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1976 Report To You from The Hospital of St. Raphael

Hospital of Saint Raphael

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"what has my community hospital done for me lately?"

1976 Report To You from The Hospital of St. Raphael
When One Picture Isn't Enough

Where do we find images powerful enough to describe what 1976 meant for The Hospital of St. Raphael? One picture normally may be worth a thousand words, but sometimes even a thousand pictures can't tell the whole story. Last year was such a time for St. Raphael's.

In the following pages, you can see photographs of our Verdi Memorial Building's ultramodern features. But no camera could capture the more than ten years of intense effort and sacrifice that made those bricks and mortar a reality. And no photo can show you the lives it will help save or the human misery it will help relieve.

You will also see photos in this report of the proud moment when Governor Grasso spoke at the new building's dedication. But there are none that can show how inside the hospital, at practically those same moments, a young woman was becoming a mother for the first time.

You also can see snapshots of our large new Emergency Department. But they are just scraps of paper compared to that department's long tradition of tenderness and devotion, often under the most soul-searing of conditions. Nor can you be shown the Head Nurse or Chaplain as they search for the right words to console the stunned parents of a teenager involved in a tragic early morning car crash.

A single image of St. Raphael's 1976 may be impossible. That's only because your community hospital is an ever-changing kaleidoscope of human emotion, action and progress. This report presents several views from that kaleidoscope. We hope they will help you gain an even greater insight about St. Raphael's commitment to your good health.

Sincerely,

Sister Louise Anthony
Administrator

SR
"This is the day that the Lord has made and we do rejoice..."

More appropriate words couldn’t have been found to describe the feeling at St. Raphael’s on July 22, 1976. The speaker was Governor Ella T. Grasso and the occasion was the dedication of St. Raphael’s new $30 million Verdi Memorial complex.

It was an exciting day. Suddenly, years of diligent planning, industrious labor and unceasing teamwork had combined to forge an impressive six stories of concrete and glass.

Six stories of the best that medical technology and architecture had to offer; Six stories that transformed St. Raphael’s from the state’s oldest hospital structurally into one of the most modern available; Six stories which, as one of St. Raphael’s Sisters of Charity said, are “the answer to a prayer.”

Named in honor of the late Dr. William...
Raphael's first chief of the structure is more than just a new hospital building. Its more 000 square feet of space nearly doubled St. Raphael's size. And the is far from ordinary.

Medical science advancing so many hospital buildings are obsolete. completion. But this one is far from ordinary.

IN

30 a.m. on Wednesday, Sept. 1, nastassio of New Haven became the first patient to be transferred into the complex. A total of 161 patients were transferred that same day. The move went without a hitch, producing a letter of commendation from the State Department of Health.

WHAT'S INSIDE

Describing the hospital's new features involves an intricate odyssey through room after room of the most up-to-date medical technology and efficient design. Patient accommodations are unmatched for spaciousness and comfort. Here are some highlights:

The Utmost In Patient Accommodations

Over half of St. Raphael's 482 patient beds are contained in the completely air-conditioned new building. Patient rooms throughout the entire hospital complex now contain either one or two beds. No longer are patient rooms located in the out-dated St. Joseph's Pavilion.

Nursing units in the new building are models of innovation and efficiency. In each unit, rooms for 32 patients surround a triangular nursing station, placing nurses always within a few steps from their patients.

All patient rooms are bright and spacious and feature electronically adjustable beds, color television and private bath facilities. Swing-away bedside consoles double as nightstands, light controls and communications centers. Each console has its own telephone, direct intercom to the nursing station and nurse call button. Large windows let in plenty of sunshine, and special glass partitions can keep patients and nurses constantly in view of each other.

Operating lights in St. Raphael's completely new and expanded Emergency Department are checked by Mrs. Virginia Kolb, R.N., Emergency Department Head Nurse. The lights are in two special rooms night in the Emergency Department and which are designed and equipped for immediate aid to patients with severe injuries or cardiac failure.
Increasing Your Chances For Survival

St. Raphael's has totally new acute care units (Intensive Care, Coronary Care and Respiratory Intensive Care), representing significant improvements over the units previously located in older facilities. While the old units were limited in space, the new units were specifically designed for the latest medical concepts and to accommodate new life-saving and life-sustaining advances as they are developed.

Both the Coronary Care Unit and Respiratory Intensive Care Unit, for example, include innovative units-within-units for patients who may not require intensive care, but who require closer observation than in a normal hospital unit. The setting is ideal for patients who have recovered sufficiently for less intense—and less costly—levels of care.

Acute care units are now nearer each other, decreasing the time for patients, equipment or staff to move between units. Also featured are interchangeable monitoring modules, allowing patients to remain linked to the same monitoring equipment even when movement is necessary.

An Emergency Department Second To None

Nothing can make a medical emergency pleasant, but St. Raphael's is trying to make it less traumatic with a completely new Emergency Department that emphasizes privacy and a relaxing atmosphere.

The new Emergency Department, which faces the corner of Chapel and Orchard Streets, is prepared to respond to every medical emergency 24 hours-a-day. A bright, contemporary waiting area, several times larger than in the previous facility, greets patients and their families. There is also special parking within a few feet of the emergency entrance.

As many as 21 patients can be treated simultaneously in cubicles surrounding a central nursing station, and larger areas permit the seriously ill to be separated from patients with minor ailments. There are also separate areas for orthopedic and cardiac patients.

Two specially designed and equipped rooms are located right in the Emergency Department for instant treatment of emergency patients with severe injuries. Radiology, Laboratories and Surgery are also within easy reach.

The Latest In Technology And Support Services

Vast portions of the new complex are devoted to support services that spent
decades in cramped, overtaxed facilities. Surgery, laboratories, radiology and dietary have completely new and expanded areas. The result: St. Raphael's now can respond even faster to innovations, speed patient recovery and make hospitalization more pleasant.

The new surgical area consists of 13 operating rooms designed for surgery ranging from relatively simple procedures to intricate surgery. Up to 19 surgical patients can be observed simultaneously in the new and greatly enlarged recovery suite.

Expanded laboratories for the Department of Pathology are more than twice the Department's previous size. The new laboratories have systems for even faster analysis of laboratory tests, an advantage which will permit this vital service to adapt quickly to technological advances.

The all new Radiology Department also offers space for the latest sophisticated equipment. Patients will benefit from its accessible location, increased privacy and greatly expanded procedure capacity.

Also included within the new structure is an ultramodern kitchen and a bright, contemporary cafeteria. There is also a mammoth air conditioning plant, as well as a gigantic power plant which replaces an antiquated, 60-year-old facility. A 750-car parking garage, under the New Haven Parking Authority's ownership and management, is available for patients, visitors and staff.

ROOM TO GROW

The Verdi Memorial Building was designed for change. In addition to being constructed to accept additional floors if needed, areas within the structure already can accommodate increased levels of activity. Built-in flexibility makes renovation or modification easy. This advance planning should mean that St. Raphael's will never suffer another crisis from inability to expand or change with the times.

Modernization of older buildings is already underway. Several major areas are already being remodeled to give desperately needed breathing room to cramped departments that did not move into the new building.

A nurse checks the condition of an isolated contagious disease patient in the Respiratory Intensive Care Unit.
Little Amy Winkes was born at 2:22 a.m. on Monday, April 26 at St. Raphael's. This was her first chance to look over her newborn parents, Linda and Richard Winkes, who were among the first to see their baby on her first hour after birth.

Wednesday, Sept. 8: breakfast trays were the last item to move along the production conveyor as the gigantic new kitchen opened. Not a single patient missed a meal in the transition.

A trip to a performance of the Russian circus was literally 'what the doctor ordered' for 85-year-old Miss Anna Posta. The trip was arranged by Dr. Anthony Scibilia (left), hospital volunteer and Flanagan Ambulance after they learned of her lifelong dream to see the circus. Critically ill just weeks earlier, she had been saved by her optimism, extensive treatments and an innovative physical therapy program. In the background is Cindy Cummings, Physical Therapist.

A bright autumn morning provided the setting for the Auxiliary's presentation of a $30,000 check to the hospital and Hospital of St. Raphael Foundation.

Among the more than 11,000 visitors to tour St. Raphael's new building during open houses were those participants in a blood pressure screening, one of four free health tests offered those days. Hundreds of people were referred for follow-up care.

Major General Pomp Prinkanik, a cardiologist, traveled all the way from Bangkok, Thailand, to study the latest advances in nuclear medicine. St. Raphael's was chosen for its growing and advanced department, which is under the direction of Dr. Edward Procko (left).
"My, what a big nose you have!" said Michael Affiniti when introduced to Winnie-the-Pooh in Pediatrics during a visit sponsored by Sears, Roebuck and Co.

Governor Elta Grasso and Sister Louise Anthony share a moment after dedication ceremonies, July 22, 1976.

Sister Ann Mathew, R.N., assists Mrs. Phyllis Pepper, one of the first patients transferred into the new building on moving day.

Anne Sullivan, Hospital of St. Raphael School of Nursing Class of '73, was Dr. William F. Vandt's nurse. She returned to the hospital to view the new complex named in his honor.

"It all goes up there?" Operating rooms are especially complicated places to construct, as this technician from Cybernetics Electronics will testify. Finishing touches were still being applied to several of the new areas at year's end.

It's the real thing. Here's an aerial photograph of the new hospital complex captured on film by Hospital Photographer Ovidio Gallo and Robert Davis, Radiological Service Engineer.
Opening a new $30-million medical center is hard news to top, but 1976 would have been an eventful year for St. Raphael’s even without the opening. Highlights included:

**IN-AND-OUT SURGERY**
A short-term surgery program was launched for patients needing minor surgery that requires sophisticated hospital facilities and services, but not the additional expense of overnight hospitalization. Patients are admitted in the early morning, operated on, monitored in the recovery room, taken to rest in a special unit and discharged, all within eight hours. Hospital room and board costs are eliminated.

**MOMMY’S ALL RIGHT**
A unique “family hour” was started in the Obstetrics-Gynecology unit to further enhance St. Raphael’s tradition of family-oriented care. Children with mothers in the unit now can visit them during the special periods. This reassures them that Mommy’s really all right and lets them share in the new family member’s birth.

**MAMMOGRAPHY EXPANDED**
St. Raphael’s acquired X-Ray equipment that produces special photos of breast tissue, permitting diagnosis of cancerous tumors even before the patient herself can feel them. Although mammography has been criticized recently for exposing women to radiation, St. Raphael’s new machine is designed to protect patients from excess radiation.

**AN OUNCE OF PREVENTION**
A screening program to test newborns for possible hearing defects even before they leave the nursery was launched by St. Raphael’s and the New Haven Hearing and Speech Center. Through painless tests which are administered without charge, parents can learn if their newborn needs treatment before critical periods of language and speech development have passed.

**SURGERY SIMPLIFIED**
New instruments developed by four of St. Raphael’s surgeons have simplified pituitary gland surgery. The instruments enable surgeons to reach the pituitary through the nose, rather than the more complicated previous approach through the skull.

**FOR CHILDREN ONLY**
Hospitalization is a less frightening, more positive experience for young patients, thanks to a revitalized Creative Therapy Program in the Pediatrics unit. Directed by a full-time Creative Therapist, the program uses art, music and play activities as expressive outlets. Young patients even publish their own weekly “newspaper” and use hospital videotape equipment to produce their own television “show” every Monday.

**UNTANGLING RED TAPE**
St. Raphael’s became the first hospital in New Haven and Litchfield counties to be delegated review authority over medical care of its patients covered by federal health benefits. The government monitors treatment standards for care under Medicare (aid to the elderly), Medicaid (aid to the disadvantaged) and Title V (maternal, child health and crippled children’s services) through a network of “Professional Standards Review Organizations” (PSRO’s). Hospitals meeting PSRO standards are delegated self-policing authority. Cost-saving and quality control factors are expected to benefit all patients.

**WORKING TOGETHER**
Governing boards of both St. Raphael’s and Yale-New Haven Hospital approved long-range recommendations by the hospitals’ Joint Planning Policy Committee. Under the recommendations, existing cooperative programs in pediatrics and therapeutic radiology will continue. The next expansion of chronic kidney dialysis facilities will be at St. Raphael’s, while kidney
### the year in NUMBERS

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<th>Category</th>
<th>Value</th>
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<td>Number of beds</td>
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<td>Number of bassinets</td>
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<tr>
<td>Patients admitted</td>
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<tr>
<td>Births</td>
<td>703</td>
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<tr>
<td>Average length of stay (days)</td>
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<tr>
<td>Newborn days</td>
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<td>Operations</td>
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<td>15,964</td>
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<td>Occupational Therapy visits</td>
<td>2,529</td>
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<td>Social Service interviews</td>
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### PHOTOGRAHPS

UPPER LEFT: Maricela Cornejo meets her new little sister, Rebecca, during St. Raphael's new children's visiting hour.
Asking “What’s in it for me?” is more often the rule than the exception in our cynical age. An oasis from that question can be found in the spirit of volunteerism at St. Raphael’s.

Old-fashioned, unselfish concern for one’s neighbor can be seen every day throughout the hospital. It’s not only the volunteers who carry that spirit, but nowhere is it more evident than in their actions and on their faces. And every year, they buck the trend in society even more.

The magic number for 1976 was one-hundred thousand. That’s the extraordinary number of hours that both male and female volunteers, ages 14 to 75, topped during the year. It represents a 30,000 hour increase in just a year and a minimum estimated value of at least $323,000.

Impossible to measure is the value of volunteers’ assistance to their fellowman. Whether addressing envelopes or visiting patients as one of St. Raphael’s “T.L.C.” Program volunteers, these devoted men and women contributed greatly to the hospital’s mission of caring. Proof came from an elderly patient who wrote after her discharge:

“From that bright little candy-striper who delivered my mail—to the lady who visited me so often and was my only real visitor, may God reward you all for your kindness.”

Above and Beyond The Call

Still another remarkable repudiation of the “What’s in it for me?” philosophy came again from the Hospital Auxiliary. Their $35,000 check represented returns from many Auxiliary activities during 1976 and was the first installment on a $100,000 pledge to the Hospital of St. Raphael Foundation. The Auxiliary completed a $200,000 pledge to the hospital building program just a year ago.

Auxiliary membership also increased by 100 to 850 members during the year and its community service programs expanded. In addition to sponsoring blood pressure screening programs and a bloodmobile, Auxiliars helped organize four free health screening programs at the new building’s public open houses. Thousands of persons were screened and several hundred were referred for urgent follow-up care.
Behind The Scenes

One of the least recognized contributions of volunteerism in a hospital is the leadership of people serving on hospital boards.

Unlike their counterparts in the business sector, hospital board members receive no monetary compensation. Membership is a public service in the interest of the hospital, its patients and the community. There's no private profit for board members except the satisfaction of seeing their talents help an organization whose business is saving and restoring human life.

Board membership has always been a big responsibility, but 1976 set a new high-water mark. Never has as much effort been devoted by board members than in response to this last year's fast-paced challenges. Countless hours were spent working for St. Raphael's by members of its Board of Trustees, the Board of Directors of the Hospital of St. Raphael Foundation and the dedicated members of the Medical Staff and its officers.

"The buck stops here" for the 29 hospital Trustees. They are the ones ultimately responsible for surveillance over all hospital activities, including finances and the quality and quantity of medical care. Momentous challenges surfaced this year (see following pages) and were met head on by the Trustees. For many, the hospital became a home-away-from-home as committee meeting followed committee meeting.

The 24-member Foundation board was busy with another objective. Its Directors, like the Foundation itself, are dedicated to fostering philanthropic support for St. Raphael's. Although the Foundation was launched just 18 months ago, its members already have achieved notable success showing donors how carefully planned giving may enable a substantial gift to be made to St. Raphael's while actually improving the donor's own financial position.

The duties of membership on any hospital board will never make exciting reading. But it's this steadfast leadership behind the scenes that constitutes St. Raphael's backbone.
In many ways, 1976 may have been the best year in St. Raphael's history. Financially, however, there's never been one with tougher or more frustrating challenges.

St. Raphael's finances and administration were scrutinized in hour after hour at public hearing after public hearing. Its ledgers were caught in a squeeze by the national malpractice dilemma, inflation and government regulation. Legal action had to be brought against the Connecticut Commission on Hospitals and Health Care three times in just four months.

More questions than answers remained at the fiscal year's end, but the hospital's financial house remained in order.

Success in business is measured by shareholder profit. Balanced budgets and fighting increased costs are also crucial to hospitals, but a community hospital's success transcends dollars and cents.

Unlike a business that can discontinue a consistently unprofitable product, a community hospital's primary responsibility is to its community's medical needs. Stopping hospital services because they don't produce a budget, or delaying purchases of vital medical equipment are literally life or death decisions.

This responsibility creates monumental financial dilemmas for modern hospitals. Services must be continually maintained or expanded to meet patient needs, and significant financial resources must be available to advance the level of medical excellence. Yet, patient charges must be kept as close to basic costs as possible and within the strict standards of government and insurance industry regulators.

Add our inflationary economy to that equation and the results is a torturous financial squeeze. The process becomes more excruciating each year.

In 1976, the storm clouds began gathering in January. That's when news was received that the hospital's annual malpractice insurance premiums had skyrocketed from $115,000 in 1975 to over $360,000 in 1976. A system out of control normally caused the jump, rather than claims against St. Raphael's.

The hospital's budget couldn't possibly cover such an enormous jump, so St. Raphael's joined eight other hospitals in requesting a small rate increase (half of one percent) from the Commission.

The request was denied, and St. Raphael's took legal action with the other hospitals. A "stay" order was granted by the court, allowing the rate increase pending the case's outcome. It is still pending.

But that round proved to be just a warm-up. The year's main event was a series of uncontrollable financial events that combined to box St. Raphael's into a corner. The hospital's financial stability and tradition of top-notch patient care could be maintained only by returning to the Commission with another special rate increase request. This time it totaled 25 percent.

Reasons for the severe economic pinch are complex. While the demand for in-patient services remained high, it did not reach level
dicted by government and pri-
•e health care experts when the
•di building project was initially
itted. This trend was not limited
• St. Rophael’s but it forced the hos-
• to limit its planned increase in
ities to 100 beds fewer than
ected.
Since 98 percent of St. Raphael's
ome is from services to patients,
ince there would be fewer pa-
nts than originally expected, fixed
sts for the new building would
 be spread among a smaller
ber of patients. But fewer than
ected beds was only part of the
blem.
A more serious difficulty was a
eral requirement that the hospital
ish a large cash reserve, called
0 percent funding of deprecia-
This requirement, amounting to
out $2 million this year, adds an
erage of over $13.00 a day to
ch patient’s bill.
Vigorous efforts were devoted to
iting every cost related to the new
ilding over which the hospital had
y control. The number of antici-
ated new employees was greatly
duced, and some of the new la-
atory, operating and radiology
rocedure rooms will not be used
ntil demand increases. But some
costs couldn’t be cut. St. Raphael’s
ospital complex had nearly dou-
dled in size and more personnel
eeded to maintain the addi-
tional square footage. The sophis-
ticated new power and air-condi-
tioning plants, for example, couldn’t
run themselves.

The Commission turned a deaf ear
nd arbitrarily denied the entire re-
quest. An order was added forbid-
ding the intensive care units to ex-
pand and some of the new building’s
its to open at all. This was despite
previous complete government and
regulatory agency approval of their
ed and construction.

St. Raphael’s swiftly initiated legal
ction and the court again granted a
‘stay,’ putting the rate increase tem-
porarily into effect. That suit is also
pending.

Still another chapter remained in
the 1976 financial saga. The 1976-
1977 budgets of all Connecticut’s
general hospitals, including St. Ra-
phael’s, had to be approved by the
Commission. The resulting battle is
still big news. Many of the state’s
newspapers, government leaders
and private citizens sided publicly
with the hospitals against highly
questionable across-the-board bud-
get cuts. The Commission eventually
slashed a whopping $44 million
from the 35 budgets.

St. Raphael’s $47 million budget
was cut by almost $5.5 million. The
hospital sued again, but this time, it
joined another 30 hospitals. Once
again, the court ordered that the
budget become effective until the
case is decided. This suit joins the
others still pending.

Readers can be assured of their
community hospital’s continuing
commitment to serve them. While
the financial implications of these
decisions are immense, the real issue
is not whether St. Raphael’s doors
will remain open. The real issue is
whether your community hospital
continue providing medical care
with a margin of excellence. St. Ra-
phael’s is committed to excellence.

1976 FINANCIAL REVIEW

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<tr>
<td>From direct care of patients</td>
<td>$33,786,238</td>
<td>$29,839,262</td>
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<tr>
<td>From other related services</td>
<td>642,838</td>
<td>581,077</td>
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<td>$34,429,076</td>
<td>$30,420,339</td>
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<td>Less: Contractual allowances for third party payments and provision for uncollectable accounts</td>
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<td>3,505,961</td>
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<td>Net Revenue from services to patients and other services</td>
<td>$30,955,544</td>
<td>$26,914,378</td>
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<td>For salaries and wages</td>
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<td>$16,449,147</td>
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<tr>
<td>For supplies and other costs</td>
<td>12,825,818</td>
<td>10,767,993</td>
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<td>$31,116,362</td>
<td>$27,217,140</td>
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<td>(160,818)</td>
<td>(302,762)</td>
<td></td>
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</table>

| RECEIVED gifts, grants, income                           | 188,572    | 356,594    |

60% of all expenses

Everything’s more expensive!
If you're like most people, you probably have difficulty knowing what to say or how to respond when someone you know dies. The problem is ageless but many people have found a solution through the Hospital of St. Raphael Foundation. Its "Gift in Remembrance" program could enable you to satisfy a personal obligation while arranging for a memorial tribute that also significantly helps St. Raphael's mission of caring for the ill.

Here's how the program works: when a family member, a loved one, a friend or an associate passes on, many persons make contributions in memory of the deceased to the Hospital of St. Raphael Foundation. The family of the deceased is sent an appropriate card immediately, notifying them of the donor's thoughtfulness but not the amount of the gift. At the same time, the donor is mailed an acknowledgement card and an official receipt. All gifts to the Foundation are deductible for income tax purposes.

Gifts can be made in any amount. The Foundation sends the same acknowledgement regardless of the contribution's size. The amount of the donation is a completely private matter.

Memorial Recognition
The names of those honored and the names of all donors will be published in each quarterly issue of the Foundation's magazine, "St. Raphael's Gift in Remembrance." Gift amounts will not be mentioned.

Special Memorial Recognition
A large plaque capable of displaying many memorial tributes will be prominently displayed in the newly opened Verdi Memorial Building.

Permanent memorial recognition is available to the bereaved family by simply inviting others to make contributions to the Foundation in memory of their loved one. This request is usually made in the obituary notice. The family will then be contacted to select a memorial inscription of their choice similar to those illustrated below. The inscription can be up to three lines with as many as 25 characters (letters and spaces) per line.

Plaque Examples

Importantly: There is no minimum amount required to obtain this memorial tribute. The family of the deceased will not be asked to make a contribution. All that is necessary is for the family to request that gifts be sent to the Hospital of St. Raphael Foundation, 1450 Chapel Street, New Haven, Connecticut 06511.

From A Friend
The family of a deceased friend need not suggest a gift to St. Raphael's for you to make a "Gift in Remembrance." In many cases, nothing may be said about a gift to charity even if such a gift would be greatly appreciated.

If you are among those who believe that even small or large remembrance can be useful to St. Raphael's in its mission of restoring health, the please do not hesitate to send your gift.

How To Make A Gift in Memory of A Loved One, Friend or Associate
Either write a note explaining your intention and send it with your contribution to the Hospital of St. Raphael Foundation, 1450 Chapel Street, New Haven, Connecticut 06511. OR

Save the forms printed below. When you would like to make a gift, complete one of the forms and mail it with your contribution to the Foundation.

For further information, telephone the Foundation at 772-3900, extension 231.

"Anyone may so arrange his affairs that his taxes shall be as low as possible; he is not bound to choose that pattern which best pays the Treasury, there is not even a patriotic duty to increase one's taxes."

U.S. Supreme Court, Gregory vs. Helvering