Association News

PRESIDENT'S MESSAGE

Since my earliest association with APIC I have been impressed with the ability of our members to work together. (Of course, we do not always agree, but we do work together to achieve an end result.) Working together, planning together, and talking together can only benefit our organization. We must continue to work as a unified body toward accomplishing our mutual objectives.

APIC has, in a very short time, come a long way toward reaching its goals by continuously reevaluating and reassessing them. I believe we can come closer to attaining our goals by working together to develop a practical and rational approach to infection control based on proved scientific data. As members of APIC, I would like us to work together to establish and adhere to the highest standards of practice rather than have standards dictated to us by regulatory agencies.

As a professional specialty organization, we have established high standards of excellence and have made significant contributions toward improving patient care. To further our goals and build on past achievements we must
continue to expand our educational programs. Equally important is the establishment of a certification/recertification program to upgrade our practice, ensure competence among our practitioners, allay concerns of the health care consumer, and satisfy federal health care financing programs.

It is imperative that we, practitioners with different skills and divergent backgrounds, communicate with each other to develop cohesiveness within our membership. APIC success is dependent on the day-to-day actions of its members and their ability to communicate with the officers and the Board of Directors who they have elected. This is essential so that we may be ever sensitive to the needs of the practitioner and be quick to respond to the ever changing complexion of hospital epidemiology and infection control.

Charles Dickens once said “together we are something,” and I believe this to be true.

BOARD ACTION

A special meeting of the Board of Directors and officers of APIC was held in New Orleans, Louisiana, January 14 to 16, 1981. The Board:

- Announced that Karen Axnick has been selected as the Carole DeMille lecturer for APIC ’81.
- Announced that the regional program for hospital epidemiologists, held in Dade County, Florida, was a success and will be repeated on the West Coast at a later date.
- Elected Richard Henke to serve as member-at-large of the Executive Committee for 1981.
- Appointed committee chairmen:
  - Policy, Katherine Holl
  - Budget and Finance, Jo Ann Butler
  - Membership, Ronnie Leibowitz
  - Education, Doris Hadley
  - Curriculum, Barbara Soule
  - Program, Kathy Grant and Robert Sharbaugh
  - Bylaws, Lorraine Harkavy
  - Local Chapters, Gina Pugliese
  - Nominating, Paula Fleurant
  - Funding, Richard Henke
  - Awards, William Valenti
  - Certification, Marge Underwood
  - Standards, Eddie Hedrick
  - Chapter Advisory, Sara Krantz

NOMINATING COMMITTEE

The following offices are open for the 1981 APIC election:

- President-elect
- Membership director
- Directors:
  - (1) 3 year
  - (1) 2 year
  - (2) 1 year
- Nominating Committee:
  - (2) 2 year

For further information, contact:
Paula Fleurant, R.N.
Chairman, Nominating Committee APIC
1787 Lost Lane
Green Bay, WI 54302

ANNOUNCEMENTS

N. Joel Ehrenkranz, M.D., director of the South Florida Hospital Consortium for Infection Control, Miami, Florida, announces the appointment of Sandra J. Pfaff, R.N., B.S.N., as associate director.

The Seventeenth Quadrennial Congress of the International Council of Nurses (ICN), hosted by the American Nurses’ Association, will be held at the Los Angeles Convention Center, Los Angeles, California, June 28 to July 3, 1981. Additional information about this congress may be obtained from American Nurses’ Association, 2420 Pershing Road, Kansas City, MO 64108.

INFECTION CONTROL PRACTICE IN SOUTH AFRICA

Infection control practice is very much in its infancy in South Africa. Some major hospitals have only very recently appointed infection control sisters (another name for infection control nurse) who might find themselves covering a 1400-bed hospital. We depend to a large extent on guidance and help from the hospital microbiologist who is usually the infection control officer.

Infection control sisters are trained in general nursing and midwifery and have had ex-