

As the Hospital Turns: The Continuing Saga of Environmental Cleaning & Disinfection
Terrence Shaw and Corey Weisgerber, Regina, Saskatchewan
A Webber Training Teleclass

As The Hospital Turns: The Continuing Saga Of Environmental Cleaning & Disinfection

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Issue

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- Vancomycin-resistant *Enterococcus* (VRE) outbreak
 - Regina General Hospital, 2013
 - Medical inpatient unit
 - 8 months duration
 - Environmental sampling
 - Extensive contamination
 - Patient charts, hand rails, pyxis machine, nursing station, storage room, staff kitchen
- Work Standards and Standard work for our improvement program



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Project

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- Environmental Services (EVS) Dept.,
Infection Prevention & Control Dept,
2014:
 - Analyzed practices, procedures, products
 - Improvement projects
 - Surveys regarding performance
 - Best evidence-based practices evaluated



Results


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- Analysis protocols and surveys
 - Standardizing cleaning procedures
 - Changing cleaning products
 - Incorporating technological tools
 - Increasing staff accountability
 - Focusing patient care areas
- Improvement projects 2015 - 2017




Improvement Projects 5

- 1) Updating work standards, and assisting other clinical partners developing cleaning/disinfection practices
- 2) Microfibre cleaning system and accelerated hydrogen peroxide, and sporicidal cleaners.
- 3) Portable hydrogen peroxide disinfection system



Improvement Projects 6


1) Updating work standards

 WORK STANDARD	Name of Activity: Scripts for EVS Worker/Client Interaction Role Performing Activity: EVS Employee		
	Electronic Location: EVS Supervisor Shared Drive Hard Copy Location: EVS Supervisor Office	Department:	
	Document Owner: Terri Carlson Position: Executive Director Support Services Email: Terri.carlson@rhealth.ca	Source: Select a Region/Organization. AND/OR	
	Initial Date Prepared: 20/09/2016 <small>Email electronic revisions to: regionalisation-specialists@rhealth.ca</small>	Status Date(s): 20/09/2016 <small>Click here to enter a date.</small>	Status: Trial <small>Select a status.</small>

Work Standard Summary:

Essential Task

1. EVS Employees may find themselves uncomfortable with conversing with clients – the following scripts are in place to ease any discomfort.
2. Clients do want to know who is coming into their room. All EVS workers will introduce themselves and their purpose upon entering a patient's room, when the patients are awake.
3. The following are examples of scripted conversation:
 - Hello, my name is _____. I am an Environmental Service Worker. I am here to clean your room today.
 - Hello, my name is _____. I am an Environmental Service Worker. I have to come in to clean your room today. I see that you have quite a few visitors, but I need to disinfect your room, would it be alright if I start now, or come back in 10 minutes.
4. You may have visitors in an area that you need to clean.
 Hello, my name is _____. I am an Environmental Service Worker. I have to clean this area, and would ask that you move to the _____ to allow me to complete my job (when addressing patient visitors).




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Lots of Work Standards 7

- **Work Standard Summary:** This WS is to establish the work flow sequence for one person to safely complete a standard discharge bed clean. PPE Required: Nitrile gloves, Eye protection for splash hazards.
- **Hazards Identified:** Chemical/Biological, Ergonomic, Dirty Sharps - Potential
- **Hazard Controls:** 1) Don appropriate PPE for Chemical/Biological contact 2) Utilize SMART training techniques to maintain safe body mechanics. 3) *High Risk Patient – Potential; Don Puncture Proof Gloves

Essential Tasks:	
1	*Pre-task Safety assessments – Inquire if the bed was occupied by a "high risk" patient. Don ALL appropriate PPE as required by specific type of hazard.
2	*Assess Self, Environment, objects – Utilize SMART training to determine how to safely complete the tasks required. i.e. Safe body mechanics, de-clutter area, do not lift heavy objects etc.

Strip Linens, one piece of linen at a time.



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Improvement Projects 8



See more Microfiber Accessories



Improvement Projects

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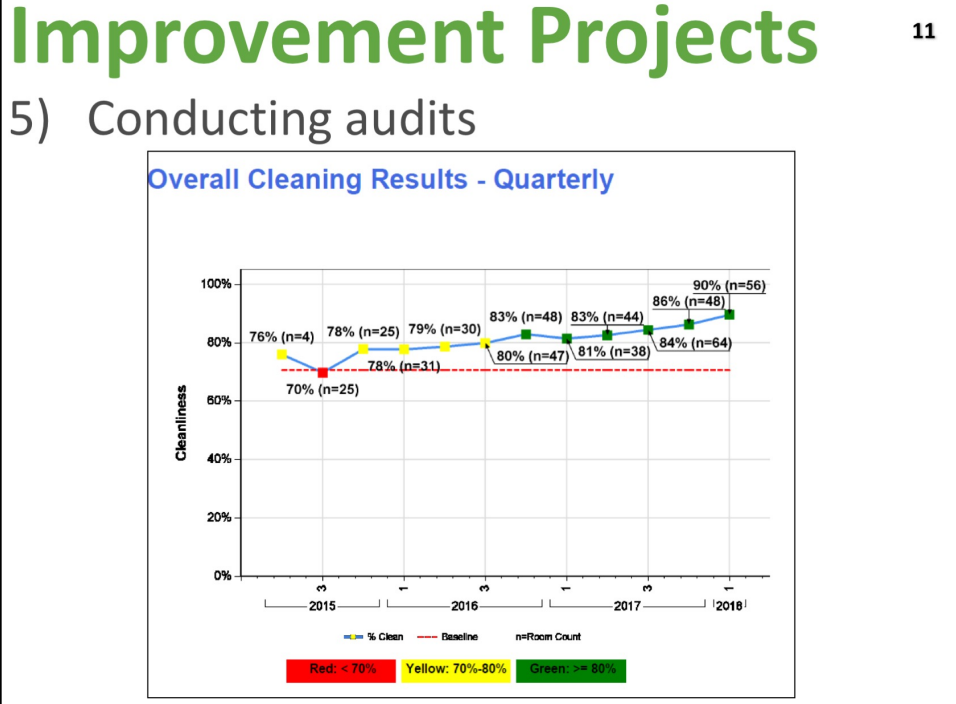
Improvement Projects

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4) “Sticky Note” Exercise



- Colour coded
- Patient rooms, exam rooms, nursing stations, equipment
- Outcomes:
 - Cleaning locations
 - Schedules
 - Areas and equipment not being cleaned



Heat Map Progress and Trend Report

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High Touch Object	Baseline	Q4 2017	Q1 2018	Change Over Baseline	Trend
Bathroom Handrail by Toilet	65%	96%	93%	28%	↓
Bathroom Inner Door Knob	61%	85%	87%	26%	↑
Bathroom Light Switch	74%	98%	89%	15%	↓
Bathroom Sink	83%	85%	88%	5%	↑
Bed Rail/Controls	69%	78%	84%	15%	↑
Bedside Table Handle	93%	91%	87%	-6%	↓
BR Hand Hygiene Dispenser	58%	67%	90%	32%	↑
Call Button	76%	90%	95%	19%	↑
Chair	57%	79%	86%	29%	↑
IV Pole (Grab Area)	0%				
PR Hand Hygiene Dispenser	59%	89%	89%	30%	→
Room Inner Door Knobs	58%	89%	91%	33%	↑
Room Light Switch	50%	96%	91%	41%	↓
Room Sink	63%	87%	90%	10%	↑
Telephone	69%	100%	83%	14%	↓
Toilet Bedpan Cleaner	75%				
Toilet Flush Handle	86%	90%	98%	12%	↑
Toilet Seat	78%	79%	87%	9%	↑
Tray Table	80%	88%	92%	12%	↑
TV		73%	89%	NaN	↑
Total Patient Bathroom	73%	85%	90%	17%	↑
Total Patient Room	68%	85%	89%	21%	↑
Total	71%	86%	90%	19%	↑

Improvement Projects

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- 6) Seasonal Cleaning Program, 2017
 - a) Patient room shut down 24 hours



b) Room decanted

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Working together

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Communication with our partners

- Preventing outbreak – an excerpt form our Oncology units- newspaper – September 2019
- It is coming to that time of year again. No, not back to school however that would be appropriate. This is the time of year we usually see an increase in VRE transmissions! I am not sure what it is about fall that causes this increase but we know we see a trend. So if we know it is coming, what can we do to prevent spread and a dreaded outbreak that causes all of us so much work!
- ARO screening on appropriate patients on admission is the first step. If they are coming from ER, just double check to make sure the ARO tool has been completed correctly and swabs have been sent as required.
- Hand hygiene for all staff as well as patients and families is so important. Sept is our month to review PPE. This is a great opportunity to make sure we are removing our PPE appropriately and not coming into contact with anything that can be transmitted.
- Patient and family education regarding hand hygiene is a focus for us during outbreak and has been in our admission bundles for at least a year now. I think we need to remind patient of hand hygiene on admission and ongoing during their stay. Make sure they have a bottle of hand sanitizer at their bedside and actually use it. They are the last line of defense for ingesting anything that can cause them harm.
- We will continue to focus on hand hygiene audits. If we can all be mindful of handwashing and please remind each other if you notice a “miss” in hand washing or inappropriate glove use. We are all human and no one is 100% so I know we can all use reminders every now and again.
- Continue to clean your work environment once a shift. The key with cleaning is friction. We don’t need a dripping wet cloth with saber but rather a damper cloth with lots of friction.
- If you have other suggestions on how to make this the first fall season without an outbreak, I would love to hear your suggestions!!
-



Working together

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Communication with our partners

- Preventing outbreak – an excerpt form our Oncology units- newspaper – January 2020
- Congratulations!!!!
- You are all awesome!!
- This is the first year I can remember that we have not been in outbreak with an ARO in fall season into the new year. It is everyone’s commitment to excellent hand hygiene, patient and visitor education and station cleaning that I am sure has made the difference. We also have vinyl curtains that can be cleaned. It is all the little and big things that all of you do every day that make this such a success. Keep up the incredible work!! I always say how blessed I am to work with such incredible humans.
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Lesson Learned

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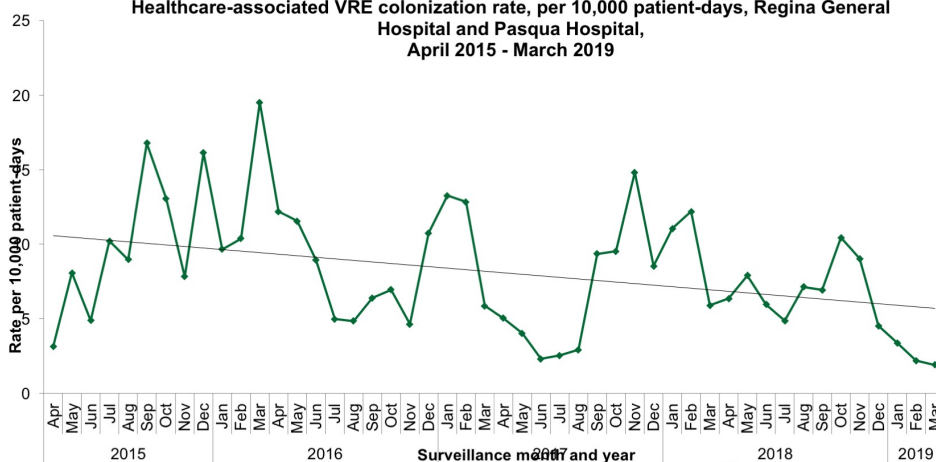
- Understanding current processes & activities, opportunities for improving practices & patient safety.
- Engaging patients & staff, initiatives introduced & implemented
- Implement strategies 2018- 2020
 - Updating orientation manuals for new staff.
 - Utilizing pictures – making it easy for our EAL.
 - Enhance training methods, cycle cleaning
 - Wipeable privacy curtains.
 - Attend daily bed discharge meetings to align our workforce and service needs on a regular basis
 - Continued work with our ICP and medical microbiologist.



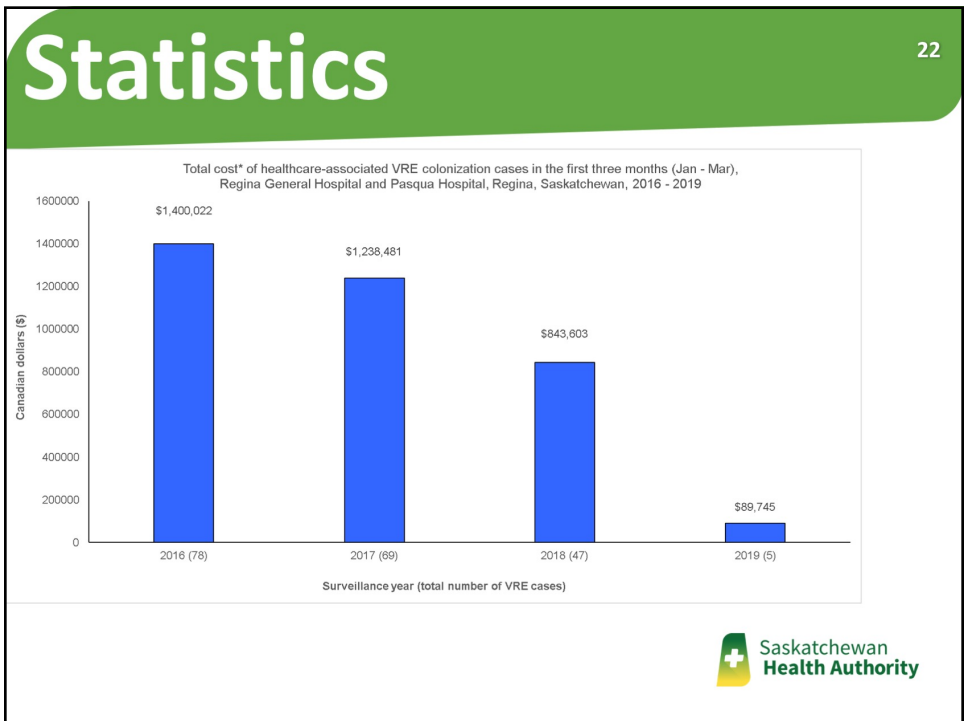
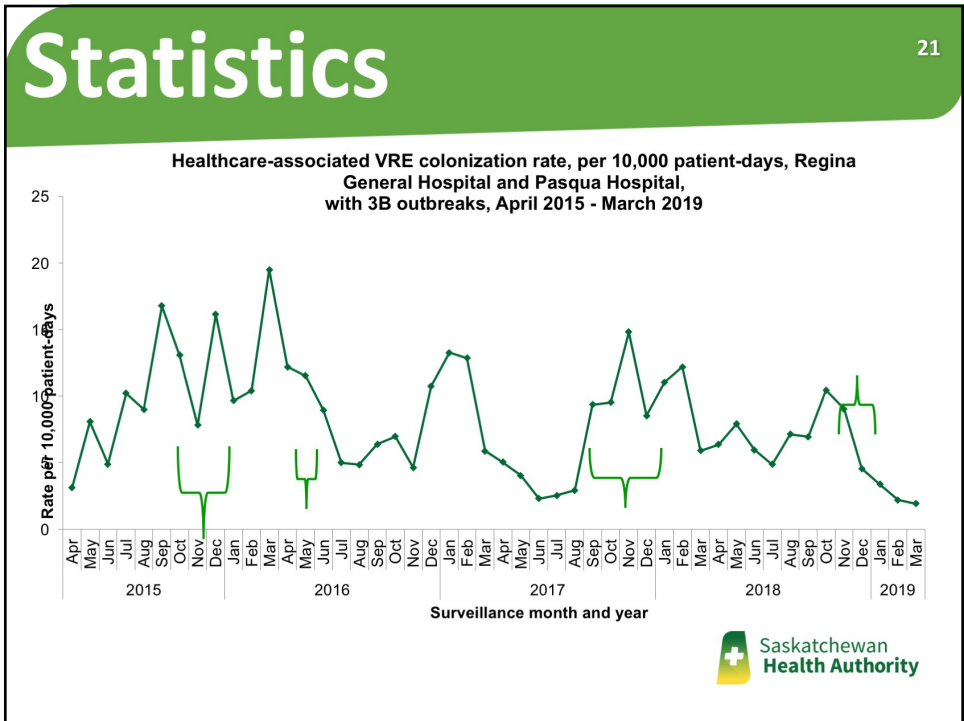
Statistics

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Healthcare-associated VRE colonization rate, per 10,000 patient-days, Regina General Hospital and Pasqua Hospital, April 2015 - March 2019



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What we are working on now

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Besides Covid 19

- Monthly infection control walks- with all stakeholders - walking the talk.
- We are the experts in cleaning, and help other disciplines develop work standards.
- Timing and re-timing tasks, to ensure our staff have enough time to do the job correctly.
- Using a data driven process to re-align our work schedules to meet actual demand.
- Working with our provincial partners to develop provincial standards.
- We've reached out to industry experts to validate our current practices.
- Assisting in development of provincial education package for implementation of provincial clean audit program.



Improvement during the pandemic

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- Cleaning tasks for horizontal infection control already implemented.
- Have been able to guide our partners through environmental cleaning.
- Nimble approach to higher acuity Covid 19 areas, and are able to respond.
- Our partnership with infection control remains strong.
- Environmental Services is recognized as the experts in cleaning and disinfection, we are seen as being in the circle of care.




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WORK STANDARD



Title: Cleaning a nursing station
Role performing Activity: Nursing

Location: 9B **Department/Unit:** 3B

Document Owner: Sherilyn Bray **Date Prepared:** December 13, 2018


Last Revision: December 20, 2018 **Date Approved:**

Related Policies/Documentation

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Work Standard Summary: Steps to properly clean and disinfect the work stations


Essential Tasks:	
1.	<p>Gather supplies- Gloves and Accel wipes (minimum 5 wipes required) or small container with minimum 5 microfiber cloths soaked in Saber RTU cleaner. Perform hand hygiene and don P.P.E. – Gloves & safety glasses.</p> <ul style="list-style-type: none"> Note: at any time change Accel wipe or microfiber cloth with Saber when it becomes visibly soiled or when the cloth does not have enough chemical to leave the surface wet for 3 full minutes (Accel wipes) or 5 full minutes for the Microfiber cloths with Saber.
2.	<p>Med Cart:</p> <ul style="list-style-type: none"> Get new Accel wipe or microfiber cloth pre-soaked with Saber. Start on the top of the cart. Move all accessories-including the MAR book, (remove all accessories from the open drawer underneath the top of the med cart), and place on the pull out slide of the med cart. Wipe the top of the med cart- back to front using pressure on the cloth to remove any soiling. Wipe all accessories and put them on the top of the med cart. When cleaning the MAR book, wipe the outside of the book, then wipe the first two inches all around the inside of front and back cover. Dispose of Accel wipe in garbage or place used microfiber cloth on the floor or laundry bin. Get new Accel wipe or microfiber cloth pre-soaked with Saber. Remove stock items from the right hand drawer and place on the pull out side of med cart Clean the inside of the drawer. Clean each multi-use bottle and place it back the drawer Vigorously wipe the face of each ward stock medicine drawer. Wipe from top of each drawer to the bottom of each drawer-including the handles (pay special attention to drawer



Statistics

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Description	10 Year	10 Year2	5 Year	5 Year2	6 Month	6 Month2	0
Daily Clean Single Rm	16.41	12.19	25.24	15.22	26.39	16.07	18.58
Daily Clean Double Rm	26.19	28.16	23.09	19.17	32.30	20.60	24.20
Daily Clean Iso Rm	17.10	20.25	13.05	18.14	30.59	19.17	19.72
Daily Clean Quad Rm	26.44						25.00
Discharge Clean Single Rm 2 person	18.59	18.21	20.47	22.12	19.40	22.18	20.16
		38.45	47.05				
		ostomy	ostomy				
Discharge Clean Double Rm	23.15			19.40			32.01
Discharge Clean Iso Rm alcove	21.41	22.00	14.55	33.11	16.08	22.12	21.55
Discharge Clean Iso Rm no washroom							
Patient transfer	20.11		9.30				14.07
Discharge Clean one person							



Acknowledgements

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- Patients
- EVS Staff
- Infection Prevention & Control
- Support Services
- Clinical Staff
- Facilities Management
- Clinical Engineering



Questions

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For further discussion please contact

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www.webbertraining.com/schedulep1.php	
August 6, 2020	<p>CLEANING AND DISINFECTION IN THE ERA OF SARS-COV-2 Speaker: Dr. Curtis Donskey, Louis Stokes VA Medical Center, Cleveland, Ohio</p>
August 13, 2020	<p>AHEAD - A CONSOLIDATED FRAMEWORK FOR BEHAVIOURAL INFECTIOUS RISKS IN ACUTE CARE - PART 2 Speaker: Prof. Hugo Sax and Dr. Lauren Clack, University of Zurich Hospitals, Switzerland</p>
August 18, 2020	<p><i>(FREE Teleclass)</i> POLIO ERADICATION IN INDIA AND TAKEAWAYS FOR OTHERS Speaker: Dr. Ranga Reddy, Infection Control Academy of India</p>
August 26, 2020	<p><i>(FREE Teleclass)</i> HOSPITAL LAUNDRY AND C. DIFFICILE SPORE INACTIVATION Speaker: Kevin P. McLaren, American Reuseable Textile Association</p>
September 10, 2020	<p>LOOK AT WHAT THE CAT SCRATCHED IN - PET ASSOCIATED ZOOSES, WHAT'S NEW AND RELEVANT FOR INFECTION PREVENTION AND CONTROL Speaker: Prof. Jason Stull, Prof. Jason Stull, University of Prince Edward Island, and Ohio State University</p>
September 17, 2020	<p><i>(Postponed)</i> REPROCESSING OF CRITICAL FOOT CARE DEVICES Speaker: Clare Barry, Infection Control Consultant, Canada, and Merlee Steele-Rodway, Canadian Association of Medical Device Reprocessing</p>

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