THE ADMINISTRATION OF A MILITARY HOSPITAL.

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The administration of a Military Hospital, whether small or large, whether in Peace or War, should be founded on certain basic principles which have not in the past been sufficiently appreciated by all Commanding Officers. Few of the essential principles have been embodied in regulations, and any literature, which has been previously printed on the subject is directed more to safeguards for the Commanding Officer than to the well-being of the technical staff and patients.

No claim is made that any of the ideas presented in this article are original, but, for the benefit of the Commanding Officers of the future, it is felt that there is a case for emphasizing the importance of principles as opposed to fads.

Some conscientious Commanding Officers in the past have achieved success in administering relatively small hospitals of 200 to 400 beds by means of meticulous personal supervision and strict attention to detail. To be successful, this method entails surprise visits at all times of the day and night and savours of the Gestapo. It is a policy founded on mistrust rather than trust, and tends to rob not only staff but patients of their self-respect.

Everyone should be trusted until proved untrustworthy. Without that attitude no hospital can be happy or efficient. Experience has shown that, if the staff can trust the Commanding Officer, he can trust them. To win such trust, it goes without saying that he must be fair in his dealings with all men, and must concern himself with their professional and private comfort. Rarely will he be let down by the idiosyncrasy of some individual who, for reasons of idleness rather than zeal, will offend against the accepted principles.

Because sins of commission or omission in a hospital are liable to endanger the life of a patient it is seldom, and then only after grave consideration, that the offending individual should be given a second chance. Only those should be retained who are assets and trustworthy.

No one will dispute the fact that a patient goes to hospital for examination and treatment by the technical staff. The excellence of that attention is not only of importance to the patient, himself, but also to his employer, the Government. On its success will depend matters that affect the Public purse, e.g. suitable disposal, economy in pensions and man-power hours. It follows from this that, whereas the patient must be the first consideration of the technical staff, the technical staff must be the primary concern of the administrative staff, who must be their servants, using the term “servant” in its true meaning. In other words, the hospital must be organized in such a way that every rule and regulation of the institution tends towards easy working conditions for the technical staff. Every clerk and storekeeper must be made
to realize that the sole justification for his existence is the maintenance of an organization which renders possible easy and efficient medical and nursing treatment, i.e. every medical and nursing officer should be immediately and continuously supplied with his, or her, reasonable demands, so that frustration is unknown by those who carry on the medical work for which purpose alone the hospital exists.

It is common knowledge that no layman patient is capable of assessing the skill employed in his own medical treatment, but that he does understand the meaning of good food and good service. Therefore unless the administration is able to maintain as high a standard in the last two as in the first, it is a failure.

Present-day standards of an efficient hospital demand that the patient is provided with all the amenities of an hotel together with certain other necessities of life which briefly enumerated are: medical treatment, clothing, pay, documentation and entertainment.

It is insufficiently appreciated by those who compose establishments for hospitals what quantity and quality of staff are required to ensure good food and service in addition to those needed to provide the five extra necessities mentioned above. A general duty orderly cannot be transformed into a head-waiter in a day any more than an Army Catering Corps cook or trainee hospital cook can be converted into a chef in a fortnight.

Consideration of these matters leads up, naturally, to the question of War and Peace establishments which should be far more flexible than they are at present. Too often, in the late war, establishments were based on the number of bodies available rather than on the needs of the institution to be staffed. The fact that man-power is deficient is no excuse for sanctioning an inadequate establishment. Any Commanding Officer would rather be told that he can only be completed up to 20 per cent of his authorized strength, than be informed that personnel are not available and therefore he must make do with an establishment which bears no relation to his needs. In the former case, at least, he has the satisfaction of knowing that man-power numbers are a fluctuating quantity and there is a chance that he may be completed up to strength in due course.

In a Service the size of the Army, it can be understood that authorized establishments for hospitals are most conveniently based on the number of beds, but this theoretical standard should not prevent a Commanding Officer from assessing his actual requirements nor blind Higher Authority to the extent of refusing sympathetic consideration to amendments which may be put up. In actual fact the minimum number of all ranks required for the efficient running of any given hospital depends far more on the variety and nature of cases treated; on the design, distribution and convenience of wards and departments, than it does upon the number of beds. Other factors such as teaching and training responsibilities, leave and absence on courses are liable to be completely overlooked.

Every Commanding Officer on assuming command should weigh up his establishment in relation to his needs and either seek to get an establishment,
where none exists, or cause it to be amended where its existence does not meet
the case. In wartime, when any given unit may operate for different roles, in
different places and under different conditions at different times, the necessary
establishment may be subject to wide variations.

A hospital is a routine affair, like a complex machine, where so many sick
are admitted every day and so many fit men turned out. The commissioned and
non-commissioned staff, nearly every one of whom has a separate and distinct
function to perform, represent the parts. How well that machine operates
will depend on the quality of the parts, the fitting of each part into its right
place, and the smooth working of each part in relation to adjacent parts. The
machine will require suitable housing, fuel and engineers. It is these three
requirements which correspond to the administrative side of the hospital.

An engineer is not expected to keep a machine running without thoroughly
understanding the exact function and fashion of each individual part and yet
how often does a non-medical company officer replace casualties in the lower-
grade parts of the machine with the most unsuitable people because he is
ignorant of their purpose. Instead of regarding the available personnel at
H.Q. company as the potential parts of the machine, there is a tendency for
him to consider that the hospital exists for the benefit of the company instead
of vice versa. In other words, the machine exists for the part instead of the
part for the whole.

The fuel for the machine is represented by the thousands of items of supply,
medical, ordnance, barrack, R.E. and stationery required to keep the hospital
going. Deficiency in any one of these may impair the efficiency of the whole
and slow up production.

The housing of the machine may be compared to the planning of the
hospital, which means to say that the allotment of all accommodation in respect
of wards, stores, special departments, kitchens, dining-halls, recreation rooms
and offices must be made with a view to the maximum convenience of all
concerned, with special priority to the people who do the essential work,
namely, the medical and nursing staff.

Only certain aspects of hospital life are capable of appreciation by laymen,
and these are too often neglected. Amongst laymen are numbered inspecting
commanders and staff; visiting regimental officers of all three Services; wives,
friends and relations of patients; representatives of foreign powers and, lastly,
outpatients and patients for admission. Everyone is possessed of the critical
faculty to some degree and consciously or subconsciously forms impressions
or even makes a judgment on first contact with an institution. It is most
important that first impressions should be good ones and these are bound to
be influenced by the following factors.

The hospital site and lay-out must be pleasing to the eye and surrounded
by well-kept gardens.

The exterior as well as the interior must be kept scrupulously clean. What
good can the Hygiene Department of the Army do by preaching cleanliness to
non-medical units, if the medical units themselves cannot set the highest
standards in this respect? This is only possible if an adequate number of
trained gardeners and general duty personnel are provided on the establishment for this purpose. The employment value of the fluctuating population of patients for such purposes has been exaggerated. When employed on fatigues outside the hospital buildings, patients tend to complain; no continuity in the work can be assured; and any Commanding Officer who desires a clean hospital is tempted to create a staff of sound semi-permanent "patients" who may be good soldiers lost to their units at an important stage in their training. During the emergency, prisoners of war have filled the gap very creditably.

Hospitals everywhere are almost universally under sign-posted. This is a source of great irritation to the casual visitor and outpatient. People working day in and day out in an institution tend to take their whereabouts for granted. No allowance is made for the newly joined member of the staff trying to find one ward or department from another, nor is any account taken of the waste of time and professional efficiency which results. To sign-post a hospital properly, it is essential to imagine oneself as the newcomer in all the various categories and with all the different needs of staff, patients and visitors. In a large hospital one or two painted plans of the layout, erected on posts in the grounds, are of great assistance.

Good reception to patients and visitors is of the greatest value because their whole outlook in regard to future dealings with that hospital is tinged with bright or gloomy colours as the result of first impressions. A patient, who, on first admission, can say to himself "This is a good hospital" will accept without murmur anything that may be coming to him afterwards. In this connexion, first-class accommodation and administrative arrangements for convoy reception in War hospitals cannot be over-stressed. With good organization two admissions per minute, with all clerical particulars obtained, in a convoy of 300 sick, has been achieved.

It will be noted that a great deal of stress has been put on facilities for reception, but this, unless coupled with welcome and politeness from the receiving staff, will fail to impress to the maximum extent. The importance of good manners in the staff of the enquiry office must also be emphasized. People working short-handed and under difficulties are inclined to be short-tempered, so once more the question of an adequate establishment arises.

In an earlier paragraph, a hospital has been compared to a machine in which the running is routine, and from which good output requires well-assembled parts of good material, well lubricated and supervised. The main difference is that in the hospital the machine parts are composed of human beings, inclined to idiosyncrasies which interfere with smooth running. So long as the machine is running sweetly, it should be no more necessary for the Commanding Officer to interfere at unexpected hours than it is for a chief engineer. Like the latter, the Commanding Officer should take daily reports from his assistant engineers (the Matron, the Officers-in-charge of divisions, the Registrar, the Quartermaster, and the Company Officer), and carry out his daily routine inspections of a portion of the machine at a certain specified time and for a given period.

Nothing upsets routine so much as unpunctuality and therefore all routine
inspections should, and nearly always can, be timed to the minute. Commanding Officers should demand exact punctuality from their subordinates and are not in a position to do this unless they are punctilious in the matter themselves. Punctuality saves overlap of interviews and avoids needless hanging about, with loss of time which represents output, and general annoyance to the staff and patients throughout the hospital.

Nowhere is one better rewarded for putting "First things first" than in a hospital, and for that reason the following order of daily interviews is recommended with timings for each:

1. Registrar to report any major event . . 08.45 hrs.
2. Matron . . . . . . . . . . . . . . . . . 09.00 hrs.
3. Officers-in-charge of divisions . . . . 09.10 hrs.
4. Quartermaster . . . . . . . . . . . 09.30 hrs.
5. Company Officer . . . . . . . . . . . 09.45 hrs.
6. Registrar with correspondence . . . . . 10.00 hrs.

The advantage of the above sequence is that, apart from important events notified under (1), it enables technical requirements notified under (2) and (3) to be arranged for in interviews (4), (5) and (6) (the maintenance services). It avoids waste of professional time under (2) and (3) on account of disciplinary and kindred matters which only concern (5) and (6).

The Commanding Officer's daily routine inspection is most conveniently timed for all concerned at 11.00 hrs. It should be faithfully and intelligently carried out week by week so that all wards and departments are covered in every six working days and every patient seen with information as to diagnosis, treatment and disposal. Where emergency commissioned officers are employed, the last-named is exceptionally important. The need for maintaining up-to-date and accurate records can never be stressed too often on these rounds. Apart from general ward discipline and cleanliness, latrines, bathrooms, clothing, bedding, ward kitchens and medicine cupboards must be zealously supervised, for they are the outward and visible signs of a good hospital. It is most important that inspections should be snappy and to the point. They cannot be usefully prolonged beyond one and a half hours, nor can more than 150 sick patients be covered in one inspection. The Commanding Officer who runs past each bed without enquiring about the occupant is wasting his own and everyone else's time. In very large hospitals it is better to break the rule of seeing every patient in every week and keep to a maximum of 150 patients per morning.

A useful axiom to observe at all inspections of wards and departments is that every article of equipment which is not in use, or likely to be used, should be returned to its appropriate store for further disposal. Further hall-marks of a good hospital are electric light switches turned off in daylight, no dripping taps, basin and bath plugs in situ, paper in the latrines, and no dirt behind movable objects.

It is believed that command pay was originally given to Commanding Officers to indemnify them against responsibility for loss of stores. Under the new pay code this form of insurance has ceased to be. In theory it was a
bad principle, because it countenanced loss by neglect. In practice, it gave a sense of security to the more timorous and fearful type of Commanding Officer and, in efficient establishments, where it was not drawn upon to pay for deficiencies, it was a reward to the Commanding Officer for accepting financial responsibility to a degree which is not required in the higher appointments of the Medical Services.

In repeating that the running of a hospital is a routine affair, one is in fact stating that a really fool-proof and complete set of Standing Orders, including the duties of every grade and trade and their particular responsibilities in regard to Government stores and equipment, should be all that is necessary. Only by this means can blame be attached to the right people if and when anything goes wrong. The number of daily orders issued will then be reduced to a minimum and seldom amount to more than a direction to any particular paragraph in Standing Orders which has been infringed.

Of all standing orders, none are more important than good Fire Orders, for in the event of a Court of Enquiry on an outbreak of fire, a copy of these orders will be almost the first request by the President of the Court.

It is justifiable to assert that the Commanding Officer, who has taken real trouble and all possible steps to "tie" things up properly, need fear no man in respect of financial losses and can rest assured that he will never be ordered to pay from his own pocket.

The Commanding Officer who lives in constant fear of being found out is a menace to all men. He institutes repeated checks out of all proportion to the value of the stuff involved, and repeatedly offends by upsetting the work of the technical side. Embodied in his standing orders, provision should be made for a proper hand-over and take-over by all individuals, however lowly, who are responsible for Government equipment. Immediate report and early adjustment of losses and breakages will save a great deal of checking and interference with the technical staff.

Never before in the history of military hospitals has so much interest been taken by the general public in the "welfare" of patients than during the 1939-45 War. Never before has a subject been attacked with so much lack of proportion and so little imagination that the very meaning of the word has been prostituted. Never before has the medical profession had to submit to so much interference and to so many insults from well-meaning non-medical "nosy parkers" as they have under the name of "Welfare."

Owing to enemy bombing in the United Kingdom, the lay public had more to occupy their attention than in semi-belligerent countries such as India, where welfare was given so much No. 1 priority in hospitals that without a strong Commanding Officer, the original functions of those institutions were inclined to become obscured.

The writer is the first to acknowledge that welfare is of the utmost importance in hospitals, provided that the word is used in its proper meaning, and the various aspects of it are kept in their proper places. For that reason it is necessary to consider the subject in some detail.

Welfare must be considered under two headings, viz. welfare for the staff
and welfare for the patients. The staff are considered first, because they are too often overlooked through lack of appreciation of the fact that an unhappy staff makes an unhappy hospital. When that is the case, the irritation of the staff will reflect on the patients and no "welfare" measures on behalf of the latter will compensate.

Welfare for the staff entails good housing conditions, whether in messes, billets, or private lodgings; recreation rooms with provision of amenities such as wireless sets, billiards table, piano, and indoor games, which should be quite as good as those provided for the patients. Dining halls, barrack rooms and kitchens must be maintained to a high standard and the quality of the food and service must be excellent. A nursing orderly living under miserable conditions cannot be expected to keep up a high degree of cleanliness in the wards, nor can medical or nursing officers maintain an atmosphere of cheerfulness in their departments if martyrs to indigestion through bad cooking in their own messes. Establishments for medical and nursing messes seldom, if ever, provide for good cooks and where they do exist the credit is due largely to the interest of the Commanding Officer and Matron.

Facilities for outdoor sports are usually provided and need to be watched to ensure that prowess in sport is not used, in individual cases, as an excuse for evading a fair share of the work. The convenience of technical staff and patients must not be sacrificed to the reputation of the Company football team.

Welfare of the staff may be subdivided into private and professional welfare. The former has been dealt with in the foregoing paragraphs, but the latter is often of more importance, particularly in respect of the medical officers. Doctors, everywhere, who are worthy of the name, are prone to consider their brains before their stomachs. For this reason, administrative service to the technical staff has been strongly emphasized. Nothing produces frustration in highly technical officers so much as interference with or lack of facilities for the best scientific work. Frustration breeds a state of chronic irritation, which is communicated to the patient, and, in the end, it is the patient who suffers most. It should be the Commanding Officer’s object to forestall and, if necessary, eliminate all irritation within the hospital, just as much as it is his business to act as a buffer against all irritation directed towards the hospital from without.

As regards the welfare of the patient, let it be stated here and now, that no form of "welfare" is as important or comparable to good professional treatment, even though the patient at the time may be incapable of appreciating it. Pink silk cushions in a recreation room do not compensate the patient for a badly treated fracture which renders him a cripple for life, any more than a nicely tinted ward colour scheme will make up for the missed early case of phthisis. Technical efficiency must come first. Administrative service, which contributes to that end, must come second. Four of the most important items of service are food, attendance, pay and mails, for they, above all others, conduce to morale. All resources left over after those primary needs have been met, can and should be devoted to making the patient’s life and living conditions
as attractive as possible. This includes visiting entertainers and concert parties who should never be allowed inside a hospital until the routine medical work of the day is finished. Before now, a Commanding Officer has incurred the greatest official odium for refusing to allow well-known professional "comics" to perform in the unit theatre to an audience of 400 patients at 11.00 hours in the morning and to visit bed-patients, afterwards, at the hour of distribution of the midday meal. Little imagination is required to conjure up the picture of consternation and confusion amongst the medical and nursing staff resulting from the gratification of such a "welfare" visit.

The mental outlook and occupation of the patient have received insufficient attention in the past and to that end well-furnished, prettily decorated wards and recreation rooms are necessary and must be encouraged. The whole subject of non-technical welfare in a hospital is best co-ordinated by a standing committee consisting of Commanding Officer, Matron, Registrar, Quartermaster, principal Red Cross and W.V.S. workers, who should meet at least once a month.

Education for patients, continually pressed from outside, is theoretical rather than practical on account of the rapid turnover in population which, in a large hospital of 2,000 beds, may attain the figure of 500 per week. The old Latin tag *mens sana in corpore sano* is as true to-day as it ever was and therefore educational classes more properly belong to the convalescent depot or to the patient's unit. Lectures of general interest, e.g. music, art, and literature, by professional lecturers from outside, will usually attract a small but select voluntary audience and should be encouraged.

It will probably be admitted that officers, speaking generally, are the most difficult patients and so often those who are junior and have known the least are those who make the most fuss and demand the best, particularly in regard to food and service. A really good chef, who exhibits a personal interest in the food fancies of individual sick patients and a trained head waiter in the officer patients' dining room will do much to eliminate any complaints about feeding, whilst selected nursing sisters with personality and charm of manner will keep the officer patient population contented in other respects. They are also worth their weight in gold in dealing with difficult friends and relations.

The above points are only minor but important instances of putting round pegs into round holes, which is one of the chief responsibilities of the Commanding Officer and should be applied right down to the latest joined recruit. Personal conversation with the staff in the course of the daily rounds will often bring to light some unsuspected trade, hobby or other qualification which specially fits a man for some particular job until such time as the demands of the Service, working through the R.A.M.C. Record Office, translate him, all too soon, to another sphere of activity.

Finally, a Commanding Officer can only be certain that the machine is working properly by seeing the output before discharge from hospital and satisfying himself that there are no complaints. In hospitals of under 600 beds, it should be possible for each patient, on discharge, to be interviewed separately by him in the office and asked whether he is quite well and whether he has
any complaints to make. Patients are more likely to prefer their complaints in private than in public and any complaint received should be investigated immediately. The Commanding Officer can satisfy himself as to the standard of case-taking and record-keeping at the same time. In larger hospitals it will be necessary to delegate these duties to officers-in-charge of divisions, who should report any genuine complaint or irregularity to the Commanding Officer.

Every complaint or irregularity in wards or departments should be settled at the lowest levels possible and only go higher where immediate satisfaction is not achieved by all concerned. Something is wrong if the Commanding Officer does not first hear of the complaint of a nursing officer from the Matron, of a ward orderly from the Company Officer, and of a patient from the Registrar or Divisional Officer.

Nothing contributes more to ill-discipline, low morale and unhappiness than failure to deal adequately with, and to eliminate, complaints. The Commanding Officer who has no eyes to see and no ears to hear lives in a fool’s paradise. Ministerial enquiries will snow him under and be his bugbear instead of a rare pleasure for him to answer.

A summary of principles in hospital administration is now appended; they are classified in accordance with their particular relationship to A, The Hospital; B, The Commanding Officer; and C, the Welfare of Staff and Patients.

A.—The function of a hospital is the treatment of the patient.

Complete and fool-proof Standing Orders, including Fire Orders, are the basis of Administration.

The Administrative staff must be the SERVANTS of the Technical staff.

The technical staff must be provided with all essential needs.

Food and Service must be of a standard worthy of the technical treatment.

An adequate establishment to meet the needs of each particular hospital must be provided, whether personnel are available to complete to full strength or not.

Staff who are passengers and a danger to patients, should be employed outside hospitals.

B.—Trust in Staff.

Punctuality in all things.
Priority to be given to Technical, Food, Service, and Welfare in that order, in all matters.

Routine daily interviews in order of above priority.

Routine daily inspections in order of above priority.

A thorough hand-over and take-over by all individuals responsible for Government stores, and punctual rendition of loss and breakage reports must be insisted upon.

Immediate investigation of any complaints by patients or staff must be made, whether at the discharge parade or in the course of routine work.
C.—General.—A pleasing and well-tended hospital site.
   A clean and well-decorated interior.
   First-class sign-posting.
   Excellent reception arrangements.
   Staff.—Good housing, feeding and recreation.
   The elimination of frustration, interference and obstruction by the adminis-
   trative staff.
   Patients.—Good professional treatment.
   Good food and service (especially Pay and Postal facilities).
   Unit Welfare Committee.
   Elimination of the Institutional atmosphere.
   The provision of comfortable and decorative living conditions and good
   recreational facilities.
   Entertainment provided from outside sources.

The principles, as enumerated, proved their value in the administration of
a General Hospital for British Troops over a period of over two years. The
hospital comprised 2,300 beds (including 90 beds for women and children) and
served almost every general and special branch of medical science. It was also
the teaching hospital for grading R.A.M.C. specialists and instructing I.A.M.C.
probationary lieutenants.

During the period mentioned, every British officer and soldier, invalided
ex India, Iraq and Burma passed through its portals for a Review Medical
Board.

It withstood the fire of criticism and won the approval of the Highest in the
Land, of the 50,000 patients who passed through and of the large medical and
nursing staff who worked there.

The same principles were later inculcated as far as possible into what
became the "show" hospital centre for India, of 10,000 hospital beds, and met
with the approval of the most co-operative lot of Commanding Officers, with
whom it could ever be one's pleasure to serve.