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Strategic Alignment: Service – Provide a worry free, healing environment for patients
Finance – Prevent loss of CMS value based purchasing reimbursement
Community – Perception of MUHC facilities
Growth – Increase patient volumes due to improved facilities

Aim Statement
To reach the 75th percentile for patient satisfaction for the NRC Picker question “During this hospital stay, how often were your room and bathroom kept clean?” for the MUHC HCAHPS population for the performance period April – December 2012.

Plan
Problem Statement
- It is important all patients are satisfied with all aspects of the care they receive at MUHC. If we fail, we risk not only alienating patients, but also losing CMS reimbursement due to poor HCAHPS scores.
- As of October 25, 2011, MUHC had a Cleanliness / Quietness performance score of 60.9% which ranked MUHC in the bottom 35th percentile.
- For the “During this hospital stay, how often were your room and bathroom kept clean?” question of Cleanliness / Quietness, MUHC ranked at the 31st percentile of hospitals.
- Initial data showed University Hospital should be primary focus.

Approach
- A methodology called 5S was used to accomplish the goal. 5S is used to organize work areas so that we may improve workflow efficiency and effectiveness. The five S’s are:
  - Sort - only the necessary items needed to do the work are in the area.
  - Set in Order - place the needed items in the appropriate location.
  - Shine - make sure the area is clean.
  - Standardize - make a process of the first three S’s across the board.
  - Sustain - maintain the gains that have been produced.
- In this project, the five S’s were used as guidelines to help members decide on what items were necessary in each room, where items should be placed, how to keep rooms clean, and to standardize all these processes across the hospital.

Study
Initial Steps
- Determined key stakeholders and formed an improvement team in October 2011 that began meeting in November 2011.
- Rounded on patient rooms and determined that core issue was not that the room were not clean but that they were cluttered with excess equipment, supplies, and patient belongings.
- Prioritized room clutter issues and formed four sub-teams to address.

Interventions
- Determine proper room setup guidelines.
  - Room contents
  - Number of items in the room
  - Item Positioning
  - Determine key stakeholder roles / emphasis areas
- Room Setup guides for training and staff reference implemented May 2012 (Figure 2).
- Stakeholder education conducted May 2012.
- Established weekly HCAHPS meetings to review data at an individual unit level.
- Daily rounding on patients to ensure that patient expectations are being met.
- Implemented folding chairs to save space on floors 6 and 7.
- See the Timeline in Figure 1 for more project details.

Specific Measures
- HCAHPS scores and percentile ranking for the question “During this hospital stay, how often were your room and bathroom kept clean?”
- Room setup scores from rounds entered into Sentact.

Next Steps
- Develop room setup guides for the new Patient Care Tower.
- Deploy principles when developing future space.
- Continue implementing shelves in patient cabinets.
- Continue using setup guides for new employee training.
- Continue to monitor and take action to improve scores.
- Continue to monitor room setups and clutter during rounding.
- Monitor impact on scores from the opening of the new Patient Care Tower.
- Formation of team to address tube feeding supply storage.
- Add feedback mechanism for alerting units when maintenance tasks have been completed on patient rooms.