MEMO OF SUPPORT

TO: Members of the New York Senate and Assembly
FROM: Association for Professionals in Infection Control and Epidemiology
DATE: June 19, 2019

RE: A.3705A (Gunther)/S.5186A (Metzger)

This legislation would require new infection preventionists employed at a hospital to be certified within three years of hire. As the premiere organization for infection preventionists in New York and across the country, the Association for Professionals in Infection Control and Epidemiology (APIC), urges your support for A. 3705/S.5186.

According to the Centers for Disease Control and Prevention (CDC), about one in 31 hospital patients has at least one healthcare-associated infection (HAI). In 2015, that represented approximately 687,000 HAIs in acute care hospitals. Unfortunately, an increasing number of these infections are untreatable due to resistance to our current arsenal of antibiotics. Infection preventionists are patients' and facilities’ frontline of defense to prevent and control the spread of these infections. An infection preventionist’s role is broad and often varies by facility; however, some core parts of their jobs include: developing evidence-based policies to ensure a safe environment for patients and healthcare personnel, ensuring compliance with standards and regulations designed to protect patients and healthcare personnel, and educating healthcare personnel and the public about infectious diseases and how to limit their spread.

Studies have shown that hospitals employing certified IPs tend to have better patient outcomes and stronger adherence to infection prevention practices. A California study of hospitals showed facilities with a certified infection preventionist directing their prevention efforts had significantly lower rates of MRSA bloodstream infections. Another national study showed credentialed IPs were two to three times more likely to believe in the strength of evidence behind certain infection prevention and control practices. This reinforces another national study that suggested certified IPs are likely better prepared to interpret evidence and act as champions for key infection prevention practices.

While certification is critical for patient safety, it is important to protect small and rural facilities from any unnecessary stress. This legislation makes sure these facilities are protected in a number of ways. For instance, legislative language is included to allow facilities to employ non-certified personnel if “after a diligent and thorough effort” they are not able to find a certified infection preventionist. The measure also allows currently practicing infection preventionists to continue their careers without certification, ensuring facilities will have a stable workforce. Further, the measure protects facilities from additional expenses as it does not require hospitals to pay for the certification exam or preparatory coursework.
Finally, infection preventionists come from a variety of healthcare backgrounds including nursing, public health, microbiology, and epidemiology. While each of these fields is important to healthcare and provides unique perspectives, they do not share a common specialized infection control curriculum or the unique training necessary to lead a successful infection prevention and control program. By requiring certification for new infection preventionists, hospitals are provided with staff that has a demonstrated baseline of knowledge about infection prevention and control that will keep patients safe.