

Alignment of Infection Control Services

Summary of Interactive Session

PICNet Educational Conference

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Table of Contents

Introduction	3
Purpose	3
Methodology.....	3
Results.....	4
Discussion.....	6

Introduction

In accordance with recommendations from the 2007 Office of the Auditor General’s report, titled “Infection Control: Essential for a Healthy British Columbia”, the Ministry of Health is engaging provincial stakeholders in the development of a comprehensive provincial infection prevention and control (IPC) framework. In September of 2011, the Provincial Infection Control Network (PICNet) hosted a focusing session of provincial stakeholders with the purpose of clarifying the roles and responsibilities of IPC, occupational health, and public health — three pillars that currently have overlapping areas of responsibility and proactively setting the strategic direction for IPC in the province. As a result of this session, the Provincial Infection Prevention and Control Working Group was formed as a time-limited body that will work collaboratively to draft recommendations to establish a new provincial infection prevention and control framework for British Columbia (BC).

The PICNet Annual Education Conference was held on April 19 and 20, 2012. The conference theme was dedicated to bridging the three pillars of infection prevention and control: public health, occupational health, and acute care. In attendance were 130 members of the infection prevention and control community of practice (CoP) of BC. During this event, an interactive session was held, which encouraged participants to explore and better understand the various roles involved in the provision of IPC Services in BC and how the three pillars might align more effectively. This approach was strongly supported by PICNet’s Education Standing Committee. The session was facilitated by Helen Roberts, Change Leader at Providence Healthcare.

Purpose

To increase understanding of the value of each of the roles involved in the provision of Infection Control service and explore how they might align more effectively.

Methodology

The session began by gathering the various disciplines into groups and providing each group the opportunity to explain different aspects of their jobs. Following this discussion, the groups were merged and re-split into smaller groups of 6-8 people. They were asked to answer two questions:

- 1. If all your services were aligned effectively to provide infection control what do you believe might be possible?**
- 2. What are one or two pieces of advice you would give your system?**

The groups discussed the questions and consolidated their answers into short points. Their responses were recorded and are summarized in part one of the results section. Each group then posted their answers to the second question on the wall and participants were asked to vote for their top three choices. The responses that received the most votes are summarized in part two of the results.

Results

1. Responses to questions :

If all your services were aligned effectively to provide infection control what do you believe might be possible?

- 1) Every provider as well as their patient along the continuum would have a responsibility for IPC
- 2) Reduce infection – Long Term Care/admissions/unifying approaches to policies
- 3) Realignment of healthcare roles and more money for other healthcare/social services, etc.
- 4) Accountability and attention to the entire continuum
- 5) Standardized practice in education, practice and maintenance
- 6) Communications – always kept in the loop
- 7) Standard education – the ‘why’s
- 8) Resources can be re-distributed
- 9) Educate public (visitors, family)
- 10) Better alignment between three pillars, fill gaps, eliminate redundancy, source of truth
- 11) Happier healthier community – consolidate awareness towards well being
- 12) Common databases
- 13) Increase education, collaboration, prevention
- 14) Better identification of high risk patients across the continuum
- 15) Hand hygiene across continuum – ensure safety in all settings
- 16) Communication with/for patients

What are one or two pieces of advice you would give your system?

- 1) Keeping all the resources up to date so you know whom to contact
- 2) Standardizing policies and procedures across all Health Authorities
- 3) Better communication – greater understanding of what is needed and what the benefits are – make sure information gets to the people who need it
- 4) Embrace the care continuum – healthcare does not stop at the door of acute care
- 5) Supporting roles and networking with others
- 6) Mobilize resources effectively
- 7) Right people at the table include all disciplines
- 8) Proper process to ensure a buy in, move towards a clear goal
- 9) Open and timely access to information between disciplines
- 10) New policies, procedures and resources need follow-up feedback by users
- 11) Clear roles and responsibilities – don’t assume people’s roles and responsibilities – also for patients

- 12) Prevent the blame game (everyone is responsible)
- 13) Active listening – everyone gets to be heard
- 14) What are the resources, where are they?
- 15) Global communication system throughout province
- 16) Open communication between staff and administration

2. Voting Results:

Some of statements above received no votes so are not included on the following list. Also some of the wording for the posted statements was a little different than what was recorded (included in sub-points). These statements are listed below in order of number of votes received.

- 1) Open and timely access to information between disciplines
 - o Common database
 - o Global communication system throughout province
- 2) Super clear roles and responsibilities – don't assume people's roles and responsibilities – also for patients
 - o Keep processes simple with roles well-defined for clear understanding by all, including patients
- 3) Embrace the care continuum – healthcare does not stop at the door of acute care
- 4) Better communication – greater understanding of what is needed and what the benefits are – make sure information gets to the people who need it
- 5) Standardizing policies, procedures, and practices across all Health Authorities
- 6) Proper process to ensure a buy-in, move towards a clear goal
- 7) Right people at the table include all disciplines
 - o Communication and collaboration including all the disciplines
- 8) Open communication between staff and administration (two-way)
 - o Better reciprocal communication
- 9) Active listening – everyone gets to be heard
- 10) Mobilize resources effectively
- 11) New policies, procedures and resources need follow-up and feedback from users
- 12) Prevent the blame game (everyone is responsible)

Discussion

Not everyone in the room used their votes; the top item received 47 votes while the last item received only one vote. The purpose of this exercise was to give participants an opportunity to increase their understanding of the roles and responsibilities of their colleagues in different disciplines and collectively develop recommendations for how work could be more collaborative and how the current healthcare system could be changed to enhance that collaboration. These results will be shared with the Provincial Infection Prevention and Control Working Group to help them as they move forward in making recommendations for a new infection prevention and control framework for BC. Our thanks to the members of our community of practice who participated in this exercise.