

V. SMALL HOSPITALS, WITH SPECIAL ATTENTION TO THE HOSPITALS  
IN WASHINGTON COUNTY, OREGON

Ruby Goff

SMALL HOSPITALS

With Special Attention to the Hospitals  
in Washington County, Oregon

Ruby Goff

August, 1940

WASHINGTON COUNTY HOSPITALS

Forest Grove General Hospital	-	Forest Grove
Forest Grove Hospital	-	Forest Grove
Hubbard Maternity Home	-	Forest Grove
Jones Hospital	-	Hillsboro
Smith Hospital	-	Hillsboro
Washington County Farm	-	Hillsboro

Scholastic

Sc

## SMALL HOSPITALS

The small hospital plays a leading role in the health of the people of this nation. Seventy-five per cent of the hospitals in the United States have less than one hundred beds. Fifty-one per cent have less than forty beds. How are all these little units functioning? What are they contributing to the community?

In the printed literature the small hospital is completely overshadowed by the large city institution. An occasional short article is slipped in on the problems of a small hospital as if they could be quickly and easily faced and solved.

The small hospital is not a miniature of the large hospital. It is a separate creation. Its architecture is not a reduced scale of a five hundred bed building; its problems are not those of a large institution; and its relationships with the community are not those of a city hospital.

Often the rural hospital has its beginnings in a remodelled house. There is a doctor in the community who wants hospital facilities for his patients. He picks out a large, well preserved, old house in the town, hires a carpenter to make a few changes, buys a few necessary furnishings, engages a nurse and calls the result the Dr. Blank Hospital. This at least is a beginning. Such a building is limited in its possibilities for development. The nursing care might be excellent, the furnishings and equipment new and efficient, but the physical plan of the structure will always offer difficulties. Steep staircases are not easily overcome. Lack of elevators, insufficient window space, inconvenience of bathrooms, and distance from kitchen are all obstacles. However even with all these faults in an old building the hospital may give good service to the community. The chief factors are the management and the personnel. An old hospital giving good nursing care is better than a new hospital with poor nursing care.



When the community has come to feel the need of a hospital, the next step toward building will eventually come. A community owned hospital has many decided advantages over privately owned institutions whether the latter are controlled by an individual or by a group. The community hospital is a non-profit hospital. The health of people should never be exploited for profit. Each individual should come to have a personal interest in the hospital just as he does in the school. An interest in the hospital will in most cases result in an interest in health. The ultimate goal of all hospital activity should be health for every member of the community.

When starting to make plans for a small hospital whether private or community owned, many things must be considered.

1. Does the community need a hospital?
2. How far is it to the nearest large hospital?
3. Do they have empty beds?
4. Are there several small hospitals in neighboring districts that might unite to make one adequate unit?
5. What type of cases are going to need hospitalization?

Is it a lumbering town with many emergency cases?  
 Is it a residential town with many old retired people?  
 Is it an average town with the usual amount of obstetrical patients?

6. Are the people wealthy, moderate income group, or poor?
7. What is the size of the community?

It must be remembered that no matter how efficient the local hospital may be, many patients will continue patronizing the more distant city hospitals in order to be near the eminent specialists who are too busy to visit patients in outlying districts. A recent survey showed that twenty-five per cent of the hospital beds in Portland, Oregon, are filled by people living outside the city.

After a definite decision has been made as to the hospital needs of the community, the next step is to choose the building site. This should be considered seriously. The cheapest piece of land may not be the most suitable.

Plans must be made for an adequate supply of water, electricity, and telephone service. Proper sewage disposal is a big item in any hospital. Attention should be given to the quietness of the neighborhood. A hospital should not be located near a noisy freight yard. Also smoke, dust, fumes, and odors from factories should be avoided. One item that is often forgotten but is of vast importance is to allow room for future expansion.

Not every architect is prepared to draw hospital plans. He must be familiar with hospital regulations and especially with the physical difficulties in a small building. In a large structure it is simple to put surgical cases on one floor, medical cases on another floor, and still another for obstetrical cases, but in a twenty-five bed hospital arrangement must be made for all these in a very few square feet. The men must be separated from the women, the clean cases from the drainage cases. Infectious cases must be isolated. Rooms must be reserved exclusively for obstetrics. This is a major problem for the architect to consider.

For a hospital of thirty beds or less it seems most practical to have only one story and a basement. This eliminates the necessity for an elevator and also for a double supply of expensive plumbing equipment. Figure 1 shows the floor plan that might be used for an eleven bed hospital. The basement could be used for the furnace room, store room, main kitchen and dining room, laundry, and laboratory. The average cost for building and fixed equipment per hospital bed is one thousand dollars. At that rate this eleven bed hospital would cost eleven thousand dollars in addition to the price of the land.

After the hospital is built there arises the problem of obtaining a staff. The most efficient nursing care is given by hiring all graduate nurses. The superintendent in a small hospital not only must be able to administer and lead but she also must be able to fit in with the other nurses in doing actual bedside care when necessary. In a small unit where the contacts between the superintendent and the general nurses is very close, the smoothness of the running

A FLOOR PLAN FOR AN ELEVEN BED HOSPITAL

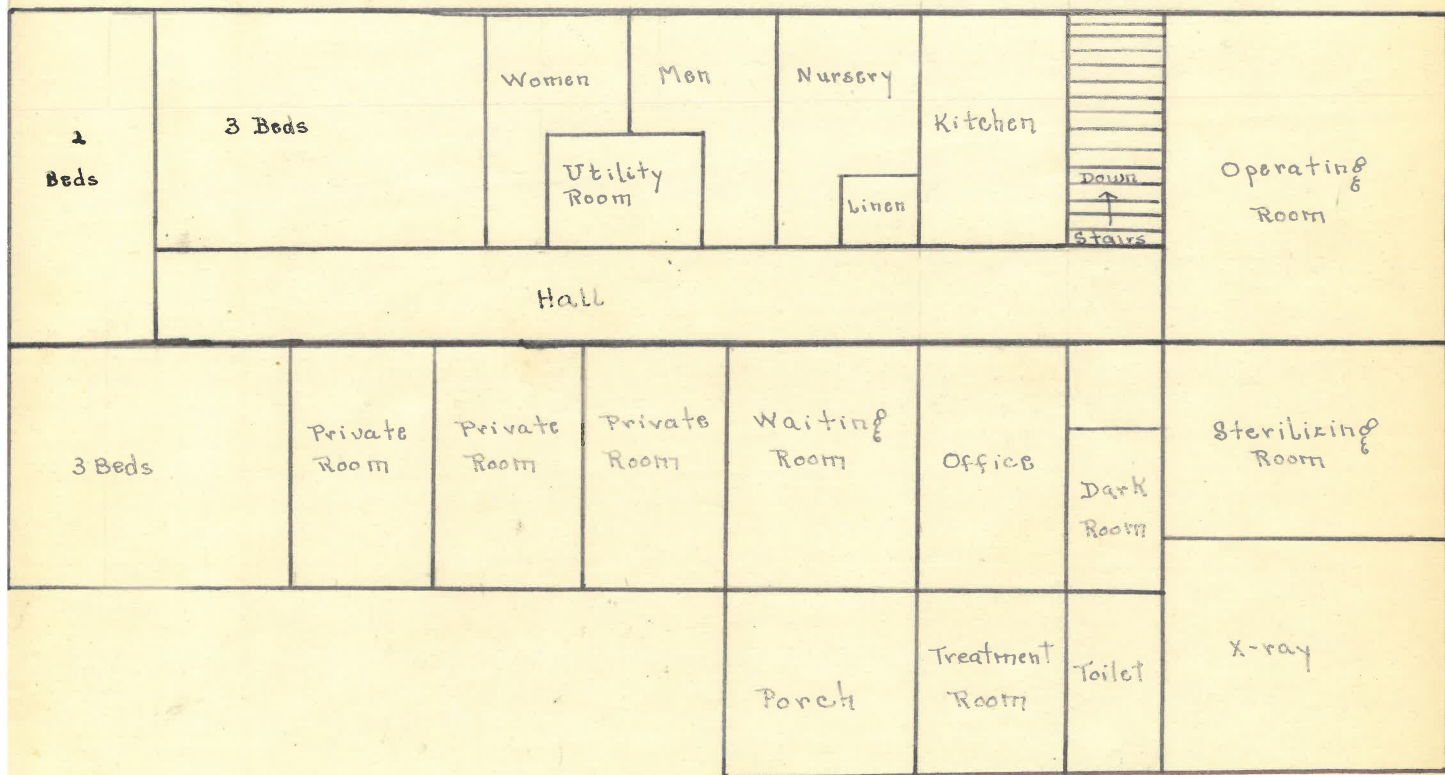


FIGURE 1



of the hospital will depend largely on the tactfulness of the superintendent.

A rapid turn over of staff nurses is expensive for the hospital. Some suggestions for more permanency in nursing service are:

1. The salary paid must be equal to that paid in neighboring communities.
2. The wage scale should increase with length of service.
3. Pleasant living quarters must be available within reasonable distance from the hospital.
4. Married nurses living in the town usually give very satisfactory service in a small hospital. They have a permanent interest in the community, and so they have a desire to improve the local hospital service.
5. The pressure of the work must not be continuously burdensome. Most nurses enjoy an occasional emergency rush, but the pressure must be decreased to prevent over tiring the nurse both physically and mentally.
6. A friendly attitude will cover a multitude of faults. Hard work in friendly surroundings is much better than easy work in an atmosphere of bickering, jealousy, and rivalry.
7. The nurse's duties should be definitely outlined.
8. Days off and hours on duty should be scheduled a week in advance.
9. Time must be given for vacations.
10. Leaves of absence should be allowed for vacation and study.
11. Arrangements must be made for illness.
12. Every nurse must be made to feel that she is a part of the hospital, that her services are appreciated, and that any suggestions she makes will be welcomed and given serious consideration.
13. Each nurse should feel free to talk over any personal or hospital problem with the superintendent at any time.
14. The nurse must be given a feeling of security in the hospital and in the community to contribute her best service.

A small hospital must be very careful what doctors bring patients. No hospital either large or small can afford to tolerate untrained and unethical men. If the hospital is run for profit, the amount gained in number of patients will be finally lost by loss of reputation. The American Medical Association has outlined a code of ethics for physicians. Every hospital can demand that the physicians practicing there abide by these standards.



Each subsidiary worker must be chosen with care. In a small hospital she must be able to do many types of work. She may do cleaning in the wards; she may help with making supplies; she may relieve in the laundry or help in the kitchen. Besides being versatile in her work, she must maintain the honor of the hospital. One talkative ward maid may spread gossip throughout a small community. It is extremely important and must be impressed on each member of the hospital personnel that she must maintain the same professional attitude of preserving confidences as is necessary for doctors and nurses.

Community relationships are becoming increasingly more important in all phases of health work. The small hospital should be in very close contact with the community. The town must know the hospital and the hospital the town. The hospital must be run on business-like principles. The small town business man wants to know that he is getting his money's worth. The hospital should strive to develop a reputation of honesty.

The hospital has many agents for arousing community interest. The best advertisers for the hospital are the patients. It is up to the hospital to see that this type of advertising is favorable. The patient who returns home and tells her neighbor that she had no idea that one's stay in the hospital could be so pleasant will be the woman who encourages her friends to see a doctor when sick and to enter the hospital when the doctor advises it. She will be the one who builds community interest in health and hospital service.

The lay person does not judge a hospital by the same criteria as does a doctor or a nurse. The professional person asks: "Is this case correctly diagnosed?" "Is she receiving adequate treatment?" "Is the nursing care consistent in aiding her recovery?" The layman asks: "Is the patient happy? Is she comfortable? Does she get the food she likes?" There should be a merging of these opinions.

As it is the minor details that add to the happiness and the comfort

of the patient, these things should be recognized by the nurses. First impressions are inclined to be definite and lasting. The admitting nurse then must be a person of understanding and tact. She should have a fundamental knowledge of the psychology of the sick.

In a small town the new patient will want the admitting nurse to recognize her as the wife of the leading business man, or as the president of the women's club, or as the chief worker in the church. She will want the nurse to understand that she isn't often ill and she doesn't usually complain, but that she is now desperately sick. The nurse need not in any way change her professional attitude, but she can with a few words or by just a change in expression convey to the patient that she is also one of the neighborhood and understands.

Whether the patient is very sick or just thinks she is sick, the first duty of the nurse is to make her welcome and comfortable. It is not necessary to fill in a long list of data at the front desk. Get the patient to bed, notify the doctor, and give her complaints immediate attention. When suffering, a half an hour will seem like two. After she has been seen by the doctor and is rested, the rest of the historical data may be obtained with ease.

Many hospitals have found it valuable to have the patients fill out a critical sheet, when discharged, about the care they received in the hospital. This serves two purposes. The hospital benefits by constructive criticism, and the patient has an opportunity to give expression to his thoughts. It gives the patient the feeling that he has contributed something to the hospital. It makes the individual feel that the hospital is part of the community.

Examples of adverse criticism are: The call lights are not answered promptly. Likes and dislikes in food are ignored. Cereal is served with sugar when the patient prefers it with none. Nurses are too noisy at



night. Nurses are unsympathetic. This is just a brief picture of the relatively unimportant things that are of major importance for the comfort of the patient and these are the things which will be repeated to the next door neighbor or across the bridge table.

Visiting hours are a problem in a rural hospital. The customary seven to eight in the evening is impractical for farmers who have difficulty finishing their evening chores before eight o'clock. Some of the small hospitals have done entirely away with any set hours for visiting with the idea in view of stimulating people's interest in visiting the hospital; however from the patient's view point this is a poor policy. The patient's friends should be taught that rest is a major part of recovery and that visitors are not conducive to either physical or mental rest. For the acutely ill patient visitors should be restricted to one or two of the immediate relatives. In the small hospital the hours when they are able to visit can usually be arranged. If the patient is critically ill and in a private room, a cot is sometimes allowed for about one dollar extra to be put in the room for the night for the wife, husband, or mother of the sick person. As a rule this is also poor practice as the near relative would benefit much more from the rest she would get at home or in a hotel close by where the tenseness of a strange hospital situation wasn't present.

Hospital Day offers an opportunity for the community to become acquainted with the hospital. If properly planned, this may be a very valuable way of interesting the community in health. Care must be taken never to put patients on exhibition. If there is an empty room, a unit may be set up with a dummy figure to show off an oxygen tent or other new equipment. Visitors like to have something in particular at which to look. Many displays are possible: Graphic charts showing the number of patients treated in the year or the number of babies born; pictures of the original



town hospital and its personnel; drug exhibits of the much publicized new sulfanilamide products and some figures about their effects; or posters portraying the values of vaccination and immunization.

Other schemes for attracting attention to the hospital are an annual baby reunion with a prize for the healthiest baby, and teas or bazars to raise funds for new equipment for a community owned hospital. Many of the town clubs and organizations are usually very willing to help with such plans if they recognize the need. The nurses and doctors should be willing and prepared at any time to speak before any local group about community and hospital health programs. In so doing they will not only arouse interest in the hospital, but at the same time they may stimulate interest in the prevention of illness which should be the goal of all professional people.

Relations with the press are an ever present important consideration. The newspaper contacts more people more often than any other agency, therefore its influence is great. If the hospital refuses to offer any news items, the reporters will get them from other sources. The material printed in this way may be very detrimental to the hospital. The small hospital must be very careful not to betray any personal confidences, but they can give news items which will be of interest and still do credit to the hospital standards. If there is a friendly understanding with the press, the hospital will be benefitted.

The hospital personnel must be especially cautious not to receive unfavorable newspaper publicity in connection with their private life. In a small town this fact must be emphasized. Reflection on a nurse will cast reflection on the hospital. In a large city hospital this isn't so noticeable.

However well informed the lay person is about the local hospital, he is not in a position to judge hospital standards. This must be done by professional people. The American College of Surgeons has set up the minimum

standards by which a hospital may be rated.

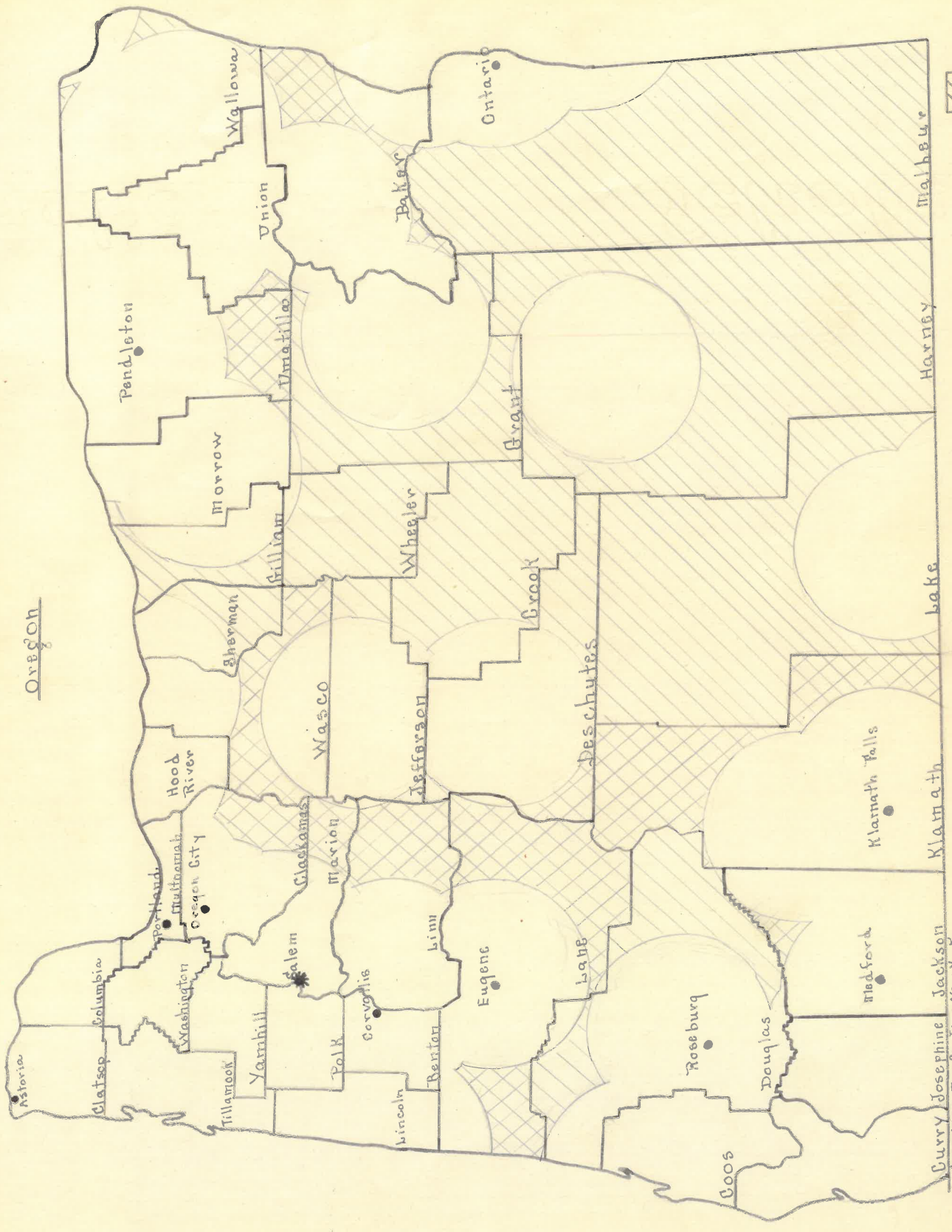
#### 1The Minimum Standards

1. The physicians and surgeons privileged to practice in the hospital must be organized as a definite group or staff.
2. Staff membership must be restricted to doctors who are:
  - a. Graduates of an acceptable medical school with the degree of Doctor of Medicine and legally licensed to practice.
  - b. Competent in their respective fields.
  - c. Worthy in character and professional ethics. Division of fees is prohibited.
3. The staff must initiate, with the approval of the governing board, rules, regulations, and policies governing the professional work.
  - a. Staff meetings are to be held at least once each month.
  - b. The staff are to review and analyze their clinical experiences.
4. Accurate and complete records are to be written for all patients and filed:
  - a. Identification
  - b. Complaint
  - c. History
  - d. Present illness
  - e. Physical examination
  - f. Special examinations - X-ray, etc.
  - g. Medical or surgical treatment
  - h. Pathological findings
  - i. Progress notes
  - j. Final diagnosis
  - k. Condition on discharge
  - l. Follow-up
  - m. Autopsy
5. The hospital must have diagnostic and therapeutic facilities available
  - a. Clinical laboratory
    - (1) Chemical
    - (2) Bacteriological
    - (3) Serological
    - (4) Pathological
  - b. X-ray

The American College of Surgeons was established in 1913. It is the sole parent of hospital standardization. These minimum standards were inaugurated in 1918 and have not been changed since. Any hospital of twenty-five beds or more may be rated. There are three classifications: fully approved, provisionally approved, or not approved.

1American College of Surgeons: Manual of Hospital Standardization, Chicago







 Population less than 5 per square mile.  
 Population more than 5 per square mile.  
 White areas within 30 miles of a hospital.  
 Marked cities have approved hospitals.

Figure 2.

Curry Josephine Jackson  
American Map Co., Inc., New York



Washington County, which borders Multnomah County on the west, is not represented in this list. Washington County covers an area of approximately seven hundred square miles. Its population is about thirty-four thousand. The chief industries of the county are lumbering and farming. The largest town is the county seat, Hillsboro, with a population of thirty-seven hundred. The western and northern regions are mountainous and sparsely settled. The southern and eastern parts are dotted with small farms that average between fifty and one hundred acres.

When studying the hospital needs of any region, it is first necessary to determine the distance to a large city hospital. Almost two million people in the United States are living more than thirty miles from a recognized hospital. In Washington County the distance from Portland must be considered. From Cochran, the most distant town in the county, to Portland is fifty miles. Forest Grove and Hillsboro, the only two towns in the county with hospitals, are centrally located. The former is twenty-three miles from Portland, the latter seventeen miles. These are all joined by a paved highway.

A survey of Portland Hospitals made by the Portland Council of Social Agencies showed that twenty-five per cent of their hospital beds were filled with people from outside Multnomah County. In spite of any possible improvements in rural hospitals this tendency will remain of people being drawn into the larger cities to be near to the eminent specialists. Neighboring counties especially are conscious of this movement; however its effect is counterbalanced by patients from still more distant regions being brought into the small hospitals. Washington County draws on Columbia County mainly in the Vernonia district. Also patients are entered from Yamhill County on the south.

In order to have a close up view of the type of service given by rural hospitals, each hospital in Washington County will be considered individually.

Forest Grove has two general hospitals and one maternity home. The Forest Grove General Hospital is giving much the best service. It is a white cement, two-story building that was erected for a fraternity house. Three years ago it was remodelled to be used as a hospital. It is in good condition and improvements are being made continuously.

The hospital has a capacity of twenty beds, see Figure 3. Surgery patients are kept on the second floor so as to be easily transported to and from the operating room. The main floor is used for medical patients, obstetrics, kitchen, dining room, and office. The basement is equipped with a heating plant, an air conditioner, and laundry facilities.

The chief criticism of the physical structure is the stairway which is too steep and too narrow for a hospital. It is a defect that cannot be easily overcome.

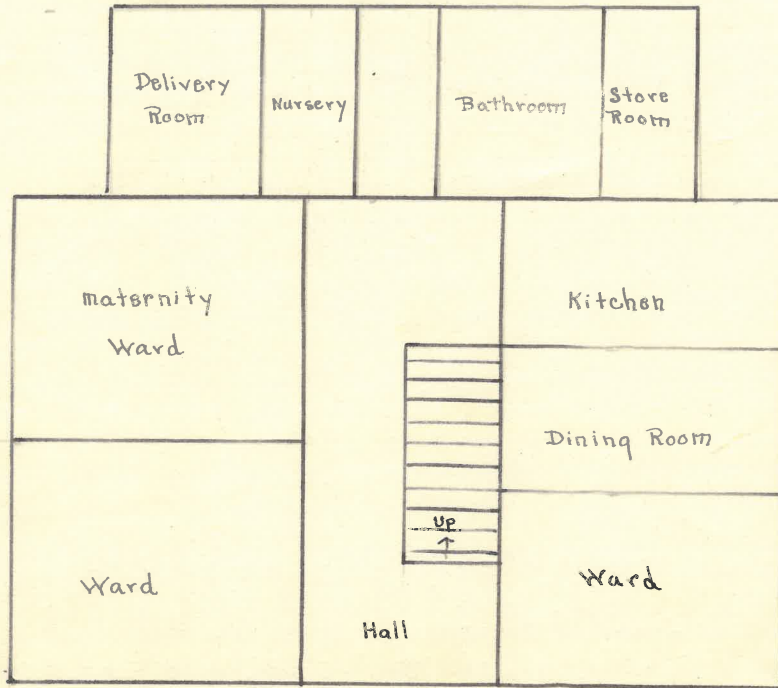
The wards are light and well ventilated. The operating room has ample window space. The equipment is adequate. The surgery table is secondhand but serviceable. A movable spot light offers effective lighting during operations. A small anesthetic machine is used for administering ether.

The supply room is equipped with a medium sized autoclave, an instrument sterilizer, and a water sterilizer. Sterile supplies are kept in excellent condition and ready for emergency use by the laboratory technician who is also in charge of supplies.

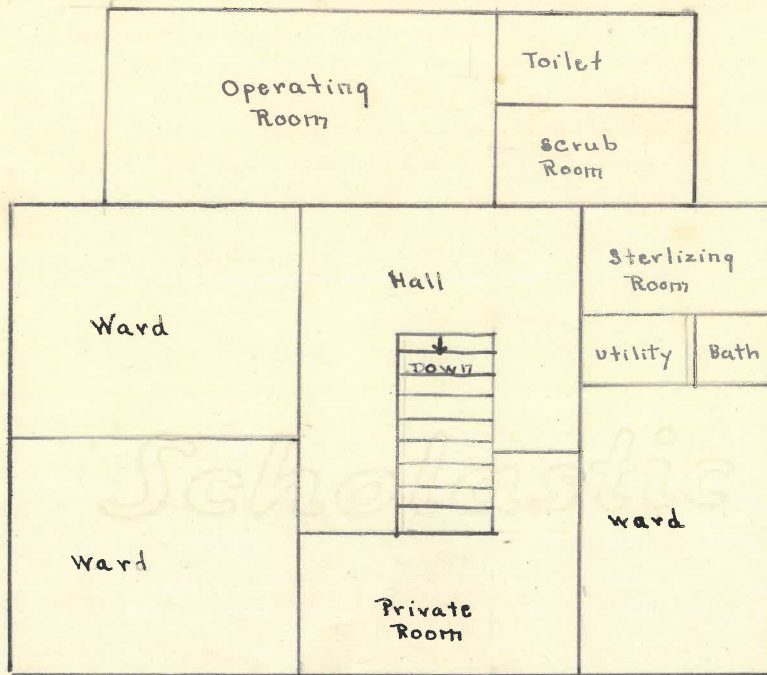
The delivery room table is not new, but it is similar to many that are still being used in large hospitals. The instruments and sterile linens are given the same careful attention as those in the operating room. There is also a water sterilizer downstairs to be used for deliveries and the nursery.

Each patient's unit is arranged with uniformity. The bedside table contains a bed pan, a wash pan, an emesis dish, a cup, a thermometer, and

FOREST GROVE GENERAL HOSPITAL



First Floor Plan



Second Floor Plan

Figure 3



a bar of soap. When any item is used, it is cleaned and returned again to its place.

In the three years that the hospital has operated, approximately fifteen hundred patients have been admitted. The daily average is about seven patients. There are four maternity beds and four bassinets in the nursery. Deliveries are at the rate of fifty dollars for ten days or five dollars a day plus five dollars for delivery. The other rooms in the hospital are at the rate of five dollars for a private room and four dollars for a ward bed.

Permanent records are kept of all patients. Daily recordings are made of admittances, discharges, diagnoses, and the physician's name. Charts are kept on file.

The patients are given good nursing care and the doctor's orders are carried out effectively. Intravenous fluids are given following most major surgery. Two dollars and fifty cents is charged for one thousand cubic centimeters. Blood transfusions are occasionally given. Oxygen is available when necessary. Carbogen is used frequently.

The hospital is owned and operated by Mrs. Wilcox, a graduate nurse from Multnomah County Hospital. She is progressive in her ideas and is trying to maintain a hospital that is worthy of the community. Four graduate nurses are employed regularly and as many more as are needed. They work eight hour shifts. The salary is seventy dollars a month with board and laundry. The other employees are a technician, a cook, a laundress, a janitor, and two part time girls who help with the laundry and the trays.

This hospital is rendering a valuable service to the town and the neighboring district. The doctors who were formerly taking their patients to more distant hospitals are now using this available service. The nursing care is good, the menus are well balanced and appetizingly served, and the

doctor's orders are intelligently executed. The hospital is a worth while agency in the community for promoting health. Many women who were formerly having home deliveries are now making use of the more adequate facilities offered.

It is unfortunate that this hospital must be run for profit. The standards of care are not lowered, but the type of patients is restricted. Collecting is an important item. An advanced payment is required upon admittance. This eliminates many people in the community who need care.

Another defect more easily corrected is the method of administering anesthesia. It is being given by a registered nurse, but by one who has had no training in anesthesia. Arrangements could easily be made for the local doctors to give the anesthetic for one another.

The other hospital in the town is the Forest Grove Hospital. It is a white frame house that has been enlarged and remodelled. There are beds for fifteen patients. On the main floor there is a waiting room, a doctor's office, the kitchen and dining room, and the obstetrical department. There are three maternity beds and three bassinets.

A crooked steep stairs leads to the second floor. There are two wards and two private rooms on this floor as well as the operating room and work room.

The equipment is limited. The one fairly modern item that is shown with pride is the spot light in the operating room. The autoclave is too small for practical use. The water sterilizer is old but usable. The whole atmosphere is one of stagnation. An old operating table is in use, but deliveries are done in a bed downstairs.

Intravenous fluids are seldom given. Carbogen and oxygen are not available. Wangenstein suction is never used.

There are no permanent records kept of the number of patients admitted

116.

or of their diagnoses. It was estimated that three or four was the daily patient average. Four dollars a day is charged, regardless of ward or private room. The very sickest patients are put into the private rooms.

The patients are made comfortable but the nursing care is inadequate. The doctors seldom visit their patients and a great deal of responsibility is left to the superintendent. Catering to the whims of the patients is substituted for intelligent nursing care. The food is good and well served.

The hospital is owned and operated by Miss White, a graduate of Emanuel Hospital School of Nursing. Two practical nurses are employed, one for day duty and one for night duty. The superintendent is always on call.

Any doctor may bring patients, but it is patronized mainly by four doctors, one of whom is a chiropractor. If he has a patient who needs surgery, he refers him to one of the other three. For operations the doctors bring their office workers for scrub nurses. The doctors administer the anesthetic for one another.

The doctor who is chiefly responsible for the continuance of this hospital was characterized by the superintendent as being "of the old school." The hospital is just keeping pace with him. There are no new ideas, no improvements and no progress experimentations. The scientific attitude is completely lacking.

The Forest Grove General Hospital has sufficient room to care for the patients that are now going to this hospital. It would be well if this one were closed as it is contributing nothing to the community that couldn't be better done by the other.

Forest Grove also has a maternity home. The Hubbard Maternity Home is a private house. It is small and old. The furnishings are moderate. Miss Hubbard, who is not a graduate nurse, takes in delivery cases as a means of making her living. She has beds for three mothers.



17.

The house is kept clean and tidy by a woman who comes in to do work by the day.

There is no equipment. The doctors bring their own instruments and sterile drapes. If they want hypodermic injections given they leave their syringe, needle and medication with Miss Hubbard to be given as ordered. No pre-delivery medications are used. Chloroform is usually given during the delivery.

By the fall of 1939 there had been ninety babies born in the house. The average is about two a month. The living room was the nursery. The friends could sit around the bassinet and chat while the visiting children amused themselves pushing the cribs back and forth.

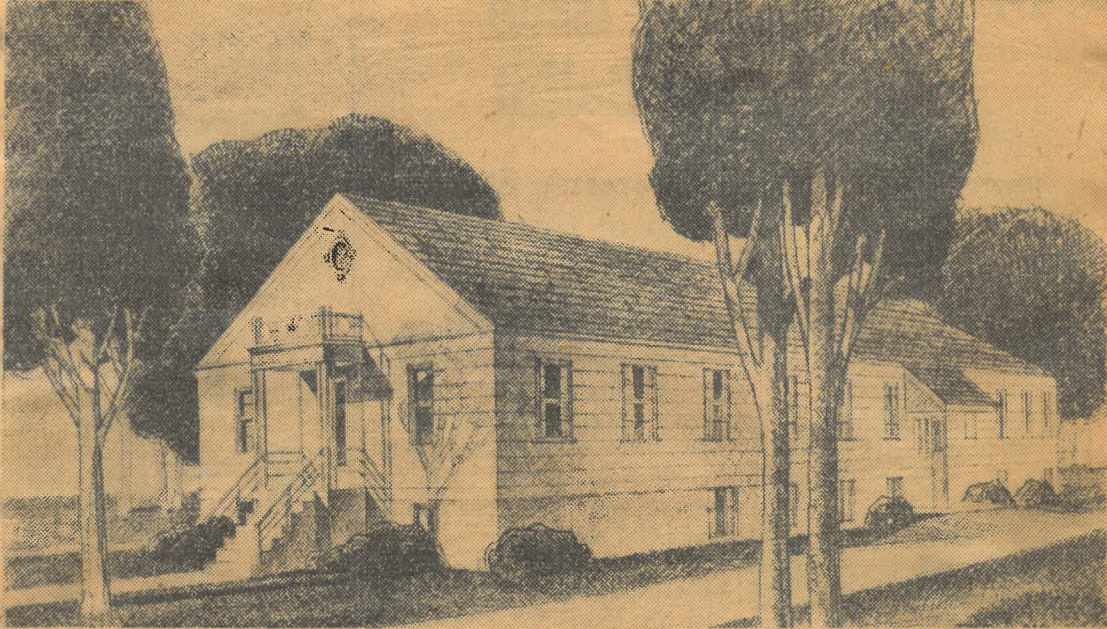
Miss Hubbard is a very motherly woman. She loves children, and so she finds this way of making a living enjoyable. She continues her interest in the babies as they grow older. She gives each one her picture and remembers each with a card on his birthday. She keeps a record of where each one is living and how each is progressing.

The new Oregon law passed July 11, 1939, licensing and regulating maternity homes and hospitals caused great consternation among many such homes. This law was much needed in order to control many poorly run obstetrical departments. The purpose of the law is stated in a quotation printed on each individual copy of the law:

"The aim of adequate maternity care is to secure for every mother the minimum of mental and physical discomfort during pregnancy, the maximum of mental and physical fitness at its termination, with the reward of a well baby and the knowledge to care for herself and child."

Miss Hubbard faced the fact that she must bring her home up to standard regulations. She asked for an inspector to suggest the necessary improvements. The most noticeable change was to get the babies into a private room.

### *New Jones Hospital in Hillsboro*



HILLSBORO, Nov. 5 (Special)—Designed to appear as above when completed, a new \$23,000 Jones hospital building began taking shape here this week. The 1½-story structure will accommodate 24 patients, and will lend itself to future enlargement, according to Mrs. Minnie Jones Coy, hospital superintendent. Adolph Mohr, Hillsboro contractor, is the builder, and J. D. Annand, Portland, the architect. The plant is to be ready for occupancy next February.



JONES HOSPITAL

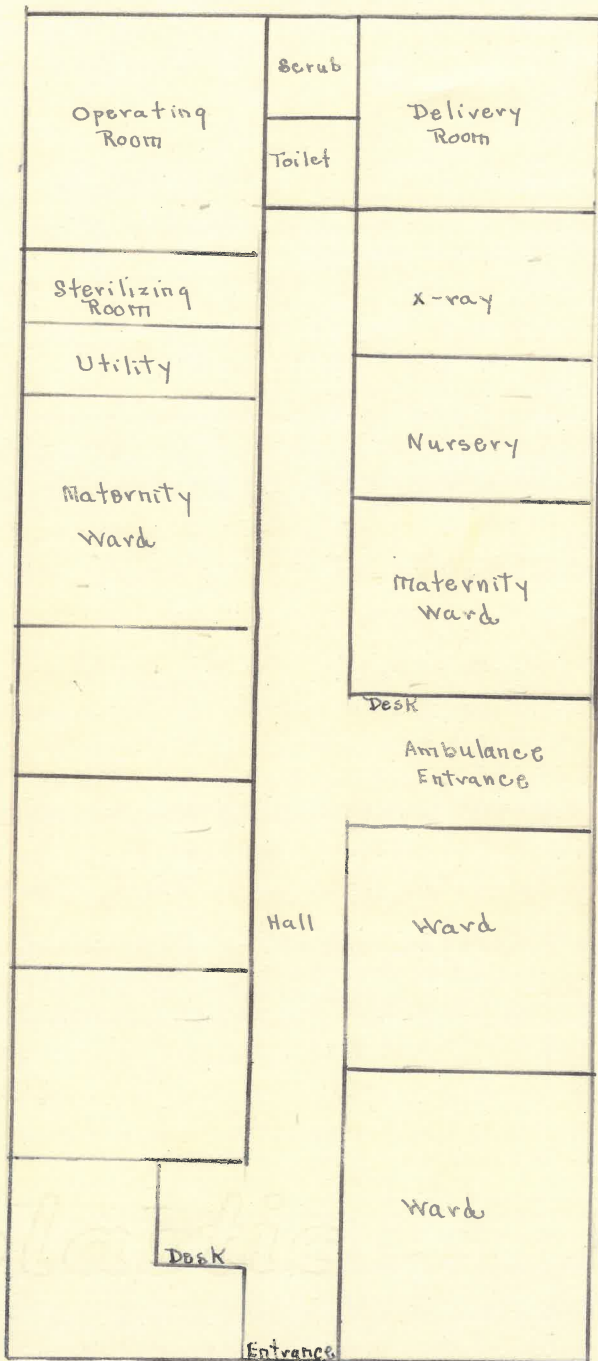


Figure 4



The doctors have a weekly staff meeting in their room with lunch served to them by the hospital. There is one osteopath on the staff but no chiropractors.

The hospital averages eighteen to twenty patients. The private rooms are \$5.50 a day and the wards of two or four beds at \$4.00 a day. There are eight obstetrical beds and bassinets. The private rooms are charmingly arranged with an easy chair and bedside tables. The furniture is wooden which offers a cleaning problem, but much of the coldness of the usual hospital room has been removed yet the simplicity is preserved.

This hospital is offering a real service to the community. It is one of which any community might be well proud. It offers the community the service of a well equipped hospital which is rare in a small town. The staff are proud of it and are trying their best to maintain the highest possible standards. The subsidiary workers which are carrying too much of the nursing duties are at least well supervised by the graduates. I think this situation could be improved by hiring two graduates in the place of the four subsidiary workers. Twenty patients with two hours nursing care per patient per day would require forty hours nursing care. This would necessitate five nurses. Beside the superintendent eight graduates on the staff should be adequate to allow for days off, operations, and deliveries.

Another privately owned hospital in Hillsboro is the Smith Hospital. This is a gloomy old three-story house owned by Dr. Smith. An elevator has been installed for taking patients between floors on stretchers or beds.

The first floor is used for obstetrical patients, X-ray, and waiting room.

The basement contains kitchen, dining room, furnace room, operating room, and store rooms. The second floor is used for patients and the third

floor is rooms for the nurses. There are twelve beds.

The operating room is dark. Two basement windows serve for light. Artificial light consists of a ceiling light and an old movable floor light with a metal reflector. There is an adequate supply of instruments. The autoclave is of the old pressure cooker style. The delivery room has an old discarded delivery table.

The hospital is managed by a registered nurse. She is on duty twelve hours in the day time. There is a graduate night nurse who also works twelve hours. If any more help is needed a "practical nurse" is called in to assist. There is also a cook who prepares all the food. The kitchen is the most efficient department in the hospital from all appearances. Dr. Smith carries all the responsibility for the hospital but two other doctors often bring patients. The superintendent makes some attempt to keep up on new ideas in nursing. The night nurse however remarked, "I hope never to look into a book again." They like their work there and are perfectly content to go on as always.

There are no permanent records kept but they average about four patients a day. There are three obstetrical beds. Rooms are \$4.50 a day and deliveries \$50 for ten days. Anesthetics are usually given by the doctors for one another but occasionally a doctor's wife does it. Intravenous injections are occasionally given, \$2.00 per 1000 cc, and occasionally a blood transfusion. Carbogen or oxygen are not used.

This old hospital is just existing. The community would be just as well off without it. The Jones Hospital has room to accommodate all these patients and they have plans for building an extension whenever the need is indicated. This hospital is contributing nothing new to the community. It is just existing for the convenience of a doctor who finds it easier to own his own hospital than to try to get along with his fellow physicians in a much better hospital environment.

The Washington County Hospital is located one mile from Hillsboro. The building is an attractive stucco structure surrounded by green lawns, flowers, and shade trees. The main floor is used to house the county indigent. The second floor is the hospital. There are thirty hospital beds. One ward of five beds is reserved for maternity cases. Of these thirty beds, four are in two cabins behind the hospital that are used for isolation cases.

This county unit is run on economical lines. The emphasis is on saving funds rather than on developing an efficient modern hospital. The equipment is minimum. Every patient that is able must pay as much as possible toward his care.

The hospital superintendent is a "practical nurse." There is one graduate nurse employed and four other "practical nurses." Most of these are very young girls without any previous experience. This staff is hired by the County Commissioners directly. The county doctor and his assistant give the medical care.

The superintendent is a hard working woman who believes in keeping the hospital clean and the patients comfortable. The more technical points of nursing skill are disregarded from lack of trained nurses.

Visitors may come and go at will to see the patients and wander around the building undisturbed, but anyone who wishes information about the hospital is refused with a curt, "We haven't time to talk. Count the beds yourself if you want to know how many there are."

No attempt is made at professional dignity. The attendants may be seen wearing white uniforms, gingham dresses, or bathrobes while on duty in the day time. It seems to be unimportant which is used.

The disparity of medical care given the poor in Oregon is unfortunate. Multnomah County offers the best in medical and nursing care to its low



financial group while a few miles to the west over a county border line the same type of patients receive the minimum in medical attention. The best cure for this situation is a state owned hospital for the care of those unable to pay for care in private hospitals. Before this can be accomplished the people of Oregon must be educated to the fact that the greatest asset to a country is the health of its people.

Washington County has a total of 112 hospital beds. Its population is 34,000. This would mean that there are three beds for every thousand persons. This is an adequate number. Two beds per thousand population is considered sufficient in rural areas. The conclusion would be that Washington County does not need more hospitals but that it needs more uniformity of service. As the people become aware of the type of care a good small hospital is capable of rendering, they will begin to demand that all hospitals meet those standards in order to continue in operation.

Small hospitals are caring for most of the people in Washington County, for most of the people in Oregon, and for most of the people in the United States. This is the reason why they should be given the attention of people who are interested in promoting the health facilities of the community. The call light is on; the small hospital demands attention!

THE END

## BIBLIOGRAPHY

### MAGAZINES

- MacCurdy, Frederick, M.D.: "A Dollar's Worth For a Dollar."  
American Journal of Nursing, XXXIX: September, 1939
- Thrasher, Jewell White, R.N.: "Nursing Problems in the Small Hospital."  
Hospitals, XIII: May, 1939
- Jennings, Douglas, M.D.: "The Small Hospital - Its Need and Its Importance in Certain Communities." Hospitals, XIII: May, 1939
- Philomena, Sister M.: "Efficient Nursing Service in a Small Hospital."  
Hospitals, XIII: May, 1939
- Cruikshank, Jean D.: "Maintaining Adequate Personnel in a Small Hospital."  
Hospitals, XIII: May, 1939
- Daulton, Adelyn: "Role of the Small Hospital in the Rural Community."  
Hospitals, XIII: May, 1939
- Schott, Victoria: "Medical Records in the Small Hospital."  
Hospitals, XIII: May, 1939
- Davis, Graham L.: "Problems of the Small Hospital in the South."  
Hospitals, XIII: March, 1939
- Rorem, C. Rufus: "Hospital Service Plans for Rural Areas."  
Hospitals, XIII: March, 1939
- Walsh, William H.: "Principles of Hospital Planning with Special Reference to the Small Hospital." Hospitals, XIII: March, 1939
- Branham, Helen T.: "Personnel Problems in the Small Hospital."  
Hospitals, XIII: March, 1939
- Boyd, Robert G.: "Control of Supplies in a Small Hospital."  
Hospitals, XIII: May, 1939
- Lindquist, Charles A.: "The Importance of the Small Hospital in Our Community." Hospitals, XIII: December, 1939
- Clark, Vera and Lipsit, Fay: "Dietary and Housekeeping Management in the Small Hospital." Hospitals, XIII: December, 1939
- Riley, William A.: "When Planning the Small Hospital."  
The Modern Hospital, LV, No. 1: July, 1940
- "Public Relations Policies, A Cross-Section of Opinion."  
The Modern Hospital, LV, No. 1: July, 1940
- "The A.M.A. Surveys The Hospital Scene": Condensed from the A.M.A. Journal March 30, 1940. Hospital Topics, XVIII, No. 4: April, 1940

BOOKS AND PAMPHLETS

MacEachern, Malcolm T.: Hospital Organization and Management.  
Chicago: Physicians' Record Company, 1935

Hospital Directory of United States and Canada 1937

Economic and Social Aspects of Hospital Service in the City of Portland -  
Under the Auspices of the Portland Council of Social Agencies

American College of Surgeons: Manual of Hospital Standardization:  
Chicago

Growth and Distribution of Hospital Facilities in the United States