

HCSC LAUNDRY BULLETIN

An Interview With End Users

Crozer-Chester Medical Center is a Level 2 trauma center and burn center located in Upland, PA. We asked several Clinical Coordinators, and Directors at Crozer-Chester to respond to the questions posed below. The following excerpts have been taken from those interviews...

1. What are some of the challenges you face in your dept?
2. How does HCSC Laundry assist in meeting those challenges?
3. How would you rank HCSC Laundry's overall performance from 1-10 (1-3 = Poor, 4-6 = Fair, 7-8 = Good, 9-10 = Excellent)
4. Comments / Discussion



HCSC'S NEW ASBURY PARK PLANT, LOCATED AT 1005 MEMORIAL DRIVE.

Diane Wolk, Clinical Coordinator (OR) (rating 9.9)

HCSC helps the OR with its challenges in that:

- Our biggest challenge lately was scrub size for a short person.

- Linen supply is something on which we must rely.

1. HCSC has accommodated our need for this petite employee in scrubs by making an extra small-size available.

2. The OR never has a case whereby we don't have a linen delivery. There are no service problems and my linen carts are always full.

Sure, I always want pretty color scrubs but I know that scrub losses are difficult to control.

I wish all my other areas could be as good as the linen has been.

Cindy Reigart, Clinical Coordinator (Burn Treatment Center) (rating 9)

- We've been very busy and needed to keep up with it.

1. Whenever we have needed linen it's been there.

The service that HCSC provides us is wonderful and the regular checks to the unit are helpful.

Jean Groswith, Clinical Coordinator (1 West) (rating 9.5)

- Unrelenting high census is one of our challenges. We are a 45-bed unit and it's very rare that our census drops. We have a trauma population here so that tends to occur more in the summer when we have more gun shot and stab wounds. With Brandywine giving up their trauma designation, we are the

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HCSC Adds New Laundry Plant

In July 2004, HCSC-Laundry purchased the former Keystone Laundry, located at 1005 Memorial Drive, Asbury Park, NJ. The site serves as the Laundry's seventh production plant.

"HCSC is excited to be operating a second plant in the state of New Jersey," said Joe Liparulo, Vice President, Operations/Engineering, "as this new plant affords HCSC the opportunity to increase our marketing and service capabilities in

See **ASBURY PARK** pg. 5

Evaluating A Hospital's Linen Program

The HCSC Linen Awareness Program provided a detailed plan to save a valued health system customer over \$50,000 annually in linen costs.

When the Greater Hazleton Health Alliance (GHHA), a two-hospital health system in Northeast Pennsylvania served by HCSC's Kingston linen processing facility, was faced with mounting costs and an aggressive consulting firm pushing them to identify ways to turn things around in Spring of 2004,

they called HCSC.

To help them address their concerns, HCSC put together a team to develop a step-by-step Linen Awareness Program. The program focused on ways linen costs can be reduced through improved usage without sacrificing patient care.

Before getting into gear, HCSC advised the hospitals of four conditions necessary for the awareness program to be successful.

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First, the hospitals' upper management and administration had to become involved from the very beginning to ensure the recommendations made by HCSC would be implemented with the proper authority. A meeting was conducted between HCSC and important hospital management personnel from several departments, i.e. nursing management, financial officers, materials management, environmental services, education, and the operating room.

At that meeting, HCSC emphasized the success of linen awareness programs over the years. The hospitals

also took part in setting goals for linen cost reduction.

Second, HCSC would perform a linen utilization evaluation at both hospital campuses to scrutinize where linen costs could be trimmed. The evaluation would start in the linen room and include every floor of each hospital.

In the linen rooms, HCSC provided detailed linen inventory control quota sheets that help the hospital staff order linen without costly overstock. HCSC also looked at how the linen is handled to see if there were any steps that could be eliminated. In one example, HCSC was able to advise the linen staff to pull linen directly from the HCSC linen delivery carts instead of unloading the linen onto shelves.

On the floors, HCSC representatives captured digital photos of various forms of linen misuse, such as underpads used to sop up drain leaks, patient linen being used in dietary or other non-patient care areas, and overstock of linen in exam rooms or closets.

HCSC looked at ways various departments use reusable linen, when disposable products were less expensive and adequate. For example, some testing areas were using bath towels to clean up gels from patients, when disposable wipes would work as well at a fraction of the cost. HCSC also learned a large percentage of the disposable wipes were being discarded unused.

The linen item mix was reviewed at both facilities. One hospital was using a mauve-colored bedspread, which HCSC was quick to recommend using the less-expensive thermal blankets. Other items discontinued included green OR draw sheets, warm-up jackets, and exam gowns. In each case, HCSC was able to recommend a less expensive alternative.

The usage per patient day of each major patient linen item was put under the microscope. With detailed usage benchmark analysis information, HCSC was able to determine the hospitals' use of underpads to be about 20% above benchmarks. Bringing underpad usage down to

benchmark alone would amount to savings of about \$20,000 annually; thermal blankets about \$5,000 per year.

Third, with the support of hospital administration, times were set up for HCSC to present the findings of the linen utilization evaluation to the personnel in the hospital who actually use the linen each day. To do this, HCSC and the hospitals coordinated linen awareness in-services over a three-day period at both facilities where the goals of the linen cost reduction efforts were detailed to the staff to show what they have to do to achieve hospital cost reduction goals.

Each meeting was well attended, making the entire experience valuable for the hospitals in making their cost reduction goals and for HCSC in our efforts to help two loyal long-term customers.

Since the program's inception, both hospitals have realized some reduction in costs by eliminating unnecessary items from their HCSC order as recommended by HCSC. A total savings of over \$5,000 was achieved this way.

Also, some linen utilization improvement is showing up on their linen usage reports. The linen cost per patient day at one of the hospitals for the month of June of 2004, just two months after the awareness program kick-off, showed up 18% lower than the previous year. Underpad and thermal blanket usage per patient decreased significantly.

And fourth, an on-going monitoring of linen costs at both facilities by HCSC and hospital management is necessary to meet cost reduction goals and stay on course. HCSC produces detailed linen usage reports for both facilities that break down linen usage and cost by each individual department.

Reviewing these cost reports and identifying areas that may require further linen usage evaluation or education will be a persistent service provided by HCSC to help the hospitals' meet their financial goals for the long-run.

HCSC is confident linen cost reductions are possible in any facility if the entire linen program is properly evaluated. Any hospital interested in a linen awareness program can contact their HCSC Account Representative. ♦♦

Business News

NEW ACCOUNTS

Kennedy Health System:

Cherry Hill Campus

Cherry Hill, NJ

Stratford Campus

Stratford, NJ

Washington Township Campus

Turnersville, NJ

Salem County Nursing Home

Salem, NJ

RENEWALS

Atlantic Health System:

Morristown Memorial Hospital

Morristown, NJ

Overlook Hospital

Summit, NJ

The Mountainside Hospital

Montclair, NJ

University of Pittsburgh Medical Center

Pittsburgh, PA

Acute Care Hospitals: 16

Ancillary Facilities: 57

Kindred Hospital of Philadelphia

Philadelphia, PA

Kindred Hospital of Pittsburgh

Oakdale, PA

Kessler Institute for Rehabilitation, Inc.

Chester, NJ

East Orange, NJ

Saddlebrook, NJ

West Orange, NJ

Moses Taylor Hospital

Scranton, PA

Mid Valley Hospital

Peckville, PA

only trauma center in Delaware County.

- High turnover is another challenge on this unit. We sometimes turn a bed three times in a day, whereas some of the medical floors can have a patient for 4-5 days.
- Multiple tests or transfers to other departments require linen for patient coverage.
- Our high surgical population creates needs for our underpads with the bodily fluids.
- I've been here 20 years and I remember when we did our own linen in-house and it was unacceptable... sheets arrived damp (and we never have that happen now).

● HCSC helps us in several ways:

1. The sheets are always ready to use except for the rare reject we experience. There is a huge difference with HCSC (from when we did it in-house).

2. We like the various sizes of the gowns. With our larger population, it's good that there is a choice of gowns for our patients.

3. The Telemetry IV (TIV) gowns are a real time / labor saver for us in running the lines. Previously if someone was bathing a patient, they would have to stop and get a nurse to run the IVs through the sleeves. Now they can independently do the bathing and get the patient in the gown without having to deal with the IVs. Some of the lines had to be removed from the pump, and the machines re-set, and it's been a real time saver for us.

4. Patients are very happy to have the larger gowns for the comfort they provide.

Kathy Lehman, Clinical Coordinator (ED) (rating 9.5)

- As a Level 2 trauma center and burn center, the initial resuscitations come directly to the Emergency Department. As a multidiscipline trauma center, about 30% of our patients are pediatric and we see a large number of psychiatric, mental health, and dual drug diagnosis so in

terms of diversity we are probably one of the most diverse Emergency Departments in this area, including the Philadelphia area, because of the great number of hospitals there.

- Acuity is very intense which increases our consumption of resources (linen).
- Length of stay has increased due to the bed crunch on the inpatient side. Although this is a national crisis, it's particularly problematic for a hospital such as Crozer because we are specialized in so many areas that patients can't go to another facility, and that includes cardiology and neurology so we find that we're holding patients for a much longer period (not just hours but days). It's hard to anticipate this because we're hoping we're not going to be on divert.

Comments: We (ED) are the safety net. Patients can't call their general practitioner and get seen that day. With managed care and physicians leaving this area, it often takes patients days to get an appointment, through no fault of the physicians (they are just so overwhelmed) that they by default have to go to their local Emergency Department.

● HCSC helps us in these areas:

1. Cooperation and responsiveness of HCSC. I have found both to be very positive and immediate. For example, if we need to increase a particular linen item, there are no questions asked. For me that is revealing of what kind of an organization HCSC is.

2. Creative problem solving to cut costs because it's a critical factor for all of us, i.e. the elimination of thermal blankets that we replaced with bath blankets. At this point this has been almost transparent for us but a good win / win for both Crozer and HCSC.

3. Product Availability - When we said we needed more bariatric gowns and pediatric gowns for our patients, HCSC was able to supply these for us.

4. Increased Efficiency - I think putting a cart in our express care area has enhanced efficiency.

Alma Coleman, Clinical Coordinator (SPD) (rating 9.5)

- Our biggest challenge would be to have enough towel packs needed on a daily basis.

1. HCSC helps with this by always having what we need, even on short notice. I'd say our supply from HCSC and how we are responded to are both good.

2. High Quality - We've never had a problem with the quality. We have no rips, nor tears in our linen, because we can't use that. Basically, HCSC has done a great job. We've never really had a crisis. Our maintenance of par levels has helped us maintain inventory levels to preclude any shortages.

Cathy Spahr, Clinical Coordinator (ICU, Step Down) (rating 9.5)

- Limited space.
- Meeting family expectation of linen. Linen plays a very important part of patient satisfaction. Even one little smudge on a piece of linen may be seen as representative of the level of nursing care that is provided to the family member.
- We find that families are happy with the linen presentation.
- Linen delivery has been very seamless. It's rare that we have to call for linen.

Sharon Dargay, Administrative Manager (Radiology) (rating 8)

We provide imaging for Inpatient, Outpatient, and Emergency Room. We do a huge outpatient population that is probably unique to this department.

- Many patients arrive cold, it's drafty, and they are looking for blankets or sheets for warmth.
- Choosing the appropriate item may be the biggest challenge for us in order to contain costs.
- Providing modesty - We ask patients to remove their clothing and sit in a public area with a cotton gown. Although gowns provide full coverage, it may not always feel like enough. Many patients ask for robes for their comfort. Sometimes the length of gowns are inadequate for our very tall men.
- Helping meet the challenge:

1. Efficiency - having the necessary gowns, blankets, or sheets, etc. Having clean linen available to us is a critical link in the chain. It's an integral part of the job for us. HCSC does a good job of keeping us supplied.

Lost & Found at Lehigh Valley Hospital and Healthcare Network

2. The quality is consistently good.

Comments: I don't know if there should be gender gowns or not. If we look at it from an outpatient perspective, which is probably 60% of our volume, it would be nice to have something as we do in Mammography with the robes. If you look at the aging population and that Healthcare is getting busier, maybe there's something futuristically that you need to think about and be able to offer. It's more of an amenity than a necessity. We see this in the private outpatient settings where they try to offer more amenities.

Gene Nestor, Director (Environmental Services) (rating 10)

Challenges include:

- Managing 3 sites
- Budget
- Time constraints
- Staffing

How does HCSC help:

1. With HCSC, I have no problems. I know that the linen is always there, I know that it is quality linen, and more often than not, if there is a linen issue, it is resolved without my involvement; and I don't even hear about it until after it has already been resolved.

2. We enjoy excellent communications, and almost nothing goes on that I do not know about. This means I have one less item on my plate, and makes managing a 3-site operation much easier. HCSC does an excellent job.

Summary - Key points emergent throughout the discussions were that supply and quality of linen were consistently good and helped meet the departmental needs.

PostScript: The respondents' overall consensus rating of "excellent" reflects HCSC's demonstrated commitment to the service and quality aspects of the textile rental business.**

When a patient enters the hospital, he/she expects the best of care in all areas, including the proper care of their personal effects. Despite the inherent responsibility of a coherent patient to secure his/her personal property, and hospital staff procedures already in place, there are times when a patient's items are missing.

At times, these items may end up in a patient's bed linens, and during this past year, HCSC laundry staff has retrieved 14 items reported to be lost. (It is important to note that not all items end up in bed linens.)

At Lehigh Valley Hospital and Healthcare Network (Lehigh Valley, PA), a Lost & Found Committee was formed in 2002 to help reduce the loss of patient items, such as glasses, hearing aids, dentures and jewelry. The committee consists of approximately 15 employees, plus representatives from the Linen, Housekeeping and Dietary departments.

This committee meets approximately once every month, or as needed, to resolve any important issues. One of the tasks of

the committee is to present ideas to the clinical staff on ways to help prevent the loss of patients' personal items.

Says Barbara Rutt of the Pastoral Care department, "Lost valuables are cause for distress to patients and their families. This committee has the important task of finding ways to help patients and staff reduce the loss."

The committee also assists management by determining, after all facts are reviewed, whether a reimbursement may be in order.

A subcommittee is now in the process of developing a laminated poster with suggested areas to check for the personal effects of each patient. The poster will be placed, upon approval, in all patient rooms and at each of the nurses' stations. Examples of the areas to check would be food trays for dentures, and bedside tables for glasses and/or hearing aids.

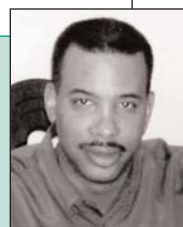
The Lost & Found Committee is dedicated to the idea that no patient should lose valuables while they are a patient within the LVHHN system.**

Staff Changes...

NICK MOORE has moved from HCSC's Delaware Valley plant to

the Asbury Park plant, where he will serve as General Manager. Moore has

been with HCSC since January 2000... **GARRY AICHROTH** has been promoted to General Manager of HCSC's Delaware Valley Plant. Aichroth has been with HCSC since 1994, serving as Assistant General Manager of the Delaware Valley plant since 1999... **STEVE COFFEY** has joined HCSC's Linen Services department as the on-site Linen Manager at Monmouth Medical Center (Long Branch, NJ). Coffey was previously employed as a Senior Off-Shift Supervisor with St. Peter's Medical Center (New Brunswick, NJ)...



MOORE



AICHROTH



COFFEY

Have You Looked At This Lately?

Every healthcare facility is looking for new ways to save on expenses. Coming up with these ideas is sometimes easier said, than done. Maybe instead of trying to reinvent the wheel, why not try some of these easy and obtainable approaches.

- If your facility is still using OR sheets and OR draws, why not convert to standard white linens? Originally, the misty-green OR sheets and draws were used to help diffuse the extremely bright surgical lights, but with many hospitals updating the lighting systems in their OR suites, the OR sheets and draws may not be necessary anymore. Many facilities throughout PA and NJ have made this step and saw instant savings.
- Do not send thermal blankets to ancillary areas. Quite often patients are transferred from their room with a thermal blanket from the bed. By supplying bath blankets instead of thermal blankets to the ancillary area, you can reduce your costs and still provide the patient with adequate coverage and warmth. Even placing a bed sheet underneath the thermal blanket will help keep the patient warmer.
- If you are constantly buying pillows to send to Same Day Surgery, you may want to try a grommet pillow. These pillows are reusable, easy to clean and can be secured to the stretcher with a nylon tether. When not being used, they can be hung over the side or tucked underneath the stretcher for storage.
- Utilizing volunteers for pillow reclamation and redistribution. Volunteers can check the closets of empty patient rooms as well as clean utility rooms for any idle pillows. After cleaning, they can then be sent to requesting departments. A volunteer could also be used to restock linen carts during off-hours.

See **EXPENSES** pg. 6

To Pillow or Not to Pillow

An expense that every healthcare facility deals with daily, is involved with patient care, and often not thought about much revolves around pillows.

Often facilities just consider only two possible choices: reusable or disposable. The reusable is often chosen due to cost effectiveness and patient comfort. Along with dealing with the increased acquisition cost when dealing with the reusable product, facilities often encounter loss from the system.

Loss can happen from many places including: EMS squads; theft, wear and tear; simply being discarded in the trash, or possibly a user area hoarding excess inventory that can be used elsewhere in the facility.

An item that is available that could

be considered is a pillow with a grommet for use on stretchers. This grommet pillow can be attached to a stretcher via a tether. Making the tether long enough is essential, so the pillow can be removed and placed on the bottom of the stretcher quickly if there is an emergency with a patient.

Not every area using stretchers may be a candidate for this type of product. Often reaction from staff is positive, as they won't have to search for that necessary patient item. Keep in mind that the grommet pillow is a deterrent to loss and can be cut from the tether.

When considering these types of changes, please remember...that a dollar saved is easier to put to the bottom line than a dollar earned.♦♦

Benefits of Linen Awareness

The Linen Awareness Program is an ongoing venture and can help employees at all levels understand their affect on linen costs resulting from their day-to-day job tasks. It has been shown that staff will care about reducing costs if they know how to take advantage of reduction opportunities. To continually promote and remind staff of linen cost savings and awareness, flyers presenting the "Linen Item of the Month" detailing proper usage can be placed on linen carts and strategic areas throughout the hospital.

Another uneconomical practice observed in our hospital visits is excess linen in patient rooms. This is a costly convenience to have linen just in case it's needed - being stored in dressers or laying on top of room furnishings. The cost generator here is, after a patient is discharged, all of that clean, unused linen is placed in the soil bag. Once the patient's needs are assessed, then supply the patient or bed with only those linen items appropriate to the patient's care.

Will it be difficult to convince the caregivers that conserving linen does not

mean they are compromising patient care? It may. However, the focus here is to eliminate waste, not ration linen or not change beds when needed. The caregiver will realize they can maintain their high level of patient care and still achieve notable cost savings. All the staff has to do is follow the bed change policy, use linens as they were intended to be used, observe the discharge bed makeup policy and not store excess linen in rooms or other patient areas.

This Linen Awareness Program needs the conviction and support of senior management as well as department and nursing unit managers to improve the program's chances of success. In fact, conveying the tenets of linen awareness as part of mandatory training sessions is ideal. A concerted effort by all staff members to conscientiously and continually keep policies and cost savings in the forefront can achieve great results.

For more information or to arrange for a Linen Awareness Program at your facility, please contact your HCSC Account Representative. They are there to help.♦♦

- Volunteers are a valuable resource within the hospital and should be utilized whenever possible.
- Instead of using a bed sheet to cover exam tables or chairs, can a draw sheet be used? Draw sheets are about half the cost of a bed sheet and usually provide enough coverage for the chair or table without compromising patient care.
 - Purchase reusable pillows instead of disposable. The initial investment for reusable pillows will be more than the disposable but the long-term benefits will outweigh that. Chances are at the

end of the year you will have spent more for disposable pillows than you ever would for reusable, and you will have nothing to show for it except higher costs. The reusable pillow is easily wiped down and cleaned at the same time housekeeping is cleaning the bed. When you buy disposable pillows, it must be thrown out after the patient is discharged, adding to the hospitals' expense for waste removal.

If you would like more information on any of these suggestions, please contact your account representative. **

New Jersey and the surrounding regions.”

It is anticipated that the new plant will process over 16 million pounds of linen this fiscal year. The plant staffs approximately 120 jobs, including positions in production, maintenance, housekeeping, transportation, administrative, engineering, supervisory and general plant management.

For more information on the new HCSC plant, contact Joe Liparulo at 800-444-4272, ext. 2278 or jliparulo@hpsc.org. **

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