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'Hospitals within a Hospital'

Unit Administrators on the Job

When new ideas in medicine and health care came along, many of them come out of Duke.

But whether the idea is born here or not, Duke is consistently among those who move out to investigate ideas, isolate the facts from the fallacies and then apply the new when it holds out promise over the old.

Now, after several years of study on a pilot basis, Duke Hospital is launching one of the country's newest programs in the administration of a large, multi-service hospital.

The program is called Unit Administration. In effect it means dividing the hospital into separate administrative units--something like hospitals within a hospital.

In the last few years alone, medical research has supplied physicians and hospitals with dramatic new tools and techniques such as the polio vaccines and heart transplantation.



IS THE HOSPITAL HAUNTED?--

For those of you who were frightened by this ghostly intruder, never fear. It's only Charlie Brown of Star, N. C. Young Charlie, a patient at the hospital, decided to haunt the pediatrics staff earlier this month. He is the son of the James H. Browns of Star. (staff photo)

But alongside that, the administrative structure of hospitals has in most cases remained practically unchanged throughout the 20th Century. And as hospitals have expanded, added and renovated to keep pace with the increasing demand for health care over the years, they have outgrown the traditional form of organization.

Duke faced up to the problem, and in 1964 a new organizational idea for the hospital was conceived. It was pre-tested in 1965 and an experimental program was developed. Funding came from a \$153,000 U. S. Public Health Service grant.

A three-year study began in June of 1966. Ned S. Kearns, then chief admitting officer for the hospital, became administrator of the study unit made up of four surgical wards--Cushing, Reed, Halsted and McDowell.

The effectiveness of the trial study convinced Duke's hospital administration that the unit concept should be adopted:

What it means is that wards and special care units are grouped by medical specialty--surgery, obstetrics-gynecology, pediatrics, for example. All the work that goes to support a patient's medical and nursing care become the responsibility of the unit administrator.

The unit system will be phased in over approximately the next 12 months. When it's fully operational, such people as the housekeeping and dietary supervisors on the units, ward clerks, patient transport and messenger personnel will report to the unit administrator, and he in turn will report to an assistant director of the hospital.

Traditionally the head nurse on a ward has had to carry the burden of ward administration--a job she is not trained to perform--in addition to supervising nurs-



ADMINISTRATION AND NURSING

--Sara Jeffreys, R. N., nursing supervisor on the first administrative unit set up in the hospital, discusses the organization of the unit with Russ Gullixson, one of the new unit administrators. (photo by Bill Boyarsky)

ing care, the role she was trained and hired to fill.

The unit administration concept is geared to leave the head nurse free to practice her profession and give closer supervision to nursing care on the unit.

Another advantage is having someone with administrative authority on the spot where problems develop. The office of the director or administrator of most hospitals is far removed from the wards or clinics. Communication of problems, or ideas, from the scene of the action to the point of decision sometimes bogs down.

One role of the unit administrator is to be that vital communications link.

Since he is in position to know the requirements of the area he serves, he will deal with the personnel department on personnel shortages or situations and

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