

## **Implementation Of Laundry Management Linen Management At Rsi Unisma Malang**

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### **ABSTRACT**

Medical services cannot be successful if they are not supported by medical support services and non-medical support services. The laundry unit is a non-medical support unit that provides linen services, especially to inpatients. Laundry unit that manages hospital linen, especially linen which is used as equipment for inpatient beds. This research is qualitative research with descriptive phenomenology. Research data was collected through questionnaires, in-depth interviews and observations. The subjects of this research were laundry officers and medical support managers at the Unisma Malang Islamic Hospital. The results of the research show that the management of laundry linen at the Sterilization Center Installation at the Unisma Islamic Hospital in Malang, starting from the transportation, drying, ironing, distribution and storage stages, is in accordance with the Hospital Environmental Health requirements, while at the collection stage it complies with or does not meet the requirements of Ministry of Health Regulation Number 07 of the Year 2019 concerning Hospital Environmental Health. It is recommended that hospitals, especially laundry units, adapt their SOPs to Ministry of Health Regulation Number 07 of 2019 concerning Hospital Environmental Health. For laundry unit staff, training and supervision needs to be carried out so that staff performance is in accordance with procedures and to break the chain of infection due to poor handling of linen. or not suitable.

**Keywords :** Laundry, Linen Management, SOP

### **INTRODUCTION**

Linen supervision is an effort to monitor the stages of washing linen in hospitals to reduce the risk of health and environmental problems that arise. Linen is one of the needs of patients in hospitals which can provide comfort and health insurance. comfortable and safe, so when managing linen in a hospital it must meet the following conditions:

1. Hot water temperature for washing 70<sup>0</sup>C within 25 minutes or 95<sup>0</sup>C within 10 minutes
2. The use of detergents and disinfectants for the washing process is equipped with information on material safety data (MSDS) so that the risk of exposure can be handled quickly and precisely
3. Separate linen buildings are used, namely the dirty linen room and the clean linen room must be separated by a permanent wall, a room for cleaning equipment, a washing equipment room, a linen cart room, a bathroom and a draining or drying room for equipment including linen (PMK no. .7 of 2019)

Linen is a vital non-medical health tool, because its use is needed by all units that provide health services in hospitals. Linen itself is a term to refer to all textile products in hospitals which include linen in treatment rooms and surgical gowns in operating rooms ( OK), while nurses'



clothes, doctor's coats and work clothes are usually uniforms. According to the division, linen consists of clean linen, dirty non-infected linen and dirty infected linen. Dirty non-infected linen is linen that is not contaminated by blood or fluids. body and faeces originating from patients and others (Ministry of Health, 2004). Preferably, infectious linen is linen that contains microorganisms, blood, feces, urine, body tissue and other fluids (PHICS, 2014). Infectious linen is also linen originating from patients infected with the HIV virus, hepatitis B and C, and other infectious agents (HSE, 2017).

On the other hand, the limit set by The English Guidelines for the disinfection measures of hospital laundry, when using infected linen, is to soak the linen for 65°C or 3 minutes at 71°C using a disinfectant liquid (Fijan, 2007). The process of washing infectious linen must be Pay particular attention to things such as the length of the washing process, the use of a washing machine, the type and amount of detergent given, the use of disinfectant liquid, the ratio between the amount of water and liquid, and the type of linen. In general, there are 4 main factors that are interrelated, namely the duration of washing, the use of machines. , chemicals and temperature to achieve hygienic linen (Fijan, 2012).

The management of linen by the Ministry of Health of the Republic of Indonesia in 2004, is planning, receiving dirty linen, weighing, sorting, washing, pressing, drying, sorting stains, ironing, sorting damaged linen, folding, packing, storage, distribution, linen quality maintenance, painting and reporting. The aim of linen management is to remove stains or dirt (clean), maintain the original properties of the clothing and prevent clothing from being damaged quickly (durable) and meet healthy requirements (free from pathogenic microorganisms) (Dekkes, 2004)

As a result of observations made at the laundry installation, it was found that the weighing process was not carried out in the process of managing dirty linen, which according to the 2004 Ministry of Health standards should be done before the washing process. This resulted in the laundry staff only estimating the ratio between the weight of the dirty linen and the amount of water and measuring the washing agent, so that this condition can result in not achieving good quality linen. The results of washing the linen gave rise to complaints from the room nurse, so the room attendant returned the clean linen to the laundry unit before using it. Apart from that, the laundry staff also did not use it during the washing process. sorting the color of the linen. White linen and colored linen are combined, so the washing process does not comply with the 2004 Indonesian Ministry of Health standards regarding sorting linen colors.

Based on the results of the initial survey conducted at the Unisma Malang Islamic Hospital, linen management is interesting to research by analyzing the process and supporting components of linen management such as Human Resources (HR), facilities and infrastructure, standard operational procedures and costs. This It is hoped that it will have leverage to improve quality in linen management, expressed in the form of narrative text. This data is important to then look for themes. The themes are coded, so that the data obtained is truly focused in accordance with the research objectives. To maintain the validity of the data, analysis is carried out. Data was also carried out using the triangulation method, namely source triangulation, method triangulation and data triangulation (Creswell, 2015). This research was carried out after passing an ethical review conducted by the Health Research Ethics Commission of the Indonesian Institute of Health Sciences Health Strada Number: 3731/KEPK/III/2023.

## METHODS

This type of research is qualitative, with a Rapid Assessment Procedures (RAP) research design, namely a qualitative data collection technique for the practical purpose of obtaining qualitative information quickly and in depth about linen management at the Unisma Islamic Hospital Malang, this research uses a qualitative research design type through in-depth interviews, observation and document review. This research was carried out to improve quality in the laundry unit, so that the researcher tried to understand more deeply the problems felt by participants or informants through in-depth interviews and observations. This research was carried out in the laundry unit of the Unisma Islamic Hospital Malang in April 2023. In this study, 6 people were the main informants, namely 5 laundry officers and 1 medical support manager and 4 triangulation informants, 1 IPCN, 1 head of the emergency room, 1 head of the ICU, 1 head of Dahlia. Informants taken based on suitability (appropriateness) and adequacy (Lapau, 2015). Data collection was carried out using primary and secondary methods. Primary data was carried out by observation by looking at the activities of officers in managing linen using checklists, while in-depth interviews were carried out using guidelines. interviews will be asked to all informants. The questions will develop according to the informants' answers, so that answers are in accordance with the research objectives. Secondary data is obtained from documents at the Unisma Malang Islamic Hospital. The instruments used in this research are the researchers themselves, letters research permit, recorder, stationery (pen, highlighter), camera, observation guidelines and interview guidelines.

## RESULT

### General Description of Informant Characteristics

This research uses a qualitative research design through in-depth interviews, observation and document review. The research subjects have been selected based on the suitability of the information held by the research subjects regarding the Implementation of Laundry Management and Linen Management at the Unisma Islamic Hospital in Malang. The following is a general description of the characteristics of the informants main and triangulated informants in this research;

#### 1. Main informant

Table 1. Characteristics of main informants

Informant Code	Gender	Age	Last Education	Length of working	Position
IU 1	P	47 Tahun	S2	≥ 6 Tahun	Medical Support Manager
IU 2	P	49 Tahun	SD	≥ 6 Tahun	Staf Laundry
IU 3	P	46 Tahun	SMA	≥ 6 Tahun	Staf Laundry
IU 4	L	45 Tahun	SMA	≥ 6 Tahun	Staf Laundry
IU 5	L	23 Tahun	SMA	≤ 2 Tahun	Staf Laundry
IU 6	L	25 Tahun	SMA	≤ 2 Tahun	Staf Laundry

Table 1 shows that the main informants in this research consist of staff who are directly related to linen management at the Unisma Islamic Hospital in Malang.

## 2. Triangulation Informant

Table 2. Characteristics of Triangulation informants

Kode Informan	Jenis Kelamin	Usia	Pendidikan Terakhir	Lama Kerja	Jabatan
IT 1	P	31 Tahun	S1 Keperawatan	≥ 6 Tahun	IPCN
IT 2	P	40 Tahun	S1 Keperawatan	≥ 6 Tahun	Kepala Ruang IGD
IT 3	L	39 Tahun	D3 Keperawatan	≥ 6 Tahun	Kepala Ruang ICU
IT 4	P	45 Tahun	S1 Keperawatan	≥ 6 Tahun	Kepala Ruang Dahlia

Based on table 2, it is known that the triangulation informant is a party from the inpatient room who is involved in linen management at the Unisma Malang Islamic Hospital. This informant consists of the IPCN and the Head of the Inpatient Room.

## DISCUSSION

### Laundry Unit linen management process at Unisma Malang Islamic Hospital

Laundry linen management according to Ministry Regulation Number 07 of 2019 concerning Environmental Health Hospitals are a series of activities that include collection, receiving, weighing, washing, storing, distributing, transporting

#### 1. Linen Management Process Collection Stage

a. So it can be seen that the linen collection stage at the Unisma Malang Islamic Hospital is partly done by sorting infectious and non-infectious linen into bags according to their type, and labels are still only on the linen bins.

b. Linen in the room is collected based on categories, there are boxes for infectious and non-infectious linen, but in field management in the dahlia room, it is sometimes put in boxes directly without being put in black or yellow plastic bags according to the type.

IU 4: "First of all, the laundry officer takes the linen from each room by carrying a trolley of dirty linen which has been sorted by room in the linen bin. Sometimes the dirty linen is not put in a black plastic bag."

IT 2: "First the dirty linen is sorted by a nurse. Non-infectious linen is put into a non-infectious tub and infectious linen is put into an infectious tub, sometimes not using a plastic bag."

IT 4: "Linen in the room is collected based on categories, there are infectious and non-infectious linen boxes, we collect it based on this and if it is infectious, it must be wrapped in yellow plastic bags according to the SPO. Examples of infectious linen are linen which, for example, is mixed with spilled blood from the patient's body. vomit or other fluids from the patient's body, so that must be wrapped in a yellow plastic bag and placed in a box or infectious area. For field management in the dahlia room, sometimes it is put in a box directly without putting it in a plastic bag."

#### 2. Process of managing linen at the washing stage

So in principle, managing infectious linen is very different from the washing process in general because it uses hot water with a temperature of 65°C- 79°C, uses more chemicals and takes a long time, namely approximately 30 minutes. Because infectious linen is linen that is contaminated with blood, patient's body fluids and so on.

IU 3: "After the laundry staff takes the linen from each room, weigh it first before putting the linen into the washing machine. For non-infectious washing, do not use hot water, but if the linen is infectious, use hot water at a temperature of 60°C for 1 hour 30 minutes. Sometimes objects are found in the linen, such as: tissue, pens from the room."

### 3. Linen management process at the ironing stage

This theme was built with a specific aim of exploring whether the linen management process complies with standard procedures that have been set by the Unisma Malang Islamic Hospital. The resulting output is sometimes not optimal, there is still sloppiness which means stains on the linen are not removed or the linen is not clean and still stained. as expressed by the main informant.

IT 4: "Distribution of linen that will be sent to each room according to the notes in the book using a closed trolley. Sometimes when there is a lot of linen that is deposited at the laundry, the linen that is returned is still not clean or still has stains even though it's not that obvious. clear at a glance"

IU 6: "When ironing is carried out, sometimes there is still a strong smell on the linens (sheets) in the former patient's dahlia room which contain the patient's bodily fluids (defecation), then the ironed linens are arranged on a shelf according to their type and neatly folded together"

## CONCLUSION

Based on the research results, it was found that linen management at the Unisma Malang Islamic Hospital is still not optimal in accordance with Standard Operating Procedures. It is hoped that hospitals will carry out outreach, training and monitoring and evaluation of linen management so that the quality of linen is guaranteed.

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