

February 26, 2015

MEMORANDUM TO IPAC CANADA MEMBERS
RE ELECTIONS TO BOARD OF DIRECTORS

The Nominating Committee of the Board of Directors of IPAC Canada is charged with the responsibility of ensuring continuity by nominating a slate of officers for positions open in 2015 (Policy 12.10). Additionally, nominations for board positions are welcomed from members of IPAC Canada. The deadline for receipt of additional nominations was February 13, 2015.

Because of changes to election laws as prescribed in the current by-laws, the procedure for election of Directors and Officers has changed. Please also note that, because of by-law changes to terms of office, the current President will hold office until the 2015 AGM and the current President-elect will become President at the 2015 AGM. The election for a President-elect will take place every two years, starting in 2015.

Timelines for Election of Officers and Directors:

December 22, 2014 – Announcement of the Nominating Committee slate of Directors
February 13, 2015 – Deadline for additional nominations from membership
February 26, 2015 – Announcement of final slate of candidates for election at 2015 AGM.
June 17, 2015 – Elections to be held at the Annual General Membership Meeting, Victoria.
June 17, 2015 – Newly elected Board Orientation, Victoria

The following candidates are nominated for positions open as of June 17, 2015. Additional nominations from the membership of IPAC Canada will be accepted at the Annual General Meeting (June 17, 2015). Position descriptions (Section 2 Board of Directors, Policy) may be obtained from the Membership Services Office . (info@ipac-canada.org).

President-elect (2 year term) followed by 2 year term as President

Molly Blake BN MHS GNC(C) CIC
Winnipeg MB

Treasurer (3 year term)

Michael Rotstein RN BScN MHSc CIC CHE
Richmond Hill ON

Director (MD background) (3 year term)

Camille Lemieux BScPhm MD LLB
Toronto ON

Mary Vearncombe MD FRCPC
Toronto ON

CANDIDATE PROFILES



MOLLY BLAKE BN MHS GNC(C) CIC has been an Infection Control Professional for almost 15 years, and is currently the Program Director, Infection Prevention and Control, Winnipeg Regional Health Authority. In her professional position, Molly's responsibilities include lead planning, implementation and evaluation of the WRHA Regional infection prevention and control Program. She has served on many working and interest groups at the local, provincial, national, and international level. She has been an IPAC Canada member (local chapter – Manitoba) for as long as she has been an ICP, and has been involved for several years in IPAC Canada activities through the Conference Planning Committee and Interest Groups (e.g., Dialysis Interest Group). Molly undertook her undergraduate nursing training and received her Bachelor of Nursing at the University of Manitoba. She completed a Masters of Health Studies from Athabasca University. She received initial certification through the Certification Board of Infection Control and Epidemiology, Inc. in 2008 (and recertified in 2013).

Philosophy: Since beginning as an ICP 14 years ago, I've strived to do all I can to influence a safer environment. In this role, I will endeavor to help IPAC Canada achieve its mission to promote IP&C best practice through education, standards, advocacy and consumer

awareness by looking for opportunities to help IPAC Canada continue to grow as it realizes its vision as a major leader and the recognized resource in Canada for promotion of IP&C best practice. To accomplish this, we must continue efforts to expand IPAC Canada membership to encompass diverse professional specialties to elicit new ideas and varying perspectives that will benefit us. I believe a foundation of collaboration and support, within which members can utilize individual and group strengths/processes is fundamental. We must also continue to promote membership involvement at the chapter and committee levels, work collaboratively with key stakeholders, identify and mentor new leaders, and readily adapt to changes in healthcare. Ours is an exceptionally rewarding (and challenging) profession. I hope to instill an appreciation of IP&C in others outside our roles. My passion for infection prevention is founded on improving the patient experience for every healthcare encounter through application of evidence-based care. It just makes sense. I will continue working to increase the value of ICPs in practice settings and among stakeholders; and advance IP&C across the care continuum. I believe my previous experience on IPAC Canada committees and interest groups can help in contributing to IPAC Canada's efforts to support ICPs. Education and mentoring at all levels is fundamental to advance competency and patient safety. Supporting advanced ICPs facilitates their support and mentoring of the next generation of ICPs. Members would be empowered and engaged in ways that help set and meet personal professional goals as well as the strategic goals of IPAC Canada. Leadership is a discipline and an art; a responsibility and a privilege. It is the discipline and art of guiding and motivating others toward a common goal. It is the privilege of being able to grow both personally and professionally learning from the collective wisdom of others. Leadership requires flexibility to learn from others and adaptability to changing people and situations. It requires responsibility to assure alignment with the organization's mission, vision and values in our dynamic, complicated healthcare environment. I would be honored to be given the opportunity to represent IPAC Canada locally, nationally, and internationally.



MICHAEL ROTSTEIN RN BScN MHS Sc CIC CHE completed his Nursing diploma and his post-RN degree at Ryerson and began his SickKids career of almost 14 years on a medicine unit as a staff nurse and Clinical Support Nurse. He also worked in the emergency department, ambulatory diabetes program, and as a clinical response nurse. He was then elected to the position of Chair of the Registered Nurses' Council. In that role he was an active representative on many committees and task forces, while developing and leading many program initiatives. During his tenure in this role, he implemented the "80/20" model of nursing governance, facilitated the roll-out of a large benefit program change, developed a two-day leadership workshop for front-line nurses, and implemented the Nursing Wear program within the hospital. In 2009 he became an Infection Control Practitioner (ICP) with primary responsibility for the Emergency Department, the Paediatric Intensive Care Unit, the Heart Centre, as well as several ambulatory and patient support areas.

He was also responsible for consulting on all construction and renovation projects in the hospital. Michael completed his Master of Health Science, Administration Program at the University of Toronto in June 2013 and at the same time became a Certified Health Executive with the Canadian College of Health Leaders. Michael took on a challenging new role as manager of the IPAC program at Mackenzie Health in May 2013. While still new to the role, he is always looking for new opportunities to link and network with colleagues across the city and country.

Philosophy: My continued involvement in local, provincial and national infection prevention opportunities continues to broaden my perspective on IPAC practices and leadership at a local and system level. I feel assured that my wide variety of roles, my past experiences, and my formal education have provided me with the necessary skills to take on this responsibility. I believe that the vision and mission of IPAC Canada are well aligned with my own. The principles of support, standardization, and promotion provide an important framework for development and dissemination of key infection resources that assist members nationally and internationally. I believe a clear vision – not only for the organization, but for the individual chapter that each member is able to identify with – is integral to maintaining quality decision-making that is consistent and transparent. I am confident that I can be part of the leadership team to help the organization and each individual chapter succeed.



CAMILLE LEMIEUX BScPhm MD LLB has been with the University Health Network Infection Prevention and Control team since 2006. She completed her pharmacy training at the University of Toronto, law school at the University of Ottawa, medical school at Queen's University, and most recently her Master of Public Health at the Dalla Lana School of Public Health. In addition to practicing both medicine and law, she worked at the Ministry of Health and Long-Term Care in the aftermath of SARS. Currently she works as associate director of infection prevention and control at UHN and is a partner at the Toronto Western Hospital Family Health Team. Camille chaired the Public Health Ontario Provincial Antimicrobial Stewardship Advisory Committee from 2010 to 2013. She has carried out infection control programmatic reviews for various hospitals across Canada. She has also been a consultant to hospitals on *C. difficile* and MRSA outbreaks. Currently, she is physician consultant to 3 Ontario hospitals in addition to the University Health Network.

Philosophy: I have not landed in the world of an IPAC MD by the usual route. I am not an infectious disease physician or a medical microbiologist. I am a family physician and a MPH epidemiologist. I believe in infection control and I love my job. I have been the associate director of IPAC at the University Health Network in Toronto for almost 9 years, and I am pretty good at what I do. But I have lots more to learn, and enjoy the challenges that learning brings. I recently wrote my CIC (and passed!). In addition to being a

physician/MPH, I am also a pharmacist and lawyer. I hold leadership positions within my hospital. I can deliver a forward thinking perspective to IPAC-Canada, bringing all of my skills to the table. Being on the Board of IPAC-Canada does not require ID-medical microbiology expertise. It requires a great knowledge of infection control, an ability to think critically, and the ability to tackle policy issues. I feel I have these attributes.

Infection control is one of the pillars of patient safety. Although IPAC has gained more visibility over the past decade, the impact of communicable disease in our healthcare facilities and long-term care/residential institutions still does not receive the same prominence and attention as other patient safety imperatives, such as medication errors. I see progress in infection control involving all stakeholders in collaborative decision making, including frontline providers, administrators, physicians and environmental services staff. Change in infection control is very linked to culture change at the front line, and I see IPAC as a partner in supporting that change. I feel the future of infection control is rooted in pragmatism, where we take a big picture view of the patient and ensure that what we do is advancing patient safety and care. Our role should not be solely tied to enforcing rules and guidelines.



MARY VEARNCOMBE MD FRCPC is Medical Director, Infection Prevention and Control, at Sunnybrook Health Sciences Centre, Toronto. In addition, she is Associate Professor, Department of Laboratory Medicine and Pathobiology, Faculty of Medicine, University of Toronto. Prominent committee appointments include Chair, Infection Prevention and Control Sub-Committee (PIDAC); Chair, Infection Prevention and Control Guidelines for Pandemic Influenza (Health Canada); and the Expert Advisory Group for Infection Prevention and Control for Pandemic H1N1 Influenza (Public Health Agency of Canada). She has been honoured with many awards of distinction, including being the first recipient of the IPAC Canada (former CHICA Canada) Champion of Infection Prevention and Control (2010) and an Award of Merit in both 2006 and 2011.

Philosophy: It is an honour to have been nominated for Director (MD) IPAC Canada. Infection Prevention and Control is the best established and one of the most important patient and occupational safety disciplines.

IPAC Canada has long been a national and international leader in IPAC practice, through education, standards development and promotion of excellence and professionalism in its members. Our great strength comes from IPAC Canada's tradition of open communication and generous sharing of experience and expertise. I share many of IPAC Canada's values and goals, as evidenced by my work:

- multidisciplinary and diverse team approach;
- development of user-friendly best-practices and tools through the Ontario Provincial Infectious Diseases Advisory Committee;
- promotion of education of infection control professionals, health care trainees, health care workers across the continuum and the public;
- accessibility to my team and colleagues;
- and, most importantly, evidence-based practice.

My passion is my work and the fact that, in our work, we learn something new every day is energizing. That same passion and energy in the members of IPAC Canada is its strength.

Marilyn Weinmaster RN BScN CIC
Secretary, Board of Directors

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