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Aurora St. Luke's Medical Center

June 2016

St. Luke's Hospital Annual Report, 1977

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Planning for Tomorrow...Today

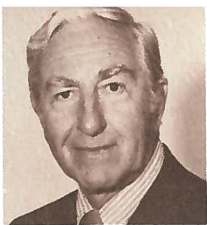


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...the President's Message

In a society becoming increasingly critical, quality hospitals remain one of the most credible institutions. Our goal at St. Luke's is to maintain and build upon the quality of service for which we have long been recognized, for that was and is the basis of our credibility.

Today, hospitals are under close scrutiny from many quarters—patients, doctors, government, insurance companies, business, and potential consumers. This questioning is reflected almost daily in newspapers, on television, and on radio.

The root cause of concern, and rightly so, focuses on escalating costs, a situation attributable to society's demand for the right to superlative health care, to accelerated technology advances, and to improved quality and length of life. These concerns were the key to our planning in 1977 in setting our objectives for today and tomorrow. Five priorities were established.

- First, work toward cost containment while maintaining quality.
- Second, look to sound management practice, something continuously stressed in all our day to day activities.
- Third, cooperate with other hospitals, health planners, our elected officials, and the public in determining what is best for the public good.
- Fourth, increase emphasis on education of professionals, patients, and the general public.
- Fifth, determine what services we can provide effectively.

St. Luke's has become well known for several specialties in patient care, drawing referrals from around the country and the world. However, it remains essentially a community hospital, serving the needs of the people and industry in the southern section of our metropolitan area.

Our goals and priorities have been clearly defined for paced and logical growth — in tune with reasonable community needs. We look forward to the future with confidence because of the energies and talents of our board of directors, medical-dental staff, employees, and volunteers and the support and understanding of our friends and neighbors.

Working together, we will achieve that primary goal sought by all — optimum quality care at a realistic cost.

The summary of our activities in 1977 which follows shows how we are positioning ourselves in these changing times to react to tomorrow's challenge.



G. Edwin Howe

G. Edwin Howe
President

...in Treatment and Services

Holding the cost line in 1977
while expanding an array of service saved almost
three-quarters of a million dollars.

Metropolitan Milwaukee's only major merger between two hospitals bearing directly on patient care completed its first year successfully. Results of obstetrical service consolidation between St. Luke's and St. Francis Hospital appear satisfactory on all counts. Reports from St. Francis show a high obstetrics occupancy and an attendant quality in care.

St. Luke's was able to renovate the former obstetrics facility for our new kidney dialysis unit, which has experienced a marked increase in use. Total treatments jumped from 2,967 in 1976 to 3,842 in 1977.

This 10-patient unit is in the former nursery area. Also, the converted delivery rooms have been invaluable in our scheduling of surgery. Three additional operating rooms eased at least to some extent the heavily taxed surgical area.

The merger represented an initial saving to the community of about \$350,000 for construction. St. Luke's realized an annual net saving of about \$370,000 in salaries as well.

In other renovation, the radiology department underwent a major remodeling to add three improved diagnostic rooms to keep pace with the growing volume of patients. We have experienced not only a greater number of radiology procedures, but also an increasing percentage of more specialized types. These new rooms are designed and equipped to handle a good part of the more specialized work.

As part of the radiology renovation, a patient holding area was installed to accommodate the more seriously ill patients. It is staffed by licensed practical nurses, another first for this area in added insurance for quality care.

Of particular note, we have completed a versatile computerized laboratory system which is directly connected to the main data processing center. This link offers far greater speed and accuracy in relaying information to our doctors. Computerization of our inpatient admitting information was also completed, and outpatient computerization is expected early in 1978.

St. Luke's continued as a referral center for some of our areas of specialized care. In 1977, patient referrals came from 39 states and 14 foreign countries.

Especially noteworthy are gains made in cardiac care. Using computerized cardiac catheterization laboratories in the Knisely Building, our number of procedures grew

to 2,306. Cardiac surgical procedures increased to 1,173. In addition, the cardiac rehabilitation program was expanded, extending not only to medical and surgical patients but also to other patients as a preventive program.

Echocardiography — ultrasound technique application — offered the latest advance in this specialized area of diagnosis. St. Luke's received the third available piece of equipment in the country and is now equipped with means to apply the most recent technological advances.

Nuclear cardiology played an increasing role, and cardio-beepers (heart monitoring devices) were added early in the year as a means of tracking selected patients via long distance telephone to check the heart activity.

Our Cardiovascular Data Registry is unsurpassed in the United States and has now logged experience of ten years in the area of coronary bypass surgery. The knowledge gained from this experience and shared at national and international meetings has contributed significantly to improved care worldwide.

There was a continuing trend in outpatient and emergency care growth in 1977, reflecting our desire to keep patients out of hospital beds when possible. Outpatient surgery is a primary example. A key to holding costs down and maximizing hospital bed use is to have them available for those who truly need them.

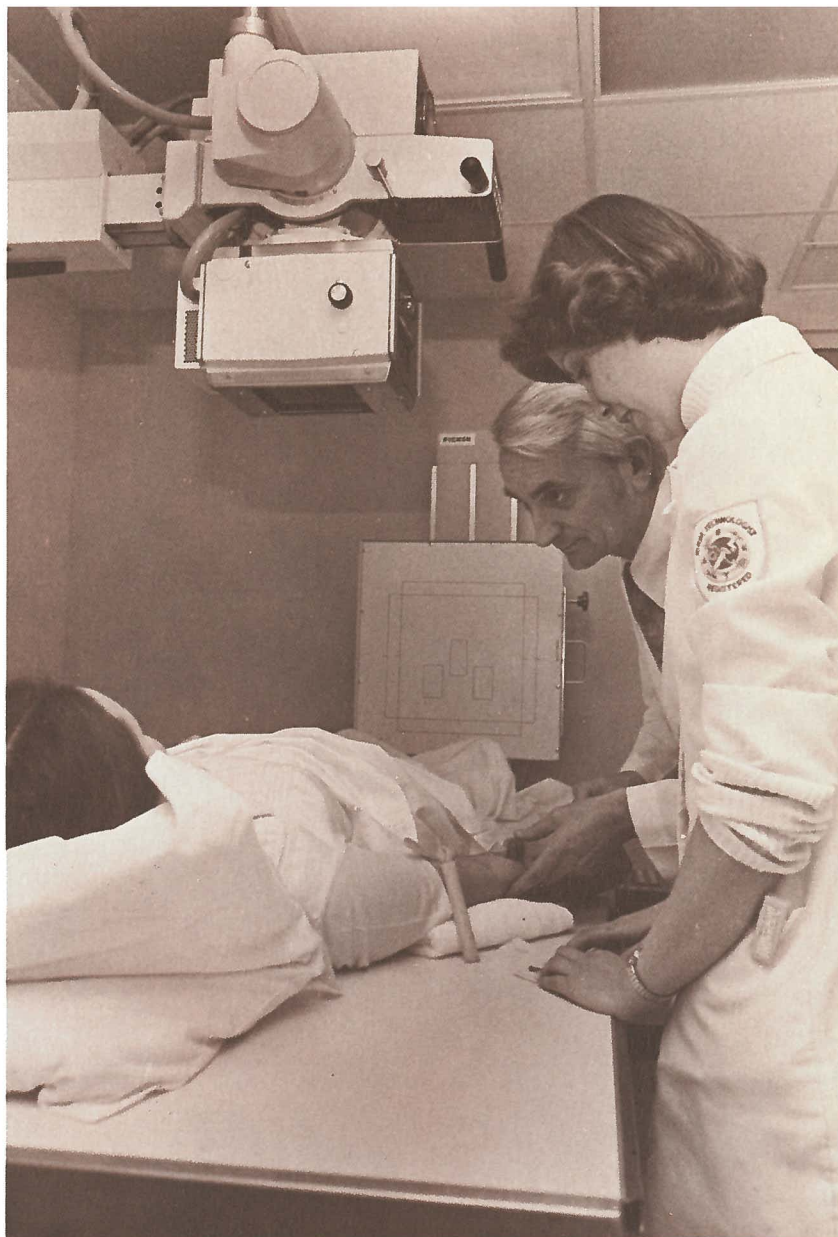
Tied to optimum bed utilization, our doctors expanded their involvement through medical audits. This peer review action is another barometer of the hospital's commitment to quality care.

Our comprehensive cancer treatment program underwent a great deal of progress in the past year. The cancer committee developed further means of auditing various types of this disease, and a proposal for our long-range plans in cancer diagnosis and treatment was developed.

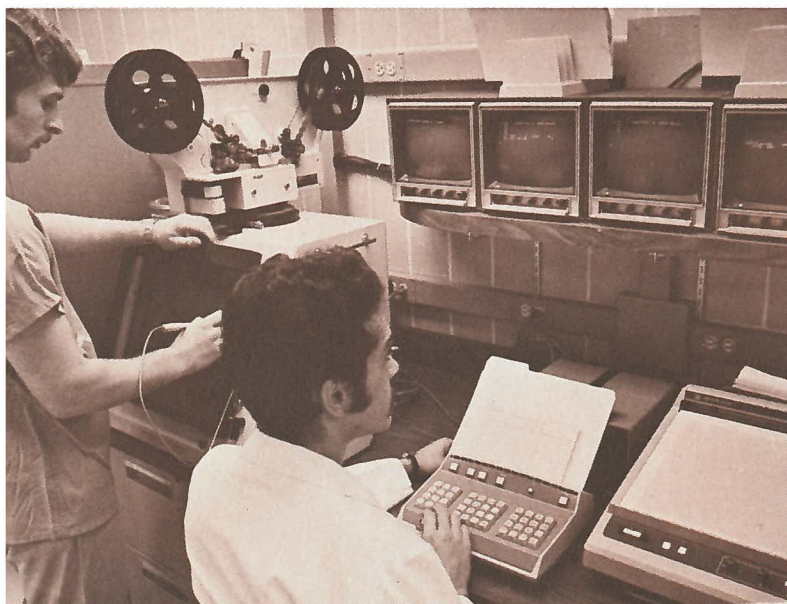
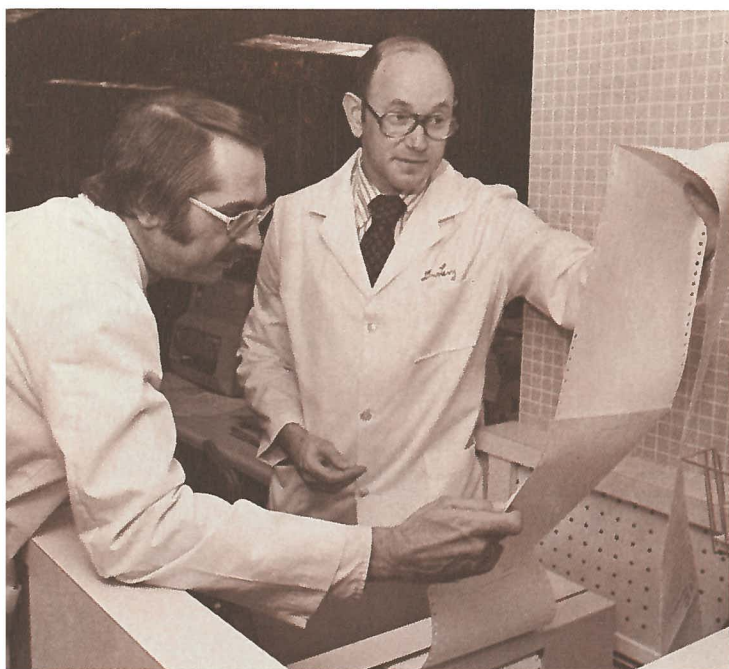
The concept of primary nursing grew in 1977. It is the philosophy of patient care in which total needs of an individual patient are the responsibility of a single nurse. Results show more involvement on the part of the patients in their own care as well as more comprehensive and continuous care for the individual patient.

As we plan for next year and beyond, our primary effort remains quality treatment and service. To provide this continuity within the bounds of prudent economic growth is the concern of all St. Luke's dedicated professionals.

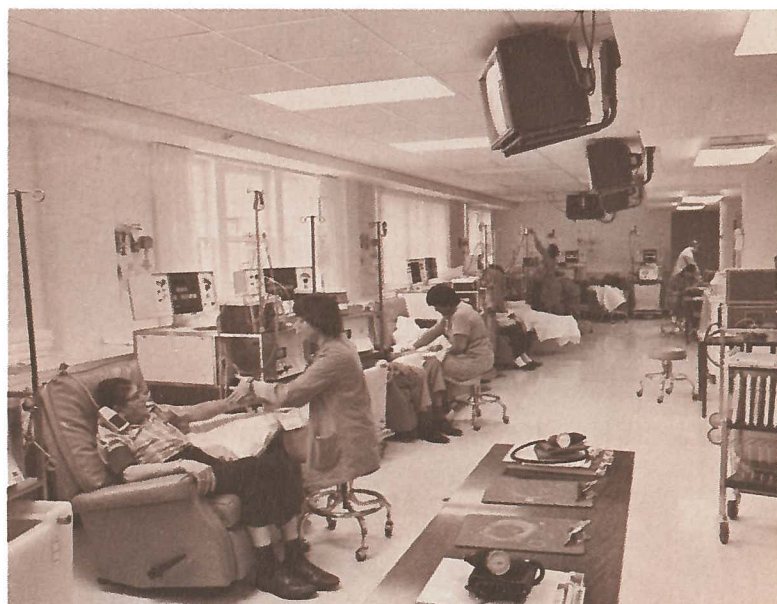
Major remodeling in radiology adds three improved diagnostic rooms.



A computerized laboratory system brings quick, accurate patient information to our doctors.



The cardiac catheterization computer room monitors four diagnostic procedures simultaneously.



The 10-patient kidney dialysis unit occupies the renovated nursery area.

...in Educational Opportunities

From medical residency programs through hundreds of other professionals in training to basic education for the general public, the picture of a true teaching hospital emerges.

St. Luke's role as a teaching hospital grew substantially in 1977. One of the most important examples occurred when we transferred our family practice residency program to the old Scandinavian Nursing Home and increased the size of the program from 14 to 18 residents. In addition, we added a second full-time member to the teaching faculty. Besides a Medical College of Wisconsin affiliation and two full-time faculty members, we now have six part-time instructors, plus back-up teaching from our various specialties and subspecialties.

Traditionally we have played a major role in meeting Wisconsin's great need for primary care physicians and will continue to do so through this expanded program. Most important is that the majority of our graduates stay in the state to build their own practices here.

Another important step as a medical teaching hospital was taken in 1977. Dr. George Theil joined St. Luke's as a full-time academic chairman of internal medicine in an affiliate program with the Medical College of Wisconsin. Beginning in July of 1978, we will have our first residents in the program.

On a highly specialized note, Dr. Eric Kindwall, director of hyperbaric medicine, set up and taught a number of graduate training programs in his field. We find that, more and more, other areas of the country as well as other countries look to our hyperbaric program for training and guidance in setting up their own facilities.

How do doctors manage to keep abreast of the many advances that are continually occurring in the field of medicine? This is a point of strong concern of St. Luke's education committee. To help assure that staff members are aware of the latest developments in patient care, this committee has increasingly gone to distinguished specialists in various fields to serve as guest lecturers.

As an example of this commitment, we completed our second year of affiliation with the National Cancer Institute whereby four experts come to St. Luke's each year to lecture and work with both the house staff and our practicing physicians. We also had a number of other distinguished speakers in 1977, including our second annual Huston Memorial lectureship in cardiology.

Our medical library is another important resource in our educational and research programs. In a recent study, it was shown that St. Luke's library is by far the most active of all private hospitals in Milwaukee. In 1977, the library was expanded and modernized. Also, we installed a Medline computer which gives us immediate direct access to bibliographies in literally thousands of journals through a direct link to the National Library of Medicine in Washington, D.C.

To fill a longstanding need, ground was broken in the fall of 1977 for a new auditorium to be completed in spring. It will connect to our middle building next to the employees-doctors entrance. This 169-seat facility should prove to be a great asset to our many teaching programs for patients, doctors, paramedical professions, and public education.

On any given day, there are several hundred students at St. Luke's. Programs are varied and diversified. They include residencies in family practice, internal medicine, nuclear medicine, pathology, radiology, and surgery; paramedical programs in medical technology, nuclear technology, X-ray technology, registered nursing, practical nursing, pharmacy, hospital administration, chaplaincy, dietetics, respiratory therapy, physical therapy, occupational therapy, speech pathology, audiology, histotechnology, cytotechnology, medical transcription, social services, and high school work study.

In addition, there are inservice training programs in management, supervision, specialized areas of nursing, and job-related skills in all departments.

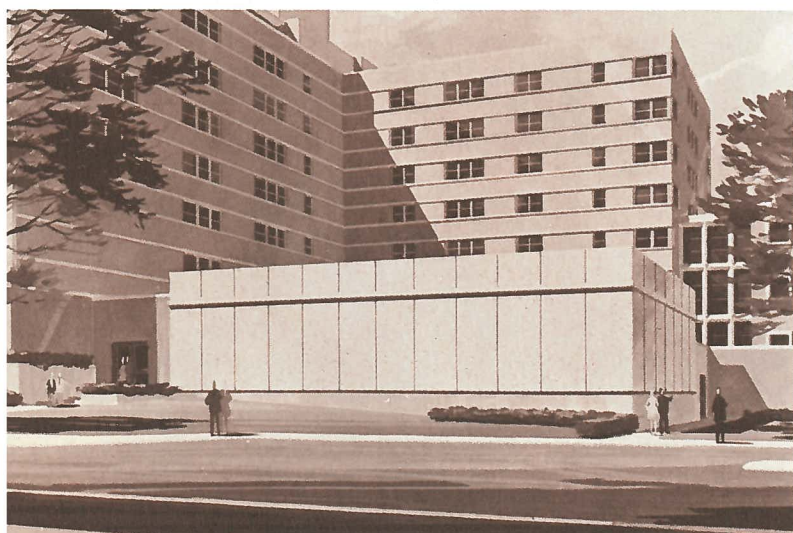
Patient teaching programs continue to grow. Learning about particular illnesses and tailoring programs to the individual patient for their post-hospitalization period is an essential part of care.

Programs on preventive medicine were offered to the general public and, with the availability of the new auditorium next year, will be increased. Stop smoking clinics, diet, diabetes, cancer, heart disease, and exercise are the subjects of some of those now being offered. Plans to improve and further expand preventive medicine programs are being considered for 1978.

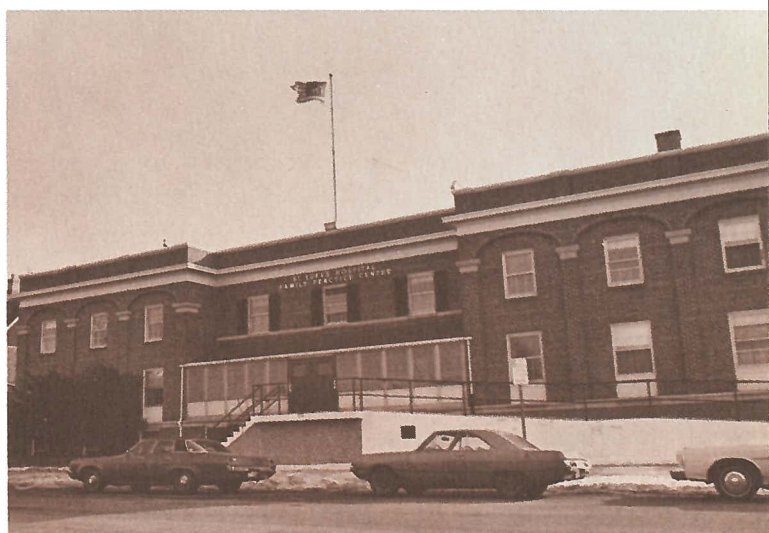


The expanded, modernized library is the most active among private hospitals in Milwaukee.

Residents develop skills in serving the primary health needs of patients young and old.



A 169-seat auditorium will serve the needs of St. Luke's many teaching programs.



St. Luke's expanded Family Practice Center is housed in the former Scandinavian American Home.

...Facing Up to Needs and Realities

The future is in our hands right now.

Plans we effect are carefully designed for change to meet the demands for continuing quality health care in the years ahead.

A public issue recurrently in the headlines has been the subject of health care costs. St. Luke's efforts in cost containment were particularly effective in 1977. For the second successive year, the hospital avoided any rate increases.

There will, however, be a need for a rate increase request in 1978. We have seen average rate increases in all southeastern Wisconsin hospitals of 11.4% in 1976 and 8.5% in 1977. In the face of these and other economic pressures, we have done a highly commendable job in holding the line through cost saving techniques and sound management.

Our medical-dental staff stands at a membership of some 370, representing 14 specialized departments and 16 sub-specialized sections within the departments. In addition, the medical-dental staff members serve on 20 standing hospital committees. Through them, they are able to remain an integral part of the planning process and help maintain quality control on all care within the hospital.

Our doctors — along with the board of directors and administration — were instrumental in addressing a vital part of planning in 1977. Because of unremitting strains on many of our existing areas, there is great need for a new addition. Plans and documentation for such an addition are in place, ready for the approval of health planners so that groundbreaking can begin in 1978.

The plans will not add beds, but will include surgery, the clinical laboratory, outpatient, emergency, radiation therapy, and other back-up services of the hospital. When completed, the addition will provide for needed expansion of occupational and physical therapy, radiology, and other areas now cramped for space. Part of the money to finance the addition — estimated at \$25,000,000 — will be sought from public support.

Surgery's needs stem from important technological changes that have occurred since the present area was opened in 1952. At that time, monitoring equipment was minimal, and there were only limited specialized areas of surgery. The advent of heart-lung machines, respirators, other electronic equipment, and a wide array of surgical supplies for lengthy, complex procedures, however, has created a great strain on existing suites. There is also the presence of more skilled people to treat the growing number of complex cases.

The laboratory, too, has experienced an acceleration in technology since it opened in its existing area in 1965. Automation of many tests has resulted in a great volume of large equipment, again creating a need for more space.

Outpatient and emergency treatments have increased dramatically. St. Luke's serves as the emergency hub for the southern portion of Milwaukee and, with these ever-increasing demands, present facilities are greatly taxed.

Radiation therapy, an area that has expanded vastly in technology since the first cobalt unit was installed in 1957, needs increasingly more space as patient treatments rise.

The proposed expansion will be connected to the Knisely and middle buildings, extending east over 29th Street on property already owned by the hospital.

One major problem was eased substantially in 1977 with the completion of our multi-level parking structure east of the hospital. It accommodates 838 cars, providing a big plus for our employees and visitors, and, particularly, for our doctors who outgrew their previous parking lot some time ago.

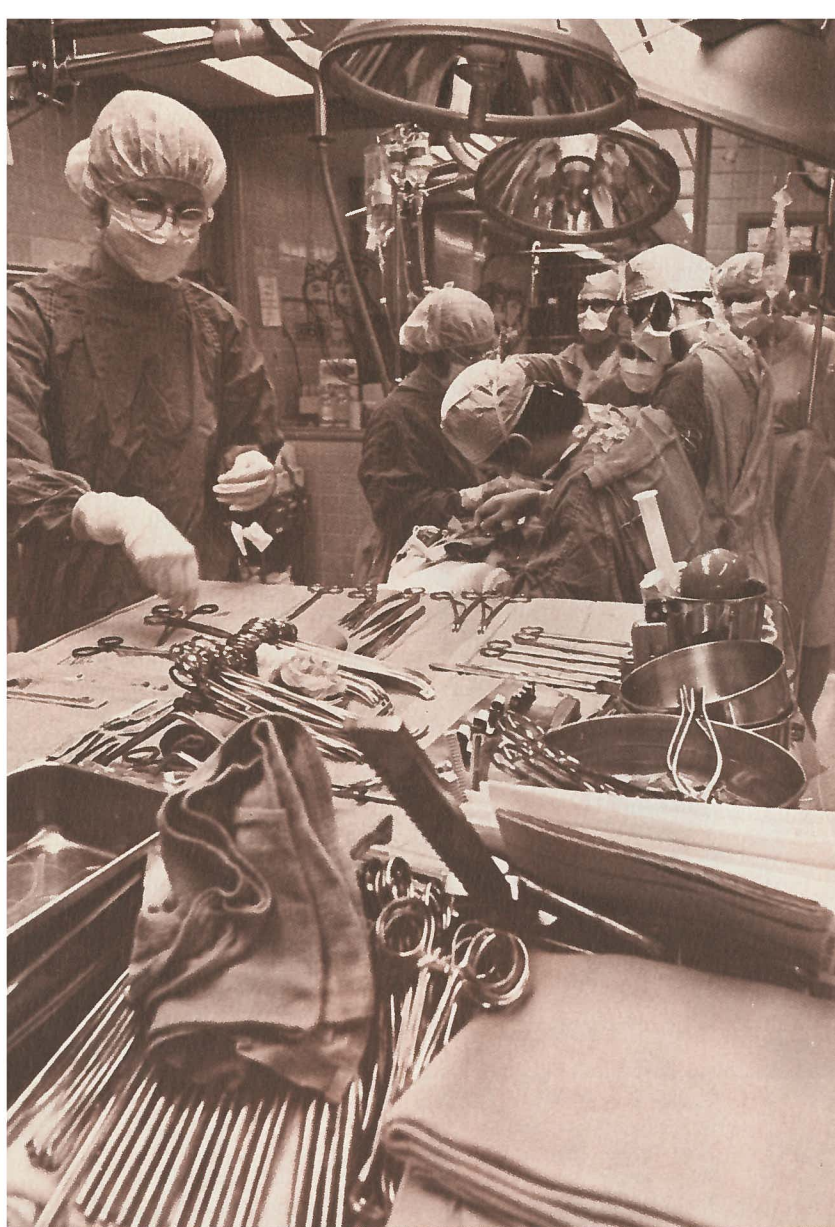
The main entrance and lobby were remodeled in 1977. An excellent job was done in planning and refurbishing this heavily traveled area of public access.

In addition, we have continued to renovate other areas of the hospital, particularly inpatient areas in the 20-year-old middle building. The orthopedics area was expanded into the area formerly occupied by the pulmonary department, which was moved to the Knisely Building.

With continued emphasis on cost containment and sound planning for future needs, St. Luke's will reinforce its position as a major medical institution. We will continue to stress the expansion of preventive medicine. We know that people can help themselves stay well, and we intend to assist them in so doing.

We will seek new ways to improve our important position as a resource on health and safety for many south side industries.

We recognize our obligations in public responsibility and accountability. We will continue to exercise our leadership role in the community to address the major medical dilemma of our times — responding prudently to hold costs at reasonable levels while not yielding quality.



Technology advances increase the amount of equipment and skilled personnel required in surgical suites.

A dramatic increase in emergency treatments greatly taxes existing facilities.



Doctors serve on 20 standing committees as an integral part of planning and quality care.



The multi-level parking structure east of the hospital accommodates 838 cars.

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J. P. Docktor
A. Howell
G. J. Korkos
J. S. Kretchmar

Section of PROCTOLOGY

B. J. Klamecki

Section of UROLOGY

F. I. Andres, Chairman
T. P. Borowski
S. W. Fine
E. R. Hanson
A. J. MacGillis
J. D. Silbar
B. H. Usow
J. P. Walsh

DEPARTMENT OF THORACIC SURGERY

R. T. Shore—Chief
J. E. Auer
L. I. Bonchek
M. A. Cheema
L. L. Davis
R. J. Flemma
J. F. Hoffman
W. D. Johnson
S. L. Kalush
M. L. Kamath
D. Lepley, Jr.
M. Mirhoseini
D. C. Mullen
B. G. Narodick
T. M. O'Connor
*A. H. Pemberton
T. M. Schmahl
A. J. Tector, Jr.
R. R. Watson
W. Weisel
L. W. Worman

PARAMEDICAL STAFF Department of Pathology

B. E. Plashko

Department of Physical Medicine and Rehabilitation

J. M. O'Donnell
T. E. Tyre

Department of Psychiatry

R. R. Alvarez
K. Luoto

Department of Radiology

J. J. Allen

*Deceased

the source and use of funds 1977

WHERE DID THE MONEY COME FROM?

Income from patient services	\$53,197,191
Coffee shop, gift shop, cafeteria, and other income	856,434
Donations	343,084
Investment income	546,440
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	\$54,943,149
Less Medicare, Medicaid, other allowances, and the inability of some patients to pay their bills in full	3,551,445
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	\$51,391,704

WHERE DID THE MONEY GO?

Wages, salaries, fees, and fringe benefits ..	\$31,035,197
Medical and surgical supplies	8,126,397
Laundry, linen, housekeeping, and general supplies	3,410,474
Food and dietary supplies	843,465
Fuel, water, electricity, and telephone	1,184,311
Interest on indebtedness	1,450,279
Payment on long-term indebtedness	2,083,000
New equipment and remodeling	1,990,820
increase in receivables, inventories, etc. ...	1,267,761
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	\$51,391,704

comparative service to the community

	1973	1974	1975	1976	*1977
Adult Admissions	16,382	16,588	16,448	16,638	16,522
Outpatient Admissions	71,807	85,898	88,033	92,339	91,900
Emergency Visits	40,718	43,524	45,714	46,233	49,450
Laboratory Tests	1,362,427	1,438,326	1,674,584	1,829,205	1,833,406
Total drug doses dispensed	799,921	1,162,655	1,108,750	1,290,723	1,326,532
Radiology Diagnostic Tests	101,673	109,816	113,240	125,182	132,157
Physical Medicine Treatments	69,099	71,882	67,838	75,613	81,801
Electrocardiograms	21,605	23,191	23,440	26,345	27,774
Pulmonary Function Studies	5,540	5,048	8,125	9,966	10,451
Surgical Procedures	9,927	10,574	10,526	10,799	11,323
Open Heart Surgery Procedures	821	825	864	1,133	1,173
Cardiac Catheterizations	1,684	1,901	1,883	2,201	2,306
Kidney Dialysis Treatments	1,102	1,348	1,806	2,967	3,842

*The 1977 accounting year totals were based on 53 weeks.