Hospital of Saint Raphael Annual Report, 1972

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1972 Annual Report

The Hospital of Saint Raphael
“All patients, without distinction of race, creed or color are received at St. Raphael’s and all alike receive the best service the Hospital is capable of offering, for it is our aim to emulate the spirit of Him who ‘went about doing good’ extending His mercy to all with whom He came in contact and blessing them in countless ways.”

— Summation paragraph of the first report to the Board of Trustees by the Sisters of Charity 65 years ago.
Improved services, new challenges and continued planning for the future made 1972 a year both of achievement and great anticipation for The Hospital of Saint Raphael.

Just 65 years ago the Greater New Haven community, medical profession, the Church and Sisters of Charity of St. Elizabeth first worked together in response to a call to "establish in the City of New Haven, a hospital to receive and care for all patients without regard to creed or race, and to extend charity to the sick and poor."

The importance of working together in this common cause has shown its value throughout the years. Today, this cooperation is being demonstrated again as Saint Raphael's begins a new era of responding to the needs of mankind; strengthening and supporting our services; assisting in the education of health personnel; participating in community programs and activities and promoting scientific research to enhance the quality of life for all people.

Significantly, the hospital has continued as a pioneer in seeking ways to care for the needs of the whole human being, rather than for a particular disease or part of the body. Among such efforts during this last year was another "first" by Saint Raphael's in caring for patients' total physical, psychological and spiritual needs: the opening of a Pastoral Care Center. Through the center, accredited pastoral counselors of the Roman Catholic, Protestant and Jewish faiths provide guidance to individuals with personal problems, marriage difficulties or family conflicts.

The Pastoral Care Center developed as an outgrowth of our position as the nation's only Catholic hospital with a residential clinical pastoral education program.

The hospital also successfully completed the first year for its Department of Continuing Care. This program, the first developed in Greater New Haven, is concerned with the patient who no longer requires full hospitalization but still has need for some of the hospital's specialized services. The range of services provided through the department enables such patients to leave the hospital early to continue their recoveries in the familiar surroundings of their homes.

Another major out-reach activity was planning for a satellite primary health care center opposite the hospital on Sherman Avenue. The center provides the atmosphere of a family physicians' office for patients using the new Family Practice Residency Program and pediatric and medical out-patient services of the hospital.

The Family Practice Residency Program, which started in July, was funded by a grant from the U.S. Department of Health, Education and Welfare. A resident is assigned to a group of families during his first year of residency and assists them in obtaining comprehensive medical care throughout his three year residency.

An expanded Medical Care Evaluation and Utilization Program with a full-time medical director is now developing programs for the total review of all patient admissions and treatments, both in-patient and out-patient. Such activities have become increasingly important in this time when the most effective use of all hospital facilities is one of our top priorities in containing rising costs.

Perhaps the most significant aspect of this last fiscal year, however, was Saint Raphael's continuing emphasis on preparing for the future health care needs of Greater New Haven.

The announcement in May, 1972, of Saint Raphael's affiliation with the Yale University School of Medicine will have many favorable effects on the health care delivery process in the New Haven area. Although Saint Raphael's and the School of Medicine have cooperated closely in the past, this formal agreement will bring the two institutions even closer together in finding new ways to improve patient care, medical education and clinical research at Saint Raphael's.

Major efforts continued throughout the year to finalize all arrangements for the hospital's expansion program.

As reported in last year's annual report, the decision to dramatically expand Saint Raphael's facilities was made only after years of planning and the best available advice from federal, regional and state planning agencies and private consulting organizations.

Primary considerations for the Trustees, Administration and Medical Staff were:
- Projected population increases in the hospital's service area could have produced a shortage of 200 hospital beds by 1980.
- Saint Raphael's rate of occupancy is already well above generally acceptable levels.
- Buildings in the hospital's present complex range between 30 and 60 years old. They provide only about 65 percent of the space needed for vital support activities and no room for additional patient beds.
In short, there was simply no responsible alternative to expansion without seriously impairing the future of health care in Greater New Haven.

This need for expansion is felt more deeply as every day passes. During this year, our supporting services continued to be overtaxed by a medical-surgical occupancy rate that is now 93 percent (Obstetrics and Pediatrics decrease the overall rate to 84 percent) and an increase last year of over 1,700 visits to the Emergency Room.

Fortunately, solid progress on all phases of planning and approvals has made the start of construction possible by early-Summer, 1973.

Even as Saint Raphael's enters a period of unparalleled growth, the Trustees and Administration are carefully looking to the hospital's longer range future. Saint Raphael's may, for example, exercise newly created options to accelerate our Long Range Master Plan by eventually increasing the scope of the present expansion program. Such unceasing evaluations are essential to maintaining Saint Raphael's tradition of quality care while continually increasing our effectiveness.

The start of construction again underscores the importance of the community's role in the expansion. A minimum of $2.5 million from philanthropy will enable the hospital to secure an additional $20.5 million from other sources. Thus, for a "down payment" of $2.5 million, the citizens of Greater New Haven will be able to enjoy the benefits of a greatly needed $23 million health care facility.

Although this represents one of the most ambitious capital funding efforts undertaken in Greater New Haven, we are confident that the generosity of Saint Raphael's many friends will be proven again through their response to this challenge.

By year end, hospital employees, Medical Staff, Auxiliary and Trustees had all exceeded their pledge goals.

The additional financing will be provided basically from three sources: a Federal Housing Administration guaranteed mortgage, an H.E.W. Hill-Burton grant and loan with interest subsidy and hospital reserves. Approval of the $9 million subsidized loan was received during this year from the federal government. Three percent of the interest on a large portion of the loan will be paid by the interest subsidy.

Since studies by professional consultants indicate that Saint Raphael's new health care facilities would not be possible without an increased parking capacity, construction of a 750 car parking facility is an important element of the total expansion program.

The New Haven Parking Authority is expected to have a major role in the construction, financing and maintenance of the parking facility since Saint Raphael's possesses neither the desire or professional and financial capabilities to enter the parking "business". The Trustees and Administration are grateful to the City and Parking Authority for their cooperation.

This positive collaboration between government and a hospital can only benefit the citizens we both serve. Unfortunately, a source of special concern to health care institutions throughout the nation is the growing negative involvement by government in hospital affairs.

Such encroachments, which are generally reactions to rising health care costs, are too often ineffective except to take advantage of the political vulnerability of hospitals during a period of heightened consumer concern over the cost of living in general. We at The Hospital of Saint Raphael genuinely share these concerns but hope that legislative panaceas are carefully studied before enactment for both administrative feasibility and total impact on the quality of patient care.

As shown in this report's balance sheet, The Hospital of Saint Raphael has grown into a $20 million a year operation. In addition to the normal administrative problems associated with a budget of this size, new external challenges produced unusually severe pressures on hospital financial affairs during the year.

The national Economic Stabilization Program in particular created a maze of compliance technicalities for health care institutions. The hospital also made a "prospective cost reimbursement" agreement with Connecticut Blue Cross which requires our total budget to be submitted to them for approval.

A source of constant inspiration within the hospital, however, is the special spirit of Saint Raphael's Auxiliary and volunteers. The number of hours spent in volunteer service to the hospital has increased 140 percent in the last ten years.

As we begin this exciting period of dramatic growth and new challenges, my deepest personal gratitude is extended to employees, staff, volunteers and other friends of the hospital whose dedication and continuing support is the source of Saint Raphael's strength and successes.
AFFILIATION WITH THE YALE UNIVERSITY SCHOOL OF MEDICINE formalized a relationship that has grown rapidly over the last several years. The affiliation is expected to significantly promote improved clinical care of patients, more effective medical education for Saint Raphael's entire staff and stimulate medical research.

MEDICAL-SURGICAL OCCUPANCY reached 93 percent, producing an overall occupancy of 84 percent when combined with Obstetrics and Pediatrics. Surgical procedures decreased about five percent reflecting an increase in the number of medical patients occupying surgical beds.

A GREATER DEMAND ON ALL SUPPORT SERVICES was created by the increase in medical patient days and an increase of over 1,700 visits to the Emergency Room. These increases continue to overburden ancillary departments, especially Pathology and Radiology.

OPENING OF A PASTORAL CARE CENTER expanded Saint Raphael's outreach activities by making available counseling services of specially trained clergymen working in conjunction with the medical staff and psychiatry department. The center is a first nationally.

ESTABLISHMENT OF A DEPARTMENT OF HOSPITAL EDUCATION AND TRAINING centralized non-medical education, training and audio-visual services for employees throughout the hospital.

A NEW LEVEL OF NURSING CARE was established through the utilization of clinical nursing specialists in several specialties. These Master Degree-level RNs are working to establish even higher standards of patient care throughout the hospital through the introduction of new standards and methods of nursing care.

WORK BEGAN TO MODERNIZE AND RENOVATE the Obstetrics and Gynecology Department and Newborn Nurseries. When completed, the new areas will provide new labor rooms with fetal monitoring services for every patient in labor, a father's waiting room, completely modernized patient rooms and a new nursery with intensive care, intermediate special care and regular nursery areas.

DEDICATION OF A CENTRAL FACILITY for Hospital Cooperative Services (HCS) was another first for Connecticut hospitals. This non-profit organization is a joint laundry operation between five area hospitals including Saint Raphael's. HCS was initiated to cut duplication of effort and expenses through mass purchasing, standardization of supplies and use of the most modern equipment and procedures.

DEVELOPMENT OF A NEW MEDICAL UNIT in the Main Building consolidated into one unit a number of medical beds previously located throughout the hospital.

OPENING OF A SATELLITE PRIMARY HEALTH CARE CENTER adjacent the hospital provided a new and more comfortable environment for patients using Saint Raphael's pediatric and medical out-patient services and Family Practice Residency Program.
1972 was the first full year of activity for the Department of Continuing Care, which was organized as part of Saint Raphael's commitment to the total care of its patients — even after hospitalization.

The purpose of the Department's Home Care program, which was the first developed in Greater New Haven, is to provide assistance to both patients and their families in planning for a continuity of care throughout the patient's recovery.

In this time of increased need for hospital beds for acutely ill patients, hospital stays are generally short and, although much is done for the patient in the acute stage of illness, he is often discharged while still needing continued rehabilitative measures. These services are generally not available except through readmission or a nursing home.

Planning the transition from hospital to home or other outside agency is usually started early in a patient's hospitalization. Special attention is given to his possible needs following discharge. In addition to nursing care, these needs may include social service, physical therapy, dietary, speech therapy, occupational therapy, psychiatry or pastoral care services.

A basic objective of the program is to delay or postpone the need for readmission or nursing home placement for families whose families prefer home care. Preparations for a smooth transition often involve extensive teaching and guidance for both patients and families since readmission often results from a post-hospital environment that is not conducive to recovery.

During its first year the Department of Continuing Care provided services to 82 patients for a total of 3,976 continuing care days. Patients with cancer, cardiovascular problems, diabetes and orthopedic problems were the most frequent participants.

Some services coordinated by the Department are provided through contractual arrangements with area Visiting Nurse Associations.

A typical example of Home Care's efforts is the service provided to a 60 year old male patient with terminal cancer who was being readmitted to the hospital approximately every two weeks. Although his family preferred to care for him at home, his condition always deteriorated when not hospitalized.

The program helped his family better cope with his care at home. Since a language barrier had previously prevented an understanding of the patient's condition by his family, the details and symptoms of his condition were explained to his wife and family through an interpreter. This was followed by an educational process in basic nursing care, including timing and procedure of certain medications.

A hospital bed and other equipment was provided and a Home Health Aide from the program was available to provide periods of relief and assistance to the patient's wife.

As a result, the patient was able to remain at home under the care of his family until his condition absolutely required hospitalization several months later.

Two other patients, also thought to be terminal, progressed so well under home care that they have since been discharged from the program.
**Saint Raphael's 1972**

**Summary of Income and Expenses**

**WE EARNED:**
- From direct care of patients: $23,054,639 (1971-72), $20,609,137 (1970-71)
- From other related services: $177,209 (1971-72), $194,752 (1970-71)

Net Revenue from services to patients and other services: $23,231,948 (1971-72), $20,803,889 (1970-71)

**WE SPENT:**
- For supplies and other costs: $6,907,586 (1971-72), $5,731,514 (1970-71)


**INCOME FROM OPERATIONS BEFORE EXTRAORDINARY ITEMS:**
- $20,082,817 (1971-72), $17,529,216 (1970-71)

**EXTRAORDINARY ITEM:**

**Excess of Income over Expenses:**

**NET INCOME:**

Net Income was applied to reduction of long-term debt, capital equipment purchases and the Expansion Program.

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**Saint Raphael's 1972**

**Statistical Review**

**Number of beds:**
- 1972: 474
- 1971: 474

**Number of bassinets:**
- 1972: 45
- 1971: 45

**Patients Admitted:**
- 1972: 16,177
- 1971: 16,646

**Newborns:**
- 1972: 1,177
- 1971: 1,446

**Average Daily Census:**
- 1972: 3,914
- 1971: 3,914

**Average Length of Stay (Days):**
- 1972: 8.9
- 1971: 8.7

**Total Patient Days:**
- 1972: 150,126
- 1971: 150,933

**Emergency Room Visits:**
- 1972: 44,842
- 1971: 43,094

**Outpatient Clinic Visits:**
- 1972: 18,381
- 1971: 19,641

**Psychiatric Clinic Visits:**
- 1972: 3,923
- 1971: 3,951

**Operations:**
- 1972: 8,592
- 1971: 8,982

**Laboratory Procedures:**

**Radiologic Procedures:**
- Therapeutic: 1972: 14,130, 1971: 14,805
- Nuclear: 1972: 5,528, 1971: 4,089

**Pharmacy Prescriptions Filled:**
- 1972: 610,210
- 1971: 596,649

**Medical Staff:**
- Active Attending: 1972: 373, 1971: 323

**Volunteers:**

**Total Volunteer Hours:**
- 1972: 53,957
- 1971: 44,300

**Electrocardiograms:**
- 1972: 20,282
- 1971: 18,324

**Electroencephalograms:**
- 1972: 966
- 1971: 934

**X-Ray Examinations:**
- 1972: 59,238
- 1971: 54,900

**X-Ray Patients:**
- 1972: 45,272
- 1971: 42,060

**Routine Therapy Treatments:**
- (including Isotope and Radium): 1972: 16,872
- 1971: 14,805

**Physical Therapy Treatments:**
- 1972: 22,949
- 1971: 22,245

**Speech Therapy Visits:**
- 1972: 385
- 1971: 243

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**Graphs:**
- **TOTAL PATIENT DAYS:**
  - Ten Year Increase: 37%

- **X-RAY PATIENTS:**
  - Ten Year Increase: 136%

- **CLINICAL LABORATORY PROCEDURES:**
  - Ten Year Increase: 210%

- **EMERGENCY ROOM VISITS:**
  - Ten Year Increase: 109%
Saint Raphael's

Dominating Saint Raphael's future is its current expansion and modernization program.

Construction in itself is not the hospital's goal. Bricks and mortar are simply the means for achieving Saint Raphael's overriding objective: to provide the highest quality health care to the citizens of Greater New Haven.

Only after years of study and professional evaluation did the hospital's Trustees determine that Saint Raphael's tradition of quality care could not be maintained in the future without a major expansion.

Unlike many other areas of the nation, Greater New Haven is presently suffering from a significant shortage of acute care beds. The first indicator of this problem is the waiting period at Saint Raphael's for admission of elective patients. But this is only the tip of the iceberg.

Saint Raphael's has not expanded in over a quarter century. The age of buildings in the present hospital complex range from three to six decades and are the result of piecemeal acquisition rather than a master plan. As a result, support services are scattered throughout the hospital. Inefficient physical location of such facilities causes severe problems of movement and communications which raise operating costs and affect personnel efficiency.

Saint Raphael's outmoded physical structure allows for only about 65 percent of the space needed for efficient operation of overtaxed services — surgery, radiology, laboratories, dietary, ambulatory services — that are now serving over 120 more beds than they were 30 years ago.

The solution was formulated in the development of a master plan calling for a $23 million expansion program to add 50 percent more space to the existing complex of buildings. A new four story 230,000 square foot structure will be built to house additional beds and major support services. In addition, a 750 car, multi-level parking facility and a new heating and cooling plant will be constructed.

Included in this dramatic expansion are:
• Construction of space for 114 beds, bringing the hospital's total to 580 beds
• New Intensive Care Unit
• Expanded Coronary and Pulmonary Care Units
• New operating suite which, among other improvements, will allow two open heart procedures to be done simultaneously
• New Recovery Suite
• New Emergency Department
• New kitchen and cafeteria

Saint Raphael's plans have been approved by the following health planning and regulatory agencies: U. S. Department of Health, Education and Welfare, Connecticut Hospital Planning Commission, Connecticut Hill-Burton Agency, Connecticut Council on Hospitals, South Central Comprehensive Health Planning Agency, other state officials and local fire and building authorities.

The new building embodies the latest concepts in hospital design, especially in patient room areas.

Patient rooms will be clustered in triangular units serving a total of 32 patients in 18 rooms. The hub of each unit will be a nurses' station located in the middle of the triangle. This design will significantly improve medical observation of patients, walking distances from the nurses' stations and decrease corridor traffic.
The COMMITMENT & RESPONSE Expansion Program

MINIMUM GOAL: $2.5 Million

There is no family, no individual, no corporation that does not have an urgent and vital stake in Saint Raphael's expansion program.

Whatever health need arises, those involved turn to their community hospital with confidence. The hospital must be ready immediately and at all times to provide the care needed — regardless of how complex.

And that care must be of the highest possible quality — with physicians who are not only specialists but who utilize the most modern medical and surgical techniques, with equipment second to none, with pleasant accommodations and with devoted, life-saving care by nurses and other staff.

When such a moment occurs, only the best is good enough and no price is too high. But there is only one way of making sure that this care is available. That is to prepare now, as The Hospital of Saint Raphael is doing.

The Commitment & Response Expansion Program must raise $2.5 million from the Greater New Haven community as leverage for obtaining an additional $20.5 million of financing. The following is a sample listing of the more than 500 memorial opportunities available in the new Verdi Memorial Building:

<table>
<thead>
<tr>
<th>5 Annual Payments</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Name the New Medical and Surgical Floor</td>
<td>$ 80,000</td>
</tr>
<tr>
<td>To Name a New 32 Bed Nursing Station</td>
<td>15,000</td>
</tr>
<tr>
<td>Semi-Private Room</td>
<td>1,200</td>
</tr>
<tr>
<td>Stretcher Storage Area</td>
<td>700</td>
</tr>
<tr>
<td>Dictating Cubicles</td>
<td>200</td>
</tr>
<tr>
<td>Private Room</td>
<td>1,000</td>
</tr>
<tr>
<td>Nurses' Lounge</td>
<td>1,200</td>
</tr>
<tr>
<td>Examination-Treatment Room</td>
<td>700</td>
</tr>
<tr>
<td>Solarium</td>
<td>1,500</td>
</tr>
<tr>
<td>Conference Room</td>
<td>1,200</td>
</tr>
<tr>
<td>Passenger Elevator Lobby</td>
<td>2,000</td>
</tr>
<tr>
<td>Intensive Care Waiting Room</td>
<td>2,000</td>
</tr>
<tr>
<td>Stretcher Park Area</td>
<td>400</td>
</tr>
<tr>
<td>Examination and Treatment Room</td>
<td>800</td>
</tr>
<tr>
<td>Isolation Room</td>
<td>1,300</td>
</tr>
<tr>
<td>To Name the New Surgical Suite</td>
<td>50,000</td>
</tr>
<tr>
<td>Examination Room</td>
<td>700</td>
</tr>
<tr>
<td>Scrub Room</td>
<td>800</td>
</tr>
</tbody>
</table>

Cardiac Operating Room | $ 4,000 | $ 20,000 |
Heart Pump Room | 1,600 | 8,000 |
General Operating Room | 4,000 | 20,000 |
Conference Room | 2,000 | 10,000 |
To Name the New Department of Diagnostic Radiology | 30,000 | 150,000 |
Chest X-Ray Room | 1,600 | 8,000 |
Patient Waiting Room | 600 | 3,000 |
Viewing Room | 400 | 2,000 |
To Name the New Cafeteria | 20,000 | 100,000 |
Private Dining Room | 1,000 | 5,000 |
Gift Shop | 2,000 | 10,000 |
Emergency Operating Room | 1,500 | 7,500 |
Conference Room | 500 | 2,500 |
Cardiac Room | 1,500 | 7,500 |
Emergency Room Laboratory | 300 | 1,500 |
To Name the New Clinical Laboratories | 45,000 | 225,000 |
Atomic Absorption Laboratory | 1,500 | 7,500 |
Chemist's Office | 800 | 4,000 |
Computer Room | 2,000 | 10,000 |
Blood Bank | 5,000 | 25,000 |
Bacteriology Research Laboratory | 1,200 | 6,000 |
To Name the New Food Service Area | 20,000 | 100,000 |
Refrigerator Room | 1,000 | 5,000 |
Food Distribution Area | 800 | 4,000 |