

INFECTION CONNECTION

New IC title drives influence, salary

by Jeannie Akridge

One of the most significant changes to the *Healthcare Purchasing News* 2009 Infection Control Salary Survey was the addition of the newly coined term Infection Preventionist (IP) as a choice of job titles. Introduced by the Association for Professionals in Infection Control and Epidemiology (APIC) in July 2008 as part of a rebranding strategy to reflect the expanding role of its members, Infection Preventionist was also the top selected title chosen by 25 percent of *HPN* Salary Survey respondents. Infection Control Coordinators, which typically make up the largest group of respondents, comprised 23 percent of respondents in 2009. The number of Infection Control Practitioners also dropped from 26 percent in 2008 to 9.5 percent as the profession begins to embrace the new terminology.

"The fact that Infection Preventionist (IP) is the number one title reported in your survey is a testament to the professional influence of APIC - this is great - we are fortunate in infection prevention and control to have such a dynamic, cutting edge professional organization to guide and support our practice," commented Sue Barnes, RN, CIC, national leader, infection prevention and control and patient safety, Kaiser Permanente Program Offices and a member of the National APIC Communication Committee. "I think that the APIC goal in introducing this term as part of a rebranding strategy was to heighten the recognition and visibility of the IPs efforts in reducing infection risk in our patients and supporting patient safety - which I think is happening."

Overall, salaries for infection control professionals continued their slow but steady climb, with a 2009 average salary across all titles of \$68,160, a 2 percent increase over the 2008 average salary of \$66,672. Those holding the title of Infection Preventionist earned \$62,314 on average, while Infection Control Coordinators reported average salaries of \$65,870. Highest earners were Infection Control Directors with

an average salary of \$81,815, an increase of more than \$10,000 over the 2008 average salary for IC Directors. Infection Control Managers earned on average \$79,496.

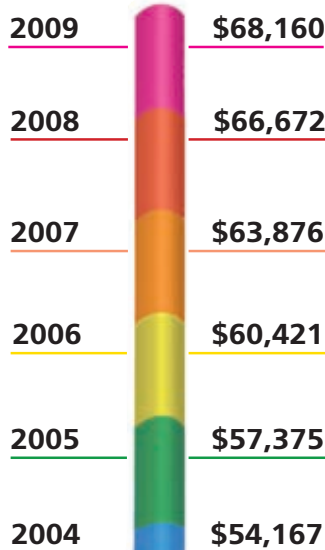
The typical respondent to *HPN*'s 2009 IC Salary Survey is 53 years old, female (90 percent of respondents), goes by the title of Infection Preventionist, has worked in the infection control profession for 12 years and in their current facility for 9 years, reports to the Director, Quality/Risk Management, and works in a rural, non-profit, stand alone hospital with an average of 234 beds.

Prevention priorities

When asked which areas they would like to see more coverage of in *HPN*, top answers selected by these IPs include: Healthcare acquired infections/prevention (63%); Antibiotic/Antimicrobial Stewardship (62%); and Infection Tracking/Reporting Systems (62%).

With 76 percent of respondents' facilities preparing procedures for mandatory reporting of infections, this has indeed become a top priority for IPs as well as put further strain on already scant resources.

"From what I see and hear, mandatory reporting and legislated infection prevention strategies seems to be the primary focus for IPs this year in most if not all of the country," said Barnes. "I think that in the long run this legislative focus on HAI prevention is a good thing and will serve to increase resourcing for infection prevention and control and will make our patients safer, but right now it is serving almost exclusively to divert IPs from preventing infections, in order to comply with required reports and activities."



Barnes suggested that coming up with "creative ways to meet the intent of the legislative and regulatory requirements such as using technology to automate surveillance and leveraging the resources of other departments such as Quality or Licensing/Accreditation to perform some of the surveillance and reporting functions can help IPs remain focused on preventing infections."

Another priority target for today's IP is the prevention of *Clostridium difficile*. A new inquiry for *HPN*'s 2009 survey, 60 percent of respondents said their facility had instituted a *C.diff* surveillance program, while 22 percent are considering doing so.

"*C. diff* prevention has become a key focus area because of the increasing incidence of morbidity and mortality associated with *C. difficile*," said Barnes. "Two key interventions which can reduce the number of patients becoming infected, getting seriously ill and/or dying are antibiotic stewardship and environmental cleaning/disinfection. It will take a collaborative effort from the top of the hospital/organization down. The leadership at each medical center must be supportive in order to ensure that the physicians and pharmacists can be allocated the time needed to do the antibiotic monitoring, and that we have the appropriate numbers and training for our housekeeping staff to do the environmental cleaning and disinfection; that we have standard products, standard policies that are based on published evidence based guidelines such as [those] from ASHES [American Society of Healthcare Environmental Services]."

She continued, "At the same time IPs and EVS staff must collaborate in order to optimize environmental cleaning and disinfection by standardizing cleaning policies, cleaning products, EVS training and EVS quality assessment tools and programs to ensure better reliability and reduced infection transmission."

Product evaluations are increasingly becoming a core responsibility for IPs; 80 percent are a member of a product evaluation committee, up from 78 percent in 2008. Top product areas for which supplies are purchased or specified by the infection control department

HAS YOUR FACILITY STOCKED SUPPLIES TO PREPARE FOR A POSSIBLE FLU PANDEMIC?

Yes	80.40%
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IS YOUR FACILITY PREPARING PROCEDURES FOR MANDATORY REPORTING OF INFECTIONS?

Yes	75.50%
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IS YOUR HOSPITAL PLANNING ON OR ALREADY SCREENING FOR MRSA AT PATIENT ADMISSION?

Yes Currently	63.60%
No	26.00%
Planning stages	10.40%

HAS YOUR FACILITY INSTITUTED OR PLANNING TO ADOPT A C.DIFF SURVEILLANCE PROGRAM?

Yes	59.90%
No	16.80%
Considering	21.60%

INFECTION CONNECTION

include hand sanitizers (82%), needlestick/sharps safety devices (69%), disinfectants & sterilants (63%), gloves (61%), handwashing systems (58%), masks/respirators (54%), cleaning equipment & supplies (52%) and protective wear (52%).

“National APIC is planning to offer education focused specifically on evaluating new products this year, so look for that,” offered Barnes. “New technologies and products are being introduced on a continual basis to support our drive to zero infections. It’s critical that IPs have a voice regarding what products should be added to the ever growing toolkit for infection prevention.”

Spotlight on progress as challenges continue

IPs continue to work alone, even more so than in past years. When asked how many employees were in their infection control department, 81 percent answered 1-2 employees, compared to 78 percent in 2008. They’re also being pulled in several directions; 41 percent of respondents said they spend 100 percent of their time in infection control, compared to 37 percent in 2008.

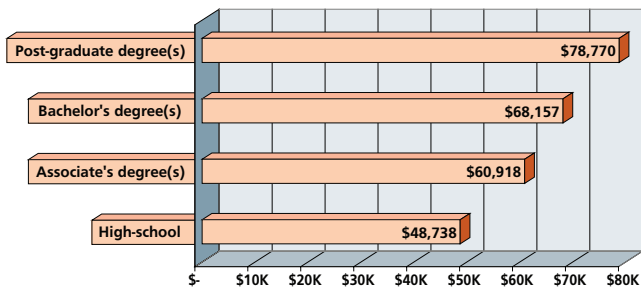
Other duties performed by IPs include Employee Health (45%) Education (25%) Disaster Preparedness (22%), Patient Safety (20%), Quality Performance Mgmt. (15%), Worker’s Comp (10%) and Risk Management (8%).

“Your survey indicated that the time of many IPs is split in a number of ways to provide oversight to other areas in addition to infection prevention and control such as employee health and patient safety,” said Barnes. “I think that hospital administrators are coming to understand that infection prevention and control is a specialized discipline requiring *more* than full time attention to the continually expanding scope and new issues and challenges. I suspect this will result in IPs eventually being responsible only for Infection Prevention and Control.”

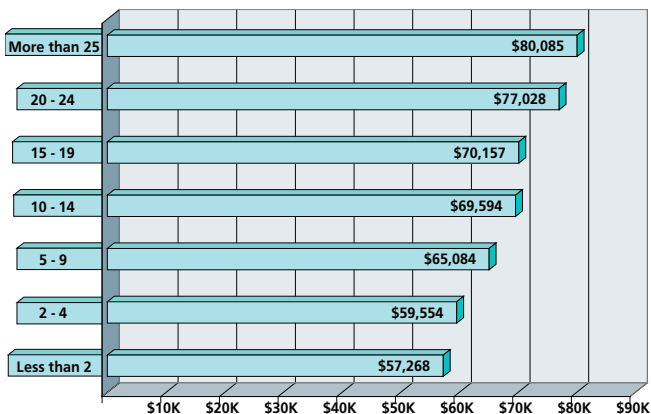
Barnes noted the significance of IPs working to build cases to support comprehensive infection control programs. “I think one area that IPs need to become more adept at, and are becoming more adept at and

See **SALARY SURVEY** on page 20

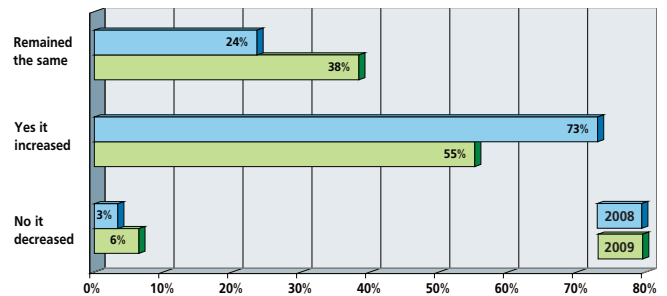
SALARY VS. EDUCATION



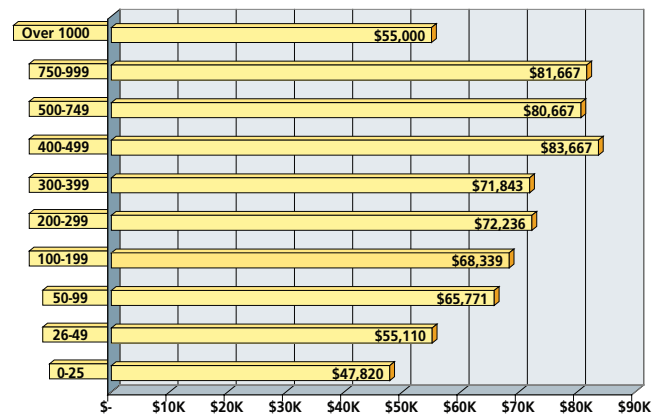
SALARY VS. YEARS IN INFECTION CONTROL



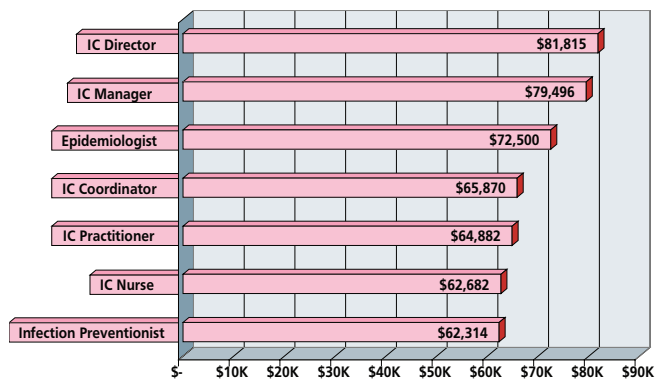
DID BASE SALARY INCREASE SINCE LAST YEAR?



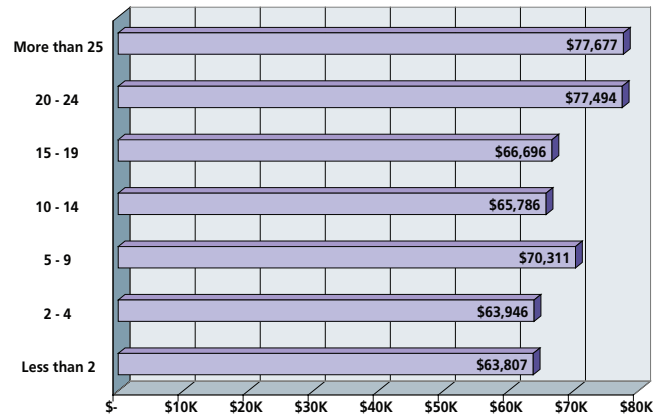
SALARY VS. NUMBER OF BEDS



SALARY VS. JOB FUNCTION



SALARY VS. YEARS AT CURRENT FACILITY



INFECTION CONNECTION

SALARY SURVEY from page 19

expert in, is building business cases in order to keep the IP program robust enough to prevent infection but also at the same time comply with all the tremendous number of regulations and legislative requirements. So the IP now has to understand what the costs are that are associated with HAI or healthcare associated infection, the length of stay associated with HAI, mortality and also medical malpractice costs."

She also expounded on the value of education. "Always it's a challenge but really important that IPs continue to seek annual education and training opportunities in order to stay on that learning curve which continues forever," said Barnes. "It never stops with infection prevention and control. There are always new infection risks and new areas of infection risk across the continuum of care as we're performing more invasive procedures in ambulatory and inpatient settings. So infection prevention now needs to maintain focus not just in the hospital areas but in ambulatory care areas, such as ambulatory surgery centers, dialysis centers, home care, infusion centers, endoscopy procedure clinics, just to name a few."

While 45 percent of HPN's Infection Control Salary Survey respondents hold a bachelor's degree as their highest level of education and earn an average salary of \$68,157, the 25 percent who hold a post-graduate degree earned an average salary of \$78,770. Three-quarters of these professionals are certified by CBIC, and 84 percent are licensed or have experience as a Registered Nurse.

In what may be a reflection of overall tough economic times, job security for infection control professionals is down from last year. Forty-four percent of respondents said they felt very secure in their position, compared to 62 percent in 2008. Still, confidence levels might soon be boosted as the critical role of the IP gains more prominence.

Barnes praised IPs for their untiring efforts over the years and in recent "targeting zero" campaigns to prevent infections. "Although not all infections can be prevented, the target of zero infections is at the heart of

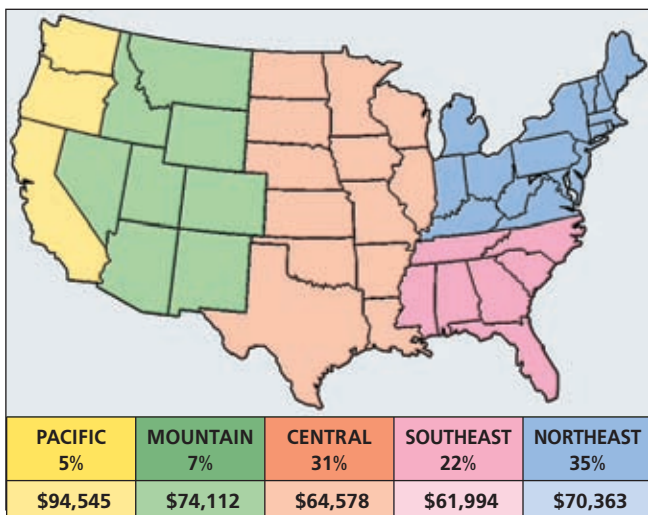
the work IPs have done for years in infection prevention. This gives medical centers in this country a distinct advance or 'leg up' so to speak regarding the efforts now required related to VAP, BSI, MRSA, SSI prevention. Because of the work IPs have done in these areas for many years, significant inroads have been made in terms of determining which interventions are effective and how, what works and what doesn't work. And I think the only thing we've been missing in recent years is leadership endorsement. And now we have that in full measure because of the legislative requirements, because of the consumer push for mandatory public reporting and from improvement organizations such as IHI. Although a little overwhelming to deal with all of this all at once, I think IPs everywhere are grateful for the light now shining on the issues that they have worked passionately on for many years." HPN

Editor's Note: APIC's *C. difficile* prevalence study – the largest, most comprehensive survey of its kind – revealed a prevalence rate 6 to 20 times greater than incidence estimates. To reduce the risk of transmission, APIC also published a Guide to the Elimination of *C. diff.* available at http://www.apic.org/AMTemplate.cfm?Section=National_C_Diff_Prevalance_Study&Template=/CM/HTMLDisplay.cfm&ContentID=11333. For information on APIC's Targeting Zero initiative, visit: http://www.apic.org/AMTemplate.cfm?Section=Targeting_Zero.

ICPS INFLUENCE PURCHASING

Products/supplies which are purchased/specified by ICPs	
Hand Sanitizers	82%
Needlestick/Sharps Safety Devices	69%
Disinfectants & Sterilants	63%
Gloves	61%
Handwashing Systems	58%
Masks/Respirators	54%
Cleaning Equipment & Supplies	52%
Protective Wear	52%
Disposable Kits and Trays	36%
Safety Eyewear	31%
Bandages/Dressings	29%
Waste Management	25%
Software/Data Surveillance/Reporting	23%
Air Purification Systems/Filters	19%
Drapes	18%
Med/Surg Supplies	17%
Sterility Assurance Products	16%
Sterilization Supplies & Equipment	16%
Sterilization Wraps & Containers	15%
Computer Equipment/Waterproof keyboards	10%
OR Supplies/equipment	9%
Test Kits/Bacterial Typing Products	8%
Pharmaceuticals	7%
Patient Warming Equipment	6%
Pressure Management Systems	6%
Smoke Evacuators	1%

SALARY VS. REGION



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%	Process improvement	48%
Safety evaluation	61%	Cost analysis	36%
Product testing	50%	Define usage	34%
Education	48%	Other:	6%