

CSTE Assessment of Infection Prevention and Control Resources and Capacity

Dear State HAI Coordinator,

The CSTE HAI Subcommittee is seeking your assistance by completing this assessment of infection prevention and control resources, capacity and activities. Please involve your State Epidemiologist as necessary to ensure the accuracy of responses especially with regard to departmental resources. Should you have any questions, please contact Nicole Bryan (hai@cste.org or 770-458-3811).

This assessment was developed to better understand healthcare-associated infection (HAI) programs' infection prevention and control resources, capacity, and experience. The information will be used to understand program needs and interests, identify gaps and work with partners (CDC and other organizations) to address them. We do not assume that HAI programs have been staffed with persons with explicit experience or expertise in infection prevention and control. This information may be published in aggregate. No information will be released specifying the state or locality.

For the purposes of this assessment, please use the following definitions and acronyms:

Infection preventionist (IP): a healthcare professional with past experience in infection prevention and control in a healthcare setting or Certified in Infection Control (CIC). Membership in the Association for Professionals in Infection Control and Epidemiology (APIC) or the Society for Healthcare Epidemiology of America (SHEA) is not sufficient to meet these criteria.

Hospital epidemiologist (HE): a person with past experience in hospital epidemiology as evidenced by having served as the chairperson of the infection control committee in a healthcare setting or having had the designation/title of hospital epidemiologist in a healthcare setting. This individual often is, but does not need to be, a physician. Membership in APIC or SHEA is not sufficient to meet these criteria.

1. Please provide the following information for the person completing this assessment.

Name

Title (e.g., HAI Program Coordinator)

Email Address

Phone Number

Jurisdiction (Department/Agency)

Capacity and Infrastructure

2. How many Infection Preventionists (IPs) were in the Healthcare-Associated Infection (HAI) program on January 1, 2017?

State agency/department employees

Contract employees/consultants

Total HAI Program IPs FTEs (employee or contractor)

3. Of these IPs, how many were certified in infection control (CIC)?

State agency/department employees

Contract employees/consultants

4. If there was no IP in the HAI program, was there an IP that was readily accessible to the HAI program elsewhere in the department or agency?

☐ Yes

☐ No

☐ N/A (i.e., HAI program has its own IP staff) _____

If Yes:

4a. Please answer the following.

What program, division, department or agency was the IP from?

On average, how many hours per week did this person assist?

Was his/her time commitment sufficient for the HAI program to meet programmatic objectives and activities?

5. Did you recruit IPs with Ebola supplemental funding?

☐ Yes

☐ No

6. Do you plan to retain IPs you have recruited with Ebola supplemental funding?

☐ Yes

☐ No

☐ N/A, no IPs were recruited _____

7. How many Hospital Epidemiologists (HEs) were in the HAI program on January 1, 2017?

8. If there was no HE in the HAI program, was there a HE that was readily accessible to the HAI program elsewhere in your department or agency?

☐ Yes

☐ No

☐ N/A _____

If Yes

8a. What program, division, department or agency was in the HE from?

On average, how many hours per week did this person assist?

Was his/her time commitment sufficient for the HAI program to meet programmatic objectives and activities?

9. Do you plan to and have the resources to employ HEs you have hired for the ICAR work beyond the ICAR timeline?

- ☐ Yes
- ☐ No
- ☐ N/A _____

10. How adequate were infection prevention control (IP and/or HEs) resources either within or available to the HAI program as of January 1, 2017?

- ☐ 1. Fully adequate (able to support all programmatic objectives and activities)
- ☐ 2. Somewhat adequate (able to support most programmatic objectives and activities)
- ☐ 3. Not adequate (able to support only a few programmatic objectives and activities)
- ☐ 4. Other, please describe _____

11. Has the HAI program had difficulty recruiting IPs/HEs? Select most applicable response.

- ☐ Yes, we had difficulty recruiting
- ☐ No, we did not have difficulty recruiting
- ☐ N/A, no attempt was made to recruit
- ☐ Other, please describe _____

12. What recruitment challenges were identified? Select all that apply.

- ☐ Pay scale not competitive
- ☐ Lack of suitably qualified IPs
- ☐ Lack of suitably qualified HEs
- ☐ Retention of trained IP/HE staff has been a challenge
- ☐ Location (individuals unwilling to move to work location)
- ☐ Insecure funding (e.g., grant funding, temporary positions, etc.)
- ☐ Other (please specify) _____

13. What infrastructure or expertise does your HAI program still lack in order to develop the program fully? Select all that apply.

- ☐ HAI coordinator
- ☐ Infection Preventionist
- ☐ Hospital Epidemiologist
- ☐ Antibiotic Stewardship Expertise
- ☐ Infectious Disease Physician
- ☐ Microbiologist
- ☐ Data analysis/informatics
- ☐ Communications specialist
- ☐ Pharmacist
- ☐ Data Management/Analytics
- ☐ Administrative support staff
- ☐ Training of HD staff
- ☐ No infrastructure needs
- ☐ Other (please specify) _____

Results and Lessons Learned

14. Has an IP/HE in your department (department employee or contractor) been involved in the following in the past three years? Select all that apply.

- ☐ Participated in ICAR visits
- ☐ Participated in Ebola treatment center or assessment hospital visits
- ☐ Interpreted of NHSN protocols and/or case definitions
- ☐ Conducted validation of reporting quality
- ☐ Participated in program planning and/or evaluation
- ☐ Investigated HAI outbreak
- ☐ Investigated infection control breaches with no recognized patient harm
- ☐ Investigated contamination of medical devices, equipment or products
- ☐ Assisted surveyors (regulatory or accreditation agency personnel) with healthcare facility surveys
- ☐ Provided education to health department colleagues and/or regulatory/accreditation agency personnel about infection prevention and control issues
- ☐ Provided education to healthcare professionals about infection prevention and control issues
- ☐ Presented at national/international conferences
- ☐ Published papers
- ☐ Other (please specify) _____

15. Which are the most beneficial aspects of the ELC Ebola supplement/ICAR work? Rank in order of most worthwhile (1) to least useful (2,3...). If any of these are not applicable, put '0'.

- _____ Increased understanding of barriers to outbreak investigation and response
- _____ Increased HAI program understanding of the facility-level gaps in infection control practices
- _____ Increased HAI program understanding of barriers to consistent outbreak reporting
- _____ Greater awareness of extent of facility capacity to respond to outbreaks
- _____ Identification of infection control training needs for healthcare workers
- _____ Greater understanding of state and Federal infection control priorities
- _____ Increased facility-level understanding of prevention guidelines, policies, best practices
- _____ Strengthened relationships or richer collaboration (list with whom)
- _____ Other

16. From your perspective, what effect has ELC Ebola supplement activities/ICAR work had on your HAI program? Select all that apply.

- ☐ Increased awareness within your HAI program of infection control and outbreak detection/response gaps across healthcare settings
- ☐ Improved communications with healthcare providers
- ☐ Increased facilities awareness of health department's role in HAI prevention
- ☐ Helped prioritize health department activities
- ☐ Diverted resources from other programs and priority areas
- ☐ Little or no effect
- ☐ Other _____

17. Looking ahead, list the two greatest challenges or barriers your program faces in building on ICAR activities to implement the broader antibiotic resistance work as the ELC Supplement winds down.

- 1.
- 2.

18. Additional comments or clarification: