



HOSPITAL EMPLOYEES' UNION

NEWSLETTER

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Health authority slashed hospital cleaning by 15 per cent as part of privatization – FOI

VCH cut cleaning by more than 150,000 hours annually when it privatized hospital cleaning in 2003, despite concerns about spread of superbugs

Vancouver Coastal Health Authority's top executives reduced the number of hours of cleaning in its hospitals and extended care facilities by 15 per cent when they contracted out hospital housekeeping to U.S.-based multinational ARAMARK in 2003, according to documents obtained by the Hospital Employees' Union through a freedom of information request.

Hospital cleaning is an important factor in limiting the spread of antibiotic resistant organisms like *vancomycin resistant enterococci* (VRE) and *methicillin resistant staphylococcus aureus* (MRSA). Vancouver Coastal Health (VCH) has estimated that the costs of treating cases of VRE and MRSA, acquired in a health care setting, at more than \$4 million last year.

VCH recently recorded a 17 per cent jump in the number of patients infected with MRSA while admitted to local hospitals and extended care facilities.

B.C.'s health authorities have emphasized hand-washing as a strategy to limit the spread of these infections, but research suggests that enhanced cleaning is also central to infection control strategies.

But the July 17, 2003 business case prepared by senior VCH executives to justify contracting out cleaning services to ARAMARK included a reduction 153,500 cleaning hours annually. A commercial contract based on the business case was signed with ARAMARK on July 25, 2003.

Both VCH and ARAMARK had blocked HEU's January 2004 application for an uncensored version of the business case and other documents. The union finally obtained the documents more than three and a half years later, after B.C.'s information and privacy commissioner ordered their release.

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HEU secretary-business manager Judy Darcy says B.C. patients should be very concerned that the price of privatization includes fewer hours spent cleaning and disinfecting hospital facilities.

“Hospital-acquired infections are a costly problem and a major risk for patients and health care workers,” says Darcy. “In the face of this threat, cutting back on cleaning is reckless.

“That’s why it’s so important that the *Bill 29* settlement agreement gives us the tools to put privatization schemes like these under the microscope.”

As recently as this past October, an article in the prestigious medical journal *The Lancet* concluded that “the effects of exemplary hand hygiene are eroded if the environment is heavily contaminated” and that “cleaners should be included as an integral part of the infection control team.”

But after cleaning services were privatized in 2003, nursing staff were forced to contact regional call centres to request cleaning services and the health authority no longer took responsibility for the ongoing training of cleaning staff in infection control protocols.

Under the terms of its commercial contract with VCH, ARAMARK charges up to \$57 an hour over and above its contracted price to provide any more intensive cleaning that might be required as a result of a superbug outbreak.

And as a result of the low wages paid to cleaning staff by ARAMARK, staff turnover has increased. An internal audit report published by Vancouver Coastal Health on its website this past June identified staffing issues as one of the main reasons for cleaning deficiencies.

“This privatization experiment has failed patients,” says Darcy. “It’s costly, inflexible and has completely disrupted the infection control efforts in our hospitals and long-term care facilities.

“It’s time to stop gambling with patients’ health.”

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