

Steady numbers, significant trends

2016 infection prevention salary survey

by Susan Cantrell, ELS

The 2016 *Healthcare Purchasing News* Infection Prevention Salary Survey results are in. This year, infection-prevention (IP) professionals from various healthcare facilities around the country responded to a range of questions.

To answer the big money question: The average overall reported salary for an IP professional this year, according to our respondents, is \$77,629. That figure is down \$1,600 from last year. However, 59 percent of all respondents told *HPN* that they did receive an increase in base salary.

What follows is a snapshot of some of the finer details related to compensation, along with a look at some of the changing job responsibilities and other trends that infection preventionists are facing in today's healthcare environment (please refer to the surrounding charts for a complete breakdown of the survey results).

Today's IP professional and "her" earnings profile

Most IP professionals are female (88 percent vs. 8 percent who are male and 4 percent who did not identify their gender). They're also in their early to mid 50s. Registered nurses dominate the IP field at 83 percent but their job titles vary. The top three most common titles are infection preventionist, IP or infection-control (IC) coordinator, and IP or IC director.

Infection preventionists are also a well-educated bunch:

- Postgraduates (25 percent of respondents) earn an average \$91,764.
- Undergraduates (50 percent of respondents) earn an average salary of \$76,540.
- Associate's degree graduates (24 percent of respondents) earn an average salary of 66,907.
- High school graduates (1 percent of respondents) earn an average salary of \$40,000.

IP professionals have experience, having worked, on average, 11 years in the field and eight years at their current facility. About 16 percent of respondents said they have worked less than two years as an IP professional. The Certification Board of Infection Control and Epidemiology certified 46 percent of our respondents with fewer IP professionals saying that they hold certifications from various other certifying societies and organizations.

Job security also appears to remain stable this year with 46 percent of IP professionals saying they feel very secure; 47 percent feel somewhat secure; and only 7 percent feel somewhat insecure.

Thirty-five percent received salary increases between 2 percent and 2.99 percent with 26 percent of respondents reporting a raise between 1 percent and 1.99 percent. However, 79 percent said they do not expect to see a bonus this year. Of those who do, 50 percent (versus 65 percent in 2015) of respondents said they expect to receive a 1 percent to 2 percent increase.

Job environment

The majority of our respondents, 43 percent, work in a rural facility followed by 30 percent working in urban facilities and 27 percent in suburban facilities. IPs from 45 states responded to the survey with those from nonprofit facilities topping the list at 60 percent; 30 percent from profit-facilities; and 9 percent from government-owned facilities. The majority work at either a standalone hospital (59 percent) or at an IDN, alliance, or multi-group health system (23 percent).

The average number of beds is 206, which is down slightly from last year. We also saw a rise in the number of smaller

facilities reported in this year's survey. Salaries, not surprisingly, are highest at the largest facilities. Most IP professionals who responded — 79 percent — also have small departments with one to two employees; only 1 percent reported having 16 to 20 employees in their department. Studies show inadequate staffing ratios have been linked to higher rates of infection.¹ Fortunately, in many hospitals, the ratio of infection preventionists to beds is improving, but many more still need to come on board. The current recommendation is one IP to 100 beds. That may need to be adjusted, based on type of healthcare facility. When IP professionals were asked if their facilities IP-per-patient ratio was aligned with current CDC recommendations, 41 percent answered affirmatively; 25 percent answered negatively; and 35 percent said they do not know.

IP professionals wear many hats

The *American Journal of Infection Control* published a study that showed IP profes-

Survey history			
2016	\$77,629	2011	\$72,045
2015	\$79,229	2010	\$69,419
2014	\$73,997	2009	\$68,160
2013	\$73,765	2008	\$66,672
2012	\$71,395	2007	\$63,876

2016 HPN IP Salary Survey respondent snapshot	
Title	
Infection Preventionist	
Reports to	
VP/Director, Quality/Risk Management/Chief Quality Officer	
Gender/Age	
Female/51.5	
Years in IP/Years at facility	
11/8	
Type of facility	
Non-profit, stand-alone	
Average number of beds	
206	
Avg. # of employees per department	
2.3	

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sionals today are wrestling with a lot of added responsibilities.¹ And while some administrators understand what an important role IP plays in the budget, unfortunately, some do not. When survey respondents were asked if they felt the C-suite in their facilities appreciates and understands the IP's role in providing good patient care while managing costs, 46 percent answered yes. A disappointing 37 percent said no, and 18 percent said they did not know.

Furthermore, only 33 percent of respondents said they spend 100 percent of their time working on IP activities exclusively. Many said when they're not doing work specific to IP they are taking on a wide variety of other responsibilities, including:

- employee or occupational health (43 percent of respondents)
- National Healthcare Safety Network reporting (35 percent)
- education/compliance (29 percent)
- disaster/bioterrorism preparedness (20 percent)
- environment-of-care safety management (19 percent)
- immunization/vaccination (17 percent)
- quality performance management (17 percent)
- patient safety (11 percent)
- core measures (10 percent)

A good number of IP professionals, 64 percent of respondents, are also members of a product evaluation committee. Their roles include:

- determining need (48 percent)
- safety evaluation (44 percent)
- process improvement (36 percent)
- product testing (34 percent)

- education (29 percent)
- cost analysis (29 percent)
- defining usage (25 percent)

Tracking the trends

Antimicrobial stewardship programs are growing in importance with 72 percent reporting that their facility has one in place – a positive 10 percent jump up from last year – and 19 percent are considering the possibility of implementing a program compared to 23 percent in 2015.

Hand-washing surveillance systems are capturing the attention of more facilities with 60 percent reporting that they have one in place compared to 57 percent in 2015; 17 percent are considering it.

Room-disinfection systems are on the rise slightly with 22 percent using them versus 20 percent in 2015. More than half of our respondents, 51 percent, said they do not use a room disin-

Salary by type of facility

59% - Hospital, standalone	\$74,004
23% - IDN/Alliance/Multi-group health system	\$87,078
8% - Long term acute care facility (LTAC)	\$80,441
4% - Behavioral/Psychiatric health facility	\$75,500
3% - Rehabilitation facility	\$72,083
1% - Surgi-center/Ambulatory center	\$80,833
1% - HMO/PPO/IPO/Insurance	\$76,500
>1% - Clinic	\$67,500
>1% - Other	\$87,500

Salary by number of beds

Survey Average Beds - 206

1% - Over 1000 beds	\$107,667
2% - 750-999 beds	\$95,100
5% - 500-749 beds	\$89,227
4% - 400-499 beds	\$85,800
10% - 300-399 beds	\$79,457
12% - 200-299 beds	\$87,962
24% - 100-199 beds	\$81,849
17% - 50-99 beds	\$73,603
7% - 26-49 beds	\$65,500
17% - 0-25 beds	\$62,705

Salary by education

25% - POST-GRADUATE	\$91,764
2% - GENDER NOT SPECIFIED	\$111,500
20% - FEMALE	\$89,289
3% - MALE	\$97,167
50% - BACHELOR'S DEGREE	\$76,540
2% - GENDER NOT SPECIFIED	\$75,500
45% - FEMALE	\$76,401
3% - MALE	\$79,286
24% - ASSOCIATE'S DEGREE	\$66,907
22% - FEMALE	\$66,582
2% - MALE	\$70,100
1% - HIGH SCHOOL	\$40,000
1% - FEMALE	\$40,000

*Any disparity in percentage totals is due to rounding.

Is your facility using a data mining software program to track, report and analyze infection trends?

Yes	38%	No	54%	Considering	7%	Don't know	0%
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Has your facility established an antimicrobial stewardship program?

Yes	72%	No	8%	Considering	19%	Don't know	1%
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Is your facility utilizing or planning to utilize a program to disinfect electronics (tablets, smartphones, laptops) used by clinicians during the course of patient care?

Yes	12%	No	54%	Considering	24%	Don't know	11%
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Has your facility instituted or planned to adopt a hand washing surveillance program?

Yes	60%	No	18%	Considering	17%	Don't know	5%
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Is your facility utilizing or planning to utilize a room disinfection system?

Yes	22%	No	51%	Considering	17%	Don't know	10%
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Salary by years in IP & years at facility

Years in	IP - AVG: 10.6 yrs		Facility - AVG: 8 yrs	
Less than 2	\$63,357	16%	\$69,436	21%
2 - 4	\$65,068	17%	\$72,587	23%
5 - 9	\$79,798	23%	\$81,121	28%
10 - 14	\$84,459	17%	\$84,880	11%
15 - 19	\$83,574	12%	\$81,500	8%
20 - 24	\$89,206	8%	\$86,550	4%
more than 25	\$90,342	8%	\$87,278	4%

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fection system, which is up slightly from 48 percent last year. Few respondents, 17 percent, also said they are considering purchasing one versus 21 percent in 2015.

Disinfection of electronic devices is another important measure to consider due to the increased use of tablets, smart phones, laptops and other devices during patient care. However, the trend is slow to catch on with 54 percent stating they do not have a system in place for disinfecting electronic items versus 47 percent last year. Only 12 percent (14 percent in 2015) reported using one; 24 percent are considering a plan and 11 percent aren't sure.

Data-mining software programs that are designed to track, report, and analyze infection trends was a new topic included in this year's survey and for good reason. IP professionals said they are spending too much time on manual data collecting and reporting which takes them away from other important tasks.

According to the survey results, we found that 38 percent of respondents

are now using data-mining software programs while a greater number, 54 percent are not. Another 7 percent said their facility is considering adopting one.

A case study presented at the Association for Professionals in Infection Control and Prevention in June 2015 nailed down just how much time infection preventionists spend on reporting required by the Centers for Medicare and Medicaid Services. Those in the trenches will not be surprised to hear that five hours and eight minutes a day of an infection preventionist's time, based on a five-day work week, are eaten up by data collection. This leaves IPs with little time left over to observe practices, go on rounds, lead safety drills, or educate staff. And, of note, during the time this study was performed, the featured 355-bed acute-care community hospital was only at 60 percent capacity.

This study did not include time needed for performing state and local healthcare-acquired infection reporting, as many facilities must do, so it appears that IPs are burdened, particularly in the smaller community hospitals that may only have one IP, with reporting of data. No doubt the documentation serves useful purposes, but it leaves IPs with little time for other activities designed to protect patients.

The case study noted that previous studies have shown that infection data collection, analysis, and reporting are one of IPs' most time-consuming activities at a time when their role is expanding to encompass even more responsibilities. The study suggested that automated surveillance systems could provide some relief from too much time spent at a desk and too little time on infection prevention, and observed that staffing and resources need to be taken into consideration as well to ensure a safe environment for patients and staff.

Looking ahead

HPN also asked IP professionals, as it does every year, to tell us what they want to learn more about. Here are the top 10 requests:

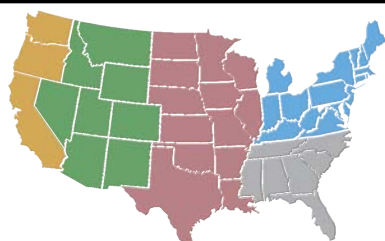
- antibiotic/antimicrobial stewardship (59 percent)
- disinfection/sterilization (57 percent)
- multidrug-resistant organisms (54 percent)
- hand-hygiene surveillance (53 percent)
- healthcare-associated infections/prevention (52 percent)
- infection tracking/reporting systems (48 percent)
- environmental services (42 percent)
- cleaning verification testing (39 percent)
- personal protective equipment (39 percent)
- needlestick/sharps safety (36 percent)

We look forward to hearing from you when the HPN Salary Survey goes out again next year. Please respond and spread the word. This is a chance for your voice and concerns to be heard. Make some noise. **HPN**

References:

1. American Journal of Infection Control (2009;37[5]:351-357), Stone et al, 2009.

Salary vs. region



8% - PACIFIC	\$102,658
38% - NORTHEAST	\$80,256
7% - MOUNTAIN	\$79,594
32% - CENTRAL	\$71,803
14% - SOUTHEAST	\$67,656

Salary by title

19%	Infection Prevention/Control Director	\$91,440
11%	Infection Prevention/Control Manager	\$87,354
2%	Infection Prevention/Control Practitioner	\$81,250
30%	Infection Preventionist	\$74,687
21%	Infection Prevention/Control Coordinator	\$73,761
1%	Employee Health	\$72,500
2%	Quality, Risk Manager	\$71,250
15%	Infection Prevention/Control Nurse, Employee Health Nurse	\$66,061
1%	OTHER	\$60,000

Many respondents are responsible for evaluating and/or purchasing a multitude of supplies, including but not limited to:

Hand sanitizers	77%
Disinfectants/sterilants	69%
Handwashing systems and hand-hygiene monitoring systems	66%
Cleaning equipment and supplies	64%
Needlestick and sharps safety devices	57%
Masks/respirators	56%

Are you licensed/experienced as any of the following?

Registered Nurse	83%
Medical Technologist	12%
Educator	11%
LVN/LPN/Nurse practitioner	4%
Other:	4%
Epidemiologist	2%
Legal Nurse	1%
Physician/MD	>1%

By what organizations are you certified?

CBIC (Certification Board of Infection Control and Epidemiology)	46%
ASCP (American Society for Clinical Pathology)	10%
Other	8%
ANCC (American Nurses Credentialing Center)	1%
CPHQ (Certified Professional in Healthcare Quality)	1%
COHN (Certified Occupational Health Nursing)	>1%