IPC Site Consults for Continuing Care & Congregate Living Provincial Protocol

Approved by Surveillance, Evaluation, Quality Improvement, Research Committee

(SEQIR): July 18, 2024 Revised: July 25, 2024



Copyright @ 2024 Alberta Health Services. This material is protected by Canadian and other international copyright laws. All rights reserved.

This material may not be copied, published, distributed or reproduced in any way in whole or in part without the express written permission of Alberta Health Services (please contact the Senior Provincial Director of Infection Prevention and Control at InfectionPreventionControl@albertahealthservices.ca.

This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.



Contents

4
4
4
4
4
5
5 5
5
6
8
9



Introduction

In AHS, Infection Prevention and Control (IPC) continues to work with the Provincial Continuing Care Audit Team and Safe Healthy Environments (SHE) in responding to continuing care and congregate living outbreaks. For IPC, a formal provincial process for visiting these sites for COVID-19 outbreaks specifically began in June 2020. The goal of IPC during the pandemic period was to conduct an IPC site visit to provide outbreak management support and to support staff with their IPC practices within 72-96 hours of a COVID-19 outbreak being declared. These visits helped AHS coordinate and prioritize the various visits occurring in these settings. During 2022, the IPC site consult tool was revised to better support and standardize the findings at these sites and to improve communication of the overall findings with IPC leadership. Further improvements to the process were implemented in 2024, including the utilization of the RedCap platform to optimize efficiency.

Goal

To reduce the spread of pathogens in AHS and Covenant Health continuing care and congregate living settings and support them to follow best practices.

Objectives

- 1. Support best practices in AHS and Covenant Health continuing care and congregate living settings.
- 2. Communicate the concerns management and Senior health need to act upon.
- 3. Use the IPC site consult tool to develop and evaluate IPC interventions.
- 4. Establish trend analysis over time to compare with internal and external benchmarks.

Methodology

- An infection control professional attempts to visit a site, in person, within 72-96 hours of an outbreak being declared. In some instances, the infection control professional may coordinate with site leadership to address outbreak concerns, without visiting the site in-person. IPC and outbreak management support are provided to the site by ICPs throughout the outbreak.
 - The infection control professional completes the outbreak review questions from the IPC site consult RedCap Survey and submits findings to site management. Refer to <u>Appendix A</u> for a summary of this process
 - If necessary, the infection control professional attends follow-up visits to assist with high-risk IPC issues.

Patient population

- AHS and Covenant Health continuing care and congregate living settings;
 - Home Care while they provide service in these settings
 - Supportive Living
 - Long Term Care
 - Palliative or End of Life Care (includes Hospices)
 - Adult Day Programs
 - Lodges



Data collection and data entry

The IPC site consult tool (<u>Appendix B</u>) will be used to capture observations after a site visit or consultation for outbreak purposes. As a recommendation, the IPC site consult tool should be completed by an ICP within three days of a site visit.

Data entry

An assigned Surveillance & Standards analyst will routinely extract information and clean data from the completed tools into a Masterfile to support quarterly reporting.

Mandatory information

The data entered on the tool must include;

- Date of Consult;
- Facility Name;
- · Owner/Operator;
- Zone;
- El Number; (If available)
- Infection Control Professional;
- Outbreak type (COVID-19, Influenza, Gastrointestinal, Other, not applicable);
- Responses to each of the outbreak-related questions

See Appendix B for more information on data entry elements.

Reporting

Communication and dissemination of surveillance reports is an integral part of surveillance to inform IPC practice within AHS and Covenant Health and provide support for interventions that improve the quality of patient care delivered. Responsibility for compiling, reporting, and disseminating data and reports is shared between AHS and Covenant Health IPC Surveillance and Standards and the AHS and Covenant Health IPC program. Formal reports are generated routinely using reconciled and validated data. The quarterly reports contain information on the site, zone, outbreak type and findings from the outbreaks. The report is shared to communicate concerns that management and senior health need to act upon and are presented to the provincial IPC Surveillance, Evaluation, Quality Improvement and Research (SEQIR) Committee for approval.

Data quality

To maximize the data quality of the IPC site consult tool, IPC site visits need to be administered using a standardized process that is efficient and effective. Even though these site visits are only a snapshot in time, it is important that there is a standardized process for how information from the reviews are documented in the IPC site consult tool and subsequently reported. The standardized process includes applying standard site reviewing processes, using protocol specific definitions, consistent and standard data entry and cleaning, performing data quality checks, adhering to confidentiality and security standards, and establishing



an inter-rater reliability process for these reviews. A guidance document was developed to support this standardized process.

Continuing Care ICPs

The provincial continuing care working group is responsible for developing, reviewing, and updating this protocol to include the precise methodology for data collection and to ensure consistency.



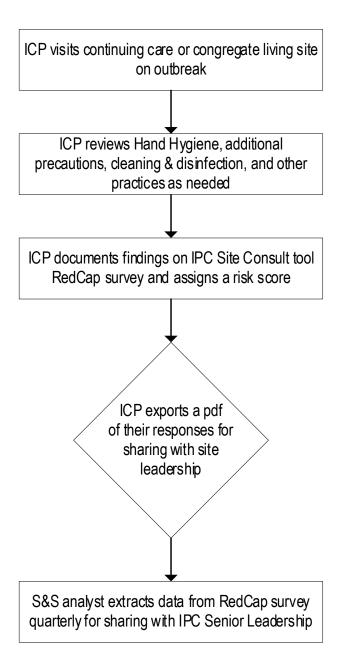
Protocol revision history

Date	Details
July 2024	Protocol Approval



Appendix A: Outbreak review algorithm

An ICP may visit a site for multiple reasons. All visits will be tracked, however only outbreak related visits will be captured and reported as part of this protocol.





Appendix B: IPC site consult tool

How does it work?

Choose the answer(s) that most accurately describe(s) the situation at the facility.

Refer to the SCT Guidance document which can be found on SharePoint for guidance on the use of the terms consistent, inconsistent and absent and details about what is covered under each of the site consult tool questions.

The link to the site consult tool is here: Continuing Care Site Consult Tool (albertahealthservices.ca).

