

CORRELATION OF THE DEPARTMENTS OF THE HOSPITAL

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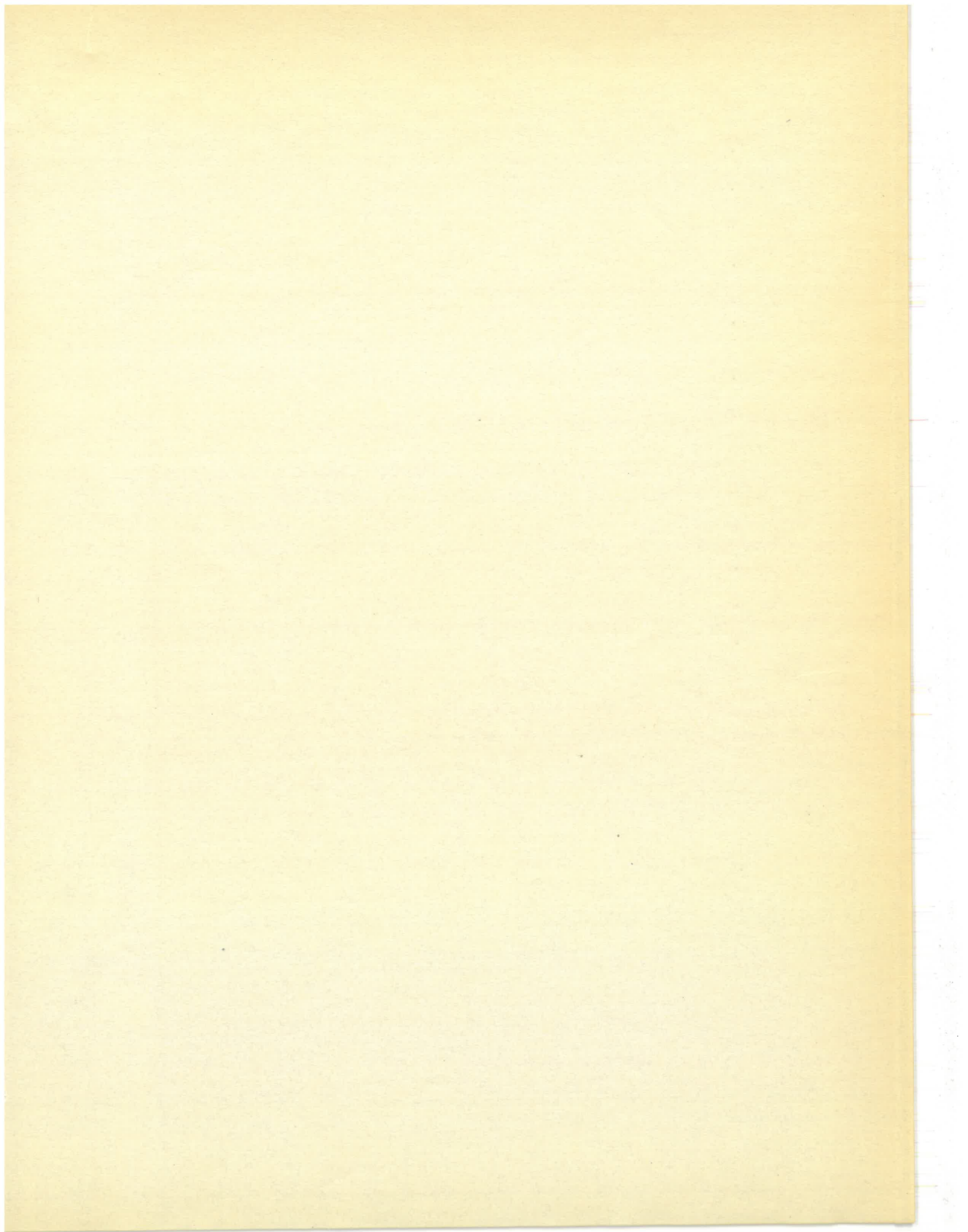
Dorothy Bridgeman

THE CORRELATION OF THE DEPARTMENTS OF THE HOSPITAL.

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THE CORRELATION OF THE DEPARTMENTS OF THE HOSPITAL.

After making a trip through one of our modern hospitals it is difficult to think of it as an outgrowth of the 'Hotel Dieu' in France and the 'Bethlehem' (Bedlam) in England. The care of the indigent, orphans and sick has given away to just the care of the sick. Their large wards where sometimes two and more patients shared a bed has given away to our smaller wards with each patient in his own bed. The mixing of contagious with others has given away to the present method of isolating all contagious cases. Infected surgical cases have given away to our modern aseptic surgery with an infection the exceptional case and cause for shame. The modern conception of the hospital has followed in the wake of science.

Tracing through the centuries we find Leeuwenhoek who first saw the world of the micro-organism by means of his microscope. In the eighteenth century Jenner produced immunity to smallpox by innoculating a boy with pus from a cowpox lesion. Semmelweiss instituted the washing of a physician's hands in a mild antiseptic solution between cases, which reduced the mortality in a maternity ward of a Viennese hospital. Three centuries after Leeuwenhoek, Pasteur, Koch and others definitely classed some of the micro-organisms as harmful to human life.

Not long ago Lister used a carbolic spray to produce antiseptic conditions in the surgery.

Garrison says, "Surgery became a science in recent times not so much through individual skill or specialization of instruments

as through the introduction of two new factors; anaesthesia and antiseptis.¹" Today asepsis is the ruling of our surgeries.

Medical science has advanced hand in hand with surgical science--with the more complete knowledge of the human being the functions of the various organs are better known, and the specialist is able to recognize when any of their functions are impaired.

As a result of her work in the Crimean war Florence Nightingale was able to show the need of a trained personnel to care for the sick. It was due to her inspiration that today we have the trained nurse.

Many other contributions such as the modern building, use of steam, the splendid electrical apparatus shows that the hospital owes a debt to other fields than that of medical science.

Today the hospital has a fourfold work. Although all of the work surrounds the first ideal, care of the patient, the hospital may also be considered a school as within its walls doctors, interns, nurses, medical students, laboratory technicians, and others are being taught their part in helping the patient.

To aid in the furtherance of science, those who are concerned with the patients study the diseases that they have; try to understand them better so that the next patients may benefit by what has been learned. Some cases are undiagnosed, there may be many consultations and yet all doctors may still remain puzzled. In case of death, if an autopsy is permitted, the physicians may then learn what the cause or complication was that evaded them, and so be able to understand it if ever met with again.

1. History of Medicine--Garrison.

Most hospitals are supplied with guinea pigs, and these martyrs have saved many human lives in giving their own.

Today many hospitals have an out-patient department where their discharged patients come for follow-up care. Here also measures are taken to help some people so that they will not have to become patients. This type of care is known as preventive medicine.

On entering a hospital a person generally goes to the admitting desk either for information or to register as a patient. It is therefore necessary that this department be located near the main entrance to the hospital so that it will not be difficult to find. It should be arranged so that there is a friendliness about it. This can be attained by the type of personnel.

"Most hospitals," said Dr. Mason at the Northwestern Hospital Association meeting at Seattle, Washington; January 18, 1932, "fall down in personal service to patients. Every admitting clerk should consider himself the hospital's host for it is through him that the first impression is made."

It is very important that the people in this department should express their interest in those who inquire. In Warwick Deeping's novel, 'Roper's Row', Dr. Hazzard's wife takes upon herself the task of receiving his patients just after the doctor had started in a new office in a wealthier district. She realized the importance of the 'first impression' and knew that they could not afford, at that time, to pay the salary of a person who would be able to make such an impression.

Usually a person who makes an inquiry thinks that his question is of exceeding importance so care should be taken not to

belittle his attitude in answering him. If it is a person who is about to become the guest of the hospital, it is necessary to ease his probable anxiety and help him to realize what a satisfactory place the hospital is for those who are not physically well. At that time he is a most important person, and he knows it. Inquiries must be made, routine must be followed, but it is still possible to let the prospective patient know that his interest is your interest also.

Connected with this department is the switch board. This is generally a very busy place; it is difficult for an outsider to realize how many calls go through a hospital switch board. It is necessary that the person chosen for this responsible position should be even tempered and courteous. So many impressions can be made by this indirect contact with the hospital. Though she may be very busy a hurried tone should not creep into her voice, and each call must receive the care it demands in a courteous way. In other words our operators should smile over the telephone--not bark.

In taking the social and financial history the admitting officer should be careful to have a complete background of the patient so as to be better able to arrange the terms of payment. It has been found that the more care that is taken in this first talk the better able is the business manager in collecting the account.

Someone from the admitting office should then take the patient to the ward or room he is to occupy. Before leaving him she should introduce him to the nurse in charge who in turn will

acquaint him with the nurse who will be responsible for his care.

It is nice if the nurse who will be responsible for the patient is on the floor and can help in the first adjustment, that of getting into a spotless white bed when one feels no worse than he did yesterday. There is something quite awesome about that room and bed.

There is nothing in the room that makes it look liveable, and yet that is where he is to spend some time. He isn't there because he wants to be, but because if he wants to carry on he must be there under care for the time.

Today it is generally recognized that the early background of a student nurse is an important factor in her success. With the present number of unemployed graduate nurses, some hospitals are taking in smaller classes of student nurses, and are having graduate nurses do some of the general floor work. This makes it possible for a selection from the applicants of those who are considered to be better qualified for this work.

This decision is partly based upon educational standards. In a few states, and more are requiring it all of the time, a girl must be a graduate of a high school of good standards. With more schools of nursing affiliating with the universities there is the demand that the applicant has graduated from a college preparatory course, or a course that has such a scientific background as to enable her to grasp her subjects in the training school better.

Besides her educational background the school is interested in her emotional adjustment: does she like people? does she make

friends readily? is she a leader? A nurse's work is largely group activity and for this reason it is necessary that she should be able to mix with others. To gain this knowledge letters are written to her references, one of whom is generally a clergyman. A physical examination is also required to see if her health will permit the strain which is to follow.

If the applicant is able to pass with approval the above points she is admitted to the school of nursing for a probation period. This period varies according to the school from about three to six months.

This probation period is a period of adjustment for the nurse-- it may be the first time that she has lived away from home. She is living in a dormitory-like residence with many other girls of her age. There are rules of living that she must follow. She is carrying a fairly heavy study load of unfamiliar subjects. These subjects are the fundamentals of all of her future studies, but as they are then unrelated it is often difficult for her.

Part of her time may be spent on the floor doing some of the simpler services such as getting a patient a drink. She does not realize that her supervisors are able to see by the way she does the little things as to how she will respond later when faced with more serious problems. Such characteristics such as cheerfulness, thoroughness, neatness, reliability, etc., can be seen at this time.

In some hospitals intelligence tests and aptitude tests are given to enable the instructor to better understand each student and to aid her in her weaker points. Many studies are being made at this time to determine the value of this tests for nurses.

During this period another physical examination is given the student nurses by some of the staff physicians to determine their physical fitness. This is used as a reference in case of illness, or when another physical examination is made during her days in training.

Because the student nurse of today is the graduate of tomorrow only those probationers who are thought to possess those qualities which can be molded into an efficient, understanding nurse; and whose scholastic attainments are sufficiently high, should be allowed to pass, at this time, to the duties of a student nurse.

It is the student nurse who contacts the patient so closely in her care of him, who must be able to follow the doctor's orders understandingly, and must be able to report to him any unusual symptom that may arise. Much harm can be done by a student nurse who is careless and so it is necessary to be careful in the choice of them. It is a necessary step in the upbuilding of the nursing profession.

The superintendent of a school of nursing is the person who is in charge of it. She should be a person of a wide and varied background in the nursing field; and preferably a college graduate, or one who has pursued further studies since her graduation from a school of nursing. She should have an understanding of all duties performed by the nurses in the hospital; also should have an active interest in all of the professional problems of the moment.

Dr. Joseph C. Doane says that she 'should be a well balanced, business-like person.'¹ This is necessary as there is a conflict

¹ Determining the Cost and Efficiency of the Nursing Service. Joseph C. Doane, M.D. From The Modern Hospital--August, 1931.

in her duties. She is in charge of the school of nursing and is the person who is responsible for the staffing of the hospital with nurses.

It is necessary that she understands people as it is her responsibility to select the personnel to have charge of the nursing departments, and to delegate authority to them.

She should have a sympathetic attitude toward her staff, for in understanding their problems she is better able to advise them. By frequent staff conferences she is able to keep abreast of the work of the hospital and to stimulate those under her to further progress.

The superintendent of nurses reports to the superintendent of the hospital the work done by the nursing staff, cooperating with him at all times.

The instructor of nurses is a person who teaches the nursing procedures to the student nurse.

To hold such a position a person should have a degree from a University including graduation from a general hospital.

Because of the necessary preparation for each class, the need of keeping abreast of nursing progress, she should not have to teach more than three hours of class a day. This point has been realized in some of the larger and better organized schools of nursing.

Considerable effort is expended in lecturing to nurses. Too frequently the student nurses are tired from the days work which makes it difficult to hold their interest.

The instructor should not be expected to have other duties such as administrative work or chaperonage to the student nurses.

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Such tasks add too greatly to the burdens she is already carrying.

She is directly under the superintendent of nurses, and must cooperate with her in the study program of the nurse as her work, to be effective, must be coordinated with the student nurses' work on the floor.

There are nurses in charge of the surgery, in charge of the obstetric department of the hospital and in charge of the other departments. A nurse holding such a position should have a good general background including a degree from some recognized college.

Unfortunately we are still in the apprenticeship method of education so that this, at present, is an aim of all schools of nursing.

It is part of her work to give the student nurses a practical background in her phase of nursing which will supplement the theory that they are getting from an educational status. She must teach them those procedures which are new to them, criticizing their work constructively in order to help them become more proficient.

Student nurses will probably be in such a department a limited time so that the work will have to be well planned in order that they acquire the most from their time so spent.

Such a head of a department is directly responsible to the superintendent of nurses.

The head nurse is a graduate staff nurse who is responsible for a division of the hospital.

Charlotte Aikens says of her: "The nurse who undertakes this responsibility and successfully measures up to it must possess

not only the qualifications that are combined in a greater or less degree in good nurses in general, such as tact, patience, discretion of speech, love for her work, neatness, dignity, self-control, but must have in addition the executive force needed to plan for others and direct, must have a womanly sweetness combined with strength, a gentleness backed by will force, must have an infinite capacity for details, - - - - - must have a genuine poise of soul that will enable her to meet with sweetness and courage the emergencies that are constantly arising in a hospital having an active service."

Because of her contact with the student nurses it is necessary that she also have an understanding of them as a group; a knowledge of the work each class has had and is working on at that time, and an understanding of the characteristics of each one under her.

A general understanding of the problems which confronts their age is necessary to aid her to understand the students. It is in her power to help them grow, to mold their personalities so that they will be able to attain their aim. She can better guide them with such an understanding. A knowledge of psychology and an ability to apply it will help her in this relationship.

Knowing their scholastic background makes it so that the head nurse can plan the work that is to be done by the student nurses under her more efficiently and yet be educational to them. If well planned part of the floor work can always be of an educational nature, especially if the hospital has general duty nurses on its staff who are responsible for those patients who are convalescing or are of a type that will not be of educational help

to the student.

It is stimulating to the students if the head nurse has time to have them make case reports on some of the patients, or questions them about procedures, always inviting questions in turn from them.

The clinic method of teaching is an important way of impressing upon the student nurses certain important characteristics of a disease. This may be done by having a group of nurses around the bedside of a patient or by a formal class.

In studying the individual nurse the head nurse can help the student overcome undesirable traits, and place her in the type of work she especially needs. It is only by repetition that one gains the dexterity that makes for skill. Her close contact with the student enables her to bring out the best that is in them.

Her duties are twofold--those of an executive of her department and those of a teacher.

As an executive, it is her duty to plan the work so that it will be done efficiently, to attend to the supplies needed on the floor, to see to the comfort of all of the patients, to see to the upkeep of all equipment. She has to keep close check on all the patients' charts to make sure that all the doctors' new orders are attended to, and to send in all laboratory, x-ray, etc., orders that are made to the proper place.

As she is the person who is closest to the student nurse she is a very important link in the educational chain. After a student has been taught how to do a procedure it is only through practice that she can attain skill. It is necessary for the head

nurse to watch her carefully the first few times that she may do it to see that she is following the method that is outlined by that school.

At all times the head nurse must make constructive criticism of the students. This enables them to appreciate the 'why' of doing the different practices. This will stimulate her to think for herself in a scientific manner. It gives an opportunity for the original thinker to express herself so making her a part of the group.

The head nurse is directly under the superintendent of nurses. Cooperation between her and the instructors means a much higher quality of floor duty possible, and a better educated nurse for the future.

The general duty nurse is a graduate nurse who is employed by the hospital for the care of patients.

In the past if a person acted as a general duty nurse she was considered a failure in her profession. Today we find many enterprising nurses in this field who are using it as a means of earning their way through college, and some because they find in this work a method of expressing themselves.

It is necessary for a nurse in this field to have a background of training in a general hospital of good standing, and an understanding of all the procedures used in the hospital where she is working.

In some hospitals they have the general duty nurse on night duty altogether as they feel that there is too much responsibility at night for the student nurse. In such a case she must be prepared to meet any emergency that the night might bring forth.

The general duty nurse is especially valuable on floors to care for those patients who are not of an educational nature to the student nurse, thus enabling the head nurse to plan the work for the students more effectively. She works directly under the head nurse, always cooperating with her. Her close contact with patients makes it so that she should have a good understanding of them.

With more thought being given to the school of nursing as an educational unit instead of as an administrative unit we find the establishment of school of nursing committees.

Miss Urch says that their functions are (1) studying the needs of the school as an educational institution, (2) seeing that it has the necessary staff to accomplish its objects and (3) securing and authorizing the expenditure of funds.¹ Miss Williams say that at the Syracuse Memorial Hospital of New York part of the committee is concerned with the extra curricular activities of the school.²

Most schools of nursing now having such committees have from three to five members on them. It seems as though such a committee, in order to function properly, and to be able to subdivide into special committees should be larger than this.

There should be an educator, and an individual who is interested in women on this committee. The chairman of the 'medical and nursing committee' of the board of trustees would also be

1. The Training School Committee by Daisy Dean Urch--American Journal of Nursing, March, 1931.

2. A School of Nursing Committee by Barbara Williams, R.N.--American Journal of Nursing, April, 1931.

an invaluable asset because of his connection with that advisory body. The superintendent of the school of nursing and the superintendent of the hospital should also be included. There should be one or two women on this committee for contact purpose. They will prove invaluable in planning the extra-curricular activities. Because of the changed perspective an outsider will be of value for he will have a general vision.

Cooperation is necessary between the training school committee and the board of trustees for the best interests of the school.

It has only been in recent years that it was necessary for a graduate of a medical school to have further experience before starting a practice of his own. Today an internship is accepted as a requirement for the practice of medicine.

Each hospital chooses its next group of interns from the applications received from the students of the senior class of the medical schools. Those hospitals that are best equipped with clinical material generally have a much larger number of applications than they can accept; which allows them to select those applicants of outstanding ability. This careful selection is especially seen in a closed hospital for, after finishing their internship, they are considered as candidates for staff membership.

Because of the demand for interns any hospital desiring them must have a well planned service to attract them.

The length of internship varies. It is generally one year in length, but in some hospitals it is two years. In these latter hospitals the staff physicians say that they cannot give the in-

tern a practical background of their field in the time allotted for their service, if only one year is spent in all services. Other hospitals allow a second year as house physician in any of the services. This gives the young doctor a chance to 'specialize' after having had a general experience.

In order to be able to have an intern service a hospital must meet certain requirements passed on by the American College of Surgeons. These requirements allow only general hospitals with varied clinical material, and of at least one hundred beds with a daily average of not less than seventy-five patients to have interns. The interns should be provided with comfortable living quarters and a place for recreation.

The staff must be composed of graduates from acceptable medical schools who are proficient in their field and 'who will provide adequate facilities, instruction and that sympathetic cooperation.'

Only reputable practitioners who are graduates of medical schools in good standing can practice in a hospital.

In hospitals having four or more interns it is desirable to have a resident physician who has had a year of internship. He may assist the staff in their work of instructing the intern, and in the care of their patients.

There should be a fortnightly clinical pathologic conference, or other staff meetings at which interesting reviews of cases will be held.

The special equipment of the hospital is also specified such as that in the laboratory, roentgen-ray department, anaesthesia; in all of which the intern should receive instruction, preferably

by a staff member.

A medical library should be provided which contains useful reference books, and current files of at least ten of the best medical magazines.

Complete histories of all patients endorsed by those writing them or parts of them should be filed in the care of a secretary and should be easily accessible.

The work of the intern is then outlined as to the phases that should be covered.

This hospital training might be considered a bridge to join the theoretical and practical side of a doctor's medical school training with his life's work. Here he is given a chance of working with those who have succeeded in their fields; of studying the methods that these physicians use, and to apply what they have learned.

This period of his training is divided into services. He spends a certain length of time in each department so that at the end of the year he has a good general background.

His duties in each service bring him under some of the outstanding men in that field who are in the capacity of instructors. This brings him in close contact with the patients as he is responsible for his chief's patients during their stay. He is able to see the patients' reactions to the various treatments, to follow their progress carefully, and to help care for them in case of emergency.

The student of medicine, during his education, has little experience in hospital methods so that upon his arrival at the hospital to begin his internship there should be a preparatory

course arranged by the hospital staff for orienting him to the hospital's methods and its management. If care and thought would be given to this introductory problem it would probably result in a more cooperative intern service, and they would be more satisfied.

Hornsby says that the medical staff is the most important factor in any hospital.¹ In this statement he has overlooked the basic factor, the patient.

The staff should be composed of a high type of medical men, leaders in their profession, as their strength helps to maintain the strength of the hospital.

The power of appointment of the members of the staff is invested in the board of trustees, who in turn may consult reliable medical men as to the ability of any of those who are being considered.

The hospital staff is divided into three divisions; the medical staff, the consulting staff, and the visiting staff.

Those on the medical staff of a hospital are chosen with great care. The men appointed for such a position should be active, scientific men; virile and ambitious who are of unquestioned professional and personal integrity, and are in the height of their career. They should have a large, experienced background, and be willing to give part of their time for the instruction of interns and nurses; also for the care of the indigent sick.

It is their duty to establish the standards of medical practice and ethical ideas to be followed by all doctors who practice there. If the established policies are not followed it may be

1. The Modern Hospital--Hornsby and Schmidt.

necessary to find out why and to refer it to the board of trustees.

Because the members of the hospital staff do not always keep up to the set standards some hospitals have devised the method of re-appointing the members at the beginning of each year, and, if necessary, a member could be eliminated at this time by merely thanking him for the past year's services. This brings about a competitive attitude which may cause all doctors to be careful.

Some hospitals have what is called the consulting staff. This is made up of older doctors whose main careers are behind them and who have been outstanding in their respective fields of medicine. They may be called in for advice as a consultant, or may act in an advisory capacity. A position on this board is deemed an honor.

Other doctors organized as the visiting staff may bring their patients to the hospital to care for them there. They are expected to follow the professional and ethical standards passed on by the members of the medical staff, and the rules of conduct passed by the members of the board of trustees.

These doctors are expected to give the best care to their patients and are assisted in many cases by the different laboratory services, the nursing care and the help of the intern.

In a closed hospital there is no visiting staff. Only those doctors who are on the medical staff, the advisory or the auxillary staff can take their patients to this type of hospital.

Provision may be made for the outside doctor to care for his patient in such a hospital by having them admitted on a service under one of the staff men for that service.

The practice of medicine today is not complete without the aid given by special diagnostic and therapeutic services. Each of the various laboratories plays its part in aiding the physician.

The laboratories usually found in a hospital are; the pathological laboratory, the roentgen ray laboratory, the physio-therapy laboratory, the dietary laboratory and, in some of the special hospitals, we find occupational therapy.

The person in charge of each of these laboratories should be a person who is an expert in his field. In the smaller hospital it may be necessary to have a technician who has a general background to cover several fields. The type of work done by each technician can be more specialized in the larger hospital, which means increased efficiency.

Three phases of work are expected in the laboratory field. They are: (a) assistance to the physician in the diagnosis and treatment of disease; (b) stimulating, imitating and carrying on research work; and (c) the teaching of student technicians, interns, nurses, and sometimes the patient.

During his stay in the hospital food is a very important item to the patient. It is something that he can look forward to as he soon learns the hours it is expected. It is also a thing to criticize. He cannot understand the why of the pills he may be taking, or the technique of changing a dressing, but food is something he does know about as he is accustomed to three squares a day.

He thinks it too cold, or that it hasn't enough seasoning. Anyhow it isn't the same that he is accustomed to; but neither is

he the same, and it is the sick man whom we are trying to please.

Stevens says, "The kitchen----- should be so that food-hot, palatable food- can be readily transported with the least delay and the least amount of handling from the place where it is cooked to the patient's tray or dining room."

To attain this the kitchen should be centrally located and there should be adequate means of transporting the food to the patient. Most hospitals have their kitchens on a low level which facilitates the delivery of supplies, the quicker disposal of waste products and quicker service to the greater number of patients.

In some of the hospitals a higher level or perhaps the top floor is advocated as there is the freedom from odors of cooking throughout the hospital, and the exclusion of tradesmen from the kitchen. In this case it is practical if the storerooms are on the same floor.

The top floor allows for better ventilation and plenty of sunshine. Today when this factor is being stressed in considering day-light bakeries it is good to think of it in considering the cooking for such a large institution.

All of these points must necessarily be given consideration at the time of building. Those hospitals which have kitchens at a lower level try to overcome the odor factor by having tightly closing doors. This does not do it very successfully.

The central service type of kitchen seems to meet the problem of rapid service and hot trays to the patient. Most of the new hospitals are having that type built in, and many of the older

1. The American Hospital of the Twentieth Century--Stevens.

hospitals are rebuilding to have that type.

Each hospital tries to meet the tradesman problem in the best way it can. One especially good way is to have a door bell at the delivery door, connected with the office of some person responsible for supplies. There may be a hallway in which to place the goods while awaiting for a responsible person to arrive. This does away with the tradesmen walking through the kitchen to find someone to check their goods.

To function properly the kitchen should be neither too large nor too small. In the large kitchen there are so many waste steps which means more time to accomplish a task, and the waste of the employee's energy. In the small kitchen there cannot help but be friction as there is not enough room for each employee to perform his task in the best way. There may be a crowding of personnel, the need by more than one person for a piece of equipment at the same time. In this type of kitchen the work must be well planned in order to do the work.

Besides the size of the kitchen the amount of equipment and the number of labor saving devices is important. The number and the careful selection of electrical equipment can speed up the work and aid in the efficiency of the department.

Connected with the kitchen are store-rooms for the various kinds of foodstuffs. These may be on the same level as the kitchen or on a lower level, but should be of easy access. The frigidaire has greatly simplified the task of storing fresh foods for any length of time. There should be plenty of frigidaire space for storing such perishables as fruits, vegetables, butter, milk, etc., and also dry storage space for cereals and canned goods.

A dietitian is in charge of this department. Her duties are threefold: administrative, scientific aid to research and educational.

She has charge of the personnel of the kitchen, and usually aids in their selection. She oversees their work, enabling them to organize it better.

She it is who plans the well balanced menus. In some of the smaller hospitals she is also expected to buy the food. This is done by a purchasing agent in a large hospital, but it is then necessary for her to requisition the ingredients needed.

Because the dietitian spends approximately twenty-five percent of the total hospital appropriation annually it is necessary that she understands the market values in order to spend wisely.

Probably the research factor is not done in the smaller hospitals, but in some of the larger hospitals the dietitian aids some doctors in special research projects, especially those which are based on food values.

Perhaps the most important phase of her work is educational. It is she who teaches the fundamentals of dietetics to the nurses, who later may aid them to use this knowledge. It is the dietitian who talks with a patient on a special diet to find out his likes and dislikes, to explain the 'why' of his diet to him, and then tries to make his tray more as he would like it. It is hard to be on a diet and it is only when there is hearty cooperation that it can succeed.

If she has time after seeing those patients who are on special diets the dietitian generally calls on those who may not be entirely satisfied with their food--the so called 'fussy patient'.

Sometimes a little change in the type of food, or the addition of something to the tray will make them happy.

Where there are more than one dietitian the work may be divided so that each one has a certain type of responsibility. It is generally recognized that there should be one dietitian to every one hundred and ten patients to give the service that is needed.

The person who has charge of the housekeeping of the modern hospital of today must understand the handling of people and be able to get them to work together. Due to the fact that there are certain complexities and because it is of a decentralized nature it needs intensive supervision. Hospitals are expected to be immaculate and so are criticized by the public if they are not. This means constant watchfulness on the part of the hospital personnel, and especially those who are connected with this department.

It has been found that if the employees of this department are shown what their duties are when they first are employed, and later told about their part in making for the comfort of the patient that there results better understanding and cooperation. G.W. Curtis says: "Loyalty is essential in any institution. Employees must be loyal to one another and fair dealing should prevail between employees and between departments."

Greater efficiency in the handling of the linen supply is found when a hospital has its own laundry. The person in charge of it needs to understand the equipment used, and the most economical methods of attaining the end, plenty of nicely laundered,

1. Improved Methods in Hospital Management--G.W. Curtis.

clean linen.

This type of laundry has to contend with more types of stains than the regular laundry does, for there are so many drugs which stain linen and are difficult to remove. Then in the general hospital the contaminated linen is also handled by this department. It is necessary that the laundry personnel understand just how to treat it before it is put in general distribution again.

The distribution of linen is generally made from a central room. The necessary linen supplies are sent out from here to all parts of the hospital, but check is made against any extravagance in a division of the hospital.

There are other departments which are found in a hospital such as the heating plant, the upkeep department and the sewing department.

The heating plant should be in charge of a person who understands his work as he must regulate the heat according to the need.

The upkeep department may have several divisions according to the work to be done. Because of the variety of repair work it will depend upon the size of the hospital as to how it is divided. Their cooperation means that the wheels of the hospital function that much more smoothly.

The sewing department may make up some of the linen supplies of the hospital, but their main function is to repair and mend the linens in use.

It has always been said that money talks. This is the function of the business office of the hospital. The recent survey

of the Grading Committee brought forth the information that a great many hospitals did not know the cost to the hospital of the school of nursing. An efficient business office should be able to give the cost of any of the departments of a hospital, or any of its services in a very short time.

The person in charge of this department should be a person who understands business accounting and is able to oversee the work of this department. Because of the hospital's objective the business end is different from the average business as its conduct must not conflict with the charitable purpose of the hospital--in other words it cannot be an agency of system alone.

Dr. MacIver says that its functions are: "1. To determine the rate that shall be paid by those receiving hospital care. 2. To secure payment thereof. 3. To make adjustments when such adjustments are proper. And to employ in carrying out these measures consistent and orderly methods. It goes without saying, of course, that all these are done in accordance with regulations established and defined by the board of trustees." Organization and cooperation are necessary to attain this end.

A division of this office may be the purchasing department. A competent person is necessary for this department who understands market prices of seasonal products, values of merchandise, and the probable needs of the present and future.

The board of trustees is the "hub around which must revolve all the activities of the institution--not only creative, constructive but it is the operative body and the executive inspiration of

1. How Shall the Credit Department be Organized to Function to the Greatest Advantages of the Hospital?--George A MacIver --Transactions of the American Hospital Association, 1930.

the institution."¹

Michael M. Davis said: "The board of trustees should be composed of public spirited persons, representing varied community interests."² It is difficult to say just what qualities a trustee should possess. Howard S. Cullman said: "He should be a man of alert and intelligent interest in hospital matters, capable of keeping its business mechanism smoothly running."³

By analyzing the duties which will be expected of a trustee of a particular hospital it would enable one to select the proper person. It is generally considered well to have one of the leading bankers as a member of the board as he knows the people of the community, and understands the handling of money. When we realize that the hospitals of this country involve approximately three and a quarter billion dollars as an investment one can realize the necessity of having some person who understands this phase well. A merchant of a large store would also be an invaluable addition as he probably understands the value of merchandise, and could advise when large purchases are made.

The activity and interest of the board is so important that great care should be made in the selection of them. In private hospitals the owners make up the staff, in a county hospital the county commissioners, but the selection is of greatest importance to those so called general hospitals which are not administered for making a profit.

1. The Modern Hospital--Hornsby and Schmidt.
2. Clinics, Hospitals and Health Centers.--Michael M. Davis, Ph.D.
3. The Board--The Power Behind the Hospital's Success.
--Howard S. Cullman--The Modern Hospital, December, 1931.

There is considerable discussion as to whether a medical man should be on this board. At one of the round table discussions in the 1929 meeting of the American Hospital Association a vote was taken on this subject and it was found that forty-five out of fifty of the members who voted were against having a medical man on this board.¹ This question probably depends upon the type of hospital and the doctors on their staff. Of course laymen cannot understand the medical aspect of some phases of hospital administration, but if there is a medical advisory committee it can bring before the board of directors the explanation of any subject which should be clarified.

The board of directors' responsibility is two-fold: that of seeing that there are ample funds for the maintenance of the hospital and that of advising, lending aid, supervision and interest to all the practical or lay aspects of a hospital's work.

It is difficult to apply business principles to a hospital as there cannot be a selection of those to whom credit is given when the need of services may be great. Although there prevails among a great many members a delusion about the need of having a healthy deficit at the end of the year, this is not adviseable. It really shows a weakness in their body.

It is their duty to raise the money to meet such a deficit when it occurs, or better to have raised the money to cover the need before it is felt; so making it so that there may even be a balance at the end of the year. This can be done by interesting those who are able to help in the work of the hospital by

1. Transactions of the American Hospital Association, 1929.
--p. 489.

giving a sum of money, or donating a piece of equipment which is badly needed.

The second point is done by the appointing of committees of groups of the members to study certain phases of the hospital, to report to the board what they have found, and to advise the superintendent, who is the executive appointed by them, on the subject under study. If it is necessary to aid him in attaining the end, then to give him hearty support on whatever the policy is. It is not their duty to see that it is done after they have passed upon a subject; that is the duty of the superintendent as the administrative head of the institution.

Any problems that may arise from any of the policies of the hospital can often be settled at a meeting. The superintendent, who should always be present at the meetings, can give the hospital side of the question. If it is something over which there has been a misunderstanding, it may be cleared. When discussing any subject relative to the school of nursing it is advisable that the superintendent of nurses be there.

The best welfare of the hospital is always attained when there is hearty cooperation between the board of trustees, the medical board and the superintendent of the hospital.

The superintendent of a hospital is the administrative agent of a hospital, chosen by and serving under the direction of the board of trustees.

In a survey of hospitals made in 1927 it was found that 37% of the superintendents were physicians, 20% nurses, 11% laywomen, 10% laymen, medical director with lay superintendent 9%, sister

of charity 8%, type unspecified 4%, and lay person sex unspecified 1%. He must have a professional point of view because he is dealing with an institution in which professional care is given.⁴

Dr. Bert Caldwell said: "--the versatility of a superintendent is beyond comprehension--he should be selected on the basis of fifty percent personality, and fifty percent adaptability and training."²

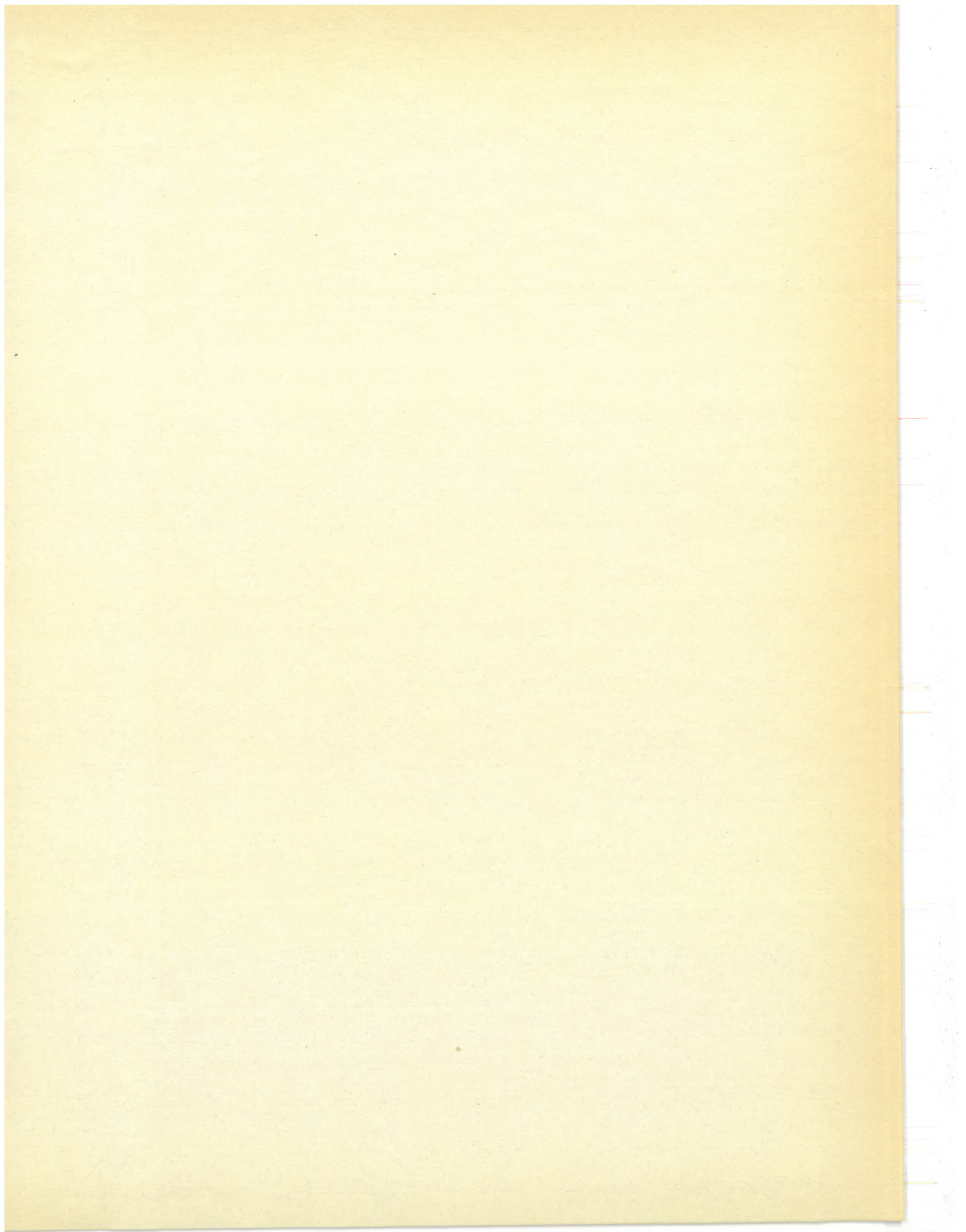
Because the administrator of a hospital is not given time to solve questions, but must know the answers it is necessary that he has a diversified knowledge of the work of the departments of a hospital, a financial sense capable of understanding the meaning of balance sheets etc., a knowledge of the purchase value of goods purchased; if it is a teaching hospital an educational point of view, though not necessarily an educator; and a broad vision of the service to be rendered.

As the executive of the hospital, chosen by the board of directors, he should transmit to the board the views of the hospital personnel, and in turn direct the policies of the departments of the hospital in accordance with their views.

The details of the work of a department are left to the person in charge of it. For this reason it is necessary that the superintendent understands people in order to select those who will be given the responsibility of a department.

1. Hospital Administration: A Career--by Michael M. Davis.

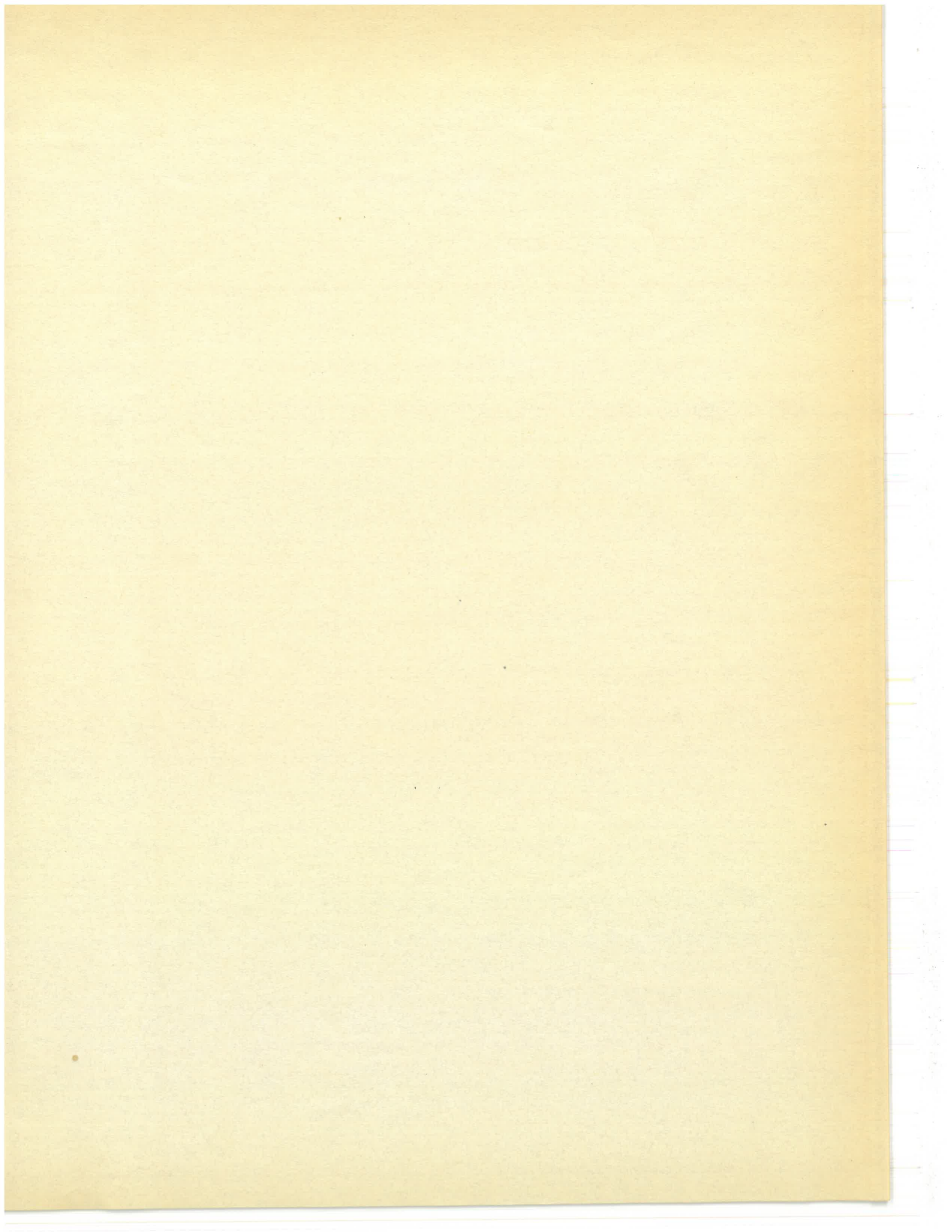
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