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The Calgary Health Region

- Fastest growing Health Region in Canada
- Service population: 1,085,496
- Employees: 23,000
- Urban acute care sector: >2000 acute care hospital beds on 4 sites
- Merger with rural health regions in 2003
- 12,000 home care visits per year
- 8,000 long-term care beds

The Calgary Health Region

- Concentration of high-acuity specialized programs at one site
- Highly mobile patients in system
- Highly mobile staff in system
- Crowded emergency departments
- Outsourcing of housekeeping, long term care, surgical procedures, occupational health and safety, etc., etc., etc. …
CHR Infection Prevention and Control Program

- Director, Medical Director, 4 Site Officers, Hospital Epidemiologist
- One Infection Control Practitioner per 137 acute care beds
- Scope of coverage:
  - Acute care
  - Home care
  - Long term care facilities
  - Rural sites
- Infection Prevention and Control (IPC) investigative laboratory
- Affiliation with University of Calgary Community Health Sciences Program

Public Health accountability:
- Calgary Health Region
- Province of Alberta
- Public Health administered and funded through the Calgary Health Region
When We Began…
“The Barriers”

**Human**
- Lack of trust
- “Turf” issues/job threat
- Lack of shared values
- Lack of a common goal
- One Infection Control Practitioner per 180+ beds
- One Medical Director

**Infrastructure:**
- No regional information technology system
- A small budget
- Individual microbiology laboratories merging into one central laboratory
- The issue of “out-sourcing”
Our Aim

- Population-based Infection Prevention and Control across the health care continuum
Prior to a “Health Region”

- Four acute care IPC committees
  - Site based, site administered
  - Individual policies, procedures, standards
  - Public Health liaison through the Medical Officer of Health attendance at each committee

Regional Infection Prevention and Control Committee - An Integrated Structure
Our Successes

- Surveillance programs for hospital-acquired infections that continue past the hospital walls
  - System-wide tracking of antibiotic-resistant organisms and C. difficile
- Standardization of policies, procedures, practices
  - On-line “searchable” IPC manual

IPC Website
CDAD: A Model Approach for Case Management

Admission Criteria During Outbreak
Coordinated Rapid Response to Infectious Disease Threats

Design Standards for Renovation and Construction
Economies of Scale - Product Standardization

Hand Hygiene

CLEAN HANDS

IT'S WHAT WE DO
Before and after each patient encounter
FROM ADVERSITY
(a *C. difficile* Outbreak)

Create Advantage
(improved resourcing of
IPC and housekeeping)
Cost Effectiveness of Infection Prevention and Control

IPC

1.2 million/annum

C. difficile outbreak at 10.8
19.8 million per annum

Housekeeping Standards

- Cleaning is often the “Cinderella” of infection control
- “Good cleaning more achievable than enforcement of hand hygiene and antibiotic prescribing” (S.J. Dancer, Journal of Hospital Infection, 1999)
Our Opportunities

- Developing interactive learning modules
- Employing social marketing strategy to change behaviour
  - Hand hygiene
  - Influenza vaccination
- The beginning of a strategy to control the rising trend in community-acquired MRSA
- An electronic health record
- We are training the next generation of IPC professionals

Key Learnings

- Big programs are like elephants
Decisions are often on a large scale and involve extensive stakeholder input

- They can be slow!

Innovation Requires New Approaches

- Creating communities of practice transcends programs and departments
- Choose Collaboration Over a Forced “Merger
- Create opportunities for short term gain, while embarking on long term change strategies
Core Infrastructure Requirements Include

- Strong administrative and fiscal support
- Regional information systems

“Faith is taking the first step when you don't see the whole staircase...”
(Martin Luther King, Jr.)