

MAINE STATE LEGISLATURE

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August 10, 1989

Mr. William Thompson
Chief Executive Officer
Augusta Mental health Institute
Hospital Street
Box 724
Augusta, Maine 04330

Dear Mr. Thompson:

As you know, I recently spent several days at the August Mental Health Institute evaluating the Housekeeping Department. During this evaluation process I toured the facility, conducted a survey, and met with various members of the Housekeeping Department. The procedure and format I used was almost identical to our standard survey, with one or two exceptions.

The success of any survey depends largely on cooperation and the amount of information gathered during the survey. Thanks to the cooperation of Mr. Paul DePlanche and his staff, I was able to gather a fair amount of information in a relatively short period of time.

General Observations

The Housekeeping Department at the Augusta Mental Health Institute is doing a good job. The quality in all the areas of the facility I toured was good. Obviously, there were exceptions in some areas, but generally the level of cleanliness should meet all regulatory agency requirements.

The quality in several buildings, particularly the Greenlaw and Marquardt buildings, was outstanding. This is a credit to the people working in these areas, particularly the supervisor, Mr. Oneil Michaud.

The Housekeeping staff appears to be well trained, hard working, and highly motivated. I was impressed with the staffs' dedication, and their commitment to providing the patients, residents, and staff with a clean and safe environment.

Employee morale seemed to be good, although several people indicated it was rather low due to the negative publicity associated with AMHI in recent months. However, managements recent efforts relative to employee recognition is clearly beginning to pay dividends, i.e. recognition of length of service on name tags is an excellent idea.

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Equipment

The Housekeeping Department is in dire need of "state-of-the-art" equipment. I was amazed at the results the department is achieving with so little and outdated equipment. During one tour, one of the Housekeeping Supervisors made a point of showing me two old floor machines, both still in service. He and the two machines have something uniquely in common - they have both been at AMHI for 31 years!

Not only is the equipment old, there is not enough of it. The staff is in the process of being augmented to provide weekend coverage. At least one supervisor indicated he did not have enough equipment to train these people with. Some of this equipment is as basic as mops and buckets.

Following is a list of modern equipment which would enhance the department's cleaning capabilities.

1. Buffers or floor machines with solution tanks mounted on the buffers.
2. Stainless steel buckets and equipment should be utilized whenever and wherever feasible.
3. The Housekeepers are currently using old shopping carts (donated by a local supermarket) to transport their cleaning products and supplies as they move from room to room. These should be replaced by carts designed specifically for cleaning in a health care facility.
4. The Department is responsible for cleaning 2200 pairs of drapes and curtains annually - in a bathtub. One or two portable drapery cleaning machines would increase productivity, and eliminate hours of tedious, repetitive work.
5. High speed buffers or burnishers are already in use at AMHI. However, due to the many corridors consideration should be given to battery power burnishers. This would increase productivity and eliminate a potential hazard, the electrical cord extending from the machine to the electrical outlet.
6. The Department could use more industrial type vacuums for cleaning large areas, picking up water, and floor stripping solutions.

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7. Matting and carpet runners should also be bought for various entrances, especially during the winter months. Carpet runners are effective in reducing "tracking" during inclement weather, and reduce the probability of falls due to wet and slippery floors.
8. Modern wall cleaning equipment should also be purchased and put into use. The procedure now being used is time consuming, and can be difficult to work with in areas with extremely high ceilings.

Staffing

Even though I did not do an indepth analysis of the staffing, I believe there are enough people in the department to fulfill their present duties and responsibilities. I understand that the department is in the process of expanding its services to include weekend coverage. Due to the size and complexity of this hospital, this coverage should also be extended to evenings. This evening shift need not be extensive. One or two individuals carrying beepers could answer calls as needed. Routine office cleaning could also be transferred to evenings without the need for additional staff.

There seems to be a tendency at AMHI to assign additional responsibilities to the Housekeeping Department without considering how much time and staffing will be needed to accomplish these functions. Routine cleaning of the recently installed air conditioners is such an example. The obvious danger here is overloading. Once this point is reached, the staff is forced to decide what functions or duties will not be done today.

Recommendations

In order to accurately determine how many people are actually needed to clean the hospital standardized work rates should be developed. Once these rates are developed effective work schedules can then be written and implemented. Written work schedules are very effective in monitoring work assignments, avoid duplication of services, overlaps, and more importantly gaps in service.

Work schedules should be written and implemented throughout the hospital. A great deal of the information essential to operating this department is not documented, but communicated orally. If two or three key people decide to leave at the same time, this lack of documentation would become painfully apparent.

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Although the hospital is clean, there appears to be no standardized cleaning procedures. Cleaning methods and procedures vary from area to area. Cleaning techniques and procedures are also communicated verbally. Formal written policies and procedures need to be developed for all cleaning procedures.

Housekeeping duties and responsibilities should be clearly defined and written. This would enable the director to manage his department more effectively. It would also let the user - patients and staff - know what they can expect from the Housekeeping Department.

In some areas, dining rooms and diet kitchens, cleaning responsibilities are shared with food service or the dietary department. This appears to be a source of confusion for the nursing staff because they are never quite sure who cleans what. I believe diet kitchens, dining rooms, and food distribution areas, other than the main kitchen, should all be cleaned by the Housekeeping Department.

Since I only spent several days at AMHI gathering the information for this report, I don't pertain to know everything there is to know about the Housekeeping Department. Undoubtedly, I have overlooked certain functions of the department which should have been addressed. However, I do feel fairly confident that I did acquire an understanding of the department during those few days. Therefore, I feel confident that this report has some merit.

Thank you for providing ServiceMaster this opportunity to serve you in a unique manner. We also appreciate the privilege you have afforded us to serve the Augusta Mental Health Institute, and the State of Maine.

Sincerely,

Michael T. Faucher

Michael T. Faucher
Area Manager