Dear CEO:

We invite you to participate in MPSC's upcoming initiative, the Clean Collaborative Phase 2. We are now recruiting for the Clean Collaborative and will host the kick-off meeting on January 12, 2018.

One of the key requirements of Maryland's Medicare waiver is that Maryland hospitals reduce infections and other hospital-acquired conditions by 30 percent over a five-year period. To assist facilities in achieving this goal, MPSC has created a year-long effort that focuses on enhanced cleaning and disinfection of facility-wide surface areas. Over the past decade, a growing body of evidence suggests that contamination of environmental surfaces throughout health care facilities plays an important role in the transmission of key healthcare associated pathogens. Environmental contamination can contribute to healthcare associated infections (HAIs) through a variety of pathways, including contamination of hands and transfer of pathogens from patients, visitors, and healthcare workers.

As Phase 1 of the Clean Collaborative was a success, the MPSC has initiated Phase 2 to continue the trends of improved cleaning practices.

In Phase 1, the Clean Collaborative (CC) accomplished the following:

- 88% of participants achieved a minimum of 10% improvement in cleanliness focused on high touch areas in patient rooms and on surfaces in public areas, such as cafeteria tables and elevator buttons; 75% of participants achieved a 50% or greater improvement.
- CC Team assessed the correlation between cleaning processes and the prevention of HAIs and identified a 14.2% reduction in CDiff rates from the baseline to the final quarter for participating hospitals versus a 5.9% reduction in CDiff rates for non-participating hospitals.
- CC Team conducted six educational webinars and created/distributed best management practices (BMP) fact sheets.
- CC Team obtained quantifiable data to allow for a published article.

Qualitatively, we identified the following:

1. The collaborative process is an excellent tool for bringing together environmental services professionals and infection preventionists around common/shared goals.
2. Facility implementation of engineering controls and behavioral change procedures were a direct result of the Clean Collaborative educational process.
3. Through the systematic approach of the Clean Collaborative, opportunities for additional improvement came to light, such as the cleaning and validation of movable and durable medical equipment, emergency departments and nursing stations.

Hence, improving cleaning, disinfection, and the validation of such processes is critical to hospital success and patient safety. To help you and your teams achieve this goal, the Maryland Patient Safety Center (MPSC) has contracted with *CleanHealth Environmental* to lead Phase 2 of the Clean Collaborative initiative. This will provide your staff with both in-person and virtual opportunities to

convene with colleagues from other hospitals, learn from and share with one another, and work with a panel of experts to implement and measure best management practices for cleaning and disinfecting facility-wide surface areas.

All participating facilities must agree to utilize ATP technology for measurement. If a facility already utilizes ATP technology, we are able to accommodate data collection with that product. You will be asked what vendor you use (i.e., Hygiena, 3M, etc.). If, however, a facility does not utilize ATP technology it must agree to do so, in order to participate. Thanks to the generosity of the Clean Collaborative sponsor, ACME Paper and Supply, all those needing cleaning validation technology and data collection software may receive it at no cost to the facility. At the conclusion of the collaborative the facility may keep the device. Facilities that receive a device will be responsible, however, for the purchase of swabs each month during the year-long initiative through ACME Paper and Supply. See rental agreement terms enclosed.

Phase 1 participants are encouraged to continue into Phase 2, which is building upon our lessons learned during Phase 1. We will continue the focus on the patient rooms, and also concentrate on additional areas of the facility including the emergency departments, nursing stations and durable medical equipment. Other healthcare facilities, which did not participate in Phase 1 are also welcome to join! This is a stand-alone collaborative. Participation in Phase 1 is not a prerequisite for Phase 2.

Attached with this letter is more information about the initiative, including participation requirements and an application. We think you'll find that the initiative has been designed to be efficient and focused, so that the time your team invests is well-rewarded by measurable improvements.

Due to the expense of the Cleaning Validation Technology, facility participation is limited. We look forward to receiving your application by COB December 29, 2017 so we can work together to provide better care for the people we all serve.

Sincerely,

Robert Imhoff
President & CEO
Maryland Patient Safety Center

Participation Agreement
Maryland Patient Safety Center Clean Collaborative Phase 2
Please Return this Signed Form

Collaborative Goal:

For all Clean Collaborative participants to achieve a minimum of 10% improvement in cleanliness as measured by an ATP Validation Technology system. Cleaning and disinfection can save lives and prevent healthcare-associated infections (HAIs) and hospital admissions and readmissions.

Expectations:

Participation in Collaborative events, data collection, and sharing opportunities. Adoption of the standard collaborative measurement approach. Oversight and implementation support provided by a multidisciplinary team, with a designated team leader. Facilities may consider rotating team leads over the course of the project.

Confirmation of Acceptance of ATP Validation Technology:

Collaborative participants may be provided an ATP instrument and software from Clean Collaborative sponsor, ACME, at no cost to the facility upon agreement of the following:

Note: Facilities may opt to use their previously owned ATP instrument for Phase 2 and forego receipt of an ATP instrument from ACME.

- Participation in all collaborative activities, as possible.
- Attend onsite training regarding use of the equipment and software provided by ACME (if needed).
- Only those facilities receiving an ATP device from ACME-Purchase ATP swabs from ACME, the sole local product distributer, at a discounted rate per the agreed upon and executed ATP Equipment Acquisition Agreement (attached).
- Facility participation in the Collaborative, in full, in order to retain the ACME provided ATP System.
    - Facilities that fulfill the Clean Collaborative requirements through completion will be able to retain the ATP equipment after the Collaborative has ended.
    - Should a facility discontinue participation in the Collaborative for any reason, all ATP equipment and software provided by ACME in this Phase shall be returned to the ACME within 6 weeks of termination from the Collaborative. In addition, the facility will be responsible for a $500.00 contract termination fee, due to depreciation and refurbishment costs.

Confirmation of Collaborative Data Requirements:

Prior to entry of data, facilities confirm use of the standard measurement approach for the ATP technology:

- Validation by trained staff of sample collection and data input processes.
- Sample collection and data entry of a minimum of 100 surface area locations for hospitals and a minimum of 25 strips for Ambulatory Care Facilities, per month, over the course of the year, as specified by the Clean Collaborative. Data are submitted by the 10th of the following month. For example, March data is due by April 10.
- Applying the standard sample collection protocol to all defined surface area locations.

Confirmation of Maryland Patient Safety Center Clean Collaborative Phase 2 Requirements, *Continued*

- Data submission will continue through the anticipated conclusion of the formal collaborative, January 31, 2019.

Confirmation of Trained Staff Definition

Trained Staff must be a staff member or volunteer who is able to measure cleanliness using the ATP technology. The Trained Staff's task is to measure cleanliness in a manner that is not obvious to other staff at the time of the observation. Trained Staff must be trained to fully understand the specific procedures of the sample collection and data entry processes. Such training will be provided by the MPSC via onsite meetings and webinars, which Trained Staff will be required to attend.

It is suggested that the facility consider several job categories when selecting the Trained Staff such infection preventionists, green team members, facilities staff, dietary staff, light duty staff, volunteers, transporters, and pastoral care, among others.

Online Resources

Website, Maryland Patient Safety Center, Clean Collaborative
http://www.marylandpatientsafety.org/CleanCollaborative.aspx

Confirmation Statement

_____ (Facility) is pleased to confirm that we agree to the participation requirements of the Maryland Patient Safety Center Clean Collaborative.

_____	_____	_____
Chief Executive Officer Signature	Print Name	Date
_____	_____	_____
Clean Collaborative Lead Signature	Print Name	Date

Please return the completed and signed scanned form to:
bdipietro@marylandpatientsafety.org

Clean Collaborative

Collaboration Requirements and Transparency

To have the greatest impact on infection prevention related to cleaning and disinfecting health care surface areas, facilities must work collaboratively. Participants are expected to attend educational sessions (both in-person and electronically) and share successes, challenges, experiences, and ideas during all facilitated events. The Clean Collaborative requires senior staff from the Environmental Services Departments to participate. Additionally, the Clean Collaborative recommends that senior staff from Infection Prevention participate; or provide a suitable alternative for conducting validation processes (described below).

To foster peer-to-peer learning, the following will be **tracked at the facility-level and shared across all teams and team members in the cohort.**

- Attendance at Clean Collaborative Summits (in-person meetings)
    - First meeting is January 12, 2018 and will include training on the use of validation technology if provided by ACME.
    - Second meeting will be in July 2018. Specific date to be determined.
- Attendance on calls and webinars which will be bi-monthly from February 2018 to March 2019.
    - Appropriate staff in attendance
- Submission status of the following items:
    - Facility implementation
    - Monthly validation data, starting February 2018 and continuing for one year
- Content and data from the following required items:
    - Facility implementation plan
    - Cleaning and disinfection validation data (outcome data)

Implementation Components

Each participating facility will be required to implement cleaning validation processes as a means to quantify facility cleanliness. Each facility will be asked to utilize the ATP technology on a monthly basis in defined locations across the facility, as specified by the Clean Collaborative, and enter the collected data in the ATP-provided software program.

The Maryland Patient Safety Center may provide each facility that participates in the Clean Collaborative with an ATP Monitoring Validation System including the ATP Instrument and the ATP Data Collection Software, in collaboration with the Clean Collaborative sole sponsor ACME Paper & Supply (ACME). The sole sponsor will provide the ATP Instrument and software to those who need a device at no cost. Retail cost of this package is approximately $2,000.00. Each facility participating in the Clean Collaborative will be responsible for purchasing the ATP sampling test strips required for collecting samples. If the facility receives a device from ACME, they must agree to purchase swabs from AMCE at a reduced rate. A minimum of 100 strips for hospital and a minimum of 25 strips for Ambulatory Care Facilities will be required, per month, over the course of the year.

Organizational-level progress on implementation of these components, as well as data trends for measures tracked within each component, will be shared with all participants to promote peer-to-peer learning. Specific expectations of participants are outlined in the table below:

Core Component	Purpose	Expectation
1. *Participant Questionnaire*	Baseline data	***Complete questionnaire*** about current cleaning and validation practices, procedures, technologies, and staffing.
2. *Validation Technology*	Consistency	***Complete training*** to understand and utilize ATP technology, provided by the Clean Collaborative, as described above.
		Procure supplemental validation/sampling test strips as necessary to complete sampling, as described above.
3. *Mobilization of Resources* (e.g., environmental services, infection prevention)	Consistency in cleaning and measuring cleanliness	***Assemble robust team*** of professionals to attend meetings and webinars, collect validation sampling and input data.
4. *Coordination of Validation*	Consistent data	***Have team lead*** to coordinate and ensure consistency

ATP EQUIPMENT ACQUISITION AGREEMENT - ASCs

THIS ATP EQUIPMENT ACQUISITION AGREEMENT ("Agreement") is entered into by and between Business Name ("Lessee"), whose address is [*insert* Street Name, City, State] _____, _____ and ACME PAPER AND SUPPLY CO, ("Lessor"), whose address is _____, and is made effective on the date set forth in the terms of this Agreement.

Lessor desires to lease to Lessee, and Lessee desires to lease from Lessor, certain tangible property at certain terms and conditions as specified in this document. Lessee is entering into this agreement due to Lessee's agreed participation in the Maryland Patient Safety Center (MPSC) Clean Collaborative.

IT IS AGREED:

1. **Description of Property**
   Lessor hereby leases to Lessee, and Lessee hereby leases from Lessor, on the terms and conditions as specified in this document, the following Equipment:
   QTY 1 system (Part No.SS3H) [*insert* Serial #] _____, **1 year manufacturer's warranty, SureTrend advanced software, support/implementation documentation, initial comprehensive training, on call and onsite (when available) ongoing support, and access to the training videos.**
2. **Disclaimer of Warranties**
   Lessor will provide one (1) year warranty for Equipment at no additional cost from the date set forth in this Agreement. Any manufacturer's defect will be repaired or replaced at no cost within warranty term length. Lessee will be responsible for freight costs to deliver Equipment to Lessor for repair or replacement. Temporary loaner equipment would be provided by Lessor at no cost.
3. **Purchase Terms**
   Lessee agrees to purchase minimum of 1 box (100 devices each) of Ultra Snap every 4 months for the duration of 12 months from the date set forth in this Agreement, at the price of $285.00 per box excluding tax (when applied) and freight. Freight charges are added to each order. Swabs orders should be placed quarterly. Please note that the shelf life of the swabs is 12 months refrigerated or 4 weeks at room temperature. For complete details please refer to the product kit insert. During this term, payment shall be timely and complete in order for Lessee account to remain in good financial standing. Any default in payment shall be subject to terms as specified in *Section 5 – Default Terms* below.
4. **Ownership Terms**
   Upon completion of Purchase Terms as specified in *Section 3 – Purchase Terms* above, Lessee will assume ownership of Equipment described in *Section 1 – Description of Property* above.
5. **Default Terms**
   In the event Lessee fails to comply with purchase terms as described in *Section 3 – Purchase Terms*, Lessee will assume responsibility for the following remedies:
   A. Lessee will be obligated to promptly return Equipment described in *Section 1 – Description of Property* to Lessor.
   B. Lessee will incur a $500.00 contract termination fee.
6. **Effective Date**
   This Agreement will begin on [*insert]* date, ___ day, _____ month, _____ year.

By signature below, terms and conditions of this agreement are dually accepted

Lessee President, CEO, or Director of Purchasing	Lessor Authorized Representative
Signature:_____	Signature:_____
Name:_____	Name:_____
Date: _____ PO#_____	Date: _____