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MEMORANDUM FROM THE EXECUTIVE COMMITTEE  
TO THE COUNCIL OF SOCIAL AGENCIES  
ON THE HOSPITAL SITUATION IN HOUSTON

At the meeting of the Executive Committee in March it was decided to join with the staff of the Jefferson Davis Hospital and other members of the Harris County Medical Society in representation to a joint meeting of city and county authorities called to consider the management of the hospital and expansion of facilities.

1. Results. As a result of this meeting a new Board of Managers has been appointed for the hospital without the medical membership. The attached memorandum "A" shows this as only one of a number of results which our committee was seeking. The mode of operation of the hospital has not yet been settled, the status of superintendent, the form of support by the County, nor the control of personnel.

2. Expansion. Our representative was specifically instructed to recommend an expansion of hospital facilities, primarily by placing patients immediately in voluntary hospitals, and as soon as practicable by the construction of a new City-County Hospital. This matter is of such great importance that this present memorandum is being sent to bring certain important facts to the attention of our members. A joint committee consisting of two members of the City Council and two of the Commissioners Court was appointed to study the problem and make recommendations. So far, it appears that the discussions of this committee have focused upon the question whether the construction of a new hospital should be undertaken, and the principal argument advanced is the proportion of help that may be given by the Federal Government. It would probably be wise to present to this committee facts and recommendations dealing with the actual hospital situation in Houston and particularly from the point of view of immediate increase in facilities.

It is probable that the matter of construction with Federal aid will drag through long months of waiting, with a good prospect of refusal at the end. Medical and hospital authorities throughout the country are opposing the construction of new general hospitals during this period. The general attitude is shown by the enclosed statement "B" from the last meeting of the American Hospital Association. It is more than likely that the Washington Board that will decide upon public works assistance will be advised by the group whose opinion has just been stated.

This makes all the more necessary a complete canvass of the local situation. As a preliminary step, the attached sheets of figures are presented. First is a statement of the actual care of



patients total and free for the Houston hospitals included in the report to the Registration Bureau of the Department of Labor. From this it will be seen that with a total capacity of 1,074 beds, an average daily number of patients of approximately 800, and an occupancy of approximately 75%, and deducing the tuberculosis hospital factor in order to get at the acute medical and surgical needs, there is found to be provision for 180 patients at the Jefferson Davis Hospital, and, taking 27% of 457 total daily patients in private hospitals, about 100, the total daily provision would be for 280 free patients.

It is understood that only approximations can be made in the hospital field as hospitals vary in the average period for each patient as well as in the percentage of occupancy. But if approaches are made from different directions, and the gaps are closed by averaging, fairly safe estimates can be arrived at. For some years an average was made of the number of days per patient at the municipal hospital, and it was found that the patient can be dismissed safely and properly after 11.25 days for the average. Applying this figure to the Department of Labor figures, the resulting estimate is that Houston hospitals took care of 9,000 free patients during 1934. There are difficult discrepancies as for example one hospital reports 50 free beds but only 3,415 days of free service.

The next point to clarify is the total number of beds in all hospitals and the proportion of free beds, as preliminary to an estimate of the needs. This is shown in sheet "D", showing total available beds as 1,368 and charity beds as 519. The estimate for free beds has to be modified by deducting the 172 of the tuberculosis hospital, since only "general" beds are in question. This leaves 347. Again, "free bed" in the private hospital, seldom means an endowed bed, but one that is free when the hospital earnings can make it so. The free beds in voluntary hospitals therefore contract and expand according to conditions.

Now as to the needs as shown on sheet "E", we start from the general assumption that 10% of the population needs hospital care in the course of a year. Proper organization can reach a 95% occupancy, but this would be regarded by hospital managers as too high. Using the figure already described 11.25 days per patient, one bed can hold 30 patients per year. Only one other figure is needed to estimate results, and this is the number of indigent patients. The present relief rolls run 16% which would give 6,000 patients receiving relief.

It is clear that a large number of patients not receiving relief can not pay for hospital care. In normal times those adjudged suitable for free hospital care approximately double those receiving relief. The proportion is probably the same through the emergency. This would give a total of 12,000 patients needing free hospital care or one third of the total in need of hospital care.



Using the rather strict rate of turnover above described, this would indicate a need of 400 beds, leaving 800 as the number of needed pay beds. There is appended to this sheet the rate given by Dr. Haven Emerson of five beds per thousand of population. This probably over generous rate would increase the total need to 1,800 and the charity need from 400 to 600.

Taking the strict figure of 400 as the need and the beds actually available as 347, there would be a shortage of 53 beds. But since as above indicated, free beds in the voluntary hospitals means when they can be afforded, the Department of Labor figure of 280 should be taken. This would leave a shortage of 120 beds, which can be contracted enormously if the total free beds in voluntary hospitals could be paid for.

Now attention should be given to the pay beds in all hospitals. The strict estimate of need with rapid turnover given on the sheet is 800. Those actually available are 849, probably 50 more than absolutely necessary. The occupancy of 75% gives actual daily patients of approximately 800 of whom 280 are free. This would leave 520 pay patients. This, taking 75% efficiency would indicate that 12,480 pay patients are given care in Houston hospitals. This is almost exactly one half of those needing care, but since pay patients are voluntary patients, it leaves an enormous margin of bed capacity that could be used otherwise.

The outcome of the matter is that the voluntary hospitals are inadequately supported, have cut personnel to the lowest terms, and have a great surplus of bed capacity. There are almost certainly 3,000 additional persons per year in need of free hospital care. The trend throughout the country is to use government funds to take care of these patients in the voluntary hospitals. These 3,000 patients would mean 100 beds at a cost of about \$3.50 per bed, or a total of approximately \$122,500. It is more than likely that national and state relief funds will aid in hospitalization, or at any rate in out patient care; this would free local funds for the hospital bill. If the whole matter is frankly and honestly faced, and the community realizes the needless suffering and danger to life involved there should be less difficulty in making the budget adjustment to cover these additional 3,000 patients.

The Council should give attention to the operation of the Public Clinic, to the reorganization and expansion of hospital social service, and to the problem of part pay which has just been raised by the imposition of fees upon all patients. It would appear advisable to ask the Health Section for a committee that will study the facts involved and make recommendations to the authorities on the basis of fact and sound public policy.



A. JOINT RECOMMENDATIONS OF THE HOUSTON COUNCIL OF SOCIAL AGENCIES  
AND THE HARRIS COUNTY MEDICAL SOCIETY  
FOR THE CITY-COUNTY HOSPITAL

1. Management.

It is recommended that a Board of Managers be appointed by the City Council and Commissioners' Court, six by each body, with joint appointment of the chairman. Of these, three should retire each year, making the period of service of each member four years. The member should not be eligible to reappointment for a year following the close of his period of service. The chairman should retire at the end of his four years' period. No practicing physician should be member of the Board of Managers.

The superintendent of the Hospital should be ex officio member of the Board. The chief of the medical staff should attend meetings of the Board on his own request or on the request of the chairman of the Board.

The Hospital should operate as a separate and independent department of the City, with its personnel under civil service rules, in line for sick pay, pensions, etc.

The relations with the County should be established by formal agreement under the state law. The County should pay for service to its patients at cost, as hitherto. The agreement should fix the responsibility of the Board of Managers; should confer the right to control the operation of the Hospital by appointment of the superintendent and other officers and employees under civil service rule; by appointment of the medical staff.

2. Expansion of Hospital Care.

It is recommended that there be an immediate expansion of provision for hospital care for the indigent of Houston and Harris County in the following manner:

(a) That the need of hospital care be ascertained through the county relief organization. ✓

(b) That this need be met, in so far as it extends beyond the capacity of the public hospital, by placing patients for care in voluntary hospitals, thus meeting the community responsibility, and at the same time aiding important institutions through their most difficult period. ✓

(c) That, in case government funds are provided for the hospitalization of the indigent, such funds be pooled with the budget of the City-County Hospital and appropriations made for care of patients in voluntary hospitals, so the whole problem can be met in a unified manner. ✓



### 3. The New Hospital.

It is recommended that the City and County proceed, at the earliest practicable moment, with the construction of the new Hospital, for which bonds have been authorized, the responsibility of each party to be fixed in the formal agreement. It is further recommended that a committee be appointed representing the Council of Social Agencies and the Harris County Medical Society, to ascertain the experience of public hospitals in operating part-pay plans, and to make recommendations.

#### B. NOTE FROM THE REPORT OF LAST MEETING OF AMERICAN HOSPITAL ASSOCIATION

Local government funds should be used to pay for hospital service to indigent patients in voluntary hospitals at the local cost for each day's care rendered, where governmental hospitals are insufficient or lacking, according to a resolution adopted by the association. Furthermore, the joint committee, which it was decided to continue, was directed to urge the FERA to require state and local relief authorities to accept this responsibility as a condition of receiving federal relief funds for other forms of medical care. The FERA was also to be urged to pay a share of these hospitalization costs as necessary. In closing, the resolution urged that governmental hospitals be expanded only in those instances in which other facilities are not available to provide for local needs.



C.

Agency	Capacity (1934)	Average daily Number of patients during year	Percentage occupancy (average for 1934)	Number of days' care during 1934 to free patients		
				Total	Number	Per cent
TOTAL -	1,074	799.63	74.4	291,865	171,297	58.7
Public	352	341.76	97.1	124,743	124,743	100.0
Private	722	457.87	63.4	167,122	46,554	27.8
<u>PRIVATE:</u>						
A.	150	126.45	84.3	46,155	34,473	74.7
B.	54	10.53	19.5	3,843	65*	1.7*
C.	191	131.35	68.8	47,944	3,763	7.8
D.	102	66.08	64.8	24,118	4,838	20.1
E.	225	123.46	54.9	45,062	3,415	7.6
<u>PUBLIC:</u>						
Jefferson Davis Hospital	180	179.75	99.9	65,608	65,608	100.0
Ho. Tuberculosis Hospital	172	162.01	94.2	59,135	59,135	100.0

\* Membership patients - not free



D. HOSPITAL FACILITIES IN HOUSTON - REVISED 1935

	<u>Total Beds</u>	<u>Charity Beds</u>
Memorial Hospital	200	17
Hermann Hospital	150	100
Houston Negro Hospital	50	-
Houston Tuberculosis Hospital	172	172
Methodist Hospital	110	-
Jefferson Davis Hospital	180	180
St. Joseph's Hospital	225	50
Southern Pacific Hospital	120	-
Blair	15	-
Greenwood Sanitarium	40	-
Houston Eye, Ear, Nose & Throat	35	-
Turner's Sanitarium	16	-
Park View Clinic	25	-
Heights Clinic	30	-
	<u>1,368</u>	<u>519</u>



# E. NEED OF HOSPITAL FACILITIES

Population Harris County	360,000
Need Hospital Care, 10%	36,000
Days per bed, 95% occupancy	342
Average days per patient	11.25
Patients per bed, per year	30
Total beds needed	1,200
Relief rolls, 16%, patients	6,000
Beds for relief patients	200
Equal number for non-relief	200
Total charity beds needed	400
Leaving pay beds needed	800
Total beds needed per 1000 population	3
Estimated need (Haven Emerson)	5
Total need (Emerson)	1,800
Need charity normal (Emerson)	600

# F. READINGS FROM OCCUPANCY SHEET

Free days (less T. B.)	112,162	
Per patient 11.25	9,970	
Daily occupancy multiplied by 30	8,400	
Average (Approximately)	9,000	(actual persons served free)
Estimated relief need	6,000	
Estimated other	<u>6,000</u>	
Total charity need -	12,000	
Need not met	25%	
Patients not cared for	3,000	
Charity beds needed	100	