I. Background:
During Laguna Honda's first VSM Workshop, which centered around the new admission process, it was determined that room readiness would be the focus of our 3rd Kaizen. With improvements made to the pre-admission process through our 1st Kaizen, the number of potential residents on LagunaHonda's waitlist has increased significantly. With a high demand for beds, we need to review our processes of preparing rooms/beds for new admissions.

The Process boundaries are from when the room and bed are vacant to when the room and bed is ready for a new patient. This is a collaborative effort between Nursing, Social Services, Environmental Services (EVS), Facilities, and Materials Management. Nursing & Social Services notify EVS that a room is vacant. EVS ensures that rooms are cleaned thoroughly. Facilities makes any repairs to the room or equipment in response to work orders. Materials Management facilitates any requests for new/special equipment for incoming residents. Nursing cleans the furniture above the grounds, the mattress and bed and makes the bed. In the current state, this process can 2-7 days to have a room prepared and ready for a new admission or relocation.

II. Current Conditions

<table>
<thead>
<tr>
<th>Abbreviations:</th>
<th>PFC - Patient Flow Coordinator; SS – Social Services; A&amp;E – Admissions &amp; Eligibility; dc – discharge; RCT – Resident Care Team; ADT – Admission, Discharge Transfer list</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day of Discharge</td>
<td></td>
</tr>
<tr>
<td>Discharge Notification</td>
<td>• SS emails potential list to PFC, A&amp;E, EVS, and Facilities every Friday • PFC plans to fill bed: (1) sends RCT &amp; send ref packet; (2) tentatively coordinates new admission</td>
</tr>
<tr>
<td>Preparing Room</td>
<td>• Unit Clerk enters dc into LCR &amp; ADT notice sent to Nursing, SS, A&amp;E, EVS, Facilities • PFC calls unit to verify dc and coordinatates new admission for next day</td>
</tr>
<tr>
<td>Special Equipment (if needed)</td>
<td>• Nurse (CNA/HHA) packs patient belongings, strips and cleans bed and inside draws. Makes new bed. • CNA notifies Charge Nurse if work order is needed. Charge Nurse places order. • EVS (Porter) cleans rooms and places work orders if needed. Facilities and EVS (Utility Worker) completes work orders as needed.</td>
</tr>
<tr>
<td>Day After Discharge</td>
<td>• Wound care equipment ordered by Nurse Specialist through Central Supply • Respiratory equipment ordered directly w/ vendor (24 hr turnaround) • Other items order as needed. • PFC confirms new admission and the new admission is schedule for that day.</td>
</tr>
</tbody>
</table>

Problem Statement:
Vacant rooms are scheduled to be occupied by a new admission with in 24 hours of a discharge. However, the process of cleaning and repairing a room after a discharge can take several days which often leaves rooms unprepared and/or unpresentable when new residents arrive.

II. Goals & Targets
1) 100% of discharges get the "Facility Room Readiness Inspection Checklist" by Facilities Dept. when notified of a discharge (planned and unplanned).
2) 100% of vacant rooms pass quality assurance on first attempt after work is completed by Operations and Nursing.
3) 100% of time room is ready within 24 hours.

IV. Analysis

WASTES Observed from the Gembca

Nursing
- Did not use inventory list when packing belongings
- Looking for charge nurse
- Personal belongings still in room
- Breakdown in communication between roles
- Stained linens from clean linen cart
- Damaged stretcher not reported
- Bedside table legs dirty
- Did not have packing box available and used plastic bag
- Bed made before facilities can complete work

EVS
- Stains on door
- Has to wait until nursing is finished to clean the floor
- Leaky faucet
- New shower curtain touched dirty floor
- Broken shower hooks
- Sticker left on baseboard

Facilities
- Unnecessary removal of equipment
- Picture missing from wall
- Light bulb string – one was missing, one was dirty
- Damaged drawer
- Unclear work order report taking longer time to assess problem

Root Causes
- Not a clear communication path for when a room becomes vacant and what to do.
- No standardize definition of what a ready room is.
- Confusion on the units on who does what (EVS, Nursing, Facilities) and in what sequence.
- No initial and final assessment done of room before a new patient is admitted.
- Work order missing identification of who found the issue/problem.

V. Recommendations / Proposed Countermeasures

If We | Then We | Expected Results
--- | --- | ---
1. Have a checklist that defines room readiness, | Will know when a room is ready | Visual cue in room that indicates vacant room is ready
2. Have a final assessment for Nursing, | Will know a room is ready | Final Assessment document with designated person signing the form
EVS and Facility to complete, |  | Faster resolution to the WO
3. If we add a box on the work order (WO) for | Will find the person to explain the issue | Further preventing confusion and/or steps
who reported/find the issue, |  | Faster and more consistent resident
4. Create inventory tools and process | Will have residents’ belongings inventories and packed boxes | Belongings are removed from room and cleaning can start
5. Provide supplies training and info | Will be consistent with following the 7-steps standard | All rooms prepared pass inspection
6. Create a structured workflow to ready the room | We will reduce waste and over processing | Reduced defects of room not passing
7. Create standard work for communication between Facility, EVS and Nursing | We will reduce motion and avoid repetition of work. | Vacant rooms are ready within 24 hours of discharge

VI. Plan

<table>
<thead>
<tr>
<th>#</th>
<th>Action Item</th>
<th>Owner</th>
<th>Due</th>
<th>Notes</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conduct the Facility pre-assessment checklist to complete when a planned discharge is notified.</td>
<td>Diana Kenyon</td>
<td>6/16/17</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>2</td>
<td>Pilot on S3 the sequence and checklist of preparing a vacant room for a new admission.</td>
<td>Diana Kenyon</td>
<td>6/30/17</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>3</td>
<td>Spread hospital wide the sequence and check list of preparing a vacant room for a new admission.</td>
<td>Diana Kenyon</td>
<td>8/31/17</td>
<td>Need to develop a spread plan</td>
<td>Completed</td>
</tr>
<tr>
<td>4</td>
<td>Determine if colored card to be placed in the corridor in the room # nameplate.</td>
<td>Kath Durand</td>
<td>6/30/17</td>
<td>Mock up completed and it will be tested on S3.</td>
<td>Completed</td>
</tr>
<tr>
<td>5</td>
<td>Develop a resource guide for work order entry users to improve efficiency.</td>
<td>Diana Kenyon</td>
<td>7/8/17</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>6</td>
<td>Train nursing team</td>
<td>Crystal Figielli</td>
<td>7/30/17</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>7</td>
<td>Develop standard work for Social Services notification of upcoming discharges to the community</td>
<td>Janet Gillen</td>
<td>6/30/17</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>8</td>
<td>Implement a ongoing schedule for inventory and exchange of low bed.</td>
<td>Mickey Hirose</td>
<td>6/30/17</td>
<td>Finalize data collection spreadsheet. Begin weekly/monthly (tbd) review.</td>
<td>Completed</td>
</tr>
<tr>
<td>9</td>
<td>Develop a performance improvement plan for Linen Vendor to provide quality linens and meet standards per contract</td>
<td>Maxwell Chikere</td>
<td>6/30/17</td>
<td>Improvement plan in place and it will be tested on S3.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

VII. Follow-Up
- 30 – 60- 90 target sheet metrics
- 4 post workshop weekly meetings with Process owner and sponsor to review progress on implementation and completion of the Kaizen action bulletin work
- Report out to Executive Committee, Quality Council, Dept. meetings and other appropriate meetings