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Let's Reverse the Alarming Trend in EVS – and HAIs

by George Clarke



When we think about the trends in infection prevention for 2013, the future can be an ominous one.

The reason? Too many administrators, infection preventionists and hospitalists continue to ignore the simplest and most cost-effective way that we as an industry can effect change in reducing preventable health care-associated infections (let's even call them pHAIs). That is, to recognize the indispensable role that environmental services (EVS) staff play in mitigating the risk of pHAIs.

In 2013, the Hygiene Specialist® — the first line of defense in the battle against pHAIs — should be named *TIME* magazine's Person of the Year. Instead, according to a 2012 Bureau of Labor Statistics report¹, we are learning of a projected decline in EVS staffing levels of 18 percent.

Think about that: a projected decline in EVS staffing levels as a trend for 2013.

This doesn't make sense when one considers the rise in, and the financial impact of, multidrug resistant organisms² (MDROs) causing infections that contribute significantly to pHAIs. These include: *Acinetobacter baumannii*, methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-

resistant *Enterococcus* (VRE), norovirus and *Clostridium difficile* (*C. difficile*), the last of which is currently at historic highs, according to the Centers for Disease Control and Prevention (CDC). The list goes on. And there are also the ongoing and emerging threats, known and unknown, such as the superbug metallo-beta-lactamase-1, known as NDM-1.

All of this makes a projected decline in EVS staffing unfathomable. It is a trend we all must first acknowledge and then work diligently to abolish.

And yet health care facilities continue to focus on a solitary program, the spending of untold millions of dollars on hand hygiene, in response to the increasing numbers of pHAIs. How effective has this been? According to a Joint Commission project, eight hospitals that volunteered to participate had a baseline hand hygiene rate typical of hospitals nationwide, where only 48 percent follow hand-washing guidelines. That is lower than the worst rate at the worst large public men's bathroom in the United States. To reduce pHAIs, we must look to an enterprise-wide solution with buy-in from all departments — especially from the C-suite.

Exacerbating the pHAi issue

is the fact that we don't know the extent of the problem. Leading researchers, government agencies and microbiologists (including William Rutala, PhD., UNC³ and many others), while recognizing the role of the environment in HAIs, continue to reference statistics published by R. Monina Klevens, DDS, MPH, et al., in a paper entitled "Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002." Stating the obvious, this data is 10 years old.

A projected decline in EVS staffing is counterintuitive when one considers a recent new trend: the proliferation of expensive, technology-laden, UVC and disinfecting vapor/fogging machines for disinfecting patient environments.

Let's look at the facts:

- Hospital surfaces play a significant role in the transmission of many MDROs, especially *C. difficile*.
- New and enlightening information, currently in peer review, reports that HAIs in acute care facilities account for an estimated 27 million-plus incremental patient days per year at a conservative cost of approximately \$151 billion.
- Though touted as a solution to "hands-free cleaning," those popular illuminating devices (which

can cost the equivalent of three to four EVS-FTEs) do not clean, nor can they disinfect an environment without prior intervention of a trained EVS Hygiene Specialist processing the room.

And therein lies the dilemma for 2013: the continued decline in EVS staffing. In every instance above, the Hygiene Specialist plays a critical role — from making sure hospital surfaces are diligently cleaned and disinfected, to helping reduce the number of days a patient remains in a hospital, to thoroughly processing a room prior to using new technologies that ultimately reduce readmissions and even improve HCAHPS scores.

The trend we support in 2013?

Health care facilities must provide adequate EVS Hygiene Specialist staffing to meet the ongoing and increasing clinical evidence that the patient-care en-

vironment contributes much more to the increase in pHAIs than has previously been recognized.

Clearly, investments in training and education of Hygiene Specialists must be provided. Just as other clinical disciplines are required to maintain training, education, and core competencies, so too must health care management be made aware of the financial benefits of providing similar standards for EVS — an equally essential clinical department. ♦


George Clarke is the 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. UMF implemented the Annual Hygiene Specialist Award three years ago in an effort to recognize the invaluable contribution of the EVS department.

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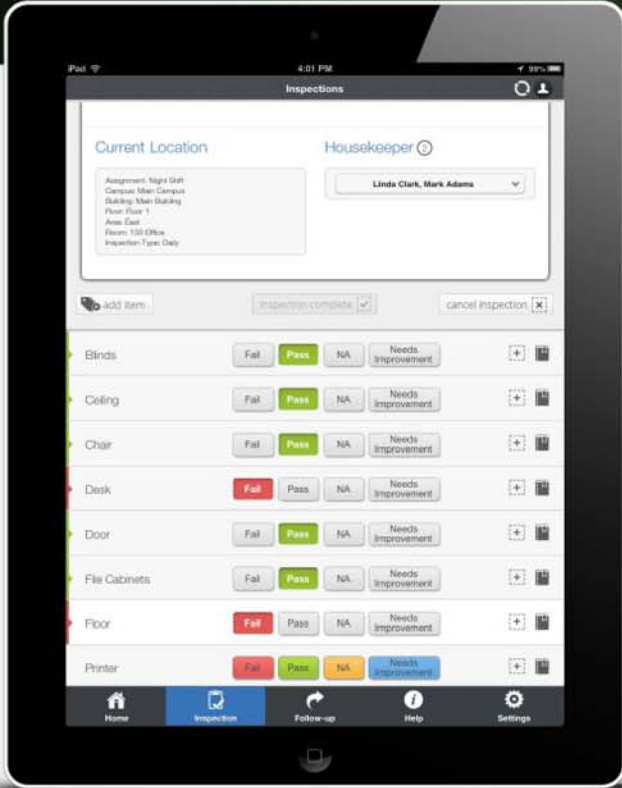
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