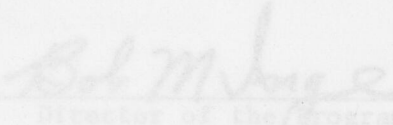


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BEAUMONT GENERAL HOSPITAL, EL PASO, TEXAS

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


Director of the Program

A Problem Solving Thesis

APPROVED BY THE FACULTY:
Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the


Requirements for the Degree

of

Master of Hospital Administration

by

APPROVED BY THE GRADUATE COUNCIL:


Lieutenant Colonel William T. Cuzick, MSC
Graduate School

Waco, Texas

December 1975

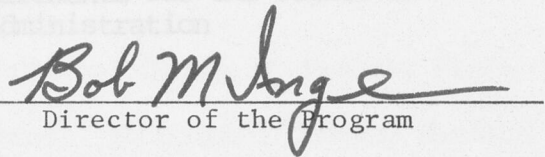
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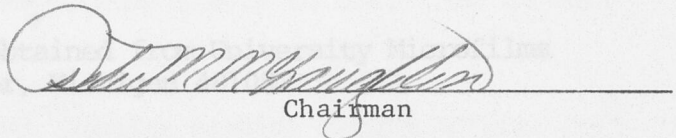
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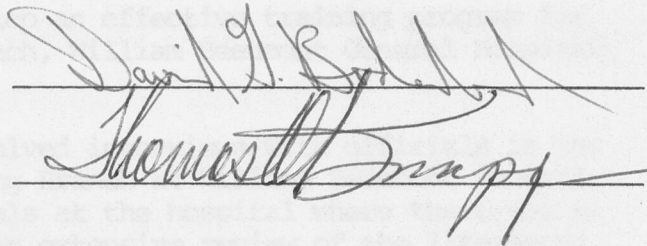
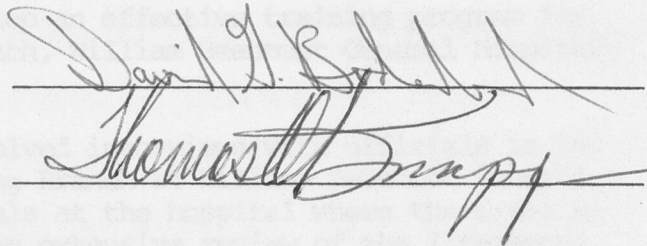
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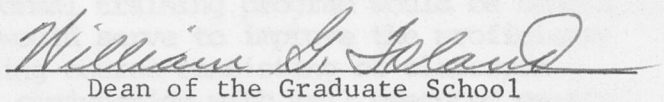
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Development of the Problem

The hospital has not always been the foremost champion of medical science and technology that marks its modern day reputation. Many bitter lessons have been learned. Historically, places to care for the sick have always existed. However, the character of such places has changed dramatically. Generally, this change occurred through the interplay of many factors. These factors include the scientific application of good sanitation, technical improvement in hospitals, quality medical education, and discovery or development of new drugs and procedures. All have had a tremendous impact on the total hospital environment.

As often occurs in nature, man have overcome one environmental problem only to create a new one. Such problems are often more difficult to successfully overcome and perhaps even more deadly than the original. The development of antibiotics, the "wonder" drugs, during World War II and the post-war period was not with great expectations. There would no longer be so great a danger with pneumonia and gangrene that had accounted for so many hospital deaths in the past. Rigid sanitary standards were relaxed, cleanliness became an aesthetic consideration, and environmental bacteriological monitoring became a neglected routine. Suddenly Staphylococcus aureus, Proteus vulgaris, Klebsiella pneumoniae, and Pseudomonas aeruginosa began to be frequently discussed in hospital infection committees. Not only had the diminution of sanitary standards

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INTRODUCTION

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caused the patient to be more grossly exposed, at a time when he was least equipped to fight off a microbial assault, but intemperate therapeutic regimen utilizing the "wonder" drugs also worked against the patient by creating immune bacteria; organisms that were not sensitive to the killing effect of the new therapeutic agents.¹

After much searching, a remedy was finally found, a remedy so simple as to be difficult to accept--a return to scientific housekeeping, reliance on proven aseptic techniques, and utilization of antibiotics and other modern chemotherapeutics only after bacteriological tests indicated a specific efficacy.² So, in the twenty year period of the fifties and sixties, a resurgence of sanitary housekeeping occurred. It has yet to receive the unanimous support that is demanded, and still problems of hospital asepsis frequently become items for the news media or work for the legal profession.

The military services of the United States have continuously recognized the necessity of adequate sanitary procedures within the hospital. In the U.S. Army, The Surgeon General has set a policy that requires the housekeeping branches of all hospitals to be trained in a formal program of instruction.³ William Beaumont General Hospital, El Paso, Texas, is seeking the implementation of a training program that will fulfill specific needs of their environment and workforce.

Hospital History and Setting

William Beaumont General Hospital is a Class II facility of The Surgeon General of the Army. This indicates that The Surgeon General has direct command and control over the functioning of the hospital; as differentiated from a Class I hospital, which is under the direct command

and control of a post, camp, or station. Referring to the term "facility" used above, the hospital is furnished general logistical support by the military organization on whose real estate it is located or adjacent. In this case, Fort Bliss, Texas, is that organization.

The basic organization of William Beaumont General Hospital is governed by a Table of Distribution and Allowances (TDA). The TDA is developed on the basis of guidelines found in Department of the Army and Surgeon General Regulations and manpower documents. Once approved, the TDA becomes an authorization to have a prescribed number of military personnel assigned and to hire a prescribed number of civilian employees to work in the hospital. On June 30, 1971, the hospital was authorized 1,017 military personnel and 836 civilians. This equates to a ratio of 2.5 health care personnel for each hospital bed.

Construction on William Beaumont General Hospital began in 1920 after Congress approved the recommendation of The Surgeon General of the Army, Major General Merritt W. Ireland, that such a hospital be established. It was opened to patients on July 1, 1921, as a 403-bed facility. Prior to World War II, operation of the hospital was centered in thirty-seven buildings which were constructed during the original period and in an expansion of facilities that took place in 1923. As the wounded of World War II began to arrive in great numbers, the necessity of further expansion was soon recognized. By early 1945 there were 6,000 patients on the hospital rolls and the physical facility had expanded to 174 buildings. After overcoming the load of World War II, William Beaumont General Hospital has continued to function as the superb medical treatment center that it is. Now rated as a 750-bed hospital, short- and long-term care is provided to active duty and retired military personnel

and their dependents from a wide area of Arizona, New Mexico, and West Texas. A most important adjunctive mission pertains to programs in education, research, and development for officers and enlisted personnel. The hospital offers both rotating and straight or specialized internships, as well as residencies in General Surgery, Orthopaedics, Obstetrics and Gynecology, Internal Medicine, Pediatrics, Anatomical Pathology, and an administrative residency in Health Care Administration.

Early in 1972, a new era will begin for William Beaumont General Hospital when a new \$17.5 million structure will be occupied. It will be constructed a few hundred yards west of the present complex at the foot of the Franklin mountains. The outer physical structure is already an impressive landmark overlooking El Paso and the surrounding countryside. The facility will feature an eight story tower rising above a massive four level base. Current plans specify 608 beds, primarily located in the tower. The base, in addition to containing the hospital headquarters and administrative services, will house the outpatient clinics, surgical and obstetrical suites, and a majority of the medical ancillary services. Some hospital functions will continue to operate in the old facility; however, these functions have not yet been determined.⁴

When William Beaumont General Hospital first opened its wards to patients, El Paso lay several miles south, on the border between the United States and Mexico. Now the city envelops the reservation of the hospital and adjacent Fort Bliss. The population of metropolitan El Paso has been determined to be greater than 359,000; and the once small town of Juarez, lying across the Rio Grande, has reached a population of approximately 450,000. As suggested by its location, a large proportion of El Paso's population is of Mexican or Latin extraction.

The breakdown is estimated to be 44 per cent Mexican-American, 53 per cent Anglo-American, and slightly less than 3 per cent non-Caucasian. Eighty-five per cent of the population is conversant in Spanish.⁵ The integration of Spanish-surnamed individuals into the professional, business, and social activities of the El Paso area seems to be within reach of an ethnic balance. One is aware of occasional disagreements in this regard, yet there appears to be noticeable good will and cooperation in the community as a whole. The workforce at William Beaumont exemplifies that integration. While there is great fluency of both Spanish and English within the population, the housekeeping department is obliged to recruit those individuals of lesser abilities, skills, and fluency in either or both languages. Consequently, in order to attain greatest efficiency in a training program, lack of linguistic fluency is a factor that must receive positive consideration in developing high standards for a housekeeping branch and training the employees to meet the standards.

Statement of the Problem

The problem is to develop an effective training program for employees of the Housekeeping Branch, William Beaumont General Hospital, El Paso, Texas.

Objectives

The objectives of this study are to:

1. Analyze the current organization and management structure of the Housekeeping Branch of William Beaumont General Hospital.
2. Evaluate the status of housekeeping employee proficiency and training regarding their ability to utilize microbiological techniques and good sanitary housekeeping procedures.

3. Determine training requirements necessary to develop the current employee force into an effective housekeeping branch. This includes a projected plan for training new employees as they join the organization.

4. Develop a proposed program of training for the housekeeping branch after considering the alternative method of conducting training.

Criteria

In devising or developing a training program for housekeepers, it is best to realize that sanitary housekeeping is only one of the barriers that the healing institution hopes to erect between the suspect organism and the patient. Other considerations are effective sterilization procedures and environmental safeguards. The institution seeks to assure that housekeeping meets the same standards, in its unique area, that all the other areas attain in combatting cross-infection. A solution to the problem should meet the following criteria:

1. Employer knowledge of cleaning techniques and proficiency is demonstrable by examination.
2. Training program as finally developed is deemed successful in building confidence and proficiency in housekeeping employees.
3. United States Communicable Disease Center guidelines for cross-infection are not exceeded in the institution.

Limitations

The following limitations are imposed on this study:

1. All routine housekeeping functions, to include the early cleaning of clinics each day, must be continued during any period of training. This requirement rigidly limits the time that can be made available to conduct a training program.

2. There is a wide difference in the educational backgrounds and linguistic abilities of employees of the housekeeping branch. This condition is not conducive to the development of a single program of instruction that will attain uniform goals, but will require a flexible approach utilizing more than one method of training.

Assumptions

The assumptions of this study are that:

1. Manpower staffing ratio of the hospital will continue at the present level.
2. Management will be willing to adjust to the temporary decrease in housekeeping activity from time to time necessary to accomplish the training program.
3. Personnel turnover rate will remain stable at the present acceptable level, thereby not requiring periodic crash efforts to keep a well trained housekeeping staff within the hospital organization.
4. Instructors for any training program implemented will come from the Housekeeping Branch.

Factors Bearing on the Problem

The following factors have a bearing on the problem:

1. William Beaumont General Hospital is a facility of over 170 buildings, with construction dates ranging from 1921 through World War II. The Housekeeping Branch maintains 806,000 square feet of floor space within the hospital. There are at least nine different types of floor coverings or surfaces, of varying age and condition.
2. Early in calendar year 1972, the hospital will relocate into a new structure. Although some hospital functions will continue

to be centered in the old hospital area, there is expected to be an overall reduction to approximately 300,000 square feet of floor space to maintain.

3. Housekeeping services are scheduled daily, Monday through Saturday, with only one shift from 0600 hours to 1430 hours.

4. An informal, in-house training program is presently being conducted within the Housekeeping Branch.

5. Personnel turnover rate, while not excessive, will dictate continuous training programs.

Problem Solving Methodology

Research was begun by conducting an initial survey and review of literature in three areas: general training development, training of housekeeping personnel in institutions, and sanitation standards required in hospitals. The training of housekeepers in all organizations and institutions was included in this initial research to gain a broad overview of problems inherent and commonly shared. Eventually, the study became more directed toward the specific area of sanitation and housekeeping within the health care facility.

William Beaumont General Hospital was initially visited during the period February 15 through February 20, 1971. Extensive interviews were conducted with hospital authorities to formulate a clear basis for this study. Information was obtained from both supervisors and custodial personnel in the Logistics Division and Housekeeping Branch. The number of personnel to be trained was determined by the branch chief, and an impression was formed of their ability to assimilate formal training.

The janitor foreman pointed out during a tour of the hospital, the types

of problems, environmental and structural, that will be determinants in tailoring a training program. An explanation and demonstration of equipment, methods of utilization, and housekeeping procedures by the janitor foreman and his head foreman provided very useful information.

Another visit to William Beaumont General Hospital extended from March 14 until March 24, 1971. While this period was devoted primarily to the collection of data that was not completed during the initial visit, additional interviews were conducted with personnel in the Civilian Personnel Office, Department of Pathology, Engineer Liaison Office, and Preventive Medicine Office. Housekeepers of three local civilian hospitals in El Paso were queried concerning their training programs and other relevant matters of departmental strength and work procedures.

Review of the Literature

Institutional cleanliness standards are developed according to the function of the institution. There may be similarities, but at some point there is a rather distinct differentiation of standards. In considering a criteria for housekeeping effectiveness, there will be differences in objectives based on the different purpose of the facility or enterprise. Cleanliness in a general hospital brings to mind a different criteria than housekeeping in a large high school. There is considerable literature written on housekeeping and housekeepers, a great deal of it general in nature, a much lesser amount relating to the unique environment that is necessary in a hospital.

Why must hospital cleaning be more adequate than that accomplished

in a county courthouse, a church, or a machine shop? What problems are inherent and specific within the health care setting that makes mere cleanliness almost of secondary consideration to disinfection and decontamination? As one author has stated, "visible high levels of cleanliness, however, do not necessarily imply excellence of housekeeping management in all hospitals."⁶ More than just "cleaning" is required to satisfy the needs of sanitation in a hospital.

Greene, in a series of articles, discussed microbiological contamination control in hospitals. He sets the stage for further progress in dealing with the specific problem by describing the chain of infection, indicating that a single concept in dealing with infection control will probably not be adequate.⁷ He proceeds to discuss five phases of contamination control which he relates to a systems approach while stating the universality of the phases.⁸ In the implementation phase, he cautions that much of what is done may be scientifically outdated, but nonetheless psychologically important. He lists six general contamination control enterprises as:

1. Physical and architectural design
2. Education and management of personnel; enforcement of regulations
3. Physical barriers
4. Ventilation barriers
5. Germicidal treatments
6. Design of activities and operations⁹

Housekeeping functions comprise aspects of all these enterprises.

Bertha Yanis Litsky is a recognized authority in the field of hospital contamination control. In her book, Hospital Sanitation: An Administrative Program, the nuance of the title is relevant to the overall character of a scientific basis for hospital asepsis. The act or acts of housekeeping are closely allied with chemical, physical, and bacteriological factors in the nature of the institution. It is not necessary to understand the last detail of their existence, but it is necessary to be generally knowledgeable of the hazards to convalescence and care that exist within the hospital walls. The hazards are not mysterious-- on the contrary, they are somewhat predictable. It can be assured they exist, and that by means that are for a large part elementary, coupled with thoroughness and regularity, they can be reduced to a level of acceptable risks.¹⁰

The goals suggested above are attainable to a large measure by education and training. On the administrative or supervisory level it should be understood that selection of products, materials, and machines, as well as, procedures and schedules are all germane to the work that must be accomplished.¹¹

Entire programs of formal training have been developed for the executive housekeeper to make that person more technically equipped to understand the problems of hospital sanitation.¹² However, nothing so formal exists for the housekeeping employee. There is no housekeeper institute or trade school that specializes in hospital housekeeping indicated by this research. The task seemingly falls to the program tailored to fit specific local needs and constraints.¹³

There is adequate material within the literature on which a

program of training can be developed. It is, for all intents and purposes, fragmentary; dealing with individual methods and techniques,¹⁴ specific locations within the hospital,¹⁵ and materials and equipment necessary to accomplish the task.¹⁶ However, there is much written for the supervisor to utilize in both developing a training program and establishing housekeeping norms.

A comprehensive approach for the training of housekeeping personnel did not appear with relative frequency in the literature until around the time that hospital-acquired infections became a problem. Of passing significance, state universities developed the first programs for training hospital housekeepers outside Federal Government agencies.¹⁷ The decade of the sixties was most productive in planning for advancement of housekeeper training.

The American Hospital Association has been in a position of eminent leadership in regard to the hospital. Their publication, "Housekeeping Manual for Health Care Facilities," is a comprehensive guide to administering a housekeeping department, including the training of employees. Designed to be used in either hospital or extended care facility, large or small, the stated objective of a good housekeeping program is to provide "a safe, pleasant, and functional environment for both patients and personnel."¹⁸

Available through the American Hospital Association, and published more recently, is a training manual titled "Being a Housekeeping Aide." It is intended to be used with an instructor's manual, "Training a Housekeeping Aide." The two manuals, along with a training aids packet,

are designed for application in periods of formal instruction and closely supervised on-the-job training.¹⁹

The "Environmental Sanitation Handbook" by Irwin R. Krasnoff, published by the University of Michigan, is an earlier publication that presents a very similar program to those reviewed above. Stated simply but succinctly by the author,

The main function of a sanitation program in a hospital is to provide an environment in which sick people can get well; and to emphasize the responsibility of hospital administration for training the housekeepers...they should be taught by a qualified person who can give undivided attention to sanitation problems.²⁰

There are numerous other programs of instruction, all presenting generally the same material, some more adequately than others. There is no lack of source material on which to base a formal program. However, there is a need for imagination and ingenuity in establishing and attaining educational goals, and there is a need to recognize the obligation to train and assist the housekeeping employee in the attainment of educational goals.

Manpower resources will undoubtedly be the most pivotal constraint in program development. Housekeeping, as true with the overall institution, is labor intensive. Labor costs are accounting for an increasing share of the overall hospital operating costs. With this and other economic and social pressures bearing heavily on the institution, it becomes increasingly more important to exercise thrift and efficiency when developing a plan to direct significant resources and effort into a training program.²¹

¹⁹More, "Training and Testing in Housekeeping Skills," *The Executive Housekeeper*, XVII, No. 1 (February, 1970), 46; Kenneth Stewart, "Training Made Easy," *The Executive Housekeeper*, XVII, No. 6 (July, 1970), 84-85; John Stapp, "Welfare Recipients Train for Housekeeping," *The Executive Housekeeper*, XVII, No. 4 (May, 1970), 38-40.

Footnotes

¹Bertha Yanis Litsky, Hospital Sanitation: An Administrative Program (Chicago: Clissold Publishing Company, 1964), pp. 4-5, 98-102.

²Ibid, p. 5.

³Office of The Surgeon General, Department of the Army, Regulation 10-2: Organization of U.S. Army General Hospitals Designated as Class II Installations, with Changes 1 - 3 (Washington, D. C., June 30, 1969), p. 49; Headquarters, Department of the Army, Regulation 40-4: Army Medical Service Facilities (Washington, D. C.: Government Printing Office, 1967), pp. 2-10.

⁴Groundbreaking Ceremonies (Pamphlet), William Beaumont General Hospital; Information Pamphlet, William Beaumont General Hospital; Services and Facilities in the WBGH - El Paso Area (Memorandum), William Beaumont General Hospital, February 1, 1971.

⁵Services and Facilities in the WBGH - El Paso Area, p. 2.

⁶William W. Underwood, "If It Looks Clean, It Is (Maybe)," Hospitals, XLV, No. 20 (October 16, 1971), 102.

⁷V. W. Greene, "Microbiological Contamination Control in Hospitals: Part I--Perspectives," Hospitals, XLIII, No. 20 (October 16, 1969), 87.

⁸V. W. Greene, "Microbiological Contamination Control in Hospitals: Part V--Role of Administration," Hospitals, XLIII, No. 24 (December 16, 1969), 75-78.

⁹Ibid, pp. 77-78.

¹⁰Litsky, pp. 5-9.

¹¹Edmund S. Lilly, "The Right Equipment--Key to Solution of Labor Problems," Hospitals, XLIII, No. 18 (July 16, 1969), 74-76; Edna LaFave, Austin K. Pryor, and Charles R. McDuff, "A New Method for Decontaminating Mops," Hospitals, XLI, No. 14 (July 16, 1967), 83-86.

¹²Bertha Yanis Litsky, "Training in Microbiology for the Executive Housekeeper," The Executive Housekeeper, XV, No. 2 (March, 1968), 26; U.S. Air Force, Air Training Command, Sheppard Technical Training Center, Texas, Plan of Instruction for Executive Housekeeper, POI 3AZR90670, August 20, 1968, pp. 1-14.

¹³Margaret Allmore, "Training and Testing in Housekeeping Skills," The Executive Housekeeper, XVII, No. 1 (February, 1970), 46; Kenneth Stewart, "Training Made Easy," The Executive Housekeeper, XVII, No. 6 (July, 1970), 84-85; John Stapp, "Welfare Recipients Train for Housekeeping, The Executive Housekeeper, XVII, No. 4 (May, 1970), 38-40.

¹⁴LaFave, Pryor, and McDuff, p. 83.

¹⁵Donn E. Cook, "Isolation Wall Washing--Too Much, Too Often," The Executive Housekeeper, XVII, No. 4 (March, 1970), 44.

¹⁶Lilly, P. 74.

¹⁷State Department of Education and Ohio State University, Hospital Housekeeping (Ohio State University: Ohio Trade and Industrial Education Service, 1959); Irving R. Krasnoff, Environmental Sanitation Handbook, 2nd Ed. (University Hospital: The University of Michigan, 1964).

¹⁸American Hospital Association, Housekeeping Manual for Health Care Facilities (Chicago: American Hospital Association, 1966).

¹⁹Hospital Research and Educational Trust, Being a Housekeeping Aide (Chicago: Hospital Research and Educational Trust, 1967); Hospital Research and Educational Trust, Training a Housekeeping Aide (Chicago: Hospital Research and Educational Trust, 1967).

²⁰Krasnoff, p. 5.

²¹Donald R. Newkirk, "Housekeeping Manpower Trends," Hospital Progress, LII, No. 1 (January, 1971), 66-68.

CHAPTER II

DISCUSSION

General

The decade of the 70's is thought by many to be a period of extensive social change.¹ Medical care has been identified as one of the targets, second only to equal rights, in the struggle for racial desegregation.² Like many other vestiges of the Establishment, the public demands a changing hospital for a changing age.³

The center of medical care, the hospital, has been denounced for its continuously increasing demand for money and censured for the way it has used resources.⁴ It is often criticized for not being able to reach every man, but few people are sympathetic regarding the depth and complexity of its operational problems.⁵ The public is short of patience with the hospital, not solely for what it does wrong, but for what the public perceives is done inadequately or is not being done and should be.⁶ When there is apparent lack of optimal care, when charges seem unreasonably high, or when the quest for good public relations breaks down, the response is usually quick and often severe.⁷

The question might appropriately be asked at this point, whether housekeeping is responsible for the seemingly untenable position of the hospital in today's society. The answer, perhaps, is not that obvious to the average observer. Housekeeping is one of many elements in the

greater hospital organization. It lacks charisma. It is low in visibility, even though the results of housekeeping are most visible. There is little in the way of sophistication connected outwardly with the housekeeping function. Neither is professionalism associated with the task. Yet, without housekeeping, the successful effort of the entire hospital may be thwarted. Not until recent years, has there been an effort to recruit personnel based on any significant intellectual prerequisites.⁸ There is seldom any focus on housekeeping effectiveness until lack of tidiness and cleanliness becomes obvious or hospital-acquired infections occur to further decimate whatever public good will remains. The laws of microbiology have been well known in the hospital since Lister, Nightingale, and Semmelweiss stated them in terms of discovery and experience. Unlike the application of other physical, chemical, and biological laws to practical application, the laws of microbiology require frequent relearning. It is unfortunate that this relearning is often stimulated by a well publicized outbreak of hospital-acquired infection.⁹

McGibony says, "Good housekeeping is an asset no hospital can afford to be without...."¹⁰ Since World War II, the housekeeping department has become an integral part of the hospital, an entity.¹¹ While it may lack the prestige of surgery, the immediacy of the emergency room or the scientific purity of the laboratory, the institution may be unattractive and dangerous without a proficient, capable housekeeping department.¹² Usually not more than 3 per cent of the hospital's budget is devoted to this service.¹³ The employees are hired without regard to education status, in-house advancement, or expected tenure. Housekeeping personnel

themselves do not look upon their employment with motivation or pride.¹⁴ Quite often the new employee is put to work on the day of hire. Rarely, formal training is required prior to introduction to the job.¹⁵ Occasionally an orientation is provided, lasting from one hour to a day. Usually the new employee is left to the mercy of older employees, who may or may not know the proper aseptic methods of protecting patients and themselves.

In many respects, the social role of the hospital is a paradox. For years it has been man's servant, literally giving life and restoring health; yet, it is not uncommon to read where man has assaulted the institution as much for its temporal faults as for its professional failures. Perhaps the two imperfections are interminably connected; but, regardless of their relationship, norms or standards must be postulated that will assure the least vulnerability for the hospital and insure a reliable and safe chance for recovery for every patient.¹⁶ It is with these factors in mind that an adequate training program is developed for William Beaumont General Hospital.

The Housekeeping Branch

As can be seen from the organization chart of William Beaumont General Hospital, the Logistics Division is one of the major organizational elements of the hospital (Appendix A). The Logistics Division contains eight branches, of which the Housekeeping Branch is one (Appendix B).

Information depicting the organization and authorized strength of the Housekeeping Branch is shown in Table I.

TABLE I

ORGANIZATION OF HOUSEKEEPING BRANCH

<u>Title</u>	<u>Grade Authorized</u>	<u>Strength Authorized</u>	<u>Strength Assigned</u>
Chief	Captain	1	1
Clerk-Stenographer	GS-3	1	1
Janitor Foreman	WS-5	1	1
Janitor Lead Foreman	WS-1	3	3
Motor Vehicle Operator	WG-5	1	1
Custodial Eqmpt Repairman	WG-4	1	1
Janitor	WG-3	11	11
Laborer	WG-2	3	3
Janitor	WG-2	18	16
Janitor (Temporary Hire)	WG-2	3	3
TOTAL		43	41

It was pointed out in the introductory chapter that the house-keeping branch maintains over 800,000 square feet of floor space. Work is scheduled to provide the most responsive service to those areas of the hospital receiving the greatest daily traffic. Because of the structural features of the present buildings, aseptic monitoring is meaningful only in specially enclosed areas such as the Operating Rooms, Labor and Delivery Rooms, and Newborn Nursery. Environmentally, El Paso is often subject to high winds and blowing dust. The numerous wards are entered by way of open ramps, as is characteristic of cantonment-type hospitals. The consequence is an impossible situation in which energetic action attempts to negate the effects of a constant flow of dust-laden wind, thermal currents, and outside traffic. Bacterial cultures are regularly processed by the hospital laboratory, but, in these exposed areas, the results are considered of little significance. The lack of protection creates a condition that routinely results in increased colony counts on the mature cultures.¹⁷

Housekeeping services are scheduled daily to care for waiting rooms, corridors, and wards. Areas receiving less concentrated use are scheduled less frequently, even to the extent that the neuropsychiatric building and Red Cross building receive a large cleaning operation approximately once every three months in which the floors are stripped, sealed, and re-waxed by personnel from the housekeeping branch. In these areas, day-to-day cleaning is accomplished by personnel of the neuropsychiatric departments and the Red Cross.

The staggering of areas to be cleaned is not completely desirable, but is dictated by the personnel situation. On any given day, the number of housekeeping employees on duty is considerably less than the forty-three authorized, considering vacant positions, annual leave, and sick leave. The range may fluctuate from thirty-five to forty. This aspect only compounds an already existing problem. Table II illustrates information compiled from private interviews, indicating a ratio of housekeeping employees to hospital beds.¹⁸

Although more elaborate statistical studies may be desirable, the disparity between the three largest civilian hospitals of El Paso and William Beaumont is obvious. One survey taken a number of years ago reported an average ratio in two hundred hospitals as being 1:6.4, and concluded a ratio of 1:9.5 was desirable.¹⁹ If a staffing ratio of one housekeeping employee to nine and one-half hospital beds is a reasonable standard, then a conclusion that by civilian standards, the Housekeeping Branch of William Beaumont General Hospital is understaffed seems reasonable also. The manning "position" will have a diluting effect on any training program attempted, to say nothing of basic operating efficiency.

TABLE II

RATIO OF HOUSEKEEPING EMPLOYEES TO OPERATING BEDS

	<u>Housekeeping Employees</u>	<u>Beds</u>	<u>Ratio</u>
Providence Memorial Hospital, El Paso, Texas	72	430	1:6.0
Hotel Dieu Hospital El Paso, Texas	51	285	1:5.6
Thomason General Hospital El Paso, Texas	38	335	1:8.8
William Beaumont General Hospital, El Paso, Texas	43	750	1:17.4

In spite of the heavy workload, the turn-over rate of house-keeping employees has not been excessive. From January 1, 1970, until December 31, 1970, there have been only five personnel separations. This converts to a very favorable turn-over rate of 11.6 per cent. A continuously executed or even frequently executed formal training program would not be required based on such a low rate.

The success of a training program, while requiring adequacy of formulation in concept, is also dependent upon the capability of those personnel being trained to understand and assimilate those objectives and principles for which the training is conducted. While the training objectives will be developed to meet the ends of management and operations, they cannot be so ambitious as to be unattainable by the students.²⁰ An essential consideration in approaching this problem is possible cultural and educational factors that could account for either successful or unsuccessful execution of a training program, depending on the propriety of assumptions made. The personnel records of housekeeping personnel at William Beaumont General Hospital were examined to determine education level of those people currently employed. Years of school

completed ranged from four to twelve, with a mean of 7.25 years. The top wage paid except for WS-5 grade janitor foreman is \$3.16 per hour. New employees are usually started at \$2.42 per hour. Better than half of the employees were being paid the lowest wage. Many of the employees have been working for what is considered the starting salary for a number of years. There are at least four employees who initially started working for the Department of the Army in 1946 and are now receiving only \$2.42 per hour. This information is included to demonstrate, what would appear to be, a lack of motivation or desire for upward mobility. Yet, by observation, one can conclude there is no great unhappiness or labor strife and work is carried out proficiently. It should also be disclosed that the prevailing wage rate for skilled and semi-skilled labor in El Paso is somewhat less than the Civil Service rate.

Within the area of non-supervisory housekeeping employees, there are four Civil Service occupational code series. By job title, they are:

3502	Laborer
3566	Janitor
4808	Custodial Equipment Repairman
5703	Motor Vehicle Operator

Within each occupational code area, there are various grade levels at which an employee may be utilized and paid, as restricted by the manning document (TDA). For each occupational code and grade, there is a separate job description delineating major duties and working conditions. This means there will not only be a variation in major duties, working conditions, and supervisory controls for the laborer and janitors; but there will also be a difference in function and requirements for

janitors, Grade WG-2 and WG-3. These differences may require some diversity in the training program development, for there should be a modification of training needs as dictated by the variability of major duty requirements noted on individual job descriptions.

Present Training Program

In the broad context of what constitutes training, it would be inaccurate to state that William Beaumont General Hospital has no training program for housekeeping personnel. Of three large civilian hospitals queried regarding their training of housekeeping employees, none had a formal program; but all provided some form of training to their employees. An initial orientation of from two to four hours, followed by some in-service hours, was typically the type of program found. No specific criticism of such a program is intended. Often the only point of differentiation in a formal and informal program is the establishing of meaningful objectives and concurrently providing the means of objective appraisal or specifying the criteria of acceptable performance.²¹

An in-service type of program has been the practice at William Beaumont General Hospital. While much of it can be described as supervised on-the-job training, in recent months the chief of the Housekeeping Branch has initiated informal periods of training around previously published Standard Operating Procedures and Hospital Regulations. By assembling a small group of from three to five employees for perhaps only as much as one hour each week, an increased understanding of certain critical procedures has been engendered. Subjects covered in these sessions include as an example, "Medical Waste Disposal and Incinerator Operation" and "Procedures for Cleaning Isolation Areas." When a new

item of equipment is received, such as an automatic floor scrubber, or a new method of floor care is introduced, such as antiseptic spray-buffing, the housekeeping personnel are oriented in small groups on an "as-needed" basis.

The Elements of an Effective Training Program

A group of desirable and attainable objectives determines the content of a training program. In respect to the hierarchy of execution, planning is as essential as any other fundamental ingredient of success for a program. In planning, the selection of objectives is central. In Koontz and O'Donnell, it is stated that "planning can be a useful... function only if objectives are properly selected."²² In training, the need to properly select objectives is a practical consideration. In training housekeepers, it is not necessary that they be microbiologists; but it is necessary that they be cognizant that their actions, if done properly, can in large measure control the existence of pathological organisms in the hospital environment, thereby reducing the threat of cross-infection to an acceptable risk.

Mager points out there are three phases in developing and writing objectives:

First, identify the terminal behavior by name; we can specify the kind of behavior which will be accepted as evidence that the learner has achieved the objective. Second, try to further define the desired behavior by describing the important conditions under which the behavior will be expected to occur. Third, specify the criteria of acceptable performance by describing how well the learner must perform to be considered applicable.²³

The above are functions that a good job description likewise satisfies. Actually, one should determine the other; and which is developed first is immaterial. All are goal orientations that the employee is

expected to strive for and attain. Stating attainable objectives of a training program in behavioral terms is the forerunner to an effective training program. Typical training objectives might be to differentiate and describe three classifications of micro-organisms which are responsible for the major portion of cross-infection in the hospital, and be able to compare and demonstrate proper method of using germicidal chemicals for control of micro-organisms. Another might be: provided with appropriate standards for cleaning of room floors, walls, windows, and other pertinent fixtures and furnishings, demonstrate the application of standards to problem situations.

In planning a training program for housekeepers, there must be concern for economic factors in terms of work displaced and materials expended. To start with, a housekeeping branch performs under heavy commitment to maintain established standards of cleanliness and safety. For a program to be successful, it must be supported by management.²⁴ In order to qualify for this support, the pay-off must be apparent to management. By no means should the program appear to be more expensive than the benefits derived therefrom. Normally, an effective hospital administrator will desire a well-trained housekeeping department or branch, but nothing will cause a program to become compromised as quickly as the observation that necessary work is below par or expenses are accelerating out of reason in support of the training.

In an effort to gain the greatest training advantage from resources expended, several practical alternatives should be developed and considered by the hospital administration. Assisting the new employee in starting his job with some degree of confidence and understanding is one of the functions of an orientation. In mapping out a training program

a decision will be made whether to hold a separate orientation at the very beginning of employment and delay formal instruction to a later date, or combine the orientation and formal instruction early in the employment. Before making this decision, management will determine how many employees will receive formal training. Perhaps the input of new employees is too infrequent to economically afford a formal program near the beginning of employment for every individual. There may be other reasons why formal training is not considered necessary for a new employee, such as conditional or temporary employment or the fact that he is a former housekeeping employee whom it is felt may already be proficient in housekeeping procedures. In regard to the orientation, however, Yoder indicates that combining it with the formal program of instruction is most advantageous, if the decision is made to train in depth at the time of an employee's induction.²⁵ Still other alternatives in training program development to be considered include an analysis of the several methods and combinations of methods of training housekeeping personnel. At an appropriate time, a decision will be made which method is the most advantageous. The same is applicable to the subjects in which it is desired that the worker become knowledgeable. Decisions will in large measure depend on the philosophy of responsible individuals at the institution in question, and one alternative may work just as well as another.

The curriculum of a training program for housekeeping personnel must be considered as largely universal. However, there is a group of core subjects that have an import to all employees working in the housekeeping branch. Beyond the basic core are the more specialized subjects, such as isolation techniques, maintenance of equipment, and subjects necessary for leadership development of the executive housekeeper.

In Figure I course areas of a housekeeping training program are identified that provide the basic framework to produce competent housekeeping employees and that by raising the level of competency will enhance job motivation.

FIGURE I

COURSE REQUIREMENTS FOR AN EFFECTIVE TRAINING PROGRAM
FOR HOUSEKEEPING EMPLOYEES

- I. Introduction -- Orientation
 - A. To the hospital
 - B. To the Housekeeping Branch
 - C. To the Job
 - D. To hospital, division, branch policies and procedures (SOP's, Regulations)
 - E. Completion of processing
 - F. Issue of uniforms
- II. Organization and Function of Hospitals
 - A. Types of hospitals
 - B. Organization of hospital
 - C. Chain of command, military and civilian
 - D. Objectives of hospital housekeeping
- III. Safety and Fire Prevention
- IV. Hospital Sanitation
 - A. Micro-organisms and disease
 - B. Sanitation chemistry and disinfection

There will be presented in this section a review of the most often utilized methods of transferring learning. Other methods and

FIGURE I (Continued)
 COURSE REQUIREMENTS FOR AN EFFECTIVE TRAINING PROGRAM
 FOR HOUSEKEEPING EMPLOYEES

- V. Sanitation Procedures for Hospital Housekeeping
 - A. Equipment and materials, operation and maintenance
 - B. Basic cleaning procedures
 - C. Special cleaning requirements (e.g., occupied room, isolation, check-out)
 - D. Cleaning problems
 - E. Standards for inspections
- VI. Control of Hospital Pests
- VII. Public Relations
 - A. Courtesy
 - B. Noise control
 - C. Personal hygiene
 - D. Relationships with co-workers and other hospital employees
- VIII. Recognition Program

The figure by no means presents an exhaustive scheme of a training program. The details of such a program would depend on local requirements. Tailoring would be determined by physical facility, employee aptitudes and previous training, available training time, and--above all--desired proficiency in specific subjects as determined during the planning phase of the program.

Alternative Methods of Training Housekeeping Personnel

There will be presented in this section a review of the most often utilized methods of transferring learning. Other methods and

combinations can be contrived. Their desired utilization and efficacy depend on many variables associated with the learning--with the process of learning, per se, difficulty of the skills or knowledge desired to be transferred, and motivation or capability of the individual. It is necessary for the employee to learn the proper or desired methods of housekeeping, which entails a conditioning process. At the same time, it may be desirable to "un-train," to elicit the phenomenon of extinction, where previously acquired habits or knowledge would interfere with or prevent the efficient learning required by the training program.²⁶

Pick-Up Method of Training

The pick-up method of training may be considered by many to be the least desirable method of training housekeepers. When time is valuable, employees are too few, and discernment in developing a training program has not been the case, this method would tend to be the path of least resistance. The new employee is directed by personnel to report to the executive housekeeper, who in turn assigns him to a lead foreman. The foreman directs the new janitor, who will be called "A," to pick up a housekeeping cart and accompany janitor "B" to some part of the hospital where janitor "B" will show "A" what to do. The remainder of the description is probably too obvious. When the two arrive at the proper location, "B" tells "A" to clean one room while he cleans a terminal check-out down the hall. From time to time, "A" may get some advice or criticism, but no training.

This non-method of training cannot help but place the institution in precarious straits that really cannot be afforded. Hospital-acquired infections are combated with stringent, controlled cleaning procedures;

and an employee with no knowledge of asepsis and disinfection is without rationale to call forth, or without standards to apply.²⁷

In rounded figures, the construction cost of hospitals is in a range of from \$40,000 to \$60,000 per bed. To risk an expensive floor care machine on a conductive or carpeted floor, in the hands of an employee undergoing pick-up training, is an extravagance. This inefficient method of training is unsuited to the housekeeping branch and should not be considered.²⁸

On-the-Job Training

If properly administered and supervised, on-the-job training can be a most effective method of attaining standards of proficiency through a program of training. An on-the-job training program that is not adequately executed, however, tends to deteriorate into the pick-up method of training. An adequately executed program has the characteristics of any well-planned training program. These characteristics include the determination of training needs; establishing training objectives; developing course material, training aids, lesson plans, and examinations; proper conduct of training; and evaluation of training.²⁹ The well-presented program relies on the same conditioning and transfer that constitute the basic precepts of the learning process.

The concept of an on-the-job training program does not obviate the requirement for some formal instruction. An effective program will utilize short lecture-demonstrations, followed by performance of skills and finally a discussion-critique. One of the distinguishing characteristics of on-the-job training is positive control and supervision. A well-thought-out proposition of what the student is expected to know and

be able to do at the end of each subject is necessary. The term "positive control" discards the idea that any employee in the housekeeping branch can be used to demonstrate and supervise the performance portion of training. The concept should be to demonstrate with precision and drill repetitiously under adroit supervision until the desired standards of proficiency are developed.³⁰

In one notable example of the use of on-the-job training, the Santa Clara Valley Medical Center, San Jose, California, in cooperation with the welfare department, selects, from the welfare roles, individuals who appear to be capable of responding to training. These persons undergo an on-the-job training program of three months duration. The program starts with a three-day initial phase covering subjects such as housekeeping procedures, roles and relationships with other hospital workers, and interpersonal relations, including the effect of using such phrases as "if you please" and "thank you." An orientation tour of the hospital is also conducted during this period. The next phase is a rotating, on-the-job training, utilizing "brother janitors" and "sister maids," until training has been received in all the various housekeeping tasks. This would appear to be a variation of the pick-up method, but in this usage, the "brother" or "sister" demonstrates the proper procedures and has the trainee work in relative proximity so that errors in procedure can be observed and corrected. In the final phase, lasting one month, each trainee is assigned a specific area of responsibility to clean and maintain. They are observed and evaluated during this final period. If they are slow, but promising, there is a provision to extend the training for an additional month. The program is reported to be very

successful, with area housekeepers seeking to obtain graduates of the course for employment.³¹

Formal Classroom Training

The formal method of classroom training is considered to be the most structured of programs, requiring a considerably longer period during which the student is unproductive. The ratio of supportive material required in this method compared to on-the-job training usually results in a more expensive training program to administer. An instructor or group of instructors may be required continuously for the entire length of the course. These are likely to be highly skilled, capable individuals with important responsibilities in the institution. They may be supervisors in housekeeping or skilled technicians from other departments. Their primary functions within the facility will undoubtedly have to continue. Management must realize there will be certain sacrifices and assure that training will not be one of them.

In terms of knowledge, this method is capable of producing a superlative housekeeper. One must realize that the trainee may often be of limited intellectual capacity and, in a predominantly Spanish-speaking area, be more linguistically oriented toward Spanish. These problems, with the possibility of a high rate of turnover, must be considered. They may require the course to be conducted more frequently than planned and to include bilingual, as well as repetitious instruction to insure mastery of the material.

Many of the subjects that must be learned by housekeeping personnel are most conducive to being taught by the formal method. It is of particular relevance that the basic orientation, organization and function of

the hospital, microbiology, and sanitation chemistry, to list a few, can be presented much better in the classroom with notebooks and adequate training aids.

Continuing Education or In-Service Training

Neither continuing education nor in-service training is a uniquely different method of training. It denotes a timing or a skewing of training, during which time an employee will receive remedial, refresher or additional training for a specific purpose such as the introduction of a new method of safely using a new chemical preparation.

One commercial firm, the Economics Laboratory, Inc., promotes this type of program as the primary means of training housekeeping personnel, stating that "...such a program can consist of both classroom training and discussion and on-the-job instruction. A combination of both is desirable."³² The feasibility of relying on an in-service training program to provide the entire scope of desired training is incompatible with the serious nature of the housekeeping job. Mr. Donald R. Newkirk, writing in *Hospital Progress*, approaches the question in this way: "Because housekeeping jobs are becoming more complicated day by day, as are all other jobs in the hospital, and because rapid technological advances are being made, ongoing education, as well as training upon entry to the job, are necessary."³³

Programmed Instruction

One of the modern innovations to learning that is rapidly gaining acceptance as an efficient mode of training is programmed instruction. Developed in conjunction with teaching machines, that began appearing

in the 1950's, the programmed text or programmed instruction has found many interesting applications throughout the field of education. Programmed instruction is not without technical problems. The basis of the concept originates from the paradigm of differentiation. A series of items or frames are composed into a program in which each frame requires a specific response. The frames are designed to repetitively, but progressively, build, by small steps, from the beginning point until an objective progression has been completed. There are different techniques within the concept, but all have the same essential characteristics. There are two principal drawbacks, one being the semantical problems that might be encountered in an individual who is retarded, poorly motivated, or lacking in language fluency. The second problem is related to the technical proficiency and time required to develop a specific program.³⁴ Programmed instruction, once developed, is an effective tool.³⁵ It is not a complete tool, but may possibly have many applications in reinforcement, review, relearning and other modifications of learning as opposed to the basic conditioning process.

A great deal of effort has been expended in the housekeeping field to develop programmed instruction. One example of this is a very excellent text by the title, Programmed Instruction in Asepsis, by Arbrook.

In typical programmed fashion, the student or reader is led frame-by-frame from the most basic nature of microbes, to a relatively elaborate understanding of cross-infection and control of sanitation.³⁶

Writing in The Executive Housekeeper, Dr. Raymond L. Hilgert cites many potential adaptations for training housekeepers. The list includes standard procedures in cleaning rooms, offices, and plant areas; safety;

wearing of uniforms; care and use of equipment and facilities and maintenance routines; organizational policies and procedures; as well as many others.³⁷ A listing of major consultants and publishers in the field of programmed instruction, from Dr. Hilgert's article, is contained in Appendix C.

A novel approach that contains many possibilities for the executive housekeeper is described in the July, 1970, Executive Housekeeper. Presenting a modification of programmed instruction, the author, Kenneth Steward, described how he linked slides and magnetic tape into a canned presentation.³⁸ Video tapes open up more capability, but a person experienced in training would tend to favor person-to-person contact in training effectively.

A Proposed Training Program

In proposing an effective training program, a great deal of reliance must be placed on the experience and proposals of others as revealed in the literature. During research on this project, perhaps as many as thirty training programs and parts of programs were examined. Like the program about to be described, those in the journals are most frequently tailored to fit local needs and situations. In fact, it is doubtful if one particular program of training for any subject material is universally superior to all others. The dynamics of human behavior are not easy to control or even second guess. An outstanding training program under one director or supervisor may prove to be a miserable failure or mediocre at best under a different supervisor, or even with a different group of trainees, if there is distracting influence within the and alternate schedule is included as Appendix D. A more fully developed

group. For that reason, this proposal will not be a critique of other programs, but rather will attempt to develop a cohesive and comprehensive program that will fulfill the basic objectives of an aggressive, professional housekeeping branch at William Beaumont General Hospital.

The problem for William Beaumont General Hospital is much more complex than simply recommending a program that can be easily executed. There are, at present, thirty-eight janitorial personnel with little or no housekeeping training. There are usually 10 per cent with less than a year's experience on the job. The Housekeeping Branch works a full schedule from 0600 hours until 1430 hours, six days a week; and, during the period of researching this project at the hospital, the staff was observed working steadily until the relief time. The dilemma of when a training program should be conducted immediately compounds the situation. The first half of the work day is out of the question, because it is necessary to maintain the clinic and waiting areas prior to the arrival of as many of the patients as possible; and, there is more than enough housekeeping that needs to be done to occupy the second half, as well. After considering the amount of work that must be done each day by the housekeeping staff, two hours of training at one time is considered the reasonable maximum for training economy. An ideal-sized group in this situation should number between eight and twelve. If three sessions of two hours each could be conducted per week until formal training requirements are fulfilled, and on-the job training integrated into the daily cleaning schedule after the first four sessions for each group, an objective of ten weeks might be attainable to complete a formal cycle. A recommended and alternate schedule is included as Appendix D. A more fully developed

comfortable, well-equipped classroom-training laboratory, much like the

curriculum or program of instruction is contained in Appendix E, and a list of training aids and sources is in Appendix F.

As previously pointed out, a large percentage of the housekeeping employees at William Beaumont General Hospital are of Mexican-American descent. While this identifies a potential problem of linguistics, there is sufficient capability within the hospital to supplement any difficult concept included in the training program with Spanish translations if deemed necessary.

The Housekeeping Branch also employs a limited number of mentally handicapped persons. This presents a different problem, perhaps requiring special sessions where rote and manipulative techniques can be employed.

There are many qualitative ingredients of an effective training program, but regardless of how exceptional it may be, it is necessary that the housekeeping employee believes it will benefit him. This may simply be called a selling job. There must be some communication wherein the employee will lose any resistance to further training that he or she may have developed, whether from unfortunate experience, past training, skepticism, negativism, or for any other reason. Concurrently, the employee must perceive that by becoming better trained and more proficient, job satisfaction will be improved. It will not be harmful for the employee to understand that training is an important prerequisite for advancement and career development.³⁹ If a positive approach to the training program is communicated from management to the members of the branch, proportional benefits will be returned in terms of attitude and motivation.⁴⁰

A pleasant training atmosphere should be cultivated by providing a comfortable, well-equipped classroom-training laboratory, much like the

Department of Nursing has for in-service training. This will prevent disturbing activities in the patient care areas and afford better control of the trainees; while, at the same time, the trainee will not feel that he or she is under glass for everyone to observe. During the practical application of on-the-job training, the instructional routines can be unobtrusively blended in with the regular schedule.⁴¹

At the end of the training cycle, the employees should be recognized by the hospital for their efforts in some form of appropriate ceremony. Certificates should be awarded, and perhaps a letter of acknowledgment from the Civilian Personnel Office stating that the completed training has been made a part of the individual's personnel record. There is some feeling in the literature that a change in title conveys an attitude of improved status. A wide range of job titles is available--from porter, maid, and housekeeping aide to custodial assistant, sanitary specialist, and more. It is realized that formalized manning documents are not easily changed, and this idea is presented for consideration as a possible future innovation.

The first objective of this overall proposal is to train those employees who are current members of the housekeeping staff. Once they have completed the recommended program, a new situation exists where perhaps not more than one new employee is inducted in a month. As more research in training of housekeepers is conducted, it may be possible to obtain programmed material to accomplish the orientation. If not otherwise available, it would be desirable to develop programmed orientation briefings and even to acquire other programmed material to provide initial instruction until there are sufficient new employees to justify

the formal course of instruction. If adequate programmed instruction can be provided, there would be reason to shorten the formal course. A pre-examination would provide the basis for such a course of action. The Housekeeping Branch could then set a target of two formal courses each year, which--if substantially shortened by programmed instruction--would reduce the impact on work schedules.

Summary

The proficient functioning of the housekeeping branch of any hospital has been made more important by the occurrence of hospital-acquired infection or cross-infection. This problem, in conjunction with the need to keep abreast of rapid technological advances, demands that a properly conceived, adequately planned training program for housekeeping employees be provided.

William Beaumont General Hospital has a relatively small housekeeping branch, with a heavy workload. A training program for the Housekeeping Branch is needed to increase the capability of each employee.

An effective training program must be preceded by a planning phase during which time meaningful objectives are developed. In the program, there are important, core subjects in which the employees must become well grounded. These core subjects will probably include orientation to the job and the hospital, hospital regulations and hospital policies, organization and functioning of the hospital, human relations and public relations, basic microbiology, basic sanitation, chemistry, cleaning procedures and techniques, and safety.

There are five methods or combinations of training that should be considered in advance of planning a training program in order to make

an objective choice of the alternative or alternatives possible. The training methods consist of "pick-up" method, on-the-job training, formal classroom instruction, continuing education or in-service education, and programmed instruction.

A training program for one institution, in this instance, William Beaumont General Hospital, must be tailored to the specific conditions and needs that exist. Since the Housekeeping Branch at William Beaumont General Hospital is working on a very pressing schedule, a training program will necessarily be extended over a longer period of time than desirable. A combination of formal instruction and on-the-job training appears to be the best alternative solution. In the future, programmed instruction may make possible the elimination of a large segment of the formal training cycle for housekeeping personnel.

Footnotes

¹Everett A. Johnson, "An Emerging Medical Staff Organization," Hospital Administration, XVII, No. 1 (Winter, 1972), 22; William J. Brennan and Milton E. Cole, "Meeting Demands for Change," Hospitals, XLV, No. 17 (September 1, 1971), 65.

²Brennan and Cole, p. 65.

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CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The Housekeeping Branch at William Beaumont General Hospital can benefit from a formally conceived and executed training program.

A training program to remedy any training deficit of the current employees will be administered differently from a program designed to orient and train new employees in the future, although the same basic subjects will be taught.

The time of day that training will be conducted is perhaps the most troublesome decision that must be made. The options open are limited to the last hour or possibly the last two hours of the day because of a heavy workload.

The most effective method of training housekeeping personnel is by a combination of formal classroom instruction and adequately supervised on-the-job training. In the future, the formal instruction may be partially or wholly replaced by programmed texts and instruction.

A training laboratory would be advantageous from the point that preliminary instruction, demonstration, performance and correction would not disturb the patient or inhibit the employee. Coordination should make possible the use of the Department of Nursing's in-service laboratory.

After successfully completing a prescribed course of training, the employee should be recognized in such a way as to further enhance

his or her attitude toward the training and the institution for providing an opportunity for improvement through education.

during the training program.

Recommendations

As a result of the study, it is recommended that:

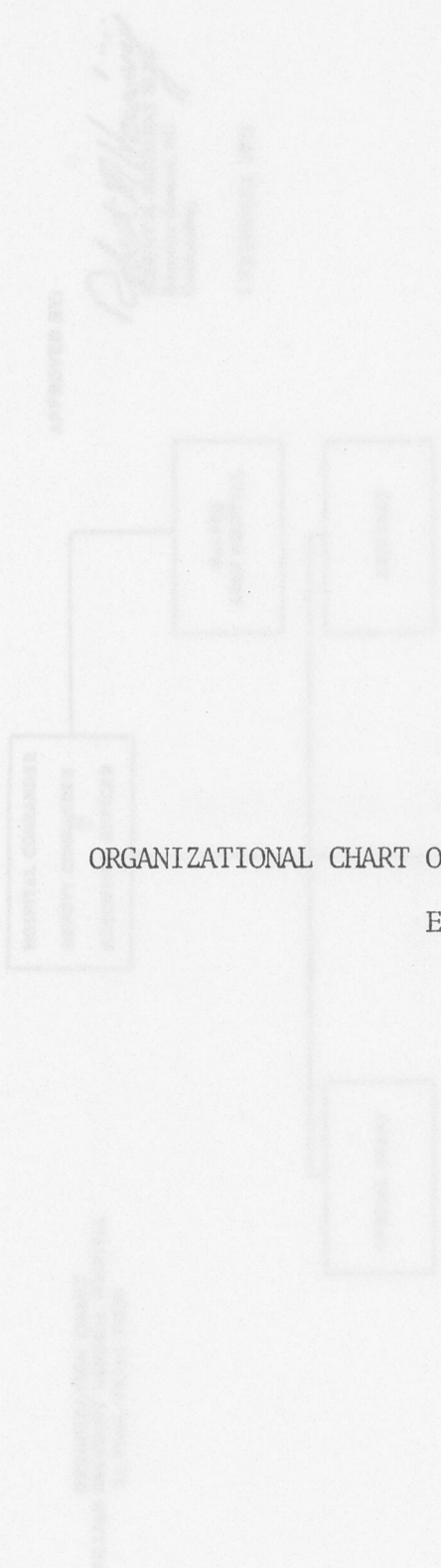
1. A training program for employees of the Housekeeping Branch, William Beaumont General Hospital, be established cooperatively by the Civilian Personnel Office and Logistics Division based on the curriculum listing in the program of instruction at Appendix D.
2. The orientation portion of the training program be separated from the full program of instruction and be presented to the individual or individuals within the first week of employment.
3. Logistics Division should insure a minimum of two hours each week be devoted to formal classroom instruction and that on-the-job training be integrated into the normal work schedule after preliminary lecture-demonstrations are completed.
4. The program as developed by the Civilian Personnel Office and Logistics Division should consist of formal instruction in teaching those basic subjects that can most effectively be standardized by that method, and on-the-job instruction be used to develop the basic and advanced manual skills and housekeeping procedures required by the program.
5. A training laboratory be developed by the Logistics Division (Housekeeping Branch) jointly with the Department of Nursing or separately, as a project of the Housekeeping Branch, if necessary.
6. The program of training housekeeping employees by the Civilian Personnel Office and Logistics Division be an effort to raise the professional status of the personnel, characterized by well-stated, specific objectives;

adroit planning; well-executed formal instruction; adequately supervised on-the-job training; and individual recognition based on accomplishment during the training program.

APPENDIX A

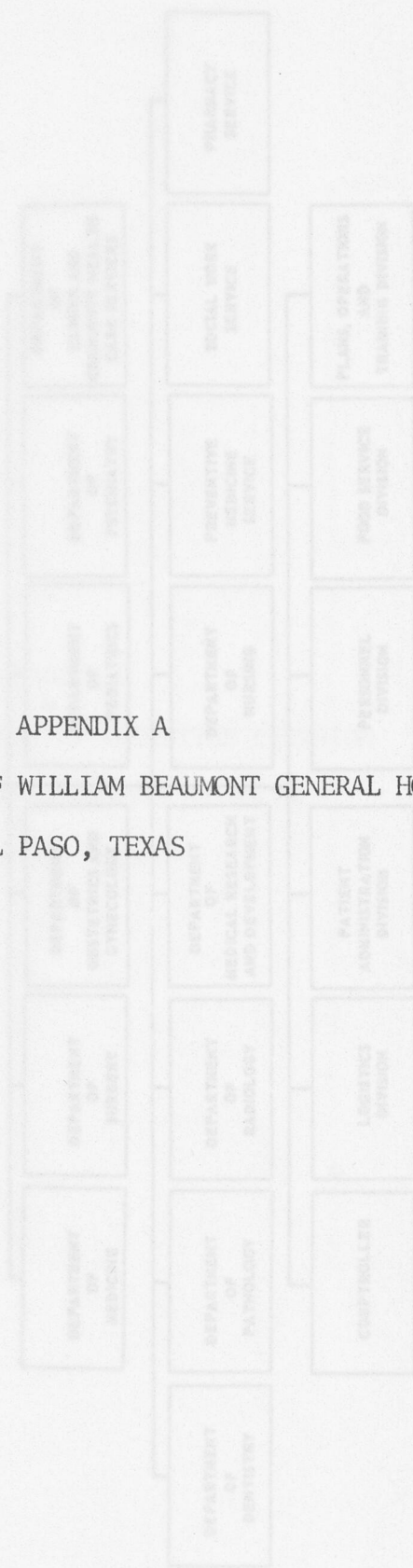
ORGANIZATIONAL CHART OF WILLIAM BEAUMONT GENERAL HOSPITAL,

EL PASO, TEXAS



APPENDIX A

ORGANIZATIONAL CHART OF WILLIAM BEAUMONT GENERAL HOSPITAL,
EL PASO, TEXAS

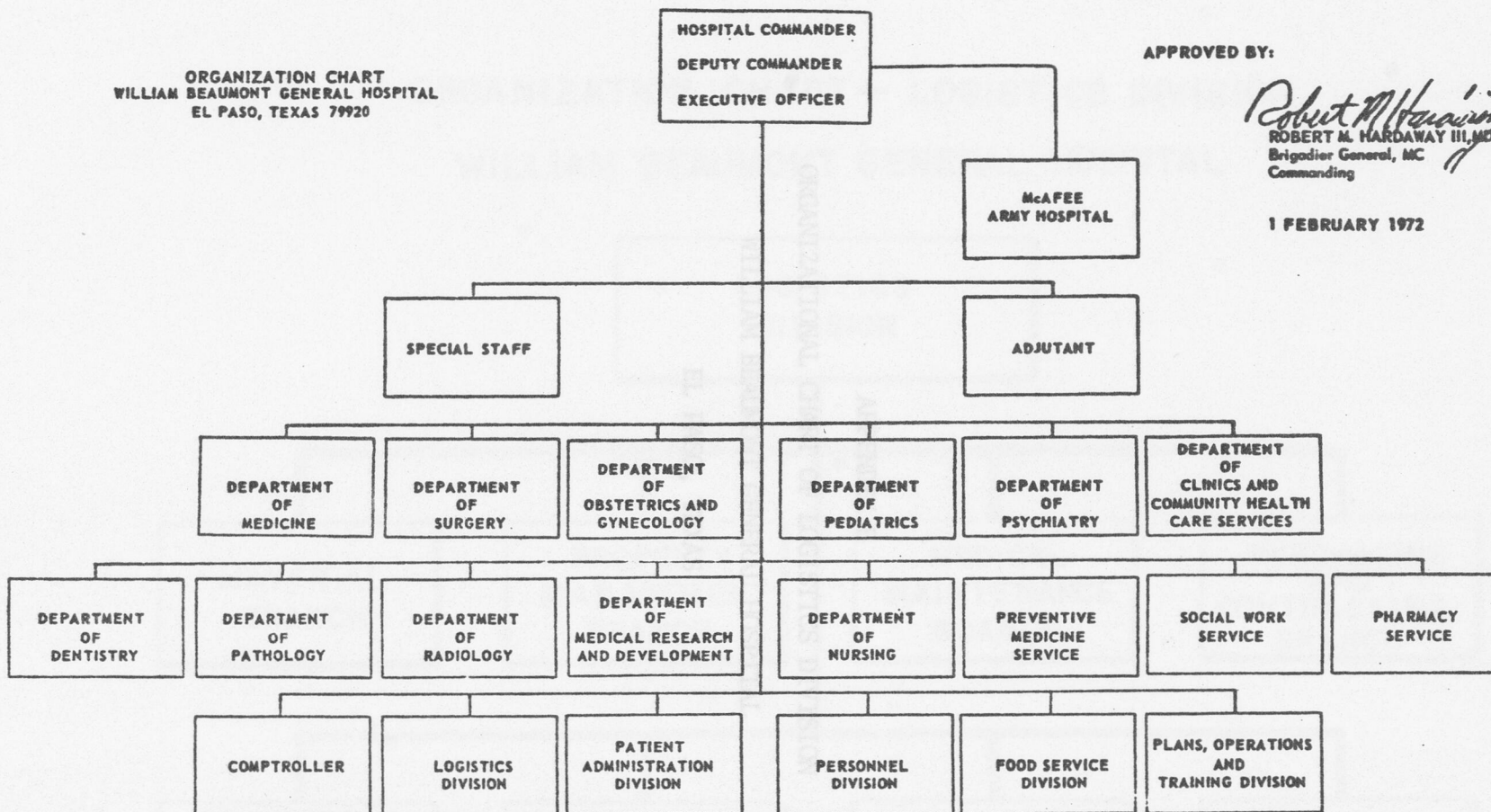


ORGANIZATION CHART
WILLIAM BEAUMONT GENERAL HOSPITAL
EL PASO, TEXAS 79920

APPROVED BY:

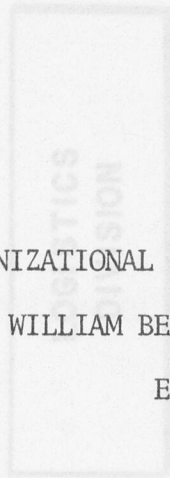
Robert M. Hardaway III
ROBERT M. HARDAWAY III, MD
Brigadier General, MC
Commanding

1 FEBRUARY 1972



ORGANIZATION CHART - LOGISTICS DIVISION

WILLIAM BEAUMONT GENERAL HOSPITAL

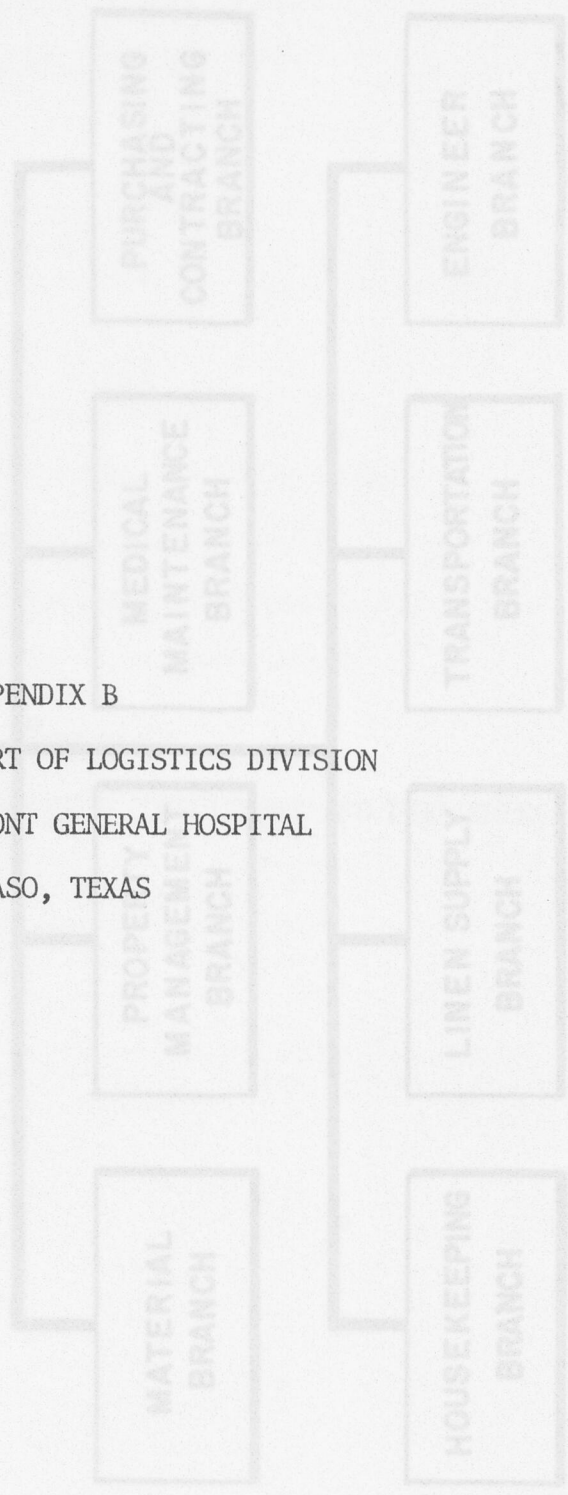


APPENDIX B

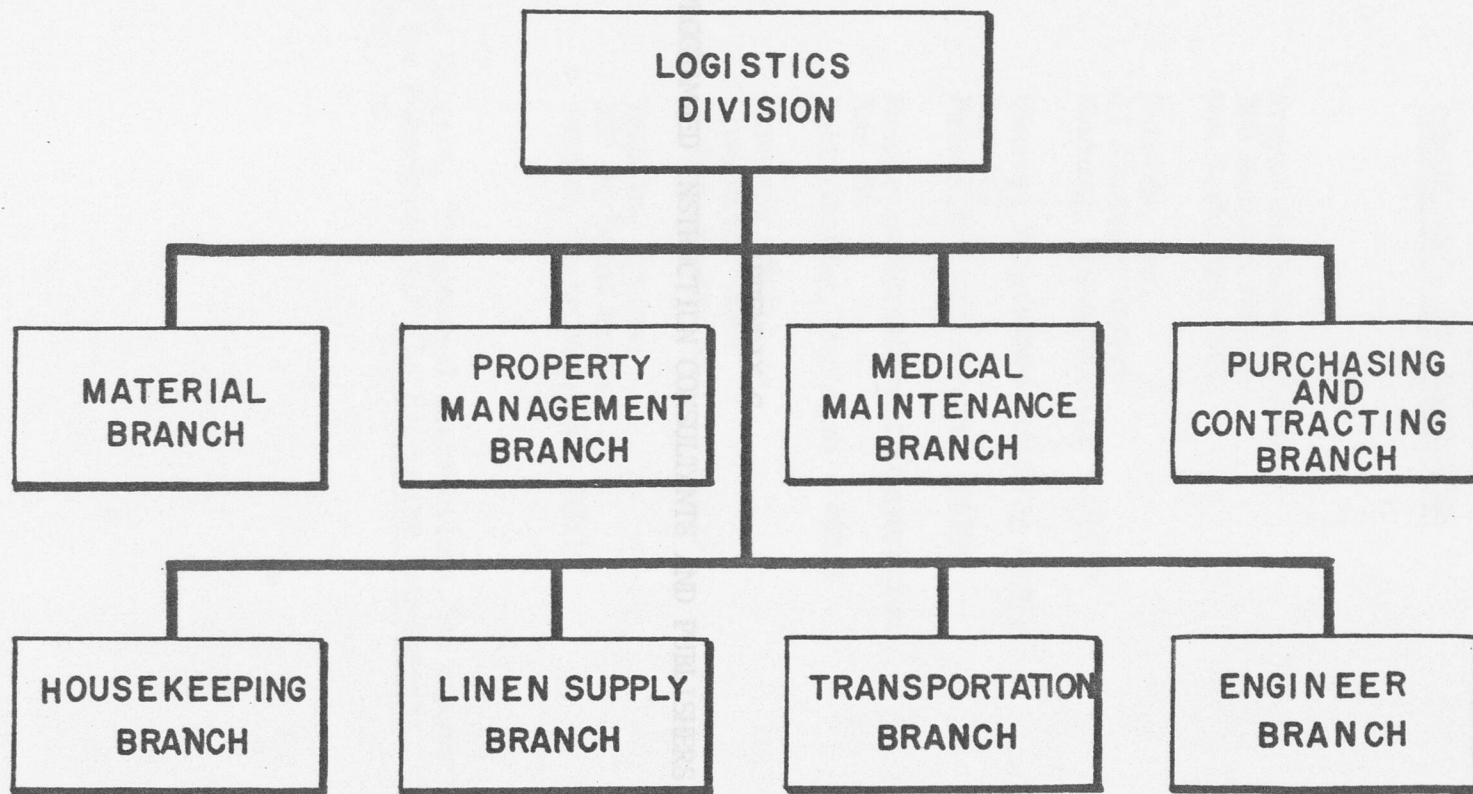
ORGANIZATIONAL CHART OF LOGISTICS DIVISION

WILLIAM BEAUMONT GENERAL HOSPITAL

EL PASO, TEXAS



ORGANIZATION CHART— LOGISTICS DIVISION
WILLIAM BEAUMONT GENERAL HOSPITAL



MAJOR PROGRAMMED INSTRUCTION

CONSULTANTS AND PUBLISHERS

Argyle Publishing Company
200 Madison Avenue
New York, New York

Entelek, Inc.
42 Pleasant Street
Newburg, Massachusetts 01950

General Programmed Teaching Corp.
Box 402
Palo Alto, California 96306

Resources Development Corporation
Box 591
East Lansing, Michigan 48823

Sterling
Pruden
Boston, Massachusetts 02108

APPENDIX C

MAJOR PROGRAMMED INSTRUCTION CONSULTANTS AND PUBLISHERS

Teaching Systems
100 Baylston Street
Boston, Massachusetts 02116

SOURCE: Raymond L. Hilgert, "Programmed Instruction: An Answer to Training for Housekeepers," The Executive Housekeeper, VXII (May, 1970), 16.

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SOURCE: Raymond L. Hilgert, "Programmed Instruction: An Answer to Training for Housekeepers," The Executive Housekeeper, VXII (May, 1970), 16.

PROPOSED SCHEDULE
FOR SEVENTY-ONE HOUR COURSE OF TRAINING
FOR HOUSEKEEPING PERSONNEL

SUBJECT GROUP	WEEK																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	ENS	SD	ES	OS	CS	MS
I. INTRODUCTION--ORIENTATION *																				
A. To the Hospital																				
B. To Housekeeping Branch																				
C. To the Job																				
D. To the System of Regulations & Policies in the Army, Civil Service, Hospital, Division and Branch																				
E. Completion of Processing																				
II. ORGANIZATION & FUNCTION OF HOSPITALS																				
A. Types of Mil Hospitals																				
B. Basic Organization of Hospitals																				
C. Mission & Organization																				
Housekeeping																				
III. SAFETY & FIRE PREVENTION																				
A. Safety Practices																				
B. Principles of Posture																				
C. First Aid																				
D. Fire Safety																				
IV. HOSPITAL SANITATION																				
A. Micro-organisms and Disease																				
B. Sanitation Chemistry																				
C. Role of Preventive Medicine																				
V. SANITATION PROCEDURES FOR HOSPITAL CLEANING																				
A. Cleaning Equipment and Materials																				

APPENDIX D

PROPOSED SCHEDULE FOR SEVENTY-ONE HOUR COURSE OF TRAINING FOR
HOUSEKEEPING PERSONNEL, WILLIAM BEAUMONT GENERAL HOSPITAL
EL PASO, TEXAS

PROPOSED SCHEDULE
FOR SEVENTY-ONE HOUR COURSE OF TRAINING
FOR HOUSEKEEPING PERSONNEL

SUBJECT
GROUP

WEEK

SUBJECT
GROUP

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	OJT	**	
I. INTRODUCTION--ORIENTATION *																						
A. To the Hospital																						
B. To Housekeeping Branch																						
C. To the Job																						
D. To the System of Regula- tions & Policies in the Army, Civil Service, Hospital, Division and Branch																						
E. Completion of Processing																						
II. ORGANIZATION & FUNCTION OF HOSPITALS																						
A. Types of Mil Hospitals																						
B. Basic Organization of Hospitals																						
C. Mission & Organization of William Beaumont General Hospital	1																					
D. Chain of Command																						
E. Objectives of Hospital Housekeeping	1																					
III. SAFETY & FIRE PREVENTION																						
A. Safety Practices		1																				I
B. Principles of Posture		1/2																				I
C. First Aid			2	2																		
D. Fire Safety					2																	I
IV. HOSPITAL SANITATION																						
A. Micro-organisms and Disease							2															
B. Sanitation Chemistry								1														I
C. Role of Preventive Medicine									1													
V. SANITATION PROCEDURES FOR HOSPITAL CLEANING																						
A. Cleaning Equipment and Materials									2		2											I 4

** If necessary, some of the subjects in on-the-job training
 is accepted, the total course length may be cut to approxi-
 mately twelve weeks.

PROGRAM OF INSTRUCTION
FOR TRAINING OF HOUSEKEEPING EMPLOYEES
WILLIAM BEAUMONT GENERAL HOSPITAL

<u>SUBJECT GROUP</u>	<u>TITLE</u>	<u>PRESENTATION</u>	<u>DURATION (Hours)</u>
I. INTRODUCTION -- ORIENTATION			
A.	To the Hospital	L (F)	2
	1. History and Philosophy of William Beaumont General Hospital		
	2. Physical Layout of Hospital		
	3. Identity and Location of Buildings and Major Area		
	4. Personnel Orientation		
	a. Salary Scale & Pay Periods		
	b. Social Security		
	c. Overtime		
	d. Compensatory Time		
	e. Insurance Programs, to include workmen's compensation, hospitalization		
	f. Union Organization		
	g. Sick Leave		
	h. Holidays		
	k. Educational Opportunities		
	l. Retirement Benefits		
B.	To the Housekeeping Branch	L (F)	1
	1. Relationship of Housekeeping Branch with:		
	a. Hospital		
	b. Logistics Division		
	2. Introduction to Housekeeping Staff		
	3. Understanding of Housekeeping Branch Work Provisions and Responsibilities		
	a. Cleanliness of Hospital		
	b. Work Performance Evaluation		
	c. Uniforms & Laundry Privilege		
	d. Appearance		
	e. Key Control		
	f. Name Badge		
C.	To the Job	L (F)	1
	1. Familiarity with the Various Jobs in the Housekeeping Branch		
	2. How the Work Effort is Distributed and Utilized Throughout the Hospital		

APPENDIX E

PROGRAM OF INSTRUCTION FOR TRAINING OF HOUSEKEEPING EMPLOYEES

WILLIAM BEAUMONT GENERAL HOSPITAL, EL PASO, TEXAS

PROGRAM OF INSTRUCTION
FOR TRAINING OF HOUSEKEEPING EMPLOYEES
WILLIAM BEAUMONT GENERAL HOSPITAL

<u>SUBJECT GROUP</u>	<u>TITLE</u>	<u>PRESENTATION</u>	<u>DURATION (Hours)</u>
I. INTRODUCTION -- ORIENTATION			
A.	To the Hospital	L (P)	2
	1. History and Philosophy of William Beaumont General Hospital	L (P)	1
	2. Physical Layout of Hospital		
	3. Identity and Location of Buildings and Major Area		
	4. Personnel Orientation		
	a. Salary Scale & Pay Periods		
	b. Social Security		
	c. Overtime		
	d. Compensatory Time		
	e. Insurance Programs, to include workman's compensation, hospitalization		
	f. Union Organization		
	g. Maternity Leave		
	h. Sick Leave		
	i. Vacations		
	j. Holidays		
	k. Educational Opportunities		
	l. Retirement Benefits		
B.	To the Housekeeping Branch	L (P)	1
	1. Relationship of Housekeeping Branch with:		
	a. Hospital		
	b. Logistics Division		
	2. Introduction to Housekeeping Staff		
	3. Understanding of Housekeeping Branch Work Provisions and Responsibilities		
	a. Cleanliness of Hospital		
	b. Work Performance Evaluation		
	c. Uniforms & Laundry Privilege		
	d. Appearance		
	e. Key Control		
	f. Name Badge		
C.	To the Job	L (P)	1
	1. Familiarity with the Various Jobs in the Housekeeping Branch		
	2. How the Work Effort is Distributed and Utilized Throughout the Hospital		

<u>SUBJECT GROUP</u>	<u>TITLE</u>	<u>PRESENTATION</u>	<u>DURATION (Hours)</u>
	3. Assignment and Review of Job Description	FE	1
	4. Job Provisions & Policies		
	a. Working Hours		
	b. Meal Hour and Place of Meals		
	c. Breaks, Rest Periods and Rest Areas		
	d. Lockers		
D.	To the System of Regulations and Policies in the Army, Civil Service, Hospital, Division, and Branch	L (P)	1
	1. Army and Civilian Personnel Regulation Orientation	L (P)	1/4
	2. Interplay of Various Regulations as They Affect the Individual Employee		
	3. Differentiation Between Regulations, Roles, Policies, Procedures and "What the Boss Says"	L (P)	1/2
	4. Familiarization to Local Policies		
	a. Seniority Rights		
	b. Requests for Time Off & Absences		
	c. Notification of Illness	L (P)	1/2
	d. Disciplinary Action		
	e. Grievance Procedures and Complaints		
	f. Dismissal Procedures		
	g. Change of Address		
	h. Cashing of Checks		
	i. Wage Garnishments		
	j. Business Solicitation		
	k. Savings	L (P)	1/2
	l. Use of Elevators		
	m. Use of Entrances		
	n. Paging		
	o. Parking		
	p. Telephone Calls		
	q. Visitors		
	r. Smoking		
	s. Intoxicants		
	t. Tips and Gratuities	CSD (P)	1
	u. Valuables		
	v. Release of Information Regarding Patients		

<u>SUBJECT GROUP</u>	<u>TITLE</u>	<u>PRESENTATION</u>	<u>DURATION (Hours)</u>
E.	Completion of Processing	PE (P)	3/2
	1. Personnel Management		
	2. Physical Exam & Immunizations	L,D,PE (P)	4
	3. Issue of Uniforms	L,D,PE (P)	4
	4. Tour		
II. ORGANIZATION AND FUNCTION OF HOSPITALS			
A.	Types of Military Hospitals	L (P)	1/4
	1. Class I		
	2. Class II		
B.	Basic Organization of Hospitals Similarities & Differences Between Military and Civilian Facilities	L (P)	1/4
C.	Mission & Organization of William Beaumont General Hospital	L (P)	1/2
	1. Demonstration of organization		
	2. Staff & Strength		
	3. Capabilities & Functions		
D.	Chain of Command	L (P)	1/2
	1. Demonstrate Ascending Chain of Command from Hospital to Commander-In-Chief		
	2. Demonstrate in Detail Chain of Command within Hospital		
	3. Explain in Detail Chain of Command as Pertinent to Civilian Personnel		
E.	Objectives of Hospital Housekeeping	L (P)	1/2
	1. To Create a Clean Environment		
	2. To Eliminate Noise and Hazardous Conditions		
	3. To Promote Harmony and Unity by Attitude & Manner of Performance		
III. SAFETY AND FIRE PREVENTION			
A.	Safety Practices	C&D (P)	1
	1. General		
	2. Common Causes of Accidents		
	3. Regulations Regarding Specific Areas		

<u>SUBJECT GROUP</u>	<u>TITLE</u>	<u>PRESENTATION</u>	<u>DURATION (Hours)</u>
V.	B. Principles of Posture Lifting and Carrying	L,D,PE (P)	1/2
	C. First Aid	L,D,PE (P ₁)	4
	D. Fire Safety	L,D,PE (P ₁)	4
	1. Reporting, Evacuation, Lending Assistance		
	2. Type & Use of Fire Extinguishers		
	3. Basic Principles of Fire Fighting		
	4. Fire Hazards and Precautions on Use of Hazardous Materials	L,D,PE (P ₁)	12
IV. HOSPITAL SANITATION			
	A. Micro-organisms and Disease	L,D (P)	2
	1. Principles of Germ Theory of Disease		
	2. Definitions & Identification of Broad Groupings on Basis of:		
	a. Pathogenic & Beneficial		
	b. Gram positive and negative		
	c. Anerobic and Aerobic		
	3. Further Identification of Hospital Significant Micro-organisms Categorized By:		
	a. Bacteria		
	b. Fungus		
	c. Virus		
	4. Determine Specific Hazard of Spore Forming Micro-organisms		
	5. Differentiate Between Sterile, Asepsis, and Antiseptic		
	6. Understand the Relationships Between Hospital Sanitation, Asepsis, Cross-Infection	L,D,PE (P ₁)	8
	B. Sanitation Chemistry	L,D,PE (P ₁)	2
	1. Principles of Detergent Action		
	2. Function & Identification of Cleaner Ingredients		
	3. Alkalies		
	4. Acids		
	5. Phosphates		
	6. Chemical Disinfectants		
	a. Description		
	b. Selection		
	c. Procedures for Use	L,D,PE	6
	C. Role of Preventive Medicine	L,D (P)	1

<u>SUBJECT GROUP</u>	<u>TITLE</u>	<u>PRESENTATION</u>	<u>DURATION (Hours)</u>
V.	SANITATION PROCEDURES FOR HOSPITAL CLEANING		
A.	Cleaning Equipment & Materials	L,D,PE	8
	1. Types of Housekeeping Machines Limitations and Capabilities		
	2. Safe Operation of Machines		
	3. Preventive Maintenance and Operator's Care		
	4. Cleaning Materials & Chemicals		
	5. Housekeeping Cart		
B.	Basic Cleaning Procedures	L,D,PE (P ₁)	12
	1. Dusting		
	2. Washing		
	3. Vacuming		
	4. Floor Care		
	a. Types of Floors, Basic Rules		
	b. Dusting		
	c. Mopping		
	d. Scrubbing		
	e. Stripping		
	f. Finishing		
	g. Buffing		
	h. Special Considerations for Rugs and Carpets		
	5. Walls		
	6. Ceilings		
	7. Windows		
	8. Furniture		
	9. Light Fixtures, Lamps & Lamp Shades		
	10. Window Shades & Venetian Blinds		
	11. Radiators & Air Conditioners		
	12. Bathroom Fixtures		
	13. Screens		
	14. Draperies		
C.	Area Cleaning	L,D,PE (P ₁)	8
	1. Basic Considerations		
	a. Occupied		
	b. Unoccupied		
	2. Public Restrooms and Baths		
	3. Lounges		
	4. Lobbies		
	5. Elevators		
	6. Corridors		
	7. Stairways and Steps		
D.	Special Cleaning Requirements	L,D,PE	6
	1. Patient Units		
	a. Occupied		
	b. Unoccupied or Discharge Unit (Check-out)		

<u>SUBJECT GROUP</u>	<u>TITLE</u>	<u>PRESENTATION</u>	<u>DURATION (Hours)</u>
	2. Isolation Units	L,D,C (P)	1
	a. Protective Procedures		
	b. Occupied		
	c. Unoccupied		
	3. Handling Hospital Waste		
	a. General		
	b. Infectious		
	4. Operating Room	L,C (P)	1/2
	5. Labor/Delivery Room		
	6. Nursery		
	7. Physical Therapy		
E.	Cleaning Problems	L,D,PE	5
	1. Stain Removal		
	2. Shampooing Rugs, Carpets, Upholstery		
	3. Practical Problems		
F.	Standards for Inspection	L,C	1/2
	1. As Prescribed by Management		
	2. Conducted Frequently		
	3. Checklist (See Tab)		
VI.	CONTROL OF HOSPITAL PESTS		
A.	Insects	L,D (P)	1
	1. Identification		
	2. Prevention & Control Procedures		
B.	Rodents	L,D (P)	1
	1. Identification & Characteristics		
	2. Detection		
	3. Control Measures		
	4. Importance of Control		
VII.	PUBLIC RELATIONS		
A.	Noise Control	L,D (P)	1/2
	1. Working Quietly		
	2. Conversation		
	3. Custodial Machine Condition		
B.	Courtesy and Attitude	L,D,C (P)	1
	1. Basic Decorum & Good Manners		
	2. Emotional Control		
	3. Attitude Toward Patients, Families and Visitors		

SUBJECT GROUP	TITLE	PRESENTATION	DURATION (Hours)
C.	Personal Hygiene 1. Personal Appearance & Grooming 2. Cleanliness 3. Neatness & Cleanliness of Uniform 4. Sanitary Precautions by the Individual	L,D,C (P)	1
D.	Relationships 1. With Superiors 2. With Other Hospital Staff 3. With Housekeeping Co-Workers 4. With Patients 5. With Families of Patients and Hospital Visitors	L,C (P)	1/2
VIII. GRADUATION AND RECOGNITION			
A.	Ceremony (suggested forms) 1. Coffee 2. Dinner in Mess Hall 3. Special Assembly	PE	2
B.	Awarding of a Certificate		
C.	Annotation of Civilian Personnel Records		
KEY:	L Lecture C Conference D Demonstration PE Practical Exercise (P) Amenable to Programmed Instruction (P ₁) Partially adaptable to Programmed Instruction, during didactic portion		
NOTE: No examinations are included. Evaluation will be rendered for each trainee by instructor/supervisory staff, based on oral inquiry and supervisor's checklist (Tab).			
Signature of Supervisor			

HOUSEKEEPING SUPERVISOR CHECK LIST

AREA:	Technique Observed	Complied With Schedule	Proper Procedure	Correct Materials	Proper Time Allocation	Additional Training Needed	RESULTS		
							EXC	SAT	UNSAT
HOUSEKEEPER:									
DATE:	TECH	SCHED	PROC	MAT	TIME	TNG			
1. CLEANING FLOORS:									
Sweep									
Dust Mop									
Vacuum									
Wet Mop									
Buff									
Strip & Wax									
2. CLEANING TOILETS & FIXTURES:									
Water Closets									
Urinals									
Sinks									
Tubs									
Showers									
Dispensers									
Floor									
Walls									
3. CLEANING GLASS:									
Inside Windows									
Outside Windows									
Mirrors									
4. DUSTING:									
Chairs									
Venetian Blinds									
Light Fixtures									
Wall & Ledge									
Ceiling & Pipes									
Screens									
5. WASHING & SHAMPOOING:									
Venetian Blinds									
Light Fixtures									
Carpet									
Doors									
Walls & Woodwork (Spot Clean)									
6. MISCELLANEOUS CLEANING:									
Radiators									
Air Grills									
Entrances									
Stairways									
Ramps (Open & Closed)									
Furniture (Clean & Polished)									
Sand Urn									
Ash Trays									
Waste Baskets									
Trash Removal									
Drinking Fountains									
Infectious Waste Removal									
EQUIPMENT OPERATION									
7. & MAINTENANCE									
Buffer									
Vacuum Cleaner									
Automatic Buffer									
Shampooer									
REMARKS:									
	_____ Signature of Supervisor								

TRAINING AIDS AND TRAINING EDUCATIONAL MATERIALS AVAILABLE
TO SUPPORT PROGRAM OF INSTRUCTION -- TRAINING OF HOUSEKEEPING EMPLOYEES

	<u>Title</u>	<u>Source</u>
I.	GENERAL AND ORIENTATIONAL	
	For the Love of Life (F)	1
	Hospitals are People (F)	1
	Hotel Front Office Planning and Equipment (P)	2
II.	SANITATION	
	Hospital Clean (F)	3
	Sanitation and Disinfection (F)	4
	Disinfection and Sterilizing Technique (F)	4
	Fundamental Aseptic Techniques (F)	5
	The Unsterile Field - An O. R. Challenge (F)	5
	American-Lincoln Auto-Septic Program (P)	6
	Hospital Sepsis: A Communicable Disease (F)	1
	Nursery Sepsis (F)	1
APPENDIX F		
TRAINING AIDS AVAILABLE TO SUPPORT A HOUSEKEEPING TRAINING PROGRAM		
III.	SAFETY	
	Hospital Housekeeping Safety (F)	1
	Lifting -- Man's Age	7
WILLIAM BEAUMONT GENERAL HOSPITAL EL PASO, TEXAS		
IV.	HUMAN RELATIONS	
	The Patient Is a Person (F)	1
V.	HOUSEKEEPING PROCEDURES	
	The Inside Story of Rug and Carpet Care (P)	8
	Floor Care Training Series (P & T)	9
	Specialized Housekeeping Tasks, Parts I and II (F)	4
	Floor Maintenance (F)	4
	Area Cleaning (F)	4
	Basic Cleaning Procedures (F)	4
	Housekeeping Training Slides (P & T)	10
	Floors That Say Welcome (F)	11
	Hey Charlie, It's Time to Wash Walls (F)	11
	What Now (F)	12
	Carpet Life Is in the Care (F)	13
	Proper Care of Resilient Floors (F)	13

TRAINING AIDS AND TRAINING EDUCATIONAL MATERIALS AVAILABLE
TO SUPPORT PROGRAM OF INSTRUCTION -- TRAINING OF HOUSEKEEPING EMPLOYEES

	<u>Title</u>	<u>Source</u>
I.	GENERAL AND ORIENTATIONAL	
	For the Love of Life (F)	1
	Hospitals are People (F)	1
	Hotel Front Office Planning and Equipment (P)	2
II.	SANITATION	
	Hospital Clean (F)	3
	Sanitation and Disinfection (F)	4
	Disinfection and Sanitizing Technique (F)	4
	Fundamental Aseptic Techniques (F)	5
	The Unsteriel Field - An O. R. Challenge (F)	5
	American-Lincoln Auto-Septic Program (P)	6
	Hospital Sepsis: A Communicable Disease (F)	1
	Nursery Sepsis (F)	1
III.	SAFETY	
	Hospital Housekeeping Safety (F)	1
	Lifting -- Man's Age Old Problem (F)	7
IV.	HUMAN RELATIONS	
	The Patient Is a Person (F)	1
V.	HOUSEKEEPING PROCEDURES	
	The Inside Story of Rug and Carpet Care (P)	8
	Floor Care Training Series (P & T)	9
	Specialized Housekeeping Tasks, Parts I and II (F)	4
	Floor Maintenance (F)	4
	Area Cleaning (F)	4
	Basic Cleaning Procedures (F)	4
	Housekeeping Training Slides (P & T)	10
	Floors That Say Welcome (F)	11
	Hey Charlie, It's Time to Wash Walls (F)	11
	What Now (F)	12
	Carpet Life Is in the Care (F)	13
	Proper Care of Resilient Floors (F)	13

SOURCE (Continued) Title Source

V. HOUSEKEEPING PROCEDURES (Continued)

9	Proper Care of Wood Floors (F)	13
	How to Treat and Maintain Resilient Floors (P)	13
	How to Treat and Maintain Terrazzo Floors (P)	13
10	How to Treat and Maintain Wood Floors (P)	13
	How to Treat and Maintain Tile (P)	13
	How to Treat and Maintain Concrete Floors (P)	13
11	A Series of Housekeeping Lectures (P)	14

VI. SUPPLIES AND EQUIPMENT

13	How to Buy, Use and Care for Fine Towels (P)	15
	How to Determine Mop Quality (P)	16
14	The Wide Quality Spread in Mops (P)	16
	Care of Stainless Steelware (F)	4
	Housekeeping Equipment (F)	4
15	Care and Storage of Basic Equipment (F)	4
16	Introduction to Central Supply (F)	4

- KEY: (F) Film
(P) Printed Matter
(T) Slides or Transparencies

NOTE: The above list represents only a small sampling of a great variety, type and number of training aids and materials available from manufacturers, agencies, organizations, and foundations. Many are available for little or no cost.

SOURCE

- 1 American Hospital Association, 840 North Lake Shore Drive, Chicago, Illinois 60611
- 2 W. W. Wilcox Manufacturing Company, 564 Randolph Street, Chicago, Illinois 60606
- 3 Huntington Laboratories, Huntington, Indiana
- 4 Educational Film Productions, National General Corporation, 1 Cathay Plaza, Los Angeles, California
- 5 Davis and Geck, American Cyanamid Company, Pearl River, New York 10965
- 6 Scott and Fetzer Company, American-Lincoln Division, 518 South St. Clair Street, P. O. Box 794 MO, Toledo, Ohio 43601
- 7 Aetna Casualty and Surety, 151 Farmington Avenue, Hartford, Connecticut

SOURCE (Continued)

- 8 Bissell, Inc., Grand Rapids, Michigan 49501
- 9 S. C. Johnson and Son, Inc., 1525 Howe Street, Racine,
Wisconsin 53403
- 10 Red Top, Inc., 6750 South Emporia, P. O. Box 22003, Denver,
Colorado 80222
- 11 Geerpres Wringer Company, 1780 Harvey Street, Muskegon,
Michigan 49443
- 12 Monsanto, 350 Fifth Avenue, New York, New York 10001
- 13 Hillyard Chemical Company, St. Joseph, Missouri
- 14 Economics Laboratory, Inc., Osborn Building, St. Paul,
Minnesota 55101
- 15 Dundee Mills, Inc., 1075 Sixth Avenue, New York, N. Y. 10018
- 16 South Eastern Cordage Company, 1621 Euclid Avenue, Keith
Building, Cleveland, Ohio 44115

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