

Chapter 34

Sunrise Regional Health Authority – Infection Prevention and Control

1.0 MAIN POINTS

Sunrise Regional Health Authority (Sunrise) is responsible for preventing and controlling the spread of infections in all of its long-term care facilities. Infections pose health and safety risks to residents, staff, and visitors.

By March 2016, Sunrise Regional Health Authority had fully implemented six of ten recommendations we first made in 2014 related to the prevention and control of infections in long-term care facilities. It developed a more robust infection prevention and control plan, developed and implemented new infection prevention and control guidance, and actively trained its staff on expected practices. However, it had not yet:

- › Consistently communicated to visitors its expectations of them for preventing and controlling infection in its long-term care facilities (e.g., hand hygiene in public washrooms)
- › Consistently supervised cleaning in various areas of long-term care facilities
- › Formally analyzed and reported on trends in key types of infections that affect long-term care residents

Addressing each of the above areas can contribute to more effectively preventing and controlling infections in long-term care facilities.

2.0 INTRODUCTION

In our *2014 Report – Volume 1*, Chapter 13, we concluded that Sunrise had, other than areas related to our recommendations, effective processes to prevent and control infections in long-term care facilities. We made 10 recommendations.

This chapter describes our first follow-up of management's actions on the recommendations we made in 2014.

To conduct this review engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate Sunrise's progress towards meeting our recommendations, we used the relevant criteria from the 2014 audit. Sunrise agreed with the criteria in the 2014 audit. To do our follow-up, we discussed with management progress they made in meeting our recommendations, reviewed supporting documentation, and visited three long-term care facilities in the region to verify the progress.



3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at March 24, 2016, and Sunrise's actions up to that date. We found that Sunrise had implemented six recommendations, but still has work to do to implement the other four recommendations.

3.1 Infection Control Planning Expanded

We recommended that Sunrise Regional Health Authority expand its infection prevention and control plan to include goals, actions, and targets for long-term care facilities, and have the plan approved by its Board. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Implemented

In June 2014, the Board of Sunrise approved its revised infection prevention and control plan that included goals, actions, and targets for long-term care facilities. The revised plan included targets (e.g., 75% hand hygiene compliance rate). It also set out a formal reporting framework (e.g., reports required to senior management or the Board).

Key actions for long-term care facilities included: increasing compliance with hand hygiene practices, implementing cleaning requirements for all areas of long-term care facilities, documenting the level of cleaning completed, and developing consistent processes for handling and segregating soiled laundry to reduce the risk of infection.

3.2 Communication with Staff and the Public on Infection Risks Improved

We recommended that Sunrise Regional Health Authority consistently communicate its practices on infection prevention and control in its long-term care facilities to front line staff and the public. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Partially Implemented

Sunrise used a variety of ways to communicate its practices on infection prevention and control. Since 2014, Sunrise developed several new educational brochures (e.g., techniques for performing hand hygiene, guidelines for placement of alcohol-based hand rub dispensers, precautions signage) for long-term care facilities. It shared them with managers, supervisors, and frontline staff by email and through local committee meetings. It made its educational materials, guidelines, and policies and procedures available to staff through its intranet. Sunrise staff have access to the intranet, and receive notifications on updates or when new information is added.

While Sunrise did a good job on communicating its infection prevention and control practices to staff, we found inconsistent use of public posters and signage at the long-term care facilities we visited. While all of the long-term care facilities we visited had hand hygiene stations at the front entrance with signage, only one facility had signs to inform visitors with flu symptoms to refrain from visiting. Also, public washrooms in two of the long-term care facilities that we visited did not have signage related to hand hygiene practices.

Informing the public about the risks of spreading infection is important, as residents of long-term care facilities could become seriously ill when they come into contact with the visiting public carrying infections.

3.3 Written Procedure on the Location of Hand Hygiene Supplies Developed

We recommended that Sunrise Regional Health Authority implement a written procedure to require hand hygiene stations to be readily accessible at points of care in its long-term care facilities. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Implemented

Since 2014, Sunrise developed and implemented written guideline for the required locations of hand hygiene stations. The guideline requires the placement of hand hygiene products in all areas where it provides client, patient, or resident care. We found hand hygiene stations were accessible at points of care in long-term care facilities we visited. For example, we observed hand hygiene stations outside every resident room, at all entrances and exits at the facility, and at all work stations.

3.4 Monitoring of Cleaning Still Needed

We recommended that Sunrise Regional Health Authority implement cleaning procedures that identify cleaning requirements for all areas of long-term care facilities. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Implemented

We recommended that Sunrise Regional Health Authority require staff document the level of cleaning completed on each area of long-term care facilities and have the documentation reviewed by a supervisor. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Partially Implemented



Since 2014, Sunrise developed specific cleaning procedures for all common areas. These procedures provide guidelines for cleaning frequency for all areas of long-term care facilities, and the use of daily worksheets to track and monitor cleaning. The guidelines require staff to document the level of daily cleaning on the daily worksheet.

While all facilities documented the level of cleaning carried out, we found all supervisors did not review the cleaning worksheets in all facilities.

Supervisors not reviewing the cleaning performed could result in facilities not receiving thorough cleaning. Insufficient cleaning increases the risk of spreading infections.

3.5 Policy and Procedures for Handling Soiled Laundry Developed

We recommended that Sunrise Regional Health Authority consistently handle and segregate soiled laundry to reduce the risk of infection to staff and residents of long-term care facilities. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Implemented

Since 2014, Sunrise developed policies and procedures for handling and segregating residential laundry. We observed laundry practices in three long-term care facilities. We found staff at each of these facilities bagged and segregated different categories of soiled clothes, according to the policies and procedures.

3.6 Training Plan Developed

We recommended that Sunrise Regional Health Authority develop a training plan to give formal updates on infection prevention and control practices for long-term facility staff. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Implemented

Since 2014, Sunrise provided formal training to staff on infection prevention and control practices for long-term care facilities through various ways. For example, it provided annual educational workshops, orientations, and onsite training sessions. Sunrise made its educational brochures available to all staff through its intranet.

Sunrise also tracked and monitored staff attendance at training offered. It developed an online system. Facility managers use this system to schedule required training for their staff and monitor training completed.

3.7 Information System to Monitor Key Infections Developed

We recommended that Sunrise Regional Health Authority collect information on key types of infections that affect long-term care residents. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Implemented

Since 2014, Sunrise identified and tracked key types of infections in long-term care facilities (e.g., ARO infections).¹ It also developed a system for consistently collecting data and reporting key types of infections in long-term care facilities. Each quarter, Sunrise prepared summary data reports on key long-term care infections. It shared them with facility managers and staff.

3.8 Analysis on Key Infection Rates Needed to Address Risks

We recommended that Sunrise Regional Health Authority routinely analyze information on key types of infections that affect long-term care residents. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Partially Implemented

We recommended that Sunrise Regional Health Authority give senior management and the Board routine written analysis on rates and trends of key infections in long-term care facilities. (2014 Report – Volume 1; Public Accounts Committee agreement February 12, 2015)

Status – Partially Implemented

While Sunrise collected data about key types of infections in long-term care facilities, it did not analyze why infections trends are occurring. The analysis could include the causes of infections, details on individual cases, and recommendations for future prevention.

For 2014-15, Sunrise developed annual reports and quarterly reports on infection control for the Board and management respectively. The reports included ARO infection rates, reported infection rates (e.g., bowel surgery infections), regional outbreaks, and hand hygiene compliance rates.

¹ Antibiotic resistant organisms (ARO) infections arise when a person becomes infected with bacteria that is resistant to antibiotics (e.g., MRSA).



However, the reports did not include analysis of trends or set out what Sunrise was doing to prevent future incidents. For example, it did not include reasons for 11 ARO infections in long-term care facilities reported for the period October 1 to December 31, 2015, or plans to reduce future infections.

Through detailed analysis of trends of infections, Sunrise could improve its ability to identify emerging risks and protect long-term care staff and residents from infections. In addition, the analysis would allow Sunrise to better assess the effectiveness of its infection control and prevention plans and activities.