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Learning objectives

1. Learn what questions to ask during the initial search for an Integrated Pest Management provider.
2. Learn how to pare down your list to a handful of IPM providers.
3. Learn the importance of on-site inspections.
4. Understand the roles of the provider and the facility in the IPM partnership.
5. Learn how to set performance evaluation criteria.

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Outsourcing Integrated Pest Management

Choosing the right provider for a critical component of infection control

by Zia Siddiqi, Ph.D., B.C.E.

Recommended by a variety of healthcare-related organizations, including the Centers for Disease Control and Prevention (CDC), the U.S. Environmental Protection Agency (EPA), Hospitals for a Healthy Environment (H2E), American Society for Healthcare Environmental Services (ASHES) and others, Integrated Pest Management, or IPM, is rapidly becoming the standard for pest management in healthcare facilities because it combines multiple pest control techniques to minimize the use of pesticides that could have a negative impact on human health.

IPM practitioners recognize that by removing or blocking access to basic elements essential to pest survival, such as food, water and shelter, they can impose a significant degree of control over pests before chemical pesticides are employed. IPM is also more effective than traditional spray-based pest control at keeping the many harmful pathogens pests harbor out of the healthcare environment – a success metric of any infection control program.

In the past, pest controllers were often required to know little more than how to operate a compressed air sprayer, but IPM requires a much higher standard of expertise to be successful. In most cases, healthcare facility and environmental managers must receive informed technical guidance on all aspects of the pest control effort: Pest biology and behavior, current pest control technologies and practices, facility layout and operations, structural integrity and characteristics and staff behavior. Given the relative complexity of IPM and the high stakes placed on outcomes, most healthcare providers choose to outsource their IPM programs. But the costs associated with outsourcing such service make understanding how to choose the right IPM provider a must.

While this self-study article will provide an overview of successful IPM outsourcing, the first installment in the ASHES Recommended Practice Series, *Integrated Pest Management*, is a much more detailed guide to implementing and maintaining an IPM program in healthcare environments. Information on ordering the recommended practice can be found at the end of this article.

Step 1: The initial search

As with any complex purchasing decision, the first step is to solicit recommendations from reliable industry colleagues. When discussing potential providers, ask questions that will separate credible and experienced providers from the rest. The following are several questions you should ask and responses to look for:

- **Does the provider offer an Integrated Pest Management program tailored to the special needs of healthcare facilities?**
- **Does the provider specialize in commercial pest control?** Providers should have extensive experience in commercial pest control and in healthcare facilities in particular.
- **Are the provider's technicians trained to deliver IPM in a healthcare environment?** Look for providers with specialized training programs and a substantial number of IPM contracts with similar healthcare facilities.
- **How long has the reference used the provider?** Since successful IPM programs rely on long-term partnerships and because IPM is an ongoing process that can take time to show results (positive or negative), give more weight to recommendations by peers who have more than three years' experience with the provider they recommend.
- **What other healthcare facilities does the provider service?** Look for facilities of similar size and scope.
- **Does the provider offer a satisfaction guarantee on its service?** In the case of dissatisfaction, the guarantee should offer, at a minimum, complimentary service until the customer is satisfied.
- **What is the average response time to a pest-related emergency? Is there an extra charge for such emergency responses?** Pest sightings in a healthcare facility can be cause for alarm, especially in clinical areas. Credible providers will understand this and should guarantee an on-site response within 24 hours at no additional charge.
- **What documentation is provided with the service?** An effective IPM program should provide detailed documentation of all pest activity and control services performed. This data can be used later for reviews of the pest man-

agement program's outcomes by facility administration, public health inspectors, medical personnel and healthcare accreditation boards.

• **How does the provider address quality assurance?** If a third party does not evaluate the IPM program at least on an annual basis, there is no way to gauge the program's efficacy. Select pest management providers that offer complimentary annual audits as part of the contract, either by an outside auditor or by a corporate quality assurance department not directly affiliated with the branch office servicing the facility. Individuals working closely with the current program should not be the auditors.

Step 2: Paring down the "long list"

After consulting industry colleagues and conducting other research as needed, the next step is to contact candidate providers directly and ask more questions, the objective being to pare the "long list" to just a handful of potential providers. At this stage, ask providers the same questions you asked your peers, and several more. Additional questions are below.

• **Are the provider's technicians licensed and/or certified by the state? If the answer is no, the provider should not be considered.**

• **Is the provider properly covered by liability insurance?**

• **What kind of training do the technicians receive?** Ideally, the provider's technicians receive specialized IPM training for healthcare facilities. Ask what kind of recognition, if any, the company's technical training programs have received.

• **Does the provider offer IPM training for customer staff?** Yes. Some pest management professionals will help teach staff to support the IPM program, through customized training sessions offered at no additional cost. Because IPM relies so heavily on cooperation between the provider and facility staff for success, this added value should be strongly considered when selecting an IPM partner.

• **In which cities and states does the provider have offices/provide service?** Be sure all providers under consideration have branch offices close enough for emergency calls. Also, if your facility is part of a larger health system, consider choosing a provider with regional or national presence so a successful relationship might be extended to other locations without compromising service.

Step 3: On-site inspections

After gathering more information from the long list of pest management professionals, it's time to identify two or three companies from which to solicit proposals. Contact this "short list" of providers and ask them to tour the facility be-

fore submitting a proposal. The site tour will not only give them an opportunity to inspect current conditions and gather information for a more customized proposal, but it will afford the chance to size them up and ask more questions.

Don't hesitate to ask questions during the site tour, including any questions listed above that were not answered during prior conversations. Be sure to identify specific pests that must be included in the contract; ask about additional charges when extra services are needed for a non-contracted pest. Ask providers to define IPM for you and explain how they will apply IPM principles as part of a pest control program. Many definitions of IPM are floating around the marketplace, so be sure to select a provider who understands IPM as you do.

Step 4: Define roles

To ensure the implementation of a valid and effective IPM program, be sure to discuss and agree on the provider's and the facility's respective roles in the IPM partnership. Each proposal, and eventually any service agreement, should stipulate these roles clearly.

At a minimum, the contractor should be prepared to:

• **Provide service** to the property in the frequency stipulated by the service agreement. If additional services between regular visits are needed to meet the provisions of the contract, they should be provided at no additional cost.

• **Perform a thorough inspection** during each scheduled visit and determine appropriate treatment methods.

• **Adhere to IPM principles** as defined by a recognized healthcare industry practices, such as *ASHES Recommended Practice Series: Integrated Pest Management*.

• **Provide written service reports** after each regular visit to describe any deficiencies in housekeeping, maintenance or sanitation that could promote pest problems and offer corrective recommendations. Such records should clearly spell out observed pest activity and all actions taken to control pests, including dates, times, locations, target pests and any pesticide applications. Information on pesticide usage should include EPA registration numbers of any product applied.

• **When appropriate, carefully select and apply** the least hazardous pesticide formulations needed and always in accordance with federal, state and local regulations and EPA label instructions.

• **Provide copies** of all labels and Material Safety Data Sheets (MSDS) in an accessible on-site work center.

• **Post written notices of residual-pesticide applications** in and around the area(s) to be treated no later than the time treatment commences.

• **Conduct on-site reviews** of the IPM program a minimum of four times per year to review service reports, pest activity trend reports and identify structural, maintenance and other issues that may promote pest problems and report to facility contact. Reviewer should be someone other than the person servicing the location.

• **Perform additional quality assurance audits** (preferably independent of the servicing branch office) at least once per year, at random, without prior notification to the provider's branch office.

Typically, the facility's role in the partnership will be to:

• **Make the premises available** for service at the specified time and ensure that all areas are accessible for inspection and treatment.

• **Prepare premises for service** according to the agreed-upon conditions of the service contract.

• **Provide notice to patients and staff** of upcoming pesticide applications.

• **Promptly correct any deficiencies** noted on the written reports provided by the technician.

• **Train staff** to conduct routine cleanings that do not disturb, remove or contaminate the control methods placed by the technician (as mentioned above, some providers will conduct staff trainings as an additional service).

• **Monitor and evaluate the contractor's performance** on a regular basis.

Step 5: Set performance evaluation criteria

As with any contractual service relationship, it's best that both parties agree up front on how – and how often – the provider's services will be evaluated. IPM programs must be long-term, highly site-specific and may rely on actions by someone other than the contractor for success. Because of these variables, evaluation of the IPM contract cannot be based solely on pest presence. Rather, consider performance satisfactory if the contractor is fulfilling all of the roles specified above, and treatments of specific pest problems suppress pest presence to acceptable and agreed-upon threshold limits. As for the timing of evaluations, the contract should be reviewed once per year at a minimum. These evaluations could be timed to follow the annual, third-party quality assurance inspections discussed above.

Summary

With multiple entrances and exits and round-the-clock foodservice operations, healthcare facilities can be more vulnerable to pest infes-

Answers:

1. D
2. E
3. D
4. A
5. D
6. B
7. B
8. E
9. A
10. A

tations than many other commercial settings. At the same time, such facilities serve patients with compromised immune, neurological, digestive and respiratory systems, putting them at increased risk of harmful effects from exposure to pesticides. Because IPM minimizes the use of pesticides that may have a negative impact on human health, it is the pest control methodology of choice in healthcare environments. But IPM programs require more knowledge of pest biology and behavior,

more communication with facility staff and more staff participation and training than traditional, spray-based pest control programs. By understanding how to select a pest management provider, you can capture the necessary training, experience and knowledge necessary for IPM success in the most cost-effective manner. **HPM**

Dr. Siddiqi is Quality Assurance Director for Orkin Inc., and co-author of Integrated Pest Management – the first installment in the ASHES Rec-

ommended Practice Series. Orkin and ASHES collaborate to advance IPM education, promoting more effective and environmentally friendly pest control practices in healthcare settings.

For more detailed guidelines on IPM in healthcare settings, visit www.ashes.org or call 1-800-242-2626 to order a copy of *ASHES Recommended Practice Series: Integrate Pest Management* (Cat. No. WS-057958). Attend one of two IPM workshops on Sept. 26, 2005, as part of the ASHES 20th Anniversary Annual Conference and Technical Exhibition in Phoenix, AZ. The workshops will feature Dr. Siddiqi and other IPM professionals from Orkin Inc., Western Pest Services and The IPM Institute of North America.

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1. Which of the following best describes Integrated Pest Management (IPM)?
 - A. In comparison with spray-based pest control programs, IPM requires a much higher standard of expertise to be successful
 - B. IPM excludes the use of pesticides that could have a negative impact on human health
 - C. IPM involves removing or blocking access to basic elements essential to pest survival, such as food, water and shelter
 - D. A & C
 - E. All of the above
2. A successful IPM program requires which of the following?
 - A. Knowledge of pest biology and behavior
 - B. Knowledge of current pest control technologies and practices
 - C. Knowledge of facility layout
 - D. Knowledge of staff behavior
 - E. All of the above
3. Which of the following characteristics should exclude a provider from consideration?
 - A. Does not offer money-back guarantee
 - B. Does not guarantee a response within 12 hours
 - C. Requires additional payment to control pests not included in the service agreement
 - D. Requires additional payment for extra service visits to control contracted pests
 - E. None of the above
4. The pest control professional should be expected to provide documentation of pest activity detected and control services performed for every service visit.
 - A. True
 - B. False
5. Approximately how many times per year should the pest management provider conduct on-site reviews of the IPM program?
 - A. Twice per year
 - B. Three times per year
 - C. Four times per year
 - D. Five or more times per year
6. Someone familiar with the facility's IPM program should conduct quality assurance audits at least once per year.
 - A. True
 - B. False
7. The pest control provider should be expected to notify patients of upcoming pesticide applications.
 - A. True
 - B. False
8. The pest control provider should be expected to apply pesticide treatments only in which of the following circumstances?
 - A. The provider supplies copies of all product labels and Material Safety Data Sheets to the customer
 - B. The pesticide is applied in accordance with federal, state and local regulations
 - C. The provider uses the least hazardous pesticide formulations necessary
 - D. A & B
 - E. All of the above
 - F. None of the above – pesticide usage is not permitted in healthcare settings
9. Evaluation of the IPM provider should not be based solely on pest presence.
 - A. True
 - B. False
10. When should a provider and a facility discuss the contractor's performance evaluation?
 - A. Before service begins
 - B. One month after initial service
 - C. Six months after initial service
 - D. One year after initial service

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