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Editorial

The aughts (2000–2009) ought to be remembered for changing infection prevention and control

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When Y2K failed to end the world as we knew it, Infection Prevention Professionals continued to go to work and save the world, preventing one infection at a time. While the world has changed, there are many parallels and opportunities for learnings as we look back to the 2000s: voting recounts (Bush vs Gore 2000), emerging infectious diseases (SARS 2003, H1N1 2009), natural disasters (Katrina 2005), recessions (2007), revolutionary thinking and change for Infection Prevention and Control.

As I started my career in the early 2000s, I had a vague idea of what it meant to be an “Infection Control Nurse” (ICN). I knew that I was not a nurse. But I also knew I was fascinated by the study of infectious diseases, I loved using data to make the case for change, and I had a passion for helping people. I couldn’t imagine any other career. Thankfully, the thinking about baseline requirements for Infection Control Professionals was beginning to change to include those of us without nursing degrees.

Denise Murphy (2007 APIC President) and Victoria Fraser (2007 SHEA President) were vocal advocates for Infection Control Professionals moving away from data collectors to actively making a difference as interventionists and preventionists.¹ In doing so, the beneficial skillsets for the emerging work were broadening. This push to expand the role, in combination with the work of O’Boyle et al with the Delphi Project² called into question the historic recommendation of 1 Infection Control Professional per 250 occupied beds,³ and opened the door for Infection Prevention and Control (IPC) programs to expand in new ways.

While IPC program leaders were exploring new ways to get invited to the table,^{4–7} political leaders were also making moves that would transform the way the public understood and viewed healthcare. A big part of that was, and continues to be, the public reporting of healthcare-associated infections (HAIs). In 2003, the Hospital Inpatient Quality Reporting (IQR) Program was mandated, creating an “incentive” for hospitals to report designated quality measures, including HAIs.⁸

Thus, began the era of HAI data use in “Pay for Reporting” (IQR) and “Pay for Performance” programs (Hospital Value-Based Purchasing Program, Hospital-Acquired Condition Reduction Program) and publicly available websites.^{8,9} Scholars and leaders quickly

responded, publishing influential recommendations and evidence for how public reporting could be accomplished in a systematic, fair, and sustainable manner.^{10,11} Upgrades were made to National Nosocomial Infections Surveillance (NNIS) system to create the National Healthcare Safety Network (NHSN), which now serves 25,000 medical facilities tracking HAI and meeting reporting mandates.¹²

Patricia Stone and other researchers began to quantify the financial burden associated with these infections for hospitals and communities.^{13–20} Peter Pronovost helped change the mindset that catheter-associated bloodstream infections (CLABSI) weren’t preventable, while Sanjay Saint and others demanded a little respect for catheter-associated urinary tract infections (CAUTI).^{14,20–22} And we can’t reminisce about the 2000s without thinking fondly of Elaine Larson, Didier Pittet, and John Boyce teaching us everything we ever wanted to know, and more, about hand hygiene!^{23,24}

The aughts was a great decade for IPC programs and Infection Prevention Professionals. While we may still have much to learn and progress to make to deliver a safer world through the prevention of infection, there are two things that I know for certain about the future and moving forward: (1) As the Association for Professionals in Infection Control and Epidemiology (APIC) celebrates 50 years, the organization that we love will be there for us for decades to come regardless of our titles, our backgrounds, or our work settings; and (2) As the American Journal of Infection Control (AJIC) celebrates its 50th volume, AJIC will continue to be the go-to journal to gain knowledge and insight into what is happening in the field of Infection Prevention and Control.

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