

CACC business case template for assessment to justify additional FTE's needed to comply with the SB 1058 and AFL 11-32-Requirements for Reporting Surgical Site Infections

In our best expert opinion it would take roughly 60 minutes per chart based on the 30 d and 1 year review for implants. This may vary per GACH based on their ability to automatically vs manually upload data and how resourced their current IC program is.

This document is four-fold:

1. Give guidance to CACC members in how to assess and develop a business case to justify additional FTE's needed to comply with the SSI reporting
2. Mechanisms to determine time to obtain data with EMR vs Non EMR
 - a. Upload
 - b. Capability
 - c. Validation
 - i. ICD-9 import
 - ii. Gathering CPT code
 - iii. Description of procedure
 - iv. Wound Class/ASA/length of procedure
 - d. Find surgical procedures-examples
 - i. C-section
 - ii. Cardiac Cath lab procedures –Pacemakers
 - iii. Endoscope/laparoscope use
 - e. Total volumes for each procedure
 - i. 1 month representation 30 d and 1 year review(kick out what you are already doing)
3. Analysis of the case findings: Includes ability to review each case for SSI and create and upload denominator data into NHSN
 - a. 30 day review
 - b. 1 year review

- c. Hospital Epidemiologists/MD oversight and case review
- 4. Feedback of findings to the Surgeons
 - a. Follow up recommendations for interventions
 - b. Reporting internally
 - c. Process improvement efforts

Current tasks, duties, regulatory required mandates IP's do

Surveillance(Monthly)	
	Coordination: MICRO Rounds (0.5-1h/day)
	Investigation: IC Rounds (0.5-1h/day)
	Assessments of Breaches in IC Practices
	Write-Up of Assessment
	Improvement Activities
	Action Plan Follow-up
	Surveillance Analyses and Interpretation
	Sentinel HAI Events: Death Package Review
	Pandemic Influenza/Influenza Planning
	ATD, TB and BBP exposure control planning and investigation
	Abstraction of census reports
Consultation (Monthly)	
	MD/Staff Questions on IC issues
	Review of Policy & Procedures
	TJC/CMS/PSLS Continued Readiness
	Database setup/Analysis (EH&S, COEM, Emerg Preparedness, etc)
Indicators(Monthly)	
	Data Abstraction and Entry: CLABSI, CLIP, SSI, TB, Aspergillus, MDRO's, VAP's, Influenza, Reportable Dx
	Indicator Analysis and Interpretation
	Presentations for Recommendations to organization for improvement IHI, etc.
	PI Projects: CHART, SCIP, NSQUIP, internal Dashboard
	Abstraction of charts
	Data Entry
	CABG/GI
	Orthopedic
	Aspergillus
	CLABSI-Housewide
	Microbiology Reportable
	C-Diff /CDAD
	VRE Bacteremia
	MRSA Bacteremia

Outbreaks/Clusters(Monthly) Average 4 per year	
	High level reprocessing Issue
	Sterilization
Focused Studies (Monthly) Average 5 per year	
	Aspergillus in Transplant
	Breast Implants
	Lap/Chole
	BMT
	L&D observational
ATLAS(Monthly)	
	Set-up
	Testing
	Management
	Meetings
	Education
IC Website (Monthly)	
	Entry/New Posting
	Updates
	Management
	Education
Construction (Monthly)	
	Pre & F/U Dust Containment and IC Risk Assessment Mtgs
	Construction Rounds/F/U on Containment
	ICRA (IC Risk Assessment)
	Action plan/implementation/follow-up
	Water Damage
eQVR Review & Analysis (Monthly)	
	Read Unusual Occurrence reports/Follow-up/Support Mgrs
	Unusual occurrence problem solving
Tracers (Monthly)	
	Tracer Process
	Write-Up
	Meeting
Total hours per month	
divided by 5 FTEs/4 = hours per week	
Education/Presentations (Monthly)	
	NEO
	Residents/Fellows/Med Students
	Staff Meetings+ on the spot unit (TH&HC): NLT,ambu care, etc.
	Leaders

MTGS/Committees (Monthly)	
	ICC Data and Presentation Prep/Agenda/Minutes
	Critical Care
	Technology Assessment Committee
	Products
	Prof Svc
	Executive Board
	Quality Council
	Emerg Prep
	EOC Planning
	Patient Safety
	NLT (TH & HC)
	Linen Mtg/Plant Visit
	Infant Special Care QA mtg
	Occupational Medicine/Employee Health
	Senior management team/Medical staff executive committee
	Public Health
	EOC and Safety MTG
	Nursing/physician/resident education
	Staff meeting
	Antibiotic Stewardship
	Leadership Development
	Policy review Meeting
	Tissue Meeting
Influenza	
	HCW Influenza Immunization Management and Reporting
Professional Committees/Meetings (Monthly)	
	APIC/IDAC/CACC/IDSA
	National Conference
	Local community health meetings
	ID Rounds
	Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC)
	SHEA
OnCall (Monthly)	
	Answering on call calls,F/U, Problem solving
Administration (Monthly)	
	Workplan
	IC Risk assessment
	Annual Report
	Evals
	Budget

Misc. Minutes/Schedules/etc.
Ordering Supplies
Filing
Answering phones/Taking messages
Mail
Meeting Coordination
Expense Reports/Travel
Memos

If no more FTE's were allocated to the IP program what of these tasks above that you currently do would you have to drop in order to **meet the regulatory requirements for compliance with mandatory public reporting of SSI.**