



# An APIC Update: Greater NY Chapter 13

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19 June 2019

# Disclosures

- APIC Board Member



Philadelphia Representation!  
(APIC Educational Conference, 2019)

(Congrats, Ranekka!)

# CBIC – CIC News!



- **Recertification by CEUs (IPUs)**
  - Y2020
  - 40 IPU
  - 5 years
  - \$375 renewal fee
  - Varied format – classes, presentations, authorship, etc.
  - SARE still available
- **Entry-level certification, “a-IPC” (Associate – Infection Prevention and Control)**
  - Pre-CIC, novice, those interested in pursuing IPC
  - No experience/job-specific requirements
  - 3 years
  - One time certification
  - Expectation to obtain CIC

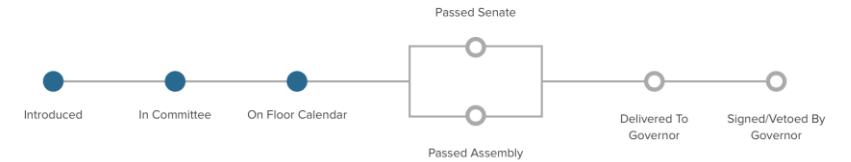
# NYS Certification Legislation

- Lobby Day, 4/29/19
- Infection Preventionists
- General hospitals
- Successfully passes and maintain certification w/i 3 years of initial employment
- Already employed x 1 or more years – grandfathered

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CURRENT BILL STATUS - ON FLOOR CALENDAR



NEW YORK STATE  
**ASSEMBLY**  
SPEAKER CARL E. HEASTIE

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Bill Search Home | Laws | Legislative Calendar | Public Hearing Schedule | Assembly Calendars | Assembly Committee Agenda

Bill No.:

Summary  Actions  Committee Votes  Floor Votes  Memo  Text  LFIN  Chamber Video/Transcript

**A03705 Summary:**

BILL NO A03705A

SAME AS SAME AS [S05186-A](#)

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COSPNSR Woerner, Santabarbara, Lavine, Taylor, Rosenthal L

MLTSPNSR

Add §2827, Pub Health L

Relates to persons designated by a general hospital to identify infectious disease processes, conduct surveillance and epidemiologic investigations, and develop plans to prevent and control the transmission of infectious agents within general hospitals.

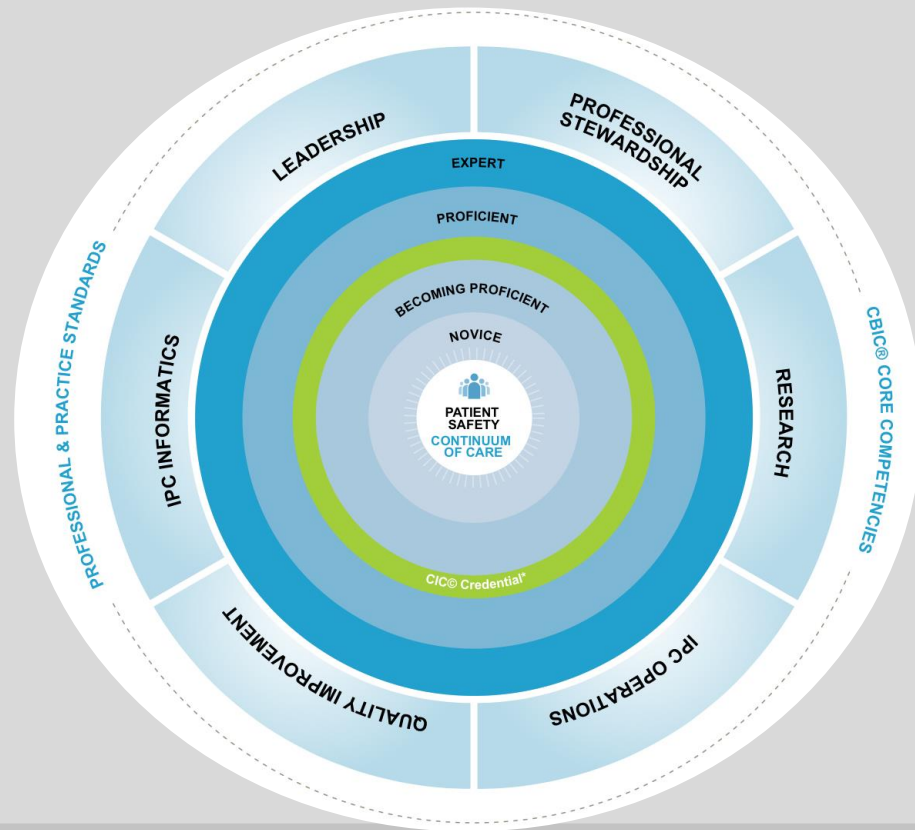
## APIC's Competency Advancement Assistance (CAA)

- \$\$ for certification registration and study materials
- Applications: June 1 - August 31
- APIC member x 1 year
- Meet CBIC eligibility criteria
  - Certification or recertification
- Pass exam by May, 2020



# Revised APIC Competency Model

- <https://apic.org/professionalpractice/infection-preventionist-ip-competency-model/>



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

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Commentary

## Advancing the profession: An updated future-oriented competency model for professional development in infection prevention and control



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Key Words:

APIC MegaSurvey

certification

career stage

leadership

professional stewardship

professional and practice standards

The 2012 Association for Professionals in Infection Control and Epidemiology (APIC) Competency Model<sup>1</sup> for the infection preventionist (IP) was a novel tool and structure for professional development intended to be relevant for 3 to 5 years after publication. The authors' introduction of future-oriented domains to the infection prevention and control (IPC) profession was instrumental in defining a framework for professional development beyond certification.

As anticipated, IPC has progressed beyond the initial 2012 Competency Model content. A rapidly evolving health care environment has created an increasingly complex landscape for the IP to navigate, resulting in expanded functions and roles. Furthermore, composition of the IPC workforce is changing. Results of the 2015 APIC MegaSurvey demonstrated that the background of IPs is expanding from primarily nursing to other fields, such as laboratory science and public health, bringing different perspectives to the profession.<sup>2-4</sup> Such changes call for careful examination of the IP professional development path. In response, an updated competency model has been crafted to address innovative future-oriented competency domains and other pertinent advances.

Conceptually, the focus of IPC practice should always be patient safety; however, an additional lens that the IP uses focuses on

ensuring patient safety across the continuum of care. This guarantees that patients, no matter the location of their health care encounter, experience the best possible outcomes. Key IPC elements transcend health care settings; yet, there may be unique patient safety concerns and practice approaches for IPs working in specialty settings such as acute care, long-term care, critical access, ambulatory, home health, dialysis, or ambulatory surgery.

The APIC Competency Model for the IP includes the Certification Board of Infection Control and Epidemiology, Inc (CBIC) core competencies<sup>5</sup> and the APIC Professional and Practice Standards (PPS).<sup>6</sup> Conceptually, these foundational documents and elements reside on the outermost circle of the updated model, indicating how they support IP professional development. The PPS outlines the role and scope of an IP. The CBIC core competencies are designed to prove foundational competency in the profession through the passing of CBIC's certification examination, resulting in the IP earning the CIC credential. Together, these resources, each with different functions, are designed to work in synergy to guide development of the infection prevention professional. CBIC core competencies are evidence based, reflective of current practice, and updated every 4 to 5 years through research of practice analysis surveys completed by practicing infection prevention professionals.<sup>7</sup> IPs renew and enhance their skills and application of the core competencies throughout their careers.

The APIC Competency Model identifies specific domains for future-oriented competency development, enabling IPs to build on the CBIC core competencies, advance their careers, and meet essential

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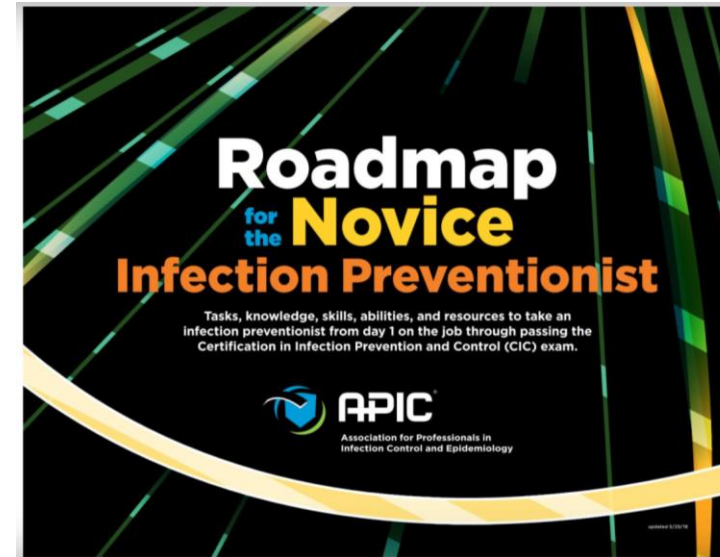
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# Coming soon...

## Interactive Novice Roadmap



Professional Development				Stage 1: Days 1 - 60	Stage 2: Days 61 - 120	Stage 3: Days 121- End of Year 1	Stage 4: Beginning of year 2 - Passing the CIC Exam
<b>Stage 1: Days 1 - 60</b> Become familiar with APIC: <ul style="list-style-type: none"> <li>Join local APIC chapter</li> <li>Browse APIC website</li> <li>Complete your APIC member profile</li> <li>Find a mentor (This can be done through your local chapter or through apic.org)</li> </ul> Subscribe to APIC IP Talk & other lists, as appropriate Introduce yourself to facility personnel with whom you will interact: <ul style="list-style-type: none"> <li>Lab/microbiologist</li> <li>Employee health</li> <li>Infectious disease physicians</li> </ul>	<b>Stage 2: Days 61 - 120</b> Become familiar with outside expert resources: <ul style="list-style-type: none"> <li>APIC national and local chapter</li> <li>State &amp; local health department</li> <li>CDC</li> </ul> Start watching APIC monthly webinars Introduce yourself to facility personnel with whom you will interact: <ul style="list-style-type: none"> <li>Environmental services</li> <li>Emergency preparedness</li> <li>Pharmacy</li> <li>Nursing leadership</li> <li>Surgery leadership</li> <li>Safety officer</li> <li>Central services</li> <li>Quality management</li> <li>Medical affairs</li> <li>Facility maintenance and construction</li> <li>Risk management</li> <li>Patient safety</li> <li>Laundry services</li> <li>Infectious management</li> </ul>	<b>Stage 3: Days 121- End of Year 1</b> Network with other IPs to discuss common concerns and solutions Take EP1101 and APIC's online class, "Microbiology 101 for Infection Preventionists" Introduce yourself to facility personnel with whom you will interact (based on your setting) within unique populations/services: <ul style="list-style-type: none"> <li>Ambulatory surgery centers</li> <li>Dialysis centers</li> <li>Long-term care facilities</li> <li>Inpatient clinics</li> <li>Pain management clinics</li> <li>Nursery</li> <li>Critical care</li> <li>Immunocompromised</li> <li>Labor and delivery</li> <li>Assisted living</li> <li>Behavioral health</li> <li>Emergency department</li> <li>Rehabilitation</li> <li>Home health</li> <li>Wound centers</li> </ul>	<b>Stage 4: Beginning of year 2 - Passing the CIC Exam</b> Volunteer in local chapter Take EP1102 Shadow in areas of unique population or in areas in which you are unfamiliar	<b>Stage 1: Days 1 - 60</b> Assess your IT (information technology) needs: <ul style="list-style-type: none"> <li>What software programs do you have/need?</li> <li>What training do you need for those programs?</li> <li>What access/passwords do you need?</li> <li>Learn your facility's electronic medical records system</li> </ul>	<b>Stage 2: Days 61 - 120</b> Continue training: <ul style="list-style-type: none"> <li>Learn how to present your data (e.g., using PowerPoint to make basic tables, graphs)</li> </ul> Develop your skills: <ul style="list-style-type: none"> <li>Time management</li> </ul>	<b>Stage 3: Days 121- End of Year 1</b> Reassess IT needs identified in first 120 days and address any newly identified needs Develop your skills: <ul style="list-style-type: none"> <li>Leadership methods</li> <li>Effective communication</li> <li>Change management</li> <li>Project management</li> <li>Influence</li> <li>Facilitation</li> <li>Presentation skills</li> <li>Basic statistics</li> <li>Managing people</li> </ul> Create a personal/professional development plan (e.g., set goals, development and maintenance of competency)	<b>Stage 4: Beginning of year 2 - Passing the CIC Exam</b> Continue to develop your soft skills: <ul style="list-style-type: none"> <li>Developing a business case for your program</li> <li>Leadership methods</li> <li>Performance improvement science</li> </ul> Prepare for the CIC examination: <ul style="list-style-type: none"> <li>Apply for Competency Assessment Award (CAA) grant or state sponsored scholarship opportunities (if available)</li> <li>Review the CIC Candidate Handbook</li> <li>Take APIC's online certification review class</li> <li>Study APIC Test</li> <li>Connect with chapter study group (if one exists)</li> </ul>
<b>Suggested resources for Professional Development:</b> <ul style="list-style-type: none"> <li>APIC Test (hard copy/online)</li> <li>The Infection Preventionist Guide to Long-Term Care (if work in LTC)</li> <li>APIC/CDC Infection Prevention and Control Workbook 1</li> <li>Certification Study Guide, current edition</li> </ul>				<ul style="list-style-type: none"> <li>CMS Survey Work sheet</li> <li>State Hospital Licensing Rules (if applicable)</li> </ul>			
<small>APIC Roadmap for the Novice Infection Preventionist</small>				<small>APIC Roadmap for the Novice Infection Preventionist</small>			



# APIC Consensus Conference: Strategic Plan 2025

- Reimagining the IP role: the future of infection prevention in a transformed healthcare system
- Preparing IPs for enhanced leadership roles across the continuum of care
- Developing strategies that support IP practice across the continuum of care
- Building the business case for an enhanced IP role



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Commentary

The role of the infection preventionist in a transformed healthcare system: Meeting healthcare needs in the 21<sup>st</sup> century

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## CONFERENCE RECOMMENDATIONS

Infection preventionists (IPs) serve on the front lines of healthcare every day, working to eliminate healthcare-associated infections (HAIs) and improve patient safety and the quality of care. Over the last decade, they have helped to save tens of thousands of lives, reduce harm to millions of patients, and save billions in healthcare costs.<sup>1</sup> Like other healthcare professionals in the United States today, IPs are being called on to further demonstrate their value to a healthcare system undergoing profound change.

In recent years, the US healthcare system has been shifting its focus away from acute care delivered to sick patients in hospitals by autonomous practitioners toward population health management by accountable healthcare teams working in community-based settings. Myriad forces are driving this shift, including the well-known fact that, as the US continues to spend more on healthcare than any other country, Americans are growing sicker, frailer, and experiencing a heavier burden of chronic disease. Rapid technological advances, affecting how practitioners deliver care and patients access care, also are driving the shift toward value.

The pressure to contribute value to the healthcare system is not new to the field of infection prevention and control (IPC), which has evolved to address system needs. Four decades ago, specially trained nurses served as hospital-based data trackers who monitored and reported on infection rates. Today, those same specialized nurses would be called IPs, and their role has expanded from surveillance to active prevention of HAIs. In addition, IPs now come from fields besides nursing, including laboratory sciences and public health, and they are beginning to work in many different settings that span the continuum of care.

As they lead the fight against HAIs, IPs must also look toward a transformed future healthcare system and identify the role they will

play and the ways they continue to contribute value. The transformed system will be focused on high-value care—defined as care that improves patient safety, satisfaction, and outcomes; reduces costs; and is delivered where the patients are, including in long-term care facilities, physicians' offices, retail-based and other types of walk-in clinics, patients' homes, and even online or over the telephone—and it holds both tremendous opportunities and challenges for IPs.

To help IPs explore these opportunities and challenges and decide where their future value will lie, the Association for Professionals in Infection Control and Epidemiology (APIC) convened a conference, *The Role of the Infection Preventionist in a Transformed Healthcare System: Meeting Healthcare Needs in the 21<sup>st</sup> Century*. The conference brought together leaders and experts from both the IP profession and the broader IPC field to imagine the future role of IPs and develop consensus recommendations that the profession can implement.

"The APIC Board of Directors has a fiduciary responsibility to guide the organization and support our members, but we're not necessarily the right ones to gauge the future of the profession—certainly not the only ones," said APIC 2018 Board President Janet Haas, PhD, RN, CIC, FSHEA, FAPIC, Director of Epidemiology at New York's Lenox Hill Hospital, in her welcoming remarks at the conference. "We're looking to you—our expert conferees with your diversity of perspectives—to reimagine the IP role and advise us on future directions for IPs. APIC is committed to this process and to acting on the recommendations."

The conference recommendations are presented below following details on conference design, a summary of the context-setting plenary sessions that opened the conference, and an overview of the process used to develop the consensus recommendations.

## CONFERENCE DESIGN: APIC CONVENES IPs AND OTHERS WITH THE FUTURE IN MIND

APIC's Board of Directors approved the consensus conference in January 2018, and soon after appointed a conference steering committee

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# Get Involved!

- Willingness to serve
  - Local APIC
  - National Committees
  - Board position
- Other activities
  - Presentations
    - Oral, written
  - Authorship
  - Other work that progresses IPC



## Wrap up – IP Recruitment Video

- <https://apic.org/new-ip-recruitment-video-infection-preventionists-save-lives-2/>