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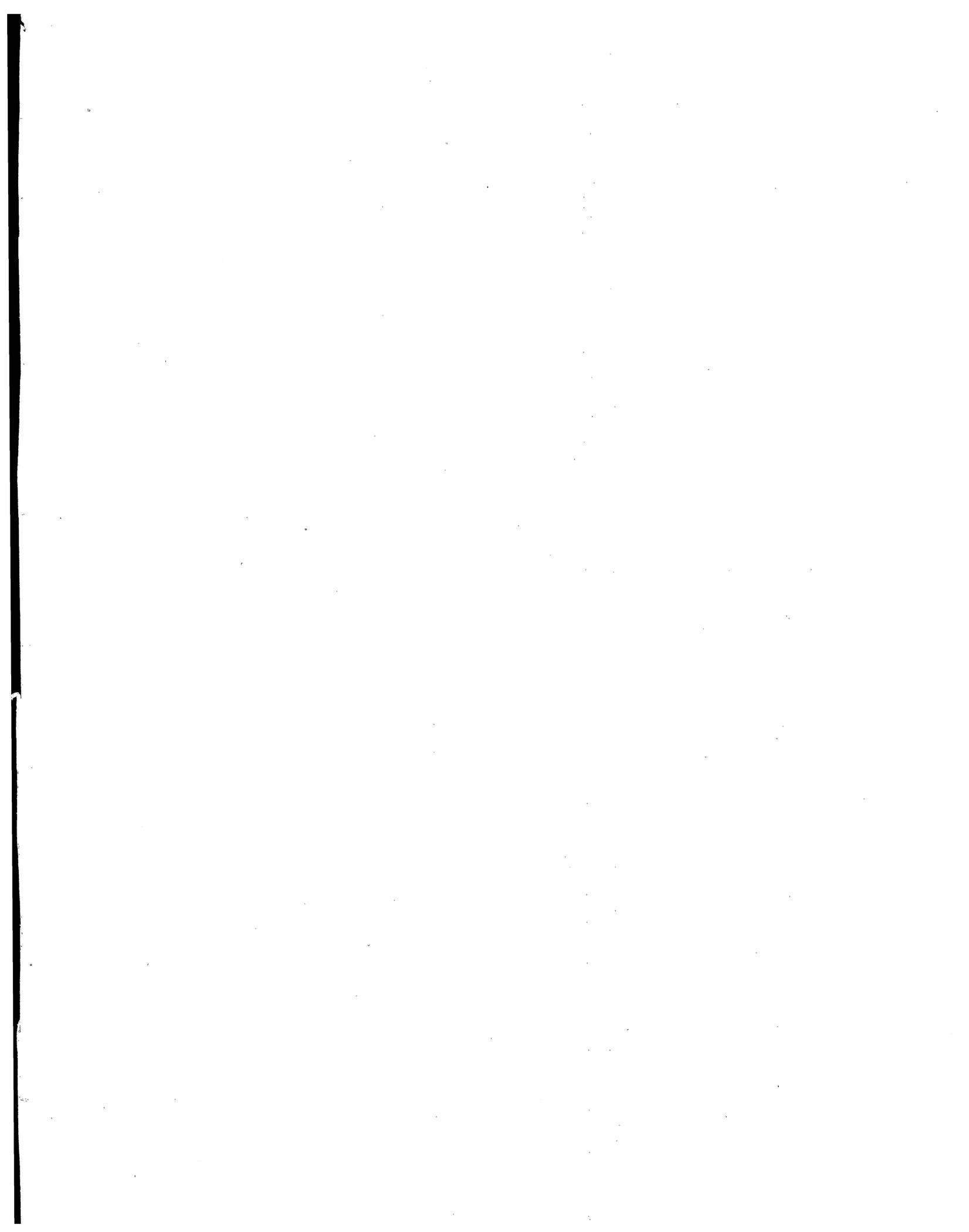
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STUDY OF 750 OUT-PATIENTS  
TREATED AT  
THE COOPER HOSPITAL,  
CAMDEN, NEW JERSEY

Under Auspices of  
HOSPITAL RELATIONSHIPS COMMITTEE OF THE  
MEDICAL SOCIETY OF NEW JERSEY  
and  
NEW JERSEY HOSPITAL ASSOCIATION

NEW JERSEY STATE DEPARTMENT OF INSTITUTIONS AND AGENCIES  
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TRENTON, NOVEMBER 1940

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## STUDY OF 750 OUT-PATIENTS TREATED AT THE COOPER HOSPITAL, CAMDEN, NEW JERSEY

### INTRODUCTION

The Hospital Relationships Committee of the Medical Society of New Jersey and the New Jersey Hospital Association are developing a plan for a state-wide study of the workings of out-patient departments in general hospitals. This study is intended to cover the following:

1. *The services offered*
2. *The details of the organization of the staff which offers the services*
3. *The number of patients received in each division of the service*
4. *The methods of determining diagnoses and following up the patients, the treatments given, and the results attained*
5. *The costs of the varied services*
6. *The results attained*
7. *The abuses of the services*

As a part of this study The Cooper Hospital at Camden made a survey of its own experience. The schedules giving information on the out-patient care and the socio-economic status of the patient were filled in by the social workers and associates of The Cooper Hospital under the general direction of the superintendent, LeRoi A. Ayer.

### CASES COVERED IN SURVEY

The survey covers 757 of the total individuals who attended the Out-Patient Department of the Cooper Hospital between December 26, 1939 and August 29, 1940. All patients attending on specified days were included in the study in order to get a sample representative picture of the specialized services.

Of the 757 patients studied

382 or 50.5 per cent had never been in the Out-Patient Department before

375 or 49.5 per cent were reopened or continued cases

Among the 382 new patients, 121 (31.7%) were males and 261 (68.3%) females. Among the 375 old patients, 113 (30.1%) were males and 262 (69.9%) females.

In reporting the results of the statistical analysis some emphasis has been placed upon the 382 new admissions since they show what people are seeking clinic service for the first time, what physical conditions are causing them to seek aid, what their economic conditions are, and who are referring them to the clinic.

## REFERRAL OF NEW PATIENTS

The sources of referral of the 382 new out-patients may be summarized as follows:

PHYSICIANS	236 or 61.8 per cent
Family physicians	187 or 49.0 per cent
Other physicians	49 or 12.8 per cent
CLINICS OR WARDS OF OTHER HOSPITALS	12 or 3.1 per cent
PATIENTS THEMSELVES	104 or 27.2 per cent
OTHERS (including nurses 15, old age assistance 6, relief agencies 8, and friends 6)	30 or 7.9 per cent

Among the 382 new out-patient department admissions, 236 or 61.8 per cent were referred to the out-patient department by physicians. Of these 236 patients

- 5 or 2.1 per cent of the patients were referred by physicians on the in-patient staff
- 185 or 57.2 per cent of the patients were referred by physicians on the out-patient staff
- 96 or 40.7 per cent of the patients were referred by physicians not on hospital staff

Among the 236 patients referred by physicians, 187 or 79.2 per cent were reported as referred by family physicians.

	TOTAL	ALSO FAMILY PHYSICIAN
All physicians	236	187
On in-patient staff	5	4
On out-patient staff	185	103
Not on staff	96	80

It is quite probable that the majority of those referred by physicians on first visit are referred for consultation, or special laboratory or x-ray studies, or for pre-natal and obstetrical care.

A large number of physicians refer persons to the out-patient department, and few physicians refer many patients, indicating a widespread use of the clinic facilities. Physicians to the number of 112 were responsible for the referral of 236 new patients. Of these 112, 45 physicians or 40.2 per cent were on the hospital out-patient staff, 4 or 3.6 per cent were on the hospital in-patient staff, and 63 or 56.2 per cent were not on the staff.

Of the 112 referring physicians

- 61 or 54.5 per cent referred only 1 patient
- 26 or 23.2 per cent referred 2 patients
- 12 or 10.7 per cent referred 3 patients
- 13 or 11.6 per cent referred from 4 to 16 patients



### CONTACT WITH FAMILY PHYSICIAN

Most of the new cases with family physicians apparently had seen them recently and hence were in some contact with them. (Ninety of the 382 had no family physician and 48 did not answer the question).

Of the 244 reporting, 145 or 59 per cent had seen their family physician during the week preceding admission to the clinic; 197 or 81 per cent during the three weeks preceding admission.

The following table gives the time elapsing between the last visit to the family physician and the clinic registration.

TIME ELAPSING SINCE LAST VISIT TO FAMILY PHYSICIAN	NEW PATIENTS
Total	382
Less than one week	145
One week	25
Two weeks	21
Three weeks	6
One month	8
Two months	8
Three months	6
Four months	2
Five months	1
Six to eleven months	4
Twelve months and over	6
"Physician not seen recently"	12
Time not reported	48
No family physician	90

### RESIDENCE OF NEW PATIENTS

Of the 382 new out-patients, 310 or 81.1 per cent lived in Camden County and 207 or 54.2 per cent in the City of Camden.

The distribution was as follows:

Place of residence	NEW PATIENTS	
	NUMBER	PER CENT
Total	382	100.0
Camden County	310	81.1
Camden City	207	54.2
Gloucester	16	4.2
Merchantville	15	3.9
Other Camden County	72	18.8
Gloucester County	58	15.2
Burlington County	8	2.1
Salem County	3	0.8
Cumberland County	2	0.5
Atlantic County	1	0.3

### CLINICS ATTENDED

Of the 382 new cases studied, 109 or 28.5 per cent first entered medical clinics, general or specialized; 138 or 36.1 per cent surgical clinics, general or specialized; and 134 or 35.1 per cent gynecological or obstetrical clinics. One received dental care.

CLINIC TO WHICH FIRST ADMITTED DURING SURVEY	TOTAL CASES	NEW CASES	OLD CASES
Total	757	382	375
<u>Medical</u>	297	109	188
Medical	105	62	43
Pediatric	48	25	18
Dermatology	53	14	39
Diabetic	25	1	24
Gastro-intestinal	19	3	16
Neurological	15	3	12
Allergy	38	1	32
Cardiac	4	-	4
<u>Surgical</u>	202	138	64
Surgical	68	35	33
Genito-urinary	9	3	1
Eye	55	50	5
Ear, nose, throat	49	28	21
Orthopedic	20	17	3
Cystoscopic	1	-	1
<u>Obstetrical &amp; Gynecological</u>	247	134	113
Gynecological	37	3	34
Obstetrical	210	131	79
<u>Treatment</u>			
Dental	11	1	10

### PREVIOUS CLINIC EXPERIENCE

Old patients in the study (either reopened or continued cases) numbered 375. On the schedules made out in the early months of the study, no report was made of the extent of the early clinic experiences. The later schedules, numbering 239, indicate how many separate general and specialized clinics each patient attended before the current attendance. The average (median) previous clinics attended is between 3 and 4.

Number of different clinics attended by persons during previous periods of care	TOTAL		Male	Female
	Number	Per cent		
All patients	239	100.0	87	152 *
One clinic	29	12.1	12	17
Two clinics	58	24.3	27	31
Three clinics	45	18.8	13	32
Four clinics	39	16.3	18	26
Five clinics	30	12.6	12	18
Six clinics	19	7.9	4	15
Seven clinics	12	5.0	4	8
Eight clinics	4	1.7	1	3
Nine clinics	3	1.3	1	2

Even children under 15 had extensive clinic experience as shown in the following table giving age by number of previous clinics attended.

Number of different clinics attended by persons during previous periods of care	Age at time of study				
	Total	Under 15 years	15-24 years	25-44 years	45 years and over
Total	239	48	31	65	95
One clinic	29	10	1	9	9
Two clinics	58	17	10	10	21
Three clinics	45	6	5	15	19
Four clinics	39	6	6	12	15
Five clinics	30	4	8	7	11
Six clinics	19	4	1	4	10
Seven clinics	12	-	-	6	6
Eight clinics	4	1	-	2	1
Nine clinics	8	-	-	-	8

### PREVIOUS IN-PATIENT EXPERIENCE

Of the 382 new cases 36 or 9.4 per cent were known to have had previous ward care in the hospital. Of the 375 old cases 187 or 49.9 per cent had been in the wards at some time.

	NEW CASES	OLD CASES
Total	382	375
Previous ward care	36	187
No previous ward care	328	178
Not stated	18	10

### AGE OF ALL PATIENTS IN SURVEY

The 757 patients afford a cross section picture of the active clinic group. Males constituted 31 per cent of the total and females 69 per cent.

There were decided differences in the age distribution of the sexes.

Age at time of survey	Total	Male	Female
Total number	757	234	523
Per cent	100.0	100.0	100.0
Under 5 years	7.5	8.2	7.3
5 - 14 years	10.8	19.7	6.9
15 - 24 years	29.2	16.7	34.5
25 - 44 years	28.8	23.6	31.8
45 - 59 years	13.6	17.6	11.8
60 years and over	10.1	14.2	8.2

The general classification of the clinics in some measure explains the sex differences, with the obstetrical and gynecological services responsible for 239 of the total of 439 cases between 15 and 44 years of age in the survey.

AGE AT TIME OF SURVEY	TOTAL	MEDICAL CLINICS	SURGICAL CLINICS	OBSTETRICAL AND GYNECOLOGICAL CLINICS	DENTAL CLINIC
Total	757	297	202	247	11
Under 5 years	57	40	17	-	-
5 - 14 years	82	87	44	-	1
15 - 24 years	221	84	88	152	2
25 - 44 years	218	68	58	87	5
45 - 59 years	103	77	17	7	2
60 years and over	76	41	88	1	1

### ECONOMIC STATUS

In a brief study such as this, when the incoming patient was necessarily interviewed hastily and no additional social investigation could be made of the family and its economic status, it is extremely difficult to get any detailed and accurate statistics on the income of the patient and his family.

In the dependent and marginal income groups with households made up of several families sharing their incomes, dividing their expenses, some on part time jobs, some on relief, a statistical analysis can give only the general picture. The eligibility of a patient for free clinic care can be determined only on a case by case basis.

If the patient is a member of a large family he may not know how much his brothers and sisters are making. Some are dependent on irregular days work. Others get a definite sum working "full week", but "full weeks" seldom occur. Those who are reported as "no income" include: some just laid off W.P.A., others "expecting to get W.P.A. jobs next week", and others who have applied for relief.

Others with no income or extremely small incomes are living with relatives, themselves almost destitute and with large families, but for the moment at least sharing their house and their food with the patient and his immediate family.

### FAMILY INCOME AND CLINIC ATTENDANCE

Of the 382 new cases, financial data were reported more or less completely for 335. (No data were recorded for 47). In this group of 335, were 28 with no income and 26 with incomes of less than \$10 a week.

The median (average weekly family income for the 335 was \$21.20\*. The median varied with the size of the family as follows:

NUMBER IN FAMILY	MEDIAN WEEKLY INCOME
Total all families	\$21.20
1 person	8.33
2 persons	20.00
3 persons	21.25
4 persons	25.68
5 persons	23.75
6 persons	25.00
7 to 14 persons	29.38

\*Of the 335 giving information on income as recorded in these tables  
 111 (33.1%) represented families of two persons  
 68 (20.3%) represented families of three persons  
 50 (14.9%) represented families of four persons  
 34 (10.2%) represented families of five persons  
 45 (13.4%) represented families of six to fourteen persons  
 27 (8.1%) represented single persons

WEEKLY FAMILY INCOME OF NEW PATIENTS	PER CENT OF FAMILIES WITH SPECIFIED INCOME
Total families giving information	335
Percentage - total	100.0%
No income	8.4
Under \$5	1.5
\$ 5 - \$ 9	6.8
\$10 - \$14	18.1
\$15 - \$19	16.7
\$20 - \$24	17.3
\$25 - \$29	14.9
\$30 and over	21.8

The income of a small proportion of these patients is such that they may be able to afford the office fee of one dollar of the general practitioner in the Cooper Hospital region, but they cannot pay fees for consultation or for any special diagnostic studies or for continued medical treatment.

According to its charter The Cooper Hospital makes no charge for clinic service. However, patients who receive pre-natal supervision through the clinic are asked to pay a charge of \$28 which includes 10 days of hospitalization and pre-natal and post-natal care. This charge is collected on the installment plan through the clinic from approximately 80 per cent of the obstetrical patients. This accounts for the attendance at the clinic of many of the patients of the higher incomes, since the obstetrical patients make up one third of the total new cases studied.

#### FAMILY INCOME AND REFERRAL BY PHYSICIANS

A slightly higher percentage of the total cases with the higher incomes were referred by physicians than of the total patients with lower incomes. This may be because they are obstetrical patients seeking cheaper rates of hospitalization or patients known to the physicians who would have difficulty in paying the full private rate for the diagnostic and laboratory services needed. Many persons in the lowest income groups may not have their own physicians and may come directly to the clinic on their own initiative.

Of the 335 specifying incomes, 65 per cent were referred by physicians. Of those with no weekly incomes or incomes under \$15, 54 per cent were referred by physicians in contrast to 73 per cent of those with incomes over \$20.00.

WEEKLY FAMILY INCOME OF NEW PATIENTS	PERCENTAGE OF TOTAL PATIENTS WITH SPE- CIFIED INCOME RE- FERRED BY PHYSICIAN
Total	65.1%
No income	53.6
Under \$15	54.3
\$15 - \$19.99	57.1
\$20 - \$24.99	79.8
(\$15 - \$24.99)	(68.4)
\$25 - \$29.99	76.0
\$30 and over	67.1

Inasmuch as the family income of the patients attending the out-patient department is at a low level, generally speaking, and the majority of them are referred by physicians it may be safe to assume that there is very little abuse of the out-patient department services on the part of the patients on their first visit. However, after the patient has established himself in the clinic, there is a tendency for him to acquire the "clinic habit".

This feature needs to be given careful consideration. Thought should also be given to the question as to the extent to which the out-patient department should serve as a diagnostic center for patients of the low income group who continue their medical treatment under the auspices of the family physician.

The detailed figures concerning weekly family income and the main sources of referral are given below:

WEEKLY FAMILY INCOME OF NEW PATIENTS	TOTAL	PATIENTS REFERRED BY PHYSICIANS		OTHER SOURCES
		ON STAFF	NOT ON STAFF	
Total	382	140	96	146
No income	28	8	7	13
Under \$5	5	2	-	3
\$ 5 - \$ 9	21	2	6	13
\$10 - \$14	44	18	10	16
\$15 - \$19	56	20	12	24
\$20 - \$24	58	24	22	12
\$25 - \$29	50	25	13	12
\$30 - \$34	37	21	6	10
\$35 - \$39	21	10	3	8
\$40 and over	15	3	6	6
Not stated	47	7	11	29

#### INCOME FROM PUBLIC FUNDS

Of the 382 new patients, 65 reported the family was receiving funds from W.P.A., C.C.C., Old Age Assistance, or direct relief. A few families had aid from more than one such source. These family incomes may be divided as follows:

WEEKLY FAMILY INCOME OF NEW PATIENTS	W. P. A. & C. C. C.	OLD AGE ASSISTANCE	DIRECT RELIEF
Total	36	12	17
Under \$5	-	2	-
\$ 5 - \$ 9	2	6	4
\$10 - \$14	20	-	4
\$15 - \$19	10	2	-
\$20 - \$24	2	-	1
\$30 and over	2	-	-
Not stated	-	2	8

## INCOME OF HEADS OF FAMILIES

To get some further idea of the economic status of all the patients studied, a tabulation of the weekly amount received by the head of the household as reported on the schedules was tabulated.

The median (average) amount received by heads of households of families answering the question was \$17.76. Among these heads were included 91 persons who were unemployed and received no income from W.P.A., relief, or other sources outside the family.

If these 91 unemployed heads of families who received no weekly income are excluded from the calculation and all heads are included who reported an income from any source the median is increased to \$20.30.

AMOUNTS PER WEEK OF HEAD OF FAMILY OF ALL PATIENTS STUDIED	PER CENT OF HEADS OF FAMILY RECEIVING SPECIFIED AMOUNTS
Total	100.0%
No income - unemployed	12.1
Under \$5	4.8
\$ 5 - \$ 9.99	6.5
\$10 - \$14.99	14.8
\$15 - \$19.99	11.4
\$20 - \$24.99	15.7
\$25 - \$29.99	12.7
\$30 and over	10.8
Not reported	12.2

Of the total heads of families tabulated above

61.8% had private employment  
 12.1% were on W.P.A.  
 11.1% were on relief  
 8.4% had funds from other sources  
 12.1% were unemployed and had no other incomes

## OCCUPATIONAL STATUS

The survey covered a total of 168 males and 446 females of working age (over 16 years old).

Of the 168 males

76 or 45.8% were employed  
 14 or 8.3% were reported as on W.P.A.  
 20 or 11.9% were on relief  
 58 or 34.5% were unemployed

Of the 106 males for whom a "usual" occupation was reported, 52 were unskilled workers, 31 skilled or semi-skilled workers, 12 were clerks, 6 were in school, and 5 were professional persons, proprietors, etc.

Among the 446 female patients, 322 housewives were reported, 51 were definitely employed, 2 were on W.P.A., 14 were receiving relief, and 57 were reported as unemployed. The preponderance of women in the survey is largely due to the fact that 210 were registered in the obstetrical clinic.

## LIVING ACCOMMODATIONS

Of the 757 patients in the survey

126 or 16.6% lived in their own homes  
 465 or 61.4% lived in rented homes  
 155 or 20.5% were boarders or lodgers  
 11 or 1.5% did not report living conditions

The 465 who lived in rented family dwellings paid varying amounts for rent. The largest number, 132 or 28 per cent paid from \$15 to \$19.99 per month.

11 or 2.4% paid less than \$5  
 26 or 5.6% paid \$5 to \$9.99  
 84 or 18.1% paid \$10 to \$14.99  
 132 or 28.4% paid \$15 to \$19.99  
 80 or 17.2% paid \$20 to \$24.99  
 108 or 23.2% paid \$25 and over  
 24 or 5.1% did not report the amount paid

## AUTOMOBILES AND TELEPHONES

Thirty-one per cent of the patients reported owning automobiles and 6.4 per cent had telephones. Many of the automobiles were used "to get to work" and for "business purposes". Models were reported as early as 1926, 1928, 1929, 1930 with few later than 1934 and 1935.

## FUTURE STUDY PROGRAM

The findings of this study have answered some of the questions originally propounded and have thrown some light upon the functioning of a large and representative out-patient department and the patient's and the physician's current relation to it.

The Cooper Hospital, through its own Survey Committee, is planning to continue the out-patient department survey:

1. To determine whether the medical staff, with present equipment and personnel, is providing the best possible out-patient service to the community.
2. To determine how the services may be improved
  - a. As to pre-ward service care
  - b. As to post-ward service care
3. To determine whether the patients served are deserving of gratuitous care
4. To make recommendations, on the completion of the survey, to the Medical Board.



