

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-two counties, add to comments section at end of survey.
2. Number of licensed acute care beds as documented on the hospital license per IP Department. If multiple campuses are under one or more CMS numbers, what is the aggregate number of beds? _____
3. NHSN number (Org ID) for primary hospital: _____

For campuses with multiple NHSN numbers, list additional NHSN Numbers _____

Per IP Department, select **all** that apply from the below. If the facility is licensed for and has embedded long term acute care or acute rehabilitation units, select those 'embedded' categories also. A specialty hospital is defined as one where there is a separate NHSN number and building for one of those types of patients.

- general acute care N/Y
- long term acute care (LTAC) N/Y
- acute rehabilitation (AH) N/Y
- critical access N/Y
- specialty hospital <maternity, oncology, pediatric> N/Y
- embedded LTAC N/Y
- embedded acute rehabilitation N/Y

This survey is asking for the aggregate number of IPs for the department; staff which provide clerical, data entry, etc. support are specifically excluded from this portion. Infection Preventionist staffing separates out full time equivalent (FTE) and/or part-time and/or per diem. An FTE IP equals 40 hours/week in infection prevention. For IPs working **less than full time** in Infection Prevention, include only equivalents formally allotted to IP *duties regardless of actual IP hours worked*. For example, half time (20 hours/week) would be 0.5 FTE, etc.

4. Sum total number of full time equivalent and part time IPs in the department _____
5. Answer the following 9 questions. Does the IP department cover:
 - ICU beds? N/Y If yes, # of beds _____
 - general acute care beds N/Y If yes, # of beds _____
 - Long term acute care beds? N/Y If yes, # of ICU/HOU (high observation unit) beds _____; # of acute care beds _____

- Acute rehabilitation beds? N/Y If yes, # of beds _____
- Long term care beds? N/Y If yes, # of beds _____
- Dialysis facility? N/Y
- Ambulatory surgery center? N/Y
- Ambulatory clinics (either within the facility or off campus)? N/Y If yes, number of ambulatory clinics _____
- Physicians' Offices? N/Y If yes, number of offices _____

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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 each IP who works in the IP department and capture the average number of 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. Experience level and CIC information are also asked for each facility IP.

Example: if a facility has 1.5 IP FTEs, they would fill out #1 and # 2. If the facility had one IP who covered infection prevention, employee health, and workers comp, they would fill out the percentage of time in tenths for allotted to *infection prevention* or 0.3 if it was 1/3 FTE. If the IP spends more hours than the formally allotted time, those hours would be recorded beside “# extra hours worked” for each IP.

	years experience as IP (if <1 yr, enter # mos)	Certified (CIC)	# assigned hrs/wk	extra hours worked	if yes, ave # extra hrs/wk
IP #1		N Y		N Y	
IP #2		N Y		N Y	
IP #3		N Y		N Y	
IP #4		N Y		N Y	
IP #5		N Y		N Y	
IP #6		N Y		N Y	
IP #7		N Y		N Y	
IP #8		N Y		N Y	
IP #9		N Y		N Y	
IP #10		N Y		N Y	

Scope of Infection Preventionist Activities and Frequency

Infection Prevention and Control Management:

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

Does the IP have responsibility for the listed task? If yes, select one of the following: daily/weekly (DW), monthly (M), quarterly (Q), annually (A), or not applicable (NA)

1. Routine Duties

- IP rounds in facility, including precautions rounds? N/Y If yes, DW M Q A
- Surveillance N/Y If yes, DW M Q A
- Data entry into NHSN or other electronic system N/Y If yes, DW M Q A
- Data analysis N/Y If yes, DW M Q A
- IC committee related activities N/Y If yes, DW M Q A
- Review of policies and procedures N/Y If yes, DW M Q A
- Investigation of outbreaks N/Y If yes, DW M Q A
- Monitoring of environment N/Y If yes, DW M Q A
- Monitoring of waste management activities N/Y If yes, DW M Q A
- Monitoring of laundry processes N/Y If yes, DW M Q A
- Monitoring of sterilization processes N/Y If yes, DW M Q A
- Monitoring of Food Services processes N/Y If yes, DW M Q A
- Monitoring of the following process measures (*and* quantifying results) for reporting or staff feedback
 - Hand hygiene N/Y If yes, DW M Q A
 - CLIP N/Y If yes, DW M Q A NA
 - Central line maintenance practices N/Y If yes, DW M Q A NA
 - CAUTI bundle N/Y If yes, DW M Q A NA
 - Ventilator bundle N/Y If yes, DW M Q A NA

2. Education, Consultation and Professional Development

- New employee orientation N/Y If yes, DW M Q A
- Annual mandated infection prevention update N/Y If yes, DW M Q A
- One time infection prevention education for clinicians N/Y If yes, DW M Q A
- Teaching precautions to families and visitors N/Y If yes, DW M Q A
- Impromptu teaching of staff N/Y If yes, DW M Q A
- Skills labs and/or competency testing N/Y If yes, DW M Q A
- Facility-wide consultation (e.g., other departments such as Education, Medical Staff Office, Materials Management, Peri-Operative Nursing, etc.) N/Y If yes, DW M Q A
- Consultation outside the facility, e.g., other facilities, local health jurisdiction, other N/Y If yes, DW M Q A
- Team/committee meetings N/Y 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 N/Y If yes, M Q A
- At least one facility IP has attended an infection prevention course either in person or on line training course for infection prevention within the past two calendar years N/Y
- Review of the literature N/Y If yes, DW M Q A

- Mentoring other IPs N/Y If yes, DW M Q A

3. Quality Activities

- Perform separate/formal validation of surveillance data N/Y If yes, DW M Q A
- Participation in QI activities (Root Cause Analysis [RCA], proactive risk assessment, gap analysis, etc.) N/Y If yes, DW M Q A
- Accreditation, regulatory and licensing compliance (e.g., TJC, CDPH, CMS, etc.) N/Y If yes, DW M Q A
- Risk Management N/Y If yes, DW M Q A
- Utilization Review N/Y If yes, DW M Q A
- Patient Safety N/Y If yes, DW M Q A
- Does facility participate in external infection prevention collaboratives? N/Y If yes, how many? ____

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

- Employee Health N/Y If no, does IP participate in other EH activities such as
 - exposure follow-up, TST reading N/Y if yes, DW M Q A
 - annual vaccination of HCW N/Y If yes, DW M Q A
 - respiratory fit testing of employees N/Y If yes, DW M Q A
- Supervisory or staff nurse function N/Y If yes, DW M Q A
- EVS rounds to audit facility cleanliness N/Y If yes, DW M Q A
- EOC activities excluding cleanliness rounds N/Y If yes, DW M Q A
- Oversight of EVS department N/Y If yes, DW M Q A
- Communicable diseases reporting to local counties N/Y If yes, DW M Q A
- Emergency preparedness (bioterrorism, pandemics, ...) N/Y If yes, DW M Q A
- Input into construction/renovation project planning N/Y If yes, DW M Q A
- Monitoring adherence of contractors to construction plan N/Y If yes, DW M Q A
- Oversight of Central Services / Sterile Supply N/Y If yes, DW M Q A
- Participation on Product Evaluation Committee N/Y 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? N/Y
- Does IP have non IP staff assistance gathering device denominator data? N/Y
- Do unit staff participate in monitoring of bundle process measures or practices on minimally one unit? N/Y If yes, please complete for the following process measures:
 - Hand hygiene N/Y facility-wide? N/Y If yes, DW M Q A
 - Central line management practices N/Y If yes, DW M Q A NA
 - Foley catheter bundle practices N/Y If yes, DW M Q A NA

- Ventilator bundle practices N/Y If yes, DW M Q A NA
- Is unit-specific data shared with unit staff by the IP on a regular basis? N/Y 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? N/Y If yes, what is the aggregate number designated FTE of non-IP staff *formally* (per position description) designated to provide this assistance? _____

- Device data collection for any of the following (Central Line, CLIP, Indwelling Urinary Catheters, Ventilators) N/Y If yes, DW M Q A
- Surgical Procedure Denominator Data Collection N/Y If yes, DW M Q A NA
- Patient Day/Admission Data Collection N/Y If yes, DW M Q A
- LabID Data Collection N/Y If yes, DW M Q A
- NHSN Data Entry N/Y If yes, DW M Q A
- Spreadsheet/Database Data Entry N/Y If yes, DW M Q A
- Transmission-based Precautions Rounds N/Y If yes, DW M Q A
- PPE Use/Compliance N/Y If yes, DW M Q A
- Environmental Cleanliness N/Y If yes, DW M Q A
- Completion, follow-up and submission of Confidential Morbidity Reports (CMRs) N/Y If yes, DW M Q A
- Flagging or removing alerts for MDRO or communicable diseases N/Y If yes, DW M Q A
- Preparing, reviewing, or filing Minutes N/Y If yes, DW M Q A NA

7. 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? N/Y
- 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)? N/Y
- Does your facility use surveillance software (surveillance software will pull positive cultures and other indicators of infection to narrow what the IP reviews)? N/Y
- Does your facility hire external infection preventionist consultants to support the IC Program? N/Y

8. Postponed or Missed Duties When Day is Urgently “Re-prioritized”

Please note top five duties that would be postponed or not done if you/your department is re-prioritized to deal with an outbreak, for example.

Rounds on units

Precautions rounds
Routine surveillance for infections
Staff education

9. Comments <Text box>

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