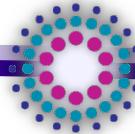


Cleanliness

“During this hospital stay, how often were your room and bathroom kept clean? ”



During Admission Rounding

“Our team is committed to making sure you have a clean room and bathroom during your stay. We have wonderful staff in our environmental services department, and they truly care about our patients and quality. Please let me know if you have any concerns about the cleanliness of your room and bathroom.”

PROCESS

Communicate Cleanliness in the Eyes of the Patient

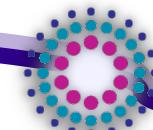
- Make sure privacy curtains are clean and crisp in the eyes of the patient
- Give ownership to the staff responsible for taking care of the room; have them write their name on the room/patient communication/whiteboard
- If the room was cleaned while the patient was out, housekeeping staff should leave a small card stating that the room was cleaned, who cleaned it, and a number to call if anything was missed/overlooked

Organization is Equally as Important as Cleanliness

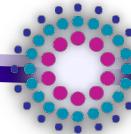
- Room should be free of clutter; clutter sometimes translates to perceptions of sloppiness and being unclean; perception becomes reality

Everyone Owns Cleanliness

- Every single employee who enters a patient’s room must own cleanliness; behavioral expectations for this should be made clear, and leaders and employees should be accountable
- Set an expectation that if you see it, you clean it (or arrange for environmental services to support); for example, remove pizza boxes or overflowing trash cans, remove food trays, call EVS for major spills



COMMUNICATION



During Patient Rounding

“Do you mind if I check your room and bathroom to make sure that we are keeping everything clean for you?”

“We want to assure a clean room and bathroom for you. Are our environmental services team members meeting your needs?”

“Cleanliness is everyone’s commitment to you. Tell me how we are doing with cleanliness. Is there anything I can do to straighten up?”

During Discharge Rounding

“Did we ensure your room and bathroom remained clean during your stay?”

“Is there anyone I can recognize who has done exceptional work?”



Cleanliness

“During this hospital stay, how often were your room and bathroom kept clean?”

RESPONSES: ALWAYS, USUALLY, SOMETIMES, NEVER

CULTURE

Cleanliness of both patients' rooms and the hospital are key “clues” to patients about the quality and safety of the organization. Patients associate a clean room with perceptions of excellent quality. If a room is dirty, patients perceive the hospital to be of low quality and unsafe. Cleanliness is judged based on the senses—sight, touch, and smell.

It is important to ensure that rooms are clean prior to the patient arriving and maintained throughout the patient's stay. Additionally, many patients perceive “clutter” as an indicator of an unclean and disorganized room. Cleaning once a day will not meet patient expectations that their room “Always” be kept clean. It is not just environmental service staff's responsibility to ensure a clean room; every employee should be taught the standard of cleanliness not only for patient rooms but the entire facility.

Leadership rounding on patients is an important means to identify what is working well with cleanliness, the patient's definition of cleanliness, opportunities for improvement, and garnering staff recognition/feedback. It is important to give staff direct feedback (positive and constructive) following rounding. Leader Rounding is also an important way to demonstrate confidence among patients that cleanliness is a priority at the hospital and that there is leadership commitment to their experience.

Cleanliness and
keeping the
patient's room
neat and organized
is everyone's
responsibility

Cleanliness

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

RESPONSES: ALWAYS, USUALLY, SOMETIMES, NEVER

Patient Perspective:

Our Perspective:

At Admission

During Stay/Rounding

At Discharge

Create a Profound Memorable Experience

Cleanliness

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

RESPONSES: ALWAYS, USUALLY, SOMETIMES, NEVER

USE THE BELOW WORKSHEET TO CREATE YOUR OWN CARES PROCESS MEASURES AND COMMUNICATION METHODS

C

Confidence

PROCESS

a

Anticipate Needs

r

Respectful
Communication

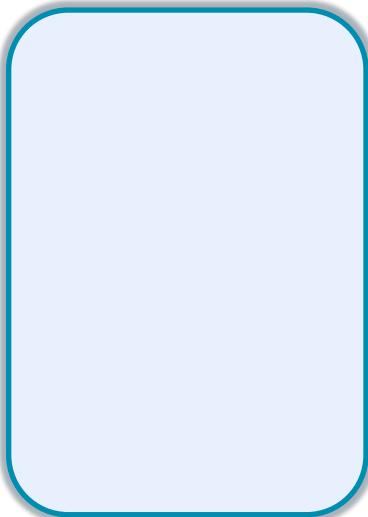
e

Engage in Care and
Process

S

Say Thanks /
Safe Transition

COMMUNICATION



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HEALTHCARE
EXPERIENCE
FOUNDATION



Empathy-based, high reliability set of behaviors designed to impact:



We understand that experiences are shaped by more than the words spoken and actions taken. Real encounters are complex and interactive, requiring planning and practice to achieve the best experience for both caregivers and their patients.

While healthcare began with scripted messages and moved to planned conversations, we now know that achieving safety, quality, and experience goals requires a comprehensive approach to providing care. That method must include not only how to deliver a message but also an understanding of the components for ensuring it is received.

CARES™ is a training tool designed to equip every team member in a healthcare organization with a common understanding and set of behaviors to deliver an exceptional patient experience. With a simple yet effective framework, CARES helps you to create an environment for delivering highly reliable patient experiences of care. CARES bundles best practices demonstrated to support the patient experience so that your participants are instructed in the Master Competency rather than in multiple, discrete initiatives.

Whether you are concerned with realizing your vision or with applying a consistent approach across the organization, CARES offers both a cultural way of being and a robust, repeatable practice.

Ways to adopt CARES

- **Through** onsite coaching, Train-the-Trainer, Virtual training with or without onsite coaching
- **Delivered to** Clinical Staff, Non-Clinical Staff, Providers
- **Settings** Acute, Emergency Department, Ambulatory Care

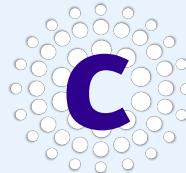


Not just another acronym



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EXPERIENCE
FOUNDATION



Confidence

When caregivers are more confident in the experience they are providing, patients perceive a better experience. Similarly, when we build patient confidence, they are more likely to ask relevant questions and participate in their care.

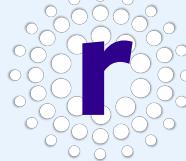
- **Can be built or destroyed in 7 seconds**
- **Not a conscious decision**
- **Highly influenced by non verbal communication**



Anticipate Needs

With every encounter, caregivers have the opportunity to “walk in the slippers” of their patients. This approach means we have the empathy to ask about patients’ needs and address both clinical and emotional components.

- **Ask yourself “What would I want/need if I were this person?”**
- **What are their clinical and emotional needs?**
- **What is their level of health literacy?**



Respectful Communication

93% of communication is received through tone of voice and body language. We understand communications skills and can either teach those skills or support your organization with acceleration of your preferred approach (e.g., AIDET, HEART).

- **Kind, compassionate words**
- **Develop words and phrases to help communication**
- **Pay attention to how you look and sound**



Engage in Care and Process

Engaging in care and process is highly interactive, and listening is a crucial component. Helping caregivers learn to narrate processes and explain the “why” enables them to provide care more effectively.

- **Narrate care or process**
- **Listen well and answer questions**
- **Set expectations early and often**
- **Validate; have them teach back**
- **The more patients are engaged, the more they remember and become partners in care**



Say Thanks / Safe Transition

We must remember that working with people in their most vulnerable times is a privilege. Sharing our gratitude or helping patients to the next stop in their journey lets them know we value and honor them.

- **Show gratitude; encourage referrals and reviews**
- **Hand off to the next person by introducing the patient and managing up staff**

ALL FROM A POINT OF EMPATHY