Voice for Infection Prevention (VIP)

Advocacy Toolkit:
A Guide for Visits with State Legislators

APIC®
Spreading knowledge. Preventing infection.
# Voice of Infection Prevention (VIP) Advocacy Toolkit

Use this table of contents to help find sample documents that may assist you in planning your legislative visit and/or educational outreach

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Introduction

Dear APIC Chapters:

As the amount of legislation and regulation governing the practice of infection prevention increases, it becomes more important for policymakers to hear from experts to help guide them through the intricacies of the profession and provide advice on evidence-based practices that lead to increased patient safety without overburdening providers.

Infection preventionists are ideally suited to provide this information to state policymakers. However, the idea of visiting legislators can be intimidating. The Voice for Infection Prevention (VIP) Advocacy Toolkit: a Guide for Visits to State Legislators is a multi-component toolkit designed to facilitate planning for visits to state legislators by APIC chapters.

We hope that your chapter will consider planning visits with your state legislators. Since many legislators may not be familiar with your profession, a good place to start would be a “meet and greet” visit to provide basic information about APIC and infection prevention, so that if the issue does arise in the legislature, legislators will have the names of experts to contact for additional information. The APIC Government Affairs staff stands ready to assist you in every step of your planning process.

We would like to extend our thanks to APIC Chapter 18 (Minnesota) for providing sample brochure language. We are also indebted to APIC Chapter 73 (Greater St. Louis) for using the lessons they learned in planning their own legislative day to develop a draft of this toolkit to assist other chapters. For this important contribution we wish to acknowledge the hard work and dedication of the current and former Chapter Legislative Representatives of the APIC Greater St. Louis Chapter – Cassandra Landholt, BS, Epidemiology Technician at Barnes-Jewish Hospital, and Jeanne Yegge, RN, BSN, MPH, CIC, Infection Prevention Consultant at BJC Learning Institute – who contributed their valuable time and expertise to this toolkit.

We look forward to working with you to plan your chapter’s legislative advocacy experience.

Sincerely,

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Legislative Visit Planning

Purpose

Define purpose of visit
- Meet and greet (introduce legislators to APIC mission)
- Specific legislative issue
  - Advocacy to individual legislators
  - Attend hearing as an observer

Determine who you will be visiting
- Health committee chairs/vice chairs only
- All health committee members
- All legislators
- Legislative staff
  - Useful to include staff in meetings, since staff members will be your contacts for future follow-up
- Other officers in same government building (governor, etc.)

Determine who you are representing
- Only your chapter
- All chapters in state
  - More logical to legislators, but also requires additional planning
  - This may help you determine which legislators to meet with
- Do not plan on representing both your facility and your organization at the same time, since not all interests are the same

Determine timing of visit
- Find out when legislature is in session (is this a year-round legislature or is the legislature only in session during part of the year?)
- Usual office hours/days
- Usual general session times (what times of the day or days of the week is the legislature in session?)

Logistics

Get the following information in advance of your visit (this may take some research - start by Googling “State Capitol Building” for your state to get general information, or a phone number)
- Number of buildings legislative offices are located in
- Obtain floor layout with each office location
- Building security requirements and restrictions
- Determine driving route and time it will take
- Check for road closings
- Determine parking options
  - Ascertain if cash is needed for parking garage or parking meters (credit cards may not be accepted)
  - Arrange for time off from work

Supplies needed for visit
- Gift bag/contents (recommended)
  - Find out if state/legislature has gift ban rules
  - Do you need boxes to transport handouts/gift bags?
- Handouts
  - About APIC

Continued
Legislative Visit Planning, continued

- Infection preventionist job description
- Local APIC member contact information
- Studies or position papers related to HAIs/infection prevention
- APIC logo (e.g. for gift bag stickers if needed)
- Contact APIC for assistance
- Luggage cart to transport boxes/materials
- Personal items
  - Small purse/cross over bag
  - Bottled water (check if liquids are allowed)
  - Umbrella
  - Wear comfortable shoes
- Check gift rules at your state legislature (are small gifts permitted?)
- Employer donations of materials or services (e.g. photocopying)
- Fundraisers, if needed
- Expenses
  - Determine in advance who will cover expenses
  - Pre-travel costs
    - Paper for letters/brochures
    - Gift bags
    - Items to put in gift bags
  - Travel day
    - Meals
    - Gas
    - Lodging, if necessary

Plan your meetings

- Contact legislators’ staff for initial appointments via email or phone (see sample appointment request letter)
- Follow up to confirm appointments prior to visit
- Send thank you notes after visits
- If unable to connect with someone, drop off material in office or send handouts as a follow-up

Develop budget

- Income
  - Chapter donations
  - Vendor donations of items for gift bags
  - Be aware of appearance of conflict of interest

- Pre-travel costs
  - Paper for letters/brochures
  - Gift bags
  - Items to put in gift bags

- Travel day
  - Meals
  - Gas
  - Lodging, if necessary

- Determine in advance who will cover expenses

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  - Meals
  - Gas
  - Lodging, if necessary
Legislative Visit Checklist

6-9 Months Before Visit

- Discuss plans with APIC Government Affairs staff
- Encourage all APIC chapters within state to participate in event
- Determine timing of visit (legislature is only in session at specific times of the year)
- Define purpose, goals of visit
- Develop key messages
- Set up planning timeline/checklist
- Determine budget, needed handouts and supplies, logistics for attaining supplies (identify vendors interested in participating)

3-6 Months Before Visit

- Determine which/how many APIC members will make the trip
- Determine which legislative bodies/legislators to visit
- Create and get assistance/approval for documents (APIC Government Affairs may be helpful)

1-3 Months Before Visit

- Obtain needed supplies
- Make appointments with legislators and/or their staff members
- Determine transportation plan, driving route and time needed

Two Weeks Before Visit

- Confirm appointments
- Understand any security restrictions of buildings and plan accordingly
- Determine parking options
- Obtain boxes/dollies to transport supplies

One Week Before Visit

- Obtain floor layout with office locations
- Check for road closings
- Make copies of educational material
- Assemble materials as necessary

Day Before Visit

- Pack car
- Check weather

Day of Visit

- Rehearse meetings with all participants
- Bring cash
- Have contact information available for each chapter within state
- Remember to bring business cards
- Bring needed personal items
- Save receipts
- Take photographs with legislators

After Visit

- Turn in expenses for reimbursement if appropriate (determine in advance who will cover expenses)
- Send thank you notes and/or follow-ups to all (vendors, legislators, other APIC chapters/members that assisted)
- Meet with all stakeholders to determine lessons learned
- Report on visits at chapter meeting
- Report to APIC on your experience and share photographs
- Start planning next visit!
General Advice for Attendees:

- Group meetings are encouraged, but no more than two to three attendees per group.
- Determine in advance who in the group will take the lead in discussing which issues. Group members should rehearse the visit in advance.
- Although basic statistics are useful to have on hand, they can be overwhelming to non-clinicians, so use them sparingly.
- Avoid using acronyms.
- Keep your visit brief. Any additional information you want to provide the legislator gives you a good opportunity for additional follow-up communications.

Introduction (3 minutes):

- Thank you for taking time out of your busy day to meet with us.
- Who we are: each attendee introduces him/herself, list credentials, experience, and current position.
- Why we are here: (Key messages) Ensure you are aware:
  - Of the size and scope of the problem of healthcare-associated infections.
  - Specific examples of HAIs (see below – pick one or two examples only).
  - How our occupation and organization works to eliminate them.
  - How we can assist you by providing information on infection prevention and control issues.

HAI Scope (7 minutes):

- According to the CDC, in American hospitals, healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year.
- The U.S. Department of Health and Human Services says that at any given time, 1 in 20 U.S. hospital patients has a healthcare-associated infection.
- The CDC estimates that healthcare-associated infections acquired in hospitals alone are responsible for $28 to $33 billion in excess healthcare expenditures every year.

Specific Examples of HAIs (pick only one or two):

- **MRSA Surgical Site Infection:** Jane had abdominal surgery. One week later she developed pain, redness, and drainage from her incision. The surgeon cultured it and it came back positive for
MRSA, a bacterium resistant to many antibiotics. She had to have a second operation to remove the infection, but recovered.

- **What was the cause?** Hard to know for sure. It could have already been on her skin and pulled into her surgical site by the operation if the skin prep was not adequate. It also could have been introduced into her surgical wound on the hands of a healthcare worker or by equipment that wasn’t adequately reprocessed after the last surgery.
- **Prevention?** Ensuring proper skin preparation, equipment reprocessing, and hand hygiene.

- **Influenza:** Mike’s grandmother lived in a nursing home for 10 years. She is required to get a flu shot every year. Most years she doesn’t develop good immunity from it because it is not as effective in older people, and some years the shot isn’t a good match to the circulating virus. Last year she got influenza and died as a result of influenza-related complications.
  - **What was the cause?** She could have gotten it from a fellow nursing home resident, one of her visitors, or from her care providers.
  - **Prevention?** Insisting all healthcare workers get vaccinated, stay home when ill, and wear masks if they can’t get vaccine. Separate ill residents from the other residents. Encourage visitors to stay home when ill. Develop vaccines that cover a broader spectrum of influenza viruses.

- **Hepatitis:** Joe went to an ambulatory care center for a routine colonoscopy since he just turned 50 and this is the recommended age to begin having regular colonoscopies performed. A few weeks later his urine turned dark, the whites of his eyes turned yellow, and he lost 20 pounds. He was diagnosed with Hepatitis C, which can eventually lead to liver failure.
  - **What was the cause?** This ambulatory care center re-used single-use syringes and medication vials when administering anesthesia. This allowed contaminated blood in the used syringe to taint the vial and infect the next patient.
  - **Prevention?** Use syringes and vials only once for a single patient and then dispose of them.

**Who are Infection Preventionists? (3 minutes):**

Professionals who dedicate their lives to preventing these sorts of healthcare-associated infections are known as infection preventionists. These professionals play significant roles in:

- Developing proven policies to ensure a safe environment for patients.
- Ensuring compliance with standards and regulations designed to protect our patients and healthcare personnel.
Tracking and monitoring activities to identify healthcare-associated infections and other infectious agents.

Acting as leaders in emergency preparedness to be ready for events such as an influenza pandemic or acts of bioterrorism.

Leading and participating in healthcare quality improvement efforts.

Educating the public and healthcare personnel about infectious diseases and how to limit their spread.

Reporting communicable diseases to the U.S. Centers for Disease Control and Prevention (CDC).

Partnering in the Future

Available to answer questions on infection issues under legislative consideration.

Examples of current infection-related policy concerns (give copies):
  • Appropriate APIC position papers
  • Any state-specific documents you have available
Sample Gift Bag

If gifts are consistent with the ethics rules within your state, a bag of educational items that illustrate infection prevention principles may be helpful. This is an example of what one chapter prepared to help educate staff and legislators.

What's in the Bag - and Why?

**Antiseptic hand wash/foam:** Alcohol rapidly kills germs when applied to the skin. As long as hands are not visibly soiled, alcohol is just as effective as soap and water for cleaning hands.

**Lotion:** Your skin is your body’s first line of defense against infection. Use lotion to prevent dryness or cracking which could allow bacteria into your body.

**Nail polish remover:** The Association of periOperative Nurses (AORN) Recommended Practices note that chipped polish may harbor bacteria in large numbers and thus should be removed prior to caring for patients.

**Microfiber towel:** This fabric is extremely absorbent and is replacing other cleaning cloths in many facilities. Using a fresh microfiber towel in every patient room reduces the risk of transmitting germs from one room to the next.

**Lens cleaning wipes/towel:** Germs accumulate on all surfaces and can then be transferred into your body or to other people. Keeping frequently touched items clean reduces this risk.

Casey Landholt and Jeanne Yegge of APIC Chapter 73 (Greater St. Louis) during a legislative visit with Dr. Keith Frederick, Vice-Chair of Missouri’s House Committee on Health Care Policy.
Q: What are healthcare-associated infections (HAIs)?
A: Any infection that develops while a patient is being treated in a healthcare facility, or within a prescribed amount of time after exposure to a healthcare setting, is considered healthcare-associated.

Q: How are these infections spread?
A: There are various modes of transmission. Most commonly, HAIs are spread by person-to-person contact or by touching a contaminated surface. Some infections can also be spread through the air via the breath of an infected person or through respiratory droplets produced by sneezing and/or coughing.

Q: What are some examples of healthcare-associated infections?
A: You may already be familiar with some of the more commonly acquired HAIs, such as MRSA, Clostridium difficile, or catheter-associated urinary tract infections. Other worrisome conditions include ventilator-associated pneumonia, central line-associated bloodstream infections, surgical site infections, and influenza.

Q: How does a patient acquire an infection while hospitalized?
A: Depending on the specific type of microorganism causing the infection, the patient could have gotten an infection from the healthcare worker who performed care, from non-sanitized medical equipment, from a patient already infected in the healthcare setting, or from a contaminated environment. Some infections are also transmitted person-to-person by breathing or by touching.

Q: How does a patient acquire an infection while hospitalized?
A: Depending on the specific type of microorganism causing the infection, the patient could have gotten an infection from the unclean hands of healthcare workers, contact with non-sanitized medical equipment, unsafe surgical practices, exposure to other patients with an infectious disease, organisms on their body, or unsafe construction practices, just to name a few.

Q: Does this happen often?
A: The Centers for Disease Control and Prevention (CDC) estimates that one out of every 20 hospitalized patients will contract an HAI (www.cdc.gov/HAI/burden.html). Some of these infections will be minor and easy to treat, while others will be devastating.

Q: Can these infections be prevented?
A: In most cases, yes. Many HAIs are preventable through the implementation of proven, evidence-based infection prevention protocols and procedures. That is why tracking, monitoring, and reporting infections represent only the beginning. For infection prevention programs to be successful, they must have staff and funds to implement and support them.

Infection preventionists (IPs) are professionals who dedicate their careers to preventing healthcare-associated infections. These professionals play a significant role in:

- Developing proven policies to ensure a safe environment for patients.
- Ensuring compliance with standards and regulations designed to protect our patients and healthcare workers.
- Tracking and monitoring activities to identify healthcare-associated infections and other infectious agents.
- Acting as leaders in emergency preparedness to be ready for events such as a pandemic or acts of bioterrorism.
- Leading and participating in healthcare quality improvement efforts.
- Educating the public and healthcare personnel about infectious diseases and how to limit their spread.
- Reporting communicable diseases to the CDC.

The APIC tri-fold advocacy brochure may be used as a handout for legislators and legislative staff, included in gift bags, or distributed at APIC events. This toolkit includes two versions of the brochure. One provides contact information for the APIC government affairs staff, and the other is customizable with information about your chapter.
Dear [insert title and name of legislator]

[We/I] will be joining members of the [chapter name] of the Association for Professionals in Infection Control and Epidemiology (APIC) in a visit to the legislature on [insert date], and hope to spend a few minutes meeting with you and/or your health staff person to introduce you to our profession. APIC is a nonprofit, multi-disciplinary organization representing over 14,000 infection preventionists whose mission is to create a safer world through prevention of infection.

During this meeting, we would like to share with you our many roles in the healthcare community so that we may serve as an information source if you have questions or concerns related to infection prevention issues. [We/I] will follow up by phone with your staff to schedule a meeting, or feel free to contact [me/us] at [phone number].

Thank you for your consideration of this request, and we look forward to meeting you on [date].

Sincerely,

[your name]

[List Chapter name/location]

[Legislative Representatives or other title, if applicable]

Click here to access an editable file to personalize your own letter
Dear [title, last name of legislator],

We are sorry we were unable to meet with you or your staff during APIC’s legislative day. However, we are leaving some material about our organization, infection prevention, and the role of infection preventionists for your information.

We have also included our contact information. We hope that you will call on us if you need additional information on healthcare-associated infections or infection prevention. We will follow up with you in case you have any questions.

Sincerely,

[Names of visitors]
[Chapter name/location]
[Legislative Representatives or other title, if applicable]

*Also list regions covered in chapter (as applicable), and contact information.

** If you met with staff instead of legislator, use the “sample follow-up letter to staff” instead of this letter.

Click here to access an editable file to personalize your own letter
Dear [insert title and last name],

On behalf of the Association for Professionals in Infection Control and Epidemiology (APIC), we would like to thank you for taking time out of your busy schedule to meet with us. We enjoyed getting to know you and we hope you will find our information useful.

APIC is very committed to providing education and support to professionals from all healthcare settings and promoting standards in practices surrounding infection prevention. We believe that APIC’s voice can be an asset to any future legislative discussions regarding prevention of healthcare-associated infections.

Thank you again for allowing us to share information about our profession with you, and we hope we can be of assistance to you whenever you need reliable information related to infection prevention. We look forward to staying in touch to provide you with updated information on healthcare-associated infections, and we hope you will call on us when infection-related issues arise in the legislature.

Sincerely,

[Names of visitors]

[Chapter name/location]

[Legislative Representatives or other title, if applicable]

*Also list regions covered in chapter (as applicable), and contact information.

**Use this letter when your group met with the actual legislator.

Click here to access an editable file to personalize your own letter
Dear [Mr./Ms. insert last name],

On behalf of the Association for Professionals in Infection Control and Epidemiology (APIC), we would like to thank you for taking time out of your busy schedule to meet with us on behalf of Senator/Representative [insert name]. We enjoyed getting to know you we hope you will find our information useful.

APIC is very committed to providing education and support to professionals from all healthcare settings and promoting standards in practices surrounding infection prevention. We believe that APIC’s voice can be an asset to any future legislative discussions regarding the prevention of healthcare-associated infections.

Thank you again for allowing us to share information about our profession with you, and we hope we can be of assistance to you whenever you need reliable information related to infection prevention. We look forward to staying in touch to provide you with updated information on healthcare-associated infections, and we hope you will call on us when infection-related issues arise in the legislature.

Sincerely,

[Names of visitors]

[Chapter name/location]

[Legislative Representatives or other title, if applicable]

*Also list regions covered in chapter (as applicable), and contact information.

**Use this letter when your group met with a staff member but not the legislator.

Click here to access an editable file to personalize your own letter