

6 Questions to Find Out If Your Hospital Should Re-examine Its EVS Program

Is It Time to Make a **Switch?**

Have you ever started an exercise program which delivered incredible results initially, but then your fitness level or weight loss plateaued over time? Sometimes what works at first may need to be adjusted or changed to provide the results you are looking for long term. The same can be said for your hospital's Environmental Services (EVS) program. While making even the smallest change at a hospital can be challenging, rewards can be great when it comes to a more focused solution against hospital-acquired infections (HAIs).

Here is a simple quiz to discover if your EVS program is in need of re-examination, as well as some information for why your hospital may not be meeting its infection prevention goals. If you answer yes to just one of these questions, it's time to reevaluate your EVS program.



Q: Are your HAI rates plateauing?

It's common for hospitals to implement a new EVS chemical or disinfectant as a reaction to rising HAI rates and experience initial declines. Then, HAI rates start to plateau, often due to the fact that the disinfectants being used aren't being used correctly or may not deliver the needed efficacy. Consider the chemicals being used and their safety, ease of use, and duration of protection. Certain chemicals, like Oxivir, are better at breaking through biofilm and also provide residual kill activity.



Is there new disinfecting technology in the market that's more advanced than what you are currently using?

There are constantly new and exciting infection prevention technology capabilities, but it's important to choose the technology that fits with your hospital's needs. Manual cleaning must still be the main priority, but when done well, you can integrate technologies to gain additional benefits. For example, while certain chemicals break through biofilm, a UV-C light can be used to destroy whatever is left over. Technology is most often used for specialized purposes and circumstances such as terminal cleaning, discharge cleaning, high risk areas, and pathogenic outbreaks.

Hydrogen peroxide vapor is another innovative addition to an effective EVS program, and specifically useful for high-risk areas such as ICUs and burn units. The sterilant can reach areas that can be difficult to disinfect with manual cleaning alone. Also, unlike UV-C light, it doesn't require equipment to be moved around the room to be effective.



Are you currently only using manual cleaning processes?

If your hospital staff feels it could benefit from targeted cleaning technology, an experienced partner can help you identify areas where innovative equipment might be useful. Through continuous and careful review of emerging technologies, a partner can help you consider important factors such as additional labor impacts, cost of use, and cost effectiveness. This ensures your hospital will purchase technology that will become integrated into your EVS program and not sit in a closet unused.



Are you noticing corrosion on your furniture or equipment from bleach?

If your hospital has relied upon bleach for decades, it's worth exploring the powerful cleaning solutions on the market today that are more surface compatible. While many hospital employees equate the smell of bleach with cleanliness, over time it can cause costly damage to your medical equipment, tables and chairs. The cost in replacing furniture repeatedly can add up over time. Regulatory citations due to chipped or damaged surfaces is another costly impact of the corrosion from bleach cleaning. These etched surfaces can also potentially harbor pathogens.



Is your cleaning staff experiencing negative health effects from harsh chemicals?

Some disinfectants can cause eye irritation, breathing difficulties or burns after repeated or prolonged exposure. While it's important to ensure chemicals will effectively clean surfaces and eliminate pathogens, staff safety and ease of use are important considerations to take into account when choosing cleaning products.



Is there a disconnect between your third-party cleaning company and your IP's best practices?

Many hospitals employ third parties to clean their hospitals, but there can be a disconnect between the way they clean and how your infection prevention practitioners (IP) wishes they did. When considering a partner to support your infection prevention program, it's important to have access to subject-matter experts and evidence-based, standardized cleaning processes so that you can have confidence that your cleaning processes are completed the same way, every time.



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