



# CERTIFICATION

## THE DEFINING DIFFERENCE

An APIC Strategic Initiative



## RESULTS

**Hospitals with infection prevention and control programs led by a certified infection preventionist (IP) had significantly lower rates of MRSA bloodstream infections.<sup>1</sup>**

<sup>1</sup>Pogorzelska M, Stone PW, Larson EL. Certification in infection control matters: impact of infection control department characteristics and policies on rates of multidrug-resistant infections. *Am J Infect Control.* 2012;40(2):96-101.



## STRENGTH

**Credentialed IPs were 2–3 times more likely to believe in the strength of evidence behind certain infection control practices.<sup>2</sup> As a result, they may be more likely to encourage implementation of these practices.**

<sup>2</sup>Saint S, Greene MT, Olmsted RN, Chopra V, Meddings J, Safdar N, Krein SL. Perceived strength of evidence supporting practices to prevent health care-associated infection: results from a national survey of infection prevention personnel. *Am J Infect Control.* 2013 Feb;41(2):100-106.



## CHAMPIONS

**Certified IPs are likely better prepared to interpret evidence and act as champions for key infection prevention practices.<sup>3</sup>**

<sup>3</sup>Krein SL, Hofer TP, Kowalski CP, et al. Use of central venous catheter-related bloodstream infection prevention practices by US hospitals. *Mayo Clin Proc.* 2007;82:672-678.



## CONSISTENCY

**Certification provides facilities with IPs who have a demonstrated baseline of knowledge, and advances IPs as capable colleagues and leaders in their field. IPs with this specialization can better promote their value and set expectations for the future of the IP role.**

**As part of its Strategic Plan 2020 to “support board certification in infection prevention and control to promote widespread adoption,” APIC has launched its *Certification: The Defining Difference* campaign. This state-based legislative effort encourages new infection preventionists (IPs) to become certified in infection control. APIC is in the process of promoting this legislation in state legislatures.**

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## WHAT DOES THIS LEGISLATION DO?

The legislation provides criteria for IPs to practice in a hospital setting. Specifically, IPs practicing in hospitals would need to either:

- Pass a nationally accredited organization’s infection prevention and epidemiology exam (e.g., CBIC) or
- Be employed as an IP for one year or more prior to the bill’s passage.

## WILL NON-CERTIFIED IPs STILL BE ABLE TO PRACTICE IN A HOSPITAL?

Yes, there are several ways for non-certified IPs to practice if the bill is passed, such as:

- An IP gets certified within three years of hire,
- The hospital shows it performed a thorough search and could not find a certified IP, or
- An IP has more than one year of experience prior to the bill’s passage.

## WHERE CAN I FIND OUT MORE ABOUT THIS LEGISLATION?

[apic.org/getcertified](http://apic.org/getcertified)

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