Chapter 13: Plant and Guest Services

Teaching Goals
The plant and guest services systems provide a concrete illustration of one definition of an organization as a market substitute. The healthcare organization (HCO) provides plant and guest services because it can do so more efficiently and effectively than alternatives can. One possibility is to use Chapter 13 as an illustration of what Figure 4.1 (p. 110 in the book) really means, focusing on the relationship of plant and guest services with a service excellence culture. Another possibility is to use Chapter 13 to relate the environment of care to patient quality and safety (Chapter 5) and the nursing organization (Chapter 7). How is building design connected to patient outcomes and efficiency of care delivery? With an increase in building replacement hospitals in the early 21st century, “evidenced-based design” is a new way to look at the relationship between the environment and healing and well-being.

Here are the takeaways for a concrete illustration:

1. Space is a unique resource, over which wars start. Its use must be rigorously planned and controlled.
2. Much environmental and guest services activity is human-dependent, making service excellence a valuable component of plant and guest services management.
3. Physical environment is a critical part of marketing, and often of care itself. In modern healthcare it is quite complicated. Not only should it be safe and effective, it should be patient-centered, meaning that the psychological implications of space are also considered. Safety needs to be considered in terms of patients, associates, other guests, and the public at large.
4. Tools and supplies, like associates and information, are essential to patient care. Materials management systems must be in place for a seamless delivery of supplies, food, pharmaceuticals, and linens in an efficient and effective manner. Whether the desired outcome is a sterile pledget, supper, or electrical power, delivery failure is something to avoid.
5. Disaster management begins with a plan to reconfigure space, equipment, and supplies and a plan to deal with unforeseen interruptions of critical supplies. It also includes redirecting many associates, including guest services associates but going well beyond plant and guest services.
6. Plant and guest services are generally easy to measure in dimensions of efficiency, quality, and customer and associate satisfaction. The measures should be benchmarked and improved.
7. An HCO does not need to own everything. As soon as you can measure critical characteristics, you can consider various contracts and ownership alternatives.
8. Senior management can assist plant and guest services managers to achieve high performance as a way to build credibility in more complex, clinically oriented activities.

In a Few Words
In most cases, a patient’s first impression is a product of the hospital facility. Practically a self-sufficient entity, the hospital should be a perfect example of form following function. The function or mission is patient care; thus every aspect of the physical plant and its services must be designed and planned with the users in mind. Signage should be abundant and unambiguous, grounds maintained and comforting, guest services friendly and helpful, and security present and effective. Well-designed and well-maintained physical facilities improve overall efficiency and quality, as does smoothly operating materials management. Appropriate facility design promotes patient safety and quicker recovery time, leading to increased admissions and revenues. Design and preparedness are essential to handle natural disasters, large-scale accidents, and terrorist attacks. It is the responsibility of senior management to plan, lead, and coordinate these healthcare centers for continuous improvement and patient satisfaction.

Chapter Outline
Designing space for improved patient outcomes
- Architecture and equipment that emphasizes safe design and materials
- Deliberate attention to a visually welcoming atmosphere
- Investment in preventive maintenance

Carefully planning the best use of existing space
- Space allocation assigned to one central office
- Formal, open process for review of requests for expansion
- Periodic review of space use to determine continuing need

Committing to a mission of quality service
- Measures benchmarks and goals for service and internal customer satisfaction
- Standards for availability; cost; and quality of plant, plant services, and supplies
- Maintenance of supplier relationships
- Training, support, and rewards for service employees and supervisors

Using contract services to improve efficiency and quality of service
- Specification of service requirements in cost, quality, and satisfaction dimensions
- Benchmarking and comparison of service
- Contracting with outside suppliers to ensure near benchmark performance

Developing evacuation and emergency plans capable of handling natural disasters, mass-transit accidents, and the possibility of bioterrorism
Powerpoint Slides
See Learning Tools.

Questions to Debate
Slides of the individual questions are downloadable. We have prepared some summary thoughts on the content of class discussion. Obtain this information by writing (conventional mail) on academic letterhead to:

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(Please include an academic (dot edu) e-mail address.)

1. To accommodate a rapidly growing and aging community, it is necessary to expand capacity for long-term care by constructing a new wing. What are the primary health concerns for this population, and how would your plan and design meet their medical needs and improve their satisfaction?

2. Your organization will contract with an orthopedic implant supplier. What steps would you take in comparing vendors and selecting and administering a contract of this nature?

3. Patient satisfaction surveys criticize overall appearances and attitudes of employees. What lessons in hospitality might you learn from the hotel industry that would be applicable to improving your organization?

4. Your community hospital is in a large coastal city and in hurricane territory. What issues should your disaster plan address, and how does the hospital create one?

5. You have an offer from a reputable company to outsource your entire supplies function. How would you evaluate that offer?

Additional Discussion Questions

1. Space management. Why would a well-managed HCO assign space management to a central office? What criteria should guide the operation of the office? What is the best way to handle denying a request? To assign a specific block of space desired by several units of the organization?
2. **Forecasting space requirements.** What justification would you require of a unit requesting space beyond that allocated in the facilities plan in a crowded institution? How can you allocate space in ways that associates will view as fair and realistic? What are the difficulties involved in reassigning space? Why might reassignment be important? (This question can be specified for any unit, such as outpatient clinics, most surgeries, imaging, parking, or “administration.”)

3. **Environmental risk management.** How would you identify environmental risks in an acute care hospital? How would you design a specialized information system to monitor and reduce environmental risks?

4. **Clinical engineering.** What would you do if you were assigned the task of improving clinical engineering in a hospital?

5. **Guest services.** Most major hotel chains strive for perfect consistency, down to the words used by the registration clerk and the pointed fold of toilet paper in each guestroom. What are some of the specific things they do to achieve consistency? How could these be copied by hospitals?

6. **Supplies management**

   6.1. How is the effectiveness of the general supply function evaluated and improved?

   6.2. Would your approach be different in pharmaceutical management? Or in a program to manage surgical supplies and implants

7. **Contracting.** HCOs increasingly contract for plant services. How does the organization ensure that these contracts are allowed and administered in its best interests? What are some known dangers in the contract management process?

8. **Transfer pricing.** Should transfer pricing be used for housekeeping services? Why or why not? What does transfer pricing add to a continuous improvement program?

9. **Continuous improvement**

   9.1. **Worker training.** How do you convince plant workers that their tasks are important? What do you tell them is the most important thing they do? Who actually delivers this lesson, and how are they prepared to do it?

   9.2. Plant services are generally measured individually (e.g., parking, reception, utilities, food, supplies). Theoretically one can devise aggregate scales, combining all these detailed measures into an overall “Plant and Guest Services Score.” Would this be a good idea? Why or why not?

10. **Healthcare facility design.** A new trend in healthcare design is for a patient room to be modified for the level of care needed, rather than moving a patient to a different nursing unit each time the level of care changes (i.e., from ICU to a step-down unit to a med-surg unit). What are the implications for staffing? Quality and safety? Aesthetic appeal?
Questions for Examination

These questions are less ambiguous than the discussion questions. Obtain these questions and the authors’ answers by writing (conventional mail) on academic letterhead to:

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