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FOR LONDON



INFORMATION
BOOKLETS FOR
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PATIENTS

*Report of an enquiry by the
Division of Hospital Facilities*

JUNE,
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INFORMATION BOOKLETS FOR PATIENTS

"The major complaint of patients, as all study groups discovered about this and nearly every other situation in hospital, is lack of information." *

Introduction

A number of hospitals now send information booklets or leaflets to their patients before they are admitted to the wards, and early in 1962 the King's Fund decided to conduct a survey to find out the extent to which such patients' booklets are in fact being issued by hospitals and whether there is any scope for their improvement or more widespread use.

In the course of the survey, it was found that there is a great variety both in the content and in the manner of presentation of information for patients before or after admission to hospital. The chief purpose of this report is to indicate what seem to be the best features of many different individual booklets and to offer them for consideration by any hospital authorities that may be contemplating the preparation or revision of information booklets for their patients.

The need for information booklets

For many people, admission to hospital is counted amongst the major events of their lives. Though most patients later recall their stay in hospital with gratitude and relief, beforehand they all too often view the prospect of admission with uncertainty and apprehension. It is largely to help dispel these fears, and to prepare patients for the unfamiliar hospital world, that information booklets are issued. It is clear too that some authorities consider that the booklet is not just a means of giving information, but also a way of helping to establish rapport with a patient in a manner that is warm and understanding, rather than patronizing or pompous.

*From "*People in Hospital*" by Elizabeth Barnes. Macmillan, 1961.

In 1951 The Scottish Health Services Council's Standing Advisory Committee on Hospital and Specialist Services produced a report on 'The Reception and Welfare of In-Patients at Hospitals' in which it was stated that "very few hospitals seem to offer any written information to patients before they arrive in the wards". After describing the sort of information which could be usefully given to in-patients, the Committee concluded by saying that "We cannot stress too much the importance of giving the patient as much information as possible about life in the hospital. It helps him to adjust himself to the new conditions under which he must live; it lessens the number of enquiries of the nursing staff; and it makes the patients feel that they are still people with human needs and interests, not merely cases requiring medical attention."

In 1953, the Central Health Services Council produced a report on 'The Reception and Welfare of In-Patients in Hospitals', in which this theme was reiterated, and further emphasis given to the importance of conveying to the patient information that will be of help both before admission and after. An appendix listed some 27 points or topics which have been included in information given to patients. This list was used as a yardstick in analysing the booklets studied in this survey, and the headings shown in the Table include virtually all those quoted in the 1953 report and a number of others in addition.

It must of course be remembered—as several authorities pointed out during the survey—that the printed word is no substitute for personal attention, and that the issue of booklets does not in any way diminish the need for the staff to listen to their patients' questions and to give them personally all the help and advice they can whilst in hospital.

Method of the enquiry

The information upon which this report is based was obtained primarily by circulating a questionnaire to every one of 27 Hospital Management Committees within the area of one metropolitan Regional Hospital Board, and to a selection of 33 other Hospital Management Committees, Boards of Governors and Boards of Management from most of the other regions in the United Kingdom.

Nearly all the questionnaires were returned, and in this way information was obtained concerning 287 hospitals. Sample booklets or leaflets were also obtained from the 156 hospitals that produce them, and their contents analysed. The replies from the hospitals outside the one metropolitan region followed the same general pattern as those from the hospitals within that one region, so that *prima facie* this survey may be considered reasonably representative.

Hospitals providing booklets

Of the hospitals covered by the survey, 120 are for acute or mainly acute patients, 26 for psychiatric patients, and 141 are for other patients (children; maternity; geriatric, etc.). The results of the survey show that 60% of them are now issuing booklets or leaflets, as compared with 32% before 1953. However, the Table shows that a great number of hospitals are not yet providing information on many of the topics suggested by the Central Health Services Council's report. The need for clarity and conciseness may discourage some hospitals from attempting to provide all these details, but others have successfully managed to present a wealth of information very clearly and economically. On balance it does seem that more hospitals could provide more information than they do at present.

Almost every hospital provides its patients with some information before admission, even if this consists simply of the briefest formal notice of reservation of a bed. The definition of what constitutes a patients' booklet or leaflet must therefore be somewhat arbitrary. For the purposes of this report, it has been defined as being any official letter, leaflet, or booklet that provides the patient with information that will be of assistance to him or her not only before admission (e.g. travelling directions; things to bring), but also whilst staying in hospital (e.g. visiting arrangements; amenities; telephone enquiries). The survey thus covers a wide range, from a single-sided quarto sheet of paper with the minimum of information to stiff-covered illustrated booklets with many pages.

Generally speaking, acute hospitals seem to provide more information for patients (and their relatives) than any other types of hospital. The special requirements of some of the other types of hospital are discussed in more detail later. A higher proportion of large hospitals

provide patients' booklets than do small hospitals. This may be partly due to the feeling that the smaller hospitals have more of a 'family atmosphere' and that the patients therefore do not need so much reassurance, and partly because fewer booklets are needed (as there are not so many patients), which in turn means that the cost per booklet is proportionately higher. However, quite a number of small hospitals evidently consider it helpful to issue booklets, and there may well be scope for more of them to do so.

Content of booklets

Some hospitals produce first-class booklets, presenting much useful information in a pleasant and helpful manner; others provide rather meagre information less attractively. The standards set by the best booklets might well be more widely adopted.

Many hospitals preface their booklets with a friendly foreword or welcome, and this feature (or its absence) usually sets the tone of the booklet as a whole. In addition to providing the essential basic information, a number of hospitals include such additional features as a brief history of the hospital and a description of its present organization; pictures or photographs of the hospital; illustrations or cartoons to emphasize particular topics of information; such additions certainly help to make the booklets more readable and attractive. Some provide a map of the hospital and its surroundings, which is particularly helpful for clarifying travel directions, and others include loose-leaf or detachable sheets with more detailed information about the procedure for relatives' enquiries and visiting arrangements, which the patient can give to relatives or friends before admission. An index is included in a number of the more informative booklets, and this is a helpful feature that might well be more widely adopted.

Slightly over half of the hospitals invite patients to put forward comments on the services provided by the hospital, or suggestions for their improvement. The members of the staff to whom patients are asked to address their comments differ from hospital to hospital, but the most popular arrangement seems to be that whereby the patient is encouraged to talk to the Ward Sister whilst still in hospital, or to write to the Matron or Hospital Secretary after discharge, if preferred.

The Table provides a comprehensive list of the contents of many different booklets and the Appendix gives extracts from a selection of these booklets, which may serve as a guide to those engaged in the preparation of new booklets or the revision of old ones.

Size and cost of booklets

It seems that the cost of producing a booklet need not be high. Only 13% of the booklets cost more than 3d. each, and many excellent ones cost less.

The size of each booklet is largely determined by the amount of information provided in it and by the layout and type-size used. Practice seems to vary greatly from one hospital to another. Some hospitals are satisfied with duplicated quarto or foolscap sheets, whilst others issue stiff-covered booklets complete with index, maps and photographs or illustrations. Some combine the booklet with a formal admission-notice and design it so that it can be folded for despatch through the post without an envelope. Some choose a size, about 5" x 4", designed to enable the booklet to be kept conveniently in hand-bag or wallet, whilst others prefer a bigger size, about 8" x 5", which enables a larger type-size or fuller details to be included in the booklet. Opinions clearly differ on the question of which is the best size, but provided that the information given is adequate, and easy to understand, it perhaps matters little whether the booklet is large or small. A stiffish cover for the booklet does have the advantage of helping to preserve the pages from damage, as well as usually enhancing the appearance of the booklet, and a number of hospitals evidently consider the slight extra expense justified.

The cost of individual booklets naturally varies according to the size, method of printing and quantity of booklets ordered at one time. Hospitals that use their own duplicating or printing machines can supply booklets or leaflets for 1d. each or less. Where the booklets are printed by commercial companies, the costs are rather higher, but when several thousand copies can conveniently be ordered at once (as is the case with many of the larger hospitals) the cost per copy can be very small. One of the most attractive and informative booklets, with 16 pages of information and illustrations, costs only 3d. This

is admittedly for a hospital that can conveniently order 25,000 copies at a time, but even with orders for much smaller quantities, many first-class booklets cost no more than 3d. each, which can perhaps hardly be considered excessive when one reflects that in 1960/61 the net in-patient cost per case in an acute hospital averaged £53 12s. 3d.

In some cases, booklets contain advertisements, the revenue from which completely covers the cost of production, so that the hospital is not faced with any expenditure at all. This practice is not common in acute hospitals, but is quite widespread in maternity hospitals, and there is one company at least that specializes in this field, to which reference is made in the section of this report dealing with booklets for maternity patients.

The costs of producing booklets are usually met out of Exchequer funds, but in a few instances the hospital's League of Friends has paid for them, particularly in the case of some of the more expensive booklets costing 6d. each or over.

Preparation and revision of booklets

The initial responsibility for listing the contents and preparing the text of the booklets rests with different officers in different hospitals. In the majority of cases it seems to be the task of the Group Secretary or Hospital Secretary.

No matter who does the initial preparation, it is clearly considered to be of great importance to ensure that the booklet should be circulated in draft form for comment and criticism by the heads of departments concerned (i.e. all those whose departments are mentioned directly or indirectly in the booklet). This view was expressed frequently and independently by many hospitals in answer to the question 'In the light of your own experience, is there any particular advice that you would suggest for a hospital contemplating the publication of a patients' booklet for the first time?'

Some hospitals also issue booklets in draft form to patients for a period of about three months, so that they can obtain the reactions of patients and staff before finally deciding upon the form of the booklets.

In the final stages of preparation or revision, it is important to check the contents and design of the booklet as a whole to ensure that its issue will cause the minimum of extra work (and postage) for the hospital. It is also essential not to lose the 'personal touch': in this respect, a picture of the hospital and a map can help, whilst the actual wording of the booklet should be as friendly and welcoming as possible.

In many hospitals, it is the practice to order only one or two years' supply at a time, so that the booklets can be revised and kept up to date quite easily. Information and advice concerning such matters as travelling facilities, visiting arrangements or telephone enquiries may have to be altered from time to time, and if booklets containing this information are not revised at relatively frequent intervals, they may become out-of-date and require addenda or hand-written amendments, which can be a tiresome and time-consuming task for someone.

Frequent reprinting means that smaller quantities are ordered than would otherwise be the case, which in turn means a higher cost per individual booklet. Some hospitals overcome this difficulty to a certain extent by including in the booklets only the relatively unchanging information, and by printing separate loose sheets for details that may change more often, such as travelling directions, etc. In this way, several years' supply of booklets can be ordered at once, whilst the loose sheets can be reprinted much more frequently, if required. This system has the added advantage that the hospital, or the patient, can give extra copies of the information-sheets about visiting, etc., to relatives and friends, whilst keeping the booklet for his own guidance. Another method adopted by some groups is for one booklet to provide the basic information for several hospitals in the group, with separate loose sheets for information that is peculiar to individual hospitals.

Issue of booklets

The most common practice for issuing the booklets is to send a copy to the patient with the letter of admission at the time that he or she is given notice that a bed is available. For maternity patients, the booklets are generally issued when a bed is booked.

For emergency admissions, the most satisfactory system seems to be for the Ward Sister to keep a supply of booklets on the ward, and to give one to each patient (or relative) who has not previously received one.

The information required by patients is not, and need not, always be given in one booklet. Some hospitals prefer to send the patient a letter before admission giving details concerning travelling, toilet requisites and other information that is helpful to the patient before entering hospital, and then to give each patient a booklet after admission describing hospital routine, amenities and other information that will be helpful whilst in the ward. As long as the patients get all the information they need, it perhaps does not matter greatly whether they receive it altogether in one booklet or separately in a letter and a booklet. On balance, however, it seems that the majority of hospitals prefer to provide all the information in one booklet and to send it to the patient with the letter of admission.

This survey has been primarily based upon the booklets used in acute hospitals. The information provided for patients in these hospitals is largely applicable to patients in other types of hospital, but the following paragraphs indicate some of the special considerations that may affect the composition of booklets for certain categories of patients.

Booklets for maternity patients

Maternity patients, especially those having their first baby, need information no less than other patients, despite the fact that most mothers-to-be are basically healthy and fit. 37 individual maternity hospitals were included in the survey, and 21 of these provide booklets for their patients. Some of these hospitals provide much information not only about the hospital itself, but also about antenatal care and mothercraft. At least one company, appropriately named Newbourne Publications Ltd. (91 Stoke Newington Church St., London N.16), specializes in this field and produces 'The Baby Book', a booklet of 116 pages with two pages of information about the individual hospital concerned, and with a series of articles, edited by a professor of obstetrics, about antenatal care and mothercraft generally. The booklet

includes numerous advertisements, the revenue from which pays for the costs of the booklet, so that the hospital is not involved in any expenditure at all.

The British Medical Association publishes a 96-page booklet entitled 'You and Your Baby'. This also contains a series of authoritative articles by doctors on antenatal care and mothercraft, together with advertisements, and is available free of charge for hospitals and clinics. Further information can be obtained from the offices of Family Doctor (Family Doctor House, 47-51 Chalton St., London, N.W.1.).

Booklets for children's hospitals or wards

In recent years increasing attention has been paid to the psychological and other problems associated with the admission of young children to hospital. One reflection of this trend has been an increase in the number of booklets prepared for the specific purpose of preparing children (and their parents) for admission, either to children's hospitals or to children's wards in adult hospitals.

11 children's hospitals were included in the survey, and 10 of these provide booklets for the parents of child patients. Several of these hospitals produce very good booklets of their own for this purpose, whilst others use a leaflet of advice prepared by the Central Council for Health Education (Tavistock House, Tavistock Sq., London, W.C.1.). One of the 11 hospitals produces a hospital-'comic' for its child patients, and this, in combination with the more serious booklet given to parents, appears to provide an excellent way of preparing children for admission.

It seems that such booklets or comics are less frequently issued for children admitted to the children's wards of adult hospitals, probably because of the relatively small numbers involved, and there may well be scope for improvement in this direction.

Booklets for psychiatric patients and their relatives

10 hospitals in two of the 13 psychiatric H.M.C.'s are for sub-normal patients. The other 11 H.M.C.'s have a total of 16 hospitals

for patients suffering from psychiatric illness. Relatively few of these hospitals at present produce booklets or leaflets for their patients, though most have leaflets or letters for issue to patients' relatives.

In a number of instances, the current lack of provision of booklets for psychiatric patients is due mainly to the need for revision of the information and advice to be given to patients in the light of recent mental health legislation. For sub-normal patients, the issue of booklets is in any case generally inappropriate, and for patients suffering from psychiatric illness, the issue of booklets is not automatic, but is usually deferred until the medical staff consider the patients will benefit from them.

The information that is provided, either for patients or for their relatives, varies considerably in content and tone from hospital to hospital. The most informative booklets or leaflets are similar in quality to the best of those produced by any acute hospital.

Booklets for other hospitals

In other types of hospital (e.g. T.B.; long-stay; geriatric, etc.) patients and their relatives need information too, though frequently of a different nature to that required for acute hospitals.

Some of these other hospitals do produce first-class booklets for their patients, but the general standard of provision does not seem to be as high as is the case with acute hospitals. Here again the relatively high cost of producing small quantities of booklets is probably a deterrent, and in geriatric units it may well be the case that many patients would have difficulty in reading or understanding them, whilst many may have few relatives who would welcome the booklets even if they were available. This is a matter that is perhaps worthy of deeper study than has been possible in the present investigation.

The Fund is very grateful for all the information and advice that has been so readily given by all concerned in the survey.

A more detailed statistical analysis of the results of the survey is available on request. In the course of preparing the report, samples of numerous different booklets have been obtained: by the courtesy of the hospital authorities concerned, the Fund can loan to anyone interested folders containing selections of booklets relating to acute, childrens', maternity, psychiatric or other hospitals.

TABLE
Contents of Patients' Booklets

This Table relates only to the acute or mainly acute hospitals covered by this survey. 89 (74%) of these hospitals produce booklets for their patients. At the time this report was prepared, three hospitals were in the process of revising their booklets, and column A in the following analysis shows the percentage of the remaining 86 hospitals that referred to the topics indicated. Column B indicates the section in which reference is made to each topic in the Appendix in the following pages.

	A	B
	Mentioned by % of 86 hospitals	Relevant Section of Appendix
Admission procedure	35%	1
Almoner	80%	15
Car-parking	12%	10
Chaplain	87%	16
Clothing	76%	4
Discharge from hospital	35%	26
Enquiries from relatives	70%	8
General Practitioners	12%	14
Gifts of food, etc.	20%	11
Hairdressing	45%	20
Hospital routine	33%	12
Hospital staff	28%	13
Laundry	49%	4
League of Friends	24%	28
Letters	65%	7
Library	77%	17
Meal times	42%	12
Medical information	12%	14
Money and valuables	95%	5
National Insurance, etc.	70%	6
Newspapers	64%	18
Private or amenity beds	29%	24
Smoking	58%	23
Suggestions	58%	27
Telephone	30%	21
Things to bring	96%	3
Travelling directions	62%	2
Travelling expenses	8%	2
Trolley shop	57%	19
Visiting	96%	9
Ward Sister	35%	13
Wireless and television	50%	22
History of hospital	14%	—
Picture of hospital	13%	—
Map	16%	—
Index	7%	—

Three of the 12 teaching hospitals explained their teaching functions and asked for their patients' understanding in this matter.

Other topics mentioned by a few hospitals include: occupational therapy; chiropody service; gratuities; physiotherapy; care of dentures; banking of money; filmshows and other recreational facilities for patients.

APPENDIX

Sample Extracts from Booklets

The following pages illustrate the nature of the topics mentioned in patients' booklets, and the examples shown are based almost entirely on direct quotations from the different booklets studied during the survey.

These quotations do not cover all the topics mentioned by different hospitals, nor of course are they necessarily applicable to all hospitals. They are intended only to serve as a guide to the sort of information that is given in many booklets and to the way in which it is presented.

By kind permission, the illustrations in this Appendix are re-printed from the patients' booklet produced by Guy's Hospital Guild of Ex-Patients and Friends.

FOREWORD

When you come into hospital as a patient for the first time, you may find much that seems strange and difficult to understand. The purpose of this booklet is to tell you something about how things are done here and who does them. We want you to be happy and comfortable during your stay here, and we hope that you will settle down and feel at home as soon as possible.

The Sister in charge of the ward is responsible for your nursing and general well-being and if you are in difficulty please consult her, or her Deputy when Sister is not there.

1. Admission Procedure

Unless you are an emergency patient, you will receive a "Notification of Admission" form, telling you on what day and at what time to report to the Hospital. Every effort is made to give patients sufficient notice, but sometimes this is unavoidably short.

You should take the Notification of Admission form to the Admissions Office, which is in the Main Hall. The Admission Clerk will record all the information required (mostly filled up by you on the form before you arrive), and then you will be taken to your ward.

When you arrive at the Ward, the Sister or Staff Nurse in charge will greet you.

**2.
Travelling
Directions**

(Many hospitals give explicit travelling directions, tabulating bus and rail routes and destination points, and giving precise details about the entrance to the hospital and reporting-point for patients coming for admission. Some hospitals include a map of the hospital and its surroundings. In some cases all this information is provided as an integral part of the booklet, in others it is inserted as a loose sheet.

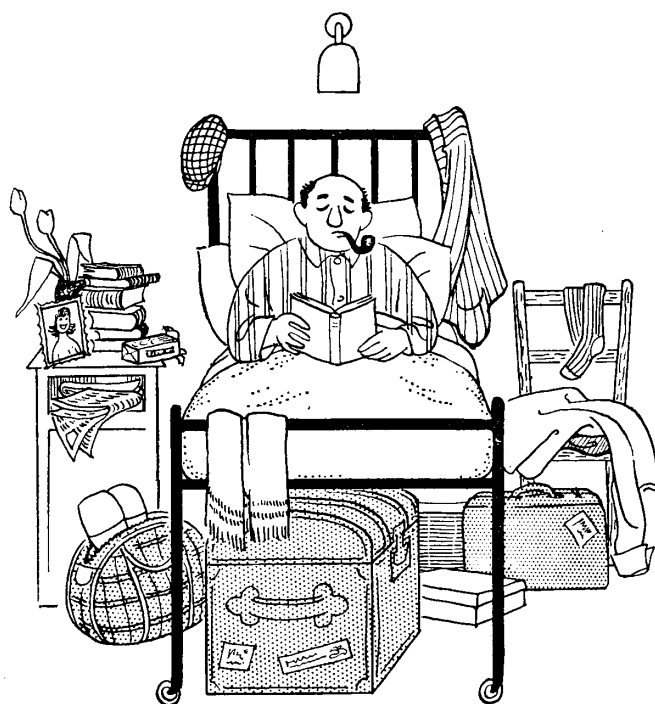
Some also explain that patients who are medically unfit for travel by train or bus can apply through their own doctor for transport by ambulance or car. Others give details of the procedure for obtaining help over travelling expenses from the National Assistance Board.)

**3.
Things to
Bring**

As an In-Patient you will require the things listed below. The hospital can lend you these if you do not wish to bring your own.

Toilet Articles	—Hairbrush and Comb, Toothbrush, Toothpaste (or denture cleanser), Soap, face flannel, towels, Handkerchiefs (preferably disposable)
Clothing	—Change of nightwear, Slippers, Dressing gown if possible.
Where applicable	—Welfare Food Token Book, National Insurance Number, Government Pension Book Number, National Assistance Book Number.

Male patients should bring their razors, and shaving mirror, if possible. Facilities for electric razors are not available at present.



4. Clothing and Laundry

Storage space in the wards is limited and relatives or friends who accompany you on admission, or visit during your stay in hospital, will be asked to take back to your home any clothing you do not require for your immediate needs. The Ward Sister will tell you when clothing should be brought back.

It would be appreciated if patients could make their own arrangements for laundry of personal clothing. You will no doubt arrange with your visitors to take your washing away when they call to see you. Items issued on loan by the hospital will, of course, be laundered on the premises.

(In new hospitals there is a welcome tendency towards providing individual cupboards, often built-in, to enable patients to keep their own clothing in the ward).

5. Money and Valuables

You will be provided with a bedside locker in which to keep personal belongings, but you are advised not to bring any valuables or money other than the small amount required for newspapers, cigarettes, etc.

If valuables are brought, they should be handed immediately to the Ward Sister or her deputy and a receipt obtained, as the hospital cannot accept responsibility for any personal property retained by patients.

**6.
National
Insurance**

It is important to remember that failure to submit medical certificates promptly to the Ministry of National Insurance may result in loss of sickness benefit, and that a serious delay occurs unless your National Insurance number is quoted and your part of the certificate fully completed.

You should ask the Ward Sister for the necessary certificates, and send them to the Ministry of National Insurance within 3 days of your admission.

Patients receiving an Old Age Pension are asked to make a note of their Pension Order Book Number.

Patients receiving an allowance from the National Assistance Board should, on admission to Hospital, return their books to their local office for adjustment.

**7.
Letters**

Please ask your friends to state the name of your ward and include your full name clearly on all letters they may write to you. This will ensure that your letters will reach you promptly.

If you are not able to write your own letters the Ward Sister will arrange for this to be done for you if you wish.

Postal Deliveries are made to the ward at	{ 8.30 a.m. and 12.0 noon on weekdays
Postal Collections are made from a box in the ward at	{ 12.0 noon and 4.30 p.m. Daily.

**8.
Enquiries**

You will appreciate that large numbers of enquiries from relatives and friends about your progress will throw a great deal of extra work on the nursing staff and the telephonists. The Ward Sister will always do her best to give a report about the patients in her care, but she will not be able to carry out her duties properly if she is always being called to the telephone. We would therefore ask you to tell your friends and relatives to keep telephone enquiries to the minimum and to ask the Ward Sister the most suitable time to make such enquiries.

We have found by experience that it is wise for us to give full information about our patients' condition to their next of kin only, that is to say to the person whom the patient nominates as 'next of kin' when he or she enters the Hospital—it need not be the nearest relative. Apart from the difficulty which the staff would have in dealing with casual enquiries from many different people in respect of each patient, there is a risk of confusion and misunderstanding if reports are given to more than one member of the patient's family.

When anyone is admitted to the hospital, it is helpful if we can have a telephone number through which relatives may be contacted if necessary. If you have a telephone at home, or if a friend with a telephone is prepared to take a message if required, please give the number when asked by the clerk whom you see on admission or by the Ward Sister.

9. Visiting

While you are in hospital you will probably wish to receive frequent visits from your relatives and friends; and they will undoubtedly want to come and see you as often as possible. Details of the visiting arrangements for your ward are given on a separate sheet.



Your friends or relatives are specially asked not to visit you if they have a cough or cold, as this may have a serious effect in the ward where there are many patients.

The Canteen in the Out-patient Hall is available to visitors between the hours of 10 a.m. and 5 p.m. for light refreshments only.

If you have no one to visit you and would like to be visited, please mention this to the Ward Sister, since there are a number of people who have offered to visit patients.

(In a number of hospitals details of visiting arrangements are printed on detachable or loose sheets that can be given by the patients to their relatives or friends. It is usually desirable for these details to be given to the patient before admission, so that they can discuss with relatives

who is to visit them, and when. It is also helpful to state quite clearly whether children are allowed to visit, and if so at what times, and to indicate when relatives can see the doctor or ward sister.

A useful leaflet 'Advice to Hospital Visitors' is obtainable from the Central Council for Health Education for distribution to patients and visitors.)

10.
**Car
Park**

The internal roads of the hospital were never intended to provide space for visitors' cars and it will be readily appreciated that hospital vehicles must of necessity use these roadways frequently during visiting hours. Visitors are therefore requested not to use the roads as parking spaces but to make full use of the area allocated as car parks.

Porters are on duty to assist and to facilitate easy movement of traffic. Please be guided by their instructions, which are intended to help you and to prevent traffic congestion within the hospital.

11.
**Gifts of
Food, etc.**

Flowers are always welcome gifts for patients, but the bringing of food is not encouraged. If, however, your visitors wish to bring you food or drink, do tell Sister and she will tell you what is advisable.

12.
**Hospital
Routine**

The day in hospital has to begin rather early. We wish that it could be later, but the difficulty is that Sisters and Nurses have a very full day. When the medical staff come to do their rounds, the nursing staff must be free to help them, and to receive their instructions about your treatment; so, by that time, breakfast must be over and your toilet completed.

Meals are served at the following times:

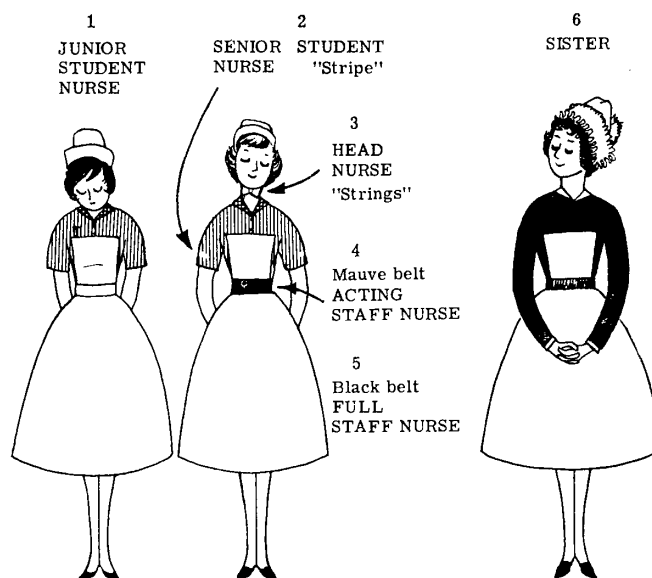
Breakfast	..	..	..	7 a.m.
Lunch ..	..	..	..	12 noon
Tea ..	..	..	..	3 p.m.
Supper ..	..	..	..	6.15 p.m.

You may find, too, that you are asked to settle down for the night rather earlier than you would at home. The reason is that rest can be an important part of treatment, and we want to help you to get well quickly.

13.
**Hospital
Staff**

A Sister is in charge of the ward, and is always anxious to help you. It is her responsibility to see that your nursing treatment is carried out efficiently. She usually has a Staff Nurse to help her and to act as her deputy when she is off duty. The Sister wears a blue dress and the Staff Nurse a striped one with a black belt.

During your stay you may be visited not only by the Medical Staff (Consultants, Registrars and Resident Doctors, or 'Housemen'), Matron and Nursing Staff but also by Senior Medical Students and by Medical Auxiliary workers. In addition to Medical, Dental and Nursing Staff, there are a number of Professional, Technical, Administrative, Clerical and Ancillary Staff, all specializing in their particular spheres and together forming a team whose aim will be your care and treatment during your stay in the hospital.



The Nurse's uniform shows her experience and seniority

14. Medical Information

Any information concerning your illness will be strictly confidential and will not be given to anyone, except your own doctor, without your express permission. If you want to know anything about your illness ask the 'Houseman' (your Resident Doctor), or Ward Sister attending you. They will also, at your request, keep your nearest relative informed of your progress.

When you are discharged, a letter will be sent to your own doctor, giving him the details of your treatment and advising him about any subsequent attention that is needed.

Your own family doctor may visit you at any time whilst you are a patient in the hospital.

(It is helpful for a patient and relatives to know when the Consultant or Houseman is available to discuss medical matters, and in some booklets a definite time and place is mentioned.)

**15.
Almoner**

Illness and admission to hospital often bring personal troubles. If you have a problem connected with your illness with which you need assistance, please ask to see the Almoner. She is a trained social worker with special experience in the kind of problems which lead to illness or arise from it and will be glad to see and advise or help you.

**16.
Chaplain**

Facilities are offered to the Clergy of all denominations to visit patients in hospital, and you may ask your own Clergyman to call to see you, or you may arrange with the Ward Sister for one of the Hospital Chaplains to visit you.

Those who are well enough to do so are invited to attend Morning Service in the Hospital Chapel on Sunday at 9.45 a.m.; it is relayed to the wards through switch 'C' on the wireless head-phones. The Sunday Evening Service at 8.45 p.m. can also be heard on the head-phones, and each week-day at 8.20 a.m. there is the opportunity of listening to short morning prayers.

**17.
Library**

We have our own Library which can meet a wide variety of tastes in reading. Voluntary workers of the Ladies' Association make regular visits to the wards with a trolley of books from which you can make your choice. This is a free service; you do not have to pay anything for making use of the Library. Any particular book, technical or otherwise, may be ordered and obtained after a reasonable time.

**18.
Newspapers**

A few daily and Sunday newspapers are delivered free to the wards, paid for by the Amenity funds. You may buy both newspapers and periodicals from the news-boy who calls at each ward morning and evening, while special publications can be ordered by your relatives from the bookstall in the hospital grounds.

**19.
Trolley
Shop**

Members of the Women's Voluntary Service visit the wards every Tuesday afternoon with a "trolley shop" from which you can buy stationery, stamps, toilet requisites and other small articles.

**20.
Hairdressing**

A hairdresser attends on the male wards each Tuesday evening and Sunday morning and on the female wards as required. No charge is made for this service.

**21.
Telephone**

The hospital's League of Friends has provided a mobile telephone trolley for use at the bedside at certain times. A coinbox is provided and the patient pays the normal telephone charges for making a call. Ward Sister will tell you when this telephone trolley is available for you to use. It can only be used for outside calls.

**22.
Wireless**

Earphone sets are supplied to each bed. There is a choice of four programmes as well as special commentaries on local sporting events.

Please treat your head-set with care. They are difficult and expensive to maintain and the next patient in your bed will appreciate your consideration.

As with all entertainment in hospital, please remember that excessive noise may be a disturbance to other patients. In wards where television is installed, it is under the control of the Ward Sister or Nurse in Charge and patients must not interfere with these sets. At times it may be necessary in the interests of patients to curtail the use of television sets. Patients should not bring portable sets to the ward.

**23.
Smoking**

Smoking is permitted during certain hours in every ward. The nurses will tell you the hours for the ward you are in.

It will be appreciated that the wishes of patients differ considerably regarding smoking and wireless in the wards; it is hoped you will consider the wishes of others in this matter and especially the comfort of those who are very ill.

**24.
Private or
Amenity Beds**

If you so desire, it may be possible for you to be admitted as a private patient. The fee payable to the hospital can be ascertained from the Hospital Secretary, while if you wish to have the services of a Consultant in a private capacity, such Consultant would also charge a fee and you would have to make your own arrangements with him.

There are also a limited number of Amenity Beds in small or single rooms, for which a fee of £8 8s. 0d. per week is chargeable for the privilege of privacy only. The Consultant would not make any charge for his services in this case, but you would not, of course, be able to insist upon being treated by a particular Consultant.

**25.
Teaching of
Students**

The foremost duty of all the doctors is to concern themselves with your treatment and get you well, but as this is a Teaching Hospital, they have two other important duties: to train future doctors and to extend the field of medical knowledge. That is why medical students attend the wards as 'clerks' or 'dressers', helping in minor ways with your treatment, and also why the Consultant Physician or Surgeon may do a 'clinical teaching round' of his ward from time to time. The teaching round is not only an occasion for gathering up all the information about your case, but an opportunity for an exchange of views about

your illness, thus providing a valuable means of widening the range of knowledge in clinical medicine, from which we all benefit.

If a member of the staff wishes to explain your case to a doctor, medical student or nurse, we hope you will co-operate.

26. Discharge from Hospital

The following summary is to remind you of what you should do when you are due to leave the hospital:—

- (i) Give the Ward Sister an address to which mail can be forwarded.
- (ii) Ask her for a certificate of discharge for Health Insurance purposes.
- (iii) If you are to attend the Consultant's Out-patient Clinic, make sure the appointment has been arranged and that you have a note of the date and time.
- (iv) Make certain that no hospital clothing, linen, etc., that you may be using on discharge is accidentally taken home.
- (v) Return any library books that you still may have.
- (vi) Ensure that you know what your transport arrangements are for getting home.
- (vii) Ensure that arrangements have been made at home for your return. If you foresee any difficulties about this whilst you are in Hospital, please ask the Ward Sister to put you in touch with the Almoner.

After your discharge from hospital a letter will be sent to your family doctor giving him information regarding your treatment here and advising him of any recommendations for your care subsequently. It may be a few days before your doctor receives this letter.

27. League of Friends

Members of the hospital staff are not permitted to accept gifts or gratuities, but if you are anxious to make a gift of any kind, please send it to the Hospital Secretary or to the League of Hospital Friends, saying how you would like it to be used.

The hospital's League of Friends exists to provide additional comforts, amenities and services for patients which cannot normally be arranged from official sources. The Ward Sister or Hospital Secretary will gladly give you information about this excellent organization.

28. Suggestions

In a complex organization, such as a hospital, although every effort is made to ensure that patients receive the best possible service, things may go wrong. You can help us to keep up the high standard of service, at which we aim by making any comments or suggestions (to the Ward Sister while you are in hospital, or by letter to the Matron or Hospital Secretary afterwards) which you feel will add to the comfort and well-being of those in our care. Such comments will be welcomed.

King's Fund



54001000077704



Printed at
Pendragon Press
Papworth Everard
nr. Cambridge