

P1076
Paper Poster Session
Disinfection and healthcare-associated infections

Evaluation of environmental cleaning in a community hospital

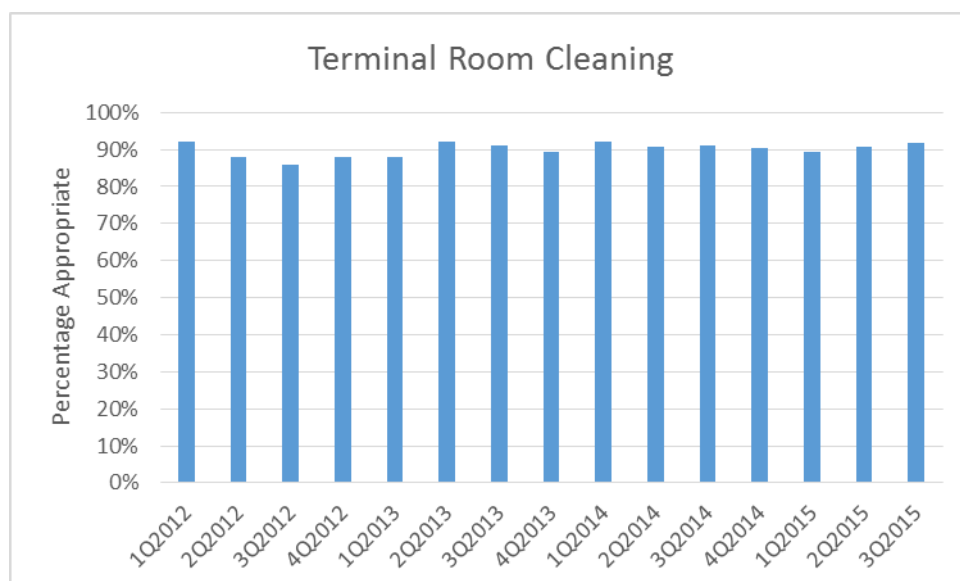
Kimberly Couch^{*1}

¹*Infectious Diseases Pharmacy Associates, Inc., Stevensville, Maryland, United States*

Background: Many hospital acquired pathogens are transmitted through contamination of near-patient surfaces and equipment. The thoroughness of cleaning of high-touch surfaces at patient discharge should be evaluated to ensure appropriateness of cleaning and identify staff for retraining if necessary. Optimal terminal cleaning of patient rooms may contribute to decreased rates of hospital acquired *Clostridium difficile* among other pathogens. The Centers for Disease Control and Prevention has endorsed options for evaluation of environmental cleaning to assure appropriateness of cleaning.

Material/methods: An evaluation of the appropriateness of the terminal cleaning of patient rooms was measured on a quarterly basis during 2012-2015. Evaluation of terminal cleaning of patient rooms was performed by marking specific items in patient rooms with fluorescent gel after patient discharge but prior to terminal cleaning of the room. After the rooms were cleaned, the supervisor then evaluated the effectiveness of the cleaning by using a hand-held ultraviolet light to determine the presence of the fluorescent gel on the objects previously marked. All items marked were considered to be high-touch items. If any items had gel remaining, the technician was re-educated on cleaning procedures, the missed items were disclosed, and the room was cleaned again by the technician. The number of surfaces marked was recorded and the number of marked surfaces cleaned was recorded. The percentage of appropriate cleaning was calculated and the most frequently missed items were identified.

Results: The appropriateness of terminal cleaning of patient rooms was on average 90% (range 86-92%) over 15 quarters. The most frequently missed items on cleaning were light switches, sharps containers, chair seat, windowsills, and door knobs.



Conclusions: There is a high rate of appropriate terminal cleaning by staff at this hospital. This may contribute in part to reduction of hospital acquired infections. Regular reinforcement with feedback on missed items may contribute to the high appropriate rate. This type of simple evaluation and feedback process may be used in a variety of health care settings including hospitals and extended care facilities.