

The HCAHPS

Breakthrough Series™ Webinars

 Custom Learning Systems

#3 Cleanliness of Patient Rooms

Cleanliness Matters

Cleanliness is next to Godliness





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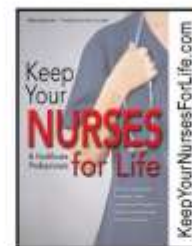
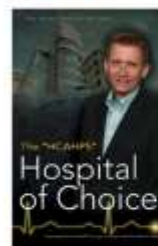
David Dworski MA
Sr. Implementation
Specialist

Company Overview

- 27 healthcare clients are recipients of many Regional and National Awards for Patient and Employee Satisfaction
- 6,000 clients since 1984
- World-Class Implementation Specialists deliver:
 - The Hospital of Choice Initiative™
 - On-site seminars and workshops
 - Strategic Planning Retreats
 - Conference Keynotes
 - Implementation Coaching
- Our Mission:
 - Creating World-Class Patient, Employee, and Physician Satisfaction.
- Our Creed:
 - We make a difference in the lives of people who make a difference in the lives of people.

“Helping Organizations
Become an **Employer &
Provider of Choice**”

 @BrianLeeCSP



HCSEC HealthCare Service Excellence Conference
February 2015 www.healthcareserviceexcellence.com

Cleanliness Matters™
Cleanliness is next to Godliness!

Question:

If your customer **could** choose you, **would** they choose you?!

Crucial Leadership Engagement Best Practice

Lead by Example

“We must become the change we want to see in the world.” -Mahatma Gandhi

HCAHPS Domain – Cleanliness of Patient Rooms

Survey Question:

During this hospital stay, how often was your room and bathroom kept clean?

Domain Owners:

Leaders, COO, Environmental Services/Housekeeping Director, CNO, Nurse Managers,
Nurse Supervisors

Domain Staff Owners:

Nurses, Housekeepers, CNA’s, Dietary, & everyone who visits the patients’ room

Current National Threshold (combined with *Quiet at Night*) **is;**

(Rated a 4 – “Always”)

62.8%

What’s Yours? _____%

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Why Cleanliness Matters

1. Patient perception = HCAHPS Scores
2. Cleanliness = Healing
3. Infections hurt and kill



HAI's Defined

Hospital Acquired Infection (HAI)

- Or Hospital Acquired Pathogen (HAP)
- Are diseases and organisms described by Centers for Disease Control (CDC)

Hospital Acquired Conditions (2013 – not including falls and trauma)

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Stage III and IV Pressure Ulcers
5. Manifestations of Poor Glycemic Control
6. Catheter-Associated Urinary Tract Infection
7. Vascular Catheter-Associated Infection
8. Surgical Site Infection Following Specified Procedures
 1. Coronary Artery Bypass Graft
 2. Bariatric Surgery
 3. Orthopedic Procedures
 4. Cardiac implantable Electronic Device
9. Deep Vein Thrombosis
10. Iatrogenic Pneumothorax with Venus Catheterization

Hospital Acquired Infections = Unnecessary Readmissions

Readmissions Due to HAI's

HAI has a negative incremental impact on readmissions that varies from **2 – 7%**

Nearly **1 in 5** Medicare patients discharged from the hospital are readmitted within 30 days at a cost of over **\$15 billion every year!**

- CMS Report, 2012

The Cost of HAI's

- Impacts approximately **2 million** patients
- Approximately **100,000 related deaths**
- And approximately **\$30.5 billion dollars**

The Bottom Line

- CMS and Insurance Companies **won't pay** for Hospital Acquired Infections!
- The Hospital Acquired Conditions payment provision applies only to IPPS hospitals and exempts critical access and certain specialty hospitals

Commonly Occurring Microorganisms in Hospital Infections

- Microorganisms an Nosocomial Infections
- Urinary Tract Infections
- Respiratory Infections
- Skin Sepsis and Wounds
- Gastro Intestinal Infections
- Drug Resistance – Nosocomial Infection
 - **Risk #1:** Iatrogenic
 - **Risk #2:** Organizational
 - **Risk #3:** Patient Associated
- Routes of Transmission of Infection
 - Air-Borne Route
 - Spread via contact: hands, clothing, catheters
 - Food-Borne Spread: kitchen, insects, rodents
 - Blood-Borne: sticks
 - Self-Infection: lower bowel surgery
 - Other factors

Conclusion

"Housekeepers are Life-Savers!"

-The EVS Department at Johnson City Medical Center, Johnson City, TN

Recommendation

Everyone is a Housekeeper!

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1

Specific Best Practices

Cleanliness Checklist

- Patient rooms are kept infection-free
- Regular in-sink hand-washing
- Take extra care in disinfecting a room previously occupied by a patient with a ‘pathogen of interest.’
- Alcohol-based hand-sanitizers are located throughout the hospital Care-givers’ uniforms/Scrubs/Lab coats are fresh daily. If soiled in the course of work-day, these garments are exchanged for clean issue

Critical Housekeeping Tasks

- Cleans patient rooms daily
- Performs twice-daily cleanings of patient bathrooms

By the way...

You are not a Snitch when you share the things you’ve heard from patients, that patients haven’t told their doctors or nurses.

If Patients are Absent from the Room, Housekeepers leave a calling-card with time and date that informs occupant

Priority Focus

Cleanliness and hygiene issues produced by the patient require **immediate care**. These include:

- An unclean bathroom
- Soiled bed linen or gowns
- A soiled bedside commode
- Evidence of blood stains, or other body fluids

If No Housekeepers are Immediately Available

- A clean-up needs to be performed, all staff are prepared to grab a mop and address the situation.

Question: Will this require a culture change?

- A follow-up call to Housekeeping after the event assures a prompt secondary cleaning.

Blame Free Zone

- Staff does not engage patient in placing blame on Housekeeping’s failure to immediately appear

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Specific Best Practices (Cont'd)

High Risk Surfaces

Check to be sure that **High-Risk surfaces are cleaned daily.**

Clean Machines!

Also be alert to the **daily cleaning of equipment** and materials that you use – or that are used by more than one patient

Dietary Matters

When delivering trays, Dietary Staff ensure tray tables are clean.

Bodily Fluid Spills Suck!

Phlebotomists take care to **avoid body fluid spills** on linens, floors, or other surfaces.

Be an Indoor Air Quality Advocate!

Advocate for control and monitoring of indoor air quality to deter VAP/HAP diseases.

Be a Hand Hygiene Champion!

Lead the way on hand hygiene and gloving protocols.

Recommendations:

- Lead your staff through this checklist, and agree upon an S.O.P.!
- Ask them what they need to do better — or differently?
- Help them set new infection-control goals.

	<h2>Tools, Equipment and Resources</h2>
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Latest Tools and Equipment for Reducing Infections

-From a report by Herman Miller Co.

Install patient room furnishings designed for easy cleaning, ie: surfaces without crevices.

Questions:

Which one of these tools do you need to add?

Which ones (that you already have) do you need to make better use of?

Can you think of any other infection-fighting equipment you need?

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Staff Skills and Behaviors

The ultimate in frontline engagement, Loretta, dubbed the patient satisfaction scores...

“My Personal HCAHPS Scores”

-Hospital Housekeeper

Recommendation:

- Empower *Everyone!*
- Keeping patient rooms (and the hospital environment) clean and tidy is everybody’s job.

Everyone is a “Clean Team” Member

- Staff awareness about cleanliness also includes taking personal action if anything about a patient’s room is unclean.

Anyone and Everyone may report unclean bathrooms to housekeeping at once!

The Point:

We are *all* housekeepers!

Conclusion

“Housekeepers are Life-Savers!” -The EVS Department at Johnson City Medical Center, Johnson City, TN

Request Your CEO:

Issue a *“Freedom to Clean”* Empowerment Card.
(and on the other side of your card, your *“Freedom to Silence”* card.)



The Point:

You’ll **never solve** your cleanliness problems until your **frontline owns** them

4

Staff Scripting Recommended “Sentence Starters” - Examples

Managing Expectations Starts at Admitting:

“Our goal is to always provide you with a clean, safe, comfortable environment in which to heal...”
“Please tell us if you have any concerns about cleanliness...”

Use “Behavior Labelling”

It’s okay to let your patients know what we’ve done to keep them safe and comfortable:

*“Mrs. Smith, I **always** wipe down your door handles to make sure they’re nice and clean...”*

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Sentence Starters (Cont'd)

Clean and Tell!

“Mr. Tilson, I noticed that Housekeeping was just here to clean and disinfect your bathroom for your comfort...” (This is “Behavior Labeling” again, there’s no shame in calling patients’ attention to our good work on their behalf.)

Be Aware

Most people hate scripting, and will tell you:

“I am not a robot!”

Observation

It takes **21 days** to form a habit!

Our Recommendations:

- Get your people in a classroom
- Teach them how to use “sentence starters”
- Let them adapt the wording
- Senior managers lead the understanding
- Role-play “sentence starters” and “words that work”

Practice, Practice, Practice!

- Many staff-members need ‘verbal first aid’
- Model the use of ‘sentence-starters’ every chance you get
- If you use them, staff will use them

Regarding: Infection-control awareness, remind staff, ***“Words are medicine.”***

Questions:

What will be your **first step** in creating this new language awareness?

How will you teach *“Behavior is Communication”*

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5

Collaboration from/with other Leaders/Departments

In case you missed it earlier:

Request Your CEO:

Issue a “*Freedom to Clean*” Empowerment Card.
(and on the other side of your card, your “*Freedom to Silence*” card.)

Make it a “Clean Sweep!”

- **Everyone is empowered** to notify Housekeeping about any places in hospital that are in need of their service.
- **Meanwhile, be willing to tidy up** rooms and hallways on one’s own as necessary.

We are all:

- Housekeepers,
- ‘Clean Team’ Members, and
- Life-Savers!

6

Leadership Competencies

Zen Coaching in 20 seconds...

-Source – Alan Landsburg

Leaders coach their “Clean Team”:

- *Engage* employees in the cleanliness task.
- *Encourage* them to be fearless in speaking up when procedures need to change.
- *Empower* them to take the initiative via the “Five-Step Coaching Model.”

The Five Step Coaching Model:

Step #1: Communicate expectations. Clarify your hospital’s cleanliness objective: to conquer HAI’s

Step #2: Opportunities and possibilities: gain staff buy-in **via their** ideas for cleanliness improvement.

Step #3: Ask what actions they’re willing to take. Applaud their engagement.

Step #4: Clear any roadblocks in their plan. Cheer their ideas.

Step #5: Hear back the agreement and the HAI’s’ goals you’ve agreed upon. Happily follow up.

*“Be a master of the job before you.
Be a student of the job above you
and be a coach of the job below you.”*

– Adelfa Callejo, Fort Worth, TX, Attorney & Community Leader

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7 Frontline Engagement Imperatives

Engagement by all staff in the fight against HAI's is *not* optional!

Do you have an effective team to lead your HCAHPS/Clean charge?

- Service Excellence Council, or
- Patient Experience Team

Service Excellence Council's Role

Mission:

- Provide focused leadership to engage everyone to improve the patient experience

Membership:

- 60% Management
- 40% Frontline

Recommendation:

Appoint an *effective*, representative Service Excellence/Patient Experience Council

The Accountability First Step:

Who Will do What by When & How?

What's the BEST idea you've heard on this webinar?

- _____
- _____
- _____

How soon will you put it/them to use?

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Team DO IT Plan

- 1. Cultivate a vital culture of awareness around hospital cleanliness.
- 2. Lead your staff through the 'cleanliness checklist'.
- 3. Encourage the understanding that "We are all housekeepers," all "Life-savers," with the "Freedom to clean."
- 4. Establish hand-washing as Job #1 (Remember to sing "Happy Birthday").
- 5. Schedule a 30-minute role-play workshop to get comfortable with sentence starters.
- 6. Maximize your disinfection regimen. Attention to high-risk, multi-use surfaces!
- 7. Coach Environmental Services/Housekeepers staff to be great listeners to patient concerns. Empower them to share that information with RN's.
- 8. Use "Behavior Labeling." Tell patients what your clean effort is accomplishing!
- 9. Deputize all hospital staffers as detectives in search of anything that impedes a maximally sanitized environment. Reward "finder-outters."
- 10. Dispel any attitudes that see EVS/ Housekeepers as "invisible."
- 11. Recognize staff members who take the initiative to clean when necessary.
- 12. Constantly affirm, model, empower and champion a "Freedom to Clean" culture.

"To have a firm persuasion in our work – to feel that what we do is right for ourselves and good for the world at exactly the same time – is one of the great triumphs of human existence."

– David Whyte, Crossing the Unknown Sea:
Work as a Pilgrimage of Identity

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*Dan Anderson, President
Fairview Community Hospitals*

"TruthPoint's real-time information provides us with valuable comments and data to improve the hospital experiences of the long-term acute care patients we serve."

*Anne Gibbons, Director of Guest Relations
Bethesda Hospital*

"During our first full quarter of using TruthPoint, 9 of 10 key measures improved—and we expect continued improvement well into the future."

*Solveig Dittmann, Director of Quality
Regina Memorial Hospital*

"Receiving daily patient feedback from TruthPoint helps me provide better care."

*Dr Charles Lick, Medical Director
Allina Hospital and Clinics – Emergency Services*

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Why Choose TruthPoint?

TruthPoint® is a flexible, easy-to-use, integrated platform that helps healthcare organizations capture and use real-time patient feedback in a time-efficient and low-cost way to mitigate and benefit from Value-Based Purchasing (VBP). What sets TruthPoint apart is our effective implementation of real-time feedback, dedicated coaching received from healthcare industry veterans and a program that has proven to deliver breakthrough improvements in as little as three months.

Benefits

Achieve patient satisfaction and service excellence goals

- Plan and implement with patient experience improvement experts
- Align assessment objectives with patient satisfaction projects
- Access to proven programs that improve all HCAHPS/CAHPS domains
- Capture and leverage real-time patient perceptions and expectations
- Generate high-quality, unbiased feedback through nonclinical staff rounds

Get dedicated implementation and improvement experts

- Access to industry experts each with more than 10 years of healthcare experience
- Gain insight from experts in healthcare operations improvement
- Engage regularly with coaches to evaluate metrics and improve your programs
- Apply best practice recommendations for improvements based on unit and department needs

Real-time patient feedback

- Point-of-care patient assessments with mobile application technology
- A robust evidence-based assessment library
- Custom patient assessments that align with system-wide, department or unit-specific goals and objectives

Real-time service recovery

- Email and smartphone delivery of action alerts within and across departments for immediate resolution
- Track status and progress of each service intervention
- Catalogue and categorize service issues for systemic improvements



Create staff engagement

- Reinforce and hardwire excellent communication between staff, providers and patients
- Empower staff by providing them with timely, specific, and personal patient stories and perceptions
- Recognize and reinforce positive behaviors across the organization

OnPurpose, customizable reporting

- Uniquely designed reporting configuration and information use plan based on your culture and unique needs
- Multi-level reporting to deliver the right content, format, and timing for each stakeholder from staff nurses and medical directors to ancillary directors and senior executives
- Available to individual providers, nurses, teams, units, and executive roll-up of multiple departments
- Ad Hoc reports available for special projects

Reach operational improvement goals

- Track effectiveness of operational improvements in real-time
- Hardwire adherence to care processes
- Improve adoption of new policies and practices



Tools & Resources

To support your team to achieve its HCAHPS performance improvement goals, we are pleased to offer these value added Educational Resources and Implementation Tools. For more information give us a call at 800-667-7325, or email webinars@customlearning.com.

Tools

- One Hour (Free) Coaching Call
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- The CEO's Service Excellence Initiative™ - (no charge – travel expenses only)
A comprehensive 2 day Service Audit and dynamic 4 hour HCAHPS Leadership Seminar
- HCAHPS HOPE Plan™ - Implementation System
A systematic Blueprint/Tool Kit to continually improve and sustain HCAHPS scores.
- The HCAHPS 60 Day Quickstart™
High impact training, coaching and best practices to get HCAHPS scores moving quickly.
- HCAHPS Performance Improvement E-learning Series
10 Module Online Interactive Education Series that enables all staff be HCAHPS competent.
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 - National Symposium on HCAHPS Success
- Brian Lee, CSP, Onsite Keynote Presentation
 - The Magic of Engagement™
 - The Six Secrets of a World Class Patient Experience™
 - The HCAHPS Hospital of Choice™

Frequently Asked Questions (and Answers)

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If you have already registered for the series, please go to: www.telenect.com/u/7tkyhk56u and at the bottom of the screen you will see an 'Already Registered' button. Login using your email address and the password you previously created. If you have forgotten your password please click 'I forgot my password' and you will receive an email from Telenect asking you to reset your password.

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2. I don't know my Sponsor Code so what do I put in the field?

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Once you log-in to the webinar there will also be a link under the 'Description' containing the document download.

4. Can I get CEU's from the HCAHPS Breakthrough Webinar Series?

No. Unfortunately we do not issue CEU's for this webinar series. You can contact your governing organization to see if they are able to issue them for you.

5. I'm going to be late for the webinar or miss it entirely, can I still watch it? How long do I have to watch it?

Yes, you can begin the webinar any time after it begins at its set time. We don't want you to miss it so if you join late it will take you right to the beginning as we are recording it for the archive file. If the entire webinar has passed you can log-in to your account and access it anytime. You will have access to the webinar series for 1 year from the date the webinar originally aired.

6. How do I access the tools mentioned in the webinar including the certificate?

In order to access the tools you will need to complete the evaluation form in one of two ways. The first way is electronically. Once the webinar has finished you will be re-directed to a website where it will give you further instructions including a special log-in username and password. On the last question of the evaluation page there is a link that you can copy and paste into your browser to access all of the tools, including the certificate.

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The second way to access the tools is to complete the paper copy of the evaluation form and fax it into our office.

Our office will be in contact with you via email with the link to the tools.

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First double check the basics:

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7. Some sound cards are only able to play audio from one source at a time, so make sure no other applications are using your sound card.
8. If your audio is not working in any other application, try restarting the system before turning to your computer manufacturers' support.

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You've just heard from us, now we'd like to hear from you. Thank you.

We **totally employ** about # _____ full and part time staff, at _____ facilities.

1. **For me, the most valuable idea I learned and intend to use is:** _____

2. **What I would tell others about the quality of the speakers and value of the content:** _____

_____ O.K. to quote me: YES NO

3. **Presentation improvements I would suggest:** _____

4. **On a scale of 1 - 5, this presentation:** (Met My Expectations) 5 4 3 2 1 (Did Not)

5. **Featured Free Implementation Tools:**

Yes A. Service Excellence Council Charter

Yes B. Interested in Scheduling Our **Team Coaching Call**

6. Yes Please provide the White Paper on using “Real Time” Patient Feedback to create a more Patient Centered Culture and Improve HCAHPS Scores.

7. **P.S. – My Best Tip:** _____

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