Life-Preserving Processes: Surviving in a Sea of COVID-19 Resources

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Issue

- ❖ January 23, 2020, Alberta Health Services (AHS) Infection Prevention and Control (IPC) program posted its first resources relating to the novel coronavirus circulating in China. There was limited knowledge about this respiratory virus.
- Healthcare providers (HCPs) struggled to identify resources, to keep up with changes and to translate the information into safer practice.
- ❖ Once the need for current resources was identified, the IPC Surveillance and Standards team determined that it was essential to develop, create, track, monitor and distribute documents to guide processes and best practices.

Results

COVID-19 AHS guidance was robust, consistent, and widely available. AHS ICP COVID-19 response was excellent, especially in the provision of current and correct information. Staff felt safe and supported throughout the pandemic's waves as IPC standardized their approach. IPC completed 458 COVID-19 resources and were consulted on 109 resources.

IPC staff felt strongly that they had the correct information to make recommendations on and a clear path for clarifying new content, changes or requesting information to address new questions, practices or gaps. Information outside the IPC process was quickly identified and either removed, if incorrect, or incorporated into other resources.

Lessons Learned

- ❖ When IPC is considered the "owner" of a health scenario, having the processes in place to respond accurately and quickly to emerging issues prevents the team from drowning in information and allows clinical resources to focus on safer practice. Emergency Operations Center (EOC) approval for all documents was integrated seamlessly into the IPC processes.
- ❖ Requests to share resources were handled within the developed Standard Operating Procedures (SOP), so other healthcare organizations did not need to allocate scarce resources to replicate IPC material.

