Point/Counterpoint Provides Insight into Latest Research on Hot Topics

Infection preventionists (IPs) have probably learned to look to the research when it comes to making decisions. But what if the research isn’t all that clear?

That was the setup for a point/counterpoint discussion on two contentious issues regarding healthcare-associated infections (HAIs) at Thursday’s plenary session.

“I do have to say these topics are highly contentious and the views that everyone is going to present are not necessarily their personal opinions. They’re presenting the data,” said Timothy Wiemken, PhD, MPH, CIC, FAPIC, who moderated the panel with Deborah Johnson, BSN, RN, CIC.

Discontinuation of Contact Precautions
Is the end of diarrhea the right place to stop contact precautions for patients with *Clostridium difficile*? David Banach, MD, assistant professor and hospital epidemiologist at the University of Connecticut Medical School, and Phil Polgreen, MD, MPH, associate professor of internal medicine and epidemiology, University of Iowa, tackled that topic.

Before beginning, attendees were polled; 54 percent said that was the logical spot to stop precautions.

Banach then argued that contact should be prolonged.

“There’s been data accumulating over...

Closing Plenary: Millennials, Motivation, Mission, and Mindfulness: Preventing Infection Circa 2017

Wrap up APIC 2017 with an insightful closing plenary by Sanjay Saint, MD, MPH. You won’t want to miss Millennials, Motivation, Mission, and Mindfulness: Preventing Infection Circa 2017...

Closing Plenary and Awards Program
Portland Ballroom

Minneapolis Measles Outbreak: New Late Breaker Added for Today!

Session 3006: Are You Ready for a Measles Outbreak?
Friday, June 16, 8-9 a.m., Room E 147-48
A panel of experts will discuss the current measles outbreak in the state, how community conditions made such an outbreak inevitable, and process and protocols developed to prevent transmission and identify cases, and how collaboration and communication are vital in an outbreak situation. Karoline Spelman, MPH, MLS, CIC, infection preventionist with Park Nicollet Health Services in St. Louis Park, Minnesota, will serve as moderator.

Learn innovative strategies to improve and sustain hand hygiene compliance among healthcare personnel with...

Emily Sickert-Bennett PhD, MS, CIC
Director, Hospital Epidemiology & Occupational Health Services

Today, 12:15pm–12:45pm, Hand Hygiene Compliance Demonstration Area
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Wednesday  11 a.m. • 12 p.m. • 1 p.m.
Thursday  12 p.m. • 1 p.m. • 2 p.m.
Friday  11 a.m. • 12 p.m.
Distinguished Scientist Award

After receiving the Distinguished Scientist Award, Patricia Stone, PhD, RN, FAAN, Centennial Professor of Health Policy and Director of the Center for Health Policy at Columbia University School of Nursing, lectured on the “State of Science” at Thursday’s plenary session. She discussed how the science of Infection Prevention has changed since she began her research career in 1999. She recounted some of the research findings and where she sees new needs. “When I was working in acute care, when I realized that nursing home residents were at high-risk for MDROs (multi-drug resistant organisms). That’s where my research has been going. I’ve seen that my research needs to be out of the hospital and looking at infection prevention from a regional perspective, and looking at what we can do to help those who are under-resourced.”

Dr. Stone’s entire lecture is posted to the APIC Facebook page: www.facebook.com/APICinfectionpreventionandyou.

Reaching Across the Aisle: Forging a Relationship Between IPs and Public Health Officials

Infection preventionists (IPs) and public health officers are not natural allies. But working together can benefit both groups, said speakers during the Thursday afternoon session We’re All In This Together.

Representatives from the Greater Los Angeles APIC chapter and the Los Angeles County Department of Public Health (LAC DPH) discussed their unique collaboration, how they achieved it, and how they’ve worked together to reduce healthcare-associated infections (HAIs) throughout LA’s 100-plus acute care facilities.

“It all began with a handshake and a smile, and putting aside the idea that we don’t trust each other,” said Greater LA Chapter President Mary Virgallito, MSN, RN, CIC, University of Southern California Verdugo Hills Hospital.

Back in 2008, the Greater LA chapter realized that 60 percent of their 150 members were entering retirement age, and they needed to increase membership. Building relationships with public-health partners was one way to do that.

“But we had to set aside our preconceived relationships between IPs and public health,” Virgallito said. “IPs can be nervous about what they see as regulatory people in the house.”

Meanwhile, the LAC DPH had formed a public healthcare outreach unit to help reduce HAIs in their acute care facilities, so they were open to working with APIC members.

Virgallito said the relationship began by encouraging public health nurses and epidemiologists to attend Greater LA chapter meetings. Then the chapter dedicated time in each meeting agenda to talk about public health-agenda and announcements.

“We emphasized trust-building and mutual respect—setting that precedent that these are our partners, and getting rid of that us-versus-them mentality,” she said.

Three years ago, the chapter invited the local public health officer to host a forum.

Did You Win?

The three winners of the Section Connection Networking Game are:
1. Claudia Cleary, RN, BSN, MSN (Peterborough, NH)
2. Anne Lickliter (Melbourne, Australia)
3. Patty Thomas, RN (Port Orchard, WA)

Scholars Showcase Latest Research in Engagement, Antibiotic Stewardship

Thursday’s APIC Scholars session featured a trio of researchers discussing their studies on new methods to improve antibiotic resistance, along with better ways to engage hospital leaders in moving evidence to practice.

Mary Jo Knobloch, PhD, MPH, University of Wisconsin-Madison School of Pharmacy, said her study began with a question: Can leadership rounds lead to adoption of best-practice guidelines and evidence-based practice regarding healthcare-associated infections (HAIs)?

Currently, leadership rounds are not widely used for this purpose.

Knobloch’s case study in University of Wisconsin hospitals and clinics had a research goal of determining what it takes for a leader to create a learning climate that fosters problem-solving among staff. She and her team conducted 30 floor observations, along with interviews with nursing managers, frontline staff, one physician, and infection preventionists (IPs).

Key themes from the observations were that staff engagement in problem solving, and staff disclosure of problems and challenges were common. The observations also showed that leaders supported a learning climate, engaged staff in HAI reduction and evaluation, showed fallibility, encouraged honest conversations, and modeled curiosity.

During the interview phase, the researchers discovered that overlapping rounds are confusing for staff, physicians need to be included in HAI prevention initiatives, follow-up is important, and there is a need for more frontline staff to attend meetings, unit comparisons are not always helpful, data is not always current, goals and purpose of rounds are not always clear, and staff is not sure of the impact of infection rates.

Overall, the study found that staff were extremely appreciate of leaders spending time in units. “I think this is something we could use to train our young executive leaders,” Knobloch said.

Misha Huang, MD, University of Colorado Department of Medicine, discussed her upcoming study on improving antibiotic use through procalcitonin (PCT) assay.

This biomarker measured in blood has been shown in several studies to decrease antibiotic use, primarily for pneumonia and sepsis. But Huang said PCT testing has not been widely adopted. Her study looks at barriers and facilitators to adoption and implementation of PCT.

The study will be done at three Denver facilities at different stages of PCT implementation. It will include semi-structured interviews with physicians, clinical RNs, lab staff, clinical pharmacists, and IPs.

There will then be a web-based survey, within a theoretical domains framework, for a larger group of providers to assess their knowledge of PCT and their implementation needs.

Huang said they hope to have results next summer. The results are expected to help inform the development of a PCT-guided management protocol tailored to needs of stakeholders.

Eileen Carter, PhD, RN, Columbia University School of Nursing, discussed her research on nurse-driven antibiotic stewardship. This movement is gaining national momentum, but there are very few interventional studies on nurses’ roles and responsibilities in antibiotic stewardship.

Carter’s qualitative study involves a pediatric and adult academic hospital. There are 61 participants—mostly clinical nurses, with a few nurse managers and IPs.

Carter discussed two recommendations based on preliminary findings:
- Nurses can play a major role in stewardship by encouraging the safe conversion of IV to PO (intravenous to oral) antibiotics. Study participants really appreciated this recommendation, Carter said. They felt it was very action-oriented and reduced workload for adult-care nurses. They also noted substantial barriers, including knowledge gaps and a considerable paradigm shift from discharge-based IV to PO conversion.
- Nurses can play a major role in antibiotic stewardship efforts by initiating an antibiotic timeout with prescribers 48 hours after an antibiotic is ordered. Nurses in the study overwhelmingly welcomed the opportunity to become more knowledgeable about their patients’ care and to extend their role as patient advocates. The barriers were knowledge gaps and workflow challenges.

Carter said the study findings suggest that nurses need leadership support and interprofessional champions and engagement, clearly defined roles and responsibilities, and integration of antibiotic stewardship tasks into current workflows.

The next steps include developing nurse-tailored antibiotic stewardship education tools, and evaluating how effective the tools are.

Following a gut instinct doesn’t always lead to the best outcomes. Or maybe it does, “but we don’t know unless we evaluate,” said Asra Salim, MPH, CIC, CPH. Salim presented a session Thursday on Mapping Your Way to Success: Program Evaluation for the Infection Preventionist.

Salim used the example of the D.A.R.E. program, a ubiquitous plan to keep kids off drugs that was prominent in the 1980s and 1990s. “Although it was a very popular program, year after year, an evaluation showed it was ineffective in reducing drug use among kids,” she said. “In fact, there were multiple evaluations that showed that kids who went through the D.A.R.E. program were more likely to use drugs and alcohol.”

If the evaluations showed the program to be ineffective, why did it continue? “Popular opinion is really strong. Parents liked it, teachers liked it. Politicians liked that parents and teachers liked it. People believe that it worked because they liked it.”

The same might be true of some healthcare programs. But infection preventionists (IPs) won’t know unless they ask the questions—and look at the results.

There are programs that we started a long time ago, or maybe when the reins were handed to you, you were told, “We do X, Y, and Z.” Maybe we do audits to see if staff is following the CLABSI compliance. But does it work? We don’t know,” Salim said.

Performance improvement plans begin with a plan of attack, she said. “We identify a problem. We take actions, and there are outcomes. But we often don’t do this formally.”

Salim recommends a systematic approach that provides a “good understanding of what you are planning to do, what will affect it, and how you’ll measure success.”

She showcased a logic model, which begins with identifying specific, measurable, attainable, relevant, and timely (S.M.A.R.T.) goals.

“Objectives have to be set up in this format so you can evaluate them. When you make general goals, it’s difficult to determine if you achieve what you’re trying to do,” Salim said. “We often self-sabotage by setting goals that aren’t specific or aren’t measurable. We say we want to lose weight. What is that? A pound? 10 pounds? If you don’t define it, you can’t determine whether you met it.”

Once the objectives are in place, inputs must be considered. Those are the resources needed to carry out the plan, Salim said. “These are the ingredients in a recipe. What you do with them will be different depending upon the cook.”

That’s where the outputs come in. Outputs are the activities and who is involved. The outputs are built upon evidence-based findings. Salim cited an example of a hospital hoping to improve the rates of influenza vaccination among staff. Outputs would take into account research that showed how other facilities had successfully done so.

“In the cooking analogy, it’s how you use the ingredients,” she said. “In the right ratio, you might end up with something everyone wants to eat. In the wrong output, it may be something you end up throwing in the trash or feeding to the dog.”

The outputs will flow into outcomes, revealing “what happened when you used this a certain way.” She recommended that outcomes be divided into short-, medium-, and long-term results.

It also is important to take into consideration assumptions and external factors, Salim said. “These are things that also make an impact on our program initiative. Assumptions are the beliefs that we have and influence how we approach projects. External factors may be based on things that have happened in the past, or things that go on in our culture.”

With the logic model in place, it is important to evaluate the project throughout. And, it’s as important to evaluate the process as well as the outcome. “Process measures are the ‘getting there’ part. Outcome measures what happened when we got there,” Salim said.

In evaluating the process, it’s important to consider whether the activities were implemented as intended.

“The intent is to monitor progress and make tweaks and corrections before it’s too late,” she said. The outcome evaluation looks at whether the program worked as planned. “If it works, keep it up. If it doesn’t work, change it up.”
Life Before Antibiotics? The Era May Be Coming Back

Fashion trends come back around. So why not medicine? We are on the cusp of a throwback era that mimics life before antibiotics.

While a good debate may occur over whether some fashion trends need to come around again, returning to an era where antibiotics are practically unavailable—or at least ineffective—will have dire results.

At the Wednesday afternoon session, "Crashing into the Pre-Antibiotic Era, Wava Truscott, PhD, MBA, BS, cited a World Health Organization/Centers for Disease Control and Prevention study that anticipated a staggering number of deaths throughout the world by 2050. In North America, some 371,000 will die each year due to antibiotic-resistant illnesses. In Asia and Africa, those numbers top 4 million on each continent.

“That’s not even looking at new bacteria that is coming,” Truscott said. “Put all that together and we’re coming to a perfect storm, unfortunately.”

That perfect storm has many elements, including a lack of development of new antibiotics. Truscott cited figures that showed in 1980-1984, 16 new antibiotics were introduced. In 2008-2012, there were two.

Compounding that issue: drugs like vancomycin and erythromycin had about 40 years of efficacy before the first cases of resistance appeared. These days, antibiotics may have a year before drug resistance develops.

“If you can imagine, you are now developing a pharmaceutical that will cost between $800 million and $1.7 billion, and it will be good for about a year,” Truscott said. “You can understand why we have less and less of those antibiotics being invented.”

To personalize the numbers, Truscott featured a number of people who had common illnesses, like a cough or strep throat. A drug-resistant bacteria changed their lives dramatically, with some losing all of their limbs. One lost her life. The prime directive of animals is survival, Truscott said. The secondary is for progeny to survive. Bacteria is no different.

Animals in the U.S. consume about twice as many antibiotics as humans, and 97 percent of medicinally important antibiotics are sold over the counter. She cited her work with turkeys, where an entire flock can be wiped out in 72 hours. Still, about one in five resistant infections are caused by resistant bacteria from food and animals, she said.

“It’s a quandary,” she said. “Some antibiotics are important to prevent the rampant loss of food animals. There will be less meat, and more contaminated meat can reach the kitchen. It’s not an easy answer.”

She cited some progress in antibiotic stewardship and patient instructions. In the perfect drug-resistant environment, in seven hours, a surviving pathogen can produce more than 2 million bacteria. She looked at the ESKAPE pathogens (Enterococcus faecium, Staphylococcus aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa, and Enterobacter species), which the CDC says “represent the new pathogen. They have not only the antibiotic resistance, but new aggressiveness. That’s important.”

There are many reasons for the rise in antibiotic resistance, including overprescriptions and the patient not following the instructions. Lapses in infection prevention processes and poor hygiene also compound the issue. Overuse of antibiotics in livestock and aquaculture, and the rise of fertilizers are equally problematic, she said.

“With my local chapter emails and I attend local chapter events. The daily message board, too, to see what other people are doing.”

Question of the Day
How do you stay connected to APIC throughout the year?

“I go to the website quite frequently. I send emails to the listserve and read as much as I can.”

Mercille Locke
NorthBay Healthcare
Fairfield, California

“I’m very involved at the local chapter level. The meetings provide a great way to network.”

William Hepler
Flagler Hospital
St. Augustine, Florida

“I do lots of networking at the local chapter. Sometimes we feel like we’re out there all alone, but find that everyone else in the state and the country is dealing with the same things.”

Renata Snyder
Willis-Knighton Bossier Health Center
Bossier, Louisiana

“I do follow APIC on Facebook and Twitter and I attend our local chapter meetings. So we have the social media and then in person.”

Johnathan Teter
Tampa General Hospital
Tampa, Florida

“If you can imagine, you are now developing a pharmaceutical that will cost between $800 million and $1.7 billion, and it will be good for about a year. You can understand why we have less and less of those antibiotics being invented.”

– Wava Truscott

The FDA and the CDC are working together on the GAIN Act, which would put new antibiotics for specific infections on a nine-month fast track. The plan also would extend the patent by five years. GAIN covers drugs designed to treat 21 multi-antibiotic drug-resistant bacteria.

It’s not just new drugs; modifications to current antibiotics also are being explored. Faster identification of bacteria is also needed; the FDA has recently approved a faster testing method for sepsis. Phage therapy, a method that was shelved when antibiotics were first introduced, is getting a new look.

“With man is faced with bad situations, they become inventive,” Truscott said.

She closed with a picture of a sun over a tree. “Is the sun setting as we face these austere CDC and WHO predictions? Or is it dawning on a new age of innovation? I think that depends on the perspective.”

Sanjay Saint, MD, MPH
BOOK SIGNING

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APIC 2017 Closing Plenary Speaker,
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Today, from 4-6 p.m., hear
Saint’s closing plenary speech on
engaging and motivating healthcare personnel by
fostering mission-driven impact.
Hot Topics
« « From Page A-1

the last decade,” he said, citing studies that showed C. diff continued to be an issue for days and weeks after diarrhea ceased. One study cited showed prolonged C. diff shedding for up to a month of completing treatment. Another showed the issue of “healthcare worker hands as potential vectors,” he said.

Polgreen served as the counterpoint, starting initially with agreement. “I do not want to dispute the fact that asymptomatic colonization exists and shedding occurs. But we really don’t know what that means.”

He pointed to one study that “changed the way I think.” It found that almost half of the cases of C. diff were not related. “If almost half the cases are unrelated, there’s not as much person-to-person spread as we thought,” Polgreen said.

But he was willing to compromise on one point. “There are cases where you could argue that maybe it’s worth doing. Those cases would be when there’s an outbreak.”

After the point/counterpoint, the poll was taken again; 62 percent said that the end of diarrhea was the logical place to stop.

CHG Bathing
The debate over chlorhexidine gluconate (CHG) bathing was equally provocative. Barbara DeBaun, MSN, RN, CIC, Polgreen served as the counterpoint, and Russell Olmsted, MPH, CIC, FAPIC, director of infection prevention and control at Trinity Health, took on the issue of whether all patients should be bathed with CHG.

As with the previous discussion, a poll gauged participants’ thoughts before and after the debate. Prior to the discussion, 70 percent felt CHG bathing did not need to be conducted house-wide.

Olmsted had a number of research studies to support his point, claiming “eight of nine studies between 2012 and 2016 showed that CHG does lower the prevalence of HAIs caused by MRDQs.” He also cited three studies from 2016 and 2017 that showed improvements with MRSA rates when CHG bathing was implemented.

DeBaun noted that there are some applications where CHG clearly works. But a one-size-fits-all isn’t best. “What do we know about the top layer of skin? We know it protects from water loss. We know as we age, it dynamically changes. Things that we do to the skin impact it dramatically.”

She pointed that antibiotics aren’t the only things that need to be stewarded. “Why would we want to use something for everybody? We did that for antibiotics and we’re in a world of mess now.”

After that discussion, the number of those saying that house-wide bathing was not appropriate jumped to 93 percent.

Barbara DeBaun debates the con side of CHG bathing during point/counterpoint on Thursday.

APIC Live Schedule for Friday
A PIC Live located in the center of Exhibit Hall C, is the place to relax, network with other APIC members, sign the Signature Wall, and take a selfie against the Portland backdrop! APIC Live is. Don’t miss today’s events:

- 10:30–11 a.m.: Come and network with fellow infection preventionists!
- 11 a.m.–12 p.m.: Join Pamela Falk, BSMT, MPH, CIC, FSHEA, FAPIC, for a Jeopardy-style, APIC Live Game Show – Battle of IPs!
- 12–1 p.m.: Portland favorite Deschutes Brewery will be hosting a beer tasting.

Collaboration
« « From Page A-3
recognizes the importance of this certification. It recognizes it’s valuable to all of our team, not just the clinical staff,” she said. “We believe the public health staff becomes more credible infection-prevention resources after they’re certified.”

Three LAC DOH epidemiologists and three public health nurses are CIC certified, and three other staff are currently studying for the exam.

Another initiative the two groups have worked on is breaking down the silos between different types of care facilities when it comes to preventing multidrug-resistant organisms. Together, they developed an inter-facility transfer form to foster and improve communication about MDROs during the transfer of care.

“We took the CDC form and changed it to meet everyone’s needs, including acute and long-term care, first responders, and ambulance companies,” said Angela Vassallo, MPH, MS, CIC, FAPIC. “Not all of us speak the same language when it comes to isolation and acronyms, so we needed to accommodate that.”

The LA public health-APIC collaboration has been so successful, it’s now expanded to Orange County. The panelists urged APIC chapters in other states to interact with their county public health departments as well.

“We encourage all of you to see how you can reach across the aisle,” Virgallito said.

By establishing these relationships, we can do great things for our patients.”

Closing
« « From Page A-1
Michigan Patient Safety Enhancement Program, and the chief of medicine at the VA Ann Arbor Healthcare System. Dr. Saint was the recipient of APIC’s Distinguished Scientist award at APIC 2015 in Nashville, TN, where he presented an excerpt from his TEDxUoM talk entitled “Improving Healthcare: Straight from the Heart.”

Dr. Saint will be discussing how motivating people depends on their own intrinsic characteristics and also the characteristics of their generation. He will touch upon some of the generational characteristics of millennials compared with others, and also how to motivate people and change behavior. That includes things like motivational interviewing, as well as using the various senses to guide behavior – so that the right thing to do is the easier thing to do. Mission can be that of the organization or the unit that you are a part of, but it could also be your own personal mission or purpose in healthcare and as an IP. Dr. Saint’s plenary session will end with a discussion of mindfulness and how IPs and other healthcare workers can apply mindfulness to not only improve the care that they provide, but also to improve their own well-being.

Thank you for joining us.
Can’t wait to see you next year!

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**IN THIS SECTION**

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  - B-5
- **New Product Showcase**
  - B-7

**TAKE NOTE**

**Membership Offer**

Not yet an APIC member or need to renew an existing membership? If you join or renew while onsite at the 2017 Annual Conference, you will receive all the benefits of APIC membership for the discounted price of $159!

Signing up or renewing is easy. Stop by APIC Central for details. This offer expires at the end of the conference, so don’t wait.

To learn more about how APIC membership can help you and your facility excel at infection prevention, visit www.apic.org/Membership.

**Don’t Forget to Pick Up Your Conference Proceedings**

Please stop by the Medtronic Booth #836 in the Exhibit Hall to pick up complimentary copies of the APIC 2017 Conference Proceedings. The complimentary copy of the standard APIC 2017 Conference Proceedings includes all applicable educational sessions in webinar format.

**APIC Academy**

APIC’s Infection Prevention Academy is the perfect complement to annual conference, offering comprehensive, interactive hands-on training from the experts that is designed to help you excel as an infection preventionist. You will also benefit from professional networking with hundreds of attendees, and have the opportunity to meet with select industry leaders in the exhibit hall. Plan now to attend and save the dates of October 2-8, 2018. Pick up a brochure at APIC Central or the APIC store.

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Requirements to receive CE contact hours:

2. Complete the overall conference evaluation and individual session evaluations for each session you attended.
3. Download your certificate and VOA transcript once complete.

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**Online Information**

**Cooler Devices**

**Infection Prevention Advocacy Challenge: How is Your State Doing?**

Last month, APIC kicked off its annual Infection Prevention Advocacy (IPA) Challenge. The IPA Challenge has proven to be a great way for APIC Chapters to activate their grassroots networks and provide policymakers with important background on infection prevention issues. Through the IPA challenge and the leadership of Chapter Legislative Representatives, more than 4,500 APIC members sent 13,000 communications to their legislators!

States are automatically enrolled to participate and are ranked on the percentage of their membership who contact members of Congress. For the last two years, Maine has been the leading state with more than 65 percent of their members participating. As of June 1, the state winning this competition is Maine with 51 percent of its members participating. Could this be the year another state steps up?

APIC members can easily participate in the IPA Challenge; all they need is a few moments and an internet ready device (laptop, cell phone, desktop, etc.) to send a pre-written message to their congressional delegation. Messages cover a range of topics, including protecting the Prevention and Public Health Fund, Fiscal Year 2018 appropriations, and an email to simply introduce infection prevention to lawmakers and their staff.

Members interested in helping their state compete with Maine or promoting key infection prevention programs simply need to visit http://www.apic.org/Advocacy/Government-Affairs-and-Advocacy.

**Heater-Cooler Devices Used in Open Heart Surgery May Be Contaminated with Deadly Bacteria**

Thirty-three of 89 (37%) heater-cooler units assessed between July 2015 and December 2016 tested positive for M. chimaera, a bacterium associated with fatal infections in open-heart surgery patients, according to new research presented at the 44th APIC Annual Conference.

Heater-cooler units (HCUs) control the temperature of a patient’s blood and organs during heart bypass surgery. The FDA and CDC have issued safety warnings that a heater-cooler unit may be contaminated with deadly bacteria if not properly maintained.

Researchers assessed devices already in use for the presence of non-tuberculous mycobacteria (NTM) colonization (primarily M. chimaera) in HCUs before and after decontamination. A total of 653 water samples from 89 units were tested. Samples were received from 23 hospitals in 14 states, the District of Columbia, and Canada. Thirty-three of the units (37%) tested positive for M. chimaera, while four units were colonized with Legionella. Researchers were surprised at how contaminated the units were, with 97 cultures deemed uninterpretable due to high levels of bacterial and fungal contamination. Multiple other strains of mycobacteria were also detected in many of the units.

“Our results showed M. chimaera in 37% of units tested and is consistent with previous findings. The extent of contamination from such a rare organism in multiple units from all over the country was surprising,” said Rihs. “Some devices remained positive for M. chimaera for months, indicating that disinfection can be difficult and routine testing is advisable. Beyond M. chimaera we found other NTM species, Legionella, and fungi, indicating these units are capable of supporting a diverse microbial population.”

HCUs have water tanks that provide temperature-controlled water during surgery through closed circuits. The water in the instrument does not come into direct contact with the patient. However, the water can aerosolize, and if contaminated, transmit bacteria through the air into the environment, and to the patient.

“These results highlight the importance of monitoring the decontamination and maintenance schedules of these devices to minimize the risk of patient harm,” said Linda Greene, RN, MPS, CIC, FAPIC, 2017 APIC president. “Hospitals must follow the cleaning and disinfection instructions provided in the manufacturer’s
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Congratulations to the 2017 APIC Fellows

The APIC Fellows Program recognizes exemplary APIC members with status as a Fellow of the Association for Professionals in Infection Control and Epidemiology (APIC). Fellow of APIC status is a distinction of honor for infection preventionists who are not only advanced practitioners of infection prevention practice, but also leaders within the field. Congratulations to the 2017 APIC Fellows.

Learn more: www.apic.org/fellows.
Meet the 2017 Heroes of Infection Prevention

APIC will recognize the 2017 Heroes of Infection Prevention during the Closing Plenary. Visit the Heroes of Infection Prevention web page, www.apic.org/About-APIC/Awards/Heroes, to read profiles and inspirational stories from each of the heroes. Also, be on the lookout for dedicated articles highlighting 2017 heroes in upcoming issues of Prevention Strategist.

Dignity Health
San Francisco, California

Creating a foundation to support infection prevention excellence

The Dignity Health Infection Prevention team has systematically built an infection prevention and control (IPC) structure that supports infection prevention programs and improved patient outcomes in 39 facilities across three states. Despite differences in geography, culture, and professional experience levels across their facilities, the team has successfully standardized critical infection prevention processes and systems, enabling Dignity Health to achieve key CMS goals and internal infection-reduction targets.

The team started by providing policy templates to their local facilities, and progressed to evidence-based policies that each facility is mandated to adopt. “We made a big push when we realized our facilities were asking for policy and procedure guidance,” Marcy Maxwell said. The team also created an infection prevention council to develop outcomes-driven action plans that supported policy implementation. “We tried to develop specific plans that everyone could implement at the same time and that could be measured continuously,” said Julie Wardinsky.

Participation in the CMS Partnership for Patients Hospital Engagement Networks (HEN) has given the Dignity Health team additional support, motivation, and resources. To audit and coordinate the HEN initiatives, the team successfully introduced “MeasureVentionists” – specially trained nurses who provide peer-to-peer bedside coaching. Working together, MeasureVentionists and Dignity Health infection preventionists reduced the system’s CAUTI and CLABSI rates by 40 percent.

The HEN contract also gave the Dignity Health infection prevention team time for facility visits to focus on implementation of current initiatives. “You can’t help change things if you don’t understand the local culture and challenges,” said Wendy Kaler. “On-site visits also made our local IPC staff feel supported.”

While the system-wide foundation that the Dignity Health Infection Prevention team created has many components, Roy Boukidjian can succinctly summarize the key to their success: “Mutual respect is really how you make this happen.”

Get the Training You Need to Put What You Learned into Practice

An immersion course that covers what novice infection preventionists (IPs) need to know in just four days, APIC offers EPI Intensive in multiple cities to minimize travel expenses. Learn how to develop an effective infection prevention program to protect patients, and comply with accrediting and regulatory requirements through evidenced-based best practices that reduce risk.

The course introduces the various roles and responsibilities of the IP. Areas of emphasis include how to prepare surveillance and risk assessment plans, regulatory compliance, and preventing transmission of infectious diseases.

Experienced CIC® faculty teach complex concepts in everyday language, facilitate small group activities, and lead Q&A sessions in an interactive and supportive learning environment.

Four classes remain in 2017: Albany, NY; Milwaukee, WI; Laie, HI; and Raleigh, NC.

Enrollment for each class is limited in order to enhance learning and networking. Register early to reserve a spot and save $150! These courses often sell out. Visit www.apic.org/EPI_Intensive for more information.

Angela Rupp, MT, MS, CIC, FAPIC
Angela Rupp, MT, MS, CIC, FAPIC Ann & Robert H. Lurie Children’s Hospital of Chicago Chicago, Illinois
Elaine Whaley, MSN, RN, CIC, CPHQ Texas Children’s Hospital Houston, Texas

Collaborating to connect dots and save lives

In February 2016, Elaine Whaley’s Texas-based pediatric hospital identified a cluster of B. cepacia among their pediatric non-cystic fibrosis (CF) patients. Just a few weeks later, Angela Rupp’s Chicago-based pediatric facility also identified a B. cepacia cluster. Both professionals sent B. cepacia isolates to the Cystic Fibrosis Foundation Research Laboratory (the national repository for these isolates) for verification and genotyping, and the laboratory responded with two valuable pieces of information: the isolate was not the same B. cepacia organism previously seen in either hospital’s patients, and there was another hospital in the country battling the same organism. Due to confidentiality, however, the Foundation could not disclose facility names.

Fortunately, Whaley and Rupp had connected years before through the Children’s Hospital Association (CHA) infection prevention directors’ forum, and worked together during the Ebola crisis. When Whaley learned that the second B. cepacia cluster was in Chicago, she contacted Rupp to determine if – by chance – it was her facility. The two professionals then combined their data, analysis and research efforts. “Knowing each other let us focus our efforts much more quickly,” Rupp said. They also continued leveraging their professional relationships, alerting CHA infection prevention listserv colleagues to the outbreak and subsequently identifying additional B. cepacia clusters.

By comparing same or similar supplies and medications used at their facilities, along with some “pretty slick” analysis, Whaley and Rupp quickly and efficiently identified a common, contaminated product. “We made the internal decision to stop using this medication immediately,” said Rupp. Whaley and Rupp’s findings subsequently resulted in an FDA recall, preventing countless cases of infection.

“I can’t stress enough the importance of professional relationships,” Whaley said. “It’s much easier to pick up the phone and ask a colleague about an outbreak when you’ve developed these relationships over time.”
Introducing the APIC® Program of Distinction, Designation of Excellence in Infection Prevention and Control

In September 2016, the APIC Board of Directors approved the launch of an exciting, landmark program for APIC with the potential to dramatically impact the field of infection prevention and control. The APIC® Program of Distinction, which launched at the 2017 APIC Annual Conference, is a recognition program that awards a designation of excellence to acute care facilities for infection prevention and control (IPC) programs that meet a set of high-level standards established by APIC. Over the past two years, the evaluation criteria and program structure were developed and vetted by seasoned infection preventionists (IPs), including several past presidents of APIC. Similar to the Magnet Recognition Program® and the Beacon Award for Excellence, the APIC® Program of Distinction is positioned to be the highest level of recognition for IPC Programs granted by APIC, the leading association for infection preventionists in the country.

Facilities that earn the APIC® Program of Distinction designation will receive a hard copy award for their facility’s “recognition wall,” and a digital logo for marketing purposes. APIC will also recognize award winners with communications to state health departments, relevant government agencies, and accreditation organizations, such as The Joint Commission and DNV GL - Healthcare.

Interested facilities can complete an application, available on the APIC Consulting Services website: www.apicconsulting.com. Facilities passing the application phase will move to an onsite assessment with CIC®-certified consultants. During the onsite assessment, the consultants will offer training on best practices to the IPC staff in real time. Final determination for the award will be made after the onsite assessment by a separate team of CIC®-certified IPs. If a facility does not pass the onsite evaluation, a list of identified deficiencies and recommendations is provided. The recognition award is current for a period of three years.

The Fall 2017 issue of Prevention Strategist will include more detailed information about the APIC® Program of Distinction. For additional information, please contact Leslie Kretzau, executive director of APIC Consulting Services, at Leslie.Kretzau@apic.org.

Cooler Devices

“If you’re not wearing them, how can they be missed or delayed, sometimes for years, that can often take months to emerge. As a result, diagnosis of these infections can be missed or delayed, sometimes for years, making these infections more difficult to treat.”

- John Rihs, BS

Microbe quiz

Who am I?

Hints:
- I am an infection of the lungs.
- I cause high fevers, shaking chills, and flu-like illness.
- I am mostly found in sub-Saharan Africa and South Asia.

Who am I?

Hints:
- I am a mosquito-borne illness.
- I can be prevented with a vaccination.

Visit the APIC Store for the answers to today’s microbe quiz and to “meet” other microbes available for purchase.
How do you stay involved and maintain your enthusiasm after the conference ends?

I have five things you can do to stay involved and maintain your enthusiasm after the conference ends.

1. You attended this conference and learned all of this information. It is your responsibility to share this knowledge with your local chapter and your facility. Go through conference proceedings, watch sessions that you have missed, and re-watch sessions you attended to maximize your conference experience.

   When I started in infection control, we didn’t have anyone to say “this is what you need to do in infection control.” It is crucial for the future of this association and the profession that we share everything learned in infection control. It is important to spread knowledge, not diseases.

2. Write thank-you letters to your administrators. Thank them for letting you attend the conference. I picked a few quotes from speakers and sessions I attended covering different topics relevant to my facility. This demonstrated the knowledge I had gained at the conference. It can also be utilized as a request to go for the following year.

3. Join a local chapter (if you already do not belong to one). Participating in local chapters will keep you connected with APIC throughout the year.

4. Connect on social media with APIC and other members you met at the conference. Keep the dialogue going all year long.

5. Plan to attend APIC 2018. See you in Minneapolis!

Love and hugs,
Jean

Infection prevention word jumble

Unscramble the letters to form important words in fighting infections, or things that you hear about when talking about infections. Then use the letters in the shaded areas to find the most important way to fight infection.

Download more games, puzzles, and resources to share with your colleagues during International Infection Prevention Week, October 15-21, 2017. Visit www.apic.org/infectionpreventionandyou for more resources to promote the importance of infection prevention.
NEW PRODUCT SHOWCASE

**ALTAPURE.**

**Altapure** Booth #1451
www.altapure.com

Don’t just reduce Bioburden, Eliminate IT!

**CHOOSE ALTAPURE**

Altapure disinfects the entire space; uv-c cannot
Altapure kills 100% of C. Auris, MRSA, C. difficile, VRE and CRE; uv-c cannot
Altapure meets the EPA performance definition for disinfection; uv-c does not
Altapure disinfects patient monitoring equipment; uv-c cannot
Altapure meets OSHA standard; uv-c does not
Altapure has no shadowing; uv-c does not

To be sure, request that your facility is being Altapured; patient & staff safety gives pure peace of mind.

**aqua-tools**

**Booth #561**
contact@aquatoools.com

FILT RAY 2G Point-of-Use filters for quick legionella & pseudomonas control.

Preventing exposure to legionella and waterborne bacteria

Disposable water filter - Newly developed Extended life from 31 days to 4 months

Can be used proactively in areas with high-risk patients and residents.

Evaluation of the efficacy of filters was conducted by Special Pathogens Laboratory, The Legionella Experts*.

**B&B Medical Products**

**Booth #478**
bbmedicalproducts.com

The STETHOSCOPE GUARD is the first and currently only reliable, affordable, and easily dispensable product to effectively protect against the transmission of pathogens caused by use of stethoscopes in medical settings, including infections caused by multi-drug resistant organisms and C. difficile. Current alternatives have had little success in eliminating the spread of such dangers. This includes cleaning techniques which has only 16% compliance.

Disposable stethoscopes are expensive, dirty and offer very low quality physical exam. Moreover, presently marketed protective covers are cumbersome, impractical, and not suited for the dynamic room-to-room routine.

**Calzuro.com**

**Booth #260**
www.calzuro.com

Prevent contamination today with Calzuro. The Italian footwear can be sterilized in the autoclave, machine washed or bleached. Calzuro has a slip resistant sole and is anti-static. Side ventilation allows feet to breathe, and the contour of the shoe is designed to deter liquids from contaminating feet. The 1.5” heel is recommended by podiatrists to reduce fatigue. There are two accessories for Calzuro: The Heel Strap and Comfort Insole. The heel strap aids as a secure back, keeping feet in place, avoiding sliding from front to back. The Comfort Insoles can be washed and sterilized.

**Medical Action Industries**

**Booth #657**
medical-action.com

Clear sequence is a unique system designed by Medical Action Industries. Upon opening the wrap, the components are displayed in order, from left to right according to protocol. This helps clinicians follow procedures which improves the standard of care, reduces the risk of infection and improves patient outcomes. The all in one total solution reduces waste and is clinically preferred. MAI offers several standard options as well as the ability to customize to your facilities specifications. Call your MAI representative today for a quote!

**PDI**

**Booth #917**
www.pdihc.com

Introducing Sani-Cloth Prime™ Germicidal disinfectant wipe powered by ACCELOQUATTM.

ACCELOQUATTM is a compatible next generation proprietary blend of quaternary ammonium, isopropyl alcohol, and ethanol.

This unique combination delivers SPEED-a true 1 minute bactericidal, fungicidal, virucidal, and tuberculo-cidal- and the POWER to destroy 54 microorganisms, including 17 multi-drug resistant organisms like MRSA, CRE, and VRE.

Experience the SPEED and POWER of Sani-Cloth Prime™ at booth 917

**Sealed Air Diversey Care**

**Booth #637**
sdhc.com/solutions/products/cleanpatch

CleanPatch™ is an FDA-registered Class 1 medical device surface repair system for hospital beds and stretchers that restores damaged mattresses to an intact and hygienic state. It is estimated that 26% of the mattresses in healthcare settings have issues with cracking, wear, or punctures and tears. Many of these issues can be repaired with CleanPatch, immediately mitigating the risk of liquid ingress into mattress pads which could later expose the patient to harmful pathogens or lead to patient dissatisfaction. CleanPatch can be used to repair over 90% of common cuts and tears at a fraction of the cost of a new asset, helping healthcare facilities save money and reduce waste.
Sealed Air Diversey Care Booth #637
sdhc.com/solutions/products/uv-disinfection

Moonbeam3®, a new angle in UVC disinfection, killing pathogens on high-touch surfaces in patient rooms, operating rooms, and bathrooms. Designed to be used in conjunction with manual cleaning and disinfection, the system has been validated in safety mechanisms, is highly portable and uses three individually adjustable arms to target the UV dose, quickly disinfecting patient care furniture, fixtures, and non-critical equipment, such as commodes, work stations, monitors and more. With an affordable purchase price, and low operating costs, MoonBeam3 provides added assurance to reduce patient risk. With cycle times as low as 3 minutes, MoonBeam3 has demonstrated 3 to 5-log reductions in harmful pathogens such as MRSA, VRE, and C. diff spores.

Sealed Air Diversey Care Booth #637
sdhc.com/solutions/products/disinfectants/

Speed up room turnover and daily cleaning with Oxivir® Wipes, powered by Accelerated Hydrogen Peroxide® (AHP) technology. Oxivir wipes are effective against a broad spectrum of bacteria, enveloped and non-enveloped viruses, TB and fungi in one minute or less. They lead Diversey’s lineup of fast, effective, responsible and sustainable disinfectant solutions with disinfectant claims against 75+ key pathogens. Like other members of the Oxivir family, Oxivir 1 is non-irritating to skin and eyes, and carries the best possible safety rating. The one-step solution, designed for use in healthcare environments, is tough enough to clean and disinfect surfaces and equipment in one pass while being gentle on staff and surfaces.

NEW PRODUCT SHOWCASE

Sealed Air Diversey Care Booth #637
sdhc.com/solutions/products/uv-disinfection

Diversey offers SKY® 7Xi, a mobile device disinfection solution for healthcare environments. In less than a minute, SKY safely disinfects tablets, phones and other mobile devices with high-intensity ultraviolet (UV) light.

Research has demonstrated that mobile devices are frequently contaminated and may contribute to hand contamination.

SKY provides a solution that is safe for devices and easy to use. It enables fast and effective disinfection of patient, staff and visitor handheld devices, allowing organizations to create safer and more satisfying environments of care.

The SKY 7Xi disinfects devices with targeted UV light, achieving up to a 5-log reduction in harmful pathogens including MRSA, VRE, and C. diff spores.

Exhibitor News

Visit GOJO and Receive $500 Discount for Electronic Direct Observation System

Are you still using pen and paper to collect hand hygiene observations? Let technology get the job done easier and more efficiently with the GOJO SMARTLINK™ Observation System.

The Observation System consists of a mobile application that is customizable and easy for any staff member to use. While staff members quickly capture hand hygiene observations, Infection Preventionists and Managers can get immediate results correlated into useful observations. Infection Preventionists and Managers can use the observation system to get the job done easier and more efficiently.

GOJO SMARTLINK™ Service Alerts provide a facility’s cleaning staff with real-time monitoring of GOJO dispensers to predict refilling, battery life and dispenser status. The use of predictive analytics helps to ensure hand soap and hand sanitizer are always available for critical hand hygiene events in a healthcare facility.

Visit GOJO today at booth #826 for your free $500 off voucher, and sign up for a free 90-day trial!

New Dispenser Monitoring Platform Uses Predictive Technology to Alert Facility Staff When Soap and Sanitizer Dispensers Are Low

GOJO SMARTLINK™ Service Alerts provide a facility’s cleaning staff with real-time monitoring of GOJO dispensers to predict refilling, battery life and dispenser status. The use of predictive analytics helps to ensure hand soap and hand sanitizer are always available for critical hand hygiene events in a healthcare facility.

Visit GOJO today at booth #826 for a demo!

Diversey Care Rolls Out SKY® 7Xi, a Mobile Device Disinfection Solution

SKY® 7Xi is a mobile device disinfection solution for healthcare environments. In one minute or less, SKY safely disinfects tablets, smartphones and telephones with high-intensity ultraviolet (UV) light that penetrates the cells of pathogens such as viruses, bacteria and spores.

Phones and tablets, which are being used with increased frequency within healthcare facilities, are extremely high-touch surfaces and potential sources of healthcare associated infections. SKY is portable and easy to use, enabling fast and effective disinfection of facility-owned, healthcare worker and visitor devices and allowing organizations to create safer and more satisfying environments of care.

Although all advertising material is expected to conform to ethical (medical) standards, inclusion in APIC’s publication does not constitute a guarantee or endorsement of the quality or value of such product or of the claims made of it by its manufacturer.

Sign the Sage Products Donation Wall and Pick Up Your Free Educational Flash Drive

Infection prevention starts with you! Sign the Sage Products donation wall at Booth #1345 and Sage will donate $1 to the APIC Research Fund for HAI Prevention. Posting a selfie next to your signature, hash-tagging #SageSupportsAPIC and following Sage products on social media will enter you for a chance to win free registration to next year’s conference.

Sage will also be giving away free flash drive drops of up to $11,485 in visitors.

PDI Healthcare Introduces Newest Product, Featuring Proprietary ACCELOQUAT™ Technology

In exhibitor booth #917, PDI will showcase Sani-Cloth® Prime Germicidal Disposable Wipe and Sani-Prime™ Germicidal Spray, which are powered by ACCELOQUAT™ technology, a compatible next-generation formulation featuring a proprietary blend of quaternary ammonium, isopropyl alcohol, and ethanol.

And, on June 16, Join Emily Sickbert-Bennett, PhD, MS, CIC, Director, Hospital Epidemiology & Occupational Health Services from 12:15 to 12:45 p.m. (in the Hand Hygiene Compliance Demonstration Area) to learn innovative strategies to improve and sustain hand hygiene compliance among healthcare personnel.

Free Webinar Series Focuses on the Path to Sterile Endoscopy

Achieving sterile endoscopy is a challenge and Cogentix Medical would like to support your path to sterile endoscopy with a free webinar series. Presented by Jude Bringhamurst, infection preventionist and safety officer for the University of North Carolina Hospitals in Chapel Hill in North Carolina, the series will cover topics such as the complexities of high level disinfection, sterilization, decontamination, and the importance of education and training.

“As an Infection Preventionist who is responsible for the safety of my patients in more than 20 distinct endoscopy locations, I am intimately aware of many of the challenges infection preventionists face,” said Bringhamurst. “I am pleased to have the opportunity to share our experience with my peers and discuss possible solutions to high-level disinfection challenges such as the EndoSheath Protective Barrier.”

To learn more about upcoming and on-demand webinars or to attend the EndoSheath Protective Barrier webinar, visit cognetixmedical.com/webinar or stop by Booth #1317.