PICREt PROVINCIAL INFECTION CONTROL NETWORK OF BRITISH COLUMBIA

A program of the Provincial Health Services Authority

In B.C., health authorities monitor viral respiratory illness (VRI) for acute care facilities. There is an opportunity to create a standardized provincial-level acute care hospital electronic VRI surveillance system in B.C.

PICNet:

IDENTIFIED AND COMMUNICATED the opportunity and benefit of contributing to Provincial VRI Surveillance.

PLANNED AND IMPLEMENTED a provincial surveillance system for RSV, COVID-19, and Influenza A and B to monitor ED visits and hospitalizations, including critical care admissions.

SELECTED indicators that focus on the patient journey; patients presenting to ED who report viral respiratory symptoms, are tested and positive for VRI, and admitted to hospital and/or critical care.

ENGAGED the community of practice, which was instrumental to success.

COLLABORATED with our health authority IPC partners, the BCCDC DAS and PHSA's DARE teams, and the Ministry of Health, was essential to project success.

DESIGNED a surveillance system to:

- Provide timely situational awareness of VRI burden
- Inform the implementation of IPC measures
- Inform operational decisions and the allocation of resources

Initiating a Provincial Viral Respiratory Illness Surveillance System

Phase 1

- Defined indicators and primary data sources
- Produced weekly internal reports on the aggregate # and % of RSV or Influenza A/B positive patients admitted to hospital and/or critical care, by health authority



Phase 2

• Strengthened partnerships to collect electronic data from HAs, stored on a secure, shared platform

In addition to publicly available reports, these data will be used to create an automated, electronic dashboard for COVID, RSV and Influenza A/B to be shared with IPC programs, and replace the internal reports.



Phase 3

• Future expansion of Indicator Reporting

PICNet:

- Emphasized IPC partner engagement and collaboration at the outset of the initiative. Later we recognized that collaboration with additional PHSA surveillance partners was vital.
- Routine connections via weekly meetings with partners and regular internal planning meetings helped clarify the purpose of the initiative and motivate progress.
- Improved communication and sharing the purpose and benefits of the system among the partners permitted timely sharing of important VRI surveillance information and accelerated progress through phases I and II.

NEXT STEPS

ED and hospitalization surveillance indicators will be made available to our community of practice on a secure internal dashboard.





CONTRIBUTORS

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WE WOULD LIKE TO THANK

Infection prevention and control professionals in the health authorities across B.C., including Fraser Health, Interior Health, Island Health, Northern Health, Providence Health, Provincial Health Services, and Vancouver **Coastal Health Authorities and our** laboratory and epidemiology partners, the BCCDC Data and Analytics Services (DAS) team, the PHSA Data and Analytics Reporting and Evaluation (DARE) team, and Ministry of Health in B.C.

LAND ACKNOWLEDGEMENT

As a provincial network, we operate on the unceded traditional and ancestral lands of First Nations.

Our main office is located on the traditional and ancestral lands of the territories of the x^wməθkwəỷəm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwəta?/Selilwitulh (Tsleil-Waututh) Nations.