

Section 10
FHA

Update on the implementation of
recommendations from:

**Infection Control:
Essential for a Healthy British Columbia –
Fraser Health Authority**

March 2007

April 2010

Response from Fraser Health



March 4, 2010

Ms. Grace Culic
Central Services Coordinator
Office of the Auditor General
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms Culic,

Re: Follow-up review of our response to *Infection Control: Essential for a Healthy British Columbia*

Included with this letter are Fraser Health's status updates on progress in implementing the outstanding recommendations 3 and 12, of this report.

If you require further information do not hesitate to contact me.

Yours sincerely,

Andrew R. Webb, MD, FRCP
Vice President Medicine

c – Dr. Nigel Murray, CEO

attachments

Fraser Health Authority
Office of Vice President, Medicine

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RECOMMENDATION STATUS SUMMARY
Infection Control: Essential for a Healthy British Columbia
(Fraser Health Authority)
As at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
3. 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.				✓	
12. Ensure there are staff with appropriate training to support data quality.	✓				

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Infection Control: Essential for a Healthy British Columbia
 (Fraser Health Authority)
 as at January 31, 2010**

General comments

Fraser Health continues to support infection and prevention control activities across the organization, in acute facilities as well as residential care, mental health & addictions, public health and home health programs.

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 3: 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	<p>This recommendation was put forward to the PICNet Steering Committee in May 2007 in response to the OAG report from March 2007. The PICNet steering committee decision was not to proceed with this proposal as the health authorities identified they all have acute and residential care manuals in place that are available for sharing with other health authorities.</p> <p>Fraser Health continues to collaborate with other health authorities and the Provincial Infection Control Network (PICNet) through participation on advisory and working groups. Their aim is to develop evidence-based guidelines, documents, protocols, education modules and position papers pertaining to infection prevention and control.</p> <p>Fraser Health would align and work with PICNet if they decide to bring this issue (development of a provincial template for a provincial manual for infection control in acute and residential care) back to the Steering committee for further review.</p> <p>Fraser Health, Vancouver Coastal Health, Providence Health Care and Provincial Health Services Authority continue to collaborate on initiatives to standardize various infection control initiatives across the</p>	<p>The Health Authorities continue to share material, expertise and collaborate on Infection Control resources across the Lower Mainland, as well as provincially.</p>

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 address OAG finding
- NA – No substantial action has been 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)
	lower Mainland. This is one of the initiatives on the list, but is low priority as the health authorities all have acute care infection control and residential care manuals available online.	
Recommendation 12: Ensure there are staff with appropriate training to support data quality.		
F	Fraser Health has hired an epidemiologist with substantial experience and training to support data quality on a full time basis. Fraser Health participates in PICNet surveillance working group and other activities, including provincial reporting of infection rates at a provincial level. We have internal staff resources that are trained and qualified to support data quality.	Start date for epidemiologist April 12, 2010.

Status

- F or S – Recommendation has been fully or substantially implemented
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Section 10
IHA

Update on the implementation of
recommendations from:

**Infection Control:
Essential for a Healthy British Columbia –
Interior Health Authority**

March 2007

April 2010

RECOMMENDATION STATUS SUMMARY
Infection Control: Essential for a Healthy British Columbia
(Interior Health Authority)
as at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
3. 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.				x	
5. Review infection control structures to ensure that there is appropriate and designated medical support in place for the program.		x			
14. Ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		x			

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Infection Control: Essential for a Healthy British Columbia
(Interior Health Authority)
as at January 31, 2010**

General comments

Please provide an introductory statement summarizing progress since the previous follow-up.


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 3: 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	As per Bruce Gamage, Network Manager, PICNet: a proposal was brought to the PICNet Steering Committee in May of 2007, in answer to the OAG's request that "PICNet work with the Ministry of Health, the B.C. Centre for Disease Control and all of the Health Authorities to establish a basic template for a provincial manual for infection control in acute and residential care". The Steering Committee recommended that we not proceed with this proposal. The opinion was that the health authorities has already worked to standardize their infection control manuals and that this project would be redundant. I've attached the draft proposal and the ROD from the Steering Committee Meeting in May 2007.	N/A
Recommendation 5: Review infection control structures to ensure that there is appropriate and designated medical support in place for the program.		
S	Interior Health has signed a 6 month contract with a Medical Microbiologist to provide IH wide Infection Prevention and Control expertise. This will be evaluated in 6 months and revised as applicable.	This has just been put in place so will be able to provide more information at the next reporting period.
Recommendation 14: Ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		

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

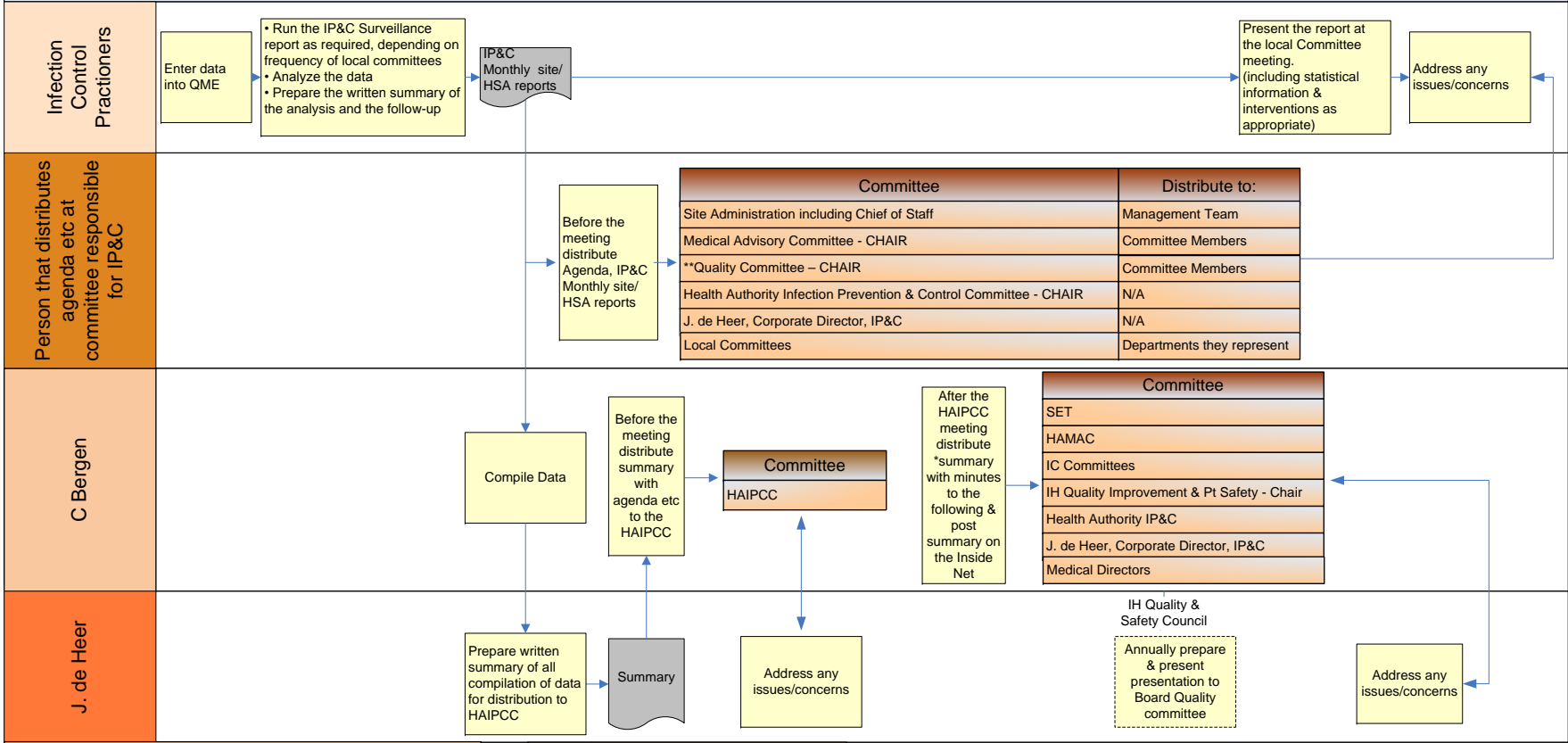
Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	<p>A process has been proposed to Senior Executive as to the distribution of all reports using a standard format. Please see the attached Standard Infection and Prevention Reports Process.</p>  <p>Adobe Acrobat Document</p>	<p>This process will be put in place as soon as it has been approved by the Senior Executive Team. Planned implementation is April 1, 2010.</p> <p>The Infection Prevention and Control reports and summary will be forwarded to:</p> <p>Corporate level:</p> <ul style="list-style-type: none"> • Senior Executive Team • Health Authority Medical Advisory Committee • Various Infection Control Committees • IH Quality Improvement & Patient Safety Committee • Health Authority Infection Prevention & Control Committee • Medical Directors <p>Local level:</p> <ul style="list-style-type: none"> • Site Administration including Chief of Staff • Medical Advisory Committee – Chair • Quality Committee • Health Authority Infection Prevention & Control Committee • Local Committees <p>If any intervention is required, either the local Infection Prevention & Control Practitioner or the Corporate Director will become involved.</p>

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Standard Infection & Prevention Reports Process (Acute-Monthly/Bi-monthly Residential-Quarterly)

The reports are sourced from Quality Management Enterprise (QME). See legend below for list of reports:



ACUTE
 Surgical Site Infection (SSI) – clean and clean contaminated (some exclusions)
 Hospital Acquired Pneumonia/Ventilator Acquired Pneumonia (HAP/VAP)
 Clostridium difficile Acquired Disease (CDAD)
 Central Lines (CL) – ICU only
 Antibiotic Resistant Organisms (ARO)

RESIDENTIAL
 Antibiotic Resistant Organisms (ARO)
 Clostridium difficile Acquired Disease (CDAD)
 Skin & Soft Tissue
 Urinary Tract Infection (UTI) - catheter related
 Respiratory

*full reports available on request from Infection Control Practitioner (local level) and/or Jance de Heer

**COO to designate person responsible for distributing reports/mnutes

February 2010
 (to revisit in 12 months)
DRAFT

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Infection Control: Essential for a Healthy British Columbia
 as at January 31, 2010

General Comments

Please provide an introductory statement summarizing progress since the previous follow-up.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page¹, 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 3: 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	As per Bruce Gamage, Network Manager, PICNet: a proposal was brought to the PICNet Steering Committee in May of 2007, in answer to the OAG's request that "PICNet work with the Ministry of Health, the B.C. Centre for Disease Control and all of the Health Authorities to establish a basic template for a provincial manual for infection control in acute and residential care". The Steering Committee recommended that we not proceed with this proposal. The opinion was that the health authorities has already worked to standardize their infection control manuals and that this project would be redundant. I've attached the draft proposal and the ROD from the Steering Committee Meeting in May 2007.	N/A


¹ **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 address OAG finding

NA – no substantial action has been taken to address this recommendation

<p>Recommendation 4: 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>		
F	<p>A review was done as part of the Infection Control Program and recommendations were received. Interior Health increased the ICP resources at that time.</p>	<p>Interior Health has continued to monitor the resources and has asked for an increase to the compliment of ICPs in one of the HSAs. Administrative support is available to all programs. As stated in #5 the medical support has been addressed in the short term and will be reevaluated in 6 months.</p>
<p>Recommendation 5: Review infection control structures to ensure that there is appropriate and designated medical support in place for the program.</p>		
S	<p>Interior Health has signed a 6 month contract with a Medical Microbiologist to provide IH wide Infection Prevention and Control expertise. This will be evaluated in 6 months and revised as applicable.</p>	<p>This has just been put in place so will be able to provide more information at the next reporting period.</p>
<p>Recommendation 7: Ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.</p>		
F	<p>Routine education is offered to staff. Regional orientation is provided to all new staff and Infection Control is part of this program. ICPs also take part in skills fairs at their sites on a regular basis. Physicians are able to access education by ICPs at any time. ICPs give education sessions at Medical meetings as necessary and as requested.</p>	<p>Routine education to medical staff will be initiated as part of the responsibility of the medical lead for Infection Prevention and Control. This position will be starting March 1, 2010.</p>
<p>Recommendation 10: Establish a process for regular formal and informal monitoring of practice.</p>		
F	<p>Routine hand hygiene audits are conducted as part of the hand hygiene program. Sites are specified each year as the campaign is initiated. Using the results of the audits done in previous years, the new campaign will focus on the units with poor compliance</p>	<p>The new campaign will start April 1, 2010. The areas that will be targeted will be Emergency departments and for the first 6 months and Medical units and Residential sites for the second 6 months of the campaign. Regular audits will be done with results reported upon completion.</p>

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 11: Provide information management support to the infection control program for data collection, analysis, and reporting.		
F	Infection Prevention and Control has a Systems Analyst who provides ongoing support to the surveillance program.	
Recommendation 12: Ensure there is staff with appropriate training to support data quality.		
F	No changes since last report	
Recommendation 14: 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	<p>A process has been proposed to Senior Executive as to the distribution of all reports using a standard format. Please see the attached Standard Infection and Prevention Reports Process</p>  <p>Adobe Acrobat Document</p>	<p>This process will be put in place as soon as it has been approved by the Senior Executive Team. Planned implementation is April 1, 2010.</p> <p>The Infection Prevention and Control reports and summary will be forwarded to:</p> <p>Corporate level:</p> <ul style="list-style-type: none"> • Senior Executive Team • Health Authority Medical Advisory Committee • Various Infection Control Committees • IH Quality Improvement & Patient Safety Committee • Health Authority Infection Prevention & Control Committee • Medical Directors <p>Local level:</p> <ul style="list-style-type: none"> • Site Administration including Chief of Staff • Medical Advisory Committee – Chair • Quality Committee • Health Authority Infection Prevention & Control • Local Committees <p>If any intervention is required, either the local Infection Prevention & Control Practitioner or the Corporate Director will become involved.</p>

Section 10
VIHA

Update on the implementation of
recommendations from:

**Infection Control:
Essential for a Healthy British Columbia –
Vancouver Island Health Authority**

March 2007

April 2010

Response from Vancouver Island Health Authority



March 3, 2010

Ref # 10273

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

Dear Ms. Glendinning:

RE: Follow-up status review of the Auditor General's report on *Infection Control: Essential for a Healthy British Columbia*

In response to your January 29, 2010 request for an update regarding the implementation status of outstanding recommendations within the Vancouver Island Health Authority as at January 31, 2010, 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 or substantially implemented.

Kind regards,

A handwritten signature in blue ink, appearing to be "H. Waldner", is written over a faint, larger version of the signature.

Howard Waldner
President & Chief Executive Officer

cc: Janice Butler, Acting Executive Director, Quality and Patient Safety
Dr. Martin Wale, Executive Medical Director, Quality and Patient Safety
Wendy Hill, Assistant Deputy Minister, Health Authorities Division, Ministry of Health Services

Executive Office

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Our Vision: Healthy People, Healthy Island Communities, Seamless Service

RECOMMENDATION STATUS SUMMARY
Infection Control: Essential for a Healthy British Columbia
(Vancouver Island Health Authority)
as at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
4. 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.	X				
7. Ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		X			
10. Establish a process for regular formal and informal monitoring of practice.		X			
11. Provide information management support to the infection control program for data collection, analysis and reporting.		X			
12. Ensure there is staff with appropriate training to support data quality.		X			
14. Ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		X			

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Infection Control: Essential for a Healthy British Columbia
 (Vancouver Island Health Authority)
 as at January 31, 2010**

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 prevention and control practices throughout the Health Authority. VIHA is committed to infection prevention, surveillance and control and it supports the principle that infection control principles need to be integrated into everyday practices by all Health Authority staff, physicians and contractors. This is evidenced by VIHA’s decision to include Infection Prevention and Control as one of four system-wide initiatives and part of the Information Management/Information Technology Strategic Plan for 2009/10-2010/11. Work planned through these initiatives has moved the Health Authority into the “substantial” status on those recommendations previously identified as “partially” implemented.

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)
<p>Recommendation 4: 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>		
F	<p>VIHA IPC Program identified IPC practitioner staffing needs based on established national standards.</p> <p>Since 2007, additional positions have been added to the IPC Program, and work has been reallocated to improve equitability of workloads.</p> <p>Communicable Disease Nurses report through Public Health. CD Hubs have been created in each of the 3 geographic areas. CD program is responsible for population health issues.</p>	<p>Review of staffing needs for both IPC and CD occur regularly.</p> <p>Other positions, such as IPC aides, have been introduced.</p> <p>VIHA IPC and CD continues to work together to provide consistent direction on infection prevention and control issues to both owned/operated and affiliated acute and residential programs.</p>

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 been 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 7: Ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
S	Education continues to be provided through multiple venues: orientation, in-services, staff meetings, point-in-time opportunities. Area staff, including physicians, are invited to participate. Associate Medical Directors – IPC also involved in education for staff and physicians.	Work in this area continues through the VIHA System-wide initiative on Infection Prevention and Control, along with the introduction of new technology to support a Learning Management System.
Recommendation 10: Establish a process for regular formal and informal monitoring of practice.		
S	Audit forms have been developed to review practices in hand hygiene and housekeeping. Informal processes for monitoring practice have been introduced.	Work in this area continues through the VIHA System-wide initiative on Infection Prevention and Control along with the introduction of new technology which supports the completion of audits, compilation of data, and reporting out.
Recommendation 11: Provide information management support to the infection control program for data collection, analysis and reporting.		
S	Infection Prevention and Control information management needs have been identified for surveillance and reporting out to program units/departments. Currently, IPC Practitioners use an Access database for surveillance. Infection Prevention and Control has been included on the 2009/10 -2010/11 Information Management/Information Technology Strategic Plan.	IPC information management needs have been identified for surveillance, specifically to increase the potential for data to be pulled from existing modules within the clinical operating system (such as admission-transfer-discharge, laboratory and pharmacy), into an infection control module to decrease errors in data entry. Work in this area continues through the VIHA System-wide initiative on Infection Prevention and Control and the Information Management/Information Technology Strategic Plan.

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

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 12: Ensure there is staff with appropriate training to support data quality.		
S	<p>Education to IPC Staff ongoing.</p> <p>Training and support is provided from the IPC surveillance expert.</p>	An IPC epidemiologist has been hired.
Recommendation 14: 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 information management needs have been identified for surveillance and reporting out to program units/departments.	<p>Developing processes to download data from current IPC Access database, from proposed IC module, and from InfoPath to Performance Monitoring and Improvement data warehouse to increase reporting capacity to units, and facilitate the roll up of data to programs, sites, and/or geographic areas.</p> <p>Work in this area continues through the VIHA System-wide initiative on Infection Prevention and Control and the Information Management/Information Technology Strategic Plan.</p>

Status

- F or S** – Recommendation has been fully or substantially implemented
- P** – Recommendation has been partially implemented
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