

**Vancouver Island Health Authority's response to recommendations in
review by Dr. Richard Stanwick, Chief Medical Health Officer
"Report on Infection Control in the Vancouver Island Health Authority: A Focus on Action"**

| Recommendations from the Executive Summary (none or limited resource impact) | VIHA Response | Status |
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| 1. Vice Presidents with responsibility for Infection Prevention and Control serve as the intermediaries between the Executive and the IPC Team, especially during outbreaks within VIHA facilities. | <ul style="list-style-type: none"> ▪ VIHA has developed a Hospital Emergency Incident Command System (HEICS) structure for outbreak management which would involve all levels/areas of the organization, and has very defined roles and responsibilities. | Completed |
| 2. Organizationally, Infection Control must be valued, both in practise and perception, as much as quantifiable services, such as those delivered by medicine and surgery. | <ul style="list-style-type: none"> ▪ Infection Prevention and Control has been identified as one of four system-wide initiatives for the organization for 2009/10. VIHA system wide initiatives involve the organization across sites, sectors and geographies and involved an 'all hands on deck' approach aimed at incorporating the initiative into day to day activities. ▪ Corporate Infection Prevention and Control policies and procedures are being drafted. | In progress In progress |
| 3. Executive, Integrated Health Services and Infection Control Team commit to the creation of an outbreak protocol for VIHA. On its completion, all levels of the organization commit to following any and all assigned roles and responsibilities. | <ul style="list-style-type: none"> ▪ VIHA has developed a Hospital Emergency Incident Command System (HEICS) structure for outbreak management which would involve all levels/areas of the organization, and has very defined roles and responsibilities. ▪ Director, Disaster Planning and Director, Infection Prevention Control are developing an education package related to the Hospital Emergency Incident Command System (HEICS) structure for Outbreak Management to be delivered at all levels of the organization. | Completed In progress |
| 4. The Infection Control team participate in IM/IT's strategic plan for the next five-year cycle. | <ul style="list-style-type: none"> ▪ The Infection Prevention and Control team has identified its IMIT needs for surveillance and reporting (March 2009). ▪ Availability of Infection Control module in Cerner (VIHA's electronic health record) is being pursued by IMIT (May 2009) ▪ Infection Prevention and Control is included in IMIT's strategic plan for the next 5-year cycle, ensuring IPC issues are given high priority in IMIT planning and development. | Completed In progress In progress |
| 5. Director Disaster Planning develops and implements a Hospital Incident Command System (HICS) specifically for the Infection Control team. | <ul style="list-style-type: none"> ▪ See response to # 3 | |

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| <p>6. The risk manager for VIHA reviews this report and reports back to VIHA Executive and Integrated Health Services on his findings.</p> | <ul style="list-style-type: none"> ▪ The Corporate Director, Risk Management has reviewed the report, and endorses the use of the Incident Command System to enhance the management of outbreaks. ▪ The use of Enterprise Risk Management (ERM) tools in accordance with VIHA Policy and Procedure will allow for informed and efficient decision-making and resource allocation through the appropriate assessment of risks at all levels. ▪ Risk Management will work with areas as required to facilitate risk assessments. | <p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> |
| <p>7. The Vancouver Island Health Authority hand hygiene practices are reviewed at the time of the Public Health Agency of Canada's Best Practices on Hand Hygiene publication this spring.</p> | <ul style="list-style-type: none"> ▪ In 2006/07 VIHA introduced strategy to increase awareness and education of staff of the importance of hand washing, proper hand washing techniques. Despite public and media criticism of this initiative, the campaign increased awareness among staff, physicians and patients. ▪ Hand hygiene compliance audit was completed (2008/09) in the majority of acute and long term care sites. The results identified the need for further and ongoing action and education to improve hand hygiene compliance. ▪ Infection Prevention and Control practitioners are working with managers/educators in the various areas to improve these compliance rates. ▪ Hand hygiene strategy has been developed <ul style="list-style-type: none"> ○ 1st phase: hand hygiene stations at the entrances to buildings - March 2008 ○ 2nd phase: alcohol based product available outside of patient rooms and available in patient care areas – March 2009; ○ 3rd phase: alcohol based product available close to where care is being provided ▪ Developing hand hygiene audits in MS InfoPath for easy and timely completion and compilation of results by unit/program leaders. ▪ VIHA is exploring the implementation of Learning management system which provides the capacity to make learning modules available electronically and track completion of modules by staff ▪ E-learning modules developed by other areas are being reviewed and revised as required, and will be consistent with PHAC Best Practice guidelines ▪ Education on hand hygiene and infection control precautions is provided in New Employee Orientation | <p>Completed</p> <p>Completed</p> <p>In progress</p> <p>Completed</p> <p>Completed</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>Ongoing</p> |

| Recommendations from the Executive Summary (with resource implications) | VIHA Response | Status |
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| 1. Secure the services of a full-time Clinical Lead for the Infection Control team | <ul style="list-style-type: none"> ▪ This recommended new medical position was created, and filled in July 2009. This position leads the medical team involved with Infection Prevention and Control Program. ▪ This position works with the Director, Infection Prevention and Control in the further development of the Infection Prevention and Control Program. | Completed Ongoing |
| 2. Hire a data analyst for IC. | <ul style="list-style-type: none"> ▪ An epidemiologist position has been created through realignment of an existing position. ▪ Discussion has occurred to determine capacity for epidemiologists in other areas of health authority to incorporate IPC needs within their current structures. ▪ Approval for posting position is underway. | Completed Completed In progress |
| 3. Review the workloads, roles and skill sets of Infection Control Aides. Once completed, populate facilities within VIHA with these infection control practitioner extenders in appropriate numbers. | <ul style="list-style-type: none"> ▪ Infection Control Aide positions have been introduced at both RJH and NRGH. These IPC aide positions work throughout the sites to clean patient care and other equipment that is not included in the housekeeping contract. (RJH 2007; NRGH October 2008). ▪ Regular full time positions at NRGH have been posted to replace existing temporary positions. ▪ Ongoing funding for future expansion and introduction of these positions at other sites is being considered through the VIHA budget and priority setting process, incorporating a phased approach. | Completed Completed In progress |
| 4. Explore the purchase of the Cerner Infection Control module to compliment current island-wide IM/IT initiative. Fund the necessary modifications to have it work within the Canadian system. Assess how it could be integrated with Panorama (the new Public Health CD information system) for issues that involve both facilities and community settings. | <ul style="list-style-type: none"> ▪ The Infection Prevention and Control team has identified its IMIT needs for surveillance and reporting (March 2009). This includes a number of different data indicators, other functionality and report generating capacity. ▪ IMIT has identified what requirements can be provided with existing functionality. ▪ Discussions have commenced to determine the feasibility of being a validation partner for the Cerner IC module. ▪ IPC is part of the 2009/10 IM/IT Strategic Plan | Completed In progress In progress Completed |

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| <p>5. As part of assertive contract management, maintain standardized metrics for frequency of cleaning, products used and training of housekeepers. These parameters should be enforced for both day-to-day activities as well as for outbreaks. If necessary, deploy additional resources to manage contracts so that the performance expectations are fully realized for VIHA's institutions.</p> | <ul style="list-style-type: none"> ▪ VIHA works closely with Contractor to ensure compliance with IPC Guidelines ▪ VIHA contract managers receive weekly outbreak staffing levels ▪ Signage is posted on the room designating if a different cleaning solution or frequency of clean is required ▪ Contractor is required to comply with the IPC Program cleaning protocols for outbreak management ▪ Education/training provided to housekeeping staff inclusive of infection control issues was reviewed by VIHA contract managers ▪ VIHA has reviewed enhanced protocols for cleaning with the Contractor ▪ Contractor has dedicated trainer and their (training) Centre of Excellence is operational at the Gorge Road Hospital site effective January 2009 ▪ Cleaning checklist is completed during outbreaks ▪ Spot audits of cleaning are completed by IPC practitioners ▪ Additional housekeeping staff are on-site during outbreaks. ▪ IPC program is participating in development of RFP for housekeeping services. | <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Completed</p> <p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>In progress</p> |
| <p>6. Continue with environmental control programs such as the de-cluttering of hallways through innovative storage, replacement of items that could serve as fomites for spread of infection, and modernization of bedside equipment to avoid patient-to-patient spread by nursing staff (a major program instituted in Quebec's efforts to control C difficile).</p> | <ul style="list-style-type: none"> ▪ VIHA continues to work on minimizing the presence of equipment and supplies in patient unit corridors through designation of storage space and designation of clean and dirty areas. ▪ Cloth upholstered furniture is being removed and replaced with furniture that can be easily cleaned using institutional cleaning solutions. ▪ VIHA is reviewing equipment and furniture held in storage to determine if it has any remaining use either within in VIHA facilities or elsewhere. Any equipment or furniture deemed no longer functional is being removed to free up storage space. ▪ Reviewing existing policies and procedures relating to removing equipment no longer needed on unit, as well as developing package of tools for managers to assist with decluttering processes | <p>In place prior to the review; practice continues</p> <p>Completed</p> <p>In progress</p> <p>In progress</p> |
| <p>7. Develop further capacity for management of community infection control issues (e.g. community infection control practitioners) to address issues that may have direct and immediate impact on facility infection control and vice versa (e.g. support for affiliated long term care facilities).</p> | <ul style="list-style-type: none"> ▪ Request for additional IPC practitioners for areas such as affiliated long term care facilities will be submitted through the VIHA's regular budget and priority setting process. | <p>In progress</p> |

