



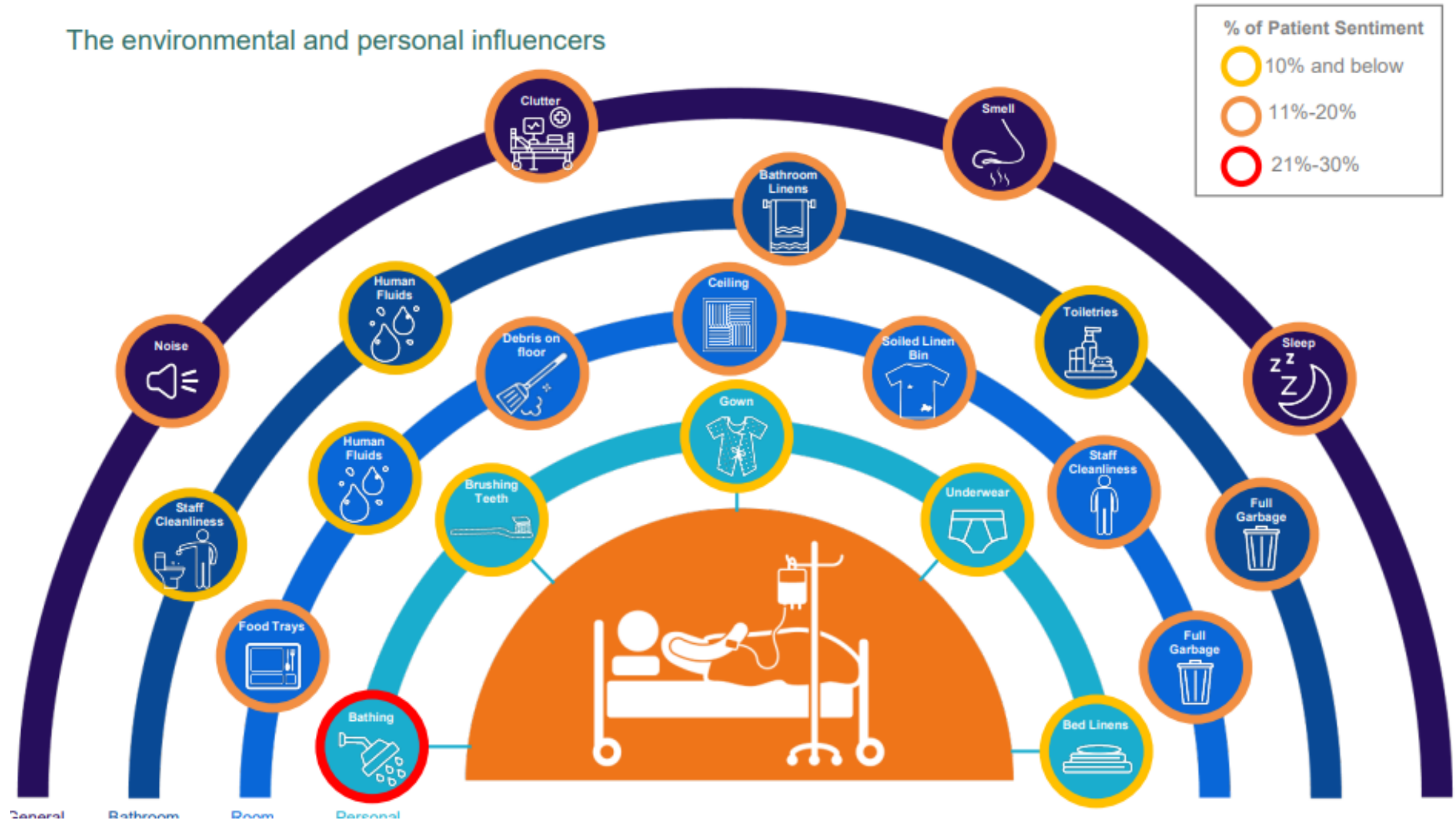
Hospital Cleanliness

Root Causes & Proposed Action

Voice of the Customer Themes

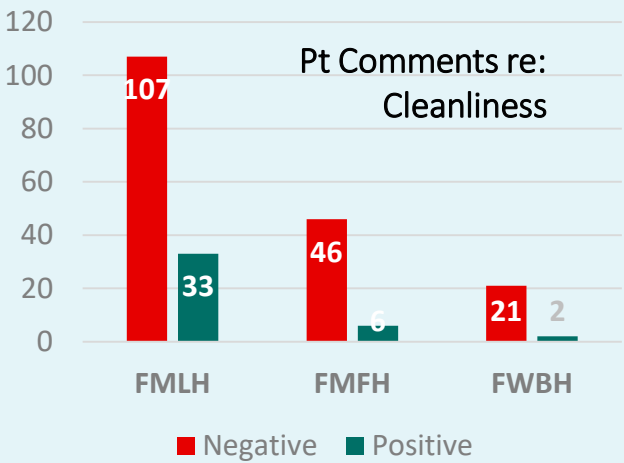
What Elements Impact Our Patients' Perception of Cleanliness?

The environmental and personal influencers



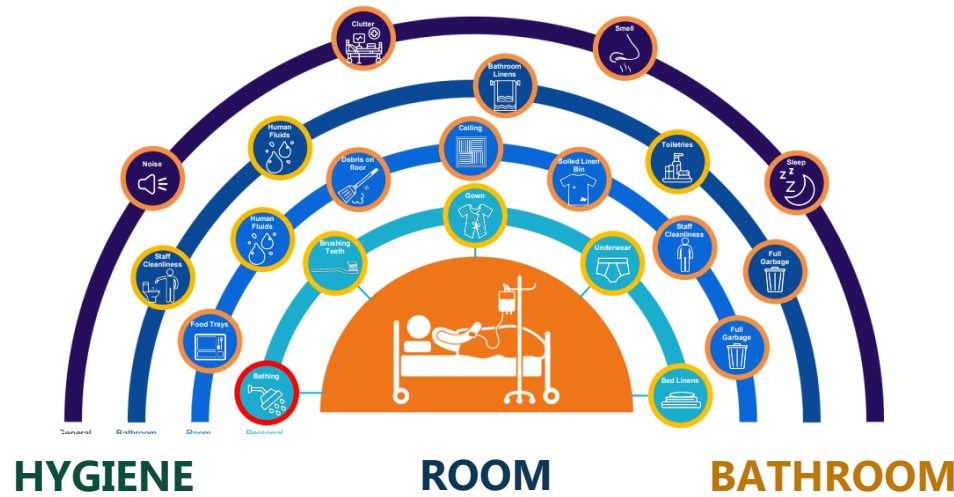
Note: The General Layer themes which includes noise and will be excluded from this analysis in an effort to align with separate related hospital initiatives.

HOSPITAL CLEANLINESS ROOT CAUSES & ACTION



Voice of the Customer

What are patients experiencing?



I didn't get a bath.

I wasn't given a toothbrush.

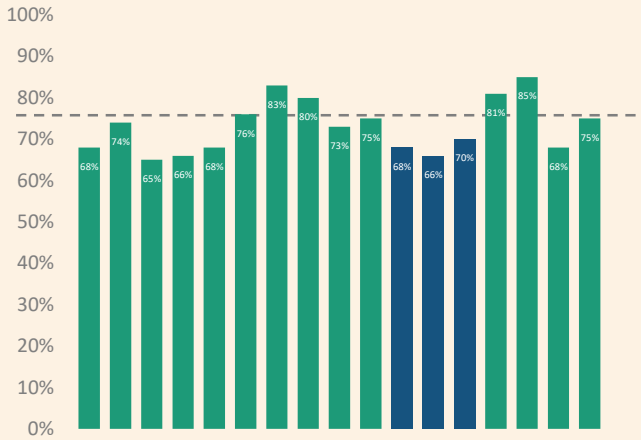
I needed new linens, gown and underwear.

Trash and linens overflowing. Clutter.

There were debris on floor and under bed.

There was rust and stains on the ceiling.

There was human waste on and around the toilet.



Local Market Performance re: Hospital Cleanliness [FMCW=Blue; Line=Nat'l Ave]

Why are they experiencing it?

Root Cause Analysis

Unclear Bathing Process

Patients given 'Bath in a Bag' vs traditional bath and are unaware of what it is.

Unit Admitting RN explains 'Comfort Bath' to Pt

Items available by request only

Patients are unaware that toothbrushes, gowns and underwear can be requested.

Comfort Round Care Cart by Volunteers

Lack of Staff Consistency

Inconsistency of compliance w/ standard cleaning protocols across staff.

Daily EVS Supervisor Compliance Audits

Lack of Accountability

Lack of leader line of sight in patient rooms; Alignment between RN-EVS leadership.

Wall poster w/last clean time and staff name

Lack of EVS Night Staff

Lack of EVS staff during night shifts when trash and linens are full. Equipment brought in by staff left in rm at dc.

Night shift RNCNA remove trash, linens and key items

Patients see the ceiling more

Ceilings are more noticeable to patients on bed than staff/ administration.

EVS supervisors initiate facilities work order process

Splash from emptying pans

Waste around toilets often caused by staff emptying bedpans; Lack of accessible CAVI wipes.

Place CAVI wipes in or near restrooms

Recommended Action

Tactic: Unit admitting RN explains ‘comfort baths’

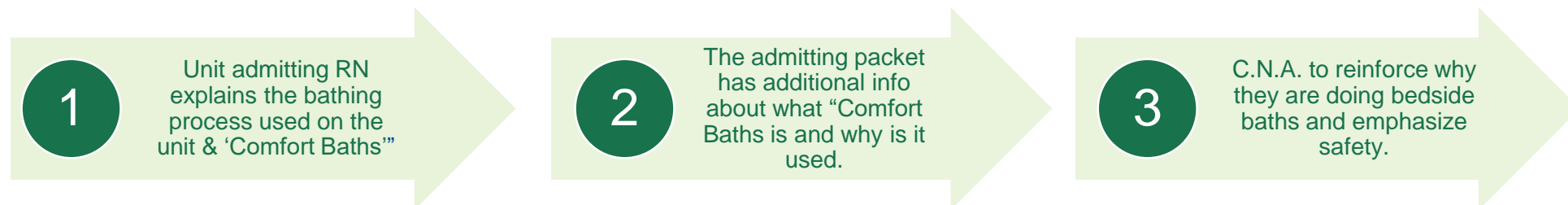
1. Current State Process

- Some patients are encouraged to shower daily
- Some patients are given bed baths or baths at the sink called ‘Bath in a Bag’ in order to prevent the spread of infection
- Bathing is typically performed by a CNA

2. Process Gaps

- It is not communicated to patients that the use of wipes is considered a bath
- The patients are not given an explanation as to why the hospital uses wipes (Bath in a Bag) versus a “traditional” bath → which is the expectation from most patients

3. Future State Process



Tactic: Comfort Round Care Cart

1. Current State Process

- Toiletries and other personal hygiene resources are not stocked in patient room due to cost-prevention measures
- Availability of items are not commonly known to patient and would require the patient to inquire about them.
- Patients with soiled underwear or linens are unaware of process to replace them.
- At times, nursing staff will bring items if they notice the patient needs them

2. Process Gaps

- **Communication:**
 - It is not communicated to patients that there are items available by request for personal care if needed
 - The process is often reliant upon patients requesting personal care items or linens to be changed
 - They don't know who to ask for these items and some feel uncomfortable asking versus being provided the option
- **Dignity:**
 - Patients feel a loss of dignity when they have soiled linen or underwear or are unable to brush their teeth

3. Future State Process



Tactic: Daily EVS Supervisor Compliance Audits

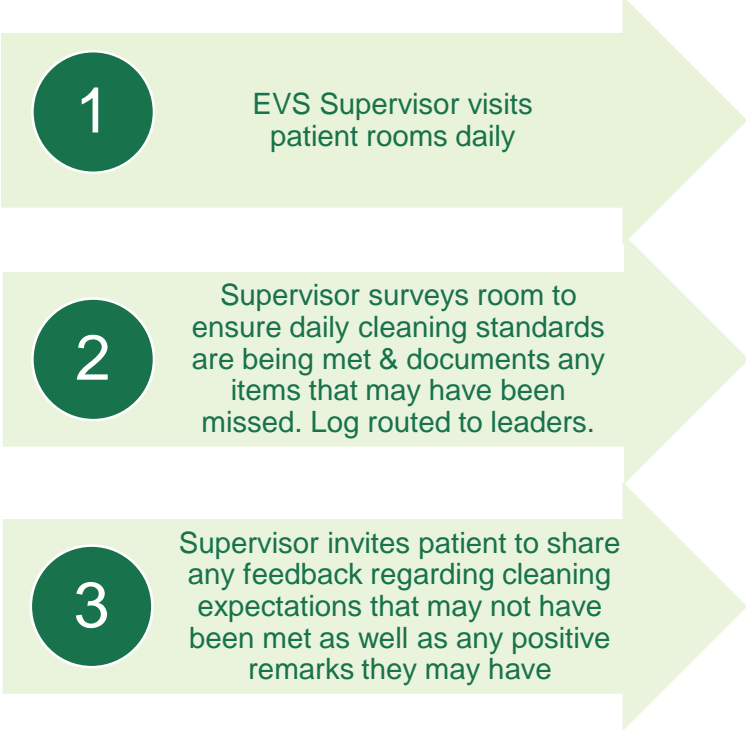
1. Current State Process

- EVS employees are assigned key units
- EVS staff are trained in the 7-step cleaning process
- EVS employees follow a checklist provided by leader/trainer
- Reinforced messaging by leaders occurs during team meetings or when opportunities arise

2. Current State Gaps

- Lack of leader visibility of frontline quality
- Lack of consistency in compliance with checklist as apparent in patient and unit staff feedback
- Lack of accountability due to lack of transparent auditing process

3. Future State Process



Type of Audit	Observation			
Observation				
	Yes	No	N/A	Comments
Bed cleaned and made according to standards?	✓	-	-	
Trash/hazardous waste emptied?	✓	-	-	
Sharps containers emptied appropriately?	✓	-	-	
High dusting of surfaces completed?	✓	-	-	
Room supplies replaced?	✓	-	-	
Blood pressure cuff and other cords properly placed?	✓	-	-	
Room cleaning tentcard properly placed?	✓	-	-	
Floors?	✓	-	-	
Sinks?	✓	-	-	
Inside of all storage areas? (Closets, drawers, etc.)	✓	-	-	
Horizontal surfaces?	✓	-	-	
Vertical surfaces including Windows/Walls?	✓	-	-	
IV pole?	-	✓	-	
Trash emptied?	✓	-	-	
Supplies replaced? (e.g., toilet paper, paper towels, soap)	✓	-	-	
Toilet?	✓	-	-	
Restroom Floors?	✓	-	-	
Shower/tub area?	-	✓	-	
Mirror?	-	✓	-	
Walls/Ceilings?	✓	-	-	
Follow Up Needed	Follow up complete, Glove tied to IV pole, Restroom mirror cloudy, green attachment left on oxygen dispenser.			

Tactic: Patient-Facing Wall Poster

1. Current State Process

- EVS leaves flat card with patient indicating room was cleaned

2. Current State Gaps

- Patients may be un-alert or sleeping when EVS arrives. Cards are placed on table and not visible by patient.
- In compliance audit pilot, not all patients were given a card.

3. Future State Process

1

Laminated poster placed on wall of patient room visible to patient

2

EVS staff updates poster with time, date and name upon cleaning the room.

2

Patient and EVS supervisor refers to poster for clarity on last clean.



Tactic: EVS/RN Leader Joint Rounding

1. Current State Process

- RN leaders round on patients and nursing staff and receive feedback regarding cleanliness.
- EVS leaders receive feedback from patients and EVS staff regarding things within the jurisdiction of nursing staff.

2. Current State Gaps

- There is no standard channel between EVS and Nursing leaders to provide constructive feedback

3. Future State Process



EVS Partnership Rounds	
EVS Leader's Name	Jewel Davis
Unit	Mother Baby Unit & Special Care Nursery
Unit Partner's Name	Linda Gingras
What's going well on the unit? Recognitions?	<p>Jewel rounded with Linda and Racheal on the 7EP(Mother/Baby Unit)</p> <p>They both shared that the quality of cleanliness has improved and they appreciate the relationships and partnership we have established with each other.</p> <p>I also shared the Joint Commission Tracer Form with Linda and Racheal to make them aware of what EVS is focusing. We also talked about inviting Plant Ops to our next rounds for maintenance purposes.</p>
How can we better support each other today?	Continue to communicate and follow up with issues or concerns to ensure we are keeping a strong bond and connection with one another.
Follow Up Needed	Send an invite to Wendy- Plant Ops Mechanic for EVS Rounds

EVS/Birth Center Action Plan Tracker, Cont.: Brian & Jessica

Concern	Action	Owner(s)	Due Date	Status	Comments
Laminated Signage	Install laminated signage in patient rooms informing patients the name of the EVS staff member who has cleaned your room, what date and what time it was cleaned	Jewel & Brian	11/18/20	Approved by Marketing; In progress OVERDUE	1/19/21: Signage will be hung on 6 & 7 before our next meeting
Quality Inspection Program	Quality inspections within the Birth Center of patient rooms; will help increase overall HCAHPS ratings.	Tyrone	N/A	Ongoing; Continue to Review	Provide update at every meeting
EVS Photo Boards	Each unit will have an EVS photo board displaying EVS staff members working in the Birth Center	Jessica, Linda, Allison	4/14/21	In Progress	
EVS Huddles	EVS staff joining daily huddles (education for BC and EVS staff on workflow, start date)	Linda, Rachel & Jessica	Start Date: 4/14/21	New	
Group EVS/BC Meeting	Group meeting with EVS and Birth Center staff and leaders to discuss vision for partnership	Jessica, Jewel, Ros, Jason	Implement by: 5/4/21	New	

Tactic: Night Shift RN/C.N.A. Cleaning Procedures

1. Current State Process

- Standard EVS cleaning operations in the inpatient setting occur during day shifts.
- During the night shift, EVS staff are cleaning ambulatory, public and administrative spaces while closed.
- Select EVS staff conduct night discharges.
- Supplies and equipment are brought into patient room by RN/C.N.A. staff

2. Current State Gaps

- Trash and linen bins often get full during night hours
- EVS are not available at night to do an additional round in each room
- C.N.A. staff are caring for patients during this time and may be the first to notice cleaning needs.
- RN/C.N.A. staff sometimes bring in supplies which are left in the room when the patient is discharged, causing perceived clutter for the next patient.

3. Future State Process

1

Night shift CNAs to remove trash or linens when needed during night shift.

2

Night shift CNAs to remove extra supplies during discharge.

3

RN/C.N.A. to be provided contact # of EVS for other urgent cleaning needs.

4

RN/C.N.A. to be provided discharge checklist to prepare room

Assess patient rooms daily to remove unneeded equipment or supplies to help avoid clutter

- Equipment may include oxygen tanks, IV pumps, walkers, supplies, etc.

Discharge room checklist prior to or after EVS cleaning

- Empty meds from drawer
- Clear out clip board in nurse server
- Check nightstand
 - Ensure chair alarm and grey cord are in a drawer
 - If DVD remote, return to bin in teaming area
 - Clear out any extra supplies/cords
 - Check cabinets/closets:
 - Remove any wipes
 - Remove extra linen and place in dirty linen bag
 - Remove extra supplies and discard
 - *patient belonging blue garment bags may be tossed but keep hanger in closet
- Check that each room has at least 1 wall oxygen and 1 wall suction
 - Make sure green Christmas tree has been discarded *single patient use
- Check that each room has 1 IV pole and 1 SCD machine
- Check that computer has been re-booted in the past week (find "boot time" underneath Host name on the home screen)
- Put in any plant ops work orders for anything broken
- Check DVD player for any disk left in it
- Restock gloves
- Check that the lab label printer does not have any old lab labels printed out
- Double check that no Red emergency cords are zip tied
- Make sure all soaps, purell, and paper towels are stocked inside and outside the room
- Remove any equipment from hallway outside patient room and put in Soiled Hold room (oxygen tank, IV pump, walker, etc.)

Tactic: EVS 2nd Cleaning Prior to AM shift end

1. Current State Process

- Standard EVS cleaning operations in the inpatient setting occur during day shifts.
- During the night shift, EVS staff are cleaning ambulatory, public and administrative spaces while closed.
- Select EVS staff conduct night discharges.
- Supplies and equipment are brought into patient room by RN/C.N.A. staff

2. Current State Gaps

- Trash and linen bins often get full during night hours
- EVS are not available at night to do an additional round in each room
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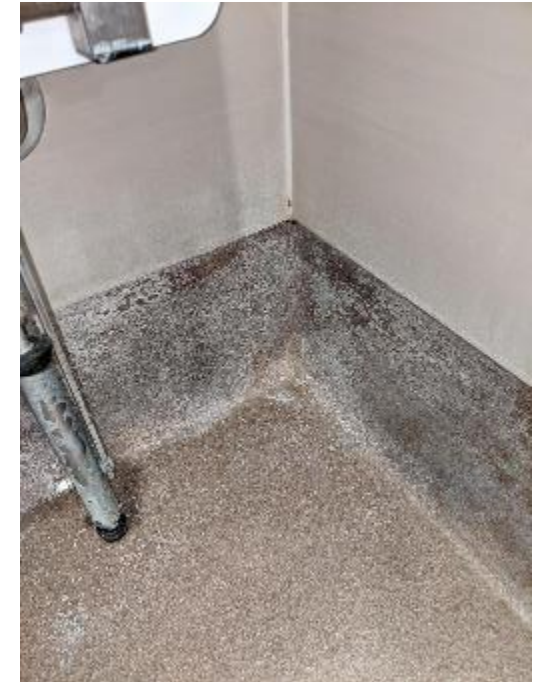
3. Future State Process



Tactic: EVS Initiate Facilities Work Order Process

1. Current State Process

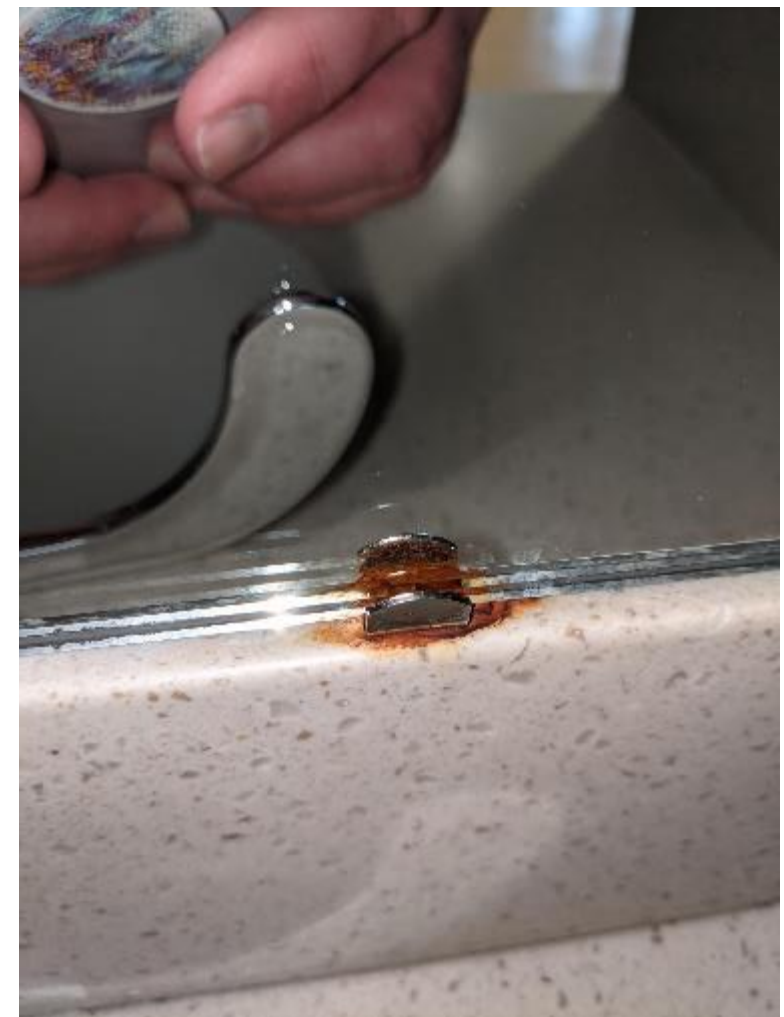
- Centech audits are conducted throughout the hospitals weekly to address environmental safety issues.
- EVS staff notice environmental issues outside of their jurisdiction such as stained ceiling tiles or rust.
- Current facilities [work order process](#) is limited to key leaders
- Nursing leaders are ultimately responsible for work order follow-up.



2. Current State Gaps

- Centech cadence per patient room leads to issues being unaddressed for long periods of time.
- EVS does not have requestor access to facilities work order process

3. Future State Process



Tactic: Place CAVI wipes in or near restroom

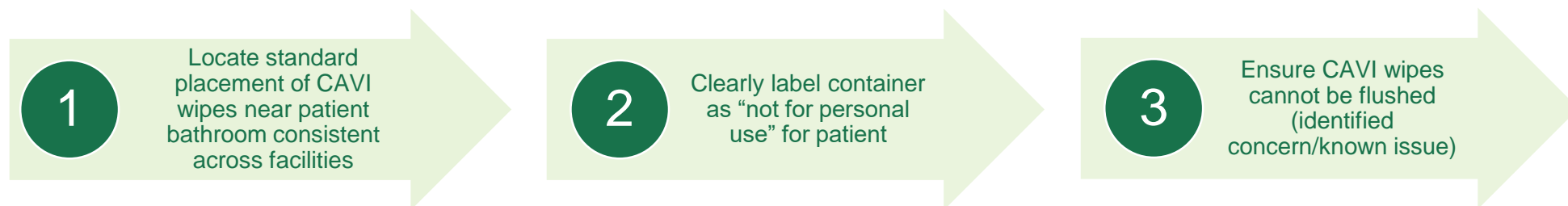
1. Current State Process

- Staff empties bed pans and catheters in patient bathroom toilet

2. Current State Gaps

- Splash from emptying bed pans may fall on or near toilet
- CAVI wipes are located in the nurse server and not in or near the bathroom for many rooms
- Location of wipes is inconvenient for nurses

3. Proposed Process Improvements



Foundational Must-Haves for Action

Components necessary
for improvement plan to
be durable and
sustainable.



1. Respect & Dignity

- There has not been much effort to understand the role and perspectives of our support staff
- Personnel on the units don't always know the names of our housekeepers, make attempts to establish much of a rapport or say a friendly "hello"
- It is important to ensure that mutual respect is demonstrated by leaders first and is role modeled. Partner rounds will be instrumental in changing our culture to this end. Responsibility towards our environment is a collective responsibility.



2. Accountability

- There is a lack of role clarity, accountability, and transparency related to hospital cleanliness that can lead to tension between EVS and Nursing staff.
- It will be important to develop a system of accountability for all staff with a critical role in maintaining the hospital environment during all shifts.
- Compliance audits by leaders will be key to driving the level of accountability needed.



3. Partnership

- Need to strengthen partnership with EVS and Nursing/ CNAs
- Performing trash during night shift is currently not achievable for EVS
- Trash runs can be performed twice in AM shift by EVS, but not in PMs
- Address PM shift challenges by partnering with CNAs in PM to:
 - Pull Linens
 - Pull Trash
 - O2 Tanks

Operational Changes

Operational Challenges	
FMLH	CHD
<ul style="list-style-type: none">Lack of EVS staff on duty in inpatient setting during night shift	<ul style="list-style-type: none">Lack of EVS staff on duty in inpatient setting during night shiftC.N.A. and E.V.S. staffing challenges make 2nd touch difficult when census >25 on units
Operational Changes	
FMLH	CHD
<ul style="list-style-type: none">2nd (additional) room touch-up during 1st shift afternoonCNA pulls trash and linen as needed during 2nd shift	<ul style="list-style-type: none">2nd (additional) room touch-up during 1st shift afternoon as targetObserve efficacy of compliance audits prior to assessing staffing needs.CNA pulls trash and linen as needed during 2nd shift