

LAUNCH OF THE APIC® PROGRAM OF DISTINCTION

BY LESLIE KRETZU, MA, MIPP

At the 2017 APIC Annual Conference in Portland, Oregon, attendees at the opening plenary session learned about a new program, which has been in the making for several years. During her opening remarks, APIC CEO Katrina Crist discussed the new APIC® Program of Distinction and detailed how it was designed to benefit APIC members and, more broadly, the field of infection prevention and control (IPC).

The Program of Distinction is a recognition program that awards a designation of excellence to acute care facilities for IPC programs that meet a set of high-level standards, developed by leaders of APIC. With this endeavor, APIC seeks to increase the inherent value of the IPC department with the C-suite, with the public, and within the larger healthcare arena.



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PROGRAM
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Excellence in Infection Prevention & Control

Developed by a team of subject matter experts, the intent behind the new effort is to assist facilities in maintaining an increased level of readiness with standards developed for infection prevention teams by infection preventionists (IPs) with 30-40+ years of experience in the field. Having an established set of criteria that defines the necessary components for an IPC program to achieve excellence offers a road map for facilities of all sizes. A contingent of APIC board members, other leaders, and APIC staff recognized that APIC was the organization to make this happen, and that the time was now.

BACKGROUND

In April 2014, the staff of APIC Consulting approached several leaders of APIC with a new concept: an APIC “stamp of approval” for IPC programs of excellence that meet certain criteria points. A voluntary program for interested facilities, the Program of Distinction would recognize leading facilities with this designation and offer them targeted communications highlighting the success of the facility’s IPC program.

Terrie Lee, RN, MS, MPH, CIC, FAPIC, former president of APIC (1995) and the Certification Board of Infection Control and Epidemiology (CBIC) (2011), and current president of the International Federation of Infection Control (IFIC) (2015-present), agreed to lead the overall project. “We work in a field where we are aware of the need to strive for excellence and continuously demonstrate improvements in outcomes and processes,” she said. “In our own individual efforts for accreditation and other types of surveys conducted in our facilities, infection control has always been a component, but rarely envelops the entire breadth of what an IPC program brings to the table. This looked like an opportunity to help develop that comprehensive look at those programs in healthcare facilities—one that was developed by IPs.”

With 37 years of experience in infection prevention, Terrie assisted in assembling a team of fellow subject matter experts to develop the program. (See Team list) Over the course of three years, the team - in conjunction with APIC Consulting staff - developed the framework, processes, and standards for the new program. At intermittent points during those years, staff presented plans and data to the APIC Board of Directors. In September 2016, the APIC Board voted unanimously to move ahead with the Program of Distinction.



HOW THE PROGRAM WORKS

Similar to the Magnet Recognition Program® and the Beacon Award for Excellence™, the APIC Program of Distinction is positioned to be the highest-level recognition for IPC programs, granted by the leading association for IPs in the country.

The website, www.programofdistinction.org, features a self-assessment exercise as the starting point for interested facilities. Eligible facilities are general acute care facilities, including specialty facilities. Prior to completing the self-assessment, facilities should ensure that they meet the following eligibility requirements:

- In operation for at least five (5) years.
- In compliance with all applicable federal, state, and local laws and regulations that apply to acute care facilities.
- Licensed by their state and CMS-certified. *Note: It is desirable to be accredited by bodies such as The Joint Commission, DNV GL, or other providers of deemed status.*
- At least one (1) IP on staff who is board certified in infection control.
- An IPC department in which all IPs with five (5) or more years of experience are board certified in infection control.

If a facility finds that it meets the eligibility requirements and identifies no major gaps via the self-assessment exercise, the facility team is encouraged to submit an application, available on the website.

Completed applications include a written application form and a series of uploaded documents, primarily policies and procedures. If the application successfully meets the necessary criteria and reaches a score within the set threshold, the facility is invited to the next step: an onsite assessment with two or more appraisers. If the facility scores within the acceptable range for the assessment, it will be granted the recognition credential, which will be current for a period of three years.

If the facility does not pass the onsite evaluation, the team of appraisers will provide a list of identified deficiencies, a de facto

action plan for the facility's IPC program to increase their ability to meet the program standards. All information collected is kept confidential between the facility point-of-contact and the facility's specific Program of Distinction team of appraisers.

Michelle Farber, RN, CIC, past president of the APIC Board of Directors (2012), is pleased how the process includes various levels of review by different teams of CIC®-certified appraisers. As an author of the *APIC Competency Model* and a contributor to the 2020 Strategic Plan, Michelle noted the independence of the Final Determination Team within the process as a critical step in ensuring inter-rater reliability. "The third and final component involves an evaluation of the reports from the first two components (i.e., application and

onsite assessment)," she said. "The final evaluation is conducted by a team of IPs who were not involved in any of the previous components, to control for bias, and to assure fairness and integrity of the Program of Distinction process."

Facilities that earn the designation gain the ability to use the Program of Distinction logo in their marketing and communications outreach. A hard copy award will be provided for the facility's recognition wall. In addition, APIC will recognize the facility's name in its own marketing to its 15,000 members via



the APIC website, eNewsletter, *Prevention Strategist* magazine, and APIC Annual Conference, as well as to government and accreditation organizations, such as The Joint Commission and DNV GL.

Connie Steed, MSN, RN, CIC, FAPIC, was an APIC board member for six years, two of which were spent as secretary. As the director of infection prevention for the Greenville Health System, she spoke about one of the most compelling parts of the Program of Distinction for her. “The Program of Distinction recognizes acute care hospitals that have excellent infection prevention and control programs, which is vital to patient safety and quality. Applying for, and receiving, this recognition is a means to communicate to consumers of healthcare that excellent infection prevention standards of care are provided at the organization.”

DEFINING ASPECT OF THE PROGRAM: STANDARDS

Terrie Lee believes that one of the defining elements of the APIC Program of Distinction is the way the onsite assessment is structured to evaluate the effectiveness of the IPC program throughout the entire facility. “It isn’t enough to have a great infection prevention department,” she said. “It’s the entire hospital’s engagement in the process that matters. It’s organization-wide excellence that is required.”

The standards upon which the Program of Distinction is based, were developed and vetted by leading IPs in the field, largely former APIC officers and past presidents. Relying on a large breadth of information including regulatory guidelines, accreditation documents, the *APIC Text*, articles and references from the *American Journal of Infection Control (AJIC)* and other infection prevention

journals, the *Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals*, and more, the team developed the standards over several years. In addition to their research and review of the evidence, the content experts bring their vast knowledge of surveys and assessments over several decades of experience. Reviewing the evidence in each essential element to create standards of excellence, they reached consensus on the criteria, an important aspect of the standard development content expert review process. As a result, the final standards/essential elements are the requirements for demonstrating excellence in infection control practice.

Jan Frain, RN, CIC, CPHRM, past president of the APIC Board of Directors (2008) noted that the standard selection process was rigorous and detailed. “Each standard underwent meticulous review by the Development Team before being finalized. Based on our review at the pilot facilities, we are confident that the Program of Distinction process provides a valid analysis of the scope and services of a facility’s infection prevention and control program.”

Last August, APIC Consulting piloted the Program of Distinction with two facilities. One achieved the recognition and will be announced in an upcoming *Prevention Strategist* issue. The other facility did not; however, their infection prevention team did receive a list of recommendations that could be used as an action plan to increase the overall level of effectiveness of the IPC program.

APPLICATION PROCESS

The APIC Program of Distinction is accepting applications beginning in the fall of 2017, and applications will be available on the website www.programofdistinction.org. There is no application submission deadline, as applications are accepted on a rolling basis.

All organizations are urged to review the eligibility requirements and self-assessment checklist to see how their programs match up to the APIC standards. Facilities that meet the requirements are encouraged to apply.

The response to date from the infection prevention community has been overwhelming. Countless leaders of APIC have expressed enthusiasm about the program, and facilities have begun requesting applications. As one quality director acknowledged, “Of course I want this recognition. We’re competing with several other hospitals in our area and this would give us a huge edge. It would differentiate us from the competition.”

For more information about the APIC® Program of Distinction, contact Leslie Kretzu at lkretzu@apic.org. 

Leslie Kretzu, MA, MIPP, is the executive director of APIC Consulting Services, LLC. She has worked with APIC since 2008, and became the executive director of APIC Consulting in 2012.

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