

History of Infection Control, APIC and Our Sierra Chapter

A Tribute to Our Founding IPs

By: Schyerle Beal, RN, BSN, CIC



**“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

- o During the 1950s, Staphylococcal resistance to penicillin increased, fueling the discovery of antimicrobial resistance among organisms.
- o Many of these resistant pathogens developed in health care settings and caused HAIs.
- o 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.

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)

- o Efforts to prevent and control HAIs led to profound changes in how infections were managed.
- o One factor that led to this success was the CDC's rigorous scientific study which demonstrated that infection control programs were effective.
- o SENIC-published in 1974, found that:
 - o 1/3 of nosocomial infections could be prevented by effective IC programs with surveillance and prevention activities and
 - o 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

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

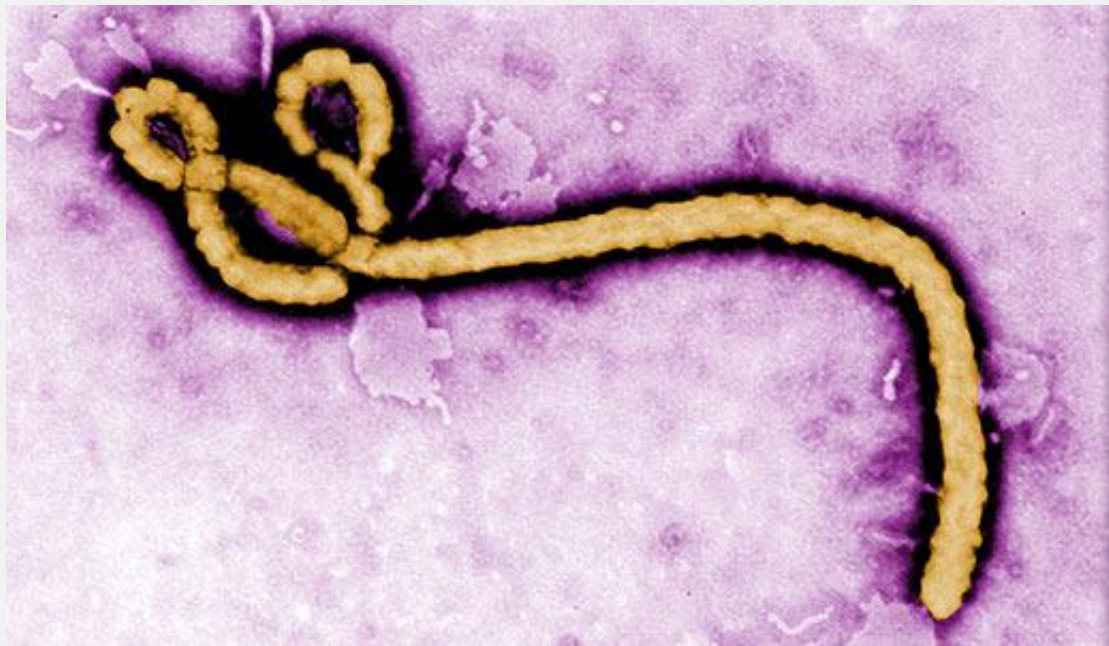
- o Today, there is a myriad of external influences impacting infection control programs including:
 - o legislative mandates, industry, accrediting agencies, payers, professional societies, and consumer advocacy groups (public fear)...
- o These groups are often at odds with each other and propose conflicting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



References

- o APIC Sierra Historical Documents: 1975-present
- o www.apic.org
 - o http://www.apic.org/Resource_/TinyMceFileManager/Position_Statements/Clean-Vs-Sterile.pdf
 - o http://www.apic.org/Resource_/TinyMceFileManager/History/PS1204_HIST_REVISED_NO_ADS.pdf
- o www.cdc.gov
 - o Control of Health-Care-Associated Infections, 1961–2011; Supplements; October 7, 2011 / 60(04);58-63
 - o <http://www.cdc.gov/mmwr/preview/mmwrhtml/00017800.htm>
- o <http://www.health.nv.gov/PDFs/Infections/ISPC.pdf>
 - o Infection Surveillance, Prevention and Control Program (ISPC): Brief History, Understanding the history of Infection Prevention and Control: APIC EPI 101
- o http://www.jointcommission.org/assets/1/6/CLABSI_Toolkit_Tool_5-1_Examples_of_National_and_International_HAI_Surveillance_Systems.pdf
- o <http://cmr.asm.org/content/24/1/141.full>
 - o Hospital Epidemiology and Infection Control in Acute-Care Settings: Emily R. M. Sydnor and Trish M. Perl
- o <http://link.springer.com/article/10.1007%2FBF01643504#page-2>