

## PART III.—HOSPITALS.

## SECTION 1.—CO-ORDINATION.

I commenced my duties as Inspector of Hospitals on the 2nd February, 1920, and since then have inspected all the larger and (with few exceptions) all the smaller hospitals in New Zealand. As a result of this survey certain aspects of hospital work stand out as requiring special mention and consideration, in order that existing weaknesses and defects may be remedied and the many excellent features of hospital work generally in this country strengthened.

- (1.) Importance of better co-ordination of hospitals in order that more efficient treatment may be secured for certain classes of case, both medical and surgical.

At the present time many of the smaller and medium-sized hospitals are too self-contained, and many difficulties exist regarding the transference of certain classes of case to the larger hospitals for treatment. This should be a recognized procedure, and hospitals ought to be properly grouped together for this purpose. The existing multiplicity of Hospital Boards tends to prevent proper grouping, but I think that a well-carried-out scheme of affiliation would overcome many present difficulties.

To procure thoroughly efficient medical, surgical, and other treatment calls for a trained organized staff to deal with the problem, such as can only be developed and maintained in the larger centres. The following opinion has been expressed by a competent authority:—

“No single person can any longer hope to attain to equal skill in the use of the many instruments and procedures of diagnosis. And the same may be said of the complexity of modern therapeutic technique. No general practitioner, no surgeon, no physician, can any longer unaided give to patients the benefits that they can in the more obscure cases derive, and have a right to expect, from his efforts when combined with the properly co-ordinated (and subordinated) activities of a group of adequately trained medical and surgical specialists.”

To secure to the community the benefits of treatment as described must be one of our aims. To enable it to be accomplished certain hospitals must be classed as base hospitals, their special departments strengthened, and the affiliated hospitals given the right to arrange for the transfer of cases of certain classes of disease to these base hospitals.

To enable this essential undertaking to be accomplished two matters must be arranged, the first being that approved base hospitals must be given an additional subsidy to enable them to develop and maintain their special departments at the highest possible pitch of perfection, and the second being the creation of machinery whereby the transference of patients to base hospitals can be easily and expeditiously carried out. In this connection the various classes of case for whom transference is advisable or necessary should be definitely outlined, this being a matter which might be dealt with at a conference of Medical Superintendents of Hospitals, which I trust will be held in the near future.

## SECTION 2.—HOSPITAL STANDARDS.

- (2.) Necessity for better organization of honorary and other staffs of hospitals on the lines of the minimum standard.

It cannot be said at the present time that the honorary staffs of our hospitals, with rare exceptions, are organized as effectively as they should be, and the lessons which have been learnt in Canada and America as the result of the adoption of the policy of the minimum standard should be applied in this country.

“The minimum standard is a constructive plan for hospital betterment. Its adoption safeguards the care of every patient admitted to the hospitals by insistence upon competence upon the part of the medical practitioner, upon thorough study of cases, upon efficient laboratory and special department work, and upon periodic monthly revision of the work of the hospital by the staff. It fixes responsibility throughout the hospital. It encourages and even compels research. It costs effort rather than money. It defines the minimum service to the patient, which beyond all debate is essential.”

At the present time the “minimum standard” has not been definitely adopted in any New Zealand hospital. Of its results in North America there can be no doubt, and I feel sure that New Zealand would benefit equally well by its introduction. Apart from its value to hospitals with honorary staffs, it should be equally useful to hospitals with full-time staffs only, who would inevitably derive benefit from regular monthly meetings at which the work of the hospital in all departments would come up for revision and criticism. Even now in this country the honorary staffs of one or two hospitals are not sufficiently well organized to provide for the separation of the work of the physician from that of the surgeon.

## SECTION 3.—DEPARTMENTS.

- (3.) Need for strengthening and developing the special departments of hospitals.

This necessity is a very real one, not only in our largest but also in many of our smaller hospitals. Some special departments are as necessary in our medium-sized hospitals as they are in the large base hospitals, but, of course, need not be of the same size or as fully developed. Taking these departments seriatim—

## (a.) RECORDS DEPARTMENT.

The records kept of individual patients throughout New Zealand, with few exceptions, are at present unsatisfactory, and much remains to be done to place this matter on a sound basis. The importance of these records to patients and staff alike cannot be overestimated. Upon their nature can be based a very accurate opinion of the thoroughness of the professional work of any hospital.