

Infection prevention staffing needs may be underestimated

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(HealthDay)—A comprehensive assessment of health care organization

composition and structure is necessary before determining infection preventionist (IP) staffing needs, according to a study published recently in the *American Journal of Infection Control*.

Rebecca Bartles, M.P.H., from Providence St. Joseph Health System in Renton, Wash., and colleagues describe a large nonprofit health care system's approach at quantifying the actual number of IP and relative support staff needed to build and sustain effective infection prevention programs.

After performing a quantitative needs assessment involving a department-level survey for 34 hospitals, 583 ambulatory sites, and 26 in-home and long-term-care programs across five states, the researchers found that actual labor needs to be 31 to 66 percent above current benchmarks of 0.5 to one IP per 100 occupied beds. A new [benchmark](#) of one [infection](#) prevention full-time equivalent per 69 beds is needed if ambulatory, long-term care, or home care is included.

"Size, scope, services offered, populations cared for, and type of care settings all impact the actual need for IP coverage, making the survey benchmarks available in the literature invalid," the authors write.

More information: [Abstract/Full Text](#)

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