Environmental audit tool

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Introduction

The organisation provides acute care across 3 sites and has a capacity of 1000 beds. The Infection Prevention Team (IPT) has a robust audit plan and work closely with the clinical governance team to ensure the audit plan is delivered.

Audit synopsis: In 2014 the Organisation experienced a rise in Trust attributable Clostridium difficile infection and MRSA colonisation. This unprecedented rise triggered the IPT to review the assurance around the current environmental controls.

Background

The audit process that was currently adopted was ‘Credits for Cleaning’ (C4C) and the annual Infection Prevention Society (IPS) audits and the undertaking of audits using similar methodology to the national Patient-Led Assessment of Care Environment (PLACE) process were not highlighting any major concerns. There were no noticeable deficits in mandatory training compliance and clinical areas were reporting 100% in hand hygiene.

The Organisation arranged for an external inspection to take place, led by the Trust Development Authority (TDA). The initial visit was to be scheduled to take place over 2 days and took place in February 2015. The visit highlighted multiple issues around environmental standards and resulted in the TDA concluding that the Organisation were at that time non-compliant with the Health and Social Care Act (2015) - Hygiene Code (criterion 2). This resulted in reputational damage and was demoralising for the Trust and all staff. It demonstrated the flaws in the environmental audit processes, and the impact upon patient care and increased risk of HCAI.

The findings of the visit included:
- Contaminated toilet-roll dispensers
- Untidy/dusty linen rooms
- Lack of wipes on portable equipment (BP machines)
- (Some) staff in cardigans/wrist watches/jewelled rings
- High level dust
- Some soiled equipment
- Wet/soiled ANTT trays
- Lack of ownership/ understanding of who cleans what
- Missing/damaged seals around hand basins
- Strike through on mattresses
- Lack of process around checking mattresses/ pressure cushions
- Link nurses/practitioners not well used
- Drug fridge temperature recording not consistent
- Regen kitchens food not in original packaging/dust inside cupboards

However not all findings were negative. The Organisation was commended for;
- Good documentation of catheters/IV’s
- Contaminated toilet-roll dispensers
- Untidy/dusty linen rooms
- Lack of wipes on portable equipment (BP machines)
- (Some) staff in cardigans/wrist watches/jewelled rings
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Method

In response to the findings the IPT worked closely with Hotel Services, Estates and Facilities to draft and develop an environmental audit tool that incorporated issues not previously addressed. The tool was agreed by the organisation and was presented to the Infection Prevention and Control Group, Matrons Group, Environment Group and the Patient Safety Information Group (PSIG).

Results

The audits were introduced onto the audit programme in all clinical areas. The average audit compliance has risen from 34% to 90%. This process has demonstrated an effective method for sustained environmental controls addressing areas of modern healthcare environment not addressed though national tools. It has given assurance that issues are being addressed and is utilised as the annual audit tool used with Hotel Services, Estates and the IPT. It has greatly improved communications between services and all staff are more aware of their responsibility. It has also enabled the Trust to formulate a deep clean plan allowing wards to be decanted as a whole to complete works and facilitate refurbishments rather than works being completed piece meal.

It has had a significant positive impact on patient safety, environmental cleanliness, staff practice and a reduction in attributable Health Care Associated Infections, and has led the Trust to acknowledge that we cannot underestimate the impact of the environment on patient safety.
An Organisation’s City wide approach to decontamination

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Introduction
The organisation provides acute care across 3 sites and has a capacity of 1000 beds. As an integrated Trust, community services are also provided by the Organisation. The method of decontamination was to use a 2 stage process of detergent and alcohol for the cleaning of patient equipment and medical devices. Observational evidence and audits identified that this process was not being followed, with areas using just alcohol to disinfect equipment without prior cleaning as it was considered to be a faster process as alcohol has a faster drying time. By using this regime it rendered the process ineffective.

Method
The Infection Prevention Team (IPT) explored ways of improving compliance. It was decided that the use of a combined detergent/disinfectant wipe could be beneficial. A trial was held on two busy areas, the Acute Medical Unit (AMU) and Emergency Department (ED). Due to the high throughput of patients in these areas, poor compliance on audit had been noted with equipment and medical device decontamination. A trial period was agreed with the supplier, Matrons, Senior Sisters and the IPT. The supplier provided in-house training for staff within the clinical areas. The trial was undertaken to evaluate compliance and staff views on the change in practice and products. During the trial, compliance was monitored in the form of audit of the patient equipment and medical devices.

Feedback was also gathered from staff around;
- Comparison to previous product
- Size
- Availability
- Overall satisfaction
- Would staff support the implementation of the new product

The feedback was positive and staff felt that the product was easy to use and saved time compared to the 2 stage process; this made staff were more willing to use the product correctly. Having dispensers in easily accessible areas also helped with compliance as staff were aware of the location and availability of the products.

Following the successful trial the results were reported to the Heads of Nursing, Divisional Managers and Matrons and discussed at meetings. It was agreed that the implementation of a combined product would be beneficial for the Organisation.

Collaborative working with IPT, the supplier and Procurement enabled the exploration of a single stage process for decontamination and the opportunity to standardise products across the organisation. The costs for using a single step compared with a 2 stage process were compared.

The combined detergent/disinfectant wipe was rolled out to all areas of the organisation across 3 separate inpatient sites. Following successful acute implementation and positive evaluation, the product was rolled out to community sites ensuring a standardised City wide approach to decontamination.

The roll out was supported by the supplier with training sessions delivered to all areas on correct usage, and dispensers were fitted bespoke to all clinical areas based upon need. The supplier also designed posters incorporating the Organisations logo to show correct processes for the use of the products. The implementation of the change, including staff education took a period of 3 months.

Results
The introduction of a single step approach to decontamination has shown an increase in compliance and a reduction in Health Care Associated Infection (HCAI). Environmental assurance data has shown an average increase from 85% to 90% between December 2015 – February 2016. The CDI rate reduced from 29.27 per 100,000 bed days on introduction to 8.65 following full implementation. The introduction and the change to a single supplier also made a significant cost saving to the organisation.

Discussion
The collaboration with the supplier and the Organisation had an extremely positive impact on the implementation of the product. The supplier was proactive in the education and training of all staff and the trainers provided had a clinical background and appreciated challenges faced by staff and they were also extremely knowledgeable in the area of infection prevention.

The fitters who visited the clinical areas to fit dispensers were conscientious and worked well with ward and departmental teams to ensure equipment fitted correctly and at times to suit the clinical environment.

A total of 493 staff were trained on the correct use of the product and a total of 1750 dispensers were fitted. Equipment that was specific to clinical areas was reviewed and manufacturers contacted to ensure suitability of the product use. The process of implementation was smooth and seamless.

Conclusion
The organisation has now successfully moved from a 2 step process of decontamination to a single step. The implementation of this process has shown an improvement in compliance and environmental cleanliness.

It has shown a significant positive impact on patient safety and a reduction in attributable Health Care Associated Infections.

The overall process worked well within the acute areas of the Organisation and so in order to ensure compliance in all areas the process was mirrored in community settings creating a city wide approach.