PRESIDENT'S MESSAGE

As the 1983 president of APIC, it is with a great deal of pride and hope that I address you. I am both humble and proud that the APIC membership extended what I interpret to be a vote of confidence in me as a professional, involved in and committed to the field of infection control, and in me as an individual. As APIC enters its second decade it is helpful to examine our origins, our present circumstances, and our future as a profession and as an organization, because similar issues face both.

The establishment of infection control as a legitimate discipline of medicine is an accomplished fact. This has occurred, in part, because of the importance of nosocomial infection control to patient care and also by decree from agencies regulating accreditation of hospitals. What our discipline has lacked in the past is abundant irrefutable evidence that the legion of required, recommended, or suggested infection control practices do, in fact, lead to lower infection rates, that is, proof of efficacy. We are
beginning to see results from well-designed studies of the value of commonly used infection control practices and of the long-awaited Centers for Disease Control Study on the Efficacy of Nosocomial Infection Control (CDC SENIC Project). Such studies may have profound impact on the field of infection control.

Concerning APIC, we are the official representative body for persons actually practicing as well as those otherwise involved or interested in infection control. Characteristics of ICPs vary widely. Substantial differences exist in the number of hours devoted to the position, other hospital obligations for part-time practitioners, administrative support, professional support from epidemiologists or infectious disease specialists, and availability of local and state resources for infection control.

ICPs’ access to training programs in the past has been somewhat limited. Since 1968, CDC has provided a large portion of this training. APIC has sought to address the educational needs of our members through seminars, workshops, and conferences. Currently, several institutions throughout the country offer very fine programs for novice and advanced ICPs. What is lacking in this case is assurance of standardization, that is, that ICPs possess the body of knowledge and skills believed to be essential to the practice of infection control. This is a pertinent concern for all persons and organizations, including APIC, who provide education in infection control. APIC has delineated educational standards and prepared The APIC Curriculum for Infection Control Practice, which is currently in press. The Curriculum will serve as a resource document for individuals and institutions and a self-assessment tool for practitioners.

The Certification Board of Infection Control, a totally independent body in which APIC has considerable philosophical and financial interest, has performed a task analysis and is developing a voluntary certification process. The first certification examination is scheduled later in the year. We at APIC are proud to be involved in these major undertakings and believe they will help provide some measure of standardization for the practice of infection control.

APIC’s past has been shaped by a cadre of exceptional leaders, who by hard work and dedication to an APIC ideal and by sacrifices of their families and employers have assured its survival. In one short decade they have nurtured its growth into a predominantly nursing organization of approximately 6000 professionals involved in and committed to infection control.

For the second decade we need to be astute forecasters of the impact on infection control of “winds of change” that affect patient care. Infection control as a practice must strive to justify its existence and especially its expense. APIC must also justify its existence by addressing the educational, professional, and personal needs of our members. In these difficult economic times we must be even more fiscally prudent and responsible to assure financial solvency. We at APIC national must continue to heed the most important question from a practitioner: “What’s in it for me to belong to APIC?” I assure you that we will seek your input, listen, respond to it, and use it to formulate future directions for APIC.

I thank you for giving me this opportunity to serve APIC.