![ACI NSW Agency for Clinical Innovation logo]

![Blood and Marrow Transplant Network NSW logo]

REPORT

External Environmental Cleaning Audits 2015

Blood and Marrow Transplant Network

Collaboration. Innovation. Better Healthcare.

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

- **Service redesign and evaluation** – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services.

- **Specialist advice on healthcare innovation** – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment.

- **Initiatives including Guidelines and Models of Care** – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system.

- **Implementation support** – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW.

- **Knowledge sharing** – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement.

- **Continuous capability building** – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care. **www.aci.health.nsw.gov.au**

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Project Overview

The ACI, Blood and Marrow Transplant (BMT) Network recognise that hospital cleanliness serves many purposes. A clean environment is a key strategy to reduce hospital-associated infections (HAIs), provides a safe environment for staff, patients and visitors and reflects the hospital's philosophy of care and concern. The release of the NSW Environmental Cleaning Policy, (PD2012_061) in 2012, provided the impetus for this initiative, having highlighted BMT units as high risk functional areas.

Two years ago the ACI BMT Network began an Environmental Cleaning Project within fifteen NSW BMT units with the following aims to:

1) Establish a baseline level of environmental cleanliness;
2) Ascertain the methods by which units are cleaned, resourcing, training and education of environmental service personnel and clinical governance;
3) Pilot and validate the Clinical Excellence Commission (CEC) environmental cleaning audit tool against an established standard; and
4) Inform quality improvements in environmental cleaning standards in BMT/haematology units.

Work on this project included:

- **September 2013:** Round 1 (benchmark) audit results showed that none of the 15 BMT units achieved the recommended 90% Accepted Quality Level (AQL) for extreme risk functional areas (PD2012_061).
- **May 2014:** Round 2 audits were completed with more encouraging results, with 5 of 15 units exceeding the 90% AQL and an additional 3 achieving scores of 88-89%.
- **August 2014**: Round 3 audit results ranged from 86-100%, with 10 of 15 facilities exceeding the 90% AQL. Network-wide, the overall average increase in AQL from Round 1 to Round 3 was 55%.

Additional support was provided within the project with:

- Delivery of an Environmental Cleaning Forum in August 2014.
- Delivery of environmental cleaning auditor training in August 2014.
  This one day training course was attended by representatives of participating hospitals in the project. Staff who received training were then given the opportunity to validate their learning during the final audit round in their own facility.
- Delivery of training for hospital cleaning staff in August 2014.
  This training was to educate on infection control principles and the cleaner's role in reducing the risk of transmission to staff, visitors and patients; understanding the environmental cleaning audit process to remove the fear for cleaners; and empowering the cleaning staff to initiate correct cleaning processes.

The Environmental Cleaning Project 2013-2014 was completed in December 2014. Although the initial project and aims have concluded, the ACI BMT Network committed to ongoing support to sustain the improvements made. External environmental audits will continue on an annual basis, broadening to two yearly from 2016, as per the NSW Environmental Cleaning Policy recommendations.

2015 External Audit Results

Commencing in August 2015, a fourth round of external cleaning audits was commissioned by the ACI. Of the fifteen sites audited, twelve units exceeded the 90% Acceptable Quality Limit (AQL).

This shows a significant improvement from the 2013 phase one audit with none of the fifteen BMT units achieving the recommended 90% AQL for extreme risk functional areas, as outlined in the NSW Environmental Cleaning Policy.

The fourth round audit results include:

- Two units achieving 100%
- Eight units achieving above 95%.
- Three units below the AQL ranging from 81% to 89%
- Eleven units either maintained or improved their score from the last round of audits in August 2014

Figure 1. External Environmental Cleaning Audit Results 2013 – 2016.
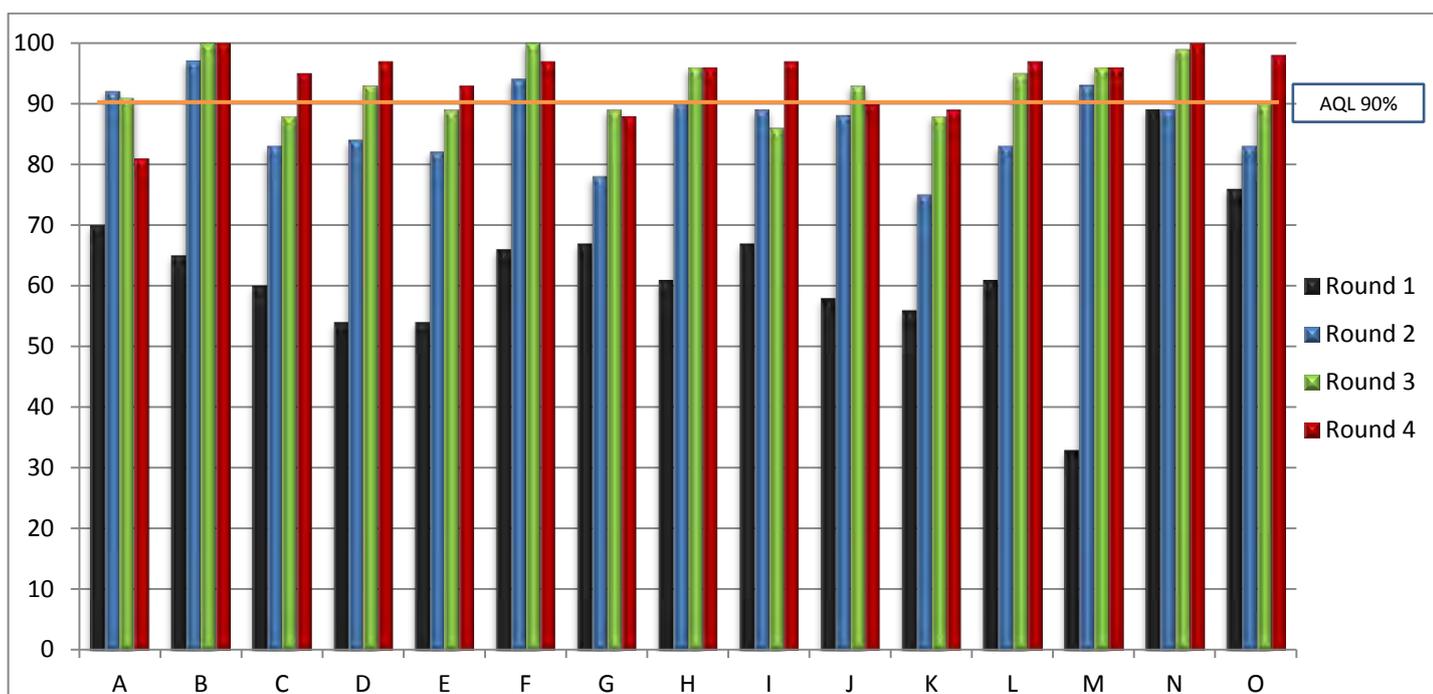
These audit results represent a continued and sustained improvement in environmental cleaning across the majority of the BMT network. The project has achieved:

- Improved standards of cleaning with an associated improved public perception as noted by many patients and staff
- Improved moral amongst the cleaning staff working on the BMT units
- The inclusion of cleaning staff as part of the overall care giver team on the units
- Improved cleaning staff education as part of their personal and professional development
- Improved communication between the environmental services team and nursing, highlighting the importance of a multidisciplinary approach to cleaning

Where the internal process for audit and actual cleaning processes are robust, external audit results have continued to improve. These improvements are also more likely to be maintained into the future.

The main finding from this round of audits is that units are not conducting interim audits as per the NSW Health Cleaning policy. Units are also utilising a range of different audit tools, preventing benchmarking across sites. The lowest performing units do not have robust auditing and reporting frameworks in place.

Recommendations

Overall, recommendations from the fourth audit round are consistent with recommendations provided in the 2014 audit report. These recommendations include:

1. Sites should ensure compliance with the NSW Cleaning Policy
   a. Audit extreme risk areas 50% each month
   b. There are still a variety of audit tools being used, including CEC, TopCat and a paper based variety not consistent with CEC (tool or policy)
      i. Consider using CEC tool as paper based tool
      ii. Consider requesting TopCat to format audit tool in the same framework as CEC

2. Wards should ensure that the cleaning schedule for the ward reflects the cleaning audit tool used
   a. Every element audited should be on a cleaning schedule
   b. Every element audited needs to be allocated to someone to clean
   c. To comply with National Safety and Quality Health Service Standards, Standard 3, the ward cleaning schedule should include a sign off process. Cleaning schedules should exist for every piece of equipment on the ward, including patient care equipment.

3. Where an element continues to fail, wards should undertake a review of the process for cleaning
   a. Identify failed elements and ensure that the process for rectification is documented so that the same elements do not fail again in the following audit period

4. Hospitals should ensure that there is a robust Governance structure/reporting framework for the interim environmental cleaning audits conducted
   a. Communication of audit results to relevant staff at all levels in the organisation
   b. Ensure cleaning audit reports are a standing agenda item at ward meetings and hospital infection control meetings

5. Maintenance and engineering are to be involved in the cleaning audit process as they may need to be involved with rectification of failed elements such as air conditioning and setting up a preventative maintenance program

6. Local ongoing education for cleaners is essential to maintain and improve cleaning standards

Next Steps

The ACI BMT Network is committed to a fifth round of external audits in 2016, as per the recommendations of the NSW environmental cleaning policy, with a review thereafter.