



Hospital-Acquired Infections

How understaffing at Los Alamitos Medical Center puts patients at risk

A report by the National Union of Healthcare Workers

NUHW.org

Systematic understaffing undermines Los Alamitos Medical Center’s (LAMC) infection-control program and exposes patients to unnecessary risks of hospital-acquired infections, according to a survey of frontline staff. Three quarters of the hospital’s infection-control personnel report they are understaffed one or more times per week. Meanwhile, more than 70 percent say they cut corners on infection-control practices at least weekly due to understaffing. Nearly three-quarters report they routinely lack adequate materials and equipment to perform their work.

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 Center for Medicare and Medicaid Services (CMS) and the Leapfrog Group, a national nonprofit hospital-safety organization that collects data from more than 1,800 hospitals. In fact, LAMC performed so poorly with respect to hospital-acquired infections that the Center for Medicare and Medicaid Services (CMS) imposed financial penalties totaling nearly \$2 million during the past two years.

In 2018, Leapfrog issued LAMC an overall score of

“C” for patient safety, marking a steady decline in the hospital’s scores since 2015.¹ The 167-bed hospital scored three times worse than the average hospital for Methicillin-resistant Staphylococcus aureus (MRSA) infections, a type of staph bacteria that can cause life-threatening bloodstream infections, pneumonia and surgical-site infections. LAMC’s score ranked among the worst in the nation, according to Leapfrog, despite the overall decline in hospital-acquired MRSA infections across the country.² MRSA can be found in bed linens and medical equipment and can spread as a result of inadequate infection-control practices.

Meanwhile, LAMC’s scores on blood infections and urinary tract infections were twice and three times worse, respectively, than the average performing hospital, according to Leapfrog.³

In both 2017 and 2018, CMS imposed financial penalties on LAMC due to its high rates of hospital-acquired infections and patient injuries. The hospital was required to forfeit one percent of its Medicare payments — approximately \$1 million per year — because it ranked in the bottom 25 percent of the nation’s hospitals with respect to hospital-acquired conditions (HACs).⁴ The CMS score reflects the hospital’s combined track record with multiple types of HACs, including MRSA, Clostridium Difficile (C. Diff), central line-associated bloodstream infections and surgical-site infections. C. Diff is a bacteria found in fecal matter that can cause severe diarrhea and colon damage, and can be fatal.⁵ From 2014 through 2016, LAMC reported “higher than predicted” numbers of C. Diff cases, based on CMS metrics that consider the hospital’s size and risk factors. Over three years, 138 patients contracted the bacteria while in the hospital’s care.⁶

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

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.

2018 SURVEY OF INFECTION-CONTROL STAFF

Never
 Rarely
 Once a month
 Once a week
 Many times a week

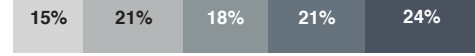
On your shift, how often do you lack sufficient EVS staff to clean all of the assigned areas according to the standards required by the hospital?



How often is your shift understaffed?



When someone is missing, do you have to cover additional areas?



How often do you have to take shortcuts to finish all your cleaning duties on time?



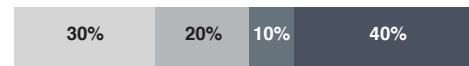
How often do you miss your 15-minute breaks?



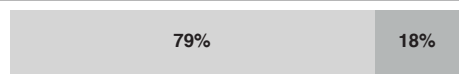
How often do you miss your lunch break?



When the EVS Department is understaffed, how often are patient admissions delayed because rooms are waiting to be cleaned?



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?



How often do you lack adequate materials and equipment to perform your work?



-100% -80% -60% -40% -20% 0% 20% 40% 60% 80%

Never / Rarely ◀ | ▶ Once a month / Once a week / Many times

SURVEY RESULTS

In the spring of 2018, the National Union of Healthcare Workers (NUHW) administered a survey of the hospital’s 40-person staff responsible for cleaning and disinfecting surgical suites, emergency rooms, birthing centers, patient rooms, and other areas inside the hospital. As a team, they staff the hospital seven days a week and 24 hours a day. For more than a year, the staff have raised repeated concerns about understaffing to their direct supervisors and, last month, brought their concerns to the hospital’s CEO, Kent Clayton. Nonetheless, they have not received any constructive response. NUHW, a labor union that represents the infection-control staff, conducted the survey in order to gather more information about the scope and frequency of the problem as well as its effects on patients. Approximately 90 percent of the infection-control staff completed the written survey.

The survey results paint a disturbing picture of the hospital’s infection-control program. Approximately three-quarters of the infection-control staff report they are understaffed at least once per week and cannot clean their assigned areas according to the standards required by the hospital. Nearly two-thirds report they take shortcuts many times a week in order to complete their cleaning duties on time. Nearly three-quarters report they routinely lack adequate materials

and equipment to perform their work. Half report that patient admissions are routinely delayed because patient rooms are waiting to be cleaned.

UNDERSTAFFING AT LOS ALAMITOS MEDICAL CENTER

Despite their important role in patient safety, the hospital insists on paying infection-control staff substandard wages, making it difficult to recruit and retain staff. Nearly two-thirds of the infection-control workers earn the state’s mandatory minimum wage, \$11 per hour. Among all of the infection-control staff, the average wage is \$11.24 per hour.

Meanwhile, staff members must pay as much as \$710 in monthly premiums — or more than 37 percent of most staff members’ 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.

LAMC pays far less than similar employers, resulting in staff vacancies as workers depart for higher-paying jobs. Three hospitals within 16 miles of LAMC 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.⁷

Meanwhile, in neighboring Long Beach, hotel housekeepers earn approximately 25 percent more than infection-control staff at LAMC.⁸ Even fast food restaurants like McDonald's pay higher wages.⁹

Sodexo, LAMC's infection-control subcontractor, has so much difficulty recruiting and retaining staff that it recently hired Decton Staffing Services, a temporary staffing agency. 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 LAMC, many hospitals directly employ their infection-control staff so they can better manage the workforce and service quality. At LAMC, however, executives apparently decided to try to maximize the hospital's profits by hiring a low-cost subcontractor, Sodexo. LAMC reported more than \$61 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).¹⁰ The hospital's parent company — Dallas-based Tenet Healthcare — is a Fortune 500 company

BY THE NUMBERS

\$11.24 PER HOUR
Average wage of infection-control staff

75
Percentage of staff who report understaffing at least weekly

71
Percentage of staff who take shortcuts to complete duties

74
Percentage of staff who lack adequate equipment

138
Number of LAMC patients infected with C. Diff (2014–2016)

\$2 MILLION
Approximate penalties imposed on LAMC for HACs (2017–2018)

\$61 MILLION
LAMC's profits (2014–2016)

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.¹¹

Rather than addressing the concerns of infection-control staff, LAMC officials have asserted that the problems are Sodexo's, not the hospital's. The reality is quite different.

LAMC, 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 LAMC's infection-control program be adequately staffed, trained and equipped to perform its work. In addition, LAMC officials must undertake aggressive efforts to address the staff's quality concerns and retain experienced personnel:

- Work constructively with frontline infection-control staff to immediately solve shortages in equipment and materials.
- Hire more staff and correct excessive work assignments that force staff to perform shortcuts to complete infection-control duties.
- Improve compensation standards for infection-control staff by either (1) terminating the hospital's contract with Sodexo and in-sourcing the workforce, or (2) directing Sodexo to implement compensation improvements.
- Provide consistent and regular training to infection-control staff.
- Establish an ongoing mechanism, such as a committee composed of managers and infection-control staff, to improve the hospital's infection-control program and patient safety.

METHODOLOGY

The information presented in this report is based on the analysis of survey results, California Department of Public Health records, data from 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

During June of 2018, the National Union of Healthcare Workers administered a written survey of 40 NUHW-represented infection control staff at Los Alamitos

Medical Center. Thirty-five staff members (88 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. 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.** Los Alamitos Medical Center. Spring 2018. <http://www.hospitalsafetygrade.org/h/los-alamitos-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. Leapfrog Hospital Safety Grade.** Los Alamitos Medical Center. Spring 2018.
- 4. Centers for Medicare & Medicaid Services (CMS).** “Hospital-Acquired Condition Reduction Program Data.” <https://www.medicare.gov/hospitalcompare/HAC-reduction-program.html>. See also: California Healthline. Medicare Penalizes Group of 751 Hospitals for Patient Injuries. December 22, 2017; Kaiser Health News. 769 Hospitals Penalized For Patient Safety in 2017: Data Table. December 21, 2016.
- 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. California Health and Human Services.** Clostridium difficile infections (CDI) in Healthcare. CDI in Hospitals, Datasets for 2014, 2015 and 2016. <https://data.chhs.ca.gov/dataset/clostridium-difficile-infections-cdi-in-healthcare>.
- 7. 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 OSHPD's System for Integrated Electronic Reporting and Audited: <https://siera.oshpd.ca.gov/>
- 8. 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>
- In nearby Wittier 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 (26 or more employees) and small employers, respectively.
- 10. Office of Statewide Health Planning & Development.** Hospital Annual Financial Data Pivot Profile for LAMC for 2014, 2015 and 2016. <https://www.oshpd.ca.gov/HID/Hospital-Financial.html#Profile>
- 11. 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.”