

Crafting a shared vision of the future of the infection preventionist

Consensus conference brings diverse stakeholders together

BY JENNIFER J. SALOPEK

In a hotel ballroom, under a ceiling covered in gold sequins, 43 participants gathered in November 2018 in Crystal City, Virginia—coincidentally, the same week Amazon announced its new headquarters location there—to craft a shared vision of the future of infection prevention and control (IPC). “The Role of the Infection Preventionist in a Transformed Healthcare System: Meeting Healthcare Needs in the 21st Century” convened internal and external stakeholders for two and a half days of discussions about their changing profession as a graphic recorder documented the conversation in illustrated form. In the context of healthcare costs that continue to represent an increasing share of gross domestic product, an aging population, pressing concerns about quality and safety, and payment reform, participants considered how the changing role of infection preventionists (IPs) can help to surmount these challenges. The conference was both an end and a beginning: the culmination of a year of planning and the forerunner to a strategic planning exercise designed to guide APIC and the profession until 2025.

APIC’s current strategic plan has guided the organization for the past eight years and extends to the end of 2019. Organizational leadership wanted to build on its successes as they formulate their next one, according to Katrina Crist, MBA, CAE, APIC’s chief executive officer. “While our current plan has helped us to move the needle in a larger way, we want to continue that thinking and focus on advancing its components more quickly,” she said. In December 2017, the APIC Board of Directors approved the budget for a consensus conference that could imagine the future of the profession more broadly and inform the organization’s next strategic plan.

Linda Greene, RN, MPS, CIC, FAPIC, was president of APIC’s board in 2017. “We had a desire to map out the future and knew that we wanted it to be more than just ourselves. We needed a 30,000-foot view,” she said.



The Whole Group—conferees, steering committee, board members, facilitators, and staff.

A steering committee was formed:

- Mary Lou Manning, PhD, CRNP, CIC, FAAN, FAPIC
- Denise Murphy, RN, BSN, MPH, CIC, CPPS, FAAN, FAPIC
- Elizabeth Wallace, MPH, CIC, FAPIC
- Marc-Oliver Wright, MT(ASCP), MS, CIC, FAPIC

The group retained Silver Pennies Consulting to help formulate the structure of the conference. Although Silver Pennies Principal Jann Skelton had extensive prior experience in planning consensus conferences, she found APIC’s vision “fantastic and unique.”

“The APIC board and conference steering committee wanted to create an opportunity for conferees to set the future direction and provide input on the future role of IPs, with no preconceived



Consensus Conference Steering Committee. From L-R: Marc-Oliver Wright, Beth Wallace, Mary Lou Manning, Denise Murphy.



The steering committee, which met every two weeks, began brainstorming: Whom to invite? Guided by the four overarching themes, committee members mapped out representation, seeking balance between and within workgroups.

notions,” she says. “They truly embraced the process. It can be difficult for organizations not to be prescriptive. The board, the committee, and the staff were willing to let things evolve.”

Planning began in earnest in March 2018. It was informed in part by a spring research project conducted by APIC, that strove to understand how C-level hospital executives view IPC, and their expectations for the future. The survey revealed:

- Patient safety and quality is a top concern for hospital executives.
- The influence of the IP appears to be increasing in many hospitals.
- Nearly all respondents (97 percent) expect their facility’s IP(s) to track and monitor activities to identify hospital-associated infections (HAIs).

Working with Skelton, Crist, and Carlos Fulcher, MBA, CAE, APIC’s executive vice president, the steering committee devised four major themes for discussion by participants:

1. Reimagining the IP Role: The Future of IPC in a Transformed Healthcare System
2. Preparing IPs for Enhanced Leadership Roles Across the Continuum of Care
3. Developing Strategies that Support the IP’s Practice Across the Continuum of Care
4. Building the Business Case for an Enhanced IP Role

Quickly, the idea of involving multiple stakeholders, including those outside APIC membership and even outside the profession, became a priority.

“We felt that the participation of invested stakeholders would bring diversity of thought and perspective, lend credibility, and increase the likelihood of success,” Crist said.

The steering committee, which met every two weeks, began brainstorming: Whom to invite?

Guided by the four overarching themes, committee members mapped out representation, seeking balance between and within workgroups. “We were seeking collective wisdom, a cross-fertilization that would benefit the individuals as well as APIC,” said Mary Lou Manning, PhD, CRNP, CIC, FAAN, FAPIC, who served as conference chair.

“The unique composition of those groups was meaningful and very effective,” said Skelton. “A lot of resources were put into those decisions, and the outcomes were really strong.”

Through an invitation process Crist described as “high-touch,” featuring much one-on-one contact, stakeholder participants were recruited to come to Crystal City. The 43 attendees included representatives from medical centers, government agencies, ambulatory care, long-term care facilities, dialysis centers, home care, and professional societies. Each was assigned to one of four workgroups. They were provided with information and materials in advance, including a curated collection of articles. “We tried to put everyone on the same page,” Crist said.

Although current APIC board members attended the consensus conference, they did so only as observers. This was a unique twist, said Skelton.

“Not including board members as participants was a very brave decision and a demonstration of real leadership,” she said.

“The payment structure in healthcare is likely to change radically,” said Janet Haas, PhD, RN, CIC, FSHEA, FAPIC, 2018 APIC board president. “We realized that we may not have our fingers on the pulse of that change as well as others on the business side.

“We also knew we needed to get out of the ‘echo chamber,’” she continued. “Even so, it was a little hard to sit on our hands.”

LOOKING INTO THE FUTURE

Express Scripts Senior Vice President and Chief Medical Officer Steve Miller, MD, MBA, delivered the conference keynote address, kicking off the



discussions with a review of the contributions of IPs to healthcare over the past century. Noting that infection control is essential in every healthcare service and specialty, he also emphasized that it is critical both to patient safety and to reining in costs. HAIs result in direct medical costs of at least \$28.4 billion each year, as well as 72,000 patient deaths. Conditions are favorable for underscoring the importance of IPC, as value-based reimbursement drives cost-reduction initiatives in hospitals and infection becomes even less acceptable.

“Avoiding HAIs is critical to improving healthcare,” Miller said.

He also addressed the topic of antibiotic resistance and urged attendees to assume responsibility for antibiotic overuse. Resistance has caused at least 2 million illnesses and 23,000 deaths, according to CDC estimates.

The future of IPC, he said, rests on creating a business case tied to national competition and capitated bundles. That change requires leadership, and developing the necessary skills to drive change:

- Mission focus
- Trust and belief in people
- Training and measurement systems
- Communication and empathy
- Fewer meetings, more work

Next, each of the four steering committee members partnered with two workgroup colleagues to provide an overview of each of the four main topics, charging their fellow participants to answer its “Golden Question.” For example, for Workgroup #1, Reimagining the IP Role: The Future of IPC in a Transformed Healthcare System, the question was, “How could the IP’s role be reimagined to provide more broad-based, value-driven contributions to the healthcare system?”

In her introduction, Manning noted that there are some things IPs take for granted: how the healthcare professional workforce is educated, settings in which IPs care for patients, and times when IPs care for patients. All of these paradigms are shifting, noted Mike Bell, MD, deputy director, CDC Division of Healthcare Quality Promotion.

There is a shift toward extreme high acuity in hospitals, he said. “IPs can be co-located with those patients and lend valuable expertise. IPs should be patient advocates and protectors and can serve as the principal allies of frontline nurses.”

For Workgroup #2, Preparing IPs for Enhanced Leadership Roles Across the Continuum of Care, the question was, “How can we identify and develop leaders and keep them in the field at all levels of practice?” “It’s important to recognize the profession’s strengths and successes as we look into the future. We have an opportunity to lead as a country and to help other countries improve in

this time of globalization,” said Lisa Maragakis, MD, MPH, FSHEA, FIDSA, associate professor of medicine at The Johns Hopkins University School of Medicine in Baltimore.

Workgroup #3 was focused on Developing Strategies that Support the IP’s Practice Across the Continuum of Care. Its question: “How can IPs leverage data, emerging technologies, and their unique knowledge and skills to improve effectiveness and patient safety as the healthcare environment expands beyond traditional settings?” Carolyn Kiefer, BSN, RN, CIC, an IP at Carilion Medical Center in Roanoke, Virginia, noted that opportunities for ambulatory infection prevention extend even to such nontraditional settings as health clinics in truck stops. Key skills will include disinfection/sterilization, injection safety, surveillance, antimicrobial stewardship, and case management.

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Express Scripts Senior Vice President and Chief Medical Officer Steve Miller, MD, MBA





The fourth workgroup considered Building the Business Case for an Enhanced IP Role as it sought to answer the question, “How can IPC programs position themselves to leverage their value and create opportunities for revenue generation?” Data is key here, noted Timothy Wiemken, PhD, MPH, CIC, FAPIC, associate professor in the Center for Outcomes Research at St. Louis University.

“Data is important to making our jobs more efficient, but data alone is meaningless. We need robust analytics to generate actionable intelligence.” Gathering data can be expensive, he allowed, but he observed that IPs can use the data they already have to facilitate decision making and educate physician leadership.

STRATEGY SESSIONS AND STICKY NOTES

Over the next 48 hours, the workgroups would strive to answer key questions in a series of three strategy sessions, rolling up to recommendations that would help to answer the Golden Question for each. Skelton and her colleagues facilitated the strategy sessions, using creativity and innovation tools designed by Bob King of Goal QPC. These included brainwriting, affinity diagrams, and an interrelationship diagram.

Sarah Smathers, MPH, CIC, FAPIC, participated as a member of Workgroup #1, which focused on reimagining the role of the IP. “It was really smart to invite nonmembers,” she said. “It was a chance to generate new ideas, and they were pushing us to think differently.”

In the brainwriting exercise, each participant silently filled one sticky note after another with ideas. All of these ideas—literally hundreds in total—were recorded and categorized. One of the challenges of the imagining process, Smathers noted, was to focus on generating recommendations without getting bogged down in the specifics

of how they would be realized and implemented. “We had to get out of our own way to envision the ideal,” she said.

Hilary Babcock, MD, MPH, FIDSA, FSHEA, who was a member of Workgroup #3, observed, “Managing a lot of professional people with a lot of opinions is challenging, but the facilitators did a great job of making sure we made good use of our time and ensured sufficient discussion,” she says. Babcock is an associate professor of medicine in the Division of Infectious Diseases at Washington University School of Medicine, and president-elect of the Society for Healthcare Epidemiology of America. Attending the conference was relevant for her work back home, she says. “A lot of APIC’s topics are issues for us here as well, especially the challenges of expanding infection control to outpatient settings. The discussions really resonated with me.”

Smathers agreed. “So often, we are just reacting to stimuli in our organization. Attending the conference gave me some new ideas to implement at CHOP [Children’s Hospital of Philadelphia]—for example, patient consults. That would be really fulfilling.”

COMING TO CONSENSUS

On the third and final day, representatives from each workgroup presented conference conclusions and proposed recommendations for consideration by the entire attendance. All participants had the opportunity to ask questions and make comments. A total of 30 recommendations were presented and discussed; 28 were accepted by the group through a democratic voting process. The adopted recommendations will be published in the April issue of the *American Journal of Infection Control*.

“I’m not sure everyone appreciated the significance of this,” said Skelton. “That was a massive number of recommendations, and they are thoughtful, forward-reaching, and will push the profession. It was pretty extraordinary.”

“It makes you pause to see what was produced in only two and a half days. You could see and feel

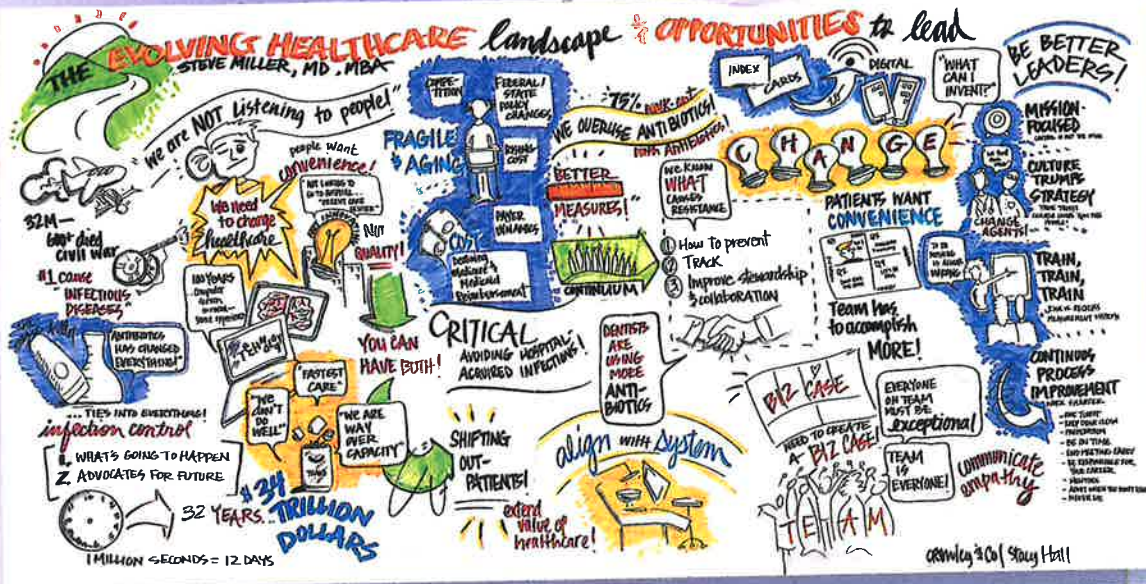
“It makes you pause to see what was produced in only two and a half days. You could see and feel the pride in the room at the end, and that people felt their time was put to good use,” Crist said.



Silver Pennies Principal
Jann Skelton.



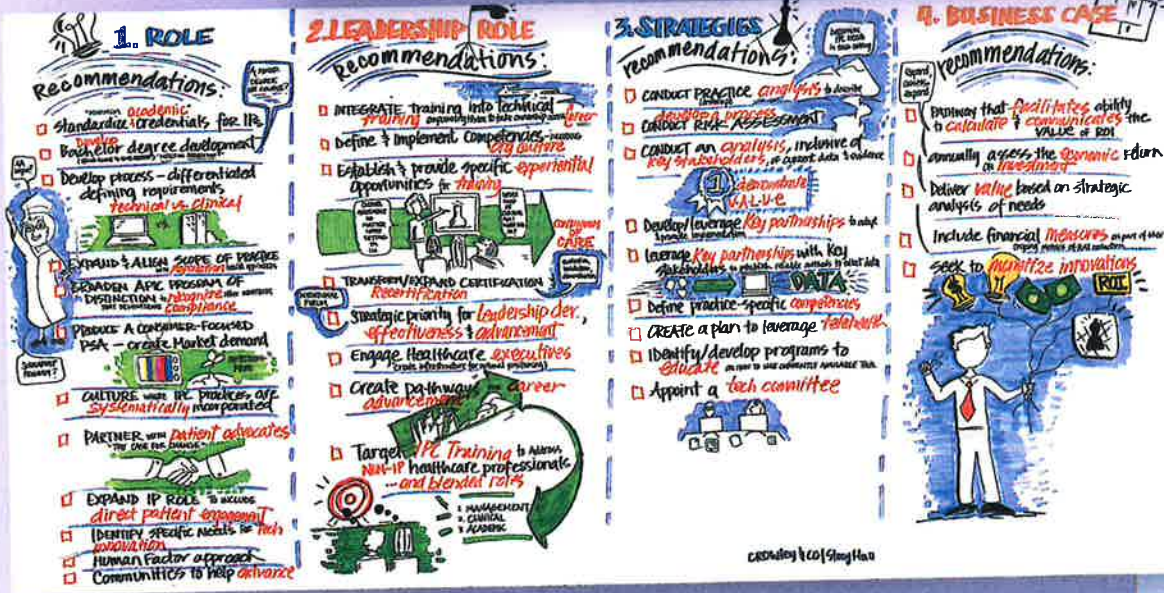
APIC commissioned a graphic recorder to illustrate the consensus conference. These illustrations replicate the evolution of the discussion and major points that were made.



The 28 adopted recommendations from the consensus conference will be published in the April 2019 issue of AJIC.

In his keynote address, Steve Miller, MD, MBA, chief medical officer at Express Scripts, described the current healthcare landscape and opportunities for IPs to lead into the future.

After two days of workgroup discussions, participants reconvened to report out on the key considerations and goals for their topics. These aspirational statements were arrived at through a series of creativity exercises designed to help drive consensus.



Each workgroup presented specific, concrete recommendations designed to meet the aspirational goals. All participants had the opportunity to discuss these recommendations and vote on them.

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The 2019 board has an important responsibility to prioritize the recommendations and determine the best strategy for each, says incoming president Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC. Having attended the conference will help us with those crucial tasks. “By participating as active listeners, we can understand the recommendations and the reasons behind them,” she said.

“APIC is here to help advance the profession, with patient safety at the center of everything we do,” Crist said. “We included multiple perspectives and insights to ensure that we are relevant and that the process was credible. Stakeholders can believe in the recommendations and that we will do something with them.”

An added, although not unexpected, positive outcome of the conference was the relationships that were formed. “Several people came up to me and asked, ‘How was I invited and who do I thank?’” Manning

said. In a healthcare environment that increasingly emphasizes teamwork, these relationships will be beneficial.

“I hope we will continue to collaborate to improve care for patients and people,” says Haas. “We worked to bring APIC into the future with maximum clarity, and to ensure that we are ready for the changes that will surely come.” **R**

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