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April 2015

### **Sinai Samaritan celebrates a tradition of diversity and excellence, 1863-1993**

Advocate Aurora Health

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# 130 Years

HISTORY OF



*Sinai Samaritan*

AURORA HEALTH CARE 1987

*Good Samaritan*  
1980

*Deaconess*  
1910

*Mount Sinai*  
1903

*Lutheran*  
1863



LOVE  
through  
DIAKONIA

THE HOSPITALS



## *Sinai Samaritan Celebrates a Tradition of Diversity and Excellence*

1863-1993

*Sinai Samaritan  
Celebrates a Tradition of  
Diversity and Excellence  
1863 - 1993*

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## *A Tradition of Diversity and Excellence*

**S**inai Samaritan Medical Center celebrates a 130-year tradition of diversity and excellence in health care in the Milwaukee community in 1993. Sinai Samaritan's origins can be traced back to humble beginnings in 1863 when Milwaukee Hospital was founded, to 1903 when Mount Sinai Hospital was organized, and to 1910 when Deaconess Hospital was established.

In 1863 the population of Milwaukee was about 28,000. Today more than one million people call the Milwaukee area home. Rapid advances in medical science and technology, spiraling costs, the advent of managed care and other changes in reimbursement have profoundly reshaped the delivery of health care.

Despite these changes, our commitment to caring and service hasn't wavered in 130 years. The Lutheran Deaconess tradition, the Jewish heritage, and the legacy of the United Church of Christ have melded to form the diversity and excellence the medical center is known for today. These rich and varied traditions are the solid foundation upon which the medical center continues to grow, change and build for the future.



## Milwaukee Hospital (Lutheran Hospital)

*"... without money, but rich in faith."* 1863-1980

**M**ilwaukee in 1863 was a far different place from Milwaukee today. The Civil War was being waged. The present-day site of the West campus was farmland, within the city limits but definitely rural. Financially secure Milwaukee residents who needed medical care — even surgery — were treated at home by general practitioners. The poor were consigned to poorhouses or pesthouses.

Early hospitals throughout the nation were founded by church-affiliated groups putting into practice their basic religious tenets to care for the poor, the sick, and the disadvantaged. The situation in Milwaukee was no different. The Rev. J. Muehlhaeuser of Grace German Lutheran Church, prompted by the horrors of the cholera epidemic of the 1850s, pleaded with the Rev. William A. Passavant, Director of the Institution of Protestant Deaconesses in Pittsburgh, Pennsylvania, to come to Milwaukee to establish a hospital.

After more than a decade of negotiations, Milwaukee Hospital (informally called

"The Passavant") opened in 1863 as a 20-bed facility — the first Protestant hospital west of Pittsburgh. The converted brick farmhouse, purchased for \$12,000, was located on 10 acres of land near the western limits of the city "on an eminence which commanded a charming view of the whole city and the blue sky and lake beyond." Passavant administered the hospital from Pittsburgh through the Board of Managers of the Institution of Protestant Deaconesses.

The first patient admitted to The Passavant on August 3, 1863, is thought to have been a Norwegian sailor suffering from tuberculosis. Many early patients were sick or disabled veterans of the Civil War, and an



*The original Milwaukee Hospital was a remodeled farmhouse on the outskirts of town.*

isolation cottage for the treatment of victims of smallpox was maintained from 1866-1877. Four well-known Milwaukee physicians donated their services to the fledgling hospital.

Until 1903, all nursing care at The Passavant was provided by Deaconess sisters. For its first 20 years the hospital was under the direction of Sister Barbara Kaag who had trained in Pittsburgh and served under Dorothea Dix at a military hospital near Washington, DC. Deaconesses were highly religious, consecrated women who were trained to work in health care and social service fields.

Milwaukee Hospital, like other early hospitals, was a charitable institution. Donations towards the care of the indigent ill were made by individuals and congregations. Some sponsored beds; others stocked the ice house or donated livestock. The annual cost of medicine and medical instruments in 1872 was \$93.23; the cost of keeping livestock was \$172.03. In order to help finance operation of the hospital, the first non-charity patients were admitted in 1873 at a rate of \$5 per week.

In 1874, Dr. Nicholas Senn became the "physician in charge of patients" at Milwaukee Hospital, where he began a surgical career that would lead him to world fame. Senn was one of the first surgeons to wear boiled cotton gloves during surgery. He directed surgical on-lookers to stand back from the operating table so that the sweat would not drip from their beards into patients, and he is said to have performed the first appendectomy in the state in 1889. Senn's reputation spread rapidly, and brought many "for pay" patients to Milwaukee Hospital from throughout the state. He remained on staff until 1891.

The medical needs of the community were growing, and in 1883 the foundation was laid on the farmhouse hill for a new hospital building. At that time, hospitals were considered to be sources of contagious diseases, and a resolution was introduced before the Milwaukee Common Council to prohibit the hospital from expanding within the city limits.

The resolution failed, but the new 70-bed hospital was seriously damaged by fire before it could be occupied. Arson was suspected. According to a newspaper account: The smoking ruins were hardly allowed time to cool before the work of rebuilding was commenced, without money but rich in faith."

The supporters of The Passavant rallied, and the impressive three-story cream city brick hospital opened in 1885 at a cost of \$100,000. The "Good Samaritan" window near the elevators in the present-day main lobby of the West campus at one time graced the waiting room of this building, which was razed in 1932. A chapel was also built at this time, and the white marble altar and stained glass windows that currently adorn the Fritschel Memorial Auditorium/Chapel were salvaged when this building was taken down in 1969.

With this new facility, Milwaukee Hospital was poised for the new century — a time when monumental discoveries in general science would be given practical application in medical care. For the first time, citizens began to seek out rather than avoid care in hospitals. The average stay in a hospital at that time was 26 days.

The benefits of antisepsis, anesthesia, and laboratory science propelled great advances in surgery and health care. Infection was avoided by boiling instruments. New



procedures were possible with the discovery of anesthetic agents. By the turn of the century the donation of a microscope heralded the beginning of the laboratory at Milwaukee Hospital.

By 1902 part of a room was set aside for early x-ray equipment, designed and built by local druggist J. S. Janssen. In 1912 Janssen used his equipment to locate a bullet in President Theodore Roosevelt, who had been shot by a would-be assassin while visiting Milwaukee.

In its early years Milwaukee Hospital received advice and financial support from a "Board of Visitors" — eminent citizens who were charged with "visiting the institution and reporting to the public its findings." This body secured a special charter in 1895 as "The Milwaukee Hospital Auxiliary" in order to "receive gifts, grants, legacies, subscriptions and donations" for the benefit of the hospital.

The incorporators of this Auxiliary included many well-known Milwaukeeans: John H. Van Dyke, Charles F. Ilsley, F. G. Bigelow, John Pritzlaff, James G. Jenkins, William Plankinton, Ferdinand Kiekhefer, James Spencer, John H. Inbusch, John H. Frank, John L. Mitchell, George Brumder, Frederick Vogel, Jr. and Frederick Layton.

The Rev. William Passavant and his son, William Passavant, Jr., directed Milwaukee Hospital for 39 years. In 1902, the Rev. Dr. Herman L. Fritschel took over as the hospital's executive director — a position he held for 41 years. For its first 80 years, therefore, the hospital had only three directors, Fritschel was also organizer and board member of St. Luke's Hospital on Milwaukee's south side at its founding in 1928.

By 1903, the Deaconesses recognized the fact that skilled nurses outside the religious life of the Deaconess would be needed to meet the needs of the growing hospital. In response to this need, and to meet AMA mandates, they established the Milwaukee Hospital Training School for Nurses. The school remained in operation for 70 years and 2,107 nurses were educated there before the school closed its doors in 1973. The Deaconesses — "the little army of sisters" — supervised the nurses, managed household affairs, and handled much of the office work.

Milwaukee Hospital expanded in 1908 with the dedication of the free-standing 45-bed Layton Home for the care of the chronically ill and aged — the first facility of this type in the city. This addition, which saw 58 years of use, was donated and endowed by Milwaukee philanthropist Frederick Layton.

In 1903 Layton had donated funds to landscape the 10-acre "park" surrounding the hospital and to construct the ornamental fence along Cedar Street (Kilbourn Avenue) that still exists today — apparently to dissuade neighborhood children from sledding down the hill in winter and playing on the grounds in summer.

A "modern, fireproof" Surgical Annex was added west of the main hospital in 1912 — the oldest part of the West campus that remains today.

As medical science evolved, so did medical education and standards. By 1913, a national professional organization called the College of Surgeons (a forerunner of the present-day Joint Commission) was certifying surgeons and hospitals. The Milwaukee Hospital medical staff, organized in 1895, enlarged and reorganized in 1918 to meet these standards.

Early in the century, hospitals across the country affiliated with medical schools to integrate clinical practice into formal professional medical school training. During the 1920s, Milwaukee Hospital affiliated with the Milwaukee College of Medicine (later the Marquette University School of Medicine, now the Medical College of Wisconsin) for formal training of interns. Medical residency programs followed, and by the 1960s the hospital had a separate department of medical education.

In the 1920s expansion plans were again under way, and in 1925 nearly 400 volunteer solicitors raised \$466,000 from the community in a 10-day fundraising drive — the largest amount that had ever been raised by a single institution in the history of Milwaukee. A new hospital wing, a powerhouse, kitchen, laundry, and a nurses' home were dedicated in 1927 as a result of this effort.

Until 1929 Milwaukee Hospital had been legally part of the Institute of Protestant Deaconesses of Pennsylvania, Passavant's founding organization. The Deaconess Motherhouse was established in Milwaukee in 1893, however, and Deaconess training was transferred to that site. In 1910 the Motherhouse organized as a congregation of the Wisconsin District of the Iowa Synod of the Lutheran Church, and in 1927 affiliated with the American Lutheran Church.

In 1929 the Deaconesses formally incorporated as the Lutheran Deaconess Motherhouse at Milwaukee and Milwaukee Hospital became for the first time a locally owned entity. In 1931 a separate legal corporation — Milwaukee Hospital, Inc. — was formed and the hospital itself became separate from, although owned by, the Deaconess Motherhouse. The Lutheran Deaconess Motherhouse at Milwaukee

owned the hospital until its merger with Evangelical Deaconess Hospital in 1980.

The Motherhouse played a major role in the evolution of Milwaukee Hospital with significant Deaconess representation on the Board of Directors and in hospital operations throughout its history. In 1950 there were approximately 50 consecrated women active or in retirement at the Motherhouse, and the last Deaconesses retired from active service at the hospital in 1983.

Improvements continued apace as the historic 1884 hospital was razed and a new main hospital and east wing built in 1932, "equipped with all the scientific equipment for the diagnosis and treatment of patients that can be reasonably expected." The impressive wood-paneled area that is now used as the medical library for the West campus was the main hospital lobby at this time.

Following another successful fund drive, a free-standing Maternity Pavilion — a "new idea in hospital planning" according to that year's annual report — was completed at a cost of \$260,000 in 1942. Fifty mothers and 55 infants could be cared for in this building.

Ever since its beginning during the Civil War, Milwaukee Hospital had been closely involved with the nation's conflicts. During World War I, 48 graduate nurses entered war service, and Base Hospital 22, organized by staff physicians, left for France in 1918.

During World War II, 350 Milwaukee Hospital employees — including more than half of the nurses — had their names on the service flag that hung in the hospital lobby. This, obviously, strained the hospital's ability to provide care to civilians at home.



To help fill the gap, volunteers were trained by the American Red Cross — an average of 160 men and women volunteered each month during the war years — and have remained an important part of the hospital's operations ever since. At this time, the first "nurse aide" was hired.

The discovery and use of sulfa drugs in the late 1930s and antibiotics during World War II ushered in a new era in health care and strengthened the role of the pharmacy in the hospital. In 1944 Milwaukee Hospital was designated as one of the Milwaukee supply depots for the new wonder drug, penicillin.

In 1939 Blue Cross prepaid hospital insurance appeared in Wisconsin, and Milwaukee Hospital was a charter member of that plan. Hospitals had added a means of financial support — and a layer of financial complexity. Soon third-party payment of medical bills would be the norm rather than the exception.

Fueled by the financial prosperity and baby boom that followed World War II, hospitals began two decades of expansion. Births averaged 230 per month in the Maternity Pavilion in 1947. Milwaukee newspapers in 1945 pointed out a 1,100-bed shortage in the area, and called on area hospitals to provide new facilities without delay. Milwaukee Hospital had 375 beds at that time. The "high tech" Senn Wing, extending along 23rd Street, was added in 1952.

In 1952 the hospital broke with a 90-year tradition and hired its first lay administrator. Also that year, the Milwaukee Hospital Women's Auxiliary was established with a three-fold purpose: to inform the community of the good work being done at the hospital, to raise funds, and to perform volunteer service. Five years later there were 700

members, and the cherry-red uniforms of the Auxiliary members had become a common and respected sight at the hospital.

In 1956 a long-time goal was reached with the construction of a new Deaconess Motherhouse and a modern kitchen and cafeteria. A department of nuclear medicine and an intensive care unit debuted at the hospital shortly thereafter, and a parking structure was built at 23rd and Kilbourn.

The Hennekemper Wing was added to the hospital in 1963, accompanied by extensive renovation of other areas, and the press releases proudly announced that "on the eve of its 100th birthday" the Milwaukee Hospital was once again a new hospital." A program for Clinical Pastoral Education was introduced at this time and continued until 1983.

The mid-sixties brought new federally mandated social programs to ensure health care services for the poor and elderly — and complex compliance procedures to bedevil health care providers. "Unbelievable problems" with the new system are cited in an annual report. The first cardiac intensive care unit in the area was opened in 1966, and a computer was introduced as "the newest staff member" in 1967.

History was made in 1966 when the board of the 103-year-old Milwaukee Hospital voted to change its name to Lutheran Hospital of Milwaukee, Inc., in order to give the hospital a more distinct identity and honor the contribution of the Lutheran Deaconesses.

The board stated, "Lutheran Hospital of Milwaukee may change its name — will change its faces — but will never change its forward look."

A new auditorium-chapel was dedicated in 1969 and named after Herman L. Fritschel, who had administered the hospital for 41 years and chronicled its history in two books. The historic 1885 chapel was then razed. The final event in the old chapel was the nursing school's capping ceremony. The first in the new chapel was an employee wedding.

Following Milwaukee Lutheran Hospital's decision to remain and expand in downtown Milwaukee, a new six-story East Wing was added in 1970 at a cost of \$6.5 million. Five more floors were added to this wing in 1974. In 1975, Lutheran Hospital was granted approval by the state planning authorities to purchase a whole body computerized tomography (CT) scanner that would be shared with area hospitals.

## Mount Sinai Hospital

*"Service with dignity"* 1903 - 1987

In 1903 a small group of Jewish community leaders, coalesced by the energy of Rabbi Victor Caro of Temple b'ne Jeshurun, founded Mount Sinai Hospital in a rented building at the corner of Fourth and Walnut Streets in the heart of Milwaukee's Jewish settlement.

With "little money, but unlimited vision" these leaders established a hospital to serve an impoverished immigrant population of Russian Jews; to provide a facility for Jewish physicians, who were routinely excluded from the medical staffs of other area hospitals; and to exercise the Jewish principle of *chesed* (doing kindness) through a commitment to "treat, nurse and care for sick, disabled, and infirm persons regardless of race, nationality, or creed."

The hospital had 15 beds — seven private rooms and two four-bed wards. A public appeal brought donations of beds, linens, and other furnishings. Seventeen staff physicians represented the medical specialties of the times, and a Free Dispensary — an integral part of the Mount Sinai history — was opened to serve the indigent. Two hundred patients, half of them non-Jewish, were treated at the hospital that first year and receipts totaled \$7,000.



*The new 60-bed Mount Sinai Hospital was dedicated in 1914; this building, and additions made in 1922 and 1938 comprise 1993's "R" building.*

Also that year, 25 women formed the Mount Sinai Ladies Auxiliary as a sewing circle to provide the towels, sheets, bandages, and other fabric items that were essential to the operation of a hospital. A newspaper clipping reads: "Like a sisterhood in a Temple, like a parent's group in a school, Auxiliary Women have always sought to do for the hospital what a woman would do in her home: provide comforts and necessities, give that warmth and understanding so priceless when someone comes in with spirits at 'half mast'."

Donation Day, an annual Auxiliary fundraising event held for 30 years on Washington's Birthday, began in 1904. Proceeds were earmarked for operation of the Free Dispensary. President of the Mount



Sinai Hospital Association in its early days was Max Landauer, a businessman and leader of the Jewish community, who served in that role for 22 years.

In 1906 the decision was made to purchase the building that the hospital had been renting. The cost was \$10,000, half of which was raised by popular subscriptions in the community and the other half donated by Abraham Slimmer of Dubuque, Iowa. Slimmer was a banker and a farmer who was known throughout the nation for his philanthropy and whose support had been actively solicited by Rabbi Caro.

By 1907 it was necessary to build an addition to the small hospital at a cost of \$7,000. Ten private rooms and two eight-bed wards were added, bringing total beds to 41. It was soon apparent, however, that the "little hospital on the hill" could no longer meet the needs of an expanding population, a brand-new hospital was needed.

The Mount Sinai Hospital Association made plans to build a \$30,000 hospital and once again turned to Abraham Slimmer for assistance. Slimmer urged the association to expand its horizons and build a facility that would cost \$100,000 — a very large sum in those days. Slimmer promised to donate half the amount for the new hospital — \$50,000 — if the community could raise the rest by the hospital's tenth birthday in 1913.

The Wisconsin Jewish Chronicle reported: "The project was huge and frightening. The laboring man then was making about \$15 a week. Money was tight and four months after the start of the campaign only \$15,000 had been subscribed."

The community met the challenge, however, and in 1913 the "old Waldeck homestead" was purchased on the corner of 12th and Cedar (Kilbourn Avenue). The five-story, 60-

bed hospital, "equipped with handsome furnishings and thoroughly modern in detail," ultimately cost \$160,000 and was dedicated with much pomp the following year.

Abraham Slimmer also willed \$250,000 to Mount Sinai in the form of a perpetual endowment fund upon his death in the early 1920s. A Chicago journalist wrote of this early friend of Mount Sinai:

"Mr. Slimmer gives much time and thought to the manner in which he dispenses his charities. It seems that he is eager to help the weak and the struggling. His benefactions have been bestowed mainly on Hospitals, Orphan Asylums and homes for the Aged. It is his aim and purpose to teach others how to give. For the most part his gifts are contingent on communities subscribing a like amount to his own. As he believes in helping the weak and the struggling, he often seeks out the smaller community in which the facilities are not at hand to serve them in the matter of health-giving institutions."

By 1922 a five-story wing had been added to the north at a cost of \$350,000 and included 100 additional beds and a nurses' residence. Another three-story addition was completed in 1938. The original hospital and these additions comprise today's "R" Building at the East campus.

In 1914 nearly two-thirds of those who used the hospital were "free," or non-paying, patients. By 1924, the Free Dispensary kept more than 50 volunteer physicians and dentists busy in a newly remodeled building north of the hospital. Mount Sinai was one of three local hospitals offering free care to the poor, was the first to offer free dental care, and was a pioneer in offering free prenatal care to pregnant women. Eventually this "Service with dignity" was subsidized by the Milwaukee Jewish Welfare Fund, of which Mount Sinai Hospital was a partner.

The financial crisis of the times affected hospitals as well as other institutions, and in 1933 Mount Sinai was \$60,000 "in the red." A ten-day drive to "Keep the Doors of Mount Sinai Hospital open" raised \$75,000 and ensured the hospital's continued presence in the community.

The Mount Sinai Nurses' Training School had been established in 1914. Before that time, nurses from Trinity Hospital Nurses' Training School staffed the hospital. In 1943 the government passed the Bolton Act and issued an urgent appeal for nurse training to meet the needs of World War II. In response, Mount Sinai purchased and remodeled a nearby apartment building as a nurses' residence and increased enrollment in the nursing school.

The Mount Sinai Nurses' Training School graduated 1,288 nurses by the time it closed its doors in 1974. The school closed shortly after a national commission issued recommendations that nursing education be based in institutions of higher education rather than hospital diploma schools.

The medical staff at Mount Sinai began sponsorship of intern and resident programs in 1912. In order to attract a better caliber of medical intern, Mount Sinai established a program of medical education in 1953 and hired its first part-time medical education director. The first full-time director was hired in 1970.

By this time the Mount Sinai Ladies' Auxiliary had progressed well past its days as a sewing circle. The Mount Sinai Grand Ball was introduced in 1953, and the fact that \$100,000 was raised for the building drive fund attested to the formidable capabilities of this organization. The Grand Ball was held annually for 39 years, with proceeds earmarked for special projects and purchases of equipment.

In 1955 the United Hospital Fund Campaign was set up by the federal government to encourage expansion of hospitals around the country. A \$1 million grant from this fund and a \$60,000 bequest from the Edith and J. Oscar Greenwald estate enabled Mount Sinai to add the "A" Building at a total cost of \$3,200,000 and increase beds to 360. The new building also featured an auditorium and expanded facilities for medical education and research.

During the 1960s the Board of Trustees was faced with an important decision: to relocate in a smaller facility in a suburban location in order to more conveniently serve the Jewish population, or stay downtown and continue to serve the indigent as well. At this time Mount Sinai provided the highest percentage of free care of all private hospitals in the state of Wisconsin. Citing the principle of *tzedakah* (charity) the board in 1968 determined to remain and expand downtown.

The sixties also saw involvement of the hospital in the urban renewal programs funded by the federal government and coordinated by the city of Milwaukee. Through these programs property surrounding the hospital was acquired by the city, cleared, and sold to Mount Sinai for development.

Also in the sixties, programs to address the mounting crisis of teen pregnancy were first introduced. The Emergency Department was commended by the city government and the press for its preparedness during the "civil disturbances" in 1967. The Rosenfield Study, released in 1967 and sponsored jointly by the hospital and the Milwaukee Jewish Federation, urged expansion of medical education and research through a major medical school affiliation. Intensive and coronary care units were opened.

Mount Sinai Hospital met the 1970s with a new name — Mount Sinai Medical Center — and plans for a major \$26 million expansion that would more than double the size of the facility. A \$6 million fund-raising drive, “Once in a Generation,” was undertaken.

The new 192-bed addition to Mount Sinai Medical Center was dedicated in 1976 with the placement of a mezuzah on the front door. A special Commemorative Recognition Area in the main lobby was designed to recognize those who contributed to the campaign.

A Professional Office Building was added in 1973 and a parking structure in 1977. The Medical Center established a cooperative arrangement with the Planned Parenthood Association in 1972, and also initiated a mass screening program for detection and counseling of those with Tay-Sachs disease — a deadly genetic disorder affecting Jews of Eastern European heritage. Programs in sports medicine and geriatrics were also introduced in the 1970s.

In 1974 a long-time dream of the medical center was realized with announcement of a formal affiliation with the University of Wisconsin Medical School in Madison. The school established its Milwaukee Clinical Campus at Mount Sinai in order to provide students and residents with the broad range of clinical experience that only a large urban hospital can provide. Affiliations with the Medical College of Wisconsin and the Marquette University Dental School were announced in 1976.

The Mount Sinai Medical Center Foundation was established by the Board of Trustees in 1977 as a vehicle for accepting charitable contributions for the institution and establishing an endowment fund. The Foundation’s assets included contributions made by donors for specific purposes, such as memorial lectures, equipment and patient care, as well as unrestricted gifts. The Foundation also awarded grants as seed money for medical research.

A generous gift led to the dedication in 1980 of the \$1.2 million Muriel and Jack Winter Family Research Building.

Joining national trends, Mount Sinai established outpatient satellite clinics in order to provide convenient access to health care for patients and to serve as “feeders” to the medical center. A physician office building was opened to serve the north shore, and a donation from two sisters led to the opening of the Ruth Coleman-Ida Soref Breast Diagnostic Center at that location in 1987.



## Evangelical Deaconess Hospital

*"benevolent, charitable, and educational ..."* 1910-1980

In 1909, Pastor Henry Niefer persuaded the German-preaching pastors of the Wisconsin District of the Evangelical Synod of North America to establish a hospital in the bustling metropolis of Milwaukee. In order to do so, they followed the lead of many Protestant denominations of that time and formed a deaconess society to found and maintain a hospital for "benevolent, charitable, and educational purposes." The Evangelical Church, together with the Reformed and Congregational Christian Churches, eventually formed today's United Church of Christ.

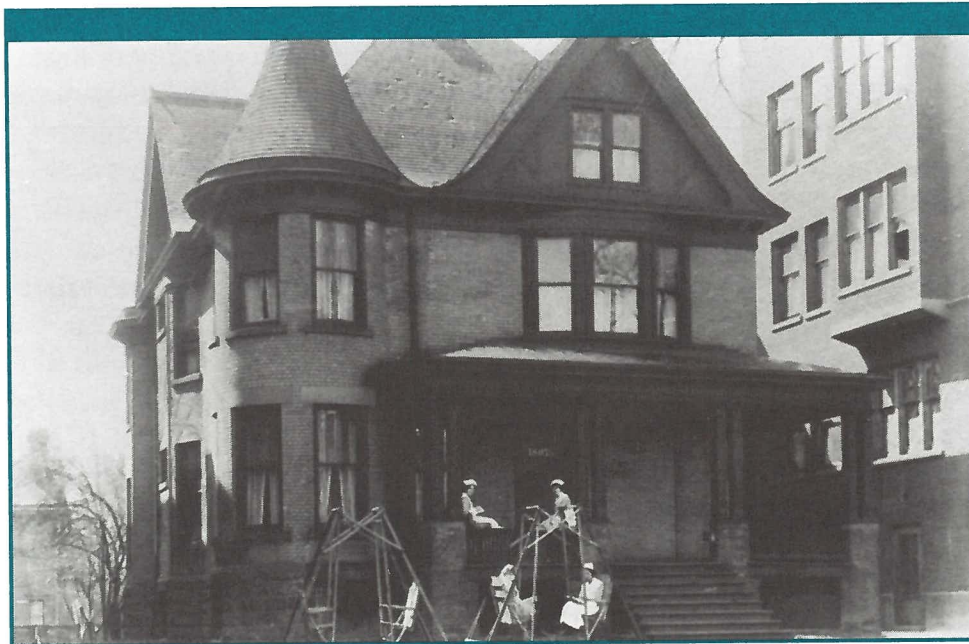
society was *Evangelischer Diakonie Verein des Wisconsin Distrikts der Deutschen Evangelischen Synode von Nord Amerika*, which was formally changed to the Evangelical Deaconess Society in 1919. The Ladies' Auxiliary, founded in 1918 with 71 members, was called the *Damen's Hilfsverein*, and the official hospital newsletter was printed in German until 1924.

In 1910 the Society purchased and remodeled "the home of Dr. Wurdeman" at 1807 Grand (Wisconsin) Avenue for \$25,000.

Nine patients were promptly admitted to the 15-bed Evangelical Deaconess Hospital, where they were cared for by two deaconess sisters under the leadership of Sister Mathilda Berg. Members of area churches held bazaars, canned vegetables and fruits, and sewed the pillow slips and sheets for the new hospital.

The first year's operating income for the hospital was \$7,915, and end-of-the-year ledgers show a balance of \$84 cash on hand. A total of \$74 was spent on medicine that year, and \$220 on nurses'

salaries. Seven years later a new four-story 50-bed hospital was dedicated on property just west of the original hospital.



*The 15-bed Evangelical Deaconess Hospital opened in 1910 in the remodeled home of a physician.*

So "German" in nature was this organization that deaconess recruitment literature in its early years was printed in the German language. The original name of the founding

Also in 1917, the Evangelical Deaconess School of Nursing was organized. Support for a "home and training school where Deaconesses and nurses shall live and be educated" was always a main goal of the Society. The school was incorporated in 1919, granted state accreditation in 1920, and in 1923 affiliated with four other nurse training schools — including those at Milwaukee Hospital and Mount Sinai Hospital — to receive formal lectures and laboratory instruction at the Milwaukee Central School (now MATC). The school remained in operation for 67 years and produced 1,746 skilled nurses for the Milwaukee area before closing its doors in 1986.

The medical staff at Evangelical Deaconess Hospital was organized in 1920, and the hospital was approved by the American College of Surgeons and the AMA for intern training in 1930. A milestone was reached in 1974 when Deaconess established the first Family Practice residency program in Milwaukee in affiliation with the Medical College of Wisconsin.

By early 1923 hospital leaders were appealing to the consciences of District members for funds to expand the facility. By August of that year, 200 patients a month were being denied admission because of a lack of space. In 1924 ground was broken for a new two-wing hospital addition that would increase patient beds from 72 to 180 and provide space for x-ray and pathological services. In 1946 the Rev. Dr. A. H. Schmeuzer was named administrator of the hospital, a position he would hold through 17 years of growth and change.

Deaconess, like Milwaukee Hospital, Mount Sinai and other hospitals around the country, evolved as a training center for residents, interns, licensed and practical

nurses, aides and orderlies, therapists, and technicians who worked in unique new areas of service called laboratories, pharmacies and x-ray departments.

As training in these specialties became more costly and complex, educational programs were transferred to institutions of higher education. Health care professionals-in-training continued to be assigned to affiliated hospitals for clinical rotations. To prepare those who chose to minister to the spiritual needs of patients, a nationally accredited clinical pastoral education program was offered from 1963 to 1983.

A major addition in 1954 and various expansions and remodelings brought the bed count at Deaconess to nearly 300 by 1960. That decade also saw the installation of the first cobalt treatment (and later the first linear accelerator) unit in Wisconsin and the first hemodialysis unit in Milwaukee.

Open heart surgery in Milwaukee was pioneered at Deaconess, and the state's first such clinical research operation was conducted there. Milwaukee's first federally funded center for the education, screening and counseling of Sickle Cell Anemia victims was located at Deaconess from 1971-77. As hospital administration increased in complexity, the decision was made in 1967 to hire Deaconess Hospital's first lay executive director, Kenneth S. Jamron.

In 1974 the \$2.5 million Masonic Diagnostic and Treatment Center, a cooperative effort of Deaconess and the Wisconsin Masonic Medical Institute, Inc., was dedicated. It provided, among other services, a modern 24-hour Emergency Department, outpatient facilities, and the first fertility clinic in Milwaukee.

But clearly, the days of unlimited hospital expansion were over. In 1975, the National Health Planning Development Act created health systems agencies across the nation to eliminate duplication of hospital beds and services.

Deaconess had phased out its obstetrical unit in 1969, becoming the first hospital in Milwaukee to eliminate a major service area. The pediatrics program closed the following year. In 1977, the radiology

department at Lutheran Hospital merged with and came under the direction of the department at Deaconess as a shared service-cost efficiency move.

In 1978 Deaconess was instrumental in the founding of the first HMO (health maintenance organization) in the city of Milwaukee, in recognition of the need to better manage the use of inpatient hospital resources.



## Good Samaritan Medical Center

*“...a bridge joining two great institutions that are now one.” 1980 - 1987*

In 1977 the Southeast Wisconsin Health Systems Agency (SEWHSA) approved the construction of Froedert Memorial Lutheran Hospital in Wauwatosa with three conditions: that the total number of hospital beds be reduced downtown; that additional outpatient facilities be provided to meet the needs of the central city; and that a major consolidation and sharing of existing services take place.

At that time, the impetus was for a three-way merger of Lutheran Hospital of Milwaukee, Deaconess Hospital, and the Froedert Corporation. A negotiator later recommended to SEWHSA that Froedert should be independent and that a two-way Lutheran-Deaconess merger was more feasible.

The reasons for merger were compelling. Even so, negotiations between Lutheran and Deaconess were intense and lasted more than four years. During this time, the state withheld approval for requested expansion of facilities and programs and adopted a resolution that would allow no rate increases until a merger took place. Civic groups added their persuasive voices to the discussion, and the media, reporting the issue with interest, clamored editorially for action.

In 1980 the merger was finally approved. The new institution was called Good Samaritan Medical Center, a name which epitomized the mission both hospitals felt called to by their religious traditions. Kenneth S. Jamron, president of Deaconess, was named president of Good Samaritan. The newly-merged hospital was authorized for 701 beds (290 at the Deaconess campus

and 411 at the Lutheran campus), but only 503 of these were planned for actual use.

In 1981, shortly after the merger, Samaritan Health Plan was incorporated as the area's first hospital and independent physician association health maintenance organization.

Good Samaritan Medical Center operated as two campuses. As medical center occupancy rates declined following the growth of managed care and changes in government reimbursement, however, the difficult decision was made to plan for consolidation of programs at the Lutheran site.

In 1984 the voluntary affiliation of Good Samaritan Medical Center and St. Luke's Hospital — the largest private hospital in Wisconsin — was announced. St. Luke's Samaritan Health Care Inc. was formed to serve as the parent corporation, directed by a board composed of representative board members from each hospital. It was hoped that affiliation would reduce operating costs and make both hospitals more competitive in the marketplace.

One goal of St. Luke's Samaritan Health Care Inc. was the establishment of free-standing ambulatory care centers that would combine the convenience of neighborhood outpatient care with the full back-up of an acute care hospital.

Also in 1984, Good Samaritan Medical Center became a founding member of Avenues West, an association of businesses, institutions, and individuals on Milwaukee's near west side that actively works to

maintain and improve the area. Mount Sinai Medical Center and Marquette University were also founding members of Avenues West. A program that led to the rehabilitation of houses in the Good Samaritan neighborhood grew, in part, out of this association. Also during that year, the state Division of Health denied a petition by Good Samaritan Medical Center to build a 120-bed, \$14 million hospital in Grafton.

Good Samaritan Medical Center completed consolidation of its services at the Lutheran campus site in 1985 with the dedication of its three-story addition. The Emergency Department and the ambulatory care and outpatient services of the Masonic Diagnostic and Treatment Center were relocated from the Deaconess campus to the new facility.

When Deaconess closed its doors the medical center president issued the following statement:

“The rich history of Deaconess Hospital accounts for the very mixed feelings about its closure. On the one hand, this represents a sound and logical business decision. On the other, we cannot help but see it as an event fraught with emotion. No matter how

the final chapter of Deaconess Hospital history is read, it is a prime example of the tremendous changes occurring in health care today, and the absolute necessity for flexible management.”

Soon thereafter, the Deaconess property along Wisconsin Avenue was sold to Marquette University and the buildings taken down. Although the actual brick and mortar is gone, the Deaconess Hospital legacy of *diakonia* — service — continues today as a vital component of the Sinai Samaritan Medical Center tradition.

This move culminated the first voluntary action on the part of a major Milwaukee hospital to seek cost containment through consolidation and reduction of beds. At the dedication ceremony for the new addition, the president of Good Samaritan Medical Center stated:

“This project represents a bridge — not ‘over troubled waters’ as some have said — but rather a bridge joining two great institutions that are now one. It spans two great heritages that have, for generations, demonstrated what quality health care is all about and what it will be for many years to come.”

## *Sinai Samaritan Medical Center*

### *Meeting Challenges 1987-1988*

**T**he announcement that Mount Sinai Medical Center was actively pursuing a merger with Good Samaritan Medical Center took Milwaukee by surprise on June 18, 1987. The proposed voluntary merger of these two venerable institutions could create the largest private hospital in the metropolitan Milwaukee area.

The two hospitals, located only eight blocks apart, shared a dilemma common to hospitals in the eighties. National trends showed a steady shift in patient use and preference to ambulatory outpatient clinics. Acute-care hospitals with large numbers of inpatient beds were increasingly underutilized. Only 54% of Mount Sinai's 355 available beds, for example, were occupied at the time of the merger. Only 52% of Good Samaritan's 385 beds were occupied. An additional 173 beds had been taken out of service.

At the same time, the costs of providing state-of-the-art medical care were skyrocketing. New diagnostic equipment like magnetic resonance imaging units, new procedures like angioplasty, new wonder-drugs like r-TPA — all saved lives and were essential to the state-of-the-art medical center, but all were extremely expensive. Reimbursement for medical education, too, was shrinking.

At the same time, the use of the prospective payment system by many government and private insurance plans — while aimed at the important goal of cost containment — strapped all hospitals' ability to charge for services based on the actual cost of those services.

Concerned about its future, Mount Sinai had hired a consultant to develop a long-range plan. The news was not good. The consultant's report pointed out that a substantial infusion of funds from the community would be needed immediately just to balance the budget.

In addition, the estimated cost of securing Mount Sinai's future as an independent entity was high — \$27-\$32 million was needed for essential renovations and equipment purchases. The medical center had economized operating expenses to the point that additional cuts could not be made without sacrificing quality of care, so the needed funds could not be generated internally.

Faced with this grim prognosis, Mount Sinai studied its alternatives. Sarah Dean, the president of Mount Sinai Medical Center, met with G. Edwin Howe, president of St. Luke's Samaritan Health Care, Inc., and suggested a merger of Mount Sinai and Good Samaritan. In June 1987 — a mere five weeks later — an announcement of serious merger discussions was made public. On November 3, 1987, the Mount Sinai corporate membership voted 129-4 to approve the merger. The boards of Good Samaritan and St. Luke's Samaritan Health Care Inc. both voted unanimously for merger.

The merged institution was named Sinai Samaritan Medical Center and came under the direction of a new board, half of whose members came from the Good Samaritan board of directors and half from the Mount Sinai board of trustees. The religious



traditions of each hospital were to be retained and honored. A new president Albert L. Greene, was hired to guide the medical center through the sensitive process of combining not only facilities, programs and staffs, but also treasured heritages.

A consulting firm was retained to recommend planning alternatives for the future of the medical center. An array of 48 options was considered by board members, administrators, and medical staff — options ranging from the extremes of closing one of the campuses and consolidating all services at the other, to maintaining the status quo and providing all services at both campuses. A three-year consolidation and renovation plan was announced in August 1988 — less than one year after the merger was formally approved.

The plan was designed to allow Sinai Samaritan Medical Center to provide efficient and high-quality medical care and education for the residents of southeastern Wisconsin. The plan called for a reduction in licensed beds, consolidation of all obstetrics services, and renovation of patient care areas to create all private rooms on both campuses.

“Although we are a not-for-profit institution,” said Greene in announcing the plan, “we must generate income that exceeds expenses if we are to survive. To accomplish our mission of quality service to the community, we must produce net income for re-investment in the medical center.

This plan is the road map that will take us to that destination. It minimizes capital investment needs, maximizes operating efficiencies, and provides the resources to offer absolutely top quality care and treatment.

Furthermore, it builds on the significant investments that have been made over the years at both Mount Sinai and Good Samaritan.”

Some of these cost efficiencies came about through the consolidation and relocation of some Sinai Samaritan departments to Aurora Health Care’s newly opened Heil Center. (St. Luke’s Samaritan Health Care Inc. had changed its name to Aurora Health Care Inc. shortly after the Sinai Samaritan merger.) Departments involved included: purchasing, financial services, printing, creative services, business offices, computer services, data processing, and laundry services.

Other components of the plan included an analysis of medical education, consolidation of the medical staffs, improvement of ambulatory surgery facilities, renovations at both campuses, removal of several buildings on the East campus, construction of additional medical office space, development of new Sinai Samaritan affiliated primary care practices and equipment improvements, especially in diagnostic services.

“The plan the board has selected is the result of a full analysis of all the financial, clinical and physician linkages involved,” said Albert Greene in an official statement following approval of the plan. “It provides the greatest benefits to our patients, our physicians, our staff — and to the community we have served conscientiously for so many years. And it does so economically.”

## *Sinai Samaritan Medical Center*

*Moving Ahead 1988-1993*

**W**hile implementing clinical consolidations in 1989, Sinai Samaritan admitted more patients than any other hospital in Wisconsin. 22,000 patients received care and 160,000 emergency and outpatient visits were provided. Nearly 50% of all local hospital admissions for Medicaid patients were made to Sinai Samaritan Medical Center.

Although significant steps were taken to consolidate services and contain costs, 1989 was a difficult year. It clearly demonstrated the need to make greater strides to successfully accomplish the medical center's mission as Milwaukee's only remaining downtown hospital. Losses were cut in half in 1989 as departments held operating expenses to 1988 levels. However, revenues fell \$4.5 million short of expenses.

Despite financial concerns, important accomplishments were made in many departments, including approval of new medical staff bylaws creating a unified medical staff. This was a complex undertaking, given Sinai Samaritan's role as the Milwaukee Clinical Campus of the University of Wisconsin Medical School, where more than 100 residents and fellows train each year. Radiation Oncology was consolidated at the East campus and a single Tumor Registry was formed. Utilization controls on mental health services helped save millions of dollars, and the average length of stay at the medical center was reduced by one-half day. Dietary, telecommunications, mail services and laboratory functions also merged in 1989.

As these consolidations occurred, facility and equipment upgrades were being made. In the Radiology Department, new ultra-

sound machines, a CT scanner and a new angiography suite were installed to provide advanced imaging. The Mount Sinai Auxiliary donated \$75,000 for a specialized diagnostic trauma system in the Emergency Department, and \$50,000 for pediatric emergency medical equipment and a children's play area. The Good Samaritan Auxiliary made a large contribution to the Rehabilitation Services Department for new, innovative therapy equipment.

Sinai Samaritan continued to make important contributions to enhance the community. The Avenues West Association, which the medical center helped establish in 1982, presented neighborhood revitalization plans for an area just west of the downtown business district. The medical center doubled its commitment to care for Soviet Jewish immigrants, in partnership with the Jewish Federation. Sinai Samaritan continued its community health education outreach with a children's health fair, a Call-A-Nurse referral service and several health newsletters.

As 1989 drew to a close, a full 70% of patients were receiving care under Medicare or Medicaid programs, and financial stability had not yet been achieved. According to William I. Jenkins, FACHE, who had taken over the helm as medical center president in 1990, "The time had come to aggressively pursue further consolidation and improve reimbursement."

The year 1990 was a pivotal one in Sinai Samaritan's history. Sinai Samaritan was designated an "Essential Access Community Hospital" (EACH). This designation by state legislators and the Governor recognized Sinai Samaritan as the primary provider of inpatient care to Milwaukee

County's Medicaid recipients, and as the last remaining provider of acute care and outpatient services in the central city.

A combination of outstanding community service and clinical quality earned Sinai Samaritan two distinctions in 1990: a full three-year accreditation from the Joint Commission, and a \$10,000 award in the national Foster McGaw competition.

A formidable task for 1990 was to build upon the five centers of excellence (Women's Health Services, Cardiovascular Medicine, Mental Health and AODA Services, Orthopedics, Rehabilitation and Sports Medicine and Primary Care), while at the same time containing costs.

The year 1991 was a new beginning for Sinai Samaritan. For the first time since the merger in 1987, all clinical services were consolidated. The medical center strengthened its commitment to medical education by signing new multi-year agreements with the University of Wisconsin Medical School. These agreements enable the medical center to provide excellent training in primary care, internal medicine, obstetrics-gynecology, psychiatry, cardiology and gastroenterology.

In August 1991, a \$6 million dollar plan to rehabilitate 330 apartments in ten buildings near the West campus was announced. Called Johnson Square, this plan involved rehabilitating the buildings, and changing some apartments from small efficiencies and one-bedroom units to larger, family-oriented dwellings.

Rehabilitation Services opened Easy Street Environments®, a life-like setting which allows patients to master the challenges of everyday life with a realistic replica of actual city streets, within the rehabilitation setting.

In the fall of 1991, the Radiology department unveiled a new Siemen's multi-specialty trauma room.

At the end of 1991, the Sports Medicine Institute (SMI) was named the official sports medicine center for the Milwaukee Admiral hockey team, the Milwaukee Wave soccer team and the Milwaukee Kickers. The SMI also opened a satellite center in Brookfield and moved its primary location from the West campus to the Professional Office Building on the East campus.

During 1992, Aurora Health Care, on behalf of Sinai Samaritan Medical Center, contributed cash and properties worth \$4.1 million to Marquette University's Campus Circle project. Campus Circle is a comprehensive approach to neighborhood redevelopment through housing and commercial development. It is a public-private partnership between Marquette University, the City of Milwaukee, and business partners such as Aurora Health Care.

The entrance and reception area of the Emergency Department at the East campus was redesigned to give it a more open customer-friendly atmosphere. Construction of the new MRI-CT Imaging Center was completed by the end of 1992.

A highlight of 1992 was the groundbreaking for the Milwaukee Heart Institute. The \$6 million project, at 945 N. 12th Street, is expected to be completed by the fall of 1993. The Milwaukee Heart Institute will be a one-stop, full-service, state-of-the-art cardiac facility. It will use the latest technology of today, and pioneer new procedures for tomorrow. The Institute building will house diagnostic and treatment functions, cardiology clinics, physician offices, and many other support departments.



The fund raising campaign for The Milwaukee Heart Institute, "The Heartbeat of Milwaukee," was a notable accomplishment during 1992 and 1993. The campaign solicited employees, board members, physicians, individuals, corporations and foundations.

The Milwaukee Heart Research Project, which began in the 1980s, continued developing a fully-implantable, electrically powered artificial heart. A prototype has been developed, and researchers expect to be doing clinical trials on humans in several years.

In mid-year 1993, plans were announced to build an Ambulatory Care Clinic at 12th and State Streets to enhance primary care in the central city. The project, including a four-story, 100,000 square foot clinic, clinic furnishings, a parking facility and a third-level skywalk connection to the medical center, is expected to cost \$14.5 million and be completed in 1994. It is estimated that more than 66,000 patients will be treated at the facility annually. The ambulatory care clinic is a collaborative project between Sinai Samaritan Medical Center and Children's Hospital of Wisconsin, which will lease part of the building for non-surgical outpatient services.

Development of a Strategic Plan was a major focus in 1993. "The Strategic Plan provides Sinai Samaritan with unprecedented clarity regarding the direction and focus for the future," said president William I. Jenkins, in describing the plan. "This plan was developed by Sinai Samaritan's board, medical staff, management and employees. For the foreseeable future, we will be concentrating our resources and efforts to transform Sinai Samaritan Medical Center into one of the premier health care delivery organizations in the greater Milwaukee area. As a key member of the Aurora Health Care

system, we will be leveraging our and the system's resources to improve the health status of the diverse people we serve. Sinai Samaritan has an exciting future ahead."

The mission statement was reviewed and revised as part of the strategic planning process:

*Sinai Samaritan Medical Center, an integral part of the Aurora Health Care system, is a major community teaching hospital committed to our location in the heart of the city and dedicated to improving the health status of the diverse people we serve. We provide access to comprehensive health care services emphasizing established values, education, and continuous improvement in quality and cost effectiveness. Our Medical staff and health care practitioners work together to provide primary, specialty and select tertiary care services delivered in an individualized, personalized and holistic manner.*

While the mission statement is expected to be unchanged for many years to come, the activities of the next five years are outlined by the vision statement which depicts what Sinai Samaritan will "look like" by the end of 1998. The vision converts the mission to concrete strategic directions and serves as the context for the formulation of shorter term goals, objectives and action plans.

The Strategic Plan approved in 1993 will address the services Sinai Samaritan offers in the greater Milwaukee area and Sinai Samaritan's role in the Aurora Health Care system; health care reform and community health status; governance; medical staff; programs and services; quality, service and technology; professional education and research; facilities; financial concerns; organizational culture and image. The vision will be accomplished through specific strategic goals.

## *Welcoming the Future*

*A glance back, a look ahead*

What does the future hold for Sinai Samaritan Medical Center? With national health care reform currently underway, no one can predict with certainty. But as much as some things may change, the more others will stay the same. The medical center's central objective and driving force will remain constant: to build upon its legacy of providing top quality medicine and compassionate care, following in the footsteps of its founders.

Sinai Samaritan Medical Center will continue to provide excellent medical facilities downtown and maintain its affiliation with the University of Wisconsin Medical School and the Medical College of Wisconsin. This will ensure top notch medical care to Milwaukee's urban population, while providing excellent training for Wisconsin physicians. The medical center will continue to provide outreach services so needed in a large urban area.

Serving all segments of the population may burden its resources, but Sinai Samaritan's philosophy of human compassion is consistent with its diverse religious heritages. Over the years when Mount Sinai, Lutheran and Deaconess Hospitals decided to remain downtown, their religious convictions and commitment to charity were primary reasons.

The board, physicians and staff of Sinai Samaritan remain committed to meeting the health care needs of all patients, regardless of their race, creed or ability to pay. Significant challenges lie ahead, but the medical center is poised to adapt to changing conditions to fulfill its mission. As the medical center continues to evolve, it will provide the people of southeastern Wisconsin with dignified and compassionate health care, steeped in a rich tradition of diversity and excellence.

Sinai Samaritan Medical Center  
945 North 12th Street  
P.O. Box 342  
Milwaukee, Wisconsin 53201-0342



Aurora Health Care

For further information please contact the  
public relations office of  
Sinai Samaritan Medical Center 414-937-5038.