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June 2016

St. Luke's Hospital Annual Report, 1976

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PEOPLE WHO CAN CARE...FOR PEOPLE WHO NEED CARE

Leadership
IN CARING

ST. LUKE'S HOSPITAL/MILWAUKEE



ANNUAL REPORT 1976

eadership

IN COMMUNITY SERVICE



As we look back on 1976 and ahead to 1977, the board of directors, medical-dental staff, and employees of St. Luke's Hospital can be proud of a solid record of achievements. In the past year, we have strengthened the quality and expanded the scope of health care we provide our community.

For we are a community hospital, and our strong dedication to that theme is reflected not only in our long history, but also more particularly in the directions we move as we approach our fiftieth year.

Community service—the people orientation of our programs—dictates the way we grow, the way we change in matching our capabilities to the community needs.

We must and will continue to keep this goal firmly in mind: a commitment to deliver the highest quality of care at the most reasonable cost. This means, first of all, a strong program of general medicine to serve the greatest number of people in our area, consistent with our role in the community. It also means that we cannot be all things to all patients. Instead, we will continue to identify our strongest areas and concentrate our efforts there.

Only with such a realistic approach and constant attention to ever-changing needs can we fulfill our proper place in the total health care system in Milwaukee and southeastern Wisconsin. Only in this way will we truly serve our patients as a community hospital—the people who can care for the people who need care.

G. Edwin Howe

G. Edwin Howe
President



... we will continue to identify our strongest areas and concentrate our efforts there.



Leadership **IN CUTTING COSTS**

St. Luke's took a leadership role last year in Milwaukee's first substantial program to reduce hospital costs by combining services. In a cooperative effort with St. Francis Hospital, we closed our obstetrical unit on August 31 and transferred this service to a new merged unit at St. Francis. Then, on November 1, the merger was completed with the transfer of the neonatal intensive care nursery to St. Francis.

The consolidation was widely praised. A newspaper editorial said St. Luke's and St. Francis "have set a commendable example for other community hospitals." A television station hailed the "real leadership displayed by local hospital officials."

This merger resulted from months of planning, but other similar moves may be made in the future. St. Luke's has taken the initiative in exploratory talks with St. Francis and other hospitals to examine

additional areas in which community health costs may be eased by further elimination of duplicatory facilities when this can be accomplished without affecting the quality of health care.

Cost containment has been a significant objective at St. Luke's, even though we face increasingly severe inflationary pressures. Despite expanded facilities and continued spiraling costs, we did not have to apply for increases in our rates at the end of 1976. And we confidently expect that we will hold the line in prices in 1977.

St. Luke's has strengthened cost controls through a careful insistence on budgeting by objective. Every expenditure for every department must be related to a specific objective.

We work closely with other hospitals in the Hospital Council of Greater Milwaukee in

a joint purchasing program. When money can be saved on a purchase through this cooperative buying plan, we use it.

In the last year, we made intensive efforts to reduce our use of energy, not only to comply with national energy-saving efforts, but also to cut expenditures whenever it was prudent to do so without jeopardizing the health and comfort of patients.

St. Luke's will continue to take appropriate steps to keep costs down. With inflation continuing and increased demand for more and more sophisticated treatment facilities, hospitals everywhere correctly emphasize that cost management does not imply cost reduction. We can only attempt to hold the line.

Television cameras recorded the ambulance loading operation as the neonatal intensive care nursery moved to St. Francis Hospital.



Leadership

IN EXPANDED SERVICES

St. Luke's, for nearly half a century, has worked toward one major objective: serving the health care needs of the greater Milwaukee area, particularly the city's south side, as a quality institution dedicated to its community.

The continuing expansion into the new Knisely building in 1976 provided spectacular evidence of this commitment to individual care. But such a major enlargement of our facilities did not happen overnight. It required years of preparation, and, after the planning, a step-by-step process of equipping the new areas and providing the personnel to man them.

Thus, the utilization of the Knisely building and the floor-by-floor renovation of the old building became our chief enterprise in the past year. We dedicated the new structure in December of 1975 and began to move in. Throughout 1976, we have continued this expansion and expect to have it largely completed by the end of 1977.

We now have five new intensive care units in operation and, to serve them, three new patient floors for intermediate care. Eventually, the intensive care facilities will have 63 beds for the critically ill.

We have phased into our new circulatory dynamics laboratory which has four procedure rooms for improved cardiovascular diagnosis. In addition, one room has X-ray capabilities to allow physicians to study and obtain X-ray films of any part or all of the patient's system with much greater detail than ever before achieved. All these highly technical new facilities are linked to a multiple computer system which gives physicians information about their patients at a speed never possible with manual computation and of a quality previously unavailable.

Our new pulmonary disease department became fully operational in the new building with each of its 10 rooms designed for a specialized aspect of diagnosing, treating, or rehabilitating patients with lung disease.



Emergency personnel transferred a patient from a helicopter in a practice drill for use of the new roof-top heliport.

In addition, the new physiological monitoring laboratory opened as a satellite to the hospital's main laboratory. This lab serves all intensive care and surgical areas, providing instant analysis of samples around the clock.

To staff these greatly expanded areas, St. Luke's undertook an extensive recruitment program, particularly to find nursing personnel who continue to be in short supply. The advances in technology, moreover, require increasing emphasis on in-service training, another step toward our goal of the highest standards of patient care. Both the training and the recruitment efforts were notably successful.

The moves into the Knisely building opened space for a much-needed renovation of our orthopedic services area and a larger emergency services department. A significant by-product is the continuing expansion of our general surgery capabilities.

Consolidation of our obstetrical unit with St. Francis Hospital in the fall freed space for other expansions. In the areas thus

opened, we added three general surgical operating rooms, made available one nursery for conversion to a 10-unit kidney dialysis area, and provided conference and patient lounge facilities.

Consistent with our role as the principal center for emergency treatment on Milwaukee's south side, St. Luke's opened its heliport in 1976. With the increasing use of aerial transport of emergency patients who need our specialized treatment services, the heliport — first in this area — permits the transfer of such cases directly to the roof. To patients whose lives may be saved by shaving minutes from conveyance time, this will pay incalculable dividends.

The past year marked the continuing expansion of primary nursing, a philosophy of patient care in which the total needs of an individual patient are the responsibility of a single nurse. On nursing floor 3EF, we have laid the groundwork for development of primary nursing throughout the hospital.

It will have such positive results as:

- More comprehensive and continuous care for the patient
- More accountability and responsibility for the nurse



A nurse interviewed a patient as part of the expanding primary care nursing program in which a single nurse assumes responsibility for a patient's total needs.



A patient received treatment in medical intensive care, one of five critical care units.

- Equal participation of the patient and nurse in planning and providing care
- Greater cooperation among other health care personnel

Another milestone in 1976 was ground-breaking for our new parking structure. The first phase, to be completed in 1977, will provide space for 830 cars, a welcome improvement for the thousands who visit St. Luke's each year. The second phase, which will be added later, will nearly double that capacity.

As a prelude to this construction, we cleared the site of 10 homes — but they were not lost to the people of the south side. We donated these houses to the City of Milwaukee which moved them to a low-cost housing project at 22nd Street and Howard Avenue. There they are available for occupancy by residents of our community.

Construction included the expansion of our main entrance on 29th Street. To accomplish this, 29th Street was closed

and the street level was lowered to make it accessible to the new entrance.

Improvement of the physical plant and close attention to cost savings will continue in 1977. We recognize that the public looks to St. Luke's for its traditionally strong program of general medical care. And, consistent with the overall health care needs of the Milwaukee area, we will continue to serve the community in specialized areas, such as heart disease and cancer, in which we have long been a nationally recognized leader.

As a general hospital — the largest private hospital in Wisconsin — St. Luke's must be progressive and responsive. As we close a momentous year, we renew our pledge to strengthen our leadership role as a quality community institution capable of providing the most sophisticated treatment available anywhere while maintaining our traditional emphasis on individual patient needs.

Leadership

IN PREVENTIVE CARE



An occupational therapist gained the attention of a young patient as part of her physical medicine and rehabilitation program.

psychiatric unit, patients receive services tailored to their specific needs from doctors, nurses trained for psychiatric care, and such departments as occupational therapy, chaplaincy, pharmacy, and volunteers. In many instances, we can return patients to their home environment with substantially better ability to engage in normal activities and avoid a recurrence of their problems.

For children who face hospitalization, special pediatric training classes are held to alleviate the fears they naturally develop before they become patients. Also, a regular kindergarten training program offers knowledge of the hospital and good health habits to youngsters.

To extend our emphasis on preventive care, we have worked with newspapers and radio and television stations in developing public service programs aimed at public education in preventing illness.

In another important area of community leadership, St. Luke's offered emergency training last year to area fire and police officials on treatment in our hyperbaric medicine department and in response to emergencies requiring its use. Through such programs, lives are saved and the quality of life is improved.

And if anything epitomizes our pledge to be "the people who care for the people who need care," it is our foreign translation service. To serve patients who do not speak or understand English, we have a voluntary program in which hospital employees, doctors, and volunteers are interpreters in Spanish, French, Polish, German, and 16 other languages, and in sign language. This service was used 124 times in 1976 by our patients, some through prolonged periods of hospitalization.

"It's good to know you're there, but I hope I'll never need you." That statement typifies a layman's view of a hospital. Certainly it is a rare human being who truly wants to be hospitalized.

Well, we feel the same way — we are here if you need us, but we hope that you don't. For this reason, St. Luke's invests a great deal of time and resources in helping people avoid illness and accidents.

In a program underwritten by the St. Luke's Hospital Educational Foundation, we sponsor three free public health conferences at Alverno College each year. Last year, major health problems were discussed by St. Luke's physicians, including specialists in hypertension, cancer, and emergency prevention.

In our own hospital, for those who have been unable to avoid illness or injury, regular classes were given on a variety of health problems to improve the patient's understanding and help him adjust to better living.

St. Luke's physical medicine and rehabilitation service is a perfect example. In 1976, for instance, this department gave 75,613 treatments to patients whose illnesses created some temporary or permanent disability. With a wide range of therapy and counseling programs, we helped these individuals improve their ability to function in normal living.

This commitment to patients as individuals is further exemplified in the work of our social service department. An early discharge project pioneered by our social service staff last year enabled dozens of individuals to reduce their hospital stay without sacrificing proper medical attention.

We are capable of calling on multi-disciplinary resources to help patients who require specialized treatment for a variety of mental problems. In our 34-bed

eadership

IN EDUCATION

St. Luke's is making significant strides in one of its newest educational programs — the training of family practice specialists.

In 1976, our residency program, affiliated with the Medical College of Wisconsin, received a three-year accreditation. At the same time, we were busy preparing the new Family Practice Residents' Center at 2331 West Vieau Place for dedication early in 1977. The new center will provide space adequate for present and future needs.

Family practice training was begun in 1974 at 2029 West Mitchell Street. It started with six residents and grew to 14 by last year. Under supervision of St. Luke's physicians, the residents not only receive training, but also offer primary care to families in our south side area.

This board certified specialty is designed to handle the basic health needs of an entire family, another instance of St. Luke's commitment to community service.

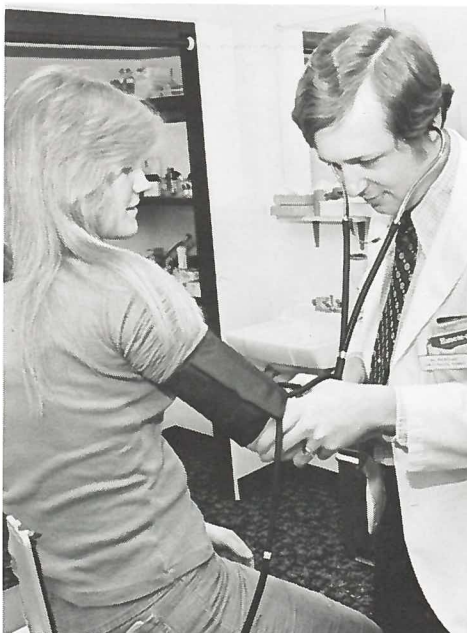
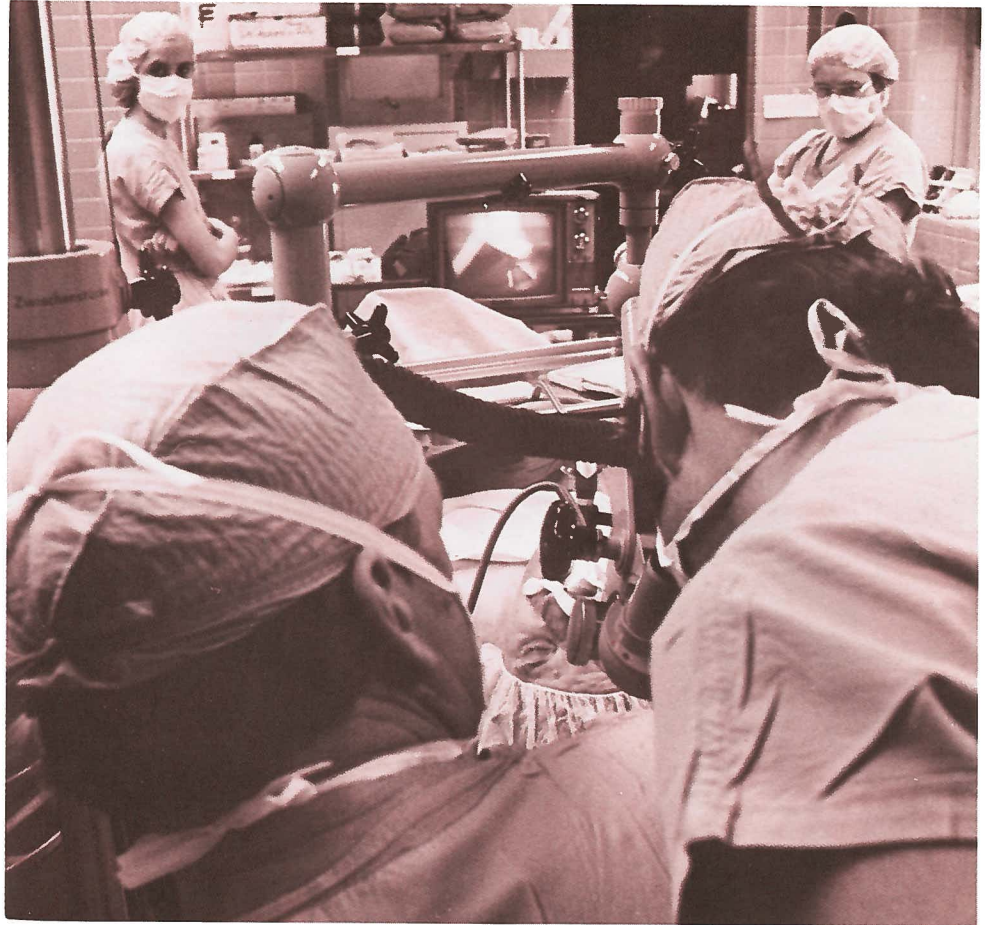
In addition to family practice, we have residency programs in general surgery, pathology, nuclear medicine, and radiology and advanced training affiliations with the Medical College in thoracic-cardiovascular surgery, otolaryngology, and cardiology.

Last year we completed the first full year of our Walter Schroeder Chair of Surgery with a full-time director of our surgical residency program. The chair was endowed by the late philanthropist for whom it is named.

In 1976, St. Luke's pioneered a program of training doctors in hyperbaric medicine. Because of our unique facilities and expert staff, this program in its first year attracted physicians from all over the world.

We received a one-year accreditation of our continuing medical education program, which helps practicing physicians keep abreast of developments in the medical field. In 1976, a number of nationally distinguished speakers were brought to Milwaukee to participate in this program.

Just as important as physician education is the training of other hospital personnel to meet the increasing need for skilled people to understand and interpret the specialized needs of individual patients and to operate highly technical new



Training for an advanced specialty, an otolaryngology resident looked into a teaching microscope as a physician-instructor supervised.

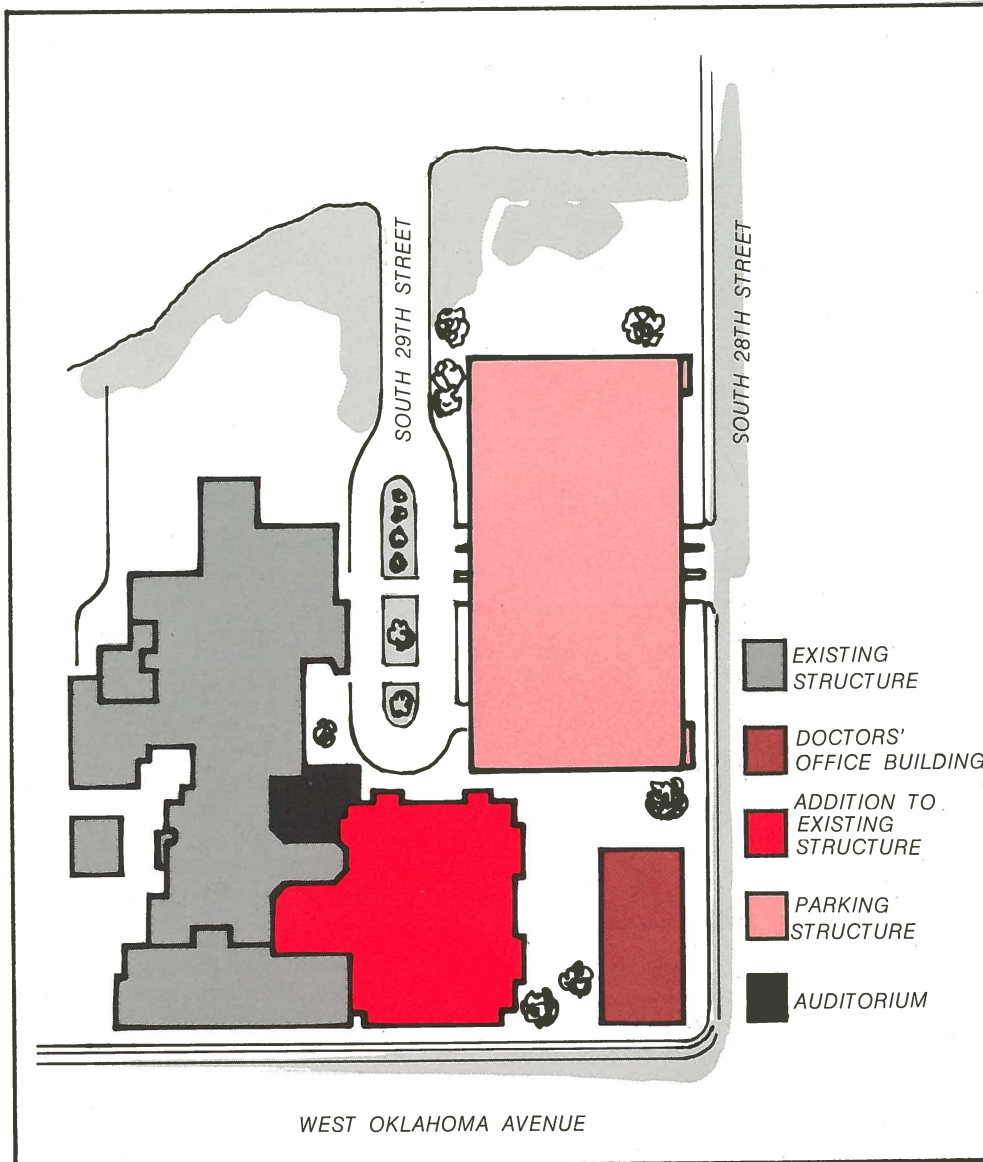
Family practice, a growing program for a growing need, had 24 residents in training to handle basic health needs of area families.

equipment. Thus, St. Luke's has a strong in-service training program in which full-time instructors, plus staff doctors and other personnel, contribute to the advanced training of health professionals to provide these services.

St. Luke's library, long noted for its excellent capabilities, finally in 1976 acquired adequate space to serve the medical and professional staff. The expanded facilities include enclosed study desks, more tables, comfortable reading chairs, and an audio-visual room.

Leadership

IN THE FUTURE



Some day in the future, St. Luke's may look like this artist's sketch, incorporating the parking structure now in progress with several new buildings still in the discussion stage. These include an addition connected across 29th Street to the present building, a doctors' office building (at far right), and an auditorium.

- Permitting consolidation of surgery in a new location
- Freeing areas in the present hospital building for other vital needs, including expansion of physical medicine and rehabilitation, radiology, and the main laboratory.

We also have under consideration the construction of a doctors' office building to the east of such a new addition. Late in 1976, a feasibility study on an office structure was completed, and it is now being discussed by St. Luke's board, administration, and medical-dental staff members. Any such structure would be a commercial venture, paying regular property taxes to the City of Milwaukee.

Another future project, also still in the discussion stage, is an auditorium, badly needed for our teaching programs. One could be built on the lawn inside our existing physical boundaries near the main entrance. However, no decision has been made as to when we might contemplate such construction.

In 1977, we will continue phasing in all of the potential added beds authorized to bring our capacity to 690. These will be occupied as the remodeling of patient areas in our present building continues.

There is no intention to add any bed capacity, beyond our authorized total, in the foreseeable future.

The final future project will be the second section of our parking structure. It is expected that phase one, providing places for 830 cars, will be opened in August or September. A construction timetable on phase two — for another 800 spaces — has not been set.

Some important decisions will be made in 1977 affecting the future of St. Luke's.

One may involve long-range hopes to expand our hospital eastward across 29th Street.

Even with our physical growth in recent years and the addition of the Knisely building, we are aware of critical needs of more space for emergency and outpatient services. We also face the continuing problem of adequate facilities for surgery, which is now divided into two major areas.

No definite plans have been made. We have not approached the health planning agencies on such a proposal. But it is under serious discussion.

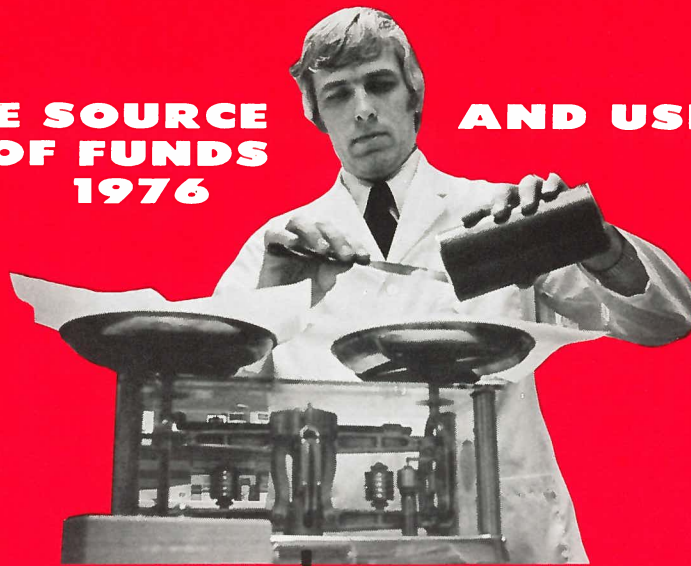
If an addition can be constructed, it would likely border Oklahoma Avenue between 28th and 29th Streets.

The advantages:

- Enabling St. Luke's to move its emergency and outpatient services to the new structure, providing more space and improved facilities

THE SOURCE OF FUNDS 1976

AND USE



WHERE DID THE MONEY COME FROM?

Income from patient services	\$49,151,770
Coffee shop, gift shop, cafeteria, and other income	739,248
*Donations	462,644
Investment income	966,153
	<hr/> \$51,319,815
Less Medicare, Medicaid, other allowances, and the inability of some patients to pay their bills in full	\$ 4,036,107
	<hr/> \$47,283,708

WHERE DID THE MONEY GO?

Wages, salaries, fees, and fringe benefits ..	\$26,013,038
Medical and surgical supplies	6,805,164
Depreciation of buildings and equipment ..	3,644,416
Laundry, linen, housekeeping, and general supplies	2,860,742
Food and dietary supplies	718,575
Fuel, water, electricity, and telephone	1,013,832
Interest on indebtedness	1,397,681
Payment on long term indebtedness	467,350
New equipment and remodeling	3,059,999
Increase in receivables, inventories, etc.	1,302,911
	<hr/> \$47,283,708

*In addition, \$276,022 were received as designated gifts for education, research, and endowment.

COMPARATIVE SERVICE TO THE COMMUNITY

	*1972	1973	1974	1975	1976
Adult Admissions	16,134	16,382	16,588	16,448	16,638
Outpatient Admissions	67,539	71,807	85,898	88,033	92,339
Emergency Visits	35,717	40,718	43,524	45,714	46,233
Laboratory Tests	1,433,072	1,362,427	1,438,326	1,674,584	1,829,205
Total drug doses dispensed	745,658	799,921	1,162,655	1,108,750	1,290,723
Radiology Diagnostic Tests	93,228	101,673	109,816	113,240	125,182
Physical Medicine Treatments	60,014	69,099	71,882	67,838	75,613
Electrocardiograms	19,896	21,605	23,191	23,440	26,345
Pulmonary Function Studies	6,315	5,540	5,048	8,125	9,966
Respiratory Therapy Treatments	198,175	168,879	168,696	165,970	105,974
Surgical Procedures	9,261	9,927	10,574	10,526	10,799
Open Heart Surgery Procedures	725	821	825	864	1,133
Cardiac Catheterizations	1,477	1,684	1,901	1,883	2,201

*1972 figures are converted from a 53-week year to a 52-week year to correspond with statistics of other years.



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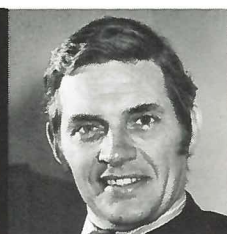
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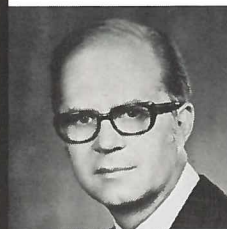
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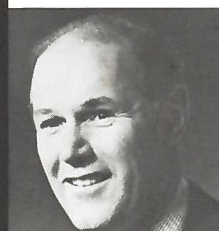
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