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ADMINISTRATIVE PROBLEMS DISCUSSED DURING THE REFRESHER COURSE ON
22nd JULY 1951.

Chairman: Miss Macdonald

Team: Dr. Shepherd, Dr. Mason, Mr. Mullins, Miss Hollings
Miss Maynard, Mr. Thompson.

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Dr. Shepherd, Medical Superintendent, Barnsley Hall.

Dr. Shepherd said that he found it increasingly difficult to give adequate attention to each patient and so had letters printed containing about twenty points. These were designed to inform both patients and relatives about mental hospitals. He said he would be pleased to supply specimen copies on request.

One of his greatest difficulties was shortage of female nursing staff (he required 70 nurses and at present had 17) and he described a scheme used during the war. This was to employ young girls of pre-nursing age to work as assistants in the O.T. department, and it was found that later many of these girls became interested in mental hospital work and trained as nurses. Now, however, under a Ministry of Health ruling it is not permissible for young girls to be employed in a hospital.

During the last few years an attitude had grown up amongst patients that they had come into hospital because they were ill and not to work in the utility departments. They would however, work in the O.T. department with diffidence. Occupational Therapy is a therapy and should be prescribed as a specific treatment.

He also pointed out that the problem experienced by so many hospitals of the jealousy between nursing and ancillary staff.

He said that the Occupational Therapist should have complete access to the medical staff, to the case notes, and to the invoices etc.

The question that as O.T. was a Therapy, could not the materials be issued free. The problem then arises that there is a tendency to "scrounge", thus there is an increase in the wastage figure.

Dr. Mason, Physical Medicine Department, Oxford United Hospitals.

Dr. Mason said that a great diversity of cases were treated at both the Radcliffe Infirmary and the Churchill Hospital and at neither hospital was the O.T. staff or space adequate. At the Radcliffe Infirmary there were 11 physiotherapists and 2 Occupational Therapists and at the Churchill 6 physiotherapists and 1 Occupational Therapist. This shortage of O.T. staff was partly due to the lack of space.

He said that patients fall into several groups:-

- a) those in hospital
 - b) those who have been in hospital
 - c) those who have never been in hospital
 - d) children.
- Also, that out patient visits were not frequent enough and therefore there was the necessity for continuing O.T. at home. Each patient should have a separate programme, be assessed separately and the object of his treatment stated.

The size of the department restricts the amount and type of apparatus, which should if possible include machinery used in local industries.

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Mr. Mullins, Administrator, Wingfield-Morris Hospital.

Mr. Mullins pointed out that in the department of his hospital £2,000 per annum was spent on salaries and raw materials. If £1,000 was budgeted for raw materials and equipment for the following year, it was not possible to spend over this amount even if a good percentage had been recovered from materials sold to patients.

He pointed out that over 800 items were listed in the department and that materials should be selected carefully in order to avoid waste. Waste could also be minimised by not over-buying during a "fashion", and to keep the materials moving.

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Miss Hollings, Occupational Therapist, Wingfield-Morris Hospital.

Miss Hollings pointed out that it was essential to have co-operation between all departments of the hospital. Also, there is a great need for suitable storage space.

Her advice on wastage was to order sensibly, from a limited number of firms, not in bulk, and to keep the materials moving.

The ideal was to have a complete conference weekly to discuss cases and to have complete access to all case notes so that the Doctor does not have to write out a great many details on the prescription sheet.

She pointed out the need to follow up cases after discharge from hospital, and the co-operation ~~between~~ between Almoner and Occupational Therapist cannot be too strongly stressed.

Mr. Thompson, Accountant, Oxford United Hospitals.

Mr. Thompson said that the Occupational Therapy Department is not run as a profit making concern and therefore the cost must be kept as low as possible. To do this wise purchasing and storing was essential to prevent stock becoming redundant.

He stressed the point that the O.T. should be advised when patients are discharged.

He mentioned the problem of the patients who were unable to pay for their materials. In these cases arrangements should be made with the almoner and accountant for the debt to be written off.

Miss Maynard, Occupational Therapist, Saxondale (Mental) Hospital.

Miss Maynard told of some of the difficulties that occurred in the average mental hospital. An outstanding point being that the number of patients requiring occupational therapy is so vast and there are insufficient O.T.s. to carry out treatment. The question then arises, which is preferable to treat adequately, a) the chronic cases or b) the recent cases? If recent cases are treated on admission, it may prevent chronic cases arising later.

All members of the hospital staff must work together, not for their own welfare, but for the individual patient. Liason between nursing staff and the occupational therapy staff cannot be too strongly stressed.

Miss Maynard said that the training of the nurse and the O.T. student differed in that the O.T. student is taught to deal with a mixed group of patients. This creates an atmosphere which cannot be found in any other part of the hospital, whereas the nurse if a woman only treats female patients and a man only male patients.

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