2009 APIC ECONOMIC SURVEY

THE ECONOMIC DOWNTURN AND INFECTION PREVENTION:
RESULTS OF AN ONLINE POLL OF INFECTION PREVENTIONISTS

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INTRODUCTION

With the very real threat of pandemic and healthcare-associated infections on the rise, hospitals across the country are cutting people and resources for preventing infections.

Of nearly 2,000 members of the Association for Professionals in Infection Control and Epidemiology responding to a survey in late March, 41 percent reported cuts in budgets for infection prevention in the last 18 months due primarily to the economic downturn.

The professional association for infection preventionists decided to survey its members after hospitals increasingly reported budget cuts in prevention and education leading to layoffs, pay cuts, purchasing freezes and work loads that increased enough to hinder infection prevention.

Preventing infections not only saves lives; it saves hospitals money.

Here is a summary of the findings:

- Cuts are affecting the essence of infection prevention – a quarter of respondents have reduced surveillance activities to detect, track and manage healthcare-associated infections (HAIs).

- Education budgets have been hard hit. Three-quarters of those whose budgets were cut have experienced decreases for the education that trains healthcare workers in preventing the transmission of HAIs. Half saw reductions in overall budgets for infection prevention, including money for technology, staff, education, products, equipment and updated resources; nearly 40 percent had layoffs or reduced hours, and a third experienced hiring freezes.

- Cuts have impaired infection prevention programs – a third of the respondents say cuts in staffing and resources reduce their capacity to focus on infection prevention.

- State laws requiring public reporting of healthcare-associated infections make it harder to focus on preventing infections, said half the respondents.

- Forty-five percent said they have less support to attend APIC events; 44 percent attend fewer meetings at their hospital or clinic; 42 percent have fewer environmental and walking rounds; 38 percent have cut education of staff, visitors and patients.

- Technology is lagging. Only one in five respondents have data-mining programs – electronic surveillance systems that allow infection preventionists to identify and investigate potential infections in real time enabling them to intervene quickly.

- Infection prevention departments are understaffed. Almost two-thirds of respondents have one or less than one full-time-equivalent position dedicated to infection prevention, while almost 90 percent have zero or less than one full-time equivalent for clerical or analytic support.

- Three quarters of survey respondents work at acute care hospitals; Six in 10 also supervise infection prevention for outpatient clinics.
IMPLICATIONS/CALL TO ACTION

Healthcare-associated infections cause almost 100,000 deaths annually in the U.S. and add more than $20 billion to the nation’s healthcare tab. One of the ten leading causes of death, these infections have seized the attention of lawmakers, state and federal governments, consumers and the media. Given the recent outbreak of H1N1, or swine flu, and worries that we’re not prepared for public health emergencies, it is imperative that infection prevention departments be adequately funded.

Understaffed and underfinanced. With hiring freezes, cutbacks and a deluge of reporting requirements, APIC members have had to take on extra duties that detract from infection prevention. The scope of the job has increased while resources have decreased. Here are some comments from the survey:

- “We have so much more to do because of 29 patient safety goals and mandatory reporting, even though I am the only full-time person.”
- “I am unable to keep up with the workload so I have to do it on my own time. I cannot go over my (normal work hours.)”
- “As the responsibilities and time required to do the work of infection prevention have increased, the staffing level and support have decreased, leaving us to do much more with much less. This year the staff influenza immunization rate decreased dramatically from 60 percent to 44 percent as we simply were not available to continue offering vaccines after the initial building-based clinics.”
- “I had crafted a very nice plan to justify another position, but it was not approved due to the severe economic environment.”
- “We did not replace an employee health nurse, and now the infection preventionist does both.”
- “I am in my office 80 percent of the time. I do not have time to do my surveillance – I haven’t been in the OR for eight months.”
- “We added responsibilities for employee health, and our state added mandatory reporting.”
- “With mandatory reporting . . . the focus has become on data collection and reporting with very little time on the prevention of infections or process monitoring.”
- “We have no resources for data entry or clerical support.”
- “We are as low as we can go.”

Pay cuts and mandatory furloughs make it difficult to replace or even maintain staff.

- “We have an open position, but no one is applying.”
- “An IP resigned due to the working conditions.”
- “Our hiring freeze was lifted after the best candidate was lost.”
- “Pay cuts will result in me looking for other employment.”

Respondents spoke of “ordering freezes” and reduced budgets for infection prevention.

- “Administration and purchasing have declared that the system is into cost savings, particularly supply cost savings, so the evidence-based implementations and products that reduce infections have been eliminated.”
- “I am a new infection preventionist and was looking forward to attending the APIC Infection Prevention 101 class. Due to the economy I will not be able to attend.”
- “I cannot spend on education or improved technology.”
- “We cannot obtain funding for data mining tools.”
Our data vividly illustrate a national challenge. Even as cuts continue, the country is focusing more closely on healthcare-associated infections, or HAIs. In January, the U.S. Department of Health and Human Services unveiled a national HAI Action Plan with metrics and targets for six categories of healthcare-associated infections.

The economic stimulus package passed in February allocates $50 million toward using HAI reduction strategies. In April, the Government Accountability Office reported on the need for nationwide data on the risk of infections in ambulatory surgery centers.

More legislation and regulations require that hospitals report more infection data. Now, 30 states have passed reporting laws. Another six have created committees to study the advisability of public reporting.

To be sure, mandatory reporting and entities that publish hospital-performance score cards are forcing institutions to face their deficiencies and may ultimately increase funding for infection prevention. But in the short-term the APIC survey shows that reporting requirements are diverting professionals from preventing infections. There are decreasing resources to implement evidence-based recommendations to prevent HAIs, despite the increasing regulation and reporting in this area.

Despite the recession, now is not the time to reduce budgets for preventing infections. To address the funding shortfall, APIC recommends that healthcare institutions:

- **Understand the cost of healthcare-associated infections**, which erode a hospital's bottom line. Many healthcare executives do not understand all the costs of infections and mistakenly view prevention as a cost rather than a partner in profitability. Executives must realize that infection prevention costs pennies on the dollar compared to the cost of treating infections. With Medicare and insurance dollars declining, hospitals should have even greater incentive to eliminate infections.

- **Deploy adequate resources and apply proven measures throughout the facility.** Prevention of infections requires consistent application of evidence-based measures throughout the healthcare system. Healthcare institutions must spend enough on resources, including data mining. Better surveillance frees infection preventionists from number crunching and allows them to get out from behind their desks and onto the floor to train healthcare workers and prevent infections. Hospital executives must also supply the right level of staff to interpret data and lead interventions. Electronic surveillance tools are helpful, but without enough trained professionals to deal effectively with the information, infections won’t be eliminated. Institutions must also supply adequate staff and resources to meet public reporting requirements.

- **Engage healthcare leaders.** Preventing infections requires the commitment of hospital leadership. While not all infections are preventable, APIC believes that every healthcare institution should be working toward a goal of zero. Healthcare leaders must make infection prevention a priority and commit to promoting a cultural shift within their organization so that infection prevention is part of everyone’s job and processes are continually improved.

**ABOUT APIC**

APIC is an international organization headquartered in Washington, D.C. with more than 12,000 professionals who lead infection prevention and control programs that save lives and improve the financial bottom line for hospitals and other healthcare facilities. APIC’s mission is to improve patient health and safety by reducing the risk of infection.

APIC’s online survey occurred from March 20 to 27; 1,943 members responded.
1. Have you had any reductions in staffing or IP department resources in the past 18 months?

- Yes: 41%
- No: 59%

2. If yes, please check all that apply from the list below:

- Reduction in Staffing: 39%
- Hiring Freeze: 35%
- Reduced Ed. Funding: 74%
- Reduced IP Budget: 53%
- Other Answers: 12%
3. Do you have data mining?

- Yes: 20%
- No: 80%

4. Have reductions in staffing or IP department resources reduced your department's capacity to focus on infection prevention at your institution?

- N/A: 32%
- Yes: 32%
- No: 36%
5. Have public reporting mandates and other regulatory requirements reduced your department’s capacity to focus on infection prevention and control efforts?

- Yes: 52%
- No: 34%
- N/A: 14%

6. What services did you provide in the past that you no longer can, due to cutbacks? Please check all that apply from the list below:

- Decreased surveillance: 24%
- Decreased process auditing: 20%
- Decreased infections: 31%
- Decreased rounds: 42%
- Decreased meetings: 44%
- Decreased education: 38%
- Decreased IP oversight: 34%
- Decrease in immunizations: 10%
- Less time for product review: 33%
- Less support to attend APIC Events: 45%
- Less support for APIC involvement: 28%
- None / Not Applicable: 24%
- Other Answers: 4%
7. At what type of facility do you work?

- Acute care hospital: 75%
- Community: 6%
- Teaching: 6%
- Veterans Long Term Care Facility: 1%
- Long Term Acute Care (LTAC): 6%
- Specialty hospital: 2%
- Long Term Care: 7%
- Assisted Living Facility: 1%
- Pediatric Long Term Care: 4%
- Rehabilitation: 4%
- Behavioral health: 4%
- Free-standing clinic / facility: 2%
- Ambulatory Surgical Center: 3%
- Outpatient Rehabilitation Center: 1%
- Dialysis Center: 1%
- Endoscopy Center: 1%
- Pain Management: 1%
- Corrections Center: 1%
- Home Health Care: 3%
- Other Answers: 7%

8. Describe any outpatient or alternative settings for which you are also responsible. Please check all that apply from the list below:

- Surgicenter: 25%
- Clinics: 60%
- Nursing Home: 14%
- Ventilator Units: 10%
- Dialysis Center: 24%
- Endoscopy/ Bronchoscopy: 38%
- Pain Management: 17%
- Chemotherapy Outpatient Center: 28%
- Adult Day Care: 5%
- Outpatient Mental Health: 17%
- On-site Child Day Care: 11%
- Rehabilitation Wellness/Fitness Centers: 30%
- Dental Center: 10%
- Hospice: 15%
- Psychiatric Hospital: 14%
- Obst/GYN Center: 17%
- Wound Care Center: 32%
- Other Answers: 16%
9. How many licensed beds are there at your facility?

- 0-99: 31%
- 100-199: 22%
- 200-299: 16%
- 300-399: 11%
- 400+: 20%

10. What is your average occupancy rate each day?

- 0-99: 43%
- 100-199: 22%
- 200-299: 15%
- 300-399: 9%
- 400+: 11%

11. How many outpatient visits does your facility receive on average per day?

- 0-99: 39%
- 100-199: 24%
- 200-299: 13%
- 300-399: 7%
- 400+: 18%
12. What is/are your department FTE(s) for IP?

- Less than 1: 28%
- 1: 37%
- 2: 17%
- 3-4: 3%
- 5: 5%

13. What is/are your department FTE(s) for secretarial/analytic support?

- 0: 59%
- Less than 1: 27%
- 1: 11%
- 2: 3%