APIC GRATEFULLY ACKNOWLEDGES THE FOLLOWING COMPANIES FOR THEIR GENEROUS SUPPORT OF THE 43RD ANNUAL CONFERENCE.*

**PLATINUM**

- GOJO
- Medtronic
- Sealed Air Diversey Care

**GOLD**

- XENEX

**SILVER**

- Applied Medical
- debmed
- Georgia Pacific
- Johnson & Johnson
- nanosonics
- Roche
- Sherwin Williams

**BRONZE**

- 3M
- BARD Access Systems
- Clorox Healthcare
- BIOMÉRIEUX
- Stericycle
- Metrex

WELCOME TO APIC 2016!
Enjoy the conference!

Join the conversation using #APIC2016. Follow us on Twitter and Facebook: @APIC and facebook.com/APICInfectionPreventionandYou
Share photos, quotes, and tweets about your conference experience on your social media accounts.
Welcome to Charlotte and APIC’s 43rd Annual Conference! As chair of the Annual Conference Committee, I would like to thank all of you for making the time to attend the conference as we “head deep into the curve with infection prevention.”

As busy infection preventionists, it is sometimes difficult to take the time to nurture our own professional growth. Annual Conference provides us the opportunity to come together with our colleagues from the U.S. and abroad to connect, recharge, and rejuvenate. We will hear from leading experts and world-renowned speakers, including the co-author of Freakonomics, Stephen Dubner, in our opening plenary. It is also the time to network with your peers, meet new friends, and celebrate the accomplishments of our wonderful profession.

The goal for this year’s conference continues the focus on delivering high-quality, evidence-based science and innovation around the prevention of infection. New this year is the addition of Late Breaker sessions to reflect the latest topics in the field. I want to especially encourage you to support your colleagues by reviewing their posters and attending the oral abstract presentations. These sessions often provide the take-home practical information that can be applied in your particular setting. Hopefully at the end of the conference you will come away well prepared with a large to-do list and a recharged commitment to APIC’s vision of healthcare without infection.

Creating this exciting experience truly takes a village so I would like to recognize the dedicated professionals on the APIC staff and the members of the Annual Conference Committee — an amazing group who worked tirelessly to put all the pieces together to present the wonderful conference in Charlotte. I would like to especially thank Sally Hess, the 2015 committee chair, and Tim Wiemken, the 2017 committee chair, for the support and wisdom they have provided to me. It has been such fun and an absolute honor to work with all of you.

Have a meaningful conference and enjoy the beautiful city of Charlotte!

Sincerely,

Debra Johnson, BSN, RN, CIC
Chair, 2016 Annual Conference Committee

2016 ANNUAL CONFERENCE COMMITTEE

Chair
Debra Johnson, BSN, RN, CIC

Vice Chair
Timothy Wiemken, PhD, MPH, CIC

Immediate Past Chair
Sally Hess, MPH, CIC

Senior Advisor
Susan Dolan, RN, MS, CIC

Education Committee Advisor
Lela Luper, RN, BS, CIC

Host Committee Advisor
Kathy Cochran, RN, MS, CIC

Members
Martí Craighead, MBA, RN, CIC
Ryan Fagan, MD, MPH
Nicole Gualandi, MS/MPH, RN, CIC
Karoline Sperling, MLS, MPH, CIC
Steven Pergam, MD, MPH
Ossama Rasslan, MD, PhD
Jan Ratterree, RN, BSN, CIC
David Witt, MD

Staff Liaisons
Heidi Salati
Virginia Rosell, CMP, CMM
Thank You
2016 APIC Strategic Partners
for Committing to Infection Prevention

Thank you Strategic Partners for your support of and commitment to APIC, Infection Preventionists, and the field of infection prevention by being part of the APIC Strategic Partner Program. Your dedication to the cause of infection prevention advances APIC’s vision of healthcare without infection.

Please visit [www.apic.org/partners](http://www.apic.org/partners) to learn more about the 2016 APIC Strategic Partners.
Conference Store
Check out professional resources, stock up on APIC merchandise, and take advantage of onsite-only discounts and specials.

STORE HOURS
Friday • 12-5 p.m.
Saturday • 7:30 a.m.–6 p.m.
Sunday • 7:30 a.m.–4:30 p.m.
Monday • 7:30 a.m.–4 p.m.

The APIC Store is located diagonally across from Registration

APIC Central is your one-stop shop for all things APIC.

- Connect with peers and staff
- Renew your membership or join APIC
- Learn about APIC programs and products
- Get answers to your questions

Or just take a break and chat with friends! You can do it all at APIC Central.

APIC Central Hours:
Friday, June 10: 7:30 a.m.–5 p.m.
Saturday, June 11: 7:30 a.m.–6 p.m.
Sunday, June 12: 7:30 a.m.–4:30 p.m.
Monday, June 13: 7:30 a.m.–4 p.m.

Located outside of the breakout session rooms on the second level of the Charlotte Convention Center.
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Contact Hours and Continuing Education Credits
The Association for Professionals in Infection Control and Epidemiology (APIC) is approved to provide continuing education by the following organizations.

**ACCENT® Continuing Education Credit**
The American Association for Clinical Chemistry, Inc. (AACC) designates APIC as meeting the criteria for ACCENT® credit hours. AACC is an approved provider of continuing education for clinical laboratory scientists licensed in, but not limited to, the states of California, Florida, Louisiana, Montana, Nevada, North Dakota, Rhode Island, and West Virginia.

ACCENT® Activity No. will be provided; ACCENT® Activity California No. will be provided and Florida category ACCENT® Continuing Education Credit in Clinical Chemistry/Toxicology; Supervisory/QA/Administration/QA/QC/Safety; Medical Errors; Microbiology/Mycology/Parasitology; Serology/Immunology will be provided.

**ANCC Continuing Nursing Education**
**Contact Hours**
APIC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (COA).

One contact hour = 60 minutes.

**California Board of Nursing**
APIC is approved for providing continuing nursing education by the California Board of Nursing, provider number CEP 7146. Available upon request, APIC has written policies describing: (1) refund policy regarding non-attendance, (2) notification process if course is cancelled, and (3) time period within which the full or partial registration fee will be refunded.

**Continuing Medical Laboratory Education (CMLE)**
APIC is recognized by the American Society for Clinical Pathology as meeting the criteria for CMLE credit. ASCP CMLE credit hours are acceptable to meet the continuing education requirement for the ASCP Board of Registry Certification Maintenance Program.

**Requirements to Receive CE Contact Hours:**
1. Go to [apic.org/ac2016](http://apic.org/ac2016) to log in.
2. Complete the overall conference evaluation and individual session evaluations for each of the sessions that you attended.
3. Download your certificate and VOA transcript once complete.
PLENARY SESSIONS

SATURDAY, JUNE 11

Opening Plenary
8–10:30 a.m. | Crown Ballroom

Business and Management Lessons from *Freakonomics* and *SuperFreakonomics*
Stephen Dubner

How can you really change behaviors in your facility? In this engaging presentation, award-winning author, journalist, and radio and TV personality Stephen Dubner explains why the old rules of business just don’t apply. It’s a new world, and that demands a new way of thinking and a new way of getting beneath the surface. Using humor, first-rate storytelling, and real-world examples from the healthcare field, he discusses ways to create behavior change, the incentives that work and don’t work, and the value of asking unpopular questions.

SUNDAY, JUNE 12

Sunday Plenary
8–9:15 a.m | Crown Ballroom

Disinfection and Sterilization: The Good, the Bad, and the Ugly
William Rutala, MS, MPH, PhD, CIC
Director, Statewide Program for Infection Control and Epidemiology
Director, Hospital Epidemiology, Occupational Health and Safety Program

Don’t miss this entertaining and informative session by renowned expert William Rutala, professor in the Division of Infectious Diseases at the University of North Carolina School of Medicine. Get a fresh take on all things disinfection and sterilization, including the “good” classification scheme, improved data, and new technologies; the “bad” noncompliance with guidelines for reprocessing medical/surgical devices; and the “ugly” endoscope reprocessing and infection risks that may expose patients.

MONDAY, JUNE 13

Closing Plenary
4–6 p.m. | Crown Ballroom

Executing Imagination: Turning Raw Ideas into Powerful Results
Josh Linkner

How is it that some organizations can harness imagination to create game-changing drivers of growth and innovation while others miss the mark? According to renowned tech entrepreneur and bestselling author Josh Linkner, the best companies have a systematic process to focus their team’s creativity into practical outputs. In this inspiring presentation, get practical tools that can be immediately implemented to increase creative output and deliver bottom-line results at your facility.
## EXHIBITOR SATELLITE SYMPOSIA

Check your Event Guide for the latest information on satellite symposia.

<table>
<thead>
<tr>
<th>DATE</th>
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<th>SPONSOR</th>
<th>LOCATION</th>
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<tr>
<td>Friday, June 10</td>
<td>12–4 p.m.</td>
<td>Leadership Development</td>
<td>Sealed Air</td>
<td>Convention Center</td>
<td>Ballroom C</td>
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<td></td>
<td>5:30–7:30 a.m.</td>
<td>Safe Patient Care Starts with Healthy Hands: How to Maintain Healthy Skin While Increasing Hand Hygiene Compliance</td>
<td>gojo</td>
<td>Convention Center</td>
<td>Ballroom B</td>
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<tr>
<td>Saturday, June 11</td>
<td>6–7:45 a.m.</td>
<td>C. difficile, MRSA, and Staph. Aureus: Disease Overviews, Testing Solutions, and Patient Experiences</td>
<td>Roche</td>
<td>Convention Center</td>
<td>217 AB</td>
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<td></td>
<td>6:40–7:45 a.m.</td>
<td>Comparison of Disinfectant Technologies in the Reduction of Healthcare-Associated Pathogens</td>
<td>Sealed Air</td>
<td>Convention Center</td>
<td>Ballroom C</td>
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<tr>
<td>Saturday, June 11</td>
<td>6–10 p.m.</td>
<td>Impact of a Multi-Site Evidence-Based Disinfection Program Using UV Technology</td>
<td>XENEX (Germ-Zapping Robots)</td>
<td>Westin Charlotte</td>
<td>Ballrooms AB</td>
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<td></td>
<td>6–10 p.m.</td>
<td>Hand Hygiene</td>
<td>debmed</td>
<td>Westin Charlotte</td>
<td>Ballroom D</td>
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<td>Saturday, June 11</td>
<td>6–7:45 a.m.</td>
<td>Challenges and Opportunities in Medical Device High-Level Disinfection</td>
<td>nanosonics</td>
<td>Convention Center</td>
<td>Ballroom B</td>
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<tr>
<td>Sunday, June 12</td>
<td>6–7:45 a.m.</td>
<td>Implementing a SSI Prevention Program: It's More Than Just a Bundle</td>
<td>Applied Medical</td>
<td>Convention Center</td>
<td>217 AB</td>
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<td></td>
<td>6–7:45 a.m.</td>
<td>Current Guidelines for Preventing SSIs: Understanding and Implementing Evidence-Based Practices</td>
<td>Johnson &amp; Johnson</td>
<td>Convention Center</td>
<td>Ballroom C</td>
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<td></td>
<td>6–7:45 a.m.</td>
<td>Breaking Down Barriers in Hand Hygiene to Drive Improvement in Your Organization</td>
<td>GP (Georgia-Pacific)</td>
<td>Convention Center</td>
<td>Ballroom B</td>
</tr>
<tr>
<td>Monday, June 13</td>
<td>6–7:45 a.m.</td>
<td>Environmental Hygiene in the OR</td>
<td>ECOLAB</td>
<td>Convention Center</td>
<td>Ballroom C</td>
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</table>
Visit us in the exhibit hall to chat with the experts and have some fun!

- Stop by the **Knowledge Bar** and meet one-on-one with subject matter experts
- Take part in PPE Fashion Do’s and Don’ts—guess the answers to what goes wrong!
- Watch the **2016 Film Festival** entries promoting infection prevention best practices
- Capture your APIC 2016 conference experience with a fun photo-op!

**KNOWLEDGE BAR**

**Speaker times for June 11-13:**

- 10:45-11:30 a.m.
- 11:45 a.m.-12:30 p.m.
- 12:45-1:30 p.m.
  *(12:45-1 p.m. on June 13)*

Topics include NHSN, construction, leadership and program management, LTC, AMB and more!
Conference Orientation
Friday, June 10, 3:30–4:30 p.m.
Westin Charlotte, Grand Ballroom D
Whether it’s your first time at the conference or you just need a refresher, come and get helpful tips on how to get the most out of your conference experience. Afterwards, continue to network at a reception.

International, New Attendee, and New Member Reception
Friday, June 10, 4:30–5:30 p.m.
Westin Charlotte, Grand Promenade
Meet the newest members of APIC and those representing other countries while enjoying food and drink.
Sponsored by 3M

Welcome Reception
Friday, June 10, 6–7:30 p.m.
Discovery Place Science Museum
301 N. Tryon Street
Join us on Friday night as we take over Discovery Place — a leading Charlotte attraction where science is brought to life! Explore fun, interactive exhibits while enjoying food and drink, network and catch up with friends and colleagues, and try your hand at Spy for a Prize for a chance to win great prizes.

CIC Dessert Reception
Friday, June 10, 7:30–8:30 p.m.
Westin Charlotte, Grand Ballroom
Join your fellow CIC® professionals in celebrating the career achievement of certification at this special reception. Network and enjoy specialty desserts and cocktails.

Award Presentations, During Plenary Sessions
Saturday and Sunday, June 11–12, 8 a.m.
Monday, June 13, 4 p.m.
Crown Ballroom
Attend the plenary sessions to congratulate the winners of the Carole DeMille Achievement Award, Healthcare Administrator Award, Distinguished Scientist Award, Heroes of Infection Prevention, Blue Ribbon Abstracts, and others.

Author Book Signing | Stephen Dubner
Saturday, June 11, 11:30 a.m.–12:30 p.m.
APIC Store
APIC Opening Plenary Keynote
Speaker Stephen Dubner will sign copies of Think Like a Freak.

APIC 2016 Conference App
All the conference content at your fingertips! Download the official APIC Conference App from the Apple App Store or Android Google Play Store to quickly access copies of session handouts and slides, take notes, view maps, and browse the online poster gallery.

APIC Central
APIC Central is your one-stop shop for all things APIC. Connect with peers and staff, renew your membership, learn about APIC programs and products, get your questions answered, or just take a break and chat with friends.

APIC Live
Visit APIC Live, a central area of the exhibit hall devoted exclusively to APIC-related activities:
- Watch 2016 Film Festival entries promoting infection prevention best practices
- Be part of the audience for the live PPE Do’s and Don’ts Fashion Show
- Visit the Knowledge Bar (see education sessions for details) — a chance for you to meet one-on-one with experts to get answers to your questions
- Capture the fun and energy of your conference experience at the APIC Photo Booth.
Sponsored by Stericycle

Recharge Lounge
Exhibit Hall, Booth 1600
Take a break and power up your devices.
Sponsored by Metrex
# MEETINGS AT-A-GLANCE

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>LOCATION</th>
<th>ROOM (SUBJECT TO CHANGE)</th>
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<tbody>
<tr>
<td><strong>THURSDAY, JUNE 9</strong></td>
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<tr>
<td>APIC Board of Directors</td>
<td>8 a.m.–5 p.m.</td>
<td>Westin Charlotte</td>
<td>Grand Ballroom A</td>
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<tr>
<td>Committee Leader’s Forum</td>
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<tr>
<td>AJIC Editorial Meeting</td>
<td>1-4 p.m.</td>
<td>Westin Charlotte</td>
<td>Harris</td>
</tr>
<tr>
<td>Chapter Officers’ Meeting and Lunch <strong>Sponsored by Sherwin-Williams</strong></td>
<td>1–4 p.m.</td>
<td>Westin Charlotte</td>
<td>Providence 2 &amp; 3</td>
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<tr>
<td>Communications Committee</td>
<td>3–5 p.m.</td>
<td>Westin Charlotte</td>
<td>Kings</td>
</tr>
<tr>
<td>Conference Orientation</td>
<td>3:30–4:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Grand Ballroom D</td>
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<tr>
<td>Professional Development Committee</td>
<td>4–5:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Queens</td>
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<tr>
<td>Chapter Treasurers</td>
<td>4–5:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Providence 1</td>
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<tr>
<td>International, New Attendee, and New Member Reception <strong>Sponsored by 3M</strong></td>
<td>4:30–5:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Grand Promenade</td>
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<tr>
<td>Welcome Reception</td>
<td>6–7:30 p.m.</td>
<td>Discovery Place</td>
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<tr>
<td>CIC Dessert Reception</td>
<td>7:30–8:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Grand Ballroom</td>
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<td><strong>SATURDAY, JUNE 11</strong></td>
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<tr>
<td>Public Policy Committee</td>
<td>10:30 a.m.–1:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Kings</td>
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<tr>
<td>Emergency Preparedness Committee</td>
<td>10:30 a.m.–12:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Queens</td>
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<tr>
<td>Prevention Strategist Editorial Panel</td>
<td>11 a.m.–12:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Tryon</td>
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<tr>
<td>Nominating and Awards Committee</td>
<td>11 a.m.–3:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Independence</td>
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<tr>
<td>Practice Guidance Committee</td>
<td>1–3 p.m.</td>
<td>Westin Charlotte</td>
<td>Harris</td>
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<tr>
<td>Strategic Partner Appreciation and Recognition Gathering</td>
<td>2–3 p.m.</td>
<td>Charlotte Convention Center</td>
<td>VIP Room 104</td>
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<td>APIC Leadership Reception</td>
<td>7–8:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Providence 3</td>
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<td><strong>SUNDAY, JUNE 12</strong></td>
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<tr>
<td>Research Committee</td>
<td>6:30–8 a.m.</td>
<td>Westin Charlotte</td>
<td>Tryon</td>
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<tr>
<td>Exhibitors Meeting</td>
<td>9:15–10 a.m.</td>
<td>Charlotte Convention Center</td>
<td>217 AB</td>
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<td>Member Services Committee</td>
<td>10:30 a.m.–1:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Queens</td>
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<tr>
<td>Chapter Legislative Representatives</td>
<td>11 a.m.–1:15 p.m.</td>
<td>Westin Charlotte</td>
<td>Providence 1</td>
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<tr>
<td>NHSN Update for IPs</td>
<td>4:15–5:45 p.m.</td>
<td>Charlotte Convention Center</td>
<td>Ballroom C</td>
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<tr>
<td>Consultant Networking Event</td>
<td>6–7:30 p.m.</td>
<td>Westin Charlotte</td>
<td>Queens</td>
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<td><strong>MONDAY, JUNE 13</strong></td>
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<tr>
<td>Education Committee</td>
<td>11 a.m.–1 p.m.</td>
<td>Westin Charlotte</td>
<td>Queens</td>
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<td>SESSION CATEGORY</td>
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<td><strong>FRIDAY, JUNE 10</strong></td>
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<tr>
<td>Pre-Conference Workshop</td>
<td>8 a.m.–4:15 p.m.</td>
<td>900</td>
<td>CIC® Certification Preparatory Course Presented by APIC</td>
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<tr>
<td>Pre-Conference Workshop — CDC</td>
<td>8 a.m.–4:30 p.m.</td>
<td>901</td>
<td>NHSN SSI and MDRO/CDI Surveillance and Data Analysis — Presented by CDC</td>
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<tr>
<td><strong>SATURDAY, JUNE 11</strong></td>
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<tr>
<td>Opening Plenary</td>
<td>8–10:30 a.m.</td>
<td>1000</td>
<td>Opening Plenary — Business and Management Lessons from Freakonomics and Superfreakonomics</td>
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<tr>
<td>Oral Abstracts</td>
<td>1:30–2:30 p.m.</td>
<td>1200</td>
<td>Education and Competencies</td>
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<td>Emotional Motivators: Using Visual Triggers as an Infection Control Intervention to Increase Hand Hygiene Compliance throughout the Hospital</td>
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<td>The Impact of Physician and Nursing Instructors in the Hospital on Awareness of Hand Hygiene in Medical School Students</td>
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<td>Infection Prevention and Control Heroes: The Challenge of Being a Student in the Clinical Environment</td>
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<td>Quantitative Risk Modeling of Healthcare-Associated Infections and Interventions Using Baseline Data and Simple Models</td>
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<td>1201</td>
<td>Education and Competencies</td>
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<td>Oh Crap, It’s Raining on Our Parade! — Evaluating the Costs of a 4th of July Sewage Pipe Rupture in the Pharmacy</td>
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<td>Hand Hygiene Intervention Design Recommendations Derived from a Cross Sectional Factorial Survey Given to 460 Acute Care Nurses</td>
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<td>Preventing Non-Device Related Pneumonia with Comprehensive Oral Care Electronic Hand Hygiene Monitoring with a Complementary Improvement Program Significantly Increases Hand Hygiene Rates</td>
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<td>1202</td>
<td>Alternate Care Settings</td>
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<td>Centralization of Sterilization and High-Level Disinfection from Multiple Outpatient Settings to a Centralized Sterile Processing Department Provides Consistent Process</td>
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<td>1203</td>
<td>Occupational Therapy</td>
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<td>Irritant Contact Dermatitis: A Survey of Healthcare Worker Knowledge, Perceptions, and Actions</td>
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<td>Optimization of Infectious Disease Exposure Notification to Emergency Response Employees in Accordance with Public Law 111-87 Section 2696</td>
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<td>Preventing Infections and Improving Occupational Safety among the Healthcare Workers through Intensive Healthcare Waste Management Training in a Developing Country</td>
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<td>Does Regionalization of an Infection Prevention Program Lead to Program Optimization and Standardization?</td>
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<td>1204</td>
<td>Measurement of Infection Prevention Outcome Measures</td>
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<td>Tabletop Sterilizers: Assessing and Monitoring Professional Standard and Regulatory Requirement Compliance</td>
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<td>Impact of an Improved Hydrogen Peroxide (IPH) Disinfectant versus a Quaternary Ammonium-Based (Quat) Disinfectant on Surface Contamination and Healthcare Outcomes</td>
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<td>Hawthorne Effect in Hand Hygiene Compliance Rates A Pilot Study: Wireless Motion Sensor Triggers Hand Hygiene Reminder and Increases Hand Hygiene Adherence in Standard Contact Room</td>
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<td>Oral Abstracts (continued)</td>
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<td>1205 Measurement of Infection Prevention Outcome Measures</td>
<td><strong>207 CD</strong></td>
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<td>Why Do Staff Send <em>Clostridium Difficile</em> Tests on Patients on Bowel Medications?</td>
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<td>Preventing Healthcare-Associated Bloodstream Infections among Patients Suspected of Line Manipulation</td>
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<td>A Journey to Reduce Possible Ventilator-Associated Pneumonia Infections in One Intensive Care Unit</td>
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<td>Outbreak Investigation of Carbapenem-Resistant Enterobacteriaceae in a Long-Term Acute Care Facility</td>
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<td>1206 Organism Specific</td>
<td><strong>213 D</strong></td>
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<td>Use of Whole-Genome Sequencing to Identify Linkage of a Healthcare Worker to a Methicillin-Resistant <em>Staphylococcus Aureus</em> (MRSA) Outbreak</td>
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<td><em>Mycobacterium chimaera</em> Infections Following Open Chest Cardiac Surgery in Pennsylvania</td>
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<td>1207 Surveillance Impact</td>
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<td>Development and Validation of an Automated Ventilator Associated Event Electronic Surveillance System: It Works!</td>
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<td>Laboratory Surveillance of Healthcare-Associated Infection Rates of Respiratory Viruses in a Tertiary Care Hospital from 2012 to 2014</td>
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<td>Sick Employee Online Log (SEOL) System to Monitor Employee Illnesses at a Multi-Hospital System</td>
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<td>Synching Big: Identifying Successes and Barriers during Implementation of an Infection Surveillance Software System across a Large, National Healthcare System</td>
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<td>1208 OR Issues</td>
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<td>The Impact of “Present at Time of Surgery” on Colon Surgical Site Infections</td>
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<td>Movement of Pathogens from Public Restroom to Clinical Areas in a Hospital</td>
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<td>Pest Management: Infection Prevention’s Role</td>
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<td>Significant Reduction in the Rate of Surgical Site Infection (SSI) Post Abdominal Hysterectomy (AH) at an Academic Tertiary Care Hospital</td>
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<td>1209 Education and Competencies</td>
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<td>S.M.A.R.T. Strategies for the Prevention and Control of Infections in a Polyvalent Intensive Care Unit in Resource Constrained Organizations</td>
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<td>Creating a Sustainable Culture of Safety Related to Hand Hygiene in an Integrated Health System</td>
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<td>Taming the Beast: Using a Risk Assessment Model to Manage Infection Prevention in an Expanding Healthcare System</td>
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<td>The Role of a Common Cause Analysis in Preventing Central Line-Associated Bloodstream Infections</td>
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<td>1210 Education and Competencies</td>
<td><strong>213 A</strong></td>
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<td>Prevention of Hospital-Onset <em>C. diff.</em> Infection through a Multidisciplinary Performance Improvement Approach</td>
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<td>Summary of PFGE and MMLVA Pattern Analysis for a Facility-Wide Outbreak of <em>Clostridium difficile</em> Infection (CDI) at a Large Tertiary Care Hospital in Ontario, Canada</td>
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<td>Colon Surgery: Dirty Business of Surgical Site Infections</td>
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<td>Suspected Origins of Bacteremia in Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Defined Central Line Associated Bloodstream Infections (CLABSI) at a Tertiary Care Academic Medical Center</td>
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**Concurrent Education Session**

| 3–4 p.m. | 1300 Understanding and Interpreting Research Studies for Deciding When to Integrate Evidence into Practice | **218/219** |
| 30/30 Education Session | **3:30–4 p.m.** |
| 1301 Integrating Infection Prevention and Control Programs into the Ambulatory Care Setting: An Evolving Model | **211/212** |
| 1301 Not All Ambulatory Sites Are Created Equal: How a Large Tertiary Hospital Developed and Utilized a Specialized Assessment Tool (A-IPRA), Improving Patient Safety in More Than 100 Offsite Locations | **211/212** |
| Concurrent Education Sessions | 3–4 p.m. | 1302 | Can We Fix It? Yes We Can! Building and Maintaining an Infection Prevention Practice During a Major Demolition Project | 207 AB |
|  |  | 1303 | Keep It Clean for Kids! Lessons Learned from a Four-Year Infection Prevention Initiative in Pediatric Long-Term Care | 203 A |
|  |  | 1304 | Behavioral Modification: Jedi Mind Tricks to Create Change and Increase Compliance | 209/210 |
|  |  | 1305 | IPPS — Demystifying CMS Requirements and Giving Them Meaning for IPs | 207 CD |
| 30/30 Education Session — CDC | 3–3:30 p.m. | 1306 | Dialysis and Infection Prevention | 213 D |
|  | 3:30–4 p.m. | 1306 | Public Health Update: Current Issues in Cleaning and Disinfecting Duodenoscopes | 213 D |
| Workshops — CDC | 3–5:30 p.m. | 1400 | Methods for Assessing Intervention Effectiveness | Ballroom B |
|  |  | 1401 | VAE Protocol Review and Case Study Determinations | Ballroom C |
| Concurrent Education Sessions | 4:30–5:30 p.m. | 1500 | Creating Successful and Collaborative Relationships Between IPs and Infectious Disease Physicians | 218/219 |
|  |  | 1501 | Should We Let the Dogs in? | 211/212 |
|  |  | 1502 | Fecal Transplantation in the Management of *C. difficile* Infection | 207 AB |
|  |  | 1503 | The 2016 Reign of *Elizabethkingia* in Wisconsin | 203 A |
|  |  | 1504 | Increasing Uptake of Influenza and Other Vaccines Across Healthcare and Community Settings | 209/210 |
|  |  | 1505 | The Physical Environment’s Critical Role in Infection Prevention: High-Risk Areas and Mitigation Strategies | 207 CD |
|  |  | 1506 | CIC®: Creating Meaning for the Credential | 213 D |
| Plenary Session | 8–9:15 a.m. | 2000 | Distinguished Scientist Award Followed by William Rutala — Disinfection and Sterilization: The Good, the Bad, and the Ugly | Crown Ballroom |
| Concurrent Education Session | 9:30–10:30 a.m. | 2100 | The Role of the Staff Nurse in Antimicrobial Stewardship | 218/219 |
| 30/30 Education Session | 9:30–10 a.m. | 2101 | Long-Term Care Regulatory Changes and Infection Prevention and Control: New Territory | 211/212 |
|  | 10–10:30 a.m. | 2101 | What Happens After Discharge? Partnering with Long-Term Care Facilities to Reduce Healthcare-Associated Infections | 211/212 |
| Concurrent Education Session — CDC | 9:30–10:30 a.m. | 2102 | To Be or Not to Be CAUTI | 207 AB |
| Concurrent Education Sessions | 9:30–10:30 a.m. | 2103 | Delivering More Than Just Babies: An Overview of Infections and Prevention Opportunities in the OB/Newborn Setting | 203 A |
|  |  | 2104 | Implementing a Severe Sepsis Improvement Program: The Role of the Infection Preventionist | 209/210 |
|  |  | 2105 | Managing Risk and Liability for Hospital Water Borne Pathogens — Compliance with ASHRAE 188 | 207 CD |
| Concurrent Education Session — CDC | 9:30–10:30 a.m. | 2106 | Public Health and Healthcare Partnerships | 213 D |
| 30/30 Education Session | 9:30–10 a.m. | 2107 | Development, Psychometrics, and Pilot Testing of Standard Precautions Safety Climate and Observation Tools | 208 AB |
|  | 10–10:30 a.m. | 2107 | Use of Personal Protective Equipment among Healthcare Personnel: Results of Clinical Observations and Simulations | 208 AB |
| Concurrent Education Session — CDC | 1:30–2:30 p.m. | 2300 | NHSN Analysis for Long-Term Acute Care Hospitals and Inpatient Rehabilitation Facilities | 218/219 |
| 30/30 Education Session | 1:30–2 p.m. | 2301 | The State of Infection Prevention in Los Angeles Ambulatory Surgery Centers | 211/212 |
|  | 2–2:30 p.m. | 2301 | Case-Control Study of Multidrug-Resistant *Pseudomonas Aeruginosa* in a Urology Clinic | 211/212 |
## SUNDAY, JUNE 12 (CONT.)

### Concurrent Education Sessions

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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Location</th>
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<tbody>
<tr>
<td>1:30–2:30 p.m.</td>
<td>Use of Genomic Sequencing at the State Level — The Colorado Example</td>
<td>207 AB</td>
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<td>The Role of CMS in Assessing Infection Prevention and Control Compliance</td>
<td>203 A</td>
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<td>Engineering Success: Successfully Implementing CAUTI Prevention Practices</td>
<td>209/210</td>
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<tr>
<td>1:30–2:30 p.m.</td>
<td>Bridging the Communication Gap Between Outpatient Dialysis and Acute Care</td>
<td>213 D</td>
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<tr>
<td>1:30–2:30 p.m.</td>
<td>The Top 10 Infection Prevention Articles of 2015</td>
<td>208 AB</td>
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<tr>
<td>1:30–4 p.m.</td>
<td>Performing Surveillance for CLABSI Accurately in NHSN</td>
<td>Ballroom B</td>
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<tr>
<td>1:30–4 p.m.</td>
<td>Sales and Presentation Skills to Obtain Additional Resources for Your Infection Control Program</td>
<td>Ballroom C</td>
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<tr>
<td>1:30–4 p.m.</td>
<td>International Infection Prevention and Control (IPC) in Resource-Limited Settings</td>
<td>217 AB</td>
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<tr>
<td>3–3:30 p.m.</td>
<td>Correctional Care: The Role of an Infection Preventionist (IP)</td>
<td>211/212</td>
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<tr>
<td>3:30–4 p.m.</td>
<td>Making the Financial Case for HAI Prevention</td>
<td>211/212</td>
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<tr>
<td>3–4 p.m.</td>
<td>Modifying the CDC’s Guidelines for Isolation Precautions for Multidrug-Resistant Organisms (MDROS); Using Contact Pecautions Only for Clearly Defined Portals of Exit</td>
<td>207 AB</td>
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<tr>
<td>3–4 p.m.</td>
<td>The APIC Megasurvey: Methods and Results</td>
<td>203 A</td>
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<tr>
<td>3–4 p.m.</td>
<td>Best Practices for High-Level Disinfection and Reprocessing Programs at Large Academic Health Institutions</td>
<td>209/210</td>
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<tr>
<td>3–4 p.m.</td>
<td>Lessons Learned from Validation of the Surveillance and Reporting of NHSN, Healthcare-Associated Infection Data to State Health Department</td>
<td>207 CD</td>
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<tr>
<td>3–4 p.m.</td>
<td>Top Recent HAI Outbreaks</td>
<td>213 D</td>
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<tr>
<td>3–3:30 p.m.</td>
<td>Innovative Patient Hand Hygiene Intervention: The Effectiveness of Simple Technology to Engage Patients in Personal Hand Hygiene Practice</td>
<td>208 AB</td>
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<tr>
<td>3:30–4 p.m.</td>
<td>Predictors of Influenza Vaccination Compliance among Union and Non-Union Workers in a Pennsylvania Healthcare System</td>
<td>208 AB</td>
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### 30/30 Education Session

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
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<tbody>
<tr>
<td>8–9 a.m.</td>
<td>Publishing Goes Global</td>
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<tr>
<td>8–8:30 a.m.</td>
<td>Communicating Infection Control information in the 21st Century: Using Free Cloud-Based Programs to Reach Staff and Management at Your Facility</td>
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<tr>
<td>8:30–9 a.m.</td>
<td>Centralization of Surveillance for a Hospital System: A Boon to the Bane of Infection Preventionists’ Existence</td>
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<tr>
<td>8–9 a.m.</td>
<td>Sustained Reduction of Device-Associated Infections in Veterans Health Administration Medical Facilities Nationwide — 10 Years of Success</td>
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<td>Late Breaker</td>
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<td>Flexible Endoscope Reprocessing and the Importance of AAMI ST91</td>
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<td>8–9 a.m.</td>
<td>Using TAP for HAI Prevention</td>
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<td>8-10:30 a.m.</td>
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<td>1:30-2:30 p.m.</td>
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<td>2:45-3:45 p.m.</td>
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<td>3:15-3:45 p.m.</td>
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<td>207 CD</td>
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<td>2:45-3:45 p.m.</td>
<td>213 D</td>
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<td>4-6 p.m.</td>
<td>Crown Ballroom</td>
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**Shannon Davila**, RN, MSN, CIC, CPHQ

**John Fall**, RN, BSN, CIC

**Sarah Lopez**, RN, BSN

**Chaz Rhone**, MPH, CIC

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**Does improving surface cleaning and disinfection reduce healthcare-associated infections?**

Lead author: **Curtis Donskey**, MD

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**Justin Smyer**, MLS(ASCP)CM, MPH, CIC

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**Carolyn Herzig**, PhD

**Cindy Hou**, DO, MBA, FACOI

**Yatao Liu**, PhD, MPH candidate

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**Lindsay Weir**, MPH

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**Peta-Anne Zimmerman**, RN, BN, MHSc, GCertHigherEd, DrPH, CICP

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**Deborah Burdsall**, PhD, MSN, RN-BC, CIC
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8. Hyatt House Charlotte Center City 435 E. Trade St.
9. Hyatt Place Charlotte Downtown 222 S. Caldwell St.
11. The Westin Charlotte 601 S. College St.
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B. Blumenthal Performing Arts 130 N. Tryon St.
C. Harvey B. Gantt Center for African-American Arts + Culture 551 S. Tryon St.
D. Knight Theater 430 S. Tryon St.
E. Mint Museum Uptown 500 S. Tryon St.
F. NASCAR Hall of Fame 400 E. MLK Jr. Blvd.

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- **Friday, June 10** ..................... 7:30 a.m.–5 p.m.
- **Saturday, June 11** ................. 7:30 a.m.–6 p.m.
- **Sunday, June 12** ................... 7:30 a.m.–4:30 p.m.
- **Monday, June 13** ................... 7:30 a.m.–4 p.m.

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The use of personal recording devices, video cameras, or flash photography is not permitted during sessions. Most lectures will be recorded and available on the complimentary Conference Proceedings available at the Medtronic Booth (#1104) in the exhibit hall.

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The APIC 2016 Conference Proceedings are made possible thanks to an educational grant from [Medtronic](http://www.medtronic.com).

**Note:** Not all sessions will be recorded as they either do not lend themselves to audiotape presentation or the speaker contract does not permit it.

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You can also attend Exhibitor Satellite Symposia in the early morning, which offer breakfast with an educational presentation. Please see the Exhibitor Event Guide for details.

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This free publication, produced by APIC and CustomNEWS for all conference attendees, contains daily news from the convention floor, photographs, social events, product announcements, educational sessions, and much more. The APIC Daily News is available Friday through Monday at conveniently placed newsstands located near registration, session rooms, and the exhibit hall. Be sure to grab your copy early — they go fast!
Children
Due to the professional nature of this conference, children under age 12 are not permitted in the educational sessions or the exhibit hall. Call your hotel operator for information on available babysitters/daycare in the area.

Disability Assistance
If you have a disability and require assistance in order to fully participate in conference activities, please see the conference manager at the APIC 2016 Info Desk to discuss your specific needs.

Exhibit Hall
Charlotte Convention Center, Exhibit Halls AB
Visit the exhibits daily, talk to the representatives to become familiar with the products available, and discuss your needs. Exhibits are open during the following hours:

Exhibit Hall Hours:
Saturday, June 11 .................. 10:30 a.m.–1:30 p.m.
Sunday, June 12 .................. 10:30 a.m.–1:30 p.m.
Monday, June 13 .................. 10:30 a.m.–1 p.m.

Internet Stations
Check emails, browse the Internet, or complete the session evaluation process online at the Internet Stations, located by the escalator to the exhibit hall on the first floor of the Charlotte Convention Center. The Internet Stations are open from Friday, June 10 through Monday, June 13. Access is limited to 10-minute intervals per person.

Job Notices
Job notices will be posted on notice boards by APIC Central, on the second floor of the Charlotte Convention Center.

Phone Numbers
APIC 2016 Press Office ...................... 704-339-6203

APIC 2016 Hotels
Aloft Uptown Charlotte .......... 704-333-1999
Courtyard by Marriott Charlotte City Center ......................... 704-926-5800
Hampton Inn Charlotte Uptown ..... 704-373-0917
Hilton Center City ..................... 704-377-1500
Hilton Garden Inn Charlotte Uptown 704-347-5972
Holiday Inn Charlotte City Center ..... 704-335-5400
Hyatt House Charlotte Center City .... 704-373-9700
Hyatt Place Charlotte Downtown .... 704-227-0500
Le Méridien ......................... 704-372-9610
Marriott City Center Charlotte ..... 704-333-9000
Omni Charlotte Hotel .................. 704-377-0400
Westin Charlotte Hotel ............. 704-375-2600

Additional Phone Numbers
Physician Referral .............. Call your hotel operator
Dental Referral ..................... 1-800-DENTIST
Closest Urgent Care
(Mecklenburg Medical Group Uptown Express Care, 0.2 miles from CCC) ............ 704-302-8800
Visit Charlotte Information Center ... 1-800-231-4636
Charlotte Convention Center
General Information .................. 704-339-6000
Charlotte Convention Center
Security ................................. 704-339-6090
Westin Charlotte Business Center.... 704-376-4639

Poster Presentations
Charlotte Convention Center, Ballroom AD
Posters will be displayed Saturday, June 11–Monday, June 13. Presenters will be in attendance to answer questions Saturday, June 11, from 12:30–1:30 p.m. and Sunday, June 12, from 12:30–1:30 p.m.

Questions for Speakers
Conference participants may ask questions from microphones in the aisles during the question and answer portions of the sessions. Written questions are also accepted and should be given to the session moderator.

Registration
APIC 2016 registration will be located in the main lobby of the first floor of the Charlotte Convention Center.

Onsite registration hours:
Thursday, June 9 ..................... 8 a.m.–5 p.m.
Friday, June 10 ..................... 6 a.m.–7 p.m.
Saturday, June 11 .................. 7 a.m.–4 p.m.
Sunday, June 12 .................. 7 a.m.–4 p.m.
Monday, June 13 ............. 7 a.m.–3:30 p.m.

Ribbons
All badge ribbons will be distributed on the wall next to the conference tote bag pickup station in the main lobby of the first floor of the Charlotte Convention Center. CIC ribbons will be distributed at the CBIC booth in the exhibit hall, Booth #2143.

Smoking Policy
Smoking is prohibited throughout the entire Charlotte Convention Center. This policy is strictly enforced.

Lost and Found
Lost and found articles should be reported or taken to the APIC 2016 Info Desk located in the main lobby across from registration in the Charlotte Convention Center. At the end of each day, unclaimed items will be turned over to Charlotte Convention Center security.
Charlotte Concierge Desk
This desk at the Charlotte Convention Center is staffed by the convention bureau and provides local area information on activities, attractions, tours, ground transportation, and airport information. They also provide information on restaurants, including menus, restaurant recommendations, and a reservations service. You can find the concierge desk just inside of the South College entrance of the Charlotte Convention Center.

Concierge Desk Hours:
- Friday, June 10: 12 p.m.–6 p.m.
- Saturday, June 11: 9 a.m.–6 p.m.
- Sunday, June 12: 9 a.m.–6 p.m.
- Monday, June 13: 9 a.m.–5 p.m.

Speaker Ready Room
Check-in required for all presenters
Checking into the Speaker Ready Room, room 201/202, is the single most important action you will take to ensure your presentation is a success. All speakers are required to check into the Speaker Ready Room preferably 24 hours before their presentation, where they will have the opportunity to review their presentations or make any last-minute changes. All meeting rooms will have presentation computers and will be networked to a central computer located in the Speaker Ready Room. Presentations will be downloaded from it and sent to the respective meeting room on a secured Intranet circuit approximately 45 minutes prior to the start of each session.

Please make it a priority to visit one day prior to your presentation.

Speaker Ready Room Hours:
- Friday, June 10: 10 a.m.–5 p.m.
- Saturday, June 11: 6:30 a.m.–5 p.m.
- Sunday, June 12: 7 a.m.–5 p.m.
- Monday, June 13: 7 a.m.–2 p.m.

APIC Information Booth
The APIC Info Desk is located in the main hallway of the Charlotte Convention Center across from registration. APIC staff members are available to answer general questions regarding the conference and APIC products and services. The APIC Info Desk also serves as the lost and found location.

APIC Info Desk Hours:
- Friday, June 10: 7 a.m.–6 p.m.
- Saturday, June 11: 7 a.m.–4 p.m.
- Sunday, June 12: 7 a.m.–4 p.m.
- Monday, June 13: 7 a.m.–3:30 p.m.
STREET LEVEL: Registration, APIC Central, APIC Store

CONVENTION CENTER FLOOR PLANS

STREET LEVEL: Registration, APIC Central, APIC Store

CONCIERGE

VIP SUITE 101
VIP SUITE 102
VIP SUITE 103
VIP SUITE 104
VIP SUITE 105
VIP SUITE 106

STREET LEVEL: Registration, APIC Central, APIC Store

Registration, APIC Central, APIC Store

C CONCOURSE

SOUTH BREVARD STREET

SOUTH BREVARD STREET

SOUTH COLLEGE STREET

SOUTH COLLEGE STREET

EAST MARTIN LUTHER KING JR. BOULEVARD

EAST STONEWALL STREET

Women’s Restrooms
Men’s Restrooms
Elevator
Stairway
Escalator
UPPER LEVEL:
Plenaries, Education Sessions,
Satellite Symposia, Poster Presentations

501 South College Street, Charlotte, NC 28202 • (704) 339-6061 • Fax (704) 339-6051 • www.charlotteconventionctr.com
**CIC® Certification Preparatory Course**

**Presented by APIC**  
**Session 900**  
**8 a.m.–4:15 p.m.**  
**Room 203 AB**

This full-day workshop is directed at those who are preparing to take the CIC® certification examination for the first time. Certification is important in demonstrating commitment to the highest quality of patient care and ongoing development of knowledge and skills. The exam reflects the new NHSN HAI definitions and is geared toward IPs who have at least two years of experience in the field. Individuals who are interested in learning more about certification or acquiring basic infection prevention and control knowledge, and those preparing for re-certification, are also welcome to attend.

**The course will:**

- Assist attendees in the preparation of candidates taking CBIC’s Certification in Infection Control (CIC®) exam for certification and re-certification
- Highlight topics that are essential for competent practice in the field of infection prevention and control

**Objectives**

- Review some of the fundamentals of infection prevention and control practice, focusing on the areas defined in the CBIC content outline
- Assist candidates in understanding construction of examination questions
- Increase knowledge of the examination process
- Identify strategies to assist with test taking and development of study plans

**Faculty**

**Lynn Fine, PhD, MPH, CIC**  
Infection Preventionist  
University of Rochester Medical Center, Rochester, New York

**Connie Steed, MSN, RN, CIC**  
Director of Infection Prevention and Control  
Greenville Health System, Greenville, South Carolina

**Irena L. Kenneley, PhD, APHRN-BC, CIC**  
Associate Professor/Faculty Development Director  
Case Western Reserve University, Frances Payne Bolton School of Nursing, Cleveland, Ohio

**Moderator: Carol McLay, DrPH, BSN, RN, CIC**  
Infection Prevention Consultant

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**NHSN SSI and MDRO/CDI Surveillance and Data Analysis — Presented by CDC**

**8 a.m.–4:30 p.m.**  
**Room 208 AB**

This interactive, pre-conference workshop is devoted to the surveillance protocols, reporting, and data analysis of the NHSN SSI and MDRO/CDI Modules:

**NHSN Surgical Site Infection (SSI) Surveillance**

This session provides an overview of the NHSN Surgical Site Infection protocol and reviews the 2016 changes.

**Janet Brooks, RN, BSN, CIC**  
Nurse Consultant  
Centers for Disease Control and Prevention

**NHSN Analysis LIVE!**

This presentation is a live demonstration of the analysis function only in the NHSN application and is intended for users who want to learn how to use output report options to access SSI and LabID data.

**Rebecca Konnor, MPH**  
Analyst, Methods, and Analytics Team  
National Healthcare Safety Network (NHSN)

**NHSN MDRO/CDI Module: Navigating Infection Surveillance and LabID Event Reporting**

This presentation provides a comprehensive review of the Multidrug-Resistant Organism & *Clostridium difficile* Infection (MDRO/CDI) module. An overview of the module including definitions and criteria for MDRO and CDI infection surveillance and LabID event reporting is provided. Additionally, specific education related to CMS reporting requirements for MDRO and CDI are offered. Attendees have an opportunity to learn and apply basics of event entry and analysis of events as it relates to the facility SIR and CMS required reporting.

**Denise Leaptrot, MSA, SM/BSMT(ASCP), CIC**  
Epidemiologist/Infection Prevention Consultant  
Centers for Disease Control and Prevention — NHSN, Dry Branch, GA

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**Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.**
PRE-CONFERENCE WORKSHOPS

Friday, June 10 continued

**Understanding the Importance of Risk-Adjustment and Data Quality**

Three members of the NHSN Methods and Analytics team discuss how facility reported data affect risk adjusted calculations of healthcare-associated infection (HAI) rates. Presenters identify areas in NHSN where common errors are reported that cause data quality issues. The presentation provides tips and resources on how users can identify and resolve potential issues in NHSN.

**Objectives**

- Describe SSI 2015 changes to the SSI Protocol
- Understand how to complete the SSI Event form and the SSI Denominator for Procedure Form
- Understand how to link an SSI event to a procedure record
- Apply NHSN SSI criteria to case scenarios
- Understand MRSA bacteremia and *C. difficile* LabID Event definitions and protocols including requirements for LabID Event reporting to CMS via NHSN
- Describe how to correctly set-up a monthly reporting plan for MRSA bacteremia and *C. difficile* LabID Event reporting and/or Infection Surveillance
- Describe how to correctly enter MRSA bacteremia and *C. difficile* LabID Event data and summary denominator data for LabID Event reporting into NHSN
- Describe and interpret the risk-adjusted metrics used by NHSN for SSI and LabID data at the national and facility level
- Understand the importance of data quality for accurate measurement and reporting of all HAI data
- Locate resources in NHSN to perform basic analyses to identify data quality issues

Zuleika Aponte-Torres  
Epidemiologist  
Centers for Disease Control and Prevention

Rishi Parikh  
ORISE Fellow  
Centers for Disease Control and Prevention

Scott Decker  
ORISE Fellow  
Centers for Disease Control and Prevention

**Conclusion and Wrap-up**

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**Conference Orientation**

3:30–4:30 p.m.  
Grand Ballroom D, Westin Charlotte

This orientation session is designed to provide attendees with the skills to make the most out of their conference experience. It will give key hints and tips on how to navigate the educational program, exhibit hall, and poster gallery, as well as how to effectively network with other conference attendees.

**Ossama Rasslan, MD, PhD**  
Professor of Medical Microbiology and Infection Control  
Ain Shams University, Faculty of Medicine

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**Saturday, June 11**

**Opening Plenary**

**Session 1000**  
8–10:30 a.m.  
Crown Ballroom

**Opening Ceremony and President’s Address**

Hear opening remarks from APIC 2016 president Susan Dolan, followed by presentation of the prestigious Carole DeMille Award to Georgia Dash, RN, MS, CIC.

Susan Dolan, RN, MS, CIC  
Epidemiologist, Children’s Hospital Colorado

**Opening Keynote: Business and Management Lessons from *Freakonomics* and *SuperFreakonomics***

How can you really change behaviors in your facility? In this engaging presentation, award-winning author, journalist, and radio and TV personality Stephen Dubner explains why the old rules of business just don’t apply. It’s a new world, and that demands a new way of thinking and a new way of getting beneath the surface. Using humor, first-rate storytelling, and real-world examples from the healthcare field, he discusses ways to create behavior change, the incentives that work and don’t work, and the value of asking unpopular questions.

Stephen Dubner
EDUCATION SESSIONS

POSTERS ON DISPLAY
10:30 a.m.–5:30 p.m.
Ballroom AD
Browse the collection and soak up the knowledge of more than 150 abstracts representing cutting-edge science.

EXHIBIT HALL OPEN
10:30 a.m.–1:30 p.m.
Exhibit Hall AB
Complimentary lunch served in the exhibit hall from 11:30 a.m.–1:00 p.m. We welcome all attendees to join us.

APIC LIVE
SIMULATION SESSION
11:15 a.m. and 12:15 p.m.
Center of Exhibit Hall AB
APIC Presents: PPE Fashion Do's and Don'ts
Participate in a fun, interactive fashion show on the do's and don't's of donning and doffing personal protective equipment (PPE).

Emcee: Pamela Falk, MPH, CIC, FSHEA
High Risk Infection Prevention Specialist
Northside Hospitals

KNOWLEDGE BAR
10:45–11:30 a.m.
Lewis Johnson, MS, CIH
Expertise: Construction
Lela Luper, RN, CIC
Expertise: Leadership and Program Management, Ambulatory Care, Patient Safety, Professional Development, NHSN, Surgical Site Infections (SSIs)
Patti Grota, PhD, CNS-M-S, CIC
Expertise: Leadership and Program Management, Patient Safety, Professional Development

11:45 a.m.–12:30 p.m.
Lewis Johnson, MS, CIH
Expertise: Construction
Sharon Williamson, MT(ASCP), MS, CIC
Expertise: NHSN, Microbiology, Automated Surveillance
Shannon Davila, RN, MSN, CIC, CPHQ
Expertise: Patient Safety

12:45–1:00 p.m.
Marc-Oliver Wright, MT(ASCP), MS, CIC
Expertise: NSHN Working Group, Leadership and Program Management
Joan Hebden, RN, MS, CIC
Expertise: NSHN Working Group
Katherine Allen-Bridson, RN, BSN, MScPH, CIC
Expertise: NSHN Working Group

Poster Presentations with Presenters
12:30–1:30 p.m.
Ballroom AD
Posters are arranged by category, and then numerically by poster number and color.

Antimicrobial Stewardship and Resistance
1 100-106 Brown

Antisepsis/Disinfection/Sterilization
2 107-121,251-252 Orange

Continuum of Care
3 124-129 Blue

Data Standardization and Validation
4 130-144 Pink

Education and Competencies
5 145-155, 249, 254 Green

Efficacy and Impact
6 158-165 Purple

Environment of Care/Construction/Remediation
7 166-174 Brown

Healthcare Worker Safety/Occupational Health
8 175-177, 261 Orange

Implementation and Sustainability of Effective Programs
9 179-219,253, 255-258 Blue

Outbreak Investigation and Emerging/Reemerging Infectious Disease: Efficacy and Impact
10 226-240, 250, 259-260 Pink

Public Health and Health Policy
11 244-245, 247-248 Green

Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
Saturday, June 11 continued

ORAL ABSTRACTS

SESSION 1200: EDUCATION AND COMPETENCIES
ROOM 218/219

1:30–1:45 p.m.
Emotional Motivators: Using Visual Triggers as an Infection Control Intervention to Increase Hand Hygiene Compliance throughout the Hospital

Objectives
- Obtain strategies to increase hand hygiene compliance
- Understand how to assist staff in visually connecting microbial contamination with hand hygiene noncompliance
- Develop a starting point for conversations about the relationship between environmental contamination and hand hygiene

Ashley Gregory, MLS(ASCP)
Infection Prevention Specialist
Henry Ford Health System

1:45–2 p.m.
The Impact of Physician and Nursing Instructors in the Hospital on Awareness of Hand Hygiene in Medical School Students

Objectives
- Learn how to develop a comprehensive hand hygiene tutorial program
- Describe how to collaborate with nursing, the hospital, and the medical school to improve hand hygiene at your hospital
- Review the World Health Organization’s Five Moments of Hand Hygiene as a critical component of hand hygiene tutorials

Cindy Hou, DO, MBA, FACOI
ID Specialist
Kennedy Health Systems

2–2:15 p.m.
Infection Prevention and Control Heroes: The Challenge of Being a Student in the Clinical Environment

Objectives
- Identify key sociological factors that influence Bachelor of Nursing students’ infection prevention and control practice
- Identify strategies to improve infection prevention and control compliance in Bachelor of Nursing students
- Understand the Australian context for Bachelor of Nursing student in infection prevention and control practice

Peta-Anne Zimmerman, RN, BN, MHSc(InfectionControl), GCertHigherEd, DrPH, CICP
Lecturer/Visiting Research Fellow, Graduate Infection Prevention and Control Program
Griffith University, Gold Hospital and Health Service

2:15–2:30 p.m.
Quantitative Risk Modeling of Healthcare-Associated Infections and Interventions Using Baseline Data and Simple Models

Objectives
- Identify two primary uses of the Quantitative Risk Assessment paradigm in healthcare
- List five specific input variables needed for an infection control intervention ROI [return on investment] model
- Demonstrate the use of an ROI model for site specific intervention assessments

Robert Canales, PhD
Assistant Professor
The University of Arizona
SESSION 1201: EDUCATION AND COMPETENCIES  
ROOM 211/212

1:30–1:45 p.m.  
**Oh Crap, It’s Raining on Our Parade! — Evaluating the Costs of a 4th of July Sewage Pipe Rupture in the Pharmacy**

**Objectives**
- Recognize infection control-related hazards associated with blind loops and dead end plumbing
- Develop a line-list to guide accounting for costs associated with clean up and repairs after a plumbing failure with contamination of the environment
- Describe how to assign roles and responsibilities to guide a multidisciplinary task force mitigating a major contamination event in the healthcare environment

Ankur Dave, DO  
Fellow, Infectious Diseases  
Loyola University, Maywood, Illinois

Jorge Parada, MD, MPH  
Medical Director Infection Prevention  
Loyola University, Chicago, Illinois

1:45–2 p.m.  
**Hand Hygiene Intervention Design Recommendations Derived from a Cross Sectional Factorial Survey Given to 460 Acute Care Nurses**

**Objectives**
- Describe how vignettes are used in factorial surveys to identify participant choices or preferences
- Identify one advantage of incorporating an open response item in a primarily fixed response survey instrument
- Describe one circumstance in which a nested or multilevel data analysis approach is appropriate

Sheryl Chatfield, PhD  
Assistant Professor  
Kent State University

2–2:15 p.m.  
**Preventing Non-Device Related Pneumonia with Comprehensive Oral Care**

**Objectives**
- State the significance of nonventilator associated healthcare-associated pneumonia (NV-HAP) in the acute care setting
- Discuss modifiable risk factors for NV-HAP, including the oral biofilm
- Discuss the importance of the infection preventionist in leading a transdisciplinary NV-HAP prevention program

Barbara Quinn, MSN, RN, ACNS-BC  
Clinical Nurse Specialist  
Sutter Medical Center, Sacramento, Shingle Springs, California

Dian Baker, PhD, RN  
Professor of Nursing  
California State University, Sacramento, Davis, California

2:15–2:30 p.m.  
**Electronic Hand Hygiene Monitoring with a Complementary Improvement Program Significantly Increases Hand Hygiene Rates**

**Objectives**
- Describe the benefits of electronic hand hygiene monitoring
- Understand the benefits of a complementary program with electronic hand hygiene monitoring
- List several strategies for improving hand hygiene rates in combination with electronic monitoring

Sarah Edmonds-Wilson, MS  
Senior Clinical Scientist  
GOJO Industries, Akron, Ohio

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Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
Saturday, June 11 continued

ORAL ABSTRACTS continued

SESSION 1202: ALTERNATE CARE SETTINGS
ROOM 207 B

1:30–1:45 p.m.
Centralization of Sterilization and High-Level Disinfection from Multiple Outpatient Settings to a Centralized Sterile Processing Department Provides Consistent Process

Objectives
- List an advantage to centralization of sterile processing
- Discuss two barriers to implementation of a centralized process
- List three tasks a person must be competent in to do sterilization safely

Linda Johnson, MSN, RN, CIC
Infection Control Manager
University of Missouri Health Care, Columbia, Missouri

1:45–2 p.m.
Policies and Practices to Reduce Urinary Tract Infections in Nursing Homes

Objectives
- Describe urinary tract infection (UTI) prevention strategies in a national sample of nursing homes
- Assess how policies and practices for UTI reduction in their facilities compare with others across the country
- Identify associations between UTI prevention strategies and UTI prevalence

Carolyn Herzig, PhD, MS
Project Director
Columbia University School of Nursing

2–2:15 p.m.
Non-Ventilator Healthcare-Associated Pneumonia in U.S. Hospitals: Incidence and Cost

Objectives
- Define the U.S. national incidence of non-ventilator healthcare-associated pneumonia
- Describe the national inpatient sample (NIS) of the Healthcare Cost and Utilization Project (HCUP) database
- Discuss the impact of NV-HAP on hospital length of stay and cost

Karen Giuliano, PhD, RN, FAAN
Clinical Marketing
Sage Products

SESSION 1203: OCCUPATIONAL THERAPY
ROOM 203 A

1:30–1:45 p.m.
Irritant Contact Dermatitis: A Survey of Healthcare Worker Knowledge, Perceptions, and Actions

Objectives
- Identify sources for healthcare worker knowledge of irritant contact dermatitis
- Identify the most common behavior changes made by healthcare workers experiencing irritant contact dermatitis
- Assess the role of facility policy in directing healthcare worker actions for measuring and treating irritant contact dermatitis

Maryanne McGuckin, Dr.ScEd, MT(ASCP)
President
McGuckin Methods International

1:45–2 p.m.
Optimization of Infectious Disease Exposure Notification to Emergency Response Employees in Accordance with Public Law 111-87 Section 2696

Objectives
- Define the mandatory disease exposure reporting requirements in the Ryan White Extension Act of 2009
● Describe the process in which emergency response employees are notified of their airborne disease exposure if one had occurred
● Describe the process in which emergency response employees can inquire about a possible exposure they experienced in the prehospital setting

Alexander Sundermann, MPH
Infection Preventionist
University of Pittsburgh Medical Center Presbyterian
Infection Prevention and Control

2–2:15 p.m.
Preventing Infections and Improving Occupational Safety among the Healthcare Workers through Intensive Healthcare Waste Management Training in a Developing Country

Objectives
● Acquire knowledge regarding obstacles to healthcare waste management in developing countries
● Recognize the effectiveness of healthcare waste management training for preventing infections and improving occupational safety of the healthcare workers
● Change attitude and practices of the healthcare workers about healthcare waste management

Lutfe Ara
Head, Clinical Governance and Systems
International Centre for Diarrhoeal Disease Research, Bangladesh

2:15–2:30 p.m.
Does Regionalization of an Infection Prevention Program Lead to Program Optimization and Standardization?

Objectives
● Describe how a regional model can optimize an infection prevention program across hospitals of differing size, scope, acuity, and geographic setting to gain standardization and optimize personnel efficiencies
● Demonstrate how a regional program can expand the program by deploying infection prevention experts across the region and bring more resources to smaller hospitals which may not have been available prior

Amanda Guspiel, BS, MPH, CIC
East Region Manager of Infection Prevention
Allina Health

SESSION 1204: MEASUREMENT OF INFECTION PREVENTION OUTCOME MEASURES
ROOM 209/210

1:30–1:45 p.m.
Tabletop Sterilizers: Assessing and Monitoring Professional Standard and Regulatory Requirement Compliance

Objectives
● Understand and describe the challenges related to achieving and monitoring tabletop sterilizer compliance
● Describe strategies and solutions for centralizing and standardizing tabletop sterilizer use and compliance
● Define the role that infection prevention and control departments can play in centralizing and standardizing tabletop sterilizer monitoring and compliance

Lindsay Weir, MPH
Infection Preventionist
Boston Children’s Hospital
2:15–2:30 p.m.
A Pilot Study: Wireless Motion Sensor Triggers Hand Hygiene Reminder and Increases Hand Hygiene Adherence in Standard Contact Room

Objectives
- Understand the importance of hand hygiene adherence and existing rates of hand hygiene for entry into a standard precaution room in a modern U.S. hospital
- Describe a proven opportunity for enhancing hand hygiene
- Appreciate the degree of improvement possible in hand hygiene when a spoken announcement is utilized upon entry into a standard precaution room in a modern U.S. hospital

Cindy Hou, DO, MBA, FACOI
ID Specialist
Garden State Infectious Diseases Associates

SESSION 1205: MEASUREMENT OF INFECTION PREVENTION OUTCOME MEASURES
ROOM 207

1:30–1:45 p.m.
Why Do Staff Send Clostridium difficile Tests on Patients on Bowel Medications?

Objectives
- Identify the main reasons that clinicians continue to send C. difficile testing, knowing that their patients are also being given stool softeners and laxatives
- Identify that some C. difficile testing is not appropriate in the setting of laxatives and bowel medications
- Define education goals for designing programs addressing appropriate C. difficile testing

Joanne Kinlay, RN, BSN, MMEdSci, CIC
Infection Preventionist
Boston Children’s Hospital, Brookline, Massachusetts

1:45–2 p.m.
Preventing Healthcare-Associated Bloodstream Infections among Patients Suspected of Line Manipulation

Objectives
- List risks associated with patient accessing their lines in the healthcare settings
- Identify a multidisciplinary approach to prevent bloodstream infections when a patient is suspected of line manipulation
EDUCATION SESSIONS

- Conduct trainings to improve medical and nursing team member awareness of patient drug abuse in the healthcare setting

Robyn Kay, MPH, CIC
Clinical Epidemiologist
Baptist Medical Center Jacksonville, Jacksonville, Florida

Blanca McKean, MSN, RN, NE-BC
Director of Adult Tower, Critical Care, Bariatrics, Orthopedics
Baptist Medical Center Jacksonville, Jacksonville, Florida

Michelle Cox, RN, BSN
Clinical Nurse Manager
Baptist Medical Center, Kingsland, Georgia

2–2:15 p.m.
A Journey to Reduce Possible Ventilator-Associated Pneumonia Infections in One Intensive Care Unit

Objectives
- List the leading complications of ventilator-associated events (VAE) for mechanically ventilated patients
- Describe the current surveillance process of VAEs in the United States
- Discuss one strategy to reduce probable ventilator-associated pneumonias in an intensive care unit

Anne Reeths, RN, MS, CIC
Infection Preventionist
Aurora Baycare Medical Center, Suamico, Wisconsin

2:15–2:30 p.m.
Outbreak Investigation of Carbapenem-Resistant Enterobacteriaceae in a Long-Term Acute Care Facility

Objectives
- Discuss the role of pulse field gel electrophoresis (PFGE) analysis in assisting with outbreak investigations
- Identify environmental risks and reservoirs related to carbapenem-resistant Enterobacteriaceae (CRE) transmission in long-term acute care (LTACH) facilities
- Discuss how collaboration between the state healthcare-associated infection (HAI) prevention program and the facility infection preventionist (IP) can enhance quality improvement projects aimed at prevention of HAI

Itisha Gupta, MBBS, MD, FRCPath
Consultant Medical Microbiologist
Heart of England Foundation Trust & Public Health England

1:30–1:45 p.m.
Use of Whole-Genome Sequencing to Identify Linkage of a Healthcare Worker to a Methicillin-Resistant Staphylococcus Aureus (MRSA) Outbreak

Objectives
- Identify methods used to recognize and investigate potential MRSA outbreaks
- Define how whole-genome sequencing (WGS) technology was utilized to provide additional discrimination in management of MRSA outbreak
- Understand how to manage healthcare workers when they have been linked to a MRSA outbreak

Margaret Miller, MT(ASCP)M, CIC
Infection Prevention Coordinator
Penn State Milton S. Hershey Medical Center

1:45–2 p.m.
Mycobacterium chimaera Infections Following Open Chest Cardiac Surgery in Pennsylvania

Objectives
- Identify a possible source of mycobacterium following open chest cardiac surgery
- Describe a possible route of transmission for mycobacterium infection following open chest cardiac surgery
- Define criteria used to perform a case review of post-op open chest cardiac surgery patients

Kimberly Daniels, RN
Registered Nurse Infection Preventionist
Kentucky Department for Public Health/Healthcare-Associated Infection Prevention Program, Louisville, Kentucky

SESSION 1206: ORGANISM SPECIFIC
ROOM 213 D

Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
SESSION 1207: SURVEILLANCE IMPACT
ROOM 203 B

1:30–1:45 p.m.
Development and Validation of an Automated Ventilator Associated Event Electronic Surveillance System: It Works!

Objectives
- Name two benefits of automated over manual surveillance methods
- Become familiar with emerging electronic methods for automated surveillance
- Assess an automated surveillance system for use in infection prevention

Justin Smyer, MLS(ASCP)CM, MPH, CIC
Infection Preventionist
James Cancer Hospital and Solove Research Institute
Jennifer Flaherty, RN, MPH, CIC
Infection Preventionist
Ohio State University Wexner Medical Center

1:45–2 p.m.
Laboratory Surveillance of Healthcare-Associated Infection Rates of Respiratory Viruses in a Tertiary Care Hospital from 2012 to 2014

Objectives
- Confirm healthcare-associated respiratory virus infection overall rate
- Know importance for respiratory virus infection control
- Confirm healthcare-associated respiratory virus infection characteristics

Hye-Suk Choi, RN
Infection Preventionist
Office for Infection Control, Asan Medical Center

2:15–2:30 p.m.
Synching Big: Identifying Successes and Barriers during Implementation of an Infection Surveillance Software System across a Large, National Healthcare System

Objectives
- Describe at least three successes or benefits of standardizing an electronic infection prevention surveillance system across a large health system
- Describe at least three barriers to standardizing an electronic infection prevention surveillance system across a large health system
- Communicate how variable laboratory information systems and electronic health records complicate surveillance system standardization

Rebecca Battjes, MPH
Infection Preventionist
Ascension Health

SESSION 1208: OR ISSUES
ROOM 213 BC

1:30–1:45 p.m.
The Impact of “Present at Time of Surgery” on Colon Surgical Site Infections

Objectives
- Define the meaning of “present at time of surgery” (PATOS) in the National Healthcare Safety Network (NHSN) surveillance system
- Describe the methodology used to determine the impact PATOS had on the colon surgical site infection rate
EDUCATION SESSIONS

1:45–2 p.m.
Movement of Pathogens from Public Restroom to Clinical Areas in a Hospital

Objectives
- Define how viruses spread from public restrooms to waiting room and clinical areas in a hospital
- Describe how healthcare providers and visitors spread viruses inside public restrooms in a hospital
- Understand the importance of the development of a broad cleaning protocol used in public restrooms to reduce the spread of viruses inside restrooms and to clinical areas in a hospital

Trevor Pivo, BS
Graduate Student
University of Arizona

2–2:15 p.m.
Pest Management: Infection Prevention’s Role

Objectives
- Describe infection prevention concerns related to pests in the environment of care
- Describe the systematic evaluation of potential breeding sites by infection prevention as part of a multidisciplinary team
- List specific actions taken by infection prevention to eradicate a pest infestation

Jennifer Holmquist, MS, RN, CNS, CIC
Infection Preventionist
VA Portland Healthcare System

2:15–2:30 p.m.
Significant Reduction in the Rate of Surgical Site Infection (SSI) Post Abdominal Hysterectomy (AH) at an Academic Tertiary Care Hospital

Objectives
- Identify contributing risk factors for surgical site infections post abdominal hysterectomies

Sophie Labrecque, MSc, RN, CIC
Nurse Epidemiologist
Westchester Medical Center

1:30–1:45 p.m.
S.M.A.R.T. Strategies for the Prevention and Control of Infections in a Polyvalent Intensive Care Unit in Resource Constrained Organizations

Objectives
- Describe the problem of intrahospital acquired infections (IHIs) in Peruvian public hospital intensive care units (ICUs)
- Develop low complexity implementation strategies aimed to reduce IHIs in public hospital ICUs in developing countries
- Evaluate the intervention outcomes and to analyze the mechanisms contributing to the reduction of IHIs in a Peruvian public hospital ICU

Manuel Mayorga-Espichán, MD
Dean, College of Health Sciences
Universidad Privada de Norte, Lima, Peru

Patrick Albert Palmieri, DHSc, EdS, MBA, MSN, ACNP, RN, CPHRM, CPHQ, FACHE, FISQua, FAAN
Director, Institute for Health Sciences Research
Universidad Privada del Norte, Lima, Peru

Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
2:15–2:30 p.m.
The Role of a Common Cause Analysis in Preventing Central Line-Associated Bloodstream Infections

Objectives
- Describe how a common cause analysis can be used to identify gaps in care more effectively than individual apparent or root cause analyses
- List at least one gap in care the team found related to a cluster of dialysis-related central line-associated bloodstream infections
- List an intervention implemented to a gap in resource allocation as it pertains to internal jugular central line dressing kits

Christina Ewers, RN, MSN, CIC
Infection Preventionist
Lutheran Medical Center

SESSION 1210: EDUCATION AND COMPETENCIES
ROOM 213 A

1:30–1:45 p.m.
Prevention of Hospital-Onset *Clostridium difficile* Infection through a Multidisciplinary Performance Improvement Approach

Objectives
- List the various performance improvement initiatives and policies used to reduce the nosocomial spread of *Clostridium difficile* infection in the healthcare environment
- Understand the importance of terminal cleaning, use of personal protective equipment, use of bleach-based products, and hand washing with soap and water when caring for *Clostridium difficile* patients
- Explain the difference in procedures required when caring for patients in enhanced contact isolation compared to contact isolation

Kelsi Canavan, MPH, MPA, CIC
Infection Preventionist and Systems Analyst
Broward Health Medical Center

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1:45–2 p.m.
Creating a Sustainable Culture of Safety Related to Hand Hygiene in an Integrated Health System

Objectives
- Identify two key partners to successful, sustainable hand hygiene programs
- Identify three infections that can help measure the success of hand hygiene performance
- Name two items that can be part of a successful hand hygiene

Chris Masterson, BSN, RN
Infection Preventionist,
Gundersen Health System, La Crosse, Wisconsin

2–2:15 p.m.
Taming the Beast: Using a Risk Assessment Model to Manage Infection Prevention in an Expanding Healthcare System

Objectives
- Identify potential barriers to effective infection prevention practices in an expanding health care system
- Apply a new risk assessment model to your own organization to identify higher risk settings and prioritize infection prevention efforts
- Facilitate improvements in higher risk settings and create safer environments for patients

Melissa Bronstein, RN, BSN, MPA, CIC
Manager Infection Prevention
University of Rochester Medical Center, Strong Memorial Hospital, Golisano Children's Hospital, Rochester, New York

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1:30–1:45 p.m.
Prevention of Hospital-Onset *Clostridium difficile* Infection through a Multidisciplinary Performance Improvement Approach

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- Explain the difference in procedures required when caring for patients in enhanced contact isolation compared to contact isolation

Kelsi Canavan, MPH, MPA, CIC
Infection Preventionist and Systems Analyst
Broward Health Medical Center
1:45–2 p.m.
Summary of PFGE and MMLVA Pattern Analysis for a Facility-Wide Outbreak of *Clostridium difficile* Infection (CDI) at a Large Tertiary Care Hospital in Ontario, Canada

Objectives
- Demonstrate the importance of MMLVA pattern analysis as providing discriminatory power during CDI outbreaks
- Recognize that NAP1 was the predominant PFGE pattern identified in nosocomial cases, and was also the most common PFGE pattern identified in community acquired cases
- Recognize that because PFGE and/or MMLVA pattern analysis was not performed on all specimens, our ability to identify additional clusters was limited

Catherine Kerr, MSc, CIC
Infection Control Practitioner
Trillium Health Partners

Moderator:
Marti Craighead, MBA, RN, CIC

2:15–2:30 p.m.
Suspected Origins of Bacteremia in Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Defined Central Line Associated Bloodstream Infections (CLABSI) at a Tertiary Care Academic Medical Center

Objectives
- Describe key elements to conducting a successful RCA huddle
- Identify factors to explore in a CLABSI root cause analysis
- Identify challenges in meeting the CDC NHSN definitions and subsequently explaining these criteria to healthcare workers and administrators

Alicia Carpenter, RN-BC, MSN
Clinical Nurse Specialist
University of Kentucky Hospital, Lexington, Kentucky

Glenda Kay Roberts, RN, CIC
Infection Preventionist
UK Healthcare, Nicholasville, Kentucky

2:2–2:15 p.m.
Colon Surgery: Dirty Business of Surgical Site Infections

Objectives
- Influence change and create a safety culture where reliable and safe practice enhance patient safety and reduce undesirable outcomes
- Utilize the implementation of performance improvement science to enhance patient outcomes
- Understand the multiple ways to present data to the surgeons and to raise awareness on high epidemiological trends

May Abdalla, MPH, CIC, CIPHI
Director Infection Prevention
San Joaquin Community Hospital, Bakersfield, California

Faye Bergeron, RN, CNOR
OR Manager
San Joaquin Community Hospital, Bakersfield, California

Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
EDUCATION SESSIONS

Saturday, June 11 continued

30/30 Education Session — 30 minutes
Session 1301
3–3:30 p.m.
Room 211/212

Integrating Infection Prevention and Control Programs into the Ambulatory Care Setting: An Evolving Model

Our 800-bed urban academic medical center schedules approximately 4 million ambulatory care visits per year. Our medical center’s hospital-based outpatient clinics, outpatient surgical and specialty centers, and faculty group practices account for 65 percent of the medical center’s total revenue.

Objectives

- List three infection prevention and control concerns in the ambulatory care setting
- Describe one way in which to implement new infection prevention and control protocols in your ambulatory care settings
- Describe possible ways in which staff in remote outpatient areas can communicate concerns and/or events with their infection prevention and control department

Faith Skeete, RN, MS, CIC
Infection Preventionist
NYU Langone Medical Center

Natalie Fucito, BSN, RN, CCRN
Infection Preventionist
NYU Langone Medical Center

Moderator:
Ryan Fagan, MD, MPH, MD, MPH

Track: Alternate Care Settings

Concurrent Education Sessions — 60 minutes
Session 1300
3–4 p.m.
Room 218/219

Understanding and Interpreting Research Studies for Deciding When to Integrate Evidence into Practice

There is increasing emphasis in infection prevention on the importance of evidence-informed prevention strategies and evidence-based decision-making. Definitions of what constitutes “evidence” have been debated, but most agree that evidence is extremely important for researchers, practitioners, and policy makers charged with the task of making policy and practice decisions.

Objectives

- Describe what is evidence and how the strength of evidence can be evaluated
- Describe various research study designs, and the strength of evidence provided by each
- Explain how to use the Continuum of Evidence of Effectiveness when reading and interpreting scientific evidence
Terri Rebmann, PhD, RN, CIC
Director and Professor
Institute for Biosecurity, Saint Louis University

Moderator:
Lela Luper, RN, BS, CIC

Session 1302
3–4 p.m.
Room 207 AB
Can We Fix It? Yes We Can! Building and Maintaining an Infection Prevention Practice During a Major Demolition Project

This presentation covers the infection prevention preparedness and surveillance related to a major demolition. Our hospital is an urban 700+ bed academic facility that serves a high-risk population, including many transplant patients.

Objectives
- List the stakeholders that should be at the table and the topics that should be covered during the pre-construction risk assessment phase
- List technologies that exist for environmental surveillance and understand how they can be important to an infection prevention program during a major demolition
- Describe how a strategically placed network of particulate monitors connected to a remote alert system and a protocol for action based on these alerts can protect patients during construction activity

Jenny Bender, MPH, BSN, RN, CIC, CPH
Infection Preventionist
UPMC Presbyterian
Leon Young, BS, MT(ASCP)
Infection Preventionist
University of Pittsburgh Medical Center

Moderator:
Steven Pergam, MD, MPH

Track: Leadership and Professional Development

Session 1303
3–4 p.m.
Room 203 A
Keep It Clean for Kids! Lessons Learned from a Four-Year Infection Prevention Initiative in Pediatric Long-Term Care

Infection prevention and control (IPC) in long-term care (LTC) facilities presents unique challenges for residents, families, clinicians, and other facility staff. IPC measures are vital to maintaining safety in LTC, where medically fragile residents interact socially with one another and also with a multitude of healthcare providers and other professional staff.

Objectives
- Discuss the benefits and challenges of using an electronic hand hygiene monitoring system in LTC settings
- Collaborate with different departments and disciplines (e.g., schools, recreational services) to develop tailored protocols which are functional for non-traditional healthcare settings
- Identify barriers to hand hygiene and infection control in a variety of different care settings and implement practice changes using workflow analysis

Lisa Saiman, MD, MPH
Professor of Pediatrics & Hospital Epidemiologist
Columbia University Medical Center, Morgan Stanley Children’s Hospital of New York-Presbyterian

Bevin Cohen, MPH, MPhil
Program Director, Center for Interdisciplinary Research to Prevent Infections
Columbia University School of Nursing

Meghan Murray, MPH
Surveillance Officer
Columbia University School of Nursing

Olivia Jackson, RN, BSN
Infection Control Coordinator
Elizabeth Seton Pediatric Center

Moderator:
Kathy Cochran, RN, MS, CIC

Track: Alternate Care Settings

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Concurrent Education Sessions — 60 minutes
Session 1304
3–4 p.m.
Room 209/210
Behavioral Modification: Jedi Mind Tricks to Create Change and Increase Compliance

Nurses know to wash their hands, yet they still don’t do it. Why? Physicians know to put an isolation gown on before going into a C. diff. patient room, yet they don’t do it. Why?

Objectives
- Take away strategies to create positive results in any type of facility by understanding behaviors and modification strategies to elicit change
- Teach behavioral science principles that can be used to increase compliance in areas such as hand hygiene and PPE use
- Provide techniques to reduce or eliminate Hawthorne Effect spikes in raised audit compliance

Jill Holdsworth, MS, CIC, NREMT
Infection Control Practitioner
Sentara Northern Virginia Medical Center

Moderator:
Karoline Sperling, MPH, MLS, CIC

Track: Emerging Science, Research, and Application

Session 1305
3–4 p.m.
Room 207 CD
IPPS — Demystifying CMS Requirements and Giving Them Meaning for IPs

The Centers for Medicare & Medicaid Services’ (CMS) Inpatient Prospective Payment System (IPPS) includes three programs that involve healthcare-associated infections (HAI): Hospital Inpatient Quality Reporting (IQR) Program; Hospital Value-Based Purchasing (VBP) Program; and Hospital-Acquired Condition (HAC) Reduction Program.

Objectives
- Understand current infection control issues in dialysis centers
- Learn about opportunities to improve dialysis care practices and reduce the risk of outbreaks
- Identify CDC priority areas for infection prevention in dialysis patients

Priti Patel, MD, MPH
Medical Officer
Centers for Disease Control and Prevention

Moderator:
Nicole Gualandi, RN, MS/MPH, CIC

Track: Alternate Care Settings
EDUCATION SESSIONS

3:30–4 p.m.
Room 213 D
Public Health Update: Current Issues in Cleaning and Disinfecting Duodenoscopes — CDC

The session describes a pivotal outbreak that identified duodenoscope contamination in the absence of reprocessing breaches and summarize subsequent outbreaks linked to contaminated duodenoscopes. Steps taken by manufacturers, public health, and regulatory agencies to improve duodenoscope reprocessing following identification of this issue are reviewed.

Objectives
- Describe known outbreaks associated with duodenoscopes
- Discuss processes and procedures for ensuring adequate cleaning and disinfection
- Discuss national directions for improvement

Maroya Walters, PhD
Epidemiologist
Centers for Disease Control and Prevention

Moderator:
Nicole Gualandi, RN, MS/MPH, CIC

Workshops — 2.5 hours
Session 1400
3–5:30 p.m.
Ballroom B
Methods for Assessing Intervention Effectiveness — CDC

This presentation is designed for infection preventionists, healthcare epidemiologists, quality improvement staff, and others who wish to gain additional understanding and insight in the principles of epidemiology and statistical methods.

Objectives
- Identify analytical methods for assessing temporal changes in HAI rates
- Indicates the role of risk adjustment when analyzing infection incidence data
- Identify methods of analysis for assessing intervention effectiveness

Minn Soe, MBBS, MPH
Health Scientist
Centers for Disease Control and Prevention

Jonathan Edwards, MStat
Research Mathematical Statistician
Centers for Disease Control and Prevention

Moderator:
Ossama Rasslan, MD, PhD

Session 1401
3–5:30 p.m.
Ballroom C
VAE Protocol Review and Case Study Determinations — CDC

This session includes a detailed overview of the Ventilator-Associated Events (VAE) surveillance protocol and applies concepts learned to case studies.

Objectives
- Define VAE protocol terminology
- Explain the VAE algorithm
- Accurately apply the VAE algorithms to example case scenarios

Cindy Gross, MT, SM(ASCP), CIC
Infection Preventionist
Centers for Disease Control and Prevention

Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
Concurrent Education Sessions — 60 minutes
Session 1500
4:30–5:30 p.m.
Room 218/219
Creating Successful and Collaborative Relationships Between Infection Preventionists and Infectious Disease Physicians
Infection preventionists (IPs) and infectious disease (ID) physicians must work closely and collaboratively to provide and create a safe environment for healthcare staff and patients.

Objectives
- Identify the key pieces of information an ID physician needs to make a recommendation
- Discuss some common barriers that can occur between IPs and ID physicians
- Identify how to present information in a format most physicians find familiar and useful

Carol Vance, BSN, RN, CIC
Infection Prevention and Occupational Health Manager
HSHS St. Elizabeth's Hospital
Hilary Babcock, MD, MPH
Associate Professor of Medicine
Washington University School of Medicine
Moderator:
David Witt, MD, FIDSA

Track: Leadership and Professional Development

Session 1501
4:30–5:30 p.m.
Room 211/212
Should We Let the Dogs In?
Often the question arises should dogs be allowed into healthcare facilities whether it is acute care, long-term care, or ambulatory care? Policies vary between facilities. Some facilities have detailed policies while others may have no policies.

Objectives
- Define animal-assisted activities, animal-assisted therapy, and service animal
- List potential risks of animals in healthcare facilities and ways to minimize those risks
- Identify areas where a service dog is permitted in a healthcare facility and areas where the service dog should be prohibited

Kathleen Darling, MS, MT, M(ASCP), CIC
Infection Prevention Coordinator
Texas A&M University Veterinary Medical Teaching Hospital
Moderator:
Lela Luper, RN, BS, CIC

Track: Alternate Care Settings

Session 1502
4:30–5:30 p.m.
Room 207 AB
Fecal Transplantation in the Management of C. difficile Infection (CDI)
CDI continues to pose challenges in management in both acute care and chronic care settings. Even though first-line therapies for CDI such as oral vancomycin or metronidazole are reasonably effective, 20–25 percent of patients with first episodes of disease will experience a recurrence.

Objectives
- Recognize the magnitude and consequences of the current CDI epidemic in the U.S.
- Identify management strategies for first episode and recurrent CDI
- Critically evaluate the role for fecal microbiota transplantation (FMT) in the treatment of recurrent CDI

James Peacock, MD
Professor, Infectious Diseases
University of North Carolina School of Medicine
Moderator:
David Witt, MD, FIDSA

Supported by

Track: Emerging Science, Research, and Application
Session 1503  
4:30–5:30 p.m.  
Room 203 A  
**The 2016 Reign of Elizabethkingia in Wisconsin**

An initial cluster of six cases of *Elizabethkingia* meningoseptica bloodstream infections reported among three Wisconsin hospitals was the first sign of an outbreak caused by a rare bacterium subsequently identified as *Elizabethkingia anophelis*. This presentation describes how the Wisconsin Division of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) conducted epidemiologic, laboratory, and environmental investigations to reduce mortality and morbidity and determine the source of the infections.

**Objectives**
- Describe the epidemiologic features of the *Elizabethkingia anophelis* outbreak in Wisconsin.
- Summarize the clinical course and characteristics of patients with *E. anophelis* infections.
- Outline the Wisconsin DPH and CDC joint response, including the epidemiologic, laboratory and environmental investigations of the *E. anophelis* outbreak.

**Gwen Borlaug, MPH, CIC**  
Coordinator, HAI Prevention Program  
Wisconsin Division of Public Health

**Moderator:**  
Steven Pergam, MD, MPH

**Track:** Surveillance and Technology

Session 1504  
4:30–5:30 p.m.  
Room 209/210  
**Increasing Uptake of Influenza and Other Vaccines Across Healthcare and Community Settings**

Vaccination can decrease morbidity and mortality, but herd immunity is needed. Research indicates that uptake of almost all vaccines has been decreasing due to a rise in individuals refusing vaccine for themselves and their children.

**Objectives**
- Delineate factors associated with compliance and non-compliance with various vaccines among community members and healthcare personnel in all healthcare settings
- Describe the common myths related to vaccines for common vaccine-preventable diseases
- Describe evidence-based education campaigns and policies that have been associated with higher vaccine compliance among community members and healthcare personnel

**Terri Rebmann, PhD, RN, CIC**  
Director and Professor  
Institute for Biosecurity, Saint Louis University

**Track:** Emerging Science, Research, and Application

Session 1505  
4:30–5:30 p.m.  
Room 207 CD  
**The Physical Environment’s Critical Role in Infection Prevention: High-Risk Areas and Mitigation Strategies**

The impact of the physical environment on infection control has been a growing issue in recent years, highlighting the need for infection control practitioners to understand sometimes complex environmental and engineering fundamentals.

**Objectives**
- Explain pressurization’s complex and critical role in infection control
- Improve communication and collaboration with facility/engineering professionals, and know what specific questions to ask during key projects and events related to infection control in the physical environment
- Conduct specific risk analysis methodologies for important infection control items related to the physical environment such as *Legionella* and contamination in hospital pharmacies

**Bryan Connors, MS, CIH**  
Practice Director  
Healthcare Environmental Health & Engineering, Inc.

**Moderator:**  
Jan Ratterree, RN, BSN

**Track:** Leadership and Professional Development
Concurrent Education Session — 60 minutes
Session 1506
4:30–5:30 p.m.
Room 213 D
CIC®: Creating Meaning for the Credential

During this session, CBIC Directors provide a comparative overview of the different levels of certification programs, focusing attention on the board certification process and the CIC® credential.

Objectives
- Describe how Board Certification differs from other certifications and certificate programs
- Identify candidate demographic and performance data and how it’s used to improve test validity
- Restate the value of the CIC credential

Ruth Carrico, PhD, FSHEA, RN, CIC
Associate Professor of Medicine
University of Louisville Division of Infectious Diseases

Sunday, June 12

Posters on Display
Ballroom AB
8 a.m.–5:30 p.m.
Browse the collection and soak up the knowledge from more than 150 abstracts representing cutting-edge science.

Plenary Session
Session 2000
8–9:15 a.m.
Crown Ballroom
Presentation of the Distinguished Scientist Award

APIC Research Committee Chair Timothy Landers, PhD, RN, CNP, CIC, presents the 2016 Distinguished Scientist Award to Deverick J. Anderson, MD, MPH, associate professor of medicine, Duke University Medical Center.

Sunday Keynote: Disinfection and Sterilization: The Good, the Bad, and the Ugly

Don’t miss this entertaining and informative session by renowned expert William Rutala, professor in the Division of Infectious Diseases at the University of North Carolina School of Medicine. Get a fresh take on all things disinfection and sterilization, including the “good” classification scheme, improved data, and new technologies; the “bad” noncompliance with guidelines for reprocessing medical/surgical devices; and the “ugly” endoscope reprocessing and infection risks that may expose patients.

William Rutala, MS, MPH, PhD, CIC
Director of Hospital Epidemiology
UNC Health Care

30/30 Education Session — 30 minutes
Session 2101
9:30–10 a.m.
Room 211/212
Long-Term Care Regulatory Changes and Infection Prevention and Control: New Territory

The revisions to the requirements for long-term care facilities to participate in Centers for Medicare & Medicaid (CMS) programs increase the emphasis upon infection prevention and control programs, training, and quality assurance and performance improvement (QAPI).

Objectives
- Understand how the CMS regulatory changes will impact infection prevention and control program requirements for long-term care
- Describe the rationale behind the changes in infection prevention and control regulations
- Apply strategies to develop infection prevention quality assurance and performance improvement (QAPI) programs

Deborah Burdsall, MSN, RN-BC, CIC
Doctoral Candidate
APIC Consulting Services

Track: Alternate Care Settings
10–10:30 a.m.  
Room 211/212  
What Happens After Discharge? Partnering with Long-Term Care Facilities to Reduce Healthcare-Associated Infections

Patient acuity in long-term care facilities (LTCFs) is rising each year as LTCFs are relied upon to rehabilitate patients who do not require hospital care but are unable to care for themselves at home.

**Objectives**

- Implement teaching strategies for diverse groups of learners
- Prioritize infection prevention strategies important for LTCFs
- Construct an outreach course for LTCFs, including making a business case for development and creating an inter-professional teaching team

Nicole Mahr, RN, MS, OCN  
Clinical Resource Nurse/Infection Preventionist  
University of California Davis Medical Center

**Track: Alternate Care Settings**

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Concurrent Education Sessions — 60 minutes  
Session 2100  
9:30–10:30 a.m.  
Room 218/219  
The Role of the Staff Nurse in Antimicrobial Stewardship

Antimicrobial resistance is a global crisis requiring all healthcare professionals awareness and involvement. This presentation discusses old and new concepts of antibiotic use and management to address this critical problem.

**Objectives**

- Conceptualize the scope of antimicrobial resistance in hospitals
- Discuss the shifting paradigm of antibiotic use and antimicrobial stewardship
- Identify assets that infection preventionists can bring to antimicrobial stewardship programs

Rita Olans, DNP, RN, CPNP, APRN-BC  
MGH Institute of Health Professions

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Moderator:  
David Witt, MD, FIDSA

**Track: Leadership and Professional Development**

Supported by

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Session 2102  
9:30–10:30 a.m.  
Room 207 AB  
To Be or Not to Be CAUTI — CDC

This session provides an overview of the NHSN urinary tract infection device-associated module.

**Objectives**

- Define 2016 NHSN UTI key concepts and identify common misconceptions about Present on Admission
- Accurately apply the Repeat Infection Timeframe and Secondary BSI attribution period for UTI events
- Correctly apply the NHSN UTI protocol to frequently asked questions through case studies

Eileen Scalise, RN, MSN  
Infection Prevention Consultant  
Centers for Disease Control and Prevention

Moderator:  
Gail Fraine, RN, BSN, MMHC, CIC

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Concurrent Education Sessions — 60 minutes
Session 2103
9:30–10:30 a.m.
Room 203 A
Delivering More Than Just Babies: An Overview of Infections and Prevention Opportunities in the OB/Newborn Setting

Numerous infection risks exist that can have impact on the infant and/or mother during the perinatal period and beyond. Key maternal infections such as HIV, hepatitis B, and Group B strep colonization can have a detrimental impact on the neonate; however, timely screening and interventions can decrease the risk of transmission.

Objectives
- Describe at least three infections transmitted perinatally
- Discuss current evidence-based recommendations for preventing infections in the OB/newborn setting
- Explore opportunities for best practices to prevent HAI and vaccine preventable diseases in the OB/newborn setting

Sonya Mauzey, RN, BS, CIC
Infection Preventionist
The Women’s Hospital, Deaconess Health System

Moderator:
Lela Luper, RN, BS, CIC

Track: Specialty Patient Populations

Session 2104
9:30–10:30 a.m.
Room 209/210
Implementing a Severe Sepsis Improvement Program: The Role of the Infection Preventionist

As a greater focus is placed on improving outcomes for patients with severe sepsis through early identification and rapid treatment, infection preventionists (IPs) should be included in the implementation of such critical evidence-based interventions.

Objectives
- Describe how IPs can play a role in a multidisciplinary team charged with developing, implementing, and measuring outcomes associated with early sepsis screening and rapid treatment in hospital setting
- Define how an IP can lead a multi-hospital healthcare system through a rigorous quality improvement process focused on assessing risk, barriers, and interventions related to severe sepsis care
- Discuss how IPs can work with key stakeholders to convene a statewide severe sepsis collaborative effort to share knowledge and best practices in a large-scale patient safety initiative

Shannon Davila, RN, MSN, CIC, CPHQ
Clinical Content Development Lead
Health Research & Educational Trust of American Hospital Association

Jackie Blanchard, RN, MSN, CIC
Director, Infection Prevention
Atlantic Health System

Laura Anderson, RN, MSN, CIC
Manager, Infection Prevention
Newton Medical Center

Moderator:
David Witt, MD, FIDSA

Track: Emerging Science, Research, and Application

Supported by
Session 2105
9:30–10:30 a.m.
Room 207 CD
Managing Risk and Liability for Hospital Waterborne Pathogens — Compliance with ASHRAE 188

Essential for life, yet increasingly recognized as a vector of healthcare-associated infection, water and the quality of hospital water supplies are finally receiving long deserved attention and regulation.

Objectives
- Identify the factors necessary for transmission of *Legionella* and the genesis of a *Legionella* claim
- Perform and/or direct a facility risk assessment to determine potential areas of exposure and develop a response strategy to ensure compliance with the standard of care
- Define the components necessary to develop a water quality management program which will reduce the opportunity for bacterial contamination, comply with ASHRAE 188, and mitigate risk and liability

Russell Nassof, JD
Vice President, Legal, Clinical Risk Management
RiskNomics

Moderator:
Ossama Rasslan, MD, PhD

Track: Public Policy, Public Reporting, and Regulations

Session 2106
9:30–10:30 a.m.
Room 213 D
Public Health and Healthcare Partnerships — CDC

In this session, two state public health departments present examples of opportunities for healthcare facilities and public health departments to work together to identify infection control gaps, and to reduce the burden of healthcare-associated infections, such as *Clostridium difficile*, and antimicrobial-resistant infections, such as Carbapenem-resistant Enterobacteriaceae.

Objectives
- Describe how public health departments and health care facilities can work together to identify infection control gaps and decrease healthcare-associated infections
- Provide examples of programs where public health and health care facilities are currently working to decrease healthcare-associated infections
- Describe how health departments use data to drive action

Lori Schaumleffel, RN, PHN, BSN, CIC, COHN-S
HAI Program Liaison
California Department of Public Health

Wendy Bamberg, MD
Medical Epidemiologist and Healthcare-Associated Infections (HAI) Program Manager
Colorado Department of Public Health

Moderator:
Steven Pergam, MD, MPH

Track: Leadership and Professional Development

Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
30/30 Education Session — 30 minutes
Session 2107
9:30–10 a.m.
Room 208 AB
Development, Psychometric, and Pilot Testing of Standard Precautions Safety Climate and Observation Tools

Standard precautions are a discrete set of procedures applicable to all healthcare workers caring for all patients in all settings. Although adherence is persistently sub-optimal, few studies have been conducted to explain why.

Objectives
- Describe the design and testing of standard precaution and safety climate tools in a sample of acute care hospitals
- Summarize study findings including standard precaution adherence and associated patient safety climate factors in a sample of acute care hospitals
- Discuss planned and potential use of tools across various settings

Amanda Hessels, PhD, MPH, RN, CIC, CPHQ
Postdoctoral Research Fellow
Columbia University, Leonardo, New Jersey

Moderator:
Marti Craighead, MBA, RN, CIC

Track: Emerging Science, Research, and Application

EXHIBIT HALL OPEN
Exhibit Hall AB
10:30 a.m.–1:30 p.m.
Complimentary lunch served in the exhibit hall from 11:30 a.m.–1 p.m. We welcome all attendees to join us.

APIC LIVE SIMULATION SESSION
Center of Exhibit Hall AB
11:15 a.m. and 12:15 p.m.
APIC Presents: PPE Fashion Do’s and Don’ts
Participate in a fun, interactive fashion show on the do’s and don’ts of donning and doffing personal protective equipment (PPE).

Emcee: Pamela Falk, MPH, CIC, FSHEA
High Risk Infection Prevention Specialist
Northside Hospitals

KNOWLEDGE BAR
Center of Exhibit Hall AB
10:45–11:30 a.m.
Rochelle Morris, RN, BSN, MBA, CIC
Expertise: Leadership and Program Management, APIC Leadership Journey
Jo Micek, RN, CIC
Expertise: Leadership and Program Management, APIC Leadership Journey
**EDUCATION SESSIONS**

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Linda McKinley, RN, BSN, MPH, CIC  
Expertise: Leadership and Program Management, International, VA Hospitals  
11:45 a.m.–12:30 p.m.  
Marcia Patrick, RN, MSN, CIC  
Expertise: Ambulatory Care, Construction  
Lela Luper, RN, CIC  
Expertise: Leadership and Program Management, Ambulatory Care, Patient Safety, Professional Development, NHSN, Surgical Site Infections (SSIs)  
Joseph Scalella, MPH, BSN, RN, CIC  
Expertise: Carbapenem-resistant Enterobacteriacea (CRE), Public Health

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12:45 p.m.–1:30 p.m.  
Steve Schweon, RN, MPH, MSN, CIC, HEM, FSHEA  
Expertise: Long-Term Care, TC, Leadership and Program Management, Environmental Services, Professional Development  
Tania Bubb, PhD, RN, CIC  
Expertise: Leadership and Program Management, APIC Leadership Journey  
Carol McLay, DrPH, MPH, RN, CIC  
Expertise: Leadership and Program Management, International

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**Poster Presentations with Presenters**  
12:30–1:30 p.m.  
**Ballroom AD**  
Posters are arranged by category, and then numerically by poster number and color.

- **Antimicrobial Stewardship and Resistance**  
  1 100-106 Brown  
- **Antisepsis/Disinfection/Sterilization**  
  2 107-121,251-252 Orange  
- **Continuum of Care**  
  3 124-129 Blue  
- **Data Standardization and Validation**  
  4 130-144 Pink  
- **Education and Competencies**  
  5 145-155, 249, 254 Green  
- **Efficacy and Impact**  
  6 158-165 Purple  
- **Environment of Care/Construction/Remediation**  
  7 166-174 Brown

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Healthcare Worker Safety/Occupational Health  
8 175-177, 261 Orange

Implementation and Sustainability of Effective Programs  
9 179-219,253, 255-258 Blue

Outbreak Investigation and Emerging/Reemerging Infectious Disease: Efficacy and Impact  
10 226-240, 250, 259-260 Pink

Public Health and Health Policy  
11 244-245, 247-248 Green

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**30/30 Education Session — 30 minutes**  
**Session 2301**  
1:30–2 p.m.  
**Room 211/212**  
**The State of Infection Prevention in Los Angeles Ambulatory Surgery Centers**

Healthcare procedures are increasingly being performed in ambulatory surgery centers (ASCs), rather than inpatient, acute care hospital settings. Many of the procedures performed in these centers which were previously performed in hospitals are quite invasive, putting patients at risk of infection.

**Objectives**

- Characterize infection prevention practices and gaps in Los Angeles ASCs
- Specify strategies to improve infection prevention in ASCs
- Identify factors associated with more stringent infection prevention programs in ASCs

**Kelsey OYong, MPH**  
Epidemiology Analyst  
Los Angeles County Department of Public Health

**Moderator:**  
**Karoline Sperling, MPH, MLS, CIC**

**Track: Alternate Care Settings**

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**Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.**
30/30 Education Session — 30 minutes
Session 2301 continued
2–2:30 p.m.
Room 211/212
Case-Control Study of Multidrug-Resistant 
*Pseudomonas Aeruginosa* in a Urology Clinic

The Michigan Department of Health and Human Services (MDHHS) was notified of an outbreak of multidrug-resistant (MDR) *Pseudomonas aeruginosa* (PA) associated with outpatient cystoscopy at a urology clinic.

**Objectives**
- Describe a multidrug-resistant *Pseudomonas aeruginosa* outbreak at an outpatient urology clinic and measures used to control and manage the outbreak
- Explain and implement appropriate and up-to-date reprocessing and disinfection methods for flexible cystoscopes
- Demonstrate knowledge of case-control study methods to apply to outbreaks at a healthcare facility

**Allison Murad, MPH**
NHSN Epidemiologist
Michigan Department of Health and Human Services

**Noreen Mollon, MS, CIC**
Infection Prevention Consultant
Michigan Department of Health and Human Services

**Moderator:**
Karoline Sperling, MPH, MLS, CIC

**Track: Specialty Patient Populations**

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**Concurrent Education Sessions — 60 minutes**

**Session 2300**
1:30–2:30 p.m.
Room 218/219

**NHSN Analysis for Long-Term Acute Care 
Hospitals and Inpatient Rehabilitation Facilities — CDC**

This presentation is designed for infection preventionists, healthcare epidemiologists, quality improvement staff, and others who wish to gain additional understanding of the NHSN analysis features and reporting metrics available in NHSN for long-term acute care hospitals (LTACHs) and inpatient rehabilitation facilities (IRFs). Focus is placed on the analysis reports used for CMS Quality Reporting Programs for LTACHs and IRFs.

**Objectives**
- Describe the analysis options available for LTACHs and IRFs within NHSN
- Explain the metrics available to LTACHs and IRFs to measure HAIs, including infection rates and the standardized infection ratio (SIR)
- Interpret and communicate the results of statistical evidence for internal and external comparisons of HAI data in this setting

**Lindsey Weiner, MPH**
Epidemiologist
Centers for Disease Control and Prevention

**Rashad Arcement, MSPH**
Public Health Analyst
Centers for Disease Control and Prevention (CTR)
Session 2302
1:30–2:30 p.m.
Room 207 AB
Use of Genomic Sequencing at the State Level — The Colorado Example
Dramatic changes are occurring in the public health laboratory landscape. Traditionally, public health laboratories and epidemiologists have depended on culturing specimens and using pulsed-field gel electrophoresis to identify related isolates involved in outbreaks of bacterial pathogens.

Objectives
- Understand the current use of whole genome sequencing technology for public health purposes at the state level
- Be familiar with advantages related to the use of whole genome sequencing in public health
- Be familiar with challenges related to the transition from pulse-field-gel-electrophoresis to whole genome sequencing

Lisa Miller, MD, MSPH
Branch Chief and State Epidemiologist, Communicable Disease Branch
Colorado Department of Public Health and Environment

Track: Surveillance and Technology

Session 2303
1:30–2:30 p.m.
Room 203 A
The Role of CMS in Assessing Infection Prevention and Control Compliance
CMS has made reducing HAIs a priority in the last decade. The session provides an overview of the CMS survey structure, function, and responsibility for assessing infection prevention control compliance.

Objectives
- Describe the evolution of CMS infection control regulations in the last decade
- Review CMS survey strategies for infection prevention and control programs

Karen Hoffmann, RN, MS, CIC, FSHEA
Infection Preventionist Consultant
Centers for Medicare and Medicaid Services

Moderator:
Debra Johnson, BSN, RN, CIC

Session 2304
1:30–2:30 p.m.
Room 209/210
Engineering Success: Successfully Implementing CAUTI Prevention Practices
Foley catheter-associated urinary tract infections (CAUTIs) are one of the most common healthcare-associated infections, and impact nearly half a million patients each year in the U.S.

Objectives
- Describe best practices for prevention of CAUTI
- Identify barriers in organizational structure, culture, and behavior that may impede implementation of new interventions
- Develop strategies that promote consistent adherence to best practices across multiple clinical practice settings

Kelley Boston, MPH, CIC, CPHQ
Division Director of Infection Prevention, Methodist Healthcare System
Infection Prevention Director of Regulatory and Accreditation Compliance, Infection Prevention & Management Associates

Cheryl Kirchner, RN, BSN, MS, CPHQ
Division Vice President Quality
Methodist Healthcare System

Track: Emerging Science, Research, and Application

Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
Concurrent Education Sessions — 60 minutes
Session 2305
1:30–2:30 p.m.
Room 207 CD

Outbreaks of nosocomial legionellosis (aka Legionnaires' disease) attract great attention. Up to 30 percent of healthcare-associated pneumonia is caused by Legionella bacteria. Waterborne bacteria such as legionella are ubiquitous in water systems.

Objectives
- List the key participants on the multi-disciplinary team that are needed to ensure the system risk are identified and mitigation measures are effectively implements
- List at least four elements of ANSI/ASHRAE 188-2015 that can be used to design and build healthy building water systems
- List benefits and limitations of at least three different analytical methods used to validate effectiveness of controls

John Martinelli
Principal, Healthcare Practice Leader
Forensic Analytical Consulting Services

Moderator:
Steven Pergam, MD, MPH

Session 2306
1:30–2:30 p.m.
Room 213 D
Bridging the Communication Gap Between Outpatient Dialysis and Acute Care — CDC

Communication across care transitions is essential to infection prevention. Poor communication of infection information between hospitals and dialysis centers can limit the accuracy of HAI surveillance data in both hospitals and outpatient dialysis centers, and thus undermine the usefulness of these data for prevention.

Objectives
- Explain the importance of information transfer between outpatient dialysis and acute care for both the patient and provider
- List three elements of a successful communication strategy between dialysis centers and hospitals
- Identify the role of the outpatient dialysis nurse or staff member and hospital infection preventionist in successful information transfer between settings

Christi Lines, MPH
Health Research Analyst
Northrop Grumman (contractor to CDC)

Gemma Downham, MPH, CIC
Infection Preventionist
AtlantiCare Regional Medical Center

Annabelle Perez, BSN, RN
Quality Improvement Director
Quality Insights Renal Network Three

Moderator:
Nicole Gualandi, RN, MS/MPH, CIC

Session 2307
1:30–2:30 p.m.
Room 208 AB
The Top 10 Infection Prevention Articles of 2015

This session reviews 10 of the top infection prevention articles published in 2015. The aim of the presentation is to introduce IPs to a variety of high-quality published research that investigates methods to prevent the spread of infection.

Objectives
- Discuss a variety of recently published research that investigates methods to prevent the spread of infection
Critique the research to assess the strengths and weaknesses of each publication
- Identify research findings that can be translated into the clinical setting

**Laurie Conway, RN, MPhil, CIC**
Poster Presenter
Columbia University School of Nursing, New York, New York

**Heather Gilmartin, PhD, NP, CIC**
Post-Doctoral Nurse Fellow
Denver VA Medical Center — Denver/Seattle Center of Innovation

**Moderator:**
David Witt, MD, FIDSA

**Track: Emerging Science, Research, and Application**

**Workshops — 2.5 hours**

### Session 2400
1:30–4 p.m.
**Ballroom B**
Performing Surveillance for CLABSI Accurately in NHSN — CDC

This session focuses on understanding terms specific to BSI surveillance such as BSI Repeat Infection Timeframe (RIT) and Secondary Bloodstream Attribution Period (SBAP).

**Objectives**
- Define key terms for CLABSI surveillance
- Describe the correct ways to collect CLABSI denominator data
- Identify the two acceptable methods to attribute a BSI as secondary to another site of infection
- Apply NHSN CLABSI criteria and protocol to case studies

**Georganne Ryan, BBA, MT, CIC**
Infection Prevention Consultant
Centers for Disease Control and Prevention/NHSN

**Kathy Bridson, RN, BSN, MScPH, CIC**
Protocol and Training Team Lead
Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention

### Session 2401
1:30–4 p.m.
**Ballroom C**
Sales and Presentation Skills to Obtain Additional Resources for Your Infection Control Program

This workshop assists the infection preventionist (IP), at any career level, to develop a persuasive presentation to obtain additional resources for their infection control program.

**Objectives**
- Develop a flexible structure for presentations
- Customize delivery skills to suit the situation
- Demonstrate effective delivery skills

**Diane Dumigan, RN, BSN, CIC**
Consultant
DG Dumigan Consulting, LLC

**George Dumigan, MS**
Vice President of Sales and Marketing
New Haven Consulting Group, Inc.

**Track: Leadership and Professional Development**
Workshops — 2.5 hours
Session 2402
1:30–4 p.m.
Room 217 AB
International Infection Prevention and Control (IPC) in Resource-Limited Settings — CDC

This session describes the challenges and solutions faced by IPC professionals in a variety of resource-limited settings. Speakers are from diverse backgrounds and discuss their experience with a variety of real-life issues, from rebuilding after Ebola to building and sustaining healthcare-associated infection surveillance.

Objectives
- Understand key components for national structures
- Describe the key IPC tools used with the Ebola outbreak in Liberia
- Describe approaches to healthcare associated infections and surveillance in resource limited settings

Amy Kolwaite, ARNP, MS, MPH
Nurse Epidemiologist
Centers for Disease Control and Prevention

Catherine Cooper, MD
IPC Chair
Liberia Ministry of Health and Social Welfare

Rachel Kamau, BDS, MPH
Deputy Director of Medical Services
Kenya Ministry of Health

Awa Ndir, PhD
Regional IPC and AMR Advisor
Infection Control Africa Network (ICAN)

Moderator:
Ossama Rasslan, MD, PhD

30/30 Education Session — 30 minutes
Session 2501
3–3:30 p.m.
Room 211/212
Correctional Care: The Role of an Infection Preventionist (IP)

Correctional healthcare involves the care and treatment of incarcerated individuals. Incarceration may range from a few days to months or years depending on the sentence the inmate has received, while the average length of stay is about six months for males and four months for females.

Objectives
- Define correctional healthcare
- Describe the role of an IP in the correctional setting
- Discuss three correctional healthcare infection control challenges

Kissa Robinson, RN, BSN, MHA, MBA
Infection Prevention Specialist
Unity Health Care, Inc.

Moderator:
Marc-Oliver Wright, MT(ASCP), MS, CIC

Track: Alternate Care Settings

3:30–4 p.m.
Room 211/212
Making the Financial Case for HAI Prevention

While the prevention of healthcare-associated infections (HAIs) has received acceptance around the globe, it is all too often difficult to find the financial resources necessary to put many well-established and validated practices into effect.

Objectives
- Define the direct, indirect, intangible, and opportunity costs pertaining to HAIs in the healthcare setting
- Describe the process to calculate attributable costs for the HAI at issue and understand the strategy required to frame the problem for presentation to the hospital administration
- List the components necessary to build a successful business case to prioritize infection prevention in both low and high resource environments
Concurrent Education Sessions — 60 minutes

**Session 2502**

3–4 p.m.

**Room 207 AB**

Modifying the CDC’s Guidelines for Isolation Precautions for Multidrug-Resistant Organisms (MDROs): Using Contact Precautions Only for Clearly Defined Portals of Exit

The use of transmission-based isolation precautions for patients known or suspected of having multidrug-resistant organisms (MDROs) is directed by the Centers for Disease Control and Prevention (CDC) guidelines.

**Objectives**

- Describe the rationale for substantially altering the use of Contact Precautions for MDROs
- State three advantages for hospital operations by using a substantially modified Isolation Precautions approach for MDROs
- State three challenges with modifying the CDC’s Isolation Guidelines for MDROs

**Steven Bock, BA, BSN, RN, CIC**

Infection Prevention & Control Practitioner
NYU Langone Medical Center (NYC)

**Ranekka Dean, MPA, RN, CIC**

Infection Prevention & Control Practitioner
NYU Langone Medical Center

**Moderator:**

Karoline Sperling, MPH, MLS, CIC

**Track:** Leadership and Professional Development

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**Session 2503**

3–4 p.m.

**Room 203 A**

The APIC MegaSurvey: Methods and Results

This session addresses findings of the APIC MegaSurvey. Results are presented for the four domains of demographics, organizational structure, practice setting, and compensation.

**Objectives**

- Describe the methods of the APIC MegaSurvey, including survey development and sampling strategy
- Compare the characteristics of respondents based on career stage and geographic location
- Identify implications of the APIC MegaSurvey for infection prevention practice and advancing APIC's vision and mission

**Timothy Landers, PhD, RN, CNP, CIC**

Assistant Professor
College of Nursing, The Ohio State University

**James Davis, MSN, RN, CCRN, HEM, CIC**

Senior Infection Prevention Analyst
ECRI

**Track:** Leadership and Professional Development

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Concurrent Education Sessions — 60 minutes
Session 2504
3–4 p.m.
Room 209/210
Best Practices for High-Level Disinfection and Reprocessing Programs at Large Academic Health Institutions

With recent outbreaks related to a highly resistant superbug, carbapenem-resistant Enterobacteriaceae (CRE) and duodenoscopes, high-level disinfection (HLD) practices are getting national attention.

Objectives
- Identify areas of risk for HLD and reprocessing at their institutions and develop tactics to mitigate them
- Describe emerging technology and other resources to help support their HLD and reprocessing efforts
- Define the elements of a comprehensive HLD and reprocessing program

Michael Shaw, MD
Medical Director, Endoscopy
University of Minnesota Health, University of Minnesota Medical School

Susan Kline, MD, MPH
Medical Director, Hospital Epidemiology and Infection Prevention
University of Minnesota Medical Center

Dawn England, MPH, CPHQ
Director, Infection Prevention
University of Minnesota Health

Moderator:
Janet Haas, RN, PhD, CIC

Session 2505
3–4 p.m.
Room 207 CD
Lessons Learned from Validation of the Surveillance and Reporting of National Healthcare Safety Network (NHSN), Healthcare-Associated Infection (HAI), Data to a State Health Department

This session reviews the lessons learned from the validation of healthcare-associated infection (HAI) data reported to the Connecticut State Health Department. Connecticut has been a leader in HAI validation since the beginning of state HAI surveillance activities in 2008.

Objectives
- Define the importance of closely adhering to the NHSN definitions
- Evaluate current surveillance methods used to detect infections and determine if following NHSN definitions
- Explain the importance of data validation and its role in assuring quality of NHSN data

Lauren Backman, RN, MHS
Epidemiologist III
State of Connecticut, Department of Public Health

Track: Public Policy, Public Reporting, and Regulations

30/30 Education Session — 30 minutes
Session 2507
3–3:30 p.m.
Room 208 AB
Innovative Patient Hand Hygiene Intervention: The Effectiveness of Simple Technology to Engage Patients in Personal Hand Hygiene Practice

The purpose of this two-group comparison study was to test the effectiveness of two educationally-based approaches to improve patient hand hygiene in older veterans hospitalized for elective lower extremity orthopedic or podiatry surgery. The underlying reason for this approach is to explore ways to increase patient hand hygiene practice without increasing nurse burden.

Objectives
- Understand the problem that this research study is intended to address
Understand the model, methods, and instruments used for this study.
Understand findings and next steps for moving the towards implementation into hospital settings, as well as the methodology and considerations for trying different approaches to prevent infection.

Shanina Knighton, BA, BSN, RN
National Veteran Affairs Quality Scholars PhD Fellow, Frances Payne Bolton Legacy Fellow, Department of Veteran Affairs & Case Western Reserve University

Moderator:
Steven Pergam, MD, MPH

Track: Emerging Science, Research, and Application

3:30–4 p.m.
Room 208 AB
Predictors of Influenza Vaccination Compliance among Union and Non-Union Workers in a Pennsylvania Healthcare System

The purpose of this quantitative study was to address the knowledge gap concerning the predictors of influenza vaccination compliance between a union and a non-union healthcare facility in Pennsylvania.

Objectives
- Identify theoretical constructs of the Health Belief Model as it relates to healthcare worker influenza vaccination
- Identify the predictors of vaccination acceptance between union and non-union healthcare workers
- Discuss how results may influence influenza vaccination education curricula specific to union and non-unionized healthcare workers

Ericka Kalp, MPH, CIC
Director, Epidemiology and Infection Prevention
Summit Health

Moderator:
Steven Pergam, MD, MPH

Track: Emerging Science, Research, and Application

Top Recent HAI Outbreaks — CDC
Discussion of recent healthcare-associated infection (HAI) outbreaks in which CDC was involved and the lessons learned from these investigations, which may be helpful for healthcare facilities and health departments.

Objectives
- Describe characteristics of recent HAI outbreaks
- Highlight helpful resources used by the CDC during outbreak investigations
- Review lessons learned from recent HAI outbreaks

Cheri Grigg, DVM, MPH
Epidemic Intelligence Service Officer
Centers for Disease Control and Prevention

Meghan Lyman, MD
Epidemic Intelligence Service Officer
Centers for Disease Control and Prevention

Moderator:
David Witt, MD, FIDSA

Track: Surveillance and Technology

Use the APIC 2016 App to scan the code and bring up the full Schedule-at-a-Glance to access handouts provided for each session.
Monday, June 13

**POSTERS ON DISPLAY**
8 a.m.–1 p.m.
Ballroom AD
Browse the collection and soak up the knowledge of more than 150 abstracts representing cutting-edge science.

**30/30 Education Session — 30 minutes**
Session 3001
8–8:30 a.m.
Room 211/212
**Communicating Infection Control Information in the 21st Century: Using Free Cloud-Based Programs to Reach Staff and Management at Your Facility**
Many infection preventionists (IPs) look for effective and efficient ways to get their message out to staff and management at the facilities they serve.

**Objectives**
- Describe two cloud-based programs that may be used to communicate infection prevention and control education and information at your site
- Create “education accounts” within cloud-based programs for your site
- Design and edit cloud-based infection prevention and control content tailored to your site

Fred Atkin, BRN, BEd, BID
Infection Control Professional
Winnipeg Regional Hospital Authority

**Moderator:**
Karoline Sperling, MPH, MLS, CIC

**Track: Leadership and Professional Development**

**Concurrent Education Sessions — 60 minutes**
Session 3000
8–9 a.m.
Room 218/219
**Publishing Goes Global**
The editors of three journals — American Journal of Infection Control, Journal of Infection Prevention, and Canadian Journal of Infection Control — deliver a unique presentation on the subject of scientific publishing in the field of infection prevention and control.

**Objectives**
- Describe the growing global nature of publishing and guidelines available for authors
- Identify opportunities for writing for publication within their own practice
- Use various publication development tools and resources available for aspiring authors

Elaine Larson, RN, PhD, FAAN, CIC
Associate Dean for Nursing Research
Columbia University

Jennie Wilson, PhD, MSc, RGN, HonMFPH
Associate Professor
Infection Prevention Society

Chingiz Amirov, MPH, MSc-QIPS, CIC
Editor-in-Chief
Canadian Journal of Infection Control, IPAC-Canada

**Track: Leadership and Professional Development**
Session 3002
8–9 a.m.
Room 207 AB
Sustained Reduction of Device-Associated Infections in Veterans Health Administration Medical Facilities Nationwide — 10 Years of Success

Patient safety, including prevention of healthcare-associated infections, is a priority in Veterans Health Administration (VHA). The use of medical devices such as urinary catheters, intravenous catheters, and endotracheal tubes is a routine part of care in the intensive care unit (ICU), as well as in acute care (non-ICU) and long-term care (LTC).

Objectives
- Describe the increased risk of infection associated with device use in patient care
- Explain prevention strategies utilized by VHA facilities to achieve a significant and sustained national reduction in device-associated infections
- Compare reductions in device-associated infections among ICUs, non-ICU, and LTC settings in VHA facilities

Marla Clifton, RN, MSN, CIC
Acting Clinical Programs Coordinator
National Infectious Diseases Service, Department of Veterans Affairs/VHA

Kathleen DeRoos, RN, MSN, APRN, CIC
Healthcare-Associated Infections Clinical Program Coordinator
National Infectious Diseases Service, Department of Veterans Affairs/VHA/VACO

Stephen Kralovic, MD, MPH
Medical Epidemiologist
Department of Veterans Affairs/VHA and University of Cincinnati

Session 3005
8–9 a.m.
Room 207 CD
Flexible Endoscope Reprocessing and the Importance of AAMI ST91

During the presentation, key AAMI ST91 provisions are reviewed. This presentation is applicable to infection preventionists and will aid in their understanding of the importance of a standardized reprocessing procedure for flexible endoscopes.

Objectives
- Discuss the key provisions and competency recommendations of the standard ST91
- Describe the ongoing updating process for this document that will be used to keep information current
- Define current best practices for processing flexible endoscopes

Mary Drosnock, MS, CIC, CFER, RM(NRCM)
Manager of Clinical Education
Healthmark Industries

Session 3006
8–9 a.m.
Room 213 D
Using TAP for HAI Prevention — CDC

The Targeted Assessment for Prevention (TAP) strategy is a method developed by the Centers for Disease Control and Prevention (CDC) to use data for action to accelerate prevention of healthcare-associated infections (HAIs). The TAP strategy can assist you in targeting your efforts toward areas where the most improvement is needed and implementing focused, effective strategies to make a difference.

Objectives
- Learn about TAP Reports and the metric used to target facilities and units with excess HAIs
- Become aware of current tools and resources for implementing the TAP strategy
- See examples of how partners in prevention have used innovative approaches to implement the TAP strategy

Carolyn Gould, MD, MSCR
Medical Epidemiologist
Centers for Disease Control and Prevention

Moderator:
Jan Ratterree, RN, BSN

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Monday, June 13 continued

Workshops — 2.5 hours
Session 3100
8–10:30 a.m.
Ballroom B
Sneak Preview: New NHSN Methods for Analyzing HAI Data — CDC

This presentation is designed for infection preventionists, healthcare epidemiologists, quality improvement staff, and others who wish to gain additional understanding and insight in the principles of epidemiology and statistical methods.

Objectives

- Identify analytical methods for assessing temporal changes in HAI rates
- Indicates the role of risk adjustment when analyzing infection incidence data
- Identify methods of analysis for assessing intervention effectiveness

Jonathan Edwards, MStat
Research Mathematical Statistician
Centers for Disease Control and Prevention

Margaret Dudeck, MPH, CPH
Epidemiologist
Centers for Disease Control and Prevention

Katharina van Santen, MSPH
Statistical Data Analyst
Centers for Disease Control and Prevention/Division of Healthcare Quality Promotion

Session 3500
8–10:30 a.m.
Ballroom C
Incorporating CDC’s NHSN into Nursing Home Infection Surveillance Programs — CDC

Objectives

- Define the National Healthcare Safety Network (NHSN) and the different components and modules available for long-term care facilities
- Discuss how to get started using the NHSN
- Describe how long-term care facilities can use the NHSN to report and analyze laboratory-identified (LabID) event and healthcare-associated infection (HAI) data

Concurrent Education Sessions — 60 minutes
Session 3200
9:30–10:30 a.m.
Room 218/219
Management of the 2015 San Quentin Prison Legionella Outbreak

In August 2015, San Quentin State Prison, located in Marin County, CA, reported a confirmed case of Legionnaires’ disease. In the weeks that followed, more than 70 probable and confirmed cases would be reported among San Quentin inmates and staff.

Objectives

- Describe patient-level factors associated with Legionnaires’ Disease in this outbreak
- Describe how the unfolding epidemiology drove decisions for infection control
- Describe the role of state and local jurisdictions in managing a disease outbreak in a state prison
- Discuss the role of public communications during a large outbreak of Legionnaires’ Disease
- Describe special challenges to infection control in the prison environment

Matthew Willis, MD, MPH
Public Health Officer
Marin County, CA

Charlotte Wheeler, MD, MPH
Physician and Surgeon
California Correctional Health Care Service

Moderator:
David Witt, MD, FIDSA
Session 3201  
9:30–10:30 a.m.  
Room 211/212  
Infection Prevention and Surveillance in Primary Care  
The Patient Protection and Affordable Care Act (ACA) is creating a seismic shift in care patterns from inpatient to outpatient with primary care playing a central role.

Objectives  
- Describe the implementation of infection prevention, control, and surveillance policies and practices in primary care  
- Describe the current spectrum of roles and responsibilities of IPs working in this setting  
- Provide guidance on implementing infection prevention practice in primary care  

Monika Pogorzelska-Maziarz, PhD, MPH  
Assistant Professor  
Thomas Jefferson University, Jefferson College of Nursing  
Mary Lou Manning, PhD, CRNP, CIC, FAAN, FNAP  
Associate Professor  
Thomas Jefferson University, Jefferson College of Nursing  
Rebecca Fitzpatrick, DNP, RN, CIC  
Director, Healthcare Epidemiology, Infection Prevention and Control  
Hospital of the University of Pennsylvania  

Moderator:  
Karoline Sperling, MPH, MLS, CIC  

Track: Alternate Care Settings  

Session 3202  
9:30–10:30 a.m.  
Room 207 AB  
Overarching NHSN Device-Associated Infection Surveillance Rules — CDC  
This presentation includes definitions and applied examples of concepts that are the cornerstone of National Healthcare Safety Network (NHSN) surveillance for healthcare-associated infections (HAI).

Objectives  
- Accurately define the NHSN Infection Window Period, Repeat Infection Timeframe and Secondary BSI Attribution Period  
- Identify NHSN updates for 2016 that apply to multiple reporting definitions  
- State advantages and limitations of using the new NHSN Healthcare-Associated Infection/Present on Admission Worksheet Generator for surveillance  

Katherine Allen-Bridson, RN, BSN, MScPH, CIC  
Nurse Consultant  
Centers for Disease Control and Prevention  

Moderator:  
Lela Luper, RN, BS, CIC  

30/30 Education Session — 30 minutes  
Session 3204  
9:30–10 a.m.  
Room 209/210  
Collecting Actionable Data on Endoscope Reprocessing in a Large, Multistate Healthcare System  
This session includes an overview of a large healthcare system’s response to national concerns regarding reprocessing effectiveness of ERCP and linear EUS scopes.

Objectives  
- Describe multiple factors that are relevant when assessing effectiveness of endoscope cleaning  
- Demonstrate knowledge of techniques for standardization of data collection amongst multiple facilities  
- Identify appropriate resources for enhancing an endoscope reprocessing program  

Rebecca Bartles, MPH, CIC  
System Director of Infection Prevention  
Providence Health & Services  

Track: Emerging Science, Research, and Application  
continued
### 30/30 Education Session — 30 minutes
**Session 3204 continued**
**10–10:30 a.m.**
**Room 209/210**
Creating and Implementing a Standardized Environment of Care Rounds Tool for a Large Healthcare System

This presentation describes a large healthcare system’s experience in creating and implementing a standardized environment of care (EOC) rounding tool, and offers insight and rationale into the components of the tool.

**Objectives**
- List components of a comprehensive EOC rounding tool
- Explain the rationale(s) of why certain components were included in a comprehensive EOC rounding tool
- Design one’s own EOC rounding tool based on published guidelines and recommendations, and your facility’s unique risk assessment

**Carol Sykora, MT(ASCP), MEd, MBA, CIC**
Infection Prevention Specialist
Barnes Jewish Hospital

**Rachael Snyder, MPH, BSN, RN, CIC**
Infection Prevention Consultant
BJC HealthCare

*Track: Public Policy, Public Reporting, and Regulations*

### Concurrent Education Sessions — 60 minutes
**Session 3203**
**9:30–10:30 a.m.**
**Room 203A**
Antibiotic Stewardship in Long-Term Care Settings

Improving antibiotic use in healthcare settings is a national priority. This session highlights the harms associated with antibiotic use and misuse in older adults, identifies opportunities to improve antibiotic use, and describes new guidance for implementing antibiotic stewardship activities in nursing homes.

**Objectives**
- Review the current antibiotic use in nursing homes and opportunities for improvement
- Define antibiotic stewardship and the core elements for effective nursing home programs
- Describe strategies for an infection preventionist to support nursing home antibiotic stewardship efforts

**Nimalie Stone, MD, MS**
Medical Epidemiologist for Long-Term Care Centers for Disease Control and Prevention

*Track: Surveillance and Technology*

**Session 3205**
**9:30–10:30 a.m.**
**Room 207 CD**
National SSI Surveillance — How to Leverage Two Quality Outcome Reporting Systems

This presentation highlights the experience of 10 facilities that are participating in both programs — National Healthcare Safety Network (NHSN) and National Surgical Quality Improvement Program (NSQIP). This includes an overview of definitions, explanation of how to interpret the data, and most importantly, how to best use the data in tandem to engage our surgical partners in intervention development, implementation, and evaluation.

**Objectives**
- Explain the differences in the SSI definition used by NHSN and NSQIP
- Interpret the SSI data reported to NHSN and NSQIP
- Understand how to leverage the data in NHSN and NSQIP to engage our surgical partners in SSI intervention development, implementation, and evaluation

**Kathleen Gase, MPH, CIC**
Manager, Infection Prevention and Quality Patient Care
BJC HealthCare

**Moderator:**
Ryan Fagan, MD, MPH

*Track: Surveillance and Technology*
30/30 Education Session — 30 minutes
Session 3206
9:30–10 a.m.
Room 213 D
Implication of Rapid Diagnostics
This session provides an update on what is known about the epidemiology of pediatric respiratory viruses in the community and in the hospital setting and describes new rapid diagnostic technologies and how they are being used for infection prevention.

Objectives

- Compare rapid diagnostic technologies for respiratory viral infections
- Describe strategies for implementation and of rapid diagnostics in clinical care settings
- List current testing, treatment and infection control practices and recommendations using rapid diagnostic technology

Emily Martin, PhD
Assistant Professor of Epidemiology
University of Michigan School of Public Health

Track: Surveillance and Technology

10–10:30 a.m.
Room 213 D
Pediatric Respiratory Virus
This session (1) provides an update on what is known about the epidemiology of pediatric respiratory viruses in the community and in the hospital setting and (2) describes new rapid diagnostic technologies and how they are being used for infection prevention.

Objectives

- Understand the most common pediatric respiratory viral infections in young children
- Identify the most common clinical presentations of each of the pediatric respiratory viral infections
- Describe known preventive strategies

Natasha Halasa, MD, MPH
Associate Professor, Division of Pediatric Infectious Diseases
Vanderbilt University

Track: Surveillance and Technology

EXHIBIT HALL OPEN
Exhibit Hall AB
10:30 a.m.–1 p.m.
Complimentary lunch served in the exhibit hall from 11:30 a.m.–1 p.m. We welcome all attendees to join us.

APIC LIVE
KNOWLEDGE BAR
Center of Exhibit Hall AB
10:45–11:30 a.m.
Patti Grota, PhD, CNS-M-S, CIC
Expertise: Leadership and Program Management, Patient Safety, Professional Development

11:45 a.m.–12:30 p.m.
Corrianne Billings, BS, BSN, RN, CIC
Expertise: APIC Fellows Program

Kelley Boston, MPH, CIC, CPHQ
Expertise: Leadership and Program Management, Patient Safety, Professional Development, Disaster Management

12:30–1 p.m.
Marcia Patrick, RN, MSN, CIC
Expertise: Ambulatory Care, Construction

Alexander Sundermann, MPH
Expertise: EMS

Kissa Robinson, RN, BSN, MHA, MBA
Expertise: Correctional Care, Behavioral Health

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Concurrent Education Sessions — 60 minutes

**Session 3400**
1:30–2:30 p.m.
Room 218/219

**Infection Control Assessment and Response/Epidemiology and Laboratory Capacity for Infectious Diseases — CDC**

This session provides an overview of CDC’s approach to building capacity for HAI prevention through state and local health departments.

**Objectives**
- Learn about CDC’s investments in building capacities for infection control and prevention activities as part of expanded HAI programs
- Describe three ways that public health and healthcare are working together to reduce harm from HAIs and antibiotic resistant pathogens
- Understand how infection preventionists can contribute to and help guide these efforts

**Joseph Perz, DrPH, MA**
Team Leader, Prevention and Response Branch
Centers for Disease Control and Prevention/Division of Healthcare Quality Promotion

**Moderator:**
Sally Hess, MPH, CIC

**Track: Leadership and Professional Development**

**Session 3402**
1:30–2:30 p.m.
Room 207 AB

**NHSN Antimicrobial Use and Resistance Module — CDC**

This presentation provides an overview of the purpose, requisites for data submission, required data elements, and analysis output options for the NHSN Antimicrobial Use and Resistance Module (AUR).

**Objectives**
- Outline the purpose, features, and benefits of the NHSN AUR Module
- Discuss the requirements for NHSN AUR Module data submission
- Describe the analysis reports currently available within the NHSN AUR Module

**Amy Webb, MPH, CHES**
Public Health Analyst
Centers for Disease Control and Prevention

**Moderator:**
David Witt, MD, FIDSA

**Track: Surveillance and Technology**
Session 3403
1:30–2:30 p.m.
Room 203 A
Refugee Health: A New Perspective for Infection Prevention and Control

Each year, approximately 80,000 refugees are resettled in the U.S. as part of the federal government's resettlement plan. Refugees suffer from communicable and non-communicable health conditions, including chronic diseases, and will require the same types of health services that are provided to U.S. citizens.

Objectives
- Describe the process of refugee resettlement in the U.S.
- Review existing surveillance processes for refugee health and the conditions identified
- Explore the impact of refugee health from the perspective of the refugee as a patient, as a community member, and as an employee

Ruth Carrico, PhD, FSHEA, RN, CIC
Associate Professor of Medicine
University of Louisville Division of Infectious Diseases

Moderator:
Ossama Rasslan, MD, PhD

Track: Specialty Patient Populations

Session 3404
1:30–2:30 p.m.
Room 209/210
Addressing Aerosol Transmission Risks — CDC

The potential for aerosol transmission of organisms can increase transmission of infection in a healthcare setting putting both patients and healthcare personnel at risk. The purpose of this session focuses on defining an aerosol, outlining potential aerosol generating procedures (AGPs), describing aerosol sampling methods, and discussing potential aerosol transmission risks. The session includes considerations for healthcare workers and clinical laboratorians.

Objectives
- Learn how to define an aerosol, understand mode of transmission, and recognize the hierarchy of controls
- Become aware of procedures that may generate an aerosol such as aerosol generating procedures (AGPs)
- Learn how to identify aerosol transmission risks and associated infection control practices

Bryan Christensen, PhD, MEPC LCDR, USPHS
Epidemiologist and Industrial Hygienist
Centers for Disease Control and Prevention

Moderator:
Ryan Fagan, MD, MPH

Session 3406
1:30–2:30 p.m.
Room 213 D
New Insights into Environmental Disinfection

This session involves an interactive discussion of important topics related to environmental disinfection in healthcare settings.

Objectives
- Summarize current strategies for environmental disinfection best practices
- Discuss the impact of the healthcare environment on the transmission of multidrug-resistant organisms
- Understand the supporting data and logistical considerations with enhanced disinfection strategies

Deverick Anderson, MD, MPH
Assistant Professor of Medicine
Duke University Medical Center

Track: Surveillance and Technology

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Concurrent Education Sessions — 60 minutes
Session 3003
1:30–2:30 p.m.
Room 208 AB
To Glove or Not to Glove, That Is the Question: Glove Use in Acute and Long-Term Care

Hand hygiene is the keystone to infection prevention and control. However, increasingly, hands are covered by examination gloves during patient care events across the entire healthcare continuum.

Objectives
- Identify the potential for cross contamination associated with the use of non-sterile clinical gloves
- Critically evaluate how the attitudes and beliefs of staff influence glove use behavior
- Consider views of the public about the use of gloves by healthcare workers

Deborah Burdsall, MSN, RN-BC, CIC
Doctoral Candidate
APIC Consulting Services

Jennie Wilson, PhD, MSc, RGN, HonMFPH
Associate Professor
Infection Prevention Society

Track: Surveillance and Technology

Concurrent Education Sessions — 60 minutes
Session 3600
2:45–3:45 p.m.
Room 218/219
Being Heard: The IP and the Organizational Structure

This presentation focuses on the infection preventionist’s contribution to a healthful workplace culture that reduces barriers to the implementation of evidence-based infection prevention measures.

Objectives
- Identify attributes of a healthful workplace environment
- Discuss collaboration to build infection prevention competency
- Identify methods of communication that inspire change

Janet Glowicz, MPH, MSN, RN, CIC
Coordinator of Infection Prevention and Control
Texas Health Resources Presbyterian Hospital of Denton

Workshop — 2.5 hours
Session 3101
1:30–3:45 p.m.
Ballroom B
Antimicrobial Resistance in Developing Countries — CDC

Experts discuss addressing awareness of antimicrobial use, investigating carbapenem-resistant pathogen outbreaks in developing countries, describe the approach to stewardship and clinical care, and highlight challenges with AMR surveillance.

Objectives
- Understand concepts around AMR surveillance in low- and middle-income countries

Benjamin Park, MD
Chief, International Infection Control Program
Centers for Disease Control and Prevention

Ossama Rasslan, MD, PhD
Head, Infectious Diseases Research and Infection Control Unit
Egyptian Society for Infection Control
Ain Shams Faculty of Medicine, Cairo, Egypt

Neil Gupta, MD, MPH
Medical Officer
Centers for Disease Control and Prevention

Moderator:
Ossama Rasslan, MD, PhD
EDUCATION SESSIONS

Session 3601
2:45–3:45 p.m.
Room 211/212
A National Resident Safety Imperative to Eliminate CAUTI: Lessons Learned

Long-term care (LTC) healthcare-associated infections (HAIs) account for 1.6 to 3.8 million infections and 388,000 deaths annually. Infections can cause significant morbidity and mortality and substantial financial burden.

Objectives

- Apply lessons learned from a national program using evidenced-based interventions to eliminate catheter-associated urinary tract infection (CAUTI) and promote a culture of safety
- Recognize how a program to reduce CAUTIs can also promote a culture of safety, improve hand/environmental hygiene compliance, encourage antibiotic stewardship, and decrease non-catheter associated urinary tract infections
- Identify opportunities to participate in other national programs designed to reduce infection and promote a culture of safety

Steven Schweon, RN, MPH, MSN, CIC, HEM, FSHEA
Infection Preventionist
Consultant
Andrew Rolle, MPH
Program Manager
American Hospital Association
Deborah Burdsall, MSN, RN-BC, CIC
Doctoral Candidate
APIC Consulting Services

Moderator:
Kathy Ward, RN, BSN, MPH, CIC

Track: Alternate Care Settings

30/30 Education Session — 30 minutes
Session 3602
2:45–3:15 p.m.
Room 207 AB
Automated WHONET/SaTScan Surveillance System as Part of an Outbreak Detection Program to Identify Clusters of Potential Infection Transmission in the Hospital

Traditionally, nosocomial outbreaks are identified by reports from healthcare workers or review of microbiologic data using rule-based thresholds. While these methods uncover the most egregious instances of nosocomial transmission, the methods are ultimately crude and insensitive.

Objectives

- Describe the integration and automation of the WHONET/SaTScan surveillance system used to identify infection clusters
- Summarize the results found from the implementation of the WHONET/SaTScan surveillance system
- Discuss our process of epidemiological investigations, including strain typing after a cluster is identified

Anna Stachel, MPH, CIC
Infection Prevention and Control Data Analyst/Manager
NYU Langone Medical Center

Moderator:
Pat Metcalf Jackson, RN, MA, CIC

Track: Surveillance and Technology

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Concurrent Education Sessions — 60 minutes
Session 3603
2:45–3:45 p.m.
Room 203 A
Determining Appropriate Use of Chlorhexidine to Reduce HAIs Across the Healthcare Delivery Spectrum
This session discusses many of the uses of the antiseptic chlorhexidine (CHG) in the prevention of HAIs and provides a framework for determining how widely this agent should be used.

Objectives
- Describe the history and activity of CHG as an antiseptic
- Understand the various uses of CHG for the prevention of HAIs
- Describe the adverse consequences of widespread CHG usage in healthcare facilities

Thomas Talbot, MD, MPH
Medical Director and Chief Hospital Epidemiologist
Vanderbilt University Medical Center

Moderator:
Ann Marie Pettis, RN, BSN, CIC

Track: Surveillance and Technology

Session 3605
2:45–3:45 p.m.
Room 207 CD
Microbiome Primer — CDC
This session focuses on how increasing our understanding of the dynamics of microbiome disruption can potentially help us prevent infections caused by multidrug resistant organisms, including Clostridium difficile, carbapenem-resistant Enterobacteriaceae, and vancomycin-resistant enterococci.

Objectives
- Understand recent advancements in understanding the microbiota that live in or on the human body and their collective genome
- Recognize the impact of antimicrobial use on the gut microbiome and rationale to consider development of microbiome disruption indices as well as what may be some candidate indices
Know current evidence for causality between drug-related microbiome disruption and adverse health outcomes

Clifford McDonald, MD
Senior Adviser for Science and Integrity
Centers for Disease Control and Prevention

Session 3606
2:45–3:45 p.m.
Room 213 D
The Puzzling World of TB: Putting the Pieces of the Mycobacterium Tuberculosis (MTB) Together

At a 1,250 bed tertiary care academic medical center screening for Mycobacterium tuberculosis (MTB) occurs often, with an average of nine new cases confirmed each year.

Objectives
- List the differences between MTB disease and latent MTB
- Use/develop algorithm to determine need for airborne infection isolation
- Identify ways to track potential/active TB patients in your facility

Pamala Kremer, BSN, RN, CIC
Infection Prevention Specialist
Barnes Jewish Hospital

Moderator:
Lela Luper, RN, BS, CIC

Track: Surveillance and Technology

Closing Plenary
Session 3700
4–6 p.m.
Crown Ballroom
Awards Presentation

Congratulate the winners of the 2016 Film Festival People’s Choice award, Chapter Educational Grant award, the first-ever Graduate Student award, scientific abstract awards, and the 2016 Heroes of Infection Prevention. Prepare to get inspired by renowned tech entrepreneur and bestselling author Josh Linkner, who will deliver the closing keynote.

Closing Keynote: Executing Imagination: Turning Raw Ideas into Powerful Results

How is it that some organizations can harness imagination to create game-changing drivers of growth and innovation while others miss the mark? According to renowned tech entrepreneur and bestselling author Josh Linkner, the best companies have a systematic process to focus their team’s creativity into practical outputs. In this inspiring presentation, get practical tools that can be immediately implemented to increase creative output and deliver bottom-line results at your facility.

Josh Linkner
Vision: Healthcare without infection.
Mission: Create a safer world through the prevention of infection.

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SPEAKER DISCLOSURES

The following speakers provided disclosures:

**Anderson, Deverick, MD, MPH**
Merck, Inc.: Other Research Support (Status: Ongoing)
3406

**Ara, Lutfe**
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1203

**Boston, Kelley, MPH, CIC**
Infection Prevention and Management Associates, Inc. (IP&MA) (Self): Employment (includes retainer) (Status: Ongoing) 2304

**Boyce, John, MD**
Consultant: 3M, Bioquell, Clorox, Diversicare (Status: Ongoing)
1204

**Canales, Robert, PhD**
Grant/Research Support: Georgia-Pacific
1200

**Carrico, Ruth, PhD, FSHEA, RN, CIC**
Honoraria: CareFusion: Speakers Bureau: CareFusion, MedImmune, Sanofi pasteur
1506, 3403

**Chatfield, Sheryl, PhD**
Travel to present research findings: GOJO Industries
1201

**Darling, Kathleen, MS, M, MT(ASCP), CIC**
Disability Rights of North Carolina (Self): Consultant (Status: Ongoing) 1501

**Dumigan, Diane, RN, BSN, CIC**
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**Dumigan, George, MS**
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**Hanill, Nancy, MT(ASCP), CIC**
Consultant: 3M Healthcare 1205

**McGhie, Kathy, RN, BScN, CIC**
Employee (not involved in product sales): 3M Health Care (Status: Ongoing) 1506

**Moore, Lori, BA, BSN, RN, MPH, CHES**
Employee: GOJO Industries (Status: Ongoing) 1201

**Nassof, Russell, JD**
BBraun (Self): Consultant (Status: Ongoing); Becton Dickinson (Self): Speaker’s Bureau (Status: Ongoing); Vasonova/Teleflex (Self): Consultant (Status: Ongoing), Speaker’s Bureau (Status: Ongoing) 2105, 2501

**Niles, Maricris, MA**
Other Research Support: Ecolab 1204

**Pogorzelska-Maziarz, Monika, PhD, MPH**
BD USA (Self): Consultant (Status: Terminated — July 2015) 3201

**Quinn, Barbara, MSN, RN, ACNS-BC**
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**Reynolds, Kelly, MSPH, PhD**
Grant/Research Support: Georgia-Pacific, GOJO Industries
1200

**Rutala, William, PhD, MS, MPH, CIC**
Consultant: Advanced Sterilization Products (Status: Ongoing), Clorox; Advisory Board: Advanced Sterilization Products, Clorox (Status: Ongoing); Honoraria: Advanced Sterilization Products (Status: Ongoing) 2000

**Schweon, Steven, RN, MPH, MSN, CIC, HEM, FSHEA**
Crothall Healthcare (Self): Consultant (Status: Ongoing); Ecolab (Self): Consultant (Status: Terminated — Many years ago); Fortis Management Group (Self): Consultant (Status: Ongoing); GOJO Industries (Self): Consultant (Status: Terminated — Last speaking engagement was ~ 2 years ago), Speaker’s Bureau

The following speakers have nothing to disclose:

**Abdalla, May, MPH, CIC, CIPHI**
1210

**Allen-Bridson, Katherine, RN, BSN, MSnPH, CIC**
3202

**Amirov, Chingiz, MPH, MSc-QIPS, CIC**
3000

**Anderson, Laura, RN, MSN, CIC**
2104

**Anttila, Angela, PhD, MSN, NP-C, CIC**
3500

**Aponte-Torres, Zuleika, MPH**
901

**Atkin, Fred, BRN, BEd, BID**
3001

**Babcock, Hilary, MD, MPH**
1500

**Backman, Lauren, RN, MHS**
2505

**Bamberg, Wendy, MD**
2106

DebMed: Hospital I work for obtains research funding from DebMed. GHS serves as DebMed Beta test site in U.S., Other Financial or Material Support; Medtronic: Advisory Board CIC

**Taibot, Tom, MD, MPH**
Consultant: Community Health Systems, Joint Commission Resources (Status: Ongoing) 3603

**Whiteley, Greg, M Safety Sc, PhD Candidate**
Employment (includes retainer): Whiteley Corporation (Status: Ongoing); Officer or Board Member: Whiteley Corporation 3602

The following speakers have nothing to disclose:

**Abdalla, May, MPH, CIC, CIPHI**
1210

**Allen-Bridson, Katherine, RN, BSN, MSnPH, CIC**
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**Amirov, Chingiz, MPH, MSc-QIPS, CIC**
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**Aponte-Torres, Zuleika, MPH**
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**Atkin, Fred, BRN, BEd, BID**
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Daniels, Kimberly, RN 1205
Davila, Shannon, RN, MSN, CIC, CPHQ 2104
Davis, James, MSN, RN, CCRN, HEM, CIC 1203
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Snyders, Rachael, MPH, BSN, RN, CIC 3204
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Stachel, Anna, MPH, CIC 3602
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Woldemedhin, Wondie, BPharm, BA, MSc (Health M&E) 2402
Young, Leon, BS, MT(ASCP) 1302
Zimmerman, Peta-Anne, RN, BN, MHSc(InfectionControl) GCertHigherEd, DrPH, CICP 1200

The following speakers have not yet disclosed:
Backman, Lauren, RN, MHS 2505
Halasa, Natasha, MD, MPH 3206
Kang, JaHyun, PhD, MPH, RN, CIC 2107
Lines, Christi, MPH 2306
Lyman, Meghan, MD 2506
Martin, Emily, PhD 3206
Neu, Natalie, MD, MPH 1303
Perz, Joseph, DrPH, MA 3400
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The staff members of APIC* are proud to have contributed to the success of the 43rd Annual Conference and its role in furthering the vision of “healthcare without infection.” We invite you to reach out to us with your questions and comments. Thank you for allowing us to add value to both your conference and member experience.

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