# IP&C in a Home Care Setting:

# A CSI Approach to Standard Based Practice.

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**2009 CHNAC Conference**

# Objectives

- Identify the IP&C challenges **(crimes)** in home care
- Identify how existing standards & guidelines were adapted **(to solve the crimes)**
- To share the lessons learned during the development of a home care surveillance strategy **(CSI approach)**

# VON Canada

- **51 Branches across Canada**
- **6,000 staff**
- **12,000 volunteers**
- **Services:**
  - Visiting Nursing (clinics, shift)
  - Home Support
  - Community Support

# Home Care: The IP&C Challenges (Crimes)

- Changing infection risks in home care
- Funders & accreditors require infection monitoring
- IP&C standards & guidelines–more suited to institutional care

**•CHN Practice Standard # 5 - Demonstrating Professional Responsibility & Accountability**

# Investigative Unit: Team VON

- National Director of Quality and Risk
- National Director of Clinical Services
- National Practice Consultant
- National IP&C Committee

# Accreditation Canada (AC)
# IP&C Standard 1

- **ROP** the organization tracks infection rates, does analysis & shares information throughout the organization.
- **Test(s) for Compliance**
- 1.2.1 Infection rates are monitored.
- 1.2.2 Staff know the relevant infection rates.

# Accreditation IP&C Standard 1 Problematic Indicators

**1.3 Indicator: Surgical Site Infection.**

- The organization tracks surgical site infections.

**1.4 Indicator: Health Service Associated (Nosocomial) Infection**.

- The organization tracks one health care associated infections: MRSA and/or C.difficile.

**1.5 The organization uses standard definitions and accepted statistical techniques**

- So information can be shared and compared.

# The Search for Evidence

**To ensure our approach was evidence-based:**

- Published evidence
- Consulted with leading IP&C experts in Canada (PHAC, CHICA, RICN)
- Canadian evidence lacking…so looked to the US

**•CHN Standard #3 Building Relationships**

# Grissom always says… follow the evidence

## WHY and HOW…

- Targeted approach
- Obtain a baseline infection rate – then identify ongoing trends
- Relevant to home care:
  - Invasive medical devices & invasive care
  - Related to processes of care
  - Monitor infections that we have control over

# Home Care
# Standardized Definitions

## 2008 APIC -HICPAC home care definitions

- **Based on clinical presentation**
- **Infection sites (BSI, wounds) not bugs (VRE, MRSA, C. Diff)**
- **Home-care associated infections** (> 48 hours)
- **Infection/not colonized**
- **Actionable data –** collect data about something we can influence

# Narrowing the Investigation

- **Non-surgical wound infections**
  - Almost 40% clients visited require wound care
  - Wound care is invasive
  - Able to make practice changes to wound care

# Investigation into HOW?

- **Phased in Approach:**
  - Local Approach – pilot 1st with small group
  - National Approach – incorporate lessons learned from pilot
- **To Learn:**
  - HOW do we engage autonomous, mobile workers to report infections?
  - HOW do we get the data from the front-line staff into centralized location?
  - HOW do we get meaningful, actionable data?

# Local Investigation

- **Learn how to:**
  - Collect data to assess quality of wound care
  - Implement reporting tool
  - Implement reporting process with mobile workforce
- **Partnered with North Simcoe Muskoka RICN:**
  - Small Projects for IP&C and Quality Assurance Grant
  - Access to IP&C expertise, data analysis

**•CHN Standard #3 Building Relationships**

# Documenting the Evidence

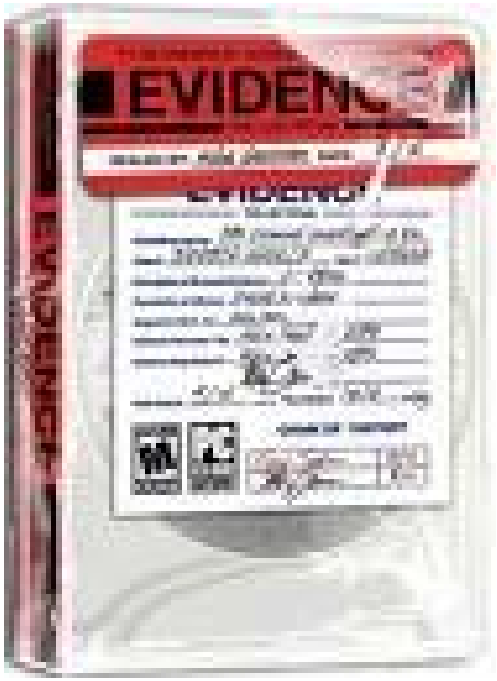
## Non-Surgical Wound Infection Reporting Tool

- Based on APIC-HICPAC home care definitions
- Narrowed definition to focus on non-surgical wound infections
- Simplify tool to engage nurses to report

# Processing The Evidence

## Standardized Process

- **Use current processes**
  - Paper based tool
  - Fax to central location
- **Efficiency -least # of steps**
- **Data entry by clerical staff**



# Training the Investigators

- Who: all RNs & RPNs providing wound care
- Tutorial & in-class education
- Evaluation

# Barriers to Evidence Collection (Reporting)

**Infections not reported because:**

- Time constraints
- Lack of confidence
- Fear of blame
- Lack of feedback
- Perceived lack of value in the reporting process

# Triumphs & Lessons Learned

- **Evidence Based Practice** - do the research and let the evidence speak…leading practices
- **Capture Quantitative Data:** # infections, wound types & locations, underlying risk factors
- **Tool:** simplify to engage staff; consult with experts to create tools
- **Reporting Process:** use familiar processes**…** faxing, reporting to central location…few steps & people

# Triumphs & Lessons Learned cont'd

- **Tutorial vs In-Class Education:**
  - Lost of technology glitches
  - Offers learning choices & scheduling flexibility
  - Reduced direct costs
- **Communication:**
  - Key to engaging autonomous & mobile workforce

# National CSI Approach (Surveillance)

- **Incorporate Lessons Learned**
  - Target non-surgical wound infections
  - Use national Event Reporting System to collect data
  - Communication
  - Education – tutorial & in-class

# Next Steps – Answer What & Who

- WHAT do we analyze?
- WHAT do with the data we are collecting?
- WHAT info does everyone need?
- WHO do we share the information with?
- WHAT will we do to improve practices?

# Infection Surveillance…ongoing investigation

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# For Questions Contact:

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