

## **Room Cleaning Standardization Roll Out**



***January 2017***

### **Our Vision**

**To be the Nation's leading public academic health care system.  
*Leading. Teaching. Caring.***

## The Problem

As healthcare workers, we know that cleanliness is an important part of taking care of our patients!



"This hospital certainly takes cleanliness seriously."

# The Problem

This is true with everything from Hand hygiene..



To.... Cleaning instruments in the OR



AND, of course, the cleanliness of our rooms.

## The Problem

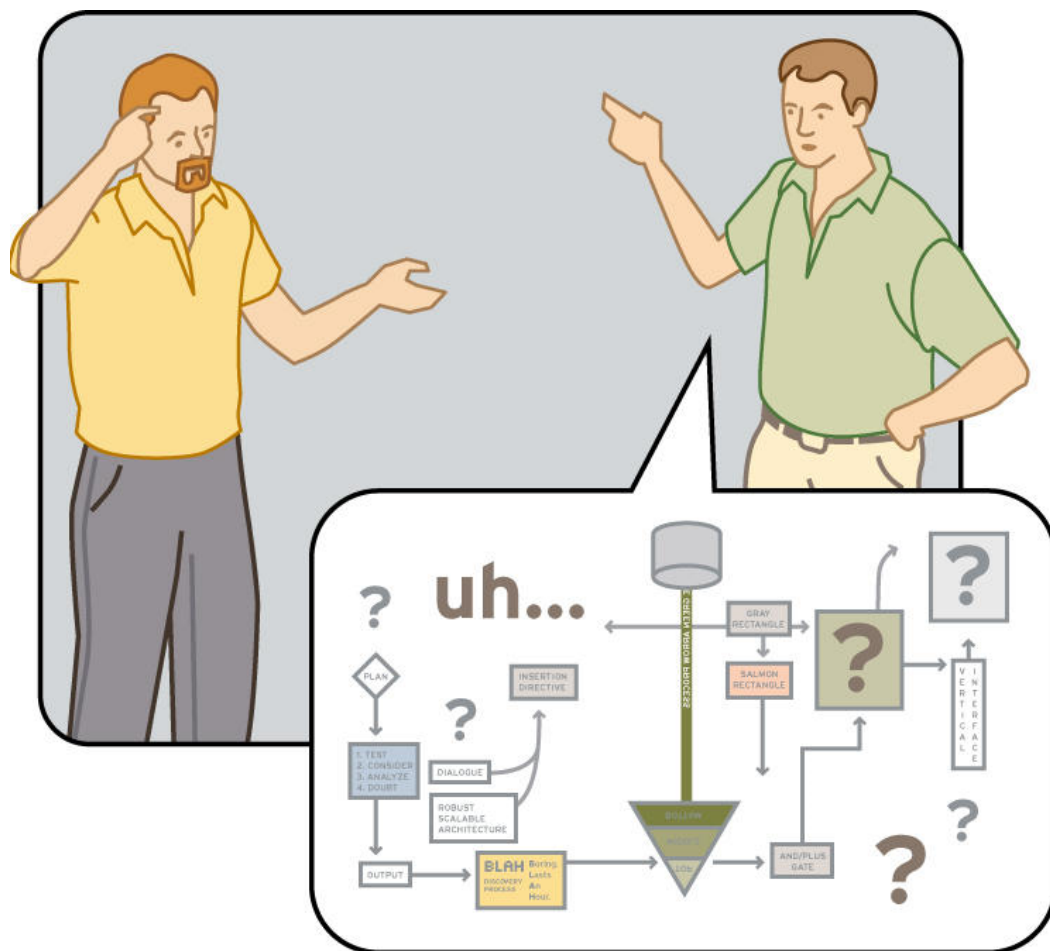
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The problem is, every unit has different practices on who should clean what, and when after a patient is discharged.

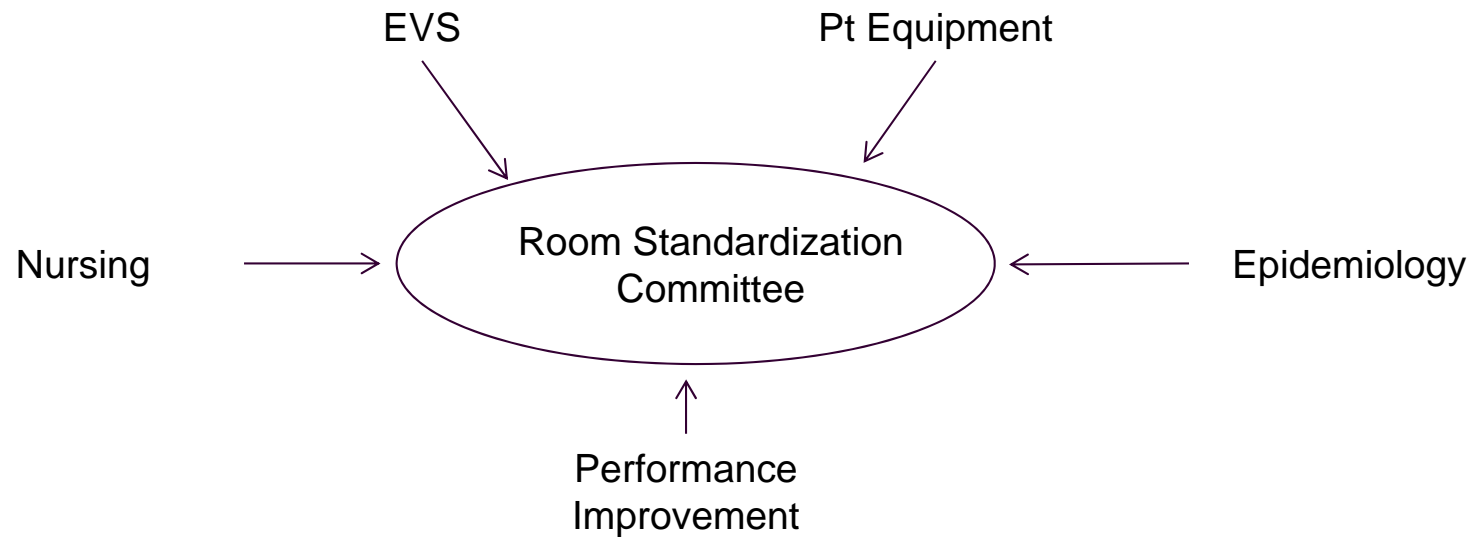
# The Problem

Every unit having different practices creates numerous problems:

1. Problems for float nurses who are not sure what their duties are at discharge
2. Problems for EVS who have to try and remember what their duties are on each unit (this is especially true on 2<sup>nd</sup> and 3<sup>rd</sup> shift where EVS staff often float throughout the hospital)
3. And, as we know, lack of standardization, leads to confusion, which can lead to things being missed and long delays in getting the room cleaned for the next patients



# Committee Formed to Seek a Standardized Room Cleaning Process at Discharge



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## Key Points in Developing Process

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- Try to have one process for all types of patients
- All equipment should be cleaned before leaving the room in which it was used
- EVS are the experts in cleaning
- Take into account:
  - Preference for some units to leave equipment in room for next patient (e.g. SCDs)
  - Can't leave equipment in hallway
- Turn around time is a key measure for success

## Primary Changes

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1. EVS will be responsible for cleaning Dinamaps, IV pumps/poles, and SCD pumps in the patient's room
2. Nursing will be responsible for clearing out all linens before EVS can clean (many units already have this as part of their practice)



## The Process: Step 1 – Patient is discharged

- The HUC discharges patients from the system and the RN & NA for that patient are informed
- Once this occurs timing is everything
- From the time a patient is discharged, nursing has no more than 15 minutes to get the room ready for cleaning
- There will be times when this is not possible (e.g. all NAs are serving as PNAs, a code is happening). But, overall, we need to meet this timeframe.
- This is the essential, otherwise this will delay cleaning and delay new patients coming to your unit.

### Timing is Everything



## The Process: Step 2 - Nursing prepares the room for cleaning

Immediately upon discharge and before EVS comes to clean the patient's room (remember you have 15 minutes), several things must be completed by nursing:

1. The first thing to do is to clean the telemetry box (with the wires) and take it to the nursing station.

If you don't, it might get tossed out with the linen.  
This will make your manager very unhappy ☹️



## The Process: Step 2 - Nursing prepares the room for cleaning

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2. Remove all linens from the room. This includes linens on the bed, in the restroom, in/on cabinets and drawers, etc.
3. Remove and discard the disposable SCD sleeves.
4. Prepare all Dinamaps in the patient's room for cleaning, which includes:
  - Removal of disposable BP cuffs
  - Cleaning out baskets on Dinamaps
  - Removal of temperature probes that appear soiled (unused probes in open boxes DO NOT need to be disposed of)
  - Removal of disposable O2 probes
5. If RT equipment is present, call the RT Equipment Tech to remove the equipment within the 15 minute window:
  - If RT cannot remove the equipment in time, nursing will clean the equipment and place it in the soiled utility
  - Nursing is encouraged to contact RT as soon as this equipment is not needed to avoid waiting until discharge



-Medications are removed from IV pump/pole

-Everything is cleared from Dinamap



-Urinal should be thrown away (at least make sure it is empty)



All Linens are off the bed, chairs and patient tray



Make sure there are NO linens in drawers or closets



# Don't forget linens in the Bathroom



## The Process: Step 2 - Nursing will continue to complete the following

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- Remove all medications from IV pumps and room
- Remove all unit based specialty equipment: scales, exercise equipment, Wii, etc..
- Rinse and wipe down the bedside commode, then put it in the soiled utility closet
- Remove and dispose of suction canisters and tubing, and any other items containing bodily fluids
- Wipe and remove telemetry boxes (as mentioned before)
- If there is one, dispose of items in patient refrigerator



## The Process: Step 3 – EVS cleans room

As usual, EVS will clean all permanent fixtures in the patients room.

EVS will also now clean IV pumps/poles, Dinamaps, and SCD pumps.

They will also clean refrigerators inside and out.

For Enteric rooms (and at some point all precaution rooms), the UV machine will also be used at this time.



**"But Mom, I didn't make this mess! It's the toys! They get themselves out and have parties while I'm at school!"**

## The Process: Step 4 - After EVS is Done Cleaning

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### Things to do before next patient arrives:

- IV pumps/poles, SCD pumps, Dinamaps are ready to be used for next patient if needed
- If not needed, remove extra equipment and place in storage
  - IV Pumps may be stored in the dirty utility or in a designated storage area on your unit
- If visibly soiled, place in dirty utility for patient equipment after initial in-room cleaning – otherwise internal cleaning will take place during annual maintenance

# The Process: The Benefits

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## Improved Quality:

1. The professional cleaners (EVS) will be cleaning almost everything in the room.
2. Nursing can be assured that equipment in the room is clean and certain equipment in the room can be immediately used for the next patient (IV pumps, SCD pumps, Dinamaps).

## Improved Efficiency:

1. Every room will be cleaned the same way in every unit. This will prevent confusion and promote consistency.
2. Nursing will have clean equipment that is ready for immediate use.

# The Pilot

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Three units participated in the pilot of this process:

4ONC

7NSH

8BT

The pilot Took place during the month of October 2016.

It was a great success with both in terms of staff satisfaction and room cleaning times.

In November it was approved by the Nursing Directors.

In December it was reviewed by Practice Council.

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# Roll Out to all Step-Down Units and ICUs

Tuesday, January 17<sup>th</sup> , 2017

*Women's and Children's will be added later once certain unique issues are addressed*

**Key contacts for roll out from Performance Improvement:**

Emily Hoke – Surgery, ICUs (excluding MICU)

George Guthrie – Medicine, H&V, Psych, PEDS, ONC, Women's

Jeff Soltes – MICU MPCU

# Change

This process will mean a change for everyone.

For some it will mean just a little change, for others more of a change.

And, let's be honest, we all hate change!

But, in this case, change is good and needed.

So, all we ask is that you come with an open mind with the realization that if we can get this done we will create a process that will reduce confusion, increase efficiency, and ABOVE ALL provide our patients with the cleanest rooms possible!!!!

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**“I want you to find a bold and innovative way to do everything exactly the same way it’s been done for 25 years.”**