

## **PRESIDENT**

It has been my pleasure to represent CHICA-Canada during my term as president. I wish to offer my sincere thanks to the Board of Directors and staff of CHICA-Canada for the support and friendship during this past year. Without their help, this role would have been very difficult.

### **1. To expand member services to meet the needs of the CHICA-Canada membership:**

#### **a. Strategic Planning**

In 2009, strategic planning was a main activity of the board in order to plan the direction of CHICA-Canada for the next five years as well as to ensure that the needs of the membership were addressed. A two-day Strategic Planning Session was held at the 2009 conference in St. John's. The result was the 2010-2015 Strategic Plan containing new Vision, Mission and Values Statements, and objectives for 2010-2015.

## **VISION**

CHICA-Canada will be a major national and international leader and the recognized resource in Canada for the promotion of best practice in infection prevention and control.

## **MISSION**

CHICA-Canada is a national, multidisciplinary association committed to the wellness and safety of Canadians by promoting best practice in infection prevention and control through education, standards, advocacy and consumer awareness.

## **VALUES**

CHICA-Canada ascribes to the following values:

Professional Integrity – To be principled, forthright and ethical, upholding the highest standards in all of our activities.

Critical Thinking – To employ critical thinking in our decision making to do the right thing for the right reasons.

Accessibility – To be accessible to our members and stakeholders.

Responsiveness – To be responsive and creative in meeting the membership's needs.

Innovation – To be resourceful and inventive in advancing infection prevention and control knowledge and practice.

Diversity – To respect and embrace national and international social and cultural differences.

Advocacy – To advance practices that protect consumers.

Excellence – To pursue excellence in all our endeavors.

## **2010-2015 GOALS**

GOAL ONE: Raise the profile of the association and its activities

GOAL TWO: Enhance the mix of products and services

GOAL THREE: Expand the association's education initiatives

GOAL FOUR: Expand and develop the membership base

GOAL FIVE: Provide national and international leadership

#### **b. National Education Conference**

The national education conference in 2009 was held in beautiful St. John's, Newfoundland and Labrador. Despite the threat of reduced attendance due to the pandemic, the conference was a success. Over 400 delegates were in attendance, including representatives from a number of international areas, and 65 exhibiting companies. All enjoyed an educational program that addressed up to the minute issues including the H1N1 pandemic.

#### **c. Road Shows**

In November, I participated in the MRSA road show in Victoria, BC with a number of other board members. The group was very appreciative of the information shared. Thank you to BD Canada for making this event possible.

**d. Virox Scholarships:**

In February, the executive reviewed the Virox scholarship applicants for the 2009 educational conference and provided input for the selection of the candidates. Of 36 applicants, 14 scholarships were awarded to practitioners all across Canada.

The executive then reviewed the Virox scholarship application for the 2010 educational conference. A number of changes were suggested in order to allow more novice ICP's to apply.

**e. Voices of CHICA and Chapter presidents Teleclass:**

I participated in the Webber teleclass to update Chapter Presidents and members on Board activities and CHICA initiatives in the spring and fall of 2009.

**2. To increase CHICA-Canada's influence and profile nationally and internationally, as a leader in infection prevention and control.**

**a. Liaison to the Certification Board of Infection Control and Epidemiology**

As president, I attended the CBIC Board meeting in Austin, Texas in January, Fort Lauderdale, Florida in June and in Phoenix, Arizona in October. Two new Canadians were welcomed to the of CBIC, Dr. Kathy Suh, and Kathy McGhie.

Discussions at the meetings included strategic planning, the practice analysis survey which was sent out to APIC and CHICA-Canada members during the month of April, incorporation of a novice ICP on to the board, and individuals falsely representing themselves as a CIC.

2009 marks a major change in the requirements for certification with CBIC. No longer is a minimum 2 years practice required for first time writers. CBIC will no longer provide a CIC Award to the Canadian practitioners. This has always been a great way to recognize the work of the ICPs in accomplishing this certification. CHICA-Canada now presents its own acknowledgement to CIC Chapter Achievement. At the 2009 conference, CHICA-Canada present an award recognizing a chapter's CIC achievements to CHICA-BC.

At the meetings I continue to communicate the frustrations many Canadians were having over the testing process in Canada. CBIC is continuing to monitor this situation.

**b. Canadian Patient Safety Institute**

We were approached by CPSI to put forward a couple of names for the public representative on the CPSI board. CHICA put forward two very good candidates. Neither candidate was elected into this position.

I also began planning for the CPSI forum 2010 as co-chair of the infection control stream along with Gerry Hansen. Several good abstracts have been submitted by our membership for presentation at this event. These are currently under review for placement into the program.

**c. National Patient Safety Round Table**

I attended the national patient safety round table meeting in Ottawa May 26<sup>th</sup>, and December 12<sup>th</sup>, 2009. This forum provides an opportunity to influence patient safety through collaborative actions. Several Action Items came out of this discussion:

Client and family education/awareness about patient safety  
Education and Curriculum  
Patient Safety Framework

CHICA volunteered to sit on the education and curriculum group. One teleconference has been held to redefine the role of the group and how to get patient safety as a part of all educational curriculums for health care workers.

Infection Prevention and Control continues to be a focus for the many safety initiatives from the varying groups around the table. Accreditation focus and quality councils continue to have programs that include prevention measures such as hand hygiene, respiratory etiquette, and access to personal protective equipment for all health care workers.

**d. CCAR**

The Canadian Committee on Antibiotic Resistance (CCAR) and the Public Health Agency of Canada had organized a series of consultations on antimicrobial resistance (AMR). CHICA-Canada was involved in many of these consultative processes. The final report has been drafted and can be found on the CCAR website <http://www.ccar-ccra.com/english/home-e.shtml>.

CHICA Canada has been invited to sit on a group focusing on the next evolution in Antimicrobial Resistance in Canada. A consultation is being hosted by the National Collaborating Centre for Infectious Diseases (NCCID) on *Community Acquired Antimicrobial Resistance (caAMR)*. The consultation will focus on population-level interventions to reduce the development of antimicrobial resistance and the spread of antimicrobial-resistant bacteria in community settings.

The primary anticipated outcomes of the consultation will be to:

- Expand understanding of the Canadian situation with respect to caAMR, including its epidemiology and interventions to reduce risk/transmission
- Identify strategies and priorities for addressing caAMR
- Clarify NCCID's role in contributing to the reduction of caAMR in Canada
- Provide opportunities for meaningful collaboration between human, animal, and environmental health experts

**e. International Federation of Infection Control**

During the presidents luncheon at the CHICA conference in St. John's, it was proposed that through IFIC, member societies get together and take on a joint project. Further discussions on this occurred at the APIC, IPS and IFIC conferences. Suggested group initiatives include the e-linking of member societies' websites to IFIC's website, and a worldwide initiative through member societies around global hand hygiene day May 5<sup>th</sup>.

As president, I represented CHICA at the IFIC conference in Vilnius, Lithuania in October. The event saw representation from countries around the world representing resourced, under resourced and developing countries and programs. Much sharing of ideas occurred. Along with two other CHICA members (Carol Goldman and Donna Moralejo), we presented a well received presentation of making routine practices routine in Canada. Follow up request for articles on this topic have been received both nationally and internationally.

**f. Other Conferences**

As president I was able to represent CHICA-Canada at two other international conferences, APIC and IPS.

The APIC conference was held in Fort Lauderdale, Florida, where a formal presentation was given to their board of directors and a chance to network with those facing similar issues as we face in Canada with Infection Prevention and Control.

In September, as president, I was invited to attend the Infection Prevention Society's annual convention in Harrogate, UK. This was the first time a sitting president was able to attend this meeting. This meeting

gave a valuable opportunity to interact with the European Infection control community and to learn from their experiences of dealing with similar issues such as ARO's and pandemic planning.

**g. Infectious Disease and Emergency Preparedness Branch PHAC**

I was invited to participate in teleconferences with Dr. Danielle Grondin and other agencies across Canada on H1N1 vaccine briefings representing CHICA-Canada and providing feedback of issues from our membership. Links to guidelines and related materials placed on the website.

**3. To develop an enhanced infrastructure required to support the strategic directions:**

As CHICA-Canada continues to grow, so too does the workload by members of the Board. Need to evaluate the Board position descriptions with our strategic priorities in mind as well as the roles of our support staff.

Along with the board, the following changes have been made to the staff of CHICA-Canada:

- The executive administrator's role now changed to that of executive director.
- Administrative support position to be made full time.
- Other support services to be brought on as needed.
- Investigate into a communication firm to work with CHICA.

The following reports have been submitted by CHICA-Canada representatives and form part of the President's annual report.

**National Advisory Committee on Immunization (NACI)**

*Submitted by Suzanne Pelletier, RN BScN CIC, liaison member to the Committee.*

NACI is a scientific advisory committee for the Public Health Agency of Canada (PHAC), Immunization and Respiratory Infections Division. NACI meets three times per year (February, June and October).

For 2009, NACI published four Advisory Committee Statements, including:

- Evidence-based Recommendations for Immunizations – Methods of the National Advisory Committee on Immunization
- Update on the Invasive Meningococcal Disease and Meningococcal Vaccine Conjugate
- Recommendations Statement on Seasonal Trivalent Inactivated Influenza Vaccine (TIV) for 2009-10
- Recommendations Regarding the Management of Bat Exposures to Prevent Human Rabies

The committee will begin the revisions for the 8<sup>th</sup> Edition of the Canadian Immunization Guide during the 2010 meeting schedule.

## **Infection Control Ontario**

*The following report is submitted by Inez Landry, Chair, and Infection Control Ontario 2009*

Infection Control Ontario (ICO) is an Allied Group Member of the Ontario Hospital Association (OHA).

### **Active Members 2009**

CHICA – Eastern Ontario	Kathleen Poole
CHICA – HANDIC	Mary –Catherine Orvidas
CHICA – Northwestern Ontario	Nancy Robertson
CHICA – Northeastern Ontario	Isabelle Langman
CHICA – Ottawa Region	Inez Landry, Treasurer, Chair
	Nancy Brown
CHICA-HUPIC	
CHICA-SWO	Brenda Prouse
TPIC	Sharon O’Grady

Infection Control Ontario Terms of Reference were reviewed and revised.

### **Activities and Accomplishments in 2009**

- Kathleen Poole was the new ICO representative on the Joint OHA/OMA Communicable Diseases Surveillance Protocols Committee in 2009. Inez Landry continues on this committee as an official OHA rep on this committee. The OHA/OMA Communicable Diseases Surveillance Protocols are available at [www.oha.com](http://www.oha.com).
- ICO continues to provide comments to Ministry of Health & LTC on draft best practice as documents on request.
- Inez Landry and Nancy Brown were on planning committee for OHA Public Reporting education day, Patient Safety Indicators: A Year in Review and Opportunities for the Future, September 23, 2009. Inez Landry chaired this one-day conference; Dr. Michael Baker, Provincial Lead, Patient Safety, Ministry of Health and Long-Term Care and Physician-in-Chief, University Health Network, reviewed the current Ontario government initiative and discussed future directions. The conference also highlighted the impact public reporting has made in other jurisdictions, provided updates about each of the indicators and shared examples of successful public, front-line staff and senior management engagement. Concurrent sessions facilitated in-depth discussion on provincial guidelines, best practices and improvement tools for CLI / VAP and SSI-Prevention. Participants also had the opportunity to discuss with colleagues strategies as to how these reporting requirements have been incorporated into existing quality, safety and risk management frameworks.
- ICO members planned the program for the Infection Prevention and Control/ Occupational Health and Safety session for the 2009 OHA Health Achieve conference. Inez Landry co-chaired the session and the topics presented were: Pandemic Planning – Lessons Learned and Best Practices; Panel Discussion, Public Health Agency Perspective; The Pregnant Health Care Worker Perspective; and The Front-line Health Care Worker Perspective.
- Inez Landry reviewed and provided comments for the draft OHA Hand Hygiene Education Module.
- Brenda Prouse and Mary-Catherine Orvidas were welcomed as new ICO members in 2009.

### **APIC Text Committee Report**

*Submitted by: Linda Adam RN BScN CIC*

The Third Edition (2009) APIC text was completed in the spring. This consists of 2 volumes: essential elements, and scientific and practice elements. The text was launched at the 2009 APIC conference in Ft. Lauderdale, Florida. The second edition included the text on a CD. Purchasers of this edition will receive on-line access to an electronic copy of the text. The committee is exploring a move to an all- electronic version of the text in the future. All text authors received a complimentary copy of the text. The text will be available for sale at the CHICA – Canada annual conference in May.

### **Canadian Coalition for Public Health in the 21<sup>st</sup> Century**

*Submitted by: Colleen Nisbet RN MHSc CIC, CHICA-Canada Representative to CCPH21*

My first meeting in attendance at Canadian Coalition for Public Health in the 21st Century (CCPH21) occurred on September 16, 2009 via teleconference. Three primary issues were tabled at this meeting:

- 1) Review and discussion of the CCPH21 draft action plan. With CPHA taking the lead on this initiative, the plan was developed through the collaboration of Jill Skinner, Doug McCall, Pamela Fralick, John Tucker, Debra Lynkowski, and Jim Chauvin. Specifics of discussion included:
  - a. Strategic priorities on guaranteed funding, Public Health human resources and Public Health leadership
  - b. Duration of Action Items required
  - c. Operational Priorities.
- 2) 2010 Fees – For the first time CCPH21 members will be charged a fee of \$1,000 per member. There is a proviso in the policy however, for organizations that have very limited financial resources. Those organizations may make a request in writing, to the CCPH21 Secretariat requesting a reduced fee.
- 3) Canadian Public Health Association 2010 Conference – discussion took place regarding the possibility of a face to face meeting of CCPH21 at the conference.

Further to September 16<sup>th</sup>, 2009, documents circulated via e-mail included:

- 1) Healthy Futures for BC Families- September 15<sup>th</sup>
- 2) CPHA submission to the Standing Committee on Finance. – September 17<sup>th</sup>
- 3) Let our CCPH21 partners know that CPHA will launch soon a Canadian H1N1 Information Clearinghouse – October 9
- 4) Pandemic H1N1: Fast Facts for Frontline Clinicians - Oct 30

## **Accreditation Canada**

*The following report submitted by Dick Zoutman MD FRCPC, CHICA-Canada Representative to Accreditation Canada*

Accreditation Canada continues to work closely with CHICA-Canada in developing its standards.

1. The current Infection Control standards for accreditation in QMentum are being used across the country.
2. Accreditation Canada updated its MRSA definition to match the Public Health Agency of Canada/ CHICA-Canada harmonized definition. There was some initial concern that the Accreditation Canada MRSA definition was somehow different from the harmonized national definition, but this was clarified. The definitions are matched. Accreditation Canada does ask that hospitals also collect MRSA colonization rate data as well.
3. The Accreditation Canada C difficile Infection definition is in the process of being updated to match the national harmonized definition.
4. Accreditation Canada intends to add antimicrobial stewardship as a new requirement under infection prevention and control. This is a welcome addition to the standard.

CHICA-Canada and Accreditation Canada enjoy a strong working relationship.

*Cathy Munford RN CIC  
President 2009*