

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborator: ADDA ELDREDGE, R.N.

REQUISITION DAY IN THE HOSPITAL

The best and most economical method of keeping the hospital supplied with the necessities for its smooth and useful career has been the study of all who have ever undertaken the care of an institution. In these days, when many hospitals are giving courses in the administration of institutions to nurses desiring to take advanced work, they are somewhat equipped before undertaking the difficult task of superintending a hospital and do not find themselves in the position of the young nurse who took charge of a small institution with good intent and a firm purpose not to be extravagant and thereby embarrass the work. Accordingly, she one day ordered from the grocer what seemed to her a goodly amount of tapioca for her family of twenty-two and with some trepidation asked him to send the bill. He looked askance at her but desiring the patronage of the institution, said nothing and delivered the tapioca with the bill, which amounted to less than ten cents. She found she had a scant supply of tapioca for her purpose.

Another young woman in a similar position, who was ignorant of the amount of food required per patient or individual, ordered for six people sufficient brook trout to nearly fill a ten quart pan. She distributed brook trout throughout the neighborhood and was a sadder and a wiser woman. These two young women were not unusual in their ignorance. They had simply not before been confronted by such circumstances. Neither of them knew much about brook trout or tapioca, excepting as they were served for dinner. Successful superintendents have often been heard to confess that they knew the value of almost nothing when undertaking the work they had later so well in hand. They did not know what should be paid for a pound of butter nor for a spool of thread.

Happily it is no longer necessary that women so totally unprepared should assume the responsibility of caring for an institution, either for its sick or its property. It would seem that they should not and in time they will not be employed without practical knowledge of admin-

istrative affairs. Meantime there may be one who is struggling with the elements for success in her rather small hospital and it is hoped that an account of requisition day may aid her a little in outlining her plan for procedure.

In the first place, one cannot decide intelligently what is required until one knows what one's equipment actually is and how much it is used day by day. The inventory will furnish the information in the first instance and inspection in the second.

Let it be understood that it is desirable to know how one is ending the current month and ready to begin the new. An inventory of the ward property is taken two or three days before, let us say on the last Monday of the month. The process of taking the inventory in the ward should be assumed by the nurse in charge. It is always a nerve-racking piece of work, because the dread of finding the total short and of being unable to account for it fills the busy nurse with consternation. Possibly it might not be so if she were not busy in so many other ways as to be unable to concentrate her attention upon the inventory.

However, it is a *good* and she knows it, because by it she is given valuable information and by reason of it her ward property receives better attention than it otherwise would. For instance, the bath thermometer is not nearly so likely to be loaned without an account of its whereabouts being kept, neither are the pillows taken off the ward beds for a private room somewhere else, except by her knowledge and consent. The day for the inventory is surely a day of reckoning.

The nurse having made the inventory knows that her articles are in one of three classes, viz.: in use, worn out, or missing. It is for the missing that her heart yearns. It may be that ninety and nine ward towels are safely accounted for, but the missing *one* is never to her credit and she seeks it. After the inventory is complete, she presents it to the superintendent with a list of the worn articles and a request that they be replaced. She also offers some explanation of the missing ones. The superintendent, wishing to see the worn and broken articles in question in order to decide upon their usefulness or worthlessness, has them taken to a convenient place for her inspection. It is assumed that the worn linen comes directly from the ward, as central linen rooms are not commonly found in the so-called small hospital, neither is there a seamstress constantly employed. Each article is carefully examined and a decision made as to the possibilities for repairs and the economy of making them. She knows the fallacy of putting twenty-five cents worth of work into a ten cent article. Perhaps she never employs a seamstress and consequently calls upon anyone with a few moments of spare time to spend them in "sewing tears" in

the inspection room. In that case she will doubtless leave very definite instructions with the articles as to how they shall be mended.

One superintendent made a practice of pinning notes to the articles to be repaired. Naturally they were more remarkable for their brevity and directness than for their elegance, as she once clearly appreciated when she overheard the little nurse who was sent to sew for a few minutes, remark to her fellow worker as she read the inscription "Darn this hole,"—"That exactly expresses my opinion, but I did not think our lady superintendent would speak in that way." The superintendent passed beyond the range of hearing rejoicing in her pupil's ability to see the humor in *anything* so near the end of a long and tedious day. Notwithstanding the fun at her expense the superintendent believed it to be a good method and continued it, because by so doing the mending did not require further close attention from her.

After the decision is rendered as to the number of articles to be repaired and given back to the ward, it is concluded to give enough new ones to make the difference between the repaired and the whole number of worn articles.

After sufficient time has elapsed to prove that the missing items are beyond recall, and after further search has been made for them, they should be replaced. Doubtless great care and attention was given to stocking and furnishing the hospital and in most cases it is desirable that the number or amount be maintained. It is, however, a very grave mistake to have a stock in excess of the actual needs. One takes better care of the property when knowing that it has no duplicate or at least that the number is limited. An authority on hospital management was wont to say that no hospital should be equipped for the maximum of service but rather for the minimum, with a reserve stock to be loaned the wards in a grave emergency and returned when the emergency has passed.

The broken crockery and other broken and worn out articles, such as brushes, rubber goods, glassware and the like, next receive the superintendent's attention. Wisdom and economy suggest saving all glass tops, all china teapot or cocoa pot covers or parts of anything which might replace a like broken part on the next requisition day. Returned or turned-in blankets are a cause for great discouragement on requisition day for several reasons; first, their initial cost is great and the superintendent deplures the carelessness of her nurses and other assistants who are apparently unmindful of that fact; second, they are one of the staples or fundamentals whose evident nicety as well as superiority contribute much to the comfort of her patients and she is loath to lose anything that increases their happiness or adds to their well be-

ing, but if they are no longer useful as bed coverings, the fact must be accepted and their parts made as serviceable as possible in other ways. Those parts which are denominated "just rags" may profitably be saved and later made into a rug to be used at the bedside of some appreciative nurse or other member of the hospital family.

Rubber hot water bottles are in the class with the moths that fret the garment of economy. A volume might be written about the care and use of rubber goods and especially of hot water bottles, but not here. After having made a decision that they are past their usefulness, there is little else to do with them than to consign them to the box into which go so many of the articles with which they have been associated, to await the arrival of the junk man. It is a pity that in these days of utilizing the by-products, there is not some way of rejuvenating hospital rubber goods. To be sure they can be mended, but the success is so doubtful as to offer little encouragement to the mender.

Why some inventive genius has not discovered other less easily destructible material for hot water bottles has often been a question in the mind of the writer. If canvas makes good hose for the hard usage of the city fire department, would it not make hot water bottles?

All screw tops, stoppers, etc., must be saved for use another time.

Rubber sheets may often be cut over for a like use on infants' beds, after thorough cleansing.

By way of digression it may be said that rubber sheets would last much longer if not folded when idle, but rolled upon the handle of an old broom that has hitherto been sent to requisition. It is a pernicious habit among nurses to fold a rubber sheet when its size does not quite suit the immediate purpose. It would better be cut and the unused part saved, for it is sure to break in the fold.

For one's own encouragement it is a good plan to mark rubber sheets with the date of issue; then too, as the dealers are quite inclined to warrant their rubber sheeting for a certain length of time, the date of issue is an aid to verification either way.

Old burned-out electric lamps, which were formerly consigned to the dump, now have a market value and should be saved.

Every other article in the list merits careful inspection and consideration for its ultimate disposal.

The superintendent who is responsible for this motley array of "stuff" is prone to discouragement at the spectacle. She knows better than any other person the cost in money and the cost in obtaining,—she knows the labor spent in writing various dealers for their consignment and the number of times the articles were returned before just the right ones were secured; she knows the number of trips she, herself,

made to the city in order that there might be a full supply; maybe she knows that her powers of eloquent persuasion were exercised to their utmost in obtaining the appropriation for purchase; perchance she knows there has not been the customary care in their use and treatment, hence the barometer of her spirits goes down and with a heaviness of heart and an inward resolution of renewed vigilance she has all removed and calmly awaits the morrow which discloses a different picture in the fine array of new material brought from her treasured collection of "stock on hand" and awaiting her sanction for issue. She is still a little perturbed for, as yet, she does not know the length of the list for purchase, which must be considered immediately after the issue of what she has had in reserve.

ETHICS AS APPLIED TO THE WORK OF THE SCHOOL NURSE BY THE CHICAGO STAFF

By GENEVIEVE CONWAY

As the children are the medium through which the parents are reached, they are sometimes easy of access, especially if the child is in dire need of our services. Many parents, however, do not see the importance of correcting defects that to them seem minor, but which the nurse knows are very serious, and which may, if not corrected, handicap the child through life. In such cases we must be patient, kind and sympathetic, and have due respect for the superstitions of some, the traditions of others and the religion of all. We often hear how well a nurse controls her patient. Her control beyond doubt is based upon her ability to understand his need from *his* point of view. So with the parents, we must be able to get their point of view before we can expect them to get ours. Sympathy and observation will teach us to put ourselves in their places and to some extent realize what mental suffering it causes them to have their children undergo what to us may seem a simple operation. We should try to allay their fears, and at the same time make them realize how important it is for the child to be given an equal chance with the well child to develop into a perfect citizen.