

ENVIRONMENTAL HYGIENE

The Built Environment



Strengthening
Cohesion



between IPAC &
EVS



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Hygiene
Performance
Solutions



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Disclaimers & Caveats

I am not a certified (CIC) Infection Prevention & Control Professional; I am an Environmental Hygiene operations professional

I make my living working with healthcare organizations, hotels, commercial technology and service providers across North America to improve patient safety and financial performance through improvements in clinical environmental hygiene.

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Learning Objectives

1. Understand the critical role Environmental Services have in shaping the safety, care, and general well-being of Patients, Health Care Workers, and Visitors
2. Outline how a high-performing Environmental Services team can make a significant contribution to the effectiveness and efficiency of Nursing and other Clinical staff
3. Why skills training and job orientation can improve service quality, workplace and patient safety, and overall efficiency.
4. Identify how Infection Prevention & Control can work with Environmental Services, in support of a safe environment.
5. Discuss the impact of COVID-19 on Environmental Services in Senior Living Environments

The Environmental Services / Housekeeping teams in your facility are more than just “janitors”.

Today, more than ever, cleaning & disinfection is an intimate experience that gets to the very heart of achieving a safe environment for Patients, Residents, Guests, and other Staff.

Understanding how to conduct effective cleaning and disinfection while meeting increasing client/customer expectations in ever-more-complex built environments is critical for achieving success.

Our Approach



BACKGROUND /
CONTEXT



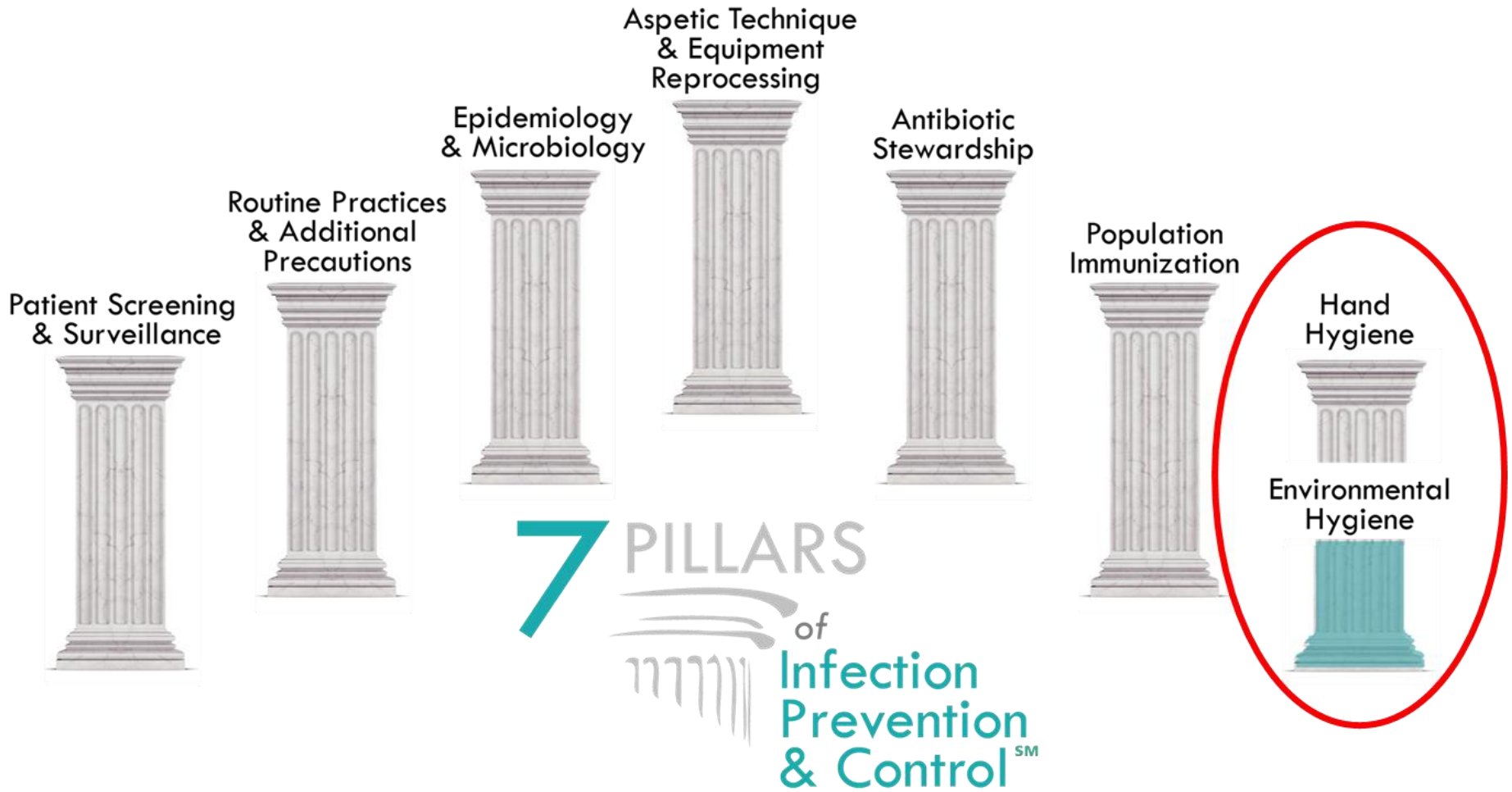
WORKPLACE
EXPERIENCES



LESSONS LEARNED FROM
THE FRONTLINE



EXAMPLES OF LEADING
PRACTICE INNOVATIONS



5P Performance FrameworkSM

Critical Dependencies

CLINICAL

- Patients & Residents / Health Care Workers / Visitors / General Staff

TECHNICAL

- Hygiene Supply & Technology Industries

OPERATIONAL

- Environmental Services, Supply Chain, Finance



Protocol: the science of cleaning and disinfection, integrated clinical, professional & technical, evidence-based, practice guidance

Built Environment

Evidence supports private accommodation as a more effective for preventing the spread of infection.

- increased workload for Housekeeping / EVS staffing without increasing # of beds
 - Up to 20-30% more time for daily cleaning
 - Up to 30-50% time for terminal cleaning
- Increasing use of secondary disinfection technology is possible with single-use rooms



Protocol: the science of cleaning and disinfection, integrated clinical, professional & technical, evidence-based, practice guidance

Built Environment

Evidence supports the expanded use of mobile and bedside information systems for clinician and patient (self) input; guest-room electronics are increasing.

- typically, the cleaning and disinfection of electronic devices is out of scope for environmental services
- requirement for hospital-grade single-use disinfectant wipes to be available for a patient, care providers, and guests use



Protocol: the science of cleaning and disinfection, integrated clinical, professional & technical, evidence-based, practice guidance

Built Environment

Evidence supports the adoption of engineered infection prevention solutions in new/renovated patient environments, such as:

- Ozonated Water Sinks
- UV Disinfection Systems
- Fixed and Hard-surface Partition Screens
- Auto-flush toilets
- Touchless hand hygiene supplies



People: motivated and independent thinking workforce, competent & engaged human resources, organized and aligned to safety

Facilities are becoming more of a community hub, with higher expectations for a pleasant and accommodating environment

- Aesthetic design features that require a higher level of cleaning frequency to maintain the positive public impression
- Increase selection of surfaces that are unable to stand up to the rigours of commercial cleaning practices
- Greater use of public areas for consumer food & beverage and general retail
- Expanded use of clinical areas in after-hour periods
- Increasing application of precautionary Isolation controls – having a significant workload on Environmental Services
- EVS leaders need data to ensure that have enough resources to perform their work effectively; including: the **volume of 'Patient-days' and 'Terminal Cleans' for 'Additional (Isolation) Precautions'** – IPAC is well-positioned to help EVS with this information



Process: scalable & replicable output
consistent execution of standard work,
effectively integrated with clinical
practice.

Purchasing decisions for furniture & equipment
fail to take into account the requirements for
cleaning and disinfection

- Mobile electronics
- LED digital display & touch screens
- Soft surfaces (pillows/bed/stretchers
mattresses)
- Bed-side furniture
- No-finish flooring substrates
- Aged PVC furniture & equipment



Product: products, equipment, systems
strategic & effective utilization of
hygiene technology enablers

Expanded use of disposable surface cleaning products for
housekeeping & environmental services personnel

- **Surface disinfectants represent approximately 1% of the operating budget of Environmental Services;** therefore the most important consideration should be product efficacy and safety – not price.
- Potential contradicting or conflicting disinfection chemistries
- Rigorous cleaning (i.e. removal of soil/grease/marks) is sometimes compromised for convenience and speed

Secondary disinfection technology, such as
Fogging/UV/ESS, remains generally low & inconsistent.

Adoption of flat-mop floor cleaning systems is becoming
common-place

Adoption of robotic floor/carpet cleaning systems is low.

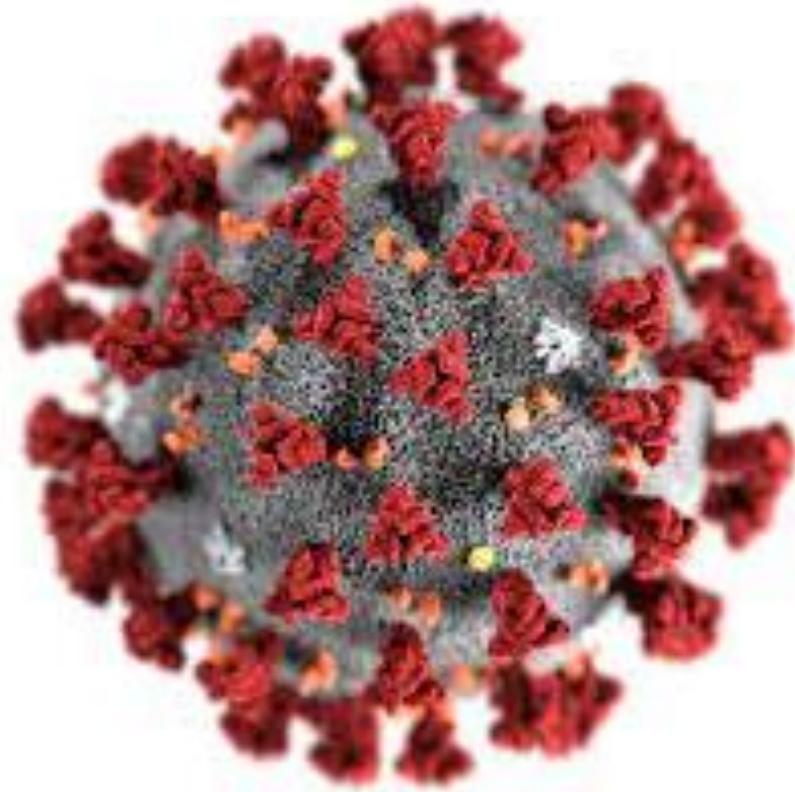


Performance: what “good” looks like, continuous improvement informed by measurable key performance indicators

Measurement of environmental hygiene program performance has struggled to keep pace with modernization of patient, resident, and guest expectations

- The cause-effect impact on clinical outcomes remains theoretical – anecdotal
 - Difficult to quantify the return (clinical benefit) on investment for investment
- Provincial benchmarking of overall cost fail to address critical variations in service scope, building condition and layout, clinical activity levels
- Measurement of surface hygiene remains is prone to the interpretation of the auditor
 - There is no industry-accepted standard of environmental hygiene outcomes





COVID-19

COVID-19 The pandemic has demonstrated the contribution cleaning & disinfection makes to patient-resident and workplace safety. Environmental Services personnel are on the frontline of the national response.

Protocol	Cleaning & disinfection protocols are generally consistent with other transmission-based precautions	Enhanced (consistent) frequencies for cleaning and disinfection of high-touch surfaces	People	Ability to staff up so as to deliver the required protocols has been the biggest challenge; staff shortages, use of temp or third-party agencies have been common-place
Supervision levels have been inadequate to keep pace with rapidly changing conditions and response requirements	Process	Methods to train new staff in proper cleaning & disinfection skills have proven to be inadequate	Increases in clinical activity levels and changes in care practices (often at short notice) have increased the workload and requirements of Housekeeping / Environmental Services	The expansive use of full PPE for cleaning, particularly outside patient care unit and in senior living, has been challenging
Product	Hospital-grade surface disinfectants are effective for primary cleaning & disinfection	Use of secondary disinfection technologies is generally not indicated; however, they have been used in situations where primary cleaning and disinfection have been compromised	Performance	The use of checklists and audits to confirm essential achievement of tasks and outcomes has been inconsistent

*The Covid-19
Pandemic had
a detrimental
impact on
Environmental
Services
performance.*

- Workplace safety measures and the general workplace strain resulted in accelerated staff turnover, which, coupled with the need for more resources to maintain services, resulted in a challenge to ensure new hires were adequately trained and competent to face the challenge.
- Using traditional skills training and job orientation methods, Environmental Services teams were stretched beyond their ability to ensure a qualified and experienced team of care-support staff.
- Novel approaches to skills training, and job orientation were introduced on on-the-fly to streamline learning and accelerate knowledge transfer.

*As communal living
operations transition to 'the
new normal' what innovative
methods can transition
forward, and how can we
address legacy knowledge
GAPS are addressed?*

For many, the situation was dire...

The Covid-19 Pandemic has had an unprecedented impact on the operation of senior living facilities.

The nature of senior communal living and traditional care models were compromised by implementing stringent measures to prevent infection between residents and between staff and residents.

Efforts to avoid potential transmission from the community to residents placed a further burden on staffing levels.

Like Nurses and Personal Support Workers, Environmental Services teams faced the challenge of enhancing infection prevention & control measures, maintaining a sense of personalized hospitality and home-like comfort while dealing with unprecedented strains on staffing levels.

What do the Experts Say?

LTC inquiries have many common recommendations

There have been several formal investigations and public inquiries specific to COVID-19 across the country to reduce the risk of infection, outbreaks and deaths in LTC homes. Although investigations are still in progress at the time of writing, common recommendations to date (as of February 15, 2021) include the following:

- Increase staffing levels and retention programs for nurses and personal support workers.
- Implement mandatory infection control practices, including staff training and a designated infection prevention and control lead in each home.
- Increase accountability at all levels of staff within each home and system-wide; and improve home inspection and enforcement processes.
- Ensure timely access to physician and specialist care, and augment housekeeping staff and designated family caregivers.
- Provide access to PPE and training and the necessary supplies required to create a safe work environment.
- Clarify and coordinate communication across all parts of the system.
- Implement a specific crisis plan for outbreaks, including a disaster/emergency response Team and rapid testing and contact tracing strategies.
- Reduce crowding or occupancy to prevent the spread of infection and adapt spaces to isolate sick patients.

Source: Canadian Institute for Health Information. *The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months*. Ottawa, ON: CIHI; 2021.



The Impact of COVID-19 on Long-Term Care in Canada

Focus on the First 6 Months

The Condition Demanded Innovation....

- Environmental Services Associates (ESA) are on the frontline of Resident hospitality, satisfaction, and safety. Additionally, ESAs play a significant role in providing an environment that enables clinical and direct care staff to deliver their services safely and efficiently.
- Despite this central role in the organization, ESA's are only a few job categories that can be hired without prior skills training or competency certification. The burden of ensuring proper training lies solely on the hiring organization.
- Many senior living environments have limited resources to provide the training necessary to keep pace with large-scale onboarding. However, the literature has been clear that resident outcomes, health, safety, and satisfaction are most ably achieved through a well-trained and highly competent workforce.
- GOV directives for enhanced infection prevention and control measures and accountabilities will require more effective and efficient ways to ensure knowledge transfer to the frontline.

Stories from the Field



Case Examples

- EVS Leadership was absent from the facility; without a skilled backup resource, and
- EVS Leadership was called upon to supervise more services than the traditional scope
- EVS Staff shortages meant using outside help to provide basic cleaning and disinfection services, and
- EVS Staff were used to augment GAPS with Personal Support Workers for non-direct care functions; including bed-making, clothing, supply distribution, and staff assisted with room-based meal monitoring, resident monitoring

Leading Practice Innovation



- Leverage capabilities from within
- Seek novel Partnerships
- Get help from Non-Traditional sources
- Reimagine Work Organization models
- Leverage Technology to Close the performance GAP

Where to Get Help?



PEER FACILITIES



VENDOR PARTNERS



INDUSTRY SERVICE
PROVIDERS



CONSULTANTS &
PERFORMANCE
COACHES



PROFESSIONAL
ASSOCIATIONS

Thank You

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