



Interclean
**Healthcare
Cleaning
Forum**

Lessons in implementation: Improving HEH in your own hospital

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and control



Lessons in implementation: Improving HEH in your own hospital

Healthcare Cleaning Forum
16th May 2024, Amsterdam

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Disclaimer

- Organisers paid for flights and accommodation for this meeting
- Receive funding National Health and Medical Research Council and Medical Research Future Fund (Australian Government)



Infection Control Matters podcast
Free, not sponsored

Topics & overview

- Set scene
- Audit, feedback and recognition are critical
- Education and training, often talked about, often forgotten
- Risk assessments and organisational culture: knowing your consumers, staff and workplace

Setting the scene



Setting the scene....



Setting the scene: influencers for this talk

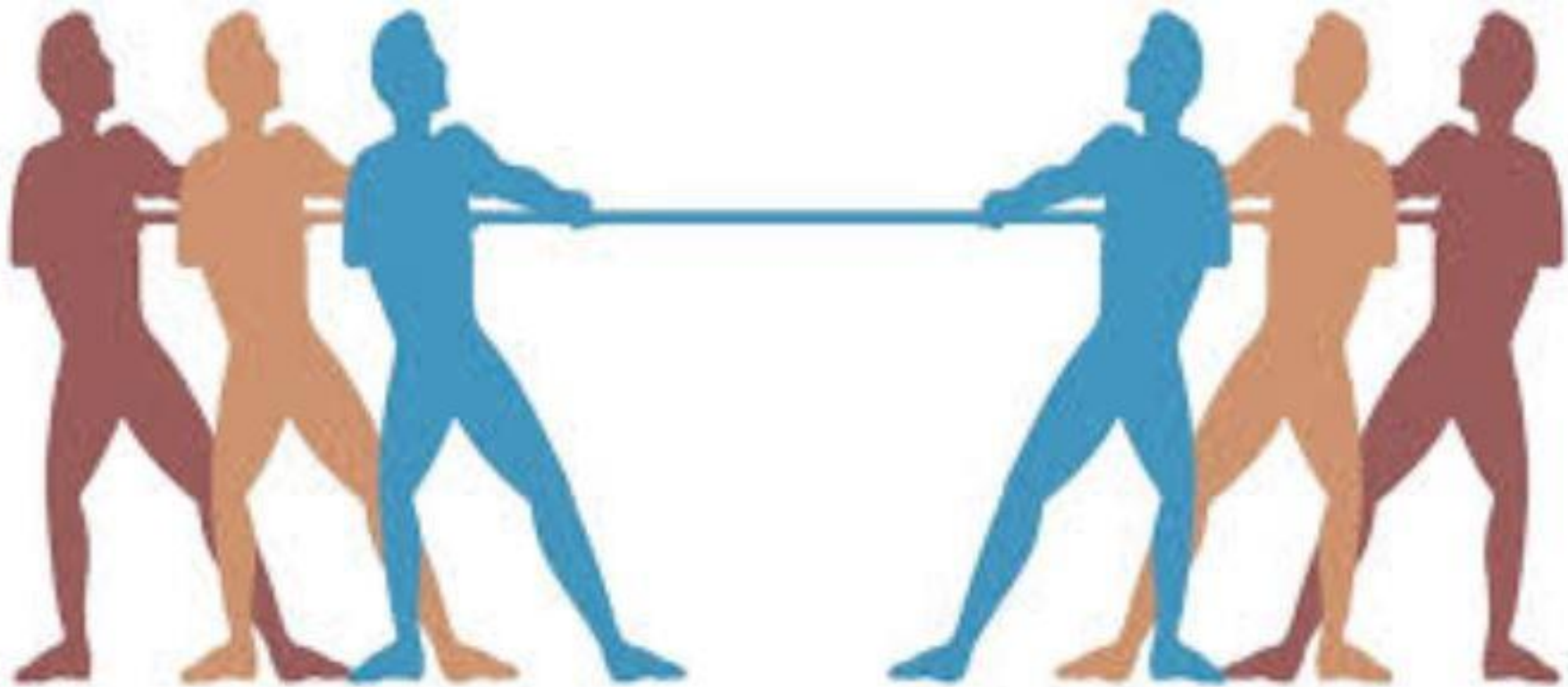


REACH study

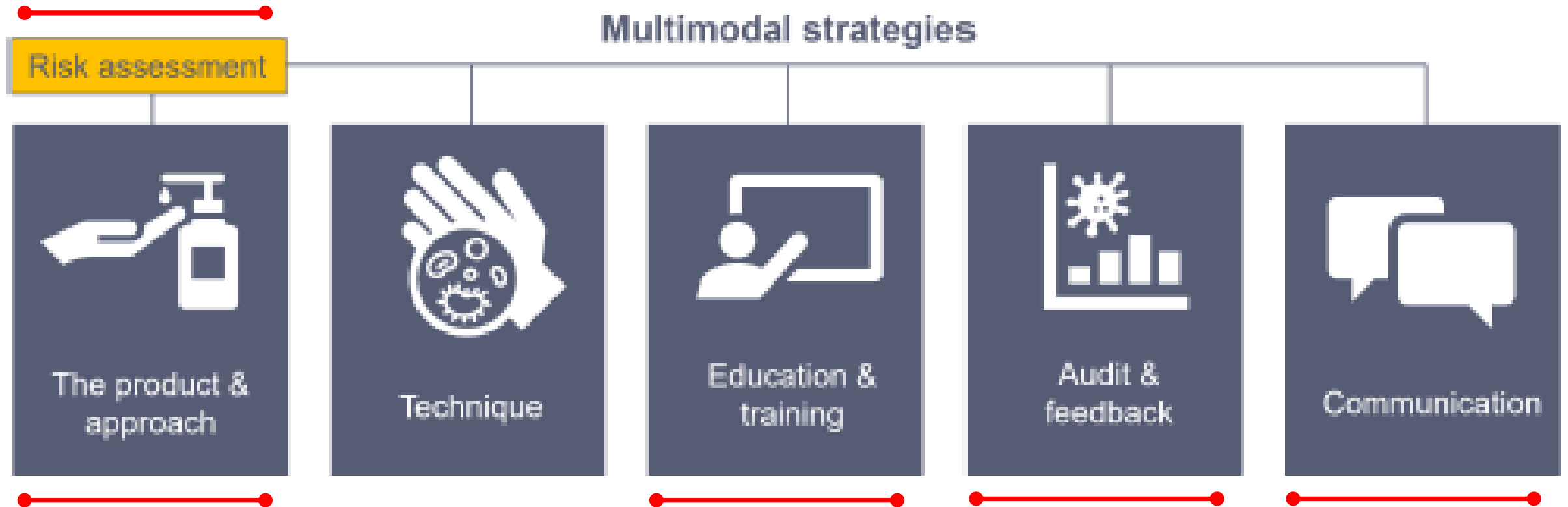
CLEEN study

**Roles & responsibilities
of cleaning**

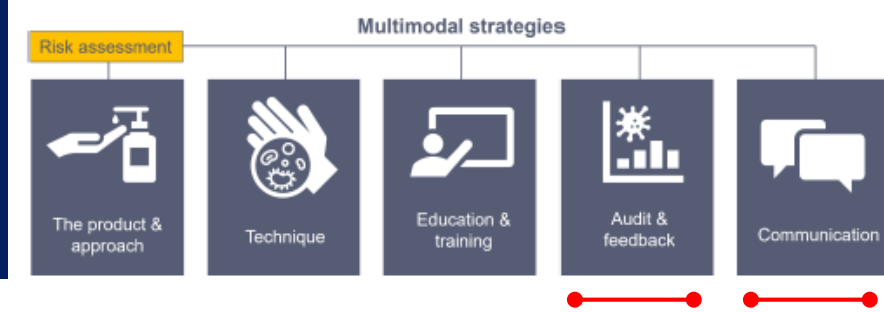
Push and pull of cleaning research and implementation



Context



Audit, feedback & recognition



Visual



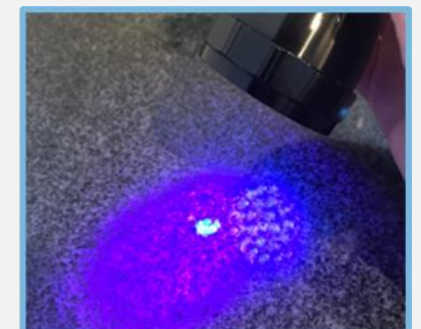
ATP



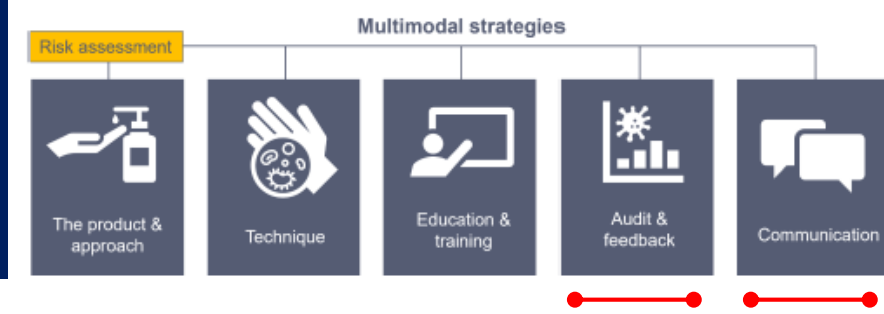
Environmental swabbing



Florescent gel and UV light



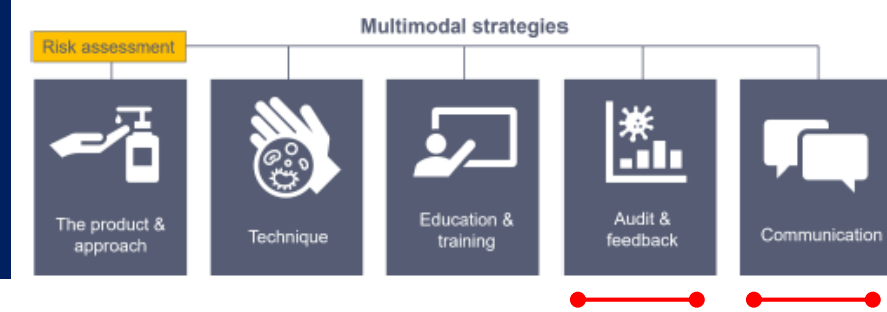
Audit, feedback & recognition



Types of Feedback in the Workplace: Examples

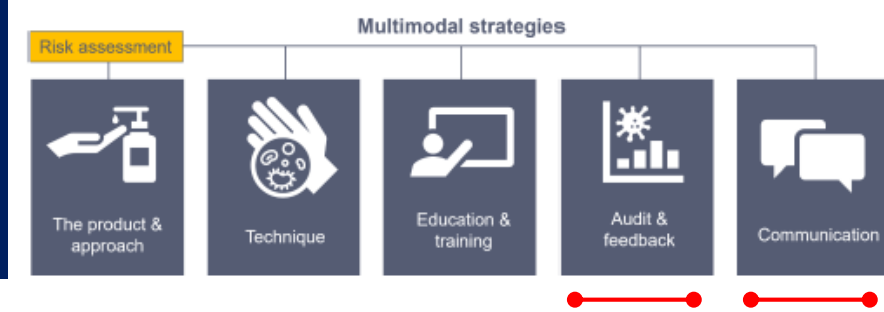


Audit, feedback & recognition



- Positive feedback
 - acknowledges and reinforces behavior that produces desired results
 - praise and recognition
- Constructive feedback
 - Peer review, team building, professional development plans
- Negative feedback
 - Sharing corrective thoughts about unsatisfactory behaviors in a disparaging, accusatory tone.
- Coaching feedback
 - hands-on approach, acts as a guide for self-directed development.
 - Active listening, reflective questions, and collaboration

Audit, feedback & recognition



Example 1: Carling

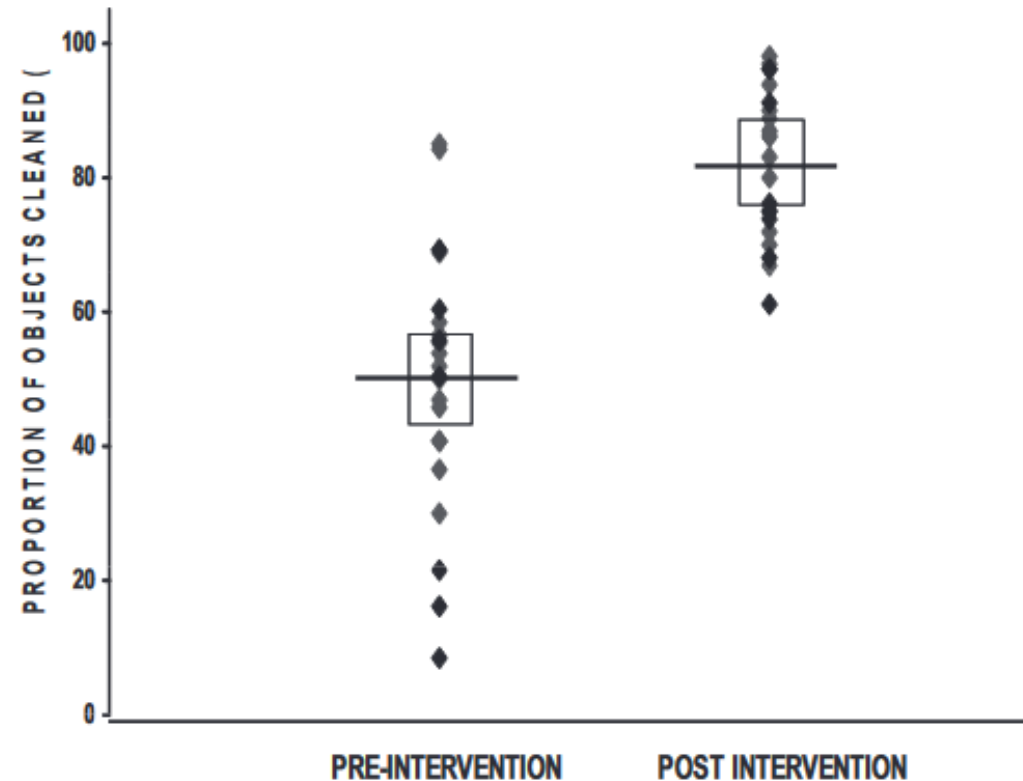
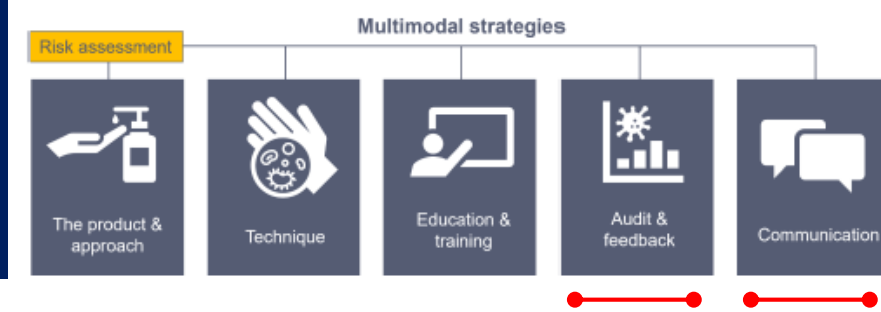


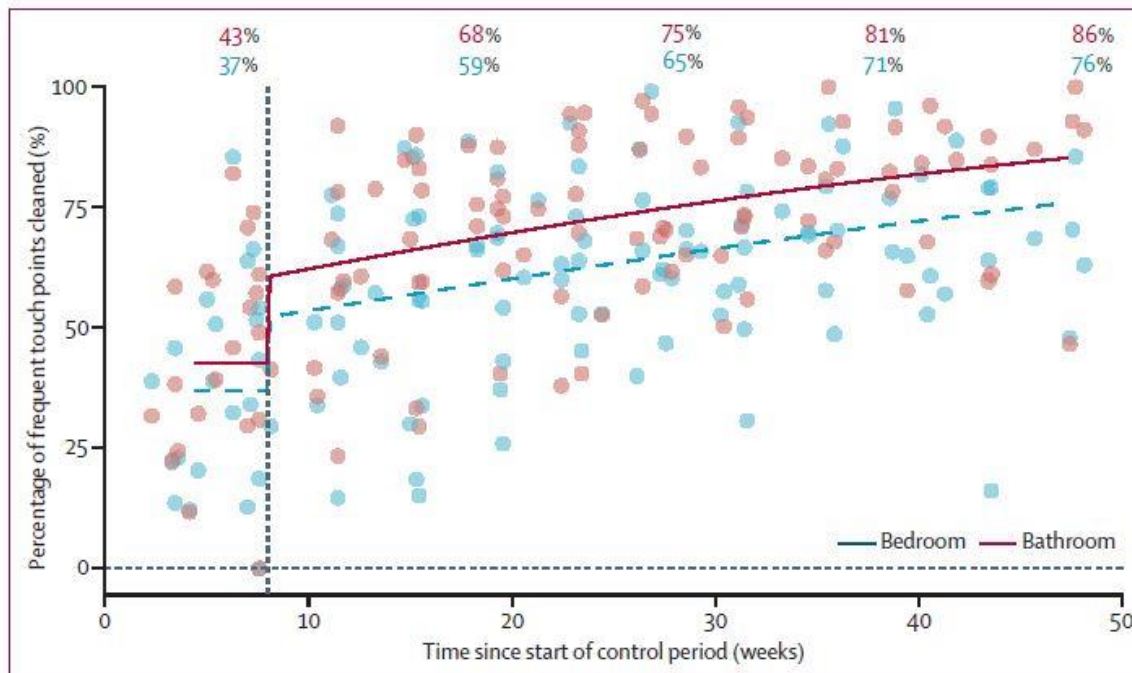
Figure 3. The proportion (%) of high-risk objects cleaned in 36 hospitals before interventions, after education, and after interventions, $\pm 95\%$ confidence interval.

Audit, feedback & recognition

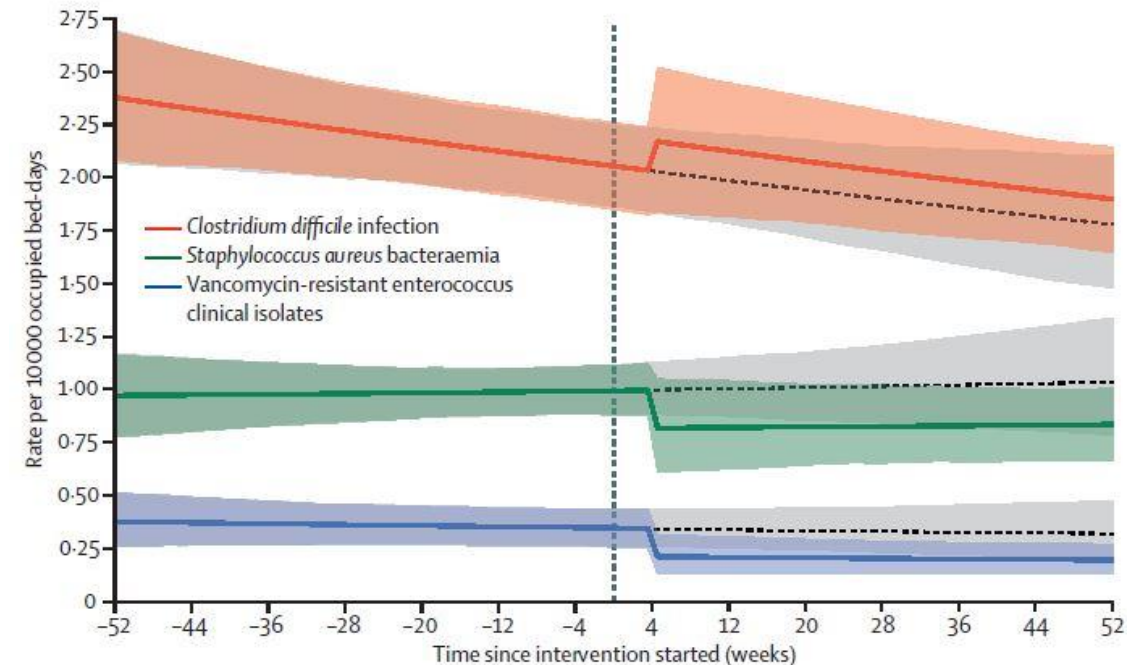


Example 2: REACH study

Proportion of frequent touch objects cleaned

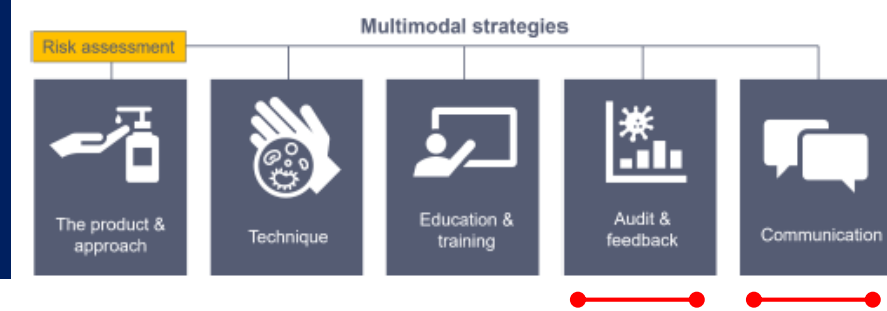


Incidence of healthcare-associated infection



Mitchell et al., Lancet Infectious Disease, 19(4), 410-418.

Audit, feedback & recognition

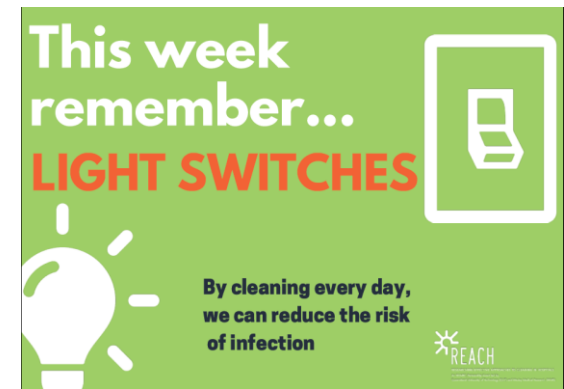


What may not be liked....CLEEN study

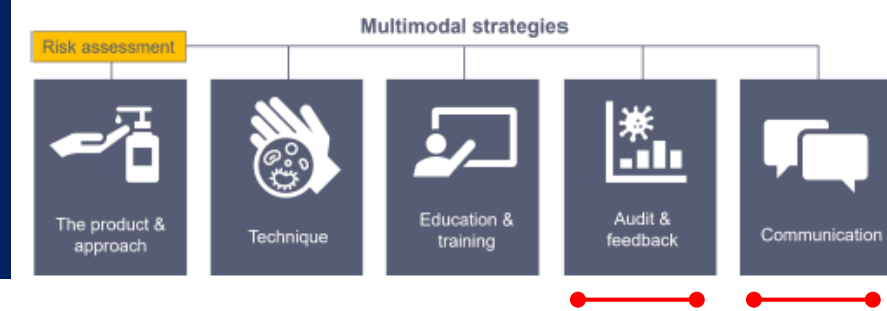
- Describe their personal experiences of cleaning shared medical equipment and how they prefer to receive feedback about their work
- Semi-structured focus group

Results

- Regarding feedback the cleaners preferred method was verbal or through email (small groups or individually)
- Did not like the public displays of feedback.
- Furthermore, it was noted that cleaners valued demonstrations of cleaning processes as an additional feedback method



Audit, feedback & recognition (communication)



- **Recognition**

- Celebrate success
- Ward / cleaner of the month
- Coffee voucher

- **Communication**

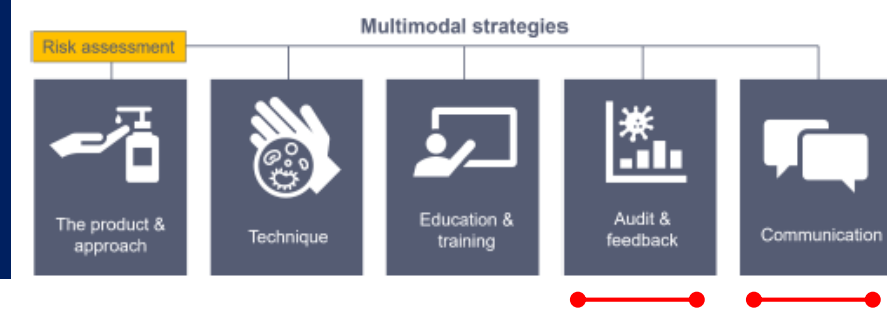
- Within the 'cleaning team'
- Within the ward
 - Introduce to nurse in charge every shift
- Within the organisation
 - Involvement of leaders
 - Bulletins and communication



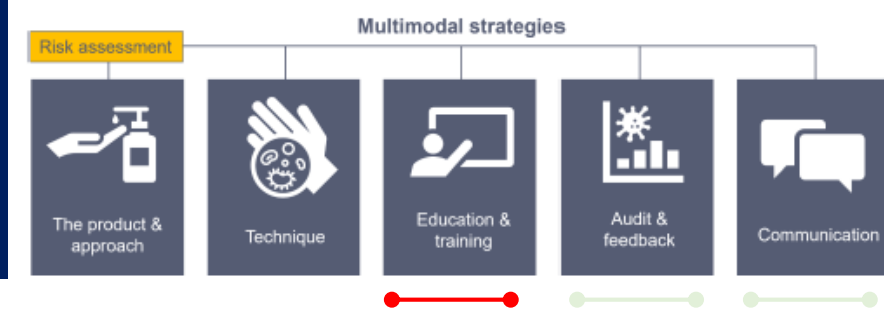
Audit, feedback and recognition

Implementation considerations

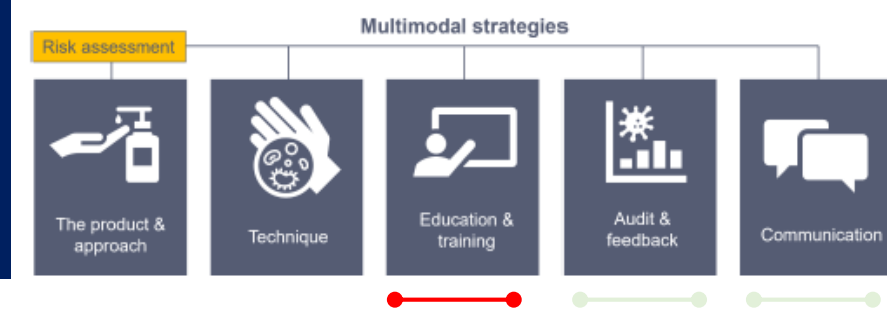
- Plan appropriate audit, ongoing
- Ongoing feedback is needed
- Tailor feedback
- Recognise achievement, communicate findings and role of cleaning staff



Education and training



Education and training



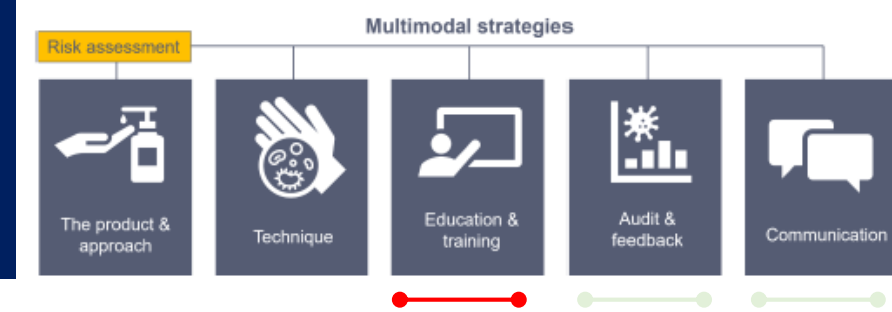
Assumptions that are likely to be wrong or not the entire truth:

- Staff have had sufficient training in how to clean
- Staff know why cleaning is important
- Staff have had practical training
- Staff receive training updates

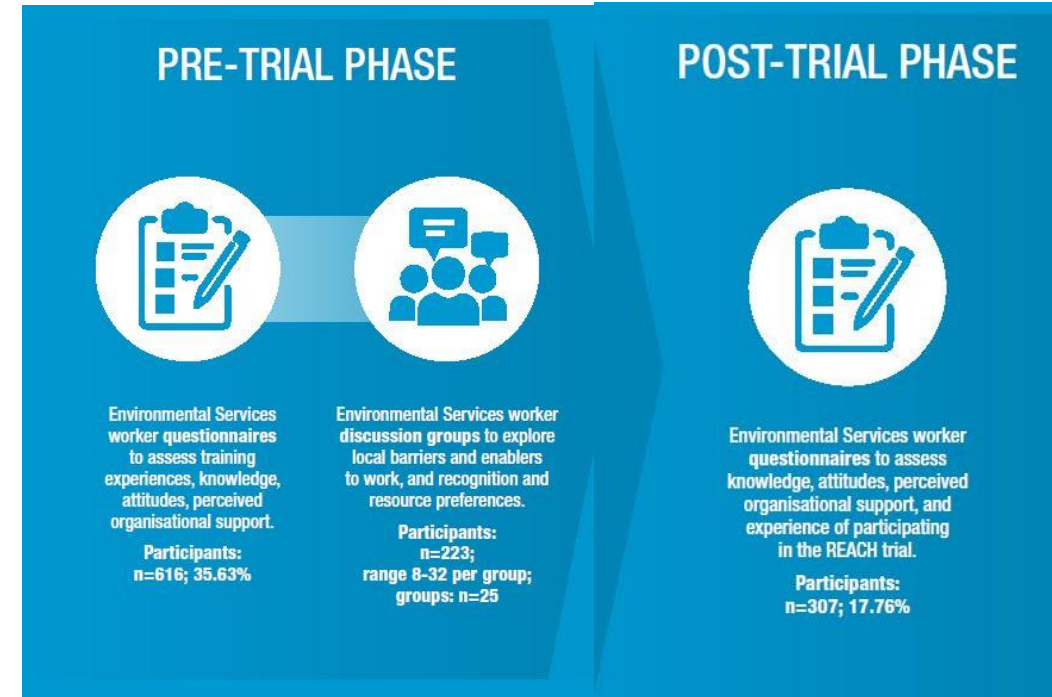
It's annoying to be disapproved of by people who know only half the story, especially when you're not sure which half they know.

— Robert Breault —

Education and training



- What did we cover?
 - Chain of infection / important role of cleaning
 - How to clean
 - Practical
 - Games
- Training at start (induction)
 - Ongoing
- Refresher training as needed (about every 6 weeks)
 - Ongoing

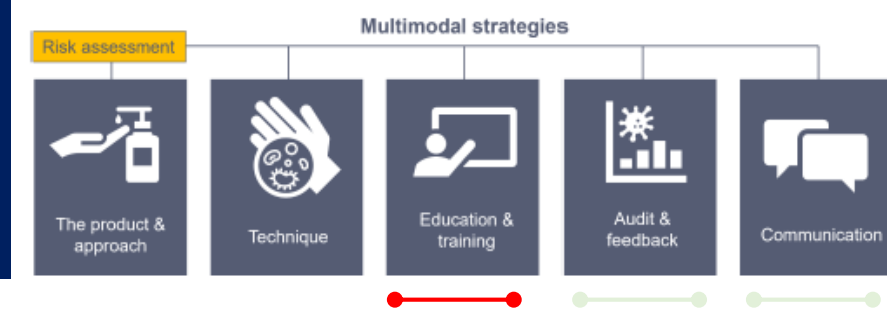


Education and training

Implementation considerations

- Understand current practice
- Plan deliberately
 - Who, how, where, when, what
- Evaluate

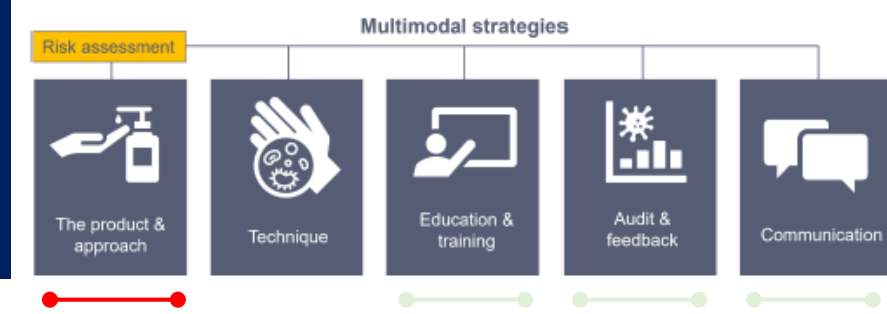
- Tailor
 - Use audit results
- Ongoing



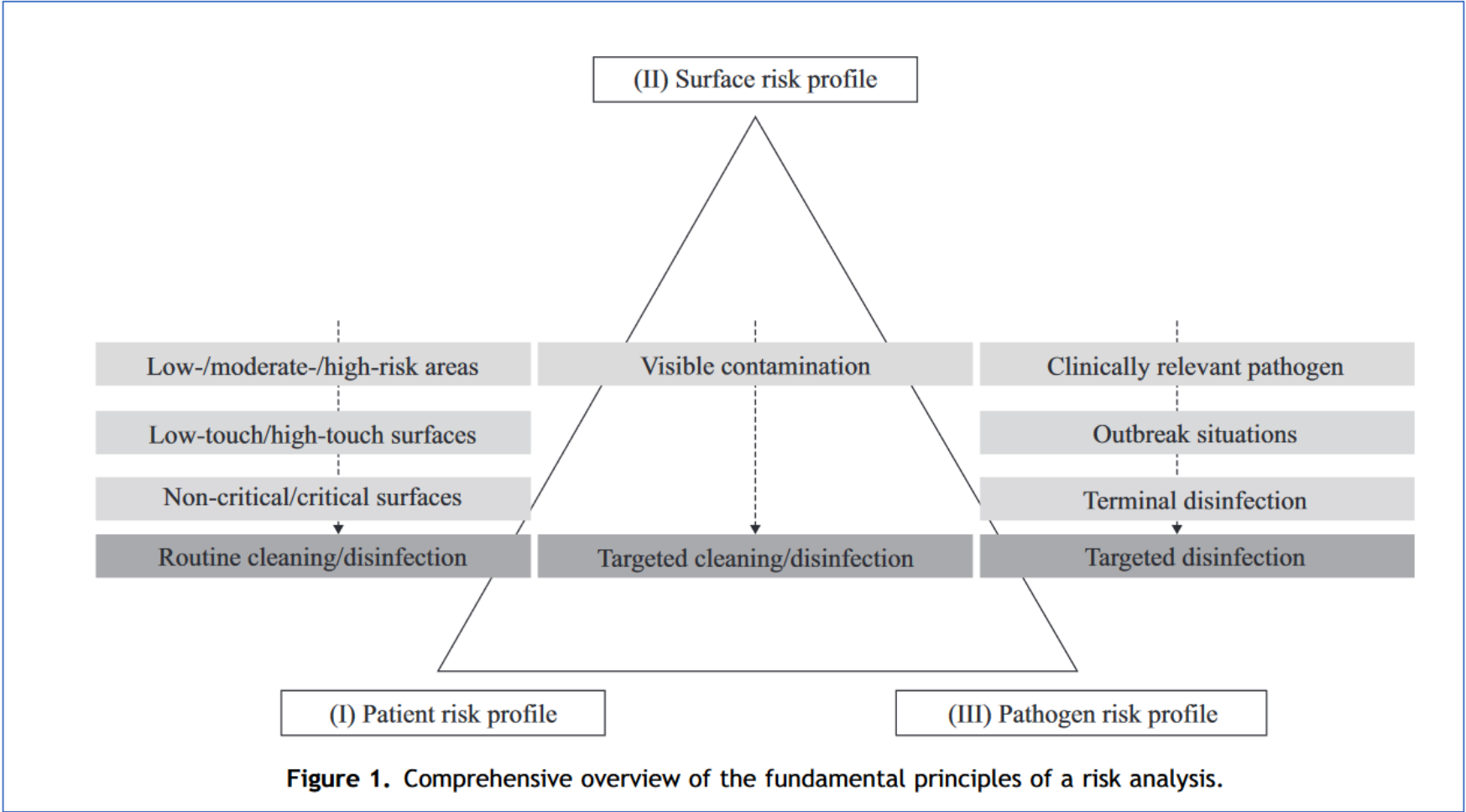
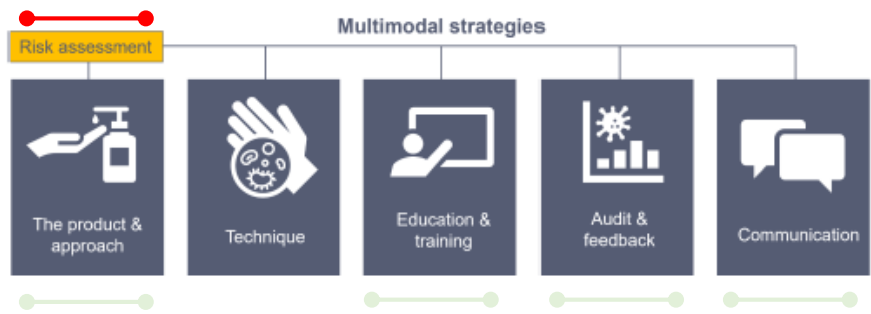
The approach and product

Implementation considerations

- Health and safety
- Preparation
- Contact time
- Reprocessing
- Storage
- Compatibility
- **Efficacy**
- Transferability
- Practical considerations (schedule, frequency)



Risk assessment: importance for implementation



Other thoughts influencing implementation (may or may not control)

- Cleaning is a skilled role, recognise
- Payment and remuneration
- Diversity in workforce and workforce models
- Cleaning services often first to get 'cut' – but they are cost-effective!

REACH STUDY

Introduction and maintenance of a bundle is cost-effective

The expected per-hospital cost of maintaining the cleaning bundle over the study period was approximately \$29,000

Real cleaner implementation

Don't bother too much. They're not auditing our ward.

Cleaning areas just in case might be dot there



**What do you mean we need to clean the bed rails?
SOMEONE CALL THE UNION!!!**

It is too hard to clean the bed with the patient in it

Implementation of a cleaning program

Organisational culture & human behaviour

Risk assessment

Product and approach

Education and training

Implementation

Communication

Audit and feedback



Concluding thoughts

- **Risk assess and plan**
- **Product and approach**
 - Consider a range of factors
 - Effectiveness is critical
 - Make it easy to do the 'right' thing.
- **Audit, feedback, recognition and communication are critical**
 - Takes time, ongoing, work with staff
- **Education and training**
 - Plan: Who, how, where, when, what
 - Evaluate and tailor

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