My background

- Twenty five years leadership experience in Canadian healthcare

- Involved with environmental services (cleaning) programs in over 350 healthcare institutions, across Canada

- Led the implementation of two, multi (100+) facility performance dashboard programs

- 10 years of CHICA engagement, from every region of Canada
Disclosure

I am presently an independent healthcare consultant, my clients include both for-profit and public sector organizations, some of whom are represented at this 2012 CHICA conference.

Mark Heller
June 18, 2012
“It’s really cleaning and disinfecting each day that keeps the doctor away. But apples are catchier.”

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Audience Poll

Question 1:

In my facility, Environmental Services publishes a dashboard of performance metrics on a regular basis.
The case for dashboards

- Aligned to Organizational Strategy
- Public Confidence
- Patient Safety
- Occupational Health & Safety
- Cost vs. Value Benefit
- Return on Investment
Make the connection to the organizations’ strategic value proposition

• **Patient/Resident Wellness**
  - HAI rates are a critical metric of effective clinical performance; ES plays a supporting role in reducing HAI.
  - Ever-growing body of research confirming that environmental cleanliness impacts HAI transmission

• **Access to Care**
  - Patient throughput is optimized when clinical resources are supported by an environment ready for care; ES supports through the turn-over of beds, ED stretchers and surgical environments.
  - Patient re-admissions and extended stay (due to complications from HAI) have an adverse impact on access to care.

• **Cost Control / Value Optimization**
  - ES is a cost-effective enabling solution to combat HAI and optimize patient access to care
  - On a “per-unit” basis, ES represents superior value to other clinical and medical solutions
Audience Poll

Question 2:

In my organization, Patient Wellness, Access to Care, and Cost Control are central tenants of our over-all mission
The Elephant in the Room...

Wellness  Access  Cost

Clinicians  The Patient  Public (voters)

Environmental Services  Administrators  Politicians

CHICA Members
Dashboards, The Time to Act is Now!

• **Media / Public / Political Interest**
  - Value
  - Transparency
  - Quality
  (it doesn’t mean they will get it right)

• **Increasing prevalence of HAI**

• **Aligning patient throughput and cost control objectives**
You can’t manage what you don’t measure….

Patient-focused indicators

• Quality
  • Environmental audit scores
  • Patient satisfaction findings (objective scores)

• Efficiency
  • Productivity (e.g. labor hours per patient-day)
  • Bed turnover times

• Value
  • Actual expenditures vs. patient day
You can’t manage what you don’t measure….

Watch-for…

- Excessive qualifiers on dashboard findings
- Incomplete data (or data not statistically relevant)
- Excessive data lag-time
- Lack of frontline employee involvement
- Absence of “leading” indicators
- Data presentation without correlation to clinical performance
- Absence of a management plan for improvement
You can’t manage what you don’t measure….

Internal-focused indicators/management controls

- Quality
  - Staff satisfaction surveys
  - Pass/fail type indicators

- Efficiency
  - Absenteeism rates

- Cost
  - Cost vs. static indicators, such as: per/bed, per/sq-m
  - Performance vs. budget
Implementation Framework

1. Establish quality monitoring programs
2. Establish metrics that matter
3. Collect & organize data
4. Align with clinical outcomes
5. Present findings with context and interpretative narrative
6. Publish the dashboard
7. Review, Improve, Repeat

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How can Infection Prevention & Control help?

Do this…

• Support understanding in your facility and professional community about the role ES plays supporting IPC measures to combat HAI

• Encourage a repositioning of ES as the “clinical enabling” service (vs. a back-of-the house “support” or “corporate” service)

• Promote two distinguishable levels of environmental cleaning (standards of performance) clinical vs. non-clinical environments

• Require that your ES leader implement a quality monitoring program and present findings to IPC

• Support your ES leader with interpretive guidance on clinical data; what are the clinical indicators that relate to environmental hygiene?
How can Infection Prevention & Control help?

Be alert for…

• **Vendor marketing hype**
  - Pass/fail type scoring
  - Solutions not based in real (Canadian) world

• **Poor quality data**
  - Reliable clinical data, from the source
  - “Qualified” cleanliness scores

• **Lack of employee engagement**
  - Absence of active frontline employee participation

• **Transparency of process and findings**
How can Infection Prevention & Control help?

Avoid this...

- Taking-over administration of the scorecard
- Performing the quality monitoring for environmental services
- Playing the role of dirt cop
- Playing the role of responsibility (who cleans what) judge
- Compensating for the limitations of environmental services
- Dictating cleaning practice
- Doing all the “thinking”
Question 3: In my facility, Environmental Services is pulled multiple (competing) directions... (Quality vs. Speed vs. Cost Control)
A word about cleanliness monitoring…
Audience Poll

Question 4:

In my facility, IPC has/had input into designing the environmental cleanliness monitoring program, and receives regular outcome reports.
A word about cleanliness monitoring…

What does good look like?

1. Comprehensive program – 3 components
   1. The dirt we can see
   2. The dirt we can’t see
   3. Cleaning procedures

2. Weighted to emphasize clinical environments and high-contact surfaces

3. Avoid pass/fail mentality
   1. No evidence to correlate a particular audit score with improved clinical outcomes
   2. The value of auditing lies in data trending (performance consistence etc.), employee awareness and education

4. Active hourly employee participation
5. Facility-wide program
6. Audit frequencies aligned to the nuances of each facility
7. Common sense
Question 5:

Situation: your Environmental Services leader informs you that quality scores for patient rooms are at “85”; should you be concerned?
Excellence in Environmental Services
People
- Resource Levels
- Training & Development

Protocol
- Standards
- Procedures
- Guidelines

Process
- Work Organization Models
- Best Practices

Product
- Equipment, Supplies, Chemicals, Accessories

Performance
- Monitoring & Auditing
- Troubleshooting
Audience Poll

Question 6:

Situation: the scores from ATP/Glow Germ audits on patient bed-side rails are not good, your Environmental Services supervisor dismisses the results because requests for bed replacement have been denied for years; should you be concerned?
Excellence in Environmental Services

Protocols
People
Practice
Product
Cultural Barriers

PERFORMANCE
A word about cleanliness monitoring…

Common Barriers / Pitfalls

1. Audit frequencies are not defined and/or not sustainable with the resources on-hand
2. No scoring mechanism and/or algorithms are too complex
3. Standards do not distinguish between clinical and non-clinical environments
4. Inadequate audit training
5. Hourly employee resistance (due to poor communication)
6. “Interpretive” scoring
Conclusion

Performance dashboards are an effective demonstration of Environmental Services performance against organizational priorities.

IPC plays an important supporting role in realizing value.
Questions?

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