EvSOP Playbook

V1.0

1ST GENERATION PLAYBOOK FOR STUDY SITE IMPLEMENTATION, REVIEW, COMMENT, EDIT, ETC.

FOR ILLUSTRATIVE PURPOSES ONLY – NOT THE FINAL PLAYBOOK!

Contents

2019-2025 Environmental Services (EVS) Optimization Playbook Project Description

Primary Purpose: To support reliable design (standardization of evidence-based practices) for environmental cleaning and disinfection in health care facilities in alignment recognized and accepted industry standards, to reduce the risk of HAI (health care associated

Overview: This project will involve testing and enhancement of a Playbook designed to serve as a guide to improvement/enhancement of EVS processes and outcomes. After an initial self-assessment to identify facility specific opportunity areas, the Playbook will be used by each of the selected hospital/study sites over the course of 3 to 6 months for each. The Playbook is a 4-step improvement plan which begins with a self-assessment, and a Kickoff meeting to engage all stakeholders, followed by regular team meetings to facilitate complete implementation of the Playbook tailored according to the specific self-assessment/gap analysis at each study site/hospital. At the end of the project for study site, an exit conference will be scheduled to review progress and plan for sustaining gains. An Advisor Panel will provide support for the hospital/study site and provide input on the Playbook. Where permitted, press releases will be planned in collaboration with the study sites. In addition, with input from all project members, and hospital contacts, conference

Sponsor: Healthcare Risk Mitigation info@evsop.org

EvSOP© Advisory Board				Area(s) of Expertise
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Implementing the Playbook at each hospital

Playbook posted here: evsop.org/playbook
Formerly at: https://www.thepearcefoundation.org/esop
https://www.zeroinfections.org/esop---evs-optimization-playbook.html

1. Schedule project introductory meeting
2. Complete Gap analysis surveys (EVS Director; EVS technicians; nursing and IP staff)
3. Confirm local executive champion if it would be helpful
4. If willing to share outcome metrics during project; sign Release Form, Disclosures
5. Recruit local work group members (EVS technicians; nurses; IP staff; others as needed)
6. Schedule regular virtual meetings with work group members
7. Develop an Improvement plan based on gap analysis surveys and recommended project components
8. Plan and execute local project Kickoff meeting
9. Identify expert EVS technician(s) to act as trainer(s) and complete Shadow training program
10. During work group meetings; provide guidance; and track progress with Improvement Plan
11. Track cleaning quality assessment metrics
12. Share project status reports with exec champion and Infection Control Committee
13. Share any costs saved/avoided as a result of this project which will be used to support the development by Advisors and Project team; of a template business case as a project deliverable

Project Evaluation and Sharing information regarding Playbook project

1. Project evaluation surveys
2. Plan and execute local exit conference reviewing progress made and plan for sustaining gains
3. Playbook will be shared widely during the project and after the project – open access
4. Project team will develop conference presentation(s) and submit to appropriate IP & EVS associations
5. Project team will develop a template business case as part of the final Playbook contents
6. Project team will author papers describing project and outcomes for submission to peer reviewed journals and/or trade journals

Project team will share relevant findings with appropriate IP & EVS associations

ENVIRONMENTAL SERVICES (EVS) OPTIMIZATION PLAYBOOK CONTENT OUTLINE

See Playbook for details, templates and tools for each of the 4 STEPS below

STEP 1: **DIAGNOSE**: GAP Analysis (Pre-Project)

- EVS Director at each participating hospital will complete a pre-project survey designed to assess general EVS staff competency, identify opportunity areas, best practices and establish baseline cleaning assessment scores.
- EVS Technicians (minimum number TBD) at each participating hospital will complete a pre-project survey designed to establish perception of department members regarding the adequacy of their knowledge, personal assessment of their competency, identification of any barriers to best in class performance.
- Nursing / Clinical (minimum number TBD) and Infection Prevention staff at each participating hospital will complete a pre-project survey designed to understand the nursing and IP perception of environmental cleaning and communication between the departments.
- Adjusted GAP for perioperative
- Adjusted GAP for Post-Acute

STEP 2: **DESIGN**: Preparation for Improvement Project (Pre-Project)

- For hospitals able to share outcome metrics, the EVS Director or other will sign and return ESOP release form
- For hospitals that feel an executive champion would be helpful, the ES Director or designee at each hospital will reach out to potential executive champions (e.g. Chief Operating Officer, Chief Nursing Officer) for the project, using the “Overview for Executive Champion” template provided, and will confirm at least one champion.
- ES Director will schedule the attendance of one ES manager or ES Technician at a AHE TCHEST training course in order to become certified, and then to provide the same training to all ES Technicians in department.
- ES Director will serve as, or identify a Project Lead.
- Project Lead will recruit local work group members (representatives recommended from Nursing, Infection Prevention in addition to ES).
- Project Lead will schedule weekly meetings with work group members including designated Advisor.
- Advisor will assist ES Director in keeping project on track and providing guidance as needed.

STEP 3: **DELIVER**: ES Department Improvement Plan – Project Lead and Work Group will:

- Project Lead will hold regular Project Team meetings – e.g. weekly, bi-monthly/as needed (adjust cadence/as needed)

- Project Lead and Work Group will develop an Improvement Plan (template provided). This will begin by checking any of the following potential areas of opportunity that apply, based on responses from pre-project gap analysis surveys. Project Lead will then add these to Project Plan template to create a customized Improvement Plan:
  - ☐ **Cleaning accountability** (project action: customize the template guide provided, and seek approval of all relevant departments/committees)
  - ☐ **Cleaning Checklists – Service Level Agreements (see template)**
    - ✓ Daily and terminal cleaning checklists (project action: if no checklists in place, use the ones provided to customize for your use – orient all ES technicians to the checklist and make it available (e.g. laminated on cleaning carts)
    - ✓ Specialty Areas – OR, Radiology, Pharmacy, Labs, etc.
  - ☐ **Cart set-up and handling chemicals**
    - ✓ Cleaning cart - stock list (project action: if no standard cleaning cart stock list in place, use the one provided to customize for your use – orient all ES technicians to the list and implement in order to standardize and organize all cleaning carts)
    - ✓ EPA Registered Hospital Grade Disinfectant (SDS, Master Labels, Instructions)
    - ✓ Equipment cleaning and disinfection guidance
  - **Interdepartmental Reporting** – e.g. Infection Control Committee (project action: customize the report template provided for ES Department and begin reporting at every ICC meeting)
  - **Policies and protocols** (project action: ES Director or designee to complete ES policy review comparing to AHE standards – creating a gap analysis and plan to revise/update policy manual as needed)
  - **Product Evaluation** - Cleaning chemicals and tools (project action: use product evaluation tools to scientifically assess evidence based cleaning tools and chemicals for maximum efficacy, reducing SKUs to simplify and standardize; provide voucher(s) for study site designated local ES manager/staff to attend 3 day AHE strategic leadership course on product evaluation) http://www.ahe.org/Designations/SLS/SLS_Intro.shtml;
  - **Review Research** results folder in Dropbox
  - **EVS Technician Recognition Program** (project action: implement the tools provided to enhance your existing recognition program or develop one)
  - Patient Empathy Project

Additional components of the Improvement Plan will include:

- Project Lead and Work Group will plan Kickoff Event – using template agenda and template presentation slides provided.
- Training
  - ✓ ES Director at each hospital will identify ES Technician(s) in department to act as Trainer(s) during project, and will initially ensure the Trainer's competence in each of

the items on the Shadow Program Checklist
    - ✓ Designated ES Trainer(s) in department to schedule all ES Technicians to shadow him/her in order for each to complete the Shadow Training Checklist
- Quality Assessment – ES director or designee to document quality of environmental cleaning using ATP or fluorescent marker tool, and HCAHPS scores; document and report regularly to ICC – feedback scores to staff in order to focus on opportunity areas.
- Status Reports - Project Lead to send progress report to ICC and executive champion regularly throughout the project (e.g. monthly) using template provided
- Exit Conference - Project Lead and Work Group will plan Exit Conference
    - ✓ Use template agenda
    - ✓ Invite Nursing, IP department, ES department, Executive Champion
    - ✓ Coordinate presentations using template slide sets provided

STEP 4: Project evaluation, exit conference, plan for sustaining gains

- Project Lead will distribute the three post-project evaluation survey links as follows:
    1. ES Director
    2. ES Technicians (minimum number to be determined)
    3. Nursing and Infection Prevention staff (minimum number to be determined)
- Project Lead will collect, collate and summarize survey responses, and share with Executive champion and all stakeholders.
- Project Lead, Executive Champion and Work Group will develop a plan for sustaining gains
- Consider sharing success story at APIC or AHE conference, via publication, or other

STEP 1: DIAGNOSE: GAP Analysis – Program and Staff Competency (Pre-Project)

Each hospital will receive links to their own surveys

- ☐ ES Director at each participating hospital will complete a pre-project survey designed to general ES staff competency, identify opportunity areas, best practices and establish baseline cleaning assessment scores. (59 questions - estimated time for completion is 59 minutes)
- ☐ ES Technicians (minimum number TBD) at each participating hospital will complete a pre-project survey designed to establish perception of department members regarding the adequacy of their knowledge, personal assessment of their competency, identification of any barriers to best in class performance. (33 questions - estimated time for completion is 33 minutes)

- ☐ Nursing and Infection Prevention staff (minimum number TBD) at each participating hospital will complete a pre-project survey designed to understand the nursing perception of environmental cleaning and communication between the departments. (18 questions - estimated time for completion is 18 minutes)

ES Department Gap Analysis Survey Questions To be completed by ES Director

(59 questions - estimated time for completion is 59 minutes) **Each hospital will receive links to their own surveys**

1. If you are not the Director of the ES department please indicate your position _____
2. Is your hospital – select one:
   - ☐ Part of a multi-facility organization
   - ☐ A stand-alone facility
3. What is the square footage of your hospital? Fill in _____(feet)
4. What is the cleanable square footage in your hospital? Fill in _____(feet)
5. Within the cleanable square footage what % is hard surfaces? Fill in _____ (feet)
6. What is your average daily patient census? Fill in #_____
7. What is your average for daily patient transfers? Fill in # _____
8. What is your average for daily patient discharges? Fill in # _____
9. What is your targeted room cleaning time?
   - Terminal OR cleaning (AHE = 60 minutes) _____
   - Discharge cleaning (AHE = 40 minutes) _____
   - OR between cases (AHE = 16 minutes) _____
   - Occupied patient room (AHE = 15 minutes) _____
10. What is your actual room cleaning time?
    - Terminal OR _____
    - OR between cases _____
    - Discharge patient room _____
    - Occupied patient room _____
11. How many full-time employees (FTEs) are dedicated to cleaning and disinfection for each of the following shifts?
    - AM shift _____
    - PM shift _____
    - Night _____
12. How would you rate the adequacy of your ES technician staffing level? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5

13. How would you rate the adequacy of training resources available for your ES technicians? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
14. How would you rate the training resources available for you as the department director? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
15. Do you know where to access regulatory standards for cleaning and disinfection of the environment?
    - ☐ Yes
    - ☐ No
    - Comment _____
16. How would you rate the your ES technicians' competency (knowledge)? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
17. How would you rate your ES technicians' engagement in their work and the department goals? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
18. How would you rate the technique/quality of cleaning your ES technicians provide in each of the following areas? (5 best - 1 worst):
    - Occupied hospital patient rooms (SCORING: 1, 2, 3, 4, 5)
    - Discharge hospital patient rooms (SCORING: 1, 2, 3, 4, 5)
    - Exam room (SCORING: 1, 2, 3, 4, 5)
    - Procedure room (SCORING: 1, 2, 3, 4, 5)
    - Operating Room (SCORING: 1, 2, 3, 4, 5)
    - Isolation room terminal clean (SCORING: 1, 2, 3, 4, 5)
    - Common Areas – lobby, hallways, restrooms, etc. (SCORING: 1, 2, 3, 4, 5)
    - Staff restrooms (SCORING: 1, 2, 3, 4, 5)
19. How would you rate ES communication and collaboration with other departments (e.g. Nursing, Infection Prevention and Control) (5 best - 1 worst):
    - ☐ 1
    - ☐ 2

- ☐ 3
- ☐ 4
- ☐ 5

20. Do you have a cleaning accountability guidance protocol to ensure the right surfaces are cleaned and disinfected with the right products by the appropriate person (e.g. nursing versus ES) with the right training and tools?
    - ☐ Yes
    - ☐ No
    - Comment
21. How would you rate how well your current cleaning chemicals work to clean and disinfect the environment? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
22. How would you rate the ease of use of your cleaning chemicals? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
23. Please indicate which form of dispensing disinfectants you prefer regardless of the situation. (Select all that apply and list manufacturer)
    - ☐ Concentrates

    Manufacturer name: _____
    - ☐ Pre-saturated disposable wipes

    Manufacturer name: _____
    - ☐ Ready to Use Pour Top

    Manufacturer name: _____
    - ☐ Ready to Use Spray

    Manufacturer name: _____
    - ☐ Dry Disposable Wipes

    Manufacturer name: _____
24. Please indicate which type of disinfectants you prefer regardless of the situation. (Select all that apply)
    - ☐ Quaternary ammonium compound based
    - ☐ Peracetic Acid/Hydrogen Peroxide Based
    - ☐ Hydrogen Peroxide Based
    - ☐ Sodium Hypochlorite Based
    - ☐ Quaternary ammonium with solvent
    - ☐ Quaternary ammonium with alcohol
    - ☐ Modified phenolic based
25. Please indicate which form of pre-saturated wipes you prefer regardless of the situation. (Select all that apply)
    - Quaternary ammonium compound based

- Peracetic Acid/Hydrogen Peroxide Based
- Hydrogen Peroxide Based
- Sodium Hypochlorite Based
- Quaternary ammonium with solvent
- Quaternary ammonium with alcohol
- Modified phenolic based

26. How many pre-saturated disposable wipes do you recommend for **daily** cleaning of a patient room?
    - 0-5
    - 5-10
    - 10-15
    - >15
27. How many pre-saturated disposable wipes do you recommend for **terminal** cleaning of a patient room?
    - 0-5
    - 5-10
    - 10-15
    - >15
28. How would you rate how well your microfiber cleaning cloths work to clean the environment? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - N/A we don't use microfiber, we use: (CIRCLE) disposable wipes from a plastic tub, wash cloths, blue huck towels, rags _____

    Manufacturer of microfiber: _____
29. If you use microfiber cleaning cloths and/or mop heads how do you process/launder them?
    - ☐ On Premise Laundry (Self)
    - ☐ Hospital Owned Laundry (COOP)
    - ☐ Linen Company
    - ☐ Professional Processor (Industrial Laundry)
    - ☐ Other:_____
30. Do you have the microfiber textiles tested for residual bacteria?
    - Yes
    - No
    - If yes, how often?_____
    - If yes, what is the average colony count reported? _____
31. If you have your microfiber tested for residual bacteria – if you don't do testing just skip this question.
    - who does the testing – i.e., which laboratory?
    - what do you do with the results?
    - What is the average result i.e., # colony forming units or CFU?
32. Who audits your laundry and linen facility?
    - ☐ Infection Prevention
    - ☐ Environmental Services

- ☐ Quality
- ☐ Safety
- ☐ Other (describe): _____

33. How often are audits conducted?
    - ☐ Quarterly
    - ☐ Yearly
    - ☐ Semi Annually
    - ☐ Other (describe): _____
34. How many re-usable microfiber cleaning cloths do you recommend for **daily** cleaning a patient room?
    - 0-5
    - 5-10
    - 10-15
    - >15
35. How many re-usable microfiber cleaning cloths do you recommend for **terminal** cleaning of a patient room?
    - 0-5
    - 5-10
    - 10-15
    - >15
36. How many re-usable microfiber mop heads do you recommend for **daily** cleaning a patient room?
    - 1
    - 2
    - >2
37. How many re-usable microfiber mop heads do you recommend for **terminal** cleaning a patient room?
    - 1
    - 2
    - >2
38. How would you rate how well your disposable microfiber cleaning cloths work to clean the environment? (5 best - 1 worst):
    - 1
    - 2
    - 3
    - 4
    - 5
    - N/A we don't use disposable microfiber, we use (fill in): (CIRCLE) disposable wipes from a plastic tub, wash cloths, blue huck towels, rags _____
39. How many pre-saturated disposable wipes do you recommend for cleaning one patient room?
    - 0-5
    - 5-10
    - 10-15
    - >15
40. Which of the following technologies are you using or planning to use?
    - UV room disinfection
    - Mobile UV disinfection (hand held)

- HP vapor
- Electrostatic spray
- Other (fill in) _____

For each of the technologies you are using please answer the following questions:

41. If you are using UV room Disinfection - How would you rate its efficacy? (5 best - 1 worst):
    - 1
    - 2
    - 3
    - 4
    - 5
42. If you are using UV room Disinfection - How would you rate its ease of use? (5 best - 1 worst):
    - 1
    - 2
    - 3
    - 4
    - 5
43. How many of your ES **managers** are AHE (Association of Healthcare Environmental Services) certified?
    - None
    - 1-25%
    - 26-50%
    - 51-75%
    - >75%
44. How many ES technicians are AHE certified in your department? If you use another training program instead of AHE please describe in comment box
    - None
    - 1-25%
    - 26-50%
    - 51-75%
    - >75%

    COMMENT
45. What types of materials do you use to train your ES technicians at the time of hire and annually thereafter? Check all that apply:
    - Lecture
    - Return demonstration
    - Simulation
    - Online training modules
    - Reading
    - Videos
    - Other – describe:
46. How do you validate the efficacy of your training program? Check all that apply:
    - Direct observation of performance
    - Written test
    - Verbal test
    - Other – describe:
47. What resources were used to write your ES program policies and procedures, for example?
    - CDC guidelines

- AHE guidelines
- Other please describe:

48. What do you think needs improvement in your facility ES program - Check all that apply:
    - Policies and procedures
    - Training
    - Checklists
    - Quality assessment
    - Products
    - ES technician recognition
    - Patient experience
    - Better infection reporting
    - More staff
    - More opportunities to learn about and implement best practices
    - Other: fill in _____
49. What do you think your ES program excels at – Check all that apply:
    - Policies and procedures
    - Training
    - Checklists
    - Quality assessment
    - Products
    - ES technician recognition
    - Understanding and responding to infection rate reports
    - Learning about and implementing best practices
    - Patient experience
    - Other: fill in _____
50. Which of the following is the most important change that could be made to help you be more effective in infection control and prevention?
    - ☐ Better communication and collaboration with other Departments
    - ☐ More staff
    - ☐ Better environmental services technician training
    - ☐ More opportunities for environmental services leadership to keep up to date on best practices
    - ☐ Better infection reporting
    - ☐ Better products
    - Other: fill in _____
51. Please insert your current (past 6 months average) audit/quality assessment scores – provide any that apply:
    - ATP (average past 6 months) and which areas of hospital these apply to (e.g. OR, ICU) ___
    - Fluorescent marker (average past 6 months) and which areas of hospital these apply to (e.g. OR, ICU) _____
    - Environmental cultures (average past 6 months) and which areas of hospital these apply to (e.g. OR, ICU) _____

- Infection rates such as *Clostridium difficile* infection and/or MRSA (average past 6 months) and which areas of hospital these apply to (e.g. OR, ICU) _____
- Visual inspection _____
- Other (please describe) _____

52. What is the percentage of rooms are audited for quality of cleaning? Fill in _____
53. Who completes the auditing?
    - Nurses
    - ES technicians
    - ES director
    - Infection Prevention department
    - Other _____
54. Please list any current barriers to achieving best in class in your ES Program _____

ES Department Gap Analysis Survey Questions To be completed by ES Staff Members

(33 questions - estimated time for completion is 33 minutes) **Each hospital will receive links to their own surveys**

55. Do you have enough staff members in your ES department? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
56. Do you have the knowledge required to perform your job well? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
57. Do you know what your department goals are for the year?
    - ☐ Yes – please describe in comment box
    - ☐ No
    - Comment _____
58. Do you know what your hospital goals are for the year?
    - ☐ Yes – please describe in comment box
    - ☐ No
    - Comment _____
59. Do you have a checklist that clearly defines responsibilities for ES and nursing staff when it comes to cleaning a patient room?
    - ☐ Yes

- ☐ No
- Comment _____

60. How well are you able to perform cleaning of the following areas? (5 best - 1 worst):
    - Occupied hospital patient rooms (SCORING: 1, 2, 3, 4, 5)
    - Discharge hospital patient rooms (SCORING: 1, 2, 3, 4, 5)
    - Exam room (SCORING: 1, 2, 3, 4, 5)
    - Procedure room (SCORING: 1, 2, 3, 4, 5)
    - Operating Room (SCORING: 1, 2, 3, 4, 5)
    - Isolation room terminal clean (SCORING: 1, 2, 3, 4, 5)
    - Common Areas – lobby, hallways, restrooms, etc. (SCORING: 1, 2, 3, 4, 5)
    - Staff restrooms (SCORING: 1, 2, 3, 4, 5)
61. What is your targeted room cleaning time?
    - Terminal OR cleaning (AHE standard = 60 minutes) _____
    - Discharge cleaning (AHE standard = 40 minutes) _____
    - OR between cases (AHE standard = 16 minutes) _____
    - Occupied patient room (AHE standard = 15 minutes) _____
62. What is your actual room cleaning time?
    - Terminal OR _____
    - OR between cases _____
    - Discharge patient room _____
    - Occupied patient room _____
63. How well do your cleaning chemicals work? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - ☐ I don't know
64. How easy to prepare and apply are your cleaning chemicals? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
65. Please indicate which form of dispenser types you prefer regardless of the situation. (Select all that apply)
    - ☐ Concentrates
    - ☐ Pre-saturated disposable wipes
    - ☐ Ready to Use Pour Top
    - ☐ Ready to Use Spray
    - ☐ Dry Disposable Wipes
66. Please indicate which type of disinfectants you prefer regardless of the situation. (Select all that apply)
    - ☐ Quaternary ammonium compound based
    - ☐ Peracetic Acid/Hydrogen Peroxide Based
    - ☐ Hydrogen Peroxide Based

- ☐ Sodium Hypochlorite Based
- ☐ Quaternary ammonium with solvent
- ☐ Quaternary ammonium with alcohol
- ☐ Modified phenolic based

67. Please indicate which form of pre-saturated disposable wipes you prefer regardless of the situation. (Select all that apply)
    - ☐ Quaternary ammonium compound based
    - ☐ Peracetic Acid/Hydrogen Peroxide Based
    - ☐ Hydrogen Peroxide Based
    - ☐ Sodium Hypochlorite Based
    - ☐ Quaternary ammonium with solvent
    - ☐ Quaternary ammonium with alcohol
    - ☐ Modified phenolic based
68. How many pre-saturated disposable wipes do you use for **daily** cleaning of one patient room?
    - ☐ 0-5
    - ☐ 5-10
    - ☐ 10-15
    - ☐ >15
    - ☐ We don't use pre-saturated wipes for daily cleaning
69. How many pre-saturated disposable wipes do you use for **terminal** cleaning of one patient room?
    - ☐ 0-5
    - ☐ 5-10
    - ☐ 10-15
    - ☐ >15
    - ☐ We don't use pre-saturated wipes for terminal cleaning
70. How many re-usable microfiber cleaning cloths do you use for **daily** cleaning of a patient room?
    - ☐ 0-5
    - ☐ 5-10
    - ☐ 10-15
    - ☐ >15
    - ☐ We don't use microfiber cleaning cloths for daily cleaning
71. How many re-usable microfiber cleaning cloths do you use for **terminal** cleaning of a patient room?
    - ☐ 0-5
    - ☐ 5-10
    - ☐ 10-15
    - ☐ >15
    - ☐ We don't use microfiber cleaning cloths for terminal cleaning
72. How many re-usable microfiber mop heads do you use for **daily** cleaning of a patient room?
    - ☐ 1
    - ☐ 2
    - ☐ >2
    - ☐ We don't use microfiber mop heads for daily cleaning

73. How many re-usable microfiber mop heads do you use for **terminal** cleaning of a patient room?
    - ☐ 1
    - ☐ 2
    - ☐ >2
    - ☐ We don't use microfiber mop heads for terminal cleaning
74. If you use **re-usable** microfiber cleaning cloths and mops, how well do they work? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - ☐ I don't know
    - ☐ N/A we don't use re-usable microfiber
75. If you use **disposable** microfiber cloths and mops, how well do they work? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - ☐ I don't know
    - ☐ N/A we don't use disposable microfiber
76. If you use UV-C disinfection technology (i.e. an ultraviolet disinfection device pushed into the room to further sanitize/disinfect the room after terminal cleaning), how much does it help to clean the environment? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - ☐ I don't know
    - ☐ N/A we don't use UV-C disinfection technology
77. If you use UV-C disinfection technology how easy is it to use? (5 best - 1 worst):
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - ☐ N/A we don't use UV-C disinfection technology
78. Do you feel rushed to clean rooms quickly?
    - ☐ Yes
    - ☐ No
    - Comment _____
79. Do you receive enough feedback on how well you are cleaning?
    - ☐ Yes

- ☐ No
- Comment _____

80. What types of materials are used for your training in your department? Check all that apply:
    - ☐ Lecture
    - ☐ Demonstration
    - ☐ Simulation
    - ☐ Online training modules
    - ☐ Reading
    - ☐ Videos
    - ☐ Other – describe:
81. Have you ever seen an ES department policy/policy manual?
    - ☐ Yes
    - ☐ No
    - Comment: _____
82. Is your department policy manual helpful to you in performing your job?
    - ☐ Yes
    - ☐ No
    - Comment: _____
83. What do you think needs improvement in your facility S program - Check all that apply:
    - ☐ Policies and procedures
    - ☐ Training
    - ☐ Checklists
    - ☐ Quality assessment
    - ☐ Products
    - ☐ ES staff recognition
    - ☐ Patient experience
    - ☐ Other: fill in _____
84. What do you think your ES program does well – Check all that apply:
    - ☐ Policies and procedures
    - ☐ Training
    - ☐ Checklists
    - ☐ Quality assessment
    - ☐ Products
    - ☐ ES staff recognition
    - ☐ Patient experience
    - ☐ Other: fill in _____
85. Which, if any, of the following tools are used to assess the quality of cleaning in your hospital:
    - ☐ ATP
    - ☐ Fluorescent marker
    - ☐ Infection rates
    - ☐ HCAHPS Scores
    - ☐ None
    - ☐ Other (please describe)
86. In your opinion is there anything preventing you from doing your best job?
    - ☐ Yes

- ☐ No
- Please describe: _____

87. Do you have any other comments? _____

ES Department Gap Analysis Survey Questions To be completed by Nursing and Infection Prevention Staff

(18 questions - estimated time for completion is 18inutes) **Each hospital will receive links to their own surveys**

1. What is your position?
   - ☐ Nurse
   - ☐ Infection Prevention professional
2. For Infection Prevention professional, please provide your healthcare associated *Clostridium difficile* infection and MRSA rates for the past 6 months (average)
   - MRSA _____
   - C diff _____
   - Which areas of the hospital do these rates pertain to
3. How would you rate the adequacy of the staffing levels in your ES department? (5 best - 1 worst):
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5
4. How confident are you in the training and knowledge they receive? (5 best - 1 worst):
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5
5. How would you rate the quality of cleaning and disinfection in the following areas? (5 best - 1 worst):
   - Occupied hospital patient rooms (SCORING: 1, 2, 3, 4, 5)
   - Discharge hospital patient rooms (SCORING: 1, 2, 3, 4, 5)
   - Exam room (SCORING: 1, 2, 3, 4, 5)
   - Procedure room (SCORING: 1, 2, 3, 4, 5)
   - Operating Room (SCORING: 1, 2, 3, 4, 5)
   - Isolation room terminal clean (SCORING: 1, 2, 3, 4, 5)
   - Common Areas – lobby, hallways, restrooms, etc. (SCORING: 1, 2, 3, 4, 5)
   - Staff restrooms (SCORING: 1, 2, 3, 4, 5)
6. If UV-C disinfection technology is used, do you feel it is important in ensuring optimal environmental disinfection? (5 best - 1 worst):

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ N/A we don't use UV-C disinfection technology

7. Do you feel ES staff must rush in order to get rooms cleaned after patient discharge?
   - ☐ Yes
   - ☐ No
   - Comment _____
8. Please describe your perspective of the time it takes for ES to terminally clean a room:
   - ☐ Too slow – we are always waiting
   - ☐ Just right
   - ☐ Too fast – they miss things
   - ☐ Other – describe: _____
9. How would you rate communication between Nursing and ES frontline staff?
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5
10. Do you have access to a cleaning accountability checklist to clearly define responsibilities for ES and nursing staff when it comes to cleaning a patient room?
    - ☐ Yes
    - ☐ No
    - Comment _____
11. If you have a cleaning accountability checklist does it also address whether the right products, training and tools are in use?
    - ☐ Yes
    - ☐ No
    - Comment _____
12. What do you think needs improvement in your facility ES program - Check all that apply:
    - ☐ Policies and procedures
    - ☐ Training
    - ☐ Checklists
    - ☐ Quality assessment
    - ☐ Products
    - ☐ ES staff recognition
    - ☐ Patient experience
    - ☐ Other - describe _____
13. What do you think your ES program excels at – Check all that apply:
    - ☐ Policies and procedures
    - ☐ Training
    - ☐ Checklists
    - ☐ Quality assessment

- ☐ Products
- ☐ ES staff recognition
- ☐ Patient experience
- ☐ Other - describe _____

88. Which of the following is the most important change that could be made to help you be more effective in infection control and prevention?
    - ☐ Better communication and collaboration with other Departments
    - ☐ More staff
    - ☐ Better environmental services staff training
    - ☐ More opportunities for environmental services leadership to keep up to date on best practices
    - ☐ Better infection reporting
    - ☐ Better products
    - Other - describe_____

14. In your opinion are there any barriers to ensuring the best in class environmental cleaning?
    - ☐ Yes – if yes describe in comment box
    - ☐ No
    - Comment: _____

15. How often do you see a Team Lead, Supervisor or Manager in your department?
    - ☐ Never
    - ☐ Only if I call them
    - ☐ Once a shift
    - ☐ More than once a shift

16. How well do you know the ES techs that work in your area/unit?
    - Not at all
    - Somewhat
    - Fairly well
    - Great relationship

17. Do you have any other comments? _____

STEP 2: DESIGN: Preparation for Improvement Project (Pre-Project) Checklist

- ☐ ES Director will identify and confirm an executive champion (e.g. Chief Operating Officer, Chief Nursing Officer), using the "Overview for Executive Champion template provided"- Place name and title here: _____

  _____
- ☐ ES Director will identify one or more ES Technician(s) in department to act as Trainer(s) during project, and will ensure competence in each of the items on the Shadow Program Checklist – Place name(s) here: _____

  _____

  Date checklist completed here:_____
- ☐ ES Director will select and schedule one ES Manager or ES Technician to attend AHE CHEST training in order to return to provide training to all staff in department. Place name of individual and date scheduled for training here: _____

  _____
- ☐ ES Director will serve as, or identify a Project Lead – name and title here: _____

  _____
- ☐ Project Lead will recruit work group members (recommend no more than 5 members and should include Nursing, Infection Prevention in addition to ES) – Place names and departments here: _____

  _____

  _____
- ☐ Project Lead will schedule regular recurring weekly 30 to 60-minute meetings with work group members – Place day and time here: _____

  _____

NOTE: to assist with finding the best day/time for regular local project meetings, you might find Doodle survey helpful. Doodle is a free online meeting scheduler app available here: https://doodle.com ANOTHER OPTION IS CALENDLY

Overview for Executive Project Champion – Environmental Services (ES) Optimization Project

Purpose: This project involves implementation of an ES Optimization Project including ES Technician training, and online resources, all designed to support reliable design of environmental cleaning and disinfection in health care facilities. There are many types of infections transmitted by contaminated environmental surfaces, including *C difficile*. One *C difficile* infection alone can cost $42,316 and that is conservative and does not reflect any required surgery. This project is designed to improve the quality of patient care and reduce infection risk.

Executive Champion Role:

- Attend Kick off meeting - offer introductory statements (plan to stay for first 30 minutes of 2 to 4-hour meeting – template slides will be provided for customization by executive)
- Request project approval from local Executive Committee
- Offer support re: influence in the event of barriers encountered during project

Overview of Project

1. Project proposal will be shared with local ES Dept Manager, support/engagement confirmed.
2. Project proposal will be shared with hospital executive champion(s), confirm support/engagement – e.g. COO, CEO, CFO.
3. Project Kickoff event will be planned – include executive champion, ES manager/director, ES Technicians, IP and Nursing representatives
4. Identify local ES Technician "Expert Trainers". These are the ES Technicians that all other ES staff will shadow to complete a training checklist
5. Kickoff meeting presenters will be confirmed for topics such as
    - Executive champion – introduction
    - ES Role in Infection Prevention
    - Collaboration between Nursing and ES departments
    - ES Recognition program
    - Plan and schedule for shadowing with "Expert Trainers"
    - Review of toolkit elements and how to access materials
6. After Kickoff meeting, each month ES director or designee will begin the Recognition Program (if not already in place) by identifying an ES Technician of the month (recognition to include Certificate of Appreciation, Poster ES Technician of the Month, and email message to individual, HR and Administration. The same method of recognition will be used for any ES Technician who completes AHE certification.
7. After Kickoff meeting, once a quarter ES director or designee to prepare report for presentation to IC Committee and Sponsor/Champion.
8. At the end of the project, an evaluation will be completed during an Exit Conference and a plan for sustaining gains will be developed.

Environmental Services (ES) Optimization Project

Shadow Training Program Checklist

Activities for Shadowing ES Technician "Super Trainer" (Follow AHE or Local Protocols)	Observe one (✓ = completed)	Do one (✓ = completed)	Teach one (✓ = completed)
1. Blood spill clean up			
2. Cleaners, disinfectants, wipes (including contact time and PPE use), microfiber mops and cloth use			
3. Cleaning after patient discharge – terminal clean			
4. Cleaning basics including sequence (clean to dirty), direction (top to bottom), Clockwise, or Counterclockwise, and Unidirectional wiping) and high touch surfaces (closest to patient)			
5. Cleaning cart set up			
6. Cleaning exam and procedure rooms			
7. Cleaning isolation rooms			
8. Cleaning occupied patient room			
9. Hand hygiene and glove use for ES – including when cleaning, and when handling sharps and trash			
10. Interacting with Patients/Families			
11. Isolation and PPE overview			
12. Linen handling			
13. Microfiber – when to use disposable vs reusable; key points regarding use and laundering			
14. Quality Assessment Tool(s) – how to use ATP and/or fluorescent markers			
15. Soft surface disinfection			
16. Standard Precautions including sharps safety			
17. Waste streams and handling of waste			

TEMPLATE AGENDA Environmental Services (ES) Optimization Project

Project Champion/Sponsor:

Project Lead:

Project Team Members:

- ES department
- Nursing Department
- Infection Prevention Department
- Other

Date _____ Time _____

Topic	Discussion Leader	Time
1. Welcome and announcements		
2. Project Plan – development and status of implementation including barriers encountered		
3. Planning Kick Off Meeting		
4. ES Technician Training Plan – Shadow Training Program, and Plan for Sending one ES manager/Technician to AHE TCHEST		
5. Quality Assessment Plan and Results to date (ATP or fluorescent marker scores, plus HCAHPS scores – and any plan for staff training/implementation)		
6. Status Reports – to Infection Control Committee and executive champion		
7. Plan for Exit Conference		
Adjourn – next meeting date/time		

STEP 3: DELIVER: EVS Department Improvement Plan

Outline

- Project Lead will hold regular Project Team meetings – e.g. weekly
- Project Lead and Work Group will develop an improvement plan (template provided). This will begin by checking all of the following potential areas of opportunity that apply, based on responses from pre-project gap analysis surveys. Project Lead will then add these to Improvement Plan template to create a customized plan or local "EVS Bundle":
  - ☐ Enhance or develop an EVS Technician recognition program
  - ☐ Enhance or develop cleaning accountability guide
  - ☐ Enhance or **develop Cleaning Checklists**
  - ☐ **Enhance or develop daily and terminal ES checklists**
  - ☐ Enhance or develop environmental cleaning **quality assessment program**
  - ☐ Enhance or develop Infection Control Committee report for EVS
  - a. Enhancing EVS staffing and/or other resources
  - ○ Participate in microfiber product evaluation
  - ☐ Patient Empathy Project
  - ☐ Product evaluation for transition to improved cleaning tools and/or chemicals, reduce SKUs to simplify and standardize
  - ☐ Update policies and protocols by comparing to AHE standards – include Linen and Laundry per Assembly Bill replacing Title 22 (California)

Additional components of the Improvement Plan will include:

- Project Lead and Work Group will plan Kickoff Event – using template agenda and template presentation slides provided.
- Training - designated EVS Technician(s) in department to schedule all ES Technicians to shadow him/her in order for each to complete the Shadow Training Checklist
- Quality Assessment – EVS director or designee to document quality of environmental cleaning using ATP or fluorescent marker tool, plus HCAHPS scores; document and report regularly to ICC – use scores to feedback to ES Technicians and focus on opportunity areas.
- Status Reports - Project Lead to send progress report to ICC and executive champion regularly throughout the project (e.g. monthly) using template provided

Template – Improvement Plan and Timeline ES Optimization Project

See Playbook for Templates: @

WHO	WHAT	WHEN	Actual Date
1. ES Director	Share Project Overview for Executive **(see template)** with potential hospital executive champion(s) for the project – e.g. COO, CMO CEO, CFO. Confirm engagement of at least one executive champion.	Week 1	
2. ES Director	ES Director to serve as, or identify a Project Lead. One individual could do it – or two could partner to share the job. Must be organized with good people skills Examples: ES manager, nurse manager or director, IP professional, project manager	Week 1	
3. Project Lead	The Project Lead will: • Identify project team members (suggested: ES Manager, ES Technician(s), Facility Director, IP Manager, Nurse Manager, Sponsor) • Schedule weekly project meetings • Determine which department(s) ES optimization project will focus on first. • (optional) Create a Drop Box site or other online location for project materials, including resource materials related to environmental cleaning and disinfection	Week 1	
4. ES Director, ES Staff members, Nursing Staff members	ES Director, ES Technicians and Nursing staff members will complete gap analysis surveys **(see questions/link)**	Week 1	
5. Project Team	With Project Lead, the Project Team will develop an Improvement Plan customized according to the gap analysis surveys **(use this document)** and (optional) a Charter **(see template)**	Week 2	
6. Project Lead, ES Director	• Meet weekly with Project team by phone or in person. During each meeting review Improvement Plan and timeline, including the following (check those identified as opportunity areas in gap analysis surveys) – see **templates** for reports and checklists: ☐ Enhance or develop an ES Technician recognition program ☐ Enhance or develop cleaning accountability guide	Weeks 3 - 13	

	☐ Enhance or develop Cleaning Checklists ☐ Enhance or develop daily and terminal ES checklists ☐ Enhance or develop environmental cleaning quality assessment program ☐ Enhance or develop Infection Control Committee report for ES b. Enhancing ES staffing and/or other resources ○ Participate in microfiber product evaluation ☐ Patient Empathy Project ☐ Product evaluation for transition to improved cleaning tools and/or chemicals, reduce SKUs to simplify and standardize ☐ Update policies and protocols by comparing to AHE standards – include Linen and Laundry per Assembly Bill replacing Title 22 (California)		
7. Project Team	Schedule Kickoff Event, identify venue, determine who will order food, confirm presenters for the following topics (**see templates** for Kickoff Agenda and presentation slides): • Introduction (Executive Champion) template slide set provided • Overview ES Impact on Infection Prevention (IP Clinical Professional) template slide set provided • ES Recognition program (ES Director or Manager) template slide set provided • AHE Certification Program and Resources (CHEST certified ES professional) template slide set provided • Plan for Hospital Tour during second half of Kickoff event to review best practices and improvement opportunities • Send invitations/collect RSVPs and order food for Kickoff event lunch	Weeks 3 - 6	
8. ES Director to identify local ES "Expert Trainers"	ES Director to identify one or more ES Technicians who will become the Expert Trainer(s) for this project. A CHEST certified member of the team or the ES Director will sign off the Expert Trainer(s) on the Shadow Program checklist **(see Shadow Program Checklist in Dropbox)** so that they are prepared to train ES staff in the department of focus during project.	Week 4	

9. Expert Trainers	The Expert Trainer(s) will sign off each ES Technician in the designated department on the Shadow Program checklist **(see Shadow Program Checklist in Dropbox).**	Weeks 5-13	
10. ES Director	ES Director to identify a manager or Technician to attend the AHE TCHEST course in order to become certified to train all ES Technicians in department as well as new hires.	Weeks 5-13	
11. Project Team	Send end of project survey for IP department, Nursing department, ES, others to assess project success (**see template**).	Week 6	
12. Project Team	Identify a due date for survey responses, collect responses and prepare summary.	Weeks 10-13	
13. Project Team	Plan and schedule exit conference **(see template agenda)** and send invitations (same invitees as Kickoff event) in order to discuss survey results, progress made, opportunities remaining, plan for sustaining and continuing improvements.	Weeks 10-13	
14. Project Team	Consider submitting project summary via abstract to APIC, AHE or other conference, and/or submitting article to IC Today, AJIC or other publication.	Week 13 and beyond	

Accountability Guide for Environmental Cleaning in Critical Care

ENVIRONMENTAL SERVICES	CCU/ICU NURSING	RESPIRATORY	ITEMS	COMMENTS
X	X		DIRTY LINEN	If possible, RN should strip bed and place all linens in hamper (do not overfill). ES will then transport linen bag to soiled linen closet during room clean.
	X		IV BAGS & PUMPS	
X			IV POLE (BELOW PUMPS)	
X			MAXI-SKY (LIFTER)	
		X	Hi FLOW MACHINES	
		X	BIPAP	
		X	CPAP	
	X		BEAR HUGGERS	
	X		FEEDING TUBES	
X			COMMODE FRAME	
	X		MEDICATION	
	X		UNUSED SUPPLIES	
	X		PATIENT PROPERTY	
	X		EPIDURAL PUMP	
	X		PCA PUMP	
	X		CADD PUMP	
			REJECTED CLOTHING	UNDER REVIEW
	X		BED PAN IN WASHER	RN places pan in washer & starts cycle;

				ES removes and discards the clean pan as part of the room clean
X			**BED PAN WASHER (OUTER)**	
X			**CORDS (no monitor cables)**	
X			**SUCTION CANISTER (OUTER)**	
	X		**SUCTION CANISTER LINERS/TUBING**	
X			**SUCTION REGULTOR**	
X			**OXYGEN REGULATOR KNOBS**	
X			**THERMOMETER**	
X			**BOOM TABLES**	
X			**BOOM HANDLE GRIPS & RODS**	
X			**SUCTION BAR**	
X			**SCANNER**	
X			**VENT BOOM**	
X			**EXAM LIGHT**	
X			**PC KEYBOARD & MOUSE**	
X			**PC MONITOR**	
X			**BED SIDE SUPPLY CART** **(IF NOTHING ON TOP)**	
X			**SCD**	
X			**TELEVISION**	
X			**BED SIDE REMOTE**	
X			**CANISTER LIGHT**	
X			**TELEPHONE**	
X			**VENTS**	
X			**OVERHEAD LIGHT DIFFUSERS**	
X			**BASEBOARDS**	
X			**CLOCK**	
X			**WINDOW SILLS & BLINDS**	

X			ROOM & RESTROOM SINK & FAUCETS	
X			COUNTER TOPS	
X			SOAP DISPENSER	
X			THERMOSTAT	
X			LIGHT SWITCHES	
X			TRASH/INFECTIOUS WASTE CANS	
X			SHARP CONTAINERS	
X			CABINETS OUTER/LOWER	
X			OTTOMAN & CHAIR	
X			HAND SANITIZER DISPENSER	
X			WINDOW BLIND CONTROL PANEL	
X			ROOM & RESTROOM DOOR HANDLES	
X	X		LINEN CART SURFACE	
X			TOWEL HOOKS	
X			PATIENT ASSIST BARS/HANDLES	
~~X~~	X		MONITOR CABLES/SCREEN/MODULES	
X			CHAIR ALARM	
X			WALKER	
X			BED SIDE TABLE	
X			PATIENT BED (HEAD & FOOT BOARD/ MATRESS/ BED FRAME & RAILS/UNDER MATERESS)	
X			DRAIN COVERS	
X			TOILET DISPENSERS (TOILET SEAT COVER/ TOILET PAPER/ PAPER TOWEL)	
X			CALL LIGHT & CORD	
X			TOWEL ROD	

When	Who Cleans it	What	How
		Item/Equipment	***Disposable Wipes***
Between patient use	***Clinical Department***	Code carts/defibrillators	
		Computer key board	
		Computer mouse	
		EKG machines/leads	
		Glucometer	
		Isolation carts	
		monitor buttons	
		Monitor cables	
		Ophthalmoscope handle	
		Otoscope handle	
		Pulse oximeters	
		Thermometer	
		Transport monitors	
		Vital signs machines	
		Commode frame (if in the room) including holding bucket	
		IV infusion pump/PCA pump	
		Ultrasound machine/accessories	
		Gurneys	
		Oxygen tanks	
		Wheelchairs	

When	Who Cleans it	What	How
		Item/Equipment	***Hospital Approved Disinfectant/ HGUM***
Daily	***ES Technicians***	Bathroom door knobs	
		Bathroom handrails	
		Bathroom sink and faucet handles	
		Biohazard can/lid	
		Cabinet shelves, handles & knobs	
		Call button next to toilet	
		Call buttons	
		Chair	
		Counter surrounding sink	
		Door handles, all in the room	
		Faucet handle	
		Floors	
		Gurneys	
		Hand rails	
		Hand soap, hand sanitizer or paper towel dispenser levers or actuator buttons.	
		Light switches (all)	
		Over bed tray table top and sides	
		Patient chair	
		PPE container (mounted in room)	
		sink	
		Toilet flush handle	
		Toilet seat	
		Trash Cans	
		Wall areas around toilet	

DAILY CLEANING INSPECTION FORM

Place a “Y” for all areas that meet the inspection standard.
Comment on areas that do not meet the standard.

Date Completed_____
Completed by_____

PATIENT ROOM #_____	If Yes = Y If No = N and comment	COMMENT
Hand wash sink clean		
Soap, alcohol rinse dispensers are clean/stocked/not expired		
Ceiling tiles, air vents, sprinklers clean		
Sharps container checked, garbage cans emptied		
Equipment- i.e., IV and/or tube feeding pole and base, clean		
Computer keyboard and mouse		
Cabinet handles and surfaces clean and free of tape and hand prints		
TV, front and back wiped clean		

Bedside table surface and pulls clean		
Ceiling lift is clean and dust free		
Over bed table surface clean, track for slider clean, base clean		
Floors clean, not sticky, free of dust		
Telephone, hand set clean		
Remote control clean		
Room fan on countertop dust-free		
Sleeper couch/chair- clean		
Room chair arm rests, back, side, head rest, and seat clean		
Windows are clean on inside and ledges are dust free		
Countertops, desk area, and chair are clean		
Closet looks and smells clean		
BED		
All side rails are free of tape, and clean, including both sides of rails, crevices around controls, bottoms of rails		
Frame is dust free		
Controls at foot of bed are clean and dust free if applicable		
Call light and cord are clean		
BATHROOM		
Sink and counters free of water spots and clean		
Soap dispensers are clean and stocked		
Lights are dust free, mirror clean, light switches clean		
Toilet is clean, floor around and behind toilet is clean		
Pipes around toilet are free of water build up and clean		
Pull cords are clean and hang free of railings		
Bathroom smells clean, no odors noted		
Bathroom door is clean and free of handprints, handles are clean		
TOTAL ITEMS MET PER ROOM	**/32**	

DISCHARGE/TERMINAL CLEANING INSPECTION FORM

Place a "Y" for all areas that meet the inspection standard.
Comment on areas that do not meet the standard.

Date Completed_____
Completed by_____

PATIENT ROOM #_____	If Yes = Y If No = N and Comment	COMMENT
Room looks and smells clean upon entering		
Soap, towel, alcohol rinse dispensers are clean/stocked not expired		
Ceiling tiles/air vents/sprinklers clean		
Sharps container has been checked and changed if needed, garbage cans emptied and wiped clean		
Hand wash sink is clean		
Privacy curtain clean/changed		

Med drawers, cupboards cleaned & pt server free of supplies		
Stethoscope clean		
Floors are clean, not sticky, free of dust in corners & under sleeper, base boards clean		
Cabinet handles and surfaces clean and free of tape and hand prints		
TV, front and back dusted, clean		
Bedside table surface clean-Drawers inside, and pulls clean		
Suction supplies, suction canister are emptied/gone		
Ceiling lift is clean and dust free		
Over bed table surface clean, track for slider clean, base clean		
Open over bed table: inside tray surfaces clean on both sides mirror, glasses holder clean, underside of over bed table clean		
Telephone, and hand set are clean		
Remote control is clean		
Room fan on countertop is clean		
Sleeper couch is opened and clean		
Room chair arm rests, back, side, head rest, and seat are clean.		
Windows are clean on inside and ledges are dust free.		
Countertop, desk area, and chair are clean		
Closet looks and smells clean, pillow w/ no case stored in closet. Storage drawers emptied and wiped out		
BED		
Ledge above bed, over bed light, gas and suction heads, frames, clean		
Pillows are clean, smell clean		
All side rails are free of tape, both sides of rails, crevices around controls, bottoms of rails all clean		
Frame is dust free		
Controls at foot of bed are clean and dust free		
Call light and cord are clean		
BATHROOM		
Ceiling, walls and floor without hard water stains		
Laundry basket empty and wiped out		
Sink and counters free of water spots and clean		
Soap dispensers are clean and full		
Lights are dust free, mirror clean, light switches clean		
Shower/wand, railings are clean, free of hard water stains Shower curtain clean and drain is rust free		
Toilet seat, rim clean, no hard water stains in bowl, base of toilet clean, floor around and behind toilet is clean		
Pipes around toilet are free of water build up and clean		
Pull cords are clean and hang free of railings, off floor		
Bathroom smells clean, no odors noted		
Bathroom door is clean and free of handprints, door handles are clean		
Total met per room	/40	

ES Optimization Project
Sample - ES Cleaning Cart Supply List

1. 2 Slippery floor signs
2. Bleach wipes
3. Broom with dust pan – nylon only
4. Dry mop microfiber
5. Hand sanitizer refills (#3)
6. Hand soap refills (#3)
7. Paper towel refills (specify)
8. Disinfection solution
9. Microfiber mop head with floor cleaning solution
10. Trash bags – biohazard – small, medium, large
11. Trash bags – regular – small, medium, large
12. Gloves
13. Duster
14. Pumice stone
15. Putty knife
16. Cards
17. Sheet wipes
18. Cream cleaner
19. Glass cleaner
20. Toilet cleaner
21. Toilet brush
22. Daily cleaning checklist

SFBA DAILY CLEANING CHECKLIST

Template
Daily Cleaning Checklist

What to Clean	Cleaned		Comment
	Yes	No	
1. Clean and Disinfect High-Touch Surfaces in Patient Room			
Headboard			
Bed rails			
Nurse call button and cord			
TV remote			
Handrails			
Footboard			
Over-the-bed table			
Computer key board			
Computer mouse			
Arm chairs			
Cabinet handles			
Door knobs			
Light switches			
Blood pressure cuff and tubing			
Infusion pump and buttons			
Multi-module monitor buttons			
Ventilator control panel			
Window sill			
2. Clean Floors			
3. Remove trash			

AHE Infection Prevention and Control Committee Report

Environmental Services

<Month>, <Year>

1. Current hospital germicide *Note the names of all current hospital germicidal agents. Specify individual characteristics (e.g., concentrate, premixed solution, wipes)*

_____

2. Proposed changes in cleaning agents ☐ **None** ***List all proposed product changes and why the change is being sought***

_____

3. Proposed changes in cleaning processes ☐ **None** *Note any changes in cleaning processes being proposed. This may include frequency changes, equipment changes, or process changes*

_____

4. Alcohol hand rub usage report *Report current amount of product purchased by Environmental Services for the previous month. Relate to a specific denominator such as patient days.*

_____

5. Practice monitoring report *Report monitoring events and findings. Include monitoring methods used and results. Also report interventions based upon monitoring results*

_____

6. Other *Any additional items that may impact infection prevention and control*

_____

_____

Submitted by: _____ **Date:**_____

Environmental Services (ES) Optimization Project - Report to Infection Control Committee from ES Department

1. Current hospital surface disinfectant product(s):

_____

_____

2. Proposed changes in environmental cleaning products:

☐ None

☐ List all proposed product changes and why the change is being sought

_____

3. Proposed changes in environmental cleaning processes:

☐ None

☐ Note any changes in cleaning processes being proposed. This may include frequency changes, equipment changes, or process changes:

_____

4. Quality Monitoring ES Program

☐ Fluorescent marker scores – trending – average scores for 4 past quarters:

_____

☐ HCAHPS scores – trending – average scores for 4 past quarter:

_____

5. Any additional items that may impact infection prevention and control

_____

_____

Submitted by: _____ Date: _____

Adapted from: http://cleanspaces.site.apic.org/tools-and-resources/templates_checklists/

Policy Manual and Other Resources for Purchase

http://www.ahe.org/Education/publications_home.shtml

EXAMPLE:

Minnesota Hospital Association

Controlling CDI — Operating Room Cleaning Policy

Policy statement

Cleaning an operating room or procedure room requires a team approach. Surgical Services, Environmental Services and Infection Prevention work closely to ensure a clean and safe surgical environment.

Dedicate carts, cleaning tools, vacuums, and floor machines to the OR. Dedicated equipment can help prevent transmission of organisms, particularly from wheels of floor machines used in other areas.

Detergent and disinfectant solutions should be prepared as needed according to manufacturer's instructions – and properly labeled. Follow EPA approved contact time as directed by the disinfectant manufacturer.

ORs should be cleaned:

- Before the first case of the day, using lint free cloth moistened with disinfectant.
- In between cases, linen, trash and infectious waste removal, wiping OR overhead light reflectors and OR mattress and equipment with a cleaner/disinfectant.
- Terminal clean after the last case of the day using disinfectant and microfiber cloths.

Definitions

Room turnover: Between case cleaning done by OR staff or EVS staff.
Terminal clean: End of day cleaning done by EVS staff.
Cycle cleaning: Periodic deep cleaning, (e.g., walls and ceiling) done by EVS staff.

Procedures

Environmental cleaning	**Recommended equipment (Dedicate to OR)** 1. Properly stocked environmental services cleaning cart to prevent wasted trips to supply closet 2. Goggles or safety glasses 3. Step stool (stored in or on the cart) 4. Microfiber cleaning cloth or disposable wipes 5. Bucket for cleaning solution 6. Nylon toy broom/lobby dust pan (for larger debris) 7. Microfiber flat mop system (solution stores in the handle, in a cartridge or backpack) or a microfiber bucket mop system 8. Microfiber high dusting tool and replacement pads 9. Wet floor sign

	10. Putty knife 11. Quality checklist and pen **Chemicals** 1. EPA registered hospital grade disinfectant 2. Cleaner/disinfectants 3. Neutral cleaner or general purpose detergent solution 4. Ammonia-free glass cleaner 5. Cream cleanser 6. Iodine remover and tap/adhesive remover as needed **Consumables** 1. Antiseptic hand soap and waterless antiseptic hand rub 2. Large and small trash liners 3. Disposable non-latex gloves (on the cart) 4. Disposable masks (on the cart) 5. Alcohol based hand rub (mentioned above) **Safety** 1. Follow Standard precautions. 2. Be alert for sharps and sharp objects. 3. Wear scrubs or scrub suit and proper PPE as needed (shoe covers, surgical cap, disposable gloves, mask or face shield). 4. Always display wet floor or caution signs when cleaning floors or wet vacuuming. 5. Practice proper lifting techniques and request assistance when objects are too heavy. 6. Use chemicals as directed by the manufacturer's label. 7. Ensure proper labeling of all chemical containers (including mop bucket). 8. Do not mix or combine chemicals. 9. For environmental and worker safety, apply chemicals using pour spouts not spray bottles. 10. If using a cleaning cloth and bucket system, never re-immerse cloths into the bucket. Change cloths. 11. If using pop up disposable wipes: a. Use properly by changing frequently to ensure proper application b. Be sure they disperse sufficient amount of disinfectant for the appropriate contact time. 12. If a bucket and disposable wipe system is used, ensure wipes are properly saturated (follow directions on the label) and close properly between use and when storing to prevent wipes from drying out. 13. Review the Material Safety Data Sheet (MSDS) and/or labels selecting chemicals for the cleaning cart. 14. OR staff: Assure functionality of electrical equipment and scan for electrical cord damage before using or cleaning.
General infection control procedures	1. Follow protocol for hand hygiene and use of alcohol based hand rubs. 2. Perform hand hygiene and don PPE. 3. Leave the environmental services cart in the hall near the door but do not obstruct passage. Carry supplies and equipment into the room as needed. 4. As with other cleaning procedures, work methodically in an organized pattern through the room, starting from the ceiling down. 5. See checklists for item cleaning responsibilities.

	6. Do not use spray bottles in the OR. Rather use a small bucket system with microfiber cloths or disposable wipes. Microfiber cloths should not be stored in the buckets but dipped into the cleaning solution just prior to use. 7. Frequently change to a fresh cleaning cloth or saturated wipe when needed, and never re-dip or re-use cloths. 8. When using disposable disinfectant wipes, ensure adequate numbers of wipes are used per surface in order to achieve adequate disinfection and contact time. 9. The cleaning of transport vehicles may fall under the responsibility of Environmental Services - if in doubt, check with the EVS supervisor or OR charge nurse or manager. 10. Horizontal surfaces should be damp dusted before the first case of the day. 11. Every operating room should be terminally cleaned when the scheduled procedures are complete for the day or once during each 24 hour period during regular hours of operation (regular hours of operation are defined by facility). **Any item/surface with visible soil:** • Clean item before disinfection using saturated microfiber cloth or alcohol-free wipe and friction to remove soil. • No dry time required after cleaning step. • Disinfect surface using a second microfiber cloth or AF wipe and allow drying for three minutes following procedures below.
Room turnover (between case cleaning) procedures ***Surgical services staff or EVS staff***	1. Room turnover process (instruments, trash and linen can be collected and prepared for removal) may begin with previous patient in the room, however, cleaning and disinfection cannot begin until after the room is vacated unless it is an emergent situation. • Remove instruments, basins and trays to appropriate locations for reprocessing. Place all sharps in appropriate containers. • All linen is considered contaminated, remove all soiled linen including gowns, towels and washcloths. Handle soiled linen carefully, being alert for sharps and other objects. Do not carry or hold linens near the body. a. Roll the linen into a bundle for easy handling. Avoid excessive handling or shaking of the linen. b. Carry the linen away from the body and place it in the color coded or labeled leak-proof tear-resistant containers or bags. c. Used disposable drapes, gloves, gowns, and PPE that do not contain blood or body matter are not necessarily infectious waste. If you are unclear about the nature of the waste, ask your supervisor. 2. Assure functionality of electrical equipment and scan for electrical cord damage before using or cleaning. If equipment is noted to be damaged notify charge RN or supervisor. Refer to OR cleaning checklists for equipment surgical services staff is responsible for cleaning. Remove all cleaned equipment from room as appropriate. 3. Start with table: • Remove all unnecessary table attachments and clean all exposed surfaces with a cleaner disinfectant. • Wipe the joints, table attachments, frame, legs, and rails. • Wipe control box. • Turn down the mattress and wipe the table bed frame and back of the mattress working from the top and repeat at the bottom. • Wipe sides of the mattress and change wipe or cloth as needed. Be sure to also wipe both sides of coated pillows and allow all elements to air dry. • Using disposable wipes: Wipe table using a minimum of five wipes. Allow to dry for minimum of three minutes • Using microfiber cloths and a cleaning solution: Wipe table using a minimum of one microfiber cloth and allow to dry for a minimum of ten minutes. 4. Remaining surfaces:

	• Clean from top to bottom and front to back following cleaning checklist. • Disposable wipes: Use minimum number needed for surfaces to stay wet for three minutes. • Microfiber cloths: Change cloths as needed to assure saturation (surfaces to stay wet for ten minutes). • Wipe cardiac/EKG cables following manufacturer instructions. Allow appropriate dry time for disinfectant. • Spot clean floor as needed. **5.** Disinfect new non-sterile equipment as it is brought in to the OR for use and disinfect as it is removed from the OR.

Last case of the day room cleaning responsibilities *Surgical services staff (prior to environmental services terminal room clean)*	1. Remove instruments, basins and trays to appropriate locations for reprocessing. Place all sharps in appropriate containers. 2. All linen is considered contaminated, remove all soiled linen including gowns, towels and washcloths. Handle soiled linen carefully, being alert for sharps and other objects. Do not carry or hold linens near the body. • Roll the linen into a bundle for easy handling. Avoid excessive handling or shaking of the linen. • Carry the linen away from the body and place it in the color-coded or labeled leak proof tear-resistant containers or bags. • Used disposable drapes, gloves, gowns, and PPE that do not contain blood or body matter are not necessarily infectious waste. If you are unclear about the nature of the waste, ask your supervisor. 3. Assure functionality of electrical equipment and scan for electrical cord damage before using or cleaning. If equipment is noted to be damaged notify charge RN or supervisor. Refer to Appendix A cleaning checklists for equipment surgical services staff is responsible for cleaning. Remove all cleaned equipment from room as appropriate. 4. Start with the table: • Remove all unnecessary table attachments and clean all exposed surfaces with a cleaner disinfectant. • Wipe the joints, table attachments, frame, legs, and rails. • Wipe control box. • Turn down the mattress and wipe the table bed frame and back of the mattress working from the top and repeat at the bottom. • Wipe sides of the mattress and change disposable wipe or cloth as needed. Be sure to also wipe both sides of coated pillows and allow all elements to air dry. • Using disposable wipes: Wipe table using a minimum of five wipes. Allow to dry for minimum of three minutes. • Using microfiber cloths and cleaning solution: Wipe table using a minimum of one microfiber cloth and allow drying for a minimum of ten minutes. 5. Remaining surfaces: • Clean from top to bottom and front to back following cleaning checklist • Disposable wipes: Use minimum number needed for surfaces to stay wet for three minutes. • Microfiber cloths: Change cloths as needed to assure saturation (surfaces to stay wet for ten minutes). • Wipe cardiac/EKG cables following manufacturer instructions. Allow appropriate dry time for disinfectant. • Spot clean floor as needed.
Terminal room cleaning procedures *Environmental services restricted and semi-restricted areas*	1. Wear appropriate attire for surgical services and don PPE as appropriate. 2. The scrub room, halls and utility room, store rooms and instrument processing areas are part of the sterile operating room area, and should be included in all cleaning and disinfecting procedures. 3. Wipe sink shelves and surrounding surfaces with a clean cloth and cleaner disinfectant. Thoroughly clean the scrub sink area, including the counter, faucet, handles, sink basin, under the sink, and all pipes where condensation can harbor germs. Clean the spout of the faucet by putting the cloth in the opening and wipe. Replace soap and waterless hand sanitizer as needed. 4. Pay special attention to corners, the soap dispenser and rim of the sink drain. 5. Remove gloves, perform hand hygiene and enter the OR suite to be cleaned, closing the door behind you.

OR suite	1. Removal of waste involving blood or blood soaked linens, instruments, basins, trays, and sharps such as needles is the responsibility of the surgical staff, but be aware of overlooked items. If these items are present, contact the OR charge nurse or ES supervisor. 2. Pick up loose trash. 3. Remove trash: • Leave plastic trash can liner in container, close, twist and tie knot in the top of bag. • Use caution and look for protruding objects in the waste bag or container. Never reach into or push on the bag to compress the trash. • Lift the liner carefully and place the bag of trash into the container on the cart or take it to the waste pick up point. Never carry a bag of trash against the body. • Wipe all surfaces of the waste container with cleaning solution and allow to air dry. Reline the container with the appropriate liner prior to mopping the floor. 4. Remove infectious waste (This could include sharps containers in the rooms.) • Use caution and look for protruding objects in the waste containers. Never reach into or push on the bag to compress the trash. • Leave plastic trash can liner in container, close, twist and tie knot in the top of the bag. If the amount of waste is heavy or if there is a chance the liner could tear, place the liner inside another to prevent leaking and spills while handling the infectious waste. • Place the bag of trash into the container on the cart or take it to the waste pick up point. Never carry a bag of trash against the body. • Place the infectious waste bag in the appropriate container for pick up. Wipe all surfaces of the waste container with cleaning solution and allow to air-dry. Reline the container with the appropriate liner. 5. Any area visibly soiled with small amounts of blood, tissue or body fluids should be spot cleaned with a cleaner disinfectant and allowed to air dry. 6. Move all equipment to the side nearest the hall door. 7. Unlock the OR table and completely break down so all surfaces can be cleaned with a cleaner disinfectant. 8. Wipe the joints, table attachments, frame, legs, and rails. 9. Turn down the mattress and wipe the table bed frame and back of the mattress working from the top and repeat at the bottom. 10. Wipe sides of the mattress and change wipe or cloth as needed. Be sure to also wipe both sides of coated pillows and allow all elements to air dry. 11. Clean from top to bottom and from back to front. Use a damp high dusting tool with cleaner disinfectant solution, and a ladder as necessary, to clean fixed and ceiling-mounted equipment, as well as surgical lights and external tracks. 12. Perform other high dusting with a clean damp microfiber high duster with cleaner disinfectant and be sure to check high wall vents using a stool if necessary. 13. Move the lights down from over the operating table and wipe with cleaner disinfectant, wiping all areas of the top of the light including the extender arms. 14. Wipe light reflectors.

	15. Wipe walls, ledges, spot clean walls and other surface areas such as cabinet and closet doors and handles with a cleaner disinfectant. 16. Pay special attention to air exhaust and intake vents, as they must be kept free of lint and dust. 17. Carefully move any counter top blanket warmers and wipe behind the equipment. 18. Check walls and spot clean if necessary with a clean microfiber cloth and cleaner disinfectant. 19. Clean and disinfect all furniture and equipment, wiping down stands, foot pedals and cords, light switches, push plates, counters, horizontal surfaces, fixtures, stools and casters. Use a fresh microfiber cloth or saturated wipe as necessary. 20. Clean the first half of the floor by flooding with cleaner disinfectant using a clean cotton string mop and then wet vacuum with a floor machine. Include the area under the OR bed (move bed to ensure thorough cleaning of floor). Do not walk onto the section just cleaned. Rather walk over the dirty part before dropping the squeegee and cleaning the next section. Continue in four-foot sections. 21. Clean mobile patient equipment, including wheels and casters and move them to the clean side of the room through the disinfectant on floor once complete. 22. Clean the second half of the OR room following the same top to bottom and back to front process as described above. Clean the second half of the floor ending at the door. 23. Remove gloves and discard. Perform hand hygiene. Don new gloves. 24. Replace equipment in room according to basic set up. 25. Remove PPE after leaving the OR suite. 26. Perform hand hygiene. 27. Don new gloves and with a clean cloth or wipe, wipe mop handles and other equipment and return to the cart. 28. Complete quality checklist.
Scheduled routine room cleaning procedures ***Environmental services***	1. Complete terminal room clean procedures as outlined above. 2. Thoroughly clean all walls and floors, spot clean ceiling as needed. 3. Clean all air supply intakes and return air vents.

Selection of the Ideal Disinfectant (from Infection Control Report, SPICE, 2/21/14)

Selection of the Ideal Disinfectant (from Infection Control Report, SPICE, 2/21/14)

WA Rutala

Healthcare-associated infections (HAIs) remain an important source of morbidity and mortality with an estimated 1.7 million infections and 99,000 deaths annually. A major source of nosocomial pathogens is thought to be the patient's endogenous flora, but an estimated 20-40% of healthcare-associated infections have been attributed to cross-infection via the hands of healthcare personnel. Contamination of the hands of healthcare personnel could in turn result from either direct patient contact or indirectly from touching contaminated environmental surfaces. Healthcare personnel have frequent contact with the environmental surfaces in patients' rooms providing ample opportunity for contamination of gloves and/or hands. Two recent studies demonstrated that contact with the environment was just as likely to contaminate the hands of healthcare workers as was direct contact with the patient. Donskey has reviewed the scientific literature and found that improving surface cleaning and disinfection reduces healthcare-associated infections (Am J Infect Control 2013: 41:S12-S19). Another recent paper showed that daily disinfection of surfaces (versus standard cleaning surfaces when visibly soiled) with a sporicidal disinfectant in rooms of patients with C*lostridium difficile* and methicillin-resistant *Staphylococcus aureus* (MRSA) reduced acquisition of pathogens on gloved hands after contact with room surfaces. While disinfectants are used to prevent transmission of pathogens from both noncritical and semicritical items, the purpose of this brief article is to assist the user in the selection of the optimal disinfectant for use with environmental surfaces and noncritical patient care items (devices that contact only intact skin such as stethoscopes). The same characteristics for an ideal low-level disinfectant would be used for high-level disinfectants; however, the contact time would be longer and antimicrobial spectrum would be broader (e.g., may include *C. difficile* spores). To date, the perfect product for healthcare disinfection has not been introduced; however, there is a wide array of disinfectants that offer a range of characteristics.

While the process of selecting an optimal healthcare disinfectant used for low-level disinfection of noncritical items is commonplace in healthcare facilities there are no papers in the peer-reviewed literature on this topic. Disinfectant selection, or the product, is one of the two components essential for effective disinfection. The other component, the practice, is the thorough application such that the disinfectant contacts all surfaces, as well as proper training of hospital staff (especially environmental services and nursing) and adherence to the manufacturer's label instructions (except in the cases where an institution may prepare a formal risk assessment to follow alternate contact times such as ≥1 minute for vegetative bacteria). The combination of product and practice results in effective surface disinfection, or the reduction of patient risk, and improved patient outcomes. The five key considerations when selecting a disinfectant are summarized below. When determining the optimal disinfecting product for surface disinfection in your facility, consider the five components below (Table), give each product a score (e.g., 1 is worst to 10 is best) in each of the five categories and select the product with the highest score as the optimal product choice (maximum score is 50).

Table. Key Considerations for Selecting the Optimal Disinfectant for Your Facility.

Consideration	Questions to Ask	Score (1-10)
Kill Claims	Does the product kill the most prevalent healthcare pathogens, including those that: • Cause most HAIs? • Cause most outbreaks? • Are of concern in your facility?	
Kill Times and Wet-Contact Times	• How quickly does the product kill the prevalent healthcare pathogens? • Does the product keep surfaces visibly wet for the kill times listed on its label?	
Safety	• Does the product have an acceptable toxicity rating? • Does the product have an acceptable flammability rating? • Is a minimum level of Personal Protective Equipment (PPE) required? • Is the product compatible with the common surfaces in your facility?	
Ease-of-Use	• Is the product odor considered acceptable? • Does the product have an acceptable shelf-life? • Does the product come in convenient forms to meet your facility's needs (e.g. liquids, sprays, refills, and multiple wipe sizes, etc.)? • Does the product work in the presence of organic matter? • Is the product water soluble? • Does the product clean and disinfect in a single step? • Are the directions for use simple and clear?	
Other factors	• Does the supplier offer comprehensive training and ongoing education, both in-person and virtual? • Does the supplier offer 24-7 customer support? • Is the overall cost of the product acceptable (considering product capabilities, costs of infections that may be prevented and costs per compliant use)? • Can the product help standardize disinfectants used in your facility?	

EXCEL SPREADSHEET WITH ALL DATA AVAILABLE FOR DOWNLOAD @ EVSOP.ORG/

Group	Section	Column
IDENTIFICATION		INDEX (#D=DISPOSABLE / #R=REUSABLE/REPROCESSABLE)
IDENTIFICATION		Manufacturer
IDENTIFICATION		Brand / Item #
CONSTRUCTION	DIMENSIONS	Length
CONSTRUCTION	DIMENSIONS	Width
CONSTRUCTION	DIMENSIONS	Total Weight *expressed in grams
CONSTRUCTION	DIMENSIONS	Other sizes available?
CONSTRUCTION	DIMENSIONS	DRY or RTU?
CONSTRUCTION	MICROFIBER FACE MATERIAL	Fiber or Filament Type?
CONSTRUCTION	MICROFIBER FACE MATERIAL	Linear Density *must be below 1 but greater than 0.3 denier
CONSTRUCTION	MICROFIBER FACE MATERIAL	Bi-component Blend % 85%/15% 80%/20% 70%/30% 50%/50%
CONSTRUCTION	MICROFIBER FACE MATERIAL	Weight gsm? (grams per square meter)
CONSTRUCTION	INSERT / MIDDLE	# of Layers
CONSTRUCTION	INSERT / MIDDLE	Type of Material (e.g. Microfiber, plastic, cardboard, foam)
CONSTRUCTION	INSERT / MIDDLE	Weight gsm?
CONSTRUCTION	VELCRO	TYPE (Polyester or Nylon, looped or brushed)
CONSTRUCTION	VELCRO	Weight gsm?
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Laundry Cycles (LCA EST. VS. ACTUAL)
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Durability
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Wash Temperature (F/C)
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Bleach (Y/N)
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	HP (Y/N)
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	QUATS (Y/N)
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Disinfectant Binding?
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Disinfectant PPM
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	DO NOT IRON
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	FABRIC SOFTENER
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Wash Time
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Dry Temperature (F/C)
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	Dry Time
MFG. RECOMMENDATIONS	CARE & MAINTENANCE	LABEL / TAG

Group	Section	Column
SAFETY / QUALITY	ANTIMICROBIAL STEWARDSHIP	MICROBE REMOVAL
SAFETY / QUALITY	ANTIMICROBIAL STEWARDSHIP	MEETS CDC GUIDELINES
SAFETY / QUALITY	ANTIMICROBIAL STEWARDSHIP	ABSORPTION %
SAFETY / QUALITY	ANTIMICROBIAL STEWARDSHIP	CHEMICAL RELEASE (ELUTION) DISPERSAL %
SAFETY / QUALITY	MATTRESS: WIPE CONTACT or DWELL TIME (expressed in minutes)	Quantity
SAFETY / QUALITY	MATTRESS: WIPE CONTACT or DWELL TIME (expressed in minutes)	Cleaning Time
SAFETY / QUALITY	MATTRESS: WIPE CONTACT or DWELL TIME (expressed in minutes)	Dwell Time
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	10
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	20
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	30
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	40
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	50
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	60
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	70
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	80
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	90
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	100
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	110
SAFETY / QUALITY	Laminate TABLE: WIPE CONTACT or DWELL TIME (expressed in minutes)	120
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	30
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	60
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	90
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	120
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	150
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	180
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	210
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	240
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	270
SAFETY / QUALITY	MOP CONTACT or DWELL TIME (expressed in minutes)	300
SAFETY / QUALITY	ICU: ROOM 296SF MOP CONSUMPTION	Quantity
SAFETY / QUALITY	ICU: ROOM 296SF MOP CONSUMPTION	Cleaning Time
SAFETY / QUALITY	ICU: ROOM 296SF MOP CONSUMPTION	Dwell Time
SAFETY / QUALITY	ERGONOMIC IMPACT	RESISTANCE / DRAG %
SAFETY / QUALITY	ERGONOMIC IMPACT	Total Weight *expressed in ____
SAFETY / QUALITY	ERGONOMIC IMPACT	R.E.B.A. ASSESSMENT
SAFETY / QUALITY	ERGONOMIC IMPACT	TECHNICIAN FEEDBACK
SAFETY / QUALITY	ENVIRONMENTAL FRIENDLY	DISPOSABLE (OTU)
SAFETY / QUALITY	ENVIRONMENTAL FRIENDLY	RECYCLABLE
SAFETY / QUALITY	QUALITY	Lint Free?
SAFETY / QUALITY	QUALITY	Non Abrasive?
SAFETY / QUALITY	QUALITY	Streak Free Cleaning?
SAFETY / QUALITY	QUALITY	Built in Scrubbing Surface?
SAFETY / QUALITY	QUALITY	Consumption per cleanable SF surface?
SAFETY / QUALITY	SPECIALTY AREAS	CLEANROOM?
SAFETY / QUALITY	SPECIALTY AREAS	INFUSION PHARMACY
SAFETY / QUALITY	SPECIALTY AREAS	USP 797
SAFETY / QUALITY	SPECIALTY AREAS	USP 800
SAFETY / QUALITY	SPAULDING CLASSIFICATION	CRITICAL (STERILE)
SAFETY / QUALITY	SPAULDING CLASSIFICATION	HIGH LEVEL DISINFECTION
SAFETY / QUALITY	SPAULDING CLASSIFICATION	SEMI-CRITICAL
SAFETY / QUALITY	SPAULDING CLASSIFICATION	NON-CRITICAL
SAFETY / QUALITY	SPAULDING CLASSIFICATION	LOW LEVEL (EVS)

V1.0:

Environmental Services (ES) Optimization Project

Program Description: Recognition Program ES Technician of the Quarter

Overview: This Recognition Program has been designed to increase recognition of the valuable contributions that the Environmental Services department technicians make every day to improve patient safety. Environmental services technicians work hard year-round to ensure the health care environment is clean and safe for patients and staff alike. Recognition of good work goes a long way to keep morale work quality high. The Recognition Program is a method of celebrating each member of the team by using several tools described below.

Process: Once a quarter the ES manager will select one ES technician for this recognition (rotate through entire staff roster).

Recognition Tools:

1. **Email to C suite:** The template email message has been provided to permit insertion of the name of ES Technician of quarter. Message should be cut and pasted into an email message directed to Infection Control Committee Chairperson(s), and local executive team (e.g. Chief Operating Officer, Nurse Executive, CEO, Chair of Infection Control Committee etc.)
2. **Poster:** The poster template has been provided to permit insertion of the individual's name and the date, and cell phone photo of the individual in action (cleaning). In addition, there are 4 questions, with space for responses, designed to introduce the individual to the facility. Several photocopies should be made of this poster, and it should be placed in strategic locations within the hospital with the appropriate approvals for posting.
3. **Certificate:** The certificate template has been provided with space for the individual's name and date. Certificate should be presented by ES Manager during a staff meeting or other facility committee meeting.

EVS technician of the quarter

This Environmental Services (ES) Technician is recognized for exemplary performance which supports patient safety!!

Use your cell phone to photograph the individual in an action shot during cleaning process – insert the photo here

Add Employee name here
Add month and year here

A brief interview with our featured ES Technician:

QUESTION: How long have you worked at xx hospital?
RESPONSE:

QUESTION: What do you like best about your job?
RESPONSE:

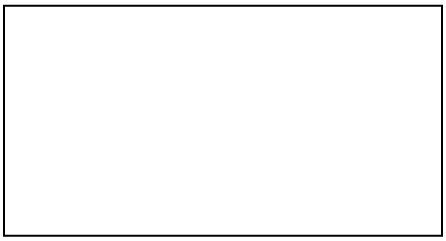
QUESTION: What are you most proud of at the end of a day?
RESPONSE:

QUESTION: What is one thing we would never guess about you?
RESPONSE:

Template email message

Directions: Fill in the certificate awardee's name below, then copy, paste and send the following message into an email and direct to CEO, COO, CFO, Nursing Director, HR Director and any others indicated:

Paste (cell phone) picture of ES Technician here



This message is a formal notification that _____ has been presented with an Outstanding Environmental Services Technician certificate, recognizing exemplary performance which supports patient safety.

This recognition is a component of an Environmental Services Program Optimization Project which is ongoing. As a key member of the team that ensures a safe and hygienic environment for patients, this ES Technician serves as an unsung hero, helping to prevent devastating infections including *Clostridium difficile*. The work ethic and consistent application of science-based protocols have resulted in this individual being acknowledged for exemplary performance. Please join us in congratulating _____ for the excellent work to make the facility safer for our patients, families, and employees!

Environmental Services (ES) Staffing Recommendations

AHE – staffing ES recommendations here: $xxx *Staffing Methodologies and Standards for Healthcare Environmental Services Departments,* is Rock Jensen
http://www.ahe.org/Education/publications_home.shtml

Excerpt: if the total patient room square footage is 100,000 and the productivity standard for patient rooms is 1,000 square feet per hour, the equation for work hours needed for patient room cleaning is 100,000 divided by 1,000, which equals 100 work hours per day. The work hours per day would be 200 if the rooms are cleaned twice per day. To calculate the weekly hours, ES professionals simply multiply by seven, for a total of 700 hours. Thus, the facility would need 700 work hours per week just for patient room cleaning.

The work hours calculation would follow that if there are 75 discharges or transfers per day over a 24-hour period and discharge cleaning in the facility averages 45 minutes each (or .75 hours), 75 multiplied by .75 would equal 56.25 work hours per day, or 393.75 work hours per week. These hours are added to the workload study being compiled to identify the total departmental staffing hours required.

Michael Burke, manager of ES at North Memorial Medical Center in Robbinsdale, Minn., says he measures productivity for discharge cleaning of patient rooms by square footage and allowed work time. He allows 25 minutes for cleaning a 250-square-foot patient room and 30 minutes for cleaning a 300-square-foot room.

ce classifications and their associated productivity standards

SPACE CLASSIFICATION	PRODUCTIVITY STANDARD IN SQUARE FEET PER HOUR
Surgical suites (end of day)	425
Restrooms	480
Patient rooms	1,000
Nurses' stations	1,800
Lobbies	2,500
Offices	2,500
Conference rooms	3,000
Corridors	15,000
Ride-on scrubbing or burnishing	17,860

References: **Source URL:** https://www.infectioncontroltoday.com/environmental-hygiene/room-turnover-times-trash-and-dashapproach-jeopardizes-patient-outcomes

Association for the Healthcare Environment Services. Minimal Time Guidelines for

Patient Room Occupied and Terminal (Discharge or Transfer) Cleaning and

Disinfecting. 2009. AHE press release.

Zuberi D. Cleaning Up. Cornell University Press. 2013.

Template AGENDA: Kickoff Event Environmental Services (EVS) Optimization Program

Date: Location:

TIME	TOPIC	SPEAKER
9:00 – 9:15	Welcome from Local Executive Champion	
9:15 – 10:00	Overview EVS Role in Infection Prevention	
10:00 – 10:30	Results of Self-Assessment, and Initial Improvement Plan	
10:30 – 11:30	AHE Certification Program and Resources	
11:30 – 11:45	BREAK!	
11:45 – 12:15	Project Overview including: • Plan Product Trial(s) • EVS Policy Review, Gap Analysis and Plan • Identify and Prepare Expert Trainers • Shadow Training Program • Develop or Enhance EVS Recognition Program • Develop or Enhance EVS Cleaning Assessment Program • Develop EVS Report to ICC • Develop Daily Cleaning Checklist • Develop Standard EVS Cleaning Cart Stock List • Develop Cleaning Accountability Guide • Plan for TCHEST training and certification	
12:15 – 1:15	LUNCH!	
1:15 – 2:30	Tour of Designated Project Department: Focus on EVS Best Practices and Opportunity Areas	
2:30	Adjourn	

TEMPLATE Introductory Comments

Environmental Services (ES) Optimization Project

Kick Off and Site Visit Event

Presenter:
Date:

1

Thank You

- Thank you for taking the time to participate today in this KickOff and Site Visit Event.
- I am excited about the opportunity to improve the already great job that our Environmental Services Technicians do to support a safe patient environment.

2

Alignment of Goals

I am also excited to see that the goals of this project align well with others already in process including:

- Reducing the risk of patient infections and the associated suffering and cost;
- Reducing patient length of stay;
- Improving patient satisfaction;
- Improving our quality and accreditation scores.

3

Reducing the Risk of HAI

- Achieving a reduction in the risk of health care-associated infections (HAI) requires a multi-disciplinary effort. The Infection Prevention (IP) Program is of course led by our IP department with their ID physician director.
- But to be successful it must include the critical contributions of others, most notably the Environmental Services professionals.

4

Recognition of our ES Technicians

- As we would probably all agree, one critical aspect of optimizing the outcomes of any department is recognition of a job well done.
- I am happy to see that supplementing the process of recognition of our Environmental Services Technicians is part of this project.
- I will look forward to doing my part to ensure success of this recognition program moving forward.

5

Supporting Project Success

- Environmental Services Technicians play such an important role in patient safety. As such, they deserve the opportunity to be acknowledged, educated, and recognized for their contribution in patient safety. Without competent Environmental Services professionals there would be an overwhelming increase in HAIs.
- Thank you again for giving your time to be here today, and for your dedication to this project!

6

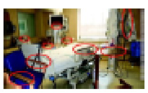
Overview of Environmental Services (ES) Optimization Project
Kick Off and Site Visit Event

Date: February 21st 2024
Presenters:
Frank Christiano & Aaron Jett

1

Genesis of Project – Patient Risk

Peer reviewed studies have concluded that the risk of infection for patients to rooms previously occupied by carriers of MDRO has been found to confer as much as 40% increased risk of acquisition, presumably through environmental contamination.



- Datta R, Platt R, Yokoe DS, Huang SS. Environmental cleaning intervention and risk of acquiring multidrug-resistant organisms from prior room occupants. Arch Intern Med. 2011 Mar 28;171(6):491-4.
- Drees M, Snydman DR, Schmid CH, Barefoot L, Hansjosten K, Vue PM, Cronin M, Nasraway SA, Golan Y. 2008. Prior environmental contamination increases the risk of acquisition of vancomycin-resistant enterococci. Clin. Infect. Dis. 46:678-685.
- Huang SS, Datta R, Platt R. 2006. Risk of acquiring antibiotic-resistant bacteria from prior room occupants. Arch. Intern. Med. 166:1945-1951.

2

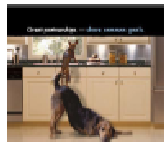
Genesis of Project – Patient Risk

- Environmentally transmitted pathogens – some of the most resistant to antibiotics e.g. methicillin-resistant *S. aureus* (MRSA), *Clostridium difficile*, vancomycin-resistant enterococci (VRE), multi-drug resistant *Acinetobacter*.
- *Clostridiodies difficile* spores, vancomycin-resistant Enterococcus (VRE), methicillin-resistant *Staphylococcus aureus* (MRSA) and *Acinetobacter baumannii* have been recovered on surfaces after 4–5 months.
- Patients at greatest risk from these pathogens are those with a portal of entry – i.e. indwelling device(s) such as bladder catheters, IVs, or if they have a post operative incision.

Anderson DJ et al. Enhanced terminal room disinfection and acquisition and infection caused by multidrug-resistant organisms and Clostridium difficile (the Benefits of Enhanced Terminal Room Disinfection study): a cluster-randomised, multicentre, crossover study. Lancet. 2017 Feb 25;389(10071):805-814.

3

Genesis of Project
Supporting Partnership of IP & ES



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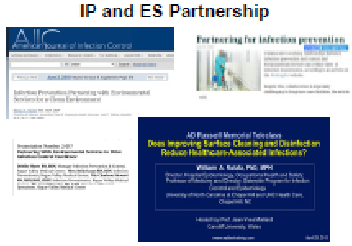
5

Genesis of Project – Proven Effect of IP and ES Partnership



6

Key Project Components

7

Preparation of Super Trainers for Shadow Program

8

Interactive Content Review
CHEST Course for ES Technicians

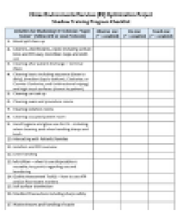
9

Sponsorship: Attendance of two Super Trainers CHEST Course

10

Shadow Program with Super Trainers

- Super Trainers will initially be trained
- Super Trainers will begin shadow program
- Super Trainers will complete a checklist with each ES Technician in designated department during the 90 day project.



11

Additional Resources

1. CDC
   - 2003 CDC EVS Guidelines https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf
   - Assessing the Quality of Cleaning: https://www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html
2. APIC Resources for Environmental Services: https://apic.org/Resources/Topic-specific-infection-prevention/Environmental-services
3. AORN Resources for Environmental Services: https://www.aorn.org/guidelines/guideline-implementation-topics/aseptic-technique/environmental-cleaning
4. The Joint Commission – Environment of Care: https://www.jointcommission.org/topics/hai_environment_of_care.aspx
5. ASC Quality Resources for Environmental Services: http://www.ascquality.org/EnvironmentalInfectionPreventionToolkit.cfm

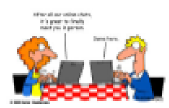
12

When you Admit a Mechanic to a Hospital

13

Weekly Check-in with Project team

- Will track project goals and timeline
- Will assist with any barriers encountered
- Will provide support on ES Improvement Plan including use of products be tested
- Will track progress with content review for CHEST course

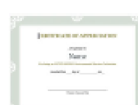


14

3 Part ES Technician Recognition Program

Manager Identifies ES Technician of the Quarter using:

1. Certificate of Appreciation
2. Poster ES Professional of the Month
3. Email message to individual, HR and Administration



15

ES Report to Infection Control Committee

16

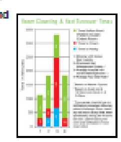
Daily Cleaning Checklist

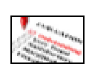
17

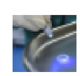
Post Project Evaluation

At the end of the project a survey will be directed to Executive team, ES, Nursing staff, and IP department to assess efficacy of ES Optimization project – comparing to pre-project scores:

- HCAHPS score ES [Hospital Consumer Assessment of Health care Providers and Systems]
- Fluorescent marker scores
- Turn time occupied patient rooms
- ES, IP, Nursing assessment of each component of the program







18

Exit Conference

Post project lunch or virtual meeting to be scheduled after project completion to:

1.Review progress, and remaining opportunities for improvement, and results of post project survey

2.Create a plan for sustaining gains

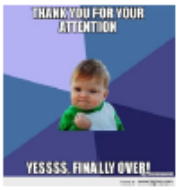
19

Sharing and Spreading the Project

The final step of the project will focus on developing a Playbook and widely sharing it throughout IP and ES communities via multiple platforms: articles, webinars, and presentations.

20

THANK YOU!



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TEMPLATE Results of Self-Assessment, and Initial Improvement Plan

Environmental Services (ES) Optimization Project

Kick Off and Site Visit Event

Date:
Presenter:

1

QUESTION 1: Please provide your average ES quality assessment metric(s) for the past 6 months:

- ATP results
- Glow Test results
- HCAHPPS score
- Other (describe)

Response:

2

QUESTION 2: Do you have a clean accountability guide or checklist to ensure the right surfaces are cleaned and disinfected with the right products by the appropriate person with the right training and tools?

Response:

3

QUESTION 3: What do ES Technicians use to guide their cleaning processes?

- Facility policy manual
- Protocol cards on cleaning cart
- Checklists
- Other

Response:

4

QUESTION 4: How do you provide new ES Technician training?

Response:

QUESTION 5: How do you provide routine ES Technician training?

Response:

QUESTION 6: How often do you provide ES Technician training?

Response:

5

QUESTION 7: How many of your ES managers are AHE certified?

Response:

QUESTION 8: How many of your ES Technicians are AHE certified?

Response:

6

QUESTION 9: Do you have a program or method for recognition of ES Technicians for excellent performance?

Response:

QUESTION 10: What chemical do you use to clean hospital room floors (e.g. quat, hydrogen peroxide, bleach)?

Response:

7

QUESTION 11: What chemical do you use to clean hospital and clinic room high touch surfaces (e.g. quat, hydrogen peroxide, bleach)?

Response:

8

QUESTION 12: Do you use UV light as an adjunct to manual environmental cleaning?

Response:

QUESTION 13: What type of cleaning cloths and mops to you use?

Response:

QUESTION 14: If you use microfiber do you use disposable or re-usable?

Response:

9

QUESTION 15: If re-usable, how are they laundered (what disinfectant? Onsite or contract laundry?)

Response:

QUESTION 16: How do you clean privacy curtains?

Response:

QUESTION 17: What resources were used to write your ES program policies?

Response:

10

QUESTION 18: What do you think needs improvement in your facility ES program?

Response:

QUESTION 19: What do you think your ES program excels at?

Response:

11

QUESTION 20: What are barriers to best practice in your ES Program?

Response:

QUESTION 21: What type of report does ES department submit to Infection Control Committee and how frequently?

Response:

12

QUESTION 22: Do you have an ES Technician recognition program??

Response:

13

Initial Improvement Plan

1.
2.
3.

14

Environmental Services (ES) Optimization Project
Shadow Training Program Checklist

Activities for Shadowing ES "Super Trainer" (Follow AHE or Local Protocols)	Observe one (✓ = completed)	Do one (✓ = completed)	Teach one (✓ = completed)
18. Blood spill clean up			
19. Cleaners, disinfectants, wipes (including contact time and PPE use), microfiber mops and cloth use			
20. Cleaning after patient discharge – terminal clean			
21. Cleaning basics including sequence (clean to dirty), direction (top to bottom), Clockwise, or Counterclockwise, and Unidirectional wiping) and high touch surfaces (closest to patient)			
22. Cleaning cart set up			
23. Cleaning exam and procedure rooms			
24. Cleaning isolation rooms			
25. Cleaning occupied patient room			
26. Hand hygiene and glove use for ES – including when cleaning, and when handling sharps and trash			
27. Interacting with Patients/Families			
28. Isolation and PPE overview			
29. Linen handling			
30. Microfiber – when to use disposable vs reusable; key points regarding use and laundering			
31. Quality Assessment Tool(s) – how to use ATP and/or fluorescent markers			
32. Soft surface disinfection			
33. Standard Precautions including sharps safety			
34. Waste streams and handling of waste			

Template: Status Report Environmental Services (ES) Optimization Project

Template: Status Report Environmental Services (ES) Optimization Project
Primary Purpose: Develop an ES Optimization project designed to support reliable design of environmental cleaning and disinfection to reduce the risk of HAI (health care associated infection). The project will involve self-assessment of the ES program a Kick-Off meeting and project evaluation with regular status reports.
Project Champion/Sponsor:

Project Components:	**Status:**
Plan Kickoff Event ES Policy Review, Gap Analysis and Plan Identify and Prepare Expert Trainers Shadow Training Program Develop or Enhance ES Recognition Program Develop or Enhance ES Cleaning Assessment Program Develop ES Report to ICC Develop Daily Cleaning Checklist Develop Standard ES Cleaning Cart Stock List Develop Cleaning Accountability Guide Plan for TCHEST training and certification	

Success Metrics: How will we know we've achieved the goal(s)?
Post project survey of ES, IP and nursing staff at test site(s), HCAHPS scores, ATP scores, Fluorescent Marker scores, other TBD
Considerations: Assumptions / Constraints / Obstacles / Risks
Attendance and participation of members; Resource (time, competing demands)
Member Time Commitments:
One-hour meetings ES project team weekly for 90 days
Key Milestones:
Completion of ES project plan, identify test department, implement project components, evaluation of project
Communication Plan
Primary communication among the team members will be via e-mail, phone, meeting minutes. Updates will be shared with executive champion/sponsor and other groups as determined on a monthly basis.

Environmental Services Optimization Project Cleaning Assessment Protocol – ATP (based on CDC Evaluating Environmental Cleaning Toolkit)

1. A baseline assessment of terminal room cleaning will be done using ATP (https://www.hygiena.com/systemsure-healthcare.html). This product comes with a computer-based software called SureTrend, which the ATP meters feed cleaning results to. Once a room has been vacated and terminal cleaning completed, use one SuperSnap swab to collect each specimen from the designated high touch surface (see below). After collecting each specimen, place the swab into the luminometer. The score will be transmitted to the SureTrend software.
   Sample size will be defined as all high touch surfaces (listed below) in 10-15% of patient rooms in a hospital with ≥150 beds. In hospitals with less than 150 beds, sample size will be defined as all high touch surfaces (listed below) in a minimum of 15 rooms. These baseline results will

be used to assess improvement and opportunity areas moving forward after Environmental Services (ES) Technician education.

2. Structured education of the ES Technicians on key components of environmental cleaning, as well as use of the fluorescent marker product will be provided. The baseline cleaning scores will be incorporated into the ES educational activity focusing on opportunity areas identified.

Shadow Training Checklist.docx

Hygiena SuperSnap IFU.pdf

3. Assessment of terminal cleaning using ATP will be performed immediately after staff education, and subsequently at least three times a year. For each assessment the sample size used during baseline assessment should be used. When an aggregate score of >80% has been achieved, the number of rooms to be monitored can be decreased to 5% per evaluation cycle unless there is a deterioration in practice.
4. The cleaning scores will be used in ongoing educational activity and feedback to the ES Technicians following each cycle of evaluation.
5. The cleaning scores will also be shared during each Infection Control Committee (ICC).

Report to ICC.docx

High-touch Room Surfaces	
Bathroom inner door knob / plate	Multi-module monitor cables
Bathroom light switch	Multi-module monitor touch screen
Bathroom handrails by toilet	Room inner door knob
Bathroom sink	Room light switch
Bed rails / controls	Room sink
Bedside table handle	Telephone
Call box / button	Toilet flush handle
Chair	Toilet seat
IV pump control	Tray table
IV pole (grab area)	Ventilator control panel
Multi-module monitor controls	

Environmental Services Optimization Project Cleaning Assessment Protocol – Fluorescent Marking Gel (based on CDC Evaluating Environmental Cleaning Toolkit)

6. A baseline assessment of terminal room cleaning will be done using the fluorescent marker product, Clinell EvaluClean (http://clinell.com/product/evaluclean/#overview). This product comes with a computer-based software deployed with iPads. Once a room has been vacated

and patient discharged, or prior to daily room cleaning, use the Clinell fluorescent gel pen to mark select high touch surfaces within a room, record each on the tablet touchscreen. Once the room has been cleaned, return and use the Clinell UV light on the high touch surfaces to assess whether the invisible fluorescent gel has been removed. The list of high touch surfaces can be changed at any time. On the tablet app, in addition to documenting the marking and whether it was removed after cleaning, you can document the specific cleaning chemicals used, the type of clean (e.g. terminal, daily), the type of room (e.g. ICU).
Scores will be calculated as # of objects cleaned / total # of objects evaluated X 100. Sample size will be defined as all high touch surfaces (listed below) in 10-15% of patient rooms in a hospital with ≥150 beds. In hospitals with less than 150 beds, sample size will be defined as all high touch surfaces (listed below) in a minimum of 15 rooms. These baseline results will be used to assess improvement and opportunity areas moving forward after Environmental Services (ES) Technician education.

7. Structured education of the ES Technicians on key components of environmental cleaning, as well as use of the fluorescent marker product will be provided. The baseline cleaning scores will be incorporated into the ES educational activity focusing on opportunity areas identified.

Shadow Training Checklist.docx Clinell brochure.pdf

8. Assessment of terminal cleaning using the fluorescent marker will be performed immediately after staff education, and subsequently at least three times a year. For each assessment the sample size used during baseline assessment should be used. When an aggregate score of >80% has been achieved, the number of rooms to be monitored can be decreased to 5% per evaluation cycle unless there is a deterioration in practice. The results will be recorded within the software or can be manually entered into an excel spreadsheet to calculate aggregate scores.

Cleaning Assessment Record.xls

9. The cleaning scores will be used in ongoing educational activity and feedback to the ES Technicians following each cycle of evaluation.
10. The cleaning scores will also be shared during each Infection Control Committee (ICC).

Report to ICC.docx

High-touch Room Surfaces	
Bathroom inner door knob / plate	Multi-module monitor cables
Bathroom light switch	Multi-module monitor touch screen

Bathroom handrails by toilet	Room inner door knob
Bathroom sink	Room light switch
Bed rails / controls	Room sink
Bedside table handle	Telephone
Call box / button	Toilet flush handle
Chair	Toilet seat
IV pump control	Tray table
IV pole (grab area)	Ventilator control panel
Multi-module monitor controls	

Surface Cleaning and Disinfection Procedures and Techniques in Environmental Services (EVS)

ATP Score Documentation – Cleaning Quality Assessment

Test at least 10 items below with ATP swab after room has been cleaned.

Date Completed_____

Completed by_____

Unit_____

PATIENT ROOM#_____	Areas tested with ATP swab (Swab at least 10)	Mark Y if ATP less than 25 Mark N if ATP greater than 25	Comments
1. Bed rails			
2. Bed rail controls			
3. Overbed table			
4. Underside of overbed table			
5. TV remote control			
6. Telephone			
7. Nurse call light			
8. Bedside stand			
9. Light switch room			
10. Light switch bathroom			
11. Sleeper couch/chair			
12. Room chair			
13. Doorknob room			
14. Doorknob bathroom			
15. Toilet seat			
16. Toilet flush handles			
17. Hot/cold handles room sink			
18. Hot/cold handles bathroom sink			
19. Sink in room			
20. Sink in bathroom			
Total items met per room		Add “Y” answers /10	

Add Yes answers and divide by 10 for score. The aim is to get as many Y answers as possible because this indicates that the room has been properly cleaned.

Note sometimes ATP companies will provide a checklist to the facility. Many ATP companies offer summary reports that are unit-based. These reports can be sent to the units as feedback.

Surface Cleaning and Disinfection Procedures and Techniques in Environmental Services (EVS)

Fluorescent Marker Testing: Cleaning Quality Assessment

Mark at least 10 items below with UV marker before room is cleaned.

Date Completed_____

Completed by_____

Unit_____

PATIENT ROOM#_____	Marked with UV Marker (Check at least 10)	Mark Y if mark seen under UV light Mark N if not seen	Comments
21. Bed rails			
22. Bed rail controls			
23. Overbed table			
24. Underside of overbed table			
25. TV remote control			
26. Telephone			
27. Nurse call light			
28. Bedside stand			
29. Light switch room			
30. Light switch bathroom			
31. Sleeper couch/chair			
32. Room chair			
33. Doorknob room			
34. Doorknob bathroom			
35. Toilet seat			
36. Toilet flush handles			
37. Hot/cold handles room sink			
38. Hot/cold handles bathroom sink			
39. Sink in room			
40. Sink in bathroom			
Total items met per room		Add “N” answers /10	

Add No answers and divide by 10 for score. The aim is to get as many N answers as possible because this indicates that the room has been properly cleaned.

STEP 4: Project evaluation, product evaluation(s), exit conference, plan for sustaining gains

Hospital Teams:

- Project Lead will distribute the three post-project evaluation survey links as follows:
    4. ES Director
    5. ES Technicians (minimum number to be determined)
    6. IP and Nursing Staff (minimum number to be determined)
- Project Lead will collect, collate and summarize survey responses, and share with Executive champion and all stakeholders.
- Project Lead, Executive Champion and Work Group will develop a plan for sustaining gains
- Exit Conference - Project Lead and Work Group will plan Exit Conference
    - ✓ Use template agenda
    - ✓ Invite Nursing, IP department, ES department, Executive Champion
    - ✓ Prepare PPT slides using template slide set provided

Project Team and Advisors

- ☐ Will use cost savings/avoided information from post project evaluations to support development of a template business plan which will be added as a component of the final Playbook
- ☐ Where permitted, press releases will be planned in collaboration with the hospitals. In addition, with input from all project members, and hospital contacts, conference presentations will be developed (AHE, APIC), in addition to submission of papers to peer reviewed journals and trade journals.

Environmental Services (ES) Optimization Project Post Project Evaluation For completion by ES Director (to be repeated 6 and 12-months post project)

1. Please provide your average ES quality assessment metric(s) for the past 3 months – fill in only those metrics in use:
    A. ATP results
    B. Fluorescent marker results
    C. HCAHPS scores
    D. Other (describe)
2. Since the project began has the performance of your ES Technicians improved regarding cleaning and disinfection of the right environmental surfaces with the right products and the right tools?
    A. Strongly agree
    B. Agree
    C. Neutral
    D. Disagree
    E. N/A
    Comments
3. Since the project began have you made improvements or plans to improve your ES Technician training program?
    A. Strongly agree
    B. Agree
    C. Neutral
    D. Disagree
    E. N/A
    Comments
4. Since the project began have you increased or made plans to increase the number of ES Managers and Technicians AHE certified?
    A. Strongly agree
    B. Agree
    C. Neutral
    D. Disagree
    E. N/A
    Comments (optional – provide detail)
5. Since the project began have you made improvements or plans to improve, how you provide recognition of ES Technicians for excellent performance?
    A. Strongly agree
    B. Agree
    C. Neutral
    D. Disagree
    E. N/A
    Comments
6. Since the project began have you made improvements or plans to improve, the chemical you use to clean hospital room floors (e.g. detergent, quat, other)?

A. Strongly agree
B. Agree
C. Neutral
D. Disagree
E. N/A

Comments

7. Since the project began have you made improvements or plans to improve, the chemical you use to clean hospital and clinic room high touch surfaces (e.g. quat, hydrogen peroxide, bleach)?
    A. Strongly agree
    B. Agree
    C. Neutral
    D. Disagree
    E. N/A

    Comments
8. Since the project began have you made improvements or plans to improve, the type of cleaning cloths and mops to you use?
    A. Strongly agree
    B. Agree
    C. Neutral
    D. Disagree
    E. N/A

    Comments
9. Since the project began have you made improvements or plans to improve, tools for your ES Technicians such as cleaning checklists, cart supply checklists?
    A. Strongly agree
    B. Agree
    C. Neutral
    D. Disagree
    E. N/A

    Comments
10. Since the project began have you developed a guideline or made agreements with the Nursing department and others to improve clarity regarding accountability for cleaning equipment and items other than built environment?
    A. Strongly agree
    B. Agree
    C. Neutral
    D. Disagree
    E. N/A

    Comments
11. Is there anything you would recommend changing about this project at other hospitals? Please describe.
12. What has been the most valuable aspect of the ES Optimization Project? Please describe.

Environmental Services Optimization Project Post Project Evaluation

For completion by Nursing Staff (to be repeated 6 and 12-months post project)

1. Since the project began have you noticed any improvement in communication between Nursing and ES departments?
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - N/A
    - Comments
2. Since the project began have you noticed any improvement in the performance of ES Technicians in daily cleaning of high touch surfaces in patient rooms/environments?
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - N/A
    - Comments
3. Since the project began have you noticed any improvement in the performance of ES Technicians in the terminal cleaning of patient rooms at discharge?
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - N/A
    - Comments
2. Since the project began do you feel that there has been improved clarity regarding accountability for cleaning various elements of the patient environment by ES, Nursing, and any others (e.g. Respiratory Therapy)?
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Comments
    - N/A
4. Is there anything you would recommend changing about this project at other hospitals? Please describe.
5. What has been the most valuable aspect of the ES Optimization Project? Please describe.

Environmental Services (ES) Optimization Project
AGENDA: Exit Conference

Date:

Location:

Time:

TIME	TOPIC	SPEAKER
	Welcome from Project Lead	
	Review of Project Plan and Status of Completion – Improvements and Remaining Opportunities	
	Results of Post Project Evaluation	
	Plan for Sustaining Gains and Continuing Improvement	
	Adjourn	

Project sponsored by: EvSOP

Exit Conference
Environmental Services (ES)
Optimization Project
Hospital Name:

Date:

Project Lead:

Project Sponsor
EvSOP

1

Hospital Team!

2

To EvSOP our Project Sponsor

3

Reflecting on the Project
What we Accomplished!

ACCOMPLISH

1. Gap Analysis
2. Executive champion identified
3. Work Group convened
4. Project Plan and Timeline developed
5. Kickoff Event
6. Improvement Plan executed
7. ES Technician Training
8. Quality Assessment
9. Commitment for attendance of one ES Manager/Technician member to attend TCHEST course
10. Status Reports

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Reflecting on the Project
What we Accomplished!

ACCOMPLISH

11. Improvement Plan included:
    - Enhancement of ES Recognition Program
    - Development of cleaning accountability guide for critical care
    - Enhancement of ES Reporting to ICC
    - Enhancement of Daily Cleaning Checklist
12. Post project survey
13. Plan for sustaining gains!

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You Made a Difference!
Post Project Survey ES Department

Survey Results Assessment of the Project
Total # responses from ES Technicians

% strongly agree or agree

Add graph from post project evaluation survey

7

You Made a Difference!
Post Project Survey ES Department

Survey Results Assessment of the Project
Total # responses from Nurses and IP Professional(s)

% strongly agree or agree

Add graph from post project evaluation survey

8

You Made a Difference!
Post Project Survey ES Department

Survey Results Assessment of the Project
Responses from ES Director

% strongly agree or agree

Add graph from post project evaluation survey

6

You Made a Difference!

Visible improvement in cleaning

Add before photo

Add after photo

9

You Made a Difference!

ATP and/or Fluorescent Marker scores

Add baseline scores	Add post project scored

10

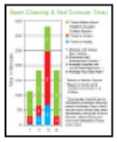
13

You Made a Difference!

Patient Satisfaction

	Project start	Project end
HCAHPS* score Patient assessment of cleanliness		

How To Improve HCAHPS



* Hospital Consumer Assessment of Healthcare Providers and Systems

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Still to Come – Plan for Sustaining Gains

1. Attendance of ES Manager/Technician at TCHEST Course in order to train all ES Technicians
2. Repeat survey to check in and assess sustainability at 6 and 12 months.
3. Press Release? APIC or AHE Conference presentation?

MORE

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