OUTLINE OF ST. LUKE'S HOSPITAL STUDY

A. HISTORY OF THE INSTITUTION

1. Careful Analysis of Policy and Program by Periods
2. Careful Sketching of Present Program of Hospital
3. Finance of Present Program

B. INSTITUTION AND ITS PURPOSE

1. Departments and Services
2. Place of Nursing School
3. Church Activities
4. Relationship of Community to Institution and Total Purpose
5. This Hospital and Its Relation To Medical School

C. FINANCES

1. General Finances
   a. Source of Money
   b. Current Expenses
2. Buildings and Maintenance
3. Building Needs and New Buildings
4. Equipment Maintenance
5. Equipment Needs and New Equipment
   a. Lab Cost
   b. Medical and Surgical Cost
   c. Administration Cost

D. WHOLE FUTURE OF INSTITUTION

1. Future of Institution in Puerto Rico
   a. Future Paths
   b. Future of Hospital in the Church
2. Types of Personnel
   a. Continental Personnel
   b. Puerto Rican Personnel
   c. Training of New Personnel
3. Study of Needs in Puerto Rico and Hospitals Throughout the Island
   a. Comparative Study of Blue Cross Plan
   b. Resident Physician & Increased Hospital Staff
   c. Segregation of Maternity Patients

E. RELATION OF THIS HOSPITAL TO PUBLIC HEALTH TRAINING IN PUERTO RICO

1. Public Health Training of Nurses
2. Other Types of Public Health

F. RELATION OF ST. LUKE'S TO THE MISSIONARY DISTRICT

1. Need for Advisory Hospital Board
2. Relation of Board to Bishop
3. Organization of Other Missionary Hospitals
G. THE RELATION OF THE HOSPITAL IN THE FUTURE TO SCIENTIFIC RESEARCH

H. RELATION OF THIS HOSPITAL TO ITS IMMEDIATE NEIGHBORHOOD

1. Setting-up of Clinics
2. Relation of Hospital & Clinical Staff
3. Social Service Department
4. Sociological Problems in Home of Patients (Family Case Worker)
5. Establishment of Fund for Social Service Department
6. School Nurse
7. Nursing School Facilities
   a. Courses
   b. Equipment
   c. Dormitory Facilities
8. Internship & Missionary Pathologist
9. Charitable Supplies and Medicine

I. HOUSING PROJECTS FOR ADDITIONAL PERSONNEL

1. Acquisition of Land
2. Construction of Buildings
A. HISTORY OF THE INSTITUTION

Moore:

Do we have available here records on the establishment and development of the institution? The first thing this committee should do is get its hands on the kind of records we have on the history of the institution, what has been experimented, etc.

As far as I know, any records that are available are at the Bishop's office. There were some things that were recorded by Judge in the earlier days. They go back from 1920 to 1925. He was a long time member of an Advisory Committee that was established at that time.

We tried to contact Dr. Myerel about two years ago. He probably has more personal knowledge of the background of the institution. He promised to send us some information on the history of the institution, but never did. He seemed a bit busy on many things himself, but that is always true when there are no written records.

The date of establishment was 1906. The institution closed on two occasions for periods of two and five years.

Moore:

It would also be interesting to know, if possible, why the institution was closed at those times.

1. CAREFUL ANALYSIS OF POLICY AND PROGRAM BY PERIODS

Moore:

Careful analysis of policy and program by periods in the history and life of this institution. How feasible is that?

I think that would depend on what we find from the historical background. You have no intentions of making any contributions now, have you?

Moore:

No, not now. This is just the outline of the total study. In each one of these sections, I want you to tell me exactly what you think of them. I've been working on this since I've come on the grounds. I've been talking to people and getting ideas here and there, and working on a meager outline. Today, we set the outline, and even then, it won't be set permanently. We want to get the outline into shape so that we can work with it. After this is done, copies will be made, and this committee, the Medical staff, and the Sister's of the Convent of the Transfiguration will have a copy.

What do you mean by Policy?

Moore:

I was thinking in terms of what kind of service the hospital was rendering, what ideas they have as the type of people they want to serve, whether they were charging for their work, etc.

How can all this be uncovered?
Moore:

I don't know. We may come into some blind allies, but if it appears that it will be interesting and valuable for us, then we will explore it further.

Does the National Council have any material on St. Luke's Hospital?

Moore:

I'm going to send a copy to Ed Turner's secretary, and have her go through the archives to get material that might relate itself to the committee. If this material is procured, it will be sent down here, rather than Evanston, because I won't pick up the files of this committee until October.

Articles written for the Old Spirit of Missions at St. Michaels would be a policy.

Moore:

2. CAREFUL SKETCHING OF THE PRESENT PROGRAM OF THE HOSPITAL

I mean by that, the life history of the last 10, 12, or 13 years, carefully done much as an anthropologist works out a life history on a family or individual. Obviously, many things have happened here in the last 10 or 12 years which would change the appearance, services and possibilities of the institution.

Some of the money for this main building was secured from grants, but the people of Ponce also raised $10,000 from 1928 to 1930. The total cost of the main building was $100,000. The building was started in 1929 and finished in 1931. The other building was destroyed in 1928.

3. FINANCE OF PRESENT PROGRAM

Moore:

It is my theory, that once we get the outline set, we will break it up into committees. Some things will be indicated for us to do in New York, and some things will be done here.

B. THE INSTITUTION AND ITS PURPOSE

Some of the categories that I have on the outline might not meet the approval of the committee as areas of study, so I want you to be thinking along with me, adding or striking out categories as you see fit.

1. Departments and Services

What I mean by departments and services, is how we've taken on these various sustaining programs in the hospital. We have the veterans program, the Orthopedic program, the child rehabilitation program; we want to etch those in as to purpose also; how they fit into the total scheme of the institution.

2. The place of the Nursing School in the Hospital

What relation the nursing school has to the total purpose of the hospital; what relation it has to Puerto Rico and the needs here. We will talk further about some of the other needs in its relation to public health nursing, etc.
3. Church Activity

How this ties into the total missionary activity of the District of Puerto Rico and of our church.

I think that the idea of missionary and a foreign population, etc., are losing ground in as far as Puerto Rico and its future are concerned. That's because the whole idea of a missionary is not clearly understood by many people. They think of a missionary as a person who goes into the sticks and treats people as Mother Hubberds, etc. Mission work by and large, is no different in its essay in a foreign field than it is right at home. Speaking of St. Luke's in Ponce as a Missionary Hospital is a lot skin to speaking of St. Luke's in Chicago as a Missionary Hospital.

Moore:

Why don't we strike from our form the use of "missionary" and use Church Activity?

4. Relationship of the Community in the Total Purpose of the Institution

What other categories should be included here in this section of the Institution and its purpose?

Do you mean from the point of view of medical work?

Moore:

I mean from the point of view of studying the whole institution.

Now about the Hospital and the Community? Is there anything on the hospital in general?

Moore:

No, there is nothing on the hospital and the community in this particular section, but the hospital and this community should be included as a section here.

We should also include as a section: THIS HOSPITAL AND ITS RELATION TO OTHER HOSPITALS IN THE COMMUNITY, as a separate item.

Moore:

In line with that, This Hospital And Relation To the University Medical School.

5. FINANCE

The next section that I have is Finance. The study of the general finance of the hospital. Where we get our money, and what our expenses are. The second category that I have is Building Maintenance. The cost to maintain these buildings should be figured as part of the current expense of the hospital. The next is: Building Needs. New buildings, new constructions. The 3rd section that I have is Equipment Maintenance. We have expensive equipment here now, and will probably have more. It is extremely valuable that this equipment is kept up. The next category is: Equipment Needs. New equipment needs, and new laboratory research needs, etc.

Is there anything else in Finance that we should add here? I have a whole section on Cost for Services. I think that would be interesting to do.
Do you think that is possible to do? For instance, Surgical Patient cost, Medical patient costs, orthopedic patient costs; we're so intimately inter-related in our cost structure, that I don't know if it can be done. It could be broken down into lab costs, medical costs, etc.

Moore:

What should the divisions be?

Nursing costs, medical and surgical costs, laboratory and X-Ray costs, maintenance and repair etc.

That's the way we've been breaking it down on our monthly report. The breakdown is the one that the Emmett plan for Federal Government Expenditures is based on, and I think that's quite feasible.

Moore:

Do you have access to American Hospital Association research here?

No.

Moore:

Well, what do you say I make contact and find out the methods used by them on the analysis which they make? The hospital committee will get the financial and statistical material together, and the Unit will process this material.

D. FUTURE OF THE INSTITUTION

What is the future of this hospital, as we can find out? Now, some of the paths that the future can take, as we explore the future together. What is the future of the hospital in the church? We should find out what methods we have of exploring it. Maybe you will want me to question people in the Overseas and Home Departments, and get the opinions of the people behind the offices of National Council.

What is the future of the hospital in Puerto Rico? Can this hospital be run very much the same, or are changes needed? What is its future in the city? What type of personnel should be trained? How are the personnel to be trained?

The possibilities of taking fine people from Puerto Rico and setting them up for adequate training should be included here, too.

Moore:

What other things in this area should be included in this outline? Is there any organization of the hospitals in Puerto Rico?

Yes, there is a Hospital Council.

Moore:

Have they had a study recently?

As far as I know, they do very little. We belong to the Council, but it is a matter of form more than anything else. We should make good with the facilities we have, and not worry too much with expansion of facilities. Our facilities are adequate, but need improving.
The Government is building a District Hospital which might affect our hospital for a couple of years until all the bricks are off and all of the personnel become fairly indoctrinated. This Government Hospital will house 400 general beds, plus psychiatric and tubercular beds. It will be a help rather than a hindrance to St. Luke's Hospital, but it will eat in on our intake. The patients going to this new hospital will eventually return to our hospital where they will receive better care.

A resident physician and further expansion of the staff is needed; also postgraduate facilities should be taken advantage of by those people who are showing aptitude for certain types of work; funds should be acquired to send them to the States for more advanced training. There are enough private hospital beds in San Juan, but some thought should be given to the establishment of a maternity wing separate from the other wards.

The whole trend of hospital insurance and the increased tendency to have medical hospital services given by unions and industrial groups should be taken into consideration, because the people have become more intellectually minded from the work in the last 5 years. There is a definite increase in this trend.

Moore:

A serious study of the Blue Cross plan as being projected here in Puerto Rico in relation to the Hospital should be made together with a study of Blue cross systems in the United States.

B. THE WHOLE RELATION OF THIS HOSPITAL TO PUBLIC HEALTH TRAINING IN PUERTO RICO

a. Where it figures in public health training of nurses
b. Where it figures in any other kind of public health program

I noticed that in some of the churches I have visited, we do have public health stations right there; or we do have pseudo-public health relationships. How does this hospital tie into that? Or does it? Or should it?

We might find an area of cooperation that could be possibly helpful, but the question is, could we afford to do it? If we had the money to set up a small building and cooperate with the public health unit, it might be fine, but we couldn't of ourselves generate that amount of money to carry out such a plan. The problem is where we are going to cooperate with the public health department, how, and in what fields. Cooperation now is principally with the Nursing School, and a program in the hospital. We accept cases of children from the public health department for hospitalization.

There is no tie-up between patients sent home and follow-up; there is a casual referral, but we don't have any system of direct relationships with the public health department to refer patients to this hospital.

I think that again is basically a public health department function and I expect that when they are ready for this type of cooperation, they will contact us. What we have to do is make a model institution so that people will be willing and anxious to cooperate with us. If we can get people to want to work with us, the problem of cooperation will solve itself.

Moore:

Certainly there has been enough discussion to assure me that it is certainly an area which needs studying. Other than that, I don't think we should be afraid of getting too much at this time. For if it isn't completed this year, a study
pattern can be set-up for the staff, and with the help of the Unit of Research, the study will be completed at a later date.

F. THE RELATION OF THE HOSPITAL TO THE BISHOP

In regard to the public relationships that we have with the Diocesan people and our own church people, I would say by and large throughout the whole Diocese, our relationships are not very close.

Moore:

A growing change is noticeable. A few years ago, in the congregations, there was no feeling that the laity wanted to do anything for the hospital, but now, many lay people are beginning to want to help in the support and administration of the hospital. At the present time, priests and parish committees do not know simple business facts like whether there is insurance on their church buildings. Through this study, each congregation will know many of these facts. There are some real dangers in the effect this interest will have on the plans and policies of the hospital. A very careful plan for a more permanent hospital board will have to be set-up to insure continuity of present plans.

Does the hospital have a board?

Nominally, the hospital has a board, but it never meets. Actually, it was set up as a Bishop's Advisory committee and not the real board. Even though they may seem to be a nuisance, it is very important to public relations to have a board.

I'm against the board. It wouldn't help public relations at all, and more trouble than good would come by having a board. The relationship of the board to the Bishop would have to be entirely advisory, and not at all governing because of the danger in delegating authority into the hands of a total group; thereby reducing the authority of the Bishop.

Well, of course the Bishop has delegated his authority into our hands and has gotten along perfectly all right during all these years.

Oh yes, but that's a very different relationship.

Moore:

Well, I think we have now established an area for study.

I'd like to know if any other mission hospital exists and has a board, and if so, what their relationship to the Bishop and to the executive officers is.

Moore:

We'll have Father Turner make a check on all mission hospitals to see what kind of an organization they have.

G. THE RELATION OF THE HOSPITAL IN THE FUTURE TO SCIENTIFIC RESEARCH

The relation of the hospital to scientific research is an area for study, but this question depends upon improving the hospital. There is a job to be done in any hospital as far as scientific research is concerned, but equipment, personnel and funds are needed to do any research. Usually, facilities have to be available in order to qualify for grants. If an active research program is contemplated, it should be set-up over a period of years and financed as a separate unit, separate from the general hospital cost.
II. THE RELATION OF THIS HOSPITAL TO THIS IMMEDIATE NEIGHBORHOOD

Moore:

By this, I mean having clinics, church services, recreation facilities, etc.

You are using the hospital in a broader sense than merely giving medical services. Father Kruger and I feel that there is a very definite sphere that should be worked in the immediate neighborhood from the standpoint of the church. There should be a social service worker, or a social service department of some kind.

If a good job is to be done, there should be a social service worker, or a type of case worker, connected with this institution, who goes into the home and works on the sociological problems in the home, which certainly affect the well being of any patient. This social service department should be empowered with some fund so that it can do some alleviation and some improvement, for just to go out and point out the difficulties isn't going to do the poor family a bit of good.

Moore:

Sister Theresa, how will the new program that you are establishing downtown affect possible hospital services?

Sister Theresa:

That would be difficult to say, because the majority of people with whom we are working are very poor families, who get most of their hospital care from the Municipal Hospital and the District Hospital; but if there were opportunities, I'm sure there would be desires for hospital care.

That brings up the whole question of just exactly how much real charity work we are able to do in our present set up. I know some people feel that a church hospital should have an active and well planned charity program, but in our particular case, where we must maintain ourselves almost completely, we are unable to do a very active and well planned charity program; we do just as much as we can, but we can't let the thing grow normally, because we can't afford to let it grow normally.

Moore:

It gets pretty high doesn't it? 18% for 1951.

The percentage is marvelous really, and I feel that we are doing more than our share of charity work for the amount of beds we have and the amount of money available.

But still, on the other hand, if Sister were to start bringing us all of the needed work that must be done for her particular group and their families, we couldn't handle it.

Moore:

What about the whole question of Internship in the Hospital?

We have planned, Father Moore, for some time, an eventually having some interns; possibly 2 interns in a resident with 100 beds. The pressure for that will come within the next 2 years when they graduate the first class from the school of medicine. There will be 50 graduates, and there will probably be trouble in plac-
ing all in satisfactory institutions. Part of the Hospital's plan for progress in the future was to improve its services to such a point, that it would have something to offer an intern. An internship should be based on pure student compensation rather than paying someone so much to put in time. This is one of the reasons our hospital has extended the staff to include various specialties, and why we plan further extension. We will probably be approached within the next three years with internship.

Moore:

I think in relation to possible expansion of some low cost medical work, if you ever had internship, it could handle some of the things that Sister might develop.

The stumbling block is not giving them extra services, it is in the general costing of taking care of them in the hospital. We can always put them in a bed, and give them a doctor, but the problem comes in supplying them with medicines.

It would be a worthy project for someone at home to set up some sort of fund whereby charity cases could be supplied with medicines, for you'll find, by and large, that medicine is equal in cost to a hospitalization of anything less than a week. The medicine is equal to their hospital bill.

In regard to the intern proposition, certainly it is necessary, if St. Luke's Hospital is to become more excellent in its total services, it must consider, and the church could help very much, in providing the hospital with a Pathologist. A proper job cannot be done with even one intern unless he can be given a clinical-pathological conference. That is the law, according to the American College of Surgeons.

The hospital very definitely needs pathologists, and if the church could find a Missionary Pathologist, it would be doing not only St. Luke's Hospital, but the whole town a great service.

Sister Theresa:

In accrediting girls upon graduation, we have been given a 5 year temporary accreditation, and that is our period in which we must make certain improvements in order to get permanent accreditation. If we do not, we will be dropped from the accreditation list, and within a few years our standing will be down, and we won't get the best choice of students. That depends upon increasing our teaching personnel, and improving what we have; new Christian education facilities, buildings, etc.

Moore:

One section of the study would be on the Nursing School itself; on what you teach, what equipment you have to teach; what buildings you have, dormitories facilities, etc., all of which are over taxed at the present time.

In reviewing this whole set-up, more personnel in the nursing school is needed for teaching, a dietician, a Pathologist, one or two interns in a resident.

If this personnel were available today, they would have to be refused because of lack of sleeping accommodations.
I. HOUSING PROJECTS FOR ADDITIONAL PERSONNEL

HOUSING is short and inadequate, and even if we wanted to sleep extra personnel off the compound, there would be no way of accomplishing it. If we are to have a housing project at all, we must get busy and get some land to put a house on. Our land is completely utilized at the present time. The land must come first, then the building, then the personnel.

Moore:

We need to work out some possible plans for house to house sample studies in areas about the hospital, and in other areas of the city. The priests here at the hospital have agreed to either themselves or through the other priests, recruit for Father Turner and myself several young people who will work on the team of Father Turner in actually sampling areas.

This brings me to another point, and that is, a representative from the hospital committee should sit in on the Holy Trinity Committee to keep in touch with the research work being done by them. The zoning and land use maps, etc., that they will be getting for us must be complete. This representative should look over them in terms of whether or not they are complete.
NOTES ON ORGANIZATION OF ST. LUKE'S HOSPITAL STUDY

HOSPITAL COMMITTEES NEEDED

A. COMMITTEE ON FINANCE
1. Budget for 1950, 1951 and 1952
2. Cost by Departments and by Medical, Surgical and other services
3. Recap on numbers of patients by Medical, Surgical and other services
4. Building Maintenance
5. Equipment Maintenance

B. COMMITTEE ON FUTURE OF INSTITUTION
1. Hospitals and Medical service in Ponce area
2. Proposed future additions to this service in Ponce
3. Relationships with Medical School (University of Puerto Rico)
4. Relationships with Public Health Services, or low cost medicine

C. COMMITTEE ON NURSING SCHOOL
2. Survey of Curriculums of Nursing Schools and needs of our school to maintain highest standards
4. Building needs
5. Staff needs

D. COMMITTEE ON PLANNING AND STRATEGY FOR ST. LUKE'S
1. Study of Blue Cross Plans
2. Study of Resident (Interns) and increased hospital staff
3. Study of Relationships to District and National Church - including Hospital Board membership

1. Check with American Hospital Association on Data and Questionnaires or plans for the Study of a Hospital.

2. Contact Nurses Association for studies and standards
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<td>The Rev. Edward Turner</td>
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