



UNNECESSARY RISK

How understaffing at Lakewood Regional Medical Center puts patients at risk

A report by the National Union of Healthcare Workers

NUHW.org

Systematic understaffing undermines Lakewood Regional Medical Center's (LRMC) infection-control and dietary programs and exposes patients to unnecessary risks of hospital-acquired infections, according to a survey of frontline staff. More than three-quarters of the hospital's dietary and infection-control personnel report they are understaffed one or more times per week. Among infection-control staff, more than three-quarters report that, at least once a week, they lack sufficient staff to clean the assigned areas according to the standards required by the hospital. Nearly half say they take shortcuts on infection control practices at least once a week in order to complete their cleaning duties on time. Nearly two-thirds of the hospital's cooks and food service workers say they go to work while sick with infectious illnesses due to a punitive sick-leave policy. More than half of the dietary and infection-control staff report that they clock out but continue working on an unpaid basis in order to complete their assignments.

The survey results offer new insights into the hospital's declining patient-safety scores and rising pattern of hospital-acquired infections, as documented by the Centers for Disease Control and Prevention

(CDC) and the Leapfrog Group, a national nonprofit hospital-safety organization that collects data from more than 1,800 hospitals.

In 2018, Leapfrog issued LRMC an overall score of "C" for patient safety, marking a steady decline in the hospital's scores since 2015. The 172-bed hospital scored nearly three times worse than the average hospital for Methicillin-resistant *Staphylococcus aureus* (MRSA) infections, a type of staph bacterium that can cause life-threatening bloodstream infections, pneumonia and surgical-site infections.¹ The CDC has also documented high rates of MRSA at Lakewood Regional Medical Center despite the overall decline in hospital-acquired MRSA infections across the country.² In 2014 and 2016, the hospital recorded "higher than predicted" numbers of MRSA cases, based on an analysis that considers the hospital's size and risk factors.³ MRSA can be found in bed linens and medical equipment and can spread as a result of inadequate infection-control practices.

Additionally, LRMC scored worse than the average hospital on *Clostridium difficile* (*C. diff*) infections, blood infections and urinary tract infections, according to Leapfrog.⁴ *C. diff* is a bacterium found in fecal matter that can cause severe diarrhea and colon damage, and can be fatal.⁵

NUHW NATIONAL UNION OF HEALTHCARE WORKERS

The National Union of Healthcare Workers is a democratic, worker-led union dedicated to improving the lives of caregivers and patients. Our mission is to hold healthcare corporations accountable to the public, to establish better working conditions and higher standards of care, and to give our members a stronger voice in the workplace.

NUHW represents 15,000 healthcare workers — ranging from housekeepers, clerical staff, and cooks to radiology technologists, nurses and nursing assistants, therapists, and psychologists — at more than 200 hospitals, nursing homes, and clinics throughout California.

SURVEY RESULTS

In the spring of 2018, the National Union of Healthcare Workers (NUHW) conducted a survey of 51 individuals who comprise the frontline staff for the hospital's dietary and infection-control departments. The 23 members of the dietary staff include cooks and food service workers. They are responsible for preparing and handling all of the food for the hospital's patients, visitors, physicians, and caregivers as well as operating the hospital's cafeteria. The 28 members of the infection-control staff are responsible for cleaning and disinfecting surgical suites, emergency rooms, patient rooms, and other areas inside the hospital. Each team staffs the

hospital seven days a week and 24 hours a day. Since at least 2017, the staff have raised repeated concerns about understaffing to their direct supervisors and the hospital's CEO, John Grah. Nonetheless, they have not received any constructive response. NUHW, a labor union that represents the staff, conducted the survey in order to gather more information about the scope and frequency of the problems as well as their effects on patients. Approximately 82 percent of the staff completed the written survey.

The survey results, which are presented in more detail in the appendix, paint a disturbing picture of the hospital's infection-control and dietary programs:

- More than three-quarters of the personnel in both departments report they are understaffed at least once per week.
- Sixty-three percent of the cooks and other dietary staff say they go to work even when they are sick with infectious illnesses because of a punitive and irrational sick-leave policy. These staffers, who prepare and handle patients' food, report that they attend work with symptoms such as coughing, sneezing, flu-like symptoms, diarrhea, sore throat and stomach sickness. The sick-leave policy penalizes staff for missing work even when they are sick, and needlessly exposes the hospital's immune-compromised patients to communicable illnesses. These risks are compounded by the inability of many staffers to access medical care, since they cannot afford the exorbitantly priced health insurance offered to them.
- Among infection-control workers, more than three-quarters report they lack sufficient staff to clean their assigned areas according to the standards required by the hospital.
- Forty-three percent of the infection-control staff report they take shortcuts at least once a week in order to complete their cleaning duties on time.
- Thirty percent report that patient admissions are routinely delayed because the patients' rooms are waiting to be cleaned.

UNDERSTAFFING AT LAKEWOOD MEDICAL CENTER

Despite their important roles, the hospital insists on paying poverty-level wages to infection-control and dietary staff, making it difficult to recruit and retain staff. The average hourly wage rates among infection-control staff and dietary staff are \$11.42 per hour and \$12.44 per hour, respectively. The super-majority of infection-control workers earn just pennies above the state's mandatory minimum wage, \$11.00 per hour.

Meanwhile, staff members must pay as much as \$710 in monthly premiums — more than 35 percent of their monthly income — to obtain health insurance for their

families. Most staff earn so little they are eligible for taxpayer-funded public assistance programs such as Food Stamps, Medi-Cal and public housing. A number of individuals collect bottles and cans during their off-duty hours in order to supplement their poverty pay.

LRMC pays far less than similar employers, resulting in staff vacancies as workers depart for higher-paying jobs. Three hospitals within 17 miles of LRMC paid their infection-control staff an average hourly wage of between \$16.57 and \$17.69 in 2017, according to annual disclosure reports submitted to a state agency.⁶

Meanwhile, in nearby Long Beach, hotel housekeepers earn approximately 25 percent more than infection-control staff at LRMC.⁷ Even fast food restaurants like McDonald's and Burger King pay higher wages.⁸

Sodexo, LRMC's infection-control and dietary subcontractor, has so much difficulty recruiting and retaining staff that it recently hired two temporary staffing agencies — People Ready and Decton Staffing Services — to try to find individuals willing to work at LRMC. Turnover rates among these “temp workers” are even higher than among regular staff, while training levels are lower. It has long been recognized that workforce turnover undermines the quality of services for patients.

Unlike LRMC, many hospitals directly employ their infection-control and dietary staff so they can better manage the workforce and service quality. At LRMC, however, executives apparently are trying to maximize the hospital's profits by hiring a low-cost subcontractor, Sodexo. LRMC reported \$54 million in profits during the three most recent years for which data are available, according to the California Office of Statewide Health Planning & Development (OSHPD).⁹ The hospital's parent company — Dallas-based Tenet Healthcare — is a

BY THE NUMBERS

\$11.42 PER HOUR
Average wage
of infection-control staff

\$12.44 PER HOUR
Average wage
of dietary staff

77
Percentage of staff who report
understaffing at least weekly

43
Percentage of staff who take
shortcuts to complete duties

46
Percentage of staff who work
without pay to complete
assignment

\$54 MILLION
LRMC's profits (2014–2016)

Fortune 500 company that's one of the nation's largest for-profit hospital corporations. Earlier this year, Tenet announced it will receive an annual \$10-\$20 million windfall due to the cuts in the corporate tax rate from 35 percent to 21 percent enacted by the federal government earlier this year.

Rather than addressing the concerns of staff, LRMC officials have asserted that the problems are Sodexo's, not the hospital's. The reality is quite different. LRMC, through its contract with Sodexo, defines the financial resources it pays to Sodexo and specifies the terms of Sodexo's services. Indeed, other hospitals have enacted policies to address workforce recruitment and retention problems by requiring their subcontractors to meet minimum standards regarding wages

and benefits. In 2016, the University of California medical centers — including UCLA Medical Center and UC Irvine Medical Center — implemented a minimum wage of \$15 per hour that applies to both its directly-employed and subcontracted workforce. During the spring of 2018, USC Norris Cancer Center terminated its contract with Sodexo, in-sourced approximately 50 infection-control staff, and boosted their pay and benefits. It's long overdue for Tenet to follow the responsible example of these hospitals.

RECOMMENDATIONS

Given the serious risks to patients, it is imperative that LRMC's infection-control and dietary programs be adequately staffed, trained and equipped to perform their work. In addition, LRMC officials must undertake aggressive efforts to retain experienced personnel and address the staff's concerns about the systemic problems affecting the quality of hospital services.

- Hire more staff and correct excessive work assignments that force staff to perform shortcuts to complete infection-control and other duties.
- Improve compensation standards for staff by either (1) terminating the hospital's contract with Sodexo and in-sourcing the workforce or (2) directing Sodexo to implement compensation improvements.
- End the irrational sick-leave policy that forces many staff to go to work even when they are sick with infectious diseases that may be communicated to patients and other hospital staff.
- Provide consistent and regular training to staff.
- Establish an ongoing mechanism, such as a committee composed of managers and frontline staff, to improve the hospital's infection-control and dietary programs.

METHODOLOGY

The information presented in this report is based on the analysis of survey results; data from California Department of Public Health, Centers for Disease Control and Prevention (CDC), California's Office of Statewide Health Planning and Development, the Center for Medicare and Medicaid Services (CMS), the Leapfrog Group, the United States' Securities Exchange Commission; and a review of literature regarding infection control and patient outcomes.

SURVEY DATA: INFECTION-CONTROL PERSONNEL

During June of 2018, NUHW administered a written survey of 28 NUHW-represented infection-control staff at LRM. Twenty-three staff members (82 percent) completed the survey.

Nine of the eleven survey questions were based on a Likert scale rating. Responses to these questions were analyzed for (1) level of agreement, (2) value and relevance and (3) frequency.

One survey question — Question 9 — used a discrete

nominal category presented in “Yes/No” format. This question was analyzed for value and relevance.

One survey question — Question 11 — was an open-ended question soliciting any additional comments or concerns. Responses to this question, which had no length limitation, were reviewed individually and coded. Based on the responses supplied, codes were defined, labels assigned, and a numerical code was created to facilitate data analysis.

SURVEY DATA: DIETARY PERSONNEL

NUHW administered a similar survey of 23 NUHW-represented dietary staff at LRM in June of 2018. Here, 19 staff members (83 percent) completed the survey.

Five of the eleven survey questions were based on a Likert scale rating. Responses to these questions were analyzed for (1) level of agreement, (2) value and relevance and (3) frequency.

Three survey questions — Questions 5, 6 and 9 — used a discrete nominal category presented in “Yes/No” format, while two others — Questions 7 and 8 — allowed

respondents to circle one or more discrete categories (see appendix). These questions were analyzed for value and relevance.

One survey question — Question 11 — was an open-ended question soliciting any additional comments or concerns. Responses to this question, which had no length limitation, were reviewed individually and coded. Based on the responses supplied, codes were defined, labels assigned, and a numerical code was created to facilitate data analysis.

ENDNOTES

- 1. Leapfrog Hospital Safety Grade.** Lakewood Regional Medical Center. Spring 2018. <http://www.hospitalsafetygrade.org/h/lakewood-regional-medical-center>
- 2. Centers for Disease Control and Prevention (CDC).** Methicillin-resistant Staphylococcus aureus (MRSA). MRSA Tracking. <https://www.cdc.gov/mrsa/tracking/index.html>
- 3. California Health and Human Services.** Methicillin-resistant Staphylococcus aureus bloodstream Infections (MRSA BSI) in Health-care. 2014 and 2016 Datasets. <https://data.chhs.ca.gov/dataset/methicillin-resistant-staphylococcus-aureus-bloodstream-infections-mrsa-bsi-in-healthcare>
- 4. Leapfrog Hospital Safety Grade.** Lakewood Regional Medical Center. Spring 2018.
- 5. Centers for Disease Control and Prevention (CDC).** Nearly half a million Americans suffered from Clostridium difficile infections in a single year. February 25, 2015.
- 6. Office of Statewide Health Planning & Development.** Annual Financial Disclosure Reports submitted by St. Francis Medical Center (7/1/2016-6/30/2017), Downey Regional Medical Center (10/1/2016-9/30/2017), St. Jude Medical Center (7/1/2016-6/30/2017). Available at OSH-PD's System for Integrated Electronic Reporting and Audited: <https://siera.oshpd.ca.gov/>
- 7. City of Long Beach. “Notice of Annual Adjustment: Hotel Worker Hourly Rate \$14.64 Effective July 1, 2018,” March 21, 2018.** Under a Long Beach ordinance adopted in 2012, the city's hotels with 100 or more rooms are required to pay a minimum wage of \$14.64 per hour. <http://www.longbeach.gov/globalassets/finance/media-library/documents/business-info/compliance/minimum-wage/measure-n--hourly-rate-effective-7-1-2018-per-lbmc-5-48-202>
- 8.** In nearby Whittier and East Whittier, employers with 26 or more employees currently must pay a minimum wage of \$13.25 per the “**County of Los Angeles Minimum Wage Ordinance.**”
Smaller employers must pay \$12.00 per hour. On July 1, 2019, these minimum wage rates will increase to \$14.25 and \$13.25 for large employers (26 or more employees) and small employers, respectively.
- 9. Office of Statewide Health Planning & Development.** Hospital Annual Financial Data Pivot Profile for LRM for 2014, 2015 and 2016. <https://www.oshpd.ca.gov/HID/Hospital-Financial.html#Profile>
- 10. Tenet Health.** Tenet Issues Information on Financial Implications of Changes to Federal Tax Law. January 5, 2018. <http://investor.tenethealth.com/press-release/financial-announcements/tenet-issues-information-financial-implications-changes-federal> In this announcement, Tenet CEO Ron Rittenmeyer states: “The change in the tax law is positive for Tenet from an economic perspective. Our cash tax payments will be approximately \$10 million to \$20 million lower each year over the next several years, which will be additive to free cash flow.”

APPENDIX A

Survey results of LRMC's infection-control staff

Question	Never	Rarely	Once a month	Once a week	Many times a week
How often is your shift understaffed?	2 13%	1 6%	1 6%	6 38%	6 38%
How often do you miss your 15-minute breaks?	7 37%	6 32%	1 5%	2 11%	3 16%
How often do you miss your lunch break?	8 44%	7 39%	1 6%	2 11%	0 0%
How often do you clock out and continue working - either at the end of your shift or during your lunch break - to complete your assignment?	3 16%	5 26%	3 16%	4 21%	4 21%
How often do you lack adequate materials and equipment to perform your work?	4 21%	7 37%	3 16%	1 5%	4 21%
Has Sodexo's sick-leave policy ever caused you to go to work while you are sick?	Yes		No		
	7 37%		12 63%		
If so, what kind of illness have you gone to work with? (Circle all that apply.)	Coughing and sneezing	The flu	Stomach sickness	Diarrhea	Sore throat
	5 26%	6 32%	5 26%	4 21%	4 21%
Who do you have contact with at work? (Circle all that apply.)	Co-workers	Patients	Cafeteria customers	Hospital staff	
	18 95%	5 26%	8 42%	8 42%	
Do you handle and/or prepare food?	Yes		No		
	12 63%		7 37%		
Has Sodexo's sick-leave policy ever caused you to go to work while you are sick?	7 37%		12 63%		
Has Sodexo provided you with adequate training?	13 68%		6 32%		

APPENDIX B

Survey results of LRMC's dietary staff

Question	Never	Rarely	Once a month	Once a week	Many times a week
On your shift, how often do you lack sufficient EVS staff to clean all of the assigned areas according to the standards required by the hospital?	3 14%	1 5%	1 5%	8 36%	9 41%
How often is your shift understaffed?	2 9%	3 13%	2 9%	7 30%	9 39%
When someone is missing, do you have to cover additional areas?	6 29%	4 19%	1 5%	3 14%	7 33%
How often do you have to take shortcuts to finish all your cleaning duties on time?	6 29%	4 19%	2 10%	2 10%	7 33%
How often do you miss your 15-minute breaks?	12 52%	5 22%	3 13%	3 13%	0 0%
How often do you miss your lunch break?	16 80%	4 20%	0 0%	0 0%	0 0%
When the EVS Department is understaffed, how often are patient admissions delayed because rooms are waiting to be cleaned?	9 45%	5 25%	0 0%	3 15%	3 15%
How often do you clock out and continue working - either at the end of your shift or during your lunch break - to complete your assignment?	15 65%	3 13%	2 9%	0 0%	3 13%
How often do you lack adequate materials and equipment to perform your work?	12 55%	8 36%	1 5%	2 5%	0 0%
Has Sodexo provided you with adequate training, such as infection control, hazardous materials, infectious diseases and the proper application of chemicals?	Yes		No		
	23 (100%)		0 0%		