

## ICP salary gains reflect quality drive, safety influence

by Jeannie Akridge

While salaries for infection control practitioners (ICPs) continue to grow at a steady pace, the stage is set for these key players in healthcare quality and safety to see bigger gains as they begin to wield greater influence in their facilities.

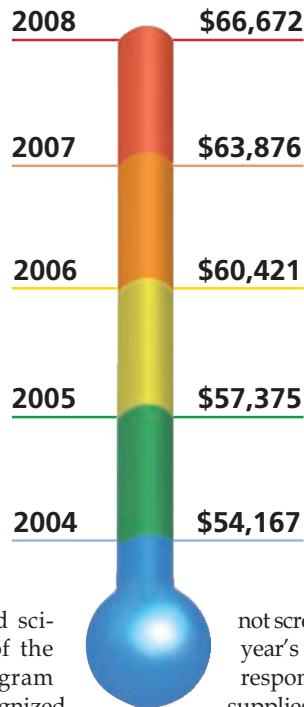
Healthcare Purchasing News surveys its infection control practitioner readers each year to find out how their salaries measure up, and learn about their responsibilities and working environments. The good news for 2008 is that salaries continue to rise by about \$3,000 per year, however the percentage increase this year was less than in previous years. Overall, salaries increased by a rate of about 5.5 percent every year between 2004 and 2007, yet rose just 4.3 percent from 2007 to 2008 for an average salary across all ICP titles of \$66,672. Infection Control Managers continue to command the highest salaries among their infection control peers, at \$73,000 (up from \$70,000 in 2007), followed by Infection Control Directors at \$71,250. Infection Control Nurses reported average salaries of \$60,938.

According to HPN's 2008 IC Salary Survey, the average respondent is 51 years old; female (89%); goes by the title of Infection Control Coordinator (30%), or Infection Control Practitioner (26%); works alone or with one other person in the IC department (78%); has worked in IC for 12 years and at the same facility for 9 years; works at a rural (45%), nonprofit (75%), stand-alone facility (76%), with an average of 245 beds; is a Registered Nurse (74%); is CBIC-certified (67%); earns \$66,672 per year - and feels "very secure" in her position (62 percent).

Still, challenges persist for today's ICP. Suzanne M. Pear, RN, Ph.D, CIC,

healthcare epidemiologist, and associate director for infection prevention practices, scientific affairs and clinical education, Kimberly-Clark Health Care, (Roswell, GA), commented, "The major challenge for today's infection prevention specialist (IPS) is to be able to obtain the necessary resources - education, people, time, access to clinicians, tools, etc., to perform the job of infection prevention competently, consistently and comprehensively. It is such a complex specialty requiring many different skills - truly an "arts and sciences" profession. Part of the challenge is that the program complexity is often not recognized by administration - even though job openings may remain unfilled for months because of the lack of competent, credentialed practitioners."

Scott D. Pope, PharmD, product director - SafetySurveillor, Premier Inc., Charlotte, NC, noted that "as a unit that is involved with cost avoidance (as opposed to revenue generating) infection control programs are not given the proper attention and/or resources from upper administration." He cited the ICP's major challenges as "state reporting, National Healthcare Safety Network (NHSN) reporting, CMS non-reimburse-



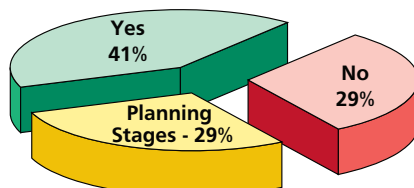
ment (and related coding issues) and the challenge to eliminate healthcare-associated infections."

Indeed, more than three-quarters (77%) of our survey respondents said they were preparing procedures for mandatory reporting of infections, up from 71 percent in 2007 and 65 percent in 2006. New to our survey this year, we asked ICPs if they were planning on, or already screening for, MRSA at patient admission: 41 percent said they are currently screening patients for MRSA upon admission, 29 percent are in the planning stages, and 29 percent are

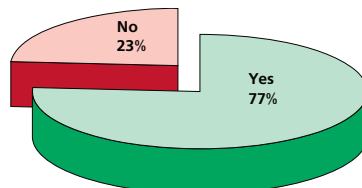
not screening for MRSA. Similar to last year's survey findings, 70 percent of respondents' facilities have stocked supplies to prepare for a possible flu pandemic.

When we asked ICPs to rate topics on which they'd like to see more coverage in HPN, the top three issues continue to be "healthcare acquired infections/prevention" (73%), "prevention of surgical site infections" (61%), and "mandatory reporting of infections" (60%).

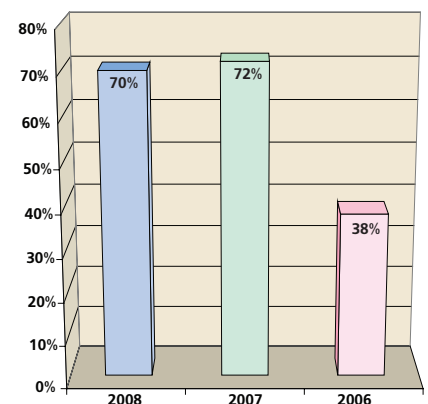
### SCREENING FOR MRSA AT PATIENT ADMISSION?



### PREPARING PROCEDURES FOR MANDATORY INFECTION REPORTING?



### STOCKING PANDEMIC FLU SUPPLIES?



# INFECTION CONNECTION

Pending and current state legislation mandating reporting of infections, coupled with the Centers for Medicare & Medicaid Services (CMS) ruling to no longer reimburse facilities for certain hospital acquired conditions, has not only increased responsibilities for ICPs, it should also bring about positive changes for the profession.

"Such legislation brings the importance of the infection control position to the forefront and will result in more resources (personnel and financial) allocated to the department," predicted Pope.

Pear emphasized, "These CMS reimbursement changes certainly provide an opportunity for Infection Prevention and Control (IPC) programs to once again show their enormous merit; however, the organization must be able to capture the true cost of HAIs so that the cost-benefit of prevention can be accurately measured. The Infection Prevention Specialist must also possess the skills necessary to make that case. Additionally I think that there may exist a real danger of Infection Preventionists to be pressured to 'adjust' infection data that is to be published if it may reflect badly on the organization. Sometimes identification of nosocomial infections requires 'clinical judgment'. If pressure is put to bear on IPC programs to show improvement, judgment calls may err on the side of political correctness rather than patient safety."

## The many hats of the ICP

Only 37 percent of our ICP respondents reported spending 100 percent of their work time on infection control related tasks, and on average they spend 77 percent of their work time in infection control, compared to 70 percent in 2007. Other duties that fall to the ICP include Employee Health (47%), Disaster Preparedness (34%), Education (22%), Quality Performance Management (22%), Patient Safety (21%) and Risk Management (10%).

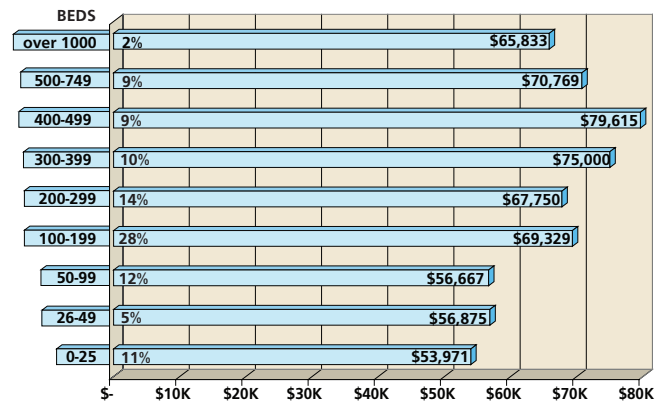
ICPs are also playing a more significant role in purchasing decisions at their facilities with 78 percent serving as a member of a Product Evaluation Committee. What's more, 82 percent of those respondents determine the need for the product (compared to 65 per-

cent in 2007); 77 percent perform safety evaluations; 59 percent play an education role in product evaluations; 58 percent are involved in process improvement decisions; 56 percent are involved in product testing; and 50 percent actually perform cost analyses for new products, compared to 39 percent in 2007.

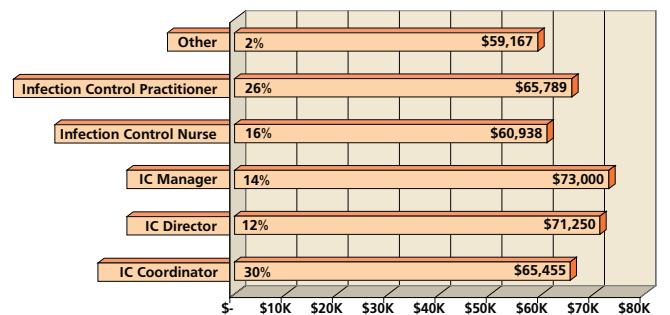
Noted Pear - a former Department of Veterans Affairs Medical Center employee who spent 10 years as a staff med/surg nurse, and 20 years in infection control - "Infection prevention and control program requirements and responsibilities have increased exponentially in the past two decades and they pervade and affect every area of the healthcare organization. The responsibilities are myriad, while authority to make true and lasting change may be limited. The program continues to be viewed as a cost center, and so management's goal may be to keep IPC program costs to a minimum, and that means

See **SALARY SURVEY** on page 32

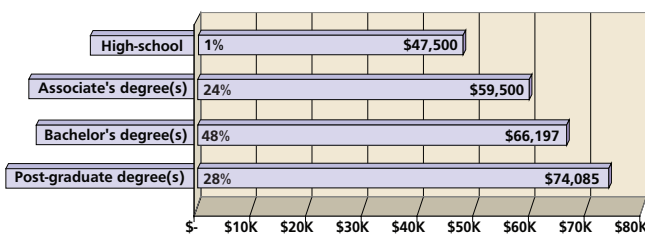
## SALARY VS. NUMBER OF BEDS



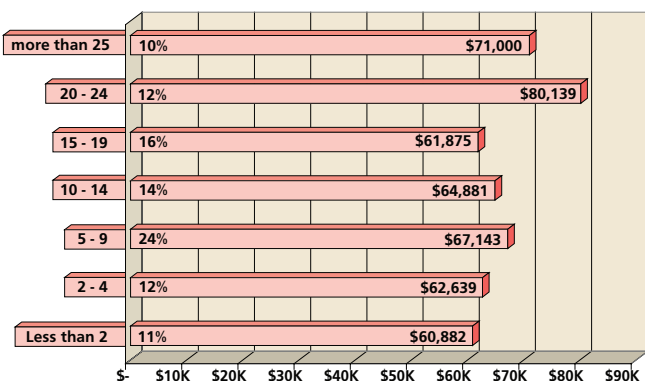
## SALARY VS. JOB FUNCTION



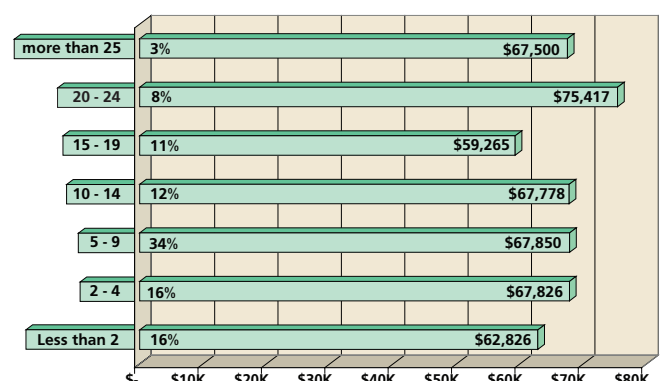
## SALARY VS. EDUCATION



## SALARY VS. YEARS IN INFECTION CONTROL



## SALARY VS. YEARS AT CURRENT FACILITY



# INFECTION CONNECTION

## SALARY SURVEY from page 31

tightly controlling positions, salaries and other ancillary resources. This has a direct effect on recruitment and retention of competent Infection Preventionists."

She added, "Most Infection prevention and control programs are under either the quality improvement program or the chief nurse. To have direct and unconditional support, IPC programs should be placed either directly under the healthcare facility chief executive or the chief medical officer. Otherwise the potential for institutional politics to play a controlling or filtering role may be great."

Our survey confirmed that the largest percentage of our ICP respondents report to the Director, Quality/Risk Management (32%), followed by 21 percent who report to the Chief Nursing Officer, and 14 percent reporting to the Director/Manager, Nursing. This last group also had the lowest average salary at \$62,000. Highest earners reported to the Vice President/Director, Support Services (\$79,792) or the Medical Director (\$71,458).

## Due respect

Perhaps in anticipation of great things to come, our 2008 IC Salary Survey respondents are more comfortable in their current position, with 62 percent reporting that they felt "very secure" compared to 54 percent in 2007, while just 4 percent said they felt "somewhat insecure" in their current position, compared to 7 percent in 2007.

What are some ways that ICPs can assert their leadership role in the hospital? What can help them make a case for additional infection prevention resources in their facility?

Suggested Pear: "Historically, Infection Prevention Specialists have been viewed as having expert authority - that is what has given them their de-facto leadership role. This is their strength and this is what

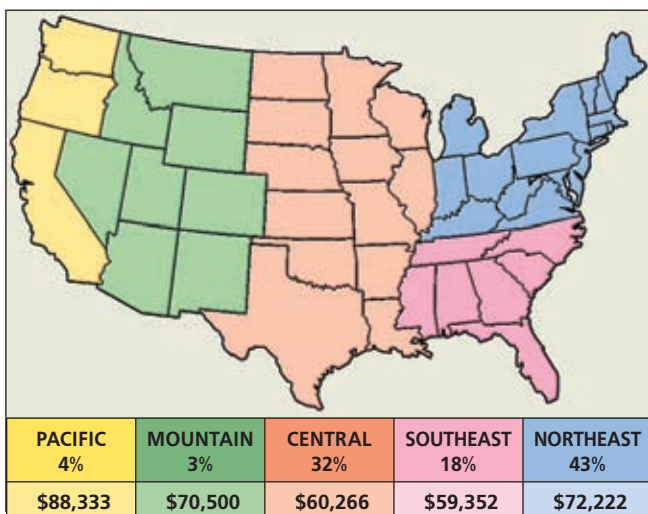
they must continue to assert. They must develop and hone the skills necessary to perform the expert role and learn how to market themselves in that role. This is where I think that local APIC chapters can play an invaluable role in providing opportunities at least monthly for members to share their skills and their hard won expertise with one another. Often times IPs work alone. Having an opportunity to be mentored or to be a mentor will help the profession grow more unified and more expert."

Pope added, "CMS legislation will surely help to make the case for additional resources by focusing on the potential of extremely large financial losses if the status quo is maintained. CMS is anticipating saving billions of dollars over the next 4-5 years with the non-reimbursement changes; once private payors realize the opportunity, they'll soon follow with similar changes. Dedicating Infection Control resources to the issues now will prevent crippling losses in the coming years." **HPN**

## ICPS INFLUENCE PURCHASING

Products/supplies which are purchased/specified by ICPs	
Handwashing Systems	85%
Masks/Respirators	72%
Needlestick Safety Devices	72%
Gloves	65%
Disinfectants & Sterilants	64%
Cleaning Equipment & Supplies	61%
Protective Wear	56%
Safety Eyewear	32%
Disposable Kits and Trays	32%
Air Purification Systems/Filters	30%
Waste Management	29%
Bandages/Dressings	28%
Software/Data Surveillance/Reporting	22%
Med/Surg Supplies	20%
Sterility Assurance Products	20%
Sterilization Supplies & Equipment	20%
Computer Equipment/Waterproof keyboards	19%
Sterilization Wraps & Containers	18%
Drapes	16%
OR Supplies/equipment	11%
Patient Warming Equipment	8%
Pharmaceuticals	7%
Other	7%
Pressure Management Systems	5%
Smoke Evacuators	1%

## SALARY VS. REGION



## PRODUCT EVALUATION COMMITTEE MEMBERS

Are you a member of a Product Evaluation Team?		YES - 78%		NO - 22%	
If you are a member of a Product Evaluation Team, in which of the following categories do you play a role?					
Determine the need	82%	Product testing	56%		
Safety evaluation	77%	Cost analysis	50%		
Education	59%	Define usage	47%		
Process improvement	58%	Other:	4%		