

Tool to Assess Infection Preventionist Resources v2

Infection Preventionist Assessment Subcommittee

HAI Advisory Committee

Presented August 7, 2014

Task: Per California Health & Safety Code 1288.6

- “(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.”

The survey seeks to paint picture of breadth of IP responsibilities and the support they do or do not receive.

HAI-AC Primary Concerns Include:

1. How is degree of difficulty of the IP's job captured?
2. How is time investigating infections measured?
3. What is the analysis plan?
4. Is the plan to link survey findings to hospital outcome data?
5. How can this tool be useful for hospital IPs?
6. Is the plan to make recommendations to hospitals about how the hospital should be assessing IP staffing as a part of their three year strategic plans?
7. Will the Committee recommend the Department use findings to evaluate hospital IP staffing?
8. Is the survey to inform hospitals and others in the form of a one time paper that gets published in the peer-reviewed literature?

How to Count Observation Beds

- This is addressed in NHSN's "Miscellaneous" FAQs document (from January 2014) available at: <http://www.cdc.gov/nhsn/PDFs/faqs/faq-V6-MISC.pdf>. The answer is applicable to observation patients in inpatient units, as well as mother-baby units. However, please note that the babies should be excluded in the patient day and admission counts for CDI LabID surveillance.
- **Question:** How do I know which patients to include in my device and/or patient day counts for inpatient HAI reporting?
- **Answer:** "For determining accurate device and/or patient day counts in inpatient locations, any patient present in an inpatient location at the time of the count(s) should be included, regardless of whether they have or will spend the night. The facility's designation of a patient as "inpatient" is not necessary to meet the NHSN inpatient definition. For the purpose of NHSN reporting, all patients housed in an inpatient location will be included in any HAI surveillance being performed in that location, regardless of the facility's categorization as "observation" or "hospice" patient."

Thoughts on Analysis Part I (New York Model)

- Part I is straight-forward; recommendation is to report results out in a format parallel to New York State Department of Public Health:

Figure 29. Infection Preventionist Personnel Resources in NYS Hospitals, 2011 (page 1 of 6)

Hospital	FTE for IPs	Acute Care Beds	Acute Beds Per IP	Add. Bed EQ	Add. Bed EQ Per IP	Beds Per One FTE Infection Preventionist	LOW Resources Flag
AO Fox Memorial	0.8	60	75	238	298		LOW
Adirondack Medical	0.9	52	61	198	233		
Albany Medical	6.1	616	102	645	107		
Albany Memorial	0.5	90	180	82	164		
Alice Hyde	1.0	53	53	281	281		
Arnot Ogden	2.3	219	95	472	205		

Added Options for Data Analysis, Part I

Designed to enable comparison of staffing levels by type of hospital and look for a correlation between staffing levels and outcome measures.

	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"/>



Part II – Snapshot of Range and Frequency of IP Duties

- General staffing, including experience, CIC status, and added time worked above budgeted hours
- Task measured per frequency of task (D, W, etc.) or on “Always” to “Never” scale where appropriate
 - Routine duties
 - Education/consultation
 - Performance Improvement activities
 - Other responsibilities
 - Program sustainability
 - IP support
 - Access to electronic support
 - What duties would be missed if day needed to be reprioritized
 - Does leadership meet w/ IP annually to assess resources (HSC 1288.6 (a)(1))
 - Are IP resources adequate to complete tasks?



Thoughts on Analysis Part II

- Staffing levels can be examined by experience level, CIC status, and added time worked to accomplish the IP duties
- Frequency and scope of duties (formal or informal) performed can be quantified
- Sustainability of prevention efforts is measured
- Non-IP assistive resources are quantified
- Whether a facility has electronic medical records and/or integrated medical records is determined
- Most important duties either hurried through or missed when the IP gets 're-directed' are queried

Results of Informal Query of IP Duties Postponed or Missed When Day is Urgently Reprioritized

Duties Reprioritized	n=10	response rate 10/12 (83%)
Extra duties such as EH	3	many did not have EH responsibilities
Routine surveillance for infections	8	
Rounding on clinical units	8	
Staff education	6	
Routine consultations	6	
Participation in routine meetings	7	
Routine mandated reporting (i.e., NHSN, CMR)	9	
Email	3	written in
<p>* Based on Subcommittee brainstorming, these were the only choices given. More choices were suggested by persons completing the informal survey.</p> <p>* A written caveat was that if any of these activities were related to the reason for reprioritization, they would not be postponed or skipped</p> <p>* Two persons expressed a concern about the quality or completeness of duties performed under these circumstances</p>		



What the IPA Subcommittee Seeks Today:

- Approval of this draft of the survey
- Approval to pilot the survey
 - Put into survey format
 - Pilot the survey and adjust as needed
 - Distribution the survey
- Determine the repository for data
- Determine who will perform the analysis

Acknowledgement of Our Expert Consultants

- Pat Stone MS, MPH, PhD, FAAN
 - Centennial Professor of Health Policy in Nursing, Columbia University School of Nursing
 - National expert and speaker, authored or co-authored more than 100 articles in texts and peer-reviewed journals
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 - Assistant Professor, Thomas Jefferson School of Nursing
 - National expert and speaker, authored or co-authored numerous articles in texts and peer-reviewed journals
- Robert Jako BA, MS, PhD
 - Director, Human Resources, The Permanente Medical Group
- Rae Greulich, member of the HAI-Advisory Committee representing the consumer viewpoint

Subcommittee Members

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 - Cheryl Richardson
 - Debbie Wiechman
 - Elizabeth Clark (former, past Chair of Subcommittee)
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