

HCSC LAUNDRY BULLETIN

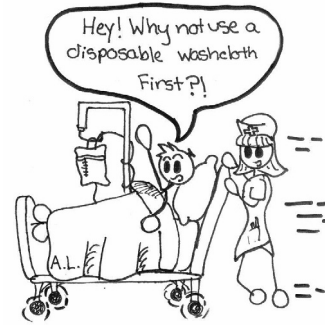
A Cost-Effective Alternative "End User + HCSC = Cooperative"

The math is quite simple, and it's all about the numbers. We're sure that you've heard the staggering statistics before.

Did you know that over **96%** of all the reusable washcloths replaced throughout the Cooperative are unaccounted for (i.e., lost)? This one item costs HCSC over **\$415,000** per year, in replacement cost for the lost inventory. What that means is that of the **6,624** dozen washcloths placed into service last week, **76,633** washcloths are not in circulation the following week.

There are many avenues that can be looked at for this unaccounted-for inventory. One area that can be explored is the cost effectiveness of making disposable washcloths readily available to reduce the potential for loss and save the facility money. Using a disposable wipe for the initial incontinent clean up will often save the reusable washcloth from being discarded in a red bag, *while saving the facility approximately \$0.05 per washcloth*. HCSC has recently changed to a 12" X 13", quarter-folded, embossed disposable washcloth, packed 25 wipes per package. The pack quantity was reduced to more effectively distribute the wipe and discourage waste.

So when staff reaches for a reusable washcloth to clean a spill or for the initial incontinent clean-up, please consider the numbers and supply a cost-effective alternative without hampering patient care. ♦♦



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HCSC LAUNDRY

Use Less, Pay Less

Finding ways to cope with cuts in medical insurance reimbursements and the rising cost of malpractice insurance has become a way of life for many of America's hospitals. While contract pricing is often concentrated upon by consumers, as well as vendors, total cost is more directly influenced by product utilization. Therefore, trimming product utilization through standardization and cutting waste has its rewards.

Sometimes a multi-hospital system has difficulty coordinating and sustaining their linen cost management efforts. However, once a system decides to take advantage of HCSC's help, preliminary meetings with hospital leadership can be set up, and through an informative 15-minute presentation, demonstrate practical and do-able cost-containment measures. This will elicit enthusiasm from the group. As one administrator recently stated to HCSC at one of these meetings, "At first I thought the Linen Cost Containment initiative was going to be very boring. Instead, the process has become very interesting and challenging."

Encouragement of support from corporate administration is essential so that every hospital in the network is held to the task of simply using less linen. Trimming product utilization and promoting standardization of linen products and linen practices must become system-wide objectives. One example might be forming a System Task Force to evaluate various aspects of the system's linen programs. "This requires the direct involvement of Executive Directors and CFO's," contends Michael Kirsch, Director of Customer Service, HCSC-

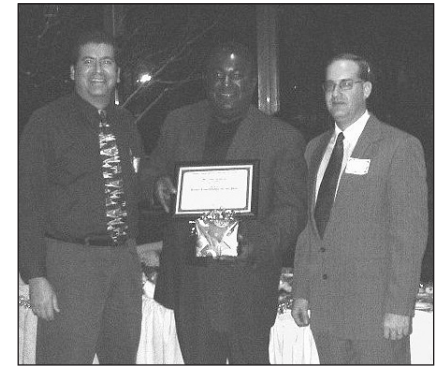
Laundry. "Monthly status reports and system-wide comparison analysis should then be evaluated closely. The attitude these days must be one of serious commitment, with failure not an option."

In taking a systematic step towards usage reduction, a key standardization practice that a system unanimously must adopt is the HCSC-recommended **Discharge Bed Make-up Policy**. This is a very basic policy to implement at all levels of management. The policy simply is -once the mattress and pillow have been cleaned after a patient's discharge, the bed is to be made up with only three patient linen items, namely, the bottom knit contour sheet, the bed sheet and pillowcase. These are the only items required to be placed on any discharge beds.

This new policy mandates that housekeepers would no longer be responsible for putting items such as underpads, draw sheets or even thermal blankets on the bed prior to admission. Housekeepers care for the house, and caregivers care for the patients. Thus, the caregiver must assess the patient's needs before any extra linen is introduced to the patient's room.

Another important cost containment initiative, in the spirit of true partnership between the hospital system and HCSC, is working together to implement an HCSC linen recovery program called the **Bag and Return Program**. This program promotes linen recovery through cooperation with non-emergency EMS Transporters. Since the hospital system usually owns and operates its own fleet of EMS transport vehicles, as well as perhaps a number of long-term care facilities, the results can be remarkable. The job of reducing linen losses is paramount for

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BILL MOYER (LEFT), VP, MARKETING SERVICES; AND CHRIS HOLMES (RIGHT), SDS SUPERVISOR, LEHIGH VALLEY HOSPITAL AND CHAIRPERSON OF THE LINEN COORDINATORS COMMITTEE, PRESENT FRED RUTLEDGE, UNION HOSPITAL, WITH HIS AWARD.

Linen Coordinators of the Year Announced

HCSC recently announced the Linen Coordinators of the Year for 2003.

This award program was developed by HCSC to recognize those hospital representatives who help encourage and promote continuing linen cost management efforts on the part of our member hospitals. Each year's recipients are presented with a certificate of recognition and a prize at the annual meeting. A contribution from HCSC is also made to each of the winners' facilities, in recognition of their on-going efforts and

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