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Morning care for residents transformed by giving staff supplies they need

Linen handling improvements replicated throughout Wascana Rehabilitation Centre



A care team in Wascana Rehabilitation Centre reviews their daily visual management wall in the morning.

Morning care, the time when residents get cleaned and dressed for the day, is often the only one-on-one time long-term care residents spend with a care provider. At Wascana Rehabilitation Centre (WRC) in Regina, that time was interrupted when care providers needed to get towels, sheets, and other supplies.

Now, thanks to improvement work that started on two units and has spread to others using Lean methods, care providers have found ways to ensure they have all the supplies they need on hand, fewer steps to walk, and uninterrupted time with residents.

“When you have what you need in the morning, it changes your whole day,” says Erica Church, continuing care aide at WRC. “Staff are more organized and residents are calmer.”

Before the new process, care aides often moved in and out of residents’ rooms, looking for morning care supplies for residents up to 27 times in a two-and-a-half-hour care routine.

“I used to look down the hallways during the morning care-time routine and see my staff walking back and forth in the halls getting supplies. Now the halls are quiet because they are in the rooms with the residents. It’s very different,” says Shauna Leonard, unit manager.

December 3, 2014

“With some residents, especially those with dementia, it can be very upsetting when staff needs to leave in the middle of the morning care routine. It can be a bad start to their day,” said Church.

Over the past 18 months, care providers, as part of Lean events, developed new processes, tested and improved them, and then helped colleagues in other units implement them.

Safety improved by eliminating hallway carts



The biggest change has been to eliminate the carts stacked with linens and supplies that used to sit in each hallway. Prior to the improvement work, the carts blocked the way for patients and were vulnerable to contamination by patients, visitors, and staff through touching, sneezing, and coughing. Those risks have now been removed, and linens are kept covered and out of the way.

Staff members now create rounding carts every morning that contain the amount of linens and supplies needed for each room. They use visual cues to signal when supplies need to be replaced, and other signage is used to indicate where clean and

soiled linen should be kept. In addition, standard work for the storing and stocking of supplies, including a card system to determine the quantity of linens for each patient, has been created.

Improved inventory control and management

The improvement effort has also addressed the problem of inconsistent linen supply, a situation when staff members have too many of some items and too few of others. Each unit has now developed an adaptable standard for how much of each type of linen needs to be placed on the cart and how much needs to be ordered for the unit. Simple tracking of daily usage has eliminated waste, ensured appropriate levels of inventory, and saved steps for staff.

Staff safety and engagement

December 3, 2014

Safety has also improved because staff members handle large, heavy piles of linens less, and walking distances have been reduced during morning care by 40 per cent.

The other benefit of the improvement is staff engagement. Teams used a “pay it forward” approach to work with each other to teach the new standards and processes, and build teamwork and collaboration.

“This is the way to build staff morale and leadership,” says Kat Moyer, unit manager. “The staff are truly process owners.”

All of these improvements will not only benefit staff and residents of WRC, they will also be shared across the province by 3sHealth as part of the transition to the new provincial linen service in 2015.



“By improving linen, we know we can improve patient care and infection control,” says Jim Crawford, director of provincial linen services at 3sHealth, and the replication co-sponsor. “Using Lean, we were able to change work processes and accomplish our goals with the team at Wascana Rehabilitation Centre. And we know that these important improvements can be replicated in other facilities across the province.”

“Our residents’ environment has become less institutional and more home-like with the elimination of large carts that were in the hallway,” says Ngaire Woodroffe Brown, director of the long-term care Kaizen operations team with Regina Qu’Appelle Health Region. “It’s also a huge boon to our staff. They feel more valued and empowered – as they were involved in actually designing and implementing the improvements. It isn’t about the leaders designing improvements in their office. It doesn’t work like that anymore.”

Saskatchewan’s first formal Lean replication completed in whole facility

Improvements to morning care began with a rapid process improvement workshop in January 2013 that was a partnership between 3sHealth and Regina Qu’Appelle Health Region. After a trial period, the improvements on two units were shared with two other units, and then across the whole facility this fall. Lean methods ensured that care providers were engaged as leaders in the process development, new processes were documented as

December 3, 2014

standard work that others could use, the improvements took place quickly, and savings in steps, linen quantities and time were measured.

“A lot of these ideas are ones that staff members have had for years, and now because of Lean they’ve been able to try it,” said Church.

“The biggest thing I like about Lean is the ‘do it now’ approach,” says Church. “If we have an idea, we trial it and tweak it as we go. People are saying, ‘if I have an idea, it can happen’.”