

RAISING CONSCIOUSNESS ABOUT CLUTTER



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The following resource comes from the March 2015 [Environment of Care News](#). For more Environment of Care insights, attend [Environment of Care Base Camp](#), July 26-27 and/or [Exploring the Life Safety Chapter](#), July 28 – 29, both in Chicago (Oak Brook), IL.

CORRIDOR COMPLIANCE AT NORTHWESTERN MEMORIAL HOSPITAL, CHICAGO

Clutter. Most of us face it to some extent in our homes and workplaces. But in health care organizations, and especially in the corridors, the stakes are significant. Why? In case of fire and other emergencies, staff may need to move or evacuate patients, sometimes in their beds with monitors, pumps, and medical personnel around them; sometimes in reduced visibility. Clutter in corridors can hinder and complicate that task. But crash carts, IV poles, computers, beds, and more are stashed in corridors in part because of the proliferation of medical devices in health care organizations.

In the context of health care, clutter is any item that creates an obstruction in a corridor or an exit path. The requirements for keeping hallways clear and unobstructed stem from the Life Safety Code^{®*}, issued by the National Fire Protection Association (NFPA), which mandates that “aisles, corridors, and ramps required for exit access in a hospital or nursing home shall not be less than 8 feet in clear and unobstructed width” (see NFPA 101-2000, 18.2.3.3). Joint Commission standards echo this requirement and others in the “Life Safety” (LS) chapter in the Comprehensive Accreditation Manuals.

CREATING A PROCESS

At Northwestern Memorial Hospital in Chicago, an academic medical center, clutter was becoming a challenge. Jeff Meyer, facilities compliance manager, decided it was time to tackle the issue head on. “We wanted to see what we could do about this issue with a focused effort,” he says. So he initiated a corridor-compliance project to alleviate clutter in areas that staff identified as being particularly prone to accumulations.

The project began with staff discussions at environment of care committee meetings. A multidisciplinary team, consisting of facilities management, transport, environmental services, and security, brought their first-hand, day-to-day experience to identifying areas that most needed attention. They settled on 10 corridors in a combination of patient floors and behind-the-scenes spaces, all of which had 8-foot-wide exit/access corridors. The plan was to monitor these 10 areas on a regular basis while encouraging the efforts of those departments to de-clutter. Staff from the security department were designated as the inspectors; they would incorporate the inspections, unannounced, as part of their normal rounds. The pilot project would run for four months, from April through July 2014.

“We trained the inspection team as to what would be deemed an acceptable amount of material in the corridors at any time,” says Meyer. For example, inspectors were taught that when elevator lobbies are not part of a corridor system or egress path, the corner spaces they create could be treated as equipment alcoves for a limited number of items. “It’s not just the amount of material in a space, but what the material is,” points out Rene Catalano, accreditation coordinator, who was also part of the project team. That is, inspectors learned that one or two IV poles could be considered acceptable, but wooden pallets or cardboard boxes, because they are combustible, could not be.

Inspectors were also trained to notice whether material was attended or unattended. For example, in material-handling or dock areas, the hospital frequently has vendors making deliveries and unpacking them. “If someone is actively working with the material, that’s fine. It’s considered ‘attended.’”

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It's not storage or clutter," says Meyer. "However, if it's just stowed in a corridor and no one is working with it, that would raise a red flag."

The security staff inspectors did a sample round with Meyer, visiting each inspection area, and they discussed what to consider an acceptable amount and what should and shouldn't be in a corridor. "We offered as many guidelines as we could," he says. For example, "an item in an elevator bay is fine if it's not in anybody's way, it's not in an egress path, and it's not combustible."

GOING PUBLIC WITH THE PROJECT

In the meantime, via an email from Meyer, the team announced the project to the owners of the 10 inspection areas—meaning those who had management responsibility for the pilot areas (see "E-mail Project Announcement," page 9). In the e-mail, Meyer explained the project goals, how the team planned to track progress, and, overall, what those in the 10 areas could expect during the four-month period. In each location, staff also posted signs reading "CORRIDOR COMPLIANCE CHECKPOINT." The idea was that in addition to reducing or eliminating corridor clutter overall, the project would raise consciousness and encourage hospital staff to work together and tackle the issue in a very intentional way.

In April 2014, the security staff began to monitor the 10 inspection points on a weekly basis. Each checkpoint was labeled with a unique barcode that the inspector could scan with a handheld device. On each round, the inspector gave the area a pass/fail grade. If an area failed, inspectors noted the reason and entered comments in the data-gathering device. "The comments were pretty specific," says Meyer, "noting, say, an accumulation of wood pallets or boxes or medical equipment." A third-party database provider tracked and reported the data to show trends and improvements.

"Because the same people did the inspections over the full four-month period, they learned as they went and applied consistent standards," says Catalano. Moreover, to support the process and the inspectors, Meyer and Catalano went along on some of the rounds. During the four months, Meyer regularly sent e-mails to the owners of the 10 areas, congratulating them when the corridors looked good and offering friendly reminders that the project was still in progress and that people needed to keep working on clutter issues. If the owners were present during an inspection, inspectors told them what they noticed, reinforcing the progress and encouraging those who needed to try harder. For inspiration, inspectors showed them before and after photos, as proof that they were improving (see "Before and After Photos," right).

E-MAIL PROJECT ANNOUNCEMENT

Good Afternoon,

In support of our continued efforts to maintain code compliant, obstruction free egress corridors, the Environment of Care Committee is beginning a new initiative focused on regular inspections in select areas of the hospital. The intent of this program is to visually inspect these selected corridors on a weekly basis, and report the findings of these inspections to the EOC committee, and ultimately to The Joint Commission, as part of our improvement plan for LS.03.01.20, to provide a clear means of egress.

Attached to this email is an image of an Inspection Point that you will see posted at each of these locations. When the corridor inspection is

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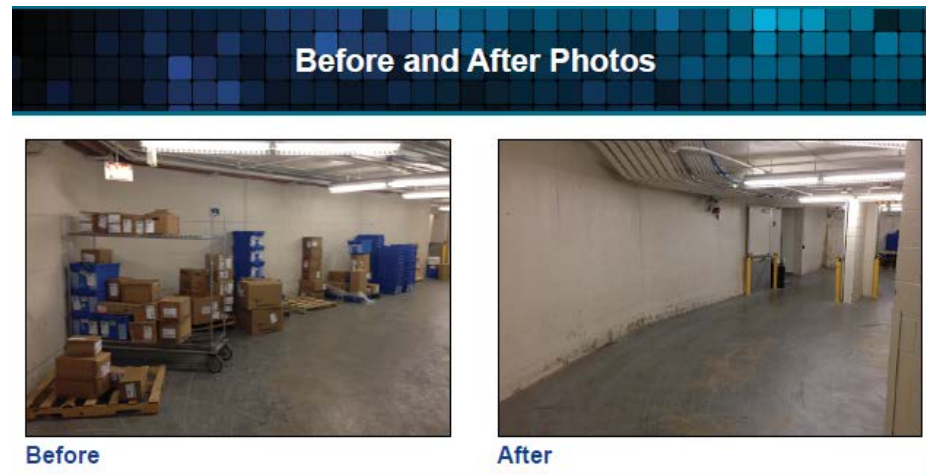
performed, the unique barcode you see on the poster will be scanned, and will be given a Pass/Fail rating for that visit. You will be notified of the inspection results to determine if a follow-up action is required. These weekly inspections will begin prior to the end of this month, and will continue for a minimum of 4 months. Our goal for this program is a 90% compliance rate or greater.

Upon latest visits to these areas, items that were typically seen were wooden pallets, cardboard boxes, IV poles, biomed equipment, beds, and similar items. Some areas have already seen drastic improvement in the past couple weeks (thank you, CSS!), but we will continue to monitor these areas to maintain our compliance.

Please make every effort to visit these areas frequently to help keep our corridors and elevator lobbies safe and clutter free!

If you have any question or concerns, please do not hesitate to contact me.

Thank you for your cooperation.



ASSESSING THE IMPACT

While Meyer and Catalano know they haven't defeated corridor clutter once and for all in their facility, they believe they have developed an effective method for raising consciousness and generating improvements. They hope to launch another round of the project soon, expanded to other areas of the facility. As a complement to this program, they also have introduced an "environmental excellence" program for patient care areas, in which staff assess their surroundings and report results monthly. "We think that when staff identify their own problems, they tend to keep things under control because it's on their radar," Catalano says.

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Meyer emphasizes what he sees as a key factor: The team let the departments know someone was noticing their efforts and improvements, which kept the momentum going. “When I walked onto a unit, staff would say, ‘I know why you’re here.’ After they see you 10 times, they don’t need the reminder anymore,” says Catalano,

“People get tired of hearing that their corridors are out of compliance,” says Meyer. “They need encouragement as well.”

“This kind of change is very visible,” Catalano says. “It made us all feel so good to see the improvement.”

“The departments do understand the importance of having an obstruction-free corridor,” says Meyer. “And they want to be part of a permanent solution.” His conclusion? “When a team representing the whole organization tackles the problem, it’s easier to get each department to buy into the concept.”