



## Quality and Hospital Housekeeping : Emerging Issues and Future Dimensions



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The modern hospital is a matrix organisation, an amalgam of social, architectural and technological advancements. As we usher in the new millennium, issues relating to quality are emerging as essential components in the delivery of health care. At present the customer is the focus of activity of any organisation, be it the manufacturing or the service sector. This is becoming essential not only as a goodwill gesture but as a preventive legal requisite and a proactive marketing strategy. The concept of patient as a passive recipient of health care providers beneficence appears outdated. Quality means conformance to standards both stated and implied at a price the customer can afford to pay or is willing to pay (1). Quality should not only be confined to medical care but also encompass patients' expectations which may be based on their attitudes, perceptions, culture and experience. Globalisation, increased patient awareness, enhanced patient expectations, cost reduction, and emergence of corporate hospitals have necessitated that the health care institutions incorporate quality as an essential component of health care provisioning.

### Housekeeping—An Essential Service in Hospitals

Housekeeping services in a hospital is entrusted with maintaining a hygienic and clean hospital environment conducive to patient care. It is a service function and an all pervasive activity which is performed in every

department of the hospital. Housekeeping services has a direct effect on the health, comfort and morale of the patient, staff and visitors, hence is also an important public relations variable (2).

A flow chart of functions of good housekeeping are depicted in Figure 1.

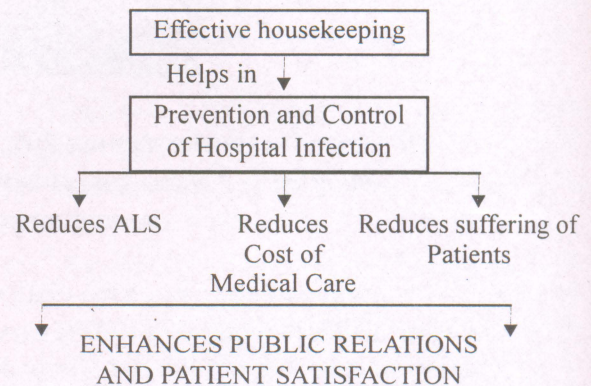


Fig. 1. Functions of good Housekeeping

### Quality Assurance and Housekeeping - A Means - End Relationship

With the advent of privatisation of medical care and applicability of Consumer Protection Act to hospitals, it has become our legal, economic and moral obligation to react positively to the demands of the consumers. The endeavor should be to achieve optimal quality in health care both in terms of professional competence and expectation of the consumers. Failure to accomplish this

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may affect the image and viability of the hospital. A good housekeeping service is an asset which no hospital can afford to neglect. In a free market economy, attractivity of a hospital depends to a great extent on the services provided in terms of good physical environment and facilities of personal comfort. Hospital housekeeping is an activity upon which all health providing services of the hospital depend. An appropriate housekeeping service can reduce manhours, reduce costs and raise sanitation levels (3). L. Broome (4) has summed up comprehensively the functions of the housekeeping services as, "Anything that seriously has to do with housekeeping is of social and economic consequence to everybody. In fact housekeeping is an important variable in ensuring Quality Assurance in hospitals".

**Quality and Housekeeping - Quality Indicators**

It has been aptly said. "Quality is not a number rather a function of positive perceptions". The housekeeping department probably is the most under-rated of all the hospital service departments. A large number of hospitals now realize that in addition to quality of care, the other important factors that consumers consider in choosing a hospital are its housekeeping services.

The most comprehensive 'Quality' indicators in housekeeping services have been given by Brown and Johnson in the American College of Hospital Administration Text- Hospitals Visualised (5) The salient features are enumerated below:

**1. Organisation**

What is the organisational structure and line of authority of the housekeeping department?

**2. Functions**

- (a) Does the hospital use strong deodorizers to cover up odors?
- (b) How does the housekeeper ensure the right kind of cleaner for various floors ?

**3. Personnel**

- (a) Are personnel policies written for the housekeeping department ?
- (b) Have job standards been established for housekeeping staff ?

**4. Equipment and Methods**

- (a) What type of soaps or detergents are used on various surfaces?
- (b) What equipment are in use in the housekeeping department ?

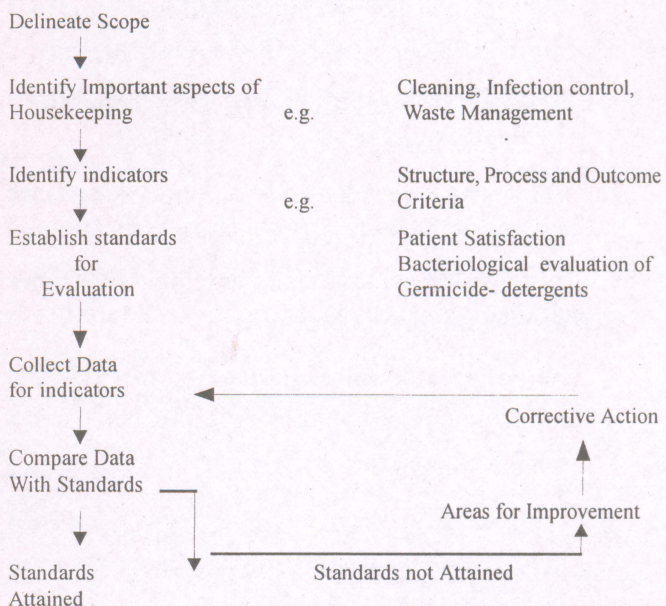
**5. Planning**

When the hospital was built, were parameters related to housekeeping considered?

**6. Interdepartmental Relationships**

What is the functional division of labour between the nursing service and housekeeping department?

**The U S Joint Commission Accreditation of Health Care Organization (JCAHO) (6) ten step Quality Assurance model application to housekeeping services is depicted in Fig 2**



**Fig. 2. JCAHO Model for Housekeeping Service**



**Roemer and Anguilar (7) have classified the level of cleaning into the following three categories**

**Level - I** All the floors are washed once a day with soap and detergent. Dry sweeping is prohibited except in special cases as outpatient public areas.

**Level -II** It has an individual responsible for the cleaning and the procedures are standardized including instructions for the use of disinfectants. There are standards for the specific treatment of potentially polluting elements or excreta.

**Level -III** The committee on infections and/ or a nurse epidemiologist participate actively in the preparation and supervision of the cleaning standards.

**Action Plan for Attaining Continuous Quality Improvement (CQI)**

Some of the essential general guidelines which must be considered for formulation, implementation and evaluation of a holistic action plan are :

1. Quality is never an accident. It is always the result of good intentions, sincere efforts, intelligent direction and skillfull execution. All the dimensions of quality viz accessibility, appropriateness, continuity, effectiveness and efficiency must receive due weightage.
2. Ours is a diverse ethnic and cultural background with an urban oriented health care delivery system. We cannot have same universal laws applicable for all hospitals.
3. No solution, however perfectly it may address the critical issue, can be of the slightest benefit until it is implemented.
4. Technology should be a tool to assist management and there cannot be reliance on technology alone. The human factor must be considered for any strategic action to succeed.

5. It is pertinent to know the efficiency and assess the quality of service that is provided and one of the indicators of this is the satisfaction that the service provides to those for whom it is meant. In the hospital scenario the consumer is the patient and his satisfaction state will be indicator whether the services provided are up to the laid down standards. The traditional view of quality as a defensive mechanism aimed at preventing customer complaints must yield place to the proactive concept of providing services which satisfy the customer. Various studies done in India and abroad have listed housekeeping services as a major factor of dissatisfaction in the hospital services.
6. Accreditation is the catalyst for quality care. Accreditation and assessment of health care institutions have been recognized as the quality ensuring mechanism. The criteria for assessment must be relevant, understandable, measurable and achievable. Accreditation helps in establishing standards, measuring performance and knowing areas for improvement.
7. One of the major elements in the service area is the concept of consideration. Usually, price is a very important concept, in any industry. But in the services area, price has been replaced by the element of consideration. Consideration is price plus loss of dignity, waiting time, anxiety, etc. If a person coming to the hospital pays almost nothing but has a high possibility of getting a Hospital Acquired Infection, he would certainly refuse to use the facility . Reducing consideration is one of the major ways in which employees may enhance the quality of service . Even if price is zero and consideration is high, very few will like to use that facility.





**4. Process Control**

There should be comprehensive, scientific instructions for the housekeeping processes. The bacterial count of hospital floors should be studied and criteria for their cleanliness established. The standard norms are 5 - 10 organisms per sq. cm for ward floors and 0 - 5 organisms per sq. cm for operation theatres (9).

**5. Internal Quality Audit**

Internal Quality related to housekeeping activities should be carried by the staff of the health care institutions. It is essential that the members of infection control team of the hospital must be incorporated in the internal quality audit.

**6. Training**

The majority of staff in the housekeeping department are unskilled on their entry in to the organisation. Classroom type and on the job training must be given. Supervisors should also upgrade their knowledge and skills.

**7. Statistical Techniques**

Costing of the various components of housekeeping services must be done in order to earmark areas which may be focussed for the cost containment. Activity Based Costing (ABC) will definitely help to achieve cost effectiveness in housekeeping services.

**NORMATIVE WEIGHTED CRITERIA**

A person wishing to utilise the facilities of a health care institution should have an idea of the standard of the services being provided. The following parameters related to housekeeping have been weighted as per their relative importance. The various parameters have been classified as per the structure, process and outcome. The weighted credits are the maximum that may be granted to a particular parameter.

**A. STRUCTURE CRITERIA**

**1. Organisation**

Weighted  
Credits

- (a) Has a separate housekeeping department with well defined lines of authority and responsibility. Linen Supply and waste management, form a part of the housekeeping department. 5
- (b) Has a trained and qualified executive housekeeper as its head. 2
- (c) There exists a specific job description for each category of housekeeping personnel. 2
- (d) Housekeeping services representative forms a part of Hospital Infection Control team. 3

**2. Staff**

- (a) As per established norms i.e. one Sanitary Attendant for 10 hospital beds, one supervisor for every 10 Sanitary Attendants. 5
- (b) Scheduling of Housekeeping staff as per workload. 2

**3. Available Housekeeping Facilities.**

- (a) Urinals, taps, closets as per COPP recommendations 5
- (b) Availability of appropriate Hospital Waste Disposal facility as per Bio-Medical Waste Management Rules, (e.g. autoclave, incinerator etc). 5
- (c) Design, construction and maintenance of waste water, sewer in accordance with specifications (IS : 1742 - 1983). 3
- (ii) Selection, installation and maintenance of sanitary appliances as per specification (IS : 2064- 1973).
- (d) Availability of cleaning materials, detergent germicides, disinfectants insecticides, general housekeeping items on need based and scientific requirement. 5
- (e) Availability of automated house-keeping equipment. 5
- (f) Existence of Standing Operative Procedures for housekeeping practices. 3





8. The latest concept in management is that of customer delight. In the recent past it was sufficient to achieve customer satisfaction. It has now become essential to aspire for customer delight. Customer delight means that it is not enough if a room is clean, but it should smell great, be aesthetically pleasing, and have comfortable arrangements. One of the major indicators of service quality is the feedback received from patients. In order to provide quality service health care units will have to work out well defined protocols for their operating systems.

### **Certification of Services - Need of the Hour**

In India though we have institutions such as the MCI, we do not have organizations like JCAHO. Till we have such a institution, health care institutions should volunteer for a third party quality system certification audit by various existing certifying bodies such as BIS and STQC. ISO-9000 is a series of standards required for certification of quality systems. It is also applicable for hospitals. The following are the salient clauses of ISO-9002 for which the various parameters related to housekeeping services have been enumerated.

#### **1. Management Responsibility**

This includes top management's commitment to Quality Assurance in Housekeeping Services. A quality policy of the health care institution should encompass housekeeping services. All 100 bedded hospitals and above must have a separate housekeeping services department headed by a trained qualified executive housekeeping. The main activities of sanitation, waste disposal and linen should also be under the ambit of Housekeeping staff. Though it is difficult to completely segregate housekeeping services from nursing services

it is preferable to relieve the nursing staff from housekeeping services. However an effective interdepartmental coordination will act as a force multiplier in health care provisioning.

#### **2. Quality System**

The planning and operative housekeeping activities must be based on system development. There should be a well defined functional Standard Operative Procedures (SOPs), a quality manual with specified organisational structure, procedures, processes and policies, related to housekeeping. Some of the recommended staffing and equipment norms are (8) :

- (a) One Sanitary Attendant for 10 hospital beds.
- (b) One supervisor for 10 Sanitary Attendants.
- (c) High risk area floors must be scrubbed twice daily and low risk areas at least once, Toilet seats and bed pans must be disinfected after each use by patients in high risk areas and twice daily in low risk areas.
- (d) One water closet, one bed pan, one washing sink for every 8 beds or part thereof.
- (e) One urinal, wash basin per bed or part thereof.

#### **3. Purchasing**

Scientific purchasing methods for housekeeping equipment and materials should be implemented. This should include market surveys, product specifications, appropriate tender notification, inspection and evaluation. Bacterial evaluation of the disinfectants in use in the hospital must be done periodically. Procurement must be need based. Use of the iodophor group of detergent-germicides in place of the presently used phenol group will increase the effectivity of the housekeeping service.





- (g) Linen availability as per norms i.e. 6 sets per hospital bed. 3
- 4. Inter departmental coordination including nursing services 3

**B. PROCESS CRITERIA**

- 1. **Housekeeping Practices as per norms** 3  
e.g., cleaning twice a day for high risk areas, toilet seats cleaning and disinfecting after each use in high risk areas, change of linen minimum twice a week in chronic wards and every day in critical areas, bacterial count in various areas of hospital as per standard norms .
- 2. **Waste disposal as per norms of Waste Management Rules** 3
- 3. **Training of Staff** 3  
In house and in specialised centers.
- 4. **Bacterial Evaluation of detergent germicides** 5
- 5. **Costing and budgeting done for housekeeping services** 3
- 6. **Scientific Feedback System for performance of services from staff patients, visitors** 3
- 7. **Purchasing as per product specifications and scientific purchasing** 3
- 8. **Activities aimed for achievement of TQM and CQI** 5
- 9. **Efforts on ISO Certification** 5

**(C) OUT COME CRITERIA**

- 1. Clean surrounding areas 3
- 2. Patient satisfaction 5
- 3. Staff Satisfaction 3
- 4. Internal audit Satisfactory 5

Total credit points 100

Grade I Housekeeping facility 90 - 100 Credit Points.

Grade II Housekeeping facility 80 - 90 Credit Points.

Grade III Housekeeping facility 70 - 80 Credit Points.

A health care institutions housekeeping services may be judged by the total credit grading obtained.

**Conclusion**

Housekeeping services in a hospital is entrusted with maintaining a hygienic and clean hospital environment conducive to patient care. The housekeeping related activities have a direct effect on the health, comfort and morale of the patient, staff and visitors and is an important public relation variable . It is an essential ingredient in the provision of Quality Assurance of hospital care. Housekeeping is a vital facet of the 'image' that the hospital presents to the public. Studies conducted on patient satisfaction by various authorities have clearly established the lack of sanitation and cleanliness as important dissatisfaction attributes. As Eugene (10) aptly points out '**Housekeeping - or rather the lack of it - strikes the first lasting blow to the concerned**' .

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