June 2016

Annual Report, 1980

Aurora Health Care
ST. LUKE'S Hospital
Milwaukee

Annual Report 1980

MISSION ... IMPERATIVE
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
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.

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.
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.

Faculty members and 19 residents worked in tandem on 10,912 patient visits at the St. Luke’s Family Practice Center.

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

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

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.

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

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

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.

Employees and physicians join other community participants in the annual Harvest of Health run.

The benefits program strives to keep pace with each employee's needs for financial security and individual growth.

The new medical library is recognized as one of the finest available to employees and physicians in Wisconsin.

Employee caring extends beyond the work setting through such voluntary efforts as giving Christmas packages to needy families.
## The Source and Use of Funds 1980

### Financial Statement

#### Where Did the Money Come From?

<table>
<thead>
<tr>
<th>Source</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><em>Donations</em></td>
<td>629,705</td>
</tr>
<tr>
<td>Investment income</td>
<td>847,966</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$82,157,133</strong></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.  

| Amount | $7,458,391 |

**Total** | **$74,698,742**

#### Where Did The Money Go?

<table>
<thead>
<tr>
<th>Expense</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>
</tr>
<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>
</tbody>
</table>

**Total** | **$74,698,742**

### 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>4,518</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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President Emeritus

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Vice President  
John N. Schwartz  
Vice President  
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Associate Administrator  
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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John E. Koenitzer  
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Jere D. McGaffey  
Paul B. Oldair  
Augus N. Renner  
Robert A. Rietz  
Russel M. Rutter  
Richard H. Strassburger, M.D.  
Rev. Robert S. Wilch  
James T. Williams

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Stanley L. Rewey  
Carl T. Swenson  
Kenneth R. Geist  
Clifford F. Messinger  
Everett G. Smith  
Theodore R. Wieseman  
Ebner F. Luetzow  
Wilbert G. Prasse  
J. Robert Strassburger  
Leonard E. Zastrow

*Deceased
MEDICAL-DENTAL STAFF OFFICERS

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President-Elect John E. Cordes, M.D.
Secretary-Treasurer Joseph A. Manago, M.D.

DEPARTMENT CHIEFS

Anesthesiology Warren C. Bogle, M.D.
Cardiology Henry H. Gale, M.D.
Family Practice Gojko D. Stula, M.D.
Hyperbaric Medicine Eric P. Kindwall, M.D.
Internal Medicine Salvatore Frusciante, M.D.
Laboratory Medicine Ijaz N. Qureshi, M.D.
Obstetrics and Gynecology Robert J. Fritz, M.D.
Orthopedics James A. Hytlewicz, M.D.
Otorhinolaryngology and Maxillo-Facial Surgery Thomas M. Kidder, M.D.
Physical Medicine and Rehabilitation Edwin C. Welsh, M.D.
Psychiatry August D. Kropp, M.D.
Radiology James R. Nellien, M.D.
Surgery Joseph J. Mueller, M.D.
Thoracic Surgery Richard T. Shore, M.D.