

THE HERMAN KIEFER HOSPITAL OF DETROIT

A study made at the  
request of the  
Commissioner of Health

By the  
Detroit Bureau of Governmental Research, Inc.

April, 1931

No. 122.

## The Herman Kiefer Hospital of Detroit

### Introduction

During, the period of April 28, 1930 to May 21, 1930, local tabloid newspaper ran a series of articles attack the operation of the Herman Kiefer Hospital and the administration of the Health Department under Dr. Vaughan. Dr. Vaughan verbally requested the Detroit Bureau of Governmental Research to make a thoro investigation of these charges so as to determine their accuracy.

A study was made extending not only over the period of the newspaper accounts, but also over a period of six months following. Each statement which was possible of verification, or which noted a condition which still existed, was thoroly investigated. The results of this study are given herewith

### Description of Hospital

The Herman Kiefer Hospital, located in Detroit on Hamilton Ave., between Taylor and Pingree Avenues, is a special hospital devoted to treatment of communicable diseases, tuberculosis and indigent maternity cases'. The communicable disease unit of about 525 beds comprises five buildings, of which two are built to conform to the modern conceptions of medical asepsis. These modern buildings can handle all types of disease at one time, but the other buildings must classify the diseases treated. The maternity unit is a single building of 65 beds and 65 bassinets, usually completely occupied. The tuberculosis unit of 675 beds is a new building, modern in every respect, in which tuberculosis patients are hospitalized pending other disposition - the most serious cases remaining at the hospital. Besides these definite services, a portion of the power house is set aside for the hospitalization of prostitutes, this service being directly under Dr. Dixon, and not a part of the Herman Kiefer administration.

### Operation of a Contagious Disease Hospital

The operation of a communicable disease hospital differs greatly from that of a general hospital due to the ease with which the diseases treated can be communicated. In view of this, a brief summary of the routine may help to make this report more clear to the lay reader.

At all times, nurses, attendants, and doctors must guard against infection from the disease treating are treating. It is not possible to permit relatives and friends of the patient to visit the hospital, only cases of critical illness can be seen and then only by the nearest relatives. This adds greatly to the misunderstanding of the operation of such a Hospital. Rules have been set up, called 'technics' designed protect the nurses, doctors, and others so that they can attend the patients with perfect immunity.

These technics are based upon the known principles of transmitting infectious diseases; by contact or by droplet infection (coughing, sneezing, etc.). Protection against contact infection is secured by wearing a sterile muslin gown which completely covers the outer clothing or uniform, and by scrubbing the hands and arms before and after handling a patient. Droplet infection is prevented by prescribed methods of handling a patient. The technics, while simple, are so effective that only in rare cases do attendants become infected, and such visitors as are allowed are entirely free from danger.

The most effective of such known technics is that where the patient is treated as a unit, but this requires specially constructed hospital buildings, only two of such existing in the Herman Kiefer unit. In the other older buildings the disease is made the unit, the attendants treating several patients with the same disease without change of technic.

The various portions of the hospital are known as clean or unclean area, depending upon its freedom from infection. The clean results from washing all furniture, walls, similar articles, and sterilizing the bedding after use by a patient. Uniforms used by the nurses in attending patients are never worn outside the hospital buildings.

An index of the efficiency of the technics is the rote of cross infections among the patients; that is, the number of patients suffering from one disease, who are infected with another contagious disease while in the hospital. In some cases, however, a patient is admitted to a ward with one disease but at the same time incubating another, which later develops symptoms permitting a diagnosis, altho by this time other patients in the some ward have been exposed and may contract the disease. This can only be prevented by a hospital where provision is made for each patient to be kept separate from all others - either by cubicles, or in a building constructed according to modern standards. A fertile source of such cross infections is measles the most highly infectious of all the communicable diseases. On page 38 of this report, the influence of measles on cross infection is shown.

The source of each case of cross infection is investigated by a rather elaborate routine, and if found to be due to carelessness by any employee, results in censure or dismissal.

Tuberculosis, however, is a disease with, a very slow infection so that it is not necessary to observe the strict technics required for contagious diseases. Visiting is permitted at such times as do not interfere with the proper rest and comfort of the patient. The technics for tuberculosis patients are mostly concerned with the proper disposal of sputum cups, dressings, and like means of infection.

## Outline of the Charges

In order to give a brief outline of the ground covered by the charges, the following summary is a grouping which is convenient, but subject to qualifications as the newspaper did not present an orderly development of the criticism of the hospital.

- I - Charges made against Dr. Vaughan, Health Commissioner.
  - a. Improperly trained for his position.
  - b. Gross favoritism in appointing department heads.
  - c. Improperly used city employees in his private home.
  - d. Permitted favoritism in awarding X-ray contracts in the Herman Kiefer Hospital.
  
- II - Charges made against Mr. Phillips, Superintendent of Herman Kiefer Hospital.
  - a. Improperly trained for his position,
  - b. Improperly used hospital employees in his private home.
  - c. Nepotism - his wife and daughter on City payroll.
  - d. Used hospital employees and supplies in construction of his private home.
  - e. Undue partiality for chef in contagious disease kitchen.
  
- III - Charges made against administration of the hospital.
  - a. The male employees improperly housed.
  - b. Contaminated linen improperly handled.
  - c. Employees carried on payroll under wrong titles.
  - d. Public prevented from learning conditions at hospital.
  - e. The hospital was cleaned only after newspaper attack.
  - f. The superintendent openly permitted gambling.
  - g. There is no food handlers' examination for kitchen help.
  - h. Hospital capacity only increased after newspaper story.
  - i. Salary deductions for time off not returned to the City Treasurer.
  
- IV - Charges made against food and food-handling.
  - a. Food and trays are infested with vermin.
  - b. The best food goes to Dr. Phillips and the chef.

c. The chef's home is filled with hospital supplies.

V - Charges made against the nursing service.

- a. Nurses are indifferent -to crying children.
- b. Nurses are permitted to make spinal punctures.
- c. Improper technics followed permitting nurses to become infected.
- d. Filthy bedding and dressing permitted due to insufficient nurses.

VI - Charges made against the medical service.

- a. Cross infections are common occurrence.
- b. Nurses and doctors are discourteous.
- c. Private doctors refused permission to attend patients.
- d. Improper medical service, and wrong diagnosis, frequently occur.

The Story from the Local Newspaper

The following excerpts are taken directly from the stories appearing in the columns of the newspaper making the attacks, arranging the material under headings so that related subjects can be discussed together. The results of the investigation of the charges appear directly after the quotations from the newspaper. However, only the important matters are commented upon, as many of the items are of such slight importance, it is needless to include them. However, each point raised by the newspaper thoroly investigated and a large amount of materials is available, together with copies of statements and affidavits secured from persons mentioned by the newspaper, etc. This material will be made available upon request.

The excerpts are numbered in the chronological order in which they appeared, also the date of issue is appended to each.

I. - Charges concerning Dr. Vaughan, Health Commissioner.

8. A story concerning 'thc- use of Howard Sirmons, a painter for the Board of Health, in painting, Dr. Vaughan's home at 2225 Burns Ave., while carried on the Herman Kiefer payroll. (April 29)

36. "What training has Heinic Vaughan to fit him for this post. Heinic was a sewer inspector." (May 7)

38. "Neither Heinic nor George ever have held physicians licenses. (May 7)

44. The story concerned the changes made in the new charter to permit Vaughan to become Health Commissioner when he did not hold a degree of M.D. ". Detroit early incorporated the stipulation that: 'The Commissioner of Health shall be a graduate in medicine and shall have practiced his profession for -at least 10 years.

"Dr. Victor C. Vaughan, Heinic's late father, a power in 'medical politics' awarded his boy, then a sewer inspector in Detroit, the degree of D.P.H. . . . 11 years ago. Now that Heinic- had his degree of D.P.H. his father immediately set to work on the city charter commission. The City Charter was amended to read '. . . or have a degree in public health from a college, preparing men for such positions.'"

"Heinic was made Health commissioner at once" (May 10)

45. (When appointed) "His first move-was to surround him-himself with faithful henchmen. But Heinic, didn't pick Detroiters he went to the home of 'faithful henchmen' - Chicago, pure and undefiled. Here are some of Heinic's appointees:

Carl E. Buck . . salary \$7,500. Brought here from Chicago.

Wm. H. Cary, Jr. water inspector, salary \$4,500. Brought here from Chicago.

John F. Norton, Director of laboratories, salary of \$7,500 a year. Brought here from Chicago.

Dr. John K. Gordon, medical director, Herman Kiefer Hospital, salary \$5,000 a year and maintenance. Brought here from Chicago.

Mr. Max Pinner, pathologist, salary \$6,000 a year and maintenance. Brought here from Chicago.

46. "The- Detroit Board of Health has NO secretary. The office of secretary was abolished at Heinie's suggestion and its salary of \$4,000 a year divided between Heinic and three of his 'faithful.' " (May 10)

47. The story concerned the installation of the Kelly-Koett X-ray equipment in the tuberculosis unit of the Herman Kiefer Hospital. The Detroit representative is the Evans-Sherratt Company, of whom the Evans is a brother of Dr. Wm. A. Evans, a member of the Board of Health. A protest to the Common Council by competing

companies brought a change in the specifications eliminating an item of \$1,500 “to pay Sherratt for HIS work in drawing plans for the Herman Kiefer X-ray room”. After hearing by the Council the contract was given the Kelly-Koett Company.  
(May 12)

49. “Before this radio exposure of the layout of Phillips’ monument Heinic went before the Council with a demand for the appropriation for an apartment house at Byron and Taylor at a rental of \$38,000 a year for hospital use but the Council wisely turned down the request.”  
(May 12)

Comment:

It has apparently been a practice in the Health Department to utilize city employees during slack periods, on work of administrative officers. There is nothing illegal in this procedure, as in the cases investigated either the employee was dropped from the City payroll, being paid direct by the person employing, or the City was reimbursed for the time engaged on private work. However, the arrangement is fraught with difficulties and opportunities for criticism, hence it is doubtful if it should be continued.

There are no existing standards for the qualifications of a successful health commissioner or a hospital superintendent, but as these positions do not contemplate medical attention to patients, it is doubtful if degree in medicine is a necessary prerequisite. The provisions in the -present City Charter relative to the qualifications for the office of Health Commissioner are peculiar in that they require a graduate of medicine to have five years practice, but a graduate of public health does not need any practical experience. This is surely not a comparable situation, but not of sufficient importance to require a charter amendment correcting it.

There is little criticism of the Department in employing executives who have either lived or worked in Chicago, as this is the nearest large city where men in a specialized field could get the necessary preliminary training. The elimination of

the office of Secretary of the Department, and the distribution of a portion of the salary among members of the staff actually saved \$1,000 a year to the City. However, it did give these employees increases not authorized in the budget just about to go into effect, -and in one case, the budget authorities refused an increase which was secured in the re-allotment of the Secretary's salary.

The bid of the Evans-Sherratt Company for X-ray apparatus had a full public hearing before the Common Council and a written opinion from the Corporation Council as to its legality. It is an ethical question whether a brother of a member of the Board of Health should, be granted any contract, especially when he is not the low bidder. There appears to be very little basis for the proposed payment of \$1,500 to Sherratt, of the successful bidding firm, laying out the X-ray room - this is a sales service usually given gratis by any responsible sales organization.

The use of an apartment house as a nurse's home was thought necessary in order to give over the sixth floor of the new building to tuberculosis patients. Later, an allowance of \$25 a month was given nurses living outside the hospital, which is more economical, but not so desirable from an administrative viewpoint, it is understood. The reason given for the vetoing by Council of the resolution for renting the apartment building is said to be the fact that an item of \$700,000 for a new nurses home was eliminated from the budget which the acting Mayor inferred to mean that no change in the existing arrangement should be necessary without the direct approval of the Mayor, then on vacation.

## II. - Charges against Mr. George Phillips, Superintendent of Herman Kiefer Hospital.

11. "His (Henry F. Vaughan) brother-in-law, George E. Phillips, Superintendent of Herman Kiefer Hospital, employs public servants in the construction and maintenance of his beautiful summer home at Birmingham." (April 30)

12. "The City of Detroit provides a magnificent residence for Superintendent Phillips in the Annex to Building No. 3, on the hospital grounds (as far from the kitchens as possible) but Phillips has erected a palace in the suburbs where he spends the warm months of the year." (April 30)

13. "Workmen drawing pay from Detroit under the guise of Herman Kiefer Hospital orderlies and engineers spent 'MONTHS installing pipes, radiators and plumbing in Superintendent Phillips' 18 room 'Summer Cottage.'"

14. "The pipes and radiators . . . were TAKEN FROM THE HERMAN KIEFER HOSPITAL STOCKROOM AND HAULED TO PHILLIPS' HOME BY CITY TRUCKS AND AMBULANCES DRIVEN BY CITY WORKMEN, . . ." (April 30)

15. An affidavit is reported as stating that one man claimed -that at Christmas time Phillips gave him \$10 and told him to be mum about it. (April 30)

16. An affidavit is reported as stating that the furniture for Phillips' summer home was purchased by the hospital and delivered to the summer home by an ambulance, from the stockrooms of the hospital. (April 30)

17. "Sara Barnes is our only housemaid – now" (says Mrs. Phillips) "But – the Phillips family are living in the beautiful City-built and City-maintained residence provided for the superintendent on the hospital grounds now, where literally hundreds of maids, orderlies, porters and other servants are at their beck and call." (May 1)

18. An affidavit is reported as stating that in preparing the payrolls for the summer of 1929, two strange names appeared. It was explained that these were maids for Phillips' summer home. (May 1)

19. "Annette (Phillips', daughter) is drawing \$900 a year from the City of Detroit Treasurer as a 'Junior Clerk.' An affidavit is reported to say that, 'both Mrs. George E. Phillips and her daughter Annette were on the City payrolls.'" (May 1)

20. "Mrs. Phillips' new Buick and Miss Phillips' new Nash are cared for by city ambulance drivers and these same drivers are at the disposal of the superintendent's wife and daughter as private chauffeurs at all times." (May 1)

26. (A former chief dietician was chased by Steve, the chef in the contagious disease kitchen, with a meat cleaver. She asked that he be discharged.) "Steve was not discharged, and in less than an hour, his old friend George E. Phillips was embracing the chef publicly."

37. "What training has brother-in-law George E. Phillips . . . Phillips was steward on a lake boat." (May 7)

38. "Neither Heinie nor George ever have held physicians' licenses." (May 7)

### Comment

Many of the charges made against Phillips are either wrong conclusions taken from observed data, or have no basis in fact. Mr. Joseph Mills, former Commissioner of Purchases and Supplies states that, the furniture and steam heating equipment spoken of were not purchased thru his office. The equipment was purchased directly from the supplier and delivered 'to the hospital in order to secure trade discounts. Mr. Phillips paid for the material used by him, as shown by cancelled checks. Some difficulties with the union made necessary securing a steam fitter to install the equipment, who was taken from the staff of the hospital and paid by Mr. Phillips while on the work.

The superintendent's home on the hospital grounds is very modest, and in place of being distant from the kitchen, is directly over it. 'The Summer home is owned and maintained by Dr. Phillips. Due to a similarity in names, an error was made in stating Mrs. Phillips was carried on the payroll. However, Mr. Phillips' daughter was formerly employed in the X-ray room as a clerk. While there is precedent for this employment general officer of the Health Department, it is doubtful if employment of relatives can be justified in City departments, which are exempt from civil service.

Improper use of ambulance chauffeurs on the Superintendent's private cars is incapable of at this time, however, it was learned that at no time was the regular ambulance service neglected.

The chef of the contagious disease kitchen is a faithful employee of many years' service with the hospital, but there is no evidence that the Superintendent is lenient with his work.

### III. - Charges against the Administration of the Hospital.

5. "Look across the tunnel, where male attendants live in 'The Mission'. Seventeen male employees quartered in one cellar with one washstand." (April 28)

6. "Duck the reeking steampipes and come at last to the New Addition. . At the end of the tunnel in this 'monument to Superintendent Phillips' are 3 huge canvas bags and one big paper box. These bags and this box are packed with a substance deadlier than any explosive ever conceived in the brain of man. The porous bags contain the linen taken from the bodies and beds of patients afflicted with scarlet fever, diphtheria and virulent spinal meningitis - the box is packed 'with the sputum cups of tuberculous sufferers.'" (April 28)

9. When tracing the payroll, a picture of which is carried in the newspaper, a clerk in the City Treasurer's office was reported to say, when told that Sirmons was carried as painter, "That does not mean anything, the Board of Health has painters listed as nurses, interns as Plumbers and nurses as engineers." (April 29)

10. "Its secrets are well guarded and no one who is not a member of the 'Vaughan Ring' is permitted to penetrate Herman Kiefer Hospital. Groundkeepers are made deputy sheriffs." (April 30)

27. "Guards are posted at every entrance and an alarm has been arranged to be sounded at the approach of anyone carrying a camera." (May 3)

28. "Within an hour after the publication of the first of the series of the Daily's expose of Herman Kiefer, Mark 'Christmas Gift' Mahaffey, Superintendent of porters, issued orders to every workman in the institution to 'clean up'." (May 3)

29. "Men are frantically scrubbing from the walls of the 'infectious wards' the accumulated dirt created by successive deposits of germs of every loathsome malady in the history of the human race." (May 3)

30. "Clad in porter's overalls this investigator was invited to take a hand in the three-day poker game that follows pay days on the first and fifteenth of each month. This game is open to all comers and is staged in a room at the foot of the stairs in the Receiving Building on Hamilton Ave." (May 3)

31. “Superintendent George E. Phillips can look from the window of his home directly into the unkempt den where the miserable denizens of ‘The Mission’ gamble away their pitiful wages twice a month. The game is ‘all right’ with Boss Mahaffey he says, ‘if the boys keep quiet.’” (May 3)

39. “Your waitress in your favorite restaurant must have a ‘food handlers card’ issued by Heinie Vaughan’s Board of Health. The attendants at Herman Kiefer Hospital who prepare or serve food your stricken child must eat are not required to undergo any physical examination whatsoever.” (May 8)

41. An affidavit is reported to say, “Wash clothes at Herman Kiefer Hospital are made from coarse gauze or cheesecloth torn from adhesive tape used in the institution or from waste rags.” (May 8)

46, “When the fact that at least one-third of the new building was devoted to palatial offices for Phillips and his favorites was broadcast over the air three months ago, brother-in-law Phillips frantically set to work to convert sun porches into bedrooms for additional patients. One hundred and forty beds were added to the capacity of the new building.” (May 12)

53. “When an employee at Herman Kiefer Hospital is absent from work thru illness or other cause, he or she is ‘docked’ for the time lost. But their paycheck is made out for the full amount of their wages. Who gets the difference? Among the 600 or 700 (employees) an enormous sum is deducted for lost time. .” (May 16)

54. When a deduction is to be made the employee who is to be ‘docked’ must endorse the City check for the full amount of his or her wages, then the employee is handed the amount in cash, less the deduction for time lost. Statements from more than 100 employees have mentioned this practice. (May 10)

55. Pictures were shown of checks issued to Florence Adranowitz, a maid in the diet kitchen on the contagious disease side. The two checks totaled \$39, but an affidavit said to be made by Miss Adranowitz is reported to state that she only received \$6 of this amount. It was also stated that the difference of \$33 had not been refunded to the City up to May 15, 1930, according to Francis K. Mohan, senior clerk in the Treasurer’s office. (May 16)

### Comment

Without doubt the living conditions in the dormitory called ‘The Mission’ were not satisfactory. The condition was due to the hospital making room for the largest number of patients. It has since been closed, and the men granted \$25 a

month allowance for outside quarters. There is no evidence that the linen from contagious disease patients was stored in the new building pending removal to the laundry. Laundry from the tuberculosis unit was stored in the location the newspaper indicated, but this is not considered contagious, tho recently even this laundry has been stored in a small room pending removal to the laundry. Sputum cups are wrapped in newspaper and packed in a cardboard box before being carried thru the hospital corridors, and then incinerated.

There is some basis for the statement that employees are being carried under incorrect payroll titles. There is no official position of librarian of hospital records, and no provision has been made for any similar title, hence some four employees are working under non-descriptive titles in order to secure established salaries. The current budget seeks to correct this. Also, some employees are being paid on a salary schedule lower than would be due under the official classification, and as a result, given titles below that descriptive of their duties. This would indicate at least economical administration policies.

There was no evidence of armed guards at the hospital at any time, nor were the frantic efforts of the institution, as noted by the newspaper, observed. The usual technics provide that when a patient is discharged from a room, or award is cleared, it is thoroly washed down before used again - this is to prevent any infections. The general appearance of the hospital gave evidence of routine cleaning and a sensible system of repair.

The magnitude of the card games is unknown. The men quartered in the hospital have no other home, and if not permitted to play such card games as they enjoy, will go elsewhere. It has been thought to be good administrative policy for them to play cards openly so that it could be supervised if necessary.

The newspaper was quite right in their statement that none of the kitchen help were given food handlers' examination. While it is understood that such examinations are more educational than to determine physical condition, there is no reason why every employee of a hospital should not be thoroly examined. It is understood that a routine examination of nurses for tuberculosis has been recently started, also the nurses on the contagious disease side are tested for susceptibility for scarlet fever and diphtheria. It is said that another qualified doctor would be required to make thoro physical examinations, with the necessary checkups. It is believed, however, that the present staff should be sufficient, with proper organization. However, the medical examination is so highly desirable that provision should be made to have this started immediately.

The gauze backing of adhesive tape, when washed and sewed makes a very soft, desirable wash cloth, and the hospital is to be commended on this economy. The newspaper errs in stating that one-third of the new building is used for office space. Only the first floor is used for offices, of which the entire west wing is given to the Laboratory (not a part of the hospital) and the east wing is divided between the outpatient department for tuberculosis patients and the public health nursing unit. The main corridor has office space for county officers, the dental laboratory, the X-ray room, etc. The hospital offices are not palatial in any sense of the word, and are not extensive.

The newspaper does not understand the routines which were set up by a former City Comptroller for handling fractional payroll periods. The hospital is following instructions given them - they did not originate the method. In order that employees can be paid on the fifteenth and end of the month, the payroll must be made up about two weeks in advance of the payroll date, on the assumption that each employee will work the full period. If they are absent some part of the time,

the former routine provided that the employee in whose favor the check was made should endorse it, be given the proportional amount to which he was entitled, and the employee who 'worked during the absent time, be given the balance. This routine has now been changed, and the employees working for a short period are paid out of a cash fund, and the payroll check returned to the City Treasurer. The hospital holds an affidavit from Miss Adranowitz denying the allegations made in the affidavit quoted by the newspaper this witness appears to be unreliable.

Unclaimed checks are 'returned to the City Treasurer, by the general office of the Department of Health.

#### IV. - Charges concerning the food and food handling.

1. "Little girls and boys fed with cereal alive with cockroaches. Pitying maids, hurriedly brushing crawling vermin from trays as they were carried to patients' bedside." (April 28)
- 2, "A kitchen whence came these bug-laden dishes so vile smelling that a carrion-fed dog would turn away in disgust from its odors. (April 28)
4. ". . . past a kitchen that would not be tolerated in the vilest flophouse in Detroit. Breathe, if you can, that greasy effluvia that pours from its doors. See cooks preparing food for children in a stench worse than that of carrion. (April 28)
7. An affidavit is reported to state, ". . . and I have seen hundreds of filthy insects shaken from bread at the nurses' table before any of us even attempted to eat. Once, when I complained to the head chef in the 'Big Kitchen' in the old building, I was told, 'roaches make good seasoning, and a handful of them were deliberately swept from the table into a batch of dough the cook was kneading.'" (April 28)
21. "Stanley, head chef at Herman Kiefer personally selected the choice foods that were carried out to Phillips' Birmingham home by the superintendent or his chauffeur. I have seen as many as six fancy hams carried from the storeroom by Gurzdielski and placed in Phillips' car."
22. "Big Steve, head chef at the Herman Kiefer Hospital . . . has waxed moderately wealthy under the reign of Henry Vaughan. Steve owns many nice rental properties in Detroit." (May 2)

23. An affidavit is reported to say, "Steve insisted we stay for lunch. Five fancy milk-fed broilers, packed and roasted in the original cellophane wrappers in which they were delivered were served to the four of us." (May 2)

24. The same affidavit is reported to continue, "Steve took us thru his home. Bins filled with select groceries, fresh and canned goods. Cupboards stacked high with hospital blankets and rooms fitted with furnishings unmistakably designed for hospital use." (May 2)

25. "Not long ago Miss Pollock, former chief dietician at the Herman Kiefer Hospital gave Steve a 'bawling out' . . . Steve chased her thru the building with a meat cleaver in his big hand." (May 2)

### Comment

Many of these charges are not subject to verification, and the balance appear to have little basis in fact, being based for the most part on a personal bias of the informant. The kitchen is not vile smelling - the only noticeable odor is that of cooking food in quantities. The kitchen is kept very clean within the limitations imposed by the age of the building; the Superintendent's quarters are located directly over the kitchen. An inspection of the vermin population of the kitchens was made in December, 1930, when of the five kitchens on the contagious disease side, only one was found to have more roaches than necessary - this being the kitchen from which the food for the nurses was served. A later inspection showed all the kitchens in excellent condition.

The Superintendent's salary carries a prerequisite of quarters and full maintenance for himself and family. On this account, he is permitted commissary privileges when living in his summer home, which undoubtedly is the basis for the newspaper's charges. It is difficult, if not impossible, to check the food and supplies taken by the chef, Mr. Gozdielski, at the time of this study. Such charges do not appear, however, to be substantiated, for the hospital does not order chickens in cellophane wrappers, nor, nor does the chef have any access to the supply of blankets, etc.

A former superintendent of nurses (not a head dietician) had some trouble with the chef, but this was a personal matter, for the present superintendent has maintained friendly contacts with him. Most of the charges against the chef depend entirely upon the character of the affiant.

The food served the hospital employees and patients is of good quality, well cooked, and palatable.

#### V. - Charges concerning the Nursing Service.

32. "The investigator listened to the heart rending wails of baby sufferers while nurses gossiped with orderlies in the men's quarters 50 feet away." (May 3)

40. "When a Herman Kiefer wash cloth, filled with the virus of dread diphtheria or spinal meningitis is 'cleansed' sometimes it is washed out in boiling water, but more often it is only rinsed in warm water and always is thrown in the general supply where it may be used again on any patient in the building." (May 8)

42. An affidavit is reported to state that: "Often I have seen student nurses, clad only in their regulation uniforms, receive the spinal fluid drawn from a meningitis patient and hold the receptacle against their dresses as they carried it from the patient's room. These same attendants have leaned over children's beds in their poisonous uniforms directly afterwards." (May 8)

43. An affidavit is reported to state that Dr. D. W. Whaley, a staff physician, was to make a spinal puncture when: ". . . the pretty STUDENT nurse helping said, 'Do let me try it, doctor, I have never punctured a spine before.' After four or five attempts, during which another orderly and myself were compelled to hold the patient, the STUDENT finally located the proper spot and the puncture was effected." The affidavit is reported to say that the performance was repeated a few days later with another physician. (May 9)

#### Comment

A thoro survey of the contagious hospital failed to show any location where men's quarters are located 50 feet from patient's rooms, unless measured in a vertical direction. Children cry from a variety of causes other than of mistreatment - one young lad was found in the dismissal room crying to the extent of his powers,

and when asked the trouble, said that he did not want to go home. The error concerning the spinal puncture said to be made by a nurse was due to a woman intern who dressed similarly to a nurse, but who was a graduate in medicine with two years experience in this line of work. Improper handling of the spinal fluid is excluded from consideration because of the low cross infection rate, and the absence of the disease from staff members of the hospital. The routine prescribed for handling wash clothes provides one nurse who is made responsible for the collection and proper boiling of them each day. In a hospital which has such a high percentage of graduate nurses with experience in contagious diseases, it is believed that all necessary technics will be observed to protect themselves as well as their patients.

A very satisfactory index of the nursing service is the increasing number of hospitals which are affiliating with the Herman Kiefer Hospital for training their students in contagious and tuberculosis nursing. This service started in the fall of 1926; during 1930, there were eight hospitals affiliating, but this was increased to twelve for the current year, two of them outside this State; The Victoria Memorial of Toronto, and St. Luke's of Cleveland.

#### VI. - Charges concerning the Medical Service.

3. "Go with a Daily Reporter thru the Tunnel where the stricken are, carried from the receiving door an eighth of a mile thru a twisted underground two-foot wide path to their wards, after the Herman Kiefer doctors have attempted to determine the nature of the disorder . . ." (April 28)

NOTE: The majority of the charges against the medical service consist of case histories of patients of the hospital. It is understood that a group from the Wayne County Medical Society are to a separate report on these. The stories given below: are briefed from the newspaper account. This investigation made no attempt to evaluate the medical service.

33. Bobby Getwell. This patient was said to be taken to the hospital on March 19, 1930, with scarlet fever, but within four weeks contracted in turn, diphtheria,

bronchial pneumonia and measles, and died from abscesses on his lung and at the base of the brain. The diseases subsequent to the scarlet fever are said to be due to cross infections, "the unforgivable crime in any hospital in civilization". (May 5)

34. Harry Melnick. This patient was taken to the hospital, as otherwise the whole family would be quarantined. It was said he had a slight attack of measles. He was a pay patient. He contracted diphtheria and later pneumonia from which he was recovering, at the time the story written. He was discharged April 26, 1930, after 23 days in the hospital, a "physical wreck." (May 6)

35. Dickie Kanterman. This patient, said to be 6 years of age, was admitted with a case diagnosed by the family physician as "The mildest case of scarlet fever he ever attended." Ten days later, Feb. 20, 1930, he died from pneumonia. The private physician was told to leave the hospital and never return. (May 7)

50. Gloria Johnson. A case of a three year old girl, entered the hospital on Jan. 3, 1930, with a slight attack of scarlet fever. She died on April 10, 1930, a victim of double mastoiditis "the result of measles contracted in an unclean board of health ward." A filthy bondage was left on the patient for an entire day; due it was said, to a shortage of nurses. (May 13)

51. Ethel Cohen. The case of a girl of 16 years of age. The story of this case has to do mostly with the abusive treatment afforded the parents of the girl – they were advised not to get a private doctor, as she would die anyway. The story does not give the nature of her disease. (May 14)

52. Bernice Waun. This patient was 3 years old, was sent to the Children's Hospital with pneumonia, and from there to the Herman Kiefer Hospital suffering scarlet fever. At the Herman Kiefer she developed measles and mastoiditis. The mother was required to use force to get the child released to her and on taking her home found her legs twisted and bent. (May 15)

56. Ford twins. This case concerns twins, 3 months old. One died of pneumonia six hours after admission. Two days later the other twin was admitted to the hospital with a slight cold. She died the next day. The baby was found by its mother, on the day it died, lying on a filthy blanket, dirty towel beneath her head and in an open draft. (May 17)

57. Marion Haas. This was a diphtheria patient, who recovered. The story has to do with the vermin which it was claimed she encountered in the hospital - beg bugs which she picked out of her milk, and roaches on her bed. The affidavit, said to have been made by the mother, states that cross infections are due to vermin carrying the diseases from one floor to another. (May 21)

Comment

The newspaper is wrong in stating that contagious disease patients were carried thru a two-foot tunnel to their wards. This would be impossible, as it would be out of the way - just taking them on a trip thruout the building. The tunnel to which they refer is a 'short cut' from the contagious disease units to the new building. The error was made in confusing the receiving room for food and supplies located in the near building with the receiving room for contagious disease patients located in building number two.

On page 39, of this report, the record of cross infections is shown and the methods necessary to lower the present rate. It is believed, however, that the rate has been so constantly lowered by the present administrative officers of the hospital that no further improvement is possible unless a new hospital is constructed or many changes made, in the present buildings.

Until recently, it was the practice only to permit private doctors to attend full-pay patients whose bills to the hospital were fully paid up. This was to protect the patient as much as the hospital. The present rule is that private doctors can examine a patient at any time, can consult with the staff doctors as to the progress and treatment, but cannot take charge of a charity case. This seems eminently fair, as the responsibility for treatment rests entirely upon the hospital.

The newspaper charges of gross inefficiency of the medical service is not borne out by the Monthly Report of the Division of Contagious Diseases of the Herman Kiefer Hospital for December, 1930. A portion of the report as shown on pages 15 and 16 is given below:

| <u>Disease</u> | <u>Total<br/>Cases<br/>1930</u> | <u>Per cent<br/>hospitalized<br/>H. K. Hosp.</u> | <u>% Fatalities<br/>Outside<br/>Hospital</u> | <u>of total cases<br/>Herman Kiefer<br/>Hospital</u> |
|----------------|---------------------------------|--|--|--|
| Erysipelas     | 343                             | 54.8%  | 18.7%  | 12.2%  |
| Meningitis     | 564                             | 78.4   | 76.2   | 33.0   |
| Poliomyelitis  | 70                              | 72.9   | 36.6   | 17.6   |
| Scarlet Fever  | 4,206                           | 46.4   | 1.2  | 1.4  |
| Small Pox      | 151                             | 61.6   | 0.0  | 0.0  |
| Diphtheria     | 1,847                           | 50.8   | 7.8  | 10.8   |

The six diseases shown above are those which are regularly accepted at the hospital - others, such as chicken pox, measles, whooping cough, etc., are usually not severe enough for general hospitalization. It will be noted that while the majority of the cases in the first group, erysipelas, meningitis and poliomyelitis (infantile paralysis) were hospitalized, the hospital still showed better results than the cases handled outside. Scarlet fever and small pox, in the next group, showed about the same fatality rate in the hospital as outside. Diphtheria patients hospitalized had a higher death rate than those treated outside, undoubtedly due to hospitalization of the more severe cases.

While incapable of proof, it is believed that the cases hospitalized are either the more severe cases which -private doctors believe can best be handled in a contagious disease hospital, or patients from the poorer homes, and from institutions, who do not Possess as high resistance to infectious diseases. By no means can it be assumed -that the hospital takes the average case. It is believed that this record of the hospital is the best evidence of their work, and indicates a high efficiency in their treatment of disease.

It is understood that a report on the medical service of the hospital, as brought out by the newspaper, has been submitted by a committee of the Wayne County Medical Society. The notes given below on 'the cases cited by the

newspaper were taken from the hospital records and from conversations with Mr. Phillips, Dr. Gordon and others in the hospital. They do not seek to give any conclusions as to the adequacy of the medical service of the hospital.

Bobby Getwell. This patient who had a tubercular spine, was admitted to the hospital with scarlet fever, from the Children's Convalescent Home, attached to a Bradford frame. Two other children were admitted from the same institution within few days, and all were supposed to have the same contacts, so were placed in the same room. One however, was incubating measles, which appeared in 4 days after admission. Bobby Getwell was exposed, and contracted the disease, followed by broncho-pneumonia, a common complication, from which he died. The newspaper implied that Bobby Getwell was a normal case; he was not, due to the tubercular spine - nor is it correct in saying that he had diphtheria - there is a record of 18 negative cultures.

Harry Melnick. The family doctor diagnosed this patient's disease as diphtheria, but the hospital found he had measles, acute laryngitis of measles, and bilateral broncho-pneumonia. There is no record that he ever had diphtheria. Altho critically ill, the child improved, but was taken from the hospital before complete convalescence, as the mother, it was said, could not tolerate the baby being away from her any longer. He completely recovered. The newspaper is in error in saying that he contracted diphtheria and pneumonia at the hospital - he never had diphtheria, and had pneumonia when admitted

Dickie Kanterman. This case was admitted as a scarlet fever and as a ward case. Six days later it was made a private case under a different private physician than the one on admission. Every possible care was given this patient, but it was apparent the pneumonia was developing upon admission. The patient was placed in an oxygen tent for a prolonged period. Dr. Bernhaum, the private physician,

states that the hospital extended him every courtesy - the patient's death in no wise being attributable to their treatment. There is no record of doctor being told to get out of the hospital Dr. Bernhaum says that this was not told him.

Gloria Johnson. This child was admitted with scarlet fever. She was in delicate health and had been attended by a pediatrician for anemia, kidney troubles and a heart condition. She contracted measles from another child in the ward, a month after admission, from which broncho-pneumonia developed and from the unusual course of the disease, it was thought she was tubercular. Her parents permitted an autopsy, which verified the diagnosis of tuberculosis. This child undoubtedly was cross-infected with measles more easily, due to her delicate health and the highly contagious character of measles - but the hospital cannot trace the method by which she became infected undoubtedly a break in the technics. The filthy bandage reported by the newspaper, apparently was placed after a mastoid operation, and is not removed for twenty-four hours or so in order that the wound will not be disturbed - it was not due to a shortage of nurses.

Ethel Cohen. This case was admitted to the hospital from Grace Hospital with 3 diagnosis of spinal meningitis, as a private patient. Laboratory tests of the spinal fluid showed her suffering from tuberculous meningitis, a non-contagious but always fatal disease. A consultation of doctors was called, and another doctor asked to take the case, who refused, as there was nothing that could be done for the patient. The newspaper did not state the nature of the disease, but spoke mostly of discourtesy to the family by the doctors and nurses. From the staff nurses, it was found that the family of this patient became a great problem in that they did not realize that a contagious disease hospital is not open to the public as a general hospital. This case does not indicate any inefficiency or discourtesy on the part of the hospitals

Bernice Waun. This child, 3 years old, was admitted from the Children's Hospital, where she contracted scarlet fever while convalescing from pneumonia. She contracted measles from another child in the ward, and an otitis media as a complication, making necessary a mastoid operation. She was discharged before completely cured. The twisted legs mentioned by the newspaper were due to a septicemia making her right ankle and leg tender and swollen. This case shows a cross infection from a child who was incubating the disease when placed in the ward, but who showed no positive symptoms of it. This condition is hardly chargeable to the hospital, as the large open wards, or three or more bed wards, is conclusive to the spread of a cross infection of this kind. Cubicles, or a, modern hospital, would prevent such infections.

Ford Twins. There is little comment necessary on this case. Joan Ford, became ill on April 6th - on April 26 the child (3 months old) had convulsions and was admitted to the hospital on April 27th with whooping cough and pneumonia, after having five convulsions that day. She was a private patient and expired seven hours after admission. Her twin became ill on April 28th, was admitted to the hospital on April 29th as a private patient - and died 18 hours after admission, These patients were not under the care of the staff doctors - and their death so soon after admission indicates the severity of their disease. The newspaper complains of dirty blankets, etc. This condition is impossible to trace, but it is not customary - all beds -present a clean and well-kept appearance.

Marion Haas. This patient was admitted with a diagnosis of diphtheria, was critically ill, but recovered. The newspaper story does not concern the treatment of this case, but the vermin which the patient found in the place - beg bugs in her milk, and large roaches on her bed. Further, statement is made that the cross infections are due to the roaches carrying the disease between floors. A statement

secured from the mother of the child (the affidavit is said to have been made by the father) says that her daughter would not know what a beg bug or a roach looked like, and that she has no complaint at all of the treatment her child received at the hospital, This case looks more like a family argument than a complaint.

### Conclusions

In general the charges made by the newspaper did not indicate inefficient administration or operation of the Herman Kiefer Hospital. For the most part, the testimony appeared to be from either unskilled employees of the hospital or persons with a personal bias against the institution. A careful investigation of the charges did not disclose any gross negligence of such phases of hospital operation as noted by the newspaper. Some practices, such as using city employees on private work, is of doubtful merit, but under the methods used were not illegal.

The attack, perhaps, did have some merit in that it forced an appraisal of some of the practices of the hospital during a period of growth when many matters were liable to be forgotten. For instance, undoubtedly the increase in the capacity of the tuberculosis unit was hastened, the need for physical examination of employees was indicated, the crowded men's dormitory was eliminated, etc. Any institution of this kind benefits by a checking of routine practices.

Against these benefits is the reputation which the newspaper gave to the hospital of poor medical attention and filth, which was entirely unwarranted and cannot be substantiated. Among a group of people who perhaps have the most urgent need of hospitalization of contagious diseases in their families, and who have not the opportunity to personally investigate the institution, the newspaper attack may have done immeasurable harm. The exact effect is difficult to learn. Statistically, there does not appear to have been any diminution of hospitalization during the period of the attack, but the administrative officers of the hospital say

that there was a very definite antipathy toward the hospital at the time. How long this will continue is difficult to determine.

Also, it is understood that there has been some difficulty in personnel problems concerned with discipline - the newspaper instigated an era of complaints and tale-bearing, which may take a number of years to eradicate. Nevertheless, the hospital has always maintained an excellent discipline, and this is still prevailing altho the administrative officers are now experiencing more difficulties.

The results of this study indicate that Mr. George Phillips, Superintendent, is efficient, capable, and affords a high degree of public service. The nursing service, under Mrs. Ellen Stahlnecker, Superintendent of Nurses, has reached a degree of efficiency comparable only with the best hospitals of this type in the country. The medical director of the contagious disease divisions, Dr. John Gordon, is considered capable and able. The charges against Dr. Vaughan are without merit. It is believed that the hospital is rendering a service of outstanding merit to the City of Detroit and vicinity.

#### Recommendations:

During the course of the investigation of the charges made by the newspaper, certain other features of the hospital management were also observed, which are given below:

#### Administration

The administration of a hospital naturally divides itself into three groupings, (1) medical service, (2) nursing service, and (3) business or nonprofessional service. The Superintendent of a hospital should naturally be the chief administrator with the departmental heads of the other three groups reporting directly to him. At the Herman Kiefer Hospital, the medical service consists of

three distinct services; contagious, maternity and tuberculosis - each of which has a qualified physician at the head, but each is independent of the other. The nursing service is capably supervised by the Superintendent of Nurses, who has entire charge of the nursing in all three services.

The business, or non-professional service, is not as well organized as the two professional services. These services include the mechanical group, such as boiler room employees, carpenters, ground keepers, etc., the house-cleaning force, such as porters and cleaners, the kitchens, including the chefs, floor maids, etc., the ambulance drivers, the housekeeping group operating the laundry, the clerical force, etc. All these groups have a head or foremen who reports directly to the Superintendent.

Prior to using the new building (tuberculosis only), when the hospital contained about 500 beds, this organization may have been satisfactory. However, with a present capacity for the entire hospital of approximately 1100 beds, it is believed unwieldy, placing a burden upon the superintendent entirely too heavy for one administrator. The Superintendent states that he does not feel that he can take a vacation, nor does he feel that with the present organization he can deputize his authority. It is believed that the present organization is unfair both to Phillips and the City of Detroit.

It is suggested that a subordinate to the superintendent be secured to assume the control of the non-professional groups. Such a person, undoubtedly a man, could relieve the superintendent of many of the time-consuming details which he now must necessarily perform himself; could supervise the operation of the hospital in his stead, and devise certain changes in routines which are impossible at present due to lack of opportunity to study underlying conditions. Under such a plan, the superintendent could then concern himself with the larger Problems of

administration for which he is fitted both by personality and experience. In this way, the hospital could be brought to an even higher degree of efficiency than it now enjoys, and the service, to the City of Detroit 'would be greatly enlarged.

### Housing of Nurses

It was said that in December, 1930, that 212 nurses were living outside the hospital, for which an allowance of \$25 a month is made. The majority of these nurses are from the tuberculosis unit, due to the slight contagion connected with this disease, and the supervisory problems involved. The Board of Health has made requests in their budget estimates in previous years for \$700,000 for a nurses home, providing for 150 nurses, and suites for the superintendent, resident physicians, etc.

It is believed that the type of building proposed would not conform to the best practice of today, and any building contemplating housing the resident physician staff, superintendent, etc., is not recommended. The salaries of the supervisory staff should be adjusted so that they can maintain a private home separate from the hospital.

Nursing is the only profession remaining where it is thought desirable for the employer to supervise the living conditions of the employee. Nurses' homes are urged for better control of the nurses, to afford better discipline, and to keep the nursing staff at the maximum operating strength with the minimum number of reserve nurses. However, it is doubtful if this close supervision of the free time of the nurses is a normal life, and if the tradition should be continued, Much depends of course on the character of quarters procurable in the vicinity of the hospital, the discipline problems connected with keeping the staff to maximum strength, and the

ability of nurses attending contagious diseases to secure rooms or apartments outside the hospital.

It is said that a satisfactory nurses' home can be built for about \$2,000 a room, or a home with a capacity of 300 (which is the size recommended) would cost approximately \$600,000. In December, 1930, there were 365 staff nurses in addition to the student nurses from affiliated hospitals, who must also be provided with quarters during their three months term of instruction. Under the present arrangements of placing 212 nurses outside the hospital, at a total annual cost of \$63,600, it would be possible to finance a 300 room home, costing \$600,000, by issuing 20 year 4 1/4% term bonds, on which the annual charges for sinking fund would be \$25,500 and \$20,000 for annual interest, a total of \$45,500. As the City is now spending \$63,600 for outside quarters, there would be a balance during these twenty years of \$18,000 annually to apply against the maintenance cost. Thus, the City could finance a new nurses' home without additional cost, and at the same time, purchasing its own building.

#### New Contagious Disease Hospital

The present capacity of the contagious disease units is about 525 normally, altho under epidemic conditions approximately 100 more could be hospitalized. Of the five buildings comprising the contagious disease hospital, two are constructed so as to permit medical asepsis - the modern method of handling contagious disease. The other three have large open wards, rooms not suited to closed technic, and it is in these buildings that the majority of the cross infections occur. Of the eight cases cited by the newspaper, only one (Gloria Johnson) showed a definite cross infection due to a break in the technics. The other case of cross infection was due to a child incubating the disease when admitted to the hospital, being placed in a room with a similar case.

The statistics of cross infections include two conditions: (1) where the infection is due to a break in the technics and (2) where a patient is admitted with one disease and incubating another - by the time the second can be diagnosed, in many diseases, other patients have become infected. The record of the hospital is most excellent in lowering the incidence of cross infections. The greatest causative agent of cross infections is measles - the most contagious of all infectious diseases. Measles in Detroit appears in a two-year cycle - therefore, the cross infections will vary according to the cycle of measles. The following table is taken from the annual report of the Herman Kiefer Hospital, for the year ending June 30, 1930.

Percentage of Crossed Infection Cases.

|      | <u>Measles Year</u> | <u>Non-Measles Year</u> |
|------|---------------------|-------------------------|
| 1925 |                     | 2.3%                    |
| 1926 | 5.15%               |                         |
| 1927 |                     | 2.1                     |
| 1928 | 3.5                 |                         |
| 1929 |                     | 1.5                     |
| 1930 | 2.6                 |                         |

It appears that the hospital has reduced the incidence of crossed infections very satisfactorily. Dr. Gordon, the medical director, states that he believes they have reached the limit in preventing crossed infections with the present hospital equipment. The only further reduction possible is either thru rearrangement of the present facilities, or a new hospital.

The use of cubicles was recommended in the current budget for buildings 1 and 2, but the amount necessary, \$25,000, was cut because of the financial condition of the City. A cubicle is formed by a wooden or glass partition between the beds of a patient and necessary wash stands in the wards, so that closed technic can be observed. This plan is in general use and is considered satisfactory, the it has limitations, however, as it does not permit the degree of safety against crossed

infections as medical asepsis -- it definitely limits the number of patients which can be handled even during an epidemic, and increases the number of nurses.

However, it is far safer than the present practice minimizes cross infections, and even during an epidemic, it is doubtful if crowding should be permitted. It is unfortunate that this time had to be cut from the budget.

The present buildings comprising this contagious disease group are scattered. The usual rule for hospital facilities in a city for contagious disease patients is 5 beds per 10,000 population. This would require 750 beds for Detroit, 225 more than the present capacity of Herman Kiefer, which receives practically all the contagious cases in the City. Dr. Gordon has suggested an eight story building, with 50 cubicles to a floor, arranged 'with a central visiting corridor, in accordance with the best practice. This would give a capacity of 400. The old buildings could be used for convalescent patients, those held for observation, or could be assigned by the Department of Health for care of chronic diseases. They should be held in such a way as to make them available in case of a severe epidemic. Undoubtedly hospitalization of contagious diseases will increase as Detroit becomes more 8 city of apartments. It has been estimated that such a hospital could be built for about \$4,000 a bed or \$1,600,000.

### Hospitalization of Venereals

A large room in the steam plant has been set aside for use of women venereals. This work is under the direct supervision of Dr. Dixon of the Division of Social Hygiene, the hospital having no control except to furnish food and heat. The room is large, protected against escape of the patients by strong bars, contains 15 cots, toilets, etc. The matron has a small sitting room partitioned off the larger room with netting; the treatment room is combined with the entrance hall in a most unsatisfactory manner.

At the time of visiting this room, the girls 'were sitting in idleness - a few were playing cards, others were concerned in personal adornment, others were reading in bed. The matron does not mingle with the girls, but acts as a watchman only. So far as is known these girls are engaged in no useful- work, nothing is done to mitigate the monotonous idleness, in fact, the general atmosphere is that of a penal institution of the type of a county jail, altho it is understood these women are confined under the power of the Department of Health to quarantine for venereal disease.

It is understood that the majority of the patients are not incidental venereals, but girls of definitely anti-social conduct, If this is true then the worst possible method of handling is to place them in a large room in perfect idleness, so that any anti-social conduct, as yet unlearned can be acquired. It also appears that hospitalization of such cases, at a specialized hospital like Herman Kiefer is unjustifiable - the present arrangements being a challenge to the intelligence of the Board of Health.

It is understood that a hospital was acquired early in 1931, the for the hospitalization of this type of cases. It is urged that the space now utilized by them at the hospital be discontinued and all such patients be handled at one place. It is difficult to believe that a strictly hospital treatment of this type of disease is the logical solution - perhaps a farm home, where most of the work can be done by the patients and where their time is utilized by attendants familiar with this type of case, is the most satisfactory method. It does not appear that the Board of Health has sought a permanent solution of this problem, as serious as it is.

### Fire Drill

The present buildings comprising the contagious disease hospital are all of fireproof construction, built of reinforced concrete and brick. During the summer

of 1930, iron fire escapes, combination of both stairs and slides, were constructed at the ends of buildings number 1 and 2, in conformity with suggestions the Buildings and Safety Engineering Department. While the chance of a serious fire appears very still any alarming disturbance is most serious in a contagious disease hospital because of the communicability of the diseases to untrained people, the danger of colds, etc., to the patients. It would seem important that a plan should be formulated for handling patients in case of fire or other danger in any one building, so that proper action could be taken. At present, it is said that the rapidly changing personnel prevents placing any such routine into effect, also, that the in-built safety of the buildings does not indicate that any special precautions are necessary. It is believed however, that an emergency is ever present and sound management dictates that plans be made to meet it.

#### Cost Records

The cost records of the hospital are most meager - consisting for the most part of a monthly and annual summary of the main of the main groups of costs. There is no effort made to segregate the costs between tuberculous, contagious, and maternity - nor are the food costs worked out on a patient-day basis. Cost records can be made a very helpful aid to administration, indicating trends from normal, costs per patients in different services over a period of time, or even of the different wings in the tuberculous unit. Proper costs, prepared daily or weekly, and summarized monthly, for all significant items comprising the costs of a hospital, are not only necessary to get a true picture of the administration, but proper supervision in a large hospital is almost impossible without them. True economy is only possible when there are definite standards by which to judge the adequacy of any trend expenditures.

Undoubtedly, to obtain informative costs would require additional clerical assistance, but the expense would be insignificant compared to the value which could be obtained from them.

At the present time, the only use placed upon the cost figures is to judge the adequacy of the credit received from the county for the treatment of contagious and tuberculous patients. While previously the reimbursement for these two types of patients were at different rates, recently it has been changed so that a flat rate of \$3.50 is paid for both. The costs records for the year ending June 30, 1930 show that the cost is \$3.48 a day, so county patients are exactly cost. This is about the only valuable information which can be secured from the present compilation of costs of the hospital.

It might be said, however, that the costs of this hospital are remarkably low. While it is impossible to determine the exact cost of any particular service under the present system, it is generally assumed that contagious disease patients are generally more expensive than other types, due to the high cost of treatment and the low bed occupancy. Generally, a contagious disease hospital operating on a patient day cost of \$5 to \$6 is considered satisfactory - but the Herman Kiefer Hospital apparently operates for less than this. The Willard Parker Hospital in New York City, one of the most noted isolation hospitals in this country, with a bed capacity of 400, shows a patient day cost for the year 1929 of \$9.57.

### Stock Records

Accompanying proper cost records is a necessity for proper stock records. Approximately \$150,000 in supplies are used by the hospital during a year, altho there is no check at the present time, except general supervision, to see if the supplies are properly disbursed. There are two components in checking stock records - the ability of the stock room to dispense accurately, and the supervisory

control to see that only necessary articles are requisitioned. The time honored "book" system of ordering supplies in use at the present time is unsatisfactory, and should be replaced by a requisition form, which when countersigned by the proper supervising officer, be dispensed by the supply rooms. The control of the stock room can rest with a clerk in the general office, with frequent stock counts checking, the stockrooms. While there is not a scintilla of evidence that there are any depredations in the stock rooms, the present system is so loose that it only awaits a person -with the proper talents.

In a hospital of this size, it is possible to check the economy of the different services by translating their requisitions in terms of the cost. By comparison of the per patient costs of similar service of supplies, ordinarily a standard can be reached which gives a measure of economy for that particular service. Such a system is particularly applicable to the tuberculosis unit where each wing of the building, about balances the other.

### Payroll Records

The present system of preparing the payroll records is unsatisfactory, mostly due to the secrecy with which the hospital has attempted to surround all payroll information. In a large institution of this kind, salaries are generally well known among the employees and, except in the administrative service, any efforts at secrecy are without merit. Under the present system, the superintendent of nurses, the secretary to the superintendent, and the superintendent - all high-salaried employees - spend a considerable portion of their time on clerical work in connection with the payroll which could be far more readily handled by a proper clerk. A payroll clerk not only could prepare the payroll, but could check the time records submitted by department heads, distribute the pay checks, handle the payroll for persons not working the full month, etc.

In addition, a much more thoro check should be made of the previous record of employees applying to the institution for work. The newspaper disclosed one man working as an orderly who was confined at one time in a hospital for mental diseases. It appears that nurses and orderlies are checked rather carefully, but other employees have little investigation. Employee records are kept by the department head employing - the office records are most meager in information; whereas the office records should be most complete and the department head retain only the minimum of information.

While this additional payroll clerk may be impossible at this time due to the financial condition of the City, arrangements might be made to so redistribute the work that this could be accomplished. The payroll clerk undoubtedly would have sufficient time to maintain the stock records, cost records, and other supervisory data,

### Salary Schedules

At the present time there are four members of the hospital staff receiving “full maintenance and quarters” in addition to their salaries. These are:

Dr. Chadwick, Tuberculosis Consultant  
 Dr. Derby, Chief Tuberculosis Out-patient Department  
 Dr. Gordon, Medical Director, Contagious Service  
 Mr. Phillips, Superintendent of Hospital

Of these men, only one, Mr. Phillips, actually lives at the institution, the balance live in private homes receiving \$900 a year in lieu of quarters, and obtain groceries from the commissary. As a result, the budget does not reflect the true salary paid these men. It is assumed that these perquisites are necessary additions to their salaries, so it is believed that their salaries should be advanced to compensate for the “full maintenance and quarters”, and these privileges then

discontinued. The budget bureau has set up an amount of \$300 to cover the annual cost of three meals a day, so it would seem fair to allow these doctors twice this amount, or \$600, which in addition to the present allowance of \$900 for house rent, would total \$1,500 a year. In each case, the salary could be advanced by this amount, and all perquisites now granted be eliminated. These doctors would then be on a comparable basis to other positions in the City's service.

In the case of Mr. Phillips, the superintendent, who actually lives in quarters on the hospital grounds, the present arrangements may be satisfactory, but it is believed that both Mr. Phillips and the City of Detroit would benefit in advancing his salary to compensate for the privileges contained in "full maintenance and quarters" and permit him to live in a private home separate from the hospital.

The Official Salary Schedule as prepared by the budget bureau, does not appear adequate for the hospital. Due to tradition, salaries of hospital employees are usually at a lower level than similar occupations requiring the same training and experience in other municipal departments. This is especially true of the lower grades and some supervisory positions. As a result the payroll titles are not descriptive and we find instances of people working out of titles. For instance, the pharmacist is listed on the payroll as a nurse at \$1,440, altho she is not a nurse but a registered pharmacist but the salary schedule lists a pharmacist at \$2,700, which would bring this position out of line with others in the hospital of greater responsibilities; the stock keeper is listed as a stores clerk and his assistants listed as cleaners, for the same reason. The four employees working out of title, due to the position of "Librarian of Hospital Records" not being previously recognized in the official schedule, has been mentioned previously - the 1931-1932 budget will correct this condition.

The largest group in the organization staff is the nursing service. An effort was made to establish a schedule starting a nurse with contagious experience at \$1,140, after 12 months increasing to \$1,200 a year with no further increase. A nurse without contagious disease experience is started at \$1,080, increased to \$1,140 after three months work then to \$1,200 at the end of the year. On the tuberculosis service, they are started at \$1,080, at six months increased to \$1,140 and at 18 months increased to \$1,200 as a maximum. These salaries include full maintenance. These are substantially the same salaries as paid public health nurses.

Altho the increases were promised many of the nurses now employed they have never been put into effect due to the financial condition of the City. The nursing services as a group, compared to other large groups in the City government utilizing women of similar training, education, and cultural background, appears to receive a lower rate than is justified. Due to the general business depression, it has been possible for the hospital to retain a very desirable grade of nurse during the past year - but it is believed that when conditions again become normal, it is mandatory that not only the salary increases be granted regularly, but other perquisites must be given in order to retain nurses of the proper qualifications for the successful operation of the hospital.

At the present time, there is only a small differential between the salary of a nurse on the contagious service and those on the tuberculous service; altho on private duty the contagious service is given a differential of \$1 a day extra. It is believed that a differential in excess of that now included in the schedule should be granted nurses on the contagious service.

Orderlies are usually thought of as a group of men separate and distinct from other men employees of a hospital. However, their work is highly important, for

they take the place of a nurse in handling youths or men patients. The hospital very wisely has recently started classes of instruction for orderlies, but previous to this they received little or no training. The present salary range is from \$900 to \$1,020, rooming outside the hospital. While the administrative officers of the hospital do not believe that any increase in salary for orderlies would improve the type of men in these positions, it still is believed that too much dependence has been made on the difference in training of a graduate nurse and an orderly. Whatever difference might exist in education, training, etc., is compensated by the fact that in a competitive labor market, men workers are always paid a higher differential than women. The labor turnover of orderlies for the past year is given as two (79 employees for 38 positions). It is believed that the hospital should give considerable thought to this problem, endeavoring to see just what inducements are necessary to maintain a high grade type of orderly.

With the exception of these two groups, no study was made of the adequacy of the present salary schedule. It might be said however, that the Superintendent of Nurses, now receiving \$2,760 a year, or her chief assistants at \$1,800, do not appear to be adequately compensated for the training and ability.

Eight Hour Service-Only the Henry Ford Hospital in Detroit has adopted the eight hour pay for all hospital employees. It has the tendency to secure better nurses, to give them proper opportunity to live as other people, and to raise the nursing profession to a basis comparable with that of teaching, office work, etc. While no effort was made to work out possible schedules to show the effect of an eight-hour plan for all nurses at the hospital, it has been estimated that it would require 25% addition to the present force, tho this estimate is believed to be high. The vast majority of nurses now work only 8 hours, but they do so in a split tour – four hors off in the afternoons, and returning for evening patient care. This four-

hour relief is due to the customary rest period for both tubercular and contagious disease patients in the afternoon. The night nurses work for 11 hours but their duties are light.

It is suggested that an 8 hour tour of duty be applied to all nursing service in the hospital so as to obtain a desirable type of nurse, and to place this profession on the same standing as other equally trained groups in the City service.

### The Dietary Department

Many of the comments of the local paper had to do with the vile smelling and evil tasting food. This matter was thoroly investigated and at no time during the study was any food discovered which was not thoroly cooked, well served, and appetizing. It is believed that the food given the employees and the patients is of a, uniformly high grade and equal to any served in a similar institution. However it is believed that the department of food handling is the least efficient of any of the major departments in the hospital.

During the fall of 1930, a chief dietician was appointed to the staff, but her duties have been confined to the tuberculosis side only. Prior to that time, each dietician and each chef reported directly to the superintendent of the hospital - this still being true of the contagious disease service. It would seem logical that all the dietetic work of the institution should be in a chief dietician, who would have full responsibility for all food handling. Reporting to her would be all the chefs, cooks, assistant dieticians. While this may be difficult to enforce at present, it is believed that the hospital will be forced to this organization in time, and the delay is costly.

The only criticism which seemed germane is that the meals were not designed with much care. They appeared to be more of the type relished by heavy manual laborers with not enough dependence upon salads, green vegetables,

cooling foods and drinks in the summer time, etc. While there was not the deadly monotony in the meals often seen in institutional cooking still the main dependence is placed on certain standard meals. This condition can only be corrected by carefully designing meals, balancing the diet and experimenting as to the most desirable foods.

Some study should be given to a plan whereby patients and employees have a choice of foods. At the present time, the meals are rigidly designed, without choice as to personal tastes. The more progressive hospitals provide at least a choice between two meats' two vegetables, or even two deserts - some hospitals providing even greater choice. This problem of food selection is most important on the tuberculosis service, especially on such days as Friday, when the hospital has a rule of serving seafood. There are problems of serving the food, and extra cooks, but it is believed that little results will be well worth the study given. A choice of food should also be permitted the employees. A caste system has grown up in hospitals so that nurses must eat in a dining room separate from other employees, and must have a separate menu. There is little excuse for this, and it adds somewhat to the expense. The dining room service for hospital employees other than nurses, on the contagious disease side, is greatly limited by the physical layout of the dining rooms, but it is believed that the present arrangements for serving food could be improved and made more economical. There is no categorical answer to these problems they are indicated here for study by a chief dietician who has the proper training, experience, and personality to investigate thoroly, and seek a solution.

Vermin Eradication is always closely associated with the preparation of food, and only by the most energetic and continuous fighting, can vermin be even kept down - never totally eradicated. It is believed however, that if either a qualified

exterminator is given full time employment, or one of the present personnel be assigned to this work, that more satisfactory results will be obtained than by making each cook or chef responsible for his own kitchen.

### Occupational Therapy

It seems peculiar that an institution with the high standards of the Herman Kiefer Hospital should not have an occupational therapist on the staff in the tuberculosis unit. It was explained that no one has appeared with the proper qualifications, and hence the two positions for occupational therapists which have appeared in the past few budgets, remain unfilled. A recommendation for increased salary, etc., might be made if there was evidence that the positions were unfillable at the salaries offered (\$1,1800 and \$1,380, both with maintenance) but apparently the hospital has never made serious efforts to fill these positions. The growing use of occupational therapy is somewhat indicative of its value, especially to tuberculous patients (it is not possible with contagious disease patients) and is now being slightly used by the Superintendent of Nurses with the maternity patients. It is recommended that these positions be filled by capable employees.

### Public Health Nurses.

The nursing service of the Board of Health is under the direction of Miss Grace Ross, Superintendent of Public Health Nurses. This is a distinct service from institutional nursing. The duties of the public health nurses are confined mostly to contagious diseases (as the most frequent diseases of children) and tuberculosis. Most accredited schools of nursing usually afford little or no training in either group of diseases, and hence the nurses received into the public health service, must be trained by experience, that is placing them under a qualified public health nurse until they are capable of handling cases alone. This, it is estimated, generally takes about one year.

However, the Herman Kiefer Hospital is admirably fitted to train nurses in postgraduate courses in both branches. At present many students from affiliated hospitals thruout the state, who realize the impossibility of giving adequate training with their limited facilities are receiving their training here. It is said that nurses qualified for public health work otherwise will refuse to take postgraduate work without compensation, and that the Board of Health does not feel that it can afford to pay their nurses to take this training.

It would seem that the logical solution would be to recruit public health nurses from either postgraduates of the Herman Kiefer, or from the institutional nurses there. There are difficulties in this plan however, due to the present lines of organization. No practical solution is offered, but it is believed the condition should have the earnest attention of the Commissioner of Health in order that the public health nurses shall be qualified to assume their duties immediately upon assignment.

### Conclusion

The recommendations given herewith are offered for the better of the present excellent service. Some of the problems are now receiving the attention of the administrative officers, others are not thought possible of solution at this time. In many cases, the efforts of the superintendent toward a reasonably economical operation of the hospital have prevented any thought on some of the recommendations. However, it is believed that if some study be given to these problems, it would be possible to improve the service at no additional cost, but this is contingent upon relief of the present administrative officers of much of their clerical work, their full efforts being confined to administrative problems only.

Acknowledgment is made of the cooperation afforded the Detroit Bureau of Governmental Research in this study. At all times the hospital was opened to

inspection, and all inquiries received prompt and adequate treatment. Special thanks are due to Mr. George Phillips, Superintendent; Mrs. Ellen Stahlnecker, Superintendent of Nurses, and Miss Patience Clark, Assistant Superintendent of Nurses, all of whom were most kind and painstaking in their efforts.