STUDY TOUR

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HOB a BUS

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Westminster Hospital

REPORT BY MR. F.D. BUSHELL on his VISITS TO TWENTY FIVE HOSPITALS IN THE UNITED STATES AND CANADA.

The New York Hospital (Cornell) New York.
The Memorial Hospital (Sloan Kettering Institute) New York.
Bellevue Hospital, New York.
The Presbyterian Hospital, New York.
The Lankenau Hospital, Philadelphia.
Johns Hopkins Hospital, Baltimore.
The Clinical Center, National Institutes of Health, Bethesda.
Walter Reed Hospital, Washington, D.C.
George Washington University Hospital, Washington, D.C.
The New Memorial Hospital, Richmond, Virginia.
Medical College of Virginia Hospital, Richmond.
The Enion Williams Hospital, Richmond.
Hospital for Crippled Children, Memphis, Tenn.
Le Bonheur Children's Hospital, Memphis.
John Gaston Hospital, Memphis.
E.H. Crump Memorial Hospital, Memphis.
The Baptist Hospital, Memphis.
Barnes Hospital, St. Louis, Missouri.
Evanston Hospital, Evanston, Illinois.
Presbyterian Hospital, Chicago.
Billings Hospital and University of Chicago Clinics, Chicago.
Hamilton General Hospital.
The New Mount Sinai Hospital, Toronto.
Hospital for Sick Children, Toronto.
Montreal General Hospital, Montreal.

In the last ten years $ 6027,000,000 (Approximately £2,152,500,000) have been spent on hospital construction in the United States, and it is not surprising therefore that any visitor connected with hospitals finds so much of interest there. Whilst a proportion of this vast sum of money represents "Hill-Burton Funds" - a Federal grant towards new hospital construction - much has been raised by public subscription which shows clearly not only the great material prosperity of the country during this time, but also the active interest taken in both national and local hospitals by citizens in all walks of life.

Naturally the expenditure on new hospital construction in Canada during the same period was small, when compared with that of the United States but it was by no means insignificant, as is illustrated by the building of such fine hospitals as the new Montreal General Hospital, the new Mount Sinai Hospital in Toronto and the Hospital for Sick Children also in Toronto. The reaction of the local communities, the Provincial and the Federal Governments to these undertakings leads one to expect that even larger programme of hospital construction will develop during the next decade throughout the Dominion as its increasing population warrants.

It has been stated that hospitals are the fifth largest industry in the United States, and this statement serves to confirm the impression gained during my visits to the twenty one hospitals in that country that they are regarded as businesses by many

Twenty three of the twenty five hospitals visited had Central Sterile Supply and the other two were in the process of installing it. In twenty one of the twenty three hospitals it was under the Department of Nursing and in the remaining two under the Pharmacist. In all cases but two, the central Sterile Supply concentrated on supplying the sterile requirements of the wards and gloves to the theatres, sets of operating instruments still being prepared in the Theatre Unit even if they were sent to the Central Sterile Supply for autoclaving. The number of sterile packs prepared as a routine varied between 40 and 150, and although it was usual for a ward to submit an indent each morning, arrangements were in force for the supply of any tray in an emergency. It was normal to find qualified nurses in charge of the department and as deputies, but either student nurses or non-professional staff making up the trays under their supervision. The consensus of opinion was that it took between one and two months to train a reasonably intelligent person to undertake this work. Autoclaving is not carried out in drums, but with the tray wrapped in cloth and sealed with a tape which changes colour when it has been sterilised. Head nurses in charge of wards stated that they liked the system once they had got used to it.

The space required for the effective working of this department is so large that it is not often possible to introduce it into hospitals situated in built-up areas, when it is not incorporated in the original design.

5. Committees

In the United States, the Committee Structure is much more simple than in Britain and Canada, consisting in some hospitals of a Board of Governors which meets once a year to make long term policy decisions and to ratify some of the most important decisions which have been taken by the Executive Committee which meets every one or two months. In some instances we find other committees such as a Finance Sub-Committee of the Executive Committee or an Establishment Committee which meets annually but these are by no means common.

In Canada, the committee structure is very similar to that found here, and in fact two of the four hospitals which I visited had House Committees.

All hospitals in both the United States and Canada had medical advisory committees which met either with the Administrator in attendance or subsequently reported to the Executive Committee, which was usually composed entirely of laymen.

Committees generally seem to play less part in running the hospital, but, in some cases, training schemes have been organised for those members of their committees who wish to learn about the functions of the various departments of the hospital.

6. Cost Accounting

Some form of cost accounting was in operation in every hospital visited, although the system and its efficiency varied greatly. This problem is being considered at the moment by a committee of the American Hospital Association which is, I understand, having

certain difficulty in agreeing its recommendations but ultimately will publish its findings in book form.

Although in some hospitals very detailed accounts were prepared and costs were proportioned in great detail, I did not see a hospital which appeared to have the answers to all the problems of Cost Accounting, such as an accurate method of weighting certain areas in computing cleaning costs.

It was interesting to note that the cost of the Medical Records Department was charged in fixed proportions against Medical Services and Research and not against Administration.

7. Engineering

The Engineering Department of most hospitals was impressive and that of the University College Hospital of Virginia appeared to be outstanding. With the exception of major new construction work, very little appeared to be offered to outside contractors.

The Establishment of these departments appears to be lavish when compared with similar departments in this country, but this is necessary on account of the very large amount of additional mechanical equipment requiring maintenance in this very mechanically minded country. Owing to the high cost of labour in both the U.S.A. and Canada, it is difficult for this department to undertake any work for which allowance has not been made in its budget. All additional work must therefore be submitted by the Head of the Department to the Administrator who decides whether or not he can make the additional money available through transferring it from another "heading".

8. Finance Departments

These departments are Accounts Departments responsible to the Administrator for the collection of money owing to the hospital, paying its debts, salaries and wages and preparing the annual accounts for audit. Financial policy is the responsibility of the Executive Committee and the Administrator.

With a few notable exceptions, these departments appeared to be over-mechanised and unduly expensive to operate. As an example in support of this contention, I quote the case of a New York hospital with an attached Research Institute which pays about $1,100 a month for the hire of its accounting machinery. Admittedly they are able to prepare what would normally be considered annual accounts each month, but one cannot but wonder if this expenditure is justified.

9. Hospital Design

Naturally one finds hospitals of many different designs in these two countries, some shaped as a letter E, some as an L, and some as a V.or H. Something may be said for each of these designs bearing in mind the terrain and their location. As is to be expected, it is usual to find the vertical type of hospital in built-up areas some rising to twenty storeys or more, while in the

country it is more common to find those with a few long-winged floors.

Many people in the United States now favour a hospital design based on a Maltese Cross, as this reduces the amount of distance to be travelled on respective floors and enables control to be exercised easily by placing key departments in or near the centre of the cross.

It was interesting to note that in several places where hospitals had to be built on a sloping terrain, this had actually been turned into an advantage through imaginative architecture.

A great deal of experiment has taken place recently into the best surface for floors and for non-chip wall covering and a number of highly satisfactory products appear to have been evolved.

10. Housekeeping

The Housekeeper, an appointment which may be held by either a man or woman, combines certain of the duties of our Steward and those of a Domestic Supervisor. The main responsibility of this post is seeing that the hospital is properly cleaned, although extra duties varying from hospital to hospital are also attached. Every housekeeper emphasised to me the need for detailed supervision of labour employed in cleaning - estimates of the number of cleaners to one supervisor varying from 6 to 12. Worth while experiments in this field are about to be carried out at Hamilton General Hospital and the results of these may be followed with interest.

11. Laundries

The laundries operated by the American and Canadian hospitals are of a very high standard indeed. They operate economically and turn out beautifully finished work. Every hospital which I visited operated one, as they were convinced that not only were they able to save money as against having it done by contract but also were able to ensure that the work was carried out to their satisfaction. Outstanding among these excellent laundries were those of the Bonheur Children's Hospital, Memphis, the Barnes Hospital, St. Louis, the Hamilton General Hospital, and the Montreal General Hospital. It was impressed on me that the two essentials of running an efficient laundry were sufficient capital to buy the most efficient machinery (about £50,000) and latitude to pay the Laundry Manager the rate that he could command in the open market. In some instances the cost of laundry has been reduced to 3 or 4 cents per pound weight.

12. Lifts

It is interesting to note that most of the hospitals visited felt they were very short of lifts, although a number of them had been built in recent years. Some blamed the lift makers advising them at the time of building, who apparently failed to realise that the generally accepted formula for arriving at the necessary number of lifts does not apply to hospitals.

13. Major Accident Squads.

The Major Accident (Catastrophe) Squad of the Bellevue Hospital, New York, was one of the most impressive pieces of detailed medical organisation which I saw during my tour. It has been used on a number of occasions and has acquitted itself admirably. Under the supervision of one of the Assistant Medical Directors a special room of the hospital is used to accommodate the equipment, which is stored in such a way to facilitate its prompt transfer to a van. A particular squad consists of one senior resident and a number of junior residents and qualified nurses. All members of the resident medical staff and all the trained nursing staff are included in the rota and know that, if the signal is sounded during a particular 24 hour period, they will leave whatever they are doing and proceed to an assembly point, where they will be picked up by the van which will have been loaded in the meantime and thus set out for the scene of the accident.

14. Medical Records

In the United States and Canada the officer in charge of the Medical Records Department is known as a Records Librarian, and the appointment is almost invariably held by a woman. Her responsibilities are limited to the preparation, filing and production whenever required of the case histories; and also keeping the Diagnostic Index. As she does not undertake the other duties normally accepted as those of a Medical Records Officer here, she is able to concentrate on the details of good record keeping. Salary scales are such that, even in the highly competitive labour market of these two countries, they are able to recruit and retain suitable librarians.

In spite of the very generous establishment which one finds in these departments, when compared with that which is considered adequate in this country, I formed the impression that in fundamentals their records were no better than those in Britain. They were however able to edit them more carefully and maintain a closer control over them.

In every department which I visited I found the case histories stored in a central filing room, to which they were returned promptly after the discharge of the patient or his attendance in the Out-patient Department. This system reduces the amount of time spent looking for missing notes. In order to save congestion of filing clerks working in one part of the filing room, more and more hospitals are introducing "Terminal Digit" filing, a system by which case histories in most frequent use are filed in different parts of the room. This system of filing could be of no use to this hospital, unless it became possible at some future date to set up the central filing room which is so badly needed.

I do not consider that we have anything to learn from them on the subject of diagnostic indices, although they are to be found in practically every hospital with more than 100 beds, which is more than one could say for Britain.

Microfilming of old case histories is undertaken in some hospitals. I was surprised, however to find that many hospitals destroyed old case histories after 25 years of non-attendance, having made a brief typed summary of the case.

15. Medical Staff

Friction exists between some of the professional societies and some of the States' medical associations, on one hand, and some of their hospital associations on the other, on the subject of certain fulltime senior appointments. These disagreements culminated in the recent Iowa decision, to which I have previously referred It must be hoped that good sense and moderation will prevail, as this type of litigation cannot enhance the reputation of the medical profession or the public's confidence in their hospitals.

It has been estimated that, in 1955, 16,815 anaesthetists were required in the United States and that there were well under half this number available in spite of the wide use of the nurse anaesthetist. In one hospital in the middle west 90% of anaesthetics were given by nurses, and I was told that even Dr. Blalock uses a nurse anaesthetist for his advanced cardiac surgery. Some large hospitals have two or three medically qualified anaesthetists one of whome acts as Director of the Department. Every effort is being made to increase the number of doctors specialising in anaesthetics, but it will obviously take many years to obtain the numbers required.

16. Nursing Matters

Although the Superintendent of Nurses (Matron) and her staff do not enjoy the status accorded to them in this country, their conditions of service are less arduous. The nursing staff works a much shorter week, and every effort is made to ease their work.

Each ward or nursing floor and each operating theatre suite is provided with a clerk to undertake the large amount of clerical work carried out by the nursing staff here. She is also used to answer the telephone and deal with enquiries, thereby leaving the nursing staff free to look after the patient. As a layman I formed the impression that the trained nurse was inclined to be too interested in medicine as opposed to nursing, and that a lot of nursing was carried out by partially trained or untrained personnel.

The nursing shortage, which is acute, has forced them to economise with trained nursing staff wherever possible, and one finds lay people undertaking administrativ duties carried out by nursing staff in some hospitals in Britain.

A lot of ingenuity had been used in setting up and equipping the "Nursing Stations" of their newer hospitals, and the "Patient to nursing station intercommunications system", by which patients may be asked their requirements when they ring their bell, has much to commend it.

17. Patients' Services

A great deal of thought is given to the patients' physical and mental welfare when they attend as out-patients or are admitted. A high degree of comfort is provided and some very excellent publications exist for dispatch to patients awaiting admission, telling them about the hospital and the various people that they will meet during their stay.

Although the problem of very busy outpatient departments is not as common as here, I think that a more determined effort has been made to reduce the waiting time than in many hospitals in Britain.

A painting book is given to each child on admission at the Bonheur Hospital in Memphis and seemed an excellent way of preparing the child for hospital life and the various examinations and treatment that he might have to undergo.

It is interesting to note that the average duration of stay in acute hospitals which I visited in the United States was 6 to 7 days and 10 to 11 days in Canada. These very low figures seem to be achieved by such devices as sending home certain surgical cases such as appendicectomies on the fifth day to return as an Outpatient for the removal of the sutures. It is usual for Obstetric cases to be discharged on the 4th or 5th day after delivery. Early ambulation was suggested to me as the reason for the short hospital stay in many cases; I think the high cost of hospital treatment is more likely to be the deciding factor.

18. Personnel Departments.

These departments are found in nearly all hospitals in the U.S.A. and Canada. They undertake in conjunction with the head of the department concerned and the administrator the recruitment of all staff, their administration, and conditions of service. In many cases the Personnel Officer is a specialist who is recruited from and ultimately returns to industry. Some hospitals feel that the setting up of this department has reduced the very high turnover in certain grades of staff. Possibly this appointment is more important where hospitals are independent institutions competing for labour and professional skill without any national salary or wage scales than where salaries, wages, and conditions of service are under the control of a Whitley Council.

19. Pharmaceutical Services

In many instances these departments work on a commercial basis and are expected to show a profit, which is included in the hospital profit and loss account.

One of these departments operated one of those pillars of American life, the drugstore, which was open to the public and made a very large annual profit. This was used to reduce the cost of hospital treatment.

28. Conclusion.

It has not been possible in this report to deal with everything in as much detail as one would like, and I would point out therefore that I have annual reports on nearly every hospital included in my tour and pamphlets on a number of items of equipment, which are available to anyone who is interested.

In conclusion, I should like to say that I saw a lot which impressed me and one or two things, such as the exorbitant price of blood required for transfusion, which shocked me. Nevertheless, I feel we have a lot to learn from them in approaching new and revolutionary ideas with an unprejudiced mind, and the wise use of capital expenditure to reduce running costs; and that they in their turn can learn from us how best to handle the patient as a human being in need of help and reassurance.

9th November, 1956.