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executive housekeeping today

The official publication of IEHA - Uniting Facility Managers Worldwide

December 2013
www.ieha.org



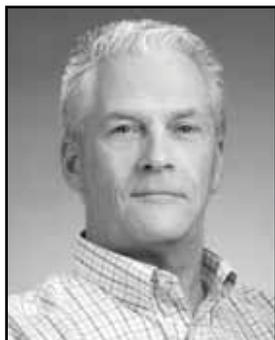
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IEHA's Board of Directors Talks Money Matters



Memo to the Hospital C-Suite: We're Anxiously Awaiting Your Aha! Moment About EVS



George Clarke
UMF Corporation
CEO

It's doubtful that most CEOs, CFOs and others in the hospital C-suite interact much with the likes of a Winnie Richards, Karren Keitt or Janet Altman. Yet, people like Winnie, Karren and Janet are significant players on several fronts in a hospital's success, from providing a safe patient environment to contributing to increased revenue.

If only the C-suite knew more about the special contributions of individuals like these three, we might witness a "Eureka effect" of sorts when it comes to hospital administrators recognizing the importance of environmental services (EVS) as a quality- and economics-related priority of the utmost importance.

Each themselves a member of an EVS team, Richards (University of Texas Medical Branch-UTMB Health in Galveston, Texas), Keitt (Regional Medical Center in Orangeburg, SC) and Altman (Benewah Community Hospital in St. Maries, Idaho) are previous recipients of UMF Corporation's Hygiene Specialist® Excel-

lence award, in collaboration with IEHA and now seeking nominations in its fourth year.

The Hygiene Specialist Excellence award was established in 2010 to acknowledge and recognize the vital contribution made by EVS staff, the first line of defense in providing a safe patient environment and reducing preventable health care-associated infections (pHAIs).

EVS staff who are designated Hygiene Specialists have participated in an in-service training program that includes learning best practices for effective infection prevention, in-service education and effective hygiene management in patient rooms and all other areas of the hospital. The program reinforces the significance of a multimodal intervention approach, including environmental and hand-hygiene initiatives, in preventing HAIs. It also underscores why infection prevention needs to be an organizational priority.

Every year, EVS managers are encouraged to nominate dedicated staff members to receive the Hygiene Specialist Excellence award. In his nomination of Winnie Richards, UTMB Health EVS director Jason Botkin wrote: "Her diligence in helping to prevent infections is exemplary. On several occasions, she has been publicly recognized for her role in helping to achieve zero HAI or nosocomial infection rates."

We've also come to realize that, ultimately, EVS staff are invaluable in helping a hospital to raise its Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores

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The official publication of IEHA, Inc.

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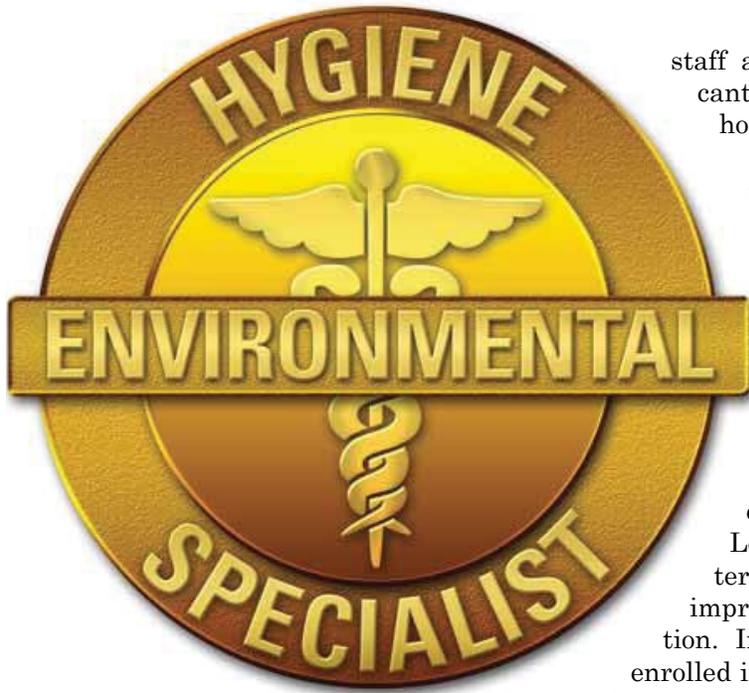
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and reducing readmissions. Furthermore, with the recent implementation of financial penalties, the diligence of EVS staff — now, and especially over the next three years as these penalties increase — can contribute significantly to increasing revenue. This fact is worth noting in the current pay-for-performance era.

Fortunately, other organizations in our industry have realized the importance of acknowledging the indispensable role of EVS staff in mitigating the risk of pHAIs. Following UMF Corporation, the Association for the Healthcare Environment (AHE), along with Kimberly-Clark, in 2011 launched their Heart of Healthcare Award and campaign to “spotlight the ways in which EVS professionals improve patient outcomes.”

It goes without saying that these sorts of honors are vital to promoting our cause, but there’s also an element here of preaching to the choir. What good is our message if it’s not reaching the C-suite?

And what a great message it is: The best-practice efforts of EVS

staff are making a significant difference at the best hospitals across the U.S.

Consider the example of Rush-Copley Medical Center in Aurora, IL, near Chicago. There, EVS played a significant role in lowering infection rates and raising HCAHPS scores.

In this case, leadership at the 210-bed Level II trauma center set out in 2010 to improve patient satisfaction. In 2012, the hospital enrolled in the State of Illinois’ Campaign to Eliminate Clostridium Difficile (*C. difficile*), of which environmental cleaning and monitoring was a primary element for success.

This two-pronged initiative has helped Rush-Copley to decrease its *C. difficile* rates by more than 50 percent, well below the national average. And the work has resulted in a significant improvement in the hospital’s national HCAHPS percentile ranking for patient satisfaction with room cleanliness, putting Rush-Copley ahead of other local hospitals.

Similarly, Rhode Island Hospital was able to reduce the incidence of health care-associated *C. difficile* by 70 percent by including EVS in a hospital-wide, multi-disciplinary effort. And a report published in April found that a dedicated EVS staff that adequately cleans and disinfects rooms contaminated by *C. difficile* using a standardized process is more effective than other disinfection interventions.

With these kinds of results, you’d think we’d be hearing about a boom in EVS staffing. But, as I noted in an earlier column in *Executive Housekeeping Today*, the

Bureau of Labor Statistics predicted we’d see in 2013 a decline in EVS staffing levels of 18 percent. I’d be curious to hear from you on how your staffing ended up (or down) this year.

Clearly, this is not the time to be reducing EVS staff. The infection challenges faced by hospitals go far beyond *C. difficile* and Methicillin-resistant Staphylococcus Aureus (MRSA), but also include new and quickly spreading HAI challenges such as carbapenem-resistant Enterobacteriaceae (CRE) and more. And it was not surprising but certainly alarming just the same to hear Dr. Arjun Srinivasan of the Centers for Disease Control and Prevention (CDC) recently declare that we’ve entered “the post-antibiotic era.”

The impact of HAIs on society has been documented. Long-needed, updated research published in the *Journal of Medical Economics* estimates that HAIs arising in U.S. acute care hospitals cost our society as much as \$147 billion annually. This new data reveals a more accurate and up-to-date perspective on the magnitude of the HAI problem and supports the view of many that HAIs are at epidemic levels.

Maybe, as the economics of HAI prevention steadily shifts from payers to providers, more in the C-suite will indeed experience an “Aha!” moment about the real value of EVS in reducing pHAIs. Until then, the Winnies, Karrens and Janets of the world are anxiously awaiting a call. ♦

George Clarke is CEO and founder of Chicago-based UMF Corporation. For more than 10 years, UMF has been an aggressive advocate of raising standards in the battle to reduce preventable health care-associated infections. To nominate someone for the Hygiene Specialist Excellence award, please visit www.perfectclean.com.