

Infection prevention is everyone's business: PICNet

Recent outbreaks in Canada, including the 2003 SARS outbreak, and the emergence of a virulent strain of *Clostridium difficile* in hospitals in Quebec have raised awareness in the medical community about issues of infection prevention and control. In addition, in British Columbia, investigations into post Cesarean section infection rates and a surge in community-associated MRSA and health care-facility norovirus outbreaks have brought the issue closer to home. These events made it clear that infection control resources were few and stretched and that coordination and collaboration were needed to improve health care-associated infection (HCAI) prevention and control across the continuum of care, from hospitals to long-term care homes to physician offices.

The Public Health Agency of Canada (PHAC) estimates that the burden of illness in Canada related to HCAIs, including surgical wound infections, pneumonias, bacteremias, and urinary tract infections, nears \$453.2 million per year. Emerging antibiotic-resistant organisms (i.e., MRSA, vancomycin-resistant *Enterococci* or VRE) add an additional cost of \$24 to \$35 million per year (personal communication with Shirley Paton, Public Health Agency of Canada). It has been estimated that at least 15% to 30% of HCAIs could be avoided through improved plans for prevention and control, better application of existing knowledge, and good practice.¹

In January 2005, the BC Ministry of Health Services provided funding for the creation of the innovative and collaborative Provincial Infection Control Network (PICNet). PICNet uses an evidence-centred approach to guide and advise health care profes-

sionals across the continuum of care on the prevention and control of HCAIs in British Columbia.

The network has established a project office, hired a network coordinator, and set up a steering committee with a broad membership that includes BC experts in the fields of infection control, medical microbiology, epidemiology, infectious diseases, public health, occupational health, and environmental health.

PICNet is a true network where all work is done in a collaborative, horizontal, and non-hierarchical fashion. In May and December of 2005, PICNet held stakeholder summits, at which representatives from across the stakeholder community gathered in order to enhance their understanding of the network and to establish priorities. Both summits were attended by more than 100 representatives from multiple health care disciplines from all provincial health authorities.

PICNet is in the process of completing a provincial review of infection prevention and control resources, as well as surveillance and standards/policies/guidelines related to health care-associated infections. Summaries of PICNet's findings and recommendations for changes to the current system will be posted on the PICNet web site at www.picnetbc.ca in the summer of 2006. Also on the PICNet web site are a number of key resources and links to resources related to HCAIs and current best practice guidelines for the surveillance of *C. difficile* in acute care settings.

Given the volunteer nature of the organization, one of the biggest challenges facing the network is prioritizing the exhaustive list of requests tabled for consideration. Consequently, in the months ahead, PICNet will focus on addressing high-interest top-

ics and issues. Working groups are currently reviewing best practice guidelines for the surveillance of surgical site infections and considering updating the best practice guidelines for respiratory outbreaks in health care facilities.

We invite physicians and other health professionals interested in the prevention and control of HCAIs to attend the next summit. It will be held in Vancouver, 21 June 2006. If you are interested in learning more about PICNet or attending the summit, or you would like to participate in one of the working groups, please e-mail PICNet at picnet@bccdc.ca or contact the network office at 604 660-6152.

—Bruce Gamage, RN, CIC
**BC Centre for Disease Control,
Laboratory Services**

—Elizabeth Bryce, MD, FRCPC
**Vancouver General Hospital,
Medical Microbiology and
Infection Control**

—Bonnie Henry, MD,
MPH, FRCPC

**BC Centre for Disease Control,
Epidemiology Services**

—Judith Isaac-Renton, MD,
DPH, FRCPC

**BC Centre for Disease Control,
Laboratory Services**

—Margaret Litt, RN, FETP
**Provincial Infection Control
Network**

Reference

1. Health Protection Agency. www.hpa.org.uk/infections/topics_az/hai/gen_inf.htm (accessed 21 March 2006).

Resources

1. PICNet. www.picnetbc.ca.
2. BC Centre for Disease Control. Guidelines for Infection Prevention and Control in the Physician's Office. www.bccdc.org/downloads/pdf/lab/reports/Infection_Control_In_Physician_Office_Final.pdf.