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CARING

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SUMMER 1977



Your Hospital Dollar and How IMMC Stretches It

CARING

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about the cover

The problem of rising hospital costs concerns everyone. While many people are talking about solutions, at IMMC every department from Central Supply (shown) to Intensive Care is doing something about it. The result is about a \$1,000,000 a year savings to patients.

to keep you posted

A major portion of this issue of *Caring* is devoted to cost containment and deservedly so as the article points out. You will see the significant cost reductions that we were able to document, reductions that will be added to in the coming months. This reduction is 2.0% of our total expenses. Perhaps that does not sound like much to you, but it is the equivalent of \$6.00 per day to our patients. Viewed from that perspective, it does sound as significant as it is.

What needs saying, however, is that much of the criticism of the rising cost of care is coming, not from patients, but from Government at all levels—County, State, and Federal. Most patients that I talk with don't want a dime spared in the course of their treatment. No matter what the cost, they want to get well, and I don't blame them.

Our problem in this State and Country is that our Governments have promised more than they are now willing to pay for. They have supported handsomely medical research, which has produced a quality of care second to none in the world. They have instituted programs, specifically Medicare and Medicaid, that have promised and continue to promise that this quality of care will be available to all. But now when the price tag rises, as it inevitably will in an inflationary economy, our Government's solution is not to buy less care for their beneficiaries, as we all do in our personal lives, but to call the providers of that care—us—inefficient, fat, etc., and create a public climate of mistrust that rightfully should be directed to Washington and Springfield.

We have long been cost conscious, but have never been called upon to prove ourselves publicly. I hope you'll agree the proof is there and that we have shown you we are as cost efficient as we are medically efficient.

Gerald W. Mungerson
Executive Director

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your hospital dollar

and how IMMC stretches it

Hospital costs are higher than ever before. You know it; look at your bill, at your insurance premiums, or at your rising taxes. IMMC knows it too.

The Medical Center knows by looking at its bills—for food to prepare more than 3000 meals a day, 365 days a year; for people, approximately 1500 of them on the job during any given 24 hours and many necessary only to fill out the reports and keep track of the regulations that are supposed to reduce costs; for energy to heat and light patient rooms, operating rooms; for machines that help doctors diagnose you, treat you, cure you, start stopped hearts...

Today many people criticize hospitals for not doing anything to contain costs. There are proposals in both Washington and Springfield to strictly limit hospital price increases to levels which don't correspond with the rising costs of things hospitals must buy in order to care for you. To you and to IMMC, cost containment is more important than ever before.

In fact, at IMMC rising costs are a constant concern. In order to stretch your hospital dollar, each department is constantly looking for new, more efficient ways to provide care. This information is now being documented under the Medical Center's on-going "Cost Containment Documentation Program."

"We've often said that IMMC was doing things to reduce costs," Executive Director Gerald W. Mungerson said, "but no one is impressed by a general statement. Now we're collecting the statistics—dollars and cents figures—to back it up." To date, annual cost savings of approximately one million dollars have been recorded.

The specific methods of stretching your dollar vary from department to department, but there is one basic



At the cashier's window, the fact of rising costs hits home.

rule. The cost savings to IMMC, and therefore to its patients, must not result in a lessening of the quality of patient care.

For example, IMMC participates in group purchasing agreements through the Chicago Hospital Council in order to get substantial discounts on routine supplies (i.e. IV solutions, orthopedic soft goods, bed pads). Because several hospitals combine their orders, each shares the advantage of the bulk order price break. IMMC's Purchasing Department has documented a direct cost saving of several thousand dollars a year from this practice.

Group purchasing is a fairly traditional way to cut costs. Other methods in use at IMMC are newer. Sometimes they are the result of changing technology. For example, the X-ray Department sells old x-rays by the pound and recovers the silver from the films. This "recycling" saves about \$12,000 to \$16,000 a year.

The Engineering Department reported a savings of nearly \$34,000 a year from using 35-watt miser fluorescent lamps instead of the regular 40-watt bulbs. There is no appreciable difference in the amount of light available, but the miser lamps last longer and cost less to use. Turning off ventilators in the operating room for eight hours a night saves more than \$20,000 a year with no ill effects on the daily use of the surgery area. Putting air handlers in three other areas of IMMC on timers saves another \$9,000 a year.

Even doing laundry can save money. Last year, IMMC bought an industrial washer and dryer. It's nothing fancy, but now, instead of paying someone else \$49,000 a year to wash soiled wet and dust mops, the Environmental Services Department does it for less than \$9,000—a savings of about \$40,000 a year.

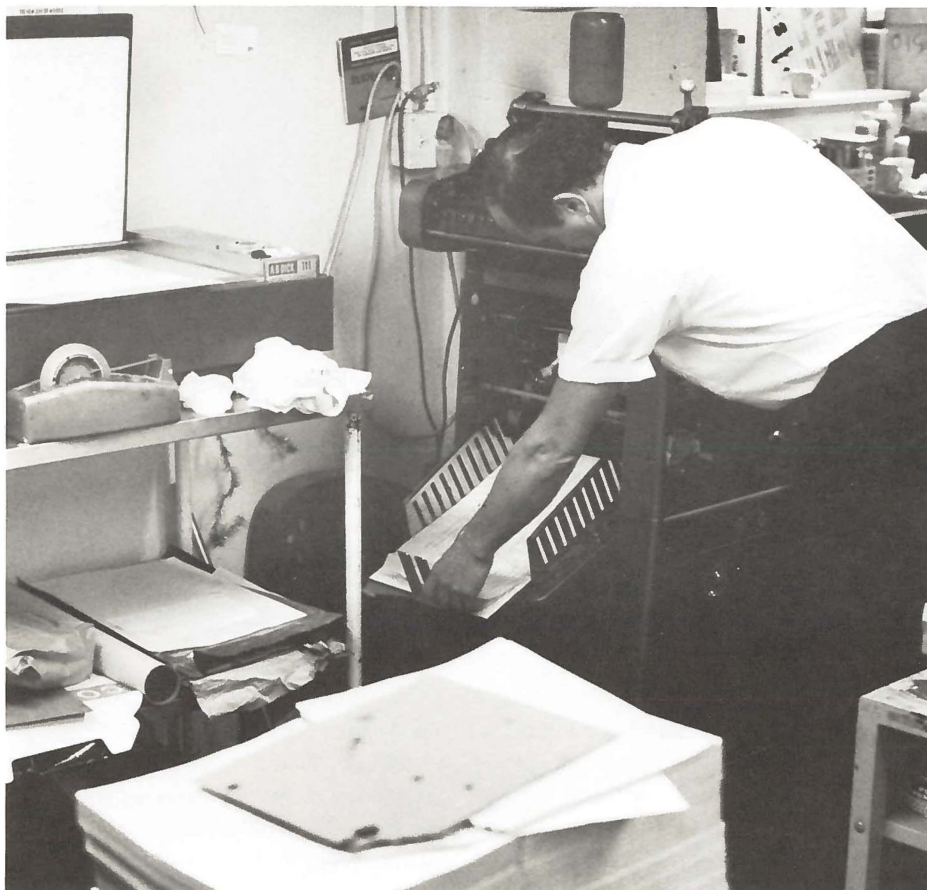
Savings in actual patient care areas are sometimes difficult to achieve. Most often they involve personnel, the Medical Center's largest expense. In an effort to eliminate over-staffing, IMMC keeps careful tabs on the number of inpatients; the Nursing Department adjusts the number and time of nurses to reflect the needs of patients on each unit. When the census warrants it, nursing units are temporarily closed. The nurses on those units are encouraged to take days off, and daily housekeeping costs for those empty beds are eliminated until the beds are again needed. The net result is an annual cost savings of about \$41,000 in nursing services alone.

The Employee Health Service and the Orthopedic Clinic share staff for about 14 hours a week. This saves the several thousand dollars in wages, salaries and fringe benefits it would cost to separately staff each area. Employee Health also recycles Ace

Bandages which have been used once in the Ortho Clinic. Since Employee Health uses about 30 bandages a month, costing an average of \$5.25 if new, the yearly savings come to nearly \$2,000.

The simple procedure of taking a patient's temperature with electronic thermometers (at \$0.04 each) rather than mercury ones (at \$0.07 each) means saving nearly \$12,000 a year. It has the added advantage of providing more accurate temperature readings as well. Daily maintenance checks of the electroencephalographic equipment eliminates the need for contracted upkeep, an \$800 per year savings.

Printing forms, menus and letterhead in the Medical Center's two-man Print Shop saves about \$7,000 a year.



Much of what goes on at the Medical Center depends on quick communication between physicians, nurses, administrators and security personnel. By having an IMMC employee do routine repairs on the more than 300 pagers in use, the Medical Center saves \$600 a year. Security reports an additional annual savings of nearly \$500 from repairing its own communications system.

The costs of using and handling paper are significant at IMMC. The installation of a new word processing system in the Medical Transcription Department enabled employees to increase their work output significantly.

The savings represented by this increased productivity? The equivalent of about \$67,000 a year.

Most of the approximately 400 patients in IMMC each day have

“rising costs are everyone’s problem, and we want our patients and the community to know what IMMC is doing about it”

selective menus. That means 1200 menu forms a day. The Dietary Department used to have these printed at a commercial firm; now they are printed in the Medical Center's small, two-man Print Shop at an annual savings of about \$5,000. In-house printing of letterhead, discharge notices and inter-office memos saves another \$2,000 a year. By getting competitive bids on Xerox paper, IMMC saves \$500 a year, plus an additional \$10,000 savings annually because the Duplicating Center bought, rather than rents, copiers and has downgraded some of the machines' special performance features.

To keep track of all the statistical information the Medical Center needs, the Data Processing Department shares the services of MacNeal Memorial Hospital's computer located in Berwyn. IMMC pays only for the time it uses the programmers and the computer, saving the additional \$200,000 or more it would cost if IMMC alone used a similar computer for one year.

In some instances, the Medical Center has been able to cut costs by combining support services or departments, as well as by eliminating positions. The cost reimbursement and

your hospital dollar

continued



The word processing equipment in Medical Transcription helps eliminate paperwork backlogs and boosts productivity the equivalent of adding more than a dozen employees.

budgeting functions were combined, eliminating one Fiscal Department staff position and saving about \$15,000 a year. The Systems Department was phased out and its duties spread over existing departments at an annual cost saving of about \$43,000. By changing full-time staff schedules, the EKG Department was able to eliminate a part-time technician to cover weekends, thereby saving approximately \$6,000.

These are only a few of the ways that IMMC is trying to make your hospital dollar go as far as possible. Taken

separately, some of them may seem small, but together the annual savings documented to date total more than \$1,000,000.

"We want our patients and the community to know what IMMC is doing," Mungerson said. "The complex problem of rising hospital costs affects us all, and everyone deserves to know all of the facts."

The Medical Center is making every effort to identify areas in which expenses can be cut without cutting back on the quality of care patients deserve. That's

something no one—hospitals, public, government representatives—wants.

"We are making genuine—and often ignored—efforts to keep hospital cost increases as low as possible, given the complex factors which keep boosting them up," Mungerson said. "The Medical Center, or any hospital or group of hospitals, doesn't control all those factors," he added, "so we can't promise costs will decrease. But we can help explain the problem and do what we can to ensure that your bill is as low as possible."

the healthy heart program—

a unique approach to disease prevention

Summer, with its opportunities for playing baseball, swimming, bicycling, walking more, running and other vigorous activities, is gone. For many people, that means an abrupt end to the very kinds of regular exercises which strengthen the heart and lungs and help to reduce risks of developing coronary heart disease.

Coronary heart disease is a term which relates to a spectrum of ailments all due to atherosclerosis (hardening of the arteries). It can manifest itself in mild chest pain (angina pectoris), a heart attack (myocardial infarction), or sudden, unexpected death. According to the American Heart Association, more than 1,500 Chicagoans die from it each month. Heart disease is America's number one disease killer. It's also a disease with risk factors which most often can be eliminated or controlled.

(No one has discovered the single cause of heart disease, but doctors have identified one or more characteristics which seem to link most of the people who develop it. These are the "risk factors.")

Of the eight primary risk factors for heart disease, at least seven are controllable, according to Dr. Edward B. J. Winslow, chairman of IMMC's Cardiac and Medical Intensive Care Units and medical director of the Healthy Heart Program. "Family history is the one factor no one can change," he said. But it's only one factor.

The others include smoking, hypertension, high blood cholesterol and triglyceride levels, diabetes, personality type, obesity, and lack of exercise. The more of these factors present in your life, the greater your chance of developing debilitating heart disease.

According to Winslow, "Lack of

exercise seems to be the best place to begin changing things. It seems to be one of the most easily reversible factors." It also seems to have a positive effect on reducing some of the other heart disease risk factors.

seven of the eight major risk factors for heart disease can be controlled; exercise has a positive effect on four of them

That's the idea behind IMMC's unique, three-year-old Healthy Heart Program. "Other hospital-based exercise programs are designed primarily to rehabilitate patients *after* they have suffered a cardiac episode," Winslow said. While that's a necessary part of any comprehensive cardiac care program, he added, "At IMMC our major goal is to identify those people who are at high risk before anything happens, and to work with them to prevent the eventual development of the disease." That is what makes the Medical Center's Healthy Heart Program different.

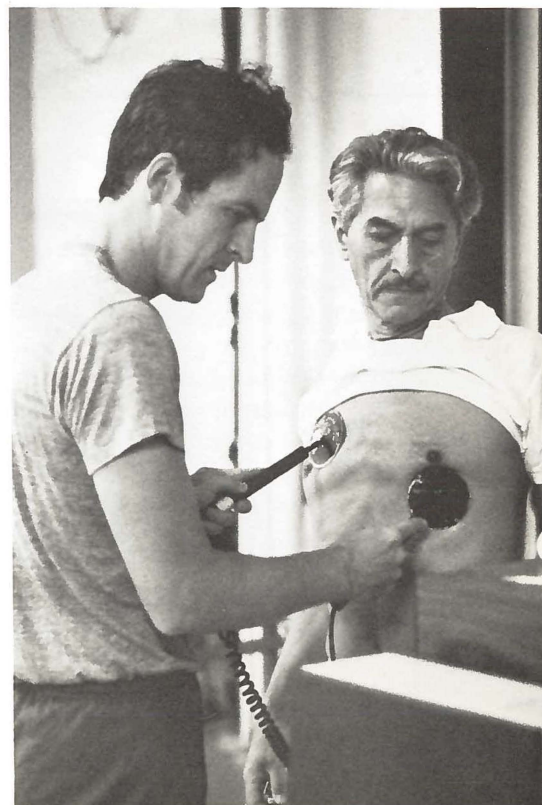
It's also one reason that participation in the exercise phase of the program is the last step in a complete chain of events. Most of the Healthy Heart Program goes on behind the scenes, before the participants ever see the inside of IMMC's eighth floor gymnasium where the exercise classes are held.

First, there is a very specific and thorough medical examination. While patients can be referred to the IMMC program through their private physicians, most enter directly through the Healthy Heart physical. Winslow

and his colleagues spent an entire year refining the series of diagnostic tests, adding and eliminating until they had a reliable method of identifying heart disease risks in people who were apparently healthy. "What we developed," Winslow said, "was a means of obtaining the most complete and meaningful physiological data, at a comparatively inexpensive time and money cost to the patient." Today, at least one major Chicago firm is considering adopting the Healthy Heart physical as one yearly health check alternative available to its executives.

A stress test is a routine part of the examination. This involves carefully monitored and controlled exercise on a treadmill. The patient's heartbeat, blood pressure and pulse are recorded continuously. This enables the doctor to detect even the most subtle changes in heart function, and it can reveal

Even during exercise, Winslow (left) keeps tabs on Healthy Heart participants like Robert Giesel.



the healthy heart program

continued

cardiovascular problems which often remain hidden in the usual resting physical examination. Knowledge of these problems is particularly important for someone who is about to begin a regular, vigorous exercise program. It helps to establish the limits of activity your heart and lungs initially can withstand safely.

Once the testing is completed, Winslow meets with each patient to discuss the results in detail. Then, there are educational sessions. These seminars deal with heart disease, risk factors, and prevention. "Most of the people who have participated in the seminars," Winslow said, "have not had heart disease. Most often, they also have brought at least one other family member to the sessions." This kind of health education is an essential part of any preventive cardiology program.

Finally, after the physical, the conference, and the educational seminars, participants come to the real core of the prevention program—the physician-supervised exercises. Healthy Heart participants meet in IMMC's gym each Monday, Wednesday and Friday from 7:30 to 8:30 AM.

Don Dykinga, administrative assistant in Physical Medicine and Rehabilitation, initially spent two weeks in LaCrosse studying the University of Wisconsin's cardiac exercise programs. Based on those observations and on his own extensive experience, he developed the exercises and exercise sequence for the Healthy Heart Program.

"What we were trying to do, and what I think we've achieved," Dykinga said, "is to develop a series of specific exercises that do the most good for the cardiovascular system in the least amount of time." The emphasis is on isotonic exercises which promote proper breathing, rather than on those which require holding your breath and

pitting one muscle group against another. The idea is to use your heart and lungs, not just to sweat.

Calisthenics provide basic warm-up and limbering exercises for various muscle groups in the body. Next comes the walk/jog sequence. Each participant jogs until he or she reaches approximately 75 percent of their maximum pulse rate. When they begin to approach this level, they slow down so they maintain that 75 percent rate during the full sequence.

"At that level, the heart is pumping

the apparently healthy person who is a high heart disease risk is often first identified in the Healthy Heart examination

hard; you're beginning to breathe more efficiently, and you're taxing your cardiovascular system enough to improve body functioning," Dykinga said. Of course, people have different maximum pulse rates, so it takes different levels of activity for each to reach that 75 to 80 percent level.

It may mean 15 minutes of hard jogging for one person; for another, it might involve 15 minutes of just walking. Later, after regular exercise over a period of time it will take more and more vigorous activity for these people to reach that 75 percent of maximum pulse rate level.

The walk/jog sequence is followed by non-competitive volleyball and a final cool-down period. During exercise, each person's heartbeat, blood pressure and pulse are monitored. "If anyone seems to be getting into trouble," suffering severe oxygen debt for example,



Winslow (left) helps Jack Porche take his pulse during exercise.

Winslow said, "we have emergency medical equipment on hand to deal with the problem."

During exercises, Winslow watches for changes in heart rhythm or blood pressure. During the cool-down period, he is particularly alert for any sudden drop in blood pressure. "That's usually a sign that the heart and brain may not be getting enough blood," he said. (The veins and arteries must have a chance to readjust gradually to the changes in blood flow which follow the end of vigorous exercise. So, cooling down after exercise is even more important than warming up.) Finally, after each participant's pulse returns to normal, weight and blood pressure are recorded and it's off to the showers.

About 50 people have gone through the entire Healthy Heart Program. Some have followed their individual exercise prescriptions at local health clubs, which is fine as long as they continue to meet the Healthy Heart exercise standards. Special exercise classes also have been established for IMMC employees. While some of the

participants have suffered cardiac problems in the past, most of them have not. So, why are they in the program?

"I could be exercising in the building where I live, or in a health club," Robert Giesel said. A Chicago businessman, Giesel has been a member of the Healthy Heart Program since the pilot project early in 1973. "But, there's something to the peer pressure and the regime of Healthy Heart that is important," he said. "Without that, most of us would probably tend to be on the lazy side."

Even though Giesel had no heart problems when he entered the program, he has noted physical benefits. "My pulse rate has decreased since I started," he said, "and I've been able to maintain an even weight."

According to Winslow, most Healthy Heart participants initially lose two or three inches from their waists without losing any weight. That's one side-effect of the calisthenics. Many participants also lose up to 20 pounds during the program. "That's usually not because they are really dieting," Winslow said, "but because of the peer pressure to get the weight down." Winslow indicated that program members also act as checks on each other with regard to some of the other heart disease risk factors as well.

Walter Miles, who has been in the program for nearly three years, confirmed this. "There's a relationship of responsibility and loyalty between most of the participants," he said. "Peer pressure is part of it. You don't miss sessions because you know you'll have to face the group when you return. Rather than do that," he added, "you force yourself to get up at 5:30 in the morning and go."

For Miles, as for Giesel, the Healthy Heart Program is a preventive measure.

"I want to build up my cardiovascular system so it can withstand any problem eventuality," Miles said. "Perhaps I can avoid, or at least survive, that 'first whack' of a heart attack."

There have been no formal follow-ups on the Healthy Heart participants over the years, but there are good indications that this unique exercise approach to heart disease prevention works. "In those people who have had repeat Healthy Heart exams," Winslow said, "we have noted consistently better results." The increased exercise often has resulted in lower blood pressure, lower weight, and lower blood cholesterol levels.

Bicycling, jogging and swimming are all good for the heart and lungs, but for many of us they are summertime-only activities. Prevention of coronary heart disease can't be that seasonal. "While

there are certain people with health problems who shouldn't exercise vigorously," Winslow said, "that doesn't apply to most of us." The Healthy Heart Program is one way to get the kind of exercise we need all year around.

Now that summer's over, Winslow suggests that people exercise at least three times a week for at least a half-hour each session. "Remember," he said, "that exercises are specific for different parts of the body. Exercise for your heart, and also exercise all of the major muscle groups, beginning slowly and never doing enough to get stiff."

If you begin to feel very tired six or eight hours after exercising, don't worry. "Stick with the program," Winslow said, "and you will soon reach a point where that tired feeling will disappear." In fact, by next summer, you and your heart and lungs probably will be a lot healthier.

Fifteen minutes of non-competitive volleyball rounds out each Healthy Heart exercise session.



news and events

symphony benefits Pavilion patient social center



Some of the volunteers who donated their time to the many benefit details literally spent days stuffing, addressing and sorting invitations for mailing.

The September 17 annual benefit concert, featuring the Chicago Symphony Orchestra, pianist John Browning, and conductor Leonard Slatkin, got underway during the summer with the creation of a new Women's Benefit Committee and a series of pre-performance parties. These led up to the concert and the elegant post-performance Imbis prepared by Chef Louis Szathmary, owner/operator of The Bakery.

Scores of IMMC volunteers, employees and friends of the Medical Center helped to make this year's benefit a success. IMMC Board Chairman Warren N. Barr Sr. announced that proceeds would be used to enclose and remodel a portion of the

LEFT: Sheila Hehmeyer (left), chairman of IMMC's Women's Benefit Committee, General Chairman Richard Prugh, IMMC Board President Warren N. Barr Sr. and symphony General Vice-Chairman Hazel Barr admired a Russian wolfhound that added to the Eastern tone of the press party hosted by the Hon. W. Russell Arrington. RIGHT: Arrington (left) and Barr welcomed more than 60 guests to the pre-symphony event.



open roof-top patio at the Barr Pavilion to create a social, shopping and gardening area for the Pavilion's 300 aged and convalescing residents.

The Medical Center purchased the Pavilion in 1976. Since then, the 66 West Oak Street facility has been substantially remodeled. Residents' accommodations and amenities have been upgraded, and Medical Center-quality ancillary health care has been made available to residents routinely. In addition, the Pavilion has achieved accreditation by the Joint Commission on Accreditation of Hospitals' Long-Term Care Division, state and city licensing, and full approval by the Veterans Administration, Medicare and Medicaid.



Chef Louis' "a.m. Zakouski" at the Arrington party featured elegant Russian dishes ranging from bliny to Charlotte Russe.

Lee Daskal (left) and Rosemary Winslow, wives of members of IMMC's Medical Staff, were among the Women's Committee members who welcomed Prugh to an early organizational meeting for the "Special Saturday in September" benefit concert.



news and events

continued

first paramedic class graduates

Twenty-four IMMC-trained paramedics and Holly Ragoonanan, a Barr Pavilion staff member, made history in May as part of the first graduating class in Chicago's City-Wide Paramedic Training Program. The program was made possible through a unique cooperative effort by IMMC, the University of Chicago and Northwestern University Hospitals, the Chicago Fire Department, the City Colleges of Chicago, and a number of state and city agencies.

Mayor Michael Bilandic gave the commencement address during ceremonies in the City Council Chambers. IMMC Emergency Services Director Dr. Vera Morkovin spoke on behalf of the teachers and the three participating hospitals. Both Morkovin and IMMC's Emergency Services Coordinator Karen Eckstein praised the strong support this program has received from the Medical Center's Board and administration.

IMMC class valedictorian John Vidinich of Fire Department Ambulance #31 had some observations on his training, the program, and his profession. He was applauded by Bilandic, City Colleges Chancellor Oscar E. Shabat, Morkovin, Dr. Charles Pounian, director of Chicago's Department of Personnel, and the 63 graduates and their guests.

The program ended with class presentations to the teacher-coordinators at their respective hospitals. In appreciation of her time and teaching, each member of IMMC's class presented Eckstein with a pledge to donate one pint of blood in her name.



Mayor Bilandic watched as paramedic Joe Ruck gave roses and pledges of blood donations to a surprised Karen Eckstein.

childcare center gets funds, equipment

The Ida Social Club of Theodosia Chapter #182 of the Order of the Eastern Star recently donated \$1,000 in equipment to the Lakeview Childcare Center. The Center, which opened last December, is an affiliate of the Lake View Citizens' Council in cooperation with the Medical Center's volunteer Service League.

Mary Smith, an IMMC volunteer, helped to coordinate the donations with the needs of the 22 three- to five-year-olds who are enrolled at the Center. Another IMMC volunteer, Aniela Martinek, assists the Center's teachers one day a week. In May, the Medical Center volunteers held the 5th Annual Plant Sale to benefit the Childcare Center. Funds will be used to provide scholarships for students.

The Center is open from 6:30 AM to 5:30 PM; it provides professionally-supervised full-day care for youngsters

whose parents live or work in the Lake View community and surrounding neighborhoods.

nursing school accreditation renewed

IMMC's School of Nursing welcomed a new class of nearly 50 future nurses in August, right on the heels of news that the School's accreditation by the National League for Nursing (NLN) had been renewed.

Penny Mavrelis, director of Nursing Education, said the NLN surveyors spent four days at the School and met with administrators, faculty and students. They also inspected the Medical Center's nursing units which are used for the students' clinical training.

new chairman and equipment for radiology

The appointment of a new chairman, the installation of the CT scanner, and the graduation of six technicians from IMMC's School of Radiologic Technology highlighted the summer for the Department of Radiology.

Dr. Anton M. Pantone, a graduate of the University of Illinois (U of I), took up duties as head of the Department of Radiology on September 1. Before coming to IMMC, Pantone was chairman of Radiology at Skokie Valley Community Hospital. He is the author of several professional books and papers, and he also serves as an associate professor of Radiology at the U of I Abraham Lincoln School of Medicine.

In June, the new CT scanner became operational. This complex machine enables physicians to distinctly visualize internal body organs and tissues in minute detail by combining x-ray equipment and new computer technology.

During the scan, the x-ray beam is directed through a specific section of the patient's body as he or she lays on

a padded table which passes through the scanner. Detectors located opposite the beam transmit thousands of bits of data to the computer. There it is reconstructed into a visual image which is projected onto a television screen and recorded on film or tape. This non-invasive procedure has proven important in the quick and painless diagnosis of otherwise hard-to-detect disorders which formerly could only be discovered through more traumatic procedures like exploratory surgery.

Purchase of the scanner was made possible through private contributions and donations to the 1975 and 1976 annual symphony benefit concerts sponsored by the Medical Center.

Also in June, the 1977 class of IMMC's School of Radiologic Technology, under the direction of Alex D'Stetin, held graduation exercises. Two of those completing the two-year program, Charles Greer and Jocelyn Mann, are now pursuing studies in Nuclear Medicine at IMMC.

Rhone appointed to pathology post

Dr. Douglas P. Rhone has been named chairman of the Department of Pathology. He first came to IMMC in 1969, shortly after receiving his MD from the University of Illinois (U of I), to complete a rotating internship and residency. From 1974 to 1976, he served as chief of Pathology at Martin Army Hospital, Fort Benning, GA.

Rhone returned to the Medical

Center last summer and has been active in the Department of Pathology since that time. He established the Immunopathology Section in the department and is now revising the teaching program in Pathology for medical students from the U of I. In addition to his work at IMMC, Rhone has published a number of scientific papers. He is also a clinical assistant professor of Pathology at the U of I.

professional activities

people

Dr. Vera Morkovin, director, Emergency Services, addressed the Chicago Hospital Council seminar on Hospital Treatment of Abused Women in June. She also attended the University Association for Emergency Medicine and the Society for Teachers of Emergency Medicine meetings in Kansas City.

IMMC nurses Ellen Boehm, Charito Evangelista, Ellen Ganja, Dorothy Ito and Sophie Mallis received B.S. degrees in Health Arts from the College of St. Francis in May.

* * *

Dennis Campnell, formerly Internal Auditing, has been appointed assistant administrator of The Warren N. Barr Pavilion.

Dr. Jack Clemis, Surgery, attended the Canadian Otolaryngological Society meeting in Montebello, Quebec, and the "Facial Nerve Symposium" in Pittsburgh.

* * *

James R. DeNoyer, director, Public Relations, was named president-elect of the Chicago Hospital Public Relations Society.

professional activities

continued

Harriette Cluxton, director, Noah Van Cleef Medical Memorial Library, attended the Medical Library Association's Annual Meeting in Seattle. She also hosted the University of Illinois graduate class in Medical Literature and Reference at IMMC in July.

* * *

Dr. Maurice Cottle, Otorhinolaryngology, and Dr. Earl Lustgarten, Family Practice, received plaques honoring their distinguished service to and membership in the Phi Delta Epsilon medical fraternity.

* * *

Ann Markham, librarian, School of Nursing, has been elected secretary-treasurer of the Hospital and Nursing School Librarians of the Midwest.

* * *

Dr. Nahman H. Greenberg, executive director, C.A.U.S.E.S., discussed child abuse on WLS-TV's "Cabbages and Kings" June 19.

* * *

Susan Grubb, Family Planning and Maternal Health, and Margie Wilcox, Developmental Disabilities Diagnostic Program, recently passed the State of Illinois social worker's registration examination.

* * *

Dr. Harold Jayne, Emergency Medicine, discussed the abused woman on WLS-TV's "AM Chicago" in June.

* * *

Rae Putlack, volunteer, C.A.U.S.E.S., won the 1977 Voluntary Action Distinguished Service Award in the children and youth category.

Dr. Robert Libman, Anesthesiology, chaired the 14th Midwest Anesthesiology Conference session for recovery room nurses on "Local Anesthetics and Regional Anesthesia."

* * *

Wetzel McCormick, administrator, Barr Pavilion, recently passed the National Association Board of Examiners for Nursing Home Administrators examination.

* * *

Gloria Raczka, RN, Recovery Room, moderated a panel session on "Fundamental Considerations in Recovery Room Care" during the 14th Midwest Anesthesiology Conference in Chicago.

* * *

Dr. Edward B. J. Winslow, chairman, Cardiac and Medical Intensive Care, taught a three-day workshop on "Advanced Cardiac Life Support" for physicians involved in emergency cardiac care at IMMC June 4-6.

* * *

The following doctors have been appointed to IMMC's Medical Staff: Department of Dentistry:

Michael Krell, DDS
R. David Sager, DDS

Department of Pediatrics:
Andrew Griffin, MD
Maria Serrato, MD

presentations

Dr. Harold Heyman, Anesthesiology: "Hypotension" and "Aspiration" at the 14th Midwest Anesthesiology Conference in Chicago.

Dr. John J. Barton, chairman, OB/Gyne: "Clinical Outcome vs. Results of Pelvimetry" at the 25th Annual Clinical Meeting of the American College of Obstetricians and Gynecologists in Chicago.

* * *

Dr. Jay L. Daskal, director, OB/Gyne Education: "Second Trimester Abortions" at the 25th Annual Clinical Meeting of the American College of Obstetricians and Gynecologists in Chicago.

* * *

Dr. Anthony Ivankovich, chairman, Anesthesiology: "Adjuncts for Airway and Breathing" at the 14th Midwest Anesthesiology Conference which he co-chaired.

* * *

Dr. Harold Jayne, Emergency Medicine: "Behavioral Emergencies" at the American Medical Association meeting in San Francisco.

* * *

Dr. Arthur Klowden, Anesthesiology: "Pharmacology of Intravenous Anesthetics" at the 14th Midwest Anesthesiology Conference in Chicago.

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Perrie Kominsky and Kerry Kirk, Speech and Hearing Therapy: "The Speech and Language Clinician's Role with the Bilingual Child" at the Illinois Speech and Hearing Association Convention in Chicago.

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Dr. Ma Salome Tacadena, Anesthesiology: "Effects of Succinylcholine, d-Tubocurarine, and Pancuronium on Digitalis Tolerance in Dogs" at the Midwest Anesthesia Residents' Conference in Rochester, MN.

Dr. Elisabeth Lassers, Dr. J. Mohan Rami Reddy, Thomas Cahill, Ph.D., and Elena Martinez, MSW, Psychiatry: "Multiple Approaches to Diagnosis and Therapy with Case Examples" at the Second Annual Chicago Family Therapy Conference.

publications

James R. DeNoyer, director, Public Relations: "The Hospital and Its Community" in *Hospitals, JAHA*.

Dr. Theodore A. Fox, director, Center for Sports Medicine: "Athletic Injuries — A New Epidemic in America" in *Chicago Medicine*, May 28.

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Dorothy Hyland, director, Volunteers: "Every Job a Challenge" in *Laboratory Medicine*.

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Dr. Elisabeth Lassers and Robert Nordan, Ph.D., Psychiatry: "Separation-Individuation of an Identical Twin" in *Annals of the American Society for Adolescent Psychiatry*.

Dr. Robert H. Libman, Anesthesiology: "Correct Positioning of the Endotracheal Tube" in the *Illinois Medical Journal*.

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Sandra J. Rowe, Public Relations: "Hospitals" in the *1977 Compton's Yearbook*.

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Robert I. Yufit, director, Suicide Assessment Team: review of Edwin S. Shneidman's "Suicidology: Contemporary Developments" in *Contemporary Psychology*.

masonic bulletin board

Dr. Geoffrey Morris (left), assistant director of IMMC's Dentistry for the Handicapped Program, explains some of the equipment in the new Grotto Dental Treatment Room to Grotto representatives (left to right) Clayton Herriott, chairman of the Supreme Council of the Humanitarian Foundation Board of Trustees; Samuel Cantor, deputy grand justice, and Alfred Arnold, executive secretary. The Foundation helped to establish the first Dentistry for the Handicapped Program at IMMC seven years ago. About 8,000 young people have received care under the IMMC program. The Grotto Dental Treatment Room, dedicated in May, was made possible through contributions from the Humanitarian Foundation of the Grottoes.



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