

A PATIENT CENTERED APPROACH



Fiona Stanley Hospital is a 783-bed public hospital which is part of the South Metropolitan Health Service in Perth Western Australia providing comprehensive clinical services including the 140-bed State rehabilitation service and a 30-bed purpose-built mental health unit with 83% of patient rooms single occupancy. Quality assurance of Serco's cleaning service through cleaning audits of such a large and complex facility presented an improvement opportunity in the development of a purpose built, risk-based solution with consideration of infection prevention principles and a patient centric approach.



Aim

In 2017 a collaborative working group was formed and undertook a robust review of the cleaning audit process and tools, in order to develop a practical, evidencebased approach to inspect the cleaning process which better reflects current infection principles, focusing on:

- the importance of high touch points to patient safety
- assessing the criticality of Functional Areas
- reducing subjectivity of audit processes
- improving the provision of validated and objective feedback to area managers.

Implementation Process

The tools and methodologies for auditing were reviewed and streamlined. In January 2019 the improved audit program was implemented. This included a three month review process, the Cleaning service and relevant stakeholders assessed the effectiveness of the changes and evaluated implementation and conclude that the audit program developed has improved the process and contributed to better outcomes.

Key Improvements

Cleaning Audit

Working Group

(CAWG) formed

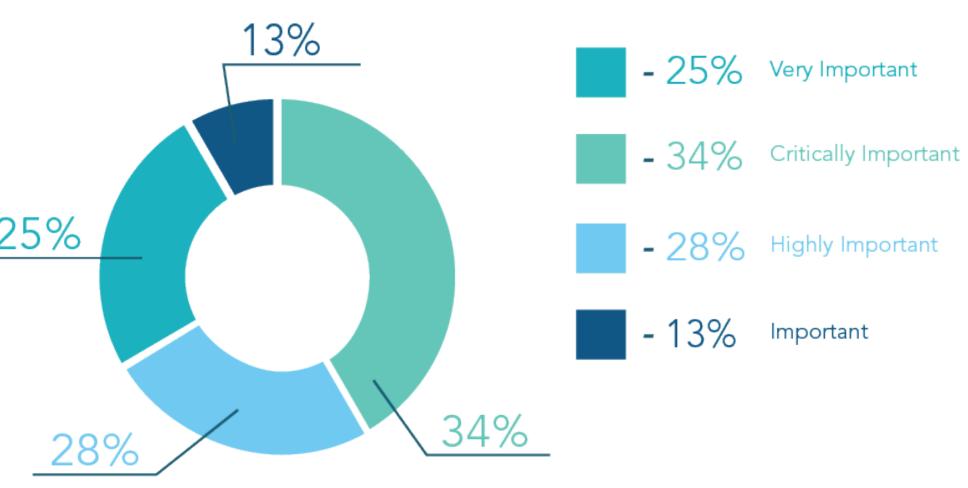
AUDIT BY LOCATION

High or frequent patient touch points are allocated a greater weighting in the audit tool so results reflect patient risk elements.

Dec.'17 to June '18

- Audit tool aligns with Infection prevention best practice strategies to reduce healthcare associated infections and improving the patient environment and outcomes.
- The question sets in the audit tool are tailored to specific areas. This ensures the audit process is time efficient and relevant. See image below.
- audits scheduled by risk rated locations each month.
- A greater proportion of the inspections are scheduled in higher risk patient areas improving overall quantitative outcomes. See image below.

AUDIT BY RISK RATING



- 22% Corridors, Lifts & Stairwells

Kitchen, Services

- Risk based audit schedule ensures a consistent number of locations audited each month.
 - 7,500 hospital locations were assigning a risk category
- Area Specific and targeted reporting dashboard developed to allow full transparency of audit results to managers, cleaning teams and Infection Prevention team.
- Specific room data trending of elements and questions highlights areas needing improvement or education of staff.

Lessons Learned

- Not everything is as easy as it first appears!
- Site specific challenges required a collaborative approach
- Input from auditors is essential to ensure tool suitability and ongoing compliance
- Education and ongoing support for the auditors has been central to effective implementation

Conclusion

This improvement has provided a robust cleaning audit system that is clear, precise and understandable. It ensures high quality, consistent processes are in place and positive patient outcomes are achieved.

References: Government of South Australia 2017, Cleaning Standard for South Australian Healthcare Facilities 2014 (updated 2017), Adelaide South Australia. | National Health and Medical Research Council 2019, Australian Guidelines for the Prevention and Control of Infection in Healthcare, Canberra ACT | REACH (Research Effective Approaches to Cleaning in Hospitals) Trial Report 2018, Fiona Stanley Hospital | State of Victoria Department of Health 2011, Cleaning Standards for Victoria Health Facilities, Melbourne Victoria. Acknowledgements: Doyle, B., Gryguc, D., Popkiss, K., Sarader, N., Shutt, S., Smith, D., Suppiah, S., Tapley, Q., Van Dyk, S. & Whitfield, A.