COMPLIANCE OF OUTSOURCED HOSUEKEEPING WORKERS WITH THE SOP'S OF CLEANING PROCESSES AND THEIR AWARENESS ABOUT THE VARIOUS INFECTION PREVENTION MEASURES IN ICU

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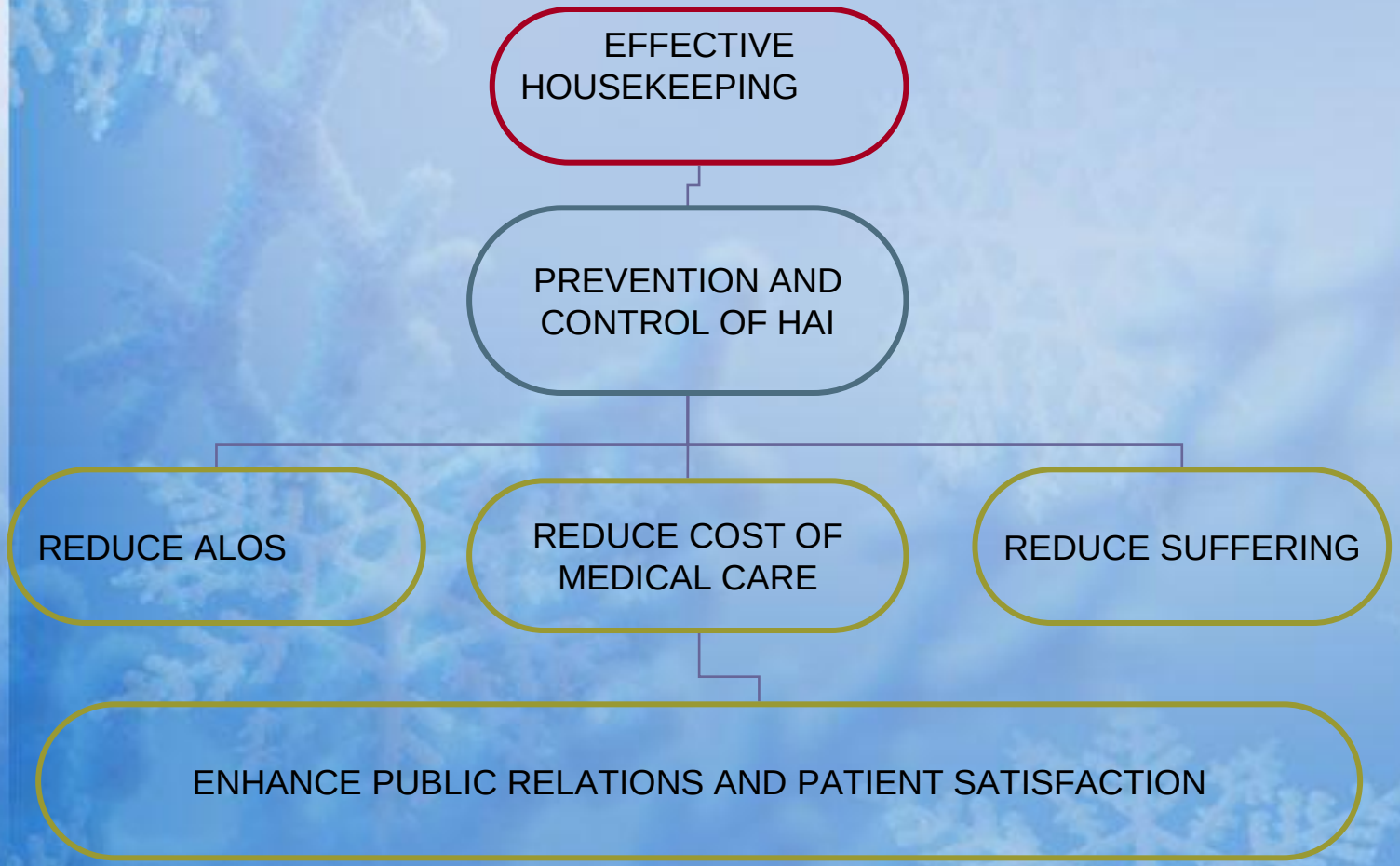
INTRODUCTION

- Nosocomial infections, also known as hospital acquired infections, are a serious and growing problem in hospitals worldwide.
- Extensive hand-washing procedures implemented and followed- nosocomial infections continue to spread.
- Hand hygiene is important for all hospital workers but without a clean environment, hands will quickly become re-contaminated.
- Housekeeping second to hand hygiene in infection control.

- Housekeeping- Performed effectively -Healthy environment for the patient, visitor, and healthcare worker
- Epidemiologic studies- Patients admitted to rooms - previously occupied by individuals with MRSA, Acinetobacter baumanii are at significant risk
- Legal, moral and economic obligation
- Endeavour- Achieve optimal quality in healthcare and expectations of consumers
- ICU- High Risk category- High risk of transmission.

Housekeeping work ultimately related to patient satisfaction as:



Roemer and Anguilar have classified the level of cleaning into the following three categories:

Level - I All the floors are washed once a day with soap and detergent. Dry sweeping is prohibited except in special cases as outpatient public areas.·

Level -II It has an individual responsible for the cleaning and the procedures are standardized including instructions for the use of disinfectants. There are

standards for the specific treatment of potentially polluting elements or excreta.

Level-III The committee on infections and/or a nurse epidemiologist participate actively in the preparation and supervision of the cleaning standards.

AIM

To study the compliance of housekeeping staff with the SOP's of cleaning processes in ICU

OBJECTIVES

- To find the compliance of house keeping with the standard operating procedure of cleaning process.
- To analyze the main cause in case of non-compliance with the SOP.
- To provide necessary recommendation for increasing the compliance.
- To study the SOP of housekeeping cleaning processes and provides necessary improvements.

RATIONALE

Most hospitals are aware of the impact of nosocomial infections; however not all hospital workers especially housekeeping staff are aware of how easily germs and bacteria, which spread infectivity, can be transmitted. This study was done to know the awareness of the housekeeping workers about their role, proper cleaning procedures and the soaps or chemical solutions they use for cleaning for infection prevention and control.

METHODOLOGY

Research Question

How well does the house keeping staff comply with the hospital's SOPS towards the cleaning of the ICUs?

Research design

The research design used was descriptive type in nature. The compliance and the knowledge of the housekeeping workers was assessed and matched with the current SOPs of cleaning processes. Current SOP's was assessed for any improvement required. This was assessed in a self made excel sheet.

Population target

The study was performed in Medanta-The Medicity Hospital, Gurgaon. The targeted population for this research was the house keeping staff posted in the ICU's.

Sample size

19 housekeeping staff working in the ICU

Research Instrument

The instrument used was a self developed performa to collect the necessary data.

Data collection procedure

The data was collected during the working hours of the hospital i.e. between 8AM to 6PM.

The data collection period was from April 1, 2014 to April 20, 2014.

Data Analysis Plan

The information retrieved by direct observation and interviewing the housekeeping staff was transported to the Statistical Package for Social Sciences (SPSS) for analysis.

Descriptive analysis was performed to describe data for frequency.

STUDY RESULT

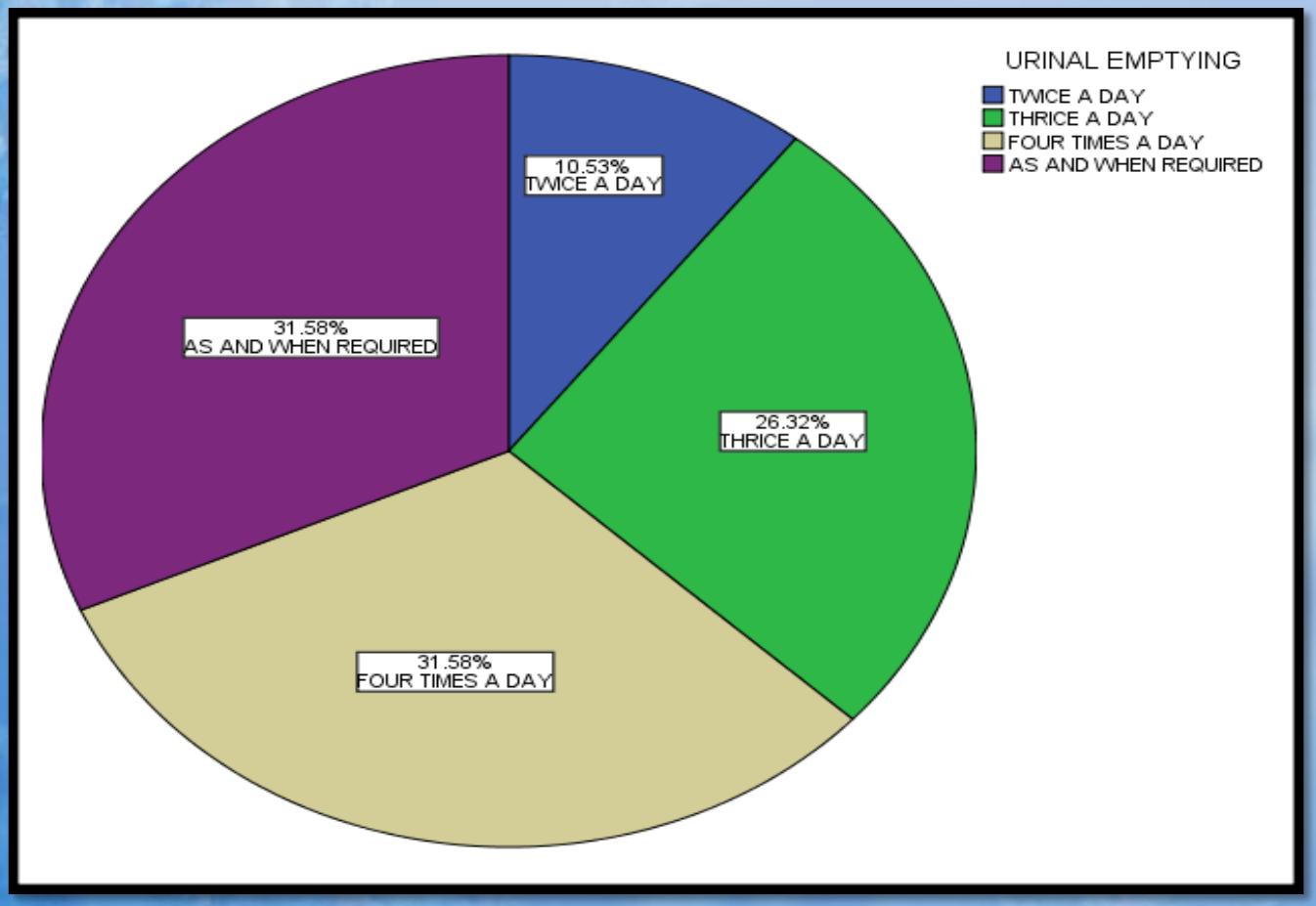
TABLE 1.1

BEDSIDE CLEANING		
	Frequency	Percent
ONCE A WEEK	14	73.7
ONCE A DAY	4	21.1
TWICE A DAY	1	5.3
Total	19	100.0

Out of the total staff interviewed 73.7% said that they used to clean bedside once a week which is the ideal situation.

GRAPH 1.1

URINAL EMPTYING



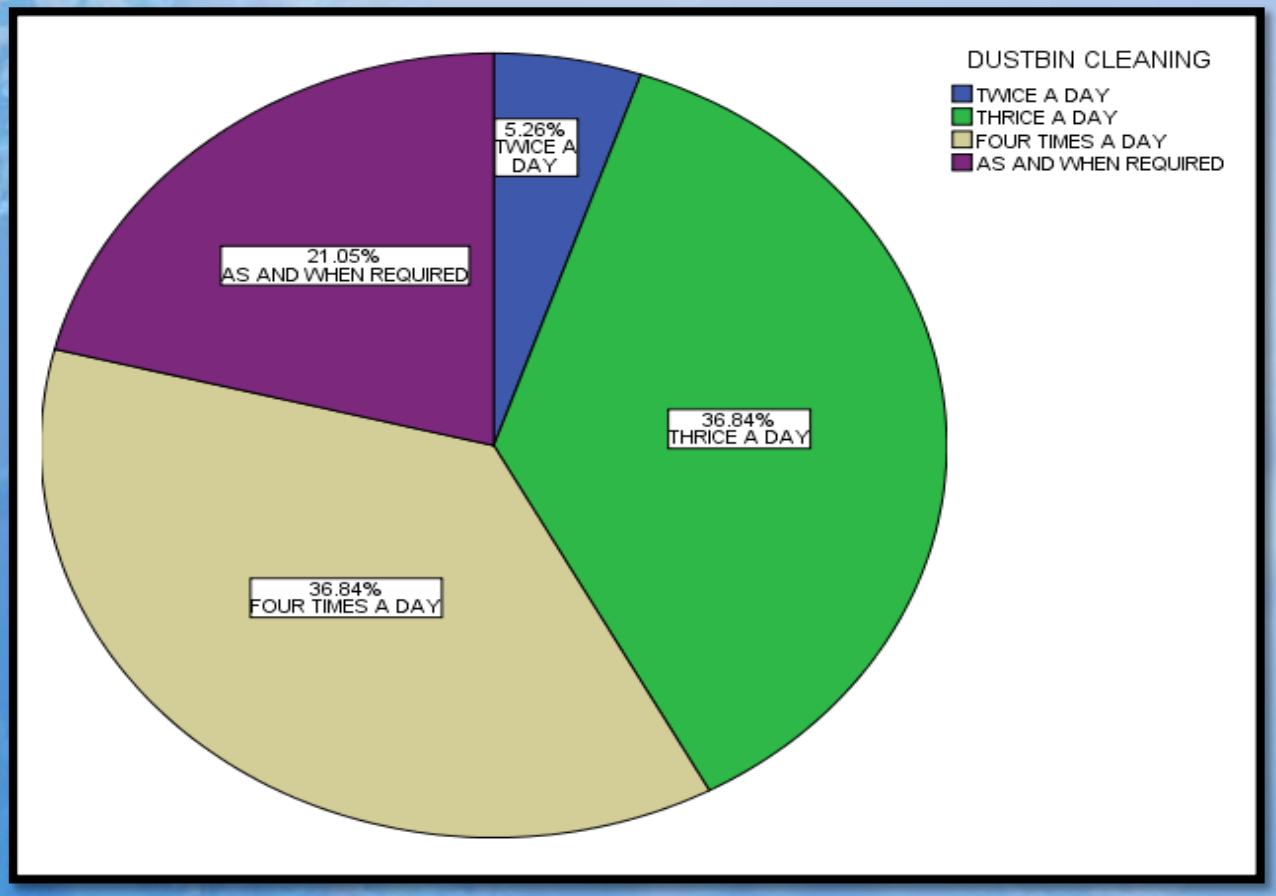
Urinal emptying was done either four times a day or when required that is when the nursing staff asks them to empty the urine bag or when the patient is being shifted.

TABLE 1.2

PATIENT ROOM FLOOR CLEANING		
	Frequency	Percent
TWICE A DAY	5	26.3
THRICE A DAY	11	57.9
FOUR TIMES A DAY	3	15.8
Total	19	100.0

More than 50%of the housekeeping staff cleans the patient room floor thrice a day that is in morning, evening and night shift.

GRAPH 1.2



Dustbin cleaning by the housekeeping was done three to four times a day.

TABLE 1.3

LOBBY CLEANING		
	Frequency	Percent
ONCE A DAY	4	21.1
TWICE A DAY	7	36.8
THRICE A DAY	5	26.3
FOUR TIMES A DAY	2	10.5
AS AND WHEN REQUIRED	1	5.3
Total	19	100.0

Mainly they did the wet sweeping twice a day but they also did dry lobby cleaning as and when required.

TABLE: 1.4

WASH BASIN CLEANING		
	Frequency	Percent
ONCE A DAY	2	10.5
TWICE A DAY	5	26.3
THRICE A DAY	7	36.8
AS AND WHEN REQUIRED	5	26.3
Total	19	100.0

The housekeeping staff had mixed views as to how many times they clean the sink.

TABLE 1.5

BEDSIDE SINK CLEANING		
	Frequency	Percent
ONCE A DAY	7	36.8
TWICE A DAY	6	31.6
THRICE A DAY	6	31.6
Total	19	100.0

Although the housekeeping staff had mixed response to the frequency of cleaning the bedside sink, they were usually observed to be dirty.

TABLE 1.6

TOILET CLEANING NUMBER		
	Frequency	Percent
ONCE A DAY	1	5.3
TWICE A DAY	9	47.4
THRICE A DAY	7	36.8
FOUR TIMES A DAY	1	5.3
AS AND WHEN REQUIRED	1	5.3
Total	19	100.0

Mainly the toilets were cleaned two times in a day.

TABLE: 1.7

CURTAIN CHANGING		
	Frequency	Percent
ONCE A WEEK	11	57.9
WHEN ROOM IS VACANT	7	36.8
EVERY 15 DAYS	1	5.3
Total	19	100.0

Mainly the curtains were changed once a week or when the room was vacant.

TABLE: 1.8

TIME TAKEN TO CLEAN ROOM		
	Frequency	Percent
5MIN	2	10.5
10MIN	11	57.9
15MIN	5	26.3
20MIN	1	5.3
Total	19	100.0

Mainly the time taken to clean one room was 10 minutes but the time period ranges from minimum of 5 minutes to maximum 20 minutes.

DISCUSSION & CONCLUSION

FALLING STANDARDS; RISNG RISKS

The Housekeeping Department is responsible for the regular and routine cleaning of all surfaces.

Maintaining a high level of hygiene in the facility with the Infection Control Committee.

The Housekeeping Department's charge is:

1. Classifying the different hospital areas by varying need for cleaning
2. Developing policies, cleaning techniques, procedures, frequency, agents used, etc. for each type of room- ensuring that these practices are followed
3. Providing appropriate training for all departmental staff- initially and periodically

4. Establishing methods for the cleaning and disinfection of the patient's bed, mattress and pillow
5. Determining the frequency for the washing/disinfection of privacy curtains, walls, floors and furniture

Not showing compliance to the SOPs- different answers to the same questions asked. (multiple factors involved)

- Salary Rs6000-7000 preferred double shifts
- Manual- Commodes Cleaning of contact points after each use,1 full clean daily & between patient use whereas the housekeeping staff stresses of cleaning the area two to three times daily and commodes whenever found dirty.

- The nursing station cleaning twice - observation
- In the earlier studies, the cleaning mob- dipped in detergent water for at least 3 min to get enough disinfectant in the mob but nothing like that is mentioned anywhere in the manual or even known to the staff.
- It was observed that the housekeeping staff was not aware of the importance of the protocols that were given to them.
- Fixed people should be given the responsibility of cleaning the ICUs as rotating them with others reduces the responsibility and importance.
- Continuous training, awareness, education
- Communication


thank you!