

VI. PROBLEMS OF HOSPITAL ADMINISTRATION

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Problems of Hospital Administration

Outline
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by

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PROBLEMS OF HOSPITAL ADMINISTRATION

I. INTRODUCTION

1. the hospital is an extremely complex organization
 - a. deals with human lives and services must be given away if individual unable to pay
 - b. all who need services of the hospital are abnormal physically or mentally or both
 - c. friends and relatives often even more difficult to deal with
 - d. many are entirely unfamiliar with hospitals until services are needed
2. no problems could be more complicated than those arising out of such circumstances
3. many new problems arise every day but are a few common problems which might be discussed
4. administrator must have complete, sympathetic understanding of staff problems so institution can function to fullest degree

II. THE SUPERINTENDENT

1. Qualifications
 - a. Professional (1)
(1) be an executive - able to plan and direct activities
-

1. Frank E. Chapman. Hospital Organization and Operation, pp. 12-16

of others

- (a) administrative ability varies inversely with
size of hospital
- (2) have a professional point of view, knowledge of laws
of hygiene and sanitation
- (3) be an educator
- (4) possess mechanical sense
- (5) possess financial sense - able to interpret balance
sheets and cost figures
- (6) have a fair knowledge of at least major items purchased

b. Personal Qualifications (1)

- (1) be a leader in community as well as in institution
 - (a) possess ideals and broad vision
- (2) have sense of responsibility of his position and the
seriousness of his work but tempered with sense of
humor
- (3) absolutely honorable and just
 - (a) give every person due credit for ideas and
accomplishments
- (4) be a judge of human nature
- (5) be industrious and interested in his work
 - (a) not only available at all times but be approachable
and willing to meet those with suggestions
- (6) broad education - extensive education in own field

- (7) fair-minded, sincere, sympathetic, tactful,
diplomatic
- (8) ability to work with others
- (9) must have right personal attitude of administrator
to worker
- (10) be an "administrator with a smile" (1)

2. Duties

a. Public relations (2)

- (1) the public
 - (a) join in social life of community
 - (b) many people of importance are met only through
social contacts outside of hospital
- (2) the patient
 - (a) are hundreds of daily opportunities for estab-
lishing good will
 - (b) public relations is the sum of individual good
will
- (3) the press
 - (a) consider press as a constructive agency
 - (b) superintendent should know the newspaper men
personally - establish a spirit of confidence
and friendship
 - (c) be frank

b. Relative to the Governing Body (3)

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- 1. Frank B, Gail. "Administration", Hospitals 14:106-107. January 1940
 - 2. Allen Craig, "Hospital Publicity and Public Relations", Trans.
Amer. Hosp. Assoc. 1937. pp. 488-490.
 - 3. Malcolm T. MacEachern. Op. Cit. pp. 90-104

- (1) furnish advice and council in formulating policies
 - (2) be medium of expression of board's point of view
to personnel and vice versa
 - (3) attend all meetings of Board and committees
 - (4) prepare budget for approval of governing body
 - (5) be responsible for employment
 - (a) fix all salaries within limits of budget
 - (b) full authority to employ and discharge
 - (6) full administrative authority
 - (a) drafts plans for organization
 - (b) formulates rules and regulations as necessary for
guidance of personnel
 - (7) report periodically in writing to governing body,
monthly and yearly
 - (8) supervise planning and construction when alterations
or additions are necessary
- c. To the Medical Board meetings (1)
- (1) gather and coordinate data and problems for discussion
 - (2) be present at all meetings
 - (3) spend time daily in personal contact to develop and
maintain friendly and cooperative spirit
- d. Relative to the Hospital Field (2)
- (1) rivalry between hospitals makes for improved service
and results in better business for all

1. Stephen H. Ackerman. " A Hospital Administrator's Work Day",
Hospitals 13:21-23, June 1939.

2. MacEachern, Op. Cit. pp. 90-104

- (2) should be mutual discussion of common problems
 - (3) a study of methods of management will benefit every institution
 - (4) local, state and national organizations
 - (a) be a member and attend meetings
 - (b) participate in hospital research
 - (c) take part in discussions
 - (d) present papers
 - (e) read hospital magazines and related publications
 - e. General duties within the organization (1)
 - (1) select department heads
 - (2) be certain all personnel are physically fit
 - (a) arrange for physical examination at time of employment and periodically
 - (3) be interested in social activities of personnel, especially those living in
 - (a) encourage social intercourse
 - (b) promote recreation and amusements
 - (4) be interested in educational activities of personnel
 - (a) general educational facilities may be made available for all classes of employees
 - f. Relative to the medical needs of the patients (2)
 - (1) accountable for proper coordination and functioning of departments of visiting staff, intern staff, nursing division, operation and laboratory services
-

1. Ibid.

2. Stephen H. Ackerman. Op. Cit.

(2) rounds each day:

- (a) observant, inquisitive inspection
- (b) inspect records
- (c) interview patients
- (d) discussion with nursing supervisors
- (e) consultation with visiting staff and interns
- (f) at this time may note minor derelictions due to
carelessness or haste
- (g) may need to remind interns to treat patients more
as persons, not cases

g. Relative to physical and social needs of patients (1)

- (1) general welfare of patient
 - (a) inspect meals as to quality, quantity and serving
 - (b) can discover patients who need Social Service advice
and educate intern to this service

h. Relative to Dietary department (2)

- (1) selects a competent dietitian who will be completely
in charge of department, directly responsible to him
- (2) delegates authority to dietitian in selection and
control of personnel

i. Relative to purchase and supply (3)

- (1) directly controlled by administrator although books
are kept by accounting department
 - (2) in a large hospital may be a purchasing agent and a
-

1. Ibid.

2. Malcolm T. MacEachern. Op. Cit. pp. 90-104

3. Ibid.

storekeeper

- (3) in a small hospital director may act as purchasing agent
- (4) regardless of size, he must take an active interest in department, must know brands and market trends, and know in detail any unusual purchase
- (5) small hospital financial problems (1)
 - (a) must be constantly on alert to see where can improvise cheap equipment in place of more expensive
 - (b) must know and purchase the quality and quantity required
 - (c) may not be wise to tie up large sums of money in buying large quantities so money would not be available for other items

j. Relative to building and property maintenance (2)

- (1) to avoid waste and prevent undue breakage:
 - (a) inspect order books
 - (b) inspect ward drug cabinets and closets
 - (c) consultation with pharmacist and medical staff
- (2) inspect windows, plumbing, waxing of floors
- (3) maintain woodwork in good condition and proper painting
- (4) inspect walls and arrange routine washing
- (5) inspect contents of closets and drawers
- (6) occasionally inspect roofs, walls, sidewalks etc.

1. Jewell White Thrasher. "The Small Hospital and its Principal Problems", Hospitals 14:45-47, May 1940.

2. Stephen H. Ackerman. Op. Cit.

(7) consult with engineer, housekeeper and head porter

k. Supplies (1)

(1) inspect frequently stores rooms, central supply room
and linen rooms

(2) check methods of ordering and issuing linen

(3) inspect methods of handling garbage and waste

(4) inspect methods of supplying bread, milk etc. to wards

l. Supervision of Administrative offices (2)

(1) review all mail except personal

(2) check on switchboard

(3) inspect information office

(4) occasionally necessary to clear misunderstandings
about handling of patient's property

(5) occasionally necessary to adjudicate payroll complaints

(6) patients from O.P.C. may demand interview - satisfied
after receiving assurances from one in authority rendered
after friendly, sympathetic audience

m. Dealing with complaints (3)

(1) prevent by making patient feel at home and welcome

(2) frequent conferences with nursing, dietary and house-
keeping departments can avoid complaints

(3) any complaints against a person or groups should be
made known to them and an explanation expected

(a) frequent complaints shows a change is necessary

1. Ibid.

2. Ibid.

3. Irene M. Roszel. "Management of the Front Office and Information
Service", Hospitals 13:48-50. June 1939.

- (4) frequent visits to patients prevents complaints
 - (a) patient knows his interest
 - (b) example to staff
- (5) listen attentively and courteously
- (6) assure patient it will be investigated
- (7) invite comments from patients
 - (a) blanks may be provided on admission (1)
 - (b) or may be presented on discharge (2)
 - (c) above should be acknowledged, keep as important part of records
- (8) when doctors complain about lack of instruments etc.
bring to Board of Directors

3. Advisory groups (3)

a. medical council - a small group

- (1) chief of surgical staff
- (2) chief of medical staff
- (3) chief of special departments

b. nursing council

- (1) superintendent of nurses
- (2) principle of school
- (3) educators
- (4) women interested in social side
- (5) one or two others

c. departmental

- (1) departmental heads

1. G. Otis Whitecotton., M.D. "Hospital Administration and its Relationship to the Program of Health Care", Hospitals 13:22 April 1939.

2. "There is No Better Evidence than -- "Here's What the Patient Says".
The Small Hospital Forum, The Modern Hospital 54:60. June 1940

3. Frank Chapman. Op. Cit.

III. PERSONNEL MANAGEMENT (1)

1. Fundamentals of personnel relations

- a. these problems arise because we are human beings
- b. in community life social prestige varies in direct relationship to the social ranking of the position an individual holds rather than to the salary received
- c. workers are more sensitive to changes between strata than to adjustments of salary
- d. labor disturbances are more often caused by minor issues than by major ones
- e. the philosophies of personnel relationships may be typed by industries

2. Consciousness of the personnel problem and its trends

- a. we spend hours of developing new methods of stores control but little study to personnel problems
- b. we must recognize there exists an art and science of handling personnel as human beings within an organization

3. Labor audit of organization

- a. make systematic and exhaustive analysis of facts and affairs of hospital which affect relationships of employees and management, and employees and their work
- b. job analysis consists of:
 - (1) development of job specifications
 - (2) job qualifications
 - (3) comparison of salaries within and between classifications

1. James A. Hamilton. "An Approach to Personnel Problems", Trans. Amer. Hosp. Assoc. 1937. pp. 649-656

(4) hours of employment

(5) perquisites - type and quality

c. determine true existing conditions

4. Recognition of the difference in strata

a. selection

(1) employee often disappointed with the position selected through correspondence and administrator often dissatisfied with employee

(2) select employee only after have secured, by job analysis, the practical qualifications required, and after a review of abilities presented in terms of requirements

b. training

(1) must be trained before put to work

c. promotion plans

(1) train for next position in rank

(2) give opportunities for advancement

(3) positions should be differentiated by careful selection of titles for individual jobs and salaries commensurate with real titles

5. Establishment of policies and methods of handling grievances

a. "open door policy"

(1) employee needs freedom of expression and discussion

b. should be one person, administrator or personnel officer,

where self-considered abused employee may go for justice

and without embarrassment

c. employee should be educated to have complete confidence
in the open-minded fairness of the superintendent

d. administrator should listen to complaints with interest
and render a just opinion or make clear explanations
and refer to proper office

e. there should be a definite time for such interviews but
employee should feel free to come at any time

5. Contact and sensitiveness to human traits

a. administrator must meet worker as an individual as well
as an employee

(1) mutual understanding is needed

(2) show interest in even lowest paid employee- creates
good morale and stimulates their sense of responsibility

b. contact is needed so employee may know what we are
thinking and we may know their thoughts

c. sensitiveness to human traits is needed that we may
be alert to factors of significance to their good feeling
and that we may be sympathetic to their troubles

d. such activity need not affect one's dignity or discipline

6. Establishment and dissemination of the personnel policies

a. should develop a carefully prepared statement of personnel
policies

(1) make sure they are fully explained to employees

(2) only then can understanding be mutual, definite and clear

- b. acts as safeguard against non-uniformity of treatment, forgetfulness of administrator, or illusions of the worker

7. Careful analysis of the philosophy of the administrator

- a. personnel policies and procedures reflect directly the spirit of the administrator
- b. should be attitude of leadership rather than dictatorship
- c. should develop conception of teamwork
- d. should sincerely desire and attempt to get the reactions and attitudes of employees before making a change affecting their relationships
- e. must develop a sincere consideration of how decisions affect fellow employees
- f. must develop sympathy and patience necessary to explain actions to subordinates
- g. administrator must have an open mind and forget theories

IV STAFF EDUCATION (1)

1. The need

- a. when we are aware of others' problems we are less critical and more cooperative
- b. friendly understanding established

2. Purpose and Aims on Conferences

- a. to secure more efficient care of patient
- b. to correlate management of all departments

1. Mary B. Miller. "The Value of Regular Conferences for all Personnel in Hospital Administration." Hospitals, 12:51-54. January 1938.

- c. to create better understandings of relationships
- d. to secure material economy

3. Schedule

- a. should be definite
- b. housekeeper, director, pharmacist, etc. daily
- c. supervisors weekly
- d. employees bi-monthly

4. Methods of conducting

- a. round table
 - (1) most popular and profitable
 - (2) creates feeling of mutual responsibility
- b. demonstration
 - (1) to introduce new techniques
- c. should be definitely planned
- d. record made, filed, and copy to each member

5. Subjects to be discussed

- a. status of finances
- b. difficulty in securing funds
- c. actual cost of operation - presented by purchasing department
- d. abuse of equipment
- e. care of mattresses, rubber goods, etc.
- f. complaints of patients
- g. criticism of nursing procedures
- h. clear complaints with dietary department

i. laboratory may stress handling of specimens, care of vaccines, etc.

j. preparation of patients for special X-rays, etc.

k. with employees, maids, janitors, etc.

(1) point out errors

(2) explain new rules

(3) receive suggestions and discuss

(4) cost of materials

V. NECROPSY PERMITS (1)

1. Scientific efficiency of modern hospital judged by necropsy rate

a. only by study and analysis of disease can we get new facts

b. necessary for training of younger men

2. Higher percentage means:

a. interest and enthusiasm on part of staff

b. cordial relationship between hospital and relatives
so family will follow doctor's recommendations without question

c. good will in community

d. medical and surgical efficiency

e. courtesy to visitors at all times

f. extras provided for patient's comfort

g. friendly, sympathetic atmosphere

h. relatives will see it as a real desire to aid medical

1. Wm. A. Bryan. "How to Obtain Necropsy Permits". The Modern Hospital, 54:44. April 1940.

knowledge so others may benefit

3. if relatives receive the idea that the hospital is a cold, calculating scientific machine, the request will probably be refused

VI. THE NURSING DEPARTMENT

1. Qualifications for nurses (1)

- a. immaculate appearance
- b. radiate health and cheer
- c. pleasant, well-modulated voice
- d. poise, tact, diplomacy
- e. considerate
- f. show real interest in patient
- g. be observant of patient's moods
- h. natural manner, unhurried actions
- i. keep patient comfortable mentally as well as physically
- j. be professional and assure patient by manner that she knows what she is about
- k. do not try to produce "super" nurses

2. Nursing service in the small hospital (2)

- a. each member carries a number of duties, therefore a weakness in operation of a single individual becomes a great hazard to the whole organization
- b. constant maintenance of rigid efficiency is necessary

a. developed only after more careful selection of employee

1. Francis L. Meadows. "Making the Patients Feel at Home", Hospitals 14:124-126, March 1940.

2. Regina H. Kaplan. "Nursing Service for the Small Hospital", Hospitals 14:85-85, April 1940.

- c. scientific training must be as thorough as of those in large hospital
 - d. skills must be developed in more varied directions
 - e. nurses must be aware of community problems
 - f. must not be personally unsympathetic to small town conditions and mechanical makeshifts necessary to money-poor hospitals
 - g. without interns nurses must be trained to recognize crisis and to act in sureness of knowledge while waiting for the doctor to arrive
 - h. may work long hours in emergencies but compensations are the confidence, trust and friendship of the patient
 - i. set-up for physical equipment is usually compact
 - (1) more time available for bedside nursing and for establishing human contacts with patients
 - j. good nursing service is best publicity small hospital has to offer
3. Adverse conditions in general staff service (1)
- a. the "floater"
 - (1) wishes to travel and see the world
 - b. the "mediocre nurse"
 - (1) no incentive given for improvement
 - (2) hospital should have certain established standards as to character, social and professional conduct and education
-

1. Sister M. Patricia. "The General Duty Nurse in the Care of the Sick", Hospitals 13:46-49, November 1939.

- (3) when employed nurse should agree to stay one year
- (4) salary should be commensurate with that paid nurses
in other services and should be graded by tenure and
service
- c. there is difficulty in maintaining best type of nurses -
frequently there because no other job open at the moment
- d. she may become discouraged at low salary
 - (1) discontent spreads and lowers morale both of students
and general staff
- e. come with different techniques and unwilling to accept
new procedures
- f. average salary is \$82.75 without maintenance or \$67.50
with maintenance
- 4. Advantages of an all-graduate staff (1)
 - a. fewer accidents to patients
 - b. smoother functioning of all services
 - c. greater satisfaction on the part of the medical staff
- 5. To prevent turnover: (2)
 - a. assign duties consistent with greatest interests of
individual
 - (1) more happy and efficient
 - (2) state of mind is important factor in conservation
of energy and health
 - b. adequate pay
 - c. straight eight hour day

1. Ibid.

2. Charles F. Wilinsky. "Conserving Nurses' Energy", The Modern Hospital 54:73-74, June 1940.

(1) give opportunity for recreation

(2) provide places for rest if any on broken shift

d. maids in the nurses' home

e. comfortable living quarters

f. sufficient staff of ward maids

g. employment of floor secretaries to handle flowers,
visitors etc,

h. control of visitors

i. proper location of equipment

j. use of labor saving equipment to conserve energy for
actual nursing duties

k. attention to health

(1) annual examination

(2) care during illness

l. vacation - two weeks with pay

m. educational and recreation facilities

n. permit attendance at various meetings and institutes

o. opportunities for advancement

6. Nurses' aides

a. extent of the problem (1)

(1) at present 100,000 employed

(2) salary \$45 - \$55 per month

(3) trend towards aides is very evident but responsibility
for good nursing care remains with graduate nurse

(4) Problems should be referred to study groups

1. "The Trained Worker in the Hospital", Editorial, Hospitals 14:69.
April 1940.

b. problems arising (1)

- (1) administrator must establish fair wage scale and ratio of trained workers to graduate nurses
- (2) must give thought to whether trend has real value as a permanent program
- (3) who is to train worker and what training should she receive?
 - (a) should it be department of trained school or group under administrator or through superintendent of nurses?
- (4) how close will value of services of trained worker approach that of graduate nurses?
- (5) is it possible that in time her training will be so extensive that she will replace graduate nurses?

c. selection of the worker (2)

- (1) interviewed by personnel department or graduate nurse representing the nursing service department
- (2) pay careful attention to educational, health and other qualifications which fit person for duties he will perform
 - (a) latter by analysis of position - duties, policies, place of position in hospital and qualities needed

d. duties (3)

- (1) delegation of non-professional duties is responsibility

1. Ibid.

2. Helen M. Brady. "The Subsidiary Worker", Hospitals 14:83-84. Apr.'40.

3. Ibid.

of nursing service

- (a) welfare of patient is one absolute criterion
- (2) distinction between nursing and non-nursing duties cannot be fixed by an arbitrary classification but certain duties in different divisions of hospital service should be included in duties of subsidiary group
- (3) is essential that a written list of duties be posted on ward
- (4) control of workers rests with nursing service
- e. training subsidiary workers (1)
 - (1) workers must be carefully supervised and controlled
 - (2) one person should have final responsibility for their activities
 - (a) for assignment of new workers
 - (b) for class instruction
 - (c) for demonstration of duties
 - (d) interpretation of program to nursing and medical staff

VII. SUPPLIES SYSTEM

1. central supply room

a. physical facilities

- (1) space for performance of several functions
- (2) table for cutting and wrapping supplies

1. Ibid.

- (3) bins and closets for storage
- (4) apparatus for sterilizing
- (5) ample storage space, locked closets for trays, splints, etc.
- (6) small cupboard for drugs
- (7) space for dressing carts

b. personnel

- (1) 24 hour service preferred
- (2) 1 nurse each eight hour shift
- (3) 1 or more maids or messengers

c. supplies to be issued

- (1) all sterile and unsterile trays
- (2) sterile dressing trays
- (3) IV equipment
- (4) sterile solutions
- (5) splints and orthopedic equipment
- (6) O₂ tents and masks
- (7) suction apparatus
- (8) special medical and surgical appliances and treatment equipment
- (9) rubber goods, needles, syringes, etc.
- (10) drugs - in some hospitals

d. advantages of central supply room

- (1) conserves nurses' time
- (2) increases possibility of standardization

- (3) adds to efficiency
- (4) money saving
- (5) simplifies the day's work

2. Reclamation of used gauze (1)

a. has been found to be a safe and sound procedure

- (1) presupposes institution has set up a definite system covering collection, washing, sterilizing, sorting, and packing and secondary sterilization

b. procedure considered sound because every hospital checks sterilization by record gauges, chemical controls, or both

c. approved method:

- (1) place large dressing in paper bag
- (2) paper bag kept in odor tight, insect tight, garbage pail
- (3) orderly collects and takes to laundry
- (4) emptied into special net bags
- (5) put into smaller washer, stand in cold water until morning
 - (a) blood and dried material loosened
- (6) live steam turned on to kill all organisms before water is drained into the sewer
- (7) then washed as regular linen
- (8) put into extractor where all excess water is removed
- (9) into hot air tumbler until gauze is dry and fluffy

- (10) to central supply room where stretched
 - (a) use 1 inch thick board with pegs
 - (b) put corks over pegs when not in use

3. Methods of ordering

a. requisitions slips

- (1) should be dated and time noted
- (2) checks on issuance of supplies
- (3) fails to compare with previous months

b. replacement (1)

(1) by exchange

- (a) keeps standard of ward intact and ward operable
- (b) establishes habits of care and thoughtfulness
in use of supplies
- (c) impresses on nurses their obligation of teaching
maids, orderlies, etc. habits of thrift

(2) by requisition

- (a) administrator must be assured that articles are
no longer of value, ready to be discarded and
no excess called for
- (b) head nurse or supervisor inspects all articles
- (c) two or three copies of requisitions are made
 - 1- duplicate with article
 - 2- original to superintendent of nurses, then
to superintendent of hospital

3- sometimes filed in loose leaf book or in
back of inventory book

(3) methods of collecting broken goods

- (a) orderly delivers exchange boxes to storeroom
- (b) calls for them after a day
- (c) rechecked by nurses on delivery to ward

(4) charging for breakage (1)

- (a) in 1923 the American Hospital Association felt
that nurses should be charged for breakage
- (b) but is it fair when doctors and technicians don't pay?
- (c) has been found practical to charge for thermometers
and syringes
- (d) some schools require deposit for breakage when
nurse enters training
- (e) head nurse could keep breakage card for each employee
 - 1- transferred with student from one service to
another
 - 2- nursing office checks each month - if due to
carelessness a charge is made
- (f) loss of instruments most noticeable in January
and July
 - 1- day and night nurses could inventory instruments
on cart

c. Store sheet (2)

(1) large sheet showing amount called for weekly for

1. Ibid.

2. Earl G. Rowley. "Supplies System for the Small Hospital". The Modern Hospital, 50:63. May 1940.

three months, easily compared

(2) items listed vary with departments

(3) procedure:

(a) supervisor checks supplies on hand on a given
afternoon a week

(b) orders amounts needed

(c) can easily check as to overloading of certain
items

(d) sheet checked by director of nurses

(e) to store man

(f) items arranged in same order as on sheet

(g) checked with red as filled

(h) checked with blue as received

(i) once a month the manager of stores makes rounds

(4) advantages

(a) standard nomenclature used

(b) economical

1- one hospital saved \$1200 a year

2- savings on postage for rush orders

(c) provides smoother operating procedures

(d) improved cooperation between departmental heads
and administration

(e) especially good in a small hospital without a
central supply system

VIII. THE FRONT OFFICE AND INFORMATION SERVICE

1. Physical aspects (1)

- a. should be well lighted, furniture comfortable and adequate
- b. draperies, pictures and flowers aid in creating favorable first impressions.

2. Qualifications of personnel (2)

a. a "personality" (3)

- (1) with a smile
- (2) good-looking if possible
- (3) refined
- (4) cultured
- (5) able to analyze character

b. courteous, understanding

c. make patient feel he is expected welcomed guest

d. patient, tactful in explaining rules

e. firm but not antagonizing

f. calm, diplomatic

g. pleasant happy attitude

h. quick, business like, efficient

i. conscientious

3. Admitting the Patient (4)

a. "mutual admiration" society

(1) admitting officer

(a) should know and respect patient's doctor

1. Irene M. Roszel. Op. cit.

2. Ibid.

3. Frank B. Gail, "Administration", Hospitals 14:106-107. January 1940.

4. Ronald Yaw. "The Patient's First Hour". Hospitals, 13:35-36. Sept. 1939.

- (b) make patient as comfortable as possible in
body and spirit
 - (c) get complete financial arrangements to protect
hospital but not antagonize patient
 - (d) prompt transmission of knowledge to those in
contact with patient
 - (2) elevator operator
 - (a) can add or detract
 - (b) get patient up as quickly and easily as possible
 - (c) pleasant attitude
 - (3) nurse
 - (a) duty to ease suffering
 - (b) cooperate with doctors
 - (c) give intern respect he merits
 - (4) intern
 - (a) do best by patient
 - (b) keep complete records
 - b. see that everyone knows patient's name and calls him
by name on entering room
 - c. make patient feel that he as an individual has an imp-
ortant place in the scheme of things
 - d. all must view patient as an unhappy, nervous human
who needs help
 - e. remember that what the patient thinks is important
-

4. Handling information pertaining to patient (1)

- a. give courteously and intelligently
- b. no delay - causes anxiety and irritation
- c. keep reports at desk
- d. voice should be vibrant with personal interest,
sympathy, good cheer and helpfulness
- e. if necessary to refuse information be courteous
- f. need utmost tact and patience
- g. floors should phone all transfers, deaths, births
etc. to desk at once
- h. in case of accident, sudden death, etc. the nurse, not
the operator should call the family
- i. have authorization from patient before giving infor-
mation to insurance companies
- j. to newspapers - nothing detrimental or against patient's
desires

(1) treat with courtesy and consideration but patient's
welfare comes first

5. Control of visitors (2)

- a. courtesy but enforce rules
- b. conduct on inspection tour if desired
- c. visiting hours should be short
- d. usually not more than two at a time
- e. visitors are apt to go directly to room
- f. methods of control (3)

1. Irene M. Roszel. Op. Cit.

2. Ibid.

3. "Tips on Handling Visitors", The Modern Hospital 54:61-64. May 1940

- (1) notices posted
- (2) instructions in "Information-for-patients" booklet
- (3) cooperation of medical staff
- (4) cards - 95% successful (1)
 - (a) issued at information desk
 - (b) checked at elevator
 - (c) cards in cellulose acetate envelope
 - 1- color of card indicates private, ward etc.
 - 2- colored border indicates week
 - 3- may put notes in envelope - eliminates clips and bent cards
- (5) use of volunteers (2)
 - (a) trained by formal instruction and by experience
 - 1- conference with superintendent who instructs as to duties and problems they are likely to meet
 - 2. usually place new worker with an experienced person for a time
- g. clergy allowed to visit at any time
- h. relatives of critically ill allowed at any time
- i. sample visiting cards (3)

NAME

Floor

You are about to visit sick relatives or friends. The hospital is doing its best to

-
- 1. Ronald Yaw. "Visiting Cards are Trumps". The Modern Hospital 53:80 September 1939.
 - 2. Jane Krichbaum. "Volunteers Control Visitors", The Modern Hospital 55:60, August 1940.
 - 3. Ronald Yaw. "Visiting Cards are Trumps". Op. Cit.

provide for their rapid recovery. You, too,
can help by making your visit exceedingly short.

Please return this card to the Information
Desk as you leave. Otherwise you will deprive
patients of other visitors.

SILENCE PLEASE

j. card used at the Tuberculosis Hospital

NAME

Please show this card to the floor nurse.

On leaving return the card to the Information Desk.

IX. MEDICAL SOCIAL SERVICE

1. Objective(1)

- a. to contribute to patient's restoration to health or to
the best social adjustment possible with his disability
(1) use case work method - a study of the social situation
and the working out of the medical-social problem
in collaboration with with him and his physician

2. Physical aspects (2)

- a. offices should be accessible to doctors and other
hospital personnel
- b. need privacy for conversation so patient will feel free
to discuss his problems

3. Personnel (3)

- a. size of staff depends on function, duties, and on size
and character of hospital

1. Theodate H. Soule. "Social Service in the Municipal Hospital",
Tr. Am. Hosp. Ass. 1937. pp. 873-878

2. Ibid.

3. Ibid.

- b. should be one full time clerical worker to three professional workers

4. Duties (1)

- a. to discover and report to the doctor facts concerning the patient's personality or environment which relate to his physical condition
- b. to overcome obstacles to successful treatment such as may exist or arise in his home or at his work
- c. to assist the doctor by arranging for supplementary care and quiet
- d. to educate the patient in regard to his physical condition in order that he may cooperate to the best advantage to the doctor's program for the care of illness or promotion of his health
- e. sometimes other duties may be assigned such as eligibility (2)
 - (1) may at this time discover problems
 - (2) should not interfere with case work

5. Qualifications of the worker (3)

- a. not enough that be kind-hearted, amiable women
- b. need understanding that comes from knowledge and the sure touch that comes from experience
- c. should be eligible for membership in the American Association of Medical Social Workers

6. Cooperation with the Medical Staff (4)

- a. must educate intern and resident

1. S. Wm. Becker. "The Social Worker in the Medical Team", Tr. Am. Hosp. Assoc. 1937. pp. 473-479.

2. Theodate H. Soule. Op. Cit.

3. Ibid.

4. Ibid.

- (1) by lectures, case reports, and round table discussions
- b. if hospital superintendent appreciated importance of the social worker other personnel will do likewise
- c. social worker may repay recognition shown her by hospital staff by loyal interpretation of the institution to the community
- d. attitude between doctor and social worker must be one of team work (1)
 - (1) work of one can be made more valuable by proper appreciation of the other
 - (2) she can evaluate medical recommendations from the more practical aspect of the patient, is familiar with community resources in a certain problem and can assist doctor in modifying the medical recommendations to meet the presenting practical situation

X MEDICAL RECORDS

- 1. The Medical Records Office (2)
 - a. accessible to doctors
 - b. accessible to In patient Department and Outpatient Clinic
 - (1) if direct contact with both is impossible usually put main office in hospital and subordinate one in Outpatient Clinic
 - c. mechanical carriers more satisfactory then messenger service

1. S. Wm. Becker, Op. Cit.

2. MacEachern pp. 603-604

- d. should be large enough to hold file for all records of
at least one year, for indexes, tables, charts, etc.
- e. convenient to have an adjoining work room for doctors
to use and complete records
- f. should have temporary file so available until permanently
filed
- g. for individual records use folders or envelopes
 - (1) folders easier to handle
 - (2) envelopes neater and keep records in better condition

2. Personnel (1)

- a. head must be a registered medical record librarian
 - (1) recognized by Association of Record Librarians of
North America which has fixed qualifications, adopted
curriculum for the training schools and established a
national registry
- b. staff of junior librarian and stenographer according to
size
- c. librarian responsible for records only after they reach
the office
 - (1) outside activity on the floors interpreted as interference

3. Securing the record (2)

- a. some department responsible for each section
 - (1) admitting office and social service required to secure
information for administrative section
 - (2) nurses responsible for nurses' section

1. MacEachern pp. 606 Op. Cit.

2. MacEachern pp. 600-601 Op. Cit.

- (2) special forms, operation, sterilization etc. should
be explained to patient
- (3) pre-operative histories must be mandatory
- (4) all orders must be signed by doctor
- (5) must be a signed discharge
- (6) emergency room records must be accurate in case of
false claims
- (7) infants' identification means must be fool-proof
- (8) get advice of attorney as to discarding records since
state laws vary

4. Preservation of the medical record (1)

- a. must be readily available to serve purpose for which intended
- b. filed and indexed after discharge
- c. forms basis of studying hospital as a whole
 - (1) governing body can determine character of professional
care rendered patients and character of the work of
the medical staff as individuals
 - (2) of use in medical research by use of disease and opera-
tion indexes

XI. RADIOLOGY DEPARTMENT (2)

1. Physical facilities

- a. should be located with consideration for abundance of
light and fresh air
- b. sufficient windows
- c. ample ventilation - both natural and artificial

1. Malcolm T. MacEachern. Op. Cit. pp. 601-603.

2. Malcolm T. MacEachern. Op. Cit. pp. 333-340

- (1) only registered technicians employed
- c. clerical help as necessary
- 3. Records and reports
 - a. all work done on requisition of attending physician
 - (1) usually combine report and requisition on one report
 - b. records of department consist of films and written reports of observations and diagnosis by radiologist
 - c. important that records are not confused
 - (1) use radio-opaque marker so the number is photographed on the film- the same number is entered on the report
 - d. register shows serial number, name, date examined, hospital number, part taken and diagnosis
 - e. copy of the report goes on the patient's chart or to the doctor if patient not in hospital, and copy filed under the serial number of first examination

XII. THE CLINICAL LABORATORY (1)

- 1. Importance
 - a. invaluable in supporting and supplementing clinical findings
 - b. should never replace clinical diagnosis which is based on study of individual as a whole
 - 2. Physical facilities
 - a. easily accessible to staff
 - b. size depends on work done within hospital
 - c. large laboratories should have a central office for
-

- (1) sound scientific training - member of American Dietetic Association
- (2) pleasing personality
- (3) administrative ability
- (4) "a dietitian must be a person who can cook, a scientist, an economist, a psychologist, a teacher, an executive, a hotel steward, and above all, a diplomat." (1)

b. importance of a good dietitian (2)

- (1) most effective publicity agent of hospital
- (2) reaction to food discussed by patients, doctors and nurses
- (3) responsible for spending 1/3 of the total hospital budget
- (4) important even in small hospital (3)
 - (a) not generally used but question whether administrator has time to shop around for best foods, prices etc.
 - (b) accurate cost figures not kept
 - (c) could save money if a qualified person were hired

2. Duties of the dietitian (4)

a. administrative - 85% of her time

- (1) purchase or requisition of food and equipment
 - (a) if food store is not a part of the dietary department she should have authority to check the stock, see how handled and how long held

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- 1. Grace Bulman. "When the Dietitian Buys Food for the Institution", Hospitals 13:90-93, July 1939.
 - 2. O.K. Fike. "The Dietitian-Master Salesman". Hospitals 12:40-42. Aug. '38.
 - 3. Helen Branham. "Dietary Supervision and Service in Hospitals in Small Communities". Tr. Am. Hosp. Assoc. 1938. pp.146-148
 - 4. O.K. Fike. Op. Cit.

administration, central work room, and sub-departments
for special types of work

3. Personnel

a. competent director who is responsible for work done in
all departments

(1) graduate of an accepted college or university with
adequate training in clinical pathology and allied
subjects

b. hospitals may share a clinical pathologist

c. one or more technicians

(1) registered under a registry sponsored by American
Association of Clinical Pathologists

4. Records and reports

a. Laboratory is responsible for:

(1) doing or having done all examinations which may be
required

(2) for preservation of specimens

(3) for seeing that reports of examinations are properly
made and properly transmitted

(4) for keeping adequate records of work done

(5) for making reports of activities of department as
required by administrator

XIII. THE DIETARY DEPARTMENT

1. The dietitian

a. Qualifications

- (b) should work closely with the purchasing agent -
keep informed as to prices and the conditions of
the market
- (c) be given chance to kitchen test food before purchase
- (2) hiring and training of employees
 - (a) wise selection is basis of building up good group
of employees
 - (b) interview and check references. File.
 - (c) put to work with understanding he is on temporary
basis until has proved desirability of permanent
employment
 - (d) physical examination before employment and periodic
check-up
 - (e) written procedure necessary to prevent accidents
and waste
 - 1- list duties and approximate time
 - 2- instructions as to use of equipment
 - 3- question as whether or not employees should
pay for breakage (1)
 - a- should sign for breakage on public record
in kitchen
 - b- list cost of supplies under breakage report
 - c- frequent offenders dismissed or asked to be
more careful
 - d- charging employee prompts dissension

(f) labor recommendations (1)

- 1- that there be no discrimination because of membership or non-membership in labor unions
- 2- formulation of a definite policy regarding wages, hours, vacations, sick leave, medical care and informing the employee of this policy
- 3- a definite number of maximum hours per day completed if possible within stipulated hours
- 4- recognition of ability, efficiency and seniority
- 5- opportunities for the worker to improve his skill and advance to higher paid positions
- 6- frequent review of salary schedules to be sure that adjustments of salaries are made when increased responsibility is given
- 7- a system of periodic increases over a period of several years until the maximum for the job is reached

(3) menus

- (a) food should be of superior quality
- (b) nutritionally adequate
- (c) pleasantly varied
- (d) attractively served
- (e) with minimum amount of time, labor and money

(4) keep accurate records (2)

- (a) monthly report to administrator

-
1. Ella M. Eck. "Administration of the Dietary Department". Hospitals 13:78-81. July 1939.
 2. Mable MacLochlan. "Duties of the Dietitian-Housekeeper". The Modern Hospital 54:90-91. April 1940.

1- number of meals to patients, personnel,
guests, number and types of diets

2- financial - raw food costs and service costs
per patient per meal

a- helps future planning

b- reliable figures for use

(b) standardized recipes and portions

1- left-overs are then negligible

(c) monthly inventory of all equipment

(d) perpetual inventory food supplies

(e) cost comparison cards

b. scientific

(1) making up, preparation of special diets and serving
of special diets under her supervision

(2) weigh food to determine patient's reaction and intake(1)

(a) can tell type of food, preparation and serving

(b) issue weekly report to departmental heads

(c) average waste 2-3 oz. to 10-12 oz. per patient

c. educational

(1) teaching student dietitians, student nurses, medical
students and patients

3. Food service (2)

a. types

(1) central service

(a) less equipment needed

1. Ibid.

2. E.M. Geraghty. "Organization and Management of the Hospital Food
Service". Hospitals 13:95-99. December 1939.

- (b) less fuel, light, water, space is needed
- (c) less supervision needed
- (d) little left-over food
- (e) dishwashing noise away from patients
- (f) much less dish breakage
- (g) less odor of food in patient's rooms
- (2) floor diet kitchen service
 - (a) less confusing
 - (b) shorter meal hour
 - (c) shorter time between preparation and consumption of food
 - (d) all patients served about the same time
 - (e) easier to give individual attention to patient
 - (f) trays travel shorter distance
 - (g) hot food hotter
 - (h) easier to get second serving or substitute
 - (i) less help is needed
- b. most frequent criticism of food service is meal hour
 - (1) 8 - 1 - 6 seem reasonable hours
- c. make it a snappy, quick service
 - (1) everyone turn out to help serve
 - (2) follow trays to cut food, pour beverages as needed
- d. meal hour can be a splendid example of team work
- e. food service can make or break reputation of floor or hospital
- 4. Collection and disposal of garbage (1)

- a. collect in water tight, odor tight, insect tight cans
- b. collect twice a day, A.M. and 4 or 5 P.M. to keep kitchen free from odors and insects
- c. clean cans thoroughly with stiff brush and an alkaline solution
- d. drain food before putting into cans
- e. put cover on tight, not half way
- f. if garbage fed to pigs paper napkins etc. should be put in separate cans
- g. papers should be stored, baled and sold to paper collectors
- (1) should be called for frequently to minimize fire hazards

XIV. THE HOUSEKEEPING DEPARTMENT

- 1. May be combined with dietary department
- 2. Division of duties between nursing and housekeeping departments (1)
 - a. varies
 - b. example: nursing department responsible for movable equipment. Housekeeping department responsible for stationary equipment such as walls, windows and floors
 - c. may be overlapping - prevent by each department having list of duties
 - d. keep chart of times windows and walls washed
 - e. one person responsible for extermination of pests
- 3. Standardize all cleaning equipment
 - a. keep record of what is issued

1. Mable MacLochlan. Op. Cit.

4. engineer and housekeeper share responsibility of upkeep and repair

5. plan summer cleaning early, with vacations in mind (1)

a. complete tour of inspection by engineer and housekeeper

making note of alterations and repairs needed

b. place first on list those places most conspicuous

c. use a chart to accomplish most effectively

6. Personnel

a. housekeeping director

(1) qualifications (2)

(a) neat, orderly

1- personal

2- in work

(b) an active person

(c) executive ability

(d) ability to get along with people

(e) impartial

(f) able to accept criticism

(g) good judgment

(h) tact, sense of humor, self-respect

(i) strong and definite desire to learn

(2) she should be familiar with: (3)

(a) management

1- principles of organization

2- job analysis and job grading

1. Doris Dungan. "Summer Planning Days". The Modern Hospital 54: 98-100 April 1940.

2. Mildred L. Burt. "Tomorrow's Housekeeper". The Modern Hospital 53:86. November 1939.

3. Alden B. Mills. "Hospital Salaries - Housekeepers". The Modern Hospital 55:45. August 1940.

3- methods of scheduling work

(b) cleaning procedures

1- equipment and methods of cleaning floors,
rugs etc.

(c) accounting

(1) budgets, statistical records

2- linen control systems

(d) purchasing

1- diversified knowledge of all furnishings used
in housekeeping

2- trends in manufacturing

3- trade contacts

(e) chemistry

1- simple tests on all housekeeping items

(f) interior decorationg

1- woods, furniture repair and refinishing,
upholstering

(g) sewing

1- draperies, slip covers, specialties

(h) architecture

1- reading blue prints

(i) entomology

1- eradication of pests

(j) psychology

1- personnel relations

- (k) public speaking
- (3) responsibilities and duties (1)
 - (a) discusses major problems and policies with administrator
 - 1- consults regarding purchasing of equipment, supplies and furnishings
 - (b) hires, places, disciplines or discharges house-keeping personnel
 - 1- keeps employment and time records
 - 2- plans and inspects work
 - 3- delegates instructional duties to assistants
 - (c) requisitions supplies from storeroom and supervises stock in service
 - (d) confers with women's auxiliaries regarding furnishings, color schemes and selection of rugs and draperies
 - (e) cooperates with nursing department, purchasing department, laundry, engineering etc.
 - (f) arranges a work schedule and appoints assistants as needed
 - (g) supervises remaking of pillows, mattresses etc. and activities of floor maintenance men
 - (h) assigns new employees for work with experienced personnel and provides special instruction to meet changes in policies or emergencies

b. cleaning personnel (1)

(1) qualifications

(a) steady, thorough habits

(b) physical ability and aptitude for handling tools
or equipment and doing required labor

1- either possess the knowledge or capable of learning

(c) honest, dependable

(d) energetic, cooperative

(e) health and personal cleanliness

c. patient floor maids (2)

(1) in addition to above:

(2) pleasing personlaity

(3) sound health

(4) neat, comfortable clothes

(5) careful of details in patients' rooms

(6) recognize the importance of silence on duty

(7) perform duties in harmony with nurses

7. Linen supply

a. methods of issuing linen (3)

(1) requisiton system

(2) full identification system

(3) daily issuance system

(4) linen control system

b. detecting damaged linen (4)

(1) good judgment should be used in repair and replacement1. Mildred L. Burt. Op. Cit.2. Mary Blount Anderson. "The Maid and the Patient". The Modern Hospital
53:90. August 1939.3. Austin Crowley. "Problems Involved in Hospital Linen Service",
Hospitals 14:128-135. March 19404. Malcolm T. MacEacgern. Op.Cit. p. 752.

(2) remove from circulation at first sign of needing repair

(3) too much patching false economy

c. repair of linen

(1) staff of women for this purpose

(2) can also make new articles

(a) need good judgment - may be able to buy articles
at less than cost of labor

d. inventory

(1) constant check needed

(2) set up standard such as 5 sheets to a bed, replace
as needed

(3) complete inventory every 6 months

e. cause of linen loss (1)

(1) tearing linen for cleaning and dusting rags

(a) keep rag bags on each floor

(2) tearing linen for use of sterile covers in operating
and delivery rooms

(a) keep sufficient covers on hand

(3) tearing bed linen in dormitories, generally to cover
ironing boards

(a) offenders to pay for damage

(4) tearing linen by using pillow cases and sheets for
hamper bags

(a) supervision by floor supervisor can prevent this

(5) tearing by catching on bed springs

1. J.G. Charles. "What Causes Linen Loss?" The Modern Hospital
53:98-100. September 1939.

- (a) ordinary care will save this
 - (6) cutting sleeves of gowns or pajamas before giving IV
 - (a) arms should not be placed in sleeves
 - (b) in emergency get permission to cut
 - (7) staining linen through use of chemicals that are damaging to fiber or impossible to remove
 - (a) keep bundle of old linen on floors to be used in such cases
 - (8) staining linen through use of nail polish or lipstick
 - (a) rules must be enforced
 - (9) staining linen through use of softened rubber sheets that adhere to bed linen
 - (a) replace as soon as soft
 - (10) damaging linen by not removing pins or glassware when sending to laundry
 - (a) ordinary care needed
 - (11) damaging linen with cigaret burns
 - (a) enforce rules - pay for damage
 - (12) losing linen through discarding small articles such as caps and masks
 - (a) by attendants and interns - signs may help
 - (13) losing various types of binders that patients take home
 - (a) request deposits when possible
 - (14) damaging linens by pinning
 - (a) by nurses - cheaper to wear aprons
-

(15) losing bath towels and blankets in summertime

(a) strict enforcement of regulations

(16) losing kitchen and waiters' towels and aprons

(a) responsibility of dietary department

(b) check lockers

XV. MAINTENANCE DEPARTMENT

1. Personnel (1)

a. competent director

(1) experienced craftsman in fundamental building and maintenance trades

b. assistants as needed

c. in large hospital

(1) may have superintendent of buildings and grounds, an all-round craftsman whose basic trade is carpentry and cabinet work

(2) first assistant and engineer who is thoroughly conversant with plumbing, electrical and boiler room work

d. in smaller hospital

(1) often have engineer in charge of mechanical and maintenance departments and supervises all work

(2) carpenter familiar with cabinet work in charge of maintenance shops

e. qualifications (2)

(1) good character, gentleman, quiet

1. E.M.Dunstan. "Layout for Maintenance Shops", The Modern Hospital 51:79. November 1938.

2. John Herr. "How the Engineer Can Save Money", The Modern Hospital 54:86-88. June 1940.

- (2) considerate of others
- (3) ambitious to be of service
- (4) natural mechanical ability
- (5) aptitude for organizing and systematizing work

2. Location of shops (1)

- a. central place, easily accessible
- b. different units closely integrated to save time and ensure more thorough supervision and coordination
- c. space in building proper is desired
- d. at least have all units under one roof

3. Methods of requisitioning repairs (2)

- a. departmental heads requisition repairs and improvements on blanks provided for that purpose
- b. requisitions, in duplicate, to administrator's office by 9 A.M.
- c. administrator inspects and signs
- d. chief engineer to office at 9:15
- e. look over requisitions and discuss unusual requests - determine emergencies
- f. engineer takes original
- g. posts on bulletin board outside his office
 - (1) names of plumbers, painters etc. with hook under name
 - (2) requisitions placed on hook of person responsible in order of importance

h. person responsible takes slip and signs out on bulletin board

1. E. M. Dunstan. Op. Cit.

2. Harry R. Becker. "Requisitioning Repairs", The Modern Hospital 53:90. November 1939.

- i. completes task, indicates time taken and returns to hook
- j. next A.M. engineer returns slips to administrator who
compares with carbon to see what has been done
- k. emergencies taken care of in same way
- l. at night the supervisor calls the engineer
- m. advantages of this system
 - (1) administrator and engineer have daily knowledge of
repairs
 - (2) know cost and progress of work done
 - (3) can promote economy and efficiency
 - (4) checking on employees checks tendency to loaf
 - (5) personnel of maintenance department take pride in
efficient plant
- 4. Saving money for the hospital (1)
 - a. by supervising equipment
 - b. forestalling breakdowns
 - c. systematic and thorough oiling of machinery
 - d. splicing belts at the proper time
 - e. making adjustments and small repairs before large ones
are necessary
- 5. Control of noise and nuisances (2)
 - a. external noises - not as disturbing
 - (1) more quiet zones around hospital
 - (2) sounds are more familiar

1. John Herr. Op. Cit.

2. Warren P. Morrill. "Control of Noise and Nuisances", Hospitals
13:57-59. June 1939.

b. internal noises - easier controlled

(1) modern building itself is a noise transmitting mechanism

(a) plaster, tile walls, terrazo or tile floors

(b) steel skeleton and monolithic structure excellent transmitter

(c) stainless steel equipment generates noise when objects come in contact with it

(d) noises from engine often heard at greater intensity at a distance

1- cushion machine at its base

2- suspend machine by use of stirrups or springs which break vibrations

(2) rattle of utensils

(a) more careful handling

(b) rubber mats on sink

(c) rubber plate racks

(3) Click of heels

(a) use resilient rather than hard surfaced floors

(4) plumbing

(a) toilets - newer ones are more quiet

(b) water hammer - due to sudden closing of faucets

1- easily corrected by good plumber

(c) "bumps" in steam lines

1- examine the valves

2- may be due to faulty installation

c. methods of control

(1) dealing with reverberations

- (a) any physical objects reverberates in direct proportion to the hardness of its surface

1- more porous reflects less sound

(2) acoustical material

- (a) rated according to ability to absorb - "coefficient of absorption"

- (b) ability to absorb based on porosity of material and thickness

- (c) may get adequate reduction by treating ceiling only because sound waves hit ceiling at an early stage of reflection

(d) most practical types (1)

1- use type that can be suspended from ceiling to hide ducts and pipes which reduces maintenance problem

2- should be able to remove units with minimum trouble and breakage

3- should be easy to clean by washing

4- baked enamel surface most desirable

5- should be able to be painted but not necessary for 20-25 years

(e) cost varies

1- make observations with sound meter to locate

principle sources

2- averages 20¢ per square foot plus 10¢ for
installation

(f) advantages

1- decreases fatigue

2- increases efficiency 15-18%

3- patient appreciates it because he reacts to
sound more than normal

XVI. CONCLUSION

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