

HOSPITAL ADMINISTRATION TRAINING NOTES

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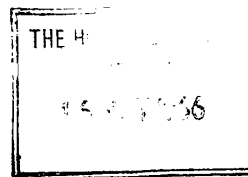
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ADMINISTRATIVE TRAINING SCHEME

Notes for guidance in relation to training
programme at Unit Hospital



1. This period of training will normally occupy 12 weeks after an introductory course at the College. Before starting work in the hospital itself, trainees will have a few days at the Regional Hospital Board and at the Group Headquarters to get a general idea of where the hospital fits into the wider organisation.
2. Trainees will be spending time in three types of departments:-
 - (a) Therapy and diagnostic departments (e.g. theatre, ward, X-ray and pharmacy). The whole hospital is geared to the services provided for patients in these departments. Trainees should try and learn something of their atmosphere and language, and study the problems and attitudes of the professional and other staff who work in them. Trainees are expected to participate as fully as possible in the work of the department to which they are attached. The contribution will necessarily be unskilled and trainees may well become a supernumerary porter or ward orderly for a few days.
 - (b) Service departments (e.g. catering and engineering). It is particularly important to see how the work of these departments is co-ordinated with the therapeutic services. (For example, how is soiled linen handled, and what happens if steam pressure drops in the sterilising rooms?). Trainees should look also at the staffing and organisation problems, including the relationship between, say, a hospital engineer and his counterpart at group headquarters.
 - (c) Administrative departments. These departments are involved in the whole organisation of the hospital and provide a channel of communication with higher authority. Trainees should pay particular attention to the function of the unit administrator. Unit administration is distinguished in principle from group management, but the administration of some groups is centralised so that it is not easy to treat the two levels separately. As in the other departments, trainees are not intended to spend time entirely in discussion or watching other people, and there should be no difficulty in finding clerical work which has a training content.
3. The detailed organisation of the training will be arranged between the Training Officer and the departmental heads. The outline programme in Appendix A has been drawn up as a guide on the basis of experience. Particularly after the first few weeks, trainees must expect the programme to be varied according to local circumstances. It is more important to spend enough time in the main departments to study them thoroughly and take part in their work than it is to cover every aspect of the hospital's functions. There will be opportunities later in the training (e.g. at teaching and mental hospitals) to fill any gaps.
4. As part of the experience, trainees should join in the off-duty life of the hospital and see what goes on outside normal office hours. As far as possible, arrangements will be made for them to live in the hospital to which they are attached.
5. Throughout the whole of the training much of what will be seen and heard will be of a confidential nature. Trainees must at all times observe the confidence of those under whom they are being trained. Even within the hospital, the position as a student will be prejudiced if information gleaned in one department is indiscriminately passed on in others.

THE UNITED STATES OF AMERICA

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

Wash, D.C. 20250

June 1, 1964

Mr. J. Edgar Hoover
Federal Bureau of Investigation
Washington, D.C.

Dear Sir:

Reference is made to your letter of May 14, 1964, regarding the above captioned matter.

The Bureau has been advised that the information requested is being furnished to you by the Bureau of Land Management.

Very truly yours,

Director

Enclosure

ADMINISTRATIVE TRAINING SCHEME

Suggested Outline training programme at unit hospital

Week	Department	Suggested Reading
1 and 2	Medical Records	Hospital O & M Service Reports. No. 1 - Out-Patient Waiting Time (1958) No. 2 - Medical Records and Secretarial Services (1959) No. 3 - Chest Clinics (1959) H.M. (54)89 H.M. (63)22 H.M. (63)24
3	Casualty and Out-Patients	Casualty Services and Their Setting (O.U.P. for N.P.H.T. 1960) Accident and Emergency Services, (C.H.S.C.) H.M.(63)40
4	Ward	Control of Noise in Hospitals (C.H.S.C. 1961) H.M. (61)68 - Noise Control in Hospital, King Ed. Func 1961 The Pattern of the In-Patient's Day (C.H.S.C. 1961) Circulars H.M.(60)1; H.M.(61)27 Welfare of Children in Hospital (C.H.S.C. 1959) Human Relations in Obstetrics (C.H.S.C.)
5		Nursing Care in a Modern Hospital (Oxford R.H.B. 1962) Standards for Morale - Cause and Effect in Hospital, N.H.P.T. /O.U.P./1964 H.M.(63)60 'Communications in Hospital' C.H.S.C.
5	Theatre	Present Sterilizing Practice in Six Hospitals (N.H.P.T., 1958) Circulars H.M.(59)33; H.M.(60)49.
6 Mon - Wed.	Pharmacy	Report on Hospital Pharmaceutical Services (C.H.S.C. 1955) Circulars H.M.(55)22; H.M.(59)70; H.M.(61)50 H.M.(61)77 H.M.(59)43.
6 Thurs. - Frid.	X-Ray	Circulars H.M.(60)28; H.M.(60)99 H.M.(61)84; H.M.(61)93 Towards a Clearer View N.P.H.T. 1963
7 Mon. - Wed.	Pathology	Report on Staphylococcal Infections in Hospitals (C.H.S.C. 1959) Circular H.M.(59)6; H.M. (63)57

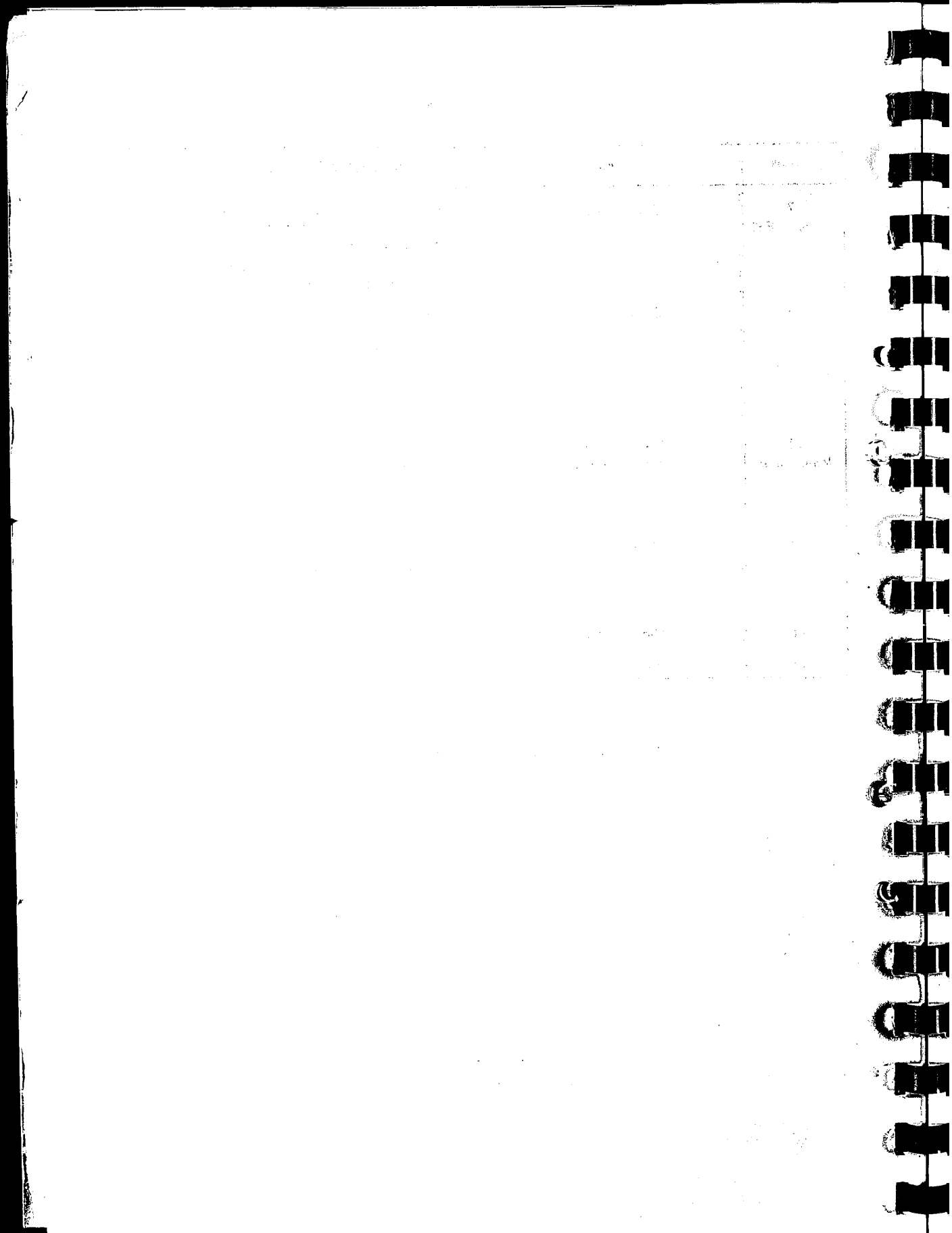
ADMINISTRATIVE TRAINING SCHOOL

Outline of the training program of the school

I. General Information	II. Detailed Description of the Program
1. Purpose and Objectives	a. To provide administrative training for the staff of the school.
2. Scope of the Program	b. To cover the following areas: (1) General Administration, (2) Personnel Administration, (3) Financial Administration, (4) Physical Administration, (5) Public Relations.
3. Duration of the Program	c. The program will be conducted over a period of six months.
4. Location of the Program	d. The program will be conducted at the school's headquarters.
5. Personnel	e. The program will be conducted by a staff of experienced administrators.
6. Budget	f. The program will be conducted within a budget of \$10,000.
7. Evaluation	g. The program will be evaluated at the end of each month.
8. Conclusion	h. The program will be concluded at the end of the six-month period.
9. Appendix	i. The program will be concluded at the end of the six-month period.
10. References	j. The program will be concluded at the end of the six-month period.

Week	Department	Suggested Reading
7 Thurs. - Fri.	Unit Administrator	Report on the Internal Administration of Hospitals (C.H.S.C. 1954) Duties and Responsibilities of Hospital Secretaries, (I.H.A., published in "The Hospital, August 1960).
8	Catering	Third Memorandum on Hospital Diet (K.E. Fund 1959) Circulars H.M.(62)1; H.M.(62)42; H.M.(64)34. Food in Hospitals (Platt Report) 1963.
9	Engineer/Clerk of Works	Circulars H.M.(59)77; H.M.(59)107; H.M.(60)49; H.M.(63)36. Stokers Manual.
10. Mon. - Wed.	Head Porter or Domestic Staff Management or Stores	Joan Woodward - Employment Relations in a Group of Hospitals, (I.H.A. 1950) Hospital O & M. Service Report No. 4 - Organisation and Method of Domestic Work in Hospitals (H.M.S.O. 1960) H.M.(61)104; H.M.(61)114.
10	Nurse Administration and Training.	Whitley circular N.M.C. No. 94 (or later equivalent). Circulars H.M.(59)9; H.M.(60)17; H.M.(61)5; H.M.(61)10. H.M.(61)38; H.M.(61)79; H.M.(61)100; H.M.(62)34; H.M.(63)37.
11	Short Visits to other Depts.	
12	Unit Administrator	

Plus appropriate departmental Building Notes.



ADMINISTRATIVE TRAINING SCHEME.

Notes for guidance in relation to training
programme at Unit Hospital.

MEDICAL RECORDS DEPARTMENT

1. The confidential nature of the department should be emphasised.
2. The Medical Records system to be explained by means of following a case through from beginning to end and the Trainee to be provided with a collection of all forms in use in the Department.
3. Establishment and sections of Department to be explained with special reference to the following :-
4. Appointments and Waiting List systems for Out-Patients, including method of recording referrals and classification of urgency, and emergency admissions.
5. Registration including method of pre-registration and tracing of any previous records. Liason with other hospitals regarding transfer of records.
6. Master Index System.
7. System for counting attendances as basis for statistics.
8. Maintenance of Waiting Lists for In-Patients including classification of urgency. Relate the Waiting List to emergency admissions.
9. Method of sending for patients and the affect on bed use.
10. Method of bed count as basis for statistics.
11. Discharges.
12. 1 in 10 In-Patient Enquiry.
13. Statutory and Non-Statutory returns.
Build up for S.H. 3s.
14. Importance of maintaining the patient's record throughout all departments.
15. Explanation of Diagnostic Indices.
16. Group consolidation of records, if applicable.
17. Storage problems, Micro-Filming. Policy for retention of original records. ? Editing.
18. Procedure for dealing with bereaved relatives and necessary documentation for Registrar of Deaths. N.B. Cremation and Coroner.
19. Patient's property
20. Medical Secretaries and their relationship to the Department including observation of any central dictating systems or typing pool.

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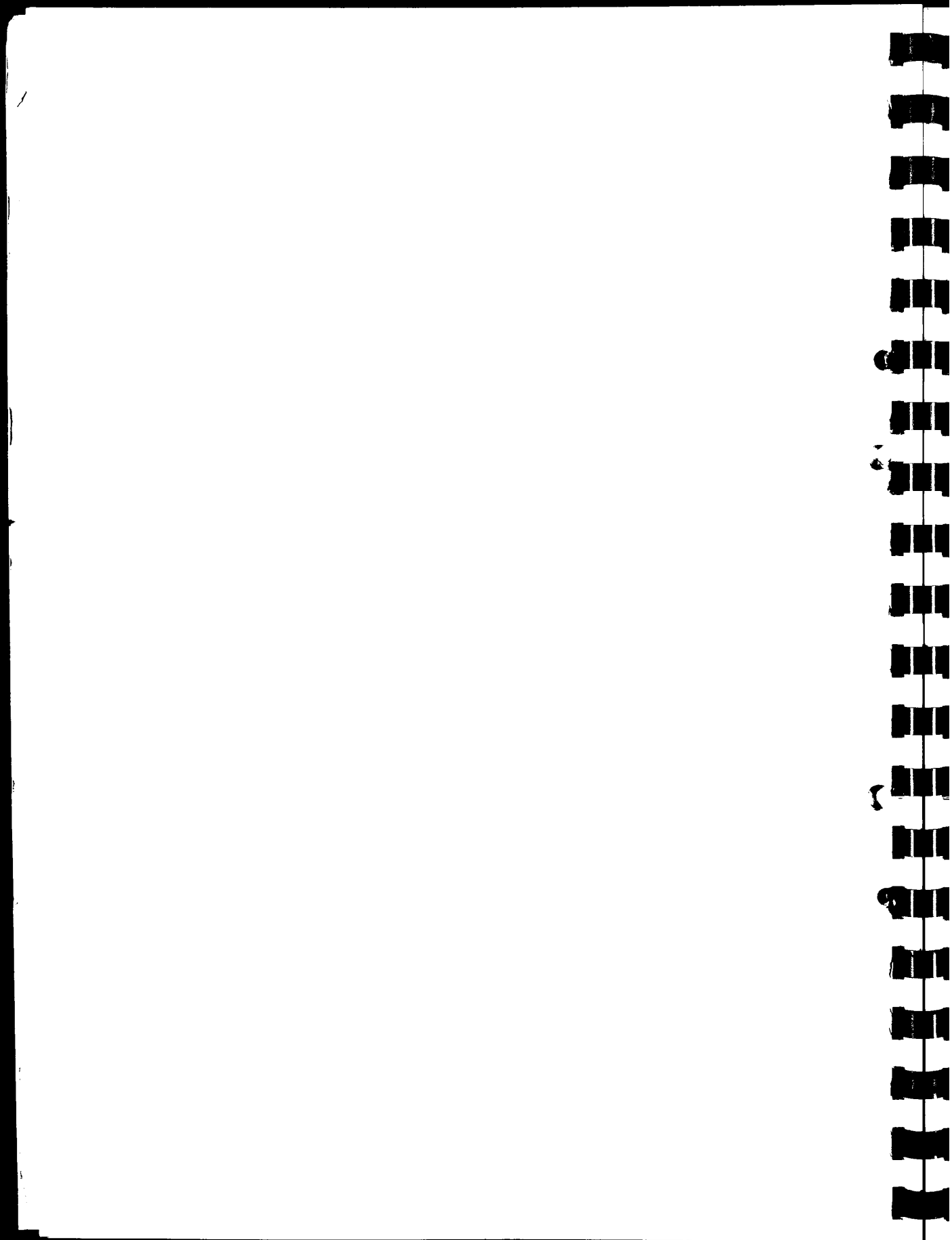
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ADMINISTRATIVE TRAINING SCHEME.

Notes for guidance in relation to training
programme at Unit Hospital.

CASUALTY and OUT-PATIENT DEPARTMENTS.

1. Trainee should book in patients in the Out-Patient Department and relate the practical aspect of the systems explained in the Medical Records Department - and, if possible, sit in during a Clinic.
2. Trainee should also do the necessary reception and book in casualties. He should also act as porter to the Theatre or Wards.
3. Discuss organisation of the two departments with the Departmental Sisters and Observe the establishment and staffing difficulties.
4. Time should be spent with the Casualty Officer and, if possible, accompany him in the Theatre. Discuss disposal of cases.
5. Observe register of minor operations as a statistic source.
6. Discuss Ambulance Service with Liason Officer.
7. Discuss source of casualties - relationship with G.P.s. etc.
8. Observe administrative procedure in relation to Road Traffic accidents.
9. Registration methods to be observed e.g. who records after 'office hours'. How are statistics maintained.
10. Note importance of certain inoculations.
11. Discuss transmission of information to Police etc.
12. Discuss any Notes for Guidance to Casualty Officer or similar local publication or instruction.
13. Enquire regarding special arrangements for major accidents.
14. Trainee should attend the Casualty Department at different periods of the day (and night).

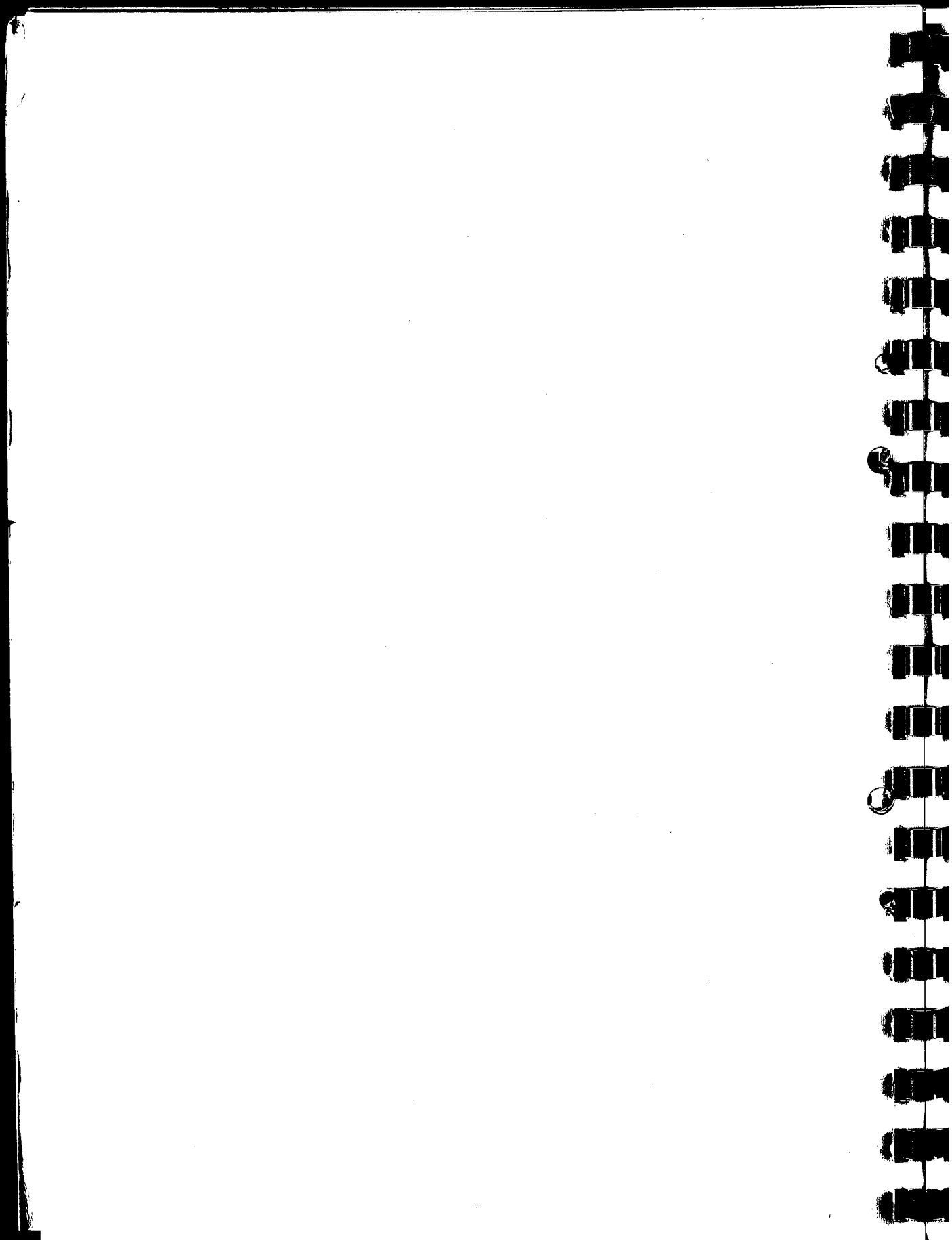


ADMINISTRATIVE TRAINING SCHEME.

Notes for guidance in relation to training
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WARDS

1. Trainee should act as Ward Orderly for the period of his attachment and dress accordingly. A week may seem a long period to observe procedures in a Ward but different things happen on different days e.g., operation days in surgical wards. The Trainee may combine observation of two or more adjacent wards. He should certainly change his time of duty to observe procedures and 'traditions' at different times of day.
2. Amongst other routines attention should be paid to the following :-
3. Admission procedure.
4. % of beds retained for emergencies.
5. Intake or 'firm' system in operation.
6. System of 'rounds' and ward consultations.
7. Allocation of staff. Use of orderlies to save nurses.
8. Patient's Property.
9. Dealing with patient's relatives.
10. Consent to operations
11. Method of identifying patient for operation.
12. Procedure when death occurs.
13. Times of visiting. Special arrangements e.g., for children.
14. Use of equipment on certain wards to save physical effort and time of nurses.
15. Noise.
16. Ward Records including Ward Books.
17. Reporting of any accidents to patients or staff.
18. Trainee should discuss with the Ward Sister the broad principles of Ward Design.



ADMINISTRATIVE TRAINING SCHEME.

Notes for guidance in relation to training
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OPERATING THEATRE.

1. An appreciation of the various sub-divisions of surgery.
2. The staffing of these various sub-divisions, both in regard to consultant and junior staff.
3. The methods of organising the theatre programme to provide facilities for these various functions to be performed, e.g., Orthopaedic, G.U., thoracic, etc.
4. The role of the anaesthetist, his qualifications and training.
5. The relationship between the number of surgical beds and operating theatre facilities.
6. Location of the theatres to the surgical beds and the provision of recovery rooms.
7. The use of the intensive care unit for post operative cases.
8. The ideal layout of the theatre suite including considerations of its place in a horizontally or vertically designed building.
9. An appreciation of the three major lines of flow through a theatre suite, e.g., patients, staff and equipment.
10. The principle of clean and dirty sides.
11. Equipment required in a Theatre.
12. Methods of sterilizing equipment to be used.
13. Alternative methods of providing materials to be used in a theatre, e.g., pre-packed sterilized dressings, etc.
14. Types of anaesthetic gas and methods of provision.
15. Temperature, humidity, ventilation, air-conditioning, etc., and the problem of static electricity.
16. Methods of lighting in the theatre.
17. Wall, floor and ceiling finishes in a theatre.
18. Noise control.
19. Safe-guards in use for the identification of patients and the recording of other information, e.g., swabs.
20. The nurse staffing of operating theatres, their training and the division of duties.
21. Ancillary staff required in theatres.

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research.

2. Methodology

The methodology section describes the research methods used in the study. It includes a detailed description of the data collection process, the sample size, and the statistical methods used to analyze the data. The section also discusses the limitations of the study and the potential for bias.

3. Results

The results section presents the findings of the study. It includes a detailed description of the data and the statistical results. The section also discusses the implications of the findings and the potential for future research.

4. Discussion

The discussion section discusses the findings of the study in the context of the existing literature. It includes a detailed description of the findings and the implications of the study. The section also discusses the limitations of the study and the potential for future research.

5. Conclusion

The conclusion section summarizes the findings of the study and the implications of the research. It includes a detailed description of the findings and the implications of the study. The section also discusses the limitations of the study and the potential for future research.

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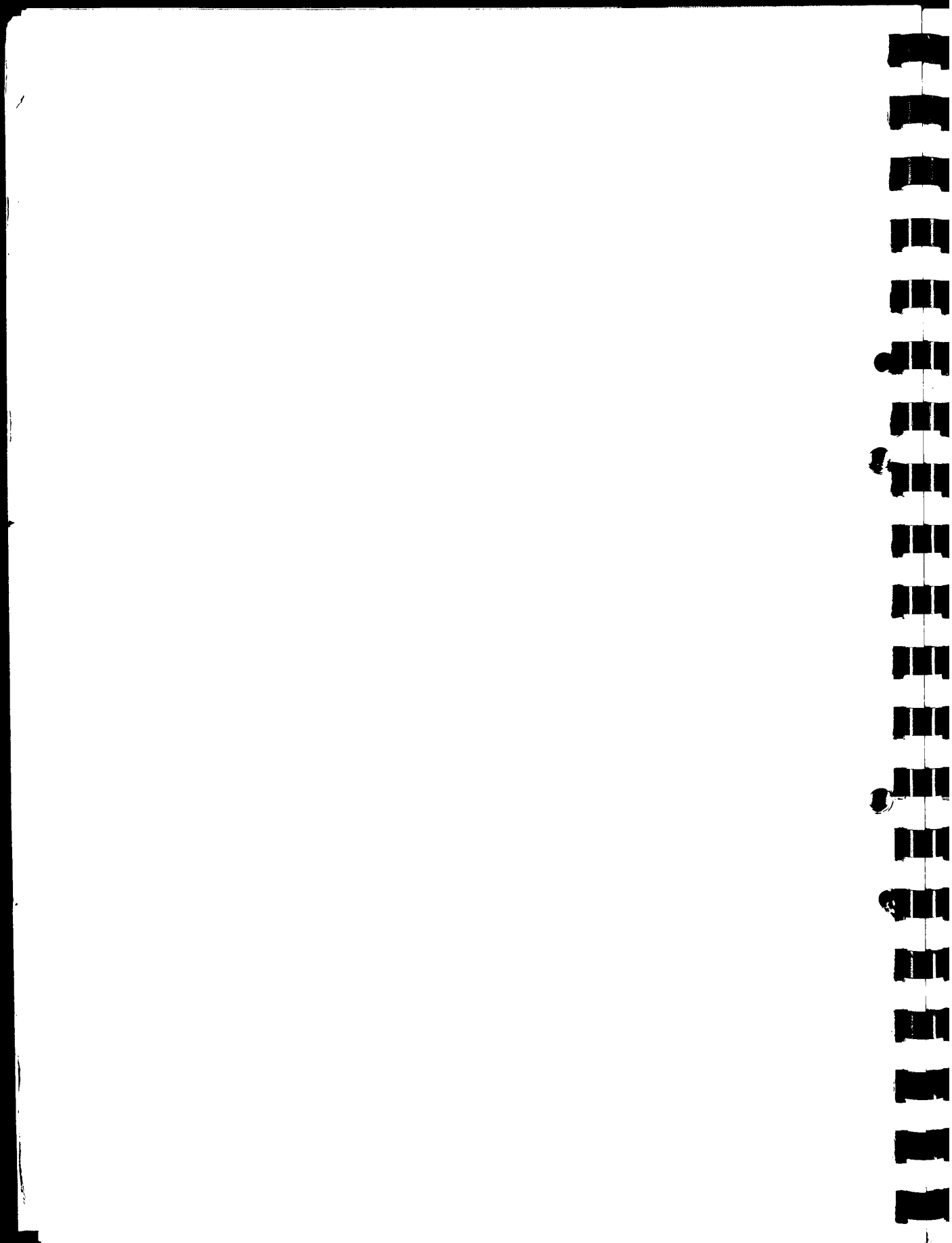
The references section lists the sources used in the study. It includes a detailed description of the sources and the implications of the study. The section also discusses the limitations of the study and the potential for future research.

ADMINISTRATIVE TRAINING SCHEME.

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PHARMACY.

1. Discuss the various functions of a pharmaceutical department, e.g.
 - (a) Provision of therapeutic substances.
 - (b) Manufacture of therapeutic substances.
 - (c) Provision of services, e.g. central syringe service.
2. Organisation of the pharmacy department to carry out these functions.
3. Staff requirements for the operation of these departments including consideration of qualification, training and recruitment of the various grades of staff concerned.
4. The role of the Chief Pharmacist, both within the hospital and within the Group, especially where there is some degree of centralisation of pharmaceutical services within the Group.
5. The special statutory responsibilities of the pharmacist under the legislation dealing with poisons and dangerous drugs.
6. The role of the pharmacist as a purchasing officer especially with regard to inter-group buying of drugs and dressings.
7. Consideration of the future development of pharmaceutical services with special reference to the establishment of central sterile supply departments on a hospital group or inter-group basis.
8. Discuss the layout of the department.
9. Stores procedure and organisation.
10. Methods of costing drugs and dressings and the general link with the Finance Department for these purposes.
11. Methods of collecting cash from out-patients in respect of prescriptions dispensed
12. Other duties which may be performed within the department, e.g., control of Oxygen, control of Anaesthetic Cases, the supply and repair of surgical instruments, the supply and maintenance of oxygen equipment, etc.



ADMINISTRATIVE TRAINING SCHEME.

Notes for guidance in relation to training
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X-RAY DEPARTMENT.

1. The distinction between diagnostic x-ray and radiotherapy.
2. The function of diagnostic x-ray in the treatment of patients.
3. The role of the radiologist in the hospital team, his qualifications and training.
4. The establishment of the department, medical, technical and clerical.
5. Radiographers Their recruitment, training and qualification. Is the hospital associated with a School of Radiology ?
6. Staffing arrangements to provide a 24 hour service and the method of providing x-ray cover to other hospitals in the Group.
7. The various aspects of x-ray diagnosis and the equipment required to carry these out.
8. The processes involved in loading, exposing, developing and drying x-ray film and the work of the dark room technician.
9. Discuss the layout of the department.
10. Discuss the relationship of the department to the therapeutic and other diagnostic departments of the hospital and the need to carefully plan its location in a hospital,
11. Methods of recording the work of the department including the filing of films and the reporting by the radiologist.
12. Methods of costing the output of the department.

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ADMINISTRATIVE TRAINING SCHEME.

Notes for guidance in relation to training
programme at Unit Hospital.

PATHOLOGY DEPARTMENT

1. The role of pathology as a diagnostic technique.
2. The place of the pathologist in the hospital team his qualifications and training.
3. The establishment of the department, medical technical and clerical.
4. Laboratory technicians: Their recruitment, training and qualifications. Is the hospital associated with any Technical College for Day Release Training ?
5. The functional division of the department, e.g. Morbid anatomy and morbid histology, chemical pathology, haematology, microbiology, biochemistry, etc., and the equipment required to carry this out.
6. (a) Discuss the layout of the department.
(b) The relationship between the department and the various other departments in the hospital, e.g. wards, theatres and out-patients and in particular the need to consider these relationships in planning the location of the department.
7. The role of the department in the group pathology services and an appreciation of the use made of specialist pathology departments either in the region or in other parts of the country, e.g. M.R.C., Public Health Laboratories and M.R.C. Reference Laboratories.
8. Method of reporting on work carried out and departmental filing.
9. Measurement of the output of the department and the method of recording work carried out.
10. Method of costing the work of the department.
11. The role of the pathologist in dealing with cross-infection.
12. The working of the Blood Bank and its link-up with the Regional Blood Bank.
13. Arrangements for post-mortem examinations.
14. Particular engineering services required by the department.

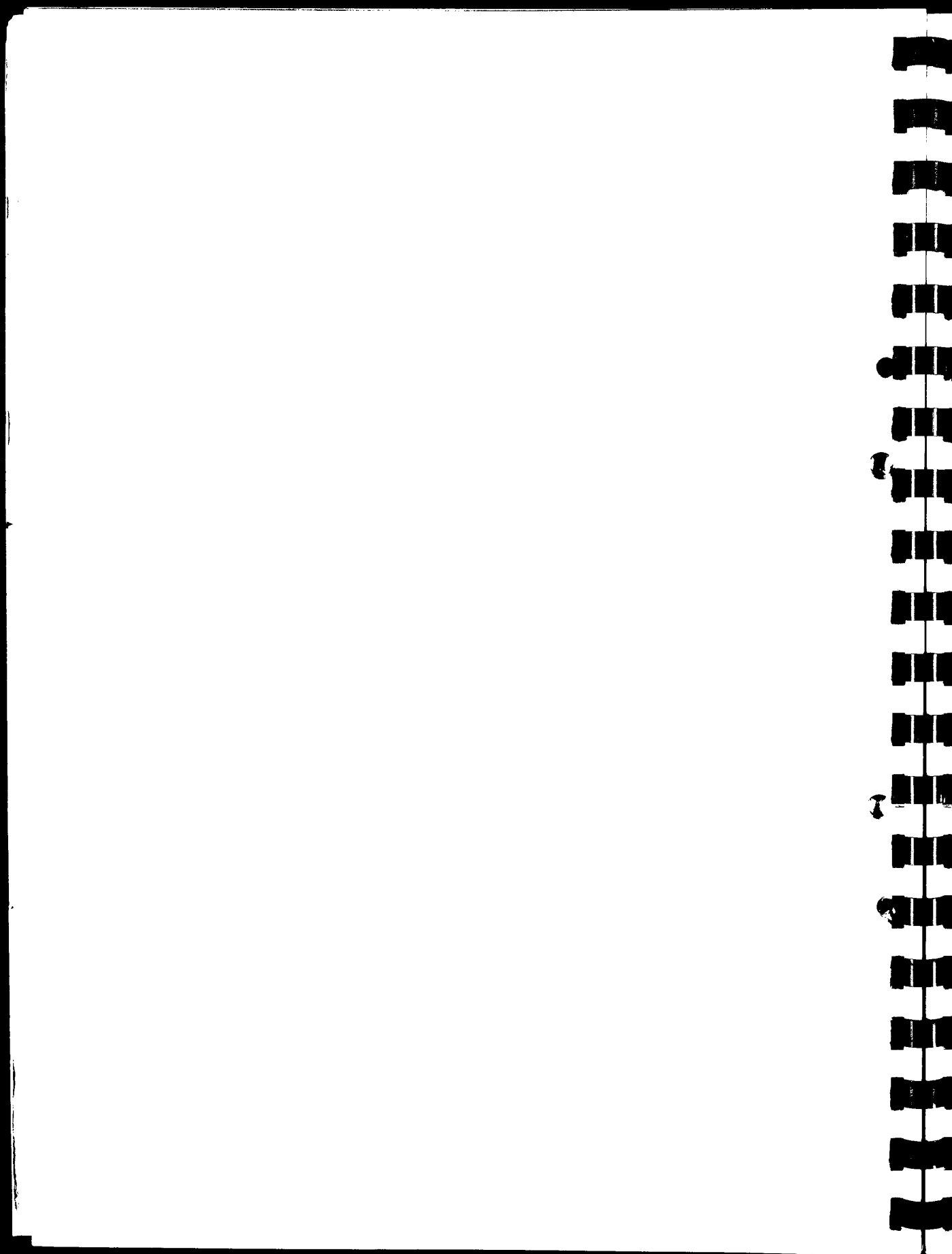


ADMINISTRATIVE TRAINING SCHEME

Notes for guidance in relation to training
programme at Unit Hospital

Catering Department

1. The organisation of the catering services in the group.
 - (a) whether a group or individual hospital catering officers or both
 - (b) catering sub-committee
 - (c) link with supplies re purchasing and stores
 - (d) link with finance department re costing and stores control
2. Role of Ministry Catering Advisors.
3. Role of catering officers: recruitment, training, qualification and duties.
4. Duties of other kitchen staff (including apprentice cook schemes).
5. Methods of requisitioning for meals.
 - (a) link with general office of hospital
 - (b) liaison between catering staff and ward sisters
 - (c) existence of liaison committees, e.g. staff feeding
6. Methods of controlling stores issues.
7. Methods of quantity control e.g. portion control
8. Menu planning
9. Location of kitchen in relation to :-
 - (a) delivery points and stores
 - (b) preparation room
 - (c) despatch point
 - (d) consumption points
10. Distinction between ordinary catering arrangements and arrangements for the preparation of special diets.
11. Role of dietitian: recruitment, training, qualification and duties
 - (a) preparation of special diets
 - (b) advisory service, (in-patients and out-patients)
 - (c) teaching responsibilities
12. Kitchen layout:-
 - (a) kitchen stores including refrigeration and cold rooms.
 - (b) classification of preparation areas.
 - (c) cooking and service areas.
 - (d) despatch areas.
 - (e) dish washing areas (including consideration of a central dish washing machine for the ward and general use in the kitchen).



ADMINISTRATIVE TRAINING SCHEME

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programme at Unit Hospital

Hospital Secretary

1. General Functions and Duties of Hospital Secretary

(a) Extent of delegated authority

examine responsibilities and duties of HS as delegated by GS.

e.g. financial responsibilities re estimates, control of expenditure etc.: powers to make and terminate staff appointments: responsibilities in connection with revenue and capital building and engineering works.

(b) Relations with HMC or BG, Group Secretary and other group officers.

extent and methods of notifying HS of group policy, including finance and supplies, attendance at HMC meetings and committees

e.g. receipt of HMC and committee papers
personal discussion with GS
receipt of HMs and other relevant circulars
extent to which HS consulted about matters affecting his hospital
accessibility of GS and other group officers
officer meetings

(c) Relation to house committees and hospital medical staff committees

2. Role of Hospital Secretary as Manager and Co-ordinator

General

- (a) Relations with Matron, medical staff and departmental heads.
method and frequency of consultation with matron and medical staff.
method of consultation with department heads, e.g. routine meetings individually or as a group, or simply as and when required.
- (b) extent of public relations activities e.g. dealing with complaints, suggestions and consultation.
- (c) methods of maximising efficiency, both equipment, facilities and staff.
- (d) personnel administration.

3. Work of Hospital Secretary's Department

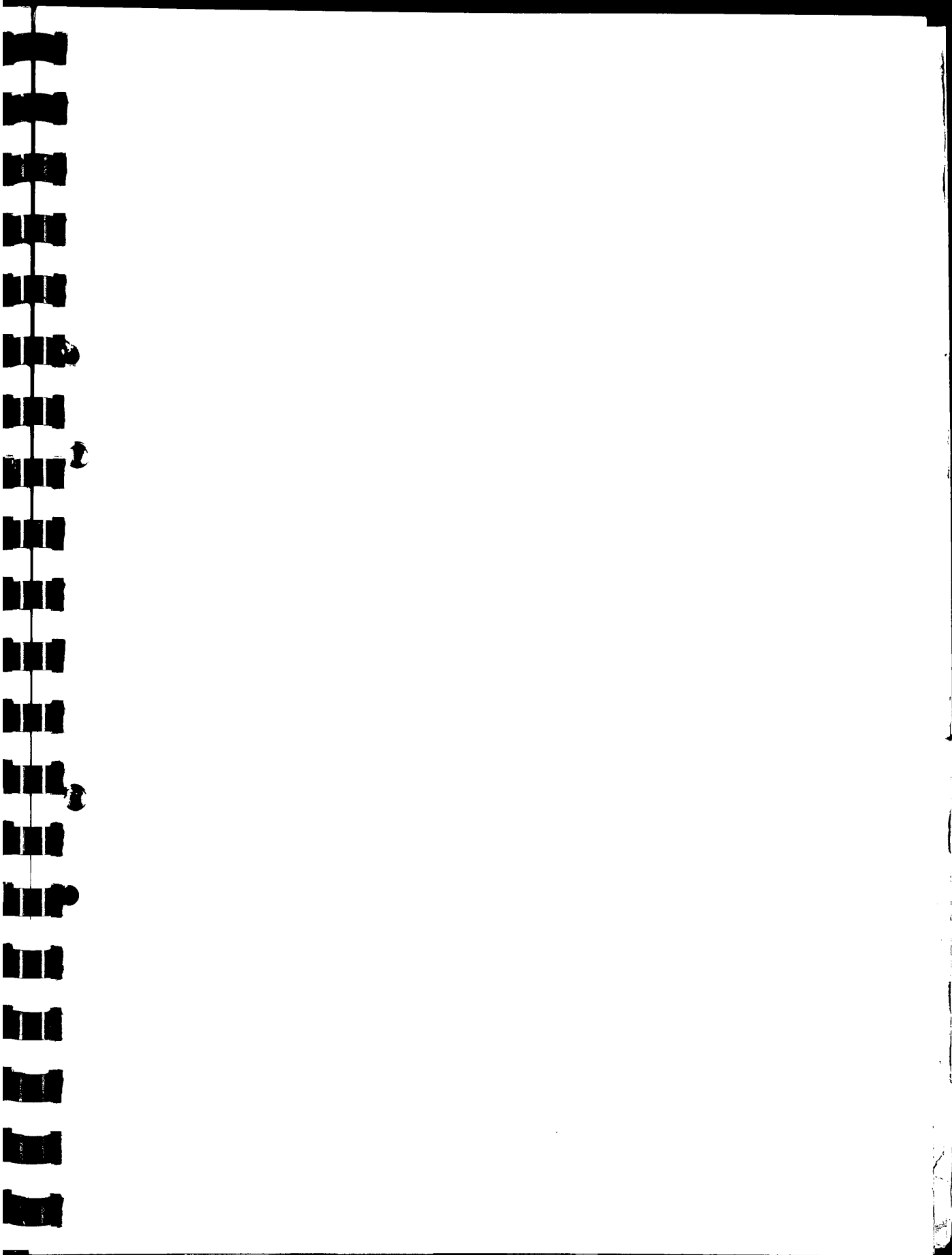
(a) Financial

preparing and certifying accounts for payment

collection of moneys and methods of banking e.g. sale of meal tickets, financial sales by voluntary bodies, etc.

petty cash payments and reimbursements.

patients' property and the handling of property of deceased patients.



Hospital Secretary contd.

responsibility for hospital equipment including inventory checks.

collection of moneys arising from Road Traffic Act cases.

preparing information for the payment of staff i.e. time cards, time sheets, etc.

payment of staff and custody of left wages.

(b) Supplies

receiving requisitions and placing orders.

summarising requisitions on stores departments.

method of allocating stores to catering departments (link-up with in-patient and staff statistics).

checking quality, quantity, etc., of goods received.

condemning procedures and use of public health authorities.

responsibility for safety of goods in store.

relationship of hospital secretary to departmental heads and Supplies Officer regarding purchase of equipment and materials.

(c) Secretarial

provision of secretarial services to committees e.g. house committees, hospital medical staff committees, etc.

(d) Engineering and Building Works.

relationship with hospital engineer and group technical officers.

- (a) daily requisitions for repairs
- (b) estimates of maintenance
- (c) capital schemes
- (d) planned maintenance

(e) Medical Records and Statistics

overall supervision of the work of medical records departments including appointment systems, waiting lists, statistics and allied returns.

responsibility for the adequacy of the medical secretarial service.

(f) Establishment

appointment of administrative and ancillary staff.

control of establishment.

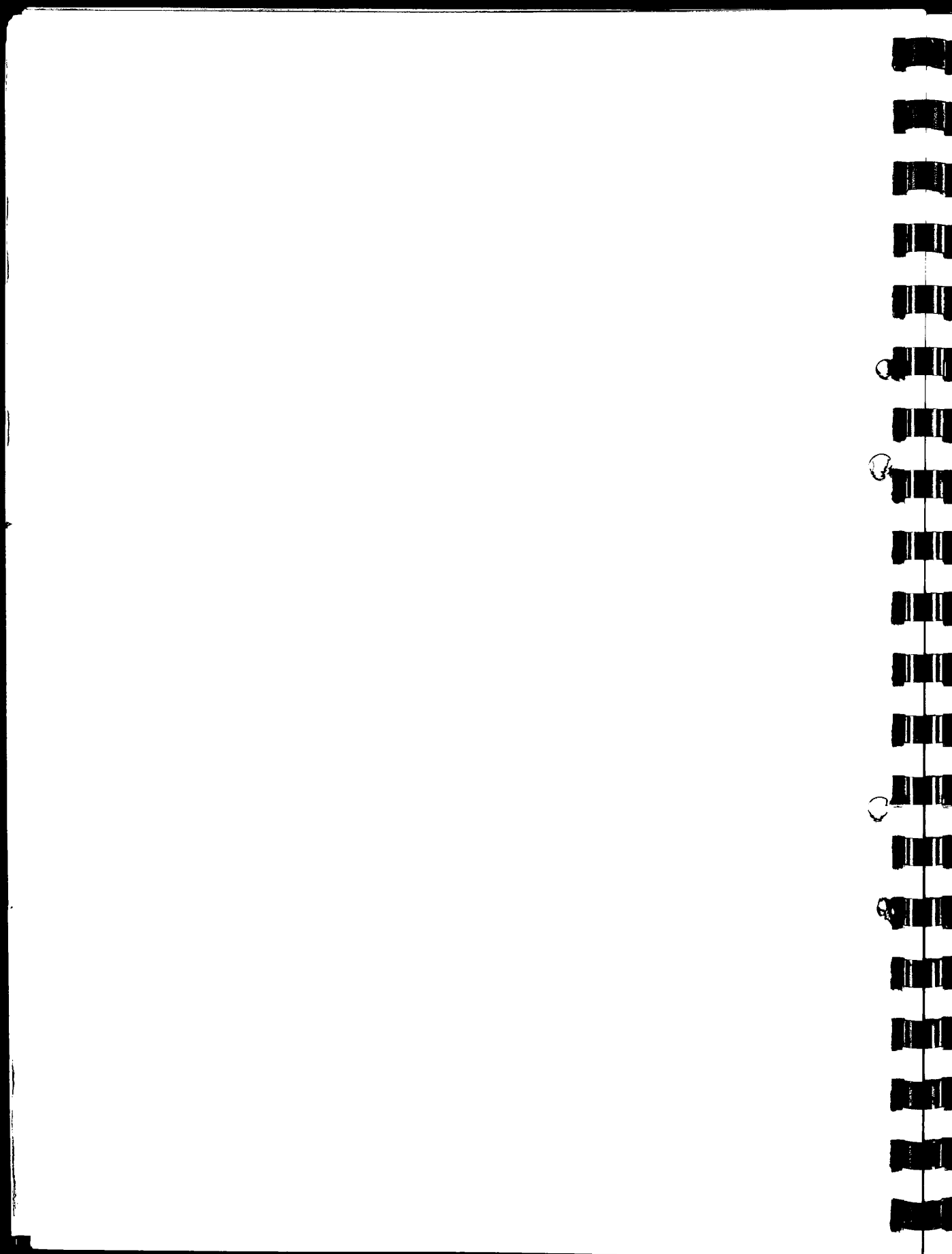
record and examine sickness incidence.

(g) Catering.

Liaison with officers concerned in respect of policy, costing quality and quantity control.

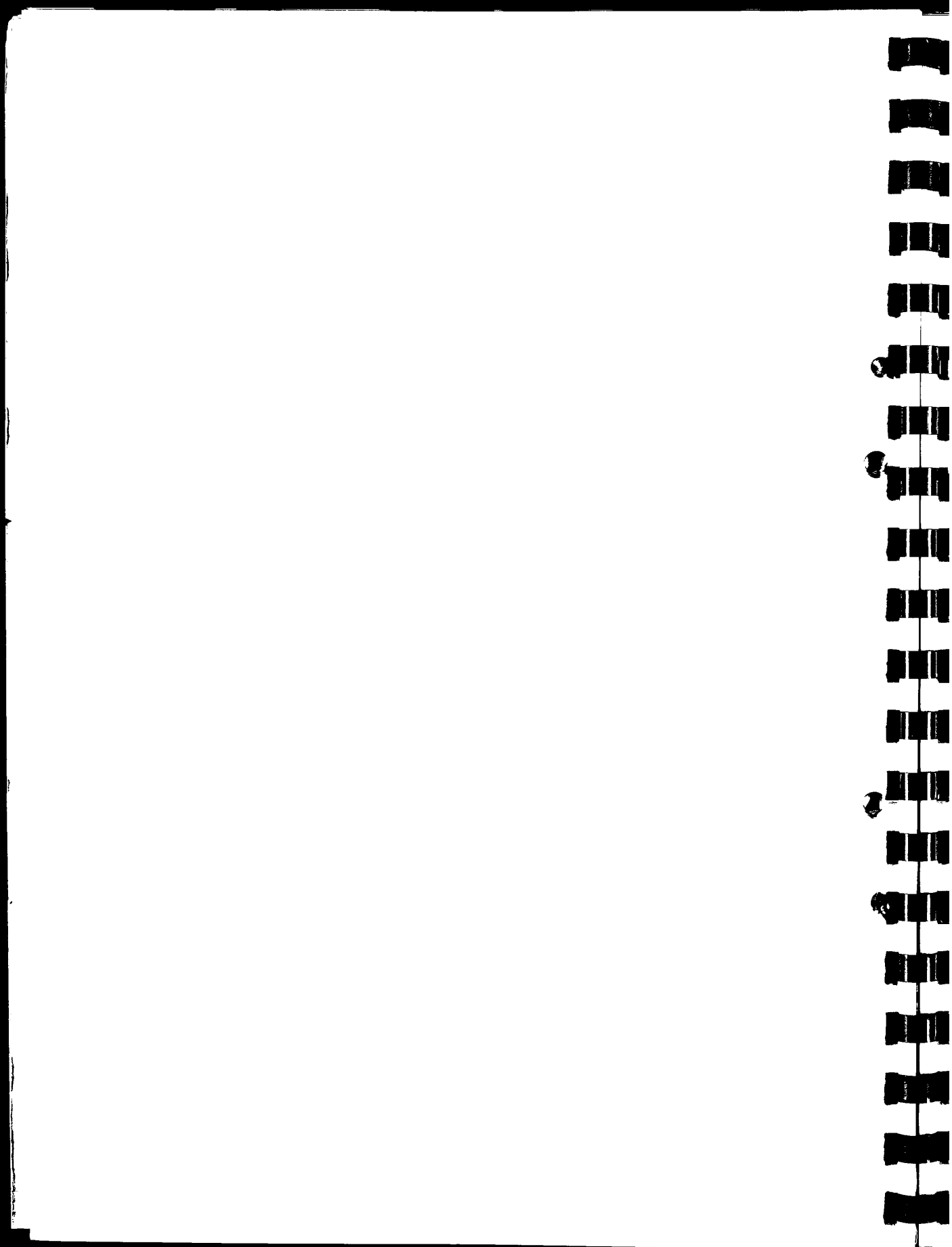
(h) Laundry

liaison with officers concerned regarding circulation of linen and supervision of laundry services.



Catering Department contd.

13. Appreciation of the various pieces of equipment required for the preparation of food including consideration of the methods of heating and the arguments for and against each type.
14. Appreciation of the various lines of flow of materials through the kitchen.
15. Methods of conveying food and equipment required, - (Consider central dining room for ambulant patients, tray service, staff cafeteria), etc.
16. Hygiene considerations in a catering department
17. Distribution of food to staff canteens (including arrangements for night feeding).
18. Visit to wards and staff canteen to observe distribution and note patients' views.
19. Inspection of waste, recording and method of reducing same.
20. Arrangements for maintenance of equipment
21. Engineering services required in a kitchen
22. Staff accommodation required in the kitchen



ADMINISTRATIVE TRAINING SCHEME

Notes for guidance in relation to training
programme at Unit Hospital

Hospital Engineering Department

1. The organisation of the engineering services of the group including the position of the group engineer and his supervision of hospital engineers.
2. The possible existence of a separate organisation to deal with building works under the control of a building supervisor or clerk of works answerable to the group engineer.
3. The relationship between the hospital engineer, the hospital secretary, and group engineer particularly re estimates.
4. The hospital engineer: training, recruitment and duties.
5. Organisation and classification of the hospital maintenance staff including an understanding of the various trades and the work they are able and not able to undertake.
6. Organisation of other staffs under the control of the hospital engineer e.g. stokers (including considerations of methods of training and organisation or boiler house shifts, etc.)
7. Provision of engineering services i.e. water, steam, hot water, gas, electricity, and liaison with Public Utilities re emergency supplies.
8. Maintenance of equipment, how much done by Hospital Staff and how much by Contractors in relation to special equipment e.g. X-ray, refrigeration, lifts, ventilation, suction, special gases, etc. (N.B. The importance in connection with the control of noise).
9. Testing of equipment as a Statutory Requirement, e.g. insurance of boilers.
10. Maintenance of building structure and decoration including the recording of data concerning :-
 - (a) external decoration and maintenance
 - (b) internal decoration
11. Provision of fabrics to facilitate easy cleaning of the hospital.
12. Administration aspects of the hospital engineering department.
 1. In conjunction with the group engineer to :-
 - (a) draw up specifications
 - (b) obtain tenders, etc.
 - (c) supervise work of outside contractors



Hospital Engineering Department contd.

(d) pass accounts

2. As Hospital engineer to :-

- (a) supervise use of requisition sheets
- (b) organise and supervise maintenance contracts in respect of plant, machinery and equipment.
- (c) record statistics in relation to water, electricity, gas consumption and general performance on equipment (to make this information available to the administration for purposes of costing, etc.)

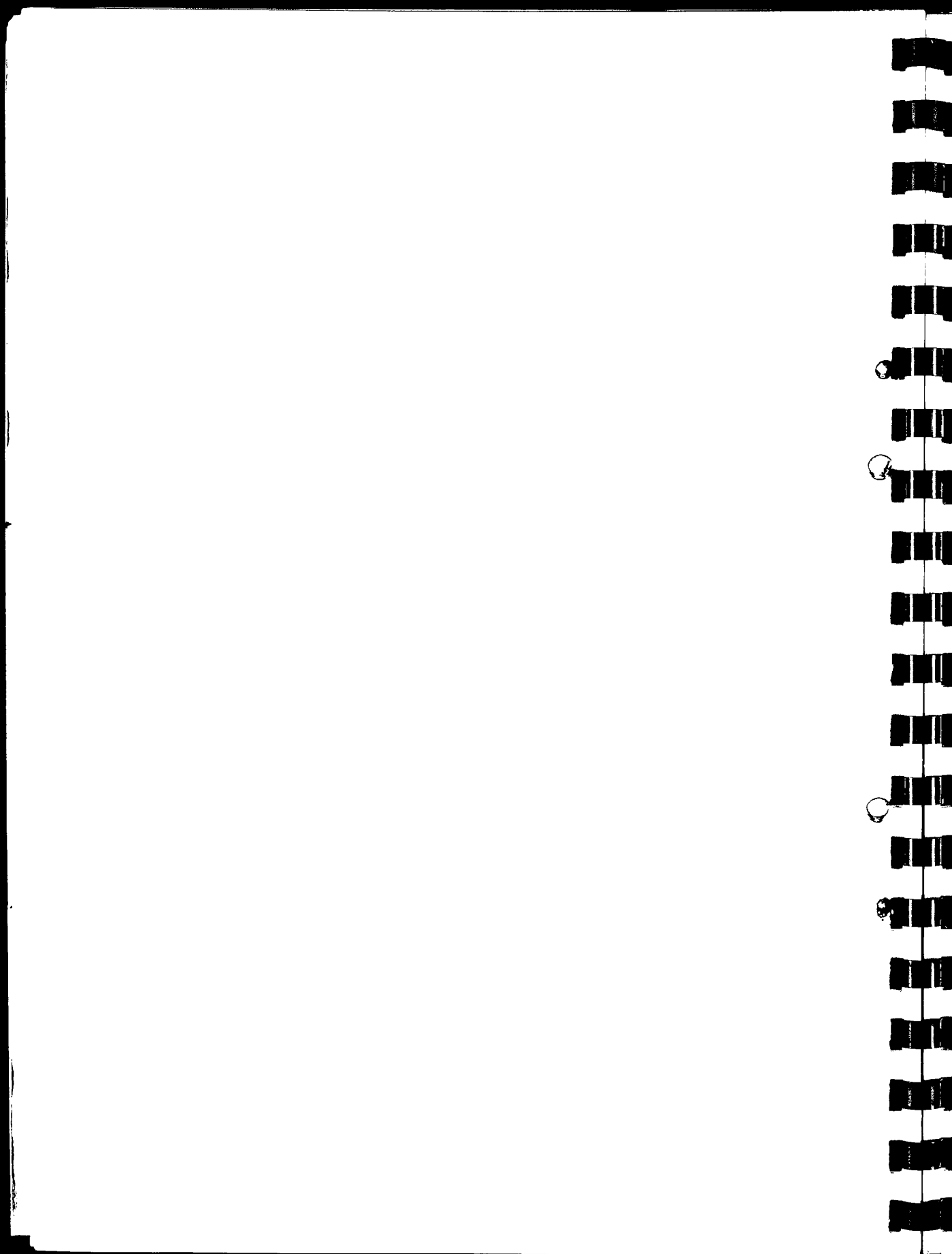
(N.B. Important to understand the various units of costs as they affect this department.)

13. Advisory aspects of the engineering department.

Should be in a position to advise the administration on questions of programmed maintenance, plant replacement, capital estimates, revenue estimates, costing and allied topics.

14. Engineers stores are usually kept separate. Ascertain levels of local stores and relationship with Group Engineers Stores.

15. Trainee should follow a request for emergency repair right through from the Ward Sister. through the Office and to see the consequential action and reporting.



ADMINISTRATIVE TRAINING SCHEME

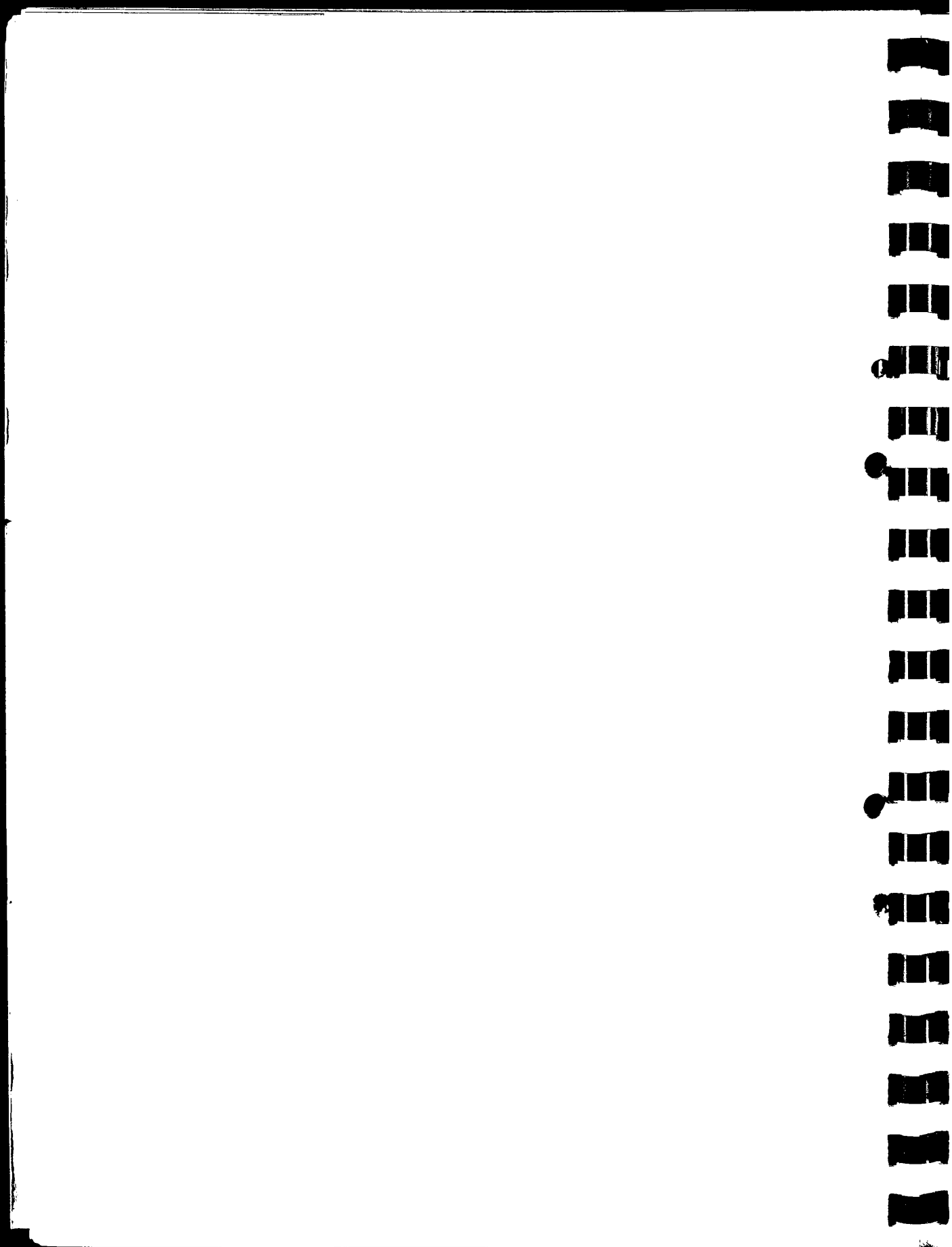
Notes for guidance in relation to training
programme at Unit Hospital

Portering Services

Discuss the organisation of the Portering Services, the line of control and the extent of services provided to all departments.

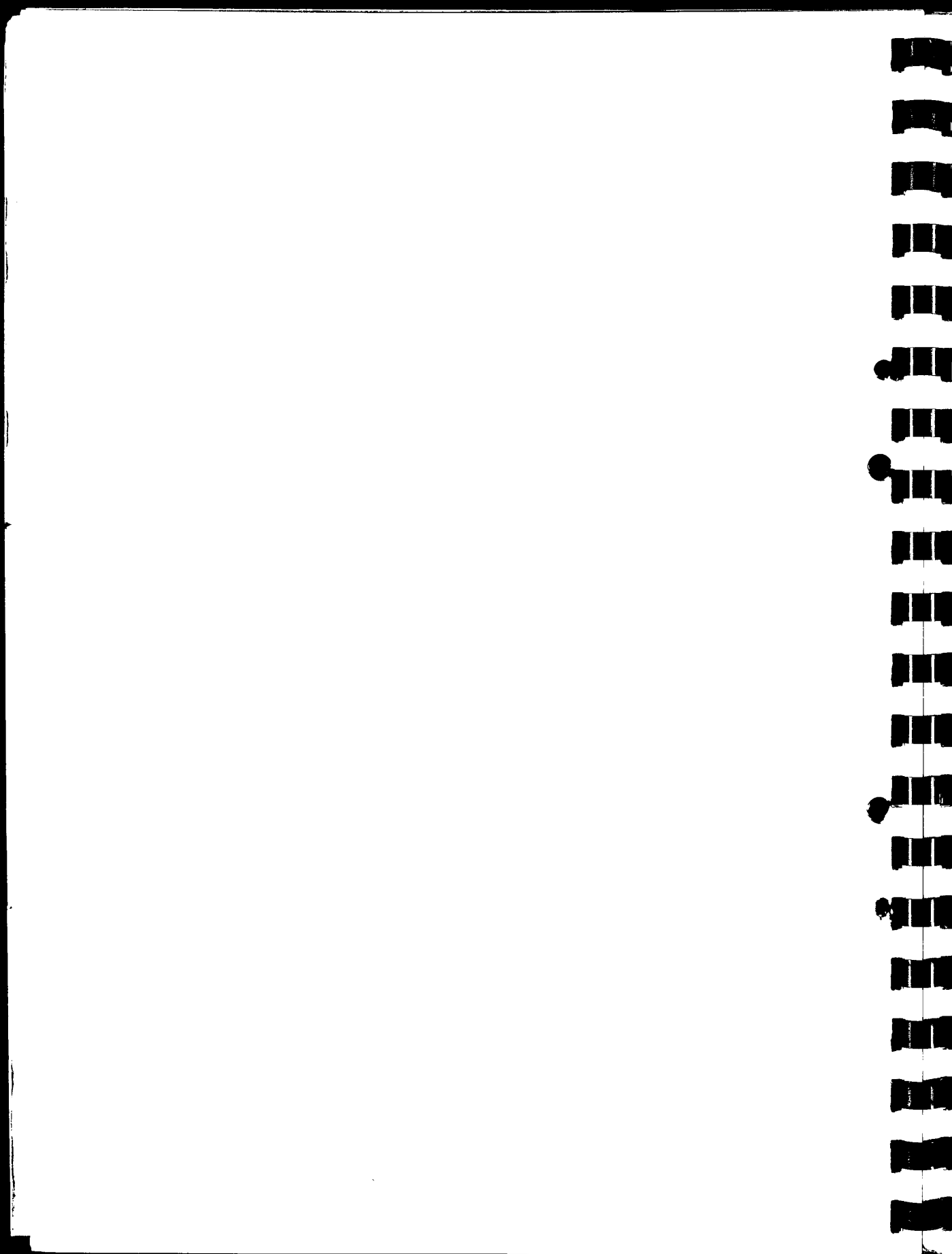
Other points of discussion are :

1. The allocation of men to departments, special duties, and other work.
2. The supervision of staff and the difficulty of this when men are dispersed over the hospital.
3. The role of the Head Porter in recruitment, induction and training.
4. Maintaining standards of conduct, appearance and morale.
5. Reception of patients, visitors and general enquiries, particularly at main entrance, recording messages, etc.
6. Lifting and moving patients within the hospital.
7. Distribution of stores, meals, etc., within the hospital.
8. Collection of waste products and refuse.
9. Collection or delivery and assembling or dismantling equipment e.g. oxygen tents, special beds, etc.
10. Possible duties in connection with operation of autoclaves, etc.
11. Collection and delivery of pathology and laboratory specimens, etc.
12. Role in relation to Security of premises, property and Fire prevention of accidents.
13. Use of porters in connection with cleaning e.g. cleaning walls (N.B. Trade Unions and demarcation question).
14. The handling of post and certain items of patients' property.
15. Work in special departments e.g. operating theatres.
16. Responsibilities in connection with the organisation of the mortuary and the disposal of bodies, including the question of deceased persons property i.e. the mortuary record book and safeguarding of rings, etc.
17. Fumigation.



Portering Services contd.

18. Appreciation of cross infection.
19. Noise control.
20. Prevention of accidents.
21. Role of Head Porter in primary staff records, time cards, etc.
22. Role in emergency.
23. Relationship with Hospital Secretary.



ADMINISTRATIVE TRAINING SCHEME

Notes for guidance in relation to training
programme at Unit Hospital

Domestic Services

Discuss the organisation of Hospital Domestic Management, the criteria for the appointment of a Domestic Superintendent (HM/61/104) responsible to the Hospital Secretary, and the arguments for and against Domestic Management in hospitals being the responsibility of the Nursing hierarchy.

Other points for discussion are :-

1. Qualification and training of Superintendent and supervisory staff.
2. Degree of consultation with departmental heads regarding standards of cleanliness. Liaison with Control of Infection Committee.
3. The organisation of work programmes to meet the demands of each ward and department. Working out Rotas, etc.
4. Role of Deputy (if existing) and Forewoman.
5. The control of establishment.
 - (a) Liaison with Finance Officer
 - (b) Selection and recruitment
 - (c) Policy re part-time workers
 - (d) Selection of staff for specific jobs e.g. Matron's maid.
 - (e) General allocation of duties.
 - (f) Control of hours.
 - (g) Discipline. Maintenance of conduct and appearance.
6. Arrangements for training and instructions of new staff not only in use of equipment but in relation to personal cleanliness and prevention of cross infection.
7. Method of work and maintenance of standards. Special problems due to distances to be covered by supervisor.
8. Safety and prevention of accidents. Responsibility for inspection of equipment from this point of view. Any special arrangements made when trailing cable in corridors, etc.
9. Noise control.
10. Special problems arising from difference in management of areas to be cleaned e.g.
Wards
Departments of clinical nature
Departments of non-clinical nature
corridors, stairs and waiting areas

The question of different fabrics and finishes in these departments and how technical advice is acquired e.g. floor seals.



Domestic Services contd.

11. Who decides type of mechanical equipment to be purchased? How is it maintained and are porters used in any connection with special equipment.
12. How are cleaning materials selected.
Any special care regarding storage, particularly inflammable materials.
13. Staff records.
14. Attendance of Domestic Superintendent at meetings of Departmental Heads.
15. Role of Ministry Domestic Adviser.



ADMINISTRATIVE TRAINING SCHEME.

Notes for guidance in relation to training
programme at Unit Hospital.

STORES DEPARTMENT

As a preliminary to the work of the group supplies department it will be necessary at this stage to enquire into the methods of purchasing in the group and the associated questions of the storage of various commodities in use. Where there is a central group store in operation trainees will probably have an opportunity to see this during their stay with the supplies department.

Other points of discussion are :-

1. Organisation of the stores in the particular hospital
2. Appreciation of how the commodities to be stored determine the design, construction, temperature, position etc. of the stores concerned, e.g. how fish store needs to be separate from a fats store and similarly how a vegetable store should be in close proximity to a vegetable preparation room, etc.
3. Some idea of the ideal stores layout in the design of a new hospital.
4. The supervision of stores with special regard to specialist stores e.g. industrial spirits and other fire risks.
5. Where there is one store dealing with the majority of commodities used in the hospital study should be made of the duties of the stores superintendent. Vis-a-vis, other departmental heads.
6. The various systems for controlling the operation of the stores :-
 - (i) supervision and recording of goods received.
 - (ii) acceptance procedure, e.g. quality and quantity control and comparison with order or contract.
 - (iii) frequency with which individual items are issued and programming the work of the stores.
 - (iv) methods of requisitioning from stores.
 - (v) methods of arranging issues.
 - (vi) method of recording issues.
 - (vii) means of distributing stores.
 - (viii) number of points to which stores are despatched.
 - (ix) summary of stores data for passing to finance department for costing purposes.
 - (x) methods of recording stock levels and ordering.
 - (xi) methods of safeguarding stocks.
 - (a) the various types of inventory checks by the stores staff, by the finance and government audit departments.
 - (b) precautions against pilfering.
 - (c) fire

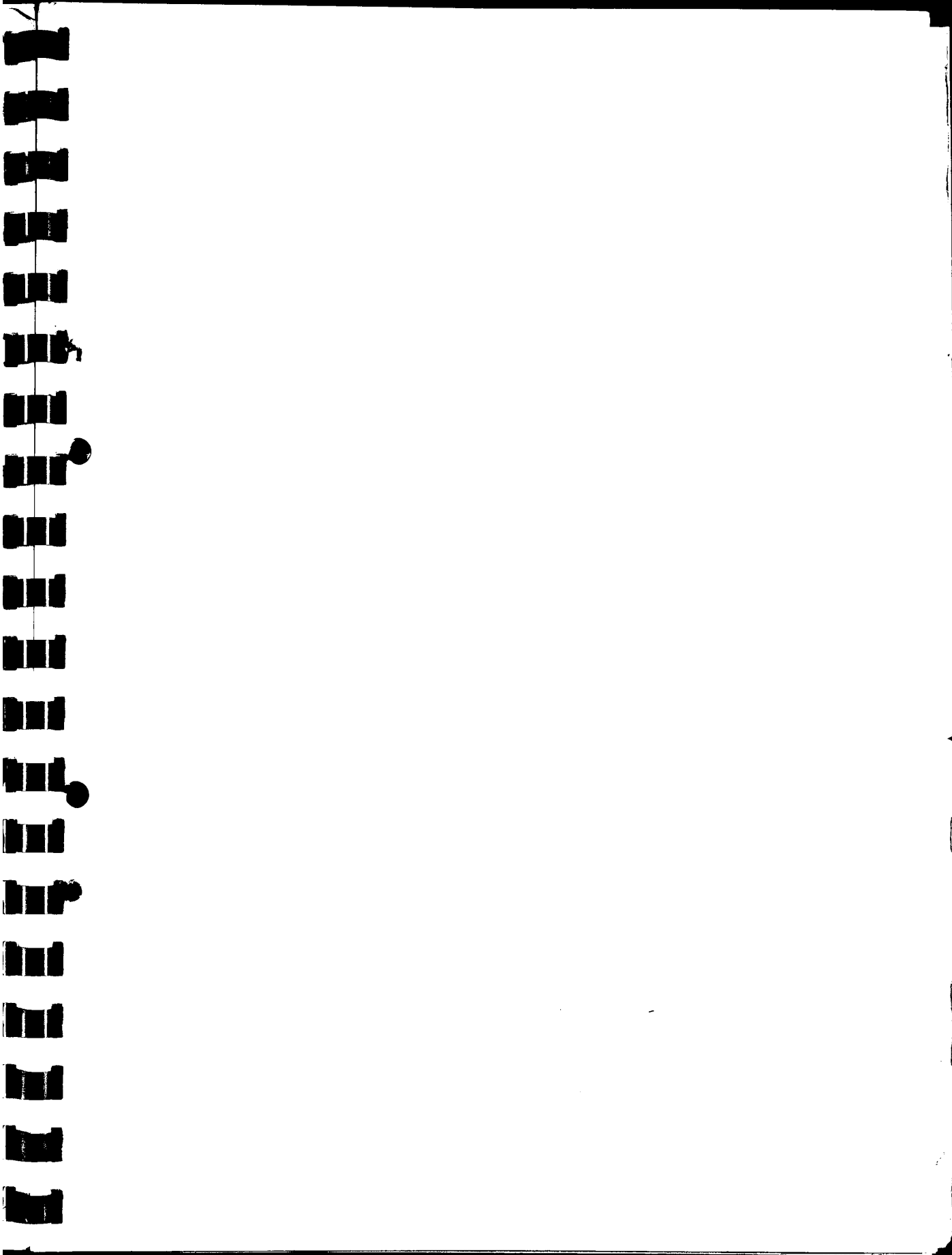


ADMINISTRATIVE TRAINING SCHEME

Notes for guidance in relation to training
programme at Unit Hospital

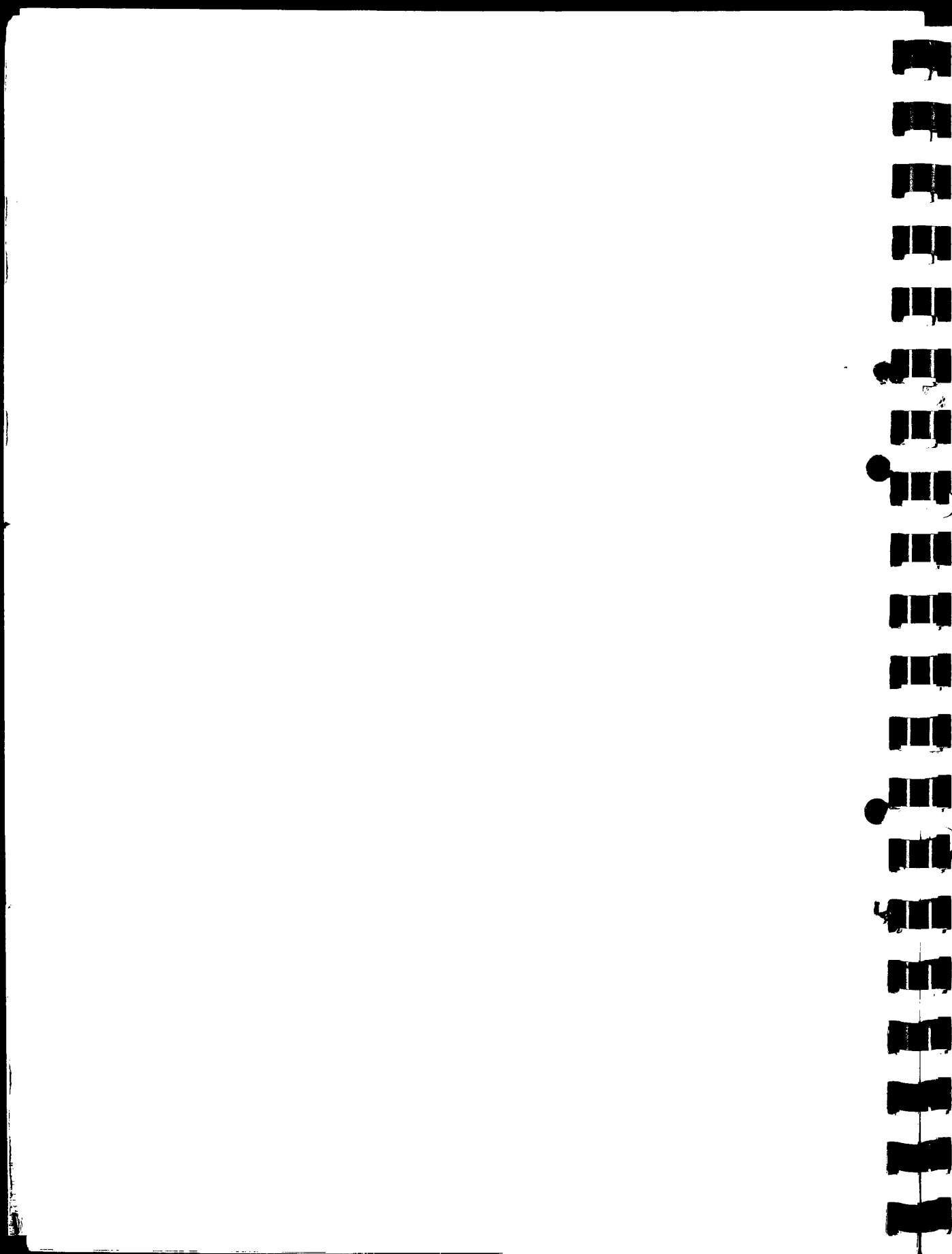
Nursing Administration

1. The organisation of the nursing services within the group i.e. whether there is a group nurses training scheme or whether each independent hospital has its own scheme. Also such questions as whether there is a senior matron in the group or whether each matron is of equal independent status.
2. The organisation of the nursing services within the hospital
 - (a) the staffing of matron's own office
 - (b) departmental sisters
 - (c) ward sisters
 - (d) staff nurses
 - (e) other trained staff
 - (f) student nurses of both registers
 - (g) nursing auxiliaries
3. The status of each of these various grades of staff within the hospital and their training, recruitment and duties.
4. Method used for the deployment of nursing staff within the hospital having particular regard to hours of duty, methods of release for student training i.e. study days compared with block release, night duties, etc.
5. Method used for recording personal details of staff.
6. Methods of supervising nurses health and precautions against infection e.g. smallpox, tuberculosis, and polio.
7. Organisation of nurses residential accommodation including duties of the home sister and the supervision of non-resident nurses and the accommodation in which they live.
8. Facilities for nurse training.
 - (a) The preliminary training school
 - (b) The two types of nurse training schools for the two registers.
9. Some understanding of the examination requirements of the G.N.C.



Nursing Administration contd.

10. Organisation of the tutorial staff including the role, training, qualifications and duties of nurse tutors.
11. Liaison for training purposes between the nurse tutor and the ward sisters, where in existence.
12. At this juncture it could also be useful to ask about the arrangements for the training of midwifery staff; to understand how this is carried out in conjunction with the Royal College of Midwives and the division of the examinations into a Part 1 and Part 11, and what this involves.
13. Role and powers of General Nursing Council Inspectors.
14. Recent changes in the regrouping of nurse training schools.
15. Assistance in training given by Area Nurses Training Committee.



King's Fund



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