Handbook for Victorian cleaning standards auditors 2009

A Victorian Government initiative

Victoria The Place To Be

Published by the Victorian Government Department of Health, Melbourne, Victoria

This document may also be downloaded from the Department of Health website at www.health.vic.gov.au.

Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.

Contents

Introduction

In 2009, following an extensive statewide review, the *Cleaning standards for Victorian health facilities 2009* (the cleaning standards) were published by the Victorian Government's Statewide Quality Branch.

A note on terminology:

The Statewide Quality Branch previously sat within the Department of Human Services. On 12 August 2009 the Victorian Government announced changes affecting the structure of the Department of Human Services. The Statewide Quality Branch now sits within the newly established Department of Health.

In this document 'the department' is used to refer to the current Department of Health, previously known as the Department of Human Services.

The cleaning standards foreshadowed a number of changes for health services due to come into effect in 2010. One such change means that from 2010 all external cleaning standard audits must be conducted by a qualified Victorian cleaning standards auditor (QVCSA).

To support the introduction of this change, the Department of Health developed a course in cleaning standards auditing which has been accredited by the Victorian Registrations and Qualifications authority (VRQA). This course is offered in registered training organisations (RTOs) in both metropolitan and rural regions across the state.

The principle aim of this handbook is to provide guidelines and a reference for QVCSAs so that the audit provisions of the cleaning standards are appropriately and consistently applied. The handbook can also be utilised as a reference for health services engaging QVCSAs and for students undertaking the course.

The handbook looks at the question, 'How does one conduct an external cleaning audit of consistent quality?' Some of the answers are contained here, but it is important to note that auditing is not a precise art. There is a degree of subjectivity. But it is imperative that any variations are minimised and that external auditors be able to suitably defend their audit results by consistent application of the cleaning standards, ongoing professional development and professional conduct.

Note: This handbook is written with the assumption that the reader has prior knowledge of, and experience with, the *Cleaning standards for Victorian health facilities*.

This handbook was developed and reviewed by domain experts in 2009, prior to the introduction of the new course and requirements. Domain experts have extensive experience in conducting external cleaning standards audits in the health care sector. They have comprehensive knowledge about applying the cleaning standards to the practice of conducting external cleaning standards audits in health care settings. The handbook aims to assist with the transfer of knowledge and experience from Victoria's domain experts as the new course and formal qualification are adopted.

Principal authors and contributors

Mr Ant Blumer – Cogent Business Systems
Mr Ian Heriot – Cogent Business Systems
Dr Lorraine Wilson – Department of Health, Quality and Safety Programs
Ms Mary Smith – Department of Health, Grampians Regional Infection Control Practitioner
Mr Bruce Fowkes – Department of Health, Grampians Regional Infection Control Practitioner
Mr George Yacoub – Royal Children's Hospital, Interim Assessor
Mr George Cantsilieris – Melbourne Health, Interim Assessor
Ms Ann Bugden – Mercy Hospital for Women, Interim Assessor
Ms Lucinda Fleming – Bairnsdale Regional Health Service, Interim Assessor
Ms Michelle Martin – Victorian Infection Prevention Services, Interim Assessor
Ms Kim Bennetts – Echuca Regional Health, Interim Assessor
Mrs Judith Roberts – Bendigo Regional Institute of TAFE, Interim Assessor

Terms and principles

AS/NZS ISO 19011:2003 Principles of Auditing

> 'An audit is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.' (AS/NZS ISO 19011)

In terms of the person undertaking the audit (the auditor) the preeminent values for audits of service provision are fairness, accuracy, independence and probity, which are defined as integrity and uprightness. In other words, honesty.

In light of these values and to maintain transparency of the audit process, auditors should understand the terms and adhere to the following five principles adapted from the Australian and New Zealand Standard AS/NZS ISO 19011:2003.

1. Ethical conduct: the foundation of professionalism.

Trust, integrity, confidentiality and discretion are essential to auditing.

2. Fair presentation: the obligation to report truthfully and accurately.

Audit findings, audit conclusions and audit reports truthfully and accurately reflect the cleaning standards and documentation provided at the time of the audit. If significant obstacles are encountered during the audit or there are unresolved diverging opinions between the audit team and the organisation being audited (auditee), ensure that these are documented.

3. Due professional care: the application of diligence and judgement in auditing.

Auditors have to exercise care in accordance with the importance of the task they perform and the confidence placed in them by audit clients and other interested parties. Having the necessary competence is an important factor.

4. Independence: the basis for the impartiality of the audit and objectivity of the audit conclusions.

Auditors are independent of the activity being audited and are free from bias and conflict of interest. Auditors maintain an objective state of mind throughout the audit process to ensure the audit findings and conclusions will be based only on the audit evidence.

5. Evidence-based approach: the rational method for reaching reliable and reproducible audit conclusions in a systematic audit process.

Audit evidence is verifiable. It is based on samples of the information available, since an audit is conducted during a finite period of time and with finite resources. The appropriate use of sampling is closely related to the confidence that can be placed in the audit conclusions.'

Random sample

Audits are based on randomly selecting items for inspection. The following description appears in AS 1399-1990 Sampling Procedures and Tables for Inspection by Attributes, paragraph 2.2.1 General.

> 'Sampling inspection is that type of inspection wherein a sample consisting of one or more items is selected at random from a production process and inspected for one or more quality characteristics, and is used to make a decision on the process. Sampling inspection is usually the most practical and economical means for determining the conformance or non-conformance of a product to specified quality requirements...'

In terms of cleaning audits, this requires that approximately one-fifth of an organisation's rooms are audited (see the cleaning standards, page 36). An external cleaning standards audit should include all functional areas in the very high risk functional area category A and at least 75 per cent of functional areas in the high risk category B. For further detailed information about terms and definitions directly related to cleaning and health facilities, such as 'very high risk functional area category A', please refer to the cleaning standards.

Acceptable quality level (AQL)

Audit results are compared to the acceptable quality level (AQL), which is determined by the department as the minimum standard of acceptable quality.

AS 1399-1990 describes AQL in paragraph 2.22 as follows:

> 'The AQL is the maximum per cent nonconforming (or the maximum number of nonconformities per hundred units) that can be considered satisfactory as a process average. It is a chosen border-line between what will be considered acceptable and what will not. The AQL describes what the production should be like, and is a useful quantity to consider when designing a production process.'

In terms of cleaning standards audits, this means that the AQL detailed in the cleaning standards on page 35 are achieved. These are detailed below.

Risk category	AQL	Example of functional area
Very high	90	Intensive care unit (ICU)
High	85	General hospital ward
Moderate	85	Rehabilitation area
Low	85	Administrative building

Objective data

An intended outcome of audit reporting is to provide the client with objective, quantifiable data. Unguided observations and inspections of service provision are, by nature, subjective. Objectivity is introduced by comparing actual service provision with the required standards of cleanliness, cleaning frequency and intensity, program/schedule of internal auditing and timeframes for rectifying identified problems, all of which are detailed in the cleaning standards.

The auditing process

In the following pages that describe steps in planning, conducting and reporting on a cleaning standards audit, the term 'client' generally refers to the person responsible for a ward or functional area that is being audited, for example, the nurse unit manager.

Planning a cleaning standards audit

Prior to conducting an audit, auditors are required to plan and negotiate the scope of the audit with the client (an opening meeting). This includes identifying and preparing audit-related documentation, preparing audit schedules and identifying and developing strategies to meet any contingencies that may affect the validity of a given auditing situation.

Auditors should be able to communicate with the client regarding a proposed audit, including:

- discussing the objectives and scope of the audit with the client and any other relevant parties in an effective and timely manner
- identifying contingencies that may affect the validity of audits for a given situation
- determining an organisational and operational structure through consultation with the client
- determining a suitable date, time and duration of the audit to minimise client disruption
- identifying the resources required to conduct the audit
- establishing communication protocols and requirements to facilitate the effective exchange of information appropriate to the client's environment.

In planning an audit, the auditor should be able to:

- develop an audit plan according to the established scope and objectives; for example, 'scope' can refer to the elements and functional areas to be audited or the number of sites to be audited and 'objectives' can refer to identifying areas of potential improvement or evaluation of follow-up corrective action since a previous audit
- assign timing, schedules and responsibilities for implementing the audit plan
- determine priority areas to be confirmed with the client
- confirm availability of resources required to conduct the audit with the client; for example, 'resources' may refer to entry to facilities, reference materials or any other client-provided resources
- if appropriate, select supporting auditor(s) and inform them of the audit objectives, scope, audit plan and schedules

- identify and prepare checklists and audit-related documentation, including entry and exit agendas.

In order to achieve an agreement of the audit plan with the client, the auditor should be able to:

- negotiate and ensure the client agrees with the proposed audit methods and techniques to be applied
- outline the audit process to establish a sequence of audit activities, and the roles of the auditors and client in the process
- confirm schedules and required resources with the client
- check preparation activities and documentation to ensure they correspond with the audit plan
- resolve any problems arising with the client and relevant parties in an appropriate manner.

The following checklist may assist you when conducting an entry meeting.

Entry meeting checklist

- ☐ Ensure there is a clear understanding of the scope of the audit. For example, does the client have additional requirements or is the expectation simply that an external cleaning standards audit is undertaken in accordance with government reporting requirements?
- ☐ Outline the audit plan and schedule.
- ☐ Seek guidance on the health facility layout and any specific site issues, for example, the best times to access operating theatres and any other specific routines or activities to be aware of.
- ☐ Confirm that any documentation provided to you represents the environmental services management system that is currently in operation.
- ☐ Explain you are seeking evidence of compliance and that once this is obtained you will proceed to the next criteria.
- ☐ Highlight that you are auditing system outcomes, not the performance of individuals or any particular group of health care workers.
- ☐ Ask for a brief description of the health service's existing auditing program/schedule (for both internal and external cleaning audits) and make notes from this information, so that you can plan time and resources appropriately. This can also be a pre-audit discussion point so that documentation and organisation requirements can be reviewed prior to arriving.
- ☐ Confirm that a site guide staff member will be available and has been briefed.
- ☐ Determine a time, location and attendees for an exit or closing meeting. Outline the purpose of the exit or closing meeting.
- ☐ Confirm any local requirements for access, infection control issues, equipment, confidentiality or security.
- ☐ Confirm contact persons for all communications. The only feedback from an auditor during an audit visit should occur if there is a clear and unambiguous threat to public or individual safety. This will be raised immediately with the confirmed contact and followed up in writing to the health facility authority.
- ☐ Invite and answer any questions about the audit process. In the interests of time, more general questions regarding cleaning standards can be directed to the current cleaning standards publication and the cleaning standards website at www.health.vic.gov.au/cleaningstandards.
- ☐ Confirm the client's reporting requirements and preferred format. This can also be reviewed in the closing meeting.

Conducting a cleaning standards audit

A thorough knowledge of the current cleaning standards and an understanding of health facilities processes are required to conduct a cleaning standards audit. Auditors should have knowledge of auditing methods and techniques, including auditing codes of practices, such as the Australian Standard on Auditing, occupational health and safety responsibilities, and the Evaluation and Quality Improvement Program (EQuiP), as well as being proficient in conducting an entry meeting, gathering, analysing and evaluating information.

To conduct an entry meeting the auditor needs to:

- confirm the objectives and scope of the audit in an effective manner
- confirm schedules and logistical arrangements
- make any changes to the plan, schedules or arrangements if required.

When undertaking the cleaning standards audit, the auditor should be able to:

- liaise with the support auditor where applicable
- locate the elements and functional areas to be audited
- carry out visual inspection for elements and functional areas against cleaning requirements and standards descriptors set out in the cleaning standards
- confirm any difficult-to-see areas with a physical inspection; for example, 'physical inspection' may include touch testing or the use of mirrors or other visual aids
- identify any issues that impact directly on cleanliness or the capacity to effectively clean any area or element, for example, any floors, walls or ceilings that need repair, significant staining of carpets or curtains or the condition of ducting outlets
- question appropriate people in a professional and respectful manner; this might include those from different levels within the client's organisation, such as management, clinical or support staff or contractors, or any others performing activities or tasks under consideration in the audit process
- if relevant, assess and review the support auditor's findings in line with the scope of the audit
- assess internal auditing processes and schedules.

In evaluating the information that has been gathered, the auditor should:

- evaluate the information against the prescribed cleaning requirements and standards and cross-reference charts and weightings contained in the cleaning standards
- form a defensible opinion as to the meeting of these benchmarks by the client
- ensure these opinions are formed from and supported by the available information.

Following Australian Standards in sampling procedures for inspection by attributes, an external audit should include approximately one-fifth of the total health facility. However, an external cleaning standards audit should include all functional areas in the very high functional area risk category A, and at least 75 per cent of functional areas in the high functional area risk category B. For more information about risk categories refer to page 26 of the cleaning standards.

Tips and examples

Conduct your audit and report your findings room by room using the functional area audit scoring sheet used in the cleaning standards (page 40) or something similar. This provides an audit trail for rectification of noncompliant cleaning elements and clearly identifies their location.

The section on 'Weighting and scoring' (pages 37–40 of the cleaning standards) provides more information about weighting. This section also sets out the prescribed numerical weighting and time frames for rectifying identified problems and re-auditing functional areas.

Auditing an internal auditing program

From 2010 external cleaning standards audits conducted on acute public health services must include an examination of that health service's internal cleaning standards auditing program. The following extract (found on page 36 of the cleaning standards) sets out what is required in a health service's internal cleaning standards auditing program:

An external cleaning standards audit includes the examination of a health service's internal auditing program and the results for all internal audits. A health service must be able to demonstrate or produce the following:

- *a comprehensive mapping, or catalogue, of all rooms within the health service with accompanying risk profile (this is sometimes referred to as a 'tree' or 'network map' and may show the health service, then each facility within the health service, then the buildings comprising each facility, followed by the functional areas within each building and finally the individual rooms within each of the functional areas. Some mapping also indicates floors or levels within buildings as a navigational aid for auditors)*
- *an auditing frequency schedule, diary or timetable based on the specified frequencies for functional area risk categories*
- *reports of all audits undertaken, including variance reports complete with any required rectification and re-auditing of functional areas*
- *reporting and feedback processes, including evidence that variance reports are tabled at appropriate meetings such as infection control committee meetings, included in quality reports, and that feedback is given to staff including managers or supervisors of functional areas.*

It is important that the facility is able to provide suitable and transparent information that allows an auditor to understand the manner in which internal cleaning standards audits are undertaken and managed. Generally, this will require records to be produced that clearly indicate the process by which internal auditing is managed. As a rule, this should include written or electronic records that are to be made available to the auditor.

A system for managing internal cleaning audit activity and standards should include the following:

- mandated frequency of cleaning standards by functional area risk category
- a suitable, effective reporting mechanism, with electronic or hard-copy results distributed to appropriate stakeholders, including management and location staff
- rectification of failed or issues highlighted in audits, including specified time frames
- management sign off and review of reports and corrective actions
- periodic review and modification of the system, with suitable version control
- training and educational records of all personnel involved in the cleaning program
- professional development training records, both by topic and personnel.

The verification of an internal cleaning standards auditing program can take a considerable time investment and this should be considered when developing the audit timetable.

Audit of internal auditing program checklist

Requirement description	Complies yes/no	Evidence required
There is a comprehensive map or catalogue of all rooms that identifies the functional area risk category of all rooms. Also known as a 'tree' or 'network map'.		Map, catalogue or list that identifies all very high risk locations/rooms, all high-risk locations/rooms, all moderate-risk locations/rooms and all low-risk locations/rooms.
There is an internal cleaning standards auditing program covering all functional areas across all functional area risk categories.		A program description that includes a breakdown of risk areas with geographical listing, audit frequency for each location, and a capture/reporting mechanism for recording results.
Over a period of one month, 50 per cent of rooms within very high risk (category A) functional areas were audited at least once.		Records show that for the period since the last external audit 50 per cent of all very high risk functional areas were audited at least monthly.
Over a period of one month, 50 per cent of rooms within high-risk (category B) functional areas were audited at least once.		Records show that for the period since the last external audit 50 per cent of all high-risk functional areas were audited at least monthly.
Over a period of three months, 50 per cent of rooms within moderate-risk (category C) functional areas were audited at least once.		Records show that for the period since the last external audit 50 per cent of all moderate risk functional areas were audited at least once.
Over a period of 12 months, all rooms within low-risk (category D) functional areas were audited at least once.		Records show that for a 12-month period all low risk functional areas were audited at least once.
Results and other details of all internal audits undertaken are clearly documented.		A system is in place that is able to track and record all internal audit results, including: • the risk rating • inspection frequency • results • issue rectification and follow-up.
There is evidence that results of internal audits are fed back to the staff in each of the functional areas where the audits took place.		Internal audit results are communicated to unit managers/area supervisors. This can be by a number of means but it has to be consistent, cover all areas and be effective. You could validate this by interviewing functional area managers. Evidence should be sighted to confirm this is occurring consistently, for example, area managers should sign off that they have received and read internal audit reports.
There is evidence that a summary of the results of internal audits are reported to, or tabled at, appropriate committees (for example, quality and safety, infection control or other similar committee).		Internal audit results are communicated to appropriate committees but should include at least some reporting on a routine basis to infection control, senior management and quality review committees. Evidence should be sighted to confirm that this is occurring consistently. Review a sample of committee meeting minutes.
There is evidence that a summary of the results of internal audits are included in the organisation's Quality of care reports.		Internal audit results are included in Quality of care reports.

Common shortfalls, mistakes or omissions

The following are tips, hints and examples from experienced external cleaning standards auditors where they have found common shortfalls or mistakes in a health service's program of internal cleaning standards auditing.

There may be errors or omissions in a health service's map or catalogue of all its rooms and/or the weighting assigned to one or more of these rooms.

Tips and examples

Mapping of rooms that is not comprehensive enough; compare the mapping with the health service's internal telephone directory to see if all functional areas are included.

Rooms are assigned a lower risk weighting than that required by the cleaning standards; this may require visits to sample rooms to observe their purpose and use.

Administrative and service areas weighted as low risk, although they are geographically connected to very high risk patient care areas; this may also require a visit to the areas to assess.

A health service's program of internal cleaning standards auditing may not the meet the government-prescribed frequencies as set out in the cleaning standards (page 35).

Tips and examples

Internal audits not meeting the quotas set out in the cleaning standards; check the percentage of rooms audited during the period in each risk group.

Rooms are overlooked or forgotten in the internal audit program, for example, engineering and stores rooms are included in the low risk category, so must be audited annually. Similarly rehabilitation and aged or mental health rooms are included in patient care functional areas and require regular auditing as per their risk group; look for examples of these areas and rooms in the internal audit reports.

There may be omissions in reporting the outcomes of a health service's internal cleaning standards auditing program.

Tips and examples

Variance reports, which list noncompliant rooms and functional areas, are not being reported up through appropriate committees, for example, quality and/or infection control committees; check meeting notes to verify that outcomes are being reported up.

Feedback of the outcomes of internal cleaning standards audits are not being provided to the unit managers and/or supervisors of the functional areas where the audit was undertaken; review reports and question this aspect with a sample of unit managers and/or supervisors.

Reporting on a cleaning standards audit

Reporting on the outcomes of a cleaning standards audit includes compiling the results, reporting to the client and the Department of Health (for external audits) and using appropriate interpersonal skills when providing feedback. When making judgements, the ability to exercise discretion and commonsense is vital to the audit process.

In compiling cleaning standards audit results the auditor should:

- compare the results of the audit evaluation against the audit objectives
- analyse any relevant internal audit reports
- analyse the current audit results
- check the accuracy of the scoring.

The cleaning standards audit report should:

- provide clear objective evidence that relates to the need for a reduction, elimination or prevention of any non-conformance as the basis for the audit report
- produce the audit report according to any specified requirements; for example, when reporting the results of external audits to the Department of Health, scoring for very high, high, and moderate functional area risk categories are required, as well as an overall score for the facility
- include the timeframe in which the audit was conducted, the agreed objectives and scope, the distribution list for the audit report, the identification of the auditor or auditing team, information on confidentiality, and an outline of the auditing process and any obstacles that were encountered.

When presenting the cleaning standards audit report (also known as an exit interview or exit meeting) the auditor should:

- present a summary to the client and any relevant stakeholders as necessary in a timely manner
- where an element or functional area has not obtained the AQL, provide comment as to why it is not acceptable, and advise the client on the timeline for correction and re-auditing
- clarify any issues arising from the presentation of the report.

The following checklist may assist you when conducting an exit meeting.

Exit meeting checklist

- ☐ Discuss issues for immediate rectification, if any.
- ☐ Discuss issues requiring early reporting up, if any.
- ☐ Comment on two or three strengths that were observed in the cleaning services. (Make notes of these to include in your report.)
- ☐ Comment on two or three weaknesses that were observed in the cleaning services. (Make notes of these to include in your report.)
- ☐ Ask if the health service representatives have any issues they wish to raise about the conduct of the audit.
- ☐ Confirm the report format, content and delivery time.
- ☐ Thank people for their cooperation and assistance.

Key issues and behavioural aspects for auditors

Cleaning standards auditors should maintain a high level of professional practice by:

- asking for feedback on their work performance from the client and relevant stakeholders, for example, verbal feedback or the use of evaluation forms
- handling feedback positively, sensitively and professionally
- developing appropriate strategies to improve their own professional practice
- seeking opportunities to update their industry knowledge, for example, by attending seminars and other professional development opportunities, through discussion with other auditors and colleagues, or keeping current with industry journals and reference manuals.

Auditor credentials

An auditor provides an independent appraisal of service provision. 'Independent' is a key word in situations where there may be disagreement between an auditor and a health facility concerning aspects of service provision.

An auditor adopts a 'disinterested third party' approach and is expected to be honest and fair in assessing the actual service provision against specified standards.

Auditors of health-care-based cleaning standards are selected for their qualifications and experience of the services under review. A prerequisite for auditors is that their qualifications and experience to appraise the service provision are beyond any question of competence and objectivity. From 2010 all external cleaning standards audits conducted in acute public health services must be undertaken by a QVSCA.

What the audit *is*

An audit generally consists of a comparison of actual service provisions with the relevant standards. An audit of cleaning standards in public health services refers to a comparison between actual service provisions in relation to the cleaning standards.

Tips and examples

Auditor's dilemma:

Auditors sometimes wrestle with the grey areas of service provision. When in any doubt as to the appropriate objective appraisal, ask yourself, 'Is this item (of cleaning service) acceptable or unacceptable?'

It sometimes clarifies your observations to view the service through the recipients' eyes: for example, if you were the one receiving this service (either as a client organisation or as a customer of that organisation), would the service meet your own cleaning standards?

The audit is directed towards confirming that the standard of cleanliness and the internal auditing program underpinning it comply with standards and frequencies that are prescribed in the cleaning standards. Where they are not, the auditor identifies the issue that requires rectification. In other words, the auditor clearly identifies which standards are not being met.

Tips and examples

Audit trail:

When reporting your assessment, cite examples to provide an audit trail for correction by the service provider. Always provide details of the fault to encourage and make rectification easier. Perfunctory reporting is unhelpful, such as saying, 'There's non-conformity in this area', without describing the issue or giving an example.

The auditor must also provide an assessment as to the adequacy of the health service's program for internally auditing cleaning standards. This is a new addition to the cleaning standards and requires specific evaluation not previously undertaken.

The great value of scored audits is that they can be compared over time. Such comparison can point towards improvements or declines in service standards.

Scored audits encourage comparison with other sites that have a similar service mix. These comparisons reveal relative standards of service provision across an industry sector and assist in developing service provision key performance indicators (KPIs) and benchmarks.

What the audit *is not*

'Re-engineering' – It is not the auditor's role to suggest modifications to service delivery systems. This may be a later outcome from the audit, but keep clear of becoming embroiled in redesign and re-engineering issues.

Tips and examples

Some commonly asked questions where it is not an auditor's role to offer suggestions may include:

- What is your opinion on the best cleaning product/equipment for various cleaning tasks?
- What do you recommend in relation to the ratio of staff/hours to cleaning regimes?
- What do you recommend in relation to the division of labour between patient services assistants (PSAs), cleaners, ward staff and nurses?
- Who should oversee cleaners? Environmental staff or PSAs?

'Helpful hints' – It is not an auditor's role to provide helpful hints. A professional approach is required. The auditor reports findings and does not respond to requests, subtle or direct, for additional opinions about a range of often highly contentious aspects. Likewise, it is not the auditor's role to give any directives to the staff of the service provider or client.

Tips and examples

- Managers or other staff may ask your opinion on the merits of contract cleaners as opposed to in-house cleaners or ask you to make comparisons between various local cleaning contractors.
- You may be requested to provide data dividing the cleaning standard results for elements between cleaners and other staff who clean, such as PSAs.

An auditor's role is to report on whether the health service complies with the cleaning standards, not to identify who has, or should have, cleaned which elements.

'Making friends and self-importance' – Although some may see the auditor in a fatherly/motherly role, it is paramount that the auditor retains a professional, practical, 'at arm's length' approach at all times when undertaking an audit.

Examples of potential problem situations

- After returning to audit a hospital several times, the staff become overly friendly and distract you from the job at hand.
- You are asked to be part of various social functions.
- As you are escorted during the audit (an audit that took several hours) you learn a lot about the private lives of those escorting you.
- You are asked to be supportive of changes to cleaning regimes that the client is going to take up with their management.
- You receive a lot of flattery are made to feel overly important.

'Big brother' – Some see the auditor as a threat to the status quo or as a coercive influence. Remain professional and approachable so as to leave the impression in people's minds of having dealt with a senior colleague in a quality improvement process.

Examples of potential problem situations

- A cleaner feels intimidated when her work is being checked, and protests that she has been audited internally already on a number of occasions.
- A cleaner hovers around you giving his version of why elements are not clean; 'I was away yesterday and the relief staff didn't clean as well as I do'; or 'We are so short staffed we just can't get the job done'.

'Gathering evidence for the prosecution' – Resist the assumption (made by some) that you are there to gather evidence against the service provider. Remain independent, objective and impartial. Ensure you observe all issues for yourself.

Examples of potential problem situations

- A nurse shares her view that the cleaners are not performing satisfactorily.
- A cleaner outlines her ideas about how clean tasks should be divided up between the cleaners and the nurses.
- A unit manager asks you about how service providers perform in other facilities and who you respect the most.

'Gathering evidence for the defence' (similar to the point above) – Resist any appearance of taking sides. The paramount ingredient affecting the quality of your audit is your ability to make an independent assessment.

Tips and examples

- After completing several audits, an auditor starts to see trends emerging in the way particular service providers perform.

Be aware of this and make a conscious effort to go into the audit with fresh eyes; avoid reviewing previous audits and anticipating results.

- A member of staff asks the auditor for support in revealing a cleaner's good or unsatisfactory work to management.

Remain outside and detached from the internal workings, politics and interests of whichever health service you are auditing.

Professional conduct

Tips and examples

'Do unto others…'

Keep in mind what your expectations would be if roles were reversed and you were audited. Treat all people as you would wish to be treated.

Appearance

Dress in a 'conservative and professional' manner, appropriately understated, without appearing funereal. Make sure your shoes are clean and clothing is clean and pressed, so as to deliver a professional impression to clients, service providers and staff.

Name badge/identification

Many health services provide identification when you sign in, but do not rely on this. Ensure you always wear a name badge as identification, promoting your professional appearance and as a courtesy to those you will meet during the audit. Very often your simple name badge will open doors more freely, ease your way and save time.

Gratuities, gifts, favours and bribes

It should be self-evident that an auditor does not accept anything free of charge. For example, you should expect to pay your way at the cafeteria/dining room. Avoid any apparent compromise to your professional integrity. Politely decline any invitations to dinners, sporting events and the like.

Mobile phones

Some sites require mobiles to be switched off to avoid electronic interference. Be conscious of meeting this requirement. If you use a smart phone to run auditing software, switch to 'flight mode'.

Parking

Obey all directions and signs to avoid embarrassment to yourself and inconvenience to others. Leave your vehicle only in approved parking areas.

Permission to enter a department/area

As a point of courtesy, ensure you have permission before entering an area or department. The workflow of that area may be disrupted by your unheralded visit. On occasion, you will be requested to return at a later (convenient) time. Upon entering each department, ask to report in to the manager on duty.

Punctuality

Allow 'flat tyre time' to ensure you arrive punctually. If you do run late, contact the client representative as soon as possible, as a point of courtesy.

Smoking

Do not smoke on client premises, even in approved smoking areas. This is particularly important as many health facilities have declared their premises 'totally smoke-free'.

Humour

Your audit is taken very seriously by the client and the service provider. Maintain your courteous, professional demeanour, but do not joke about any aspect of your duties.

Keep notes

Keep a record of conversations related to the audit as well as your observations. You may be grateful to later look up 'who said that?' and 'why?'

Communication

Tips and examples

Cultivate a professional, cooperative stance in yourself and in your fellow auditor colleagues. In all conversations, whether with clients, service providers or service recipients, maintain a pleasant, courteous and circumspect demeanour.

Communicating with the client

Ensure you deal only through and with the client's nominated contact person. This will avoid confusion and misunderstandings.

Informal reporting

Managers and staff from the client organisation may ask how your audit is progressing, as in, 'Oh, you're the auditor. How are we doing?' Not only does your responsibility not include providing commentary to anyone who asks, but you may compromise your professional integrity if you discuss your findings with anyone other than the nominated representatives.

Industrial relations

The rationale of outsourcing and market contestability has been questioned by unions, some of which oppose this approach to service provision. It is important, therefore, to remain circumspect in all conversations and treat all documents as confidential by keeping them secure. You are there to provide objective auditing, not to provide personal views.

Other agendas

Avoid being unwittingly drawn into internal politics, where your comments may be quoted as authoritative evidence for another's point of view. Verify facts and statements to ensure your audit is not subject to another's bias.

Communicating with the service provider

Individuals will ask for your impressions of the service delivery or your predicted audit results. You should courteously avoid discussing the audit results until the scores and report have been lodged with the client.

High stakes

Personal and corporate reputations that involve multimillion dollar contracts may beat stake during an audit. The results of the external audit are of significant importance to the health service and consequently impact on the lives of both patients and staff. This is more reason to maintain an unbiased, professional approach.

Verifying your observations

Ask to see for yourself. It is important to remember that you are to report your observations, not what you were told by others. Be prepared to be challenged on your observations, especially if you are reporting on noncompliance. Take suitable notes and record dates and times. If necessary take pictures, providing this has been cleared by the relevant security and privacy laws governing the health service. There are rules associated with photography within health services, for example, you cannot include people in photos. Ensure you have completed all necessary documentation and are fully familiar with all associated rules and regulations before taking photos.

Question technique

Open questions gain more information, more quickly than closed questions. A closed question is one that only requires a yes or no answer.

Tips and examples

An example of a more open way to approach a question is to ask, 'How do you manage your schedules in this area?' rather than, 'Are you maintaining the same schedules as last year?'

Confidentiality

You cannot (and should not) demand to be shown a service provider's records, other than records required by legislation, regulations or integral to the system being audited. Many service providers keep extensive performance records for their own purposes. Such records are not within your domain as an auditor and you should recognise commercial sensitivities. If you believe you should be provided with certain information, such as the records of the internal cleaning audit program as evidence of compliance to the risk area frequencies in the cleaning standards, seek advice from the facility contract manager; do not force the issue. If necessary, make suitable comment in the audit report.

Communicating with other auditors

Apart from the camaraderie that occurs when one meets a colleague engaged in the same type of work, be careful not to discuss audit results or any observations or impressions of the service delivery you may have formed. You support each other best by avoiding any chance of bias, and discussing topics unrelated to the current audit. Do not discuss the results of any facility with anyone other than the contract manager or designated authority. Comments made in jest or away from the facility can have a way of finding their way back. Do not comment on results.

Variance in results

Audit results for different services at the one site may vary significantly. This is further reason to remain circumspect in discussions with auditor colleagues and avoid any bias in your reporting.

Conflict of interest

The term 'conflict of interest' can have negative connotations for some people. However there is nothing negative about a conflict of interest, providing the conflict is declared and remedied. This may require you to withdraw from part or all of a project. Normally it means that you do not undertake an external audit where you have either worked or have a specific interest in a particular facility.

It is expected that those who regularly work in specialist areas, at a high level of competence, will occasionally be offered tasks which could provoke a conflict of interest. It is critical to notify the client contact to resolve such issues.

Tips and examples

Examples of conflict of interest:

- You have a financial interest in the facility or service provider.
- You have recently worked with the facility or the service provider.
- The service provider has made a job offer to you.
- You are providing a reciprocal service for another facility.
- Your family has interests in the facility or service provider.
- The service provider is your client in some other manner.

The issue of 'swapping' cleaning auditors between facilities provides, as a minimum, a perception of conflict of interest.

Ensure all your associated financial arrangements are well documented.

Do you know if a conflict exists? Never assume there is no conflict whether real or perceived. When any hint of a potential conflict of interest arises in your mind, immediately reassess your situation, business relationships and

responsibilities thoroughly. Ask yourself, 'Would the client be concerned if they knew these other aspects of my business relationships?' If there is any doubt, seek advice and ensure the conflict is recorded appropriately.

If it appears that a conflict of interest has arisen, ensure you inform the contract authority as soon as practicably possible (at least within 24 hours) and work with the facility to resolve the situation. Do not under any circumstances attempt to cover it up or ignore it. This includes perceived conflicts of interest. As mentioned earlier, there is nothing inherently wrong with conflicts of interest, provided they are declared and documented.

Tips and examples

Two examples of perceived conflict of interest:

- You have submitted a tender to undertake infection control services to the facility.
- Your partner has won a contract with the facility.

Disagreements and conflict resolution

Disagreements are less likely where auditors practice a high level of diligence towards their preparation, professionalism and approaches to effective communication.

If staff or other individuals act in an untoward manner or do not allow you access to information that you believe is necessary remain professional in your communications, state your case, make suitable notes of time location and the parties involved and refer the matter to the contract authority as soon as you are able.

Where a matter is not resolved satisfactorily, the auditor can add notes in the audit report about their professional judgement as to the seriousness and impact of the action. If an unresolved matter threatens to compromises the entire audit, the activities of the audit should be suspended until the issue is resolved with the contract authority.

Duty of care

If auditors observe particular activities or situations where there is a threat to the safety of any person, they should immediately bring it to the attention of the senior person in the area for rectification and note it for the contract authority. There are a number of different ways in which organisations categorise or rate safety concerns. Auditors should familiarise themselves with the systems used in the particular facility they are auditing, for example, they should know the facility's emergency telephone number.

All auditors should be aware of their statutory responsibilities under state and/or federal duty of care legislation, for example, the Occupational Health and Safety Act 2004 and WorkSafe requirements. In Victoria further information can be found at www.workcover.vic.gov.au.

Document management

Invoicing:

Auditing service provision requires a high standard of personal integrity and this extends to accurate invoicing for audit services. Ensure the basis of your invoicing is clearly understood and agreed with the contract manager for the facility.

Keeping records:

Keep accurate records of dates, start times, finish times and breaks, as well as observations. Store these records for at least 12 months and be prepared to provide them to appropriate personnel in the future if required.

Client requests:

Clients are within their rights to request to see the timesheets for any cleaning audit project, unless you have specific contract provisions in place that negates this requirement, for example, a lump sum for the audit as opposed to a time and materials cost structure. This also extends to any documentation relating to the audit. Ensure this is covered in the contract and that you abide by the agreement provisions. As a rule, it is best to return all client-owned paperwork, but maintain your own personal notes and records securely.

References

AS/NZS ISO 19011:2003 Australian/New Zealand Standard – Guidelines for quality and/or environmental management systems auditing.

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