

CASE STUDY

How Cedars Sinai Adopted Demand-Driven Housekeeping Schedules

Expediting bed turnover by staffing to historical trends

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Overview

The challenge

Efforts to reduce bed turnaround time have historically focused on onerous—and often unsustainable—campaigns to convince physicians of the importance of discharging patients earlier in the day, ignoring non-clinical contributors.

The organization

Cedars Sinai Medical Center is a 952-bed teaching hospital located in Los Angeles, California, US. They experienced bed turnaround delays partially associated with understaffing of housekeeping at peak admission, discharge, and transfer times.

The approach

Cedars Sinai created a discharge team of support services staffed at peak times—admissions, discharges, and transfers—to concentrate on bed turnaround.

The result

The dedicated discharge team decreased average time to clean a room by 40 percent—from 75 minutes to 45 minutes.

Approach

How Cedars Sinai adopted demand-driven housekeeping schedules to expedite bed turnover

Recognizing that they had little control over physician rounding behavior, administrators at Cedars Sinai examined the opportunity to improve bed turnaround times and decrease ED boarding. They ultimately decided to create a discharge team of housekeepers at peak times to concentrate on bed turnaround.

The three steps

01 Analyze causes of bed turnaround delays

02 Schedule housekeeping staff to support bed turnaround goals

03 Incrementally roll out special housekeeping team

01 Analyze causes of bed turnaround delays

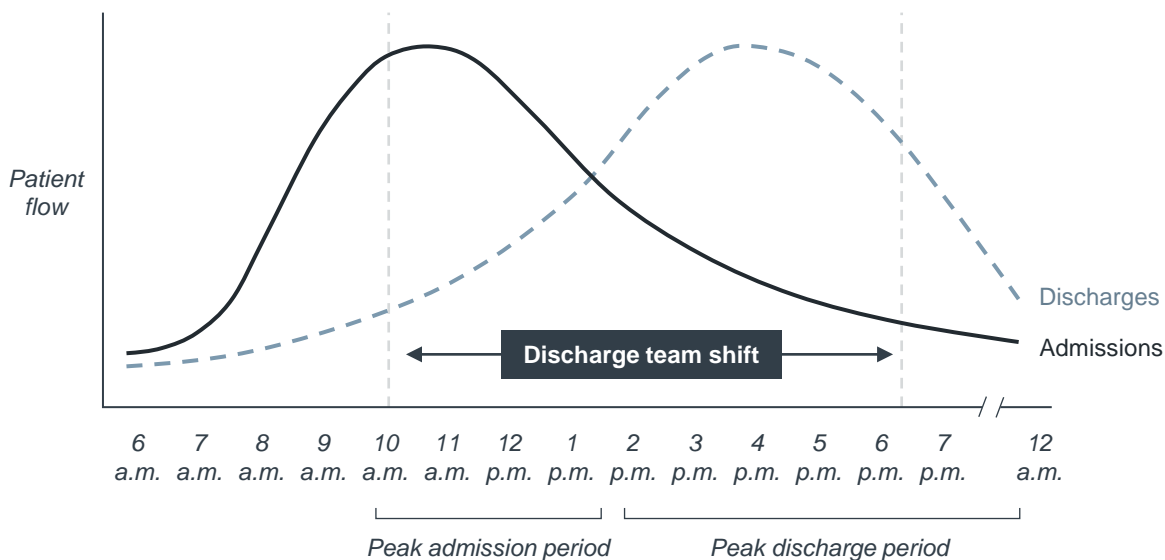
Cedars Sinai administrators met for a “rapid improvement event” to brainstorm the causes of bed turnaround delays and potential solutions. Administrators found that while peak ADT (admission, discharge, transfer) activity requiring rapid bed turnaround occurred between 1:00 p.m. and 6:00 p.m., the day shift with the highest level of housekeeping support ended at 3:00 p.m. Fewer housekeeping staff members were present at the very time they were needed to deal with ADT peaks, and housekeeping staff on evening shifts struggled to turn around the backlog of beds that had built up just prior to the start of their shift.

1. The family originally contained just six members. The transformation team later added Gareth to represent a healthy person in the system whose social factors may lead to poor outcomes later on in life.

02 Schedule housekeeping staff to support bed turnaround goals

As a result, administrators created a discharge team within housekeeping—scheduled from 10 a.m. to 6:30 p.m. seven days per week—to manage peak ADT activity. The team is tasked only with discharge bed cleaning and turnaround, and does not perform any upkeep of patient and family waiting rooms. FTEs for the team were reallocated from both day and evening shifts, making the transition revenue-neutral. Increasing staffing at peak ADT times has reduced the lag between when the bed is vacated and when the housekeeper arrives to clean it.

Discharge team staffed to accommodate peak bed turnover times from day and evening shifts




1. As determined by Rankin Scale.
2. Fictional patient.

03 Incrementally roll out special housekeeping team


The discharge team was piloted on one 32-bed telemetry nursing unit for several months to determine overall efficacy. Initially, both staff and administrators in housekeeping were concerned about finding staff for the new discharge team. The housekeeping department first asked for volunteers to switch to the new shift, then worked with staff who had not volunteered to develop a flexible scheduling pattern that ensured adequate coverage for the discharge team. While the housekeeping department experienced slightly higher turnover in the first months of the discharge team, turnover returned to its previous level as staff settled into their new shifts.

Results


The unit experienced drastic reductions in bed turnaround times—before implementing the discharge team, the average time to clean a room was 75 minutes, and the team brought the time down to 45 minutes, a decrease of 40 percent.

Based on the success of the initial 9-month pilot, the program was rolled out house-wide at the end of 2007. Each team member is assigned to a zone of the hospital to mimic the pilot unit's staffing arrangement, which had the added benefit of reducing housekeeper travel time. 

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