

QA IN HOUSEKEEPING & ENVIRONMENTAL SERVICES

Bridging the Healthcare Performance Gap

BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, these are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on it to meet their needs for access to great patient care.

Historically, the healthcare team has been thought of as those clinically-oriented departments that are directly involved in the delivery of patient care. While they are key members of the team, it is important to recognize that they could not be as effective in their roles if it were not for the contributions of the non-clinical members of the team such as the housekeeping and environmental services. There would not be an appropriate environment in which to deliver safe patient care if it were not for the efforts of the people who maintain the cleanliness of the physical plant, ensure that the appearance of the building makes the people feel comfort-

able and reduce the potential for the spread of infection.

The housekeeping and environmental services staff control three critical encounters in the patient experience. This very important department controls the first impression that people have as they enter the healthcare organization, the aesthetic perception of the building in general and the general infection control safety for people when they are inside. (See the on-line module titled *Building the Patient Experience*.)

As the saying goes, "first impressions are lasting impressions" and they set the stage for how the patients and visitors to an organization will perceive their next encounter. The first encounter as a patient or visitor enters the facility are the physical appearance and odor control. Some of the critical impressions that housekeeping and environmental services control are:

1. How clean does the general building appear?
2. How free from obnoxious odors does the patient care environment seem to be?
3. How readily does the organization respond to cleaning

needs?

4. How safe do people feel inside the building? (Cleanliness is an important safety perception linked to health care.)
5. How friendly and caring do staff members seem to be (The average patient looks to housekeeping as an honest measure of organizational friendliness as they view these people to be less threatening than clinical personnel. As these people are in and out of patient rooms every day, they have the potential to be great ambassadors of good will.)?

In addition to first impressions, the housekeeping and environmental services staff along with maintenance and engineering staff are one of the primary groups who control for physical safety. They control for and monitor numerous aspects of the organization that create the environment where patients, team members and visitors can feel safe. As you review the enclosed list of QA activities for which housekeeping and environmental services have primary responsibility, it is easy to appreciate just how important their role is as a member of the healthcare team.

A healthy quality continuum allows our people to know that:

1. *they are in control of their futures;*
2. *their efforts make a difference, and*
3. *that they are part of creating something better for tomorrow than what already exists today.*

They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.



SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patient define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables to could place them in harms way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their

patient experience.

For the people in the housekeeping and environmental services department, quality means creating a physical space where patients feel that quality patient care is likely to live. Most people inside healthcare care fail to understand the critical importance of the physical environment in creating healthy patient perceptions. The condition and appearance of the physical plant is one of the critical pseudo-measures that patients use to determine the likelihood that they will receive high quality patient care.

The average patient can not actually judge the quality of the patient care they receive to a level that creates a genuine level of comfort. They can not determine if the battery of tests being ordered by the physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, they tend to rely heavily on pseudo-measures of health-

care quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudo-measures in healthcare are cleanliness, friendliness, physical appearance, physical safety, quality of the food and the perception of teamwork. If these pseudo-measures convey a sense of quality, people assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudo-measures, the more comfortable they are that the same attention is given to the details of direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take their roles in the delivery of great care seriously.

WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and manage its compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on *Working with Your Quality Calendar*). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into ongoing efforts to maintain compliance.

Quality and compliance inside health care does not just happen. They are activities that need to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage the activities.

As most of these activities are time and standard sensitive, once they don't happen it is impossible to make them up. For example, if laundry water temperatures do not reach the required hotness during the wash cycle, linens could represent an infectious risk. If the appropriate cleaning agents are not used for cleaning floors and patient care surfaces, infectious risks and toxic reactions are much greater.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it becomes increasingly necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

1. Only schedule activities that must be done on a Monday for that day. Mondays tend to be bad days in healthcare organizations because of

the many issues that spill over from the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompts people to more easily get behind because things from the holiday must be pushed to Tuesday.

2. Similarly, it is best if you minimize the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
3. Try to always set the schedule up so that compliance-related activities never consume more than two hours in a given day for any one person. This is one of the reasons that a calendar is so helpful. It allows people to plan, organize and balance things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
4. Try to always set the schedule so that

WORKING WITH YOUR QA CALENDAR

the compliance activities are carried out as early in the day or shift as is possible. If you get the compliance activities out of the way first, it is easier to make sure that they don't get lost in the chaos of the day.

5. Always set a specific time for an activity to be done. One of the common mistakes that we make in health care is to tell people to get things done before the end of the day. Because these activities tend to be viewed as extras or incidentals by many of our people, they tend to do better in getting them done if the expectation for completion is well defined. For example, if the maintenance director tells a worker to check water temperatures sometime before the end of the shift the employee is much more likely to forget than if he is told to complete the task right before coffee break or between the hours of 8:00 a.m. and 9:00 a.m.
6. Spread the activities across the workforce. The more people involved, the easier it is to reduce the amount of time that the activities will take. Many areas of a healthcare organization suffer from a syndrome called STP— "the same ten people" (or in some places, it can be the same two or three people.) The more responsibilities that are placed on a smaller number of people, the greater the chance that some won't happen. The calendar is designed to assign responsible parties to activities. Involving the staff in these accountabilities increases their awareness of the activity, can serve as an educational activity and increases what a department can accomplish. The biggest problem with "STP" is that when those ten people max out, so does the department or the organization. It is important to break through these self-imposed glass ceiling if people are to make our healthcare organizations everything they can be.
7. For activities that impact more than one department, make sure that they are on the calendar for each entity impacted. This creates a safety-net for the activities because we now have two or more pairs of eyes watching them. For example, humidity levels for the operating room would be on calendars for maintenance and the operating room. While it is generally the maintenance and engineering staff that actually check the humidity levels, it is the oper-

ating room's standards of practice that humidity levels be maintained within the recommended range. It is not a sign of weakness to create a system of checks and balances but it is a sign of weakness to let turf wars get in the way of success and patient safety. Another good example would be pest control in the kitchen. This is a shared responsibility for dietary and maintenance. When organizations have two sets of eyes monitoring for the same activity, the potential for error can be significantly reduced.

8. Schedule the more flexible activities around the work demands in the department. The demands on most departments in a healthcare organization fluctuate to varying degrees. To be respectful of the workforce and increase the potential for getting the work done, it is important to schedule activities to increase their potential for success. For example, most hospitals have peaks and ebbs in their inpatient census. Summer months are frequently less intense for housekeeping services for several reasons. These months may represent a narrow window of time where the demands are fewer and be the best time for things like annual policy and procedure review.
9. Require that documentation on the calendar is completed before leaving the building each day and preferably within two hours of completion. Allowing people to catch up documentation of activities increases the likelihood that appropriate documentation won't get done. It also increases the likelihood that the activity will not get done. Having to document in a timely manner means that employees are more likely to remember to do it and do it accurately.
10. The manager should check the calendar every day. It doesn't take long to glance down through it to make sure every box is filled in and it saves the manager from having to play the "Did-Ya" game. The "Did-Ya" game is one where managers waste time and energy running around all day saying "did ya" to make sure things are getting done. This kind of activity wastes time, takes the manager away from more important things (like

helping to build the organization's future) and can be pretty damaging to staff relations. Checking the calendar every day also saves the manager from any unpleasant surprises. It also conveys the importance of the activities to the workforce. There is nothing more contradictory to a workforce than to have a manager who says something is important but his or her behavior conveys just the opposite. Checking the quality calendar every day is one way a manager can walk the talk.

11. Group activities in ways that promotes efficiency and effectiveness. For example, many of the safety monitoring requirements can be achieved as part of routine and terminal cleaning activities. When married to infection control surveillance, such collaboration could significantly reduce resource consumption. Every employee can play an important role in an activity defined as "scanning for quality". As people walk down hallways and engage in normal day-to-day activities they should be scanning for anything that can threaten quality and alert the appropriate people. Quality is an responsibility that transcends departmental boundaries as the first responsibility is always to the patient, not to departmental turf.
12. Look for opportunities to increase efficiency through teamwork with other departments. For example, in one hospital, housekeeping staff touched up painted surfaces in patient rooms where the paint had been chipped away during the patient's stay. They did this during terminal cleaning of the room after patient discharges. The maintenance and housekeeping staff found this to be a more efficient use of people's time than the old system where housekeeping would fill out a maintenance request and then maintenance staff would come up and repair a few chipped paint surfaces.

QA Topic	Responsible Party	Quality Assurance Calendar												
		Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
Maintaining Restrooms	Staff	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
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General Cleaning (10:00 a.m. to 11:00 a.m.)	Staff	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
General Cleaning (11:00 a.m. to 12:00 p.m.)	Staff	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
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CREATING YOUR QA CALENDAR!

The topics in the tables on the next pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for the Laundry and Housekeeping. Some may not apply to all organizations and others may need to be added as compliance standards are dependent on the services offered. Please review these tables to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build your calendar. Please note that health care is a very dynamic industry and constantly subject to change. The completeness of the list and frequency recommendations in these tables should be regularly checked against those established by federal, state and local regulatory agencies.

	QA Accountability	Frequency
Laundry		
1	Cleaning agent review and approval	Annually and whenever a new cleaning agent is introduced
2	Appropriate chemical disinfection with low temperature wash cycles	Whenever low temperature cleaning is utilized
3	Laundry water temperature	Daily with each load
4	Laundry chemical dispensing	Daily with each load
5	Wash water pH	As part of preventive maintenance
6	Lint trap cleaning	Daily
7	Equipment preventive maintenance	Monthly
8	Dirty to clean traffic flow in laundry area	Daily
9	Dirty laundry handling	Daily
10	PPE compliance in handling dirty laundry	Daily
11	Dirty laundry transport	Daily
12	Cleaning of hard plastic transport containers for dirty laundry & hampers	Weekly
13	Clean laundry storage	Daily
14	Clean laundry room integrity (storage 6 inches from the floor, no corrugated boxes, no dirty supplies, laundry covers as appropriate)	Daily
15	Laundry transport in covered carts	Daily
16	Laundry storage on patient care units	Daily
17	Adequate par levels on patient care units	Daily
18	Laundry poundage	Daily
19	Laundry inventory	Monitor monthly and change as needed
20	Laundry integrity (rips, wearing, staining)	Daily
21	Lost articles	Daily
22	Equipment cleaning and sanitizing	Cleaned daily and sanitized weekly
23	Vacuuming of machines	Monthly
24	Fire safety responsibilities	With each fire drill
25	Dryer temperatures and timing	Daily
26	Sprinkler System Integrity (18 inch spacing from sprinkler head)	Check monthly
27	Cleaning of air handling vents	Check weekly and clean as needed or monthly, whichever comes first
28	Electric integrity checks for electric equipment	On purchase and as part of regularly scheduled safety inspection
Housekeeping		
1	Occupied room cleaning routine	Daily
2	Terminal room cleaning routine	Daily

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
3	Changing out of bucket water when dirty or after every 3-4 rooms	Daily
4	Changing out of mop heads and cleaning clothes	Daily and more frequently as appropriate based in infection control demands
5	Cleaning of mops and cleaning clothes	Daily
6	Storage of mop heads and cleaning clothes	Daily
7	Appropriate cleaning solution concentration and delivery (ex.—not aerosolizing chemicals where instruction warn not to, etc.)	Daily
8	Cleaning elevators	Daily and as needed based on elevator condition
9	Cleaning of hallways	Daily and as needed based on hallway conditions
10	Cleaning of public entrances	Daily and as needed based on public entrance conditions
11	Clean ceiling vents	Check monthly and clean as needed or quarterly, whichever comes first
12	Detail dusting routine	Daily and more frequently as needed
13	Paper towel holders at least 3/4 full	Daily
14	Hand soap dispensers at least 2/3 full	Daily
15	Outdates on waterless hand soaps	Daily
16	Public bathroom cleaning	Daily and as needed based on usage and condition
17	Carpet vacuuming	Daily and as needed based on condition
18	Wet vacuuming	Daily and as needed based on condition
19	Glass cleaning	Daily as needed
20	Interior window cleaning	Twice a year and more frequently as needed
21	Exterior window cleaning	Once a year and more frequently as needed
22	Replace sharps containers when 3/4 full	Daily
23	No unsecured sharps containers	Daily
24	Sharps containers mounted 48-52 inches from floor	Daily
25	General trash removal	Daily and as needed when containers become more than 2/3 full
26	Separation of biohazardous trash	Daily and whenever trash is handled
27	Dispose of biohazardous waste	As needed or at least every 90 days whichever comes first
28	Cleaning of waste receptacles	At least monthly and as needed based on soiling and contamination
29	Adequate housekeeping supplies	Weekly inventory and ordering
30	Cleaning of cloth furniture	Vacuuming weekly and upon patient discharge if in a patient room. Deep cleaning upon soiling or quarterly, which ever comes first
31	Service contract review	Annually
32	Service contract renewal	Annually or on term

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
33	New chemical training	Before use
34	Secure MSDS and assure appropriate precautions	Before new chemical use
35	Employee right-to-know MSDS training	On orientation before chemical use and annually
36	Chemical labeling and storage	Daily
37	Hazardous chemical storage	Daily
38	Locking of housekeeping closets at all times	Daily
39	No exposed cleaning supplies on unattended cleaning carts	Daily and whenever cart in public areas
40	No unattended cleaning supplies in patient care areas	Daily
41	Annual infection control training	Annually
42	Staff certifications for special equipment management and skills	Before expiration
43	Annual policy and procedure review	Annually
44	Employee training on new/revised policies and procedure training	On creation of or revision policy or procedure
45	Ergonomics compliance	Daily
46	Ceiling integrity (tile and plaster integrity)	Monthly and repair immediately upon breach or penetration
47	Flooring integrity	Monthly and repair immediately upon breach, break or penetration
48	Baseboard integrity	Monthly and repair immediately upon breach
49	Wet floor signage	In all cleaning areas at all times
50	Immediate spill clean-up	Whenever spill occurs
51	Immediate availability of spill clean-up kits	Check weekly and replace immediately upon usage
52	No boxes or storage containers directly on floors	Daily
53	Surface washability	Daily and repair immediately upon breach
54	Pest control	Check high risk areas weekly and all other areas monthly with spraying as needed or on recommended schedule, whichever comes first
55	Annual fire safety training	Annually
56	Annual general safety training	Annually
57	Handwashing	Daily
58	Patient privacy (knock on doors and ask permission for entry)	Every time entering a patient room
59	Extension cord management	On cleaning rounds
60	Lighting safety (no exposed light bulbs and lighting fixtures)	On cleaning rounds
61	Light bulb replacement	On cleaning rounds
62	Outlet management in public areas	Daily
63	Eye wash station integrity	Check monthly and service as needed
64	Annual performance appraisals	Annually
65	Annual job description review	Annually

KEEPING PACE WITH TODAY'S STANDARDS

Quality assurance or compliance related activities are extremely important in a healthcare organization because they are generally related to patient and public safety. They frequently involve precautionary steps taken by an organization to prevent an untoward event in the event of a disaster or break in the routine that could place people in harm's way.

For example, while providers hope that they will never need them, there are many precautionary activities that healthcare organizations need to be skilled at in the event there is a fire. They need to know that the generator will run in the event of a power outage. They need to know that they have a strong plan to protect people in the event of a natural disaster.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into their buildings. They need to know that the elevators are in good working order; emergency call systems function properly and in-house systems for oxygen and medical gases delivery are what they need to be.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations may never experience a negative outcome, it is too easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient, community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in response to a Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than working to see that the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a pound of cure." This is particularly true in health care where the price of error can be pretty steep. A well structured quality assurance program inside the quality con-

tinuum can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for the housekeeping and environmental services department relate to physical environment integrity and appearance along with infection control. These are two very big areas of responsibility where compliance is critical. When any of these areas of responsibility fall out of compliance it is important to bring them back into line as soon as possible.

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, poor cleaning practices that lead to an increase in hospital-acquired infections can be very costly, time intensive for several departments and lead to patient harm. In addition to the manpower and resources that could be needed to reduce the prevalence of infections after the fact, there is great risk to the organization's reputation. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25-33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

Historically, healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive activity management. If the average house services department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness, it can find itself capable of managing more with less in a less stressful environment. This is an important goal in today's healthcare environment. It also reduces the

amount of time spent on crisis management which is one of the industry's greatest threats to resources.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as possible in a way that will hold the compliance. The

QA Calendar								
	Frequency	Responsible Party	Jan	Feb	March	April	May	June
Water temp in washers	Daily	Shirley	S7 OK	S7 OK	S7 QI	S7 OK	S7 OK	S7 OK

department needs to document the steps it took to achieve that compliance and the ongoing activities to monitor it.

The first step is to set up the quality assurance calendar with all of the compliance-oriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember the stronger the team approach, the greater the potential for success and the more that can be achieved with fewer resources.) As long as activities remain in compliance the only documentation that is necessary is the required logs for the activities and the indication of an OK on the calendar. When an activity moves out of compliance, a department should be able demonstrate that it has quickly moved through the steps of the PACE cycle. It's documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, and CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan as necessary to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates sustained compliance, the department can return to its normal schedule of monitoring as defined by the QA calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.



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Success has a price tag on it, and it reads COURAGE, DETERMINATION, DISCIPLINE, RISK TAKING, PERSEVERENCE, and CONSISTENCY—doing the right THING for the RIGHT REASONS and not just when we feel like it.

James B. Menton

The Future Starts with a Strong Today!

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organiza-

tion. A healthy quality program is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and pie-in-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating

the structures and systems that make proactive change possible.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers have the potential to feel good about their contributions in improving the quality of life for the public that entrusts them with their care.

