Guarding Against Legionella: Every Stakeholder Needs A Voice

By Jana Summey

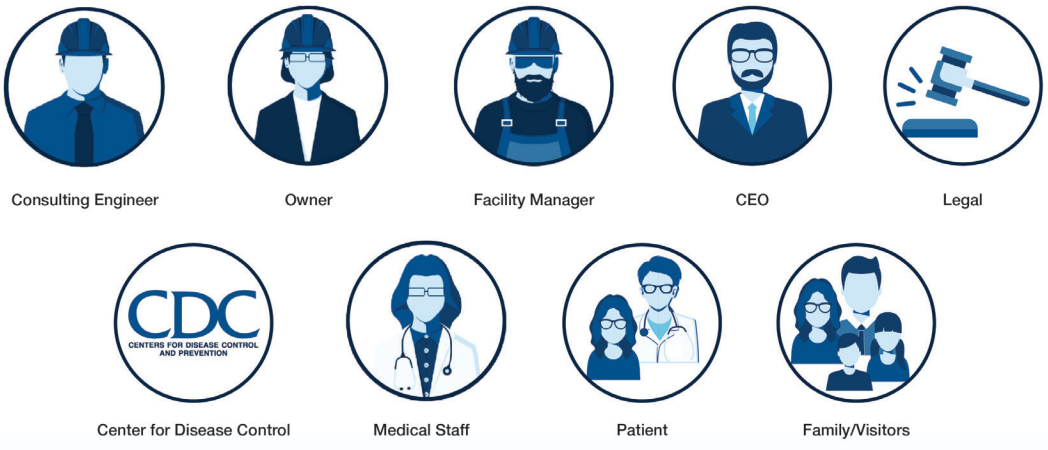
Lately, it seems that not a day passes without headlines describing a new case of Legionnaires' disease at a hospital or hotel. Although the industry has developed valuable tools and guidelines for preventing such outbreaks, including the CDC Toolkit, the CMS mandate and ASHRAE 188, debate continues among different constituencies over solutions, design, sources and testing. Often, making the situation even more difficult, the conversation leaves out the patient perspective when approaches for effectively mitigating the risks posed by Legionella, the bacteria that causes Legionnaires', are weighed.

As the healthcare manager for Watts, a global provider of quality water solutions for residential, industrial, municipal, and commercial settings, my primary focus is on premise plumbing system solutions and designs for mitigating Legionella risk. That work involves a range of solutions for fighting Legionella and design considerations that include plumbing system dead legs, flow of water, age of water, stagnant water, water circulation and building age.

Gaining a special perspective

Recently, Legionella took on even more significance in my life when my mother told me she might have been exposed to the bacteria at the hospital where she was receiving chemotherapy for cancer. Two cases of Legionnaires' had been diagnosed in people in the building where she received her treatment. Upon hearing her news, my focus switched from plumbing systems to one very important patient.

Key Stakeholders — What is Important?



Over a three-day period, I spoke with a hospital nurse, hospital infection control, the local health department, and legal and patient rights hospital professionals. As a group, they were professional and prompt in addressing my inquiries. All were obviously doing their best to follow protocol and guidelines; however, during our conversations it became clear that they have very different ideas and were struggling to determine the most effective way to address the outbreak.

Communication and follow-up were prompt yet lacking detail and misinformation. No one could or would tell me how often they were testing, the percentage of outlets testing positive or their plan of action going forward besides following CDC and health department protocols and the possibility of placing POU filters at outlets. As a patient advocate for my mother, I found the lack of information very disturbing.

I knew the questions to ask. Questions about their testing protocols, their water management plan, system flushing and disinfectant dosing. I knew to request additional details about the construction going on in the building and ask whether there had been or would be any water service disruptions. I knew that the general public would be in the dark.

My experience was scary. While my mom waited for test results, she was frightened, not certain what she should do. A consultation was arranged because she was coughing and experiencing headaches. To her great relief and mine, the Legionella antigen urine test results were negative. She had not contracted Legionnaires'.

All stakeholders have something to contribute

For me, this experience highlighted the need for organizations involved in mitigating Legionella risk to bring the voice of the patient to the discussion. In everything we do to prevent Legionnaires', the ultimate pass or fail grade must center on the result for the patient. That means following approved procedures and protocols and using solutions aimed at lessening the risk, while considering the patient experience when an outbreak occurs. A major goal of these efforts, of course, should be the reduction of cases and resulting deaths.

My career and personal experience have made it clear to me that the industry should take a holistic approach, considering the entire plumbing system from source to tap, a multi-barrier solution from point-of-entry to point-of-use. That requires a map that starts with the water utility and ends at the water outlets. Views of all stakeholders, including utilities and other government entities, building owners, facility management and infection control, as well as patients and their families must be solicited and respected. Focusing on just one part of the complex chart of stakeholders, or a single perspective, is insufficient because it would likely leave out critical ideas and risk the proliferation of Legionella at all points of water exposure.

Go to legionella-strategies.com/ to learn how Watts approaches Legionella mitigation with solutions, best practices and standards.

Jana Summey, *Watts Healthcare Vertical Market Manager, has addressed numerous engineering and architectural design and plumbing industry groups on the multi-barrier approach to mitigating Legionella in on-premise plumbing systems – from point of source to tap. Her insight and expertise are based on nearly 20 years' experience in the MEP (mechanical/electrical/plumbing) design and architectural design industries, where she has most recently focused on how commercial and institutional facilities can reduce the risk of Legionella by implementing best practices and proven solutions.*

Recently Jana gained a new perspective on the dangers of Legionella and the need for diligent protections when her mother was exposed to Legionnaire's disease as a hospital patient. Jana participates in many industry organizations, including HITS, ASHE, and APIC. She earned an MBA at University of Missouri at Kansas City.