

Unique Partnerships Prevail for IP&C

Innovation at its Best!!



Northwestern Ontario

*Giving Health
a Helping Hand*

Northwestern Ontario Infection Control Network (NWOICN)



Northwestern Ontario

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- **Northwestern Ontario Infection Control Network**

- Background
- Mandate
- Key Strategic Initiatives
- First Nations Needs Assessment

- **Joining Forces**

- The Partnerships
 - Special qualities of partners
 - Common Desires
 - Unique Challenges With Unique Solutions
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North West Local Health Integration Network (NLH)
 Réseau local d'intégration des services de santé du Nord-Ouest (NLH)

Western Local Health Integration Network (WLH)
 Réseau local d'intégration des services de santé de l'ouest de l'Ontario (WLH)

Scale: 0 50 100 200 km

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- Size of France
- 10 hour drive across region
- Thunder Bay is “south”

Northwestern Ontario Infection Control Network (NWOICN)

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- RICNs key initiative in post –SARS
 - Operation Health Protection 2004
- One of first 4 Regional Infection Control Networks (RICNs) in Ontario-now 14
- Mandate includes acute, non-acute, public health and community health care settings.
- Regional Steering Committee in place-First Nations representatives

NWOICN Key Strategic Initiatives

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- Knowledge transfer
- Marketing and Communication
- Partnerships
- Evaluation

The role of NWOICN
What Regional Networks



- NOT designed to replace local infection control capacity
- Healthcare institutions must maintain in-house IPAC programs
- Public Health still has responsibilities under HPPA
- Recognize Federal responsibilities for First Nations Health (FNIH)

Evolution of First Nations Activities at NWOICN



- First strategic plan in 2006 identified First Nations IPAC as a key focus.
- Engaged First Nations representatives on NWOICN Steering Committee in strategy design
 - guides to action
 - leadership
- First project—needs assessment for IPAC in First Nations



Needs Assessment



- Conducted in early 2007
- Contracted with consultants and partnered with Sioux Lookout First Nations Health Authority
- Consultants interviewed key informants in First Nations
- Identified key needs areas in First Nations

Key Need Areas


- Recognition of importance of IPAC
- Best practice-based policies and procedures
 - Reprocessing of medical devices
- Defining data collection methods for IPAC
- Resources
- Incorporation with other QI activities.

Role of NWOICN in Filling Gaps

- Development of First Nations Working Group
- Focus group in April 2007 with over 60 participants from remote and urban
 - Included front line staff, health directors, community health representatives, FNHI
 - Validated findings of survey through focus groups.
 - Identified role for NWOICN-knowledge transfer and partnerships

Sharing the findings

- Report from survey and conference focus groups shared with key informants and focus group participants
- Defined knowledge transfer strategy for First Nations
 - Regular videoconferences to remote and urban setting
 - Sharing of network resources-best practices
- Need for a Reprocessing conference




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The reprocessing initiative

- At April 2007 conference determined that this was a specific need
- Workers who perform medical device reprocessing need training to meet best practices
- Planning group established.




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 - The Partnerships
 - Special Qualities of Partners
 - Common Desires
 - Unique Challenges With Unique Solutions



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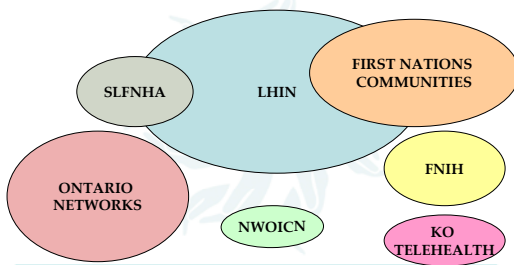
• There are 70 First Nations communities, the majority of which (70%) are only accessible by air.

 • Communities range in size from 50 to 2000 individuals.

Joining Forces


- The Partnerships
- Special Qualities of Partners
- Common Desires
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The Partnerships



Special Qualities of Partners

- **NWOICN**
 - Have IPAC Expertise
 - Have Money \$
 - Have Regional Contacts
 - Have the need to develop contacts with First Nations Communities
- **FNIH (First Nations and Inuit Health)**
 - Have Operational Expertise
 - Have access to First Nations Communities
 - Have the need for IPAC expertise and support



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Special Qualities of Partners

- **SLFNHA (Sioux Lookout First Nations Health Authority)**
 - Have a mandate to promote and address the needs of the northern First Nations communities.
 - Have the logistical expertise to facilitate and bridge monetary transfers between the LHIN, NWOICN and the community for a conference.

- **Ontario Networks**
 - Have the need to facilitate IPAC best practices in all Health Care Settings including First Nations communities.
 - Have IPAC Expertise

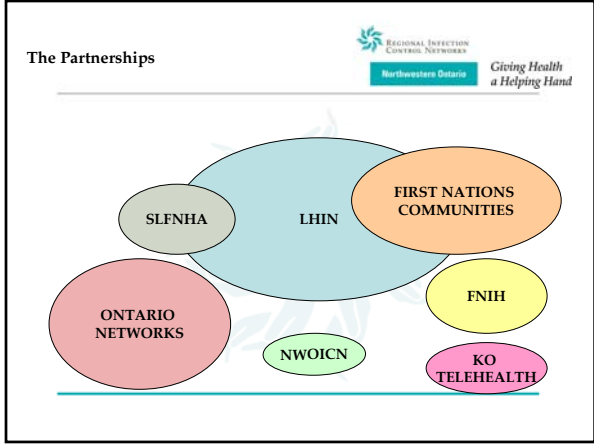


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Special Qualities of Partners

- **KO Telehealth**
 - Have the mandate to provide educational access for First Nations communities.

- **LHIN (Local Health Integration Networks)**
 - Have the mandate to provide health and wellness services to all individuals in their catchment area.




Common Desires



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- Meet network mandate (NWOICN)
- Promote IPAC best practices (NWOICN)(FNIH)
- Have a vehicle to access the North (NWOICN)
- Meet needs of north (FNIH)
- Needed a vehicle to access professional IPAC resources (consultants) (FNIH)

Unique Challenges With Unique Solutions




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(THE WORK)


- Identification of existing practices and processes
- Comparative analysis of existing practices and processes to Ontario Best Practices (PIDAC)
- SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis
- Face-to-face Conference Design
- Future Investments and Outcomes

Identification of existing practices and processes



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- Develop an understanding of current situation and existing challenges.
- Audits completed in 4 randomly selected Nursing Stations.
- Audits evaluated.



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Comparative analysis to PIDAC

- Huge need – PIDAC standards not met at a satisfactory level for reprocessing
- Huge need – PIDAC standards not met at a satisfactory level in other IPAC best practice areas
- Audit results had a compliance rate of 38%
- This was communicated to Health Directors




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SWOT

S- STRENGTHS:

- FNIH contacts in each community
- Health Directors for each community
- Housekeepers and Dental Assistants in the communities
- FNIH department with expertise
- Huge desire from the communities for IPAC education and training – derived from an Environmental Scan
- KO Telehealth resources in each community



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SWOT

W-Weaknesses:


- Infection Prevention and Control Practices needed
- Reprocessing procedures and training needed
- Housekeeping procedures and training needed
- FNIH policy and procedures updates needed
- Standardized cleaning and reprocessing procedures and chemicals needed
- At-hire and on-going IPAC training for non-professional staff needed
- Community leadership understanding of the urgent IPAC issues needed to be addressed needed


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SWOT

O-Opportunities


- Began a 12 week basic IPAC videoconferences for Support Staff in Nursing Stations in 2007
- Funding available through the NWOICN for a face-to-face reprocessing conference
 - Translation at conference
 - Written procedure manuals
 - Translation of manuals
 - Videotaping of procedures


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SWOT

T-Threats/Challenges:

- Need for ongoing education and training with no existing funds within FNIH
- Ongoing turnover of Support staff
- English is a second language for some Support staff
- Varying educational levels between individuals
- Limited face-to-face educational opportunities


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SWOT

T-Threats/Challenges:

- Varying job expectations for Support workers between communities
- No standardized housekeeping or reprocessing products
- No formal process existed to meet the unique training/education needs of Support staff
- Needed to develop/revise all existing procedures
- Identify a means to provide training to a unique audience with unique needs.

Face-to-face Conference Design

A Meeting of the Minds:

- Need to develop all the reprocessing procedures
- Develop process and mode of delivery within conference to facilitate content delivery in a manner that would meet varying levels of learner requirements
- Needed translators for simultaneous translation



Face-to-face Conference Design

A Meeting of the Minds:

- Needed an environment that would facilitate training and learning
- Needed hands-on reprocessing equipment to work with
- Needed specialized supplies e.g. Instruments, chemicals etc.



Face-to-face Conference Design

A Meeting of the Minds:

- Needed to transport all conference materials, equipment, supplies to and from Thunder Bay
- Needed to transport and accommodate participants and experts (instructors) to and from Thunder Bay
- Needed to provide financial support for participants during the conference



Face-to-face Conference Design

Wednesday October 8, 2008

- Introduction to Reprocessing
- Basics of Microbiology
- Disease Transmission
- Routine Practices and Additional Precautions



Concurrent Sessions (90 minutes each) – participants broken up into 3 groups

- Tour of Central Supply Room at Thunder Bay Regional Health Sciences Centre
- All About the Germs – Activity Stations
- Your References and Record Keeping – Lecture and Demonstration Session



Face-to-face Conference Design

Thursday October 9, 2008

Morning-

6 Breakout Sessions – Discussion, Demonstration and Practice (participants broken up into 6 groups)



Afternoon-

6 Breakout Sessions – Return Demonstration by Participants (participants broken up into 6 groups)

Closing Comments and Certificate of Achievement

A Conference Success!!



Future Investments and Outcomes

- Ongoing IPAC education needed for Support and Professional staff in the clinics
- Quality Assurance process needs to be developed through FNIH
- Due Diligence for accountability needs to be maintained



Questions?

Thank you!
