

# APIC's new vision and mission: A conversation with APIC leaders

*APIC President Ann Marie Pettis, RN, BSN, CIC, FAPIC, Past President Connie Steed, MSN, RN, CIC, FAPIC, President-elect Linda Dickey, RN, MPH, CIC, FAPIC, and APIC CEO Devin Jopp, EdD, MS, share their thoughts on the making of a new vision and mission for APIC, and what they hope the future will bring to the organization and the IPC profession.*



Ann Marie Pettis



Connie Steed



Linda Dickey



Devin Jopp

## What was the motivation/thinking process behind APIC's revising of the mission and vision?

**Ann Marie:** COVID-19 has truly turned our world upside down and forced the Board to think hard around the focus of APIC's mission and vision. When considering the vision statement, perhaps the largest environmental factor considered was that APIC's influence extends well beyond healthcare into other industries like transportation, entertainment, hospitality, education, etc. COVID-19 has thrust infection prevention and control into the forefront of the public's collective consciousness. Our vision and mission had to evolve to ensure that APIC is not only relevant but is leading the way forward. APIC's new vision statement is now "a safer world through prevention of infection."

APIC's new mission statement has been revised to "To advance the science and practice of infection prevention and control." When considering modifications to our mission statement, we determined that APIC must advance both the practice of infection prevention and the science that will lead to new discoveries, innovations, and methodologies that can aid us in our work. We're so excited about this modified mission and believe that it will help establish our organization as the leading source for both infection prevention science and practice. These changes are quite powerful; they will usher in a new era where we will expand APIC's research capabilities and begin conducting our own research, while at the same time, we will assume a much larger role in facilitating cross-institutional research on cutting edge topics for

our profession. Regarding practice, new tools and resources will be developed and shared among IPs and ensure that all APIC members have access to the knowledge they need to be successful in their roles.

## We understand part of APIC's focus will be on driving both the science and practice of infection prevention ahead—what might that look like?


**Connie:** In many ways, the focus is building off the natural progression and the strong foundation that we have built here at APIC. For years, APIC has produced invaluable guidance and practice resources that have facilitated the practice of infection prevention across our nation and our world. On the science side, through our esteemed journal, *AJIC*, we have served as the key source of scientific advancement by disseminating cutting edge science to our readers. However, our new focus, as Ann Marie indicated in her remarks on the mission, takes us to the next level. For example, in the near future APIC headquarters will work on creating a team of national and international IPs who are scientists, researchers, and research fellows and who will secure funding and produce original research to advance the IPC field. We also expect that over time, APIC will take a leading role in building research networks to advance multi-entity scientific research. On the practice side, we will see expanded sets of resources and guidance for varying IPC settings and will see expanding work on providing policies and procedures that can continue to help inform our practice. This barely touches the surface but hopefully provides a glimpse of things to come.

## We understand the new IP Academic Pathway is a critical part of the new strategic plan. How does that factor in our strategic direction?

**Linda:** The IP Academic Pathway represents a grouping of initiatives that are critical to developing the next IP generation workforce. Today, there is no clear guidance on how to develop into an IP from a young undergraduate, and also no defined educational pathways. In order for the profession to advance, we need to clarify expectations for knowledge and roles at various levels. The IP Academic Pathway will be a crucial part of the new strategic plan and includes the development of frameworks for apprenticeship and internship programs to more immediately help cross-train professionals into the profession. It also includes the development of undergraduate concentration programs of study and stand-alone graduate-level degrees that focus on infection prevention and help establish a clear educational runway. This program is a cornerstone to our strategic plan as we try to develop clear ways to help ensure we have plenty of well-trained IPs to meet the demand and fit the growing needs of healthcare and non-healthcare settings.

## What other changes does APIC plan on implementing in order to fulfill its new mission and vision?

**Devin:** We are currently in the process of bringing our vision and mission to life and as our new strategic plan unfolds, I

believe it will build on the base of work we're already doing and take us to the next level. Right now, our focus has been building the foundation on which we can expand our future work. One example is the research that we are conducting on diversity, equity, and inclusion as well as patient equity. This work will influence our road ahead as we look to ensure our workforce and our leadership is diverse and inclusive. Additionally, our new patient equity taskforce is collecting the necessary data that can help us as IPs to identify and share the best practices that will guarantee everyone will have equal access to care and equal outcomes from that care. We also are working on expanding our membership model to allow organizations to bring more individuals from their companies who could benefit from APIC resources and also create more bundled services and offerings with that membership. At the same time, we're evaluating new ways to allow for members to engage in our work through expanding our member sections to new settings, topics, and roles. And finally, we have a number of new programs under development that will create new opportunities for specialized education for various practice settings, both inside and outside of healthcare. All of our expanded efforts place us one step closer to reaching our new vision and mission. Despite the daunting challenges COVID-19 has presented, it has also galvanized infection preventionists into action. It's such an exciting time for our association and for the IPC profession as a whole. 

# MICROBIAL SURVEILLANCE TESTING MADE EASY

*Healthmark offers the One-Two Punch to Identify and Document the Efficacy of Your Endoscope Reprocessing*

## SCREEN WITH THE NOW! TEST

*Rapid Indicator of Gram-Negative bacteria*

This immediate, practical screening test is available as a swab or flush method. Simply flush the lumen or swab the elevator mechanism of a flexible endoscope, such as a duodenoscope, and follow the procedure for gram-negative bacteria detection in less than 12 hours.

< 10 CFU



 **healthmark**  
HMARK.COM | 800.521.6224



## AUDIT WITH THE FLEXIBLE ENDOSCOPE SAMPLING KIT

*Surveillance tool for the random testing of duodenoscopes in compliance with FDA guidelines - In association with Nelson Laboratories*

A simple and complete kit. After flushing and brushing the lumen and elevator mechanism of a duodenoscope, simply follow the procedure to have the sample solution & brush heads quickly sent to Nelson Laboratories - the leader in independent testing of flexible endoscopes. All tools are included for testing and shipment.



  
**NELSON**  
LABORATORIES