E.R. BOLAND. STUDY TOUR

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TO THE CHAIRMAN AND GOVERNORS OF

G U Y ' S H O S P I T A L

REPORT ON A TOUR OF SOME AMERICAN HOSPITALS BY

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Following the completion of the new Surgical Block, the Governors suggested that I should spend some time in the United States to report on:-

Development there in design and purchase of Hospital Furniture and fittings.

Development and employment of domestic equipment.

With these terms of reference in mind some ten hospitals were chosen in various parts of the country, to give a cross section - from 1,000 bedded Teaching Hospitals to 300 bedded non-teaching local Hospitals. It appeared better to do a more detailed survey in a few hospitals, than to take a superficial view of a greater number.

It became evident from the outset that striking differences between this country and the States lie not only in the design and quality of furniture and fittings, but in the methods of buying and maintaining such equipment. All the Hospitals I visited were extremely cost-conscious, and all anxious to attract not only Patients, but also Nursing Staff. Therefore, leaving aside the purely Medical aspect, the Hospitals appeared to be run on a business basis, comparable to Hotels. A great deal of thought being given to the convenience and comfort of the Patients' relatives, who - it was pointed out - are the Patients of tomorrow.

As is widely known, the biggest single source of income of American Hospitals is the 'Blue Cross Plans' scheme.

Blue Cross Plans	34%	
Self Paying Patients	29%	
Commercial Insurance	26%	
Government (all levels)	6%	
Other Sources	5%	(American Hospital Assn.)

In practice this means that Blue Cross Plans dictate the type of patient accommodation. Such payments do not cover "Private" Rooms, but do cover "shared" rooms, this now means that all new building and all Conversions tend to be wards or departments containing either single or two-bedded rooms only. At the present time these seem to follow a nearly uniform pattern - having built-in cupboards and drawers for each Patient and a shared lavatory unit in each two-bedded room.

The trend therefore is to keep everything the patient needs as near to the patient as possible, with the object of avoiding cross-infection and unnecessary nurse movement. Air-conditioning is universal, and has enabled the Architect to reduce the height of such rooms in many cases to 8' 6". In all the Hospitals I saw where new Building or Conversions of this type had taken place these two-bedded rooms appeared small and cramped, and where apparatus was necessary nursing was difficult. The rooms were divided by curtains, and although the top 2' 0" was in many cases of transparent net, the inside bed seemed very dark and gloomy. Patients in all cases move to the window cubicle as soon as possible.

F U R N I T U R E

BUILT-IN FURNITURE. The built-in furniture offers great advantages - being completely rigid it has a longer life than its moveable counterpart, and can be streamlined to avoid dust-collecting surfaces. With sound proof backing it can be

made to form partitions and room walls. In one Hospital (Johns' Hopkins) one complete ward floor had been designed with closets, lavatory units, doors, etc. all in sprayed metal sectional units on the lines of office partitioning. In spite of alleged sound proofing the metal has proved unsatisfactory owing to vibration and sound transmission. However the principle of sectional prefabricated units has been accepted and further extensions are taking place on these lines in other materials.

Standardised prefabricated cupboard, shelf and desk units were widely used in utility rooms, Nurses' Stations, reception desks and office units. Being rigid and wall-supported these have a longer life than free standing furniture which is constantly being moved by cleaners.

BEDS. The beds in the U.S. are incredibly light compared with those in use in this country. This explains the ease with which they are manœuvred in and out of lifts and treatment rooms. In most cases they are made of Duralmin or one of the other light alloys developed for aircraft use. Some hospitals delight in electrically operated beds but these, because of the added weight, are unsuitable for movement, and have started to reverse the pattern. Quite a fair number of Hospitals prefer the hand operated beds as being less expensive to service (Presbyterian, New York for example), but all were height-adjustable.

LOCKER AND OVERBED TABLES. I saw nothing better than the Guy's pattern overbed table or locker. In the U.S. a bedpan exclusive to each patient is kept in the bedside locker. This comes up wrapped from the Sterile Supply Dept. on Patients' admission, together with wrapped tooth mug and drinking glass.

GENERAL FURNISHING. Great attention has been paid in all these Hospitals to the furnishing and general decoration of reception areas, out-patient areas, day rooms, canteens and waiting spaces. Even the more conservative Hospitals (such as Johns' Hopkins) are finding it necessary and desirable to introduce co-ordinated schemes of colour and general decoration. Such schemes include not only wall surfaces and furniture, but lighting, pictures or murals, and reading matter etc.

They say frankly that they are catering for a paying public. It seemed to me that in all cases their methods of purchasing and of laying down standards was extremely efficient, straight forward and desirable.

(1) Standards

In all cases standards are laid down by a Committee or by two or three people acting together on the basis of a 'value for money' formula

$$\frac{\text{cost}}{\text{estimated years of service}}$$

and not 'buy in the cheapest market' to which the old Voluntary Hospitals here have been so often forced to adopt.

(2) Purchasing

Purchasing methods and contractual conditions appear very similar to ours, but two points are given especial emphasis:-

(a) Follow-up files of all purchases are kept, with a tabbing system of all open orders, so that the Purchasing Agent may begin follow-up early enough to prevent vendors

failure to meet their schedules. This prevents rush buying of non-standard equipment.

(b) Careful examination of all deliveries to ensure that all purchases are up to sample.

(3) Maintenance

All maintenance work is initiated by the "Housekeeping" department. The 'Works Orders' for cleaning, repairing, re-upholstery, mending etc. are all passed to the "Housekeeping" department who is responsible for checking finally that the work done is satisfactory. Since the "Housekeeping" is ubiquitous this means that any item of furniture or equipment that is wearing badly comes immediately to notice and the Purchasing Agent can be notified.

QUALITY AND APPEARANCE. No-one could fail to be impressed by the quality of design and workmanship of the furniture and fittings. The standard is high. Sufficient captial has been invested in the equipment to ensure a long life combined with lasting good appearance. The standard of Patient comfort too, is high. In waiting spaces sufficient room has been allowed for easy circulation. In Out-Patient areas each Patient has an individual chair with arms. These chairs are linked together like cinema seating so that they may be easily moved for cleaning. The 'Hospital Bench' was not to be seen except in the New York City Hospital.

Nearly all such furniture for general use is made of square section tubular aluminium, and upholstered in coloured smooth grain washable plastics. All are rubber shod, and with adjustable ends.

In Consulting and Examination Rooms both standardisation and variety of appearance and function is achieved by the use of Unit Furniture. A non-institutional atmosphere is cultivated, particularly in Consulting Rooms, by the use of colour, window curtains, carpets and pictures.

DECORATIVE SCHEMES. The Hospitals varied widely in the use made of colour and co-ordinated schemes. It is fair to say that all new work being put in hand and all conversion plans have co-ordinated schemes mapped out for furniture, fittings, wall coverings, floors and ceilings. But whereas all Hospitals appear unanimous in acknowledging their need for such schemes - both in New Buildings and in Conversions and re-decorations, they are far from unanimous as to the methods to be used in obtaining the desired results. Briefly they appear to fall into three groups:-

1) Hospitals employing a Commercial Consultant.

This means in nearly all cases the employment of Colin Campbell McLean (Hospital Furniture Incorporated) of Chicago - he enjoys a virtual monopoly in this field. His results are good, but expensive. He charges a Consultant fee based on the time taken to prepare a scheme. If the scheme is then accepted he charges 12½% of all moneys spent through his Organisation, which then includes his original fee. Replacements and servicing are also handled only through his Organisation at the same percentage.

2) Hospitals doing their own schemes, through their Purchasing Agents and colour advice from Paint Firms.

Some Hospitals had been using this method in the

past but found it unsatisfactory, alleging that there is insufficient co-ordination - i.e. wall paint colours did not match chairs, lack of detailed planning etc. - only one (Long Island College) was continuing with this method, but in fact schemes here are done by the Director himself in conjunction with his Architect.

3) Hospitals employing a Decorative Adviser, either working in the Architects office, or at the Hospital.

This method seemed to be now the most favoured; it is also the most economical - buying of furniture and equipment is done through the Hospital Purchasing Agent to the standards laid down by the Adviser in conjunction with the Hospital. The Hospital then has full control of replacements. Tenders and estimates are sought and there is no hidden pricing.

The use of this last method seems to be growing - Hospitals which in the past have employed Hospital Furniture Incorporated are now seeking Decorative Advice frequently through the Architect. On the other hand Johns' Hopkins, who have always hitherto done their own schemes (as Group 2) propose to employ Colin Campbell McLean for their new Children's Medical and Surgical Centre. In this they may be influenced by the impact made on Baltimore by the New Sinai Hospital. This has been completely furnished and equipped by Hospital Furniture Incorporated; from funds raised by the Baltimore Jewish Community. It has no Purchasing Agent and no Works Department, and is in a class by itself for lavish decor and sheer wealth.

CONCLUSIONS. There would seem to be a very great deal that can usefully be learnt from the U.S.A. with regard to the design, manufacture, and the purchasing of specialised furniture for Hospital use. Such equipment needs specialised standards; neither domestic, hotel, nor shipboard furniture is suitable for Hospital purposes. In the past the firms that cater here for the Hospital market have done so with conspicuous absence of interest in design or appearance, but as has already been proved, cosmetic results can be obtained without added manufacturing costs.

The American Hospitals I visited were almost without exception extremely pleasant places for both the waiting Patient and the waiting Relative.

On the other hand, where the In-Patient himself is concerned, with the exception of the luxury Private Rooms, the shared rooms did not appear to afford the standard of either comfort, privacy, light, air or quiet that is available in the open ward in the New Guy's Surgical Block.

DOMESTIC EQUIPMENT - HOUSEKEEPING

In all the hospitals visited I was most impressed with the General Administration. Some were possibly to our ideas over-organised, with in some cases checks, double checks, and even triple checks, which can only be expensive. But of all the Hospital departments the most consistently well-organised and most efficient would seem to be the Housekeeping Department.

This department plays a far more important role in the American Hospital than in general in Great Britain. It is completely responsible for all cleaning and rubbish disposal not only throughout the Hospital, but also in the Wards of single and shared rooms. All rooms are stripped and cleaned after each patient is discharged and the Housekeeping Department is responsible for replacing all equipment after sterilisation.

Housekeeping is responsible for cleaning all carpets and curtains and for initiating all repairs necessary to non-medical equipment. Housekeeping is also responsible for assessing wear, and consequently for initiating revision of standards when advisable - In Johns' Hopkins for instance, Housekeeping is entirely responsible for the re-conditioning and re-deployment of all curtains, furniture etc. - working within its own agreed budget. Routine re-decoration is also supervised by the Housekeeping Department.

As would be expected, Departments fulfilling such functions are in general staffed by high-powered personnel - The Director may have two or more University Graduates working under him or her, supported by non-commissioned officer ranks and competent office staff.

The problem of suitable labour is as great in the U.S. as it is here, and in the Hospitals I visited was being tackled with energy and method.

1) Training Schemes

Training was held to be absolutely necessary before any cleaner could be allowed into a ward. Training manuals with diagrams produced on a duplicator and phrased in the simplest terms are issued to all cleaners. Training takes place in a properly equipped classroom, and is comparable to that which we offer our probationer nurses - course lasts from 2 - 3 days to a week with refresher tuition, and re-training on moving to another job in the Hospital.

Many of the coloured girls and men engaged are lacking in the most elementary knowledge, and repetitive training at a slow speed is found to be the most effective.

2) Status Schemes

In order to retain the labour thus trained it has been found expedient to introduce graded employment - more money or status for certain types of work, fringe benefits of varying kinds, and increased holidays and benefits closely tied to length of service.

3) Supervision

All the Housekeeping Departments I saw were insistent on the need for constant supervision. In the larger Hospitals each Block or Wing had at least one "Officer Supervisor" who was completely responsible to the Housekeeping Director for the Block; Assistants rotated from Block to Block.

Such Supervisors are responsible for all 'Works Orders' whether for repairs, renewals, or replacements and it is to the Housekeeping Supervisor that the Ward Sister turns instead of to a number of Service Departments.

(New Sinai have carried these arrangements to a greater extreme and have introduced a Ward Housekeeper - but this is experimental, expensive, and not as yet supported by other Hospitals. Sinai too, have a scheme of recruiting and training Ward Orderlies from their Housekeeping labour force. Six months part-time training followed by an examination. They claim that it affords opportunities to labour looking for promotion

which would otherwise go elsewhere.)

EQUIPMENT. Nothing revolutionary was seen - nearly all equipment already being available in this country. Generally mobile suction buffers - scrubbers and suction machines being preferred to built-in suction tubes which are largely held to be reservoirs of dirt. Emphasis was laid on combating cross infection by constant cleanliness and supervision. Detailed instructions are laid down in each Hospital for disinfection procedures - no great variation from this country except in performance.

Specimen training manuals and details of methods used in some of the Hospitals visited are available if needed, together with details of the Food service methods used in a number of the Hospitals - but since this did not properly fall within the terms of reference it has not been included in this short report.

I am most grateful to the Governors for having made this trip to the U.S.A. possible. It would be impossible to see as much as this without greatly benefitting from the experience, and a country so rich as the U.S.A. both in ideas and performance would seem to have a great deal to offer in the field of Hospital furniture design and development.

HOSPITALS VISITED

New York

New York Hospital
Columbia - Presbyterian
Long Island College Hospital

Detroit

Henry Ford Hospital
William Beaumont

Chicago

Wesley Memorial Hospital
Northwestern University

Baltimore

Johns' Hopkins Hospital
New Sinai Hospital

University College Hospital, Mona, Kingston

COMMERCIAL ORGANISATIONS VISITED

Hospital Furniture Incorporated
American Hospital Supply Co., Chicago
Marshall Field & Co.
