

mon lack of related activity. Here friction or mutual jealousy carries up to the Board of a private hospital or to the Commissioner of the Department in a municipal hospital, even in minor matters.

6 Chart No. 1 B, shows a man with exceptional knowledge, experience and tact in full control. If there were a salary for the superintendent of a large hospital (or a group of smaller hospitals) which would attract a man of the calibre of the general manager of a big industrial plant, medical superintendents would be individuals of such force and fairness that we of the Professional Board would be glad to have them in command. Until such conditions obtain, this form of organization may stand as an ideal for the future.

7 Chart No. 1 C, shows what seems to be the best available method for average present conditions. In all executive questions the superintendent has full control, and in matters such as the conduct of the house staff and the general policies of the training school he stands in a definite supervisory capacity. Details cannot be readily given in a small chart of this kind. It is, however, not very difficult to plot out the lines of responsibility and the details of function and to connect them up, as we shall subsequently see.

8 Chart No. 2 A, shows the usual division of responsibility in the professional work. It will be observed that subdivision is carried as far as it could be carried if the idea had been to defeat unity and simplicity. Here are thirteen to fifteen services, each with a chief, and with very little to tie the services together. The confusion is increased by arranging that every three or four months, in main services like medicine or surgery, a new chief shall take charge and that he shall have a free hand to alter methods and details of method. This will add four to six more chiefs, each one his own boss. Thus a general hospital of three hundred beds may easily have twenty bosses in its professional work. If the business men who are our trustees realized this, would they stand for it?

9 Real collaboration and continuity may well group the various allied services into departments according to their main interests. The following organization (Chart No. 2 B) has had a sufficient trial to state that it works well, focuses responsibility and engenders concentration of effort. It is very welcome to the powers above as it clearly shows to whom questions should be referred for decision and action. All the medical specialties group with general medicine under a "Senior" or "Chief", who is executive head of the Department. Likewise all the surgical specialties group with general surgery under a surgeon who is executive head of a Surgical Department.

Diseases of Women and Obstetrics foregather under a chief. The three heads form a small responsible group that may reasonably constitute an Executive Committee for the Professional Board. Authority is thus concentrated. Directions go down and appeals come up in an orderly way. A commission form of government obtains.

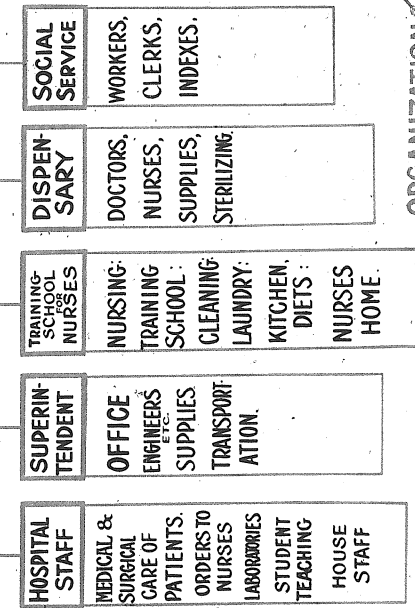
10 The next, Chart No. 3, shows such grouping carried out throughout a hospital of two hundred and eighty beds, which cares for an active service of an acute nature in a city and covers all departments of medicine and surgery. Here we find one hundred and thirty-two positions filled by ninety-six men. Such duplication is owing to the fact that many of the men in the dispensary positions fill the lower positions in the hospital. This brings it about, as far as possible, that the patient who enters the dispensary knows that she is seen by the same man in the hospital who was responsible for her in the dispensary; although it is not usually the case that an operation is done or that the main instructions as to the care are given by the younger man. Moreover, when the patient leaves the hospital and goes back to the dispensary, the dispensary man knows what has been done inside the hospital and can follow her up with much more intelligence and interest. The line of promotion is clear. The head of the department and the men all the way down know exactly who the men above and below are, particularly if one is careful to see and insist that these bulletins are posted in various places about the hospital. A separate schedule will better take care of the house staff, because the house staff is transferring at short intervals. For the sake of completeness and to foster development in specialist lines, it is well to provide on the chart for services or positions which, though at present blank, are hoped for in the future. These may show framed in dotted lines in their proper places. (For example:—Dentistry is bound to fill a large place in preventive work and in search for foci of infection.) Thus, trustees are stimulated to endow and youngsters to fit themselves. It is only in municipal hospitals that such gaps may be left uncharted, lest undesirables clamor during the time that a hunt for a good man is going on. I would do one thing more. On our staff-room chart of personnel, I would have a tiny photograph opposite each name. As a Senior Visiting I want to know all those new dispensary men by name. The whole membership of a staff should know one another.

11 A very effective municipal hospital organization under this group system is shown in Charts No. 4, 5, 6. Chart No. 4 may raise a smile because of the claims of autocratic power vested in the Charities Commissioner, but is not this the actual status of every Board of Trustees in an institution of this kind?

VARIETIES OF HOSPITAL ORGANIZATION

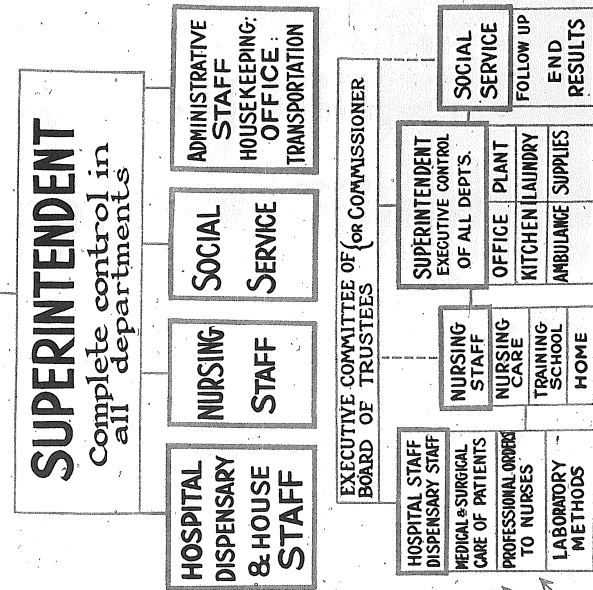
(A) UNORGANIZED

BOARD OF TRUSTEES OR COMMISSIONER



(B) FACTORY TYPE

BOARD OF TRUSTEES OR COMMISSIONER



(C) ORGANIZATION BY FUNCTION