

[PRINT](#)

How Low-Level Disinfection Prevents HAIs, Failed Inspections and Morale Issues: 8 Points From EquipSystems' Carl Runge and Chris Wilkerson

Written by Rachel Fields | August 09, 2012

Cleanliness is next to godliness in a surgical facility; patients demand it, regulatory bodies require it, and physicians and staff members expect it. But despite the best efforts of hospitals across the country, many facilities don't understand how to properly clean patient care equipment to prevent healthcare-associated infections. In an interview with Becker's ASC Review, Carl Runge and Chris Wilkerson of [EquipSystems](#) discuss why regularly scheduled 'deep cleans' are necessary for hospitals to prevent infections, patient satisfaction issues and regulatory hurdles.

1. Responsibility for deep cleaning can slip through the cracks. Mr. Runge likes to say that hospital equipment is "used by everyone, owned by no one and impacts everything." He gives the example of a stretcher that moves from the emergency department to the operating room to PACU, then back to the patient floor and patient transfer area. The stretcher might move five times a day on a daily basis. The movement of this equipment means that no one feels particularly attached to or responsible for it. "It's tough to go into a department and say, 'Because you use stretchers, you're responsible for every stretcher in the hospital,'" Mr. Runge says. "It doesn't compute."

He says many hospital administrators assume that deep evidenced based cleaning is covered by the hospital's environmental services department — a myth, and a dangerous one. "We do a deep evidence based cleaning of the hospital's patient care equipment, which is generally not covered by the environmental services department," Mr. Runge says. "They're usually focused on other areas." He says this can spell problems for a facility, when every department assumes another department is responsible for cleaning.

2. Joint Commission requires cleaning and low-level disinfection of equipment. Mr. Runge and Mr. Wilkerson say the importance of cleaning and low level disinfection is evident in the Joint Commission's hospital standards. According to the Joint Commission's Elements of Performance, Joint Commission-accredited hospitals are required to perform "intermediate and low-level disinfection and sterilization of medical equipment, devices and supplies," "Hospitals need to deliver on this and prove that it's being done," Mr. Runge says. "Facilities have realized recently that their in-house teams are able to do the daily cleaning, but they're not able to effectively document the evidenced-based cleaning and disinfection a regular basis and prove that it was done."

He says when a regulatory agency, such as the Joint Commission, pays a visit to the hospital, they'll check the hospital's cleaning policies and procedures as well as the hospital's history of implementation. Having a clear policy is the first step; the second is to schedule regular low-level disinfections and record their occurrence in order to fulfill regulatory reporting standards.

3. You can't disinfect a surface that isn't clean. Mr. Runge and Mr. Wilkerson say EquipSystems' service is complementary to the in-house cleans that happen during daily cleaning and disinfecting because regular terminal cleaning improves the effectiveness of low-level disinfection. "When staff members clean an operating room, they do a wipe-down of the surfaces," Mr. Runge says. "You can't disinfect a surface that's not clean."

He says there has been a lot of hype in the infection control industry about UV technology and hydrogen peroxide, which he says are both valuable tools if you perform a cleaning prior to utilizing the low-level disinfection these technologies provide. "Some hospital leaders think [UV technology and hydrogen peroxide technology] are an effective way to disinfect and clean a room, but you can't use that technology until the surface is clean," he says.

4. Many facilities lack adequate policies for facility cleaning. Mr. Runge says while many facilities are starting to create infection control policies, a good number of hospitals are still lacking. "Infection control officers should be writing in standards that say they have to properly clean and disinfect all surfaces that patients have contacted with some sort of frequency," he says. Every hospital should have a policy on low-level disinfection of patient care equipment — how often it occurs, who is in charge of it, and how it is recorded.

"Some facilities are doing it on a quarterly basis, and every facility can choose how often they want to do it, but the bottom line is that they need to deliver it and prove it's being done," he says. Mr. Runge and Mr. Wilkerson say EquipSystems recommends deep cleaning on a quarterly basis for high-use areas such as operating rooms, emergency rooms, ICUs and dialysis sections. Other areas of the hospital that don't see as much traffic can perform a deep cleaning on a semi-annual or annual basis, he says.

5. Regular deep cleaning encourages staff to keep equipment clean on a daily basis. Scheduling regular deep cleaning

can also affect employee satisfaction and discipline, as it pertains to keeping the facility clean. Mr. Runge and Mr. Wilkerson compare it to the detail cleaning of your car "If I have your car detailed, you're willing to put in a little more effort to keep it up between visits," he says. "If something looks really clean, people are willing to wipe it down a little bit more." He says this motivation will lead to a more thorough cleaning process on a regular basis — in the same five minutes they would spend to wipe down the surface, the employee will really work to remove infection because they have a standard in mind for how it should look.

He says regular deep cleaning also affects employee satisfaction, which in turn affects work ethic. "We've done customer satisfaction surveys, and we've found that people are just more willing to work in a place that they know has been cared for," he says. He says the day after EquipSystems' cleaning, employees often come in and remark that the equipment looks new. "It's tough to measure, but there's definitely an effect there," he says.

6. Clean facilities boost patient satisfaction — and therefore profits. Cleanliness is key to high patient satisfaction scores, which increasingly inform whether patients choose a facility for their procedures. In the era of consumer information, patients are less reliant on their physicians to choose a hospital for them — instead, they'll go online, do their own research, and compare patient satisfaction rates among hospitals. This means that patient satisfaction has a significant effect on facility profits; happy patients mean more volume, and more volume means more money. Mr. Runge says cleanliness has such a drastic effect on satisfaction because most patients cannot judge every detail of their care with a professional eye.

"A simplified version of how people evaluate quality of care is: Was the staff nice to you? Was the food good? Was the place clean?" he says. "Beyond that, it's very difficult for the typical patient to say, 'I got the best hip replacement I've ever seen.'" He says if a patient sees that a wheelchair has been covered up with a sheet to hide the dirt, that's a bad sign. A disordered hospital looks more prone to infection and disease, and patients will remember if they felt unsafe.

7. There is no "magic bullet solution" for infection control. Mr. Runge wants to emphasize that there is no "magic bullet solution" for cleaning a healthcare facility. Instead, it takes collaboration from different providers and processes to get the best outcome. "There are so many different parties involved in taking care of the patient that it has to be a very integrated approach," he says. "I see claims made by companies, that they'll save you certain amounts of money. You have to understand that there's a lot of training involved, and we advertise more of a piece of the puzzle than a solution."

8. HAIs can be financially crippling for a facility. Mr. Runge recalls a particularly affecting infection control advertisement he saw in a magazine. The page was almost completely black, with a stage light illuminating a bed table. The page said, "Don't let this piece of equipment be the most expensive decision you ever made." He says healthcare-associated infections can be crippling to a facility's finances, particularly after regulatory changes covering reimbursement for HAIs.

Learn more about [EquipSystems](#).

Related Articles on Quality:

[New Massachusetts Law Calls for Public Reporting of Quality Information](#)

[ACP Laws May Pose as Roadblocks to Better Care](#)

[3 Roadblocks to Effective Quality Measure Management](#)

© Copyright ASC COMMUNICATIONS 2012. Interested in LINKING to or REPRINTING this content? View our policies by [clicking here](#).