

The Story of the Ugly Cubicle Curtain

by J. Darrel Hicks, REH



Writer Hans Christian Anderson wrote the children's book *"The Ugly Duckling"* in 1843. The story tells of a homely little bird born in a barnyard who suffers abuse from his neighbors until, much to his delight (and to the surprise of others), he matures into a graceful swan, the most beautiful bird of all. The story is beloved around the world as a tale about personal transformation for the better.

If you work in a hospital, nursing home, or ambulatory surgical center, you've seen "the ugly duckling" just hanging around. Sometimes he is "unhooked" or looks like he is shorter than everybody around him. At other times, he is faded, wrinkled, or appears stained. If you look at his top, there may be holes in his mesh. If you look at his bottom, he might be dragging the floor. Often, he feels like he doesn't fit in. "He" is the ugly cubicle curtain, and he lives EVERYWHERE!

Facilities spend hundreds of thousands of dollars trying to keep their patient room décor fresh with up-to-date furniture and furnishings. They have wood-appearance flooring, plantation shutters, sconce lighting, faux marble in the rest room, flat-screen televisions, and the latest and best bed \$6,000 can buy. But then, they hang a wrinkled, torn, too short (or too long), mismatched cubicle curtain around the bed.

I have been in healthcare management for nearly 29 years and have battled with and tried to eliminate the ugly cubicle curtain, but it keeps hanging around. The

reasons the ugly cubicle curtain hangs around are many. The following are the "dirty dozen" reasons for your consideration:

1. There is no one person assigned to manage the facility-wide program. (Refer to Murphy's Law #1: If it can go wrong, it will go wrong).

2. There is no standard cubicle curtain. One nursing division/unit may prefer a certain color or pattern, while another nursing division/unit may think that one doesn't fit the décor, so they buy a different color or pattern.

3. Because there is no "standard" cubicle curtain, the probability of getting the correct curtain in the correct room is a "roll of the dice." (Refer to Murphy's Law #2: Just when you think things can't get any worse, they will).

4. Ceilings are different heights. A cubicle curtain made for a patient-care area will be too long or too short for another. (Refer to Murphy's Law #3: Things always go from bad to worse).

5. Efforts to tag the curtains with size (length x width) or other information will eventually fall off or fade away to where it becomes unreadable. (Refer to Murphy's Law #4: If you perceive that there are four possible ways in which something can go wrong, and circumvent these, then a fifth way, unprepared for, will promptly develop).

6. Old, outdated tracks make it difficult to move the curtain, so people resort to jerking them around. This causes the curtains to either move, jump off the hook/car-

rier, or tears the mesh.

7. With curtains being exchanged by different people on different shifts, the opportunities for Murphy to be at work increase exponentially. (Refer to Murphy's Law #5: It is impossible to make anything foolproof because fools are ingenious).

8. Spare curtains are not purchased at the same time the curtains are bought for patient-care areas. A good rule of thumb is to purchase 25-30 percent additional curtains to allow for exchanging of curtains. If it is the ER, plan on 50-75 percent additional or spare curtains.

9. Employees get annoyed that they have to change a curtain. They have to find a ladder, go to the curtain room, grab a curtain, and go. They tend to pay little attention to details, such as getting the right pattern, the right length, etc. (Refer to Murphy's Law #6: Everything takes longer than you think).

10. Invariably, the ugly curtain will show up in a VIP's room and the blame will have to be placed on somebody. You get the phone call or e-mail message, "Somebody screwed up!" (Refer to Murphy's Law #7: There's never time to do something right, but there's always time to do it over).

11. Having a good cubicle curtain program takes a lot of time and costs a lot of money (Refer to Murphy's Law #8: Once fixed, things rarely stay fixed).

12. And finally, during the laundering process, curtains end

(continued on page 10)

CUBICLE CURTAIN

(continued from page 5)

up staying too long in the washing machine or dryer. The result is a wrinkled mess.

So, how does one transition from “ugly” to something that would be very acceptable?

1. Step 1: Determine who the cubicle curtain stakeholders are, and make sure the infection control staff is included. At your first meeting, ask the group questions such as:

- Are you are sending your cubicle curtains out for laundering or cleaning of some sort? How much are you paying for that service?

- If an outside vendor cleans your cubicle curtains, what is the expected turnaround time (1 day, 2 days, etc.)?

- What size are your curtains (length x width)? Break down the cost per square foot.

- Do you have enough spare curtains so the shelf is never bare?

- Who pays for the cleaning of the curtains—housekeeping or nursing? Whose budget is charged for spare cubicle curtains?

- Do you change curtains after every H1N1, airborne, droplet, and contact isolation? Or, just C-diff?

- Are you aware of the availability of disposable cubicle curtains?

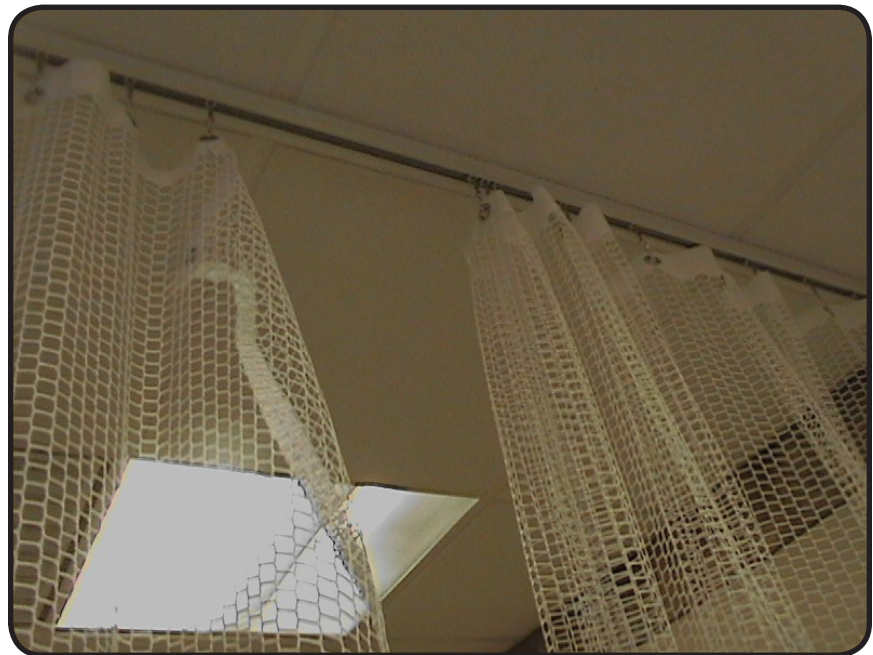
- Does your infection control department dictate the frequency of changing curtains?

- From start to finish, how much labor is expended by housekeeping in changing a cubicle curtain (15 minutes, 30 minutes, etc.)?

- If you are laundering cubicle curtains in-house, do you have an idea of cost per square foot? This would include utilities (electricity, water, gas, sewer) and chemicals, PLUS labor.

2. Step 2: The stakeholders need to break up into work groups. They will be given homework assignments to answer or get background information. For example:

- **Group 1:** Break the facility into areas and have the group do



Old, outdated tracks can make it difficult to move cubicle curtains, so people resort to jerking them around. This can cause the curtains to become unhooked, as shown in the photo above.

a survey of the areas where the cubicle curtain system breaks down. Carry a camera and take photos of the good, the bad, and the ugly. Put together a presentation of the findings to present at the next meeting.

- **Group 2:** Work on a curtain-changing policy that addresses the frequency of cleaning, whether they can be laundered in-house, or if an outside contractor needs to give a bid.

- **Group 3:** Work with an outside vendor (or two) that will pick up, launder, and return cubicle curtains to a central area for distribution. The group should write out bid specifications, addressing appearance, whether the clean curtains will be folded or placed on hangers, the turnaround time, etc. Have the group bring the cost proposal(s) back to committee for consideration.

- **Group 4:** If the curtains are laundered in-house, what is the true cost? Include housekeeping's labor, such as the amount of time it takes to receive a phone call, take down curtains, hang up a clean curtain, and take the soiled curtain to a central holding area. Also figure the time necessary to pick up the curtain from the cen-

tral holding area to take it to the laundry area; and the time to load the washer, transfer to the dryer, unload the dryer, and fold the clean curtains. The plant operations manager should address the cost of utilities (water, gas, electricity, sewer treatment, etc.) A good rule of thumb is to look at residential costs for these utilities if the curtains were laundered at home. You will want to compare this cost to the outside-contractor's bid.

- **Group 5:** This group determines if there is to be a “standard” cubicle curtain for the whole facility. If so, what is the cost estimate of changing the whole facility from what you currently have to a standard curtain? The group may want to bring their recommendations for color, fabric, and pattern back to the committee.

- **Group 6:** This group decides whose budget gets charged if the group decides to have a “standard” cubicle curtain and who buys the spare curtains. As a rule of thumb, you will need 30 percent more for shelf-stock for exchange purposes, so be sure to add additional dollars. Also decide whose budget is charged for the spare curtains.

- **Group 7:** Have somebody

(continued on page 18)

CUBICLE CURTAIN

(continued from page 10)

make a “storyboard” of the life cycle of a cubicle curtain. This can be a humorous look at cubicle curtains that too many people take for granted.

- **Group 8:** Have somebody investigate alternative systems—whether it be disposables or another system that allows curtains to be changed without a ladder and makes the curtains look uniform in appearance.

3. Step 3: If the committee’s decision is to move ahead with a comprehensive program for the eradication of “the ugly cubicle curtain,” you can purchase new cubicle curtains or simply have your existing curtains re-worked.

This may be a new revelation, but it is impossible to have a uniform look unless you adopt a two-piece cubicle curtain. There are two elements that must be met:

1. Same fabric, same sized panel: The same fabric color, pattern, and panel size should be standard throughout the facility. When a curtain has to be changed, a worker shouldn’t have to think about the room, department, or division. Ideally, there would be only ONE fabric, ONE pattern, and ONE curtain size for the whole facility. If the panels are all the same width and length, one only needs to think about how many panels they need to provide for the patient’s privacy.

2. The mesh has to be made separate from the fabric: If the ceiling height varies from one room to the next, from one department to the next, and from one nursing division to the next, the mesh has to be made separate from the fabric. The mesh will remain in place with each curtain change; only the fabric panel is exchanged. The mesh should be one piece for the entire length of the cubicle track, and has to be a minimum of 18” long in order to meet Life Safety Code (this is to allow the fire sprin-



In order to avoid mismatched cubicle curtains, as shown in the photo above, the same fabric color, pattern, and panel size should be standard throughout the facility.

kler to work effectively), but can be longer. The width of the mesh will be determined by the height of the finished curtain from the floor. The snaps (where the fabric panel is snapped to the mesh) should be 72” off the floor.

There are two ways of getting a standard curtain as described above:

1. If you already have the same curtain fabric color and pattern in your facility, the committee can recommend that the current curtains are re-made into two-piece curtains. The existing mesh has to be cut off the curtain and thrown away. New mesh should be made with grommets at the top to hook on the current hooks, and snaps installed at the bottom of the mesh. See notes above regarding the width and length of the mesh being tailored to each room’s ceiling height. The fabric then has to be cut and re-sewn into finished 66”-long x 66”-wide panels with snaps at the top. At this height, any worker taller than 5’5” can exchange a cubicle curtain without needing to climb a ladder or step stool (improving worker safety and eliminating Worker’s Compensation claims caused by workers

on ladders). The panels should overlap by one snap. This overlap insures that the patient’s privacy is maintained.

2. The committee can recommend the purchase of new curtains already made in the two-piece system or recommend disposable curtains. Disposable cubicle curtains are ideal for facilities that utilize an outside company for laundering their curtains or for areas that have a high volume of curtain exchanges due to infection control concerns (i.e., the emergency department, intensive care units, or dedicated isolation rooms).

In closing, the ugly cubicle curtain doesn’t need to hang around any longer. He needs to be transformed for the better. It will require a committee that is willing to work on the transformation, but first they need to see the ugly curtain through the eyes of your patients, visitors, and staff. Once the problems are identified, you are equipped with a roadmap to get you from where you are to where you need to be. ♦

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