BMT Network NSW

ENVIRONMENTAL CLEANING PROJECT

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Introduction

- Look back to what we aimed for in 2013
- What was achieved
- Consolidated reports
- Overall recommendations
- Specific centre - 2016
- Next steps
WHY BMT?

- Extreme Risk
  - Based on types of patient, transmission risk and types of procedures
  - Immunocompromised (regimens and immunosuppression)
  - Frequent use of in-dwelling vascular devices
  - Complications e.g. diarrhoea
  - Long length of hospital stay and frequent readmission

ACI NSW Agency for Clinical Innovation
The ‘Environmental Cleaning Project’ Aims

- Implement internal and external auditing standards
- Support cleaners in this ‘extreme risk’ functional area
- Assist in centres addressing National Safety and Quality Health Service (NSQHS) Standard 3
- Promote the implementation of the NSW Environmental Cleaning policy 2012_061
  - Improving profile of healthcare service/ WH&S and reducing HAIs
How?

1. Establish a baseline level of environmental cleanliness
   - Series of 3 audits external auditor
   - Predominantly outcome.
   - May 2014 reviewed cleaning procedure and records
   - 5 audit rounds
2. Ascertain how BMT units are cleaned and review resourcing, training and education

- 2013 Survey of BMT NUMS, Environmental Services Managers, Clinical Governance
- Where cleaners are from
- Training of cleaners
- Training coverage
- Cleaning responsibilities

![Cleaner Employment Type](chart.png)
How?

- Documented cleaning schedules
- Frequency of cleans
- Audit programs and tools
- Needs of the cleaners
- Bed numbers, room types

English as a Second Language

- Percentage of cleaning staff that speak English as a second language:
  - <20%
  - 21-50%
  - 51-80%
  - >80%

Written Cleaning Schedule

- Yes, 47%
- No, 53%

Sign off Responsibility

- NUMs: 25%
- Enviro Managers: 38%
- Other: 38%
How?

3. Validate the CEC audit tool
   - Round 1 and 2 both the Victorian and CEC tools
   - Round 3 revised CEC tool against the Victoria tool

4. Communicate quality improvements to BMT Units
   - Round 1 and Survey analysis—face to face. BMT Unit, Network and Hospital recommendations
   - Rounds 2-5 audit reports and recommendation provided to key stakeholders, individual and BMT Network
Education

- Environmental cleaning forum
  - Opportunity to ask questions – policy, audit tool, one another
- Local initiatives and technologies
- Design and infrastructure
- Cleaner training
  - Infection control, audit process, empowerment
- Auditor training – validated round 3
- Round 1 to 3 – 55% increase
- Round 4 – 11 units maintained or increased their score
- Round 5 – 7 units maintained or increased their score
- Round 5 – 2 centres at 70% had dropped 18-23%
Network recommendations

1. Auditing
   - 50% of rooms in “extreme risk” areas monthly
   - Audit tool reflects cleaning schedule used
   - CEC tool – benchmarking

2. Cleaning schedules
   - Sign off process
   - Every element audited allocated to someone to clean
   - Include all equipment on the ward
3. Governance / reporting
   - Communication of results to all levels
   - Audits results - meeting agendas ward, hospital infection
4. Local ongoing education support for cleaners
5. Involvement of maintenance and engineering – e.g. aircon
Network recommendations

6. Where an element requires improvement
   - Review of cleaning process
   - Ensure equipment allow compliance
   - Ensure no competing priorities
   - Record of action taken

7. Consider environmental swabbing

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Specific recommendations

- Clutter from patient’s belongings
- Checking the freezers and defrosting
- Exposed wood and broken tiles
- Soft furnishing and damaged furnishings
- Cleaning of mobile computers
Specific recommendations

- Include vents on maintenance schedule
- Audit results did not reflect the internal audit results
- Need to RE establish and audit program
Ongoing initiatives

- Patient experience
  - BMT Network commenced 3 years ago
  - Limitation – apheresis or transplant
  - 460 patients
  - Clean and safe environment - 88% Always, 10% most of the time

- 2017 – separate survey areas
  - 25 surveys to date
Patient experience

- “Junior staff need to be aware of hygiene care”
- “Shared wards and bathrooms are not very conducive to healing”
Next steps

- Review of CEC Environmental Cleaning Audit Tool and Standard Operating procedures
- Review of PD2012_061 EC policy
- Release of the NSQHS Standards version 2 in late 2017 with implementation January 2019
- NSW Health review of support services
- ACI support external audit in 2018
- Build on the great work already achieved
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