



I live in Windsor, CO



I retired from my position as Western Region IP Director at Banner Health on Jan 6, 2022. I had covered 13 hospitals in 6 states, 9 of which were CAH.



Janet Conner, MT(ASCP), CIC, MSPH, FAPIC



APIC Mile High Colorado
Chapter 022
President 2013

Infection Preventionist since 1994, Certified since 1996



My husband and I have three children, six grandchildren and some property in the mountains where we enjoy hiking, fishing, kayaking, and camping with all of them. We are building a vacation home there now



Served on the CBIC Practice Analysis Task Force – 2014; CBIC Test Committee 2014-2017

Received FAPIC in 2017

The Infection Prevention Career Path – Where You're Going and How I Got There

At the end of this presentation participants will be able to

1. Describe the evolution of infection prevention in healthcare over the last several decades
2. Apply the mission, vision, and values of APIC and CBIC to the infection prevention career path
3. List at least three different paths to the profession of infection prevention.

Health care-associated infections (HAIs) have become more common as medical care has grown more complex and patients have become more complicated. HAIs are associated with significant morbidity, mortality, and cost. Growing rates of HAIs alongside evidence suggesting that active surveillance and infection control practices can prevent HAIs led to the development of hospital epidemiology and infection control programs. The role for infection control programs has grown and continues to grow as rates of antimicrobial resistance rise and HAIs lead to increasing risks to patients and expanding health care costs.

From Semmelweis (1847) to the SENIC study, evidence has evolved to support both the role of certain infection prevention and control practices and the role of trained professionals studying the transmission and prevention of infections in the health care setting

[Hospital Epidemiology and Infection Control in Acute-Care Settings - PMC \(nih.gov\)](#) Sydnor E, Perl T (2011). Clinical Microbiology Reviews

1980, the Study on the Efficacy of Nosocomial Infection Control (SENIC – began in 1975) demonstrated that surveillance for nosocomial infections and infection control practices that included trained professionals could prevent HAIs

1991, the Occupational Safety and Health Administration (OSHA), an agency of the U.S. Department of Labor, released the Bloodborne Pathogens Standard, aimed at minimizing occupational exposures to blood-borne pathogens

2000, the Institute of Medicine published *To Err Is Human: Building a Safer Health System* and subsequently drew attention to preventable medical errors, including HAIs and patient safety ([172](#), [362](#)). The Joint Commission issued the first-ever National Patient Safety Goals in 2003.

National Nosocomial Infection Surveillance (NNIS) system, a database used for a sampling of hospitals - in 2005, the NNIS system was replaced by the National Health Safety Network (NHSN) based at the CDC, and any facility could voluntarily report via NHSN.

2008 APIC changed the career title from Infection Control Practitioner (ICP) to Infection Preventionist (IP)

2008 the CMS began withholding reimbursement for patients readmitted with certain HAIs, including CA-UTIs, CLABSIs, and surgical-site infections (SSIs)

Today, there is a myriad of external influences impacting infection control programs. These external influences include legislative mandates, industry, accrediting agencies, payers, professional societies, and consumer advocacy groups

Evolution of Healthcare Infection Prevention

- Advent of
 - EMR
 - Standardized, objective HAI definitions
 - VAP/VAE; SSI; CLABSI; CAUTI
 - Electronic surveillance
 - Premier Safety Surveillor
 - Theradoc
 - Vigilanz
 - Med Mined
 - EMR IP modules
 - Electronic Upload Health Department reporting
 - NHSN electronic upload



APIC[®]

Association for Professionals in
Infection Control and Epidemiology



YEARS
1972-2022

- **Vision: A safer world through the prevention of infection**
- **Mission: To advance the science and practice of infection prevention and control**
- In June 2021, the APIC Board of Directors updated the association's vision and mission to better reflect the post-COVID-19 reality that infection prevention is a necessity not just in hospitals and clinics, but in schools, gyms, airports, movie sets, hotels, grocery stores, office buildings, and more. In short, infection prevention is everyone's business.



The Certification Board of Infection Control, Inc. (CBIC), was created in 1981 by the Association for Professionals in Infection Control and Epidemiology, Inc, for the sole purpose of developing and administering an examination by which competent infection control professionals could become certified. This independent, voluntary board is multidisciplinary, representing all levels of professionals in the field of infection control, as well as a consumer member. The first test was administered in 1983.

Mission

Provide pathways to assess and maintain infection prevention competency.

Vision

Healthcare without infection through verifiable competency.

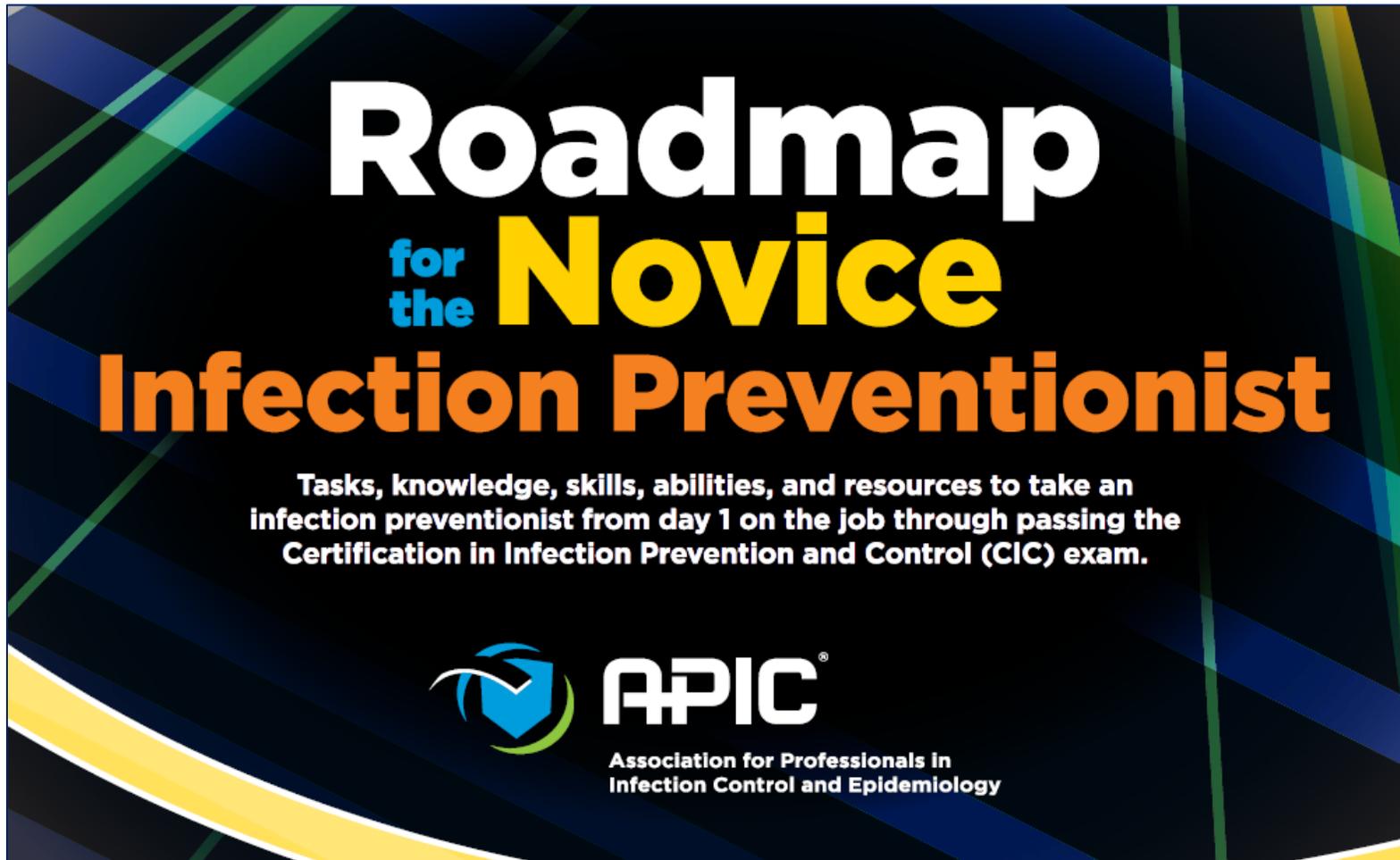
Eight Domains are covered on the CBIC exam

1. Processes to Identify Infectious Diseases
2. Surveillance and Epidemiologic Investigation
3. Preventing/Controlling the Transmission of Infectious Agents
4. Employee/Occupational Health
5. Management and Communication of the Infection Prevention Program
6. Education and Research
7. Environment of Care
8. Cleaning, Disinfection, Sterilization of Medical Devices and Equipment

Pathways to the IP Profession

- **Nursing**
- **Laboratory Medicine**
- **Public Health - MPH**
- Respiratory Therapy
- Quality
- Pharmacy
- Long Term Care

How to Learn the Basics

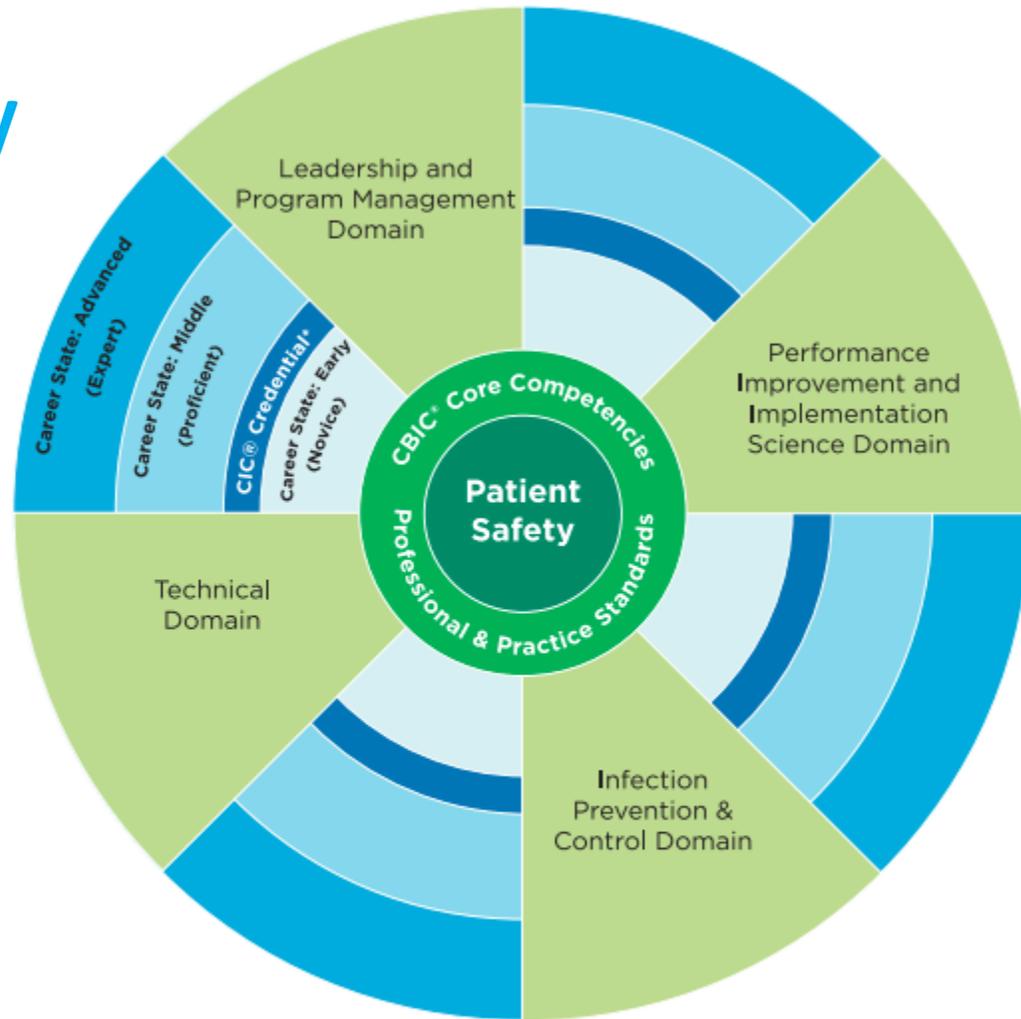
The image shows the cover of a document titled "Roadmap for the Novice Infection Preventionist". The background is dark blue with diagonal stripes in shades of blue, green, and yellow. The title is prominently displayed in the center. Below the title, there is a descriptive paragraph in white text. At the bottom, the APIC logo and name are shown.

Roadmap for the **Novice** **Infection Preventionist**

Tasks, knowledge, skills, abilities, and resources to take an infection preventionist from day 1 on the job through passing the Certification in Infection Prevention and Control (CIC) exam.

 **APIC**[®]
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APIC Competency Model



Green areas indicate critical competencies required for the expanding IP role.

* The CIC® Credential is available from CBIC®
The Certification Board of Infection Control
and Epidemiology, Inc.

The model has been developed to illustrate current and future practice along the infection preventionist's (IP) career path.

The core of the model is based on the principles and practices of safety science. Foundational elements also include the CBIC core competencies and professional and practice standards.

Baseline IP core competencies are defined by CBIC and are derived from their evidence-based practice analysis research.

The four green "spokes" of the diagram indicate priority areas of professional development for all IPs in the near future (3-5 years). These areas expand on the foundational components. While individual skills will vary, the intent is that ongoing professional development will lead to mastery across domains over time.

CIC® certification represents the bridging point between novice and proficient career levels and is the hallmark of competency across the career continuum.

The advanced (expert) will have achieved a high level of knowledge and skill in those domains most closely aligned with the IP's career goals.

APPLICATION OF THE MODEL

- **Orientation**

- Ensure standardization during onboarding
- Adapt the Roadmap and Core Competencies into your orientation process
- Recent Update – Online “interactive” with completion checklists link:
[Novice Roadmap](#)

(does require APIC membership)

APIC Guidance

- [Home – APIC](#)
- [About Membership – APIC](#)
 - [Volunteering – APIC](#)
 - Applications are accepted year-round, however you must apply by Nov. 5, 2021 to be considered for a 2022 position. APIC Text Chapter Revision (see Short-term Opportunities) are considered year-round. If you have questions about these opportunities, contact volunteer@apic.org.
- [Developmental path of the infection preventionist – APIC](#)
- [Infection Prevention Training & Education – APIC](#)
- [Overview – APIC](#)
 - Resource List
 - APIC TEXT!!!

Volunteer with CBIC – Be sure to watch for email notices!

[Volunteer Opportunities | CBIC](#) [Volunteer Form \(cbic.org\)](#)

Volunteer Opportunities

CBIC offers several opportunities for CICs[®] to become more involved in the organization through volunteering. **Volunteer opportunities are reserved for CICs[®] only.** Please see descriptions below for more information regarding the position details and the individual requirements.

Interested candidates should click below to view more information about each volunteer position.

Board of Directors

Test Committee Member

****CBIC Board of Directors 2021 application period now closed.****

Learn more and apply on the APIC website: <https://apic.org/about-apic/leadership/leadership-development/>.

The CBIC Board of Directors is comprised of 14 Directors, an APIC Liaison, an IPAC Canada Liaison, and the CBIC Executive Director. A Director's term is four years. The full Board meets in person twice per year and by phone once per year.

As a Board member, you will also have the opportunity to take leadership roles within the CBIC Board structure. As a director, you may choose to run for the office of Board President, Secretary or Treasurer. You may also be selected to lead the Test Committee or Marketing Committee.

Note: the process for applying for the Board of Directors is separate from the other volunteer opportunities. Email notifications will be sent out to all CICs in the early spring of each year. Please keep an eye on your inbox during this time for more information.

For more information, view the [2020 CBIC Board of Directors Candidate Handbook](#).

My Story

- I began my career in healthcare in the laboratory, working in a large hospital, a private reference lab, and then in a smaller rural hospital.
- In 1993 the pathologist where I worked came to me and let me know that infection prevention (control at that time) was open and he thought I would be a great candidate. I interviewed and got the position.
- Although at an isolated small rural facility, I was able to connect with other infection prevention professionals in larger cities. These mentors connected me with APIC.
- I had the mentorship of those connections on a day-to-day basis, monthly meetings, and education opportunities through APIC. I completed a 7-day APIC training in Chicago in 1995.
- I worked and studied and first became certified in infection prevention by the Certification Board for Infection Control (CBIC) in 1996. I have maintained that certification since by testing every five years.
- I spent 12 years coordinating CME at my small rural facility which afforded many professional resources
- Completed an MSPH in 2009
- I became even more involved with APIC and CBIC, having the opportunity to serve as president of the APIC Mile High Chapter in 2013, on the CBIC Practice Analysis Task Force in 2014, and the CBIC Test Writing Committee 2014-2017.
- My employment also advanced as I had the opportunity to serve as regional director over 13 hospitals in six states, 9 of which are critical access facilities.
- The professional networking through APIC, CBIC, and SHEA, as well as IDSA were instrumental in my success.

My Opportunities

- Member of national and Mile High Chapter of APIC (Association for Practitioners in Infection Control and Epidemiology); 2013-chapter president, Mile High Chapter
- Member of the Certification Board for Infection Control (CBIC) Practice Analysis task force (2014,) and Test Specification Committee (2015,) Test Item Writing Committee (2016 - 2017)
- Member of Society for Healthcare Epidemiology of America (SHEA)
- SHEA Poster Presentation 2011, “Electronic Submission of Surgical Site Infection Data to the National Healthcare Safety Network Using Clinical Documentation Architecture File Generation and Upload”
- Associate member of American Society for Clinical Pathology (ASCP)
- Member of Front Range Biosafety Association (FRaBSA)
- Provided Infection Control education for CENTENNIAL AREA HEALTH EDUCATION CENTER (CAHEC) in Northern Colorado (2000-2007)
- Local, regional, and state participation in pandemic and emergency preparedness exercises and summits.
- Coordinator of Northeast Colorado Infection Control Group since its inception in 2003 through March 2008.
Presentation “MRSA in the Community” 01/30/09
- Certified in Serve Safe (National Restaurant Association) for food service (FDA HACCP)
- NIMS 700 certification
- Literature Review for Elsevier, American Journal of Infection Control and Hospital Epidemiology
- Recipient of APIC Chapter Leadership Award 2015 – APIC Mile High Chapter 022
- Speaker at Colorado State University Antimicrobial Resistance Symposium, April 15, 2015
- Speaker at Wyoming Infection Prevention Conference, April 21, 2015
- Speaker at Front Range Biosafety Association, April 29, 2016
- Member APIC National Professional Development Committee 2019-2021

Get Connected

- Quality
- Internal Leaders
 - EVS
 - OR
 - CSPD
 - Food Service
 - EH&S
 - Plant Operations/Facilities/Design & Construction
 - Lab
 - Medical Imaging
 - Nursing
 - Infectious Disease
 - Pharmacy/Antimicrobial Stewardship
 - Employee/Occupational Health

External and Community Leaders

- ❖ Long Term Care – you will share patients
- ❖ Home Medical Equipment
- ❖ Home Care Services – again, you will share patients
- ❖ Retail Pharmacy – particularly if your facility does not have an outpatient pharmacy
- ❖ Local and state health departments
- ❖ Schools – you may be asked to provide education and/or guidance
- ❖ Outside hospitals –
 - Opportunities to shadow an IP
 - Resources for policy/procedures
 - Collaboration on new initiatives and regulations
 - Communication regarding HAIs for shared patients

Know Your Key Resources

- APIC Text – today, the best option is electronic access so that updates are available as they are pushed out
- CBIC Reference List - [General Information \(cbic.org\)](http://cbic.org)
- WHO (World Health Association)
- AAMI
- AORN
- ACIP
- HICPAC
- IDSA & SHEA
- ASM

Regulatory Resources

- OSHA
- CMS
- The Joint Commission
- DNV - NIAHO[®] Hospital Accreditation-Acute Care, Critical Access and Psychiatric

Don't be afraid to contact these agencies for help! Asking for help interpreting standards is not filing a complaint and will not trigger a survey! 😊



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Control of Communicable Diseases Manual, 21st Edition



PREORDER NOW! This book is in production and will be released in June.

Control of Communicable Diseases Manual, 21st Edition, is the trusted source for public health professionals on identifying and controlling infectious diseases for over 100 years. The updated edition includes new chapters on SARS-CoV-2, Zika, and many more. This landmark publication is essential to all those in and around public health. The 21st edition can be preordered now!

Also available for digital subscriptions!

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Non-member price: 85.00

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ISBN: 978-0-7553-323-0

Author: Edited by David L. Heymann, MD

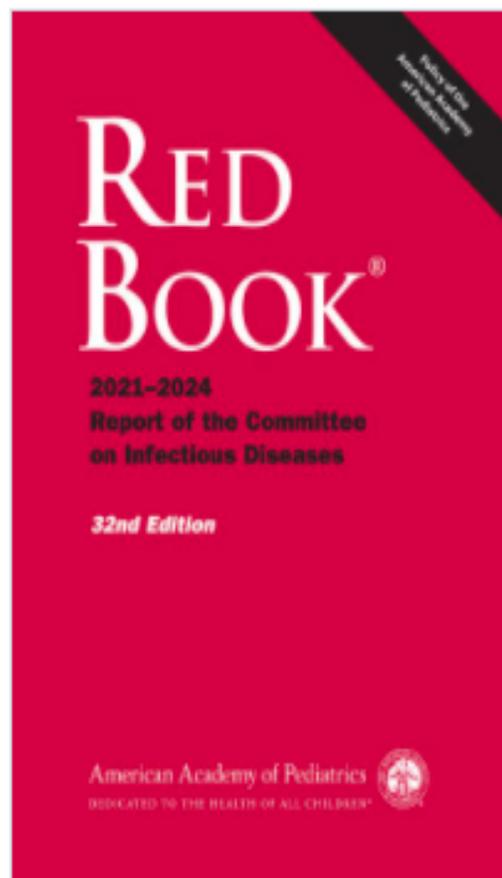
Publisher: APHA Press

Format: Softbound

Pages: 750

Publishing Date: 02/22

[Item Detail - Control of Communicable Diseases Manual, 21st Edition \(apha.org\)](#)



Red Book: 2021–2024 Report of the Committee on Infectious Diseases (32ND EDITION)

By Committee on Infectious Diseases, American Academy of Pediatrics;
David W. Kimberlin, MD, FAAP; Elizabeth D. Barnett, MD, FAAP; Ruth Lynfield, MD, FAAP;
Mark H. Sawyer, MD, FAAP

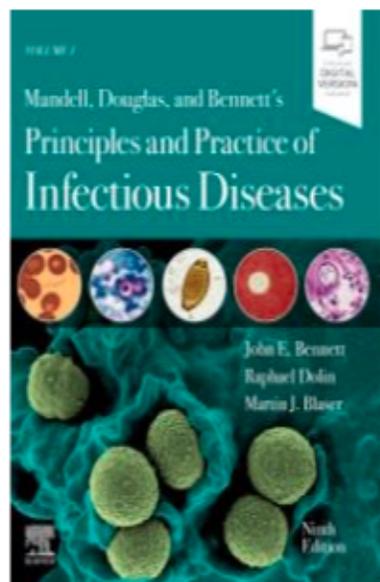
American Academy of Pediatrics

ISBN electronic: 978-1-61002-578-2

Publication date: January 2021

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 Tools 



Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, 9th Edition

2-Volume Set

Authors : [John E. Bennett & Raphael Dolin & Martin J. Blaser](#)

For four decades, physicians and other healthcare providers have trusted Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases to provide expert guidance on the diagnosis and treatment of these complex disorders. The 9th Edit [...view more](#)



3 REVIEWS

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 **IN STOCK**

How to set up an IP program by yourself

- Prioritize Your Issues
- Understand IPC Essentials
- Decide When to Lead, Consult, or Refer
- Build Your IPC Team - Know Your Network
- Review Your Surveillance Plan
- Develop a Risk Assessment (Evaluate/ Prioritize Risk)
 - APIC has Risk Assessment tools
- Conduct a Risk Assessment
- Get to Know Key Program Drivers: Regulatory Requirements and the Survey Process

Develop Yourself

- Document Your Training for Competency Development and Validation
- Consider Making Infection Prevention & Control Your Specialty/Career
- Identify what you need to know and understand what resources can bridge knowledge gaps.
 - Make a two column list
 - Knowledge, Skills, and Abilities **I have**
 - Knowledge, Skills, and Abilities **I need**

Develop Skills

- Spend a day(s) in the lab
- Spend a shift(s) with an ICU nurse, or the vascular access team, or in the ED or OR
- Collaborate with Employee/Occupational Health
- Attend Pharmacy and Therapeutics
- Spend a day(s) with EVS and Food Service
- Attend Facilities meetings and ask for inclusion in projects
- Attend Quality Council
- Attend CME presentations

ATTEND!!!

- Conferences – APIC/SHEA/IDSA/AAMI/ASHE
- Webinars
 - APIC
 - Vendors
 - SHEA
- Health Department meetings
 - Local/County
 - State
- APIC Chapter meetings
- APIC EPI courses
- CDC
 - COCA calls

COMING SOON! FREE FROM APIC

You Are Not Alone: Practical Tips and Strategies for the Isolated IP

This resource was developed by members of the 2021 Professional Development Committee of the Association of Professionals in Infection Control and Epidemiology (APIC – apic.org) as a service to provide practical support for infection preventionists (IPs) working in rural or otherwise isolated settings.

It is not uncommon, even for the most experienced IPs within larger urban acute care settings, to share that they felt isolated when starting in the IP role. Many simply landed into the IP role, yet quickly learned to love it and make it their life's work. For IPs working in some rural areas, or within facilities where they may be a lone IP, it might be difficult to know how to get started, what the priorities should be, and who to connect with.

An IP plays a very important safety and leadership role in every healthcare setting across the continuum of care. While initially it may seem daunting, being an IP is a great career, especially if you like to learn and embrace professional development. This document provides a variety of practical resources, networks, strategies, and tips for IPs working in isolated contexts, in any healthcare setting, to develop and sustain effective infection prevention and control (IPC) programs and connect with other IPs who can help them launch, navigate, and grow their careers as IPs.

[Prevention Strategist \(APIQ\) - Spring 2022 \(apic.org\)](https://www.apic.org/prevention-strategist-apiq-spring-2022)

Authors:

Anieca Ashley, RN, BSN, CIC; Janet Conner, MT(ASCP), MSPH, CIC, FAPIC; Christine Zirges, DNP, APRN-BC, CIC, FAPIC; Stephanie Holley, BSN, RN, CIC, FAPIC; Eileen R. Sherman, MS, CIC, FAPIC; Melissa Gallant MSN, RN, CPN, CIC

Draft

Getting Connected

Situation

- You're new to a very specialized field. It's very important to make connections that you can reach out to for advice and support. You are not alone.
 - **Advice**
 - Join APIC and a local chapter. Find the closest chapter at <https://apic.org/member-services/chapters/chapter-map/> – click on your state. Click on “View More” to get individual chapter contact information.
 - Seek out a mentor. Mentors are often best found through APIC or an APIC chapter. It is beneficial to join APIC and membership sections that pertain to your scope of practice - <https://apic.org/about-apic/membership-sections/>
 - Identify your network of IPs working in like facilities in your state. Don't be afraid to reach out to larger healthcare facilities in your area; call a hospital, LTC, or clinic near you and ask to speak with Infection Prevention. Explain that you are new to the role and would appreciate collaboration to help learn the role as it applies to your scope of practice.
 - Take the opportunity to meet key people; reach out and get to know your CMO, CNO, EVS Leader, Quality Leader, as well as individual department leaders.
 - Ask for help. For example, ask central sterile processing department (CSPD) to let you spend time in sterile processing to learn the complete scope, same with high level disinfection. Spend time with EVS and the application of AHE standard practices for environmental cleaning in healthcare facilities (<https://www.ahe.org/>).
 - Reach out and get to know your local public health department. Call and let them know you are the new IP for your facility and would like to meet and get to know them so you can establish a collaborative relationship.
 - **References**
 - Network with other facilities like yours.
 - APIC provides a wealth of information for IPs in all roles. <https://apic.org/>. In addition to contact information there are multiple education opportunities

Knowing Your Key Resources

Situation

- Advice
 - It's vital that you know where to locate the information you need. There are a variety of evidence-based resources internal and external. Listed here are some to get you started.
 - External resources: Reach out, join if possible and get on mailing list-
 - APIC: <https://apic.org/member-services/about-membership/>
 - Find your local APIC chapter: <https://apic.org/member-services/chapters/chapter-map/>
 - Review membership services: [About Membership - APIC](#)
 - Use the APIC justification letter to show the benefits of membership: [Justification-Letter- 2020.pdf \(apic.org\)](#) APIC Novice Roadmap: [Novice Roadmap for the Infection Preventionist - APIC](#)
 - This is a key resource to help guide your orientation into the IP role as well as education and training.
 - [The Roadmap is online and interactive and includes completion checklists that can be used as onboarding and orientation documentation.](#)

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- APIC text (requires subscription or purchase): <https://apic.org/resources/apic-text/>
 - The APIC text is a comprehensive reference for IPs and IPC programs that reflects the latest guidelines, regulations and standards of practice.
 - The text is available online in an easy to use, searchable format.
- State and local public health contacts

▪ References

- Hard copy resource guides:
 - Control of Communicable Diseases Manual – 2015. 20th Edition.
 - SHEA – *Clostridium-difficile* Infection. Guidelines Pocket card.
 - SHEA – Methicillin-Resistant Staphylococcus aureus (MRSA) in Adults and Children. Guidelines Pocket card.
 - SHEA – Isolation Precautions for Visitors. Guidelines Pocket card.
 - Ready Reference for Microbes, 4th edition
- Online/Electronic Resources:
 - CMS Conditions of Participation (COP) – Download Online: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospitals.html>
 - <https://qsep.cms.gov/data/252/A. NursingHome InfectionControl Worksheet11-8-19508.pdf>
 - SHEA Compendium – 2014 – Online
 - TJC Infection Prevention Chapter – Online <http://www.jointcommission.org/hai.aspx>
 - Current AAP "Red Book" <http://redbook.solutions.aap.org/redbook.aspx>
 - Current FGI guidelines (membership required by AHE) <https://www.ahe.org/>
 - CDC guidelines – online www.cdc.gov
 - Current AORN guidelines: <http://www.aorn.org/Guidelines/>
 - Current INS guidelines when they are updated (last updated 2011)
 - HICPAC Guidelines <http://www.cdc.gov/hicpac/>
 - Current AAMI standards/ sterilization, etc. <https://www.aami.org/news-resources>
 - AAMI/ Endoscope <https://store.aami.org/>
 - AAMI Dialysis Available for Immediate Download - See more at: <https://store.aami.org/>
 - OSHA Bloodborne Pathogen Standard https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051

Prioritizing Your Issues

Situation

It might be difficult to know what your priorities will be or there may even be competing priorities. It is helpful to know your regulatory responsibilities by learning the infection prevention standards from applicable Accreditation Organizations, such as The Joint Commission (TJC) or Det Norske Veritas (DNV), Conditions of Participation (CoPs) from Centers for Medicare and Medicaid Services (CMS), and your local and state public health guidelines. Your quality and regulatory colleagues can be valuable resources in sharing already purchased guidelines and gaps they have identified through mock and/or actual surveys.

- Become familiar with your facilities infection prevention and control-related policies and procedures

Advice

- Make rounding in clinical spaces a routine practice – 50% or less of infection prevention happens at a desk in an office. You might prioritize rounding locations based on *infection rates, tracer data from your regulatory partners, or findings from environment of care rounds and mock surveys*. Suggested areas:

- Patient care areas
- Procedural areas
- Specialty care areas such as rehabilitation gyms or behavioral health
- Locations that use and transport medical instruments
- Locations that perform high level disinfection and/or sterilization of medical instruments
- Locations where clean and/or sterile supplies are stored
 - Prioritizing will help you get started
- Perform a risk assessment and use the output to prioritize projects, action plans, and goals. CDC has tools available at [Infection Control Assessment Tools | HAI | CDC](#)
- Work on the essentials first before taking on additional projects
 - New IPs are often asked to do so much/too much. How to prioritize and say no?
- Use what is identified in the risk assessment and outlined in your location specific infection control plan
- Use data to prioritize focused rounding and to have supporting information when you do have to say no
- Decline projects better suited for other scopes of practice beyond IP
 - How to identify priorities, at what level detail to engage
- Larger facilities use focused surveillance on the issues identified in the risk assessment
- Smaller facilities often use house-wide surveillance based on the needs of the community served
 - Ask yourself: Is the time I am putting in benefitting patients?
- The goal of infection prevention is to provide the safest patient care

References/Resources

- Required reporting – <https://www.cdc.gov/nhsn>
- Need a current list of reportable diseases in your state which can be found on the state health department's website.

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Understanding the Core IPC Basics

Situation

- It's important, especially during a crisis, go back to core IPC principles and practices to ground yourself and make things simple for yourself and colleagues

Advice

- Refer to the IP competency model for core competencies: <https://apic.org/professional-practice/infection-preventionist-ip-competency>
- Utilize the self-assessment tools as part of the IP competency tools to identify learning needs and areas of focus for you individualize learning plan

Deciding When to Lead, Consult, or Refer

Situation

- Many healthcare issues have an infection related component. As issues arise you may find there are often gray areas and it may not be clear how much time and effort you should expend. As an IP you will face multiple priorities and know it's not unusual that a small issue may turn into a larger project. It can be easy to overextend yourself and become too involved in areas that may be better served with others involvement.

Advice

- When faced with issues IPs can refer (provide an alternative person, department, resource/education), offer consultation (be part of the team, contribute to intervention development, provide data or information), or take the role of managing the issue or project. To help guide the decision regarding your level of involvement it is helpful to apply the "stay in your lane" framework by first considering:
 - Does the issue present a real/perceived infection risk to patient? If the answer is no, refer. If yes, continue.
 - Does the issue fall into your IP plan or your roles and responsibilities? If the answer is no, refer. If yes, continue.
- Managing the issue does not mean you are managing it alone, but you may lead the response with the assistance of others.
- Also consider there may be other factors that may influence the decision for you to become involved. Some of these factors include if you have the data or if the issue is an infection prevention regulatory issue.
- For examples for situations see the reference/resource section.
- Are control measures within your scope (do you have the authority, budget, and personnel)? If no, offer consultation. If yes, manage the issue.

References/Resources

Leone C, Keiffer P, Snyders RE. Stay in your lane: Should the IP get involved. APIC Annual Conference; 2018 June; Minneapolis, MN.

Relias Media. (2018, September 1). Relias Media Hospital Infection Prevention and Control. Retrieved from Stay in Your Lane: A Framework to Define Your Practice: <https://www.reliasmedia.com/articles/143153-stay-in-your-lane-a-framework-to-define-your-practice>

Draft

Building Your IP team, Know Your Network

Situation:

IPs' are expected to provide expert knowledge, guidance, and perform routine risk assessments in IPC in collaboration and consultation with multidisciplinary teams. It is important to get to know who those team members that you will regularly work with. Below are some typical disciplines that you should reach out to and understand how their role effects the overall infection prevention program.

- **Advice**
 - Your internal IP team (in your hospital)
 - Develop your IPC committee/team
 - Key participants usually include:
 - Infectious disease physicians or physician leaders
 - Lab personnel/microbiologists
 - Employee health
 - Quality
 - Environmental services
 - Patient care leadership
 - Know your network - get to know your:
 - Lab personnel/microbiologist
 - Infectious disease physicians
 - Central sterilization or sterile processing
 - Environmental services
 - Facility services
 - Patient care leadership
 - Quality team
 - Employee Health
 - Laundry services
 - Materials management
 - Surgical services leadership
 - Pharmacy

Draft

Reviewing Your Surveillance Plan

Situation

Surveillance for healthcare associated infections (HAIs) is a core responsibility of the IPC Program. Depending on your setting, there may be regulatory requirements tied to surveillance data as well.

▪ Advice

- Review your reporting requirements. Both state and CMS surveillance requirements are based on facility type and patient populations.
- Check your surveillance plan and data. Understand historically what surveillance activities have been in place. Are they based on CMS and your state reporting requirements? Does the plan address the infection risks of your patient population?
- Locate and review applicable surveillance definitions
 - NHSN definitions (often updated annually)
 - McGeers definitions are utilized for long term care surveillance
- If reporting to CMS through the CDC's National Healthcare Safety Network (NHSN):
 - Review training resources and obtain SAMS card
 - You will need to complete all applicable modules
 - Enroll after training
 - You will need your facilities CCN number
- Seek advice and assistance from your IT department on the best case-finding approach
 - Lab data
 - Admissions data
 - Reports from the electronic medical record
- Define data collection methods and data analysis resources available in your organization
- Data validation - Send difficult infection cases to NHSN for validation
- Data submission – partner with your IT team to identify the best way to submit your infection data to NHSN and State required entities.
-

▪ References

- Reporting requirements: <https://www.cdc.gov/nhsn/cms/index.html>
- NHSN definitions: https://www.cdc.gov/nhsn/pdfs/pscmanual/pscmanual_current.pdf
- Training resources and obtain SAMS card: NHSN Training site: <https://www.cdc.gov/nhsn/training/patient-safety-component/index.html>
- Enroll after training: <https://www.cdc.gov/nhsn/acute-care-hospital/enroll.html>
- NHSN HAI Checklists: <https://www.cdc.gov/nhsn/hai-checklists/index.html>
- NHSN Toolkit for data quality checks for reporting facilities: <https://www.cdc.gov/nhsn/pdfs/validation/2020/2020-nhsn-iv-for-facilities-508.pdf>
- Reporting Requirements and Deadlines in NHSN per CMS Current & Proposed Rules: <https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements-deadlines.pdf>

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Developing a Risk Assessment (Evaluate/Prioritize Risk)

Situation

- A facility risk assessment is conducted annually by identifying and reviewing potential risk factors for infection related to the care, treatment, services provided, and the environment of care in a specific healthcare setting. The identified risks of greatest importance and urgency are then selected and prioritized. Based on these identified risks, facility personnel should develop the organization's Infection Surveillance, Prevention and Control (ISPC) Plan.
- **Advice**
 - Convene a team to conduct the risk assessment. Seek input from your Quality department colleague first to understand the QAPI – Quality Assurance Process Improvement framework for your healthcare setting
 - Utilize a Risk Assessment Template as a guide
 - Identify potential risk factors in each of the following categories:
 - Community and populations served
 - Potential for specific infection
 - Treatment and care practices
 - Instrument and medical device cleaning, disinfection, and handling
 - Environment of care
 - Emergency management
 - Others identified by the organization
 - Assess and score each potential risk factor based on the potential impact, the probability of the event or condition occurring, and the organization's preparedness to deal with the event/condition.
 - Select the risks with the highest scores for priority focus for developing the annual ISPC Plan. Some events/conditions with a lower score may be selected because they are an accreditation or regulatory requirement.
- **References**
 - Infection Control Assessment tools www.cdc.gov
 - Infection Control References-The Joint Commission www.jointcommission.org
 - Risk Assessment for Infection Surveillance, Prevention and Control Programs <https://apic.org>

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Getting to Know Key Drivers: Regulatory Requirements and the Survey Process

Situation

- Always be survey ready. Surveys are often unannounced and always seem to happen when you have a busy week scheduled. It will happen. Just smile, take a deep breath and roll with it. Remember, you got this!
- Infection Control survey preparedness is a continuous process. Infection Control best practices change often. As an Infection Preventionist, it is important to continuously educate yourself on the latest information from reliable resources to be viewed as the expert in the field of infection control. Surveyors will identify you as the expert for Infection Prevention and Control. Be the expert, be confident with your knowledge in such a unique field of healthcare.
- **Advice**
 - Know your Infection Control state and federal regulations, requirements and standards required to maintain your facilities licensure and accreditation. A full understanding of your resources and what is required are important for a solid Infection Control plan and to maintain regulatory compliance at your Healthcare facility.
 - It is important to remember Infection Control surveys cover all areas of your medical facility. Patient care and service areas are highlighted as their focus. Other areas such as dietary, housekeeping, volunteers. Contracted services and construction will also be evaluated. Make time to meet with leaders from all areas to discuss Infection Control processes and identify needs for education.
 - Documentation
 - Your documentation needs to be organized, labeled and in chronological order. The use of colorful graphs, charts to show your numbers are always welcomed by the surveyors. A nice overview PowerPoint of your IC Plan is also a win!
 - Here is a list of documents to have survey ready
 - Infection Control Program – Annual
 - Infection Control Risk Assessment- Annual
 - Current years IC data
 - State DOH Reportable
 - NHSN Reportable
 - Outbreak Investigations
 - Last year's IC data with year-end summary
 - One year of IC Committee Meeting Minutes

- Be prepared to discuss your continued education and competencies. Have your education and competencies ready to share. Include your evaluations, discuss your pathway towards your CIC achievement.
- Take notes or assign a scribe to take notes for you during your assigned time with the surveyor. Work with your “survey command center” to communicate all IC findings throughout the survey. These notes will be beneficial to identify follow up actions following the survey.
- Please note it is acceptable to ask the surveyor for clarification and explanation of any IC “finding.” It is also acceptable to have a professional discussion to challenge a finding if you feel the requirement has not been identified as a pattern, it is being met with proven requirements, process and documentation. The survey process is made for both sides to learn from each other.
- Remember you are not alone in this process. Reach out to your support systems network groups, a mentor and fellow IP's. These are great resources to get survey preparedness pointers. discuss survey findings, problem solve, share documents and assistance with Plan of Corrections following a survey. We are all in this together!
- **References**
 - Here are some IC survey preparedness resources for your survey journey!
 - State Department of Health Healthcare Licensure Requirements
 - Joint Commission- “IC” Infection Control Standards; www.jointcommission.org
 - CMS- Centers for Medicare and Medicaid Services – Tag F441; Infection Control requirements; www.cms.gov
 - CMS Hospital IC Worksheet (49 pages) www.cms.gov
 - CDC Risk Assessment Tools; Includes Acute, LTC, Ambulatory, Hemodialysis; www.cdc.gov
 - Joint Commission Survey Checklist; www.jointcommission.org
 - APIC; All of your IP needs; apic.org

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Documenting All Training/Learning You Do for Competency Development and Validation

Situation

- There are defined infection prevention competencies that you are encouraged to develop. Establishing your competency takes time. Regulatory agencies will assess your organization’s IP program and look for ongoing training and development of the IP staff.
- **Advice**
 - Keep a portfolio of your documented education and training certificates for ready access. Review core competencies for the IP role and establish a plan for your development. Seek out local opportunities to learn infection prevention principles. Network with others doing IP work in your region. Online training opportunities are plentiful. CDC has many free training modules. Use CDC observation tools to guide what you need to know.
- **References**
 - Infection preventionist competency model: <https://apic.org/professional-practice/infection-preventionist-ip-competency-model/>
 - Developmental path of the infection preventionist: <https://apic.org/professional-practice/roadmap/>
 - Guidelines & Guidance Library: <https://www.cdc.gov/infectioncontrol/guidelines/index.html>
 - Acute Care / Critical Access Hospitals (ACH): <https://www.cdc.gov/nhsn/acute-care-hospital/>
 - Standard Precautions: <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html>
 - Quick Observation Tools (QUOTs) for Infection Prevention: <https://www.cdc.gov/infectioncontrol/tools/quots.html>

Consider Making Being an IP Your Specialty/Career

Situation

The field of infection prevention is vast. It is a specialty that requires knowledge and skill to undertake the daily work of data collection and analysis, evaluation of products and procedures, development and review of policies and procedures, creation of infection risk assessments, implementation of prevention and control strategies, education, compliance with regulatory requirements, and application of epidemiological principles to provide safe high quality care.

- **Advice**
- Recognize there is a learning curve. This learning curve is a continuum that progresses for years. You will feel more comfortable in time. Make peace and acknowledge that you often will need to seek out answers. It will take time. Be patient with yourself and keep at it.
- Make time to read and learn. If you like life-long learning, then being an IP is a great career!
- As an IP you will be viewed as a subject matter expert and a leader. Determine your leadership style and make time for professional development.
- Professionally get connected. APIC is a great place to start. Review the competency model to help place perspective on your professional development. There is an abundance of content about the profession to help navigate this dynamic rewarding profession.

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GET TO KNOW YOUR:

Microbiologist/Lab managers

Central Sterilization/High Level Disinfection Manager(s)

Environmental Services Manager

Food Service/Culinary Manager

Engineering/Facilities/Plant Operations Manager

Quality Manager

Occupational Health Manager

Perioperative Manager

Antimicrobial Stewardship Pharmacists/Physicians

State and Local Health Departments

Local HME, Home Care, LTC, Hospitals, Rehab, LTAC

Spend time with these scopes of practice!!

Make a Difference!

Project examples:

- SSI Reduction for Total Hips and Knees
- Nurse Driven Foley Removal Protocol
- Nurse Driven C. difficile Protocol Built in EMR
- Hand Hygiene Campaign
- C. difficile Reduction Bundle Implementation
- Develop Business Case for a New Product with Successful Implementation
- UTI Risk Reduction

New Education Opportunities

MPH Programs with IP focus

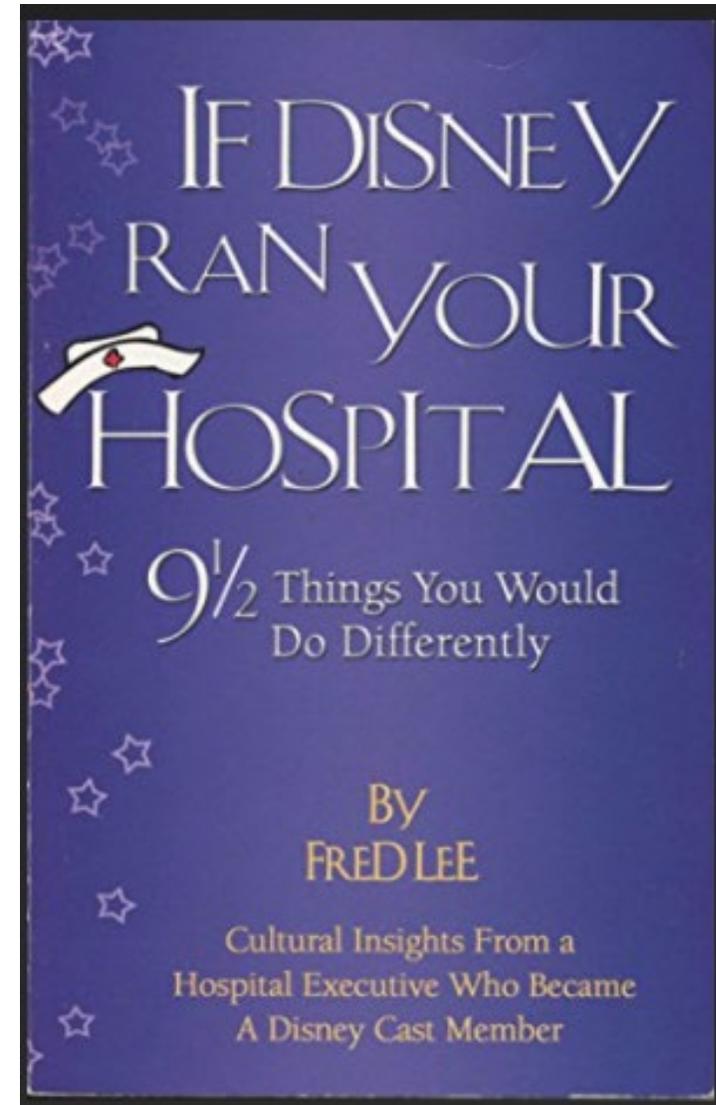
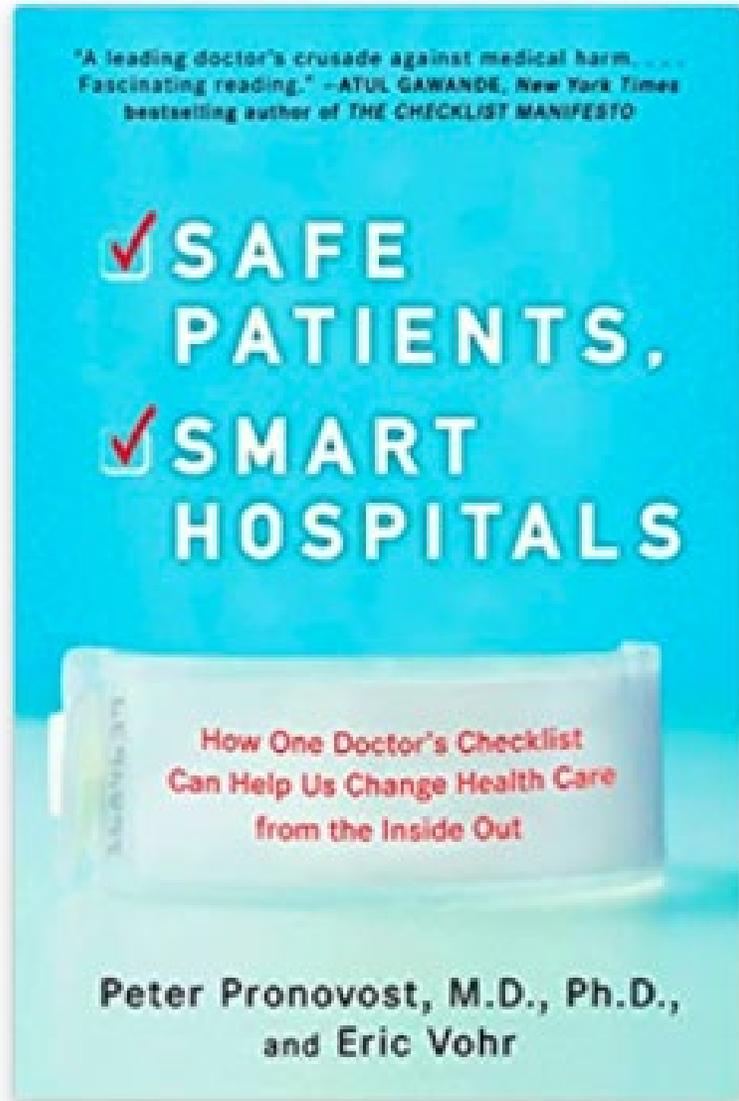
Nursing Programs with IP focus

Graduate programs in IP

- [Online Masters in Infection Control & Prevention Degree \(staffordglobal.org\)](http://staffordglobal.org)
- [Certificate in Infection Prevention | Academics | University of Nevada, Las Vegas \(unlv.edu\)](http://unlv.edu)
- [Program: Infection Control Graduate Certificate - University of South Florida - Acalog ACMS™ \(usf.edu\)](http://usf.edu)

IP has been officially identified as a career

READ



Infection Prevention is more than data and statistics!

It's about safe patient care, working with others, and achieving positive sustained behavior change.



Feel free at anytime to contact me!

Hopefully I'll be able to point you in the right direction 😊

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I'm on Linked In, and APIC Mile High Chapter 022