Corridor Clutter: A Life Safety, Facilities, Nursing and C-Suite Issue

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Corridor Clutter: Fire & Safety Risk

- Annually ranks in top Joint Commission Life Safety citations

- Creates risk to staff and patients in event of fire/other emergency requiring evacuation

- May cause day-to-day workflow problems
Lahey identified corridor clutter as a compliance and safety risk that needed to be resolved.

The identified causes of clutter are common to nearly all hospitals.

The BIG culprits:
- Workstations on wheels (WOWs)
- Beds/Stretchers
- Wheelchairs
- Medical equipment
Causes of Clutter

- Safety and Nursing teamed to interview staff to identify the causes

- Primary Causes:
  - Storage is not in optimal locations
    - too far away
    - staff perceive that it takes too much time away from patient care to put things away properly
  - Lack of storage locations
    - Storage needs have increased (more/larger equipment) since design of older units
    - Originally designated storage rooms repurposed for clinical use/office space
  - Staff didn’t know where to store equipment
    - due to lack of space or knowledge of correct location
Leadership Support is Critical!

- Competing priorities make it difficult for lower level facilities/safety staff to get traction with front line staff
  - Clinical issues (direct patient impact) usually viewed as more important than Environment of Care / Life Safety issues (indirect patient impact)

- Leadership support would communicate that this is a critical and urgent safety issue

- A long-term solution would require collaboration between facilities, safety, nursing and the C-suite

- TJC citation requiring compliance within 45 days
First Steps in Clearing the Clutter

- Facilities and Nursing partnered with leadership to:
  - Identify additional options for storage
  - Reclaim storage space that had been converted for a different use
- Result:
  - 29 parking areas designated for WOWs
  - Other equipment given designated locations
  - Approximately 800 sq ft of space reclaimed over 6 inpatient nursing units
First Steps in Clearing the Clutter

- Daily rounds conducted by leadership
  - Spotting and reporting issues
  - Fixing/educating in real time
  - Driving home the importance of the issue

- Educating front line staff
  - During daily rounding and via reminder emails
  - Reminding staff of the requirements
Keeping Corridors Clutter-Free

- Patient transport department serves as a “hotline” for moving clutter to its proper storage location
- Continued tours by leadership maintains visibility and communication
- Ongoing education of staff
  - What can/can’t be in corridors
  - Where items should be stored
  - What to do if items are in the wrong place/empowering staff to act
- Monthly briefings with a multidisciplinary group (led by nursing representatives) to address any new issues
Impact of Leadership Commitment

- Helped drive accountability and ownership among all staff to solve the problem

- Opened the lines of communication between the front line of patient care and leadership

- Cut through “red tape”
  - Staff often knew how to solve the problem but could not get traction to make changes (offices being used by other departments/other underutilized spaces)

- Nursing staff appreciated senior leadership taking the time to understand their issues, felt that leaders were part of the team to fix the problem
Lessons Learned

- Storage requirements must be incorporated into all renovation and new construction projects.
  - No “value engineering”
  - Create suites when possible

- What about the “30 minute rule” for in use items?
  - Items must be obviously in-use
Additional Benefits

- Staff reported improved workflow
- Patient experience improved - hospital looks cleaner with less clutter!
- Leadership now viewed as collaborators in problem solving instead of overseers looking for problems