**INFECTION PREVENTION**

**Average IP salary on an upswing**

**Education is a key driver in higher pay**

_by Kara Nadeau Della Vecchia_

The average salary for infection prevention/control professionals is back on an upswing according to the 2013 Infection Prevention Salary Survey. While the 2012 survey revealed a drop in pay compared with previous years, this year’s results show a $2,370 increase in base salary, with those infection prevention/control professionals surveyed earning an average of $73,765 in 2013.

Those earning the largest pay increases were Infection Prevention/Control Coordinators, with an average $5,384 jump in pay from 2012 to 2013. Infection Prevention/Control Directors and Infection Preventionists also reported significant rises, with $4,765 and $3,177 average year-over-year base salary increases, respectively.

Education continues to play a key role in salary within the IP profession. Those holding post-graduate degrees earned an average $7,040 more than those holding Bachelor’s degrees and $14,602 more than those holding Associates degrees. Overall infection prevention/control professionals are well educated academically, with 99.7 percent of those surveyed holding Associates degrees or higher.

“An advanced degree enhances the ability of an infection preventionist to hone those skills to mentor those at the bedside, maneuver healthcare facility systems (“silo demolition”), and promote collaboration to empower those engaged in patient care activities to reach — and maintain — optimal patient safety in the fight against healthcare-associated infection,” said Patti Grant, RN, BSN, MS, CIC, Director of Infection Prevention/Quality, Methodist Hospital for Surgery, Addison, TX, and 2013 President of the Association for Professionals in Infection Control and Epidemiology (APIC), “Infection prevention is detective work without firearms. The infection preventionist knows how to seek, understand, share, and solve the mystery. The main difference is infection prevention work is proactive since a problem does not have to exist before putting science at the bedside in motion to influence outcomes.”

**SURVEY HISTORY**

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**Respondent snapshot**

The average 2013 survey respondent is a 48-year-old female with a Bachelor’s Degree working in a 294-bed non-profit facility. Of those surveyed, 37 percent work in rural facilities, 30 percent in suburban facilities and 33 percent in urban facilities. More than half of respondents work in a hospital setting (59 percent) and over one-quarter (26 percent) are employed by an integrated delivery network (IDN) or multi-facility hospital and the remaining 15 percent work for long-term care, behavioral health or rehabilitation facilities. The majority of respondents (69 percent) work in non-profit facilities while 21 percent are employed by for-profit organizations. Those in behavioral health settings earn the most ($78,958) followed closely by those in IDN or multi-facility hospitals ($78,685). Also interesting to note, IP professionals employed by facilities with between 400-499 beds earn the most by far ($91,912), a full $11,585 more than the next highest earner category, which was those employed by facilities with between 500-749 beds ($80,326).

As in previous years, titles count. Respondents holding Infection Prevention/Control Director titles are top earners at $87,779, followed by Infection Prevention/Control Managers ($82,444), Infection Preventionists ($72,146); and Infection Prevention/Control Coordinators ($71,203). Salaries also vary by region, with Pacific-based respondents earning significantly more than other regions — $99,024, on average — followed by Mountain at $79,150, the Northeast at $74,389 and the Central and Southeast regions with near identical earnings at $69,704 and $69,339 respectively.

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**IP Update**

**CKD patients may be overexposed to PICC**

Patients with chronic kidney disease (CKD) received percutaneous inserted central catheters (PICC) in the acute care setting more often than other patients, despite professional guidelines that discourage PICC use in a CKD population, researchers said.

In an observational study of 375 inpatients at a single institution, 86 PICC lines were placed and 21% of those were in CKD patients, reported Rita McGill, MD, from Allegheny General Hospital in Pittsburgh, and colleagues at the National Kidney Foundation meeting. In addition, more patients with higher-stage CKD received PICC compared with other patients, the authors stated.

However, guidelines from the American Society of Diagnostic and Interventional Nephrology (ASDIN) state that PICC lines should be avoided in CKD patients and those with end-stage renal disease (ESRD), “but this guideline appears to have relatively little traction outside of the nephrology community,” they pointed out.

“PICCs, which seem to be a marker for a higher burden of illness, are [being used in] CKD patients even more commonly than other types of patients,” McGill told MedPage Today. “Many of these patients with chronic kidney disease have diabetes – probably at least 30% – which makes them at higher risk for ESRD, and also gives them fragile blood vessels, so these are exactly the type of patients who should not be getting PICC.”

McGill’s group spent a single morning at their hospital assessing every patient for PICC. They took note of age, gender, and service line. Monitoring level was used as a surrogate for acute medical and burden of illness. CKD was assessed on the day of the survey and used as a surrogate for clinical acuity and burden of illness. CKD was assessed on the day of the survey and used as a surrogate for clinical acuity and burden of illness. CKD was assessed on the day of the survey and used as a surrogate for clinical acuity and burden of illness.

The authors also found that 10% of patients who received PICC did not differ from the general inpatient population in terms of age, gender, and service line. For monitoring level and acuity, the authors reported the following:

- Intensive care unit (ICU): 47.7% PICC, 1.4% no PICC
- Stepdown: 16.3% PICC, 9.7% no PICC
- Regular floor: 19.7% PICC, 55.3% no PICC

Convenience was reported by ordering physicians as a key reason for PICC. They found that CKD patients who received PICC did not differ from the general inpatient population in terms of age, gender, and service line. For monitoring level and acuity, the authors reported the following:

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The pivotal relationship between education and salary could be one driver behind a $9,264 drop in annual base salary among Infection Prevention/Control Practitioners, from an average annual salary of $73,286 in 2012 down to $64,022 in 2013. Among this group, only 8 percent of respondents hold Associates degrees or higher. This contrasts sharply with those gaining the highest pay increases from 2012 to 2013, Infection Prevention/Control Coordinators, among which 24 percent hold collegiate degrees, with 5 percent reporting post-graduate degrees.

There was a slight shift in job security compared with last year, with 44 percent of respondents stating that they are “very secure” in their current positions (down 3 percent), 49 percent feeling “somewhat secure” (up 5 percent) and 7 percent stating they feel “somewhat insecure” (down 2 percent). Furthermore, fewer IP professionals expect bonuses this year, down 5 percent from 2012.

“The current healthcare environment is making it difficult for organizations to offer bonuses,” said Rebecca M. Stockwell, RN, BSN, Clinical Coordinator of Infection Prevention/Control, NH “There is uncertainty around what organizations are offering. It is hard to judge the potential challenges associated with implementing of healthcare reform, and I doubt this experience is unique to those concentrating on infection prevention.”

Roles and responsibilities
This year’s survey results revealed a continuing trend of IP professionals taking on a broad range of roles and responsibilities beyond infection prevention. While the majority of respondents (86 percent) spend 50 percent or more of their time on infection control activities, those surveyed perform a variety of other duties as well. Those activities topping the list include employee/occupational health (60 percent), National Healthcare Safety Network (NHSN) reporting (54 percent), education (42 percent) and immunization/vaccination (33 percent).

Similar to last year’s survey, the majority of 2013 respondents (84 percent, compared to 79 percent in 2012) reported being licensed or having experience as a Registered Nurse (RN). An additional 12 percent have experience or have been licensed as a medical technologist and 7 percent as an educator.

“As a registered nurse I come at this from the perspective of having worked at the bedside,” said Stockwell. “This has helped me greatly when working with bedside staff to engage them in evidence-based practices that will affect how they practice. Registered nurses are also well versed in medication interactions, which can be helpful when making decisions regarding antibiotics.”

“Since APIC’s inception in 1972, the majority of members have been registered nurses; however, in the last decade we are seeing a trend to include non-clinical disciplines such as those with a Masters of Public Health, and those with primary expertise in laboratory services [such as the

Are you licensed/experienced as any of the following?

- Registered Nurse 84%
- Medical Technologist 12%
- Educator 7%
- Other 4%
- LVN/LPN/Nurse practitioner 3%
- Epidemiologist 3%
- Laboratory Technician 2%
- Legal Nurse 1%

By what organizations are you certified?

- CBIC (Certification Board of Infection Control and Epidemiology) 47%
- ASCP (American Society for Clinical Pathology) 11%
- ANCC (American Nurses Credentialing Center) 3%
- CPHQ (Certified Professional in Healthcare Quality) 2%
- COHN (Certified Occupational Health Nursing) 1%
- WOCNCB (Wound, Ostomy, Continence Nursing Certification Board) 1%
- IAHCSSMM (International Association of Healthcare Central Service Materiel Management) 1%
The majority (65 percent) of this year’s survey respondents stated their facilities are planning on or are already screening for MRSA at patient admission, which is only slightly lower than last year’s survey findings (68 percent). The same was true of hand washing surveillance, with 84 percent of respondents stating they have hand hygiene monitoring (77 percent), cleaning equipment and supplies (74 percent), needlestick/sharps safety devices (71 percent), gloves (68 percent), masks/respirators (64 percent), and protective wear (60 percent).

The leading topics survey respondents would like to read more about in HPN are antibiotic/antimicrobial stewardship (51 percent), hand hygiene surveillance (51 percent) and drug resistant organisms (48 percent).

Certification
While the majority of IP professionals have secured collegiate degrees, certification remains relatively low. Just under half of respondents (47 percent) reported being certified by the Certification Board of Infection Control and Epidemiology (CBIC) for 2013. “APIC just learned from our “Clostridium difficile Pace of Progress Survey” that 46 percent of respondents are certified, and another 31 percent are pursuing certification in 2013, so that 47 percent snapshot could reach upwards of 75 percent by the end of 2014,” said Grant.

Another recent study from APIC found “hospitals whose infection prevention and control programs are led by a director who is board certified in infection prevention and control have significantly lower rates of methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections (BSI) than those that are not led by a certified professional.”

“To me, certification shows commitment to the specialty of infection prevention,” said Stockwell. “That said, APIC recommends working in infection prevention for approximately two years before taking the CIC boards. Having recently attended APIC regional and national events, there seem to be a good percentage of IPs who are new to the position and therefore are in the process of building a strong foundation before becoming certified.”

Trends in infection prevention
With their primary role in preventing hospital-acquired infections (HAIs), IP professionals face an uphill battle against a costly and deadly adversary. A recent study by Duke University Medical Center revealed “post-surgical infections significantly increase the chance of hospital readmission and death and cost as much as $60,000 per patient.”

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“Hand washing monitoring is changing; it is no longer the IP standing on your unit watching you as you go in and out of patient rooms,” said Stockwell. “There are now systems that can be working towards peer feedback for hand washing. Any system that allows us to be more accountable and have better rates should be encouraged.”

References:
2. http://www.apic.org/For-Media/News-Releases/Article?id=533beea7-c195-40e4-a370-9c204612d5ec
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