

# SUPPORTING THE INFECTION PREVENTION WORKFORCE

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# Disclosures

I have no financial disclosure or conflicts of interest with the following presented material.

# Objectives



Acknowledge Challenges

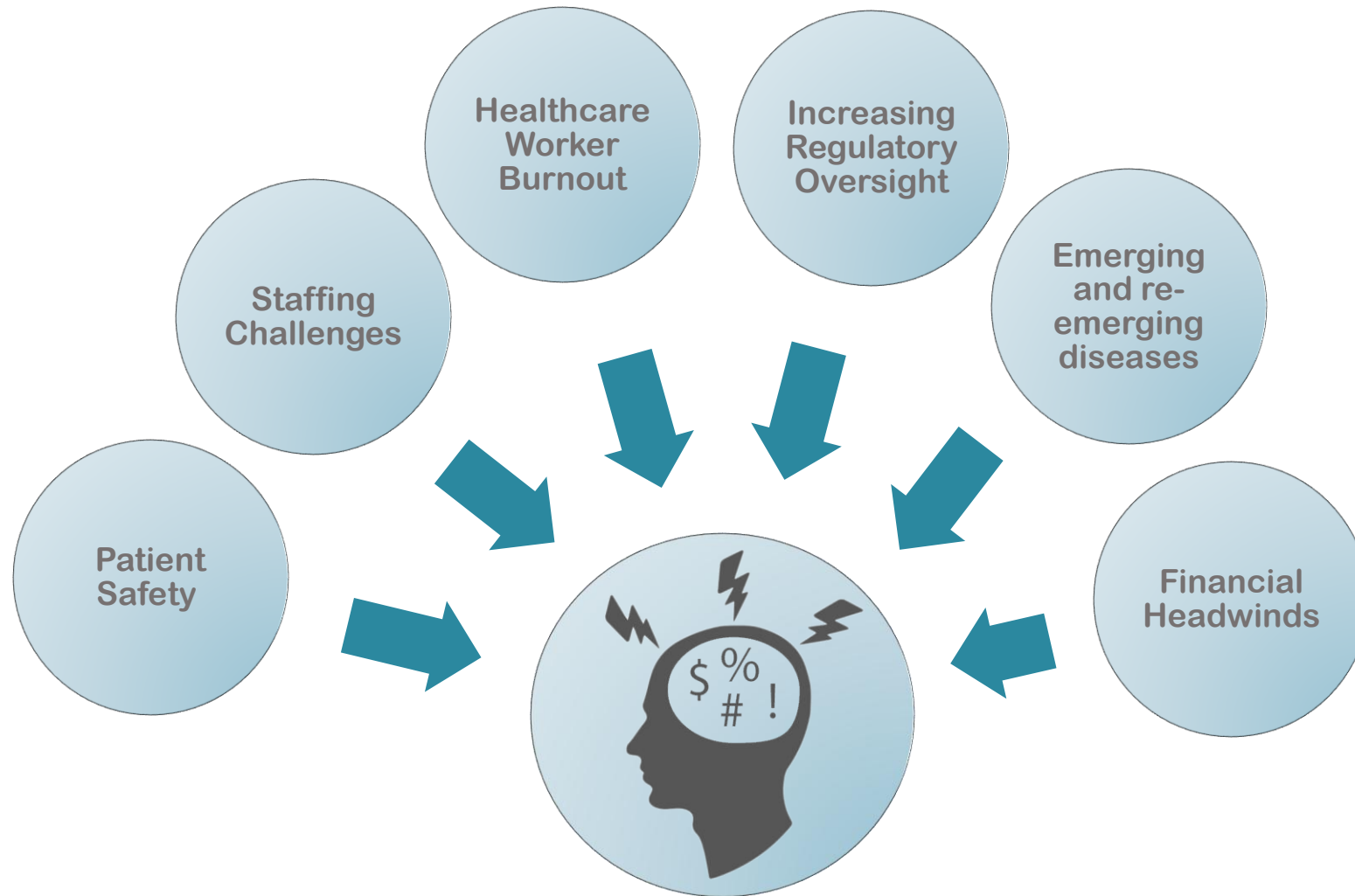


Value and Business Case

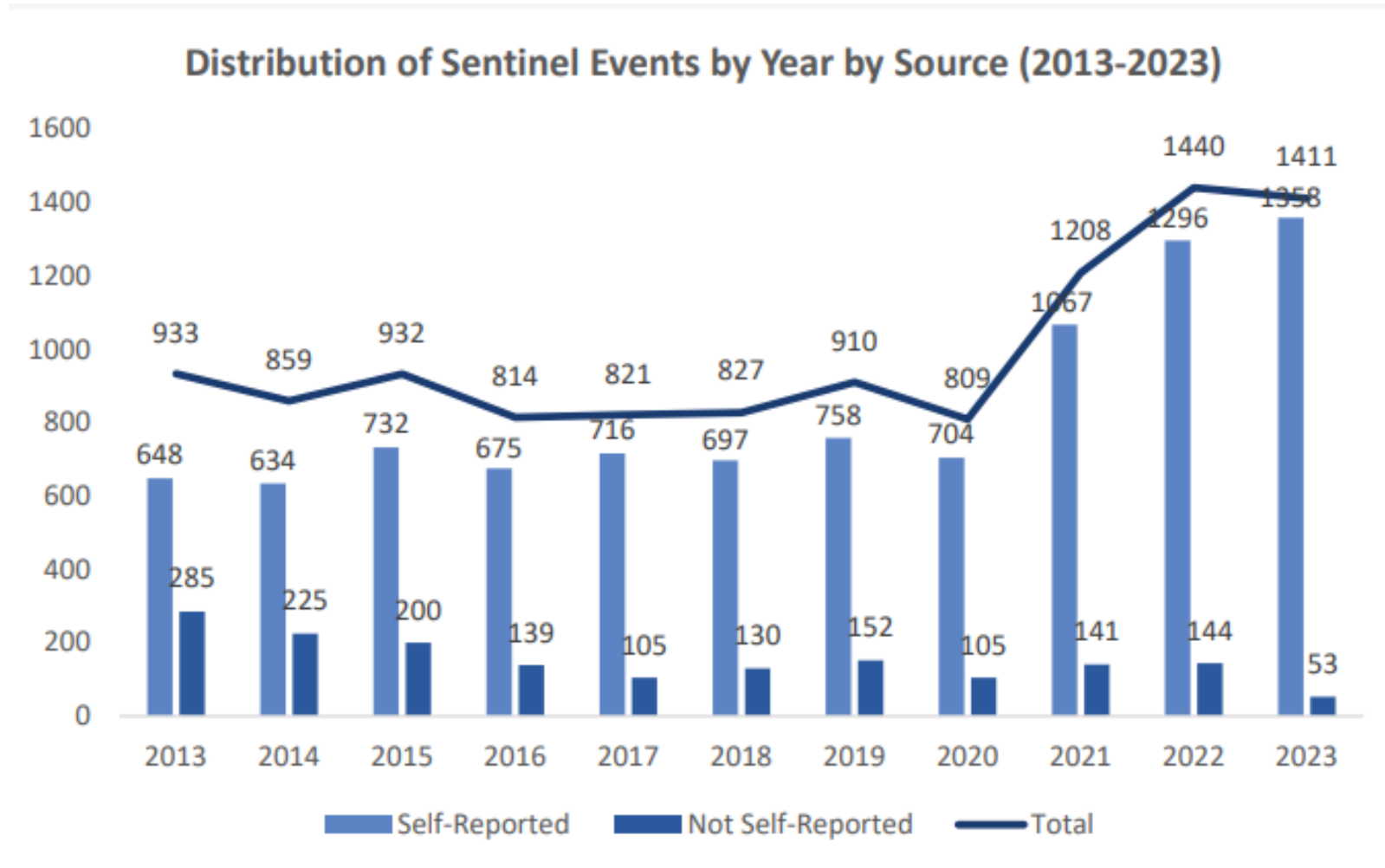


Grow and Retain Talent

# Reasons for Mounting Pressures

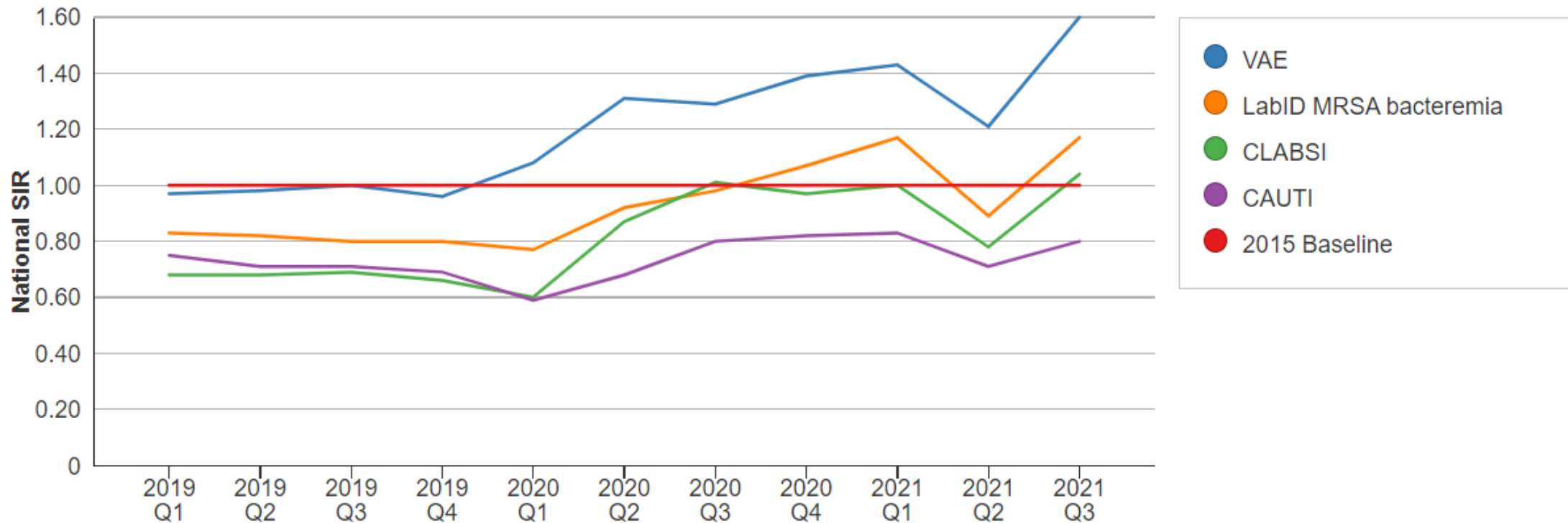


# Rising Patient Safety Events



# Impact of Pandemic on HAIs: Lessons for the Future

Figure 1. Quarterly National SIRs for Select HAI Types, 2019-Q1 - 2021-Q3

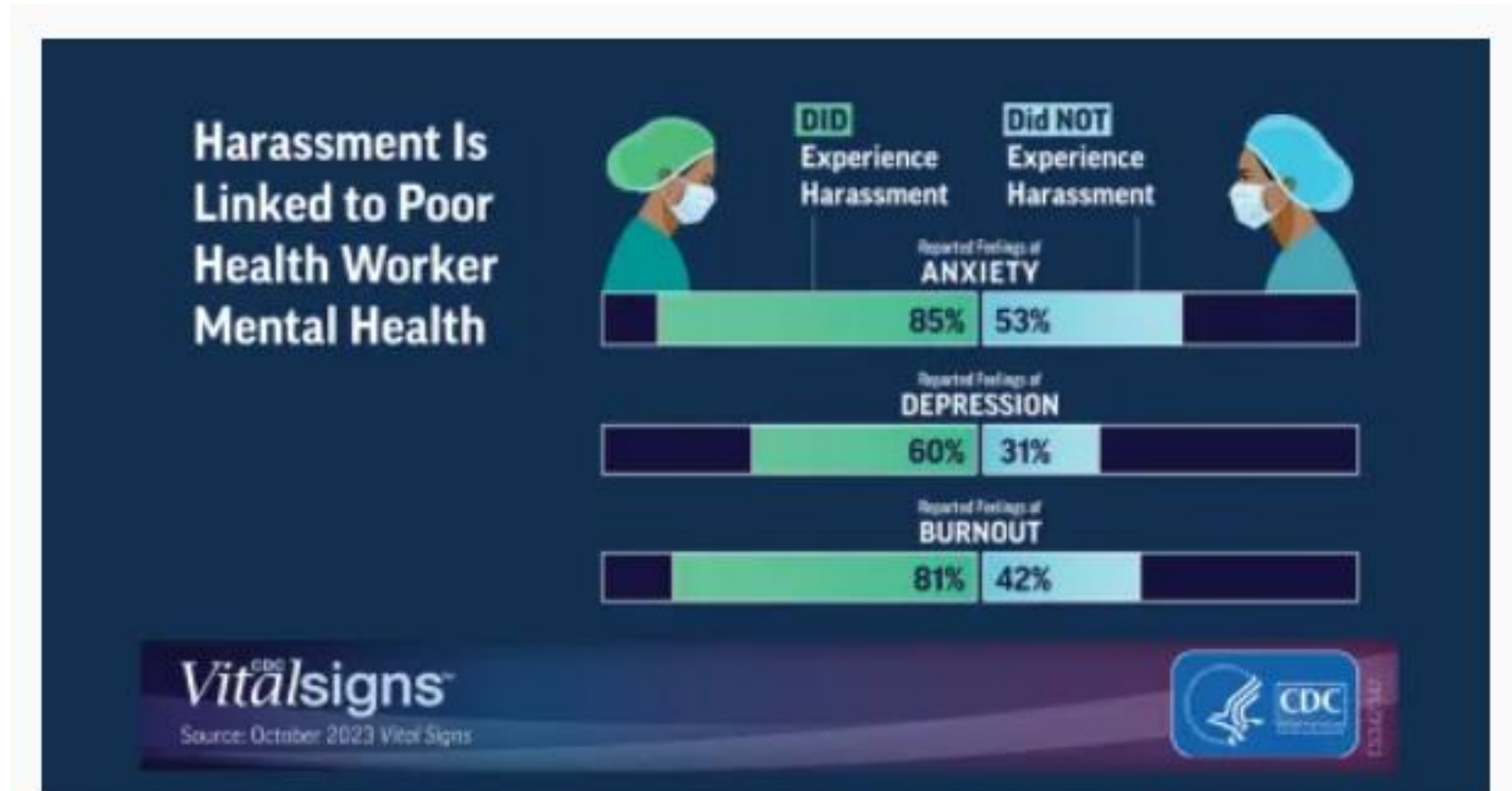


# Staffing Challenges



- Retirements
  - 52% anticipate in the next 1-2 yrs
- Vacancies
  - 3-6 months to fill a position; up to a year
- Understaffed in non-acute care
  - IPs wear multiple hats
  - 58% report IP is less than half their job

# Burnout



Burnout among health care workers has “reached crisis levels,” according to Debra Houry, MD, MPH, the CDC’s chief medical officer. *Image: CDC*

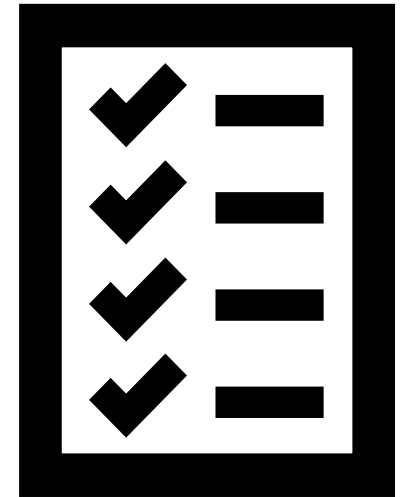
***“IPs are suffering along with their coworkers as an epidemic of burnout and job turnover roils the healthcare system amid an ongoing pandemic”. ~Ann Marie Pettis, RN 2021 President APIC***

- 65% report symptoms of burnout
- 70% meet the criteria for “high stress”
- 22% screened positive for depression
- 30% screened for positive for anxiety

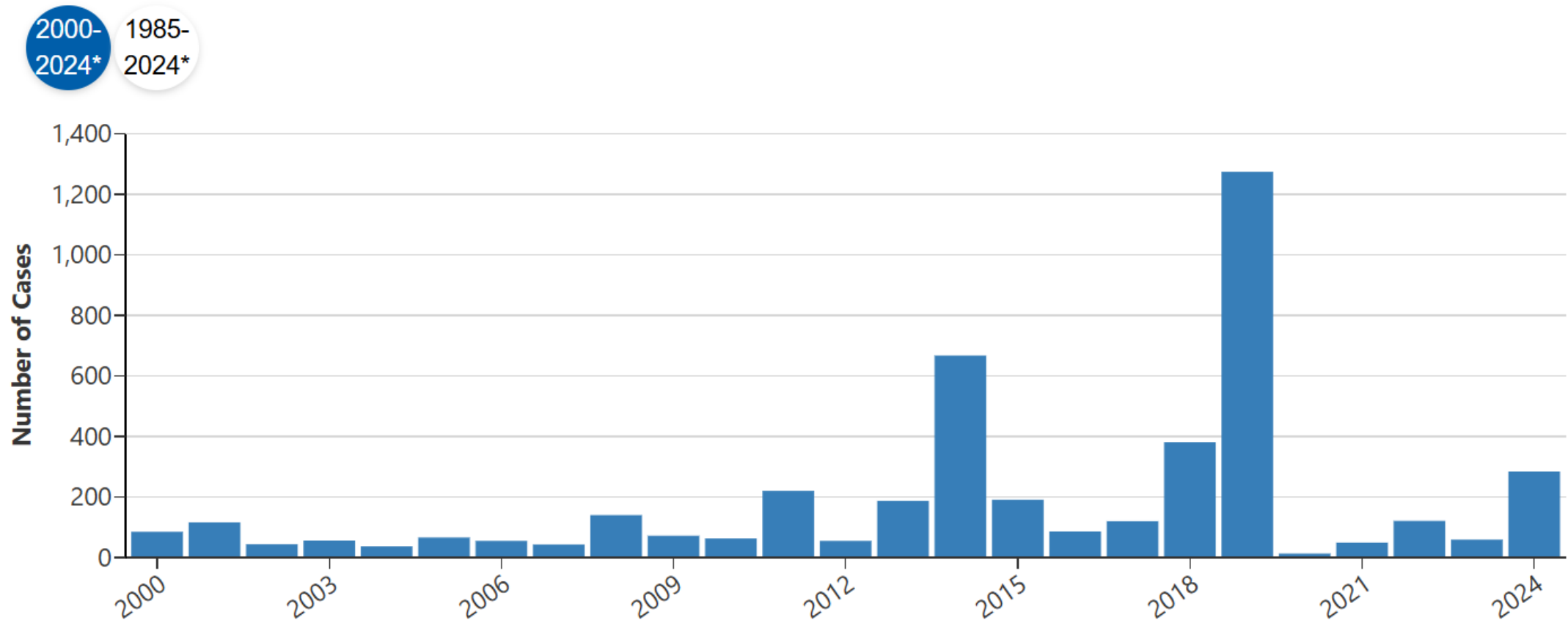


# Regulatory Oversight

- AAMI ST108
- CMS
- New Joint Commission IC standards
- Long Term Care Enhanced Barrier Precautions
- State/city mandates

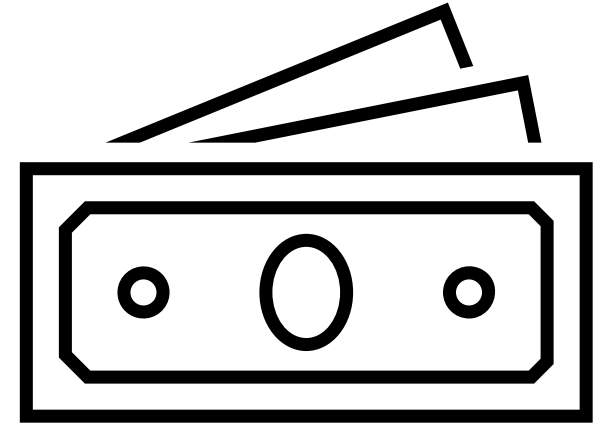


# Re-emerging Infectious Diseases

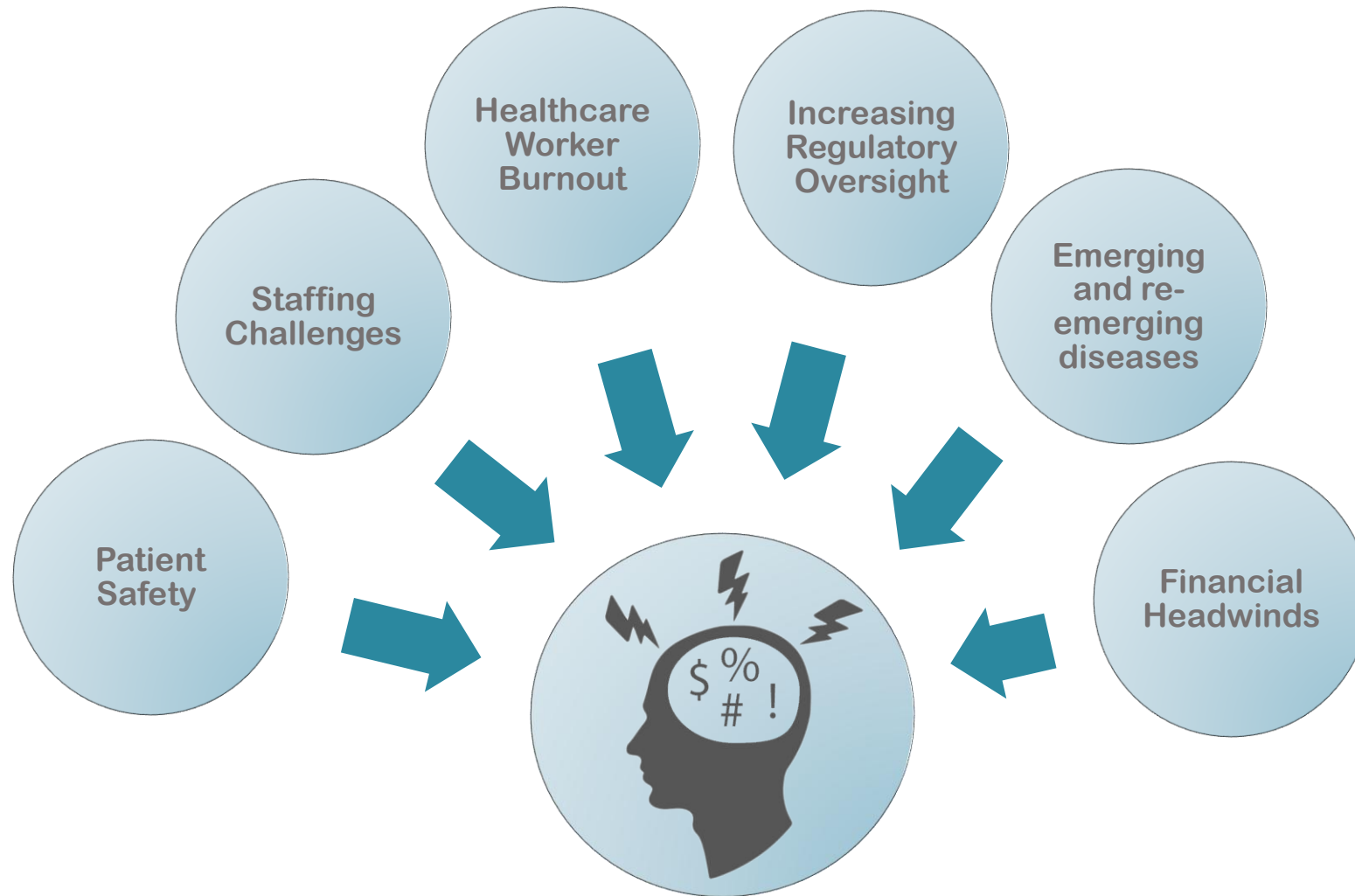


# Financial Headwinds

- Increasing labor costs
- Inflation and supply chain costs
- Declining reimbursement
- Increased cost of caring for an aging population



# Reasons for Mounting Pressures



# Objectives



Acknowledge Challenges



Value and Business Case



Grow and Retain Talent

# Value Starts with Improved Visibility



- Build awareness of what we do and why it's important
  - If no one understands our work, we can't expect them to invest in us



- Find ways to showcase your team and share successes
  - Tell the story, not just the data



- Sharing our value lets us track accomplishments and feel proud of our work

# Welcome to Infection Prevention & Control

## Articulate the Work

*“IPC serves as CHOP’s own health department. We are subject matter experts on preventing harm from infections to our patients, families, and employees. We do this through partnering and educating at the bedside and beyond. Our diverse portfolio includes monitoring for infections, managing the data, assessing the environment for risk, and disease response. We have our clean hands in everything!”*

## Surveillance

Data Quality

Reporting

Transformation

Multi-drug resistant organisms

## Education & Competency

CPRR Partnership

Continuing Education

IP Champion

Patient Education

## Logistics

Supply Chain & Linen Partnership

Physical Infrastructure Program

High Level Disinfect & Sterilization Partnership

Environmental Services Partnership

## Prevention & Response

Clusters, Outbreaks & Exposures

Rounding Program

Consult Management

Hand Hygiene Working Group

Regulatory Compliance

Bioresponse

HAI Prevention

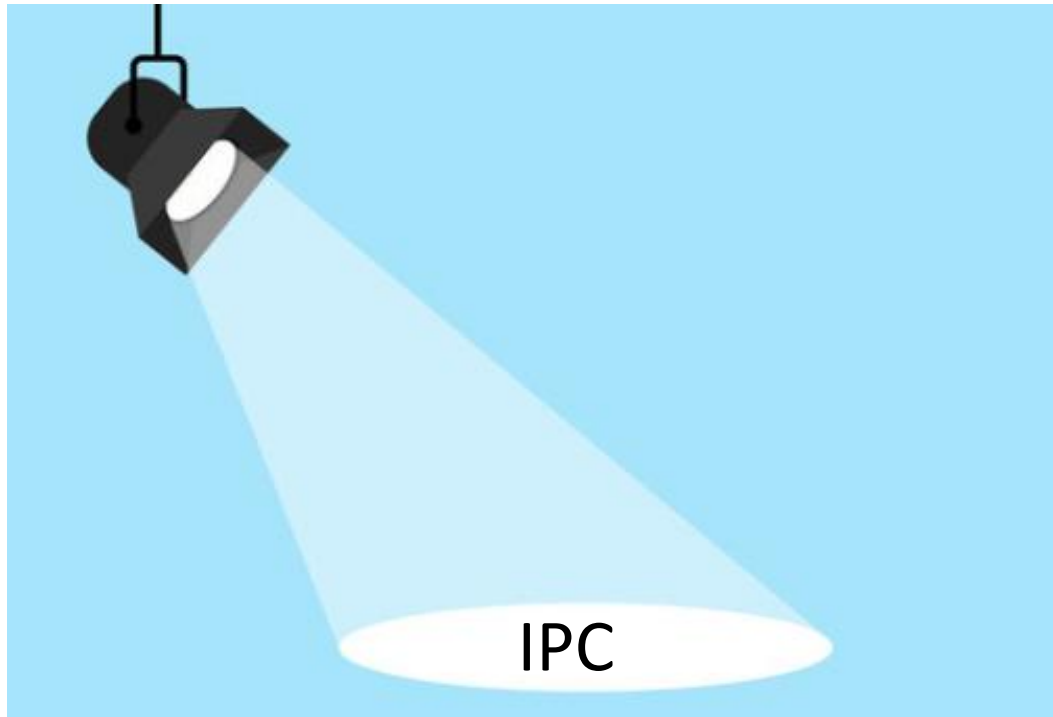
Bench to Bedside

# Showcase key metrics

- Showcase value and impact of IP work on patient outcomes and/or regulatory compliance
  - Preventing harm
  - Avoiding fines/penalties
  - Financial stewardship
- Simple to explain and understand

| Pillar                             | Objective                                  | Metric                                    | Frequency | Target | Current | Trend |
|------------------------------------|--------------------------------------------|-------------------------------------------|-----------|--------|---------|-------|
| Prevention & Response              | Hand hygiene quality                       | % compliance with 15 sec rub              | Monthly   | 80%    | 75%     | ↓     |
| Prevention & Response              | Outbreak days                              | Number days inpatient outbreak            | Monthly   | 0      | 5       | ↑     |
| Logistics: Physical Infrastructure | Monitoring water quality                   | Water tests reviewed for quality issues   | Quarterly | 90%    | 95%     | ↑     |
| Education                          | Trainings for construction contractors     | # of trained contractors                  | Quarterly | 100    | 85      | ↑     |
| Surveillance                       | Productivity hours for infection reporting | Hours from infection review to submission | Weekly    | 0.5    | 2       | ↓     |

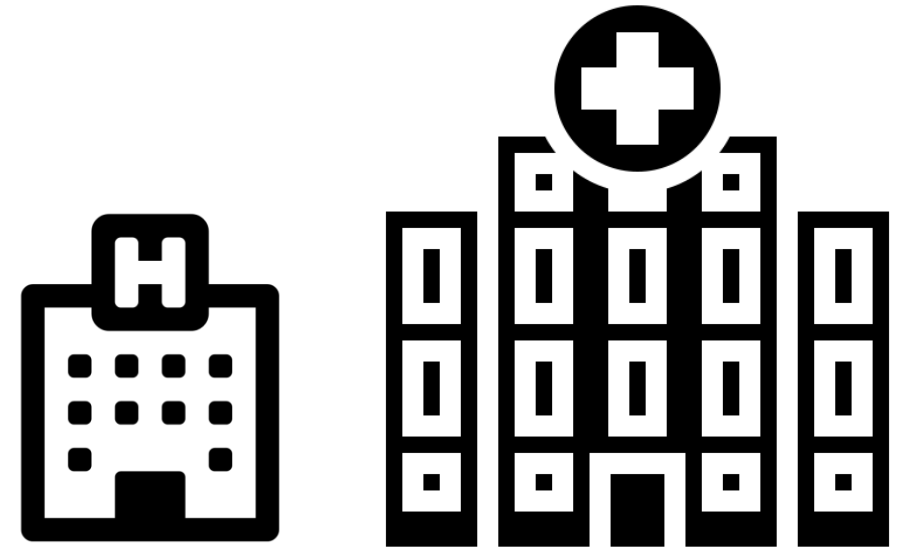
# Capitalize on Opportunities



- Leverage successes of the pandemic/outbreaks
- Embed staffing expectations into new builds
- Use FTEs from retirements to grow at cost neutral
  - Replace with “Plus 1”
    - 2 novice IPs
    - IP + Data Analyst

# Literature on Staffing Resources

- Previously sparse & largely outdated
  - **1.0 IP per 100 acute care beds**
- No physician support
- No recommendations for non-acute care
- **Only accounted for beds; not needs**

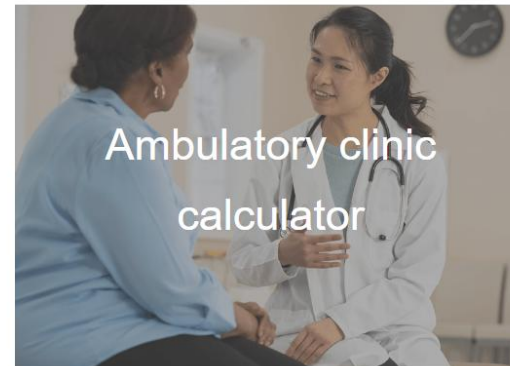
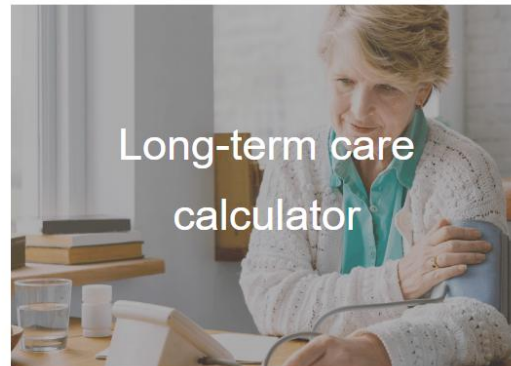
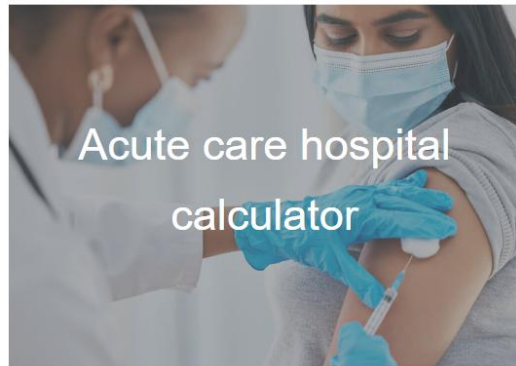


# Is Accounting for Acute Care Beds Enough?

| Variable                  | Acute care bed equivalent | CHOP counts |
|---------------------------|---------------------------|-------------|
| Acute care bed            | 1                         | 334         |
| Intensive care bed        | 2                         | 199         |
| Long-term care bed        | ½                         | 0           |
| Dialysis facility         | 50                        | 1           |
| Ambulatory surgery center | 50                        | 4           |
| Ambulatory clinic         | 10                        |             |
| Private physician office  | 5                         | 31          |

# Quantifying Needs

- Assessed IPC-related tasks with **key stakeholders**
  - Estimated **current** time spent and **ideal** state
  - IPs spent >50% time conducting surveillance; **less than 1hr/wk on professional development**
  - New benchmark: 1.0 IP FTE per 69 beds
- 
- [APIC staffing calculator](#)



# Medical Director Support

TABLE 2. Healthcare Epidemiologist/Medical Director–Recommended Resource Allocation

| Variable                    | Hospital has $\geq 300$ beds and/or $\geq 50$ ICU beds                                                | Hospital has $< 300$ beds and/or $< 50$ ICU beds                |
|-----------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Academic-based institutions | $\geq 1.5$ FTE of full professor salary (based on AAMC salary compensation) towards infection control | $\geq 1$ FTE of full professor salary towards infection control |
| Community-based hospitals   | $\geq 1.0$ FTE salary of regional market value towards infection control <sup>a</sup>                 | $\geq 0.5$ FTE salary towards infection control                 |

NOTE. AAMC, Association of American Medical Colleges; FTE, full-time equivalent; ICU, intensive care unit.

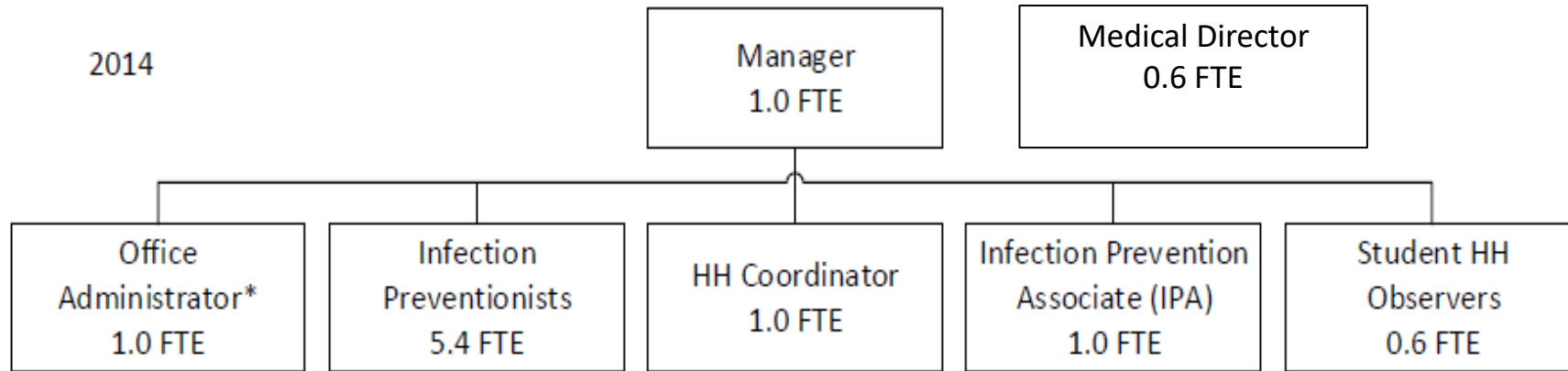
<sup>a</sup>This reimbursement should allow protected time for the hospital epidemiologist to perform these activities.



If at first you  
don't  
succeed...

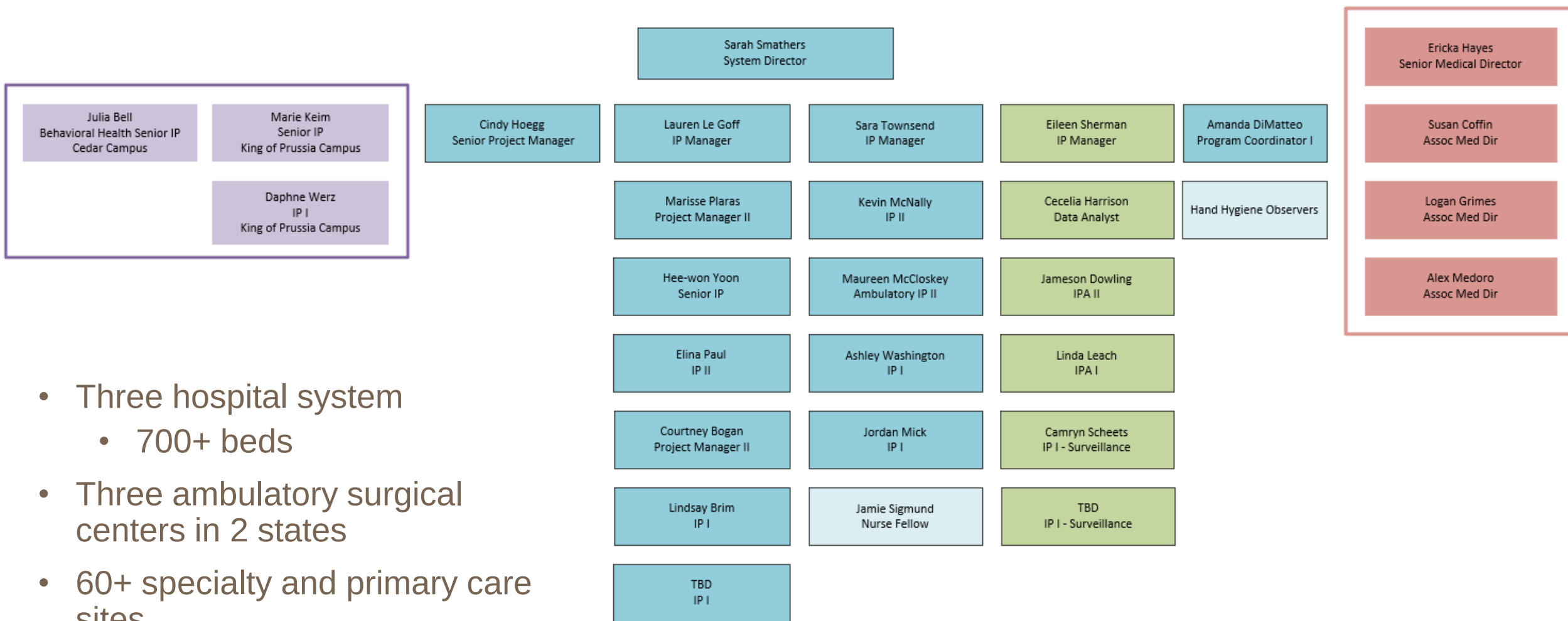
- Initial Request
  - “I need more IPs to better support operational needs in areas that are **being neglected** (e.g. ambulatory, high level disinfection)”
- Feedback from C-suite
  - “You guys are doing a great job. No one is going to believe me that you aren’t doing your job.”

# Our Journey: Then



- One hospital with 365 beds
- Two ambulatory surgical centers in 2 states
- 30 specialty and primary care sites
  - ~ 1M outpatient visits/year

# Our Journey: Now



- Three hospital system
  - 700+ beds
- Three ambulatory surgical centers in 2 states
- 60+ specialty and primary care sites
  - 1.6M outpatient visits/year

# Objectives



Acknowledge Challenges



Value and Business Case



Grow and Retain Talent

# Recruiting Talent



## Nurse Fellow Program

12 month fellowship

Practicing RN with at least 3 years experience

Manager support for 8 hours per week

Provided with IPC training while supporting and leading project-based work to embed reliable prevention practices related to departmental priorities for infection prevention strategies



## Student Interns

Drexel online Master of Science in Infection Prevention

Allows IPC departments to “trial” students for potential future roles

Supports IP department work at low cost

Mentors future gen of IPs

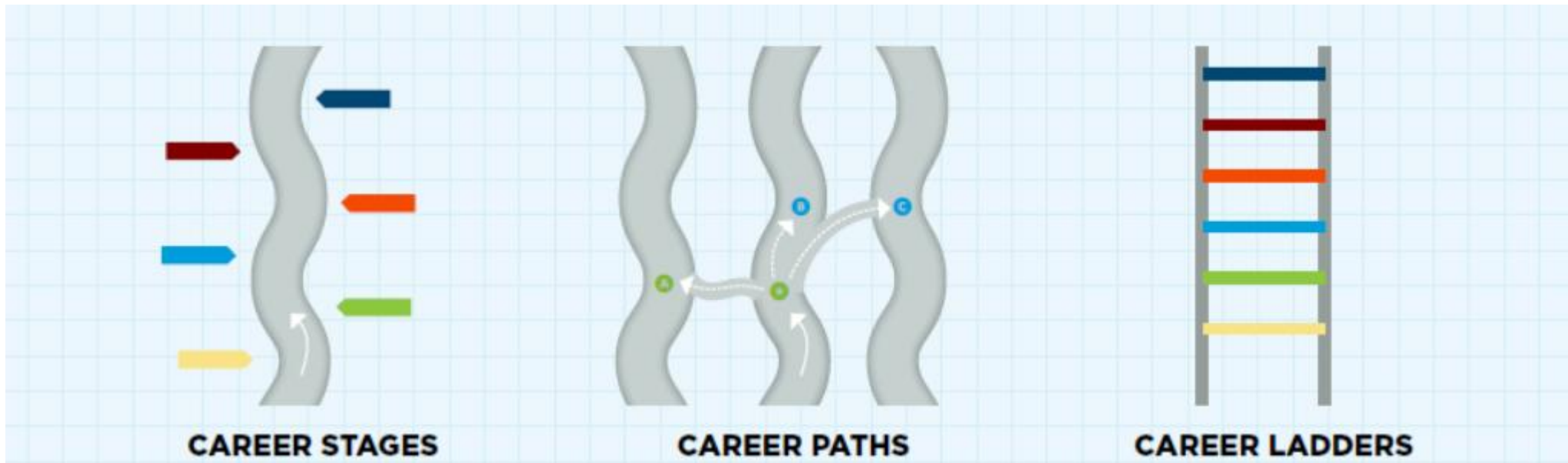
# Professional Growth

- Focus on individual professional development
- Provide role diversity



# Professional Development

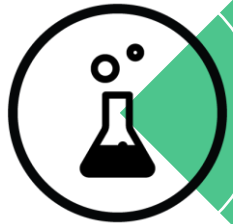
## Infection Preventionist Career Development and Advancement Guide



# Role Diversity



Preventing and controlling  
infectious diseases/HAIs

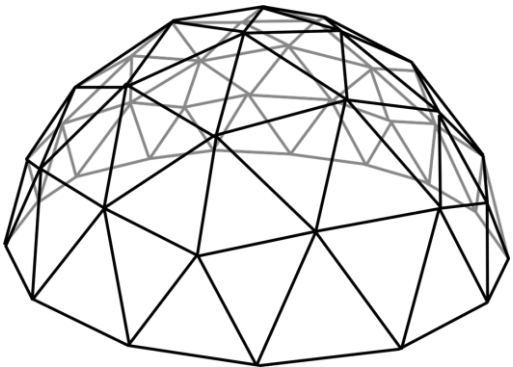


Interpretation of  
surveillance data



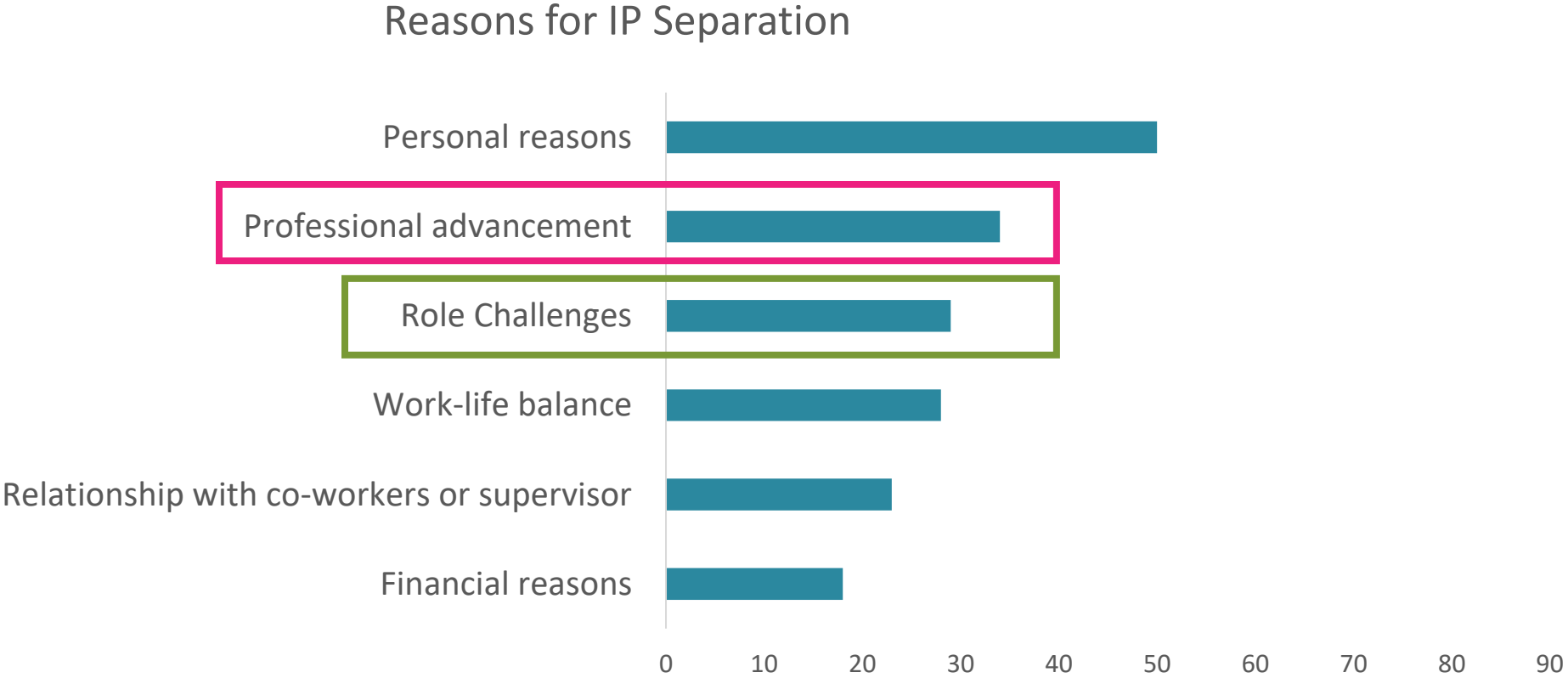
Management and  
communication: feedback

# Putting it Together



| Infection Preventionist (IP) | Infection Prevention Associates (IPA) and Data Analysts | Project Managers       | IP Leadership   | Medical Directors      | Antimicrobial Stewardship |
|------------------------------|---------------------------------------------------------|------------------------|-----------------|------------------------|---------------------------|
| IP I                         | IPA I                                                   | Project Manager I      | Supervisor      | Asst Medical Director  | Pharmacist I              |
| IP II                        | IPA II                                                  | Project Manager II     | Manager         | Assoc Medical Director | Pharmacist II             |
| Senior IP                    | IP Data Analyst (I, II, Senior)                         | Senior Project Manager | Senior Manager  | Medical Director       | Senior/Lead Pharmacist    |
|                              | Supervisor                                              |                        | Director        | Sr. Medical Director   | Manager                   |
|                              | Manger                                                  |                        | System Director | Chief                  | Director                  |

# Strategies to Retain and Grow IPs



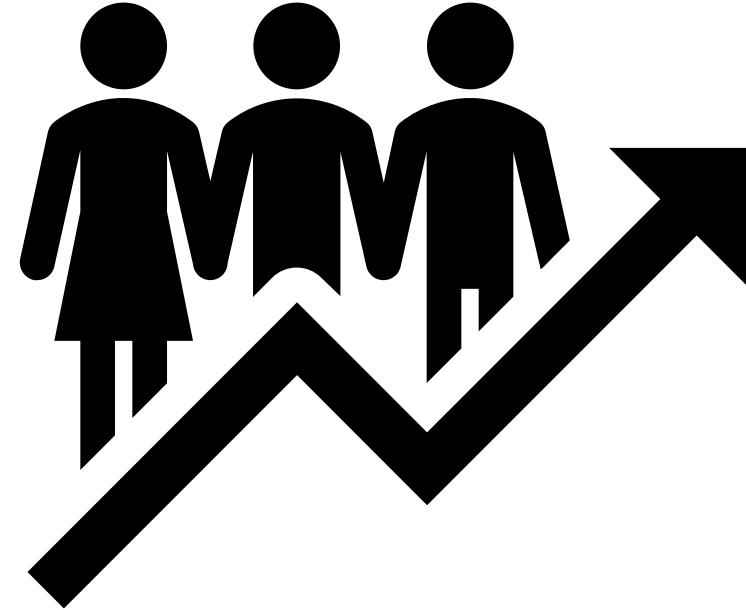
# Causes of Burnout

- Burnout  $\neq$  broken people
- Burnout = broken systems
- Addressing burnout is an “All Hands-on Deck” effort



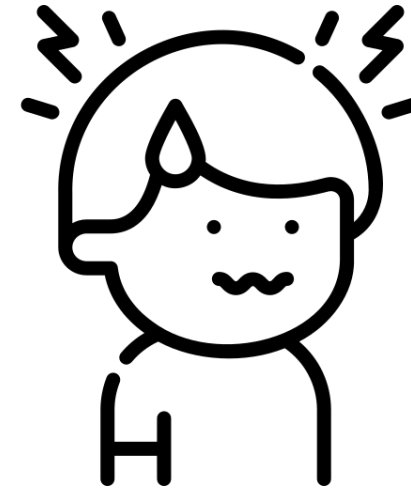
# Addressing Burnout Improves Performance

- Employee health
- Employee engagement
- Absenteeism
- Turnover
- Decision making
- Patient satisfaction & safety



# System Level Drivers of Burnout

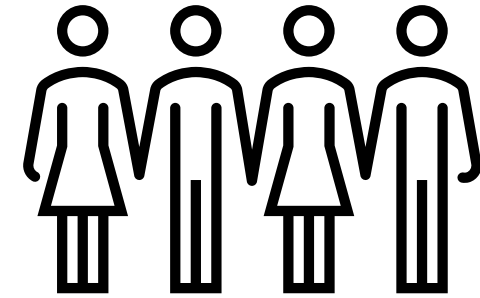
- Excessive workload & work schedules
- Inadequate staffing
- Administrative burdens
- Workflow/interruptions/distractions
- Inadequate technology usability
- Time pressures



# Team Level Practices to Address Burnout

- Control over work
- Flexibility over when & where to work
- Support personal needs
- Foster a sense of belonging and personal connections
- Adequate staffing and reasonable workloads

Ask “What matters to you?”



# Signs to look for that impact wellbeing and contribute to burn out

- Staff report feeling "overwhelmed"
- Lack of engagement
- Unclear about priorities; unable to decide where to start
- Trouble disconnecting from work

# Joy is the Key to Retention

Institute for Healthcare Improvement



WHITE PAPER

## IHI Framework for Improving Joy in Work



AN IHI RESOURCE

20 University Road, Cambridge, MA 02138 • [ihi.org](http://ihi.org)

How to Cite This Paper: Perlo J, Balk R, Swensen S, Kabeer M A, Landman J, Pooley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at <https://doi.org/10.1198/01621471770000000000>)



## Your Psychological PPE

to Promote Mental Health and Well-Being



These recommendations are based on a review of published literature and the experience of health systems. For more information visit [ihi.org](http://ihi.org)

### Individual

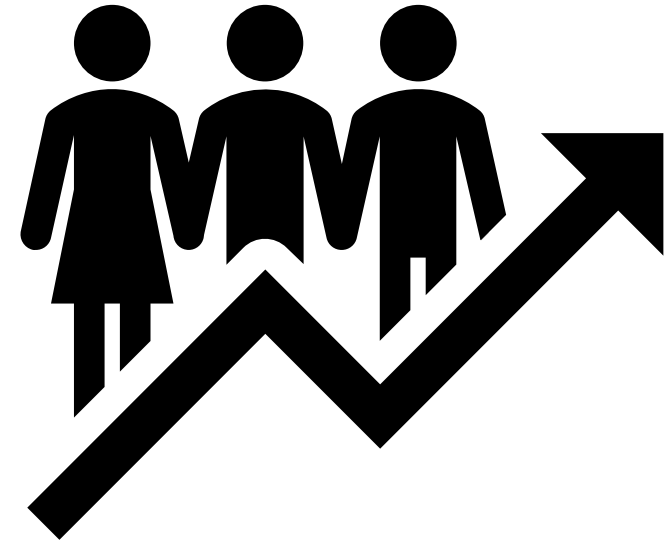
- ☀️ Take a day off and create space between work and home life
- 🚫 Avoid publicity and media coverage about COVID-19
- 🧠 Receive mental health support during and after the crisis
- 🙌 Facilitate opportunities to show gratitude
- 🔄 Reframe negative experiences as positive and reclaim agency

### Team Leader

- 🕒 Limit staff time on site/shift
- 📋 Design clear roles and leadership
- 🩺 Train managers to be aware of key risk factors and monitor for any signs of distress
- 🤝 Make peer support services available to staff
- 👥 Pair workers together to serve as peer support in a "buddy system"

# Focusing on Joy Improves Performance

- Organizations that focus on joy in work report:
  - **Improved** patient experience
  - **Improved** patient outcomes
  - **Improved** patient safety
  - **Lower** costs of care
  - **Improved** employee well-being

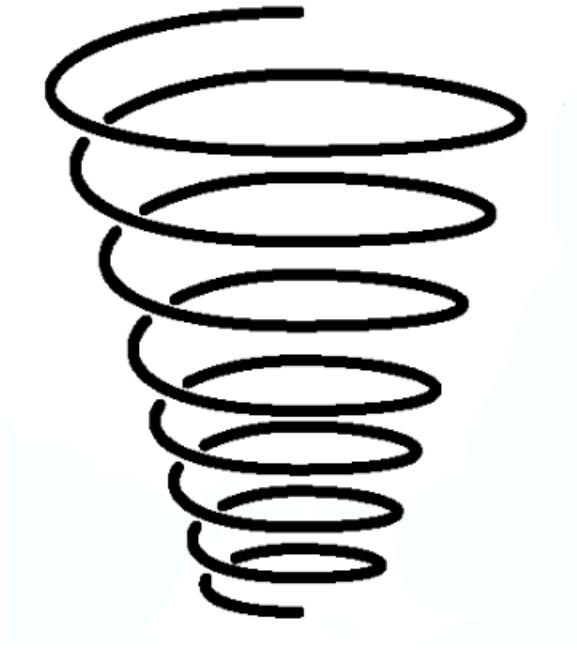


# Removing Barriers to Joy in Work



- Identify and remove the daily pain points that sap energy and enjoyment
- Example: Daily distractions from interruptions

# Gratitude at Work



- The readiness to show appreciation for kindness and to return kindness
- Appreciating and expressing gratitude at work is a simple way to support joy in work
- Hundreds of studies have documented the social, physical and psychological benefits of gratitude

# Connections at Work

- Positive connections increases joy in work:
  - Energizing
  - Increase a team's ability to cope with stress
  - Source of well-being



Gittell, J. H., & Ali, H. N. (2021). *Relational Analytics: Guidelines for Analysis and Action*. Routledge.

Madden, L., Mathias, B. D., & Madden, T. M. (2015). In good company: The impact of perceived organizational support and positive relationships at work on turnover intentions. *Management Research Review*.

# Savor our Successes

- Team building activity that connects team members and nourishes joy
  - Positive psychology and science of **savoring**
  - Deliberate mindful awareness through the lens of **gratitude, basking, luxuriating, and marveling**
- Small, everyday practices:
  - End of the day debrief or weekly staff meeting, ask team members to share:
    - What were your high points or a win that happened at work this week?
  - Thank people for sharing and encourage them to **savor** their successes



# Summary



Showcase your value and accomplishments



Leverage successes and improve **visibility** to show value & support business case



Include career paths and role diversity that promotes and elevates our profession



Practice joy and gratitude

Questions?

