

Victorian Cleaning Standards for Public Hospitals External Cleaning Audit 2006-2007

Infection associated with health care is one of the most common adverse outcomes in health care systems in the developed world.¹ The patients most at risk are the very sick, the very old and very young—those patients who have benefited substantially from advances in medicine, surgery and health technologies. While not all hospital-acquired infections (HAI's) can be prevented, we can ensure that systems are in place to minimise their occurrence.

The reduction of hospital acquired infections is an important key issue for the health sector, the Department of Human Services and the Government.

What are the Victorian Cleaning Standards for Public Hospitals and who do they apply too?

The *Cleaning Standards for Victorian Public Hospitals (Cleaning Standards)* were implemented across all public Victorian hospitals in January 2000. The Standards apply to all hospitals whether cleaning is conducted in house, or contracted out. They are designed to be used as a standard against which in-house services can be benchmarked, as the basis for specifications if cleaning services are contracted out, and as the framework for auditing of cleaning services by cleaning supervisors, hospital management or the Department of Human Services (the Department).

The *Cleaning Standards for Victorian Public Hospitals*, revised February 2005 provide details of program and auditing processes. <http://www.health.vic.gov.au/ideas/infcon/cleaning>

How is performance calculated?

The principle behind the audit scoring system is to use a demerit based system. A campus is given 100 points at the commencement of the audit (both internal and external). Points are deducted on areas that are unacceptable as defined in the *Cleaning Standards*.

Achieved= all campuses within a health service meet the level of acceptable cleaning quality set at 85 %

Not Achieved= one or more campuses within a health service fail to meet the level of acceptable cleaning quality set at 85%

What is the 2006-2007 state-wide benchmark target?

The Acceptable Quality Level (AQL) for all campuses of each health service is 85%.

What is the frequency of reporting and data collection?

All health services are required to submit external and internal audit data to the Department of Human Services Quality and Safety Branch on a six monthly basis. Since 2000, agencies have been encouraged to publish results in their annual Quality of Care Reports.

How frequently do hospitals and health services undertake audits?

Regular *internal audits* form a part of the quality program and are undertaken frequently, for example, daily or weekly. *External audits* (undertaken by an independent third party) would generally occur less frequently (for example, on a six-monthly basis) than internal audits.

What was the performance outcome for 2006-2007?

In April 2007 all Victorian metropolitan and rural public health services, hospitals and multi-purpose centre reported on external cleaning audit results for the period of 2006-2007. All health services achieved the acceptable quality level of 85% for overall hospital scores as defined in the *Cleaning Standards (Figure 1)*.

**Figure 1 Victorian Public Health Service by Category
2006-2007 External Cleaning Audit - Overall Hospital Score (%)**



What are the health service or hospital categories?

For comparative purposes health services, hospitals and multipurpose services (MPS) have been grouped into categories by size and complexity of service provision. For example, major metropolitan hospitals fall into category A1, major rural health services are category B1 or B2, small country health services are called Small Rural Health Services (SRHS).

What areas are captured in a health services cleaning audit?

Health services are required to report to the Department on very high risk, high risk and moderate risk areas (*Table 1*).

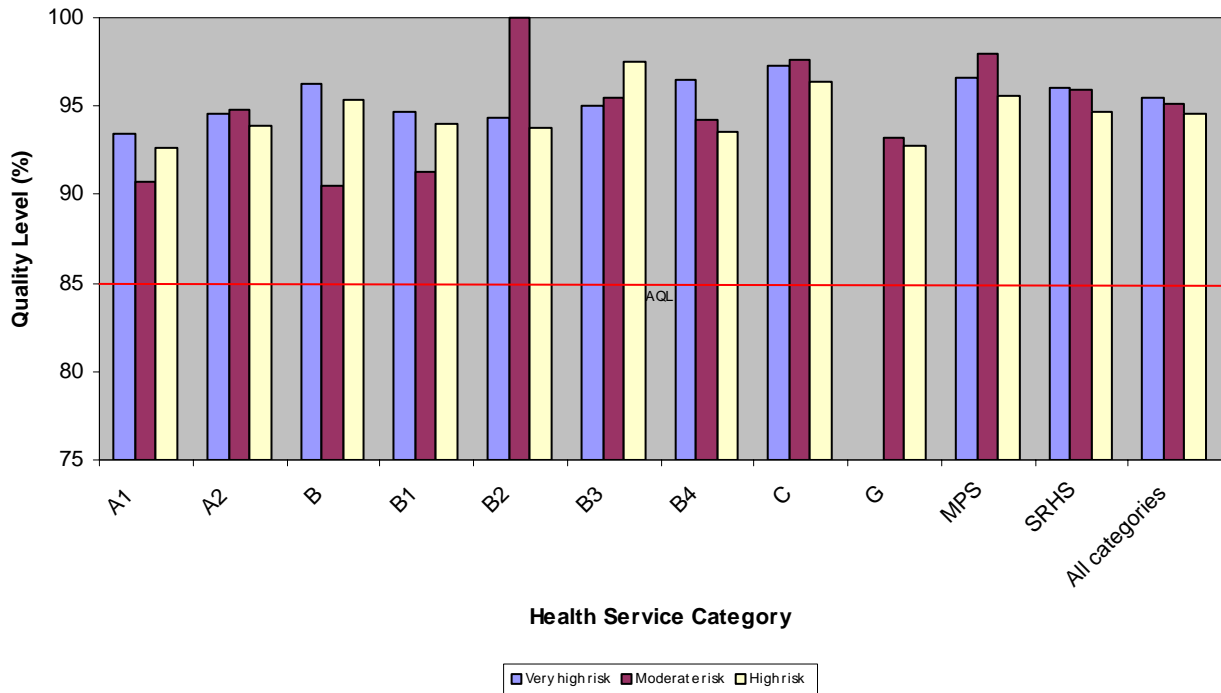
Table 1 Risk categories

<i>Very high risk</i>	<i>High risk</i>	<i>Moderate risk</i>
<ul style="list-style-type: none"> • Operating theatres • Intensive Care Unit (ICU) • Level 2 and 3 nurseries • Special needs areas: areas with patients in protective isolation or who are immunosuppressed, such as burns units, oncology units and infectious disease units 	<ul style="list-style-type: none"> • Emergency department • Central Sterilising Services Department (CSSD) and sterile supply areas • Microbiology laboratories 	<ul style="list-style-type: none"> • Day activity area • General wards, level 1 nursery and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Residential accommodation • Treatment rooms • Waiting rooms • Mortuary • Cafeteria

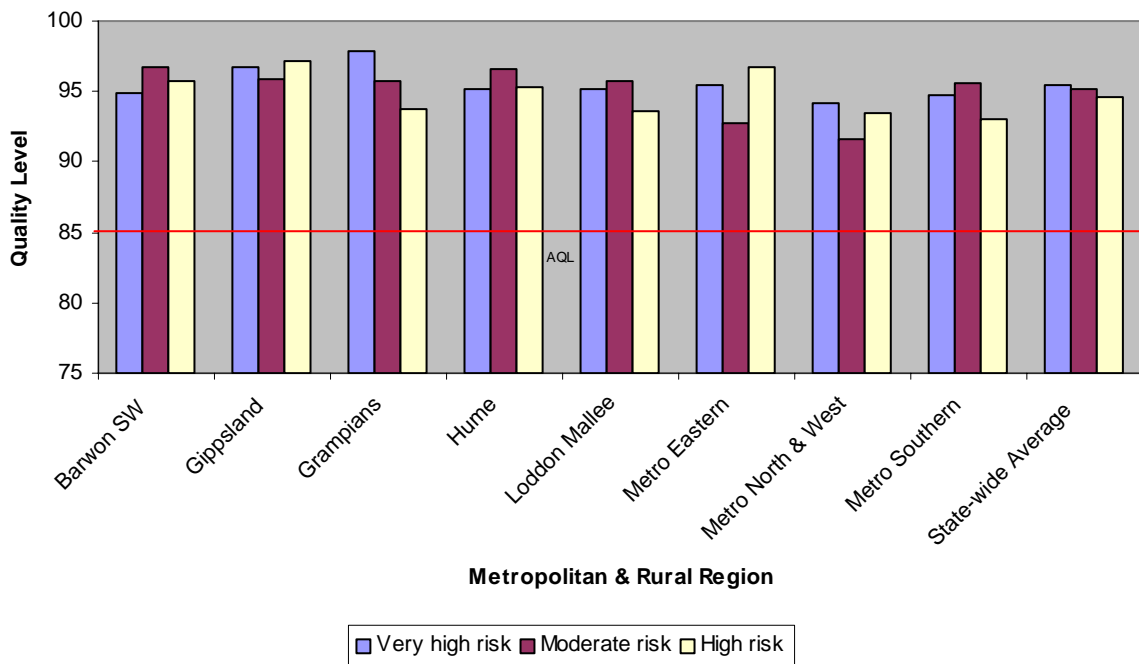
How did health services and regions perform overall in very high, high and moderate risk areas?

The average score achieved for all health service categories and Victorian regions met the target acceptable quality level of 85% (Figure 2 and Figure 3). Some smaller health (category G) services do not have high risk areas, hence no data is reported in this field.

**Figure 2 Victorian Public Health Service by Category
2006-2007 External Cleaning Audit by Risk Areas (%)**



**Figure 3 Victorian Health Services by Region
2006-2007 External Cleaning Audit by Risk Areas (%)**



i *Infection Control in Victorian Public Health Services* (2002) Victorian Government Publishing Service <http://www.health.vic.gov.au/infcon/infcon2002.pdf>