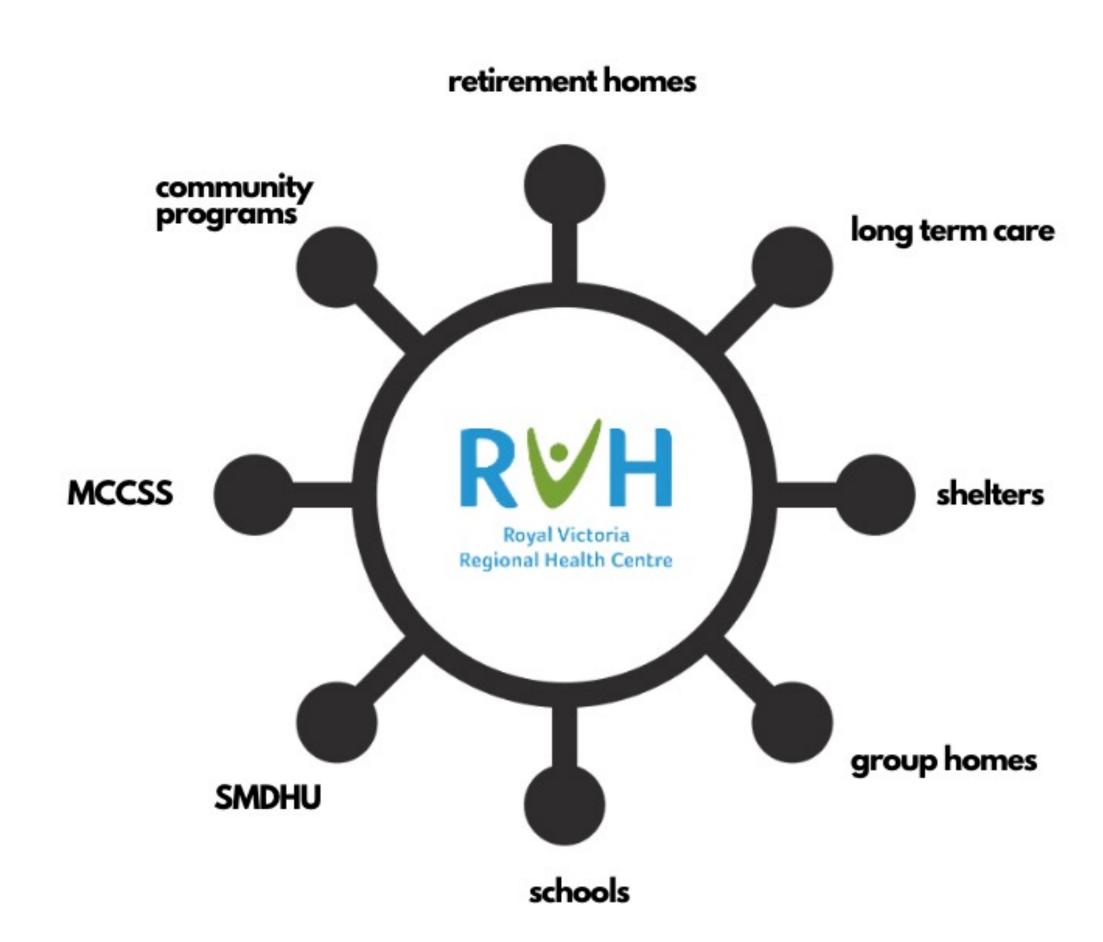
LESSONS LEARNED:

Delivering IPAC Support To Congregate Living Settings

Mustansir Diwan, Muyiwa Oyeyemi, Lauren Parsons, Lisa Dufour, and Sarah Morris North Central IPAC Hub, Royal Victoria Regional Health Center, Barrie, ON, Canada,

Background

- To reduce the impact of COVID-19, providing IPAC support to congregate settings was a requirement of the newly established IPAC Hubs under the direction of the Ministry of Health.
- Challenges included: obtaining contact information for the most appropriate representative, establishing awareness of the IPAC Hub, and successfully engaging them in this effort, was difficult.
- It was difficult to establish relationships and build IPAC capacity in these settings.
- Facilities were faced with unprecedented volumes of workload and concern over how to care for their residents in a safe manner, paired with their hesitancy and lack of trust of external organizations

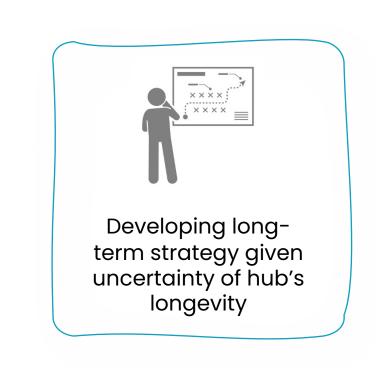


Project

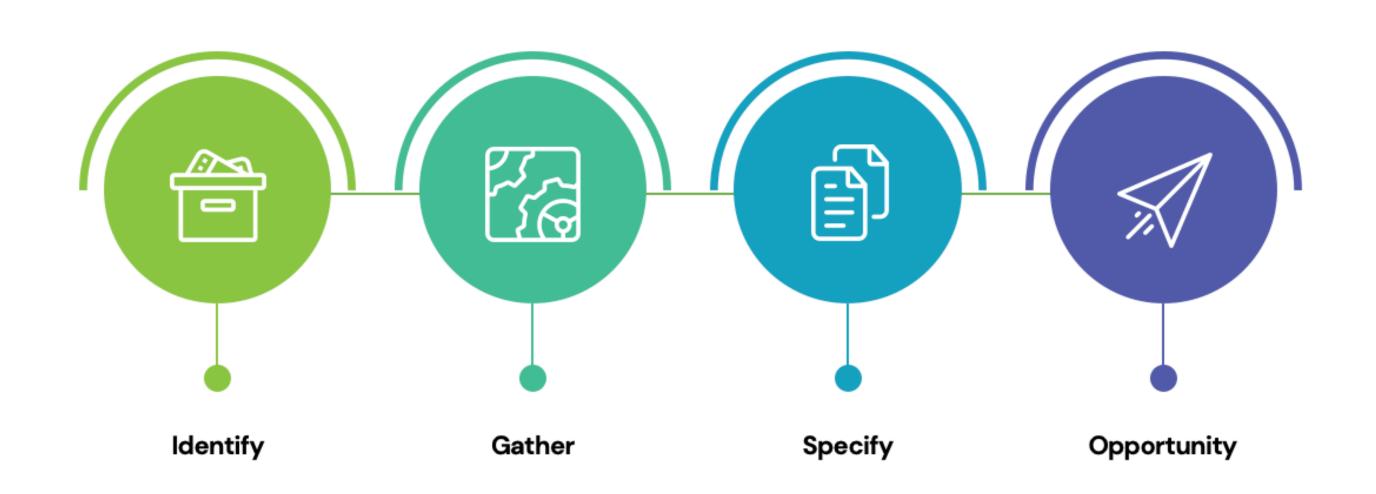
- Adopted an approach to build engagement and trust amongst these groups.
- The level of hesitancy and mistrust was identified as a barrier to providing the facilities with the support they needed, and dedicated time was spent building relationships organically with leaders in the region who were trusted amongst the facilities.







- We developed small, further focused Community of Practices so that individuals providing similar care delivery types could collaborate and learn from each other.
- This allowed for the opportunity for the Infection Control Practitioners to hear from the group members on what specific issues they were facing, so that the large Community of Practice meetings had a stronger impact.



Results

- Awareness and understanding of the IPAC Hub improved and engagement increased. Trust was built to allow us to make on-site visits at the facilities, and work together to further build their IPAC capacity.
- These sustained relationships that have been built, have been closely related to the frequency and degree of impact of outbreaks in facilities.
- Community of practices (small and large groups) that have been sustained have created a sense of kinship, providing homes the ability to build capacity and lean on each other.
- Broadly, there has been improved quality of care delivered resulting from of the ability to escalate concerns to the appropriate resource.

