

# HCSC LAUNDRY BULLETIN

## Linen Recovery Program Hits Western PA

A couple of years ago, HCSC began a **Bag & Return Program**. The program consists of implementing linen recovery mechanisms whereby HCSC, with help from its health systems and the ambulance companies they utilize, work together to keep reusable patient linen within the cooperative to limit linen losses.

HCSC linen diverted to nursing homes, rehab centers, and even patient homes, accounts for huge losses. HCSC spends about \$12 million a year on new linen to insure a strong, quality circulating inventory that is able to meet all customer orders on a daily basis. Unfortunately, more than half of this \$12 million (approximately \$8 million) represents "lost linen," where HCSC puts new linen into the system, but through a variety of ways, it is lost and never returns to the plant for processing.

In emergency departments, it is pretty much universally accepted that hospitals have an "even exchange" of linen with ambulance crews. That is, if a patient arrives with a bed sheet, pillowcase, and bath blanket, it is generally acceptable for the ambulance crew to take back a bed

sheet, pillowcase, and bath blanket for their ambulance, thus the "even exchange." HCSC even serves "ER Linen," which are non-standard linen items for the system to be utilized in emergency departments, as to avoid the loss of standard issue HCSC linen, even with the "even exchange."

Even though there are still linen losses with the "even exchange" arrangements in ER departments, it was discovered that the majority of linen is lost through **non-emergency** patient transports from hospitals to nursing homes, rehab centers, and even residences. What often happens in these instances is that any linen with the patient at the time of transport - a gown, blanket, sheet, a pillowcase - are left at the predetermined destination.

Any such linen left at the patient's destination would then be permanently "lost" to the system and have to be replaced with brand new linen in order for HCSC plants to continue filling orders at 100%. There have been nursing homes and other facilities that operate without having to purchase their own linen since they receive HCSC linen for free via the ambulance companies. Sometimes HCSC linen is even thrown

See **BAG & RETURN** pg. 5



HCSC RECENTLY PRESENTED ATLANTIC HEALTH SYSTEM (NJ) WITH THEIR DIVIDEND CHECK FOR MEMBERSHIP IN THE HOSPITAL CENTRAL SERVICES COOPERATIVE, INC. PICTURED ABOVE (LEFT TO RIGHT) ARE HCSC'S BOB PAULS, ON-SITE ASSISTANT LINEN MANAGER; STEVE ALBANESE, VENDOR RELATIONS MANAGER, ATLANTIC HEALTH; HCSC'S TIM LACEK, ON-SITE LINEN MANAGER; AND MICHAEL ZDANOWSKI, STRATEGIC SOURCING ANALYST, ATLANTIC HEALTH. FOR MORE DIVIDEND CHECK PRESENTATION PHOTOS, SEE PG 2!

## Department of Health Acknowledges Quality of HCSC Linen Program

When the Pennsylvania Department of Health (DOH) visits a hospital, there are certain characteristics they want to see in the linen program, according to Susan Legros, assistant director for the DOH acute and ambulatory care division. According to state regulations, a hospital

See **DOH** pg. 3

## Linen Cost Savings: An Ongoing Issue

Almost every healthcare facility strives for linen cost savings. However, implementation requires a tremendous amount of effort - it is not a one-time communication and follow-up. **Continuous awareness, communication and follow-up** are essential keys to the linen cost management program.

Keeping a close eye on the

weekly, as well as daily linen inventory, is one of the more important tasks. Every linen item should be accounted for and made available based on the requirement of that particular operation. Maintaining adjustments of every item accordingly helps control the flow of the linen budgets. This helps in closely moni-

See **SAVINGS** pg. 4



### IN THIS ISSUE:

Bag & Return Hits Western PA	1
Department of Health Regulations	1
Linen Cost Savings: An Ongoing Issue	1
Hospital Linen Committees	2
HCSC Participates in Education Session	3
Business News	4
Combating Unauthorized Scrub Use	5
Thermal Blanket Awareness Month	6





hospital ventilation systems, or other airborne risks. All linen inventory should not be closer than 18" from the ceiling, she added. HCSC can assist hospitals in laying out their linen room, and purchasing covers to protect their inventory.

When visiting the nursing floors, Legros focuses on whether the linen is covered and protected there as well. "The clean linen has to be covered for the entire trip to the floor," Legros stressed. In hospitals that utilize HCSC exchange carts, the linen carts are covered in the plant with plastics that should remain on the exchange cart until it reaches its

destination on the floors. Durable polyester covers are available from HCSC which are to be used on the cart while it is on the nursing floors.

The bottom of the linen cart is important as well, she said. Many hospitals using steel carts with open grid bottom shelves should have some type of protection against dirt that may be brought up by the cart's wheels. HCSC exchange carts are packed with a liner on the bottom to avoid contamination from the floor.

In the patient rooms, Legros shakes her finger at any linen placed on chairs, windowsills, etc. "It is not acceptable to put

linen around the patient room. That defeats the purpose of keeping it covered and clean," she said. HCSC emphasizes keeping the patient rooms free of excess linen not only makes sense to the DOH, it also is a key step in eliminating waste and reducing costs.

HCSC encourages all hospitals to visit our linen processing facilities on a regular basis for our own infection and quality control program. In addition, the DOH appreciates any hospital that takes the time to visit HCSC. "We encourage the person in charge of linen to make annual visits to HCSC," she said. It is a good idea to have the infection control nurses do a walk-through because it makes them more aware of how the linen is being processed, she added.

Legros likes the way HCSC provides detailed manuals explaining the linen services; and she sometimes asks the hospitals if they are keeping their manuals current. HCSC reviews and revises our infection control manuals on an annual basis to make sure we and our customers are on top of the latest trends.

See DOH pg. 6

toring the items in the inventory.

Addressing any issues of improper use and abuses of linen are all-inclusive. Allowing any small issues to slip by can potentially lead to worse problems down the road. It is becoming increasingly difficult to get personnel to break the habit of this improper use of linens. Underestimating the severity of linen misuses and abuses is the reason behind this costly practice.

Each department head and every individual end user must address any observed linen waste activities with end-users on the spot. A Linen Awareness program exists for the benefit of department heads and the end-users. Oftentimes, when Linen Awareness presentations are held, there has been a disappointing lack of attendance by department heads and end-users. Despite the number

of reasons we always heard, such as being short staffed, busy, etc., efforts must be made by department heads to address the program during their staff meetings.

There are so many ways to inform and address linen cost savings. It requires an ongoing effort, perseverance, consistency, and support from the end-user/management, plus effective communications throughout. It is a matter of dedication, as well as common sense.

Healthcare facilities must deal with the reality of this situation. People will do things out of habit even if previously addressed. There are some new people that need to be made aware and kept informed. Keeping on top of this situation is necessary for continued linen cost savings.

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## Business News

### RENEWALS

Robert Wood Johnson University  
at Rahway  
*Rahway, NJ*

Central Montgomery Medical Center  
*Lansdale, PA*

Western PA School for the Blind  
*Pittsburgh, PA*

away at nursing homes because they are overstocked with it. What a waste!

HCSC began targeting ways to stop linen losses from non-emergency transports and look for recovery systems to get as much linen as possible back into the system. It was this thought process that led to the creation of the "Bag & Return Program." This program has been successful in limiting linen losses in HCSC's eastern theatres of operation: Eastern Pennsylvania and Northern New Jersey.

Due to the initial success of the program, HCSC wanted to focus on Western Pennsylvania, where linen losses have been a perennial problem at the Pittsburgh Plant. In order to implement "Bag & Return" in the Pittsburgh area, HCSC approached UPMC, its largest system in the area, for help in getting the program going. A meeting was set up between HCSC, UPMC Prehospital Care Staff, and Doug Kassab, Director of Clinical Support Services, UPMC.

"UPMC recognizes that linen losses are a big issue for the cooperative, and in the spirit of our partnership with HCSC, we look forward to implementing a successful 'Bag & Return Program' in Western Pennsylvania," said Kassab. "The vitality of both UPMC and HCSC is dependent on eliminating as many unnecessary, wasteful cost drivers as possible."

There was a lot of brainstorming as to how to best set up "Bag & Return" for the plant, hospitals, and ambulance services. UPMC Prehospital Care staff researched the ambulance companies they do business with that perform the majority of the non-emergency transports. They include the following:

- ♦ Guardian Angel

- ♦ Priority One
- ♦ Med Evac
- ♦ Elizabeth Township
- ♦ Duquesne
- ♦ Eastern Area
- ♦ White Oak
- ♦ Steel Valley

Once these companies were identified, empty soiled linen carts were placed at their respective ambulance stations to collect HCSC linen. The ambulance staff would then focus on bringing linen back to their base station to put into the soiled linen cart as opposed to leaving it at a nursing home, rehab center, residence, etc. This system was designed so that the "Bag & Return" linen could be better tracked as opposed to leaving it at hospitals where it could be mixed in with the hospital's regular soiled linen.

When the soil carts are close to being full, the ambulance station managers phone into the plant for a pick-up. At that point, HCSC will schedule the pick-up over the next couple of days where regularly scheduled linen order distribution allows for a pick-up that is not too far off an HCSC driver's route. The driver picks up the full cart and leaves an empty one in its place. The soiled cart of linen from the ambulance station is then weighed and recorded accordingly back at the plant, providing a measurement of how successful the program is.

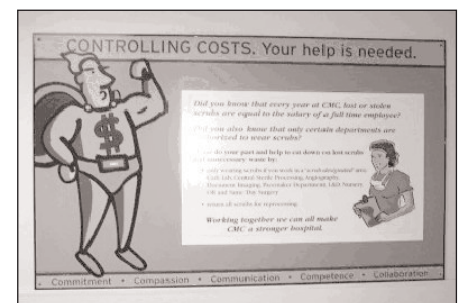
The "Bag & Return" was implemented in Western Pennsylvania in February of 2003. Since its inception, over 7,000 lbs. of linen have been recovered for the Pittsburgh Plant. Certainly, HCSC is looking to expand the program within UPMC and its other healthcare systems in Western Pennsylvania; but a strong foundation has been laid. While linen losses continue to be a huge problem, the

"Bag & Return Program" is a step in the right direction; and every successful journey begins with but a single step.

For more information on the "Bag and Return" program, contact Mike Kirsch, Director of Customer Service, at 800-444-4272, ext. 2279, or [mkirsch@hsc.org](mailto:mkirsch@hsc.org)!

## Combating Unauthorized Scrub Use

In the ongoing fight against scrub loss and unauthorized users, Community Medical Center (Toms River, NJ) has placed an Unauthorized Scrub User poster (*see picture below*) in the hallway leading up to the employee cafeteria. This area is ideal because it is estimated that between 800-1000 employees walk this hallway everyday. The poster itself highlights the fact that at CMC the amount of scrubs either lost or stolen is the equivalent to one full-time employee salary. The poster also reminds employees that only certain departments within CMC are authorized to use and wear hospital scrubs. The poster goes on to say that all scrubs should be returned for reprocessing, therefore ensuring an even flow of scrubs back to CMC.



CMC'S UNAUTHORIZED SCRUB USER POSTER

## Thermal Blanket Awareness Month

DOH continued from pg. 4

**Thermal Blanket Awareness Month** was presented at Mercy Hospital (Scranton, PA) in October 2003, with great success.

Mercy's usage of thermal blankets was at .99 per patient day in August 2003. The organization is now at .41 per patient day, which is below the HCSC benchmark of .55 per patient day.

By having Thermal Blanket Awareness in-services, the hospital was able to discuss the blanket usage with a large amount of the staff, at which time they received some very useful information and feedback.

Some of the changes that helped make thermal blanket awareness a great success include:

- Pulling all the thermal blankets out of the out-patient ancillary areas, and replacing them with the more cost-effective bath blankets.
- Educating the nurses and staff during nurse's report at the change of shifts.
- Adjusting the par levels in all in-patient areas.
- Cooperation from staff.

Legros emphasizes many of the hospitals she visits are HCSC customers; and she adds she always had a positive experience with respect to their linen program.

HCSC specializes in assisting hospitals to organize their linen services. Any hospital served by HCSC can avail themselves of our expertise in developing an efficient and state-of-the-art linen program by contacting their account representative, or the Account Relations Department at the corporate office in Allentown.

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