



# Super Bugs – Super Heroes

Confusing hospitals and hotel services

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**AUPE**  
Alberta Union of Provincial Employees



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## **AUPE**

- 80,000 members
- 22,000 employed in health sector ancillary/support services
- 3,371 employed in housekeeping roles
- “Superbugs” film launched in July 2011 ([superbugsfilm.com](http://superbugsfilm.com))



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## “Superbugs” in Canada

- Nosocomial Infection Surveillance Project launched in 1994
- 2001-08 Canadian HCAI infection and colonization rates doubled
- Same period HCAI **colonization rates doubled** in the west (MB, SK, AB, BC)
- Same period HCAI **infection rates tripled** in the west



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## British Columbia

- VIHA housekeeping privatized in 2004; 1,000+ in-house employees laid off
- approx. \$10 million reported cut/saved
- wages reduced from \$19/hr to \$10/hr
- housekeeping audits scored from 78% - 91%
- three C-diff outbreaks in two years
- 2008-09 C-diff outbreak infected 95 and contributed to 5 deaths





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## Alberta

- No public statistics/reporting on HCAI
- MRSA baseline/targets to be established in March 2012; other HCAI targets later
- Microbial Simulation Audit revealed 28% of AHS facilities did not meet minimum standard
- Sites with contracted services were excluded from the audit
- “Hotel” analogy common for cleaning services in continuing care settings, adopted by private providers and Alberta Health Services



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## **UK experience**

- PFIs (Private Finance Initiatives) applied to cleaning contracts in all health trusts
- Hospital acquired infection rates spiked
- Massive public outrage in media that patient safety was decreasing
- Political pressure to investigate prompts Commons investigations
- Contracting out curtailed, role of hospital cleaning elevated



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## **The UK experience: cleanliness & contracting out**

“While many did enthusiastically enter this market there is now research to show that ‘the work of support staff in health care is considerably more complex than is normally understood, and constitutes work that is substantially different from that undertaken within hotels.’

*(S Davies, Policy and Politics 2010; vol 38 no 3; 445-63)*



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## **The UK experience: cleanliness & contracting out**

- The best 20 Trusts for cleanliness, 2001
  - 65% had in-house cleaners
  - 20% had outsourced cleaners
  
- The worst 20 Trusts for cleanliness, 2001
  - 10% had in-house cleaners
  - 75% had contracted out cleaners

*(Davies)*





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## **The UK experience: cleanliness & contracting out**

“In all but one of the RSM (Requiring Special Measures) sites, domestic services ... has been contracted out and are delivered by a private sector company. By contrast in all but one of the exemplar sites, domestic services are directly provided by staff employed and managed by the Trust.”

*(Davies)*



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## **Why privatize?**

- Health costs are increasing
- Privatization/contracting out decreases costs
- These are just “hotel” services



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## **The academic findings**

- Cleaner hospitals experience fewer outbreaks of “superbugs”!
- The cost of an outbreak outweighs the cost of higher cleaning standards
- Integrated cleaning staff improves accountability, improves efficiencies



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## **The academic findings: cleaners**

**“Cleaners should be included as an integral part of the infection-control team. They should be allocated more cleaning hours from the hospital budget... Cost of drugs alone to treat MRSA, without even considering the costs of extended bed-stay for infected patients, justifies targeting domestic resources in clinical areas.”**

*S J Dancer, Lancet Infect Dis 2008; 8: 101-13*



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## **The academic findings: cleaners**

“There is plenty of evidence supporting the role of domestic cleaning in hospitals as an important intervention in the control of HAI [Hospital Acquired Infection]. Unfortunately it often constitutes part of an overall infection control package in response to an outbreak and its importance as a stand-alone activity remains controversial. **This does not encourage on-going managerial support of cleaning services in the hospital, particularly if resources are limited.**

*S J Dancer, Journal Hosp Inf 1 Sept 2009; accessed online*



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## **What does the union hear? The good**

- They feel responsible for the safety of the patients they are working with on their wards, or in the continuing care centre
- They enjoy working with health professional colleagues (nurses and physicians) and feel proud to be part of the health care “team”
- Their work really is essential (IPC physician)





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## **What does the union hear? The bad**

- Housekeeping and other ancillary employees are the hardest hit by so-called system reform or renewal
- When they are involved in bargaining, media rarely pay attention (as opposed to nursing)
- Classifications, schedules, benefits are dealt with by management in an arbitrary manner



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## **What does the union hear? The ugly**

- “It’s like we’re invisible”
- “We’re overworked”
- “These are just hotel services”



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## **Lessons from a former Deputy Minister**

“When tasked with reducing expenditures governments appear to default to older ways of doing business, neglecting to adequately consider how their choices will influence public servant job satisfaction and commitment.”

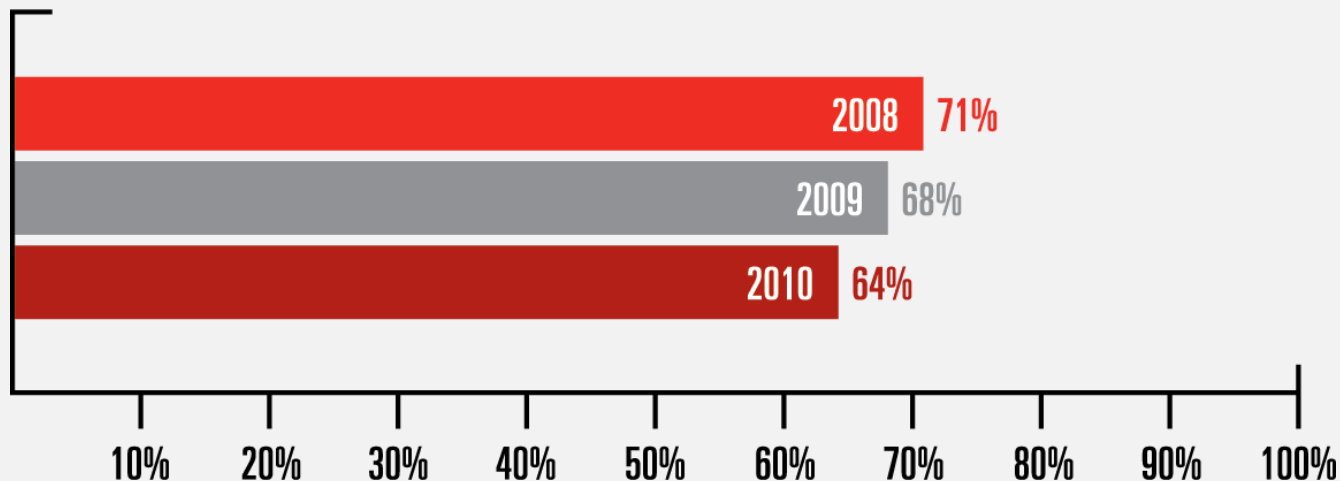
*Ron Hicks, Recognizing the Value of Employee Engagement 2008*

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## Lessons from a former Deputy Minister

Overall Employee Engagement Index  
for employees of the Government of Alberta





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## **Lessons from a former Deputy Minister**

“The long-term cost of these declines, manifest in everything from increased sick leave ... to decreased productivity and capacity and public trust ... may well show any short-term savings to be fleeting.”

*(Hicks)*



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## **AHS employee engagement**

- Latest survey conducted in 2009/10
- Canada-wide health employee engagement: 76%
- AHS employee engagement: 35%
- AHS target: 43%
- As a patient how would you feel knowing only 43% of the employees feel valued?





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## Where do we go?

- Give staff stability and support. Wages matter too.
- Don't reinvent the wheel: learn from other jurisdictions
- Measure outcomes, set standards:
  - cleaning hours, colonization, infections
  - contracted services vs. in-house cleaners
- Be transparent, publish results positive and negative
- Recognize that these are more than "hotel" services