Section 2

Update on the implementation of recommendations from:

Infection Control: Essential for a Healthy British Columbia (2nd follow-up)

March 2007

October 2009

fraserhealth Better health. Best in health care.

September 30, 2009

Ms. Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms. Glendinning,

Re: Follow-up of Review of our Report on Infection Control: *Essential for a Healthy British Columbia*

As requested in your letter of September 10, 2009, please find enclosed an update on the progress regarding the outstanding recommendations as of July 31, 2009 for Fraser Health Authority.

Yours sincerely,

Dr. Andrew Webb, MD, FRCP
Vice President, Medicine

Enclosure

cc: Dr. Nigel Murray, President and CEO, FHA
Dr. Fred Roberts, Medical Director, Infection Prevention & Control, FHA
Ms. Petra Welsh, Administrative Director, Infection Prevention & Control, FHA

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FRASER HEALTH PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

"VCH, FH and PHC have been formally collaborating in the development of a integrated, strategic plan to standardize many components of Infection Prevention and Control across the Lower Mainland in BC since February 2009. The initiative is led by a steering committee headed by the VPs for Quality and Safety from the three health authorities. The steering committee includes stakeholders from Infection Prevention and Control from across the Lower Mainland including representation from Public Health. PHSA has just recently joined in this collaboration.

This initiative includes sharing of material and information resources. Key areas of collaboration include hand hygiene initiatives, education and promotional material; reprocessing resources and information; outbreak management algorithms and materials; environmental cleaning and standardization of cleaning/disinfection products; common acute and residential care manuals,; common surveillance definitions and reports; a common, shared annual report; employee infection prevention and control orientation for new staff; ongoing education for staff and physicians; construction and facility design; among others.

We are hopeful that this collaboration will result in more shared resources and greater use of our expertise.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.		
S	Fraser Health has substantially implemented an integrated infection prevention and surveillance plan across the majority of the continuum of care at Fraser Heath. The plan is well established throughout the 12 acute care facilities as well as Owned and Operated and contracted residential care facilities. Areas of improvement since the last report include providing structured support and education for Infection Control standards and guidelines for Mental Health & Addictions programs and residential facilities as well as Home Health and community programs, including Accreditation Canada Quentum, through education and consultation.	Please see general comments above regarding the scope of activities that are underway to ensure integrated strategic infection prevention, surveillance plan across four BC Health Authorities. In addition to this collaborative work, of the Infection Prevention and Control program continues to re-define its mandate with respect to the changing needs of the health authority's new program management structure. Follow-up and remediation continues from the 2008/2009 reprocessing audits. Development and delivery of reprocessing education modules are

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F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	Infection Control is a co-lead of Ministry of Health mandated reprocessing audits and improvement initiatives across the continuum of care.	planned as well as the 2009/2010 audits.
Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.		
F	Although Public health and Infection Control report separately within the Fraser Health organization, the two groups work collaboratively to ensure integrated planning and service delivery for infection prevention, surveillance and control. The collaboration extends to reporting of communicable disease and follow-up as well as outbreak management and support of gastrointestinal and respiratory illness and influenza education (both H1N1 and regular seasonal influenza). In addition to the above collaboration, there has been extensive work completed since the last report for pandemic planning and preparedness through participation in the Pandemic Influenza Management Committee and education sessions. Both Infection prevention and Control and Public Health approval is required for pandemic documents and the two groups often participate together in education sessions.	
Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.		
AA	It has not been a mandate for the Ministry of Health or BCCDC to establish a template for a provincial manual for infection control in acute or residential care. Fraser Health, along with other health authorities work collaboratively with the Provincial Infection Control Network (PICNet) through participation in advisory and working groups to develop evidence-based guidelines, documents, protocols, education modules and position papers pertaining to infection prevention and control. There has been significant work with PICNet and all health authorities to develop a province-wide aggregate report on the incidence of	Part of the Lower Mainland Collaborative plan is to review the Acute and Residential manuals from the three HA with a view to having one Acute Care and one Residential Care manual for the lower mainland.

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	Clostridium difficile, the first report is expected to be released in BC later this month.	
Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.		
S	Fraser Health, in conjunction with Vancouver Coastal Health and Providence Health Care, has undertaken a formal review to estimate each health authority's overall staffing requirements for Infection Control Practitioners. The review focused on acute care and residential owned and operated facilities but did not extend to contracted residential care, mental health or home and community care. See Recommendation 5 for medical support. At Fraser Health, Communicable Disease Nurses report though an alternate stream to Public Health. According to public health, there has been no formal evaluation of a ratio of CD Nurses for the programs/public they support. Reportable communicable diseases that occur in the community are followed up by public health. Respiratory and vaccine preventable communicable diseases are followed by generalist public health nurses at the local public health unit. Enteric and zoonotics are followed by a regional team of Communicable Disease Environmental Health Officers within Fraser Health.	Sharing of Infection Control resources and expertise has been identified as part of the Lower Mainland collaboration. The details of this initiative have not been completed at this time.
Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program		
S	Fraser Health, in conjunction with Vancouver Coastal Health and Providence Health Care has completed a formal review to estimate each health authority's overall staffing requirements for designated medical support through the lower mainland collaboration. The support is significantly different in each health authority.	Part of the collaborative initiatives between the health authorities is to develop a model for medical support that meets the needs for Infection Prevention and Control across the continuum of care.
Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		

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S	Fraser Health has designated 0.5 FTE Infection Control practitioner support for renovations and new construction and designs to mitigate the risk of spreading infections – mostly to support large new projects. Part of Fraser Health's Medical Director's responsibility is for sign off of construction plans prior to work being initiated. Education for planning and facility staff involved in renovations and signoff continues. Fraser Health also has a multidisciplinary construction working group that address construction and design issues and standardization. There are Infection Control construction guidelines in Acute care manual which include a construction agreement and practice guideline to be completed by plant services and site facility personnel which outlines the requirements for dust contamination during construction.	The Lower Mainland collaboration group is working to standardize construction standards and guidelines and share construction expertise.
Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
S	Ongoing staff education initiatives continue to develop across Fraser Health and in conjunction with the Lower Mainland collaborative. In addition, Fraser Health has spent considerable time this fall training trainers and staff on H1N1 influenza guidelines with emphasis on hand hygiene, respiratory etiquette, contact precaution and routine practices. Participation in Safer Healthcare Now Improvement initiatives such as MRSA Collaborative and Surgical Site Infections also emphasizes education of proper infection prevention and control practices. Education modules for Reprocessing activities across the continuum of care are being developed.	Fraser Health is exploring different options to deliver education and training more effectively through on-line learning and education modules.
Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education		
S	Fraser Health has developed and implemented a new Infection Control Practitioner Passport – orientation for ICPs. The passport is divided into modules for learning the components of Infection Prevention and Control. Once the ICP has completed the learning module it is reviewed and signed off by one of the managers.	Development of consistent training, education requirements and job descriptions are part of the lower mainland collaboration.

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	Fraser Health has developed a self-assessment tool for infection Control practitioners. This self-evaluation tool is based on the PICNet recommendations for Infection Prevention and Control professional and practice standards. The ICPs will fill in the tool and meet with the manager to discuss their work and the ranking they have given themselves. It is premised on the ICPs providing evidence of meeting the stated standards. Based on the information provided and discussion with the manager, the ICPs will develop a learning plan for the identified areas for improvement or areas they would like to specialize in, identify personal development goals and record what professional development they have completed. Fraser Health has requested that Infection Control Practitioners that meet the required qualifications apply to write the Certificate in Infection Control exams. This is not a requirement but best practice for professional development. Infection Control practitioners are requested to attend conferences and other educational venues. This information is noted and will be discussed in the performance review for ICPS to ensure each staff member attends professional development opportunities each year: CHICA, PICNet conference, UBC Infection Control courses. Reimbursement is made available to staff whenever possible through Fraser health education funds or from Infection Control budgeted resources.	
Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered		
S	Fraser Health currently has a surveillance plan that is implemented across acute sites as well as owned and operated residential care facilities. Work continues on expanding the surveillance program to include more surgical site infection surveillance.	One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions to work on standardization of the definitions and production of an annual report from the Lower mainland health authorities.
Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.		

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S	Fraser Health monitors infection prevention and control practices both through formal processes such as hand hygiene and reprocessing and informally through infection control rounds on units and programs. Some suits on units and programs are formally done but only at a certain facility that demonstrates issues such as a GI outbreak or CDAD concerns. Auditing or monitoring of practice also occurs as part of Safer Healthcare Now MRSA collaborative such as the one undertaken this year at Surrey Memorial Hospital. Additional monitoring of practice included a waste disposal audit at one of the FH facilities.	Auditing and monitoring of infection control practices is part of the LM collaboration.
Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.		
S	Fraser Health was able to hire a part time data analyst (0.5 FTE) to support the reporting and simple analysis of surveillance data across Fraser Health. In addition to support this resource, Infection Control developed a standardized process to receive customized requests for specific surveillance information by teams or programs which enabled the interpretation, management and reporting of surveillance information and appropriate distribution of results.	One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions to work on standardization of the definitions and production of an annual report from the Lower mainland health authorities. Part of the collaboration also includes the review and standardization of data collection, analysis and reporting.
Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.		
P	Please see above. The data support person received training and support from the Infection Prevention and Control surveillance expert as well as support from the Fraser Health Decision Support program.	Fraser Health is currently reviewing its resources and options for obtaining additional epidemiological support for the FH surveillance program.
Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
S	PICNet provided sufficient support for transfer of surveillance information from the Fraser Health for the PICNet CDAD initiative.	One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions on standardization of the definitions and production of an annual report from the Lower mainland health authorities.

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		Part of the VCH/FH/PHC collaboration also includes the review and standardization of data collection, analysis, validation and reporting.
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
F	Fraser Health Infection Prevention and Control program developed its first annual infection control report for the fiscal year 2008/2009. This report included surveillance results for MRSA, VRE, CDAD, GI, hand hygiene, and reprocessing across Fraser Health and was presented to Executive management, HAMAC and the FH Board Quality Committee. This report was posted to the FH intranet site and distributed across the organization. Additional sites surveillance reports, consistent with the format of the annual reports, were developed and presented to site infection Control committees and distributed internally. Infection Control developed a standardized process to receive requests for specific surveillance information by teams or programs which enabled the interpretation and management of surveillance information and distribution of specific results.	Part of the VCH/FH/PHC collaboration also includes the review and standardization of data collection, analysis, validation and reporting. In addition to the LM collaboration efforts, Fraser Health continues to develop its surveillance request process and feedback reports for various programs, departments and facilities to support practice improvement.
Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		
F	Infection Control developed a standardized process to receive customized requests for specific surveillance information by teams or programs which facilitates the interpretation, management and reporting of surveillance information and appropriate distribution of results on a regular basis. Senior management teams from the new program management structure across Fraser Health as well as the new Fraser Health Quality Performance Committee (QPC) and the Infection Prevention and Control Committee (IPCC) requires the regular reporting of measurable outcomes for specific Infection Prevention and Control deliverables. A work plan detailing infection control outcome measures will be	In addition to the LM collaboration efforts, Fraser Health continues to develop its surveillance request process and feedback reports for various programs, departments and facilities to support practice improvement

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	developed for each of the FH programs, the QPC and the IPCC.	
Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.		
S	Fraser Health Infection Prevention and Control program developed its first annual infection control report for the fiscal year 2008/2009. This report included surveillance results for MRSA, VRE, CDAD, GI,RI, hand hygiene, and reprocessing across Fraser Health and was presented to Executive management, HAMAC and the FH Board Quality Committee. This report was posted to the FH intranet site and distributed across the organization. This report has not been made available to the public as there is an imitative with the Lower Mainland collaborative to standardize surveillance rates and reporting format prior to making this annual report available.	One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions on standardization of the definitions and production of an annual report from the Lower mainland health authorities.
Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		
F	Fraser Health Infection Prevention and Control program developed its first annual infection control report for the fiscal year 2008/2009. This report included surveillance results for MRSA, VRE, CDAD, GI, RI, hand hygiene, and reprocessing across Fraser Health and was presented to Executive management, HAMAC and the FH Board Quality Performance Committee. This report was posted to the FH intranet site and distributed across the organization. Feedback received from the Board Quality Performance Committee was very favourable of the annual report and indicators presented.	One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions on standardization of the definitions and production of an annual report from the Lower mainland health authorities in conjunction with requirements for Board reporting.
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
F	The chair of the Fraser Health Medical Advisory Committee is a member of both the FH Quality Performance Committee and the Board Quality Performance Committee which enables HAMAC to fulfill their mandate of ensuring quality and patient safety.	

Status

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Interior Health

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October 5, 2009

Office of the Auditor General of BC
8 Bastion Square
Victoria, BC V8V 1X4

Dear Sir:

Re: Response to Auditor General Follow-up Recommendations from the Health Infection Control Audit

Attached is the template indicating the progress in implementing the recommendations from your report on Infection Control: Essential for a Healthy British Columbia.

Please let me know if there are any questions or concerns.

Martin McMahon
Chief Planning and Improvement Officer
Planning and Improvement

INTERIOR HEALTH AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at September 24, 2009

General comments

Please provide an introductory statement summarizing progress since the Public Accounts Committee last discussed the report

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.		
S		
Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.		
F		
Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.		
?	▪ The Corporate Director for Infection Prevention & Control sits on the Standards & Guidelines Committee for PICNet.	▪ The Corporate Director for Infection Prevention & Control has input into the standardized guidelines and will continue to work with PICNet as these guidelines are developed. ▪ The status of a Provincial Infection Prevention & Control Manual would best be procured by contacting PICNet for an update.
Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.		
F		

Status

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NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program		
?	▪ Thompson Cariboo Shuswap (TCS) health service area has a Medical Microbiologist designated to Infection Prevention & Control (0.1 FTE). She is designated to the TCS area only. ▪ Vernon Jubilee Hospital has a Medical Microbiologist who is the physician support for this hospital only. ▪ Central Okanagan area has 1 Infectious Disease Specialist who has the responsibility for Infection Prevention & Control in this area. In addition to the Infectious Disease Speacilist, this area has a General Practitioner who chairs the Infection Prevention & Control Committee for Central Okanagan. ▪ The Okanagan Health Service Area has a Medical Microbiologist who offers some infection control support in an ad hoc basis. ▪ In areas that do not have medical support the Infection Prevention & Control Practitioners utilize the Chief of Staff at the sites.	▪ The Health Authority Medical Advisory Committee has been asked to provide a physician who will be responsible for Infection Prevention & Control in each Health Service Area. ▪ A position for a physician lead responsible for Infection Prevention & Control on an Interior Health wide basis has been posted. To date there have been no acceptable candidates.
Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		
F		
Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
F		
Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education		
F		
Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered		
S		

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.		
S		
Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.		
F		
Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.		
F		
Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
S		
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
?	Each local Infection Prevention & Control committee receives their own Infection Prevention & Control reports on statistical surveillance.	▪ This information is used by the practitioners and other staff on site to ensure outbreaks or issues are dealt with thereby improving practices.
Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		
S		
Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.		
S		
Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		
?	▪ At this point in time the Board of Directors and the Senior Executive Team are requesting statistics on clean surgical site infections (SSIs). This information is provided every 2 months.	▪ Further information will be shared as requested as more statistical information is now available.

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		▪ To be reviewed April 2010
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
?	▪ The Board Chair is a standing member of the Health Authority Medical Advisory Committee (HAMAC). ▪ The Chair of HAMAC attends board meetings and provides a report every 2 months. ▪ The Senior Medical Director reports to the Board Quality Committee.	▪ Information/issues/concerns regarding Infection Prevention & Control are shared with the Board of Directors through the reporting structure of the committees. The Board has the opportunity to request additional information if required. This ensures an environment which minimises the risk of infection to patients/clients, staff, volunteers and visitors.

Status

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P – Recommendation has been partially implemented
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NORTHERN HEALTH AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

Please provide an introductory statement summarizing progress since the Public Accounts Committee last discussed the report

Progress by recommendation

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.		
S		
Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.		
S		
Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.		
F		
Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.		
S		
Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program		
S		

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Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		
S	Northern Health has developed, posted and communicated a policy and procedures outlining the expectation for Infection Control involvement during Construction and renovation projects. Infection Prevention and Control professionals have established strong working relationships with Northern Health capital project personnel and are regularly involved in new designs and renovations.	Policies were reviewed and approved by Medical Advisory Committees and the HSDA and regional levels. For instance, the Infection Control Practitioner in Fort St. John is working alongside the team developing a new hospital for the city.
Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
S	Infection Control Practitioners are deployed throughout the region (a distributed team) – providing ongoing education to staff and physicians while reviews are being conducted, when issues/questions arise, during "on unit" visits, and at change-over times – in addition to performing scheduled educational session. Infection Control information (policies/protocols, orientation to staff) is provided at orientation sessions with further education provided throughout the year. Educational materials and policies/procedures are posted on the Northern Health Infection Control "i-portal" - including a basic infection prevention and control module with a pre and post test. Sterilization Processes have been improved significantly through the yearly audits, education and access to policies and procedures.	In 2008/09, Northern Health Infection Control Practitioners provided: - 171 hours of infection control orientation - 613 hours of on-site and telephone education/follow-up - 346 hours of education/follow-up specific to Antibiotic Resistant Organisms (AROs) 87 staff members have completed the online program to-date. Sterile Processing departments have been consolidate to ensure a sustainable level of knowledge and skill
Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education		
F		
Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered		
S		
Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.		

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S		
Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.		
S	Northern Health's IT department responds expeditiously to requests for assistance from the Infection Control program. The NH i-portal site ensures connectivity among IC practitioners and between IC and staff/physicians. The i-portal site also aids data collection and results dissemination. NH also takes advantage of the provincial "PICNet" resources/expertise to assist in analysis. Northern Health is moving to develop a consolidated Innovation and Development Commons – to provide further coordination/consistency in quality, patient safety and performance tools/resources. This initiative will draw Information Management team members even closer together with Infection Control to coordinate data collection/quality, analysis and improvement action.	
Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.		
S		
Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
F		
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
S	Infection prevention and control surveillance is specific to the Northern Health Programs. Surveillance and audits collected and reviewed with Medical Advisory Committee, Health Service Delivery Area and specific interdisciplinary teams to improve the current practise.	Surveillance and audit data are reviewed and acted upon at a variety of levels and programs across NH. Following are a few examples of recent audit/surveillance presentations/discussions: Infection Control Regional Manager presented 2008/09 annual and 2009/10 first quarter surveillance data to the NH Medical Advisory Committee on September 11, 2009 The 2008/09 annual report and surveillance data were presented to the

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
		NH Board's Planning, Priorities & Performance Committee on September 4, 2009 HSDA Infection Prevention and Control Committees (IPCC) review infection control surveillance information on a regular (quarterly) basis Audit reports are conducted and reviewed by the unit where the audit was performed. Review involves (at minimum) manager of unit, site administrators, Clinical team, HSDA IPCC
Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		
F		
Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.		
F	In 2007/08 an 2008/09, Northern Health developed comprehensive annual reports providing information and statistics related to ARO and surgical site infections. Annual reports are presented to our Board on an annual basis (in 2008/09 the presentation will be at the public session of the Board) and are posted on our public website.	2007/2008 was posted to website and available to the public 2008/2009 will be posted to the website following the board meeting Oct 6, 2009
Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		
S		
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
S		

Status

F or **S** – Recommendation has been fully or substantially implemented
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NA – No substantial action has be taken to address this recommendation

Provincial Health Services Authority
Province-wide solutions. Better health.

September 25, 2009

Ms. Norma Glendinning
Assistant Auditor General
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms. Glendinning,

Re: Follow-up review of report on *Infection Control Essentials for a Healthy British Columbia* - update on recommendations implementation within the Provincial Health Services Authority

In response to your September 10, 2009 request for an update regarding the above recommendations, please find attached:

- A recommendation status summary, and
- A listing of progress in implementing individual recommendations

As you will note, all recommendations have been fully implemented. We understand this information will be printed in the semi-annual follow-up report, to be released October 22, 2009.

Sincerely,

on behalf of
Lynda Cranston
CEO & President

cc: The Honourable Kevin Falcon
Minister of Health Services
Ms. Wendy Hill, Assistant Deputy Minister,
Ministry of Health Services
Ms. Georgene Miller
Vice President, Quality, Safety and Risk Management
Mr. Craig James
Clerk Assistant and Clerk of Committees

700 - 1380 Burrard Street, Vancouver, British Columbia V6Z 2H3 Canada – TEL 604 675.7400 FAX 604 708.2700 WEB www.phsa.ca

PROVINCIAL HEALTH SERVICES AUTHORITY RECOMMENDATION STATUS SUMMARY

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

(*Please tick implementation status for each recommendation*)

Auditor General's Recommendations	Implementation Status				
	Fully	**Substantially**	**Partially**	**Alternative Action**	**No Action**
1. Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.	√				
2. Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	√				
3. Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.	√				
4. Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.	√				
5. Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program	√				
6. Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections	√				
7. Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.	√				
8. Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education	√				
9. Each health authority establish a formal surveillance program appropriate to the programs and services offered	√				
10. Each health authority establish a process for regular formal and informal monitoring of practice.	√				

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
11. Each health authority provide information management support to the infection control program for data collection, analysis and reporting.	√				
12. Each health authority ensure there is staff with appropriate training to support data quality.	√				
13. Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.	√				
14. Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.	√				
15. Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.	√				
16. Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.	√				
17. Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.	√				
18. Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.	√				

PROVINCIAL HEALTH SERVICES AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

Please provide an introductory statement summarizing progress since the Public Accounts Committee last discussed the report

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.		
F		
Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.		
F		
Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.		
F		PicNet is now responsible for the final provincial template but we have worked in concert with them and provided input in the process of creating a provincial template
Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.		
F		Still missing clerical support
Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program		

Status

F or **S** – Recommendation has been fully or substantially implemented
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NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F		
Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		
F		
Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
F		
Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education		
F		
Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered		
F		
Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.		
F		
Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.		
F		
Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.		
F		
Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
F		
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
F		
Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		

Status

F or **S** – Recommendation has been fully or substantially implemented
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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F		
Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.		
F		
Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		
F		
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
F		

Status

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AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Providence
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September 30, 2009

Ms. Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms. Glendinning:

Re: Follow-up Review of our Report on Infection Control: Essential for a Healthy British Columbia

As requested in your letter of September 10, 2009, please find enclosed an update on the progress regarding the outstanding recommendations as at July 31, 2009 for Providence Health Care.

Thank you.

Yours sincerely,

Dianne Doyle
President and CEO
Providence Health Care

Enc: a/s

cc: Dr. Jeremy Etherington, VP Medical Affairs, PHC
Dr. Marc Romney, Medical Director, Infection Prevention & Control, PHC
Barbara Trerise, VP Patient Safety, Quality & Information Management, PHC

PROVIDENCE HEALTH CARE (PHC) PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

Timeline:

27Mar08 - PHC submitted a response to recommendations with a self-assessed status of either "full" or "substantial".

02Jul08 - PHC submitted a further report to satisfy the Auditor General's request for additional information.

23Sep09 - Discussions with the Office of the Auditor General indicated that a further PHC response and report was not necessary because PHC had fully or substantially implemented all recommendations. However, PHC was informed that the Auditor General would be interested in further progress PHC has accomplished for any recommendation since 02Jul08.

30Sep09 - Highlighted examples of PHC "further progress" are provided in the below table (e.g. recommendations #1, 4, &18). These examples were selected because of the current importance of planning and collaboration.

30Sep09 - PHC has also contributed to the provision of the overall VCH progress report.

Since February 2009, VCH, FH and PHC have been formally collaborating in the development of a work plan to standardize many components of Infection Prevention and Control (IPAC) across the Lower Mainland. The initiative is led by a steering committee composed of executive leaders, and key stakeholders (including Public Health) from the three health authorities. PHSA has recently joined this collaboration.
This initiative includes sharing of material and information resources. Key areas of collaboration include:

- Hand hygiene
- Environmental cleaning
- Outbreak Management
- Surveillance
- High priority interventions and surveillance for:
    - MRSA, VRE, & CDAD - Implement a series of evidence-based guidelines to prevent harm.
    - CLI - Central Line-Associated Bloodstream Infection: Prevent central venous catheter-related bloodstream infection (CR-BSI) and deaths from CR-BSI by implementing a set of evidence-based interventions in all patients requiring a central line.
    - SSI - Surgical Site Infection: Prevent surgical site infection (SSI) and deaths from SSI by implementing a set of evidence-based interventions in all surgical patients.
    - VAP - Ventilator-Associated Pneumonia: Prevent ventilator-associated pneumonia (VAP) and deaths from VAP and other complications in patients on ventilators by implementing a set of interventions known as the "VAP bundle."
- IPAC education for all staff and physicians
- Policies and procedures (including IPAC manual)
- Precaution Standards

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- Communication, reporting, and behavioural change campaigns
- Construction/facility design
- Education and professional development for Infection Control Practitioners (ICPs)
- Staff education
- Accreditation

Additionally, provincial IPAC directors/leaders hold a monthly teleconference to share ideas and resource materials.
We are hopeful that the above active collaborations will result in more shared resources and greater use of our expertise.

PHC Further Progress Highlights - Recommendations #1, 4, and 18

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.		
F	PHC Infection Control and Prevention (IPAC) has developed integrated strategic plans in ▪ 2005 (previous submitted) ▪ 2008 update (*Appendix A*) ▪ 2009 – 2012 draft update (*Appendix B*) The latter IPAC plan is organized to reflect the elements of a best practice infection control program. These same elements will be used for lower mainland collaborative planning. IPAC support is provided for all PHC clinical programs and departments (including inpatients, outpatients, and residents). Equity is addressed by using an allocation model (*Appendix C*) to assign responsibilities to Infection Control Practitioners (ICPs). Acute and Residential Care assignments are based on ICPs per bed (see Recommendation #4). Outpatient areas receive ICP allocated support based on labour budget magnitude. PHC, VCH, and FHA have worked collaboratively in 2009/10 to develop a draft work plan to capture economies of scale and to avoid future cost increases for the Lower Mainland. (see *Appendix D*)	***Appendix A, B, C, D***

Status

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Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.		
F	Compared with best practice recommendations, PHC has an ICP budget which is insufficient in terms of ICPs per bed (*Appendix E*). Considering the current economic climate, PHC has started a front line Link Nurse program to help care providers adopt and sustain IPAC best practices (see IPAC Link Nurse role description – *Appendix F*). A group of IPAC Link Nurses (approximately 30) have recently received 1 day of training to kick-off their important role. *Appendix G* provides the results of a recent IPAC educational needs survey.	***Appendix E, F, G***
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.-+		
F	PHC has developed a Hand Hygiene e-learning module, designed specifically for physicians. Medical staff must complete this module every two years as a condition of re-appointment. VCH, BCCA, and BCCH physicians also use this e-learning module (FHA will soon be).	**Web link to this module is:** http://www.phcipac.ca

For a detailed complete report of PHC Highlights with Appendices, "PHC Progress in Implementing Auditor General's IPAC Recommendations" please double left click:

http://www.providencehealthcare.org/documents/PHCProgressinImplementingAuditorGeneralsIPACRecommendations_000.pdf

Status

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AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Clinical Quality & Safety

601 West Broadway, 11th floor
Vancouver, BC V5Z 4C2

September 28, 2009

Ms. Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

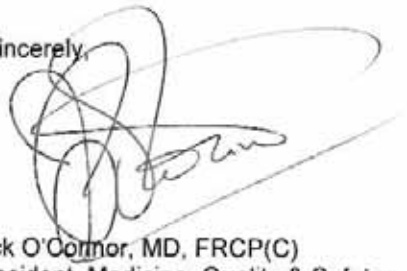
Dear Ms. Glendinning:

Re: Follow-up Review of Our Report on *Infection Control: Essential for a Healthy British Columbia*

As requested in your letter of September 10, 2009, please find enclosed an update on the progress regarding the outstanding recommendations as at July 31, 2009 for Vancouver Coastal Health.

Thank you.

Yours sincerely,



J. Patrick O'Connor, MD, FRCP(C)
Vice-President, Medicine, Quality & Safety
Vancouver Coastal Health

Tel: (604) 875-4948
Fax: (604) 875-4750

cc. Ms. L. Dempster
Dr. L. Bryce
Dr. D. Ostrow

VANCOUVER COASTAL HEALTH AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

VCH, FH and PHC have been formally collaborating in the development of a strategic plan to standardize many components of Infection Prevention and Control across the Lower Mainland in BC since February 2009. The initiative is led by a steering committee headed by the VPs for Quality and Safety from the three health authorities. The steering committee includes stakeholders from Infection Prevention and Control from across the Lower Mainland including representation from Public Health. PHSA has just recently joined in this collaboration.

This initiative includes sharing of material and information resources. Key areas of collaboration include hand hygiene initiatives, education and promotional material; reprocessing resources and information; outbreak management algorithms and materials; environmental cleaning and standardization of cleaning/disinfection products; common acute and residential care manuals,; common surveillance definitions and reports; a common, shared annual report; employee infection prevention and control orientation for new staff; ongoing education for staff and physicians; construction and facility design; among others.

We are hopeful that this collaboration will result in more shared resources and greater use of our expertise.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.		
S	VCH has a highly integrated infection prevention and control program across the continuum. A regional structure allows for standardization and an efficient approach to regional issues while the local assignment of the Infection Control Practitioners allows for further support within the program or site. Therefore, regional or provincial initiatives can be implemented quickly across the region taking into account variations at the local level. We are currently focusing on Long Term Care and Residential Care.	As noted in the overview significant work has been done to review resources across the lower mainland to maintain a high level of service and to reduce the potential for duplication. For eg. development of educational materials, support for construction projects. This will have a positive impact on the integrated plan.

Status

F or **S** – Recommendation has been fully or substantially implemented
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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.		
S	Infection Control and Public Health are integrated at many levels including infection control committees, outbreak management and pandemic planning. In addition the Infection Control Educator for community and home care works closely with the Infection Control Practitioners to ensure consistency of the program across the continuum.	In preparation for pandemic, common materials for the education of staff, patients and their families have been developed in collaboration with infection control and public health. Joint education sessions have been held across the Health Authority with public health, infection control and occupation health and safety.
Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.		
S	VCH is actively involved with the Provincial Infection Control Network in the development and sharing of materials, standards, processes and programs. Infection Control staff members are on numerous subcommittees. VCH has participated on the subcommittee for the standardization of surveillance for C. Difficile and development of a common database for future collaboration on Surgical Site surveillance across the province. The goal is to have a provincial manual as a result of the working being done right now.	In addition to collaboration across the lower mainland the Infection Control Administrative Directors meet monthly to review issues and promote consistency across the province.
Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.		
F	In collaboration with Fraser Health and Providence a full review of resources within infection control was conducted including physician as well as clerical support. A gap analysis was completed and a process to mitigate areas of need is in progress at this time. This could potentially include some consolidation of resources to reduce duplication and increase efficiencies within the scarcely resourced areas. An internal review of the Comm. Disease program was undertaken 2 years ago and as a result of that review additional resources were allocated to the Vancouver Communicable disease control nurses including another dedicated health inspector.	A Lower Mainland Steering committee has been formed with proposed multiple working groups to address common infection prevention and control program deliverables and review the possibility of consolidation of certain programs while maintaining local support. As of October 2009 PHSA has also joined this collaborative effort. There is one dedicated infection control educator for Community resources as well as the contracted long term care facilities. This is a significant role and can be challenging.

Status

F or **S** – Recommendation has been fully or substantially implemented
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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program		
S	VCH has a Regional Medical Director position (equivalent to 2hrs/week) to provide oversight for clinical aspects of the infection control program. Vancouver Acute has an Infection Control Officer position for both the acute and long term care facilities through a voluntary historical agreement with the Medical Microbiology Department – these are nonsalaried positions. It should be noted that with regionalization of Medical Microbiology services, the specimens processed have doubled while physician positions have not. Richmond Health Services has 0.2 dedicated funding for an Infection Control Officer while North Shore Coast Garibaldi has no dedicated funding for physician infection control services outside of their current Pathology contract and there is no expertise. This is a gap for VCH which we are attempting to resolve internally. In the interim, service is being provided by a "stretched" group of Medical Microbiologists.	Further review and gap analysis is being conducted at the Lower Mainland Infection Control Steering Committee level with representation from Fraser Health, Vancouver Coastal, Providence and PHSA.
Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		
F	Infection Control is actively involved in all new construction and renovation projects across VCH.	A formal signoff process for any project is currently being designed as well as the involvement of infection control guidelines on the purchase of standard fixtures such as sinks. Approval to design to the highest level of infection control practices has been approved at the senior level as well as the Board.
Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
F	All new staff to Vancouver Coastal Health receives education on infection control in the regional orientation program. In addition clinical staff receives further education on infection control practices.	As of April 2009 all physicians across VCH were mandated to take and pass the on-line infection control module as a part of their privilege renewal access. Two on-line modules for the care and insertion of central lines was also developed in collaboration with a multidisciplinary team. Each Infection Control Practitioner conducts regular education sessions for all staff including contract and medical staff.

Status

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education		
F	Through a variety of means each Infection Control Practitioner maintains competency on an ongoing basis. All Infection Control Practitioners are supported to take their CIC within 2 years of employment. The majority of the practitioners across VCH have that designation and the new employees are working towards their certification.	Infection Control Team members have presented papers and posters at a number of conferences locally, provincially and internationally. Vancouver Coastal Health continues to ensure the ongoing education needs of the team members are met.
Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered		
S	A formal surveillance program for multiple indicators is in place across the Health Authority. These are regularly reported to unit manager, senior leadership teams, infection control committees, medical advisory committees and to the Board. Vancouver Coastal is one of the sites across registered with CNISP and regular reporting to that organization is also completed.	
Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.		
S	Annual reviews of all Infection Control staff performance as well as performance goals are conducted.	
Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.		
S	VCH has a variety of mechanisms for extracting data from our internal systems including automatic extracts from the Operating Room Information Systems. VCH Epidemiologists and Decision Support. as well as Information Management staff supports the ongoing reports and data quality for Infection Control. Quality reports are routinely sent to each unit and reviewed with the unit managers.	There are plans for further integration of these systems for eg. SSI surveillance. Access to hardware, upgrades, with the 24/7 HELP Desk and capital support for the program is not an issue. Hand Hygiene audits are conducted monthly with results sent to the unit, senior leadership team and Medical Advisory Committees.
Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.		
S	VCH has a fully qualified epidemiologist to support data quality. In addition the Infection Control Practitioners and Medical leaders are involved with ensuring data quality at a variety of levels within the organization for eg reviewing unit reports and site reports on a regular basis.	Future collaboration across the Lower Mainland in terms of surveillance and data management is planned.

Status

F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
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NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
S	VCH Infection Control Program participate in PICNet working groups regarding data quality as well internal mechanisms to ensure data quality for patient information is consistent with standards from the Ministry of Health for eg. demographic, inpatient census data.	
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
S	Infection Control publishes an annual report and posts this to the internet for public access.	Monthly hand hygiene audits are being circulated to the units as well as the senior leaders. Additionally regular quality reports are sent to each unit
Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		
S	As noted above, regular reports from Infection control are received at the unit level, senior leadership level, infection control committees and medical advisory councils. This culminates in an annual report which is presented to the Senior executive team and the Board. Finally the report is posted publically.	
Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.		
F	See above	As of this year we have combined HSDA reports into one report for all of VCH. This will also be available to the public.
Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		
F	We have established these indicators.	We have now included Hand Hygiene audit results to the list of indicators reported to the Board of Directors.

Status

F or **S** – Recommendation has been fully or substantially implemented
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NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
F	All infection control committees ultimately report to the Health Authority Medical Advisory Committees. Infection Control reports via the VP Medicine and Safety and Quality as well.	

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
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NA – No substantial action has be taken to address this recommendation

VANCOUVER ISLAND HEALTH AUTHORITY RECOMMENDATION STATUS SUMMARY

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

(*Please tick implementation status for each recommendation*)

Auditor General's Recommendations	Implementation Status				
	Fully	**Substantially**	**Partially**	**Alternative Action**	**No Action**
1. Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.	√				
2. Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	√				
3. Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.	√				
4. Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.			√		
5. Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program	√				
6. Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		√			
7. Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.			√		
8. Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education	√				
9. Each health authority establish a formal surveillance program appropriate to the programs and services offered		√			
10. Each health authority establish a process for regular formal and informal monitoring of practice.			√		

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
11. Each health authority provide information management support to the infection control program for data collection, analysis and reporting.			√		
12. Each health authority ensure there is staff with appropriate training to support data quality.			√		
13. Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		√			
14. Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.			√		
15. Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		√			
16. Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.	√				
17. Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		√			
18. Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.				√	

VANCOUVER ISLAND HEALTH AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

The Vancouver Island Health Authority (VIHA) has continued to work to meet the recommendations identified in the Auditor General's 2007 Report: "Infection Control: Essential for a Healthy British Columbia", and has over the past two years made significant progress in formalizing structures and processes to enhance infection control to ensure an integrated and coordinated approach. VIHA is committed to infection prevention, surveillance and control, and supports the principle that shared responsibility between Programs and Infection Prevention and Control (IPC) is foundational to this goal. VIHA has identified Infection Prevention and Control one of four system-wide initiatives for 2009/10. Work through this initiative and with the introduction of new technology will build on this strong foundation.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.		
F		
Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.		
F	Meetings between Public Health, Infection Control and Laboratory.	Development of Communicable Disease Hubs with Communicable Disease Nurses and Environmental Health Officers, that provide direction to the affiliated long term care facilities (2008/09). Entry of outbreaks for owned/operated and affiliated acute and long term care sites onto Public Health Healthspace system to identify outbreak declaration and type (2009) Notification of public of outbreaks on VIHA website (2009): { HYPERLINK "http://www.viha.ca//mho/disease/" } See: Active Outbreak List

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.		
F	Participate on PICNet Working Groups to develop provincial guidelines These guidelines have been incorporated into the VIHA Infection Control and VIHA Home and Community Care Infection Control Manual	VIHA Infection Control Manuals are available on the external and internal website so that they are available to both affiliated and owned/operated sites (April 2009). **{** HYPERLINK "http://www.viha.ca/infection_prevention/" **}**
Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.		
P	All previous vacant positions filled.	Approval to introduce and evaluate new Infection Prevention and Control aide positions at 2 hospitals. Request for new positions to meet recommended levels has been submitted through the regular budget processes. Transitioning IPC role to that of content expert and resource throughout VIHA (March 2010).
Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program		
F	Medical Director for Infection Prevention and Control (0.5 FTE) has been hired.	Effective July 2009, the IPC Medical Support includes a Medical Director and 2 Associate Medical Directors (one located in the Victoria area, and one located in the Nanaimo area). They provide support to the IPC Team as well as to the physicians and sites in their geographical areas.
Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		
S	IPC input into the design of the Patient Care Centre, Victoria. IPC input into the design of renovations and new construction: VGH emergency department, NRGH Community renal program, Port Hardy new residential beds	Incorporation of many infection control principles, such as increased number of private rooms (83%), availability and size of dirty utility rooms, availability and type of handwashing sinks.

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
P	Education continues to be provided through multiple venues: inservices, staff meetings, point-in-time opportunities. Area staff, including physicians, are invited to participate. IPC Physicians also involved in education for staff and physicians.	Increased invites to attend Medical Advisory Committee meetings, specifically to provide information relating to H1N1. Education provided during 2008/09 has been included in the IPC Annual Report. Developing education modules that can be used in acute care and long term care. Invited as participants of development core teams established to develop the specification required for a Learning Management System for VIHA.
Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education		
F		
Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered		
S	Health Authority tracks infections through Communicable Disease and Infection Prevention and Control Streamlined notification and activities between Communicable Disease and Infection Prevention and Control for follow-up of reportable diseases such as TB.	Inclusion of infection rates in acute and residential sites is included in the VIHA IPC Annual Report – initiated September 2008; and annually. IPC Program contributes data to the Provincial surveillance of clostridium Difficile – June 2009. Public Health, Infection Prevention and Control, Population Health developing a Serious Outcome Surveillance system – in development for Pandemic H1N1. Updates on website: **{** HYPERLINK "http://www.viha.ca/H1N1" **}** Laboratory provides direct notification to Medical Health Officer of any positive result for a reportable disease.
Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.		
P	Audit forms have been developed to review practices in hand hygiene and housekeeping.	Have baseline hand hygiene compliance rates for acute care and residential care sites, and some community offices.

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	Infection Prevention and Control has been identified as one of 4 system-wide initiatives for 2009/10 and 2010/11 in VIHA.	Through system-wide initiative, organizational commitment to incorporate IPC principles and practices into everyday practice. This would include unit/program self-monitoring of practices, with review by Infection Prevention and Control practitioners (March 2011). Spot observational audits are performed by IPC practitioners of housekeeping compliance, especially during outbreak situations (2009). Developing processes to support monitoring at unit/program level by unit/program staff through regular reporting of infection and practice compliance rates.
Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.		
P	Infection Prevention and Control information management needs have been identified for surveillance and reporting out to program units/departments. Infection Prevention and Control has been included on the 2009/10 Information Management/Information Technology Strategic Plan	Project Director has been appointed to coordinate the development and implementation process – September 2009. Develop current state and future state to identify the gap. Determination of IC module required for case management. Develop process to download data from current IPC database, and from proposed IC module to Performance Monitoring and Improvement data warehouse to increase reporting capacity. Infection Control module substantially complete by March 2011.
Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.		
P	Education to IPC staff ongoing. Infection Prevention and Control has been included on the 2009/10 Information Management/Information Technology Strategic Plan	Additional fields in IPC database to assist with improved data entry (2008/09) Infection Prevention and Control information management needs have been identified for surveillance, to increase the potential for data to be pulled from modules within the clinical operating system (such as laboratory and pharmacy) into an infection control module to decrease errors in data entry (March 2011).

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Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
S	Participate on PICNet Working Groups to develop provincial standards for Clostridium Difficile surveillance. Follow data standards as established by Canadian Nosocomial Infection Control Surveillance, Public Health Agency of Canada; Provincial Infection Control Network.	Data is consistent with established provincial and federal standards. Infection Prevention and Control information management needs have been identified for surveillance, to increase the potential for data to be pulled from modules within the clinical operating system (such as laboratory and pharmacy) into an infection control module to decrease errors in data entry.
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
p	Infection Prevention and Control has been included on the 2009/10 Information Management/Information Technology Strategic Plan.	Project Director has been appointed to coordinate the development and implementation process – September 2009. Infection Control module substantially complete by March 2011. Incorporation of surveillance data into program reports through the IDEAS system is also part of this plan.
Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		
S		Reports are submitted to the Executive Management Committee and the VIHA Board bi-annually as part of the Quality, Research, and Patient Safety report.
Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.		
F	This continues to be posted on the VIHA website.	{ HYPERLINK "http://www.viha.ca" } Search: IPC Annual Report
Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S		Reports are submitted to the Executive Management Committee and the VIHA Board bi-annually as part of the Quality, Research, and Patient Safety report.
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
AA	Review of Medical Committee reporting structures has occurred.	Co-leadership model with Medical and Administrative leads for all Programs has been adopted and implemented, and inclusion of medical leads in VIHA Quality Steering Committee has occurred.

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