Case Study: Aurora Health Care System Standardizes to Drive Improvement

By Kelly M. Pyrek

This case study describes one healthcare system’s efforts toward standardization of products and processes within its environmental services department.
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As a 35-year veteran of environmental services, Scott Hedding, MBA, FACHE, the system director of environmental services for Aurora Health Care in Milwaukee, Wis., understands fully the critical role that his department plays in patient safety and infection prevention. He champions the 500 environmental services professionals that are in the 1,700-bed Aurora Health Care system, driving home the importance of quality improvement, personnel engagement in that process, and personal accountability for keeping patients safe and free from infection. Hedding shares his perspectives on motivating and leading his staff, and introducing best practices and new products into existing programs and protocols successfully.

Q: What is your personal philosophy toward the importance of environmental hygiene in the healthcare environment and environmental services’ role in patient safety and HAI prevention?

A: I don’t know who originally said it, but I ascribe to the saying, “You don’t rise to the occasion; you fall to the level of your training.” I also understand the concept of “drift” where people naturally begin to find short cuts in their duties because their perceptions of the risk or danger are so low. So while the tasks of cleaning and disinfecting are easy to understand, we have to ensure that our training and auditing programs are in place to make certain they are done correctly and consistently.

Q: You oversee a 15-hospital IDN and implemented a standardized system across all hospitals for environmental cleaning using Clorox Healthcare™ Germicidal Bleach Wipes for terminal cleaning and for daily cleaning in C. diff and norovirus isolation rooms. What led you to seek a more standardized system, and how variable were the cleaning practices from hospital to hospital? What were the challenges and the lessons learned during this significant undertaking? What kind of education as needed during the transition to a more standardized system?
Shortly after I started in this role, the environmental services operations team (comprised of all the EVS managers in the system) discussed the meaning of “best practice,” which can basically be defined as, “the one way to achieve optimal results.”

It is not difficult for an environmental services manager to implement an effective cleaning and disinfection system. Vendors, manufacturers and organizations such as the Association for the Healthcare Environment (AHE) provide all the tools and information necessary to ensure an effective program is in place. In our efforts to create a “branded” environmental services program, however, we knew that standardization was essential so that system-wide training materials could be developed.

Shortly after I started in this role, the environmental services operations team (comprised of all the EVS managers in the system) discussed the meaning of “best practice,” which can basically be defined as, “the one way to achieve optimal results.” Our next conversation focused on “consensus decision making” – what is it, and how do we do it? With these foundations the team moved toward standardization very quickly.

Ultimately the key to our programs implementation was training. I am fortunate to have hired a brilliant environmental services training and education manager, Curt Fortune, who creates all of our training content. We don’t use anything “off the shelf” and the detail and format of Curt’s materials are outstanding. He started with basic written procedures and built new caregiver (Aurora Health Care’s term for employee) training booklets and web-based training modules. (At a point Curt was creating so much training content that Instructional Design offered to provide him access to their tools and software!) Today, we have more than 24 training modules that all environmental services caregivers are required to complete on an annual basis.

Since implementing this standard process, it was smoothly adopted by staff and they’ve reduced costs by just using the wipes on high-touch surfaces.

Aurora Health Care has introduced eight Clorox Healthcare™ Optimum-UV™ devices within its system.
only; except in C. diff and norovirus isolation rooms where they are used on all surfaces – what was the secret of your success here?

A: We didn’t decrease costs at all of our hospitals, but basically we worked to make the changes meaningful, impactful and easy to understand. You have the process pretty well defined above and it was easy to put this into a disinfectant-use grid based on the isolation category of the room. We also changed to a slightly more expensive quat disinfectant with the same 3-minute wet/dwell time as our bleach wipe, so all our caregivers have to remember is three minutes!

Q: How important was it to you to collaborate with other managers and with infection control departments throughout the process to make the transition to a new protocol run smoothly?

A: Patient-care managers are very supportive of process changes that are well designed and communicated. But it is absolutely essential to work with the infection prevention department. The EVS team at Aurora Health Care enjoys a great relationship and great support from our infection prevention partners who approved our recommended disinfectants and manual disinfection process.

Q: Aurora Health also has eight Clorox Healthcare™ Optimum-UV™ devices that are being implemented into your infection control protocol. What was the impetus for the purchase of the devices and how was the introduction and implementation process with the individuals using the devices? What were the lessons learned and what’s your best advice to other facilities who want to implement a multi-modal environmental hygiene program?

A: We investigated UV light, touch-free disinfection a few years ago and had several companies present their products to a combined audience of EVS managers.
and infection preventionists. Each of the machines we saw had unique functionality but there was a wide range of pricing. In the end we chose the unit that we felt best met our needs and constraints. My suggestion to any EVS leader considering UV light for touch-free disinfecting is to involve infection prevention at the outset and perform an in depth analysis of functionality to ensure that the machine(s) addresses your unique needs and constraints.

Engaging all stakeholders during the introduction of new technology is key to successful implementation.