

HOSPITAL INTERFACE

Prepared by Task Force Subcommittee

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HOSPITAL INTERFACE

In order to prepare a position paper on the "Hospital Interface," the sub-committee of the Retreat Planning Task Force wrote to each Clinical Department Head and a student representative, requesting a report on their present working relationship with Confederate. A similar letter was written to the Confederate Hospital Administrator, requesting his views of the hospital's relationship with the school.

Although there was no restriction on areas to be covered, it was requested that the following areas be specifically considered:

- 1) The department's hospital responsibilities: services covered, number of patients seen, etc.
- 2) Benefits received from the hospital: salary support, research support, etc.
- 3) Areas of conflict: hospital, interdepartmental, etc.
- 4) House staff and nurse staff responsibilities.

This paper summarizes the views of the clinical departments and lists the subjects, by department, under "Statistics," "Support," "Problems," "Information," and "Suggestions." The report from the hospital administrator is enclosed in its entirety. Unfortunately, reports were not received from a few departments because of vacations, time limits, etc.

Anyone desirous of reading the full reports will find them available in Anne Fleming's office, Staff Assistant of the Retreat Planning Task Force, (221-4514, ext. 658).

The report from the Department of Radiology is enclosed in its entirety.

STATISTICS

Surgery

"The services covered are: General Surgery, Thoracic Surgery, Vascular Surgery, Pediatric Surgery, Head and Neck Surgery, Neurosurgery, Oral Surgery and Anesthesia (until recently). Approximately 300 Inpatients are seen per month."

Pediatrics

"Approximately 1200-1500 patient visits are made to the Pediatric Clinic each month, average hospital admissions to 5-J are 56, and admissions to the Newborn Intensive Care Unit on the Fifth Floor are 18. The Service sees approximately 2500 newborns each year."

OB-GYN

"During the fiscal year July 1973 through June 1974, the department had 16,247 obstetric outpatient visits, 7,698 gynecology outpatient visits, and performed 517 major gynecological and obstetrical surgical procedures."

Orthopedics

"The Orthopedic service at CMMC has 40 adult beds and 10 pediatric beds; runs approximately 80 to 85 percent of capacity at all times. Outpatient clinic meets on Monday and Friday with approximately 100 patients being seen each day. Hand Surgery Clinic meets every Wednesday at noon. Surgery is performed at CMMC on Tuesday, Wednesday, and Thursdays; an average of 6 to 10 cases being done weekly. Operative cases done on emergency schedule would add an additional 3 to 5 cases a week. The Orthopedic Department has responsibilities for care of patients at the Veterans Administration Hospital and the Shriners Hospital for Crippled Children which has 60 beds and a very active service. This hospital and service is not directly under the control of the L.S.U. Medical School at this time."

Ophthalmology

"Bed Allowance: #16 at hospital and 100 percent filled with overflow in ENT and Oral Surgeon Beds.

| Clinic: | Year: | 69-70 | 70-71 | 71-72 |
|--------------------------|-------|-------|-------|-------|
| New Patients | | 527 | 455 | 539 |
| Recurrent Patients | | 5,337 | 6,095 | 6,359 |
| Total Visits | | 6,529 | 7,440 | 7,896 |
| Surgical Cases Performed | | 272 | 242 | 322 " |

SUPPORT

Surgery

| | |
|------------------|----|
| "Salary support | 0 |
| Research support | 0" |

Pediatrics

"The benefits received from the hospital are minimal and include only salary support in the amount of \$40,000 per annum. The Department is not supplied with a typist-clerk, and especially no support for research activities. My estimation of the salary support that should be coming from the hospital because of services to the hospital are better than \$79,000 per year."

OB-GYN

"The Confederate Memorial Hospital has supported research efforts by the department only in the areas of making the hospital records available for review by various investigators doing clinical research projects. The hospital has not contributed financially in any research efforts of the department, nor is the department aware that the hospital has provided salary support for departmental faculty members."

Pathology

"Benefits received from the hospital include the salary payment for the technologists in the laboratories and partial payment for faculty salaries of four pathologists and the support of two residents. Research support is not given in a monetary way."

INFORMATION

Psychiatry

"The CMMC department had been in existence, with an approved and accredited residency training program and postgraduate education for general practitioners, for a number of years prior to the beginning of the medical school.

"Except for the addition during the school year of junior medical students on a block rotation basis, the department at CMMC continues to function very much as it did prior to the establishment of the school.

"The administration of CMMC has been very gracious and generous in permitting CMMC personnel to devote time to teaching of students, including being away from the hospital to give lectures to the freshmen, sophomores, etc. Never, at any time, has there been any question by the administration pertaining to medical school duties performed during hospital duty hours."

PROBLEMS

Students

"LSU medical students feel as though they are part of CMMC - an integral component in patient care at this hospital. Unfortunately, this feeling is often not reciprocal. Particularly galling is the attitude that some services are for house staff only, to the exclusion of students.

"The gripes elicited from the students are nothing major. However, I more than once elicited the comment that some concessions to junior and senior students would be considerably more effective in enticing them to remain at CMMC than would a single cocktail party thrown for graduating seniors.

"Five gripes were obtained from students familiar with CMMC. These were fairly universally offered:

- 1) No use of parking facilities - it is recognized that these are overcrowded, but use at slack times has been denied.
- 2) No cafeteria advantages as provided for house staff and for student nurses and technicians - even a proposal for lowered costs to medical students got nowhere.
- 3) No access to hospital pharmacy - even to purchase medicines at cost.
- 4) No designated student sleeping quarters.
- 5) Poor to pitiful library facilities now available to students at CMMC."

Orthopedics

"The main areas on conflict that we would be involved in would be probably interdepartmental. Since the Department of Orthopedic Surgery is under

the division of surgery I can see where certain problems could easily arise here. At the present time the Orthopedic Department and the Division of Surgery have a fine working relationship and no difficulties. Confederate Memorial Medical Center does offer a problem as far as physical space is concerned. We definitely need more clinic facilities for outpatient care and updating of the operating room facility is necessary. This is all in the planning phase at the present.

"Another problem I see between the medical school and the Confederate Memorial Medical Center is the gradual control of the hospital by the medical school personnel. In a specialty like mine most of my time is spent at the post graduate level at Confederate Memorial Medical Center but my salary is being paid by the medical school. It probably would be helpful if this salary was shared by both the school and the hospital. This would bring the school and hospital personnel into a closer working agreement."

PROBLEMS

Psychiatry

"Between the two departments of psychiatry, i.e., CMMC and LSU, there have been very little, if any, areas of conflict. An air of cooperation has existed from the very beginning and on very few occasions has an effort been made to usurp from Confederate the prerogative concerning the residency program, etc. Beyond the confines of the department, however, there has existed from time to time some conflict as pertains to directives from the office of the dean and others of the school, particularly two or three years ago."

ENT

"There are some conflicts in the overlap of head and neck surgery on ENT and the Surgery Departments. These are in the process of being worked out by Dr. Kurzweg and myself on a personal basis."

Surgery

"(1) Planning - the Department of Surgery has not been included in any meaningful way in future planning. . .

"(2) House Staff-Hospital Relationship - Policies for House Staff have been in conflict with wishes of the Department of Surgery and have demoralized the Surgical House Staff.

"(3) Interdepartmental - The Division of Surgery consists of five departments of surgery each of which has either none or one full-time member of the faculty. In the past, this has not caused any major problems in teaching medical students, but there are indications that there will be increasing problems in the future.

"As regards service responsibilities in the hospital, this division into multiple services appears to be detrimental.

"It has allowed for a fractionation of the surgical services without any cohesion and without any political clout."

PROBLEMS

Pediatrics

"There are no specific areas of conflict between the hospital and the Department of Pediatrics. The only conflict relates here to their inability to provide adequate nursing coverage and auxiliary staff.

"Our working relationship with the Department of Obstetrics on the delivery floor is good and is marked by little or no conflict. As in any interpersonal relationships, there are occasional frictions. It would seem, however, desirable for there to be a monthly meeting jointly of the Departments of Pediatrics and Obstetrics.

"The Department has no direct relationship with Surgery or surgical specialties. There has been a minor area of conflict here in that the utilization of space on the Pediatric/Surgical wing leaves much to be desired. We need a playroom area for the children on the Fifth Floor with preferably a full-time play therapist supported by the hospital as well as better coordination between Pediatric Surgery and Pediatric Medicine.

"The laboratory support is excellent 5 days a week, 7 hours a day but is poor otherwise. Cultures are not properly processed during the weekend and emergency chemical determinations are fair at best. We have to provide a technologist to do our blood gases on the Intensive Care Nursery because of inadequate support from the hospital."

Ophthalmology

"The clinic space is inadequate and comprised 600 square feet for six residents. Additional space has been assigned, but not usable, as modifications are needed. New equipment is stored at the Pines Sanitarium because of lack of space. The hospital is most generous in purchasing equipment."

Pathology

"With regard to areas of conflict, it is customary that any hospital laboratory be constantly criticized. The laboratories and Department of Pathology are service organizations meant to serve the other physicians in the hospital and the patients of the hospital. Our conflicts arise because of inadequate funding, inadequate space, inadequate personnel, inadequate equipment, and inadequate developmental facilities needed to provide the greatest range of services in the volume desired."

OB-GYN

"The department has experienced no major conflicts with either the hospital administration or with other departments in the hospital. There seems to be a lack of support for the Obstetrics and Gynecology Department in the purchase of major new equipment as compared to equipment purchases by several other clinical departments.

"Most interdepartmental conflicts are of a minor nature and have been resolved by correspondence with the respective department involved. There is a lack of combined teaching conferences among the various clinical departments in the hospital. Combined conferences with the Departments of Medicine and Radiology would be most beneficial to our Service."

Radiology

"Educational and service connected difficulties are attributable to fragmentation of services in Nuclear Medicine performed now by several departments. Centralization of these services in the section of Nuclear Medicine would undoubtedly result in improved utilization of expensive equipment items, improved training facilities for physicians and paramedical personnel in these areas, and in vastly improved services to patients of this hospital."

SUGGESTIONS

Orthopedics

"One last recommendation or suggestion. I strongly feel that Confederate Memorial Medical Center or whichever hospital becomes designated as the teaching hospital of the L.S.U. School of Medicine in Shreveport should be equipped and updated to have the most sophisticated equipment and modes of therapy available in the Shreveport community. At the present time this is not so . . .

"I would hope that in the future Confederate Memorial Medical Center will be the center of all Orthopedic research and experimentation with new untested procedures and that our private people in the surrounding areas can come to Confederate to learn how to do these procedures before taking them out into their private practice. This can only be done with support from the state legislature in the form of money and a progressive minded hospital administrator who will push through and enforce these changes."

Psychiatry

"My own feelings have been to the effect that the entire complex composed of the long-established CMMC facilities and the newly established LSU School of Medicine facilities and the members of the respective staff and faculty should ideally and ultimately function as one unit or as a team. There currently exists a dichotomy between the two institutions in a number of areas. The most outstanding of these, I believe, is the lack of team effort not only between the two major institutions, but equally so between different clinical departments. Certain departments have a distinct advantage over others in that they have obtained sufficient budget to hire upwards of six to twelve full-time people while others, such as psychiatry, have had no significant increase in budget since the school began and have been unable to build at all.

"The best functioning organization of any type, particularly a teaching institution, and more particularly a teaching institution training physicians, would do well to at all times and in all areas possess and demonstrates the team spirit and above all team work."

Surgery

"No significant problems except for the Walk-In Clinic. Other hospitals within this state do have paid physicians to cover this area, and it does not seem fair to have residents taking specialized training serve time in this area. This may be suited to coverage by the Department of Comprehensive Care which could act as triage officers. A small ward adjacent to the Walk-In area would allow a place for patients who must be studied and observed for a period of hours or days until a disposition can be made."

Pathology

"We consider the most important thing to be considered and improved in the 'Hospital Interface' to be the clarification of higher administration of the Hospital and the position to be played in Hospital administration by our Dean of LSU School of Medicine, Shreveport. It is hoped that greater administrative authority may be accorded to the Dean and the various heads of departments of LSU School of Medicine.

SUB-COMMITTEE ON HOSPITAL INTERFACE

DEPARTMENT OF RADIOLOGY

- I. The Department of Radiology, LSU School of Medicine, performed and rendered interpretations on 82,000 diagnostic examinations during the past fiscal year. Approximately 13% of these examinations necessitate dedicated, individualized services of a physician to perform the examination. The time commitment for the performance of such physician oriented procedures is estimated to be 15 to 60 minutes of physician time per procedure.

In addition to that, physicians of the Department of Radiology, LSU School of Medicine, supervised and administered 6,000 radiation therapy treatments. Approximately 2% of these treatments represented operative intervention and implantation of intercavitary or interstitial radium sources. Physician time commitment for operative procedures averages 45 minutes per procedure per patient.

In the realm of oncologic patient responsibility, physicians of the Department of Radiology follow all cancer patients treated by radiation therapeutic means for an indefinite period of time, at regular intervals.

The section of Nuclear Medicine of the Department of Radiology, LSU School of Medicine, supervised and performed 4,400 diagnostic and therapeutic procedures in Nuclear Medicine.

In addition to direct patient responsibility, the department offers comprehensive consultation services to all other clinical departments of the hospital on a 24 hour, 7 day a week basis.

- II. The negotiated salary support for radiologic services rendered by personnel of LSU School of Medicine in Shreveport, Department of Radiology, was to have been \$186,000 for fiscal 1973-74. There is no specific research support.
- III. Educational and service connected difficulties are attributable to fragmentation of services in Nuclear Medicine performed now by several department. Centralization of these services in the section of Nuclear Medicine would undoubtedly result in improved utilization of expensive equipment items, improved training facilities for physicians and paramedical personnel in these areas, and in vastly improved services to patients of this hospital.
- IV. The Department of Radiology offers ten training positions in General Radiology. The output of about four Radiologists per year represents now 45% of the total output of trained Radiologists for the State of Louisiana. Moreover, the Department also offers post-graduate work in the subspecialty area of vascular radiology appropriately approved by the American College of Radiology.

A School of Radiologic Technology is professionally supervised by the Department of Radiology. At present time, 46 students are enrolled in the School of Radiologic Technology, leading to certification by the American Registry

of Radiologic Technology. The graduating class represents at present 40% of the total output of X-ray Technologists in the State of Louisiana. Moreover, the Department sponsors the clinical portion of a joint four year program leading to a baccalaureate degree in administrative X-ray Technology offered by LSU Shreveport jointly with LSU School of Medicine under the auspices of the School of Allied Health. Currently, sever students are enrolled in this program slated to start their clinical year in this Department in fiscal 1975-76.

Erich K. Lang, M.D.
Professor and Head
Department of Radiology

THE CURRENT RELATIONSHIP OF CONFEDERATE MEMORIAL MEDICAL CENTER
AND THE LSU SCHOOL OF MEDICINE IN SHREVEPORT

It is indeed an honor to present Confederate Memorial Medical Center's position statement to you regarding the interface of the hospital and the medical school. This interface has existed ever since the LSU Medical School in Shreveport became a reality. Evidence of this is apparent in the direct relationship of the physical facilities of the new medical school and the hospital. The hospital administration was very pleased to encourage the local physicians and others in authority in the initial planning for approval to establish a medical school to be affiliated with the hospital. A great deal of thought was given to this endeavor since it was well known that practically all of the unused land area owned by Confederate Memorial Medical Center would be given to the medical school facility.

Prior to the completion of the new medical school's facilities, space was made available within the hospital for use by the medical school. And in addition to the land and the space within the hospital, the hospital has provided the following:

- (1) Clinical material
- (2) Utilities
- (3) Equipment
- (4) Housekeeping Services
- (5) Parking
- (6) Materials and Supplies
- (7) Cafeteria Facilities
- (8) Classrooms
- (9) Audio-visual aids
- (10) Laboratories, Library, Medical Records, ancillary
personnel

We must all be cognizant of the fact that the medical school and the hospital are two separate State agencies, and while our goals and objectives are related and complementary, a high degree of coordination between these two institutions must exist to prevent any conflicting means to achieve these goals.

Let us recall that the Confederate Memorial Medical Center has been a teaching hospital for many years. Prior to the inception of the LSU School of Medicine in Shreveport the internship and residency programs were administered and directed by the Visiting Staff of the hospital. This still is the case in some Services today. LSU, in recognizing the value of this Visiting Staff, appointed these physicians to its faculty. We expect the Visiting Staff to continue to have responsibility for patient care, medical education, and insight into the needs of the community. The hospital's goal has been and must continue to be to provide those services that will best benefit the patient.

The administration of Confederate Memorial Medical Center, in evaluating what steps should be taken to foster better patient care, recommended an expansive capital improvement program. The degree of the patient care is directly related to the environment in which it is administered. With this in mind and taking into consideration the requirements of the Joint Commission on Accreditation of Hospitals, fire safety code requirements, Hill-Burton requirements, and requirements from other regulatory agencies, the hospital is now in the planning stages for renovation of the hospital that will ultimately provide an environment in which good patient care can be rendered. Such a setting will definitely enhance the quality of medical education imparted at this medical center complex. The scope of the renovation project is vast in that it will eventually effect almost every square foot of the hospital. Approximately 13 million dollars will be used to bring the hospital up to standard, and it is expected that the project will take several years to complete.

As stated previously, we are in the initial planning stages for this renovation program.

Since each Chief of Service is responsible for patient care on his respective nursing unit, they will continue to take an active part in the planning process. The Chiefs have outlined their basic requirements and from that we have developed schematics. They shall be modified as required to insure that the medical needs of each clinical area will be met.

Let us now address ourselves to the relationship between the hospital and the medical school in the near future. We feel that it is the hospital's responsibility to compensate for services that are directly related to patient care as the medical school feels that it should compensate for those academic endeavors that are directly related to medical education and research. During fiscal year 1973-1974 Confederate Memorial Medical Center reimbursed LSU for services received from a total of thirty faculty members representing ten departments. As the faculty of LSU increases, more services will be available to the hospital. Efforts are continuing to be made to increase our budget to enable the hospital to adequately compensate LSU for those professional services rendered.

It is a well-known fact that there is a direct correlation between the size of the staff of the hospital and the demand on its services. As the medical staff increases, so does the demand on the Nursing Service Department, the Clinical Laboratory, the Department of Radiology, and other supportive services. An indication of this increase in demand for supportive service is that the clinical laboratory examinations increased over 80 percent in the last five years and the number of roentgen examinations increased by over 50 percent in this same time period. One situation that we have experienced is that there have been occurrences where demands exceeded the capabilities of this hospital. Examples might be: (1) not being able to provide test results in the time frame requested or simply not being able to perform a requested test and (2) expanding existing services or adding services has also caused some problems in that personnel shortages are usually experienced.

There are several subjects that have arisen as a result of the new LSU physical facilities that the administration of both the school and the hospital have identified as common to both, and we plan to work together now in developing plans that will address them.

1. It has been assumed that the medical records for patients treated in the LSU Outpatient Clinic facility will be filed and maintained in the Confederate Memorial Medical Center's medical records department. We must now make arrangements so that these medical records can be provided as needed to this new clinic and have them returned to the Medical Records Department.

2. In planning for their new medical school, LSU included dining facilities. We are now exploring the possibilities of whether or not this service could be provided by the hospital's Dietary Department.

3. We all feel that the internal security of the medical school and hospital will be more difficult to maintain since there are so many access routes between the two institutions.

4. There will be an increased need for parking for both institutions in the very near future. We shall be identifying what our parking requirements will be and what is available from the private sector. At that time we will be able to determine if additional parking is indicated.

5. Since both institutions have many similar departments, such as Housekeeping, Maintenance and others, it seems in order that inservice education programs for these departments be coordinated so that both institutions would benefit.

6. We recognize a need for a comprehensive student health program. This requires further analysis and we hope to determine what is required to provide that service.

It seems to be universally accepted that there should be some mechanism to accommodate those individuals that require services offered here at Confederate Memorial Medical Center on a partial pay basis. Dr. William Stewart is pursuing this matter, and it is hoped that this concept will be accepted by the State. At this point in time Confederate Memorial Medical Center has the flexibility to admit teaching cases. The determination of a teaching case rests with the Chief of the respective service and the administration. It has been our experience that many patients who have been declared teaching cases have some form of hospitalization insurance. Not only do these cases provide excellent clinical material from the teaching aspect, but also revenues are generated through third party payments that are the sole source of funds for this institution to purchase equipment. It must be emphasized that the hospital's primary concern is patient care and admissions for teaching and research purposes must not interfere with that responsibility.

The administration of LSU School of Medicine in Shreveport and the administration of the hospital concur that there is a need for a medical director at this medical center. This individual should be employed by both the medical school and the hospital, a member of the Dean's staff, reporting to the Dean and to the hospital Director. The job description for this individual has been agreed upon by both LSU and the hospital.