



Environmental Cleaning In Healthcare Subcommittee

Update
May 12, 2016



Environmental Cleaning In Healthcare Subcommittee

March 1	60
March 15	60
April 26 th	90
May 9 th	60



Environmental Cleaning In Healthcare Subcommittee

Members: Carole Moss, Alicia Cole, Karen Anderson, Deborah Wiechman
Standards Research Advisor

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Karen Hoffman, Representing CMS Survey and Certification Group Karen has specialized in infection control and prevention for over 30 years. RN,MS, CIC, FSHEA Clinical Instructor, university of North Carolina, School of Medicine

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Environmental Cleaning In Healthcare Subcommittee

Mission

- Members of the subcommittee discussed and developed the Mission of this subcommittee.

The Mission of the Environmental Cleaning Healthcare Subcommittee is to protect the public from Healthcare Associated Infections by establishing best practices specifically in the area of environmental cleaning in CA healthcare facilities.



Environmental Cleaning In Healthcare Subcommittee

The mission of the subcommittee is being propelled by defining these four areas:

Clean, Disinfect, Decolonize, Decontaminate

Areas for solutions **Phase 1**

1. Daily cleaning
2. Terminal cleaning
3. Devices, scopes, equipment
4. Laundry Services



Environmental Cleaning In Healthcare Subcommittee

The mission of the subcommittee is being propelled by defining these four areas:

Clean, Disinfect, Decolonize, Decontaminate

Areas for solutions **Phase 2**

1. The People

Patients, Healthcare Workers,

Principles of Environmental Cleaning and Monitoring the Adequacy of Practices

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and
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**Disclosures: Consultant to Soap & Detergent Association, Cardinal Health, BD, Clorox Corporation, 3M Corporation, Advanced Sterilization Products, BIOQUELL PLC.
Research support from 3M Corporation, BD, Lumalier.**

Environmental Contamination

- **Patients with pathogens such as methicillin-resistant *S. aureus* (MRSA), *Clostridium difficile*, vancomycin-resistant enterococci (VRE), and *Acinetobacter* frequently contaminate environmental surfaces in their immediate vicinity**
 - **These organisms can remain viable in the environment for weeks or months**
- 

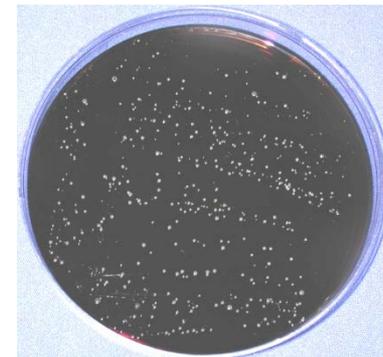
Cleaning Practices Are Often Suboptimal

- Daily cleaning of surfaces near patients is often performed poorly
- Terminal cleaning of rooms after patient discharge is often inadequate
 - Carling et al. found that only 47% of surfaces targeted for terminal cleaning had been cleaned



Overbed Table
Before Cleaning

Overbed Table
After Cleaning



VRE on call button after cleaning

Contaminated Surfaces Can Contribute to Transmission

- **Contaminated environmental surfaces can contribute to transmission of pathogens**
 - **By serving as a source from which healthcare workers contaminate their hands or gloves**
- **Contaminated medical equipment that comes into direct contact with the patient can serve as a source of transmission**

Samore MH et al. *Amer J Med* 1996;100:32

Boyce JM et al. *Infect Control Hosp Epidemiol* 1997;

Bhalla A et al. *Infect Control Hosp Epidemiol* 2004;25:164

Duckro AN et al. *Arch Intern Med* 2005;165:302

Contaminated Surfaces Can Contribute to Transmission

- **Patients admitted to a room formerly occupied by a patient with VRE or MRSA are at increased risk of acquiring the organism, suggesting that**
 - **terminal cleaning of rooms was inadequate**
 - **patients acquire the organism**
 - **directly from contaminated surfaces**
 - **from HCWs who contaminate their hands in the room**

Martinez JA et al. Arch Intern Med 2003;163:1905

Huang SS et al. Arch Intern Med 2006;166:1945

Drees M et al. Clin Infect Dis 2008;46:678

Does Increased Cleaning/Disinfection Help Reduce Transmission of Pathogens?

- A number of studies have shown that improved cleaning and disinfection of environmental surfaces can reduce transmission of pathogens such as *C. difficile*, vancomycin-resistant enterococci (VRE), and methicillin-resistant *S. aureus* (MRSA)

Kaatz GW et al. Am J Epidemiol 1988;127:1289

Mayfield JL et al. Clin Infect Dis 2000;31:995

Hayden MK et al. Clin Infect Dis 2006;42:1552

Boyce JM et al. Infect Control Hosp Epidemiol 2008;29:723

Dancer SJ et al. BMC Med 2009;7:28

Monitoring Cleaning Practices

- 1404 objects were evaluated before the intervention
- 744 objects were evaluated after the intervention
- Proportion of objects cleaned
 - Before intervention: 47%
 - After interventions: 76 - 92%
- Technique improved in all hospitals ($p < 0.001$)
- Technique has been adopted in numerous hospitals and has led to improved cleaning practices

Carling PC et al. Clin Infect Dis 2006;42:385

Carling PC et al. Infect Control Hosp Epidemiol 2008;29:1

Internet Resources

- **HICPAC guidelines**
 - www.cdc.gov/ncidod/dhqp/gl_enviroinfection.html
 - www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf
- www.disinfectionandsterilization.org
- www.cleanhospitals.net
 - Click on Clean Environment



Cleaning To Save Our Tomorrows

Presented to
California State Hospital Acquired Infection Advisory Sub-Committee
Healthcare Facility Environmental Cleaning Standards Research Team

April 26th 2016
10:00 am to 11:30
Dial In Access
888.557.8511 4053561

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and
Coleen Athey CLLM, Director, Environmental Services & Linen

(With content adapted from “C. difficile: Strategies for
Prevention” by Vickie Brown, MPH, RN, CIC Director Infection
Prevention)

WakeMed Health & Hospitals
Raleigh, North Carolina



Objective

- ▶ Identify strategies a healthcare organization might adopt to help reduce the incidence of healthcare associated C. difficile and other antibiotic resistant infections



Code Blue!



Think “Fountain”



“Patients colonized or infected w/ healthcare-associated pathogens often shed these organisms onto their skin and into the environment”

Think “Veneer”

- ▶ It is well recognized that environmental surfaces w/in the immediate vicinity of patients w/ MRSA, C-diff, and VRE become contaminated with these organisms
- ▶ It is just as easy to become contaminated by touching a patient's environment as it is by touching the patient



Environmental Reservoirs

Pathogen	Maximum	Median	Source
MRSA	>60 days	12 days	1
C-diff	5 months; spore	6 hours; vegetative	2,4
VRE	4 months	31 days	1, 3
Norovirus	7 days	8 hours	5
Acinetobacter	5 months	3 days	5

¹ Gastmeier et al., *Journal of Hospital Infection*. 2006 Feb; 62(2): 181-6

² Weber et al., *American Journal of Infection Control*. 2010 June; 38(s25-s33)

³ Wendt et al., *Journal of Clinical Microbiology*. 1998 Dec; 36(12): 3734-6

⁴ Jump et al., *Antimicrobial Agents and Chemotherapy*. 2007 Aug; 51(8): 2883-7

HAI-AC Environmental Cleaning
⁵ Kramer et al., *BMC Infect Dis*. 2006 Aug; 6:130



Snapshot of C-diff

- ▶ Epidemic strains have developed resulting in increased incidence and severity
- ▶ 237% increase in C-diff hospitalizations between 2000–2009
- ▶ AJIC; Premier hospital database study ¹
 - 4.7 days increase LOS
 - \$7,286 total attributable cost
- ▶ Estimated attributable cost to recurrent \$8,937–\$14,588 ²
- ▶ Up to 50% of antibiotics are prescribed inappropriately
 - microorganisms gain resistance to antibiotics
 - more superbugs
- ▶ There is mounting evidence to suggest acid suppression therapy for stress ulcer prophylaxis is over utilized and also contributes to C-diff

¹Magee G, *Am J Infect Control* 2015;1148–53

²Alberkane et al, *Infect Control Hosp Epidemiology* 2011;201–206



What has Science Told Us About Environmental Cleaning?

We are not very good at it!

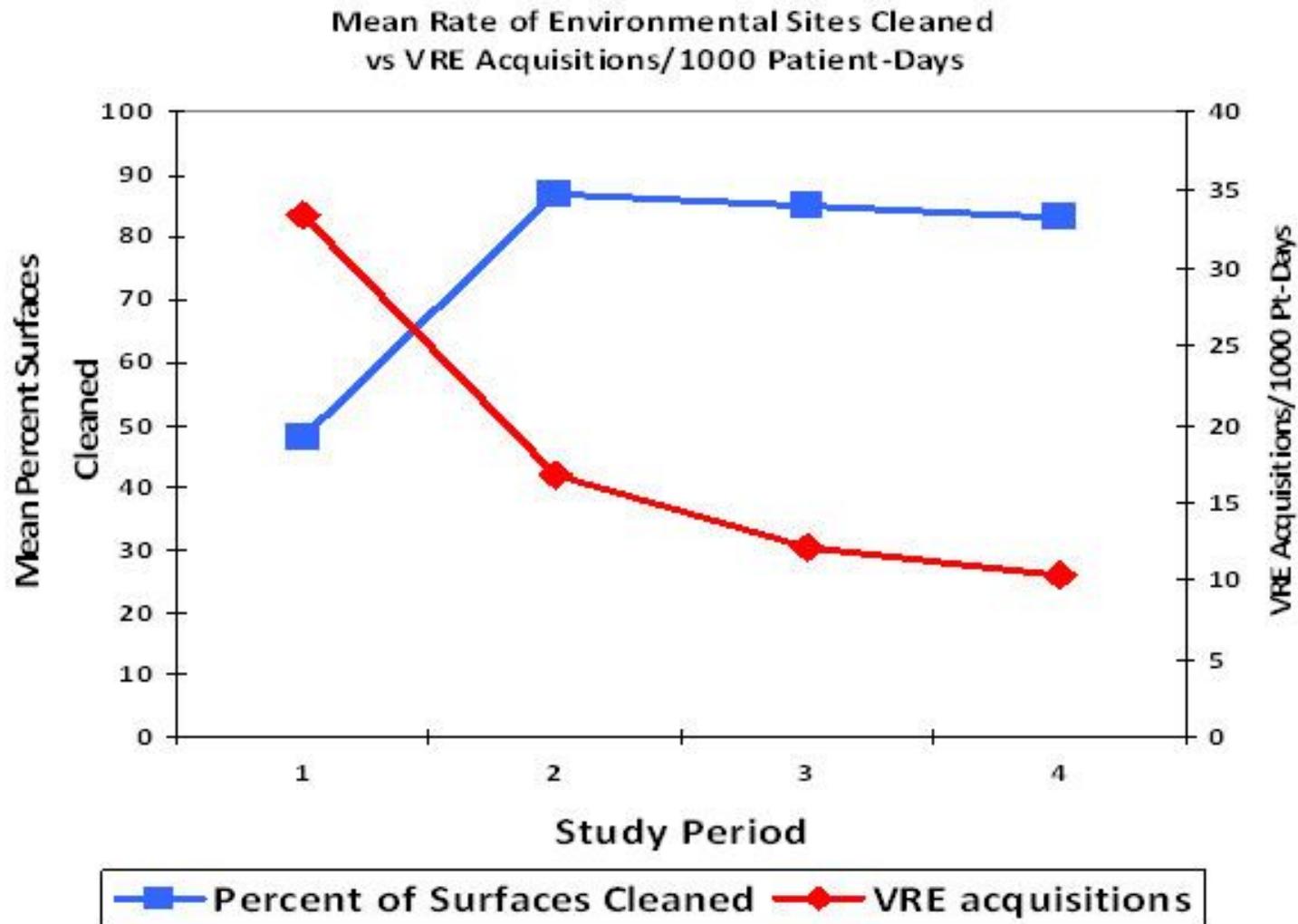
Studies have shown approximately 50% of high touch surfaces are not cleaned during terminal cleaning of a patient room.¹

And those rooms are often highly contaminated with antibiotic resistant microorganisms. And manual cleaning methods are often ineffective in reducing the degree of contamination.²

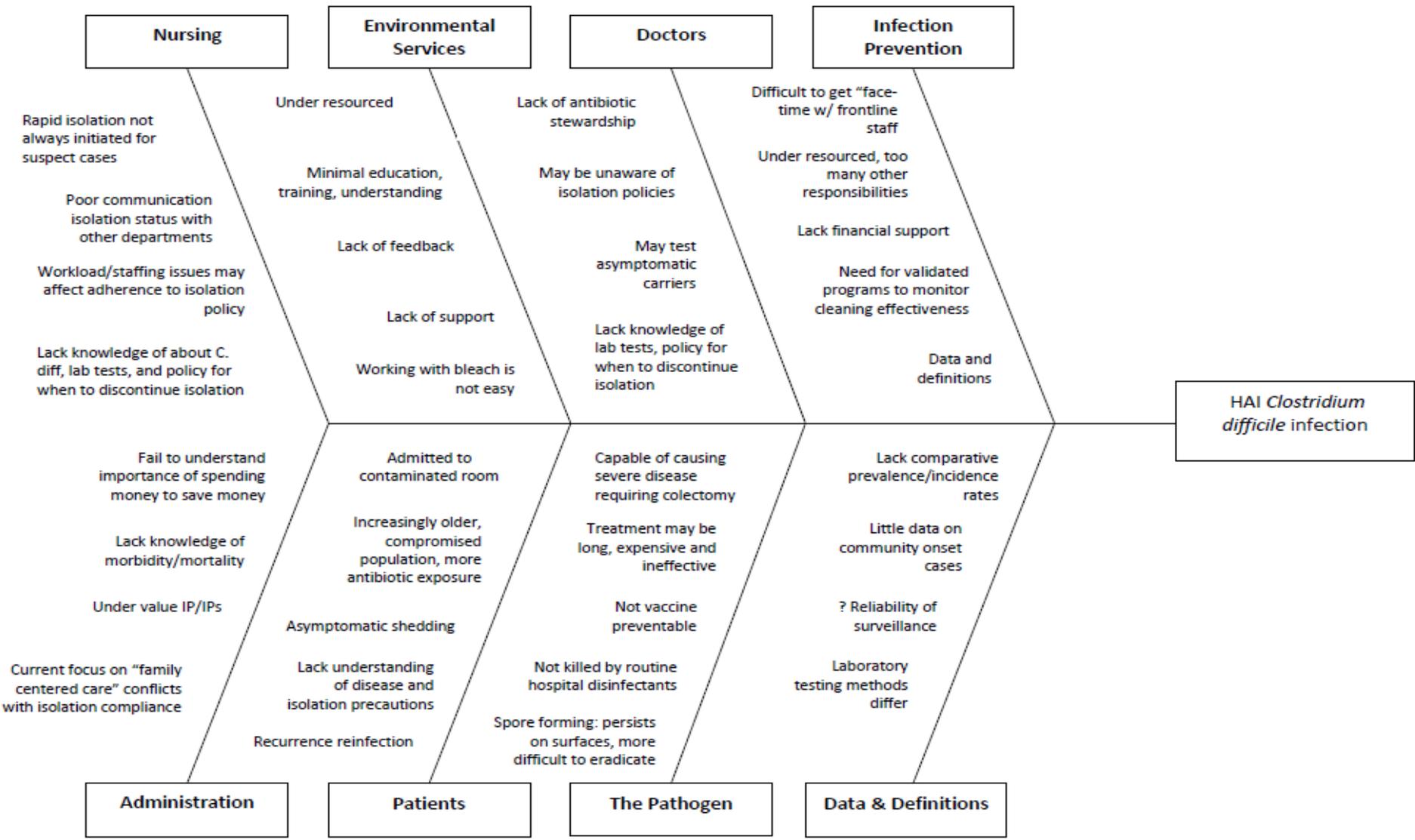
% contaminated	MRSA	VRE	C-Diff
Pre-Cleaning	34.4	29.5	31.8
Post-Cleaning	27.9	29.5	22.7

¹Carling PC, Infect Control Hosp Epidemiology 2008:1035-1044
²Wong T, et al, Am J Infect Control 2015:416-420
¹Ragan K, Am J Infect Control 2012:284-286
HAI-AC Environmental Cleaning

Higher % Surfaces Cleaned = Lower VRE Acquisition



Factors Contributing to *C. difficile* Transmission





Strategies to Prevent Environmental Transmission of Antibiotic Resistant Infections

- ▶ Define cleaning responsibilities: Clinical staff or Environmental Services (EVS)
- ▶ Involve Environment of Care (EOC) team from the beginning
- ▶ Ensure adequate time is allowed for terminal room cleaning!
- ▶ Consider week long cleaning with sporicidal disinfectant when 2 cases of healthcare-associated CDI occur on an inpatient unit
- ▶ Audit terminal room cleaning and provide direct feedback to housekeeper
- ▶ Institute enhanced terminal cleaning using UV-C or vaporized hydrogen peroxide
- ▶ Ensure a robust communication system for isolation

Who Cleans What

Unit Staff Empties, Discards, or Removes	Unit Staff Cleans	EVS Discards, Removes	EVS Cleans (7 step method)
<p>Empties:</p> <ul style="list-style-type: none"> -Bedside commodes -Urinals -Urine hats -Suction canister liners, lids, and tubing <p>Discards:</p> <ul style="list-style-type: none"> -All IV fluids and medicines <p>Discards or Removes:</p> <ul style="list-style-type: none"> -All unused patient care supplies 	<ul style="list-style-type: none"> -Telemetry boxes -CPU keyboard (without cover) -Portable pulse oximeter and cords -Scales -Blood glucometer -Dynamap -Sonosite -Lab draw carts 	<p>Discards:</p> <ul style="list-style-type: none"> -Disposable blood pressure cuffs -Urinals -Urine Hats 	<p>All Horizontal Surfaces</p> <ul style="list-style-type: none"> Spot clean walls Cabinet fronts <p>All High Touch Objects:</p> <ul style="list-style-type: none"> -Room door knob -CPU keyboard (covered) -Bed rail/controls -Call button -Telephone -Bedside table handle -Over bed table (tray table) -Chair -Room sink faucet handle -Bathroom door knob -Bathroom sink faucet handle -Bathroom handrail by toilet -Toilet flush handle -Bed Pan cleaner -Toilet seat
<p>Removes:</p> <ul style="list-style-type: none"> -Any patient personal belongings left in room -Any splints, boots, other OT/PT devices left in room -All unit owned equipment: refer to "Unit Staff Cleans" column 		<p>Removes to Soiled Utility:</p> <ul style="list-style-type: none"> -IV pumps -SCDs -Fans -Wheelchairs -Walkers -Food trays (must be covered) 	<p>Additional items that may be in room:</p> <ul style="list-style-type: none"> -Monitor and monitor cables (bleach wipes only) -In-room pulse oximeter and cords -Thermometer and cradle -In-room MAK scanner -White board -In-room refrigerator -Exterior of portable HEPA units -Flashlight -eICU call button

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Common Areas

Unit Staff Cleans:	EVS Cleans:	MPD Cleans:
CPU stations/WOWs	Staff and public bathrooms	Blue optiflex bins
Refrigerators (includes medication refrigerator)	Nursing station desks and counters	
Microwave	Foyer seating, Pyxis, supply room floors	
Family room refrigerator	Isolation stations	
Family room microwave	Conference rooms	
Crash carts		

Unit staff is responsible for ensuring reusable items not listed above are cleaned between patients.

This process is standardized for all units and areas. The unit manager should confer with their EVS supervisor when additional cleaning assistance is needed.

What to Use?

Partner with Medical Engineering!

Bleach Wipes	Quat Wipes (alcohol and quaternary ammonium chlorides)	Quat Spray Solution	Specialty Items That Cannot be Cleaned by Bleach or Quat
Wet Time: 4 minutes After 4 minutes wet time has elapsed, wipe device screens with a clean cloth dampened with tap water to prevent chlorine residue from whitening the screen.	Wet Time: 2 minutes	Wet Time: 10 minutes	Wet Time: Follow directions on container when using a commercially prepared cleaner.
Vital sign monitors	Computer keyboard and mouse	Computer keyboard (covered) and mouse	Defibrillators: Clean only with soap and water followed by an alcohol wipe
Telemetry boxes	Computer touch screens	Desktop phones (not on screen)	X Type Ultra Sound machine" Clean only with X spray.
Infusion pumps	WOWs	Beds and mattresses	
Medfusion syringe pumps	Bar scanners		
Ultrasound probes	Voalte phones		
Portable x-ray machines	Bladder scanner probes		
Ultrasound machines	Desktop phones (do not use on screen)		
Portable ECG monitors	Beds and mattresses		
Computer keyboard and mouse			
Computer touch screens			
ICU bedside and central monitor			
WOWs			
Bar scanners			
EKG machines			
Beds and mattresses			
<i>EVS daily/terminal clean of Special Enteric Isolation room surfaces</i>		<i>EVS daily/terminal clean of patient room surfaces EXCEPT for Special Enteric Isolation rooms</i>	

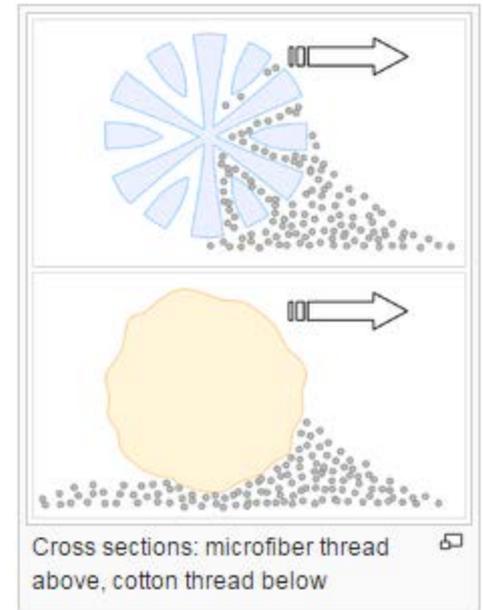
How To Use It – Ensure Proper Practices

- ▶ Chemical prep and use
- ▶ Expected number of cleaning cloths used per room (ballpark)
- ▶ Wet time/contact time for disinfectants used
- ▶ Separation of patient room and patient bathroom rags; common areas



Microfiber is Best

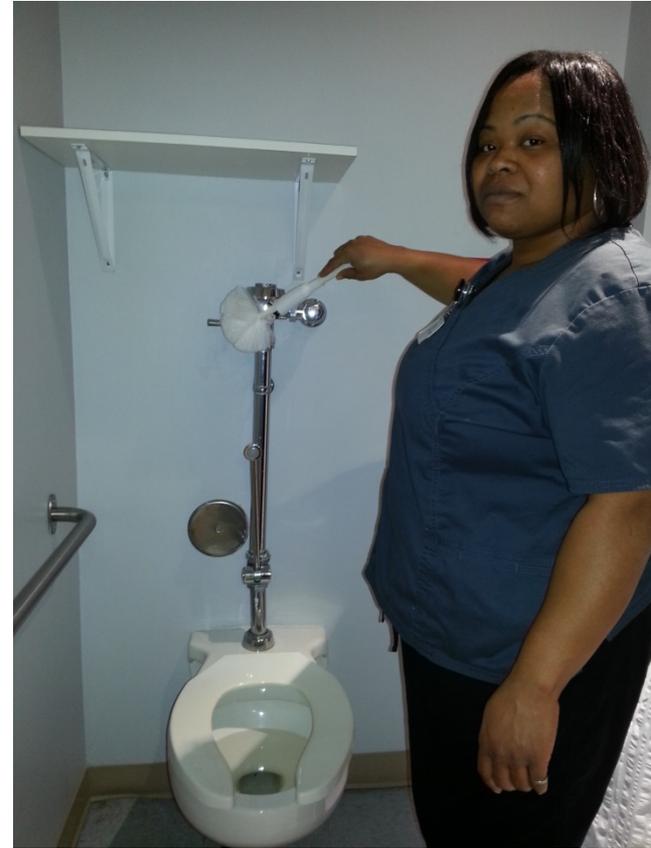
- ▶ Blue and yellow cloths
 - Best for grabbing dirt
 - Best for patient rooms



- ▶ Mops
 - Microfiber mop heads get floors more clean than string mop heads



Would you want to sit on this commode????





PLEASE –
Make Your Work
Count!!!

Rags left to soak in
quat absorb ALL
the good stuff
leaving NONE for
later rags.
Do NOT leave rags
soaking, they won't
kill germs.





Bleach Cleaning

SHEA/IDSA Practice Recommendation¹

- ▶ Ensure cleaning and disinfection of equipment and the environment
 - Quality of evidence III
- ▶ Use EPA approved sporicidal disinfectant or diluted sodium hypochlorite for environmental cleaning and disinfection
 - Quality of evidence III

Suggested Strategies

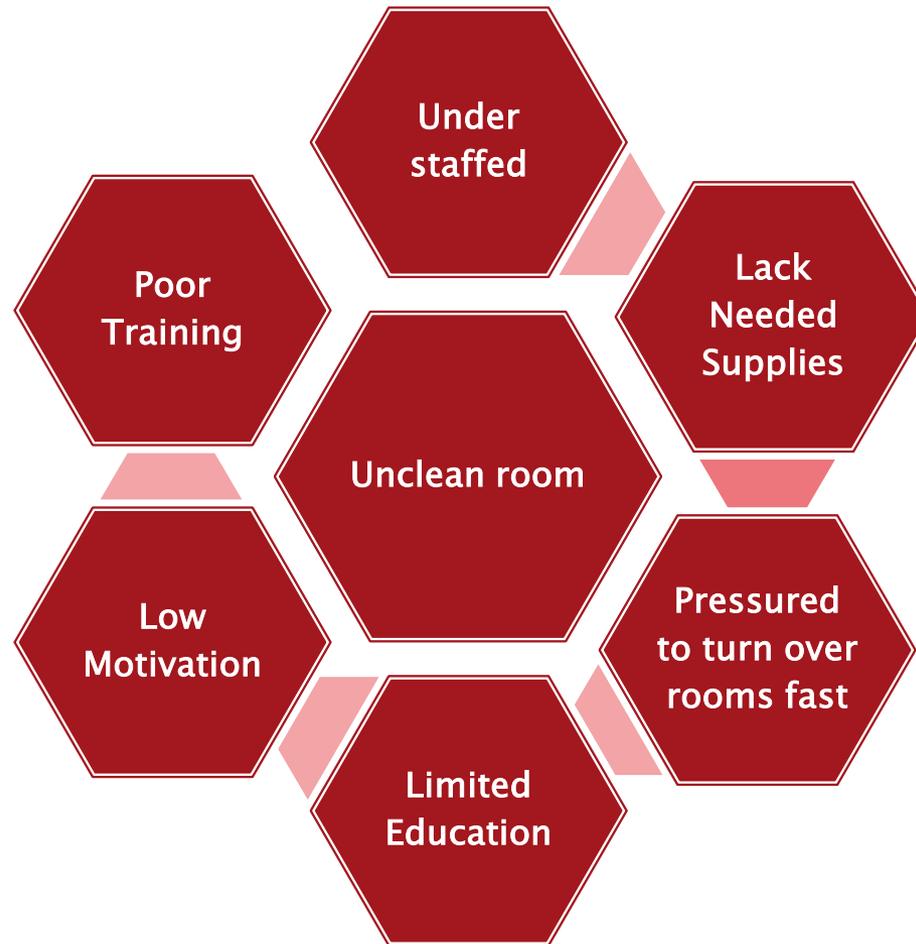
- ▶ Bleach clean rooms of patients with CDI
- ▶ Consider bleach clean of entire unit when 2 or more cases of healthcare-associated CDI are on unit
 - NO guidance for how extensive or how long unit bleach cleaning should be done
- ▶ Ensure nursing staff are cleaning any shared equipment with bleach

¹Dubberke ER, et al. Strategies to prevent *Clostridium Difficile* infections in acute care hospitals: 2014 Update, *ICHE* June 2014: vol. 35, no. 6

Building a Partnership with EVS



Factors that Lead to Poor Performance by Environmental Services



Room Cleaning Evaluation Methods

Method

- ▶ Visual Inspection
- ▶ Microbiology Testing
- ▶ ATP Testing
- ▶ Fluorescent gel and Blacklight

Considerations

- ▶ Measure of cleaning or measure of disinfection
- ▶ Ease of Use
- ▶ Objectivity
- ▶ Qualitative vs Quantitative or both
- ▶ Time
- ▶ Cost
- ▶ Training
 - Ease of use plus meaningful tool for giving feedback



Visual Cleaning





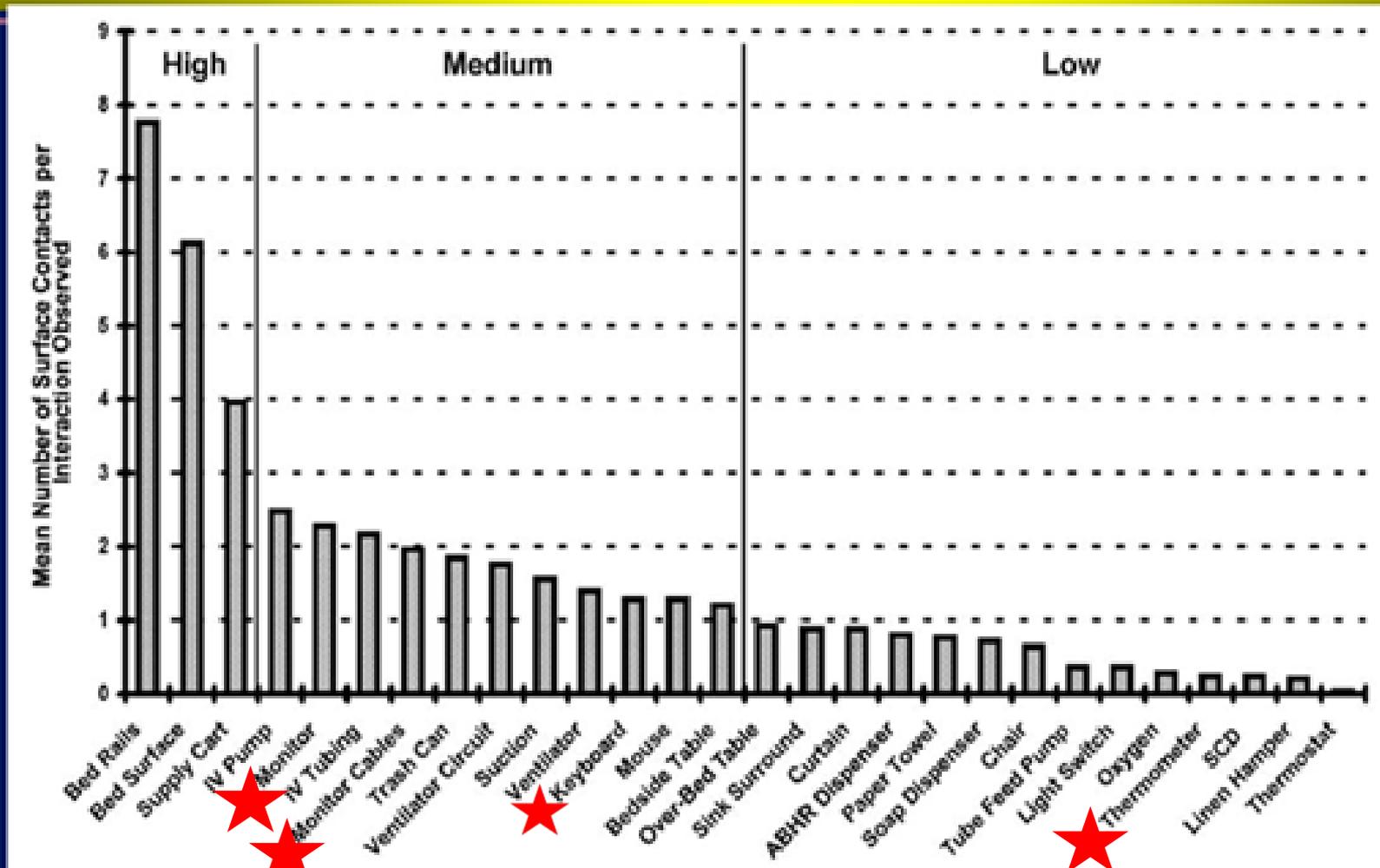
High Touch Objects: What Are They?



- “Where the germs are”
- Sites most frequently contaminated and touched by patients and healthcare workers
 - ▶ Germs get spread around by people touching these places
 - Patients get infections from these germs



What Do Healthcare Personnel Touch with High FREQUENCY? ICU Setting (N=28)



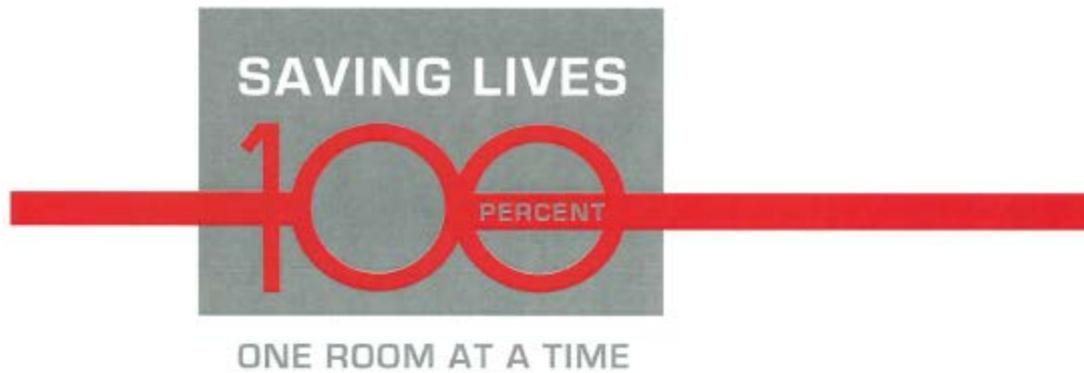


Room Cleaning Audit System: Implementation

- ▶ Impetuous
 - Joint Commission:
 - EC.04.01.01: The hospital collects information to monitor conditions in the environment
 - CDC, SHEA, CMS, APIC
 - C-diff infection rate
 - Increase collaboration btw/ IP and EVS dpts
- ▶ Target marking solution/Fluorescent gel
 - Objective, great training and feedback tool
- ▶ Cleaning can be programmatically improved

Getting Started

- ▶ Evaluate cost of program to audit effectiveness of terminal cleaning of patient rooms
 - Supplies
 - IP time
- ▶ Get buy-in from EVS leadership to implement program
- ▶ Make it a non-punitive educational/reward program



- ▶ EVS recognition program
 - EVS voted on name
- ▶ Receive certificate and pin when achieve 100% on a room audit
- ▶ Highlighted in facility newsletter
 - PR and Employee Relations
- ▶ EVS management
 - Call/email when 100%
 - Monthly list of names by time clock or department meeting
 - Pictures from pin ceremony by time clock
- ▶ Infection Prevention
 - Quarterly pin ceremony
 - Medical director and/or IP director shake their hand

Individual Performance Feedback

Date	Time	Unit	Room Number	EVS Tech	Patient Room	Bathroom	Overall
10/28/2011	16:28:55 (EDT)	6B	5	EVS Tech 1	11 %	67 %	➔ 33 %
11/04/2011	16:30:52 (EDT)	6B	9		44 %	100 %	67 %
11/11/2011	12:11:41 (EST)	6B	8		100 %	100 %	100 %
11/30/2011	12:17:01 (EST)	6B	7		100 %	100 %	100 %
12/21/2011	14:06:53 (EST)	6B	15		100 %	100 %	➔ 100 %

Date	Time	Unit	Room Number	EVS Tech	Patient Room	Bathroom	Overall
10/31/2011	14:56:36 (EDT)	6B	8	EVS Tech 2	11 %	17 %	➔ 13 %
11/03/2011	15:04:04 (EDT)	6B	6		44 %	50 %	47 %
11/04/2011	16:32:53 (EDT)	6B	20		67 %	83 %	73 %
11/15/2011	09:21:24 (EST)	6B	15		78 %	100 %	87 %
11/23/2011	15:23:08 (EST)	6B	8		78 %	100 %	87 %
11/29/2011	15:33:54 (EST)	6B	2		100 %	100 %	100 %
12/14/2011	13:57:26 (EST)	6B	12		100 %	83 %	94 %
12/19/2011	14:06:37 (EST)	6B	10		90 %	100 %	➔ 94 %

Room Audit Results

High Touch Objects (16)	Baseline	Q4 2012	Q3 2013
Bathroom Handrail by toilet	68%	87%	73%
Bathroom Inner Door Knob	61%	84%	83%
Bathroom Light Switch	61%	*	
Bathroom Sink	100%	80%	83%
Bed Rails/Controls	43%	84%	75%
Bedside Table Handle	27%	67%	73%
Call Button	74%	88%	85%
Chair	65%	82%	83%
Room Inner Door Knob	43%	78%	81%
Room Light Switch	35%	*	*
Room Sink	68%	90%	92%
Telephone	65%	87%	84%
Toilet Bedpan Cleaner	57%	84%	84%
Toilet Flush Handle	91%	91%	88%
Toilet Seat	70%	89%	97%
Tray Table	70%	95%	94%
Total Patient Bathroom	69	85	85
Total Patient Room	56	84	83
Overall	61	84	84
Number Objects marked	336	1026	409

	<70%
	70-80%
	>80%

Environmental Services

Comments from EVS staff after room audit and feedback

“Patients are dying from infections.”

“I didn’t really know what was important before.”

“Now I can know how to do my best even when I’m in a hurry.”

“We all need to clean these rooms like it’s one of our own coming in here.”



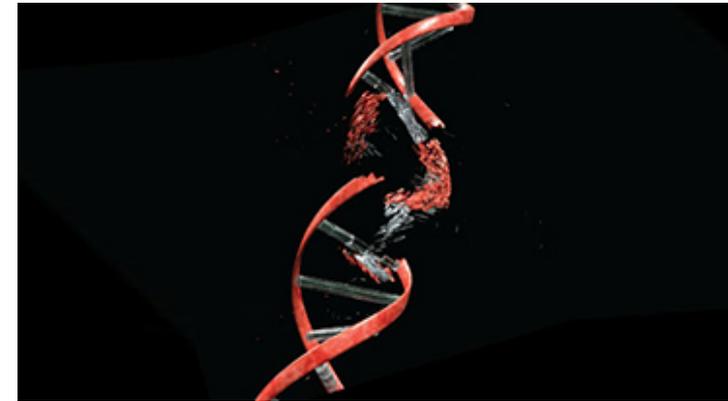
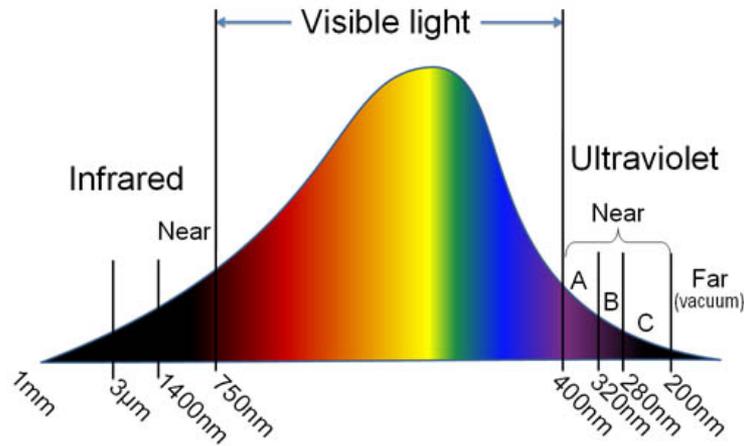
Disadvantages/Issues to Performing Room Audits Using Fluorescent Gel or ATP

- ▶ Difficult to target individual EVS staff members
- ▶ Difficult to know when room is awaiting cleaning
- ▶ Financial costs
 - Marking solution or swabs
 - Software for audit reports
 - Paid IP time
- ▶ Diverts IP time from other activities
- ▶ EVS learn what surfaces are marked/targeted and limit cleaning to those surfaces
- ▶ No validated model for a maintenance audit program



Enhanced Measures for Room Decontamination

▶ UV-C



- ▶ Hydrogen peroxide vapor
- ▶ In-room lights that use visible light to continuously kill bacteria

Please Do Not Open Door

UV Disinfection Unit in Use

This UV disinfection unit helps protect our patients and ensure a safe, clean environment:

- Ultraviolet light breaks down even the strongest bacteria and viruses
- The unit produces no ozone or contaminants but a slight “dusty” odor is normal
- The cycle stops when the sensors detect motion or heat

With any questions or concerns, contact Environmental Services at ext. 12345, option 1.

Thank you for your cooperation.





Challenges to Enhanced Measures

- ▶ Financial costs
 - Initial purchase and maintenance
- ▶ Employee training
 - How to operate and when to use
- ▶ Increased workload for EVS
 - May require multiple trips to the room
- ▶ Slows room turnover

Spending Money to Save Money: Building a Business Case

- ▶ Brief review of *C. difficile*
 - Epidemiology, morbidity/mortality
- ▶ National and facility CDI trend
- ▶ Brief review technology; literature summary on effectiveness
- ▶ Economic analysis
 - Cost of unit including service contract/replacement bulbs
 - Cost of *C. difficile* infection
 - Estimated cost savings by reducing incidence of *C. difficile*
- ▶ Survey of surrounding hospitals
- ▶ Conclusions/recommendations

Communicating Isolation: How do EVS and the clinical staff know when enhanced cleaning measures are indicated?

Use Your EMR to Embed Isolation Alert

Patient Name: [REDACTED] Private: None Bed: [REDACTED] Allergies: No Known Allergies Current Weight: 50.4 kg... Language, Interpreter: English,...

Patient Age: [REDACTED] FYI: FYI Attending: Intmed-Team-A, Wmp Dosing Weight: None My Chart: Not Used

MRN: [REDACTED] Isolation: Special Enteric Treatment Team: Wmp Intmed-T... BMI: 17.94 kg/m² Password: None

CSN, Local [REDACTED] Code: FULL Primary Team: Internal Medicine A Clcr: 44.4 mL/min

Admit Date, LOS: 1/12/2016, 28 Level of Care: Telemetry/monitor... PCP: [REDACTED] Patient Class: Inpatient

Summary

Overview Snapshot Meds FS ED Clinical Summary Antibiotic Summary Report: Overview

Fall Risk

MDR Organisms Requiring Isolation

Infection Type	Encounter Level?	Added	Added By	Comment
C.Difficile	Yes	02/01/16 0801	Marc	2/7/16

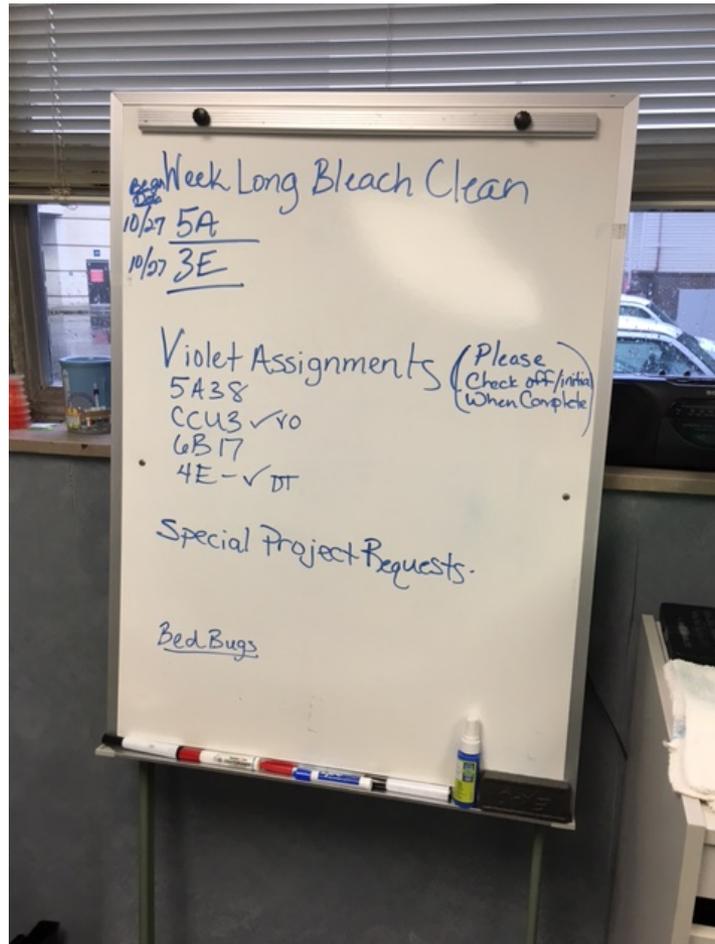
ADT Related Orders

	Comment Expand
Update Level of Care Once	Ordered 02/10/16 1029
Transfer Patient/Level of Care Once	01/14/16 1207
Transfer Patient/Level of Care Once	01/13/16 1426
Admit to Inpatient IP 2 or More Nights Once	01/13/16 0236

View and edit patient education information

Orders

Low Tech Works Too!

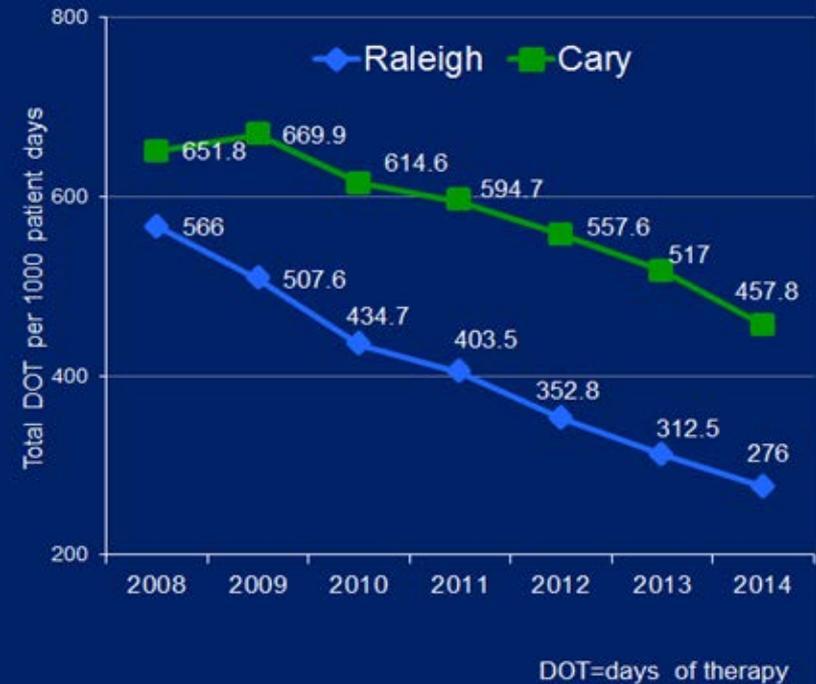


Support Antibiotic Stewardship!

Outcomes: Antibiotic Utilization



Fluoroquinolone Utilization





Trending Lately – Melinda’s Brain

- ▶ Culture is key; Quality over Quantity
- ▶ Future development of faster enhanced measure methodologies
 - The efficacy of UV-C in the absence of manual disinfection
- ▶ Minnesota Hospital Association’s “Environmental Service Cleaning Guidebook”
 - Concept of initial assessment of competency/certification and yearly training and recertification thereafter
- ▶ European sporicidals
 - Often not tested for compatibility on equipment and surfaces found in American hospitals
- ▶ EPA registered microbicidal paint is here!
 - Designed for HCFs
 - \$85–70/gallon vs \$25 regular
- ▶ Colonization pressure
 - SNFs and LTCs
- ▶ “I will REMOVE the toilet seat if you don’t shut up!”

...if you could see the germs...



THANK YOU

- For all that you do
- For making us shine
- For being part of a great team
- For rolling with the punches and embracing change
- For making a difference
- For Saving Lives One Room at a Time!



Questions/Discussion

- ▶ Melinda Cooper BSN, RN, CIC Infection Prevention
- ▶ Coleen Athey CLLM, Director, Environmental Services & Linen





Environmental Cleaning In Healthcare Subcommittee

Motion One:

CDPH provide an experienced CDPH staff member as a resource to participate and advise this California Environmental Cleaning sub-committee. The knowledge and experience of this resource is a critical to shaping a recommendation that will help reduce the number of patients that are harmed by preventable hospital acquired and healthcare related infections.



Environmental Cleaning In Healthcare Subcommittee

Motion Two:

CDPH provide an experienced **Licensing and Certification Surveyor** for hospitals and healthcare facilities as member and a resource to participate and advise this California Environmental Cleaning sub-committee. The knowledge and experience of this resource is critical to shaping a recommendation that will help reduce the number of patients that are harmed by preventable hospital acquired and healthcare related infections



Environmental Cleaning In Healthcare Subcommittee

For years the California Hospital Acquired infection data collected quarterly from hospitals has not been used by the state of California Licensing and Certification surveyors to proactively investigate outbreaks and make the necessary improvements to eliminate the patient harm caused from infections.

Motion Three

Licensing and Certification will have access to all hospital acquired infection data now collected as a part of SB1058 Alquist 2008 Nile's Law AKA The Healthcare Facility Infection Prevention Act and SB158 Florez as it is received from the state of California quarterly reports and will move forward with correcting the problems that are contributing to hospital acquired infections harming and ending the lives of many.



Environmental Cleaning In Healthcare Subcommittee

Motion Four:

Each year CDPH will identify the hospitals with the highest number of patients who contracted infections at their hospitals.

The hospitals with the highest number of hospital acquired infections. The 25% lowest performing hospitals will be inspected by California State Licensing and Certification without notification. The inspection will begin no later than 1 month after notification of hospital acquired infection report, and the results of the inspection outcome will be made public.