

1964

The suggestion of one Managing Committee or Board of Trustees for two hospital complexes located 25 miles apart, different in operation, different in types of patients and different in philosophies of operation is difficult to justify. I have tried to find some advantage of such a plan but so far have been unable to find any points or reasons of merit. However, it is easy to find many reasons against such a change.

Inasmuch as the present 2 boards of trustees serve without any pay but purely on a voluntary basis does not constitute any financial gain. At the present time they serve staggered terms so that continuity of planning objectives can be carried forward. Having a complete change of Trusteeship, which would be possible under the proposed plan, should there be a change of Mayor, would be a serious disadvantage.

After some 24 years of hospital administration work, it has been my experience that it takes about one year to educate a trustee into the unique operation carried on in a hospital. A hospital operation must be always ready for any event, run a very complete supply inventory to care for the multiple needs of sick people, and be in operation 24 hours every day in the year. The working hours, staffing, and catering to ill people pose problems found in no other government operation or private business. It is naturally necessary that the Trustees work very closely with the administrator to solve many and varied problems, policies, future programs, and financing. This is not accomplished at a meeting a few hours a month but requires considerable time in subcommittee work, advisory consultations, and even frequent unscheduled meetings.

I cite all this because few people can spare the amount of time which would be required unless this proposed Board of Trustees is willing to give the Administrator considerable authority and latitude in action.

The proposal that this new board appoint the administrator mentions nothing as to whether or not he will be under Civil Service and receive its rights and benefits, or whether or not he will be eligible to join the State Retirement Plan or be eligible to receive any other fringe benefits, such as the State Health Plan Insurance. In other words would the administrator have any job security or would his position be jeopardized with each change of mayor.

The proposition that one Board of Trustees might be better able to do future planning of expansion to meet some need does not bear any weight. They would only have control of the government hospitals, and any expansion is now controlled by the State Hospital Planning Commission and the Department of Health Hospital Planning Division. There is also nothing to prevent any private organization from constructing another hospital on Maui should this come up. It happened in Honolulu with the Kaiser Hospital and the Castle Hospital at Kailua.

Maui Memorial Hospital operates with an open staff of physicians for the care and treatment of acute care illnesses. The administrator operates the hospital for the convenience of the doctors and the population of Maui only. Their philosophy is to try to keep their available beds filled and operate as near capacity as they can. Their revenue is geared directly to hospital census. Any deficit is met by the County finances with a very small percentage from State subsidy. This is quite different from Kula Sanatorium, which services

Maui, Lanai, and Molokai. This hospital is operated by a General Superintendent who acts as administrator and also Medical Director over a closed staff and use of consultants. The hospital's philosophy is to try and empty beds as soon as possible, especially since the Chronic Illness Program has been started three years ago. There is almost always a waiting list in the Chronic Illness Program and in the Tuberculosis Division we have been operating a little above our projected estimates. Kula therefore operates at capacity or near capacity on a fairly fixed budget and known source of revenue. The bulk of the financing is obtained from the State by legislative action, the remainder from contract with the Department of Social Services, and a small amount from private sources. Having full utilization of beds and personnel makes for a more efficient operation at naturally a lower patient day cost. With the programs now operating there is County-wide implication and also State implication because of our Chronic Mental Program. These Chronic Mental Patients being transfer from the State Hospital.

Kula is concerned not only with medical and surgical treatment but particularly with rehabilitative programs.

Whether or not one Board could grasp the vastly different operations and do justice to both is doubtful. There is a grave danger that because of members interest in one or the other, political pressures, friendships or what not, one of the institutions would benefit and one suffer setbacks. This has been tried at Hilo and Puumaille Hospitals, both under one roof and in one building. The problems have been almost insurmountable and the tuberculosis program has gravely suffered. The experience evidently has not been good or else Hawaii would have put Honokaa Hospital and Kona Hospital under the same Trusteeship; they both being county hospitals. From personal observation and talks with the Administrator and Business Manager at Hilo Hospital, I know some of their problems and also could easily see the poor reception and treatment that they received when they appeared before the legislature for their operating tuberculosis budget.

Kula Sanatorium at present is the leader in the entire State in its tuberculosis and chronic illness program, and I would hate to see anything jeopardize this position. Financially Kula Sanatorium has been held up as an example to the other three similar institutions both in efficiency and methods of financial reporting to the legislature. We have not had trouble obtaining our requested budgets which has not been true of the others because the legislature respects our honesty and methods. Also Kula was the first hospital to utilize vacant tuberculosis beds for a needed cause and the other three hospitals have been forced to follow our example, much against their wishes in two cases. It should be noted also that the other three similar hospitals are in some trouble of one kind or other at present.

The Managing Committee would not like to see anything done at this time to endanger or change the present program and in anyway endanger the future of Kula and its reputation. Unless some definite benefit can be brought forth for open discussion, there is no reason to change the present operating procedures or Trusteeships.

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