June 2016

Annual Report, 1973

Aurora Health Care

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A YEAR OF CONSTRUCTIVE CHANGE

ST. LUKE'S HOSPITAL 1973 ANNUAL REPORT
A huge tower crane dominated the scene at St. Luke's Hospital in 1973 as progress unfolded in the hospital's expansion south. Ground was broken for the $16,800,000 structure in November, 1972. For most of the year work went ahead below ground level as a sprawling sub-basement and basement took form. Then in September steel and concrete columns emerged; hard-hatted workers pored over labyrinthine blueprints as the projected highly-specialized facility became visible. By the end of the year, the framework for the 187-bed addition enveloped the tower crane to the third floor level. Remaining to be done were two upper floors, a heliport, and topping off, along with complex internal work.

Building progress set the theme at St. Luke's in a year of constructive change. The landscape west of the hospital was altered as a new 149-car employee parking lot opened in August, and excavation began in June for an expanded powerhouse and laundry. To the east, a prelude to change was signaled as test borings to a depth of 85 feet were taken in anticipation of a doctors' office building and multi-level parking ramp.

Construction was also required inside the existing building. The kidney dialysis unit was moved to a larger area to keep pace with growing demands, and the surgical area was remodeled and expanded by converting two semi-private patient rooms on the second floor. To avoid the loss of much-needed beds, part of the rehabilitation lounge a floor below was converted to two semi-private rooms, leaving the hospital's total bed count intact at 500.

Chronic waiting lists for admission punctuated the need for expansion. The medical-surgical bed occupancy rate for the year was 98.8%. Outpatient and emergency utilization was also heavy. There were 71,807 outpatient visits, up 6.3% from the preceding year, and 40,718 emergency treatments, up 14%.

New concepts, programs, and equipment also highlighted 1973 as a year of constructive change. Looking to expansion, a physician was appointed medical critical care director to plan for the operation of 62 intensive care beds the south addition will contain as well as to coordinate efforts in existing critical care units.
St. Luke's has increasingly experienced a high percentage of acutely ill patients in recent years with a corresponding demand for extensive bedside care. A patient care administrator was named to plan, organize, and facilitate activities of inpatient care areas. The directors of nursing, medical critical care, and service unit management report to this administrative position which was filled with an experienced management person. This reflects a trend at St. Luke's to have nursing personnel concentrate their efforts in direct patient care while non-nursing personnel relieve them of management and clerical duties.

The pilot project in this concept of care which began on the sixth floor nursing units proved to be successful as assessed by patient and nursing surveys. As a result, the medical-dental staff executive committee approved expanding the concept to the seventh floor nursing units in 1973 with a long-term goal of implementation hospital-wide.

In another example of back-to-the-bedside care, two cardiovascular clinical nurse specialists were instrumental in meeting sophisticated nursing care requirements. With one assigned to medical areas and the other to surgical, patients with heart disease benefitted from the masters' level training in individualized care offered by these specialists.

There were 821 cardiac surgical procedures, 1,684 cardiac catheterizations, and 107 pacemaker implants performed at St. Luke's in 1973. A circulatory assist device gained broader application as a support for selected patients. In this procedure, a balloon is inserted through the femoral artery to the aorta, checked for position, then inflated to beat in synchronization with the electrocardiogram complex so it can relieve the work-load of a weakened heart muscle.
A cardiac rehabilitation program designed to help the heart attack sufferer began in September after extensive preparation. Through a multi-discipline approach to rehabilitation, a patient is returned to his community faster as an effective member with a thorough understanding of his disease and its associated problems. In a new program for both inpatients and outpatients, an electrocardiographic monitoring system that traces a person's heart activity throughout a normal day added diagnostic dimension.

Neuro-otolaryngological microsurgery at St. Luke's was aided when a color television monitoring system was installed last fall. The equipment allows for observation by nursing and medical assistants of an operative field that would normally be too small to view and provides a permanent record for teaching and publication purposes.

In the rapidly-expanding area of nuclear diagnosis, a $107,075 computer and scintillation camera were added early in the year. The new equipment can be used to help physicians develop accurate and complete information about the brain, kidneys, pancreas, liver, spleen, heart, lungs, bones, and thyroid. Besides serving as a storage and recall system, the computer is programmed to perform a wide variety of modern diagnostic procedures.

Some of the automated laboratory procedure results were computerized in 1973 on a system compatible with the hospital's large computer. Ultimately, plans call for computerization of the patient's total profile of laboratory testing. Several automated pieces of equipment were added to the laboratory's diagnostic capabilities during the year. Among them were an anaerobic bacteriology system to study organisms that grow without oxygen, a significant new enzyme analyzer, and a clinical analyzer capable of performing 26 individual tests.

In an effort to reduce the length of hospitalization, St. Luke's worked closely with other community care programs throughout the year. An estimated $133,543 was saved in hospitalization costs through 68 patient referrals to the coordinated home care program of the Visiting Nurse Association. Other referrals included an additional 215 to the VNA, 94 to programs of the Milwaukee Health Department, 24 to county agencies, and 47 to the Milwaukee Chapter of the American Cancer Society, all of which accounted for cost savings to the patient while insuring his proper care.

Homebound, elderly, and handicapped citizens were helped through programs begun in January by the volunteer department in cooperation with two community service organizations, Elder Care Line...
and Fish. The programs provided a variety of services in the inner city and southeastern sections of the city, such as transportation, child care, shopping, telephone companionship, meal preparation, minor repairs, and general information. In all, 300 St. Luke's volunteers gave 25,777 hours of service in 22 different service areas within the hospital and in outreach programs.

The trend of a declining birth rate continued in 1973. As a step toward seeking maximum utilization of facilities, West Allis Memorial Hospital and St. Luke's retained an outside consultant to explore the feasibility of combining obstetrical facilities. The 10-bed neonatal intensive care nursery at St. Luke's continued to serve as a geographic center in caring for premature and critically ill babies with 140 infants admitted to the unit during the year.

An on-site review team of the Joint Commission on Accreditation for Hospitals conducted an extensive examination of the hospital in October. As a result of the team's highly-favorable recommendations, St. Luke's had its accreditation renewed for the maximum period of two years. The seeking of accreditation is not mandatory, but it is considered to be important in maintaining standards of excellence beyond those required legally.

The year began and ended with significant occurrences involving St. Luke's top administrative officials. On January 1, 1973, Merton E. Knisely, president, celebrated his 30th anniversary with the hospital. On December 28, Lowell M. Vandervort, administrator, ended his 15-year career at St. Luke's to become executive director of Eisenhower Medical Center in Palm Desert, Cal. Mr. Vandervort, who

A fast-growing service is that offered by the St. Luke's emergency staff with over 100 persons receiving care daily.

Premature and critically ill babies receive the specialized care provided in the neonatal intensive care nursery.

A new computer and scintillation camera add diagnostic dimension to the rapidly-expanding field of nuclear medicine.

Former patients benefit from the Visiting Nurse Association coordinated home care program.
came to St. Luke's as an assistant administrator and was later named associate administrator, had succeeded Mr. Knisely as administrator in a 1968 restructuring of responsibilities. A search committee of the board of directors is seeking a new administrator.

An increasing number of educational programs for patients and the general public were given in 1973. Classes were conducted on various health subjects, tours were given for several thousand people from schools and organizations, and a kindergarten orientation program was begun. Also, in cooperation with Alverno College, a joint public education lecture series financed by the hospital's educational foundation began.

**St. Luke's added an affiliation** in clinical dietetics education in September with Mount Mary College. With the approval of the American Dietetics Association, 16 candidates for a bachelor of science degree began receiving the major portion of their clinical experience at the hospital in a program integrated with their classroom study.

Through an affiliation with the Medical College of Wisconsin, fellows, residents, interns, and medical students rotated at the hospital in the areas of cardiology, cardiovascular surgery, otolaryngology, and physical medicine and rehabilitation. The specialty of hyperbaric medicine had its first resident in internal medicine from the University of Chicago. In its own programs, St. Luke's had 11 interns, 10 surgical residents, 6 radiology residents, and 4 pathology residents. Also, the hospital received approval to establish a residency in family practice.

While looking to future growth in medical education, the Medical College of Wisconsin selected St. Luke's as one of two area hospitals in which it might seek multi-discipline residency affiliations to include general surgery, internal medicine, and obstetrics-gynecology. The respective departmental medical staffs at the hospital approved the potential affiliations in principle. With the evolving emphasis on education, the St. Luke's medical education committee developed an educational activities protocol to insure the highest quality and standards required in a teaching hospital.

**The greatest key to future constructive change in patient care — research — received growing impetus at St. Luke's in 1973.** In a cooperative project with the Medical College of Wisconsin, one of the most advanced cardiovascular data registries in the country provided information in the care of heart disease to specialists world-wide. St. Luke's cardiac specialists continued to have an active influence in the diagnosis, care, and treatment of the...
nation's leading killer through the presentation and publication of multiple papers. In the area of lung disease, pulmonary specialists explored a number of areas, including the effects of environmental factors, alcohol, and specialized medications. Other research projects were conducted in the laboratory, surgery, and hyperbaric medicine. In the latter area, a U.S. Navy contract was renewed so that studies could continue to explore the possibility of developing new decompression tables to replace tables virtually unchanged since 1908.

Research capabilities were appreciably increased in 1973 with the addition to the medical staff of an endocrinologist who has done extensive cancer research. Projects financed by the National Institutes of Health and the American Cancer Society were moved to the St. Luke's Hospital Research Building. To accommodate existing and future projects, renovation was begun in the research building.

One of the greatest factors dictating constructive change throughout the year was the growing influence of government in health care. The hospital ended the year with its 29th consecutive month of rigid federal price control and no indication of let-up. Unlike most industries, the health industry abided by uninterrupted controls which allowed maximum increases of 6% in prices, 5.5% in wages, and 2.7% in other expenditures, despite inflationary trends during the year.

Under these restrictions, the hospital may not pass on direct price increases. A random sampling of increased costs during the year includes: wash cloths from 9½¢ to 20¢ each; plastic bags from $9.30 to $13.00 a case; petri dishes from $15.75 to $25.70 a case; ground beef from 77¢ to $1.14 a pound; eggs from 55¢ to 76¢ a dozen; flour from $5.23 to $15.90 a hundred pounds; and rice from $7.75 to $46.25 a hundred pounds.

St. Luke's countered these increases to the extent that was possible. Conservation efforts were put into effect, both in response to the energy shortage and to the financial pinch. Employee carpooling was encouraged, lighting was reduced by 40% in the employee cafeteria and 50% in some corridors, burners on boilers were serviced to assure maximum efficiency, and a program began to salvage white paper.
Changes resulting from methods engineering recommendations provided additional economies. An estimated $94,795 was saved as the result of studies done during the year. Group purchasing through the Hospital Council of Greater Milwaukee gave a boost in savings on such items as X-ray film, bulk oxygen, and medical gases. Also significant was a reduction during the year of accounts receivable by $505,748, representing 12.2 days revenue outstanding.

Other government intervention in the health care industry included federal legislation requiring professional service review organizations to be effective in 1974. These organizations require physician advisors to perform duties aimed at quality care review, recertification of length of hospital stay, and endorsement of pre-admission testing. Additionally, effective September 1, 1973, a law requires all hospitals which receive any government reimbursement to be reviewed by the area Comprehensive Health Planning Agency for expenditures in excess of $100,000, changes in services, or changes in bed capacity.

Despite its concentration on restrictive price controls and new legal standards, St. Luke's continued to plan for future needs in 1973. The hospital marked its 45th birthday in December with its eye firmly fastened on future improvements and needs. The aim continues to be emphasis on quality, friendly care.

To achieve this goal, there will be continued expansion. Besides the south addition and proposed doctors' office building, plans were drawn for a badly-needed enlargement of surgery, the laboratory, and physical medicine and rehabilitation.

In looking to the future, Dr. James F. Zimmer, president of the medical-dental staff, said, “The management of critically ill patients utilizing intensive care facilities has definitely moved from the research laboratory and has become a part of modern good care of the acutely ill. St. Luke's is making a significant contribution through these new additions — enabling our entire medical staff to render critical acute patient care in accordance with medicine's most advanced state of science.”

Steep rises in product costs must be absorbed by the hospital under rigid federal price controls.

A total of 62 intensive care beds in the south addition will be available for the critical care of acutely ill patients.
**WHERE DID THE MONEY COME FROM?**

| Source                                | Amount  
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Income from patient services</td>
<td>$26,098,326</td>
</tr>
<tr>
<td>Coffee shop, gift shop, cafeteria, and other income</td>
<td>554,579</td>
</tr>
<tr>
<td>Donations</td>
<td>614,239</td>
</tr>
<tr>
<td>Investment Income</td>
<td>1,455,313</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$28,722,457</strong></td>
</tr>
<tr>
<td>Less allowances</td>
<td>1,384,960</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td><strong>$27,337,497</strong></td>
</tr>
</tbody>
</table>

**WHERE DID THE MONEY GO?**

| Expense                                | Amount  
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries, fees, and fringe benefits</td>
<td>$16,194,326</td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
<td>4,112,770</td>
</tr>
<tr>
<td>Depreciation of buildings and equipment</td>
<td>1,732,035</td>
</tr>
<tr>
<td>Laundry, linen, housekeeping, and general supplies</td>
<td>1,428,629</td>
</tr>
<tr>
<td>Food and dietary supplies</td>
<td>492,005</td>
</tr>
<tr>
<td>Fuel, water, electricity, and telephone</td>
<td>502,355</td>
</tr>
<tr>
<td>Interest on indebtedness</td>
<td>196,399</td>
</tr>
<tr>
<td>Payment on long term indebtedness</td>
<td>277,000</td>
</tr>
<tr>
<td>New equipment, remodeling, and new building</td>
<td>2,210,368</td>
</tr>
<tr>
<td>Increase in receivables, inventories, etc</td>
<td>191,610</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$27,337,497</strong></td>
</tr>
</tbody>
</table>

**ADDITIONAL GIFTS RECEIVED FOR HEALTH CARE**

| Foundation                           | Amount  
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff Foundation</td>
<td>$ 9,659</td>
</tr>
<tr>
<td>Medical Library Foundation</td>
<td>2,906</td>
</tr>
<tr>
<td>Educational Foundation</td>
<td>30,870</td>
</tr>
<tr>
<td>Medically Indigent Foundation</td>
<td>6,678</td>
</tr>
<tr>
<td>Research Foundation</td>
<td>192,272</td>
</tr>
<tr>
<td><strong>Total Gifts</strong></td>
<td><strong>$242,385</strong></td>
</tr>
</tbody>
</table>

**Comparative Service to the Community**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Adult Admissions</td>
<td>15,056</td>
<td>15,958</td>
<td>16,239</td>
<td>16,134</td>
<td>16,382</td>
</tr>
<tr>
<td>Newborn Admissions</td>
<td>1,694</td>
<td>1,847</td>
<td>1,696</td>
<td>1,415</td>
<td>1,273</td>
</tr>
<tr>
<td>Total Outpatient Admissions</td>
<td>46,032</td>
<td>60,963</td>
<td>66,550</td>
<td>67,539</td>
<td>71,807</td>
</tr>
<tr>
<td>Surgical Procedures</td>
<td>7,747</td>
<td>8,599</td>
<td>8,950</td>
<td>9,086</td>
<td>9,927</td>
</tr>
<tr>
<td>Number of Laboratory Tests</td>
<td>475,617</td>
<td>1,045,519</td>
<td>1,373,725</td>
<td>1,433,072</td>
<td>1,362,427</td>
</tr>
<tr>
<td>X-Ray Diagnostic Examinations</td>
<td>65,651</td>
<td>81,813</td>
<td>88,730</td>
<td>93,228</td>
<td>101,673</td>
</tr>
<tr>
<td>Radiotherapy Visits</td>
<td>10,773</td>
<td>9,772</td>
<td>8,045</td>
<td>7,080</td>
<td>7,014</td>
</tr>
<tr>
<td>Nuclear Medicine Procedures</td>
<td>2,031</td>
<td>2,599</td>
<td>2,815</td>
<td>3,132</td>
<td>3,890</td>
</tr>
<tr>
<td>Physical Medicine Treatments</td>
<td>73,822</td>
<td>71,702</td>
<td>65,308</td>
<td>60,014</td>
<td>69,099</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>24,818</td>
<td>28,736</td>
<td>30,670</td>
<td>35,717</td>
<td>40,718</td>
</tr>
</tbody>
</table>

*1972 figures are converted from a 53-week year to a 52-week year to correspond with statistics of other years.
HONORARY STAFF
J. J. Adamkiewicz, Sr.
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