

IPAC Investigation at Oral Surgeon's Office

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Objectives

- Situation Overview
- Accomplishments
- Successes
- Challenges/Lessons Learned
- Questions?



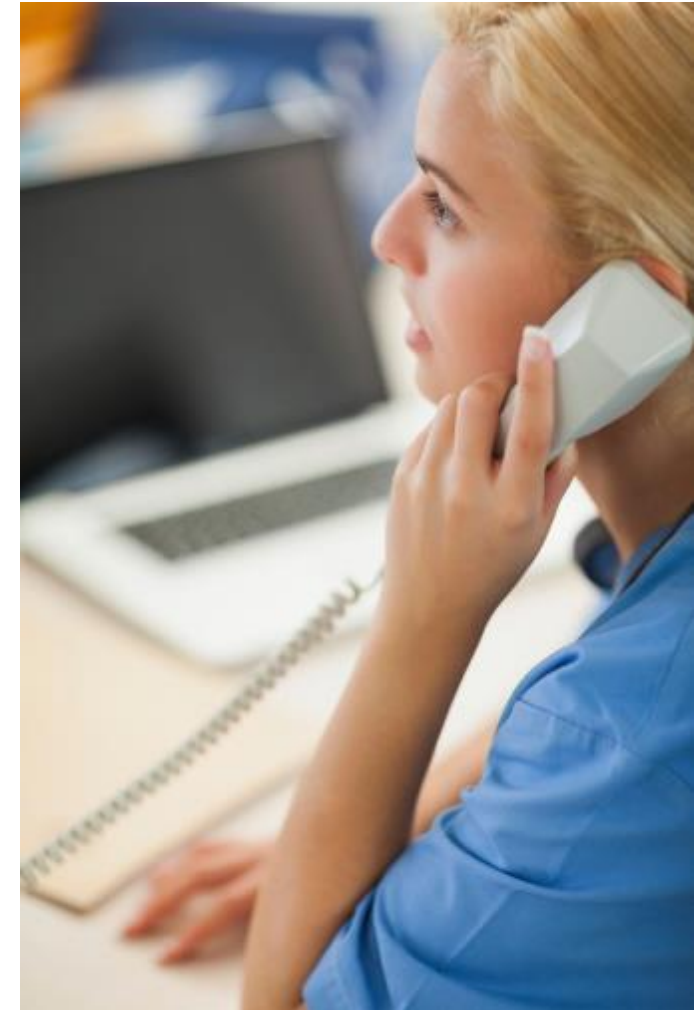
Situation Overview

- Changes to OPHS – Health Units now responsible for investigating IPAC lapse complaints
- Complaint or reportable disease driven
- New hepatitis C case identified – “index case”
- Patient had visited two dental settings - dentist and oral surgeon



Accomplishments

- Developed resources, templates and processes to support investigation
- Developed all media resources and videos
- Collaborated with PHO laboratory to support blood testing and tracking of results
- Collaborated and consulted with external stakeholders – e.g. PHO, PHUs, legal counsel, RCDSO, CPSO
- 39 staff and 11 management staff involved in response
- IPAC Investigation team completed 7 onsite inspections with additional numerous office visits – e.g. order and inspection report reviews
- A total of approximately 1,200 hours of staff time



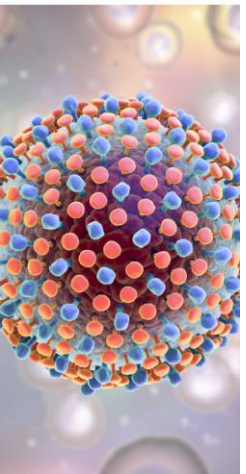
Successes

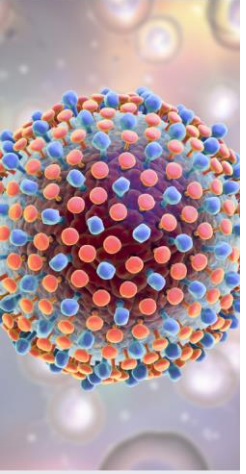


- Offices investigated worked to correct IPAC issues promptly – up to IPAC requirements
- Weekly communication – phone or email to both offices re: update on investigation and activities
- 1st patient notification letter wrote collaboratively from MOH and oral surgeon
- Successful management of media response
- Multiple partnerships developed – internally and externally
- Increased public awareness of PHU’s role in IPAC investigations

Challenges & Lessons Learned

- Managing workload was difficult for frontline and management staff
- Documentation tool for nurses working the call centre was cumbersome
- Staffing the call centre labour-intensive; short turnaround time
- Internal communication needs to be more frequent for staff not involved in response
- Not enough staff trained on the call centre initially
- Expansion and contraction of response – needed smoother transition – IMS & COOP





Thank you!
Questions?