

# **The Provincial Infection Control Network of BC (PICNet)**

## **Annual Report**

**April 2006 - March 2007**

## Acknowledgements

It is hard to believe that PICNet has entered into its third year of operations. The 2006 - 2007 year has seen a momentous amount of work done. From completing two phases of the Needs Assessment document, producing a proposal for a provincial surveillance program, developing evidenced-informed guidelines, to addressing the Office of the Auditor General's Report on Infection Prevention and Control in British Columbia – it has been a very productive and successful year.

These amazing achievements are attributed to the tremendous leadership and commitment of PICNet Steering Committee and Working Group members. It could not have been done without the full support of our province-wide Community of Practice.

Through their dedicated effort and the support of our 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, cooperative approach ensured the minimal financial resources available to PICNet were maximized to their full potential.

Special thanks as well to the Steering Committee Co-Chairs, Dr. Judy Isaac-Renton and Dr. Elizabeth Bryce for their continued leadership. We look forward to working with our Community of Practice in the year ahead.

Sincerely,



Bruce Gamage, RN BSC CIC  
Infection Control Consultant  
PICNet – BC



Sarah Pugh, BA MA  
Project and Communications Manager  
PICNet - BC

*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 this, the second Annual Report for the Provincial Infection Control Network of BC (PICNet).

PICNet was initially conceived and developed to build on the current strengths inherent in various parts of the infection control system in British Columbia. Our intent from the beginning was to 'create a strong collaborative, multi-disciplinary approach to infection prevention and control'<sup>1</sup>.

The ongoing support PICNet has received from all Regional Health Authorities this past year has been very gratifying. It exemplifies the good will and commitment of the infection prevention and control community at large.

Over the past year, multidisciplinary representatives from every aspect of the team involved in the practice of infection control worked collaboratively on many important projects. To all of you who volunteered your time to work on PICNet's behalf, we want to take this opportunity, once again, to thank you. Our progress rests on your good will.

As we move forward into our third year, we are committed to having PICNet further empower front line health care workers within the Province of British Columbia by addressing gaps identified from our Needs Assessment in the areas of surveillance, education/training and best practice.

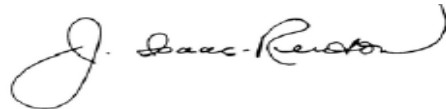
We would also like to take this opportunity to offer our sincere thanks to Margaret Litt. During her two years as PICNet's Coordinator, she was instrumental in developing PICNet into the strong, collaborative and multidisciplinary group that it has become. PICNet will continue to move forward on the foundations she helped to build.

As Co-Chairs, we are committed to working with you all to see PICNet achieve even fuller potential.

Sincerely,



Elizabeth Bryce, MD, FRCP(C)  
Co-Chair  
Regional Medical Director,  
Infection Control,  
Vancouver Coastal Health



Judith Isaac-Renton, MD, DPH, FRCP(C)  
Co-Chair  
Director, Laboratory Services  
BC Centre for Disease Control  
Provincial Health Services Authority

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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 Community of Practice consists of professionals from every Regional Health Authority within British Columbia. We come together to maximize coordination and integration of activities related to health care-associated infection prevention and control practices, using an evidence-based approach.

PICNet has accomplished a great number of things this past year:

- The Project Planning and Priority Committee (PPPC) was formed in June, 2006. This committee acts as the operational arm of PICNet and “triages” all project requests on behalf of the PICNet Steering Committee (SC).
- The PICNet Communications Leadership Group (CLG) was founded in July, 2006 as a standing committee to provide policy development and leadership to the PICNet Management Office (PMO) with regards to communications priorities and activities. Some of the accomplishments of this group in 2006/2007 included redesigning the PICNet web site, designing a poster display, and coordinating PICNet’s response to the Office of the Auditor General’s report on Infection Prevention and Control in BC.
- The PICNet Special Projects and Research Committee was struck in March, 2007. This group, still in a formative stage, will both develop and coordinate special project proposals and research opportunities consistent with PICNet’s mandate at a local/provincial/national and/or international level on behalf of the Steering Committee.
- The Needs Assessment Working Group (NAWG) completed the “Assessment of Infection Control Activities across the Province of BC” in March, 2006. Over the months of September and October, members of the PICNet Management Office (PMO) presented the findings and recommendations to the regional Infection Control committees of the 5 geographical Health Authorities. The NAWG was then directed to create a “Framework for Staffing and Core Competencies Training Designed for Infection Control Programs”. This document provides a framework for health authorities to establish standards for staffing infection prevention and control programs (IPC) and fulfilling infection control training needs for *all health care workers across the continuum of care*.
- The PICNet Surgical Site Infection (SSI) Surveillance Working Group produced a Strategic Plan and Options Paper Report that outlines a framework and rationale for the creation of a provincial health care-associated infection surveillance system. The report is thus a first step in the development of the recommended program. The report was completed and posted to the PICNet web site in November, 2006.
- The PICNet Respiratory Outbreak Guidelines Working Group was formed in July, 2006. In March 2007, a final draft of PICNet’s Reference for Respiratory Outbreak Prevention & Control Guidelines was approved by the PICNet Steering Committee.

- A new *Clostridium difficile* Associated Disease (CDAD) Surveillance working group was formed in January, 2007. The goals of this working group are to perform a review and process evaluation of the PICNet CDAD surveillance protocol based on the experience of current users, and to develop data sharing agreements for the implementation of a province-wide web-based tool for data collection, storage, analysis and sharing.
- A total of 4 new working groups, and 3 new standing committees were formed.

As PICNet advances into the next working year, it does so with a strong foundation and with significant achievements behind it. Our activities will focus on addressing clear needs in British Columbia: we will enhance the areas of health care-associated infection control surveillance, education/training and best practices in health care-associated infections.

## 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.

Our vision continues to be: *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.

Through its province-wide network of health care professionals, PICNet is able to tap into existing knowledge and expertise from across disciplines and health care settings, and to bring this knowledge together in a way that provides leadership and guidance to the wider community of practice in infection prevention and control. PICNet does this 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 a province-wide 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. PICNet's Community of Practice includes – but is 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.

### A Network Model

PICNet's network model emphasizes participation, collegiality, and trust. The model fosters and strengthens professional relationships and enables the infection control Community of Practice to benefit from the knowledge and expertise of others across health care settings in BC. As a result, PICNet's initiatives and best practice guidelines are developed and owned by health care professionals in the province, combining rigorous evidence-based standards with a hands-on knowledge of what is needed within health care settings to achieve the best possible results for infection prevention and control.

## 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 stakeholders.

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) and the Assistant Deputy Minister, Patient Safety Division, Ministry of Health. The 2006-2007 Steering Committee Members can be found below (*italics indicate non-voting members*).

- Joanne Archer, Regional Infection Prevention and Control, Northern Health
- Dr. William Bowie, Adult Infectious Diseases, Vancouver General Hospital, Vancouver Coastal Health
- Dr. Elizabeth Bryce, PICNet Steering Committee Co-Chair, Regional Medical Director, Infection Control, Vancouver Coastal Health, 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
- Dr. Sylvie Champagne, Medical Microbiologist/Infection Control, Providence Health Care, President, BC Association of Medical Microbiologists
- Janice DeHeer, Infection Control Practice Leader, Interior Health Authority
- *Dr. Thomas Dorran, Director, Patient Safety Division, BC Ministry of 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. Judy Isaac-Renton, PICNet Steering Committee Co-Chair, Director of BCCDC Laboratory Services, Provincial Health Services Authority
- Dr. Pamela Kibsey, Medical Microbiologist/Infection Control, Vancouver Island Health Authority
- Dr. Peter Riben, Medical Consultant, Interior Health Authority
- Dr. Chris Sherlock, Head, Division of Medical Microbiology, Providence Health Care, VCH
- Dr. Eva Thomas, Director Microbiology/Virology/Infection Control, Women's and Children's Health Centre of BC
- Dr. Annalee Yassi, Occupational Health Physician, University of British Columbia
- *Shirley Paton, Chief, Nosocomial and Occupational Infections, Blood Safety Surveillance and Health Care Acquired Infections, Public Health Agency of Canada*



## **Project Planning and Priority Committee**

In June of 2006 the Project Planning and Priority Committee (PPPC) was formed to act as the operational arm of PICNet and “triage” all project requests on behalf of the PICNet Steering Committee (SC). The PPPC acts on behalf of the SC to determine whether requests for action are consistent with PICNet’s mandate and if so, are triaged and eventually implemented as projects with articulated deliverables and designated timelines. The Project Priority and Planning Committee reports to the PICNet Steering Committee on a quarterly basis.

The committee is comprised of 3 members of the PICNet Steering committee and 4 representatives from project working groups. The PPPC members for 2006-2007 were:

- Dr. Bonnie Henry, Provincial Health Services Authority (Chair)
- Colleen Hawes, Fraser Health Authority
- Joanne Archer, Northern Health Authority
- Janice DeHeer, Interior Health Authority
- Leslie Forrester, Vancouver Coastal Health
- Felicia Laing, Fraser Health Authority
- Bruce Gamage, Provincial Health Services Authority

## Communications Leadership Group

In July 2006 the PICNet Communications Leadership Group (CLG) was founded as a standing committee to provide policy development and leadership to the PICNet Management Office (PMO) with regards to communications priorities and activities. The purpose of the CLG is to develop and implement communication strategies that will further enable PICNet to enhance infection prevention and control, with emphasis on surveillance, education/training and practice across the continuum of care within the Province of British Columbia.

Over the past few months this group has reached many milestones. The group produces a monthly electronic newsletter in order to keep our Community of Practice (COP) up-to-date on current PICNet activities. The newsletter is sent to all COP members via email and is linked directly to the PICNet web site.

This year the PICNet web site underwent a complete review and redesign. Thanks to the hard work of the CLG and Sarah Pugh, PICNet's Project and Communications Manager, the web site is now attractive, informative and user friendly. The new web site was launched February 22, 2007, resulting in a significant rise in both hits and unique visits. Visit the site at [www.picnetbc.ca](http://www.picnetbc.ca).

Part of PICNet's mandate is to promote ourselves externally. PICNet exhibited at the BC Public Health Association Conference in Vancouver and the CHICA-Canada National Education Conference in Edmonton, Alberta. For these and future opportunities to exhibit, the CLG helped design an attractive and informative poster display that serves as a backdrop for the booth.

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 health care professionals worldwide. A total of 38 training sessions were sponsored by PICNet between March 2006 and March 2007.

Finally the CLG played a pivotal role in forming PICNet's response to the Office of the Auditor General's Report, entitled "Infection Control: Essential for a Healthy British Columbia", released in March of 2007. With the aid of an external communications consultant, the CLG produced a comprehensive media and communications kit that was used as a tool province wide to respond to the report.

PICNet will continue to work closely with all Health Authorities, and infection control professionals across the continuum of care to build our Network through transparency, communication and action.

PICNet wishes to thank the members of the Communications Leadership group for their hard work throughout the year.

- Deanna Hembroff, Northern Health Authority
- Cathy Munford, Vancouver Island Health Authority
- Janice DeHeer, Interior Health Authority
- Terry Dickson, Fraser Health Authority
- Bruce Gamage, Provincial Health Services Authority
- Sarah Pugh, Provincial Infection Control Network.

## Special Projects and Research Committee

The PICNet Special Projects and Research Committee is in the initial stages of formation, with the mandate to bring together ideas and expertise to develop special project proposals and research opportunities consistent with PICNet's mandate at a local/provincial/national and/or international level on behalf of the Steering Committee. The responsibilities of the PICNet Special Projects and Research Committee would include:

- Identifying opportunities for special infection control related projects/research for PICNet at a local/provincial/national/international level.
- Identifying partners and ensuring that there is adequate support, communication and commitment to a common project vision.
- Receiving and triaging special projects/research requests on behalf of the PICNet Steering Committee
- Taking special projects and research opportunities directly to PICNet's Steering Committee for approval

In March of 2007, PICNet partnered with an international group that was successful in securing a research grant from PAHO to explore Infection Control/Occupational Health resources in Ecuador.

# PICNet Objectives and Deliverables, 2006-2007

## Background

In January 2005, the British Columbia Ministry of Health Services authorized the creation of what was subsequently named by its Community of Practice the “Provincial Infection Control Network.” The members of the network would consist of a multidisciplinary team involved in infection prevention and control in the province of British Columbia. Members now include 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, suggested three phases of development:

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

The first year focused on Phase 1 of the business case and was entitled “The Development Phase” (May 2005 to March 2006). An integral part of this foundational phase was ensuring that PICNet developed, operated and was managed optimally for all stakeholders.

In its second year (Phase 2) of development, PICNet built on the achievements of Phase 1, setting priorities and objectives for April 2006 through March 2007. Six objectives were approved by the Steering Committee:

Objectives
(1) To enhance health care-associated infection surveillance practices in British Columbia;
(2) To identify and recommend best practices in infection control;
(3) To improve awareness around of and accessibility to related education and training;
(4) To improve coordination and collaboration through stakeholder engagement;
(5) To meet objectives through the development of appropriate operational structures and processes;
(6) To seek and engage in innovative opportunities for British Columbia.

## Objectives/Deliverables Table

The following table details the deliverable for each of the above objectives and PICNet's progress towards completion of those deliverables.

Objectives	Deliverables	Completed	Milestones
<b>Objective 1: To enhance health care-associated infection surveillance practices in the Province of British Columbia</b>	(1) Develop and/or facilitate implementation of HAI surveillance guidelines (e.g. Surveillance of <i>Clostridium difficile</i> associated disease (CDAD) in Acute Care Facilities, Surgical Site Infection (SSI) Surveillance).	75%	Surveillance guidelines for CDAD have been adopted by three Health Authorities. An implementation working group has been struck
	(2) Identify core elements of an infection control surveillance program and prepare a generic business case which outlines components of an adequate HAI surveillance program.	100%	A proposal for the development of program for HAI surveillance (SHAIP-BC) was developed and is awaiting approval from the Ministry of Health
	(3) Share Needs Assessment surveillance findings/recommendations with Health Authorities (HAs).	100%	The results and recommendations of the needs assessment have been shared with the senior executive of all six HAs and presented to the regional infection control committees of each Health Authority
<b>Objective 2: To identify and recommend best practices in infection control</b>	<p>(1) Facilitate implementation of recommendations arising out of the Needs Assessment relating to practice issues:</p> <ul style="list-style-type: none"> <li>➤ Prepare a generic business case for HAs which outlines components of an adequate infection</li> </ul>	100%	Core elements of an infection control programs were identified in the PICNet publications "A Framework for Staffing and

	<p>prevention, surveillance and control program.</p> <ul style="list-style-type: none"> <li>➤ Identify core elements in an infection control program <ul style="list-style-type: none"> <li>○ Initiate development of core competencies for those working in infection control</li> <li>○ Initiate review of roles and responsibilities of personnel involved in infection prevention, surveillance and control</li> <li>○ Develop recommendations for staffing and support HAs in achieving dedicated resources in this area</li> </ul> </li> </ul> <p>(2) Develop practice guidelines (e.g. Seasonal Febrile Respiratory Illness Outbreak, Prevention and Control).</p>	100%	<p>Core Competencies for Infection Control Programs”. The core competencies for those working in infection control are defined, as are the roles of involved personnel.</p> <p>Recommendations for staffing and support are made, including ICPs, OHNs and communicable disease nurses.</p> <p>A reference document for “Respiratory Outbreak Prevention and Control Guidelines” has been completed and published.</p>
<b>Objective 3: To improve awareness around infection control and accessibility to education and training</b>	<p>(1) Share Needs Assessment findings/recommendations with HAs.</p>	100%	<p>The results and recommendations of the needs assessment have been shared with the senior executive of all six HAs and presented to the regional infection control committees of each HA</p>

	(2) Establish education/training requirements for infection control based on core competencies.	100%	Within the PICNet document “A Framework for Staffing and Core Competencies for Infection Control Programs”, the core competencies for those working in infection control are defined.
	(3) Enhance electronic data warehouse for accessing posted material.	50%	The PICNet web site (picnetbc.ca) acts as an infection control information clearing house. PICNet has purchased a server for the purpose of electronic data storage, but the server is not yet functional.
	(4) Sponsor Webber Training Courses and other lecture series.	100%	PICNet continues to provide complete access to these valuable training courses to our community of practice.
	(5) Develop business case to support education/ training requirements of infection control programs.	0%	This task was not done.
<b>Objective 4: To improve coordination and collaboration through stakeholder engagement in PICNet</b>	(1) Review and revise website.	100%	The PICNet web site has been revised and launched in February of 2007
	(2) Design and hold fourth Stakeholder Summit.	100%	The PICNet 2007 Educational Conference was planned and held on May 3&4, 2007 in Richmond, BC
	(3) Develop and implement approved Communications Plan.	100%	The PICNet Communications Leadership Group (CLG) developed and approved a formal communication plan.

	(4) Review and revise presentations, display, materials and e-newsletters.	100%	The CLG designed and produced a set of display panels, a media kit in response to the OAG report and editorial guidelines to maintain and support an electronic newsletter.
	(5) Establish and support Working Groups and Committees as required.	100%	The Needs Assessment, SSI and RI working groups have completed their task and have been disbanded. Two newly formed working groups ARO and CDAD Surveillance are active.
<b>Objective 5: To meet PICNet's objectives through the development of appropriate operational structures and processes</b>	(1) Hold quarterly Steering Committee Meetings and other management meetings, as required.	100%	The PICNet Steering Committee meets quarterly and the PICNet Management Office meets weekly. Meetings are usually held alternately face-to-face or by teleconference.
	(2) Determine process to prioritize projects through PICNet's Project Priority and Planning committee.	100%	The PICNet Project Priority Planning Committee was formed and met monthly to prioritize projects developed for that purpose.
	(3) Develop an operational guide for PICNet which includes policies and procedures, terms of reference, position statements, supporting documents, annual objectives etc.	100%	The PICNet operational guide has been completed and reviewed by the PICNet Steering Committee
	(4) Install PICNet server & secure website portal.	50%	The PICNet server has been purchased but is not yet installed.



	<p>(5) Develop a Privacy Impact Assessment (PIA) and name a Privacy Officer.</p> <p>(6) Develop data (information) request protocols and processes.</p> <p>(7) Establish data sharing agreement with health authorities, identifying that HAs own their data and PICNet is custodian.</p>	25%	A PICNet PIA application has been registered with the Information Privacy/Sharing Working Group (IPSWG). This work is being undertaken by the CDAD Surveillance working group. Once completed the group will begin work on data sharing agreements with the HAs.
<b>Objective 6: To seek and engage in innovative opportunities for PICNet</b>	1) Involve PICNet in at least one research opportunity which is aligned with PICNet's annual objectives.	100%	PICNet is partnering with an international group that was successful in securing a research grant from PAHO to explore IC/OH resources in Ecuador.
	2) Establish provincial, national and international linkages to further Infection Control practices.	100%	PICNet sponsored a panel discussion at the CHICA-Canada National Conference on exploring national links between networks.

# Working Groups Report and Deliverables

## Needs Assessment Working Group Report

The Needs Assessment Working Group (NAWG) completed the “Assessment of Infection Control Activities across the Province of BC in March of 2006”. Once completed, the document was shared with the senior executive of each of the six Health Authorities. Over the months of September and October, members of the PICNet Management Office (PMO) presented the findings and recommendations to the regional Infection Control committee of the 5 geographic Health Authorities. Following those presentations, the NAWG was asked to expand its mandate and continue working together on two projects.

The first project consisted of ensuring the data presented in the document was as accurate and up-to-date as possible. It was noted that there was inconsistency in the data collection methods used during the initial data collection process. Sources of the initial data were approached to ensure data was collected in a consistent manner and alternate sources were used to confirm the data. When data collection was completed, the data was re-analyzed and a corrected version of the document was posted to the PICNet web site in March 2007.

The second project undertaken by the NAWG was the creation of a “Framework for Staffing and Core Competencies Training Designed for Infection Control Programs”. This document provides a framework for health authorities to establish standards for staffing infection prevention and control programs (IPC) and fulfilling infection control training needs for *all health care workers across the continuum of care*.

The requirements for a successful infection prevention and control program include:

- 1) Core elements of the infection control program
- 2) Core competencies for:
  - a) designated infection control program staff
  - b) all health care workers
- 3) Roles and responsibilities for personnel involved in IPC
- 4) Staffing ratios and staffing recommendations

This framework outlines the four core elements necessary for an integrated infection control program across the continuum of care: (Acute, Residential, Transitional and Home and Community). Health Authorities can then use this framework to identify gaps in their current programs (outlined in PICNet’s *Assessment of Infection Control Activities across the Province of British Columbia March 2006* document) and requirements for best practices.

The Needs Assessment Working Group was disbanded on completion of these projects. PICNet wishes to thank the members of our Community of Practice who participated in this valuable working group:

- Dr. Elizabeth Bryce, Co-chair, Vancouver Coastal Health
- Colleen Hawes, Co-chair, Fraser Health Authority

- Joanne Archer, Northern Health Authority
- Dr. Ian Connell, Fraser Health Authority
- Dan Costello, Vancouver Island Health Authority
- Bruce Gamage, Provincial Health Services Authority
- Nicki Gill, Interior Health Authority
- Janice DeHeer, Interior Health Authority
- Jacqueline Hlagi, Provincial Health Services Authority
- Betty Johnson, Fraser Health Authority
- Dave Keen, Fraser Health Authority
- Margaret Litt, Coordinator, Provincial Infection Control Network
- Colleen McEachern, Interior health Authority
- Shelley Myatovic, Interior Health Authority
- Dr. Diane Roscoe, Vancouver Coastal Health Authority
- Phyllis Stoffman, Provincial Infection Control Network (Consultant)
- Dr. Annalee Yassi, University of British Columbia

## SSI Surveillance Working Group Report

In December 2004 the BC Patient Safety Task Force chaired by Dr. D. Cochrane issued a report recommending the development of a standardized surgical site and infection control surveillance and reporting program. This program would include a Provincial Infection Control Committee that would publish an annual nosocomial infection report based on the surveillance results of all Health Authorities. The overall goal of the new program would be to reduce the incidence of surgical site and other health care-associated infections.

The PICNet Surgical Site Infection (SSI) Surveillance Working Group produced a Strategic Plan and Options Paper Report that outlines a framework and rationale for the creation of a provincial infection surveillance system. The report is thus a first step in the development of the recommended program. The report was completed and posted to the PICNet web site in November 2006.

Although there is ample evidence that a significant proportion of health care-associated infections can be prevented with ongoing surveillance, the results from PICNet's Assessment of Infection Control Activities across the Province of British Columbia indicated that the majority of hospitals in British Columbia do not participate in any formal program for SSI surveillance.

### Summary of Major Recommendations

After considering four options, the PICNet SSI Surveillance Working Group recommends a two-tiered phased in approach for province-wide SSI surveillance:

#### A. Provincial Level

Establish the *Surveillance of Health Care-associated Infection Program for British Columbia* (SHAIP-BC) to serve as the provincial resource team initially responsible for the surveillance of surgical site infections; but with the long term goal to include surveillance of other health care-associated infections. It should be a multidisciplinary group including Infection Control Practitioners (ICP's), Epidemiologists,

Statisticians, Surgeons, OR Nurses, Pharmacists, Administrators, Medical Microbiologists and others interested or concerned with the prevention of surgical site infections. This program would report through the Provincial Medical Services Committee (PMSC) to the Ministry of Health.

SHAIP-BC will:

1. Function as an independent, neutral entity within the provincial health system, reporting to PICNet and PMSC.
2. Create and assist in the implementation of standardized surveillance protocols province-wide.
3. Develop agreements with Health Authorities in order to share SSI data analysis and interpretation.
4. Coordinate program integration with other provincial and federal initiatives that deal with infection prevention and patient safety in order to avoid overlap and duplication of efforts.
5. Provide the tools for, and assistance with data collection and processing for the province.
6. Develop pilot projects to provide experience and information to assist in the creation of SSI surveillance programs within the Health Authorities.
7. Assist smaller facilities with Infection Control audits as requested.
8. Assist the Health Authorities to set up facility-based programs.
9. Provide training in surveillance methods and procedures as required.
10. Collate and disseminate aggregate provincial surveillance data.
11. Create a specialized team for investigating and interpreting unusual results or outbreaks.
12. Have the administrative ability to develop province-wide surveillance programs for other health care-associated infections, once the SSI system is established.

## **B. Health Authority Level**

Each Health Authority will create a local group to design, implement and manage the SSI program in their institutions. They will select SSI surveillance suitable for their specific needs and surgical procedures performed, using the standardized surveillance methods agreed upon with SHAIP-BC. The Health Authorities will be responsible for processing the data and releasing appropriate information back to the facility of origin and into the public domain. They will provide SHAIP-BC with the necessary information to determine the provincial rates.

The Health Authority level program should include:

1. Data collection on infection rates.
2. Infection control audits.
3. Mechanisms for the review of the surveillance and/or audit information collected.
4. Appropriate recommendations and implementation of improved practices with the goal of lowering the SSI rate.

This two tiered approach gives the Health Authorities flexibility and autonomy in selecting which surgical procedures to survey while ensuring consistency and accuracy in the surveillance methods because all Health Authorities will use the same surveillance system and data collection/analysis methods.

## Process and Budget Recommendations

The PICNet SSI Surveillance Working Group recommends that:

1. The PICNet Steering Committee plays a major role in taking forward the implementation of provincial SSI surveillance in BC hospitals to the PMSC.
2. The BC Ministry of Health authorizes funding to develop and implement a *Surveillance of Health Care-associated Infection Program for British Columbia* (SHAIP-BC). It will begin by developing a province-wide surgical site infection surveillance system. The budgeted amount should take into consideration that the Health Authorities will need to allocate additional funds to hospitals. Otherwise it will be unrealistic to expect the hospitals to be able to initiate and maintain effective surveillance activities.
3. The planning process begins as soon as possible so that pilot SSI surveillance sites can be in place before the end of 2007.

On completion of the Strategic Plan and Options Paper Report, the SSI working group was disbanded. PICNet wishes to thank the members of our community of practice who participated in this valuable working group:

- Dr. Fred Roberts, Provincial Health Services Authority (Project Leader)
- Janice DeHeer, Interior Health Authority
- Kim Soltysik, Provincial Health Services Authority
- Dr. Eva Thomas, Provincial Health Services Authority
- Bonnie Anderson, Provincial Health Services Authority
- Dr. Peter Riben, Interior Health Authority
- Bruce Gamage, Provincial Health Services Authority
- Dr. Gayle Shimokura, Providence Health Care
- Dr. Elizabeth Bryce, Vancouver Coastal Health
- Dr. Patrick Doyle, Vancouver Coastal Health
- Margaret Litt, Provincial Infection Control Network
- Dr. Ben Mack, Fraser Health Authority
- Dr. Pamela Kibsey, Vancouver Island Health Authority
- Dr. Fawziah Marra, Provincial Health Services Authority
- Fern Davey, Vancouver Island Health Authority
- Dr. Bonnie Henry, Provincial Health Services Authority
- Dr. Chris Sherlock, Providence Health Care
- Felicia Laing, Fraser Health Authority (Project Leader)
- Phyllis Stoffman (Provincial Infection Control Network (Consultant)

## Respiratory Illness Outbreak Working Group Report

In July of 2006 the PICNet Respiratory Outbreak Working Group was formed. This project was identified as a priority strategic planning project for the prevention and control of febrile respiratory illnesses (FRI). Valerie Schall, a graduate student in the faculty of Health Care and Epidemiology at UBC, was tasked with leading this project.

The purpose of the guideline development project was to develop a practical and effective tool based, in part, on currently used regional, provincial, national and international guidelines, as well as expert body advisory reports. Since existing guideline-development methodologies are designed to develop guidelines based solely on evidence, a new methodology needed to be developed to take into account areas where evidence was lacking. In addition, the document was to be developed by a network of PICNet stakeholders and experts from across the province, and the product was to reflect both the current evidence and a consensus of methods to prevent and control RI outbreaks in all health care settings. Guideline development methodologies have traditionally been based on a hierarchical model in which a group of experts are funded to develop a set of recommended rules. These guidelines were to be based on a network model that relies on voluntary participation, collegiality and trust. The guidelines are meant to be a collaborative product that provides facilities with recommendations on the best evidence-informed practices for RI outbreak prevention and control. Rather than replacing local or regional guidelines, this new document is meant to serve as a common reference for all health care settings when developing or updating their own guidelines. To ensure that this document will remain a valid reference in the future, the guidelines are being developed as a living document that will be reviewed and up-dated at least yearly by PICNet based on current research findings and advisory report recommendations.

In March 2007, a final draft of the guidelines was approved by the PICNet Steering Committee for posting to the PICNet web site for the purpose of soliciting feedback and comment from the PICNet Community of Practice. The document was also sent to the members of the BC Association of Medical Microbiologists, the Provincial Communicable Disease Policy Committee, Worksafe BC and the Ministry of Health for review.

Once the reviewers' comments were received and reviewed by the working group, the final draft of the document was revised. The final document was then presented to the Provincial CD Policy Committee where it was accepted for inclusion as part of the Provincial CD Policy Manual.

PICNet wishes to thank the working group members who contributed to the development PICNet's Reference for Respiratory Outbreak Prevention & Control Guidelines:

- Valerie Schall, Provincial Infection Control Network (Project Leader)
- Linda Adam, Vancouver Coastal Health
- Dan Costello, Vancouver Island Health Authority
- Louise Crossgrove, Vancouver Island Health Authority
- Bruce Gamage, Provincial Infection Control Network
- Nicki Gill, Interior Health Authority
- Dr. Larry Gustafson, Fraser Health Authority
- Deanna Hembroff, Northern Health Authority

- Felicity Hemming, Fraser Health Authority
- Dr. Bonnie Henry, Provincial Health Services Authority
- Jacquie Hlagi, Provincial Health Services Authority
- Louise Holmes, Vancouver Coastal Health
- Chun-Yip Hon, Vancouver Coastal Health
- Dr. Digby Horne, Interior Health Authority
- Dr. Pamela Kibsey, Vancouver Island Health Authority
- Linda Kingsbury, Vancouver Coastal Health
- Tracy Lanier, Interior Health Authority
- Kimberly Leslie, Interior Health Authority
- Margaret Litt, Provincial Infection Control Network
- Dr. Maureen Mayhew, Fraser Health Authority
- Dr. Martin Petric, Provincial Health Services Authority
- Linda Poirier, Vancouver Coastal Health
- Sarah Pugh, Provincial Infection Control Network
- Darlene Spence, BC Cancer Agency
- Joyce Tobo, Province of British Columbia
- Dr. Eva Thomas, Provincial Health Services Authority

### ***Clostridium Difficile* Associated Disease Surveillance Working Group Report**

In the fall of 2005, an ad hoc working group was formed to address surveillance of CDAD in BC. The working group, in collaboration with the BC Association of Medical Microbiologists, developed the surveillance protocol for CDAD for acute care facilities in BC.

During the winter of 2006, the approved guidelines were piloted. This pilot provided valuable lessons, ensuring that recommendations were feasible.

In order to carry forward the work of the ad-hoc group, in January of 2007, a new CDAD working group was formed. The goals of the current membership are to:

- Perform an evaluation of the PICNet CDAD surveillance protocol based on experience of current users;
- Develop data sharing agreements for province-wide implementation based on templates developed by MOH;
- Develop a web-based tool for data collection, storage, analysis and sharing;
- Develop an on-site training module and checklist for use of the CDAD surveillance tool and data base;
- Explore the implementation of a standardized CDAD surveillance tool province-wide that employs standard case definitions;
- Integrate laboratory surveillance into the project through typing of a representative number of isolates.

To date this working group has completed a survey of users of the PICNet CDAD surveillance protocol for the purpose of review and evaluation. This evaluation will allow the protocol to be modified prior to a web-based tool for data collection being implemented.



The group is currently working towards completing a Privacy Impact Assessment (PIA). This is a necessary step required prior to developing data sharing agreements between PICNet and the HAs for the purpose of sharing data on CDAD. PICNet has registered the PIA with the provincial Information, Privacy and Sharing Working Group (IPSWG). The group has also received approval from the PICNet Steering Committee to engage an external contractor to aid in development of the web-based tool, implementation of the data collection system and on-site training for end users.

PICNet wishes to thank the working group members who have contributed to the progress towards development PICNet's CDAD Surveillance Project:

- Leslie Forrester, Vancouver Coastal Health (Project Leader)
- Bruce Gamage, Provincial Health Services Authority
- Dr. Bill Bowie, Vancouver Coastal Health
- Felicia Laing, Fraser Health Authority
- Dr. Pamela Kibsey, Vancouver Island Health Authority
- Dr. Bonnie Henry, Provincial Health Services Authority
- Dr. Linda Hoang, Provincial Health Services Authority
- Dr. Sylvie Champagne, Providence Health Care
- Dan Costello, Vancouver Island Health Authority
- Jastej Dhaliwal, Provincial Health Services Authority
- Joanne Archer, Northern Health Authority,
- Janice DeHeer, Interior Health Authority



## PICNet's Plans for 2007-2008

As the Provincial Infection Control Network moves into its third year, it has evolved from a project under development to a well functioning program, with over 70 individual health care professionals from around the province working on various projects and committees over the course of the year. PICNet's name and reputation continues to grow, both provincially and nationally, and now, more than ever before, PICNet has in place the model, the experience, the network and the professional support to move forward in identifying and working towards ambitious and practical solutions for the province's pressing infection prevention and control challenges.

The Office of the Auditor General's March 2007 report on infection prevention and control in the province served to underscore some of the issues and challenges British Columbia is facing in this field, but it also highlighted the great strides that PICNet and its Community of Practice have taken, and continue to take, in addressing these issues. Through the report and the BC government's response, it became clear that, through the hard work and dedication of the Community of Practice, PICNet has truly come into itself and emerged as a provincial leader in infection prevention and control.

### **Prioritizing Projects**

With further development of the mandate of the Project Priority and Planning Committee (PPPC), the Steering Committee now has assistance in screening requests for project ideas. This will ensure a focused prioritization and optimization of limited resources, consistent with PICNet's mandate. The PPPC will also ensure that all working groups are formed, operated and/or disbanded in accordance to PICNet's approved policies and procedures.

### **Surveillance**

For the 2007/2008 year, PICNet will work on the implementation of a province-wide web-enabled surveillance system for CDAD in acute care hospitals. The challenging work of performing a Privacy Impact Assessment and establishing Data Sharing Agreements between PICNet and the Health Authorities will be important work towards establishing such surveillance for other Health Care-Associated Infections (HAI) in the future. The proposed Strategic Plan and Options Paper presented by the SSI working group to the Ministry of Health, if funded, will also be an important step towards meeting this goal.

### **Best Practices**

Following on the success of the PICNet Reference for Respiratory Outbreak Prevention & Control Guidelines, a new working group was stuck in April of 2007 with the goal of updating and revising the current provincial guidelines for the prevention and control of antibiotic resistant organisms. This group plans to complete these guidelines by the spring of 2008.

Another priority project that has been recommended by the PPPC is the creation of Infection Control (IC) guidelines for Home Health (HH) Settings and to provide education to HH workers, as these services currently are non-existent in most health authorities. Most IC services are acute care based with minimal attention to residential care. The provision of health care services in the home and community

is becoming a focal area as it alleviates the pressures on the hospitals and their emergency departments. Work on these guidelines will commence in the fall of 2007.

### **Education and Training**

In May of 2007, PICNet held its first full Educational Conference. This successful event brought together members of our wide-spread community of practice from across the province, and we were delighted to welcome national guests to this year's event as well. Evaluations from the conference have been very positive – all of the respondents indicated they would be interested in attending future PICNet Educational Conferences. The goal will be to make this an annual event.

Thanks to the excellent participation in Webber Training classes in 2006/2007, PICNet will once again be making these teleclasses available to its stakeholders in 2007/2008.