

ATLAS User Guide

Ambulatory Tool for Leadership, Assessment, and Strategy UCI Health

A Tool for Ambulatory Infection Prevention Programs

Version 1.0

Built by Infection Preventionists. Designed for Ambulatory Infection Prevention.

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Quick Start

Complete the workbook in the following order:

Step	Action
1	Complete the IP Staff Availability tab
2	Complete the Planned Activities tab
3	Complete the Reactive Activities tab
4	Review results on the Summary tab
5	Review charts and visuals on the Figures tab

Information You Will Need

Staffing Information

- Total ambulatory infection prevention staffing
- Ambulatory FTE allocation
- Annual holiday hours
- Annual vacation hours
- Annual sick leave hours

Program Information

- Inventory of outpatient areas
- Risk classification of outpatient areas
- Site visit frequencies
- Annual maintenance workload estimates
- Annual reactive workload estimates

Estimated Completion Time: For a large academic outpatient program estimate 4-6 hours to complete. May vary by size of outpatient program.

Purpose

ATLAS is a workload-based resource planning tool developed to help ambulatory Infection Prevention and Control (IPC) programs quantify workload demand, assess staffing capacity, identify resource gaps, and support data-driven staffing and prioritization decisions.

ATLAS provides a structured approach for measuring both planned and reactive infection prevention work and can be used to support staffing requests, strategic planning, program assessments, and leadership reporting.

ATLAS supports:

- Staffing and FTE requests
- Capacity planning
- Program assessment
- Strategic planning
- Future-state scenario modeling

Intended Users

ATLAS is intended for:

- Infection Preventionists
- Infection Prevention Managers and Directors

Workbook Overview

ATLAS contains three input tabs and two output tabs.

Tab	Purpose
IP Staff Availability	Defines available staffing capacity and outpatient area risk profile
Planned Activities	Captures routine infection prevention workload and desired coverage levels
Reactive Activities	Captures urgent and unplanned workload
Summary	Summarizes workload demand, staffing capacity, and resource gaps
Figures	Displays workload analytics and visual summaries

Workbook Conventions

Cell Type	Description
Input Cells	User-entered values
Calculated Cells	Automatically generated outputs
Informational Cells	Reference information only

Before You Begin

Who Should Complete ATLAS?

ATLAS should be completed by an Infection Preventionist or infection prevention leader with working knowledge of program responsibilities, staffing resources, and workload demands.

Organizations may choose to complete the workbook collaboratively with quality, ambulatory operations, regulatory, or administrative partners.

Include All Supported Outpatient Areas

Include all outpatient areas supported by the infection prevention program.

Examples include:

- Individual clinics
- Specialty clinics
- Hospital-based outpatient departments
- Ambulatory surgery centers
- Outpatient operating rooms
- Physician offices
- Retail healthcare settings
- Standalone outpatient facilities
- Infusion centers
- Procedural areas

Failure to include all supported locations may underestimate workload demand.

Step 1 – IP Staff Availability

Purpose

This tab establishes available ambulatory infection prevention staffing capacity and converts staffing resources into annual productive work hours.

The values entered in this tab drive all subsequent workload and staffing calculations.

You Will Need

- Total staffed FTEs
- Ambulatory FTE allocation

- Holiday hours
- Vacation hours
- Sick leave hours
- Number of high, medium, and low-risk areas

Ambulatory Program Resources

Total Staffed FTEs

Enter the total number of infection prevention positions supporting ambulatory services.

Example

Two full-time ambulatory Infection Preventionists = 2.0 FTE

Ambulatory FTE Allocation

Enter the portion of staffing dedicated specifically to ambulatory responsibilities.

Do not include inpatient assignments, call responsibilities, or non-ambulatory duties.

Example

Two Infection Preventionists with 30% inpatient responsibilities:

$2.0 \times 70\% = 1.4$ ambulatory FTE

Annual Time Off

Enter annual non-working hours per FTE.

Include:

- Observed holidays
- Vacation leave
- Sick leave

Example

Category	Hours
Holidays	88
Vacation	200
Sick Leave	40

Risk Profile

Classify outpatient areas according to the potential level of patient harm associated with routine care activities when performed as intended.

Risk classification should be based on services provided, not observed compliance or performance.

High-Risk Areas

Examples:

- Ambulatory surgery centers
- Outpatient operating rooms
- Infusion centers
- Sterile processing activities
- Compounding pharmacies

Medium-Risk Areas

Examples:

- ENT clinics
- Dermatology clinics
- Wound care centers
- Oncology clinics

Low-Risk Areas

Examples:

- Primary care
- Allergy clinics
- Behavioral health

ATLAS Calculates

- Productive hours
- Total program ambulatory working hours

Why It Matters

These calculations establish the staffing capacity available to support the ambulatory infection prevention program.

Step 2 – Time Allocation Maintenance (Planned Activities)

Purpose

This tab captures routine, ongoing infection prevention activities performed under normal operating conditions.

Users enter both current workload and ideal workload assumptions.

Comparing current and ideal workload helps identify resource gaps and unmet program needs.

Understanding Current Versus Ideal Hours

Current Hours

Current hours represent the actual amount of time currently spent performing an activity.

Ideal Hours

Ideal hours represent the amount of time that would be spent performing an activity if adequate staffing and resources were available.

Why This Matters

The difference between current and ideal hours helps identify:

- Resource gaps
- Deferred work
- Unmet program needs
- Opportunities for staffing growth

Site Visits

Purpose

Site visits provide direct observation and assessment of infection prevention practices within ambulatory care areas.

You Will Need

- Base hours
- Time multipliers
- Current visits per year

- Ideal visits per year

Base Hours

Enter the number of hours required to complete one low-risk site visit.

Include:

- Preparation
- Travel
- On-site review
- Documentation
- Follow-up

Default value: 6 hours

Time Multipliers

Time multipliers were applied for medium-risk (1.3x) and high-risk (1.5x) to reflect increased oversight needs.

Default values:

Risk Level	Multiplier
Low Risk	1.00
Medium Risk	1.30
High Risk	1.50

Current Visits Per Year

Enter the number of site visits currently performed annually for each risk level.

Ideal Visits Per Year

Enter the number of site visits desired under adequate staffing conditions.

Example

Low-risk visit = 6 hours

High-risk multiplier = 1.5

Hours per visit = 9 hours

ATLAS Calculates

- Current rounding hours

- Hours per visit
- Ideal rounding hours
- Gap rounding hours

Why It Matters

Gap rounding hours quantify the additional workload required to achieve desired site visit frequency.

Maintenance Activities

Enter annual hours currently spent and ideally desired for routine infection prevention activities.

Infrastructure

Examples:

- Operational coordination
- Program planning
- Policy development
- Department meetings

Site Visits

Routine infection prevention rounding and audits.

Direct Inquiries

Examples:

- Isolation guidance
- Staff safety consultation
- Cleaning and disinfection questions
- Visitor-related inquiries

Quality Metrics

Examples:

- Hand hygiene monitoring
- Water quality review
- Data collection
- Report preparation

Education and Training

Examples:

- New employee orientation
- Staff training
- Presentations
- Educational material development

Product Review

Examples:

- Purchasing reviews
- Device evaluations
- IFU reviews

Construction

Construction risk assessments and infection prevention consultation.

Quality Improvement / Performance Improvement

Projects designed to improve compliance, safety, and infection prevention outcomes.

ATLAS Calculates

- Total maintenance hours
- Percentage of maintenance workload
- Hours per FTE
- Average hours per area
- Gap hours

Why It Matters

This section identifies where staffing resources are currently allocated and where additional resources may be needed.

Step 3 – Time Allocation (Reactive Activities)

Purpose

Reactive activities represent urgent, unplanned events that require immediate infection prevention involvement.

These activities consume staffing capacity and often reduce time available for routine prevention work.

You Will Need

Annual workload estimates for:

- Exposure and Outbreak Response
- IFU Changes
- Water intrusion events
- Regulatory Compliance
- Staff Safety
- HLD breaches
- TJC prep

Why Track Reactive Activities?

Reactive workload is frequently underestimated.

Tracking reactive activities helps quantify how urgent events consume available staffing capacity and affect the program's ability to complete planned prevention work.

ATLAS Calculates

- Total crisis hours
- Hours per FTE
- Average hours per area
- Percentage of crisis workload

Why It Matters

Reactive activities often represent hidden workload that is not reflected in traditional staffing models.

Step 4 – Review Summary Outputs

Purpose

The Summary tab consolidates workbook inputs and provides an overall assessment of workload demand, staffing capacity, and program resource needs.

Key Metrics

Metric	What It Means
Annual Capacity	Total productive staffing hours available each year
Total Workload Demand	Total annual hours required to complete all planned and reactive Infection Prevention activities.
Capacity Utilization	Percentage of available staffing capacity needed to meet total workload demand (Workload Demand ÷ Annual Capacity).
Maintenance Work	Percentage of workload dedicated to planned, proactive program activities.
Crisis Work	Percentage of total workload dedicated to unplanned, reactive activities such as investigations, outbreaks, and emerging issues.
Maintenance Coverage	Percentage of ideal planned maintenance workload supported by current staffing.
Program Coverage	Percentage of the estimated staffing need currently available to support the program.

Capacity Utilization Interpretation

Result	Interpretation
Less than 100%	Available capacity remains
100%	Fully utilized
Greater than 100%	Demand exceeds available capacity

Why It Matters

These metrics help quantify staffing needs and support resource allocation decisions.

Step 5 – Review Figures

Purpose

The Figures tab provides visual summaries of workload demand and staffing capacity.

Figures can be used to:

- Support staffing requests
- Communicate workload to leadership
- Identify major workload drivers
- Demonstrate resource gaps
- Support strategic planning

Review:

- Comparing Current and Ideal Scenarios
- Workload distribution charts
- Pareto analyses

Estimating Annual Hours

When exact time tracking data are unavailable:

- Use historical workload estimates
- Review calendars and meeting schedules
- Review project logs and committee participation records
- Consult team members who routinely perform the work
- Use annual averages whenever possible

Common Mistakes

Counting Inpatient Work

Only include ambulatory infection prevention work.

Counting Activities Twice

Assign activities to the category that best reflects the primary purpose of the work.

Underestimating Reactive Work

Review outbreak records, incident logs, survey preparation activities, and regulatory projects.

Forgetting Follow-Up Time

Include preparation, travel, documentation, and follow-up when estimating site visit hours.

Setting Unrealistic Ideal Hours

Ideal hours should reflect meaningful and achievable program goals.

Tips for Success

- Use annual averages whenever possible.
- Include all supported outpatient locations.
- Complete the workbook collaboratively if responsibilities are shared.
- Focus on consistency rather than perfect precision.

When ATLAS May Not Be Appropriate

ATLAS was designed specifically for ambulatory infection prevention programs.

ATLAS may not be appropriate for:

- Inpatient-only infection prevention programs
- Short-term staffing evaluations lasting less than three months
- Productivity monitoring of individual staff members
- Programs with no ambulatory infection prevention responsibilities

ATLAS is intended to evaluate program workload and staffing needs, not individual performance.

Using ATLAS Results

ATLAS is intended to support:

- Staffing requests
- Resource allocation decisions

- Strategic planning
- Program assessments
- Leadership reporting

Results should be interpreted alongside:

- Organizational priorities
- Regulatory requirements
- Operational needs
- Professional judgment

ATLAS is intended to support decision-making and should not be used as the sole basis for staffing or operational decisions.

Frequently Asked Questions

What if workload varies significantly from year to year?

Use annual averages whenever possible and document assumptions.

What if a task fits multiple categories?

Assign the activity to the category that best reflects the primary purpose of the work.

What if ideal workload is unknown?

Use professional judgment and existing program goals to estimate ideal coverage levels.

Can ATLAS be used for future-state planning?

Yes. ATLAS can be used to model staffing needs and future workload scenarios.

Recommended Review Frequency

Additional reviews may be helpful when:

- New clinics open
- Services expand
- Staffing changes occur
- Significant regulatory changes occur
- Major outbreaks affect workload

- Program responsibilities change

Revision History

Version	Date	Description
1.0	2026	Initial release

Document Control

Document Title: ATLAS User Guide

Version: 1.0

Owner: UCI Health Epidemiology & Infection Prevention