



Waterloo Wellington Infection Control Network



Annual Report

2007-2008

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WWICN Annual Report

Partnerships Key to Success

The 2007-08 year marked the first full year of operations for the Waterloo Wellington Infection Control Network (WWICN). There were many significant achievements, and some are highlighted in this report.

Regional Infection Control Networks (RICN) were created by the Ontario Ministry of Health and Long-Term Care (MOHLTC) in 2004. There is a RICN in each of Ontario's 14 Local Health Integration Networks (LHIN). The mandate of the RICNs is to improve the coordination and access to infection prevention and control resources across the health care continuum.

Each regional network is comprised of:

- A network steering committee provides guidance, direction and leadership to network activities
- A network coordinator who coordinates the development and implementation of the Regional Network.
- A Medical Coordinator who provides medical expertise and leadership on the implementation of the network, as well as acting as a champion for the network within the regional healthcare community.
- Members who include individuals and facilities who voluntarily agree to share and receive information and expertise within the Network.

The success of the WWICN is due to the dedication of the staff as well as the partners who volunteer their time to Steering Committees, Subcommittees and Working Groups. The partnerships that were developed early on have grown stronger and continue to flourish.

The WWICN and the other Regional Infection Control Networks (RICNs) in Ontario share four strategic directions: partnership strategies, communication, knowledge transfer and information strategy.

Partnership Strategy

The WWICN has strong partnerships with several external agencies including two CHICA-Canada Chapters, HANDIC and Southwestern Ontario. WWICN actively participates in regular meetings as well as assisting in planning annual educational sessions.

WWICN also partners with the two public health units in the Waterloo Wellington area to ensure consistency in service to long-term care homes and other health care agencies.

WWICN is developing strong ties with several academic institutions including the University of Guelph, Conestoga College and Ryerson University. The University of Guelph is home to Dr. Scott Weese, a leading expert in zoonoses. Conestoga College offers several courses that have an infection prevention and control component such as nursing, emergency services, early childhood education and esthetics. Ryerson University is the only school in Ontario offering the courses required to become a Public Health Inspector.

Relationships with WWICN are formalized through a partnership agreement. In 2007-08, WWICN staff visited hospitals and long-term care homes to discuss the partnership agreements and ensure a common understanding of expectations. A total of 40 partnership agreements have been signed to date.

Type of Agency	# of Signed Partnership Agreements
Hospitals	100%
Public Health	100%
Long Term Care	57%

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Communication Strategy

WWICN conducts most of its communications electronically. There were 178 “e-mailers” sent throughout the year, including the WWICN newsletter, “Network News”. These communications serve to share information about educational offerings, important notices and to remind agencies that the WWICN exists. Frequently, inquiries will come to WWICN staff in response to a mailer that was sent about a completely different subject.

There were 18 opportunities for the WWICN to set up display booths and to talk to participants at events ranging from the Waterloo Wellington Local Health Integration Network “Champions of Change” symposium to the public health education sessions that occur in the area, to the Ontario Hospital Association conference in Toronto.

The WWICN web portal is located within the provincial RICN web portal and both are continually being enhanced. The portal contains the WWICN Education Calendar, resources, list of Infection Control Practitioners (ICPs) and workspaces for any of the subcommittees and working groups who wish to share documents.

The number of contacts in the WWICN database has more than doubled. There are 317 agencies in the database with over 2000 individual contacts listed. This number has grown in response to increased awareness of the WWICN existence and interest in receiving communications about infection prevention and control.

A provincial communications strategy is being developed that will provide a consistent look and feel to the WWICN communications as well as make some recommendations for developing media relationships and increasing awareness of WWICN activities.

Knowledge Transfer Strategy

One of the goals of the RICNs is to raise the number of individuals with a Certificate of Infection Control (CIC) in their area. Currently, there are 10 individuals with their CIC in the WWICN area. This is double the number of CICs that existed before the WWICN came into being. Five of these individuals work in acute care, three in public health and two in the WWICN office. The five newly certified individuals all attended the WWICN study group.

WWICN staff delivered 55 education sessions to over 1600 people during the year. The most common topic was antibiotic resistant organisms (AROs). *C. difficile*, routine practices, cleaning and disinfection, and travel and infection prevention and control (IPAC) practice were also popular topics. Two highlights were the Canadian Standards Association (CSA) course on construction in health care facilities and the

“Bugs and Drugs” physician education session co-hosted with Grand River Hospital’s IPAC team.

The WWICN also convened its Education Subcommittee that will work to develop an educational plan for the area’s health care agencies. A needs assessment is being developed to determine the top priorities with respect to infection prevention and control.

Information Strategy

Inquiries

The WWICN receives inquiries from partner agencies on a regular basis. Inquiries range from requests for resources to assistance with complex situations faced by the agency.

Table 1: Inquiries by Agency Type

Type of Agency Inquiring	# of Inquiries	% of Inquiries
Long Term Care	104	30%
Hospital	59	17%
Public Health	52	15%
Other	45	12%
Community Support Services	18	5%
Academic	14	4%
Community Health Centre	13	4%
Home Care	12	3%
Retirement Home	10	3%
RICN	8	2%
Family Health Teams	5	1%
Physician	4	1%
First Responders	3	1%
Other	7	2%
TOTAL	354	100%

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Table 2: Inquiries by Subject

Subject of Inquiry	# of Inquiries	% of Inquiries
ARO	92	26%
Resources	56	16%
Cleaning, Disinfection, Sterilization	32	9%
Other	27	8%
C. difficile	21	6%
Hand hygiene	19	5%
CIC	15	4%
Outbreak	13	4%
PPE	12	3%
General IPAC questions	9	3%
Influenza	8	2%
Communicable/Reportable Diseases	7	2%
RICN	7	2%
Facility design	6	2%
Routine Practices/Additional Precautions	5	1%
Core Competencies	4	1%
Infection Control Week	4	1%
Surveillance	4	1%
Other	13	4%
TOTAL	354	100%

There were 75 items borrowed from the WWICN library last year. The most common items borrowed were the CIC Study Guide, “Clinical Microbiology Made Ridiculously Simple”, the Glo-germ kits and the DVD “Why Don’t We Do It In Our Sleeves?”

Standardization of practices is another goal of the WWICN. Two significant steps forward were taken toward this initiative when the acute care common isolation signage was completed and the policy templates for MRSA and VRE management were developed. Implementation of both of these initiatives is ongoing.

Provincial Activities

Thirteen of the fourteen RICNs were operational at the end of 2007-08. WWICN provided assistance to several of the newer RICNs as they became operational, in sharing experiences and providing the RICNAC database for their contact management and activity tracking.

The “Rise to the Occasion” Infection Control Week idea primer was created by the WWICN to serve as a resource for ICPs in the field for promotion and education during infection control week. This resource was distributed by all of the RICNs across the province.

WWICN staff participated on several of the RICN Subcommittees, including Education, Communication, and Web Portal Development.

WWICN continues to connect with the Provincial Infectious Diseases Advisory Committee (PIDAC) through participation on the Communicable Disease Subcommittee.

Other Highlights

The WWICN office expanded to include a meeting room to facilitate the activities of the working groups and subcommittees. Videoconferencing capability was added to the room to enhance its functionality and to facilitate meetings with RICN colleagues across Ontario.

The WWICN underwent an evaluation process to assess if its services were meeting the needs of its partners. The results were very favourable, but provided some direction for improvement including greater promotion of the WWICN library contents and the availability of a courier to deliver items across the region. This evaluation also assisted in the development of a scorecard to monitor WWICN activities.

WWICN staff attended a variety of conferences and courses throughout the year to assist them in keeping up to date with IPAC best practices and research, as well as sessions to enhance other skills.

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Financial Report

The WWICN has a base budget of \$500,000 administered through the host hospital, Cambridge Memorial Hospital. As mentioned previously, 2007-08 was the first year of full operations with the WWICN moving into its permanent office and full staff levels achieved. This is reflected in the increase in expenses from the previous year. This report is based on the audited financial statements from the Cambridge Memorial Hospital.

Operating Budget 2007/08	Totals
Revenue	\$500,000
Expenses	\$478,532
Excess/(Deficit)	\$21,468