

# Are Your Frequently Touched Surfaces Visibly Clean or are they both Visibly Clean and Free from Dangerous Pathogens?



Education Day  
November 1<sup>st</sup>, 2019



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# Why Educating & Empowering Your Housekeepers through Cleaning & Auditing Certification Programs is Mission Critical to a Safer Hospital



IPAC-BC

Education Day  
November 1<sup>st</sup>, 2019



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# Healthcare Cleaning Forum Exec Summary: Amsterdam, 2018

*Professor Andreas Voss*

*CWZ & Radboudumc, Nijmegen, The Netherlands*

## Cleaning in healthcare: the new concept



- We need to ensure that cleaning personnel is well educated (certified), has enough time to actually do their task and stay motivated by knowing more about the consequences
- We need to disrupt the vicious circle of hospitals spending less and less money on cleaning and companies accepting the task



# Healthcare Cleaning Forum Exec Summary: Amsterdam, 2018

*Professor Andreas Voss*

*CWZ & Radboudumc, Nijmegen, The Netherlands*

## Cleaning in Healthcare Settings



Time to turn all cleaning staff into certified professionals



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# Healthcare Cleaning Forum Exec Summary: Amsterdam, 2018

*Dr. Andreea Moldovan*

*St Constantin Hospital, Brasov Romania*

## Education, training and communication



- In hospital cleaning, the education has to take into account the different culture levels, making the information as simple, clear and straight possible. Like a milestone.
- Cleaning personnel must be conscious about the infection risk, in order to perform a better activity and to protect themselves and the others (patients, environment, colleagues, family)
- They should be aware of the consequences of their work (correctly or incorrectly done). Regular feedback is mandatory.

# Healthcare Cleaning Forum Exec Summary: Amsterdam, 2018

*Jon Otter, PHD FRCPath*

*Imperial College London, United Kingdom*

## Counting the cost and value of cleaning and disinfection



- HCAI and AMR have enormous financial and non-financial cost.
- Hospital cleaning and disinfection is cost-effective (but more sophisticated cost-effectiveness evaluations needed).
- Perspectives on the cost and value of high quality hospital cleaning and disinfection will vary with different groups (i.e. CEO vs. CFO vs. cleaner vs. patient).
- Business cases are vital; you need to know your audience and consult widely.

**Healthcare** BY INTERCLEAN  
**Cleaning Forum**

**rai**  
AMSTERDAM



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# Healthcare Cleaning Forum Exec Summary: Amsterdam, 2018

*Professor Andreas Voss & Dr. Jon Otter*

## Research and innovation: new frontiers



- We need R&D with regard to the hospital environment – architecture and technology in order to keep bugs out and build-in safety (out-of-the box ideas and hopefully solutions from other boxes)
- We need standardized methods that delivers comparable results to analyze the effect of cleaning (e.g. ATP), done independently
- Automated room decontamination systems are an effective adjunctive measure to improve the quality of disinfection and enhance patient safety.



# Cleaning Standards & Certification Programs

Cleaning standards for  
Victorian health facilities

The national specifications for  
cleanliness in the NHS:

**Canadian Health Care  
UV Marker Cleaning Audit  
Reference Guide – V3A**

Provincial Infectious  
Diseases Advisory  
Committee  
(PIDAC)

**PICNet**  
PROVINCIAL INFECTION CONTROL  
NETWORK OF BRITISH COLUMBIA  
A program of the Provincial Health Services Authority

Best Practices for  
Environmental Cleaning



**Canadian Health Care  
Facility Cleaning Audit  
Reference Guide – V9A**

**CSA Z317.12  
Cleaning and disinfection  
of health care facilities**



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# Different Auditing Systems

- **Visual Audits**
- **UV Microbiological Simulation Audits**
- **ATP Audits**
- **Surface Imaging Technology Audits**
- **Canine Audits**
- **Cultures**
- **Observational Coaching Audits**
- **Patient Led Audits & Assessments**

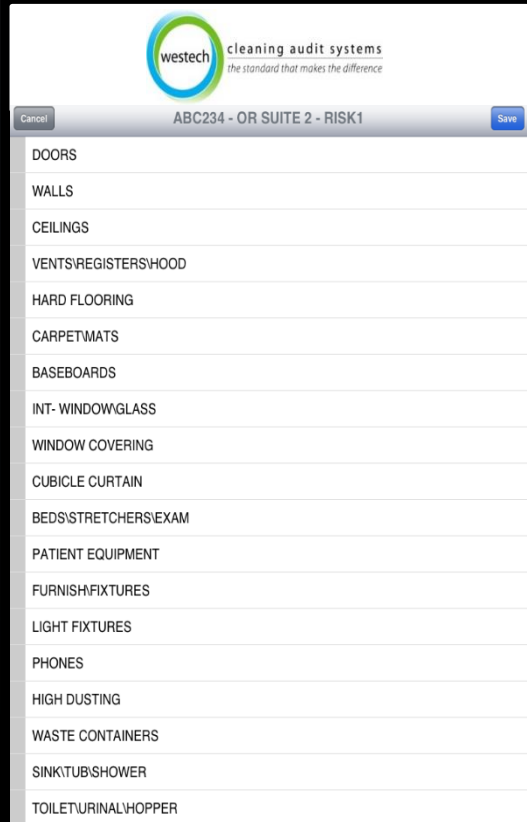


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# Visual Audits & Certification Training

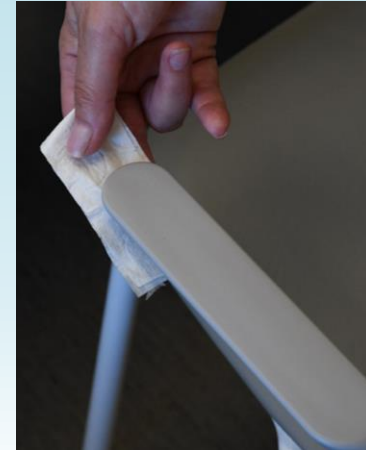


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Cancel ABC234 - OR SUITE 2 - RISK1 Save

DOORS
WALLS
CEILINGS
VENTS/REGISTERS/HOOD
HARD FLOORING
CARPET/MATS
BASEBOARDS
INT- WINDOW/GLASS
WINDOW COVERING
CUBICLE CURTAIN
BEDS/STRETCHERS/EXAM
PATIENT EQUIPMENT
FURNISH/FIXTURES
LIGHT FIXTURES
PHONES
HIGH DUSTING
WASTE CONTAINERS
SINK/TUB/SHOWER
TOILET/URINAL/HOPPER

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## **Canadian Health Care Facility Cleaning Audit Reference Guide – V9A**

Version Nine – Revision A

Issue Date:

June 1<sup>st</sup>, 2019

Revision Date: May 22, 2019



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# Visual Audit Greatest Hits



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# Visual Audit Analytics Report



## Westech Analytics Demo Hospital Westech Non Routine Audits

**Date Range of Audit**  
October 14 - 18, 2018

**Number of Audits Performed**  
104

**Overall Score**  
(Target of 85.00)

**Passing Ratio**  
(Target of 75.00)

**Hard Flooring Passing Ratio**  
(Target of 75.00)

*Average of all individual room scores*

*Total number of rooms over 65% divided by the total number of rooms audited*

*Total number of hard flooring elements passed divided by the total number of hard flooring elements audited*

**Overall** 87.88%  
**Risk 1** 90.88%  
**Risk 2** 85.73%  
**Risk 3** 85.18%  
**Risk 4** 87.62%

**Overall** 70.19%  
**Risk 1** 78.57%  
**Risk 2** 58.06%  
**Risk 3** 71.43%  
**Risk 4** 70.00%

**Overall** 59.18%  
**Risk 1** 66.67%  
**Risk 2** 48.39%  
**Risk 3** 61.90%  
**Risk 4** 50.00%

### Top three items with room for most improvement

#### **HARD FLOORING (SP 2.96%), (IP 40.82%)**

*What items failed*  
(39) FLOOR, (32) FLOOR - 3 INCH PERIMETER, (2) CORNERS ON FLOOR

*Why items failed*  
(35) REMOVABLE DIRTY RESIDUE, (9) DEBRIS, (8) DUST

#### **FURNISH/FIXTURES (SP 1.78%), (IP 23.53%)**

*What items failed*  
(13) CONTACT POINTS, (11) COMPUTER MONITORS-TOWERS-KEYBOARD, (11) COUCHES - STOOLS - CHAIRS

*Why items failed*  
(22) DUST, (12) REMOVABLE DIRTY RESIDUE, (5) FINGER MARKS

#### **DOORS (SP 1.26%), (IP 22.97%)**

*What items failed*  
(14) DOOR FRAME & OR HARDWARE, (7) DOOR, (3) CONTACT POINTS

*Why items failed*  
(15) DUST, (3) FINGER MARKS, (1) ADHESIVE RESIDUE

#### **SP - Score Percentage:**

The score percentage is calculated by taking the total items failing in an inspection category divided by the total items audited in all categories. The top three items with room for most improvement is based on using this % calculation. The % is equal to the total reduction on the overall score. Anything greater than 1/2% requires attention.

#### **IP - Inspection Element Percentage:**

The inspection element percentage is calculated by taking the total items failing in an inspection category divided by the total items audited in the same category. Anything greater than 16% requires attention.

<b>Take immediate action</b>	<b>Improvement is necessary</b>	<b>Improvement is needed</b>	<b>Industry benchmark target</b>
Below 65%	65% ~ 74.99%	75% ~ 84.99%	85% and above
<b>87.88% (Industry benchmark target achieved)</b>			

87.88



(55.53)



(96.72)

**Westech Audits**

Average compared to other sites reporting throughout Canada  
(February 16, 2018 thru February 16, 2019)



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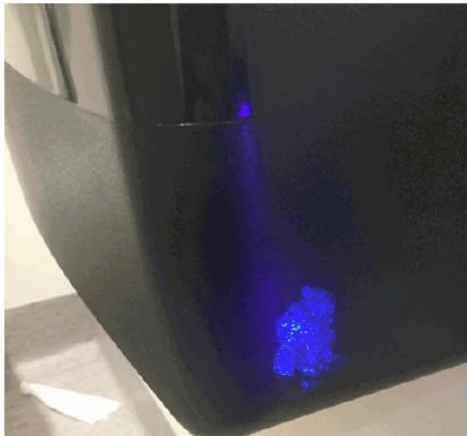
# UV or Microbiological Simulation Audits



## Canadian Health Care UV Marker Cleaning Audit Reference Guide – V3A

Version Three – Revision A  
Issue Date:  
June 1<sup>st</sup>, 2019

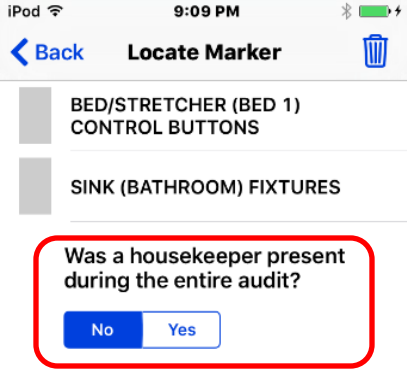
DISPENSER (BATHROOM) TOILET PAPER



BED/STRETCHER (EXAM CHAIR) BEDRAILS



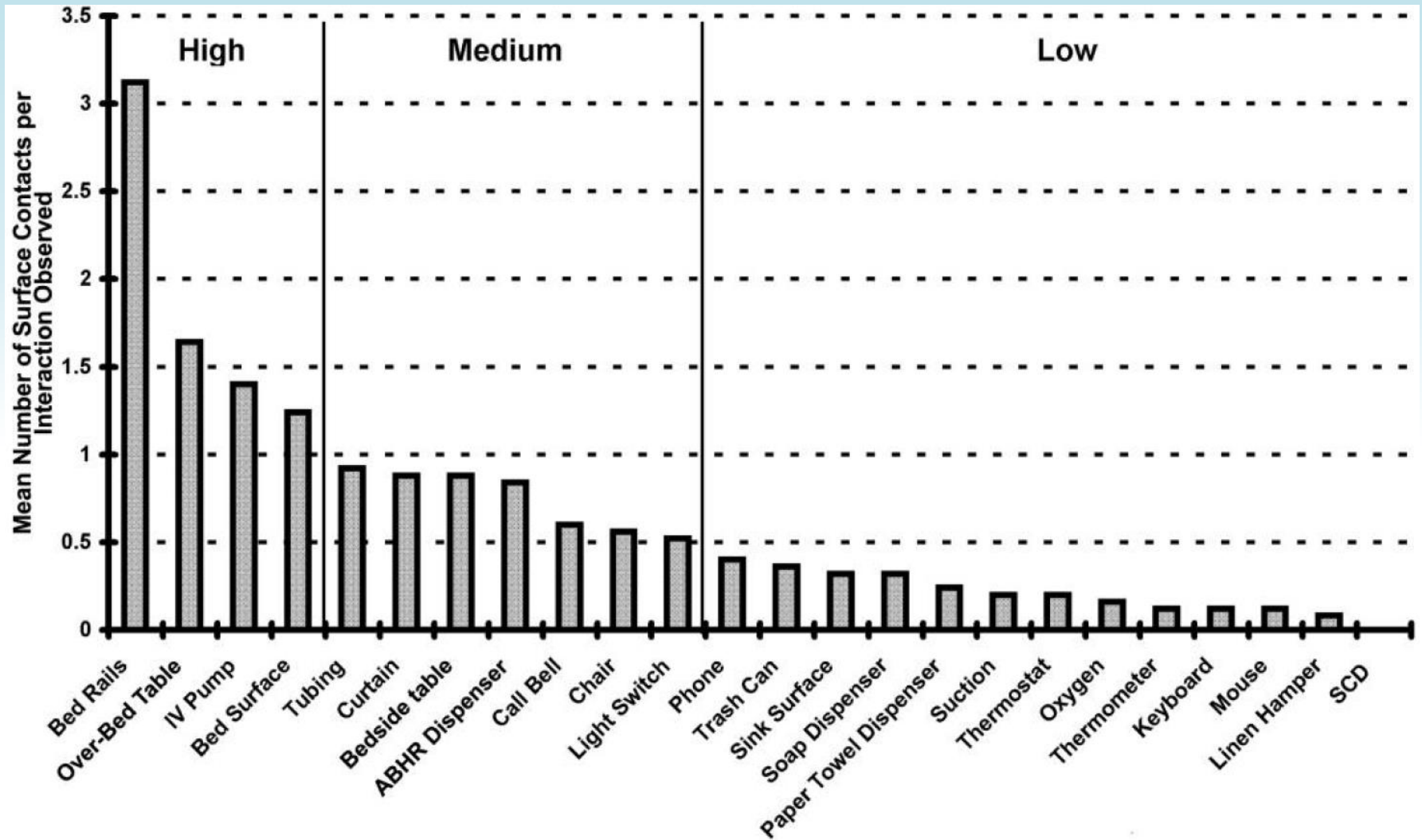
DISPENSER (BATHROOM) SOAP



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# The Top Frequently Touched Surfaces



# ATP Audits



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# Cultures



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# Four-Legged C-Diff Auditor



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# New Auditor Recruits

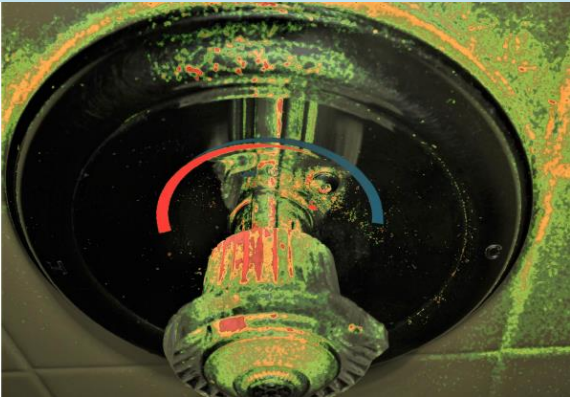
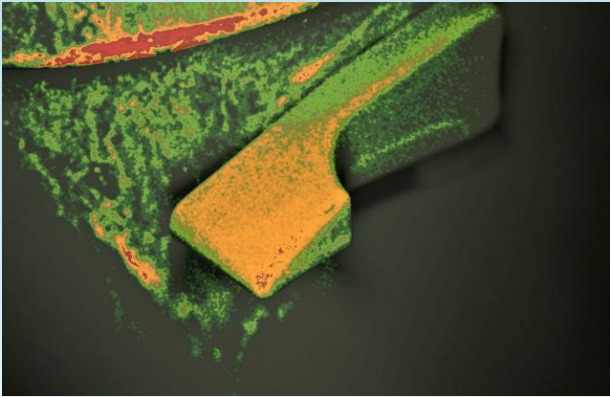


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# Surface Imaging Technology Audits



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# Observational Coaching Audits



iPad 11:18 AM 88%

Done Observational Coaching

### Coaching Session Details

Cleaning Type:  Routine  Discharge / Transfer

Additional Precautions:  Contact  Droplet  Airborne  Other

**DEAN WAISMAN**

### Preparation

1	Employee Personal Appearance	N/A	No	Yes
2	Staging - Cart stocked appropriately	N/A	No	Yes
3	Did not top up the solution	N/A	No	Yes
4	Checked for additional precautions	N/A	No	Yes

### Hand Hygiene Indicators

### Room Cleaning and Disinfection Elements

### Additional Precautions

### Health & Safety

# Observational Coaching Audits

*If you press a “number” you get a help menu for housekeeping best practice*



iPad 11:18 AM 88%

Done Observational Coaching

### Room Cleaning and Disinfection Elements

1	Door handle and frame	N/A	No	Yes
2	Light and wall switches	N/A	No	Yes
3	Wall mounted dispensers	N/A	No	Yes
4	Call bell and cord	N/A	No	Yes
5	Bedrails & controls	N/A	No	Yes
6	Bedside tables, desk	N/A	No	Yes
7	Over bed table	N/A	No	Yes
8	Bedside light switch	N/A	No	Yes
9	TV, phone, computer	N/A	No	Yes
10	Chairs, furniture	N/A	No	Yes
11	Patient Equipment - Wall Mounted	N/A	No	Yes
12	Patient Equipment - Mobile			

# Help Menu

## Housekeeping Best Practice

*Your own “on board”  
cleaning expert providing  
you with best practice  
guidelines*

### Bedrails & Controls

- Damp wiped bed rails and controls
- Ensured appropriate contact time for disinfectant
- Thoroughly cleaned indented area of the rails
- Changed cleaning cloth when soiled

*This information is courtesy of the CleanLearning modules and meet current best practice cleaning and disinfection guidelines*



Coaching tips for improvement

Acknowledge good work

Housekeeping best practice

Done



# Observational Coaching Module Main Screen

*In this case the coach  
selected “no” and the  
picture of the coach  
replaces the number*

iPad 2:12 PM 85%

Done Observational Coaching

### Coaching Session Details

Cleaning Type Additional Precautions

Routine  Contact  Droplet  Airborne


Discharge / Transfer  Other

**DEAN WAISMAN**

### Preparation

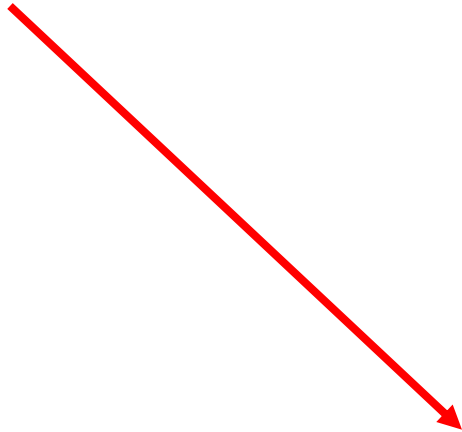
### Hand Hygiene Indicators

### Room Cleaning and Disinfection Elements

1	Door handle and frame	N/A	No	Yes
2	Light and wall switches	N/A	No	Yes
3	Wall mounted dispensers	N/A	No	Yes
4	Call bell and cord	N/A	No	Yes
	Bedrails & controls	N/A	No	Yes
6	Bedside tables, desk	N/A	No	Yes

# Help Menu Coaching For Improvement:

*Your own "on board"  
coach providing you with  
coaching tips*



I noticed you missed some frequently touched surfaces that you don't normally miss. Is there a reason for that?

*This information is courtesy of Adapt Coaching & Training*



Coaching tips for improvement

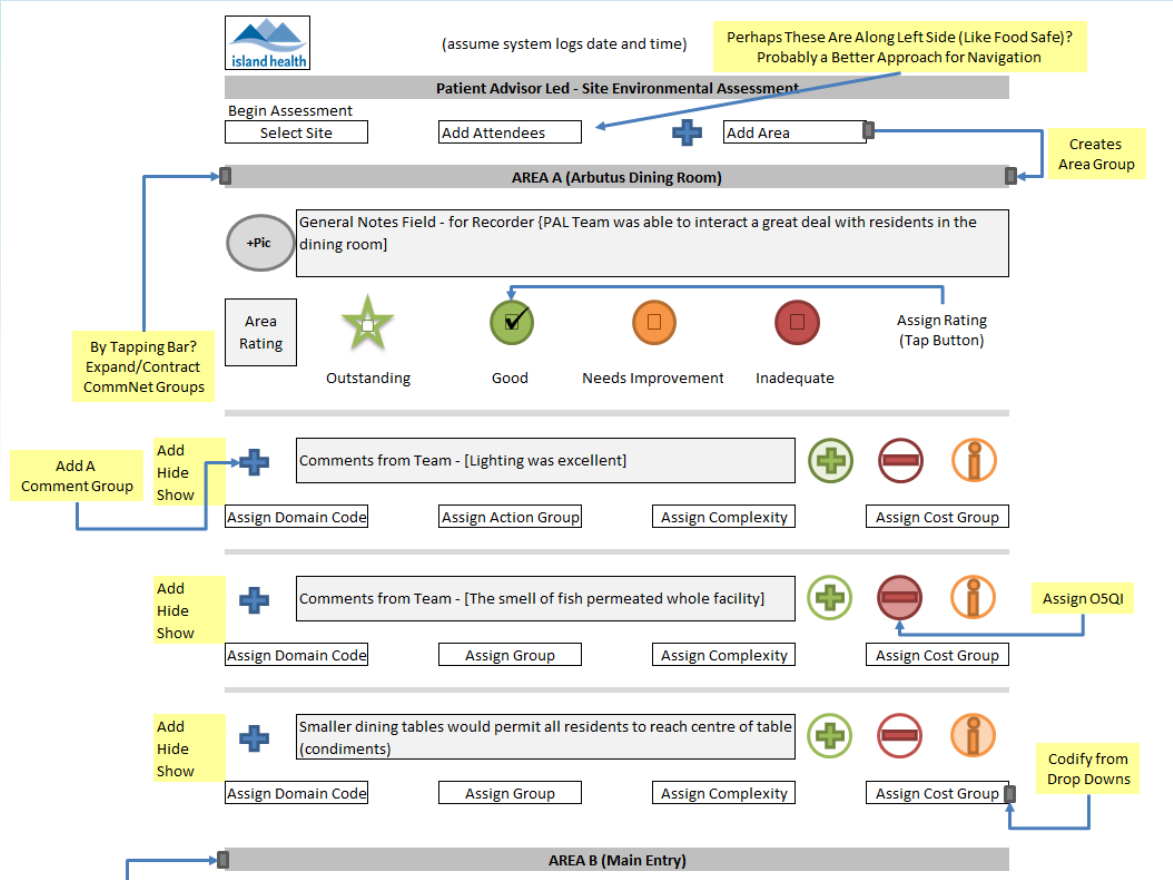
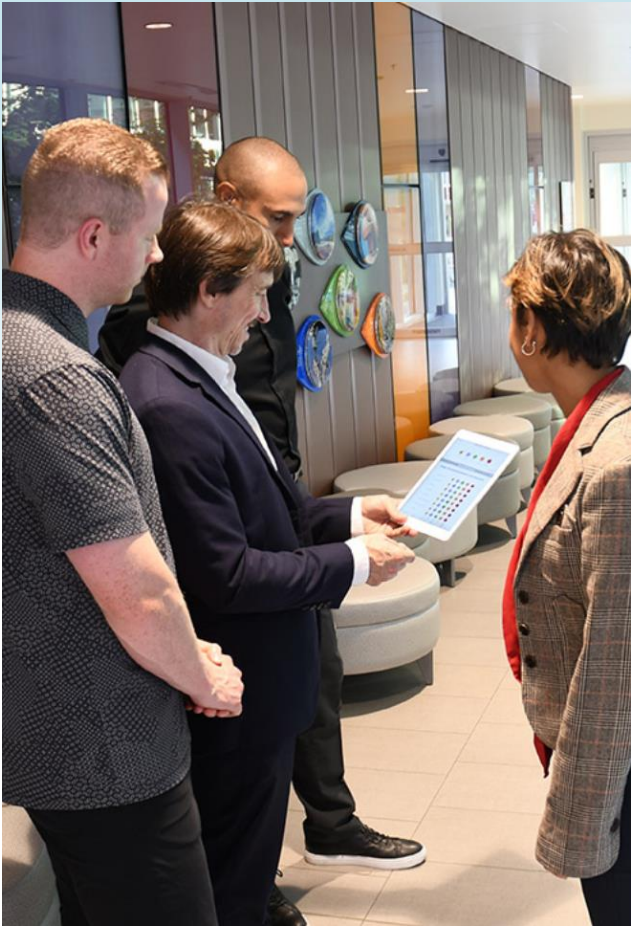
Acknowledge good work

Housekeeping best practice

Done



# Patient Led Assessments & Audits



# Patient & Visitor Led Hand Hygiene Audits

3:49

AA [hh.cleanauditcanada.com](https://hh.cleanauditcanada.com)

## Thank You for Participating!

Welcome to the All New NHA Online Hand Hygiene Application.

Using this application you can observe staff and guests for hand hygiene best practices. There is a public password posted throughout NHA (which will change periodically), please make note of it and sign in below.

### Enter Password

Password

Save for next time

**SIGN IN**

3:49

AA [hh.cleanauditcanada.com](https://hh.cleanauditcanada.com)

## Enter Observation

Please select a facility

Please select a person

Was proper hand hygiene performed?

**Yes Partially No**

Comments (optional)

**SUBMIT OBSERVATION**

3:50

AA [hh.cleanauditcanada.com](https://hh.cleanauditcanada.com)

## Enter Observation

St John Hospital

Nursing Staff Member

Was proper hand hygiene performed?

**Yes Partially No**

Comments (optional)

**SUBMIT OBSERVATION**



# Conclusion

Achieving A Cleaner Safer Hospital Through.....

- *Standards*
- *Certification*
- *Auditing*
- *Coaching & Structured Communication*
- *Coordinated effort*

## Thank You

Westech Cleaning Audit Systems

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