King Edward's Hospital Fund for London

HOSPITAL VISITORS' MANUAL

MARCH 1950

Published for King Edward's Hospital Fund for London
by Geo. Barber & Son, Ltd., Furnival Street, London, E.C.4

PRICE 6d. net, post free

KING EDWARD'S HOSPITAL FUND

FOR LONDON

HOSPITAL VISITORS' MANUAL

MARCH 1950

Offices:

10, OLD JEWRY, LONDON, E.C.2

TELEPHONE MONARCH 2394

CONTENTS

HOSPITAL VISITORS' MANUAL

INTRODUCTORY NOTE

REQUESTS are often received for copies of the Visitors' Report Forms used for many years past by King Edward's Hospital Fund for London. Since the report forms used in any one year do not, by themselves, convey a complete picture of data accumulated by the Fund, an attempt has been made to bring the material together in one convenient booklet and the opportunity has also been taken to include references to some of the Fund's recent recommendations.

A manual of this kind cannot be a comprehensive guide to hospital practice, and attention is here directed to matters which lend themselves to discussion in the course of a relatively brief visit. There are many sides to hospital work which cannot usefully be dealt with on such occasions. Thus, the whole of the financial aspect of administration is omitted, and the numerous problems now raised by the organisation of hospitals under Hospital Management Committees are outside its scope. It is felt, however, that within these limits the manual may meet the need for a handbook or guide which may remind members of Regional Boards, Hospital Management Committees and others undertaking visits to hospitals of points to which attention may profitably be given.

Most of the questions apply to the great majority of general hospitals both large and small, though in certain types of special hospital some sections may be inapplicable.

It will be noted that none of the questions relate to statistical information about the number of beds, figures for out-patient attendances, X-ray examinations, etc. Such data, together with many details about the medical and professional staff and the work of the hospital generally, should be obtained beforehand

from the hospital officials. For those with a special interest in nursing matters a copy of the Nurses' Training School prospectus or other literature as sent to intending student nurses may prove useful.

A word may be added on the experience of the Fund in regard to hospital visiting. The normal procedure has been for the Fund's visitors to go in pairs, one medical and one lay. The visit is made by prior arrangement with the hospital, and the visitors are met and taken round by representatives of the hospital usually attended by the House Governor or other lay official and the Matron. The visitors prepare a joint report, which is submitted to the Committees of the Fund; and where the visitors make a comment which seems to call for some definite action the extract is sent on to the hospital for the observation of the management. An important principle which every effort is made to observe is that no criticisms or comments are conveyed to the management of a hospital without first affording the responsible hospital officers an opportunity of explaining all the circumstances relevant to the matter. There are often factors involved not immediately obvious to the casual observer. It is sometimes advocated that visits should be made without previous warning: this is regarded by the Fund as a mistaken policy which leads to little useful result and destroys confidence.

Hospital practice is subject to a continual process of advance and it has been the aim of the Fund to keep abreast with current developments. Should this handbook be found to warrant re-issue from time to time it will certainly require revision, and suggestions for additional or alternative material will be welcomed.

10 *Old Jewry, E.C.2*
March, 1950

HOSPITAL VISITORS' MANUAL

SECTION I—CASUALTY

This Department provides a service for accident or other emergencies. In addition the Out-Patient Department can refer to Casualty any patient who for any reason cannot be admitted to an out-patient clinic.

It should be a rule of the hospital that no patient in need of medical attention should ever be turned away without seeing a doctor.

1 ACCOMMODATION

What is the accommodation for accident or emergency cases if they require to be detained or admitted as in-patients

(i) In observation beds;

(ii) In an accident ward;

(iii) In general wards?

Can accident cases be brought in and attended to without undue disturbance of other patients or visitors in the Out-Patient or Casualty Department, waiting rooms or wards? (This applies specially to cases brought in by ambulance.)

2 PRIORITY FOR URGENT CASES

What system is used to ensure that really urgent cases are seen without delay?

It is important that the patients waiting to see either a doctor or surgeon in a Casualty Department should be under the eye of a suitably qualified person to ensure that where necessary an urgent case is given priority over less urgent cases.

3 DIAGNOSTIC AND OTHER FACILITIES

What are the arrangements for access to the Dispensary, X-ray Diagnostic Department, etc., at night and over the week-end?

What arrangements are made for blood transfusion at these times?

4 SPECIALIST SERVICE

Is a member of the Consultant Staff on call at the week-end?

5 APPOINTMENT SYSTEM

Where a patient is asked to attend the Casualty Department for a second or subsequent visit for dressings, etc., is there any method in operation for giving this patient an appointment to avoid keeping him waiting?

6 ALMONERS' SERVICE

Are patients attending Casualty given an opportunity of seeing the almoner?

Casualty patients do not normally need the help of an almoner, but in some cases, particularly accidents, the help of an almoner can be of great value, and should be available.

SECTION II—OUT-PATIENT DEPARTMENT

The Department should provide a consultative and specialist service to which general practitioners can refer patients. Its smooth working is greatly facilitated if there is a senior administrative officer in charge of appointments, registration, records and medical secretaries, and responsible for the lay staff dealing with waiting lists, admissions and discharges, as recommended in the Fund's booklet, "Some Observations on Hospital Admissions and Records" (Paragraph 100).

OUT-PATIENT DEPARTMENT

1 EXTENT TO WHICH THE DEPARTMENT IS "CONSULTATIVE"

To what extent is the department "Consultative," *i.e.*, are patients systematically encouraged to bring doctors' letters and referred back to their own doctors whenever possible?

For many years past there has been a steady movement in this directoin, but it is not easy to enforce. Patients arriving without doctors' letters should normally be referred to the Casualty Department.

Is it the practice of the hospital always to send to general practitioners reports on cases referred to the hospital by them?

2 REGISTRATION OF PATIENTS

Is the method of registration of patients on their arrival speedy and efficient, from the patients' point of view?

Are the staff carefully selected and trained to adopt a helpful and reassuring manner to the patients?

Patients attending hospital are ill and often in pain or worried about their illness. It is important that their first impression of a hospital should be reassuring and comforting—a point too often neglected in the past.

3 APPOINTMENT SYSTEM

Is there an appointment system for out-patients?

Systems of varying degrees of efficiency have been inaugurated in many hospitals in London, including teaching hospitals. Any hospital which has not yet adopted a complete system of appointments should continue to give unremitting attention to the subject, and should be encouraged to visit hospitals where the difficulties have been overcome. Further details about the working of an appointment system will be found in the King's Fund publication "Some observations on Hospital Admission and Records."

How long on the average do patients wait from the time of their appointment until they actually see the specialist?

There is sometimes a tendency to call too many patients before the specialist will be ready to see them; usually as a precaution against keeping the specialist waiting.

What arrangements are made for taking last-minute urgent appointments?

4 Clinic Timetable

How is it decided how many clinics shall be held each week?

Do the clinics get booked up a long way ahead?

What system is there for reviewing the clinic bookings and if necessary increasing the numbers of the clinics?

5 Layout of the Department

Are the routes to the various departments to which a patient may be told to go clearly indicated by signs—*e.g.*, almoner, dispensary, X-ray, way out, etc.?

Is anyone specially responsible for seeing that the out-patient procedure from arrival to departure with medicines is working without confusion or unnecessary delay?

In a number of hospitals it has proved valuable for a receptionist or some other responsible person on the spot to make periodical tours to eliminate local hold-ups.

Is there a canteen?

This is now very generally provided, but attention to details is important in helping to establish a good impression—e.g., *the provision of attractive overalls for those*

serving in the canteen. In the Swedish hospitals the aroma of coffee from a percolator is a distinct asset and helps to mitigate what may easily become a slightly depressing atmosphere.

6 Nursing Staff

Are the nursing staff relieved as far as possible of all non-nursing duties in the Out-patient department?

Often nurses carry out secretarial and clerical duties in this department; some hospitals have remedied this by installing clinic receptionists who take responsibility for the patients' notes and for the patients as long as they are in the waiting rooms.

7 Accommodation for Patients

Are the waiting rooms made as comfortable and cheerful as possible?

A bleak waiting hall, hard wooden benches and dim lights are no longer considered adequate accommodation for patients. Many hospitals are experimenting with different forms of furnishing and lighting for waiting rooms. Where an appointment system is in operation, the waiting space need no longer be large enough to hold at one time all the patients expected to attend the clinic.

Are there suitable waiting arrangements for children, both when they come as patients or when accompanying a patient?

The provision of a suitable "park" for prams is an important point.

Are there adequate dressing cubicles, and what provision is made for patients' clothes?

Do the arrangements for taking histories, etc., provide for privacy?

In many hospitals lack of space has meant the retention of a primitive type of accommodation for interviews and taking histories, etc.

Where the various branches of the department are on different floors, is care taken to ensure that aged or infirm patients do not have to negotiate stairs?

8 Transport Facilities

What arrangements are made for providing transport for sick or infirm patients attending the department?

SECTION III—Wards

1 Waiting-List Cases

How much notice of admission is given to waiting list cases? In what form is the letter of admission sent to them?

In some hospitals it is the practice to send an informative and friendly letter to patients prior to admission, while others go further by giving new patients in the ward a welcoming letter or leaflet explaining the hospital routine and amenities.

If there is no immediate prospect of admission, is this made plain to the patient? Is there any machinery for keeping in touch with patients during the waiting period?

2 Admission of Urgent Cases

When a request is received by telephone for the admission of an urgent case from a general practitioner or through the Emergency Bed Service—

(i) Who is responsible for deciding whether the case should be admitted?

(ii) What are the telephone arrangements for dealing with such enquiries, and how long does it take to get into touch with the admitting officer?

These questions are largely prompted by the experience of the Emergency Bed Service, that though there has been a great improvement in recent years, delays still arise within hospitals in making effective contact, especially at night, with the house officer responsible for admissions.

(iii) What arrangements are made for summoning house officers from their bedrooms to attend urgent cases at night?

3 Reception of In-Patients

What are the arrangements for conducting patients to the ward?

In some hospitals it is still the practice only to direct patients to the ward, but every effort should be made to see that they are escorted. A number of hospitals have appointed receptionists and the arrangement has worked well; whilst in others experienced porters pass the patients on direct to the ward sister or her deputy.

4 Appearance of Wards

Are the wards generally comfortable in appearance and the decorations light and attractive?

In many hospitals, the appearance of the wards has been greatly improved in recent years by the use of various tints of colour in the decorations for walls, bedsteads and other furnishings. Where carefully done, such a scheme is definitely preferable to the older and more institutional black bedsteads and white bedding.

5 Lighting

Does the lighting enable the patients to read with comfort?

This is a matter which is easily overlooked, as visits usually take place during daylight hours. Central lighting should be supplemented by the overbed light.

6 Noise in Wards

What steps are taken to eliminate noise in the wards?

At night, patients can be seriously disturbed by the return of operation cases or by emergency admissions. It is much better if these can be accommodated in a side ward until the morning if there is sufficient staff to allow for their supervision at all times. Unnecessary noise may also be due to flaws in construction or in administration, and neglect of details may lead to unnecessary clatter. Many devices have been developed in recent years which are of real assistance in eliminating noise. Examples of these are—good rubber or composition wheels of sufficient diameter on all trolleys; noiseless curtain rails and rings instead of noisy metal rails or old-fashioned heavy screens.

7 Overcrowding

Do any of the wards appear over-crowded?

The accepted standard in hospitals to-day is eight feet between the centres of the beds.

8 Up-Patients

What accommodation is provided for patients who are allowed to get up? Is it well warmed, furnished with comfortable chairs and small tables? Can the up-patients take meals together in comfort?

Now that patients spend much less time in bed than formerly, it is necessary to improvise day accommodation which is adequate, comfortable and "homely." A fire to sit by is much appreciated. If a day room can be set aside it is a great convenience—one side ward can serve several wards if suitably converted.

9 Ward Equipment

Are basins and taps conveniently placed in the wards themselves and in side wards for washing hands, scrubbing up, filling patients' washing bowls, etc.?

Many unnecessary steps have to be taken if water is available in annexes only.

Has the hospital considered any of the modern methods of minimising the use of bedpans?

These include wheel chairs adapted for use in the lavatory.

Are there any other special amenities or labour-saving devices which the hospital has installed or would like to instal?

Is there provision for sterilizing ward china?

What are the arrangements for filling hot-water bottles and could labour be saved here?

Is the method of supply and issue such that there are adequate supplies of linen, bedpans, china, cutlery, hardware, etc.?

10 Sanitary Annexes

What are the methods in use for:

(i) washing bedpans?

(ii) sterilizing bedpans?

(iii) storing and warming of bedpans?

When was the equipment of the sanitary annexes last overhauled?

Modern bedpan-washers are essential, but as yet by no means universal. They are much appreciated by the nursing staff. Experiments have been made in several hospitals in further efforts to minimize the handling of bedpans, including trollies for clean and used bedpans.

What toilet facilities, adjoining the ward, are provided for the ward staff?

The provision of at least one w.c. earmarked for the use of ward staff should be regarded as essential, even at the expense of minor structural alterations.

11 Disposal of Soiled Linen

What arrangements are made for:

(i) the sorting and collection of soiled linen?

(ii) the disposal of foul linen?

It is undesirable that nurses should handle soiled linen, which should be placed in a washable canvas bag suspended from a metal frame and wheeled to the bedside. Foul linen should be kept separate for special treatment.

It is suggested that the sorting of linen should be done in the hospital laundry, or a room set aside for the purpose. If possible a machine should be installed for the preliminary washing of foul linen.

12 Cleaning Wards

Is there a systematic washing down of wards (for example, once a year if the hospital is not being redecorated)?

High washers and other labour saving devices can usefully be used for this purpose.

13 REFUSE

What arrangements are made for the disposal of refuse?

(*a*) in the ward kitchens? Are the waste buckets sufficiently large; are they kept clean and covered? Is the waste food kept carefully in separate containers, to be used as pig swill?

(*b*) in the sanitary annexes? Do the bins have to be carried through the wards? How often are they emptied?

14 WARD KITCHENS

Are the ward kitchens light, airy, clean, conveniently arranged? Have they:

(*a*) gas stoves or other satisfactory means of heating food, drinks and crockery?

A hot water boiler is more convenient than the use of kettles.

(*b*) refrigerators?

(*c*) modern sinks and drainers?

(*d*) suitable floor covering?

15 MATTRESSES

Are modern mattresses provided for all the patients?

Modern mattresses—either interior spring or rubber—are being widely adopted in place of the ordinary hair mattresses formerly used, and are much appreciated by patients and staff. Practice regarding sterilisation of these mattresses varies—the rubber type are preferred by some hospitals on this account.

16 LIBRARIES

In many hospitals the Red Cross have undertaken to provide and distribute suitable books to patients. This organisation is willing to extend these services to all

hospitals who desire them. Also the Guild of Hospital Librarians, which is a voluntary association of hospital librarians, is willing to undertake the organisation of hospital libraries. It also publishes a leaflet, "The Book Trolley," which gives news of library advances all over the world.

Does the hospital avail itself of these facilities, and does it find them adequate?

Enquiries regarding hospital libraries should be addressed to:

The St. John's and Red Cross Hospital Library,
40 William IV Street,
London, W.C.2.

and

The Guild of Hospital Librarians,
Chaucer House
Market Place, W.C.1.

17 PICTURES

Are pictures provided:

(*a*) in the wards?

(*b*) in the waiting rooms for patients' relatives, etc.?

The British Red Cross Society runs a Picture Library Scheme, under which, for a very small annual subscription, the Red Cross supplies the hospital with a selection of pictures which are changed at regular intervals. This scheme is at the moment limited to hospitals taking long-stay cases, sanatoria, etc. In short-stay hospitals, of course, there is less necessity to change pictures, and for a small capital outlay much can be done to brighten the wards and other rooms. Picture frames need no longer be considered dust-traps, as special wall fixtures are now obtainable which reduce to a minimum the risk of dust gathering.

18 Broadcasting

Is the present equipment in good working order?

Has the hospital considered the installation of a system which provides each patient with a two or three-way switch allowing an independent choice of programme?

Are headphones or pillow-phones available to patients?

19 Patients' Waking Hour

At what hour does the morning routine for the patients begin?

Is care taken that as far as possible all noise in the ward is avoided before that time and that no patient is actually wakened for washing?

Are all patients given morning tea before they are washed?

In 1931 *the King's Fund issued a report on patients' waking hours in London voluntary hospitals. This recommended that patients should not be wakened before* 6 *a.m. at the earliest, and that the practice should be such as to avoid any noise in the ward before this time.*

20 Curtained Cubicles

Can all beds be completely curtained and is the separate washing accommodation for up-patients also curtained?

The use of curtained cubicles, preferably with modern noiseless rails and rings, can do much to minimise noise in wards and also to save nursing labour in carrying the old heavy floor screens.

21 Visiting

(*a*) Do the arrangements permit of daily visiting?

(*b*) If not, has the possibility of allowing it been recently under consideration by the Committee of the Hospital?

(*c*) Where do patients' visitors wait before being admitted to the wards? Inside or outside the hospital?

22 Patients' Relatives

Who is responsible for communicating with patients' relatives in regard to an operation, arrangements for returning home, transfer to another hospital, placing on the danger list, etc.?

What are the arrangements for dealing with enquiries from patients' relatives by telephone and otherwise?

Practice varies, but during a recent enquiry by the Fund it was noticed that at a number of hospitals the calls were put through to the sisters in the wards as it was felt to be more satisfactory for relatives to be able to receive full and accurate information. On the whole the ward sisters welcomed this procedure.

23 Relatives of Dangerously Ill Patients

Are relatives conducted to the ward sister, *i.e.*, not merely directed?

Can relatives obtain a doctor's opinion, either verbally or in writing?

Is a special waiting room available for relatives of patients, with comfortable seating accommodation?

Is provision made for relatives to sleep, where necessary, and to have meals?

Experience of questions asked on this whole subject shows that current practice varies considerably and is often defective. The form of questions asked is intended to indicate the points to which attention needs to be directed.

SECTION IV—CHRONIC SICK

Two of the greatest problems facing hospitals to-day are (*a*) to provide accommodation for what are generally called the Chronic Sick, *i.e.*, patients (usually old people) requiring medical and nursing care more or less permanently; and (*b*) to ensure that every patient no longer in need of active treatment is discharged without delay to avoid the blocking of badly needed beds: in the case of old people it often happens that they are not quite fit enough to go home—or their home is not fit (or willing) to receive them.

The problem is social rather than medical though considerable advances are being made in the treatment of the aged sick ('Geriatrics') enabling many of those bed-ridden in hospital to return to their homes on their feet.

1 THE SOCIAL ASPECT

Is there an almoner or other person with special responsibilities for investigating the social factors involved in each case referred for admission?

Are steps taken to refer suitable cases to District Nursing Associations?

Are any arrangements in force to assist those for whom there is no vacancy in hospital, *e.g.*, "meals on wheels," etc.?

Is any machinery in force for keeping in touch with local bodies dealing with the same problem?

2 THE MEDICAL ASPECT

Is the hospital following an active policy in the treatment of chronic and aged sick patients?

Does any member of the medical staff specialize in geriatrics?

Where there is a long waiting list are arrangements made for a number of medical staff to undertake domiciliary visits where this appears desirable?

Are there any special out-patient clinics?

Are the resources of physiotherapy applied to the problem?

If there are separate chronic sick wards, is everything being done to make the atmosphere both cheerful and hopeful?

There is a tendency for the chronic sick to be regarded as requiring less comfort and fewer amenities than short stay cases, whereas the opposite is the case.

Has the hospital anything in the nature of a long-stay annexe to provide limited medical and nursing care for patients no longer in need of active treatment?

The King's Fund has recently allocated a substantial sum of money towards the provision of homes for this category of patient in the London area. They will be attached to Hospital Management Committees but run by voluntary bodies.

SECTION V—NURSING STAFF

1 RECRUITMENT OF STAFF

Can the hospital obtain sufficient

(i) student nurses?

(ii) trained nurses?

In its Comments on the Report of the Working Party the King's Fund referred to the great need to build up the trained nursing staff in hospitals.

Many factors are now coming into play which call for a higher ratio of nurses to patients (shortening of hours, allowance of time for study, increasing complexity of medical treatments, more rapid turn-over of surgical cases). The ratio of total nursing staff to beds is not a good one for purposes of comparison since there is much variation in the numbers needed for out-patients and other departments, as between one hospital and another. If it is necessary to compare the establishment of nursing staff in one hospital with that in another, possibly in the same group, care should be taken to distinguish between ward staff and other staff. A form which has been found useful for this purpose is printed in Appendix I.

In the Memorandum on Standards of Staffing issued by the King's Fund in 1943, *particulars were gvien of the* ward *staff in a number of acute general hospitals, and recommendations were made for an adequate ratio of ward staff to* 100 *beds where the* 96*-hour fortnight is in force, with and without the block system of training.*

If the hospital is not fully staffed

(i) are any steps taken to attract more trained nurses in such ways as: —

(*a*) improving the status and amenities of the staff nurses?

(*b*) allowing nursing staff to be non-resident or providing a hostel or other accommodation where they can live more independently?

(*c*) encouraging ward sisters and staff nurses to take special courses?

The Fund has established a residential Staff College in South Kensington where four-month courses in preparation for ward sisters' duties are given throughout the year.

(ii) is the fullest possible use made of male nursing staff?

Demand does not outstrip supply to anything like the same extent in the case of male nurses and orderlies.

(iii) Is everything possible done to reduce the requirement of nursing staff by

(*a*) the employment of ward orderlies, male and female, and part-time workers, and by providing the services of clerical staff and messengers wherever they can be used ?

Some hospitals provide clerical help in the wards as well as in various departments. At others, receptionists or clerks are employed in out-patients for many of the duties formerly undertaken by nurses.

(*b*) the use of labour-saving devices as mentioned elsewhere in this manual?

Is the hospital in touch with the Nursing Recruitment Service?

The Fund has since 1940 *maintained the Nursing Recruitment Service which has been widely appreciated. If the hospital has no difficulty in obtaining recruits and has a surplus of candidates, it is a great help to other hospitals if these candidates are referred to the Nursing Recruitment Centre. If the hospital has difficulty in maintaining an adequate recruitment of nurses of the right quality, the Recruitment Service is always glad to do what it can to help, either by referring candidates to the hospital or by*

advising the hospital on its own recruitment methods. In the last resort, the success of the hospital in attracting candidates depends very largely upon its reputation and its own efforts. Full particulars of the work of the Nursing Recruitment Service can be obtained from the Secretary, at 21 Cavendish Square, W.1.

2 NURSES' HEALTH

Has a senior physician been appointed in charge of the nurses' health?

Are any arrangements made for routine medical examinations of the nursing staff (apart from the initial medical examination) and if so, how often do these examinations take place?

Are records kept of these examinations?

Standard record forms for use by hospitals have been drawn up and printed by the Fund. They are now in use at many hospitals. Samples and current prices can be obtained upon application.

What arrangements are made for attendance upon sick nurses, and what accommodation is provided?

Enquiries into this subject led to the publication of recommendations by the Fund in 1943, *"Supervision of Nurses' Health." These recommendations have been endorsed by the Ministry of Health and by the General Nursing Council, and widely adopted.*

3 NURSES' HOME

Is the accommodation in the nurses' home or hostel in keeping with modern standards as far as circumstances permit?

The Fund has for many years taken a close interest in the accommodation provided for nurses. Details of what are now regarded as minimum requirements—size of bed-

rooms, ratio of baths and w.c.'s, etc.—will be found in "Supervision of Nurses' Health," pages 3 *and* 4. *There is still, however, great variation in the standard of provision made by different hospitals. Among the matters to which attention may be specially directed are*

(i) *the provision of a modern type of interior spring mattress;*

(ii) *the provision of switches by which the light can be turned on and off from the bed.*

Are the night nurses' quarters separate and quiet?

Are there rooms in which nurses can entertain guests and give them tea?

4 NURSES' TRAINING SCHOOL

Are the lecture rooms, etc., at the disposal of the nurses' training school adequate and well equipped? Is there a library for the use of the nurses, and is it well supplied with books?

The dependence of the finances of nurses' training schools upon the hospitals has often in the past meant that the needs of the training school have had perforce to take second place to other more urgent needs. The Fund has for some time recommended the separation of the finance of the nurses' training schools from that of the hospitals, and the provision of grants to the training schools from educational sources. These proposals have been embodied in the Nurses Act of 1949. *Pending the implementation of such recommendations, it is important that the needs of the training school should be most sympathetically considered by the hospital authorities.*

5 PRELIMINARY TRAINING SCHOOL

Do all student nurses pass through the preliminary training school before beginning ward duties?

6 BLOCK SYSTEM: STUDY DAY

Has the hospital adopted the block system of training or the weekly study day?

In the past there have been many complaints that the nurses were allowed no special time for study and had to give up a good deal of their off-duty time for this. The block system provides for a "term" of theoretical work each year, during which the student nurses are released entirely from ward duties. The weekly study day explains itself.

7 HOSPITALS WHICH ARE NOT TRAINING SCHOOLS

If the hospital is not a training school for nurses, what proportion of the staff are

(i) fully trained,

(ii) assistant nurses,

(iii) orderlies,

(iv) girls too young to become student nurses? In this case, are any girls under 17 employed in the wards? Are any girls under 18 employed on night duty?

It is recommended that girls under 17 *should not be employed in the wards and that all girls up to* 18 *employed in hospital should have an opportunity of continued education at part-time classes.*

8 OFF-DUTY TIME

How long in advance do the nurses know their off-duty time?

Is it often necessary to change this at short notice?

Uncertainty about off-duty time and difficulty in arranging to meet friends are frequent causes of complaint. A schedule of off-duty times can be drawn up for at least a month so that a nurse may know when she is off duty each day, apart from changes due to real emergencies.

9 RECREATON

What are the facilities for recreation

(i) indoor?

(ii) outdoor?

SECTION VI—DOMESTIC STAFF

1 STAFF EMPLOYED

Is there any difficulty in recruiting sufficient domestic staff?

Is the fullest possible use made of labour-saving devices such as mechanical scrubbers and electric polishers?

Are ward orderlies employed either full-time or part-time?

Has the hospital a full-time domestic supervisor?

The Fund issued in 1946 *'Recommendations on the Employment of Domestic Staff in Hospitals,' The following matters were considered, among others:*

Administrative arrangements for the domestic work.
Economy of labour—responsibilities of lay domestic supervisors.

The nursing staff and domestic duties.

Methods of recruitment.

Status of domestic work.

Work schedules for ward orderlies.

Since the publication of the Recommendations the situation has become easier as regards domestic labour, but it is of the utmost importance to eliminate unnecessary work and to improve the status of hospital domestic work.

2 ACCOMMODATION

Is there sufficient accommodation for domestic staff and does it appear satisfactory?

Are adequate lockers and toilet facilities provided for non-resident staff?

SECTION VII—OPERATING THEATRE

Attention has been lavished upon the Operating Theatre for many years past, and it is nowadays rare to find an operating theatre which suffers from defects apparent to a casual observer. Unless professionally interested, the visitor is probably well advised to avoid spending time in operating theatres and their immediate precincts.

1 CONSENT TO OPERATIONS

Is written consent for operations obtained in all cases, both for adults and minors?

Is a simple form of consent in use?

Some years ago the Fund undertook an enquiry into the practice in this matter, and came to the conclusion that it was in the interests of hospitals and medical staffs to obtain the written consent of the patient or a relative in all cases of operation except emergencies. A form of consent should be used including explicit permission for the use of an anaesthetic, and specifically leaving the nature and extent of the operation to the discretion of the surgeon.

2 ACCESS TO THEATRE, ETC.

Is the access to the theatre and anaesthetic room planned satisfactorily from the patients' point of view?

There should be a suitable place for patients to wait. This should be free from draughts, and the anaesthetic room should be fully screened from the theatre, care being taken to ensure that no instruments are in evidence.

SECTION VIII—X-RAY AND PATHOLOGICAL DEPARTMENTS

There should be close co-operation between these departments and the Records Department to ensure that reports when completed find their way without delay to the patients' folders.

1 X-RAY DEPARTMENT

Is there an effective appointments system?

Is adequate seating accommodation provided, and is this comfortable?

Is there adequate dressing-room accommodation?

Is the ventilation of the dark room and throughout the Department satisfactory?

2 PATHOLOGICAL LABORATORY

The second and third questions above may usefully be asked in this department also, and the following:

Is the patient's convenience studied?

Frequently patients have to attend in quite unsuitable places (e.g., *near the post-mortem room) and may have to walk long distances. Where the numbers attending are rapidly increasing the arrangements originally intended for much smaller numbers are wholly inadequate and result in queues. The visitors should make a point of asking to see the accommodation provided for patients awaiting examination.*

3 MORTUARY CHAPEL

Who is in charge of the Mortuary Chapel?

What are the arrangements for looking after relatives?

Who conducts them to the Mortuary Chapel?

Is the approach to the Mortuary Chapel entirely separate from the approach to the post-mortem room?

SECTION IX—PHYSIOTHERAPY AND REHABILITATION

1 PHYSIOTHERAPY

Is there adequate apparatus—both gymnastic and electrical?

Are arrangements for privacy adequate?

What arrangements are made for transporting patients from their homes for treatment?

2 OCCUPATIONAL THERAPY

Are any arrangements made for occupational therapy?

(i) for in-patients?

(ii) for out-patients?

3 REHABILITATION

Who is ultimately responsible for rehabilitation in the hospital?

A recent Ministry of Health circular emphasises the importance of physiotherapy, remedial gymnastics and occupational therapy in the medical rehabilitation of disabled patients and recommends the appointment of a responsible member of the medical staff at all larger hospitals to supervise the rehabilitation services, and ensure close liaison with the Ministry of Labour Disablement Resettlement Officers.

SECTION X—MEDICO-SOCIAL SERVICE (OR ALMONER'S) DEPARTMENT

1 STAFF OF DEPARTMENT

What is the ratio of almoners to beds in the Hospital?

Are the almoners professionally qualified?

What clerical staff is provided for the Department?

There is no generally accepted standard of staffing for Medico-Social Service Departments, and there are wide divergencies between hospitals in other respects comparable. Teaching hospitals especially tend to have a much higher ratio of almoners to patients than non-teaching hospitals, partly because the recording of social data is often an important requirement of medical research. The ratio in teaching hospitals will, therefore, rarely be lower than 1 *almoner per* 100 *beds and associated out-patients, and sometimes considerably higher. In non-teaching hospitals the social conditions prevailing in its area and the size of its O.P. department will be the main influencing factors.*

The number of professionally qualified Almoners in the country is less than 1000 *and many hospitals, particularly in the provinces, employ unqualified almoners.*

2 EFFECT OF NATIONAL HEALTH SERVICE

How has the National Health Service affected the day-to-day work of the almoner?

One of the main effects of the National Health Service has been to relieve the almoner of the time-consuming work of assessing patients' means to pay for treatment. The almoner should now be free to concentrate on her primary function of dealing with the domestic and environmental complications of illness, and in arranging for convalescence and after-care generally.

3 DUTIES

To what extent are the almoners saddled with administrative and semi-administrative functions not properly in their sphere?

Almoners have in the past tended to have numerous duties thrust upon them merely because it was convenient administratively, e.g., *Registration, care of Medical Records, Appointments for Out-patients, Admissions and Waiting Lists.*

4 INTERVIEWING

Do the almoners automatically interview all patients referred for admission to see if they need help or advice?

Do they make a point of seeing all patients who have been admitted overnight as casualties or emergencies?

To what extent do they interview out-patients?

5 FOLLOW UP

What part do the almoners play in the "follow-up" of patients?

Do they often visit patients in their homes?

6 AFTER-CARE

Are the almoners finding difficulty in getting patients placed at Convalescent Homes?

The King's Fund publishes a Directory of Convalescent Homes which is widely used in hospitals. It gives details of homes taking patients from the London area.

Is the almoner in close liaison with the Ministry of Labour Rehabilitation Officers?

7 SAMARITAN FUND

Has the almoner an adequate Samaritan Fund at her disposal in cases of hardship outside the scope of statutory arrangements? How is the fund replenished?

SECTION XI—MEDICAL RECORDS DEPARTMENT

One of the main responsibilities of this department is to ensure that patients' notes and records are complete and readily available both when the patient attends the hospital as an in- or out-patient, and when they are required for research or statistical purposes. The records should, therefore, be in the charge of a responsible lay officer with the necessary experience and personality to secure the active co-operation and interest of the medical staff. This is facilitated if there is a records committee consisting mainly of members of the medical staff with the records officer as secretary. It is suggested that visitors wishing to go into the working of this department in greater detail might find it useful to read the King's Fund's booklet "Some Observations on Hospital Admissions and Records."

1 RECORDS COMMITTEE

Is there an active Records Committee of the medical staff?

It is of vital importance to an efficient Records Department that an active interest in its work should be taken by the medical staff. This interest can be expressed effectively through a Records Committee.

Is there a suitably qualified officer of the hospital responsible for carrying out the decisions of the Records Committee?

2 Record System

Is the "Unit" system of record keeping in force?

Hospitals are turning more and more to the "Unit" system, whereby a patient has only one set of notes—for out-patient and in-patient attendances, no matter how often or at how great an interval he attends the hospital, or for how many different reasons. There is no reason why casualty cards should not be incorporated in the unit system. (*See "Some Observations on Hospital Admissions and Records," page* 16.)

3 Completion of Records

Who is responsible for writing the abstract after the discharge of an in-patient?

How soon is the abstract completed?

The abstract should normally be completed inside a week, and should not in any case take longer than ten days as it is important to get the notes back to the records department before the patient concerned attends out-patients.

What check is there to ensure that records are complete?

This responsibility may lie with a member of the medical staff or with a suitably qualified or experienced member of the records department staff, but it should be the definite responsibility of some one person.

4 Clerical Assistance

What clerical assistance is provided for the medical staff?

What accommodation is there for dictating notes and reports?

What check is there to see that a report is sent to the general practitioner in every case?

5 Diagnostic Index

Does the department keep a diagnostic index, *i.e.*, a classification of cases by disease or illness as well as by patients' names?

A recent circular from the Ministry of Health recommends all hospitals to adopt the recently published International Statistical Classification of Diseases, Injuries and causes of Death. Some hospitals may find the Standard Nomenclature of Diseases and Operations more suitable for research or teaching work.

6 Liaison with Out-Patient Department

Where there is an appointments system in force the work of the records staff is facilitated as they are able to look out the patients' folders before the clinics and obtain any special reports or X-rays not later than the day before the patients are due to attend.

How are the records collected and prepared for the various out-patient clinics?

How far in advance of the clinic does the department have to ask for the lists of patients attending?

7 Liaison with Diagnostic Departments

What system is used to ensure that reports from the various diagnostic departments are collated with the patients' records?

What system is used to obtain a patient's x-rays with this record when the patient attends for an out-patient clinic.

X-rays are usually of different sizes and are too unwieldy to store with the records; it is therefore necessary to devise some system whereby they can be collated as and when required.

8 NIGHT SERVICE

Are records available in an emergency after the department is closed, and what check is kept on records taken out in this way?

9 STORAGE OF NOTES

For how long are patients' records kept after the patient has ceased to attend the hospital?

Is the record storage accommodation adequate?

In many hospitals it has been found that storage space is wholly inadequate and material which might be valuable for research purposes is lost through bad or inadequate storage. One solution to the problem is microfilming.

Are records readily available for research or follow-up purposes after the patient has ceased to attend the hospital?

SECTION XII—CATERING DEPARTMENT

These notes and questions apply primarily to hospitals with 100 beds and over.

The Catering Department should be responsible for all details of catering for both patients and staff, and must be under the control of a qualified catering officer (male or female) supported by a competent staff. If the catering officer is not a dietitian, a dietitian should be employed to supervise the special diets and advise on the nutritional aspect of the general catering.

The Catering Department can be divided into the following sections, and the questions are framed to ascertain any difficulties which may require further examination:

1 CONTROL

Is the Catering Department under the control of a qualified catering officer?

If the catering officer is not a dietitian, is a dietitian employed, and does she advise on the nutritional aspect of all catering?

Is there a Catering or Nutrition Committee, and how many members of the medical staff serve on it?

2 STAFF

Is a proper establishment laid down for the kitchens, dining rooms, etc.?

Is there a shortage of qualified staff? If so, what steps are being taken to improve the situation?

Is provision made for staff dining and changing rooms?

Are the working premises provided with proper lighting and adequate ventilation?

Are facilities provided to enable staff to wash their hands after using the toilet?

Are any general notices displayed encouraging the staff to practice hygienic methods in their work, and maintain a proper standard of personal hygiene?

3 BUYING

Does the catering officer buy all provisions?

The buying of all commodities used in the catering department will to a large extent control the standard of catering and it is therefore important that it should be in the hands of the catering officer. This was one of the principal recommendations of the Fund's 'Second Memorandum on Hospital Diet.'

Does the catering officer visit local markets when buying fruit, vegetables, etc.?

To what extent does economy limit the variety of non-rationed goods bought?

4 Storage

Adequate and suitable dry and cold storage accommodation for the various types of commodities, i.e., meat, fish, vegetables, dry goods, etc., as well as sufficient bulk storage space in properly planned accommodation, is essential to economical feeding.

Is the buying of commodities limited by the storage accommodation?

Is difficulty experienced in keeping food fresh during the warmer months of the year?

Is milk given special attention?

5 Plant and Equipment

Satisfactory and modern plant and equipment are necessary in all departments if a satisfactory standard of catering is to be reached and maintained.

Is the variety of the meals provided curtailed by the lack of cooking equipment?

Is there any waste of fuel owing to worn out equipment?

Is the lay-out of the equipment planned to save labour?

6 Cooking and Service

The service of satisfactory hot and cold meals to the wards constitutes a special problem, and it is important for all patients to receive a sufficient quantity of nutritious food properly cooked and served. It is important to obtain variety for the meals provided for the resident staff, and special attention must be given to ensure that the night staffs are provided with freshly cooked and adequate meals.

Is the Medical Committee of the hospital satisfied with the nutritional standard of the food provided?

Is the cooking and transport of food (*e.g.*, by hot trolley) controlled so that it reaches patients and staff as soon as possible, and is food served really hot on hot plates?

Are patients and staff provided with a cooked supper every day?

Are certain patients (*i.e.*, gastric, diabetic, maternity, tuberculous) receiving extra food?

7 Accounting

A sound and simple system of accounting is essential and will increase efficiency and prevent waste.

Do those in control of the Catering Department know the weekly cost of provisions per head for patients and staff?

Is there a satisfactory system of checking goods received, and orders placed by the Catering Department?

Hospital catering has received a great deal of attention in recent years and recommendations were published by the Fund in 1943 *and* 1945 *entitled respectively 'First' and 'Second' 'Memorandum on Hospital Diet.' The majority of the larger London hospitals have adopted the recommendations made therein.*

Attention is also drawn to the Annual Report of the King's Fund for 1949, *pages* 34 *and* 35.

SECTION XIII—Fabric, Fire Precautions, etc.

1 Condition of Building

Is the external appearance of the hospital attractive, and such as to give a good impression?

Does the building appear to be in a good state of repair?

Are the grounds surrounding it kept in a satisfactory manner?

2 NOTICE BOARDS

Are the notice boards clean and freshly painted?

3 FIRE PRECAUTIONS

Is the Chairman of the House Committee (or appropriate responsible Authority) satisfied that the arrangements made in case of fire are adequate?

Are regular fire drills held?

When was the last fire drill?

In 1946, *the Fund published an up-to-date revision of its memorandum on Fire Precautions for the guidance of hospitals. The Fund has always considered that the responsibility must properly rest with Hospital Committees, and the memorandum sets out suggestions with a view to enabling Hospital Committees to satisfy themselves as to the adequacy of their fire precautions.*

SECTION XIV—MISCELLANEOUS

1 VOLUNTARY HELP, AMENITY FUNDS

Have the former supporters of the hospital formed a voluntary organisation working on behalf of the hospital?

Are the former members of Linen Leagues continuing their help to the hospital?

2 TELEPHONE SYSTEM

Is the telephone system adequate as regards the number of lines and extensions of the external telephone system, and the provision of an efficient internal telephone system?
Is there a sufficient staff of telephone operators?

3 CALL SYSTEM

What method of locating members of the staff is employed:

(i) loud speaker?

(ii) light signal?

Is the hospital satisfied with the present system?

4 RECEPTION—PORTERS AND TELEPHONISTS

Are all those concerned with the reception of patients and visitors carefully chosen for the purpose? Are the porters—particularly the entrance hall porters—clad in smart and clean uniforms?

In a hospital's relation with the public perhaps no single factor is as important as the first impression made on patients and visitors upon entering. Equally important is the manner in which the switchboard deals with outside enquiries.

5 ACCOMMODATION

What arrangements are made to ensure that the Management Committee of the hospital is kept regularly informed of the pressure on beds and clinics in the hospital?

Are the waiting lists for the various departments presented at regular intervals?

6 ACCOMMODATION FOR RESIDENT MEDICAL STAFF

Is adequate accommodation provided for resident medical staff?

7 AMENITIES FOR NON-RESIDENT STAFF

Is a restaurant or canteen provided for non-resident administrative and clerical staff?

Are adequate toilet facilities available?

APPENDIX I

RETURN OF NURSING AND MIDWIFERY STAFF

HOSPITAL.....

Whether Training School..... Length of training.....

NOTE: Section A should include all nursing and midwifery staff *not actually engaged in ward duties,* but the night superintendent and night sisters should be included in Section B, as carrying in some measure the same responsibility for the patients' care as the ward sisters. District Midwives should not be included.

SECTION A—*Administrative and Departmental Staff*

	Authorised establishment for.....Beds		Actual Staff at	
	Nursing	Midwifery	Nursing	Midwifery
Matron & Asst. Matrons ...				
Sisters—Admin. & Teaching				
„ —Departmental				
Staff Nurses				
Student Nurses				
Assistant Nurses				
TOTALS				

SECTION B—*Ward Staff*

Night Superintendent and Night Sisters				
Sisters				
Staff Nurses				
Student Nurses				
Assistant Nurses				
TOTALS				

No. in P.T.S.

Annual intake of Student Nurses, : Authorised..... Actual.....

No. who passed final State Examinations, 19 : .....

Special factors which affect the total requirements of nursing staff, or ratio of nurses to occupied beds: (*Space*)

Date.....19..... .....*Secretary.*

APPENDIX II

SOME RECENT PUBLICATIONS OF THE KING'S FUND

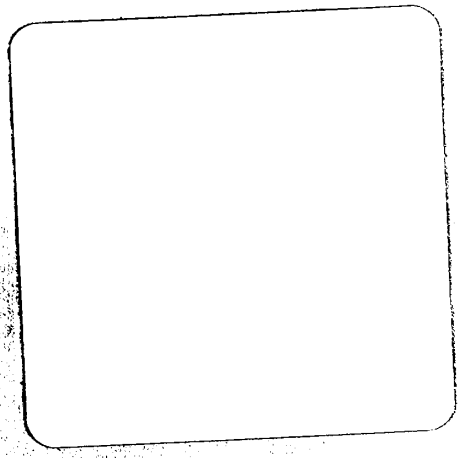
Memorandum on Hospital Diet, 1943 -	6d. post free
Second Memorandum on Hospital Diet, 1945 -	9d. post free
Menu Planning and Food Tables - -	6d. post free
Memorandum on the Supervision of Nurses' Health, 1943 - - -	3d. post free
Nursing Staff. Considerations on Standards of Staffing - - - -	6d. post free
Recruitment and Training of Nurses—Comments on the Report of the Working Party, 1947	Free
Domestic Staff in Hospitals, 1946 - -	9d. post free
Directory of Convalescent Homes, 1950 -	7s. 6d. post free
Catering in Convalescent Homes, 1948 -	6d. post free
Some Observations on Hospital Admissions and Records, 1948 - - -	1s. post free
Fire Precautions at Voluntary Hospitals, 1946	6d. post free
Travel Report No. 1, 1947. *Visit of Charing Cross Delegation to European Hospitals* -	1s. post free
Travel Report No. 2, 1948. *Visit of Capt. J. E. Stone to the United States and Canada* -	1s. post free
Travel Report No. 3, 1950. *Visit of Charing Cross Delegation to American Hospitals* -	1s. post free

DIVISION OF HOSPITAL FACILITIES

It has been the policy in this Manual to avoid detailed discussion of hospital design, structure and equipment. Those who require further information of a technical nature are invited to consult the Division of Hospital Facilities at the headquarters of the Fund in Old Jewry.

NOTES

NOTES



PRINTED IN GREAT BRITAIN BY
ALDEN AND BLACKWELL (ETON) LTD., ETON COLLEGE