

## IPRAT (established 2020)

### Infection Prevention Resource and Assessment Team (IPRAT) Program:

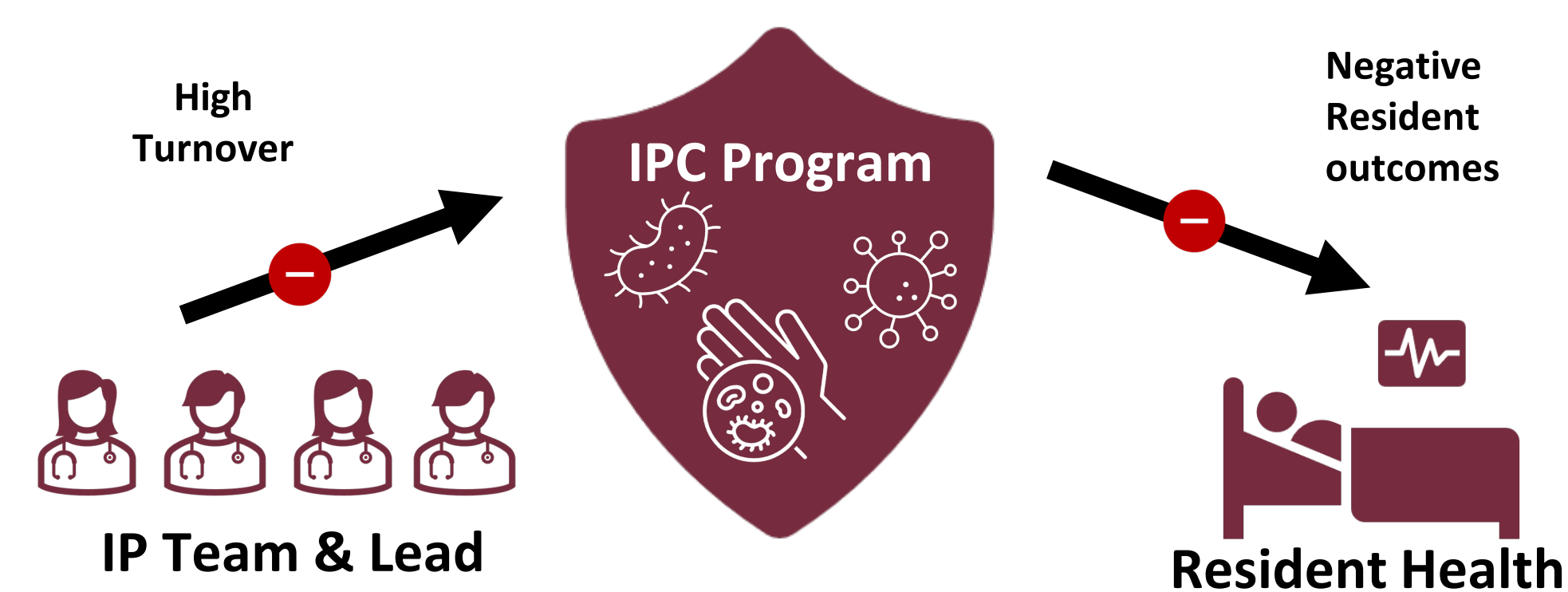
- Free
- Consultative
- Non-regulatory Infection Prevention Control (IPC) guidance & support
- For congregate care settings throughout Michigan

### Program includes providing support for Long Term Care (LTC) Infection Preventionists (IP) & Directors Of Nursing (DON) to offer:

- IPC Program Assessments
- Staff Education
- Policy Review
- Infection Preventionist Mentoring

## IP Turnover: A Cause for Concern

Staff turnover contributes to a breakdown in infection prevention practices, including a loss of resources and knowledge of the IPC initiatives and education that had been implemented by their predecessor.



Basic characteristics of IPs in nursing homes is unknown and gaining knowledge in this area will help programs like IPRAT identify and assist facilities with IPC programs experiencing loss of institutional knowledge through IP attrition.

## Goals

To understand the landscape of IPC professionals in nursing homes, IPRAT disseminated a survey inquiring about:

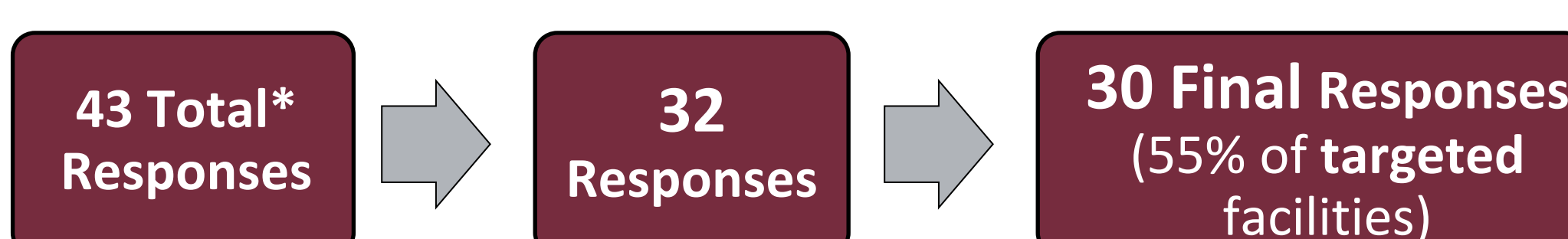
- Number of IPs at facility since January 2020
- Current Infection Preventionist
- The Hand-off Process

## Survey Methods

A Qualtrics pilot survey inquiring about current infection preventionist at nursing homes was sent to contacts at 55 nursing homes in Michigan in mid-November 2023, with a 2-week collection period.

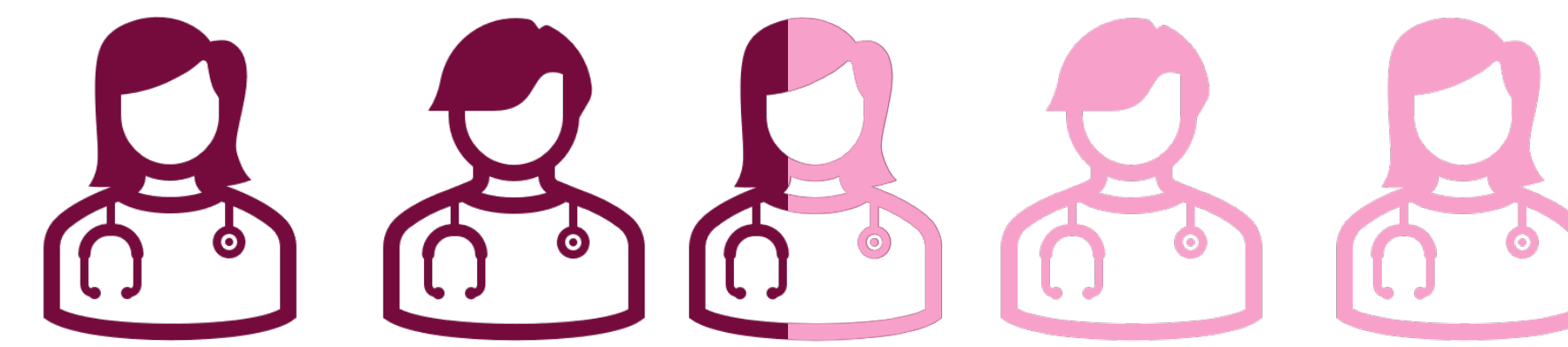
The target audience were IPs and DONs who could speak to facility's IPC program since January 2020. Two potential contacts were reached out to via email per facility.

Excel was used to perform descriptive statistics.



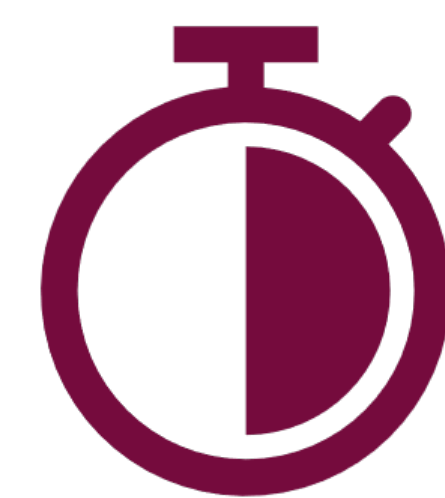
\*11 responses excluded due to duplicate responses from some facilities. Two responses were excluded due to incomplete surveys.

## Snapshot of IP Professionals in Sample Facilities



2.3 IP Leads per Facility since 2020  
(min = 1; max = 5)

## IP Lead Characteristics



60% Part-Time IPs

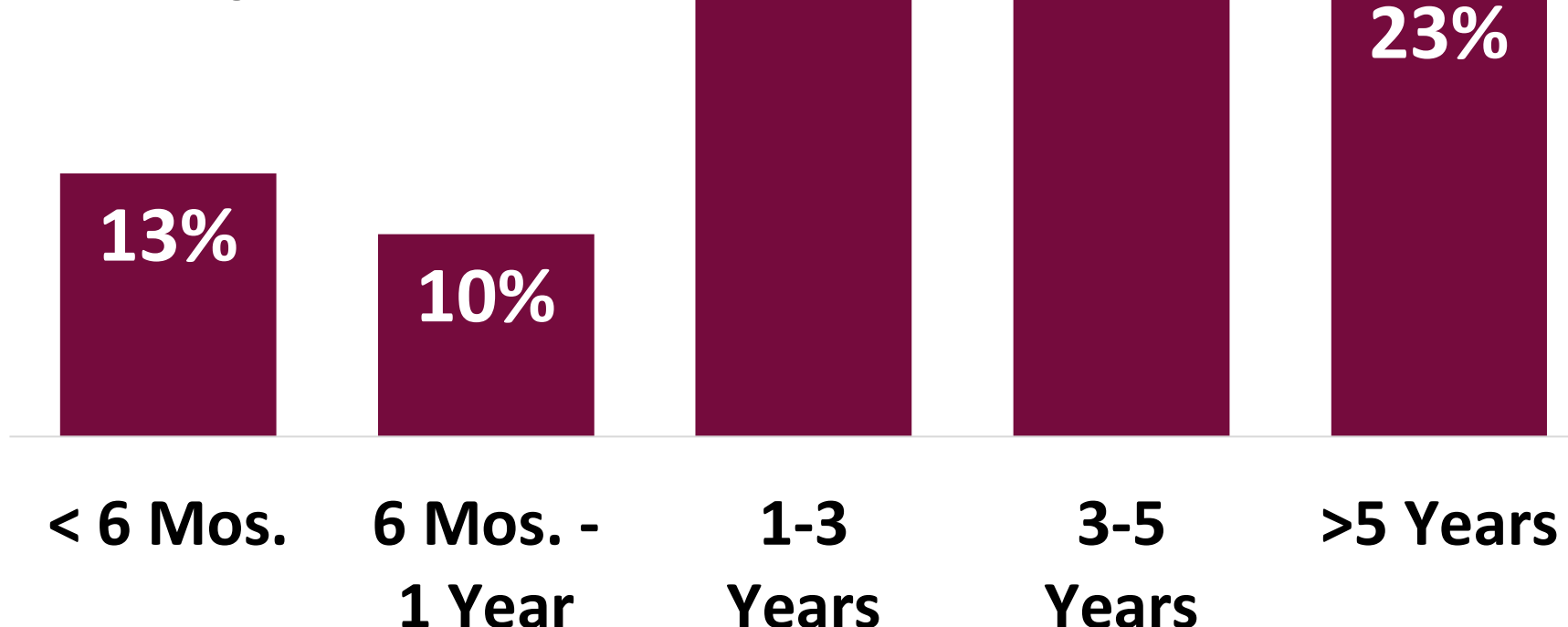


60% IPs are DONs



30% No other assigned roles

### IP Experience



80% CDC or CMS IP Education Module Series Training

33% of Facilities had >1 Person Responsible for IP Duties

## Facility IP Team & Perception

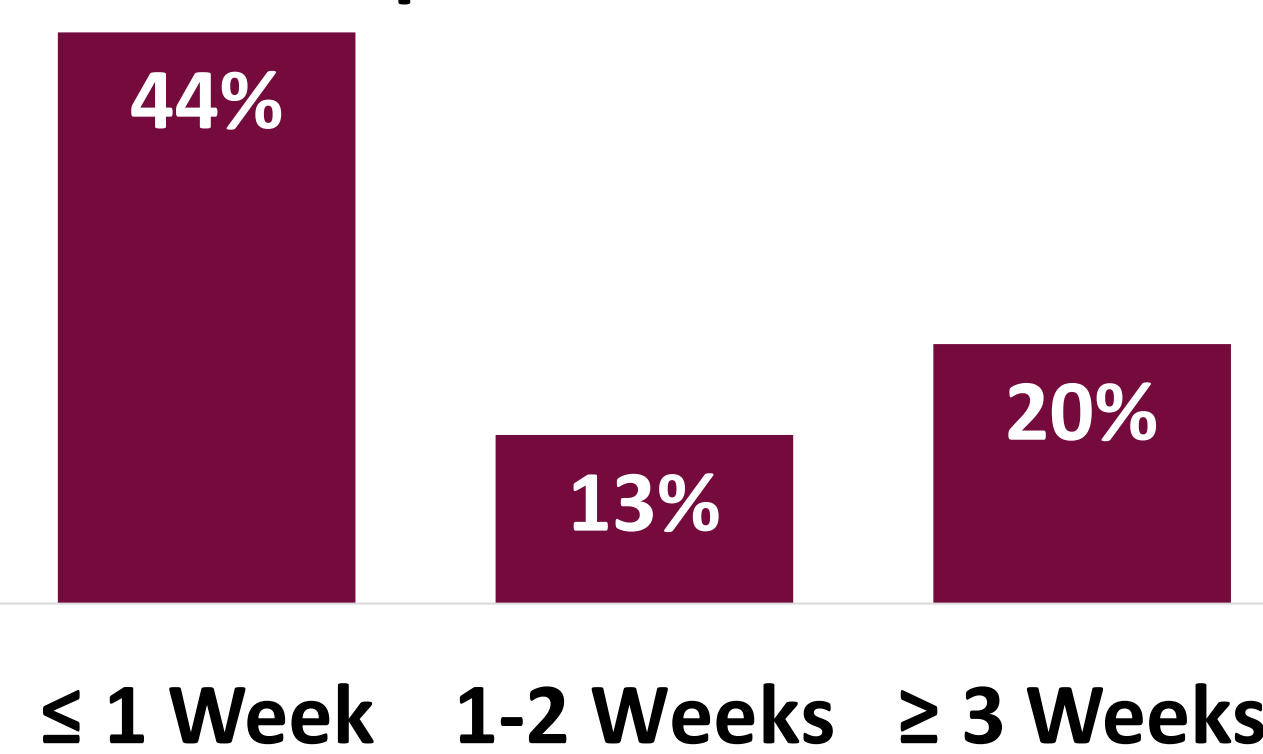
87% respondents stated number of IP team roles as being adequate

## Hand-off Process Between Prior & Current IP



No Hand-Off at 37% of facilities

### Time Spent on Hand-Off



53% held a partial review of IPC Risk Assessment

All areas of concerns outlined 57%

Areas of concerns not outlined 30%

Unaware of any areas of concern 13%



73% reviewed recent surveys & findings with new IP upon hire

## Conclusion

IPC leads in long-term care facilities deserve full support, starting at the very beginning of their role.

Almost 40% of IPs in this survey did not have any form of hand-off prior to being primary IPs.

As one respondent stated in their written comments: "Being an IP in LTC/SNF is a very challenging and stressful position."

When possible, a hand-off process should involve the outgoing IP and consist of:

- 1) a full review of the facility's risk assessment,
- 2) a clear outline of all areas of concern,
- 3) provides all recent facility surveys, and
- 4) last at minimum one week.
- 5) sharing external IPC support contacts (e.g., Local Health Departments or services like MDHHS's IPRAT Team)

## Limitations

Limitations to data included uncertainty of recipient list reflecting present staff at each nursing home.

## Next Steps

Distribute survey to all 437 skilled nursing facilities in Michigan to understand the landscape of IPC professionals and the true magnitude of IP attrition in these settings to help bring more awareness regarding the severity of the IP staffing crisis and the need for a routine, comprehensive hand-off process.



## Contact Information

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