

PHO - Guided Tour

“We’re all in this together”



Virginia Tirilis

April 7, 2016

Route Itinerary:

- 1) Express route through FIND IT FAST
- 2) Top of the LINE
- 3) Infection Prevention & Control Resources Outlet Mall
- 4) SCENIC TOUR: Reprocessing in the Community **NEW!**
- 5) DETOUR: CRMD tools (Construction, Renovation, Maintenance & Design) **NEW!**
- 6) LATEBREAKING **NEW!** resources – Antimicrobial Stewardship!

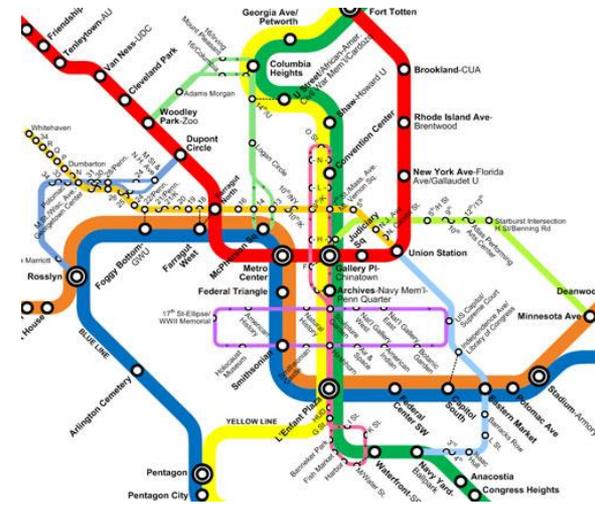


Image Source: Microsoft Clipart

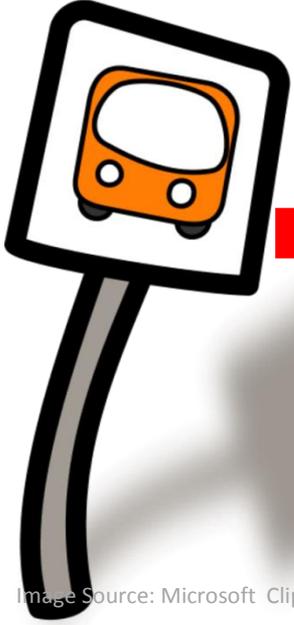


Image Source: Microsoft Clipart

First Stop



Reprocessing in community health care settings
Online learning course >



FIND IT FAST

- Data Reports
- Health Promotion, Chronic Disease and Injury Prevention
- Just Clean Your Hands
- Laboratories
- PIDAC
- President's Message
- Locally Driven Collaborative Projects

NEWS

- Standardized Questionnaires for reportable diseases
- New Reports**
Evidence Brief: Dental caries prevention in school-aged children
- Planning Health Promotion Programs: Introductory workbook and audio presentations
- Effectiveness of Vision Screening Programs for Children Aged One to Six Years

HOT TOPICS

- Zika virus infection
- Listeriosis
- Drinking water testing
- Ebola virus disease
- MERS-CoV
- Avian Influenza A (H5N2)
- Ontario Respiratory Pathogen Bulletin
- Monthly Infectious Diseases Surveillance Report -

PHO IN ACTION

The many hats of a medical microbiologist

Dr. Jonathan Gubbay talks about studying and grappling with the complexities of respiratory viruses.



UPCOMING EVENTS

View and register for events



Register today!



FIND IT FAST

FIND IT FAST

Data Reports



Data Reports: Surveillance (Routine & Annual); Population Health Assessment

Health Promotion, Chronic Disease and Injury Prevention



Knowledge synthesis & education; Health promotion capacity building; Applied public health research

Just Clean Your Hands



Videos, education, training & tools for acute care and long term care; FAQs; support; links

Laboratories



Testing; Reports; Locations

PIDAC



(Next slide)

President's Message

Locally Driven Collaborative Projects

Provincial Infectious Diseases Advisory Committee (PIDAC)

The Provincial Infectious Diseases Advisory Committees were established in 2004 in response to recommendations by the Expert Panel on SARS and Infectious Disease Control. As a standing source of expert advice on infectious diseases in Ontario, PIDAC has created best practice documents, reports and recommendations on matters related to communicable diseases, immunization, infection prevention and control and surveillance.

PIDAC continues to focus efforts on developing evidence-informed products that meet the needs of public health agencies, government decision-making bodies, and those working to protect and promote the health of Ontarians.

PIDAC



Featured

Online Learning Course:
[Reprocessing in Community Health Care Settings](#)

Available for comment:
[Annex A - Best Practices for Minimizing the Risk of Bacterial Transmission from Patient to Patient when using Duodenoscopes](#)

[IPAC for Construction, Renovation, Maintenance and Design \(CRMD\) Projects](#)

PIDAC Documents



- Best practice documents
- Recommendations and reports
- Tools

[More »](#)

What's New



- Recent publications
- Documents in pre-release
- Documents under review

[More »](#)

About PIDAC



- Learn about PIDAC
- Committees
- Call for members

[More »](#)

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PIDAC

PIDAC Documents



- Best practice documents
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PIDAC

[About PIDAC](#)

[PIDAC Documents](#)

[What's New](#)

[Infection Prevention and Control](#)

[Contact Us](#)

Best Practice Documents

Best practice documents are intended for use by health care workers and facilities/organizations providing health care including hospitals, long-term care facilities and community-based health care organizations. Recommendations in best practice documents are developed through reviews of literature and consultations with experts in infectious disease, surveillance, communicable disease and immunization.

Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections (September 2015)



Infection Prevention and Control in Perinatology (February 2015)



Surveillance of Health Care-associated Infections (July 2014)



The Best Practices for Hand Hygiene, 4th Edition (April 2014)



Infection Prevention and Control for Clinical Office Practice (June 2013)



Cleaning, Disinfection and Sterilization of Medical Equipment/Devices (May 2013)



Routine Practices and Additional Precautions / Annexes A, B & C (November 2012)



Environmental Cleaning for Prevention and Control of Infections (May 2012) - *under review*



Infection Prevention and Control Programs in Ontario (May 2012)



Sexually Transmitted Infections Case Management and Contact Tracing (April 2009) - *under review*



Environmental Cleaning for Prevention and Control of Infections (May 2012) - *under review*



This best practice document deals with cleaning and disinfection of the physical environment in health care as they relate to the prevention and control of infections. It is targeted to those who have a role in the management of cleaning/housekeeping services for the health care setting. This includes administrators, supervisors of ES departments, infection prevention and control professionals, supervisors of construction/maintenance projects and public health investigators. This document is current as of May 2012 and is currently under review.

[Download Document »](#)

Related resources:

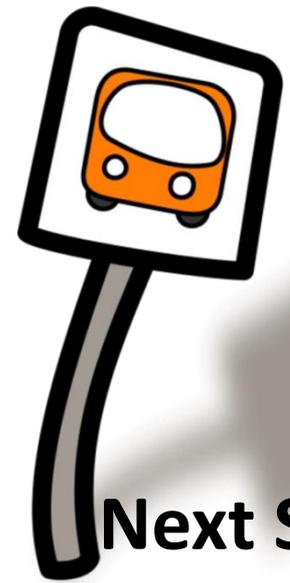
- [Environmental Cleaning Toolkit](#)
- [IPAC Intersections: Environmental Services and Infection Prevention and Control Scenario Work Book](#)

Summarized Recommendations & Highlighted Changes

Recommendations:

- 51. Health care settings must have a plan in place to deal with the containment and transport of construction materials, as well as clearly defined roles and expectations of Environmental Services and construction staff related to cleaning of the construction site and areas adjacent to the site. [AII]*
- 52. All health care settings must have a plan in place to deal with a flood. [AII]*
- 53. Infection Prevention and Control, Environmental Services and Occupational Health and Safety must be consulted before making any changes to cleaning and disinfection procedures and technologies in the health care setting. [BIII]*
- 54. Surfaces treated with antimicrobial substances are not recommended. [CIII]*

Start from the TOP



Next Stop

ABOUT US | BROWSE BY TOPIC | SERVICES & TOOLS | DATA & ANALYTICS | LEARNING & DEVELOPMENT

- A to Z Index
- Chronic Diseases and Injuries
- Environmental and Occupational Health
- Emergency Preparedness
- Health Promotion
- Infection Prevention and Control
- Infectious Diseases

- Events Calendar
- Online Learning
- Presentations

Ontario Health Profile: Stop Health Care-Associated Infections >

A to Z Index

- Chronic Diseases and Injuries
- Environmental and Occupational Health
- Emergency Preparedness
- Health Promotion
- Infection Prevention and Control
- Infectious Diseases

A	B	C	D	E	F	G	H	I	J	K
I										
<ul style="list-style-type: none"> Immunization Infant health Infection prevention and control Infectious Diseases Infectious diseases surveillance reports Influenza Influenza bulletins Injury prevention Instrument reprocessing 										

Infection Prevention and Control (IPAC)

Infection Prevention and Control (IPAC) refers to those evidence-based practices and procedures that, when followed, can prevent or reduce the risk of transmission of microorganisms to health care providers, other clients/

Reprocessing in the Community Online Learning Course



The Reprocessing in the Community course is intended for health care providers who perform reprocessing tasks (cleaning, disinfection and sterilization of reusable medical equipment/devices) in community settings.

[Find out more](#)

Available for Comment: PIDAC document on Duodenoscopes



Annex A - Minimizing the Risk of Bacterial Transmission from Patient to Patient when using Duodenoscopes is available for scientific comment.

[Find out more](#)

IPAC Core Competencies Online Learning Course



Ontario Health Profile: Stop Health Care-Associated Infection



Events Calendar

Online Learning

Presentations

Online Learning

Health Promotion

Infection Prevention and Control

Communicable Diseases

Online Learning

Public Health Ontario provides educational courses and modules which are accessible from wherever and whenever the learner is available.

Health Promotion

Online courses and audio presentations designed to build capacity for evidence-informed health promotion practice.

[Go to Course List »](#)

Infection Prevention and Control

Resources to assist health care organizations to adopt good infection prevention and control practices.

[Go to Course List »](#)

IPAC Resources



IPAC Core Competencies Online Learning Course



IPAC core competencies are basic knowledge and skills all health care workers in Ontario need to possess about infection prevention and control, regardless of their role or position, education, experience or culture.

[Find out more](#)

Ontario Health Profile: Stop Health Care-Associated Infection



Ontario Health Profile: Stop health care-associated infections provides an Ontario-specific snapshot of rates and trends in health care-associated infections in an interactive and informative way.

[Find out more](#)

Available for Comment: PIDAC document on Duodenoscopes



Annex A - Minimizing the Risk of Bacterial Transmission from Patient to Patient when using Duodenoscopes is available for scientific comment.

[Find out more](#)

Provincial Infectious Diseases Advisory Committee (PIDAC)



Learn more about Provincial
Infectious Diseases Advisory
Committee (PIDAC) as well as the
available PIDAC resources.

[See all PIDAC resources](#)

IPAC for Clinical Office Practice



Best Practices for Infection
Prevention and Control for Clinical
Office Practice

[See all clinical office practice resources](#)

Environmental Cleaning



Best Practices for Environmental
Cleaning for Prevention and
Control of Infections

See environmental cleaning toolkit

Hand Hygiene



Learn more about the [best practices for hand hygiene](#) as well as the available hand hygiene resources.

[See all hand hygiene resources](#)

Antimicrobial Stewardship



Learn more about Antimicrobial Stewardship (AS) as well as the available antimicrobial stewardship resources.

[See all AS resources](#)

Carbapenemase Producing Enterobacteriaceae (CPE)



Learn more about the management and surveillance of CPE as well as the available CPE resources.

[See all CPE resources](#)

Urinary Tract Infections (UTIs)

Urinary tract infections (UTIs) are the most commonly reported bacterial infection in long-term care homes (LTCHs) and are often treated with antibiotics. However, while some bacteria may be present in the urine of elderly patients, asymptomatic bacteriuria may not need antibiotic treatment. Overuse of antibiotics to treat asymptomatic UTIs is contributing to increased antimicrobial resistance in LTCHs.

The following resources have been developed to assist LTCHs in identifying, managing and preventing UTIs. For more information, please contact ipac@oahpp.ca

UTI Resources For Health Care Providers

- Asymptomatic bacteriuria fact sheet 
- When to collect a urine specimen 
- How to collect a urine specimen mid-stream 
- Communicating with residents and families 

UTI Resources For Residents and Families

- Frequently asked questions 
- How to collect a urine specimen 

When To Collect A Urine Specimen For Culture And Sensitivity



Non-catheterized resident

Send a specimen if the resident has the following symptoms:

Acute dysuria (painful urination) alone

AND/OR

*Fever and **one** of the following:

- New or worsening urgency/frequency
- Suprapubic pain
- Gross hematuria
- Costovertebral angle tenderness
- Urinary incontinence

*Fever means oral temperature greater than 37.9°C or 1.5°C above baseline on 2 consecutive occasions within 12 hours

Loeb M, et al. Effect of multifaceted intervention on number of antimicrobial prescriptions for suspected urinary tract infections in residents of nursing homes: cluster randomized controlled trial. *BMJ*. 2005;331:669.
High KP, et al. Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities: 2008 update. *Clin Infect Dis*. 2009;48:149–71.
Partners for Appropriate Anti-infective Community Therapy. *Anti-infective guidelines for community-acquired infections*. Toronto: PAACT; 2013.



Catheterized resident

Send a specimen if the resident has the following symptoms:

Presence of at least **one** of the following:

- Fever*
- New costovertebral tenderness
- Rigours with or without identified cause
- New onset of delirium



Do Not Send A Specimen For Any Of The Following Factors Alone:

- Pyuria or cloudy urine
- Fever (if non-catheterized)
- Smelly urine
- Change in urine colour
- Positive dipstick
- Dehydration
- Change in mental status
- Change in behaviour or function
- Falls
- Family request

Do not collect a specimen unless the resident has symptoms of a urinary tract infection

Collecting Mid-Stream Urine Specimen

1



Use an approved empty sterile container.

2



Label the container with the following:

- Resident's full name
- Resident's date of birth
- Date and time of collection
- Resident's unit or ward and room number

3



Complete the requisition according to the laboratory protocol and insert the requisition in the outside pouch of a clear plastic transport bag.

4



Perform hand hygiene and put on gloves.

5



Remove the lid from the empty container and carefully set the lid upside down, making sure not to touch the inner surface of the lid.

6



Instruct the resident to pass a small amount of urine into the toilet (*this initial stream of urine may be contaminated with skin and urethral bacteria*). Then, collect urine from the stream into the container. Fill the container $\frac{1}{2}$ to $\frac{3}{4}$ full—do not overfill. This is a mid-stream urine specimen.

7



Put the lid on the container and secure it tightly.

8



Place the specimen container in the sealable pouch of the clear plastic transport bag.

9

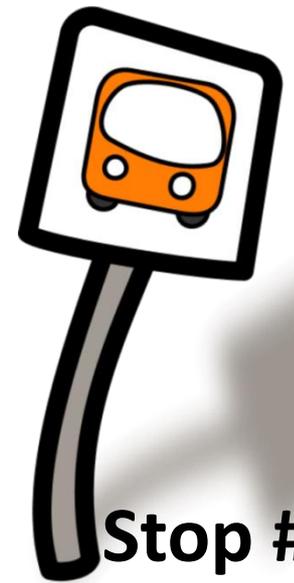


Remove gloves and perform hand hygiene.

10

Place immediately in specimen refrigerator.
Keep the urine sample refrigerated and submit it to the laboratory within 24 hours of collection.

IPAC Online Courses



Stop #4

Infection Prevention and Control

Reprocessing in Community Health Care Settings

The *Reprocessing in the Community* course is intended for health care providers who perform reprocessing tasks (cleaning, disinfection and sterilization of reusable medical equipment/devices) in community settings.

[Go to Course »](#)



IPAC Core Competencies Online Learning Course

Infection Prevention and Control (IPAC) core competencies are basic knowledge and skills all health care workers in Ontario need to possess about infection prevention and control, regardless of their role or position, education, experience or culture.

[Go to Course »](#)

Online Learning

Health Promotion

Infection Prevention and Control

Reprocessing in the Community Course

Core Competencies Course

Environmental Cleaning Toolkit

Just Clean Your Hands Videos

Inservices on Demand

Communicable Diseases

Reprocessing in the Community Self-directed Online Course

Modules

- Introduction to Reprocessing
- PPE for Reprocessing
- Pre-cleaning, Cleaning and Post-cleaning
- Disinfection
- Packaging for Reprocessing
- Loading a sterilizer
- Sterilization
- Unloading a Sterilizer
- Transportation and Storage

Features

- Self-paced learning
- Step-by-step demonstration
- Engaging activities
- Work related scenarios
- Interactive content
- Intuitive user interface

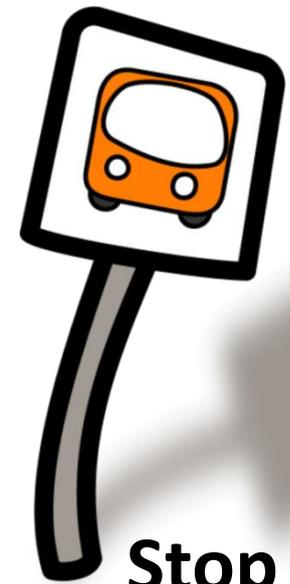
<http://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/InfectiousDiseases/Reprocessing/Pages/default.aspx>



Preview_of_Reprocess_Modules.mp4

FAVOURITES

- Construction, renovation, maintenance and design (CRMD)
- PIDAC Documents
- IPAC Signage and lanyard cards
- JCYH videos
- Environmental Cleaning Toolkit
- Urinary Tract Infections (UTIs)
- Best Practices for Clinical Office Practice
- Best Practices for RP/AP
- Best Practices for Environmental Cleaning
- 4 Moments for Hand Hygiene (mini module)
- 4 Moments for Hand Hygiene (pocket cards)



Stop #5

Construction, Maintenance, Renovation & Design

Planning phase



ICPs need to be involved at the project planning phase to ensure that IPAC risks are identified and mitigated. The tools below will assist in the planning phase.

Presentations:

- [CRMD planning phase](#) (This presentation identifies the ICP's role and highlights key IPAC components in the planning phase)

Checklists:

- [ICP responsibility](#)
- [Hoarding](#)
- [Infection control risk assessment \(ICRA\)](#)
- [Choosing human-waste systems](#)
- [Managing traffic flow](#)

Guides:

- [Environmental cleaning of health care facilities](#)
- [Requirements for space in health care facilities](#)
- [Design and planning consideration](#)

Information sheets:

- [Comparing human-waste systems](#)

[Download All »](#)

Work phase



ICPs need to be routinely involved in the ongoing work phase of the project. The frequency will depend on the scope of the project and the risk that was identified in the planning phase. The tools below will assist during the work phase.

Presentations:

- [CRMD work phase](#) (This presentation identifies the ICP's role and highlights key IPAC components in the work phase)

Checklists:

- [Removing construction debris](#)
- [ICP responsibility](#)
- [Hoarding](#)
- [Managing traffic flow](#)

Guides:

- [Environmental cleaning of health care facilities](#)

Commissioning phase



Commissioning ensures final checks and balances needed for completion prior to occupancy although it may occur throughout a project. The tools below will assist in ensuring the IPAC requirements have been met and the area is safe for occupancy by staff, patients and visitors.

Presentations:

- [CRMD commissioning phase](#) (This presentation explains the commissioning process, how to identify IPAC deficiencies, and the importance of post occupancy monitoring)

Checklists:

- [Commissioning](#)
- [ICP responsibility](#)
- [Hoarding](#)

Guides:

- [Environmental cleaning of health care facilities](#)

[Download All »](#)

Sample Checklist: Hoarding

When to use this checklist:

Planning phase
Work phase
Commissioning phase

Hoarding refers to the construction of temporary sealed, airtight barriers to separate areas under construction and/or renovation from other areas of the health care facility. Use this checklist to assess the placement and maintenance of barriers according to the preventive measures level assigned to the construction/renovation project and as a reference document in the bidding process to contractors.

DATE:

AREA/UNIT:

COMPLETED BY:

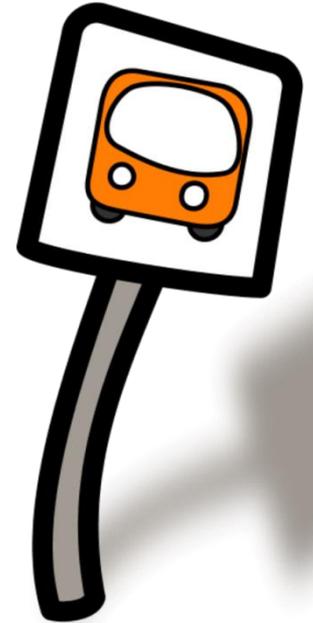
Preventive measures level	Task	Yes	No	N/A	Comments
I	Measures identified to minimize dispersed dust				Type of measures: <input style="width: 90%; height: 20px;" type="text"/>
	Patient-care equipment protected				<input style="width: 90%; height: 20px;" type="text"/>
II	<i>All Level I requirements must be implemented and the following measures put in place:</i>				
	Windows, doors, shafts, access panels, electrical outlets, intakes, grilles, vents, plumbing drains and all other penetrations in the floors, walls and ceilings: Sealed with duct tape				<input style="width: 90%; height: 20px;" type="text"/>
	Entrance and exit doors: Double-flap polyethylene sheeting of a minimum 0.15mm (6 mil) true thickness weighted at the bottom over doors. Each sheet covers the entire cross-section of the entrance to work area and opens in both directions				<input style="width: 90%; height: 20px;" type="text"/>
	Construction area entrance and exit : Placement of walk-off mats				<input style="width: 90%; height: 20px;" type="text"/>

Preventive measures level	Task	Yes	No	N/A	Comments
II	Carpeted or textured floors: Polyethylene sheeting of a minimum 0.30mm (12 mil) thickness or two 0.15 mm (6 mil) sheets layered one on top of the other. Vertical sheeting overlaps the horizontal base sheet of polyethylene				
	Textured, perforated, or drop ceilings: Covered with polyethylene placed on the inside of vertical sheeting and taped with a continuous seal				
	HVAC systems: Supply and return-air ducts into the construction area are blocked off/sealed or isolated. Conduct HVAC system shutdowns in accordance with CSA Standard Z317.2-12				
	Barriers: Extended to the true ceiling				
	Polyethylene sheeting: Reinforced where necessary with framing (metal or wood), poles				
	Dust control: Used 0.15 mm (6-mil) fire-retardant polyethylene barriers				
III	<i>All Level I & II requirements must be implemented and the following measures put in place:</i>				
	From floor to the underside of the deck: Impermeable dust barrier erected consisting of two layers of 0.15 mm (6 mil) polyethylene and a gypsum wallboard or drywall protective layer				
	From true ceiling to the floor and around the entire perimeter of the construction area: Used continuous polyethylene sheeting wall, minimum of 0.15mm (6 mil) thickness				
	Construction area: Enclosed by dust barriers comprising 2 layers of 0.15 mm (6-mil) fire-retardant polyethylene and 1 layer of drywall				
	Continuous tape seal of gypsum wallboard to floor and ceiling				

Preventive measures level	Task	Yes	No	N/A	Comments
III	Continuous tape seal of polyethylene to floor and ceiling				
	Continuous tape seal on both sides of polyethylene				
	Between construction area and facility: Electronic monitoring of pressure differentials				
	Between construction area and facility: Checked for air leakage paths				
	Between construction area and facility: Windows and doors sealed with 2 layers of 0.15 mm (6 mil) polyethylene and 1 layer of drywall				
	Mechanical equipment and materials: Protected from dust and moisture exposure				
Anteroom	Constructed at access point to construction area				
	Large enough to accommodate materials and supplies without having to open both doors at the same time				
	Walls built of metal studs, the bottom track sealed to the flooring, 2 layers of 0.15 mm (6 mil) polyethylene sealed to the studs, one on either face and protected with drywall with a washable surface				
	Walls constructed of material resistant to moisture				
	Dust barriers extend to the true ceiling or have their roofs constructed in the same manner as Preventive Measure III barriers. Roof is constructed to protect against overhead hazards				
	Hollow metal lockable doors with door-closure device. Frame and bottom sealed with weather-stripping				

Preventive measures level	Task	Yes	No	N/A	Comments
IV	<i>All Level I, II & III requirements must be implemented and the following measures put in place:</i>				
	All barriers remain in place until project completed and area thoroughly cleaned by environmental services and inspected by the ICP				
	Holes in walls or breaches in the polyethylene containment system repaired immediately when found. If temporary repair made, permanent repair made within 2 hrs				
	Short-term protection used when removing barrier walls to minimize environmental contamination during removal				

LATEBREAKING!



**Extra Route
Added**

Infection Prevention and Control

Online Learning

PIDAC

Antimicrobial Stewardship

Hand Hygiene

News

Contact Us

Antimicrobial Stewardship

PHO promotes and supports antimicrobial stewardship as an effective strategy for limiting inappropriate and excessive antimicrobial use, while improving and optimizing antimicrobial therapy and clinical outcomes for patients. Since 2013, Accreditation Canada mandates that all acute care facilities have an antimicrobial stewardship program (ASP).

There are a number of ways to initiate and sustain an ASP. Click on the links below to find resources and tools to help build your stewardship program.

For more information contact us at asp@oahpp.ca.



Featured

[NEW! Antimicrobial Stewardship Strategies](#)

[NEW! Posters to promote appropriate prescribing](#)

[NEW! Ontario Health Profile: Antimicrobial Resistance](#)

[Frequently asked questions](#)



Antimicrobial stewardship strategies

This section features 32 strategies to help you build, grow and enhance your antimicrobial stewardship program.

[More »](#)

Building your program



Exploring ASP in action



The Antimicrobial Stewardship Advisory Committee (ASAC)



Select your strategies

To help determine the strategies best suited to your institution, you can sort them by several criteria:

- **Priority level:** high, medium or low priority (A, B or C)
- **Difficulty level:** easy, intermediate or difficult to implement (1, 2 or 3)
- **PHO core strategy:** identified by PHO's ASP team as important foundations of an institutional ASP
- Those with **evidence to support** certain antimicrobial stewardship outcomes
- **Program stage:** early, intermediate or advanced

To learn more about the development of the criteria, please refer to the [Antimicrobial Stewardship Strategy Criteria Reference Guide](#).

32 Strategies

[View All](#)[By Category](#)[Filter](#)[Download list of strategies](#)

Strategy	Priority level	Difficulty level	PHO core strategy?	Evidence to support specific outcomes
Antibiograms	A	2		
Automatic stop orders	C	1		

Antibiograms	Facilitation of appropriate and timely antimicrobial administration in severe sepsis/septic shock	Preventing treatment of non-infectious conditions
Automatic stop orders	Formulary automatic substitution/therapeutic interchange policies	Promotion of timely and appropriate microbiologic sampling
Cascading microbiology susceptibility reporting	Formulary restriction	Prospective audit with intervention and feedback
Checklists	Formulary restriction with preauthorization	Scheduled antimicrobial reassessments ("antibiotic time-outs")
Clinical decision support systems/computerized physician order entry	Formulary review/streamlining	Strategic microbiology results reporting
De-escalation and streamlining	General antimicrobial order forms	Surgical antibiotic prophylaxis optimization
Disease-specific treatment guidelines/pathways/algorithms and/or associated order forms	Identification of inappropriate pathogen/antimicrobial combinations ("bug-drug mismatch")	Systematic antibiotic allergy verification
Dose optimization	Improved antimicrobial documentation	Targeted review of patients with <i>Clostridium difficile</i> infection
Drug use evaluation/medication use evaluation	Improved diagnostics	Targeted review of patients with bacteremia/fungemia
Empiric antibiotic prescribing guidelines	Intravenous to oral conversion	Targeted review of redundant therapy or therapeutic duplication
	Prescriber education	Therapeutic drug monitoring (with feedback)

Antimicrobial Stewardship Strategy: Intravenous to oral conversion

Promoting the use of oral antimicrobial agents instead of intravenous administration when clinically indicated



@istock.com/bbszabi

This is a PHO CORE strategy

Priority Level: A

Difficulty Level: 1

Program Stage:

- ✓ Early
- Intermediate

Description

This is an overview and not intended to be an all-inclusive summary. As a general principle, patients must be monitored by the health care team after changes to therapy resulting from recommendations made by the antimicrobial stewardship team.

Intravenous to oral conversion (IV to PO) involves a policy or guideline for switching the route of administration after careful patient assessment.

Rationale

This strategy has numerous benefits for patients and results in lower health care costs, so it is highly encouraged. Studies have shown that antimicrobials with high bioavailability are given intravenously to patients who could tolerate oral intake nearly 50 per cent of the time.¹

Resources and tools

An antimicrobial stewardship program (ASP) is a set of "coordinated interventions designed to improve and measure the appropriate use of antimicrobial agents by promoting selection of the optimal antimicrobial drug regimen, including dosing, duration of therapy and route of administration." *Policy Statement on Antimicrobial Stewardship by SHEA, IDSA, PIDS. ICHE 2012; 33: 322-327*

The effective use of antimicrobials is important for minimizing the unintended consequences of inappropriate use, controlling antibiotic-resistant organisms and reducing selection for *Clostridium difficile*. Below are links to resources, presentations and tools to assist institutions in developing and sustaining a successful ASP.

Posters

The following posters have been developed to promote appropriate prescribing in hospital settings. The posters can be downloaded, printed and placed in common areas to assist doctors, nurses and pharmacists.





The infographic features a pink background with a decorative border of blue and white polka dots at the top. The main title is in large, bold, white and black text. A key message is highlighted in a blue box. Below this, a section titled 'Within 72 hours, review laboratory/diagnostic data and patient clinical status to assess:' lists four assessment points (A, B, C, D) arranged in a 2x2 grid. Each point is accompanied by a blue circle with a white letter and three small white dots below it. The bottom section provides contact information and logos for Public Health Ontario and Santé publique Ontario.

ONE THING YOU CAN DO TODAY TO IMPROVE ANTIMICROBIAL USE

REVIEW ALL ANTIBIOTIC ORDERS WITHIN 72 HRS

Within 72 hours, review laboratory/diagnostic data and patient clinical status to assess:

- A** If the antimicrobial can be stopped (no evidence of infection)
- B** If the antimicrobial should be changed
- C** If an IV antimicrobial can be switched to oral
- D** The duration of therapy or next reassessment date

For more information regarding antimicrobial stewardship:
Visit www.publichealthontario.ca/asp,
or contact Public Health Ontario at asp@oahpp.ca.

Public Health Ontario | Santé publique Ontario
PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

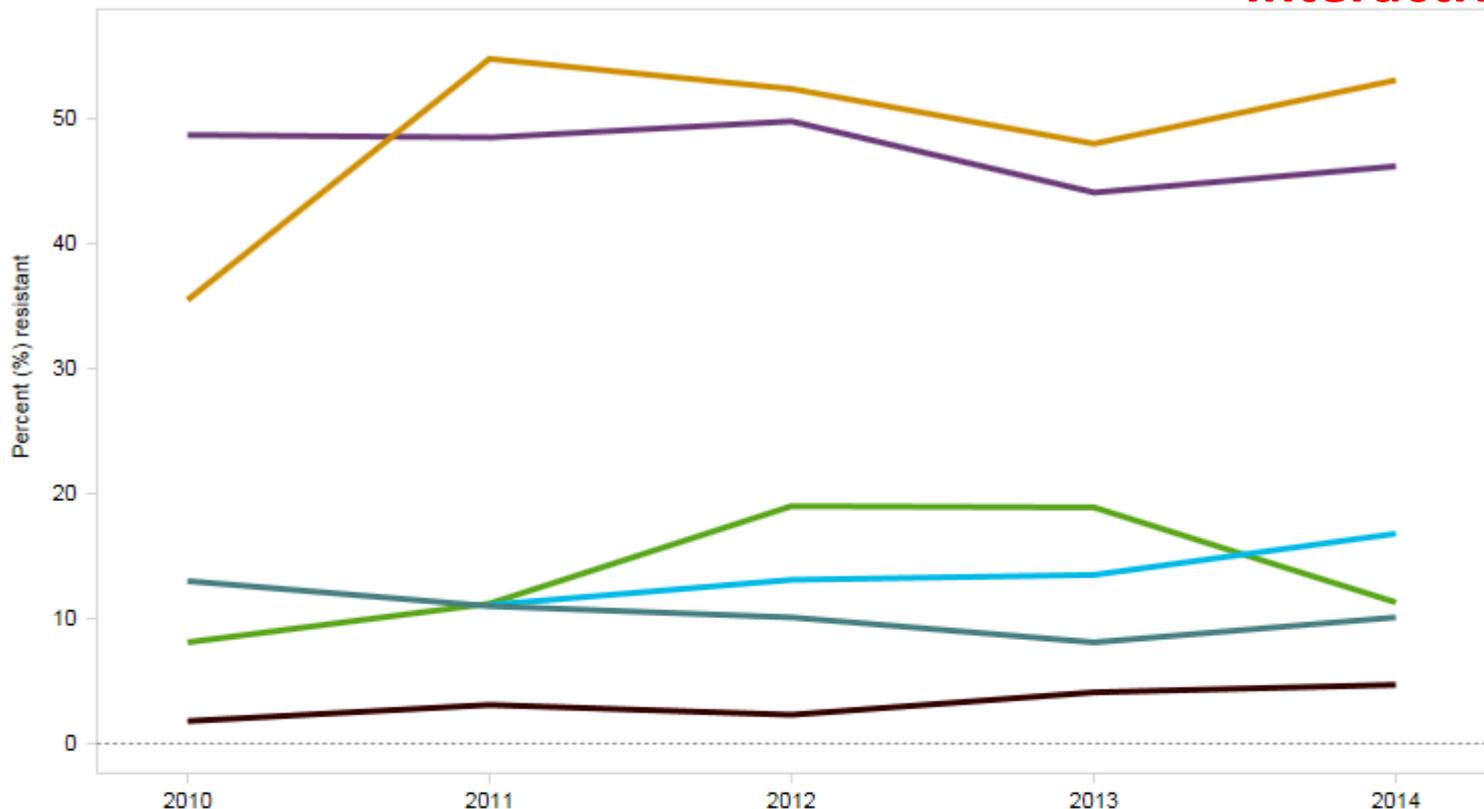
Ontario Health Profile

ANTIMICROBIAL RESISTANCE

A PUBLIC HEALTH THREAT



Figure 1: Antimicrobial resistance in selected organisms, Ontario, 2010–2014



Select organism to include

- Candida glabrata*
- CPE
- Escherichia coli* (urinary)
- Klebsiella pneumoniae* (urinary)
- Neisseria gonorrhoeae*
- Shigella*

Select an organism to highlight

- *Candida glabrata*
- CPE
- *Escherichia coli* (urinary)
- *Klebsiella pneumoniae* (urinary)
- *Neisseria gonorrhoeae*
- *Shigella*

Select a geography (Ontario or by public health unit)

Ontario ▾

Contact us:

CONTACT US

Field Support:

Regional Infection Control Networks (RICN)

Infection Control Resource Teams (ICRT)

General Inquiries:

ipac@oahpp.ca

Request to adapt/reproduce PHO materials

Regional Infection Control Networks (RICN)

Fourteen RICNs across Ontario assist healthcare providers in implementing best practices in [Infection Prevention and Control](#). Our infection prevention and control experts support and facilitate local knowledge transfer, information sharing and [learning and development](#) with a range of services including:

- consultation on IPAC questions or issues
- resources and tools for various health care settings, including acute care, long-term care, retirement homes and clinics and offices
- education or information sharing sessions and [professional development events](#) to help practitioners continuously update and support their IPAC practice

For more information, email ricn@oahpp.ca or contact your [local RICN office](#).

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