

# Ripe for recognition, resolute for readiness

## Administrative spotlight brightens ICP outlook

She's 49 years old, a registered nurse, who makes a little over \$57,000 a year for her role in everything from fighting nosocomial and surgical site infections to bio-terrorism preparedness and mandatory reporting of infections – and she goes by the title of Infection Control Coordinator. This is the profile of the average respondent to the 2005 Infection Control Salary Survey from *Healthcare Purchasing News*.

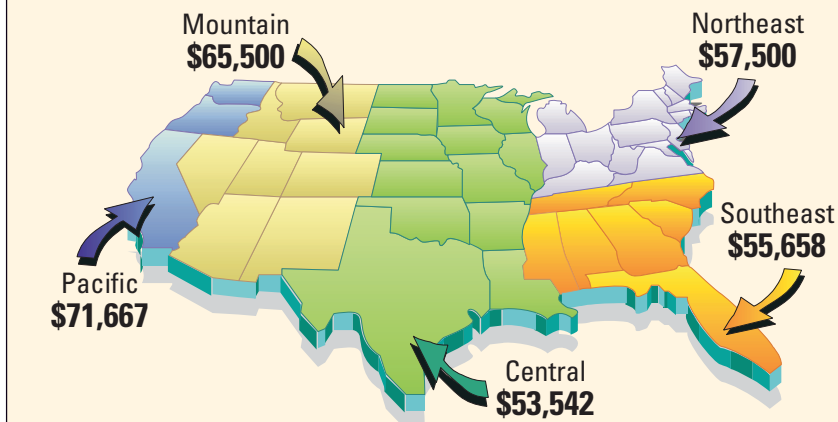
We weren't surprised to again find that 95 percent of our infection control respondents were female, or that the infection control departments they worked in had less than five employees, and often just one or two. Once again, salaries for the minority group of male infection control practitioners topped women's salaries by a few thousand dollars.

Our 2005 survey showed an average salary for all respondents of \$57,375, up nearly 6 percent from last year's reported average of \$54,167. Those 29 percent who described their position as IC Coordinator reported average earnings of \$56,765 a significant increase over last year's average of \$51,321. This year, titles seemed to weigh even less significantly in salary size than in year's past. Earnings ranged from \$55,625 for Infection Control Nurses and \$59,643 for Infection Control Practitioners.

Regardless of the title they hold, their role in the healthcare facility is ever-expanding and the effects of their efforts far-reaching. And the opportunity for these infection control employees to earn the respect, recognition and compensation they deserve may be right around the corner.

"I think that ICPs [infection control practitioners] in hospitals have been regarded too often as necessary only for regulatory compliance,

### Average Salary by Region



but who do not get the administrative support and resources that are needed to manage an effective infection prevention program," commented Mary Andrus, BA, R.N., CIC, nurse epidemiologist with the Health Outcomes Branch of the Centers for Disease Control and Prevention (CDC).<sup>1</sup> "More recently, I think that hospital administrators are coming to realize that hospital associated infections are a serious problem and that the ICP is a more valued resource than was once thought."

In addition to gaining the attention of administrators, public perceptions are also being focused towards infection control issues that may ultimately mean more visibility for the role that these professionals play in society.

"The public is beginning to realize that infections can be associated with hospitals and they are beginning to show outrage at the possibility. Other issues, such as bioterrorism, SARS, avian influenza and multiple drug resistant organisms have all been in the news and have brought a new level of public awareness of the importance of the prevention of infectious diseases," said Andrus.

When we polled infection control readers to find

out what topics they'd like to see more coverage of in *HPN*, top answers included nosocomial infection eradication, prevention of surgical site infections, bioterrorism preparedness, and mandatory reporting of infections.

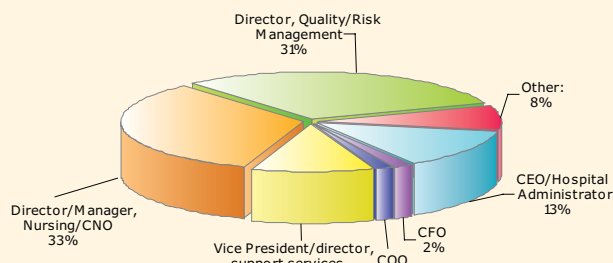
Indeed, mandatory reporting of infections that is becoming a reality in states across the country will certainly be an additional driver to highlight the critical influence the IC professional plays on both outcomes and revenues.

"The Consumers Union has promoted legislation in many states which advocates the public reporting of hospital infection rates," said Andrus. "While disclosure of risk-adjusted, appropriate data relating to hospital-associated infections can be an important step toward improving infection control practices in hospitals, it's also important that the legislation uses language that provides for measures that are appropriate. HICPAC, in collaboration with APIC and SHEA, has established a guideline for public reporting that includes recommendations about specific measures that would generate valid comparative data and that would also be fair to hospitals. Infection prevention professionals really need to participate in the process and be an integral part of defining the legislative language."

### Experience counts

This year our infection control readers collectively have an additional year of experience under their belts, reporting an average of 11

### Infection Control Professionals Report to:



years of working in infection control. Still, a majority of 31 percent reported their number of years of experience in infection control at between two and five years; 28 percent have 15 years or more of experience in their field. Naturally, those with more than 25 years of experience are earning the highest average salaries at \$69,000.

The average number of years that our respondents have worked at their current facility has stayed consistent with previous year's finding at eight. The majority (32 percent) said that they had worked at their particular facility between two and five years, a slight increase over 2004. Consistent with the above findings, those who have worked at their current facility for more than 25 years earned an average salary of \$69,167 – which was actually a slight drop from last year's figure of \$72,500.

The average age for our respondents raised just slightly from 49.14 to 49.2 years of age. Highest earners were between 51 and 55 years of age at \$64,063.

### Education

As IC professionals move into more prominent positions within their facilities, education and licensing will be key. Fifty-five percent of our respondents hold a bachelor's degree, which earns them an average salary of \$57,731; 22 percent hold associate's degrees and earn \$50,577. Same as last year, nearly a quarter of our respondents have earned post-graduate degrees. Salaries for these highly educated employees have jumped to \$64,196, about 4 percent higher than last year.

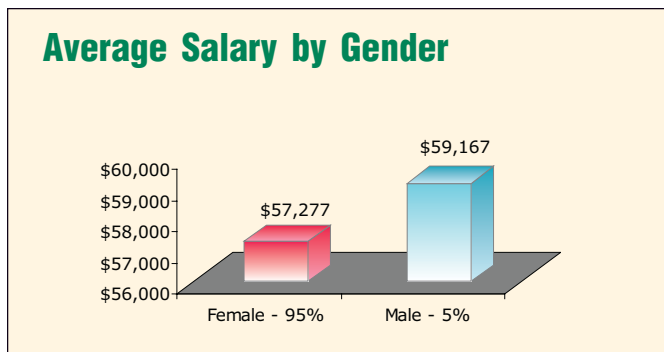
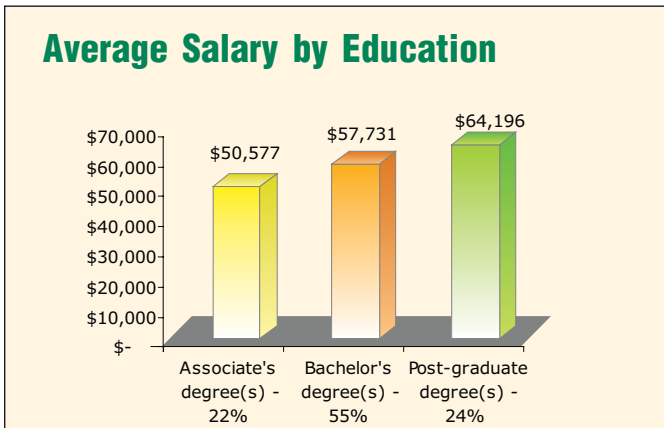
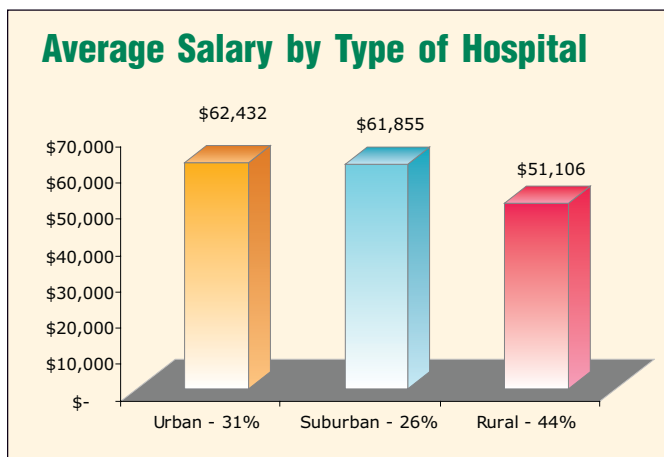
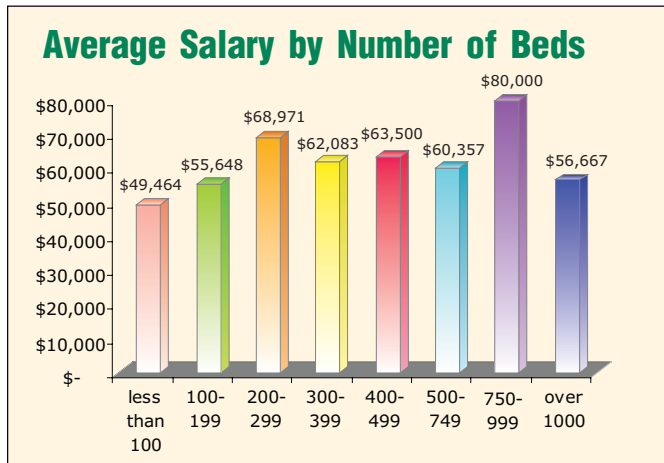
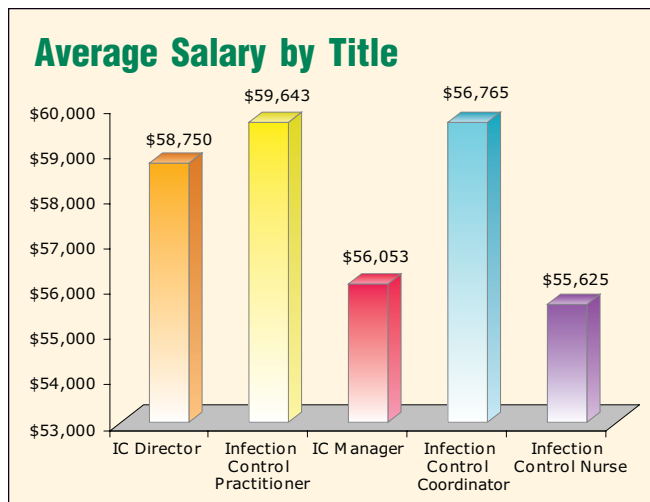
The vast majority (82 percent) are certified by the CBIC (Certification Board of Infection Control and Epidemiology); nearly 10 percent are certified by the CBSPD (Certification Board for Sterile Processing and Distribution); and another 8 percent are certified by IAHCSSM (International Association of Healthcare Central Service and Materials Management).

Nearly all (90 percent), are licensed as, or have experience as a registered nurse, a 5 percent increase over last year. Ten percent have experience as a medical technologist; 5 percent were experienced as an LVN/LPN.

### Job security and pay raises

Even with their obvious dedication to keeping current on the latest infection control issues and standards, just slightly over half of respondents said they felt very secure in their jobs; though this has increased slightly over last year. Forty-seven percent said they felt somewhat secure in their position; 2 percent, somewhat insecure. Most (77 percent) still said that they didn't expect to receive a bonus as part of their compensation. Those who do expect a bonus, are anticipating on average a

*See SALARY on page 42*



## Infection Control Purchasing Indicators

**Please indicate the product areas for which supplies are purchased/specified by your department:**

Handwashing Systems .....	86.67%
Needlestick Safety Devices .....	84.17%
Masks/Respirators .....	75.00%
Disinfectants & Sterilants .....	73.33%
Gloves .....	70.83%
Protective Wear .....	65.83%
Cleaning Equipment & Supplies .....	58.33%
Disposable Kits and Trays .....	45.00%
Safety Eyewear .....	42.50%
Waste Management .....	38.33%
Dressings .....	37.50%
Air Purification Systems/Filters .....	35.83%
Bandages/Dressings .....	31.67%
Software/Data Surveillance/ Reporting .....	31.67%
Med/Surg Supplies .....	29.17%
Sterilization Supplies & Equipment .....	25.00%
Sterility Assurance Products .....	23.33%
Sterilization Wraps & Containers .....	21.67%
Drapes .....	19.17%
OR Supplies/equipment .....	19.17%
Computer Equipment/Waterproof keyboards .....	15.00%
Patient Warming Equipment .....	12.50%
Pharmaceuticals .....	11.67%
Pressure Management Systems .....	11.67%
Other: .....	8.33%
Smoke Evacuators .....	2.50%

**Please indicate which areas you would like to see more coverage of in Healthcare Purchasing News:**

Noscomial Infection eradication .....	76.67%
Prevention of Surgical Site Infections .....	61.67%
Mandatory Reporting of Infections .....	60.00%
Bioterrorism Preparedness .....	52.50%
Disinfection and Sterilization .....	45.83%
Sterilization Procedures/Equipment .....	26.67%
Legislation .....	25.83%
Cath Lab .....	20.83%
Value Analysis .....	19.17%
Bariatric Equipment .....	14.17%
Laboratory .....	13.33%
Minimally Invasive Surgery .....	11.67%
Imaging/Radiology .....	9.17%
Surgical Apparel/Drapes .....	9.17%
Surgical Instrument Tracking .....	9.17%
Surgical Wrap .....	8.33%
Surgical Instruments .....	7.50%
Inventory Control .....	5.83%
OR Equipment/Beds/Suites .....	5.83%
Other: .....	5.00%

### SALARY from page 41

\$2,600 supplement. Surprisingly, this year, fewer respondents reported that they had received an increase in their base salary – 66 percent, down from 72 percent in 2004. Five percent more respondents than last year (30 percent) stayed at the same salary; 4 percent actually said their salary had decreased in 2005. For those who received a salary increase, the amount of the increase averaged 3.8 percent.

### Regional influences

Again this year, most of our respondents came from the Central region of the country – at 40 percent. Those working in the Central region were also the lowest paid at \$53,542, though up from last year's average of \$49,458. Highest earners by region have consistently been found in the Pacific region. For 2005, those working on the Pacific coast earned an average salary of \$71,667, up significantly from the 2004 average of \$63,088 for this region. Only 4 percent of respondents were from the Mountain region, yet they experienced the largest jump in salaries, from \$55,357 in 2004 to \$65,500 in 2005.

### Facility stats

By far, the vast majority of our readers (68 percent) work in a standalone hospital environment, a trend that continues each year. These were also among the lowest earners of the bunch, at \$55,154. There were a few more respondents this year working for an integrated delivery network (IDN) or multi-group alliance, up to 23 percent from 2004's count of 18 percent; these were also among the highest paid IC workers at \$63,571. Last year no one reported working for a group practice; this year we counted 2 percent of our respondents – and they were the highest earners at \$70,000. In addition, there were a few more respondents who reported working in a long term care facility or home health agency – up three percentage points to 7 percent; their salaries averaged \$58,750.

The number working specifically in the non-profit sector held steady at 68 percent; for profit, 21 percent, followed by those working in the government sector at 9 percent. Breakouts also remained similar for rural versus urban or suburban facilities; 44 percent worked for rural facilities, 31 percent for an urban facility and 26 percent for a suburban facility. Urban and suburban facilities paid their IC employees the most at \$62,432 and \$61,855 respectively; rural facilities paid \$51,106.

A majority of 35 percent reported their facility's bed-size as 99 or less. Earnings for these small hospitals averaged \$49,464 as compared to an average salary of \$63,500 for hospitals with between 400-499 beds. Those working in super-sized facilities with between 750 and 999 beds peaked at an average of \$80,000.

### Department and duties

ICPs continue to work mostly solo in their departments. A full 94 percent said that their infection control department included just one to five employees, though a couple said their departments had between 16 and 20 employees.

About the same number of respondents report to the Director/Manager, Nursing/CNO (33 percent) as do report to the Director of Quality/Risk Management (31 percent). Last year 44 percent reported to the Director of Quality/Risk Management.

Andrus believes that management level support is necessary for infection control practitioners to excel and achieve best outcomes. "ICPs could be more effective if they had better support from the patient care management level. Not just in terms of computers and human resources, but even more importantly, in standing behind the principles of infection prevention and control. If hand hygiene and other vital IC practices were added to the healthcare worker's performance review and scored, individuals who care for patients would pay more attention. As it is, administrators at every level tend to give mouth service to infection prevention and do not enforce the most basic standards that exist in their own hospital."

The time that ICPs spent on infection control dropped from about 80 percent to 68 percent this year, even though a majority of 28 percent said they spent 100 percent of their time at work on infection control issues. When asked what other duties they're taking on: over half said they were involved with employee health, 31 percent, education; and 35 percent answered "other". Nursing supervision and wound care were a few "other" responsibilities noted. Last year 11 percent answered patient safety; this year it was up to 24 percent.

We also asked our IC readers what product areas they were responsible for purchasing. Top answers included: hand washing systems (87 percent); needlestick safety devices (84 percent); masks/respirators (75 percent); disinfectants/sterilants (73 percent); gloves (71 percent); protective wear (66 percent); and cleaning equipment and supplies (58 percent).

"Infection control has a wide-open future. We are positioned to take the bull by the horns and establish ourselves as a respected group of experts with skills and knowledge to move the patient safety movement to a higher realm. We cannot, however, expect that recognition and respect will come along automatically – it's up to us as a profession to shake the bushes and make it happen," Andrus concluded. **HPN**

\*Mary Andrus, BA, RN, CIC, Nurse Epidemiologist, Health Outcomes Branch, Division of Healthcare Quality Promotion, National Center for Infectious Diseases, Centers for Disease Control and Prevention, has worked as a contractor with the CDC for three years. She's helped to train ICPs in the use and function of the National Healthcare Safety Network (NHSN). She also consults with professionals about surveillance protocols and interpretation of data.