



## **A Remedy for Health Care**

**By Jim Harris, Sr.**

At the turn of the last century, the traveling medicine man was a common site along the frontier. With elixirs and potions he promised a cure for everything from arthritis to "women's ailments." As this century slips away it is the health care profession itself, as well as the patient, that is seeking a miracle cure.

Hospital administrators know all too well they must contain costs. When it comes to reductions, environmental services are typically among the hardest hit. As everyone struggles to balance the needs and the numbers, managers are increasingly using team cleaning as an effective way to control costs and maintain quality.

"Labor savings usually start at about 10%," says Carl Solomon. Solomon is a Senior Environmental Services Consultant for Kaiser Permanente. The hospital chain has 700 medical complexes throughout the country.

According to Solomon, Kaiser Permanente's facility in Fontana, California saved over half a million dollars in labor costs alone when the company switched from zone to team cleaning. "Team cleaning has proven to be 10-15% cheaper than zone," he says. "There's less equipment and better productivity."

In Bozeman, Montana, Phil Sparks uses a team cleaning system at Deaconess Hospital. Before he transitioned the health center to team cleaning, it took nine custodians a full eight hours to clean three medical office buildings. Now he uses a team of seven to clean the same area in about seven hours. "We wind up with at least an hour at the end of each shift to do project work," Sparks says. Project work includes specialized floor care, windows, and detail cleaning that previously was left undone or done rarely.

Productivity improvements at Deaconess will save at least \$30 thousand in regular labor costs annually. In addition, the hospital will see a \$10-20 thousand savings in overtime expenditures. Because cleaning crews can accomplish extra projects during their regular work shifts, employees won't rack up overtime hours trying to meet special needs.



His budget gets another boost. Jobs that he previously had to contract out due to time constraints can now be done by in-house employees. That adds another three thousand dollars to the bottom line. "If you aggressively manage your labor costs, you can easily save as much as 25%," Sparks says.

Team cleaning also cuts chemical and equipment costs. At Deaconess cleaning workers were using as many as 14 different cleaning products. Carts were loaded with everything from industrial cleaners to home remedies. Team cleaning requires a standardized system of chemicals and equipment. Deaconess cleaning workers now use just six chemical products. Chemicals are pre-measured to ensure proper mixing ratios. Phil believes standardized chemical use will save the hospital 15-20% this year.

Equipment is also standardized. Backpack vacuums are the core of team cleaning systems. Kaiser Permanente's Carl Solomon says the backpacks can cover almost twice the area of upright vacuums, six to eight thousand square feet an hour compared to three to five thousand square feet by an upright. Backpacks used in Kaiser Permanente facilities also improve indoor air quality by capturing fine dust and particulates.

Phil Sparks says the backpacks are well worth the money. "I spend about \$480 for a backpack. I spent about \$490 for the upright I was using. I had to replace six uprights a year. In three years I haven't replaced a single backpack." He tells cleaning managers to use the money budgeted to repair uprights to buy new backpacks.

Using a team system actually takes less equipment than zone cleaning. Instead of each employee using a cart and vacuum, only one employee on each team needs that equipment. Employees use only the tools required to perform their specific function. Everything they need to do that job they take with them to the work site. That avoids time consuming trips back to the custodial closet to get forgotten or additional items.

With such dramatic labor and equipment savings, one has to wonder about the quality of cleaning. Under constant attack from contamination, the health care arena is not the place for compromised cleaning. Facilities report the quality of cleaning actually improves with teams.

Prior to taking the helm at Deaconess, Phil Sparks spent four years running the environmental services department of St. Vincent's Hospital in Billings, Montana. He became interested in team cleaning as a way to maintain a consistent level of quality cleaning and manage personnel.



He surveyed hospital managers to determine their level of cleaning satisfaction with the hospital's old zone approach. The results were not encouraging. His medical colleagues gave the department dismal marks for quality. "With zone cleaning, too many things were falling through the cracks," he remembers. Sparks was spending a lot of time with some individuals and almost no time with others. His employees were unhappy about disparities between assignments. His management team insisted the department needed more manpower. Phil wasn't sure that was the solution.

He had heard about team cleaning and was interested in trying the system. Partnering with his distributor, Bruco, Inc., Billings, MT, he began to look at computer models of how the system could work. Bruco had a software program that allowed Phil to enter information about his facility into the system. He experimented with scheduling models on the computer before attempting to implement the program.

Once the program began, another month of adjustments followed. Sparks felt it was important to listen to his employees and follow their recommendations, adjusting schedules as necessary. Six months later, he surveyed department heads once again, asking them to rate the quality of cleaning. On a five-point scale, with five being the highest rating, the average scores ranged from 4 to 4.2. One hospital official told Sparks he'd never seen the facility so clean.

Kaiser Permanente has experienced similar improvement. Carl Solomon says cutbacks in zone cleaning meant some cleaning chores were skipped. Custodial workers may have dumped the trash every night, but actually cleaned a given office only once a week. The inability to perform cleaning tasks took its toll. "Dirtier carpets, more dust mites, surface dust accumulation," Solomon says. Not to mention more wear and tear to furnishings, fabrics, and worsening indoor air quality. "Team cleaning means cleaning every night," he says. "It definitely improves quality."

Kaiser Permanente managers at the Fontana California Medical Center began using team cleaning about six years ago. Kaiser Permanente was opening a new medical office building and wanted to look at more efficient ways of cleaning. Pro-Team, a backpack vacuum manufacturer, told these Kaiser Permanente managers about the team cleaning system. They attended a training workshop and wanted to try it.

Since then, Kaiser Permanente officials have gradually been transitioning existing facilities to team systems. Roughly 10% of Kaiser Permanente's buildings made the switch last year. New facilities are staffed specifically with team cleaning in mind. "Team cleaning allows us to clean more often, raising the cleanliness of the environment and



improving the appearance and longevity of furnishings, floors, and equipment," Solomon says.

Team cleaning typically relies on four main work categories: a restroom cleaner, vacuum operator, trash collector/dusting specialist, and utility or multi-use worker. The system works in waves, with one cleaning worker following another through the area being cleaned, each performing his/her specific function. Areas that are missed or improperly cleaned will be immediately visible to the next worker entering the room. Phil Sparks says this system offers built in quality assurance. Each employee's assignment is based on proper methodology, not a designated amount of space.

Since biohazards are a real danger at health facilities, specialized employee tasks minimize the amount of people who may come in contact with biocontaminants. All employees must be taught correct handling procedures. But only two team members will ultimately have the most exposure to biowaste - the restroom cleaner and the trash collector.

Looking clean is not good enough. Rooms must actually be clean, especially in health care facilities. Dust that goes unchecked frequently becomes nutrition for various types of microbes. Reducing particulates means reducing the microbe population.

Team cleaning is cleaning for health. It trains cleaning workers to be environmental healthcare professionals. These specialists have proper training and tools to carry out specific cleaning tasks.

Cleaning managers frequently insist that despite its proven merits, team cleaning would not work in their particular facility. Phil Sparks calls this the "Yeah, but" syndrome. "People just don't like to get out of their comfort zone," he says. "You have to draw them a clear enough picture that they can see themselves being successful in the new modality." For Sparks, an important key is getting supervisors on board. "They have to be willing to take a lot of heat from employees. They have to do the follow-up work with the office managers and doctors. If they're not as committed as management, it simply won't work."

To help build support he spends months working with supervisors to design an effective system. He listens to their suggestions and routinely updates them on how the project is progressing.



Carl Solomon says Kaiser Permanente also works to involve supervisors and employees in planning and implementation. "We put together a work group that allows management, union and employees to work together throughout the implementation process."

Consultants can help make the transition much easier. An experienced consultant will help steer management around common pitfalls. Also, the organization can benefit from the experience of other health care professionals who are already implementing team cleaning. When facilities are trying to work through the usual kinks and quirks, Phil Sparks says sometimes it's nice to have somebody outside the organization to consult. Consultants can also offer advice on computer software systems that may help implement team cleaning programs.

Partnering with distributors can also be a tremendous help in establishing a team cleaning program. Because the system relies on standardized chemicals and equipment, a distributor can be an effective link in providing the products and training needed.

Right now, both Kaiser Permanente and Deaconess use team cleaning in non-patient areas. Those areas include just about everywhere else in the hospital but patient rooms and operating areas. Laboratories, waiting and reception centers, exam rooms, offices, radiology and pharmacies are all team cleaned. At St. Vincent's, the cardiac catheterization lab was also team cleaned. That laboratory is similar to an operating room, in that it requires a much higher level of detail cleaning and disinfecting that must be done on a daily basis.

The team system requires communication between cleaning workers themselves and also between the medical staff they serve. In one hospital, a pharmacist was worried about having several people in sequence clean the area instead of one. When supervisors assured her quality and security would not be compromised she was willing to give it a try. Supervisors promised weekly follow up visits to make certain her concerns were addressed. After two weeks of the new routine she was convinced the system was an improvement. Team cleaning did not require any additional time, the quality was superior, and the cleaning workers themselves were professional.

Team cleaning will save money. It will improve productivity and cleaning quality. But it will also give cleaning managers something they may never have experienced - a way to track what's actually happening in their department every shift.



Team supervisors can pass along daily information about problems or issues of concern because they know what's happening. Chemicals are measured. Personnel are accounted for. Assignments are disbursed and completed that day. Managers know exactly how much product is being used, when the restroom was cleaned last, and whether or not the trash was properly emptied.

Team cleaning managers know what it costs them to clean a given area. Better yet, they are prepared to help hospital administrators understand exactly what they will be sacrificing if budgets are cut. Environmental service managers can give their CEO's options by showing them a clear picture of the quality impact.

The transition to team cleaning isn't easy. Months, and sometimes a year or more of preparation will be necessary. It will require commitment, from managers, distributors, and supervisors. Employees may be reluctant to let go of old habits. Phil Sparks remembers a near disaster at St. Vincent's. A vacuum operator accidentally knocked a \$12,000 microscope on the floor. It cost his department \$8,000 to have it repaired. Everyone was certain the accident would make him abandon his team cleaning crusade. "It took a chunk out of my first year savings," he recalls, "but it didn't stop us."

"Change is difficult," says Carl Solomon. "You've got to have a real champion as a manager to make the program work. You have to be committed to work out the kinks, resolve the problems."

Practice does make perfect. While team cleaning is definitely not a cure-all for all of health care's woes, it is a wonder drug for what ails EVS departments.