JOINT STATEMENT OF THE ASSOCIATION OF PROFESSIONALS IN INFECTION CONTROL (APIC) AND THE SOCIETY FOR HEALTHCARE EPIDEMIOLOGY (SHEA)

Collective Strength, Collective Action

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If you want to go fast, go alone—if you want to go far, go together.

— African proverb

During the past decade, infection prevention programs have been presented with an unending series of challenges and expectations. The challenges, more often than not, have resulted in additional responsibilities, functions, and workload for infection control professionals (ICPs) and healthcare epidemiologists. These additional responsibilities have not been accompanied by proportional increases in resources.

Sparked by past and present-day national and global infectious disease and infection prevention events, we decided to explore how the Association for Professionals in Infection Control and Epidemiology (APIC) Board of Directors and the Society for Healthcare Epidemiology of America (SHEA) Board of Trustees might work together to leverage our collective knowledge, expertise, and talents to address issues that are jointly important to SHEA and APIC. For example, we are interested in identifying strategic approaches to influence organizational decision makers to invest in infection prevention resources in terms of people, technology, and funding. Ultimately we want to ensure that ICPs and healthcare epidemiologists have the critical resources to prevent and manage infections on a day-to-day basis and to be prepared to rapidly respond to the inevitable, but unpredictable, appearance of emerging (and reemerging) infectious diseases.

To begin this dialogue we, along with APIC Chief Executive Officer Katrina Crist and SHEA Executive Director Eve Humphreys, met in Philadelphia during March 2015. Over lunch we shared how the activities associated with the Ebola virus disease crisis were overwhelming our members and quickly realized that the members of both organizations were experiencing similar problems and obstacles; primarily, lack of critical resources and senior administrative support even before the Ebola virus disease crisis. We agreed it was critical to have the APIC and SHEA executive committees participate in a joint leadership summit to explore the topic further and identify intersections where we can collectively work together.

At the meeting, which took place during April 2015, the committees suggested that subsets of each organization's executive committee serve on a task force charged with developing consensus criteria on issues related to infection prevention and control programs, and how ICPs and healthcare epidemiologists can be better positioned and funded to further reduce infection incidence and increase patient and healthcare worker safety through prevention.

Leaders of both APIC and SHEA also agreed to increase communication and strategic dialogue between the 2 organizations. During May of this year the APIC president and chief executive officer attended the SHEA Board of Trustees meeting, whereas in June the SHEA president and executive director attended the APIC Board of Directors meeting.

Our goals for the upcoming year include:

- Convene at least 2 meetings of the joint SHEA and APIC task force,
- Write a joint editorial focused on the strategic importance of increasing resource allocation to ICPs and healthcare epidemiologists to be submitted to healthcare management journals that are read by chief executive officers and chief medical officers,
- Strengthen the relationship between the organizations by continuing the 2-way communication between boards and relevant committees, and
- Launch joint education opportunities to train teams.

We believe that the 2 organizations have made important strides toward more successful joint collaboration, particularly with our engagement during the past year. We look forward to strengthening our relationship and leveraging joint opportunities for the benefit of both memberships, and to better position ICPs and healthcare epidemiologists for expanded leadership roles.

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