

From outsourced to in-house: Building an EVS team

In 2016, leadership at Dallas-based UT Southwestern Medical Center gave its outsourced environmental services (EVS) provider notice that the health system was ending their contract because the company was not meeting service-level agreements.

A continuing journey followed, starting with a new EVS director. Let's take a look at the adoptable actions and achievements of UT Southwestern's EVS team in just four years.



UT Southwestern Medical Center, Dallas

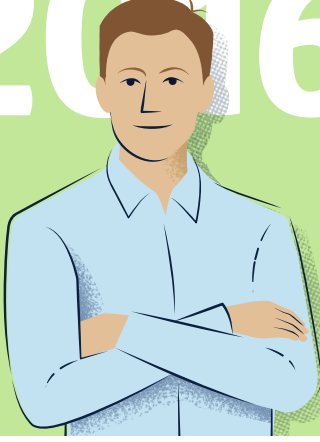
- Provides care to more than 117,000 hospitalized patients
- Discharges 179 patients daily at Clements/Zale Lipshy hospitals
- Oversees nearly 3 million outpatient visits a year

Challenges

- Building in-house EVS team after ending contract with outsourced EVS in 2016
- Creating and standardizing protocols
- Raising patient satisfaction levels and cleanliness scores
- Increasing staff engagement and satisfaction

Actions

2016



Hired EVS director

Facility leaders hired new EVS director Mike Michalkowski for 3 facilities:

- 751-bed William P. Clements Jr. University Hospital
- 74-bed Zale Lipshy Pavilion
- 2 surgical floors of outpatient surgery center

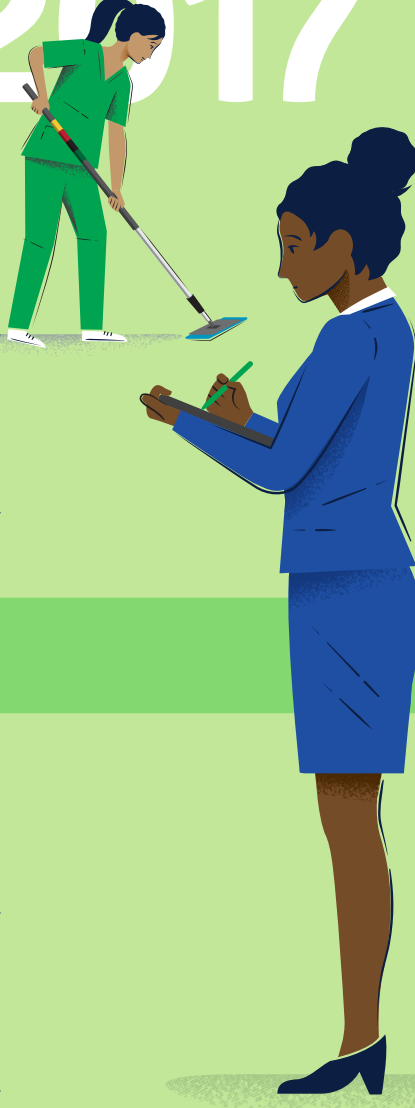
With Medline, EVS director increased number of full-time EVS employees (FTEs), defined roles and recruited team



Medline conducted assessments

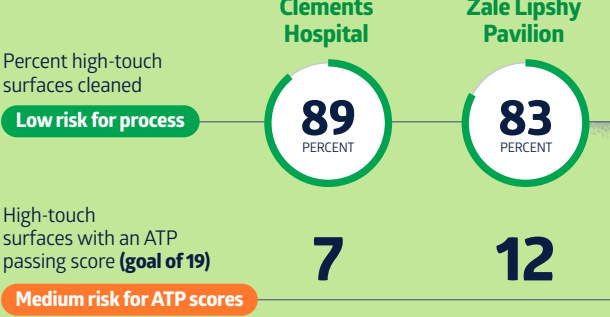
Michalkowski brought in Medline to conduct 3 risk assessments on UT Southwestern EVS processes, products and ATP scores. Medline followed 3 EVS staff members in each of the two UT Southwestern hospitals.

2017



June 2017: 1st assessment results

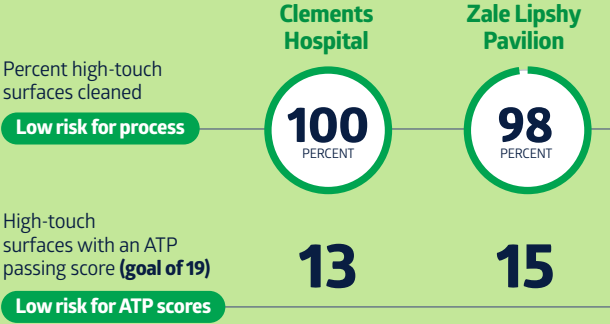
Medium risk for product use
Staff used microfiber cloths and mops, as well as appropriate disinfectant. However, surfaces stayed wet for the full contact time in only 25% of tested rooms.



Next steps: EVS managers and some staff participated in Medline University course ERASE Pathogens and in-service led by the Medline specialists.

1 week later: 2nd assessment results

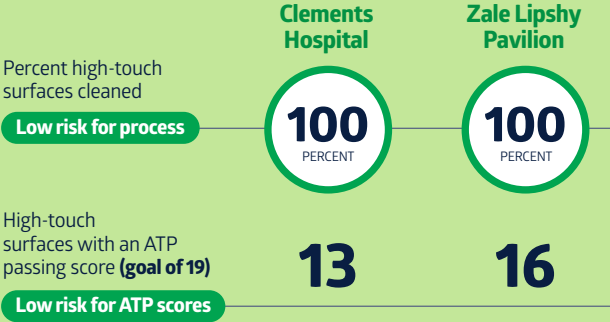
Medium risk for product use
Full contact times still lacking in tested rooms.



Next steps: All EVS staff took Medline University course, implemented training during huddles on how to clean chairs and tray tables, and started regular check-ins with staff on appropriate use of products.

1 month later: 3rd assessment results

Medium risk for product use
EVS staff improved surface contact times, but EVS management didn't change all products Medline recommended.



"Before you become an EVS director or manager, walk in the staff's shoes to better understand the function."

Mike Michalkowski
EVS Director,
UT Southwestern
Medical Center

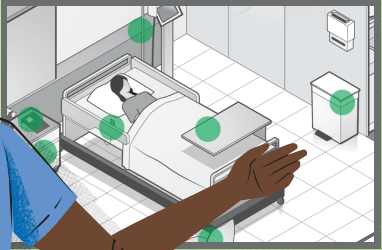
Next steps: Medline team recommended focusing on the importance of high dusting, continuing training during huddles on how to clean chairs and tray tables, and continuing check-ins with staff to ensure appropriate use of products.

2018

Hired EVS educator

Michalkowski hired EVS educator Darrell Martin to streamline onboarding and provide training. Together, they:

- **Standardized protocols**, using a 7-step cleaning process and emphasizing collaboration between EVS and Infection Prevention managers
- Developed 3-week **onboarding and training program** for new employees



Implemented culture assessment tools

Michalkowski implemented an employee engagement and satisfaction program to gauge and support a positive EVS team culture:

- Started conducting quarterly Glint **surveys** to measure employee engagement and overall satisfaction
- Launched monthly **EVS newsletter** for all staff to promote EVS team expertise

2019



Results

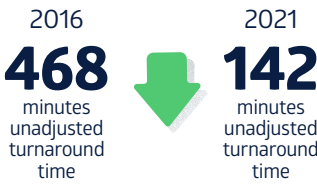
Achieved higher cleanliness HCAHPS scores



Raised DAZO® fluorescent marking gel scores



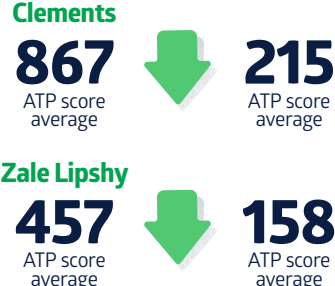
Reduced room turnaround time



Streamlined cleaning products used

Reduced number of chemicals by **50%**

Lowered ATP scores



(Unadjusted: Total time between start to finish of room turnaround; adjusted: Total cleaning and disinfection time only)

Increased employee engagement

