

TEXAS HEALTHCARE TRUSTEES Trustee *Bulletin*

Infection Control: Cracking Down on Perilous Germs

They can lurk suspiciously for days, yet never be seen. Quietly, they stalk their victims, causing serious illness – even death – leaving few clues. That’s why infection control practitioners have launched an all-out assault on this vicious enemy – germs in the hospital.

Infection control has long been an integral part of hospital operations. Today, infection control experts, who combine old-fashioned sleuthing skills with modern day technology, face some formidable challenges. Besides antibiotic-resistant bacteria and older, sicker patients, there is a new foe – negative public perception.

Why Hospital Trustees Should be Concerned

The change in climate may be due in large part to intense media scrutiny and negative reporting on isolated infection outbreaks. In particular, a recently released study by a Chicago newspaper linked about 103,000 deaths to hospital-acquired infections in 2000, a figure 14 percent higher than government estimates. The study reported that nearly 75 percent of the deaths were preventable because they



were the result of unsanitary facilities, germ-laden instruments and unwashed hands.

Although this particular study was alarming, trustees can take vital steps to ensure their facilities are as safe as possible. While all American hospitals follow infection control procedures, they must make infection control a major focus. It’s vital for patients and it’s the key to turning public perception around, suggests W.W. Aston, chairman of Texas Healthcare Trustees and a board member of Baylor University Medical Center and Baylor’s Heart and Vascular Hospital in Dallas.

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"Trustees must lead the way," says Aston. "We must rededicate ourselves to becoming a national leader by showing significant gains in delivering high quality patient care and keeping patients safe while they are in our care."

Diseases Inside our Doors

Infections that are acquired while a patient is in a hospital are referred to as nosocomial infections. According to the National Patient Safety Foundation web site, nosocomial infections are estimated to occur in 5 percent of all acute-care hospitalizations, resulting in an added expenditure in excess of \$2 billion. The Centers for Disease Control and Prevention estimates that each year nearly 2 million patients in the U.S. get an infection in hospitals, and about 90,000 of these patients die as a result of their infections.

The highest rates of infection occurred in the burn Intensive Care Unit, neonatal ICU and pediatric ICU. Simply by their natures (hospitals house sick people), the risk for nosocomial infection is an issue. More hurdles faced by hospitals include an ever-aging population, premature infants born at incredibly low birth weights, drug-resistant bacteria and budget cuts.

One Hospital's Success Story

Rose McCullough, associate administrator for patient care and director of nurses at Angleton Danbury Medical Center in Angleton, is well aware of the obstacles. Yet, she says, thanks to a remarkably open policy and an aggressive hand-cleaning campaign, the hospital boasts a nosocomial infection rate that is well below national average.

"Our situation is unlike some hospitals," says Loretta Miles, RN, infection control practitioner at Angleton Danbury Medical Center. "Our nosocomial rate is very, very low. We see more of the nationwide problem of community-acquired Methicillin-resistant Staph aureus (bacteria resistant to antibiotic treatment due in part to the widespread misuse of antibiotics)."

According to McCullough and Miles, the hospital has implemented an expansive education program about infection control. "The key is hand washing!" emphasizes Miles.

Alcohol-based hand washing products such as Cal-stat have been placed in every patient care room, the radiology area, the volunteers' area and even the gift shop. They attribute widespread use of these products in helping keep nosocomial infection rates to a minimum.

McCullough also cites their policy of openness with patients, physicians and the board. "Every single patient complaint is investigated and responded to," she says. "Additionally, our board reviews a synopsis of every patient complaint and holds us accountable for quality."

The Single most Important Factor

As Angleton Danbury has discovered, new alcohol-based hand washing products may be part of the solution. "Clean hands are the single most important factor in preventing the spread of dangerous germs and antibiotic resistance in health care settings," says Julie Gerberding, M.D., director of the CDC.

The CDC released new guidelines in October that advise the use of alcohol-based hand rubs to protect patients in health care settings. "More

widespread use of these products that improve adherence to recommended hand hygiene practices will promote patient safety and prevent infections," according to Dr. Gerberding.

Infection Control is Cost-Effective

Because infection outbreaks can be so costly personally and financially, controlling them is a key issue. THT Chairman Aston suggests infection control does not have to break a hospital's budget.

"Even though we have financial constraints facing us, we should not be quick to say we cannot afford to spend the capital this year," says Aston. "Rather, let us seize upon the many ways we can improve quality and patient safety that involve little or no significant capital outlay." He adds that one prime example is to "reduce nosocomial infections. Achieving this requires focus and feeling, but not capital expenditures."

Be Prepared

Texas hospital and health system board members can take steps to ensure their hospitals are doing their utmost in infection control. Besides stringent hand washing and the adoption of alcohol-based hand rubs, hospitals must provide comprehensive education about infection control.

The Stand Up for Patient Safety Campaign, open to hospitals and health systems, calls for continuous improvement in patient safety and reducing medical errors in all health care settings. For more information, log on to www.npsf.org.

Texas Hospitals' Financial Performance Slowly Improving

The financial performance of Texas hospitals is slowly improving, but remains far behind where it was prior to the Balanced Budget Act of 1997. Additionally, potential financial risks still exist. The delivery of health care is changing throughout Texas and the nation.

Brent Hardaway, associate partner with the Austin branch of Phase 2 Consulting, based in Salt Lake City, Utah, presented the following information on environmental assessment to the Texas Healthcare Trustees in November 2002.

While the demand for hospital services is increasing and the population is aging, reimbursement for services is decreasing and employers are resisting rate increases. The combination of these factors continues to drive up the expense of providing care, making it increasingly difficult for hospitals to maintain market position and achieve a sustainable profit margin.

The following primary factors are driving the change in the delivery of health care:

- Increasing demand for health care services;
- Workforce shortages;
- Changing insurance landscape;
- Renewed focus on quality of care; and
- Advancements in technology.

Increasing Demand for Services

The population is growing and aging, creating additional demand for health care. From 2002 to 2007, the number of people ages 45-64 in Texas will grow 17.39 percent and the 65+ age group will grow 7.26 percent. These groups are the largest users of health care services.

As the 45-64 population, largely covered by commercial insurance, moves into the "Medicare years," demand for services will continue to increase, but per case reimbursement will decline. High demand-high profit service lines will continue to attract niche providers, against which general hospitals must compete for both physician and patient loyalty. Increasing demand will exacerbate existing problems with staffing and reimbursement.

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