

Practical application of the CLEEN study

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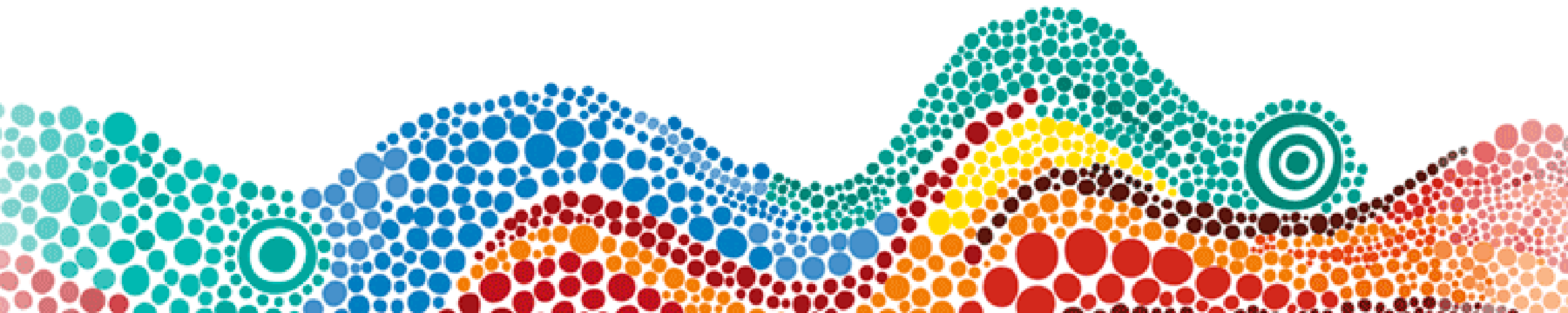
Declarations

This study was funded by an NHMRC Emerging Leadership Investigator grant (Prof Brett Mitchell), (GNT2008392), administered by Avondale University. ACTRN12622001143718.

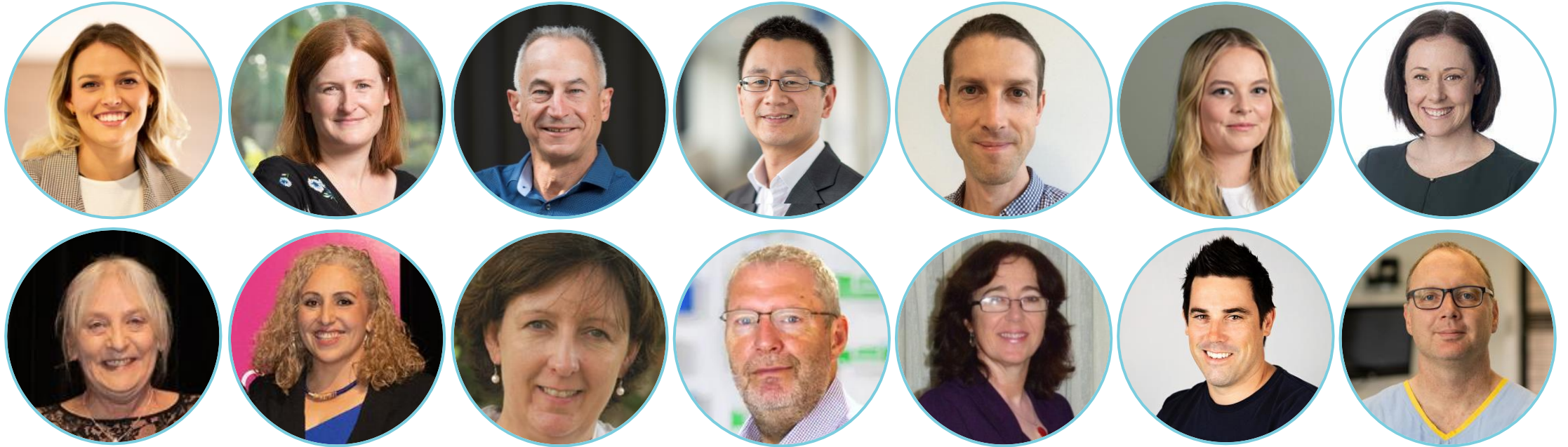
No conflicts to declare.

Acknowledgement of Country

We conducted this research on the lands of the Darkinyung people, and I pay my respect to the traditional custodians and the very first scientists of this land

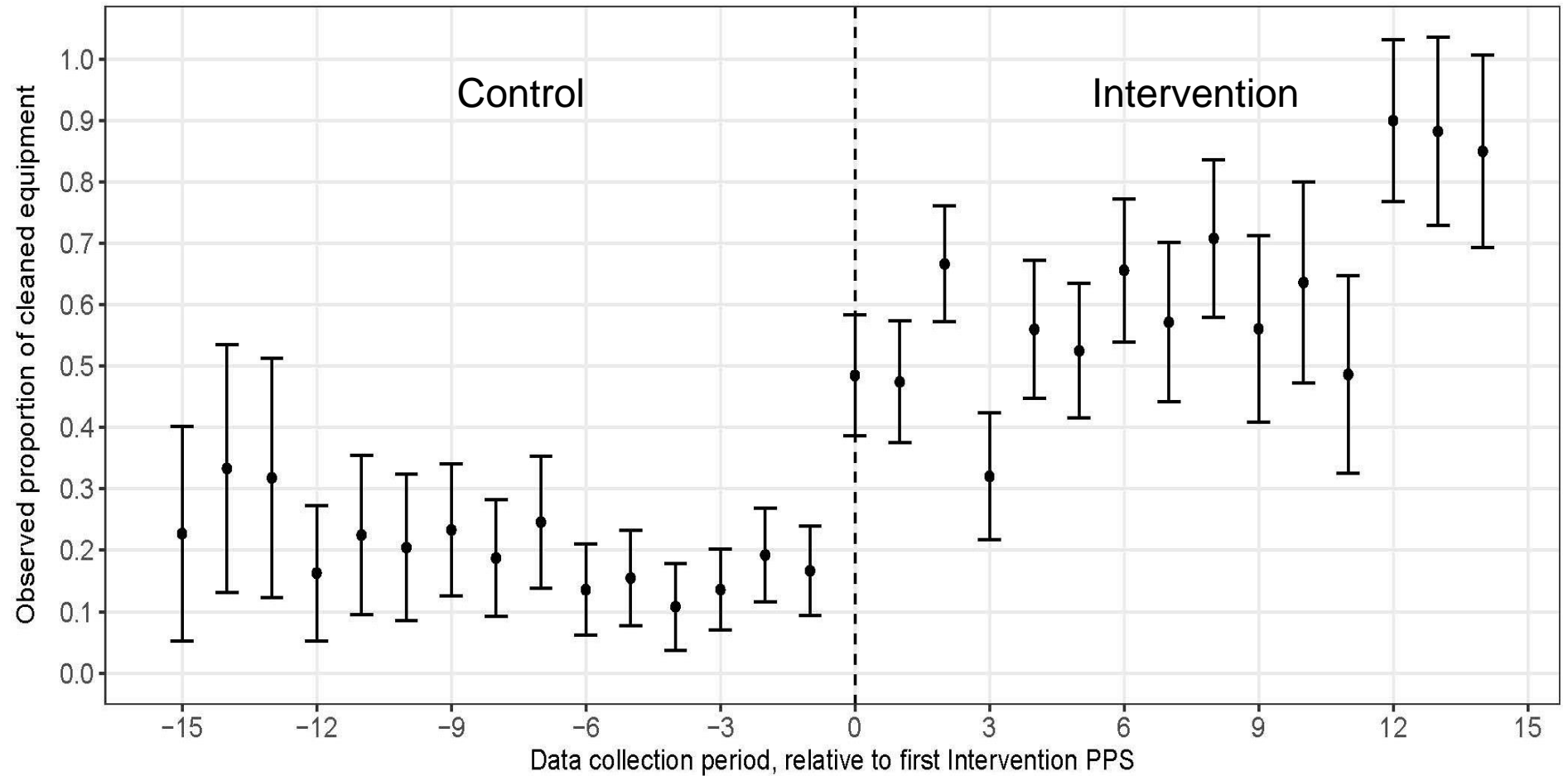


CLEEN team



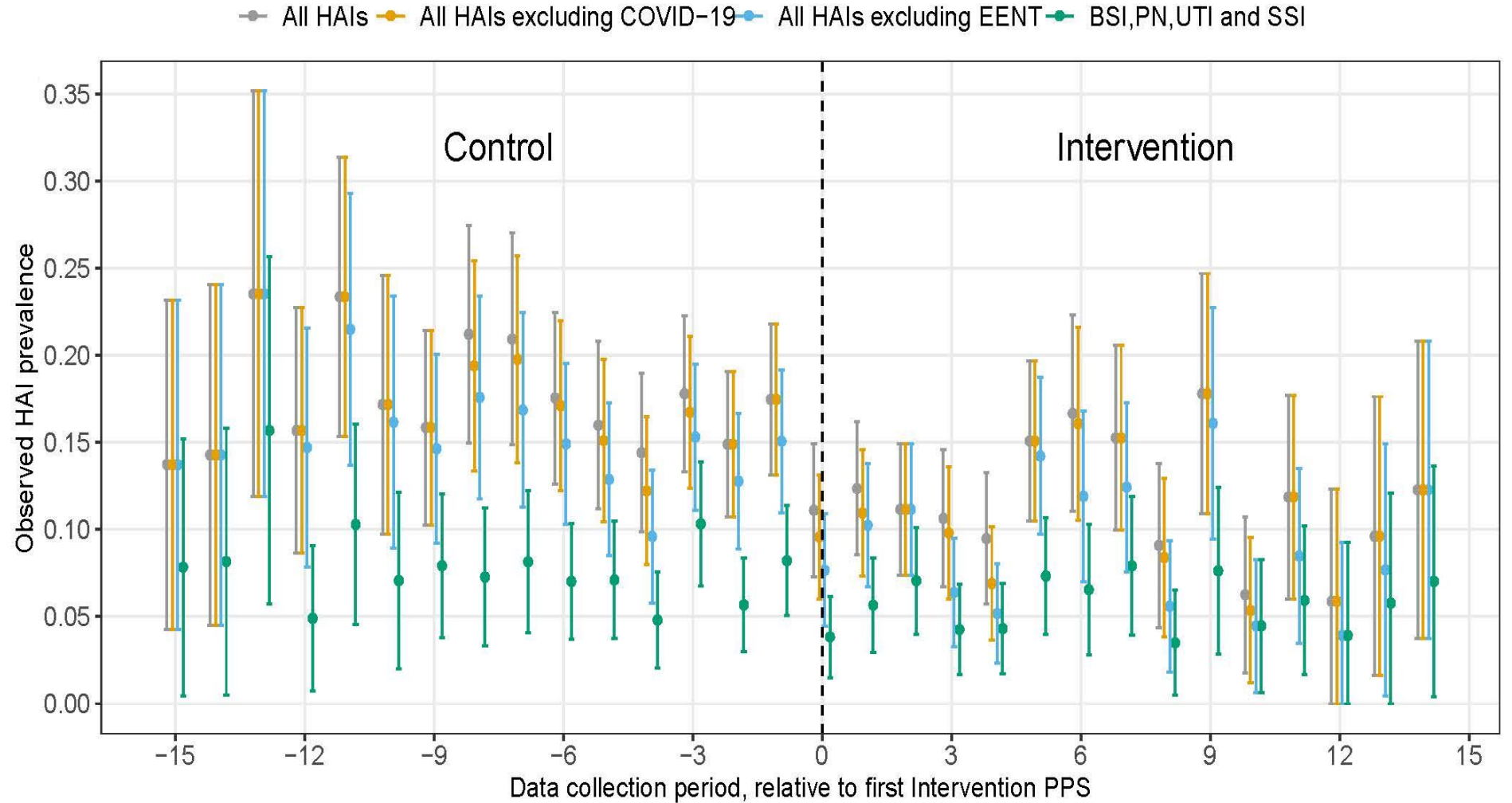
Improved cleaning and disinfection

211%
increase in
cleaning



Improved patient care

34.5%
reduction
in HAIs



How can we effectively translate these research findings into improvements in healthcare facilities globally?

We aim to explore sustainable implementation strategies to improve cleaning and disinfection practices in healthcare facilities

Do you wash your hands after using the bathroom?



Control:
86% of
commodes
NOT cleaned



Equipment is
contaminated

Cleaning and
disinfection
reduces HAIs

Barriers to implementation

- Staffing
- Lack of training
- High staff turnover
- Workload pressures
- Lack of organisational support

Barriers to implementation

- Staffing

+25 % pay rate

75% of shifts filled

Finding motivated staff

Fraudulent timesheets

These barriers prevent us from implementing sustainable interventions

Let's have a look at some useful strategies that facilitate our intervention

Facilitators to implementation

1. Accountability of roles and responsibilities
2. Training (ongoing)
3. Audit and feedback programmes
4. Building capacity through leadership and champions
5. Supportive organisation and management
6. National policies and guidelines
7. Funding

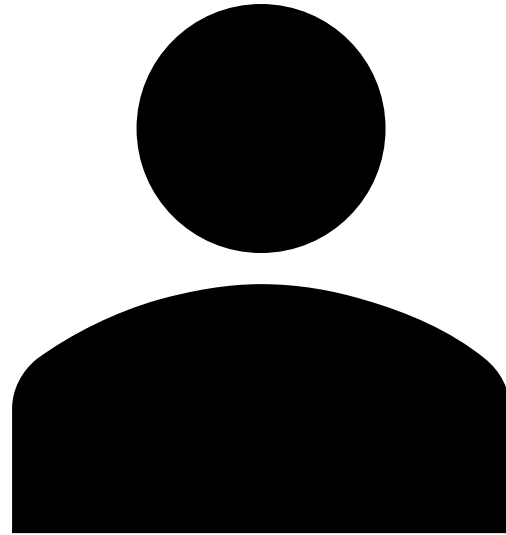
1. Accountability of roles and responsibilities

Many articles report baseline cleaning below 50%



No consensus on who is responsible for cleaning, and no clear accountability for low levels of cleaning

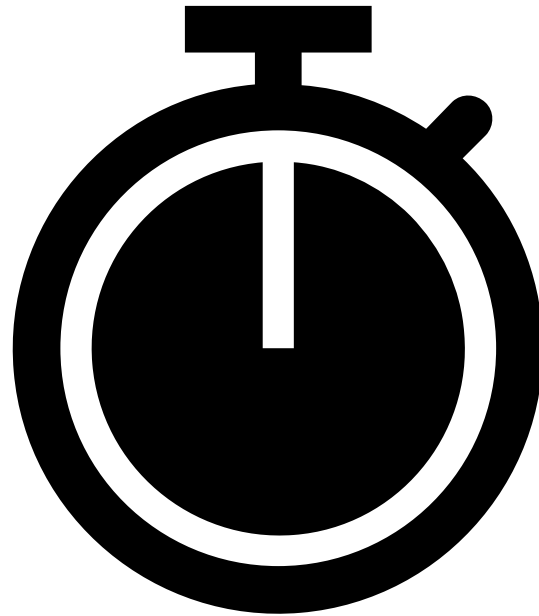
1. Accountability of roles and responsibilities



Who?

Control
Blood
pressure
equipment
19% cleaned

1. Accountability of roles and responsibilities



Time?

1. Accountability of roles and responsibilities



2. Training (ongoing)



2. Training (ongoing)

“ If you give people information,
they will make decisions that surprise you ”

– Prof Bronwyn King AO

2. Training (ongoing)

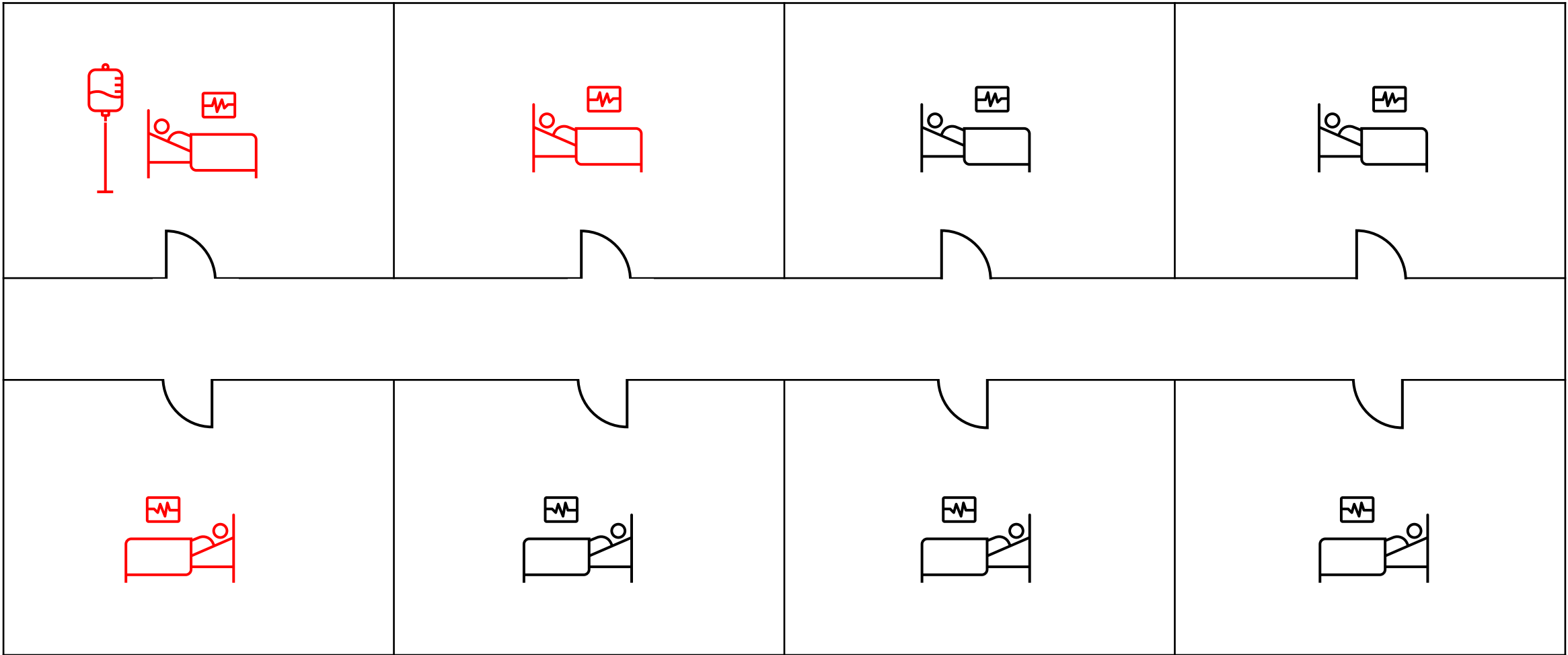


1-hour initial training session

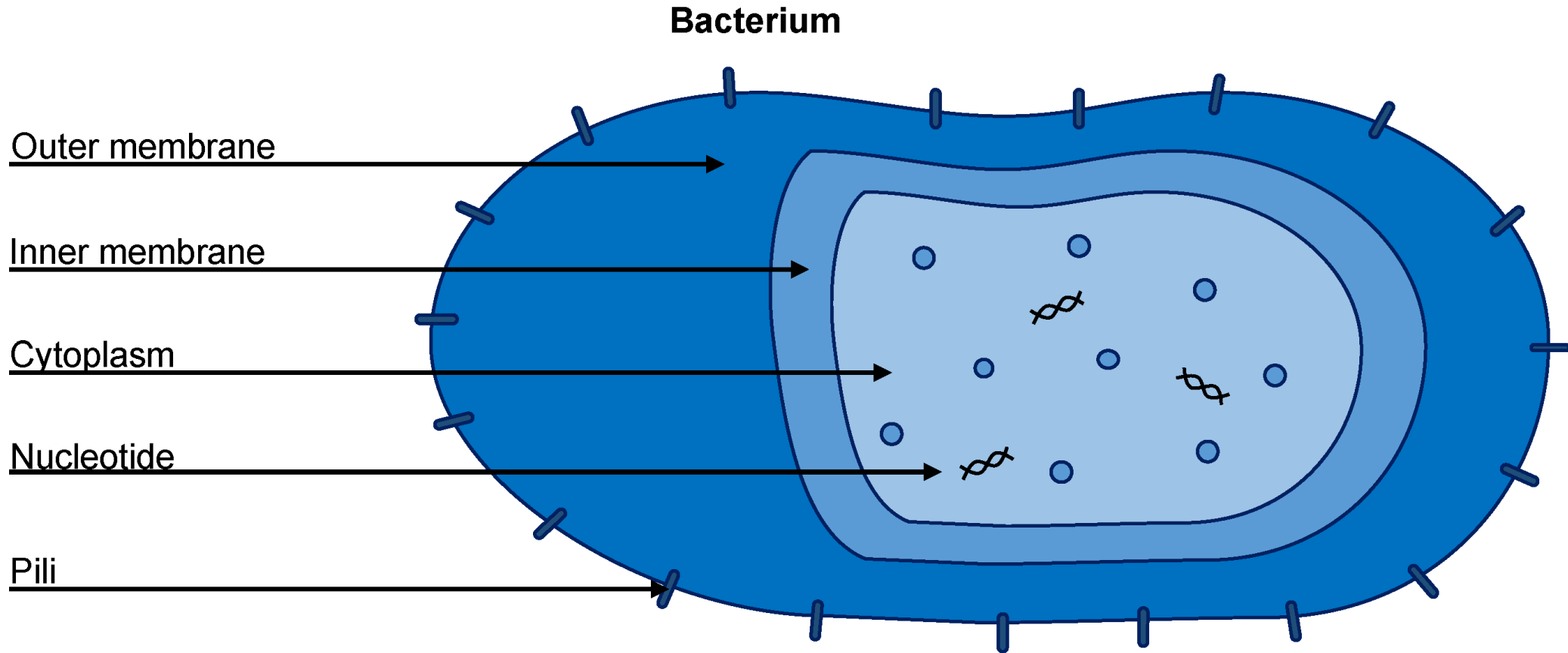


30 min refresher training every 12 weeks,
or when cleaning audit results were <50%

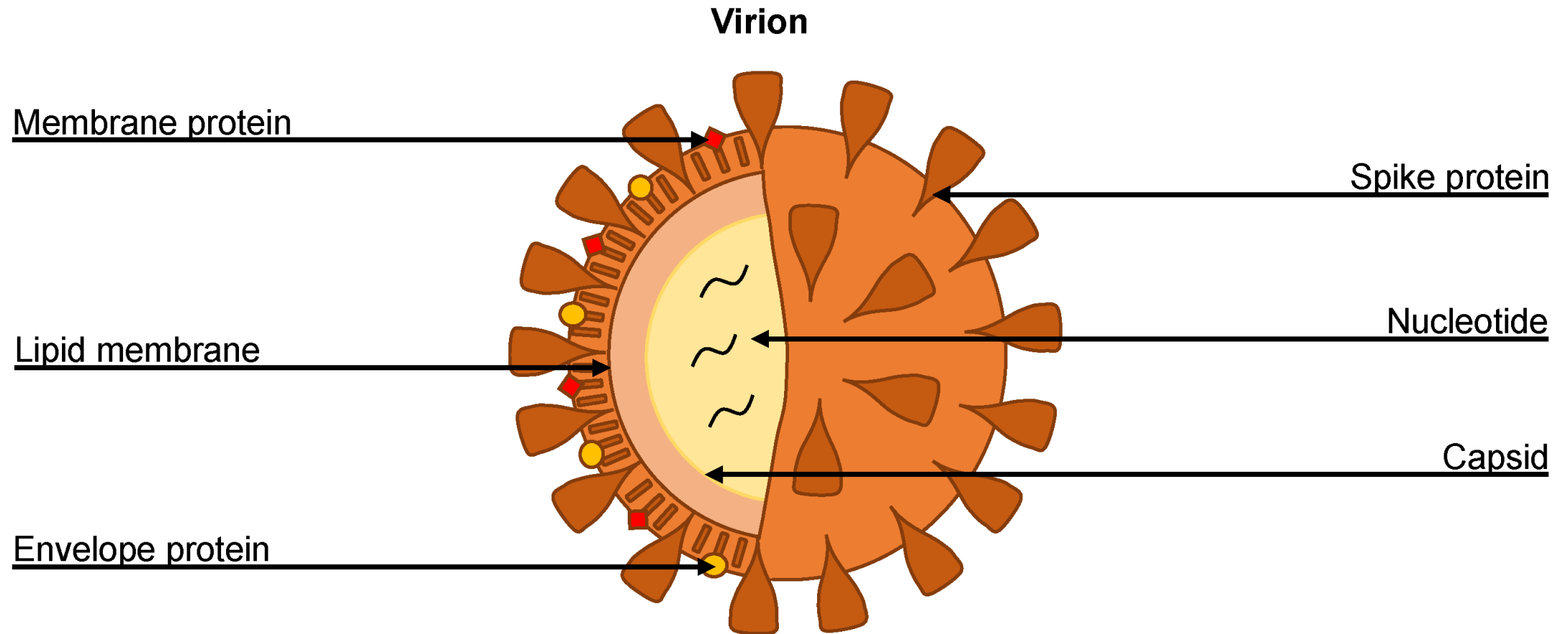
2. Training (ongoing)



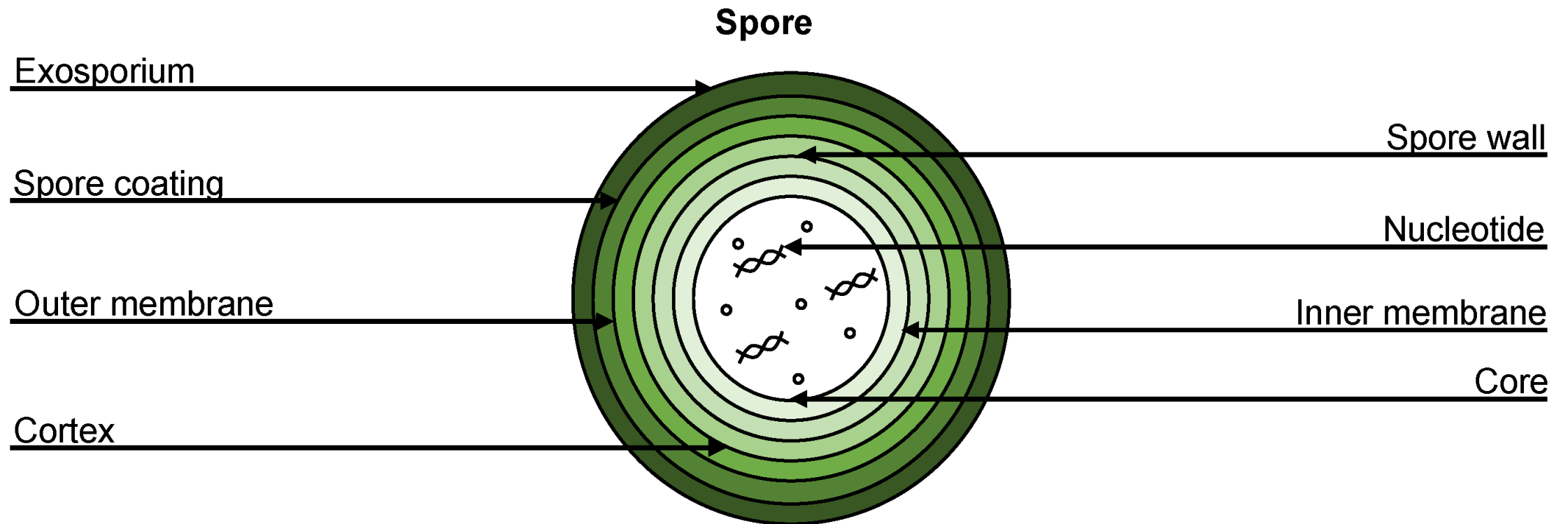
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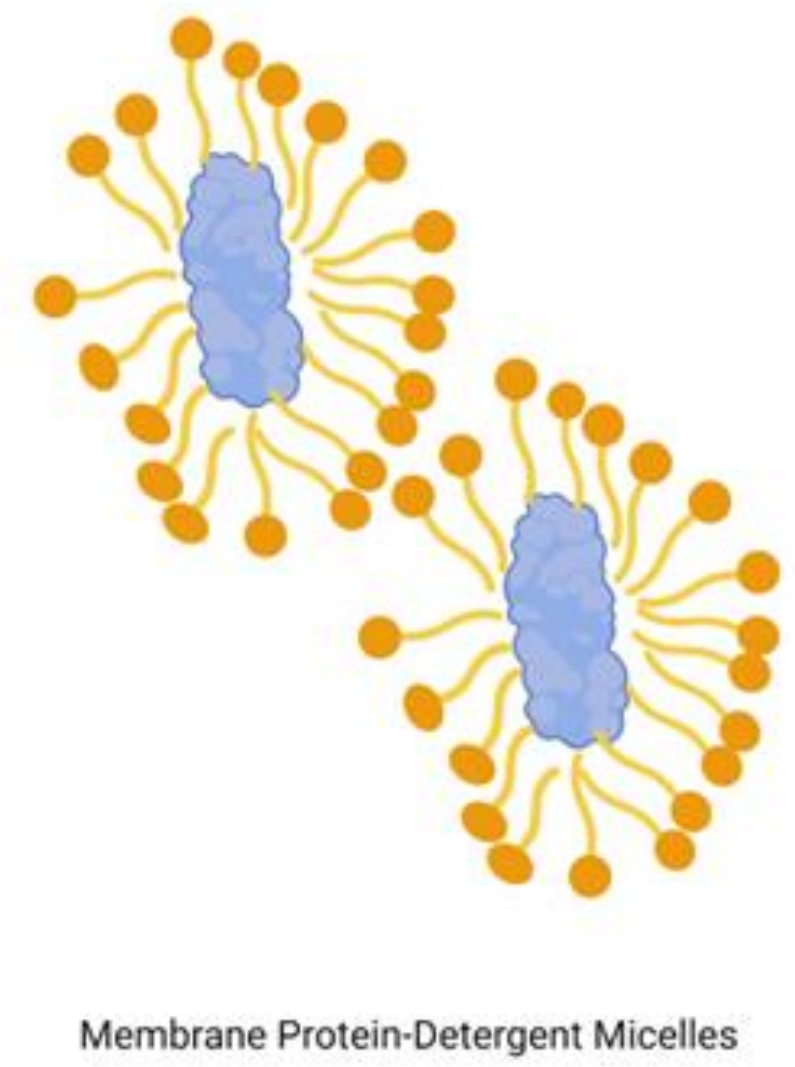
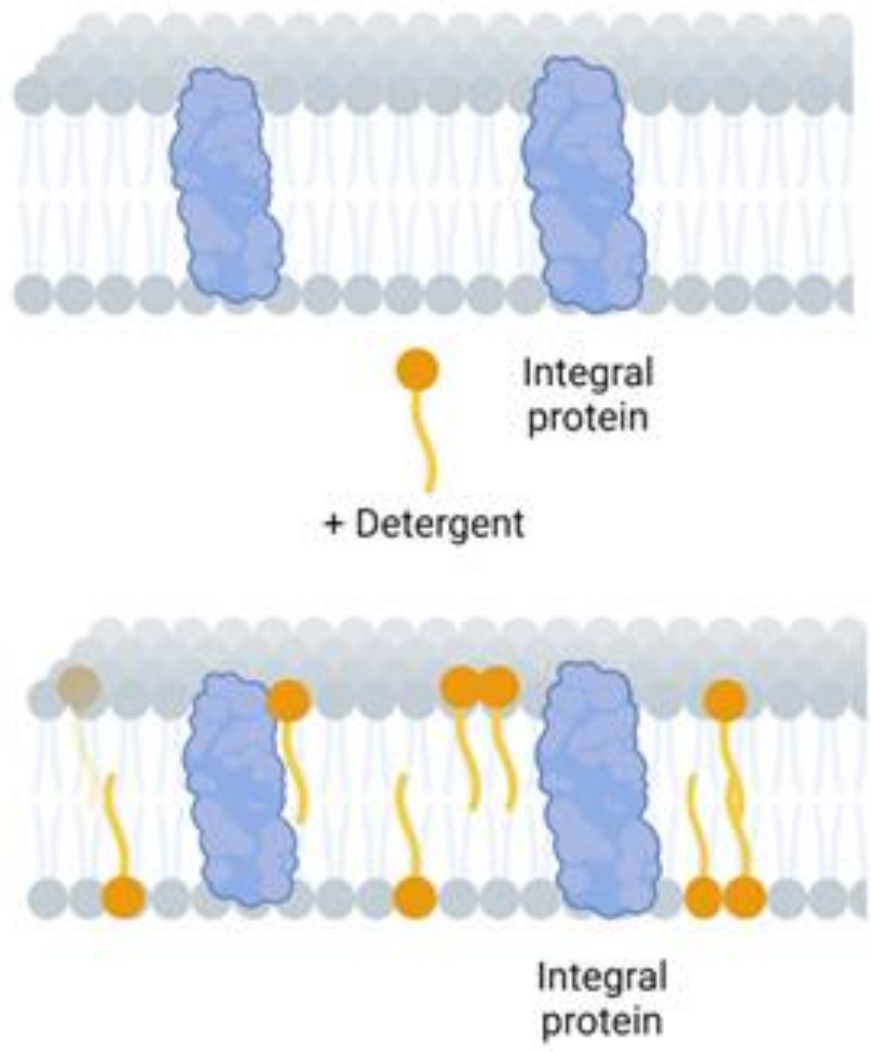
2. Training (ongoing)



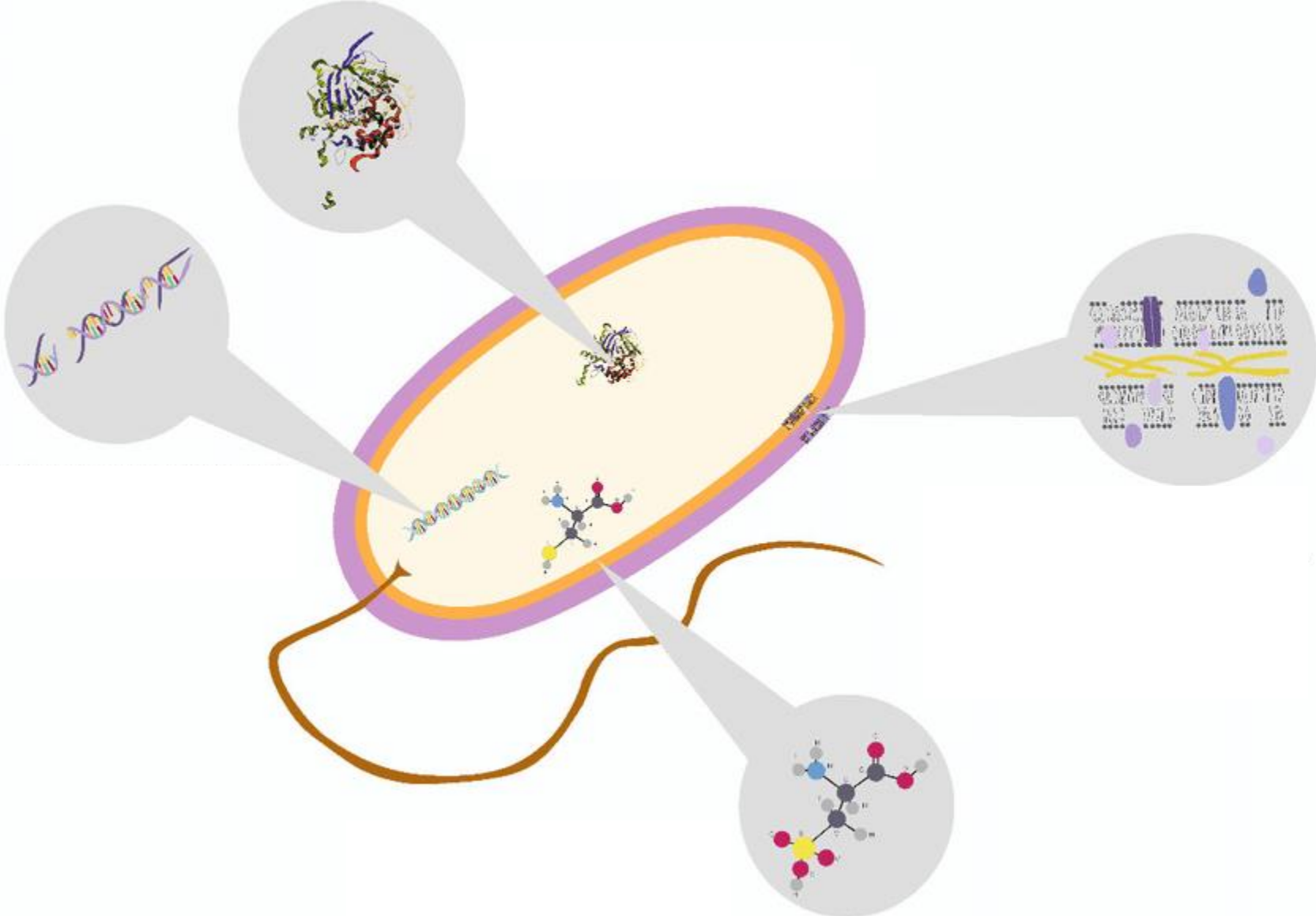
2. Training (ongoing)



2. Training (ongoing)



2. Training (ongoing)



2. Training (ongoing)

Store wipes
on the side in
a dispenser



Keep the lids
closed!

2. Training (ongoing)



Wipe in an 'S'
shaped pattern



Work from top
to bottom



Wipe from
clean to dirty



Ensure correct
contact time



One wipe,
one surface

2. Training (ongoing)

Wipe in an 'S'
shaped pattern

Work from top to bottom

Work from clean to dirty

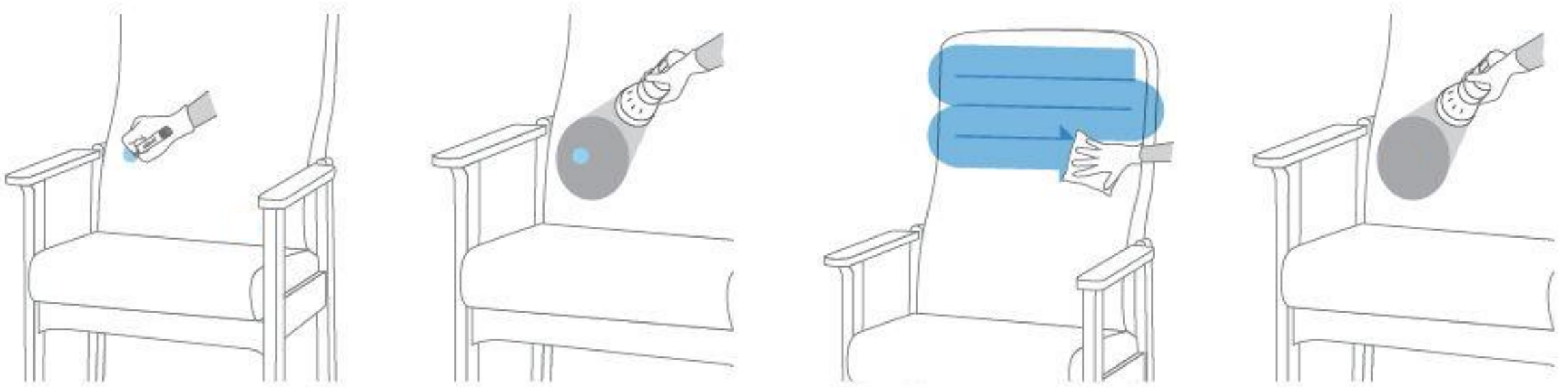


Allow the equipment
to stay wet for
60 seconds

If the wipe dries out,
or becomes visually
dirty, get a new wipe

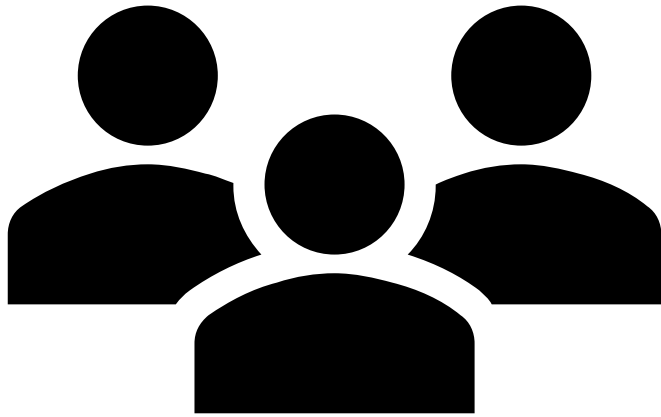
Use new wipes for
new pieces of
equipment

3. Audit and feedback programmes



10 wards, 120 pieces of equipment ~ 2 hours

4. Building capacity through leadership and champions

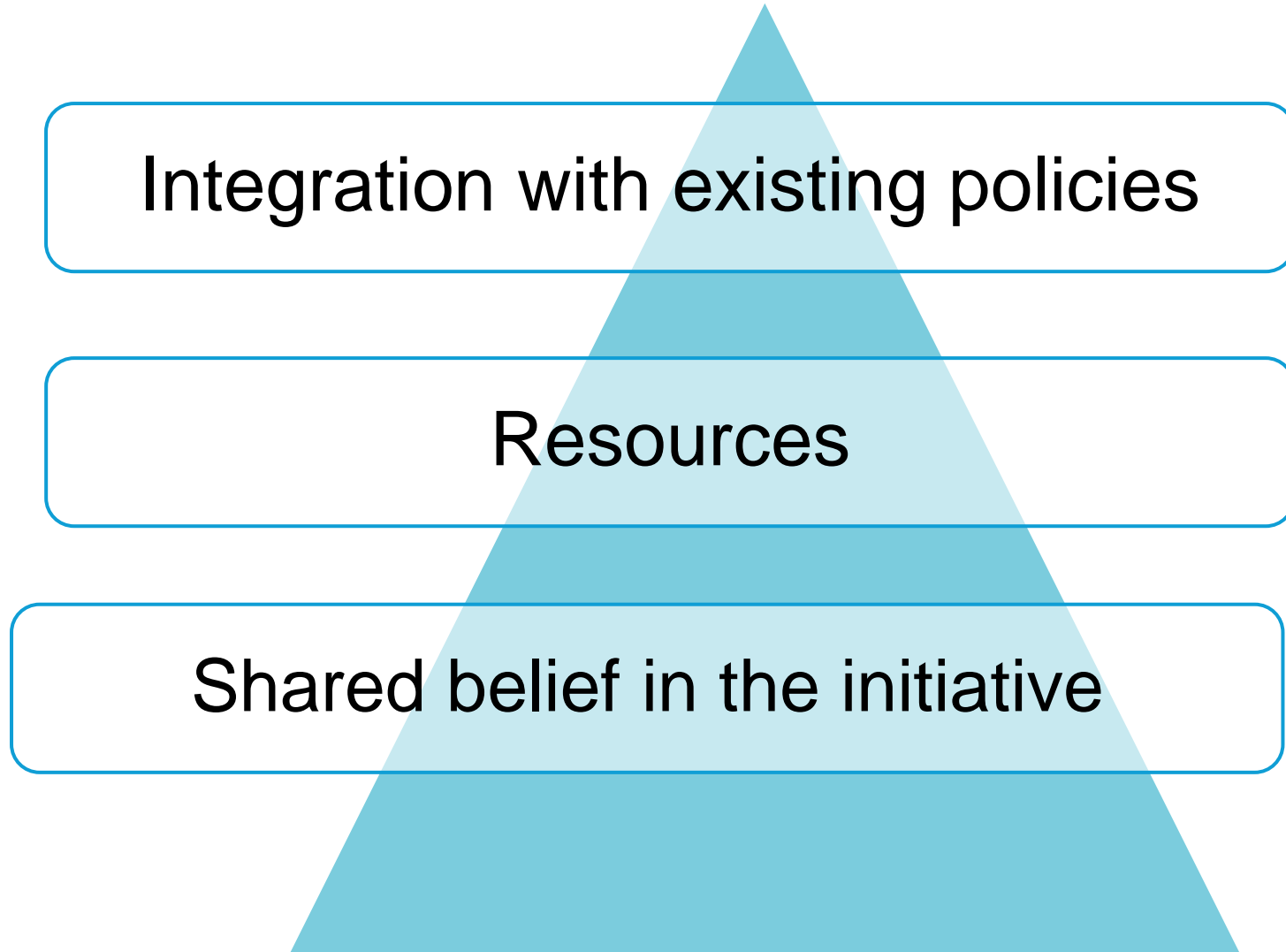


Cleaning teams



Monthly goals

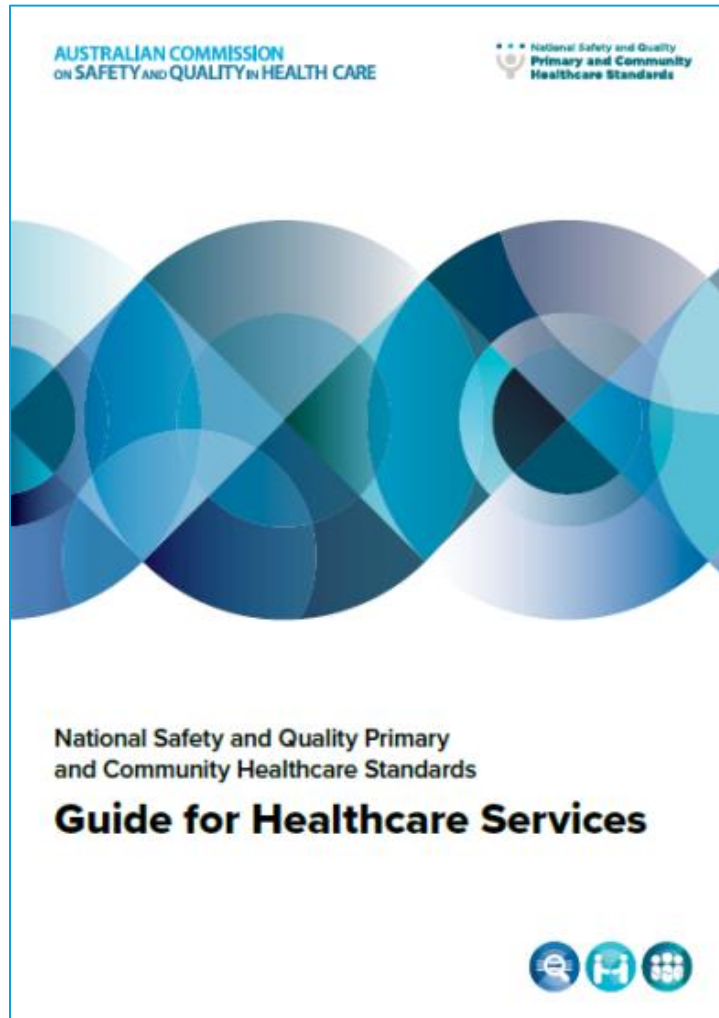
5. Supportive organisation and management



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6. National policies and guidelines



Clean and safe environment

Action 3.09

The healthcare service has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and jurisdictional requirements to:

- Respond to environment risks, including novel infections
- Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods consistent with manufacturers' instructions for use and recommended frequencies
- Provide access to training on cleaning processes for routine and outbreak situations, and novel infections.

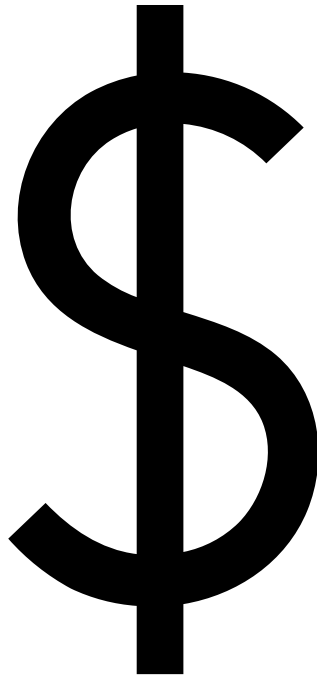
Action 3.10

The healthcare service has processes to evaluate and respond to infection risks for:

- New and existing equipment, devices and products used in the healthcare service
- Clinical and non-clinical areas, and workplace amenity areas
- Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings
- Handling, transporting and storage of linen
- Novel infections, and risks identified as part of a public health response or pandemic planning.

7. Funding

3 hours, per ward, per weekday



CLEEN = cost-saving

Not implementing this intervention is costing hospitals money and causing harm to patients

Strong evidence that cleaning saves lives



What can you do?

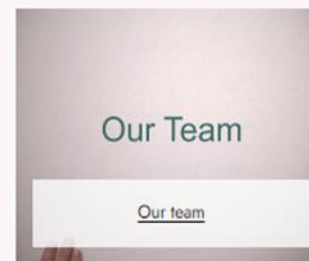
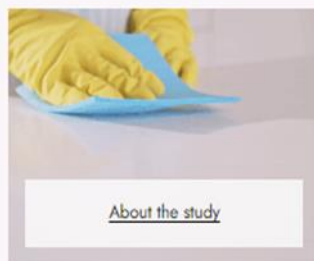
1. Does your hospital have surveillance for HAIs?
2. What HAIs do they report?
3. How does it compare to the protocol for this study?
4. How is environmental cleaning audited?
5. Who receives the feedback from these audits?
6. Who is responsible for cleaning shared medical equipment?
7. What steps are taken to improve environmental cleaning?
8. What training is there?
9. Who receives this training?
10. Do you need help?

The CLEEN study

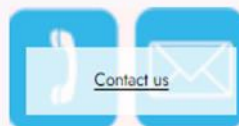


cleenstudy.com

A randomised control trial investigating
the effect of improving the cleaning of
shared medical equipment on healthcare
associated infections



More information



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