THE HOSPITAL ADMINISTRATOR*

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'The hospital', said Abernethy, 'is the only proper college in which to rear a true disciple of Aesculapius'.

But how much does this true disciple of Aesculapius know of the vast ramifications of the hospital, that need efficient and smooth organization so that he may practise and improve his profession, treat and heal his patients, test and try his science?

There is a side of medicine that receives scant attention from the average doctor and little consideration from the average patient; possibly the nursing profession give this aspect of medicine better recognition. I refer to that important part of medicine which is called management — good medicine needs good management.

Dr. Disler

The general practitioner, the surgeon, the physician, or the doctor practising any one of the specialties, depends as much on good management of his practice to give of his best as he does on his medical knowledge and skills.

HOSPITAL MANAGEMENT

There cannot be good medicine without good management — whether this management is conducted by the doctor himself, as is the case in private practice, or whether it is conducted for him, as in hospital practice.

Before the surgeon can wash up and put on his sterile gown, let alone open an abdomen, a hundred services have to be coordinated and timed. The patient must be delivered safely on to the operating table, the surgeon must be given facilities to begin his operation, his assistants must be ready to serve his every need. These services have to be provided for him by the hospital administrator who has to see to the exact timing of all the services.

The patient's life and health depend on the skill of the surgeon; the surgeon's skill is worthless if every facility is not provided for him. Behind the surgeon (and the physician or any other doctor who uses the hospital) stands the administrator, who is to the other hospital doctors what the general is to his fighting units.

The patient's life and health and much of his future happiness depend on skilled nursing; behind the nurse stands the administrator as well.

The patient's life and health and much of his future happiness depend on how he is treated in hospital: the food he eats, the way people talk to him, the sleep he gets, his visitors, the attitude of the hospital doctors and nurses and staff towards him — and towards his people and his own family doctor. The patient's future health and happiness depend in effect on the attitude of 'the hospital' to him, to his relatives, to his friends, to his own family doctor. And make no mistake: a hospital is as good as its head — or as good as the hospital head is allowed to be.

The Doctor-administrator

And make no mistake either; a hospital administrator must be first, last and all the time — a doctor. A layman with a good business head can undoubtedly be trained to do all the administrative work of a hospital — as he could be trained to do all the administrative work of an army — but one thing no such training will teach him is to be a doctor. The general of an army must be primarily a soldier; the hospital administrator must be primarily a doctor with the whole tradition of medicine behind him — from Imhotep and Hippocrates and Luke to Cosmos and Damian; from Linacre and Sydenham to Osler.

We doctors are a peculiar people with a particular outlook. Humbly (yet proudly) we say, too: we are a chosen people. R. L. Stevenson wrote: 'There are men and classes of men that stand above the common herd: the soldier, the sailor and the shepherd not infrequently; the artist rarely; rarelier still the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization'.

Medicine is not learned out of a book — though rich is the heritage of medical books: scientific, philosophic, literary, poetic, dramatic, historical . . . Medicine is not learned in the lecture room — though the lecturer plays an important part in the doctor's education and training, and our great

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lecturers' words are passed from mouth to mouth, generation after generation, down the arches of the years. Medicine is not even learned at the bedside! — though this is one of the most important places in the training of the doctor.

Medicine is learned in the total environment in which the pre- and postgraduate student lives and moves and has his being: in the laboratory and library, in the lecture room and on the campus, at the bedside and in the home, and in the totality of all the activities of the community and culture to which he belongs or in which he lives.

Medicine — like man — is psycho-somatic-individual-social. The hospital administrator must not only function, and function efficiently, in each of these worlds; he must do his work as a doctor and from the point of view of a doctor. He must not only drink of the water of knowledge; he must partake of the wine of understanding. The layman may know, and know a good deal, about the importance of the doctor/patient relationship; only the doctor can *experience* it. And no man, however efficient, can head the vast organization and organize the tremendous teamwork that constitutes a hospital, unless medicine is ingrained in his bones by tradition, training, experience and practice.

Every doctor brings to his work his own individual characteristics that have been moulded in him by heritage and upbringing. Each specialty bears and breeds special types peculiar to itself: the surgeon, the physician, the pathologist, the general practitioner, the otorhinolaryngologist, the anaesthetist, and so on.

QUALITIES OF A HOSPITAL ADMINISTRATOR

What are the particular qualities required of the hospital administrator?

He must be a whole man with a holistic outlook. He must practise his profession and administer his practice (which is his hospital) *in toto;* psycho/somatically/individually/socially.

The hospital administrator is firstly a general practitioner, secondly a specialist — with the ability to organize, administer and control a vast undertaking staffed by some of the most difficult people on earth to deal with: doctors and nurses!

The direct influence of the hospital administrator not only within, but also outside his hospital can be most important; his indirect influence can be even greater.

It may be but throwing a pebble in the pond for the hospital to take the trouble to keep in touch with the patient's private practitioner, but it is a pebble whose ripples of influence spread wider and wider outside the hospital. It is, for instance, my contention that not only should a patient be given a note to his private practitioner when he leaves the hospital, but that the private practitioner should also be telephoned at critical moments of his patient's treatment. After an operation, for example, he should be told: 'Doctor, your patient, Mrs. X, was operated on by Mr. So-and-So this morning. The appendix was acutely inflamed and lying retrocaecally, etc. etc.'.

Such policy by a hospital would surely enhance the practice of medicine in any one town. It would also encourage private practitioners to write adequate letters when sending their patients to hospital: either for outpatient consultation or treatment or for admission.

What then are some of the qualities that go into the making of this whole man, the hospital administrator?

It is easy to put these qualities into words; not so easy to assimilate their fundamental meaning.

A better understanding may be obtained by briefly outlining the main organs that go into making up that vital organism, the hospital, always bearing in mind 3 things:

Firstly, that the nerve centre, the head, as well as the vital spark in the soul of that organism is the administrator.

Secondly, that just as the hospital is a *medical* organism, so must its head be a doctor, not a layman.

Thirdly, that medicine without management is like blood without haemoglobin: anaemic. Good medicine not only deserves good management; good medicine needs good management.

Like Gaul, the hospital administrator is divided into 3 parts, or rather he has 3 distinct yet interrelated functions:

1. His work within the hospital.
2. His work outside the hospital.
3. His association with his colleagues.

This third aspect of the hospital administrator's work emphasizes once more that he should be a doctor, not a layman.

Throughout every field of the hospital administrator's work runs the golden thread (as indeed it runs through the field of every man's work) of 'personal relationship'. This includes the following relationships:

1. Within the hospital, from his most senior surgeon to his most junior domestic.

2. His association outside the hospital may range from the President of the Republic or the Prime Minister or the Administrator of the Province to the little servant girl who enquires: 'How is my boy friend in the Special Clinic?'

3. His association with his colleagues: from the administrating Director of Hospitals or the President of the Medical Association of South Africa, to his most recent house surgeon in the hospital, not only is the hospital superintendent the hub of that universe which is the hospital itself, but, most important of all, he is the link between the patient and the doctor. He is also the hub around which the medical world rotates with regard to hospital work. Therefore, once again, a hospital administrator must be first and foremost a doctor.

Moreover, he must be well versed in the modern art and science of medicine. He must keep abreast of all trends: medical, surgical, all the specialties, public health, epidemiology, etc. He must bring to the tradition of the past the knowledge of the present.

DIVISION OF HOSPITAL ADMINISTRATION

A hospital should be divided administratively into 3 sections: the medical services, the nursing services, and the general services, coordinated under the hospital administrator.

I shall take them briefly in turn, but in reverse.

1. The General Services

These illustrate that not only must the hospital administrator be a doctor, but he must also be 'all things to all men'.

Through his secretary, the hospital administrator controls finance, stores, workshops, grounds, laundry, staff, and kitchen. In passing I may say that the control of the dietetic side of hospital organization differs in different hospitals. In my opinion the dietetic side is a medical problem and should be under the direct supervision of the superintendent.

Therefore, the hospital administrator must, apart from being a doctor, be something of a financier, an electrician, a gardener, a mechanic, a plumber — a 'whatever exists' in the working world. The hospital administrator must delegate authority to his secretary who controls specific organs of the hospital organism. At the same time a good hospital administrator knows at least the heads of each of his working departments, and as much as possible about each member of these various departments.

2. Nursing Staff

Of this second great organ within our tripartite organism, the hospital, I need say very little. To the matron is delegated control of her staff, and the good administrator will not interfere with her supervision. However, one thing I say, and I say quite clearly, that a hospital, like a ship, can have only one captain: the hospital administrator.

If the captain is indecisive or unfair or dictatorial or too temperamental, he will upset his senior staff and they cannot be blamed if they quarrel with him. On the other hand, his senior staff must recognize when they have a good leader and a good captain, and abide by his direction.

3. Medical Staff

While the superintendent delegates authority to the secretary and the matron with regard to the working organ and the nursing organ of this organism, the hospital, he himself assumes direct responsibility with regard to the medical side, although he may work through a medical deputy or medical assistant.

In this connection I shall mention only a few of the factors which should exist in modern hospital practice.

FACTORS IN MODERN HOSPITAL PRACTICE

Centralization

Two things which, when centralized, can greatly improve the efficiency and economy of hospital practice, are *central sterilization* and a *central resuscitation unit*.

With regard to central sterilization, I envisage the collection, preparation, and distribution of that equipment which is of an essentially sterile nature to the wards, outpatient departments, casualty and theatres.

The equipment embraces everything that has to be sterilized in the hospital, from a syringe and needle to a glove and gown. The amount of organization needed in running a central sterilization department can be envisaged when I state that it means preparing, for instance, basic laparotomy instrument sets, separate specialist (urological, gynaecological and such-like) sets, plus small sets to meet the specific demands of individual surgeons.

The central resuscitation unit must be distinguished from the theatre recovery room. The central resuscitation unit is essentially the unit to which all acutely ill patients needing urgent resuscitation are sent, whether they are from the wards as inpatients, or are acutely ill patients admitted direct from the outpatient department. Having been resuscitated the patient is either re-admitted to the ward whence he came, or if he has come directly from outpatients, he is admitted to an appropriate ward.

Special Units

The second feature of a modern hospital includes, in addition to the accepted units, the following 5 special units: accident ward, burns ward, geriatric unit, psychiatric ward, and teenagers' unit.

I have not the time to enlarge on the value and use of all these units. I should, however, like to say a little more with regard to the important part that a teenagers' hospital unit could play in the treatment and subsequent happy recovery of that group of people who are neither children nor adults. Such a ward will obviate the mental trauma and subsequent psychopathology that flows from a girl of 15 recovering happily from an appendicectomy in a bed next to an old woman dying of carcinoma of the breast or rectum. This is but one example of the many advantages that accrue from nursing age groups among their own kind.

There are of course disadvantages, but these can be largely overcome by an intelligent and humane system of better facilities for visitors.

Visiting Hours

This brings me to another advance in modern hospital practice. The old system of restricted visiting hours (Wednesdays, Saturdays and Sundays — 2 - 4 p.m. and 6.30 - 7.30 p.m. — when visitors are barely tolerated) no longer applies.

Today, hospital visitors are welcomed and encouraged to take part in the overall therapy and the promotion of health and recovery of the patients.

Outpatient Department

The third trend of hospital practice is in the outpatient department and demonstrates once again the hospital's greater consciousness of the patient as a person and not merely as a 'case' or a statistical cypher. The hospital in fact is developing what has long been a prime consideration in private practice: the doctor/patient relationship (you could say the hospital/patient relationship). Such a concept makes of the hospital a living organism, as I have already called it, not merely a thing of bricks and mortar.

With such concepts in mind the hospital deliberately provides a 24-hour dispensary service, in place of grudgingly giving the patient some placebo, taken out of a cupboard by a nurse. Also, instead of long queues having to wait hours to see the doctor, efficient consultation clinics are organized and appointments are made. Among other things, this has a dual purpose. It saves the patient time and trouble, while at the same time making him feel important.

Services Outside the Hospital

Then, there is that cardinal service developed through the outpatient department, domiciliary care. Domiciliary care is not only cheaper than hospitalization, but it is also often better, as such developments as midwifery in the home, nursing of premature infants in the home, and rehabilitation in the home, have proved.

Modern medicine, in fact, recognizes the importance not only of the patient as an individual, but also of the patient as an integral member of the family and indeed of the community.

In this respect Natal can be proud of having pioneered one of the first social, family and community institutions in the world. The patient was not left to get sick and come to the hospital. Health was taken to him in his own home.

Other services which hospitals have developed are the use of aeroplanes, as in Australia, and the manning of ambulances by medical officers, or by final-year medical students as part of their training.

Other Problems

Having dealt with some of the aspects and developments of the modern hospital which the hospital administrator has either to inspire or promote, I shall mention some other problems which are the direct responsibility of the medical superintendent. These are policy, the medical staff (both visiting and full-time), pharmacists, medical registry, dentists, health educators, and radiological services. Need I once again emphasize that control of such services can be properly administered only by well-qualified, properly trained, and experienced medical practitioners?

So much for the function of the hospital administrator within the hospital: the hub of a little universe.

But with regard to the outside world he is the hub of a slightly greater universe: he is the link between the medical profession and the public (again only a doctor, not a layman, can fulfil this function adequately), he is the link between the profession and the press, he is the link between the patient and the public, and he is the link between the patient and the press.

Also, the hospital administrator may have and should have a finger in many other pies: various welfare organizations, Rotary, the Medical Association, and religious, educational and similar bodies.

CONCLUSION

More and more hospitals are being built. The rapid advances of medicine, especially in the various specialties, make problems of organization and management even greater.

Therefore, today we need young and energetic persons and, as the Americans would say, 'high-IQ-guys', to undertake a course in hospital administration to equip doctors in the best possible way to be administrators.

Some of us hope that one day the College of Physicians Surgeons and Gynaecologists and the College of General Practitioners will provide the training of medical men in hospital administration: for, I repeat, good medicine not only deserves good administration: good medicine needs and must have good administration.