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June 2016

St. Luke's Hospital Annual Report, 1970

Advocate Aurora Health

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St. Luke's Hospital **annual report**/1970

EMERGENCY
ENTRANCE



a life in the balance...

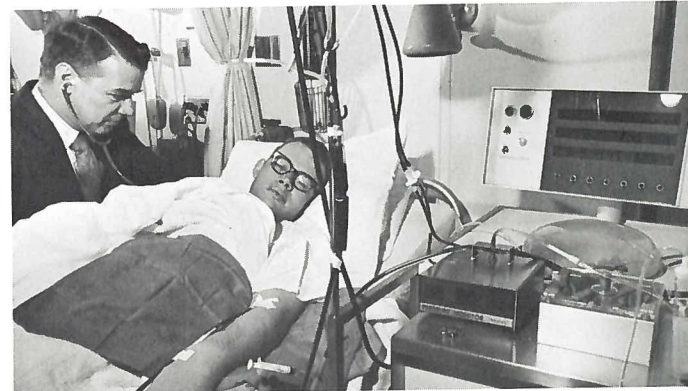
The wail of an ambulance siren pierced the calm of an early spring morning. Inside the police vehicle an attractive 39-year-old housewife and mother lay in shock and in a coma, the victim of an overdose of barbiturates. By the time the ambulance pulled into the hospital emergency port, her breathing was no longer spontaneous. A life hung in balance.

Within seconds, a long up-hill battle that would call upon the skills and know-how of over two hundred medically and paramedically trained people in restoring her life had begun. Less than two weeks later, she left the hospital, a healthy and happy woman.

This single emergency situation is but a microcosm of the breadth of human resources that St. Luke's Hospital drew upon in serving the community during 1970.



Emergency helicopter transfer



Kidney dialysis



Intensive care unit

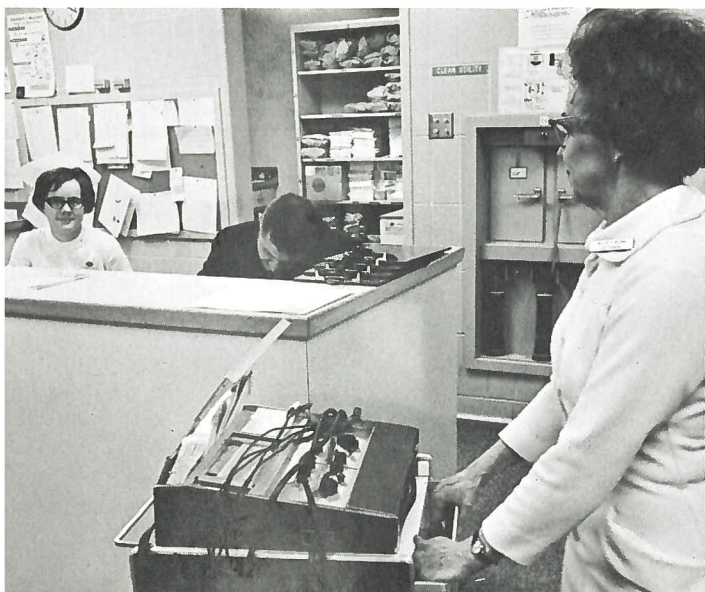
During this first year of the new decade, St. Luke's established a record number of emergency treatments. Instrumental in making this vital service possible was the group of physicians who staff the emergency area around the clock, MD Emergency Service of Milwaukee. These physicians, assisted by emergency room personnel, administered an average of 79 treatments daily for the year.

Emergencies give rise to a myriad of needs. Besides the MDES members who were on duty at all times, physicians trained in all specialties and subspecialties were available on an on-call basis. In the case cited above, a general practitioner, an anesthesiologist, an internist specializing in kidney disease and dialysis, a pulmonary physician, and a surgeon were all involved in the patient's care

shortly after her admission to the hospital. Later, she received the additional help of a psychiatrist.

Nor was this emergency service possible without the direct involvement of many hospital areas, all of which remained staffed 24 hours a day. Laboratory tests prepared by medical technologists under the direction of pathologists provided necessary information concerning the patient's condition as did X-ray examinations prepared by X-ray technologists and interpreted by radiologists. Medications from pharmacy, sterile supplies from central service, inhalation therapy treatments, electrocardiograms, electroencephalograms, and preparedness of surgical suites were all critical to the immediate care of patients.

Many emergency patients during 1970 bene-



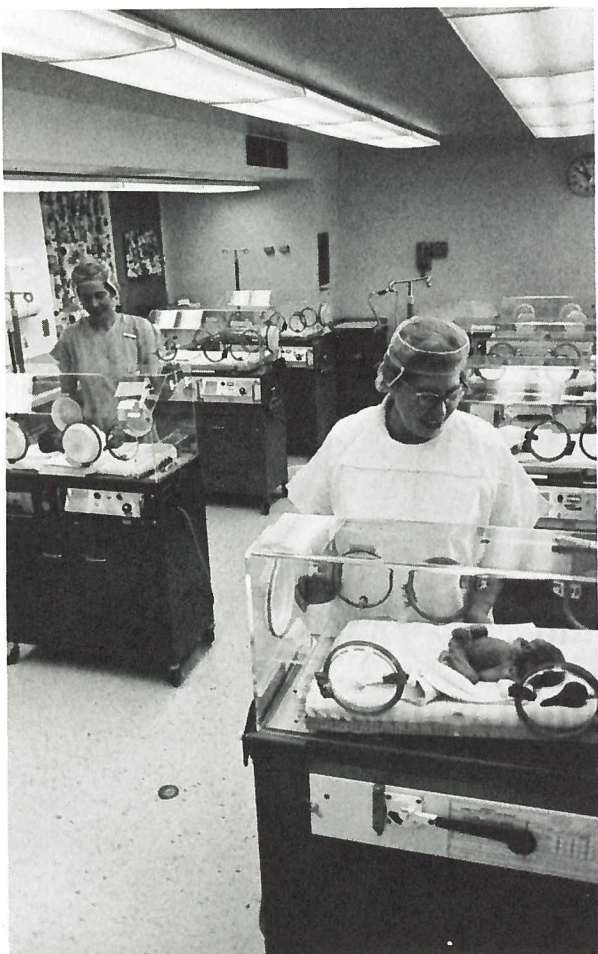
Electrocardiogram technician



Hyperbaric chamber facility



Cardiac care unit



Neonatal intensive care nursery

fitted from the care provided in some of St. Luke's specialized units.

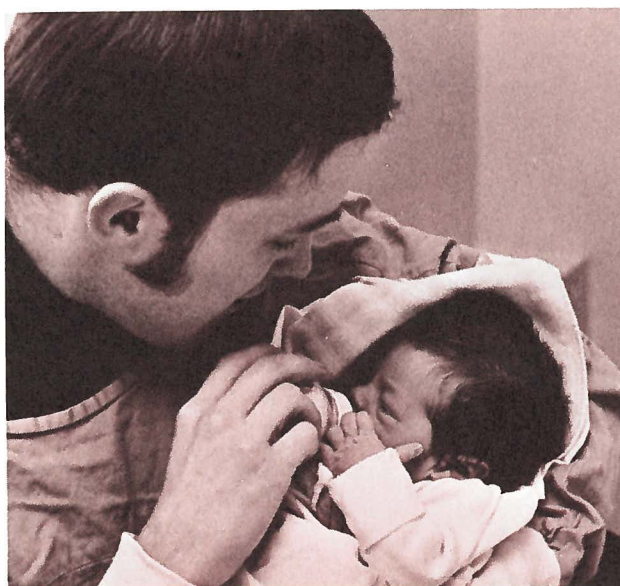
Within the ten-bed intensive care unit, patients were sustained through medical and surgical crises under the vigilance of highly-trained personnel. Victims of heart attacks who survived to reach the hospital had their chances for continued survival increased within the nine-bed cardiac care unit. For those in severe respiratory distress, a new four-bed pulmonary intensive care unit was available.

The four-bed kidney dialysis unit met the emergency needs of patients in kidney failure. And the hyperbaric medicine unit, one of about a dozen comparable in size in the country, served victims of carbon monoxide poi-

soning, air embolism, bends, cerebral edema, and gas gangrene.

Still another emergency back-up service became available at St. Luke's in 1970. With the aid of the neonatal intensive care staff at Milwaukee County General Hospital, a similar ten-bed intensive care nursery was opened here, a response to the needs of the immediate geographic area served by the hospital.

Beyond emergency treatment, St. Luke's offered a wide spectrum of health care to patients of all ages in 1970. Live births, which showed a gain over the preceding year, passed the 61,000 mark since the hospital's founding. Early in the year, an infant hearing screening program for all newborn babies was implemented by the audiology depart-



Father assisting in care



Pediatrics play room

ment, the first of its kind in this area. Also, a new program allowing fathers to assist in the feeding of their new babies was begun.

Children ranging in age from infancy through the teens were cared for in the 37-bed pediatrics unit. A total of 6,685 patient days was recorded.

Medical-surgical bed occupancy for the year averaged 100 percent. Among the new tools added in detecting abnormalities were expanded techniques in nuclear diagnosis, further laboratory automation, the installation of an 1800 computer to be used routinely in the laboratory, electronystagmography for diagnosing patients with dizziness or vertigo, and a neuroradiological and angiographic room for the most accurate diagnoses of

brain, spinal cord, and vascular disorders.

Surgically, extended hours of scheduling accommodated an increase in the volume of procedures performed. This included a wide variety of general; ear, nose, and throat; eye; neuro; orthopedic; plastic; thoracic; and vascular surgery. Additionally, a surgical section of dentistry began its first year of operation. Within the surgical area, a well-equipped laboratory played an increasingly significant role in monitoring patients for anesthesiologists and surgeons.

As in past years, a multi-discipline approach to the care of patients who had experienced a stroke or other injurious occurrences that required long-term hospitalization was provided on the 34-bed physical medicine and



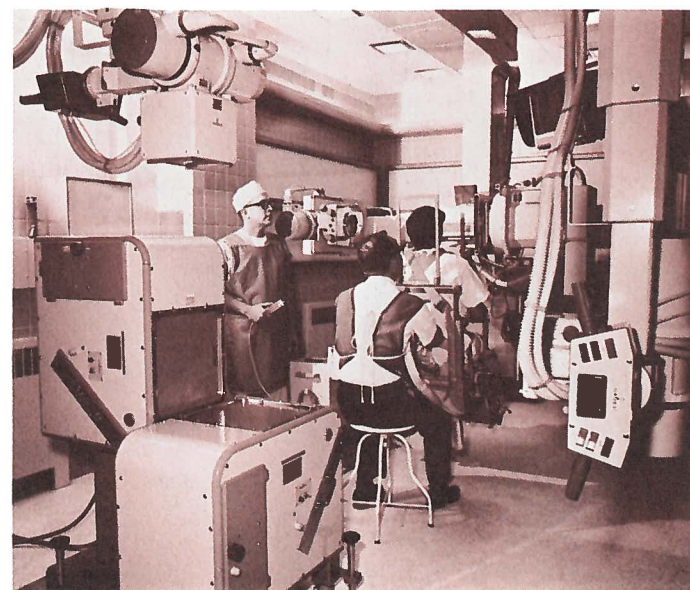
Cyther S counter



Electronystagmography



Surgical laboratory



Neuroradiological-angiographic room

rehabilitation unit. Two physiatrists prescribed programs of care that often combined the skills of specialized nursing personnel, physical therapists, occupational therapists, speech therapists, and social service workers.

Filling another significant community health need, the 34-bed psychiatric unit personnel assisted psychiatrists and psychologists in carrying out tailor-made therapy programs for each patient.

Many patients who no longer required in-patient care, such as those who had progressed well in physical medicine and rehabilitation, used outpatient services during the year as a means of follow-up care. Outpatient services at St. Luke's rose by one third in 1970. This upward surge reflected an increas-



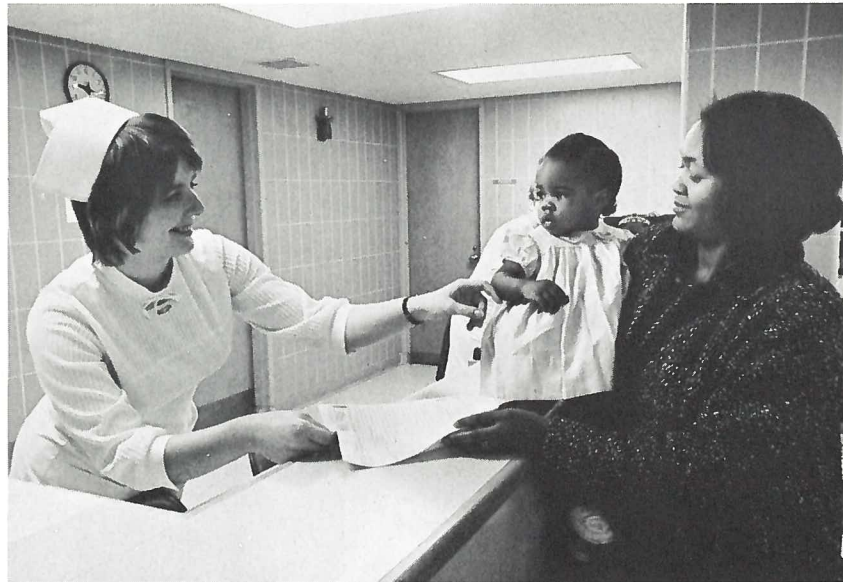
Rehabilitation kitchen

ing trend to diagnose and treat patients where possible through the most inexpensive means available. As a result, many patients who might previously have been considered candidates for hospitalization were able to receive the same quality of care as outpatients without the accompanying costs.

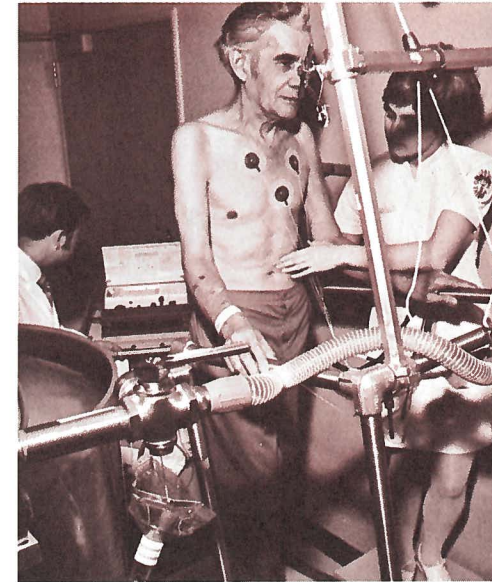
A new rehabilitation program got under way early in the year for disabled patients suffering from chronic lung disease. Careful assessment of each patient followed by a graduated schedule of exercise to develop maximum tolerance showed encouraging results. Here, too, follow-up care was important. Each patient was prescribed a daily exercise program at home and examined periodically on an outpatient basis following hospitalization.



Psychiatric unit



Outpatient nursing station



Pulmonary rehabilitation

Other home care programs included therapeutic dietetics for patients requiring special diets and a mobile meals service by the dietary and volunteer departments for people in the area who were unable to prepare their own meals. Volunteers served St. Luke's in many other areas as well, contributing a total of 22,410 hours.

Extending beyond the Greater Milwaukee community in the first year of the 70s, St. Luke's received growing prominence as a cardiac center. Over 1,000 catheterizations and 561 open heart surgical procedures were performed in the year. Many of the patients served were referred to St. Luke's cardiologists and cardiovascular surgeons from areas

throughout the country and, in some instances, from other countries.

A continuing flow of visiting medical and paramedical heart specialists came from cities around the world to study techniques developed here and to view the many facets of St. Luke's Hospital's heart program.

St. Luke's physicians and personnel gained through educational programs as well. Besides the extensive in-service training given in various areas, formal medical educational programs during 1970 included externship, internship, pathology residency, radiology residency, and a new four-year surgical residency. Affiliated programs with the Medical College of Wisconsin as well as non-local medical schools included medical trainees in



obile meals



Open heart surgery

cardiology, otorhinolaryngology, physical medicine and rehabilitation, psychiatry, and thoracic surgery. Additionally, a continuing education program for practicing physicians was carried on.

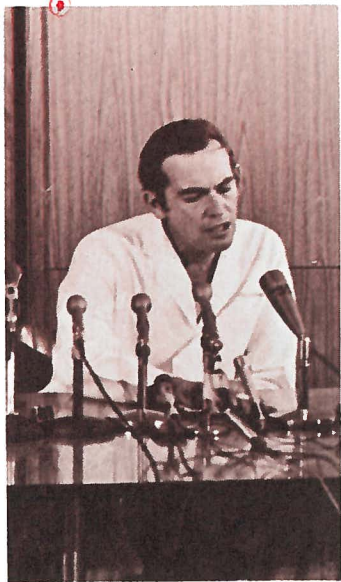
Paramedical programs included medical technology, cytotechnology, histotechnology, X-ray technology, medical transcription, pharmacy, dietetics, administration, methods engineering, pastoral care, baccalaureate registered nursing, practical nursing, physical therapy, occupational therapy, speech therapy, and audiology.

Through the stimulating environment of excellence created by these many students, patients gained in two ways: their present care was enhanced, and an investment in

the welfare of their future health needs was made.

And new ideas were pursued. Both in the hospital and in the new St. Luke's Hospital Research Building, continuing and new research was carried out to explore better ways of preventing, detecting, and treating illness.

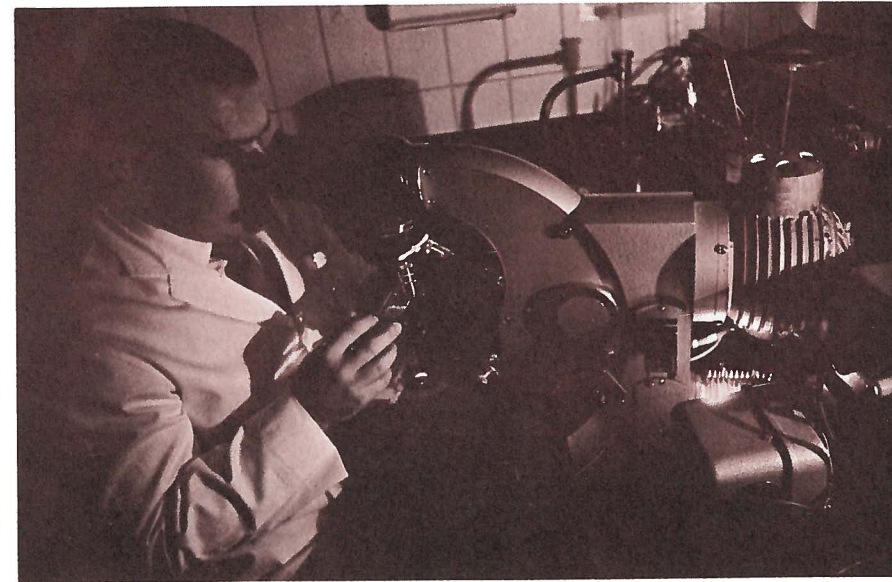
The goal of St. Luke's Hospital is to recognize and respond quickly to the complete medical needs of the community it serves. Whether to the wail of a siren or the wail of a newborn infant, whether to the probe of a medical instrument or the probe of a researcher, this recognition and response best summarizes a report on the hospital's activities during 1970.



Visiting cardiovascular surgeon



Teaching rounds



Fluorescent antibody research

source and use of funds during 1970

where did the money come from?

Income from patient services	\$19,350,599
Coffee shop, gift shop, cafeteria, and other income	425,998
Donations	77,932
Investment income	207,402
Decrease in working capital	9,257
	<u>\$20,071,188</u>
Less free care and other allowances	1,575,351
	<u>\$18,495,837</u>

where did the money go?

Wages, salaries, fees, and fringe benefits	\$11,230,815
Medical and surgical supplies	2,814,133
Depreciation of building and equipment	1,211,341
Laundry, linen, housekeeping, and general supplies	1,047,445
Food and dietary supplies	382,965
Fuel, water, electricity, and telephone	371,143
Interest on indebtedness	284,891
Payment on long term indebtedness	155,526
New equipment and building remodeling	997,578
	<u>\$18,495,837</u>

additional gifts received for health care

Educational Foundation	\$ 33,471
Medical Library Foundation	579
Medical Staff Foundation	3,936
Medically Indigent Foundation	260,201
Research Foundation	119,163
	<u>\$ 417,350</u>

comparative service to the community

	1966	1967	1968	1969	1970
Adult Admissions	13,313	12,989	14,457	15,056	15,958
Newborn Admissions	2,324	1,966	1,942	1,694	1,847
Total Outpatient Admissions	41,689	45,274	40,468	46,032	60,963
Surgical Procedures	6,058	6,138	7,162	7,747	8,599
Number of Laboratory Tests	248,777	308,464	389,483	475,617	586,656
Radiology — Diagnostic	36,580	41,574	53,706	65,651	81,813
Radiation Therapy	10,089	9,947	11,393	12,804	12,371
Physical Medicine Treatments	54,180	64,295	72,358	73,822	71,702
Emergency Visits	—	—	17,651	24,818	28,736

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