

CSF

ORGANIZATIONAL STRUCTURE
OF THE
PLANNED ACUTE CARE FACILITY

408 - 68

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COMMUNITY SYSTEMS FOUNDATION

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February 26, 1968

Mr. David L. Everhart
Administrator
The Johns Hopkins Hospital
601 North Broadway
Baltimore, Maryland 21205

Dear Mr. Everhart:

Contained in this report are our recommendations for the organizational structure of the proposed acute care facility at Johns Hopkins Hospital. This study was initiated in October of 1967. During the last four months, Mr. Kuyawa and myself have had several interviews with Miss Louise P. Cavagnaro, Assistant Administrator, and Miss Doris Armstrong, Director of The Operative and Acute Care Services. Our recommendations are based on the information obtained from these interviews, in-depth study of time spent on job functions, and basic management principals.

At this time, I would also like to thank Miss Cavagnaro and Miss Armstrong for their time and patience during the course of this study. We appreciated their help and cooperation very much.

Sincerely,

Vernon MacLeod,
Regional Director

VM/jb

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SUMMARY OF RECOMMENDATIONS

- I. The Director of the Operative and Acute Care Services should report to only one person with line authority. At this time we recommend that this person be the Administrator of Johns Hopkins Hospital.
- II. A strong staff relationship should be maintained between the Director of Nursing Service and the Director of the Operative and Acute Care Services.
- III. The Director of the Operative and Acute Care Services should attend all administrative meetings where decisions involving that area would be made.
- IV. The creation of a position called the Assistant Director of the Operative and Acute Care Services is not recommended.
- V. It is recommended that there be one supply area for all four divisions of the Operative and Acute Care Service. However, it is also recommended that the supervisor of the supply area report directly to the Assistant Director of the G.O.R. area.

COMMENTS ON RECOMMENDATIONS

- I. Reviewing the proposed job description of the Director of the Operative and Acute Care Service, it is felt that this position will be one that emphasizes the administrative control of this function by an individual that has a management and technical background of an Operating Room area. Since administrative emphasis is contained throughout this job description, it is recommended that the Director of this area report to administration. At the present time, the administrator of the Hospital is the only position in the Hospital's organizational structure that could have administrative line authority of this department. The fact that there is a vital need for direct communication and staff assistance with various assistant administrative positions, places the Director of Operative and Acute Care Services in an organizational position that requires line authority from a position above that of an assistant administrator position. In the future, it may be practical and feasible to have this Director report to a position in between the levels of assistant administrator and the administrator.

- II. The concept of having the Director report to the Director of Nursing has been discussed at length. It is felt that the need for direct communication and association in a staff capacity is needed between Nursing and the Operative and Acute Care Services, as is needed with the administrative positions of the Medical and Surgical areas. However, this does not warrant the concept of dual subordination. This does not mean that a close relationship should not exist between Nursing and the Operative and Acute Care Services. The job description of the Director should contain sufficient formal contact with the Director of Nursing to maintain current information as to the trends, patterns, and policies of Nursing Service at the Johns Hopkins Hospital. This same contact is necessary with the administration of the Medical and Surgical Services.
- III. Since the position of Director of the Operative and Acute Care Services is defined as an administrative one, it will be necessary to include in the Director's job description a format to attend meetings that affect administrative decisions of the Department. These would

be meetings such as personnel, capital and equipment budgets, the procedures and policies of recruiting and transferring employees, training, etc.

- IV. Reviewing the proposed job description of the Director of Operative and Acute Care Services, it is not deemed necessary to create a position of assistant director of these Services. However, it is realized that until the facility and organizational structure has been in effect for a period of time, there will be a need for extra guidance and assistance. This assistance logically should come from Miss Louise P. Cavagnaro, presently the Assistant Administrator of the G.O.R., G.R.R. and various surgical areas in the Hospital.

While discussing the need for assistance to the Director, it is obvious that a secretarial position is needed. An evaluation should be conducted, when the organizational structure and facility is operative, to determine the need for additional clerical or typing assistance. This work would be on tasks that are common to the various divisions of the department. Examples of these tasks would

be routine clerical work or typing associated with coordination of all Service Departments, statistics and maintenance.

V. The supervisory divisions beneath the Assistant Director in charge of the G.O.R. have been proposed by the existing top level management of the G.O.R. area. Repetition of the thoughts and background that went into this division of responsibility is unnecessary in this report. However, a few comments should be directed to the Supply Area and the supervision of this area. Although no forecasting of supply activities in the areas other than the G.O.R. have been accomplished, it is recommended that there should be one supply area for the four divisions of the Operative and Acute Care Services. Even though this function cuts across all four divisions, it is recommended that the supervisor of this area report directly to the Assistant Director of the G.O.R. since the bulk of the supply activity is directly connected with the G.O.R. The centralization of the supply activities for all divisions is desirable to provide the following:

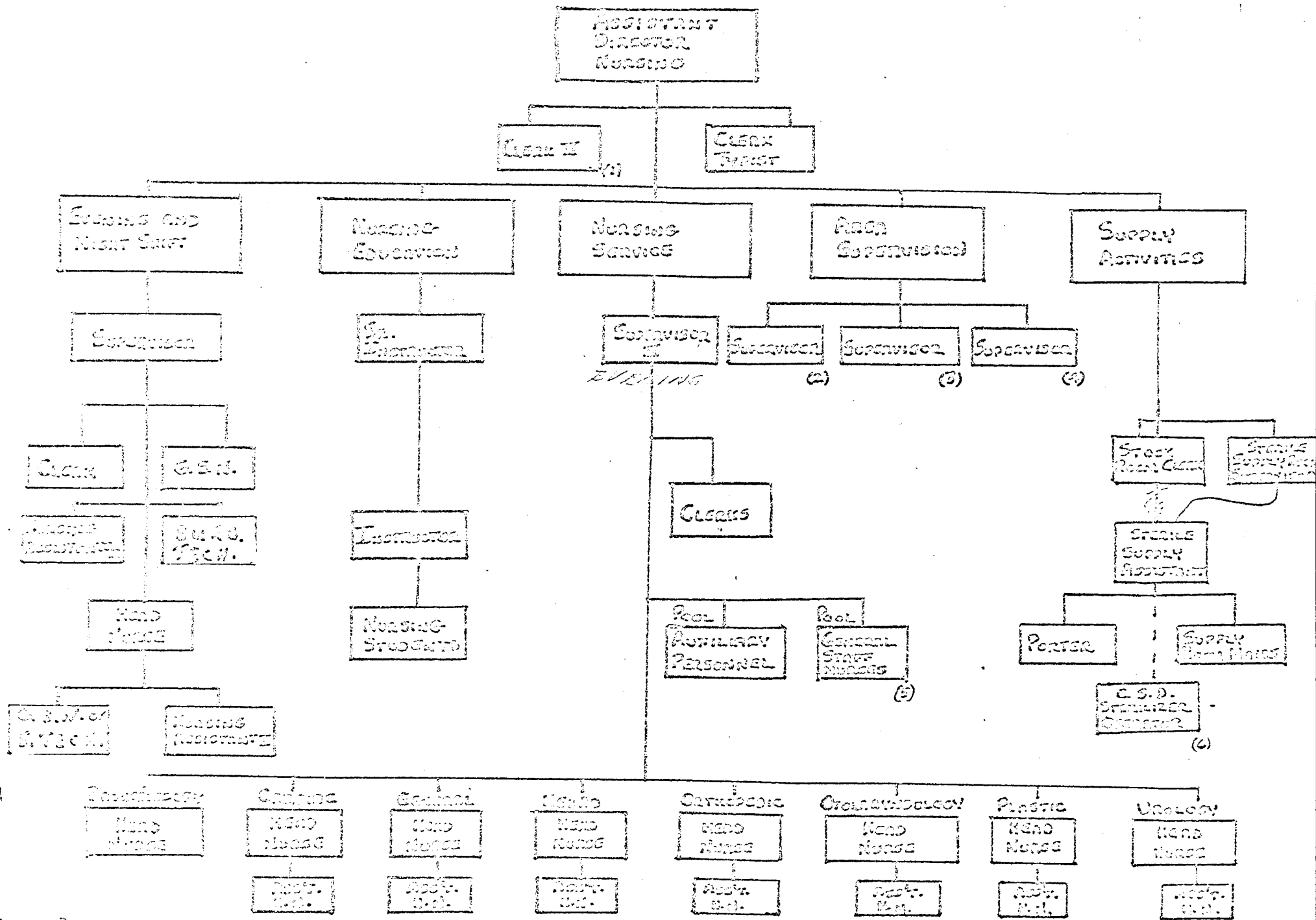
1. Uniformity of policies and procedures
2. Centralized control of the supplies

3. Efficient use of storage space
4. Efficient use of supply room personnel.

PRESENT ORGANIZATION

CHART

NURSING DIVISION GENERAL OPERATING ROOMS



PROPOSED ORGANIZATION

CHART

