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THE FIELD OF THE HOSPITAL PHARMACY.\*

BY HOMER F. SANGER.<sup>1</sup>

The president of your Chicago Branch of the American Pharmaceutical Association asked me to give you a brief survey of hospitals of the United States as a background for the study of the hospital pharmacy.

The latest survey of hospitals by the American Medical Association lists a total of 7178 hospitals of which 6580 are in the United States proper, 203 are in the dependencies and 395 in Canada and Newfoundland. This does not include homes for the aged, homes and schools for the blind and deaf, and other institutions for custodial care, which are sometimes mistakenly enumerated with hospitals.

The unit for counting the capacity of hospitals is the bed, and there are in the United States approximately 750,000 beds. Hospitals vary greatly as to size, ranging anywhere from a few beds grouped around a doctor's office and operating room, up to 5000 or 6000 beds. About 3000 hospitals have 25 beds or more.

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<sup>1</sup> Council on Medical Education and Hospitals of the American Medical Association.

Approximately 67 per cent. of the beds are occupied every day, which means that there are about one-half a million sick persons in hospitals of the United States all the time.

The supply of 750,000 hospital beds gives about one bed to every 150 people. This supply of hospital beds is not quite ample to meet the demands. More hospital beds are needed because of a lack of even distribution of beds. Perhaps there is a slight over-supply in some localities, and there certainly is an under-supply in other localities. Also during times of epidemic, or when there is a great deal of sickness, hospitals are overtaxed, while at normal times they may run below capacity. Not only are additional hospital facilities needed to take care of the increase in population, but there is also a vast increase in the use of hospitals, because of the better care of patients and greater convenience to doctors in hospitals.

Since the close of the World War, there has been remarkable expansion in the building of hospitals. It is fairly estimated that \$350,000,000 go into buildings and permanent equipment for hospitals annually. About \$550,000,000 are being spent each year by the hospitals for maintenance and expenses that do not come under the head of permanent improvement. But the end of this hospital expansion is not yet, for a great many building projects are ready to begin building as soon as prices and conditions in the building trade become favorable.

If there is at present a striking increase in the amount of hospital service, there is just as striking a demand for better hospital service. The War, with its strict examinations and its severe strain on all of our resources, revealed the weaknesses in many parts of our civilization, particularly in the health of the people, and it pointed out weak spots in the machinery of health. We have been finding out where the weak spots are in our hospitals, and where improvements can be made.

The various organizations having to do with hospitals, have each put on some program for the improvement of the department of the hospital with which the particular organization was especially concerned. For example, the American Hospital Association, an organization of hospitals and hospital superintendents, has studied the subject of sterilization of hospital supplies and laid down standard rules. It has also made extensive studies and adopted standards for record and accounting forms for hospitals, the flooring of hospitals, the social service department and the hospital laundry. At the present time, other departments of hospitals are being made the subject of comprehensive study with a view to recommending uniform standards.

As another example of standardization in hospitals, the American College of Surgeons has for several years been inspecting all the hospitals of the country down to fifty beds' capacity, and instituting definite programs for the improvement of the laboratory, the records and the staff organization, and a uniform rule forbidding the division of fees by physicians practicing in the hospital.

The American Medical Association through its Council on Medical Education and Hospitals, always in close touch with hospitals, made a special study of hospital internships for medical graduates, and in 1914 published its schedule of Essentials in a Hospital for Interne Training, which is now generally accepted. The Council has applied its standards to more than 1200 hospitals that have applied for approval, 652 of which are on the list of hospitals approved for interne training.

Still other agencies are working to improve hospital services. A few State legislatures have appointed commissions who are bringing the hospitals of those States up to certain standards and sometimes they require a hospital to reach a certain standard of excellence before it can receive State appropriation. The National League of Nursing Education and the American Medical Association are working together in a movement which will doubtless result in the enforcement of some standard for the training of nurses. Dietetics has come for its share of attention—and what about the standardizing of the hospital pharmacy? It is my impression that this important department has not yet been given the same study nor subjected to the same degree of standardization that other departments of the hospital have. The hospital pharmacist, because of his close relationship to the medical staff and other professional people of the hospital, is placed in a position that is different from that of a manager or owner of a drug store. Hospital pharmacy is necessarily a matter of service and not of salesmanship. When will the hospital pharmacy be thoroughly studied and established on a uniform basis of excellence, and who is going to do it?

Some of the other departments of the hospitals are being standardized from within, that is, these departments are being placed on a uniform, efficient basis by the hospitals themselves; for example, the work of all the committees of the American Hospital Association, which is an association of hospitals and of hospital administrators.

Other departments of hospital service are being standardized from without, that is, agencies outside of the hospital, or the hospital organization, are coming in and by common consent inducing the necessary improvements. Presumably, the work of improving a department will not come from without if the hospitals will accomplish it of their own volition.

Now there are certain things that always accompany the standardization, or shall we say uniform improvement, of any department or service of a hospital. First of all, a thorough survey is instituted which locates the high spots as well as the weak spots in the present system. It educates the department that is under survey to its opportunity for more efficient service. Then it results in the recommendation of a uniform standard, or a universal program of improvement. This means a great deal; among other things it means (*a*) adequate equipment, (*b*) efficient routine, (*c*) higher standards of education for those who have charge of the department, (*d*) a standard of ethics that is in keeping with the best ideals of hospitals and of the medical profession.

I think it is perfectly obvious that any program of improvement, if it deserves to be called standardization, is a great deal more than simply the formation of a trade union; it is a program to fit the services to the needs of all parties concerned, and when standards are adopted they should be broad and comprehensive and numerous enough to take in the best interests of the patient, and the other departments of the hospital, including the medical staff, in order that there might be the greatest possible efficiency in the relief and healing of the sick and injured, which after all is the object of hospitals themselves and, therefore, the desire of all who are connected with hospitals in whatever department.