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Evaluation of the Performance and Resource Needs of a Construction Infection Prevention and Control Program

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Background: The University Health Network (UHN) is a multisite, academic health sciences center in Toronto, Canada, with 1,300 inpatient beds and ~126,000 emergency

department visits annually. Clinical services include a transplant program, cancer center, dialysis units, and rehabilitation sites. Currently, ~0.83 km² (>9 million ft²) of UHN real estate, ~200 construction, renovation and maintenance projects are underway. The UHN Construction Infection Control Program (CICP) was created in 2012 and has expanded to include 3.5 FTEs to meet the needs of infection prevention oversight during these activities. We describe the performance indicators for the UHN CICP between May 2016 and December 2018 that have informed productivity and resource needs. **Methods:** Since 2016, construction infection preventionists (CIPs) have prospectively collected data on the frequency of activities reflecting CIP productivity and core job functions: number of meetings (attended and missed), site inspections, responses to breaches in control measures, education hours delivered, urgent requests, and after-hours work. Annual activity rates (frequency of activity divided by CIP months) were analyzed for trends, accounting for additions in CICP personnel over time. **Results:** Human resources and activities performed in the CICP from 2016 to 2018 are outlined in Table 1. As CICP human resources increased, the number of initiatives supported by the CICP team rose. Activity rates for attended meetings, inspections and hours of education provided increased with higher CIP resources, suggesting an improvement in individual productivity of each CIP (Fig. 1). Concurrently, the rate of missed meetings declined and after-hour requests and breach responses remained stable. **Conclusions:** An appropriately staffed CICP for the volume and risk level of organization-wide construction, renovation, and maintenance activities is crucial to infection prevention. We developed performance indicators based upon key functions of CIPs to evaluate the productivity of our team and ensure we had adequate human resources to maintain patient safety through our evolving needs.

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Table 1. Structure and Function of Construction Infection Control Program, May 2016–December 2018

Activity	2016	2017	2018
CIPs, no. ^a	1	1.5	3.5
CIP months, no. ^b	8	15	35
Meetings, no.	448	1,134	3,386
Missed meetings, no.	82	584	727
Inspections, no.	292	930	2,266
Breach responses, no.	16	47	138
Education hours, no.	0	127	966
Urgent requests, no.	0	135	924
After-hours work requests, no.	0	11	224

^aCIP, construction infection preventionists; measured at end of calendar year. ^bNumber of months of data contributed by CIP complement.

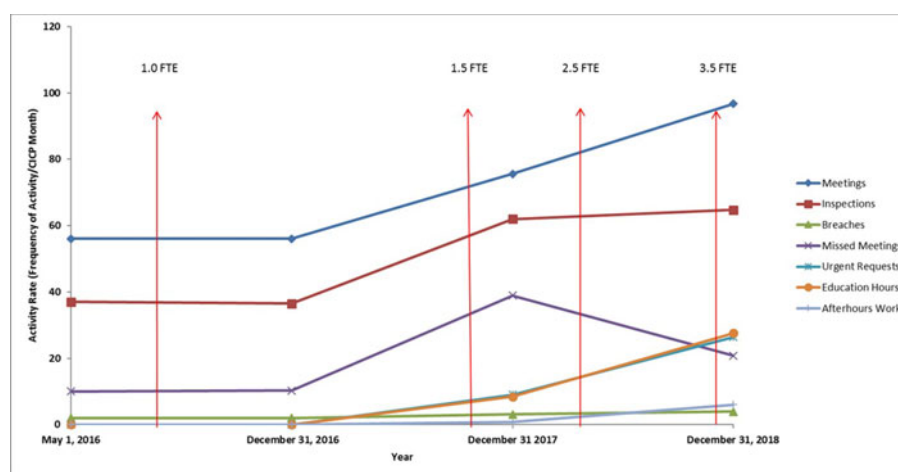


Fig. 1 Annual activity rate by activity type.