

# Innovative Program expands IP workforce

BY MELANIE PADGETT POWERS

## HONORHEALTH®

“Overall, it was a great and unique experience,” said Marshall, who is preparing for his CIC exam. “I feel that many organizations just place someone in the role either full or part time and they are expected to learn it, so it was nice to have a planned-out learning experience.”

Ragar appreciated that HonorHealth was willing to train her on the job. “I wanted to be an infection preventionist but was stuck in the catch-22 that to qualify for an infection preventionist position, I needed to have one year of infection prevention experience,” she said. “The internship allowed me to gain experience in infection prevention to qualify for an infection preventionist role.”

An internship program at HonorHealth in Arizona successfully trained allied health professionals to become independent infection preventionists (IPs). Through the one-year program, the hospital system was able to offer on-the-job training, assess the interns’ performance, and grow its staff.

In 2014, three hospitals in Scottsdale merged with two hospitals in Phoenix to become HonorHealth. As part of the merger, the quality department was redesigned and given four new IP positions.

However, because the team had trouble finding experienced IPs for the job, Stephanie Jackson, MD, FHM, HonorHealth senior vice president and chief quality officer, suggested creating an internship program to fill at least two of the new positions. Dr. Jackson’s passion for infection prevention and control (IPC) was fundamental to bringing this program to fruition.

Luckily, the rest of the organization realized the need for additional staffing support that would be developed. The overall goal of the internship program is to develop independent IPs who would be eligible to receive their certification in infection prevention and control (CIC®).

“We wanted to give them one year of intern training and experience, and then allow them to move directly to an independent infection preventionist role or position,” said Patty Gray, BAHS, RN, CIC, FAPIC, who has since retired

from her role as HonorHealth network director of infection prevention and control. “Additionally, we realized that they would still need another year before they might feel comfortable going for certification.”

“The alternative would be to hire someone with little to no experience who would get on-the-job training without an established program or curriculum,” said Lynn Carosella, MA, BSN, RN, CIC, an IP and intern preceptor at HonorHealth.

“That is a very pressure-filled situation,” Carosella said, “because they have to learn, but then they have the responsibility. So, in this way, they’re under someone’s wing. They’re learning, and they could respond to the simpler situations as they felt comfortable with them.”

For example, the interns learned to conduct surveillance for healthcare-associated infections (HAIs) according to the Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN) definitions by completing the NHSN HAI modules, and then working side-by-side with their IP

preceptor to identify an HAI. As the interns progressed toward the end of their internship, they identified HAIs on their own and received case confirmation from their preceptor and the rest of the IPC team as needed.

### THE HUNT BEGINS

The intern search got underway in 2016. The team wanted to hire registered nurses, or allied health professionals, who had at least one year of experience at an acute care hospital. Gray knew the intern salaries would need to be competitive with the candidates' current roles to be able to attract quality applicants.

Developing a job description, appropriate salary, and position listings required the IPC leadership to work with HonorHealth's human resources department. "We had not done anything like that before," Gray said. "We went through the human resource application process and the salary evaluation process. And that was a very important piece."

The job description was the same as an IP but with the addition of "under the guidance and direction of an independent infection preventionist." The IPC team fully vetted the applicants. Candidates were interviewed by a subsection of

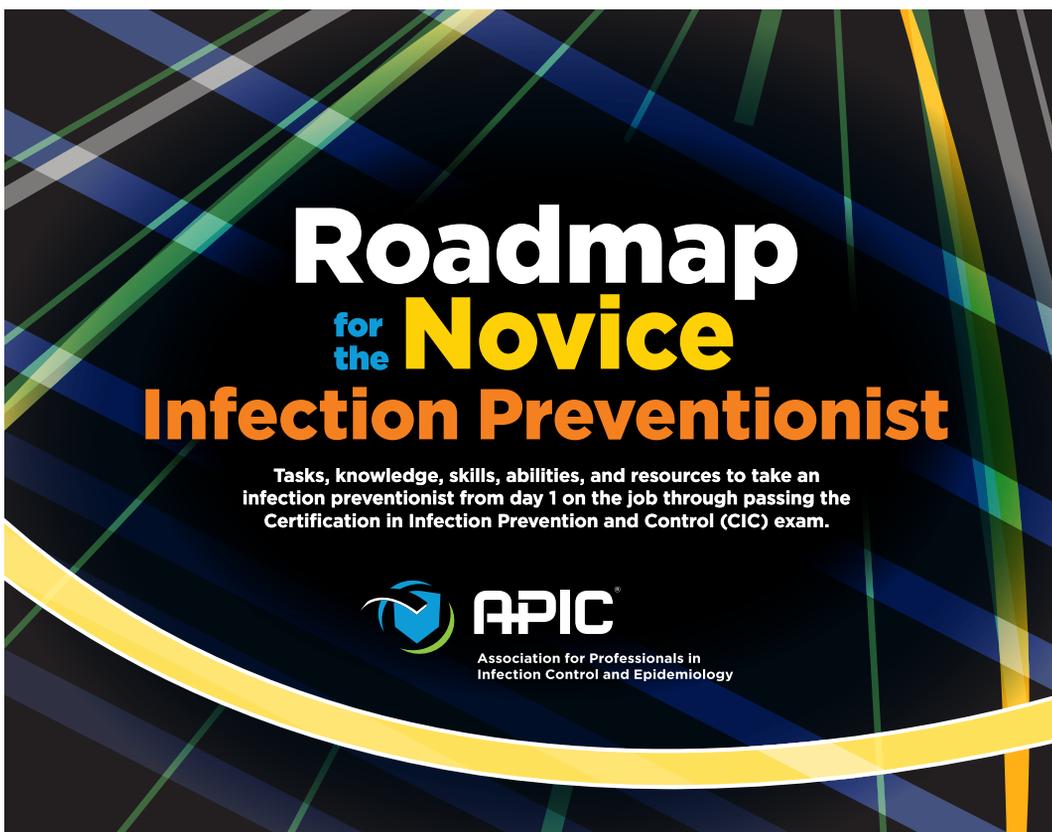
the IPC team. "We tried to have the same IPC team members interviewing so that there was consistency in what we were looking for in the candidate," Gray said.

Two interns were hired, and two of the existing IPs served as preceptors to each of the interns. Because the interns were from an allied health background and not RNs, the IPC team identified the need to be sure sufficient clinical exposure opportunities were provided for them. Additionally, the team needed to be sure the same opportunities were being provided for both interns since they were at two different facilities within the organization and had different preceptors.

Training was developed from APIC's *Roadmap for the Novice Infection Preventionist*. The Novice Roadmap establishes all the knowledge, skills, and abilities that an IP must gain, guiding the person from the first day on the job through taking the CIC exam.

Under the guidance of their preceptor, the interns performed regular IPC duties: learning surveillance for HAIs; learning communicable disease identification and reporting; instituting isolation practices; educating staff, students and volunteers; participating in performance

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In addition to standard IPC duties, the interns were sent to various clinical departments to gain hands-on experience. They also completed APIC and NHSN learning modules. One of HonorHealth’s accreditors pointed out that the department should keep hard copies of the interns’ NHSN training verifications in their file to show accreditors proof of surveillance training.

The interns also took part in special projects. For example, they created and provided an educational program about personal protective equipment and isolation precautions to a group of high school students interested in medical careers.

The addition of the staff allowed the department to focus more attention on various projects, which helped lead to an improvement in the hospital system’s HAI rates. The program also helped increase the IPC team’s visibility to hospital executives. “They began to understand the difficulty involved in hiring qualified IPs, as well as the benefit of training our own staff,” Gray said.

#### TIPS TO CREATE INTERNSHIP PROGRAM

HonorHealth’s team pointed out a few lessons learned in their first internship program go-round. First, they would reconsider the name “intern,” which gives the perception that the person may not be a permanent employee. The IPC team also recommended including a contract for the intern to work as an independent IP at the hospital system for a designated time after the internship. “You would never want to be in a position where you became the training ground for IPs... and then they leave,” Gray said. “That would defeat the goal to enhance the organization’s IPC staffing.”

HonorHealth suggested instituting a system of weekly progress reports that the preceptor and intern sit down to discuss and share with the overall team. And when the program ends, they recommend conducting a formal evaluation. This not only tracks each intern but ensures all interns receive the same training.

It’s important to consider the IP preceptor workload and willingness to serve as a

teacher, as well. “In our case, we did not have a surplus of existing IPs, so the program lent an additional aspect of work,” Gray said.

HonorHealth’s team said the internship program could be implemented at any size organization by using the Novice pathway as a guidance tool and coordinating a plan with the clinical services and needs of the organization.

In 2017, when the internship concluded, HonorHealth hired its two interns as independent IPs: Mark Marshall, MHI, and Rebecca Ragar, MPH, MLS(ASCP), CIC. 

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Koo E, McNamara S, Lansing B, et al. *Am J Infect Control*, Vol. 44, Issue 11, p1241–1246.

**Statewide assessment of use of infection prevention techniques and technologies.** Rupp ME, Gilbert P, Lyden E, Luebbert P. *Am J Infect Control*, Vol. 44, Issue 11, p1393–139.