Strategies to Improve Timeliness for Cleaning Inpatient Rooms Following Patient Discharge

Lora Dixon  
*Maine Medical Center*

Mark Parker  
*Maine Medical Center*

Ruth Hanselman  
*Maine Medical Center*

Suneela Nayak  
*Maine Medical Center*

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Problems/Impact Statement:
Due to the lack of communication between New England Rehab (NERH) staff and Brighton Maine Medical Center (MMC) Environmental Services (EVS), rooms of discharged patients were commonly not being cleaned until the next patient arrived to occupy the space. In these cases, EVS would be ordered for a “stat” cleaning, in which they only had 50% of the normal cleaning time to properly clean the room while the patient was forced to wait.

Scope:
In Scope: NERH requested normal and “stat” cleanings for rooms of discharged patients due to lack of communication
Out of Scope: Other cleanings and “stat” cleanings requested for outside reasons (i.e. patient not discharged until arrival of next patient)

Goals/Objectives:
• Brighton MMC EVS and NERH will develop a clear communication system regarding the cleaning of discharged patients’ rooms
• Checkout cleaning will be started within 20 minutes of all discharge patients

Baseline Metrics/Current State:

Root Cause Analysis:

Countermeasures

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instituted daily check off sheet 7 days a week in which NERH would mark checkouts for the day and time of discharge when patient leaves, and EVS staff would check throughout the day and sign off when completed</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Spoke with NERH IS to see if EVS pagers could be placed on NERH pager system</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Talked with nurse manager and charge nurse of NERH about possible changes</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Changed paper pager assignments from being assigned to employees to areas assigned</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>NEHR IS put EVS pagers and area onto NEHR pager system</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Nurse manager sort email of changes to NEHR staff</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Made a card for NERH unit secretary with pager numbers matching sections/rooms and trained on updates</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Trained EVS staff on the changes through a meeting discussing the updated paging system</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Lora Dixon and nurse manager to meet weekly to see how process is going</td>
<td>Lora Dixon</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Implement KPI to track results of the changes made</td>
<td>Lora Dixon</td>
<td>May 2018</td>
<td></td>
</tr>
</tbody>
</table>

Outcomes

From mid May through June, only 2 out of the 231 discharged patient rooms were not addressed within 20 minutes of checkout and 0-1 discharge complaints are reported weekly, as result of the countermeasures hardwired through KPIs.

Best Practice:
Lora and the NERH nursing manager have committed to weekly meetings, establishing a formal partnership to check on the process and sustainment of the new process

Next Steps
• Sustain and hardwire the process to produce culture change
• Work on speeding up the discharge time