

Infection Preventionist Assessment Subcommittee Update

HAI Advisory Committee
December 12, 2013

Subcommittee Charge

- HSC Section 5, 1288.5 (SB 158),
Subdivision(a) of Section 1288.6 (SB
739)
 1. Impact of regulations and accreditation standards
 2. Recommend a method by which the number of infection prevention professionals would be assessed in each hospital
 3. Method by which IPs would be trained to use NHSN

Subcommittee Activity

- ❑ Reviewed literature pertinent to IP staffing and resources from the past 25 years
- ❑ Reviewed processes and legislation used by other states to measure IP resources
- ❑ Identified expanded responsibilities of IPs as they exist today
- ❑ New York State survey method identified as a viable approach

Summary of Review of Literature

- All studies included hospital (presumed) licensed beds and suggested recommended number of IP FTEs
- Four of nine included other IP activities/ responsibilities and time allotted for them
- Two included case mix
- Three utilize complexity of the at risk population as a significant consideration of IP staffing

Summary of Review of Literature

- Five of nine used solely the survey method
- Two used a literature review
- One used a literature review and expert panel opinion
- One used consensus panel only
- One used survey and chart review methods

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The most frequently used method for determination of IP staffing adequacy was the survey (six of nine)

New York State Survey

- In public reports, compares staffing levels of all NY acute care hospitals using two measures:
 - Full time equivalent (FTE) IPs per acute care bed
 - FTE IPs using a weighted aggregate method whereby other areas covered (e.g., ICU beds, LTC beds, clinics, dialysis, etc.,) are incorporated
 - The lowest 15% facilities are flagged as “low” in the report

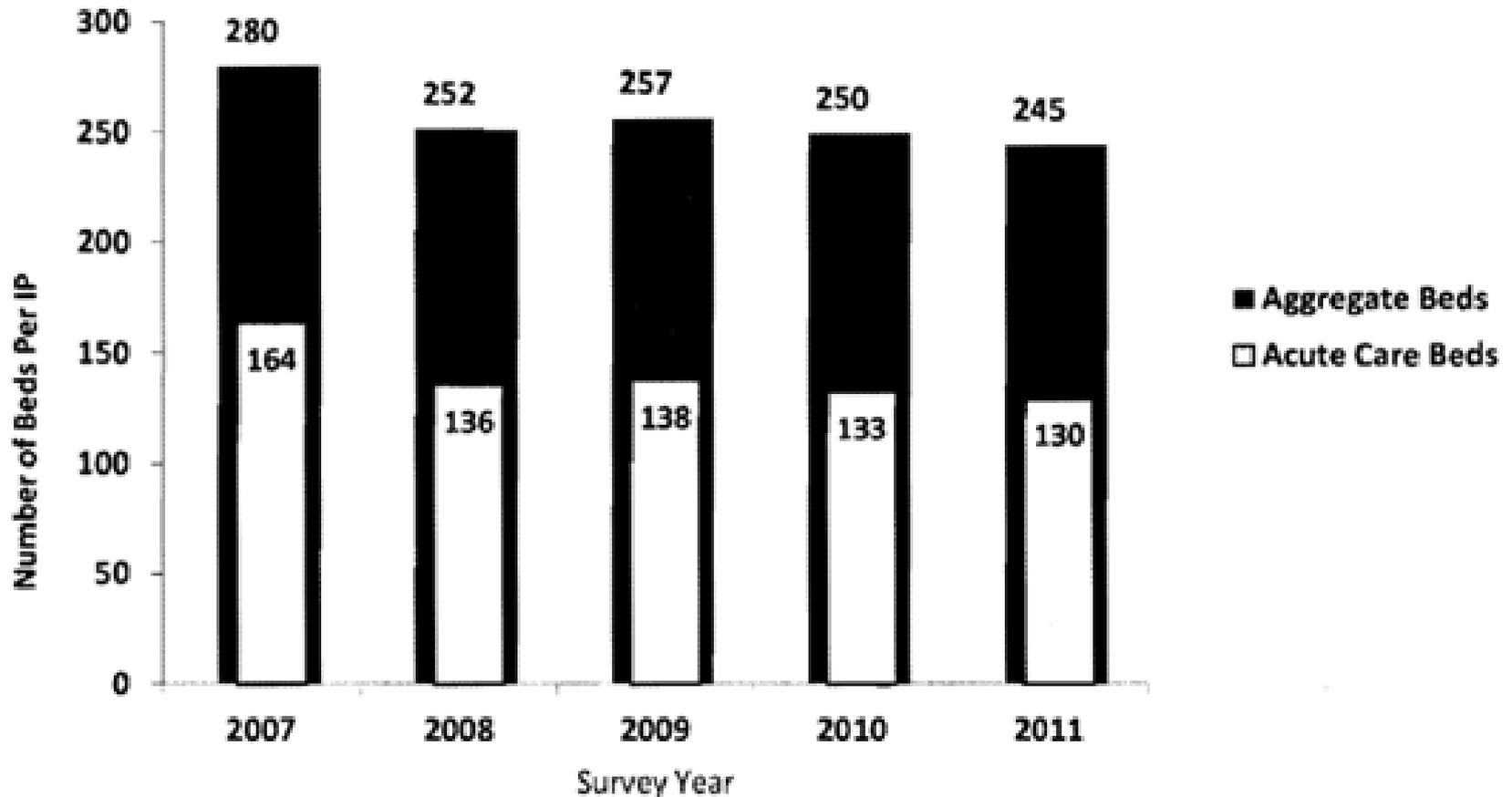
Weighted Aggregate Model

- Measure aggregate acute care (AC) beds per one FTE IP **AND**
- Equivalents used:
 - ICU bed = 2 AC beds
 - LTC bed = 0.5 AC beds
 - Dialysis facility = 50 AC beds
 - Ambulatory surgery center = 50 AC beds
 - Ambulatory clinic = 10 AC beds
 - Private MD office = 5 AC beds
- These are totaled and divided by # of IP FTEs

Why New York Model?

- ❑ Literature shows use of the survey method the most common method used
- ❑ Incorporates other duties in an easily reproducible manner
- ❑ Will allow CA to measure against data already in the public domain

Results from New York State Public Report 2007-2011



Next Steps

- Develop a two-part survey
 - New York methodology measuring IPs per acute care bed and per aggregate bed
 - Survey for tally other activities, tasks, and responsibilities pertinent to current IP job demands
 - Will consult w/ Dr. Pat Stone, Columbia U
- Begin planning for distribution and analysis

Subcommittee Members

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