

OUTREACH 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 *x (fill in after survey is piloted)* 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. Once the survey is started, Part I must be finished a single session and Part II in a single session or the session must be started over.

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. **Double-check to ensure that your NHSN number is correctly entered.**

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

CLICK HERE, to download (URL with **INSTRUCTIONS and PDF** of survey tool)

To begin your survey, **CLICK HERE** (URL TO **SURVEY Part I**) When you have completed Part I, you will be sent Part II. (**URL TO SURVEY Part II**)

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

Subcommittee members are

Chair: Marsha Barnden

Members:

Suzanne Anders, Karen Anderson, Enid Eck, Lilly Guardia-LaBar,
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BACKGROUND

After a careful review of the evidence-based literature, the subcommittee decided that capturing a snapshot of IP responsibilities and available resources/support in a way that is easily reproducible would be most helpful to assess IP resources.

The goal of the survey is to provide a tool by which IP responsibilities and available resources can be easily assessed for adequacy by either the facility or 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 which includes a ratio of IPs per licensed acute care beds and a ratio of IPs per an adjusted method that take into account complex case mix and areas of IP responsibility. 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 so that results are directly comparable to New York IP staffing survey. Double-check the accuracy of your facility NHSN number(s) or your data will be lost.

Part II quantifies strategic IP duties and responsibilities and queries formal and informal resources necessary to fulfill IP duties. This in part is due to a consideration of the complexity and 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

Ideally this survey should be filled out by the lead IP or Department Lead if there is more than one IP at the facility. Only one survey is to be filled out per 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 all the below information be available prior to beginning the survey.** You may need to get the information from different departments. It is important for analysis reasons to complete **all** questions in the survey.

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 of experience as an IP (if <1 yr, enter # months)	Certified (CIC)	How long IP has been at facility? (if < 1 yr, enter # months)	Year (Y) Month (M)	Formal FTE (per budget) for assigned IP	Average # of extra hours worked/week as an IP
example	→ 6 months	→ N	6	M	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				

- 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 and/or high observation beds____ and general 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?
- If the IP department has assigned ancillary or data management staff, what is the aggregate number designated FTE of non-IP staff *formally* (per position description) designated to provide this assistance (examples below)? _____
 - Gathering of any surveillance denominator data
 - Data entry/analysis
 - Any surveillance rounds
 - Administrative tasks

Thank you in advance for your participation.