

ALWAYS CLEAN

EFFECTIVE PRACTICES OF PERFORMANCE LEADERS

CASE STUDY



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STATEMENT OF INTEREST

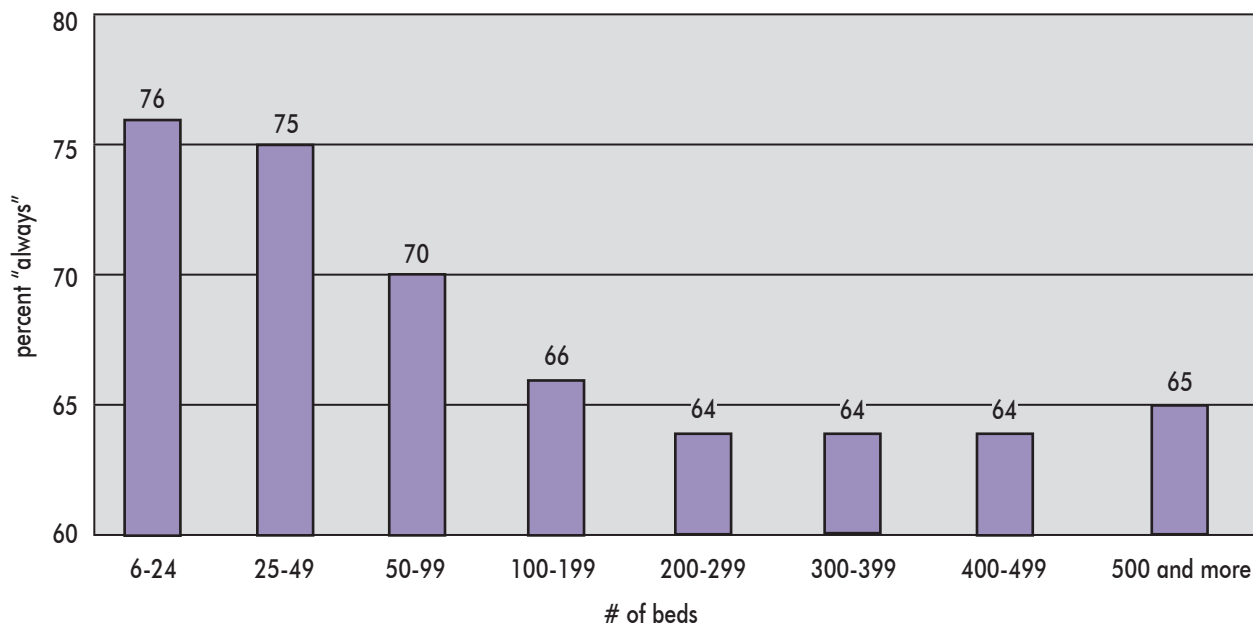
The patient opens the drawer of the over-bed table and finds dried food spilled in the compartment. A postpartum patient uses her bathroom for the first time and finds dried blood on the wall next to the toilet. Family members see blood on the side rail from when the IV was started the day before. Cleanliness of the environment is important to patients and families. Studies have found patients' perceptions of cleanliness to be associated with their perceptions of quality,^{1,2} and their overall evaluation of their hospital experiences.^{3,4,5,6}

When inpatients were asked "How often were your room and bathroom kept clean," 70% of patients responded that their rooms and bathrooms were "always" clean while 30% indicated that they were not always clean. Analysis of the data revealed that smaller hospitals had a higher percentage of patients that responded with "always" for cleanliness than larger hospitals (see Figure 1).⁷ In addition, the, north central regions of the

United States had higher percentages of patients that responded with "always" on this question than other regions. States in these two regions include: Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska and Kansas.

According to the national HCAHPS publicly reported survey results, when asked how often the patient's room and bathroom were kept clean, on average 70% of patients responded that they were "always" kept clean. However, for hospitals that were performance leaders who participated in this case study, 85% to 90% of their patients reported that their rooms and bathrooms were "always" clean. Interviews conducted with personnel at four of these institutions revealed their best practices. The hospitals are located in various states across the United States including California, Colorado, Minnesota, and Ohio ranging in bed size from 24 to 220 beds.

Figure 1. Patients that always had their room and bathroom kept clean by hospital size.



ORGANIZATION:

City of Hope National Medical Center

PERSONS INTERVIEWED:

Janna Hoff, Vice President for Quality and Patient Safety

Ellen Shivers, Environmental Services Director

Louise Sipos, Manager of Patient Advocacy

The City of Hope National Medical Center is a 220 bed research hospital located in Duarte, California. The majority of their patients are housed in the main facility which was built four years ago. Forty surgical beds are located in an older portion of the hospital which has been renovated. All inpatient rooms are private. A large percentage of the hospital's patient population (90%) is oncology patients with the remaining 10% consisting of diabetic and islet cell transplant patients.

Environmental service responsibilities are outsourced to Sodexo, a provider of food and facilities management services. The Environmental Services staff have a Director and 132 staff employed by Sodexo. Sodexo's mission is to create and offer services that contribute to a more pleasant way of life for people wherever and whenever they come together. Environmental Services staff at City of Hope receive extensive training. Orientation for new staff includes training with videos and discussion of performance expectations. The orientee works side by side with an experienced staff member for three to four days and is then assessed to determine further orientation needs. Continued training addresses customer service, procedures and safety issues in the healthcare environment. Sodexo's *Focus on Service*, is a training program consisting of ten

customer service learning modules, that has been in place for over four years. Ongoing training on procedures and safety is provided in weekly meetings. During staff meetings, compliments received from concurrent patient interviews and from patient emails are shared. Recently an email was shared which recognized a staff member who regularly rounded to pick up trash. His performance stood out because he consistently greeted everyone with "Good morning. How are you doing?" Recognizing staff is felt to help to reinforce the housekeeping staff and respective behaviors that demonstrate excellent customer service.

Housekeepers have a consistent routine when cleaning a patient's room. Consistently the housekeepers:

- Knock and say, "Housekeeping, my name is I'm here to clean your room. May I come in?"
- Employ a seven step process to clean patient rooms.
 1. Remove linen and trash
 2. High dust out of reach areas (e.g., top of picture frames, televisions)
 3. Damp wipe surfaces (e.g., over-bed table, phone)
 4. Dust mop the floor
 5. Clean the bathroom
 6. Mop the floor
 7. Check room
- Interact with the patient while they clean. Patient lengths of stay are longer at City of Hope than what is typical for many hospitals. Half of the patients, hospitalized for bone marrow transplants, have an average stay of

30 days, with some staying as long as 100 days. Housekeepers have ample opportunity to establish rapport with the patients and their family as they clean the patient's room day after day. Patients often know the housekeepers by name.

- Ask "Is there anything else I can do for you?" before leaving the room.

Unlike the other performance leaders that were interviewed, City of Hope is located in a metropolitan area. In small communities, employees and their families have often lived in the area much of their lives and may have strong ties to the area and its residents. In metropolitan areas, the workforce tends to be more mobile. At City of Hope, the second shift tends to have more turnover than the first shift due to family and school obligations of those employees. Although exact turnover rates are not known, those interviewed did feel that Environmental Services at City of Hope has lower turnover than the other hospitals in the area.

A competitive starting wage is offered to housekeepers, and is within one dollar above the minimum wage for the state of California. A factor that is believed to enhance recruitment and retention of staff is their opportunity for advancement. Housekeeping staff have the opportunity to be promoted to a lead or manager position.

All staff at City of Hope have a heightened awareness of the risk of infection in their many immunosuppressed patients and all are responsible to maintain a clean and safe environment for the patients. Examples of processes aimed at achieving this include nurse rounding, monthly environmental rounds and infection control rounds. In addition, clutter is kept to a minimum. Flowers

are not brought into the rooms, and families are encouraged not to bring unnecessary items from home. Storage space encloses blood pressure cuffs and equipment. The absence of clutter makes it easier to clean the rooms.

Housekeepers are very much a part of the City of Hope patient care team. Relationships exist between housekeepers and other staff such as nursing. As a team, they know and care about each other and celebrate accomplishments together. One example of this collaborative environment was a recent celebration for Bosses Day including both nursing and housekeeping staff.

ORGANIZATION:

Banner East Morgan County Hospital

PERSONS INTERVIEWED:

Margaret Chouinard, Environmental Services & Dietary Manager

Wendy Danielson, Service Excellence Manager

Marcy Givens, RN, Quality Analyst

Sheri Mills, Environmental Services Technician

Christina Muth, Environmental Services Technician

East Morgan County Hospital (EMCH), part of the Banner Health System, is a 25 bed critical access facility located in Brush, Colorado. Brush is a community of 5,000 people. The hospital, built in the 1960s, has undergone remodeling and updating over the years. Patient rooms are predominantly semi-private with two rooms set up to be private. The Environmental Services (EVS) department includes a manager and five technicians who perform the cleaning of the hospital.

“This hospital is ... one of the cleanest kept hospitals I’ve seen.”

- A Patient

“I am proud that EMCH has a wonderful housekeeping group of people. They do a good job.”

- A Patient

EVS Technicians at East Morgan County Hospital take pride and ownership in their work and believe that teamwork and communication facilitate their success. The EVS technicians are valued members of the care team and are respected by the nursing staff. They work well together and treat each other as family, regardless of their job titles.

Most technicians have worked at East Morgan County for many years. The average length of employment for those who work the day shift is 8 years, and 2 to 3 years for those working nights. According to Margaret Chouinard, EVS and Dietary Manager, Banner wants employees to be life long employees, and to work with the organization until they retire. Therefore, employees are encouraged and supported to learn new skills, grow and develop. This may involve learning to do staff scheduling, training, perform inventory, or attend formal educational programs such as nursing.

Several EVS technicians are attending school and will continue employment at East Morgan County in other positions upon graduation.

Daily cleaning of the patient rooms include:

- Removal of soiled linen and trash
- Dusting and mopping of the floor
- Cleaning of mirror, toilet and shower
- Damp wiping of items such as door handles, over-bed table, phone, and bed rails
- Checking window and privacy curtains for dust and repairs

The EVS technicians maintain a focus on the patient while they clean their room by:

- Greeting patients warmly with a smile.
- Showing that they care about the patient by taking time to converse while they clean. Since the community is small, often EVS technicians know the patient. The dialogue often begins with “How are you feeling today?” and continues with conversation about what is important to them in their lives such as grandchildren.

“I enjoy the patients. They love to visit if they are feeling up to it.”

- Sheri Mills, EVS Technician

- Expressing care and concern for patient safety by actions such as pointing out that the floor is wet.

- Responding to the needs of patients and nurses by promptly addressing cleaning requests.
- Involving the patient in determining the best time for cleaning.

Sheri Mills and Christina Muth, EVS Technicians, concisely summarized the factors which they believe have led to their success:

“We work hard, we care, and we are conscientious.”

ORGANIZATION:

Henry County Hospital

PERSONS INTERVIEWED:

Marilyn Bremer RN, Lead Patient Care Supervisor

Kim Bordenkircher, CEO

Judy Buehrer, Housekeeping Supervisor

Jerry Erven, Facilities Manager

Jennifer Fisher, Human Resources Manager

Linda Oman, Manager of Quality Improvement Services

Henry County Hospital is a 25 bed critical access hospital located in Napoleon, Ohio. Napoleon has a population of 9,300. The original hospital was built in 1982 with subsequent additions completed in

1988, and again in the spring of 2008. Construction of the most recent addition occurred at the same time that 89% of patients reported that Henry County Hospital room and bathrooms were “always” clean. During this time, inpatients were relocated to various other areas while construction was underway. All of the patient rooms in this hospital are private. The cleaning department at the hospital consists of a housekeeping supervisor, and 13 employees.

“When guests tour our hospital, they always comment on the cleanliness and appearance of the entire facility.”

- Kim Bordenkircher, CEO

The housekeepers have a daily routine:

- The typical day begins with removing trash from patient rooms. This is done early.
- At approximately nine o'clock in the morning, cleaning of the rooms begin. The housekeeper knocks on the door and says, “Housekeeping. Would you like your room cleaned for the day?”
- While the housekeeper cleans, he/she engages in conversation with the patient. In a small community, such as Napoleon, there is usually a pre-existing relationship and rapport with the patient as they are often a neighbor, family member or a family friend.

- Before the housekeeper leaves the patient’s room, the housekeeper asks, “Is there anything else I can get for you?” Often the patients ask for an extra blanket, for the room temperature to be adjusted or the blinds to be closed. These small comfort measures are attended to by the housekeeper.

At Henry County Hospital, the average length of employment for housekeeping staff is 8 to 10 years. The most tenured housekeeper has worked at Henry County Hospital for 19 years. The housekeepers have a strong sense of ownership and pride in their work. When there is a position to be filled, Judy Buehrer, the Housekeeping Supervisor strives to identify applicants who will be a good fit for the organization. She does this by asking what they would do if a problem arose on a busy, hectic day and the nurse did not speak in a soft manner to them. Recruitment of new housekeepers is enhanced by a pay scale which begins at more than a dollar over minimum wage.

When new housekeepers are hired, they are oriented side by side with an experienced housekeeper for 2 to 3 weeks. During this time, they are oriented to the environmental service needs of every department, and every shift by the housekeeping supervisor and their peers. Orientation is extended if there is any area where the new housekeeper feels they need more time.

The respect, teamwork and communication that exists between nurses and housekeepers is attributed to nurses having “walked in their shoes.” At Henry County Hospital, there are nurses who began their employment as a housekeeper, went on to school and later became a nurse. These nurses realize how important it is to communicate with the housekeepers and not to leave unnecessary messes for the housekeepers to clean.

Hospital leadership cares about the housekeepers. During annual housekeepers’ week, the housekeepers are recognized for their contribution to patient care with a luncheon in their honor. In addition, the supervisor is supportive of needs that housekeepers may have; the supervisor sits side by side with staff who are not fluent in English to help them complete the mandatory annual reviews.

At Henry County Hospital housekeepers take pride in their work and do not require frequent monitoring to do an excellent job. Manager rounds and peer inspections to monitor quality of cleanliness are conducted approximately once every two months.

ORGANIZATION:

Sanford Regional Hospital Worthington

PERSONS INTERVIEWED:

Linda Holinka, Housekeeper

Doug Konold, Housekeeping Manager

Doris Scholten, Performance Improvement & Risk Management Manager

Colleen Somnis, Housekeeper

Sanford Regional Hospital Worthington is a 64 bed general acute care hospital located in southeastern Minnesota. Worthington is a community of 11,000 people. The original hospital was built in 1951, and has undergone numerous renovations and expansions. Currently, the medical-surgical inpatients are in an area that was built in 1971 and the obstetrical patients are in a women’s center that was built in 1999. There are both private and semi-private patient rooms in this hospital. The

hospital employs a housekeeping manager and 19 cleaning staff.

“The cleaning staff was excellent.”

- A Patient

The typical day for housekeepers at Worthington begins with communication with nursing staff. The nursing staff share information that enables the housekeepers to prioritize appropriately to best meet the needs of patients. At times, needs arise during the night requiring the housekeeper’s immediate attention in the morning. After those needs are met, the housekeepers begin cleaning patient rooms. Consistently, the housekeepers:

- Knock and say, “Good morning. This is housekeeping. May I clean your room now?” Although they do not verbally identify themselves by name, they do wear name badges with their name in large print.
- Clean patients’ rooms when the patients are not eating. If the patient is eating, they ask if they may begin with the bathroom.
- Clean rooms of patients who are having a procedure, when the patient is out of the room.
- Daily cleaning includes dusting flat surfaces, lights and furniture. The room is straightened up (e.g., blankets folded, bedside table arranged within the patient’s reach) so it appears neat and orderly. The bathroom is cleaned and the floors are dusted and scrubbed.

- Are personable and interact with the patients while they clean. They look for the little things that they can do for the patient that will make a difference (e.g., getting equipment fixed as needed such as the television, caring for flowers and adjusting the room temperature for the patient).
- Extend best wishes to patient upon leaving the room.

According to Doug Konold, Housekeeping Manager, the majority of the housekeepers have worked at the hospital over half of their lives and turnover is essentially nonexistent. Over the years, employee selection has centered on hiring housekeepers who enjoy being around and interacting with people (i.e., “people persons”). Every month, housekeepers rotate to a different floor enabling them to maintain relationships with staff throughout the hospital.

All staff at the hospital, with the exception of management, laboratory, radiology and physical therapy, have been unionized for over 30 years. The housekeepers feel that this may have influenced their pay, which is “considerably more than minimum wage.”

The housekeepers at Sanford Regional Hospital Worthington take pride in their work. There has been no need to conduct quality monitoring for cleanliness. According to Colleen Somnis and Linda Holinka, housekeepers at Worthington:

“We treat patients as if they were guests in our own home...we give them respect and privacy.”

Recent employee engagement survey results indicate that 100% of the housekeeping staff, responded that the norm at their organization is to provide excellent service to their external customers (the patients), and 92% responded that they truly enjoy their day-to-day work.

Discussion

Four institutions revealed their practices, policies and systems for keeping patient rooms and bathrooms clean. All of the performance leaders reported that wages for housekeepers were above minimum wage for their geographical area. Although a comparison of salaries is difficult due to regional differences in the cost of living, each of these performance leaders pay above minimum wage for their location. According to the Fair Labor Standards Act, the federal minimum wage effective July 2008 was \$6.55 per hour. However, individual states may have higher minimum wage laws, in which case, the employee is entitled to the higher wage.⁸ A 2008 survey of the housekeeping industry reported salary information for frontline employees. The majority of respondents (45%) reported paying frontline employees between \$9.50 and \$15.00 per hour, 29% reported paying between \$8.50 and \$9.50, 24% reported paying between \$6.50 and \$8.50, and 2% reported paying more than \$15 per hour.⁹ The respondents to the survey were from various fields with the majority (40%) working in hospitals, 12% from other healthcare organizations, 12 to 13% from colleges/universities, and 10% from hotel/motel service organizations. This 2008 survey indicates that many healthcare organizations pay more than minimum wage, so wage is not likely the main factor contributing to the high scores on cleanliness or more organizations would have higher scores on this question.

The age and structure of facilities for these performance leaders varied from brand new

construction, to hospitals that were forty years old (with renovations). Some hospitals had private rooms while others had semi-private rooms. Thus, the physical structure of hospitals was not a consistent factor in the performance leader's high scores for cleanliness.

There were several consistent factors revealed by the performance leaders. The housekeeping staff at these high performing hospitals felt appreciated, valued, respected, and a part of the overall team. Leadership and nursing staff play an important role in engaging the housekeeping staff. Nursing staff does this by establishing relationships with the housekeeping staff and treating them with respect. Leadership does this by showing appreciation through public recognition (e.g., sharing compliments received from patients and other staff and through celebrations). As a result, housekeepers reported enjoying their work and were committed to doing their very best for the patients. Research has shown that when employees are committed to quality and service, customers correspondingly report being more satisfied and are more loyal to the organization.¹⁰

No magical prescription for cleaning patient rooms was uncovered. Individual facility standards were articulated in each interview. Daily cleaning of patient rooms by all performance leaders consistently included:

- Removal of soiled linen and trash
- Dusting/damp wiping of items such as door handles, lights, over-bed table, phone, and bed rails
- Cleaning of bathroom
- Dusting and mopping of the floor

The housekeepers at these high performing facilities engage in conversation with the

patients while they clean. Patients often know the housekeeper by name. Interactions may be considered to be “small talk” (e.g., How are you today, Mrs. Smith), but the conversations show that housekeepers are sincerely interested in the patients. In smaller community hospitals, and in hospitals in which the patient population has a lengthy stay, it may be easier to engage patients because they may already be familiar with the patient, and/or have more time to establish a relationship with the patient during the patient’s stay. However, it is not essential to know the patient in order to be patient-centered. The challenge for larger hospitals, which typically have lower scores on cleanliness, is to consistently implement the behaviors of the performance leaders to engage the patients.

- Knock before entering, introduce oneself and ask for permission to enter
- Express care and concern by asking “How are you doing,” “Is there anything else that I can do for you?”
- Engage in conversation with the patient such as asking how they are doing or talking about the weather.

It is unlikely that engaging the patient without quality cleaning will result in patients having positive perceptions on the cleanliness of their rooms. It is unlikely that the most caring interaction between the housekeeper and patient will have a positive impact on patients perceptions of cleanliness if there is still dried blood on the side rails, the over-bed table is sticky or the bathroom was not cleaned. A competent housekeeper is likely to be a key variable. On the other hand, quality cleaning without interacting with the patients may not result in the highest patient perceptions of cleanliness.

Conclusions

Interviews with performance leaders have identified practices which may be associated with patients’ perceptions of their rooms always being clean. However, research comparing practices of performance leaders to practices of low performers is needed to identify practices that conclusively make a difference.

Research questions include:

Is there a relationship between engaged, satisfied housekeepers and patient perceptions of cleanliness?

Do patients who have rooms that are cleaned by caring engaging housekeepers have a higher perception of cleanliness than those who have housekeepers that do not express caring?

Are both quality cleaning and an engaging interaction with the housekeeper present in patients who have high perceptions of cleanliness?

In the absence of research on factors influencing patients’ perceptions of cleanliness, hospitals may achieve improvement by implementing the practices found to be consistent among the performance leaders and consistent with key practices identified by experts in the housekeeping industry:¹¹

1. Provide excellent service to your staff by getting to know them and showing appreciation for what they do.
2. Provide excellent service to your customers by always keeping their room and bathroom clean
3. Go above and beyond in satisfying your customers.

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