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# Hospital Facility Management:

## With a view of infection control technique

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# Overview

- How hospitals profit from their own mistakes
- Research: Some facts on HAI (Hospital Acquired Infections)
- Improving Quality: Research Findings
- Objective - The Motivation To Be Better
- Financial Management: Quality and Costs
- Results and Findings in May Clinics Ltd – Steps Taken
- Management/Training
- Conlusion

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# How Hospitals Profit From Their Own Mistakes

- Astoundingly, many physicians and other caregivers break the most fundamental rule of hygiene by failing to clean their hands before treating patients

- Unfortunately, caregivers often think putting on gloves—without cleaning their hands first—is sufficient, but pulling on gloves with unclean hands simply contaminates the gloves

- Stand in an emergency room, and watch caregivers clean their hands, put on gloves, and then reach up and pull open the privacy curtain to see the next patient. That curtain is seldom changed, and it is frequently full of bacteria. The result? Caregivers' gloves are soiled again

# How Hospitals Profit From Their Own Mistakes

- These bacteria are on cabinets, counter tops, bedrails, bedside tables, and other surfaces. Once patients and caregivers touch these surfaces, their hands become vectors for disease. One study showed that when a nurse walks into a room occupied by a patient with MRSA and has no patient contact, but touches objects in the room, the nurse's gloves are contaminated 42% of the time when leaving the room

- Clothing is frequently a conveyor belt for infections, Stethoscopes, blood pressure cuffs, pulse oximeters, wheelchairs, and other equipment are frequently carrying live bacteria. Do doctors clean the stethoscope before listening to a patient's chest? Not usually

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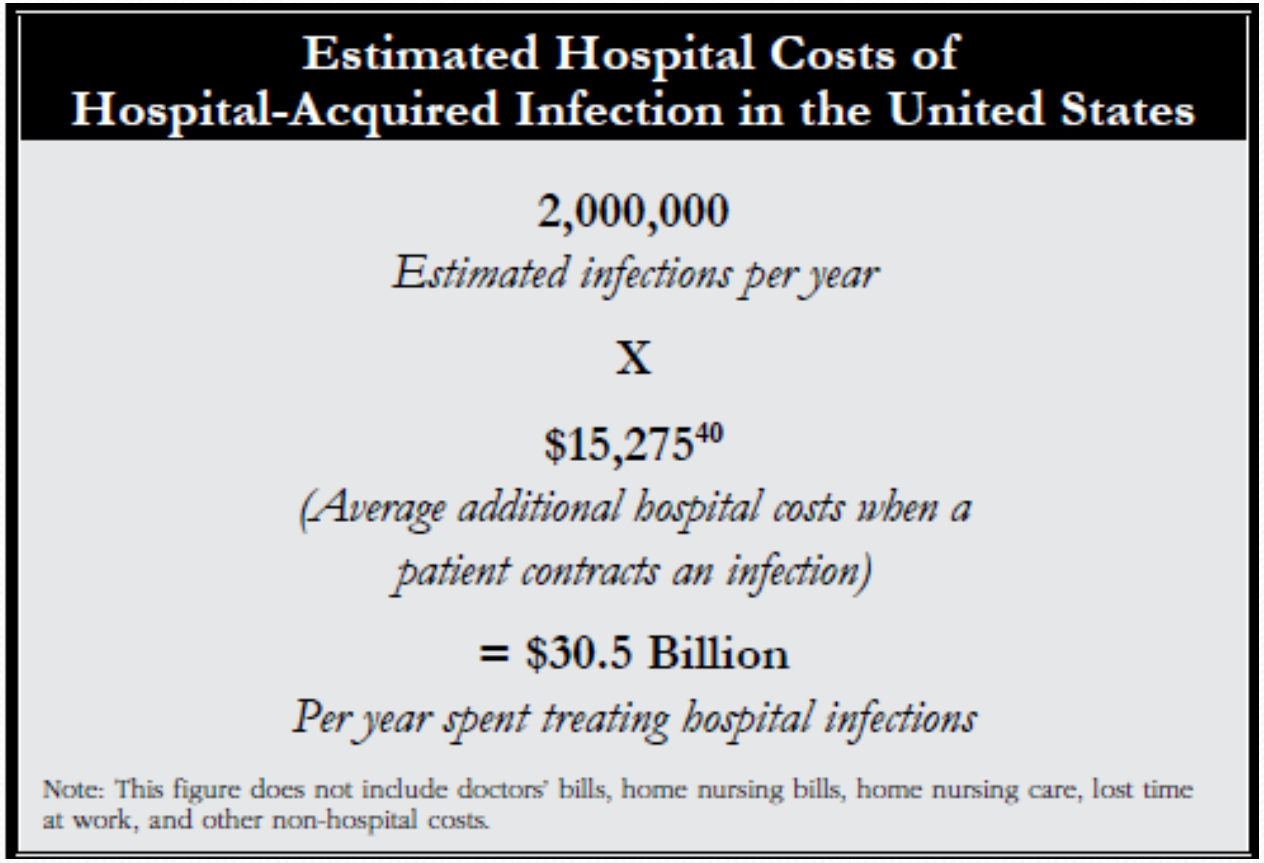
# How Hospitals Profit From Their Own Mistakes cont'…

- What happens when a patient gets a post surgical infection in Nigeria?
  - It is added to the patient's bill and treated!
- And everything is fine again.

- Researchers at the Johns Hopkins Armstrong Institute for Patient Safety and Quality showed that hospitals benefit financially when patients' hospital stays are complicated by preventable bloodstream infections.
- "Hospitals should be financially rewarded for preventing harm rather than for treating the resulting illness," says study leader Eugene Hsu, MD, an anaesthesiology resident at Johns Hopkins. "Instead, hospitals have a perverse financial incentive to keep patients longer and provide more interventions."

# Research Findings On HAI in US




- Source: Unnecessary Deaths: The Human and Financial Costs of Hospital Infections

# Improving Quality: Research Findings

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- One of the main barriers to quality improvement is the presumed cost associated with quality improvement interventions and the uncertainty about the potential revenues that are generated by such an intervention.

- Research shows that quality may not be rewarded financially or it may take prolonged amount of time to become profitable (Øvretveit, 2009). This is a deterrent to providers that will wish to access bank loans to finance the improvement. Although Øvretveit (2009) states that quality improvement may not be compensated financially, Alexander et al. (2006) shows that quality improvement can bring about better financial returns and cost management. Also, W. Cleverley & J. Cleverley (2002) have studied the financial benefits of quality improvement and have found positive results in developed countries.

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# Improving Quality: Research Findings cont'…

- However, in the context of Africa and Nigeria in particular, there is limited information available relating quality improvement to better financial performance.
- Evidence of intervention costs and cost savings of quality improvement programs are limited.
- Currently no proper cost-benefit analyses have been done in Nigeria in the context of quality improvement. W. Cleverley & J. Cleverley (2007) states that rational cost can be determined by comparing similar facilities or hospitals, as on its own it is difficult to conclude if it is high or low.

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# So What Is The "Motivation" To Reduce HAIs?

- Patient awareness: which could lead to


- Loss of trust


- Ethics
- Regulatory bodies

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# Financial Management: Quality and Costs

- Three broad components of cost comprise the socio-economic costs of HAI:
  - direct medical costs,
  - the indirect costs related to productivity and non-medical costs, and
  - intangible costs related to diminished quality of life

| Categories of Cost* | | |
|---|---|---|
| Direct Hospital Costs | Fixed Costs | Buildings<br>Utilities<br>Equipment/Technology<br>Labor (laundry, environmental control, administration) |
| | Variable Cost: | Medications<br>Food<br>Consultations<br>Treatments<br>Procedures<br>Devices<br>Testing (laboratory and radiographic)<br>Supplies |
| Indirect Costs | Lost/Wages<br>Diminished worker productivity on the job<br>Short term and long term morbidity<br>Mortality<br>Income lost by family members<br>Forgone leisure time<br>Time spent by family/friends for hospital visits, travel costs, home care | |
| Intangible Cost | Psychological Costs (i.e., anxiety, grief, disability, job loss)<br>Pain and suffering<br>Change in social functioning/daily activities | |

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# Experience from May Clinics

- Prior to May Clinics infection control initiatives which started in 2011 records of HAIs were not kept
- In the first year of implementing the initiatives, post surgical infections were at 5%
- By 2014 it has dropped to 3%
- This has led to better outcomes and better patient care.

# Some Steps Taken

- Continuous monitoring of the autoclave
- Instruments where increased and packed individually for use.
- Constant re-educating of staff on infection control and standard operating procedures.
- Wash has basins were put in all consulting rooms and patient contact areas.
- The theatre was reconstructed
- Alcohol hand sanitizers were place around the facility
- Visiting times is strictly adhered to.

# Management/Training

- This is the driving force for any quality improvement/infection control programme. The need for a desire to improve.
- The training sessions are points whereby key staff within the organisation come together and share ideas, involving staff in decision making. Letting them know that their ideas are needed and are being used within the organisation – this is the opportunity to see the idea of quality improvement.
- Training and employee development has become an integral part of the organisation's culture.

# Conclusion

- The greatest concern of the majority of patients will be how to choose the hospital where they are least likely to suffer an adverse outcome. They will require reassurance that the standard of clinical care, including management of postoperative complications, is of the highest quality.

# Thank you.

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