

**Interview between Mrs. Dash & Mrs. Sakamoto on January 28<sup>th</sup> 2009  
(transcribed on February 6<sup>th</sup> 2009)**



**G:** I'm so pleased to be here in Tokyo visiting you again. I think we haven't seen each other since 2003 when you gave that terrific presentation at APIC. It was so well received, about infection control in Japan. It was a packed audience and really wonderfully received, and I remember that you won a blue ribbon for your another presentation. \*It was excellent. Well, I'm glad to be here with you, and talking about infection control again.

\* Cost-Effectiveness of Safety Devices in Preventing Hepatitis C Infection due to Percutaneous Injuries in Japanese Healthcare Workers - A Markov Model Analysis, F Numaguchi Sakamoto, T Morimoto, T Shimbo (Abstract ID 22260)

**S:1:15** Nice to meet you again. How has infection control changed in the United States?



**G:1:26:** I would say in the past five years, it's changed a good deal because the consciousness about infection control has been raised—not only in the regulatory agencies, but also in the public as well. The majority of states in the United States now have public reporting of hospital associated infections, so it really has raised the awareness of prevention measures and there's a lot of interest and concern now for hospital associated infections. And so there's a lot of support as well for infection prevention.

**2:12** APIC has actually changed the name of our profession. We used to be called infection control professionals, and we've now moved to being called infection preventionists because we're really more about, and have always been about, infection prevention as opposed to simply infection control. There are many people coming into our field—not just nurses—medical technologists, people who are prepared in public health, and so this name, infection preventionists, really best describes what we do.

**3:03** There are a couple of questions I'd like to ask you. How long have you been in infection control?

**K:** I've been in infection control for about 12 years now.

**G:** How did you first come into the field?

**K:** 3:19 I was a student in public health in the US, and that's when I met the infectious disease physician who works here, and he told me "I'm coming back to work at St. Luke's Hospital in Tokyo, and when you graduate why don't you come back and work with me?" And that's the first time I knew there was a field called infection control; I really didn't know anything about infection control at that time. Then I went back to Tokyo and started working at this hospital. That's when I really started from zero. I started doing surveillance, education...

**G:** 4:49 I see, that's very interesting

**K:** I began as a full time infection preventionist six years ago.

**BREAK**

**G:** 5:39 So you've been working in the field for 12 years altogether, and 6 years full time at St. Lukes. What has motivated you to continue in these six years in infection prevention and control?

**K:** 6:00 I've stayed in this field because it is a pleasure for me to be able to support staff & patients when they come to me to ask questions about infection prevention

**G:** 6:24 I noticed that because I noticed your beeper going off a lot and it is obvious that you're a real resource for staff. I listened when the physicians were calling you about isolating a patient and they really rely upon you to provide them with information ?

**K:** 6:38 It is a real motivation for me to see their faces and hear their voices when I provide them with the choices they can choose from... it makes them happy and that's a great motivation. And there's one other thing, when I do surveillance and I see the numbers going down, that is a motivation for me to continue. Maybe I can lower the numbers a little bit more next year. It keeps me going.

**G:** 7:17 I agree with you. I think one of the greatest motivations for me was at one point I was sitting in my office and I was actually calculating the number of infections—it was central line associated bloodstream infections—that we had had the previous year in our intensive care unit, and then I calculated how many we would expect to see had we not intervened with evidence-based practices, and I saw that our rate went down, so we had far fewer than we would have expected to see. Then I also calculated, given the mortality rate, how many lives were saved, and how many dollars were saved, but it was the lives saved that were most important. I was sitting alone in the office after I finished that calculation, and it really meant something to me because so often we're working on our own, so we don't always have the positive feedback from patients or from families, but when we see something like that that makes an impact across very many patients—it's very heartening. I just felt great when I saw it because I think it's the cooperation between ourselves and the staff members who are at the bedside making it happen. We see the rates coming down, and we can connect that with the lives saved, and to me that's the most important thing. And we'll never know who they are—we'll never see the faces, of the people we helped, but they're there. To me, that makes all of the work worthwhile.

**K:** 9:10 If something bad happens, you can actually see it and experience it, but we can't see what we've prevented unless we show it in numbers.

**G:** 9:24 That's right. That's exactly it. So we have to see the statistics in front of us. We see the numbers, and we see the infection rates trending downwards, and it's a terrific motivator. It's a motivator for the staff. They're thrilled at seeing it as well.

**K:** 9:46 And hospital administrators—they also want to see it.

**G:** 9:48 Yes, and they're interested also to see the dollars that are saved that are important as well. I think we have some of the same motivation. Plus, I think over the years it's such an intellectually interesting field. It's a fascinating field and it's always changing, and that's been a motivation for me.

**K:** 10:15 There are a lot of topics for studying—we can collect data and publish it in papers. There are a lot of topics that you can choose from.

**G:** 10:30: Yes. There are a lot of opportunities for publishing, and there's terrific opportunities for networking with other Infection Preventionists around the globe. Tell me a little bit about the opportunity for networking in Japan.

**K:** 10:42 When I did my presentation in Phoenix in 2003, there were only 100 or so certified infection control nurses, but now there are about 700.

**G:** 11:07 700 ICNs. That's fantastic.

**K:** 11:10 And next year the number will be near 1000. We've created a network of infection control nurses—not necessarily certified, but nurses who are involved in infection control and we have about 600-700 members.

**G:** 11:38 So this has really changed quite a bit since you came into the field.

**K:** 11:43 Yes. The first year that the certification began, there were only 20, and now we have 700.

**G:** 11:52 Is that because there are several different pathways for infection control education and certification in Japan?

**K:** 12:00 There's only one pathway to certification which is administered by the Japanese Nursing Association. Only the nurses who have completed a designated educational program can go on to take the certification exam. I think it is more difficult to become certified in Japan compared to the CIC program.

**G:** 12:20 Yes, because there is not a designated educational program in the US that must be followed prior to sitting the certification examination. There are many different educational and self study options to prepare for certification. APIC, as you know, has many wonderful online educational resources as well as courses that help Infection Preventionists to prepare for certification..

**K:** 12:36 Yes, I took and passed the recertification (CIC) exam last year.(?)

**G:** 12:40 Oh you did. Over the years the certification process has changed substantially in that it's much more readily available for us now we can take our recertification exam by computer, so it's great. We can also choose to take the Self Assessment Recertification Examination (SARE) when we re-certify, The resources are tremendous, and also the knowledge has expanded so much in our field, so there's more to test on as well.

**K:** 13:06 I'm always surprised that there are a lot of questions about bio-terrorism.

**G:** 13:11 That's another area that we've had to become expert about because of the very real threat of bio-terrorism. Infection prevention activities are part of emergency preparedness, and in fact our Joint Commission requires that for accreditation, so we've had to learn a lot about bio-terrorism in a very short period of time.

**K:** 13:48 We have 700 certified nurses and we're building our network, but one thing we have to work hard on is that we have to show our importance because there's very little incentive for hospital administrators to place full-time infection preventionists at each hospital.

**G:** 14:14 Why is that?

**K:** 14:16 It is really not required by any law or I guess not enough financial incentive. The government pays 500 yen per patient if the hospital has one part-time infection preventionist, but he or she doesn't have to be full-time, and 500 yen per patient is not such a great economic incentive for many hospitals.

**G:** 14:53 In fact, it was very much the same way in the United States when infection prevention first started out over 30 years ago. It really was not something that was mandated, but while it certainly is now by the Joint Commission and CMS. I think that as the public becomes more aware, of hospital-associated infection prevention, that it's going to become more important in Japan as well.

**K:** 15:32 I hope so.

**G:** 15:49 APIC has supported that most recently with some very good resources with regard to showing the cost avoidance from surveillance efforts and prevention efforts and that's actually helped many infection preventionists make the case for infection control to hospital administration, so that's been very helpful to us.

**K:** 16:21 My last question is: What is your message for nurses or other workers in infection control in Japan to encourage them to stay in the field?

**G:** 16:43 I think that there are two pieces to the message. First of all, the preparation is extremely important—the preparation through the Japanese Nurses Association, and through other courses they're taking. I think they need to have a solid background in epidemiology, in statistics, and certainly in infection prevention measures and infectious diseases. Then, I think it's very important that they become part of the network that you were speaking of, and that they really have a mentorship program among ICPs who are more experienced, such as yourself, being able to mentor those people who are coming into the field. I really think it is the working together and the networking that is one of the greatest supports. For myself, it's been my local chapter of APIC, and then as I moved into working nationally for APIC, it's been the IPs I've

related to and worked with over the years that have really been the motivation and support for me as well as ongoing education and publication. A firm background and participation in your local chapter and networking is really critical to support the infection preventionists—not just the new infection preventionists, but people working in the field for quite some time.

**K:** 18:46 There are so many infection preventionists who work alone like myself, and there's no mentor within the hospital, so I agree that networking is essential for infection preventionists.

**G:** 19:00 Being a member of APIC has really motivated me, working with excellent infection preventionists, sharing ideas, collaborating on a particular project is very exciting. While it is true that you can feel rather alone because in your role you are in many ways “without a peer” when you become involved in your professional organization and participate in the opportunities for education and collaboration it not only enhances your professional practice but it opens up new horizons

**K:** 19:55 Thank you very much for the wonderful message. It has encouraged me also.

**G:** 20:01. I'm glad to hear that. As our ability to communicate is enhanced by technology the world seems to have become smaller and our ability to share new ideas, to educate and to collaborate across continents has increased I can email you in Japan, and have the answer in moments, It is wonderful because all kinds of possibilities have been opened up for a truly global infection prevention network. It is very exciting to be a part of it and to know that it will only grow and become more dynamic in the future. Infection prevention is a great field and this is a great time to be part of it.