

be made to increase the patient's welfare is well worth while; and I don't believe that the things that I am suggesting, after the mechanism is once set up, will require much more effort on the part of those who administer hospitals than are some of the methods now in use.

Housekeeping Department

In the Housekeeping Department, get the Matron to develop schedules of work. Have your work for a given nursing unit, for the maid that is on it, outlined and written out. See to it that she is checked on this schedule. Work up a schedule of cleaning windows, of waxing floors, of polishing brass, and see to it that the Housekeeping Department reports the performance on a basis of the routine check of these schedules.

Laundry

In the laundry, the problem is divided into that of washing, finishing, mending and distribution. Don't operate a laundry on a hit and miss basis. Get a statement of the clothes weighed or of pieces washed, whichever method you like better. Get a routine report of the amount of linen taken out of service; of the amount of linen torn. Study it. Find out why. Find out how long a sheet lasts, and why it does not last longer. Get efficiency experts from the various laundry supply houses to check up your formulae, and see if you are getting the maximum of good out of the commodities you buy. You will be surprised at the savings that you can make.

Mechanical Department

Probably one of the largest items of expense in hospital operation is heat, light and power, and maintenance and repair expense; yet I venture the statement that it is one of the most sadly neglected departments in the hospital. Why?—simply because the average administrator does not know anything about his mechanical department, and because the administrative board has not seen the wisdom of employing supplemental efficient mechanical supervision. Keep a check of the number of tons of coal you use, of the amount of water you use, of the mean average temperature of a given month, compare it with last month, and see how you come out. Find out how many tons of ice you pull, and what it is, in terms of percentage, and see that you are buying the kind of coal that you ought to have. Keep a record of the repairs on your wards, how they compare as between ward and ward, and what the nature of these reports are.

Purchase and Issuance

There are three problems in this general head: purchase, storage and internal requisition.

Requisitions for purchases are two-fold—one from the storeroom, and the other from department heads for special equipment. Machinery should be set up that insures that absolutely no purchases of any type should be made without the definite approval of the administrative officer, and without the knowledge that these purchases will not exceed the budget for the account to which it is to be charged for the period. No purchases, no matter how small, should be made on any other than a competitive basis, and bids should be obtained. There is a definite difference between buying and placing orders. Indiscriminate purchase of supplies by hospitals is, in my opinion, one of the biggest items of waste, and further, gives stimulation to very unsound merchandising as between hospitals and vendors of hospital commodities. There are very few one-price hospital supply houses today, and that is simply because the average superintendent of a hospital does not know how to buy. It reminds me very much of the story of the fellow who said to the nigger boy, "Sam, what size hat do you wear?" Sam's reply was, "What size have you got?" A lot of these fellows look an individual over, and if the latter looks easy, their prices are so and so, with the mental reservation that they can shave it from 10 to 50 per cent and still make money.

All orders given should be confirmed in writing, this confirmation to be specific in details of commodity, price, terms and delivery. I think it is desirable that this confirmation be made in triplicate—one copy to the vendor, one copy to be used to follow up the purchase, and another copy for the storeroom.

All receipts of commodities should be on a written form, in order to complete the transaction, and to make the bill ready for payment. Every voucher that is passed for payment should contain the following: a copy of the purchase order, with the approved request for purchase; a receipt slip indicating receipt of goods; a bill from the vendor properly O. K.'d as to receipt, price and extension; and all of these should be filed with the voucher.

The next problem is the problem of storage and recording. In my opinion all hospital supplies should be carried on an inventory card or sheet. This inventory should show the date received, the firm name from whom purchased; the commodity, the price, the amount of the commodity, the amount of money represented, and to whom distributed. The stores inventory should be carried on a chart of accounts similar to the financial accounts. The expense item of a given period

should be predicated upon the monthly inventory adjustment, this inventory to be taken on the adding machine from the inventory sheets, except on bi-yearly periods when the physical inventory should be taken. In other words, the inventory figure for a given account, as of the first of any month, plus the receivings for that month, minus the inventory for the last date of that month, should equal the expense for that account for that month. In addition to the stores inventory there should, I think, be an equipment inventory of the institution.

The internal requisition system is one of the bugaboos that I believe most of our administrators fear, and in my opinion too much stress cannot be put on this system. Efficient buying may save you 10 to 15 per cent, but efficient issuance of your supplies can save an untold per cent. I should like established, first of all, the fundamental principle that the consumer at no time should control. In other words, a dietitian should never have control of anything else but her daily need of foodstuffs. All requisitions should be approved by the Superintendent or a properly delegated assistant superintendent and at no time by the department head. There should be established a definitely set supply day, not exceeding once a week, with the possible exception of the main kitchen, which may have daily supplies. There should be a definite system of breakage exchange, and broken commodities replaced only on exchange basis. In other words, a broken thermometer may only be replaced by bringing the broken parts to the storeroom. This broken thermometer may have no value, but the moral effect is what will produce the results.

Laundry should be issued on requisition only, as should also repairs for such work as is necessary. I should like to set up a system of reporting breakage to the end that the various units may know what their breakage amounts to in a month. It is very enlightening to see this, and the efficiency of various working units can be very definitely judged in some measure by such lists.

In closing a discussion of this very important department—a department that is very often sadly neglected—I should like to make this further point. Hold the sanctity of your storeroom inviolate. Don't permit anybody, whatever his or her position, to get a single thing out of the storeroom without a requisition, and that requisition properly approved by the constituted authority. If you once permit your personnel to violate this very definite order, you might as well discard your whole stores system.

Dietary

The problems of the Dietary Department are two-fold: the feeding of patients and the feeding of personnel. There is a variation in control in various hospitals, but in any event the department should be considered a primary department, and report made by the head of the department direct to the administrative officer, and not through any other channels. The old-time practice of having a dietitian under the principal of the school of nurses is fundamentally incorrect. The submittal of routine menus for given periods cannot help but produce not only economy but efficiency.

Nursing

The problems of the Nursing Department are two-fold; that of nursing patients and that of training student nurses. Today one of the biggest problems of hospital administration is the result of lack of understanding between nurses and the administration of hospitals, and it will take a mighty level-headed piece of thinking to avoid bringing about a chaotic condition. The attitude on the part of some of our nurses that "the hospital is a bridge upon which the superintendent of the hospital and the principal of the school of nurses may meet to discuss problems of nursing education" (and I am quoting literally the words of one of the members of the nursing profession) is so very far distant from the ideals and ideas that I have of hospital service, that I think it is bound to cause a lot of trouble.

If our system of nursing education is wrong, we should change it; but so long as we have this system of nursing education, let us not forget that we are taking care of patients primarily. No one wants higher education of nurses any more than I do. No one wants to see the nurses advance more than I do. But when it comes to a question of training nurses or the care of the patients, let us take care of the patients.

Medical Staff Attending

There is very little that I should like to say in connection with this, with the exception of the establishment of medico-administrative policies. Most of us have seen the pernicious effect of one man controlling a hospital, and it is just such a condition that I should like to fight. To set up a system for the formulation of the proper administrative control, we have established a Medical Council, consisting of the Director of the Hospital, the Director of Surgery, the Director of Medicine and the Director of one of the Specialties, and to them are referred all matters dealing with the medical policies. No medico-administrative policies are issued by anyone of the constituent members of the Med-