

California Survey for Assessment of Infection Prevention Resources in General Acute Care Hospitals

Part I – Infection Prevention (IP) Staffing Per Licensed Acute Care Beds and Weighted Staffing

General demographic

1. Number of licensed acute care beds as documented on the hospital license per IP Department. If multiple campuses are under one or more CMS numbers, what is the aggregate number of beds? _____
2. Total number of patient days from 2014: this should be obtained from running an NHSN LabID summary report rather than the medical records office or the NHSN annual survey.
3. County(s) where facility(s) is/are located: primary facility_____; secondary facility_____ (optional)

If facilities are located in more than two different counties, add names of additional counties to comments section at end of survey.

Per IP Department, select **all** that apply from the below. If the facility is licensed for and has embedded long term acute care or acute rehabilitation units, select those ‘embedded’ categories also. A specialty hospital is defined as one where there is a separate NHSN number and building for one of those types of patients.

	No	Yes
a. general acute care	<input type="checkbox"/>	<input type="checkbox"/>
b. long term acute care (LTAC)*	<input type="checkbox"/>	<input type="checkbox"/>
c. acute rehabilitation (AH)	<input type="checkbox"/>	<input type="checkbox"/>
d. critical access**	<input type="checkbox"/>	<input type="checkbox"/>
e. specialty hospital <e.g., maternity, oncology, pediatric>	<input type="checkbox"/>	<input type="checkbox"/>
f. embedded LTAC	<input type="checkbox"/>	<input type="checkbox"/>
g. embedded acute rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
h. Campuses or clinics more than 15 miles and/or 20 minutes from the IP Department’s primary location	<input type="checkbox"/>	<input type="checkbox"/>

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*LTAC: facility licensed as an acute care facility that accepts patient needing a high level of care (ventilator-dependent, large wound, long term antibiotics) where the minimum stay is between 25 and 99 days. There are 33 LTACH in California. This is not to be confused w/ long term care (skilled nursing facilities.)

**Critical Access: Small, usually rural hospital located a specified distance from the next hospital that is reimbursed at a higher level by CMS to ensure that persons have access to medical care. The number of acute care beds is limited to 25. There are 33 CAH in California. This is not to be confused with offering emergency services.

This survey is asking for the aggregate number of Infection Preventionists for the department. Staff members who provide clerical, data entry, etc. support will be tallied later.

Infection Preventionist staffing separates *full time* equivalent (FTE) and/or *part-time* and/or *per diem*. An FTE IP equals 40 hours/week in Infection Prevention. For IPs working **less than full time** in Infection Prevention, include only equivalents formally allotted to IP *duties regardless of actual IP hours worked*. For example, half time (20 hours/week) would be 0.5 FTE, etc.

4. Total number of full time equivalent and part time IPs in the IP Department _____

5. Answer the following questions. Does the IP Department cover:

	NO	YES └─→	If Yes, how many beds, clinics, offices etc.?
a. ICU beds	<input type="checkbox"/>	<input type="checkbox"/>	
b. General acute care beds	<input type="checkbox"/>	<input type="checkbox"/>	
c. Long term acute care beds (non-ICU)	<input type="checkbox"/>	<input type="checkbox"/>	
d. If LTAC beds are covered, how many Intensive Care Unit/High Observation Unit beds are covered?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Acute rehabilitation beds	<input type="checkbox"/>	<input type="checkbox"/>	
f. Long term care beds (subacute and/or skilled nursing)	<input type="checkbox"/>	<input type="checkbox"/>	
g. Ambulatory clinics either on or apart from the main campus	<input type="checkbox"/>	<input type="checkbox"/>	

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h. Dialysis facility (number of facilities regardless of individual facility size)	<input type="checkbox"/>	<input type="checkbox"/>	
i. Ambulatory surgery Center (number of clinics)	<input type="checkbox"/>	<input type="checkbox"/>	
j. Physicians' Offices (number of offices)	<input type="checkbox"/>	<input type="checkbox"/>	

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Part II – Snapshot of IP Staffing and Scope of IP responsibilities

Further Assessment of IP Time Resources

This section is designed to collect information on each IP who works in the IP department (including departments of one) and capture the average number of extra hours, if any, worked by that IP on a **weekly** basis. One full time equivalent (FTE) means that the IP is allocated 40 hours/week for IC duties. Experience level, CIC information, and time at the facility are also asked for each facility IP. All questions in this survey pertain to the past 12 months. In multi-regional departments, the lead IP, if not assigned to a single facility, should be accounted for with the largest or primary facility.

[Example: if a facility has 1.5 total IP FTEs (e.g., two persons), #1 and #2 would be filled out. If the facility has only one IP responsible for Infection Prevention, employee health, and workers compensation, she/he would fill out the percentage of time in tenths for allotted to *Infection Prevention* or 0.3 if it was 1/3 FTE. If the IP spends more hours than the formally allotted hours, those paid or unpaid hours would be recorded beside “# extra hours worked/week” for each IP. Years of experience and time at the facility should be rounded to the nearest whole number

	Years of experience as an IP	Certified (CIC)	Years at the facility?	Years at facility as an IP?	Formal IP FTE (allocated per budget)	Average # of extra hours worked/ <i>week</i> as an IP
example	→ < 1 yr →	N	6	< 1 yr	0.4	8
IP #1		N Y				
IP #2		N Y				
IP #3		N Y				
IP #4		N Y				
IP #5		N Y				
IP #6		N Y				
IP #7		N Y				
IP #8		N Y				
IP #9		N Y				
IP #10		N Y				
IP #11		N Y				
IP #12		N Y				

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Infection Preventionist Activities

Scoring of activities should always reflect what is *actually* done, not what “*should*” be done by the department.

Within the last 12 months, how frequently has an/the IP performed the following **routine duties**:

	Never	Daily	Weekly	Monthly	Quarterly	Annually
1. IP rounds, including precaution rounds	<input type="checkbox"/>					
2. Infection surveillance including review of laboratory results	<input type="checkbox"/>					
3. Data entry to or download from NHSN or other database	<input type="checkbox"/>					
4. Data analysis	<input type="checkbox"/>					
5. Investigation of outbreaks	<input type="checkbox"/>					
6. Monitoring of environment	<input type="checkbox"/>					
7. Monitoring of dietary services	<input type="checkbox"/>					
8. Formulation of or input into policies and procedures	<input type="checkbox"/>					
9. Implementation (not consultation for) of new policies or programs	<input type="checkbox"/>					
10. At least one facility IP has attended an Infection Prevention course where CEUs are awarded either in person or on line training course for Infection Prevention within the past 12 months	<input type="checkbox"/>					
11. Attends team or committee meetings (e.g., staff or manager meetings, Product Evaluation, etc.)	<input type="checkbox"/>					

If yes to #11 above, estimate the number of different groups per month: _____

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The following questions will assess the IP's responsibilities related to **sustainability** of prevention efforts (degree to which monitoring of specific HAI prevention activities are performed by the IP Department vs. performed by unit or clinical staff). Indicate the frequency of that monitoring. The minimum is that the activity is monitored on at least one unit. Use the highest frequency on a unit if the activity is monitored on more than one unit for the prevention practice.

Activity performed by the IP:

	Never	Daily	Weekly	Monthly	Quarterly	Annually
12. Hand hygiene	<input type="checkbox"/>					
13. Central line insertion practices	<input type="checkbox"/>					
14. Central line management practices	<input type="checkbox"/>					
15. Foley catheter insertion practices	<input type="checkbox"/>					
16. Foley catheter maintenance practices	<input type="checkbox"/>					
17. Ventilator bundle prevention practices	<input type="checkbox"/>					
18. SSI reduction activities (e.g., SCIP)	<input type="checkbox"/>					

Activity is performed by unit or clinical staff (not by the IP):

	Never	Daily	Weekly	Monthly	Quarterly	Annually
19. Hand hygiene	<input type="checkbox"/>					
20. Central line insertion practices	<input type="checkbox"/>					
21. Central line management practices	<input type="checkbox"/>					
22. Foley catheter insertion practices	<input type="checkbox"/>					
23. Foley catheter maintenance practices	<input type="checkbox"/>					
24. Ventilator bundle prevention practices	<input type="checkbox"/>					
25. SSI reduction activities (e.g., SCIP)	<input type="checkbox"/>					

Within the last 12 months, how frequently has the IP provided **education, consultation**, or participated in **profession development activities**:

	Never	Daily	Weekly	Monthly	Quarterly	Annually
26. New employee orientation, any mandated prevention education for hospital staff including impromptu teaching on units	<input type="checkbox"/>					
27. Impromptu teaching of staff on units	<input type="checkbox"/>					

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28. Formal and/or impromptu education of families and visitors	<input type="checkbox"/>					
29. Skills labs and/or competency testing	<input type="checkbox"/>					
30. Consultation w/ other hospital departments, outside the facility (e.g., local public health, other facilities)	<input type="checkbox"/>					
31. Attended <i>local</i> and/or <i>national</i> APIC meetings	<input type="checkbox"/>					

Within the last 12 months, how frequently has the IP participated in the following **duties related to performance improvement (PI)**:

	Never	Daily	Weekly	Monthly	Quarterly	Annually
32. Separate/formal validation of surveillance data	<input type="checkbox"/>					
33. Performance improvement activities e.g., root cause analysis, gap analysis, proactive risk assessment, etc., risk management, utilization review, patient safety	<input type="checkbox"/>					
34. Regulatory and accreditation compliance	<input type="checkbox"/>					
35. External prevention collaboratives (e.g., CalNOC, Leapfrog, etc.)	<input type="checkbox"/>					

In addition to routine IP responsibilities, how often does the IP participate in areas of **formal responsibility NOT previously queried**? (The list is not all inclusive; add other duties to comment section at end of survey.)

	Never	Daily	Weekly	Monthly	Quarterly	Annually
36. Emergency preparedness activities	<input type="checkbox"/>					
37. Employee Health (EH)	<input type="checkbox"/>					
38. If not formally the EH nurse, how often does the IP participate in communicable diseases exposure follow-ups, TST reading, annual vaccination of HCW, and/or respiratory fit testing of employees?	<input type="checkbox"/>					

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39. Input into pre-construction and/or renovation project planning	<input type="checkbox"/>					
40. Monitoring adherence of contractors during construction	<input type="checkbox"/>					

Electronic Surveillance Systems

The answer should reflect the current status of an electronic system, not any system that might be planned for the future.

	No	Yes
41. An electronic system provides device denominator data	<input type="checkbox"/>	<input type="checkbox"/>
42. Electronic system provides patient day and admission data	<input type="checkbox"/>	<input type="checkbox"/>
43. Facility has an integrated medical record - different department data bases are electronically integrated)	<input type="checkbox"/>	<input type="checkbox"/>
44. Facility has only an electronic medical record (EMR – the medical record is electronic but departments are not electronically integrated	<input type="checkbox"/>	<input type="checkbox"/>

Within the last 12 months, how consistently was there **adequate resource support** to complete the following responsibilities and tasks?

	Never	Always	Very Often	Often	Sometimes	Rarely
45. Validation of surveillance data	<input type="checkbox"/>					
46. PI activities e.g., root cause analysis, gap analysis, proactive risk assessment, risk management and/or patient safety?	<input type="checkbox"/>					
Accreditation and/or licensing compliance	<input type="checkbox"/>					
Collection of device denominator data	<input type="checkbox"/>					
Collection of surgical procedure data	<input type="checkbox"/>					

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Collection of patient day and/or admission data	<input type="checkbox"/>					
Data entry to or download from NHSN or other database	<input type="checkbox"/>					
Transmission-based precautions rounds including proper use of PPE	<input type="checkbox"/>					
Monitoring of environmental cleanliness	<input type="checkbox"/>					

Other Duties: _____

	No	Yes	# FTE allocated to IP Dept
54. If the IP Department receives assistance for any of the above tasks (37-45), what is the aggregate number FTE of non-IP staff <i>formally</i> (per position description) designated to the Department to provide this assistance?	<input type="checkbox"/>	<input type="checkbox"/>	
55. External Infection Prevention consultants hired to support the IP Program within the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	
56. Leadership meets annually with the IP/IP Department to assess IP resources	<input type="checkbox"/>	<input type="checkbox"/>	
57. IP Department has its own budget	<input type="checkbox"/>	<input type="checkbox"/>	
58. IP manager has partial or full discretionary budget control	<input type="checkbox"/>	<input type="checkbox"/>	

This is to learn what the **most important duties postponed or missed** are when an IP's day is urgently re-prioritized.

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59. Choose the *top five* most important duties that would be postponed or not completed if the IP or IP department staff is re-prioritized to deal with other issues such as an outbreak, water leak or an unannounced survey. Assume a three day interruption.

	Top Five
a. Collateral responsibilities such as Employee Health if not related to the urgent/emergent issue	<input type="checkbox"/>
b. NHSN surveillance and reporting	<input type="checkbox"/>
c. Rounding on clinical units	<input type="checkbox"/>
d. Routine consultations with public or other departments if not related to the urgent issue	<input type="checkbox"/>
e. Staff education	<input type="checkbox"/>
f. Participation in routine meetings	<input type="checkbox"/>
g. Routine reporting (such as CMRs)	<input type="checkbox"/>
h. Reading/responding to routine emails	<input type="checkbox"/>
i. Professional activities such as APIC, webinars, or other educational opportunities	<input type="checkbox"/>
j. Research or review of best practices	<input type="checkbox"/>
k. QA/QI projects such as monitoring of prevention activities	<input type="checkbox"/>
l. Updating of policies and procedures	<input type="checkbox"/>

Other: _____

	Never	Always	Very Often	Often	Sometimes	Rarely
37. How often is the quality of the duty that has been postponed or hurriedly performed compromised (e.g., not as thoroughly performed)?	<input type="checkbox"/>					
38. How often is it understood by hospital administration that HAI prevention efforts are interdisciplinary and not the sole responsibility of the IP?	<input type="checkbox"/>					

Comments <Text Box> [Optional: consider providing your phone number for data-cleaning processes only.]