

INFECTION CONTROL

ICPs and the Rodney Dangerfield syndrome

by Susan Cantrell, ELS

Healthcare Purchasing News (HPN) recently polled 750 infection control practitioners (ICPs) on various aspects of their work. Their answers were sometimes surprising, sometimes dismaying, but very revealing. While many infection control (IC) departments are overworked, understaffed, and undervalued, recent and pending legislation may focus attention on IC, perhaps bringing amelioration to some of these problems.

The Rodney Dangerfield syndrome

Infection control historically has been a victim of the Rodney Dangerfield "I-get-no-respect" syndrome. The importance of IC to the hospital's staff, patients, and finances is not always clearly understood by the powers that be. Lack of respect for the monumental job that ICPs perform for virtually every department in the hospital may be reflected in ICP salaries and departmental budgets.

Barbara Soule, RN, MPA, CIC, Practice Leader, Infection Prevention and Control, Joint Commission Resources and Joint Commission International, Oak Brook, IL, believes the tone is set by the facility's leaders, depending on whether they place a high value on, and recognize the benefits of, patient safety and prevent-

ing infections. "Respect and compensation depend on who runs the organization, their perception of the program's value, and how they see infection prevention fitting into the overall culture of safety and quality care. The value ICPs bring to the organization is substantial. Infections are one of the most costly of adverse outcomes of patient care and one of the most common causes of patient morbidity and mortality. Benefits to preventing infection are enormously valuable. You want a proactive, strong program that can prevent as many infections as possible, and ICPs should be well compensated for the value they provide."

Vicki Brinsko, RN, Vanderbilt University Medical Center in Nashville, TN, recently rotated off CDC's HICPAC after a 3-year term. Like 29% of survey respondents, Brinsko's title is Infection Control Coordinator. She had some interesting and plain-spoken observations to share. "ICPs are probably the most under-utilized and underappreciated group of hospital employees. It seems that often hospital administrators look at ICPs and think, 'Oh, we only need an ICP so we can tick it off the Joint Commission box'. I don't think administration realizes this gem in their hands (ICPs) can save the hospital lots of money. Part

of the problem is that IC doesn't generate money; any money saved is soft dollars. That's one reason we're underappreciated."

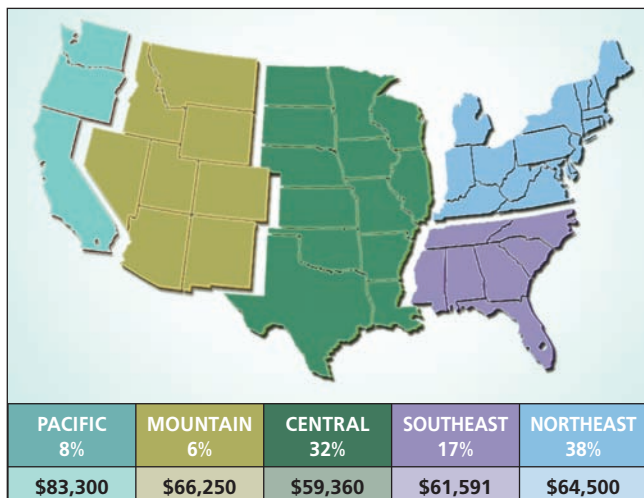
A whopping 81% of respondents to this survey are registered nurses (RNs). The survey found that the average 2007 salary for all responding IC professionals is \$63,876 (up \$3,500 from 2006). The majority (69%) reported a 4% increase over their 2006 base salary. This might

sound good at first glance; however, there are factors that must be considered when judging fairness and equality in salary, explained Brinsko: "If you compare ICPs' work to any other type of nurses', we're more versatile. I'd like to see a salary survey for comparable nursing positions, such as occupational health, nurse educators, case managers, risk managers, quality control, and statisticians, because IC nurses are all those things and more; however, I think you'll find ICPs are paid less. The IC nurses have global influence and should not be making the same as, or less than, a bedside nurse, for instance, but often they are."

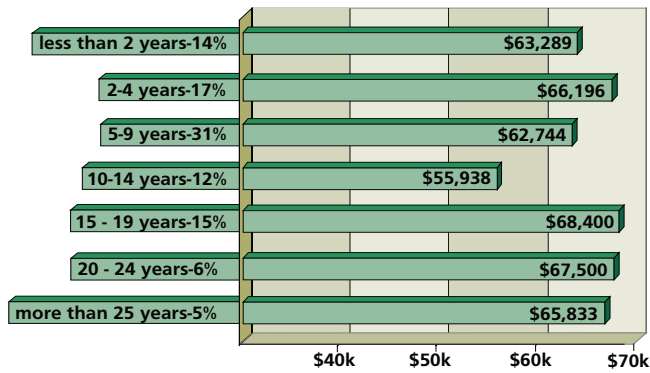
"At Vanderbilt we are now getting more and more support as the administration notes the importance of infection control and prevention. However, at some facilities, human resources may counter with, 'I saw that salary survey in such-and-such magazine, and it looks like you're right on the money.' It may be that you're right on the money, but, in comparison with what your peers make, ICPs' salaries are low," said Brinsko. "What's more, many of these other nursing professions only have to send in CEs, whereas ICPs have to take the exam every 5 years. It's nerve-racking, but it keeps you on your toes, and it's yet another thing that makes us advanced-practice nurses."

Brinsko observed that IC department budgets are also often below par. Necessity being the mother of invention, Brinsko explained that many ICPs have developed the ability to think outside the box, accomplishing much with what little they have. "Administration expects a lot of IC, but, generally, IC departments run on very lean budgets. Many excellent ICPs are overworked, underpaid, and have a tiny budget, but they come up with fabulous programs. It's amazing they can function as well as they do being so handicapped financially. We have global insight for every single department of the hospital, but, because we're present a lot of times just so that administration can check the JCAHO box saying 'yes, we have a program,' we don't get the

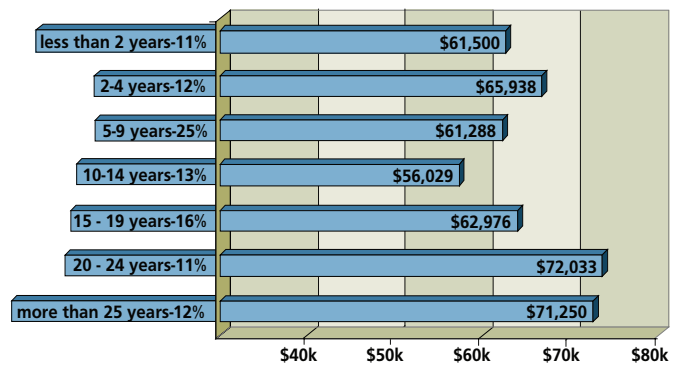
Salary vs. region



Salary vs. years at current facility



Salary vs. years in infection control



respect and therefore the salary or budget needed to do an excellent job.”

Soule agrees that ICPs are not always provided with the support they need to accomplish their purpose effectively. “It depends on how the organization perceives benefits of the IC program and whether they understand the value of saving lives and costs. Organizations don’t always stop to think how they could increase the ICP’s effectiveness with secretarial and information technology (IT) support. Few organizations are staffed based on Dr. Carol O’Boyle’s study showing that, to get essential work done, one ICP per 100 occupied beds is needed in acute care.”

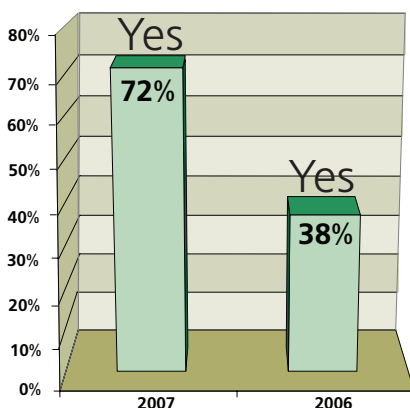
Despite controversy over compensation and department budgets, the survey does reveal some good news. Many experienced ICPs have chosen to remain in IC long-term, an average of 12 years, and they tend to stay with the same institution long-term, an average of 9 years. Most respondents also reported feeling a sense of job security: 54% of respondents reported feeling very secure in their current position, 39% feel somewhat secure, and only 7% feel somewhat insecure.

Change in the air?

The survey reflects that respondents’ facilities (71% in 2007 versus 65% in 2006) are gearing up for mandatory reporting of

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INFECTION CONTROL

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infections. Brinsko believes this is a good trend that will only grow stronger. "Mandatory reporting of healthcare-associated infection and pending legislation on surveillance cultures for certain resistant organisms have the potential to affect salary and budget issues by shining a spotlight on a field that's never, ever been shone on before. It will be good for patient safety, which is what IC is all about anyway. Mandatory legislation will lead to IC playing a more integral role in patient safety, risk management, and continuous quality improvement. If IC doesn't take a leadership position, then at least it will be elevated to a higher echelon."

Will shining the spotlight on IC translate to higher compensation, enlarged staffs, and bigger budgets? It will be interesting to see how it all plays out.

When is an ICP not an ICP?

Do you know the answer to this riddle: When is an ICP not an ICP? When they're assigned duties that are everything but IC. Only 40% of respondents spend 100% of their time working in IC; 34% spend 50% or less of their time working at IC. "This is not a new trend; it's been going on forever," noted Soule. Indeed, it does appear that, in too many cases, IC duties seem to be incidental, despite titles that indicate differently. "If ICPs don't have time to do IC because of other duties, that's a real problem," stated Soule. "People who make these assignments often have no idea of the complexity and multiple requirements of the job. If an ICP has only 2 to 4 hours per week to do IC, he or she may be panic-stricken, because they realize they can't do it. Joint Commission standards speak to providing adequate resources for an effective IC program."

The finding also resonated with Brinsko. "It's so true that ICPs are often expected to perform duties other than IC. In big medical centers such as Vanderbilt, we have a dedicated IC department; however, in Tennessee, 50% of hospitals are small and rural, having fewer than

100 beds." This figure is consistent with survey findings, in which the majority (61%) reported working in small hospitals (25 or fewer beds, 14%; 26-49 beds, 6%; 50-99 beds, 12%; 100-199 beds, 29%). "At these facilities," said Brinsko, "ICPs often have to wear several hats."

"Mandatory reporting and the surveillance issue will probably force some hospitals to have a dedicated IC department, possibly focusing administration's attention on IC and getting them the resources and personnel needed to get the job done right," concluded Brinsko.

The survey asked ICPs to rate 23 topics on which they'd like to see more coverage in *HPN*. Soule observed that two of the top four issues, mandatory reporting of infections and bioterrorism preparedness, are "more recent 'add-on' jobs. ICPs are going to need more help. We hope the new trend will be that, with new, added responsibilities, more resources will be provided or perhaps some duties will be delegated to other appropriate departments."

Evolution of evaluation

In recent years, the trend has developed that more and more ICPs are serving on product-evaluation committees. In fact, 80% of respondents declared they are a member of their facility's product-evaluation committee. Brinsko sees it as essential for ICPs to participate. "Their input can be invaluable in helping hospitals select the best products and not to be wooed by the clever sales pitch."

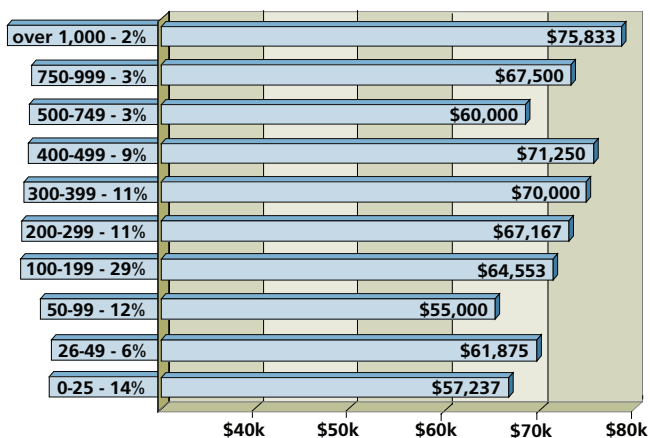
Soule agreed: "ICPs insist on seeing data to support product claims. They always look at whether it will do what it says to prevent infections, staff acceptance, cost-effectiveness in preventing infection, and appropriate management and use of the product in the organization, such as how it will be stored and cleaned and whether it's reusable."

As Brinsko summed it up: "ICPs can shed a drop of reality on what's needed in products."

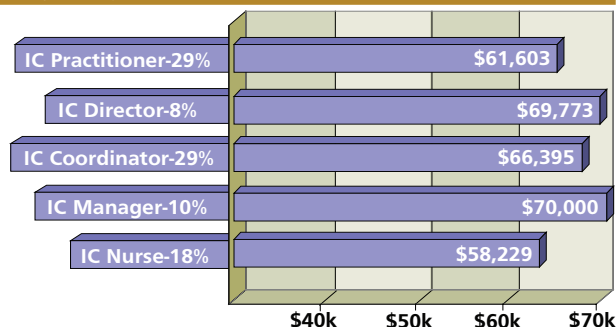
Pandemic flu: getting the message

An interesting finding of the survey is that almost twice as many respondents as last year (72% in 2007 versus 38% in 2006) reported that their facility had stockpiled supplies to prepare for a possible flu pandemic. Why? Brinsko believes that "everybody is gearing up

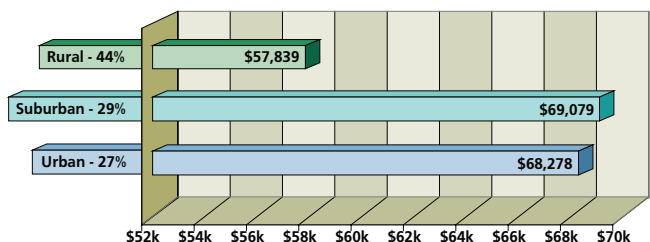
Salary vs. number of beds



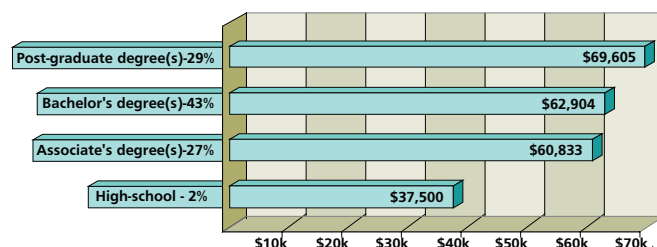
Salary vs. job function



Salary vs. facility location



Salary vs. education



Product Evaluation Committee Members

Are you a member of a Product Evaluation Team?		YES - 80%	NO - 20%
If you are a member of a Product Evaluation Team, in which of the following categories do you play a role?			
Determine the need	65%	Education	41%
Safety evaluation	62%	Cost analysis	39%
Product testing	50%	Define usage	35%
Process improvement	47%	Other:	7%

for the impending flu pandemic because they've listened to the CDC's message. What increased their clarity on this issue is Hurricane Katrina. If you don't have your plan crystallized, you need to get one in writing and not wait until the last minute when the flood waters are rising."

Soule observed: "It's a good sign that organizations are taking this potential risk seriously."

Looking ahead

What's in store for 21st-centuries ICPs? Soule believes that "ICPs have the potential to emerge in a more significant leadership role and to focus attention on preventing infection as it relates to patient safety and better quality of care. We have an opportunity to forge strong links with leadership, staff, the community, the media, and government to increase the visibility of the issues, bringing pressure to make improvements and to shift the focus from controlling to preventing infections. We also need more ICPs publishing their success stories and participating in basic research related to making improvements for patients, so we can further the scientific base of the profession in very practical ways."

According to HPN's IC salary survey, the average respondent is female (93%); the majority are one of two employees comprising the IC department; has worked in IC for 12 years and at the same facility for 9 years; works at a rural (44%), nonprofit (80%), stand-alone facility (76%), with an average of 231 beds; is an RN (81%); is CBIC-certified (85%); earns \$63,876 per year; and feels relatively secure in her position (54%).

Being average statistically may be a good thing, but never be satisfied with average performance and programs. Always strive for excellence. You are in a truly awesome, wondrous position, because what you do can literally make the difference between someone living and someone dying. How many people on Earth can say that? What greater reward could there be? **HPN**

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