June 2016

Annual Report, 1971

Aurora Health Care

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The growing complexity of running a large metropolitan hospital presents no greater challenge than that of protecting the safety as well as the health of each patient. In reviewing 1971, a focus on how this challenge was met at St. Luke’s Hospital is appropriate.

While holding promise for improved diagnosis and treatment, advances in modern medical care carry counter risks. This means, then, that multiple fail-safe systems and multiple cross-checks are required for every procedure used in patient care.

St. Luke’s serves a relatively high percentage of critically ill patients. A number of significant steps were taken in 1971 to protect the safety of these patients by means of specialized training, care, equipment, and facilities.
The general intensive care unit was expanded from 10 to 15 beds. Here constant care was provided around the clock by a staff that included a specially trained registered nurse for every two patients, together with resident physicians, respiratory therapists, laboratory and X-ray technologists, and other nursing personnel. A total of 950 medical and surgical patients was treated in the unit throughout the year.

Interpretation of monitoring equipment within the unit kept a constant double-check on each patient's condition, providing a measure for vital signs such as pulse, blood pressure, central venous pressure, and the electrical activity of the heart. Further check was made in the laboratory next to the intensive care unit where 13 measurements critical to the patient in terms of time were available within three minutes. This laboratory is staffed to serve the hospital's specialized intensive care areas, the emergency area, and surgery 24 hours a day, seven days a week as a safety factor. Additional laboratory results can be obtained when needed from the hospital's large laboratory.

About 20,000 hours were logged in the use of respirators in 1971. The lifesustaining respirators, which are automated to support the breathing of patients through critical periods of care, are sterilized thoroughly before each use and are built with alarm systems that alert attending personnel to any malfunction.

As in other recent years, 1971 reflected a considerable growth in the number of patients with chronic lung disease who were hospitalized at St. Luke's. Those persons in severe crisis had the benefit of safe care in the four-bed pulmonary intensive care unit.
Ambulatory patients recovering from heart attacks are monitored continuously by means of a telemetry system.

Samples taken from personnel and the environment in patient care areas are cultured routinely as a safeguard against infection.

The cardiac rehabilitation program restores patients to their maximum function potential within safe limits.

The hospital's 10-bed neonatal intensive care nursery completed its first year of operation in 1971. Almost 200 babies, many of whom weighed less than three pounds at birth, were given improved chances for a healthy life as a result of the safe environment and care provided within the nursery. The unit, the second of its kind in the Milwaukee area, served babies from hospitals throughout the south side area.

Additional monitoring equipment, a telemetry system, was installed last year on the nursing floor assigned to patients following their release from the nine-bed coronary care unit, an intensive care unit for patients recovering from heart attacks. With telemetry, the heart's electrical activity can be monitored continuously. At the same time, the expense of a critical care area is not required. The system provides a constant check on patients, no matter where they may be in the hospital, thereby alerting personnel to any significant change in the patient's condition.

Telemetry also became a part of the cardiac rehabilitation program begun in 1971. As in the pulmonary program, the rehabilitation makes possible maximum function within safe limits for the individual patient under the guidance of a team of physicians and spe-
cialized personnel.

Another important area of patient safety lies in effective infection control. Last year a daily computerized infection report was developed for the entire hospital so that constant surveillance could be kept on any potential threat of infection to patients. The report was interpreted daily by members of the medical staff infection committee. The threat of infection is particularly dangerous in intensive care areas, for patients’ normal bodily defense mechanisms are reduced when their condition is critical.

Part of infection control includes taking samples of the environment and equipment in patient care areas routinely. Employees and physicians are cultured routinely, too.

Besides regular culturing for infection and a health screening program, employees receive emphasis on safe and sterile techniques through continuing education and supervision. Expansion in the personnel department during 1971 to meet the needs of a growing number of employees included the addition of a full-time employee health and safety director. Restructuring within the organization also placed increased emphasis on safety through the centralization of all inservice training programs.

A pilot program in patient care, called Project Change, was begun last year. A main feature of the program is to relieve professional nurses of administrative and clerical duties so that they can spend their entire time, in alliance with other members of the health team, assessing and meeting the total health needs of each patient. Besides enhancing the physical care and safety of patients, the program shows promise of answering psycho-social needs as well. If successful, the project...
will be extended beyond its present 62-bed unit to other areas of the hospital.

Patient psycho-social needs were the target of another program started in 1971. A patient recreation program designed to capture the interest of all age groups was conducted bi-monthly by volunteers and staff occupational therapists.

Several new clinics added to an increasing breadth of inpatient and outpatient services at St. Luke's last year. These included a dental clinic, a clinic designed to treat hand injuries, and diagnostic clinics for proctology and direct viewing of the stomach and esophagus.

An important measure of a hospital's standards in patient care and safety is accreditation by the Joint Commission of Accreditation of Hospitals. Accreditation is not required, but most hospitals submit themselves to a voluntary bi-annual review by this national commission to assure their patients that high standards are being met.

One of the most essential factors in accreditation is medical staff peer review. Untold hours were spent by St. Luke's physicians in 1971 preparing for and attending departmental and committee meetings. Twenty-six standing committees of the medical staff met regularly to monitor various aspects of patient care and safety.

Because of its importance to direct patient care, one of the largest committees is the medical care appraisal committee. Its functions are two-fold: it is responsible for reviewing utilization of beds within the hospital, that is, making sure that a patient is neither hospitalized longer than necessary nor released prematurely; and it is responsible for reviewing patient charts of staff members as a double-check in
assuring that the quality of medicine practiced within the hospital is sound.

Proper administration of medication is another area that involves close monitoring by a medical staff committee. The pharmacy committee implemented a unit dose system last year that provides automatic preparation and packaging of most medications and creates a virtually fail-safe method of eliminating potential error.

A hospital that strives constantly for new knowledge serves as a protection to the patient's welfare through the environment of excellence it produces. St. Luke's expanded its educational role in 1971.

A significant educational development was the announcement of St. Luke's affiliation with the Medical College of Wisconsin whereby selected programs of health education, research, and service to patients are being conducted jointly. The affiliate programs include cardiology, otorhinolaryngology, physical medicine, preventive medicine, psychiatry, and thoracic and cardiovascular surgery.

Other educational ties developed last year include advanced anesthesiology residency training for physicians from the University of California, San Diego, clinical training for respiratory therapy students of the Milwaukee Area Technical College, and administrative training for selected students from Beloit College.

Additionally, St. Luke's continued affiliation agreements with a number of in-state and out-of-state educational institutions for shared training of physicians, paramedical students, engineers, and hospital administrators. These include the University of Wisconsin-Milwaukee; Alverno College; Marquette University; Mount Mary

Medical education is a key factor in producing an environment of excellence.

Student respiratory therapists receive instruction in the use of complex respiratory equipment.
College; Cardinal Stritch College; Milwaukee School of Engineering; University of Wisconsin-Madison; Wisconsin State University of Oshkosh; University of Minnesota; Tufts University, Medford, Mass.; and Meharry Medical College, Nashville, Tenn.

Plans for future expansion neared completion in 1971. To alleviate chronic waiting lists for hospital admission that have persisted in recent years, architectural plans were developed of an addition to be interconnected south of the existing building. A bed increase from 503 to 690 is planned. Included in the proposed structure are 62 intensive care beds with a proportionate number of backup beds in addition to expansion of a number of ancillary service areas.

As in 1971, the future will continue to pose a challenge in protecting the health and safety of the increasing number of patients served by St. Luke's Hospital.

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**WHERE DID THE MONEY COME FROM?**

- Income from patient services $22,476,752
- Coffee shop, gift shop, cafeteria, and other income $454,855
- Donations $137,955
- Investment income $165,049

**Total** $23,234,611

Less free care and other allowances $930,307

**Net** $22,304,304

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**ADDITIONAL GIFTS RECEIVED FOR HEALTH CARE**

- Educational Foundation $24,592
- Medical Library Foundation $4,905
- Medical Staff Foundation $38,237
- Medically indigent Foundation $7,479
- Research Foundation $130,665

**Total** $205,878
WHERE DID THE MONEY GO?

Wages, salaries, fees, and fringe benefits $13,227,262
Medical and surgical supplies 3,377,265
Depreciation of buildings and equipment 1,385,970
Laundry, linen, housekeeping, and general supplies 1,498,600
Food and dietary supplies 410,270
Fuel, water, electricity, and telephone 392,629
Interest on indebtedness 218,400
Payment on long term indebtedness 250,000
New equipment and building remodeling 1,154,561
Increase in receivables, inventories, etc. 389,347

$22,304,304

COMPARATIVE SERVICE TO THE COMMUNITY

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<td>Adult Admissions</td>
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<td>Newborn Admissions</td>
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<td>Total Outpatient Admissions</td>
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<td>Surgical Procedures</td>
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<td>Number of Laboratory Tests</td>
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<td>Emergency Visits</td>
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