Where are the Champions?
Building IPAC Capacity in Long-Term Care and Retirement Homes

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Credits
Thank you to my entire team, the THP IPAC HUB, for their dedication and collaboration in order to make this IPAC champions program possible, and Public Health Ontario for some content.

Objectives
- Describe the purpose of THP HUB’s IPAC Champions program
- List the processes utilized for knowledge transfer
- Highlight the outcomes and future development of this program
Who We Are
THP IPAC HUB Staff and our Congregate Living Partner Organizations include:

- 20 LTC homes
- 28 Retirement homes
- ≈ 70 other Community organizations/congregate settings including shelters and group homes
- + Trillium Health Partners (4 sites)

What We Do

- **Ongoing Consultations**: Inquiries and resources
- **Onsite Support**: Follow up on previous recommendations, peer-to-peer audit training and outbreak support
- **Communities of Practice** — LTC and Retirement Homes, Congregate Settings
- **Education**: Hand hygiene/PPE refreshers, UTI, AROs...
- **Champions Training!**
What Is A Champion?
A UNICORN
Unit-based Infection Control Resource Network

Based on a program originated at Trillium Health Partners

Objective
To build Infection Prevention and Control (IPAC) capacity in long-term care (LTCH) and retirement homes (RH) in the Mississauga/South Etobicoke region of Ontario, through a champions training program.

This IPAC Hub course aimed to
• Enhance healthcare workers’ knowledge
• Refine their IPAC understanding and beliefs beyond COVID-19
• Facilitate their development as effective role models and
• Create additional support for the facility IPAC lead

Methods
1. Introduction to the concept of Champions/UNICORNs to IPAC Leads at bi-weekly Community of Practice meetings, including:
   • How to select Champions
   • What support to provide for success
2. An introductory session open to anyone with an interest
3. Pre-test
4. Weekly sessions with:
   • Key IPAC content – what the IPAC Lead needs to know and discussion on how a Champion might help in this area
   • Quiz to solidify learnings and highlight engagement
5. Post-test
6. Evaluation
Our Model: Plan-Do-Study-Act (PDSA)

Step 1: Plan
- Objective: To build IPAC capacity in LTCH/RHs
- Predictions: Increased IPAC knowledge uptake and improved confidence amongst staff
- Plan: Pre-test, virtual education sessions, weekly post session quizzes & final post test and evaluation survey

Step 2: Do
- Carry out our interventions (virtual education sessions)
- Complete post test & evaluation survey

Step 3: Study
- Analyze results of evaluation survey
- Compare data of post-test to the pre-test and our predictions

Step 4: Act
- Next round of IPAC Champions Sessions
- Quarterly follow up sessions

Selection Criteria

Based on the CDC:
- Respected
- Effective Communicators
- Enthusiastic
- Committed
- Courageous
- Team Oriented
- Open to New Ideas
- Early Adopters

Facility Support

Address common barriers to the work of IPAC champions, for a successful program (Goedken et al, 2019):

1. Time
   - Allocate time during shifts for the Champions to complete their education and surveillance duties

2. Sustainability
   - Ensure a sufficiently large Champion program to withstand changes in staffing, and recruit for the role when there is staff turnover

3. Relationships Among Staff
   - Promote a culture of safety and collegiality. Challenges include not wanting to get colleagues in trouble and negative reactions from colleagues when feedback is given
Pre- (and Post-) Test

7 multiple choice and true/false questions – 1 question per session topic covered

1. IPAC Programs and Roles
   Infection Prevention and Control (IPAC) programs must include:
   A. A designated IPAC Lead
   B. A multi-disciplinary Infection Control Committee or similar
   C. Surveillance of common infections, especially respiratory and gastrointestinal (enteric)
   1. A & B
   2. B & C
   3. A & C
   4. A, B, & C

2. Routine Practices
   True or False:
   • The first thing I should do before entering a resident’s room to provide care is to clean my hands
   • It is better to wash your hands with soap and water rather than to use alcohol-based hand rub (ABHR)
   • Routine Practices includes hand hygiene, cleaning, laundry, and PPE use

Schedule/Topics

A 1-hour virtual education session was delivered to the participants over 7 weeks in November and December 2022. Based on Public Health Ontario’s IPAC Core Competencies for Health Care Workers and a step above, incorporating key elements of what a novice ICP should know:

1. Basics and Introduction to Champions
2. Core Competencies Review
3. IPAC Programs/Role of ICP and Champions/Education
4. Surveillance/Outbreaks
5. Environmental Cleaning and Reprocessing
6. Occupational Health/Construction, Renovation, Maintenance and Design
7. Auditing and Giving Feedback

Post-Session Quizzes

Up to 5 questions based on content and application – e.g., For session 2: Core Competencies review:

1. Risk assessment is:
   a. The first step to take when providing resident care
   b. The ability to avoid contamination
   c. Performed daily by all staff, based on their skill

2. Occupational Health and Safety is:
   a. The responsibility of the employer and insurer
   b. Important for workers, supervisors, and employers
   c. Not something most staff need to deal with

2. The chain of transmission can be broken by hand hygiene mostly at the following links:
   a. The infectious agent
   b. Reservoirs
   c. Portal of exit
   d. Mode of transmission
   e. Portal of entry
   f. Susceptible host
Evaluation

Participants

Most Useful Sessions

Overwhelmingly positive:
- Greater confidence in practice and helping IPAC Lead with audits, surveillance, and unit education
- Increased comfort providing and receiving feedback
- Greater recognition from managers and peers
- Progressive increase in participation

Attendance was tracked each week
- Participants who attended 5 out of 7 sessions received a Certificate of Participation
- To facilitate this new partnership, IPAC leads were also provided with the names of staff who completed the training

Certificates
Conclusions and Limitations

- Participants identified they feel better equipped to support the IPAC lead within their home through recognized opportunities.
- When IPAC leads and champions complete the course together, both confirm greater empowerment and mutual support and can tailor the Champion role to best meet facility needs.
- By establishing supportive IPAC champions within the home, each IPAC lead will be better able to meet growing role requirements.
- As IPAC champions are established on units, IPAC becomes increasingly integrated into organizational culture, positively impacting adoption of IPAC best practice and safer patient care.

Limitations:
- Different respondents and incomplete responses to the pre- and post-tests resulted in the inability to quantitatively compare knowledge levels at the start and end of the course.

Follow Up Sessions

- Guest Speakers
- Provide more focused sessions based on feedback (i.e., auditing)

Tailored IPAC Champion Sessions

- Since November 2022 we have also provided tailored on-site IPAC champion sessions at one of our retirement homes – including in Polish!
Next Steps

- Recruit and prepare for another round of IPAC Champion Sessions for June 2023
- Refine pre- and post-test dissemination and collection to allow for analysis of knowledge uptake
- Consider special requests for other onsite sessions
- Include the IPAC Lead in the preparation and delivery of sessions

References


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Thank You!