

Roles and Responsibilities of Hospitals and Public Health Units in CDI Reporting and Outbreak Management, 2014

Population and Public Health Division,
Ministry of Health and Long-Term Care

April 2014

Purpose

The purpose of this document is to clarify the roles and responsibilities for hospitals, public health units, provincial ministries and supporting organizations related to *Clostridium difficile* infection (CDI) reporting and outbreak management in Ontario.

Background

There were previously two Ontario guidance documents available to assist with the management of CDI: the Provincial Infectious Diseases Advisory Committee's (PIDAC) *Best Practices Document for the Management of Clostridium difficile in all health care settings*, 2009, and the Ministry of Health and Long-Term Care's (the ministry's) *Control of Clostridium difficile infection (CDI) Outbreaks in Hospitals A Guide for Hospital and Health Unit Staff*, 2009.

In May 2012, the ministry organized a CDI workshop entitled "*CDI Prevention and Control: the Collaborative Road Towards Clear Roles and Responsibilities*" at which time workshop participants requested that a single guidance document be made available. In response, there is now a single updated PIDAC document for guidance on CDI prevention, control and outbreak management entitled ***Annex C: Testing, Surveillance and Management of Clostridium difficile in all health care settings*** that can be found on Public Health Ontario's (PHO) website:

http://www.publichealthontario.ca/en/About/Departments/Pages/Infection_Control_Resource_Teams.aspx

As a result, the ministry's *Control of Clostridium difficile infection (CDI) Outbreaks in Hospitals A Guide for Hospital and Health Unit Staff*, 2009 has been rescinded.

This document, *Roles and Responsibilities of Hospitals and Public Health Units in CDI Reporting and Outbreak Management* recognizes that effective prevention, control and outbreak management of CDI is a collaborative effort yet requires clear delineation of roles and responsibilities. It is meant to be used as an accompaniment to the above mentioned *Annex C* and can be found on the ministry's website.

Box 1: Resource documents for Hospital CDI Outbreaks

Guidance on CDI prevention, control and outbreak management can be found in ***Annex C: Testing, Surveillance and Management of Clostridium difficile in all health care settings***

Roles and responsibilities for organizations involved in CDI outbreaks can be found in ***Roles and Responsibilities of Hospitals and Public Health Units in CDI Reporting and Outbreak Management***

Regulatory Overview

In September 2008, regulatory amendments under the *Health Protection and Promotion Act* (HPPA) made outbreaks of CDI (known as *Clostridium difficile* associated disease (CDAD) in the regulation) in public hospitals a reportable communicable disease. As a result, public hospitals are required to report all such outbreaks and outbreak-related cases of CDI to their local Medical Officer of Health (MOH) following a consultation, if needed, between the hospital and the public health unit that has determined that an outbreak exists.

CDI outbreaks and outbreak-associated cases in public hospitals are designated as per regulations under the HPPA as follows:

- Ontario Regulation (O. Reg.) 558/91, added CDAD outbreaks in public hospitals to the communicable diseases list in Ontario;
- O. Reg. 559/91, added CDAD outbreaks in public hospitals to the reportable diseases list in Ontario; and
- O. Reg. 569, outlines the specific CDAD outbreak data elements which hospitals must provide to their local MOH.

In parallel, a regulatory amendment was made to O. Reg. 965 of the *Public Hospitals Act* (PHA) that requires hospitals to publicly report on patient safety indicators, including those related to hospital-acquired infections. CDI rates are one of nine patient safety indicators under the Patient Safety Public Reporting Initiative. Each month, hospitals report the number of hospital-acquired CDI cases and rate of infection to the ministry and this information is publicly available on Health Quality Ontario's (HQO) website. Under O. Reg. 965 of the PHA, hospitals are also required to post their monthly CDI data on their website.

It should be noted that CDI outbreaks in long-term care homes continue to be reportable to the local MOH as institutional outbreaks of gastroenteritis.

Roles and Responsibilities of Facilities and Organizations in CDI Outbreak Management

The roles and responsibilities outlined below are recommendations for hospitals, public health units and their supporting organizations in the management of CDI outbreaks. Ongoing communication within and between organizations is an essential part of successfully managing CDI outbreaks. Identification of issues should be communicated early to the relevant organizations in order to work collaboratively in the prevention, early detection and effective management of CDI outbreaks and outbreak-associated cases.

Role of the Hospital

The hospital is the lead for CDI infection prevention and control, outbreak reporting and outbreak management for their facility. These roles are supported by consultation with the local public health unit where the hospital is located in and assistance from other organizations such as the ministry and PHO's Infection Control Resource Teams (ICRTs) and Regional Infection Control Networks (RICNs).

Responsibilities include:

1. Surveillance and Infection Prevention and Control (IPAC)

- a) Maintaining a mechanism for detecting and monitoring cases of CDI in the hospital.
- b) Reporting monthly CDI cases in accordance with the Patient Safety Public Reporting Initiative.
- c) Developing and implementing IPAC policies and procedures.
- d) Reviewing current IPAC best practice recommendations in conjunction with public health units to develop and regularly update IPAC outbreak management procedures.

2. Identification and Reporting of an Outbreak

- a) Collaborating with the public health unit and local MOH if a notification threshold is met to review the information and decide if an outbreak should be declared. The purpose of this discussion will be to review the current situation and determine the need for further action. Aspects of such discussion may include:
 - Review of the current status (e.g. CDI numbers involved, geographic location of cases in hospital, risk factors for CDI, severity of illness, etc.);
 - Review of past unit or facility CDI activity, established baseline for affected unit/facility and, in the case of a unit-specific increase, expected risk of CDI for the unit's patient population (e.g. oncology unit versus obstetric unit);
 - Review of control measures that have been implemented as per the current *Routine Practices and Additional Precautions, Annex C: Testing, Surveillance and Management of Clostridium difficile in all Health Care Settings*.
- b) Identifying any areas where the public health unit may be of assistance to enhance the outbreak response (e.g. investigation, data analysis, reports and/or staff education) if needed.
- c) Declaration of an outbreak can be made by either the hospital or the local MOH. In the event of a disagreement between the hospital and the MOH, the MOH retains the final authority to determine if a CDI outbreak exists.
- d) If a CDI outbreak is declared, the hospital must report the outbreak and all outbreak-associated cases to the public health unit.

3. Outbreak Management

- a) Implementation of infection prevention and control measures.

- b) Clinical management of patients.
- c) Coordinating the education of staff, patients, volunteers, and visitors regarding outbreak infection prevention and control measures.
- d) Clinical specimen collection and submission.
- e) Occupational health and safety including notifying the Ministry of Labour (MOL) of reports of CDI acquired by workers as a result of a workplace exposure as outlined in Box 2.
- f) Requesting provincial assistance when local resources for outbreak control are exhausted such as Public Health Ontario's Infection Control Resource Team (ICRT).
- g) Collaborating with public health unit as a part of the outbreak management team process to determine if an outbreak is over. In the event of a disagreement between the hospital and the local MOH, the MOH retains the final authority to determine if an outbreak can be declared over.
- h) The hospital is strongly encouraged to provide the following information on their public website:
 - When they are actively in an outbreak;
 - If a ward/unit or the entire facility is affected;
 - IPAC education for visitors;
 - When the outbreak is declared over.

Box 2: Hospital Occupational Health and Safety Responsibilities

Health care facilities are required to comply with applicable provisions of the *Occupational Health and Safety Act* (OHSA) and its regulations. Employers, supervisors and workers have rights, duties and obligations under the OHSA. Further general information may be found at:
<http://www.labour.gov.on.ca/english/hs/topics/healthcare.php>.

Specific requirements under the OHSA can be found at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

Specific requirements for certain health care and residential facilities may be found in the Regulation for Health Care and Residential Facilities (O. Reg. 67/93), accessible at: http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_930067_e.htm

For workplaces where O. Reg. 67/93 applies, the employer must consult with the workplace joint health and safety committee or health and safety representative if any, when developing or updating measures and procedures and training and education programs for the health and safety of workers, including IPAC for worker safety, and for protecting workers from chemical disinfectants, and provide education and training programs for workers.

Health care associated CDI acquired by workers as a result of workplace exposures are occupational illnesses and must be reported to the MOL, to the workplace joint health and safety committee, and to the trade union, if any, in accordance with the OHSA s.52 (2) and the Regulation for Health Care and

Residential Facilities s.5 (5).

For further information, see the MOL website information on *Clostridium difficile*- Associated Disease (CDAD) for Health Care Workers accessible at: http://www.labour.gov.on.ca/english/hs/pubs/ib_c-difficile.php.

Role of the Public Health Unit

The public health unit provides consultation and assistance to hospitals for CDI outbreak management. The local MOH also retains the final authority on the declaration of a CDI outbreak and for determining if a CDI outbreak can be declared over.

Responsibilities include:

1. Surveillance and IPAC

- a) Providing consultation to hospitals on surveillance and infection prevention and control policies and procedures in preparation for outbreak management (as per the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) – published under section 7 of the HPPA).
- b) Reviewing monthly CDI reports received from Public Health Ontario (PHO).^{*}

2. Identifying and Reporting of an Outbreak

- a) Collaborating with the hospital if a notification threshold is met to review the information and decide if an outbreak should be declared. The purpose of this discussion will be to review the current situation and determine the need for further action to minimize the rates of CDI. Such aspects of the discussion may include:
 - Review of the current status (e.g., numbers involved, location in hospital, risk factors for CDI, severity of illness, etc.).
 - Review of past unit or facility CDI activity, established baseline for affected unit/facility and, in the case of a unit-specific increase, expected risk of CDI for the unit's patient population (e.g. oncology unit versus obstetric unit).
 - Review of control measures that have been implemented as per the current *Routine Practices and Additional Precautions, Annex C: Testing, Surveillance and Management of Clostridium difficile in all Health Care Settings*.
- b) Declaration of an outbreak can be made by either the hospital or the local MOH. In the event of a disagreement between the hospital and the MOH, the MOH retains the final authority to determine if a CDI outbreak exists.
- c) Identifying any areas where the public health unit may be of assistance to enhance the outbreak response (e.g. assist with the investigation, staff education, data analysis and/or reports) if needed.
- d) Reporting the outbreak and cases through the integrated Public Health Information System (iPHIS) or any other method specified by the ministry.

Reports shall comply with the minimum data requirements as specified in

- i. O. Reg. 569 under the HPPA;
- ii. Disease-specific user guides published by PHO; and
- iii. Bulletins and directives published by PHO.

Box 3 outlines reporting requirements of public health units for CDI outbreaks and outbreak- associated cases.

Box 3: iPHIS Reporting Requirements for CDI

iPHIS Entry	Timelines for iPHIS Entry
Preliminary Report, outbreaks	Within one business day of a public health unit receiving notification of the outbreak.
Preliminary Report, cases	Within one business day of a public health unit receiving notification of a case
Monthly Report, outbreaks	While the outbreak is ongoing, public health units must submit weekly updates of aggregate counts in iPHIS every Tuesday by 4:00 PM.
Final Report, outbreaks	Within 15 business days after the outbreak is declared over.
Final Report, cases	Within 30 days of the case being closed and the completion of follow-up.

* *The ministry, PHO and other partners are working to improve the reporting of CDI data to provide more meaningful analysis and interpretation for public health units and health care settings. This may result in a change to this surveillance responsibility in the future.*

3. Outbreak Management

- a) Facilitating specimen collection and testing, if required.
- b) Supporting IPAC programs and committees and participating in the outbreak management team (OMT) meetings (as per the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) which are published under section 7 of the HPPA).
- c) Requesting provincial assistance when local resources for outbreak control are exhausted such as the involvement of PHO's ICRT.
- d) Collaborating with hospital to declare the outbreak over. In the event of a disagreement between the hospital and the local MOH, the MOH retains the final authority to determine if an outbreak can be declared over.

Box 4: Public Health Unit Mandate under the HPPA

Under the HPPA, the MOH has the authority to monitor and control the spread of communicable diseases in the public health unit served by the MOH. These powers include:

- Supporting the hospital's IPAC programs and committees. The local MOH's (or designate) involvement must include being a member of the hospital's IPAC committee; receiving reports of communicable diseases that occur in the hospital; consultation on the development and revision of IPAC policies; and providing advice when needed/requested on the management of communicable diseases and IPAC (Standards - published under the authority of Section 7 of the HPPA);
- Issuing a communicable disease order, under Section 22 of the Act, if, in part, the local MOH is of the opinion, on reasonable and probable grounds, that a) there exists or may exist a communicable disease or b) there is an immediate risk of an outbreak of a communicable disease at a public hospital or institution.
- Issuing orders with respect to outbreaks of communicable disease at a hospital or institution (including a long-term care home) if the statutory test in Section 29.2 of the HPPA is met;
- Under a S. 29.2 order, the MOH has the power to require a public hospital or institution "to take any actions specified in the order for the purpose of monitoring, investigating and responding to an outbreak of communicable disease at the hospital or institution."

Role of Public Health Ontario (PHO)

The role of PHO is to provide scientific and technical advice supporting the investigation or management of a local outbreak, province-wide increase or event when requested. Some of the specific responsibilities of PHO are:

- Providing the assistance of an ICRT when requested by the public health unit

- and/or the hospital.
- Providing IPAC consultation, resources and tools for various health care settings through the RICNs.
- Notifying all public health units of the mandatory patient safety indicator for CDI case numbers and rates by hospital.
- For information on PHO's Infection Prevention and Control Department including the RICNs or ICRTs and the services they provide please see the PHO website:
<http://www.publichealthontario.ca/en/About/Departments/Pages/Infectious-Disease-Prevention-and-Control.aspx>

Role of the Ministry of Health and Long-Term Care

The role of the ministry is to develop the policy and strategic frameworks for infectious disease policies and programs, and to provide provincial public health infectious disease programs legislative oversight in Ontario. The ministry provides consultation to the public health units with respect to CDI related policies and their implementation. Some of the specific responsibilities of the ministry are:

- Collecting and reporting on the number of hospital-acquired CDI cases and rate of infection as part of the nine mandatory patient safety indicators for Ontario's hospitals.
- Reporting CDI outbreaks in hospitals from the current and previous month and all new nosocomial case counts and rates of CDI through the Patient Safety Public Reporting initiative website of the ministry's arms-length agency, HQO: <http://www.hqontario.ca/public-reporting/patient-safety>
- Coordinating communications amongst partners when necessary.
- Coordinating the activities of stakeholders during province-wide outbreaks or when necessary.
- Updating the OPHS as required including the *Infectious Diseases Protocol, 2013* (or as current) and the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current).
- Requesting PHO's scientific and technical advice and support for surveillance, outbreak investigation and management, as required.

** The ministry, PHO and other partners are working to improve the reporting of CDI data to provide more meaningful analysis and interpretation for public health units and health care settings. This may result in a change to the PHO's continued distribution of this data.

Role of the Ministry of Labour (MOL)

The Ontario Ministry of Labour (MOL) and its agencies play a key role in the province by promoting occupational health and safety, fair employment practices and stable labour relations in provincially regulated workplaces. The MOL sets, communicates and enforces workplace standards while encouraging greater workplace self-reliance.

The MOL enforces the [Occupational Health and Safety Act](#) (OHSA) to reduce or eliminate work-related injuries and illnesses. It sets out the rights and duties of all parties in the workplace. It establishes procedures for dealing with workplace hazards and it provides for enforcement of the law where compliance has not been achieved voluntarily by workplace parties.

Some of the specific responsibilities of the MOL are:

- Enforcing the *Occupational Health and Safety Act* and regulations made under the Act, including the regulations for *Health Care and Residential Facilities*.
- Responding, as appropriate, to notices of occupational illness made under subsection 52(2) of the OHSA.
 - Under ss. 52(2), employers are required to notify a Director of the MOL, the joint health and safety committee and the trade union (if any) about any occupational illnesses. These may include health care associated infections, including CDI, acquired by workers as a result of workplace exposures.
- For further information, see the MOL website information on *Clostridium difficile*-Associated Disease (CDAD) for Health Care Workers accessible at: http://www.labour.gov.on.ca/english/hs/pubs/ib_c-difficile.php.

Role of the Local Health Integrated Networks (LHINs)

The role of the LHINs is to lead an integrated and sustainable healthcare system by engaging local stakeholders in their region to improve access to and quality of health services. LHINs provide performance monitoring of the health care system by planning, integrating and funding local health services for local health providers and community health services, including hospitals. Some of the specific responsibilities of LHINs are:

- Coordinating services to support CDI outbreak management in their region such as laboratory services for CDI diagnosis.
- LHINs may request information regarding hospital CDI outbreaks from hospitals in their jurisdiction. This information and data helps support the LHINs in its operational planning for implementing internal infection prevention, control and management protocols in hospitals in its own region.

Conclusion

Defining roles and responsibilities for CDI reporting and outbreak management sets an important framework to facilitate the collaboration of hospitals, public health units and their supporting organizations. Although a CDI outbreak can be a challenging experience, a cooperative working relationship between all organizations, especially between hospitals and public health units can strengthen its management and reduce the burden of illness of CDI in the province.

