

Voice for Infection Prevention (VIP)

ADVOCACY TOOLKIT:

A Guide for Visits with State Legislators



Association for Professionals in Infection Control and Epidemiology

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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

S T A T E

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 an all inclusive, multi-component toolkit designed to facilitate planning for visits to state legislators by APIC chapters. The cornerstones of this toolkit are:

- A customizable and educational brochure to introduce policymakers to the world of infection prevention and APIC
- Planning documents to assist with logistics
- Sample communication templates, including:
 - Appointment request letters
 - Thank you/follow-up letters
 - Guidance/talking points for the face-to-face meeting

We hope that your chapter will consider planning visits with your state legislators. Since many legislators are not familiar with our 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 an 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, and to APIC Chapter 73 (Greater St. Louis) for using the lessons they learned in planning their own legislative day to assemble the initial draft of the toolkit to assist other chapters. Most importantly, we wish to acknowledge the hard work and dedication of the former Chapter Legislative Representatives of the APIC Greater St. Louis Chapter—Cassandra Sherman, BS, CIC, and Jeanne Yegge, RN, BSN, MPH, CIC, FAPIC—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 infection prevention profession and 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 follow-up.
- Other officers in same government building (governor, etc.).
- Representative of Lobby Day attendees

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.
- 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 the 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” to get general information or a phone number).

- Number of buildings in which legislative offices are located.
- Obtain floor layout with each office location.
- Building security requirements and restrictions.
- Determine driving route and amount of time it will take to get there.
- Check for road closures.
- 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
 - Find out if state legislature has gift ban rules
 - Do you need boxes to transport handouts/gift bags
- Handouts (examples found in the Public Policy Agenda)
 - About APIC
 - Infection preventionist job description



Scan here to access
the APIC Public
Policy Agenda

Legislative Visit Planning, *continued*

- Local APIC member contact information.
- Studies or position papers related to HAIs/infection prevention.
- APIC logo (e.g. for gift bags stickers are available 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

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 (see sample "Sorry we missed you" letter).

Develop budget

- Income
 - Chapter donations
 - Vendor donations of items for gift bags
 - ◆ Be aware of appearance of conflict of interest.
 - Employer donations of materials or services (e.g. photocopying).
 - Fundraisers, if needed
- Expenses
 - Pre-travel costs
 - ◆ Paper for letters/brochures
 - ◆ Gift bags
 - ◆ Goodies to put in gift bags
 - Travel day
 - ◆ Meals
 - ◆ Gas
 - ◆ Parking
 - ◆ Lodging, if necessary

Legislative Visit Checklist

6-9 Months Before Visit

- 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)
- Discuss plans with APIC Government Affairs staff

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 is a great resource)

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 or make other plans to distribute materials

One Week Before Visit

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

Day Before Visit

- Pack car
- Check weather
- Remember to bring business cards

Day of Visit

- Rehearse meetings with all participants
- Bring cash
- Have contact information available for each chapter within the state
- Bring needed personal items
- Save receipts
- Take photographs with legislators
- Post pictures on social media

After Visit

- Submit expenses for reimbursement
- 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!

Sample Script for Legislative 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. If possible, 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 (15-30 minutes). Any additional information you want to provide the legislator gives you a good opportunity for additional follow-up communications.

Introduction

- Thank you for taking time out of your busy day to meet with us.
- Who we are (each attendee introduce him/herself, list credentials, experience, current position).
- Why are we here (key messages). Be prepared to discuss:
 - The scope of the HAI problem
 - Specific examples of HAIs (see page 6 - pick one or two examples only)
 - The threat of antibiotic resistance
 - How our occupation and organization works to eliminate HAIs and ensure patient safety
 - How we can assist policymakers by providing information on infection prevention and control issues

Who are Infection Preventionists

Professionals who dedicate their lives to preventing HAIs and preventing the spread of multidrug-resistant organisms are known as infection preventionists. These professionals play significant roles in:

- Implementing proven policies to ensure a safe environment for patients.
- Ensuring compliance with standards and regulations designed to protect patients and healthcare personnel.
- Tracking and monitoring activities to identify HAIs and other infectious agents.
- Acting as leaders in emergency preparedness to be ready for events such as an influenza pandemic or other types of disease threats.
- 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 and state/local health departments.

Sample Script for Legislative Visit, *continued*

HAI Scope

- According to the CDC, in American hospitals, HAIs account for an estimated 722,000 infections and 75,000 associated deaths each year.
- The CDC says that at any given time, 1 in 25 U.S. hospital patients has an HAI.
- The CDC estimates that HAIs acquired in hospitals are responsible for \$28 to \$45 billion in excess healthcare expenditures every year.

Scope of Antimicrobial Resistance

- Each year in the United States, at least 2 million people acquire serious infections with bacteria that are resistant to one or more antibiotics.
- More than 23,000 people die each year as a direct result of these antibiotic-resistant infections
- Antibiotic-resistant infections add considerable, and avoidable, costs to the already overburdened U.S. healthcare system. Antibiotic resistance adds an estimated \$20 billion in excess direct healthcare costs. Further, additional costs to society from lost productivity are an estimated \$35 billion a year.

Specific Examples of HAIs and Antimicrobial Resistance

[pick one or two only]

- **MRSA Surgical Site Infections:** 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 vaccinated. Separate ill residents from the other residents and encourage visitors to stay home when ill.
- **Hepatitis:** Joe went to an ambulatory care center for a routine colonoscopy because 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.

Sample Script for Legislative Visit, *continued*

- What was the cause? This ambulatory care center re-used single-use syringes and medication vials when administering anesthesia. This allowed trace amounts of 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.

Partnering in the Future

- We are available to answer questions on infection issues under legislative consideration.
- Examples of current infection-related policy concerns (provide copies).
 - APIC position paper on mandatory influenza vaccinations for healthcare workers.
 - Any state-specific documents you have available.

Sample Gift Bag

S T A T E

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.



Casey Sherman and Jeanne Yegge of APIC Chapter 73 (Greater St. Louis) during a legislative visit with Dr. Keith Frederick, then Chair of Missouri's House Committee on Health Care Policy.

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.

Customizable APIC Advocacy Brochures

S T A T E

The APIC 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.

HAI Q&A brochures

Ready-made version

Features contact information for the
APIC Government Affairs team

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: 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, catheter-associated urinary tract infections, central line-associated bloodstream infections, and surgical site infections.

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: 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 CDC estimates that one out of every 25 hospitalized patients will contract an HAI (www.cdc.gov/hai/surveillance). Some of these infections will be minor and easy to treat, while others will be life-threatening.

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 are only the beginning. For infection prevention programs to be successful, they must have start and funds to implement and support them.

Who are infection preventionists?
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 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 CDC.

This document was developed by APIC, in collaboration with the Minnesota and Greater St. Louis APIC Chapters.

Customizable version

Add your own chapter and
contact information

APIC
Association for Professionals in
Infection Control and Epidemiology

APIC, founded in 1972, is the leading provider of infection prevention resources through education, training, government advocacy, and implementation of research. APIC is an international organization of more than 15,000 members, including the members in *insert name of chapter*. APIC members represent healthcare facilities - including hospitals, outpatient surgery centers, long-term or specialty care facilities, and home care groups - as well as industry, and local and state health departments. Many *insert name of chapter* members serve on committees or boards of national organizations to influence improvements in patient safety in all healthcare settings across the nation.

Contact Information
Insert (Title of Chapter - Chapter #)

Chapter Legislative Representative
Insert Name of CLR
Insert CLR Phone # *Insert CLR email*

Vice President, Government Affairs and Practice Guidance
Lisa Tomlinson 202-454-2606 ltomlinson@apic.org

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(Click on the thumbnails to access these files.)

Sample Appointment Request Letter

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 15,000 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. We look forward to meeting you on [\[date\]](#).

Best Regards,

[\[your name\]](#)

[\[List Chapter name/location\]](#)

[\[Legislative Representatives \(or other title, if applicable\)\]](#)

[Click here to access an editable file to personalize your own letter](#)

Sample “Sorry We Missed You” 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, the field of infection prevention, and the role of infection preventionists.

We have also included our contact information and hope that you will call on us if you need additional information on healthcare-associated infections, multidrug-resistant organisms, or infection prevention issues.

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, there is no need to send a regret letter. Instead, send a modified “thank you” letter (see page 13) indicating who you met with and expressing appreciation for the staff person’s time and attention.

[Click here to access an editable file to personalize your own letter](#)

Sample Follow-Up Letter to Legislator

Dear [Senator/Representative] [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. We enjoyed getting to know you and would be happy to answer any questions you may have about infection prevention issues.

APIC is committed to providing education and support to professionals from all healthcare settings and promoting practice standards to prevent infection and ensure patient safety. We believe that APIC's voice can be an asset to any future legislative discussions regarding prevention of healthcare-associated infections and the spread of antimicrobial resistant bacteria.

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 and antibiotic stewardship.

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](#)

Sample Follow-Up Letter to Staff

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 and would be happy to answer any questions you may have about infection prevention issues.

APIC is committed to providing education and support to professionals from all healthcare settings and promoting practice standards to prevent infection and ensure patient safety. We believe that APIC's voice can be an asset to any future legislative discussions regarding prevention of healthcare-associated infections and the spread of antimicrobial resistant bacteria.

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[Names of visitors]

[Chapter name/location]

[Legislative Representatives (or other title, if applicable)]

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

[Click here to access an editable file to personalize your own letter](#)