# AHE VOICES

## Leaders Share their Expertise Related to Health Care Reform and its Impact on the EVS Professional

***EXPLORE* spoke with Rock Jensen and Greg May, CHESP, about health care reform and its impact on the EVS professional, including expanded service levels, volumes, the impact on today's hospitals and how this will directly affect EVS departments.**

### Q: Do hospitals expect any changes in volume/admissions due to health care reform? If so, how will this impact Environmental Services (EVS)?

**Rock Jensen (RJ):** Most hospital and health care organizations I work with are anticipating an increase in patient volumes as a result of health care reform. With nearly 34 million uninsured individuals entering the health care marketplace, hospitals are developing unique strategies to get new patients into and through the hospital system. Many are developing aggressive triage units that direct less acute patients into separate care level structures with a goal of limited hospital admissions.

While hospital inpatient volumes and admissions will most likely decline under health care reform, outpatient services are anticipating significant increases in their activity.

EVS departments are being driven to adapt to these volume and service/acuity changes. Typically, the inpatient areas receive focused and frequent cleaning services each day. EVS departments often provide discharge teams the ability to quickly turnover rooms upon patient discharge. More often than not, outpatient locations receive the majority of cleaning focus at the end of the day, on a one-time-per-day frequency.

As patient volumes shift and higher outpatient activity occurs, EVS departments will have to make adjustments as well. Reallocating resources to address these changes will be a key to successful outcomes. Developing highly mobile response teams to manage high turnover locations will be a new focus. Instead of the assigning an EVS technician to a set number of rooms and common areas for which to be accountable, the new module will require individuals and teams who are capable of effective and efficient communication to remain on top of the ever-adjusting workloads. These workers will have to be capable of flexing to the level of cleaning requirements, which can vary with patient acuity and need.

Consequently, a good understanding of the hospital infection prevention processes will be essential in helping them make appropriate adjustments to the level of cleaning required for the variable case cleanings presented in the ever-expanding outpatient setting.

**Greg May, CHESP (GM):** Health care leaders are moving to leverage cost-efficient outpatient settings, however, I believe they expect both admissions and inpatient days to increase. The reasons for this pre-date health care reform as we know it today. That is, baby boomers continue to age. And this largest group of health care consumers' health acuity will continue to rise for the foreseeable future.

EVS departments will be tasked with cleaning a variety of spaces with various levels of regulatory oversight. Many spaces will likely stay on the acute care license, requiring the same level of regulatory oversight and therefore same or similar levels of cleaning provided within these settings. In some cases, cleaning will be contracted, which will place EVS management in the role of cleaning regulatory overseer.

As an example, with contractors cleaning off-site space associated with our acute-care license, I require they follow our cleaning procedures and further require their staff to complete an orientation from my managers, as well as demonstrate the competencies involved. This has been especially important for areas that have procedure rooms, ambulatory surgery rooms, interventional radiology and infusion spaces. We also address the many waste streams (e.g., bio-hazardous waste, pharmaceutical waste, confidential waste, etc.). Many contractors

have not been required to follow procedural cleaning processes and, as a result, can create significant issues for the health care environment if not addressed.

**Q: If in fact there is an expected change in service levels, where is that volume anticipated to present for care? Is AHE's membership appropriately situated to be a player/provider of EVS services in those settings?**

**RJ:** Outpatient services are where the anticipated increases are expected by most of the hospitals I work with. AHE is the premier organization for EVS professionals to ensure they stay ahead of the curve in regards to upcoming changes in health care reform. Monthly AHE training webinars are focused on developing and supporting skills within the industry that allow them to successfully navigate changes within their specific organization and maintain growth within their profession.

In addition, the annual AHE conference has numerous educational and training courses designed to keep EVS managers informed on aspects ranging from the patient experience, infection prevention and technologic advancements with experts in each of those fields.

An AHE membership is perhaps the single most significant advantage a manager/director can have to ensure timely education and updates, as well as numerous networking opportunities with peers in the industry.

**GM:** Historically, inpatient-associated services including ambulatory surgery, conscious sedation procedures, infusion, dialysis and interventional radiology will likely continue their transition to dispersed outpatient settings with significantly increased volumes. Efforts will continue to place lower acuity patients in a wide range of alternate settings including skilled nursing, long-term care and assisted living. There are new care models being explored such as medical homes. Inpatients will become increasingly more acute.

I believe AHE members are able to be very well situated. AHE members have access to premium resources for managing in these times – AHE recommended practice manuals, annual AHE educational programs, as well as the largest network of EVS professionals. This all lays the foundation for well-informed decision making, planning and performance.

**Q: What are the other potential health care reform impacts to today's hospitals? Is there a trickle down impact for EVS, and if so what is it?**

**RJ:** On average, Medicare and Medicaid patients account for more than 50 percent of the care provided by hospitals. Any expansion of these programs under health care reform will result in divergent issues for hospitals. As noted earlier, more patients may end up being covered; however reducing reimbursements will most likely offset any budgetary gains. To remain viable, hospitals will need to focus more attention on their payor mix and how they set and manage rates.

Part of the health care reform being implemented calls for hospitals and health care facilities to provide improved clinical outcomes, as well as deliver preventive health services. Health care reform also results in payors demanding and rewarding lower-cost alternatives to expensive hospital stays. One of the most significant consequences – and perhaps changes – brought on by health care reform is the reality that hospital revenues will have less to do with patient volumes and more to do with clinical outcomes, quality and cost efficiency.

Hospitals that show good results for patients and keep costs down will be rewarded with performance payments, shared savings and other revenue enhancements. Those hospitals that fail to meet these expectations will see financial penalties that affect revenues and potentially tarnish the hospital's reputation and credit standing.

Is there a trickle-down effect for EVS? In many ways, it may seem that the message is not too different from the mantra heard for years in EVS: "*Do More With Less.*" However, the real message is quite

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> —**Greg May, CHESP**

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the opposite! With reimbursement levels from payors being directly tied to the quality of care, then to simply focus on doing more with less will only result in a downward spiral that lands the hospital and EVS manager in a position from which they may not be able to recover.

Those facilities and professionals who are able to adjust to the new measurement structures will find themselves in a better position to acquire successful outcomes and sustainability in the new health care landscape. Some of the key components to this success will be:

1) **Developing a strong patient experience program within the department**: Understand what the patient is wanting and needing.
2) **Developing useful and efficient tools to reduce repetitive functions and wasted time**: By focusing these tools on shifting workload levels affected by health care reform, you will ensure the right people are in the right place at the right time.
3) **Gaining a strong financial grip over your operation**: Know where the dollars are going on every level. Work hand-in-hand with your purchasing organization to ensure the products you use and supply are the most cost-effective and useful in the industry.
4) **Where staffing/labor and salaries are the single highest expense the department has, drive workload studies within your organization**: Each position must be measured for its time requirements and functionality. The questions to ask: *"Is this important to the organization?"* And, *"Can the frequency be adjusted?"* These two questions will lead you to ensuring essential functions are covered at an appropriate level.

A leader who is in tune with making adjustments will quickly overlook the status quo of *"We've always done it that way"* and implement changes based on *"How it should be done."*

**GM:** Health care reform has placed several serious challenges before acute care providers and health systems in general. Efficiency in care models is mandatory in order create opportunity for profit margin. These margins have already been negatively impacted by sequestration and the most recent federal budget legislation. Reimbursements look to be permanently reduced. In addition, the risk of lowered future reimbursement based on HCAHPS scores looms, as well as the costs associated with patients readmitted within 30 days.

The impact and challenge for EVS professionals will be to articulate care of the environment into the risk conversation. Clearly the environment can have impact on readmissions and HCAHPS scores. EVS will have either a positive or negative impact in these areas requiring dialogue and analysis.

The expected outpatient volume increases will challenge EVS professionals to justify adequate staffing to support all health care spaces under the specter of expected reduced costs. The challenge will often focus on the need to provide service to licensed spaces with the expectation that costs will be less "because" they are outpatient settings. However, if the space is part of an acute care license, there is likely no change in service requirement. While some outpatient spaces may not fall under the medical center license, there will likely be a patient expectation that those environments will meet the same criteria for acute care environments. Communicating the importance of balancing the needs for efficiency and a clean, safe health care environment to senior leaders is crucial.

### Q: As hospitals evolve from being volume-based providers to providers of value-based care, what part can EVS play?

**GM:** EVS professionals will be an integral part of changing health care provision models. Mastering service and cleaning requirements in multiple, complex settings and training and overseeing staff and contractors will require professionals with vision, energy and excellent knowledge and management skills.

Providing environments in which health care is provided in a clean, safe manner is not only desired, it is required. This allows health care organizations to maintain their overall focus on maintaining health and doing no harm when our patients are with us.

Superbugs, CRE organisms and *C. Diff* do not know whether they are in an acute care setting, an assisted living or home health setting. They are only capable of creating havoc on those whom they find a pathway to infect. EVS professionals play an incredibly important role by preventing the environment from being that vector. ●

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**Greg May, BA, CHESP,** *has 35 years of diverse health care experience in environmental services, environmental health and safety, emergency preparedness, linen and laundry, and contracting. He currently serves as UC San Diego's Health System Director of Environmental Services, Linen and Sustainability Programs. Greg also serves on the board of the Association for the Healthcare Environment as well as Novation's Environmental Advisory Group.*