

**CSF**

HOUSEKEEPING DEPARTMENT

OPERATIONS MANUAL

# 414

# 414 - 68

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March 31, 1967

Mr. Harry W. Penn, Jr.

Administrator

Prince George's General Hospital

Cheverly, Maryland

Dear Mr. Penn:

This report contains the final conclusions reached by our staff after several months analysis of the Housekeeping Department. Because of the various uses anticipated for this material, the report has been physically separated into three parts.

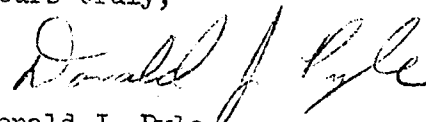
Part I is an analysis of the effectiveness of certain key personnel in the Housekeeping Department. This section will be submitted to you via a personal letter.

Part II, attached, contains (1) a brief description of the department at the outset of the study, (2) a description of the methodology utilized in this study, and (3) a description of the major changes which are being proposed.

Part III is intended to serve as an operating manual for the department and as such presents a complete description of the proposed system.

I would like to thank Mr. Webb and the members of the Housekeeping Department for their assistance.

Yours truly,



Donald J. Pyle  
Project Engineer

## Present System

The primary factor which initiated this study was the feeling by certain members of the Hospital Administration that an improvement in the quality of the department's output was needed. It was also felt that operating procedures could be streamlined. In addition, a clear definition of the staff necessary to adequately carry out the department's responsibilities was desired.

The organization and operation of the Housekeeping Department as presented in the following paragraphs existed at the outset of this study. Since that time, a number of changes have been made. For the most part, these changes fall within the format of the proposed system.

The following description necessarily dwells on those factors which require change. This is not meant to imply that all of the department's procedures were inefficient or otherwise undesirable.

The original organization is shown on page 3. Certain shortcomings in the operation of this organization were noted at the outset and served as objectives in the approach to the study.

The first problem noted was the lack of any formal quality control program. This meant that the only measure on the department's performance was the subjective feeling of the supervisory personnel. Inasmuch as this feeling is relative to prior performance and subject to bias due to knowledge of causes, a gradual overall decline in the quality level could easily go unrecognized.

The second major problem area involved the night crew. This group of thirteen employees was responsible basically for daily cleaning of offices, ancillary services, and public areas, plus periodic floor reconditioning in some areas. Each night at the beginning of the shift, a working supervisor would divide up the tasks among those employees present. From that point on, each employee was, for the most part, on his own. This resulted in a relatively low output, both quantitatively and qualitatively.

The third problem area involved the checkout procedure. All checkouts were dispatched to the room when the patient had left. The basic flaw in this setup was that the room was often cleaned by the wing maid prior to the patient's departure and then by the checkout maid shortly thereafter. This resulted in a considerable waste of time.

As a result of the lost time noted above, the checkout maids were unable to perform isolation checkout procedures. This resulted in the wall washer being removed from her primary function to clean the isolation rooms. The net effect of this diversion on the condition of the walls and light fixtures was readily apparent.

The fifth major problem, and the one which gave rise to most of the complaints directed at the Housekeeping Department, was the fact that there was no clear delineation of responsibility for care of public areas between 8 a.m. and 5 p.m. Cleaning of lobbies, public toilets, and corridors was performed on a hit

Exec. Housekeeper (1)

Clerk (1)

Ass't.  
Exec. Housekeeper (1)

Ass't. Housekeeper (2)

R & J Bldg.	
Supv.	(1)
3:00 PM	(1)
3:30 PM	(1)
4:00 PM	(1)
4:30 PM	(1)
5:00 PM	(1)
5:30 PM	(1)
6:00 PM	(1)
6:30 PM	(1)
7:00 PM	(1)
7:30 PM	(1)
8:00 PM	(1)

Old & N Bldg.	
Supv.	(1)
A Wing Maids	(2)
G Wing Maids	(2)
Externs Maid	(1)
H 200 Maids	(1)
H 300 Maids	(1)
H 400 Maids	(1)
Porters	(2)

Utility Porters	
Supv.	(1)
Trash Porter	(1)
Trash Porter	(1)
Inclinator	(1)
Odd Job Porters	(2)
Wall Washer Maid	(1)

Checkout Swing	
Checkout Maids	(3)
Swing Maids	(8)
Sewing Room	
Women	(3)

Emergency Rooms	
Maids	(3)

Nurses Home	
Supv.	(1)
Maid	(1)

Evening Night Group	
5 PM-1:30 AM	
Maids	(2)
Midnite-8 AM	
Supv.	(1)
Porters	(5)
Maids	(7)

and miss basis.

The final major problem relates to the department's organization. This organization, as shown on the next page, caused a major overlap of supervisory responsibility. This resulted in as many as five different people giving instructions to a maid or porter on the same day. Needless to say, this resulted in lost time, confusion, and damaged employee morale.

## Study Methodology

In order to effectively assign tasks to members of the department, it was first necessary to fully understand the responsibilities of the Housekeeping Department. Towards this end, members of the Community Systems Foundation staff visited every area of the Hospital with a member of the Housekeeping Department supervisory staff. A detailed list was compiled of the tasks to be performed in each area. In addition, the recommended frequency of performance and equipment necessary to perform this task were recorded.

The second step in the analysis was to determine the amount of time necessary to perform each task. To accomplish this, detailed time standards were applied to every task for every room in the Hospital. The standards utilized were compiled by the Hospital Systems Research Group of the University of Michigan. Most of these standards were verified by the Community Systems Foundation staff by comparison with other published standards or by direct observation. Upon completion of this step, we had available the information necessary to make equitable work assignments: (1) a complete list of tasks (2) how much time each task required (3) how often it should be performed (4) the equipment and supplies necessary and (5) any restriction on the time of day during which it could be performed.

The next step was to separate those tasks which should be done in all areas by the same person or by a team. In general, such tasks were defined by the need for special equipment or the fact that performing them on the day shift would be impractical.

The remaining tasks were divided by area to provide approximately 360 minutes of direct work activity for each employee each day. This figure was derived by subtracting a 15% personal, fatigue and delay allowance and a 10% travel allowance from the 480 minutes available each day. (The 15% figure is a widely accepted standard for most jobs and the 10% figure is the result of extensive research into housekeeping by the Hospital Systems Research Group.)

The next step in the analysis was to make provision for those unpredictable tasks which housekeeping is asked to perform. Study of past records, of these requests at Prince George's, indicated that, in addition to the flexibility provided by the Checkout Maids, two porters should be provided daily.

Finally, the department's supervision was reviewed with the goal of providing sufficient supervision, but eliminate the wasteful and confusing overlap which previously existed.



## Proposed System

Inasmuch as the Operations Manual provides a complete description of the proposed department's organization and operation, this portion of the report is designed only to highlight the major changes and the reasoning behind them.

Section I of the Manual presents the department's organization and the responsibilities of the supervisory personnel. The responsibilities of the Assistant Executive Housekeeper have been carefully separated and the "Supervisor at Large" position has been eliminated. However, in order to provide seven day coverage in the two primary supervisory positions, it will be necessary to add one supervisor to the staff. Under this organization, each employee should receive instructions from one person only on any given day, unless responsibility is specifically transferred by his or her immediate supervisor.

Section II describes the department staff below the supervisor level. The first page of the section lists all of the positions in the department and the number of days which they must be staffed.

The following is a summary of these positions:

### Day Shift

1 Administrator (The Executive Housekeeper)	5 days/wk.
1 Administrator	7 days/wk.
1 Clerk	7 days/wk.
2 Supervisors	7 days/wk.
19 Maids	7 days/wk.
11 Porters	7 days/wk.
7 Maids	5 days/wk.

### Evening Shift

2 Maids	7 days/wk.
1 Porter	7 days/wk.

Night Shift

2 Porters

5 days/wk.

To cover the above positions, the following number of people must be budgeted for the department:

1 Executive Housekeeper

2 Assistant Executive Housekeepers

1 Clerk

3 Supervisors

37 Maids (Day Shift)

(26 Positions & 8 Reliefs & 3 Sick Leave Coverage)

17 Porters (Day Shift)

(11 Positions & 5 Relief & 3 Sick Leave Coverage)

3 Maids (Evenings)

1 Porter (Evenings)

2 Porters (Nights)

The above budgeted staff totals 67, which is a reduction of 5 from the original. This represents a savings of approximately \$20,000/yr. It is our feeling that this staff allocation is extremely generous. As a result, the department should, with this staff, be able to provide the high level of sanitation and appearance desired by the Hospital's Administration.

The second page of this section is the key to one of the major changes, which has already been implemented. This involved the reduction of the night crew to two men. Consequently, the tasks previously performed by the night crew are now performed between 6:30 a.m. and 8:00 a.m. by the Day Shift. Each line represents one area assignment, which should require one and one-half hours to clean, following the procedures outlined in Section III.

The remainder of this section details the work assignments listed on the first page of the section. Numerous changes have been made to even up the

work load and increase the probability that a high level of sanitation will be maintained. One of these changes is probably worthy of further comment. As mentioned earlier, the Wing Maids and Checkout Maids were often cleaning the same patient room twice within a very short period of time. To alleviate this waste of effort each day, the Wing Maid will ask the Ward Clerk which rooms will have checkouts that day. She will then skip those rooms in her regular routine. This should save her between 20 and 30 minutes per room. Upon completion of her daily routine, she is to call the Housekeeping Clerk for assignment to checkouts. Due to the amount of time she will have saved earlier, she will be expected to perform the checkout cleaning in one-half of the rooms she has previously skipped.

One further note regarding this section is in order. All porter positions are based on the assumption that corridors will continue to be dry mopped and damp mopped using standard mops. Should the Hospital acquire a floor machine capable of satisfactorily performing this function, it will be possible to combine the A, C, ER porter position with the Bridge, 3 main porter position.

Section III of the Manual details the tasks to be performed in the various areas. No major changes have been made in this regard. It is our feeling that if the tasks are performed as specified in the past, at the frequencies we have and by the personnel that we have specified, a high level of cleanliness will be maintained.

Section IV deals with those activities which are performed on a periodic basis by special teams. The major contribution to this segment of the department's activities is the list of time standards, which should serve as a guide in scheduling these activities.

Section V is an attempt to list, as completely as possible, the activities for which the Housekeeping Department is responsible. Certain of these activities, namely flower delivery, mail delivery, could be handled more easily and economically by a centralized messenger service. It is strongly recommend-

ed that the Hospital consider such a service, as it would undoubtedly benefit nearly every department.

The Quality Control Program as set forth in Section VI is entirely new to the Hospital. The entire program has been presented in detail in the manual. In addition, a number of advantages of the program are listed on the first page of Section VI. It cannot be overemphasized that a program of this type is necessary to keep the department from slipping into the quagmire of making an excuse for each individual short-coming and eventually losing sight of the overall department performance.

Section VII sets forth a general suggested format for employee training. It is our feeling that this activity, essential to the long-term performance of the department, has been grossly neglected to meet short-term needs. For this reason, one of the Assistant Executive Housekeepers has been allocated the responsibility for training. He should be given at least two days for formal training of all new employees. It is also suggested that brief group sessions be held monthly to review procedures which are being neglected or to introduce new procedures, equipment, or materials.

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PRINCE GEORGE'S GENERAL HOSPITAL

CHEVERLY, MARYLAND

HOUSEKEEPING MANUAL

APRIL 19, 1967

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SECTION I

DEPARTMENT ORGANIZATION

This Section sets forth the organization of the Prince George's General Hospital Housekeeping Department. In addition, the responsibilities of the supervisory personnel are delineated.

(1)

ASS'T EXEC.  
HOUSEKEEPER (1)

CHECKOUT  
MAIDS (4)  
SEWING  
MAIDS (7)

K & J  
SUFV.

NURSES  
HOME  
SUFV.

OLD  
BUILDING  
& H SUFV.

NIGHT  
GROUP  
PORTERS (2)

UTILITY  
GROUP

EVENING  
GROUP  
(3)

EMERGENCY  
ROOM  
(1)

SEWING  
SUFV.  
(1)

H-200 Maid 2  
H-300 Maid 2  
H-400 Maid 2  
CB Maid 1  
J-200 Maid 1  
J-300 Maid 1  
J-400 Maid 1

MAID 1

A Wing Maid 1  
C Wing Maid 1  
H 200 Maid 1  
H 300 Maid 1  
H 400 Maid 1

1st Flr Main. 1  
Pt, 3Main, Bridgel  
A, C, ER Porter 1  
Trash Porter 1  
Truck Porter 1  
Incinerator 1  
Cdd Jobs 2  
Porters 1  
Wall Washer 1  
Maid 1  
Supplies,  
Substns Qtrs 1  
G, J, K 400 1  
Porter 1  
G, J, K 300 1  
Porter 1  
H, J, K 200 1  
Porter 1

ASS'Ts 2



EXECUTIVE HOUSEKEEPER

Responsibilities

1. Cleanliness, sanitation, and orderliness of the hospital.
2. Appearance and courtesy of housekeeping employees.
3. Selection of new employees.
4. Maintenance of cooperative relationships with other departments.
5. Maintain work standards, methods, and schedules.
6. Maintain Department records and approve time sheets.
7. Approve supply requisitions.
8. Preparation of department budget.
9. Direct Administrative responsibility for night crew and sewing room staff.
10. Advise in all department situations beyond the scope of authority or ability of Assistant Executive Housekeeper.



ASSISTANT EXECUTIVE HOUSEKEEPER - II

Responsibilities

1. Administrative responsibility for evening crew and Emergency Room crew.
2. Direct supervision of Utility Group.
3. Direct supervision of special projects.
4. Periodic supervision of Night Crew.
5. Conduct initial and in-service training of employees.
6. Periodic updating of schedules.
7. Advise in all situations beyond the scope of authority or ability of those reporting to him.

### Housekeeping Supervisor

Job Summary: A Housekeeping Supervisor is responsible for the standard of work of the employees assigned to him. He must demonstrate a constant ability to lead and work with the housekeeping employees. The Supervisor is directly responsible to the Housekeeper. All requests for work from other Department Heads will be referred to the Housekeeper.

### Work Performed:

1. Supervises the work in the Administrative, patient, and public areas.
2. Reports to the Housekeeper or person in charge, to receive daily assignment. Reports absenteeism and receives reliefs for replacements.
3. Checks to see that all his employees are at their assigned areas and at work.
4. Checks the work of his employees daily and converses with these employees daily.
5. Knows where his employees are at all times.
6. Helps issue supplies. Keeps records of all supplies distributed.
7. Reports all repairs to the Housekeeper.
8. Trains and supervises the work of all new employees.
9. Assigns and distributes uniforms to the employees.
10. Checks daily the appearance of his employees.

## SECTION II

### DAILY PROCEDURE

This Section outlines the daily procedure for all positions in the department below the supervisors level. In all cases, except wing maids and checkout maids, the detailed responsibilities within an area are given in Section III of the manual. The reason for this is the large number of similiar areas being cleaned by different personnel.

The first page of the section lists all of the Housekeeping Department positions and the number of days per week which they must be covered. Those positions marked with an \* have a public area assignment from 6:30 a.m. to 8:00 a.m. These assignments are listed on the second page. Details for these areas are given in Section III.

<u>Days/Wk</u>	<u>People</u>	<u>Primary Assignments</u>
5	1	Administration
7	1	Administration
7	1	Clerk
7	2	Supervisors
7	1 Maid	*A Wing
7	1 Maid	*C Wing
7	1 Maid	*H 2
7	1 Maid	*H 3
7	1 Maid	*H 4
7	1 Maid	*OB
7	1 Maid	*J 2
7	1 Maid	*J 3
7	1 Maid	*J 4
7	2 Maids	*K 2
7	2 Maids	*K 3
7	2 Maids	*K 4
5	2 Maids	Nurses Home
7	3 Maids	Checkouts
7	1 Porter	Trash
7	1 Porter	Truck
7	1 Porter	Incinerator
7	2 Porters	*Odd Jobs
5	1	Wall Washer
5	1 Maid	Supplies, Curtains, Interns Quarters
7	1 Maid	*Emergency Room
5	3	Sewing

<u>Days/Wk</u>	<u>People</u>	<u>Primary Assignments</u>
7	1 Porter	*H, J, K-400 Corridors, Utility Rooms, Pantry, Lobby
7	1 Porter	* 300 " " " "
7	1 Porter	* 200 " " " "
7	1 Porter	*A & C & E.R. " " " "
7	1 Porter	Bridge, 3 Main, Physical Therapy corridors
7	1 Porter	1st floor - K Building, Corridors, Toilets
7	3	Evenings
5	2 Porters	Floor Reconditioning

The assignments marked with an \* on the previous pages are scheduled 8:00 a.m. to 3:00 p.m. This allows assignment of these people to a public or office area from 6:30 a.m. to 8:00 a.m. Each line below represents an assignment for one person for this period.

6:30 a.m. - 8:00 a.m. Assignments:

<u>#People</u>	<u>Days/Wk</u>	<u>Assignment</u>
1	7	Outpatient Waiting & Toilets
1	5	Outpatient Office, Utility & Examining Rooms
1	5	Social Service & Outpatient Department, Cashier
	7	X-ray Department
1	7	Laboratory & Laboratory Waiting Room
	7	Physical Therapy, Waiting, Locker Rooms, Cast Room
1	7	Physical Therapy, Treatment Rooms & Whirlpool Rooms
	7	Central Supply
1	7	O.R., Drs. Lounge, Toilets, Lockers, Nurses Lockers
	5	Medical Records, Dugout, Key punch Room
1	7	Board Room, Admin., Assist. Adm., Comptroller, Secretary
	5	Business Office and Payroll
1	7	All K-100 Toilets (4) and Dust Mop Lobby
	7	Lobby & Nursing Offices
1	7	Admitting, Chapel, Social Service
	7	Elevators, K-100, K-200 Lobbies
1	7	K-300, K-400 Lobbies
1	5	K-500, Lobby, Conference Room, Toilets
	5	K-500, Medical Education Office, Drs. Library-Office
1	7	Data Processing, Mr. Webb & Sec., Central Dictating
1	5	Anesthesia, Personnel and Purchasing
1	7	Temporary Corridor and Locker Rooms

Plus 1 Supervisor