


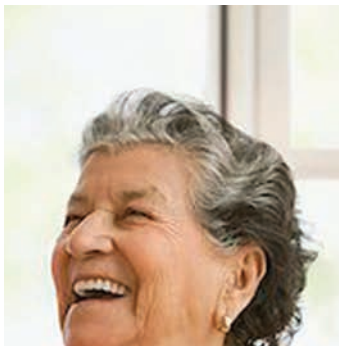
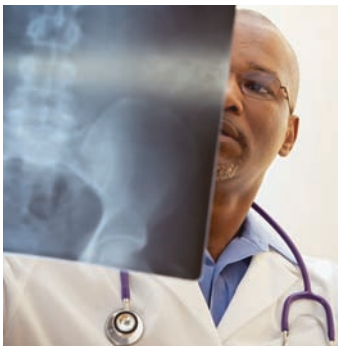



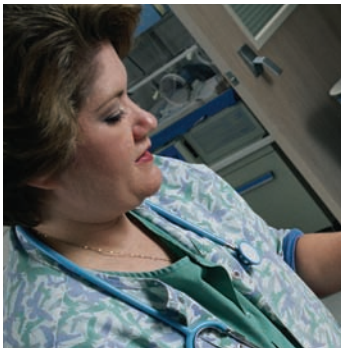

annual REPORT 2009-10

Regional Infection Control Networks

Giving Health a Helping Hand

RICN Mandate

The mandate of the Regional Infection Control Networks (RICNs) is to maximize the coordination and integration of activities related to the prevention, surveillance, and control of infectious diseases across the health care spectrum on a regional basis. Further, the Regional Infection Control Networks will strengthen the coordination between infection prevention and control (IPAC) activities across the health care continuum.

The networks do not duplicate the work of public health or other health care community members, but serve as their professional partner to provide credible IPAC information to all who work in organizations involved in healthcare across Ontario.

The Regional Infection Control Networks are your partners in Ontario's health care community. We are here to support you in the prevention and control of infections and infectious diseases in all health care settings.

Ontario's RICNs offer:

- Infection prevention and control best practice information, resources, and implementation tools
- Advice, consultation, and IPAC evidence based solutions
- Guidance on applying infection control measures consistently
- Opportunities for collaboration in design and delivery of IPAC education and training
- Support for integration of infection prevention and control activities
- Leadership to improve response to infection control challenges

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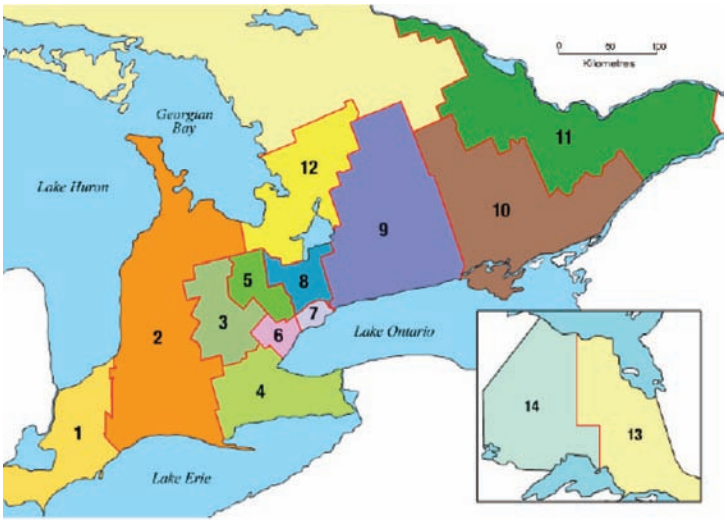


This map illustrates the boundaries of the 14 regions served by the Regional Infection Control Networks. These boundaries are aligned with the Local Health Integration Networks (LHINs).

1. *Erie St. Clair*
2. *South Western Ontario*
3. *Waterloo Wellington*
4. *Central South*
5. *Central West*
6. *Mississauga Halton*
7. *Toronto Central*
8. *Central Region*
9. *Central East*
10. *South Eastern Ontario*
11. *Champlain*
12. *North Simcoe Muskoka*
13. *Northeastern Ontario*
14. *Northwestern Ontario*

Letter from Network Coordinators

As the 2009 RICN Committee Chair, I am delighted with last year's achievements and growth. It was the first year that all 14 RICNs were in full operation. Together we continued to improve accessibility, delivery, and quality of standardized evidenced based infection prevention and control, while building a provincial network that provides great benefit to our partners across the province.

Pandemic H1N1 (pH1N1) influenza was the top health issue facing Ontario in 2009. The RICNs provided a vital link for stakeholders to access timely provincial information and resources related to pH1N1 influenza. This was a great opportunity for us to assist with communications in an urgent situation. Although our staff numbers were limited, we used the power of our networks to assist in spreading the word on pandemic influenza and best practices for IPAC.

We also continued to grow our core business by enthusiastically taking on new initiatives such as *Just Clean Your Hands for Long-Term Care*, implementing a database for hospital surveillance, launching new IPAC *Recommendations for Maternal-Newborn Care*, developing an IPAC manual for residential hospices, and designing a new training program to support the Provincial Infectious Diseases Advisory Committee's (PIDAC) *Best Practices for Environmental Cleaning for Prevention and Control of Infections*.

We look forward to the future as we advance our presence and purpose in Ontario's health care system to become part of the Ontario Agency for Health Protection and Promotion (OAHPP). As a result of public health reform in Ontario, the RICNs were designed to fit within the OAHPP mandate to link public health practitioners, front line health workers, and researchers to the best scientific intelligence and knowledge from around the world for both IPAC and knowledge exchange.

After such a constructive year and the promise of an exciting year ahead, we are already looking forward to reporting on next year's accomplishments! In the meantime, welcome to a look at the Regional Infection Control Networks for the year ended March 31, 2010.

Committee Chair
RICN Coordinators

Provincial Highlights

The Regional Infection Control Networks, created in 2004 after Ontario's SARS outbreak, have quickly become an important and critical link between Ontario's health care facilities, communities, and IPAC professionals. Each of the 14 networks exemplifies the RICN mandate of working together to promote information sharing and learning.

The RICNs are one of Ontario's respected regional and provincial IPAC resources, working independently – but collectively – to coordinate and integrate regional and provincial IPAC activities. In 2009-2010, the RICNs collaborated on numerous provincial initiatives ensuring greater standards and consistencies across the province.

"The role the RICNs play in supporting the effort of Ontario's Provincial Infectious Diseases Advisory Committee has been fundamental in promoting best practices across the health care continuum. We value the expertise and commitment of the RICNs and look forward to their continuing work for the benefit of Ontarians."

Dr. Arlene King,
Chief Medical Officer of Health

Maintaining partnerships

The RICNs, in partnership with the Ontario Health-Care Housekeepers' Association (OHHA) and the Canadian Association of Environmental Management (CAEM), are creating a training program to support province-wide distribution of the information, tools, and resources outlined in PIDAC's *Best Practices for Environmental Cleaning for Prevention and Control of Infections* document. This comprehensive program targets a specific audience of environmental services employees and reviews what cleaning practices are necessary to ensure optimal infection prevention and control.

OHHA and CAEM distributed approximately 300 online surveys to environmental services professionals in Ontario hospitals and long-term care homes. The intent was to understand perceptions related to environmental cleaning practices, as well as training needs of front line staff. The results were the focus of a workshop in December 2009 to develop environmental services employee training modules, a training course curriculum outline, and a variety of materials for use with front line cleaning staff.

Another opportunity to jointly create a productive space for environmental services and infection prevention and control experts occurred at the Red, White, and Green

"The relationship between CHICA-Canada and the RICNs is a collaborative partnership that has resulted in an important sharing of knowledge and expertise through working groups, education projects, study groups, and day-to-day consultation and dialogue. The efforts of the Ontario Regional Infection Control Networks are vital to the profession of infection prevention and control and have been generously shared with our membership."

Gerry Hansen,
Executive Director
CHICA-Canada

Hand Hygiene: The *Just Clean Your Hands* program for long-term care includes:

- Implementation guide
- Training DVDs for health care professionals, residents, families, and visitors
- Placement tool for hand hygiene products
- Audit and analysis tools
- Workplace reminder tools and posters
- A CD to help create "Champion" posters

Conference. Building on the success of the 2007 conference, the RICNs again joined forces with the CAEM to deliver an action-packed and insightful conference.

The CHICA-Canada Conference provided another opportunity for RICN consultants and coordinators to learn, share, and network with infection control professionals from across the country. CHICA-Canada's 2009 Conference "Shifting Horizons – Solid Foundations" focussed on quality programming and practices. The RICN staff showed their support for this conference with oral and poster presentations, an information booth, and several abstract presentations. For the second consecutive year, the RICNs won the best poster and best oral presentation awards.

Health care associated infections (HAIs) increase health care costs and may lead to personal costs for patients, long-term care (LTC) residents, and their families. In Canada, an estimated 220,000 incidents of HAIs occur each year and result in more than 8,000 deaths (Zoutman D E, et al. *The state of infection surveillance and control in Canadian acute care hospitals.*) Did you know that hand hygiene is the number one way to prevent HAIs?

In response to an urgent need identified in LTC for hand hygiene improvement in 2009, the Ministry of Health and Long-Term Care (MOHLTC), long-term care homes and the RICNs launched a province-wide *Just Clean Your Hands* (*JCYH*) program to address the transmission of HAIs. The RICNs were instrumental in facilitating this program across long-term care centres by providing training. Training sessions included the distribution of *JCYH* toolkits and introductions to the www.justcleanyourhands.ca website where downloadable materials, posters, implementation tools, lesson plans, checklists, and training videos for staff, residents, and families are available. RICNs plan to provide training workshops to all LTC homes across Ontario by September 2010.

Delivering effective communication

The RICNs continuously explore and develop new methods of teaching, information sharing, and communication in order to advance knowledge of IPAC. This ensures that the most up-to-date information on IPAC is in the hands of front line professionals when they need it. The past year's pandemic H1N1 influenza provided a significant opportunity to demonstrate the excellent communication linkages that have been built to connect RICN partners and stakeholders.

With pH1N1 influenza, the RICNs served as one of the hubs of IPAC expertise with connections to both front line and provincial levels of healthcare. The role of each RICN in this undertaking was to work closely with local and provincial partners to address gaps in communication and education, in partnership with local public health units.

Responsibilities included:

- Maximizing existing IPAC expertise without duplicating efforts and overloading stakeholders with messaging
- Promoting subscription to the MOHLTC's Important Health Notices – the primary source of updates and clinical guidelines for health care providers and professionals
- Receiving feedback from infection control professionals (ICPs) and others in the field
- Being a direct communication link with the MOHLTC and OAHPP
- Offering clarification to stakeholders and providing a pathway to inform key provincial decision makers in a timely manner
- Facilitating meetings, teleconferences, and videoconferences to allow for information sharing among health care providers
- Providing opportunities to problem solve common issues, identify larger issues, and mobilize additional IPAC supports and tools as necessary

Creating knowledge transfer opportunities

Patients of neonatal intensive care units (NICUs) are perhaps the most vulnerable and most at-risk for exposure to infection in Ontario's health care system. A 2007 review of Ontario Level III NICUs, guided by the Specialized Paediatric Coordinating Council, identified a number of areas where lack of access to specific perinatal services locally negatively affects capacity in tertiary perinatal and neonatal facilities. Areas identified in this review, although not limited to, include:

- Admission restrictions or closures of NICUs due to infection control issues or outbreaks resulting in increased out-of-province and out-of-country patient transfers
- A lack of consistency in IPAC policies and procedures within and between maternal and neonatal units in Ontario

An IPAC working group was formed under the leadership of the Provincial Council for Maternal and Child Health (PCMCH) to develop best practices that will ensure consistent infection prevention and control in maternal and newborn units. The RICNs have been asked to lead the dissemination of consensus-based recommendations. Champions were selected to lead the implementation of the IPAC recommendations within their maternal newborn programs throughout Ontario. RICNs will continue supporting the program's Champions and ICPs as they integrate recommendations into their individual programs.

"Thank you for the vision, dedication, unwavering commitment and expertise that the RICNs have provided to Ontario's Maternal, Child and Youth Health Strategy in 2009."

Dr. Charlotte Moore, Provincial Lead, Maternal, Child and Youth Health Strategy, Ministry of Health and Long-Term Care

Ontario's Personal Support Workers (PSWs) are important stakeholders of IPAC information as they provide over 70% of the care received in long-term and community care. Roles of PSWs include:

- Client home management
- Client personal care
- Client family responsibilities
- Client work, social, and recreational activities

As of January 1, 2010, CHICA-Canada, the national association for infection control professionals, granted its endorsement of the RICN *Non-Acute Infection Control Professional Training Course*. This endorsement speaks to the high quality of course content and delivery.

The consensus-based policies developed by the working group are in alignment with the current maternal newborn recommendations and various best practice documents developed by PIDAC. These can be accessed electronically on the PCMCH website www.pcmch.on.ca/infectionprevention.htm.

The Personal Support Network of Ontario (PSNO) not only supports those who provide care to clients across the health care system, but also actively assists those supervising the care. In 2008-2009, RICNs partnered with the PSNO to provide education to more than 600 PSWs at three provincial conferences. The popular interactive presentation "Methicillin Resistant Staphylococcus aureus (MRSA)/Clostridium *difficile* Try to Take over the World" was a hit and audience members reported that overall they had learned something new.

In 2009-2010, the PSNO invited the RICNs back to participate in another conference program. This time our interactive presentation focused on how to "Stay in the Game with Infection Prevention and Control," using innovative games and creative tools to demonstrate the importance of proper glove use.

The annual *Innovations in Health Care Expo* showcases and celebrates originality and advancements in Ontario's health care system. The RICNs demonstrated three influential projects: the *Academic Infection Control Resource Kit*, *First Nations Housekeeping and Dental Staff Educational Initiative*, and the *Non-Acute Care Infection Control Training Program.*

The *Academic Infection Control Resource Kit* met with resounding praise from expo participants. Consisting of educational tools, such as Chain of Transmission Interactive Program and Fact Sheets, the kit addresses gaps in knowledge and ensures best practices are consistently taught in health care programs, particularly across northeastern Ontario. The successful track record of this project—we have distributed this kit to more than 50 northern Ontario educators—coupled with its positive reception at the expo, will most likely see this project expand throughout the province in the future.

The *First Nations Housekeeping and Dental Staff Educational Initiative* was introduced to 27 First Nations community-based nursing stations across northern Ontario. Reprocessing staff attending the education session were provided with an opportunity to participate in formal reprocessing training in a face-to-face teaching environment with reprocessing experts available to answer all questions. This experience was invaluable as participants were able to return to their communities with immediately applicable knowledge, and practical skills.

Finally, the RICNs' leading edge, web-based course *Non-Acute Infection Control Professional Training Course* was showcased at the expo. Now in its second year, this program will have provided basic infection prevention and control knowledge to approximately 60 infection control designates in non-acute care settings across Ontario by the end of this summer.

The RICNs meet the diverse needs of our students by:

- Providing distance education options using e-learning modules
- Assisting students through active mentorship and professional networking opportunities
- Providing non-acute care examples and activities in specific settings (for example, long-term care, community care, and public health)
- Coordinating monthly teleconferences between students, mentors, and each module's content expert
- Reviewing and revising content to reflect current PIDAC best practices

In an effort to support the specific needs of other stakeholder groups, the RICNs responded to a request from residential hospice care providers for education and information on a variety of IPAC topics and issues. The RICNs partnered with members of the Hospice Association of Ontario, public health units, and the provincial End-of-Life Care Network. This led to the development of the *Infection Prevention and Control Resource Manual for Residential Hospice Settings*. The manual will meet the specific needs of professionals focusing on compassionate, end-of-life residential care. It will be distributed to all residential hospices in Ontario for use by executive directors, managers, health care providers, and volunteers who provide end-of-life care.

Advancing surveillance practices

Ontario's hospitals lack a uniform facility-wide surveillance system that enables consistent tracking and reporting on significant organisms. The RICNs took on this challenge in 2009 by creating and implementing an IPAC monitoring and surveillance program. The Infection Prevention and Control Surveillance and Education Tracking (IPACSET) is an electronic database that is affordable, easy to use, and designed specifically for infection control professionals.

IPACSET is a tool that was specifically created to support the work of ICPs. It assists in tracking organisms of interest to IPAC and creating reports that can be used to communicate to senior management and others about the status of IPAC in their organization. It is an accessible, user-friendly and low-cost database using Microsoft Access®.

"The course has given me a great background to many different areas of IPAC, some I thought I knew quite well but found there was still more to learn, and other areas I really had no experience and very limited knowledge. I would recommend the program to anyone with an interest in infection control."

Tammy Van Der Kloet,
Infection Control,
Sherwood Park Manor,
Brockville

"The Surveillance module is user-friendly and visually pleasing. Information and fields are readily accessible. Admissions and episodes can be viewed at a glance. As the trial phase continues, we are experimenting with IPAC statistical reports. Monthly surveillance data for CDI and MDROs are being validated against our existing database. Our target for full implementation is September 2010."

Suzanne Pelletier,
Clinical Manager, Infection Control Service, Hôpital Régional de Sudbury Regional Hospital

What the IPACSET does:

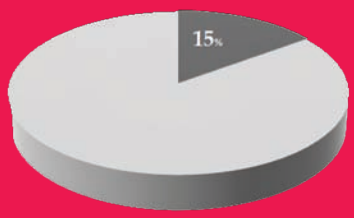
- Allows easy data entry of patients with HAIs such as MRSA, C. *difficile*, and VRE
- Collates the data to meet the requirements of the MOHLTC's mandatory patient safety indicator reports
- Facilitates the tracking of contacts of individual cases and assists in organizing information about prevalence screening and outbreak management
- Serves as a communication tool among ICPs within their hospital
- Tracks staff education in IPAC including completion of the core competencies
- Tracks education provided to family and others when a patient is identified with an HAI

Despite the fact that very little promotion has occurred around IPACSET, approximately one third of hospitals in the province have requested a test copy for evaluation. In response to the interest, the RICNs have hosted regional training workshops, as well as provided in-person training sessions, e-mail, and phone support. An electronic bulletin board has also been created to track enhancement requests and post questions from users about the system. Future development of the database will include surveillance modules for catheter associated urinary tract, surgical site, and bloodstream infections monitoring.

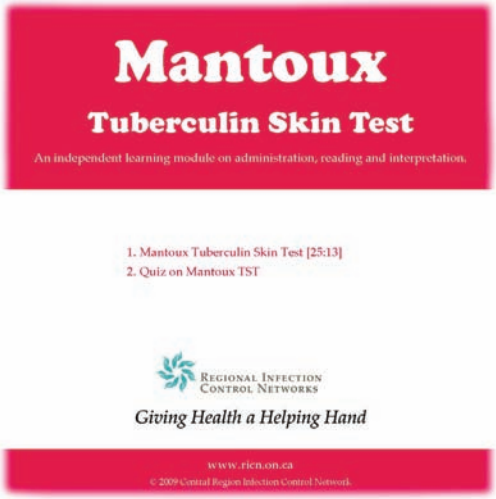
Partnership

RICNs believe that working with both groups and individual health care providers is key to establishing and meeting common goals. By working together we arrive at better solutions and establish best practices for everyone.

Allocation of Resources to Partnership



Partnering for TB prevention



The Central Region Infection Control Network (CRICN), in partnership with long-term care stakeholders and Toronto Public Health, developed the *Mantoux Tuberculin Skin Test (TST)* instructional CD. The CD provides detailed instruction on how to administer, read, and interpret a tuberculin skin test. Although similar products exist, most do not meet the needs of Canadians—the products are often not applicable to the Canadian population or are missing important basic information such as materials required to administer the test, proper testing site selection, or reading and recording unusual test reactions. The *Mantoux TST* instructional CD was produced to fill information gaps identified by long-term care partners.

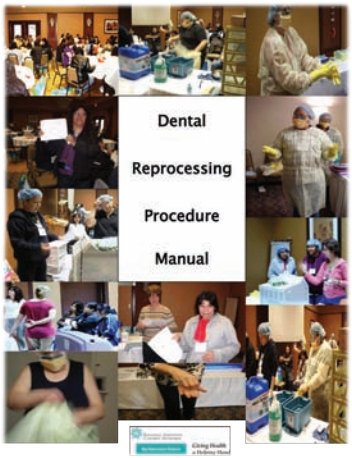
Locally, the CD is being shared with CRICN stakeholders in the region's public health units, hospitals, LTC homes, community agencies, and with physicians in general practice. Copies were also distributed to the other RICNs for further distribution to their stakeholders.

The Ontario Lung Association's TB Committee endorses this CD and will be distributing it to all delegates at the TB Conference 2010 in Toronto.

"The RICN staff have formed close ties with Health Canada staff and First Nations communities and there is no doubt these IPAC linkages will only strengthen in the months/years ahead."

Margaret Litt,
Manager, Policy Development,
Office of Community Medicine,
First Nations and Inuit Health Branch, Health Canada

Serving isolated communities



Continuing work that began in 2006, the Northwestern Ontario Infection Control Network (NWOICN) further strengthened its partnerships with the First Nations and Inuit Health Sioux Lookout Zone. Through focused work plans and ongoing commitment, the provision of IPAC education and support resulting in quality client care and safety continues to grow.

In 2009 the NWOICN reached out to health care providers in the nursing stations of isolated communities to provide IPAC education. This was done through videoconference delivery of IPAC training sessions to housekeepers and caretakers, development of procedure manuals in English and Ojicree, and the provision of monthly teleconferences on IPAC to nurses in charge. These initiatives, in addition to many others, meet the various learning needs of front line health care providers in Ontario's most isolated communities.

Regional antibiotic stewardship program

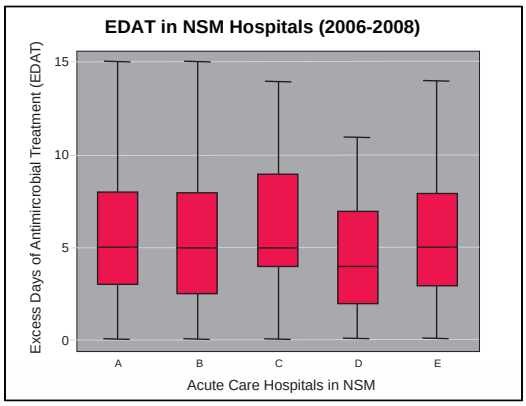
The North Simcoe Muskoka Infection Control Network (NSMICN) partnered with its LHIN to develop a specialized infection control initiative: the Regional Antibiotic Utilization Review. The review will:

- Focus on hospital data collected from all five hospital corporations in the North Simcoe Muskoka (NSM) area
- Provide a regional understanding of local antimicrobial utilization patterns and the resources available for the development and sustainability of an antibiotic stewardship program

The results of the review will support:

- Administrators, by demonstrating an anticipated cost savings related to antibiotic use
- Clinicians, by demonstrating increased efficiency in how antibiotics are used and an improvement in therapeutic results

NSMICN also provided leadership over the past year by coordinating regional educational events on antibiotic stewardship and facilitating the creation of a regional advisory committee. This committee is comprised of professionals in pharmacy, laboratories, infection control, medical staff, public health, and hospital administrators. The committee's goal is to provide feedback regarding the antibiotic utilization review and act as a communication link with hospitals and professional organizations.



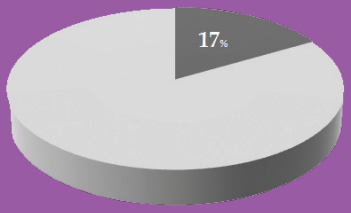
EDAT shows the variance in duration of treatment for patients admitted to hospital with Community Acquired Bacterial Pneumonia from that recommended in current guidelines.

"The regional approach to antibiotic stewardship undertaken by the NSMICN has the potential to influence public health through the improved utilization of antibiotics in hospitalized patients. By fostering optimal antibiotic use we help to reduce antibiotic resistant infections and to ensure successful treatment."

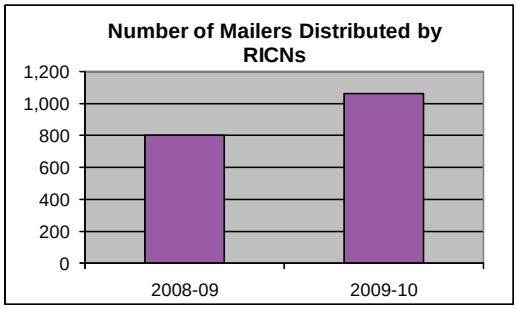
Dr. Charles Gardner,
Medical Officer of Health,
Simcoe Muskoka District
Health Unit

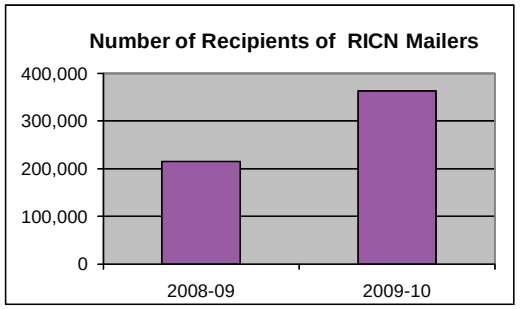
Communication

Allocation of Resources to Communication



Effective communication results in the successful gathering and circulating of information. The power of the RICNs is in the sharing of knowledge, expertise, and research with health care professionals, community leaders, and medical experts. Through various communication strategies, RICNs ensure that critical information is in the hands of those who need it, when they need it.



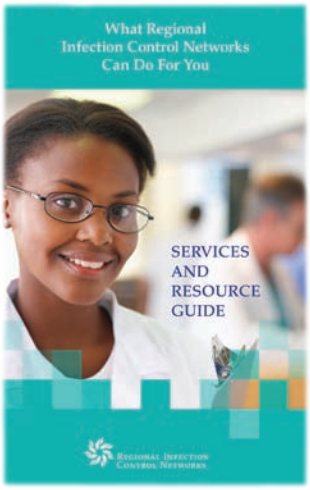


RICNs reach out to their stakeholders through the electronic circulation of "mailers". Mailers include newsletters, bulletins, fact sheets, and other important communication. This year the number of mailers circulated by RICNs increased by 32% and the number of individuals reached through those mailers increased 68%.

Services and resources

With all 14 RICNs fully operational this year, a need was identified to have a standardized information package available to introduce the work of the networks to new stakeholders and partners.

The *Services and Resource Guide*, available in both English and French, is a compact but information-packed brochure that discusses the work of the RICNs, details the services and resources that are available, and outlines education, networking, and consultation opportunities that are accessible to partners and stakeholders.



Outbreak bulletins

In 2008, all 23 hospitals in the Central South Infection Control Network (CSICN) agreed to start notifying the CSICN of all non-reportable outbreak information (i.e. MRSA, VRE). Data gathered from these reports was sent out weekly in the form of an outbreak bulletin which was used by hospitals in decision making around bed management and outbreak management practices.

In 2009, the CSICN analyzed 12 months of data and discovered important facts about outbreaks of non-reportable organisms, such as:

- 50 outbreaks originating from 11 different organisms occurred in 14 of the reporting facilities
- Multiple outbreaks of antibiotic resistant organisms (AROs) such as, VRE, MRSA, and EBSL were reported, where VRE was the most frequently reported outbreak type
- VRE outbreaks had the longest mean duration of 64 days
- Most outbreaks tended to start in September

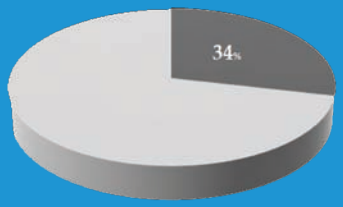
This project has resulted in discussions between hospital infection prevention and control leaders and CSICN staff regarding the creation of outbreak management practices and a common *Antibiotic Resistant Organisms Outbreak Management* document.

"The outbreak and summary data are very valuable. This information assists in planning and implementation of IPAC measures appropriate for facility integrated communications. Also, a better understanding of communicable disease prevalence in the broader community is helpful when reviewing site specific data."

Mary Knapman,
Acting VP Nursing, West Lincoln Memorial Hospital

Knowledge Transfer

Allocation of Resources to Knowledge Transfer



RICNs support and encourage collaboration among front line workers, researchers, administrators, OAHPP, MOHLTC, and IPAC interest groups, promoting standards in IPAC best practices. Through a variety of strategies such as education days, workshops, inservices, and conferences, RICNs facilitate knowledge transfer within their member groups.

Reaching out to physicians

Throughout 2009, RICNs focused on reaching out to a vital, yet often overlooked group: primary care practitioners and physicians. Various infection prevention and control educational events, organized by RICNs and their partners, took place across the province to serve this group of Ontario's primary care providers.

In October of 2009, the Champlain Infection Control Network (CICN) hosted an educational event for primary care providers. Over 200 attendees, including 100 physicians, took part in a variety of presentations focusing on knowledge transfer related to the Management of Febrile Respiratory Illnesses and in particular, pH1N1. This event provided attendees with an opportunity to participate in N95 respirator fit testing, practice nasopharyngeal sampling using a sagittal cut head model, and practice hand hygiene using fluorescent dye and black light demonstration.

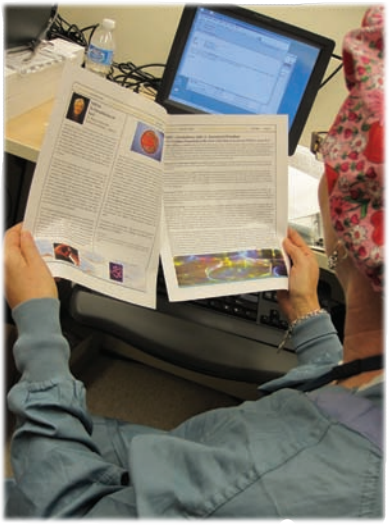
The day also included keynote speakers Dr. Ken Scott, Public Health Agency of Canada; Dr. Michael Gardam, Ontario Agency for Health Protection and Promotion; Dr. Baldwin Toye, the Eastern Ontario Laboratory Association; and, Drs. Gary Garber and Virginia Roth, CICN.

Recognizing the key role of primary care practitioners, the Mississauga Halton Infection Control Network (MHICN) embarked on an initiative to ensure that community health care providers receive the IPAC information they need to keep their patients and staff

safe from disease transmission in office settings. Introductory packages were mailed to primary care offices, along with a survey to gauge physicians' IPAC needs.

On March 2010, more than 100 practitioners attended a continuing medical education (CME) accredited event. Dr. Anne Matlow highlighted information from the College of Physicians and Surgeons of Ontario (CPSO) *Infection Prevention and Control in the Physician's Office;* Dr. Leon Genesove spoke on occupational health and safety in the primary care office; Dr. Neil Rau reviewed challenges and best practices for MRSA; and Associate Medical Officers of Health, Dr. Barbara Yaffe (Toronto), Dr. Monir Taha (Halton), and Dr. Eileen deVilla (Peel) discussed pH1N1 strategies. All in attendance agreed that this event was a foundation for strong collaboration. In support of the physician outreach, the most popular presentations from this event were audiorecorded and narrated versions are available on the MHICN website.

The RICNs have been providing a quarterly newsletter for individuals involved in infection prevention and control since 2007. In 2009, the Central East Infection Control Network took it one step further and published the first *Focus on Infection Prevention and Control for Physicians,* a newsletter written by physicians for physicians. Including topics such as: Asymptomatic bacteriuria, MRSA: To Decolonize or Not; Clostridium *difficile*, Public Reporting; Doc Talks; and, Hand Hygiene Best Practices, the newsletter has been distributed to physicians across Ontario.



Physician feedback indicated that physicians are more likely to read articles written by physicians. The newsletter increased physician knowledge of IPAC, reduced professional isolation related to IPAC matters, and enhanced physician practice.

"The Physician's CME event was well attended by community physicians as well as office nurses and other front line nursing staff. The event provided a good opportunity for interdisciplinary dialogue that seldom takes place in a busy Family Practice office."

Dr. Greg Thomson,
Halton Healthcare

"I like the tight articles targeted to the knowledge level of an involved MD."

Dr. F. Doug MacIntosh,
Extendicare Peterborough

"I reviewed the first three Inservices on and Demand (Modes of Transmission, Hand Hygiene, All You Ever Wanted to Know about C. difficile) and certainly found them to be useful to have for our staff. We have a new electronic staff training program that will track staff education. It has made it possible for us to use these on demand in-services for staff training."

Rhonda Beliveau,
ICP Specialist, St. Thomas
Elgin General Hospital

Innovative tools and resources

The *Infection Prevention and Control Reference Tool for Health Care Providers in the Community*, created by the Wellington Waterloo Infection Control Network, contains basic infection prevention and control information and assists health care providers to understand and apply the best practices outlined by PIDAC. Health care providers are using this tool to educate themselves and their clients about how germs spread, the importance of hand hygiene, and proper hand hygiene techniques. This booklet is available to community health care providers.

Infection control professionals, with limited access to infection control education resources, find it difficult to keep up to date on current infection control practices. In response to this need, the South Western Ontario Infection Control Network (SWOICN) created an interactive and innovative infection control practices audio visual web-based learning tool.

The virtual presentations cover current topics related to infection control practices and procedures and are typically sourced from PIDAC best practice documents or other current guidelines. The format of these "Inservices on Demand" is a narrated PowerPoint presentation. The program provides quizzes to test newly gained knowledge and can be used for self-monitoring and as a performance indicator. The program conveniently offers users continuous distance education, no matter how remote their location or complex their schedule.

Users are encouraged to provide SWOICN with feedback or contact them for further program information. The measured outcomes have surpassed the initial objectives by the calls received on the uptake of the program.

Creating opportunities for learning

To follow up on their very successful introductory conference on disinfection and sterilization, the Erie St. Clair Infection Control Network hosted a second conference in April 2009 for non-acute care facilities. Well known speakers and members from the Canadian Standards Association Committee on Sterilization, Clare Barry and Colleen Landers, provided an overview of the sterilization process and discussed the issues related to the re-use of disposable medical devices. As well, industry specialists who support products used in the sterilization and disinfection process were available

for discussion and consultation. Participants—including home care, long-term care, and clinicians—were provided with small group interactive learning experiences on the process of disinfection and sterilization of instruments.

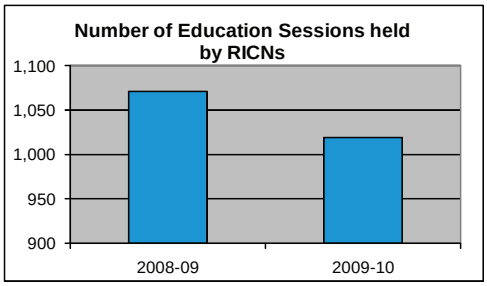
In June 2009, the Northeastern Ontario Infection Control Network (NEOICN) polled its long-term care homes on whether there was interest for on-site infection prevention and control fairs. About 15 non-acute care organizations expressed interest in hosting an IPAC fair at their facility, while many others attended a fair at the site nearest to them. NEOICN staff travelled over 6,500 km throughout northeastern Ontario visiting sites from Wawa to Parry Sound and many places in between. Well over 500 fair participants—including LTC management, staff, residents, and visitors—were encouraged to walk through displays highlighting routine practices and additional precautions, febrile respiratory illness, pandemic H1N1, cleaning and disinfection, and hygiene. Fair attendants also had the opportunity to engage in creative activities along the way. The feedback was exceptionally positive, specifically with respect to how well the fairs facilitated a positive group learning experience.

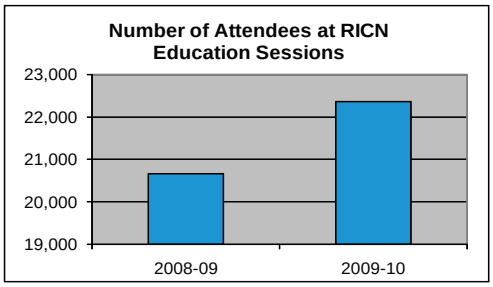
Long-term care management staff are responsible for many program areas, and unfortunately the high turnover of those staff can result in inadequate infection prevention and control direction to the front line. In 2009, the Central West Infection Control Network provided an IPAC orientation for infection control professionals new to their portfolio. This orientation workshop allowed new ICPs to connect with RICN staff and provided each long-term care professional with an overview of IPAC programming, including core concepts such as routine practices,

"I found this session very informative and useful. It was a great advantage as it provided insight to useful resources to reference. Further, it provided a networking opportunity with the infection control professionals in our area which has proved to be very valuable. As head of infection control at my facility, I found this orientation elemental to my position."

Amber Curry,
Associate Director of Care,
Leisureworld-Tullamore

hand hygiene, and surveillance. There were also opportunities for LTC staff to review the RICNs' library resources, website, tools, DVDs, and documents such as those developed by PIDAC. There was also an important opportunity to network with other LTC staff and benefit from discussions on creative solutions.



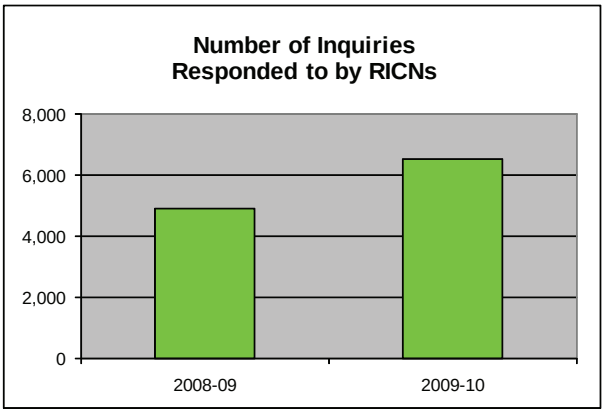


The total number of education sessions presented by the RICNs this year decreased by 5%, however, over 22,000 individuals participated in these sessions, representing an 8% increase in attendance.

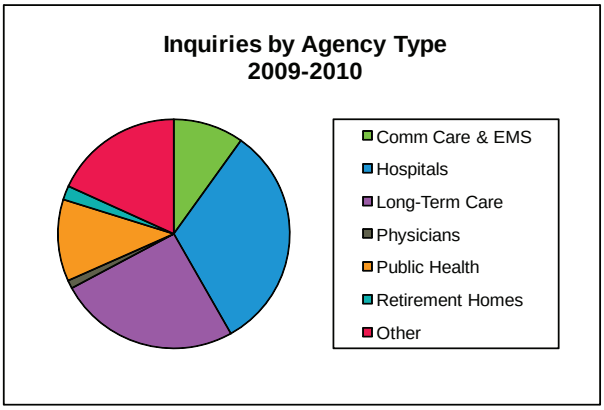
Leaders in Learning and Teaching

Information Management

RICNs strive to ensure that their partners have access to the right information at the right time. The information is current and represents the leading body of knowledge on infection prevention and control. Resources, available through RICN libraries, include a variety of materials including teaching kits, books and manuals, DVDs, and research literature. Additionally, the RICNs, through surveillance activities, continue to expand the research and information that is available.



A large role of RICN staff is to address inquiries from stakeholders on IPAC issues. Common inquiry subjects include hand hygiene, ARO, resources and influenza. This year inquiries grew 33% when compared to the prior year.

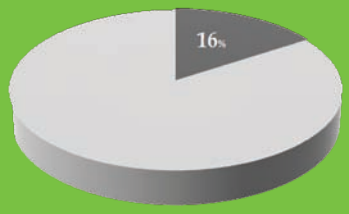


RICNs respond to inquiries from all of their partners. This year almost 60% of inquiries came from hospitals and long-term care homes, the largest of the RICN stakeholder groups.

Regional surveillance

Partnering with its LHIN, all six southeastern Ontario acute care hospitals, and one rehabilitation hospital, the South Eastern Ontario Infection Control Network (SEOICN) launched a project to improve the tracking of selected HAIs. Infections

Allocation of Resources to Information Management



"The SEOICN is on the right track for the region, and I am very confident that the surveillance initiative will continue to position the RICN as a provincial leader in infection control strategies. The new surveillance software will become the first tool infection control practitioners employ every day to be more effective and proactive, and they will eventually wonder how they worked without it."

Ray Marshall, CEO,
Brockville General Hospital

for surveillance are selected based on type of patient, frequency, preventability, and impact of infection (excess cost of healthcare, patient morbidity and mortality).

This initiative includes the implementation of specialized software that can report and track selected HAIs. This will enable health service providers to better understand the implications with respect to operational costs, lengths of stay, treatment outcomes, and patient transfer in southeastern Ontario. A small set of HAIs will be monitored initially but the targets will be increased over time. It will also be possible to monitor for the emergence of important trends of epidemiologically significant organisms. Future use of this information can be used to report and track other infectious agents that put patients at risk. Outcomes of this project delivered to date include:

- Standardization of definitions and surveillance processes
- Consistent data fields
- Better understanding of infection control programs at hospitals across the region

The outcomes of this initiative provide a direct and immediate benefit to the front line ICPs, while the research results will benefit the CEOs, the LHIN and others within the next year.

Library a "Click" away

An imperative for the Toronto Central Infection Control Network (TCICN) included building a comprehensive library of infection prevention and control documents and resources. The network noted that uptake of the other RICN libraries across the province was variable, that certain items were accessed more frequently than others, and that the need for more electronically available material existed. TCICN responded to these needs and created library pages on its website. These pages quickly direct users to current IPAC information and resources.

Gathering Data - Disseminating Information

Central East Infection Control Network (CEICN)
700 Gordon Street, Building 2, Level 1
Whitby, ON L1N 5S9
Toll free: 1-866-552-3426
Phone: 905-430-4055 ext 6212
Fax: 905-665-2453

Central Region Infection Control Network (CRICN)
555 Finch Avenue West
Toronto, ON M2R 1N5
Toll free: 1-888-448-4028
Phone: 416-635-2565
Fax: 416-635-2562

Central South Infection Control Network (CSICN)
St. Joseph's Villa (Lower Level, North Tower)
56 Governor's Road
Dundas, ON L9H 5G7
Toll free: 1-866-681-4916
Phone: 905-627-6475
Fax: 905-627-6474

Central West Infection Control Network (CWICN)
2 County Court Boulevard, Suite 200
Brampton ON L6W 3W8
Toll free: 1-866-942-9426
Phone: 905-874-7000
Fax: 905-874-7002

Champlain Infection Control Network (CICN)
Réseau de Contrôle des infections de Champlain
751 Parkdale Avenue, Suite 1406
Ottawa, ON K1Y 1J7
Toll free: 1-866-833-8868
Phone: 613-761-4833
Fax: 613-761-4917

Erie St. Clair Infection Control Network (ESCICN)
Rhodes Drive Business Centre
4510 Rhodes Drive, Unit 701
Windsor, ON N8W 5K5
Toll free: 1-866-924-7426
Phone: 519-948-7000
Fax: 519-948-7050

Mississauga Halton Infection Control Network (MHICN)
101 Queensway West, Suite 128
Mississauga, ON L5B 2P7
Toll free: 1-866-644-2661
Phone: 905-804-7948
Fax: 905-804-7968

Northeastern Ontario Infection Control Network (NEOICN)
10 Elm Street, Office Tower, Unit 302
Sudbury, ON P3C 5N3
Toll free: 1-866-469-0822 ext 4963
Phone: 705-523-7124
Fax: 705-675-5064

North Simcoe Muskoka Infection Control Network (NSMICN)
80 Victoria Street, Unit 7
Orillia, ON L3V 7E4
Toll free: 1-866-812-8566
Phone: 705-330-3223
Fax: 705-326-5434

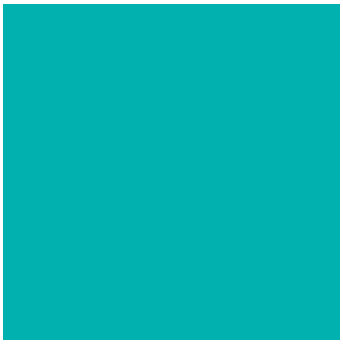
Northwestern Ontario Infection Control Network (NWOICN)
289 Munro Street
Thunder Bay, ON P7A 2N3
Toll free: 1-866-706-7426
Phone: 807-683-1755
Fax: 807-683-1745

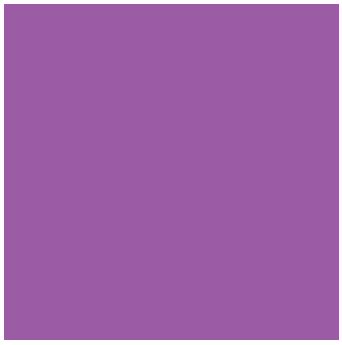
South Eastern Ontario Infection Control Network (SEOICN)
1471 John Counter Boulevard, Suite 400
Kingston, ON K7M 8S8
Toll free: 1-866-883-8428
Phone: 613-548-3921
Fax: 613-548-3576

South Western Ontario Infection Control Network (SWOICN)
P.O. Box 2819, 268 Maiden Lane
St. Marys, ON N4X 1A5
Toll free: 1-866-916-1127
Phone: 519-284-8328
Fax: 519-284-8329

Toronto Central Infection Control Network (TCICN)
3560 Bathurst Street, Room 106T
Toronto, ON M6A 2E1
Toll free: 1-877-788-0701
Phone: 416-785-2500 ext 2569
Fax: 416-785-2864

Waterloo Wellington Infection Control Network (WWICN)
Unit B4B, 350 Conestoga Boulevard
Cambridge, ON N1R 7L7
Toll free: 1-866-276-6995
Phone: 519-624-9781
Fax: 519-624-6212





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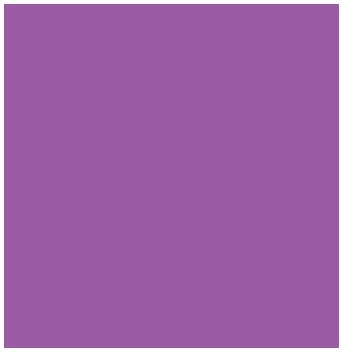
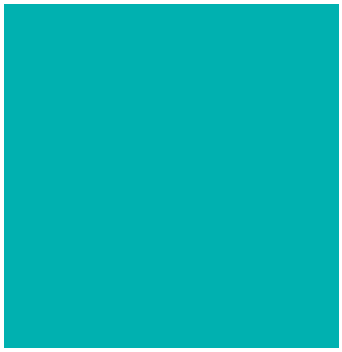


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