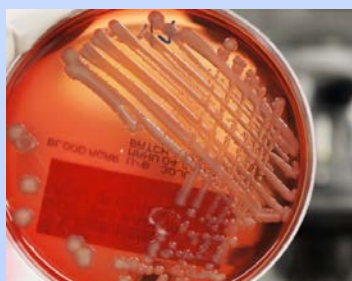


# PICNet

PROVINCIAL INFECTION CONTROL  
NETWORK OF BRITISH COLUMBIA

A program of the Provincial Health Services Authority

## PICNet Annual Report April 2015–March 2016



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## Executive Summary

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The Provincial Infection Control Network of BC (PICNet) was formed in 2005 as a multi-disciplinary network to improve coordination of urgent/emergent infection control issues at a provincial level, and to establish provincial surveillance of healthcare-associated infections (HAI). PICNet's strength is based on its ability to bring together the right people to participate in projects and initiatives proposed by its community of practice (CoP).

PICNet has built a reputation as the provincial source for infection control guidance and for providing accountability, transparency, and a forum for provincial discussion of infection control issues. Using the best available evidence, the CoP (which has representation from all the health authorities and the Ministry of Health) has developed a robust guideline development process, a quality HAI surveillance program, and a suite of educational resources.

This report presents a summary of the projects and initiatives that PICNet worked on during the fiscal year 2015-2016.

### **PICNet Staff and Reporting Changes**

For its first ten years, PICNet was co-directed by Dr. Judy Isaac-Renton, Director of Laboratories at the BC Centre for Disease Control, and Dr. Elizabeth Bryce, Regional Medical Director of Infection Control and Medical Microbiology at Vancouver Coastal Health. In September 2015, Dr. Isaac-Renton retired. Replacing her as Medical Co-Lead is Dr. Linda Hoang, Medical Microbiologist with BCCDC Public Health Laboratory. Dr. Hoang had already been a member of PICNet's Surveillance Steering Committee.

In 2015, PICNet's VP John Andruschak moved to the Ministry of Health; PICNet's new VP is Nick Foster, Vice President, Consolidated Services, CST and Special Projects.

PICNet would like to thank Dr. Isaac-Renton and John Andruschak for their many years of work with PICNet, and for their valuable contributions.

### **Projects and Initiatives**

Projects completed during this fiscal period include:

- Position statement from the Ebola Virus Disease (EVD) Ethics Working Group
- Recommendations for the disinfection of ultrasound probes
- Recommendations for the disinfection of ERCP scopes
- Carbapenemase Producing Organisms surveillance

A fifth project, the Provincial Precaution Signs, is in the final stages of completion.

### **Guidelines and Toolkits**

In 2015-2016, revisions began on PICNet's Gastrointestinal Outbreak guidelines (previously reviewed in 2010). PICNet also contributed to the British Columbia Provincial Nursing Skin and Wound Committee's wound care guidelines. In addition, the first provincial protocol for Fecal Microbiota Therapy (FMT) for recurrent *Clostridium difficile* illness (CDI) was developed and is

currently with the Ministry of Health for approval. The FMT protocol will be incorporated into the PICNet CDI Toolkit, also updated this fiscal year. Work also began on an education module on the use of the Public Health Agency of Canada's (PHAC) Critical Appraisal Toolkit for the evaluation of research literature.

### **Surveillance**

The PICNet surveillance program continued to expand, with the addition of a Surveillance Analyst to the PICNet Management Office, an evaluation of the CPO surveillance program and publication of the first CPO surveillance report. PICNet's response to the emergence of CPO in BC was presented as an oral abstract at this year's annual AMMI/CACMID Conference. The MRSA, CDI, and Hand Cleaning Compliance programs continue.

### **Communications**

PICNet's Communications Officer conducted a survey of the infection prevention and control practices across the CoP to assess current needs, and identify any gaps in the current suite of resources that PICNet provides. The survey responses led to the creation of a new Education Steering Committee, and a full-day education workshop.

### **Education**

PICNet hosted its ninth annual educational conference, which included a pre-conference workshop on the topics of Improving Communications with your Staff and Patients, and Educating Your Staff in Infection Control. Education sessions continue to be provided to various colleges, universities and allied health care groups such as dental hygienists at their request. PICNet also brought its educational workshop to several residential care facilities during national infection control week. Webber teleclasses continue to be shared by PICNet with the Community of Practice.

### **Partnerships**

PICNet continues to play a key role in the Provincial Hand Hygiene Working Group (PHHWG), with representation in the main PHHWG committee and in the Communications Sub Working Group. Both committees have been extremely active during 2015-16, with the revision of the provincial hand hygiene guidelines commencing, and a year-long series of campaigns launched by the Communications committee. PICNet staff continue to participate in other provincial and national committees.

## About PICNet

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The Provincial Infection Control Network of British Columbia (PICNet) is a program of the Provincial Health Services Authority (PHSA) that works with partner organizations across the province to reduce healthcare-associated infections. We do this by improving and sharing evidence-based practices, creating resources, and influencing policy decisions.

Our work is reflected in our new vision statement: **Fewer infections – better healthcare.**

Within the context of the strategic goals of the Ministry of Health and the PHSA, the following strategic directions serve as the foundation for PICNet's mission:

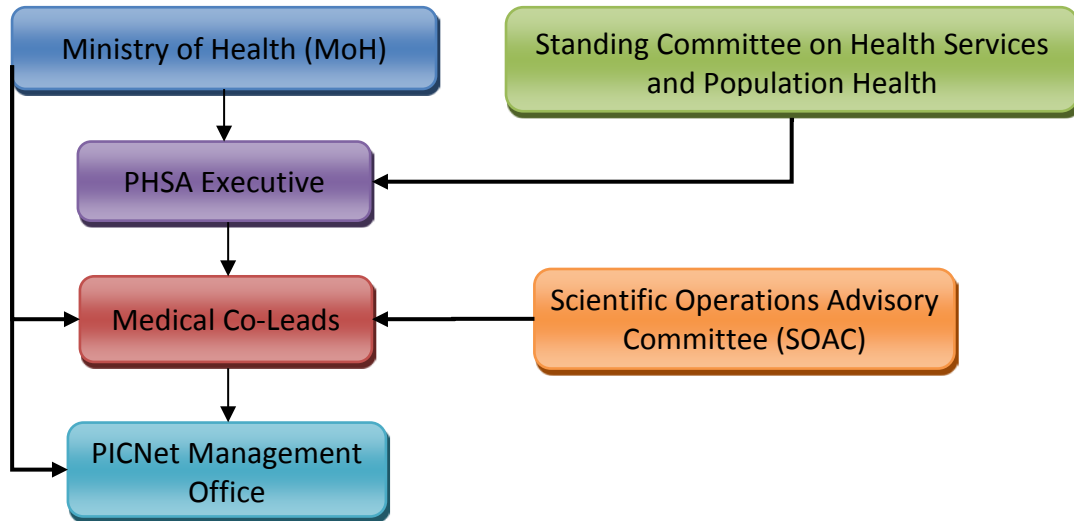
1. Improve coordination in provincial surveillance programs for healthcare-associated infections
2. Enhance communication of infection prevention and control activities across the continuum of care in the province
3. Continue to develop, provide and promote educational opportunities and resources for the community of practice, for both their own professional development and the education of other healthcare providers
4. Develop evidence-based practice guidelines, tools, and resources, and facilitate their implementation
5. Create a forum where experts can work together to provide advice to the Ministry of Health and the health authorities on key infection prevention and control policies, initiatives, and emergencies

Our Community of Practice (CoP) includes infection prevention and control professionals (ICP), medical microbiologists, epidemiologists, as well as experts in patient safety and quality, public health, occupational health, and others.

PICNet's strength is built on its strong professional relationships within the infection prevention and control CoP and other partners. These relationships allow PICNet to lead initiatives, in the spirit of collaboration, that work towards minimizing healthcare-associated infections in BC and across Canada.

## Reporting Structure

PICNet’s Scientific Operations Advisory Committee (SOAC) provides advice to PICNet on its strategic directions and best practices for infection prevention and control. The SOAC is comprised of **Operational Leads**, appointed by each health authority to serve as champions within their own jurisdictions for infection prevention and control, and **Scientific Experts** (in Medical Microbiology, Occupational and Public Health, Infectious Diseases and Infection Prevention and Control), appointed by the PICNet Management Office to provide expertise in their profession or discipline.



A more detailed [PICNet reporting structure diagram](#) can be found on the PICNet website.

## PICNet Co-Directors and Staff

**Dr. Elizabeth Bryce**  
Medical Co-Lead

**Bruce Gamage**  
Network Manager

**Joanne Archer**  
Education and Practice Coordinator

**Romali Ranasinghe**  
Surveillance Systems Coordinator

**Dr. Linda Hoang**  
Medical Co-Lead

**Dr. Guanghong Han**  
Surveillance Epidemiologist

**Helen Evans**  
Communications Officer

## Acknowledgements

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PICNet is a true network in that we rely on the involvement of all the BC Health Authorities and our Community of Practice. Our Scientific Operations Advisory Committee (SOAC), Surveillance Steering Committee (SSC), Guidelines Steering Committee (GSC), and Education Steering Committee (ESC) are made up of representatives from the health authorities, and we thank them for their valuable contribution of time and expert opinion. Without the hard work of these members, PICNet would not be able to produce the volume and quality of work that it does.

In addition, our Community of Practice members participate in our working groups, provide feedback on draft documents that we post for review, and relay information to their colleagues and staff. We thank you for your support of PICNet and your contribution to infection prevention and control across the continuum of care.





## Projects and Initiatives

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PICNet takes on projects requested by the Ministry of Health (MoH), as well as ones that are requested by our CoP and partners. In 2015–2016, PICNet completed five projects with a sixth initiative in the final stages of completion.

### **Ebola Virus Disease (EVD) Ethics Working Group**

The Office of the Provincial Health Officer developed an EVD ethical decision-making framework in August 2015. PICNet was asked to form a working group to apply the framework to the role of visitors in the care of EVD patients. A multidisciplinary group including medical microbiologists, infection control practitioners (ICP), ethicists, nurses, and patient representative held a full day meeting on the topic. The group recommended that visitation of the EVD patient by family/loved-ones is permissible; however the decision is contingent on a favorable case-by-case risk assessment by the patient care team.

### **Disinfection of Ultrasound Probes**

Recent evidence regarding the efficacy of commonly used high-level disinfectants against Human Papilloma Virus, led to a Ministry request for provincial recommendations for the cleaning and disinfection of ultrasound probes used for internal exams. The recommendations were reviewed by PICNet's SOAC and shared with the Provincial Medical Reprocessing Group and the BC College of Physicians and Surgeons. Given the recent evidence that HPV may not be sensitive to the commonly employed high-level disinfectants, it seems prudent to employ disinfectants that use oxidizing chemistries. The manufacturer's recommendations should be followed in order to avoid damaging the probes.

### **Disinfection of ERCP Scopes**

Recent US reports of CPO outbreaks related to endoscope reprocessing resulted in a ministerial request for PICNet to develop recommendations for the cleaning and disinfection of duodenoscopes. The recommendations were reviewed by our SOAC and shared with the Provincial Medical Reprocessing Group. Even though duodenoscopes are inherently difficult to reprocess, strict adherence to the manufacturer's reprocessing instructions will minimize the risk of infection. As there is no way to guarantee that the scopes have been completely cleaned, due to design issues with the current scopes, PICNet's Scientific and Operations Advisory Committee recommends that patients be informed of this risk as part of their consent for the procedure.

### **Carbapenemase Producing Organisms (CPO)**

July 2015 marked the first full year of the provincially mandated surveillance program for CPOs, which consolidates testing data from laboratories in healthcare facilities, the BCCDC Public Health Laboratory (BCCDC PHL) and surveillance data on CPO cases identified in BC acute care facilities. PICNet released its first public CPO quarterly surveillance report and its first internal CPO surveillance report in June 2015. The CPO surveillance protocol is currently under revision

by PICNet and the Surveillance Steering Committee, following evaluation and review by the Provincial CPO Working Group in October 2015.

### **Provincial Precaution Signs**

The health authority directors of infection control requested standardized provincial precaution signage to reduce mixed messages for patients, visitors and healthcare workers and ensure a consistency of approach as they move between health authorities. The signs will be completed and distributed to the health authorities for printing by summer 2016. This project represents one element of harmonizing infection control practices, which was a recommendation from the Auditor General's report in 2007.

## Practice Guidelines

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Under the leadership of Education and Practices Coordinator Joanne Archer, PICNet develops evidence-based practice guidelines at the request of the CoP and the MoH. Guidelines are developed by a group of experts with representation from each health authority, using a rigorous development process. All PICNet guidelines undergo a review cycle every four to five years to ensure that they contain the most up-to-date, evidence-based recommendations. While PICNet guidelines are developed for use in BC, they are also recognized and used nationally and internationally.

### Fecal Microbiota Therapy Protocol

Fecal Microbiota Therapy (FMT), known commonly as stool transplant, is increasingly being used in many countries as a treatment for recurrent *C. difficile* infection. FMT involves taking the liquidised stool of a healthy person and inserting it into the bowel of an infected patient. The healthy bacteria from the donor can then re-balance the intestinal bacteria of the infected person, allowing them to heal.

Previously, FMT could only be used in Canada if it was part of an approved research study; however, in March 2015 Health Canada released a guidance document that removed the research requirement for this treatment. The guidance document does not provide clear protocols for stool donor screening and treatment eligibility, so the BC Ministry of Health responded by establishing an expert working group led by the Provincial Infection Control Network of BC to write a guidance protocol for British Columbia.

The guidance document ensures the safety of the patients receiving the treatment by specifying who can perform the procedure, which patients are eligible, and how suitable donors must be screened. The document has been incorporated into PICNet's updated CDI toolkit, and is currently with the Ministry of Health for approval.

### Wound Care Guidelines

A new procedure guideline that was created by the British Columbia Provincial Nursing Skin and Wound Committee, in collaboration with PICNet, has been added to the PICNet website: [Procedure: Swab for Culture and Susceptibility in Suspected Wound Infection](#).

### GI Guidelines Revision

PICNet's current Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities were created in 2010 and revised this year by the Guidelines Working Group. No significant changes for management of outbreaks were required. Of note, there was insufficient evidence to make any recommendations regarding adjunctive technologies for environmental cleaning. The guidelines were endorsed by the BC Communicable Diseases Policy Committee and posted to the [PICNet website](#) in June 2016.

## Toolkits

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### CDI Toolkit

In March 2012, the BC Ministry of Health requested the Provincial Infection Control Network's (PICNet) assistance in developing consistent, evidence-informed, provincial processes for the management of *Clostridium difficile* infections (CDI). This toolkit provided recommendations regarding surveillance, diagnosis, clinical management, infection prevention and control (IPC), and environmental management.

There have since been advances in treatment options for CDI, including Fidaxomicin and Fecal Microbiota Therapy (FMT); the health authorities have also updated their outbreak definitions. Four working groups worked to update the CDI Toolkit to include revised recommendations for acute care and residential care, treatment options and FMT. The document is currently with the Ministry of Health for approval. Following this approval, the MoH will issue an updated CDI policy communiqué.

### Critical Appraisal Toolkit E-learning Module

In 2009, the Public Health Agency of Canada (PHAC) invited PICNet to be part of a pilot group for a critical appraisal toolkit that would assist with the evaluation of research literature. The toolkit was published by PHAC in 2014. Users have found the toolkit to be onerous and subsequently, PICNet's Education and Practice Coordinator began work on an Introduction to Critical Appraisal e-learning module, to be made available on the Learning Hub. The target date for completion of the educational module is fall 2016.

## Surveillance

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In 2015–2016, PICNet’s surveillance programs continue evolving to reflect advances and challenges in infection prevention and control practices.

### VRE Evaluation

In 2015, the Ministry of Health requested that PICNet evaluate the impact of Vancomycin-resistant Enterococci (VRE) policy changes within several health authorities on VRE incidence and patient outcomes in BC. PICNet’s Surveillance Steering Committee developed an evaluation protocol. Following this, PICNet worked with each health authority to review changes in the identification and management of VRE, as well as the rates of VRE infections and colonization within their acute care facilities before and after the changes. In the four health authorities that discontinued VRE screening, contact precautions for and isolation of patients with VRE colonization or adopted a risk-managed approach, the rates of VRE infections remained within the range prior to the change or at a lower level, and no known negative impacts on patient outcomes were observed. During the same period, in the health authorities that made no changes to their VRE policies, the trends of VRE varied but the infection rates remained very low. The final report was submitted to the MoH in November 2015.

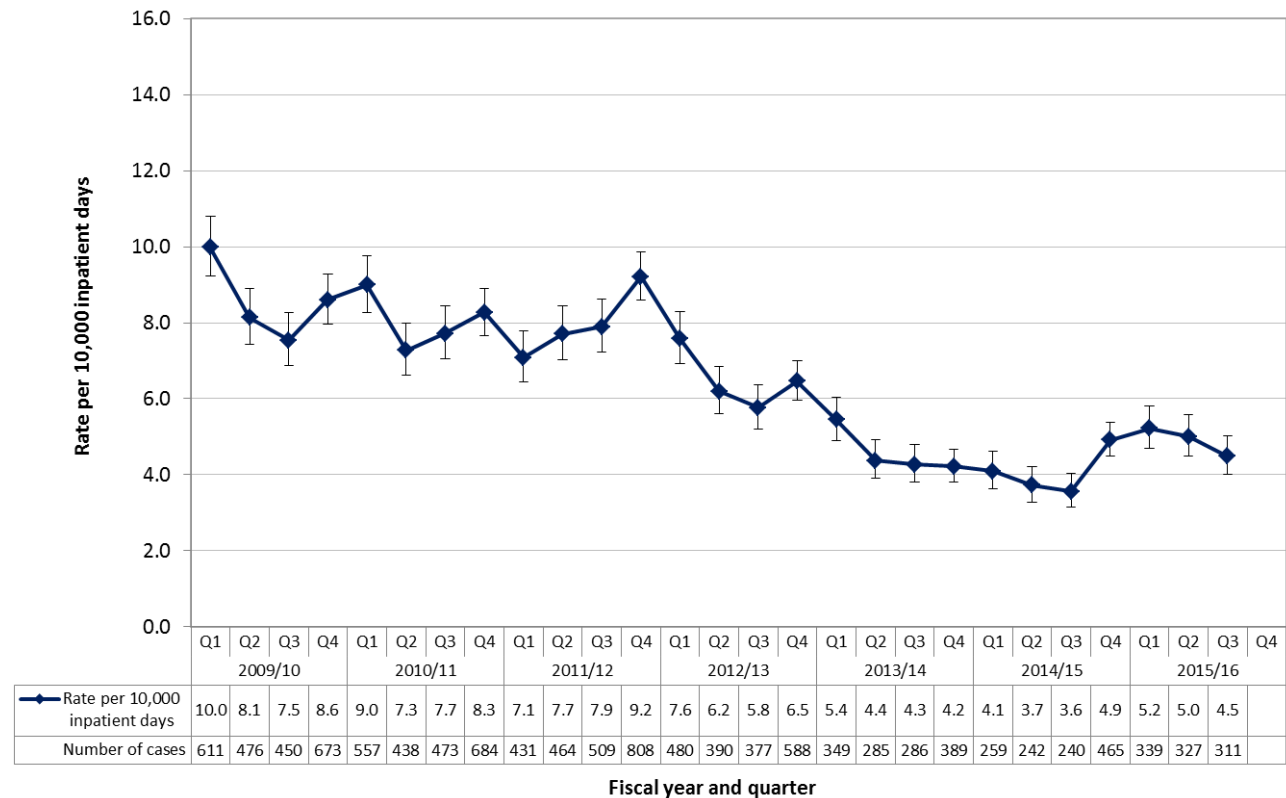
### CPO Surveillance

Following implementation of provincial mandatory surveillance for carbapenemase producing organisms (CPO) in 2014, PICNet continued working with BCCDC PHL and the health authorities on CPO screening, data collection, and reporting. The first provincial annual CPO public and internal reports were released in 2015. PICNet convened a meeting of the Provincial CPO Working Group in October 2015 to review and evaluate the CPO surveillance program. The notification of launch and closure of CPO transmission investigations was established to improve communications among health authorities. PICNet has circulated three rounds of notifications of investigation since November 2015. The CPO surveillance protocol was further revised, and the changes have been implemented from April 2016. CPO surveillance reports continue to be released quarterly; they can be found at <https://www.picnet.ca/surveillance/cpo/cpo-surveillance/>.

## CDI Surveillance

After a spike in quarter 4 of 2014/15 and quarter 1 of 2015/16, the provincial CDI rate decreased in quarter 2 and 3 of 2015/16, as shown in the latest CDI update in March 2016 (Quarter 3 of FY 2015/2016). The full report can be accessed at <http://s.picnet.ca/cdireports>. The annual surveillance report for CDI is expected to be posted in September 2016.

### New CDI cases in BC Acute Care Hospitals

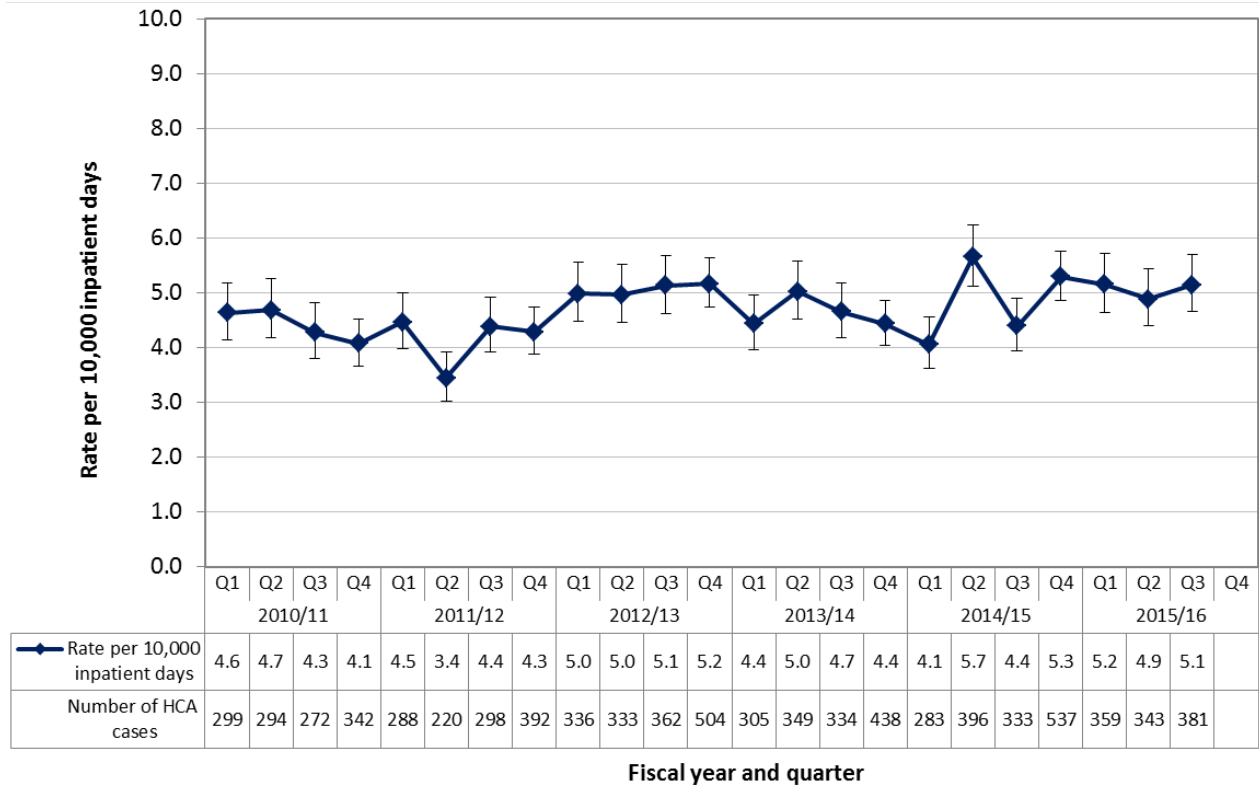


Note: vertical bars on the line represent the 95% confidence interval of the rates to show an estimated range of values.

## MRSA Surveillance

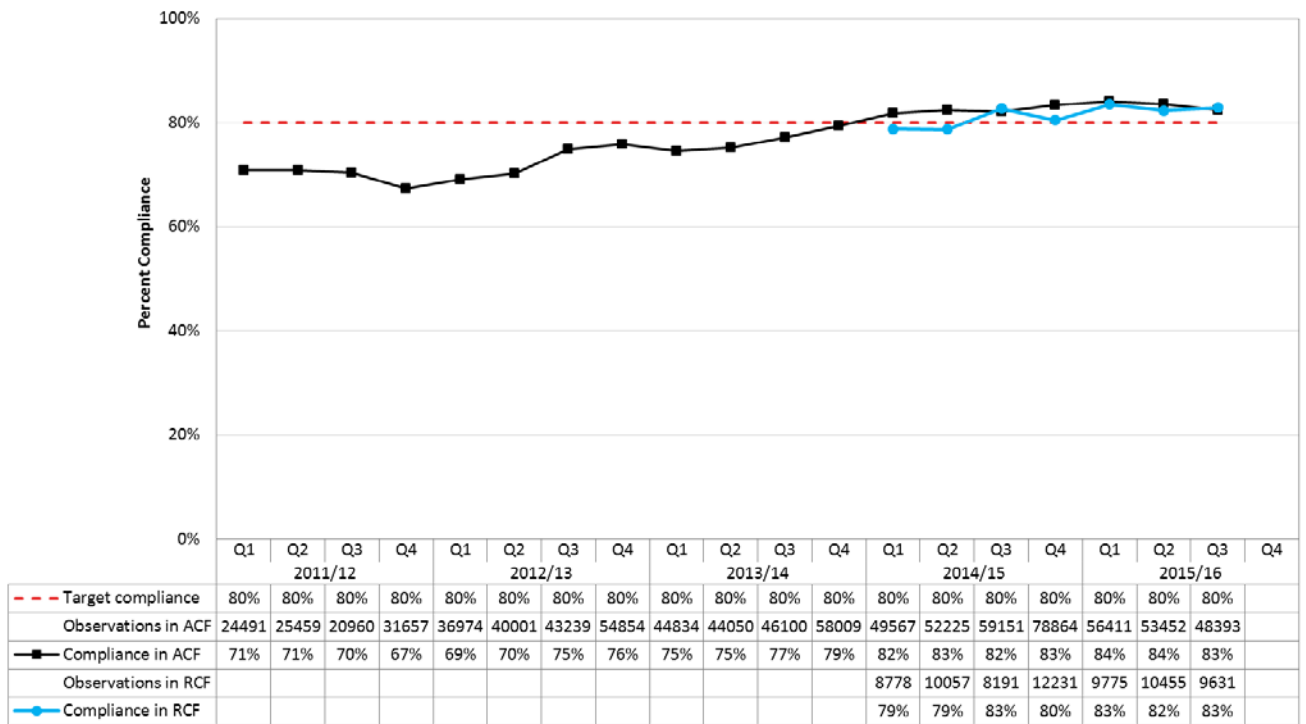
The rate of MRSA has remained relatively stable since provincial MRSA surveillance started in 2010/11. The graph below shows the number of new cases and rate of MRSA associated with the reporting facility by fiscal year and quarter in BC. (The full report can be accessed at <http://s.picnet.ca/mrsareports>.) The annual surveillance report for MRSA is expected to be posted in September 2016.

### New MRSA cases in BC Acute Care Hospitals



## Hand Hygiene Compliance

Standardized auditing of hand cleaning compliance among healthcare providers in acute care facilities began in 2011 and the compliance rates were reported to public quarterly. Residential care facilities formally began auditing in 2015 after one year’s pilot, with the first hand cleaning compliance public report released in January 2016. In Q3, the results for residential care and acute care were combined into one report. The graph below shows the overall provincial hand cleaning compliance in acute care facilities (ACF) and residential care facilities (RCF) by quarter and year, from 2011/12 to 2015/16.





## Communications

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### Community of Practice Survey

PICNet’s Community of Practice is made up of healthcare professionals from across the continuum of care, and includes:

- Administrators
- Clinical Leads
- Communicable Diseases Specialists
- Community Health Nurses
- Directors of Care
- Employee Health Advisors
- Environmental Health Officers
- Epidemiologists
- Home Care Nurse Advisors
- Housekeeping Supervisors
- Infection Control Practitioners
- Laboratory Technologists
- Medical Device Reprocessing specialists
- Medical Health Officers
- Medical Microbiologists
- Nurse Leaders, Managers, and Educators
- Nurses
- Occupational Health and Safety Advisors
- Physicians
- Quality and Patient Safety Officers
- Students
- Team Leaders

A comprehensive survey is conducted every three years to invite feedback and ensure that PICNet continues to serve all its stakeholders. In May 2015, PICNet invited all members of its CoP to complete an online survey, which was live for four weeks; 65 responses were received. PICNet’s Management Office then met to discuss all issues raised.

Many of the requests, questions, and suggestions were already met by existing materials on the PICNet website. New requests were brought forward to the SOAC in its September 2015 meeting, for discussion and prioritization.

### Responses to issues raised

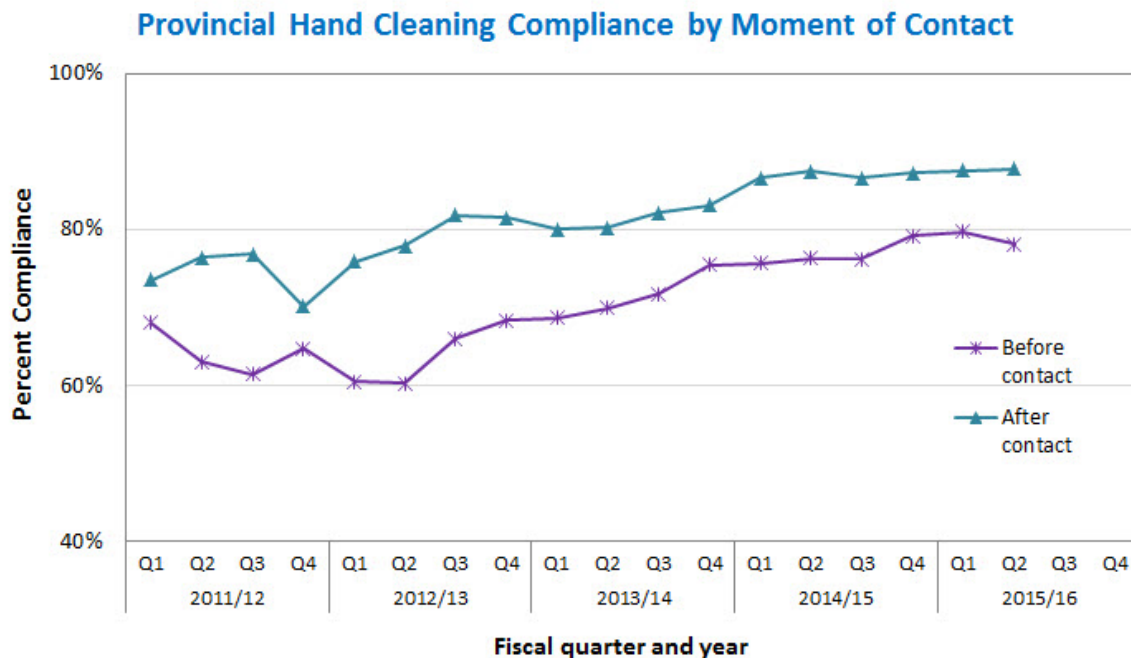
To make the outcomes of these discussions as transparent as possible, PICNet created a document that provided answers to every issue raised by survey respondents: i.e. where they could find materials, if these materials already existed; which issues had been brought forward to the SOAC; and which would become PICNet deliverables during the next 1-2 years. The full document was shared with the Community of Practice, and can be viewed at <https://www.picnet.ca/wp-content/uploads/PICNet-Survey-Results-Summary-for-CoP.pdf>.

## Provincial Hand Hygiene Campaigns

The Provincial Hand Hygiene Working Group has a Communications Sub Working Group (CSWG) comprised of Communications Officers from each of the health authorities. In 2015, following the success of the Clean Shots photo contests, the CSWG discussed how to create hand hygiene campaigns that are longer-term. The group decided to run a series of two-month campaigns focusing on different aspects of hand hygiene, with each health authority taking the lead on one campaign. Different communications tactics have been used for each campaign to date: graphics and textual information; asking for feedback from healthcare workers, and a “What’s wrong with this photo?” contest.

Theme	Health Authority	Campaign Dates
The four moments of hand hygiene	Northern Health	Jan- Feb 2016
The “before” moment (IH)	Interior Health	Mar-Apr 2016
Correct glove use	Vancouver Coastal Health	May- June 2016
Patient Hand Hygiene	Providence	July -Aug 2016
Residential Care	PICNet/PHSA	Sept -Oct 2016
Hand Care	Island Health	Nov - Dec 2016
Soap vs ABHR	Fraser Health	Jan- Feb 2017

As well as promoting good hand hygiene practices, the campaigns are also being used to gather information. The “Before Moment” campaign asked healthcare workers why they thought the “before” moment rates are lower than the “after” moment (graph below). Eighty-two responses were received; the CSWG will review these and discuss what can be done to address barriers to the “before” moment.



For the “Four Moments” campaign, PICNet’s Communications Officer created a new 4 Moments poster, based on the WHO one that is widely used, but with more explanatory graphics (this had also been requested by PHSa Workplace Health).

# Your 4 moments for hand hygiene

**Before** initial patient/  
patient environment  
contact



**Before** aseptic  
procedure



**After** body fluid  
exposure risk



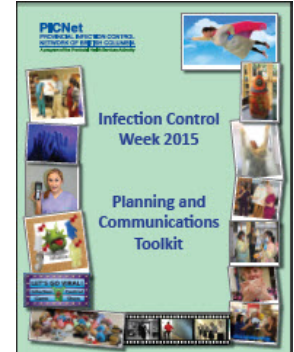
**After** patient/  
patient environment  
contact

**PICNet**  
PROVINCIAL INFECTION CONTROL  
NETWORK OF BRITISH COLUMBIA  
A program of the Provincial Health Services Authority

## Infection Control Week

### Planning and Communications Toolkit

PICNet updated its Planning and Communications Toolkit, which contains activity guides, planning tools and schedules, and communications/promotional information. In addition, downloadable games, posters, and web banners were provided to the CoP.



### Residential Care Visits

In October and November 2016, PICNet visited four residential care facilities with its “Let’s Go Viral!” infection control workshop. A total of 225 staff attended the workshops, which were extremely well received.

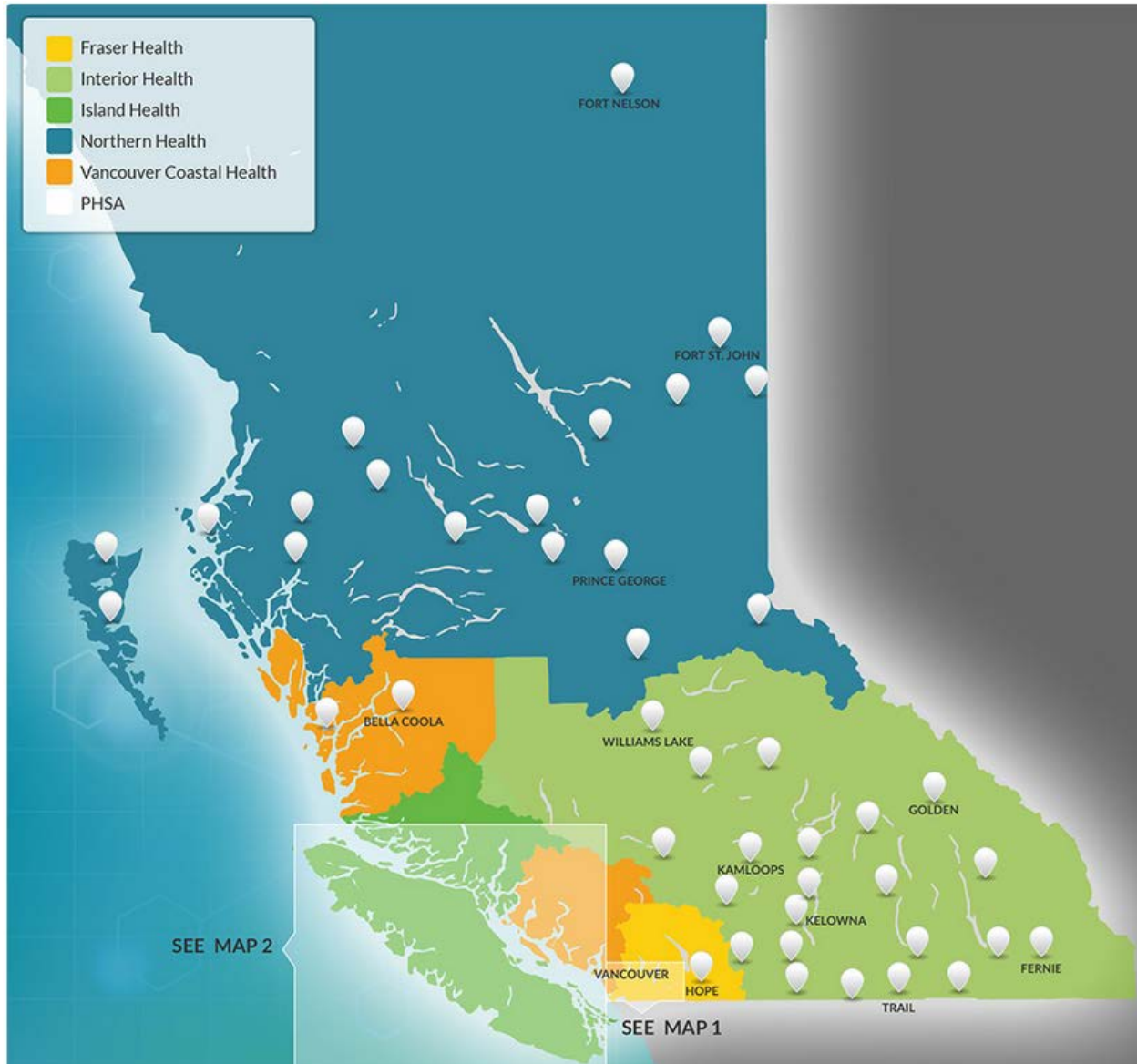


### PICNet Website

The PICNet website continues to be modified to keep up to date with current technologies, provincial and federal legislation, and to best meet the needs of the CoP. As requested by the CoP, PICNet has been posting to its news page more frequently. In addition, the Webber Teleclass pages were updated to make it easier to search the archived teleclasses, and to access the recordings.

### Interactive Surveillance Map

PICNet’s web-based map of HAI surveillance data was launched in May 2015. The online data are updated quarterly, as each report on CDI, MRSA, and HCC are released. The map can be viewed here: <https://www.picnet.ca/surveillance/interactive-map/>.



## Education

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Healthcare professionals are required to undertake continuing education every year. PICNet provides education resources and opportunities, such as the PICNet conference, online modules, and the Webber Teleclass lecture series, that can be used by healthcare providers to fulfill their continuing professional development requirements. PICNet's education resources are accessible by healthcare providers from across the continuum of care. PICNet also provides in-services to healthcare provider groups such as dental hygienists and education institutes upon request.

### Educational Resources and New Education Steering Committee

The responses to PICNet's CoP survey showed an overwhelming need for greater educational resources. This issue was discussed by the PICNet Management Office and by the SOAC, and several solutions were proposed:

- Increase the involvement of PICNet's Education Steering Committee
- Update the online infection control training module
- Create new resources requested by the CoP
- Host an Education Day on the topic of staff training

In recent years, the ESC was mainly involved in planning the program for PICNet's annual conference. PICNet staff believed that a provincial approach would be the best response to many of the education issues/requests raised. This would allow the health authorities to pool their resources and save overall work time; it would also create consistency across the province. The former ESC's membership was voluntary, so PICNet requested that the HAs appoint members; which would also mean allowing work time for each member to work on group projects. The SOAC approved the suggestion, and members were appointed in November, 2015. Each HA has 1-2 members, depending on the size and needs of each health authority.

The first task taken on by the new ESC was the provincial precaution signs (mentioned earlier in this report). The next task will be to update the Infection Control Basics and Hand Hygiene online module. The information in the current module needs updating, and needs to include the new provincial All Hazards approach for emerging serious infections (e.g. Ebola). The new module will provide more interactivity. Other resources requested by the CoP will be taken on by the ESC as time and workload allow.

A very consistent issue raised by many survey respondents was the difficulty in finding time and effective ways to train staff in infection control. PICNet invited an educator from VIHA to present a half-day workshop on staff education. The other half of the day featured a presenter who had run a workshop at the IPAC-Canada 2015 national conference – Michael Grinder, an expert in non-verbal communications (as communicating effectively is an essential part of every educator's job). The Education Day was offered as a pre-conference workshop; details below.

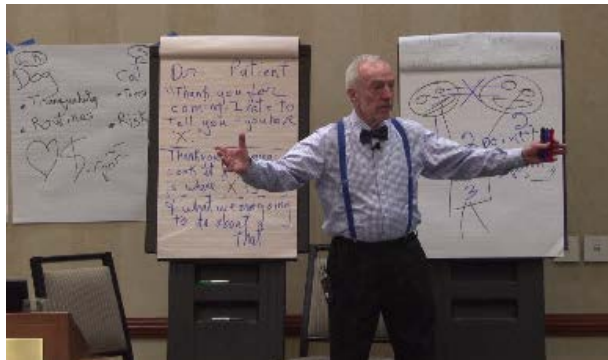
## PICNet Educational Conference

### Pre-Conference Workshop

In the fiscal year 2015–2016, PICNet hosted its ninth annual educational conference. The 2016 conference featured an all-day, pre-conference workshop on the topics of **Improving communications with your staff and patients** and **Educating your staff in infection control**. Because PICNet’s mandate is to serve the whole province, and not all of the CoP has the opportunity to travel to Vancouver for the conference, the workshop was video recorded and later made available via the PICNet website.

The morning workshop, which was presented by Michael Grinder, was extremely interactive, and had attendees trying out the techniques and skills demonstrated by Mr. Grinder. One of the most important techniques he taught was how to communicate unwelcome news without becoming ‘the face of the bad news’. The afternoon workshop was presented by Eleanor Elston, an Infection Control Practitioner with Island Health, who has a broad background in adult education, including a Master’s of Education from the University of Calgary (specializing in Workplace Learning), and various teaching positions.

The videos, presentation slides, and handouts for both workshops are available on the [PICNet website](#).



Michael Grinder

*"The immediate practical application was very helpful and general to the whole audience. It was easy to see the impact of the information, and it was well connected to the theory."*



Eleanor Elston

*"The adult education theories were new to me, so I found them interesting and could really see how they apply to designing curriculum or training sessions. The triz exercise was excellent! What a great teaching tool that I've never seen before."*

## Main Conference

The 2016 PICNet Educational Conference had 128 delegates, 17 speakers, and 27 exhibitors. Presentation topics included:

- Antibiotic stewardship
- Fecal Microbiota Therapy
- Infection control in construction
- Engaging and influencing physicians
- Clostridium difficile infection surveillance
- Molecular epidemiology of CDI in British Columbia
- Understanding transmission from whole genome sequencing.
- Housekeeping from an ICP’s perspective
- Human factors engineering and its role in infection prevention
- Ways of communicating with healthcare workers

This year’s conference also featured short presentations from Community of Practice members:

- Incorporating infection control practices into patient care simulations
- Chain of infection from construction perspective and a construction “Risk Assessment Matrix”
- Cleaning and disinfection in emergency service vehicles
- Process to facilitate transfers/ admissions to residential care facilities under viral GI and RI outbreak measures
- Using cartoon videos to improve communications with staff about reprocessing medical devices
- Learning through metaphor

*“It was my first time and I hope to return next year. Excellent conference with great speakers and a really interesting variety of presentations.”*

*“The conference was excellent. I always find it the most relevant conference. Thank you so much for putting on such a well-rounded program.”*

## In-Services and Presentations

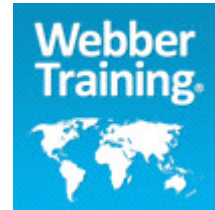
PICNet staff gave several in-services and conference presentations during 2015–2016:

Infection Control for Stem Cell Transplant Patients - BC Multiple Myeloma Support Group	Bruce Gamage, Network Manager
Principles of Infection Control – UBC School of Population and Public Health – Epidemiology 520	
Infection Control in the Emergency Department – National Emergency Nurses Association Conference	Joanne Archer, Education and Practice Coordinator
Infection Control Practices – Nursing Program - College of New Caledonia	
Immunity and Infections – Health Sciences Program – College of New Caledonia	
Communicating with Healthcare Workers – PICNet 2016 Educational Conference presentation	Helen Evans, Communications Officer
PICNet’s response to the emergence of CPO in BC – Oral presentation at AMMI/CACMID Annual Conference	Dr. Linda Hoang, Medical Co-Lead



## Webber Training

Webber Teleclass Education is an international series of lectures on infection prevention and control topics. Its objective is to bring the best possible infection prevention and control information to the widest possible audience, with the fewest barriers to access.



The Webber Training service is purchased annually by PICNet, and made available to CoP members who have registered for this professional development and educational service. In 2015–2016, a total of 34 teleclasses were broadcast and/or made available online after the broadcast.

## PICNet Participation in Provincial and National Groups

### Provincial Hand Hygiene Working Group

PICNet staff continues play important roles in the Provincial Hand Hygiene Working Group (PHHWG) and its sub-committees. PICNet supports the collection, analysis, and public reporting of provincial hand cleaning compliance (HCC) rates in acute care facilities. In 2014, data collection began for residential care facilities. Provincial reports on HCC in residential care facilities were shared internally, among the health authorities and the Ministry of Health, until February 2016, when the first public report was posted. Public reports on HCC will now include both acute care and residential care settings. Bruce Gamage, PICNet Manager, became chair of the PHHWG in January 2016 for a one year term.



### Infection Prevention and Control-Canada

Joanne Archer, PICNet Education and Practices Coordinator, is currently the scientific chair for the 2016 IPAC-Canada national conference. Joanne is also active on the IPAC Canada's Network of Networks committee and the Reprocessing Special Interest Group.



### Committees, Working Groups, and Conferences

PICNet staff have representation on several local, provincial, and national committees:

Provincial Antibiotic Stewardship Clinical Expert Group	Bruce Gamage, Network Manager
Provincial Hand Hygiene Working Group (Chair)	
IPAC-Canada Board of Directors (Term finished June 2015)	
Certification Board of Infection Control: Canadian Representative on Board (Term finished June 2015)	
Editorial Board for the Canadian Journal of Infection Control (Term finished December 2015)	
Standing member of the Northern Health Authority Regional Infection Control Committee	Joanne Archer, Education and Best Practices Coordinator
Member of BC Provincial Tuberculosis Nurse Advisory Committee	
Lower Mainland Facilities Management Infection Control Committee	
Chair, Infection Prevention and Control Canada, National Conference Scientific Planning Committee	
Member of Provincial Hemodialysis and Infection Control Working Group	
PICNet Surveillance Steering Committee (Co-Chair)	Dr. Guanghong Han, Surveillance Epidemiologist
PHHWG Evaluation Sub-Committee	
IPAC Surveillance and Epidemiology Interest Group	
PHHWG Communications Sub-Working Group	Helen Evans, Communications Officer
Health Quality Network Communications Committee	

## Appendices

### Appendix A: PICNet Priority Projects – Annual Deliverables 2015/2016

Project Priority	Deliverable	Status
1. Enhance the publicly available data on healthcare -associated infections	An interactive surveillance map will be created on the PICNet website that will provide easier access to HAI surveillance data in BC	Completed
2. Expand current <i>Clostridium difficile</i> Infections (CDI) Toolkit	Expand the current CDI Toolkit to include outbreak definitions for all facilities and specific recommendations for treatment with Fidaxomicin and fecal microbiota transplants (FMT).	Work completed; the document is pending Ministry approval.
3. Survey PICNet’s Community of Practice to find out how well we are meeting their needs and what updated/additional resources they most need.	PICNet’s Community of Practice will be surveyed and the results will be brought forward to the SOAC for discussion and prioritization.	Completed
4. Evaluation of the impact of Vancomycin Resistant Enterococci (VRE) policy changes in BC health authorities	A report that evaluates the impact of VRE policy changes in BC acute care hospitals	Completed
5. Review and update GI Outbreak Management Guidelines	Conduct systematic literature search for new evidence and revise guidelines as required	Completed
6. Explore expanding our surveillance program to include short term initiatives and evaluation projects.	Work with PICNet’s Surveillance Steering Committee to explore ways to introduce short term initiatives and evaluation projects into our surveillance program.	Pending
7. Evaluate the current Carbapenem Producing Organisms (CPO) surveillance program	The current CPO surveillance program will be evaluated to ensure the data collected and reports issued are of value and will have a positive impact on patient care in BC	Completed

## Appendix B: Alignment with Ministry Strategies

The following table summarizes the ways in which PICNet programs and activities are aligned with Ministry of Health strategies.

Ministry of Health Strategies	PICNet Activities
<b>Strategy 2: Accountability</b>	
Health Authorities: Comprehensive and timely reporting on performance across the continuum of services.	Hand hygiene is one of the CCM’s quality indicators; PICNet provides provincial reports. Also provincial reporting of CDI, MRSA and CPO through PICNet helps the HAs meet the reporting requirement as per the ministry policy communiqués. Leads to increased transparency, accountability and improves patient outcomes.
Physicians: Ensure effective engagement with government... on the development and implementation of policies that promote... the best standard of care for patients.	<ul style="list-style-type: none"> <li>• PICNet’s Scientific Operations Advisory Committee is multi-disciplinary and has representation from specific areas (physicians, infectious diseases, medical microbiologists, etc.).</li> <li>• We ensure that our working groups are multi-disciplinary so that we have representation from point-of-care professionals (physicians, nurses) and that those who will be affected by our guidelines have input.</li> <li>• Following presentations or conferences, we ask for direct feedback on how to improve.</li> <li>• We ask our Community of Practice what their needs are so that our resources are focused on the input we receive from point-of-care staff.</li> </ul>
Nursing and Allied Health Staff: Ensure nurses and allied health professionals have a constructive voice and accountability in the provision of health care in each community and health care facility in B.C. based on a commitment to ... quality care for patients.	
Nursing and Allied Health Staff: Ensure effective engagement with government and professional accountability on the development and implementation of policies that promote ... the best standard of care for patients.	
Health Support Staff: Ensure health support staff have a constructive voice and accountability in the provision of health care in each community and health care facility in B.C. based on a commitment to ... quality care for patients.	
Health Support Staff: Ensure effective engagement with government and professional accountability on the development and implementation of policies that promote ... the best standard of care for patients.	

Ministry of Health Strategies	PICNet Activities
<b>Strategy 3: Quality</b>	
<p>Establish a guideline-driven clinical care management system to improve the quality, safety and consistency of key clinical services and to improve patient experience of care.</p>	<p>PICNet’s guidelines are based on the most robust available evidence. Our toolkits assist in the implementation of these guidelines, to ensure this information is translated into better patient care.</p>
<b>Strategy 4: Skilled Change Management</b>	
<p>Ensure timely, open communication and engagement with the health workforce during the change management process.</p>	<p>PICNet provides provincial support for the health authorities as they implement our guidelines into practice. Also we provide a provincial forum to discuss key IC issues and allow direct point-of-care staff to have input into policy decisions.</p>
<b>Strategy 5: Health Human Resources</b>	
<p>Continue to develop and strengthen professional development and quality assurance mechanisms.</p>	<p>All PICNet educational activities: online modules, conferences, symposia, site visits, downloadable resources.</p>
<p>Develop a provincial engagement, influence and accountability framework in collaboration with health authorities ... to support the creation of inclusive, vibrant and healthy workplaces across the health sector:</p> <ul style="list-style-type: none"> <li>• Ensure rigorous discussion with physicians, nurses, allied health workers, and health support workforce staff about health care practices and change.</li> </ul>	<p>PICNet solicits two-way communications with our Community of Practice. Whenever a new report, guideline, or resource comes out, we ask for direct feedback from our CoP. As above - we provide a provincial forum for discussion and input on provincial IC policy.</p>
<b>Strategy 6: Information Management and Technology</b>	
<p>Build informatics capacity to use data to enhance decision-making and improve outcomes at all levels of the system</p>	<p>Surveillance: PICNet works with the health authorities to standardize the quality of the surveillance data and the way it is presented. This provides decision-makers in the HA Executive and Ministry of Health with high quality data.</p>

## Appendix C: Glossary of Acronyms

APIC	Association for Professionals in Infection Control and Epidemiology
BC	British Columbia
BCCDC	British Columbia Centre for Disease Control
BCCDCPHL	BCCDC Public Health Laboratory
CCM	Clinical Care Management
CDI	<i>Clostridium difficile</i> infection
CoP	Community of Practice
CPO	Carbapenemase-producing organisms
HAI	Healthcare-associated infection
ICP	Infection Control Professional/Practitioner
IPAC-Canada	Infection Prevention and Control Canada (formerly CHICA [Community and Hospital Infection Control Association–Canada])
MoH	Ministry of Health
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
PHHWG	Provincial Hand Hygiene Working Group
PHSA	Provincial Health Services Authority
PICNet	Provincial Infection Control Network of British Columbia
PPE	Personal Protective Equipment
SOAC	Scientific Operations Advisory Committee
SSC	Surveillance Steering Committee
VRE	Vancomycin-resistant Enterococci

## Appendix D: PICNet Committee Membership

PICNet would like to acknowledge and thank each health authority, as well as the various professional organizations, for their support and contributions to the PICNet Advisory Committee. It is the collective expertise and commitment of our partners within these organizations that truly drives PICNet and it is with much appreciation that we recognize this.

### Scientific Operations Advisory Committee

Capacity	Representative of	Member	Job Title
Operations	Interior Health	Janice De Heer (Chair)	Corporate Director, Infection Prevention and Control
	Fraser Health	Petra Welsh	Director, Infection Prevention and Control
	Island Health	Wendy Norman	Director, Infection Prevention and Control
	Ministry of Health	Brian Sagar	Director, Patient Safety, MoH
	Northern Health	Deanna Hembroff	Regional Manager, Infection Prevention and Control
	PHSA	Dr. Jocelyn Srigley	Director, Infection Prevention and Control
	Vancouver Coastal Health	Nancy Derossier	Executive Director, Quality, Patient Safety and Infection Control
	First Nations Health Authority	Marlene Hoover	Director Health Protection
Scientific	Hospital Epidemiologist	Dr. Elisa Lloyd-Smith	Surveillance Epidemiologist, Providence Healthcare
	Infection Control Professional	Robyn Hunter	Coordinator, Infection Prevention and Control, PHSA
	Infection Control Professional	Kelsey Breault	Infection Control Practitioner, NHA
	Infectious Diseases	Dr. Jan Hyak	
	Medical Microbiologist	Dr. Diane Roscoe	Division Head, Medical Microbiology and Infection Control, VCH
	Medical Microbiologist	Dr. Benjamin Mack	Medical Microbiologist, FHA
	Occupational Health and Safety	Dave Keen	Occupational Health Director, FHA
	Public Health	Dr. Bonnie Henry	Deputy Provincial Health Officer, Ministry of Health

Capacity	Representative of	Member	Job Title
Non-Voting Members	PICNet	Dr. Linda Hoang	<ul style="list-style-type: none"> <li>• PICNet Medical Co-Lead</li> <li>• Medical Microbiologist, Public Health and Advanced Bacteriology &amp; Mycology Program Head, BCCDC Public Health Laboratory</li> <li>• Clinical Associate Professor, Department of Pathology &amp; Laboratory Medicine, UBC</li> </ul>
	PICNet	Dr. Elizabeth Bryce	<ul style="list-style-type: none"> <li>• PICNet Medical Co-Lead</li> <li>• Regional Medical Director of Infection Control and Medical Microbiology, VCH</li> <li>• Clinical Professor, Department of Pathology and Laboratory Medicine, UBC</li> </ul>
	PICNet	Bruce Gamage	Network Manager
	PICNet	Joanne Archer	Education and Practice Coordinator



### Surveillance Steering Committee

The Surveillance Steering Committee (SSC) provides guidance to PICNet’s HAI surveillance programs, and assists PICNet in the implementation of standardized surveillance practices among participating parties. This Committee also assists PICNet in processes related to the provincial collection of summary data, and reporting of trends over time.

PICNet would like to thank the Surveillance Steering Committee for their hard work this past year.

<b>Member</b>	<b>Job Title and Affiliation</b>
Tara Donovan	Managing Consultant, Fraser Health
Neil Mina	Surveillance Analyst, Fraser Health
Louis Wong	Epidemiologist, Fraser Health
Kelly Dillon	ICP, Interior Health
Dr. Julie Mori	Epidemiologist, Interior Health
Dr. Bing Wang	Medical Microbiologist, Interior Health
Dr. Randall Dumont	Pathologist, Northern Health
Dr. Elizabeth Bryce	Medical Microbiologist, Vancouver Coastal
Leslie Forrester	Epidemiologist, Vancouver Coastal
Lisa Harris	ICP, Vancouver Coastal
Kelsi Laporte	ICP, Providence Health
Dr. Christopher Lowe	Medical Microbiologist, Providence Health
Dr. Titus Wong	Medical Microbiologist, Vancouver Coastal
Anthony Leamon	Epidemiologist, Island Health
Dr. Pamela Kibsey	Medical Microbiologist, Island Health
Jun Chen Collet	Epidemiologist, PHSA
Robyn Hunter	Infection Control Coordinator, PHSA
Diana George	Epidemiologist, BCCDC
Bruce Gamage	Network Manager, PICNet
Guanghong Han	Epidemiologist, PICNet
Romali Ranasinghe	Surveillance Analyst, PICNet
Dr. Linda Hoang	Medical Microbiologist, BCCDC

## Guidelines Steering Committee

The Guidelines Steering Committee (GSC) ensures that PICNet’s guidelines are based on the most appropriate methodology and the best available research. The GSC provides direction and assistance to Guideline Working Groups by determining the most appropriate use of research.

Responsibilities of the GSC are to:

- Review guideline proposals to identify priority guidelines for development
- Review appraisals of existing guidelines created by PICNet
- Define the scope and purpose of guidelines for development
- Participate in the initial steps of literature review and refine key questions
- Advise on membership selection for guideline working groups
- Review the progress of guidelines in development to ensure transparency and due diligence in use of evidence and the guideline development process
- Review completed guidelines for appropriate use of evidence and the GWG responses to comments received from the community of practice during consultation.

<b>Member</b>	<b>Affiliation</b>
Joanne Archer (Chair)	PICNet
Brian Sagar	Ministry of Health
Linda Dempster	Vancouver Coastal Health
Dr. George Astrakianakis	University of British Columbia
Janice de Heer	Interior Health Authority
Felicia Laing	Vancouver Coastal Health

## Education Steering Committee

The PICNet Education Steering Committee (ESC) provides guidance to PICNet’s educational projects and programs, including advice on the development of tools and resources that support the education and professional development of members of our Community of Practice. The ESC also assists in selecting the content and scope of PICNet’s educational conferences, and in the evaluation of PICNet educational projects and programs.

<b>Member</b>	<b>Affiliation</b>
Joanne Archer (Chair)	PICNet
Michelle Chang	Provincial Health Services
Eleanor Elston	Island Health
Noorsallah Esmail	Fraser Health
Roxanne Fitzsimmons	Northern Health
Niki Gill	Interior Health
Kelsi Laporte	Providence Health
Adrianna Mendes	Provincial Health Services
Hugo Monge	Vancouver Coastal Health
Janie Nichols	Fraser Health
Coleen Reiswig	Interior Health

**PICNet**  
PROVINCIAL INFECTION CONTROL  
NETWORK OF BRITISH COLUMBIA  

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A program of the Provincial Health Services Authority

