

Team Nursing

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closer relationship contributes markedly to the convalescence of the patient.

Patients Enthusiastic

This is not a plan on paper. This is a living, breathing, successful plan which has caused patients who are here for the second time within a year to comment on the pleasing difference in nursing care and the great improvement they see and feel.

The team holds daily patient care conferences, discuss what they have done and what they can do better. I sat in on one of these conferences and, you may believe me, they are stimulating sessions. These team members are interested in what they do and they speak right up when something happens which they feel is contrary to the welfare of "their" patients. They also are encouraged to voice their own grievances. If one feels that she is being placed in an unfair position for several days by having sole charge of an isolation case, she says so and she is shifted with someone else for a day or two. The patient's chart is reviewed thoroughly and on the day I listened in, I was particularly interested in the remark of a nurse from Syracuse, N. Y., who had been on Cushing for a week in the role of observer. She remarked that she had been agreeably surprised at the accuracy of the girl's reports on their patients. Incidentally, she is sold on the team idea.

How It Works

A maid reports that Mr. So-and-So isn't eating too well . . . that he left most of his last two trays. The head nurse checks to find the reason. If a tonic is indicated she consults the doctor. If it's the food she sees the dietitian.

Some report that a certain patient is lonely, another patient thinks the nightly medication is causing morning dizziness, still another that her doctor doesn't really know how to diagnose her case. All this is grist to the mill of the head nurse, or team leader. Notes are made on the spot and the lonely one is visited more frequently, the dizzy one's equilibrium is talked into shape and on and

on. To quote Mrs. Gilbert: "The nurse can be *where* she is most needed and *when* she is most needed."

Formerly on some wards the head nurse would report in the morning for her eight-hour shift and spend most of that eight hours giving medications and injections. All the countless other duties dependent upon her were sandwiched in between. To even the most dedicated follower of Florence Nightingale, a routine like this can get pretty monotonous! The practical nurses in turn got on the treadmill of T.P.R. and blood pressures . . . blood pressures and T.P.R. Right on down the line to the maid who filled ice water pitchers until she probably wished for one big enough to drown in! But that day is no more! On the wards where they have team nursing you can *FEEL* the difference in the attitudes of the workers.

Personnel can be evaluated for their role on the team. Nurses' Aides, maids and orderlies are assigned duties dependent upon their preparation. Licensed practical nurses are ready for intermediate functions. The graduate nurse may be prepared to function in the intermediate area only, or she may function partially or entirely in the area requiring expert skill and judgment.

Job Satisfaction

Giving, as it does, the feeling to one and all of a personal interest in one's particular team and assigned patients, it is small wonder that job satisfaction increases. Delafield Hospital, owned and operated by the City of New York, Department of Hospitals, was chosen to serve as an experience field for students of team nursing. It reports that the turnover of subsidiary workers has been cut by 60% and they have less absenteeism than ever before. Team nursing is given full credit for this.

Here at Duke one of the written evaluations for workers on the wards elicited this from an orderly: "I was always in trouble trying to do what everybody asked me to and a dozen folks all asking at once. Since this team idea started I got no more trouble and I like it fine."

When nurses, auxiliary workers, maids and orderlies *and* patients all agree that they, too, "like it fine" . . . Man, it's the greatest!!

Duke Still Offers Top Notch Medical Care At Minimum Cost

Despite the recent increase in patient rates, Duke Hospital still offers top-notch medical care at minimum cost!

What many people apparently refuse to realize is that our Hospital, like most other hospitals, is a non-profit enterprise. This means that patient rates are determined by the cost of medical care that patients get.

What are the major items that determine the cost? Briefly, these:

1. Supplies and materials. Operating Duke Hospital is like running a small town, involving thousands of items.

2. Salaries and wages. Better treatment has created demand for more and better-trained personnel.

3. More complex and varied diagnostic and treatment procedures. We are living in a miraculous, life-saving age of medical science, but these miracles are expensive in terms of money.

4. Shorter average length of stay. Medical advances have most patients up and around within a few days, but the process places heavier costs on the first few days of medical care, even though the per illness cost is lower.

Despite the recent rise, Duke Hospital rates are still below the national average hospital rate.

This 'n' That

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George Stephens (Private P.D.C. porter) is still on the sick list after undergoing surgery in June. We hope it will not be long before you are as good as new, George.

The picnic was a big success, and we are all waiting for Otha Daye to set the date for a HAM supper, after winning the ham at the picnic.

We extend our sympathy to the following members of the Housekeeping Department, who have lost loved ones, Carolina Turner, daughter; Rachel Jones, mother; George Smith, mother; Martha Johnson, sister; and Madie Brandon, aunt.

—Mrs. Martha Scoggins

Dr. Jack G. Robbins has entered private practice as a dermatologist, with offices at 719 Broad St.