

Report on Infection Control Resource Team Visit to the Ottawa Hospital (General Campus) Status Update March 19, 2013



Completed



In progress



Outstanding

Priority Recommendations for Immediate Consideration

- Include an Infection Prevention and Control physician as a member of the Medical Advisory Committee (MAC).
- A member of the corporate senior leadership team should be given responsibility for ensuring the hand hygiene program meets its goals.
- Identify the most important to communications to staff during a CDI outbreak, and work to streamline and target the information provided.
- Evaluate the current communication strategy to ensure that staff receive the information that is necessary for them to perform their jobs.
- Ensure there is timely access to data relevant to the Antimicrobial Stewardship Program (ASP), as current delays make meaningful evaluation impossible.
- Decommission spray wands in patient bathrooms immediately. Consider the use of hygiene bags or single use bedpans for waste management.
- **Public Health Ontario would be happy to assist the Ottawa Hospital in further epidemiological investigation of CDI, which may also include assessment of the burden of community-associated CDI cases in the hospital.**
- Select one hospital disinfectant and standardize cleaning procedures across units and sites. Ensure all environmental service staff are properly trained to use the hospital disinfectant chosen.
- Remove all cups and thermoses from housekeeping carts.
- Restrict consumption of food and drinks by staff in direct patient care areas.
- Continue with the current decluttering initiative, particularly in nurse servers.
- Remove existing tape on walkers, and discontinue this practice on all units

Additional Recommendations

***CLOSTRIDIUM DIFFICILE* MANAGEMENT**

- Reconcile discrepancies in CDI management between the Civic and General campus, particularly timing of precautions initiation.
- Encourage the use of the Bristol stool classification on hospital units to ensure consistency in the assessment and documentation of stool form and to ensure that appropriate samples are being sent for laboratory testing.

EPIDEMIOLOGY

- Review positive PCR laboratory results of CDI with clinical symptoms through chart review to validate that cases meet the case definition of an acute infection and do not represent carriage.

ENVIRONMENTAL SERVICES

- Ensure the number of dedicated environmental service staff of each hospital unit reflects the unit-specific environmental workload needs, especially on weekends.
- Environmental service staff should be responsible for environmental audits. IPAC may assist with this but primary responsibility should rest with Environmental Services.

LOGISTICS

- Identify extra staff computers in the patient care areas that are not used and remove them to decrease clutter.
- Reinforce the existing policy for cleaning of patient care equipment with all staff, and communicate responsibilities clearly to Environmental Services and unit staff. Nursing and Logistics should work together to monitor compliance with this policy on a regular basis.
- Adhere to the Product Evaluation Committee process when introducing new supplies or equipment to the hospital to ensure Infection Prevention and Control is involved with the review.

HAND HYGIENE

- A hand hygiene steering committee should be created that reports to the senior leadership team.
- Validate hand hygiene audit results collected by current processes.
- Explore other mechanisms to ensure reliable and reproducible data from hand hygiene audits. Consider using non-unit based auditors to provide accurate rates.
- Infection Prevention and Control staff should not be engaged in routine hand hygiene auditing but may assist in validating results in their role as consultants.
- Consider other infection prevention and control markers (indicators) for CDI, rather than hand hygiene.
- Review the existing handwashing sinks to ensure that they are large enough to facilitate hand hygiene without contaminating the surrounding environment. Replace those sinks that are too small.

ANTIMICROBIAL STEWARDSHIP

- Ensure there are dedicated and sufficient resources for the antimicrobial stewardship program (ASP) so that key areas of the hospital are covered, and sufficient capacity and redundancy are in place.
- Maximize opportunities to work with areas or units of the hospital that are early adopters of the ASP.
- [Explore ways to limit proton pump inhibitor use.](#)
- Engage frontline staff in determining how to best communicate outbreak information with them.

COMMUNICATION

- Ensure all areas of the organization receive communication about the outbreak, including staff who often do not have access to email such as Environmental Services.
- Ensure communication has been received by staff through use of existing staff meetings and huddles.

ADMINISTRATION

- Implement a formalized method for debriefing adverse outcomes for CDI patients and for CDI outbreaks, such as through an Incident Reporting system linked to quality improvement and patient safety.