

## PIDAC Best Practices

Environmental Guideline Recommendations (EGR)

### Audit Experience

*The Journey of St. Catharine's General Hospital*

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## Qualitative Study

### Objective

- To determine the most effective approach to assess the PIDAC Best Practices EGR
- To monitor the resource requirements to complete the assessment
- To trial the assessment at a facility for compliance, feasibility, and validity





## Qualitative Study

### Process

- Read the document
- Determined the criteria
- Assessment of compliance
- Compliance validation (interviews and tours)
- Final evaluation
- Next Steps





## Who We Are

### NHS Organization

- 7 sites with 750 acute care beds, and 115 LTC beds
- 4200 Employees serve a population of 430,000

### St. Catharines General Hospital Site

- Largest site in the NHS
- Has 250 acute care beds
- Serves a population of approximately 150,000





## Qualitative Study

### Timeline

- Three months (July – September)
- Six separate on-site visits (meetings, tours, interview days)

### Resources

- Approximately 70 person hours of time to complete
- Reviewed documentation material





## Standards

### Criteria Classifications

- Documentation (supporting written material)
- Practice (the current actions of frontline staff or leadership)
- Condition (the physical environment as it exists today)

### Validation

- Research (review written procedures, policies etc.)
- Interview (follow-up interviews with key stakeholders)
- Tour (first hand observation of the physical environment)





## Roles & Responsibilities

*Reds & Greens*

**Primary Audit Study Group:**

- Regional Director of Hospitality Linen Groundskeeping
- Site's Infection Prevention & Control Practitioner
- Third Party Audit Coordinator

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## Roles & Responsibilities

*Reds & Greens*

**Consulting Stakeholders**

- Hospitality Services
  - Facility Manager & Supervisors
  - Hourly Employees (full time & part time)
- Clinical Leaders
  - Patient Care Units (outbreak prone & non-outbreak)
  - Diagnostic Departments
  - Critical Care Units
- Occupational Health & Safety Staff
- Purchasing / Materials Management

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## Findings / Follow-Up

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**General Themes:**

- Aged facility
- Deteriorated surfaces
- Cleaning of stationary and multiuse equipment
- Purchasing decisions
- Environmental/Hospitality Policy and Procedure
- Staff Education and Training
- Resource Management to achieve standards
- Roles and responsibilities for equipment cleaning
- Supervisory resources

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## Surprises - Negative

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**Practice**

- Personal protective equipment waste handlers
- Occupational health and safety incidents
- Key training on Routine Practices and Additional Precautions, and Disinfectants
- Purchasing procurement to include key stakeholders (cleanability)

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## Surprises - Negative

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**Condition**

- ES carts/closet deficiencies
- Cleanable surfaces in patient care areas- planning

**Documentation**

- Staff ability to reference the current cleaning procedures was inconsistent

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## Surprises - Positive

*Reds & Greens*

**Condition**

- Staff vigilance in identifying mattresses and other vinyl furniture, carpeting, wallpaper that was in need of replacement, was better than originally assessed

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## Surprises - Positive

*Reds & Greens*

**Practice**

- Staff assessment of Equipment Cleaning performance, was better than anticipated
- Initial perceptions of reactivity concerns (disinfectant) were not validated in stakeholder consultations- Mark please check
- Clinical leadership did have a good understanding of quality monitoring activities performed by the ES department, and did feel they were getting regular quality feedback

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## Lessons Learned

*Reds & Greens*

- **Ensure the objectivity of the auditors**
  - Self audit by IPAC or ES leadership, may present risk of bias (favorable or non-favorable)

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## Lessons Learned

*Reds & Greens*

- **Training does not always equal learning**
  - All training programs need to have a mechanism to ensure that key learn points have been understood and are operationalized

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## Lessons Learned

*Reds & Greens*

- **ES Documents available on computer, are not readily accessible to ES and Clinical staff on a 24/7 basis**
  - Clear communication of the location of current ES procedures is paramount (for both ES and Nursing)

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## Recommendations

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- **Enhance the Audit Tool**
  - Standardize the procedure to complete (methodology, frequency etc)
  - Streamline the recommendations (avoid redundancy for similar points)
  - For PIDAC recommendations, include categorization and validation road map
  - Need to include a gap analysis for cleaning frequencies
- **Qualitative outcomes vs. subjective perspectives**
  - Add a scoring mechanism?

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## Conclusions

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- Overall a good first start; however the tool requires enhancement
- Worthwhile investment of time and resources to complete
- Value of completing the audit is only as good as the follow-up
- Transparency of findings (to all stakeholders is important)

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Questions?

