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**Federal Ministry of Health 16th National Annual Review
Meeting Group Discussion**

Clean and Safe Health facility Campaign “CASH” Initiative

MEDICAL SERVICE DIRECTORATE

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Introduction and background

Cleanliness in hospitals is about more than just keeping the place clean. It makes a statement to patients and visitors about the attitudes of staff, managers and the board in terms of attention to detail the level of care and the way the hospital is organized and run.

It is also said that cleanliness is everybody's responsibility. The advantages of a clean hospital include clean, comfortable and safe environment for patients, clients, visitors, staff and members of the general public; increased patient confidence in local health care settings in relation to environmental hygiene and the organizations commitment to reduce the incidence of hospital acquired infections.

The essence of good cleaning is not only those things look clean but they are also technically clean. This calls for measurement of cleanliness both in aspects of environmental cleanliness as well as technical cleanliness measures. Staffs that provide the cleaning services are only part of the wider team who has the responsibility for cleanliness. The CEO and senior management have strategic responsibilities, and all other staffs including persons responsible for facility management, cleaning and hostelling services etc. play key roles.

Preparing national standards for cleanliness and specifications for elements of cleaning is important. The specifications which are expected to be patient focused, provide clarity in regard to staff responsibilities for cleanliness, and provide quality assurance as well as become consistent with infection control standards, in addition to setting clear objectives and outcomes that can be benchmarked with other facilities.

The concept of hospitals as healing places in all aspects should reverberate among staff, attendants, patients and management. However to the contrary; most of our hospitals are not clean so much so that when one thinks of a hospital in Ethiopia, the image an odorous, poorly organized institution with filthy environment is common.

Oftentimes, hospitals are portrayed as institutions not suitable for the staff, patients and attendants. Although efforts to improve the situation of hospital cleanliness have been underway through the implementation of Infection prevention standards, the condition of our hospitals with regard to cleanliness remains abysmal.

A recent technical assessment of all Addis Ababa Hospitals Indicated that many hospitals have weak health care waste management system resulting in lack of the critical cleaning functions including consistent availability of clean water supply, incinerators, placental pits, etc. Besides, most hospitals compounds and underground floors are crammed with old furniture and equipment making the hospitals unclean to sight. Service areas such as cleaning, kitchen, laundry, facility management are not well developed.

Rationale:

Clean hospitals improve the quality of care, improve the comfort of patients, staff, and visitors and the campaign process is expected to improve the attitude of staff towards cleanliness. Clean hospitals will also reduce health care acquired infections making our hospitals safer.

Objective

Making our health facilities clean and comfortable to patients, attendants and staff

Scope of the project

The project shall be implemented in all public hospitals in Ethiopia with special focus on hospitals in Addis Ababa and university hospitals.

Special emphasis shall be given to hospital functions such as infection prevention and patient safety, health care waste management, toilets, water supply systems in hospitals, visitor crowd management system, Kitchen and food services, laundry and facility management of hospitals.

Strategies

- Engage all type of professionals on Clean and Safe health facility
- Attitude change on waste management and environmental hygiene
- Sustained advocacy and communication on hospital cleanliness
- Conduct regular cleanliness activities as well as sustained cleaning campaigns
- Implement infection prevention, facility management standards
- Assignment of an empowered ward master to wards in each hospital to oversee the assurance of ward cleanliness along with the department head
- Development and implementation of cleaning manual, standards and tools
- Conducting internal and external audits and recognizing hospitals
- Keeping hygiene including environmental cleanliness high on everyone's agenda by having cleaning service plan, which should be part of the overall plan in the organization.
- Development of a charter for cleanliness for each hospitals and implementing same.

Governance of the campaign

The national campaign will have a sponsor who will be H.E. the Minister of Health. An executive committee will be established to be chaired by H.E. the Minister from members of the MOH executive management, relevant partner organizations, famous personalities and community representatives.

A project team (secretariat) will be established under MSD to oversee the day to day activity of the cleanliness campaign.

An independent external audit team shall be established to set to conduct external audit. Please insert the picture from the PowerPoint presentation.

At regional level regional task force will be established which is lead by the regional health bureau head

At facility level, multidisciplinary team led by hospital CEO with membership including Matron, head of cleaning services, infection control officer and other relevant professionals will be formed to coordinate respective ward and hospital wide cleaning activities.

Roles and responsibilities

MOH

- Will be responsible to oversee the initiative nationally.
- Prepares national policy, manuals, standards and tool.
- Provides capacity building on cleaning RHBs and hospitals.
- Supports the efforts for cleanliness by providing financial, material and technical support.
- Mobilizes resources for the initiative.
- Conducts sustained advocacy and communication to mobilize the public
- Develop monitoring and evaluation framework and conduct regular M&E
- Documents best practices and prepare change package for scale up
- Conduct external audit of cleanliness of hospitals and recognize best performing hospitals.

RHB

- Oversee the regional hospitals cleaning campaign initiative
- Establish relevant regional governance structure to oversee the initiative
- Conducts sustained advocacy and communication to mobilize the public
- Liaise with MOH cleanliness project unit to implement the initiative
- Mobilizes resources for the initiative.
- Conduct regular M&E and provide regular feedback
- Documents best practices and prepare change package for scale up
- Provide all rounded support to respective regional hospitals
- Conduct external audit with MOH experts

HOSPITALS

- Organize multi-professional team to conduct cleanliness campaign
- Assess their respective hospitals and prepare hospital-wide cleanliness implementation plan
- Designate ward masters to oversee the cleanliness of wards

- Assign campaign names for each ward and conduct weekly and monthly cleanliness competition and recognize the cleanest places.
- Prepare and sign service level agreements with wards and staff.
- Prepare cleanliness charter to be observed by all hospital staff and visitors.
- Mobilize all workers in hospitals and conduct regular and campaign-based cleaning activities.
- Develop hospital policy & procedure on cleanliness and arrange orientation for all staff, patients, attendants and visitors.
- Improve water supply system by making available alternate water sources in addition to the municipality water sources.
- Implement the standards for cleaning, healthcare waste management standards, laundry services, kitchen, and facility management and visitor crowd management policy using the national manual.
- Work for improving the situation (access and quality) of hospital toilets.
- Engage patient attendants regularly and implement visitor crowd management policy.
- Ensure patients have regular washes, showers or baths and wear pyjamas.
- Arrange dining room for ambulatory patients, attendants and visitors.
- Specify items that are allowed to bring to the hospital

Patients

- Wash hands regularly and carefully with soap and water or use an alcohol based hand rub
 - When ever hands are dirty
 - Before and after eating meals
 - After using the toilet.
 - After touching garbage
 - Before and after caring for someone who is sick
 - After blowing your nose, coughing or sneezing and whenever necessary
- Have regular washes, showers or baths and wear pyjamas. Please ask hospital staff if you need any assistance.
- Expect staff to have washed their hands before having direct contact with you.
- Please remember that you can ask hospital staff to wash their hands – they will be happy to do so, as your health is their priority.
- Keep your room/bed space tidy and uncluttered so staff can clean more easily.
- Expect your room to be cleaned every day.

- Do not store food items and utensils on the bed sides.
- Expect to have fresh bed linen and pyjamas at least once a week.
- Tell the nurse in charge if you are concerned about cleanliness.
- Let staff know immediately if you have diarrhea or vomiting.

Visitor

- Wash your hands when you arrive and when you leave the ward
- Do not visit if you are unwell.
- Try to keep your visits to a minimum if there is an outbreak of diarrhea and vomiting on the ward you are visiting. Ward staff will advise you.
- Plan your visits so there are only two people at the bedside at any one time.
- Do not sit or sleep on any hospital beds.
- Do not touch your relative/friend's wound or any medical equipment provided for them.
- Check with nursing staff before bringing babies and young children to wards for visit.
- Tell the nurse in charge if you are concerned about cleanliness.
- Ask the hospital staff what items are allowed to bring to the hospital
- You may have to take special precautions if the person you are visiting has an infection and is put into isolation away from other patients on a side ward. Please follow the advice that ward staff give you.

Measurement and audits

The aim of setting standards of cleanliness is to ensure that everyone can determine whether the hospital is sufficiently clean irrespective of the service provider. This requires measurement to ensure standards remain high. A documented monitoring plan ensuring all functional areas are assessed in accordance with their risks important.

An audit process at technical, managerial and external level should be considered to ensure hospital cleanliness as per the standard. Timely and effective feedback and performance information should be provided following the audit process. Targets and outcomes for achievement should be shared for wards and the hospitals as a whole and teams need to be encouraged to steadily improve performance.

There are three levels of auditing procedure: technical, managerial and external. The duration and frequency of each audit activity will be determined in the national manual for auditing and respective hospitals are expected to adopt accordingly.

The technical audits include regular audits by frontline supervisory staff such as cleaning services heads and ward or department managers and it is performed as part of the daily management and supervision of cleaning services.

On the other hand, managerial audits include regular scheduled multidisciplinary team audits that form part of the ongoing management supervision of cleaning services. Multidisciplinary audit team members should include cleaning service head, nurse managers, technical services manager, IP specialist, catering manager, and patient representative, etc.

External audits are done to validate the internal audit process and provide an independent and objective assessment of cleanliness. These can be facilitated by an external team or a monitoring unit. Personnel involved in auditing should have a detailed knowledge and understanding of health care facilities and hospital cleaning services, be competent to judge what is acceptable in terms of cleanliness.

The audit findings shall be used to constantly improve the cleanliness condition as well as provide recognition and prizes to most improved hospitals. The recognition process could be integrated to the recognition mechanism of the EHAQ initiative.

Implementation of the initiative

Implementation of the project shall have three phases although there will be a lot of overlaps between the phases.

Phase-one (Preparation phase):

This phase forms the most important part of the initiative in developing the right program to fulfill the set objectives. Detailed project document will be developed in a participatory manner and important stakeholders will be identified and engaged. Besides, all resources required for the project shall be mobilized at this stage of the project. In addition, the governance structure will be defined along with the monitoring mechanism. Development of important guidelines, strategies, tools and manuals and standards shall be conducted during this phase. Communication and advocacy strategies shall be clearly outlined before the launch of the initiative.

Phase- two: Implementation

This phase includes all activities including the formal launch of the initiative that are done during the campaign time and based on the detailed project documents. Following the launch, hospitals are expected to conduct assessment of respective hospitals' cleanliness and develop cleanliness improvement and campaign plans. It is expected that there will be regular cleaning activities of all hospital functions and campaign activities focusing on selected high impact service areas.

The regular cleaning activity would entail the availability of water, cleaning materials and supplies as well as properly trained cleaners and other staff. Therefore trainings on basics of hospital cleaning along with cleaning standards shall be provided to the hospitals staff. It is expected that some hospitals or department will be innovative and perform better than others. Therefore, a conscious effort shall be exerted to document best practices and scale up. Local experience such as naming the multidisciplinary ward teams by famous wild animals shall be

encouraged and weekly cleaning campaigns will be conducted by the hospital staff and weekly competitions will be held. On a monthly basis, the hospital will declare campaign day where relevant stakeholders will participate. Efforts will be exerted to develop attractive gardens by planting trees and flowers. Closed toilets shall be maintained and new ones might be developed as necessary. Pick as you walk walks will be encouraged and implemented by all staff in hospitals.

Phase 3: Monitoring and evaluation mechanism

The project will have a monitoring and evaluation framework that will include checklists and indicators to be used at different levels. Important milestone shall be identified and followed through for compliance both in time and quality. The project shall be managed using Microsoft office project management software. Regular supportive supervision and audits shall be conducted using the nationally prepared checklist.

Sustainability

It is believed that the most important tool for sustainability would be to improve the attitude of hospital staff and management through regular engagement accountability mechanism. However, additional sustainability strategies include: incorporation of the cleanliness manual and standards in the newly being revised EHRIG document, integrating cleanliness initiative in EHAQ and designating Hospital Week every year in one of the months.

Potential discussion points:

- Can our hospitals become clean and attractive?
- What are some of the strategies to improve attitude of health workers and patients
- What will be the significance of the campaign?
- How could we sustain the program?
- Do we have best practices locally?