Planning Conferences

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Somers Challenges

In the first session the audience was challenged by Anne R. Somers, Research Associate, Industrial Relations Section, Princeton University.

Mrs. Somers pointed out that most hospital planning is still too concerned with hospital beds and the needs of inpatients. It doesn't take into account that outpatient visits to hospitals during the past 10 years rose 50 per cent more than inpatient admissions. Also emergency room visits more than doubled between 1957 and 1965. She said, "Emergency Rooms are now being used for the type of physician service typically associated with private office practice."

Also doctors and hospitals have to plan for a closer relationship between them, she feels. The day when all a doctor needed was his "little black bag" is gone. Medical advances have made physicians much more dependent on hospital labs and services. She quotes a prediction that the future will see medical care become the responsibility of teams of doctors grouped around great hospital complexes.

End of Charity Clinics Seen

She also cited the fact that hospitals are now focused on the care of the critically ill. She sees them changing to include not only actual bedside care in a hospital setting, but supervision of neighborhood health centers and convalescent care centers. Because of the "demand by the public for a single standard of care for everyone" she predicts the end of charity clinics, as such, and ward care.

Another important point she made was that hospitals should be planned to meet the needs of the community as a whole, probably on a regional basis. One existing example of this regional planning is the fact that right now not every hospital has a premature nursery. These nurseries are located in one or two hospitals in each section of the city, but not in all. Maybe the same kind of planning could even hold true, she says, for complex surgical facilities. Maybe they should only be located in the larger hospitals.

Dr. Morton C. Creditor, who moderated the Sept. 10 meeting, explained that Reese is now cooperating with other hospitals on the southeast side in joint planning. The purpose is to avoid exactly the type of duplication which results in expensive, unused facilities.

Reese Doctors Express Concern About Lead Poisoning Problems

Dr. Lattimer, left, and Dr. Mendelsohn discuss lead poisoning with reporter.

Dr. Agnes Lattimer, MRH Director of Ambulatory Pediatrics, and Dr. Robert Mendelsohn of the American Academy of Pediatrics and a member of the Reese Attending Staff, spoke out recently against conditions contributing to lead poisoning in children.

Dr. Lattimer, chairman of the Chicago Committee Against Lead Poisoning, Dr. Robert Mendelsohn and Dr. Roger Meyer, representing a newly formed community Pediatric group, held a press conference at the Institute of Medicine last week. They discussed the newly proposed modification of the housing code and its relationship to the fight against lead poisoning.

Dr. Lattimer said that if the problem of lead poisoning — which affects some 3,000-10,000 children yearly — is provided for in the code, steps can be taken to condemn old houses and apartments where falling paint leads to lead poisoning.

Dr. Lattimer explained that children develop lead poisoning from eating the paint which falls off ceilings and walls in their homes. For awhile there may be no noticeable symptoms. Vague symptoms of vomiting, abdominal cramps and perhaps a mild behavior problem show in about two months. Often, however, mothers don't feel there is anything seriously wrong with the child and don't take him to a doctor. Eventually the child gets severe convulsive seizures and may or may not run a high fever.

Of the children who get lead poisoning, more than one-half become mentally retarded and there is a high death incidence.

Dr. Lattimer stated that even when children receive treatment for lead poisoning and return to their homes, many times they will again eat the falling paint and get poisoned. Consequently, she said, it is of vital importance to get rid of the buildings and living conditions which allow this to happen.

Involve Community

Both Mrs. Somers and the second speaker, Hermann H. Fields of Tufts-New England Medical Center, Boston, stressed that leaders from the neighborhood and community in which the hospital is located should be represented in planning and advisory committees. The hospital should be an integral part of its surrounding community, they emphasize.

Mr. Field described the 20-year building plan he is directing for the Tufts-New England Center. This plan is so comprehensive that it even includes providing transportation for the area, as well as involvement in planning for housing, neighborhood schools and recreation. "Hospital growth," he said, "must not be at the cost of its neighborhood."

"For hospital planning to have continuity," Mr. Field continued, "planning must be a hospital department and not exclusively dependent on outside consultants."

Finance Discussed

C. Rufus Rorem, Ph.D., special consultant New York Health and Hospital Planning Council, spoke on finance. He stressed the necessity for long and careful looks at building programs by emphasizing that an investment of $40,000 is necessary every time a hospital increases its bed capacity by one bed.

He also explained that for every million dollars a hospital invests it must plan on about a 20 million dollar cost for upkeep.

Last speaker was architect and engineer Bertrand Goldberg. He described some innovations he foresees for the hospital of the future, including furniture which can be "removed with the bed sheets."