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# Result-based cleaning and how it can be applied in practice



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Published: May 2026

Published in English

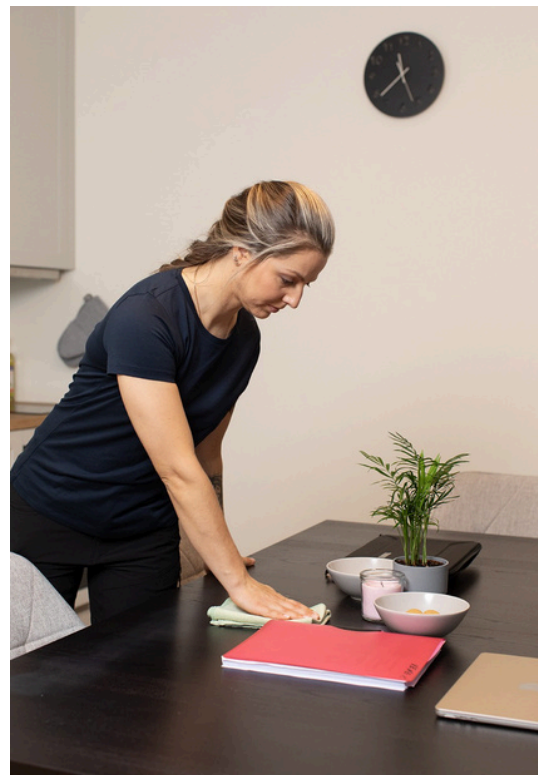
KA220-VET - Cooperation partnerships in vocational education and training (KA220-VET), Round 2025



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# What does result-based cleaning mean?

When planning a cleaning service for a facility, there is always a need in the background. The need depends on the purpose use of the space, its occupancy rate, the users, and the condition of the space's surfaces. The need for cleaning also answers the question of why the space is being cleaned. The goal can be, for example, to maintain the comfort and visual cleanliness of the space, improve indoor air quality, break the chain of infection transmission, ensure safe use of the spaces and / or extend the service life of surface materials.



Traditionally, spaces have been cleaned according to work instructions. The instructions describe which surfaces and objects are cleaned in different spaces, which methods are used and how often the spaces are cleaned. The instruction for daily cleaning tasks can involve, for example,

- “Wipe desks, tables, and frequently touched surfaces (phones, door handles, light switches)”
- “Vacuum carpets and damp mop hard floors”.

The result of cleaning is assessed on the basis of whether the spaces have been cleaned in accordance with these work instructions regardless of e.g. the use of the spaces or weather conditions. The KPI, key performance indicator, is the completion of the tasks.

In this report, we refer to cleaning according to work instructions as activity-based cleaning, and define it as follows:

Activity-based cleaning is a cleaning model where predefined tasks are performed according to a fixed schedule, regardless of actual room usage or cleanliness. The focus is on completing the specified activities—often guided by work instructions—rather than responding to needs or measuring outcomes.

### **Examples of activity-based cleaning:**

- Cleaning office rooms at fixed times using predetermined tools, detergents, and methods, even if the space was barely used.
- Washing floors every day because the work instruction says so, not because the floor is dirty.



The weakness of activity-based cleaning is that it involves neither the goal of cleaning, cleanliness, nor the need for cleaning. It may happen that the spaces are cleaned in accordance with the work instructions, but the surfaces are not clean after cleaning. Monitoring cleaning frequencies as the sole method of quality assessment does not provide an accurate picture of the outcome of the work if the cleaning does not achieve the required level of cleanliness. In such cases, adjusting the cleaning frequencies is not the appropriate solution for correcting quality deficiencies. If inefficient activities are performed more frequently, results will not improve.

**Result-based cleaning**, also referred to as outcome-based cleaning, represents a shift away from task completion toward the achievement of defined cleanliness outcomes. The focus shifts from “what tasks were done” to “what level of cleanliness was achieved”.

Result-based cleaning services are evaluated and managed based on measurable results, such as cleanliness standards, cleanliness and hygiene indicators, and user satisfaction, rather than hours worked or tasks completed.

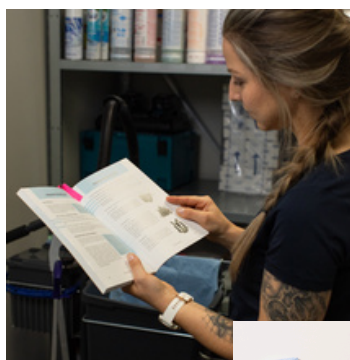
In this report, we define result-based cleaning as follows:

Result-based cleaning is a cleaning model where success is defined by achieving measurable cleanliness and hygiene outcomes. The focus is on whether the agreed result is met—verified through methods such as cleanliness and hygiene tests and user feedback—regardless of how or how often the cleaning actions are performed.



## Examples of result-based cleaning:

- Cleaning rooms to meet hygiene and cleanliness qualifications, with methods and timing adjusted as needed.
- When cleaning contact surfaces, the cleaner uses correct technique, mechanical action, and contact time to ensure the surface is truly clean, not just wiped.



## The key principles of result-based cleaning include:

- Outcome definition: The goal is to achieve a specific level of cleanliness or hygiene, not just to complete a checklist, i.e. the same result should be achieved regardless of how much and what kind of dirt is present before cleaning.
- Measurability: Cleanliness is assessed through measurable indicators (e.g., visual inspection scores, ATP testing for cleanliness, or user satisfaction).
- Flexibility: Allowing service providers decide methods, scheduling, and resource deployment.
- Efficiency and optimisation: Resources (labour, chemicals, energy, etc.) are used where and when needed, leading to cost savings and sustainability benefits.
- Accountability and transparency: Service providers are evaluated on outcomes achieved, not just on hours worked or tasks ticked off.
- Continuous improvement: Using performance data to refine cleaning strategies over time.



# Differences between activity-based and result-based cleaning

**Table 1. Differences between activity-based cleaning and result-based cleaning.**

Element	Activity-based cleaning	Result-based cleaning
Core principle	Clean according to fixed work instructions and time intervals (daily, weekly, monthly).	Clean to achieve measurable results (cleanliness, hygiene, safety, appearance).
Driver	Predefined routines, often habitual, regardless of actual need.	Need-based cleaning, based on the use of premises, risk levels, and cleanliness outcomes.
Measurement	Rarely measured; completion of tasks is the metric. Cleaning may be carried out, but the result is not necessarily clean.	Uses visual audits, ATP testing, IAQ indicators, fluorescent markers or microbiological methods.
Efficiency	Lower - cleaning may occur when unnecessary or miss high risk areas.	High - resources deployed where needed most.
Cost profile	Predictable but often inefficient; can lead to over cleaning or under cleaning.	Optimised; reduces time waste and targets high value tasks.
Health impact	Variable - may not align with actual contamination patterns.	Strong - targets pathogen reduction and indoor environmental quality.
Flexibility	Rigid; difficult to adapt to weather conditions, space use etc. without rewriting schedules and/ or formally agreed activities.	Highly adaptable to occupancy, seasons, or events.
Quality consistency	Dependent on staff adherence to schedules.	High - performance is monitored and verified.
Technology use	Minimal; relies mainly on manual checklists.	Often includes sensors, audits, ATP meters, analytics.
Work instructions	Task-oriented	Result-oriented

Requirements for cleanliness and hygiene can be set in different ways: verbally, based on the standard quality levels or on the threshold values of objective measurement methods. Result-based cleaning does not specify how or how often the premises are cleaned, only the result is important. The key is to define the quality frequency needed: how clean the surfaces should be and how often. Indicative work instructions also include the goal:

- “Remove dust and stains from desks, tables, and frequently touched surfaces (phones, door handles, light switches) by wiping with a microfibre cloth”
- “Remove loose dirt and stains from hard floors by mopping”.

## Benefits and challenges of result-based cleaning

The core of results-based cleaning is in setting measurable cleanliness requirements and in assessing whether the requirements are achieved. The effects of implementing different cleanliness and hygiene measurement methods have been scientifically studied and found to improve the work result. When the measurement results are also communicated to the cleaning staff, their competence improves and with it the cleanliness and hygiene of the surfaces. Feedback and related training play a key role.



The service buyer benefits from purchasing result-based cleaning because it enables the utilisation of innovations in cleaning service production and in consequence possible cost savings. In healthcare, it has been observed that the number of antibiotic-resistant bacteria on surfaces has decreased when the results of cleaning have been measured. This has also been reflected in a decrease in some healthcare-associated infections. The cleaning service also becomes more transparent through regular measurements. The measurement results also benefit the cleaning organisation in providing the necessary training and planning the work.

Result-based cleaning also supports the objectives of ESG, Ecolabel and similar frameworks, as the aim is to tailor cleaning activities according to actual need. This makes it possible to minimise the use of resources such as labour, cleaning agents and water.

The implementation of result-based cleaning must be planned well. To achieve the desired result, it is necessary to know how to choose the right measurements, train personnel and plan internal audits (Table 2).

**Table 2. Benefits and challenges of result-based-cleaning.**

<b>Benefits</b>	<b>Challenges</b>
<p>Likely to produce need-based cleanliness and hygiene and enhanced client satisfaction.  <i>This model is especially relevant in settings like hospitals, schools, or public buildings, where risks of contamination or infection are critical. Cleaning can be customised as needed. Soil generation and activities may vary during the day, on different days of the week and in different seasons.</i></p>	<p>Requires the definition of suitable quality measurement methods.            Requires good inspection / measurement systems.  <i>Without reliable audits or measurement, the model can fail.</i></p>
<p>Possibility to produce greater efficiency and cost optimisation.  <i>When cleaning providers are focused on outcomes rather than simply cleaning time, there is less waste in redundant / unnecessary cleaning.</i></p>	<p>Requires upfront effort in contract design and transition.  <i>Both clients and providers must invest time in designing outcome definitions, training staff, and setting up audit systems.</i></p>
<p>Encourages innovation.  <i>Providers have flexibility to adopt new tools, technology (e.g. robotics, sensors), or methods to get real-time information about the need for cleaning and to reach the outcomes more effectively.</i></p>	<p>Risk may be shifted to providers.  <i>Providers assume more risk (if they don't meet outcomes). They may inflate pricing to cover that risk if not well understood.</i></p>
<p>Decision-making is data driven.  <i>The data obtained from the measurements helps to target training and work according to needs.</i></p>	
<p>Accountability and transparency will increase.  <i>Clear standards and measurement make it obvious when cleaning is subpar, enabling better oversight and trust.</i></p>	

# Performance measurement in result-based cleaning

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Measurement plays a key role in results-based cleaning. Without reliable performance assessment, outcomes cannot be verified or managed.

It is important to assess both the outcome and the cleaning process by which the outcome is achieved. Different ways to define and measure the outcomes and to evaluate cleaning techniques and thoroughness are discussed next.

## Verbal descriptions

At its simplest, the outcome of cleaning is defined verbally. This describes how much and what type of dirt is allowed in the space, or on different surfaces of the space, after cleaning and possibly between cleaning sessions. Based on these, a classification can also be created, which can be organisation-specific, or it can be based on, for example, published guidelines.

Examples of verbal descriptions:

- All surfaces in the toilet are clean after cleaning.
- The toilet seat must be free of dirt, stains, spills, and odours.
- The cleanliness class of the room is “routine clean”. The space is visibly clean and orderly, with surfaces wiped, floors maintained, and shared areas tidy and ready for normal business use.
- The cleanliness class of the patient room is “clinically clean”. The room is visibly clean, with high-touch surfaces sanitised, floors clean and dry, and no hygiene risks present.
- The cleanliness class of the space is “tidy”. The contact surfaces are clean after cleaning; on other surfaces there may a little dirt. Between cleaning sessions, there may be some dirt on the surfaces, which may be loose dirt and stains on flat surfaces and contact surfaces, and loose dirt and stuck dirt on wall and floor surfaces.

However, verbal definitions are imprecise. “A little” or “some” dirt, as well as the terms “clean” and “tidy” mean different things to different people, which also makes checking the level of cleanliness challenging.

If a reward and sanction system is used in cleaning services, the customer defines the target level of cleanliness and how it will be calculated

## Visual inspection

Visual inspection is the oldest and most widely used method, but also the most unreliable. Visual inspection can only detect visible dirt, not e.g. microbial residue. Studies consistently show that visual inspection overestimates cleanliness. Surfaces that are visually assessed as clean often show dirt when sampled using ATP and microbiological tests. Visual inspection is also very subjective.

Visual cleanliness is assessed based on set cleanliness requirements. In case of verbal descriptions, the assessment criteria can be, for example,

- passed / failed or
- cleanliness score according to a prepared scale (e.g. 0–5).

Visual inspection is an important part of cleaning quality control, but it alone is not enough to ensure that the cleaned surfaces are clean. The benefits and challenges of visual assessment are summarised in Table 3.

**Table 3: Benefits and challenges of visual inspection.**

Benefits	Challenges
Fast No equipment required Useful for detecting obvious deficiencies Suitable for training and auditing work processes.	Highly subjective Does not detect invisible dirt Often conflicts with objective methods Gives a false sense of security.

### Research finding

Visual inspection is a practical first-line tool due to its simplicity and affordability. However, a comprehensive, integrated strategy that leverages multiple tools, including visual inspection, ATP bioluminescence, and targeted microbiological cultures, is recommended to enhance cleaning effectiveness.

(Gastaldi et al. 2025)



# Quality standards

There are several standards in Europe for defining and assessing the quality of cleaning. EN 13549 is a European standard that defines the principles and methods for assessing the quality of cleaning services. EN 13549 does not itself contain quality classes but rather provides a framework on which quality classes can be built. It acts as an umbrella standard, on which, for example, INSTA 800 and NEN-2075 are based.

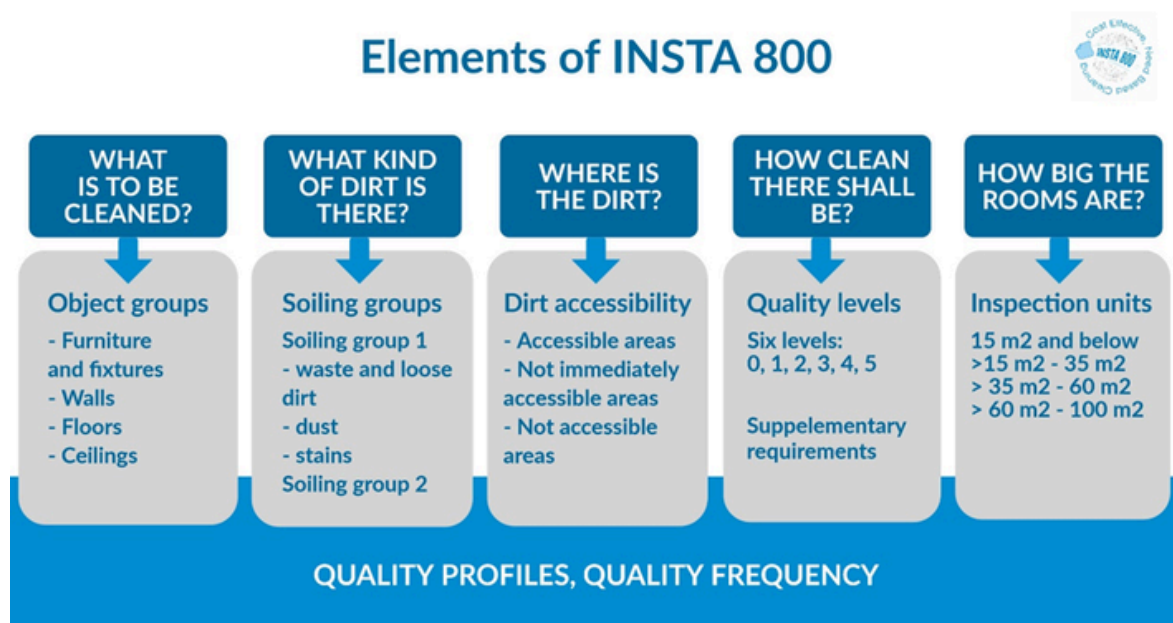
INSTA 800 is a Nordic standard used to measure and verify cleaning quality. Instead of judging cleaning based on subjective impressions (“looks clean”), it defines measurable criteria for cleanliness.

The INSTA 800 standard presents procedures for defining the outcome of a cleaning. The definition is based on

- which surfaces and furniture (the object groups) need to be cleaned and
- how much and what kind of dirt is allowed separately on accessible and not immediately accessible areas of each object group
- in different quality levels (0-5)
- in different room sizes.

The service buyer compiles quality profiles from these definitions (Figure 1). It is the responsibility of service providers to define how to meet the requirements by choosing the cleaning program.

**Figure 1. Elements of INSTA 800 standard.**





**The standard describes the quality inspection process in detail:**

- how many rooms should be inspected to obtain reliable results
- how dirt accumulation is calculated
- how the room is inspected
- when the inspection of an individual room and the inspection as a whole is accepted or rejected.

The inspection of the rooms is based on a visual inspection, which is, however, clearly guided. The standard also includes instructions for the use of dust, friction and gloss measuring devices.

The benefits and challenges of quality standard-based auditing are described in Table 4.

**Table 4. The benefits and challenges of quality standard-based auditing.**

Benefits	Challenges
<p>Objective, measurable cleaning quality.            Provides information about spaces and surfaces whose cleaning does not meet the quality target and what the reason for the deviation is.            Better communication between clients and cleaning providers.            Quality control becomes systematic.            More efficient use of cleaning resources: Cleaning is based on actual need, not routine or guesswork.            Supports professionalisation of the cleaning industry.</p>	<p>Proper inspections require trained personnel and can take time.            Requires training and competence.            Documentation and administration need effort.            Training, certification, and inspection time all cost money.            Not always intuitive for end users.</p>

# ATP measurements

ATP and A3 tests are used in hygiene verification to assess how effectively surfaces have been cleaned.

ATP bioluminescence measures adenosine triphosphate (ATP) found in all animals, plant, bacterial, yeast, and mould cells. The ATP test is based on the firefly luciferase reaction, which can produce light from luciferin and ATP. The amount of light is measured with a luminometer that displays results in relative light units (RLU) within seconds. The higher the RLU number, the more ATP is present, and the dirtier the surface.

ATP breaks down quickly after cleaning or over time. To overcome this limitation of conventional ATP tests, the A3 test was developed. A3 tests (sometimes called Total Adenylate tests) measure ATP, ADP (adenosine diphosphate) and AMP (adenosine monophosphate). If only ATP is measured, one may get a false sense of cleanliness even when residues remain.

It should be noted that RLU values are device specific. Results (RLU values) from luminometers from different manufacturers cannot be directly compared. A3 test is more accurate, so the RLU-values are significantly higher than ATP test results.

When evaluating measurement results, it must be noted that worn and uneven surfaces produce larger measurement results than smooth surfaces.

There are no official limit values for ATP measurement results that could classify the results as acceptable or rejected.

However, some standards provide guideline values, especially for use in hospital cleaning. These limit values are given in femtomoles, because RLU-values are device-specific. For example, the Danish standard “DS 2451-10:2014 Infection control in the health care sector – Part 10: Requirements for cleaning” gives the limit values as:

- Good < 50 femtomoles
- Requires observation 50–100 femtomoles
- Requires intervention >100 femtomoles.

In addition, device suppliers have indicative limit values that can be used where appropriate. Limit values can also be defined on a unit-by-unit basis. Device manufacturers often have recommendations on the process how to define these values.

**Table 5: The benefits and challenges of ATP and A3 measurements.**

Benefits	Challenges
Fast (seconds) Quantitative Sensitive to residual soil Excellent for verifying cleaning effectiveness (removal of organic matter). Useful for staff training and continuous improvement.	Does not measure pathogens. Poor correlation with CFU. No universal RLU thresholds. Different devices use different scales. Residual chemicals can distort readings.

### Research finding

Enhanced cleaning protocol, training, monitoring of effectiveness, and feedback yielded a moderate but statistically significantly lower level of biocontamination on school desktops, indicated by quantitative ATP monitoring. Enhanced cleaning resulted in a significantly lower level of biocontamination on desktops in the intervention group. In addition, a statistically significant association was established between ATP levels on classroom desks and probability of absence due to gastrointestinal illness.

(Shaughnessy et al. 2022)



## Microbiological methods

Microbiological cultivation methods give the most accurate results on the number of microbes on the surface. The method involves transferring microbes from the surface to the culture medium, for example by pressing contact plates or slides on the surface. The culture medium is chosen according to the microbes to be examined on the surface.

Depending on the medium, the microbiological method can be used to measure, for example, total microbial counts or the counts of yeasts, moulds or intestinal microbes. The result is counted as culturable colony-forming units (CFU). Depending on the test, the result is obtained within 1 to 5 days. The number of colonies is then counted, and the result is reported as colonies per surface area, cfu/cm<sup>2</sup>.

There are no official threshold values for microbiological measurement.

However, some standards provide guideline values, especially for use in hospital cleaning. These values are very often used in scientific research, too. The Danish standard “DS 2451-10:2014 Infection control in the health care sector – Part 10: Requirements for cleaning” gives the limit values as

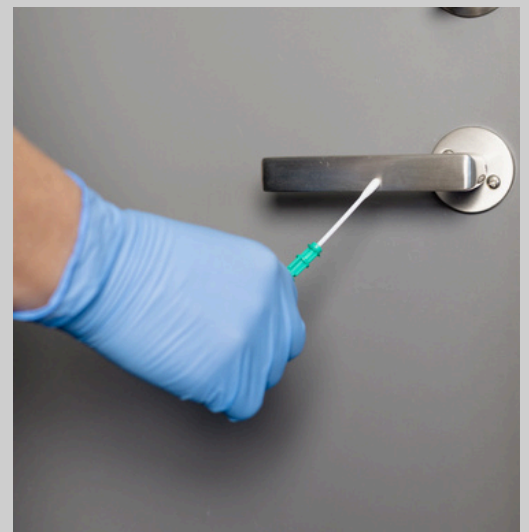
- Good  $\leq 2.5$  CFU/cm<sup>2</sup>
- Fail  $> 2.5$  CFU/cm<sup>2</sup>

**Table 6: The benefits and challenges of microbiological methods.**

Benefits	Challenges
Directly measures viable microorganisms. Essential for risk assessment. Required for regulatory compliance (e.g., Listeria monitoring).	Slow (24–72 hours). Not suitable for routine daily verification. Only detects culturable organisms.

### Research finding

Microbiological sampling and monitoring in Hungarian school kitchens revealed risk areas. In total, about 12% of the samples exceeded the hygiene limit. Cutting boards, transport-container lids, and sink basins were particularly at risk. The six-year monitoring also identified seasonal variations. Long-term monitoring of surface samples enabled trend analysis of cleaning quality and targeted improvements. (Bittsánszky et al. 2026)



# Fluorescent markers

Fluorescent markers (also called fluorescent gels, fluorescent lotions, or fluorescent dots) are invisible under normal light but glow under UV light. They are used to check whether all the test surfaces are cleaned thoroughly. They simply answer: “Was this surface wiped?” They are meant for inspecting cleaning techniques, not cleanliness.

Fluorescent markers are used for training staff, auditing cleaning technique, identifying missed surfaces, measuring compliance with cleaning protocols, and providing immediate visual feedback.

When using fluorescent markers, 5-20 frequently touched surfaces per room are selected. A pea-sized dot or thin layer of fluorescent material is applied to the surfaces, and it is ensured that they are dry before starting cleaning. After the cleaners have completed their routine cleaning without knowing which surfaces have been marked, they are checked with a UV lamp to see if the markers are gone or not.

**Table 7. The benefits and challenges of fluorescent markers.**

<b>Benefits</b>	<b>Challenges</b>
Objective Easy to use Immediate feedback Strong behavioural impact Excellent for training Low cost Standardized across many health systems (NHS, CDC, WHO).	Requires UV light and dimmed lighting. Measures process, not outcome. Does not detect real contamination. Staff may “clean to the marker” if overused.

## Research finding

In 2011, an average of 74% of surfaces were cleaned on medical-surgical units. After fluorescent marker monitoring, feedback process, and formal education cleaning performance improved and sustained at >90% for the following 10 years. (Parry et al. 2022)



# Fluorescent light

Blue and UV light can be used to inspect if there are on the surfaces naturally fluorescent contamination, including body fluids (saliva, urine, blood), food residues, cleaning chemical residues, drug residues or organic and mixed contamination. The method sits between visual inspection and ATP testing, and it reveals contamination that neither method reliably detects.

Fluorescent contamination becomes visible when surfaces are illuminated with a blue light or UV light torch in dim or dark conditions. The blue and the UV light have different wavelengths, so they detect different types of dirt.

**Table 8. The benefits and challenges of blue and UV light.**

Benefits	Challenges
Reveals invisible contamination. Detects both organic and chemical residues. Reveals contamination patterns (spatter, drips, handprints). Detects chemical residues that ATP cannot. Fast, broad-area scanning Instant results Low cost Improves cleaning quality and training. Strong training and behavioural impact.	Requires low-light conditions. Cannot identify substances, only that there is something. Some contaminants don't fluoresce. User interpretation varies. Some surfaces absorb light (false negatives) UV safety concerns. May detect irrelevant residues.

## Research finding

Fluorescence detected more contamination than ATP alone, because ATP misses chemical residues, some body fluids, low-ATP organic matter, and contamination outside the 10 cm<sup>2</sup> ATP swab area.

(Fieldhouse et al. 2025)



## Direct observation

Direct observation, also called performance observation, is a method where an auditor watches cleaning staff perform their tasks in real time. It is widely used method to observe whether cleaning procedures are being followed correctly, e.g., correct wiping and mopping techniques and thoroughness of room cleaning. A structured checklist or audit tool helps to document any failures. Immediate feedback to cleaners reinforces correct practices and helps correct errors. This is important because the overall picture cannot be understood based on results alone. For example, the outcome may seem acceptable, but the effort, work ergonomics or methods used may not be appropriate. It is also essential for understanding what is being done incorrectly when the expected result is not achieved despite the effort.

**Table 9. The benefits and challenges of direct observation.**

Benefits	Challenges
<p>Provides real-time insight into actual cleaning practices.</p> <p>Helps identify procedural errors that visual surface checks cannot detect.</p> <p>Useful for training and coaching staff.</p> <p>Captures compliance with technique, sequence, and product use.</p> <p>Complements other audit methods (e.g., ATP, fluorescent markers).</p>	<p>Observer presence may change behaviour (Hawthorne effect).</p> <p>Time-consuming and labour-intensive.</p> <p>Requires trained auditors to ensure reliability.</p> <p>May not reflect routine behaviour if staff modify actions during observation.</p> <p>Limited sample size—cannot observe all cleaning events.</p> <p>Measures process, not outcome.</p>

### Research finding

The total of 504 samples were collected from high-touch surfaces in an intensive care unit. The “compliant” rate by direct observation was 55.4%, the “clean” rate by visual inspection was 87.5%, and the “pass” rate by ATP interpretation was 26.6%. (Chen et al. 2021)



## Summary of measurement methods

Different measurement methods are suitable for different purposes. Table 10 summarises the advantages, limitations and best uses of different methods.



**Table 10. Summary of cleaning outcome measurements.**

Method	Detects	Strengths	Limitations	Best Use
Visual	Visible soil	Fast, simple	Misses invisible contamination	First-line tool
Inspection based on quality standard	Visible soil	Quantitative	Time consuming	Routine verification
ATP	Organic residue	Quantitative, fast	Poor microbial correlation	Routine verification
Microbiological methods	Viable microbes	Gold standard	Slow, costly	Validation & surveillance
Fluorescent markers	Whether surfaces are cleaned	Great for training	Not real contamination	Process verification
Blue and UV light	Real invisible contamination	Broad detection, fast, intuitive	Cannot identify substance	Screening, hotspot detection
Direct observation	Is the cleaning procedure followed	The whole process covered	Time consuming	Process verification

In result-based cleaning, several measurement methods are usually used, depending on the need and the goal. E.g. if personnel training is required when implementing result-based cleaning, fluorescent markers can be beneficial in technique verification and fluorescent light in illustrating the result of the work. For routine cleaning verification can be used e.g. fluorescence (broad contamination detection), ATP measurements (organic load) and visual inspection.

ATP measurements, microbiological tests and fluorescent light can be used in healthcare facilities or other facilities with high hygiene requirements.

# Contracting and implementation of result-based cleaning

Compared to activity-based models, result-based cleaning requires a different contractual approach from the service buyer and new thinking in practical implementation from the service provider.



## Contracting and governance

### Key elements for contracting include:

#### 1. Clearly defined outcome specifications

Outcome specifications depend on use of the facility. E.g. the requirements for office buildings differ from the requirements for hospital buildings. Requirements can be set for, for example, surface cleanliness, hygiene, and separately for the cleanliness of contact surfaces.

#### 2. Agreed KPIs and measurement methods

Key performance indicators (KPIs) translate cleanliness outcomes into measurable metrics that can be tracked over time. KPIs and measurement methods depend on the defined outcome specifications. They can include e.g. % of audited surfaces passing visual inspection, % of measured surfaces passing ATP measurements, and % of critical contact surfaces cleaned.

One can also create KPI scorecards. For example, a KPI scorecard may weight visual cleanliness more heavily in office environments, while giving greater emphasis to hygiene indicators in healthcare settings. Scores can be aggregated monthly to provide an overall performance rating. Example of a scorecard for office cleaning (table 11)

**Table 11. Office cleaning outcome KPIs.**

KPI category	KPI	Measurement method	Target / Threshold	Weight
Visual cleanliness	% of audited areas meeting visual standard	Standardised visual checklist	≥ 97% pass	30%
Contact surface cleanliness	% compliant high-touch surfaces (door handles, lift buttons, pantry touchpoints)	Visual + random ATP spot checks	≥ 95% pass	20%
Restroom hygiene	Restroom audit score	Hygiene checklist	≥ 90%	20%
Responsiveness to issues	Time to resolve cleanliness complaints	Facility management system / ticket log	≤ 30 min (business hours)	10%
Waste management	Overflow / odour incidents	Audit & complaints	≤ 1 incident / month	10%
Occupant satisfaction	Cleaning satisfaction score	Tenant / staff survey	≥ 4.3 / 5	10%

### 3. Transparent inspection and reporting processes

The agreement specifies, for example, what measurement methods are used, how often, and how the results are communicated.

### 4. Defined roles and responsibilities for clients and service providers

The agreement specifies, for example, how quality control is organised and who is responsible for the costs.

### 5. Performance-linked incentives and penalties

The agreement can also include incentives and penalties based on the achievement of set goals. For example:

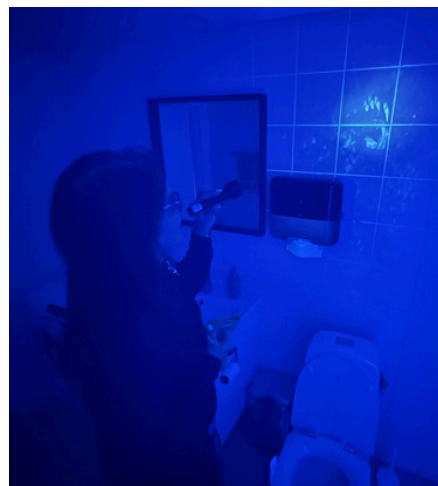
Total Score	Rating	Action
≥ 92	Excellent	Performance bonus
85-91	Acceptable	Continue
75-84	Watch	Improvement plan
< 75	Non-compliant	Penalty

Effective governance focuses on collaboration and performance management rather than micromanagement.

# Implementation

Results-based cleaning may require the service provider to train all personnel regarding work processes and measurement. The implementation approach may include:

- 1.** Review the current cleaning model and performance gaps.
- 2.** Define the cleaning zones and scope. Identify which areas (e.g. restrooms, lobbies, offices, high-touch surfaces) are included, and how they differ in use and importance.
- 3.** Set standards / metrics for “clean”. Use measurable criteria (e.g. no visible dirt, acceptable microbial levels, a scoring system) — often with visual guides / photographic examples.
- 4.** Develop standardised inspection tools and KPI scorecards according to the contract.
- 5.** Pilot the approach in selected areas.
- 6.** Train cleaning staff, supervisors, and inspectors.
- 7.** Monitor results and refine the system. Use regular checks, third-party audits, or testing (e.g. ATP surface testing) to verify that outcomes are met.
- 8.** Scale up and embed continuous improvement processes. Use inspection results to adjust staffing, methods, schedules, or tools to better meet the outcomes over time.
- 9.** Incentives / penalties / adjustment. Contracts may include bonus payments for exceeding standards or penalties for falling short, or adjustment of strategies if outcomes aren't met



# Conclusions

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Result-based cleaning represents a significant evolution in the management of cleaning services. By focusing on outcomes rather than tasks, organisations can achieve higher and more consistent cleanliness standards, better accountability, and more efficient use of resources.

While implementation requires careful design, measurement discipline, and change management, the benefits of result-based cleaning make it a compelling model. When supported by clear standards, reliable performance measurement, and effective governance, result-based cleaning can deliver measurable value in both operational and user-experience terms.

Result-based cleaning enables optimal use of resources by aligning cleaning with actual needs. When the required level of cleanliness is achieved, it contributes to fewer infections (e.g. in healthcare), reduced illness in schools and offices, and improves overall productivity — benefits that are often overlooked when decisions are based mainly on the lowest cost of cleaning services.



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**Co-funded by  
the European Union**