

ATTACHMENT 2

Materials from the Proponents of the Ordinance Supporting Preamble Statements – List of Citations

WHEREAS, requiring investment in the frontline hospital workforce will improve local hospitals' provision of high-quality, safe healthcare, and benefit the residents of the City of Pomona;

WHEREAS, studies show that minimum wage increases cause a reduction in worker turnover;¹

WHEREAS, one way to promote high-quality, safe healthcare is to provide a decent minimum wage for all frontline hospital workers;

WHEREAS, hospitals that pay higher wages and ensure safe staffing levels would therefore retain their employees longer, leading to a more experienced, better qualified, and better trained workforce, and thus to a higher-quality, safer, and cleaner patient care environment;²

WHEREAS, at the current minimum wage levels, hospital workers earn below the federal poverty level for a family of four;³

WHEREAS, raising the minimum wage will improve recruitment and retention of qualified personnel;⁴

WHEREAS, establishing a minimum wage for frontline hospital workers within the City will help ensure that the residents of the City have access to high-quality healthcare in the City;⁵

WHEREAS, investing in the frontline hospital workforce by raising the minimum wage will help ensure the availability of high-quality, safe, and clean hospital environments, for the benefit of all City residents;⁶

WHEREAS, another way to promote high-quality, safe healthcare at hospitals in the City is to ensure minimum staffing levels for environmental services ("EVS") workers, who bear important public health responsibilities for keeping hospitals clean and sanitary;

WHEREAS, EVS worker responsibilities are crucial in preventing the spread of serious, potentially deadly, bacterial infections such as *Clostridium difficile* (C. Diff.), Methicillin-resistant *Staphylococcus aureus* (MRSA), and others, which cause significant unnecessary

¹ "Employment and Business Effects of Minimum Wage Increases," Fact Sheet, National Employment Law Project, September 2015, at 6. <http://www.nelp.org/content/uploads/Minimum-Wage-Basics-Business-Effects.pdf>

² NELP, at 6.

³ According to the U.S. Department of Health & Human Services, the 2018 poverty guideline for a family of four is \$25,100. <https://aspe.hhs.gov/poverty-guidelines> The 2018 California minimum wage is \$11 per hour for employers with 26 employees or more. https://www.dir.ca.gov/dlse/faq_minimumwage.htm Assuming full-time work at 40 hours a week and 52 weeks a year, an annual income is \$22,880.

⁴ Bernadette Wright, "Strategies for Improving DSW Recruitment, Retention, and Quality: What We Know about What Works, What Doesn't, and Research Gaps," The Lewin Group, CMS National Direct Service Workforce Resource Center, October 2009, at 2. <https://www.medicaid.gov/medicaid/ltss/downloads/workforce/strategies-for-improving-dsw-recruitment.pdf>

⁵ See, e.g., Wright, "Strategies for Improving DSW Recruitment" at 2; Justin Wolfers and Jan Zilinsky, "Higher Wages for Low-Income Workers Lead to Higher Productivity," Peterson Institute for International Economics, January 13, 2015. <https://piie.com/blogs/realtime-economic-issues-watch/higher-wages-low-income-workers-lead-higher-productivity> (provides various citations and arguments that higher wages result in the increase of productivity, employee retention, and quality and customer service).

⁶ See Wolfers and Zilinsky.

medical costs (over \$1 billion in extra healthcare costs annually), more hospitalizations and longer hospital stays, and more than ten thousand deaths nationwide;⁷

WHEREAS, C. Diff, MRSA, and other bacterial infections are more likely to thrive in unclean hospitals, through contamination of patient rooms, bed linens, bed rails, bathroom and other fixtures, furniture, medical equipment, floors, walls, and the like;⁸

WHEREAS, hospitals can ensure proper and thorough attention to cleaning and disinfection by hiring sufficient EVS staff and reducing turnover, which in turn will reduce the likelihood of infection outbreaks;⁹

WHEREAS, healthcare-associated infections such as C. Diff. and MRSA not only pose a grave risk to the health of hospital patients, hospital employees are also at risk;¹⁰

WHEREAS, *controlling the spread of infections will thus help maintain stability in hospital staffing, contributing to a healthy, safe environment for patients and workers alike;*

WHEREAS, studies have shown that providing sufficient EVS staff reduces the risk of outbreaks of healthcare-associated infections, and that adding EVS staff can control and prevent the spread of such infections;¹¹

WHEREAS, understaffing causes higher workloads, meaning EVS workers have less time to perform critical cleaning and disinfection tasks, which in turn leads to more stress on the job and higher turnover; and

WHEREAS, requiring hospitals in the City to increase EVS staff when hospitals fail to meet national infection control benchmarks will contribute to creating a healthy, clean, and sanitary environment for hospital patients and worker.

⁷ See <https://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf#page=51>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5074202/>; <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html>.

⁸ See https://www.cdc.gov/hai/pdfs/cdiff/cdif_largertext.pdf; see also <https://www.mayoclinic.org/diseases-conditions/c-difficile/symptoms-causes/syc-20351691>.

⁹ William Charney, “Epidemic of Medical Errors and Hospital-Acquired Infections: Systemic and Social Causes,” (2012) at 110.

The consequences of underresourcing hospital housekeeping came to the fore in Canada during an inquest into the deaths of 16 patients at a Quebec hospital in 2006. An outbreak of *C. difficile* at Honoré Mercier Hospital in Saint Hyacinthe, Quebec, resulted in 16 patient deaths. In her report, coroner Catherine Rudel-Tessier notes, “The way to avoid an outbreak is to prioritize cleanliness and hygienic measures in every facility ... Those charged with preventing and controlling infections must have the personnel and the resources necessary to do their job.” Yet as Rudel-Tessier notes, Honoré Mercier reportedly had understaffed housekeeping for some time prior to the outbreak.

¹⁰ Markus Hell, “*Clostridium difficile* Infection in a Health Care Worker,” *Clinical Infectious Diseases*, Vol. 48, Issue 9, May 1, 2009, at 1329. <https://academic.oup.com/cid/article/48/9/1329/411747>

In our opinion, this case demonstrates that not only laboratory staff but all health care workers are at increased risk of acquiring *C. difficile* infection. *C. difficile* infection in health care workers should be documented by the employee health service and—in the event of clusters—reported to public health authorities. Stool specimens should be obtained from health care workers with diarrhea and tested for toxigenic *C. difficile*. *C. difficile* infection control guidelines should include health care worker protection, because *C. difficile* can cause health care–associated infections even outside of the laboratory.

¹¹ Charney at 110.