

Revitalizing the Infection Safety Champion Initiative



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Tragedy Strikes – January 2009

NEWS LOCAL

Nurses allege unsafe conditions

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Unsafe working conditions contributed to the death last January of a nurse who contracted a super-bug infection at London's Victoria Hospital, the Ontario Nurses' Association alleges.

The nurses' union is appealing a Labour Ministry inspector's decision not to issue orders against London Health Sciences Centre in connection with the nurse's death.

The critical-care trauma nurse had been caring for a patient infected with methicillin-resistant Staphylococcus aureus (MRSA), an infectious super-bug that's difficult to treat. The patient later died. The nurse became ill and died six days later from complications of influenza. MRSA was deemed a contributing factor.

"There's no question in our minds that the employer did fail to provide a safe working environment," Ontario President Linda Haslam-Stroud said last week as the ONA announced its appeal.

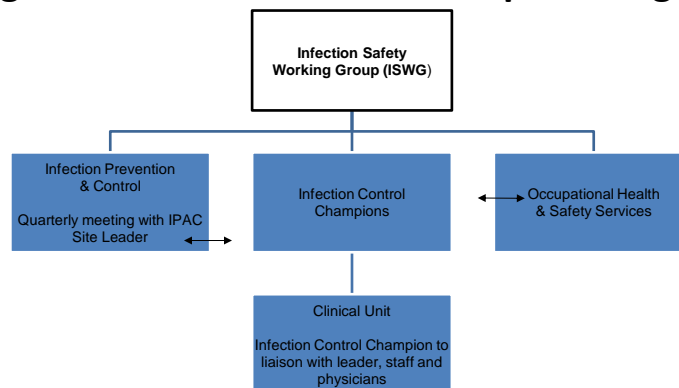
Haslam-Stroud said there were several serious gaps in the system, including patient-screening procedures, staff training, defective equipment and risk assessment.

Original Infection Safety Champion(ISC) Program

Goal: To improve patient & staff safety by speaking up and holding each other accountable.

- Program launched February 2010
- Partnership between IPAC and OHSS
- Grassroots front line infection prevention
- Personal ownership
- Envisioned as a resource for leaders and staff on issues such as isolation practices, hand hygiene, additional precautions, routine practices ...

Original Infection Control Champion Program



Original Infection Safety Champion(ISC) Program

- Recommended 2 staff members/unit
- 1 in smaller units/larger ambulatory care areas
- Full day orientation session annually
- Monthly meetings with specific theme
- Action request between meetings
- Leadership support both facility wide and departmentally
- Commit 4-6 hrs/month



Review of Program 2014

Anecdotal:

- Meeting attendance dwindles, with most attendees from management (not front line Champions)
- Orientation session canceled for 2013 & 2014
- Champions report feeling undervalued and unsupported
- Champions spending majority of their time conducting hand hygiene audits, not able to focus on principles in Champion Program

Review of Program 2014

Formal Survey of Champions:

- Electronic survey to Infection Safety Champions
 - 20% response rate
- Survey confirmed shift of program focus from Champion work to hand hygiene auditing
 - 84% of respondents were both Champions and Hand Hygiene Auditors
 - 67% of respondents did NOT receive dedicated time for Champion work

Review of Program 2014

Formal Survey of Champions:

- 82% saw value in the Champion Program
- Respondents identified why they did not attend meetings:
 - 61% - It is not a good time for my clinical area (i.e. too busy, no coverage, etc.)
 - 27% - Other (e.g. share role with another individual, don't know about meetings soon enough to schedule, prior commitments)
 - 10% - My attendance at the Champion meetings isn't supported by my leadership
 - 2% - The agenda does not interest me/does not apply to my clinical area

2014 Telephone/Email Survey of Similar Sized Facilities

- 7 hospitals in Ontario & 1 in British Columbia
- 2/7 facilities had a Champion Program
- Of the 5 who **did not** have a program:
 - 2 had previously implemented a program, but transitioned to another strategy due to lack of participation.
 - 2 had units who developed their own initiatives; funding problematic.
- Of the 2 who **had** programs:
 - 1 facility “lead Champions” did not participate in Hand Hygiene auditing & were coordinated by Nursing Professional Practice.
 - 1 facility revamped their program 3 years ago to include Allied Health staff and changed the position title to “IPAC Links”.

Themes in Literature Review

- Utilize a variety of educational tools to reach front line staff
 - PowerPoint, unit based displays, web based training
- Educational resources only effective if other measures to alter staff behaviour
 - Audits, feedback, ongoing education
- Volunteer Champion more effective
- Both leadership and front line staff champions needed to make change
- Training by Infection Prevention & Occupational Health for Champions
- Support to clinical champions from Infection Prevention and Control
- Organizational setting impacted success



2015 Infection Safety Champion Program Overview

	Current state 2010 to present	Proposed redesign Launched in Oct 2015
Role of ISC	Provide support to clinical unit regarding Infection Prevention Control (IPAC) and applicable Occupational Health and Safety (OHSS) policies, practices and procedures; guidelines or concerning trends.	Same overall role
Role of Infection Safety Champion and Hand Hygiene compliance auditor	Dual role for many Infection Safety Champions	Responsibilities separated into 2 distinct roles: 1) Infection Safety Champion 2) Hand Hygiene Auditor
Time allotment to perform the role of Infection Safety Champion	4 hours per month	4 hours per month PLUS time needed for hand hygiene compliance audits.

2015 Infection Safety Champion Program Overview

Clinical Unit leader responsibilities	Support the monthly time commitments related to the role	Accountability of ISC meeting attendance and follow up activities. Promotion of ISC observations and audits. Quarterly feedback to IPAC/OHSS on unit based activities.
Initial training of the Infection Safety Champion	One half day session offered annually.	One 6 - 8 hour session offered annually. – Revised to offered in May & November each year
Infection Safety Champion Clinical Unit responsibilities	Promotion, education and communication of Infection Safety related issues.	Expectations sent to leader and ISC related to promotion, education and communication of Infection Safety related issues & completion of unit based activity with feedback to unit leadership.
Meetings	Monthly at both sites, except in the summer one at each site. Includes current organizational initiative & topics of interest (Time commitment = 1.5 hour)	5 meetings a year at each site in Oct., Dec., Feb., Apr. & June <u>WITH</u> a take away activity to be completed on unit. (Time Commitment = 2.5)
Post meeting support from IPAC & OHSS	“Take home message” to support the Infection Safety Champion feedback to clinical unit.	Continue “take home message “ & unit based activity description

Revitalized Program Roll Out

- Theme “Celebrating Our Infection Safety Champions”
- Roll out October 2015 during Infection Control Week
- Leadership and Champion email communications
- All staff broadcast indicating upcoming events and change
- 2 Hospital Newsletter publications highlighted the role
- Hospital Intranet Feature
- Bulletin Board displays at both LHSC sites
- Detailed outline of program at October Champion Meeting
 - Champions tell their stories
- Launch of Button Contest
- **Addition of videoconferencing and recording of meetings**

Results of Revitalized Program

- Meeting attendance numbers increasing from 30 to 50/month
- 8 Leadership reports submitted first quarter
- Champion orientation session average 25 participants
- Development of resource and accountability tools for leaders Champion
- Survey in preparation for June planning session



Creative Solutions From Front Line Staff



Summary

Lessons learned

- Revitalization based on anecdotal evidence and needs of the Champion
- Literature review guided structure
- Education about role woven through ongoing initiatives i.e. communication, gap analysis, leadership meetings
- Ongoing evaluation and sustainability planning

