BACKGROUND
In Ontario, home and community care contracted service provider organizations (SPOs) are responsible for providing a wide scope of practice to patients in the home and community. These include, but are not limited to, physiotherapy, social work, and speech and language pathology to provide care for patients/clients within their homes and community care settings. As an essential service, 58 million hours of publicly and family-funded home health care services are provided annually across the province of Ontario. As the COVID-19 pandemic evolved, significant challenges were encountered, particularly for the home and community care sector related to: • procurement of personal protective equipment (PPE), • access to respirators (N95) and other PPE, • human resource capacity, • adapting of provincial/Ministry directives, and • accessibility for molecular testing (PCR).

To overcome these challenges, infection prevention and control (IPC) leaders from multiple SPOs needed to develop and implement collaborative strategies to mitigate risks to healthcare workers and support the safe delivery of care to patients in their homes and within the community.

PROJECT
The development of an IPC leaders group was created and organized by Home Care Ontario for infection control practitioners (ICPs) to work collaboratively and to develop a standardized approach for SPOs across Ontario. With the onset of the pandemic, the ICP leaders had to navigate the challenges of emergency situations while optimizing safety for all home and community healthcare workers and their patients/caregivers. As a result of this collaborative approach, SPOs were able to reduce the incidence of transmission from home healthcare workers to patients/caregivers while maintaining strong connections and awareness between healthcare sectors through participation at regional tables, Home and Community Care Support Services (HCCSS) SPO huddles, IPAC Hubs, and Ontario Health (OH) meetings. SPO IPC leaders held regular meetings to regroup and share learned experiences from each table. To support known best practices, the group proactively developed universal strategies to reduce risk posed to healthcare workers, patients, and caregivers. The home and community care sector’s lack of understanding by other areas of the health sector of what infection control practices to include home and community sector. While it will be essential to continue to build IPC support and resources that include and are adaptable to the home and community sector, the pandemic crisis has been instrumental in developing strategies and health system responses to support the implementation of IPC practices to include home and community care sector. While it will be beneficial to continue to build IPC support and resources that include and are adaptable to the home and community care sector, the pandemic crisis has provided a necessary incentive to ensure a coordinated, inclusive, and health sector wide approach to infection prevention and control.

LESSONS LEARNED
In Ontario, four regions of healthcare: the hospital, long-term care, home care, and community services, work collaboratively to provide services to patients in various healthcare settings. As a result of the pandemic and trying to maintain capacity in the home and community care setting, work included development of universal masking guidance, patient screening, IPC auditing practices, appropriate use PPE, and cleaning and disinfection. IPC leaders identified key tables where participation was essential. No one practitioner or SPO had the capacity to attend all tables. By coordinating efforts of the home and community care sector, it was possible to provide infection control practitioners (ICPs) with the opportunity to present their challenges, experiences, and best practices related to IPAC. Ensuring standardized responses to emergent situations was essential while optimizing safety for all home and community healthcare workers and their patients/caregivers. As a result of this collaborative approach, SPOs were able to reduce the incidence of transmission from home healthcare workers to patients/caregivers while maintaining strong connections and awareness between healthcare sectors through participation at regional tables, Home and Community Care Support Services (HCCSS) SPO huddles, IPAC Hubs, and Ontario Health (OH) meetings. SPO IPC leaders held regular meetings to regroup and share learned experiences from each table. To support known best practices, the group proactively developed universal strategies to reduce risk posed to healthcare workers, patients, and caregivers. The home and community care sector’s lack of understanding by other areas of the health sector of what infection control practices to include home and community sector. While it will be essential to continue to build IPC support and resources that include and are adaptable to the home and community sector, the pandemic crisis has been instrumental in developing strategies and health system responses to support the implementation of IPC practices to include home and community care sector. While it will be beneficial to continue to build IPC support and resources that include and are adaptable to the home and community care sector, the pandemic crisis has provided a necessary incentive to ensure a coordinated, inclusive, and health sector wide approach to infection prevention and control.

RESULTS
Infection control practitioners (ICPs) from service provider organizations (SPOs) collaboratively identified key tables where participation was essential. No one practitioner or SPO had the capacity to attend all tables. By coordinating efforts of the home and community care sector, it was possible to provide infection control practitioners (ICPs) with the opportunity to present their challenges, experiences, and best practices related to IPAC. Ensuring standardized responses to emergent situations was essential while optimizing safety for all home and community healthcare workers and their patients/caregivers. As a result of this collaborative approach, SPOs were able to reduce the incidence of transmission from home healthcare workers to patients/caregivers while maintaining strong connections and awareness between healthcare sectors through participation at regional tables, Home and Community Care Support Services (HCCSS) SPO huddles, IPAC Hubs, and Ontario Health (OH) meetings. SPO IPC leaders held regular meetings to regroup and share learned experiences from each table. To support known best practices, the group proactively developed universal strategies to reduce risk posed to healthcare workers, patients, and caregivers. The home and community care sector’s lack of understanding by other areas of the health sector of what infection control practices to include home and community sector. While it will be essential to continue to build IPC support and resources that include and are adaptable to the home and community care sector, the pandemic crisis has been instrumental in developing strategies and health system responses to support the implementation of IPC practices to include home and community care sector. While it will be beneficial to continue to build IPC support and resources that include and are adaptable to the home and community care sector, the pandemic crisis has provided a necessary incentive to ensure a coordinated, inclusive, and health sector wide approach to infection prevention and control.

Abstract: Michelle Main
Infection Prevention and Control Professional, Clinical Consultant
Quality, Risk and Innovation – ParaMed

Suzette Nascimento
Infection Prevention and Control and Community Services Manager, CarePartners

Authors: Michelle Main
Infection Prevention and Control Professional, Clinical Consultant
Quality, Risk and Innovation – ParaMed

Suzette Nascimento
Infection Prevention and Control and Community Services Manager, CarePartners

Scan QR Code to access digital abstract

huddles, IPAC Hubs, and Ontario Health (OH) meetings. SPO IPC leaders held regular meetings to regroup and share learned experiences from each table. To support known best practices, the group proactively developed universal strategies to reduce risk posed to healthcare workers, patients, and caregivers. The home and community care sector’s lack of understanding by other areas of the health sector of what infection control practices to include home and community sector. While it will be essential to continue to build IPC support and resources that include and are adaptable to the home and community care sector, the pandemic crisis has been instrumental in developing strategies and health system responses to support the implementation of IPC practices to include home and community care sector. While it will be beneficial to continue to build IPC support and resources that include and are adaptable to the home and community care sector, the pandemic crisis has provided a necessary incentive to ensure a coordinated, inclusive, and health sector wide approach to infection prevention and control.

RESULTS
Infection control practitioners (ICPs) from service provider organizations (SPOs) collaboratively identified key tables where participation was essential. No one practitioner or SPO had the capacity to attend all tables. By coordinating efforts of the home and community care sector, it was possible to provide infection control practitioners (ICPs) with the opportunity to present their challenges, experiences, and best practices related to IPAC. Ensuring standardized responses to emergent situations was essential while optimizing safety for all home and community healthcare workers and their patients/caregivers. As a result of this collaborative approach, SPOs were able to reduce the incidence of transmission from home healthcare workers to patients/caregivers while maintaining strong connections and awareness between healthcare sectors through participation at regional tables, Home and Community Care Support Services (HCCSS) SPO huddles, IPAC Hubs, and Ontario Health (OH) meetings. SPO IPC leaders held regular meetings to regroup and share learned experiences from each table. To support known best practices, the group proactively developed universal strategies to reduce risk posed to healthcare workers, patients, and caregivers. The home and community care sector’s lack of understanding by other areas of the health sector of what infection control practices to include home and community sector. While it will be essential to continue to build IPC support and resources that include and are adaptable to the home and community care sector, the pandemic crisis has been instrumental in developing strategies and health system responses to support the implementation of IPC practices to include home and community care sector. While it will be beneficial to continue to build IPC support and resources that include and are adaptable to the home and community care sector, the pandemic crisis has provided a necessary incentive to ensure a coordinated, inclusive, and health sector wide approach to infection prevention and control.

Abstract: Michelle Main
Infection Prevention and Control Professional, Clinical Consultant
Quality, Risk and Innovation – ParaMed

Suzette Nascimento
Infection Prevention and Control and Community Services Manager, CarePartners

Authors: Michelle Main
Infection Prevention and Control Professional, Clinical Consultant
Quality, Risk and Innovation – ParaMed

Suzette Nascimento
Infection Prevention and Control and Community Services Manager, CarePartners

Scan QR Code to access digital abstract