Annual Report, 1980

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Mission Statement
St. Luke’s Hospital, Milwaukee

St. Luke’s Hospital is a private, not for profit hospital dedicated to serving the health care needs of our community. Like the physician saint whose name it bears, St. Luke’s Hospital recognizes each patient as a special creation of God. The hospital will strive to create an atmosphere in which the individual can be cared for, including the physical, emotional, social, spiritual and economic dimensions of caring, without regard to age, race, sex, creed or national origin.

St. Luke’s Hospital is committed to the promotion of health and the provision of community hospital diagnostic and treatment services on both an inpatient and ambulatory basis to the south and southwestern metropolitan Milwaukee area.

St. Luke’s Hospital is additionally committed to serving the specialized needs of our region for cardiovascular disease, trauma, cancer, hyperbaric medicine, renal disease and rehabilitation.

St. Luke’s Hospital is dedicated to the education of physicians, nurses, and allied health professionals to assure that a goal of high quality care is maintained and to assure that the level of health care practice at the hospital remains advanced. Likewise, the hospital encourages research in clinical practice for the enhancement of quality health care.

St. Luke’s Hospital is concerned with the overall health status of the community, and recognizes there is a limit on the individual and collective resources available. The hospital is committed to work in a leadership role with other health, educational, and community agencies and institutions to assure health services are planned, coordinated, and delivered in an effective and efficient manner. The hospital recognizes that this can best be done in a pluralistic system that accommodates a diversity of ownership, organization, financing and delivery systems.

St. Luke’s Hospital recognizes that health care services are inherently personal in nature, and the hospital will strive to maintain an environment sensitive to the physical, emotional, social, spiritual and economic needs of the employees to create a climate in which they can function effectively.

The Schroeder Pavilion (right foreground) fulfills longstanding health needs of the community.
As 1980 came to an end, we had the sense that perhaps an era was ending and that we were at the start of a new beginning.

For almost two generations we have seen the steady growth of government in health care until today, when over half of all health care is paid for by the people through their tax dollars. Accessibility to health care for all of the citizens of our country, rich and poor, black and white, young and old, has dramatically improved during this time. Treatment and diagnostic discoveries have been abundant, and our pluralistic hospital system has rapidly disseminated these advances to every region of the country.

But government, often with the willing consent of hospitals, has piled layer after layer of regulation and bureaucracy on our sector of the economy with often dismal results. Too often regional planning has failed to live up to its promise to prevent unnecessary duplication, but rather has often assured the survival of the marginal provider or the marginal service. Professional Standards Review Organizations have added costs, but little improvement in quality. Rate review has improved financial management in many of our hospitals, but has greatly eroded their capital formation capability and weakened their financial strength in many instances.

As a nation we have acted as if free enterprise, risk-taking, profit, success, and failure were all "dirty words" when associated with the health field. We now have an opportunity to change that attitude.

Voices are beginning to be heard carrying the message that less regulation and more free enterprise competition, both as to price and value, may be the best ways to assure that our communities receive good care at a price they can afford; that a capitalistic society is the best way to assure constructive change, rather than through government controlled central planning.

At St. Luke's it is our intention to work toward such a fundamental change. This does not mean we do not foresee an important role for community based local health planning or some form of public review of rate setting. But massive regulatory intervention has failed—it is time we tried a fresh approach.

If such a fresh approach is to begin, success will depend on how well hospitals can match their capabilities to the needs of their community. Growth for the sake of ego, trying to be all things to all people or failing to adapt to changing times, will all be severely penalized in a free market environment.

St. Luke's Hospital began formulating a strategic plan during 1980 to assure that the hospital would continue to prosper and meet the needs of our community in the coming decade. The first step was to clearly define the hospital's mission, and this annual report is dedicated to explaining that mission. We believe we are at the start of a new beginning.

G. Edwin Howe
President
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TV 6's Albert the Alleycat narrates a film to explain the hospital's services to young potential patients.


A chaplain of the hospital's pastoral care program gives a dimension of spiritual care to a patient and his family.

Financial counseling and assistance provide an important dimension to specialized patient needs.

A picnic on the hospital's patio brings enjoyment to long-term rehabilitation patients.
St. Luke's Hospital is committed to the promotion of health and the provision of community hospital diagnostic and treatment services on both an inpatient and ambulatory basis to the south and southwestern metropolitan Milwaukee area.

Prevention of disease is encouraged and promoted through free health programs that reach out into community outlets.

Hospitalized youngsters receive the personalized attention and care required for their special needs.

Outpatient services provide a broad spectrum of care to a wide variety of patients.

Among other sophisticated equipment, the CT scanner brings the latest in diagnostic capabilities to the community.
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Faculty members and 19 residents worked in tandem on 10,912 patient visits at the St. Luke’s Family Practice Center.

A $240,521 federal grant in hyperbaric medicine led to major research concerning decompression sickness.

The Sacred Heart School of Practical Nursing moved to St. Luke’s last fall for continuity of its operation.

A surgeon and residents explore diagnostic testing used in the peripheral vascular laboratory.
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An occupational therapist demonstrates cooking techniques to arthritis sufferers as part of a cooperative program with the Arthritis Foundation.

Housekeeping supervisors train mentally impaired adults for employment through a program with the Milwaukee Public Schools.

Computer managers work with 30 advanced hospital computer centers nationally in sharing evolving technology.

St. Luke's emergency personnel assist in the paramedic training of area ambulance crews.

Efforts by St. Luke's and Curative Rehabilitation Center established a driver training program at Curative for the disabled.
St. Luke’s Hospital recognizes that health care services are inherently personal in nature, and the hospital will strive to maintain an environment sensitive to the physical, emotional, social, spiritual and economic needs of the employees to create a climate in which they can function effectively.
The Source and Use of Funds 1980

Financial Statement

Where Did the Money Come From?

<table>
<thead>
<tr>
<th>Source of Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from patient services</td>
<td>$78,768,681</td>
</tr>
<tr>
<td>Coffee shop, gift shop, cafeteria and other income</td>
<td>1,910,781</td>
</tr>
<tr>
<td>*Donations</td>
<td>629,705</td>
</tr>
<tr>
<td>Investment income</td>
<td>847,966</td>
</tr>
<tr>
<td></td>
<td>$82,157,133</td>
</tr>
</tbody>
</table>

*In addition, $304,409 were received as designated gifts for education, research, and endowment. Less Medicare, Medicaid, other allowances, and the inability of some patients to pay their bills in full. 

Where Did The Money Go?

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries, fees, and fringe benefits</td>
<td>$46,775,555</td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
<td>12,270,137</td>
</tr>
<tr>
<td>Laundry, linen, housekeeping, and general supplies</td>
<td>4,545,452</td>
</tr>
<tr>
<td>Food and dietary supplies</td>
<td>1,222,528</td>
</tr>
<tr>
<td>Fuel, water, electricity, and telephone</td>
<td>1,763,534</td>
</tr>
<tr>
<td>Interest on indebtedness</td>
<td>1,057,812</td>
</tr>
<tr>
<td>Payment on long-term indebtedness</td>
<td>1,639,000</td>
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<tr>
<td>New equipment and construction in progress</td>
<td>4,575,723</td>
</tr>
<tr>
<td>Increase in receivables, inventories, etc.</td>
<td>809,001</td>
</tr>
<tr>
<td></td>
<td>$74,698,742</td>
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</tbody>
</table>

Comparative Service to the Community

<table>
<thead>
<tr>
<th>Service</th>
<th>1979</th>
<th>1980</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Admissions</td>
<td>16,868</td>
<td>17,749</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>48,129</td>
<td>47,372</td>
</tr>
<tr>
<td>Family Practice Visits</td>
<td>9,667</td>
<td>10,912</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>79,057</td>
<td>85,482</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>1,923,034</td>
<td>2,059,103</td>
</tr>
<tr>
<td>Radiology Diagnostic Tests</td>
<td>113,766</td>
<td>117,252</td>
</tr>
<tr>
<td>Physical Medicine Treatments</td>
<td>112,257</td>
<td>125,286</td>
</tr>
<tr>
<td>Pulmonary Function Studies</td>
<td>9,414</td>
<td>10,811</td>
</tr>
<tr>
<td>Surgical Procedures</td>
<td>8,192</td>
<td>8,802</td>
</tr>
<tr>
<td>Open Heart Surgery Procedures</td>
<td>1,243</td>
<td>1,493</td>
</tr>
<tr>
<td>Cardiac Catheterizations</td>
<td>2,303</td>
<td>2,576</td>
</tr>
<tr>
<td>Kidney Dialysis Treatments</td>
<td>4,515</td>
<td>4,639</td>
</tr>
</tbody>
</table>
Officers

Charles P. LaBahn  Chairman of the Board
Donald S. Buzard  Vice Chairman
Glenn W. Buzzard  Vice Chairman
Hope H. Anderson  Secretary
James T. Williams  Treasurer
G. Edwin Howe  President
Susan M. Bode  Vice President
John N. Schwartz  Assistant Secretary
Daniel J. Carlton  Assistant Treasurer

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Merton E. Knisely  President Emeritus

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Daniel J. Carlton  Vice President
John N. Schwartz  Vice President
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William E. Byers  Associate Administrator
Steven J. Fish  Associate Administrator
Robert L. Radcliffe  Executive Director
St. Luke's Foundations
Kenneth J. Connell  Assistant Administrator

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Donald S. Buzard  Glenn W. Buzzard  William M. Chester, Jr.
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Herman O. Menck  Clifford F. Messinger  Ebner F. Luetzow
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Carl T. Swenson  Theodore R. Wieseman  J. Robert StrassLunger

Honorary Board of Directors


*Deceased
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President                      Richard H. Strassburger, M.D.
President-Elect                John E. Cordes, M.D.
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DEPARTMENT CHIEFS

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Cardiology                     Henry H. Gale, M.D.
Family Practice                 Gojko D. Stula, M.D.
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Internal Medicine              Salvatore Ficano, M.D.
Laboratory Medicine            Ijaz N. Qureshi, M.D.
Obstetrics and Gynecology      Robert J. Fritz, M.D.
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Maxillo-Facial Surgery
Physical Medicine and           Edwin C. Welsh, M.D.
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Psychiatry                     August D. Kropp, M.D.
Radiology                      James R. Nellen, M.D.
Surgery                        Joseph J. Mueller, M.D.
Thoracic Surgery               Richard T. Shore, M.D.