A STUDY OF THE HOUSEKEEPING SERVICES AT THE UNITED STATES ARMY HOSPITAL SPECIALIZED TREATMENT CENTER FORT GORDON, GEORGIA

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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August, 1971

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APPROVED BY THE GRADUATE COUNCIL:

DATE: August, 1971

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ACKNOWLEDGMENTS

The writer wishes to express his appreciation to the Commanding Officer, Executive Officer, and the entire staff of the United States Army Hospital Specialized Treatment Center, Fort Gordon, Georgia, for their assistance in gathering information necessary for this study.

Special credit is given to the Chief, Management Services Division; Chief, Service Branch; Chief and Assistant Chief Wardmaster; and the administrative residents for contributing time and resources to the furtherance of this study.

Acknowledgements would be incomplete without recognition of the encouragement and understanding provided by the writer's wife.

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CHAPTER I

INTRODUCTION

General Information

Housekeeping is a vital activity in all hospitals. The welfare, recovery, and even the life of many patients depend on the housekeeping services as well as on the doctors, nurses, and technicians. The housekeeping service is one of the few services that directly affects everyone who enters the hospital. No matter who they are or where they go, people will react favorably to cleanliness and sanitation.[1] Some people are fearful of contacting and becoming infected by diseases when visiting hospitals. Proper housekeeping service will protect these visitors and build their confidence in the hospital as a safe environment for themselves and their hospitalized friends and relatives.[2]

Recognition of the importance of the hospital housekeeping service by hospital administrators, physicians, nurses, and patients has grown tremendously in the past few years. An indication of this recognition is provided by John R. McGibony in Principles of Hospital Administration: "Good housekeeping is an asset no hospital can afford to be without, not only because of its public relations and psychological effect upon patients, visitors, and employees, but because from the standpoint of maintenance economy it is good business."[3]

Housekeeping is no longer the bucket-and-broom stepchild of the hospital.[4] Housekeeping services now constitute approximately four percent of the total operating expenses of hospitals in the United States.[5]

For this reason housekeeping services have been given more attention by administrators in order to evaluate their effectiveness and cut costs.[6]

The rewards of good housekeeping are immeasurable: Advancement of the health of the hospital community, increased life expectancy of the physical plant and equipment, and a clean appearance to greet and reassure patients and visitors as they enter the hospital.

Hospital Setting and History

Operation of the United States Army Hospital Specialized Treatment Center is the primary mission of the Medical Department activity (MEDDAC) at Fort Gordon, Georgia. The present Fort Gordon hospital plant was constructed in 1941 as a temporary cantonment type hospital comprising some 139 buildings of wood construction, extending over approximately 85 acres (Appendix A). Since 1941 the hospital has undergone various expansions and contractions in patient care and patient load. The hospital was operated as a 300-bed station hospital until July, 1966 when the Department of the Army redesignated it the United States Army Hospital Specialized Treatment Center and directed it to expand to an operational capacity of 750 beds.

The current mission of the hospital is to provide health services to authorized personnel at Fort Gordon, Georgia and the surrounding geographical area. The hospital provides inpatient and outpatient medical care and treatment to active and retired military personnel, their dependents, and other people as authorized by the Department of the Army. As of April, 1970 approximately 100,000 people were dependent upon the hospital for medical care.

The hospital has 1,100 operating beds with a peak capacity of 1,300 beds. Eight hundred of these beds are designated as specialty beds to be used in support of Southeast Asia, other overseas areas, and continental United States military hospitals. The remaining beds are used for inpatient and outpatient care for eligible personnel at Fort Gordon and the surrounding geographical area of approximately 100,000 square miles.[7]

From July 1, 1968 to June 30, 1969 outpatient and specialty clinic visits totaled 802,456 with a daily average of 2,199 outpatient visits. The average number of beds occupied during this period was 879. As of April 17, 1970 the hospital had 436 inpatient beds occupied and a total assigned personnel strength of 911 military officers and enlisted men and 489 Department of the Army civilian employees.[8]

Reasons for the Study

The Commanding Officer and the Executive Officer (Hospital Administrator) at the United States Army Hospital Specialized Treatment Center became concerned about the effectiveness of the current housekeeping system in the hospital. This concern was prompted by numerous complaints from hospital personnel, patients, and visitors that the hospital was not clean.

The Executive Officer was also concerned about the lack of control, supervision, and responsiveness provided by the contract cleaning service.

Based upon these observations, the Commanding Officer and the Executive Officer decided that a study should be made to determine the best housekeeping system for the hospital.

Footnotes

[1]Management Techniques for the Hospital Executive Housekeeper(Chicago: National Sanitary Supply Association, Inc., 1965) p. 14.

[2]Ibid., p. 16.

[3]John R. McGibony, Principles of Hospital Administration (New York: G.P. Putnam's Sons, 1952), p. 311.

[4]Robert M. Jones, "Annual Administrative Reviews: Housekeeping," Hospitals, XXXV (April 16, 1961), 92.

[5]American Hospital Association, "HAS Comparative DATA on Housekeeping Costs," Hospitals, XXXIX (August 16, 1965), 110.

[6]Fern Mannhalter and Gary M. Silman, "Making Housekeeping Man-Hours Count: Training Program and Staffing Policies," Hospitals, XL (December 16, 1966), 82.

[7]United States Army Hospital Specialized Treatment Center, Professional Staff Program (Fort Gordon, Georgia: United States Army Hospital Specialized Treatment Center, 1970), p. 3.

[8]Stanley H. Dysart, Jr., Chief, Management Service Division, United States Army Hospital Specialized Treatment Center, private interview held while gathering information about housekeeping services at the hospital, April 17, 1970.

CHAPTER II

THE PROBLEM

Statement of the Problem

The problem is to determine the best method of providing housekeeping services at the United States Army Hospital Specialized Treatment Center (USAHSTC), Fort Gordon, Georgia.

Objectives

The objectives of this study are:

1. To analyze the current housekeeping service at the hospital.

2. To evaluate the advantages and disadvantages of alternative methods of providing housekeeping service to the hospital.

3. To recommend the best method of providing housekeeping service to the hospital.

Criteria

In evaluating alternative methods of providing housekeeping services the following criteria must be considered:

1. The housekeeping service should incorporate the housekeeping procedures essential in controlling the spread of infection in the hospital as recommended by the American Hospital Association (Appendix B.)

2. Maximum supervision and control over housekeeping operations must be provided.

3. Housekeeping services in a hospital should be performed

by personnel who are trained to work in a hospital environment.

4. Housekeeping services should be responsive to emergency cleaning requests of hospital personnel.

5. A hospital housekeeping service should provide the most efficient use of hospital personnel.

Limitations

The limitations to this study are:

1. The current housekeeping contract will not expire until December, 1970; therefore, any proposed solutions cannot be implemented prior to that date.

2. Unplanned fiscal and personnel reductions due to the current Department of Defense austerity program can be imposed upon the hospital.

Assumptions

In evaluating the best methods of providing housekeeping service to the USAHSTC it was necessary to make the following assumptions:

1. The current mission and organization of the hospital will not change.

2. The patient load for the hospital will not fluctuate drastically from the current level.

3. The overall housekeeping work load will not change appreciably.

4. Financial resources will be available to implement any reasonable proposal.

5. The current authorized civilian and military personnel levels will not change.

Research Methodology

A thorough review of current literature provided this writer with a basic knowledge of modern concepts in health care institutional housekeeping. The review also helped the writer to identify the advantages and disadvantages of various methods of providing housekeeping services to hospitals. A review of Army publications was made to determine the guidelines for housekeeping services in Army hospitals.

The writer initially visited the USAHSTC in February, 1970 to discuss, define, and clarify the problem. Subsequently, additional information from various executive housekeepers, nationally recognized custodial suppliers, and major housekeeping journals was assimilated.

A detailed knowledge of the housekeeping operations at USAHSTC was sought through a variety of methods during the writer's second visit in April, 1970. Interviews were held with the Commanding Officer; the Executive Officer; the Chief, Management Services Division; the Chief, Supply and Services Division; the Chief, Service Branch; the Chief, Admission and Disposition Branch; the Chief Wardmaster; and Assistant Chief Wardmaster to determine the effectiveness of the current housekeeping system. Interviews with the executive housekeepers from local civilian hospitals were conducted to gain information about various housekeeping operations.

The current housekeeping contract was examined and an interview with the contract supervisor was conducted to determine the number of employees used in fulfilling housekeeping functions at the hospital and to obtain a clear view of the contractor's organizational structure,

supervision and control techniques, staffing, training, scheduling, procedures, and significant problems.

Data were obtained from six different types of wards to provide a sample of the man-hours expended by nursing service personnel in housekeeping functions and to provide a more definite view of the total housekeeping service in the hospital.

Review of the Literature

"Housekeeping is one of the basic functions essential to the operation of the modern health care institution--a function that has grown steadily in complexity and importance."[1] The housekeeping department performs the vital functions of keeping the hospital clean and, in small hospitals, controlling the linen supply.[2] It is the responsibility of the housekeeping department to maintain for the hospital employees, visitors, and patients an environment that is safe, pleasant, and functional.[3]

The housekeeping department is also responsible for establishing environmental bacterial surveillance programs and for setting minimum bacteriological standards to reduce the danger of infectious diseases in the hospital.[4] To accomplish this goal housekeeping personnel should have a basic understanding of the appropriate products and procedures necessary to maintain a clean environment.[5]

The housekeeping department is now ranked on the same level as other departments in the hospital. The trend today is to have a qualified executive housekeeper to head this vital department. As head of this department the executive housekeeper must possess a great deal of executive and administrative expertise and a working knowledge of the activities performed by each subordinate.[6] Executive housekeepers have become

specialists in establishing and maintaining effective hospital housekeeping programs.[7] In the face of greatly expanding costs, labor conflicts, and public demands, they have been required to apply superior managerial skill to every aspect of housekeeping to provide the necessary service.[8]

The necessity for conducting an efficient and productive service function has become one of the paramount problems faced by the cost-conscious hospital administrator.[9] The search for methods to increase efficiency and reduce costs has led many hospital administrators to consider contracting for housekeeping services.[10] Hospitals that have not turned to contract cleaning are continually improving their housekeeping tasks.[11]

Footnotes

[1]American Hospital Association, Housekeeping Manual for Health Care Facilities (Chicago: American Hospital Association, 1966), p. 1.

[2]Malcolm T. MacEachern, Hospital Organization and Management (Chicago: Physician's Record Company, 1957), p. 946.

[3]AHA, Housekeeping Manual, p. 1.

[4]Walter H. Jopke, "Environmental Sanitation," Hospitals, XLII (April 1, 1968), 49.

[5]Joint Commission on Accreditation of Hospitals, Standards for Accreditation of Hospitals (Chicago: Joint Commission on Accreditation of Hospitals, 1969), p. 62.

[6]MacEachern, p. 946.

[7]Bertha Y. Litsky, "Training in Microbiology for the Executive Housekeeper," The Executive Housekeeper, XV (March, 1968), 26.

[8]Edwin B. Feldman, "Developing the Optimum Housekeeping Department, Part I," Building Maintenance and Modernization, XIV (July, 1967), 36.

[9]Edwin B. Feldman, "Contract Cleaning: Supplemental Aid or Complete Service," Hospitals, XXXIX (August 16, 1965), 106.

[10]Frank B. Bruesch, "Studying the Issues in Contract Housekeeping," Hospitals, XXXVIII (October 16, 1964), 138.

[11]Mohe H. Solworth, "Six Factors that Can Increase Housekeeping Productivity," Hospitals, XL (May 16, 1966), 105.

CHAPTER III

DISCUSSION

Problem as it Exists in the Hospital

The Executive Officer believed that the current housekeeping system was not providing the most effective housekeeping services. In the Executive Officer's opinion, this ineffectiveness could be attributed to lack of proper supervision, control, and training of housekeeping personnel.

This writer's analysis of the housekeeping services at USAHSTC disclosed the fact that responsibility for the current housekeeping services is shared by nursing service personnel and contract housekeeping personnel. The nursing service personnel are responsible for cleaning all inpatient treatment areas while the contract housekeeping personnel clean all public areas and clinics. Under this system there is no one person who has the responsibility for controlling the housekeeping services. As a result, the nursing service personnel are responsible to their individual ward nurse, and contract personnel are responsible only to their non-hospital affiliated contract supervisor. In effect, there exist two completely separate, uncoordinated houskeeping systems within the hospital.

The current housekeeping contract is written to provide housekeeping services in public areas of the hospital on a continuous basis from 7:30 A.M. through 11:30 A.M. and from 12:00 noon through 4:30 P.M.

These public areas include nine corridors and waiting rooms in twelve clinics. To accomplish this service the contractor employs four janitors.[1]

The contract also provides for housekeeping services from 4:00 P.M. through 12:00 midnight for all corridors and thirty-five buildings (See Appendix C). A total of 184,426 square feet of floor space is cleaned by contract personnel.[2] The number of personnel used for this service varies from ten to sixteen. The total cost for the contract is $58,965 per year, payable on a monthly basis.[3]

A detailed investigation revealed that the contract is the responsibility of the Fort Gordon Center Engineer. The only involvement that the hospital has in the contract is designation of the hospital areas to be cleaned. However, the hospital portion of the contract is paid out of hospital funds. All control over the contract is maintained by the Center Engineer, and any changes to the contract must gain his approval.

Interviews with the contract supervisor and housekeeping employees, combined with on-the-spot observations by the writer, revealed that the housekeeping employees who are assigned to clean the hospital are not necessarily the same people each night. The contractor has a central manpower pool from which he assigns personnel as needed. This personnel turbulence has hindered the employees in developing pride in their work because they may, or may not, clean the same area the next night.

The contractor does not have a training program for his employees. When a new person is hired, he is normally paired with an experienced

employee until he learns his areas of responsibility. However, the new employee receives no training in the use of equipment, cleaning materials, or proper cleaning procedures. The new man simply learns from an employee who has more time on the job and who may, or may not, be doing the job properly. Housekeeping training is absolutely essential to an efficient housekeeping service. The cleaning staff must learn the best methods to provide the best coverage with the least amount of effort. "Ideally, the cleaners should receive classroom, workshop, and on-the-job training in standard cleaning methods, work patterns, and organization of attack."[4]

The contractor does not provide full time supervision of employees. Supervision is provided by periodic, unannounced visits by the contract supervisor. In the absence of proper supervision the employees are given a free hand to work at their own pace and perform only the tasks of their choosing. Proper supervision is probably the most essential element in good housekeeping, especially during nighttime work.[5] The availability of a supervisor at all times will not only insure that housekeeping tasks are accomplished with the minimum expenditure of time and material but in addition will enhance the quality of housekeeping services. One incident observed by the writer that emphasizes the importance of supervision occurred during the corridor sweeping process. Two of the employees were walking side by side, each with dust mops. The mops, when placed side by side, did not extend over the entire width of the corridor. To save time each employee placed the outer edge of his dust mop against the wall and proceeded to dust mop the corridors, leaving an unswept strip in the middle of the corridor. When

questioned about this procedure, the employees indicated that they had been doing the job that way and no one had told them to do it differently.

Hospital personnel have no control over contract housekeeping employees and cannot directly influence their behavior. Any complaint against a contract employee or the caliber of work being done must be forwarded to the Supply and Service Division and in turn submitted to the contracting officer's representative for verification. Investigation by this writer revealed that these complaints were submitted by telephone and that no written record of the complaints or the results of the complaints were maintained, with one exception. One written complaint submitted in January, 1969 was on file in the office of the Chief, Supply and Service Division.

Submission of a telephone complaint involves no less than three telephone calls and possibly as many as five. Under ideal circumstances the flow of the complaint would be from the person making the complaint to the Chief, Service Branch. The Chief, Service Branch would then call the center engineer contract representative and register the complaint. The center engineer contract representative would, in turn, call the contract supervisor with the complaint. The contract supervisor then would visit the hospital to varify it (See Appendix D). The Executive Officer said that a major problem encountered in the complaint procedure is that hospital personnel have corrected the condition causing the complaint before it is verified by the contract representative.

Requests for emergency cleaning, such as blood spillage in corridors or regurgitation, must follow the same procedure with the

same end result. The Chief, Service Branch stated that the responsiveness of the contract housekeeping service is poor.

The interview with the contract supervisor also revealed that there were no job descriptions for each individual employee, that these employees have no special knowledge of cleaning in a hospital environment, that no organization chart is maintained, and that no written housekeeping procedures are provided.

Hospital housekeeping procedures must be oriented toward controlling the spread of infection.[6] The American Hospital Association has recommended the following housekeeping procedures which if implemented will aid in the control of the spread of pathogenic organisms within the hospital. Briefly stated these procedures are: (1) top priority should be given to cleaning horizontal surfaces; (2) wet-cleaning methods should be used whenever possible; (3) effective pathogen-killing chemicals should be added to wet cleaning solutions; (4) clean dusting cloths, damp-wiping cloths, and wet-mops should be issued daily or as required; (5) used wet-mops and cleaning cloths should be laundered every day; (6) cleaning equipment and storage areas should be cleaned daily; (7) separate cleaning equipment should be maintained for the newborn nursery, emergency room, operating suite, postpartum, and delivery suite; and (8) plastic bags should be used for the disposal of infected materials.[7] A more definitive explanation of these recommended procedures is provided in Appendix B.

The writer's evaluation of the current contract housekeeping service revealed that these procedures were not incorporated into the cleaning services provided by contract housekeeping personnel. Deviations from these procedures were as follows: (1) priority was not given to cleaning

horizontal surfaces; (2) wet-cleaning methods were seldom used; (3) fresh cleaning materials were not issued daily; (4) equipment and storage areas were not cleaned daily; and (5) the same cleaning equipment used to clean the emergency room was used in cleaning the pharmacy, pediatric clinic, and admission and disposition office.

As of April 17, 1970 nursing service personnel were providing housekeeping service to twenty-nine different inpatient treatment areas in the hospital, an area of approximately 106,038 square feet (See Appendix E).

To get an estimate of the time and expense expended by nursing service personnel in performing housekeeping duties, data were collected from six different types of wards. The results of these data indicated that nursing service personnel from these wards spend approximately seventy-two man-hours per 24-hour day, at a cost of approximately $128.00 per day on housekeeping duties (Appendix F). Additional data from a time study performed of nursing service functions at the hospital in November, 1969 substantiate these findings.[8]

An interview with the Chief Wardmaster and the Assistant Chief Wardmaster revealed that housekeeping functions are a continuous problem and not a job desired by most nursing service personnel.

To maintain a sanitary patient environment, constant supervision is provided by ward nurses and wardmasters. These supervisors are highly qualified in all areas of cleaning in a hospital environment. The effectiveness of the cleaning procedures employed by nursing service personnel is substantiated by laudatory remarks by the Commander of the hospital. His primary objection to the performance of housekeeping

functions by nursing service personnel was that this time could be spent more effectively on direct nursing service duties.

Further investigation revealed that nursing service personnel are qualified to perform housekeeping functions and that an informal on-going training program exists in the Nursing Service. An organization chart is maintained, each person is provided a job description, and written housekeeping procedures are available.

In comparing the nursing service housekeeping performance with the AHA recommended procedures, the writer determined that these procedures were being fully incorporated into this portion of the total hospital housekeeping service (See Appendix B).

The Alternatives Involved in Solving the Problem

Improve the current system

A positive advantage of the current housekeeping system at USAHSTC is that the hospital has been given full accreditation by the Joint Commission on Accreditation of Hospitals while operating under the present system. However, several approaches can be taken to improve the current housekeeping system.

One approach is to request changes to the present contract. Based upon observations made by the writer, three changes could be made that would improve the current housekeeping services.

The first change would be for the Chief, Supply and Service Division to request a separate contract to be supervised by the Chief, Service Branch. The advantage of this change is that hospital personnel would have more direct control over contract housekeeping services. A disadvantage would be that the Chief, Service Branch may require additional

personnel in order to accomplish this new mission.

A second change, to be submitted by the Chief, Management Services Division, would be a request to the Contractor to provide two supervisors for the night shift. These supervisors would be assigned to major cleaning areas with the responsibility of providing close and continuous supervision over housekeeping personnel in their given area. This change would provide increased supervision over night shift employees; however, the cost of housekeeping services would increase in order to provide funds necessary to finance the pay of these two supervisors.

The third change would be for the Chief, Supply and Service Division to submit a request to the contractor to have the AHA recommended housekeeping procedures incorporated into the cleaning services provided by contract housekeeping personnel. By incorporating these procedures, housekeeping personnel would be able to reduce the spread of infection in the hospital.

Another approach to improve the current system would be to have nursing service be responsible for the inspection of all housekeeping services in the hospital. The advantage of having nursing service personnel inspecting all houskeeping services is that they are familiar with aseptic techniques and the cleaning standards required for hospitals. Placing nursing service in charge of inspecting all housekeeping would provide contract housekeeping personnel with professionals who could suggest ways to improve current cleaning techniques; however, the contract employees would still be responsible only to their contract supervisor.

The disadvantage of this approach would be that there is a shortage of nursing personnel in the hospital, and under this system nursing

service personnel would be required to inspect cleaning services in public and administrative areas in addition to patient treatment areas.

The establishment of a position of custodial inspector under the Chief, Supply and Services Division would help improve the quality of housekeeping service. The individual occupying this position could be a military man or a civilian employee. He would not have to be a qualified executive housekeeper, but he should have a working knowledge of the services required in the hospital. He should also be highly observant and be able to determine if employees are doing their jobs properly. If a military man is used, he would be assigned from the existing number of military personnel assigned. There would be no increase in the cost of housekeeping service under this proposal.

An advantage of this approach is that continuous inspection by the same person, using the same quality standards, would be applied to housekeeping activities. A disadvantage is that hiring a civilian worker would increase the cost of housekeeping services by several thousand dollars.

One improvement that might not have an immediate effect would be to require that all complaints concerning the cleaning services be submitted in writing and kept on file in the office of the Chief, Service Branch. A record of the response to the complaint would also be filed with the complaint. This procedure would provide supporting data for future requests for changes in the contract.

Regardless of the improvements made in the current system, the following problems would still exist: (1) dual responsibility for housekeeping services will continue; (2) hospital personnel will have

little or no control over contract housekeeping personnel; (3) contract housekeeping personnel will not be trained to perform housekeeping functions in a hospital environment; and (4) nursing service personnel will not be employed at their full efficiency as long as they are performing housekeeping duties.

Provide contract housekeeping service for the entire hospital

In recent years an increasing number of hospitals have begun to contract with outside organizations to provide certain hospital services, and it is likely that this trend will continue.[9] Many hospitals have found it advantageous from both a cost and a cleaning efficiency point to contract for housekeeping services. Although contract housekeeping service is no panacea, it does have some advantages that apply to the USAHSTC.

Contract housekeeping can provide constant supervision. Contractors claim that since their supervisors are well paid and highly qualified, they can get more work out of the employees.[10] Because of their own future and the profit motive, the supervisors will make all efforts to insure that the employees are doing a good job. The AHA has recognized that one of the advantages of contract cleaning is effective supervision.[11]

Another advantage afforded by contract housekeeping is a possible reduction of total costs for this service. Use of contract cleaning could reduce the total investment in specialized, and even in standard, cleaning equipment. A substantial savings, which would reduce the total capital investment in the hospital, could result over a period of time. The contractor would also save on the cost of supplies and equipment through volume buying.

By using complete contract housekeeping services the administrative burden for the hospital would be reduced. Hospital personnel would not be involved in housekeeping duties; therefore, the contractor would become totally responsible for the hiring, training, scheduling, supervising, disciplining, and handling of timekeeping for all cleaning employees. A concomitant administrative and professional benefit would be that nursing service personnel would be relieved of their housekeeping duties. This time could be used more effectively in treating patients, and the dual housekeeping service would be abolished.

In contrast to the advantages of contract housekeeping, there are some disadvantages that are applicable to the USAHSTC.

One of the most prominent disadvantages of contract housekeeping is loss of control. When work is being performed in the hospital by personnel who are not a part of the hospital organization, the loss of management control is inevitable.[12] As a result of the loss of managerial control, hospital personnel would still be confronted with the dilemma of not being able to make on-the-spot corrections of housekeeping deficiencies, and would still be required to make time-consuming administrative reports.

Personnel hired by a contractor may be trained and experienced in routine housekeeping functions. Hospitals, however, present an unique environment in which the prevention of the spread of infection is vital. Cleaning in this environment, especially in laboratories, delivery rooms, and operating rooms, requires a special knowledge of aseptic techniques.[13] The ordinary housekeeper who has worked effectively in a non-hospital job would probably not be familiar with the AHA recom-

mended housekeeping procedures and would require special training to perform in the hospital environment.

Another disadvantage of contract housekeeping is that a hospital employee must be used to check the work of the contract cleaners. Based upon provisions of the current USAHSTC contract this employee would have no control or supervisory authority over the housekeeping employees and would be limited to submitting written reports containing the results of his observations and inspections.

The following precautions to be followed in selecting a contractor should be considered by the hospital commander when he weighs the advantages and disadvantages of contract housekeeping services: (1) the contractor should be financially stable and possess the proper equipment to perform the functions required; (2) preference should be given to contractors with hospital cleaning experience; and (3) a binding contract specifying the exact procedures and standards to be followed and the areas to be cleaned should be drawn up by the hospital.[14] The AHA has added the criterion of weighing quality as well as price. A housekeeping contract should be awarded to the lowest bidder commensurate with quality service.[15] The AHA has also developed a checklist for the evaluation of contract proposals which is very beneficial to a hospital considering contract service (Appendix G).

If USAHSTC converted all of its housekeeping service to contract, hospital personnel would have no control over the housekeeping employees and housekeeping employees would not necessarily be familiar with AHA recommended cleaning procedures. However, nursing service personnel would be better utilized, and supervision of housekeeping employees would be improved.

Establish a housekeeping branch

Great progress has been made in housekeeping techniques, procedures, supplies, and equipment. For this reason, and because housekeeping has a continuous and direct effect on the welfare of hospital, patients, visitors, and staff, the housekeeping department in many hospitals is being organized as a separate department, led by a qualified executive housekeeper.[16] The executive housekeeper, as head of a department, is normally directly responsible to the hospital administrator.[17]

Army Regulation 40-4, paragraph 2-23e, authorizes the establishment of a hospital housekeeping branch.[18] Furthermore, Army Regulation 420-81, Table I, authorizes full time custodial employees for fixed medical treatment facilities.[19] Based upon these Army Regulations, Army hospitals are authorized a housekeeping branch under control of the Chief, Supply and Service Division

Among the advantages of an inhouse housekeeping service as listed by the AHA are: (1) loyalty of employees; (2) flexibility of scheduling; (3) development of interdepartment teamwork and cooperation; (4) maintenance of aseptic conditions; and (5) personal service to patient.[20]

Perhaps the most important advantage to USAHSTC would be that hospital personnel would have complete control over the housekeeping service. Under this system, on-the-spot corrections could be made, and emergency cleaning requests could be fulfilled with a minimum of delay. The necessity for a written complaint would be negated, except in unusual or continuous deficiencies. In interviews with executive housekeepers in civilian hospitals, this writer found that control over housekeeping functions and immediate responsiveness to cleaning requests

were two paramount advantages of inhouse housekeeping services.

Another advantage that a housekeeping branch would afford USAHSTC is that nursing service personnel would be released from housekeeping duties and the dual responsibility for housekeeping would be eliminated. Freeing nursing service personnel from housekeeping duties would permit them maximum use of their time in patient care activities.

Army Regulation 40-4 states that "the Chief, Housekeeping Branch, will be an officer or civilian employee who should be trained as an executive housekeeper."[21] The person occupying the position of executive housekeeper should have a good general knowledge of microbiology, chemistry, personnel management, and administration. This education is necessary for him to organize and maintain an efficient housekeeping service.[22] In the interest of stability and continuity, a civilian employee should be considered for this position. The starting salary level would be based upon the individual qualifications and experience of the person hired to fulfill the position. By having one person responsible to the hospital commander for the hospital housekeeping service, the commander would have complete and immediate control of the housekeeping functions.

Another advantage of a housekeeping branch is that Army Regulation 40-4 also specified that the housekeeping branch chief will be responsible for establishing standards of performance and maintaining cleanliness of medical facilities through the use of recognized techniques, materials, and equipment.[23] The previously discussed AHA recommended procedures could easily be incorporated as part of the "recognized techniques" of maintaining an infection-free hospital.

AR 40-4 also requires the establishment of a centralized housekeeping program. Among the many advantages of a centralized housekeeping program is the close and continuous supervision of employees it provides.[24] Close supervision of housekeeping services, an absolute requirement at USAHSTC, would result from the required centralized housekeeping program. A suggested organization chart for the centralized housekeeping program is shown in Appendix H.

A disadvantage of establishing a housekeeping branch is that the hospital would be required to purchase housekeeping supplies and equipment. However, the hospital supply system maintains varying quantities of housekeeping supplies and equipment (e.g. floor buffers) to support the current housekeeping functions performed by nursing service personnel. This disadvantage, therefore, is negated somewhat by the current supply stock levels. The hospital is currently paying $58,965 annually for contract housekeeping out of hospital funds. This money could be applied to housekeeping department expenses, thereby reducing the financial impact of establishing a new branch.

Another disadvantage of establishing a housekeeping branch is that a formal training program must be conducted.[25] "Although a formal training program is not the complete answer to all problems, it can help the executive housekeeper to produce a higher level of efficiency."[26] Employees in the housekeeping branch should receive an initial orientation that would enable them to carry out their assigned housekeeping duties. A continuing inservice education program and on-the-job training should be provided. The training program should include instruction in the necessity of environmental control in the prevention

of the spread of infection in the hospital and should stress the role of the employee in this control. Employees who are assigned to specialized treatment areas such as surgical suites, obstetrical units, emergency rooms, inhalation therapy and intensive care units should receive additional training in the additional housekeeping procedures required in these environments.[27]

The difficulties encountered in initiating a training program would be reduced if the assistance and facilities of the hospital's Plans and Training Officer were properly employed. The Plans and Training Officer could provide professional guidance in the most efficient training programs, instructional techniques, and sources of training material. If carried out properly, this training program would provide the hospital with housekeeping personnel who are qualified to perform their duties in a hospital environment.

Determination of the total cost of establishing a housekeeping branch in the hospital would involve a complete inventory of existing housekeeping supplies and equipment to determine the cost of additional requirements to maintain a housekeeping branch. A complete manpower survey, using the guidelines in Department of the Army Technical Manual 5-609, would be necessary to determine the total number of personnel required to staff the housekeeping branch.[28]

The American Hospital Association recommends that the total cost of the housekeeping branch should amount to approximately 4 per cent of the total hospital budget and that 80 per cent of the housekeeping budget should be devoted to salary expense and the remainder to sustaining housekeeping operations.[29] Although cost is an important factor that must be considered in selecting the best method of providing housekeeping

services in a hospital the chief concern is the best interest of the patient, the hospital, and the community.[30]

If the Hospital Commander establishes a housekeeping branch at USAHSTC, the criteria listed in Chapter II would be met as follows: (1) the Hospital Commander would have maximum supervision and control over housekeeping personnel since they would all be hospital employees; (2) the quality of housekeeping would be enhanced because housekeeping personnel would be able to incorporate the AHA recommended housekeeping procedures as a result of attending the formal training program established by the Chief, Plans and Training, and they would be trained to perform housekeeping services in a hospital environment; (3) response to emergency cleaning requests would be improved as a result of better control and supervision of all housekeeping activities; and (4) maximum use of hospital nursing service personnel would result since they would not be responsible for housekeeping services and could devote all their time to patient care activities.

Since establishment of a housekeeping branch meets all the criteria listed in Chapter II, selection of this alternative would appear to provide the best source of housekeeping services for the hospital.

Summary

The improvement of the current housekeeping system, the conversion of the housekeeping functions to contract, and the establishment of an inhouse housekeeping branch have been discussed as three approaches to providing housekeeping services for the hospital.

Improvement of the current system

Methods of improving the current housekeeping system are:

(1) requesting changes to the current contract; (2) giving the responsibility for inspection of contract cleaning to nursing service; and (3) establishing the position of custodial inspector.

By requesting changes to the contract, the hospital could gain better control, supervision, and responsiveness from the contract housekeeping service. Disadvantages of this approach are that the Chief, Service Branch will need additional personnel and housekeeping salary expenses would consequently be increased.

If nursing service had full responsibility for inspection of contract cleaning services, the hospital would have qualified personnel determining the quality of cleaning provided. The disadvantage of this approach is that there is a shortage of nursing service personnel; giving them this additional responsibility would tend to intensify this shortage. Thus, the most efficient use of nursing service personnel would not occur. Also, the housekeeping employees would remain responsible only to the contractor.

By establishing a position of custodial inspector, the hospital would have the same person, using the same quality standards, to oversee all housekeeping activities. A major disadvantage of this approach is the shortage of qualified personnel. Another disadvantage is that the inspector would only oversee and would not control or supervise cleaning personnel.

The major disadvantages of the improvement approach are that the problem of dual responsibility, lack of control, poor responsiveness, inadequate training, and inefficient use of hospital personnel would not be solved.

Total contract housekeeping service

By converting to total contract housekeeping service, continuous supervision of housekeeping employees would be provided by the contractor and the hospital would not be required to invest in additional cleaning supplies and equipment. The administrative burden would be reduced since the contractor would have complete responsibility for housekeeping personnel.

The major disadvantage of using complete contract housekeeping service is that the hospital would not have complete managerial control over the housekeeping service. The problems of control and responsiveness would still exist. Other disadvantages are that the contract employees might not be familiar with housekeeping requirements in a hospital environment, and a member of the hospital staff would have to be used to inspect the quality of cleaning services provided.

Establish a housekeeping branch

Army Regulation 40-4 authorizes the hospital to establish a housekeeping branch. In doing so, the hospital would gain complete control of housekeeping services. Competent supervision would result through a centralized housekeeping program headed by a qualified executive housekeeper. Flexibility in scheduling of housekeeping tasks would also be provided and responsiveness would be improved. The efficient use of nursing service personnel would be facilitated by relieving them of their housekeeping duties. Another advantage would be that standards of performance and maintenance of a clean medical facility through the use of recognized techniques, procedures, and equipment would be required.

The disadvantages of the establishment of a housekeeping branch

are that a formal training program must be established and run on a continuous basis. Also, the hospital would be required to invest in varying amounts of additional housekeeping equipment and supplies.

Footnotes

[1]United States Army Hospital Specialized Treatment Center, Custodial Service Contract (Fort Gordon, Georgia: United States Army Hospital Specialized Treatment Center, 1969), p. 23.

[2]United States Army Hospital Specialized Treatment Center, Custodial Performance Schedule (Fort Gordon, Georgia: United States Army Hospital Specialized Treatment Center, 1969), pp. 1-9.

[3]USAHSTC, Custodial Service Contract, p. 10.

[4]Mohe H. Solworth, "Six Factors that Can Increase Housekeeping Productivity," Hospitals, XL (May 16, 1966), 108.

[5]Mildred L. Chase, "How to Make the Most of Night Housekeeping," Modern Hospital, CX (January, 1968), 128.

[6]American Hospital Association, Housekeeping Manual for Health Care Facilities (Chicago: American Hospital Association, 1966), p. 66.

[7]Ibid., p. 68.

[8]United States Army Hospital Specialized Treatment Center, "Nursing Service Time Study" (Fort Gordon, Georgia, November, 1969).

[9]Earnest W. Libman, "Contract Service: Achieving an Effective Relationship." Hospital Topics, XLIII (August, 1965), 65.

[10]Frank G. Bruesch, "Studying the Issues in Contract Housekeeping," Hospitals, XXXVIII (October 16, 1964), 139.

[11]AHA, Housekeeping Manual, p. 119.

[12]Edwin B. Feldman, "Contract Cleaning: Supplementary Aid or Complete Service," Hospitals, XXXIX (August 16, 1965), 108.

[13]Bruesch, "Studying the Issues," p. 139.

[14]Ibid., p. 140.

[15]AHA, Housekeeping Manual, p. 120.

[16]Mildred L. Chase, "Housekeeping Department Organization: Introduction to the Theory of Housekeeping" (unpublished handbook, Kettering, Ohio, n.d.), p. 1.

[17]John R. McGibony, Principles of Hospital Administration (New York: G.P. Putnam's Sons, 1952), p. 311.

[18]Headquarters, Department of the Army, Army Medical Department Facilities, Army Regulation 40-4 (Washington, D.C.: Government Printing Office, 1967), p. 2-11.

[19]Headquarters, Department of the Army, Custodial Services, Army Regulation 420-81 (Washington, D.C.: Government Printing Office, 1967), p. 2.

[20]AHA, Housekeeping Manual, p. 106.

[21]Army Regulation 40-4, p. 2-11.

[22]AHA, Housekeeping Manual, p. 2.

[23]Army Regulation 40-4, p. 2-11.

[24]Anne J. Vestal, "Centralized vs. Decentralized Housekeeping," Hospital Progress, XXXIX (October, 1958), 124.

[25]Army Regulation 40-4, p. 2-11.

[26]Fern Mannhalter and Gary M. Silman, "Making Housekeeping Manhours Count," Hospitals, XL (December 16, 1966), 82.

[27]Joint Commission on Accreditation of Hospitals, Standards for Accreditation of Hospitals (Chicago: Joint Commission on Accreditation of Hospitals, 1969), p. 63.

[28]Headquarters, Department of the Army, Custodial Service, Technical manual 5-609 (Washington, D.C.: Government Printing Office, 1957), pp. 3-6.

[29]American Hospital Association, Hospital Administrative Services Handbook (Chicago: American Hospital Association, 1967), p. 22; American Hospital Association, Hospital Administrative Services Spotlight (Chicago: American Hospital Association, 1965) I, 1; and American Hospital Association, "HAS Comparative DATA on Housekeeping Costs," Hospitals, XXXIX (August 16, 1965), 110.

[30]AHA, Housekeeping Manual, p. 106.

CHAPTER IV

CONCLUSION

Conclusion

The best method of providing housekeeping service at the United States Army Hospital Specialized Treatment Center, Fort Gordon, Georgia, is through the establishment of a housekeeping branch within the hospital consisting of an Executive Housekeeper, a daytime cleaning section, and a nighttime cleaning section.

Recommendations

It is recommended that:

1. A qualified executive housekeeper be hired by the Chief, Personnel Division to head the housekeeping branch.

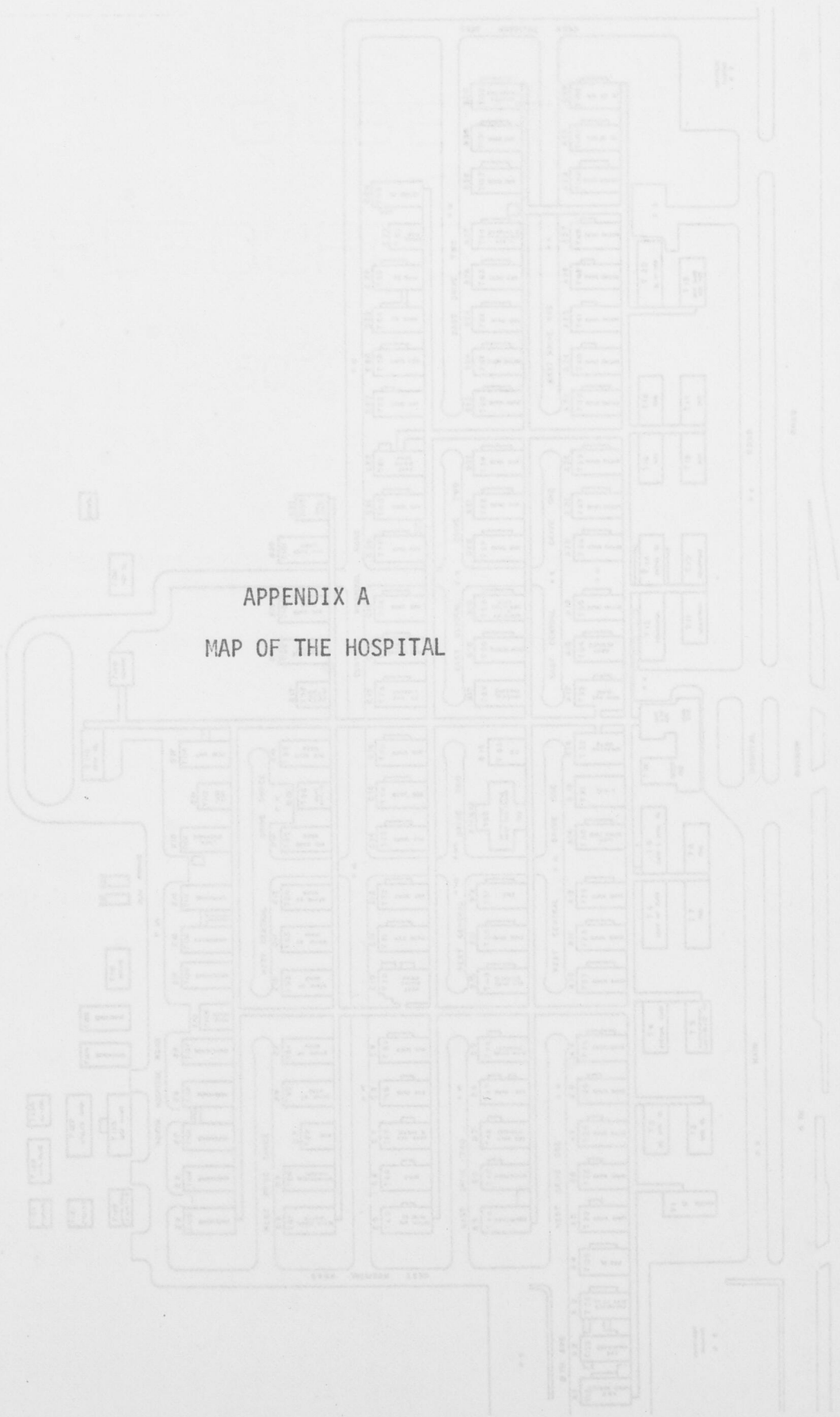
2. A complete manpower survey be conducted by the Chief, Management Services Division to determine the number of personnel required to staff the housekeeping branch.

3. A complete inventory of housekeeping supplies and equipment on hand be made by the Chief, Supply and Service Division in order to determine additional requirements to sustain the housekeeping branch.

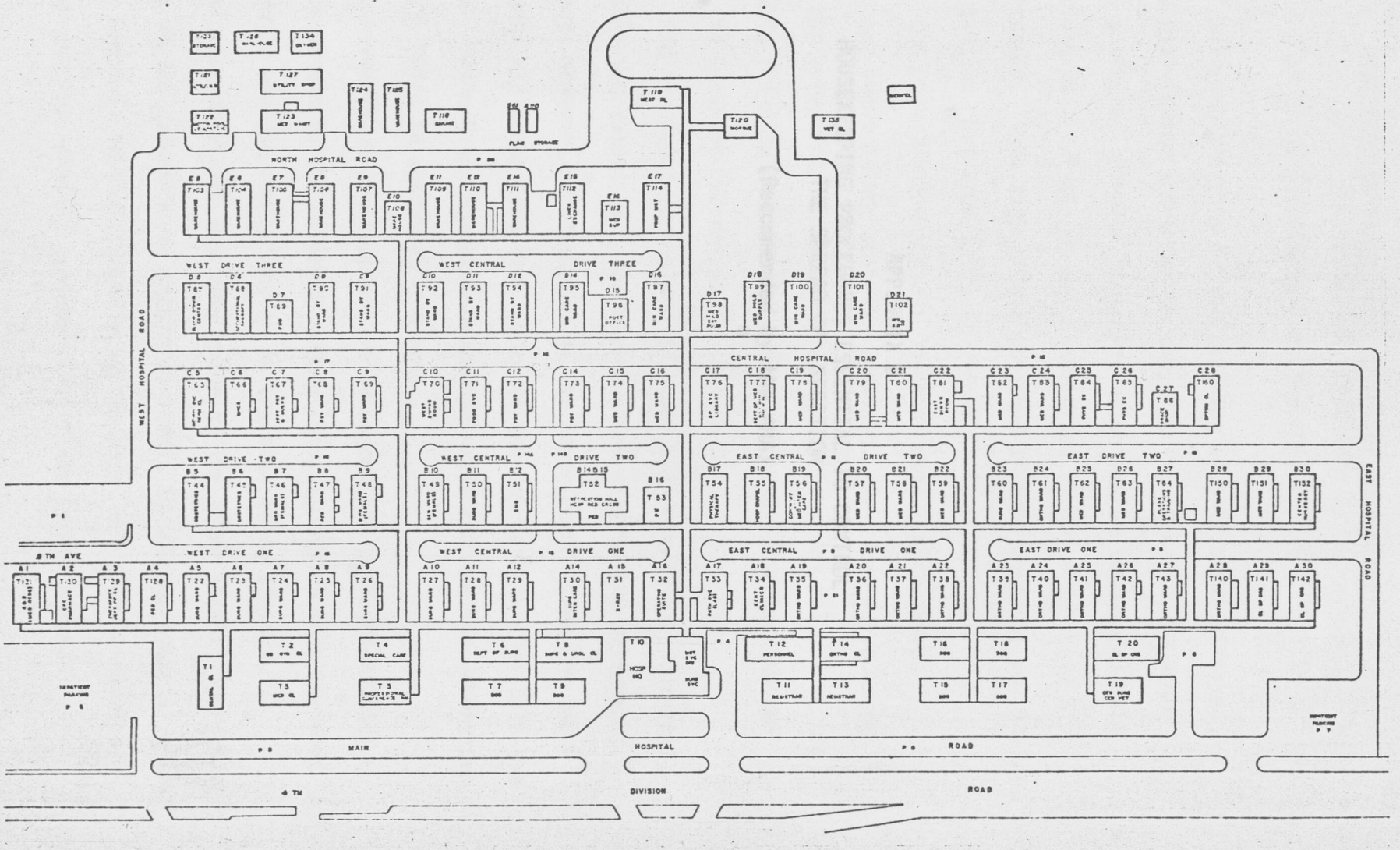
4. A continuous housekeeping training program be developed and initiated by the Chief, Plans and Training Division.

APPENDIX A

MAP OF THE HOSPITAL



U.S. ARMY HOSPITAL SPECIALIZED TREATMENT CENTER FORT GORDON GA.



APPENDIX B

HOUSEKEEPING PROCEDURES ESSENTIAL TO CONTROL THE SPREAD OF INFECTION

(Recommended by the AHA)

HOUSEKEEPING PROCEDURES ESSENTIAL TO CONTROL THE SPREAD OF INFECTION

(Recommended by the AHA)

1. Give top priority to the cleaning of horizontal surfaces; but also give proper attention to the cleaning of walls and other vertical surfaces. Harmful bacteria, which may be introduced into surroundings in a variety of ways, are often airborne for only a short distance. Then they become attached to both vertical and horizontal surfaces, but especially to floors.

2. Use wet-cleaning methods, such as damp-wiping, damp-mopping, and wet-mopping, wherever possible. Ordinary dry-dusting methods may serve only to redistribute bacteria-laden dust. The use of properly filtered or built-in vacuum cleaners is acceptable for dusting and sweeping operations.

3. Add effective germicides or other pathogen-killing chemicals to wet-cleaning solutions. The mixing of germicides and detergents should not, however, be attempted by the housekeeper since the two ingredients may neutralize each other if the appropriate chemicals are not used. Rather, the housekeeper should use a combination germicide-detergent, which is purchased premixed.

The strength of the combination detergent and pathogen-killing chemicals should be sufficiently concentrated to combat both the dirt accumulation and the contamination in the area being cleaned.

While the germicide has some value on the floor itself, its real value is in the reduction of bacterial levels in the mop bucket. Unless checked, bacteria multiply rapidly in the warm, moist environment of mop water and may actually contaminate a floor being "cleaned."

4. Issue, daily, damp-wiping cloths, treated dustcloths, and clean wet-mops to employees in sufficient quantity for them to use fresh cloths and mops as required.

5. Launder the used wet-mops and cleaning cloths every day. They should not be left, soiled and wet, in a work closet overnight.

6. Clean the equipment and storage closet every day.

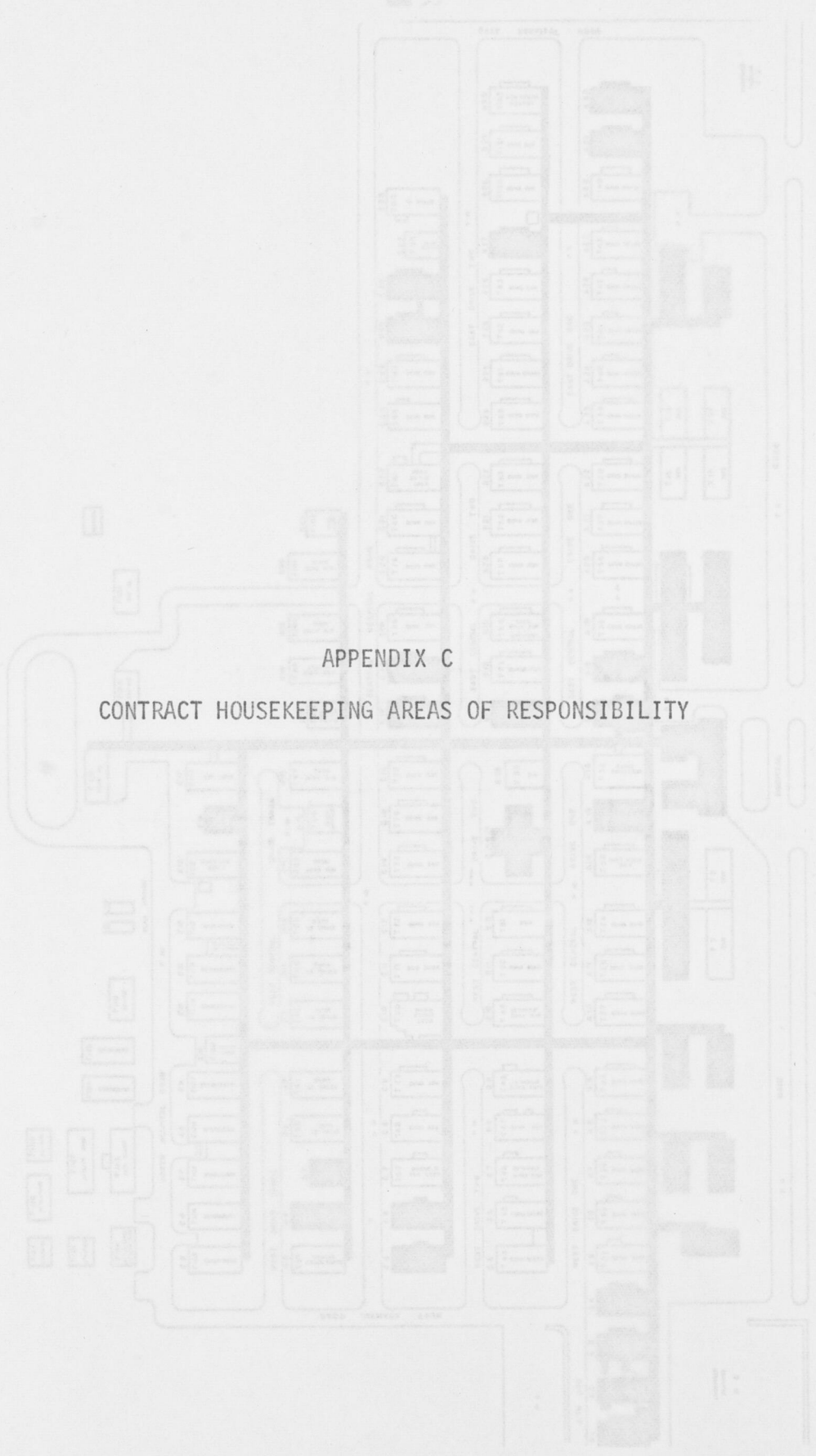
7. Maintain separate cleaning equipment for each of the following areas: newborn nursery, postpartum, isolation nursery, delivery suite, and emergency department or suite.

8. Provide plastic film or waxed paper bags for the disposal of infected materials. Contaminated linens should be handled in accordance with approved techniques.

Source: American Hospital Association, Housekeeping Manual for Health Care Facilities (Chicago: American Hospital Association, 1966), p. 67.

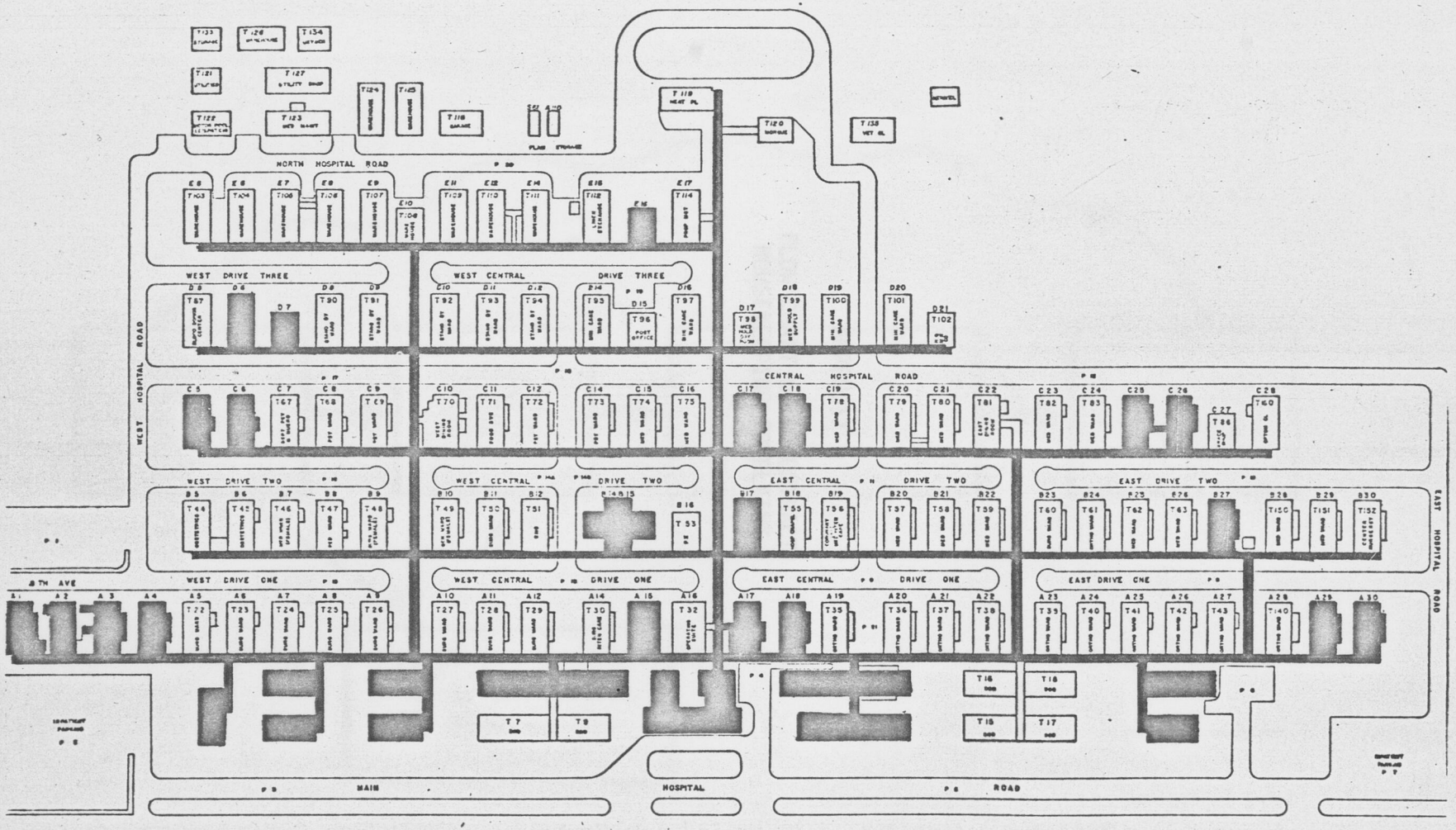
APPENDIX C

CONTRACT HOUSEKEEPING AREAS OF RESPONSIBILITY



CONTRACT HOUSEKEEPING AREAS OF RESPONSIBILITY[a]

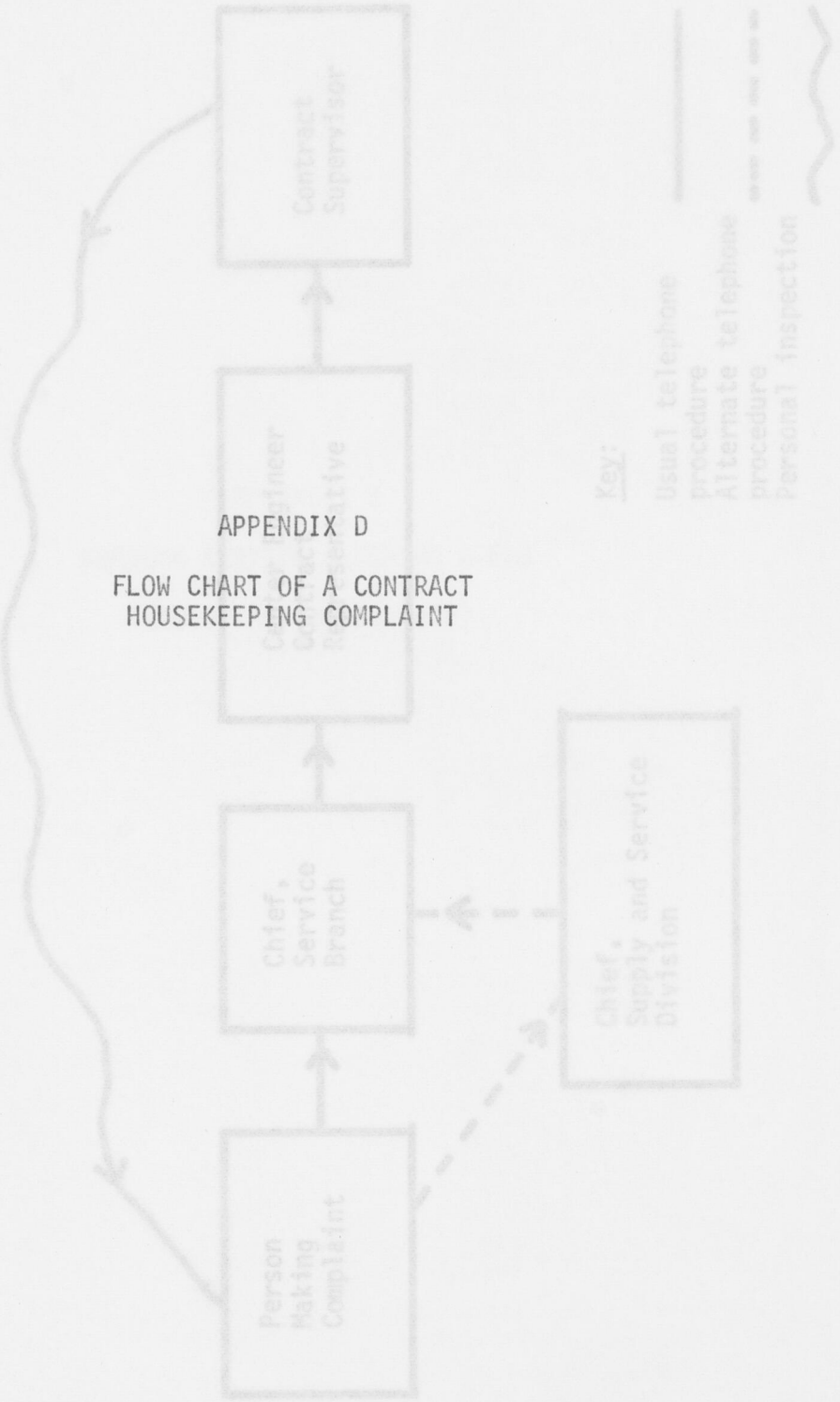
U.S. ARMY HOSPITAL SPECIALIZED TREATMENT CENTER FORT GORDON GA.



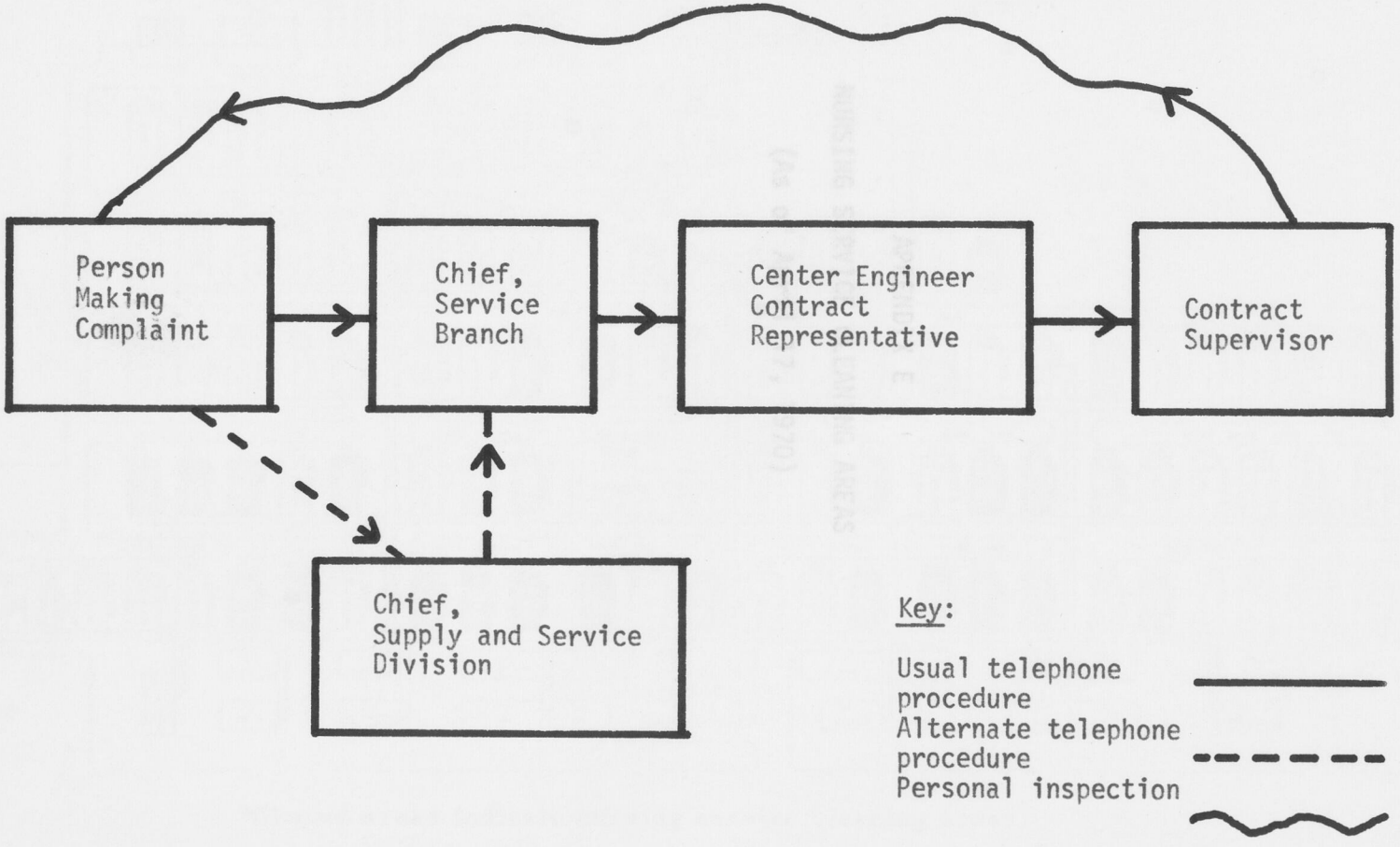
[a]Shaded areas indicate contract housekeeping areas.

APPENDIX D

FLOW CHART OF A CONTRACT HOUSEKEEPING COMPLAINT



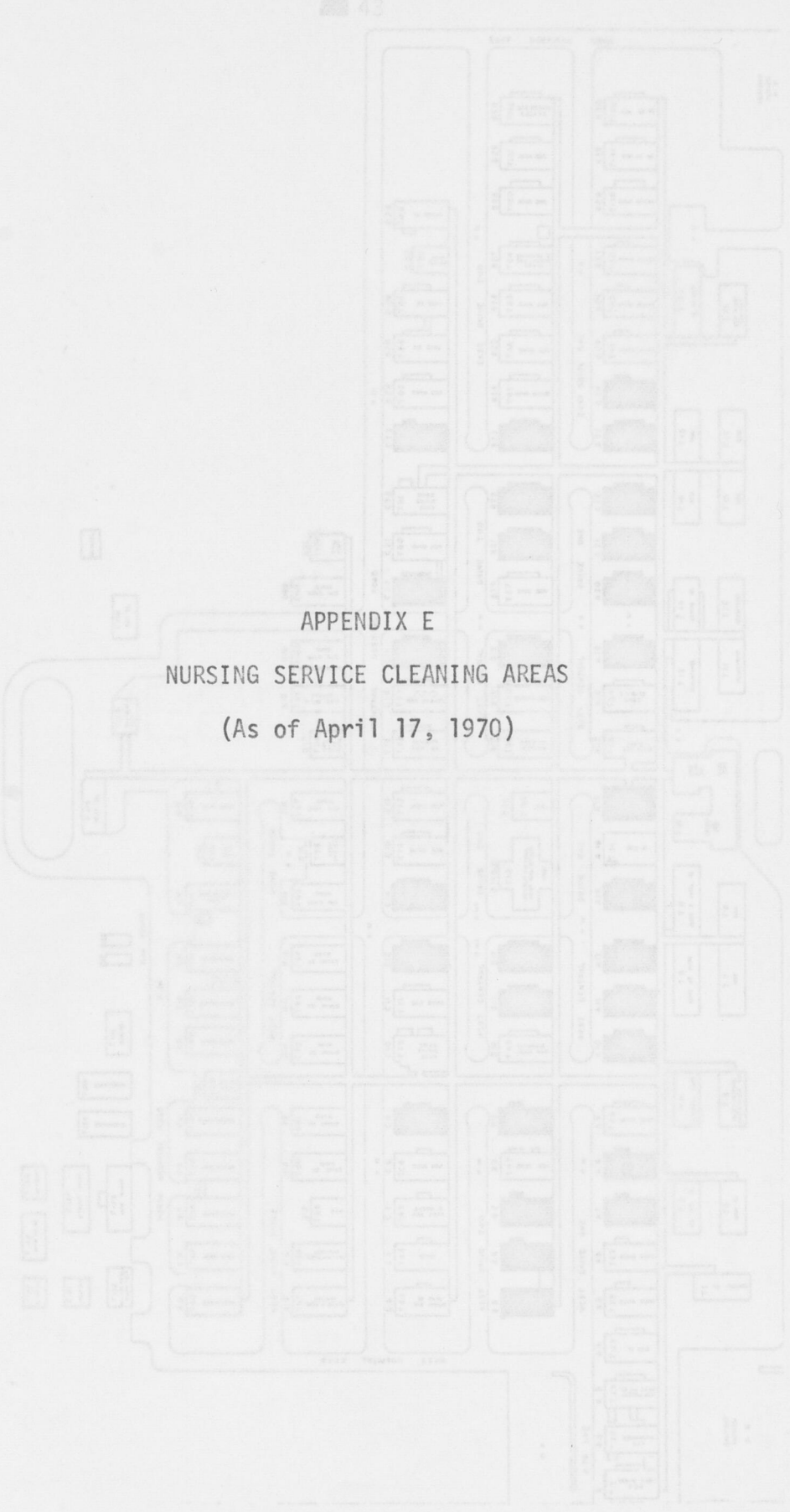
FLOW CHART OF A CONTRACT HOUSEKEEPING COMPLAINT



APPENDIX E

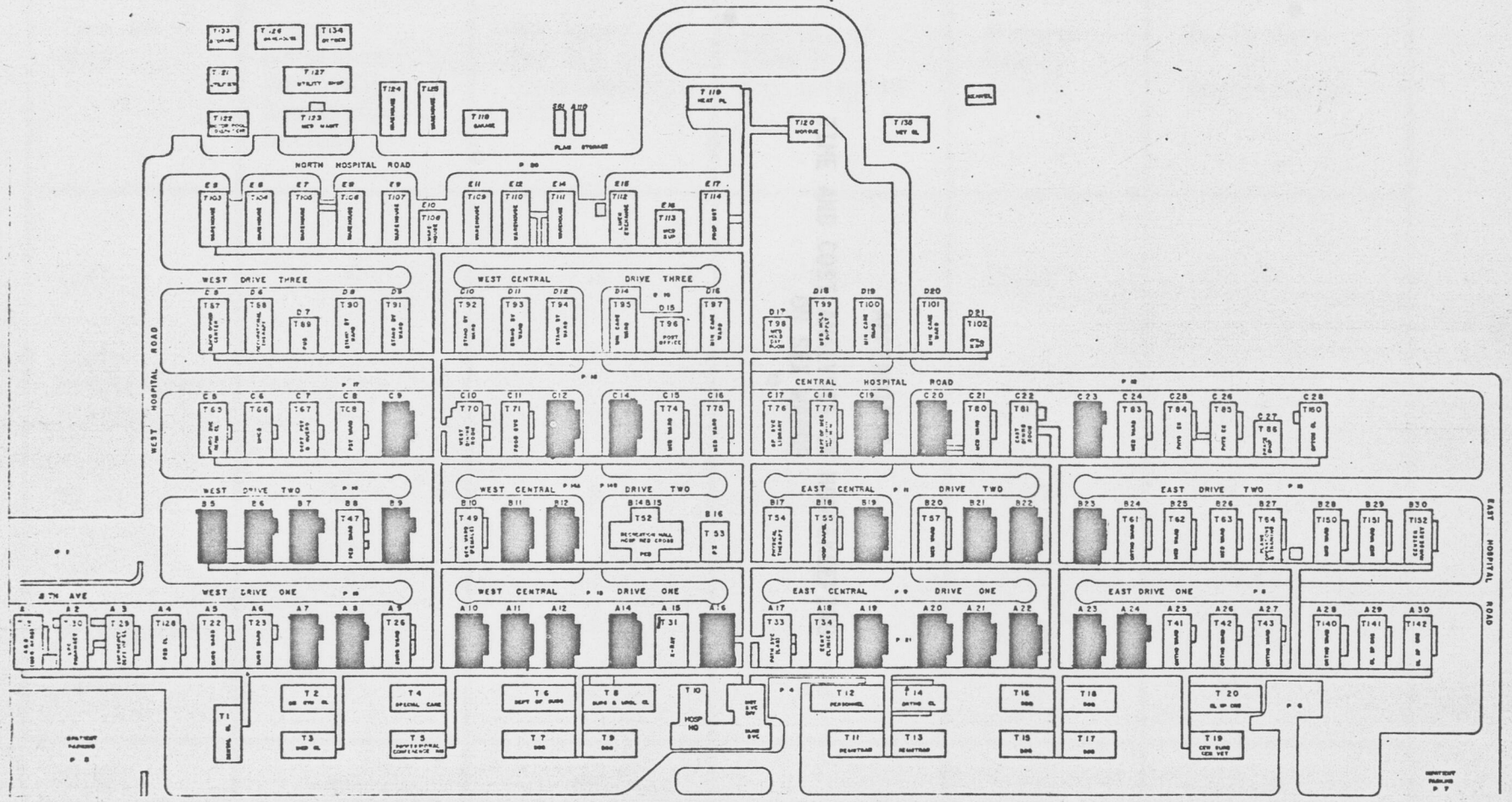
NURSING SERVICE CLEANING AREAS

(As of April 17, 1970)



NURSING SERVICE CLEANING AREAS (As of April 17, 1970)[a]

U.S. ARMY HOSPITAL SPECIALIZED TREATMENT CENTER FORT GORDON GA.



[a]Shaded areas indicate nursing service cleaning areas.

APPENDIX F

TIME AND COST ANALYSIS OF HOUSEKEEPING ON SIX WARDS

TIME AND COST ANALYSIS OF HOUSEKEEPING ON SIX WARDS

Type of Ward	Number of Personnel Performing Housekeeping Duties	Man Hours Per Day on Housekeeping Duties	Percent of Time in Housekeeping	Average Hourly Salary	Daily Cost of Housekeeping
EENT	4	8	8%	$1.43	$11.84
Acute Respiratory Disease	5	9	7.5%	1.53	11.77
NP	13	8	3%	1.57	12.56
GYN	6	12	8.3%	1.72	20.64
Orthopedic	8	18	9.4%	2.22	39.92
Surgery	7	17	10%	1.82	30.94
TOTALS	43	72			$128.11

APPENDIX G

CHECKLIST FOR EVALUATING CONTRACT PROPOSALS

(Recommended by the AHA)

CHECKLIST FOR EVALUATING CONTRACT PROPOSALS

(Recommended by the AHA)

Once a contract proposal has been made, answers to the following questions should be considered before awarding any contract:

1. Will this contract provide a quality and quantity of service that is in the best interests of the patient?

2. Can the hospital continue control over the service?

3. Can the contractor do the job better than you can? What does he know about hospitals?

4. Can he provide special tools or skills which are required only periodically and cannot feasibly be provided by the hospital itself?

5. Is the proposal realistic? Has the contractor spent enough time in the hospital to collect adequate data and to understand the service requirements? Can he, while making a profit, handle the job at his quoted costs?

6. How do projected contract service costs compare with hospital costs?

7. Have all jobs handled by displaced personnel, even those unrelated to the prime function, been covered or reassigned? Does the contract provide for call-backs in emergencies?

8. How will contract service affect indirect costs in other departments (including administration)?

9. Does the contract provide for equipment replacement, salary increases, and growth or service? How will inventories be maintained?

10. What would you do about taking over the service if contracting proved unsatisfactory? What are residual costs?

11. Will the contractor provide adequate supervision?

12. Will his personnel abide by hospital personnel policies? Who will maintain their personnel records? Will they be oriented to the hospital as are other workers?

13. Should you be concerned about not having the loyalty of persons in contract service? Will this have a detrimental impact on the patient?

14. Will the displacement of present personnel hurt morale or create community relations problems?

15. Will the contract service personnel, who may be unionized, have a detrimental effect on the attitude of hospital personnel?

16. Might there arise a problem of security control, and if so, how will it be handled?

17. How will the contract service affect the responsibility of administration for security, safety, and legal liability?

18. Will lawsuits involving the service be covered by the contractor's liability insurance?

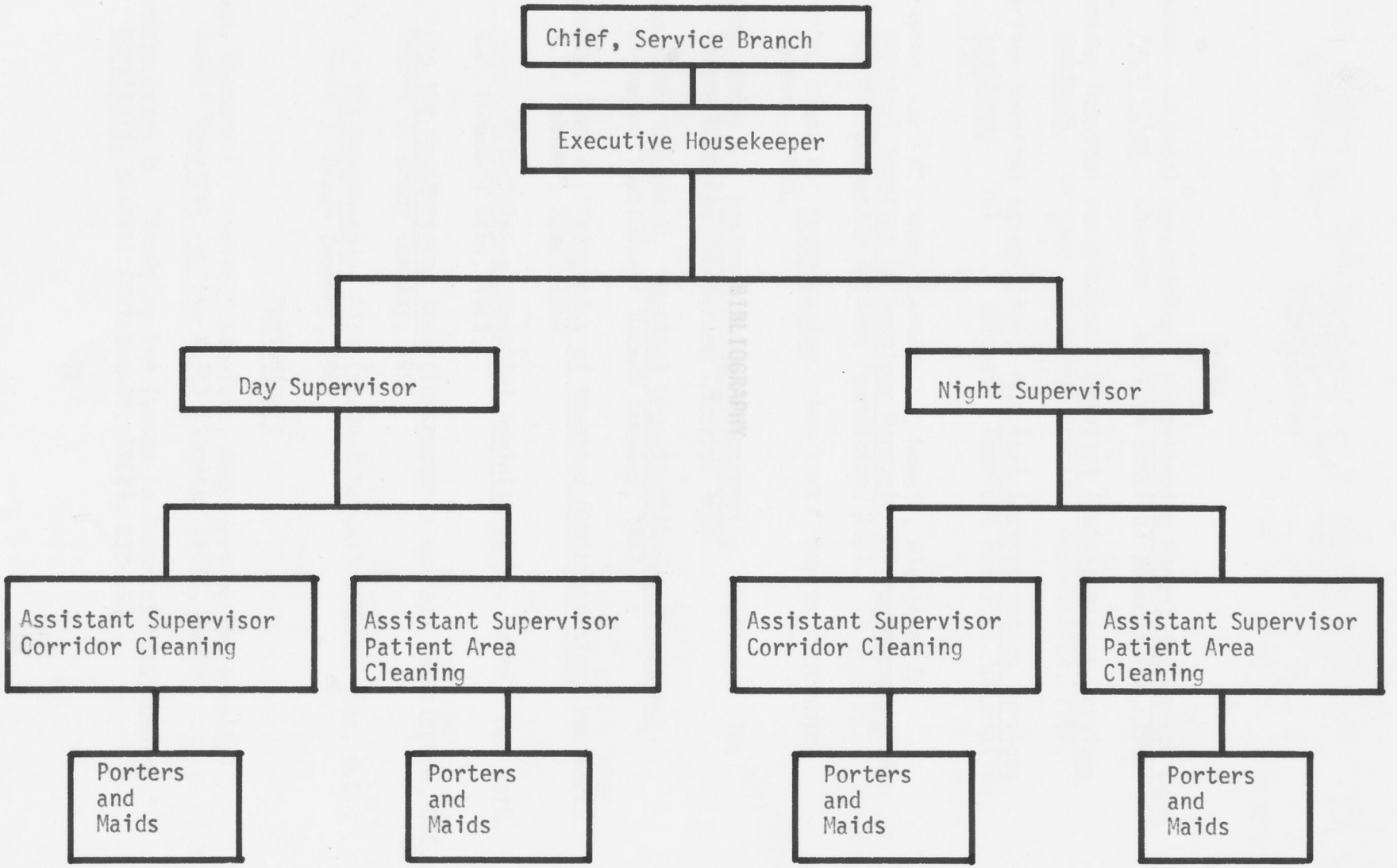
Source: American Hospital Association, Housekeeping Manual for Health Care Facilities (Chicago: American Hospital Association, 1966), p. 120-121.

APPENDIX H

SAMPLE ORGANIZATIONAL CHART FOR HOUSEKEEPING BRANCH



SAMPLE ORGANIZATION CHART FOR HOUSEKEEPING BRANCH



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ABSTRACT

A STUDY OF THE HOUSEKEEPING SERVICES AT THE UNITED STATES ARMY HOSPITAL SPECIALIZED TREATMENT CENTER, FORT GORDON, GEORGIA

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
Major Johnny L. Conner, MSC

August, 1971 55 pages

A copy of this document may be obtained on interlibrary loan from Stimson Library, United States Army Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas

The purpose of this study was to determine the best method of providing housekeeping service to the United States Army Hospital Specialized Treatment Center, Fort Gordon, Georgia. Interviews were conducted with members of the hospital staff, civilian hospital executive housekeepers, housekeeping personnel and the housekeeping contract supervisor. The job performance of housekeeping personnel was observed. A time study was conducted to determine the amount of time nursing service personnel devoted to housekeeping duties. Data for the study were collected from current literature in the housekeeping and health care fields.

The conclusion was that the establishment of an inhouse housekeeping branch was the best method for providing housekeeping service to the United States Army Hospital Specialized Treatment Center.

It was recommended that a qualified executive housekeeper be hired to head the housekeeping branch, a manpower survey be conducted to determine staffing requirements, an inventory be performed to determine supply and equipment requirements, and a continuous housekeeping training program be developed and initiated.