

# History of Infection Control, APIC and Our Sierra Chapter

A Tribute to Our Founding IPs

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**“You can’t tell where you’re  
going unless you know where  
you’ve been.”**

~unknown

# Objectives

- o State the evolution of IC programs from 1970-present:
  - o The reporting system established in the 1970's (voluntary) and
  - o The current reporting system in the 2000's (required by CMS).
- o Verbalize the three Senate Bills specific to IC programs in California.
- o Identify the longest standing four members of APIC Sierra.
- o State three fun facts about APIC Sierra chapter history.

# 1950's- 60's Antibiotic Resistance

- During the 1950s, Staphylococcal resistance to penicillin increased, fueling the discovery of antimicrobial resistance among organisms.
- Many of these resistant pathogens developed in health care settings and caused HAIs.
- As a result of this discovery, hospital surveillance was born in the 1960's.

# 1970's HAIs

- o In the 1970's, Public Health officials began to take notice of increasing numbers of HAIs, with their resultant increased morbidity, mortality and hospital costs.
- o Hospitals began expanding infection surveillance and control programs; however, their efficacy was unproven until the SENIC Project in 1974.

Study on the Efficacy of Nosocomial Infection Control

# 1970's cont.

- o In the 1970's, CDC established The Hospital Infections Program to provide guidance on HAI prevention.
- o Hospital surveillance training courses were offered.
- o The **NNIS system** was developed to:
  - o collect, analyze and disseminate data,
  - o standardize definitions for nosocomial infections and
  - o provide comparison data for hospitals.
- o Use of the NNIS system was limited, but all hospitals were encouraged to use the published data for comparison.

# The Study on the Efficacy of Nosocomial Infection Control (SENIC)

- Efforts to prevent and control HAIs led to profound changes in how infections were managed.
- One factor that led to this success was the CDC's rigorous scientific study which demonstrated that infection control programs were effective.
- SENIC-published in 1974, found that:
  - 1/3 of nosocomial infections could be prevented by effective IC programs with surveillance and prevention activities and
  - prevention of approximately 6% of HAIs would offset the cost of an IC program for a 250 bed facility.

# APIC is born

- o 1972- National APIC:

- o Founded by a group of infection control nurses who recognized the need for an organized approach to preventing healthcare-associated infections.

- o 1975- APIC Sierra chapter was conceptualized:

- o Chapter Pioneers: Brenda Bouvier (UCD), Doris Miller (Sutter Memorial), Jan Stoll (St. Mary's Reno), Barbara Upton (Woodland Memorial), **Sue Deal** (Marshall Medical) and **Harriette Carr** (Foothill Presbyterian).

# The Joint Commission

- o In 1976, The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), now named The Joint Commission, was formed.
- o Their standards required specific components of infection prevention and control programs, including infection surveillance systems.

# APIC Sierra *fun facts*

- o September 15, 1977, Minutes:

- o “The first meeting I have notes for was ...at Sutter Memorial. We had a discussion about joining the San Francisco APIC chapter or forming an independent local chapter. It was decided to form our own chapter and it was called the Cal-Neva APIC chapter. The first "Chairman" was Jan Stoll from Washoe Med Ctr in Reno.”

*Sue Deal*

- o 1977- The first set of bylaws were established, setting the framework for a working chapter.

- o The chapter name was changed to APIC Sierra at the November 1977 meeting.

- o “Some of the presidents were Brenda Bouvier from UCD, Doris Miller from Sutter Medical Center, Sacramento; Nancy Dickerson from American River Hospital (I think), Barbara Upton from Woodland. Claudia whose last name eludes me from Mercy General. Terry Nelson, myself & Harriette Carr were all Presidents as well.”

*Janet Frain*

# APIC Sierra *fun facts* cont.

- o May 12, 1978-There were 42 members on the roster including:
  - o *John Fall* (Doctors Medical Center) and
  - o *Linda Hutchings* (Tracy Community Hospital).
- o August 2, 1978-The chapter's Tax ID number was approved.
- o September 1978- According to tax records, the chapter became official.
- o January 1, 1979- There were 48 members on the roster.
- o May 1979- First discussion of annual chapter conference:
  - o "Our first educational conference was in the late 70's at Sutter Memorial. We had the presentations on one side of the 7th floor and the product displays in the other. I think we had 20 vendors. Subsequent educational offerings were at National University for many years for ease of parking and better vendor areas."

*Janet Frain*

# APIC Sierra and Hazardous Waste Management

- o In the late 70's, as part of APIC Sierra, Harriette became the 'unofficial' hazardous waste spokesperson for the state of California.
- o She testified at State Senate hearings on medical waste management and met with District Attorneys throughout the state to advocate for fewer citations to hospitals.
- o She worked with the California Hospital Association, and others, to influence legislation like:
  - o AB 1593 (Lockyer)--Hazardous Waste...
  - o SB 2031 (Nimmo)--Hazardous Waste...

# 1980's IP Programs going full force

- o In 1985, the SENIC study published an update that showed the percentage of hospitals with IC programs had increased from 22% to 57% since 1974.
- o The Institute of Medicine recommended expanding the role of the NNIS system to refine outcome measures.
- o In 1986, NNIS revised its methodology for use of risk-adjusted infection rates which:
  - o helped provide more meaningful rates for interhospital comparison.
- o JCAHO adapted the NNIS methods to collect information on a wide range of clinical indicators including:
  - o seven Infection Control outcome measures.

# APIC continues its stride

- o 1983- CBIC offered the first formal certification examinations.
  - o Fee for testing was \$250.
- o 1986- “National Infection Control Week” was established.

# APIC Sierra *fun facts*

o 1982-

o October 1982- First IC Workshop was offered. Topics covered for SNF settings only. 100 people attended.

o November 1982- First CEUs were charged for meeting education. 2 CEUs offered for \$8 member or \$12 non-member.

o October 1988- First annual APIC Sierra Board Retreat was held in Tahoe.

o “Things to bring included: a sleeping bag, pillow, food and \$6 for brunch.”

o June 1989- Second IC Workshop was offered. Topics covered for California Department of Corrections settings only. 61 people attended.

# 1990's Established guidance

## o OSHA

- o In 1991, the Occupational Safety and Health Administration (OSHA) released the Bloodborne Pathogens Standard, aimed at minimizing occupational exposures to bloodborne pathogens.
- o The Standard both enforced the need for infection control programs and expanded their role within hospitals to include issues related to occupational health and health care worker (HCW) protection.

# 1990's cont.

## o HICPAC

- o In 1990, Dr. William Martone of the Hospital Infections Program at CDC expressed a need for an advisory committee for guidance of infection control surveillance and prevention strategies.
- o In 1991, The Hospital Infection Control Practices Advisory Committee (HICPAC) was established.
  - o The first members were selected by the DHHS.

# APIC continues to grow

- o 1993- The name of the association changed from the *Association for Practitioners in Infection Control* to the *Association for Professionals in Infection Control and Epidemiology*.
- o 1996-The first APIC Text, *The APIC Infection Control and Applied Epidemiology: Principles and Practice* was published.

# 2000's *To Err is Human* is released

- o In 2000, the Institute of Medicine published *To Err Is Human: Building a Safer Health System* and subsequently drew attention to preventable medical errors, including HAIs.
- o In 2003, The Joint Commission issued the first-ever National Patient Safety Goals.
  - o Specifically, they recommended compliance with:
    - o CDC or World Health Organization (WHO) hand hygiene guidelines and
    - o Reporting death or major disability secondary to HAIs as sentinel events.
- o In 2005, The Deficit Reduction Act began the CMS requirement of hospitals to submit data on 10 quality measures, including measures to prevent HAIs.

# 2000's cont.

- o In 2005, The NNIS system was restructured to become ***the NHSN system.***
- o In 2006, California ***Senate Bill 739*** was enacted which:
  - o required California hospitals to establish a variety of prevention programs and
  - o start publicly reporting data via the NHSN system.
- o In 2008, California ***Senate Bills 158 & 1058*** were enacted which:
  - o required further oversight of IP programs and increased public reporting.

# Federal Mandates

- o In 2008, CMS began withholding reimbursement for patients readmitted with certain HAIs, including CAUTIs, CLABSIs, and SSIs.
  - o This change in reimbursement, coupled with public reporting,
    - o heightened public awareness and
    - o forced hospitals to expand infection prevention and control practices to focus on monitoring prevention of HAIs.
- o In 2010, CMS incorporated HAIs into the Affordable Care Act (Pay for Performance).
- o In 2013, CMS began Value Based Purchasing requirements for IC, tiered in as:
  - o 2013-prevention of SSIs and
  - o 2014-prevention of CLABSIs and CAUTIs.

# APIC Sierra *fun facts*

- o 2008- APIC Sierra member Janet Frain becomes the National APIC President.
- o 2009- A new world-wide H1N1 pandemic occurred.
- o 2014-
  - o APIC Sierra member Shelly Morris was elected to the National APIC Nominating and Awards Committee.
  - o Three chapter members presented at the National APIC conference.
  - o The chapter received a Chapter Excellence Award for *Member Support*.
- o 2014- The Ebola Virus made a deadly comeback.

# Focus on Infection Prevention

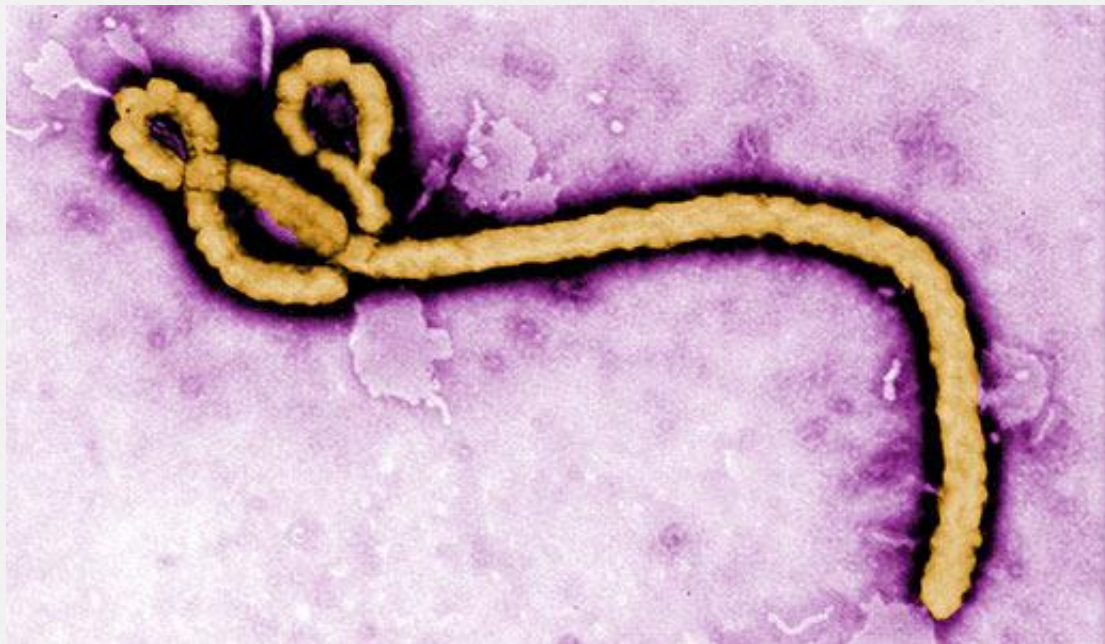
- o Today, there is a myriad of external influences impacting infection control programs including:
  - o legislative mandates, industry, accrediting agencies, payers, professional societies, and consumer advocacy groups (public fear)...
- o These groups are often at odds with each other and propose conflicting recommendations.

# Summary

- The Evolution of Infection Prevention and Control Programs includes:
  - 1960's: Hospital surveillance initiated.
  - 1970's: CDC provides:
    - Training courses,
    - Hospital Infections Program, and
    - NNIS surveillance system.
  - 1974: The SENIC Study was published.
  - 1991: HICPAC was formed.
  - 2005: NHSN replaced the old NNIS system.
- 2006-present: State and Federal Mandates & Public Reporting continue, including:
  - CA SB's 739, 158 & 1058
  - CMS requirements

And now....

EBOLA has changed everything!!!!!!



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