

Cleanliness Matters

Cleanliness of Patient Rooms

HCAHPS Breakthrough Series

Thank You
Partners



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OUR CREED

We make a difference in the lives of people who make a difference in the lives of people

OUR MISSION

Creating a 5 Star Culture of Healing Kindness

OUR PASSION

Creating Patient Relationship Experts

OUR VISION

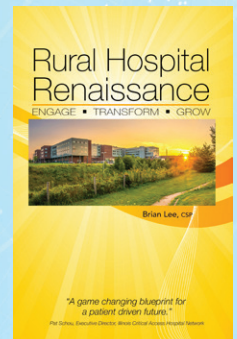
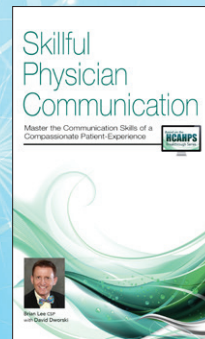
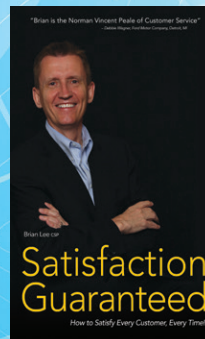
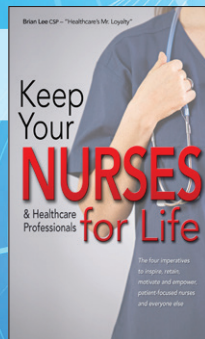
Kindness Care Everywhere



Brian Lee CSP
Healthcare's Engagement Expert



- Founded Custom Learning Systems Group Ltd., 1984
- Author of 8 books and 68 Audio/Video programs
- #1-Rated Customer Service Speaker in the world - 2 years (International Customer Service Association)



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Cleanliness Matters™

Cleanliness of Patient Rooms!

Cleanliness is next to Godliness...Cleanliness Matters!

Question:

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

Lead by Example

Lead by example



Be aware that your people notice **everything you do**

"We must become the change we want to see in the world."

- Mahatma Gandhi

Cleanliness Questions and Why They Matter

Question:

Have you ever been curious about the source of the phrase "Cleanliness is next to Godliness"?

Answer:

Some say:

- John Wesley, Sermon in 1778
- An archaic proverb found in Babylonian and Hebrew religious tracts
- It is still invoked, often as an admonition to wash or clean up

Question:

- Is there any doubt in your mind that hospital cleanliness must be a priority for everyone?

HCAHPS Domain – Cleanliness of Patient Rooms

Survey Question:

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

Domain Owners:

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

Domain Staff Owners:

Nurses, Housekeepers, CNAs, Dietary, & everyone who visits the patients' room

Current National Threshold (combined with *Quiet*) is:

(Rated a 4 – "Always"/50th Percentile)

72%

What's Yours? _____%



Why Cleanliness Matters

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



HAIs Defined:

Hospital Acquired Infection (HAI) or Hospital Acquired Pathogen (HAP)

- Are diseases and organisms described by Centers for Disease Control (CDC)
- All are preventable

Patient's Greatest Fear: HAI's

At the SHSMD Conference in Phoenix, attendees were asked to list the top four patient fears. Their response:

- Infection - #6 leading cause of death
- Incompetence
- Death
- Cost

Every HAI, diseases and organism requires some combination of:

- Antibiotics
- Additional precautions, including total isolation

Why Cleanliness Matters: Hospital Acquired Infections = Unnecessary Readmissions

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.



Cleanliness Checklist

Here's what we're not going to cover . . .

- The Centers for Disease and Control Prevention (CDC) is the main resource for guidelines when developing/updating facility policy. www.cdc.gov
- Each state has regulations for health facilities in the state. State regulations may have a greater number of guidelines but no less.
- Facilities that are in a corporation will have specific corporate guidelines – these may be more restrictive than CDC and/or state but no less restrictive.

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 gown
- 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 an organization-wide culture change?

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

Blame Free Zone:

- ☐ Staff does not engage patient in placing blame on Housekeeping's failure to immediately appear
- ☐ The best demonstration of a hospital staff that cares is a focus on solutions – not on placing blame

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.

Bodily Fluid Spills Suck

- ☐ Phlebotomists take care to avoid body fluid spills on linens, floors, or other surfaces
- ☐ Ensure spills are cleaned up and linens replaced
- ☐ Remove all tourniquets, bandages, syringes, gloves and dispose of them properly

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
- ☐ Especially in an era of global pandemics



Freedom to Clean: We're All House Keepers

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.
- ☐ Report or immediately deal with:
 - Excessive dust
 - Spoiled food
 - Dried spills
 - Unsightly stains on walls, floors, or ceilings
 - A mess under a bed, only seen once it's moved

Question:

With the serious risk of hospital acquired infections and the high importance of a sterile environment... Why have we allowed the culture in some hospitals to see Housekeeping as invisible and less than important?

Conclusion:

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

We are all housekeepers!

Request Your CEO:

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



All Change Begins with Awareness!

The awareness by all of us of the potential for hospital-acquired infection requires constant vigilance and action for cleanliness.

A panicked young employee...

- Charges into the CEO's office with report of an overflowing toilet. *“What do we do about this?”*
- CEO gets up, says *“I'll show you...come with me!”* Goes to the supply closet, gets buckets and mops, leads the young staffer in cleaning up the situation.

Everybody's responsible for a clean hospital.

To Summarize: We'll **never** solve our cleanliness problems until **we all** own them.



Tools, Equipment and Resources

Latest Tools and Equipment for Reducing Infections - From a report by Herman Miller Co.

With short-staffing in Environmental Services, hospitals are addressing the problem of cleaning rooms in less time in a variety of ways

- Install patient room furnishings designed for easy cleaning, i.e., surfaces without crevices

i-Robot

- There are machines available that spray a fine mist that disinfects an entire room

Surveillance Software

- There is surveillance software that detects an infection trend on a patient floor, so corrective action can be taken

Black Light “Goo”

- Some hospitals use invisible “goo” to test how effective cleaning crews have been at wiping out bacteria. Spots the crew misses show up under black light
- Share results with the crew, give them additional training, and the “missed spots” will disappear – and overall effectiveness will increase

Microfiber Solution

- Use microfiber mops and cloths. They can hold six times their weight in water, have a positive charge that attracts dirt, and cut down on cross-contamination when compared to cotton-loop mops, which need to be “re-dunked” more frequently

Sanitizers Everywhere

- Install alcohol-based hand sanitizers throughout a hospital.
- Placement at entrances and exits from rooms is critical for maximum use

Hydrogen Peroxide Vapor

- Hydrogen peroxide vapor technology reduces risk of hospital-acquired infection
- Disinfection of hospital rooms with hydrogen peroxide vapor in addition to standard cleaning reduces environmental contamination and the risk of infection with multidrug-resistant organisms (MRDOs) – Medscape Reference

Splash Free Sinks

- Be attentive to sink placement:
- Deep, splash-free sinks should ideally be located near the door and at least three feet away from the patient

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?



Cleanliness Sentence Starters

Question:

When and how will you effectively communicate to patients and families the importance you give to cleanliness and their safety?

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..."

Bedside Caregivers Can Say...

"Our team is always going to keep your room and bathroom clean. Please let me know if you have any concerns about the cleanliness of your room and bathroom."

When Leaders Round

"Do you mind if I check your room and bathroom to make sure that we're always keeping everything clean for you?"

Use "Behavior Labeling"

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."

Clean and Tell

"Mrs. 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.)

Manage Expectations for "Cleanliness"

- *"Let me scrub your tray tables, Ms. Hill, just to be sure it's nice and clean."*
- *"We always want to make sure your room and bathroom are clean for your protection."*

Be Aware

Most people hate scripting, and will tell you: *"I am not a robot!"*

Observation:

It takes 21 days to form a habit!

You can become comfortable using these sentence starters if you use them regularly.

Summary:

When it comes to infection-control awareness, we need to remember that

- *Our words are powerful reminders to do the right thing*

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 that “*Behavior is Communication*”?

Charter a Service Excellence Council

Engagement by all staff in the fight against HAIs 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

Service Excellence Council Charter

1. Coordinate leadership & frontline education
2. Implement priority best practices
3. Monitor patient survey results and ensure continuous improvement

Would you be willing to serve on your Service Excellence 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?

Team DO IT Plan

TOOLS

- ☐ 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

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 x2202, or email webinars@customlearning.com.

Tools

- ☐ **Thirty Minute Coaching Call** *(Complimentary)*
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- ☐ **Brian Lee, CSP, HoF, Live Stream Keynote Presentation**
 - Magic of Engagement™ (90 minutes)
 - How to Win Back Every Single Patient™ (60 minutes)
 - How to Inspire Caregiver Heroes Everyday™ (60 minutes)
 - Reignite Your Community Reputation™ (60 minutes)
- ☐ **Ignite the Patient Experience™** (Administrative fees only)
A comprehensive 2 day Service Engagement and dynamic 4 hour HCAHPS Leadership Seminar
- ☐ **The Everyone's a Caregiver® App**
A time-sensitive web-based learning tool to educate and empower everyone in your hospital, and improve patient satisfaction scores.
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- ☐ **HealthCare Service Excellence Conference** - HealthCareServiceExcellenceConference.com
 - HealthCare Service Excellence Live Stream Summit
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 - Includes the Annual CAHPS Symposium

Frequently Asked Questions (and Answers)

1. How do I register?

You need a personal invitation email to register. Anyone who is registered can invite you! See question 7.

2. How do I log-in?

If you have already registered for the series, please go to: webinars.customlearning.com and you will see the login field. 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 us asking you to reset your password.

If you have additional challenges logging into the webinar please contact webinars@customlearning.com or 1.800.667.7325 x2202

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

Your Sponsor Code is pre-populated after you register from the link in your emailed invitation.

4. It is the day before a webinar and I have not received the Learning Guide. How do I get it?

We will be sending out a reminder email with a link to download your Learning Guide 24 hours prior to each webinar. The email will come from *HCAHPS - Custom Learning Systems*. Please check your Spam/Junk mail to see if the email has landed there. If you still have not received the email, be sure that you have registered, go to the appropriate webinar and download by clicking the *Access Learning Guide* link. We will be adding the new Learning Guide 24 hours in advance of each webinar.

5. Can I get CEUs from the HCAHPS Breakthrough Webinar Series?

Unfortunately, we do not issue CEUs for this webinar series. You can contact your governing organization to see if they are able to issue them for you.

6. 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 airs 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.

7. How do I add/invite others to the watch the webinar series?

Once you are logged in, on the top right side of the screen, click the *Invite Others* button. Enter their email address, click *add email*, then click *Send Invitations Now*. They will receive an email invitation to register for the webinar series.

8. 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.

After you complete your evaluation, there is a link that you can click to access all of the tools, including the certificate.

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

Fax: 403-228-6776 or email webinars@customlearning.com

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

9. Is there a phone number for me to call in to hear the webinar?

No. There is no phone number or conference line for you to call. You will need speakers on your computer.

If the video is playing, you should also be hearing the audio since they are part of the same stream.

If you have no sound, double check the basics:

- 1 Make sure you have speakers
- 2 Verify that the speakers are plugged in
- 3 Make sure the speakers are not "muted"
- 4 Make certain the volume of the speakers is turned up
- 5 Check to see if the speakers are working in another application.
- 6 If your audio is not working in any other application, try restarting the system before turning to your computer manufacturers' support
- 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/speakers

For additional sound issues, please contact your institution's technical support team.



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HCAHPS Breakthrough Leadership Series

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You've just heard from me, now I'd like to hear from you. Evaluation is the "genius" of growth and we sincerely value your contribution to this learning experience. 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 Implementation Tool:**

Yes A. Service Excellence Council Charter

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

6. **P.S. – My Best Tip:** _____

_____ ☐ More on Reverse

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