

**NIAGARA HEALTH SYSTEM**  
**PUBLIC HEALTH AGENCY INFECTION CONTROL RESOURCE TEAM RECOMMENDATIONS**  
**SURVEY DATE: WEDNESDAY, JUNE 29, 2011**

RECOMMENDATION	Action Plan	STATUS	Projected Completion Date
<b>Infection Prevention and Control) Program</b>			
1. The position of manager of IPAC should be one full-time equivalent (FTE) with responsibilities dedicated solely to IPAC. This person should also have front line infection prevention and control experience and have obtained his/her Certification in Infection Control (CIC).	Discussions are underway with St. Joseph's Hospital who is willing to consider seconding an individual to the NHS on an interim basis. On a long term basis, recruitment will begin immediately for a long term permanent individual.	<b>In Progress</b>	<b>September 2011</b>
2. IPAC should report to one person in senior administration who has corporate responsibility across all NHS sites and who has responsibility for clinical services. Ideally and if possible, this person should also be responsible for patient safety.	Reporting of IPAC will be changed to report to the VP Patient Services for the Perioperative Program effective immediately	<b>Complete</b>	<b>July 13, 2011</b>
3. Physician support for IPAC should be increased to a minimum of 0.5FTE with 1FTE strongly preferred. This physician should have skills and training in surveillance and epidemiology; microbiology, infectious diseases and infection prevention and control including outbreak management.	St Joseph's Hospital is loaning us Dr. Christine Lee. Board has approved hiring an ID physician and the position description and recruitment plan is being developed.	<b>In Progress</b>	<b>October 2011</b>

<p>4. The NHS should review and redefine the indicators used in its Quality Improvement Plan and in its IPAC Strategic Plan. Indicators should reflect outcomes in addition to process, and should include tangible targets such as rates of CDI and hand hygiene.</p>	<p>There currently are rate based indicators being used which are publicly reported monthly. In addition, the field epidemiologist is being consulted on what other indicators should be used.</p>	<p><b>In Progress</b></p>	<p><b>August September 2011</b></p>
<p>5. When recording nosocomial cases of CDI, case counting and attribution should be done based upon symptom onset only.</p>	<p>Routine daily calls to include 'heightened activity' and a more proactive strategy will be used in these areas.</p>	<p><b>In Progress</b></p>	<p><b>August September 2011</b></p>
<p>6. The NHS should work together with Niagara Region Public Health to ensure clarity and mutual understanding of outbreak definitions for CDI.</p>	<p>Meetings are being held with NHS, NRPH and the Field Epidemiologist to discuss and clarify outbreak definitions for CDI.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>7. The NHS infection prevention and control professionals should be empowered to utilize the Infection Control and Outbreak Administrator (ICOA) software system to analyze data and generate relevant reports. Currently this responsibility rests solely with the IPAC manager.</p>	<p>An ICP will be identified as a Data Champion and super user who will take the lead in maximizing the functionality of the Infection ICOA system</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>8. The NHS IPAC program should consider implementing the use of organism-specific surveillance forms or some other similar means for documenting nosocomial cases.</p>	<p>NHS is consulting with the Field Epidemiologist, NRPH and RICN to develop and implement organism-specific surveillance forms.</p>	<p><b>In progress</b></p>	<p><b>July August 2011</b></p>
<p>9. The process of creation, maintenance and use of outbreak line lists should be reviewed, to ensure that data are easy to group and analyze. Community cases or cases attributed to other health care facilities should be recorded on the same line list with nosocomial cases.</p>	<p>Under the direction of the Field Epidemiologist, outbreak line lists are being reviewed and revised to allow for appropriate documentation of data required to monitor outbreak situations.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>

<p>10. Ongoing maintenance of the line list should be assigned to one person on the IPAC team.</p>	<p>Standardized line listings are being developed with the assistance of the field epidemiologist and will be used by all ICPs.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>11. Epidemiologic review and analysis of trends in nosocomial activity should be carried out on a daily basis. A site-specific and facility-wide approach, in addition to a unit-specific approach, should be taken when looking for increases in nosocomial activity.</p>	<p>A standardized operating procedure is being developed with the assistance of the field epidemiologist which will be implemented across all sites for all ICPs.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>12. Outbreak measures such as enhanced cleaning can be implemented in advance of declaring a formal outbreak and when nosocomial activity is noted to be increasing. This should be considered as part of a proactive approach to outbreak avoidance.</p>	<p>Routine daily calls to include 'heightened activity' and a more proactive strategy will be used in these areas.  Adopt the definition of 'Heightened Activity' is equal to 1 new hospital associated infection (HAI).</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>13. The potential role of antibiotic-resistant organism burden and the resultant isolation burden in causing outbreaks, regardless of whether cases are nosocomial or not, should always be considered.</p>	<p>The Pharmacy &amp; Therapeutic Antimicrobial Subcommittee will review current practices and provide guidelines and policies.</p>	<p><b>In Progress</b></p>	<p><b>August September 2011</b></p>
<p>14. Weekend on-site IPAC presence is not required. The NHS should resume its previous weekend and after hours on-call system for IPAC services.</p>	<p>ICP weekend scheduled shifts will be discontinued once the current outbreaks are declared over and on call coverage will be provided.</p>	<p><b>In Progress</b></p>	<p><b>August September 2011</b></p>
<p>15. The Medical Advisory Committee should consider adding a regular update of rates of antibiotic-resistant organisms and hand hygiene to its agenda.</p>	<p>Patient Safety indicators will be provided to MAC on a monthly basis.</p>	<p><b>Complete</b></p>	<p><b>September 2011</b></p>

Outbreak Management/Clinical Practice			
1. Suspect and confirmed CDI patients should never be cohorted together.	<p>Recommendation to be communicated to all ICPs and Infection Prevention &amp; Control Committee members.</p> <p>C Diff and suspected C Diff are isolated in private rooms or semi-private rooms.</p>	<b>Complete</b>	<b>July 2011</b>
2. If cohorting of isolated patients becomes necessary, the first choice for cohorting should be patients with confirmed VRE, the second choice patients with confirmed MRSA of the same strain, and the last choice cohorting of patients with confirmed CDI. Cohorting of patients with confirmed CDI should be avoided.	<p>Recommendation to be communicated to all ICPs and Infection Prevention &amp; Control Committee members.</p> <p>C Diff and suspected C Diff are isolated in private rooms or semi-private rooms.</p>	<b>Complete</b>	<b>July 2011</b>
3. The presence of beverages and water in clinical areas is acceptable. Food or meals should never be stored in or consumed by staff in patient care areas, except in designated location such as the staff lounge. Visitors should not consume food outside of the patient room and preferably avoid eating at all on clinical units.	<p>This recommendation has been incorporated into the outbreak measures and is currently in place.</p>	<b>Complete</b>	<b>July 2011</b>
4. The presence of plants and flowers in patient rooms is acceptable, as long as they are taken home or discarded when the patient leaves. Plants and flowers should never be stored or displayed in common areas such as the nursing station or patient lounge.	<p>All plants and flowers are being removed from nursing and patient lounges.</p>	<b>Complete</b>	<b>July 2011</b>
5. The SCG site of the NHS has successfully limited movement of both patients and equipment between units as part of outbreak management. This strategy should be maintained long term.	<p>This recommendation will be presented at all site Leadership meetings and where there is a shortage of equipment, the site HPD will submit a UBR to RPC for additional equipment.</p>	<b>In Progress</b>	<b>August September 2011</b>

<p>6. NHS senior administration initiated a process of daily walking rounds to affected clinical areas during the outbreak. This visual presence helps to maintain staff morale and to ensure that staff issues and concerns can be brought forward. This practice should be maintained at a frequency determined by the facility.</p>	<p>Frequent rounding by site managers, HPD and VP.</p>	<p><b>Complete</b></p>	<p><b>July 2011</b></p>
<p>7. The NHS is encouraged to develop a sustainability plan for all measures to be implemented once the outbreak is declared over.</p>	<p>A plan will be developed and incorporated into 'Standard Work' for Leadership Team.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p><b>Hand Hygiene</b></p>			
<p>1. It is important to engage all visitors to the hospital to clean their hands. The method for communicating this should be based on knowledge of the community and type of communication that has been successful in the past (i.e. verbal, visual, interactive).</p>	<p>Best practices are being investigated and will be put into practice at all NHS sites.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>2. Results of hand hygiene and personal protective equipment use audits should be validated to ensure inter-rater reliability between the various groups carrying out the auditing.</p>	<p>An inter-rater reliability testing process will be developed and implemented.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>3. All groups carrying out hand hygiene and personal protective equipment audits should use the same audit tool and be trained in a standardized manner to ensure they are all following the same processes.</p>	<p>The MOHLTC 'Just Clean Your Hands' and the '4 Moments' programs are used for hand hygiene audits and will continue to be the instrument used.</p>	<p><b>Complete</b></p>	<p><b>July 2011</b></p>

<p>4. The NHS should ensure that a sufficient number of observations are being made on each inpatient unit for hand hygiene and personal protective equipment audits to ensure that results are reliable and valid.</p>	<p>Hand Hygiene audits have been conducted by one person and will continue. Site specific audits will be conducted by the nurse manager and/or charge nurse for the purpose of education and standard work.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p><b>Environmental Cleaning</b></p>			
<p>1. Starting immediately, all inpatient units in all NHS sites affected by CDI should undergo a full terminal clean with a sporicidal agent. This terminal clean should include all common areas and the nursing units. Sufficient resources should be dedicated to this process to ensure the clean is completed quickly</p>	<p>Full facility cleaning is underway – start date July 4, 2011.</p>	<p><b>In Progress</b></p>	<p><b>August 2011</b></p>
<p>2. A sporicidal cleaning agent should be used throughout the rooms of patients with suspected or confirmed CDI, and not used solely to clean the patient bathroom. Once the outbreak is over, consideration can be given to using a sporicidal agent only in rooms of confirmed CDI patients.</p>	<p>Currently being incorporated into daily cleaning practices.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>3. A sporicidal agent should always be used in the bathrooms in the emergency department, regardless of outbreak status.</p>	<p>Currently in place.</p>	<p><b>Complete</b></p>	<p><b>July 2011</b></p>
<p>4. Dilutions of accelerated hydrogen peroxide should be validated regularly, in accordance with accreditation standard 12.7.</p>	<p>Practice being incorporated into daily cleaning practices.</p>	<p><b>In Progress</b></p>	<p><b>July August 2011</b></p>
<p>5. Increases in housekeeping resources put into place during the outbreak should be maintained permanently so that high risk units can maintain twice daily cleaning and dedicated housekeeping staff.</p>	<p>Staffing is already in place and PAF process will be initiated to make the positions permanent.</p>	<p><b>Under consideration</b></p>	<p><b>August September 2011</b></p>

6. Additional unit aides put into place on the medicine units during the outbreak should be retained permanently.	Additional staffing will be quantified and a UBR will be submitted to RPC for discussion and approval.	<b>Under Consideration</b>	<b>August September 2011</b>
7. One additional FTE housekeeper should be recruited for the night shift at the SCG site, so that the emergency department can retain a dedicated night-time housekeeper and to ensure that there are sufficient resources to address environmental cleaning issues overnight.	Additional temporary staffing has been added as of June 22, 2011 and PAF process will be initiated to make the position permanent.	<b>Under Consideration</b>	<b>August September 2011</b>
8. Wall washing is not indicated as part of routine or terminal cleaning. Walls should only be cleaned when visibly soiled or when included as a high touch surface.	Hospitality has discontinued the practice of washing the walls in non-high touch areas.	<b>Complete</b>	<b>July 2011</b>
9. The NHS should develop a guideline for proactive environmental cleaning of units or a site with a high isolation burden of MRSA, VRE and/or CDI, regardless of whether that burden is due to nosocomial activity or previously positive/community cases. The trigger for proactive cleaning should be clear. Proactive cleans in relation to CDI activity should always utilize a sporicidal agent.	Future practices will be similar to St. Joseph's Hospital such that one case will trigger heightened measures to be put in place.	<b>In Progress</b>	<b>July August 2011</b>
10. The NHS has done an excellent job of decluttering inpatient areas at the SCG site. This decluttering should be maintained permanently and the level of clutter audited regularly.	Fire & clutter inspections have been undertaken and will continue on a scheduled basis. Reports will be to the site Leadership Team.	<b>Complete</b>	<b>July 2011</b>
11. Audits of housekeeping practice should continue, using a suitable environmental marker. Audits should be carried out using a standard checklist and all audit results should be documented and retained. Audit results should be fed back to housekeeping staff as part of ongoing professional development, as well as to senior administration.	Action plan under development.	<b>In Progress</b>	<b>July August 2011</b>

<b>Antibiotic Utilization</b>			
1. The NHS has taken important steps toward establishing an antibiotic stewardship program. The program shows immense promise and needs to be adequately resourced in order to accomplish its goals. The sole antibiotic stewardship pharmacist should be dedicated to the program and not be asked to do general pharmacy tasks.	The full time antimicrobial pharmacist has been relieved of their other duties.	<b>Complete</b>	<b>July 2011</b>
2. Information technology support for the antibiotic stewardship program is urgently needed to allow for necessary data and report generation.	ICT will work with Pharmacy to address the requirements. If additional resources are needed we will bring forward a proposal.	<b>In Progress</b>	<b>July August 2011</b>
3. Clinical pharmacist presence should be increased on all clinical units, if possible.	Clinical pharmacists will be provided to the clinical areas when available and budgeting for permanent positions will be initiated.	<b>Under Consideration</b>	<b>August September 2011</b>
<b>Communication</b>			
1 Each inpatient unit, and the emergency department if applicable, should receive monthly unit-specific reports of rates of MRSA, VRE, CDI and hand hygiene compliance. The report should be provided directly to the unit manager, and reflect both current and recent past rates.	An ICP Data Champion is being identified to work with the field epidemiologist and clinical nurses to develop 'user friendly' reports.	<b>In Progress</b>	<b>July August 2011</b>
2 The IPAC team should strive to meet face-to-face at least every 2 weeks in order to maximize sharing of information and increase team cohesiveness.	Schedule currently being developed.	<b>In Progress</b>	<b>July August 2011</b>
3 The NHS should strive to use one spokesperson when interacting with the media in an outbreak situation, in order to maintain consistent messaging and to increase public confidence.	Protocol established to have Interim CEO and Interim Chief of Staff as alternate. Media briefings began July 5 <sup>th</sup>	<b>Complete</b>	<b>July 2011</b>

<p>4 The NHS is strongly encouraged to continue reaching out to regional partners on a regular basis, including the Central South Infection Control Network, Niagara Region Public Health and peer hospitals.</p>	<p>The NHS Infection Prevention &amp; Control Committee membership includes Central South Infection Control Network, NRPH and the Hotel Dieu Shaver Hospital representatives. Additional representation from other LHIN hospitals will be explored.</p>	<p><b>Complete/ Under Consideration</b></p>	<p><b>July 2011</b></p>
<b>Laboratory Support</b>			
<p>1. PCR testing for CDI is highly sensitive and repeat testing is not required once a negative result has been obtained.</p>	<p>This recommendation has been incorporated into the ICP and nursing standard operating procedures.</p>	<p><b>Complete</b></p>	<p><b>July 2011</b></p>