

Introductory Notes

The California Health & Safety Code 1288.6 states that the Healthcare-Associated Infections Advisory Committee:

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

Accordingly, a subcommittee, the Infection Preventionist (IP) Resources Subcommittee has been formed to develop this methodology. After a review of the evidence-based literature, the subcommittee decided that capturing a snapshot of IP resources in a way that is easily reproducible would be most helpful. The goal of the survey is to provide a tool by which IP resources can be easily assessed for adequacy during regulatory visits. You are being asked to complete this survey.

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 IP per licensed acute care beds and a ratio of IP per an adjusted method that takes into account complex case mix and physical areas of responsibility that an IP may have are calculated. 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 data has been designed to be directly comparable to New York staffing data.

Part II strives to quantify the range of IP duties and responsibilities and examines the number of hours above those formally allocated necessary to do the IP job. No attempt is being made to capture actual time spent in the various activities. This in part is due to a consideration of the unpredictable nature of external and internal factors e.g. pandemics, bioterrorism, outbreaks that occur from week to week or month-to-month.

There are approximately 100 questions in this survey. The survey should take no more than 20-30 minutes to complete. Before you begin the survey, it may be helpful to review the questions and gather the following information:

- For each IP in the department, number of hours formally allotted to infection prevention, number of extra hours worked above the allotted time per week, and certification status.
- On a monthly basis, how many different meetings IP staff attends representing infection prevention? This can include from unit staff meetings to managerial meetings to the Infection Control and Prevention Committee.
- How many external infection prevention-related collaboratives does the facility participate in?
- How many licensed:
 - ICU beds,
 - long term acute care beds and
 - acute rehabilitation beds

- How many licensed long term care beds are covered by the IP?
- Does the department cover a dialysis facility? Ambulatory surgery center?
- How many ambulatory clinics (whether on or off the main campus) are covered?
- How many physician offices are covered?

Please submit only one survey per IP department, i.e., if several buildings or campuses have an individual NHSN number and are under a broader umbrella program, only the umbrella program should complete this survey. This helps to eliminate confusion if an IP spends time at buildings with different NHSN numbers. 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 can be obtained. There is space for comments at the end of the survey.

For questions about the survey, please contact Sue.Chen@cdph.ca.gov. Thank you in advance for your cooperation with this exciting and overdue project.

DRAFT

Part I – IP Staffing Per Licensed Acute Care Beds and Weighted Staffing

General demographic

1. In which county(s) where facility(s) is/are located: primary_____ secondary_____ If more than 2 counties, add to comments section at end of survey.
2. Number of licensed acute care beds as documented on the hospital license (e.g., if multiple campuses under one CMS number, what is aggregate number of licensed acute care beds?) _____
3. NHSN number (Org ID) -for primary hospital: _____
 - For campuses with multiple NHSN numbers under one license?, list additional NHSN Numbers _____Classification of Hospital: chose the type of facility from the below. If facility is licensed for and has embedded long term acute or acute rehabilitation units, select those 'embedded' categories also. A specialty hospital is defined as where there is a separate NHSN number and building for those types of patients.
 - general acute care Y/N
 - long term acute care (LTAC) Y/N
 - acute rehabilitation (AH) Y/N
 - critical access Y/N
 - specialty hospital <maternity, oncology, pediatric> Y/N
 - embedded LTAC Y/N
 - embedded acute rehabilitation Y/N
4. Is facility part of a corporate structure or system (e.g., there is some standardization of policies or practices)? Y/N

Note: CDPH has the 2012 case mix acuity figures for CA hospitals from OSHPD for inclusion if so desired.

NY Style Adjusted Staffing

Infection Preventionists separate out full time equivalent (FTE) from part-time and/or per diem. For this section, staff which provide clerical, data entry, etc. support are specifically excluded. This survey is asking for the total number of IPs for each IP department.

Number of FTE IPs

- FTE = full time equivalent or 40 hours/week. For IPs working **less than full time in Infection Prevention**, or fraction thereof (e.g., 0.5 FTE) , formally allotted to IP *duties regardless of actual hours worked*.
- Answer the following 8 questions. Does the IP department cover:

1. ICU beds? Y/N If yes, # of beds _____
2. Long term acute care beds? Y/N If yes, # of ICU/HOU (high observation unit) beds _____; # of acute care beds _____
3. Acute rehabilitation beds? Y/N If yes, # of beds _____
4. Long term care beds? Y/N If yes, # of beds _____
5. Dialysis facility? Y/N
6. Ambulatory surgery center? Y/N
7. Ambulatory clinics (either within the facility or off campus)? Y/N If yes, number of ambulatory clinics _____
8. Physicians' Offices? Y/N If yes, number of offices _____

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

Further Assessment of IP Time Resources

This section of the survey is designed to collect information on every IP who works in the facility's IC department and capture 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. CIC information is also asked for each facility IP.

Example: if a facility has two IP FTEs and a fraction of an FTE, they would select #1 and # 2 under full time, and #1 under part time IPs. If the facility had one IP who covered infection prevention, employee health, and workers comp, they would fill out the percentage of time formally allotted to **infection prevention**. If the IP spends more hours than the formally allotted time, those hours would be recorded beside “# extra hours worked” for each IP.

For **full time IPs**, how many hours in excess of *assigned IP hours* do you and/or your staff work per week? Are they certified in infection prevention (CIC)?

1. IP #1 Yrs. in IC _____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
2. IP #2 no other IP Yrs. in IC _____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
3. IP #3 Yrs. in IC _____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
4. IP #4 Yrs. in IC _____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N

5. IP #5 Yrs. in IC _____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
6. IP #6 Yrs. in IC _____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
7. IP #7 Yrs. in IC _____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
8. IP #8 Yrs. in IC _____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N

For **part time IPs**, enter the fraction of time allotted to IP duties during a 40 hour week, additional hours worked if above those formally assigned, and whether the IP is certified.

1. IP #1 Yrs. in IC _____ assigned hours ____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
2. IP #2 Yrs. in IC _____ CIC Y/N no other IP assigned hours ____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
3. IP #3 Yrs. in IC _____ CIC Y/N assigned hours ____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
4. IP #4 Yrs. in IC _____ CIC Y/N assigned hours ____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N
5. IP #5 Yrs. in IC _____ CIC Y/N assigned hours ____ works added hours Y/N If Y, # extra hours worked____ CIC Y/N

Scope of Infection Preventionist Activities and Frequency

Infection Control Management:

- Does your IC Department have its own cost center number? Y/N
 - If yes, do you have full discretionary control e.g. staffing, capital? Y/N
- Does your IC Department have its own budget? Y/N
- Does the IP manager have **partial or full** discretionary budget control? Y/N
- Does infection prevention have input into the development of an IP budget? Y/N
- If a manager, has he/she received formal training in management (i.e. staffing, budget) Y/N

Does an IP have responsibility for the listed task? If yes, select one of the following to assess frequency of task: daily/weekly (DW), monthly (M), quarterly (Q), or annually (A)

1. Routine Duties

- IP rounds in facility, including precautions rounds? Y/N If yes, DW M Q A
- Surveillance Y/N If yes, DW M Q A
- Data entry into NHSN or other electronic system Y/N If yes, DW M Q A
- Data analysis Y/N If yes, DW M Q A

- IC committee related activities Y/N If yes, DW M Q A
- Review of policies and procedures Y/N If yes, DW M Q A
- Investigation of outbreaks Y/N If yes, DW M Q A
- **Monitoring of environment** Y/N If yes, DW M Q A
- Monitoring of waste management activities Y/N If yes, DW M Q A
- Monitoring of laundry processes Y/N If yes, DW M Q A
- Monitoring of sterilization processes Y/N If yes, DW M Q A
- Monitoring of Food Services processes Y/N If yes, DW M Q A
- Monitoring of the following process measures (*and* quantifies results) for reporting or staff feedback
 - Hand hygiene Y/N If yes, DW M Q A
 - CLIP Y/N If yes, DW M Q A
 - Central line maintenance practices Y/N If yes, DW M Q A
 - CAUTI bundle Y/N If yes, DW M Q A
 - Ventilator bundle Y/N If yes, DW M Q A

2. Education, Consultation and Professional Development

- New employee orientation Y/N If yes, DW M Q A
- Annual infection prevention update Y/N If yes, DW M Q A
- One time infection prevention education for clinicians Y/N If yes, DW M Q A
- **Teaching** precautions to families and visitors Y/N If yes, DW M Q A
- Impromptu teaching of staff Y/N If yes, DW M Q A
- Skills labs and/or competency testing Y/N If yes, DW M Q A
- Facility-wide consultation (*e.g., other departments such as Materials Management*) Y/N If yes, DW M Q A
- Consultation outside the facility, *e.g., other facilities, local health jurisdiction, other* Y/N If yes, DW M Q A
- **Team/committee** meetings Y/N If yes, estimate how many different *groups/month*? This can include department staff meetings, other medical exec committees, manager meetings, etc. ____
- IP(s) attend local or national APIC meetings on a routine basis Y/N If yes, M Q A
- Minimally one facility IP has attended an infection prevention course either in person or on line training course for infection prevention within the past 2 calendar years Y/N how to incorporate web trainings?
- Review of the literature Y/N If yes, DW M Q A
- Mentoring other IPs Y/N If yes, DW M Q A

3. Quality Activities

- Participation in QI activities (Root Cause Analysis [RCA], proactive risk assessment, gap analysis) Y/N If yes, DW M Q A
- Accreditation, regulatory and licensing compliance (*e.g., TJC, CDPH, CMS, etc.*) Y/N If yes, DW M Q A

- Risk Management Y/N If yes, DW M Q A
- Utilization Review Y/N If yes, DW M Q A
- Patient Safety Y/N If yes, DW M Q A
- Does facility participate in external infection prevention collaboratives? Y/N If yes, how many? ____

4. IP Duties/Responsibilities/Formal Authority NOT in above categories

- Employee Health Y/N If no, does IP participate in other EH activities such as
 - exposure follow-up, TST reading Y/N if yes, DW M Q A
 - annual vaccination of HCW Y/N If yes, DW M Q A
 - respiratory fit testing of employees Y/N If yes, DW M Q A
- Supervisory or staff nurse function Y/N If yes, DW M Q A
- **EVS rounds to audit facility cleanliness** Y/N If yes, DW M Q A
- EOC activities excluding cleanliness rounds Y/N If yes, DW M Q A
- Oversight of EVS department Y/N If yes, DW M Q A
- Communicable diseases reporting to local counties Y/N If yes, DW M Q A
- Emergency preparedness (bioterrorism, pandemics, ...) Y/N If yes, DW M Q A
- Input into construction/renovation project planning Y/N If yes, DW M Q A
- Monitoring adherence of contractors to construction plan Y/N If yes, DW M Q A
- Oversight of Central Services / Sterile Supply Y/N If yes, DW M Q A
- Participation on Product Evaluation Committee Y/N If yes, DW M Q A
- List other areas where IP participates or has oversight
 1. Area #1 _____ frequency: DW M Q A
 2. Area #2 _____ frequency: DW M Q A
 3. Area #3 _____ frequency: DW M Q A

5. HAI Prevention and Sustainability

- Does IP **or staff** have electronic system that provides device denominator data? Y/N
- Does IP have non IP staff assistance gathering device denominator data? Y/N
- Do unit staff participate in monitoring of bundle process measures or practices on minimally one unit? Y/N If yes, please complete for the following process measures:
 - Hand hygiene Y/N facility-wide? Y/N If yes, DW M Q A
 - Central line management practices Y/N If yes, DW M Q A
 - Foley catheter bundle practices Y/N If yes, DW M Q A
 - Ventilator bundle practices Y/N If yes, DW M Q A
- Is unit-specific data shared with unit staff on a regular basis by manager/designee or the IP? Y/N If yes, DW M Q A

6. Other Infection Prevention and Control Resources

Does the IP have external staff assistance with any of the below tasks?

- Device data collection (Central Line, CLIP, Indwelling Urinary Catheters, Ventilators) Y/N If yes, DW M Q A

- Surgical Procedure Denominator Data Collection Y/N If yes, DW M Q A
- Patient Day/Admission Data Collection Y/N If yes, DW M Q A
- LabID Data Collection Y/N If yes, DW M Q A
- NHSN Data Entry Y/N If yes, DW M Q A
- Spreadsheet/Database Data Entry Y/N If yes, DW M Q A
- Isolation Rounds Y/N If yes, DW M Q A
- PPE Use/Compliance Y/N If yes, DW M Q A
- Environmental Cleanliness Y/N If yes, DW M Q A
- Completion & Submission of CMRs Y/N If yes, DW M Q A
- Setting/Flagging MDRO Alerts Y/N If yes, DW M Q A
- Preparing/Filing Minutes Y/N If yes, DW M Q A

8. Electronic Surveillance System

- Does your facility have an electronic health record (EHR)? Y/N The difference between an EHR and an integrated medical record (IMR) is that in IMRs, different department data bases are electronically integrated (e.g., OR data can be seen by IP, pharmacy and laboratory data can be analyzed without going out of one of the programs, etc.)
- Does your facility have an IMR? Y/N
- Does your facility use data mining software (Data mining applies statistical analysis/formulas/algorithm to data; identifies potential HAIs that are then confirmed by the IP)? Y/N
- Does your facility use surveillance software (surveillance software will pull positive cultures and other indicators of infection to narrow what the IP reviews)? Y/N
- Does your facility hire external infection preventionist consultants to support the IC Program? Y/N

9. Comments <text box – 500 spaces?>