



Provincial Infection Control Network (PICN)

*"An agent of advocacy and collaboration for infection prevention and control across
British Columbia"*

Stakeholder Summit – May 27, 2005 Meeting Recap



May 31, 2005
Final

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1. INTRODUCTION

In early 2005, the Ministry of Health Services provided its approval and support for the development of a Provincial Infection Control Network (PICN) for British Columbia. PICN is seen as an agent of advocacy and collaboration for infection prevention and control across British Columbia. This Network is accountable to the Provincial Medical Services Committee, and received approval of its 3 year business plan on May 12, 2005.

The formal "kickoff" for the Provincial Infection Control Network took place on Friday May 27, 2005 with a multi-disciplinary Stakeholder Summit. Despite receiving only a few weeks notice of the meeting, the turnout was excellent, with approximately 60 participants from across the province (see Appendix _ - List of Attendees).

The goal of the inaugural Stakeholder Summit was identified as:

"To develop a common vision of a working PICN, with balanced stakeholder input and provincial representation. To build a High Level Roadmap for PICN, with strong next steps for action."

Facilitators Barri Harris and Khanum Keshavjee, with the approval of the Vancouver Coastal Health (VGH) and PHSA (BCCDC) meeting sponsors, utilized an Appreciative Inquiry approach to develop the full-day agenda to achieve the meeting goals and objectives.

Following welcoming remarks from Network co-chairs Dr. Elizabeth Bryce and Dr. Judy Isaac-Renton, participants enjoyed an exciting presentation from Shirley Paton, Public Health Agency of Canada. Ms. Paton spoke about "Visioning the Future of Infection Control", and addressed:

- ⇒ Where are we?
- ⇒ Where are we going?
- ⇒ How will we know when we get there?

Ms. Paton stressed the importance of strategic national and international partnerships and provincial networks to foster collaboration and advocacy.

2. KEY OUTCOMES

A significant amount of time at the Summit was spent with participants discovering commonalities and shared vision for the root causes of success that would support PICN as an agent of advocacy and collaboration for infection prevention and control across BC.

Four underlying themes emerged as critical success factors for PICN. They were:

- ❖ **Effective Communication:** Face to face where possible, using common language and a consistent message;
- ❖ **Develop the Team:** Passion, flexibility and openness to new ideas, multi-discipline with shared vision;
- ❖ **Empowerment and Respect:** We are all advocates. Ownership is top down/bottom up;
- ❖ **Good Science, Good Will:** use systematic approach, evidence-centered.

The participants also talked about the success of networks and highlighted the following (which informs the discussion on building the foundation and visioning the network):

1. Clarity of Scope
2. Defined Goals
3. Clear, measurable outcomes
4. Accessibility of Information
5. Structure and mechanisms for 2 way communication between PICN and stakeholders
6. Recognition that PICN serves the entire province
7. Articulation of an all inclusive process

Throughout the afternoon, participants worked collaboratively to create a common vision of a successful provincial network, and to identify the tangible outcomes that benefit all stakeholders. Teams developed "provocative propositions" -- design statements -- identifying how the four core themes directly supported the achievement of PICN objectives. For example;

"With a foundation of good science we have built common guidelines and implemented best practice in infection control across the continuum of care. Through the good will of our stakeholders, we have achieved credibility, respect and commitment to our common goals." (Team 1, Theme: Good Science, Good Will)

These design statements, combined with the clear success outcomes articulated in the visioning activities, provide a strong foundation for defining priorities and approach for Network development. A summarized list of the common elements of a successful PICN is as follows:

- ❖ Adequate Resources (Network and Health Authority)
- ❖ Consistency of Practice across spectrum
- ❖ Common language
- ❖ Common data standards (surveillance)
- ❖ Advocacy role
- ❖ Seamless IT

3. NEXT STEPS

There were a number of future opportunities discussed by the group, but the following were the areas that the stakeholders felt needed immediate exploration:

i. Confirm of roles and decision-making processes

The question was raised of "who is driving the ship"?

ACTION – M.Litt to prepare a revised organizational summary with accountability framework for distribution to all stakeholders

ii. Definitions / Glossary of Terms

In order to ensure clarity of function as PICN moves forward, it was felt that a clear definition of infection control should be developed.

ACTION: B. Henry to lead the development of this definition. Bonnie will be contacting stakeholders via e-mail for their input.

The stakeholder group also prioritized the need for a Glossary of Terms

ACTION – M. Litt to prepare a draft glossary and disseminate it among stakeholders for input

iii. Working Groups

There was a great deal of discussion relating to opportunities for the network. Key gaps were identified in the areas of need for laboratory support, surveillance and standards/best practice development. It was acknowledged, however, that the most effective (unbiased) approach to identifying key priority areas for the Network would be to perform a needs assessment.

- i. Recommendation #1 – To perform a needs assessment to identify key priority areas for the Network by identifying gaps in infection prevention and control practices in British Columbia.

ACTION: M. Litt to approach the Steering Committee for permission to form a Needs Assessment Working group to look at the design and implementation of such an initiative.

There were concerns raised that the Network may not currently have full representation of all persons involved with infection prevention and control in British Columbia. It was also identified that communication amongst network stakeholders is key to maintaining the viability of the network. Finally, it was recommended that the Network identify marketing opportunities to better position itself strategically.

- ii. Recommendation # 2 – To develop a communications working group that insures adequate stakeholder representation; explores and develops appropriate communication mechanisms; and, takes advantage of strategic opportunities for the Network.

ACTION: M. Litt to approach the Steering Committee for permission to form a Communications Working group to look at the community of practice and communications strategy for the Network.

iv. Project Plan

It was recommended that all stakeholders should of what the short-term action plan is for the Network.

ACTION: M. Litt to draft and disseminate a project plan for PICN that covers the activities for the next 4-6 months.

Finally, the stakeholders agreed that a second full-day working session should be held in approximately 6 months time. At that point, information gained from the needs analysis and the communications work will enable the stakeholders to plan more specific activities for the network.

APPENDIX - PICN Stakeholder Summit: Friday, May 27, 2005

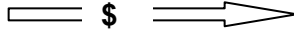
PICN Stakeholder Summit		Fri., May 27, 2005	
		9 am - 4 pm	
		Plaza 500, Vancouver, BC	
Meeting co-chaired by:	Dr. Elizabeth Bryce, VCH Dr. Judy Isaac-Renton, BCCDC		
Facilitators:	Barri Harris & Khanum Keshavjee		
In Attendance:	Please refer to Stakeholder Attendees list attached.		
Apologies:	Please refer to Stakeholder Attendees list attached.		
Process Summary			
Opening Remarks	<p>Dr. Judy Isaac-Renton opened the Summit with background of "Why PICN, Why Now". PICN has the support of senior ministry officials, including Penny Ballum, ADM and Dr. Patricia Petryshen. There is significant recognition that provincial collaboration is essential for appropriate infection prevention and control practices to work effectively across B.C.</p> <p>Dr. Renton introduced Margaret Litt, the newly appointed Network Coordinator for PICN. Margaret's role will be to work closely with all the stakeholders in the Network to move forward the common vision and project manage specific PICN activities.</p> <p>Dr. Elizabeth Bryce discussed "<i>WHO</i> is the Network?". She identified that each stakeholder, each audience member, and those who are involved in infection prevention and control are all members of the network. Today's focus is to identify the goals, objectives and priorities/needs to manage the Network.</p>		
Shirley Paton, Chief, Nosocomial and Occupational Infections, Blood Safety Surveillance & Health Care Acquired Infections, Public Health Agency of Canada	<p>Ms. Paton spoke about Visioning the Future of Infection Control, and addressed:</p> <ul style="list-style-type: none"> ⇒ Where are we? ⇒ Where are we going? ⇒ How will we know when we get there? <p>She stressed the importance of strategic national and international partnerships and provincial networks to foster collaboration and advocacy.</p> <p>(Presentation slides available upon request – contact margaret.litt@bccdc.ca)</p>		
Goal of Summit	<p>To build a stakeholder driven, common vision of a working Provincial Infection Control Network;</p> <p>By including all voices - representatives from across the province, balanced stakeholder input</p> <p>To develop a high level roadmap, with strong next steps for action.</p>		

Activity: Paired Interviews – Discovery Process

Key themes of COLLABORATION, ADVOCACY & COMPELLING COMMUNICATION	Team 1	Group structure <ul style="list-style-type: none"> • Passion • Balance - visionaries/Drs./experts • Key stakeholders • Administrative support = \$, action, resources
		Group dynamics <ul style="list-style-type: none"> • Respect • Equality of all members
		Communication <ul style="list-style-type: none"> • Consistent message & stand by it! • Common language
	Team 2	Effective communication
		Respect
		Adaptability/flexibility <ul style="list-style-type: none"> • Responsive • Action-oriented
		Shared vision/realistic <ul style="list-style-type: none"> • Vision • Mandate • Goals
		Advocacy
	Team 3	Communication <ul style="list-style-type: none"> • Respectful
		Apply principles from what is known to what is unknown <ul style="list-style-type: none"> • Quality outcomes • Flexible, open to exploration
		Collaboration <ul style="list-style-type: none"> • Multi-discipline, multi-focus
		Buy In/Ownership <ul style="list-style-type: none"> • Top Down, Bottom Up

Key themes of COLLABORATION, ADVOCACY & COMPELLING COMMUNICATION (cont'd)	Team 4	Empower people
		Passion for & willingness to embrace change and take risks
		Need to take time to <ul style="list-style-type: none"> • Celebrate our successes • Communicate well
		Biodiversity is good <ul style="list-style-type: none"> • Experts in all fields related to infection prevention & control
		Need Good Science and Good Will
	Team 5	Respect
		Collaboration
		Face to Face Communication
		Openness to new ideas
		Clarity of Roles
		Funding
		Tenacity
	Team 6	RESPECT
		Communication <ul style="list-style-type: none"> • Listening • Face to face working • Validation • Education
		Team/Network <ul style="list-style-type: none"> • Group Process • Team Development • Flexibility
		Accountability <ul style="list-style-type: none"> • Responsiveness • Evaluation • Systematic Approach
ROOT CAUSES OF SUCCESS: Most resonating/ common themes	Effective Communication - face to face where possible, using common language and a consistent message.	
	Develop the Team: Passion, flexibility and openness to new ideas, multi-discipline with shared vision.	
	Empowerment and Respect: We are all advocates. Ownership is top down/bottom up.	
	Good Science, Good Will: use systematic approach, evidence-centred.	

Activity: Small Groups – Visioning the Network

<p>Small Group Activity: Key Elements of the Network At Peak Performance ("It's 2008")</p>	Team 1	<p>Pictorial representation of PICN 2008: An Eye  Shining Sun Public/Patient Trust Desired Outcomes Worker Safety</p>
	<p>Patient/HCW relation:</p> <ul style="list-style-type: none"> • Not different: Communicable Disease / Infection Control • Public Health • Guidelines and standards available for direct local practice <p>Patient:</p> <ul style="list-style-type: none"> • Self Care Guidelines • HC system - empower public • Self advocacy, across all jurisdictions (Abbotsford, Downtown Eastside) • Empowered HCW, that speak common language • Equitable access to information & services = informed decisions <p>Media: We have informed the media and champion our causes, acting as role model. Headline "Infection Rates Drop!"</p> <p>Accountable: Performance Measures.</p> <ul style="list-style-type: none"> • Advocacy for the right performance measures • Sustainability • Vigilance <p>Only effective principles used, simplify exemplify Eliminate silos (Public Health/BCCDC/ICP) Clinical Practice Teams are seamless</p>	
Team 2	<p>Vision in Song: (to the Tune of Beverly Hillbillies) Let me tell you 'bout the PICN group. We keep those organisms out of your soup. There's real surveillance across BC, To support newly certified ICP's. We grew our own; plus got IT systems that talk to each other. We haven't been on BCTV for years! The PICN folks have helped get the funds, Successful BSI VAP SSI innovations, Physicians behaviour has been modified, and Infection control has become bona fide! Patient Safety, that is; standardized protocols; remember to clean those hands. Pandemics prevented by alcohol rub. They've even replaced those surgical scrubs! Its time for PICN to have a few beers, Then get back to work for the next 3 years. "To PICN, communicators extraordinaire!"</p>	

Activity: Small Groups – Visioning the Network

<p>Small Group Activity: Key Elements of the Network At Peak Performance ("It's 2008") cont'd</p>	Team 3	2. Adequate resources <ul style="list-style-type: none"> • Human & material • \$ • Key Stakeholders
		3. Consistency of Practice <ul style="list-style-type: none"> • Common standards so everyone is doing similar (e.g. reports, surveillance, procedures)
		4. Common language
		5. Tools for intervention have been developed and are being shared
		6. Common data standards <ul style="list-style-type: none"> • common definitions • common systems
	Team 4	<p>Visualize PICN as a ship.</p> <ul style="list-style-type: none"> • The water under the ship has waves of challenges relating to • Outbreaks, ignorance, poor resources/fighting for resources, fragmentation, lack of knowledge. • The hull of the ship is the 4 Network Core Themes (communication, team development, empowerment/advocacy and good science/good will). • The ship's sails are filled with \$\$\$\$. • On the ship are the stakeholders: Media, Public Health, Microbiologists, ICP, Physicians, Health Authorities, Occ. Health Workers, BCCDC, and Ministry.
		<p>Questions: Is the name PICN inclusive enough? Is there a better name?</p>
		<p>Other: Surge capacity, HCW Safety, Passion, Public Safety</p>
	Team 5	<p><i>Evaluation and Communication</i> are "pillars" supporting:</p>
		1. Credible/Visible (known)/Accessible
		2. Advocates for (on an end to end to end basis) <ul style="list-style-type: none"> • Community • Health Care Worker • Patient
		3. Productive <ul style="list-style-type: none"> • Standardized surveillance <ul style="list-style-type: none"> a. Ie. Minimum data set • Evidence based report
	4. Educational Resource Centre <ul style="list-style-type: none"> • Multi-audience • Website • Teaching modules 	

Activity: Small Groups – Visioning the Network

<p>Small Group Activity: Key Elements of the Network At Peak Performance ("It's 2008") cont'd</p>	<p>UNKNOWN GROUP</p>	<p>Will have the people/what we need: PH/Community involvement Community ICP's Hospital Epidemiologists LTC ICP's, etc. Key Stakeholders are part of the PICN and part of Steering Committee PICN works on what is already there RECRUIT AND RETAIN ICP'S (intern, education, etc.)</p>
		<p>Commonality but also flexible</p>
		<p>Information is communicable to stakeholders and is available to all - e.g. common internet site.</p>
		<p>Guidelines are user-friendly, available, consistent (common), shared, flexible (can apply across spectrum of cases)</p>
	<p>Team 6</p>	<p>Provincial Leadership in setting direction vs. knee jerk reaction to media stories</p>
		<p>Provincial Leadership in setting IC standards</p>
		<p>Education: Increased awareness and understanding</p>
		<p>Advocacy - IC is legitimate risk management concern with adequate resources devoted within HR and Physical Plant</p>
		<p>Provincial Surveillance Mechanism</p> <ul style="list-style-type: none"> • Electronic • Routine monitoring • Linked to desired outcomes

Activity: Small Groups – Provocative Propositions		
Small Group Activity: How Root Causes of Success Support PICN's Achievements	Team 1	With a foundation of good science we have built common guidelines and implemented best practice in infection control across the continuum of care. Through the good will of our stakeholders, we have achieved credibility, respect and commitment to our common goals. (Good Science, Good Will)
	Team 2	PICN 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. (Team & Organizational Development)
	Team 3	Creating and advocating for local and provincial practices based on good science and good will. This will include gathering, utilizing and disseminating information that is consistent, reliable and comparable through collaboration and a shared vision. While provincially focused, we are building on, and contribute to, national and international knowledge. (Good Science, Good Will)
	Team 4	PNET (PICN) communicates in a respectful, dynamic, multi-directional and accessible manner to meet the ongoing needs of all its stakeholders delivering a powerful preventive punch against pestilence. (Communication) "No spirochetes will defeat us"
	Team 5	PICN is the vector to promote infectious enthusiasm. PICN fosters an atmosphere of collaboration, mutual respect and diversity to empower the people of BC in optimal infection prevention and control. (Empowerment)
	Team 6	PICN uses the best evidence available to prevent and control infection in BC. We monitor the impact of standard practices we recommend and make adjustments as needed. We foster good will and collaboration with our community government and industry partners.