British Columbia's

Provincial Infection Control Network

PHASE 1

Project Charter

"Many clean hands make light work!"

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Revision Sheet

Version	Date of Issue	Author(s)	Brief Description of Change
1.0	June 6, 2005	M. Litt	Initial draft
1.1	June 8, 2005	M. Litt	Incorporating edits from JIR/LB
2.0	June 13, 2005	M. Litt	Incorporating edits from Steering Ctee
2.1	June 16, 2005	M. Litt	Incorporating edits from meeting with Ministry of Health Services
2.2	June 24, 2005	M.Litt	Updated Section 1.07

Approval

Name/Title Dr. Elizabeth Bryce	Name/Title Dr. Judy Isaac-Renton

Introduction

In the fall of 2004, the Ministry of Health Services requested a review of patient incidents at a local hospital. The subsequent report, known as the 'Cochrane Report'[1] made a number of recommendations. Specific to infection control it stated that' "The Province would benefit from a standardized approach to many issues raised by this review…. (Specifically) develop a standardized surgical site and infection control surveillance and reporting program that addresses the continuum of care. Such a system requires the adoption of standardized definitions and audit tools, standardized criteria for wound culturing as well as inspection by medical and surgical staff, and the routine training and auditing for consistency in the application of definitions. Appropriately structured and resourced infection control services in the health authority's acute and subculture institutions are required."

Consequently, the British Columbia Ministry of Health Services authorized the development of a provincial infection control network, in January 2005. "The Network, whose members will have expertise in infection control and laboratory medicine, will 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. Creation of the Network will ensure a province-wide infection control system and address selected recommendations resulting from the Cochrane Report.[2] "

Developing the Network

Why Network?

Once completely implemented, the Network will be an integrated provincial system that will empower the front line within the Province of British Columbia to implement best practices and control infectious disease transmission across the continuum of health care.

The development of an infection prevention and control network will build on the current strengths inherent in various parts of the system. It will create a strong collaborative, multi-disciplinary approach to infection prevention and control that will position the province to better prevent and manage institutional and community infections and epidemics, and meet (and potentially, exceed) new national and international standards.

The benefits of developing a provincial approach to infection prevention and control include:

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[1] Cochrane, D.D., Dec. 2004, Review of the Investigation Processes Undertaken by Fraser Health Authority and Surrey Memorial Hospital in Response to Concerns Expressed publicly Regarding Post-Caesarean Section Wound Infections and Health Injury Management, Ministry of Health Services.
[2] Ballem, Penny, Jan. 2005, extract from a letter to all Chief Executive Officers, Health Authorities

- Allowing for integration of infection control activities across and through all components of the healthcare system;
- Improving communication and sharing of information and data;
- Allowing for some level of surge capacity and response support for provincial emergencies;
- Facilitating access to expertise;
- Increasing efficiency of use of scarce infection control resources (reducing duplication and leveraging of existing services);
- Improving alignment of infection control practices (monitoring of infection prevention);
- Promoting near real time trend analysis of selected healthcare associated infections;
- Facilitating coordinated emergency response to infection control issues originating from new and re-emerging outbreaks and bio-terrorism;
- Establish consistent standards for surveillance reporting and analytical systems;
- Identifying system gaps and advocating for improvements based on consistent standards and targets.

Document Scope

The business case outlined three phases in the development of this Network. This project charter will focus on the 1st Phase. This phase is similar to laying the foundations of a house. Without these foundations the house would not be able to stand. An integral part of building this foundation is ensuring that the Network is developed, operated and managed by its stakeholders from start to finish. Therefore, this project charter not only reflects information contained within the original business case, it also incorporates feedback from the Steering Committee members and from the Stakeholder Summit held on May 27, 2005.

Section 1.01 Role

The role of the Network has been identified as providing advocacy, sharing information and fostering collaboration to improve infection prevention and control across the continuum of care including hospitals,

residential/transitional care facilities, and the community within the province of British Columbia

Section 1.02 Community of Practice

The Network consists 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.

Section 1.03 Goal and Objectives

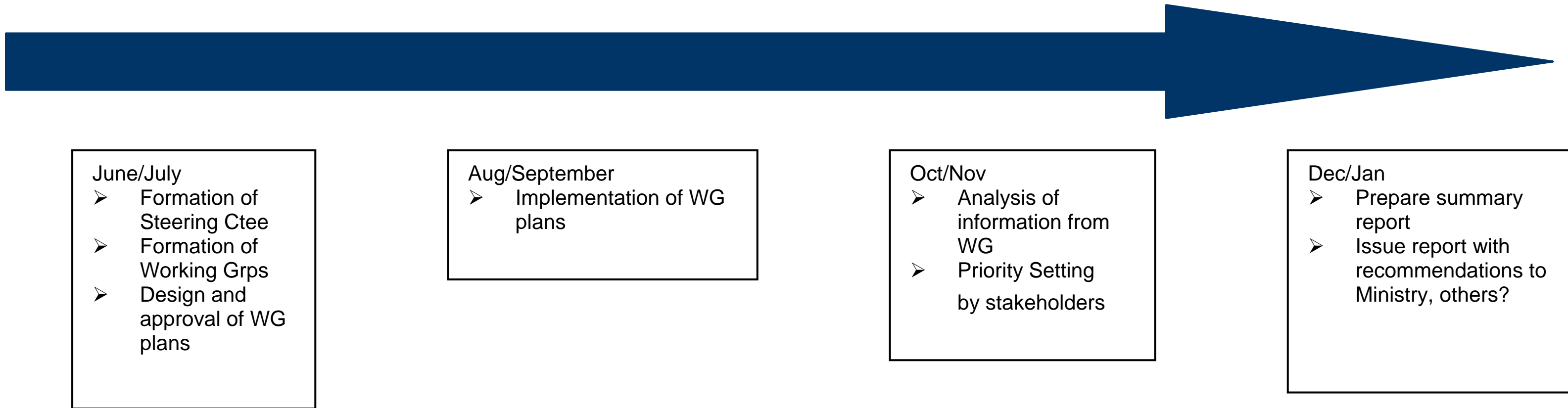
The overarching goal for the Network is to maximize coordination and integration of activities related to the prevention, surveillance and control of infectious diseases across the continuum of care for the entire province using an evidence-centered approach. The Network will promote a common approach to infection prevention and control and utilization of best practices within the region, which will include standardization of infection prevention and control policies, procedures, protocols and surveillance practices.

That being said, in this development phase (Phase 1) the following objectives have been highlighted:

- To formalize the operational design of the Network;
- To identify the needs/gaps in infection prevention and control in the province;
- To promote the gathering and sharing of data that is consistent, reliable and comparable;
- To identify and promote the sharing of information (e.g. best practices, education, guidelines, standards, training);
- To advise on urgent/emergent surveillance and infection prevention and control issues;
- To advocate for sustainable resources;
- To advise the Provincial Medical Services Committee and the Ministry of Health on strategic interventions.

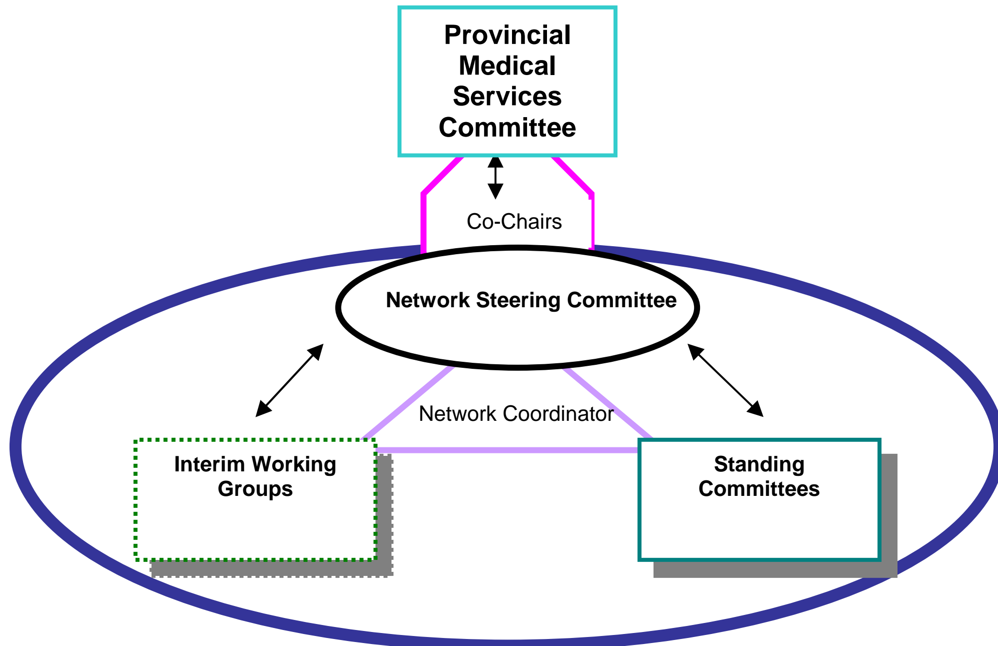
A high-level overview of activities within Phase 1 is illustrated below.

Figure 1



Section 1.04 Organizational Structure

The Network is to be directed by its stakeholders. The following is a diagrammatic representation of how the Network will function.



The following table outlines roles and responsibilities within the organizational structure:

R - Responsible (the person who must complete the work)
A - Approval (the person/s who must sign off on the step)
S - Support (the person/s who will help with this step)
I - Inform (persons or groups you will inform as to what is happening)

Role & Player	Definition	RASI	Responsibilities
Co-Chairs (Project Management Office)	Sponsors of Project	A, R	▪ Sign-off on Business Plan ▪ Sign-off on Project Charters/Plans/Budget ▪ Review of key milestones ▪ Acceptance of final project results and acknowledge completion ▪ Approve Statement of Work(s) ▪ Resolve issues ▪ Provide updates to PMSC
Provincial Infection Control Coordinator (Project Management Office)	Responsible for defining and refining the process and steps to completion. Responsible for the management and execution of the project.	R, I	▪ Consult/liaise with all stakeholders ▪ Liaise with other Networks ▪ Develop project documentation (charters, plans, reports, etc) ▪ Obtain necessary input/approvals on documents ▪ Monitor progress and escalate issues as required ▪ Track risks ▪ Identify Network resource requirements and other project needs ▪ Support Network committees ▪ Manage execution of deliverables ▪ Manage budget ▪ Manage contractors ▪ Support Leaders of Working Groups
Steering Committee	Provides input and feedback to the Network's Project Management Office on the project priorities required to establish a sustainable province wide network for infection prevention and control.	S, I	o Provides advice and decisions on matters that involve Infection Prevention and Control policy within the province o Provides insight into current processes and activities o Advises on national and international standards/guidelines o Reviews Network documents (i.e. charters, plans, budgets, reports) & provide feedback to the Project Management Office o Forms working groups and standing committees, as required o Approves priorities for Network as recommended by stakeholders o Provides final authority on resolution of Network issues and risks identified by the Project Management Office o Provides expert advice on responding to emerging and/or strategic opportunities

Steering Committee Members **(See Appendix A)**	The Steering Committee is comprised of individuals involved in infection prevention and control within the province of British Columbia. Membership is determined by both professional expertise and geographical locale.	**S, I**	○ Facilitates and gathers input from their colleagues and represent their interests at Steering Committee meetings ○ Contributes their professional expertise to discussions ○ Communicates decisions and outcomes of the Steering Committee meetings to their jurisdiction/professional discipline, as appropriate ○ Participates in at least one working group and in at least one Standing Committee within each term of appointment
Working Groups	A time limited group created for a specific project	**S, I**	▪ Recruits a working group lead ▪ Defines scope of specific project ▪ Establishes design of specific project ▪ Monitors the implementation of the specific project ▪ Evaluates the deliverables
Working Group Leads	Recruited stakeholder who leads a working group	**R, I**	▪ Coordinates activities of a specific working group ▪ Consults/liaises with all stakeholders ▪ Consults/liaises with Project Coordinator ▪ Provides monthly status reports to Steering committee
Standing Committees	A committee struck to address an ongoing concern for the Network	**S, I**	▪ Recruits a working group lead ▪ Defines scope of specific project ▪ Establishes design of specific project ▪ Monitors the implementation of the specific project ▪ Evaluates the deliverables
Standing Committee Chairs	A recruited stakeholder who chairs a standing committee	**R, I**	▪ Coordinates activities of a specific working group ▪ Consults/liaises with all stakeholders ▪ Consults/liaises with Project Coordinator ▪ Provides monthly status reports to Steering committee
The Stakeholders	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.	**S, I**	• Share information and best practices with the Network to develop a common set of policies and procedures • Establish goals, objectives, vision and priorities for Network • Extract pertinent information from the Network for consistency of practices and advocacy • Communicate to his/her entities • Build consensus • Leverages his/her “other” Networks to facilitate system collaboration • Volunteers for Working Groups and/or Standing Committees

Section 1.05 Strengths, Weaknesses, Opportunities, Threats

The development of the Network will build on the current strengths inherent in various parts of the system. It will create a strong collaborative, multi-disciplinary approach to infection prevention and

control that will position the province to better prevent and manage institutional and community infections and epidemics, establish provincial standards while meeting (and potentially, exceed) national and international standards.

Particular attention would need to be paid to ensure that the Network does not have overrepresentations from anyone geographic or functional stakeholder (i.e. Lower Mainland) but rather a true, balanced provincial Network.

Strengths	**Weaknesses**
• Development of common standards, measures and protocols, with provincial reporting • Enhanced linkages for emergency preparedness • Strengthened capacity for research, training and education	• Increased workload for Network "volunteers" • Too many diverse stakeholders leading to potential lack of consensus in decision-making • Potential for becoming "Lower Mainland centric" or focussed on issues of one stakeholder group over another
Opportunities	**Threats**
• Build on available expertise within all RHA's • Engage multidisciplinary stakeholders • Achieving economies of scale and efficiencies through greater collaboration	• Lack of cooperation from HA's and Network members • Increased visibility related to "privileged" (QA) information • Additional funding will be required to support integrated information management and reporting

Section 1.06 Critical Success Factors

Four key areas have been identified as being critical in meeting the objectives for the Network. They are:

- **Effective Communication:** use a common language and give a consistent message
- **Team Approach:** develop multi-disciplinary teams that work on common solutions
- **Empowerment and Respect:** ensure ownership is both top down and bottom up
- **Good Science, Good will:** use a evidence-centered approach

(a) Vision Statements

Within each of the four themes, the stakeholders created vision statements. These statements reflect on how the stakeholders imagine the Network functioning when it is fully operational in 3 years time.

i. Communication

Within the Network communication is respectful, dynamic, multi-directional and accessible manner to meet the ongoing needs of all its stakeholders delivering a powerful preventive punch against pestilence

ii. Team Approach

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.

iii. Empowerment and Respect

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

iv. Good Science/Good Will

We have built common guidelines and implemented best practices in infection prevention and control across the continuum of care. This will develop by 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 contributing to, national and international knowledge.

Phase 1 - Project Plan

In the original business case the proposed plan for the development of the provincial infection control Network was outlined in 3 phases. What follows in the project plan for Phase 1? As mentioned earlier in this document, this project charter not only reflects information contained within the original business case, it also incorporates feedback from the Steering Committee members and from the Stakeholder Summit held on May 27, 2005. During those consultations it was proposed that a number of interim working groups be established to address issues arising in this development stage. For instance, it was identified that communication amongst Network stakeholders is key to maintaining the viability of the Network. As well, it was recommended that the Network identify marketing opportunities to better position itself strategically. Therefore, it was proposed that a Communications Working group be developed to explore

and develop appropriate communication mechanisms for the Network (i.e. Network name, logo, website) and to take advantage of strategic opportunities for the Network.

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. As well, the question was raised of "who is driving the ship"? Consequently, it was recommended that an Infrastructure Design working group be struck group to insure appropriate stakeholder representation in the Network and to review, design and clearly communicate how the Network will be organized and will operate.

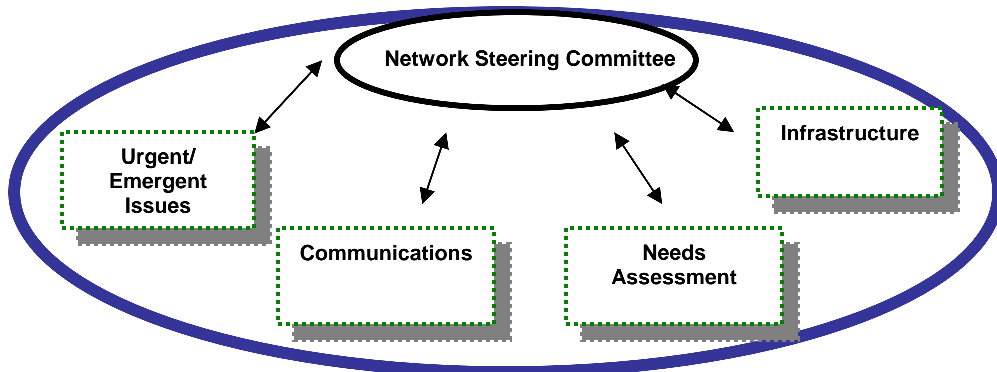
There was a great deal of discussion relating to opportunities for the Network. Key gaps were identified in the areas of Need for Laboratory Support, Surveillance/Labs and Standards/Best Practice Development. It was acknowledged, however, that the most effective (unbiased) approach to identifying key priority areas for the Network would be to perform a needs assessment. Hence, it was recommended that a needs assessment be performed to identify key priority areas for the Network by identifying gaps in infection prevention and control practices in British Columbia.

Finally, it was noted that there are some issues that the Network may consider becoming involved in, sooner rather than later. In other words, it may not be prudent to wait for the completion of the Needs Assessment prior to exploring some emerging/urgent issues. As a result, the final suggestion was put forward to develop a working group that reviews urgent/emergent issues on behalf of the Network and propose interventions if/when necessary.

Network Project Plan
May - November, 2005

		May	June	July	Aug	Sept	Oct	Nov
Steering Committee	Monthly Meetings	X	X	X	X	X	X	X
	Finalize TOR			X				
Network Meeting	Launch Meeting	X						
	Fall Meeting							X
Network Management Office	Newsletter		X	X	X	X	X	X
Working Groups								

Infrastructure Design							
	Form working grp/establish plan	X					
	Review COP		X				
	Review current organizational structure & propose revisions to Steering Ctee		X				
	Review and revise current project documentation (i.e. Project Charter)		X				
Urgent/ Emergent Issues							
	Form working grp/establish plan	X					
	Identify urgent/emergent issues requiring attention	X					
	Determine resource requirements and plan	X					
	Present request to steering ctee	X					
Communications							
	Form working grp/establish plan	X					
	Finalize name/logo		X				
	Develop a Communication Strategy			X			
	Website Design			X			
	Website Build				X		
	Marketing Opportunities	X	X	X	X	X	X
Needs Assessment/ Infection Control Practice Inventory							
	Form working grp/establish plan	X					
	Design/Scope		X				
	Literature/Materials Review		X	X			
	Implementation				X	X	X



Section 1.07 Working Groups

Working groups are interim groups and will be formed to complete a specific task.

Once the development of a Working Group is approved, members for these groups will be obtained through a call-out to all stakeholders. Membership will be determined by both professional expertise and geographical locale. The professional categories are: Health Authority Infection Control Physicians, Public Health (1 urban, 1 rural), Infection Control Practitioners (1 urban, 1 rural), Epidemiologists, Health Administration, Residential/Transitional Care and Occupational Health and Safety. The geographical locales are divided into urban and rural. As well, each working group will have a representative from the Steering Committee.

Once formed the Working Groups will recruit a lead from within their group. This lead will co-ordinate activities within the Working Group and liaise with the Project Management Office and Steering Committee.

The Working Groups will follow the project management framework. They will be asked to create a plan of action that includes a project plan and budget. This plan of action must be presented to and approved by the Steering Committee prior to implementation (for at detailed list of Working Group activities see Appendix B).

Section 1.08 Indicators of Success

The ultimate beneficiaries of the Network are not only the individuals and organizations within the Network, but the people of British Columbia themselves. The success of the Network in achieving its goal and objectives will be visible through the achievement of the following tangible outcomes at the end of Phase 1

- Network name and logo identified and recognized by all stakeholders
- Multi-disciplinary Steering Committee membership with clear responsibilities and accountabilities
- A formal organizational structure clearly documented and communicated to all stakeholders
- Urgent/emergent issues recognized and being addressed
- Working groups are adhering to established plan

Final

- Completed communications strategy
- An operational web site
- Needs assessment completed and analysed
- A fall stakeholder meeting held
- Monthly steering committee meetings held
- Phase 2 project plan accepted

Section 1.09 Proposed Budget

Quantifiable Cost		Description	One-time Cost	Ongoing Cost
	Network Management Office	Project co-ordinator, office and administrative costs		$160,000
	Operational Costs	Will be allocated based on recommendations from Working Groups with Steering Committee approval		$270,000
	Other costs	Travel –Meeting, training and conference expenses		$70,000
	Total Annual Costs		**$10,000**	**$490,000**

Quantifiable Cost		Description	One-time Cost	Ongoing Cost
Capital Costs	Information Management /Technology (IM/IT)	Surveillance database/interfaces to allow regional data entry and provincial surveillance	TBD	TBD
	Office Equipment	Network Management Office Furnishings, Computers and Telephone (In kind contribution by BCCDC)	$5,000	0

Quantifiable Cost	Description	One-time Cost	Ongoing Cost
	Total Capital Investment Costs	**$5,000**	**$XXX**

(a) Quantifiable Benefits

Quantifiable Benefit	Description	Evidence
Economies of scale with respect to administration and expertise for Infection Control	Established Network Management Office and centralized mechanism for dissemination of consistent information or expertise	TBD
Consolidated and coordinated Data base for the province	Better planning based on accurate information (regional resources)	TBD
Reduced facility infection rates	Systematic surveillance (for disease prevention and control)	TBD; could result in reduced hospital stays and reduced costs associated with post-surgical infection care
Improved inter-facility time to transfer (Decreased acute care bed days)	Improved and consistent communication/coordination (Antibiotic Resistant Organism-related) would be expected to lead to reduced patient transfer times	TBD
Decreased number of facility	Prompt and coordinated communication as well as standardized investigation/management practices is anticipated to result in a reduction in outbreaks and	TBD

Quantifiable Benefit	Description	Evidence
outbreaks (MRSA, VRE, Noro-virus	reduction in duration and/or scope of spread of outbreaks when they occur.	

(b) Non-quantifiable Benefits

Benefit	Description
Better access to expertise	• Document by regions that have hitherto not had access to specific expertise
BC's role in the national and international arena	• Brings BC up to proposed national and international standards • Establish BC leadership role for national benchmarks • Linkages produce further synergies
Collaborative working relationships and information sharing	• Consistent messaging decreases confusion, promotes efficiencies • Better communication across and within HA's will reduce investigative time and enable faster treatment, better patient care • Risk identification will enable hospitals to respond proactively to potential risk factors before infection occurs.
Improved alignment of Infection control practices	• Standardized core indicators, protocols and guidelines • Improved educational approaches and practice
Improved infection control emergency crisis preparedness and management	• Coordinated emergency response to infection control issues from new and re-emerging outbreaks and bio-terrorism • Consistency of emergency responses
Resolving system gaps	• Needs analysis to identify system gaps which can then be addressed regionally
Improved links with occupational health and patient	• A co-ordinated infection control network will work more efficiently with occupational health and patient safety groups

Benefit	Description
safety groups	

(c) Non-quantifiable Costs

Cost	Description
Stress on both individuals and organizations of participating in the PICN	• Added workload to an already stressed system • Unfunded key projects required to address mandate
Opportunity cost of focusing on infection control vs. other health priorities	• Prioritizing resources to establish an infection control network means that other areas of public health may not receive funding and support. For example, Medical Officers of Health and Environment Health Officers may have to address re-prioritizing of regional issues

Section 1.10 Risk Assessment

Risk Assessment

Risk	Impact	Mitigating Strategies/success factors
PICN as advisory committee with no ability to enforce compliance or change in practices	• Provincial mandate will not be met	• Appropriate consultation/buy-in with stakeholders to engage them in the development and operation of PICN
Lack of buy-in by Network partners	• System could continue to be fragmented • Network leaders workload increases	• Engaging partner organizations from the genesis of the Network • Well articulated structures, roles and responsibilities

Risk	Impact	Mitigating Strategies/success factors
Non cooperation with Network objectives	• Unconsolidated and uncoordinated network that is ineffective in meeting objectives	• Stakeholder consultations to ensure mandate and vision is shared and objectives are further developed with input from all partners • Ongoing communications
Poor communication	• Fragmentation, non standardization of approaches, disintegration of the Network	• Development of a well thought through communications strategy that has buy in from all partners and is reflective of the mandate and objectives of the Network • Well articulated processes
Network could become focused on and managed by the stronger regions within it i.e. could become lower mainland focused	• The Network would not meet its mandate and could not respond on a provincial basis in meeting articulated objectives.	• Select well qualified members on PICN who are reflective of the partners and who have the appropriate leadership and skill sets to ensure all risks noted are mitigated.
Expectations in some areas may be too high	• Disillusioned partners	• Ensure that all partner needs are addressed and inject an element of realism into the project

Risk	Impact	Mitigating Strategies/success factors
Insufficient resources	• Development of PICN plan and/or implementation of recommended practices will be compromised	• Ensure sustainability of the project by meeting objectives and timelines for all phases and building in evaluation elements that add value to the province • Develop strategies for sustaining funding for further network development • Develop standards for resourcing to support regional decision-making

Appendix A - Steering Committee Members

Steering Committee Members				
Name	**Title/Health Authority**	**Contact Information**		
		Office	**Cell/Pager**	**Email**
Joanne Archer	Infection Control Practitioner Northern Health	(250) 565-2942		joanne.archer@northernhealth.ca
Elizabeth Bryce	Co-Chair Vancouver Coastal Health	(604) 875-4759		Ebryce@vanhosp.bc.ca
Patricia Daly	Medical Health Officer Vancouver Coastal Health	(604) 714-5686	C: (604) 838-0154 P: (604) 680-4698	patty.daly@vch.ca
Janice Deheer	Interior Health		C: (250) 215-3336	Janice.Deheer@interiorhealth.ca
Simon Dobson	Pediatric Infectious Diseases Children's & Women's Provincial Health Services Authority	(604) 875-3049		sdobson@cw.bc.ca
Bruce Gamage	BCCDC Public Health Infection Control Practitioner Provincial Health Services Authority	(604) 660-6076	C: (604) 837-1079 P: (604) 632-9394	bruce.gamage@bccdc.ca
Colleen Hawes	Infection Control Practitioner Fraser Health	(604) 520-4730		colleen.hawes@fraserhealth.ca
Bonnie Henry	BCCDC Epidemiology Services Provincial Health Services Authority	(604) 660-1823		bonnie.henry@bccdc.ca
Scott Henwick	Medical Micobiologist/Infection Control Fraser Health	(604) 585-5666 ext 8677		scott.henwick@fraserhealth.ca
Judy Isaac-Renton	Co-Chair BCCDC Laboratory Services Public Health Services Authority	(604) 660-6032	C: (604) 786-4925 P: (604) 977-2569	judy.isaac-renton@bccdc.ca
Pam Kibsey	Medical Micobiologist/Infection Control Vancouver Island Health Authority	(250) 727-4494		pkibsey@caphealth.org
Natasha Press	Adult Infectious Diseases Providence Health Care Vancouver Coastal Health	(604) 775-4034		npress@providencehealth.bc.ca npress@cfenet.ubc.ca
Peter Riben	Interior Health Authority			priben@telus.net
Chris Sherlock	Medical Micobiologist/Infection Control, Providence Health Care Vancouver Coastal Health	(604) 806-8422		csherloc@interchange.ubc.ca
Eva Thomas	Director, Laboratory Services Children's and Women's	(604) 875-2622		ethomas@cw.bc.ca
Annalee Yassi	Occupational Health and Safety University of British Columbia	(604) 682-2344		Annalee@ohsah.bc.ca
Margaret Litt	Coordinator Provincial Infection Control Network	(604) 660-1731		Margaret.Litt@bccdc.ca

Appendix B - Working Group Activities

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#1 NEEDS ASSESSMENT

- Recruit lead
- Determine scope
- Liaise with other provincial needs assessment working groups
- Review intersect with Patient Safety initiative
- Oversee and advise on design and implementation of “gap” analysis (the measuring of current situation against desired/necessary situation)
- Review *needs* (gaps) from “gap” analysis and examine in view of their importance to org. goals, realities and constraints (i.e. prioritize)
- Interface with other working groups, as required

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#2 COMMUNICATIONS

- Recruit lead
- Finalize name
- Finalize logo
- Maintain glossary
- Develop a communication strategy
  - Review need for web site

  (Oversee design/implementation of website if deemed a priority)
- Identify marketing opportunities
- Identify strategic opportunities
- Interface with other working groups, as required

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#3 URGENT/EMERGENT ISSUES

- Recruit lead
- Identify urgent/emergent issues requiring immediate attention by Network
- Articulate roles & responsibilities of Network with relation to responding to urgent/emergent issues in province
- Interface with other working groups, as required

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#4 INFRASTRUCTURE DESIGN

- Recruit lead
- Identify scope of practice for Network
- Review community of practice and build contact list
- Review current organizational structure (incl. proposed standing committees) and propose revisions
- Review and revise current documentation
- Interface with other working groups, as required

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All working groups are responsible for developing a plan that includes:

- Determining resource ($ and HR) requirements
- Outlining the operational approach
- Identifying roles and responsibilities
- Establishing time lines

And presenting their plan to the Steering Committee for endorsement prior to proceeding (NOTE: templates will be provided)