When I read the title of Horowitz's commentary, I was excited and hopeful he would identify some shortcomings of our profession and offer solutions to these issues. On reading the submission, however, I was disappointed. I agree with Horowitz's assertion that states should modify their requirements to better align with the Centers for Disease Control and Prevention's isolation guideline. But, focusing his call to action on a small aspect—the act of placing a patient on transmission-based precautions—of an infection preventionist’s responsibilities is not the most effective use of his argument and influence. There are many opportunities to advance the infection prevention profession and further the work we do to keep patients safe.

In no particular priority order, I would like to offer 4 changes in an infection preventionist’s scope of practice that would allow for more influence and better patient outcomes.

1. All health care workers (HCWs), including physicians, should have an understanding of infectious disease transmission and how to appropriately apply transmission-based precautions.
   a. Infection preventionists should be regarded as the subject matter experts. Education of HCWs should be a major focus of the infection preventionist’s responsibilities. This includes making rounds to build relationships and do just-in-time education.
   b. Allow, and encourage and empower, all HCWs to initiate transmission-based precautions; infection prevention should be consulted to remove and discontinue precautions.
   c. Give infection preventionists the authority to hold HCWs accountable; create and support a culture of safety.
2. Certification of all eligible infection preventionists.
3. Identify alternative resources to perform certain surveillance activities.
   a. Use clinical decision support tools to identify patients most likely to have a health care–associated infection.
   b. Centralize surveillance whenever possible to maximize efficiency and increase reliability of data.
4. Harness the ability of the infection preventionists to influence and lead change.
   a. Partner with performance improvement colleagues to identify opportunities for improvement, develop and implement interventions, and monitor results and sustainability.

As infection prevention continues to gain more visibility, it is critical that our profession adapts and advances. To do so, we need all our infection prevention leaders to come together to advocate for the changes we need.

Reference