

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

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THE ADMISSION OF PATIENTS AND THE CONTROL OF VISITORS

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Very few people realize how much of a patient's contentment and happiness within the hospital is founded upon his first glimpse of the entrance hall and admitting room. His first impression should be one of hospitality and efficiency. He should be received graciously, seated comfortably if ambulant, and this applies to the so-called charity patients even more than to wealthy paying-patients; then the necessary questions should be asked in a business-like but pleasant manner, one that implies a personal interest. Too often one sees an admitting-clerk ask a patient the necessary questions as perfunctorily as though he were cataloguing inanimate objects.

The formalities of admission finished, a nurse should be called from the floor to which he is to be admitted, and it is scarcely necessary to add that she should be immaculate in uniform, bright and interested. She should greet the patient pleasantly and then take him to his room or bed. This method of admission insures prompt attention to the patient when he reaches the floor and makes him feel that he is an individual as well as a patient, a point we sometimes appear to lose sight of in our busy hospital life. Ambulance cases and emergencies, however, must be admitted directly to the floor or department. These are always accompanied by a house physician, and are met by a charge-nurse immediately on reaching the floor, which makes them feel that they are expected and welcome. Nothing so disturbs a patient as to feel that his arrival is not planned for and that no place is waiting for him.

A hospital is really a hotel for sick people, and every provision made by a first-class hotel for its guests should obtain in a hospital of high grade.

These first courtesies, with the nurse's directness of manner, gain the confidence of the patient and his family, a confidence not easily

shaken even if he be terribly ill during his stay, and who can say how much this confidence and trust help toward his recovery?

The private-room patient, however, even though his payment per day be quadruple that of the ward-patient, is not given the same protection as that given the patient in the 6 to 30-bed ward. The ward patient, being one of a group, has always a nurse in sight ministering to him or his fellow-patients; his visitors are governed by a set of rules, 2 to 3 o'clock, 7 to 8 o'clock, or some such arbitrary hours, and there must never be more than two visitors at one time. Private patients' visitors, however, are governed by no such definite, hard and fast rules and it is very difficult to shield them from their friends, and even, at times, from their over-zealous relatives.

One way to limit visitors is by having a large card, at least 7 by 11 inches, hung on an almost invisible hook, which does not disfigure the door, just below the door-number, reading

NO VISITORS. VISITORS ALLOWED ONLY BY SPECIAL PERMISSION
OF ATTENDING PHYSICIAN. INQUIRE OF HEAD NURSE

On the reverse side is "RESTING," so that a patient may be absolutely free from disturbance if he, or his nurse or physician, wishes. This card must be large, as it is surprising how often thoughtless people fail to read a card on a patient's door. People who would never think of entering a room in a private house without duly inquiring if they are welcome, seem to feel they have a right to enter any room in a hospital where a friend may be ill, provided they can find the room. Callers too often walk directly to the floor and, having previously found out the number of a patient's room, will very unthinkingly knock, or worse still walk directly in without consulting the nurse in charge, who may be engaged with a physician or busy at some other of her many definite duties, and not observe the visitor's entrance to the floor.

Another good plan is to have a card, reading "ENGAGED" which will allow a nurse to care for her patient at times without being disturbed by even the Superintendent on her rounds, or a nurse with a message. The continuous opening and shutting of a door is most annoying at times and it should be the duty of hospital and nurses to keep the patient free from all confusion or disturbing conditions. The improper closing of doors is one of the most nerve-racking noises in a hospital. Small rubber tacks along the door-jams will break some of the jar from a slam, when the door-stop is not pressed firmly and a sudden draught blows it, but it will not silence the snap of the door-

latch as someone thoughtlessly shuts the door without turning the knob. A small pad made of two thicknesses of denim, tied to the knob with tape, will silence this sound and prevent many complaints from nervous patients.

Cards placed conspicuously along the corridors with "WALK QUIETLY AND SPEAK LOW" will help greatly in reducing part of the almost ineradicable noise on hospital floors.

Despite all these signs, however, the real protection of the patient from noise, from too many visitors and from too lengthy visits at the sometimes wrong time, rests with the nurses in charge, who should by their quietness and gentle influence in meeting physicians, visitors, friends of patients and others, encourage them and all who enter the doors of the hospital to make their one thought, "There is serious illness here and I must be considerate and make no unnecessary noise." Really the proper care of all hospital patients comes back to the greatly-loved and often-blamed nurse, who must direct all within her domain, even convalescent patients themselves, to be observant and to follow the Golden Rule.

The Welfare Association of East Chicago and Indiana Harbor completed its first year's work on September 1. The Visiting Nurse, Rosa Collins (Mercy Hospital, Chicago), a former Chicago visiting nurse, now has an assistant nurse, as the work has grown so rapidly. During the year nearly 3000 visits were made to more than 400 patients. Perhaps the most significant item in the annual report is the fact that 144 cases were referred to the visiting nurse by physicians; 136 by employers; the remaining patients by miscellaneous sources. A new association does not ordinarily get such splendid coöperation from physicians in its first year's work. In addition to the work in the homes, the Welfare Association conducted an infant welfare station at which weekly conferences were held throughout the summer. East Chicago and Indiana Harbor are manufacturing towns with a very large foreign-born population. Transportation is poor, the distances are great, and the problems met with during the first year's work have been various and difficult. The Association has met them splendidly and has built up a very strong, fine piece of public health nursing work.