



# A Check Beyond the Clean You See



The 3M™ Clean-Trace™ ATP System helps address the problem of healthcare associated infections (HAIs) by detecting the presence of organic contamination you cannot see. A surface may look clean, but that's no guarantee. In 30 seconds, the 3M™ Clean-Trace™ ATP System rapid hygiene test allows you to assess and measure cleanliness—as well as validate the efficacy of your cleaning protocols and performance. Easy and reliable, the 3M™ Clean-Trace™ ATP System is a quality assurance tool that can benefit hospitals, clinics, surgical centers, and nursing facilities.

# 3M™ Clean-Trace™ ATP System—frontline help in preventing healthcare associated infections

## An increasingly serious problem

Apart from the human cost—potential pain, suffering, and loss of life—healthcare associated infections (HAIs) are expensive in economic terms. They add thousands of dollars to patient care. CDC puts the cost at \$16,000 per infected patient.<sup>1</sup>

As organisms become increasingly difficult to combat—such as methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus* (VRE)—the situation can worsen. In addition to being resistant to antibiotics, these organisms persist in the environment, particularly on high-touch surfaces, and are readily transferred by hands and gloves.<sup>2</sup> Median attributable cost of the estimated 126,000 annual cases of healthcare acquired MRSA alone now exceeds \$27,000 per case.<sup>3</sup> With reimbursement for preventable infections disappearing, healthcare providers face formidable challenges!

## Clean is the key

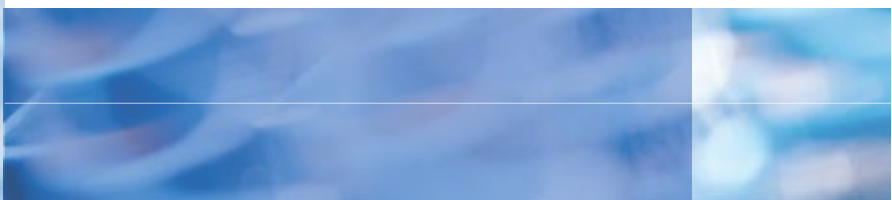
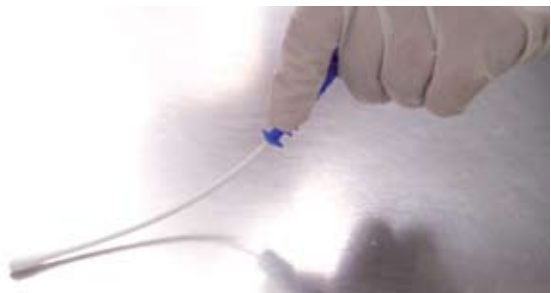
Environmental cleanliness is an important component of an effective infection prevention program. Given the gravity of HAIs and the increasing numbers of states requiring mandatory reporting, preventing HAIs is a high priority.

## How clean is clean enough?

Visual inspection alone cannot determine when and where contaminants are lurking, nor does it answer the most basic question, “How clean is it?” Visual inspection does not produce reliable, quantifiable, or truly actionable data.

That’s why the 3M™ Clean-Trace™ ATP System is so indispensable. One quick swab of a high-touch surface and the 3M™ Clean-Trace™ ATP System provides rapid, objective measurement that accurately quantifies surface hygiene. This is powerful information! It also captures and stores test data, enabling it to be analyzed and trended—another valuable quality assurance tool.

Quantifying  
surface hygiene  
is powerful  
information





# Data.

# Quick, accurate, & reliable

## See cleaning in a whole new light

The utility of the 3M™ Clean-Trace™ ATP System has dramatic implications for healthcare providers and the personnel managing the charge against HAIs.

Benefits include:

### Monitor and evaluate

- Providing a valid, quantifiable methodology for monitoring and evaluating cleanliness

### Help improve and verify

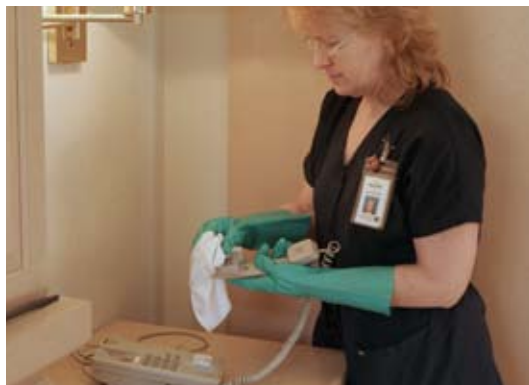
- Enhancing cleaning practices/procedures or verifying the efficacy of current methods

### Swab, click, and measure

- Results available in 30 seconds allowing you to assess the hygienic status of high-touch areas

### Train and instruct

- Providing a training tool to show how to clean better and more thoroughly



## It's as easy as... 1, 2, 3



1. Swab



2. Click



3. Measure

## How the 3M™ Clean-Trace™ ATP System works

The 3M™ Clean-Trace™ ATP System utilizes adenosine triphosphate (ATP) bioluminescence to measure organic matter on small surface areas. Organic material contains ATP which emits light when combined with compounds in the 3M™ Clean-Trace™ Surface ATP swab. Invisible to the eye, this light is easily measured by the 3M™ Clean-Trace™ NG Luminometer.

Surfaces or objects are swabbed with a 3M™ Clean-Trace™ Surface ATP swab which is placed into the 3M™ Clean-Trace™ NG Luminometer to measure the amount of ATP present. The measurement gives an estimated level of cleanliness for the test object. Results can then be compared to pre-determined pass/fail levels.



# Cleaning solutions for healthcare



## Powerful tools for cleanliness and infection control

3M continues to enhance its S.M.A.R.T. Program by introducing new products and technologies—like the 3M™ Clean-Trace™ ATP System—to its breadth of cleaning products. The 3M™ S.M.A.R.T. Program embraces a strategy for developing best practices through a customized integration of these innovative 3M products and systems. The result is consistent products and procedures, training, and quality assurance programs that are consistent with favorable outcomes.

### Training

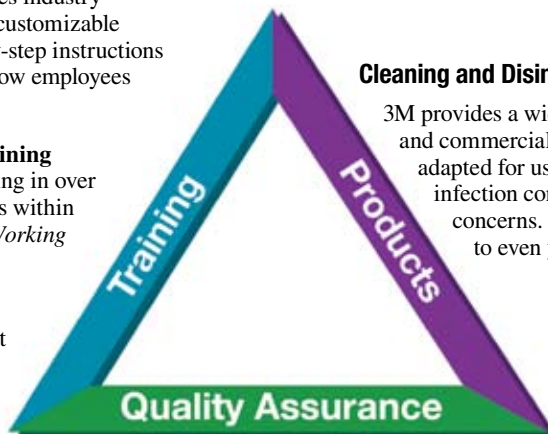
**3M™ S.M.A.R.T. Procedure Wizard** uses industry standards to train employees in over 150 customizable household procedures. It provides step-by-step instructions with photos and concise language that allow employees to quickly learn and remember.

**3M™ S.M.A.R.T. Computer-Based Training** provides employees with self-paced training in over 23 customizable modules and assessments within units focusing on *Infection Control* and *Working with Chemicals*.

**3M™ S.M.A.R.T. Videos** include comprehensive training on common, must know cleaning and maintenance tasks.

### Cleaning and Disinfecting Products

3M provides a wide range of cleaning products for building and commercial applications. Many are especially adapted for use in healthcare environments where infection control and compliance are on-going concerns. 3M stands ready to help find answers to even your most difficult cleaning.



### Quality Assurance

**3M™ S.M.A.R.T. QA Program** helps conduct inspections and provides precise data on performance you want to measure. It enables you to verify Computer-Based Training progress and application of Procedure Wizard best practices.

**3M™ Clean-Trace™ ATP System** output insures quality by providing immediate feedback on how well cleaning procedures have been followed. Both visual and objective monitoring help you validate cleaning effectiveness.



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<sup>1</sup> The Plexus Institute Newsletter, Winter 2006, The MRSA Issue. Page 4

<sup>2</sup> Hayden et al, ICHE, February 2008, Vol. 29, No. 2

<sup>3</sup> Abramson et al, ICHE 1999; 20:408-11