

Alberta Health

Infection Prevention and Control Strategy

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For further information

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This document is available on the Alberta Health website at www.health.alberta.ca

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Introduction

Prior to the development of Alberta's Infection Prevention and Control Strategy (IPC Strategy), each Regional Health Authority in Alberta developed its own specific infection prevention and control (IPC) services and programs using a variety of guidelines and policies. When patient-safety gaps in IPC services were identified in 2007, it was evident that a provincial, coordinated approach to IPC and hand hygiene was needed. In 2008, the ten-year Alberta Infection Prevention and Control Strategy and the Alberta Hand Hygiene Strategy were released (collectively, the Strategies) along with four Standards.¹ The Strategies, developed by leading infection control experts, outlined objectives and proposed actions to improve IPC and hand hygiene across Alberta's health system and in Alberta communities. In 2013, at the mid-point of implementing the Strategies, a series of external reviews were conducted to assess how well the goals and objectives of the Strategies were being met. The reviews demonstrated that significant progress has been accomplished, but that more can be done.

Since 2008, there have been significant changes in the healthcare system and to the roles of the partner organizations (primarily Alberta Health, Alberta Health Services (AHS) and the Health Profession Regulatory Colleges) that are not captured in the Strategies. In 2013, Alberta Health reviewed whether the Strategies should be completely redone, refreshed or remain the same. It was concluded that the best option would be to refresh the Strategies as the vision, goals and many of the current objectives and actions are still relevant and important, but that new actions could be added to reflect current IPC needs and to build on the accomplishments from 2008 until now (see Appendix 1 for a list of key IPC accomplishments).

One of the key changes to the Strategies is the integration of the Hand Hygiene Strategy within the IPC Strategy. Hand hygiene is an important IPC practice and integration of the Strategies will mean a more holistic approach to IPC and avoid duplication of work. Another change is the addition of a governing structure to monitor the progress of implementing the actions by partners. The IPC Strategy will align with other Alberta Health initiatives that support IPC including those with a focus on immunization, sexually transmitted infections, antimicrobial resistance and stewardship in addition to the provision of public information on specific infectious diseases and conditions through MyHealth.Alberta.ca.

Refreshing the Strategy was guided by the Alberta IPC Advisory Committee and its working groups. The refreshed IPC Strategy clearly outlines actions that will be taken by Alberta Health, AHS and Health Professional Regulatory Colleges to improve IPC across Alberta's health system. The primary focus is on healthcare settings, but opportunities exist to support and protect the health of all Albertans through effective IPC across all sectors.

¹ The four Standards include:

- Infection Prevention and Control - Accountability and Reporting (2011);
- Cleaning, Disinfection and Sterilization of Reusable Medical Devices for Health Care Facilities and Settings (2012);
- Prevention and Management of Methicillin-Resistant *Staphylococcus aureus*; (2008) and
- Single-Use Medical Devices: As Applied to Critical and Semi-Critical Medical Devices (2011)

What is Infection Prevention and Control?

Infection prevention and control or IPC is a term used to describe activities intended to protect individuals from infections. Every day, Albertans prevent and control infections by frequently cleaning their hands, keeping their living and working environments clean and tidy, getting immunized for vaccine preventable diseases and by staying home when sick. In healthcare settings, IPC measures are enhanced to protect more vulnerable populations from acquiring healthcare-associated infections. These types of infections can increase hospital lengths of stay, cause patient health complications and may even result in death.

The IPC world continues to change. There are new and emerging infectious diseases and an increase in antibiotic resistant organisms. Together Alberta Health, AHS, the Health Profession Regulatory Colleges and all Albertans need to make changes to improve how we protect ourselves, our families, our communities and future generations from infections we may not be able to treat.



Partner Organizations & Roles

Controlling and preventing infections is everyone's responsibility and everyone has a role. The key partners accountable for implementing the actions in the IPC Strategy include Alberta Health, AHS and Alberta's Health Profession Regulatory Colleges.

Alberta Health

Alberta Health's role is to provide IPC policy direction, oversight and assurance to the public that Albertans are receiving care in a safe and effective manner. Alberta Health in collaboration with other partners will identify partner roles and responsibilities in implementing the outlined actions in the IPC Strategy.

Alberta Health Services

As the regional health authority, AHS is responsible for assessing Albertans' health needs, promoting and protecting the health of Albertans, preventing disease and injury, promoting IPC and delivering safe, quality healthcare services.

Health Profession Regulatory Colleges

The Government of Alberta delegates responsibility to Health Profession Regulatory Colleges to govern their respective professions in a manner that protects and serves the public interest.

Vision

*“Working together to prevent and control infections
...everyone has a role”*

Goals

- Protect the health of Albertans by preventing and controlling the transmission of infections; and
- Assure Albertans of the quality of infection prevention and control in Alberta by strengthening accountability.

Strategic Directions

The IPC Strategy has five separate but related strategic directions.

1.	ACCOUNTABILITY AND MONITORING
2.	PROVINCE WIDE SURVEILLANCE
3.	HUMAN RESOURCE CAPACITY
4.	PHYSICAL ENVIRONMENT AND INFRASTRUCTURE
5.	PUBLIC AWARENESS AND EDUCATION

The vision and goals set out in 2008 are still relevant and have not changed, but the strategic directions have been updated and modified to clarify partner roles and responsibilities to better achieve the overarching goals of the IPC Strategy. The objectives and actions from the Hand Hygiene Strategy have been integrated into the refreshed IPC Strategy.

Leadership

The leadership structure for the IPC Strategy supports the vision of a collaborative approach and shared responsibility for IPC. A provincial IPC Leadership Committee will provide direction and oversee implementation of the IPC Strategy. Strategy partners will report to the Leadership Committee on their progress in implementing their assigned actions. The Leadership Committee will also champion IPC in their organizations and use meeting opportunities to bring forward emerging IPC issues.

Implementation Plans

Partners are responsible for developing implementation plans for their actions as they are outlined in the Strategy. To monitor implementation, progress on the plans will be submitted to the IPC Leadership Committee for regular review on a biannual basis.

1. Accountability and Monitoring

Accountability and monitoring are both key approaches to help achieve the goal of assuring Albertans of quality IPC in the province. This strategic direction merges the former strategic directions of Leadership and Accountability and Provincial Standards and Monitoring.

Objectives

- Strengthen the accountability for IPC among Alberta Health, AHS, and Health Professional Regulatory Colleges; and
- Establish mechanisms for monitoring compliance to IPC standards and policies to improve IPC practices and outcomes.

Actions

These partner actions support the Accountability and Monitoring objectives by developing processes and mechanisms to provide a consistent provincial approach to strengthening IPC accountability, oversight and monitoring.

Alberta Health

- 1.1 Develop a process to monitor and report on the implementation progress of all partners of the IPC Strategy and to publicly report progress;
- 1.2 Collaborate across ministries to increase public awareness and support for IPC practices for non-health sectors;
- 1.3 Review and revise the current four provincial IPC Standards at minimum every five years;
- 1.4 Develop new provincial IPC standards, guidelines and policies to address health system needs as required;
- 1.5 Provide oversight to AHS monitoring activities related to compliance with provincial IPC Standards; and
- 1.6 Use compliance review information to plan, address and evaluate IPC practices and activities.

Alberta Health Services

- 1.7 Internally and publicly report on key IPC outcomes and activities;
- 1.8 Develop, implement, maintain and evaluate effective and comprehensive IPC programs and services across the province;
- 1.9 Develop IPC guidelines and policies to address health system clinical and operational needs;
- 1.10 Internally evaluate compliance with established provincial IPC standards and policies; and
- 1.11 Use internal and external evaluation results to plan and address IPC operational practices and services.

Health Profession Regulatory Colleges

- 1.12 Use IPC best practice guidance and information in relevant aspects of regulatory activity, including professional guidelines, standards of practice, continuing competency programs and, where applicable, accreditation; and
- 1.13 Develop processes to monitor compliance and quality assurance to college-specific IPC related best practice guidelines, policies and protocols where appropriate.

End Points

Quality IPC is delivered to Albertans through improved compliance monitoring and accountability.

2. Province Wide Surveillance

Surveillance is an essential component of effective IPC. IPC surveillance is the systematic method of collecting, analyzing, interpreting and disseminating data on a specific infectious disease or related event for the purpose of taking action.

Objectives

- Expand and enhance the IPC province wide surveillance system; and
- Optimize collaboration among existing provincial communicable disease public health surveillance systems and healthcare facility IPC surveillance systems.

Actions

These partner actions support the Surveillance objectives by building on the existing IPC surveillance system through coordinated collaboration, reporting and evaluation activities with the goal of improving IPC practices.

Alberta Health

- 2.1 Collaborate with AHS to share relevant information among existing surveillance systems and to facilitate provincial surveillance;
- 2.2 Provide IPC epidemiological expertise to support IPC surveillance across the health system; and
- 2.3 Review surveillance reports and use surveillance data to plan, evaluate and improve provincial IPC practices.

Alberta Health Services

- 2.4 Collaborate with Alberta Health and contracted providers to share relevant information among existing surveillance systems;
- 2.5 Expand existing IPC surveillance system to develop new IPC surveillance initiatives to address health system needs;
- 2.6 Report surveillance information on hand hygiene compliance, antibiotic resistant organisms and surgical site infections and other IPC indicators to internal and external stakeholders; and
- 2.7 Use surveillance and epidemiologic data to plan, evaluate and improve IPC practices and activities.

Health Profession Regulatory Colleges

- 2.8 Use surveillance information shared by Alberta Health and AHS to inform college programs and policies, including standards of practice as required.

End Points

Surveillance data is used to improve activities to reduce rates of infections and increase hand hygiene compliance.

3. Human Resource Capacity

The people who provide and support the delivery of healthcare services have a key role in IPC; this includes everyone from Infection Control Professionals, who are the specially educated experts in IPC, to frontline healthcare professionals to those who provide support services in healthcare facilities.

Objectives

- Develop and support education and training for all healthcare workers in core IPC competencies as required for their roles and responsibilities; and
- Strengthen IPC professional expertise (specialized Infection Control Professionals, epidemiologists, etc.) to support the demand for IPC services and programs.

Actions

These partner actions support the Human Resource Capacity objectives by identifying and sharing core IPC competencies as well as strengthening IPC education, and IPC workforce expertise and capacity.

Alberta Health

- 3.1 Develop guidance regarding IPC certification requirements for Infection Control Professionals; and
- 3.2 Develop an IPC core competency profile for all healthcare workers.

Alberta Health Services

- 3.3 Develop, implement and evaluate a plan to:
 - 3.31 Recruit, educate, and retain a qualified IPC workforce;
 - 3.32 Support IPC expertise across the continuum of care; and
 - 3.33 Support education and training for all healthcare workers in IPC core competencies.

Health Profession Regulatory Colleges

- 3.4 Promote IPC awareness and best practice guidance through standards of practice and continuing competency programs.

End Points

Human resource capacity is improved through a shared understanding of IPC core competencies, improved IPC education and a qualified IPC workforce.

4. Physical Environment and Infrastructure

When providing healthcare services, it is essential to establish safe healthcare environments to minimize the risk of spreading infections.

Objectives

- Promote and integrate IPC principles in the design, construction, renovation and maintenance of healthcare facilities.
- Promote and integrate IPC principles into environmental cleaning practices of healthcare facilities.

Actions

These partner actions support the Physical Environment and Infrastructure objectives by providing a coordinated, provincial approach to integrating IPC principles and practices when cleaning healthcare environments and during the design, construction, renovation and maintenance of healthcare infrastructures.

Alberta Health

- 4.1 Expand existing IPC website to include a portal for relevant resources regarding IPC principles in design, renovation, construction and maintenance of healthcare infrastructures; and
- 4.2 Develop environmental cleaning guidelines for use in healthcare settings in collaboration with AHS and other partners.

Alberta Health Services

- 4.3 Implement AHS' IPC Healthcare Facility Design Guidelines and Preventative Measures for Construction, Renovation and Maintenance Activities; and
- 4.4 Incorporate IPC best practices into environmental cleaning guidelines and policies.

Health Profession Regulatory Colleges

- 4.5 Collaborate to promote, develop and disseminate key IPC related resources and guidelines to members including but not limited to environmental cleaning and hand hygiene.

End Points

IPC principles and practices are integrated into environmental cleaning guidelines and the design of health care facility infrastructures.

5. Public Awareness and Education

This strategic direction reaches beyond the healthcare context and into the public domain to promote IPC best practices so Albertans can better protect themselves, their families and their communities from infections.

Objectives

- Promote awareness about the importance of practices to prevent and control the spread of infections;
- Increase knowledge about the behaviours that help prevent and control infections; and
- Facilitate access to resources to educate about IPC and hand hygiene.

Actions

These partner actions support the Public Awareness and Education objectives by coordinating an approach to promote, develop and facilitate access to key IPC resources and programs suitable for the public.

Alberta Health

- 5.1 Enhance existing web portal for resources and links to reputable resources on IPC; and
- 5.2 Use public messaging to increase public knowledge and promote positive behavior change.

Alberta Health Services

- 5.3 Develop and support education for patients, families and visitors about IPC best practices; and
- 5.4 Continue to deliver, evaluate and improve programs that target sectors of the Alberta public to support hand hygiene practices, appropriate antibiotic use, and other IPC practices.

Health Profession Regulatory Colleges

- 5.5 Collaborate with Alberta Health and AHS to promote, develop or disseminate IPC and hand hygiene educational resources for the public.

End Points

Access and delivery of IPC resources is facilitated to promote positive public health IPC behaviours.

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For copies of this document and the IPC Standards, please consult the Alberta Health Prevent Infections webpage, at

<http://www.health.alberta.ca/health-info/prevent-infections.html>

Appendix 1

Key IPC Accomplishments

Listed below are some of the key achievements to date that were accomplished to meet the goals and objectives of the 2008 IPC and Hand Hygiene Strategies.

- Development, implementation and revision of Alberta Health IPC Standards.
 - Infection Prevention and Control - Accountability and Reporting (2008, revised 2011);
 - Cleaning, Disinfection and Sterilization of Reusable Medical Devices for Health Care Facilities and Settings (2008, revised 2012);
 - Prevention and Management of Methicillin-Resistant *Staphylococcus aureus*; (2008) and;
 - Single-Use Medical Devices: As Applied to Critical and Semi-Critical Medical Devices (2008, revised 2011).
- Monitoring of AHS compliance activities related to IPC Standards and best practices in AHS/Covenant Health healthcare facilities through regular reviews and periodic on-site audits by the Alberta Health Standards Compliance Team.
- Institute of Health Economic Consensus Development Conference on Screening Antibiotic-resistant organisms to inform practice and management guidelines.
- Development of a provincial IPC program within AHS which collaborates closely with Covenant Health and other contracted service providers.
- Implementation of an AHS/Covenant Health province-wide IPC surveillance system to monitor and track antibiotic-resistant organisms, *Clostridium difficile* Infection, and select surgical site infections.
- Implementation of an AHS province-wide Hand Hygiene improvement plan with observational reviews of hand hygiene compliance, consistent messaging on the importance of hand hygiene to patient safety, supported by local unit, site and zone hand hygiene improvement initiatives across the continuum of care.
- Attention to hand hygiene infrastructure with a resultant increase in number of hand hygiene sinks, hand hygiene stations, and point of care access to alcohol based hand rub in AHS and Covenant healthcare facilities.
- Increase in number of certified medical device reprocessing personnel and infection control practitioners at AHS, Covenant Health, and other contracted providers.
- Development of IPC resource manuals, IPC training videos and posters and orientation resources for AHS/Covenant Health healthcare workers, including physicians.
- Development of the AHS IPC Health Care Facility Design Guidelines and Preventative Measures for Construction, Renovation and Maintenance Activities.
- Development of the Clean Your Hands and IPC Government of Alberta (GoA) webpages.
- Implementation of the GoA “Clean Your Hands” Campaign offering hand cleaning decals and messaging for workplaces.
- Complementary GoA “iHCK—Institute for Hand Cleaning Knowledge” Campaign offering edgier hand cleaning workplace decals and an interactive website.