Infection Prevention's Global Perspective: A Q&A with Cathryn Murphy

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ICT spoke with Cathryn Louise Murphy, RN, PhD, CIC, the 2010 president of the Association for Professionals in Infection Control and Epidemiology (APIC). Murphy, who is managing director of Infection Control Plus, an independent, international infection control consulting company, is also associate professor in the faculty of Health Services and Medicine at Bond University in Australia. In light of this month's annual APIC meeting, Murphy addresses a number of pertinent infection prevention-related issues.

Q: What unique perspectives can you bring to APIC, being from another country? What are the parallels and the differences of infection prevention and control efforts between the two countries? What is universal in scope?

A: Thanks for the opportunity to respond to these questions. I am thrilled that APIC has an opportunity to help *Infection Control Today* in its efforts to spread credible information about preventing infections. The perspectives I bring to APIC are diverse and based on many years work in several countries around the world, as well as within a variety of setting types in Australia and internationally. I have worked clinically as an infection preventionist for several governments, developing policy, legislation and guidelines, as well as working closely with medical industry as a private consultant. The year I spent working in the U.S. with the CDC's Division of Healthcare Quality and Promotion provided me with unique insights into and a better understanding of infection prevention in the U.S.

Like Australia, many countries with well-developed, formal approaches to infection control have modeled their infection control systems on the U.S., with minor modifications to suit local circumstance such as healthcare funding or delivery. The major difference between the U.S. and the rest of the world is that most countries' professional organizations are run by volunteers, which substantially limits their ability to influence important interventions or impact policy. In the U.S. APIC has a full-time staff of more than 30 people and represents the world's largest infection prevention organization, giving the U.S. a decided advantage over most other countries, including Australia.

In Australia, like the U.S., access to most antimicrobial agents is by prescription only. This provides Australia, the U.S. and other countries with such models a minimum safeguard against uncontrolled antibiotic access and consumption. In contrast, in much of Asia many

antibiotics are available for over-the-counter purchase, encouraging uncontrolled use and contributing to ever-increasing rates of multi-drug resistant organisms.

Similarly, I have been struck in my international work by the number of countries that have began to develop national approaches to infection prevention and in that quest are seeking as a beginning step to establish complex systems of surveillance and certification of staff. While both are very necessary programs in countries with mature well-developed infection prevention systems, they are far less important than basic public health measures such as clean water for hand hygiene, adequate systems for reprocessing contaminated medical and surgical equipment and ensuring that fundamental components of personal protective equipment such as masks, gowns and gloves are routinely available.

Regardless of these similarities and differences, I have noticed and am heartened by the very genuine desire I have observed in infection prevention leaders, governments and committed clinicians all around the world who are genuinely and doggedly pursuing fewer healthcare infections among their patients and constituents. The determination and level of commitment to this goal is universal. APIC has a unique opportunity to be a major supporter of these efforts through our members, and we continue to do so through our vast range of educational activities and modalities as well as through our membership offerings and pursuit of strategic partnerships domestically and overseas. The universal quest for safer patient care through fewer infections and better clinical practice inspires me daily.

Q: What is at the top of your list of priorities for APIC and for the membership, and why?

A: My belief is that no APIC president or leader should pursue a personal agenda, but rather should instead remain fully focused on providing leadership that enables the organization to achieve the goals of its Strategic Plan. This is my priority as it will enable APIC to continue to meet its members expressed needs while simultaneously facilitating APIC's growth and sustainability as the premier organization for "spreading knowledge" and "preventing infection."

Q: What are the top issues you are hearing about from APIC members and what is the organization able to do to assist them?

A: U.S.-based APIC members continue to express concern about increasing and rapidly evolving workloads and priorities related to federal and state legislation and public policy change. They believe that APIC must continue to represent them well during the development of these directives. As such APIC's structure includes a very well-run and competent group of individuals whose job is solely to monitor, inform, advocate for and respond to infection prevention related public policy and legislation. This is one of the most important ways in which APIC members' express needs are met. It is a critical part of APIC's structure given that the majority of our members have limited experience in or opportunity to be involved in public policy development despite the fact that its ramifications are extensive for our profession.

The global economic crisis impacted all of our members and has made it difficult for many to invest in APIC's traditional face-to-face educational offerings due to reduced budgets for

travel. APIC has responded by developing innovative and affordable mechanisms for delivering online and Web-based educational content to a broader audience. Our new "APIC Anywhere" offering is an example of this, as are our free Webinars and electronic Elimination Guide series that are routinely available for no additional cost to members.

In April we released an "IP Program Evaluation Tool" to help infection preventionists assess the resources needed in their professional environments and make the business case to properly fund infection prevention programs. Developed by a group of member experts, the tool contains a multi-section assessment program to evaluate current infection prevention services and resources and conduct an objective program gap analysis to calculate an organization's optimum IP staffing and skill mix. We are optimistic that this will help our members validate and customize their programs and also provide them with useful information that they can use to demonstrate their value to hospital administrators in the C-suite.

These are a few of the novel and specific ways in which APIC is trying to help its members respond to the restricted budgets and resources/IP staffing ratios that were so clearly identified in the 2009 APIC Economic Survey.

Q: Infection prevention is a job that is only increasing in complexity and the demands placed upon it – what words of encouragement and advice do you give the membership?

A: I draw inspiration from infection preventionists who work in countries with limited resources where inadequate sanitation, basic public health infrastructure and personal protective equipment are lacking. Despite these challenges, they proudly perform the role of infection preventionists to the best of their ability. They doggedly pursue opportunities to learn and to apply their knowledge. They ask for help when they need it, and they receive that help gratefully. They watch out for their colleagues and help them when they need it. They constantly seek new ways to do business, and they take time to savor the joy and the privilege of working in infection prevention. They highly value being part of the global infection prevention community. They realize that working in infection prevention is a privilege. They know its dynamic nature is challenging and at times unrelenting. They show the rest of us that rather than resisting change we should actively pursue opportunities to help define those changes.

Cathryn Murphy has worked as an HAI prevention expert for governments, professional associations and medical industry in multiple international settings and strives for improved standards of infection prevention all around the world. She is currently the invited chair of the national Australian Commission For Safety and Quality in Healthcare. Murphy is one of a small group of global experts invited to join the World Health Organization (WHO)'s Geneva-based Expert Technical Infection Control Group and has also taught for WHO as part of its Global Outbreak and Response Network and for the Asia Center for Disaster Preparedness.

Murphy's career highlights include working as a guest researcher during a post-doctoral placement in the Division of Healthcare Quality and Infection Prevention at the Centers for Disease Control and Prevention (CDC) in 2000 and completing a short-term mission

throughout several Southeast Asian countries with WHO during the height of the 2003 SARS outbreak. She managed the New South Wales state government healthcare-associated infections (HAI) Prevention and Infection Control Program from 1997 until December 2004 with programmatic responsibility for more than 200 hospitals in Australia's largest state. She developed Australia's first mandatory reporting system for HAIs in New South Wales in 2003.

Murphy is a member of the editorial boards of the Australian, American and international Journals of Infection Control and is widely published in scientific journals and textbooks. She served as the president of the Australian Infection Control Association from 1996 to