



“The New Jersey Idea” of State-Wide Development of Hospitals

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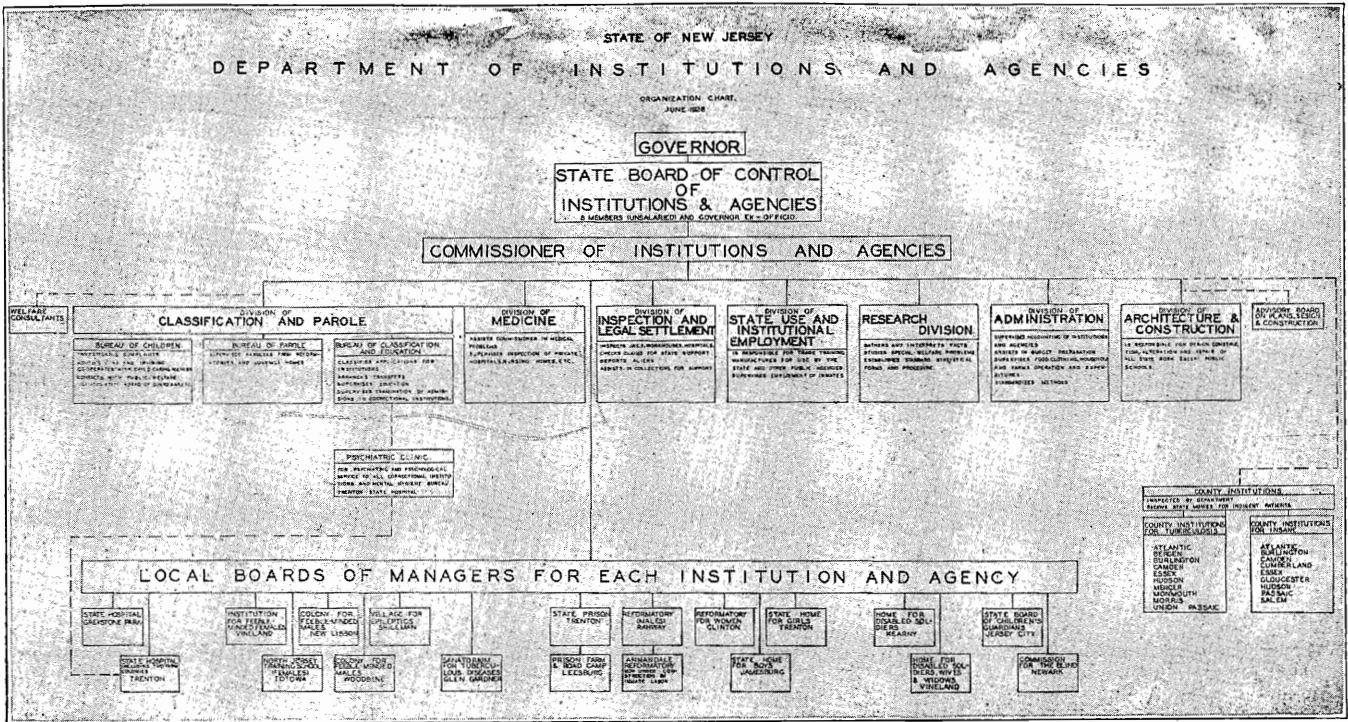


Chart showing the organization of the New Jersey Department of Institutions and Agencies

"The New Jersey Idea" of State-Wide Development of Hospitals

Practical Program for Improving of Work of General Hospitals Mapped Out by State Department

By WILLIAM J. ELLIS, Phil. D.

Commissioner, Department of Institutions and Agencies, Trenton, N. J.

COMMON work for afflicted humanity unites the Department of Institutions and Agencies with the general hospitals of New Jersey. I need hardly point out, therefore, that there should be the closest affiliation between the Department and the general hospitals of the State, so that together they may solve their common problems and enhance the medical service as well as the preventive medical work of the State of New Jersey.

The 125 general and special hospitals in New Jersey are an important link in the chain of social welfare institutions of the State, and are indispensable to the well-being of the community.

The properties of the New Jersey hospitals represent an investment value of \$35,000,000. Last year's hospital expenditures totaled to more than \$10,-

000,000. Approximately 175,000 patients were treated in New Jersey general and special hospitals during the preceding year and nearly 3,000,000 days of hospital care were rendered. Close on to a million hospital days were rendered free of charge. More than 650,000 visits were made to New Jersey hospital dispensaries.

What are some of the concrete services in which co-operation may be established with profit to the hospitals and to the Department, as well as to the public at large? One very important task in which the hospitals and the Department of Institutions and Agencies can be of mutual help is in bringing about the "hospitalization" of the New Jersey almshouses, having at this moment something like 2,000 "inmates." The present-day almshouses no longer harbor the able-bodied poor they had ten or more years ago. The almshouses are tending more and more

to become the only recourse of those afflicted with every kind of chronic disease. "We find in almshouses, along with the aged, the social and moral outcast, victims of paralysis, cancer, heart and kidney diseases, rheumatism—the whole range of the so-called chronic diseases in which old age may have no part."

Because of the Department's realization that the general hospitals, in the very nature of their functions, cannot care for chronic cases needing continuous care, the Department is endeavoring to have the almshouses equip themselves to be able to handle the type of population which they now find within their walls. The Department feels that the time has come when, in the interests of the public welfare, almshouses must recognize that one of their major functions is hospitalization for the chronically ill. There must be physicians in addition to farm hands, and

From a paper read before the 1928 convention of the New Jersey Hospital Association.

nurses as well as matrons and attendants. There must be proper hospital equipment and provision for isolation of contagious disease, there must be provision for the care of cases of incurable disease, and there must continue to be that unit in which the handicapped, while still in fair health, may be maintained at less cost.

We are glad to commend those counties and municipalities which have recognized this need for hospitalizing the chronic, indigent sick. The Hudson County Hospital of which our associate, Dr. W. J. Monahan, is medical director, is an outstanding example of scientific and humanitarian accomplishments.

To obtain the "hospitalization" of the almshouse the Department invites your aid.

The type of hospital care provided for the chronically ill in the almshouses maintained by Burlington, Camden, Hudson, and Cape May counties, to mention only a few, is a good example of what needs to be done in all the counties and municipalities of the State having almshouses.

One other service for which I cordially invite the cooperation of the hospitals of New Jersey, is in the establishment of psychopathic departments in general hospitals. The Committee on Mental Hygiene of the State Board of Control of Institutions and Agencies after careful study, finds that there are a considerable number of patients now being committed to state and county hospitals for the insane whose nervous or mental disorders are such that they do not need prolonged treatment and could be cared for in psychopathic departments of general hospitals (if such facilities were available) rather than in hospitals for the insane.

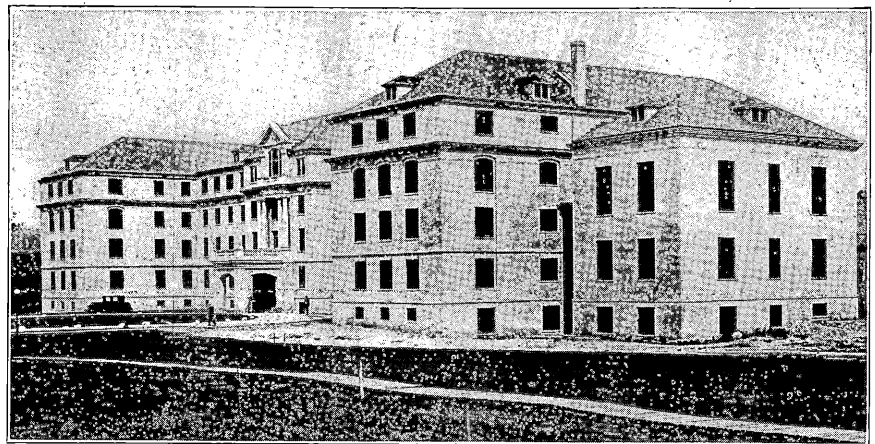
A special study made by our research division shows that in a total admission of 850 to one of our state mental hospitals during 1927, 95 patients went out on parole after having been in the hospital less than thirty days. An additional 75 patients left after having been in the hospital less than sixty days.

The care of patients suffering from minor mental and nervous disorders in psychopathic departments of general hospitals is recommended by the Mental Hygiene Committee not only because of the boon it would be to the mental patients themselves, but also because it would relieve in a measure the existing overcrowding of patients in our state hospitals for the insane and

give some ease to the continued increase of mental patients who are pressing for admission.

As the Committee on Mental Hygiene sees it, psychopathic departments could be established in the larger hospitals located in strategic centers—that is, in large centers of population or at the county seat in rural communities.

The psychopathic department would belong to the internal medicine group and maintain close relationships with the other departments of the hospital and with the state or county mental hospital nearest to the community in which the general hospital is located. The direction of the psychopathic department might be in the hands of a consultant psychiatrist from the nearest state or county mental hospital;



The New Jersey State Hospital, Greystone Park, has this splendidly equipped 300-bed general hospital at the service of its patients

and interns would be assigned to service in the psychopathic departments in rotation as they are now assigned to other services. There would have to be psychiatrically trained male and female supervisory nurses, and general nurses could receive training in rotation as they now receive training in other hospital departments.

The psychopathic department would have two divisions: 1, the neuro-psychiatric clinic as one of the units of the out-patient service of the general hospital akin to the clinics for eye, ear, nose and throat, etc.; 2, the psychopathic ward housed in a separate building where there is sufficient ground areas to permit the construction of a separate building, or an entire floor assigned to quiet psychiatric patients in the newer general hospital buildings where it is possible to segregate these patients from other general hospital patients, i. e., surgical and medical. The equipment of a psycho-

pathic ward would need to be somewhat different from that of the other parts of the hospital. Window guards would have to be installed, and physiotherapy and other measures required for the successful treatment of mental diseases would have to be provided.

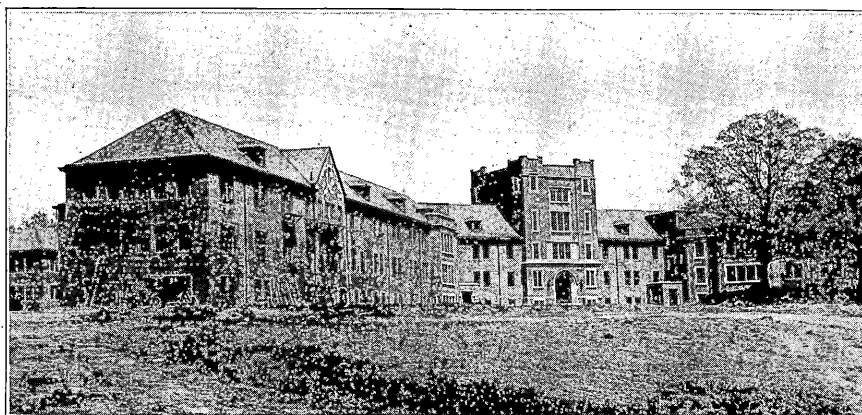
Two of our general hospitals are providing such local psychiatric hospital service—The Newark City Hospital and the Jersey City Hospital. The Jersey City Hospital under the far-sighted leadership of Doctor George O'Hanlon is now contemplating the erection of a new psychopathic pavilion, which will embody the latest ideas in construction and equipment and be able to demonstrate the value of a psychiatric department as a curative center as well as a diagnostic center and clearing house for mental cases.

Because the Department of Institutions and Agencies recognizes that one of the greatest pieces of charitable work done in the State of New Jersey is done by the general hospitals, I feel that it has a real responsibility for cooperation in safeguarding the interests of these great charitable institutions. To this end the State is attempting to evaluate all the hospital and nursing services rendered in this State outside the regularly organized general charitable hospitals.

The authority delegated by law to the Department covering inspection, license and supervision of these private agencies we believe represents the collective good will of the citizens of New Jersey toward the sick.

We are finding every week new private hospitals, nursing homes, convalescent homes, homes for the aged and chronically ill.

These are (or may be) all auxiliary to the services which are (or may be)



Another type of building at Greystone Park, the 250-bed receiving hospital

rendered by the general hospitals to the community. There are 35 private hospitals and 70 nursing homes which also care for convalescents, aged, and chronically ill. Of this total number of 105, 30 have been licensed by the Department to date.

Our aim is to see that those which are worthy are licensed and protected. It is our aim also to see that those which do not meet minimum standards of equipment, service and ethics shall either be brought up to standard and licensed, or eliminated from such a responsible type of business.

We are attempting to use our authority as an educational medium to improve the care of the sick of all classes in our State and to promote economic and ethically sound administration.

In line with our work for private hospitals and nursing homes, I am wondering if there should not be established a hospital information service as a cooperative enterprise between the general hospitals, this state hospital association, and the Department of Institutions and Agencies.

We all realize that the day is past when one hospital is able to solve its problems by individual action alone. It is natural for you to turn, therefore, to such organizations as the American College of Surgeons, the American Medical Association, and the American Hospital Association, and in your desire to conform to recognized hospital standards, you submit to voluntary inspection in order to be "recognized" or "accredited."

As I see it, a hospital information bureau established cooperatively between the general hospitals and the Department could render something like the following services:

1. Help in making analyses of the services rendered by the hospitals, to be compared with the high standards maintained

by the best New Jersey hospitals, in order to set forth constructive criticisms of methods in vogue and to make practical recommendations leading toward improvements.

2. Help in the establishment of a uniform accounting system which would be generally acceptable—that is, one that will fill the needs of the small as well as the large hospitals—and by the use of which one hospital could compare, to a certain degree, the cost of its various services with costs of another hospital.

3. Help in improving social service wherever needed, a service which will be helpful not only in determining the patients' ability to pay, but will also help in the solution of the social problems of the patient and his family.

4. Help in bringing out the facts regarding the importance of the out-patient service in the charitable work of the hospitals and in bringing to the hospitals' atten-

tion current changes in standards and in methods.

5. Help in securing information regarding convalescent needs, available facilities and their best utilization.

6. Act as a statistical clearing house for the New Jersey hospitals in obtaining data from the various hospitals on matters of mutual interest—such as hospital charges, accounting methods, hospital utilization, extent of free service, etc.—and make this information available currently to the hospitals cooperating.

A beginning toward the establishment of a New Jersey hospital information service is being made through the Commission to Study State and County Aid to General Hospitals, with which the Department of Institutions and Agencies is closely affiliated. Dr. George O'Hanlon is chairman of this commission, which was appointed by Governor Moore, the President of the Senate and the Speaker of the House. On the basis of the information furnished on questionnaires submitted by the hospitals, we will have, for the first time, I believe, a composite picture of the work done by the general hospitals of New Jersey, as well as of the individual hospitals comprising the group. We will have data to show the sources of hospital earnings, per capita costs, total hospital days and free service days rendered, geographical distribution of hospital patients, average duration of hospital treatment, bed capacity, and utilization.



Some of the executives of state institutions gathered at the recent meeting of the New Jersey Hospital Association. From left to right: Dr. Samuel B. English, superintendent, Glen Gardner Tuberculosis Sanatorium; Dr. Martin Reddan, medical director, New Jersey State Prison; George B. Thorn, superintendent, State Institution for Feeble-minded, Vineland; William J. Ellis; Dr. David J. Weeks, superintendent, State Village for Epileptics, Skillman; Captain George Giger, director of inspection, State Department of Institutions and Agencies; Dr. Marcus Curry, Superintendent, Greystone Park State Hospital