A STUDY TO DETERMINE THE EFFECTIVENESS OF THE TEXAS HOSPITAL ASSOCIATION SHARED MANAGEMENT SYSTEMS HOUSEKEEPING STUDY GUIDE IN PARTICIPATING HOSPITALS

A Problem Solving Thesis

Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Hospital Administration

By

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Waco, Texas

August, 1971

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ABSTRACT

A STUDY TO DETERMINE THE EFFECTIVENESS OF THE TEXAS HOSPITAL ASSOCIATION SHARED MANAGEMENT SYSTEMS HOUSEKEEPING STUDY GUIDE

A Problem Solving Thesis Submitted to the Faculty of Baylor University in Partial Fulfillment of the Requirements for the Degree of Master of Hospital Administration

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The purpose of this study was to determine the effectiveness of the Texas Hospital Association Shared Management Systems Housekeeping Study Guide in participating hospitals.

A review of the literature revealed that while the basic management engineering techniques contained in the study guide were utilized in several states, the study guide concept itself was unique in Texas. Two questionnaires were sent to all participating hospitals and three hospitals were personally visited for personal interviews. The study analyzed the extent to which the study guide was being utilized, the change in employee habits, dollar savings, and other reported intangible benefits.

It was concluded that the study guide concept was very useful where industrial engineering expertise was not available on a hospital staff. Some hospitals had extended results gained from this study into other management areas.

Benefits derived from the study guide concept included reduction in operating expenditures, increased employee morale, better distribution of workload, and improved supervision and training.

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CHAPTER I

INTRODUCTION

General Information

Efforts to reduce costs are a major concern of the hospital administrator today. The public is aware of the rising medical costs and constantly attempts to apply pressure to reduce the rising trend. Insurance companies and governmental agencies are ever seeking the opportunity to curb prices. And opposing these pressures, the hospital is faced with increased service demands by patients and increased salaries and wages by employees. Just what course of action can the administrator pursue to combat the dilemma of costs in this dichotomy of interests?

Unfortunately, there is not one answer that can become the panacea for this problem. Thus, it is imperative for all supervisory personnel to do their part in effecting cost reduction in all areas of the hospital.

This thesis will examine the impact of a Shared Management Systems (SMS) program for housekeeping in twenty Texas hospitals with respect to cost reduction. Ideally, medical facilities should be planned to eliminate cleanliness barriers during the design phase.[1] However, even with the best of design and construction, any facility still requires a housekeeping department. And this department can be either an area of significant economy or great extravagance.

History and Setting of Shared Management Systems in Texas Hospitals

Many people have had an active part in the development of the Shared Management Systems program, and the program, as it exists today, is a result of the efforts of various councils, committees, and individual contributions by members of the Texas Hospital Association (THA). First, it was a project of the Council on Administrative Practice (COAP), which investigated several methods available to develop management engineering techniques within hospitals. The COAP arranged for the Southwestern Work Simplification Council to present a concept for improvement during one day of the first Hospital Executive Leadership Program conducted at Trinity University in 1967. The results of this presentation and other investigations made by the COAP resulted in the appointment of an ad hoc committee to determine the feasibility of THA inaugurating a management engineering program and to determine the costs and method for developing the program. Next, the THA Board of Trustees appointed a special board committee to develop and manage a shared systems program. This special committee is in fact, the governing body of the Shared Management Systems program as it is being operated today.

A plan of action was prepared and an application was made to the W. K. Kellogg Foundation to obtain funds for a proposed three year project. These funds were to be used as seed money and would provide for the salaries of the director of the program, part of the salary of the assistant director, and part of the travel involved in the initial start of the program; the funds would also cover travel and expenses for department heads to help develop and implement quality control standards.

The Kellogg Foundation approved this application of funds amounting to $99,000 over a three year period and the first payment was received from the foundation in February, 1969.

In the summer of 1969 the Texas Hospital Association launched the Shared Management Systems program as an operative and effective undertaking to curb the rise in health costs and to improve management effectiveness in Texas hospitals. The development, progress, and operation of the SMS program is directly under the guidance of the Shared Management Systems Committee. The committee members have been appointed to provide representation of THA membership with recognition to different size hospitals and to geographic location. The committee is responsible to the THA Board of Trustees, renders regular reports to the board, and receives its direction and program and budget from the board. In other words the SMS program is a program of and for Texas hospitals.[2]

The Shared Management Systems program is designed whereby a group of hospitals share the cost of an industrial engineer and the related expenses incurred in travel, office space, training material and so forth. Therefore, the cost per hospital is comparatively inexpensive. The cost of this service is a $1/bed a month with a minimum monthly charge of $100 and a maximum monthly rate of $350. These low rates are possible because of the grant-in-aid received from the W. K. Kellogg Foundation to cover part of the cost of starting up the program. This grant was given to cover the start-up costs over a three year period and the SMS program is designed so that it will be self-sustaining at the end of this three year period.

A great deal of material had been accumulated by the SMS Committee during their search for an approach to be used in developing the

SMS program. This material included studies conducted by management engineering programs in California, Western New York, New Jersey, Ohio, and other areas. The director and committee studied this material to determine a basic plan of action for the initial program. Director Berry Rothhammer traveled to several states in a search for counsel and guidance from directors of other successful management engineering programs. A decision was made to start the program with the aid of two pilot groups of hospitals - one in the Houston area and the other in the Ft. Worth-Dallas area. The initial two pilot groups, 8 hospitals in Ft. Worth-Dallas, and 10 hospitals in Houston, were signed up and an industrial engineer was hired to staff an office in Dallas and one in Houston.

The initial SMS program implementation was conducted through a series of meetings, workshops and discussions to inform as many employees in a participating hospital as possible about the SMS program. One of the initial meetings was a meeting in Dallas and in Houston of the administrators and coordinators involved in the program. These groups were told what their function would be in the program and how important it was that the pilot groups apply the proposed program and make recommendations for changing and improving the program prior to expansion into other areas. Next a five day workshop was conducted for the 18 coordinators from participating hospitals in an effort to acquaint them with as many of the techniques of management engineering as possible.

During this workshop a department was selected in which a study guide could be developed. The Ft. Worth-Dallas group decided to conduct the program in their Dietary Departments. The Houston group pursued a program in Housekeeping. Existing methodologies were selected for each of these groups to use; one that had been developed by the Western New York

Hospital Association's Management Engineering Program was selected for use in the Dietary Department while the Housekeeping Department would use the methodology developed by the CASH program. The SMS consultant and coordinator in each hospital developed a plan of action for implementing the SMS program in their hospital according to their individual problems.

One of the primary objectives of the Shared Management Systems program is to have a group of hospitals develop a management system for a particular department and to make this management system available to other participating hospitals so that they can share in the improvements made by the initial group. This material concerning the management system should be in such a form that a hospital can study it and adapt it into its own individual situation and perhaps add some additional refinements or improvements to the system itself. The second generation improvements would be added to the departmental management system for use by the third generation, and so on. Thus the Study Guide concept was initiated to make possible the development and improvement of management systems in an organized, systematic manner utilizing a minimum amount of time of hospital personnel as well as the SMS consultant.

Conditions Which Prompted the Study

With any new project, a question arises concerning its value. Such is the case with the Study Guide (See definitions, page 7) concept used by Texas hospitals in the Shared Management Systems program. Since this concept is already being initiated for several hospital departments, it was felt that an early evaluation of the program in one area would

serve two purposes. First it would obtain independent feedback from the participating hospitals and secondly, a base for future reference and development would be established. Thus, this study was initiated.

Statement of the Problem

The problem is to determine the effectiveness of the Texas Hospital Association Shared Management Systems Housekeeping Study Guide in participating hospitals.

Objectives

This study will:(1) analyze the responses from hospitals concerning the Housekeeping Study Guide (Appendix A); (2) compare the results with information contained in the Study Guide; and (3) recommend improvements for inclusion in subsequent editions of the Study Guide published by Texas Hospital Association Shared Management Systems.

Criteria

This study will:

1. Determine the extent to which participating hospitals utilize the Study Guide.

2. Provide an indication of cost savings and other benefits as a result of using the Study Guide.

3. Identify employee reaction to the Study Guide.

4. Identify areas of weakness in the Study Guide and provide recommendations for improvement of these areas.

5. Provide ideas which can be utilized in improving future study guides relating to other hospital departments.

Limitations

Limitations placed on this study are:

1. Twenty-two hospitals participate as members of the Shared Management Systems program. From this small sample, it would be of questionable validity to assume a close correlation between this group of hospitals and the over three hundred throughout Texas.

2. The responses from these hospitals vary greatly. The hospitals involved in the pilot study have been involved with the Study Guide for over six months while a few only recently implemented the program. Therefore, some hospitals answered every question on the questionnaires, while others could not or else answered based on speculation in the future. Some responses included amplification along with the quantitative information solicited.

Assumptions

Assumptions of this study are:

1. That the Housekeeping Study Guide will be utilized by each participating hospital in the Shared Management Systems program.

2. That future study guides can be improved based on the results of the first one.

3. That the effectiveness of the Housekeeping Study Guide can be quantified.

Definitions

A study guide is a manual which describes in detail the procedures to follow in performing a specific occupational function. It has

been developed and tested in pilot hospitals, and tells how to perform a specific study in order to obtain the greatest return for resources expended.

Specifically, the SMS Study Guide is a management tool and provides proven management and industrial engineering techniques that can be adapted by experienced hospital management personnel to achieve specific objectives.

Pilot hospitals refer to those hospitals that participate in the development and testing of a study guide.

CASH is the acronym for Commission for Administrative Services in Hospitals. This is a non-profit management engineering program established by the Southern California Hospital Council.

Research Methodology

A search of the literature concerning questionnaire construction and work measurement techniques was performed. Specifically, the review of the literature included programs developed by other state hospital associations and independent foundations dealing with hospital improvement methods.

Next, a detailed study of the SMS Housekeeping Department Study Guide was undertaken to determine points which could be utilized for an effectiveness study project. From this effort evolved the questionnaires shown in Appendix B which were sent to the hospitals listed in Appendix C. The first questionnaire was constructed in such a manner that precluded unnecessary work on the part of hospitals that had not initiated the study guide program but could submit responses regarding

their general attitudes toward the program. The second questionnaire was designed and sent under the assumption that each addressee had begun the program. The questionnaires were mailed to the SMS coordinator of each hospital in anticipation of a higher percentage of return than if sent to already overburdened administrators.

Literature Review

The study guide concept is unique to the Texas Hospital Association. This factor became quite evident early in the research effort. From this however, one should not infer that nothing has been done to assist hospitals in reducing costs through management engineering techniques. Approximately half of the states have developed rather sophisticated programs in an attempt to meet the needs of hospitals within their states. Each, in its own way, has contributed to the overall advancement of management engineering within health care facilities. As was indicated in the history of SMS, existing methodologies in two states were selected to initiate the first two department study guides in Texas.

Several non-hospital association groups have also contributed to the reservoir of literature. Community Systems Foundation, Ann Arbor, Michigan; Battelle Memorial Institute, Richland, Washington; and United Hospital Fund, New York City are three examples of such commercial groups.

Individual efforts to implement method improvement techniques to cut costs in specific hospital areas or situations are becoming more evident in many of the various professional journals. One article cautioned the reader that an effective program in one hospital may be worth-

less in another; that each program must be custom made for that facility.[3] This should not be interpreted to be in contradiction with the main goal of SMS as stated by Dr. Sam Edwards when he wrote:

> Our goal was to make available to every Texas hospital a service based on industrial engineering techniques that would maximize individual effort and reduce duplication of effort. The results of these should be evidenced by: cost containment, improvement in quality of care, reduction in individual, organizational and public frustration, and favorable publicity. The last goal is added deliberately and without shame.[4]

Perhaps the best summation of all the many printed words of each of the sources alluded to above is best described in the simple philosophy of the Defense Documentation Center, Alexandria, Virginia. That philosophy which has nearly become a motto is, "Don't reinvent the wheel."[5]

Most of the ideas presented by the various organizations, associations and individuals are not new in and of themselves. What is new and valuable is that old techniques are being applied in different areas and by different methods. For instance, documented time and motion studies easily date back to the nineteenth century when Frederick W. Taylor was supervising steel mill operations. But the application of time and motion studies in cleaning a hospital intensive care unit is an idea emerging out of the most recent decade.

Another technique stressed in the SMS study guide is that of quality control. Again, this technique is of long standing in the manufacturing industry with special emphasis being added during World War II.[6] This technique was carried into the hospital industry perhaps as early as 1952 when Dr. Lillian M. Gailbreth conducted her hospital wide methods engineering workshop at the University of Connecticut.[7] Gradually,

quality control in the hospital has gained momentum until now it is recognized by progressive management as being vitally important.[8]

Similar anecdotes can be documented for nearly all of the industrial engineering techniques. And it can be anticipated that as more state hospital associations and more industrial engineers communicate with one another, much more enthusiasm will precipitate many new applications still based on "old" techniques.

Nothing was found in the literature concerning specific studies of the effectiveness of these various programs. Many of the writers did indicate that dollars were saved and better communications were achieved, which is apparently what they were seeking. Another hint of effectiveness was the fact that other hospitals and associations borrow these published methods from which they construct their own programs.

Footnotes

[1] Emile de Armas, "Eliminate Cleanliness Barriers," Executive Housekeeper, XVI (July, 1969), 14.

[2] Shared Management Systems, Texas Hospital Association, "A Year of Progress, February 1, 1969 - January 31, 1970," Austin, Texas, 1970, pp. 3-7. (Xeroxed).

[3] J. Russell Buchan and William B. Luttrell, "Industrial Engineers Look at Housekeeping Procedures," Executive Housekeeper, XVI (February, 1969), 49.

[4] Sam A. Edwards, "Origin of that SMS Program," Texas Hospitals, XXV (November, 1969), 16.

[5] Defense Supply Agency, "Defense Documentation Center," Alexandria, Virginia, 1966. (Handout).

[6] Harold B. Maynard, Industrial Engineering Handbook (York, Pa: The Maple Press Company, 1956), p. I-22.

[7] Harold B. Smalley and John R. Freeman, Hospital Industrial Engineering (New York: Reinhold Publishing Corporation, 1966), p. 65.

[8]Pablo Conzalez, "How to Use 'Quality Control' in Hospital Housekeeping," Executive Housekeeper, XVI (August, 1969), 36.

CHAPTER II

DISCUSSION

Introduction

Every dollar saved in a medical facility can be passed on to the individual patient in the form of a smaller medical bill or improved quality care during treatment. In either case, the community image of the facility is improved. One can readily comprehend a smaller bill but to visualize quality care becomes considerably more difficult. If we restrict consideration of improved patient care solely to the housekeeping department, a number of thoughts come to mind.

First is the matter of direct disturbance to the bed patient. Each time a room is entered, the patient confined to a bed is interrupted in his thoughts, comfort, or possibly sleep. When activity such as vacuuming occurs, the noise level increases which in turn can be most distressing to an ill person. Running water in the lavatory or flushing the commode are similar noise factors to be classified as disturbing to the patient. Closing doors and rearranging furniture, equipment, and decorations all contribute as disturbances and noise makers to the patient while his room is being cleaned. Motions against light, such as an object moving in front of a window or the temporary blocking out of a lamp, are also distracting.

A second consideration is that of the attitude of an individual performing housekeeping tasks. This directly relates to the degree

of disturbance for the patient. A pleasant, careful housekeeper will in all likelihood move items within the room in a coordinated manner as quietly as can be expected. This reduces the amount of noise caused by dropping or hitting objects. The housekeeper who is pleasant will normally wear a happy expression or smile which is much more desirable to observe and accept than is the sullen expression or frown.

A person who is happy performing the various tasks of the job will be thinking about the job more than one who looks at the assignment as drudgery. In turn, the thinking employee is the one who has greater potential for originating his own method improvement ideas. It is from new ideas that a progressive medical facility continues to be an institution of quality care.

The third factor that contributes to quality care is that of the actual cleanliness of the facility. Without prolific amplification, it is sufficient to say that a clean medical facility is a healthier place to be ill in than one that is not. And obviously, the more attractive and tidy the hospital, the higher the patient morale.

Thus, it has been seen that housekeeping plays a much greater role in quality medical care than simply preventing the spread of disease. In order to assist in improving the quality of medical care, Shared Management Systems of Texas Hospitals Association has developed a Housekeeping Study Guide.

Study Guide Concept

In order to evaluate a program, an understanding of the process must be clear. The historical setting explained the origin of the

program and the output is shown in Appendix A. It is now appropriate to tie these together.[1]

An effective study which achieves established objectives does not just happen. It is the result of careful planning which includes considerable judgment and insight concerning the human factors involved in success, as well as proper selection and organization of analytical procedures to be used. The Study Guide is designed to meet these requirements.

The Study Guide is implemented by a formally recognized study team that is responsible for detailed planning, effective communications throughout the organization, satisfactory completion of required analytical work, and the implementation of improvements. Membership generally will vary from 2 to 4 members including a team captain who should be of management level and be technically qualified in the disciplines to be studied. Other members might include department supervisors, key department or administrative staff personnel, and the SMS consultant. An important function of this study team is to discuss study plans, requirements, and problems with hospital personnel involved in the work being studied to develop an overall understanding of objectives and procedures. Effectively involving people in the problem solving process results in better solutions to problems and develops an atmosphere of cooperation and teamwork instead of creating resistance to change. The Study Guide should be adapted to the specific hospital and environment to which it is to be applied. The study team reviews the Study Guide and the department to be studied, plans an approach to each of the major steps in the Study Guide and prepares a written implementation plan. This plan includes the objectives, milestones, and

schedule to be followed during the study.

The study team arranges for a kick-off meeting to start the study off in a proper manner. This meeting includes as many members of management as possible and all of the key personnel from the department involved in the study. During this meeting, the purpose of the study is made clear to all concerned. The general approach used is summarized and contact points are established within the various organizations involved. In this way, an atmosphere conducive to thoughtful improvement is created within which the study can thrive.

Following the kick-off meeting, employee orientation sessions are held with all employees whose jobs are directly affected by the study. The necessary atmosphere of cooperation and team work must be built on understanding; organized discussions within supervisory groups that will explain the purpose of the study, how it affects current and future operations, and how individuals can contribute to the study's success are of great benefit.

The study is initiated by implementation of the quality control program. Forms and instructions included in the SMS Study Guide are used to develop a quality index that can be plotted on a quality index chart on a weekly basis. When the quality index has been plotted for a period of at least four weeks, the control period may be changed to one month and the inspection schedule can be changed accordingly. This quality control phase of the program signifies improvements that can be made to improve the services rendered by hospital personnel.

Once the quality control program is well underway, the study team places its attention on the work analysis phase. Existing position descriptions are examined and a survey conducted of actual work

performed. Activity lists and task index sheets are prepared according to instructions contained in the Study Guide. Next, brief task descriptions, including sufficient information to indicate the work involved, equipment used and work sequence, are prepared for all tasks that have been listed by the study team. An estimate of productive time required for doing the tasks and how often it should and must be done are included if possible.

A study team member reviews each of the task descriptions with a person in the department who frequently performs the work. The purpose of this step is to eliminate unnecessary tasks, reduce frequency and record problems or suggestion for improvement.

The study team now develops standard time and task frequencies based on standard data or observation of the work. A survey may be necessary to develop reliable task frequencies and total work load.

Using these standard times and task frequencies that have been developed, the study team develops charts using aids included in the Study Guide to level average employee work loads, to distribute work equitably, and develop the most effective schedule. Based on results of this study, the study team develops a plan to increase the departmental productivity, explains this plan to department personnel and then implements the proposed plan on an experimental basis. A systematic follow-up is conducted over a sufficient period to adjust time standards and schedules and to resolve other problems as they develop. A problem or project list is maintained by the study team for use in improving areas to further improve the quality of patient care or to reduce cost.

As outlined in the Study Guide, a productivity index for the

department is developed and the required control system is implemented to determine and develop further improvements.

One of the most beneficial bonuses of the study guide concept is the possibility of using the completed task descriptions to correct and update position descriptions in the department being studied or to create new descriptions if necessary.

Once the study team has progressed this far, it writes a report indicating progress to date and outlining plans for developing future improvements. These plans might include some problem areas involved in other departments and outlying objectives that should be established to effectively solve these problem areas. For the best results, the Study Guide should be implemented on a permanent continuing basis rather than as a one shot quick improvement scheme.

General Survey Results

The first questionnaire was mailed or hand carried to the SMS coordinator of twenty-two individual hospitals. Fourteen responses were received of which eleven provided information which could be utilized in this thesis. The second questionnaire was sent to twenty hospitals inasmuch as two of the hospitals originally indicated they were not becoming involved in the Housekeeping Study Guide. One coordinator stated that the housekeeping activities were being accomplished by contract in his facility and the second hospital gave no reason.

On the original questionnaire, several questions were included that were omitted from the later questionnaire. Unanimity existed on a few of the omitted questions and a follow-up did not appear necessary. For example, nine hospitals anticipated that the Share-O-Grams will help

their housekeeping departments in the future. In fact, one of the hospitals enclosed a Share-O-Gram that had been published as a result of an idea which that hospital had submitted to SMS. Two questions were included in the first questionnaire that did not relate specifically to the Study Guide itself. These two questions were inserted at the suggestion of a faculty member interested in behavioral science. While it may be argued that it is tangential subject matter, the results are certainly worthy of note. Of the eleven hospitals that actually completed the questionnaire, two reported that none of the housekeeping employees spoke Spanish, one hospital left the question (#32) blank, and the remaining eight hospitals indicated that from approximately 1 to 94 per cent of their authorized housekeeping employees spoke Spanish (See Table 1).

TABLE 1

NUMBER OF SPANISH SPEAKING HOUSEKEEPING EMPLOYEES IN REPORTING HOSPITALS

Hospitals	Auth. Employees	Spanish Speaking	Approx. Pct.
1	39	34	80
2	23	0	0
3	--	--	--
4	100	8	8
5	30	9	30
6	24	2	8
7	32	1	3
8	16	15	94
9	120	1	1
10	22	0	0
11	--	1	--

Note: Underlined figures in columns 3 and 4 were reported by hospitals. The figures not underlined were determined based on the reported authorized positions in column 2.

The responses to the other question (#38) concerning this subject, revealed that no hospital presently had its housekeeping instructions or

job descriptions published in Spanish.

It should be pointed out that through an editing error on the thirty-seventh question of the first questionnaire, the blank for a negative response was omitted. Hence, the reader may desire to interpret a unanimous response as the freak result of a loaded question. But in humble defense, it was noted that space and structured responses in other questions did not inhibit lengthy and varied answers by SMS coordinators. To add further credence to this response, a similar result occurred in the follow-up questionnaire when a space for a negative answer was provided.

Responding hospitals ranged in size from eighty-seven to nine hundred and ninety-two beds with the median being one hundred and thirty. These hospitals also represented the three major geographical areas in which SMS is involved.

The statistical information contained in the remaining portion of this thesis considers the total results of both questionnaires since a number of the answers are duplicated by hospitals which participated in each request for the information.

Initial Reactions

While observing one initial orientation, it became obvious that the employees appeared overwhelmed with the program. Certainly the terminology was unfamiliar and the forms seemed to be voluminous. But no questions were asked by individuals other than the department supervisor. This reaction became more comprehensible upon learning that in at least two hospitals several of the employees have not had formal schooling beyond the third grade. Undoubtedly, the group feeling at that point was

such that the whole idea was a remote concept which would have little effect on individual activities.

Individual supervisors differed widely in their concepts of the program. Those who had had some exposure to work simplification methods or who sincerely desired to improve their operation, had relatively high expectations concerning final results. There were those who greeted the program with the attitude that they had a good operation already and the only thing that any study would accomplish was the creation of more paper work without any appreciable improvement in operational methods. And a third supervisory concept was that SMS was about to present to their department a list of ready made improvements that would be the panacea for their departmental problems.

As the study advanced into the quality control stage, the employee reaction became more pronounced. There was definite suspicion and resentment by the employees. They appeared to feel that outside persons were trying to meddle into their affairs. While evidence is not available to prove such is the case, it was probably at that stage that thoughts of force reduction began to occupy their minds. After all, strange people, stop watches in hand, were observing their every move. That was certainly an evil omen. Through this step the individual had been talked to, checked on, and instructed not to worry. But that had really not been too comforting.

Employee Involvement

The SMS study guide concept is not an attempt to pursue a behavioral science research project. But the SMS staff was always alert to utilize techniques advocated by the behavioral scientists since indus-

trial engineering efforts deal with people and the results of any program depend specifically upon individual actions and attitudes. Thus, it was of paramount importance for the employees to become involved in the Study Guide early in the program.

A comment of one SMS hospital coordinator concerning his overall impression of employee involvement in the program was:

> Prior to the implementation of the Housekeeping Study Guide the maids started at 6:45 A.M. and worked until the shift ended and went home not really feeling that a unit or milestone had been reached. Now they have a sense of accomplishment at the end of their shift. They are now happier with their job because they know others care, and have a full day's work to do.[2]

As the study progressed to the work analysis phase, the employees began to have a real opportunity to get involved. For instance, at San Jacinto Methodist Hospital, the housekeeping employees were divided into small groups to develop their task descriptions.[3] The employees were instructed to submit a given number to the executive housekeeper each week. Completing these task descriptions was expected to take approximately six weeks. Instead, the employees began to take the task lists home and as a result of their enthusiasm, that portion of the study guide was completed in half the anticipated time.

It therefore was at the work analysis phase that employees began to understand the study as a self improvement program. Enthusiasm began to spread in varying degrees outside the housekeeping department.

Nine hospitals volunteered that employees had made suggested improvements in the housekeeping department subsequent to implementation of the Study Guide. Seven stated that of the 26 suggestions offered, nineteen were implemented. Two responses were less specific in that it was reported most of several suggestions had been utilized at those facil-

ities. If the generally accepted concept that interested and concerned people get involved is accurate, then one could conclude that at least some employees at these nine hospitals were interested and involved in the program. Further substantiating the acceptance of the Study Guide by the employees is the absence of complaints reported earlier in the general survey results section.

Tangible Benefits

During the development of the questionnaires it was envisioned that this section of the thesis would be the longest with the most startling results. In fact, it may well be the most brief. This has come about due to the individual hospitals' emphasis on gains from intangible areas. And in the continuing program the intangible benefits may well pay the greatest dividends anyway. Thus, this turn of events is probably for the best.

Four hospitals reported financial savings as a result of implementing the Housekeeping Study Guide. One had decreased its staff through attrition by 22 positions for what was estimated to be a fifty thousand dollar savings. A second hospital decreased its authorized spaces by three and figured a first year total savings of over sixteen thousand dollars. A third response was entered as $3000 plus without amplification and the fourth hospital indicated that approximately $8500 had been saved through the elimination of one space and reduction in cleaning materials.

During one interview, the coordinator indicated that he felt that there was a decrease in the use of cleaning supplies.[4] He could not positively declare a savings but went on to explain that historically the cost of cleaning materials had averaged approximately nine hundred dol-

lars each month with a range of plus or minus two hundred. The records illustrated that each month following a month where $1100 had been expended, $700 worth of purchases were made. But in the previous four months before the interview, cleaning material purchases had remained consistently near the $700 mark. Speculation on the causes of this conveniently leads into the intangible benefits.

Intangible Benefits

Possibly one cause of the reduction in cleaning materials was an explicit definition of tasks to be accomplished and the sequence in which they were to be performed. The hospitals reported a variety of fascinating anecdotes with regard to the development of task descriptions. Tasks were being performed in no particular sequence in many instances. Some employees were making several trips to the cleaning closet to retrieve forgotten items. Different individuals were performing the exact same tasks in remarkedly different sequences. It was revealed that items of soap, rags, wax, and paper were being indiscriminately wasted. For example, in one hospital one employee was throwing away the last 1 per cent of toilet tissue rolls, while another employee in the same facility was simply placing a new roll near the dispenser and permitting the original roll to be completely utilized. In another instance one employee was actually washing the lavatory in each room twice, using cleansing powder each time.

Such anecdotes were common during interviews and in the questionnaire responses. It is therefore not surprising to find the hospitals stressing the value of improved work scheduling procedures.

In a similar light are the results of the question (#11) pertaining to the identification of sub-standard employees. This was actually the last question prepared for the survey. It had been orally mentioned to one SMS consultant that a hospital had discovered that several of its employees really were not performing their jobs. Prior to implementing the Study Guide some cleaning responsibilities overlapped. For instance, two employees might be assigned to one wing and team up to clean the rooms and halls together. In this manner, one employee could work at a substandard level but unless the more efficient partner complained or extensive time and motion studies were conducted, the substandard employee could exist for years without being identified. However, given specific tasks to perform and then being checked on the performance, some employees did not produce satisfactory results. With some hesitancy, the question was inserted. The results were that seven hospitals had identified substandard employees. These results seemed almost unbelievable. If these identifications are followed up and appropriately corrected, very suddenly tangible benefits should result.

Better supervision was indicated as an intangible benefit by eight hospitals. Various explanations for this centered around two primary points. First, those supervisors who made concerted efforts to involve the employees in developing the task descriptions learned the specific details with which their employees were confronted. It was at this level that non-consistency of job sequencing was identified. Task omissions were also noted. A true exchange of ideas enhanced the discovery of better techniques by which the job could be performed.

Secondly, supervisors came to know their employees better. A conscious solicitation of ideas from subordinates gave employees the

opportunity to express themselves on matters pertaining to their jobs at a time when pressure, anger, and embarrassment were at a minimum. The more alert housekeeping supervisors were able to observe in the employee attitudes concerning adaptability to a new program, attention to details, and understanding his importance to the hospital staff.

One way in which sub-standard employees may be raised to an acceptable level is through better training. Nine responses indicated that the Study Guide had been instrumental in improving training in the housekeeping department. Little in the way of amplification was added to this question. But what was indicated was that where deficiencies are found, corrective training will usually improve the entire situation. Also, as was mentioned earlier, individuals who are interested get more involved and become more receptive, therefore learning more during the training process.

Contributing to better supervision was undoubtedly more follow-up. Part of the quality assurance plan required the supervisor to complete observation sheets on a random basis. The observation sheets required that the supervisor make a series of subjective decisions concerning the cleanliness of the specific area and record whether or not the tasks had been performed satisfactorily. To do this, the supervisor was forced to look at the work accomplished by the employee. Thus, the supervisor definitely saw the immediate results of an employee several times a month and made a conscious decision pertaining to the quality of the work. Since the employees were already involved in the program, they accepted the observation check sheet as such and not specifically an inspection of their performance. Here again is a very important reason for the employees to become intimately involved in the program. Eleven re-

sponses identified more follow-up as an intangible benefit.

One hospital has started to utilize the observation sheets in a secondary function. The sheet is discussed with the employee at the time it is completed. Goals are established between the employee and supervisor for future improvement. At a subsequent conference between supervisor and employee, these goals can be evaluated by reviewing later check sheets. This then becomes a very simple way of pursuing management by objectives.

Four hospitals offered additional comments for the question concerning intangible benefits. One stated that there was better cooperation among the employees subsequent to the Study Guide implementation. They were exchanging helpful bits of advice more readily with one another. Perhaps this is summed up best by the second hospital that reported employee attitude toward the total job had improved. A third hospital reinforced a statement made by another coordinator during an interview. That is the impression that the employees gained better job satisfaction. Each individual can more adequately measure his own progress and performance, thus achieving a greater sense of accomplishment. And finally, the fourth hospital stressed the point that there was more employee concern due to the personal involvement in the program.

In trying to determine which section of the Study Guide was of most benefit to the hospitals, and which was of least benefit, it was discovered that agreement was much more decisive as to which section helped the most. (See Table 2, next page.) Quality control was the overriding response as indicated by seven hospitals. One hospital maintained that all sections were of equal value. Another hospital reported a portion of the work analysis section had been of most assistance; that por-

tion being the preparation of the task descriptions. The hospital that mentioned the improvement program section was principally concerned with the Share-O-Gram concept. The Share-O-Grams were discussed earlier in the general survey results. High expectations are anticipated from this informational exchange technique. And after all, the exchanging of new ideas is what Shared Management Systems is all about. The section providing the least benefit to the participating hospitals at best remains unidentified. One hospital stated, "In reality, the program for SMS is merely a copy of our present procedures which follows AHA and AMA Housekeeping Manuals." This response was interpreted to mean that all sections shared equally in providing little benefit to that particular hospital. A second hospital decried the time consuming process of preparing task descriptions but did admit final results were of value, but not proportional to the time consumed. And the other response dealt only with a small segment of the staffing evaluation section and did not suggest a means of improvement. As Table 2 below illustrates, 14 of the hospitals left blank spaces for this portion.

TABLE 2

BENEFICIAL VALUE OF THE MAJOR SECTIONS OF THE STUDY GUIDE

Section	Number of Hospitals Gaining Most Benefits	Number of Hospitals Gaining Least Benefits
Quality Control	7	0
Work Analysis	1	1
Staffing Evaluation	1	1
Improvement Program	1	0
All Sections Equal	1	1
No Opinion	6	14

Application of SMS Techniques

When a hospital reports that it utilizes the SMS Study Guide, questions arise as to the degree used. To completely examine each and every point of the study guide would require a very lengthy questionnaire which in turn might discourage its completion. Therefore, seven questions were asked concerning specific industrial engineering techniques.

Before the techniques are discussed, training should be examined. It is certainly recognized that a curriculum in management engineering is far more extensive than one single course. But as an indicator, one question requested the number of hospital staff members that had completed formal training in work simplification. The results are shown in Table 3.

TABLE 3

MEMBERS OF THE HOSPITAL STAFF WHO HAVE COMPLETED FORMAL TRAINING IN WORK SIMPLIFICATION

Hospitals	1	2	3	4	5	6	7	8	9	10	11	12	13
Members	2	4	60	1	1	0	60	-	1	2	3	50	0

Another indication of industrial engineering techniques utilized by hospitals prior to the Study Guide was revealed in the answers to the question pertaining to whether the hospitals had a work measurement index prior to implementing the Study Guide. Five hospitals reported that they did have a work measurement index prior to the study. In their explanations, two stated that the Hospital Administrative Services (HAS) comparisons were used. One hospital used the Vestal Housekeeping Manual developed by Vestal Laboratories. A fourth utilized standard square feet per hour figures. These figures were applied against the total square feet

in a given area. The other hospital that had an index indicated that this was determined by the hospital Industrial Engineer. The one hospital that reported a change in its standard pointed out that "with SMS, every stick of furniture is computed. It insures greater accuracy." Thus, at least one facility has realized a favorable impact of a well designed technique.

Eleven hospitals indicated that they achieved random selection in their quality control plan by the method described in SMS examples. Thirteen reported that inspection personnel had been trained in observing and rating techniques as described in SMS examples. Eleven also indicated that task descriptions were prepared as suggested by SMS. When it is noted that ten of these provided an opportunity for the employees to suggest items of work tasks on the activity list, at least the intent of the Study Guide was conveyed to the coordinators. Only one hospital responded in the negative to employee inputs and no clarifying comment accompanied that response. The question concerning the position work summary elicited two responses only. One was affirmative and one negative. The negative included a statement that at that particular hospital, the coordinator preferred to group according to area assignment. With only 11 per cent of all the hospitals responding to this question after two questionnaires, it would appear that either the question or the technique is not well understood by the majority of the participating hospitals. The manner in which eleven hospitals initiated the program was through a kick-off meeting at which an administrator was present. Two indicated that this was not the procedure by which their programs were launched. Unfortunately, these latter two did not elaborate.

Orientations to employees were reported by twelve hospitals. They were generally very similar in that most reported a series of meetings

with different individuals presenting the program. Three distinct remarks offered by hospitals illustrated that some extra effort was employed. One hospital had a conference with coffee available and reported "extremely good employee response resulted." In another instance, a coordinator sent a packet which his facility had developed for its orientation. The third hospital stated that audio-visual aids were utilized. It is interesting to note that two of these latter three hospitals have received suggested improvements from their employees.

It was desirable to determine the continuing effects of the Study Guide program. In other words, do hospitals intend to make this a one shot deal or have techniques been learned that will be utilized in the future? From the returns, it would appear that the performance index, job standards, and Share-O-Grams will definitely be utilized on a continuing basis. As was stated twice earlier, all hospitals expect the Share-O-Grams to be of assistance. Fifty per cent of the hospitals indicated that they will continue to use the performance index and job standards. Slightly less than 39 per cent indicated that the loading technique and utilization index would continue in use. No hospital that completed the questionnaires reported that the techniques would not be used in the future.

One hospital offered a unique variation on the plotting of the work performance index. Instead of having one single overall graph, the coordinator has plotted individual lines for each supervisor's area of responsibility. Of course, this procedure would be more applicable in the larger facilities where there are several full time supervisors. By graphing individual areas, a spirit of competition is developed. However, caution should be exercised in using a graph on the wall as the sole basis

for personnel actions, both pro and con. There may well be extenuating circumstances, aside from people alone, that influence the position of one area. As a management tool, this variation of graphing work performance can serve as a useful indicator.

Over 33 per cent of the responses showed that written task descriptions which defined how each job was to be performed by sequence and method were not available prior to this program. Since this aspect is accomplished in the second phase of the Study Guide, this benefit appears early in the study and projects a favorable impression upon management. Now all of those hospitals that have completed the work analysis phase can count task descriptions as an asset gained through the program.

Managerial Emphasis

The success of any program generally stems from the sincere interest of the organizational leadership. The SMS staff at THA anticipated similar results with the Study Guide concept. It was pointed out earlier that most hospitals initiated the program by a kick-off meeting with an administrator present. While all questionnaires did not have the position indicated, eight indicated that the form had been completed by an administrative position. These two factors provide some intelligence that the program had been born with top side support.

Four assistant administrators, five directors of housekeeping, two floor supervisors, and a plant manager were cited as being study team leaders. The study team members indicated a diversified composition including all levels of managers and operators. With this apparent support at the planning level, one other question sought to answer the

recognition given to employees.

Replies to the employee recognition lagged behind some of the other responses. But when only six hospitals reported receiving employee suggestions perhaps this should not be a surprise. The majority of recognition for efforts by employees centered around individual letters and news publicity. Only three hospitals indicated they gave public praise and/or monetary awards.

Statistical Analysis

In attempting to describe the results of the questionnaires in a statistical analysis, one must keep in mind the very small sample which was available. Throughout the previous discussion percentages have been provided concerning the hospital participation for individual questions. This section seeks only to grossly analyze the survey. Table 4 summarizes the major subjects of the Housekeeping Department Study Guide.

TABLE 4

SUMMARY OF PARTICIPATION IN HOUSEKEEPING DEPARTMENT STUDY GUIDE PROGRAM

Major Subject	Number of Hospitals	Percentage of Participating Hospitals
Participating in Housekeeping Study Guide	17	-
Tangible Benefits Realized	4	23
Intangible Benefits Realized	9	53
Applying SMS Techniques Beyond Study	13	76
Employees Involved in Development	13	76
Administrator Actively Involved After Kick-Off	8	47

Twenty-two per cent of the hospitals reported that they did not

participate in the study guide program. This is an interesting fact in that a minimum cost of $100 per month is required to join SMS. One would wonder why a hospital would spend this money if its intentions were not to participate in the program.

Ten months passed between the two questionnaires. Eight hospitals answered both questionnaires. In very few instances did the answers differ from one questionnaire to the next and those differences were a matter of completeness based on experience. This fact is mentioned to illustrate more decisively that some hospitals plan to carry on the program beyond the study period.

Only 23 per cent of the hospitals reported financial savings while 53 per cent reported intangible benefits. Seventy-six per cent of the participating hospitals indicated that they planned to continue at least some of the Shared Management Systems techniques beyond the study aspect. A like percentage indicated that employees had been involved in the development of the program. After the original kick-off, 47 per cent of the hospitals continued to have active involvement in some capacity by an administrator.

Based on the statistical data obtained in this survey, it would be anticipated that 231 hospitals would be utilizing the Housekeeping Study Guide if 300 hospitals in Texas became affiliated with SMS. Seventy of those hospitals could expect to realize a financial savings and 159 would realize some intangible benefits. Industrial engineering techniques would continue to be used in 228 of the hospitals and the same number would involve their employees in the program development. In addition to these projections, it could be anticipated that all would benefit from the Share-O-Grams.

Summary

In an attempt to assist hospitals in managing their resources more effectively, Texas Hospital Association initiated a program of shared management engineering in 1967. The development stage of this effort reached a milestone in 1969 with a research grant from the Kellogg Foundation. This grant was provided to help develop and implement quality control standards in health care facilities. The initial development resulted in the publication of the Housekeeping Department Study Guide (Appendix A). Ten hospitals participated in the pilot study from which the Study Guide was born. This concept itself was unique to Texas, although methodologies that were utilized were of long standing in management engineering circles.

In the preparation of this thesis questionnaires were constructed and sent to each of the twenty-two hospitals in the SMS program. These questionnaires were designed to determine to what extent the Study Guide was being used and to determine what benefits had been gained from its utilization. In addition to the questionnaires, interviews were conducted at three of the pilot hospitals. The interviews were most helpful and provided emotional aspects which the questionnaires could not. A return of 82 percent on the questionnaires was experienced. Since the original sample consisted of a small number, extrapolation of results to three hundred hospitals may be questionable based purely on statistics. This eventuality was alluded to in the limitations of this study, however.

Due to the unique nature of the study guide concept, literature was relatively brief. An abundance of material was available on method-

ologies and industrial engineering techniques. The literature stressed the time and motion aspects of performing tasks without detailed regard for extensive employee and managerial involvement.

The data gathered during the research for this manuscript revealed that a large majority of the hospitals had involved the employees in the program. There were no reported complaints by the employees concerning the program. Some comments were received that indicated some dissatisfaction at the supervisory and managerial level. This was not surprising inasmuch as there were originally mixed attitudes toward initiating the program by various hospitals. Also one employee curtailed her employment because of a change in working hours when the study reflected over staffing on a shift. The extensive involvement of employees was credited for the suggested improvements which some hospitals had received.

The benefits which have been obtained through the Study Guide program are varied. Tangible benefits in quantifiable dollar savings were reported by only four hospitals. But the intangible benefits were cited extensively on the questionnaires and during the interviews. While perhaps dollar savings have not been clearly identified, many intangible benefits cannot avoid leading directly to a reduction in expenditures. For instance, several hospitals indicated that the employees were happier since they now realized a sense of accomplishment at the end of the work period. It is only logical to assume that happy people remain employed longer, take more interest in the job, and perform more efficiently. These aspects all lead to lower costs. Development of housekeeping manuals and detailed task descriptions were other reported intangible benefits. Written guides again will improve training and thereby turn

tangible savings. Nearly all hospitals indicated that supervision had improved.

The quality assurance section of the Study Guide was reported as being of most benefit to the participating hospitals. There were no duplicate responses as to which element of the Study Guide was of least assistance.

Prior to the implementation of the Study Guide, most hospitals did not have a work measurement index for the housekeeping department. When considering that 70 per cent of the hospitals showed that four or less of their staff members had completed work simplification training this did not appear contradictory.

Initial managerial emphasis was both impressive and encouraging. Most hospitals had a housekeeping director or assistant administrator as a study team leader. The future sounded encouraging since these people indicated on both questionnaires that they expected to continue the use of some industrial engineering techniques after the pilot study. They had also capitalized on imagination and opportunities unique to their specific environments. And finally, the administrators are eager to exchange ideas through the Share-O-Grams thus contributing to an on-going program.

Footnotes

[1]Shared Management Systems, Texas Hospital Association, "A Year of Progress, February 1, 1969 - January 31, 1970," Austin, Texas, 1970, pp. 8-10. (Xeroxed.)

[2]Wayne Coon, Private interview held at Community Hospital of Brazosport, Freeport, Texas, April 20, 1970.

[3]Lanny Ericson, Private interview held at San Jacinto Methodist Hospital, Baytown, Texas, April 21, 1970.

[4]Coon, Private Interview, April 20, 1970.

CHAPTER III

CONCLUSION

Conclusions

The conclusions gained from this study are:

1. The Texas Hospital Association Shared Management Systems Housekeeping Department Study Guide is effective in hospitals where industrial engineering expertise is not available on the staff.

2. Seventy-seven percent of the participating hospitals utilize the Study Guide with some hospitals capitalizing on results obtained in the job performance area for personnel actions and management by objectives.

3. Benefits derived from the Study Guide include:

   a. Reduction in expenditures.

   b. Increased employee morale demonstrated by more cooperation, better communication, and new enthusiasm.

   c. Better distribution of workload.

   d. Improved supervision and training.

4. If properly oriented and involved, employees are tremendously enthused over the program.

5. Future study guides are desired in Nursing Service, Central Supply, Engineering, and X-ray departments.

Recommendations

Future study guides should:

a. Include documented suggestions that have been exchanged through the Share-O-Grams.

b. Be designed for loose leaf binders whereby pages could be changed when new data or suggestions are obtained.

c. Include examples of employee orientation briefings.

APPENDIX A

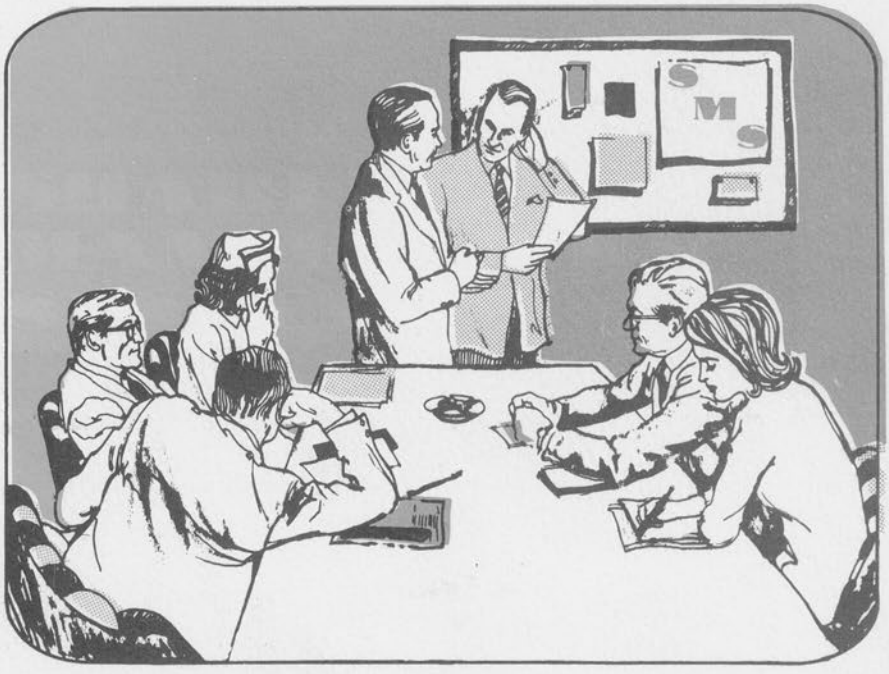
SMS HOUSEKEEPING DEPARTMENT

STUDY GUIDE

SHARED MANAGEMENT SYSTEMS

For Texas Hospitals
P. O. Box 4553 / Austin, Texas 78751 A / C 512, 453-7204

HOUSEKEEPING DEPARTMENT STUDY GUIDE



• A PROJECT OF THE TEXAS HOSPITAL EDUCATION AND RESEARCH FOUNDATION • AFFILIATED WITH THE TEXAS HOSPITAL ASSOCIATION

SHARED MANAGEMENT SYSTEMS SMS
For Texas Hospitals
P. O. Box 4553 / Austin, Texas 78751 A / C 512, 453-7204

April 24, 1970

MEMORANDUM

TO: Recipients of This Study Guide

FROM: O. Ray Hurst, Executive Vice President, THA/THERF

Shared Management Systems, a project of the Texas Hospital Education and Research Foundation, came into existence officially in February 1969 and immediately started to develop a plan of research and development that would result in a multi-hospital management engineering program for Texas hospitals.

With funds provided by a grant from the W. K. Kellogg Foundation, plus financial support from the Texas Hospital Association and participating hospitals, Shared Management Systems has developed a concept for improving the quality of patient care while simultaneously reducing costs in Texas hospitals. This SMS Study Guide Concept utilizes proven management and industrial engineering techniques and enables experienced hospital management personnel to achieve specific objectives. Using a team approach and an organized step-by-step approach, the team establishes existing conditions, defines problems and develops solutions through systematic analysis and planning.

The key to the concept is the Study Guide which outlines the step-by-step approach for developing improvements based on the results obtained by a pilot group of hospitals to develop improved management systems for a particular hospital department. These results are published in a Study Guide and made available to other Texas hospitals so they can benefit from pilot developments rather than to continually "re-invent the wheel."

This Housekeeping Study Guide is the first of a series; other departmental guides will follow in the months ahead. In an effort to further increase the rate of improvement in the hospital industry, the Texas Hospital Education and Research Foundation is making copies of this SMS Housekeeping Study Guide available to State Hospital Associations in all 50 states and to other organizations that can benefit from the results of this development project.

Further information concerning Shared Management Systems can be obtained from Berry Rothhammer, Director.

ORH/BER/gi

A PROJECT OF THE TEXAS HOSPITAL EDUCATION AND RESEARCH FOUNDATION
AFFILIATED WITH THE TEXAS HOSPITAL ASSOCIATION

ROUGH DRAFT #2

Rough draft #2 of the Housekeeping Department Study Guide has been prepared to incorporate additional developments by the South Texas SMS Pilot Group. Although the pilot study is not complete, this Study Guide is released for application, test and further improvement by other Texas hospitals. Following completion of pilot studies and approval of content by the South Texas SMS Pilot Group, the first completed draft will be distributed.

HOSPITALS IN SOUTH TEXAS SMS PILOT GROUP

Montgomery County Hospital
Conroe
Memorial Baptist Hospital System
Houston
Methodist Hospital
Houston
Hermann Hospital
Houston
Riverside General Hospital
Houston
Community Hospital of Brazosport
Freeport
Pasadena Memorial Hospital
Pasadena
San Jacinto Methodist Hospital
Baytown

SMS HOSPITALS PARTICIPATING IN APPLICATION & TEST

All Saints Episcopal Hospital
Ft. Worth
Presbyterian Hospital
Dallas
Childrens Medical Center
Dallas
Collin Memorial Hospital
McKinney
Irving Community Hospital
Irving
Memorial Hospital of Garland
Garland
Wadley Hospital
Texarkana
Memorial Hospital
Nacogdoches
Nan Travis Memorial Hospital
Jacksonville
Southwest Texas Methodist Hospital
San Antonio
Lutheran General Hospital
San Antonio
New Braunfels Hospital, Inc.
New Braunfels

SMS Staff Advisor, Housekeeping Department Study Guide Development: Ernest A. Lewis

An effective study which achieves established objectives does not just "happen". It is the result of careful planning which includes considerable judgment and insight concerning the human factors involved in success, as well as proper selection and organization of management techniques and analytical procedures to be used. This Study Guide has been prepared to provide an implementation plan to be used as an aid in meeting these requirements.

The initial development of the Housekeeping Department Study Guide was a joint effort of Texas hospital management personnel and management engineers as the result of a pilot program study. The material included will be continually revised and updated as a result of subsequent applications through Shared Management Systems for Texas hospitals. When implemented by adequately qualified and properly motivated personnel with realistic study objectives, the techniques and procedures included will produce results that improve the utilization of Housekeeping Department resources.

The purpose of the improvement program initiated by implementation of this Study Guide is to achieve a higher level of quality in respect to services provided by the Housekeeping Department while simultaneously effecting more economical performance of the necessary tasks. The potential for improved performance can be realized through participation by all employees in a systematic effort to find and apply easier and better ways to accomplish their responsibilities. The initial phase of the program is an analysis to

determine the productive work required and to develop and apply meaningful measures of organization performance. Although this first phase will result in implementation of improvements, the desired results will be achieved only through a continuing program of performance evaluation and an effective team effort to achieve challenging quality and productivity goals.

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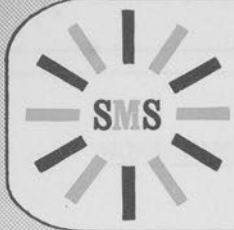


SHARED MANAGEMENT SYSTEMS

PREPARING

TO IMPLEMENT

THE STUDY GUIDE

SECTION I

STUDY GUIDE

HOUSEKEEPING DEPARTMENT

OBJECTIVES

* Complete the plan for a successful study.
* Establish the right environment for study success.

WORK SIMPLIFICATION

The term "Work Simplification" describes the organized application of common sense, to solve problems, with full participation of everyone concerned. There is no single work simplification step in implementation of this Study Guide. Effectively applied, it is a work simplification process from start to finish. We are pooling our resources of educational background, technical know-how and years of hospital experience to find and apply easier and better ways of performing our work.

The Study Guide describes tools and techniques which have been successfully applied by others to accomplish these objectives. Your experiences and improvements will add to this knowledge and help to ensure more successful studies in the future. An understanding of the principles of work simplification and how they may be applied in implementation of the Study Guide, is a good starting point. Reference A, Section VI, is included for this purpose. It is recommended that this reference and other materials available through SMS, be used for training key department personnel for effective application of the Study Guide.

OUTLINE OF PLAN

The Housekeeping Study Guide is arranged to provide an implementation plan with each major step included as a separate section. An explanation, instructions and reference material are included for each section. A summary outline of the plan provided in the Study Guide is as follows, with significant milestones illustrated on the implementation flow chart included as Figure 1.

QUALITY ASSURANCE

Provide a measure (index) which will indicate the level of the quality of housekeeping and sanitation. Use this measure and the related information

NOTES

feedback to improve the level of quality and assure that quality is maintained when changes are implemented.

WORK ANALYSIS AND TASK DESCRIPTIONS

Identify all of the significant tasks which must be performed to effectively accomplish the department objectives. Determine the best way to perform each of these tasks and prepare a description of this method as an aid in assuring that the task is consistently performed in that way.

Use available information or conduct studies to determine how long it should take to perform each task under normal conditions. Determine how often each task should or must be performed under normal conditions. Use this information to determine the required time for performing the various jobs or groups of jobs in the department.

WORK DISTRIBUTION & STAFFING EVALUATION

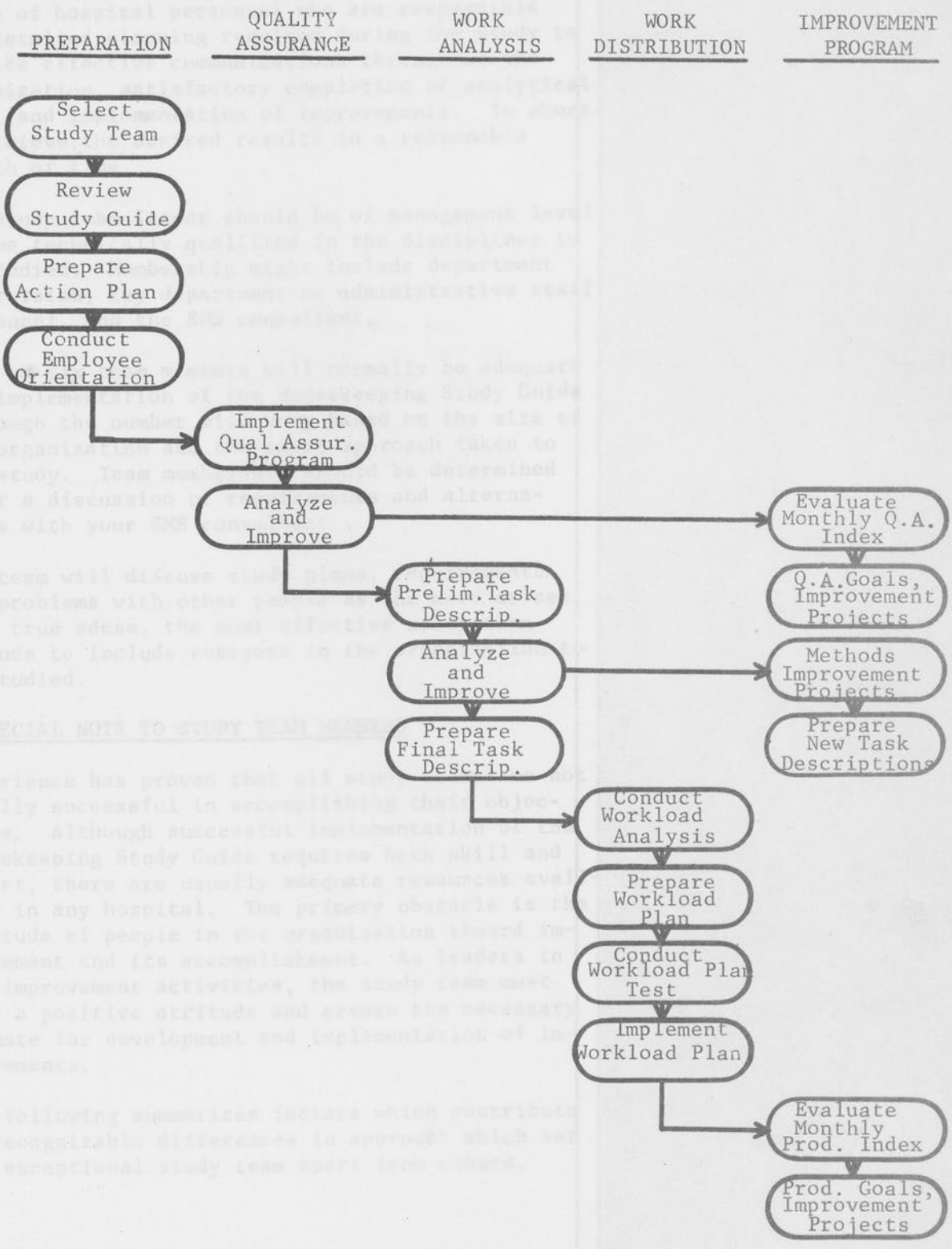
Determine job assignments and optimum work schedules for the most effective distribution of the required man-hours among department personnel. Compare existing staffing to optimum staffing and develop recommended staffing targets for improving personnel utilization and services.

IMPROVEMENT PROGRAM

Summarize accomplishments and assure follow-up on incomplete projects. Implement trend charts for evaluation of quality and productivity. Establish goals and management procedures for continuing organized improvement activities.

NOTES

FIGURE 1


PREPARATION
QUALITY ASSURANCE
WORK ANALYSIS
WORK DISTRIBUTION
IMPROVEMENT PROGRAM
Select Study Team
Review Study Guide
Prepare Action Plan
Conduct Employee Orientation
Implement Qual.Assur. Program
Analyze and Improve
Evaluate Monthly Q.A. Index
Q.A.Goals, Improvement Projects
Prepare Prelim.Task Descrip.
Analyze and Improve
Methods Improvement Projects
Prepare New Task Descriptions
Prepare Final Task Descrip.
Conduct Workload Analysis
Prepare Workload Plan
Conduct Workload Plan Test
Implement Workload Plan
Evaluate Monthly Prod. Index
Prod. Goals, Improvement Projects

The Study Guide is implemented by a formally recognized study team. This group provides the nucleus of hospital personnel who are responsible for detailed planning required during the study to provide effective communications throughout the organization, satisfactory completion of analytical work, and implementation of improvements. In short- to achieve the desired results in a reasonable length of time.

The study team leader should be of management level and be technically qualified in the disciplines to be studied. Membership might include department supervision, key department or administrative staff personnel, and the SMS consultant.

Four to six team members will normally be adequate for implementation of the Housekeeping Study Guide although the number will vary based on the size of the organization and the exact approach taken to the study. Team membership should be determined after a discussion of requirements and alternatives with your SMS consultant.

The team will discuss study plans, requirements and problems with other people as the need arises. In a true sense, the most effective study team expands to include everyone in the organization to be studied.

A SPECIAL NOTE TO STUDY TEAM MEMBERS

Experience has proven that all study teams are not equally successful in accomplishing their objectives. Although successful implementation of the Housekeeping Study Guide requires both skill and effort, there are usually adequate resources available in any hospital. The primary obstacle is the attitude of people in the organization toward improvement and its accomplishment. As leaders in the improvement activities, the study team must have a positive attitude and create the necessary climate for development and implementation of improvements.

The following summarizes factors which contribute to recognizable differences in approach which set the exceptional study team apart from others.

NOTES

-- The conviction that there is always a better way and that the development and implementation of improvements is one of the most important functions of management.

-- An understanding that improvement cannot be left to chance - that it requires conscious and continuous attention.

-- Recognition that the analysis process and resultant changes are often viewed as criticism of past practices - requiring special attention to the human relations involved.

-- The belief that the person doing the job is capable of making a contribution to the improvement of the job, and therefore should be consulted.

-- An open minded attitude demonstrated by a willingness to challenge "the way we have always done it" and try new ideas.

NOTES

STUDY TEAM ORIENTATION & TRAINING

A management kick-off meeting is very helpful in getting the study off to a good start. The team members and other key personnel who are to be involved in the study will attend the meeting; where the administrator or his representative will explain the purpose of the study. The general approach can be summarized by the SMS consultant, including factors which will contribute to a more successful study. In this way, with adequate planning and a proper presentation, an atmosphere conducive to thoughtful improvement can be created within which the study can thrive.

Each member of the study team will be provided with a copy of the Housekeeping Department Study Guide. A discussion session covering the implementation procedure will be conducted by the SMS consultant after a sufficient period has been allowed for team members to review the Study Guide. This session will include an introduction to the Study Guide Concept and an explanation of each step in the implementation procedure. The primary purpose of this discussion is to prepare the study team for development of an effective plan-of-action.

Additional orientation or training sessions will be helpful at various stages in implementation of the Study Guide. Each of these will concern application of specific tools and techniques related to a particular implementation step. Although the scope and amount of this supplementary training will vary from one study to another, common examples include the following.

-- Quality Control Inspection Procedures
-- Task Analysis and Description
-- Workload Analysis and Distribution
-- Techniques for Improving Productivity

EMPLOYEE ORIENTATION

The purpose of this Study Guide is to enlist the cooperation and participation of all employees to find and apply better ways to provide housekeeping services. It is the method of accomplishing improvements which can result in the greatest over-

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all benefit to the organization. Cooperation and participation depend on understanding of objectives and procedures. An effective employee orientation program can help to ensure this understanding.

There is no one right way to conduct the employee orientation program. The important point is that it should be planned to accomplish the intended purpose. Group meetings where the department head or supervisors can explain the study and answer questions are effective. Films can be provided through SMS which will help to develop interest and understanding. These group meetings can also provide an ideal time for introducing the SMS consultant and explaining his role as a member of the hospital team.

Important points to cover in the employee orientation program include the following.

-- Purpose and objectives of the study
-- The study plan as previously outlined
-- Potential effect of study and improvements on employment
-- Examples of the type of improvements we are seeking
-- Solicit ideas. Explain how ideas can be contributed and how they will be handled.

NOTES

The Study Guide should be adapted for implementation in your hospital and by your study team. An implementation plan-of-action is prepared for this purpose.

The first step is to decide, in definitive terms, what it is you hope to accomplish -- that is, to establish your objective. Your objective should be carefully documented so that all involved team members and others interested in the outcome will know what you are trying to accomplish.

Next, plan an approach to each of the major steps in the Study Guide and prepare a brief written implementation plan. List the members on the team, establishing their duties and a plan for their study activities, so that each will know what he is to do, when and why.

If the study is to succeed, a pace must be maintained that is sufficiently rapid to keep a high level of interest. Milestones should be effectively used to define study phases and maintain the pace. A schedule illustrating these milestones and their respective completion dates completes the plan-of-action. Figure 2 provides an example of a typical milestone schedule.

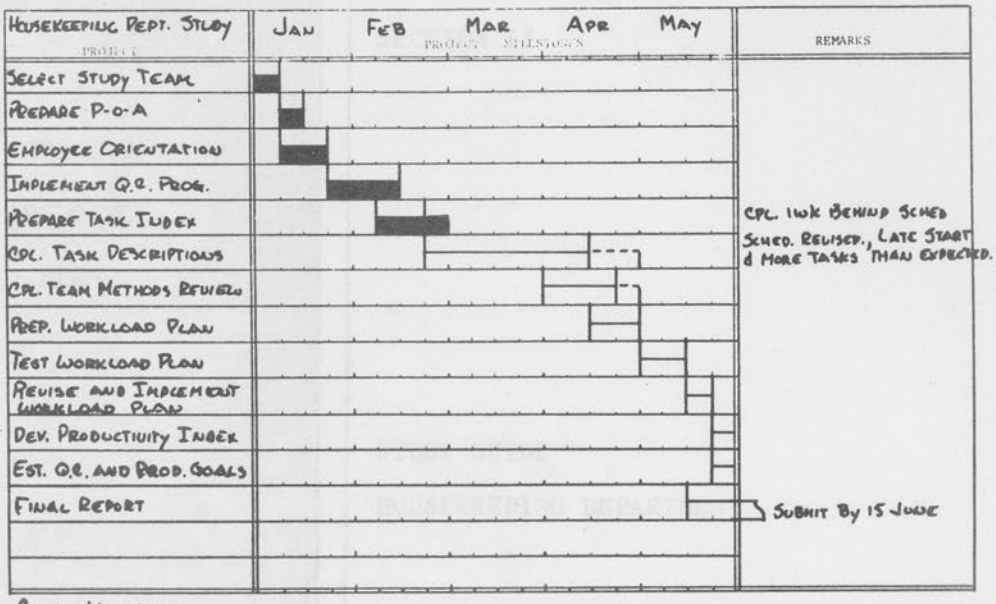
NOTES

FIGURE 2

SHARED MANAGEMENT SYSTEMS
TEXAS HOSPITAL ASSOCIATION

HOSPITAL Pilot
PROJECT SCHEDULE

Progress Report For
DATE: 27 Feb, 70



Coordinator _____
Consultant _____

An improvement study must be effectively managed to be successful. There are always other important activities and problems which are competing for our time. The successful study team is one which carefully plans and schedules study activities - then manages to achieve the desired results on schedule.

SECTION II

QUALITY ASSURANCE PLAN

STUDY GUIDE

HOUSEKEEPING DEPARTMENT

OBJECTIVES

* Provide a measure (index) which will indicate the level of the quality of housekeeping and sanitation.
* Provide such a measure on a continuing basis as a vital management control.
* Provide feedback in order to allow the necessary corrective action.
* Provide quality assurance upon implementation of systems and work load revisions.

STATISTICAL QUALITY CONTROL PLAN

Implementation of a plan for reporting on the quality of work performed is a key step in the ultimate achievement of a high level of quality. The statistical quality control method for determining the quality level, as reflected in the quality of the end product, has been widely used for roughly twenty-five years. The primary advantages of this method are:

1. It provides valid results.
2. It requires a minimum amount of time to establish such results.
3. It is universal in its application so that complete coverage of all personnel is possible.

Statistical quality control is based upon the laws of probability. That is, a large enough sample taken at random from a total situation tends to have the same pattern of characteristics as the total situation. Three primary rules must be followed:

1. Samples (in this case areas of the hospital) must be selected at random.
2. A sufficient number of samples (observations) must be taken.
3. An affirmative or negative decision regarding the attribute being observed must truly represent the existing condition.

The plan requires a minimum number of check sheets to be completed during each control period. The control period is normally established at one week during the initial phase of the program. This control period is usually adjusted to one month for the continuing program after initial improvement action has been implemented and a satisfactory level of quality established. The schedule is based on the number of patient beds in the hospital.

Two Quality Control Check Sheets are provided covering:

1. Patient Rooms
2. General Areas

NOTES

At the end of the control period, the control index is calculated. Separate indices will be computed for each category as well as a single index for the overall control.

All check sheets should be reviewed at the end of each control period to provide corrective action.

Control indices should be recorded, posted and graphed in order to illustrate trends period to period.

SPECIAL NOTE

The assumption that the Quality Assurance Program can achieve the desired results during the Study Guide implementation phase is a common source of misunderstanding. Quality assurance is defined as the act of assuring, the state of being sure or certain, that a satisfactory level of quality is maintained. People, equipment, materials, methods and other environmental conditions or factors which affect the level of quality are always changing. Quality assurance requires that we continue a systematic program which identifies problems before they become serious problems and provides for corrective action.

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The principal activities in the quality assurance program are observing and rating the level of quality of service provided and implementing action to increase this observed level of quality. Two steps are required to prepare for a systematic program adapted to your specific hospital. These two steps are (1) develop an area list and (2) prepare an inspection schedule.

AREA LIST

The area list is prepared when initiating the program and is changed only when areas are added or deleted, or when an area is determined to be improperly defined for inspection purposes. This list identifies each area which is to be considered as one inspection and includes all areas which are maintained by your department. Each individual area is assigned a number which will be used for random determination of inspection schedules.

Figure 3 provides an example of a typical area list. Prepare a list for your hospital similar to this example.

INSPECTION SCHEDULE

An inspection schedule will be prepared for each control period. This schedule represents a random selection of a predetermined number of areas from the area list. In addition, the day and approximate time for each inspection is also determined by random selection. This procedure assures that your quality control program will provide you with a reliable index based on the department's total responsibility and that no areas will be unintentionally overlooked.

A simple technique which can be used for random selection uses tags which identify both areas and inspection times. This technique requires two sets of tags, prepared in the following manner.

Tag set #1 - One tag is required for each area on the area list. Record one area number on one side of each tag. On the reverse side of this set of tags, label one of the possible days of the week on which inspections can be made. Make sure that

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each day appears on an equal number of tags.

Tag set #2 - One tag is required for each inspection time interval used to identify the time of day when an inspection will be made. Interval times of 30 minutes are sufficient providing 16 possible time periods for an 8 hour shift during which inspections can be made. Label each tag with one time (i.e. 8:00 a.m., 8:30 a.m., 9:00 a.m. etc.) This time identifies an inspection period beginning 15 minutes before and ending 15 minutes after.

Figure 4 illustrates a schedule form for recording inspections determined using this procedure and is an example of a completed schedule. Instructions for preparing each schedule are also included.

NOTES

FIGURE 3

AREAS

No.				No.					
	1	Patient room	1		61	Patient room	339	119	Central Supply
	2		2		62		340	120	Bus. Office (main)
	3		3		63		341	121	Pharmacy
	4		4		64		342	122	Med. Bldg. Porches
	5		5		65		345	123	ER porches
	6		6		66		346	124	Main Entrance porches
	7		7		67		347		
	8		8		68		348	125	Work rooms 3rd(ICU)
	9		9		69		349	126	Linen closets 4th (CCU)
	10		200		70		350		
	11		201		71		351	127	Janitors closets 5th
	12		202		72	Medical Bld. Offices			
	13		203		73	Recovery Room		128	
	14		204		74	Adm. Offices		129	Basement linen rm.
	15		205		75	Nursing Office		130	Nursery
	16		206		76	Purchasing Office		131	Labor rooms
	17		210		77	Education Office		132	Delivery rooms
	18		212		78	X-ray Offices		133	West stairway
	19		213		79	Pharmacy		134	Center stairway
	20		214		80	Physical Therapy		135	East stairway
	21		215		81	Lab. Offices		136	Lobby 3rd-elevator left
	22		216		82	Mrs. Whiddon		137	Lobby 4th-elevator right
	23		217		83	Medical Records			
	24		218		84	Med. Bldg. Offices			
	25		220		85	Corridors 1st Floor (Basement)			
	26		221		86	Lobby Corridors			
	27		222		87	ICU & CCU Corridors			
	28		231		88	ER Corridors			
	29		243		89	X-ray Corridors			
	30		245		90	Clinic Corridors			
	31		246		91	Med. Bldg. Corridors			
	32		247		92	Nurs., Chapel, Purch. Corridors			
	33		248						
	34		249						
	35		250		93	Corridors 3rd floor	Include		
	36		300		94	Corridors 4th floor	Nursing		
	37		301		95	Corridors 5th floor	Station		
	38		302		96	Lobby waiting room			
	39		303		97	X-ray waiting room			
	40		304		98	ER waiting room			
	41		305		99	Clinic waiting room			
	42		306		100	Lab. waiting room			
	43		310		101	Med. Bldg. waiting room			
	44		312		102	Adm. & Library waiting rm.			
	45		313		103	Lab.			
	46		314		104	X-ray room one			
	47		315		105	X-ray room two			
	48		316		106	X-ray room three			
	49		318		107	X-ray room four			
	50		319		108	X-ray Isatope			
	51		320		109	Clinic rooms			
	52		321		110	Emergency room one			
	53		324		111	Emergency room two			
	54		328		112	Emergency room three			
	55		330		113	Emergency room four			
	56		331		114	Lobby Public bath room			
	57		332		115	Public bath rooms 2nd floor			
	58		335		116	Public bath rooms 3rd floor			
	59		337		117	Public bath rooms 4th floor			
	60		338		118	Admitting Office			

FIGURE 4

HOSPITAL PILOT, HOUSTON

SHARED MANAGEMENT SYSTEMS SMS

QUALITY CONTROL INSPECTION SCHEDULE
HOUSEKEEPING DEPARTMENT

(A) CHECK SHEETS REQ'D 10

Week beginning: 11/9/69

Code No.	Area Name	Sun Time ✓	Mon Time ✓	Tue Time ✓	Wed Time ✓	Thu Time ✓	Fri Time ✓	Sat Time ✓
61	PATIENT ROOM # 339			8:30 AM ✓			11:30 AM ✓	
27	PATIENT ROOM # 222				10:00 AM ✓			
96	LOBBY WAITING ROOM			1:00 PM ✓				
120	BUSINESS OFFICE		11:00 AM ✓					
12	PATIENT ROOM # 202	(C)		10:00 AM ✓				
85	CORRIDOR - 1ST FLOOR							1:30 PM ✓
117	PUBLIC RESTROOM (4)	9:30 AM ✓						
48	PATIENT ROOM # 316	(D)					3:00 PM ✓	
110	EMER. ROOM # ONE		2:30 PM ✓					
37	PATIENT ROOM # 302							
		(B)						

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INSTRUCTIONS FOR PREPARING INSPECTION SCHEDULE

A. REQUIRED NUMBER OF CHECK SHEETS

The following table is provided for use as a guide in determining the number of check sheets required to be completed for each control period.

NUMBER OF BEDS	MINIMUM CHECK SHEETS REQUIRED EACH CONTROL PERIOD
0 - 100	8
101 - 200	10
201 - 300	11
301 - 400	12
401 - 500	13
500 - up	14

Enter the required number of check sheets for each control period in the spaces provided on the Quality Control Inspection Schedule.

B. AREA TO BE INSPECTED

Draw tags representing areas to be inspected based on the minimum number of check sheets required. Enter the identifying number and corresponding area name on the Quality Control Inspection Schedule. Return the tags to the lot.

C. DAY OF WEEK FOR INSPECTION

Repeat B using the reverse side of the tags to determine which day the selected areas will be inspected. Check (✓) the appropriate column on the inspection schedule, assigning each day drawn to an area in the order in which they appear on the schedule. Return tags to the lot.

D. INSPECTION TIME PERIOD

For the first day, draw one tag for each (✓) in that day column, and record the times in the order that they are drawn in spaces containing the check (✓). Return the tags to the lot. Repeat the process for each day.

Observation and rating represents the most important single function in the Quality Assurance Plan. The degree of reliability is dependent on skilled judgment to detect defficiencies by direct inspection of key attributes of housekeeping and sanitation.

The first step is to identify the persons who will be responsible for making the inspections. It is recommended that supervisory personnel perform all the observing and rating initially. Later in the program, additional key personnel can be added to the inspection team to increase the effectiveness of the program. However, it is important that making these inspections continues as an important supervisory function.

Figures 5 and 6 provide examples of Quality Control Check Sheets I and II which are used for observing and rating. Check Sheet I is used for patient areas and Check Sheet II for general areas of the hospital. These check sheets identify the items to be inspected and rated and provide a space for recording reasons for unsatisfactory ratings. Blank spaces are provided for adding items when required. One check sheet is completed for each inspection of each area.

Validity and consistency in observing and rating requires training of all persons making inspections. One effective training method is for the department head and inspection personnel to conduct team inspections of various types of areas. Each person will independently observe and rate all attributes on the applicable check sheet in the same area and at the same time. Following completion of the check sheet, the group will compare results and discuss differences. Several of these training sessions should be conducted before initiating the program in order to identify and resolve variations in judgment. This training process often provides a substantial benefit through greater understanding of exactly what is, and should be, the expected level of quality.

It is recommended that these training sessions be repreated periodically to maintain consistency and

NOTES

promote greater understanding. The technique can also be used for training new employees and upgrading individual performance.

When training is completed, you are ready to initiate the quality assurance program. The procedure to be followed for each control period is as follows:

1. Prepare a Quality Control Inspection Schedule. (See Figure 4, Preparing for An Inspection Program)

2. Select the appropriate check sheet. (Patient Room - Check Sheet I - Figure 5, Other Areas - Check Sheet II - Figure 6)

3. Observe and rate each factor that applies on the check sheet. Observe and rate the immediate prevailing condition.

4. Support all negative ratings with appropriate comments. Immediate corrective action should be taken where applicable.

5. At the end of the control period, the check sheets should be reviewed for all reasons for negative ratings. Appropriate corrective action should be taken.

NOTE - ADJUSTED CONTROL PERIOD FOR CONTINUING PROGRAM

As mentioned in the discussion of the Quality Assurance Plan, the control period is normally established as one week during the initial phase of program implementation. This period is usually adjusted to one month at a later date. This change can result in a reduction in the number of weekly inspections. However, the number of weekly inspections should be maintained at a level consistent with requirements for maintaining interest in the program, usually exceeding the minimum number required for a control period determined as shown on Figure 4.

Evaluation of the index on a monthly basis can best be implemented by establishing a 21 day control period for planned inspections. This provides an "open" week for completing additional check sheets when required to assure validity. (See - Calculating the Quality Control Index, item 6)

NOTES

FIGURE 5

SHARED MANAGEMENT SYSTEMS — SMS

QUALITY CONTROL CHECK SHEET I
HOUSEKEEPING DEPARTMENT

FIGURE 5

HOSPITAL: PILOT — NO. 8 OF 10

PATIENT ROOM/BATH

Area Assigned To: JANE SMITH
Location: Floor 2 — Nursing Unit 2E — Room No. 222 — Date 11/14/69
Private ☑ Semi ☐ — Occupied ☑ Unoccupied ☐ — Time 11:30 (am)

FACTOR	Clean S	Clean U	Order S	Order U	Cond. S	Cond. U
1. Floor	✓					✓
2. Baseboards	✓				✓	
3.						
4.						
5. Walls		✓			✓	
6. Doors	✓				✓	
7. Sills (door)	✓				✓	
8. Wainscoting	✓				✓	
9. Vents (wall)		✓			✓	
10. Extinguishers						
11. Pictures						
12.						
13.						
14.						
15. Windows	✓				✓	
16. Sills		✓			✓	
17. Screens						
18. Blinds						
19. Drapes	✓			✓	✓	
20. Drape Tracks	✓		✓		✓	
21.						
22. TELEVISION	✓		✓		✓	
23.						
24. Ceilings	✓					✓
25. Vents (ceiling)						
26. Air Conditioning	✓				✓	
27. Light Fixtures	✓				✓	
28.						
29.						
30.						

Do Not Rate

FACTOR	Clean S	Clean U	Order S	Order U	Cond. S	Cond. U
31. Bed/Mattress	✓		✓		✓	
32. Overbed Table	✓		✓			✓
33. Bedside Table	✓		✓		✓	
34. Dresser/Chest		✓	✓		✓	
35. Chairs	✓		✓		✓	
36. Linen						
37. Waste Container	✓			✓	✓	
38. Cubicle Curtains						
39. Lamps/Shades	✓		✓		✓	
40.						
41.						
42.						
43.						
44. Toilet	✓	✓			✓	
45. Tub	✓				✓	
46. Floors	✓				✓	
47. Walls		✓			✓	
48. Lights	✓				✓	
49. Shower	✓				✓	
50. Holders/Bars	✓				✓	
51. Plumbing	✓				✓	
52. Towels	✓				✓	
53. Shower Curtain	✓		✓		✓	
54. Medicine Cabinet	✓		✓		✓	
55. Tissue			✓		✓	
56. Soap				✓		
57.						
58.						
59.						
60.						

Do Not Rate

CULTURE: Satis: Yes ☐ No ☐

TOTAL RATINGS: 27 | 6 | 11 | 3 | 31 | 3

Comments for Unsatisfactory Ratings

Ref.	
1-C	LOOSE TILE
5-C	NEED SPOT CLEAN
9-C	" DUSTING
16-C	" "
19-C	OFF TRACK
24-C	PAINT CHIPPING
22-C	HANDLE LOOSE
34-C	MIRROR UNDER LIGHT

Comments for Unsatisfactory Ratings

Ref.	
31-C	LINEN IMPROPERLY INSTALLED
44-C	DIRTY BOWL
47-C	STREAK AROUND MEDICINE CAB.
56-C	NO SOAP

Evaluated By: H SMITHSON

Approved: R. BROWN

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INSTRUCTIONS

1. Inspection should be completed in accordance with the Inspection Schedule.

2. Fill in heading information.

3. Observe and rate each factor that applies. Observe and rate the immediate prevailing condition.

4. Support all negative ratings with comments. Immediate corrective action should be taken where applicable.

FIGURE 6

FIGURE 6

QUALITY CONTROL CHECK SHEET II
HOUSEKEEPING DEPARTMENT

SHARED MANAGEMENT SYSTEMS

HOSPITAL: PILOT NO. 6 OF 10

GENERAL AREAS

Area Assigned to: JOE JONES Area CORRIDOR FIRST FLOOR
Department Building Floor 1 Date 11/11/69
Location: Corridor ☑ Stairway ☐ Lobby ☐ Time 10:00

	Clean S	Clean U	Order S	Order U	Cond. S	Cond. I
1. Floors		✓			✓	
2. Baseboards	✓				✓	
3.						
4.			Do			
5. Walls	✓					✓
6. Doors	✓		Not		✓	
7. Sills (poor)					✓	
8. Wainscoting			Rate		✓	
9. Vents (wall)					✓	
10. Extinguishers				✓	✓	
11. Pictures						
12.						
13.						
14.						
15.						
16. Windows			Do			
17. Sills			Not			
18. Screens			Rate			
19. Blinds						
20. Drapes						
21. Drape Tracks						
22.						
23.						
24. Ceilings		✓			✓	
25. Vents (ceiling)	✓		Do		✓	
26. Air Conditioning	✓		Not		✓	
27. Light Fixtures		✓	Rate		✓	
28.						
29.						
30.						

	Clean S	Clean U	Order S	Order U	Cond. S	Cond. I
31. Tables						
32. Desks						
33. Chairs						
34. Files						
35. Bookcases						
36. Lockers						
37. Partitions	✓		✓		✓	
38. Linen						
39. Equipment	✓		✓		✓	
40.						
41.						
42.						
43.						
44. Elevator Floors			Do			
45. Elevator Walls	✓		Not		✓	
46.			Rate			
47.						
48. Toilet						
49. Floors			Do			
50. Walls			Not			
51. Lights			Rate			
52. Plumbing						
53. Towels						
54. Mirror						
55. Tissue						
56.						
57.						
58.						
59.						
60.						

CULTURE: Satis: Yes ☐ No ☐ TOTAL RATINGS 10 3 2 1 14 1

Comments for Unsatisfactory Ratings Ref.		Comments for Unsatisfactory Ratings Ref.	
1-C	SOILY SCUFFED		
5-Co	PAINT PEELING UNDER C.S.		
10-O	HANGING IMPROPERLY		
24-C	DUST ACCUMULATION		
27-C	GRILLES DUSTY		

Evaluated By: [signature] Approved: [signature]

No. 2
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INSTRUCTIONS

1. Inspection should be completed in accordance with the Inspection Schedule.

2. Fill in heading information.

3. Observe and rate each factor that applies. Observe and rate the immediate prevailing condition.

4. Support all negative ratings with comments. Immediate corrective action should be taken where applicable.

CALCULATING THE QUALITY CONTROL INDEX

The Quality Control Index should be calculated at the end of each control period as follows. (See Figure 7)

1. Total the number of satisfactory and unsatisfactory ratings from all check sheets filled in for the control period and enter in the appropriate columns by category, i.e.: cleanliness, order, condition.

2. Record the total number of ratings in the appropriate columns by category.

3. Determine and record the percent acceptable for each category, as follows:

   Divide the number of satisfactory ratings by the total number of ratings in order to yield a percent acceptable.

   Example:

   Number satisfactory: $\frac{207}{270}$ = 77% acceptable
   Number total

4. Determine and record the conversion for each category, as follows:

   Locate the closest percent acceptable on the Index Conversion Chart and read the conversion number from the appropriate column.

   Example:

   Percent acceptable: 77%, refer to Index Conversion Chart and use 75% (closest number); read 52 under cleanliness column; record 52 in appropriate column under the heading Conversion.

5. Obtain the Overall Quality Control Index as follows:

   Add the numbers in the conversion column for the (3) factors of cleanliness, order and condition and enter in the column noted Overall Index.

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FIGURE 7

SHARED MANAGEMENT SYSTEMS
TEXAS HOSPITAL ASSOCIATION

QUALITY CONTROL INDEX
CALCULATION SHEET
HOUSEKEEPING DEPARTMENT

HOSPITAL: PILOT, HOUSTON Week Ending 11/15/69

DATE	AREA OR ROOM	CLEANLINESS		ORDER		CONDITION	
		SATIS.	UNSAT.	SATIS.	UNSAT.	SATIS.	UNSAT.
11/9	PUBLIC R.R. (4th)	15	8	9	3	10	2
11/10	PATIENT ROOM # 202	20	12	12	4	30	2
11/10	PATIENT ROOM # 302	31	4	15	0	20	4
11/11	PATIENT ROOM # 339	25	10	10	3	16	3
11/11	CORRIDOR - 1ST FLOOR	10	3	2	1	14	1
11/11	BUSINESS OFFICE	21	6	5	3	11	5
11/12	LOBBY WAITING RM.	17	2	6	2	8	2
11/14	PATIENT ROOM # 222	27	7	11	3	19	3
11/14	EMER. ROOM # ONE	12	4	5	2	13	1
11/15	PATIENT ROOM # 316	29	7	13	1	21	0
	TOTALS	a 207	b 63	a 88	b 22	a 162	b 23
	TOTAL OBV. (a+b)	c 270		c 110		c 185	
	PERCENT ACCEPTABLE (a/c)	77%		80%		88%	
	CONVERSION	52		8		18	

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OVERALL INDEX

INDEX CONVERSION TABLE

% ACCEPT.	CLEANLINESS	ORDER	CONDITION
100	70	10	20
95	66	9	19
90	63	9	18
85	59	8	17
80	56	8	16
75	52	7	15
70	49	7	14
65	45	6	13
60	42	6	12

6. To insure the validity of the percent acceptable of each category and of the overall index, the following procedure is recommended:

   Compare the percent acceptable for each category with the percents shown in the chart below to determine if additional samples are required.

   For each category where additional samples are required, obtain the number shown only for that category.

Percent Acceptable	Number of Additional Check Sheets Required
100	0
95	0
90	1
85	1
80	2
75	3
70	5
65	8
60	11
55	15
50	20

7. Recalculate the percent acceptable for each category and the overall index by including the ratings for the additional samples, per instructions.

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SECTION III

WORK ANALYSIS

STUDY GUIDE

HOUSEKEEPING DEPARTMENT

OBJECTIVES

* Identify all necessary work to be performed by the department, define and communicate the optimum methods to be used.

* Provide an objective means for effective distribution of work among personnel.

* Provide a reliable basis for determining current and future staffing requirements.

A time standard is the time it should take to perform a specific job under normal conditions. When time standards are used in an organized program to improve methods, plan and schedule work and personnel, evaluate organization performance and determine staffing requirements, it is frequently called a work measurement program. The work analysis phase of Study Guide implementation can accurately be described as an initial step in implementation of a long range work measurement program in your department.

The application of the philosophy and techniques of work measurement to hospital work is a natural, although quite recent occurrence. These principles and tools, used for many years in industry, have with some modification been just as successful when applied to hospital work. The reason for the success of work measurement programs to the many diverse activities and problems of running a hospital is that the approach is basic and universal. The pattern of thinking, the questions asked, the tests which are applied can be used with benefit wherever work is done. It should be emphasized that the combined application of the techniques of work simplification and work measurement is our objective. The two phases reinforce each other so strongly that they should not be thought of as being separate.

When this section of the Housekeeping Study Guide has been completed, you will have a complete and detailed summary of the work which must be performed by your department. This summary, in the form of task descriptions, identifies each element of work, describes the approved method and records the agreed upon time it should take to perform each task. These task descriptions provide the most important basic facts used for all other steps in the analysis procedure. The importance of complete and accurate task descriptions cannot be overemphasized.

STUDY TEAM TRAINING

Completion of the work analysis section involves five steps.

NOTES

1. Preparing a task index
2. Preparing preliminary task descriptions
3. Initial task review and analysis
4. Determination of time standards
5. Final task review and analysis

Although these steps are not complex, it is important that each be properly completed to obtain maximum benefits from the study. A thorough review of requirements and discussion of alternative approaches by the study team and the SMS consultant will ensure that no effort is wasted in satisfactorily completing this section.

OTHER BENEFITS

Although task descriptions are an essential element in the analysis process, other potential benefits for improving departmental operations should not be overlooked. These include the following:

-- The process of preparing task descriptions usually results in much greater knowledge and understanding of departmental operations by supervision.

-- The agreement on standarized methods and effective communication of methods and requirements improves the level of quality.

-- Task descriptions provide an effective tool for training new employees.

-- Task descriptions can be effectively used in developing position descriptions and evaluating job classifications. They can be used as a key element in implementation of an overall job evaluation program.

-- The communication of better methods among hospitals, and evaluation of potential benefits for individual hospitals, will be more effective through use of a consistent system of task descriptions.

-- The process usually results in clarification of departmental responsibilities.

NOTES

PURPOSE

If you want to eat an elephant, you must take it one small bite at a time. In work analysis, we group jobs into general classifications which include similar types of work and a common purpose, called activities. Next we break these activities down into individual operations or elements as required to assure that important details are not lost. These operations are called tasks.

The identification and description of these tasks provides the basic element for all other steps in the analysis procedure. It is a prime requirement for developing improved methods, establishing required times, determining required work load and improving work distribution.

ACTIVITY LIST

The activity list provides a functional breakdown of the work performed by your department. It is the first step in defining practical sub-divisions of work for analysis and control. Although this breakdown will vary to some extent from one hospital to another due to differences in duties and responsibilities, it is important that we maintain consistent activity definitions for the same type of work. This will provide a means for comparing workload and utilization data in order to isolate problem areas for detailed analysis. It will also be an aid in comparing alternative methods and systems. Use the activity lists and definitions which have been prepared in pilot studies to the greatest possible extent.

Figure 8 provides an example of a completed activity list. The activity list for your department should be completed before beginning preparations of task index sheets.

TASK INDEX

A task index is prepared for each activity. The task index provides a summary listing of all individual duties or operations which are performed by the department. When complete, every identifiable element of work which is performed by your

NOTES

FIGURE 8

SHARED MANAGEMENT SYSTEMS — SMS
TEXAS HOSPITAL ASSOCIATION

ACTIVITY LIST Page ___ of ___

HOSPITAL PILOT

DEPARTMENT HOUSEKEEPING

Act. No	Activity Description	Total Tasks	Number Completed			
			Task Des.	Reviews	Req'd Time	Final Revi
I	PATIENT ROOM AREAS CLEANING	10	8	7	5	5
II	SPECIAL CARE AREAS CLEANING	11	7	6		
III	OFFICE AREAS CLEANING	17	10	10		
IV	PUBLIC & SERVICE AREAS CLEANING	35	20	10		
V	MEDICAL SERVICE AREAS CLEANING	11	11	11		
VI	OUT PATIENT AREAS CLEANING	2	2	2		
VII	HOUSEKEEPING DEPT. SERVICE FUNCTIONS	16	12	4		
VIII	SUPERVISORY & ADMINISTRATIVE FUNCTIONS	6				
IX	HOUSEKEEPING PROJECT WORK	8	3			
	REFERENCE ←					
	QUANTITIES ENTERED IN THESE COLUMNS	1	2	3	4	5
	ARE CUMULATIVE TOTALS FROM TASK					
	INDEX SHEETS					
1	TOTAL TASKS, EACH ACTIVITY					
2	PRELIMINARY TASK DESCRIPTIONS COMPLETED					
3	TASK OBSERVATION & EMPLOYEE REVIEW COMPLETE					
4	REQUIRED TIME ESTABLISHED					
5	FINAL STUDY TEAM TASK REVIEW COMPLETE					
	CUMULATIVE TOTALS	116	73	50	5	5

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INSTRUCTIONS

The study team should review current examples of activity lists for the Housekeeping Department available from SMS and adapt them as necessary. Use existing activity definitions where possible.

The activity list is designed to provide a means for maintaining control and status during this phase of the study. Properly used, the form will provide a tool for planning and organizing work, as well as for evaluating and reporting progress.

department should appear on a task index sheet. This step is very important since any work overlooked will not be included in development of staffing patterns and job assignments. The more detailed work breakdown represented by the task index will vary to a greater extent from one hospital to another than does the activity list. However, a consistent task definition for the same item of work is still important since this will provide for a direct comparison of alternate methods and equipment. In addition, where the method is the same as well as the work content, the description and required time can be developed directly from an existing task description. Use task index sheets and definitions which have been prepared in pilot studies to the greatest possible extent.

It is often difficult to decide exactly what work content should be included in a single task. The task index sheets will change during the study as you recognize the need to add new items of work, sub-divide one task into two, and combine one or more tasks into one. A thorough review of existing task index sheets and task descriptions with your SMS consultant will help you in making these determinations.

Two general types of task descriptions are covered in the following section on preparation of task descriptions. These are:

1. A task description which defines the method and sequence of work for specified locations, applicable only to work performed in those location.
   a. Clean private patient room.
   b. Dust mop cafeteria floor.
   c. Gift shop, routine cleaning.

2. A task description which defines a method and sequence of work applicable to a number of different areas and locations.
   a. Buffing floors, public and corridor areas.
   b. Office areas, routine cleaning.
   c. Wall washing.

The first type of task description always satisfies requirements since it describes a complete task exactly as it is performed in that hospital.

NOTES

It can be directly applied for planning and scheduling work. The second type of task description is used when one task description can accurately define a method used and time required for many different places. Job assignments and the required time for each will have to be developed for specific locations for planning and scheduling work. However, the amount of effort required during preparation of task descriptions is greatly reduced.

Other points which are an aid in proper identification of tasks for the task index include the following:

1. A task is an item of work which usually consists of get ready, do, and put away elements.

2. It has recognizable start and completion points and will normally be assigned to one or more persons to complete at one time.

Figure 9 provides an example of a completed task index. All task index sheets should be completed and reviewed with your SMS consultant before starting task descriptions. Improper identification of tasks can result in wasted effort in preparing task descriptions.

The survey conducted to identify all tasks should be performed in such a manner as to provide all employees an opportunity to list items of work. This is the best means of ensuring that you identify all work being performed, rather than only that work which you think is being performed. Once preliminary task index sheets have been prepared by the study team, these can be handed out or posted in each supervisory group to allow additional tasks to be added. A meeting to discuss the purpose and explain what is desired will help to assure complete identification of tasks.

NOTES

FIGURE 9

SHARED MANAGEMENT SYSTEMS
TEXAS HOSPITAL ASSOCIATION

TASK INDEX Page ___ of ___

HOSPITAL PILOT

DEPARTMENT HOUSEKEEPING

Task No.	WL Page	Activity: I PATIENT ROOM AREAS CLEANING Brief Task Identification	Completed ✓ Des	Rev.	Time	Fi Re
1-4		ROUTINE PATIENT ROOM CLEANING				
1		PRIVATE ROOM	✓	✓	✓	✓
2		SEMI-PRIVATE ROOM	✓	✓	✓	✓
3		7 BED WARD	✓	✓	✓	✓
4		4 BED WARD	✓	✓	✓	✓
5		PATIENT ROOM CHECKOUT CLEANING	✓	✓	✓	✓
6		ROUTINE ISOLATION ROOM CLEANING	✓	✓		
7		ISOLATION ROOM CHECKOUT	✓	✓		
8		PATIENT BATH ROUTINE CLEANING				
9		NURSES STATION ROUTINE CLEANING	✓			
10		PATIENT TUB ROOM CLEANING				
		REFERENCE ←				
		ENTER ✓ FOR EACH TASK AS EACH STEP IS	1	2	3	4
		COMPLETED. TRANSFER CUMULATIVE TOTALS FOR				
		EACH COLUMN TO ACTIVITY LIST FOR CONTROL				
		PURPOSES.				
		1 PRELIMINARY TASK DESCRIPTION COMPLETE				
		2 OBSERVATION & EMPLOYEE REVIEW COMPLETE				
		3 REQUIRED TIME ESTABLISHED				
		4 STUDY TEAM FINAL REVIEW COMPLETE				
		TOTALS	8	7	5	5

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INSTRUCTIONS

The study team should review current examples of task index sheets for the Housekeeping Department available from SMS and adapt them as necessary. Use existing task definitions where possible. A thorough survey should be conducted of your departmental operations to assure that all work is included on a task index.

When the task index is complete, enter total number of tasks on the activity list. Maintain status for progress reporting as indicated in REFERENCE notes above.

GENERAL

The preparation of task descriptions includes the primary work simplification steps related to investigation of methods used to perform work in your department. It is not intended that a detailed methods study be conducted to improve each task at this time. This will be performed as a part of the continuing department work improvement program. However, it is important that the completed task descriptions represent the best available method, incorporating those suggestions which can be immediately implemented. In addition, preparation of task descriptions can result in identification of many worthwhile improvement projects for detailed study after implementation of your new work plan. The procedure outlined in this section is designed to accomplish these objectives.

PROCEDURE

The study team must first decide who is going to prepare the task descriptions. Preparing task descriptions properly is the most important and time consuming step in implementation of the Study Guide. However, it is not difficult and, with proper training and encouragement, almost anyone in the organization can prepare a task description. The major portion of the actual preparation can be done by the study team, or additional employees can be trained to increase participation and distribute the work load.

When you have determined what persons will be involved in preparing the task descriptions, arrange a discussion session to review requirements for a complete description and discuss the procedure to be followed. It will be helpful to select a familiar example and actually prepare a task description in this meeting. The next step is to assign each person a quantity of task descriptions to prepare and establish when they will be completed. The most effective way to get the job done is to agree on completion of a specific number each week and conduct regular progress reviews to ensure satisfactory accomplishment.

The correct way to prepare a task description is to take a blank sheet of paper, observe the task being performed and record the method and sequence. This preliminary description can then be reviewed with

NOTES

supervision and employees who are familiar with the job and a final description prepared which represents the best method for existing equipment, materials and conditions. In practice, this procedure is seldom used since people seem to prefer to prepare a rough description prior to observing the task being performed. The following procedure describes that normally followed in the pilot studies.

1. The preliminary task description is prepared using existing instructions, procedures, position descriptions or task descriptions as a guide. Frequently, supervision who are very familiar with a job will prepare the preliminary description based only on their existing job knowledge. This practice has proven satisfactory as long as step 2 is followed.

2. The preliminary task description is reviewed carefully with employees who normally perform this task, on the job. This is extremely important since descriptions which are not reviewed in this manner are very likely to represent fiction - not fact. In addition, this provides an ideal opportunity to solicit ideas for improving methods and identify problems for later study. The back of the task description form provides a place to record ideas and action taken.

3. The study team reviews the preliminary description and determines what immediate action will be taken to incorporate suggested changes. The final task description is then prepared representing the agreed upon method for performing that task.

Figure 10 provides an example of a task description in final form, ready for determination of the required time.

NOTES

FIGURE 10

SHARED MANAGEMENT SYSTEMS
TEXAS HOSPITAL ASSOCIATION

TASK DESCRIPTION IX-1

HOSPITAL PILOT

DEPT. HOUSEKEEPING

Activity: IX HOUSEKEEPING PROJECT WORK

Task: EXTERIOR WINDOW WASHING, DINING ROOM & MAIN ENTRANCE

Seq. No.	Description of Work Sequence
1	LOAD CART & MOVE EQUIPMENT TO FRONT ENTRANCE - 9 FT WINDOW WASHING BRUSH - 5 GAL. BUCKET - WINDOW CLEANER - 9 FT. SQUEEGEE - LINT FREE CLOTH
2	WASH WINDOW WITH BRUSH. ONE SECTION AT A TIME, FROM TOP TO BOTTOM. (BE SURE TO GET CORNERS) 12 - 4'X8' SECTIONS & 2- 8'X10' SECTIONS.
3	REMOVE WATER WITH SQUEEGEE. START AT TOP RIGHT WITH COMPLETE STROKES FROM TOP TO BOTTOM. DRYING SQUEEGEE WITH RAGS AS REQUIRED.
4	POLISH ENTRANCE DOORS & PANELS WITH LINT FREE CLOTH.
5	CLEAN EQUIPMENT & PUT AWAY
	EST TIME 1 HR & 45 MIN.

Standard Time Estimate | Normal Time

Prepared by: Joe Baker
Approved:

Standard Time Required Excl

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A COMPLETE TASK DESCRIPTION INCLUDES:

1. Activity and task identification
2. Facts concerning the work environment which have an important effect on method or time (Types of walls or floors, obstructions which make work difficult, quantity of items involved, number of square feet to clean, etc.)
3. Identification of tools, equipment and materials which should be used to perform the work satisfactorily.
4. A brief step-by-step description of how the work should be performed in it's proper sequence.
5. An estimate of the total time required to perform the work included.
6. Signature of person who prepared the task description.

The development of the time it should take to perform each task is the last step in preparation of the task description. This step has been left for last for two very important reasons.

1. The time required must be related to a specific method.

2. The method described as "standard" should be the best available for existing conditions.

The failure to review and improve methods before establishing how much time it should take to perform the work only standarizes poor methods. In addition, it indicates managements' lack of interest in what is being done and how.

Everyone uses work measurement in their daily routine. Some judgment of time required is necessary for almost all of our personal and business activities. It is just a question of accuracy in determining how long it should take, and what benefits can be derived from increased accuracy. Experience has shown that the benefits can be very significant.

TIME STANDARDS

Simply stated, a time standard is the time it should take to perform a job under normal conditions. It represents the amount of required time for an average qualified employee, using acceptable work methods, and working at a normal pace to perform a task. An allowance for personal time, fatique and minor unavoidable delays is included. When we use an acceptable technique to determine the time required to perform the productive work involved in a task, we have established a normal time. When the allowance is added, a standard time has been determined.

A standard time estimate will be developed for each task description as a joint effort of departmental supervision and the SMS staff. When a task description is identical in work content and method to one which has previously been prepared at another hospital, the same standard time will be used. When

NOTES

no useable task standard time is available, one will be estimated through use of available standard time data or by an observation study. (Reference B, Section VI).

Figure 11 provides an example of a completed task description with a standard time estimated through application of standard data. When each task description includes a reliable estimated standard time we will have:

1. An objective means for effective distribution of work among personnel.

2. A more reliable basis for determining current and future staffing patterns.

3. An objective basis for evaluating alternative housekeeping methods and systems.

NOTES

FIGURE 11

SHARED MANAGEMENT SYSTEMS — SMS
TEXAS HOSPITAL ASSOCIATION

TASK DESCRIPTION — No. VII-7

HOSPITAL: PILOT

DEPARTMENT: HOUSEKEEPING

Activity: VII HOUSEKEEPING DEPT. SERVICE FUNCTIONS

Task: NON-BURNABLE TRASH COLLECTION

Seq. No.	Description of Work Sequence	MIN
1.	GET TRASH CART FROM 4th FLOOR STORAGE ROOM	(3.00)
2.	PICK UP BOTTLES & CANS FROM 4th FLR. UTILITY ROOMS	5.80
3.	LOCATE HALDS CART, PICK UP BOTTLES & CANS, RETURN TO ELEVATOR	1.89
4.	PICK UP BOTTLES & CANS FROM 3rd FLOOR TCU & UTILITY	5.88
5.	LOCATE HALDS CART, PICK UP BOTTLES & CANS, RETURN TO ELEVATOR	1.15
6.	REPEAT 4 & 5 ON 2nd FLOOR (UTILITY & FORMULA ROOMS)	7.03
7.	1ST FLOOR, PICK UP BOTTLES & CANS AT COKE MACHINE & NURSING STATION	6.72
8.	TRANSPORT TO DUMPSTER DUMPSTER & EMPTY CART	5.72
9.	CLEAN CART & RETURN TO 4th FLOOR STORAGE	8.30
	Est time, Jce.	

Standard Time Estimate ( ) DENOTES ESTIMATE, NO STD DATA AVAILABLE — Normal Time 43.44

43.44 × 1.2 = 52.12

Prepared by: [illegible]
Approved:

MIN
Standard Time Required Each TRIP 53

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PROCEDURE - STANDARD TIME ESTIMATE

1. Review existing task descriptions for similar method and work content. Adapt task standard when applicable.

2. When no useable task standard is available, use elemental time standard data to estimate normal time. Calculate task standard.

3. If existing standard data is not complete, perform studies as required to determine elemental normal times and calculate task standard.

SHARED MANAGEMENT SYSTEMS

SECTION IV

WORK DISTRIBUTION AND STAFFING EVALUATION

STUDY GUIDE
HOUSEKEEPING DEPARTMENT

OBJECTIVES

* Determine staffing requirements for each major function within the department.
* Develop a plan for optimum utilization of personnel.
* Provide a measure (index) for continuing evaluation of staffing levels and personnel utilization.

You now have a relatively complete inventory of the work which should be done in order to effectively accomplish your department's responsibilities. This inventory is in the form of task descriptions which identify each task, describe how you expect it to be performed, and establish the time you expect to be required to satisfactorily complete the work involved. Don't be surprised when additional tasks show up which have not been previously defined. The task descriptions are working documents. When properly used, this inventory will always be changing. Tasks will be added, deleted and changed as you continue to work toward the one "best" way to plan, schedule and perform the work necessary to accomplish your responsibilities.

When this section of the Housekeeping Study Guide has been completed, you will have prepared and implemented a new work plan. This plan, in the form of work load summaries and work schedules, will provide a "picture" of your department's work - how much, when and how you want to do it. In addition, a simple method for periodic evaluation of work performance, how many hours used as compared to how many should have been used, will have been implemented.

Our purpose is to upgrade people, improve use of skills, balance work loads, and properly allocate responsibilities. None of the information which has been prepared is perfect for each individual and all conditions. Every method which you have defined can be improved. The only way an effective plan can be developed is through a cooperative effort where every employee assists in adapting and revising the plan as related to that which he knows best - his job. This requires that he understand what you are trying to do and how it will be done. For this reason it is recommended that one or more departmental meetings be conducted before beginning the preparation and implementation of a new work plan. Explain what has been accomplished to date, the purpose of this phase and how the next steps will be implemented. Be sure that all employees understand that the new work plan is experimental, and that supervision will work with each individual on that portion of the plan that affects his job. If you really achieve this understanding and follow through with implementation in the way described, preparation of a better plan, a high level of acceptance, and better job performance can result.

NOTES

Completion of the work distribution and staffing evaluation section involves four steps.

1. Prepare a work load summary
2. Prepare and test position assignment schedules
3. Determine current staffing requirements
4. Install a system for evaluation of staff utilization.

The study team should review these steps carefully before initiating any action or conducting department meetings. Discuss requirements with your SMS consultant and determine exactly how you will proceed.

NOTES

As described in the discussion, we are now ready to prepare a work load summary and prepare and test position assignment schedules. A system of forms developed in pilot studies is provided to simplify performance of these steps. These forms may require some adaptation to suit your particular hospital. SMS will assist you in making the necessary changes and improvements in the system, and these will be incorporated into the Housekeeping Study Guide to increase its value for subsequent application.

WORK LOAD SUMMARY

The purpose of the work load summary is to convert the task description data to a form which can be easily and directly used for preparing assignments. Data from some task descriptions can be recorded on the work load summary without change. Others describe work in such a way, or include such a large amount of work, that this information cannot be used for scheduling. For example, a task description for mopping corridors will normally describe the method as related to some practical amount of corridor area normally mopped as a single task assignment (one set-up and put away). The time required will be estimated in terms of minutes per square foot, including the set-up and put away. On the work load summary, specific areas of the hospital will have to be identified which will represent one task assignment, involving one set-up and put away, for one person. The time/sq. ft. can then be applied and the work load summary will provide a summary listing of several tasks related to mopping floors which can be assigned to different individuals if desired.

Pilot studies have resulted in identification of three types of work load summaries which can be effectively used for the Housekeeping Department.

1. Figure 12 describes the Daily Workload Summary and how it is completed. Tasks included on this form are those performed daily, either for a 5 day, 6 day or 7 day week.

2. Figure 13 describes the Periodic Workload Summary. Tasks included here are not performed daily, but are performed at least once each week.

NOTES

3. Figure 14 describes the Project Work Summary. This form will include all tasks performed by the department which are planned for accomplishment less often than once per week.

The study team will prepare the work load summary based on instructions included on figures 12, 13, and 14, discussing specific tasks with other employees as considered desirable. Special attention should be given to task frequencies since this factor has a major impact on resulting work load. Tasks should be scheduled to be performed as frequently as necessary to maintain the level of quality desired. This is one area where "this is the way we have always done it" can result in a significant amount of unnecessary work. Where some question is present, task frequencies should be established based on experimentation which results in determining what work is necessary in order to maintain a satisfactory level of quality. Very frequently we find that supervisors think a certain frequency is necessary to maintain the current quality level, while in fact, a different frequency is actually observed and accomplished.

WORK PLAN

When the work load summaries are complete, you are now ready to prepare and adapt your new work plan. This procedure is described in four steps.

1. Prepare job assignment plans
2. Test and evaluate job assignments
3. Prepare revised assignment schedules
4. Summarize work position requirements

Actually, all assignments are not normally worked through this procedure simultaneously. A key factor in adapting assignments is maintenance of a close study team member-employee relationship in developing and evaluating each position assignment. In addition, supervisory follow up to effectively evaluate each assignment and determine what real problems exist is essential. For this reason a limited number of assignments are prepared and tested at one time.

The first group of assignments prepared should provide a cross-section of department work. A select group of employees will be involved in preparing and testing these assignments in order to ensure the most satisfactory results. The results from

NOTES

FIGURE 12

SHARED MANAGEMENT SYSTEMS — TEXAS HOSPITAL ASSOCIATION

WORK LOAD SUMMARY — Page 1 of 12

DEPARTMENT: HOUSEKEEPING

TD No.	(2) (1) Activity and Task Identification	(4) Std.	(5) Vol.	(6) Load Fac.	(7) Time/Occ.	(8) Freq.	(9) Time Req'd	(10) Class	Notes (11)
4	TERRAZZO & SEALED AREA CLEANING	MIN			MIN		MIN		
5	DUST MOP 11th FLOOR CORRIDOR (3)	1000 SQ FT	3500 SQ FT	1.0	16	2	32	RAMP	7 DAYS
5	" " 7th " "	"	2150	"	11	2	22	"	"
5	" " 2nd " "	"	2150	"	11	2	22	"	"
5	" " MAIN "	"	1850	"	10	2	20	"	"
5	" " P&P "	"	2400	"	12	1	12	"	"
5	" " ADMIN. "	"	700	"	4	2	8	"	"
2	ROUTINE MACHINE FLOOR CLEANING, 11th FLOOR CORRIDOR	.019 SQ FT	3700	"	18	1	18	"	5 DAYS
2	" " " " " 7th " "	"	2150	"	33	1	33	"	"
2	" " " " " 2nd " "	"	2150	"	33	1	33	"	"
2	" " " " " MAIN "	"	1850	"	28	1	28	"	"
2	" " " " " P&P "	"	2400	"	36	1	36	"	"
2	" " " " " ADMIN. "	"	700	"	11	1	11	"	"
36	DUST MOP CUBBY	9	1 EA	"	18	2	36	"	7 DAYS
34	DAMP " "	13	1 EA	"	13	1	13	"	"
3	DUST MOP - DAMP MOP GENERAL WING	.02 SQ FT	4800 SQ FT	"	96	1	96	"	5 DAYS
17	ROUTINE FLOOR CLEANING, DINING ROOM	24	1 EA	"	24	1	24	"	7 DAYS
6	ELEVATOR ROUTINE CLEANING	8	2 EA	"	16	1	16	"	5 DAYS
7	LAUNDRY ROOM " "	9	1 EA	"	9	1	9	MAID	"
8	LINEN ROOM " "	25	1 EA	"	25	1	25	"	"
10	CREW UNITY ROOM, ROUTINE CLEANING	11	8 EA	"	88	1	88	"	7 DAYS

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INSTRUCTIONS

1. Identify activity which includes these tasks.
2. Enter number of task description applicable to each task assignment.
3. Record task assignments as required to break down each task description into practical units of work for scheduling purposes.
4. Enter required time from task description.
5. Enter volume of work for each task assignment applicable to the required time.
6. SMS load factor adjusts standard times to normal expected times based on hospital experience with that time standard and that specific type of work.
7. Calculate adjusted time required to perform each task assignment one time. (STD. X VOL. X LOAD FACTOR = TIME/OCC.)
8. Enter number of times each task assignment must be performed each day.
9. Calculate total time required each day for each task assignment. (TIME/OCC. X FREQ. = TIME REQ'D)
10. Enter optimum employee classification for performing each task assignment.
11. Enter notes required to fully explain each task assignment for scheduling purposes.

FIGURE 13

SHARED MANAGEMENT SYSTEMS — SMS
TEXAS HOSPITAL ASSOCIATION

PERIODIC WORK LOAD SUMMARY — Page 3 of 4

HOSPITAL PICOT — DEPARTMENT HOUSEKEEPING

No.	(2) (1) Activity and Task Identification	(4) Std.	(5) Vol.	(6) Load Fac.	(7) Time Occ.	(8) Freq.	(9) Time Req'd	Class. (10)	Notes (11)
	II PUBLIC & SERVICE AREA CLEANING	MIN			MIN		MIN/WK		
37	BUFFING CORRIDOR, ALTA MACH., 4TH FLOOR (3)	.012 ft²	3200 ft²	1.0	39	3/WK	117	PORTER	
37	" " " 5TH "	"	2150	"	26	3	78	"	
37	" " " 2ND "	"	2150	"	26	3	78	"	
37	" " " MAIN "	"	1850	"	23	3	69	"	
37	" " " D&P "	"	2400	"	29	3	87	"	
37	" " " ADMIN.	"	700	"	9	3	27	"	
1	" " 20" DISC. LOBBY	.028 ft²	1000	"	28	3	84	"	
1	" " " GENERAL CLNG	"	4800	"	135	3	405	"	
26	ELEVATOR DOOR TRACK CLEANING	15	2EA	"	30	3	90	"	
27	STAIRWELL CLEANING	29	2EA	"	58	2/WK	116	"	
38	EXTERIOR WINDOW WASH, DINING & MAIN ENTRANCE	92	1EA	"	92	1/WK	92	"	
39	STORAGE ROOM #15, ROUTINE CLEANING	17	1EA	"	17	1	17	"	

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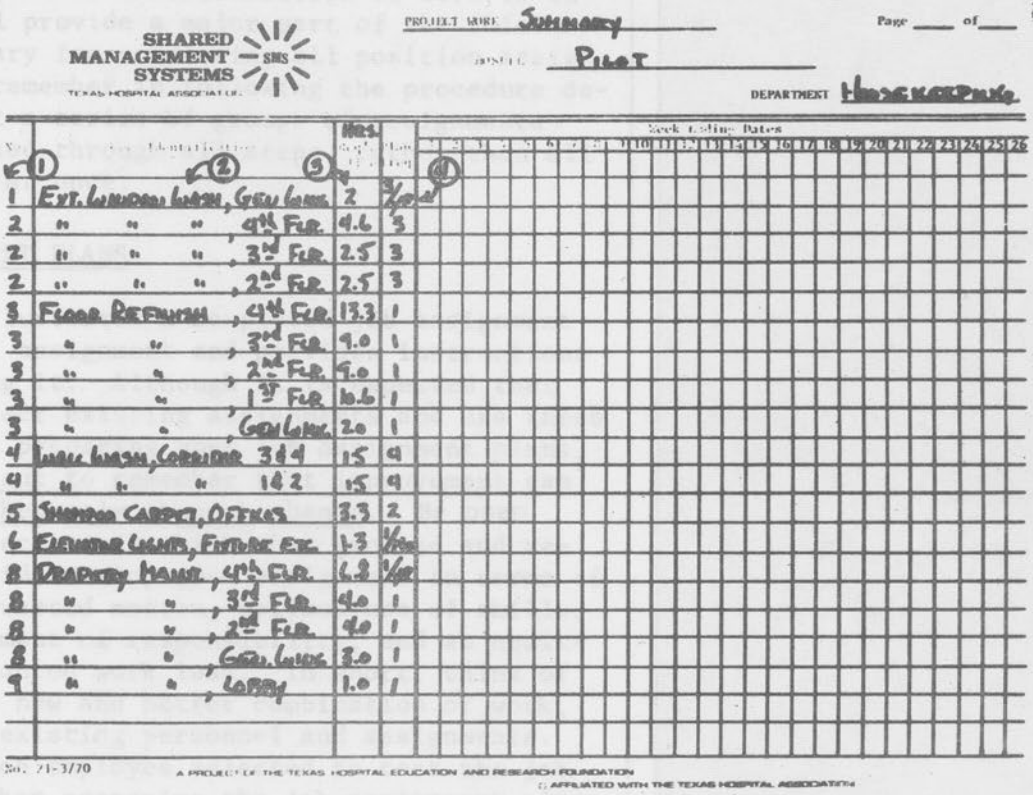
INSTRUCTIONS

1. Identify activity which includes these tasks.
2. Enter number of task description applicable to each task assignment.
3. Record task assignments as required to break down each task description into practical units of work for scheduling purposes.
4. Enter required time from task description.
5. Enter volume of work for each task assignment applicable to the required time.
6. SMS load factor adjusts standard times to normal expected times based on hospital experience with that time standard and that specific type of work.
7. Calculate adjusted time required to perform each task assignment one time. (STD. X VOL. X LOAD FACTOR = TIME/OCC.)
8. Enter number of times each task assignment must be performed each week.
9. Calculate total time required each week for each task assignment. (TIME/OCC X FREQ. = TIME REQ'D)
10. Enter optimum employee classification for performing each task assignment.
11. Enter notes required to fully explain each task assignment for scheduling purposes.

FIGURE 14



No. 71-3/70

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PROCEDURE - PROJECT WORK SUMMARY

1. Record task description number.
2. Enter brief descriptive title for each task assignment.
3. Record required time for each occurrence task assignment is accomplished.
4. Record planned frequency for performing the task assignment.

these tests, since a cross-section of work is included, will provide a major part of the information necessary for completing all position assignments. So remember in following the procedure described that a series of groups of assignments will be worked through all steps, rather than all assignments at once.

JOB ASSIGNMENT PLANS

Figure 15 illustrates a completed job assignment plan for one assignment and provides instructions for preparing it. Although it is expected that you will select existing assignments and use these as guides in preparing your job assignment plans, it is important to remember that improvement can be accomplished only through change. Be open minded. Select tasks which when grouped and sequenced provide the optimum assignment in terms of the minimum wasted motion, optimum use of skills, clear assignment of responsibility, and an equitable and balanced work load. In short, think of developing a new and better combination of work, rather than existing personnel and assignments. Work with each employee selected to test the job assignment when preparing the job assignment plan.

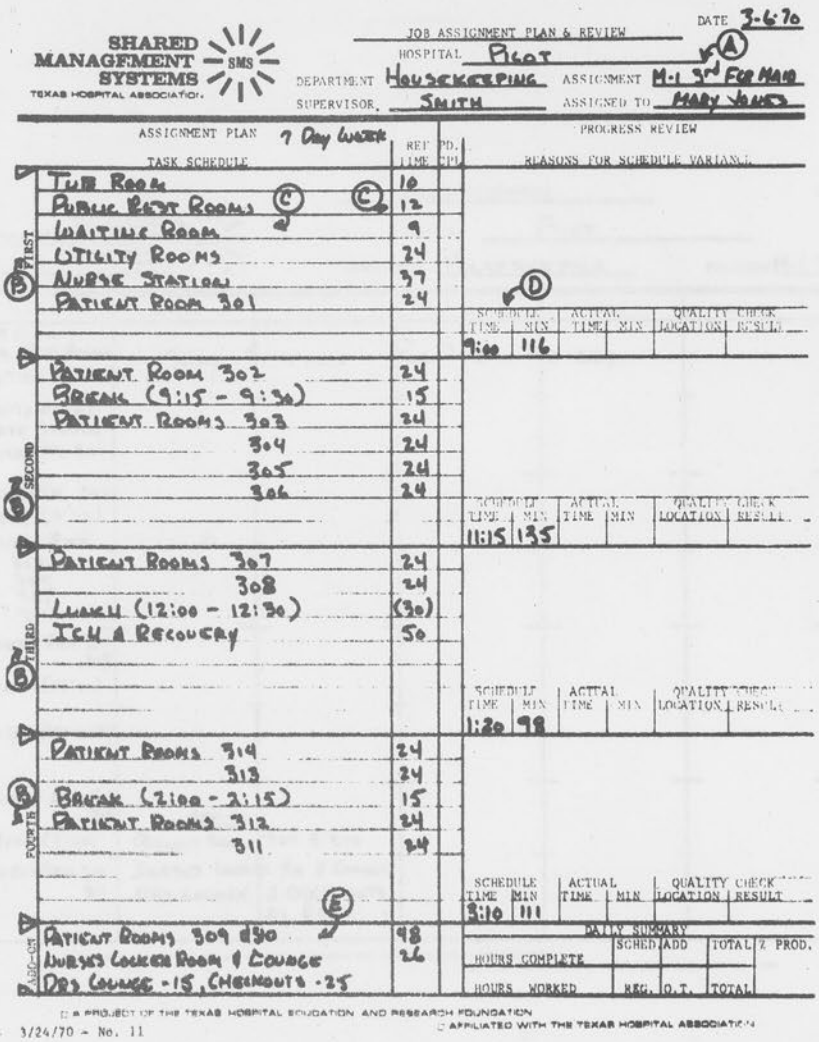
Each completed job assignment plan is then summarized on an assignment schedule as illustrated on Figure 16. This form is the employees schedule and may be used in its current form, or revised, to provide permanent position schedules after implementation of the new plan.

TEST & EVALUATE JOB ASSIGNMENTS

The test and evaluation procedure also uses the Job Assignment Plan & Review Form. Each assignment is tested for a sufficient period as required to assure supervisory-employee agreement on the overall effectiveness of that assignment. The supervisor, or other study team member, plays the key role in the review system. Normally a two week review period is sufficient for evaluating an assignment and adapting it for implementation. This system involves a supervisor-employee review and discussion of the assignment every two hours. Figure 17 illustrates the completed Job Assignment Plan & Review form which results from this system.

NOTES

FIGURE 15



SHARED MANAGEMENT SYSTEMS — TEXAS HOSPITAL ASSOCIATION

JOB ASSIGNMENT PLAN & REVIEW — DATE 3-6-70

HOSPITAL Pilot (A)

DEPARTMENT Housekeeping — ASSIGNMENT M-1 3rd Floor Main

SUPERVISOR Smith — ASSIGNED TO Mary Jones

ASSIGNMENT PLAN — 7 Day Week

TASK SCHEDULE	REF. TIME	PD.	PROGRESS REVIEW — REASONS FOR SCHEDULE VARIANCE
FIRST			
Tub Room	10		
Public Patient Rooms (C)	12		
Waiting Room	9		
Utility Rooms	24		
Nurse Station	37		
Patient Room 301	24		(D) SCHEDULE TIME 9:00 MIN 116 — ACTUAL TIME MIN — QUALITY CHECK LOCATION RESULT
SECOND			
Patient Room 302	24		
Break (9:15 - 9:30)	15		
Patient Rooms 303	24		
304	24		
305	24		
306	24		SCHEDULE TIME 11:15 MIN 135 — ACTUAL TIME MIN — QUALITY CHECK LOCATION RESULT
THIRD			
Patient Rooms 307	24		
308	24		
Lunch (12:00 - 12:30)	(30)		
ICU & Recovery	50		
			SCHEDULE TIME 1:20 MIN 98 — ACTUAL TIME MIN — QUALITY CHECK LOCATION RESULT
FOURTH			
Patient Rooms 314	24		
313	24		
Break (2:00 - 2:15)	15		
Patient Rooms 312	24		
311	24		
(E)			SCHEDULE TIME 3:10 MIN 111 — ACTUAL TIME MIN — QUALITY CHECK LOCATION RESULT
ADD-ON			
Patient Rooms 309 d30	48		DAILY SUMMARY — SCHED. ADD TOTAL % PROD.
Nurses Locker Room & Lounge	26		HOURS COMPLETE
DRs Lounge -15, Checkouts -25			HOURS WORKED — REG. O.T. TOTAL

A PROJECT OF THE TEXAS HOSPITAL EDUCATION AND RESEARCH FOUNDATION
AFFILIATED WITH THE TEXAS HOSPITAL ASSOCIATION

3/24/70 - No. 11

PROCEDURE - JOB ASSIGNMENT PLAN

A. Identify general nature of assignment and select employee for assignment test.

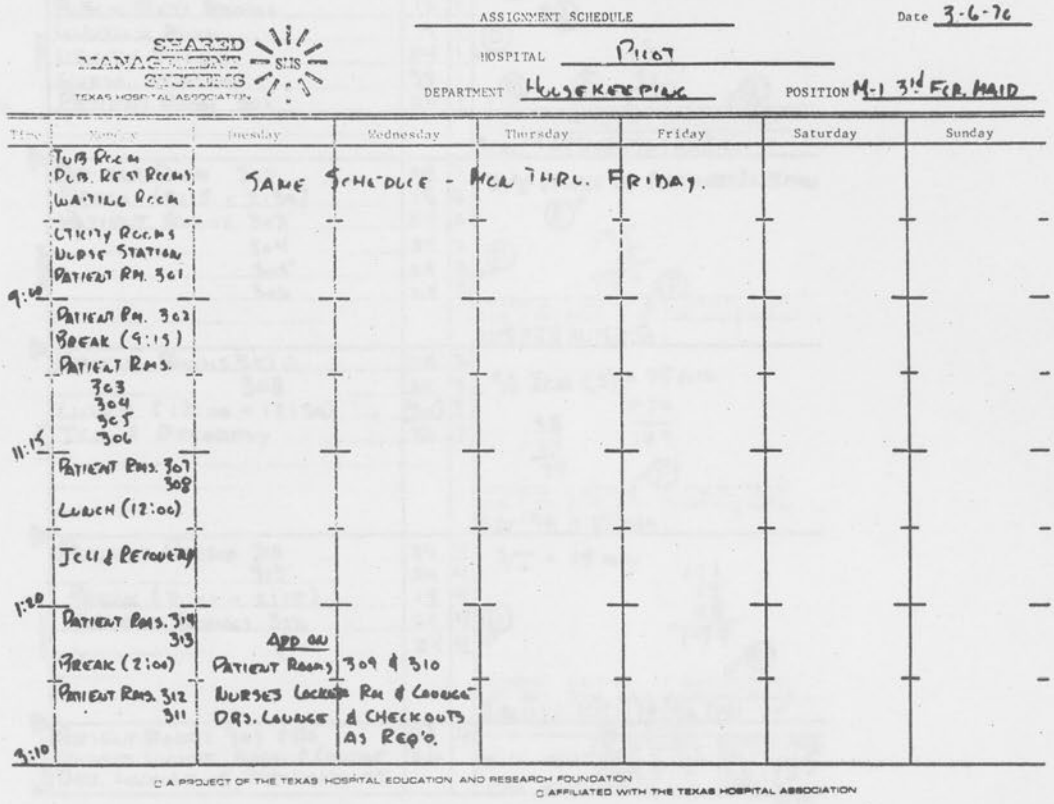
B. Prepare ASSIGNMENT PLAN section with the employee. The regular work shift is divided into four parts. When complete, each of these should include approximately the same number of minutes of scheduled work.

C. Select tasks and record in the sequence they should be done for minimum waste of time & effort. Enter the time required for each from the work load summary in REF. TIME column.

D. As each time period is completed, enter total minutes of scheduled work and the time of day this part of schedule is estimated for completion under SCHEDULE in PROGRESS REVIEW section.

E. When all four time periods have been completed, total scheduled minutes should be equal to available minutes for work during the shift. Select and record supplementary tasks in the ADD-ON time period to ensure full utilization of time.

FIGURE 16



SHARED MANAGEMENT SYSTEMS
TEXAS HOSPITAL ASSOCIATION

ASSIGNMENT SCHEDULE

Date 3-6-76

HOSPITAL Pilot

DEPARTMENT Housekeeping

POSITION M-1 3rd Flr. Maid

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Tub Room Pub. Rest Rooms Waiting Room	Same Schedule - Mon Thru. Friday.					
	Utility Rooms Nurse Station Patient Rm. 301						
9:40	Patient Rm. 302 Break (9:15)						
	Patient Rms. 303 304 305 306						
11:15	Patient Rms. 307 308 Lunch (12:00)						
	ICU & Recovery						
1:20	Patient Rms. 314 313	Add on					
	Break (2:00)	Patient Rooms	309 & 310				
	Patient Rms. 312 311	Nurses Locker Rm & Lounge Drs. Lounge	& Checkouts As Req'd.				
3:10							

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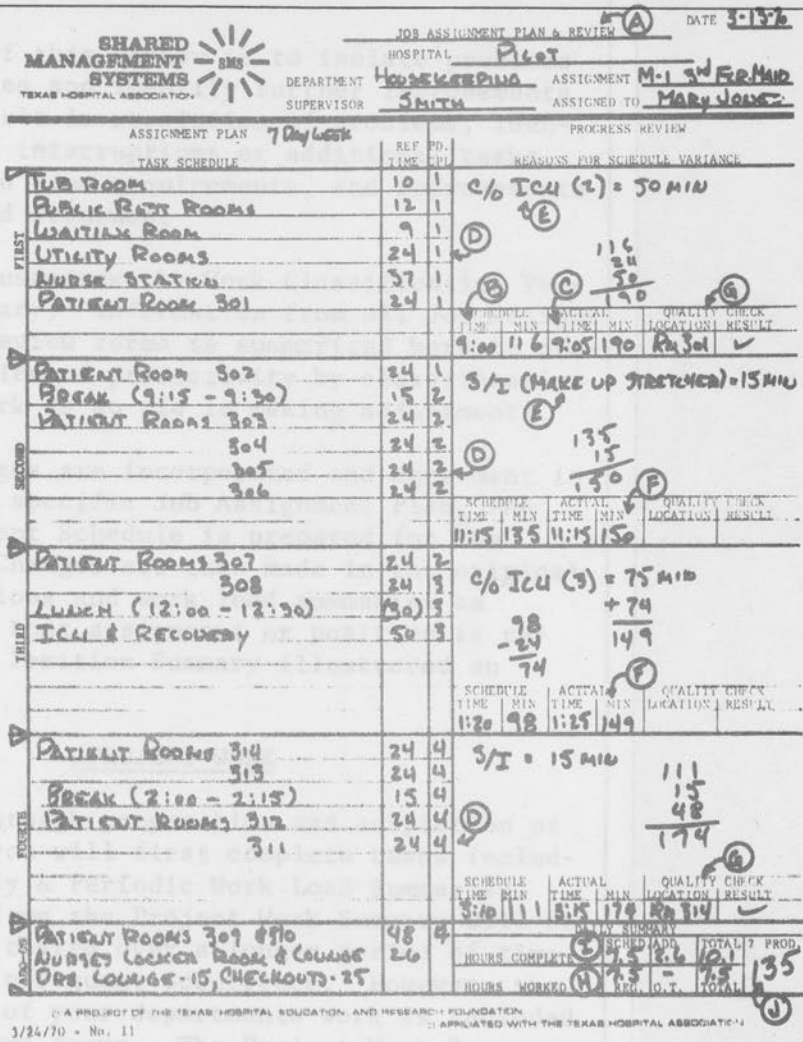
PROCEDURE - ASSIGNMENT SCHEDULE

The assignment schedule summarizes job assignment plans required to develop a schedule for one person, for one work week. In this example, the information transferred from one job assignment plan is applicable for Monday through Friday.

A copy of the completed assignment schedules is given to the employee to use as a guide during the assignment test.

FIGURE 17


SHARED MANAGEMENT SYSTEMS — SMS — TEXAS HOSPITAL ASSOCIATION

JOB ASSIGNMENT PLAN & REVIEW (A) DATE 3-13-70

HOSPITAL Pilot

DEPARTMENT Housekeeping ASSIGNMENT M-1 3rd Floor Maid

SUPERVISOR Smith ASSIGNED TO Mary Jones

ASSIGNMENT PLAN 7 Day Week — PROGRESS REVIEW

	TASK SCHEDULE	REF TIME	PD. CPL	REASONS FOR SCHEDULE VARIANCE
FIRST	Tub Room	10	1	C/O ICU (2) = 50 MIN (E)
	Public Rest Rooms	12	1	
	Waiting Room	9	1	(D) 116 / 24 / 50 / 190
	Utility Rooms	24	1	
	Nurse Station	37	1	(B) (C) (G)
	Patient Room 301	24	1	
SECOND	Patient Room 302	24	1	S/I (Make up stretcher) = 15 MIN (E)
	Break (9:15 - 9:30)	15	2	
	Patient Rooms 303	24	2	(D) 135 / 15 / 150
	304	24	2	
	305	24	2	
	306	24	2	(F)
THIRD	Patient Rooms 307	24	3	C/O ICU (3) = 75 MIN
	308	24	3	98 − 24 = 74; + 74 = 149
	Lunch (12:00 - 12:30)	(30)	3	(F)
	ICU & Recovery	50	3	
FOURTH	Patient Rooms 314	24	4	S/I = 15 MIN
	313	24	4	111 / 15 / 48 / 174
	Break (2:00 - 2:15)	15	4	(D) (G)
	Patient Rooms 312	24	4	
	311	24	4	
ADD-ON'S	Patient Rooms 309 & 310	48	4	
	Nurses Locker Room & Lounge	26		
	Ors. Lounge - 15, Checkouts - 25			

SCHEDULE TIME	SCHEDULE MIN	ACTUAL TIME	ACTUAL MIN	QUALITY CHECK LOCATION	QUALITY CHECK RESULT
9:00	116	9:05	190	Rm 301	✓
11:15	135	11:15	150		
1:20	98	1:25	149		
3:10	111	3:15	174	Rm 314	✓

DAILY SUMMARY

	SCHED.	ADD.	TOTAL	% PROD.
HOURS COMPLETE (I)	7.5	2.6	10.1	135
HOURS WORKED (H)	7.5	−	7.5	
	REG.	O.T.	TOTAL	(J)

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3/24/70 - No. 11

PROCEDURE - JOB ASSIGNMENT REVIEW

A. Duplicate job assignment plans as required to provide one copy for review and completion for each day of the assignment test.

B. The supervisor, or other study team member when applicable, will discuss assignment progress with the employee performing the assignment at each SCHEDULE TIME.

C. Enter actual time arriving at job site in ACTUAL TIME.

D. Enter number designating the time period in which each scheduled task is actually accomplished.

E. Record reasons for schedule variance - unscheduled work completed, interruptions, required times too long or too short, etc.

F. Enter estimated minutes of work completed during that time period in ACTUAL TIME.

G. Check for satisfactory quality of work following at least two of the time periods and record location and results under QUALITY CHECK.

H. Record HOURS WORKED at the end of the shift. (regular scheduled hours + overtime).

I. Total HOURS COMPLETE from the information recorded during each assignment review. (must include credit for all necessary work performed).

J. Calculate % PRODUCTIVE (Hours complete ÷ Hours Worked.)

The purpose of this review is to isolate problems or inaccuracies and identify further improvements. This will result in resolution of problems, identification of interruptions or additional tasks, adjustments to time requirements, and improvements in methods and sequence.

Figure 18 illustrates the Work Classification Performance Summary. Information from all Job Assignment Plan & Review forms is summarized here to provide an overview of productivity by classification or type of work as an aid in making adjustments.

When all changes are incorporated and agreement is reached for a specific Job Assignment Plan, the final Assignment Schedule is prepared for the assignment. Changes are then made in the original task descriptions and work load summaries as necessary and that assignment or position is recorded on the Position Summary illustrated on Figure 19.

PROJECT WORK

As you work through preparation and adaptation of assignments, you will first complete tasks included on the Daily & Periodic Work Load Summaries. Tasks included on the Project Work Summary will be scheduled and tested over a longer period of time due to their infrequent occurrence. However, the major portion of your departments work is included on the first two forms. The Project Work Summary can be used as a schedule in its present form. This work can be scheduled to provide a balanced load and marked off as completed. It provides a "work load cushion" which can be used to ensure full utilization of personnel during the period of adjustment for staffing patterns. Figure 20 illustrates use of the Project Work Summary in this manner.

PERSONNEL SCHEDULES

The completed Position Summary includes all routine scheduled assignments necessary to accomplish the Housekeeping Department work load. These assignments must then be placed on a master schedule to relate personnel to position assignments and include provisions for relief, vacations and absences.

At the time of this writing, the pilot group is experimenting with alternative scheduling techniques in order to determine the recommended method or methods for implementation. Subsequent printings will include the results of this effort.

NOTES

FIGURE 18

SHARED MANAGEMENT SYSTEMS
TEXAS HOSPITAL ASSOCIATION

WORK CLASSIFICATION PERFORMANCE SUMMARY

DATE 3-16-70

HOSPITAL Pilot

DEPARTMENT Housekeeping

WORK CLASSIFICATION (1) Maids - Patient Areas

POSITION IDENTIFICATION	ASSIGNED TO	DATES	DAILY PRODUCTIVITY SUN	MON	TUE	WED	THU	FRI	SAT	POS. AVG.	REMARKS
M-1 3rd Floor Main (2)	M Jones	3/9, 10, 13	127	155			135			141	
(3)	O Smith	3/11, 12, 14/15 (4)	(5)		144	151		147	130		(6)
M-2 4th Floor Main, East	L Johnson	3/9, 10, 12-15	104	133		110	125	120	100	118	Review Daily Summary Discuss Training Needs for Improvement
	M Jones	3/11			132						
M-3 4th Floor Main, West	P Burton	3/9, 10	125	122						123	To Night Pos
	R Lewis	3/11-15			123	130	130	120	119		
				(7)						(8)	
AVERAGE PRODUCTIVITY FOR THIS CLASSIFICATION			119	137	133	130	130	129	114	127	

No. 19-1
3/70

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INSTRUCTIONS

1. Describe group of task assignments to be included.
2. List specific position assignments. Leave blank spaces if more than one person may be assigned to one position assignment during period covered.
3. Enter names from job assignment plan & review forms.
4. Enter dates from job assignment plan & review forms.
5. Enter % Prod. from Daily Summary on job assignment plan and review forms in proper day column.
6. Calculate Pos. Avg. for each position assignment.
7. Calculate average Daily Productivity for each day including all position assignments.
8. Calculate Pos. Avg. for all position assignments.

FIGURE 19

SHARED MANAGEMENT SYSTEMS — SMS
TEXAS HOSPITAL ASSOCIATION

POSITION SUMMARY

DATE 4-1-70

HOSPITAL Pilot

DEPARTMENT Housekeeping SUPERVISOR O. Smith

POSITION IDENTIFICATION (1)	CLASSIF.	SCHEDULED HOURS PER DAY (2) MON	TUE	WED	THU	FRI	SAT	SUN
M-1 3rd Floor	Maid	7.5	7.5	7.5	7.5	7.5	7.5	7.5
M-2 4th Floor, East	"	7.0	7.0	7.0	7.0	7.0	7.0	7.0
M-3 4th Floor, West	"	7.0	7.0	7.0	7.0	7.0	7.0	7.0
M-4 2nd Floor	"	7.3	7.3	7.3	7.3	7.3	7.3	7.3
M-5 1st Floor P&P	"	7.6	7.6	7.6	7.6	7.6	7.6	7.6
M-6 Offices	"	6.0	6.0	6.0	6.0	6.0	-	-
M-7 Public Areas	"	7.4	7.4	7.4	7.4	7.4	7.4	7.4
M-8 Surgical & ICU	"	7.5	7.5	7.5	7.5	7.5	7.5	7.5
M-9 Linen Room	"	7.0	7.0	7.0	7.0	7.0	7.0	-
M-10 Touchup & Linen	"	5.0	5.0	5.0	5.0	5.0	-	-
P-1 3rd & 4th Floor	Orderly	7.8	7.8	7.8	7.8	7.8	-	-
P-2 1st & 2nd Floor	"	7.5	7.5	7.5	7.5	7.5	-	-
P-3 3rd & 4th Flr. Weekend	"	-	-	-	-	-	4.0	4.0
P-4 1st & 2nd Flr. "	"	-	-	-	-	-	3.8	3.8
P-5 Trash & General	"	7.0	7.0	7.0	7.0	7.0	7.0	7.0
(3) TOTALS		91.6	91.6	91.6	91.6	91.6	73.1	66.1

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PROCEDURE - POSITION SUMMARY

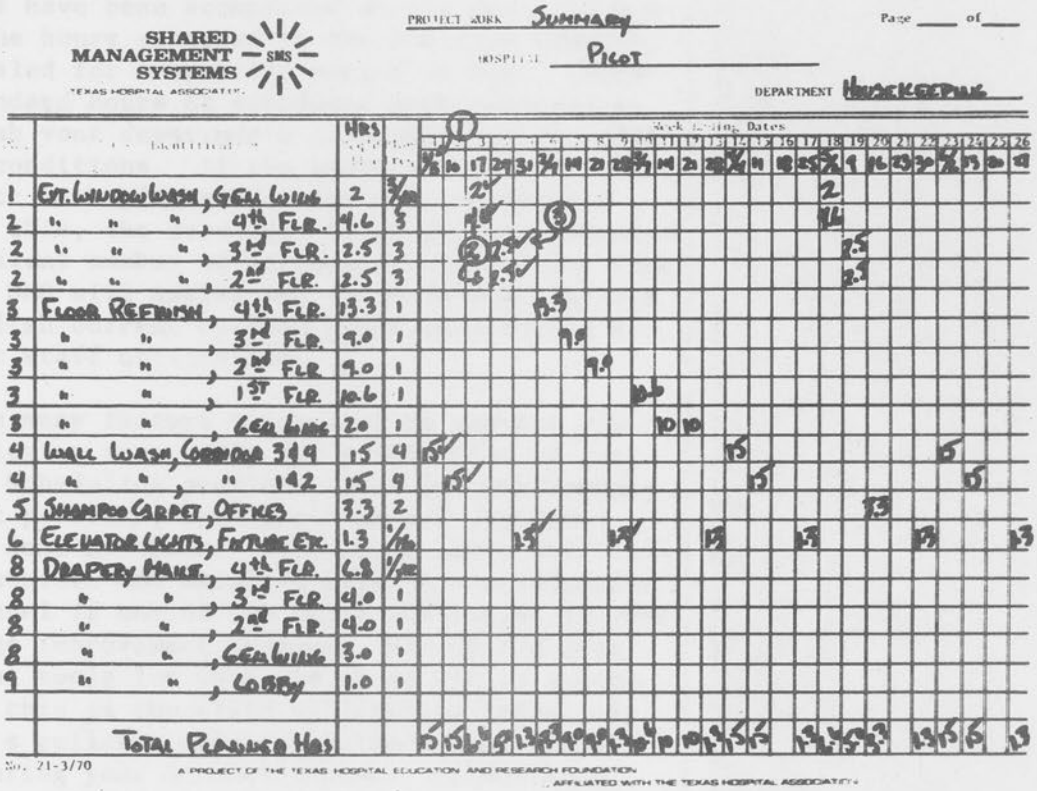
Record information from the JOB ASSIGNMENT PLAN on the POSITION SUMMARY after the assignment has been tested and all corrections made. The completed POSITION SUMMARY will include all tasks listed on the DAILY & PERIODIC WORK LOAD SUMMARIES, grouped into specific position assignments.

1. Enter a brief descriptive title for each position and identify the personnel classification applicable for performing these tasks.

2. Record the scheduled standard hours for each day from the JOB ASSIGNMENT PLAN.

3. Add scheduled hours for each day after all JOB ASSIGNMENT PLANS have been tested, corrected and recorded.

FIGURE 20



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PROCEDURE - PROJECT WORK SCHEDULE

1. Enter week ending dates for 6 month period to be covered by schedule.

2. Plan performance of task assignments to balance work load based on time required and planned frequency. Enter required time after task assignment under week each is scheduled to be accomplished.

3. Check off completed tasks to provide a record of completed project work.

All of the task assignments included on your work load summaries have been grouped as position assignments, tested, and corrected. These position assignments have been summarized on the Position Summary. The hours recorded on the Position Summary, when totaled for a specific period of time, represent standard hours of scheduled work required to accomplish your departmen's responsibilities under current conditions. If the average number of hours of project work planned for the same period are added to this, the resultant total can be converted to equivalent number of personnel required for that period. SMS will assist you in these calculations to establish current optimum staffing patterns and goals for staff utilization.

There are many factors which tend to prevent you from achieving your goals for utilization of personnel. Scheduling problems, poor job performance, equipment problems, interruptions and unplanned work are some of these. Overcoming these difficulties to achieve and maintain effective utilization of personnel is one of the major activities in your long range improvement program. One of the best management tools for your use as an aid in accomplishing this is the staff utilization index. It provides a reliable means of establishing goals and measuring your accomplishment. In addition, it provides an indicator which will tell you immediately when correction action should be taken.

Determination of the staff utilization index is simple. The tasks completed for a specific period of time are tabulated and the standard hours of work they represent are recorded and added. The resultant total is normally referred to as earned hours. Next, you total the actual hours your department has used to accomplish this work. This total is referred to as actual hours. The staff utilization index is calculated by dividing earned hours by actual hours. The resulting figure is expressed as a percent for purposes of the index.

$$\frac{\text{EARNED HOURS}}{\text{ACTUAL HOURS}} = \frac{4200}{4800} = .875 \text{ or } 88\% \text{ Utilization}$$

Although simple, the process of tabulating all of the tasks completed and calculating earned hours can be quite time consuming. In order to be practical, a system must be developed which provides a quick and easy means of entering significant figures and calculating a reliable utilization index.

NOTES

In addition, this system must provide a consistent method of application for all participating hospitals so that meaningful comparisons may be made to assist you in identifying problems. The development of this system is now in process in the pilot study hospitals. Your SMS consultant will assist you in implementing a practical system based on pilot study developments.

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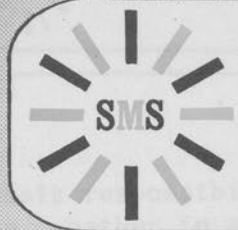

SHARED MANAGEMENT SYSTEMS

SECTION V

STUDY GUIDE

HOUSEKEEPING DEPARTMENT

YOUR DEPARTMENT

IMPROVEMENT

PROGRAM

OBJECTIVES

* Implement a plan for systematic evaluation and improvement of methods and performance.

A basic responsibility of management and supervision, whether in a hospital or elsewhere, is to improve the operation. Without improvement as a major goal, management has little justification for existing. Improvement is never easy or simple to achieve; nor is it likely to come without conscious effort. It requires planning, encouragement and follow up as a part of the normal daily routine. We "manage" improvement to the extent that we effectively accomplish these responsibilities. The measure of success is the results achieved when improvement becomes a basic responsibility of every employee in the department.

The study completed will have resulted in some improvements. It will not result in significant long term benefits without a continuing program. Data has been developed which can provide the basis for an effective long range improvement program. You have gained knowledge or increased skill in the use of some valuable management tools and techniques. You have a team which can provide the nucleus for a planned and organized improvement effort. Through your efforts, this study can be the first step in a new or revitalized improvement program.

Some initial ideas for accomplishing this which have been discussed during the pilot study are included on the following pages. This section will be expanded and increased in value when your success, and the reasons for it, can be described for use by other Housekeeping Department.

NOTES

Implementation of the Housekeeping Study Guide has resulted in development of two indices for measuring important characteristics of department performance.

1. The Quality Assurance Index which indicates the level of quality of housekeeping and sanitation.

2. The Staff Utilization Index which indicates the degree of effectiveness in utilization of personnel.

Your initial study efforts have been directed primarily toward development of these indices, not in using them to achieve improved performance. The next step, and the most important one, is to create a better environment for solving problems and improving performance through the effective use of the indices.

The continuing evaluation of performance is one of the activities in your department improvement program where a "breakdown" is most likely to occur. Many important duties and responsibilities are competing for your time and that of other key department employees. You must determine how important improvement is to you and your hospital, and ensure that you allocate time in relation to this relative importance. It will be very easy to skip the inspections, data accumulation, and calculations necessary to provide reliable incides for your use.

The initial plan for utilization of performance indices is outlined in the following. Your SMS consultant will assist you in implementing this plan.

1. Maintain visible charts of the overall department quality assurance and staff utilization indices. These indices should be calculated, posted and discussed with all department employees at least once each month. You should have a sufficient summary of data used in calculating these indices to provide a means for identifying areas contributing to unsatisfactory performance.

2. Establish goals - He who aims at nothing will surely hit. Involve your employees in determining how well you think you can do, with you

NOTES

departments "best" effort, and plan how and when you can get there.

3. Follow through. Discuss progress regularly with employees and ensure that you demonstrate your interest and enthusiasm in achieving your goals.

4. Provide recognition. Be creative in finding ways to express sincere appreciation for efforts which contribute to increased department performance.

Recommended procedures for accomplishing these steps and tips for solving problems will be developed through the continued efforts of the pilot study group. These will be included in the next printing. Plans for evaluation include the use of the Job Assignment Plan & Review System and the Quality Assurance Check Sheets for solution of individual performance problems. In addition, a quarterly performance summary providing an indication of where you stand in relation to other hospitals will be tried. The results from these and other studies will be made available as soon as practical.

NOTES

Improvement results from change and change, for the better, is normally the result of a systematic analysis to find and apply better ways of doing things. Success with improvement projects requires the presence of many factors. One of these, of course, is the capability to analyze existing methods. This capability exists in every organization and future efforts in development of the continuing program for Housekeeping will be directed toward increasing skills in applying analytical tools and techniques. The brief discussion of Work Simplification and observation studies included as reference material are a beginning.

Following are some suggestions which may help you in carrying on an organized improvement project activity. This section will be expanded and recommended procedures incorporated following further application by Texas hospitals.

1. The problem with time is still with you as it was in implementing the Housekeeping Study Guide and will be in continuing performance evaluation. Determine how much time your department can afford to allocate, or cannot afford not to allocate, to improvement projects and schedule its use. It's better to expend a small amount of time on a continuing basis than it is to wait for that week or month when you have a big surplus. It will never come.

2. Use a project list to establish priorities and track progress. Encourage participation in suggesting projects for future studies. Record these projects and decide which are the most important. Assign teams, expect schedules, and follow up on progress regularly.

3. The task description system provides a ready source of projects. Start with those which account for a major portion of your work load and analyze each in detail. Schedule a detailed study of a certain number of tasks each month. All significant tasks should be investigated at least once per year. Your SMS consultant can provide you task descriptions from other hospitals and assist in adapting

NOTES

ideas for implementation. Watch for Share-O-Grams which may be applicable to your operation.

4. Contribute your solutions for application by other Texas hospitals. Very few ideas are completely new. Other hospitals may have implemented the same improvement you have. However, you can bet that there are also some that have not heard about it. Prepare a brief written description of your successful changes and give it to your SMS consultant for distribution to all participating hospitals.

NOTES

SHARED MANAGEMENT SYSTEMS

REFERENCE MATERIAL

SECTION VI

STUDY GUIDE

HOUSEKEEPING DEPARTMENT

Every task can be improved and you can improve quality and reduce costs through finding the better method if you:

1. Study all tasks performed by your department with an eye to uncovering wasteful and inefficient practices.

2. Concentrate on repetitive and volume work areas for the more obvious inefficiencies.

3. Analyze the sequence of each task to find time saving shortcuts or ways to combine steps.

4. Encourage your employees to participate by looking for easier and better ways of doing their jobs.

5. Urge everyone to contribute suggestions and follow through with implementation and recognition for accomplishments.

The principles of Work Simplification can be applied in your department to accomplish improvements.

WORK SIMPLIFICATION

Work Simplification is an organized, common sense approach to finding a better and easier way of doing work. It can be used wherever work is done. It does not imply greater physical effort; actually, it often results in jobs being less tedious, because properly planned jobs reduce awkard, tiring, and unnecessary actions and eliminate uncertainty and confusion.

THROUGH WORK SIMPLIFICATION

Jobs can be accomplished with less effort

Operations can be eliminated if unnecessary.

YOU DON'T SIT THIS ONE OUT

The work simplification program has no wallflowers-everyone participates. And you can take part immediately by starting now to find ways to improve your job.

WORK SIMPLIFICATION CAN WORK EVERYWHERE

You may feel that work simplification is fine for some jobs, but it won't work for yours. Actually, wherever work is done, work simplification can yield results.

NOTES

The principles are fundamental and they will help you to do more work with the same or less effort. The question is not, "Is there a better way?" but rather, "What is the better way?"

Select the task to improve. We can't tackle all the work performed at one time. Determine your priorities and look at the most important tasks first. Following are questions which will help you to select the tasks for review.

Is it a bottleneck?

Does it take too much time?

Does it cause waste (manpower, materials, equipment)?

Is it too complex?

Does it take extra steps?

Is it too costly?

Is it necessary?

Is it dangerous?

Break it down. If your Task Description will not provide for a step-by-step examination of the job, use the flow process chart, Figure 21, to accomplish this. Briefly identify each distinct step in the order it will occur and mark whether it is one of the following:

OPERATION --
When something is worked on (changed)

TRANSPORTATION --
When it is moved.

INSPECTION --
When it is reviewed, checked, or proofread.

DELAY --
When it is held up for one reason or another.

STORAGE --
When it is completed and stored and filed.

NOTES

SHARED MANAGEMENT SYSTEMS SMS

For Texas Hospitals
P. O. Box 4553 / Austin, Texas 78751 A / C 512, 453-7204

PRESENT METHOD ☐
PROPOSED METHOD ☐
MAN ☐ MATERIAL ☐

SUMMARY	PRESENT NO.	PRESENT TIME	PROPOSED NO.	PROPOSED TIME	DIFFERENCE NO.	DIFFERENCE TIME	DIFFERENCE PERCENT
○ OPERATIONS							
⇨ TRANS.							
□ INSPECTIONS							
D DELAYS							
▽ STORAGES							
DISTANCE		FT.		FT.		FT.	

QUESTION EACH DETAIL — ANALYSIS WHY? — WHAT? WHERE? WHEN? WHO? HOW?

TASK:

PROCESS BEGINS: DATE:

PROCESS ENDS: PREPARED BY:

DETAILS OF METHOD	OPERATION	TRANSPORT	INSPECTION	DELAY	STORAGE	DISTANCE IN FEET	QUANTITY	TIME	POSSIBILITIES CHANGE: ELIMINATE	COMBINE	SEQUENCE	PLACE	PERSON	IMPROVE	NOTES
1	○	⇨	□	D	▽										
2	○	⇨	□	D	▽										
3	○	⇨	□	D	▽										
4	○	⇨	□	D	▽										
5	○	⇨	□	D	▽										
6	○	⇨	□	D	▽										
7	○	⇨	□	D	▽										
8	○	⇨	□	D	▽										
9	○	⇨	□	D	▽										
10	○	⇨	□	D	▽										
11	○	⇨	□	D	▽										
12	○	⇨	□	D	▽										
13	○	⇨	□	D	▽										
14	○	⇨	□	D	▽										
15	○	⇨	□	D	▽										
16	○	⇨	□	D	▽										
17	○	⇨	□	D	▽										
18	○	⇨	□	D	▽										
19	○	⇨	□	D	▽										
20	○	⇨	□	D	▽										
21	○	⇨	□	D	▽										
22	○	⇨	□	D	▽										
23	○	⇨	□	D	▽										
24	○	⇨	□	D	▽										

In addition, you may sometimes record distance moved, time required, and quantity handled.

Question the present method with the person who normally performs the task.

THE "WHY?" ATTITUDE

When analyzing a job, challenge the job and every detail of the job:

DETERMINE:	ASK:
WHAT is done.	WHY is the step done at all? Possibly it can be eliminated.
WHERE it is done.	WHY is it done there? Another location may save steps.
WHEN it is done.	WHY is it done then? Doing the job at an earlier or later time may be more effective.
HOW it is done.	WHY is it done this way? May be a simplier way is possible.
WHO does it.	WHY does this person do it? Possibly it is a step another person could do more effectively.

Develop a new method for improvement.

When you have found an operation which needs improvement, apply common sense and determine a new method.

Install it -- Put your improved method or procedure to work - and continue your search for further improvements.

NOTES

Maintain a Record of Improvement Ideas & Status

All ideas for improvement should be recorded to assure an adequate system for follow up and implementation. Figure 22 provides a form which can be used for this purpose.

NOTES

SHARED MANAGEMENT SYSTEMS SMS
TEXAS HOSPITAL ASSOCIATION

LOG OF PROPOSALS

HOSPITAL _____

DEPARTMENT _____

Date Rec'd	Proposal No.	DESCRIPTION OF PROPOSAL	ORIGINATOR	DEPARTMENT	Approved not installed	Installed	Rejected	NOTES

A PROJECT OF THE TEXAS HOSPITAL EDUCATION AND RESEARCH FOUNDATION
AFFILIATED WITH THE TEXAS HOSPITAL ASSOCIATION

FIGURE 22

FIGURE 22

PURPOSE

Describe the correct method for accomplishing a task and determine how long it should reasonably take using this method.

PROCEDURE

1. Discuss the task with the person who usually performs it. Agree on the best method and sequence. This is an ideal time to apply work simplification techniques.

2. Describe the task to be observed on the observation record sheet.

3. Describe the individual steps or elements of work to be performed in their correct sequence in the left hand column. These elements should have consistent & recognizable starting & stopping points.

4. Observe the work and record the start & stop time for each element. Non-productive time (downtime or delay) which occurs while performing each element should be recorded with a brief explanation in the columns provided.

5. A judgment concerning the effectiveness of personnel doing the work is required to adjust the observed time to that which you would reasonably expect. A schedule is attached for use as a guide in making this judgment rating. Enter the effectiveness rating for each element in the column provided.

6. Calculate the estimated normal time for each element as follows:

   a. Determine the elapsed time from the start and stop time recorded.

   b. Determine productive time by subtracting non-productive time from the elapsed time.

   c. Calculate the estimated normal time for each element. Productive time x effectiveness rating = estimated normal time.

NOTES

7. Observations of the complete task or individual elements should be repeated until you are confident that you have representative normal times for each element. Steps can be repeated on the original observation sheet or additional sheets used as applicable. As a general rule, no less than three observations of any element should be accepted as providing a reliable average normal time estimate. More are required when conconsiderable variation between observed times exists.

8. When sufficient observations have been completed to provide a reliable estimate of normal times for each element, calculate the estimated standard time.

   a. Repeat descriptions of each step or element required to perform the task.

   b. Enter all estimated normal times for each element. Circle any estimated normal times which are not considered representative for any obvious reason. (i.e. - an unusual occurrence which is not considered applicable to normal performance of the work which resulted in an extreme variation from other normal times.)

   c. Calculate the average observed normal time for each element excluding those circled.

   d. Record how often each element should be performed to complete the task described. (i.e. obtain materials and cleanup might occur once, while other elements are repeated many times.)

   e. Avg. Normal time x Frequency will provide the avg. Normal Time for Task for each element.

   f. Total the Avg. Normal Time for Task Column.

   g. A 20% allowance is used to adjust the Estimated Avg. Normal Time to provide for personal, fatique and delay times which are reasonably expected. Multiply the Estimated Avg. Normal Time for Task by 1.2 to obtain the Estimated Standard Time.

NOTES

Effectiveness Rating During Each Observation

It is necessary to rate the effectiveness of each person observed while doing productive work. This is done by evaluating the effectiveness with which the work is being done in relation to the Effectiveness Rating Scale shown below:

EFFECTIVENESS RATING SCALE

Effectiveness Rating	Methods	Movements
130%	Highly Effective	Sure - Rapid
120%		
110%		
100%	Effective	Sure - Normal
90%		
80%		
70%	Reasonably Effective	Reasonably Sure
60%		
50%	Ineffective	Unsure - Slow

SHARED MANAGEMENT SYSTEMS

OBSERVATION RECORD

FIGURE 23

HOSPITAL_____

DEPARTMENT_____

TASK NO._____

Description of Activity:_____

Crew Size _____

Steps (Work Elements)	Start	Stop	Elapsed	Non Prod	Prod	Eff. Rating	Est. Normal Time	Explanation Of Non Productive Time

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APPENDIX B

STUDY GUIDE QUESTIONNAIRES

The attached questionnaire is one vehicle through which I intend to gather statistical data for a problem solving thesis in partial fulfillment of a degree in Health Care Administration from the U. S. Army-Baylor University Program. The Shared Management Systems staff of Texas Hospital Association has cooperated in helping to develop a suitable subject.

It is requested that your facility complete the enclosed questionnaire and return it to me. A self addressed envelope is enclosed for your convenience. Individual responses will be kept in confidence if you so request in the block provided.

With your assistance and sufficient data, I am optimistic that the effectiveness of the Housekeeping Department Study Guide can be determined.

Thanking you in advance for your prompt cooperation, I am

Sincerely,

Edson B. Blodgett
Major MSC

STUDY GUIDE QUESTIONNAIRE

HOSPITAL: _____

ADDRESS: _____

NUMBER OF BEDS: _____ DATE: _____

TOTAL SQUARE FEET FOR WHICH HOUSEKEEPING DEPARTMENT IS RESPONSIBLE FOR CLEANING _____

POSITION OR NAME OF INDIVIDUAL PREPARING RESPONSES TO QUESTIONNAIRE:

_____

_____PLEASE KEEP RESPONSES IN CONFIDENCE.

_____PLEASE SEND A COPY OF THE RESULTS OF THIS SURVEY TO US.

1. Has your hospital implemented a program utilizing the housekeeping study guide? ____YES ____NO If so on what date? _____
   If not, go to question 20.

2. Did you have a housekeeping manual prior to implementing the study guide? ____YES ____NO

3. Which section of the housekeeping study guide has been of most benefit to you? _____

4. Which section of the housekeeping study guide has been of least benefit to you? _____

5. Subsequent to implementation of the study guide, how many suggested improvements did employees make? _____ (Improvements include schedule, equipment, and/or method changes) Of these suggestions, how many were utilized? _____

6.a. Can you assess a financial savings for your hospital to date as a result of the housekeeping study guide? ____YES ____NO
   b. How much? _____
   c. What do you estimate total savings will be for the first year? _____

7. Can you identify intangible benefits derived from the study guide through:
   Better Supervision? _____YES ____NO
   Better training? _____YES ____NO
   More follow-up? _____YES ____NO
   Other? (Please Describe) _____

8. How many significant complaints have you received concerning implementation of the study guide from supervisors? _____ from employees? _____

9. Have any employees resigned as a direct result of your hospital implementing the housekeeping study guide? ____YES ____NO

10. Does the work scheduling cause you to believe personnel are being better utilized? ____YES ____NO

11. Has the study guide procedure identified sub-standard employees? ____YES ____NO

12. Do you achieve random selection in your quality control plan by the method described in SMS examples? ____YES ____NO

13. Were task descriptions prepared as suggested in SMS examples? ____YES ____NO

14. In developing the work plan, how many assignments do you prepare and test at one time? _____

15. Does the position work summary satisfy the personnel schedules for your department? ____YES ____NO

16. What would improve the section of the study guide which has been of least benefit to you?

17. What additional ideas not contained in the housekeeping study guide have you been prompted to use in the program which you feel would be helpful to others?

18. Do you think SMS Share-O-Grams will help in your housekeeping department? ____YES ____NO

19. Do you plan to continue using the following techniques developed in this study as part of your department improvement program?
Performance Index ____YES ____NO
Loading Technique ____YES ____NO
Utilization Index ____YES ____NO
Job Standards ____YES ____NO

20. Was (Will) a kick-off meeting, with the administrator present, used to begin the study? ____YES ____NO

21. On what basis did (will) you select your study team members?

22. What position in the organization does (will) your study team leader hold? _____

23.a. How many personnel were (are) authorized in your housekeeping department (total staff) prior to implementing the study guide? _____
b. Of these, how many in supervisory status? _____

24.a. Has your housekeeping staff been decreased as a result of the implementation of the study guide? ____YES ____NO ____NA

b. If so, by how many? _____

25. How many personnel do you anticipate will be required once the program is fully implemented? _____

26. Briefly describe the employee orientation program you used (anticipate using) to gain cooperation and participation.

27. What was (will be) your defined objective in implementing your program?

28. Did you (will you) train the inspection personnel in observing and rating techniques as described in SMS examples? __YES ____NO

29. Who prepared (will prepare) the task descriptions? _____

30. Did (Do) you have a work measurement index prior to implementing the study guide? (e.g. man-hours per bed in cleaning rooms)
____YES ____NO
If so please describe it.

31. What has been the change in this standard?

32. Approximately how many employees speak Spanish? _____

33. How many members of the hospital staff have had formal training in work simplification techniques? _____

34. Did (Do) you have written task descriptions prior to implementing the study guide which defined how each job is to be performed by sequence, method, etc.? ____YES ____NO

35. Did all employees have an opportunity (direct encouragement) to suggest items of work tasks on the activity list for their particular job? ____YES ____NO

36. How do (will) you provide recognition for efforts which contribute to increased department performance?
_____Letters to individuals.
_____Publicity in news media.
_____Monetary awards.
_____Public praise at luncheons, etc.
_____Other (Please describe).

37. Will you update or write a housekeeping manual as a result of your efforts in this program? ____YES

38. Do you publish housekeeping instructions or job descriptions in Spanish as well as in English? ____YES ____NO

39. In your opinion, what is the most desirable department for a study guide to be published? _____

STUDY GUIDE QUESTIONNAIRE NUMBER 2

HOSPITAL:_____

NUMBER OF BEDS:_____ DATE: _____

TOTAL SQUARE FEET FOR WHICH HOUSEKEEPING DEPARTMENT IS RESPONSIBLE:_____

POSITION OR NAME OF INDIVIDUAL PREPARING THIS QUESTIONNAIRE:_____

1. Has your hospital implemented a program utilizing the housekeeping study guide?____YES ____NO

2. Subsequent to implementation of the study guide, how many suggested improvements did employees make? _____(Improvements apply to Schedule, Equipment, and/or Method changes). Of these suggestions, how many were used?_____

3. How many significant complaints have you received concerning implementation of the study guide?_____

4. Have any employees resigned as a result of your hospital implementing the housekeeping study guide? _____YES ____NO If yes, what reasons were given?

5. Did you have a housekeeping manual prior to implementing this program? ____YES____NO

6. Have you updated or written a housekeeping manual as a result of your efforts in this program? ____YES ____NO

7. Which section of the housekeeping guide has been of most benefit to you? _____ of least benefit?_____

8. What would improve the section which has been of least benefit to you?

9. Can you assess a financial savings for your hospital to date as a result of the housekeeping study guide? ____YES ____NO
What were total savings for first year? _____

10. How many personnel were authorized in your housekeeping department prior to implementing the study guide? _____

11.a. Has your housekeeping staff been decreased as a result of the implementation of the study guide? ____YES ____NO
b. If yes, by how many? _____

12. Can you identify intangible benefits derived from the study guide through:
Better supervision ____YES ____NO
Better training ____YES ____NO
More follow-up ____YES ____NO
Other(Please Describe) _____

13. Does the work scheduling cause you to believe personnel are being better utilized? ____YES ____NO

14. Has the study guide procedure identified sub-standard employees? ____YES ____NO

15. Do you achieve random selection in your quality control plan by the method described in SMS examples? ____YES ____NO

16. Were task descriptions prepared as suggested in SMS examples? ____YES ____NO

17. Who prepared the task descriptions?_____

18. Does the position work summary satisfy the personnel schedules for your department? ____YES ____NO

19. Did you train inspection personnel in observing and rating techniques as described in SMS examples? ____YES ____NO

20. Did you have a work measurement index prior to implementing the study guide? (E.G. man-hours per bed in cleaning rooms). ____YES ____NO If so, describe.

21. What has been the change in this standard?

22. Was a kick-off meeting with administrator present, used to begin the study? ____YES ____NO

23. How many members of the hospital staff have had formal training in work simplification techniques? _____

24. Did all employees have an opportunity to suggest items of work tasks on the activity list for their particular job? ____YES ____NO

25. Did you have written task descriptions prior to implementing the study guide which defined how each job is to be performed by sequence, method, etc.? ____YES ____NO

26. Do you plan to continue to use the following techniques developed in this study as part of your department improvement program?
Performance Index ____YES ____NO Loading Technique ____YES ____NO
Job Standards ____YES ____NO Utilization Index ____YES ____NO

27. How do you provide recognition for efforts which contribute to increased department performance?
_____ Letters to individuals
_____ Publicity in news media
_____ Monetary awards
_____ Public praise at luncheons, etc.
_____ Other (Please describe)

28. On what basis did you select your study team members?

29. What position in the organization does your study team leader hold?

30. Briefly describe the employee orientation program you used to gain cooperation and participation.

31. In developing the work plan, how many assignments do you prepare and test at one time? _____

32. What additional ideas not contained in the housekeeping study guide have you been prompted to use in the program which you feel would be helpful to others?

APPENDIX C

SMS HOSPITALS

HOSPITAL	ADMINISTRATOR	COORDINATOR	ADDRESS
All Saints Episcopal Hospital	Carl S. Jackson	Carl Mayfield Purchasing Director	1400 E. Enderly Place Fort Worth, Texas 76101
Presbyterian Hospital	Rod M. Bell, FACHA	Bill Haire Admin. Resident	8200 Walnut Hill Lane Dallas, Texas 75231
* Saint Joseph Hospital	Sister Mary James Whelan CCVI	Larry Harris Assistant Admin	1401 S. Main Street Fort Worth, Texas 76104
Children's Medical Center	James Farnsworth, FACHA	Dow R. Olds, Jr. Admin. Assistant	1935 Amelia Street Dallas, Texas 75235
Collin Memorial Hospital	J. P. Huey, FACHA	Jerry P. Smith Assistant Admin.	1800 N. Graves Street McKinney, Texas 75069
Irving Community Hospital	Albert H. Scheidt, FACHA	Rupert E. Cann Assistant Admin.	1901 MacArthur Boulevard Irving, Texas 75060
Memorial Hospital of Garland	John M. Shaw	R. A. McFarland Assistant Admin.	2300 Marie Curie Garland, Texas 75040
Baylor University Med. Center	David Hitt, FACHA Associate Exec. Director	Howell Forman, Jr. Director, Ind. Engin.	3500 Gaston Avenue Dallas, Texas 75246
Wadley Hospital	Arthur L. McElmurry, FACHA	Roger R. Boid Assistant Admin.	1000 Pine Street Texarkana, Texas 75501
Memorial Hospital	Morris H. Parrish, FACHA	Herman Burgess Controller	1204 Mound Street Nacogdoches, Texas 75961
Nan Travis Memorial Hospital	William J. Fowler	O. Kelton Purifoy Purchasing Agent	501 South Ragsdale Jacksonville, Texas 75766
Southwest Texas Methodist Hosp.	Bruce Sorenson	Gib DuTerroil	S. Texas Medical Center Louis Pasteur & Mayo Dr. San Antonio, Texas 78229

HOSPITAL	ADMINISTRATOR	COORDINATOR	ADDRESS
Montgomery County Hospital	Lou Palczer	Jack M. Harrell Assistant Admin.	301 South First Street Conroe, Texas 77301
Memorial Baptist Hospital	W. Wilson Turner, FACHA Executive Director	W. K. Blankenship Management Engineer	1100 Louisiana Houston, Texas 77002
* Methodist Hospital	Ted Bowen, FACHA	Julia Kriegel Assistant Dir. Nursing	Texas Medical Center 6516 Bertner Avenue Houston, Texas 77025
Hermann Hospital	Dan G. Kadrovach, FACHA	Stanley Lowrey Assistant Director	Texas Medical Center 1203 Ross Sterling Houston, Texas 77025
Riverside General Hospital	James A. Robinson	Mrs. E. Phillips Assistant Admin.	2900 Elgin Avenue Houston, Texas 77004
Community Hospital of Brazosport	Bill C. Smith	Wayne Coon Purchasing Agent	33 Hospital Road Freeport, Texas 77541
Pasadena Memorial Hospital	W. Amos Pool	Kenneth Burkhalter Purchasing Agent	4040 Red Bluff Road Pasadena, Texas 77502
San Jacinto Methodist Hospital	Dan Brown, FACHA	Lan Ericson Admin. Assistant	1101 Decker Drive Baytown, Texas 77520
Lutheran General Hospital	Henry J. Rockstroh	Billy Carter Controller	701 South Zarzamora San Antonio, Texas 78206
New Braunfels Hospital, Inc.	Jack M. Northcutt, R.N.	Mrs. Doreen Rust Office Supervisor	162 East Austin Street New Braunfels, Texas 78130

* Not included in second questionnaire

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BIOGRAPHICAL SKETCH

Major Edson B. Blodgett [redacted]. After graduating from the University of Maine with a Bachelor Degree in Education, he entered the military service in 1956. Upon completion of the Army Medical Service Officers Orientation Course, he was assigned to an evacuation hospital at Fort Devens, Massachusetts, where he served for two years.

Major Blodgett returned to civilian status in 1958 and taught high school mathematics and science in Madison, Connecticut. In 1959, he returned to active duty as an advisor to the U. S. Army Reserve in New Haven, Connecticut. He was reassigned in 1963 to Alaska where he was the operations officer, Office of the Chief Surgeon, U. S. Army, Alaska.

While in Alaska, Major Blodgett completed the Army Medical Service Officers Advanced Course by correspondence. Upon his return to CONUS in 1966, he became the Army Medical Service instructor at the U. S. Army Signal Center and School, Fort Monmouth, New Jersey. At the conclusion of that tour, he attended the Baylor-U. S. Army Program in Health Care Administration.

He is currently fulfilling the administrative residency requirement at the U. S. Army Hospital, Fort Devens, Massachusetts.

[redacted]