

Hospital-Acquired Conditions and Infections

Hospital-Acquired Conditions (HACs) are complications not present at the time of hospital admission that develop while receiving medical treatment. They include a range of potential patient harms, including hospital-acquired infections (HAIs) and threats to patient safety such as pressure ulcers and foreign objects retained after surgery.

What are the Consequences of HAIs?

HAIs place a significant burden on the U.S. healthcare system. They are costly, potentially deadly, and often preventable. HAIs cost the U.S. healthcare system up to \$45 billion each year. Beyond their excessive costs, HAIs prolong hospital stays, often create long-term disability, and increase patients' resistance to antibiotics. Furthermore, HAIs burden patients and their families with unnecessary suffering and healthcare-related expenses.

How Many Patients Contract HAIs?

At any given time, 1 in 25 patients has an infection resulting from hospital care. The most common HAIs include pneumonia, gastrointestinal infections, urinary tract infections, and primary bloodstream infections. One-quarter of HAIs are device-associated infections (central line-associated bloodstream infections, catheter-associated urinary tract infections, and ventilator-associated pneumonia). It is estimated that 721,800 patients contract HAIs annually in U.S. hospitals, causing more than 200 deaths daily.

What's at Risk for Hospitals?

The Centers for Medicare & Medicaid Services (CMS) has initiated several strategies to motivate hospitals to improve patient safety and reduce their rates of hospital-acquired infections and conditions. In 2009, CMS stopped paying medical expenses related to 10 HACs. Beginning in 2015, a quarter of the nation's hospitals (those with the worst HAC rates) will lose up to 1% of Medicare payments as a part of CMS' HAC Reduction Program. Also starting in 2015 under CMS's "pay-for-performance" program, hospitals will either gain or lose up to 1.5% of DRG payments based on their rates of HACs and various other patient safety indicators.

What Can Labor and Management Do to Reduce HAIs?

According to CDC Director Tom Frieden, "The most advanced medical care won't work if clinicians don't prevent infections through basic things such as regular hand hygiene. Health care workers want the best for their patients; following standard infection control practices every time will help ensure their patients' safety."

Hand hygiene is one of the most important ways to prevent the spread of infections. In order to disrupt the transmission of germs to patients, hospital workers should clean their hands before patient contact, before invasive procedures, after removing gloves, and after contact with blood, body fluids, and contaminated surfaces.

Follow these steps to make sure you wash your hands properly:

- Wet your hands with clean, running water (warm or cold) and apply soap.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails
- Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.



Infection prevention and control measures, such as the proper cleaning of high-touch surfaces (e.g., door knobs, over-bed tables, telephones, toilets, sink handles), appropriate hand hygiene, and the correct application of infection prevention protocol, are simple and inexpensive, but they require everyone to accountability and adopt new behaviors that contribute to increased patient safety.

SUCCESS STORY: 1199SEIU/GHNY/TEF Infection Prevention Campaign

To help healthcare workers understand their role in preventing infections, 1199SEIU United Healthcare Workers East, 1199SEIU Training and Employment Funds (TEF), and Greater New York Hospital Association (GNYHA) came together to launch the Infection Prevention Control Campaign (IPC) in 2007. Over 1,100 managers and staff across 18 hospitals attended a day-long training that prepared them for their roles as IPC coaches. The coaches' responsibilities were to promote awareness about HAIs and to facilitate teamwork and communication around infection prevention amongst their colleagues. After the training, the coaches received toolkits that included Glo-Germ (a solution that illuminates germs under a U.V. light), a training DVD, and IPC posters to take back to their respective hospitals. The Labor Management Project then worked with the coaches at each facility to convene IPC meetings in which labor-management teams developed concise infection prevention plans that included mechanisms such as regular infection control rounding, scheduled infection control meetings, and awareness promotion (e.g., posters, buttons, newsletters).

"It has raised the leadership support of the ongoing Infection Control program as well as the individual accountability of all our healthcare workers, patients, and visitors to ensure a quality safe environment."

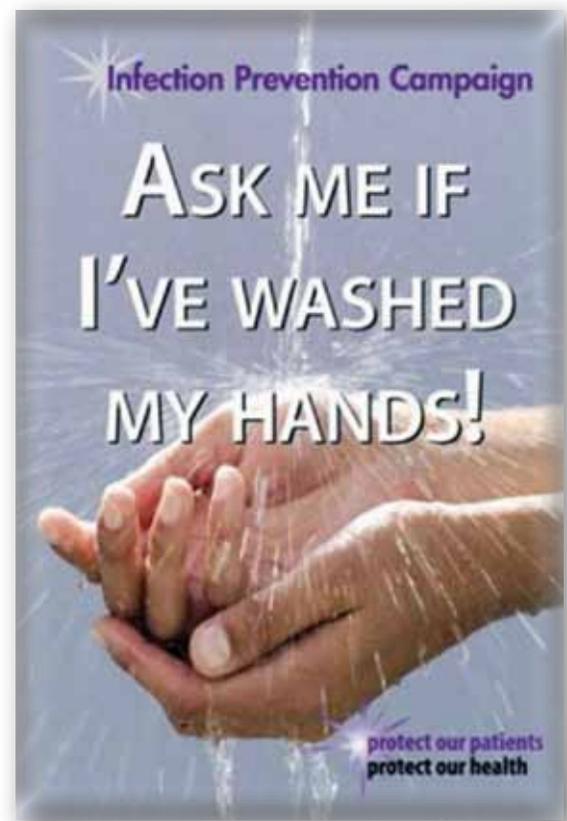
**Judy Fine, Director of Infection Control
Jamaica and Flushing Hospitals**

The IPC contributed to a number of measurable improvements:

- Long Island Jewish Hospital cut the rate of surgical site infections by 11%; Methicillin-Resistant Staph infections by 36% and ICU Central Line Associated infections by 92%.
- St. Luke's Hospital increased hand hygiene compliance from 82% to 95% among nurses, 88% to 97% among certified nursing assistants and 87% to 97% among doctors.
- Roosevelt Hospital increased hand hygiene compliance from 92% to 98% for nurses and from 64% to 78% for doctors.
- At Montefiore Medical Center, hand hygiene compliance for all the campuses increased from 87% to 91%; HCAHPS scores on cleanliness for the hospital improved from 69% to 74%.

"We all have an interest in making sure that the quality of care provided to patients in New York is unsurpassed. The IPC collaboration between us, TEF, and GNYHA is a great way to achieve this goal."

**Maria Castaneda, Secretary/Treasurer
1199SEIU United Healthcare Workers East**



"The Infection Prevention Coaches program at St. Luke's Roosevelt Hospital allows every level of staff to contribute to safer patient care. It's rewarding for example, to see a housekeeper remind an Attending Physician to wear an isolation gown."

**Barbara Smith, RN, Director of Infection Control
St. Luke's Roosevelt**