Training for Medicare Responsibilities

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NEW YORK STATE has an estimated 2 million people over 65 years of age among approximately 18 million population. The State's 391 hospitals and 733 facilities identified as nursing homes were subject to certification for the Medicare Program.

Passage of Medicare legislation has suddenly placed new and large responsibilities in State health departments. In New York State, as in most States, the health department has been designated as the responsible State agency to certify to the Social Security Administration that the providers of service meet the minimum standards set by the Federal Government. Health departments have been concerned for many years with providing medical care, particularly the treatment of the tuberculosis patient and the provision of medical care services to infants and children. However, the responsibilities presented by Medicare are entirely different in nature and scope. An immediate need in New York State is to train health department professionals in the techniques and procedures of hospital and nursing home administration so that they may know what to look for in extending certification for the Medicare program.

Dr. Hollis S. Ingraham, New York State Commissioner of Health, early made the decision that insofar as possible the department's Medicare responsibilities would be absorbed within the existing organization for public health. A new division of hospital affairs and community health services was established in the department in July 1965. One of its responsibilities is surveying the State health facilities desiring certification as Medicare providers of service. New units also were needed in sanitation, administration, nursing, nutrition, and other services responsible for management of the Medicare program related to certification not only of hospitals but also home health agencies, extended care facilities, and independent laboratories. About 170 people will have to be added to the staff. More than 250 members of the existing staff must take on new duties—duties far removed from the "basic six" of public health or even some of the previous medical care administration activities of the department. Nearly every unit of the State health department is involved in this complex program.

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Training

The familiarity of health department professionals with hospital organization and administration obviously needed considerable strengthening. Certainly, physicians and nurses and many others in health departments have a general familiarity with hospitals. However, the detailed knowledge required for the most effective administration of the department's Medicare responsibilities exceeds this. Therefore, the department's office of professional education, with the assistance of several other units of the department, particularly the division of hospital affairs and community health services, was given the primary responsibility for determining training needs and developing the plans to meet them.

Training needs. The training needs determined by the office of professional education were placed in four categories, according to priority:

1. Retraining or supplemental training of ap-

proximately 250 health department professionals in hospital and medical care administration.

2. Indepth training of a small number of persons—hospital administrators, nurses, sanitarians, nutritionists, and possibly others—who would be engaged in full-time inspection of hospitals and nursing homes to determine whether these establishments meet the standards established for the Medicare program.

3. Supplemental or continuing education of health professionals employed in or providing services in hospitals or nursing homes.

4. Long-term training of qualified hospital administrators and medical care administrators for responsible positions in the health department—if those with the required experience and training could not be found.

Five-day orientation course. The Columbia School of Public Health and Administrative Medicine was asked to provide an orientation course in hospital functions and services, emphasizing a broad general picture of hospital organization and administration, to fulfill the first category of training needs. The 5-day orientation course was to be repeated in five locations in the State as many times as needed to accommodate the health department personnel who should attend it. The department offered the financial support necessary to conduct the course at the five locations.

There was agreement with Columbia that the course could best be given in a hospital environment. Therefore, arrangements were made to hold sessions at an accredited hospital in each of five locations. The school arranged for the host hospital locations, provided part of the faculty, and agreed to conduct the course. Additional highly qualified instructors were drawn from the staff of the State health department and the hospitals to augment the faculty from Columbia.

The department of health was responsible for selecting and enrolling the participants, managing administrative details, and assisting in conducting the courses. The staff of the department's office of professional education grouped the participants into practice survey teams, initiated evaluative interviews, identified departmental Medicare responsibilities for faculty information, and handled the financial and housekeeping arrangements.

Enrollment in each course was limited to 30 people for maximum instruction benefits. Applications were accepted from physicians, nurses, engineers, sanitarians, nutritionists, physical therapists, administrators, and other State and local health department personnel on a first-come, first-served basis. The enrollees were requested to attend the course within their region if possible.

The course was given during the first 2 months of 1966, on the dates listed, at the following hospitals in New York State:

Dates	*Hospital and city*
Jan. 2–7, Feb. 6–11	Phelps Memorial, Tarrytown
Jan. 9–14, Feb. 13–18	Ellis, Schenectady
Jan. 16–21, Feb. 20–25	Community General, Syracuse
Jan. 23–28	Geneva General, Geneva
Jan. 30–Feb. 4	Niagara Falls Memorial, Niagara Falls

Two persons from the Social Security Administration attended the first course in Tarrytown. Subsequently, a representative of the Social Security Administration attended each course. At least one member of the staff of the Division of Medical Care Administration, Public Health Service, attended the course at each location.

The following outline was developed by the Columbia School of Public Health and Administrative Medicine for use by the faculty in conducting the course:

Review of Legal Provisions

Federal Medicare legislation, Public Law 89–97, and related New York State Public Health Law, Article 28, were analyzed in detail. The purpose was to acquaint the participants with the laws as they relate to one another, as well as their direct relation to hospitals in New York State.

General Review of Hospital Organization and Management

The organization of the typical voluntary hospital was described with the use of an organization chart, emphasizing the responsibilities and authority at each level in the organization as well as the legal responsibilities of each department of the hospital. Sample bylaws and constitution of a hospital were examined, and the

functions and responsibilities of the governing body and the administration were reviewed in detail. National, State, regional, and local hospital organizations and their activities, standards, and responsibilities were described in depth to give participants a working knowledge of how hospital policy at these levels is determined, as well as how such units can be used to improve standards in hospitals.

Medical Staff Organization, Function, and Responsibilities

The administrative and clinical structures of the medical staff of each host hospital were described in detail. Hospital committees and their responsibilities were stressed. The relations between the medical staff and the hospital administration, as well as the medical staff and the hospital governing body, were explored. The problems of medical staff organization, especially in the smaller hospitals, were discussed frankly and honestly.

Measuring Medical Care Quality

The primary objective of this session was to acquaint the study group with current medical auditing techniques. The values and limitations of the medical audit were outlined. The Joint Commission on Accreditation of Hospitals and its history, function, responsibilities, and methods of reporting were reviewed to enable the group to use the commission and its survey procedures as a tool in discharging their responsibilities.

Physical Plant

The design and construction of hospitals and the effect on patient care were briefly described. Discussions centered on fire protection and fire control plans, elimination of hazards in the building, sanitation, the effect of environment on the transmission of infections, emergency lighting, protection from radiation hazards, and facilities for the proper isolation of patients, especially in the obstetrical, newborn, and pediatric sections.

Dietary Department

The organization and operation of the dietary department were reviewed in line with its ability to meet the needs of patients and personnel and to cope with emergency situations. Because they are major factors in the quality of this department, dietary records, diet manuals, standard recipes, and the role of the dietitian were described in detail. Sanitation, safety, and methods for assuring that diets are properly distributed also were emphasized.

Medical Records Department

The special value of medical records in the care of the hospital patient as reflected in the proper operation of a medical records department was discussed, emphasizing the kind of information this department can produce that could be of value to the group. The degree of comprehensiveness and the promptness of physicians' entries in medical records provide one measure of the quality of hospital care. Nonphysicians were given a brief orientation in the purpose and content of medical records.

Pharmacy or Drug Room

The techniques of supervising this unit were discussed. The storage, safeguarding, preparation and dispensing of drugs, with special emphasis on safety to patients and personnel and avoiding errors, were reviewed. Recordkeeping was mentioned briefly. The role of the pharmacy or therapeutics committee of the medical staff was described in detail because of its importance to the hospital and the patients.

Clinical and Pathology Laboratories and Blood Bank

This discussion provided the study group with the basis upon which they could determine the adequacy of clinical and pathology laboratories and the blood bank, especially in smaller hospitals. The numerous techniques for checking the accuracy of work done in the laboratory were reviewed. Safeguards in the handling of blood were emphasized.

Department of Radiology

The role of the radiology department in the hospital's total function and its ability to meet the needs of the hospital were discussed. Supervision of the department and the available methods of interpreting X-rays and properly safeguarding patients from radiation and accidental injury were emphasized.

Nursing Department

Day and night organization, management, and functions of the nursing department were emphasized because of its key position in the hospital. The activities of registered nurses, practical nurses, and nurses aides were reviewed. Staffing patterns in the various departments of the hospital were discussed to emphasize the highly varied and specialized tasks as well as the responsibilities assumed by nurses. The education and supply of nurses, especially professional nurses, was discussed briefly.

Quality of Nursing Care

A selected nurse discussed the various techniques for measuring the quality of nursing service in a hospital—not a statistical review of nursing hours but rather a discussion of the value judgments that a well-qualified nurse makes when reviewing nursing service.

Hospital Accounting and Cost Analysis

The components of hospital operating costs were described in detail, and the accounting techniques used to develop cost data were reviewed. A discussion of income factors and pricing methods of hospitals followed, to give a basic understanding of hospital financing and the key elements to review when discussing hospital operating policies as influenced by costs and income: in effect, a review of the evaluation of fiscal policies and practices of the institution that could ultimately influence the quality of hospital care.

Hospital Inspection

One day was devoted to a hospital inspection tour. The study group was guided by an experienced hospital administrator, who pointed out numerous factors usually reviewed by an inspector from the Joint Commission on Accreditation of Hospitals and showed how these factors influence the quality of care in the institution.

Social Service Department

The social service needs of patients and how they can be met by a full-time or part-time social service department were outlined.

Discussion

The Columbia course was repeated at three host hospitals to accommodate department personnel. A total of 215 persons in the State health department completed the course. Living accommodations for the participants were arranged near the hospital because the sessions started at 8:30 a.m. and extended into the evening. All participants who lived more than a few miles from a hospital were required to stay at these accommodations. The expenses were paid by the health department.

The first course proceeded according to schedule, with modifications being made as it progressed. For example, a critical review of films that were to be used indicated that some might be of minimal value and, therefore, they were eliminated. The interest and willingness of the hospital administrative and technical staffs to make the course worthwhile was satisfying.

Staff representatives of the office of professional education carried out an informal evaluation of the course through personal contacts with the participants at each session. By asking leading questions and listening to spontaneous remarks, they obtained valuable information from participants' reactions to the course content, the methodology used, and the faculty. These suggestions and comments, wherever feasible, were worked into the curriculum so that the needs of the group would be met more closely. For example, the following statements produced ideas that were useful:

"A more detailed discussion of a nursing audit would be most helpful. . . ." "In general, I feel that the whole course was of value to all, but unless one concludes with a general overview of the whole problem, one might be left with a rather fragmented idea of hospital functions and administration. . . ." "I think there might have been more stated concern with practices and routines in hospitals. . . ."

One indication of the participants' interest in the course was continued attendance, with the same number of enrollees at 3 p.m. Friday afternoon as at 7 p.m. the previous Sunday evening, and 100 percent attendance between. This was without threat of punitive action in the event of absence and exceeds the attendance at many of the courses attended by health department professionals. The consensus was summarized by

one physician, who commented: "I thought I knew something about the operation of a hospital, but this has opened many new areas of information to me."

Specific courses for health department personnel are being planned to cover the topics of nursing home organization and administration, environmental health factors in hospitals and nursing homes, the consultation role of nurses relating to Medicare institutions, and Medicare survey procedures.

Summary

A course in hospital organization and administration was the first step taken by the New York State Department of Health in training its personnel to meet Medicare responsibilities. The 5-day-session course was offered consecutively at 5 host hospitals, and 215 persons from the department completed the training. The course was conducted jointly by the health department's office of professional education and the Columbia School of Public Health and Administrative Medicine.

The following topics were covered the first day: organization and management of a hospital and its governing body; its administration and planning; budgeting and source of finances; community responsibilities and relations; organization, function, and responsibilities of the medical staff; and hospital admission and discharge procedures.

Sessions of the second day focused on the physical plant, dietary department, clinical and pathology laboratories and blood bank, nursing department, and operating room. The third day the participants were taken on a detailed practice survey of the hospital.

On the fourth day, the participants discussed the work of the medical records department, pharmacy, and radiology department; measurement of the quality of medical care (medical auditing) and quality of nursing care; and history, functions, responsibilities, and methods of reporting of the Joint Commission on Accreditation of Hospitals.

Discussions on the fifth day of the course covered hospital outpatient and social services and educational functions. Hospital accounting and cost analysis also were studied. The sessions were then summarized, and the participants were asked for comments and suggestions.

DDT Residues in Alaska

DDT has been the principal insecticide used against mosquito larvae and adults in Alaska, particularly near military installations, since 1945 (*1*). Dispersal from aircraft is the primary method of distribution, but ground dispersal machinery is occasionally used in residential areas. Data on the prolonged residue level of DDT in undeveloped areas do not exist.

In June 1965 water samples were collected near Anchorage, Eielson, King Salmon, Murphy Dome, and Fort Yukon. A minimum of six 6-oz. samples in glass containers were taken from each location—stagnant permanent pools distributed across the paths of two aerial spray operations that had presumably deposited 0.4 lb. of DDT per acre 1 month previously. The pools were approximately 100 yards apart on a line at a right angle to the longitudinal axis of the aerial spray swath. The five areas were also sprayed annually, for 7 or 8 years prior to 1965, with an undetermined amount of DDT. A 10 percent DDT diesel oil solution was generally used.

The 31 samples, processed at the Air Force Environmental Health Laboratory, Kelly Air Force Base, Tex., were analyzed by gas chromotography with a detection sensitivity of 0.001 ppm of DDT. Three samples taken from an area north of the main instrument runway, Elmendorf Air Force Base, Anchorage, contained 0.001, 0.001, and 0.5 ppm of DDT. All remaining samples were negative.—MAJ. THOMAS J. CURTIN, *U.S. Air Force, Air Force Epidemiological Laboratory, Lackland Air Force Base, Tex.*

REFERENCE

(*1*) Gjullin, C. M., Sailer, R. I., Stone, A., and Travis, B. V.: The mosquitoes of Alaska. Department of Agriculture Handbook No. 182. U.S. Government Printing Office, Washington, D.C., 1961.