

ON HEALTH CARE

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HEALTH CARE ACQUIRED INFECTIONS AND THE ATTACK ON HEALTH CARE SUPPORT SERVICES

Approximately 100,000 support workers are employed in Ontario hospitals and homes. Support workers are usually the lowest paid workers, with most earning between \$16 and \$19 per hour significantly less than the average hourly wage or industrial wage. Most are women.

Spending on hospital support services has fallen. The Canadian Institute for Health Information reports that hospitals have cut the dollars spent on support services in recent years: Housekeeping spending cut (on average) 1.8% per year; Material Management cut 2.2% per year; Patient Food Services cut 3.1% per year. Indeed since the mid-1970s, hospital spending on support services has been squeezed – dropping from 27% to 17% of hospital spending. Health care support workers have made a major contribution to keeping health care costs under control.

Health Care Support Services Under Attack: Cleaning hospitals or homes is labour intensive. Staff costs account for 93 % of the cost of cleaning. As a result, “efficiencies” are largely at the expense of staff. So what has been the experience of jurisdictions that have attacked support services through privatization or cuts?

Britain: Britain experimented with compulsory contracting of hospital housekeeping services. The result? In the last 15 years, the number of hospital cleaning staff has dropped from nearly 100,000 to 55,000. The outbreak of infectious diseases in British hospitals and the filthy condition of British hospitals has become a major public policy issue. 20 out of 23 of the hospitals that had poor standards of cleanliness used contract cleaners.

Quebec: The *Montreal Gazette* editorialized on the province’s *C. Difficile* outbreak: A number of factors are believed to be contributing to this outbreak. An easily corrected one is the lack of proper hygienic cleaning in Quebec hospitals. Budget cutbacks that date from the mid-1990s have resulted in hospitals where patients’ toilets and sinks are too rarely disinfected or even cleaned. In some Montreal hospitals, housekeeping staff is stretched so thinly that a cleaner is given exactly 36 seconds to clean a toilet. This is completely unacceptable.¹

Dr. Mark Miller, Head of Infection Control at Montreal’s Jewish General Hospital and a specialist in hospital-acquired infections, told the *Gazette* that the hospitals just are not clean enough: “It’s the general sanitation in the hospitals that is under the microscopic eye right now ... You have got fewer housekeepers. You have got less cleaning of patient rooms and less intensive (cleaning)².”

Current estimates are that more than 17,000 people in Quebec have contracted *C. Difficile* over the last four years, mostly in hospitals, and that nearly 2,000 have died as a direct result.

British Columbia: The B.C. Liberal government recently privatized thousands of health care support service jobs. Wages and working conditions were pulverized. CUPE interviewed workers in the new system and here is what we found:

Poor training and high turnover: “The contractors don’t care how we use chemicals. They don’t know how to clean I opened clean linen and it was full of hair. Six or seven sheets a day like that. Nobody listens to us. It’s frustrating.” With poor working conditions, many of the staff plan to leave as soon as they can.

Breaking the connection with staff and patients: Housekeeping staff are now often told to avoid talking with patients – to save time. As one experienced cleaner said: “We feel awful because the residents know us. They call to us.” Similarly, hospital staff can’t deal directly with housekeeping staff if a problem arises. Instead they have to call headquarters, breaking the link between housekeeping and infection control staff.

Supplies: Staff are sometimes told to use only one pair of disposable gloves per shift. The gloves are flimsy and break after extended use, exposing the workers to hazardous bodily fluids and wastes. Moreover, using the same gloves all day could spread pathogens throughout the facility.

Cleanliness: Many cleaners are concerned that inadequate staffing levels are exposing patients and workers to serious risks. “[The company] can do better but they don’t,” said a lead-hand housekeeper. A survey of a Vancouver hospital Emergency Room staff, found that 86% felt that overall cleanliness had declined since housekeeping services were privatized. As one B.C. Registered Nurse stated: “Ask any nurse and they will tell you how filthy the hospital is.”

Hospital acquired infections are the fourth largest killer in Canada. Each year, 220,000-250,000 hospital acquired infections result in 8,000-12,000 deaths. 30% to 50% of these hospital-acquired infections are preventable.³

While SARS raised awareness of hospital-acquired infections, the problem is much, much more than SARS. Indeed the danger is worsening, as many hospital infections can no longer be cured with common antibiotics. Key hospital-acquired infections are:

MRSA: MRSA rates are consistently rising in hospitals. Since its first report in 1995, MRSA rates have increased ten-fold. MRSA can be found on everything from hospital cabinets to bedside tables. Once patients and caregivers touch these surfaces, their hands can spread the disease. Ordinary cleaning solutions can kill these bugs, but surfaces need to be drenched in disinfectant for several minutes, not just sprayed and wiped quickly.⁴ Patients who survive MRSA, often spend months in the hospital and endure several operations to cut out infected tissue.

C. Difficile *C. Difficile* is a bacterium spread by touching a surface or skin that is contaminated with fecal matter. A new strain, 20 times more virulent than previously existing strains, has been going through Quebec hospitals for two years, leading to a 60% increase in the number of *C. Difficile* deaths in Quebec. For the year ended March 31, 2004, 1,270 people died in Quebec due to hospital-acquired *C. Difficile* infections. This new, more virulent strain has recently moved into Ontario.

VRE: Of perhaps even more concern is vancomycin (or glycopeptide)-resistant enterococci (VRE or GRE). For the first time since the introduction of antibiotics, here is a strain of clinically important bacteria that is resistant to all available antimicrobials.

Quality Can Save Patients and Money

Hospital-acquired infections cost a lot of money to treat. Former New York State Lt. Governor Betsy McCaughey notes that when hospitals invest in proven precautions “they are rewarded with as much as ten-fold financial return. These infections add about \$30 billion annually to the nation’s health costs. This tab will increase rapidly as more infections become drug-resistant.”⁵ Canadian researchers estimate that the total attributable cost to treat MRSA infections is \$14,360 per patient.⁶

An important part of the solution lies in the meticulous cleaning of equipment and hospital rooms. As researcher Kris Owens – who recently demonstrated that MRSA can live on surfaces for weeks told the media: “The results of this study clearly demonstrate the need for frequent hand washing and environmental disinfection in health care settings.”⁷

Clean hospitals are the backbone of infection control and hospital support workers keep our hospitals clean. Hospital support services have been cut back ruthlessly over the last 30 years. **Further cuts and privatization should not be on the agenda – but unfortunately, they are.**

¹ *Montreal Gazette* editorial, “How to better control C.Difficile, outbreak,” Saturday, October 23, 2004

² Debbie Parkes and Linda Slobodian, “Dirty hospitals lead to rise in deadly infections, says doctor,” Saturday 5 June, 2004, *Montreal Gazette*.

³ Zoutman et al, “The state of infection surveillance and control at Canadian acute care hospitals,” *American Journal of Infection Control*, 2003:31, 266-275. For comments from Zoutman regarding this study see also *Medical Post*, “Hospitals inadequate at infection control,” August 26, 2003, Page 5. *The Toronto Star*, “Hospital infections blamed for deaths; Up to 12,000 die each year; Study National survey a ‘wake-up call’,” Wednesday August 6, 2003, Page A1. *Winnipeg Free Press*. “Hospital infections killing thousands,” Wednesday, August 6, 2003, Page A7

⁴ *The New York Times*, “Coming Clean,” Monday, June 6, 2005, Page 19, Section: Editorial Byline: Betsy McCaughey

⁵ *The New York Times*, “Coming Clean” Monday, June 6, 2005, Page 19 Section: Editorial Byline: Betsy McCaughey

⁶ Tony Kim, MA; Paul I. Oh, MD; Andrew E. Simor, MD, “The Economic Impact of Methicillin-Resistant *Staphylococcus aureus* in Canadian Hospitals,” *Infect Control Hosp Epidemiol* 2001; 22:99-104

⁷ “‘Super’ bacteria live on sheets, fingernails-study,” *Reuters*, Monday, June 6, 2005 02:18 PM ET

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