MISS ANNIE W. GOODRICH[1]: No one is more concerned than a nurse in this standardization of hospitals. I should like to refer to a remark of Dr. Dickinson, which was quite correct, that we have not as yet solved the problem of the way in which we could organize best, most efficiently, institutions from the standpoint of the nursing staff. The reason we are not prepared to speak finally on the subject is because we not only have to consider the fundamental differences in managing a manufacturing business from that of a charitable hospital, but also the fact that a hospital conducts a school at the same time that it is carrying on its business. It would be considered a poor business that tried to carry on the entire work with students who were supposed at the same time to be learning their profession. The school of nursing is having the same difficulty that business industries have had. The apprenticeship system has fallen down in industries. It has fallen down in the medical profession. It has been found necessary to start schools and to conduct the operation outside of connecting it with the business and industry. I think it has been a difficult problem in the industries; how much time to give to the theoretical part, which is so necessary, and how much time to give and how to manage it so that students get the very important work in the practical field.

The standardization of nursing duties, the working out of a proper organization, both have a distinct bearing on the nursing service in the institution. It must not be forgotten that these great hospitals have conceived that the heaviest demands in service should be given by the pupils in the school. It is conceived that eight or ten hours would not be too much in the practical field, and perhaps two or three hours in the week for theory. That has not succeeded in industries in the bringing about of healthful living to those very poor persons who are so intimately connected with building up, getting the "end-results" of Dr. Dickinson and Dr. Codman,—the cure of the patient. It cannot be conceived that this is an easy problem to work out, how the nursing staff shall be pupils in the school and at the same time do actual work in the hospitals. We have an enormous problem in considering how we can do hospital service with justice to the patients, to the surgeons, to the medical board, and to the great city at large, through our efforts to provide a proper proportion of education for these women who are coming out in hundreds of thousands over the United States as the builders of our health.

COMMISSIONER HENRY C. WRIGHT[2]: The organization referred to by Dr. Dickinson was the result of an inquiry on the part of the Board of Estimate and Apportionment here in the city, having in charge appropriations for all institutions of the city. This inquiry extended over a period of two years. There were quite a number interested in the Bellevue Hospital, who thought that more efficiency might be procured by a different form of organization; and with that in view inquiries were made from leading men all over the United States as to the best kind of organization. A form was drawn up, which I believe is in process of installation in a modified form. As a result of that study this form referred to by Dr. Dickinson was drawn up and put into operation at Greenpoint Hospital. I doubt, Dr. Dickinson, that there is a better hospital in the city of New York than Greenpoint, judging from most of the standpoints from which you judge a hospital. The patients who go there, when their friends are sick, immediately put them on the waiting list. The hospital gets over fifty per cent of autopsies; over fifty per cent of the autopsies means confidence in the hospital. I believe that shows quite a measure of confidence on the part of the public. It is a variety of things that warrant the statement that it is one of the best hospitals in the city; and I believe that the form of organization is in quite a measure responsible for those results.

There are just three men looked to for results, and in any particular division there is just one man looked to. If something happens in that hospital, there is no inquiry on the part of the commissioner as to who let it happen. The result is, he usually doesn't let it happen. That is the reason why I think the hospital is well managed.

Another thing; we have an advisory board of six men who are very good advisers. And they not only advise us, but they are men who know how to see things. They know when things are running well, and when they are not. Dr. Dickinson is one of those advisors or monitors, and he keeps those three men hard at work and doing the right kind of work.

Let me refer to one thing that we have been doing but a comparatively few months. We have introduced a *diagnosis sheet* into our hospital. At the end of every week a diagnosis sheet of every patient at discharge comes to my desk. The information on that sheet is distributed all through the medical history, but the essential things for us to know are on that one sheet. It has at the top the time of the admission of the patient, the hour as well as the day. Right under that is the admission diagnosis. It is not the classifying diagnosis of the admission room, but is the diagnosis of the house man with day and hour. It tells us, when he looked at the patient, how long a time elapsed between the patient's coming into the hospital and the time the house man did his diagnosis. Right under that is the *working diagnosis* or diagnoses by the attendant, with day and hour; he puts down his directions for any laboratory or X-Ray determination. It only takes a few words. But he puts down the things he expects to have done by somebody else to aid him in working out the final diagnosis. Then comes the final diagnosis with day and hour. This is not only a *chronology of diagnosis,* how rapidly it happens, but you can trace it backward and find out whether the final diagnosis was included in the working diagnosis. If it was not, it was a poor guess. Then you can find out how near the working diagnosis corresponds to the admission diagnosis of the house man; how near he guessed it. This sheet tells us, on the desk downtown, how rapidly they are doing their work, not necessarily how rapidly they are curing the patient. We want to know how soon the physicians see a patient after he gets to the hospital; whether he lies there a day before the house man gets to him; whether he lies there for a day before an attendant sees him. It has not been in operation long enough to warrant any judgment on it, but some very interesting things have been noted already. We really hope for something to come out of it.

[1]Assistant Professor of Nursing and Health, Teachers College, Columbia Univ., New York City.
[2]First Deputy Health Commissioner, Municipal Bldg., New York City.

MR. FRANK B. GILBRETH[1]: Mr. Gilbreth emphasized the importance of exact methods of measurement for the establishment of proper operating standards and their subsequent maintenance. He severely arraigned the hospitals for their lack of open-mindedness to new ideas and modern methods, although giving credit to many individuals for hearty co-operation in his investigations. He said that the nurses were not given a square deal, but were looked upon by the doctors as a necessary evil resulting in "broken down insteps and ingrowing dispositions."

After investigating hospital practice, both in this country and abroad, he was convinced that the whole basis of their system was wrong—how wrong being evidenced by the fact that "no two hospital people agree on anything." His solution was to break away from the tradition with which he said hospitals are bound, and to put a man "like Dr. Dickinson or Dr. Codman" at the head, make him "absolute monarch and hold him responsible."

Mr. Gilbreth illustrated his points by motion study pictures, showing hospital operating methods and a few from industrial work. He showed the waste motions of the surgeon, such as reaching for a pair of forceps or scissors when these should have been held by an attendant in the most convenient position for him to seize,—at the right moment. He said the surgeon should not take the time to reach for and select his instrument. Each such slight delay and distraction from concentrated attention on the patient may be fatal, and methods must be devised to avoid them.

He showed several illustrations of positioning, as for artery binding and suture. Individual peculiarities of motion were illustrated by pictures of expert golf players, and skilled industrial workers.

MISS ALICE F. BELL[1]: I am glad to have the opportunity to put a question relative to the administration of hospitals as compared with an industrial establishment. I am seeking for information, and I think it is a proper question for Mr. Gilbreth to answer. In a modern industry in which presumably an expert is employed, would it be considered that the efficiency of a person in charge of a specialized department would be hampered or furthered by very close supervision on the part of her superiors in office, to whom she is responsible?

MR. GILBRETH: If Miss Bell would come to Providence, I should like to have her tell us more about it. I think that is the place to get the information. I should like to have more questions from her and others who might talk here.

THE CHAIRMAN: I presume Miss Bell would like to have her questions answered, if it is possible, from the point of view of an organizer of an industrial plant. Will any of the organizing engineers volunteer an answer?

MR. BARTH[2]: I will try to do so if the question is put in a more specific manner. Miss Bell's question indicates that she has encountered some particular difficulty, and if she will tell us about a concrete case, I think I can answer her satisfactorily.

MISS BELL: I have particularly in mind the selection of assistants, which often has to be referred back to superiors who may not be so well informed in regard to the qualifications that are essential to success in the position to be filled. I refer to the nursing department of a hospital, in which I am particularly interested. We sometimes feel hampered in our action by the fact that we have to refer, for instance, the selection of an assistant in the nursing department to those to whom we are responsible; that is, the medical superintendent; or to an advisory committee, training-school committee, possibly the deputy commissioner, or to some one in the department as shown on the chart; and with all the responsibility of her varied duties, her selection is expected to meet with the approval of the superintendent, representing the Board of Trustees. She is expected to defer to the opinion

[1]Consulting Engineer, Providence, R. I.

[1]Inspectress in Schools of Nursing, Baltimore, Md.
[2]Consulting Engineer, Philadelphia, Pa.