

II. Baseline assessment of policies and practices

Key points

- Conduct a baseline assessment of policies and practices related to mercury
- Assess the hospital resources related to mercury or other areas where there might be synergies (e.g. glutaraldehyde elimination, integrated pest management, etc.)
- Consider policies, practices, spill response procedures, green teams, safety committees, EPP efforts, et cetera
- Identify roles in handling & managing mercury

Toolkit resource for this Activity

- Worksheet: Walk-through interviews and assessment (Appendix II-1)
- Sample mercury policies for hospitals (Appendix II-2)
- Sample summary report (Appendix II-4) – *to be added*
- Sample database record (Appendix II-5) – *to be added*
- List of national and local regulations and policies - Ecuador (Appendix II-6) – *to be added*
- List of national and local regulations and policies - Mexico (Appendix II-7) – *to be added*

The “baseline assessment” examines and records the policies or practices in your facility related to mercury at this point in time. It can include, for example, purchasing policies, spill clean-up procedures, what mercury products are used in each department and how they are used, whether mercury devices are sent home with patients, and whether alternative mercury-free products have been tried or are in use.

The baseline assessment serves multiple purposes:

- identifies existing policies/practices that can be built upon
- establishes a ground level from which subsequent progress (or non-progress) can be tracked
- facilitates periodic assessment of the effectiveness of the improvement activities
- provides for positive feedback when new levels are achieved
- shows whether the issues identified in the original baseline still exist
- allows one to see if new issues have emerged that need to be addressed
- allows self-assessment of progress

How to conduct the assessment

The assessment is done by interviewing people in the hospital who are knowledgeable about policies and practices related to mercury. Policies and practices may be written down or they may be informal, such as verbal training on how to clean up a broken thermometer. Appendix II includes sample written policies

from other hospitals; these samples can help an interviewer know what to look for as they are starting out. It may be more difficult to tease out the unwritten practices, which become so natural that a worker may not think of them when you ask. General questions are likely to reveal the practices, such as:

- Do you use any products that contain mercury? How do these products get selected and procured?
- Do the mercury products ever break? How are the pieces cleaned up?
- Do you have spill kits?
- What is done with the waste mercury from the broken device? Is it wrapped up or put in a container? Can you show me? Who is it given to for disposal?
- Does the same procedure get followed if something breaks at night or during the weekend (off-shift)?
- Who else cleans up or handles mercury? Do they do it the same way?
- Is there anyone else I should talk to about mercury handling in this department?

A key element of the interviews is that the interviewee and his/her department is not blamed or punished for what they say about how mercury is handled. The answers may reveal an urgent need for improving the practices and that is part of the process. It is important to remember that the assessment provides the baseline for improvement and a trusting relationship is essential for an effective and sustainable mercury reduction effort.

In addition to interviewing administrators, this evaluation will include interviews of procurement staff, front line workers, custodians, and others who have a direct link to the use of mercury. Members of the Mercury Reduction Leadership Team can help identify key interviewees and if appropriate, help with scheduling interviews. The tool “*Walk-Through Interviews and Assessment*” (Appendix II-1) is designed to capture the information from an interview that asks about written or informal procedures/practices, mercury-containing equipment, and mercury in labs and non-clinical areas.

There are several points worth noting:

- Typically, one worksheet is used for a single department or interviewee.
- The most important step is getting into the working areas of the hospital (clinical areas, labs, procurement office, environmental services, maintenance areas, waste storage) and working with the person in charge or their designee.
- The worksheet is designed to be used with a clipboard, allowing for information to be gathered during a hospital walk-through. Being out in the work area will provide a better understanding of the circumstances in which mercury products are used.
- Interviews can be conducted in a single, focused sweep or in shorter visits over the course of several days.
- There is nothing sacred about the form – notes can be written in the margins, on the backside, or on additional sheets of paper. If your interviews suggest additional questions that should be asked, ask them!
- You may find that no policies or documented practices, such as mercury clean up procedures, exist. Don't feel that this is a failure in any way. The assessment is not a judgment, it is merely a written description of what the hospital does at this point in time.

Follow up to the walk-through assessment

After completing the interview(s), the findings should be summarized promptly to ensure that the key points are recorded and clearly stated. The summary report becomes the baseline for prioritizing improvement activities and for measuring future progress. A sample summary report is shown in Appendix II-4 (*to be added*).

The worksheets (notes) from individual departments should also be maintained on file the by the leadership team. These notes can serve as a useful resource in future months.