

PICNet

PROVINCIAL INFECTION CONTROL
NETWORK OF BRITISH COLUMBIA

A program of the Provincial Health Services Authority

PICNet Community of Practice Survey 2015

Responses from PICNet to the Community of Practice and Summary of Next Steps

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August 2015

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1. Introduction

PICNet welcomes input from its Community of Practice at any time; we receive questions and feedback via email, in meetings and working groups, and at our educational events and in-services. To invite feedback on a more formal basis, and ensure that everyone has an opportunity to provide input, we also conduct a Community of Practice (CoP) survey every 2-3 years. The previous survey was conducted in May 2012, and the most recent in May 2015. The survey was posted online for one month, with an email invitation and reminders to all Community of Practice members. We received 64 responses.

The purpose of this document is to share PICNet's responses to the many thoughtful ideas, suggestions, and requests that were provided, and to let you know what steps we will be taking to address these. Because the majority of the survey analysis was qualitative rather than quantitative, we wanted to let you know the results of our discussions of your comments, rather than presenting a by-the-numbers summary. [Section 3](#) presents your survey responses grouped by theme, as well as the following:

- Links to resources that already exist
- Updates on what work is being done on this topic (that we are aware of)
- Action items for PICNet and/or our partners.

Many of your requests will be brought forward to our Scientific Operations Advisory Committee (SOAC) for discussion at the September 2015 meeting. Where PICNet can meet your request without prior approval from the SOAC, we will proceed with this work. In many cases, the information/resources you have requested already exist; we have added links to our website to address these, and have also specified in this document where you can find these resources. In some cases we need more information from you, our Community of Practice, in order to create the resources you have requested.

[Section 4](#) summarizes the items that will be brought forward to the SOAC. The SOAC will discuss the requests for new resources, recommend which should be developed, and advise on the priority based on demand, need, and workload. The PICNet management team will update you as this progresses.

If you have any questions or comments about the information provided in this document, you are welcome to contact us at picnet@phsa.ca.

2. Summary of Themes

The following emerged as the main themes of the survey responses.

Existing resources

In many cases, the resources either already exist on the PICNet website, or are provided by other organizations. In both cases, we have provided the links to these resources in this document. We ask that you re-familiarize yourself from time to time with the PICNet website, as there is a great deal of content available on our site.

Understanding that IC principles apply across all settings

There were several requests for guidelines or toolkits for settings other than acute care, and for different types of infections. Healthcare providers need to understand that the same infection control principles apply across different settings, and that separate toolkits are often not needed for each type of infection; they fall under broad categories such as AROs or respiratory infections, and guidelines for these already exist.

Clarification of PICNet's role

There seemed to be some confusion around PICNet's role vis-à-vis public health, so we would like to provide clarification on this. PICNet's mandate is the prevention and control of healthcare-associated infections. Communicable diseases — such as tuberculosis, influenza, and measles — fall under the aegis of the BC Centre for Disease Control. We recognize that the pathogens that cause healthcare-associated infections are not restricted to the four walls of healthcare facilities, nor are communicable diseases restricted to community settings; our role therefore extends to ensuring that all persons involved in all healthcare settings — including patients, staff, students, visitors and volunteers — are as safe as possible. In order to fulfill our mandate, we rely on our partners, both in public health and occupational health and safety, to collaborate on issues that cross jurisdictional boundaries, especially in regard to emerging pathogens and communicable disease outbreaks.

There were many requests in the survey for guidelines, surveillance, and education around Communicable Diseases. Resources that relate to public health — such as surveillance and education for vaccine preventable diseases — are provided by BCCDC. PICNet provides guidelines/resources for preventing outbreaks of these infections within healthcare facilities, and provides education to prevent the transmission of these infections between patients and healthcare workers. Occupational health and safety creates and oversees the protocols for the instances where a healthcare worker is exposed to one of these infections.

Education

In several cases, guidelines or toolkits were requested, but we felt education would better address the topic/need. Indeed, educating your staff in infection control was the greatest gap identified by this survey. PICNet's mandate is to support the people who work towards infection prevention and control in the health authorities and support them in their efforts to

educate health care providers in their respective health authorities. We will bring some of the issues related to the ability to educate health authority care providers that you have identified to our SOAC committee and request they support your efforts. Many of the cross-jurisdictional education needs may be addressed through updating the current IC basic module. In other cases, the module may need adapting to meet the needs of specific audiences within healthcare settings. The requests for resources that will be brought forward to the SOAC are summarized in [Section 4](#).

We have also begun planning for an all-day workshop to provide you with ideas, tools, practice, and feedback on educating and communicating to your staff. The [workshop](#) will take place **March 2, 2016**; mark it in your calendars now!

3. Survey Results and PICNet Responses

This section provides a detailed summary of the survey responses, grouped by topic and theme. In some cases we have grouped responses to more than one survey question, as there was overlap; and where some survey questions appear to have fewer comments/responses, this is because the topics have previously been addressed in the document.

Guidelines and Toolkits

Questions 1-2 asked what new guidelines and toolkits you would like to see, and what changes/additions you would like for the existing guidelines. There were many requests, including guidelines and/or toolkits for IPC in ambulatory care settings, IPC in home care, outbreak guidelines and management, emerging organisms, environmental cleaning, construction and renovation, antimicrobial stewardship, surgical site infections, and other infectious organisms. In many cases, there are already existing resources (e.g. from PHAC, PIDAC, the Ministry of Health). The requests are summarized by category in the left-hand column; PICNet’s responses to these requests are in the next column. The final column outlines what steps we will be taking, for those items that require action.

Requests for new guidelines and toolkits in the areas of:

Topic	PICNet response	Next steps
<p>IPC Basics</p> <ul style="list-style-type: none"> • New employee education toolkits that target different groups (housekeepers, nursing, construction workers, etc.) • PHAC Routine Practice toolkits - separated for each activity 	<ul style="list-style-type: none"> • We can revisit the Infection Control Basics educational online module to see if a simplified version is needed for other groups. • PHAC has a Point of Care Risk Assessment/Routine Practices learning tool 	<p>Bring forward to SOAC</p>

Topic	PICNet response	Next steps
<p>“Shorter” guidelines</p> <ul style="list-style-type: none"> • One page guidelines • Reducing MRSA transmission • Management of resident with Shingles 	<ul style="list-style-type: none"> • None of the guidelines will fit on to one page - hence the long documents! However, we can create one-pager information sheets on various topics; please let us know which topics you would like to have one-pagers for. • We can create a one-pager for MRSA. • Shingles is only transmissible to immunocompromised individuals and people who are not immune to chicken pox (for which a vaccine is available) and therefore does not need a complete toolkit; we can create a one-pager for this. 	<p>CoP to let us know what additional one-pagers they need; PICNet to bring forward to SOAC and ESC.</p>
<p>IPC in Other Settings</p> <ul style="list-style-type: none"> • Ambulatory care / outpatient settings 	<ul style="list-style-type: none"> • The same infection control principles apply to ambulatory care settings as to acute care settings. PICNet cannot write guidelines for each separate outpatient setting as there are so many, and these can also differ from facility to facility; we can, however, create some one-pagers: please let us know which specific settings you’d like these for. 	<p>We need information from CoP around which specific settings; PICNet will then bring forward to ESC.</p>
<ul style="list-style-type: none"> • AROs in the outpatient setting 	<ul style="list-style-type: none"> • We have CDI and CPO toolkits; for other AROs: the surveillance pieces are different but the management of outbreaks is the same. 	
<ul style="list-style-type: none"> • Hemodialysis in home care 	<ul style="list-style-type: none"> • Not within PICNet’s scope; home care aides should be taught by home dialysis nurses how to do this. 	
<ul style="list-style-type: none"> • IPAC in maternity settings 	<ul style="list-style-type: none"> • PIDAC’s <i>Best Practices for Infection Prevention and Control in Perinatology</i> is available on the PICNet website. We have also posted links to other resources on the same page. 	
<ul style="list-style-type: none"> • First Nations: Saskatchewan is developing IC guidelines specific to FN communities. 	<ul style="list-style-type: none"> • We will add a link to these guidelines as soon as they are available. 	<p>Survey respondent to inform PICNet when these guidelines are published.</p>

Topic	PICNet response	Next steps
<p>Outbreaks</p> <ul style="list-style-type: none"> • CPO outbreak guidelines • Management of CDI outbreaks 	<ul style="list-style-type: none"> • We have the CPO toolkit; specific outbreak definitions will be discussed in the CDI/CPO Surveillance committee meeting this fall. Outbreak management falls under ARO guidelines. • The CDI Toolkit covers CDI outbreak management. A revised version of the toolkit is being created that will contain information on Fecal Microbiota Transplants (FMT). 	<p>Results of the CDI/CPO meeting to be shared with CoP.</p>
<p>Emerging Organisms</p> <ul style="list-style-type: none"> • New organisms isolation in the Emergency Department • Surveillance of emerging infectious diseases • Toolkits for novel viruses 	<ul style="list-style-type: none"> • The MoH and HAs are putting together a PPE For All Hazards document; this will include specifics on PPE for initial triage. • BCCDC posts regular updates on MERS-CoV and Ebola; as yet there are no cases of these in Canada. • The Ministry of health is already doing basic management of new and emerging viruses. 	<p>The MoH has gathered final comments on the draft document; we are awaiting its release.</p>
<p>Environmental Cleaning</p> <ul style="list-style-type: none"> • We need updated guidelines • Environmental cleaning of diagnostic & treatment rooms; endoscopy suites; and ambulatory care in acute care that don't have a dedicated housekeeper working in those areas. • New concepts in alternative options; review of efficacy and issues with alcohol based hand sanitizers, safety etc. 	<ul style="list-style-type: none"> • Recent literature was reviewed in the creation of the guidelines. The document is now 3 years old; however, it still has not yet been released by the Ministry of Health. • These are covered by the new environmental cleaning guidelines, which have been approved by the Standing Committee on Health Services and Population Health but still need final approval by the MoH. • The National Collaborating Centre for Environmental Health published a paper on "alternative" cleaning products; we have posted it on the PICNet website. • Efficacy and issues with ABHR: view Dr. Jarvis' presentation from the 2014 PICNet Educational Conference. 	<p>We will announce the public release of the guidelines as soon as the Ministry approves them.</p>
<p>Antimicrobial stewardship</p>	<p>The Provincial Antimicrobial Stewardship Clinical Expert Group (PACE), which reports to the CCM, is currently working on AMS guidelines.</p>	<p>We will announce this as soon as the documents are available.</p>

Topic	PICNet response	Next steps
Construction/Renovation of healthcare facilities <ul style="list-style-type: none"> Several requests for guidelines/materials 	Lower Mainland Facilities Management has started creating a Construction/Renovation education module, and PICNet is participating	Education module in progress
Reprocessing toolkit	We feel that there is more to reprocessing than could possibly be covered by a toolkit; this is something that requires training. PICNet will bring this forward to the SOAC and potentially discuss with the provincial reprocessing group.	Bring forward to SOAC
Surgical site Infections <ul style="list-style-type: none"> Guidelines Conducting IC audits for SSIs 	<ul style="list-style-type: none"> Safer Healthcare Now! has an implementation bundle on SSI; we have posted it on the PICNet website. 	
UTIs	<ul style="list-style-type: none"> Individual health authorities have resources on these; CDC has guidelines; and Public Health Ontario also has a suite of resources for UTI in long-term care PICNet could create an education module on catheters and UTI prevention. 	Bring forward to SOAC
Vaccinations for healthcare workers	<ul style="list-style-type: none"> There is already a great deal of information on this on PICNet's website: https://www.picnet.ca/guidelines/immunization/ 	
Other infections Toolkits for less common infections, such as measles or Ebola	<ul style="list-style-type: none"> The Healthlink BC Files have information on many infections; they have also been translated into several languages. PHAC has information on many infectious diseases at http://www.phac-aspc.gc.ca/id-mi/index-eng.php PHAC also has Pathogen Safety Data Sheets and Risk Assessment web pages. The PSDS are now also available as a mobile app. 	

Topic	PICNet response	Next steps
<p>Public Health</p> <ul style="list-style-type: none"> • Guidelines for public health and mass immunizations • TB and polio • Cleaning of toys • Personal Care Services 	<ul style="list-style-type: none"> • The first two items are provided by BCCDC • Covered by the Environmental Cleaning Guidelines (that are pending public release) • There are already existing provincial guidelines for personal care. 	

Education

Main areas of need

The main areas of educational need that you identified are summarized below, along with PICNet’s responses and next steps.

Topic	PICNet response	Next steps
<p>Prioritizing Education</p> <ul style="list-style-type: none"> • Employers need to allow ICPs to attend various educational opportunities as opposed to restricting this to limited numbers. • Consistency of reminding protocols, face to face training versus via email and video. • Achieving and maintaining standards • For ICPs I would say they have a lot of clinical knowledge but could use more leadership skills. It is great to know what is the right answer, but how do you deliver the content and deal with people so they want to do what needs to be done • How to get funding resources and personnel for various projects and situations, i.e. outbreaks, new equipment (UV disinfectors), how to get administration on-side with initiatives, etc. 	<ul style="list-style-type: none"> • We will bring this issue forward to our SOAC. • We are planning an Education Day on the topics of education, leadership, and communicating with staff and patients. • This is an important topic, and we will bring it forward to our SOAC and ESC; we can also speak to this in our upcoming Education Day. 	<ul style="list-style-type: none"> • Bring forward to SOAC and ESC • PICNet Education Day planning

Topic	PICNet response	Next steps
<p>IPC Basics</p> <ul style="list-style-type: none"> • Not knowing what to do in certain infections • Provincial standardization of PowerPoint slide sets and e-learning modules. • Importance of proper hand hygiene & gloves usage in residential care • Importance of IPC for all staff regardless of their role (admin, nurse, janitor etc.) and • Routine practices, transmission of infections, proper donning and doffing of PPE, risk assessment • Routine Practices and Additional Precautions have been taught differently in different provinces. • I think there needs to be more connection with the post-secondary health programs - RN, LPN, Nursing aide etc. 	<ul style="list-style-type: none"> • PICNet’s guidelines cover this • The provincial modules we already have include the IC Basics and the Hand Hygiene module. • This is covered in our Residential Care Booklet; we also have a one-pager. • The Infection Control Basics module is meant to be for all staff regardless of role; however, we can look into a simplified version for housekeeping etc. • PHAC also has tools and resources on RPAP. • We also need commitment from the workplace to provide practice time. • PHAC’s document Routine Practices and Additional Precautions In All Health Care Settings, which contains a section on risk assessment, is posted on the PICNet website; there is also PIDAC’s Routine Practices and Additional Precautions In All Health Care Settings. • We will be exploring this; we will bring this forward to our SOAC. 	<ul style="list-style-type: none"> • PICNet to look into a new online module for housekeeping, admin, etc. • Bring forward the issue of practice time to the SOAC • Connections with post-secondary: bring forward to SOAC and ESC
<p>IPC in different settings</p> <ul style="list-style-type: none"> • Differences for IPC practices in home, community/residential and acute care settings • Ongoing general and basic information about infection control in a home care and community setting. Lots of staff turnover, so we review the basics often, or should. • Basic IPAC relevant to pre-hospital care 	<ul style="list-style-type: none"> • For Residential Care, we have guidelines, a quick-reference booklet, and a visitor brochure. • For Home Care, we can look into offering a webinar or online module based on the guidelines. We are also happy to provide review of any educational materials created by home care workers. • We will speak to BCEHS to see if there are materials we can share for pre-hospital care. 	<ul style="list-style-type: none"> • PICNet to explore education materials for IPC in Home Care • PICNet to post any materials shared by BCEHS

Topic	PICNet response	Next steps
IPC Training for Managers	The CDI toolkit does a good job of repositioning the decision-making and authority. The IC Basics online module would give them a good introduction to infection control.	Let SOAC and ESC know about manager training needs
Environmental Cleaning <ul style="list-style-type: none"> • Environmental cleaning, low level disinfection • Continued dialogue around interpretation/application of the Environmental Cleaning Guidelines. 	<ul style="list-style-type: none"> • The First Nations document we have shared on our website contains good, easy-to-understand information on this. • PICNet will discuss this with our Education Steering Committee. 	PICNet to discuss with our ESC.
Videos and Webinars <ul style="list-style-type: none"> • Online access to webinars after they have been done • Videos - they are quick and easier for staff to receive education rather than reading a power point or another guideline or document 	<ul style="list-style-type: none"> • We have recordings posted on our website of many of the Webber teleclasses; if there are past teleclasses you'd like to hear and there is no recording posted, let us know and we can try to get it. • Videos have been on our to-do list for a couple years now, and this year we will be creating them. 	PICNet to create short educational videos in collaboration with our ESC.
Public Health <ul style="list-style-type: none"> • TB • Annual CDC conference • Training specific to public health 	<ul style="list-style-type: none"> • There is a provincial TB program; this falls under the domain of public health • This is not PICNet's role; there is the annual AMMI-CACMID conference as well as other CDC resources (check the BCCDC website). • Public health educational resources are available via the following websites: <ul style="list-style-type: none"> – Community Health Nurses of Canada – PHAC – Canadian Public Health Association – Public Health Association of BC 	

Topic	PICNet response	Next steps
<p>Specialized Education We need education for staff with learning disabilities</p>	<p>This is not PICNet’s area of expertise, but we can help with the content if someone who works in this area of education would like to develop some materials and would be happy to review them and provide feedback</p>	

Educational Barriers

The main barriers you identified were:

- Time (both the educator’s, and the staff’s)
- Budget
- In-services not being mandatory
- Information overload/retention
- Different audiences: nurses, physicians, housekeeping, etc.
- Culture / lack of engagement
- Distance (rural areas)

Summaries of comments, as well as some individual comments, are provided under each theme, on the following page.

Topic	PICNet response	Action items		
<p>Time</p> <ul style="list-style-type: none"> • Decreased time for education in a complex and demanding front line environment • Staff have no time during work time as quite often they are working over census • Lack of time (in hours allotted to IC to teach staff & in hours of ICP time) and person power (shortage of ICP FTEs) • Limited time for education, just dealing with urgent situations, lack of personnel, rapid turnover of personnel. • Lack of time on their behalf to do the appropriate precautions • The staff do not have time to take any online workshops. On line education, in my opinion is a cop-out for the management to provide proper education. It is easy to say "oh they can do this on-line". My daughter's day care provides more education for their staff than the hospital does for nursing. 	<p>We will bring this forward to our SOAC so that your health authority representatives are aware of how great an issue this is. We will also communicate this to the Chief Nurses provincial group.</p>	<p>This will be an agenda item for the PICNet SOAC's September 2015 meeting.</p>		
<p>Budget</p> <ul style="list-style-type: none"> • Lack of funding for educational programs, and for staff to attend • There is no administrative will to provide the time and money for education. All education I do must be "on the fly" as to not disturb the staff's work or take them away from their duties. This includes EBOLA PPE training for a level 2 hospital! 				
<p>Mandatory Education</p> <ul style="list-style-type: none"> • Getting CEOs, Directors, and Managers to understand the need to free up nursing staff to attend IC sessions. It's difficult for staff to focus when listening to 'sound bite' IC education in brief 'Safety Huddles' while attending to their patients. While on-line IC modules are of some benefit, they cannot replace in-person IC Educational sessions with the opportunity to do Q&A at the end. • Staff don't see it as a priority 				

Topic	PICNet response	Action items
<p>Culture / information retention</p> <ul style="list-style-type: none"> • Resistance to change in practice • No one pays attention, they are busy on their phones • Staff are not retaining the learned information after a period of time. They tend to back to old habits. 	<ul style="list-style-type: none"> • PICNet is going to host a one-day Education Workshop in 2016 that will look at different approaches to training staff so that they retain the information and are more motivated to put it into practice. • We also have resources that you can use to update your staff: the online modules, residential care booklet, one pagers, and Let's Go Viral kit. We are also going to make a series of short videos. 	<p>PICNet is already planning an Education Day; we will let you know as soon as we have a date for it.</p>
<p>Different Audiences</p> <ul style="list-style-type: none"> • Sometimes their comprehension levels of the information provided is widely different • While our physicians are willing to attend/read all educational updates; getting them to implement is another thing! • The anesthesia department is always a compliance problem as they are not our employees (they are contracted). 	<ul style="list-style-type: none"> • The IC Basics online module is targeted to all audiences; however, we will also look at making a more basic one. • Regarding Physicians, we will discuss this with one of the newly appointed ICPS in the College of Physicians, and also bring to the SOAC. 	<ul style="list-style-type: none"> • PICNet to look into creating an online IPC basics course for housekeeping etc. • PICNet to discuss with SOAC and College of Physicians
<p>Distance</p> <ul style="list-style-type: none"> • Distance and number of staff as I work in a provincial program with staff in extremely remote areas • I have a provincial role and getting messaging/resources to a variety of staff not employed by the same health authority 	<p>We make all of our resources freely downloadable from the PICNet website.</p>	<p>If there are additional resources you would like to see made available via our website, please contact us directly; we are happy for the website to be a "hub" of information (i.e., there can be more links to other resources, not just our own).</p>

Suggestions for educational support

Topic	PICNet response	Action items
<p>Creating effective in-services/workshops</p> <ul style="list-style-type: none"> We have content expertise but lack education delivery expertise on how to make education more relevant/applicable and easily integrated into practice. Some guidance/resources around this would be helpful Effective adult education strategies 	<p>We will be hosting a one-day workshop on this topic in March 2016.</p>	<p>PICNet’s Education Day will take place on March 2, 2016.</p>
<p>Additional resources</p> <ul style="list-style-type: none"> Lots of requests for short videos! 	<p>We have been wanting for a long time to create videos, but because of limited time/resources, have not been able to do this yet; however, this year we will begin! This will also meet the requests for simplified education modules.</p> <p>We already know some of the topics we would like to cover (Routine practices, PPE, risk assessment) but we would also like requests from you for specific topics.</p>	<p>PICNet to bring to SOAC and ESC; CoP to provide requests for specific topics.</p>
<ul style="list-style-type: none"> Several requests for flashcards / cue cards: “Each card could be one topic or an aspect of a topic. That way "huddle" meetings could be held by any manager for their departments and it would only be 5-10 minute sessions.” 	<p>We love this idea! If you are one of the respondents who suggested this, please contact us so that we can discuss what specific topics you would like to see. We will bring this forward to our Education Steering Committee.</p>	<p>PICNet to discuss with ESC.</p>
<ul style="list-style-type: none"> Online discussion groups to ask questions and get feedback from colleagues 	<p>This idea was raised several years ago, but given that IPAC-Canada tried this three times and there wasn’t enough interest to maintain it, PICNet did not go forward on this.</p>	

Topic	PICNet response	Action items
<ul style="list-style-type: none"> Pamphlets with different topics 	We already have several on the PICNet website, and we will be developing some additional one-pagers. Please let us know which specific topics you would like to see. The existing ones can be found at: https://www.picnet.ca/resources/fact-sheets-and-brochures/	CoP to request specific topics
<ul style="list-style-type: none"> Jeopardy game 	We already have four versions! You can find them at https://www.picnet.ca/resources/games/	

Educational Topics

Many of the topics suggested have already been addressed in previous sections of this report; these **include infection control basics (routine practices, additional precautions, hand hygiene, transmission); construction/renovation; staff engagement; reprocessing.** We will be looking into creating new/additional resources for these, and will also cover **staff engagement** in our upcoming Education Day.

Additional topics are summarized below:

- **Residential care:** we already have many resources on our website, including [Residential Care Guidelines](#), a [Residential Care Quick-Reference Booklet](#), the [Let's Go Viral!](#) workshop kit, a [brochure for visitors](#), and [posters](#).
- **Proper specimen collection:** we could create a one-pager on this.
- **Hand hygiene references/articles**, particularly morbidity and mortality rates due to HAI: you can find a list of references in the [Provincial Hand Hygiene Guidelines](#).
- **Specific diseases/organisms** - posters that talk about the bug and the precautions needed: PICNet's 2016 calendar will feature a different infection for each month.
- **CD fact sheets and management** (chicken pox, shingles, TB, Hep B&C, etc.): you can find resources in the [HealthLinkBC files](#).
- **Environmental cleaning:** In some health authorities, this is contracted out, so it's the job of the companies to educate their staff. The Environmental Cleaning Guidelines have appendices with each kind of room and what kind of cleaning must be done. The FNHA environmental cleaning education tool is very well put together and can be access from our web page.
- **Nursing doing environmental cleaning** (moving equipment from room to room): This is also in the guidelines, but it is health authority specific on how this is done and whose role it is. PICNet will bring this forward to the SOAC so that the health authorities can be informed of the request.

- **Change Management:** This is not something that PICNet has expertise in or the resources to provide. However, there are many organizations/institutions that offer education in change management; just Google “change management courses” + your city to find a list.
- **Emerging organisms** (MERS-CoV, Ebola): We hosted a teleclass on Ebola recently; we can look at adding MERS-CoV to our 2016 conference program.
- **IC for foot care:** we could look into providing either a short document or a video on this, but we cannot develop this until the reprocessing group goes ahead with our recommendations to change the designation of foot care equipment.

Specific Audiences

Are there any particular healthcare provider groups that you are lacking educational resources for?

- **Housekeeping**
 - **Laundry**
 - **Dietary**
- } These were the top 3 answers
- Recreation staff
 - Home care staff
 - Care aides
 - Allied health
 - Community health
 - Dentist
 - Environmental services
 - Frontline staff
 - Health directors
 - Non-direct care managers
 - Personal care providers
 - Physicians
 - Radiology
 - Support staff such as lab, diagnostic imaging, physio, etc.
 - Volunteers
 - Better understanding in acute care about CD management

PICNet response:

We will bring this forward to our SOAC for discussion.

Educational Activities: Successes

These are the educational formats that have worked well for our Community of Practice:

- “Huddles” (this was mentioned the most frequently)
- Impromptu sessions
- Face-to-face rather than online
- Hands-on and practical
- Interactive works best - games, case studies etc.
- Paid orientation
- Hosting a booth in the cafeteria
- Hand out crossword puzzles
- Monthly quizzes for prizes
- Formal education sessions when launching new manual or content.
- Emails to groups of nurses in the hopes of them having time to review on their night shifts.
- Life-size poster of a physician encouraging hand washing
- In-service fair
- Link education to accreditation standards.
- Multi-functional group discussions
- One-on-one seems to work best but it is not a good use of time
- Poster boards
- Roving coffee break cart/education on the units in the afternoon while staff are charting
- Videoconferencing or using WebEx can reach a larger audience
- Site visits
- We are a very small ambulatory surgery center with a very limited budget for Infection Prevention. Therefore, I provide many "paper in-services" as a means to communicate with our staff. I also utilize bulletin boards as a teaching/informational tool.
- They love games and short 15-20 minute sessions.

PICNet response:

Thank you for sharing these great ideas!

Our 2016 Education Day will focus a great deal on how to create short, interactive, and memorable education sessions. We hope you will be able to attend; we will also be videotaping the day for those who cannot attend.

Communications

IC Information Preferences

How do you prefer to receive information on infection control?

Medium	Percentage
Emails from PICNet	97%
PICNet website	56%
As part of training sessions	38%
Emails from your health authority/facility	31%
As items in meetings, teleconferences, etc.	25%
Notices/posters	16%
Directly from my manager/ward supervisor/etc.	14%
Your health authority intranet/blog	13%
Directly from my Infection Control Practitioner	11%
Other	8%
Social media (Facebook, Twitter, LinkedIn)	6%

“Other” included: IPAC BC/IPAC-Canada; Google news; Link Nurse Program; manuals and guidelines.

PICNet Response:

We’re glad to hear that our monthly e-newsletters and other emails suit your needs. We will continue to send these, and to make materials available on our intranet.

Infection control information delivered via training sessions is another need that we plan to address with our Education Day.

For CoP members wishing to receive information as part of education sessions, there is the PICNet conference, IPAC-BC education days, IPAC-Canada conference, and Webber teleclasses, as well as other individual webinars that we inform you of as we hear of them.

PICNet website

How well does the PICNet website meet your needs?

The responses were all extremely positive except for one comment that the site can be slow; we did have some issues with our web hoster in the past but these have been resolved; any further slowness would be due to users' connection speeds. There were several requests for links to other sites and resources; we will add these.

Other responses to your comments are below:

- **Create a section on alerts**, example Ebola, MERS-CoV: We post alerts regularly to our News section. Be sure to check this regularly!
- **More downloadable items**: We have a great deal of downloadable material! — we need more specific requests.

PICNet assistance with communications

How can PICNet further help you to communicate IPAC information, news, and updates to your staff, colleagues, students, and volunteers?

- The majority of requests were for more posters and one-pagers. As mentioned in previous sections, we will be creating more one pagers; as for posters, we already have many, so we need to hear from you what specific information you need additional posters for.
- There were also requests for more updates from us, including weekly topics or tidbits. We try to be conscious of not sending you too many emails, so we will discuss whether we should set up a new distribution list for this.
- There was one request for banners that can be used for intranet news; as the health authorities do not all have the same size of banners, we need to know what specific topics and dimensions you need. Just email helen.evans@phsa.ca if you'd like to request some specific ones.

Surveillance

How many times in the past year have you viewed one of the provincial surveillance reports? (CDI, MRSA, or Hand Hygiene)

Number of times	% of responses
0	9%
1-5	65%
6-10	13%
11-15	9%
20+	4%

What would you like to see added that would give the surveillance reports extra value for you?

- **Format:** requests for a simple format to post for staff. Please note that facility/unit rates are posted by the health authorities, and PICNet has added a new interactive surveillance map to our website.
- **Methodology:** requests for information on data collection differences: we do speak to this in the reports.
- **Standardized national data collection:** the Canadian Patient Safety Institute’s action plan includes setting up a national surveillance database.
- Additional surveillance programs:
 - **Emerging pathogens:** we have added CPO to our surveillance program; infections such as Ebola and MERS-CoV have not yet had any cases in Canada.
 - **SSIs:** BCPSQC publishes data on these
 - **Influenza:** [PHAC](#) publishes surveillance reports on this.
 - **Outbreaks:** PICNet does not report outbreaks; this is done at the facility level.

Successes and Obstacles in IPC

Successes

In the past few years, what are the top 2-3 things that have improved IPAC in your facility?

- **Awareness:** IPC issues being brought to the forefront because of outbreaks and because of Ebola
- **Education:** particularly around preparedness and PPE because of Ebola
- **Events:** adding a fun element to IPC has worked well, e.g. the Clean Shots contest
- **Hand Hygiene:** physical resources such as ABHR dispensers outside patient rooms; and hand hygiene auditing
- **Outbreak** prevention and management
- **Staffing/Structure:** having enough staff; improved ICP to point-of-care staff ratio; ICPs being more visible to staff; management “buy-in” and better communication between IPC and management; better regional administrative structure.
- **Creating resources:** Establishing an IPC program, departmental site checklists
- **Connections/collaboration:** becoming more actively involved in IPAC BC/IPAC Canada; fostering and gaining an interdisciplinary approach with Occupational Health; multi-functional collaborative initiatives; infectious diseases committee at the local hospital that included public Health
- **PICNet:** guidelines, toolkits, educational resources
- **Other:** Link Nurse Program; single rooms and only a few shared rooms (we are fortunate to have a new facility); carbapenem utilization review by pharmacists

Obstacles

Over the past few years, what have been the main obstacles to good infection prevention and control practices in your facility?

Culture

- Resistance to change; when change comes from people who are outside the immediate department, staff feel there is lack of understanding on what we do
- Lack of engagement from point-of-care staff
- Lack of motivation from medical staff
- Staff feel they are too busy to wash their hands, wear PPE, look up policies, etc.

Education

- lack of knowledge of standards, routine practices
- Poor attendance to in-service/training
- covering all the topics that staff have an interest in
- staff need to be aware of the policies and know where to find on the internal site
- Ongoing and repeated reinforcement of procedures and policies to staff

Resources

- budget: for staff time, correct PPE, isolation rooms
- time
- lack of resources to be able to review and update policies or review trends
- getting tasks done around implementation of priorities that change
- hallway patients, staffing deficits
- lack of support for IPAC from senior leadership, particularly with the medical community
- lack of coordination
- lack of funding to release staff from their duties to attend in-service training.
- Lack of leadership and direction
- lack of management support/“buy-in”
- Lack of outpatient resources are a great barrier in providing research-based IC recommendations
- lack of provincial direction for some emerging issues
- No orientation to new staff

Staffing

- Director of Care (in residential care facilities) is responsible for this role and often times the time constraint is huge.
- High turnover rate among staff, including housekeeping and management
- Turnover in senior leadership =no care over of IPC education
- No “back fill” or relief for staff on shift to attend in servicing
- Poor ICP staff to facility ratio.
- Inexperienced and non-clinical ICPs

PICNet response: these issues will be brought forward to our SOAC.

How can PICNet further help?

Please provide suggestions for how you think PICNet can help you in overcoming these obstacles.

The majority of the responses to this question have been addressed in previous sections of this document.

Other responses are addressed below:

- **Provincial standardization of IC manuals, policies, and signage:** PICNet provides provincial reference documents which the HAs use to write their policies; and each HA already has their own IC manual. ICPs have been discussing the creation of provincially standardized signage; PICNet will of course share this once it is created.
- **Advocacy for ICP/staffing ratios** and assistance in advocating for more resources: PICNet created a [document on staffing frameworks](#) in 2007; the material is still current.
- **Advocacy for education**, including provincial minima for front-line staff, and qualified ICPs to provide courses in nursing schools: We will bring this forward to our SOAC.
- **Cost estimates of HAIs:** PICNet has material on this that we cannot post publicly but can send to you; please email helen.evans@phsa.ca for this. Estimates for MRSA infection costs can also be found in [Dr. Bryce's presentation](#) (Slide 35) from the 2013 PICNet Conference.
- **Support for electronic monitoring of hand hygiene** compliance to augment direct observation: This has been discussed provincially, but cost continues to be a barrier.

Job satisfaction

The final two questions of the survey asked what you like most about your job and what you dislike the most. Your responses to these questions will be used for the planning of one of the sessions in our 2016 conference.

4. Discussion and Recommendations

The following is a summary of the items that will be brought forward to PICNet's Scientific Operations Advisory Committee (SOAC) for discussion and decision. PICNet has put these items in order of suggested priority; the SOAC will further prioritize these based on the need for the resources, across all the health authorities, and on workload. Many of these projects will require contribution from our Community of Practice, as the list below represents a greater workload than PICNet can manage by itself, so we hope that many of you will participate when we send out requests for input on materials.

Guidelines and Toolkits

It is PICNet's opinion that many of the guidelines and toolkits requested would be better addressed through the creation of educational resources. These have been summarized under the Education section.

Education

New education modules/packages

- New environmental cleaning guidelines
 - Environmental cleaning of portable equipment
- IC basics for housekeeping, laundry, dietary, and janitorial
 - IPC in Home Care
 - Pre-hospital care
- Construction and Renovation: Lower Mainland Facilities Management has started creating an education module; PICNet is participating.
- Reprocessing (for smaller clinics)
- Catheters and UTI prevention

One-pagers

- MRSA
- Shingles (for residential care)
- Specimen collection and transport
- IPC in ambulatory care settings (CoP to specify which)

Videos

- Routine practices
- Additional precautions
- PPE donning and doffing
- Glove use
- IC for Foot Care
- Risk assessment
- AROs

Other Resources

- Flash cards / cue cards for weekly “huddles”

Staff Education

There were many requests for the following types of information:

- best practices in adult education
- new and creative ways to educate staff
- ways to educate staff when there is very little access to their time
- in-service templates
- ways to make the information “stick”
- ways to address culture and resistance to change
-

PICNet decided that many of these would be best addressed through an **Education Day**. We have already begun planning this as a pre-conference workshop for March 2016.

Communications

- Provincially standardized signage: this is already under discussion by the IC Directors.

Appendix A: Survey Questions

PICNet is conducting this survey to find out how well we are meeting the needs of our Community of Practice, including where we should be focusing future resources. Your feedback is extremely important to us. While there may be parts of the survey that are not relevant to your role, please complete as much of the survey as you can. This survey is completely anonymous, unless you wish to enter the prize draw (in which case we'll need an email or phone number to contact you). The survey close date is June 19, 2015. Thanks in advance for your input!

A) About You

1. Please select the option that best describes your role:

- Infection Control Practitioner
- Nursing Staff
- Physician
- Medical Microbiologist
- Epidemiologist
- Director of Care
- Allied Health Services
- Housekeeping/Food/Laundry services
- Administrator
- Occupational Health
- Environmental Health
- Other, please specify

2. Please select the option that best describes your area of work:

- Acute Care
- Residential Care
- Public/Community health
- Laboratory
- Administration
- Occupational Health
- Environmental Health
- Other, please specify

3. How many years have you been working in infection prevention and control?

(Even if it is only part of your role.) Please provide your answer in number format.

4. What province are you located in?

B) PICNet Guidelines and Toolkits

5. Are there any guidelines you would like to see added to the current set, or anything you feel is missing or unclear in the existing ones?

PICNet and/or the BC Ministry of Health currently have guidelines on the following topics:

- Antibiotic Resistant Organisms
- Respiratory Illness Outbreaks
- Gastrointestinal Infection Outbreaks
- Residential Care Infection Prevention and Control
- Home and Community Care
- Best Practices in Hand Hygiene
- Cleaning, Disinfection and Sterilization of Medical Devices
- Environmental Cleaning (pending publication)

6. Are there any toolkits you would like to see added to the current set, or anything you feel is missing or unclear in the existing ones?

PICNet currently has guidelines on the following topics:

- Carbapenemase Producing Organisms
- Management of CDI in Residential Care Settings (pending publication)
- Management of CDI in Acute Care Settings

C) Education

7. What do you see as the main educational needs of your staff and/or colleagues?

(in terms of Infection Prevention and Control)

8. What barriers do you face in trying to train/educate your staff in infection prevention and control?

9. Do you have suggestions for how PICNet can support your efforts to educate your staff in infection prevention and control?

Our current suite of resources includes:

- online educational modules
- brochures
- the Let's Go Viral workshop kit
- site visits
- booklets
- annual educational conference
- posters
- Webber teleclasses

Feel free to get creative in coming up with suggestions!

10. What topics would you most like to see educational resources for?

(either for you or your staff)

11. Are there any particular healthcare provider groups that you are lacking educational resources for?

12. What types of educational activities work best in your facility? Have you had any successes that you'd like to share with us?

13. In 2015, besides the PICNet Educational Conference, we also hosted a CPO Symposium. Would you be interested in other half-day or one-day events throughout the year? If so, what topics and formats (e.g. symposium, workshop, webinar) would you like to see?

D) Communications

14. How do you prefer to receive infection control information?

Please check all that apply:

- Emails from PICNet
- Social media (Facebook, Twitter, LinkedIn)
- Emails from your health authority/facility
- Notices/posters
- PICNet website
- Directly from my Infection Control Practitioner
- Your health authority intranet/blog

- Directly from my manager/ward supervisor/etc.
- As items in meetings, teleconferences, etc.
- As part of training sessions
- Other, please specify

15. How well does the PICNet website meet your needs?

16. Are there additional information/resources you would like to be made available on the website?

17. How can PICNet further help you to communicate IPAC information, news, and updates to your staff, colleagues, students, and volunteers?

E) Surveillance

18. How many times in the past year have you viewed one of the provincial surveillance reports? (CDI, MRSA, or Hand Hygiene)

Please estimate a number.

19. What do you find most useful in the provincial surveillance reports? What would you like to see added that would give the reports extra value for you?

20. What else would you like to see added to the provincial surveillance program?

F) Infection Control, PICNet, and You

21. In the past few years, what are the top 2-3 things that have improved IPAC in your facility?

These can be internal or external factors. Or great ideas that you came up with yourself!

22. Over the past few years, what have been the main obstacles to good infection prevention and control practices in your facility?

Think about everything from policies to resources to psychological factors.

23. Please provide suggestions for how you think PICNet can help you in overcoming these obstacles.

24. What do you like most about your job?

(Your answer doesn't have to relate to infection prevention and control.)

25. What frustrates you most about your job?

(Your answer doesn't have to relate to infection prevention and control.)

26. Please tell us in what ways PICNet has helped you in the past... and what you think we are doing well.

G) Thank you... and prize draw

When we conduct surveys and evaluations, we often wish we could get more information about some of the responses. May we contact you if we'd like to know more?

Would you like to enter the prize draw for one of five \$25 gift cards?

If you answered "Yes" to either of the above, please enter your email address or telephone number below. Make sure to type it correctly as we have no way of looking it up!

If you entered a phone number and share the phone with others, we'll need your first name:

Thank you for taking the time to give us your feedback!

Appendix B: Glossary of Acronyms

ABHR	alcohol-based hand rub
AMS	antimicrobial stewardship
ARO	antibiotic resistant organism
BCCDC	British Columbia Centre for Disease Control
BCEHS	British Columbia Emergency Health Services
CCM	Clinical Care Management committee
CDI	<i>Clostridium difficile</i> infection
CoP	Community of Practice
CPO	Carbapenemase-producing organisms
CSA	Canadian Standards Association
ESC	(PICNet's) Education Steering Committee
FN	First Nations
HA	health authority
HAI	healthcare-associated infection
ICP	infection control professional/practitioner
IPC, IPAC	infection prevention and control
MERS-CoV	Middle East respiratory syndrome coronavirus
MoH	Ministry of Health
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
PACE	Provincial Antimicrobial Stewardship Expert Committee
PHAC	Public Health Agency of Canada
PIDAC	Provincial Infectious Diseases Advisory Committee (<i>Ontario</i>)
PPE	personal protective equipment
RPAP	routine practices and additional precautions
SOAC	Scientific Operations Advisory Committee (<i>PICNet's oversight committee</i>)
SSI	surgical site infection
TB	tuberculosis
VCH	Vancouver Coastal Health

PICNet

PROVINCIAL INFECTION CONTROL
NETWORK OF BRITISH COLUMBIA

A program of the Provincial Health Services Authority



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Province-wide solutions.
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