

The logo banner features the text 'PICNet' in a large, white, sans-serif font. Below it, in a smaller white font, is the text 'Provincial Infection Control Network – BC'. The background of the banner is a dark blue grid with a faint image of hands being washed.

**PICNet**

Provincial Infection Control Network – BC

**The**

**Provincial Infection Control**

**Network**

**(PICNet)**

**Annual Report**

May 2005 - March 2006

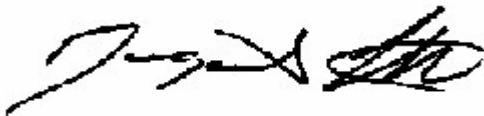
## Acknowledgements

It is hard to believe that it was just a year ago the First Stakeholder Summit was held, on May 27, 2005, and the essential elements for the Provincial Infection Control Network (PICNet) were identified. In one short year the network was designed, refined and still managed to address a number of practice-related issues. This amazing achievement is attributed to the tremendous leadership and commitment of PICNet Steering Committee and Working Group members. Through their dedicated effort and the support of their Regional Health Authorities, these leaders in the infection control community have found time in their busy schedules to work together to identify and address issues and opportunities for PICNet. This volunteer, collaborative approach ensured the minimal financial resources available to PICNet were maximized to their full potential.

PICNet's stakeholders are a magnificent illustration of collaboration and cooperation, exemplifying George Bernard Shaw's belief that: "*If you have an apple and I have an apple and we exchange apples then you and I will still each have one apple. But if you have an idea and I have an idea and we exchange these ideas, then each of us will have two ideas.*"

Special thanks as well to the Steering Committee Co-Chairs, Dr. Judy Isaac-Renton and Dr. Elizabeth Bryce and to the staff within the PICNet Management Office.

Sincerely,



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*This Annual Report  
not only fulfills a reporting requirement for PICNet,  
it also serves as a key communications piece for the coming year,  
providing context to the work we are doing and why.  
Your feedback is most welcome.  
Please send your comments to: [picnet@bccdc.ca](mailto:picnet@bccdc.ca)*

## Message from Co-Chairs of the PICNet Steering Committee

We are pleased to present the first Annual Report for the Provincial Infection Control Network (PICNet).

PICNet was initially conceived to build on the current strengths inherent in various parts of the infection control system in British Columbia and 'create a strong collaborative, multi-disciplinary approach to infection prevention and control'<sup>1</sup>. The overwhelming support PICNet has received from all Regional Health Authorities in this its first year of existence has been very gratifying and exemplifies the good will and commitment of the infection prevention and control community.

Over the past year, representatives from every aspect of the multidisciplinary team involved in the practice of infection control worked collaboratively on common solutions for both the design of this new network and the practice of infection control. Thanks to our stakeholders, PICNet now has a solid infrastructure and identified gaps in practice across the Province as well as new surveillance guidelines. To all of you who volunteered your time to work on PICNet's behalf, we want to take this opportunity to once again thank you.

As we move forward from our foundational year, we are committed to PICNet further empowering the front line healthcare workers within the Province of British Columbia by addressing identified gaps in infection control practice in the areas of surveillance, education/training and practice.

Sincerely,



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<sup>1</sup> PICNet Phase 1 - Charter

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## Executive Summary

The Provincial Infection Control Network (PICNet) of British Columbia (BC) was launched in 2005 – 2006. This volunteer collaborative body consists of professionals from every Regional Health Authority within British Columbia who come together to maximize coordination and integration of activities related to health care associated infection control practices using an evidence-based approach.

PICNet accomplished a great number of things in its first year. A total of 5 working groups, 2 ad hoc working groups and a number of proposals were put forward. The Infrastructure Working Group laid the foundation of the Network establishing its governance, decision making and accountability structures. A key priority was to make sure that what was designed was sustainable given PICNet's high reliance on volunteers and its limited fiscal resources. The Communications Working Group launched PICNet's website and a number of other marketing and communications activities such as PICNet's monthly newsletter. The Needs Assessment Working Group oversaw an ambitious project to develop a provincial "snap shot" of infection prevention, surveillance and control practice in the province and propose recommendations to address identified gaps. The Urgent /Emergent Working Group identified urgent or emerging issues that PICNet could consider addressing in the area of healthcare associated infections. And the Surgical Site Infection Surveillance (SSI) Working Group was developed to provide a framework for a standard method of surgical site infection surveillance and reporting that can be applied according to the needs of acute care hospitals in BC.

In the fall of 2005, an ad hoc working group was formed to develop the surveillance protocol for *Clostridium difficile* associated disease in acute care facilities for British Columbia. The resulting guidelines was vetted with the community of practice and endorsed by the Steering Committee. An Ad Hoc Guideline Working Group was also formed "to determine the roles and responsibilities for the Provincial Infection Control Network with relation to the development, issuance and maintenance of healthcare associated infection prevention, surveillance and control best practice guidelines within the province of British Columbia".

The Ministry of Health asked PICNet to determine what potential roles PICNet, or its members, could play during a health emergency in BC and the Steering Committee responded with a list of roles including providing content expertise and advice on healthcare associated infection control issues to those managing the crises.

In the late fall of 2005, the Pandemic Influenza Preparedness Plan Implementation Advisory Committee (PIPIAC), approached that the Provincial Infection Control Network (PICNet) with the request that it review the scientific evidence used by the BC Pandemic Influenza Advisory Committee (BC-PIAC) to develop its recommendation on personal protective equipment (PPE) for healthcare workers (HCW). PICNet's response was to endorse the recommendations of the PIAC regarding the use of PPE.

PICNet advances into the next working year with a strong foundation laid and many successful achievements behind it. Future activities will focus on further enhancing the areas of healthcare associated infection control surveillance, education/training and practice.

## Introduction

The Provincial Infection Control Network (PICNet) is a provincially supported infection control knowledge collaborative encompassing regional and provincial health organizations. PICNet was created in January 2005 by the British Columbia Ministry of Health Services. It guides and advises on health care associated infection practice across the continuum of care in the Province of British Columbia and links with infection control networks nationally and internationally.

PICNet's vision: ***Good Science - Good Will.***

PICNet's mission is to maximize coordination and integration of activities related to health care associated infection prevention, surveillance and control for the entire province using an evidence-based approach.

PICNet aims to achieve its mission by:

- Providing advice on relevant policy and issues;
- Providing knowledge to guide investigation or practice (e.g. best practice guidelines);
- Supporting and coordinating initiatives pulling common interests together (i.e. fostering collaboration);
- Sharing information; and,
- Advocating on behalf of the community of practice for appropriate and sustainable resources.

### **Community of Practice**

The Provincial Infection Control Network consists of the Community of Practice involved in infection prevention, surveillance and control of health care associated infections across the continuum of care for all BC Health Authorities. Stakeholders in PICNet include—but are not limited to—environmental health officers, epidemiologists, infection control professionals, infectious disease physicians, medical health officers, medical microbiologists, public health nurses and physicians, and occupational health nurses and physicians.

### **Steering Committee**

PICNet's Steering Committee was designed to ensure its members are representative of areas of expertise and experience, while ensuring representation from all Regional Health Authorities. Expertise and experience includes not just specific professional expertise but knowledge and experience in the varied physical and institutional environments across the province. Members of the committee are representatives, not delegates, with a mandate to bring expertise and experience to bear in the interests of the whole enterprise—which might from time to time differ from the preferred interests of particular groups of stakeholders. The current Steering Committee composition is as follows:

- Health Authority Infection Control Officers/Medical Microbiologists
- Medical Health Officers
- Infectious Disease specialists
- Infection Control Practitioners/Managers
- BC Centre for Disease Control (BCCDC)

- Occupational Health and Safety Agency for Healthcare (OHSAH)
- BC Ministry of Health (MOH)
- Public Health Agency of Canada (PHAC)
- PICNet Coordinator

A listing of the current Steering Committee members can be found in Appendix A.

### **Co-Chairs**

The PICNet Co-Chairs were appointed by the Ministry of Health and report on behalf of the Steering Committee and the Community of Practice, to the Provincial Medical Services Committee (PMSC) chaired by the Assistant Deputy Minister, Performance Management & Improvement Divisions, Ministry of Health.

#### **ACHIEVEMENTS**

**2005-2006**

- **Steering Committee met a total of 11 times: 4 teleconferences and 7 face to face meetings**
- **Co-Chairs provided updates on PICNet to PMSC on 3 separate occasions over the course of the year**

# PICNet Overview, 2005-2006

## Background

In January 2005, the British Columbia Ministry of Health Services authorized the creation of a provincial infection control network. The members of the network consist of the entire multidisciplinary team involved in infection prevention and control in the province of British Columbia. Stakeholders in the Network include - but are not limited to - environmental health officers, epidemiologists, infection control professionals, infectious disease physicians, medical health officers, medical microbiologists, public health nurses & physicians, occupational health nurses & physicians and quality assurance experts. The purpose of the network was to provide advice and strategic intervention on relevant policy, procedures, and issues across the continuum of care including hospitals, residential facilities, and the community for the entire province and all health authorities.

The first business case drawn up by the newly appointed Co-Chairs, in March 2005, outlined three phases in the development of PICNet:

- **Phase 1:** Establishment of the Network and development of a Provincial Infection Control Practice Inventory and Needs Assessment Plan. Implementation of plan, data analysis and communication.
- **Phase 2:** Development of Provincial Standards of Practice and Other Leadership Groups, etc.
- **Phase 3:** Further implementation of Leadership Group Plans, etc

The first year focused on Phase 1 of the business case and was entitled “The Development Phase”. An integral part of this foundational phase was ensuring that PICNet was developed, operated and managed by its stakeholders.

PICNet held two Stakeholder Summits (May 27, 2005 and December 21, 2005) over the course of the year to ensure stakeholder involvement in each phase of its development. At the first summit, stakeholders identified the following four critical success factors underpinning the work of PICNet. The first has been adopted as PICNet’s vision: *Good Science/Good Will* and the remaining three reflect the manner in which PICNet should achieve this vision:

*Effective Communication:* use a common language and give a consistent message

- Within the Network communication is respectful, dynamic, multi-directional and meets the ongoing needs of all its stakeholders

*Team Approach:* develop multi-disciplinary teams that work on common solutions

- The Network promotes leadership at every level through respectful dialogue in a culture of openness. The Network develops, disseminates and facilitates best practice standards in a coordinated, seamless, proactive manner across the community continuum

*Empowerment and Respect:* ensure ownership is both top down and bottom up

- The Network fosters an atmosphere of collaboration, mutual respect and diversity to empower the practitioners of British Columbia in optimal infection prevention and control

To the best of our ability the vision and the critical success factors have been incorporated into each element of the work done by the Provincial Infection Control Network over the past year.



**ACHIEVEMENTS**  
**Spring 2005**

- **Co-Chairs Appointed**
- **Steering Committee Members approved by PMSC**
- **Steering Committee Members appointed**
- **Network Coordinator appointed**
- **First Provincial Stakeholder Summit held**

The Phase 1 Project Charter combined elements from the original business case with feedback from the Stakeholder Summits to finalize the objectives for the Development Phase (Phase 1). The table below highlights the performance indicators for Phase 1 that were reported to the Provincial Health Services Authority (PHSA) on a quarterly basis:

Annual Goal 2005-2006	Performance Indicators	Due Date	Completed	Milestones
Development of a new infection control network with province-wide multi-disciplinary partners.	Create a Management Office for PICNet including recruitment of a Network Coordinator	1 <sup>st</sup> quarter	100%	- Coordinator for PICNet hired and in place June 1/05.
	Form Steering Committee. Write Phase 1 Charter. Hold first Stakeholder Summit/consultations.	2 <sup>nd</sup> quarter	100%	- A project charter was developed for Phase 1 of the project. - Terms of Reference were created for the Steering Committee and Working Groups. - Recruitment for Working groups completed. - The first Stakeholders Summit was held on May 27th with infection prevention and control representatives from across the province meeting for the first time
	Form Working Groups. Develop and implement plans. Hold Second Stakeholder Summit	3 <sup>rd</sup> quarter	100%	- "PICNet" confirmed as official abbreviation for network. - Terms of Reference for Steering Committee and Working Groups ratified. - Working Group plans developed and implementation underway

				(including inventory /needs assessment). - Ad Hoc working group struck to look at CDAD surveillance. -Monthly newsletter developed and distributed to stakeholders. -Second Stakeholder Summit held December 2005
	Complete implementation of WG plans. Prepare summary report on Network	4 <sup>th</sup> quarter	100%	-Needs Assessment complete - CDAD Surveillance Guidelines for Acute Care Facilities drafted -infrastructure, communications & urgent/emergent working groups dissolved -SSI surveillance working group created -PICNet's interim report prepared -Ad Hoc Guidelines working group developed and dissolved

As identified in the table above, a number of activities occurred over the course of the past year. Working groups were developed to address items ranging from PICNet’s structure, to identifying key gaps in infection control practices, through to developing surveillance guidelines. As well, a number of recommendations were made by PICNet’s Steering Committee relating to specific issues like personal protective equipment. Updates on all these activities are highlighted below.

**ACHIEVEMENTS**  
**Summer 2005**

- **Launched:**
  - **Infrastructure Working Group**
  - **Needs Assessment Working Group**
  - **Communications Working Group**
  - **Urgent/Emergent Working Group**
- **By the end of 2005-06, PICNet had a total of 6 (ad hoc) working groups with 83 expert volunteers from across all HAs**
- **PICNet financially supported 12 individuals from the HAs attending national conferences as a way of saying “thank you” for all their hard**

## Working Groups

### 1. Infrastructure Working Group

The Infrastructure Working Group met throughout the Summer/Fall of 2005. A key priority was to make sure that what was designed was sustainable given PICNet's high reliance on volunteers and its limited fiscal resources. The following items are a summation of the excellent work done by the group.

#### **Governance**

PICNet stakeholders emphasized the need for a governance model based on collegiality and trust. As a result, PICNet has taken a collaborative approach to governance, similar in style to a trade or professional association. Participation in PICNet is voluntary and the professional commitment to evidence-based practice provides strong inducement to contribute fully to this professional collaborative.

#### **Decision Making**

PICNet's Steering Committee is the governing body of PICNet. It provides input and feedback to PICNet's Management Office on the project priorities required to ensure a sustainable province wide network for infection prevention, surveillance and control. The specific roles of PICNet's Steering Committee include:

- Providing advice and decisions on matters that involve infection control practice within the province
- Providing insight into current processes and activities
- Advising on national and international standards/guidelines
- Reviewing PICNet's documents (ie. charters, plans, budgets, reports) & provide feedback to the PICNet Management Office
- Forming working groups and standing committees, as required
- Approving priorities for PICNet as recommended by stakeholders
- Providing final authority on resolution of PICNet's issues and risks identified by the PICNet Management Office
- Providing expert advice on responding to emerging and/or strategic opportunities

PICNet's Steering Committee focuses on governing not managing and is not involved in matters of detailed implementation. Rather a newly proposed Project Priority and Planning Committee (PPPC), with representation from the Steering Committee, will become its operational arm in the new fiscal year. The PPPC will work with the PICNet Management Office to ensure that all PICNet projects are technically and financially feasible and are accountable to the Steering Committee for their decisions. The roles and responsibilities of the Steering Committee Co-Chairs and the Coordinator are found in Appendix B.

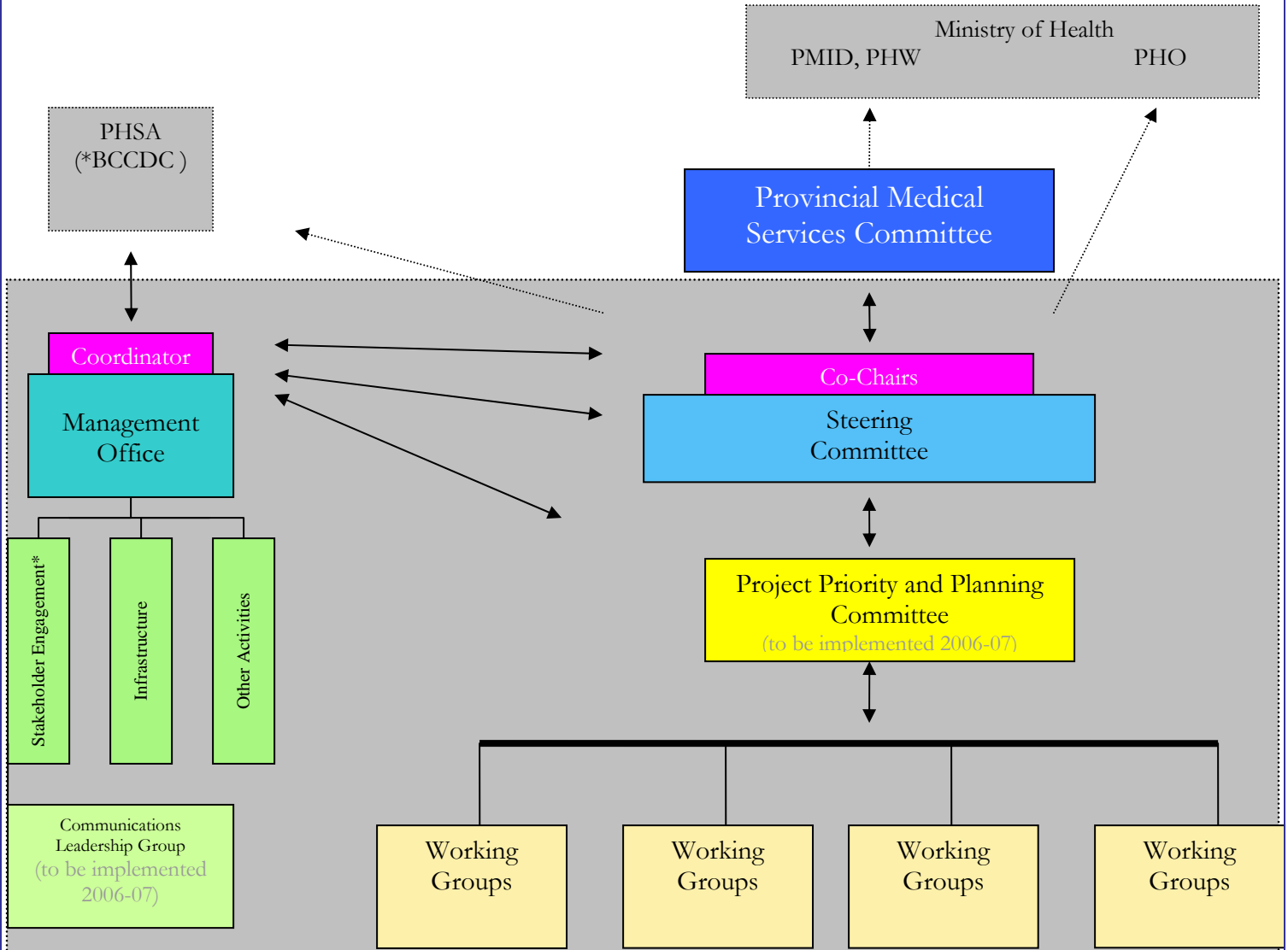
#### **Accountability**

The PICNet Steering Committee is accountable horizontally to members of PICNet for arriving at PICNet outputs. For example, one of PICNet's roles is to adopt, adapt or develop Best Practice Guidelines for health care associated infections. In doing so, it is not externally accountable to any other provincial body for their ratification or endorsement, but rather relies on achieving consensus within its working group(s) and then endorsement by its Steering Committee. In saying this, one is reminded that PICNet's membership consists of all those involved in infection control activities across all Health Authorities hence there is a strong form of implicit external accountability that

comes from having peers mutually develop and review each others work<sup>2</sup>. As well, PICNet is formally accountable to the VP's of Medicine for each Health Authority through the Provincial Medical Steering Committee (PMSC) for the effective facilitation its activities.

### Organizational Structure

PICNet is directed by its stakeholders. The following diagram illustrates PICNet's reporting structure.



\* Reflects disposition of financial resource only

<sup>2</sup> Similarly, all PICNet members maintain their accountability to their own employers.

## ACHIEVEMENTS

Fall/Winter 2005-06

- Established governance and decision making model
- Established organizational and reporting structure

## 2. Communications Working Group

The Communications Working Group met throughout the Summer/Fall of 2005. The goal of the group was ‘to strive to design an identifiable, efficient and effective communications network for infection prevention, surveillance and control within the province of British Columbia’. To begin the group recommended the communications focus on internal communications (i.e. amongst and between professional groups involved in infection prevention, surveillance and control and amongst and between Health Authorities) and the following activities reflect this intent:

### Identifiers

The group confirmed PICNet as the acronym for the Provincial Infection Control Network and at the Second Stakeholder Summit collected suggested ‘catch-phrases’ that PICNet could use in its marketing. The phrase “PICNet – Debugging Healthcare Together” was the winning phrase.

### Website

The PICNet website ([www.picnetbc.ca](http://www.picnetbc.ca)) was launched in September. PICNet’s website is a ‘one-stop’ site where the community of practice can link to existing education, guidelines, standards, training and best practices in the area of health care associated infections.

### Stakeholder Summits

In May and again in December 2005, PICNet held Stakeholder Summits attended by over 60 individuals each. Participants included representatives from all Health Authorities and from all disciplines and even included individuals from other provinces and the Public Health Agency of Canada. These Summits were key in determining what PICNet should focus on and how it should go about doing so. PICNet’s Phase 1 Project Plan was based on the feedback received at the First Stakeholder Summit. For more information on the Summits visit the website at: [www.picnetbc.ca](http://www.picnetbc.ca)

### Communications Plan

Throughout the fall of 2005, the working group and a communications consultant worked on developing a communications plan for PICNet. A SWOT (Strengths/Weaknesses Opportunities/Threats) analysis was performed and a plan developed around this analysis. This plan was presented to the stakeholders at the Second Stakeholder Summit in December 2005 and was later endorsed by PICNet’s Steering Committee. Copies of the plan are available on request by e-mailing: [picnet@bccdc.ca](mailto:picnet@bccdc.ca)

### Webber Training

In January 2006, PICNet began offering Webber Training to all PICNet Stakeholders who did not already have access from their employers. Webber Training is an international lecture series on topics of interest to infection control professionals and other healthcare professionals worldwide. A total of 8 training sessions were sponsored by PICNet between February and March 2006.

**ACHIEVEMENTS**  
**Fall/Winter 2005-06**

- **Website launched**
- **Webber Training teleclasses begun**
- **Communication Plan developed**
- **Held Second Provincial Stakeholder Summit**

### **3. Needs Assessment Working Group**

The Needs Assessment Working Group was created in July 2005 and continues today. This assessment of infection prevention and control activities within health care facilities across the province of British Columbia was an ambitious undertaking for the newly formed Provincial Infection Control Network (PICNet). The aim was to provide a provincial “snap shot” of infection prevention, surveillance and control activities across the province and put forward recommendations for moving ahead.

The Needs Assessment Working Group (NAWG) focused on the following areas:

- **Infection Control Resource Information**
  - Facilities where ICPs work in acute care hospitals and long term care; and infection control resources within Occupational Health and Safety and Public Health
- **Infection Control Surveillance Information**
  - Facilities where ICPs work in acute care hospitals and long term care

Information for the Needs Assessment was collected from all BC’s Health Authorities between November 2005 and March 2006 and was analyzed by a consultant epidemiologist. Three overarching themes emerged:

- i. Insufficient number of skilled staff to provide infection control services in some areas
- ii. Inconsistent standards for education/training to develop the skill set for provision of infection control services
- iii. Inconsistent standards in surveillance and best practices to guide those who deliver infection control services

Results of the Needs Assessment survey were reviewed by PICNet’s Community of Practice at the Third Stakeholder Summit. Priority areas within each of the above themes and proposed approaches for addressing these priorities were discussed.

Copies of the Needs Assessment are available by e-mailing [picnet@bccdc.ca](mailto:picnet@bccdc.ca)

**ACHIEVEMENTS**  
**Fall/Winter 2005-06**

- **Provincial “snap shot” on infection control resources and surveillance completed**

#### 4. Urgent/Emergent Working Group

The Urgent /Emergent Working Group met through the fall of 2005 and identified urgent or emerging healthcare associated issues that PICNet could address immediately. The issues were run through a decision making ranking criteria, developed by to the group, to determine priority. The following list is in order of the determined priorities, top to bottom:

- i. Develop a *Clostridium difficile* associated diarrhea (CDAD) surveillance system for acute care facilities in BC including standard case definitions and lab testing, a minimum data set for monitoring and reporting system.
- ii. Update and enhance the BC guidelines for Respiratory Outbreaks in Care Facilities.
- iii. Develop a surveillance system for surgical site infections in acute care facilities in BC, including identification of indicator surgeries, development of reporting system and information reporting to surgeons, the facility, regional and provincial levels.
- iv. Update BC guideline on MRSA and other Antibiotic Resistant Organisms including the repatriation to community dialysis units of patients undergoing hemodialysis who have developed infections or colonization with antibiotic resistant organisms.
- v. Develop an audit tool for assessing cleanliness standards in acute care facilities and the educational/training requirements that should be in place for patient support services (e.g. cleaners) whether those services are provided by staff or contract personnel.

##### 4.1. CDAD Surveillance Guidelines Ad Hoc Working Group

In the fall of 2005, an ad hoc working group was formed to address the number one priority of the Urgent/Emergent working group. The working group, in collaboration with BCCAMM, developed the surveillance protocol for *Clostridium difficile* associated disease in acute care facilities for British Columbia. This guideline was vetted with the community of practice and endorsed by the Steering Committee. The process established by this Ad Hoc working group also provides PICNet with the foundation for which future guidelines will be developed. During the winter of 2006, the guidelines were piloted. This experience provided valuable lessons for PICNet in the area of ensuring PICNet's recommendations are feasible. Copies of the CDAD surveillance protocol are available by e-mailing [picnet@bccdc.ca](mailto:picnet@bccdc.ca).

##### 4.2. SSI Surveillance Working Group

The Surgical Site Infection Surveillance (SSI) Working Group was formed in the winter of 2005-06 and continues to this day. The purpose of this group was to address the third priority of the Urgent/Emergent Working Group. It was funded in part by monies received from the Patient Safety Task Force.

The mandate of the SSI working group is to provide a framework for a standard method of surgical site infection surveillance and reporting that can be applied according to the needs of acute care hospitals in BC.

The identified roles of the working group are as follows:

- i. To provide recommendations on how to coordinate, facilitate and support the initial implementation of SSI surveillance
- ii. To prepare sample data collection tools and recommendations for a minimal data set
- iii. To provide the framework for front-line surveillance training and data quality assurance.

The working group intends to submit a report with recommendations to the PICNet Steering Committee by the end of 2006.

#### ACHIEVEMENTS

Fall/Winter 2005-06

- **Top 6 urgent/emergent issues identified - 2 addressed:**
  - **CDAD surveillance guidelines created**
  - **SSI Surveillance Working Group created**

### 5. Guideline Ad Hoc Working Group

During the winter of 2006 an Ad Hoc Working Group met briefly “to determine the roles and responsibilities for the Provincial Infection Control Network with relation to the development, issuance and maintenance of healthcare associated infection prevention, surveillance and control best practice guidelines<sup>3</sup> within the province of British Columbia”. Building upon previous work, highlighted in the PICNet Interim Report, the group affirmed that PICNet has already determined its role in the development of guidelines:

#### Section 1.05

“PICNet is a leadership and collaborative body which guides and advises on health care associated infection practice in the province of British Columbia using an evidence-centered approach in order to protect the people of British Columbia. There are many potential roles for PICNet, such as...providing knowledge to guide investigation or practice (e.g. best practice guidelines).

#### Section 1.19

“It is not the intent - nor is it feasible - for PICNet to duplicate the excellent work of others in the area of health care associated infections. It is quite possible that PICNet will endorse the adoption, or perhaps recommend slight modifications, to best practice guidelines issued by organizations such as the Public Health Agency of Canada. Only in the absence of such guidelines will PICNet entertain developing best practices and this will have to be done on a priority basis.

... compliance by stakeholders in the PICNet model is voluntary. The PICNet Steering Committee does not make decisions, but facilitates a process that arrives at best practice guidelines. Stakeholders may then choose to comply or not to comply to the best practice guidelines” (PICNet Interim Report, Page 15).

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<sup>3</sup> The Ministry of Health’s definition for guidelines is “a guideline is a suggestion or set of suggestions that guides action. The purpose of a guideline is to provide information intended to assist health authorities to achieve a desired outcome. Guidelines, may, for example, be suggestions on how to implement or comply with policy. Whereas health authorities must comply with Ministry policy, they are not required to comply with guidelines.



As well, the group felt it was important to reiterate that in the discussions relating to governance that the PICNet Steering Committee had already agreed that “endorsement of a guideline by the Steering Committee will pass with a two-thirds majority.” (PICNet Interim Report, Page 9)

The group had been asked to look at the process by which guidelines which affect a community of practice beyond just that organization’s direct audience are developed in an inclusive manner. The group felt that it was necessary to ensure that communications were open between key organizations such as PICNet, the CD Policy Committee, CHICA-BC, CHICA-VI, Clinical Practice Guidelines group and BCCAMM and therefore recommended:

- i. That when a committee initiates the development of a guideline that they solicit appropriate representation on their working group from the other committees, and
- ii. That all committees ensure that guidelines are reviewed by other relevant committees and that the other committees are given the opportunity to endorse said guidelines.

That being said, as previously mentioned under the Accountability section, PICNet is not externally accountable to any other provincial body for the ratification or endorsement of its guidelines, but rather relies on achieving consensus within its working group(s) and then endorsement by its Steering Committee

### **PICNet’s Roles in a Provincial Emergency**

The Ministry of Health asked PICNet to determine what potential roles PICNet, or its members, could play during a health emergency in BC. The Steering Committee identified a number of roles, but first highlighted some principles they believed were essential to qualify the roles:

#### **Principles:**

1. PICNet is a voluntary collaborative network made up of multidisciplinary members who have expertise and interest in healthcare associated infection prevention, surveillance and control;
2. PICNet is an advisory and facilitating body;
3. PICNet does not have authority to usurp or take over legislated authority granted to other bodies in BC;
4. PICNet does not have a role in oversight, auditing, investigating or disciplining of any healthcare organization in BC.

#### **Roles that PICNet could play in a health emergency include:**

1. Providing content expertise and advice on healthcare associated infection control issues to those managing the crises. This could include members of the network sitting on provincial emergency advisory committees or outbreak management advisory teams as requested.
2. Developing and communicating recommendations about HAI prevention, surveillance and control as required for the emergency response and coordinating the implementation of protocols.
3. Providing a forum for those involved in the emergency to pose questions on issues respecting HAI control during the outbreak (i.e. an interactive website or e-mail list serve so that experts from across the province could provide advice to those involved in the crises)
4. Providing access to specific expertise or experts to those in charge of the emergency response (i.e. requests for specific expertise could be made through the PICNet Coordinator and sent to the field for action);

5. Collating and disseminating updated information on the crises and specifically the HAI related issues to the members of PICNet to ensure the latest communication and best practices are distributed for use.

## **PICNet's Position on Personal Protective Equipment (PPE)**

In the late fall of 2005, the Pandemic Influenza Preparedness Plan Implementation Advisory Committee (PIPPIAC), approached that the Provincial Infection Control Network (PICNet) with the request that it review the scientific evidence used by the BC Pandemic Influenza Advisory Committee (BC-PIAC)<sup>4</sup> to develop its recommendation on personal protective equipment (PPE) for healthcare workers (HCW).

PICNet reviewed and issued the following response to Wayne Dauphinee, Co-Chair of PIPPIAC, in January 2006:

### **1. PICNet's Recommendation Relating to PPE**

PICNet endorses the recommendations of the PIAC regarding the use of PPE such as masks/respirators and eye protection by HCW during a pandemic of influenza in the following scenarios:

1. Surgical masks and eye protection should be worn by HCW as outlined by Routine Practices<sup>5</sup>, when splashes or sprays of blood, body fluids, secretions or excretions to the mucous membranes or mouth are possible or as described under contact/droplet precautions.
2. A particulate respirator (N95) should be worn by health care workers during contact with patients who have an undiagnosed illness that may be caused by an organism that is spread by the airborne route (e.g. TB; chickenpox or measles only if the healthcare worker is susceptible).
3. A particulate respirator (N95) should be worn by health care workers if they are involved in aerosol generating procedures (e.g. intubation, bronchoscopy) with a patient known or suspected to have an organism spread by droplet transmission.

These recommendations are congruent with both the Canadian and BC Pandemic Plans and are reflected in the current plans of a majority of Health Authorities in BC. It should be noted that there is a lack of evidence that the use of such equipment has prevented the transmission of influenza in previous pandemics once transmission has entered the community. However, these recommendations should continue to be followed by HCW providing care to patients with known or suspected respiratory communicable diseases.

### **2. PICNet's other recommendations**

PICNet's community of practice is comprised of individuals involved in infection prevention, surveillance and control of health care associated infections across the continuum of care for the entire province. Under that umbrella, in the late fall of 2005, PICNet met with representatives from various disciplines and organizations, (e.g. WCB, OSHA, Public Health, Infection Control) to discuss personal protective equipment. PICNet identified that some differences continue to exist related to the recommendations for PPE in a pandemic situation, however, we feel that these

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<sup>4</sup> BC Pandemic Influenza Preparedness Plan: Annex 1

<sup>5</sup> Routine Practices and Additional Precaution for the Preventing the Transmission of Infection in Health Care. CDR 1999:25S4

seemingly divergent opinions could be converged. It is our hope that PIPPIAC will seek to bring these individuals together again and move to create consensus. A consistent message from all agencies in BC is critical and will lead to the greatest level of confidence in these recommendations amongst HCW. As well, PICNet encourages PIPPIAC to ensure that in its recommendations to the Health Authorities that infection control be involved in the development of all regional plans. Infection Control involvement is critical to ensure that the recommendations in the plans for PPE are evidence-centred and follow best practice. PICNet would be pleased to provide PIPPIAC with a list of experts in our community of practice from all Health Authorities that may assist in this process.

## **Technical Environment**

In the process of working with the various working groups it became clear that PICNet would benefit by having a technical environment in which information could be shared and stored. This would reduce the need for working group members to come together for face-to-face meetings. Feedback on documents and/or a review of background materials could also be done virtually.

As a result, PICNet hired an information management/technology consultant to assist us in the development of a sound infrastructure. The consultant reviewed PICNet's current situation and prepared a presentation for the Steering Committee which highlighted key issues for consideration. This presentation was given in March 2006. Copies of the presentation are available by e-mailing [picnet@bccdc.ca](mailto:picnet@bccdc.ca). It is the intent of the Steering Committee to implement a number of the consultant's recommendations in 2006 – 2007.

### **ACHIEVEMENTS**

#### **Fall/Winter 2005-06**

- **PICNet's roles and responsibilities in the development of guidelines established**
- **PICNet's roles in a Provincial emergency established**
- **Position statement on PPE created**
- **Reviewed information management/ technology options**

## PICNet Next Steps, 2006-2007

As the Provincial Infection Control Network moves into its second year (Phase 2) it has evolved from a project under development to 'Full Steam Ahead'. With the development of the Project Priority and Planning Committee (PPPC) the Steering Committee now has assistance in screening requests for projects submitted to PICNet to ensure consistency with PICNet's mandate and annual objectives. The PPPC will also ensure that all working groups are formed, operated and/or disbanded in accordance to PICNet's policies and procedures. The newly developed Communications Leadership Group already has plans to enhance the existing website and further promote PICNet provincially and beyond. PICNet Management Office is focusing on the formalization of an Operational Manual for all its members and the maturation of its information management/technology environments. And thanks to the valuable information gleaned from the Needs Assessment and the recommendations put forward by the stakeholders at the Third Stakeholder Summit held in June 2006, PICNet will continue to develop in the areas of surveillance, practice, and education/training.

### Surveillance

With the pilot for *Clostridium difficile* associated disease in acute care facilities for British Columbia near completion, PICNet will be considering next steps related to CDAD surveillance in the upcoming year. As well, the Surgical Site Surveillance Working Group intends to table a Strategic Plan and Business Case to the Steering Committee in late 2006.

The newly developed Project Priority and Planning Committee will review and put forward their recommendations to the Steering Committee relating to what other surveillance activities PICNet may consider addressing in the upcoming year. From the revision of MRSA/Antibiotic Resistant Organisms guidelines through to providing high-level direction to our stakeholder community on "what is surveillance?" and "principles of performing surveillance", there is no shortage of activities in this area.

### Practice

As a result of the Needs Assessment a number of practice issues arose for example 'what are the core competencies of practitioners working in the field of infection control?' and 'what are their roles and responsibilities?'. PICNet will begin to focus on these practice issues in the year ahead.

As well, the third recommendation of the Urgent/Emergent Working Group will be addressed in 2006-07. A working group has been struck to look at 'Seasonal Febrile Respiratory Illness Outbreak, Prevention and Control Guidelines'.

### Education/Training

Thanks to the excellent participation in Webber Training classes in 2005-06, PICNet will once again be making these teleclasses available to its stakeholders in 2006-07.

As the Needs Assessment identified, there is a great deal of work required in the area of enhancing educational and training opportunities for all practitioners working in the infection control field. Our expectation is that a small group of individuals will be created to look at this specific challenge in the 2006-2007.

**APPENDIX A - PICNet Steering Committee Members, 2005-2006**

Name	Title/Health Authority
Joanne Archer	Regional Manager Infection Prevention and Control, Northern Health
Dr. Elizabeth Bryce	Co-Chair PICNet Steering Committee, Regional Medical Director, Infection Control Vancouver Coastal Acute Division of Medical Microbiology and Infection Control, Vancouver General Hospital
Dr. Patricia Daly	Medical Health Officer and Medical Director of Communicable Disease Control Vancouver Coastal Health
Janice Deheer	Infection Control Practice Leader, Interior Health
Bruce Gamage	Infection Control Consultant, BCCDC, Provincial Health Services Authority
Colleen Hawes	Infection Control Manager, Fraser Health
Dr. Bonnie Henry	Physician Epidemiologist, BCCDC, Provincial Health Services Authority
Dr. Scott Henwick	Medical Microbiologist/Infection Control, Fraser Health
Dr. J. Isaac-Renton	Co-Chair PICNet, Director of Laboratory Services at BCCDC, Public Health Services Authority
Dr. Pam Kibsey	Medical Microbiologist/Infection Control, Vancouver Island Health Authority
Dr. Natasha Press	Adult Infectious Diseases, Providence Health Care, Vancouver Coastal Health
Dr. Peter Riben	Medical Consultant, Interior Health Authority
Dr. Chris Sherlock	Head, Division of Medical Microbiology, Providence Health Care, Vancouver Coastal Health
Dr. Eva Thomas	Director Microbiology/Virology/Infection Control, Women's and Children's Health Centre of BC
Dr. Annalee Yassi	Executive Director, Occupational Health and Safety Agency for Healthcare, University of British Columbia
<i>Shirley Paton</i>	<i>Chief, Nosocomial and Occupational Infections, Blood Safety Surveillance &amp; Health Care Acquired Infections, Public Health Agency of Canada</i>
<i>Dr. Brian Emerson</i>	<i>Medical Consultant, Population Health and Wellness Division, BC Ministry of Health</i>
<i>Margaret Litt</i>	<i>PIC Net Coordinator</i>

\*italics = non-voting members

## **APPENDIX B – Roles and Responsibilities**

# **Steering Committee Co-Chairs**

### **1. Roles and Responsibilities**

The intent is not to create an exhaustive list, but rather highlight key areas of responsibility.

- 1.1. Provide **overall leadership and policy direction** to the Network and Steering Committee & in concert with the PICNet Coordinator:
  - Ensure decision making & committees/working groups reflect PICNet’s governance model;
  - Support and expedite quality and sound **decision-making** at the Steering Committee level; and
  - Develop **governance processes** for Steering Committee functioning, development, evaluation and succession planning.
- 1.2. Provide guidance and support to PICNet’s Project Priorities and Planning Committee, the functional executive, between Steering Committee meetings.
- 1.3. Consistent with PICNet’s Governance model, provide **oversight and operational advice/guidance** to the PICNet Coordinator, in the following areas:
  - The annual budget that is presented to the Steering Committee for approval;
  - Contract management, as appropriate<sup>6</sup>. This includes the monitoring and approval of high cost contracts;
  - Recruitment of **core** (consulting) staff to support PICNet management and co-chair functions and the annual review of said staff<sup>7</sup>
  - Review of draft documents (e.g. project plan, charter, annual reports, performance measures, data sharing agreements, communications/marketing materials, etc.) prior to circulation among PICNet committee members and/or beyond.
- 1.4. In leadership role, assist in maintaining PICNet’s profile at that Provincial and national level by:
  - Liaising with other organizations and key stakeholders on behalf of PICNet; and
  - Identifying **strategic opportunities and initiatives** for PICNet
- 1.5. Nurture and **maintain functional relationships** with the MOH and represent and **advocate** on behalf of PICNet to PMSC
- 1.6. **Represent professional disciplines** (e.g. medical microbiology/public health) within Steering Committee, other PICNet committees & community of practice

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<sup>6</sup> As per, PICNet’s contract management policy

<sup>7</sup> As per PICNet’s hiring/review policy

# Coordinator

## 1. Roles and Responsibilities

*The following are the principle roles and responsibilities of the PICNet Coordinator (the responsibilities of this position are expected to continue to evolve as the network continues to become more established).*

In addition to providing overall management and direction to the PICNet management secretariat, it is anticipated that the primary responsibilities of the PICNet Coordinator will include:

### 1.1. Network Management

- Spearhead the development of PICNet's short and long-term priorities/ direction; its annual objectives and indicators of success
- Oversee network operations including project management, financial management, contract management, performance management, etc
- Develop status updates as required
- Identify, foster, and manage relationships and linkages with stakeholder organizations, policy makers, national organizations and individual members
- Coordinate and support PICNet committees and working groups
- Represent PICNet externally as appropriate
- Identifying strategic opportunities and alliances for the network
- Oversee planning and operations of Stakeholder Summits and other major gatherings of PICNet's community of practice
- Initiate recruitment initiatives, as appropriate

### 1.2. Communications, Change Management, and Training Coordination

- Organize training and educational events
- Develop and implement change management strategies
- Manage communications and public relations both externally and with PICNet committees including development of annual reports, marketing materials etc to document network success

### 1.3. Research and Innovation

- Liaise with other networks to develop new efficiencies and to develop new research opportunities and partnerships
- Assist in applications for grants
- Assist in the development of abstracts, manuscripts, presentations, etc.

### 1.4. Other

- Other duties as assigned