



REGULATORY COMPLIANCE:

HOW READY IS YOUR HEALTHCARE SYSTEM?



POP QUIZ:

CAN YOU ANSWER THESE 10 QUESTIONS?

- 1.** Is a bloody tissue considered trash or regulated medical waste?

- 2.** What is the proper mix of disinfectant to prevent hospital-acquired infections (HAIs)?

- 3.** How do you clean bodily waste spills?

- 4.** What is the proper way to dispose of full sharps containers?

- 5.** What is the procedure for terminally cleaning a room after a patient with clostridium difficile (C. diff) infection has been discharged?

- 6.** What is the procedure if you find a bed bug on a patient bed in a double room?

- 7.** What is the procedure for fixing a broken drain in the ceiling of a patient care area?

- 8.** Who is responsible for cleaning and maintaining equipment in patient rooms?

- 9.** What is my hospital's approved disinfectant for cleaning patient rooms?

- 10.** Can cleaning supplies be stored in a corridor or stairwell?

Now here's a more frightening consideration:

Could every one of your environmental or facilities staff answer these questions?
If not, your healthcare facility is at risk.

The wrong answers could indicate higher infectious incident rates, lost reimbursements, lower Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, reputational damage and lost revenue.

It can also lead to failed compliance audits.

In fact, most healthcare organizations are not compliant in infection-control training and facilities management, according to the [Joint Commission 2016 Report](#):

66%

non-compliant in maintaining a safe, functional environment

59%

non-compliant in reducing the risk of infections associated with equipment, devices and supplies

56%

non-compliant in managing risks associated with utility systems

50%

non-compliant managing the means of egress, including door locking features and corridor clutter



FACING EVER-HIGHER COMPLIANCE STANDARDS

When the Joint Commission quizzes clinical and environmental staff members, one of the following will occur:

1. Your employees answer the questions confidently and correctly. The Joint Commission certifies your facility.
2. Your employees don't know the answers and either hesitate or respond incorrectly. This triggers a Joint Commission examination of your facility's training program to ensure a rigorous program is in place, including proper documentation and employee monitoring based on the CDC Level II Monitoring standards.

Joint Commission surveyors observe and assess compliance along the patient treatment pathway to identify any flaws within the system's patient care practices. Here's what you need to know to assure compliance success at your organization.



BEYOND HANDS-ON: SHOULDER-TO-SHOULDER TRAINING

Many healthcare organizations fail compliance because they have not created and maintained high-quality and comprehensive staff training programs. Incomplete and inconsistent training is often the result of shrinking budgets and diminishing resources. It's time-consuming to train employees the right way and to create the right documentation required for proper training.

To be effective, training programs must be comprehensive in addressing infection control and must meet specific protocols. For example, training staff on terminal cleaning processes such as high-touch areas in rooms, preparing the proper mix of disinfectants required to prevent hospital acquired infections (HAIs), and wiping down areas of rooms in the proper sequence are all critical to success.

Although most healthcare facility training programs include short videos and quizzes, "shoulder-to-shoulder" training has proved to help employees learn faster and retain the information longer. In this method, employees learn by working with trained professionals (instructors) who they observe during terminal cleaning. The instructors thoroughly explain their process to trainees. After the demonstration, the trainee then cleans a room using everything they learned from the instructor. As they move through the room, they are also explaining their process. This more robust, interactive process taps into a learning theory that people remember 10 percent of what they hear, 30 percent of what they see and 90 of what they do.



CLEANING AT CDC LEVEL 2 MONITORING

Another important aspect of infection control is implementing CDC Level 2 Monitoring, which includes several elements. Three elements are critical to every hospital's infection prevention protocol.

DIRECT OBSERVATION

This includes observing workers during terminal cleanings to ensure they are cleaning and using disinfectants the proper way. For example, staff should not be using the same cloth to wipe down the toilet bowl then the overbed table. Ideally, direct observation is conducted at least monthly with each staff member.

TECHNOLOGY

Hospitals utilize adenosine triphosphate (ATP) technology that measures the amount of microbial load on surfaces in a patient room. An example of an advanced infection-control technology is Smart UV-C Total Room Ultraviolet Disinfection, called Tru-D. It runs a UV-C light until a room has received the appropriate level of UV-C light to kill all of the potential organisms. Its effectiveness rate is 99.9 percent.

FLUORESCENT MARKING

Before a terminal cleaning, a supervisor places fluorescent marks on various high-touch spots. After cleaning by staff, a black light is used to ensure all the fluorescent marks are gone. Marks that remain are an indication that cleaning is not occurring properly and that additional training is needed.

A vital part of the CDC Level 2 Monitoring is generating reports for hospitals' infection prevention teams. This provides evidence that the educational model for infection control is working in that facility. The reports provide a mechanism for measuring continuous improvement.

Facilities staff evaluate the data and, based on the findings, change the process or retrain environmental service staff members.

OUTSOURCING INFECTION-PREVENTION TO PROS

Healthcare facilities that cannot create and maintain this robust level of employee training are at risk for audit failure and associated penalties. Many healthcare organizations and systems now choose to partner with an environmental and facilities management-outsourcing provider that specializes in infection control and training. Outsourcing to a third party has solid benefits, including:

- 1.** Allows organizations to **focus on clinicians**, while a team of expert environmental service staff and engineers **ensures the facility is properly cleaned and maintained**.

- 2.** Guarantees that infection control entails the **proper environmental protocols** and that **all training is documented** appropriately.

- 3.** Gives environmental staff a much more **in-depth and effective training process** than just watching videos and completing a short quiz. The shoulder-to-shoulder training approach ensures staff gain deeper knowledge of their specific roles in infection prevention and feel confident in their ability to pass compliance tests.

- 4.** Keeps healthcare administrators abreast of compliance issues, because their partner has a long-term working relationship with the Joint Commission and other regulatory entities. For example, Aramark has a dedicated compliance team and receives **information firsthand** about new regulations that are released publically. This close relationship avoids confusion on interpreting compliance and allows early **access to data** to best identify opportunities for training and environmental improvements.

- 5.** Provides the software that **streamlines the entire facility management process**, ensuring that all of the facilities' assets are maintained according to code, including electrical, plumbing, HVAC, generators and fire and life safety equipment.



FINANCIAL BENEFITS

The financial benefit of working with trained professionals can be significant. A study from the CDC found that [hospitals reduced their financial risk](#) by about 30 percent when they implemented highly effective infection prevention and training programs. Consider that the average infectious incident costs a hospital \$15,000, and HAIs occur in 4.5 of every 100 hospital admissions. The cost of poor cleaning and training quickly becomes apparent and exorbitant. Conversely, proper environmental and training programs significantly reduce the number of infectious incidents, so the cost savings can be significant.

To find an ideal outsource partner for your facility's environmental and facilities services, look for these qualities:

- They are subject matter experts in infection control and employee training
- They have reliable and proven infection prevention and training systems in place
- They have documented results to back up their claims, including working in facilities that have actually lowered rates of infectious incidents
- They can execute life and fire safety services, including training and meeting compliance regulations
- They have an excellent reputation in the marketplace



While the Joint Commission is the main regulatory body, several additional agencies require healthcare facilities to meet compliance guidelines in multiple areas—from life safety to environment of care:

The Joint Commission. Accredits and certifies healthcare organizations and programs across the United States, including oversight of all regulations for many of the organizations below.

Occupational Safety and Health Administration (OSHA). Requires employers to provide safe workplaces.

Environmental Protection Agency (EPA). Protects human health and the environment.

DNV GL. Provides quality-driven accreditation and clinical excellence certifications to America's hospitals.

Centers for Medicaid and Medicare Services (CMS). Oversees the application of Medicaid and Medicare across the country.

National Fire Protection Association (NFPA). Provides guidelines and oversight for safety standards to prevent and manage fire, electrical and related hazards.

Department of Transportation (DOT). Oversees proper packaging and shipment of hazardous materials.

Health Insurance Portability and Accountability Act (HIPAA). Provides data privacy and security provisions for safeguarding medical information.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Executes the patient satisfaction survey required by U.S. hospitals for the CMS.

State agencies. Includes state regulatory agencies, state health departments and health and human services groups.

WOULD YOU LIKE TO LEARN MORE ABOUT HOW YOUR ORGANIZATION CAN PREVENT INFECTIOUS DISEASE INCIDENTS AND ENSURE THAT YOUR ENVIRONMENTAL STAFF CAN CONSISTENTLY PASS COMPLIANCE AUDITS?

Contact Aramark to learn more about how healthcare organizations are upgrading from non-compliance to compliance through partnerships with proven environmental and facilities services outsource partners.

CONTACT US!