

A STUDY OF THE LINEN CONTROL SYSTEM
AT THE BAYLOR UNIVERSITY MEDICAL CENTER,
DALLAS, TEXAS

APPROVED BY

U.S. ARMY:

[Signature]
Director of the Program

A Problem Solving Thesis

APPROVED BY THE

Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Hospital Administration

[Signature]
[Signature]

APPROVAL BY THE GRADUATE COUNCIL:

By

[Signature]
Graduate School

Captain Charles F. Bombard, ANC


DATE:

Waco, Texas

August 1974

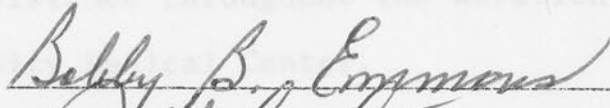
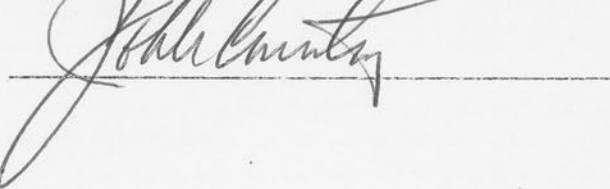
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APPROVED BY THE ACADEMY OF HEALTH SCIENCES, U.S. ARMY:


Director of the Program

APPROVED BY THE THESIS COMMITTEE:


Chairman

APPROVAL BY THE GRADUATE COUNCIL:


Dean of the Graduate School

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ABSTRACT

A STUDY OF THE LINEN CONTROL SYSTEM AT
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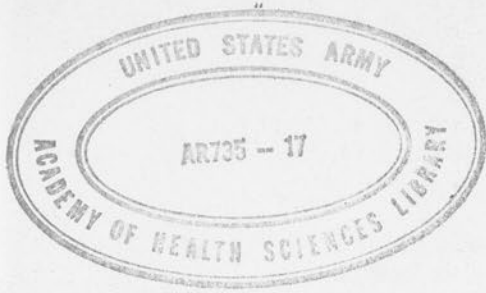
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This study was designed to analyze and evaluate the linen control system at the Baylor University Medical Center, Dallas, Texas. The research methodology included interviews, both structured and unstructured, observation of all elements of the laundry operation, and an extensive review of the literature.

The study revealed an inefficient organizational structure in the laundry and linen service, absence of an annual linen inventory, outdated linen quotas, significant lapses in linen security, and absence of a linen committee.

The major recommendations included the reorganization of the laundry and linen service, the establishment of linen quotas for each using unit, the performance of an annual linen inventory, and the establishment of a linen committee.



ACKNOWLEDGEMENTS

The author wishes to express his sincere thanks and appreciation to the entire staff of Baylor University Medical Center for their friendly, courteous, and cooperative attitude during this study.

Special acknowledgement is expressed to Mr. L. Gerald Bryant, Associate Director; Mr. Claude Jones, Director of Property Service; Mr. Bob Stevenson, Associate Director of Property Service; Mr. Stanley Vance, Manager of the Laundry; and Mrs. Pam Strobel, Office of the Associate Director, for their kind and invaluable assistance throughout the duration of research at Baylor University Medical Center.

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Technological advances in laundry equipment and the linen industry have resulted in more efficient operation and better fabrics. In addition, laundry management personnel have received considerable information and direction from the American Laundry Institute and the American Hospital Association. In spite of these technological advances and educational services, the laundry continues to be a problem area for hospital administrators.

CHAPTER I

INTRODUCTION

Underlying much of the controversy dealing with major health care issues is the element of hospital and medical costs and their continual rise. Current statistics show price increases in all areas, particularly in supplies, equipment, construction, and personnel. To provide quality patient care at minimum cost represents a serious challenge to the hospital's management.

The cost of health care must encompass all aspects of the delivery system. One of the largest items of hospital expense originates in the hospital laundry which may have inventories up to \$200,000 with annual replacement costs of \$50,000.

Technological advances in laundry equipment and the linen industry have resulted in more efficient operation and better fabrics. In addition, laundry management personnel have received considerable information and direction from the American Laundry Institute and the American Hospital Association. In spite of these technological advances and educational services, the laundry continues to be a problem area for hospital administrators.¹

Importance of Linen Control

It is an established fact that the paramount institutional laundry problem is controlling the use, abuse, theft, and inventory of linens in circulation.² Unless an institution has a good linen control program, it is unable to provide efficient laundry and linen service. The control of this service in hospitals has a direct effect on patient care, employee morale, and economic operation.³

The hospital laundry is responsible for providing an adequate, safe, and continuous supply of linen when and where it is needed. To accomplish this difficult task, the linen manager must consider the needs of most of the other services in the hospital. The members of these services may have widely different ideas on the operation of a linen service. For example, the nursing staff is primarily interested in having linen on hand when it is needed for patient care and the administrative staff is primarily interested in minimizing the cost of the linen operation.⁴

While most patients accept the professional services of their physicians and nurses without criticism, they often judge the hospital by the personal care they receive while confined to the hospital bed. Criticism of the linen service by both patients and personnel is one of the most frequently heard complaints in hospitals.⁵

A hospital cannot be effective without a dependable supply of clean linen. The implementation of workable control procedures assures that adequate clean linen will be available for patient care and the cost of the laundry and linen operation will remain within the limits set by the administration.

Hospital Setting and History

Baylor Conditions Prompting the Study

Laundry and linen management at the Baylor University Medical Center (BUMC) has been lax for a number of years. A revitalized interest in the laundry and linen service developed as a result of new top management, namely the associate director responsible for the Property Services Department (organizational relationship shown in Appendix A). This interest stemmed from the disconcerting reports that linens were overstocked on some wards while scarce on others. Resultantly, there were occasions in which the supply of clean linen available was inadequate to meet the needs of the patients. In other instances wards have been overstocked with clean linen and the unused items had to be returned to the laundry.

In preliminary discussions and interviews with the associate director, the director of the Property Service Department, and the laundry manager, it became apparent that the laundry and linen operation at the Medical Center had

been functioning below par. The most obvious and serious shortcomings were the lack of current linen quotas, the absence of a linen committee, the lack of an annual linen inventory, and significant lapses in linen security. It was from this preliminary information that the study was initiated.

Hospital Setting and History

Baylor University Medical Center in Dallas, Texas, is a nonprofit, voluntary, church affiliated, short-term, general hospital which was founded in 1903. Its present bed capacity is 1,125 with shells for 175 more available at the Collins Hospital. It currently ranks seventeenth in number of beds among voluntary, general hospitals in the United States, tenth in number of annual admissions (36,199), and fifth in number of births (4,372).

Presently, the Center occupies an area of about seven city blocks in the northeastern section of Dallas and is comprised of five interlinked hospitals: Veal, Truett, Hoblitzelle, Jonsson, and Collins. On the same grounds there is a medical library, a center for continuing education, the Baylor Dental School, and a two-tower medical office building which is currently under construction. Adjacent to the main medical complex is the BUMC-owned Wadley Research Institute and Blood Bank. A schematic diagram of the Medical Center is included as Appendix B.

The original hospital of the Medical Center, the five story Veal Hospital, has been converted into administrative offices, outpatient clinics, and specialty clinics. The Truett Hospital, which in 1950 was the first major addition to the Medical Center, has seven floors and is the largest of the hospitals with 450 beds. The Hoblitzelle Hospital, formerly known as the Women and Children's Hospital, was opened in 1959. It also has seven floors, but only 250 beds. It remains primarily a maternity, gynecological, and pediatric hospital. The Jonsson Hospital opened its doors in 1970. It has 200 beds distributed throughout its seven floors. The Collins Hospital is the newest addition to the Medical Center. This seven story facility has a capacity of 300 beds, of which 250 are for patients needing specialized rehabilitation. Fifty beds are provided for acute psychiatric care. There are only 100 operational beds in the Collins Hospital, 50 for rehabilitation and 50 for psychiatry. There are another 50 rehabilitation beds available, but they are not operational because of the lack of staffing. A 150 bed potential remains in shell form at the Collins.

Construction at the Medical Center is currently underway to complete the Baylor Medical Plaza, a two-tower structure to house 200 doctors' offices, a hotel facility, and clinics. The first tower is scheduled for completion in December of 1973.

Another construction project just begun is the Tumor Institute which eventually will be a seven story structure devoted to diagnosis and research.

Statement of the Problem

The problem is to complete a study of the linen control system at the Baylor University Medical Center, Dallas, Texas.

Objectives of the Study

The objectives of the study are:

1. To analyze the current organization and management policies for linen control at BUMC.
2. To conduct an objective study and evaluation of the existing linen control system.
3. To recommend procedures which, if implemented in this specific hospital setting, will result in more effective methods of linen control.
4. To consider any other factors which might improve the present system of linen control.

Criteria

Any proposed solutions to this problem should meet the following criteria:

1. An adequate supply of clean linen should be available when and where it is needed.
2. Management must be provided with information on linen inventory and replacement costs.

Limitations

The limitations of this study are:

1. No major expenditures for equipment, construction, or personnel will be possible.
2. The hospital will continue to use the cart system for the distribution of linen.
3. The present six-day work week in the laundry will not be extended.
4. The study's recommendations shall remain within the parameters established by the BUMC Departmental Operational Policies for Laundry Services as described in Appendix C.

Assumptions

The assumptions of this study are:

1. That the hospital's operating level will not surpass 1300 Beds for the next few years.
2. That effective linen control measures can be implemented with minimal expenditure of materiel, personnel, and financial resources.
3. That the philosophy of the administration will remain essentially the same.

Definitions

The terms used in this study are defined as follows:

The term Center will be used as an abbreviated reference to Baylor University Medical Center.

Linen refers to those textile items used for the care and comfort of the patient. This includes bed linen, towels, washcloths, hospital gowns, scrub-suits, and diapers. It does not include blankets, personal clothing, or uniforms.

Linen control includes those methods and procedures directed toward organization of personnel, establishment of linen levels for using units, marking of linen items, distribution of clean linen, disposal of soiled linen, inventory of linen stocks, and ensuring a sufficient amount of linen is available when and where it is needed for patient care.

Linen distribution is that process used to transfer linen from the laundry to the using units.

A cart system is one method of linen distribution in which a cart is used to transport and store linen on using units. Two carts are generally used, one being on the unit while the other is being filled with clean linen.

Linen issue systems are methods of determining the requirement for linen that must be available for patient care. Under the requisition system each unit submits its linen needs on a preprinted form and the laundry subsequently delivers that amount. Under the quota system a predetermined amount of linen is delivered to the using unit daily.

Linen closets are storage areas on individual using units.

A linen inventory refers to a procedure whereby all linen is periodically counted.

The linen cycle is the complete flow of linen from the laundry, to the using units, to disposal and collection for laundering, to the laundry for processing, and back to the using units.

Linen marking refers to that process of applying the hospital's name or other identifying mark to linen items.

Factors Bearing on the Problem

Factors having a bearing on the problem are as follows:

1. As the Center has expanded over the past three decades and grown from an institution of 250 beds to its present 1,125 bed operating level, it has failed to expand the laundry facility to accommodate the increased workload. As a result the laundry operates in 46 per cent of the space it should normally utilize.

2. The laundry delivers clean linen and collects soiled linen from all using areas throughout the Center to include the Operating Room, Obstetrical Service, Nursery, Physical Medicine and Rehabilitation, Outpatient Clinics, plus all the nursing units. Different linen issue systems are used for these services, some using the quota system, others the requisition system.

Research Methodology

The initial task in the project was a review of the current literature to gain an appreciation and understanding of the problem throughout the hospital industry and to formulate a basis from which to conduct further study. Following this, a two-week visit to the Center was made to identify the specific problem, observe the current methods of operation, and conduct intensive on-site research.

Several methods of gathering data were utilized throughout the two-week visit to the Center. These included interviews, both structured and unstructured, observation of all elements of the laundry operation, and collection of all pertinent linen records from a variety of sources.

Unstructured interviews were conducted with the associate director responsible for the Property Services Department (organizational relationship shown in Appendix A), the director and assistant director of the Property Services Department, and the laundry manager (organizational relationships shown in Appendix D). Structured interviews were conducted with unit managers, nurses, and non-professional personnel. In addition, the director of Accounting Services and the administrative assistant were interviewed regarding the financial and statistical figures for the laundry and linen service. Questions asked during the structured interviews were directed at utilization of linen, type of linen

issue system used, any problems or complaints with the linen service, and suggestions for improvement.

Observation proved to be a major research tool in evaluating the present system. Considerable time was spent following linen as it advanced through the linen cycle. Every aspect of linen service from the laundry to the using units and back to the laundry was closely observed. Additional observation was conducted on the using units with regard to their specific linen control and distribution procedures.

Records from the laundry, accounting department, and Hospital Administrative Services Reports were reviewed and evaluated. Data pertinent to the distribution, purchase, and statistical comparison of linen were collected to determine the effectiveness of the present linen control system.

Review of the Literature

There is an abundance of information pertaining to linen control methods in the current literature. Most of the articles reviewed dealt with the practical aspects of linen control at specific hospitals, although some were concerned primarily with theoretical concepts that could be applied in modified form to any linen system. Both the theoretical and practical viewpoints proved invaluable sources for the researcher. Periodicals reviewed included Institutional Laundry and Linen, Hospitals, The Modern Hospital, The Executive Housekeeper, and the American Laundry Digest. Other sources

included hospital administration texts and monographs of the U.S. Public Health Service. The purpose here is to present a synoptic version of the main ideas put forth in the literature concerning linen control.

The term linen control has almost as many definitions as there are authors writing on the subject. Sudhalter offers a three part definition describing linen control as a method, or set of methods, which first, provides the hospital with adequate clean linen for patient care when and where needed with a minimum of paperwork and handling by distributors; second, provides a system of accountability for hospital linens which consist of easily and inexpensively maintained records beginning with the purchase of linen and ending with its removal from the system; and third, provides the hospital's administration with linen usage, establishing and maintaining standards, and budgeting for linen replacement.⁶ Another definition is presented by Hagen who describes linen control as the process of purchasing, stocking, laundering, distributing, and accounting for the linen used.⁷

A composite of definitions in the literature reveals three objectives of a linen control system: (1) to provide a timely supply of linen for patient care; (2) to operate the laundry and linen department with sufficient stocks and an optimal labor force; and (3) to limit excessive use and loss of linen.⁸

To be effective, any good linen control system should include proper identification of linen to deter thievery and misuse of linen; a single individual should be vested with the authority and responsibility to maintain control; a periodic inventory to determine use, abuse, and replacement of linen; and finally, a perpetual inventory system to observe the changes in linen stocks over a period of time.⁹

It is generally agreed that the responsibility for linen control should rest with a single individual, the laundry manager. His department should also be responsible for all elements of the linen control system.¹⁰ A linen committee can be of great assistance in setting up and maintaining a linen control program. Most authors feel it is an indispensable part of any linen control system.¹¹ This linen committee is comprised of members of those departments which are directly involved in any part of the linen process. The members will vary from hospital to hospital, but will usually include representatives from using units, housekeeping, purchasing, administration, and the laundry (represented by the laundry manager). It is the function of this committee to study carefully and review the hospital's laundry and linen service and establish written policies and procedures pertaining to the use and handling of linens to be carried out by the laundry manager.¹²

Inventories are an essential part of linen control. The frequency of an inventory will vary for each hospital; however, the more frequent the inventory, the better the control.¹³ Cullen states that an accurate inventory is an important measuring tool by which the effectiveness of linen control is evaluated.¹⁴ A perpetual linen inventory, together with periodic physical inventories, furnishes the laundry manager with accurate records by which to replenish his stock and, if needed, to take corrective action if too much linen has "disappeared." Linen replacement is a significant item on the hospital's budget, given an average annual replacement cost of 20 to 25 per cent of the total linen inventory.¹⁵

As soon as the linen leaves the laundry, it is beyond the control of the laundry manager. Pilferage is of extreme importance because it has risen to an alarming level. Large percentages of replacement costs are due to theft; thus, marking linen to identify the hospital can be a deterrent.¹⁶ Hospital identification should be large enough to be easily seen. "Center of the piece" woven identification is expensive but cannot be removed. When marking the linen for identification, hospitals may add the date to new linen so that the "linen-life" can be determined.¹⁷

There is as much disagreement as to the number of complete sets of linen a hospital should have on hand, as

there is agreement that periodic inventories should be a part of the linen control system. The U.S. Public Health Service feels that six sets should be in the inventory based on 100 per cent occupancy and a 40-hour work week in the laundry. This allotment is shown in the following manner:

- a) 1 set on patient's bed
- b) 1 set enroute to laundry
- c) 1 set in process at laundry
- d) 1 set ready for use
- e) 2 sets in active storage for weekend use for emergencies.¹⁸

MacEachern suggests, as does McGibony, that normal circulation requires four sets of linen be in the inventory.¹⁹

Mathieu feels that the minimum linen inventory is five sets.²⁰

Many linen issue systems exist and are described extensively in the literature. The most widely used systems are the requisition system, the quota system, and the exchange cart system. The newest and rapidly becoming the most popular is the cart system. The drawbacks to this system are that the carts have limited storage space and they take up space both on the using units and in the laundry.²¹ There is no particular system which can be classified as best for all hospitals. Each hospital has its own idiosyncrasies which must be overcome by modifications in issue systems or the use of combinations of the systems. For example, the cart system is many times used in conjunction with the quota system.

One chronic problem that laundries seem to have is the lack of interest and support from management.²² Unless the administration upholds the policies and procedures established by the linen committee and the laundry manager and assists in communicating this knowledge to the hospital staff, the linen control program will be ineffective and, in essence, will have "no teeth."

Proper handling of linen is an aspect of linen control that should not be overlooked. Summers suggests that the most efficient way to transport linen is not to handle it. Every effort must be made to make use of conveyors, slings, chutes, and bags, all of which reduce or eliminate handling.²³ Linen contamination and cross infection problems can result from poor linen handling practices. Soiled linen in patient areas and utility rooms should be removed as soon as possible to reduce the possibility of contamination and also to eliminate unpleasant odors associated with soiled linen.²⁴

The hoarding of linen is another source of trouble for the laundry manager. Most authors agree that the reason for linen hoarding is the staff's lack of confidence in the linen issue system.²⁵ The solution is simply to have enough linen available at all times and to educate the staff regarding this fact.²⁶

Lack of an effective linen control affects patient care, employee morale, and economic operation.²⁷ The major elements relevant to linen control systems have been discussed in this literature review.

Footnotes

¹E.T. Cullen, "Color-Code Plan for Linen Control," Hospitals, XXIV (August, 1955), 106.

²Ibid.

³Paul Schweid, "These Technics Will Minimize Linen Losses," Modern Hospital, CIII (July, 1964), 138.

⁴U.S. Department of Health, Education, and Welfare, Public Health Service, The Hospital Laundry, PHSP 930-D-24 (Washington, D.C.: Government Printing Office), p. 1.

⁵John R. McGibony, Principles of Hospital Administration (New York: G.P. Putnam's Sons, 1952), p. 333.

⁶Leonard Sudhalter, "How to Keep Linen Control in Line," Modern Hospital, XCVI (May, 1961), 132.

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¹⁰Richard Menzel, "Trouble Spots in Production," Hospitals, XLV (April, 1971), 114.

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24Donn E. Cook, "Prevent Linen Hoarding," The
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25Ibid.

26Sister Stephen Weisbeck, "Linen Control Distribu-
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p. 3.

CHAPTER II

DISCUSSION

Before analyzing the linen control system at the Center, a frame of reference will be established. This will be accomplished by describing the laundry and linen rooms at the Center, following with a detailed description of the linen cycle.

The Laundry and Linen Rooms

The laundry and linen rooms are both located in the same area in the basement of the Truett Hospital. The area is approximately half of what is needed for the amount of production which occurs here.¹ Appendix F provides a schematic diagram of the laundry and linen area.

There are forty-nine employees in the laundry department, excluding the laundry manager and his assistant who are assigned to the Property Services Department. Classifications of laundry employees include: one supervisor, an assistant supervisor, a janitor, two sewing room attendants, and forty-four laundry workers.

The laundry operates for six days of the week and is closed on Sunday. The employees work on a standard forty-hour, five day week. In spite of being a traditionally

difficult area in which to work, the laundry has one of the lowest personnel turnovers in the entire hospital.

In 1972 the laundry processed 6,552,144 pounds of linen.² Hospital Administrative Services Reports show that the Center's laundry expense per 100 pounds of linen is among the lowest in the state and nation. It costs the Center \$4.25 to process 100 pounds of linen, while other hospitals across the state report costs of \$6.43. The average of those hospitals reporting across the nation is \$7.41.³ The Center is also among the leaders in laundry pounds per man hour and pounds per patient day. These figures are shown in Table 1.

TABLE 1
COMPARISON OF LAUNDRY STATISTICS

	Baylor	State	National
Laundry expense per 100 lbs.	\$4.25	\$6.43	\$7.41
Laundry lbs. per man hour	70.26	42.71	44.76
Pounds per patient day	21.49	17.77	15.70*

*American Hospital Association, Hospital Administrative Services Reports, Baylor University Medical Center, December, 1972.

As shown by the statistics in Table 1, the Center's laundry is an extremely productive one. The person responsible for this productivity is the Laundry Manager. Taking into consideration the amount of work being done, the difficult working conditions in the laundry, and the low personnel

turnover, it is evident that the laundry manager is a very capable individual.

The Linen Cycle

The Center uses several types of linen issue systems. Basically, the cart system is employed. The carts at the Center have a large capacity and can hold as much as 250 sheets, 150 towels and washcloths, 100 pillowcases, and miscellaneous items such as patient gowns, mattress pads, and pillows. The cart is filled with linen from a quota established by the using unit. The system is used in the Truett, Hoblitzelle, Jonsson, and Collins Hospitals. The Veal Hospital which contains, among other services, the cardiac laboratory, the nuclear medicine service, and the employees' clinic, orders its linen by means of the requisition system. Daily linen is not needed in the Veal Hospital; subsequently linen is delivered only when a requisition is received. An example of a linen requisition is provided in Appendix G.

Two laundry employees are assigned strictly to distribute the clean linen throughout the Center and pick up the empty carts from each unit. Areas that have established priorities are delivered to first. Examples would be the intensive care units and most floors of the busy Truett Hospital. Twenty-two carts of fresh linen are delivered each morning in the following manner: six carts to the Truett and

Jonsson Hospitals, seven carts to the Hoblitzelle Hospital, and three carts to the Collins Hospital. All floors in the Truett Hospital receive at least two full-cart linen deliveries daily. Most of the nursing units throughout all the hospitals, except the Veal, will request a "short-order" when the afternoon personnel begin the evening tour of duty. If personnel run short of linen during the late afternoon, the linen room remains open until five o'clock for "sign-out" issues. There is a member of the housekeeping staff on duty to supervise members of that department and his desk is within the laundry area. Personnel requesting linen obtain it and sign out for it in a book maintained by the laundry. After five o'clock linen can be obtained by securing the key to the laundry from the evening or night nursing supervisor or the security officer.

Linen is delivered to the nursing units seven days a week although the laundry is operational for only six. Two members of the laundry and linen room staff make linen deliveries on the seventh day (Sunday). The lack of laundry operation on Sunday subsequently results in an increased workload on Monday.

The actual cycle of linen starts on the using units when linen becomes soiled through the daily treatment and nursing care given to patients. A flow chart depicting the linen cycle is presented in Figure 1.

Fig. 1. --Flow diagram of linen cycle

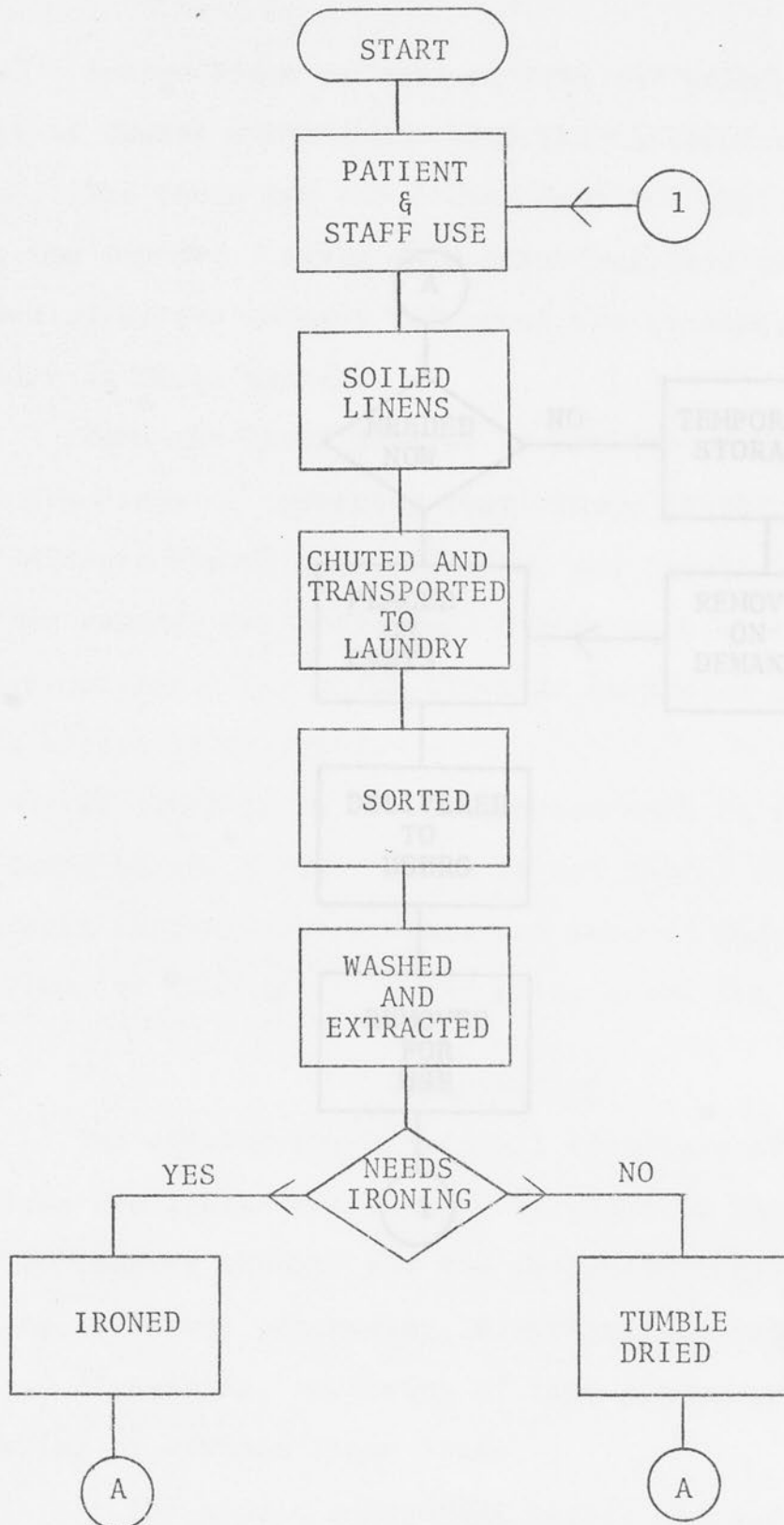


Fig. 1.--Continued

Fig. 1.--Flow diagram of linen cycle

Soiled linen is removed from the using units by means of chutes which empty into the basement of each hospital. The chute for the Trust Hospital empties directly into the laundry. Linen from other hospital chutes must be picked up by the laundry and transported to the laundry in large baskets.

When the linen is brought to the laundry, it is sorted into groupings of operating room linen, hospital linen, contaminated linen, and patient linen. It is then washed, extracted, and either ironed or pressed as appropriate. The linen is inspected for tears and holes before it is dried.

If linen is not needed back to the units, it is placed on the cart. If it is not needed right away, it is placed in temporary storage and removed when needed. The linen is then taken to the using areas for patient care.

The current organizational structure of the Property Services Department and Laundry is shown in Appendices D and E. The laundry manager has the responsibility for linen sorting, washing, processing, distributing, uniform processing and dispensing, repairing of torn linen, and the manufacturing of certain linen items.

At the middle management level, the individual having responsibility for the laundry is the director of the

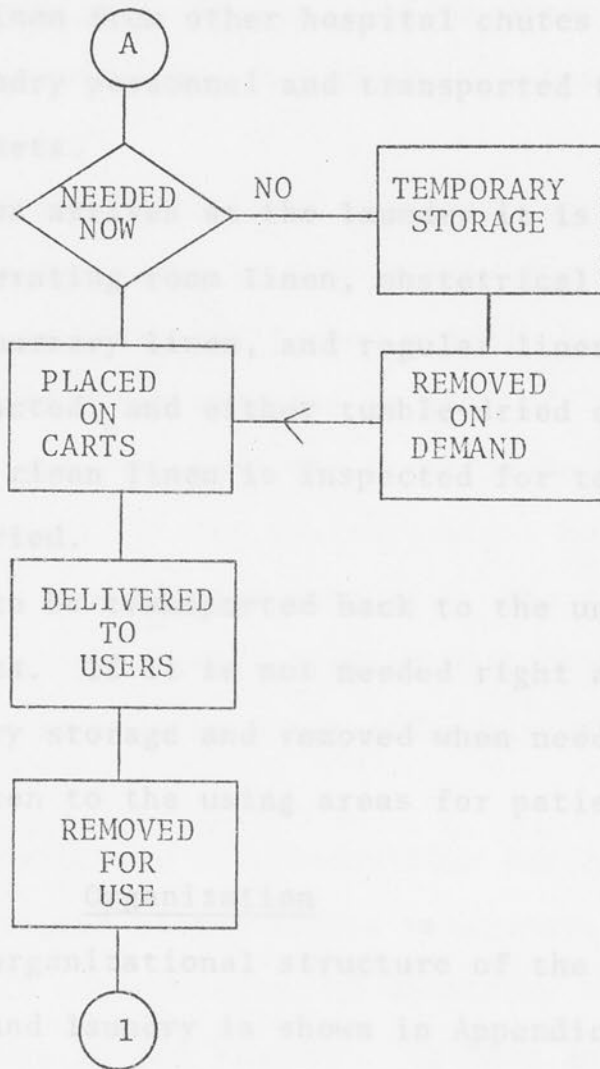


Fig. 1.--Continued

Soiled linen is removed from the using units by means of chutes which empty into the basement of each hospital. The chute for the Truett Hospital empties directly into the laundry. Linen from other hospital chutes must be picked up by the laundry personnel and transported to the laundry in large baskets.

When the linen arrives at the laundry it is sorted into groupings of operating room linen, obstetrical linen, contaminated linen, nursery linen, and regular linen. It is then washed, extracted, and either tumble-dried or ironed as appropriate. The clean linen is inspected for tears and holes before it is dried.

If linen is to be transported back to the units, it is placed on the carts. If it is not needed right away, it is placed in temporary storage and removed when needed. The linen is then taken to the using areas for patient care.

Organization

The current organizational structure of the Property Services Department and laundry is shown in Appendices D and E. The laundry manager has the responsibility for linen sorting, washing, processing, distributing, uniform processing and dispensing, repairing of torn linen, and the manufacturing of certain linen items.

At the middle management level, the individual having responsibility for the laundry is the director of the

Property Services Department. This person also has responsibility for housekeeping services for the Center and various residence halls and inservice education for Property Services employees. There is an assistant director of the Property Services Department who is concerned primarily with the housekeeping services.

The office of the director of Property Services has two secretaries. One secretary is responsible for compiling the linen statistics on both a daily and monthly basis. Records of laundry production are kept in this office.

The director and assistant director of the Property Services Department spend, at the maximum, eight hours per month on laundry and linen related matters.⁴ The director feels that there is no appreciable problem with the laundry and linen service and attributes minor difficulties to the size of the Center.

The laundry manager's recommendations for improvement are frequently halted at the middle management level. The laundry manager is not consulted on machinery that is being purchased for use in the laundry. To have access to linen records, the laundry manager must go to the director's office. This situation has resulted in the laundry manager having responsibility for the numerous functions occurring in the laundry, but no voice in improvements or recommendations. One of the factors impinging on this problem is the

retirement of the director of Property Services within eighteen months. Since this director does not acknowledge the existence of any major difficulties in laundry management, it appears that no changes will be made as long as he holds this position.

Linen Inventory

There has been no linen inventory at the Center for twenty years. No one associated with the laundry has any idea how much linen, both dollar wise and piece wise, is in the system. The director of the Property Services Department and the laundry manager feel that the center is too large to conduct a linen inventory and that such an inventory would take up too much time and personnel.

Replacement costs of linen items are not determined as there is no separate account for these items. The linen is ordered along with other housekeeping supplies so there is no way to separate the two accounts except to go back to the original supply invoices and extract the linen expenses. This would be a time consuming task.

New linen is ordered by the purchasing agent and put in storage until it is required. The purchasing agent keeps a "level card" on each item of linen that is ordered. When the respective linen item falls below this amount, a purchase order is placed. There are certain items, such as washcloths, that are ordered on a weekly basis and are put into

the circulating linen as soon as they are delivered. The laundry manager is responsible for ordering blankets, pillows, and bedspreads.

Determination of Linen Quotas

Linen quotas for the nursing units have been determined in a very haphazard manner. Two laundry employees are responsible for stocking the carts with linen for delivery to the units. There is no written quota established by which the carts are stocked. The same two laundry employees fill the carts every day and determine from memory what each particular unit requires. Changes in the amount of linen on each cart occur only when the using units request more of a specific linen item.

The unit manager is responsible for the linen ordering on the using units. It is also within his realm of responsibility to establish linen quotas for his unit. For the most part, this has not been done. Whenever more linen is needed, a telephonic request is made to the laundry and more linen is put on that unit's cart.

Each using unit of the Truett Hospital receives two cart deliveries a day plus a "short-order" in the afternoon. Other hospitals of the Center, excluding Veal Hospital, receive one full cart plus the afternoon "short-order." It was attempted by the laundry personnel to put more linen on

the carts to alleviate the "short-order." This attempt was without success as requests for the "short-order" continued. This led the laundry manager to conclude that no matter how much extra linen is put on the carts, the "short-order" would be requested.

In general, there has not been an accurate quota determined for the using units at the Center. The present system appears to have encouraged wasteful misutilization of linen.

Linen Security

Linen security is virtually non-existent at the Center. Most of the carts are in alcoves, as opposed to rooms, and linen is easily accessible to staff, patients, and visitors. Linen on carts within a linen room is still subject to theft as this door remains unlocked most of the time.

During the evening tour of duty when the laundry is not operational, the linen room remains open until five o'clock. The reason behind this is the evening housekeeping supervisor's desk is within the laundry area. If personnel need linen they must retrieve it from the clean linen area and sign out for it. There have been frequent instances when it was found that the housekeeping supervisor was out of the area and the linen room remained open.

The housekeeping supervisor leaves at five o'clock and the laundry is locked. If staff personnel require linen

during the remainder of the evening or night tour of duty, a master key is available at the information desk or the security office. If the key is obtained from the information desk, it must be signed out by the nursing supervisor of the particular hospital requesting linen. Staff may also go to the security office and one of the security officers will open the laundry door and relock it after the linen has been signed out.

It appears that the main problem exists on the evening tour of duty. While the author was doing research in the laundry area it was reported that approximately 650 pillowcases had been taken from the linen room the night before without being signed for.

The hospital security officers are familiar with the working hours of the laundry and perform routine surveillance of the laundry area. In addition, there are security guards on duty in the parking areas of the Center.

Marking of Linen

Inspection of linen articles used at the Center revealed an excellent system of marking. The linen purchased from suppliers already has the Center's identification woven in permanently. There is no linen marking done by the seamstresses at the Center.

Blue linen is identified for use by the obstetrical service, green linen for the operating room. There are

several sets of colored linen in use for the special suites. These linens are not marked except for the fact that they are pastel green or yellow. These special sheets are subject to thievery since they are both attractive and expensive.

The Center does not date any of the linen before it is put into circulation. As a result of not dating linen there is no way to determine linen-life.

Linen Committee

At present there is no linen committee at the Center. Members of the staff that were interviewed could not recall the existence of one. Since a linen committee is recommended by the majority of sources as an important factor in maintaining a linen control program, it would appear that management's interest in laundry function at the Center is somewhat lacking.

Repair and Downgrading

Torn and worn out items are removed from the laundry processing line before they are ironed and are sent to the sewing room. Here the seamstress determines whether or not the item is to be repaired or made into a rag. No record is kept of those items taken out of the inventory and made into rags.

Rags are kept in the laundry area and are not distributed unless requested by the units. Many units are unaware that rags exist for their use and continue to use towels and

washcloths to clean up soiled areas. Rags are not dyed at the Center. They remain their original color.

Linen Contamination.

Observation of the linen handling methods indicate that the Center's laundry takes most of the necessary precautions to prevent clean linen contamination and cross contamination from soiled linen. Soiled linen is transported from linen chute recepticals to the laundry in baskets covered with a blanket. This keeps linen from falling out of the rolling basket and spreading bacteria throughout the basement of the hospital.

Contaminated linen from the isolation area is bagged in special red-colored bags. When it arrives at the laundry it is put into the washer with a special solution before it is ever opened. After one wash cycle it is opened and the linen and bag go through the wash cycle again.

Airborne contamination can easily occur when the cart system is improperly utilized. At the Center, linen is transported in open carts from the laundry to the using units. In the Jonsson and Hoblitzelle Hospitals the carts are placed in alcoves. The linen in these carts is protected by plastic flaps that can be zipped to cover and close the carts. However, each time these carts were observed, both on the units and en route from the laundry, the cover was not in use. The carts in Truett and Collins Hospitals are kept

within linen rooms which offers much better protection. Yet, linen is still exposed while being transported to these hospitals.

Footnotes

¹Stanley Vance and Claude Jones, private interviews held at Baylor University Medical Center, Dallas, Texas, February 27, 1973.

²Baylor University Medical Center Statistical Report, Dallas, Texas, December 31, 1972.

³American Hospital Association, Hospital Administrative Services Report, Baylor University Medical Center, December, 1972.

⁴Claude Jones, private interview held at Baylor University Medical Center, Dallas, Texas, February 27, 1973.

It is recommended that, since the director of Property Services spends not more than eight hours per month on items related to the laundry and linen area, the laundry manager be given the title of director, department of laundry and linen services and have full control of the personnel and equipment in his area. He would report directly to the associate director having responsibility for this service. The proposed organizational change is shown in Appendix H.

This change would eliminate the almost non-functional middle management element and allow the director, department of laundry and linen services, to make changes and improvements

CHAPTER III

PROPOSED MODIFICATIONS

Organization

It is generally agreed that one individual should be given the responsibility and authority for the laundry and linen operation. In most hospitals where a laundry is part of the hospital organization, this authority is vested in the laundry manager who provides the most efficient and satisfactory control.¹ Mathieu recommends that the laundry manager have full responsibility for the total concept of the laundry and linen service.²

It is recommended that, since the director of Property Services spends not more than eight hours per month on items related to the laundry and linen area, the laundry manager be given the title of director, department of laundry and linen services and have full control of the personnel and equipment in his area. He would report directly to the associate director having responsibility for this service. The proposed organizational change is shown in Appendix H.

This change would eliminate the almost non-functional middle management element and allow the director, department of laundry and linen services, to make changes and improvements

in the system without having to submit his recommendations to middle management for approval. The incentive created by awarding full responsibility could result in new and innovative approaches to laundry efficiency which would be both productive and cost-saving.

All records pertaining to the laundry and linen service, presently located in the Property Services Department office, would be more appropriately relocated in the office of the director, department of laundry and linen services. It is essential that records be located where they will be utilized and where convenient. To perform record-keeping duties and statistics compilation, one of the secretaries from the Property Services Department should be shared by the department of laundry and linen.

Linens Inventory

(An almost unanimous consensus of opinion is that periodic physical linen inventories are essential to the success of a linen control program.³ Lynch cites four significant reasons for linen inventories: (1) to determine how much linen is being lost; (2) to make personnel in other departments aware of the fact that linen is important; (3) to obtain all hoarded linen and place it back in circulation again; and (4) to make public the results of linen loss as determined by the inventory.⁴ Handshu adds two more reasons

for the necessity of a linen inventory: first, to determine whether the available supply of linen is adequate to meet current needs and, secondly, to ensure that scheduled replacements are sufficient to cover the rate of depletion.⁵

Mathieu recommends that a linen inventory be conducted at least annually. If the inventory is to be successful, the institution's management must be 100 per cent behind the procedure.⁶ There is general concurrence with the latter statement throughout the literature.

This study recommends that the Center conduct an annual physical linen inventory and establish a perpetual linen inventory record. During the period between the annual inventories, monthly or quarterly estimates should be made of losses due to theft or misutilization. The current linen quota for each unit should be of assistance in arriving at this estimate. The estimate should then be added to the recorded linen discards for the period involved and the total used as a basis for ordering stock replacements.

The method used for taking a physical linen inventory need not be time-consuming and complex. One of the most important elements is to gain the full cooperation of all personnel involved. If cooperation is not received, the linen inventory is of questionable value.

The announcement of the linen inventory should come from the administration of the institution and state the day,

time, and procedure involved. It was determined that just prior to the Christmas holidays, the Center usually has fewer patients than at any other time during the year. This would be the opportune time to conduct the linen inventory.

On the day of the inventory at the proposed time, usually a two hour period, all using units and areas where linen is processed or stored, are responsible for counting and recording all linen in their area. The unit managers and their assistants are the personnel of choice for counting on the using units. Personnel in the laundry and linen area are designated by the laundry manager. Accountable linen includes clean linen, soiled linen, and linen in use. During the period of the inventory no linen can be moved or transferred from one area to another. The laundry manager should be the coordinator of all inventory activities.

The results from each activity are then compiled and, when totaled, comprise the total linen inventory. Handshu states that the standards of accuracy of the count must be viewed in a reasonable, rather than absolute, light. A reasonably accurate count is all that should be expected.⁷

It is further recommended that a separate account be established for linen replacement costs. At present these costs are combined with housekeeping supplies and there is no convenient method of determining these costs. This

account could be established very easily by simply separating the housekeeping supplies cost and linen replacement costs before they are sent to the Center's data processing department. This would enable proper coding of the costs involved and extraction of this information from the computer.

Determination of Linen Quotas

If a linen control program is to be effective, it must set up accurate linen quotas for each of its using units. Linen quotas must be kept up-to-date and revised when changes in linen usage occur. Mathieu cites three purposes of linen quotas: (1) they insure that the using units receive an adequate supply of linen to meet their needs; (2) they provide an easy and efficient way to determine how much linen a unit must receive; and (3) they provide a check on any abnormal linen usage by the using units.⁸

Linen quotas should be reviewed annually or whenever changes occur which require a revision.⁹ For example, quota revision may be indicated when there is an alteration in the bed changing or bathing routine on a unit, when changes in the type of patients on a unit have taken place, or when permanent reductions or increases in unit census are noted. However, normal variations in census and linen usage patterns on a particular unit should have little or no effect on the quota for that unit.¹⁰

Linen ordering at the Center is not done on a daily basis. The unit manager requests linen only when there is a need over and above the amount sent to him. There are no written quotas presently in use at the Center. Linen is stocked daily on the carts according to what the unit usually receives. This is done from memory by two laundry employees. The number of linen items the unit receives is based on the highest request for linen from that unit. The amount of linen sent is thus perpetuated. This has led to overstocking and misutilization of linen.

Findings of this study indicate that a linen quota system be established at the Center. This is seen as a cooperative process in which input from both linen service personnel and using unit personnel is necessary.¹¹ A linen quota system for the Center could be established by the unit manager listing all linen requirements needed in a twenty-four hour period based on 100 per cent occupancy. That amount would be sent to the unit and at the end of the twenty-four hour period an evaluation would be made as to whether the linen was sufficient, not sufficient, or overstocked. Eventually an optimal figure will evolve which provides the linen needed in just the right amount. Unit managers must be informed of the flexibility of the established quotas and made to understand that the quota may be increased or decreased according to the unit's needs.

In order to maintain the established quota, a card should be placed at the end of each linen cart indicating its assigned unit and daily linen quota. In this way there is a written record of the quota and inexperienced personnel will be able to load carts if employees usually assigned to this task are absent due to vacation or illness.

Of paramount importance, if the linen quota is to be effective, is education of personnel using the linen. If personnel understand the reason behind the establishment of quotas, they are more likely to cooperate and take an active part in the linen control program. One recommendation frequently mentioned in the literature is that no linen be removed from the cart unless it was going to be used.¹² In this way, unused linen is returned to the laundry so it can be used for the cart's quota the next day. With this system, variations in patient census would not affect the laundry's production schedules since carts are loaded each day based on 100 per cent occupancy. In some hospitals this system has resulted in a decrease in the laundering of unused linen, reduced patient day linen usage significantly, and has reduced the amount of linen "abuse" and hoarding.

Establishment of quotas can also be a budgetary tool for the Center. This can be accomplished by giving each unit manager the responsibility of budgeting linen usage for his particular unit. If an excess in linen utilization occurs,

as indicated on a monthly computerized report, the unit manager would be required to submit a written explanation of the overage. At present, each unit manager must carry out the above procedure for use of unit supplies. Linen usage could be added to this system. The new responsibility would give the unit manager incentive to remain within the boundaries of his unit's linen budget. In addition, he would be motivated to encourage the other staff members on his unit to use linen conservatively.

Linen Security

Linen is a valuable commodity which is easily concealed and readily transported out of the hospital. The Center has experienced unexplained losses of linen, some of which have shown up as tablecloths in bar rooms.¹³ As stated earlier, while the author was doing this study, approximately 650 pillowcases were unaccounted for during the course of one night. Security measures are paramount if an effective linen control system is to be established.

It is recommended that in the Truett and Collins Hospitals the doors to the linen closets, where linen carts are placed, be locked when not in use. This would not be feasible on the day shift because most patient care is taking place at this time and the utilization of linen is at its peak. Linen is less likely to be pilfered at this time since

there are so many staff members on duty. During the evening and night shifts, however, the linen closets are used infrequently and are unattended most of the time. It is during these hours that locking the doors would be most effective. In other hospitals of the Center where the linen cart is placed in an open alcove, the staff should make use of the plastic flap that zips all the way around the open portion of the cart. Again, the ideal time to do this would be during the evening and night tours of duty.

During the period from 3:00 P.M. to 5:00 P.M. on Monday through Saturday, personnel from the using units may come to the laundry and check out as much linen as they need. The area is unattended at this time except for the housekeeping supervisor. There is an established procedure for staff to follow which includes obtaining the needed linen and signing for it by entering in a log book the type of item, how many of each type, and the requesting unit. This policy is frequently not adhered to.¹⁴

Since the evening housekeeping supervisor frequently neglects to lock the door upon leaving the laundry, her desk should be moved to another area of the hospital. The laundry and linen area could then be locked at three o'clock when laundry personnel end their normal workday. Staff wanting extra linen after this time should contact the evening or night nursing supervisor of whichever hospital their unit is

in. The supervisor obtains the master key from the accounting office and accompanies the staff member requesting linen to the laundry. The linen is obtained, signed for, and the laundry locked again. The supervisor, if busy, has one alternative. He may call security and have an officer accompany the staff member. The procedure must be made known to all involved and cooperation from nursing service and the security department is essential if the program is to work.

Marking of Linen

Marking of linen can be a strong deterrent to pilferage. Studies have shown that hospitals reduce theft significantly when linen is properly identified.¹⁵ In other instances, marking of linen may encourage pilferage as when a name woven towel is taken as a souvenir. usually Linen used at the Center is, for the most part, well marked. All linen, except special colored linen for the suites, is marked during the manufacturing process. No linen marking is done at the Center. Colored linen used in suites should be discontinued and regular linen used in its place. This item, being attractive and unmarked, is extremely susceptible to pilferage. In addition to the above recommendation, the Center should establish the practice of marking linen with the date of initial issue. This dating of linen will enable the Center to determine linen-life. A hand-operated marker which

uses ink containing silver-nitrate, which becomes indelible upon applying heat, would be suitable for this purpose.

The Center's towels are attractively marked with "Baylor Medical Center." This prompts even well-meaning patients to take home a souvenir. To discourage this form of pilferage, the Center should request that the manufacturer change the imprint to "hospital property." This has been shown to reduce thefts of this type.¹⁶

Linen Committee

One of the essential steps in creating an efficient linen control program is establishing a linen committee. Members of this committee should include representatives from housekeeping, purchasing, laundry, the using departments, and management. The chairman of this committee is usually the laundry manager. The chairman of the committee must have full authority over the linen control program as the operation and enforcement of such a program cannot be a shared responsibility. In addition, this authority must be exercised with the backing of the rest of the linen committee.¹⁷

The linen committee should carefully study and review each phase of the hospital's laundry and linen service, then establish written policies and procedures covering all personnel and departments either directly or indirectly involved in the use or handling of linens. The chairman

should not have the authority to make or change policy. However, he does have the responsibility and authority to enforce the established policies and procedures.¹⁸

This study recommends that the Center establish a linen committee with the director, department of laundry and linen services as chairman. The function of this committee would be to review all elements of the linen control program, define responsibilities, and write detailed policies and procedures.

Through the use of this committee, a greater understanding of the importance of linen control measures should exist throughout the Center. In addition, by the coordination of different elements brought together by the committee, the laundry and linen service will operate with greater efficiency and cost-saving to the Center.

Repair and Downgrading

If the Center is to have accurate inventory records, all linen taken out of the system must be documented. The seamstress responsible for linen downgrading should record discarded linens and submit a monthly report to the director of the laundry and linen services. These records will be used to facilitate ordering replacements and keep perpetual inventory records accurate.

Hagen recommends that an adequate supply of rags be available for use. These rags should be dyed so they can

be easily differentiated from good linen and thus be utilized to clean soiled areas.¹⁹

The Center should adopt a policy of dying rags and make personnel aware that these rags are available for their use. This should reduce the misutilization of good linen as rags.

Linen Contamination

The efforts of the laundry in preventing linen contamination are generally within the parameters mentioned in the literature.²⁰ One easily implemented recommendation is that the plastic covers on the linen carts be zipped closed whenever the carts are enroute to their destination and during periods of relatively low linen usage while on the using units.

Footnotes

¹MacEachern, Hospital Organization and Management, p. 951.

²Mathieu, "How to Set Up and Operate a Linen Control Program," p. 59.

³"Distribution System Options," American Institute of Laundering Monthly Special Reporter, III (November, 1971), 9-11; Mathieu, "How to Set Up and Operate a Linen Control Program," p. 60; Irving Handshu and James H. Moss, "How to Eliminate Hospital Linen Problems," Modern Hospital, CIII (December, 1964), 95; Fannie Lynch, "Systematize Linen Control Operations," The Executive Housekeeper, XVII (April, 1970), 38.

- ⁴Lynch, "Systematize Linen Control Operations," p. 42.
- ⁵Handshu, "How to Eliminate Hospital Linen Problems," p. 98.
- ⁶Mathieu, "How to Set Up and Operate a Linen Control Program," p. 60.
- ⁷Handshu, "How to Eliminate Hospital Linen Problems," p. 97.
- ⁸Mathieu, "How to Set Up and Operate a Linen Control Program," p. 57.
- ⁹Ntapalis, "Linen Control in Hospitals," p. 46.
- ¹⁰Handshu, "How to Eliminate Hospital Linen Problems," p. 95.
- ¹¹Cook, "Prevent Linen Hoarding," p. 46; Ntapalis, "Linen Control in Hospitals," p. 46; MacEachern, Hospital Organization and Management, p. 951.
- ¹²P.W. Taylor, "Linen Distribution and Patient Care," The Executive Housekeeper, XV (July, 1968), 24; Weisbeck, "Linen Control Distribution," p. 34.
- ¹³Robert C. Paul, "Long Range Planning," lecture presented at The Academy of Health Sciences, Fort Sam Houston, Texas, March 27, 1973.
- ¹⁴Stanley Vance, private interview.
- ¹⁵Field, "Four Aspects of Linen Control: Part 2," p. 6.
- ¹⁶Ibid., p. 16.
- ¹⁷Mathieu, "How to Set Up and Operate a Linen Control Program," p. 58.
- ¹⁸Mathieu, "Linen Control, Let's Look at the Facts," p. 44.
- ¹⁹Hagen, "How to Set Up a Linen Control System," p. 156.

²⁰Alan L. Martinez and James P. Spreyer, Bacteriological Studies of Hospital Laundering (Kenner, Louisiana: Pellerin Milner Corporation, 1971), p. 5; James Spreyer, "Contamination Sources Listed," Hospitals, XLI (November 16, 1967), 118; Virgil Quinlisk, "Contamination Cutdown--System Benefits the Public, the Staff and the Management," Institutional Laundry and Linen, XIII (August, 1969), 21.

Conclusions:

The following findings and conclusions are based upon interviews, observations, and a review of the literature:

1. The middle management element of the laundry and linen service is almost totally non-functional and is resulting in a loss of efficiency.
2. There has been no linen inventory at the Center for approximately twenty years. The amount of linen in the inventory, both in dollars and pieces, remains unknown.
3. Replacement costs for linen items are not determined as there is no separate account for these items.
4. Linen quotas for using units are outdated and are resulting in overstocking and subsequent misutilization of linen.
5. Linen security at the Center is very weak and pilferage has proven to be a major problem.
6. Linen marking at the Center is generally satisfactory.
7. The method used for degrading linen items is inadequate.

CHAPTER IV

CONCLUSION

Conclusions

The following findings and conclusions are based upon interviews, observations, and a review of the literature:

1. The middle management element of the laundry and linen service is almost totally non-functional and is resulting in a loss of efficiency.
2. There has been no linen inventory at the Center for approximately twenty years. The amount of linen in the inventory, both in dollars and pieces, remains unknown.
3. Replacement costs for linen items are not determined as there is no separate account for these items.
4. Linen quotas for using units are outdated and are resulting in overstocking and subsequent misutilization of linen.
5. Linen security at the Center is very weak and pilferage has proven to be a major problem.
6. Linen marking at the Center is generally satisfactory.
7. The method used for downgrading linen items is inadequate.

8. The measures taken to prevent clean linen contamination are insufficient.

Recommendations

Based upon the major findings and conclusions of this study, the following recommendations are made:

1. The laundry manager should be given the title of director, department of laundry and linen services, and report directly to the associate director having responsibility for this department.

2. All records pertaining to the laundry and linen service should be relocated in the office of the director, department of laundry and linen services.

3. The Center should conduct an annual linen inventory and establish a perpetual linen inventory record.

4. A separate account should be established for linen replacement costs.

5. A linen quota system should be established and enforced. The unit manager must play a key role in the process of determining appropriate linen levels.

6. The linen carts should all have a functionally placed card identifying the unit to which it is assigned and the current daily quota of linen for that unit.

7. The unit manager should play a greater role in the education of his staff as to the importance of linen

control. Establishment of budgetary controls over linen usage will enhance the unit manager's incentive in this area.

8. During periods of relatively low linen usage, doors to linen rooms in the Truett and Collins Hospitals should be locked. When linen carts are kept in an open alcove the plastic flat should be used.

9. The evening housekeeper's desk should be relocated to another area of the Center and the laundry secured at closing time.

10. The only personnel authorized to escort employees requesting linen after the laundry has closed are the nursing supervisors and security officers.

11. The colored linen for use in suites should be discontinued.

12. Linen that arrives at the Center should be marked with the date of issue.

13. The present system of marking "Baylor Medical Center" on towels should be discontinued.

14. The Center should establish a linen committee with the director, department of laundry and linen services, as chairman.

15. The seamstress responsible for linen downgrading should record discarded linen and submit a monthly report of these items to the director, department of laundry and linen services.

16. The department of laundry and linen services should establish a policy of dying rags to prevent misutilization of good linen as rags.

17. Plastic flaps on linen carts should be zipped closed when en route to the unit and, as much as possible, when the cart is on the unit.

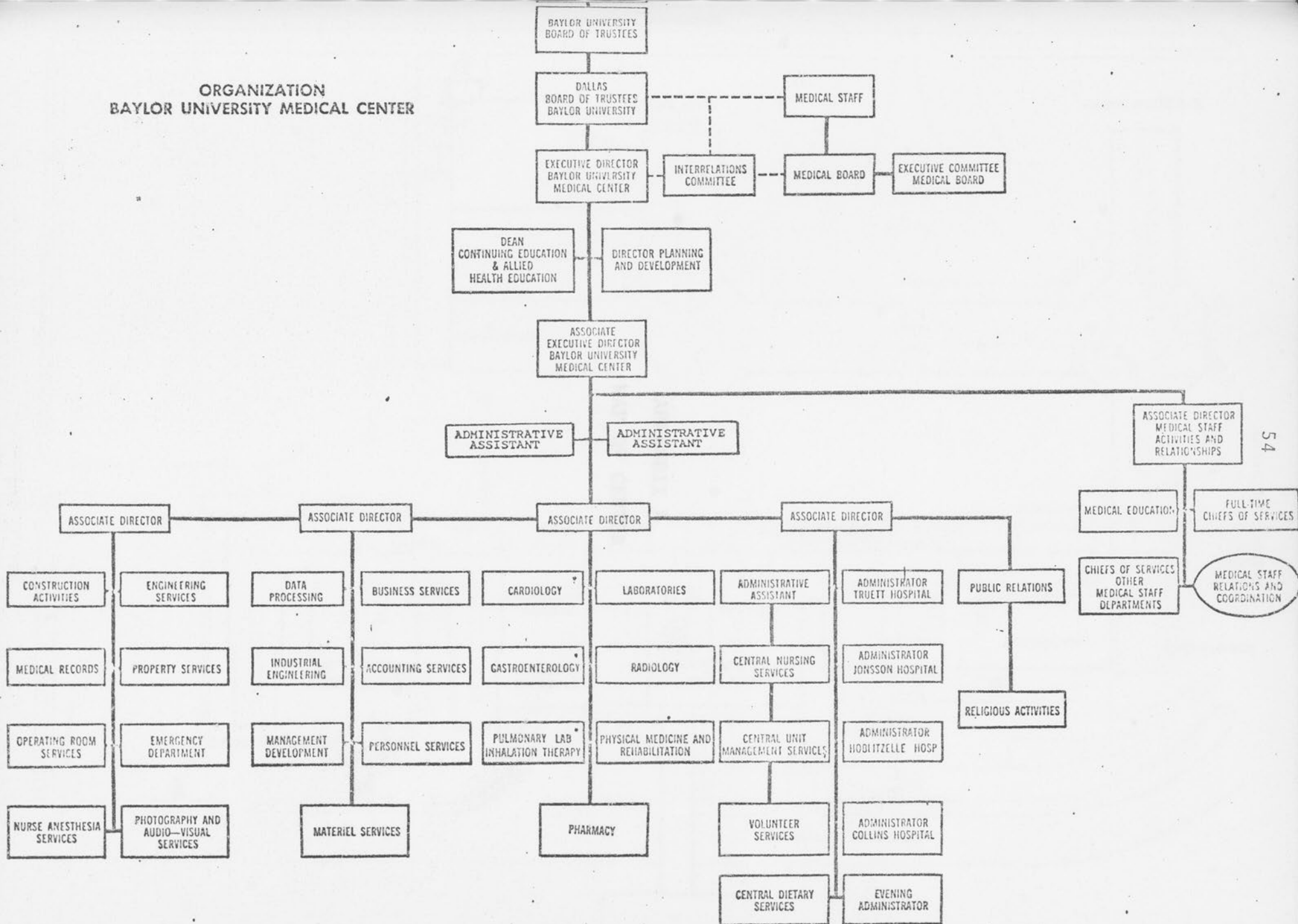
APPENDIX A
PLAN OF ORGANIZATION

ORGANIZATION
BAYLOR UNIVERSITY MEDICAL CENTER



APPENDIX A
PLAN OF ORGANIZATION

**ORGANIZATION
BAYLOR UNIVERSITY MEDICAL CENTER**



* PROFESSIONAL DIRECTION PROVIDED BY THE CHIEF OF INTERNAL MEDICINE

APPENDIX B
MAP OF CENTER



GASTON AVENUE

HOSLITZELLE

TRUETT

AUDITORIUM

FOUNTAIN

CAFETERIA

RADIOLOGY
(x-ray)

HALL STREET

ADAIR STREET

VEAL

PHAR-
MACY

OUTPATIENT
REGISTRATION

PHYSICAL
MEDICINE

LABOR-
DELIVERY

VEND-
ING

IRRADIATION
THERAPY

JONSSON

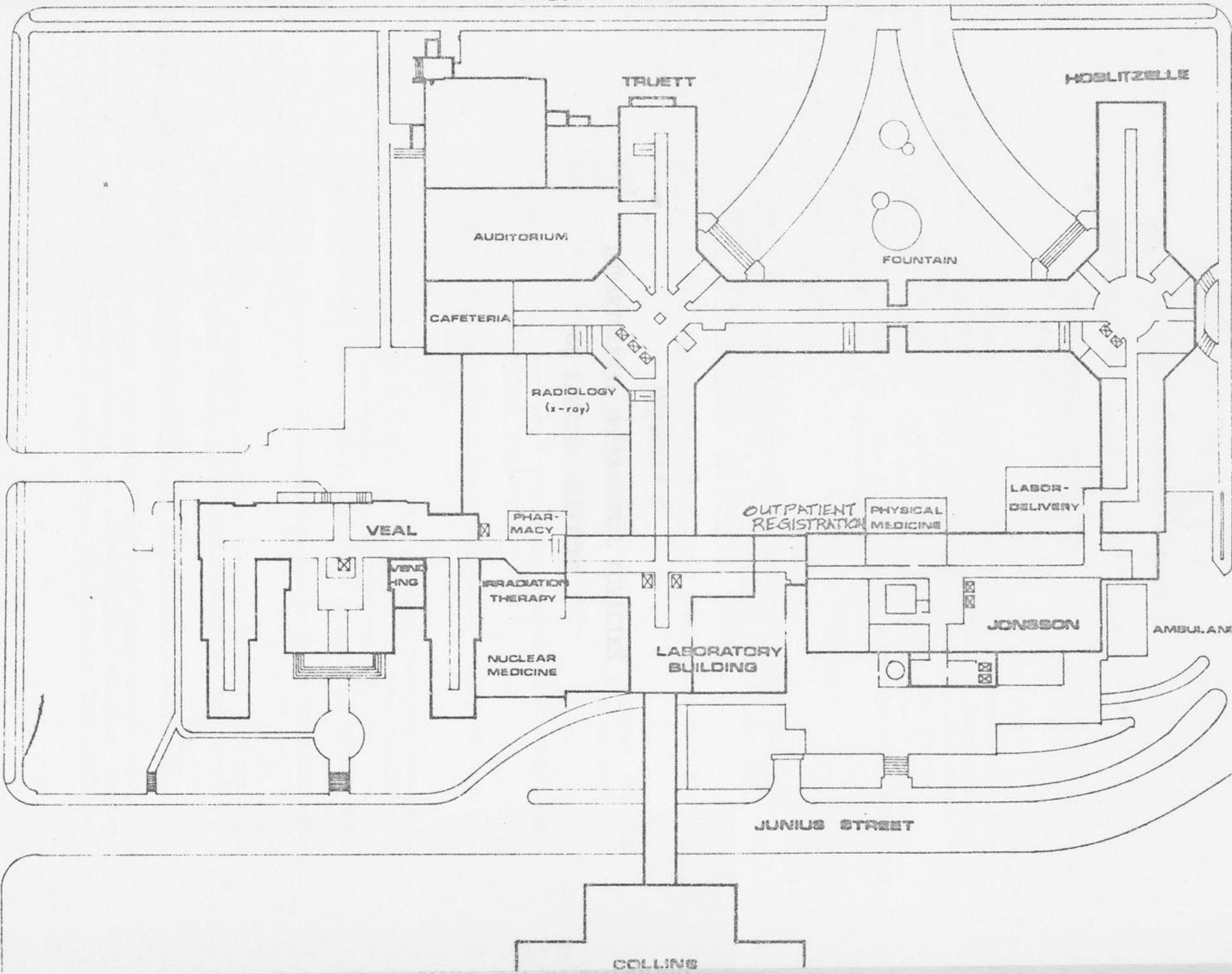
AMBULANCE

NUCLEAR
MEDICINE

LABORATORY
BUILDING

JUNIUS STREET

COLLINS



TAYLOR UNIVERSITY MEDICAL CENTER
DEPARTMENTAL OPERATIONAL POLICIES
FOR LAUNDRY SERVICES

The following statement defines roles and standards governing everyone in the Laundry services division. This statement describes official Medical Center policy and expectations on the subjects covered. All employees in the Department should be thoroughly conversant with this assignment and be enlisted to support the concepts in it. (The division is also governed by the Medical Center's general Administrative Policy protocols.)

FUNCTIONS OF THE DEPARTMENT

The primary mission of this Division is to process and supply to all departments promptly all types of clean, attractive, serviceable linen in an efficient and economical manner.

The Department also has important supportive functions and expectations:

APPENDIX C

DEPARTMENTAL OPERATIONAL POLICIES
FOR LAUNDRY SERVICES

- To attend to all laundry with proper skills and procedures and to be organized into competent and efficient teams.
- To maintain a scheduled delivery system for supplying linen to the Medical Center.
- To obtain the soiled linens and return them to the laundry on schedule.
- To maintain a program for testing the tensile strength and whiteness of linens to insure that the product is satisfactory in cleanliness, appearance, and texture and that the service life of linens is protected.
- To keep a store of linen adequate to meet unanticipated demands.
- To maintain a sewing room to repair linens and to produce special items for departments as approved.

POLICY ON INDIVIDUAL RESPONSIBILITY OF INDIVIDUAL EMPLOYEES

Largely due to the interest and dedication of many employees, Baylor is nationally recognized as an outstanding Medical Center. The employees in the laundry should know that their own work is

BAYLOR UNIVERSITY MEDICAL CENTER

DEPARTMENTAL OPERATIONAL POLICIES

FOR LAUNDRY SERVICES

The following statement defines aims and standards governing everyone in the Laundry Services Division. This statement describes official Medical Center policy and expectations on the subjects covered. All employees in the Department should be thoroughly conversant with this statement and be enlisted to support the concepts in it. (The Division is also governed by the Medical Center's general Administrative Policy statement.)

FUNCTIONS OF THE DEPARTMENT

The primary mission of this Division is to process and supply to all departments adequate amounts of clean, attractive, serviceable linen in an efficient and economical manner.

The Department also has important supportive functions and expectations:

- To attract and retain personnel with the proper skills and positive willing attitudes, organized into competent and smoothly functioning teams.
- To maintain a scheduled delivery system for supplying linen to the Medical Center.
- To obtain the soiled linens and return them to the Laundry on schedule.
- To maintain a program for testing the tensile strength and whiteness of fabrics to insure that the product is satisfactory in cleanliness, appearance, and texture and that the service life of linens is protected.

- To keep a store of linen adequate to meet unanticipated demands.

- To maintain a sewing room to repair linens and to produce special items for departments as approved.

POLICY ON INDIVIDUAL RESPONSIBILITY OF INDIVIDUAL EMPLOYEES

Largely due to the interest and dedication of many employees, Baylor is nationally recognized as an outstanding Medical Center. The employees in the Laundry should know that their own work is

Departmental Operational Policies for Laundry Services
Page Two

the greatest importance in Baylor's reputation because the departments providing patient service depend upon the Laundry.

- Patients expect and appreciate clean linen from the Laundry in much the same way they expect good food, excellent nursing care and a nice room. If the linen is not acceptable, patients will be disappointed with their stay in the hospital.
- Departments such as Surgery, the Delivery rooms, the nurseries, Physical Medicine, etc., could not render their services without a reliable supply of clean linen.
- Clean linen is a major factor in infection control in the Medical Center.

POLICY ON PRIORITIES

If more needs develop than can be fulfilled at the time, it is necessary to see that the most important needs receive the highest priority.

1. If a nursing division or a department that serves patients has used all its supply of linen, the Laundry must respond quickly to supply those needs first.
2. The supplying of the routine quantities of linens to all areas on a scheduled basis is next in priority.
3. The unscheduled requests from departments that are of no urgency (such as cubicle curtains) should be worked in when time permits.

POLICY ON INTERDEPARTMENTAL RELATIONSHIPS

The Laundry is a service department and is responsible for meeting the needs of many departments throughout the Medical Center. Therefore, a cooperative working relationship must be maintained with all the areas that utilize linens. The Laundry is to invite and solicit suggestions from using departments as to ways to meet their particular needs better; these suggestions will be considered carefully and carried out when feasible.

Since maintenance of the Laundry equipment is beyond the capability of the personnel in the Laundry and must be served by the Engineering Department, it is essential that the Laundry have a harmonious and effective working relationship with Engineering.

Departmental Operational Policies for Laundry Services
Page Three

The two units must cooperate together and maintain an adequate preventive maintenance program to avoid equipment breakdowns and interruptions of service.

The Laundry must also work closely with Materiel Services to assure that an adequate supply of linens is maintained at all times. Both departments are to cooperate in evaluating inventories, rate of use, and delivery requirements to assure a good supply without an expensive advance inventory of linens.

POLICY ON SAFETY

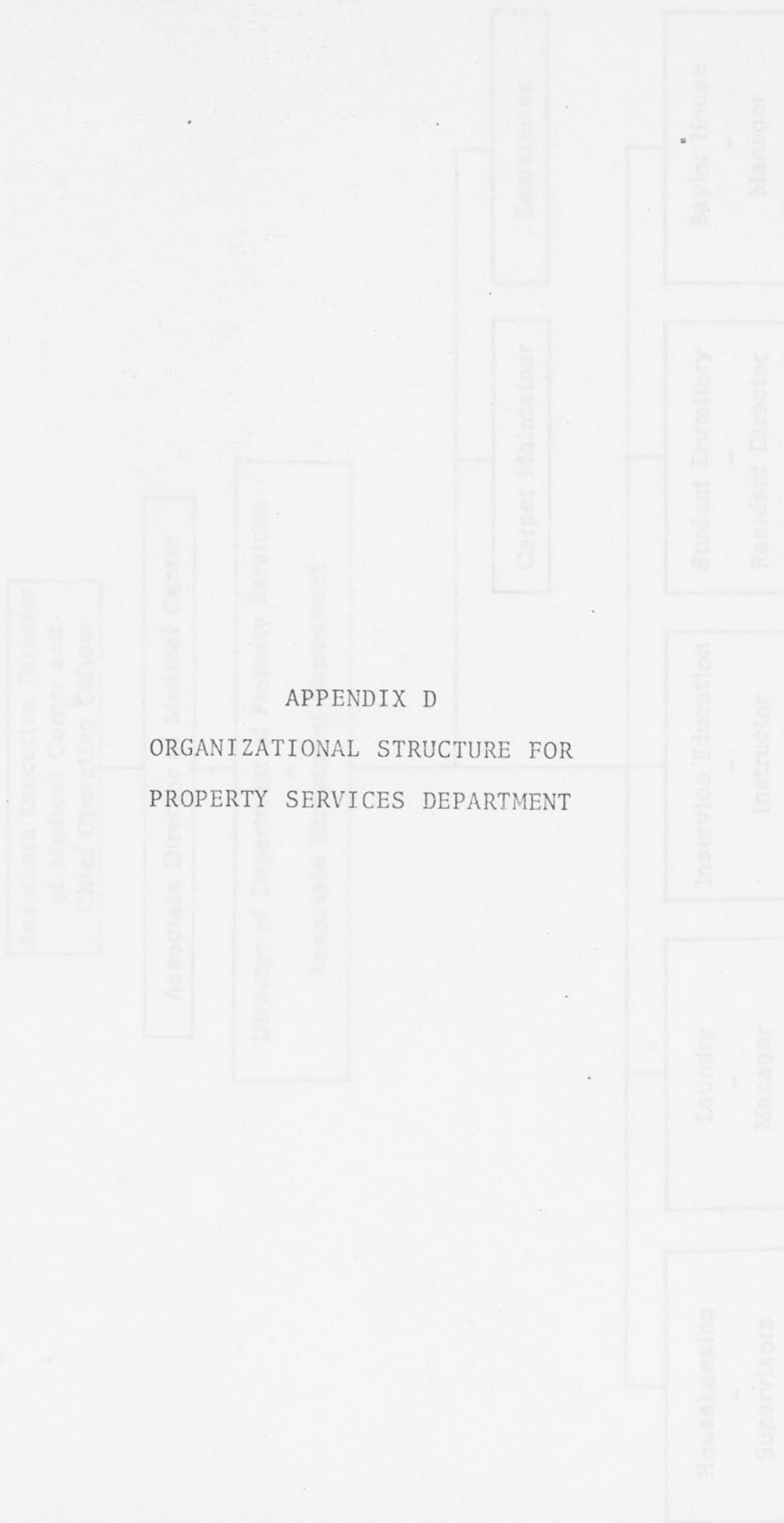
Every employee is expected (1) to utilize the safest possible methods in performing work, (2) to use only equipment that is in safe operating condition, (3) to adhere to established procedures to avoid hazards and (4) to support the general safety and accident reporting programs and policies of the Medical Center.

POLICY ON ECONOMY

The Department will conduct its affairs in an economical manner, always recognizing that the expense of personnel time, supplies, equipment and services must be paid through charges to patients. All employees are expected not only to avoid waste or misuse of time, supplies, equipment and services but also to engage in continuous study of their work methods to improve achievements at a lower cost. If new methods are proposed that significantly alter the delivery of services, recommendations are to be submitted to Administration for approval prior to implementation of the changes.

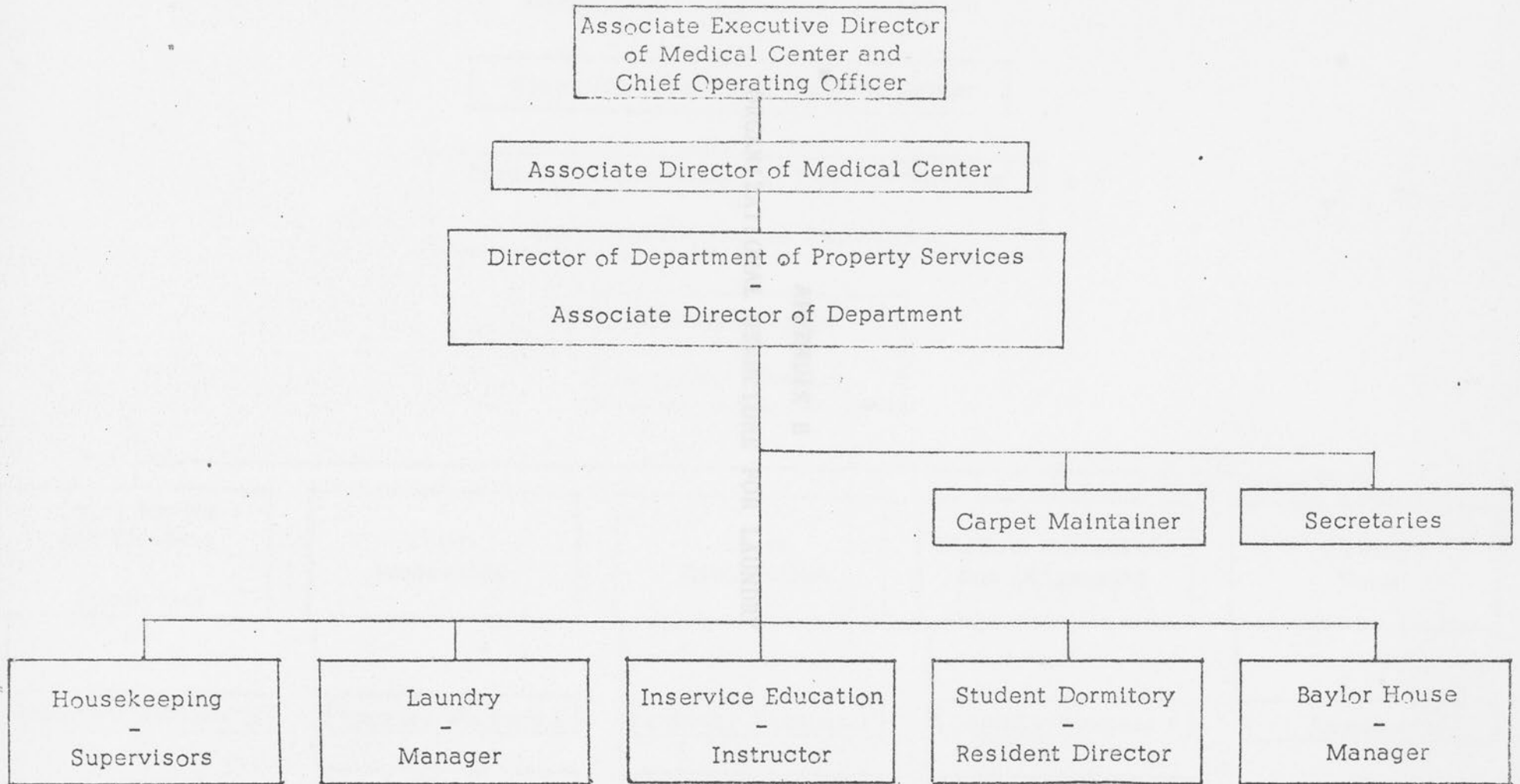
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BAYLOR UNIVERSITY MEDICAL CENTER
 ORGANIZATION CHART
 DEPARTMENT OF PROPERTY SERVICES



APPENDIX D
 ORGANIZATIONAL STRUCTURE FOR
 PROPERTY SERVICES DEPARTMENT

BAYLOR UNIVERSITY MEDICAL CENTER
ORGANIZATION CHART
DEPARTMENT OF PROPERTY SERVICES



BAYLOR UNIVERSITY MEDICAL CENTER
 ORGANIZATION CHART
 LAUNDRY DIVISION OF
 DEPARTMENT OF PROPERTY SERVICES

Associate Director of Medical Center
 Director of Department of Property Services
 Associate Director of Department

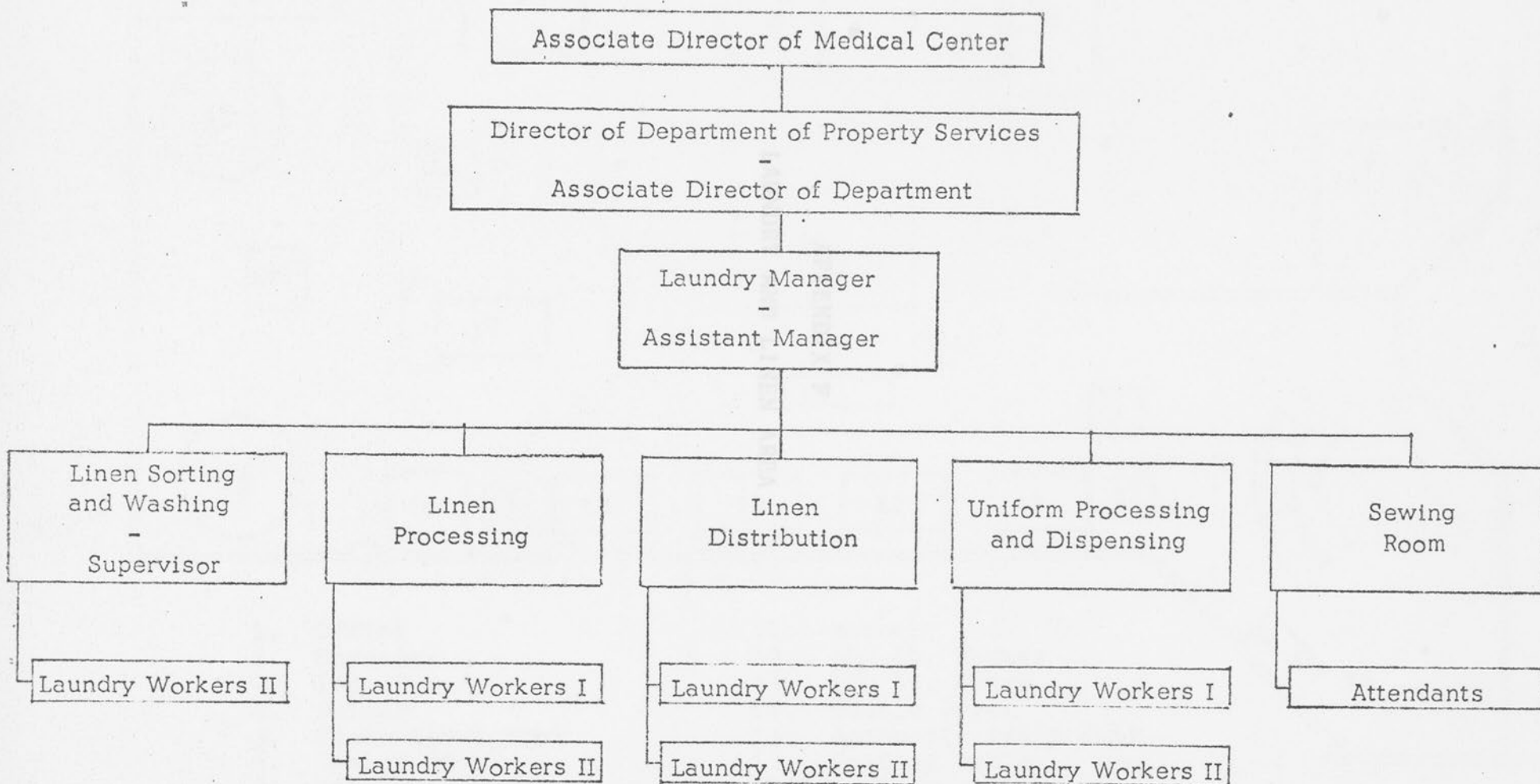
APPENDIX E

ORGANIZATIONAL STRUCTURE FOR LAUNDRY

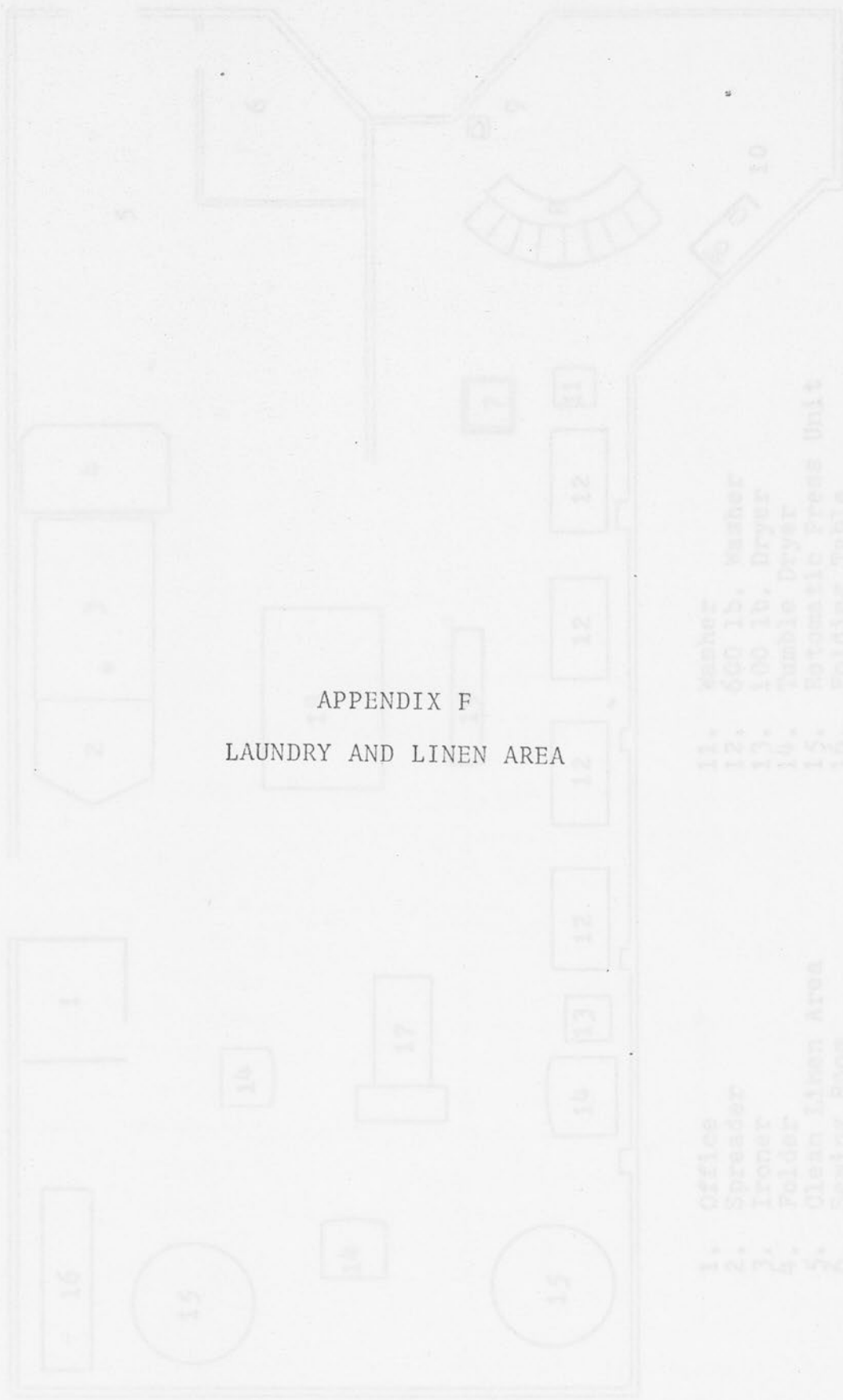
Laundry Center
 Assistant Center



BAYLOR UNIVERSITY MEDICAL CENTER
ORGANIZATION CHART
LAUNDRY DIVISION OF
DEPARTMENT OF PROPERTY SERVICES



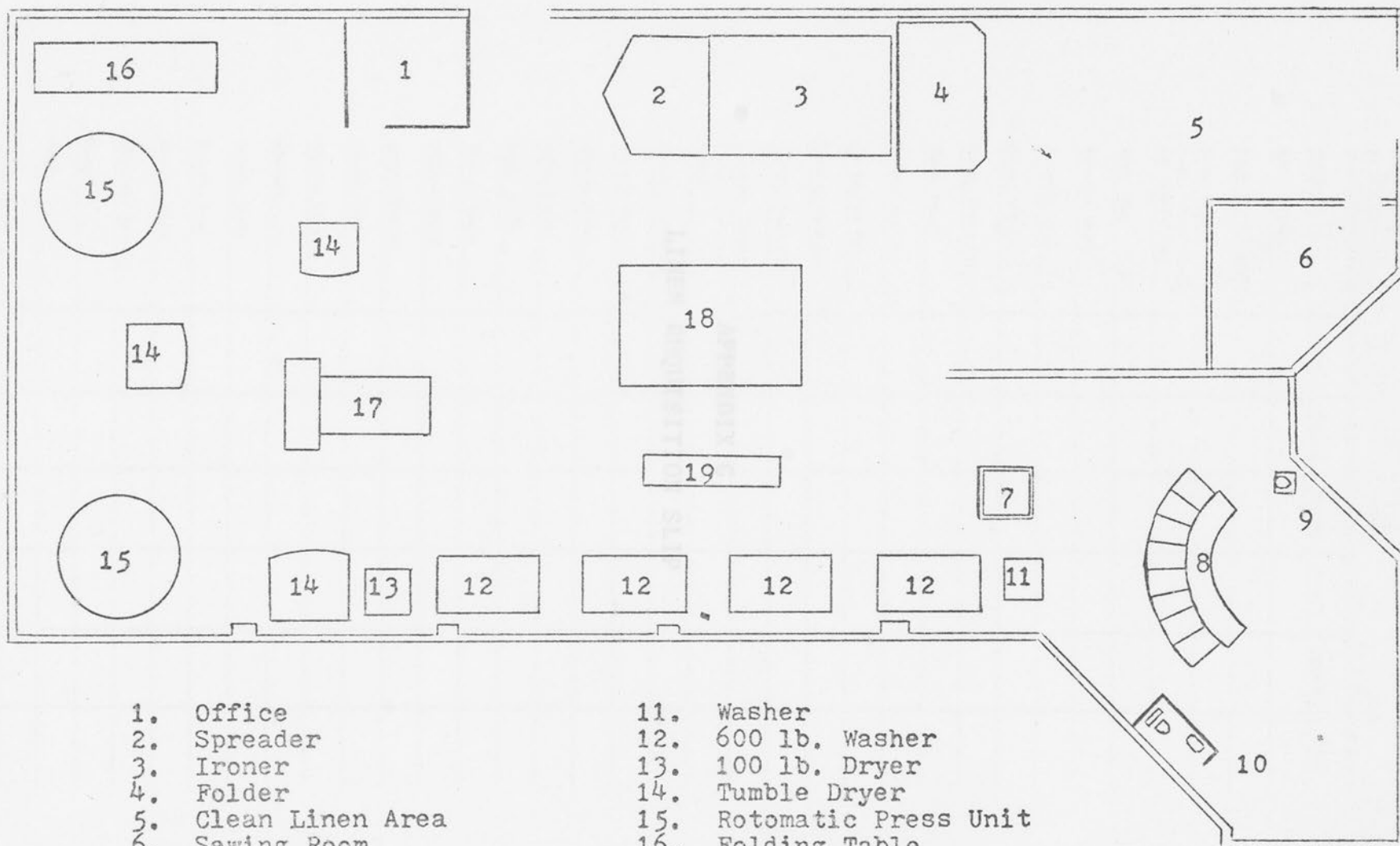
LAUNDRY AND LINEN AREA



APPENDIX F
LAUNDRY AND LINEN AREA

- 1. Office
- 2. Spreader
- 3. Ironer
- 4. Folder
- 5. Clean Linen Area
- 6. Sewing Room
- 7. Scale
- 8. Serling Scales
- 9. Chute
- 10. Lavatory
- 11. Washer
- 12. 600 lb. Washer
- 13. 100 lb. Dryer
- 14. Tumble Dryer
- 15. Automatic Press Unit
- 16. Folding Table
- 17. Shake Out Table
- 18. 6 Roll Ironer
- 19. Towel Folder

LAUNDRY AND LINEN AREA

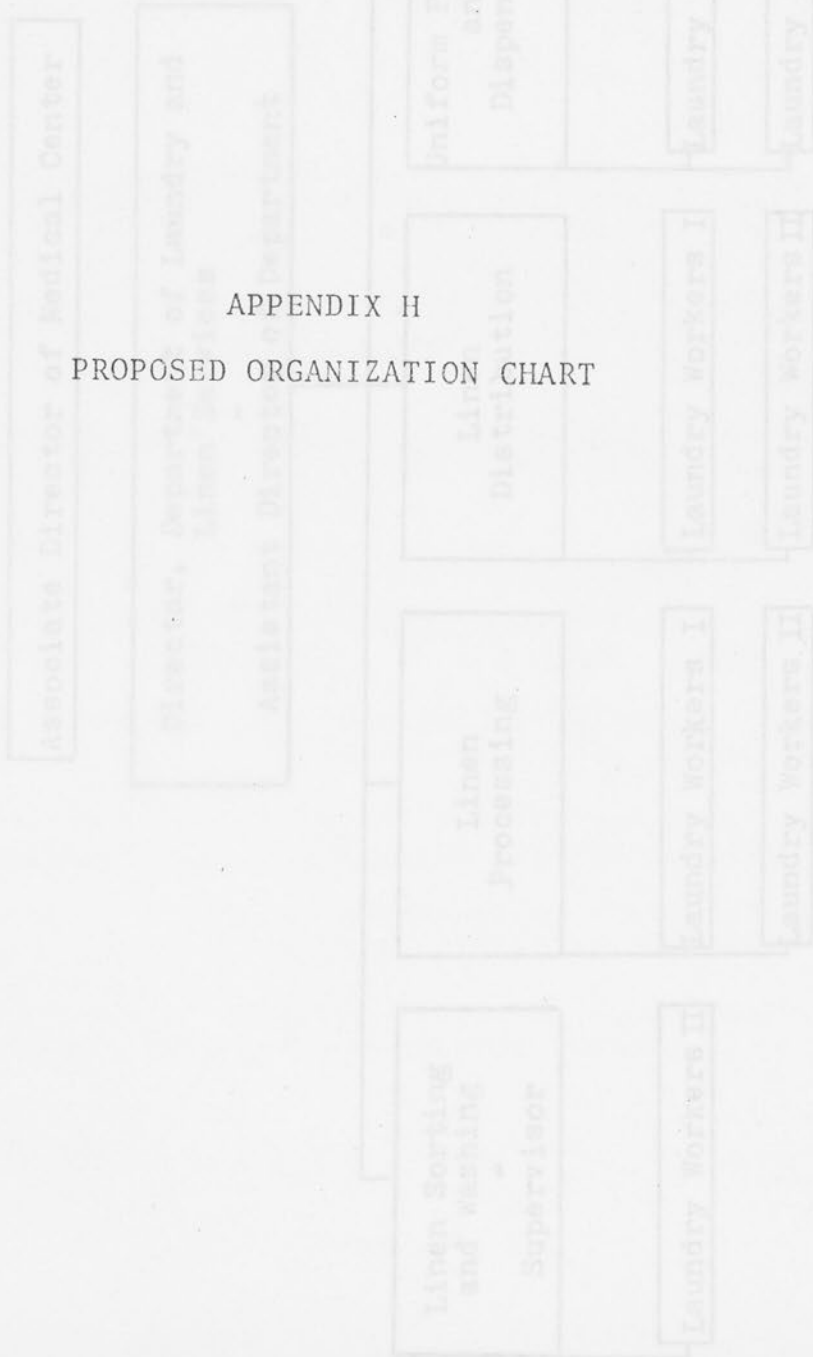


- | | |
|---------------------|--------------------------|
| 1. Office | 11. Washer |
| 2. Spreader | 12. 600 lb. Washer |
| 3. Ironer | 13. 100 lb. Dryer |
| 4. Folder | 14. Tumble Dryer |
| 5. Clean Linen Area | 15. Rotomatic Press Unit |
| 6. Sewing Room | 16. Folding Table |
| 7. Scale | 17. Shake Out Table |
| 8. Sorting Scales | 18. 8 Roll Ironer |
| 9. Chute | 19. Towel Folder |
| 10. Lavatory | |

LINEN DISTRIBUTION

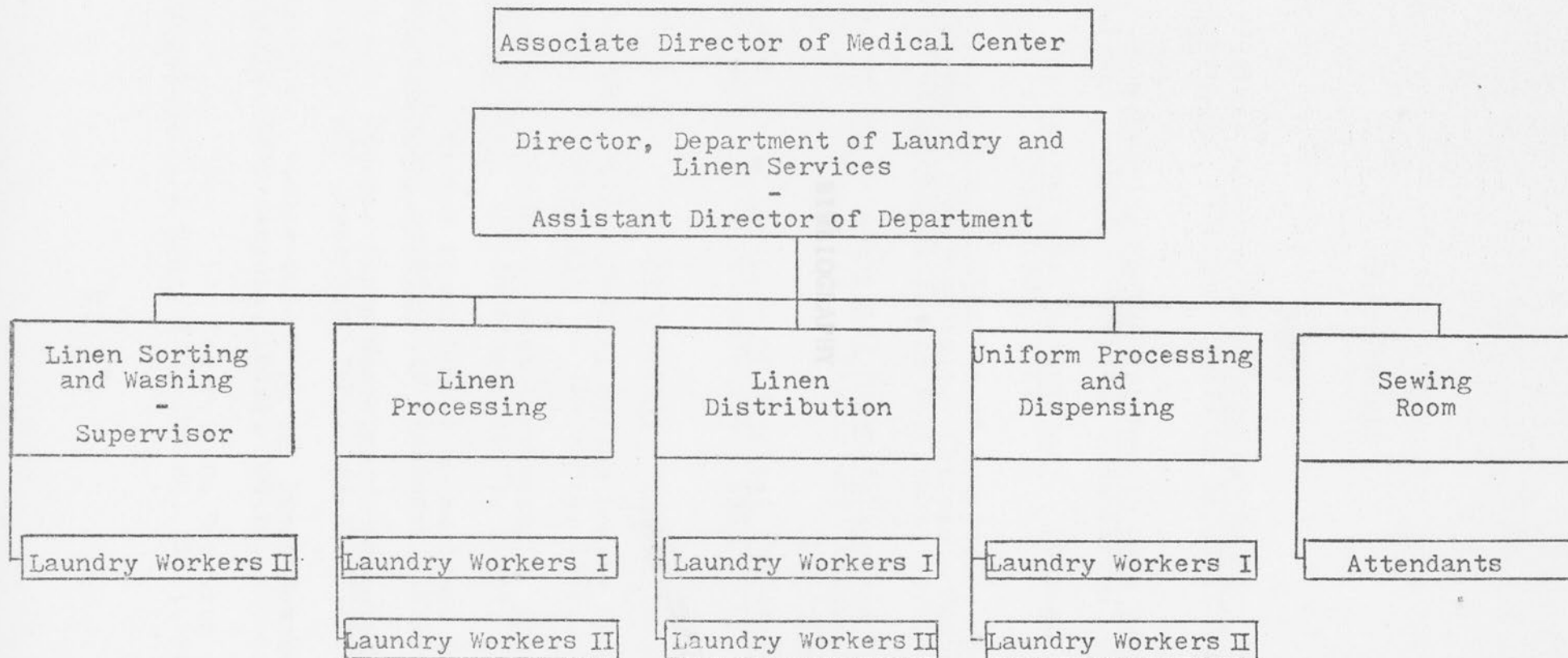
Department or Division	Date				Special	Total
	First	Return	Second	Return		
Bags, Isolation						
Bags, Linen Hamper						
Bags, Trash						
Bags, Trash Hamper For Maid's Cart						
Bags, Rag						
Blankets, Bath						
Blankets, Bed						
Cases, Pillow						
Cases, Pillow Sm.						
Cloth, Wash						
Covers, Bed Pan						
Covers, Ice Bag						
Covers, Maid Cart						
Covers, Trash Cart						
Curtains, Cubicle						
Curtains, Shower Nylon						
Gowns, Childrens						
Gowns, Patient						
Gowns, X-Ray						
Pads, Large						
Pads, Small						
Pillows, Large						
Pillows, Small						
Scarfs, Dresser						
Sheets, Bed						
Sheets, Draw						
Spreads						
Towels, Bath						
Towels, Face						
Towels, Glass						
Checkout Bundles						
Soap						
Tissue						
Rags						

PROPOSED ORGANIZATION CHART
DEPARTMENT OF
LAUNDRY AND LINEN SERVICES



APPENDIX H
PROPOSED ORGANIZATION CHART

PROPOSED ORGANIZATION CHART
DEPARTMENT OF
LAUNDRY AND LINEN SERVICES



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BIOGRAPHICAL SKETCH

The author [REDACTED]

[REDACTED]

[REDACTED] In 1966 he graduated from St. Lawrence State Hospital School of Nursing, Ogdensburg, New York. While a student, he joined the Army Student Nurse Program and, upon successful completion of State Board examinations in 1967, he was commissioned in the Army Nurse Corps.

After six weeks of basic instruction at Fort Sam Houston, Texas, he was assigned to Fitzsimons General Hospital, Denver, Colorado. In 1968 he was transferred to the 93rd Evacuation Hospital in Vietnam. Following this one-year tour of duty, he returned to Denver where he attended Loretto Heights College under the Army "boot-strap" program. He was graduated in 1970 with a Bachelor of Science Degree.

He was then assigned to the Medical Field Service School at Fort Sam Houston where he attended the six month Army Medical Department Officers' Advanced Course. Upon completion, he was reassigned to the MFSS as an instructor in the Nursing Science Division.

In August, 1972, he entered the U.S. Army-Baylor University Program in Health Care Administration. He is currently completing this administrative residency at Tripler Army Medical Center in Hawaii.

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