

affairs of a hospital. I want it understood that I mean this just as much for the small hospital as I do for the large hospital.

I believe that one of the most acute problems that we have today is the proper operation of a hospital of less than fifty beds, and don't forget in this connection that a very large proportion of the patients served in hospitals are served in this type of an institution.

I should like to define just a few of the qualifications, as I see them, of a proper administrative officer. He must have a financial sense. He must have a buying sense, with a knowledge of practically every commodity that enters into our economic life. He must have a mechanical sense. He must have a professional point of view; be able to recognize the problems of the various professional groups. He must have a social point of view. He must have a technical knowledge of a very great many intricate procedures; not necessarily an intimate knowledge of them, but a general knowledge. And last but not least, I believe he must have a very large supply of the milk of human kindness, for I don't believe that a hospital can be properly administered on any other than a very personal basis.

When you get a composite of these qualities, you have an individual that in any other walk of life could demand a great deal more in material returns than the average hospital position pays; and may I right here offer a plea that all of you board members read the report compiled by the editor of The Modern Hospital, and study the range of hospital salaries that are paid, and after you have read it stop and think about it just a little bit.

You ask me what is the matter with hospitals, and my unqualified answer to you is that you cannot get efficiency for the salaries that the average hospital pays its superintendent, and until such time as our boards of trustees realize the importance of efficiency in the administrative position of their hospitals, and accept the principle that we should get the maximum of efficiency out of one of the fundamental functions of our everyday life, just so long will it take us to get efficient hospitals.

There seems to be some argument going about the country now as to the relative value of lay and medical superintendents. I am not particularly interested. Frankly, I am not especially afraid of my job, although I am just one of those lay superintendents. You know, the thing to me is not whether the man has a medical training or not. *The important thing is whether he has an administrative training, and is capable of run-*

ning a hospital. If he has a medical degree, there is all the more reason why he should be efficient, because I believe, and I think most of you will agree with me, that education of any type is conducive to efficiency.

I have also had the reputation of trying to oust women from hospital superintendencies, but that is not true. I believe that women superintendents are better qualified to take certain types of hospitals than men; but I do want them qualified, and I want to get away from the appointment of inefficient superintendents, medical, nurse or lay, all over the country. The placing of the responsibility of the operation of a hospital, no matter how small, in the hands of an individual with no conception of either the problems or obligations, is nothing short of criminal.

Outline of Departments

I should like to show you an outline, as I see it, of the operation of a hospital divided, first, into various departments. These departments are not listed in order of their relative importance but are listed for purposes of control:

Administrative	Medical Staff Attending
Housekeeping	Medical Staff Resident
Laundry	Laboratories
Mechanical	X-Ray
Purchase and Issuance	Special Therapies
Dietary	Social Service
Nursing	Out Patient.

These departments are roughly grouped into physical and professional, but do not forget that the activities are so closely inter-related that there is practically no line of demarcation. Please do not forget further that the contact of the administrative officer with each and every one of these departments is administrative only, and that the minute he presumes either to dictate or control the activities of the professional group, he assumes unto himself a prerogative that is unsound in the fundamental principles of organization which we are attempting to set up. His job is to secure an absolute correlation and cohesion of activities.

I want to emphasize first of all the most important thing that I believe there is in the operation of a hospital, and that is departmental control. I do not believe that any hospital, no matter how small, can operate efficiently unless the department head can be made to realize her absolute responsibility for the personnel under her.

Budget System

The financial policy of most of our institutions is really a joke. To use the slang expression, "it just

ain't." Money is a necessary evil. We must have it, and in order to make it work for us to the best possible advantage, it must be conserved; and therefore there is recommended for your very earnest consideration that every hospital, no matter how small, apply the budget system of financial operation, and stick to it through thick and thin. I am not particularly interested in how my dietitian gets results. I am only interested that she lives within her budget. I am assuming that by virtue of her training she is more qualified to say whether she shall serve squab or she shall serve corned beef and cabbage. My contact with her along these lines is simply this: "Miss Dietitian, you have so much money to run you for such and such a period of time. My judgment of the performance of your department will be predicated upon the saving that you may make in this allowance, and the character of service that your department performs. Don't come to me and ask me details. I am not interested in whether you have another cook or three more cooks. I am only interested in knowing that your budget is adhered to." This, of course, is predicated upon the thought that that budget will be figured correctly, and that it will allow of an adequate personnel to man and an adequate supply of commodities to furnish service such as the institution wants furnished.

With the operation of such a system—taking your department heads into your confidence, showing them what you have to work with, and showing them each month what they have done—it will be an inspiration to see how they will work with you. One of the most inspiring things in the game is to see a group of department heads or a group of head nurses discuss ups and downs of their budget.

Industry has accepted this principle and found it has worked. Why can't we accept it as a fundamental and take advantage of it? We are merely taking advantage of a very strong human characteristic, the spirit of competition in striving for a goal.

In the institution I serve, we have a system of keeping a record of the breakage of each nursing unit, and notifying the head nurse at the end of each month of the breakage in each division of the institution. The storeroom tells me that there is not a month that some head nurse does not come down to see why her breakage was as high as it was by analyzing her breakage list; and I ask you, is this not worth while? The trouble, as I see it, is that the average administrator has surrounded his activities with a lot of mystery. He has been afraid to give away his trade secrets to his department heads. After all they are not secrets. These peo-

ple are working with you to produce a good result. They are intelligent and they are human, and certainly they will work better with the stimulation that an open discussion will bring, than they will if they are merely doing things on instructions.

Administrative

It is not going to be possible to outline in detail, but I am going to run through the various general groups. The administration is divided into the following groups: Superintendent's Office Admitting and Registrar Accounting General Telephone and Information Accounting Patients Records and Analysis.

These are rough groupings of the first general departmental group. I have brought with me various forms outlining the procedures, used in the institution I represent, that I should be very glad to show and explain to any one that may be interested. I realize that I am in the City of Brotherly Love, but at the same time I have always believed in preparedness, and I have brought these with me to back up the statements that I am making. (Charts II and III.)

The Superintendent's office must be the pulse of the institution. In it one should be able to tell what is going on all over the place, and one cannot do this by sitting at one's desk. I believe one should get around the institution, and get a feel of it, but I don't believe that one should go around so much as to lose a perspective of the whole. I believe that one of the greatest mistakes that most of our administrative officers make is that they tie themselves down with so much detail that they have no chance to see the big things. If you are tied down with detail you cannot get that great big perspective of community service, which after all is the real job of a superintendent of a hospital. I do not want you to think that I am attempting to build up an elaborate organization, but the trouble is that most of our administrative officers are performing duties that could much better be performed by a much lower priced member of the personnel.

I visited not long ago a superintendent of a hospital of 375 beds, and spent approximately forty-five minutes with him, and I think I am conservative in saying that 50 per cent of that time he spent in telling me how he tested his butter—that man tested the butter himself twice a week. Will you tell me what he had a dietitian for, and do you believe that a man holding the position that he is holding is best serving the institution by testing butter? That is not an exceptional instance; it is typical of a large number of our hospitals. Not very long ago I heard the cashier of a hospital of over 500