

Clean hospitals reduce the risk

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Dirty hospitals can kill. And the risk isn't just in a small hospital in a developing country.

The B.C. Centre for Disease Control found poor cleaning played a large role in a *C. difficile* outbreak at Nanaimo Regional Hospital that killed five people, infected more than 90 and cost the health-care system millions of dollars.

Infection control is a serious problem for hospitals, involving a wide range of responses, from more careful use of antibiotics to reduced crowding.

Effective cleaning is vital. And the Vancouver Island Health Authority did not ensure that the Nanaimo hospital was clean. The B.C. Centre for Disease Control found poor training, understaffing, inadequate supervision and glaring cleaning failures largely contributed to the spread of *C. difficile* in the hospital.

The outbreak and the response by VIHA and the Health Ministry raise three significant issues. The most basic, of course, is why conditions reached such a sorry state.

Much of the blame can be laid at poorly managed cost-cutting efforts ordered by the provincial government. In their first term, the government fired thousands of hospital workers who provided cleaning and food services. Private contractors were engaged to work more cheaply. That largely meant cutting wage costs, then about \$18 an hour for cleaners, to about \$10 an hour.

There are obvious risks. The low wage could encourage high turnover as people treated the work as a temporary job. That would mean a steady progression of people with limited training, no experience and little commitment. And winning the contracts meant companies had to offer the lowest bid possible, while profitability meant keeping costs below that level. There is an obvious temptation to cut corners.

That does not preclude contracting out. But it does mean that the health authority must have adequate standards, a proper monitoring system and strict enforcement.

VIHA did not. At the peak of the outbreak, VIHA's executive medical director for quality and safety complained that "our procedure differs from that recommended for the rest of North America," in an e-mail obtained by the Nanaimo Daily News. "The whole auditing process needs to be revamped to include more objective measures of performance." VIHA's response is the second concern. The outbreak began in April 2008. It was not declared official until July. Cleaning staff weren't told until August. That's when Daily News reports alerted the public.

And VIHA broke freedom of information laws by withholding the critical Centre for Disease Control report on the outbreak for months, in part to "temper" public reaction by releasing its own report at the same time. The public's trust was betrayed.

The third concern involves Health Minister Kevin Falcon. He told the legislature last week that the outbreak had nothing to do with cleaning. "To try and suggest this is about housecleaning is dead wrong," he said. That is simply untrue. It contradicts VIHA's internal reports, the Centre for Disease Control review and basic understanding of hospital infection problems.

Health ministers can't be expected to stay on top of every aspect of the complex portfolio. But it is alarming that Falcon is so misinformed on such a basic and important issue.

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