
**FIRST NATIONS INFECTION PREVENTION AND
CONTROL NEEDS SURVEY: *OUTCOMES, CULTURAL
CONSIDERATIONS AND SUCCESSFUL METHODS***

Pat Piaskowski RN HBScN CIC
Network Coordinator
Northwestern Ontario Infection Control
Network
Ontario, Canada

Teamwork

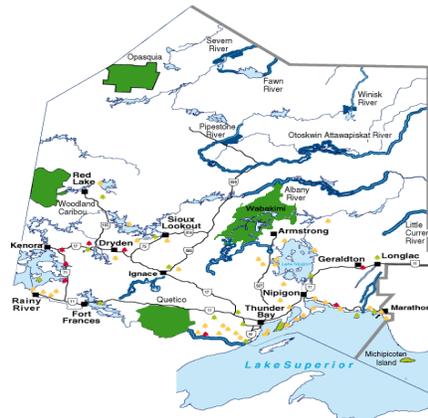
- Coming together is a beginning....
- Keeping together is progress....
- Working together is success.

» *Henry Ford*

THE BEGINNINGS...

- Regional infection control networks (RICNs) established post -SARs as recommended by Operation Health Protection
- The Northwestern Ontario Infection Control Network (NWOICN) was established in April 2005
- Network staffed and in operation September 2005, including 16 member steering committee
- First network in Ontario...now 14.

Northwestern Ontario

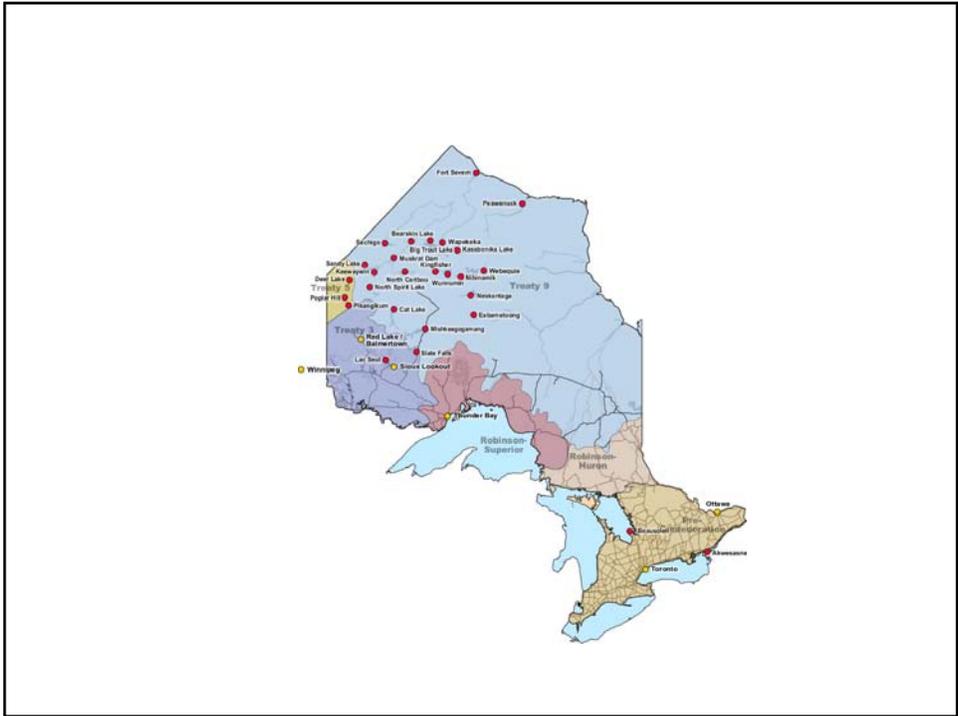


Vision for NWOICN

- The NWOICN will be the premier regional source for timely and practical Infection Prevention and Control (IPAC) in NW Ontario through
 - Development of effective partnerships and communications with regional stakeholders including First Nations
 - Education and training for front line providers
 - Production of measurable results
 - Development of effective regional and provincial partnership
-

First Nations as a Priority

- In April 2006 first strategic plan identified First Nations partnership as key
 - Engaged 4 First Nations representatives from steering committee
 - Realized need to formalize action plan for determining First Nations needs for IPAC to be met by NWOICN
-



First Nations In NWOICN



Giving Health
a Helping Hand

- 70 First Nations Communities
- Many accessible only by air or winter ice roads



- Access to physician may require traveling several hundred miles from home

First Nations in NWOICN

- Many have onsite nursing professional staff 24\7
- Some have visiting nurses who provide community health and primary care services
- All facilities have community staff:
 - Community health representatives (CHRs)
 - Referral clerks
 - Custodians\housekeepers



Health Care in First Nations communities

- Majority operated by First Nations and Inuit Health (FNIH) of Health Canada
 - A few operated by community or tribal council.
 - At present no standardized IPAC program in communities
 - No specific IPAC funding or coordination activities
-

The challenge of complexity

In Ontario:

- Health care for First Nations on reserve is primarily a federal jurisdiction
 - FNIH responsible for core public health functions
 - Public health units responsible for communicable\reportable disease off reserve
 - All are citizens within the province
 - NWOICN boundaries include many First Nations communities and First Nations partners on and off reserve
-

Setting the course

- The NWOICN steering committee approved a proposal for a First Nations project in Fall 2006
 - Based on a call for proposals Sioux Lookout First Nations Health Authority (SLFNHA) was selected as project manager
 - Two consultants hired -extensive experience in First Nations
-

Coming together

- The key components of the work plan included:
 - Conduct an environmental scan and gap analysis of infection control programs in the 70 First Nations communities
 - Bring stakeholders together to review the data and develop recommendations -role of NWOICN to be defined
 - Develop an action plan for implementation of recommendations
-

Keeping Together

- A working group was established comprised of :
 - steering committee representatives
 - consultants,
 - Provincial RICN coordinator
 - SLFNHA as project managers
 - NWOICN
 - The working group met regularly for the term of the project
-

Survey development

- The working group developed the survey
 - Conducted literature review
 - Conducted review of current resources for IPAC in First Nations from other sources
 - Reviewed demographics and defined study population
-

The survey

- The survey included:
 - Inventory of existing IPAC programs
 - Program descriptions
 - Policies and procedures
 - Standards and guidelines
 - Quality assurance
 - Allocation of resources
 - Survey was sent to:
 - Health directors for communities,
 - Executive directors/managers of care organizations
 - First Nations Health organizations
-

The Survey interviews

- January February 2007
 - Trained research assistants conducted personal interviews with survey participants
 - Interview length- 45-50 minutes
 - Followup calls were conducted as necessary
 - This one-on-one approach yielded a 60% response rate (75 of 125 surveys)
-

Key factors to success of survey

- Key stakeholders were kept informed of process including FNIH, Public Health, Ministry of Health
 - First Nations involvement in process was critical:
 - Consultants with experience in First Nations
 - SLFNHA as project manager
 - Involvement of First Nations members of steering committee representing community, tribal organization
 - Two other RICNs with First Nations priorities (NE Ontario and Champlain (Ottawa) region)
-

Challenges to survey

- Busy time of year cited by some
 - Dealing with communications challenges (distance, access to person to be interviewed)
 - Some communities don't have actual onsite staff
 - Understanding of role of NWOICN and the survey
-

The Survey says...

- Five key aspects surveyed:
 - Data management and surveillance
 - Policies and procedures
 - Interventions and protocols
 - Education and training
 - Sufficient resources for IPAC
-

The Survey says :

- Majority not able to define a formal data management system & surveillance system
 - Except for reportable diseases such as TB
- Roughly half have policies and procedures
- Less than half have formal IPAC processes in place
- About one quarter have formal IPAC training
- Inadequate resources cited by many

Any surprises??

- *Not really.....*
- These findings are likely typical for IPAC in many community settings
- Further challenges include the roles of Federal, provincial and community in IPAC
- Priority for IPAC has only increased in Ontario since SARs

Gap Analysis

- Understanding need for IPAC, its importance and functions
 - IPAC Policies and procedures
 - Data collection and management for non-reportable Infections
 - Ensure IPAC is part of overall Quality Improvement plan
-

The report of findings

- The findings were compiled by the consultants
 - Shared with NWOICN steering committee and all key stakeholders
-

Working Together ..

- Part two of project was a meeting of key stakeholders in Thunder Bay Ontario
 - Over 80 participants from across NW Ontario were invited to the 2 day conference
 - Held in April 2007
 - Many traveled great distances by air and road to attend.
-

It happened!



Participants

- Participants represented a wide range of care providers, funders, public health and care organizations as well as federal and provincial representatives
 - Community representatives included:
 - Health directors
 - Staff including housekeepers, nurses, home care providers and community health representatives
 - Representatives from NE Ontario and Champlain
 - NWOICN steering committee
-

Working Together

- Conference included:
 - Overview of RICN role and NWOICN
 - Review of IPAC best practices and functions
 - Overview of results of survey
 - Review of role of FNIHB in IPAC
 - Breakout sessions
 - Implementation of IPAC in community-challenges and opportunities
 - Role of NWOICN in supporting IPAC in communities
-

Outcomes....

- Feedback from participants
One housekeeper stated that she was honored to be asked to participate in this conference as this was her first involvement in IPAC education.
.....Housekeepers are responsible for environmental cleaning as well as disinfection and sterilization of all medical equipment including use of autoclave
 - Many funders state that IPAC was now given a higher priority because of this survey and conference
-

NWOICN role identified

- The NWOICN role was identified clearly by stakeholders:
 - Assistance in interpreting IPAC standards
 - Development of basic IPAC training package
 - Videoconference of IPAC sessions
 - Sharing of IPAC resource materials
 - Include First Nations in Infection Control week activities (Oct 2007)
 - Targeted training for housekeepers, nurses, and CHRs on reprocessing of medical devices
-

The work continues

- In May 2007 the NWOICN held a second strategic plan alignment session.
 - First Nations not defined as a separate plan, but rather integrated into plan
 - Knowledge transfer, communications, partnership and evaluation strategies all incorporate First Nations activities and priorities.
-

Continuing to work together....

- First Nations subcommittee for Education developed as part of Provincial knowledge transfer strategy.
 - Network staff participate on regional First Nations IPAC committee and provide IPAC advice for product selection
 - Network staff traveled to 4 remote communities to assist with review of IPAC in clinics
-

Education activities

- Series of 12 lunch and learn sessions broadcast to communities via videoconference in partnership with KO Telehealth.
 - Topics include:
 - Hand hygiene
 - Routine (standard) Practices
 - Assisting with development of manuals for reprocessing of equipment as well as environmental cleaning in clinics
-

Meeting the Elders

- NWOICN staff conducted IPAC videoconferences for Elders from communities- translated by interpreter into Oji Cree
How do you say Infection Control in Oji Cree?
 - Covered basic IPAC such as:
 - Hand hygiene
 - Cough Etiquette
 - Elders are key individuals in their communities for wisdom and traditional guidance
-

The next Big Thing

- The NWOICN steering committee approved a reprocessing conference to be held in Thunder Bay in October 2008.
 - A working group has been developed to plan for this conference.
 - Staff involved in reprocessing including housekeepers and dental staff and CHRs from communities invited
-

Conference outline

- Presentations on principles and practices of reprocessing (cleaning, disinfection and sterilization)
 - At least 8 hands on work stations for reprocessing staffed with experts and interpreters (Oji-Cree)
 - A visit to a local hospital reprocessing department
 - A set of policies and procedures to be provided.
-

What we have learned

- Developing key partnerships with First Nations stakeholders is essential
 - From the beginning or the conception of the project.
 - Listen and learn from this unique culture
 - Ask instead of tell
 - We have a "basket of service" that we can offer...stakeholders can select from that basket.
-

Next steps

- NWOICN will continue to work in partnership with communities, tribal organizations, funders\providers (federal and provincial), public health and other RICNs
 - Knowledge transfer to First Nations communities will remain a priority
-

- Questions?.....

