

# A New Approach to Hiring Environmental Services Attendants

IPAC Canada 2024

Environmental Services, Human Resources, Infection Prevention & Control

## ISSUE

Peterborough Regional Health Centre (PRHC), a 450- bed acute care community hospital, was experiencing increased vacancies within the Environmental Services (EVS) Department in 2017.

The traditional method of interviewing applicants was time-consuming, and staff retention was poor after completion of orientation and training, resulting in increased operational costs.



## CONTACT

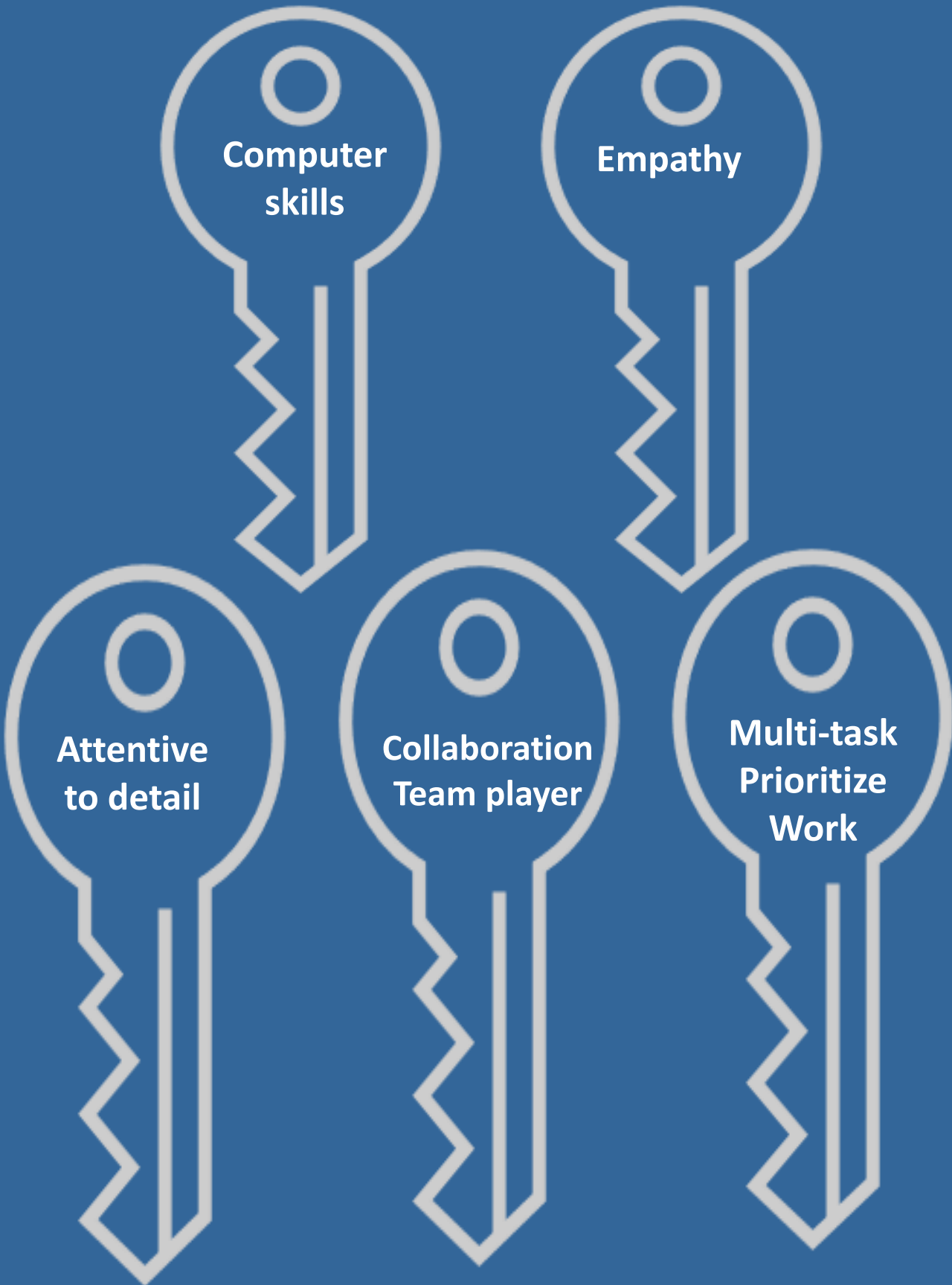
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## PROJECT

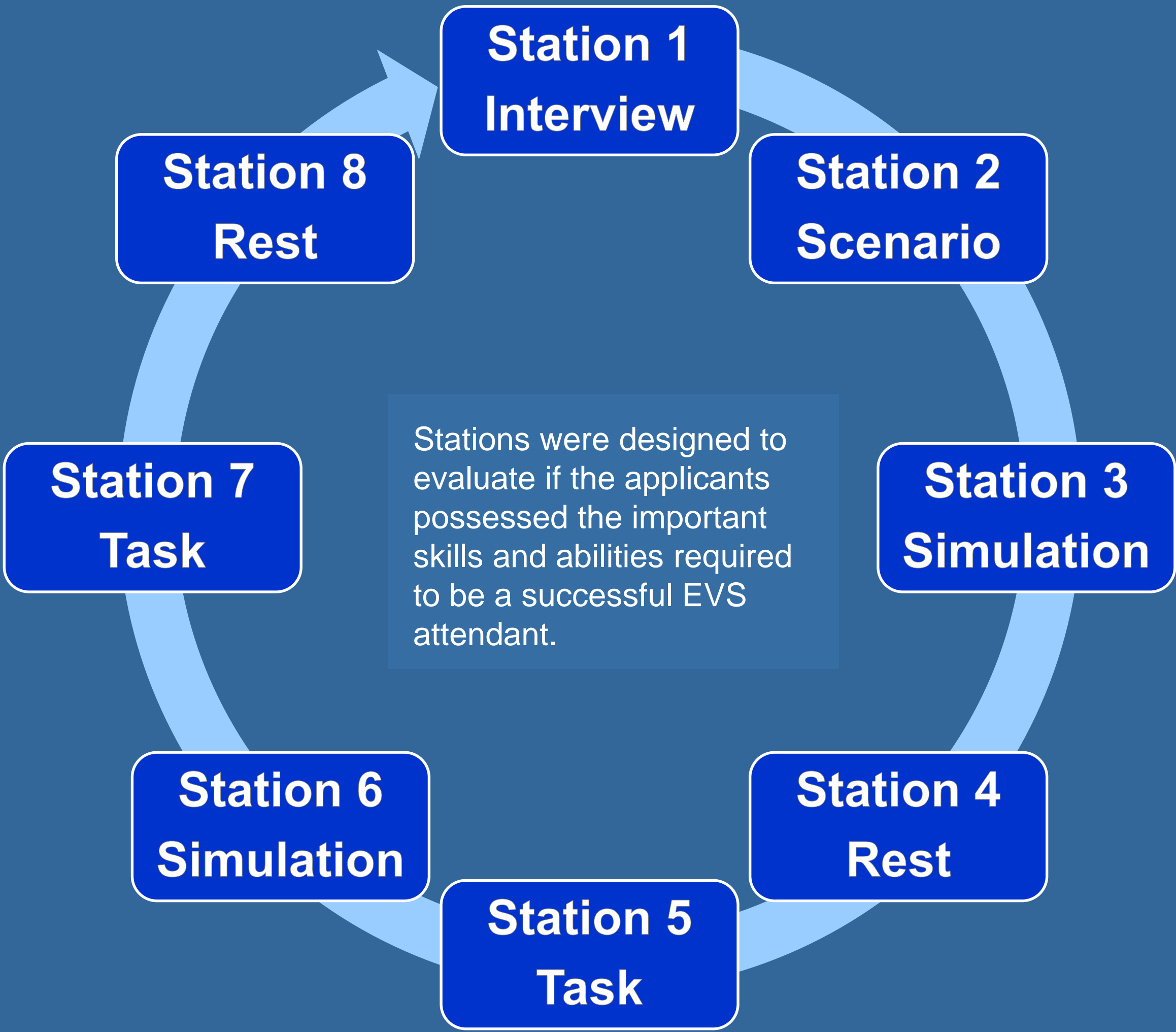
Human Resources (HR), EVS, Management plus front-line staff, and Infection Prevention and Control (IPAC) collaborated on creating a Multiple Mini Interviewing (MMI) process for hiring EVS attendants.

This new process was built on the premise that the hospital could train people how to clean and disinfect surfaces, and it was more important to assess if applicants possessed the key skills which were deemed necessary for the role. MMI stations were developed to determine if applicants had the following essential skills:

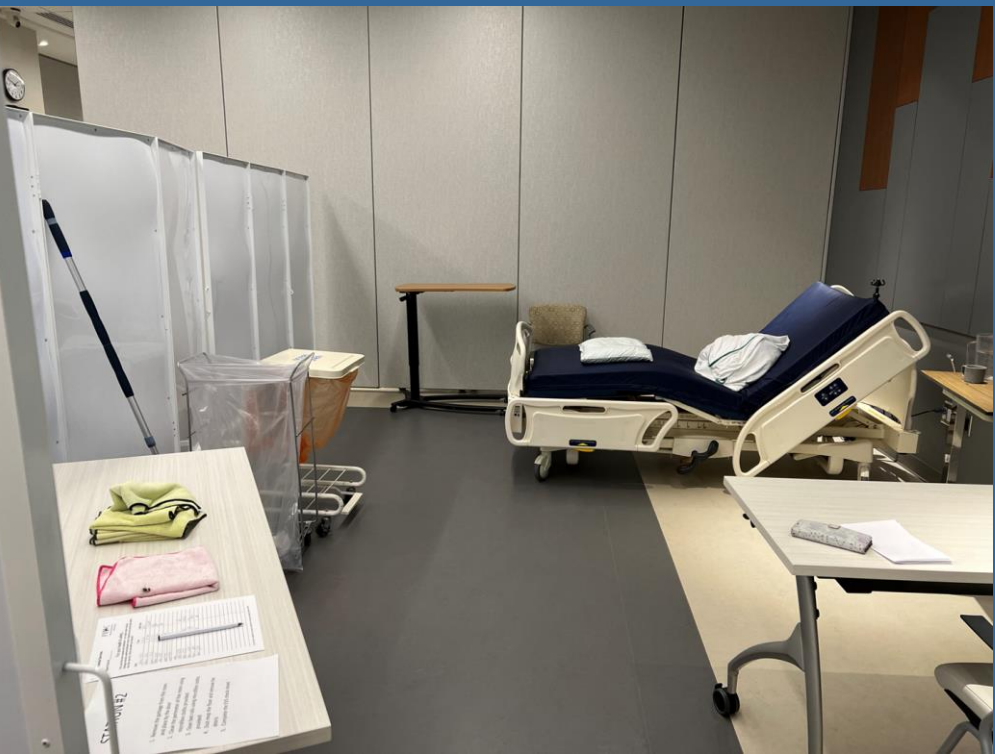
## KEY ESSENTIAL SKILLS



## MULTIPLE MINI INTERVIEWING



## SIMULATION ROOM SET UP



Candidate Name: _____		Evaluator: _____	
Evaluation			
The rater will be looking for the candidate's ability to:			
• Demonstrate basic computer skill			
• Comprehend and successfully complete the activity			
• Successfully follow directions to attain the intended outcome			
• Write in a concise and organized manner; write results clearly & grammatically			
Scoring			
Expectations	• The candidate is to be able to view the product document on the disinfectant	Check Box	
• The candidate includes "chemical resistant gloves" on their submission (Note: a point is not given if the candidate also includes "resistant gloves")			
• The candidate includes "chemical resistant gloves" on their submission (Note: a point is not given if the candidate also includes "resistant gloves")			
• The candidate can maneuver through the steps to get to the room			
• The candidate's writing is legible and neat			
Total Score:			0
General Observations:			

Evaluation forms were designed to award points based on objective criteria.

## RESULTS

- 32 applicants could be interviewed in an 8-hour workday vs 32 hours for traditional interviews.
- Range of 4-12 individuals from each 8-hour MMI were offered a job or placed on a waitlist for the next available vacancy.
- Data to measure success of project was lost due to staffing turnover

Anecdotally HR and EVS have indicated that MMI has helped:

- predict successful hires
- provide candidates with a realistic preview of what the EVS attendant position entails
- improved employee retention
- increased efficiency in the recruitment process

## PROCESS CHANGES

- MMI paused during COVID-19, traditional interviews via virtual platform were utilized
- 2024 MMI re-initiated with following changes:
  - 4 stations, instead of 8
  - done in Learning Centre vs. Medical Outpatient area (MOP)
  - performed during work week instead on Saturday when MOP was closed

## ACKNOWLEDGEMENTS

EVS: Margaret Jay, Jennifer Worboy, Karen Buttior, Vanessa Bennett, Taylor Maddison, Melissa McMillan, Stephanie Mahar, Joe Pavilonis, Demi Smale, Judy Fernall, Kim Driver, Holly Charbonneau, Kate Griffin, Sarah Ells, Leah McQueen, Patient and Family Partners  
HR: Courtney MacDonald, Laura Evegroen, Madison Busch-Andersen, Dana McIntyre, Stephanie Mejia, Paul Coppin, Jordyn Caftan, Allison McKay, Bryan Doyon  
IPAC: Margaret Cameron

## POST MMI GROUP EVALUATION



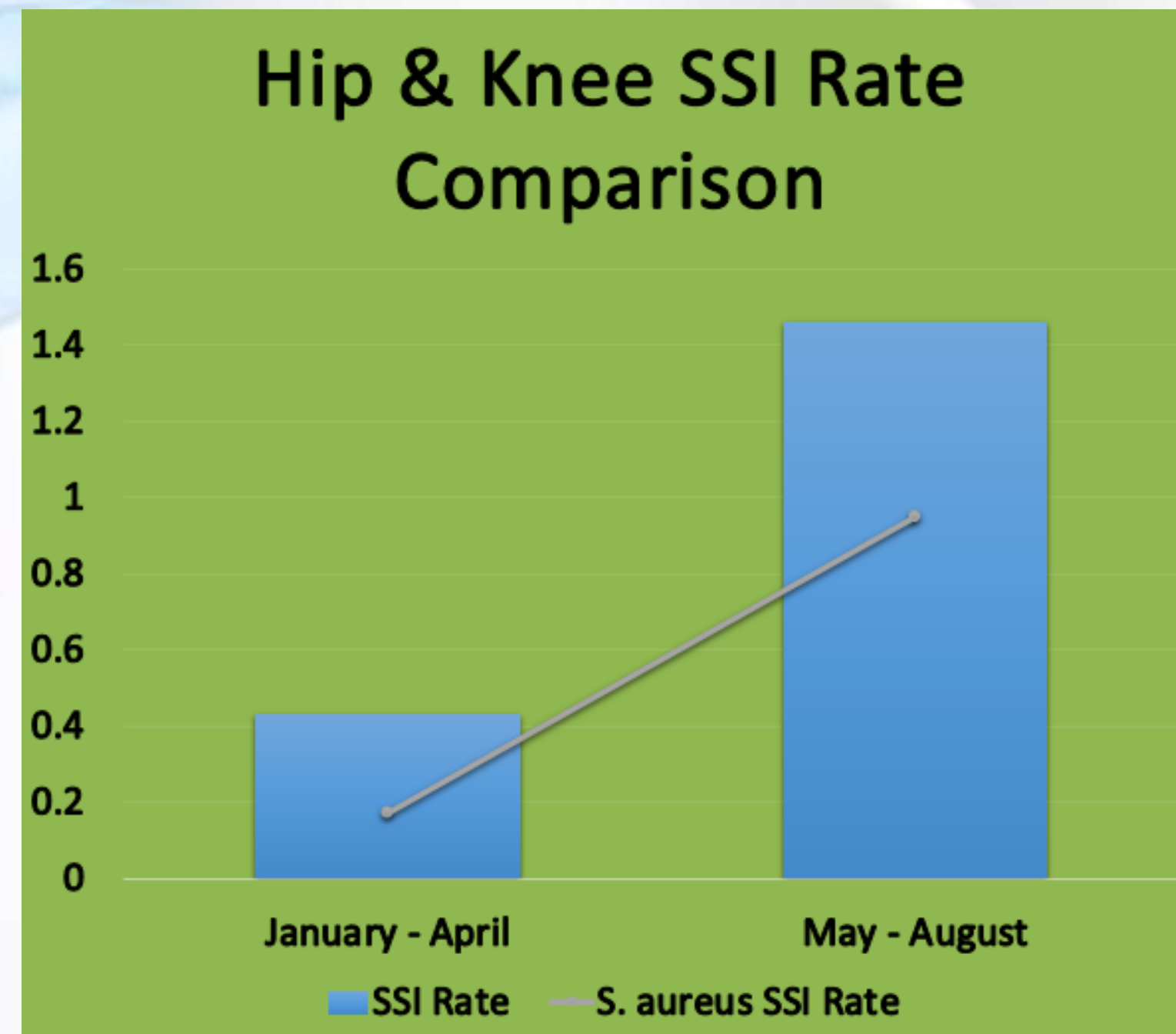


# An Unexpected Increase in *Staphylococcus aureus* Surgical Site Infections in Elective Hip and Knee Surgeries

Karrie Yausie, BA, BSc, CIC; Jennifer Chadney, RN, BScN, CIC

## Issue

- Between May and August 2023 one of Saskatoon's Acute Care hospitals had an unexpected increase in infections in their elective hip and knee surgeries.
- The surgical site infection (SSI) rate was 1.46 whereas the previous four months was 0.43.
- The majority of cases, 11/17 (65%), isolated *Staphylococcus aureus* (*S. aureus*) as the pathogen.
- The other cases did not have any common pathogens.



## Results

- The genotyping results, after a considerable delay, came back unique.
- Subsequently the common staff member was ruled out and an endogenous source of infection was considered probable.
- The focus of the investigation turned to mitigating patient related risks.
- Proper skin preparation technique was reviewed with the ORs to ensure correct application.
- Screening and decolonization of *S. aureus* prior to surgery is currently being considered.
- Gaps in system-level mitigation strategies was also identified.
- The creation of a multidisciplinary working group to guide standardization of HH accommodations processes was implemented and a provincial work standard was created.
- However, decisions by individual departments were made in silo and communication was not forthcoming.
- The OR staff member resumed their work with their HH accommodation, against IPAC recommendations.

## Project

A line list of elective hip and knee surgical patients was compiled to ensure no cases were missed.

Commonalities were looked at including Operative Room (OR) Theatre and OR staff.

It was discovered that this staff member was on a Hand Hygiene (HH) accommodation while working in the OR.

*S. aureus* isolates that had not yet been discarded were sent for genotyping as well as a sample from the OR staff member's N/G.

A thorough investigation took place to determine the cause of this increase in SSI rates.

An extensive review of electronic and paper charts was completed to determine compliance of SSI prevention bundles.

Investigations found one staff member worked in the OR for 6/11 (55%) of the *S. aureus* SSIs.

Members from the Accommodations, IPAC, and OHS departments met to discuss the gaps in process for providing HH accommodations.

## Lessons Learned

Appropriate improvement initiatives need to be implemented and sustained to ensure safer environments for patients undergoing surgery.

Interdepartmental collaboration continues to require endorsement by leadership at a system level.

The lack of collaboration between the lab and the Accommodation department was a significant hindrance to the investigation.

Investigating SSIs requires continuous curiosity and perseverance as the focus can change when prior hypotheses are ruled out.

Positive initiatives, such as patient screening and decolonization of *S. aureus* pre-operatively, would not have been looked at if the OR staff member had been the likely source of infection.