Partnership’s

• Formal
  – MOH
  – Environmental Health Officer
  – Community Infection Control Practitioner
  • Unique Partnership
• Informal
  – Professional Organizations

What do we do?

• Respond to complaints about community based health care settings.
  – Complaints have been received for a variety of community healthcare settings.
• E.g. Medical, dental, podiatry, physio and acupuncture offices.
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How do we get complaints?

- Public
- Professional Colleges

How do we proceed?

- Set up date for inspection in conjunction with the College and the practitioner.
- Conduct the inspection.
- Provide onsite education re IPC and reprocessing.
- Provide written report of the findings of the inspection.
- Provide written resources to assist the practitioner to comply with requirements.
- Follow-up.

What are we seeing?

- Health practitioners have a general lack of understanding around IPC and reprocessing.
- Seen across all disciplines (medical, dental, podiatry, medical imaging, acupuncture).

Example # 1

- Podiatrist
- Working in LTC
- Complaint – using the same equipment on multiple residents.
Example # 2
- Dental Office
- Complaint re lack of hand hygiene
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Example # 3

- Physician Walk-in Clinic
- Complaint – dirty office
Example # 4

- Podiatrist
- Complaint – unwrapped instruments taken from a box, used (bloody) and placed back in box with other unwrapped instruments.
Example # 5

- Physician Walk-in Clinic
- Complaint – concern with how a burn was redressed.
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Example # 6

- Physician Walk-in Clinic
- Complaint – dirty office
Example # 7
- Medical Imaging Clinic
- Complaint – positive MRSA follow-up

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Example # 8
- Dental Office
- Complaint re garbage- disposal

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Example # 9
• Medical Office
• Complaint of dirty office

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Example #10
• Podiatry Clinic
• Complaint- Post treatment infection

• Multi location operation
• Central reprocessing for all sites.

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Central Reprocessing Site

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Expired Medications

Vaccine / Medicine Storage

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Sharps

Sterile storage

Sterilizers

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Reprocessing Areas

Instrument packaging

Sterilization monitoring

Hand hygiene

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Single-use, disposable

Why?
• Practitioners were effectively on their own after registering with their respective College (no guidelines for how to set up reprocessing area and limited information on general IPC).
• Historical lack of oversight from Licensing body – inspection and education.
• No one told me I was doing it wrong… therefore I was doing it right.
• This is changing!

Why? (con't)
• Limited access to educational sessions directed to office based settings.
• Current standards are directed at large central reprocessing areas.
• Standards specific to office settings and tabletop sterilizers need to be developed.

College of Physicians and Surgeons of Alberta (CPSA)
• Leaders in our community sector.
• General Reprocessing Survey and Audit.
• IPC and reprocessing tools on web-site.
• “Team” approach for inspections.
• Consults with PH on issues and documents.

Issues
• Fear of losing access to a hard to find health care practitioner.
• Can be difficult to complain.

Where are things going?
• No shortage of work.
• Continue to build relationships with Colleges.
• Try to expand program Province wide.

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Big questions:
1. Should there be routine inspections of community based health care settings?
2. If so, who should conduct the inspections?
3. How often should the inspections be conducted?

Thank you!