DIRECTOR STANDARDS & GUIDELINES

This year has been a year of rejuvenation for the Standards and Guidelines (S&G) committee. We have revamped our membership and reinitiated regular meetings in order to facilitate faster service for revision of documents. We have also divided into separate committees: 1. The S&G core committee, whose role is to examine and provide feedback on documents of national and international interest; and 2. The Audit Toolkits Subcommittee, which is charged with reviewing (and maintaining current) the audit toolkits generated by the audit toolkits committee.

Below is a concise summary of our activities in 2010:

DIRECTOR OF STANDARDS AND GUIDELINES

Activities:

1. Chair of audit toolkit revision meetings
2. Rejuvenation of core committee
3. Chair of core committee meetings
4. Revision of Position statement requirements
5. Representative of CHICA to CSA
6. Response to specific technical questions addressed to CHICA

CORE COMMITTEE

Activities:

1. Revision of Australian Infection Control Guidelines (published 2010)
2. Revision of PHAC hand hygiene guidelines (publication pending)
3. Revision of CSA construction standards (publication pending)
4. Revision of PHAC endoscopy guidelines (publication pending)
5. Revision and comment on Dialysis Interest Group practice guidelines (published 2010)

AUDIT TOOLKIT COMMITTEE

Activities:

1. Revision of 32 audit toolkits

Jennifer Grant MD CM FRCP(S)
Director

CANADIAN STANDARDS ASSOCIATION HEALTHCARE ENGINEERING AND PHYSICAL PLANT TECHNICAL SUB-COMMITTEE

The following updated submitted by Karen Stockton BSc MHSc CIC and Sharon Wilson RN BScN CIC, CHICA-Canada Representatives to the subcommittee.

Since the last report in February 2009 the Technical Sub-committee for Canadian Standards Association (CSA) document "Z800 Canadian Health Care Facilities" met multiple times via web and teleconference to finalize a draft document. The draft was released for public review in the spring of 2010. Feedback was solicited across Canada from multiple stakeholders and was reviewed at the annual CSA committee in Newfoundland in June 2010. Over 680 comments from Canadian stakeholders were received up to June and a more continued to be received beyond the deadline and were accepted for additional review.

The current Z800 draft is approximately 333 pages. The document does its best to not repeat any work or recommendations established by other standards such as the Sterilization document or the Infection Control During Construction document. Instead the document refers back to the original documents as reference.

The document's scope is to address:

a) public health care facilities;
b) private care facilities;
c) new (“greenfield”) construction; and
d) additions and renovations to existing facilities.

The intention was to avoid specifying operational recommendations and focuses entirely on the physical construction.

Each section within the document outlines recommendations surrounding the following core principles:

a) Operations;
b) Access to care;
c) Safety and security;
d) Infection prevention and control; and
e) Sustainability.

Of specific interest the following section has been drafted to address single room accommodation in Class A facilities: Please note this is not the final but the accepted draft to date:

Z8000 - Canadian Health Care Facilities- Draft August 2010

4.5.3 Single in-patient rooms

All in-patient rooms in Class A health care facilities shall be single bedded rooms unless the functional program demonstrates the necessity of a two-bed arrangement.

Justification for two-bedded patient room accommodation shall include supporting documentation validating the clinical significance of this arrangement. In this arrangement there shall be one washroom per patient.

Note: *Single patient room occupancy has been shown to reduce the potential for transmission of organisms and therefore decrease exposure to infection, decrease medication errors and improve safety for both patients and health care providers overall.*

Facilities are continually challenged in having to close rooms and/or units due to patient exposure to infections. Many outbreaks start from a roommate exposure or shared bathroom facilities. Patient placement is hampered and waiting times in emergency rooms increased, as a result of lack of appropriate rooms to place patients. “

A meeting in Toronto in December 2010 was scheduled to finish incorporating feedback from the public review and complete a final draft that will go to editing. The goal is to have the document published in 2011 in time for it to be presented at the CHES annual meeting (September 25 – 27).

The final in-person meeting is planned for June 2011 at the CSA national conference.

Sharon Wilson is no longer participating as a CHICA representative on the committee and Karen Stockton is now participating as a healthcare administration representative but has agreed to continue to feedback information and represent CHICA until another CHICA Infection Prevention and Control representative can be selected.

CANADIAN NOSOCOMIAL INFECTION SURVEILLANCE PROGRAM (CNISP)

The following report submitted by Virginia Tirilis MLT CIC

The 19th Annual Meeting of the CNISP was held in Ottawa on November 15 & 16. The following is a summary of the core projects:

Methicillin Resistant Staphylococcus Aureus (MRSA) Surveillance project

- Increase trend seen in the last two years not significant and are mostly colonizations not infections
- Overall pediatric MRSA rate has increased (0.75/1000 patient days) – mostly colonized
- Some adjustments will be made to the data collection protocol to include: definition clarification for ‘other health care settings’ and modify definitions to identify site location of acquisition of organism.
- Questions to be removed on non-BSI MRSA sites

Vancomycin Resistant Enterococcus (VRE) Surveillance project

- 2009: 4.8% infections reported nationally
- Mean rate: 0.546/1000 pt. days
- VRE predominantly reported from Central and Western Canada with very little activity in Eastern Canada
- Survey to go out on Infection Prevention & Control (IPAC) practices, isolation and lab testing for VRE

Clostridium difficile-associated infection (CDI) Surveillance project

- Cases have decreased in 2009 (4.7/1000 admissions) compared to the previous year (5.49/1000 adm.)
- Pediatric rates are 50% lower than adult rates – request for more pediatric settings to measure CDI
- PCR testing may increase detection by 15%-25% which may increase future rates
- Surveillance form modifications: addition of diagnostic testing (methods, dates, date change, repeat testing, algorithms), addition of mortality assessment tool to be filled out by two persons/site), include what treatment was prescribed on day of CDI diagnosis only
- Definition change of inclusion from 8 weeks to 4 weeks following hospitalization for development of CDI
- Bristol Stool Scale describing diarrhea to be added to definition page

Central Venous Line – Bloodstream Infection (CVL-BSI) Surveillance project

- Core project since 2009
- Adult ICU rates have decreased nationally, however NICU rates have increased potentially due to skin contaminants
- Surveillance tool changes: 2B eliminated from questionnaire - no longer collecting infections/contaminants e.g. Coagulase negative Staphylococcus; ICUs to be typed i.e. adult medical/surgical/miscellaneous

The following is a brief summary of some of the 'additional and/or new surveillance projects':

Lab Confirmed Influenza Survey

- Information is collected in collaboration with 'Flu Watch'
- Minor changes in protocols for 2011-12
- June1/09 – May 31/10: 28% ICU admissions, 25% mechanical ventilations, 7% total deaths, and increased uptake of oseltamivir within 3 days of onset

Update on Data Quality

- Reliability audit on MRSA 2005 to be finalized and submitted to AJIC
- VRE reliability audit data 2008 showed high consistency in data fields – much better than for MRSA
- Standard hospital profile per facility (2009): 54 CHEC sites with 49 ICPs (1-3 per site) and 48 epidemiologists (EPIs)

Infection Control Practitioner (ICP) Working Group Session

- Forum for discussion of ICPs and EPIs to improve CNISP activities
- Propose three teleconferences per year with objectives to: identify current process for auditing hand hygiene in Canadian health care facilities (HCFs), the tools and process used and the compliance feedback format

Carbapenem Resistant Gram Negative Bacilli

Collect outpatient, inpatient and emergency data and submit quarterly isolates

Three day turn around time on genetic profiling and the National Microbiology Lab (NML) will identify the carbapenemases (NDM1, etc.)

Lab testing methodology will be reviewed as well as screening practices and IPAC procedures

Surgical Site Infections (SSIs)

Surveillance on hip and knees (arthroplasties) with a goal on getting a benchmark

Primary and hemi hip or knee arthroplasties to be done using a minimum dataset to include: DOB, age, duration of procedure, ASA score, antibiotic prophylaxis, risk index

Need well defined protocol, dedicated PHAC leadership and funding

Costing Burden of Illness

No current Canadian cost of care data available (only US)
Micro/macro costing data to be established by external PHAC funded economists to come in and do a sensitivity analysis to obtain a cost range and variance for CDI cases
National impact for length of stay (LOS) in multiple HCFs
Sample excess cost per pt. days for MRSA was done two years

Antimicrobial Utilization

Need for Canadian hospital data rates to compare to international data
Antibiotic consumption to be linked with MRSA, VRE and CDI surveillance data
Defined Daily Dose (DDD) methodology to be used
Survey to go to CHEC members asap to be completed with pharmacy group within HCFs

Pediatric Viral Respiratory Infection (VRI)

2009: predominant respiratory infections in children – RSV, pH1N1 and parainfluenza (5 deaths)
Began in 2005 and currently 12 participating sites
Questions related to pH1N1 vaccination to be removed
Minor changes to questions e.g. mechanical ventilation, RSV

CANADIAN COALITION FOR IMMUNIZATION AWARENESS & PROMOTION (CCIAP

The following report submitted by Marion Yetman RN BN MN CIC

CCIAP is a partnership of national non-governmental, professional, health, consumer, government and private sector organizations with a specific interest in promoting the understanding and use of vaccines recommended by the National Advisory Committee on Immunization. The membership meets six times per year via teleconference with one face-to-face meeting in November. The work the committee has supported this year includes:

- Promotion of Adult Immunizations
- Promotion of Immunization Awareness Week
- Seasonal Tetanus Campaign
- Canadian Immunization Poster Contest 2010
- Influenza and Pneumococcal Immunization Campaign

One of the key ways that member organizations can support the CCIAP initiatives is by the promotion of immunization awareness at national and local conferences. CHICA-Canada has been actively involved in this process by the following activities:

- Presentation at the National Education Conference Vancouver BC
  - Immunization – What's New and What's on the Horizon?
    Monika Naus MD MHSc FRCPC FACPM, British Columbia Centre for Disease Control
  - Article in the Canadian Journal of Infection Control Spring 2010 25(1) titled: Immunization: Get the Facts
- My recommendation to CHICA-Canada are:
  - Continue to promote immunization by having a topic on the agenda of each national conference on an aspect of immunization
  - Place a quick link or include CCIAP in the knowledge resource section of the CHICA-Canada's web page

Thank you for the opportunity to represent CHICA-Canada on CCIAP.