December 2020

An Overview of Our Services During 1990

Aurora Health Care

Follow this and additional works at: https://institutionalrepository.aah.org/ahc_books

This Document is brought to you for free and open access by the Aurora Health Care at Advocate Aurora Health Institutional Repository. It has been accepted for inclusion in Aurora Health Care Books, Documents, and Pamphlets by an authorized administrator of Advocate Aurora Health Institutional Repository. For more information, please contact AAH-Library@aah.org.
An Overview of Our Services During 1990

Aurora Health Care
Purpose

Aurora Health Care is a leading provider of health care services in Southeastern Wisconsin which is dedicated to personalized, high quality, cost-effective care.

Mission Statement

Aurora Health Care is a health care delivery system dedicated to serving the health care needs primarily in Southeastern Wisconsin and the surrounding region. Health care services are inherently personal in nature, and Aurora Health Care will maintain an environment sensitive to the physical, emotional, spiritual, social, and economic needs of both those served and those who provide that service.

Aurora Health Care is committed above all else to the promotion of health, the prevention of illness, and the provision of state-of-the-art diagnostic and treatment services when needed and where most appropriately delivered, either as in-patient care, ambulatory care, extended care, or home care.

Aurora Health Care is concerned with the overall welfare of our community, and recognizes there is a limit to the individual and collective resources available. Therefore, it is committed to providing enlightened and progressive management to organizations which are structured and coordinated to deliver health services of highest quality at fair and affordable prices.

Aurora Health Care is dedicated to the education of physicians, nurses, and allied health professionals to assure that a goal of high quality, cost effective care is maintained and that the level of health care practice remains advanced. Likewise, Aurora encourages research in clinical practice for the enhancement of quality health care.

ST. LUKE’S MED. CTR.
MEDICAL LIBRARY
MILWAUKEE, WI

FRONT COVER:

Top Left: Cheryl Maranto and her son Vincent, who was born at Sinai Samaritan Medical Center weighing 1 pound 10 ounces, enjoy a playful moment at home in Whitefish Bay.
Top Right: Stroke patient Ruth Spriggs continues to live at home with the support of people like Nancy Smith, R.N., of VNA Independent Living Services.
Bottom Left: Fifteen-year-old heart transplant recipient Rodney Cole had an estimated six months to live when he received a life-saving heart transplant at St. Luke’s Medical Center.
Bottom Right: Loi Nguyen relies on one of Aurora’s Family Care Centers to treat most of her family’s medical problems, including daughter Diana’s recurring ear infections.
A strong, clear pattern emerges as we look back on the course charted by Aurora Health Care during 1990. It is a pattern of tough decisions being made time and again by our boards and management in order to move Aurora resolutely forward in the best interest of the community we serve. Our leadership consistently rose to this challenge.

The decision to proceed with more extensive clinical consolidation at Sinai Samaritan Medical Center, virtually eliminating duplication between campuses, was one of the most difficult. Years earlier we had chosen a less sweeping consolidation plan, to maximize use of the facilities on both campuses, with minimal disruption of our patients and physicians. As the sole remaining downtown Milwaukee medical center, however, Sinai Samaritan continued to be critically affected by government reimbursement shortfalls. We were therefore compelled to do more. Only by downsizing to operate with even greater efficiency could Sinai Samaritan become the premier urban hospital in this state. We are now confident that it is poised to achieve that goal.

Equally complex was the challenge of creating an affordable, top rate, community-based medical education program that would incorporate our long standing affiliation with the University of Wisconsin Medical School. Through that affiliation we have trained new primary care and specialty physicians, provided essential services for our patients, and stimulated our staff's pursuit of clinical innovation. We wanted to preserve it, but with significant modification. In 1990 the process of restructuring our graduate medical education programs began, thanks to the courage of our Southeastern board of directors. It appears the end result will be just what we envisioned—a community-based medical education program that not only meets needs within Aurora and the Medical School, but also better serves our community.

Very different but no less challenging were the questions we faced regarding the growing demand for services at St. Luke's Medical Center. This community's opinion and use of St. Luke's is so high that it would have been easy to decide to expand in many clinical directions. To the credit of our boards, they did not choose such a costly course of action. Rather, they supported management's plans to focus on key areas of superior quality and cost-efficiency. St. Luke's outpatient facility was selected for expansion. There a growing number of treatments are effectively delivered without inpatient hospitalization, thus reducing health care costs.

In these three and countless other areas, our boards have shown their sincere commitment to the people of this community, and to our vision to make Aurora Health Care the highest value health care provider in Southeastern Wisconsin.

For their wise leadership, we are deeply grateful to Stanley Kritzik, who served as chairman of the board of Sinai Samaritan; John Dragisic, who was chairman of St. Luke's; Thomas Parker, chairman of Samaritan Health Plan; Jere McGaffey, then chairman of Aurora Health Care; and the 100 dedicated individuals who served with them as community volunteers on our boards of directors.

G. Edwin Howe

President
Aurora Health Care

The largest private provider of health care in Wisconsin, Aurora Health Care encompasses not only St. Luke's and Sinai Samaritan Medical Centers, but also sixteen ambulatory care centers located throughout the metro Milwaukee area, and the state's most comprehensive home care provider, the Visiting Nurse Corporation. Together in 1990, the health care professionals and support staffs of these respected facilities and programs provided more than 266,000 days of inpatient care; 290,400 hospital outpatient visits; in excess of 100,000 emergency care visits; nearly 77,000 ambulatory care center visits and 93,700 home care visits; and served 174,000 Mobile Meals.

The amount of uncompensated care provided by Aurora Health Care rose last year to a full 23 percent of billings, totaling $126.8 million. With the high volume of care we provided and the increasing constraints on patient care reimbursement we faced, it was essential again in 1990 that our management staff focus on the vision we developed for Aurora at its founding in 1987. That meant diligently monitoring service quality and operational costs, continually fostering innovation, carefully allocating scarce resources, steadfastly fixing our attention on community needs, and consistently including the participation of physicians, employees and community volunteers in planning for the future. Key contributions of our corporate departments to the achievement of these objectives are highlighted in this report.

### 1990 PATIENT SERVICE STATISTICS

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admissions</td>
<td>43,550</td>
</tr>
<tr>
<td>Inpatient Days</td>
<td>266,181</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>6.1</td>
</tr>
<tr>
<td>Physicians on Staff</td>
<td>1,470</td>
</tr>
<tr>
<td>Residents and Fellows</td>
<td>141</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>1,963</td>
</tr>
<tr>
<td>Full-time Equivalent Employees</td>
<td>5,897</td>
</tr>
<tr>
<td>Auxiliaries and Volunteers</td>
<td>1,442</td>
</tr>
<tr>
<td>Emergency Care Visits</td>
<td>100,444</td>
</tr>
<tr>
<td>Hospital Outpatient Visits</td>
<td>290,472</td>
</tr>
<tr>
<td>Ambulatory Care Center Visits</td>
<td>76,913</td>
</tr>
<tr>
<td>Home Care Visits</td>
<td>93,745</td>
</tr>
<tr>
<td>Cardiac Catheterizations</td>
<td>7,604</td>
</tr>
<tr>
<td>Coronary and Peripheral Angioplasties</td>
<td>3,162</td>
</tr>
<tr>
<td>Heart Surgeries</td>
<td>2,126</td>
</tr>
<tr>
<td>Total Surgical Procedures</td>
<td>24,308</td>
</tr>
<tr>
<td>Births</td>
<td>6,279</td>
</tr>
<tr>
<td>Radiation Treatments for Cancer Patients</td>
<td>23,949</td>
</tr>
<tr>
<td>Inpatient Psychiatric Days</td>
<td>24,968</td>
</tr>
<tr>
<td>Dialysis Treatments</td>
<td>32,356</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Treatments</td>
<td>327,644</td>
</tr>
</tbody>
</table>
### SOURCE OF FUNDS

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Combined Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Services</td>
<td>$340,642,000</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>109,343,000</td>
</tr>
<tr>
<td>Non-Hospital Services</td>
<td>97,997,000</td>
</tr>
<tr>
<td><strong>Total Billings</strong></td>
<td><strong>547,982,000</strong></td>
</tr>
<tr>
<td>Uncompensated Care:</td>
<td></td>
</tr>
<tr>
<td>Charity Care</td>
<td>$(5,818,000)</td>
</tr>
<tr>
<td>Bad Debts</td>
<td>(6,043,000)</td>
</tr>
<tr>
<td>Medicare, Medicaid and Other</td>
<td></td>
</tr>
<tr>
<td>Third Party Allowances</td>
<td>(115,006,000)</td>
</tr>
<tr>
<td><strong>Total Uncompensated Care</strong></td>
<td><strong>(126,867,000)</strong></td>
</tr>
<tr>
<td><strong>Net Billings</strong></td>
<td><strong>$421,115,000</strong></td>
</tr>
</tbody>
</table>

### USE OF FUNDS

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Combined Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, Fees, and Fringe Benefits</td>
<td>$198,238,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>71,631,000</td>
</tr>
<tr>
<td>Purchased Medical Services</td>
<td>63,525,000</td>
</tr>
<tr>
<td>New Equipment</td>
<td>37,773,000</td>
</tr>
<tr>
<td>Maintenance, Rentals, Insurance</td>
<td>37,314,000</td>
</tr>
<tr>
<td>and Other Business Expenses</td>
<td></td>
</tr>
<tr>
<td>Interest and Principal on Long-Term Debt</td>
<td>7,336,000</td>
</tr>
<tr>
<td>Utilities</td>
<td>5,561,000</td>
</tr>
<tr>
<td>Change in Working Capital</td>
<td>(263,000)</td>
</tr>
<tr>
<td><strong>Total Funds Applied</strong></td>
<td><strong>$421,115,000</strong></td>
</tr>
</tbody>
</table>

At Newtowne Medical Group, the newest ambulatory care facility in the organization, Aurora President G. Edwin Howe welcomes medical staff member, Obstetrician/Gynecologist Janie Washington, M.D., a clinical assistant professor of the University of Wisconsin Medical School.
Vincent Maranto Ferguson made his debut weighing a mere one pound ten ounces.
The year 1990 was a pivotal one in the history of Sinai Samaritan Medical Center. It was a year in which the crucial role we fill in central Milwaukee was recognized not only by local health officials and the Wisconsin Hospital Association, but also by state legislators and the Governor. As the second highest volume hospital in Wisconsin, the primary provider of inpatient care to Milwaukee County's Medicaid recipients, and the sole remaining provider of acute care and many outpatient services in the central city, Sinai Samaritan was designated an “Essential Access Community Hospital” (EACH).

Achieving improved reimbursement through the EACH designation was the final component of a four-part strategy for success implemented at the Medical Center. First we began to reconfigure clinical services, to eliminate duplication between the campuses and increase our efficiency. By year end, work was well underway to consolidate and renovate obstetrics, neonatal intensive care, acute inpatient services, surgery, cardiology, emergency care and most of our outpatient clinics. With psychiatry and rehabilitation previously consolidated, efficiencies could be achieved across the board.

This consolidation strategy was implemented in tandem with aggressive expense reduction, including a significant mid-year reduction in our work force. This painful step would help us to stem the tide of red ink, moving Sinai Samaritan closer to financial stability, and ensuring the future quality and availability of our programs.

Sinai Samaritan was the busiest obstetric facility in the state last year, the largest private provider of psychiatry and AODA services, one of the top four providers of cardiac care and the busiest emergency care facility in the city, and a prominent provider of orthopedic treatment. Community service and clinical quality earned Sinai Samaritan two distinctions in 1990: a full three-year accreditation from the Joint Commission, and a $10,000 award in the national Foster McGaw competition.

Our challenge in 1990 was to build upon centers of excellence, while at the same time containing costs. One important way to strengthen clinical programs was to undergird our role as a teaching resource. Sinai Samaritan has become a major partner with the state not only in the provision of health care for needy Milwaukee County residents, but also in the training of Wisconsin's physicians. By year end active discussions were underway to strengthen and restructure our relationship with the University of Wisconsin Medical School.

Noteworthy accomplishments of our five Centers of Excellence are highlighted on the following pages. We also selected from among the thousands of patients treated at Sinai Samaritan Medical Center during 1990, five individuals who describe their experience of the care we deliver. I hope you will agree that these personal stories are perhaps the best way to tell the larger story of the value of our services to the people of Southeastern Wisconsin.

William I. Jenkins
President
Women’s Health Services

Sinai Samaritan Medical Center has a special mission to women of childbearing age. The OB-GYN Clinic, staffed by faculty and residents of the University of Wisconsin Medical School, provided more than 12,000 obstetrical care visits in 1990. As a training site for the obstetrician-gynecologists of the future, Sinai Samaritan was a Milwaukee pioneer in the use of LDRP (labor-delivery-recovery-postpartum) rooms, and is currently one of only a few hospitals in the state with midwives on staff.

1990 Highlights:

- Planning for the consolidation of Women’s Health Services at the West Campus, including the creation of a new Women’s Assessment Center, was the major activity in the last half of 1990. All obstetrical care, including high-risk deliveries, and Neonatal Nursery and Intensive Care, would be offered at one location by March of 1991.

- A record 5,294 babies were born at Sinai Samaritan last year, with more than 1,000 arriving in July and August; a set of quadruplets were born in November.

- The neonatal intensive care unit participated in a national study on the effects of a surfactant replacement that has been shown to alleviate the symptoms of premature infants with respiratory distress syndrome.

- The Sexual Assault Treatment Center of Greater Milwaukee, located at Sinai Samaritan, provided care to more than 900 victims, including many children and a small number of men. An $83,000 grant from VOCA included $8,000 for a Pediatric Post Assault Clinic.

- WomenSource, the new education and outreach arm of Women’s Health Services, hosted a fall education series, featuring physicians and other health care providers from Sinai Samaritan.

Obstetrician Timothy Heitman arranged for an emergency team of perinatal specialists. Neonatologist Carol Browning, M.D., specializes in high-risk cases. Suzann Wong, R.N., monitored Vincent’s steady uphill climb from less than 2 pounds.
A Featherweight Fighter

The odds of survival were tilted against Vincent Maranto Ferguson when he made his premature debut into the world last March. Weighing 1 pound 10 ounces at birth, he was so tiny he could fit in the palm of a man's hand.

Cheryl Maranto and her husband Steve Ferguson had no warning that their first child would be born in critical condition. Just five and a half months into pregnancy, Cheryl went into labor. When her strong contractions could not be stopped by maximum doses of medications, doctors informed the couple that their baby, once born, stood roughly a 40 percent chance of living.

Cheryl's obstetrician at St. Luke's, Timothy Heitman, M.D., expected complications and consulted with Sinai Samaritan's team of perinatal specialists. It was agreed to transfer Cheryl, a Marquette University professor, to Sinai Samaritan, where the team stood by for the birth.

According to Carol Browning, M.D., neonatologist, the medical team's immediate concern was respiratory distress syndrome, the number one killer of premature infants. The second Vincent was born, doctors rushed him to a ventilator, helping him over his first medical hurdle. "He looked so fragile, just skin and bones," recalls Steve, who was with his wife during the delivery.

During the next three months, home, for Vincent, was an isolette in Sinai Samaritan's neonatal intensive care unit. Against a backdrop of buzzers, lights and whistles that signal various crises, Vincent slowly gained weight and strength. While most new parents count pounds, Cheryl and Steve cheered each ounce. "It was hard for Vincent to gain weight," says Suzann Wong, R.N. "He had apnea, brachycardia and was on a ventilator for a few days."

At last, the featherweight fighter weighed in at 4 pounds, 10 ounces. Carrying a small bundle of doll clothes given as a farewell present by the nursing staff, (regular baby clothes were too large) Cheryl, Steve and their baby headed home together for the first time.

Cheryl and Steve could not be more grateful to the doctors, nurses and hospitals that held death at bay. From their technology, expertise and caring, came their baby's chances at living.

"I had always thought you needed to sacrifice personal attention to be cared for by leaders in the field," Cheryl says. "That wasn't true at Sinai Samaritan. One of the things that really impressed me was that in spite of their busy schedules, the doctors were well tuned to my needs. I'd run out of questions before they would run out of patience in answering them."

Vincent, meanwhile, has been busy. He's mastered crawling, cut his teeth, and plans on walking soon.
Cardiovascular Medicine

One of four major tertiary heart care centers in southeast Wisconsin, Sinai Samaritan provides complete diagnosis and treatment of heart problems, offers patient and community teaching and health promotion and does both clinical and basic research. A key area of expertise at Sinai Samaritan is electrophysiology, the diagnosis, treatment and cure of cardiac arrhythmias.

1990 Highlights:

- Sinai Samaritan was one of only five hospitals in the country to pioneer catheter radio ablation to cure Wolff-Parkinson-White syndrome or other ventricular tachycardias without open-chest surgery.

- Angioplasty using laser, and atherectomy, both begun 1990, now enable physicians to reduce the chance of coronary arteries becoming blocked again, because they actually remove plaque from the artery.

- Nearly 600 physicians, nurses and technologists from all over the country attended the arrhythmia conference and echocardiography and nuclear medicine symposiums held in Milwaukee in 1990.

- Cholesterol Limited, a new service of the Cardiovascular Disease Center, began offering individualized patient counseling.

- The American Heart Association awarded grants to five Sinai Samaritan researchers studying the mechanisms of blood clotting, renal salt and water balance, exercise and endothelial cell culture.

- Signal-averaged electrocardiography is now being used to screen for those patients who may be at risk for developing potentially life-threatening ventricular tachycardia.

Mohammad Jazayeri, M.D., director of Sinai Samaritan's electrophysiology lab, is one of few cardiologists nationwide who routinely perform the new heart procedure.

Sandra Hempe, R.N., added a personal touch to Darla's recovery.
Signals All Clear

Darla Stocks never knew when her “gray-outs” were about to occur. “The first time it happened, I was changing my new baby,” says Darla, a 39-year-old marketing specialist. “I was terrified. I couldn’t see, but I could talk and hear.”

During the gray-outs, Darla’s heart would malfunction, pumping little blood and oxygen to her brain. Each episode, which lasted a few seconds, was followed by a period where her heart beat forcefully.

Darla suffered from a cardiac arrhythmia condition called Wolff-Parkinson-White syndrome. She was born with an extra electrical cardiac pathway that occasionally sent out faulty signals to her heart, triggering irregular rhythms and the gray-outs.

Until recently, daily medications or open-heart surgery were the only alternatives to treatment for this and other arrhythmia conditions of the heart, including types of tachycardia.

But a major breakthrough in cardiac arrhythmia treatment enabled Darla to rid herself of the condition forever and avoid open-heart surgery. Sinai Samaritan is one of the few medical centers in the country offering the new technique, called radio frequency ablation. In the past year, doctors have performed more than 100 radio frequency ablation procedures.

In the operation, a catheter is inserted into a groin or neck vein and threaded into the heart, explains Mohammad Jazayeri, M.D., director of Sinai Samaritan’s electrophysiology laboratory. The catheter’s tip is placed against the faulty tissue, which is destroyed when a radio frequency charge is sent through the catheter.

Darla recovered for just three days at Sinai Samaritan before heading home, recalls Sandra Hempe, R.N. “The nurses were terrific,” Darla says. “They gave me that personal touch. They knew I was a ‘chocoholic’ and had a Snickers bar waiting for me after surgery, even though I had to wait to eat it.”

Darla works full-time and enjoys a life free of medications, and physical and dietary restrictions. “I feel just great,” she says. “I used to be afraid I was going to die. No one seemed to understand this condition. Now, I never have to worry about it again.”

“I used to be afraid I was going to die. No one seemed to understand this condition. Now, I never have to worry about it again.”
Mental Health and AODA Services

Adult psychiatry, adolescent psychiatry, geriatric psychiatry, chemical dependency treatment, inpatient, outpatient, day hospital — all words that characterize the help provided daily by Sinai Samaritan to patients and their families. Increasingly that help is delivered within the framework of managed care contracts — which have drastically changed the nature of mental health and Alcohol and Other Drug Abuse (AODA) treatment over the last 10 years. The Mental Health Center of Excellence continued to do this successfully last year by providing intensive, cost-effective treatment and on-going outpatient support.

1990 Highlights:

- In January of 1990, the inpatient geriatric psychiatry unit grew from 12 to 18 beds with Medicare approval.
- Psychiatry grand rounds, held ten times in 1990, drew an average 120 physicians, nurses, therapists and other mental health providers to hear University of Wisconsin professors and other national and international leaders in the field present their findings.
- A child psychiatry office was opened last summer at the Sinai Samaritan North Shore Professional Offices.
- The University of Wisconsin Medical School Psychiatry residency program at Sinai Samaritan was granted continued full accreditation by the Accreditation Council for Graduate Medical Education, effective November 15, 1990. The program may train four residents per year in a four-year program for a total complement of 16 residents.
- Generation to Generation, a support group for grandparents who are parenting, was developed to provide information on child management skills and stress reduction.
Troubled Lives Rebuilt

They're small people with big problems. Many of the children and teenagers treated in the outpatient psychiatry clinic and the inpatient adolescent psychiatry unit are battling depression or another major psychiatric illness. Other children are in foster care, have an ill parent, have been abused, have recurring problems with the law or have witnessed violence against family members.

Sinai Samaritan's staff of psychiatrists, psychologists and social workers is playing a role in rebuilding these troubled lives. Using group therapy, individual therapy, family therapy, medications, behavior modification and play therapy, the staff helps these children develop trust, gain self esteem and improve their confidence.

"Working with each child's family and school is a large component to success," says Lucille Rosenberg-Glicklich, M.D. "We aim to have family members better understand the problems and each other." The court system, social services and community agencies are often pulled into the equation for success, she says, because most of the children's problems aren't confined to the home.

Success is measured in terms of satisfied parents and school personnel and children who demonstrate a better understanding of themselves and improved sense of control in their lives.

For two or three years, many of these children participate in play therapy and group therapy as hospital outpatients. "Though the children's problems vary, their feelings and reactions are often very similar," says Clinical Psychologist Robert A. Gruenberg, Psy.D.

Children's behavioral problems, he notes, usually manifest in groups. Through structured play, mental health professionals can observe a child's behavior patterns clearly. "The goal is to show children healthy alternatives for their responses to whatever it is that's troubling them," Dr. Gruenberg says.
Orthopedics, Rehabilitation and Sports Medicine

This Center of Excellence encompasses all the therapies that might be needed by orthopedic, rehabilitation or sports medicine patients including physical therapy, occupational therapy and speech therapy, as well as athletic training. Patients range widely, from the major league pitcher whose shoulder must be repaired before next season’s opener, to the older women with arthritis who needs a joint replacement, to the father of three who needs rehabilitation after a debilitating stroke in order to return to productive employment.

1990 Highlights:

- The 20-bed inpatient rehabilitation unit was certified by the federal Health Care Finance Administration and the Wisconsin Department of Health and Social Services.

- The Sports Medicine Institute worked closely with the Wave professional soccer team in 1990 to provide sports medicine and physical therapy services.

- Orthopedics and Rehabilitation Services sponsored the Jingle Bell Run for Arthritis in 1990. The 5K run and 1.7 mile walk help educate people about arthritis and help raise money for research.

- The Sports Medicine-Wellness Program at the Sampson Jewish Community Center was selected to receive an award from the Association of Jewish Community Centers and YM-YWHAs. Sinai Samaritan provides sports physical therapy services to the program.
A Career Rescued

Sports medicine received one of its greatest boosts by the introduction of the arthroscope in 1972. Today, the arthroscope (arthro for joint and scope meaning to view) allows surgeons to routinely view the interior of knees and other joints, make tests and perform repairs without resorting to major surgery.

When Ralph Mierow, associate pastor of sports ministries at Elmbrook Church, injured his knee in a softball game, tests done at Sinai Samaritan revealed that the meniscus (cartilage) in his knee was torn.

Ralph’s career places him not only in the pulpit, but on baseball fields, football fields and volleyball courts. Getting the best treatment for his knee was not only important to his personal love of sports, but his career as well.

In an outpatient surgery at Sinai Samaritan, orthopedic surgeon Harvey Kohn, M.D., made a small incision in Ralph’s knee and inserted the arthroscope’s tube, optical system and fiberoptics light source. While viewing a magnified version of Ralph’s knee joint on an overhead monitor, Dr. Kohn made the repair of the meniscus in less than a hour.

“I had some apprehension before surgery,” Ralph says “but it turned out to be an enjoyable, relaxing experience. At the Sports Medicine Institute, I was treated like a VIP.”

Ralph marched on to physical rehabilitation in the Institute, working for two and half months with Physical Therapist Christopher Melkovitz. “Every time I made a little progress,” Ralph says, “the therapists made me feel like I climbed Mount Everest.”

I wasn’t long before Ralph’s recovery was over. “He likes his job and wanted to get back to it,” says Melkovitz. “He did everything we asked of him”.

By Thanksgiving, three months after surgery, Ralph ran two miles. By Christmas, he was playing basketball against prison inmates as part of an outreach team.

“I had heard that if I had knee surgery after age 30, my career would be over;” Ralph says. Happily, he heard wrong.
Primary Care

Filling a vital role in meeting the health care needs of residents of Milwaukee and surrounding areas, Sinai Samaritan's primary care services include emergency care, geriatrics care, the internal medicine teaching clinic, the pediatrics clinic, the gastroenterology laboratory, various specialty clinics and ophthalmology services. The goal is to provide continuity of care so that patients receive proper attention in a timely, cost-effective way.

1990 Highlights

- A new gastroenterology laboratory was developed at the East Campus, equipped with state-of-the-art video endoscopy equipment for diagnosing diseases of the GI tract. The new lab has seen a 26 percent increase in patient volume.

- The Variety Club Epilepsy and Neurological Center provides consultation, diagnostic testing, medical follow-up, patient education and social work services to children and adults. Again in 1990, much of the care for children was generously underwritten by the Variety Club Children's Charities.

- Planning for the consolidation of the emergency care at the East Campus dominated the end of 1990. Sinai Samaritan has the city's only downtown emergency department, and provided nearly 60,000 patient visits in 1990.

- Sinai Samaritan provided free lead poisoning screenings to children from the metro area as part of the City of Milwaukee's lead abatement initiative.

- The Geriatrics Institute received a second grant from the Robert Wood Johnson Foundation to continue participating in the Milwaukee Dementia Care and Respite Services Program. It was also one of only 20 centers in the United States conducting studies of a new drug to treat Alzheimer's disease.

- Sinai Samaritan and the Jewish Community Center co-sponsored a Children's Health and Safety Fair in April, which drew more than 1,000 participants.

Recreational Therapist Carol Loroff enjoys helping Alzheimer's patients retain independence and enjoy high-quality lives.

Nursing Assistant Anna Kleckley believes the Alzheimer's Day Care Center addresses patients' needs while giving families a break.
Independence and Memories

Howard Duecker, 76, is one of between 2.5 and 4 million people nationwide suffering from Alzheimer’s disease. Alzheimer’s, the most common dementia, can lead to memory loss, personality and behavior changes and judgment impairment. As the disease progresses and patients’ health care needs increase, families without support often turn to nursing homes.

Howard, however, continues to live in his own house along with a granddaughter and her husband. Five days a week, he attends the Alzheimer’s Day Care Center at Sinai Samaritan. “The day care program allows Dad to remain in his home rather than a nursing home,” says Howard’s son David Duecker, who takes care of his father’s bills.

Each morning, a bus picks Howard up at home and drops him off at the center. There, he enjoys singing, reading and excursions to the art museum, ice cream parlor and other places. “Howard was withdrawn when he first came here,” says Anna Kleckley, nursing assistant. “He’s more outgoing, now. Still, sometimes he’ll hang back and let the women do the talking.”

Under the leadership of music therapist Carol Gorski, Howard and the group participate in sing-a-longs, designed to get the group talking. Baseball banter is prompted by the singing of “Take Me Out to the Ball Game,” for example.

Other memories from childhood that trigger discussions are surfaced by memory stimulation games that use old photos from the library.

At day’s end, Howard returns home on the bus.

“The day care center has really been great,” David says. “Most days, Dad really enjoys it.”

The team of doctors, nurses, therapists and social workers have prepared Howard’s family for dealing with this progressive disease. In addition to regular phone conferences with Recreational Therapist Carol Loroff, Howard’s family meets with the medical team every three months to discuss Howard’s care at home and at the center.

“People enjoy a better quality of life at the center than they would in a nursing home,” Carol says. “Patients like Howard are able to retain more independence.”
As medical staff leaders, John R. Litzow, M.D. (left), and Jacob L. Golding, M.D., co-chiefs of staff, had the opportunity to help shape the future of Sinai Samaritan and its clinical programs during a dynamic and critically important time in the Medical Center's history.
During a visit to the trauma room in Sinai Samaritan's newly expanded Emergency Department, President William Jenkins (left) learns from Jimmy Ellis, R.N., Specialty Coordinator in Emergency Services, how a pulse oximeter is used to measure blood oxygen levels.
By the time he turned 15, Rodney Cole’s heart was so weak doctors doubted he would live six months without a transplant.
Last year St. Luke's Medical Center became the highest volume acute care hospital in Wisconsin. Inpatient admissions exceeded 22,000, having increased nearly 17 percent since 1987, while area wide admissions fell 0.1 percent. There were significant increases in cardiology, cardiac surgery, family practice, internal medicine, orthopedics, and obstetrics. Deliveries increased by 28 percent while total surgeries increased by more than 8 percent. Despite the disruption of construction, overall outpatient volume increased by 7 percent.

During a year when St. Luke’s was undergoing construction and renovation to ease severe capacity constraints, this growth is a tremendous credit to our employees and physicians. They did an excellent job of managing the increased demand for our services in the midst of the noise and inconvenience unavoidably associated with our outpatient expansion project. Our Emergency Department, for years constrained by the capacity limitations in several inpatient care areas, managed to increase patient visits in 1990 even as construction was underway. The medical and hospital staff in this and every other department deserve our congratulations and gratitude for their exceptional efforts and dedication to quality patient care during a very challenging year.

The capacity limits we faced have led to numerous changes designed to improve our efficiency in the delivery of care. As we strive to become more efficient, it is essential that we continually measure the satisfaction of patients with the service and quality of care they receive at St. Luke’s. Last year, in spite of the disruption caused by construction in many areas of the hospital, patient satisfaction remained consistently high, again exceeding national norms. For many years, high volume and strong patient satisfaction combined with innovation and cost savings have provided St. Luke’s with the resources needed to increase our ability to serve the people of this community and beyond.

A final note of thanks is due our medical staff for their remarkable involvement with us in planning to meet the mushrooming demand at the Medical Center. They were involved not only in finding solutions to our short term capacity challenges, but also in generously contributing their time and ideas to our broad based, long range planning process. This essential long range planning could not have been completed successfully without the input of our staff and the guidance of our dedicated Board of Directors. To all of these committed individuals, our thanks for their assistance in meeting the challenges inherent in fulfilling our role as the busiest hospital in Southeastern Wisconsin.

Key accomplishments of our five designated Centers of Excellence are outlined on the pages that follow. Along with them you will read the stories of five of the thousands of patients treated in our Medical Center last year. Their testimonies, I believe, convey more than any of our statistics or trend lines ever could about the expertise and compassion St. Luke’s strives always to provide.

Mark R. Ambrosius
President
Cardiac Care

St. Luke's Medical Center has a long-standing reputation for high quality, high volume and innovation in heart care. In 1990, nearly 1,800 cardiac surgeries and more than 2,200 coronary angioplasties were performed, making St. Luke's by far the busiest heart care center in Wisconsin and one of the highest volume facilities in the country. Milestones in the heart transplant program coupled with continued high utilization of all heart care services set the pace for a record-breaking year for the Cardiac Care Center of Excellence.

1990 Highlights

- Physicians at St. Luke's performed the hospital's 100th heart transplant in September, giving the 62-year-old Muskego mother of four time to enjoy her two grandchildren.

- St. Luke's became the first Wisconsin hospital to receive Medicare certification for its Heart Transplant Program. Certification is based on patient volume, survival rates, and experience of the medical and nursing staffs.

- A record 10,595 catheterizations, angioplasties and other cardiovascular procedures helped St. Luke's maintain one of the busiest Circulatory Dynamics departments in the country.

- For the first time in Wisconsin, a portable defibrillator system — in layman's terms, a heart starter — was made available for home use on patients at high risk of suffering cardiac arrest.

- A unique program linking our heart transplant recipients with the state Department of Transportation helped educate the public about the importance of organ donation. Sharing their first-hand experience, patients encouraged individuals to sign the donor statement on the reverse of their driver's licenses.
The Turning Point

Rodney Cole's heart was deteriorating. By the time he turned 15, it was so severely damaged that doctors doubted he would live more than six months without a heart transplant.

Rodney was suffering from cardiomyopathy, a heart muscle disease. For two years, he had been hospitalized repeatedly for chronic heart failure from the disease, which is usually symptomless until it is well advanced. While some cardiomyopathy patients can be managed on medications, others with more serious cases, like Rodney, cannot.

Two days after school started last fall, Rodney learned a donor heart, matching in size, blood type and other critical factors, had been found for him. Upon learning that he was scheduled for heart transplant surgery, Rodney says he simply felt happy. "On the way to the hospital I kept wondering how the operation would go, but I wasn't scared," he says. "I looked at it as being a turning point."

After the four-hour transplant procedure, cardiac surgeon Alfred Tector, M.D., announced to Rodney's waiting parents, George and Jeanette, that the operation was a success. A healthy heart was now beating inside their son.

"When we first saw Rodney after the surgery, we told him he had gotten his heart," recalls Jeanette. "He smiled and squeezed our hands."

Rodney, St. Luke's youngest transplant patient, recovered remarkably well. Three weeks after the operation, he was back at school.

With all previous physical restrictions lifted, Rodney says he's enjoying every sport he can, especially basketball. When he graduates from high school in 1993, he plans to continue his education in engineering or child psychology.

"It's great knowing a patient is going back to a positive life," says Dr. Tector. "Rodney has a real positive attitude and it's nice to help a young person like that."

"People like Rodney are why we do transplants," agrees Mike Blanchard, R.N., Rodney's cardiovascular intensive care nurse. "Giving a nice guy like him a second chance at life is what it's all about."

"On the way to the hospital I kept wondering how the operation would go, but I wasn't scared. I looked at it as being a turning point."
Cancer Care

Today, one of two people diagnosed with cancer can recover. Treatment for patients with cancer has improved dramatically, offering the hope of an excellent prognosis for millions. At St. Luke’s the cancer services offered are highly technical, and yet the cornerstone of the program is quality care provided by compassionate professionals. Advanced cancer therapies and education programs for patients, the public and the medical community all contributed to the of the Cancer Care Center of Excellence in 1990.

1990 Highlights:

■ In April, St. Luke’s opened a seven-bed Autologous Bone Marrow Transplant Unit to reinfuse cancer patients with their own healthy marrow following rigorous chemotherapy and radiation therapy. Later in the year, St. Luke’s became the first Wisconsin hospital to participate in a study combining high dose chemotherapy, bone marrow transplantation and radiation therapy for women with recurrent breast cancer.

■ The Immunotherapy Program strengthened St. Luke’s role as a national leader in the use of promising new drugs to boost patients’ cancer defense mechanisms. A study sponsored by the National Cancer Institute was initiated in 1990 to determine the effectiveness of immunotherapy against advanced bladder cancer.

■ The Vince Lombardi Cancer Clinic at St. Luke’s sponsored a second public health fair in June, and offered cancer screenings and community lectures throughout the year. Physicians across the state received updates on the latest cancer treatments in the Vince Lombardi newsletter. In its first year, the clinic’s cancer hotline responded to inquiries from 2,570 callers.

■ A remodeled inpatient oncology unit including the designation of beds for the VNA Home Hospice Program, and a third linear accelerator for radiation therapy treatment, helped meet the needs of increasing numbers of patients.

Robert Taylor, M.D., performed the promising bone marrow transplant procedure.

Program Coordinator Kathy Oldham, R.N., specializes in treating patients undergoing autologous bone marrow transplants.
Thumbs Up

Cancer patient Dan Kwiecinski, 27, was one of the first patients to be treated at St. Luke's with a promising procedure for patients with Hodgkin's disease. St. Luke's is one of only a handful of hospitals in the state offering the bone marrow transplant procedure, called autologous bone marrow reinfusion.

In 1989, Dan was diagnosed with an advanced form of Hodgkin's disease, a cancer of the lymph system that usually strikes people between the ages of 15 and 35. Dan, a bond representative for Aetna Life and Casualty, initially underwent chemotherapy, the standard treatment for Hodgkin's.

Five months later, the cancer recurred.

Given a choice of three treatment options at this point, Dan chose the most aggressive therapy — autologous bone marrow reinfusion. "The treatment allowed us to treat Dan with high doses of anticancer drugs by protecting his bone marrow," said Dan's oncologist Robert Taylor, M.D. "Bone marrow exposed to such high levels of chemotherapeutic agents dies, destroying a patient's immune system."

In the transplant, Dr. Taylor removed a portion of Dan's bone marrow to be frozen in St. Luke's Immunotherapy Laboratory. Next, Dan received high-dose chemotherapy. Finally, his thawed bone marrow was reinfused into his blood and worked its way back into his bone, re-establishing his body's blood and immune system.

"During the treatment, everything worked like clockwork," Dan says. "The nurses on the unit were trained in autologous bone marrow reinfusion and were dedicated exclusively to providing that treatment. They were exceptional."

At his 200-day checkup, Dan got a thumbs up. "The longer he goes without a relapse, the less likely it is that his disease will recur," says Kathy Oldham, R.N., program coordinator of the autologous bone marrow reinfusion program.

Thanksgiving marks a year that Dan has been free of cancer. "We use the word 'remission' when talking about Hodgkin's," says Dr. Taylor. "But a remission that grows up becomes a cure."

Dan is back at work full time and playing racquetball, golf and softball. Odds are in his favor that the disease will not recur. "I'm healthy and I'm looking to the future again," he says. "In my mind, the disease is behind me. With every month that passes, it seems more distant."
Women's Healthcare Services

St. Luke's Women's Healthcare Services are devoted to meeting the total healthcare needs of women in all stages of life. This Center of Excellence was established in 1990 to bring together many different facilities and resources that offer a full range of diagnostic, medical, surgical, therapeutic and educational health services especially for women. Total maternity care, family care, lifestyle programs, personal health care, infertility services, physician referral, a speakers bureau, and the Women's Healthcare Services Membership Program are all components of this growing area of service at St. Luke's.

1990 Highlights

- Deliveries in the Birthing Center increased from 778 a year ago to 997 in 1990. In August, a Level II nursery opened to care for babies born with special medical needs.

- The Tender Loving Care Sick Child Care Program located within St. Luke's Pediatric Unit celebrated five years of service to Milwaukee area families with an open house in October.

- St. Luke's purchase of several new lasers last year enabled staff physicians to expand their scope of treatment to include laser laparoscopy.

- Obstetrician/gynecologist James R. Macak, M.D., performed an emergency cesarean section when the oxygen to the fetus was diminished.

- Anesthesiologist Daniel T. Minkel, M.D., Ph.D., says Natacha's preeclampsia was exceptionally advanced.

- Barbara Galvan, R.N., brought newborn Geraldo to the intensive care unit to visit his mother.

- A Women's Health Program Manager joined St. Luke's in 1990 and initiated new educational programs for the public including a "Hands On For You and Your Baby" course for new parents. Childbirth preparation classes were offered for the first time by St. Luke's personnel at Franklin Medical Center.
A Guest Appearance

On each day that Natacha Castro spent in intensive care, a nurse taped an updated photo of her newborn son to her bed. “Where's my Mommy?” read the caption under one photo of the 7 pound, 1 ounce boy. “Hi! My name is Geraldo. I'm only two days old!” read another.

Three weeks before her second baby was due, Natacha was rushed to St. Luke's emergency room with jaundice, abdominal pains, hypertension and labored breathing. Doctors quickly determined that she was suffering from preeclampsia, a serious disease of the last trimester that occurs in about seven percent of all pregnancies.

In preeclampsia, blood vessels in the uterus constrict, impeding the supply of nutrients and oxygen to the fetus. If the unborn baby is not receiving enough oxygen, an immediate premature delivery is necessary to protect both child and mother.

Lab tests confirmed that Natacha was extremely ill, says obstetrician/gynecologist James R. Macak, M.D. “Hers was a more advanced case of preeclampsia than we usually see. For her health and the baby's health, we performed an emergency cesarean,” he says.

Geraldo was delivered in good health, and took his place in the hospital's nursery. Natacha recovered on the intensive care unit, as she remained temporarily at high risk for post-operative bleeding, seizures, stroke, liver failure or death, says Daniel T. Minkel, M.D., Ph.D., Natacha's anesthesiologist.

When his mother crossed the major medical hurdles, Geraldo made a guest appearance on the ICU, courtesy of Barbara Galvan, R.N. “It was like magic,” Barbara says. “The other ICU patients had a new incentive to get up and walk. They all wanted to see Natacha's baby.”

Natacha finished her recovery on the maternity wing with Geraldo before the two went home.

Eighteen months later, in the whirlwind of motherhood, the events surrounding her son's birth already seem blurred. “I feel great now,” says Natacha, who returned to work as a counselor. Geraldo is a very active child who, she adds, loves to dance.

Of her stay at St. Luke's, Natacha says, “I have no words to thank everyone there. Even though I don't remember all their names, I recall every face. They were all so professional and made me feel really good.”
Rehabilitation Services

The focus of St. Luke's Inpatient Rehabilitation Center is on assisting each patient to maximize physical, cognitive, psychological, social, and vocational abilities. With a minimum of three hours of therapy a day, each individual works with highly trained therapists to reach the most optimal level of independence before discharge. Outpatient rehabilitation services are now provided not only within the Medical Center, but also at convenient southside locations, resulting in six percent growth in outpatient volume last year in the Rehabilitation Services Center of Excellence.

1990 Highlights

- Patients in St. Luke's Stroke Club enjoyed monthly educational programs and community outings, and an Aquatic Rehabilitation Program was added to the wide range of outpatient services.

- St. Luke's initiated plans to relocate 10 inpatient beds to a new location within Sheboygan Memorial Medical Center. The unit will be the first rehabilitation program serving patients needs within Sheboygan County.

- Work injury, physical and speech therapy, and hand rehabilitation programs continued to attract increasing patient volume to St. Luke's four outpatient rehabilitation facilities. Plans were made to expand outpatient services in a new, larger site in 1991.

- In 1990, 175 patients from other area hospitals were transferred to St. Luke's for their extended rehabilitation.
Determined to Recover

Joseph Strzykalski, 76, had just stepped out of bed one morning when he fell to the floor. "I couldn't move at all," Joseph says. "A neighbor found me an hour and a half later when he came over to visit."

Joseph was one of 5,000 Americans who suffered a stroke last year. A stroke occurs when the blood flow to the brain is interrupted, explains Joseph's doctor, Ephrem Thoppil, M.D., medical director of St. Luke's Rehabilitation Services. Without constant flow of oxygen and nutrients, the brain's nerve cells die in the area of the stroke.

Joseph's stroke occurred in the left side of his brain, partially paralyzing the right side of his body and causing reading and speaking difficulties. "When I was transferred to St. Luke's, I couldn't walk and could barely talk," Joseph says. "I just laid on the bed."

Teaming up with Dr. Thoppil during the next three months of Joseph's rehabilitation were a speech pathologist, occupational therapist and physical therapist. "Those people got me cracking eggs, walking up stairs, everything!" Joseph says. "I couldn't lift a frying pan at the beginning. Now I can lift 40 pounds."

Dr. Thoppil emphasizes that each stroke patient's therapy program must be custom designed. "The specific damage done by a stroke depends on what area of the brain is affected," he explains. "Every patient's case is different and they face unique challenges. In therapy, we develop short-term and long-term goals that are tailor made for each patient."

Joseph met his long-term goal by returning home to an independent lifestyle. He swims, drives, shops, does his own laundry and has even painted his rec room since he's been back home.

"Joe was a real motivated patient," says his occupational therapist, Sue Sestak, O.T.R. "At first, when I'd see him struggling with his socks and offer to help, Joe would say, in no uncertain terms, 'Let me do it!' That determination helped him recover his independence quickly."
Emergency Services

The primary role of emergency medicine is to provide immediate, and often life-saving care to the public. Years ago St. Luke's established an Immediate Care Center to provide prompt treatment to non-critical emergency patients during evening and weekend hours when primary care physicians' offices are closed. Last year the Emergency Care area was expanded to accommodate the continually growing demand for services. Patient visits to St. Luke's Emergency Services Center of Excellence rose to 41,113 in 1990, and yet the department staff also found time to actively participate in public education and research programs throughout the year.

1990 Highlights

- Emergency Services nurses and physicians provided first aid to American Cancer Society Bike-a-Thon participants in July and distributed emergency medicine educational material at numerous hospital special functions.

- In September, the department coordinated a fire and furnace safety seminar for area families in cooperation with St. Luke's Hyperbaric Medicine Department.

- In 1990, the emergency staff participated in a multicenter study of cardiac medications that are designed to preserve the heart muscle. Emergency Services also took part in a study to compare the benefits of 18-lead and standard 12-lead electrocardiograms in evaluating patients experiencing heart attacks.

- Construction to expand St. Luke's emergency facility began in September to accommodate the growing demand for emergency services.

John Whitcomb, M.D., says emergency-room treatment starts with calming a frightened patient.

Emergency physician Andrew Owsianiak, M.D. quickly removed the fish bone embedded in Erv's throat.

Chaplain Geraldine Krauthramer, O.S.F., is part of a chaplaincy department that staffs St. Luke's 24 hours a day to support patients, families and medical personnel.
Back to the Ranch

After 30 years as a professional horseman, Erv Struck has rung up his share of bumps, bangs and more serious injuries. He’s broken his pelvis, suffered a concussion, and had his cornea cut by a fast-swishing horse tail.

“That’s the penalty you pay working around animals,” says Erv, who operates a horse ranch in Racine county.

This time, however, something much smaller than a 1,000-pound animal prompted Erv’s emergency room visit. A fish bone had become embedded in his throat, penetrating his tonsillar tissue.

“It hurt,” says Erv, who has four rodeos to his horse-riding credit. “I tried to remove it myself, but I was bleeding too much. I told my wife I’d better get to St. Luke’s.” Erv was spitting up blood when he arrived in the emergency room and was seen immediately by Andrew W. Owsiak, M.D.

Just three weeks earlier the Strucks had made another trip to St. Luke’s Emergency Department, when Delores experienced diabetes-related fainting spells. John Whitcomb, M.D., medical director of Emergency Services, notes emergency room treatment often starts before the medical intervention takes place.

“We see patients at their most frightened point,” Dr. Whitcomb says. “Relieving their panic and fear is important. We explain what’s happening and give patients a foundation of knowledge so they can make the right decisions in the short and long term. When a patient realizes that the problem is manageable, the fear suddenly diminishes.”

In Erv’s case, Dr. Owsiak quickly proceeded to remove the bone using a tongue blade and forceps. A half hour after they arrived, Erv and Delores were driving back to their ranch.

“Never before had we experienced such expert care and advice,” Erv says. “A wonderful chaplain stopped in to say hello and even your security person was right there with a wheelchair for my wife. I can’t say enough about your personnel from every department.”
Early in the year, Chief of Staff Joseph J. Adamkiewicz, Jr., M.D., called upon fellow medical staff members to support St. Luke's capital campaign, noting the Medical Center's long tradition of responding to the needs of patients and physicians to deliver forefront medical care.

### St. Luke's Medical Center 1990 Patient Service Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admissions</td>
<td>22,391</td>
</tr>
<tr>
<td>Days of Care</td>
<td>154,768</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>6.9</td>
</tr>
<tr>
<td>Physicians on Staff</td>
<td>670</td>
</tr>
<tr>
<td>Full-time Equivalent Employees*</td>
<td>2,417</td>
</tr>
<tr>
<td>Volunteer Hours</td>
<td>36,941</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>40,742</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>189,599</td>
</tr>
<tr>
<td>Family Practice Center Visits</td>
<td>15,057</td>
</tr>
<tr>
<td>Total Invasive Heart Procedures</td>
<td>10,019</td>
</tr>
<tr>
<td><em>Includes cardiac catheterization, coronary angioplasty and heart surgeries, including heart transplants</em></td>
<td></td>
</tr>
<tr>
<td>Cardiac Rehabilitation Visits</td>
<td>20,926</td>
</tr>
<tr>
<td>Radiation Therapy and Chemotherapy Treatments for Cancer Patients</td>
<td>22,561</td>
</tr>
<tr>
<td>Total Operating Room Cases</td>
<td>10,558</td>
</tr>
<tr>
<td>Hospital Same Day Surgeries</td>
<td>3,616</td>
</tr>
<tr>
<td>St. Luke's Surgery Center Cases</td>
<td>2,197</td>
</tr>
<tr>
<td>Intensive Care Days</td>
<td>16,251</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Days</td>
<td>14,046</td>
</tr>
<tr>
<td>Hyperbaric Medicine Treatments</td>
<td>11,901</td>
</tr>
<tr>
<td>Births</td>
<td>997</td>
</tr>
</tbody>
</table>

*In addition approximately 200 Aurora FTEs are based at St. Luke's Medical Center.*
St. Luke’s Medical Center

Board of Directors
Donald A. Zellmer, Chairman
Gary Strelow, Secretary-Treasurer
Joseph J. Adamkiewicz, Jr., M.D., President,
Medical/Dental Staff
Mark R. Ambrosius, President
Chris Bauer
Ned Beckthold
Robert F. Benz
John N. Boston
Robert DiUlio, M.D., President Elect,
Medical/Dental Staff
John Dragisic
Victoria George, R.N., Vice President for Nursing
Thomas E. Goris
Carl L. Gosewehr
John E. Koenitzer
Lynn E. Westfahl

Advisory Board of Directors
Jack W. Boettcher
William M. Chester, Jr.
Philip F. Rubenstein

Executive Staff
Mark R. Ambrosius, President
Frank L. Cummins, Vice President
Victoria M. George, R.N., Vice President
Bradley R. Holmes, Vice President
Frank J. Kalivoda, Vice President
Richard G. Klein, Vice President
Michael P. Panosh, Vice President
William A. Romo, Vice President

Medical/Dental Staff Officers
Joseph J. Adamkiewicz, Jr., M.D., President
Robert DiUlio, M.D., President-Elect
Brian Buggy, M.D., Secretary-Treasurer
Vladimir Kovacevic, M.D., Chief of Anesthesia
Russell C. Dabrowski, M.D., Chief of Cardiology
John E. Whitcomb, M.D., Chief of Emergency Medicine
Donald J. Chrzan, M.D., Chief of Otolaryngology - Head and Neck Surgery
Mark A. Meier, M.D., Chief of Family Practice
Carmela A. Barr, M.D., Chief of Obstetrics & Gynecology
Robert W. Goldmann, M.D., Chief of Hyperbaric Medicine
Irwin Margolis, M.D., Chief of Internal Medicine
Karl W. Schmitt, M.D., Chief of Laboratory Medicine
James E. Minikel, M.D., Chief of Orthopedics
Thomas H. Kowalski, M.D., Chief of Pediatrics
Ephrem Thoppil, M.D., Chief of Physical Medicine and Rehabilitation
S. John Kim, M.D., Chief of Psychiatry
David J. Czarnecki, M.D., Chief of Radiology
Lawrence J. Frazin, M.D., Chief of Surgery
James E. Auer, M.D., Chief of Thoracic & Cardiovascular Surgery

President Mark Ambrosius (left) and Ophthalmologist John DeCarlo, M.D., chairman of the Ophthalmology Section, examine the YAG laser used in the specialty area of St. Luke’s Diagnostic & Treatment Center last year to non-surgically treat 700 patients with eye disease.
When she returned home after suffering a stroke, Ruth Spriggs faced more challenges than she could possibly handle alone.
Visiting Nurse Corporation
Chairman’s and President’s Message

Teamwork among our home care staff, our patients, their families, and their physicians has always been critical to the delivery of high quality home health services by the Visiting Nurse Corporation. During 1990, we gave a higher priority than ever before to team building inside our organization, as we worked in earnest to fulfill the mission the VNA of Milwaukee established in 1907. Our mission, as much today as 84 years ago, is to provide the best possible home health service to the people of this community based on their needs, regardless of their ability to pay for care.

Being faithful to this mission is a challenge in an environment of increased regulation and cost, and decreased reimbursement. It is a challenge we can meet, however, because of the united effort of our board of directors, our management and staff. In addition, we are blessed with volunteers whose commitment brings that special touch to our patients, our staff, and the community we serve. In 1990, it was that team effort that made the difference in overcoming issues such as staffing and budget demands.

Only a strong team effort could have brought about many of the accomplishments highlighted in this report. Our certification as a Medicare Hospice provider, the piloting of a new patient record system using hand-held computers in the home, our successful development and implementation of a State Certified Aide Registry Program, the supervisory team building, improved quality assurance measurement, and growth in virtually every service we offer were all products of a concerted effort by management, staff and board.

For all of their special achievements, and another year of dedicated service, we wholeheartedly commend our staff and volunteers. Together they provided more than 93,000 home care visits, 40,000 private duty nursing hours and 174,000 home-delivered meals. For their steadfast support, we sincerely thank our board members. Without the board’s expert guidance, we could not have successfully developed our programs under the challenging circumstances of 1990.

Finally, we thank our patients, their families and their physicians, for the confidence they have continued to place in the Visiting Nurse Association, VNA Independent Living Services, and Mobile Meals Program. Ultimately it is their confidence in our organization, and their reliance upon the skills and compassion of our staff, that enable the Visiting Nurse Corporation to provide unparalleled home health services to the people of Southeastern Wisconsin year after year.

J. Stephen Anderson
Chairman
Mary Jane Mayer
President

"During 1990, we gave a higher priority than ever before to team building inside our organization, as we worked in earnest to fulfill the mission the VNA of Milwaukee established in 1907."
1990 Patient Service Statistics

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care Visits</td>
<td>49,417</td>
</tr>
<tr>
<td>Patients Cared For</td>
<td>4,657</td>
</tr>
<tr>
<td>New Admissions</td>
<td>4,338</td>
</tr>
<tr>
<td>Miles Driven to Serve Patients</td>
<td>416,856</td>
</tr>
<tr>
<td>Volunteer Hours</td>
<td>522</td>
</tr>
</tbody>
</table>

Visiting Nurse Association

Much has changed in the delivery of home health care since the Visiting Nurse Association was established in 1907, but one thing remains the same — the VNA’s reputation for quality and dependability. In 1990 the VNA provided nearly 50,000 home health visits to more than 4,500 patients throughout the metro area, an increase of 12% over 1989.

Services include professional nursing care under a physician’s direction; hospice care; physical, occupational, and speech therapy; personal care provided by skilled home health aides; social services; arrangements for medical equipment, supplies and testing; and I.V. therapy.

Again last year the VNA initiated new services and reached new milestones, each the result of the staff’s innovation and dedication to meeting needs in the community.

1990 Highlights

- The VNA Community Hospice was certified as a Medicare provider in 1990. Our interdisciplinary teams directed medical and nursing care, therapy, social services and pastoral care for 250 patients during the first year of operation.

  In addition to home care, the teams coordinated inpatient and respite care, as well as pharmacy services and medical equipment rental for the benefit of patients and their families.

- More than 300 patients received Home I.V. Therapy last year from the VNA, the first Milwaukee home care agency to begin offering intravenous treatment in patients’ homes twelve years ago.

  Numerous I.V. fluids and medications can now be safely administered in the home, to provide nutrition, hydration, pain control, blood therapy or antibiotic treatment for patients in the comfort of their homes.

- Home I.V. Therapy not only reduces the cost of treatment, it also reduces the chance of infection, an important advantage for our especially vulnerable AIDS patients.

- The VNA staff completed a six-month pilot of a computerized patient record system, using hand-held computers in patients’ homes. A new system is being developed to reduce the time nursing staff must spend documenting care, in order to increase the amount of time spent with patients.

  We carefully examined our record keeping last year, with the aim of enhancing our quality assurance program. Computerization serves to increase the uniformity of patient care documentation, and thus to improve quality assurance.

- A supervisory team building process was completed in 1990, focusing on agency values, and increasing the communication of our standards of excellence among staff members.

- The VNA was selected as a Participating Agency in the first Wisconsin AIDS Walk, and received a portion of the funds raised by the Milwaukee AIDS Project to support patient treatment.
The Comforts of Home

The treatments Joseph Zukas needed after his foot surgery could have meant a lengthy stay in the hospital or an extended care facility. An inflammation of the bone, known as osteomyelitis, had led to the removal of his large toe. After surgery Joseph initially required daily wound care, and then needed intravenous antibiotics for two months.

With the VNA's support, though, he was able to leave the hospital just five days after having surgery. VNA Nursing Supervisor Victoria Eggebrecht, R.N. oversaw Joseph's home medical treatments and recovery. "It was more comfortable to be at home," Joseph says. "I could move around freely in my wheelchair."

He and his wife, Alice, both felt confident about having him recuperate at home. "I didn't have to worry about a thing," Joseph says. "The VNA ordered supplies, set up the nursing schedule, everything. The service was excellent."

"I didn't have to worry about a thing. The VNA ordered supplies, set up the nursing schedule, everything."
1990 Patient Service Statistics

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care Visits</td>
<td>44,328</td>
</tr>
<tr>
<td>Private Duty Nursing Hours</td>
<td>40,056</td>
</tr>
<tr>
<td>Patients Cared For</td>
<td>866</td>
</tr>
<tr>
<td>New Admissions</td>
<td>407</td>
</tr>
<tr>
<td>Miles Driven to Serve Patients</td>
<td>433,143</td>
</tr>
<tr>
<td>Mobile Meals Served</td>
<td>174,222</td>
</tr>
<tr>
<td>Volunteer Hours</td>
<td>4,856</td>
</tr>
</tbody>
</table>

VNA Independent Living Services

VNA Independent Living Services (ILS) was established in 1987 to meet the needs of patients needing long-term care, helping them to live as independently as possible. Since that time, thousands of individuals and families have turned to VNA ILS for services. Last year alone, more than 44,000 home care visits and 40,000 private duty hours of care were provided by our fully-licensed and certified agency.

Services include not only nursing care, therapies, medical equipment, home health aide visits, and social services, but also Mobile Meals, 24-hour home care respiratory services, Nanny Service, sick child care, and Visiting Friends. Nearly 175,000 meals were served to VNA ILS clients in 1990, largely through the diligent efforts of more than 150 dedicated volunteers.

VNA ILS implemented several new programs and policies last year to maximize the recruitment, training and scheduling of professional and paraprofessional staff, all aimed at expanding our service delivery to a growing number of chronically ill patients.

1990 Highlights

- An intense recruitment program was developed by the Visiting Nurse Corporation early in the year, which included special strategies focused on meeting the employment needs of paraprofessionals. The “Hire-Hire-Hire Program” resulted in full staffing for VNA ILS throughout the year, despite increased demand for our services.

- In July our newly expanded Aide Registry Program became state certified. This program provides 120 hours of training for home health aides, and incorporates a state-approved competency exam all must pass before providing patient care.

- Our Private Duty Department reorganized staff assignments in order to expand services for our patients with the greatest needs. Improved fiscal and human resource management helped us accomplish this objective.

- VNA ILS visit volume increased in 1990, as both the number of chronically ill patients seeking home care services and our program’s visibility in the community increased.

- We made greater use of charity funds last year, primarily in order to meet the medical social service needs of Medicaid patients for whom government reimbursement was limited.

- Special attention was given to safety issues in 1990. Additional safety measures, including escorts and taxi service, were used when appropriate to eliminate any barriers to the provision of our services 24 hours a day.

- An improved system for gathering patient satisfaction data enabled the VNA ILS staff to retrieve more information and to assess patients’ levels of satisfaction on a more timely basis.
When Ruth Spriggs returned home after suffering a stroke in 1987, she had to cope with recurring seizures and heart disease along with the weakness caused by her stroke. “I was so bad off when I came home,” she says. “I needed all kinds of help.” VNA Independent Living Services nurse, Nancy Smith, R.N., and Helen Taylor, a VNA ILS home health aide, have provided Ruth with skilled nursing visits and personal care for several years now. Nancy monitors Ruth’s blood pressure, medications and cardiac status. Helen runs errands, does laundry and helps Ruth with personal hygiene.

“Nancy and Helen — I wouldn’t trade them for anything in the world,” says Ruth. “I look forward to Helen coming. She not only helps me at home, but has had a lot to do with my self esteem. I can tell she cares about me, and that helps me to care about myself.

“Nancy is better than medicine,” Ruth says. “She makes me feel good all over. She doesn’t just help me with my medical needs, she gives me a reason to want to live again.

“Nancy once said to me, ‘Hey, we can fight this thing together.’ With someone like her on your side, you know you have something to live for.”
SOURCE OF FUNDS

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare, Medicaid</td>
<td>$3,190,301</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>652,615</td>
</tr>
<tr>
<td>Direct Patient Billing</td>
<td>96,643</td>
</tr>
<tr>
<td>Other Fee for Service Income</td>
<td>22,376</td>
</tr>
<tr>
<td>Total Patient Service Billings</td>
<td>3,961,935</td>
</tr>
<tr>
<td>Less: Charitable Service</td>
<td>$(129,042)</td>
</tr>
<tr>
<td>Contractual Allowances and Discounts</td>
<td>(396,649)</td>
</tr>
<tr>
<td>Provision for Doubtful Accounts</td>
<td>(28,714)</td>
</tr>
<tr>
<td>Net Patient Service Billings</td>
<td>$3,407,530</td>
</tr>
<tr>
<td>Other Revenues:</td>
<td></td>
</tr>
<tr>
<td>United Way</td>
<td>282,342</td>
</tr>
<tr>
<td>Contributions</td>
<td>44,434</td>
</tr>
<tr>
<td>Investment Income</td>
<td>17,836</td>
</tr>
<tr>
<td>Other</td>
<td>89,720</td>
</tr>
<tr>
<td>Total Other Revenues</td>
<td>434,332</td>
</tr>
<tr>
<td>Total Net Billings and Other Revenues</td>
<td>$3,841,862</td>
</tr>
</tbody>
</table>

USE OF FUNDS

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Employee Benefits</td>
<td>$2,143,647</td>
</tr>
<tr>
<td>Supplies</td>
<td>137,118</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>836,215</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>239,550</td>
</tr>
<tr>
<td>Home Care Staff Mileage</td>
<td>92,342</td>
</tr>
<tr>
<td>Facilities</td>
<td>97,589</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>94,418</td>
</tr>
<tr>
<td>Change in Working Capital</td>
<td>200,983</td>
</tr>
<tr>
<td>Total Funds Applied</td>
<td>$3,841,862</td>
</tr>
</tbody>
</table>

Retired executive secretary Marie Streifender does typing two days a week for the Visiting Nurse Corporation. "This is such a nice place to volunteer," she says.
VNA Independent Living Services, Inc.
Year Ended December 31, 1990

SOURCE OF FUNDS
Medicare, Medicaid ........................................ $ 1,952,961
Private Insurance ............................................. 234,075
Direct Patient Billing ....................................... 596,053
Mobile Meals .................................................. 745,510
Other Fee for Service Income .............................. 198,619
Total Patient Service Billings ............................. 3,727,218
Less: Charitable Service ................................. (275,458)
Contractual Allowances and Discounts ............... (323,935)
Provision for Doubtful Accounts ....................... (53,310)
Net Patient Service Billings .............................. (652,703)

Other Revenues:
United Way .................................................. 119,460
Contributions ................................................. 23,402
Investment Income ......................................... 5,771
Other ......................................................... 1,000
Total Other Revenues ......................................... 149,633

Total Net Billings and Other Revenues ................... $ 3,224,148

USE OF FUNDS
Salaries and Employee Benefits ......................... $ 1,758,512
Supplies ......................................................... 119,159
Professional Fees ............................................ 779,419
Mobile Meals and Other Purchase Services ............ 447,535
Home Care Staff Mileage .................................. 95,950
Facilities ....................................................... 53,426
Other Operating Expenses ................................ 52,584
Change in Working Capital ................................. (82,437)
Total Funds Applied ........................................ $ 3,224,148

Isabelle Schuenke, pictured with VNA driver Mary Hofman, has enjoyed Mobile Meals for 10 years. "I'm 91 and I have Parkinson's disease. With the VNA's help I can stay in my own home. Without it, I'd need to be in a nursing home".
Visiting Nurse Corporation
Mission Statement

When the VNA was founded in 1907, its stated aims were to benefit “those unable to secure skilled assistance in time of illness, to promote cleanliness, and to teach people proper care of the sick.”

Today, the Visiting Nurse Corporation’s mission statement encompasses those original aims, and then goes beyond that simple statement to describe the steps the organization will take to ensure its service to the community for decades to come.

WE SHALL MAINTAIN our leadership position as the quality provider of home health care services in Southeastern Wisconsin with both a local and national reputation for excellence.

WE SHALL CONTINUE to have a concern and be a voice for those underserved by the health care system, and we will be a responsible steward of our community’s contributions of money and volunteer services.

WE SHALL GROW through careful planning, always responding to identified community needs for home health care and related services.

WE SHALL DEVELOP related services in response to changing community needs.

WE SHALL ACHIEVE cost effectiveness through the innovative management of our human resources and the use of technology in a satisfying work environment.

WE SHALL BE a responsible and articulate voice to legislative and regulatory bodies.

Visiting Nurse Foundation

The Visiting Nurse Foundation would like to thank the many corporations, foundations, friends, and staff who generously donated to the VNF’s 1990 Annual Campaign. Their support in conjunction with United Way funds allowed the Visiting Nurse Corporation to provide nearly $500,000 worth of charitable care to patients in need.

Each year, as further limitations are placed on patient care reimbursement, the work of the Foundation and the generosity of contributors become more crucial to the fulfillment of the Visiting Nurse Corporation’s mission. We, and the thousands of patients and families we served last year, are very grateful to all who participated in the Foundation’s 1990 Campaign or contributed to the organization through the United Way.

Visiting Nurse Foundation

Funds generated by the Foundation support virtually every service provided by the Visiting Nurse Association and VNA Independent Living Services, including:

Skilled nursing care
Home health aide service
Hospice care
Intravenous therapy
Physical therapy
Occupational therapy
Speech therapy
Medical social service
Private duty services
Mobile Meals
Respiratory services
Medical equipment coordination
Personal care
Nanny service and Sick Child Care

The Visiting Nurse Foundation would like to thank the many corporations, foundations, friends, and staff who generously donated to the VNF’s 1990 Annual Campaign. Their support in conjunction with United Way funds allowed the Visiting Nurse Corporation to provide nearly $500,000 worth of charitable care to patients in need.

Each year, as further limitations are placed on patient care reimbursement, the work of the Foundation and the generosity of contributors become more crucial to the fulfillment of the Visiting Nurse Corporation's mission. We, and the thousands of patients and families we served last year, are very grateful to all who participated in the Foundation's 1990 Campaign or contributed to the organization through the United Way.
1990 Boards of Directors

Visiting Nurse Corporation
J. Stephen Anderson, *Chairman*
Patricia B. Dalton, *Chairman-Elect*
D. Winthrop Hass, *Vice Chairman*
Patricia K. Schuyler, *Secretary*
Michael P. Johnson, *Treasurer*
Lynn F. Bardele
Thomas L. Ducrest, III
Joan Hardy
William H. Levit, Jr.
Judy L.win, R.N.
Charles W. Morris
Jerry G. Remmel
Helen Shiel
Jon L. Wellhoefer
Robert F. Wheelon

*Executive Staff*
Mary Jane Mayer, *President*
Mary Beth Marciniak, *Chief Operating Officer, VNA*
Catherine Rickheim, *Chief Operating Officer, VNA ILS*
Paul W. Preston, *Senior Vice President of Finance*
Kathleen Blankenburg, *Director of Human Resources*
Deborah Fugenschuh, *Director of Development*
Nancy Rhodes, *Director of Product Management & Communications*

Visiting Nurse Association of Milwaukee, Inc.
D. Winthrop Hass, *Chairman*
Mary Jane Mayer, *President-Treasurer*
Mary Beth Marciniak, *Vice President-Secretary*
Paul W. Preston

Professional Advisory Committee
Irwin Margolis, M.D., *Chairman*
Kathryn Ashenbrener
Susan Collopy, P.T.
Gerald J. Dorff, M.D.
John Dunn Ian Gilson, M.D.
Paul Hankwitz, M.D.
Monica Hart, *staff*
Lawrence S. Hurwitz, M.D.
Gregory Kuhr, M.D.
Mary Beth Marciniak, *staff*
John Melvin, M.D.
Jay E. Menitove, M.D.
Nancy Rhodes, *staff*
Elizabeth Zelazek, R.N.

Visiting Nurse Foundation, Inc.
William H. Levit, Jr., *President*
Sally W. Grootemaat, *Vice President*
Mary Jane Meyer, *Secretary*
Paul W. Preston, *Treasurer*
Mrs. Robert H. Apple
Wendy Reed Bosworth
John B. Bowman
Frank E. Briber, III
Leonard Campbell, Jr.
Patricia B. Dalton
Willard H. Davidson
D. Winthrop Hass
Lawrence J. Jost
Mary Ann LaBahn
Michael J. Schmitz

*Ex Officio*
J. Stephen Anderson
Maria Schreyer

“I won’t quit volunteering as long as I can drive to the office,” says VNA volunteer Edward T. Meyer, who has logged 1,000 volunteer hours in the past eight years.
Loi Nguyen needed prompt attention to two-year-old Diana's acute ear infections.
Ambulatory Care Centers
Care You Can Count On

For seven years, the Nguyen family has relied on Sinai Samaritan's Family Care Center for treatment of routine ailments and urgent aid.

"Any time one of my children is sick or gets hurt, I call and they let me come in right away," says Loi Nguyen, wife and mother of five children between ages 2 and 9 years old. "The doctors and nurses have helped my family a lot."

Clinic staff can address as much as 95 percent of a family's medical needs, including primary care, obstetrical care and minor surgical procedures. Often, clinic staff care for several generations in a household among their inner-city patient population.

"One of the objectives of the clinic is to reduce families' reliance on emergency rooms," says Michael Goss, M.D., one of four family practitioners at the clinic. "We try to see patients on a regular basis and address a variety of concerns in addition to medical ones," he says. "There is considerable overlap between a family's social situation and their health problems."

Often, says Dr. Goss, physicians on staff serve as advocates for their patients, many of whom are new to the area, helping them access social service resources.

Diana Nguyen, 2, receives routine well-child checkups at the clinic. Her numerous bouts with acute episodes of otitis media, an ear infection, have been treated at the clinic. "I called Dr. Goss one time on a Sunday, when Diana had a high fever, and he met me at the hospital," says Loi. "He's available to answer my questions any time of day or night. The clinic has been very good for me and my family."

Michael Goss, M.D., notes that family practitioners can treat as much as 95 percent of a family's medical problems at family care centers. 1990 was a year of rebuilding at the Sinai Samaritan Family Care Center, which added three new full-time family practice physicians, and treated nearly 1,300 new patients, along with hundreds of other families who have sought care at the facility for many years. Pictured above are several of the clinic's doctors, nurses, and office staff.

"The doctors and nurses have helped my family a lot."
The Aurora Health Care
Facilities in 1990

Corporate Office
Aurora Health Care
3000 W. Montana Street
Milwaukee, WI 53215
(414) 647-3000

Heil Center
Aurora Health Care
3031 W. Montana Street
Milwaukee, WI 53215
(414) 647-3133

St. Luke's Medical Center
2900 W. Oklahoma Avenue
Milwaukee, WI 53215
(414) 649-6000

Sinai Samaritan Medical Center
950 N. 12th Street
2000 W. Kilbourn Avenue
Milwaukee, WI 53233
(414) 345-3400

Visiting Nurse Corporation
11333 W. National Avenue
West Allis, WI 53227
(414) 327-2295

Coelman Soref Breast Diagnostic Center
8909 N. Port Washington Road
Milwaukee, WI 53217
(414) 351-8422

Franklin Medical Center
9200 W. Loomis Road
Franklin, WI 53132
(414) 529-9200

Greater Milwaukee Dialysis Center
3801 W. Wisconsin Avenue
Milwaukee, WI 53208
(414) 933-5577

Greater Milwaukee Dialysis Center
4120 W. Loomis Road
Greenfield, WI 53220
(414) 281-3699

St. Luke's Rehabilitation Center
3738 S. 60th Street
Milwaukee, WI 53220
(414) 546-5460

St. Luke's Rehabilitation Center
2741 W. Layton Avenue
Greenfield, WI 53221
(414) 281-8777

St. Luke's Rehabilitation Center
2500 W. Layton Avenue
Milwaukee, WI 53221
(414) 281-8769

St. Luke's Rehabilitation Center
10706 W. Oklahoma Avenue
West Allis, WI 53227
(414) 545-8114

St. Luke's Surgery Center
4570 S. 27th Street
Milwaukee, WI 53221
(414) 649-7673

Sinai Samaritan Dialysis Center
4650 S. Howell Avenue
Milwaukee, WI 53207
(414) 769-3606

Sinai Samaritan Family Care Center
1834 W. Wisconsin Avenue
Milwaukee, WI 53233
(414) 933-3600

Sinai Samaritan Northshore Professional Offices
8909 N. Port Washington Road
Milwaukee, WI 53217
(414) 352-2011

Johnston Primary Care Clinic
1230 W. Grant Street
Milwaukee, WI 53215
(414) 226-8890

Newtowne Medical Group
1575 RiverCenter Drive
Milwaukee, WI 53212
(414) 283-8444

St. Luke's Health Plan
1101 N. Market Street
Suite 200
Milwaukee, WI 53202
(414) 277-9000

Samaritan Health Plan
1110 S. 24th Street
Milwaukee, WI 53204
(414) 649-6732

Sinai Samaritan Family Care Center
1834 W. Wisconsin Avenue
Milwaukee, WI 53233
(414) 933-3600

Sinai Samaritan Northshore Professional Offices
8909 N. Port Washington Road
Milwaukee, WI 53217
(414) 352-2011
Board of Directors
Stanley Kritzik, Chairman
Paul B. Oldam, Vice Chairman and Secretary/Treasurer
John Dragisic, Vice Chairman
Donald J. Nestor, Assistant Secretary/Treasurer
Joseph J. Adamkiewicz, Jr., M.D., President, St. Luke’s Medical/Dental Staff
Mark R. Ambrosius, President, St. Luke’s Medical Center
J. Stephen Anderson
Donald S. Buzard
Glenn W. Buzzard
Patricia Dalton
Jacob Golding, M.D., Chief of Staff, East Campus, Sinai Samaritan Medical Center
Judy Gordon
Thomas G. A. Herz
G. Edwin Howe, President
Eliot Hudley, M.D., President, Newtoune Medical Group
William I. Jenkins, President, Sinai Samaritan Medical Center
Rev. Chester L. Johnson
Stanley M. Jolton
Bonnie Joseph
John E. Koenitzer
Charles P. LaBahn
William H. Levit, M.D., Chief of Staff, West Campus, Sinai Samaritan Medical Center
Fred G. Luber
Mary Jane Mayer, President, Visiting Nurse Corporation
Jere D. McGaffey
Robert J. Miller
Rev. Mary Ann Neevel
William Orenstein
Emmett Peck
James E. Peterman
James Pious
Thomas C. Jackson, M.D., Associate Dean, University of Wisconsin Medical School
Gary Strews
Myra Taxman
James T. Williams
Donald A. Zellmer

Honorary Board of Directors
Hope Anderson
Kenneth R. Geist
Rev. Hilton E. Grams
Donald W. Kilps
Ralph P. Ley
Elna F. Luetzow
Clifford F. Messinger
John R. Parker
Wilbert G. Prasse
August N. Renner
Arthur W. Riemer
Robert A. Rietz
Everett G. Smith
Robert J. Strassburger
Stanley York

Executive Staff
G. Edwin Howe, President
John P. Brozovich, Senior Vice President
William E. Byers, Senior Vice President
Donald J. Nestor, Senior Vice President
Robert O’Keefe, Vice President
Dennis Rakowski, Vice President
Thomas J. Sheehan, Vice President
John H. Steinman, Jr., Vice President
Lorelle K. Walsh, Vice President

Emeritus Officer
Kenneth S. Jamron, President Emeritus

Franklin Medical Center
Board of Directors
Robert Schmitt, Chairman
Kenneth Orlowski, Secretary/Treasurer
Mark R. Ambrosius, President
Vivian L. Guznica
Gary L. Kamer, M.D.
Donald A. Zellmer
Staff
Richard G. Klein, Vice President

Aurora Health Care Ventures
Board of Directors
William M. Chester, Jr., Chairman
Ronald J. Shapiro, Secretary/Treasurer
Charles P. LaBahn
Dennis Rakowski, President
Howard Schnoll

Samaritan Health Plan
Board of Directors
Thomas J. Parker, Chairman
Thomas P. Kujawa, Vice Chairman
Carole Schmeda, Secretary/Treasurer
John Hake, Ass’t. Secretary/Treasurer
Lori Craig
John W. David
Raymond Ervin
Christ M. Faulhaber
Todd J. Hammer, M.D.
G. Edwin Howe
William I. Jenkins
Thomas J. Kozina, M.D.
Jeffrey L. Kubik
Donald J. Nestor

Executive Staff
James A. Schultz, Chief Executive Officer
Gregory Banaszynski, Vice President
John Hake, Vice President

Aurora Foundation
Board of Directors
James T. Williams, Chairman
Gary Strews, Secretary/Treasurer
Walter Kipp, Ass’t., Secretary/Treasurer
Glenn W. Buzzard
Rev. Mary Ann Neevel
Donald J. Nestor, President
William Orenstein

Mount Sinai Medical Center Foundation
Board of Directors
Thomas G.A. Herz, Chairman
Myra Taxman, Vice Chairman
Bonnie Joseph, Secretary
Emmett Peck, Treasurer
Ben Barkin, Chairman Emeritus
Stephen S. Becker
Judy Bluestone
Stanley M. Jolton
Stanley Kritzik
Ben D. Marcus
Ruth Orenstein
James Pious
Jack Recht
Suzanne Selig
Sherwood Temkin

Milwaukee Heart Research Foundation
Board of Directors
Emmett Peck, Chairman/President
Brenton H. Rupple, Vice Chairman/President
John Galanis, Treasurer
Robert B. Bradley, Secretary
Ricardo Diaz
John Dragisic
Mary Ann Femma
William I. Jenkins
Henry K. (Pat) Kerns
John E. Koenitzer
Gerald F. Koepe
Hal C. Kuehl
Sheldon B. Lubar
Fred G. Luber
Rita McDonald
Charles S. McNeer
Shari Miller
Snow Mitchell, Jr.
Rev. Mary Ann Neevel
James E. Peterman
James Pious
Rev. John P. Raynor, S.J.
Howard M. Schnoll
James Urdan

* Listings of the Sinai Samaritan Medical Center, St. Luke’s Medical Center, and Visiting Nurse Corporation boards of directors and executive staffs have been incorporated into the body of this report and appear on preceding pages.
Aurora Health Care
3000 West Montana Street, P.O. Box 343910
Milwaukee, Wisconsin 53234-3910
(414) 647-3000

An overview of our services