problem with which they could not cope. As a result, morale was low and a negative attitude on the part of the entire staff persisted.

A national spotlight was focused upon our problem when, in late 1965, the late Senator Robert Kennedy visited our institution, and in blunt, factual terms described the conditions that seemed so impossible for our people to correct.

But was it such an impossible task? More determined than ever to find answers to this persistent problem, our Medical Director, Dr. J. Hammond, appointed this writer as Acting Executive Housekeeper with a strict commission to explore any and all avenues that might lead to a resolution of the problem.

Less than six months later, Willowbrook's Dr. Hammond spoke the following words: "There has been a marked improvement in the physical appearance of the interiors of our buildings and a tremendous reduction leading to a virtual absence of odors in our most severely retarded patient buildings."

What was done in such a short time span to bring about this "marked improvement?" How was this seemingly impossible problem overcome and what forces were put to work to overcome it?

Confronting The Problems

The first phase of our project was the easiest to complete. We were quickly able to define our problem as being two-fold: undesirable odors and very low morale. But phase two was a bit more difficult—what were the causes and what could be done about eliminating them?

As a stout believer that "two heads are better than one," our first step was to call into consultation representatives of State contracted vendors of germicides, detergents, etc. and review with them our two sided problem.

One major short-coming of ours became glaringly evident in very short order. We were trying to do a cleaning job with an inadequate cleaning solution, a non-germicidal one. Since proliferating [illegible] agents creating the odor problem, it seemed logical to conclude that what we needed was an extremely effective and, hopefully, economical germicidal [illegible] unanimously agreed upon.

But what about our low morale problem? What could be done in this area? One vendor was particularly helpful in this regard. Not only was this firm a major supplier of germicides, germicidal detergents to hospitals, and committed to researching its products to fulfill extreme needs, but we were pleasantly surprised to learn that its representatives were prepared to collaborate with us in developing morale-building and motivational training classes for our Housekeeping employees and for other employees who were indirectly associated with Housekeeping's efforts.

In these training classes that were instituted at this time, great emphasis was placed on stressing the importance of the work that Housekeeping employees do. Professionalism in attitude and pride in accomplishment were the initial benefits we had hoped to obtain as a result of this motivational training. Getting the message across that their work was important and indispensable to the hospital was obviously a good first step in that direction.

Training films detailing the importance of an aseptic environment, and Housekeeping's major role in developing such an environment were shown and reshown to the 1500 employees working in our 27 buildings that are sprawled across 384 acres. Others indicating Housekeeping's place on the hospital team and a layman's approach to bacteria also emphasized the real importance of the work that the Housekeeping Department does. These early training classes began the all important process of developing pride in accomplishment in our personnel and morale was on the way up.

Personal care and good body hygiene were the subject matter of other films and training classes. Safety on the job was stressed, as was the importance of using proven body mechanics when lifting heavy objects or using physical stress in other activities. These classes were beginning to say to our employees "We know you're important to us and our patients, and we want you to take good care of yourselves." Again, the message was being transmitted that [illegible] important, and the work that you do is *important.*"

Of course, pride in accomplishment is derived in part from doing a good job physically as well as bacteriologi- [illegible] were continuously being taught at all of our meetings.

Our final series of training classes emphasized the dividends that could be drawn from a professional attitude, a confident attitude. Another film concerning hospital ethics, the relationship of the Housekeeping employee to patient was shown to establish that professionalism is not limited solely to the doctor or nurse, but to the Housekeeping employee as well.

The beneficial results of this intensive motivational training were clearly evident even before the training period had gone through cycle one. Where negativism and frustration had lurked before, a new attitude of hope and confidence prevailed in us as well as our staff. We were now ready to get the job done.

Actually, part of our new found confidence had developed as a result of an already achieved partial success. The training classes described above carried on through a three-month period, during which time we had also begun an institution-wide use of a thoroughly proven, substituted phenolic-type germicidal detergent in place of the cleaner we had previously been using.

A crash program had begun. Floors were flood washed daily and machine scrubbed weekly. Beds and ward furniture were wiped down daily. Walls were washed down weekly in critical wards, and monthly in less critical wards.

The initial results were striking and extremely satisfying. A total reduction in odor was achieved in non-critical areas after the daily "scrub-down." Even in critical areas, a complete reduction in odor that declined to approximately 80% immediately prior to "scrub down" was experienced. We were elated and proud.

But then, we began to ask ourselves, why couldn't we achieve a total reduction of detectable odor in our critical areas throughout the 24-hour day? The more we thought of it, the more challenging the thought became.

More consultations with our vendor brought forth new ideas. Why not seal the urine etched terrazzo floors in these critical, incontinent areas? What if we increased the frequency of our floor washing procedures in these areas? From once a day to twice daily, or even three times a day?

[illegible] floors with a scrubbable metal-lock pol-