

PRESIDENT'S 2005 ANNUAL CONFERENCE ADDRESS
SUE SEBAZCO

Our 2004 conference theme was "Turning up the Heat on Infection Control." It was most appropriate, not only because this conference was held in Phoenix where we saw temperatures climb upwards of 100 degrees, but also because in 2004 we saw a tremendous focus on infection prevention and control due to JCAHO's patient safety goals and hand hygiene, emergency preparedness and emerging pathogens worldwide, and the ongoing challenge of combating MRSA, VRE, and Clostridium difficile. By last June, three states had mandated reporting of healthcare associated infection rates, and we began to see the heat being turned up on infection prevention and control with legislators and the general public. Approximately 18 months ago the planners of this conference had the vision to select the theme "Charting the Course for Infection Prevention and Control." It also best describes the activities surrounding our profession and our association during the months that have passed since we last gathered in Phoenix. This morning I am going to tell you the promising story of our profession and the association's progress in recent months.

Sitting before me – front and center—are my APIC Presidential predecessors. You are most likely not aware of this, but in the months leading up to this conference –this very moment in time—you have challenged me. I have replayed in my mind the words delivered by several of you during your presidential messages and I have to say—you all are a tough act to follow! Each of you has played an integral part in the formation of this association we fondly call "APIC," and we are not yet finished yet – nor will we ever be! APIC is a dynamic organization, made up of incredible professionals, on both the volunteer and staff level, striving daily to ensure quality, safe care for the persons entrusted to us for their healthcare needs.

Since this association set sail in 1972, we have weathered some storms. Now, I am not a sailor, but I felt compelled to learn a little bit about sailing. After all, this conference brochure has a sailboat on it, and look at this stage set!! My quest was to identify if sailing a boat had any similarities with APIC as an association composed of member volunteers and staff fervently addressing healthcare issues of interest and concern to our specialty. There were two books that answered my question.

From "*First You Have to Row a Little Boat*," written by Richard Bode, I learned that "to sail a boat is to negotiate a life..." By learning how to sail, the author said he was developing a consciousness, an acute awareness of the relationships between himself and the elements over which he had no control. A sailor responds to the subtle shiftings of the wind, the imperceptible ebbings of the tide. He changes course. He trims his sheets. He sails.

I found another book, "*The Arts of the Sailor*," by Hervey Garrett Smith. This book caught my eye because it had 101 illustrations, and to someone who knows absolutely nothing about sailing, that was important! The chapter that really intrigued me was entitled "Keeping Ahead of Trouble," in which the author describes an experience he had when he was hit by a line squall in total darkness. I quote: "I have been swamped, capsized, and dismasted, and fear was right there with me, my heart pounding like a pile driver and my mouth full of cotton. In fact on some occasions I suppose I was afraid just for the hell of it, from force of habit... Right there, in the first few moments of that blow, I found the answer I had sought so long. Now I *knew* what I had been afraid of all those years. It wasn't the sea, the wind or the boat...*I was afraid of myself!* Face to face with the very situation I dreaded meeting, I was afraid I lacked the ability to lick it."

To be honest with you all, I still cannot sail, but, I have in the past, rowed a little boat. However, my quest was answered. APIC and sailing do have similarities. Those of you who are boaters or have sailed a boat know that when a storm comes up, you have to alter your course. So it is with our association or, in fact, with life in general. We chart our course in one direction and set sail and, sure enough, a life event occurs and we find the need to change direction. We have to be resilient in our daily work and be prepared to adjust the course. Although we have weathered some storms in the past, APIC has been able to move forward this past year to get us back on course as an association and as Infection Prevention and Control Professionals. Today, I have the privilege of providing you with the highlights that have occurred in APIC over the past several months to move us towards a great future.

The infection prevention and control profession is dedicated to patient safety, devoting our careers to implementing processes and procedures that reduce the risk of healthcare-

associated infections and other adverse outcomes. Through surveillance, control, education, and reporting, we strive to protect patients and healthcare workers. As you are probably aware, one of the most pressing patient safety issues affecting our profession and the Association is mandatory public reporting of healthcare-associated infections. The issue has attracted media attention, and both the press and consumers' groups are seeking information on hospital infection rates.

APIC, leading a group of key stakeholders including the Centers for Disease Control and Prevention, the American Hospital Association, the Society for Healthcare Epidemiology of America, the National Quality Forum and the Consumers Union convened a sold-out consensus conference in February of this year to explore the issue. The goal was to hear all of the opinions from every quarter and develop a productive path forward. From the consensus conference, it became clear that a state by state approach would create more confusion than clarity. By the end of the conference the consensus was clear: APIC would invite a key group of stakeholder organizations to move forward to develop a national standard. Toward this end, APIC is leading the effort to put a mechanism into place for creation of a national standard for public reporting. For those of you who may have missed this seminal event, an archived webcast is available free to APIC members on the APIC website, and on CD-ROM here at the APIC Resource Center.

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As mandatory public reporting continues to gain ground, APIC is actively monitoring actions in both state and federal legislatures. Our government affairs headquarters staff works closely with chapter legislative representatives to develop strategy at the state level and prepare members for expert testimony.

Infection prevention and control professionals are the foremost experts on the subject of healthcare-associated infections, possessing the clinical knowledge and professional expertise necessary to educate consumers, legislators, stakeholders, and administrators on the issue and the complexities surrounding it. We must chart the course and ensure the voice of infection prevention and control is heard. As part of these efforts, APIC is proud to announce the new VIP Action Center. VIP standing for the Voice of Infection Prevention. This citizen action tool will facilitate grassroots participation by connecting APIC members directly with their elected

officials so that their voices are heard. As an APIC member, you will have the ability to contact members of Congress, the President, and other state and federal government officials with messages prepared by APIC experts. The VIP Action Center is just one way the Association is empowering ICPs . A demonstration of the new VIP Action Center will be running at the Public Policy showcase booth throughout this conference, and will also be available at the APIC Resource Center. We encourage you to take a moment to experience this powerful service.

Through active public policy and advocacy initiatives, APIC strives to advance the interests of infection prevention and control professionals and protect the patients for whom we care. Charting the course can require navigating through difficult waters. For many years, APIC worked to overturn the TB rule proposed by the Occupational Safety and Health Administration that would have required annual fit-testing. Although the rule was withdrawn, OSHA placed tuberculosis under its general industry respiratory protection standard, which does require annual fit-testing. APIC, in collaboration with Congressman Roger Wicker, authored a provision that halted funding of this mandate. In December 2004, President Bush signed into law the Fiscal Year 2005 omnibus spending bill, including the APIC-supported provision prohibiting OSHA from enforcing annual fit-testing for TB through September of this year. This achievement is significant for the profession and APIC, and would not have been possible without the dedication and hard work of Eddie Hedrick, Julie Savoy , Rachel Stricof, Judene Bartley, Julie McCord and Jennifer Thomas Barrows. APIC continues to work with public health and healthcare partners to overturn the ruling and ensure scientifically sound methods for addressing healthcare worker protection.

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Since 2003, APIC has been working with the American Hospital Association, the American Society for Healthcare Engineering, the National Fire Protection Association, and others in an effort to amend a CMS provision prohibiting alcohol-based handrub dispensers in egress corridors of healthcare facilities. APIC urged CMS to amend its policy so that these proven infection prevention products are readily available to healthcare workers. In March of this year, CMS lifted the prohibition. APIC members Judene Bartley and Loretta Fauerbach were instrumental in working to overturn the CMS prohibition, and we thank them for their dedication and superb navigational skills.

APIC and ASHE, with input from other healthcare organizations, were similarly successful in reversing a recent decision in Nebraska that would have prohibited the use of alcohol-based surgical preparations when electro-cautery is anticipated. This is an important step to ensuring prevention of surgical site infections, and we recognize Judene Bartley for her help with this issue.

Keeping with our commitment to patient safety, APIC has been invited to join the Institute for Healthcare Improvement's 100,000 Lives campaign as a scientific partner. This campaign aims to save 100,000 lives by implementing proven healthcare improvement techniques, such as infection prevention and control measures, within hospitals nationwide. Loretta Fauerbach will work with IHI on the development of hand hygiene materials to support the campaign.

APIC has had an unprecedented year when it comes to media interest. APIC members and the executive director have been interviewed in print media, broadcast television, and talk radio on the subjects of healthcare-associated infections, public reporting, MRSA and influenza. We are increasingly tapped for our knowledge and expertise among the healthcare press. This increased exposure raises the visibility of the profession and the Association, as it promotes awareness of infection prevention with the public. This is an exciting time for APIC and for the profession, as we are recognized more and more as the foremost experts in the area of infection prevention and control.

Like any good sailor we must constantly learn new approaches to navigate new waters. APIC is expanding its educational outreach through partnerships with international organizations to offer ICE, Certification Review, and other courses to infection prevention and control professionals around the world. In April, we piloted a model program in Hong Kong and initiated an important collaboration with China. Many thanks to Arlene Potts, Kathy Arias, and Denise Murphy for providing their skills and expertise.

APIC continues to play an expanding role in bioterrorism and emergency preparedness. We recently teamed with the Trust for America's Health on a project to develop baseline data on hospital emergency preparedness. APIC, in partnership with the Trust, is conducting a survey, here at the conference, to collect data on the state of hospital preparedness. This data will be presented in the Trust's comprehensive yearly report, *Ready or Not?* in December of this year. Last year *Ready or Not* was the subject of over _____ media opportunities. We appreciate the opportunity to work with the Trust on this important project.

To strengthen important emergency preparedness relationships, APIC continues to partner with the Ohio Department of Health to provide training on the essential elements of bioterrorism and emergency preparedness for first responders, acute care professionals, and public health officials.

APIC strives to build strong relationships with stakeholder organizations in order to further our mission. We work closely with the Centers for Disease Control and Prevention, the Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare and Medicaid Services, the American Hospital Association, the Society for Healthcare Epidemiology of America, to name a few. Last fall, APIC partnered with the National Foundation for Infectious Diseases to increase influenza vaccination among healthcare workers. We will continue this effort during the upcoming influenza season to ensure both healthcare workers and patients are protected. APIC joined the Joint Commission on its Speak Up campaign, developing an infection control initiative geared towards consumers. In the fall of this year, APIC and Joint Commission Resources are sponsoring a meeting entitled "Think Globally, Act Locally – Emerging and Re-emerging Infectious Diseases" designed to address the issue of diseases that know no borders, and how to prepare to respond.

APIC has been busy updating many of the products and services members have come to rely upon, including the revised APIC Text and new Ready Reference to the APIC Text handbook. APIC acknowledges the work of Ruth Carrico, without whom the revised APIC Text would not be possible.

As a good sailor, I have also been very involved in helping APIC Chart a Course for the Future. It is no secret that the environment of infection prevention and control has changed considerably over the past five years and continues to change at what sometimes seems like a breathtaking pace. From the advent of new technologies to the challenge of public reporting to the threat of new and emerging diseases. Through these turbulent waters, APIC must chart a course for the practice, the profession, and the Association and carve out a leadership role in the healthcare industry of tomorrow.

APIC has chosen to chart the future of the profession and Association by eschewing traditional strategic planning methodologies and adopting preferred future analysis. Standard strategic planning outlines a set of desired outcomes and required tasks to achieve them. Yet it tends to eliminate the most critical element of planning – the “where do we want to be” – component that sets an organization’s sights on its desired future state. By creating the organization’s preferred future, we are taking control of our destiny – shaping the future rather than being swept away by it.

With this in mind, last fall, APIC convened a Futures Summit with invited guests from across the continuum of healthcare. The Summit explored the future of the infection prevention and control profession in the context of the larger healthcare arena, from technology to emerging diseases, to the economic impact of infectious events, to the ICP of the future. A primary goal of the meeting was to articulate a preferred future for the profession and the Association in the healthcare environment of tomorrow.

Upon conclusion of the summit, three themes were very clear. First, we must be far more proactive in emergency preparedness at the local, regional, and national levels. From the prospect of pandemic influenza to the next natural disaster, we must reach out to our public health counterparts to strengthen our national and international infrastructures. In response, our new strategic plan, APIC Vision 2012, states that by 2012 APIC will play a leadership role in emergency preparedness related to infection prevention and control, including emerging and reemerging diseases, bioterrorism, natural disasters, and other issues. The complete version of our strategic plan offers some insights into how we will achieve this.

The second realization to come out of the Summit is that technology is going to revolutionize infection prevention and control. Like almost every US industry before us, healthcare is embracing automation from patient records to surveillance for infection prevention and control. As so many professions before us, we must adapt and respond. We must learn how to leverage the power of technology to bring greater value to the institutions for which we work. And we must harness the power of technology to elevate our roles in the healthcare hierarchy.

To do so, our Futures Summit group determined that the ICP of the future will have new and different skills. ~~The future ICP will be adept at systems thinking and will be able to effectively articulate the economics of infection prevention. Most importantly, his and her core competence will be the creation and oversight of the learning systems that we know are necessary for constant and sustainable improvement.~~

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APIC Vision 2012 captures this goal in the statement. "By 2012 infection prevention and control will be recognized as a separate and distinct profession, whose members are positioned for leadership roles in healthcare." As the great playwright and author Henrik Ibsen once said, "A community is like a ship; everyone must be prepared to take the helm." As part of APIC Vision 2012, the Association is committed to provide the learning opportunities that will enable each of you to take the helm.

Any great navigator can tell you how important the rules of the road are. Any great business leader will tell you that the best way to create your destiny is to create the rules of road. In our world this means the standards by which our programs are developed and evaluated. As part of APIC Vision 2012, the Association has stated that it will "ensure that appropriate standards are set by which infection prevention and control programs are evaluated by regulatory agencies, healthcare executives, payers and others."

Finally, what has made APIC a respected and increasingly renowned organization is our scientific and technical expertise and credibility. The final primary goal of APIC Vision 2012 reflects this in the statement that "APIC will serve as a catalyst for leading edge research for the prevention of infection and associated adverse outcomes."

There was one additional theme. And while it is not directly reflected in one of the goals it permeates our entire vision of the future. If you have been listening closely, I have not used the term infection control without the addition of the word prevention as the leading concept. As part of APIC Vision 2012 we are going to reemphasize prevention. We are going to stand firmly behind the concept of zero tolerance for healthcare-associated infections and related adverse outcomes.

These goals are intended to support our preferred future, what we as an organization and a profession will *be*. Our preferred future states that, by 2012 APIC will be recognized as *the* leader in infection prevention and control by practitioners, policy makers, healthcare executives and consumers.

Never before have we, infection prevention and control professionals, been in a better place in time to chart our course—to position ourselves as the patient safety advocates within our organizations. In the weeks, months and years to come, you will be hearing more about APIC Vision 2012 and what you can do to advance the practice, profession and the Association.

In closing, I want to leave you with a powerful message I received when I visited the National Museum of the American Indian. As I walked through one of the exhibits, these words were spoken overhead: “The storm is an opportunity. The storm teaches.” We need to perceive the storms we encounter as an association and personally as opportunities. As the author Richard Bode said, “To tack a boat, to sail a zigzag course, is not to deny our destination or our destiny—despite how it may appear to those who never dare to take the tiller in their hand. Just the opposite: It’s to recognize the obstacles that stand between ourselves and where we want to go, and then to maneuver with patience and fortitude, making the most of each leg of our journey, until we reach our landfall.”