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Labor Management Project Case Study

North Shore-Long Island Jewish Health System

Long Island Jewish Medical Center Linen Enhancement Project
Significant Savings and Improved Environment for Patients



From left to right: Alfonso Alonzo, Robert Byrd, Herbie Sharp, Lawrence Courtney, Winston Wright and Ceasar Justin.

BACKGROUND

At Long Island Jewish Medical Center (LIJ), the cost of linens in 2005 reached a total of \$807,000. The high cost did not equate to better service; instead, poor-quality linens were being placed on patient beds, which in turn gave rise to patient complaints. On January 6, 2006, the Linen Department members decided they could reduce the cost of linens and also guarantee quality linens for the patients.

The linens at LIJ fell into four categories:

1. Clean, but ripped and/or stained
2. Clean and quality items that could not be used because they arrived damp
3. Items missing from the inventory
4. Clean, dry and in perfect condition, thereby guaranteeing they could be sent to the patient care areas for immediate use

CHALLENGES IN THE LINEN PROCESS

The linens arrive at the hospital in large bundles and are immediately weighed. Since the hospital pays the linen vendor by the pound, any linens that are not in quality condition need to be removed at the point of delivery or, upon discovery of the condition, sent back as reject linen to the vendor for reimbursement.

However, no clear protocol for dealing with unusable linen existed. Staff members who discovered ripped and/or stained or damp linens during distribution or bed-making would more than likely toss the defective linens down the laundry chutes. This resulted in unused linens being sent back to the vendor along with the used linens. Hence, LIJ paid for linens that they could not, and did not, use. In addition, undiscovered damp linen was not only unusable, but also added weight to the bundles and increased the cost.

GOALS

The Linen Department personnel were determined to solve these problems and agreed on four key goals:

1. Provide quality linens for all patients
2. Improve customer satisfaction
3. Promote conservation
4. Reduce costs

PROCESS

The LIJ managers and staff established a cross-departmental project group and identified four units (9 North, 8 ICU/PCU, 5 North and 4 North) with high linen usage. They collected data from these units and discovered that the two biggest ticket items involved the handling of the linens. Their direct observation established that staff was frequently and improperly disposing of unusable linen by tossing it into the laundry. They also discovered that patients' family members and Emergency Medical Services (EMS) staff sometimes took extra linens for patients, and these often ended up missing. Some staff reported that linens were being used improperly – to clean up spills – and then ended up as cleaning rags.

The missing linens were not a small-ticket item. The cost of missing linens alone (those lost or improperly used) amounted to \$239,000, or 30 percent of the overall \$807,000 linen costs in 2005.

Joubert Milord, manager of the Linen Department at LIJ, said, "Each pound of linen that is conserved and not lost enables us to lower costs while expanding the amount of linens we bring to the facility to meet the ever-increasing demands of the facility."

Taking into consideration all the areas where linen costs were needlessly high, the project group established their key challenges:

- Vendor approach to service
- Improper disposal of linen
- Lack of education for staff regarding cost awareness and usage practices
- Lack of communication throughout the hospital
- Access to linen by EMS staff and patients' families

To overcome these challenges, the project group established a Linen Process and Procedure Protocol, and identified roles and responsibilities for all staff members. Utilizing an interactive PowerPoint presentation, the project group conducted in-service trainings on all shifts for all staff members to provide an overview of the daily linen operations, including how improper linen protocol greatly increased the overall cost. More than 600 staff attended the in-service trainings.

A major part of the campaign involved collaboration between the Nursing and Linen departments to ensure that only quality products were utilized for patients. The four departments with the highest usage focused on establishing processes for efficiently identifying and separating unusable linens. The staff improved the method of collecting reject linen from the patient units by outfitting the exchange carts with cart covers with built-in reject pockets. This eliminated the need for separate collection of the reject linen, thus saving critical staff hours.

CLEAR ROLES FOR EACH DEPARTMENT

The three main service areas working on the project – Environmental Services, Clinical Staff and the Linen Department – established separate roles in order to create a clear path to reduce linen costs. These roles included the following tasks:

Environmental Services:

- Inspect linens prior to making the beds to ensure only quality linens are used
- Create and utilize rejection bags for substandard linens
- Continuously monitor the waste stream to detect improperly discarded linens
- Contact Linen Manager if improperly discarded linens are found

Clinical Staff:

- Inspect linens prior to use to assure quality standards are met
- Utilize rejection bag to remove unacceptable linens from unit in order to receive credit from vendor
- Dispose of soiled linens in appropriate receptacle
- Monitor linen usage for improper practices
- Ensure linens are not discarded as either regulated or non-regulated medical waste
- Report improperly managed linens to the Linen Manager

Linen Department:

- Conduct periodic focus reviews of linens at time of delivery from vendor
- Communicate regularly with nurse managers
- Analyze linen usage trends
- Establish reliable linen quotas for high-usage units
- Monitor usage on three of the largest floors
- Utilize metric to monitor Laundry Department performance in comparison to established threshold

OUTCOMES

The four high-usage units – 9 North, 8 ICU/PCU, 5 North and 4 North – were each assigned a threshold for linen usage based on the unit’s general needs. In order to comply with the threshold, or quota, staff had to quickly discover and return unusable linens so that only quality linens were used on patient beds. The staff on the four units increased the combined compliance rate with the linen quota from 60 percent to 72 percent during the period from April 2006 through September 2006.

In January 2006, the four high-usage units discovered an average of 537 pounds of unusable linen per day. By September 30, 2006, the four units had increased the average weight of discovered “reject” linen to 1,529 pounds per day, resulting in a cost savings of about \$66,920.

“It is always good to see how your own efforts can help to make things in your department run smoother and at the same time help provide a better service to the patients,” said Courtney Lawrence, longtime Linen Department staffer and member of the linen cost reduction project committee.

LESSONS LEARNED

Timely and accurate communication, and learning about cost awareness and usage practices helped staff discover unusable linens and place them in the proper reject pile.

In addition, cross-departmental efforts helped promote the linen project throughout the hospital, and thus staff felt more commitment to both their unit and other units. They also learned the use of regular metrics and the value of understanding where the measurements were on each unit. A number of staff members said that they learned quickly that their efforts to reduce costs ensured that all units could receive the linens they needed without increasing the amount of daily deliveries.

CONCLUSION

The staff continues to monitor the metrics of lost and reject linens, and reject bags are now in standard use. Employees from the departments involved in the project continue to work well together and contain the cost of linens. In addition, new staff members are automatically educated in the process.

Due to the success of the program at LIJ, North Shore-Long Island Jewish Health System (NSLIJ) leaders decided to implement the program throughout all of the NSLIJ hospitals.

In addition, the success of the cost reduction strategies served as the impetus to bring the laundry vendor to the negotiating table. Based on hospital data, the laundry vendor agreed to a flat-fee payment, which is now the standard practice for NSLIJ hospitals in doing business with all laundry vendors.

