June 2016

Annual Report, 1974

Aurora Health Care

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1974: In tempo with tomorrow

Annual Report | St. Luke's Hospital
1974:
In tempo with tomorrow

The cardiac rehabilitation program prescribes a tempo of daily activity for persons who have suffered a heart attack.
St. Luke's Hospital experienced a busy year in 1974. In responding to an increased use of services and in planning for the future, the tempo of activity throughout the year was synchronized with the needs of tomorrow.

The hiring of a new chief executive by the board of directors highlighted 1974. G. Edwin Howe joined the staff as president in July. He previously directed the 955-bed Ohio State University Hospitals in Columbus. His timely selection which followed an extensive nationwide search of top administrators provides the leadership needed for a growing hospital complex.

The south addition progressed well, having reached the topping off point at mid-year. By the end of the year, the new and existing buildings were linked by breakthroughs at seven levels, and, to the west, construction was completed on an expanded powerhouse and laundry. The 187 beds in the new south building, including 63 for specialized intensive care, will aid greatly in alleviating the demand for more beds experienced at St. Luke's in recent years. Chronic waiting lists and cancellations of elective admissions placed an urgency on as early a move into the building as possible.

In addition, the new building's extension of facilities for diagnosis and treatment of cardiac and pulmonary disease and its expansion of the personnel and pharmacy areas should ease the cramped space now in use. Both the personnel and pharmacy departments expect a move into their new quarters early in 1975.

High Demand for Beds

The demand for St. Luke's beds periodically created problems in handling the average of 120 emergencies a day during the year. On a number of occasions, a lack of inpatient beds forced bans on emergency patients who would require hospitalization. As a result, plans are under way to expand the emergency and outpatient areas. This phase of construction will also include a much-needed relocation and expansion of the surgical suites.

Other plans include relocation and enlargement of the laboratory area. With more than a million and a half tests performed each year, the laboratory's physical needs become a priority in space consideration. In connection with laboratory planning, the physical medicine and rehabilitation department will extend into the existing lab area, one floor below its present location.

The area of nuclear medicine experienced a burgeoning volume of procedures in 1974. Again, this pattern of increase will require an extension of already overtaxed facilities. The nuclear diagnostic and treatment areas will be expanded at the same time as physical medicine and rehabilitation.

Critical care has been a growing trend at St. Luke's in recent years, compatible with the type of facility being constructed in the south addition. To accommodate this type of care, nurse and other paramedical training needs have increased.

The St. Luke's education department has met these needs by establishing courses designed to prepare nurses and other personnel for advanced bedside care. Along with a comprehensive and individualized orientation program, inservice education provides staff members...
with a means of professional development through keeping abreast of changing methods and new knowledge.

Expanding Affiliation

St. Luke's relationship with the Medical College of Wisconsin grew in 1974. Besides existing affiliation in otolaryngology, physical medicine, cardiology, and thoracic-cardiovascular surgery, the two institutions approved in principle and began developing an affiliation to include multi-disciplinary residencies with full-time faculty members to be based at the hospital. These will include internal medicine, obstetrics-gynecology, and surgery.

The St. Luke's board of directors joined with the medical college board of directors in a giant step toward this affiliation. A large bequest to St. Luke's from the estate of Walter Schroeder, the Milwaukee hotel and insurance man, was earmarked for the establishment of a Walter Schroeder Chair of Surgery. A search committee is seeking candidates to fill the position.

In further growth as a teaching hospital, St. Luke's was approved for residencies in family practice and nuclear medicine, adding to existing approved medical programs for internships and residencies in surgery, pathology, and radiology. The family practice residents work from a clinic at 2029 W. Mitchell St. Under the guidance of family physicians and internists, they serve the primary health care needs of families in the area while training in their three-year specialty. Much of their training is obtained by using the resources of the hospital and the knowledge and skills of various medical specialists on the St. Luke's staff.

The nuclear medicine residency was among the first 50 programs of its type to be approved in the country. In 1974, applicants for this new medical specialty were being screened, and an affiliation agreement with the University of Wisconsin-La Crosse in nuclear technology was begun.

Feel Economic Impact

The economy has had an appreciable effect on the hospital. Rigid government controls imposed in 1971 were finally lifted in May, 1974. St. Luke's held the line on charges, however, until the end of the year when the 1975 budget was planned to make up some of the ground lost after 33 months of restriction. Included in this planning was an across-the-board wage increase for employees. The effects of absorbing a two-digit annual rate of inflation while adhering to prolonged cost controls will remain for some time to come and make it imperative that the hospital look for every possible way to economize without sacrificing the quality and scope of service.

Government affected operations of all hospitals significantly under Public Law 92-603. This, among other things, calls for professional standards review organizations whose impact is being felt increasingly in monitoring total medical care. During 1974, the medical-dental staff adopted a complete medical audit system in compliance with the new legal requirements.

Nursing received a boost in 1974 when the concept of a nursing career ladder was run on a pilot basis then put into effect at the end of the year. The ladder allows for professional achievement by all nurses under a system of objective standards of performance and
As one of many specialists on the rehabilitation team, a speech pathologist works to develop and retrain communication skills.

responsibility. This is particularly important in setting the tempo for the intensity of care required in the south addition.

Ambulatory care has become more and more important in recent years, both from the standpoint of eliminating any nonessential use of inpatient beds and in efforts to reduce costs to patients. There were 85,898 outpatient visits at St. Luke's in 1974. This represents an increase of 16% over the preceding year and is consistent with the trend of an increase which has almost doubled during the past six years.

Liaison between the hospital and home care organizations is particularly critical in encouraging this trend. Through the efforts of a nurse coordinator and specialized personnel in pediatrics, social service, and physical medicine, 719 patients were assisted in making the transition from hospitalization to care at home. Of this number, 121 were part of the hospital's coordinated home care program. The rest were referred to the Visiting Nurse Association and other agencies.

Serve Specialized Needs

Intensity of care requires specialization. A 15-bed general intensive care unit met needs of post-surgical patients. The four-bed pulmonary intensive care unit staff treated those with severe lung disorders, a 10-bed coronary care unit served patients who had had a heart attack, and the neonatal intensive care nursery staff cared for 121 infants in distress. Also, plans were laid to establish a medical intensive care unit.
A nurse career ladder encourages professional growth through a progression of increased standards in performance and responsibility.
The south addition will have even greater specialization in intensity of care. The 63 intensive care beds will include 13 for coronary, 10 for medical, 20 for neurosurgical and cardiovascular surgical, 10 for pulmonary, and 10 for general surgical. The 10-bed neonatal unit will remain in the nursery area on the fourth floor.

This advanced facility in critical care will not only house an intricate network of sophisticated equipment but will require highly-skilled personnel in each of the specialized areas. Anticipating this need, St. Luke's stepped up its nurse recruitment efforts in 1974. A shortage of nurses in the metropolitan area means that, as these efforts continue, attempts will be made to attract qualified professionals from other communities.

Late in the year, an executive director of nursing was hired. Mrs. Susan Bode assumed total responsibility for the 956 full- and part-time employees in the nursing department. Previously she had served as critical care coordinator. She succeeded Mrs. Leta Sossong who had been the acting director of nursing and is now the associate director.

An important duty of a large metropolitan hospital today is that of teaching the prevention of disease and how to cope with existing health problems. In a number of programs carried out in 1974, St. Luke's met this vital need. The St. Luke's Educational Foundation financed three presentations concerning major health issues to the general public by St. Luke's physicians in a cooperative effort with Alverno College. Another area of training was a Red Cross-St. Luke's series of prepared parenthood classes. A reunion of alumni in December, including babies, attested to the course's effectiveness and popularity.

A regular preadmission training program for youngsters about to have surgery also proved to be effective in allaying fears and preparing both parents and children for the experience of hospitalization and surgery. Other regularly-scheduled public lectures and training programs addressed diabetes, heart disease, obesity, chronic lung disease, cancer, stroke, and kidney disease.

**Form Industrial Council**

In some instances, health problems are linked to the work environment. St. Luke's brought together a group of industrialists and physician specialists in 1974 to form an Industrial Health Council for the purpose of meeting occupational health needs through a program of prevention. The long-range benefits of the council should improve employee health safety while lowering industrial operating costs.

Volunteers added greatly in extra services to patients during 1974. A total of 300 volunteers from the community logged 31,737 hours in 30 areas of service. In addition, the Argonauts of St. Luke's, an organization of young business and civic leaders, dedicated its efforts to encouraging financial support of medical education at the hospital.

The hospital's research activities in 1974 included continuation of a project in hyperbaric medicine under a U.S. Navy contract; extensive investigative work in cancer, genetics, heart disease, and pulmonary disease; and environmental experiments. A number of projects led to published papers and presentations by St. Luke's physicians. These projects were made possible through grants from the St. Luke's Hospital Research Foundation, and many were housed in the foundation's research building at 2601 W. Oklahoma Ave.
St. Luke's new president summed up the tempo of 1974 and the future in a message to employees. He said, "These are changing times for the people engaged in health care. While the future is bright for St. Luke's, we will need to be responsive to these changing times if we are to fulfill our potential. There is a growing concern over assuring that good care is provided, and we will need to respond to this concern; health care is becoming increasingly expensive, and we will need to demonstrate economy; the public expects easier access to health care, and we will need to provide it; more and better trained people are needed to serve our patients, and we will be expected to help meet this need.

"Yet, while we are responding to these changing times, we must not lose or forget to maintain the existing services we now provide. If we are to accomplish all this, we will need to establish clearly our goals and priorities. This is a big job, but one we must do."
where did the money come from?

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<tbody>
<tr>
<td><strong>Income from patient services</strong></td>
<td>$26,947,551</td>
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<tr>
<td><strong>Coffee shop, gift shop, cafeteria, and other income</strong></td>
<td>615,817</td>
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<td><strong>Donations</strong></td>
<td>542,021</td>
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<tr>
<td><strong>Investment Income</strong></td>
<td>1,317,570</td>
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<td><strong>Less allowances</strong></td>
<td>1,587,310</td>
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<tr>
<td><strong>Total</strong></td>
<td>$31,422,959</td>
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$29,835,649

where did the money go?

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<tr>
<td><strong>Wages, salaries, fees, and fringe benefits</strong></td>
<td>$18,092,961</td>
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<tr>
<td><strong>Medical and surgical supplies</strong></td>
<td>4,804,424</td>
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<td><strong>Depreciation of buildings and equipment</strong></td>
<td>1,878,445</td>
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<td><strong>Laundry, linen, housekeeping, and general supplies</strong></td>
<td>1,646,119</td>
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<tr>
<td><strong>Food and dietary supplies</strong></td>
<td>564,211</td>
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<tr>
<td><strong>Fuel, water, electricity, and telephone</strong></td>
<td>542,825</td>
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<td><strong>Interest on indebtedness</strong></td>
<td>186,695</td>
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<td><strong>Payment on long term indebtedness</strong></td>
<td>305,000</td>
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<tr>
<td><strong>New equipment, remodeling and new building</strong></td>
<td>1,482,442</td>
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<tr>
<td><strong>Increase in receivables, inventories, etc.</strong></td>
<td>332,527</td>
<td></td>
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<td><strong>Total</strong></td>
<td>$29,835,649</td>
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$29,835,649

additional gifts received for health care

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<tr>
<td><strong>Medical Staff Foundation</strong></td>
<td>$7,683</td>
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<td><strong>Medical Library Foundation</strong></td>
<td>3,374</td>
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<td><strong>Educational Foundation</strong></td>
<td>218,927</td>
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<tr>
<td><strong>Medically Indigent Foundation</strong></td>
<td>2,818</td>
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<tr>
<td><strong>Research Foundation</strong></td>
<td>84,339</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td>$317,141*</td>
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*Not included is a $294,411 grant received from DHHS to offset expense incurred in the family practice residency program.

comparative services to the community

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<tr>
<td>Adult Admissions</td>
<td>15,958</td>
<td>16,239</td>
<td>16,134</td>
<td>16,382</td>
<td>16,588</td>
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<td>Newborn Admissions</td>
<td>1,847</td>
<td>1,696</td>
<td>1,4* 5</td>
<td>1,273</td>
<td>1,211</td>
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<tr>
<td>Total Outpatient Admissions</td>
<td>60,963</td>
<td>66,550</td>
<td>67,539</td>
<td>71,807</td>
<td>85,898</td>
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<tr>
<td>Surgical Procedures</td>
<td>8,599</td>
<td>8,950</td>
<td>9,086</td>
<td>9,927</td>
<td>10,574</td>
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<tr>
<td>Number of Laboratory Tests</td>
<td>1,045,519</td>
<td>1,373,725</td>
<td>1,433,072</td>
<td>1,362,427</td>
<td>1,438,326</td>
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<tr>
<td>X-Ray Diagnostic Examinations</td>
<td>81,813</td>
<td>88,730</td>
<td>93,228</td>
<td>101,673</td>
<td>109,816</td>
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<tr>
<td>Radiotherapy Visits</td>
<td>9,772</td>
<td>8,045</td>
<td>7,080</td>
<td>7,014</td>
<td>7,500</td>
</tr>
<tr>
<td>Nuclear Medicine Procedures</td>
<td>2,599</td>
<td>2,815</td>
<td>3,132</td>
<td>3,890</td>
<td>5,083</td>
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<tr>
<td>Physical Medicine Procedures</td>
<td>71,702</td>
<td>65,308</td>
<td>60,014</td>
<td>69,099</td>
<td>71,882</td>
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<tr>
<td>Emergency Visits</td>
<td>28,736</td>
<td>30,670</td>
<td>35,717</td>
<td>40,718</td>
<td>43,524</td>
</tr>
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</table>

*1972 figures are converted from a 53-week year to a 52-week year to correspond with statistics of other years.
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