CASE STUDY

Title: Implementing a Formalized Bed Changing Policy

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BACKGROUND

A 622 bed urban healthcare facility in the central region of the United States was faced with budget challenges for their new fiscal year to reduce pounds per adjusted patient day from 17.45 to 14.00. The 14.00 pounds per adjusted patient day were calculated based on the amount allocated by administration to the linen distribution budget and the projected number of adjusted patient days for the new fiscal year. The linen department then looked at linen usage by department to determine what each area would need to contribute in order to meet their budgetary mandate. The Linen Management Team identified an opportunity to impact this reduction through a formalized bed changing policy of alternate day bed changes of top sheet, bottom sheet, and pillowcase. In addition, the Linen Management Team determined that enforcement of these changes required management commitment at the highest level throughout the process.

OBJECTIVE

1. Decrease linen utilization and processing and replacement costs.
2. Maintain quality and high level of user satisfaction.
3. Involve hospital administration throughout process to ensure success.

STRATEGY

To decrease the linen utilization and processing cost by establishing, implementing, and monitoring a formal bed changing policy of alternate day bed changes of top sheet, bottom sheet, and pillowcase.

Phase 1: Evaluation

- Members of the Linen Management Team surveyed the current bed making and bed changing practices for each nursing unit.
- The surveys verified that there was no formal policy for bed changing practices. Most beds were changed at least daily. Some beds were changed more frequently as a result of being soiled or just to provide clean linens for no apparent reason.
- A baseline was recorded for usage per activity for each unit.
Phase 2: Planning

- After reviewing the baseline usage data for each unit, the Linen Management Team projected what the cost impact would be if usage was reduced in each unit by implementing an alternate day bed change policy.
- The Linen Management Team agreed that a formal bed making and bed changing policy was needed and enforcement would impact a cost reduction.
- A subcommittee of end-users and two members from the Linen Management Team drafted a bed making and bed changing policy for alternate day bed changes of the top sheet, bottom sheet, and pillowcase. The policy defined how and when patient care linens were to be used and when exceptions should be made.
- Targets (pounds per activity) were established for each using area.
- The policy draft and usage targets per unit were submitted to the Vice President of Nursing for initial review.
- Next a meeting was set-up by the Linen Management Team with the Chief Operating Officer and the Vice President of Nursing to review the proposed policy and projected cost impact and to obtain approval and support.
- The Marketing department was consulted to help design and establish the wording for a tent place card to be placed on the patient bedside stand.

Phase 3: Implementation

- One medical / surgical nursing unit was selected to trial the new policy for a 30 day period.
- At the end of the 30 day trial period, the medical / surgical unit had reduced the usage of flat sheets, fitted sheets, and pillowcases by 21%. Although a higher reduction was expected, the Linen Management Team attributed part of the lower reduction to the transitioning process of the new policy during the first two weeks of the implementation.
- With the success on the trial unit it was decided to initiate the policy facility-wide.
- RN’s, aides, and housekeeping staff were in serviced unit-by-unit.
- After the policy had been implemented for 30 days, linen distribution reviewed and adjusted the cart standards for each unit to reflect the change in policy. Two different sets of cart standards were established for each unit. One set reflected the standards for the full bed change days and the other set for the day when beds were not changed.

RESULTS

In a five month period the facility reduced its pounds per adjusted patient day from 17.45 to 15.46, representing an annualized savings of $90,297 in processing and replacement costs.
CONCLUSION

Continuous education during the first three months, monthly communication to the using departments showing their actual usage compared with their targeted goal, and administrative support attributed to the improvement in the process.

Seventy-six percent of the units met or exceeded their pound per patient day targets. Three of the units exceeded their goals by 12%. Performance was directly tied to the budgets for both the nursing managers and the linen distribution managers. The success of meeting the targeted goals can be attributed to the strong working relationships and teamwork that was developed between nursing and the linen department.

One of the Linen Management Team’s initial concerns was the impact on patient satisfaction. The number of complaints received from patients has been minimal and there was no noticeable overall impact on patient satisfaction. This is a result of a concerted effort by everyone involved to make the program work and the communication of the linen policy change on the bedside stands. The information to the patients focused on the hospital’s commitment to providing quality care during their visit, the desire to minimize any disruption of care, and asked patients to simply contact a member of the nursing team to request a linen change before the scheduled day.