

## Today's Healthcare Economy The Impact on Laundry Services

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**O**n any given day, at least one of three conversations will most likely include concerns over our nation's current economic status. Listen in on the conversations overheard within a healthcare organization, and that percentage will likely increase.

While the current economy is definitely impacting healthcare, the 2008 changes and 2009 proposed changes in reimbursement have healthcare providers reassessing infection control and prevention measures, admission assessments, and equipment/product selection among others.

The Center for Medicare and Medicaid Services (CMS), in response to their concern over the rising costs of care associated with healthcare acquired infections and various other patient care concerns, issued new payment regulations beginning October 1, 2008. Effective that date, CMS will no longer reimburse

hospitals for the costs related to eight medical conditions, including catheter-associated urinary tract infections, surgical site infections after coronary artery bypass graft surgery (CABG) and advanced stage pressure ulcers. These changes were authorized by Congress in the Deficit Reduction Act of 2005. The intent of CMS was that neither they nor the patient should pay a healthcare provider for the higher costs associated with treating patients who acquired, what they determined to be, "reasonably preventable complications" during a hospital stay.

Conditions for Which Medicare Will No Longer Pay More If Acquired during an Inpatient Stay.*		
Condition	No. of Medicare Cases in Fiscal year 2006	Average Medicare payment for Admissions in Which Condition Was Present
Object left in patient during surgery	764	\$61,962
Air embolism	45	\$66,007
Blood incompatibility	33	\$46,492
Catheter-associated urinary tract infection	11,780	\$40,347
Pressure ulcer	322,946	\$40,381
Vascular-catheter- associated infection‡	Unknown	Unknown
Mediastinitis after coronary artery bypass grafting	108	\$304,747
Fall from bed	2,591	\$24,962

\* Data are from the Federal Register.

‡ Data are unknown because a unique code for this condition was introduced for fiscal year 2008.

Of this current list, a laundry manager's best opportunity for developing dialogue with clinical services may be related to pressure ulcers. Pressure ulcers, once referred to as "bed sores", often develop over a bony prominence as result of an injury to the skin caused by unrelieved pressure. This pressure may be the result of an inadequate turning protocol, or linen products bunching under the patient to create pressure points. Other contributing factors include moisture from incontinence or wounds; skin friction caused by a caregiver or family member moving the patient; "shearing" or the force of gravity pushing down on the patient when the head of the bed is elevated; poor nutritional status or a combination of these factors.

A Laundry Manager can positively impact these situations through:

- Good Linen Processing
- Good pH outcomes
- Providing the best product for the task
- Proper fitting sheets/bedding

Proper healthcare linen processing will provide clinicians with a quality textile product that can help ensure the integrity of the patient's skin and avoid situations where pressure ulcers may develop. An extended flush at the beginning of the wash cycle with a high water level at <100° and a little alkali to remove gross soil is a great start. A low level wash with detergent and alkali followed by a rinse before bleaching can achieve optimum results. To maximize the wicking attribute/benefit of underpads, avoid the use of softeners and assure a wash process with a final pH of 5.5-6.0.

The importance of proper pH levels cannot be stressed enough. Proper pH levels are essential to maintaining good skin integrity and to reduce the development of dry skin, preventing infection, and playing an important roll in deterring itching and skin-tears. High pH levels can interfere with the skins' protective acid mantel, increasing the likelihood of developing pressure ulcers.

Your best friends here will be your linen consultant and chemical suppliers. Utilize these valuable resources to assure clinicians that the best product for the job can be selected and processed effectively for quality cost-effective patient care. Providing a lifter or draw sheet that can be safely used for positioning a patient and selecting sheeting that fits the bed/mattress without curling or bunching can go a long way to optimizing patient comfort and safety. Provide the clinician with a generous size underpad that eliminates double padding and make sure that an adequate stock of underpads are available to facilitate ease of changing.

Today's new low air-loss mattresses/surfaces are designed to regulate the microclimate of the skin. Good air exchange is critical to their effective design and intended purpose. The heavy plastic backing of an underpad can be a detriment to this process as it can create an increase in moisture which exacerbates friction and shearing making the skin more susceptible to tearing. Work with nursing to evaluate the need for draw sheets, and work to minimize the layers between the surface of the bed and the patient.

While we believe that properly processed and well-chosen reusable products are best, cost is also a factor and you may need to provide nursing with the true costs associated with the use of disposable products. Waste disposal costs must be calculated as well as storage costs and the actual utilization of the disposable products to avoid multiple products used together creating a high moisture environment.

**Infection Preventionist:**

*A more accurate name for the role...*

To articulate the expanding roles of its members, the Association for Professionals in Infection Control and Epidemiology (APIC) announced that infection control professionals will now be referred to as "infection preventionists."

"The term infection preventionist clearly and effectively communicates who our members are and what they do," said Kathy Warye, APIC's CEO. "Infection preventionists develop and direct performance improvement initiatives that save lives and resources for healthcare facilities, so this was a natural transition – or a right-sizing of the name – to more accurately reflect their role. By creating a new word, we hope to raise awareness about what infection preventionists uniquely contribute to patient safety, improved outcomes and bottom line savings to healthcare institutions."

This flow of communication with nursing, including the Infection Preventionist, is critical especially as the CMS cuts proposed for fall 2009 include Methicillin-Resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C-Diff). Many health care facilities have already implemented patient screening for MRSA and other Multi-Drug Resistant Organisms (MDRO's) prior to admission.

Current trends impacting the laundry in this area tend to include an increase in demand for precaution/isolation gowns due to an increased utilization of "contact precautions" for patients admitted with MDRO's. Cost-effective, safe and quality products are available when there is clear communication

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between clinical services and the Laundry Manager. Begin communication now with your clinician to develop a partnership that will benefit the patient, the facility and healthcare staff.

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