PANELING MAKES A COME BACK

by: Kip Altstaetter

Everyone has experienced it, the dreaded undersized patient gown that will not cover the backside. The solution, provide extra privacy or cover for the patient. Thus became the need for the privacy curtain or cubicle curtain. For the last 100 years, cubicle curtains have changed the face of the healthcare environment and caused healthcare facilities to struggle over having the right cubicle curtain in the right place. What if there was a way to have one curtain size to solve all the facility's issues? How to accomplish that goal has become a big question.

The history of the cubicle curtain may help the healthcare professional determine their direction and scope of not only the cubicle curtains but patient privacy and protection.

From the 1950's functionality of the cubicle curtain lining a semi-private room or ward to the modern day design-driven technologically-advanced curtains of today, cubicle curtains have provided the privacy and protection of everyone's personal modesty. In the 1950's the curtains provided privacy in semi-private rooms and medical wards of 4-12 patients. The cubicle curtain was strictly a functional necessity. Cubicle curtains were void of color and/or pattern with little creativity or visible difference.

As cubicle curtains progressed, design driven styles became the norm. The new goal, designed fabrics to bring color and pattern into an otherwise dull and drab patient room. Healthcare professionals and designers alike began to use color and pattern to affect the patient's senses. Color and pattern became fashionable and the motivational drive of the cubicle curtain industry. The cubicle curtains became a type of art, adding special interest to the patients' well being.

Cubicle curtains became even more center stage with government's development of the HIPPA's privacy rule to protect patient's privacy. In 1996, the Health Insurance Portability and Accountability Act (HIPPA) passed to protect the privacy of patients including access to health care records and personal modesty. Cubicle curtains became even more important in the healthcare environment and professionals revaluated their focus and direction of the cubicle curtains.

Figure 1 - Panel-system Curtain with vertical and horizontal fastening system.

Throughout 2007 and 2008, the spread of bacteria or MRSA (methicillin-resistant Staphylococcus aureus) and VRE (vancomycin-resistant enterococci) was found on hospital privacy curtains and became the primary infection control concern. Cubicle curtains became a concern of being a source to spread disease and bacteria. Cubicle curtain design took another turn by focusing on the ease and ability to launder and the prevention of cross-infection.

The November 2007 edition of the Journal Infection Control and Hospital Epidemiology presented that 42% of cubicle curtains were contaminated with VRE, which can cause a wound, urinary tract and other infections and 22% with MRSA, which can cause bloodstream infections, pneumonia and surgical site infections. And finally, four percent of the curtains were positive for Clostridium difficile spores. These issues and diseases had to be addressed.

Environmental Services Departments and Facility Personnel were pressed to figure out a way to launder the cubicle curtains quickly and efficiently to respond to the infection control issues, privacy and protection of the patient.

The difficulty became apparent with following the processes involved in assuring that the cubicle curtains are clean. The sheer size and weight of the cubicle curtains made it difficult to remove, launder and re-hang each curtain. Cubicle curtains range in size from 72" wide to 306" wide. The size and weight of the curtain makes the removal of the curtain a risk management issue as well as time intensive. Climbing a ladder to remove the large curtain accelerates the potential of injury or incident and delays turn-around time for the admission of the next patient. Other challenges arose in determining which cubicle curtain was infected or soiled or the timeframe the curtain has been hanging since the last time laundered. Cubicle curtain rotation is not a recognized general practice and the guessing game is not recognized as a best practice process.

Figure 2 - Panel-system Curtain with single fastening system.

The solution that became evident and increasingly more popular in the last five to six years is the cubicle curtain panel system. The basic definition of a panel system is one (or maybe two) common-sized cubicle curtains throughout the healthcare facility. A common-sized cubicle curtain or panel-system curtain tends to be less wide in order to be handled and launder more easily.
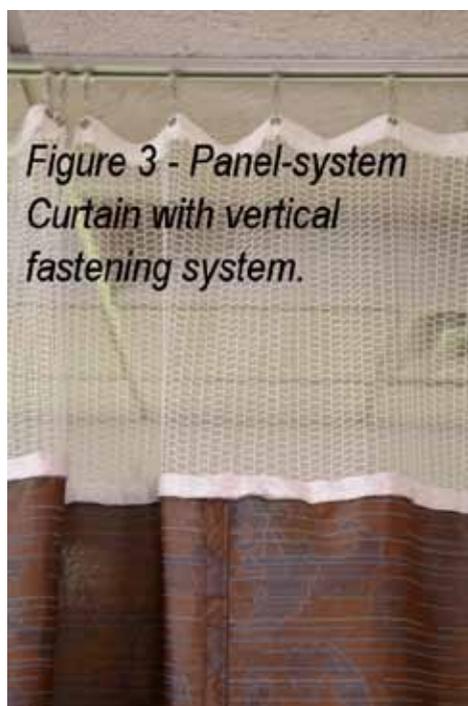

Figure 3 - Panel-system Curtain with vertical fastening system.

Panel sized curtains are more manageable, easy to duplicate and easy to replace without knowing exactly which room the curtain originally hung. Panel-system curtains can be removed and replaced at the same time without waiting for the curtain to be laundered and returned. The system eliminates the need for room identifying tags and makes Environmental Services' job more efficient.

Healthcare facilities considering panel system curtains need to first evaluate all sizes currently in use in their facility. Consultant groups can assist with this evaluation, the implementation of the system and tracking of the system. One common-size of a curtain would first be determined to maximize proper coverage. Then, add multiple curtains optimal coverage would be achieved. As an example, a room that would normally take one curtain at 288" wide would now take four curtains that are 72" wide. (288 / 72 = 4) The calculations would continue during the inventory of the facility using the 72" wide curtains as the single size. Note the system or size could be tweaked during the evaluation process (See Figure 4).

Since the goal of the procedure is to have a clean curtain ready when one or two curtains are soiled, the facility must develop an attic stock inventory of panel system curtains. Typical attic stock or inventory would be calculated as 15-20% extra curtains or as determined appropriate for the facility.

When hanging three or four panel system curtains together, other issues can result. Gaps and parts in between the panel system curtains can cause a breech in privacy and embarrassing situations. The panel system curtains would have to be hung or installed to provide privacy or coverage of the patient's area. The hanging of curtains is very important. There are many ways to eliminate the gaps. Those concepts include fastening systems, clamping devices, snapping systems and/or ganging systems to overlap any gap in the panel system curtain.

Fastening the curtains can be accomplished by using fabric ties, fabric fastening systems (or Velcro) or buttons to achieve the goal (see Figure 1, 2, 3 and 5). Clamping the curtains uses clips or clamps to insure privacy between each panel system curtain. The currently most popular device is the metal or plastic snap system (see Figure 1). The snap gives a uniform look with simple construction and easy-to-understand instruction. The most cost effective system includes "ganging" or overlapping the curtain on common carriers to achieve the goal of privacy. Each curtain is over lapped by one or two grommets in the track carrier system. One unique system includes vertical snaps and horizontal snaps at the mesh for even more functionality (see Figure 1). The body of the curtain can be removed while the mess remains hanging during laundering. Coordination of snap placement becomes vital.

Over thirty healthcare laundry professionals from around the country were surveyed as to their intent to implement cubicle curtain panel-systems. The results were varied but overwhelmingly leaned to the positive practice of panel-system curtains.

Figure 4 - Typical size of Panel-system Curtain.

Healthcare facilities have to decide which format is the right decision. Some facilities have identified several challenges. Respondents of a recent survey indicate that having various ceiling heights hinders the ability of having common-sized panel systems. While new construction facilities would not have this issue, older establishments may have to address this issue. There are concerns about the cost of carrying inventory or attic stock of the replacement curtains in the panel system program. Inventory or attic stock would require 15-20% and may not be cost effective for large facilities. Most facilities carry attic stock on a regular basis. Some respondents indicated "way-finding" efforts would give a challenge or issue of requiring multiple colors or patterns of curtains from one department to another or one floor to another. These facilities would have to develop multi colors in panel-system curtains specific to each area or floor. All of these challenges can be addressed with the functionality of the panel-system curtain program.
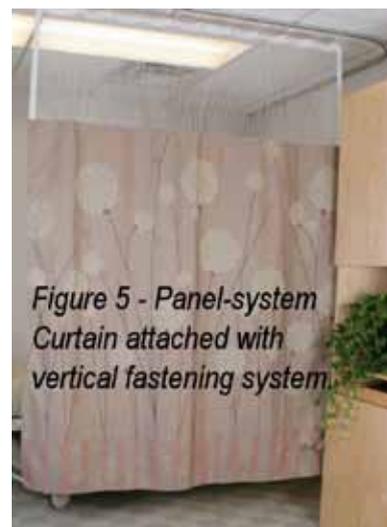
Healthcare facilities that have decided that the panel-system curtains can assist their efforts in controlling infections have found many other positive results. Having panel sized or common-sized curtains took the guess work out of the hands of the Environmental Service personnel and gave them a tool that made their job more efficient. Positive attributes included reduction is in risk managements' concerns, ease to launder visibly soiled curtain, hanging and storage of clean curtains.

The panel-system curtains overwhelmingly create a decorative standard for the facility. The panel system curtains are contributors to a cohesive marketing and design plan that can help brand the facility. Branding and aesthetics have become more important to the over-all look of a facility or healthcare system. The aesthetics have an effect on the repeat business and community attitude to the facility.

Positive Attributes for Panel-system Curtains included (Pros):

1. One sized curtain throughout the facility
2. One color and pattern curtain throughout the facility
3. Ease of changing for facility personnel, thus increased productivity
4. Less cost and ease of laundering process
5. Ease of scheduled laundering schedule
6. Lower risk of the spread of diseases
7. Reduction of injuries or incidents during curtain hanging and removal
8. Marketing or "branding" the facility
9. Lessoned issues with curtain replacement

Figure 5 - Panel-system Curtain attached with vertical fastening system.

Challenges for the Panel-system Curtains included (Cons):

1. Initial cost of the program could be higher
2. Increased inventory program could be higher
3. Department, Areas or Units may want a specific pattern or color for way finding
4. Ceiling heights in a facility may vary

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Many manufacturers from around the country currently manufacture panel-system curtains or programs. Those systems range in price and style. Proper evaluation can help make the best decision for the individual facility. Once the system is implemented, the goal of cleaner, safer and more uniform facility can be achieved.

All-in-all a patient's privacy and modesty is the goal of any cubicle curtain system. The creation of panel-system curtain program can address the privacy while making the job of the healthcare professional easier and efficient. At the end of the day the gown size becomes less important if the privacy-curtain system is implemented properly.

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