

EMAIL

The Healthcare Associated Infections-Advisory Committee (HAI-AC) is mandated by California Health & Safety Code 1288.6 to

“(2) In accordance with subdivision (a) of the code, *[the HAI Advisory Committee shall]* recommend a method by which the number of infection prevention professionals would be assessed in each hospital.”

To address the issue, a subcommittee developed a survey to help assess IP staffing and the complexity of IP duties. You are being asked to take 25 minutes to complete the survey. You may minimize the time spent completing the survey if you preview the questions and gather information about your facility before logging into the survey.

Please submit only ONE survey per IP department, i.e., any IP activities even if on different campuses or with different CMS or NHSN numbers.

For questions about the survey, please contact CDPHHAIprogram@cdph.ca.gov or call (510) 412-6060. Thank you in advance for your cooperation with this exciting and overdue project.

To download a copy of the survey, **CLICK HERE** (URL with **INSTRUCTIONS and PDF** of survey tool)

To begin your survey, **CLICK HERE** (URL TO **SURVEY**)

To read more background information about the survey, **CLICK HERE** URL to **BACKGROUND**

Subcommittee members are

Chair: Elizabeth Clark

Members: Suzanne Anders, Karen Anderson, Marsha Barnden, Enid Eck, Lilly Guardia-LaBar, Cheryl Richardson, Debbie Wiechman

CDPH Support: Sue Chen, Jorge Palacios

BACKGROUND

After a careful review of the evidence-based literature, it was decided that capturing a snapshot of IP resources in a way that is easily reproducible would be most helpful to for assessing IP resources.

The goal of the survey is to provide a tool by which IP resources can be easily assessed for adequacy during regulatory visits. There are two parts to the survey:

Part I is based on the New York State public reports first published in 2007. A ratio of IPs per licensed acute care beds and a ratio of IPs per an adjusted method that takes into account complex case mix and areas of responsibility that an IP may have are calculated. Adjusting

factors include numbers of ICU beds, long term care beds, outpatient clinics, and more which will be assigned a weight of general acute care beds. This survey has been designed to be directly comparable to New York staffing data.

Part II quantifies the range of IP duties and responsibilities and quantifies hours above those formally allocated necessary to fulfill IP duties. This in part is due to a consideration of the unpredictable nature of external and internal factors e.g. pandemics, bioterrorism, and outbreaks that occur during the course of an IP’s duties from week-to-week or month-to-month.

SURVEY INSTRUCTIONS

Only one survey is to be filled out by an IP Department. This helps to eliminate confusion if an IP spends time at buildings with different NHSN numbers. As the survey must be completed all at once (there is no ‘going back to edit’), it is recommended that the below information be available prior to beginning the survey. You may need to get the information from different departments.

Second, as no data from Part II will be released in a facility-specific manner, IPs are asked to respond in a *realistic* rather than idealistic (*should do*) manner so that an accurate picture of their scope of practice and time spent can be obtained. There is space for comments at the end of the survey.

Information Needed to Complete the Survey:

- Complete for each IP in the department:

	years experience as IP (if <1 yr, enter # mos)	Certified (CIC)	# assigned hrs/wk	extra hours worked	if yes, ave # extra hrs/wk
IP #1		N Y		N Y	
IP #2		N Y		N Y	
IP #3		N Y		N Y	
IP #4		N Y		N Y	
IP #5		N Y		N Y	
IP #6		N Y		N Y	
IP #7		N Y		N Y	
IP #8		N Y		N Y	
IP #9		N Y		N Y	
IP #10		N Y		N Y	

- On a *monthly* basis, how many different meetings IP staff attends representing infection prevention? This can include the spectrum from unit staff meetings to managerial meetings to Infection Control and Prevention Committee meetings _____
- How many *external* infection prevention-related collaboratives does the facility participate in?
- Number of licensed acute care beds of each type as documented on the hospital's license per IP Department:
 - ICU beds _____
 - Acute care beds _____
 - long term acute care beds (separate ICU or high observation beds____ and acute care beds____)
 - acute rehabilitation beds _____
- How many licensed long term care (skilled nursing) beds are covered by the IP department?
- Does the department cover
 - a separate dialysis facility? N/Y
 - ambulatory *surgery* center(s) (ASC)? N/Y
- How many ambulatory clinics (whether on or off the main campus) are covered?
- How many physician offices are covered?
- Does the IP have external staff assistance with any of the tasks listed in Part II, Section 6 of the survey (partial list below)? N/Y If yes, what is the aggregate number designated FTE of non-IP staff *formally* (per position description) designated to provide this assistance? _____
 - Gathering of any surveillance denominator data
 - Data entry/analysis
 - Any surveillance rounds
 - Administrative tasks