

Infection preventionists may spend more time collecting data than protecting patients

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Collecting and reporting hospital infection data to federal health agencies takes more than 5 hours each day, at the expense of time needed to ensure that frontline healthcare personnel are adhering to basic infection prevention practices such as hand hygiene, according to a recent case study, to be presented on Saturday, June 27 at the 42nd Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC).

Infection preventionists (IPs) play a critical role in the effort to eliminate healthcare-associated infections (HAIs), which strike one in 25 U.S. hospital patients. But many IPs, especially those in [community hospitals](#), feel burdened by the time necessary to comply with the Centers for Medicare & Medicaid Services (CMS) reporting requirements—so much so that one IP decided to find out just how much time it takes.

The answer: five hours and eight minutes a day of IP time, based on a five-day work week. That leaves little time to observe practices, go on rounds, lead safety drills, or answer questions about how to keep patients safe.

IPs at Robert Wood Johnson University Hospital Somerset tabulated the amount of time necessary to review lab data and complete reports for bloodstream infections, urinary tract infections, surgical site infections, MRSA infections, and *Clostridium difficile* infections to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). IPs at hospitals across the country are responsible for analyzing lab reports and reporting [infection](#) data to the NHSN database, which is used for Medicare payment determination by CMS.

"HAI reporting exposes problems, drives improvements, and allows for benchmarking against national targets. But without adequate staffing, the burden of reporting takes time away

from [infection prevention](#) activities that protect patients at the bedside," said Sharon L. Parrillo, BSN, RN, CIC, assistant director, Infection Prevention, Robert Wood Johnson University Hospital Somerset, Somerville, New Jersey. "We are fortunate that we have two IPs on staff at our hospital, but many community hospitals have only one staff person dedicated to infection control. This analysis didn't even take into account the time necessary to perform state and local HAI reporting, which many facilities are also required to do."

Parrillo calculated the number of laboratory test reports—urine, blood, wound, and sputum—received and reviewed in July, August, and December 2013, and January 2014 at her 355-bed acute care community hospital. Using NHSN time estimates for each infection event report, she calculated the total amount of time needed to review the lab reports and complete reporting using the NHSN criteria and definitions. This totaled 118.29 hours each month—or five hours and eight minutes per day, based on a five-day work week. It is also worth noting that during the time period assessed, the hospital was only at 60 percent capacity.

"This case report supports previous studies indicating that infection data collection, analysis, and reporting continue to be one of the IP's most time consuming activities, even as their role expands in scope and responsibility," said APIC 2015 President Mary Lou Manning, PhD, CRNP, CIC, FAAN, FNAP. "IPs can use the results to begin to create a model for an adequately resourced infection prevention program, as well as explore alternative strategies such as automated surveillance systems."

"I hope this study encourages lawmakers to consider the burden of IP time when new HAI reporting legislation is being considered, and helps IPs at other facilities start a conversation with their leadership about staffing and resources needed to ensure a safe environment for patients and staff,"

noted Parrillo. "Much of what I do involves sitting at a desk. It's frustrating, because that's not how I can prevent infections. We need to be able to do more rounding, more [hand hygiene](#) observance, more preparedness, and more staff education."

IPs lead intervention teams committed to reducing healthcare-associated infections. In addition to national, state, and local reporting of healthcare-associated infections, they educate healthcare personnel and patients about infectious diseases and antibiotic resistance and how to limit their spread, conduct rounds with clinical and environmental teams, share data with individual hospital units for improvement efforts, develop and review infection prevention and control policies and procedures, develop [infection control](#) plans during facility renovation and construction, conduct outbreak investigations, lead emergency preparedness efforts, collaborate with public health agencies in planning community responses to infectious or biologic agents, and ensure compliance with standards and regulations designed to protect patients and healthcare workers.

More information: Oral Abstract #030 - The Burden of National Healthcare Safety Network (NHSN) Reporting on the Infection Preventionist: A Community Hospital Perspective

Provided by Association for Professionals in Infection Control

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