

# APIC 2020 MegaSurvey: Infection Prevention in Non- Acute Care Settings

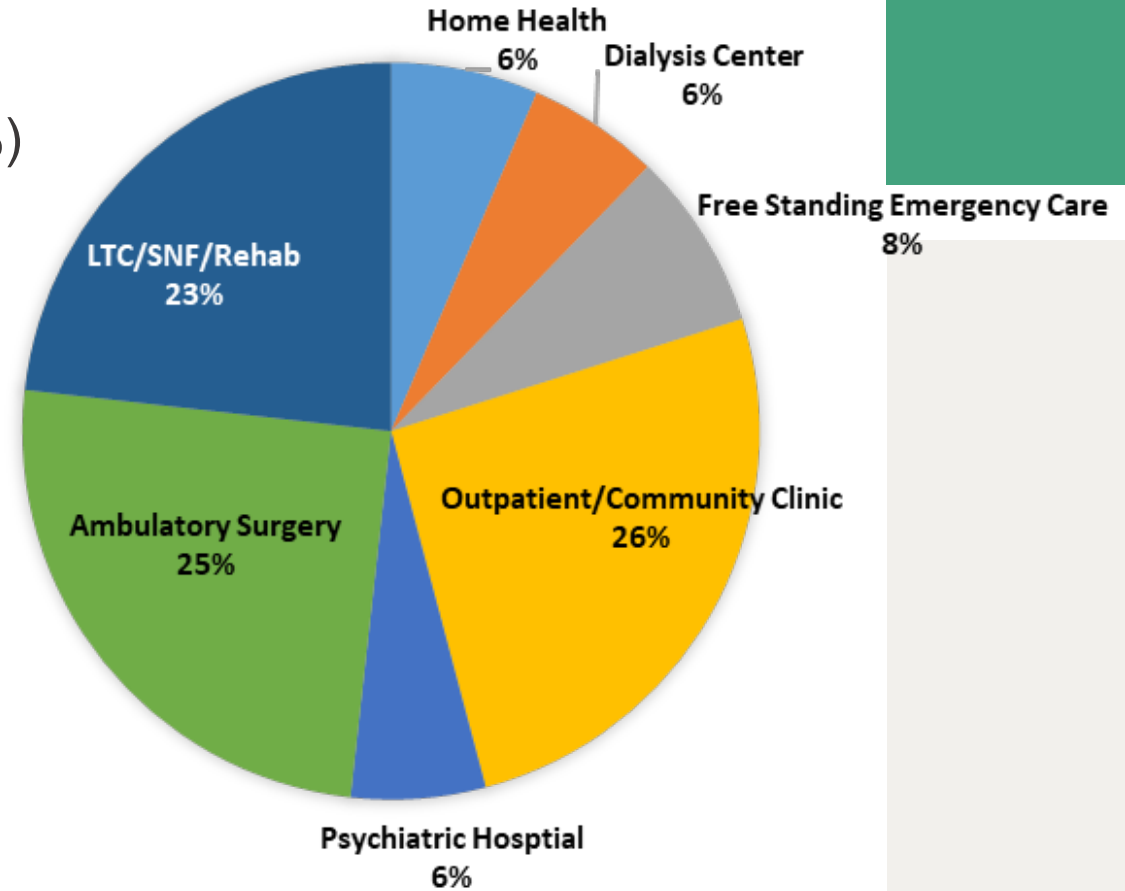
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# Background

- Infection prevention (IP) expansion outside acute care
  - Shift to reduce healthcare costs: reduced hospitalization, hospital stay<sup>1</sup>
  - Aging population: 65 yrs.+ double from 2012 to 2050 (83.7 million)<sup>2</sup>
- Increase knowledge and awareness of healthcare associated infections (HAIs)
  - Outbreaks and response in non-acute care settings
    - CDC funded public health programs: 78% LTC, 2% outpatient, 1% hemodialysis<sup>3</sup>
  - Regulatory in non-acute care settings
    - CMS and/or state required reporting (LTCHF, dialysis)
- Unique challenges in non-acute care settings
  - Size and complexity of patients served
  - Resource and requirement vs. expanding emphasis quality, population health, professional collaboration

# Respondent Overview: Primary Role

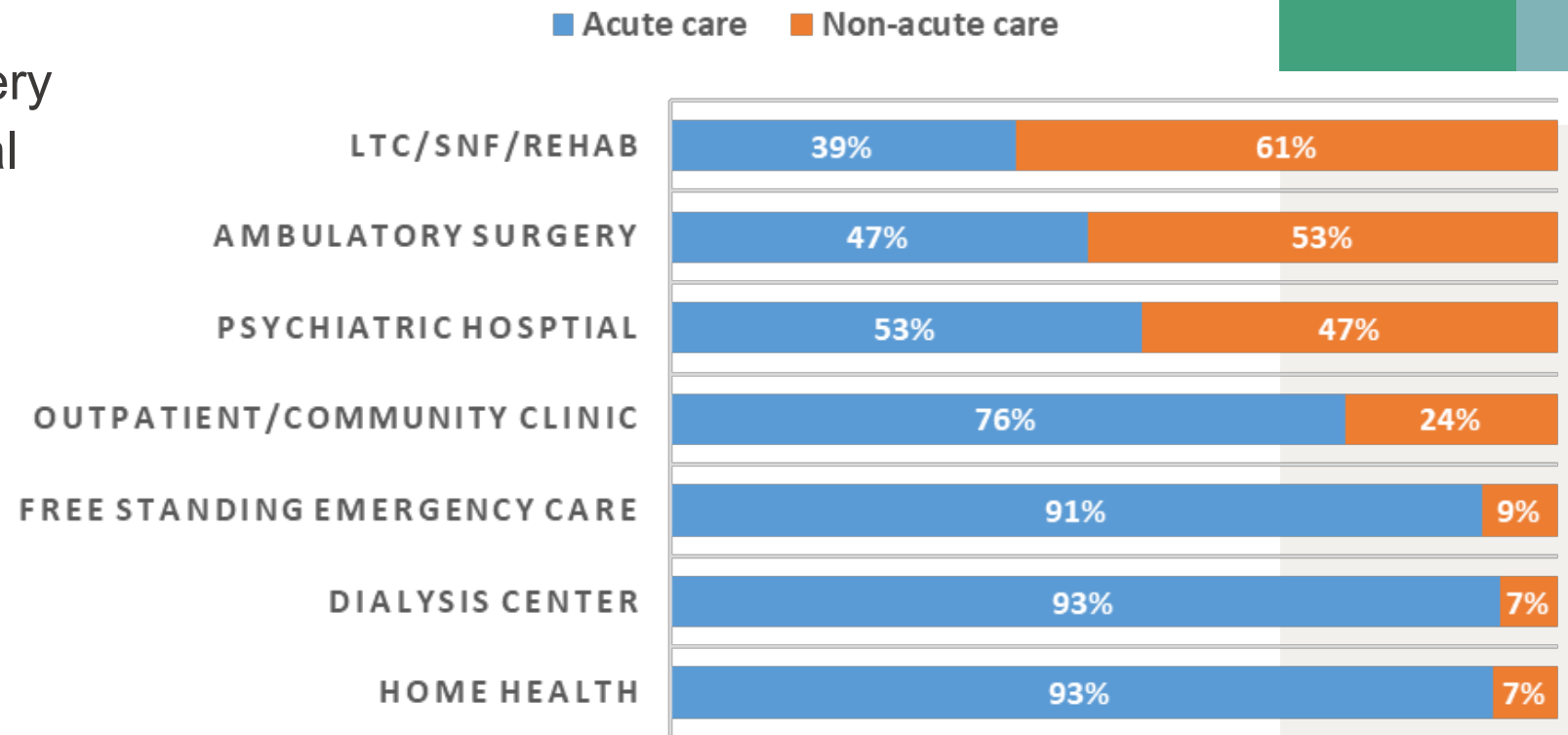
- Total U.S. respondents: 1,991
  - 1,871 front line IP/Admin (94%)
    - 1,051 non-acute care facilities (56%)
  - 147 in other specialties
    - External consultant (3%)
    - Public health practitioner (3%)
    - Education or research (2%)



# Front Line IP/Administration

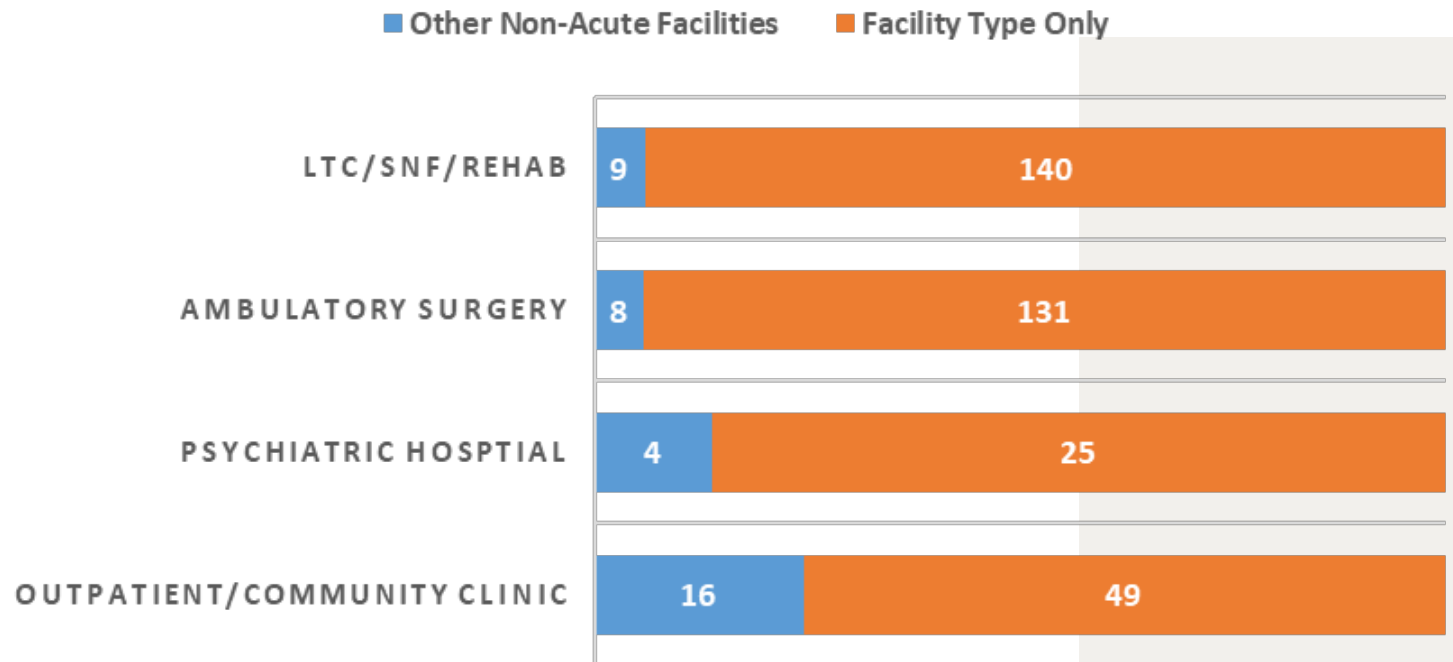
# Respondent Breakdown: Dual Care

- Majority dual acute & non-acute practice setting
  - 244 LTC/SNF/Rehab
  - 263 Ambulatory surgery
  - 62 Psychiatric hospital
  - 271 Outpatient clinic
  - 82 Free standing ER
  - 61 Dialysis
  - 68 Home health



# Respondent Breakdown: Non-Acute Care

- Facility specific type only respondents
  - 343 total
  - Results limited to these respondents
    - Descriptive statistics
      - Frequencies, %, means, SD
    - Bivariate analysis
      - Chi-square, Fisher exact test
      - ANOVA, Kruskal-Wallis rank sum

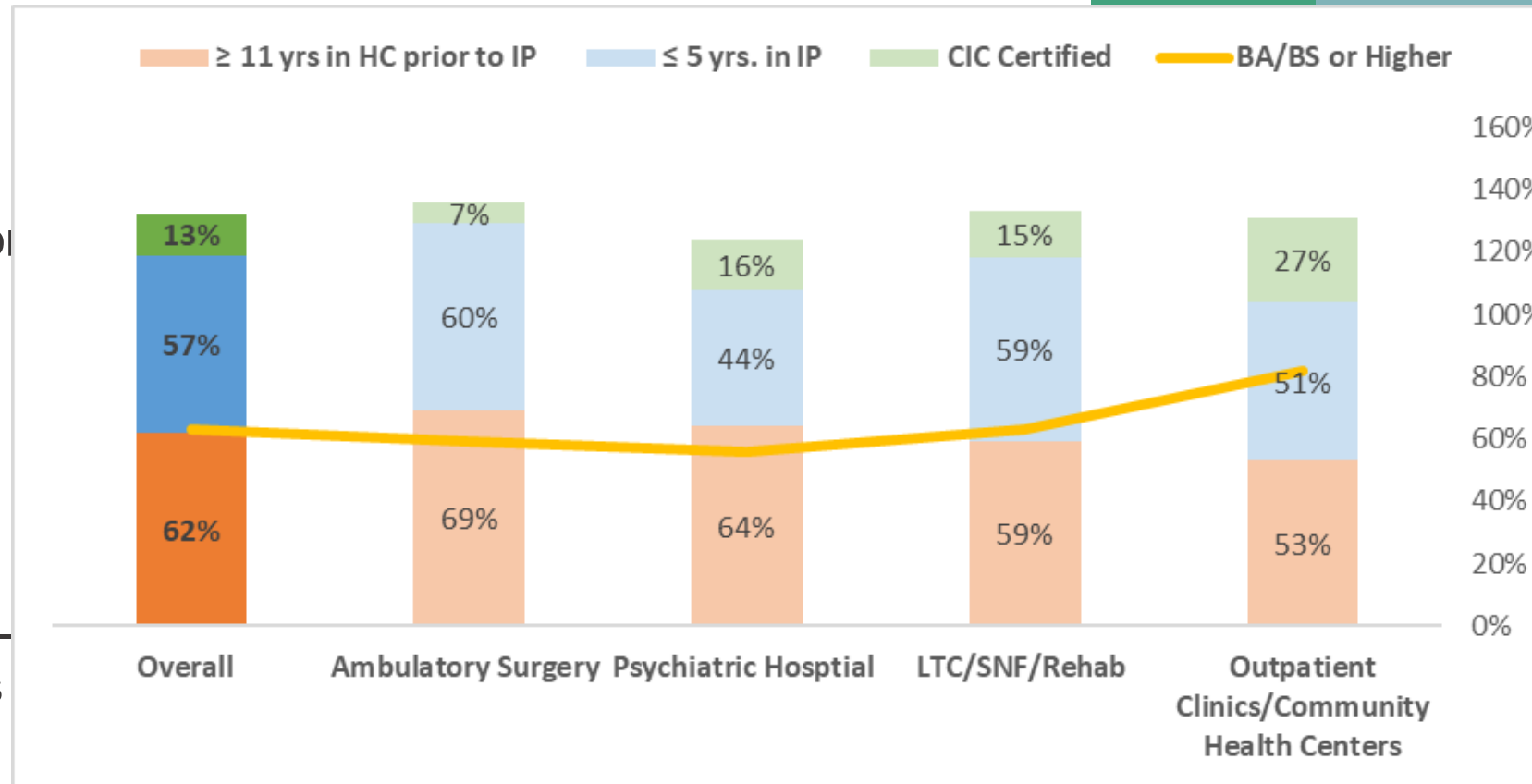


# Demographic Characteristics

	Overall	Ambulatory Surgery	Psychiatric Hospital	LTC/SNF/Rehab	Outpatient Clinics/Community Health Centers	P-value
<b>Gender</b>	<b>n=342</b>	n=131	n=25	n=137	n=49	
Female	<b>321 (94%)</b>	121 (92%)	23 (92%)	134 (97%)	43 (88%)	0.029
Male	<b>21 (6%)</b>	10 (8%)	2 (8%)	3 (2%)	6 (12%)	
<b>Race/Ethnicity</b>	<b>n=325</b>	n=124	n=25	n=131	n=45	
White, non-Hispanic	<b>287 (88%)</b>	117 (95%)	18 (72%)	115 (88%)	37 (82%)	0.008
Black, non-Hispanic	<b>12 (4%)</b>	1 (1%)	3 (12%)	4 (3%)	4 (9%)	
Hispanic	<b>8 (3%)</b>	1 (1%)	1 (4%)	3 (2%)	3 (7%)	
American Indian/Alaska Native/Pacific Islander	<b>11 (3%)</b>	4 (3%)	1 (4%)	6 (5%)	0 (0%)	
Multi-racial	<b>7 (2%)</b>	1 (1%)	2 (8%)	3 (2%)	1 (2%)	
<b>Age</b>	<b>n=339</b>	n=131	n=25	n=136	n=47	
18-35 yrs	<b>41 (12%)</b>	13 (10%)	1 (4%)	20 (15%)	7 (15%)	0.426
36-55 yrs	<b>162 (47%)</b>	68 (52%)	11 (44%)	65 (48%)	18 (38%)	
>55 yrs	<b>136 (40%)</b>	50 (38%)	13 (52%)	51 (38%)	22 (47%)	
<b>Region of Residence</b>	<b>n=343</b>	n=131	n=25	n=136	n=49	
Northeast	<b>80 (23%)</b>	14 (11%)	7 (28%)	50 (36%)	9 (18%)	<0.001
Midwest	<b>125 (36%)</b>	45 (34%)	8 (32%)	59 (43%)	13 (27%)	
South	<b>76 (22%)</b>	40 (31%)	8 (32%)	12 (8%)	16 (33%)	
West	<b>62 (18%)</b>	32 (24%)	2 (8%)	17 (12%)	11 (22%)	

# Education and Experience

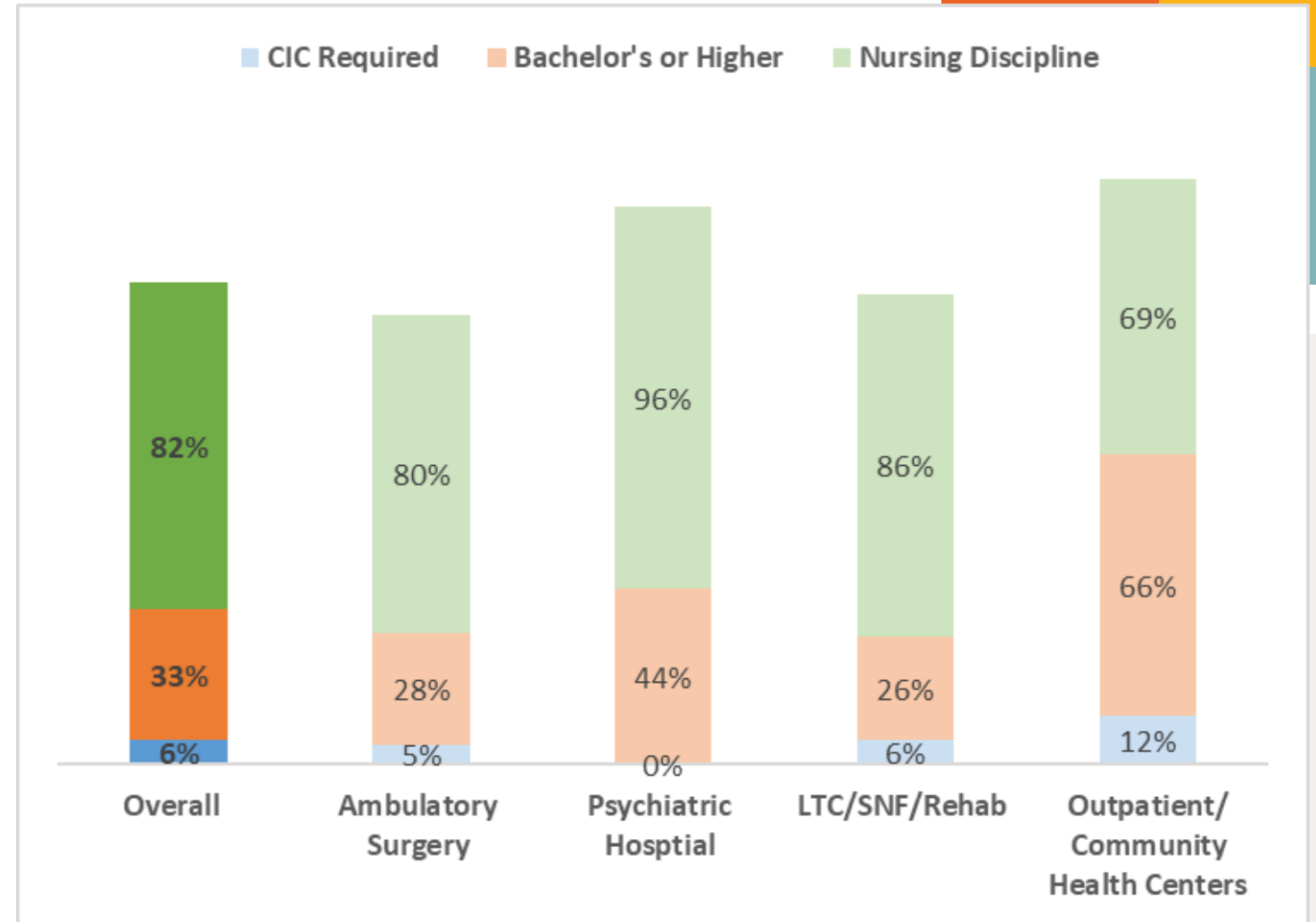
- BS/BA or higher (63%)
  - 82% outpatient/community clinic
- $\geq 11$  years in healthcare (62%)
  - Majority nursing discipline prior to IP (95%)
- $\leq 5$  years in IP (57%)
- CIC Certified (13%)
  - 27% outpatient/community clinic
    - Higher education and non-nursing discipline (82% vs 95% in other areas)





# Position Requirements

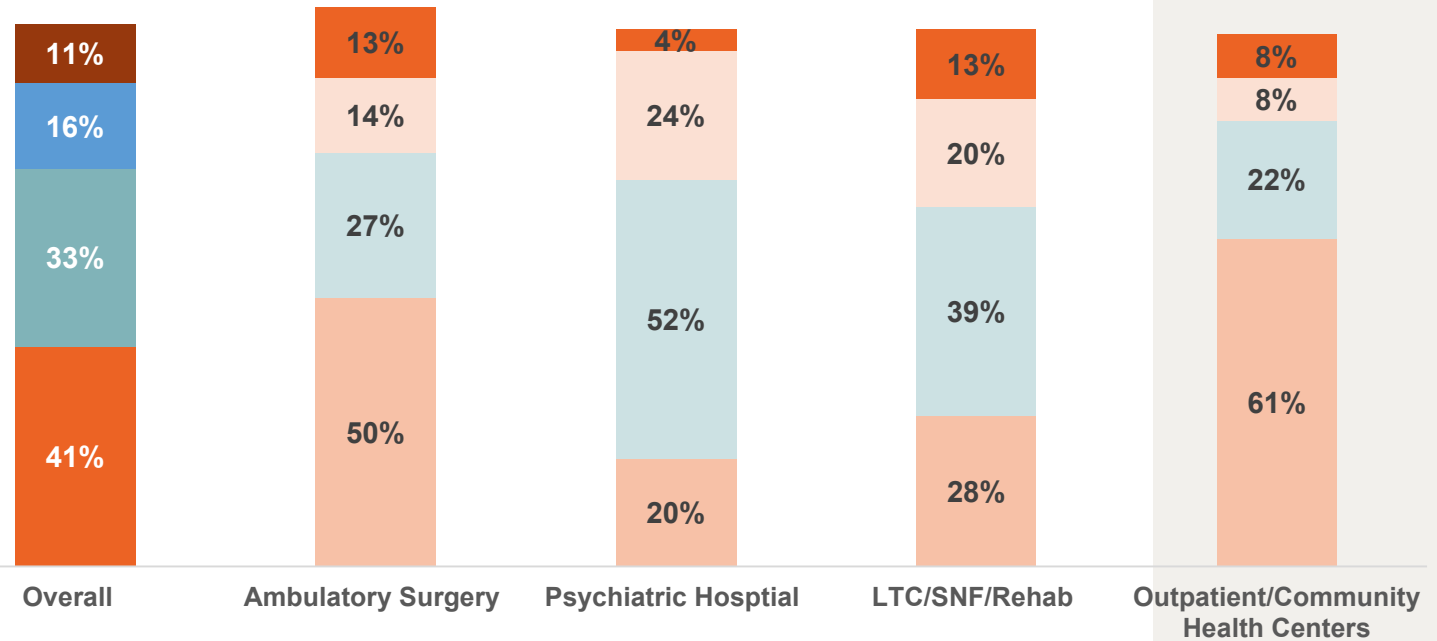
- **Discipline Required**
  - Nursing (82%)
    - Outpatient/community clinic less (69%)
- **Education Required**
  - BS/BA or higher (33%)
    - 66% bachelors or higher for outpatient/community clinic
- **CIC required (6%)**
  - 12% outpatient/community clinic



# Position Responsibilities and Function

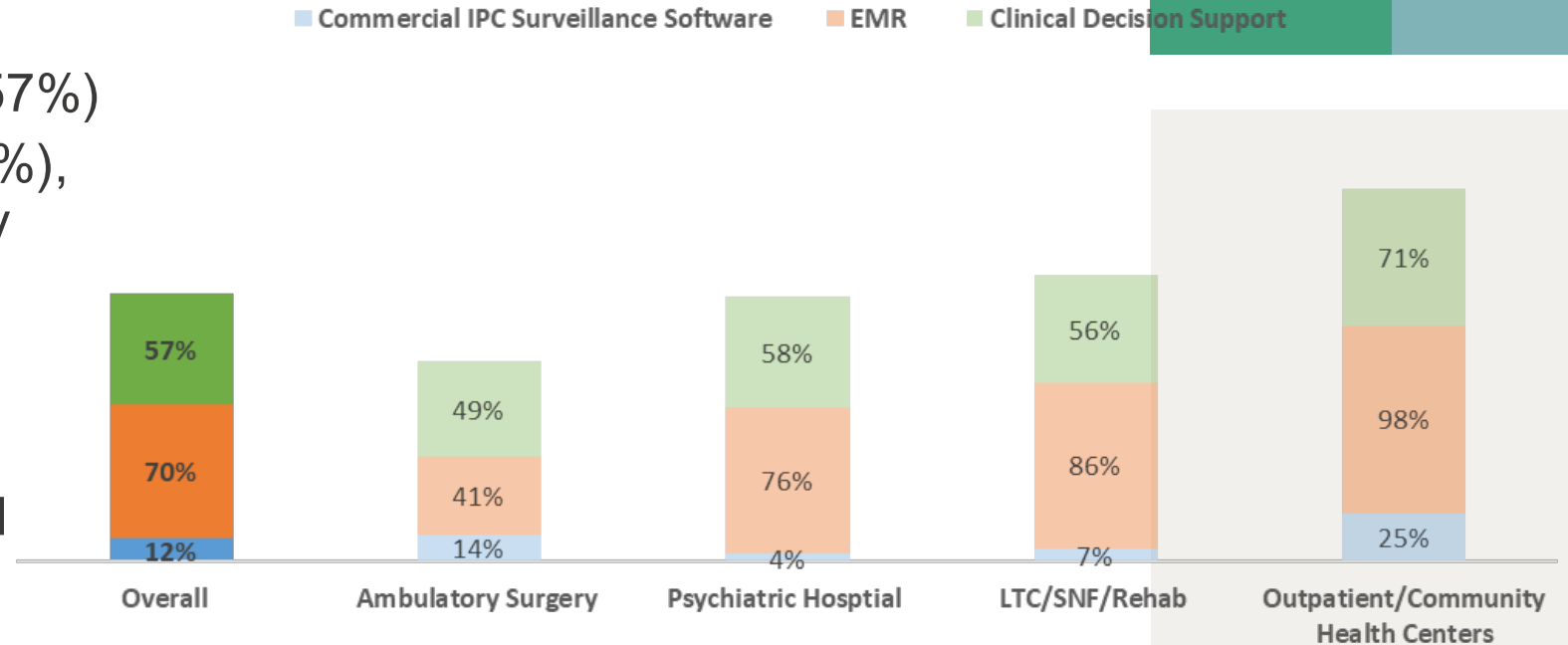
- ≤ 25% dedicated to HAI activities (41%)
  - Less time in ambulatory (50%) and outpatient (61%)
- Primary job function
  - IPC (50%)
  - Nursing (33%)
    - 51% in ambulatory surgery
- Top three IPC activities
  - Surveillance: 18% (4%-32%)
  - Transmission prevention: 15% (6%-25%)
  - Management and communication: 13% (2%-24%)

■ ≤ 25% ■ 26%-50% ■ 51%-75% ■ >75%



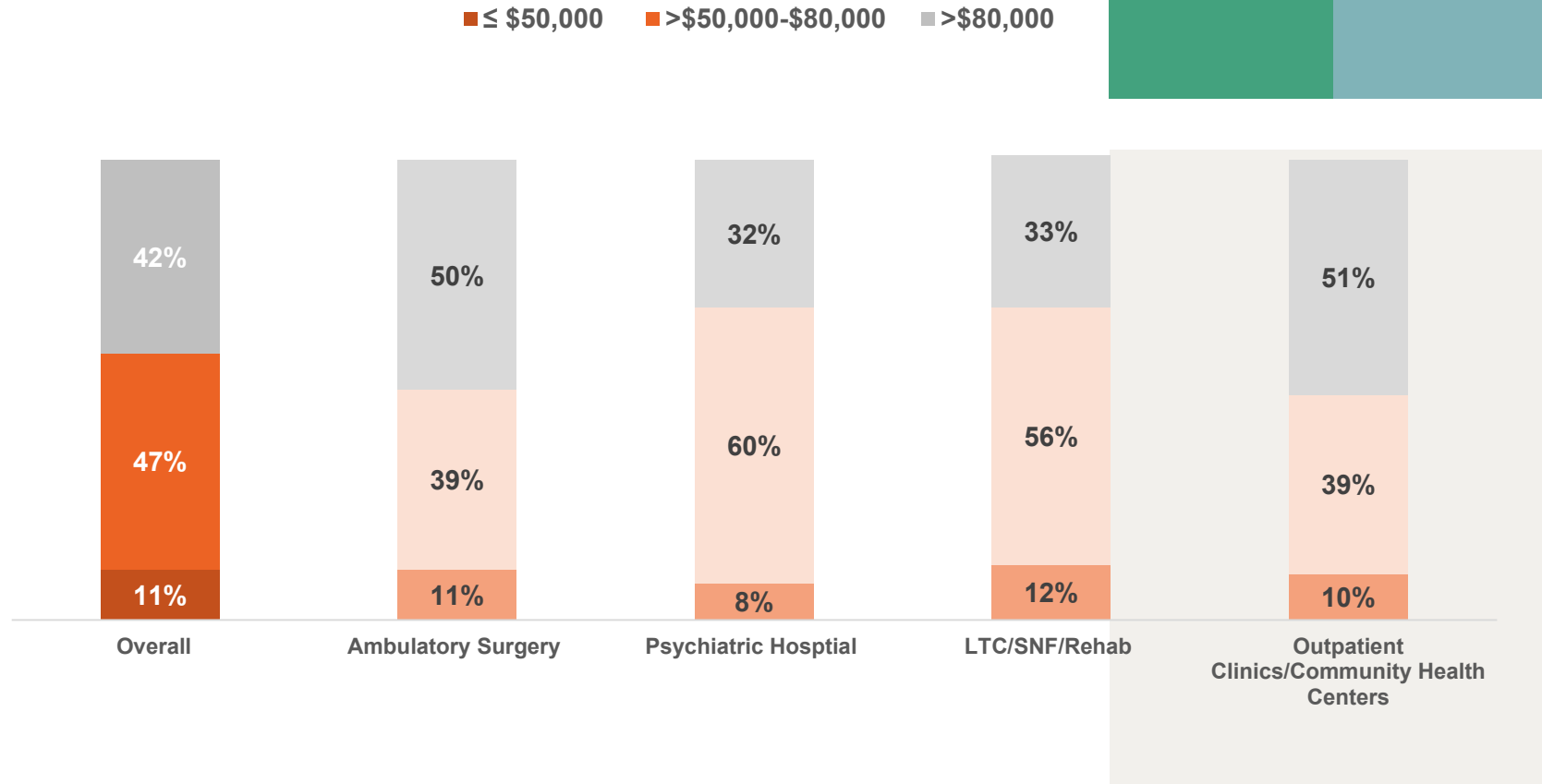
# Facility Resources

- Software and Support
  - 12% surveillance software
    - 25% outpatient/community clinic; 4% psychiatric hospital
  - Majority EMR (70%) and CDS (57%)
    - Highest outpatient (98%, 71%), lowest in ambulatory surgery (41%, 49%)
- One IP FTE employed
- One IP budgeted
  - More for ambulatory surgery and outpatient/community clinic
- 1-4 people in charge of IP in last 3 yrs.
- 74% with ICC at facility
  - 61% in outpatient clinic



# Compensation and Satisfaction

- Majority >\$50,000-\$80,000
  - Higher in ambulatory surgery and outpatient
- 35% satisfaction with overall compensation
- 82% expect to work in IP in 5 yrs.



# Other IP Specialty Areas

# Non-Traditional Areas: Expansion of IP

## Public Health (56)

- Top 3 practice settings: LTC (62%) acute (46%), outpatient (31%),
  - 66% state, 21% local, 13% federal
- Nursing (43%) and PH (43%) background

## Consultant (57)

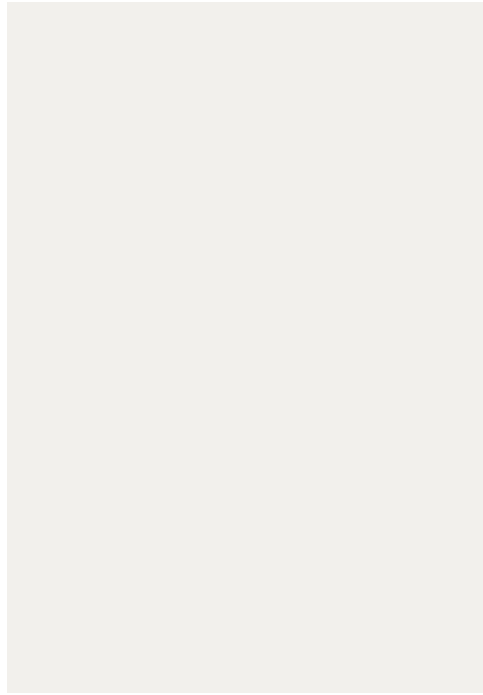
- Top 3 practice settings: LTC (72%), acute (68%), outpatient (51%),
  - Older (71% >55 yrs. Of age)
  - 46% \$100K or greater salary
  - Nursing background (75%)

## Education or research (31)

- Education: associates to MA/MS and above
- Nursing (77%)
- ~50% APIC fellows

- $\geq 11$  yrs. In IP
- Education
  - Majority MA/MA or higher
    - PH & consultant
- CIC Status
  - PH (51%), consultant (74%), edu/research (45%)
- Overall Compensation
  - PH (39%), consultant (56%), edu/research (45%)

# Summary



# Strengths & Limitations

## ■ Strengths

- Inclusive of various APIC members (~13,000 active members)
- More flexibility in responses for practice settings
- Pre-COVID-19

## • Limitations

- Convenience sample survey- APIC members only
- Small numbers
  - 861 vs. 343
  - Fewer specialties
- Pre-COVID-19
  - Major regulatory and non-regulatory related changes



# 2015 vs. 2020 Survey Highlights

- 21% of total respondents (2015) vs. 17% of total respondents (2020)
  - Results stable overall compared to 2015
    - CIC certification remains stable although low (15% vs. 13%)
    - Majority  $\geq 11$  years in healthcare prior to IP (57 % vs. 62%) but majority  $\leq 5$  years IP experience (54% vs. 57%)
      - Nursing still primary field (94% vs. 95%)
    - Proportion of time spent on surveillance (18% vs. 19%), transmission and prevention (15% vs. 15%), and management and communication (12% vs. 13%)
    - Number of FTE IP ( $1.3 \pm 0.7$  vs.  $1.3 \pm 1.9$ ) with highest in outpatient and ambulatory surgery
    - Expect to work in IP in next five years stable (81% vs. 82%)
  - Differences compared to 2015
    - Time spent on IP/HAI activities lower in 2020 vs. 2015
      - 25% or less (28% vs. 41%)- most notable in LTC and outpatient or community clinic
    - EMR (32% vs. 70%)

# Conclusions

- **Stable but progress needed**
  - Certification (CIC)
  - % time dedicated to surveillance/prevention and tr
  - Discipline
- **Standardization of the field**
  - Large variation by facility type
  - Satisfaction
- **Non-traditional IP**
  - Higher education, satisfaction

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Thank you!!



# QUESTIONS?

#APIC2021

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