HOSPITAL SUPPORT SERVICES: GOVERNANCE & CULTURE

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email library@monashhealth.org for a list of the articles you require.

TOPIC

Governance and culture of hospital support services in Australia, including:

- Reporting lines, portfolio/executive voice, influence.
- Governance models.
- Digitisation and quality improvement initiatives e.g. workflows, task allocation.

Support Services includes environmental services, patient services assistants, portering, food services, and may include the security team.

RESULTS

ONLINE RESOURCES (GREY LITERATURE)

VICTORIAN GOVT GUIDANCE

The following standards and reports were published by the Victorian Department of Health.

Nutrition and food quality standards for Victorian hospitals and aged care (Adult) (2022) Link

- See p. 9 for outline of governance – incl. multidisciplinary steering committee with stakeholder representation – and quality assurance standards.
- See also *Food Service Systems* (p. 11); *Workforce* (pp. 12-13); and *Standards* (pp. 26-32).

Nutrition and quality food standards for paediatric patients in Victorian hospitals (Paediatric) (2022) Link

- See p. 12 for *Standards* including 'Continuous Quality Improvement' (covers Governance).
- See p. 78 on *Tools for menu revision*, to assist with audits for governance, compliance, and quality improvement.

Review of food standards in Victorian public hospitals and residential aged care services (2021) Link

- Provides 10 recommendations (pp. 10-20) with rationale/evidence from the review.
- Recommendations cover areas such as food service systems (p. 15) and workforce (p. 17).

INTERSTATE GOVT & INDUSTRY RESOURCES

Queensland Health. (2023). **Foodservice best practice** [Guideline]. Link.

- See p. 1 – requirement for governance system including a multidisciplinary committee.

- See also *Food Service Systems* (pp. 2-3) and *Quality and Safety* (pp. 3-5).

Tasmanian Dept of Health. (2022). **Digital Health Transformation–Improving Patient Outcomes.** Link.

- See p. 35 – outlines 'Current Experience', 'Required Transformation', and 'Digital Futures' for *Operational and Support Services Staff* in Tasmanian hospitals.

HealthShare NSW. (2021). **Task Allocation System launched at Royal North Shore Hospital**. Link.

- Pilot of software system which allows more efficient allocation of cleaning and portering tasks. Includes mobile messaging function and mobile tap on-tap off for frontline staff.

HealthShare NSW. (n.d.). **Food and Patient Support Services – My Food Choice**. Link.

- 'My Food Choice' introduced in 2017, using technology to reduce time between ordering and meal service, and offer increased menu options.

REPORTING LINES & PORTFOLIOS – ORG CHARTS

Organisational charts for selected Victorian public health services are linked below.

- Alfred Health (p. 96) – Director of Non-Clinical Support Services & Site Coordination reports to Chief Nursing Officer.
- Austin Health – Support Services reports to Chief Information & Services Officer.
- Barwon Health – Director of Environmental & Food Services reports to Chief Financial Officer (CFO).
- Bendigo Health (p. 15, blurry image) – Facilities Management reports to CFO.
- Eastern Health – Support Services reports to Exec Dir Infrastructure and Support Services.
- Northern Health – Director of Financial and Support Services sits under Community Hospitals Division.
- Peninsula Health – Support Services reports to CFO.
- Royal Melbourne Hospital (p. 8) – Facilities Management reports to Chief Corporate Officer.
- Western Health – Director of Health Support Services reports to Deputy Chief Operating Officer.

CONFERENCE ABSTRACTS

The following studies have been published as abstracts only; no full-text is available.

C. Matthews. (2021). **Implementation of a food service ambassador model in an Australian private hospital**. *South African Journal of Clinical Nutrition*, *34*(3), 46. View abstract (p. 49).
Food service ambassadors reduced the overall amount of patient contact time, suggesting increased efficiency due to contact with consistent food service staff and restructure of workflows.

K. Smith, et al. (2018). **Introduction of enhanced infection prevention and environmental cleaning workshops for hospital cleaning staff**. *Infection, Disease and Health*, *23*(Supplement 1), S18. View abstract.
Cleaning staff from six hospitals around Australia were provided education by IP Clinical Nurse Specialists. Participants indicated an increased understanding of IP principles, a sense of value and empowerment, whilst managers report improved work practices and job satisfaction.

B. Brodie, et al. (2018). **The effectiveness of a dedicated cleaning team post discharge - A reduction of positive environments**. *Infection, Disease and Health*, *23*(Supplement 1), S9. View abstract.
At a Brisbane hospital, nurses historically had responsibility for cleaning beds after discharge. Patient Support Officers dedicated to discharge cleaning known as the Yellow Clean Team (YCT) commenced provision of uninterrupted, thorough discharge cleans.

K. Popkiss. (2016). **Linen facilities - What's under the sheets?** *Infection, Disease and Health*, *21*(3), 133-134. View abstract.
A WA Hospital audited a new linen provider against NSQHS Standard 3, identified areas which fell short of required standards, and implemented an action plan which increased compliance.

PEER-REVIEWED LITERATURE – MOST RECENT FIRST

Articles are grouped as follows:

- Environmental services
- Food services
- Security
- Patient services assistants

Each article summary contains excerpts from the abstract and an online link.

ENVIRONMENTAL SERVICES

N. M. White, et al. (2020). **Cost-effectiveness of an environmental cleaning bundle for reducing healthcare-associated infections**. *Clinical Infectious Diseases*, *70*(12), 2461-2468. Read full-text.
In 2016-2017, the Researching Effective Approaches to Cleaning in Hospitals (REACH) study implemented an environmental cleaning bundle targeting communication, staff training, improved cleaning technique, product use, and audit of frequent touch-point cleaning. This study evaluates the cost-effectiveness of the environmental cleaning bundle for reducing the incidence of HAIs. The trial was conducted in 11 hospitals from 6 Australian states and territories. RESULTS: Implementing the cleaning bundle cost AUD$349 000 and generated AUD$147 500 in cost savings. Infections prevented under the cleaning bundle returned a net monetary benefit of AUD$1.02 million and an incremental cost-effectiveness ratio of $4684 per QALY gained. There was an 86% chance that the bundle was cost-effective compared with existing hospital cleaning practices.

B. G. Mitchell, et al. (2020). **Evaluating bio-burden of frequently touched surfaces using Adenosine Triphosphate bioluminescence (ATP): results from the Researching Effective Approaches to Cleaning in Hospitals (REACH) trial**. *25*(3), 168-174. Read full-text.
The aim of this short research paper is to describe changes in the efficacy of post-discharge cleaning by examining the amount of bio-burden on frequent touch points (FTPs) in patient areas, using a validated Adenosine Triphosphate (ATP) bioluminescence sampling method. Changes in cleaning performance over time reflected variation in intervention effectiveness at the hospital level. Conclusion: Findings confirm improvement in cleaning in the FTPs in bedrooms, demonstrating improvements in discharge cleaning aligned with the improvements seen when using fluorescent marking technology as a marker of performance.

B. G. Mitchell, et al. (2018). **Changes in knowledge and attitudes of hospital environmental services staff: The Researching Effective Approaches to Cleaning in Hospitals (REACH) study**. *American Journal of Infection Control*, *46*(9), 980-985. Read full-text.
This article reports findings from a pre/post questionnaire embedded into the REACH study. The questionnaire explored the knowledge, reported practice, attitudes, roles, and perceived

organizational support of environmental services staff members in the hospitals participating in the REACH study. Result(s): Environmental services staff members in 11 participating hospitals completed 616 pre- and 307 post-test questionnaires (n = 923). Increases in knowledge and practice were seen between the pre-and post-test questionnaires. Minimal changes were observed in attitudes regarding the role of cleaning and in perceived organizational support.

B. G. Mitchell, et al. (2017). **Variation in hospital cleaning practice and process in Australian hospitals: A structured mapping exercise**. *Infection, Disease and Health*, *22*(4), 195-202. Read full-text.
The purpose of this paper is to highlight the range of cleaning practices and processes in 11 Australian hospitals and to discuss the challenges this variation poses to the implementation of clinical trials or changes to hospital cleaning practices. METHODS: A cross-sectional study design was used to determine cleaning practices and processes in hospitals participating in the 'Researching Effective Approaches to Cleaning in Hospitals' (REACH) study. RESULTS: Variations in the auditing process used to evaluate environmental cleanliness, cleaning practices, product use, training and communication pathways available to cleaning staff were identified. There was also variation in workforce structure and responsibilities for cleaning.

FOOD SERVICES

Kinsman, et al. (2024). **Taking a value based commissioning approach to non-clinical and clinical support services**. *Australian health review : a publication of the Australian Hospital Association*, *48*(9gc, 8214381), Read full-text.
Value based healthcare beyond the clinical domain is the focus of this case study. We share NSW Health's experiences in achieving value through a focus on outcomes in non-clinical and clinical support services using examples that demonstrate key aspects across the commissioning cycle. These include: the importance of stakeholder engagement in the planning phase to later success; the critical role of non-clinical services in patient experience; and the opportunity to facilitate value by introducing new approaches in business areas such as procurement.
See p. 156 for 'Designing Services' case study on Project CHEF by HealthShare NSW.

N. Cook, et al. (2023). **Applying the theoretical domains framework and behavior change wheel to inform interventions for food and food-related waste audits in hospital foodservices**. *Frontiers in Nutrition*, *10*(101642264), 1204980. Read full-text.
The aims of this study were to use behavior change theories and frameworks to (1) describe the drivers of behavior to complete food and food-related waste audits and (2) identify possible interventions that support the implementation and uptake of these audits. Methods: Purposive sampling was used to recruit participants from hospitals in Victoria, Australia who worked in their foodservice system. Results: Data from 20 interviews found the dominant TDF domains were psychological capability (knowledge, skills), physical opportunity (environmental context and resources), and reflective motivation (social/professional role and identity, beliefs about capabilities). These dominant domains come from narratives that participants shared about foodservice staffs' lack of knowledge, labor, time, and the hospital avoiding responsibility for audit completion. [*Corresponding intervention are discussed.*]

B. Neaves, et al. (2022). **Impact of room service on nutritional intake, plate and production waste, meal quality and patient satisfaction and meal costs: A single site pre-post evaluation**. *Nutrition & dietetics: the journal of the Dietitians Association of Australia*, *79*(2), 187-196. Read full-text.
This study aimed to compare nutritional intake, waste, patient satisfaction, meal costs and meal quality between a bought-in, thaw-retherm foodservice model and a cook-fresh, on-demand room

service model at a large tertiary public hospital. METHODS: A retrospective analysis of quality assurance data compared thaw-retherm to room service. RESULTS: Average energy and protein intake, as well as percentage requirements met, improved between thaw-retherm and room service. Reductions in plate waste (40% vs 15%) and production waste (15% vs 5.6%, P < .001) were observed and food costs decreased by 9% with room service. Meal quality audit results improved, and patient satisfaction increased with % respondents satisfied increasing from 75.0% to 89.8% for room service.

N. Cook, et al. (2022). **Factors influencing implementation of food and food-related waste audits in hospital foodservices**. *Frontiers in Nutrition*, *9*(101642264), 1062619. Read full-text.
This study aimed to identify the perspectives of staff involved in the operation of hospital foodservices on (1) how an evidenced based consensus pathway food waste audit tool is perceived to translate into practice, and (2) to determine the factors that influence the completion of food and food-related waste audits within this setting. Results: Three factors determined the completion of food and food-related waste audits in hospital foodservices, and each factor could be a barrier or an enabler; (1) capacity: the availability of time, labour and materials to complete an audit (2) change: staff resistance to audit procedures and how to gain their buy-in (3) processes, governance, and leadership: the opportunity for high level support, policy and structure to encourage waste audits if present.

S. Carino, et al. (2022). **Harnessing the pillars of institutions to drive environmentally sustainable hospital foodservices**. *Frontiers in Nutrition*, *9*(101642264), 905932. Read full-text.
For this qualitative inquiry study, interviews were conducted with 33 hospital staff from 3 business-as-usual hospitals in Melbourne, Australia and 21 hospital staff from 14 exemplar hospitals across 9 countries. Participants were asked questions about their perspectives on environmental sustainability in foodservices and the barriers, enablers and drivers they experienced. Findings: There was a clear and distinct difference in responses and behaviors within each pillar between the exemplar and business-as-usual hospitals. The normative pillar uncovered a supportive culture that encouraged change in exemplar hospitals whilst business-as-usual hospital staff felt disheartened by the difficult processes and lack of support.

S. McCray, et al. (2018). **Room Service Improves Nutritional Intake and Increases Patient Satisfaction While Decreasing Food Waste and Cost**. *Journal of the Academy of Nutrition and Dietetics*, *118*(2), 284-293. Read full-text..
In 2013, Mater Private Hospital Brisbane, Australia, was the first hospital in Australia to implement room service, with the aim of improving patient nutrition care and reducing costs. OBJECTIVE: The aim of this study was to comprehensively evaluate the nutritional intake, plate waste, patient satisfaction, and patient meal costs of room service compared to a traditional foodservice model. RESULTS: This study reported an increased nutritional intake, improved patient satisfaction, and reduced plate waste and patient meal costs with room service compared to a traditional foodservice model. CONCLUSIONS: A patient-centered foodservice model, such as room service, can improve patient nutritional intake and enhance patient satisfaction in a budget constrained health care environment.

SECURITY

J. A. Brown, et al. (2022). **Hospital security guard's well-being and repeated exposure to personal threats in the workplace: a qualitative study in an Australian hospital**. *International Journal of Workplace Health Management*, *15*(6), 728-744. Request full-text.
This study aimed to understand the effect of repeated exposure to personal threats on hospital

security guards' well-being. Practical implications: We recommend that the role of the hospital security guard in Code black situations is documented in policy and practice documents, and articulated in multidisciplinary aggression management training. There should be clear statements on the importance of strong communication and clinical leadership in code black situations. Hospital security guards should attend Mental Health First Aid training, which teaches on and off the job coping strategies. There is a need for debriefing and consideration should be given to supporting "time-out". Hospital security guards require education on infection control and the risks associated with blood and body fluids.

J. Davids, et al. (2021). **Exploring staff experiences: A case for redesigning the response to aggression and violence in the emergency department**. *International emergency nursing*, *57*(101472191), 101017. Read full-text.
This research examines the response of healthcare staff to aggression and violence in the ED, the supporting structures that manage a Code Black event and potential avenues for restructuring the response. METHODS: In 2019, we interviewed 20 staff and conducted a series of ethnographic observations in EDs across four hospitals in the Western Sydney Local Health District (WSLHD) in New South Wales (NSW), Australia. RESULTS: Our findings show that there are no guidelines for: assessing the risk of an agitated patient, best practice de-escalation techniques, when exactly to call a Code Black and the pre-determined allocation of staff roles for patient restraint.

PATIENT SERVICES ASSISTANTS

V. A. Kagonya, et al. (2023). **Characterising support and care assistants in formal hospital settings: a scoping review**. *Human resources for health*, *21*(1), 90. Read full-text..
The purpose of this study was to map and collate evidence of how care assistants are labelled, utilised, regulated, and managed in formal hospital settings as well as their impact on patient care. RESULTS: 73 records from a total of 15 countries [*Australia included*] were included in the final full-text review and synthesis. Clinical and organisational governance mechanisms vary substantially across the 15 countries. Licensure, regulatory mechanisms, and task-shifting policies are largely absent or not reported in these countries.

S. L. Bouchoucha, et al. (2022). **Environmental cleaning and infection prevention and control: The role of Patient Service Assistants**. *Infection, Disease and Health*, *27*(3), 136-141. Read full-text.
The aim in this study was to explore haematology Personal Service Assistants' experience, understanding and perceptions of their role in improving patient safety through environmental cleaning. Patient Service Assistants emphasised the importance of their involvement in keeping the ward clean, including patients' rooms and surroundings, to prevent cross infection. Most participants underlined the dilemmas they faced when visitors and/or informal cleaning employees or casual ward staff did not adhere to ward infection prevention and control norms.

APPENDIX

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by librarians using Covidence.

SEARCH LIMITS

- English-language
- Published within the last 10 years (2014 – 2024)

DATABASES SEARCHED

- Medline – index of peer-reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- Cochrane Library – collection of databases containing high-quality independent evidence.
- APA PsycINFO – index of peer-reviewed literature covering behavioural and social sciences.
- Australian Public Affairs Full Text via Informit – database of social sciences and humanities.
- Scopus – database of scientific, technical, medical and social sciences literature.
- Business Source Complete – scholarly business and economics database.
- Grey literature – Google, Google Scholar, Trip database.

SEARCH TERMS

Concept	MeSH headings	Keywords
Hospitals or healthcare facilities	Academic Medical Centers/, Health Facility Administration/, Health Facility Environment/, Hospital Units/, Hospitals/ Health Facilities/	Hospital(s) or medical centre(s) or medical center(s) or health(care) facility(ies) or health care facility(ies) or health(care) centre(s) or health care centre(s) or health(care) center(s) or health care center(s) or ward or wards or acute care facility(ies).
Support services	Food Service, Hospital/, Housekeeping, Hospital/, Laundry Service, Hospital/, "Maintenance and Engineering, Hospital"/, Security Measures/, "Transportation of Patients"/	Kitchen(s) or porter(s) or security or laundry or linen(s) or housekeeping or house-keeping or food services or catering service(s) or facility(ies) management or care assistant(s). Food + department(s) or division(s) or unit or subdivision(s) or team(s). Cleaning or janitorial + service(s) or staff or personnel or team(s) or department(s) or division(s) or subdivision(s). Environmental service(s) or environmental cleaning service(s). Support services. Patient or personal + service(s) assistant(s). PSA. Environmental cleaning + department(s) or division(s) or unit(s) or subdivision(s) or staff or personnel or team or program(me/s) or employee(s).

Governance, reporting lines, workflow, quality improvement, or related.	"Organization and Administration"/, Clinical Governance/, Decision Making, Organizational/, Health Facility Administration/, Hospital Administration/, Leadership/, Efficiency/, Efficiency, Organizational/, Governing Board/, Models, Organizational/, Organizational Culture/, Organizational Innovation/, Organizational Objectives/, Workforce/, Health Workforce/, Institutional Management Teams/, Quality Improvement/, Total Quality Management/	Reporting + line(s) or structure(s). Line reporting. Management or operation(s/ally) or institution(s) or department(s) + model(s) or structure(s) or framework(s) or culture(s) or cultural(ly). Chain(s) of command. Portfolio(s) or leadership or governance. Operation(s/all) or organis(z)ation(s/ally) or management(ing) or performance or institution(s) + responsible or responsibility(ies) or accountable(ility) or oversight or authority. Quality or service(s) + improve(ment/ing) or assurance(s) or management. Workflow or efficient(cy/ies). Task(s) or work(flow) or role(s) + allocate(d/ing) or assign(ed/ment) or distribute(ion). Digitis(z)e(d) or digitis(z)ation or digitis(z)ing or innovate(ion/ting) or restructure(d/ing) or reorganis(z)e(d/ing) or re-organi s(z)e(d/ing) or redesign(ed/ing) or transform(ed/ing/ation). Strategy(ic) + plan(s/ing).
Australian or New Zealand setting	Australia/, New Zealand/	Australia(n) or Victoria(n) or Vic or Melbourne or New South Wales or NSW or Sydney or Queensland or QLD or Brisbane or Northern Territory or NT or Darwin or Western Australia(n) or WA or Perth or South Australia(n) or SA or Adelaide or Tasmania(n) or TAS or Hobart or Australian Capital Territory or Canberra or Gold Coast or Cairns or Newscastle or Woollongong or Geelong or Townsville or Ballarat or Toowoomba or Sunshine Coast or Bendigo or Launceston or Rockhampton or Bunbury or Mackay or Bundaberg. New Zealand(er) or Auckland or Wellington or New Plymouth or Nelson or Canterbury or Otago.

MEDLINE SEARCH STRATEGY

Ovid MEDLINE(R) ALL <1946 to May 10, 2024>

1 exp Academic Medical Centers/ or exp Health Facility Administration/ or exp Health Facility Environment/ or exp Hospital Units/ or exp Hospitals/ or Health Facilities/ 756095
2 (hospital* or medical centre* or medical center* or health* facilit* or health care facilit* or health* centre* or health care centre* or health* center* or health care center* or ward or wards or acute care facilit*).ti,ab,kf. 1889787
3 1 or 2 2261563
4 Food Service, Hospital/ or Housekeeping, Hospital/ or Laundry Service, Hospital/ or "Maintenance and Engineering, Hospital"/ 12151
5 Security Measures/ 6502
6 "Transportation of Patients"/ and (porter or porters or intrahospital or intra-hospital or intrafacility or intra-facility).mp. 122
7 (kitchen* or porter* or security or laundry or linen* or housekeeping or house-keeping or food services or catering service* or facilit* manage* or care assistant*).mp. 128466
8 (food* adj5 (department* or division* or unit or subdivision* or team*)).ti,ab,kf. 2135

9 ((cleaning or janitorial) adj5 (service* or staff or personnel or team* or department* or division* or subdivision*)).ti,ab,kf. 809
10 (environmental service* or environmental cleaning service*).ti,ab,kf. 587
11 (support services adj3 (department* or division* or unit* or subdivision* or staff or personnel or team* or program* or employee*)).mp. 267
12 support services.ti. 801
13 ((patient or personal) adj service* assistant*).mp. 3
14 PSA.ti,ab,kf. 44777
15 (environmental cleaning adj3 (department* or division* or unit* or subdivision* or staff or personnel or team or program* or employee*)).ti,ab,kf. 28
16 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 185053
17 "Organization and Administration"/ or Clinical Governance/ or Decision Making, Organizational/ or Health Facility Administration/ or Hospital Administration/ or Leadership/ or Efficiency/ or Efficiency, Organizational/ or Governing Board/ or Models, Organizational/ or Organizational Culture/ or Organizational Innovation/ or Organizational Objectives/ or Workforce/ or Health Workforce/ or Institutional Management Teams/ 277218
18 (reporting adj (line* or structure*)).mp. 261
19 line reporting.mp. 33
20 ((management or operation* or institution* or department*) adj5 (model* or structure* or framework* or culture* or cultural*)).ti,ab,kf. 47556
21 ("chain* of command" or portfolio* or leadership or governance).ti,ab,kf. 83862
22 ((operation* or organi?ation* or manag* or performance or institution*) adj5 (responsib* or accountab* or oversight or authority)).ti,ab,kf. 17195
23 *Quality Improvement/ or *Total Quality Management/ 24194
24 ((quality or service*) adj (improv* or assurance* or management)).ti,ab,kf. 100377
25 (workflow* or efficien*).mp. 1433909
26 ((task* or work* or role*) adj2 (allocat* or assign* or distribut*)).mp. 8327
27 (digiti?e* or digiti?ation or digiti?ing or innovat* or restructur* or reorgani* or re-organi* or redesign* or transform*).ti,ab,kf. 951548
28 (strateg* adj3 plan*).mp. 21393
29 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 2704016
30 exp Australia/ or New Zealand/ 213302
31 (Australia* or Victoria* or Vic or Melbourne or New South Wales or NSW or Sydney or Queensland or QLD or Brisbane or Northern Territory or NT or Darwin or Western Australia* or WA or Perth or South Australia* or SA or Adelaide or Tasmania* or TAS or Hobart or Australian Capital Territory or Canberra or gold coast or cairns or newscastle or woollongong or geelong or townsville or ballarat or toowoomba or sunshine coast or bendigo or launceston or rockhampton or bunbury or mackay or bundaberg).mp. 390278
32 (New Zealand* or Auckland or Wellington or New Plymouth or Nelson or Canterbury or Otago).mp. 89970
33 30 or 31 or 32 460962
34 3 and 16 and 29 and 33 167
35 limit 34 to english language 165
36 limit 35 to yr="2014 -Current" 71

PRISMA CHART