a conference on the topic of reprocessing and sterilization. This event brought together First Nations Inuit Health (FNIH) representatives, together with over 60 participants from remote rural and urban First Nations communities. Participants were those responsible for the cleaning, disinfection and sterilization of medical devices, as well as health directors and other community healthcare leaders. The two-day conference, supported by many other RICNs, included lectures, discussion groups and hands-on training using actual equipment and supplies. NWOICN looks forward to building on the strength of its partnership with First Nations through continued collaboration.

A Living Commitment to Hand Hygiene

Infection control professionals in the Waterloo Wellington Infection Control Network had been looking for different and unique techniques to disseminate the IPAC message. They wanted to focus on compliance with best practices, as well as effect a behavioural change. During Infection Control Week, the regions' hospitals, together with the two health units, collaborated on a hand hygiene campaign incorporating social marketing principles recently learned from Francois Lagarde, a professor from University of Montreal. The result was an innovative and creative campaign involving a large "tree" labelled "Our Living Commitment to Hand Hygiene". The leaves of the tree were in the shape of hands, and staff, visitors and patients entering the hospital were invited to sign a hand to demonstrate their commitment to hand hygiene. About 3,000 hands were signed! This campaign serves as an outstanding example of how the RICN brought together a variety of stakeholders in pursuit of a common goal. The positive outcomes included healthcare provider and public education, team building and a strengthening of partnerships as well.

Creating mutually beneficial partnerships is what the RICN is all about. The future holds abundant opportunities to work with existing partners, while continuously seeking and growing new relationships. As part of a provincial network, the RICNs will continuously look to maximize the effectiveness of the network, thereby providing further outreach, greater service and comprehensive resources to their partners and the communities they serve.

"I have benefited immensely from the resources WWICN has to offer such as the 'Living Commitment to Hand Hygiene' project for infection control week. You know how the saying goes 'many hands make light work'. Working together to launch a project such as this helps lighten the load in times of limited resources (both financial and human)."

Sandra Hamilton, North Wellington Health Care Corporation

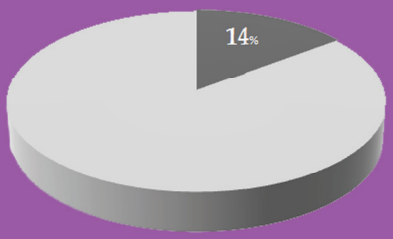
"Since their inception, the Regional Infection Control Networks have become an integral part of health care in Ontario. They have fulfilled their mandate of linking the health care sectors and improving communication among their stakeholders. They have contributed to the enrichment of health care in Ontario and shown themselves to be a valuable resource."

Liz Van Horne, MOHLTC

Connecting People - Connecting Practice

Communication

Allocation of Resources to Communication



"Due to the fact that the Timiskaming Hospital is somewhat isolated geographically from other larger centres, we absolutely depend on access to the valuable videoconferencing that the NEOICN provides. Current, concise infection control information is provided by knowledgeable presenters and we do not have to travel to participate. We definitely depend on the helping hand that the RICN provides."

Andrea Skeoch,
Timiskaming Hospital

In an effort to continually link to stakeholders, within a large and geographically dispersed network, the RICNs strive to be progressive and efficient in disseminating their messages. Through their Communications Strategy, RICNs employ a variety of methods to meet a wide range of stakeholder needs, and as a result have been investing in the most up-to-date communications technology. They also understand that good communication nurtures relationships, breaks down barriers and creates a sense of community and trust.

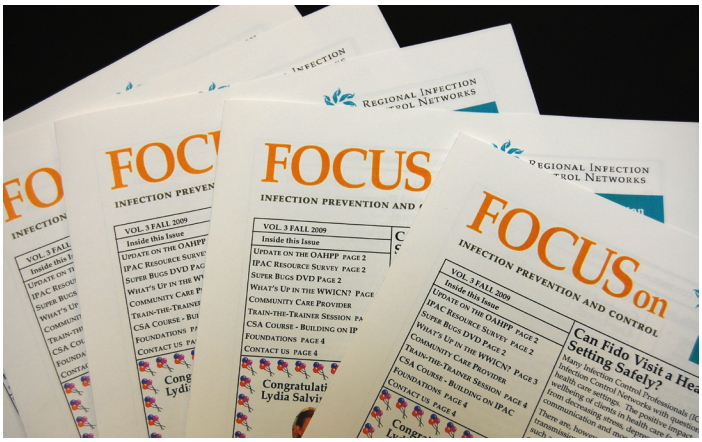
Innovative Approaches

One important and popular technology employed by the networks is videoconferencing. These systems, which are currently available at every RICN site, allow staff, stakeholders and committee members to meet, give and receive educational sessions, participate in remote focus groups or connect to Ministry sessions. For those networks that struggle to reach their remote and isolated communities, or for those who want to access multiple sites simultaneously, these systems allow a direct, efficient, and low-cost link, permitting access to a larger group of stakeholders while decreasing travel time and costs. In addition, local community partners are invited and encouraged to use the facilities for meetings or gatherings related to infection control, further maximizing the return on investment.

Other progressive technologies, including Clickers (a remote personal response system) and SMART® boards, are increasingly becoming an integral part of the RICNs' exchange with stakeholders. This technology allows immediate audience participation, instantaneous feedback on information uptake, and allows presenters to adjust their presentations spontaneously based on audience response and reaction. Feedback from both presenters and participants has been positive, most notably that the learning experience has been significantly enhanced.

Newsletters with Impact

During the RICNs' early years, regional newsletters were published alerting readers to local events, resources and news about infection control. This newsletter has evolved into one with an emphasis on provincial news and events. It continues to be delivered on a quarterly basis.



In order to deliver a more local perspective, a new communications initiative, the *e-focus* newsletter, has been launched by several RICNs. This electronic newsletter is in a shorter, more compressed format and is delivered by email every two weeks. The *e-focus* allows recipients to obtain quick facts, the latest infection prevention and control developments, announcements and event listings in a format that takes less than five minutes to read. As well, the articles contain hyperlinks should the reader wish to "dig deeper". Readers have expressed their extreme satisfaction in terms of content, format and delivery.

The RICNs are committed to continuously exploring new methods of teaching, information sharing and communication in order to advance knowledge of infection prevention and control. They are committed to doing this, while being fiscally responsible, making sensible decisions on which tools to employ to make the greatest impact on the learning experience of their stakeholders.

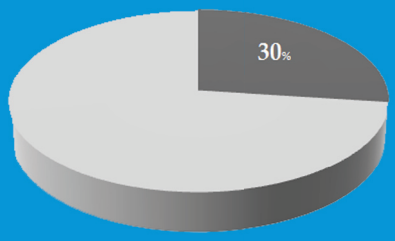
"Communication from the RICNs has been excellent. I get the information that I need when I need it in a way that is convenient for me. Whether it's a newsletter, a teleconference or a videoconference, the information is relevant and timely. I share it, I use it, I apply it to the work that I do every day!"

Rena Burkholder,
St. Mary's Hospital

Breaking Down Barriers

Knowledge Transfer

Allocation of Resources to Knowledge Transfer



Distributing the "know-how" as well as the "know-why" is critical to the RICN's Knowledge Transfer Strategy. Transferring meaningful infection prevention and control information, providing resources and tools to facilitate education and fostering a link to information sharing with other healthcare professionals, all play an important role in the execution of knowledge transfer.

Promoting Independent Learning

A new educational initiative launched by the RICNs provincewide, the Non-Acute Care Infection Control Training Program, was designed especially for healthcare providers in non-acute care environments such as long term care, EMS, primary care or home health care. This program was developed to reach students that were challenged to enroll in other programs due to cost or distance. The 80 hour program consists of ten learning modules on DVD with accompanying resource documents, delivered on a monthly basis. Regular assignments and teleconferences enhance the students' learning experience. Additionally, each student is supported with mentorship by an experienced ICP. In its first "pilot" year, students and program mentors gave the program high marks! Efforts are underway to have the course recognized by CHICA-Canada.

"The CIC study group was a great forum to learn from others' experiences and to problem solve on difficult questions or scenarios. It was so refreshing to have the support of others going through the same learning challenges."

Noel Belcourt,
Sunnyside Home

Supportive Study Groups

RICNs measure their success by the success of frontline infection prevention and control professionals. One way to assist this group is through CIC Study Groups which encourage Infection Control Professionals (ICPs) to become certified. Hosted by the local RICN, study groups provide a forum to share information, insights and inspiration, while preparing practitioners to write their certification exam. In these sessions, participants review practice study questions, participate in discussions and listen to informal lectures. Study groups are regularly evaluated by participants and rank high in terms of usefulness, relevance, and quality of information. RICNs support these study groups by providing meeting space, administrative support, mentoring and resources.

Creating Learning Opportunities

Education sessions are regularly held by individual networks in response to regional needs, requests and interests. Ranging in scope from small informal lectures to more structured formal sessions, local RICN education is delivered in the format which best suits the intended audience and topic. This flexibility caters to the various geographies, different cultures and diverse educational needs. The videoconferenced "Learn-at-Lunch Education Series" provides members with easy access to evidence-based IPAC information, particularly those who cannot travel to attend face-to-face sessions. Networks offering learn-at-lunch sessions select presenters from a variety of sectors, from frontlines to administration, in order to deliver a multi-faceted approach to IPAC education. Presenters are selected from within and outside each region depending on their area of expertise. Topics are chosen based on identified needs or demands. Sessions are typically well attended and evaluations confirm that this method of knowledge transfer is effective and benefits all who participate.

The Central East Infection Control Network (CEICN) hosted the "Long Term Care Best Practices Conference" in response to an expressed need by stakeholders as the most practical means to roll out seven PIDAC infection prevention and control best practices documents. There were 18 hours of education, through workshops and networking, delivered over a two day period. Three months after the conference, long term care homes were contacted, to follow up on practice changes based on the knowledge gained at the conference. More than 95% of respondents reported practice changes including improved cleaning and disinfection, availability of personal protective equipment and isolation carts, resident-dedicated manicure equipment and glucometers, and implementation of surveillance and hand hygiene programs.

"Protecting our Healthcare Workers – Whose job is it anyway?" was organized in response to Justice Archie Campbell's report highlighting the lack of communication and coordination between occupational health and safety (OHS) and infection prevention and control during the SARS outbreak. It was further validated as a gap in the Central Region Infection Control Network (CRICN) through the provincial resource survey. Responding to this, CRICN launched an important initiative to raise the awareness of the joint responsibility of OHS and IPAC for worker and patient safety. Presentations on a variety of topics including building a culture of safety, internal responsibility systems and collaboration appealed to various levels of healthcare decision-makers from VPs to program managers and staff. Case study discussions allowed participants to explore real-life scenarios related to occupational health and infection control issues. Based on very positive feedback, CRICN is planning a follow-up workshop to provide further opportunities to analyze more complex and indepth cases.

"The networking experience over the two days allowed me to hear what other people were doing and how they made it happen. I never thought that I would get this excited about hand hygiene. Seeing what my colleagues and the network are doing has inspired and motivated me."

Linda Grills,
Extendicare Oshawa

The "Sterilization High Level Disinfection Workshop" hosted by the Erie St. Clair Infection Control Network was the outcome of a working group of stakeholders who identified a need for education in community settings and long term care. They next developed an outline for content, which was turned over to experts for detailed content development and course delivery. Participants at the workshop rated the experience highly and requested a follow-up session with even more hands-on learning. A recording of conference proceedings on DVD was also created and copies were distributed provincewide. The event not only created a learning opportunity but also strengthened relationships with community health centres.

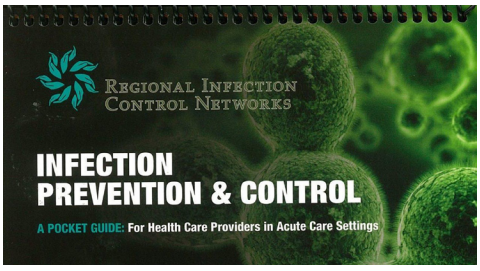
The Mississauga Halton Infection Control Network (MHICN) was approached by their LHIN to provide a strategy to prevent and control outbreaks of healthcare acquired infections (HAIs), particularly C. *difficile*, in hospitals. MHICN staff partnered with their host hospital to present a stimulating and exciting workshop for community stakeholder engagement, "Shared Experiences – C. *difficile* Controls and Optimal Strategies for the Future". Expert guest speakers, together with physician leads in infection control from each of the local hospitals and public health, came together for knowledge sharing. The afternoon break-out sessions engaged 100 local senior administrators, infection control professionals, physicians, and environmental service, community care and public health leaders in brainstorming potential solutions to the challenges of HAIs. The outcome from the event was a strategic document with three key deliverables: antibiotic stewardship, environmental cleaning and surveillance.

Creative Resource Materials

Knowledge transfer is enhanced with the provision of educational materials and resources such as DVDs, resource kits, and other literature. By providing a variety of materials, the RICNs ensure the most current information on infection prevention and control is available in a relevant and user-friendly format.

Hand hygiene compliance is one of the eight patient safety indicators to be publicly reported in Ontario acute care hospitals in 2009 based on the provincial "Just Clean Your Hands Program". Ultraviolet (UV) Indicators are an ideal educational tool to evaluate the effectiveness of hand hygiene and teaching of proper hand hygiene techniques. Recently, UV Indicators have also been used to evaluate environmental cleaning and adherence to policies and procedures. The Central West Infection Control Network Steering Committee approved the bulk purchase of UV Indicator kits and provided them at no cost to each RICN for use as teaching tools in their member healthcare facilities.

The *IPAC Pocket Guide for Acute Care* developed by the South Easterm Ontario Infection Control Network was created to reach frontline healthcare providers. The pocket-sized infection prevention and control handbook furnishes healthcare providers with immediate access to information, di-

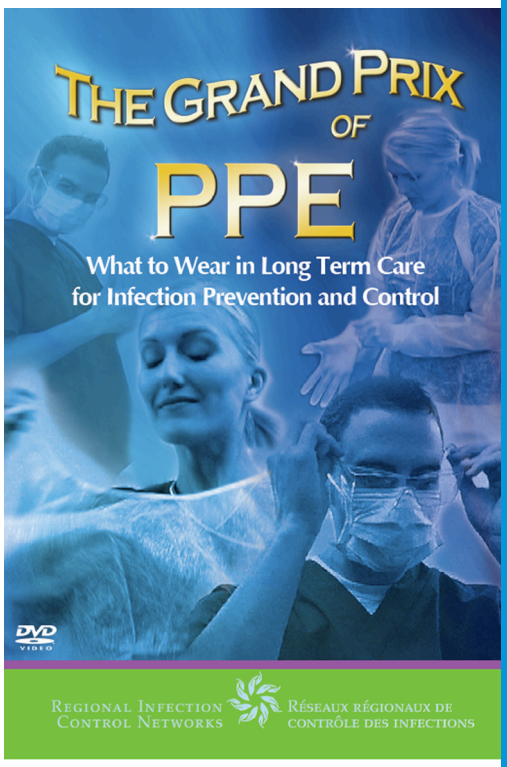


"The pocket guide really has been a BIG hit here in Waterloo Wellington. Everyone wants it! We may need to order even more than the thousands of copies we already received. Thanks to you and your group!"

Cathy Egan,
Waterloo Wellington
Infection Control Network

recting them in the implementation of appropriate, evidence-based preventative measures to minimize the risk of infection transmission and, thereby protecting patients, staff and visitors. In addition, a searchable PDF version will soon be available on the RICN website. Over 26,000 pocket guides have been distributed provincewide and the popularity of this format has resulted in pocket guides being created by other RICNS on important and emerging topics.

The idea for an innovative DVD teaching package *The Grand Prix of PPE*, arose following stakeholder dialogue around a need for long term care focused teaching tools related to personal protective equipment (PPE). The South Western Ontario Infection Control Network (SWOICN) took the concept and developed a unique teaching guide. The script was written by SWOICN staff, incorporating key messages from best practice documents. The materials, produced in both English and French, were packaged with the DVD with the aim of providing a "PPE Inservice in a Box". Although targeted specifically to those working in long term care, the teaching package proved equally applicable to acute care. As a result, over 2,000 copies were distributed to long term care homes, acute care hospitals and public health units across the province. The tool has been so successful that CHICA-Canada offered to assist with national distribution. As well, the University of Western Ontario recently included the DVD as part of orientation training for their fourth year medical clerkship.



"Learning for adults is often crystallized by having fun and this is a video that you will not soon forget. Hats off to the South Western Ontario Infection Control Network!"

Trish Shouldice, Meaford Long-Term Care Home

After the successful launch of IPAC seminars to the non-acute care sector, the Northeastern Ontario Infection Control Network developed a resource kit containing the seminar in its entirety. Complete with voice-over PowerPoint presentations, handouts, related best practice documents, posters, the *Rise to the Occasion* booklet of IPAC activities and RICN-developed DVDs, the kit allowed those responsible for IPAC to educate their staff, using a consistent approach during hours that were convenient for them. The overwhelmingly favourable response of the non-acute care sector subsequently lead to acute care facilities requesting the kit to assist them with the education of their long term care and complex continuing care staff. Feedback revealed that the resource kits were effective in providing IPAC education, particularly in light of geographical challenges, and as a result, other resource kits are planned for the future.

Train-the-Trainer

RICNs assist their members with developing internal IPAC training capabilities for frontline staff. By arming staff responsible for infection prevention and control education within their own organization with the right tools and techniques, RICNs enable information to be transferred to those who need it most.

The Central South Infection Control Network in collaboration with their LHIN implemented this strategy successfully. A needs assessment of community care providers, identified that there was a high demand for infection control related education and resources. Managers and educators from community providers from across the region were invited to a planning workshop. Focus groups diligently reviewed a proposed train-the-trainer schedule and core content. Feedback was summarized and written into the final version of course training material. Full day education sessions, piloted in October and February, were an overwhelming success and will therefore be ongoing.

"I can definitely say the train-the-trainer workshop is the best inservice ever. I've already taught three classes on hand hygiene and, thanks to you, was given the tools to decipher what to teach."

Lillian Romauldi,
Victorian Order of Nurses

RICNs strive to make IPAC education current, accessible and relevant to all stakeholders in all regions and all sectors. Continuous education helps to build skills development and training of healthcare staff, which improves patient health and safety. Networks are able to provide members a direct link to a wealth of expertise, knowledge and resources. With education an important and significant part of their mandate, networks are committed to advancing knowledge, leveraging their regional expertise and providing specifically tailored education to healthcare professionals.

Leaders in Learning and Teaching

Information Management

Through their Information Management Strategy, RICNs ensure that stakeholders have access to the right information at the right time. Numerous library resources are available to members at no cost - teaching kits, books and manuals, DVDs and research literature. RICNs ensure that information is current and represents the leading body of knowledge on infection prevention and control. In addition to resources, staff are on hand to address inquiries on any infection related topic. They are only a phone call or an email away!

In August 2008, the Champlain Infection Control Network (CICN) embarked on an initiative to collect, analyze and share results of regional C. *difficile* surveillance. Because there were no baselines for infection rates in the region, and limited data in Canada, many organizations had nothing against which to compare their own rates of infection. C. *difficile* was chosen as it is an indicator of hospital cleanliness, hand hygiene practices and antibiotic stewardship. Participation in this project was strictly voluntary but all 22 hospitals in the region participated.

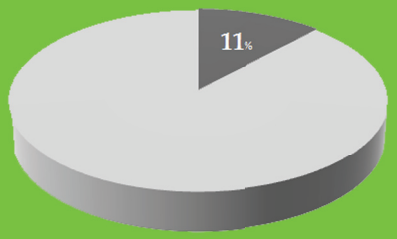
C. *difficile* rates were collected for the fiscal year ending March 31, 2008. Organizations were risk stratified according to number of beds and according to acuity of physical care. This allowed the grouping of similar facilities for comparative purposes. Detailed statistical analysis was provided back to organizations, including their own rates compared to the 25th, median and 75th percentile rates for facilities in their category. As well, a year-long benchmark was calculated with 95% confidence intervals presented and compared to the year-long facility specific rate.

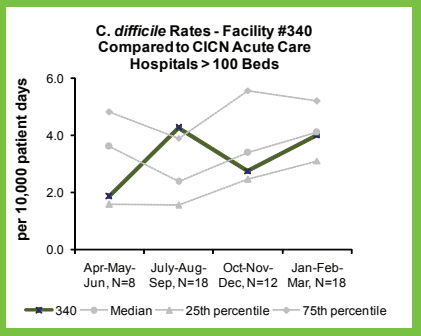
Hospitals participating in this initiative welcomed the analysis that they received. They now understand where they are relative to their peers in terms of C. *difficile* infection rates. As a result, they can work to improve practices in those areas where they are weak. This type of study will be expanded in 2009-10 to include MRSA and VRE. Additionally, other RICNs in the province have adopted similar analyses.

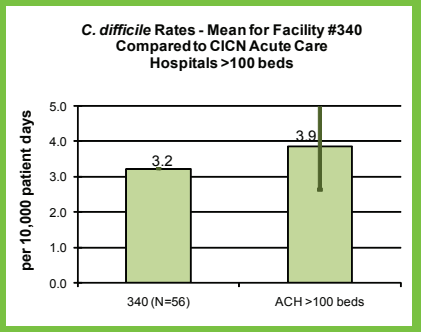
The RICNs will continue to focus on the primary health needs of today, while anticipating the healthcare issues of tomorrow. They will continue to employ the best tools, models and methodologies to manage information for optimal decision making. Surveillance will become increasingly important and the RICNs are well positioned to play an integral role in this very important activity.

Gathering Data - Disseminating Information

Allocation of Resources to Information Management





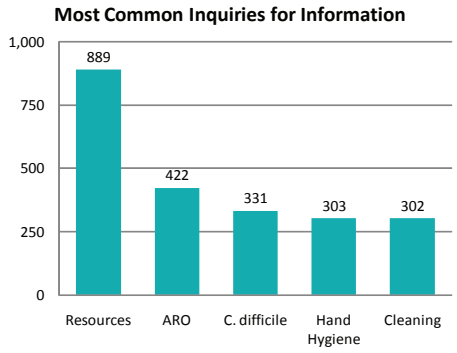


REGIONAL INFECTION CONTROL NETWORKS

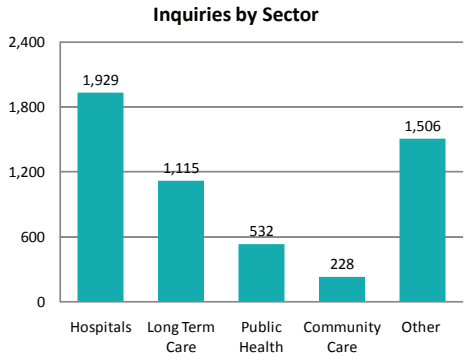
The past year marked significant success with the Regional Infection Control Networks. This annual report cannot begin to tell all the stories and relay all the accomplishments. These next pages highlight a few of the achievements that have been celebrated regionally.

About the logo...
The logo consists of 14 hands, each representing one of the networks across the province. The hands are arranged facing one another as they would be when washing one's hands. The hands are grouped into a circle to suggest a group working together in exchange of information. The logo is coloured to represent water.

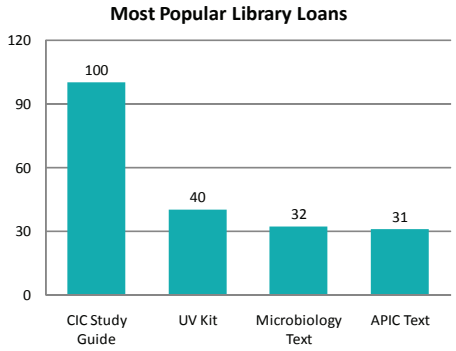
The RICNs are constantly looking for ways to improve service quality, delivery and accessibility. By soliciting constant feedback and measuring results, the RICNs gather the data that they need to measure and assess the impact and effectiveness of the training they offer, the resources they distribute and the support they provide. The data analysis provides important indicators of demand and how best to meet needs of members. For example, in 2008-09, based on demand, there were close to 1,100 education sessions delivered with about 20,000 individuals participating. There are many performance and activity indicators that are collected, a few of which are noted below.



By tracking inquiries by subject area, RICNs are able to be proactive when developing training and resource materials.



By tracking inquiries by healthcare sector, RICNs are able to provide support to members based on greatest needs.



By tracking demand for resource materials by subject, RICNs are able to ensure that libraries contain the most useful and relevant information.

ERIE ST. CLAIR (ESCICN)

Growth through Planning

Together with the Steering Committee and other key stakeholders, ESCICN completed its strategic plan for 2009. A business plan was also developed following strategic planning in partnership with the University of Windsor, Odette School of Business. Providing senior level business students with a learning opportunity while creating linkages to the community resulted in a win-win situation. The business plan was used to identify scope and deliverables with stakeholders, including the Erie St. Clair LHIN under three main projects:

- Standardize IPAC process measures across the continuum of care
- Enhance IPAC capacity through training and supporting infection control professionals
- Create IPAC resources to ensure knowledge translation to key audiences

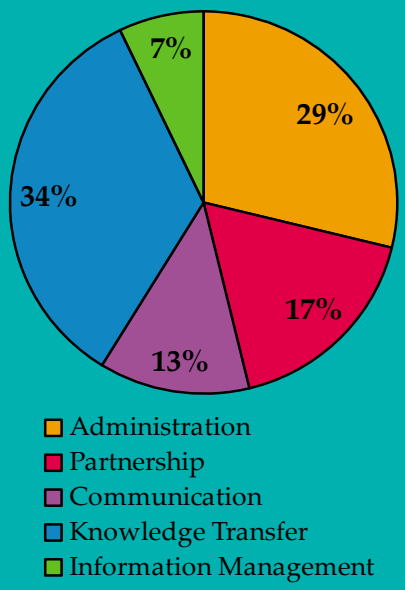
Superbugs: a Nightmare on your Hands

There are few resources available to long term care promoting the use of alcohol-based hand rub. Since personal support workers (PSWs) provide 70% of direct care in long term care, ESCICN decided to focus on this stakeholder group as an opportunity to deliver education.

Using focus groups, preliminary content was developed and tested during 30 sessions to 400 PSWs. Next, a script was created and soon the DVD *Superbugs: a Nightmare on your Hands* was born! Using humour, visual learning and social marketing, the DVD instructs on the key aspects and best practices of hand hygiene and glove use to reduce the transmission of micro-organisms.

The DVD has been gaining popularity as an innovative teaching tool. It has been distributed throughout Erie St. Clair, as well as the province. And it was featured in the Spring 2009 Gerontological Nursing Journal *Perspectives*.

Allocation of Resources

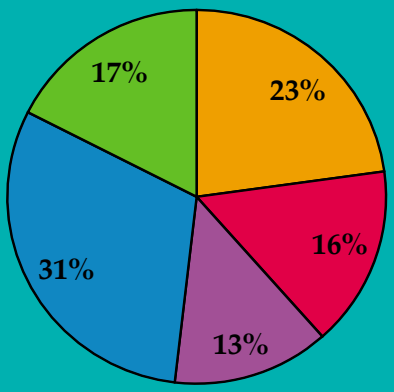


"I recommend that all departments working in long term care watch Superbugs: a Nightmare on your Hands. It's a fun and clear educational resource aimed at frontline staff."

Sarah Macridis,
Lambton Chapter
Gerontological Nursing
Association

SOUTH WESTERN ONTARIO (SWOICN)

Allocation of Resources



"Knowing that SWOICN is a quick phone call away is wonderful. The resources, advice, and support that Network staff give to us helps our own efforts in having a very solid infection control program. I also really appreciate the teamwork that I see from SWOICN - they are always reaching out to others in the area and inviting everyone to be part of their initiatives. They are great partners to have around!"

Janice McIntyre,
Huron Perth Healthcare Alliance

Creating Useful Tools for ICPs

A significant focus during 2008 for SWOICN was to seek out opportunities to develop resources and tools to help infection control professionals be more effective in their jobs. From the creation of the *e-focus* newsletter to presentations tailored to specific gaps, SWOICN's efforts helped address stakeholder needs. Although examples of such efforts are abundant, the following specific projects are especially relevant.

A series of educational displays was created to address the topics of hand hygiene, C. *difficile*, MRSA and VRE. These eye-catching displays were made available to stakeholders to use for staff education in their own organizations. Once the availability of the displays was publicized, stakeholders enthusiastically responded and the displays were booked several months in advance for planned events. From the use of the C. *difficile* display at the Woodstock General Hospital's staff education week to Lee Manor's use of the MRSA display, the resources have been extremely popular. The provision of such resources gave stakeholders access to high quality educational material based on best practices.

Requests from individual stakeholders for tailored PowerPoint presentations addressing needed education gaps led to the creation of useful tools made available to many other stakeholders. Examples include a staff-focused hand hygiene module targeted to acute care staff which led the user through situational-based learning scenarios. The module has since been made available to all acute care stakeholders. In a similar vein, an infection prevention and control orientation module for public health staff was produced following a specific request. The module provides a general overview of infection prevention and control and is used as part of the new employee orientation.

As the above examples illustrate, SWOICN had a busy year responding to stakeholder requests. The feedback and suggestions received from those engaged with the work of SWOICN proved to be extremely valuable in the efforts to meet the needs of stakeholders, and to help them improve the effectiveness of their own IPAC efforts.

WATERLOO WELLINGTON (WWICN)

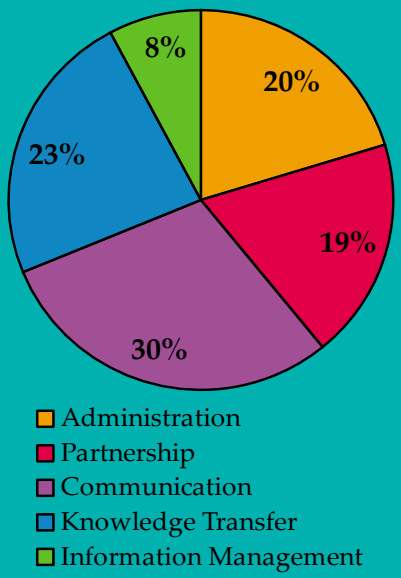
Providing Leadership

The MOHLTC's patient safety initiative began in September 2008 with the reporting of C. *difficile* rates for all hospitals in Ontario. The WWICN brought together the Infection Prevention and Control and Communications staff from each hospital and both public health units in the Waterloo Wellington region to ensure that all parties had a common understanding of the definitions for each patient safety indicator, to discuss each agency's unique situation and to produce and issue a joint media release from the WWICN, the hospitals and public heath. This resulted in consistent messaging in the local media, time efficiencies and an appreciation for each agency's individual perspective and experience. This was the first time a joint media release had been issued in the region, containing the logos from each hospital in the area. The group has expressed interest in creating a communication plan for ongoing media updates to publicize the efforts to improve the patient safety indicators in the Waterloo Wellington area, in particular those efforts that are being done in collaboration with all hospitals.

Translating Best Practices

The Antibiotic Resistant Organism (ARO) Working Group of the WWICN has been working to develop policy templates specific to acute care, long term care and community care from the PIDAC *Best Practices for MRSA and VRE* document. Several ICPs from long term care had requested that the information in the PIDAC best practice document be specifically "distilled" for their sector. Once the policy templates for long term care and community care were finished, train-the-trainer workshops were then held to roll out the policies to each sector. The workshops included an overview of the presentations developed for training, question period and discussion time to share strategies that have worked. Evaluations of the workshops were very favourable and follow-up evaluations have shown an increase in compliance to screening practices in long term care and a decrease in the practice of decolonization for residents with MRSA.

Allocation of Resources

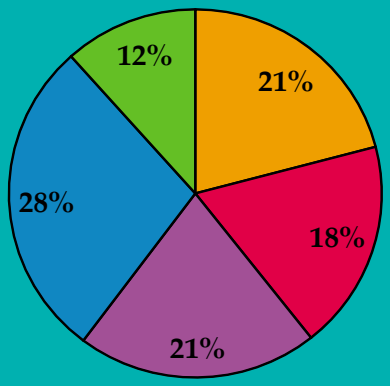


"The WWICN has very quickly become the hub of infection prevention and control activities in the region. They have met and in many cases surpassed the deliverables set by the MOHLTC."

Ruth Schertzberg, Grand River Hospital

CENTRAL SOUTH (CSICN)

Allocation of Resources



"I feel much more equipped to handle our company's IPAC concerns. It's a comfort to me to know that expert advice is available . . . a phone call or email away! My staff are pleased and have noticed an increase of IPAC material in team meetings, bulletin boards etc."

Polly Griesbach, Acclaim Health

Advancing Surveillance Activities

RICNs are in a unique position to facilitate the sharing of regional surveillance data that allows for local and provincial comparisons. CSICN led a surveillance initiative to facilitate the standardization of IPAC surveillance policies and procedures related to C. *difficile* and supported patient safety efforts in participating hospitals.

In January 2008, all hospitals in the region agreed to participate in surveillance for C. *difficile*. It was believed that common IPAC surveillance indicators would help to guide facilities in developing performance improvement activities, and that shared IPAC statistics would help to highlight regional, as well as facility specific issues. A plan was developed and the RICN team went to work!

Hospitals were pleased with the end result. They were provided with quarterly and annual reports, and benchmarks were established. In 2009, surveillance will be expanded to include MRSA and VRE (all cases).

Innovative Teaching Tools

CSICN's Education Subcommittee, with representatives from acute care, long term care, community care, public health and industry had a very busy and productive year in 2008. As a group they collaborated to create a series of tools following plain language principles that could be used by stakeholders in CSICN. These tools included:

- 10 fact sheets
- Additional Precautions signs
- Signs providing directions for putting on and taking off personal protective equipment
- Enteric Outbreak binder for Acute Care ICPs

CSICN printed a large order of all the signs and distributed them to stakeholders to facilitate uptake across the region. Approximately 5,000 isolation signs were distributed to area hospitals, long term care facilities, hospices and some community agencies. All tools that were developed were distributed to stakeholders on a CD and are available on the RICN website.

CENTRAL WEST (CWICN)

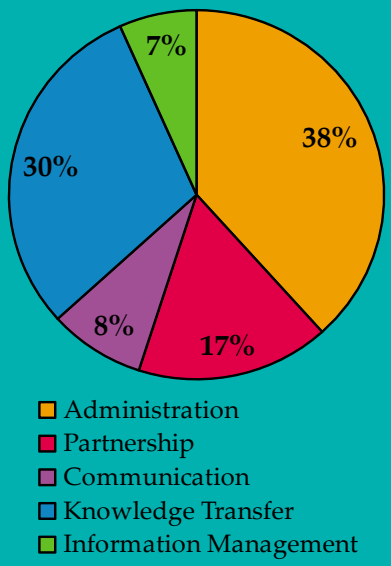
Partners in Flu Immunization

In its first full year of operation, staff from the Central West Infection Control Network and the Mississauga Halton Infection Control Network initiated a partnership with occupational health leads from five acute care facilities (William Osler Health Centre, Headwaters Health Care, Trillium Health Centre, Credit Valley Hospital, Halton Healthcare Services) and four public health units (Peel, Halton, Toronto, Wellington Dufferin Guelph) to plan for the 2008 – 2009 annual influenza immunization campaign. A workgroup was assembled and very quickly determined that it would be advantageous to have a common and consistent immunization strategy across the region.

The workgroup shared policies, procedures, relevant articles, available resources, brainstormed strategies and reached consensus to provide consistent communication. Promotional messaging was developed "Together, Let's Beat the Flu" and was reflected on shared immunization record cards and bright yellow t-shirts for the immunization team. Banners for each facility were individualized with their own staff pictures and the logos from the ten partners were also included on the banners, t-shirts and immunization cards. "I'm Immunized" pins were given to each vaccinated staff member to wear and display to their patients and peers.

A debriefing session after the immunization campaign provided an opportunity to share experiences, review lessons learned, identify issues and start planning for next year's campaign. The workgroup collaboration was beneficial and just the beginning of combined efforts to improve staff influenza immunization rates in future years in acute care facilities across regions.

Allocation of Resources

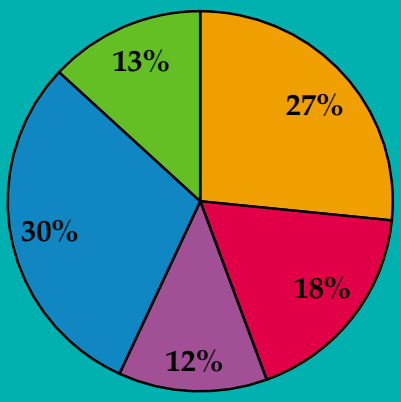


"I learned a lot and the Non-Acute Care IPAC course was very informative. The mentorship and encouragement from the CWICN staff really helped me to be successful."

Sandra Takyi,
Tall Pines Long-Term Care

MISSISSAUGA HALTON (MHICN)

Allocation of Resources



"I was fortunate to experience the support and resources from the MHICN from two different perspectives: long term and acute care. Right from its start, the MHICN was very inclusive - liaising between public health, acute care hospitals, and long term care while providing individual IPAC advice, inservices, educational opportunities, seminars and an excellent newsletter - and the CIC study group that helped me achieve my CIC!"

Eva Skiba,
The Credit Valley Hospital

Access to Education

In keeping with the original RICN vision, the MHICN has taken an action-oriented, grassroots approach to education, providing over 80 onsite inservices for community organizations and larger events - two full day workshops for community personal support workers for 40 PSWs from home care agencies in partnership with Spectrum Healthcare, and for 120 PSWs and nurses in community and long term care. A concise and practical *Surveillance Tool Kit for Long Term Care* was also prepared and shared with these stakeholders in time for Infection Control Week in November.

Other educational initiatives in 2008 included train-the-trainer workshops focusing on "Protecting Yourself, Protecting Others" for Red Cross leaders to deliver to their 14 regional offices, "Pandemic and IPAC" overviews for healthcare related corporations, and "Routine Practices and Antibiotic Resistant Organisms" education and wound clinic audits for the home care sector.

Productive Partnerships

To strengthen infection prevention and control and occupational health and safety partnerships, as recommended in the Campbell Report, the MHICN collaborated with CWICN, all hospital occupational health and safety leads and public health units in both RICNs. The goal was to share policies, practices and templates related to staff influenza vaccinations, and to secure standardized cards, banners, buttons and t-shirts. Further, MHICN continued to sponsor the joint OHS and IPAC session at the November Ontario Hospital Association "Health Achieve" conference.

Partnerships with public health units and the Canadian Standards Association enabled larger venue workshops and seminars within the region. The prior partnership with the hand hygiene research team at the Toronto Rehab Institute has supported the development of an electronic tool for surveillance of hand hygiene compliance.

TORONTO CENTRAL (TCICN)

Getting Started

The TCICN is the last of the fourteen Regional Infection Control Networks to be phased into implementation. A steering committee with membership from across the continuum of care has been formed and Baycrest Geriatric Health System has agreed to host the network.

Start-up activities are well underway. The network is continuing to fill staff positions and build its foundation. While still in its early stages of operation, project planning and partnering with other regional infection control networks, public health and healthcare worker stakeholders has already begun. TCICN is committed to providing new supportive resources and to working to maximize coordination of activities and promote best practices in infection prevention and control in the region.

Looking Forward

TCICN is undertaking a needs assessment that will build upon the *Resources and Activities for Infection Prevention and Control in Ontario, 2008*. This will include both quantitative and qualitative components and will help to identify sector specific needs in: community health centres, family health teams, retirement homes, home care, emergency sectors, mental health and corrections. This project will be invaluable in providing information to guide partnering with some of the organizations housed within our region. A project working group has already identified key deliverables for this needs assessment and has started assessing project methodologies and tools.

Ensuring we have the best understanding of our region will be critical for informing upcoming network strategic planning and directing the most important programs and services for networking and supporting infection prevention and control.

Allocation of Resources

Due to initial year of operation, data is not available

"I'm very pleased that the TCICN is getting up and running and on behalf of the OAHPP, am excited to begin working with Sarah and her new team."

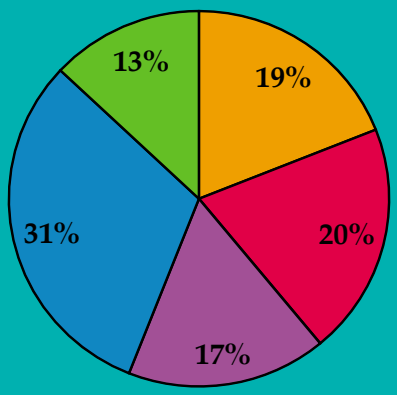
Dr. Michael Gardam,
Ontario Agency for Health Protection and Promotion

"There is always something more to learn, no matter how long or short you have been in the field. Everyday brings new challenges and opportunities. I have already connected with TCICN. Thank you for the help."

Sandi Noble,
West Park Healthcare Centre

CENTRAL REGION (CRICN)

Allocation of Resources



"Mabel Lim, CRICN Infection Control Consultant, was an invaluable resource during the planning and delivery of the Toronto Public Health Long Term Care Education Day. Mabel provided technical support for the creation of the registration flyer, agenda and other printed materials. We worked together on the venue, catering, door prizes and packages. Mabel was instrumental to the success of our event."

Debra Hayden,
Toronto Public Health

Building Partnerships with Public Health

Over the past year, CRICN staff made an even stronger collective commitment to fostering relationships, particularly with public health. Where initially there was considerable confusion regarding roles, there is now clarity and increased understanding about how each organization meets the specific needs of stakeholders individually, and how the two organizations can work together collaboratively.

Two opportunities for partnership and collaboration with public health presented themselves this year. Toronto Public Health and York Region Community and Health Services both benefited from access to CRICN's resources, expertise and knowledge during the planning and delivery of their annual education days for long term care. CRICN staff were integral in the planning, provided organizational and administrative support, and as well, participated as presenters and exhibitors at the events. As a result, CRICN staff were provided the opportunity to meet - and in many cases reacquaint themselves - with more than 300 long term care partners. A mutually beneficial partnership rewarded all the parties involved!

Best Practices in Surveillance

On June 26, 2008, CRICN hosted "Surveillance Fundamentals" to encourage consistency between surveillance programs across healthcare facilities. Sandra Callery, Chair of the Provincial Infectious Diseases Advisory Committee's Surveillance Sub-committee, gave an overview of the newly released *Surveillance Best Practices*. RICN colleagues and close to 300 infection control professionals from across the province benefited from the live webcast and videoconferencing, which was made available across 24 sites. The learning opportunity was enhanced through Q&A coordinated by CRICN both during and immediately after the event. The evaluation process revealed valuable ideas for developing further practical tools and training materials to support stakeholders in the future. This sets the stage for fostering best practices in surveillance and potentially for benchmarking across the region.

CENTRAL EAST (CEICN)

Mentoring ICPs

New infection control professionals have little, if any, training in infection prevention and control and are often the sole resource and program leader in their organization. An orientation program was developed and introduced to assist them in understanding their role and finding their way. Piloted in 2007 and implemented in 2008, the orientation programs include one-on-one onsite mentoring and comprehensive resources. Seven new ICPs in the region benefited from the opportunity to be mentored by experienced ICPs in a flexible environment. They all appreciated the opportunity to network with other professionals as well as to receive the valuable resources provided. In fact, the resource binder has been so well received that it was presented at a national conference and has since been shared internationally.

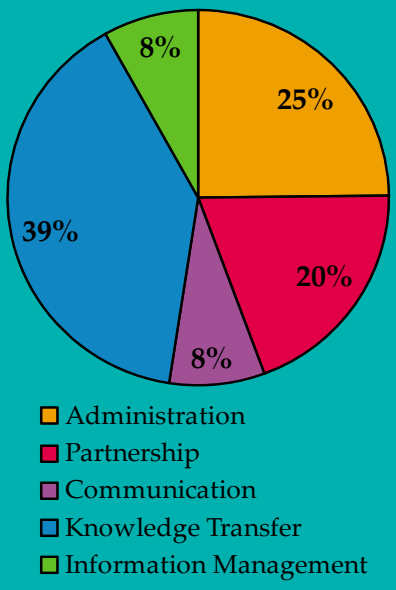
"My expectations were exceeded. The binder is a very valuable resource where all the 'need to know' information is housed and available in one place. In using the experience and knowledge of the network staff, I am able to apply my new knowledge in daily practice. I needed someone with experience to mentor me. Thanks for filling that gap." Helen Christou, Fairview Lodge.

Improving Access to Infection Control Experts

"We didn't know anything about infection control. Now we have best practice documents and network staff to call when we have questions. We are changing our practice and keeping our residents safer. I never thought I could get this excited about something like hand hygiene." Linda Facey, Centennial Place Long-Term Care Home.

A survey conducted by CEICN in 2007 identified that infection prevention and control experts were scarce in the region. CEICN made a commitment to address this gap by providing services such as education and access to IPAC experts. This past year, network staff responded to over 1,000 inquiries on questions about best practices in IPAC. To address knowledge gaps, 168 educational opportunities were coordinated with a total of almost 4,000 in attendance. The CEICN continues to closely monitor needs of stakeholders in the region and ensure those needs are met completely.

Allocation of Resources

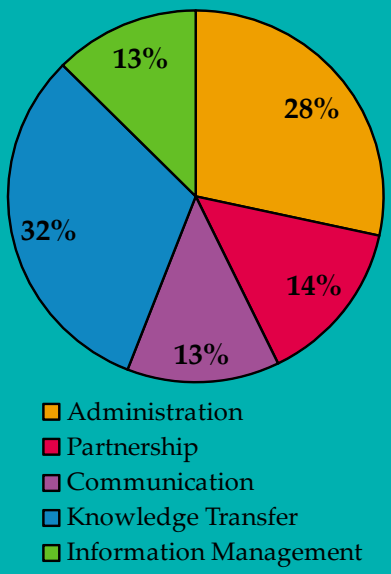


"The CEICN has provided our facility with the tools for prevention, surveillance and control of infections. They not only provide us with the resources but the education to assist in implementing the required standards of practice within our home. CEICN has influenced my keen interest in infection control, so much so that I plan to take the IPAC course offered at Centennial College. My goal is to certify as an Infection Control Practitioner. This will enable me to provide the best care for both our residents and staff."

Rachel Berger,
Winbourne Park
Long-Term Care

SOUTH EASTERN ONTARIO (SEOICN)

Allocation of Resources



"Thank you so much for your kindness and generosity in sharing your knowledge, resources and equipment. We could not have managed the last three weeks without you!"

Linda Henson
and the gang at
St. Elizabeth Health Care

Encouraging Professional Development

The Certificate of Infection Control and Epidemiology (CIC) is an internationally recognized level of excellence in infection control practice. RICNs encourage and support members who decide to pursue this designation. SEOICN organized a study group in autumn 2008 to assist area ICPs in preparing for the certification examination. All sectors were well represented with participants coming from hospitals, public health, long term care and corrections.

The diversity of backgrounds provided interesting dialogue and perspectives while enhancing the learning experience. As the weeks progressed, an evolution in group dynamics occurred as participants began to appreciate the various levels of expertise around the table, and valued the contributions of each. Evaluations were exceptionally positive, and most noteworthy was the gratitude expressed by participants for the opportunity to meet and network with other healthcare professionals who are advancing their knowledge in infection prevention and control. Study groups will continue to be a core program for SEOICN.

Physician Videoconference Series

In an effort to continue to assess and meet local needs in the area of infection prevention and control, SEOICN conducted a survey of its physician population. About 500 physicians were approached and over 10% participated. The results provided SEOICN with the right information to develop education sessions, specifically tailored to the physician group.

Using the information collected by the survey, network staff developed topics and objectives for four educational events. The sessions took place between December 2008 and April 2009 and were well attended. Forty CME credits were awarded to physicians who participated in this series. The outreach effort was extremely successful and plans are underway to explore ideas for future topics using videoconferencing as a vehicle for communication and interaction.

CHAMPLAIN (CICN)

Advancing Research through Partnership

CICN has taken definitive steps in the region to move forward with agreements on sharing data for the purpose of surveillance and potentially, for research. CICN coordinated a meeting, bringing together infection control professionals, privacy officers and research ethics officers in all funded hospitals across the Champlain region. The purpose of this meeting was to explore and discuss concerns or potential issues that could impact the sharing and use of regional infection control data.

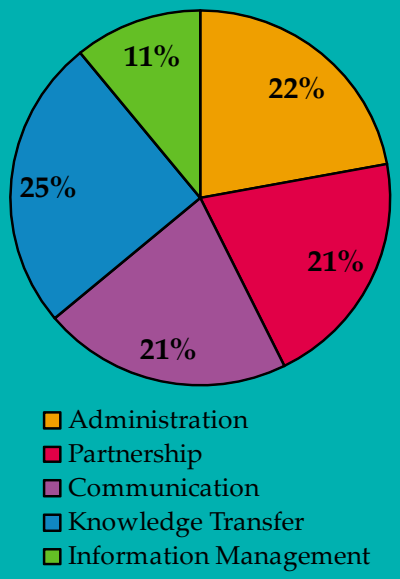
To assist in the deliberations and discussions, two keynote speakers were invited: Dr. Debra Grant from the Ontario Privacy Commissioner's Office and Dr. Raphael Saginur, Chair of the Research Ethics Board of the Ottawa Hospital. Discussions explored various options for approaching research that embrace excellence in patient privacy and safety and that allow the most efficient regional practices possible - that are acceptable to all.

Objectives of the day included:

- To identify the challenges associated with data sharing for the purposes of surveillance and research within the Champlain LHIN, compliance with legislative requirements around patient privacy as well as adhering to research ethics requirements
- To lay the foundation for consensus regarding an approach to allow CICN to move forward with surveillance, data gathering and sharing
- To promote relationship building and networking among critical participants in Ethics, Privacy and Infection Control across the Champlain region
- To determine necessary next steps for development of a consensual plan for surveillance, data sharing and research

All objectives were met, and in the coming year, the project team will form to develop the plan for research and data sharing.

Allocation of Resources

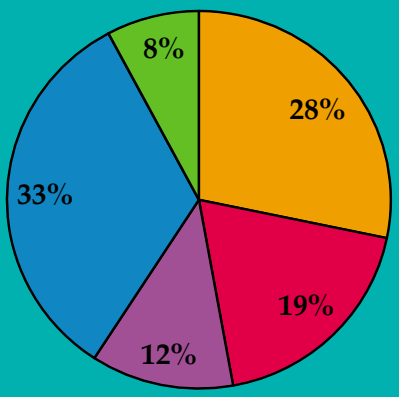


"Working with the CICN has been an absolute joy. They have been accessible, supportive and a fountain of knowledge for a wide range of questions. Their expertise has provided guidance that is grounded in evidence-based best practice."

Gwen Brown,
St. Francis Memorial Hospital

NORTH SIMCOE MUSKOKA (NSMICN)

Allocation of Resources



Promoting Hand Hygiene

The *Resources and Activities for Infection Prevention and Control in Ontario, 2008 – Sector Report: Community Care* survey indicated community care was the sector least likely to offer new staff general and clinical orientation and least likely to agree that they consistently adhered to PIDAC best practice guidelines.

In response, NSMICN hired community care consultants to lead a project to positively impact the recognized value of hand hygiene education practices of community care providers. The project promoted the availability of resources and support offered by NSMICN and an increased awareness of the PIDAC best practice guidelines.

NSMICN contacted eighteen community care agencies to offer hand hygiene education, as well as conduct an audit of current hand hygiene knowledge. Over thirty education sessions were completed. An audit tool was developed to evaluate the effectiveness of this intervention based on the survey from the "Just Clean Your Hands" program.

"Focus On" Education Days

NSMICN hosted two "Focus On" education days which provide IPAC knowledge by engaging local experts who presented to healthcare providers important information related to their areas of expertise. In spring 2008, members attended "Focus On: Environmental Cleaning", learning about product selection, cleaning standards, managing risks related to cleaning, infection control and environmental services programs. Attendees provided positive and enthusiastic feedback on the day.

In fall 2008, members attended "Focus On: Reprocessing", learning from local and provincial experts about cleaning, disinfection and sterilization of medical devices in non-acute and community care settings. Attendees also met with a variety of local medical equipment vendors. As a result, 92% of the attendees indicated that they plan to improve reprocessing practices in their setting!

"Just a quick note to let you know how helpful I find the RICNs to be. I just received the Infection Prevention and Control 2009 Calendar and the January 2009 newsletter. Both are extremely well done and a great resource. The workshops that you hold are always excellent and I find them very valuable for my practice. It is nice to know that such a great resource is only a click or a call away. Congratulations on the outstanding work you do."

Cathy Freer,
The Pines

NORTHEASTERN ONTARIO (NEOICN)

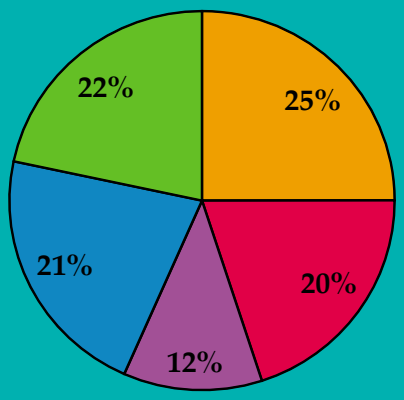
Resources that Work

Recognizing that current information in the hands of professionals impacts patient safety, the NEOICN wanted to ensure the most up-to-date information was in the hands of those who need it. Based on feedback from partners, it was obvious that IPAC resources were in short supply at most public health units, long term care and acute care facilities in the region. More importantly, their budgets did not have the capacity to purchase these resources. NEOICN made a decision to divert $500 per organization from its own budget for the provision of much needed IPAC resources. A list was provided and each agency made selections based on local needs, and the RICN purchased and delivered the materials. A plan to provide the same to other sectors is being considered due to the overwhelming positive feedback received

Clostridium *difficile* Pocket Guide

The NEOICN's Clostridium *difficile* Working Group wanted to determine how best to support physicians and nurse practitioners in the region with easily accessible, evidence-based information on C. *difficile*. It was agreed to produce a compact pocket guide based on the PIDAC *Best Practices Document for the Management of Clostridium* difficile *in all Health Care Settings*. More than 800 pocket guides were distributed to physicians and nurse practitioners in northeastern Ontario, as well as the Acting Provincial Coordinator and all network coordinators across the province. A post-delivery evaluation showed strong acceptance of the material and also showed that those who received the pocket guide were still using the information well after its initial delivery. A slightly more inclusive pocket guide is being considered that would include a clear case definition based on patient safety indicator information, a description of severe C. *difficile*, the benchmark information and how to calculate C. *difficile* rates.

Allocation of Resources

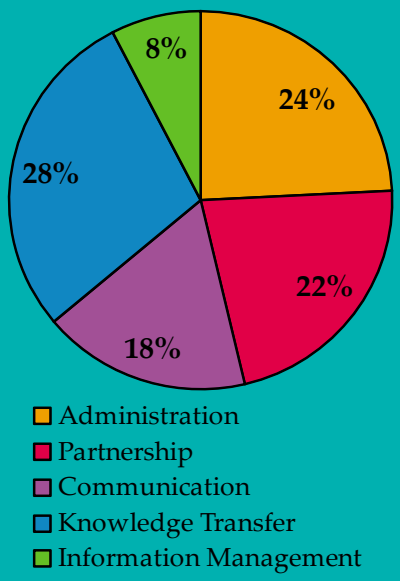


"As a new Infection Control Nurse I have found the NEOICN to be the most valuable public partner in my practice over the past three years. For my hospital, they have kept us in the loop of communication in regards to infection control regional matters, education and best practices. Personally they have supported me professionally in becoming certified in Infection Control. Thank you!"

Colleen Scanlan, Northeast Mental Health Centre

NORTHWESTERN ONTARIO (NWOICN)

Allocation of Resources



"As Chief Nursing Officer of the Red Lake Hospital and a customer of the services delivered by the NWOICN, our hospital has benefited from the team's expertise and willingness to orientate and provide ongoing support for our new ICP staff to infection control practices. Congratulations on a successful year and I look forward to working collaboratively with the NWOICN in the years to come."

Debbie Larson,
Red Lake Margaret Cochenour Memorial Hospital

Partnering with First Nations Communities

Since its inception, NWOICN has been collaborating and building strong partnerships with First Nations healthcare providers and agencies. In October 2008 a "Reprocessing Conference" was held in Thunder Bay, bringing together over 60 participants from northwestern Ontario remote First Nations communities. Participants included housekeepers and dental staff involved in the reprocessing of medical and dental instruments. The conference was supported by other RICNs and their staff.

This two day conference provided participants with an opportunity to practice reprocessing skills with real equipment and products. Individuals were coached by skilled RICN staff and tested on their knowledge and performance. Oji-Cree translation was provided for those requiring it. At the end of the conference, each participant received a special certificate of completion.

Following the conference, manuals complete with illustrations, as well as DVDs of procedures were prepared both in English and Oji-Cree and will be distributed throughout the region.

Train-the-Trainer for PSWs

NWOICN developed and implemented a trainer-the-trainer project specifically aimed at PSWs. This initiative focused on providing infection prevention and control training and resources to those organizations that train and employ PSWs who provide personal care and respite care for the elderly and disabled. Information gathered from a needs assessment was used to prepare a resource binder that included five education modules on specific IPAC topics. Each module included a presentation and a variety of learning activities.

At least 60 persons from long term care, First Nations, social services, educational institutions, and private healthcare agencies attended four train-the-trainer sessions held in Dryden and Thunder Bay. Guest speakers, interactive activities and displays were featured and one session was videotaped. Evaluation summaries indicated that the sessions and resources were well received and follow-up is being conducted to assess the utilization and usefulness of the materials used during the sessions.

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