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Dear Chapter Members:

At the chapter leader luncheon held at the June APIC conference in Charlotte, a number of you asked about questions that had emerged during accreditation visits. In response to those questions as well as some that had been circulating on the APIC listserv, CBIC reached out to Lisa Waldowski, the Infection Control Specialist with The Joint Commission. I wanted to share a conversation that occurred with Lisa, Anne Krolikowski, the Executive Director of CBIC, and me. During that conversation we talked about the existing TJC standards, the Elements of Performance, and the intent behind them. Lisa agreed that this was an important discussion and agreed that I should share a summary of our conversation.

The current TJC standards that specifically address competence of the IP are included in HR.01.02.01. Specifically, EP1 states that the hospital defines staff qualifications. This means that your HR policy may state that the IP must be certified as a requirement of their job and that is done to ensure that the facility has access to an IP who has used a valid and verified approach for competence demonstration—the CIC examination. That job description may also contain verbiage regarding ongoing competence. If it does, that may lead to questions from the surveyor regarding how that is addressed. Secondly, HR.01.06.01 EP3 speaks to the individual's background as it pertains to their ability to competently perform the job responsibilities. These are in addition to the IC.01.01.01 standard that states the hospital identifies the individual(s) responsible for the infection prevention and control program.

In my conversation with Lisa, the intent of TJC standards is to ensure that the IP program is led by individuals who are competent to do so. We are all aware that this requires an ongoing investment in our knowledge regarding what is currently occurring in the field. When we certify, that provides demonstrate of competence. As we practice, we must remain competent. Certification is the ideal starting point, but we are aware that our practice is dynamic. Therefore, surveyors may ask about what we are doing to maintain competence. When discussing this with Lisa, I suggested adding information to the chapter leaders regarding how they might address this question during a survey, if asked. There are many activities that IPs do to maintain competence including:

- Certification and follow-up recertification including the studying that is needed for success
- Participation in local APIC chapter meetings
- Participation in webinars provided by professional associations and government agencies
- Attendance at the national APIC
- Attendance at the SHEA conference



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- Attendance at educational opportunities focusing on infection prevention and control such as the APIC Infection Prevention Academy
- Participation in Journal clubs
- Regular reading of journals focusing on infection prevention and control such as AJIC and ICHE
- Participation in academic courses focusing subjects relevant to infection prevention and control, leadership, public health and others
- Review of new guidelines from CDC and related agencies including FDA and EPA
- Review of standards that are relevant to infection prevention and control including those outlined by AORN, AVA, INS
- Review of recommendations and position papers released by professional associations such as APIC and SHEA

Each of us likely has a professional development plan that has included an assessment of our strengths and weaknesses. This type of candid discussion can also be an important addition to the accreditation discussion as it clearly demonstrates a commitment to continuous improvement.

I hope this summary of our conversation with Lisa helps provide information that can be useful in your discussion with TJC, other accrediting organizations, state surveys, CMS surveys, or as part of any review involving patient outcomes.

Cordially,

Ruth M. Carrico, PhD, RN, CIC
2016 CBIC President