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The Passavant

**1975
IN
REVIEW**



By Matt L. Miller



The Passavant

VOLUME 22 NUMBER 1

MARCH 1976

The Passavant is published by Lutheran Hospital of Milwaukee, Inc., 2200 West Kilbourn Avenue, Milwaukee, Wisconsin 53233. Mr. Earl A. Schiefelbein, Acting President.

1975 ... A Challenge	2
Education	3
Chief of Staff	4
New Services	6
Working Family	11
Special Events	12
Women's Auxiliary	14
Appointments	15
Board of Directors and Administration	17
Statistical Review 1975	18
Gifts	20
The Medical Staff	22

ON THE COVER:

The hospital added a new unit last year. The CPR Center (Cardiac Pulmonary Rehabilitation Center) conducts stress tests to determine patients' physical capabilities and monitors patients exercising via telemetry units. This is a continuation of Lutheran Hospital's tradition of excellence in health care.

1975 ... A CHALLENGE

1975 was a year of challenge for many people, including Lutheran Hospital. It was a year of crisis, a year of local, state and federal legislative action, a year of social and economic change, and a year of apprehension and comprehension for all of us. A highly complex issue over malpractice coverage arose compounding the economic conditions of the time. The hospital was not left untouched by the crisis. As a result of the limited number of patients which were admitted during this period, the hospital was forced to shorten work weeks, limit hiring, and institute other personnel changes. What caused the crisis was restricted insurance coverage, no coverage at all, or only "claims made" coverage. Both doctors and hospitals faced similar situations with no simple solution or explanation. A malpractice bill, which went into effect July 24, seeks to guarantee that all physicians, nurses, and hospitals in the state can obtain malpractice insurance at reasonable rates.

Patient services were interrupted for a short time as a result of the malpractice dilemma. The area directly affected was surgery, which involves doctors in high risk areas, such as: anesthesiologists, orthopedic surgeons, and plastic surgeons. Services were resumed shortly after the legislature enacted the medical malpractice bill.

1975 was not all troubles. The hospital added a new service with the Cardiac Pulmonary Rehabilitation Center, opened the Passavant Lounge, an area for members of the family of patients undergoing surgery; and was approved for installation of one of six new body-scanners to be in the State of Wisconsin. All are significant advances in offering the most up-to-date services and facilities to our patients. Such advances are the result of Lutheran Hospital's ever-increasing investment in time, labor, equipment, research, and education.

EDUCATION

Health care education has always played a major role at Lutheran Hospital of Milwaukee. From being a primary provider of educational instruction, the Hospital's education program has evolved to offer expanded educational experience through affiliations with several major educational institutions. The partnership of education and quality of patient care has long been realized by Lutheran Hospital and these affiliations expand the role of the Hospital's contributions to the education of greater numbers of students. Following are some of the 1975 educational programs conducted by Lutheran Hospital and those programs which the Hospital participated in on an affiliated basis.

MEDICAL EDUCATION—Programs in cooperation with the Medical College of Wisconsin and the University of Wisconsin School of Medicine:

- * rotating residencies
- * preceptees
- * clinical fellows

NURSING EDUCATION—Programs in association with baccalaureate nursing schools as an extended unit:

- * 85 University of Wisconsin-Milwaukee School of Nursing and Marquette University College of Nursing students received their undergraduate clinical experience at Lutheran Hospital.

X-RAY—Lutheran Hospital's School of X-ray reported the following:

- * 9 students graduated
- * 8 junior students were enrolled
- * 9 students entered their senior year

OCCUPATIONAL THERAPY—Programs in association with the University of Wisconsin, Mount Mary College, University of Wisconsin-Milwaukee, The Milwaukee Area Technical College, and

the University of Illinois:

- * 7 students received their fifth year clinical experience in Occupational Therapy, the students were from: (2) Mount Mary College, (1) University of Wisconsin-Milwaukee, (3) University of Wisconsin, and (1) University of Illinois.

- * 2 University of Wisconsin-Milwaukee students received their Junior level practicum in Occupational Therapy.

- * 12 Sophomore students from the University of Wisconsin-Milwaukee observed techniques employed in the Occupational Therapy Unit.

- * 4 students received clinical experience, they were: (3) art education majors from the University of Wisconsin-Milwaukee, and (1) art therapy major from Mount Mary College.

FOOD SERVICES—A program in cooperation with the Administrative Dietetic Internship program of the Food Services division of the Milwaukee Public Schools:

- * 4 dietetic interns received clinical and administrative dietetic experience through the department of Food Service.

CHAPLAINCY SERVICES—The following learning experiences were provided through affiliation with the Clinical Pastoral Education program and in cooperation with area seminars:

- * 15 students participated in the hospital's Clinical Pastoral Education program.

PHYSICAL THERAPY—A program in cooperation with the Milwaukee Area Technical College Physical Therapy assistant program:

- * 6 students received clinical experience in Physical Therapy.

PHARMACY—A program in cooperation with the Wisconsin State Commission on Pharmacy internships:

- * 2 pharmacy graduates received their year of clinical intern experience in the department of Pharmacy Services. One graduated from the University of Wisconsin School of Phar-

macy and the other from Ferris State College School of Pharmacy in Michigan.

MEDICAL TECHNOLOGY—A program in affiliation with the University of Wisconsin-Milwaukee School of Medical Technology:

* 11 students received their senior year of clinical experience through Lutheran Hospital's School of Medical Technology.

CHIEF OF STAFF

Dr. William P. Wendt was re-elected for his fourth term as Chief of Staff in February of 1976.

Assisting Dr. Wendt in 1976 in matters of Medical Staff policy will be the following Executive Committee:

Dr. Archebald R. Pequet	Vice Chief of Staff
Dr. David J. La Fond	Secretary
Dr. James S. Ziolkowski	Chairman, Dept. of Medicine
Dr. Richard A. Lillie	Chairman, Dept. of Surgery
Dr. Walter R. Schwartz	Chairman, Dept. of Ob-Gyn
Dr. Glenn A. Dall	Member-at-Large
Dr. Robert E. Hinson	Member-at-Large
Dr. Robert E. Steiner	Member-at-Large
Mr. Stanley W. Martin, Retired 3/76	President(ex-officio)

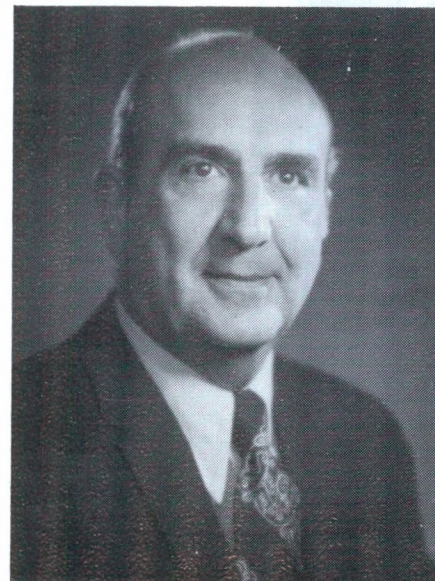
Dr. Richard B. Bourne, Urologic Surgeon, was appointed Chairman of the Medical Advisory of the Planned Parenthood of Wisconsin. He was also elected President of the Milwaukee Urological Association and Chairman of the Program Committee of the Milwaukee Academy of Medicine.

Dr. Thomas J. Cesarz, Ophthalmologist, successfully com-

pleted an oral examination and became a Diplomate of the Omeuion Board of Ophthalmology at a meeting in San Francisco, California.

Dr. Frederick J. Hofmeister, Obstetrician-Gynecologist, received several awards and appointments last year, some of them were: appointed a member of the Family Life Committee, Lutheran Church, South Wisconsin District; named Honorary Fellow of the Kane-King Obstetrical Society of George Washington University, Washington, D. C.; elected Chairman of the Milwaukee Advisory Board of the Salvation Army; elected Senior Member of the Pan Pacific Surgical Association; and honored by the Medical College of Wisconsin as the recipient of the college's distinguished service award.

DR. WILLIAM P.
WENDT, 1976
CHIEF OF STAFF





1976 LUTHERAN HOSPITAL MEDICAL STAFF EXECUTIVE COMMITTEE — Elected to the Executive Committee at the annual meeting of the Medical Staff were the following: Standing from left to right, Dr. Robert Hinson, Mr. Stanley W. Martin, retired 3/76, Dr. Richard Lillie, Dr. Walter Schwartz, and Dr. Glenn Dall. Seated from left to right are: Dr. David La Fond, Dr. William Wendt, Dr. Archibald Pequet, and Dr. Robert Steiner.

Dr. Clarence J. Kocovsky, General Practitioner, was designated a Charter Fellow of the Annual Meeting of the American Academy of Family Physicians in Los Angeles, California.

Dr. George J. Korkos, Plastic Surgeon and Maxillofacial Surgeon, was elected Co-Chairman of the National Foundation of the March of Dimes for the Southeastern District of Wisconsin.

Dr. Michael C. Kubly, Orthopedic Surgeon, was elected Secretary-Treasurer of the Wisconsin Orthopaedic Society.

Dr. Walter R. Schwartz, Obstetrician and Gynecologist, was elected President of the Wisconsin Society of Obstetricians and Gynecologists.

Dr. Donald A. Spring, Cardiologist, became a Certified Diplomate of the American Board of Internal Medicine and subspecialty of Cardiovascular Diseases.

Dr. Chase W. Wolfe, Obstetrician and Gynecologist, was awarded the Silver Screen Award at the U. S. Industrial Film Festival for outstanding creativity in the production of audio/visual communication in the International Competition.

At the annual meeting of the Medical Staff, Mr. Martin made presentations in the name of the hospital to physicians who had served 30, 35, and 40 years on the Medical Staff:

30 YEARS

Franklin Carl
Christopher Dix
Silas Evans
Paul Hausmann
Owen Royce

Donald Ruch
Lamont Schweiger
Walter Schacht
Lionel Servis

35 YEARS

John Charles
Einar Daniels
C. S. Rife

Lester Verch
William P. Wendt

40 YEARS

Fred Hofmeister
Robert Montgomery

Hobart Johnson

NEW SERVICES

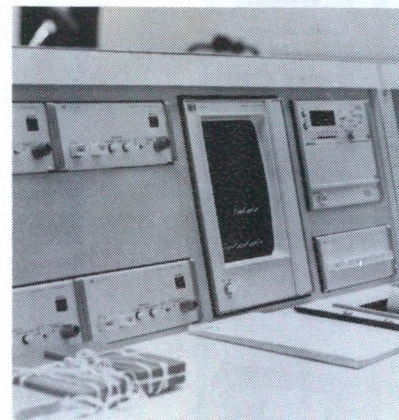
In the last ten years dramatic changes have occurred in the treatment of the coronary patient. Notable advances include the coronary care unit, new drugs, surgery, exercise therapy, and a better understanding of blood fats and diet. Additionally, this solid progress has been enhanced by rapidly changing attitudes toward treating the acute heart patient himself. Whereas a generation ago this patient was kept at bedrest for six weeks, research and clinical programs have demonstrated that the acute myocardial infarction patient can be safely mobilized at a much earlier stage, effectively preventing crippling depression and thoughts of disability. The physiological hazards of deconditioning caused by prolonged bedrest can be avoided.

Lutheran Hospital recognizes these hazards and has established a Cardiac Pulmonary Rehabilitation (CPR) Center to meet these patients' needs. While many outpatient cardiac rehabilitation clinics are being operated in major medical complexes, this CPR center is unique in that it is the first in Wisconsin which offers standardized, comprehensive rehabilitation services developed by AMSCO-REHAB.

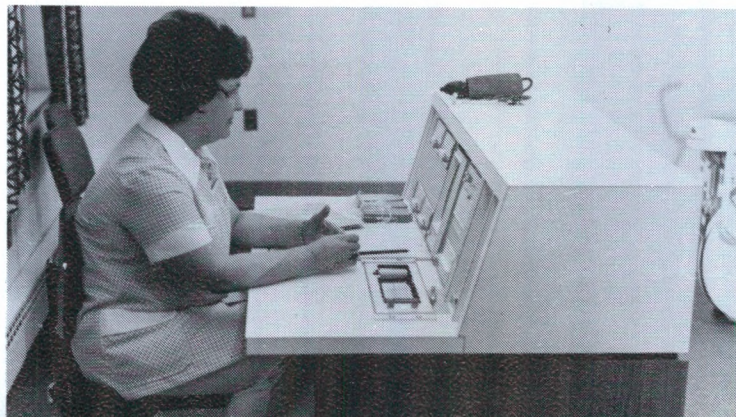
Through a specialized detection program Lutheran Hospital's CPR Center can identify high-risk, or potential, coronary prone persons and initiate measures which might reduce the risks of heart attacks. But its principle service is the rehabilitation of men and women who have suffered such attacks and aiding them in returning to a normal life style.

For the cardiac patient rehabilitation treatment is a long, intensely personal transformation — a transformation of body, of habits, of outlook. A transformation that never ceases.

The patient not only must rebuild his body but also must maintain his rebuilt body. Once a patient changes his living pattern and eliminates damaging habits, such as cigarette smoking, overeating,



CPR IN ACTION — After the CPR Center reviews the patient's hospital records the first of three stress tests is conducted which is supervised by a physician (above left). An exercise program is then prescribed within the patient's capacity. The nurse-therapist (below) watches a console which monitors the patient's EKG and heart rate while exercising. (Above right) the CPR Center equipment allows up to four patients at one time to be monitored by the nurse-therapist.



and indulgence in sedentary living, he must guard against returning to these contributory habits.

As the patient's psychological outlook regenerates, he must nourish this new outlook and put it to work for his own benefit.

The desirability and need for this program rest in the fact that nurses serving in a cardiac care unit of the hospital have received the training required to properly monitor, treat, educate, and begin rehabilitation of a patient following his transfer from the intensive care unit to a room or ward. In addition, these are nurses trained to provide the special care required of post-heart-attack patients.

Under the program, trained nurse-therapists guide the patient through 12 levels of care — each level being authorized by the attending physician.

Charts enable the patient, his family, and his physician to note daily improvement as he moves through progressive stages consisting of activities requiring slightly increased energy needs. Nurse-therapists provide extensive patient and spouse education through the use of films, literature and through informal discussion.

Patients are counseled in their physician-prescribed diet by the hospital dietitian, with reinforcement and supplementary information given by the nurse-therapist.

Goals of this program are:

1. Safe advancement of activities within the individual's limitations and established guidelines through physician prescription and nurse-therapist supervision.
2. Education of the patient in his disease, risk factors and how to modify them, important information relating to his prescribed medications, and instructions for home activities and exercises.

Through attainment of these goals, patients are better able to adapt their lives, both physically, and psychologically, and be re-

habilitated to their highest potential at the earliest possible date.

Approximately 80 per cent of patients entering the rehabilitation program — always on a physicians' referral — are survivors of heart attacks. The others are suffering from angina or recuperating from heart surgery. Once a patient contacts the CPR Center, he receives a letter confirming an appointment, along with several brochures explaining the overall program and a detailed questionnaire covering his medical history, habits, and other matters that enable the Center to make preliminary evaluation. He also is requested to bring his spouse to the initial interview, which in effect is an orientation session.

At the first meeting, the couple is shown a film that outlines exactly what lies ahead. A nurse further explains the program, answers questions, and provides additional printed material. A second appointment is then made, usually for two or three weeks hence. The CPR Center obtains and reviews the patient's hospital records prior to his arrival for this appointment and the first of three stress tests.

Every patient entering the CPR Center program receives a stress test prior to beginning year-long exercise therapy. The test is conducted to determine the patient's physical capability, ie. the work load he can tolerate safely, and thus enable the physician to prescribe an exercise program within the patient's capacity.

The test, which is supervised by the physician, is monitored constantly by a specially trained nurse sitting before a two-piece unit of equipment consisting of an electrocardiograph and an oscilloscope designed specifically for this purpose. The patient, riding a stationary bicycle or walking on a treadmill, does so with EKG electrodes attached to the skin and to the recording equipment. During the test, which lasts from 10 to 20 minutes, the physician checks the patient's blood pressure and heart rate, at the same time watching the patient's EKG on the monitor. Three months after the initial stress

test the patient is re-tested, as he is at the conclusion of the year's therapy sessions, to determine and document the extent of improvement.

EXERCISE THERAPY

After a patient's stress test, about a week is needed for the CPR Center physician and staff members to evaluate the EKG write-out and other test results. The patient then begins the exercise program.

The patient is monitored on equipment that shows his EKG and heart rate as he exercises on an ergometer and/or treadmill where responses are relayed via telemetry units, similar to small radio transmitters.

The CPR Center equipment allows up to four patients at one time to be monitored by the nurse-therapist during each 40 minute exercise therapy session.

Exercise sessions are conducted three times a week during the first three months of the program, two times a week for the next three months, once a week for three months, then every other week for the remaining three months of the year.

SAFETY FACTORS

The CPR Center takes every precaution to assure the patient's safety throughout the procedures by adhering strictly to criteria established from widespread use of such testing in many centers over many years. This begins with the physician-supervised stress test and continues with the monitored exercise therapy.

All staff nurse-therapists are highly trained in cardiac therapy and proficient in resuscitation. The Center has a "crash cart" fully equipped with defibrillator and other items designed to sustain life in the event of an emergency.

CARDIO—PROFILE

This CPR Center service is designed primarily to serve corporations and other organizations, to supplement annual — or more frequent — physical examinations of their employees.

The Cardio-Profile determines (1) the possibility of symptomless heart disease, (2) the likelihood of a person developing heart disease, and (3) the level of fitness at which a person is functioning. This is accomplished through a series of tests following completion of a detailed questionnaire and including:

1. Physical measurements
resting heart rate, blood pressure, etc.
2. Resting electrocardiogram
3. Chest X-ray
4. Pulmonary function studies
lung capacity and function
5. Exercise stress test

Results of the test are forwarded to the employee's personal physician, who evaluates them in conjunction with his own findings.

CARDIAC WORK & DISABILITY EVALUATION

Work and disability evaluation is of great importance to insurance companies, governmental agencies, and employers generally. CPR Centers can provide a standardized, comprehensive evaluation of a cardiac patient returning to work, or applying for workmens' compensation or disability benefits from an insurance company.

The Cardiac Work & Disability program consists of a series of related tests and interviews which provide insight into the emotional, physiological and pathological processes of the patient and the function of his heart. The objective data thus collected help answer the questions:

1. Can this man return to his previous work?
2. Can he perform any other work?
3. Is he totally and permanently impaired because of his heart disease?
4. Can he be rehabilitated to a level where he could perform his previous work or some other work?
5. Are physiological factors present?

Helping the cardiac and pulmonary patient return to a productive and emotionally gratifying life is the goal of the Lutheran Hospital CPR Center. A parallel goal is orienting the patient with the knowledge he needs to maintain his renewed, productive life — a life upon which he can build.

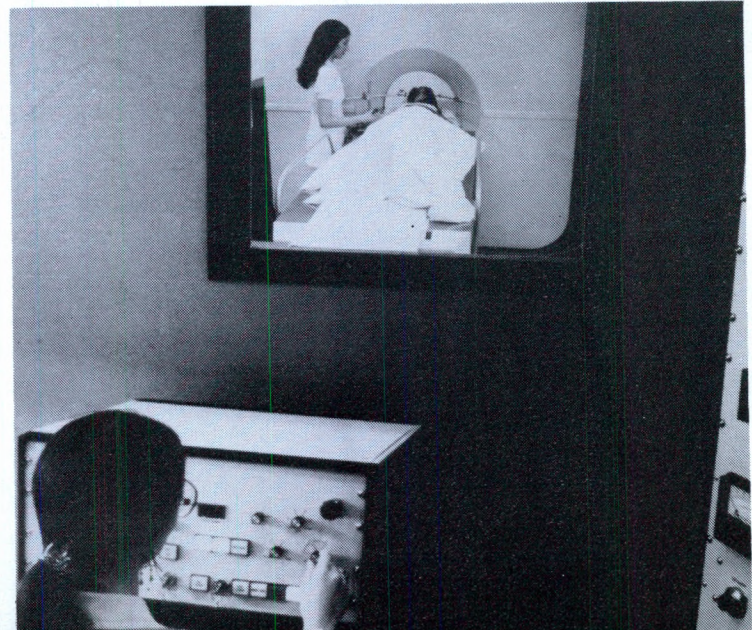
TUMOR REGISTRY

Lutheran Hospital established a tumor registry in 1974. With an initial grant of \$600 from the American Cancer Society of Milwaukee, the Hospital developed the program. Lutheran has matched this initial figure many times in maintaining the program and continues to support its operation.

The function of the registry is to build detailed profiles on known patients with tumors, accumulate data concerning a large number of patients and make analysis of the statistical data. This analysis will report the treatment of patients with tumors and the success of that treatment. With the rapid development of cures for patients this registry will organize the information to evaluate the results of current therapy. Facts and evidence will then be made available as to the survival of patients with various methods of diagnosis and treatment. In addition, the registry will assist in arranging periodic follow-up examinations for patients with tumors to continue to provide information of the success of treatment.

DELTASCAN

A new computerized body scanner, providing an effective tool for the diagnosis of internal disorders with less discomfort to the patient will soon be in operation at Lutheran Hospital. The new scanner, DeltaScan, produced by Ohio-Nuclear Inc. was introduced in November of 1974. Lutheran Hospital will be one of only six hospitals in the State of Wisconsin to be installing such a unit. The Comprehensive Health Planning Agency of Southeastern Wisconsin and the State of Wisconsin have approved the purchase. Realizing the wishes of the planning committees and in an effort to hold down duplication of costs, Lutheran Hospital initiated contact with other area



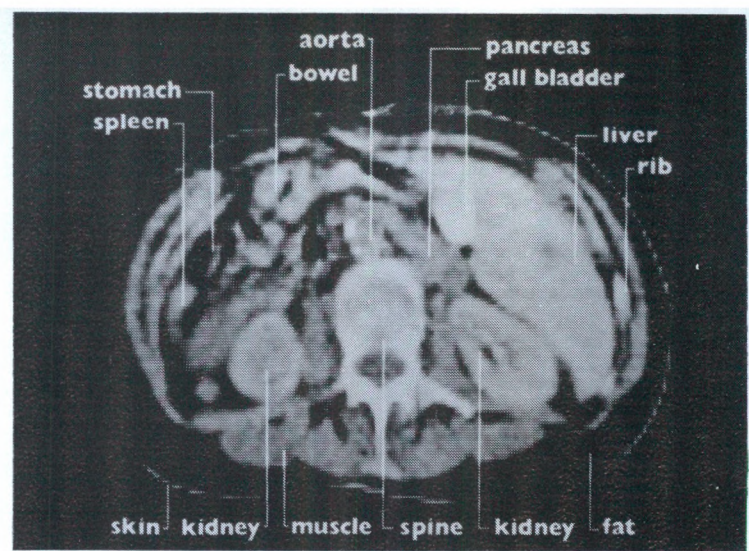
hospitals and presented signed agreements that would allow three other Milwaukee hospitals; St. Anthony, Deaconess, and Family, to share the unit for a fee.

DeltaScan uses an X-ray technique known as computed tomography to provide very detailed, cross-sectional views of internal anatomy. For the first time, a doctor can obtain accurate, well-defined pictures of a patient's brain, heart, lungs, kidneys and other organs.

Ordinary X-rays can provide pictures of bones and dense objects inside the body, but they are unable to reveal the subtle density differences in the tissues of organs which distinguish healthy from diseased states. The DeltaScan enhances these small differences in densities and can reveal such difficult to image abnormalities as tumors, cysts, blood clots, etc.

A highly sophisticated product of modern technology, the scanner takes thousands of individual X-ray shots that are processed by computer into a single picture. Delicate differences in tissue density, which are the key to X-ray diagnosis, show up 100 times more clearly than on a conventional film. The scanner examines thin cross-sections of tissue at various depths within the body, enabling medical men for the first time to zero in on problem areas. (CAT stands for computerized axial tomography, which is medical jargon for the technique of X-raying horizontal slices of the body.)

Wearing a hospital gown, the patient lies on the scan table, while in an adjoining room a technician types out the directions to the machine. Lights flash, tapes turn and the scanner begins to rotate slowly, directing its beam across the patient's head or body. A complete scan—covering, say, two half-inch layers of the brain—may take as long as five minutes. The radiation risk however, is equivalent to that of only one conventional X-ray film because no tissue is exposed more than once; in order to get similar coverage of brain tissue, many conventional X-ray films may be needed.



SCANNING SYSTEM — (Above) A cross-sectional view is obtained as the result of density calculations made by a computer (below) for each of 65,000 points in the picture.



Once the readings are completed, a computer processes the data by complex mathematical formulas into a picture that is displayed on a screen and recorded on film. The information is also stored on magnetic tape transferred to small plastic disks, pictures can be made from the electronic data thus stored.

The patient advantages in addition to early detection and treatment of abnormalities are many. Exposure to radiation is minimal and would never be greater than conventional radiography. The procedure which takes about two minutes per scan can be done on an outpatient basis eliminating the need for overnight hospital stays. DeltaScan is a non-invasive diagnostic method. There is no need for the injection of chemicals or air into the patient's body and the scanning causes no discomfort.

Delivery of the DeltaScan is expected to be in May of 1976. The unit should be operational shortly thereafter.

NEW NURSERY POLICY

A new procedure has been adopted in relaxing the visitation policy in the maternity unit. Now parents may bring brothers and sisters to visit the new born infant. This will facilitate the adjustment of the entire family to the arrival of the new family member.

Previously, no one under the age of sixteen was permitted to visit. This new policy was instituted in an attempt to decrease the impact of the mother's absence from the home as well as to decrease any tendency toward rivalry.

Visiting hours for this purpose will be from 6:00 P. M. to 7:30 P. M. The infants are placed in the nursery, while the parents and children visit in the adjacent room. A staff nurse will show the infant to the family through a glass partition separating the two rooms.

This is another program initiated at Lutheran Hospital to promote a family-centered approach to nursing care.

WORKING FAMILY

The lasting impression of a hospital stay most often is based upon those things closely associated with hospital care. The patient remembers those people which he observes first hand. The efficient, concerned nurse, the friendly assuring technologist, or the firm, encouraging therapist are some of the experiences a patient is most likely to remember. The patient rarely comes in contact with the hundreds of other personnel who contribute to making his stay pleasant. Yet, it takes all of the Lutheran Hospital personnel working in an atmosphere of cooperation to make the patient as comfortable as possible.

This atmosphere of cooperation is the reason why Lutheran Hospital considers its employees a Working Family — a family with almost one thousand members whose duties and skills range over a wide spectrum. This friendly feeling is a bond where each person is involved in helping the patient — not simply doing a job, but helping their fellowman. Each of the many job classifications plays a vital role in the efficient operation of the hospital. The nurses, technologists, and therapists continue to offer the highest of quality care only with all of the family members contributing.

Lutheran Hospital's Working Family renders the best medical care in an atmosphere of true concern for the welfare of the patient. A combination that insures Lutheran Hospital's continuation as a leader in the health care field.

Over the past several years a great number of improvements have been made in wages and benefits to keep pace with changes in the economy and other employers in the area. As a result only minor adjustments were required for the Hospital's pension program to comply with the newly enacted pension reform bill. Lutheran Hospital has long been a leader in this area. These improvements are

in accordance with Lutheran Hospital's policy of maintaining a wage and benefit package equal to similar organizations in the area.

During National Hospital Week in May of 1975, the Hospital honored several members of the Working Family. A dinner was held at the Milwaukee Athletic Club recognizing those members who had contributed 10, 15, 20, 25, 35 years of service, or retired during 1975. Music and hors d'oeuvres set the tone for a most enjoyable dinner. Following are those members who received service award pins:

35 YEAR SERVICE AWARD

Mrs. Leona Butcher Nursing
Sr. Gladys Robinson Pharmacy

25 YEAR SERVICE AWARD

Mrs. Lois Broetzman Nursing

20 YEAR SERVICE AWARD

Miss Helen Gardien Housekeeping
Miss Barbara Maas Nursing
Mr. Neil Rittershaus Administration
Mrs. Maxine Ryan Anesthesiology
Mr. Earl Schiefelbein Administration

15 YEAR SERVICE AWARD

Miss Margaret Besh Nursing
Mrs. Mary Bohte Housekeeping
Mrs. Rosalia DeAngelo Housekeeping
Mrs. Grace DiFrances Business Office
Mr. Clyde Hoberg Housekeeping
Mrs. Elaine Hyler Nursing
Mrs. Laina Mantyla Housekeeping
Mrs. Helen Roberts Nursing
Mrs. Inara Upite Laboratory

10 YEAR SERVICE AWARD

Miss Eileen Batchelor Physical Therapy
Mrs. Florence Bleck Personnel/Payroll
Mr. Donald Erickson Business Office
Mrs. Marilyn Felkner Nursing
Mr. Sam Foti Housekeeping
Mrs. Beverly Griffin Nursing
Miss Ethel Hood Nursing
Mr. Francis Krupo Nursing
Mrs. Helen Maaske Radiology
Mrs. Gertrude Ness Nursing
Mrs. Martha Sallach Nursing
Mrs. Letty Staton Housekeeping

RETIRED AFTER MAY, 1974

Mrs. Wanda Brodowski Nursing, 14 Years
Mrs. Kathryn Gagliano Food Service, 7 Years
Mrs. Dorothy Hathaway Food Service, 19 Years
Mrs. Minnie Hoffman Food Service, 13 Years
Mrs. Helen Havnen Nursing, 21 Years
Miss Florence Kahn Nursing, 37 Years
Mr. Herbert Sehmer Personnel/Payroll, 20 Years
Mrs. Ida Sprung Food Service, 10 Years
Mrs. Lucille Stewart Business Office, 17 Years
Miss Bernice Ulmschneider Administration, 20 Years

SPECIAL EVENTS

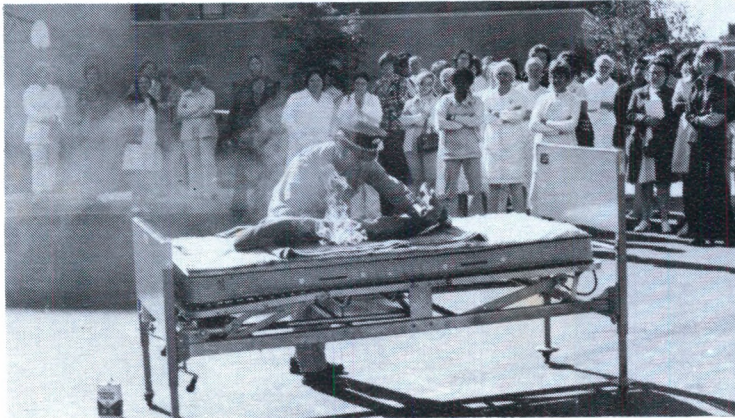
In 1975, Lutheran Hospital maintained an active role in a variety of activities beyond the scope of daily work. As a major health care center in Milwaukee, Lutheran Hospital expanded its involvement into many areas. Listed as well as pictured are some of the special

events that occurred in, around, or because of Lutheran Hospital.

* The Medical Staff's department of Obstetrics-Gynecology sponsored its ninth annual Conference. Guests from throughout the state attended the conference.

* Lutheran Hospital's Blood Donor Club scheduled several visits to the hospital by the Milwaukee Blood Center's Bloodmobile and 67 units of blood were collected from members of the hospital's Working Family.

* Lutheran Hospital's Nursing Service presented a demonstration and discussion in conjunction with the Milwaukee Professional Nursing Association on the procedures of handling a fire in a hospital environment. A Milwaukee Fire Department representative presented a film and a live demonstration on how to extinguish a fire.



* William H. Masters and Virginia E. Johnson, Co-directors of the Reproductive Biology Research Foundation in St. Louis, presented "Human Sexuality Seminar for Professionals" at Lutheran Hospital.

* Lutheran Hospital sponsored its First Annual Clinic Day. This forum was developed to provide a means of presenting a viable exchange of new medical information among physicians within the Wisconsin Medical community. The guest speaker was J. P. Sanford, Professor of Medicine and Dean of Uniformed Services, University of the Health Sciences.

* The annual Christmas party was held at the Eagles Club. Music was provided by two country and western groups. It was a proud day for the engineering department, having two employees represented in the groups, one in each band. The music accompanied gifts, good food, and fellowship as the Lutheran Hospital Working Family began the Holiday Season.



* The Food Service Department hosted several Milwaukee area students as part of a health careers orientation. Various employment positions, the educational requirements, job opportunities, and the role the Food Service department plays in the health care field were discussed. A brief tour and demonstration was also offered.

* Lutheran Hospital hosted medical technology students from the Greater Milwaukee Area at an all-day workshop in conjunction with the Milwaukee Blood Center.

WOMEN'S AUXILIARY

The Women's Auxiliary held elections in 1975 and the officers selected were:

Mrs. Ruth Reiman	President
Mrs. David La Fond	1st Vice President
Mrs. John W. Darling	2nd Vice President
Mrs. Walter Dewitz	Recording Secretary
Mrs. Edward Errath	Corresponding Secretary
Mrs. Edward Birge	Treasurer

The Women's Auxiliary during 1975 contributed gifts to the Hospital in the amounts of:

\$11,437.20	— For Beds In Intensive Care
3,043.69	— Towards Passavant Lounge
1,800.00	— Scholarships

There were three scholarships awarded in 1975 to seniors in the School of Medical Technology. The recipients were Jennifer Roeffers, Maxine Aleszak, and Carol Johnson. Funds for this program are raised by the Annual Scholarship Fair which is held at the Motherhouse. This year the fair was held on October 28 and 29. The total proceeds were \$1,516.70. Mrs. Carl Anderson and Mrs. Fred Hofmeister co-chaired the event.

The Auxiliary reported that 20,779 1/2 hours of volunteer service were donated in 1975, with candy strippers contributing 525 3/4 hours to that total. There were a number of new members, including the first male volunteer.

A theatre benefit for the Hospital was held at the Skylight Theatre sponsored by the Women's Auxiliary. The gala event featured, "The Barber of Seville" and an hors d'oeuvre party at intermission. Mrs. Clifford Kasdorf chaired the successful event.



Claire Richardson welcomed Mrs. Koepke and Mrs. Park to the Skylight Theatre.

The Passavant Lounge opened its doors September 22, 1975. This is a special room set aside for relatives and friends to wait for word regarding the progress of patients undergoing surgery. The medical staff and Women's Auxiliary contributed funds for the construction and furnishings. The layout and furnishings were selected with the help of Mrs. Rife and Sister Rose Kroeger.



PASSAVANT LOUNGE — *A quiet place to wait during surgery for friends and relatives.*

Several members were awarded service pins for hours donated to the Hospital. Those receiving pins were:

Mrs. Edward Errath	4,000 hours
Mrs. H. J. Hackbarth	3,000 hours
Mrs. George Zahn	3,000 hours
Mrs. Bauor Bullinger	2,000 hours
Mrs. Kenneth Frank	2,000 hours
Mrs. Gerald F. Burgardt	2,000 hours
Miss Rose Henke	2,000 hours
Mrs. George Houston	2,000 hours
Miss Mildred Ketz	2,000 hours
Mrs. Albert Martin	2,000 hours
Mrs. Arthur Giese	1,000 hours

Mrs. Robert Hanson	1,000 hours
Mrs. Donald Koepke	1,000 hours
Mrs. Robert Maurer	1,000 hours
Mrs. James Rowe	1,000 hours
Mrs. Alfred Schneider	1,000 hours
Mrs. Frederick Brengel	500 hours
Florence Butler	500 hours
Mrs. Edmund Eigenfeld	500 hours
Mrs. William Hamilton	500 hours
Miss Borwyn Hundertmark	500 hours
Lorraine Pick	500 hours
Mrs. Bernard Weber	500 hours

APPOINTMENTS

Mr. Stanley W. Martin retired from his position as President of Lutheran Hospital of Milwaukee, Inc. effective March 9, 1976. He will remain in a consultant position until January 1, 1977. Succeeding Mr. Martin is Mr. Earl A. Schiefelbein, who will assume the responsibilities as acting President. Mr. Neil Rittershaus, Vice President of the Hospital, was appointed by the Board of Directors to replace Mr. Martin as Treasurer of the Corporation.

Mr. Schiefelbein joined the Hospital as Personnel Director in 1955 and was advanced to Vice President in 1959. Mr. Rittershaus joined Lutheran Hospital in 1955 as Director of the Business Office. He was named a Vice President in 1957.

Mr. Martin joined the Hospital in 1953 as an Assistant Administrator. He advanced to President in 1955 and was appointed Treasurer of the Corporation that same year. Mr. Martin has been a member of the Advisory Board of Booth Memorial Hospital, Chairman of the Hospital Advisory Council, and a member of the Hospital Council of Greater Milwaukee Area.

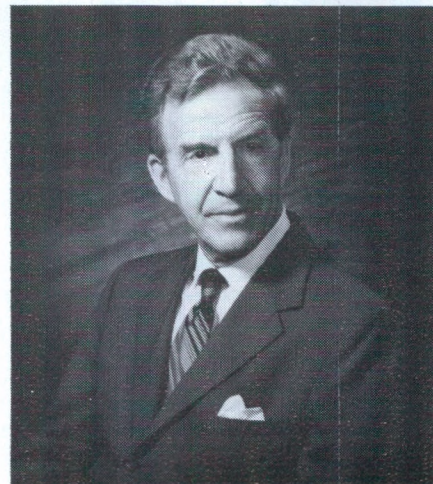
MR. RALPH von BRIESEN
ATTORNEY, von BRIESEN, REDMOND, SCHILLING & KREUNEN

Mr. Ralph von Briesen was appointed to the Board of Directors at Lutheran Hospital of Milwaukee, Inc. Mr. von Briesen is an attorney with the offices of von Briesen, Redmond, Schilling and Kreunen.

Active in civic affairs, Mr. von Briesen is a Director of the Lutheran Mutual Life Insurance Company, Trustee and Secretary of the Union and Graceland Cemeteries, and Director and Secretary of the Home for Aged Lutherans.

Mr. von Briesen is a member of the American Bar Association, State Bar of Wisconsin, and the Milwaukee Bar Association. He resides in Milwaukee.

MR. RALPH
von BRIESEN
MEMBER,
LUTHERAN HOSPITAL
BOARD OF DIRECTORS



DONALD K. MUNDT

Mr. Donald K. Mundt, Vice-President-Administration of Northwestern Mutual Life Insurance of Milwaukee has been elected as Chairman of the Board of Directors of Lutheran Hospital of Milwaukee, Inc., a position previously held by Mr. Arthur W. Riemer, since 1966, at the annual Corporation meeting, February 26, 1976. Mr. Mundt was also elected President of the Corporation. Mr. Mundt served as Vice-Chairman to the Board of Directors during 1975.

A new Vice-Chairman was also elected. Mr. John A. Archer, Vice-President of Distribution at the Jos. Schlitz Brewing Co., will assume the responsibilities previously held by Mr. Mundt. Re-elected to positions on the Board were Sr. Gladys Robinson as Secretary, and Mr. Stanley W. Martin, President of the Hospital (retired 3/76), Treasurer.



JOHN A. ARCHER

Lutheran Hospital of Milwaukee, Inc.

1976

Board of Directors

Donald K. Mundt, Chairman
John A. Archer, Vice-Chairman
Sr. Gladys Robinson, Secretary
John E. Arpe
Rev. Arnold J. Athey

Robert W. Braeger
Jack Jaeger
Rev. Chester L. Johnson
Sr. Rose Kroeger
Urban T. Kuechle

August K. Paeschke
Arthur W. Riemer
Rev. Walter W. Stuenkel, D. D.
William P. Wendt, M. D.
(Ex-officio)

Administration

Stanley W. Martin
President
Retired 3/76

Neil Rittershaus
Vice President
Treasurer

Earl A. Schiefelbein
Vice President
Acting President

Josephine Grant
Vice President

William A. Romo
Vice President

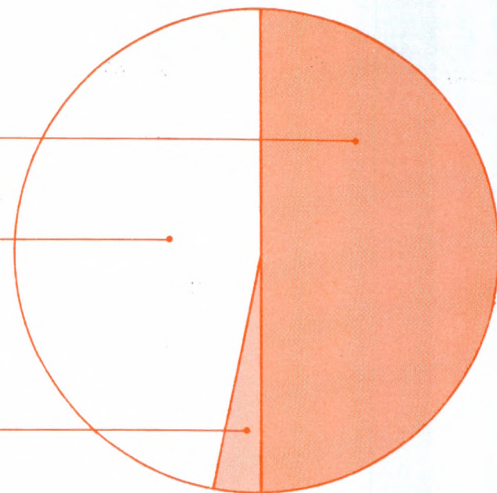
STATISTICAL REVIEW 1975

WHERE THE HOSPITAL INCOME DOLLAR COMES FROM — The largest share of the hospital dollar — 50% — comes from Private health insurance payments. Public health programs, such as Medicare and Medicaid, account for 45%. Direct payments from patients makes up the balance of revenue which represents 5%.

50% Private
Health Insurance

45% Public Programs
(Medicare, Medicaid)

5% Private Direct
Payments



DISBURSEMENTS AND EXPENSES — The greatest portion of the hospital dollar is paid for wages and benefits of the hospital personnel, 64.6%. The second largest item is spent on materials and supplies, 14.1%, an area subject to inflation. Depreciation ranks third, 9.6%, needed to provide for the construction and replacement of older units. The remainder is comprised of interest, 4.5%, utilities, 3.6%, and miscellaneous, 3.6%.

3.6% Utilities

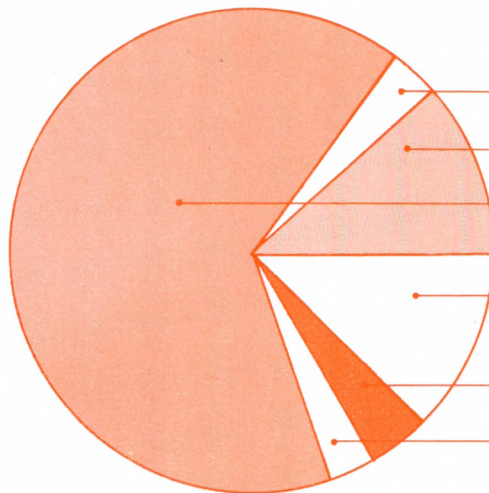
9.6% Depreciation

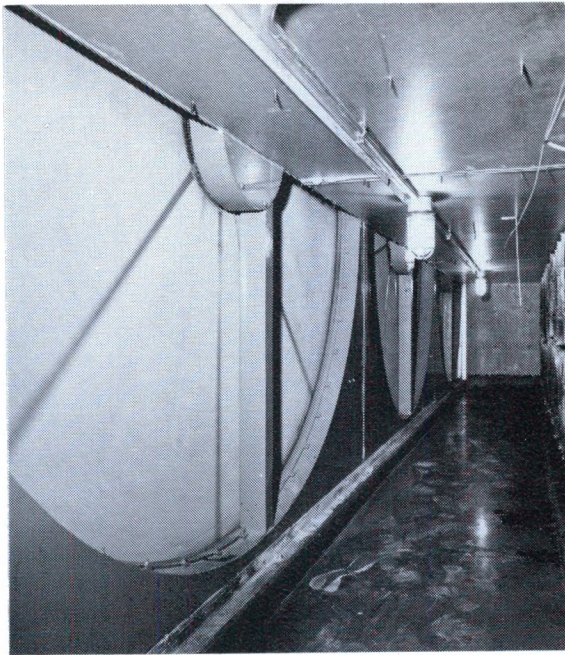
64.6% Wages
& Benefits

14.1% Materials
& Supplies

4.5% Interest

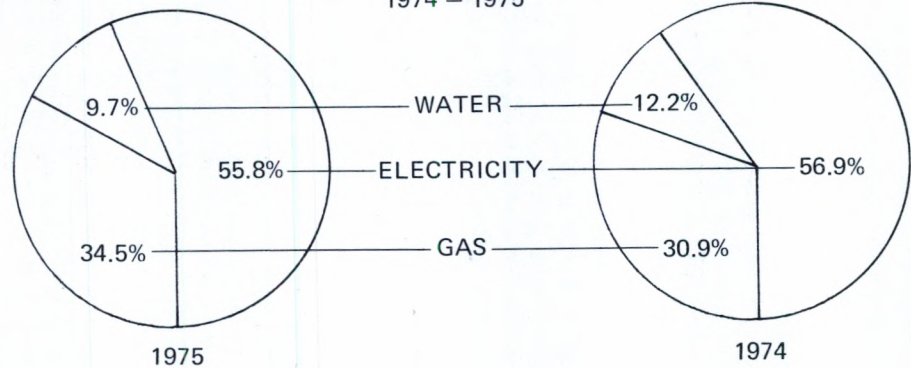
3.6% Miscellaneous



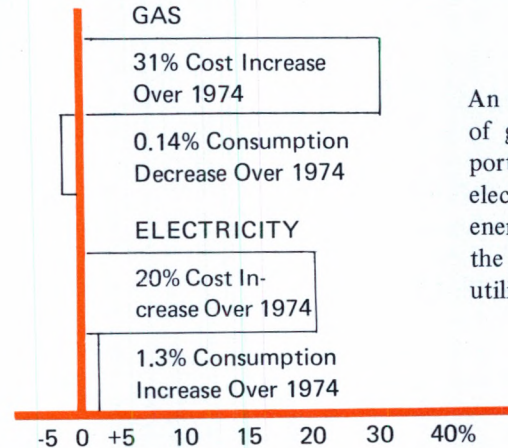


INSTALLATION OF ENERGY SAVING DEVICE –
 Reductions in energy consumption were reported thanks to a recently installed heat wheel – a device which pushes heated hospital air through a filter and then rotates the wheel as it is exhausted. Fresh air taken in through the wheel is then pre-heated by warmth retained by the wheel with little or no energy usage. In the summer the system is reversed.

**COST OF EACH UTILITY AS PERCENTAGE OF ALL UTILITY COSTS –
 1974 – 1975**



CONSUMPTION & COST COMPARISON – 1974 & 1975



An overall reduction in the amount of gas consumed in 1975 was reported, and only a slight increase in electricity, but the cost per unit of energy rose dramatically increasing the percentage to total cost for these utilities from the hospital dollar.

Lutheran Hospital of Milwaukee, Inc.

BUILDING FUND

Arthur Andersen & Company
C. E. & L. U. Albright
Charles David Ashley Foundation
Casper Foerster (In memory of)
Grede Foundation Inc.
Harley-Davidson Foundation
Legacy Estate of Frank G. Henske
Mr. & Mrs. R. P. Herzfeld
Immanuel Lutheran Church
 Memorial—Mrs. Charles Kasten
Jackson Psychiatric Center
Arthur C. Kootz Foundation
Lutheran Hospital Women's Auxiliary

Joseph P. Marx
Jeannette McKelvey
Milwaukee Foundation
Motor Transport Co.
Estate of Clara H. Nell
Robert P. Reik, M. D.
C. G. Schmidt
L. R. Schweiger, M. D.
Stewart Title Legacy—
 Edwin Montieth Estate
Usinger Foundation
William H. Wasweyler Fund
Legacy Estate of Helen Wright
Wrought Washer Foundation

TOTAL BUILDING FUNDS . . . \$44,857.61



SPECIAL FUND

Allis-Chalmers Foundation, Inc.
J. L. Armbruster, M. D.
Dr. & Mrs. E. Birge
R. M. Bradley & Co., Inc.
Mr. & Mrs. M. Butt
Cathedral Square Medical Service Corp.
F. J. Hofmeister, M. D.
Johnson Controls Foundation
Mr. & Mrs. N. J. Lau
Lutheran Hospital Medical Staff
Lutheran Hospital Women's Auxiliary
Ob-Gyn Conference-List
Oilgear Ferris Foundation
St. Mary Resident Fund
Dorothy Shaw

TOTAL SPECIAL FUNDS \$11,676.89

**TOTAL SPECIAL AND
BUILDING FUNDS** \$56,534.50

Received December 1974 through December 1975

Would you like to make a contribution to Lutheran Hospital? Rapid advances in medical technology demand increasing amounts of capital to maintain our quality of service. Your donation will enable Lutheran Hospital to continue providing the very best in modern health care services.

THE MEDICAL STAFF

ANESTHESIOLOGY

Goetz, Roger A.
Gorens, Sherwood W.
Meves, Theodore F.
Rabenn, William B.
Rouman, William C.

GENERAL PRACTICE

Dall, Glenn A.
Fifrick, Lloyd L.
Goodman, Jerome A.
Kocovsky, Clarence J.
Szilagyi, Miklos

CARDIOLOGY

Forward, Daniel J.
Friedman, Burton J.
Gale, Henry H.
Schweiger, Lamont R.
Spring, Donald A.
Staller, Bernard J.
Walker, John A.

DERMATOLOGY

Foerster, Harry R., Jr.
Laubenheimer, Roger
Ruch, Donald M.

GASTROENTEROLOGY

Hoke, Samuel E.
McNamara, Peter J.

Schacht, Walter J.

INTERNAL MEDICINE

Albright, Howard
Daniels, Einar R.
Deardorff, William L.
Dorff, Gerald J.
Evans, Silas M.
Fonk, James R.
Forward, Daniel J.
Hamm, H. James
Hatfield, Hayes
Hoke, Samuel E.
Huston, Erwin S.
Ignace, Gerald L.
Jahn, Richard P.
Janssen, William C.
Jordahl, Clarence W.
Kebbekus, Robert A.
LeTellier, R. Parks
Mayer, Hanno H.
Nordin, Paul F.
Olinger, John K.
Royce, Owen
Stringer, Winfred H.
Ziolkowski, James S.
ALLERGY
Glassner, David M.

NEUROLOGY

Danforth, R. Clarke
de Oliveira, Mario M.
Millen, Francis J.
Turner, Arthur J.

NEUROLOGIC SURGERY

Ostrow, David E.
Steiner, Robert E.

ORTHOPEDIC SURGERY

Brewer, Bruce J.
Dieterle, Carl H.
Flatley, Thomas J.
Kubly, Michael C.
Montgomery, Robert P.

PROCTOLOGIC SURGERY

Charles, John D.
Johnson, Hobart W.
Swartz, Lyle W.

OTORHINOLARYNGOLOGY

Eby, Lee G.
Grossman, Thomas W.
High, Howard C.
Muenzner, Richard J.

PLASTIC SURGERY

Dix, Christopher R.
Korkos, George J.
Luy, Jerome J.

Natvig, Paul

MAXILLOFACIAL SURGERY

Dix, Christopher R.

Korkos, George J.

Natvig, Paul

THORACIC &

CARDIOVASCULAR SURGERY

Hausmann, Paul F.

Koepke, Donald E.

UROLOGIC SURGERY

Bourne, N. Warren

Bourne, Richard B.

Hodgson, Norman B.

OBSTETRICS &

GYNECOLOGIC SURGERY

Dettmann, Frederick G.

Hofmeister, Frederick J.

James, Richard L.

Martens, William E.

Reik, Robert P.

Schwartz, Walter R.

Servis, Lionel T.

Verch, Lester H.

Vondrak, Ben F.

Wendt, William P.

Wolfe, Chase W.

PEDIATRICS

Pequet, A. R.

OPHTHALMOLOGY

Aaberg, Thomas M.

Carl, E. Franklin

Cesarz, Thomas J.

Fiedler, Howard W.

Kissling, Arthur C.

Muenzner, Richard J.

Parks, William Carson

PATHOLOGY &

LABORATORY MEDICINE

Bares, George C.

Birge, Edward A.

Brown, Roland C.

Casey, Peter N.

La Fond, David J.

Pier, William J., Jr.

PSYCHIATRY

Clark, Kenneth M.

Du Vall, Dorothy V.

Galicia, David E.

Goerke, Robert F.

Jackson, E. Basil

Johnson, James A.

Larson, Craig

Lufke, Allan J.



Madden, James A.

Meier, Paul D.

Millen, Francis J.

Nock, Gilbert J.

Salama, Ezzeldin

Slotnik, Irvin L.

Stein, Phillip L.

Young, Michael M. C.

RADIOLOGY

Alberti, John B.

Hinson, Robert E.

Lichty, James E.

McPike, J. Donald

Rater, Cornelius J.

GENERAL SURGERY

Bunkfeldt, Frederick J., Jr.

Goodman, Jerome A.

Hausmann, Paul F.

Heinzelmann, Conrad M.

Koepke, Donald E.

Lillie, Richard H.

Martin, Albert G.

Mendeloff, Elton

Rife, C. Sherrill

Thatcher, Donald S.

Thomas, Walton D.

Trettin, Robert J.

Wilson, Stuart, D.



LUTHERAN HOSPITAL of milwaukee, inc.

2200 W. Kilbourn Avenue
Milwaukee, Wisconsin 53233