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HOSPITAL ADMINISTRATION AS A MEDICAL ELECTIVE

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On March 31, 1965, I completed what is now a most memorable experience. As a general rotating intern at the Henry Ford Hospital, I elected to spend my one month elective in the Department of Administration under the good auspices of Drs. Howell and Buerki.

Upon arrival in the department, I was cordially greeted by the Director and promptly introduced to the administrative staff and their secretaries. A rather intensive briefing of the current problems and projects being studied and processed promptly followed.

We then outlined some of the philosophical and practical objectives for a one month elective in Administration. These seemed to fall into seven areas.

1. To seek an overview of so-called patient service functions. These encompass direct and indirect service areas as admitting, physician services, nursing, personnel, accounting, purchasing, engineering, laundry, housekeeping, laboratory, x-ray, pharmacy and medical records, to name only a few. It was hoped that a meaningful perspective of the integrative process operating to make these varied services available to the individual patient might be identified.

2. To study our hospital based medical practice organization. It was hoped its strengths and weaknesses might be identified and its future projected.

3. To identify some of the major influences which are changing patterns of medical care.

4. To analyze methods and trends in the financing of medical care.

5. To study present patterns of preparation for a career in the profession of Hospital Administration.

6. To identify the social and economic prerogatives and responsibilities of the health care administrator.

7. To speculate on the future.
A general approach to problem solving was developed. The problem must first be defined before relevant data can be efficiently collected. The data must then be evaluated and possible solutions with their probable consequences developed. The alternative which seems best is then chosen and the decision is translated into action. The results of this action must then be evaluated and the approach modified as necessary. Follow-up must continue indefinitely and modifications made until the proper final effect is achieved.

An invitation was given for me to attend all administrative meetings, including inter- and intra-departmental meetings as time would permit. Department Heads were present at nearly all committee meetings and I was introduced and invited to participate. The hospital Director and Department Heads were very generous and invited me to visit their departments and talk about and look into any aspect of their activity.

I sat in on job interview sessions, review of on-going projects with the men actually doing the work, review of planning for new installations with outside contractors, personnel disciplinary sessions and inter-departmental sessions on proposed changes in work load patterns. I sat in on sessions of our Industrial Engineer and an Assistant Administrator as they pondered the planning and development of new kitchen facilities. I was taken on a tour of the various departments particular areas of responsibility and invited to discuss any aspect and make any suggestions. The personnel were most cooperative and were frank in discussing their particular needs and problems. I always asked what Administration might do for them which Administration was not now doing. All in all, they always felt quite well supported by Administration and only two deficiencies were generally mentioned: One was lack of space and the second was lack of appropriate man hours to do as good a job as they would like to do. Without exception, each felt well supported and was given adequate equipment and supplies. Morale was good. Dedication was omnipresent.

Of special interest and concern to all of us is the role that in-service education may play. We are all in-service educators by an extension of the definition and this task is indeed significant and worthy of our interest and effort. In-service education has traditionally been concerned with four general areas of endeavor; namely, orientation, on-the-job training, continuing education and leadership development. Several departments have formalized this function.

Nursing Service, as you might expect, has the most formalized of the programs and maintains a staff of three professional Registered Nurse educators. These young ladies are responsible for the basic elements of the program as listed above. With Nursing Service representing approximately 40% of the hospital employees, this is a substantial responsibility. Changing patterns of nurse education with a heavier didactic emphasis has served to accentuate the value of the in-service program for this professional group, as well as the more traditional groups.
Other departments have less formalized programs but are nevertheless active and essential. Orientation and on-the-job training are found in all areas, if not by design, they are by necessity.

The modern hospital is much more than a self-contained, self-perpetuating institution and must live in the greater medical and social community. With the rapid growth of third party payment for hospitalization and the influences which logically derive from any paying agency, these community relations take on an ever greater significance.

With this thought in mind, the Director arranged for me to attend a three day formal orientation program at the Michigan Blue Cross — Blue Shield Headquarters. This was a very enlightening session. One-half of one day was spent with United Auto Workers personnel who were concerned with the purchase of medical and hospital care for their members.

The power of these large group purchasers of hospital services was made quite evident. Most of the influence they exert is through their specific requirements for participation in their program. They quite frankly state that they will present what they want and look for the ones who can provide it. If no one can or will, they will then simply have to build and manage their own facilities which will meet their needs.

The Community Health Association and the Metropolitan Hospital are essentially experiments of the United Auto Workers to test their own ability to organize and operate medical institutions in the form they feel is best. It should be pointed out here that the C.H.A. accepts only groups but they need not be employees belonging to the U.A.W. or to any union for that matter.

I also visited other hospitals in the area, as well as the Greater Detroit Hospital Council. It was most interesting to contrast our medical care approach to that of our neighbors. The Hospital Council is seen as an effective mechanism to coordinate and consolidate the thinking and action of the hospitals of the area. Local as well as State and National trends in thinking and legislation are reviewed with great interest. Policy formulations representing a group consensus are developed and distributed to all groups who may have interest and influence on subsequent decisions.

Hospital directors are always concerned about the available health care, manpower pool. Of particular interest is that of graduate education for hospital administrators. The Director arranged for me to make a one full day visit to the University of Michigan Program in Hospital Administration. The present program is in the School of Business and encompasses two years leading to a Master's Degree in Hospital Administration. No absolute undergraduate requirements are made but greater freedom of choice is given in the curriculum if certain basic science and business courses have been completed. Theoretically, any Bachelor’s Degree would do but, in fact, the degree with a “B” average or better and a strong science and business background is most helpful. All aspects of the man are evaluated and the
decision of accepting or rejecting is difficult as competition for the few places (15-20) is acute.

The present program consists of one year of didactic work at the campus and one year of residency in a hospital working with an administrative person who is approved by the university as the student's preceptor. A thesis is required and must be completed before the degree is conferred.

Starting probably in the Fall of 1965 or 1966, the program is scheduled to consist of two years of didactic work and no formal residency program. This is predicated on the idea that at least two years are needed to get the basic tools of the profession and the practical aspects can be learned while working as a Trainee Assistant or an Assistant Administrator after graduation. The University of Michigan is not the first graduate program to adopt this program and there remain many arguments for and against this approach.

As yet, no convincing data has been collected to identify the specific characteristics of the successful administrator. It seems the administrative milieu is in a state of constant flux and maybe we cannot identify the specifics but one can be assured that many will continue to search.

The field, as a formal professional discipline, has only existed for approximately 20 years and many changes can be expected. There is a great need for well trained people and the challenge, excitement, salary and status are now adequate to effectively compete for the good minds.

The Director, in conference, discussed the medical organization, staffing problems, personnel procurement and administration, and the implications for future medical care patterns as influenced by our particular organizational pattern. The Henry Ford Hospital is of great interest to many groups and the experimentation done here may have great significance for future patterns of hospital and medical care.

The Henry Ford Hospital medical staff represents a nearly unique (To this writer's knowledge the Cleveland Clinic and the Ochsner Clinic are the only very similar ones) pattern of a physician organization in which no man has a written contract for his services yet is afforded security, retirement and other fringe benefits. It is a common practice, in physician groups, for a man's salary not to depend on his direct dollar earning power to the group and such is the case at the Henry Ford Hospital. This has many advantages to the patient as well as the group and recognizes the dependency of superior medical care upon the cooperative services of all the specialties. Charging systems have not traditionally reflected this relationship.

Though I knew something about the hospital organization prior to this experience, it has been very worthwhile. I commend your thoughts and attention to this challenging area of medical care administration and suggest you consider an exposure to its many facets. Who knows, you, too, might find there is a good reason for those fellows in the front office.