Hospital of Saint Raphael Annual Report, 1986

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INTRODUCTION

SCARLETT O’HARA NEED NOT APPLY

BY SISTER ELLEN JOYCE
Chairperson of the Board
Saint Raphael Corporation

“I’ll think of it all tomorrow. After all, tomorrow is another day.”
That thought may have consoled Scarlett O’Hara at the end of “Gone With the Wind,”
but it is seldom the answer in health care. And never in matters of personal health.
“How am I doing?” is the more pertinent question asked by New York Mayor Edward Koch of anyone
crossing his path. At Saint Raphael’s, the Mayor’s question is a way of life.
People at Saint Raphael’s think today about tomorrow. And we do more than just think. We take action.
Some of the progress has a direct and immediate effect. The impact of other steps is more behind-the-scenes,
or can’t be felt until the long term.

This special report is designed to share insights about both the giant steps and the inch-by-inch headway. It outlines
the steps we took last year—and what we are doing now—to be even better prepared to help you if you need a hospital. Or if you need
other help improving or restoring your health.
You will also find information ranging from statistics to perceptions about the character of our organization,
from financial details to thoughts about the challenges affecting the health care system as a whole. I commend it all to you but
suggest that anyone still wondering about terminology like “Saint Raphael Corporation” and “sub-
sidiary” in the context of Saint Raphael’s should read the interview
with our President and chief executive officer, Sister Anne Virgini, beginning on page 9.
Questions, suggestions, or comments about anything here (or something we have forgotten) should be
directed to Sister Anne Virgini, Saint Raphael Corporation, 121 Sherman Ave., New Haven, Connecticut 06511.
Keeping the Flame Burning

BY JOHN CRAWFORD
Chairman of the Board,
Hospital of Saint Raphael

You will see ample evidence throughout this report that Saint Raphael's is very special. It is a hospital that places a premium on maintaining the good health of people when they aren't hospitalized, and "tender loving care" when they are.

It is a resource vital to the well being of Greater New Haven. It is high-tech, sophisticated medicine. It is a good place to work. It is a responsible "corporate" citizen, strongly service-minded and deserving of public support. It is well managed.

It is an organization that keeps the public informed and seeks input. But, as important as those achievements are, there is something else that sets Saint Raphael's apart. This hospital is more than expensive, high-tech equipment and sophisticated medical techniques. It is more than just a medical staff among the finest in the nation.

What makes it so special? devotion to a mission begun by Jesus Christ. An extraordinary portion of Christ's time on earth was devoted to healing. The Catholic health care ministry in general, and Saint Raphael's in New Haven, is a direct extension of Christ's ministry. This mission of mercy responds to all persons in need, regardless of race, religion, or ability to pay for care.

Saint Raphael's is not superior to other hospitals simply because it is Catholic-sponsored. Nor should only Catholics seek care at Saint Raphael's. But, whether or not you are Catholic and even if you disagree with our moral beliefs, you can trust Saint Raphael's to stand for undiminished standards of excellence.

It means that there is underlying commitment, whether on routine day-to-day decisions, or on the controversial ethical issues of our day. Our sense of commitment has deep roots. It began in 1907 when four Sisters of Charity of Saint Elizabeth established residence in the attic of a handsome Victorian home on Chapel Street. The Sisters had been invited by local doctors to administer a new hospital, and lived beneath the ears as workers manned away on the lower two floors, converting the home into a 12-bed hospital.

What would those four Sisters think if they saw Saint Raphael's today? They would be in awe of laser surgery, computerized scanning equipment, federally-designated trauma facility, linear accelerators, space-age operating suites. The y also would scratch their heads over the complexity of managing today's hospital, especially the maze of regulations.

But they also would find that, as the hospital grew, it never ignored its beginnings and proud heritage. They would be at home with three constant benchmarks:

- Their special compassionate care is very much in practice.
- Sisters of Charity still guide Saint Raphael's. While fewer in number than at one time, their leadership and presence is as great—if not stronger—than in 1907.
- The words they set as a goal in 1907 continue to be followed: "To receive and care for all patients without regard to race, creed or color, to extend charity to the sick, the poor and needy, as required; and to open to all members of the medical profession an institution in which they can administer to their own patients. They would be shocked that, in 1985 alone, Saint Raphael's commitment to charity translated into more than $4 million in free care.

Even in these cost-conscious times, we maintain our commitment to the poor and underserved. We are even looking for ways to make that commitment more meaningful. But it won't be easy. We must become more and more creative to find the answers, from new ambulatory care facilities to community health promotion programs. Saint Raphael's is looking for ways to increase, not costs.
From the first breath of a newborn to the dying grasp of a 90-year-old who, all too soon, will require the God-given dignity of each person. Not that the answers are always clear. What about the ignoring of medical-ethical issues of today's modern medicine? What happens to the "Baby Jane Doe" and the Karen Ann Quinlan? Who has the right to die? And who gets to say? At Saint Raphael's, the patient, his family, the doctor and the other health care professionals together address such choices. The answers to the questions of the quality of life are lived out daily at Saint Raphael's, not only in the drama of the operating or emergency rooms, but in every aspect of hospital life.

In the love of Jesus Christ... In Christ's short life on earth, he cured the ill, healed the sick. He was a man of miracles and magnificent compassion. Saint Raphael's exists to witness the love of Christ and His Father for everyone by providing health care to advance the quality of life, one pain and suffering, receive dignity in death, and respond to urgent health needs.

In extending the healing mission to all... Whatever your religious background, and whether you are parents or a millionaire, Saint Raphael's extends care based on the healing ministry of Christ. Care is extended to all without discrimination.

In the inherent dignity of the individual... Illness does not reduce the dignity of the person. We are committed to compassionate care for the sick and the disabled, as well as for the strong and well-assured. Human life at every stage and in every condition should be respected. We vow to always show the extra step to assure the dignity of each person.

In the uniqueness of each person... Each patient is truly a unique individual, a son or daughter of God. Each person has a right to life and a right to quality health care that will work toward healing and relieving pain. Ours is a holistic approach. We are not just treating an appendix or a blocked artery, but a person. Women and men with physical, emotional, and spiritual needs. We address all needs with an open, understanding heart.

In working together for quality health care... In the operating room, a world-class surgeon makes a delicate incision. In the kitchen, a chef prepares special steak and lobster tail dinners for a new room and dad. In a business office, a secretary efficiently types a report needed on-he means. From nursing units to the computer room, from the pharmacy to the chapel, from the recovery room to the boiler room, workers at Saint Raphael's share a dedication to the service and advancement of the healing mission. Care is extended to each of us, whatever his or her condition. In caring for each person with charity and compassion, many people think of themselves as part of the health care industry. We don't. Ours is a health care ministry. While there is an obligation to be cost-effective, Saint Raphael's is not a "business." Its goal is to relieve suffering and restore health in a Christian environment—something which respects the dignity and uniqueness of the individual. And one which provides health care excellence in accordance with the highest ethical and professional standards, and seeks to understand human suffering as redemptive.
WHAT WE’VE DONE

HOW WE’RE PREPARING FOR THE FUTURE

As President and chief executive officer of the Saint Raphael Corporation, Sister Anne Virginie is the leader of the entire Saint Raphael community. In this interview, Sister Anne focuses on last year’s corporate restructuring by Saint Raphael’s and subsequent announcements, including her new responsibilities.

AN INTERVIEW WITH SISTER ANNE VIRGINIE

President and Chief Executive Officer,
Saint Raphael Corporation

Q. What is “corporate restructuring”?  
A. It’s a process that revamps the way a hospital is organized. Across America, progressive hospitals are working hard to inject renewed vitality into how they approach opportunities and challenges.

Q. And how did it affect Saint Raphael’s?
A. We updated an organizational structure that hadn’t significantly changed in decades. Its aim is to meet the challenges of the future by developing new ambulatory care ventures, working more closely with other care providers in the community, and improving our long-standing commitment to the poor.

Q. The obvious question is, “If it ain’t broke, why fix it?”
A. Well, it was broken in the sense that the old system wasn’t flexible enough to carry us into the future. In one sense, our basic direction hasn’t changed. But the 1980s demand a different service organization than one accustomed only 40 years ago when Teddy Roosevelt was President. Hundreds, maybe thousands, of hospitals across the nation have come to the same conclusions, and taken similar action in the last 10 years.

Q. How about the Hospital of Saint Raphael in all this?
A. The same not-for-profit, Catholic, and tax-exempt Hospital of Saint Raphael that we all cherish is essentially unchanged. Except that it is now part of a broader organization.

Q. In other words, patients won’t see any change?
A. The temptation is to say, “no” in order to make everyone comfortable with the change. But there are more than paper changes. I believe these new changes will be strengthened, and patients should see positive changes.

Q. How does that work?
A. Again, it is in return to basics. The original mission of Saint Raphael’s was to fulfill a broad range of human services. For years after the hospital was formed, the Sisters distributed more shoes than the number of patients they served. Why? Because they were fulfilling a need perhaps as important as medical care at the time.

SISTER ANNE VIRGINIE
Q. But isn't Saint Raphael's role primarily as a hospital?  
A. That's the $60 million question. Yes, our primary mission is to be a hospital, but our mission is broader. We are also dedicated to health care services in general—and even on an even bigger scale—to human beings. Today's acute care hospital, as good as it is, has too many restrictions and other priorities to achieve those broader goals.

Q. What are those restrictions?  
A. Hospitals today are under enormous pressures to stretch their financial and human resources. The hospital's goal is to concentrate its resources on patient care programs that help so many patients in the modern hospital. Tax considerations are also important.

Q. Please elaborate on that last thought.  
A. Some of our new units are tax-exempt, for profit entities. Not that we intend to be big business. But we will consider using the for-profit revenue to offer more flexibility or other advantages to get new sources of revenue for the not-for-profit umbrella, or to provide services to the community that could not be provided as well or in any other way.

Q. What are some examples of projects best handled outside a hospital?  
A. We see three kinds. The first involves programs that may have started under hospital sponsorship, but will expand faster or be better managed elsewhere. The second involves expanding relations with other organizations and health providers, and the third encompasses new services and ventures inappropriate for the hospital but which fit the goals of our overall mission.

Q. Can you give an example of each?  
A. Certainly. Health promotion is an example of the first. Saint Raphael's has been a leader in health promotion activities. Although health promotion is an important part of our health care mission, it is difficult to continue funding the expansion of our programs within a larger hospital setting where resources for such activities are scarce. The answer was to form a separate affiliate, the Institute for Better Health. Its job is to focus solely on health promotion; it has its own board of directors and resources to do so. In addition to more concentrated management, it also removes overhead from the hospital budget.

Q. What happened?  
A. Our wellness programs have not been more successful. There are more of them today than ever before. I don't know if this growth would have been possible if health promotion had to be ranked among the hospital's major priorities for funding. Probably not.

Q. Please continue. What are the other categories for possible projects?  
A. I can cite two specific examples that already have happened. In less than a year, Saint Raphael's became a member of a two-growing alliances designed to enhance joint purchasing and marketing activities. In Connecticut, we are a founding member of the Northeast Hospital Network. On a broader level, we are a member of the Yankee Alliance, a New England group that makes up part of American Healthcare Systems, the fastest-growing network of not-for-profit health care organizations in the nation. A good example of the third category is the new $50 million parking garage now being built. Construction began only a few weeks after it was announced. Involvement by the Saint Raphael Corporation made it possible on a "fast track." It fulfills an important need while relieving the hospital of the headache of constructing and managing a garage.

Q. How long did this process take, beginning to end?  
A. Our Board of Trustees started asking the "big questions" as long ago as 1980. In 1982, the Board approved the general concept and created a special ad hoc committee to form a comprehensive recommendation. Attorneys and administrative staff members then began coping with the details, with the committee monitoring each step. The full Board voted its final approval in December, 1984. The plan has been implemented in stages ever since.

Q. What were those "big questions"?  
A. There were many. How could we cope more effectively with increasingly restrictive public policy constraints over health care costs? What changes were necessary to continue providing needed services under such a restrictive environment? How could important community health services continue if they couldn't pay for themselves, and the rest of the budget already had been cut? How could we manage effectively to respond to increased competition? What new health services could be encompassed within our organization, even if nontraditional to hospitals? How could new sources of income be developed to replace those threatened or already taken by competitors? What new ways can be identified for generating needed capital? How could we structure our organization to be more flexible and manageable? And, how can Saint Raphael's as a Catholic health system find the solutions to all these questions and still remain dedicated to fulfilling its mission?

Q. And restructuring provides the answers?  
A. Time will tell, it's no panacea. Those were big questions, after all. But I am optimistic that Saint Raphael's is positioned to thrive amidst the challenges.

Q. Some say that hospitals won't survive. You use the word "thrive." Is that much reason for optimism?  
A. I understand why some people in the hospital field feel pessimistic, especially looking only at the dollars-and-cents perspective. My view is that we are part of a ministry that Christ set in motion. Others before us have adjusted to the times, and we are now.

Q. Do you have any fears about the restructuring?  
A. My biggest is that what we are doing will be misunderstood. Words and phrases like "corporation" and "for-profit" could make people think that our mission has changed. Of course, it hasn't! The ultimate purpose of all of this is to provide better health care. Every new or reorganized activity is designed to strengthen that primary purpose.

Q. But all these new organizations do represent a fundamental shift, don't they?  
A. Only to the extent that they are a new way to get an old goal accomplished. Every entity remains as steadfastly linked to the ethical and philosophical foundations of the Church and the Sisters of Charity as the hospital was before. And the provision of medical services through the hospital will remain the overwhelmingly dominant activity of the entire Saint Raphael community. New entities are expected to prosper in their own right. As each is successful, it will fulfill a valuable function or provide a service that would have been impossible otherwise. It all benefits the hospital mission itself.

Q. How does Sister Anne Virginia fit in all these changes?  
A. My role, and those of a half-dozen other administrators, changed on May 1, 1986. This was the final step in the restructuring.

Q. What is your new role?  
A. I am now a full time President of the Saint Raphael Corporation. Six other senior administrators also joined the Saint Raphael Corporation full-time.

INTRODUCING OUR NEW LOOK

A new logo and typeface and typography selection (shown above) elegantly symbolizes Saint Raphael's origins, character, and future. When viewed in its entirety, the simplicity of a cross directly expresses Saint Raphael's role in the Catholic health ministry. Abstractly, the mark represents the convergence of talented and dedicated people from many paths, with others in need of their help.
SAINT RAPHAEL'S AT A GLANCE

SAINT RAPHAEL CORPORATION

The "umbrella" of the entire community, the Saint Raphael Corporation, is a not-for-profit, tax-exempt organization broadly dedicated in activities related to human health and well-being, and to efforts—either by itself or through subsidiaries—that directly or indirectly promote the physical, psychological, and spiritual health of the community. It provides central focus, strategic direction, and system-wide standards for the entire Saint Raphael community.

OFFICERS

Chairperson
Sister Ellen Joyce
General Superior
Sisters of Charity of Saint Elizabeth
President/Trustee
Sister Anne Virginie
Saint Raphael Corporation

Executive Vice President
Robert B. Berman

Sisters of Charity of Saint Elizabeth
General Superior
Sister Louise Anthony
Former Administrator
Hospital of Saint Raphael

Rev. Msgr. Francis A. Fries
Retired

HOSPITAL OF SAINT RAPHAEL

A 682-bed voluntary general community teaching hospital founded in 1927, the Hospital of Saint Raphael continues its outstanding tradition of providing a broad range of community-oriented not-for-profit inpatient and outpatient medical care services to the people of South Central Connecticut.

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Medical Staff—Saint Raphael’s has almost ‘50 physicians on its medical staff which, like the auxiliary, is integral to the hospital organization but has its own officers and governing structure.

OFFICERS
President: Mary Sheehan, M.D.
President-Elect: Mary Dobler
Secretary: Anthony Rappaport, M.D.
Treasurer: Samuel Reiner, M.D.

Medical Staff
Saint Raphael Foundation continues the work of the previous Hospital of Saint Raphael Foundation, Inc., formed in 1975. The not-for-profit, tax-exempt Foundation fosters philanthropic support for all not-for-profit entities in the Saint Raphael community.

OFFICERS
Chairperson of the Board: Mary Seeley
Executive Director: Alan R. Mossberg

DEPAUL HEALTH SERVICES
Not-for-profit and tax-exempt, DePaul Health Services Corporation is the focus of new not-for-profit activities within the Saint Raphael community. Named after Saint Vincent DePaul, it is dedicated to providing better health and well-being through efforts exclusively charitable, educational or scientific. Among DePaul’s first activities is a child care center.

SAINT RAFAEL FOUNDATION, INC.
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SAINT JUDE HEALTHCARE
Institute for Better Health sponsors and supports programs encouraging healthier lifestyles, including behavior modification, health information, and community education projects. It is headquartered at 309 Sherman Avenue, New Haven.

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COMMUNITY REPORT
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WHERE WE'RE GOING

BY DIANA BALLARD
Corporate Vice President
Health Systems Development
Saint Raphael Corporation

“H ow can we better serve you?”
Perhaps, you were among the 1,725 Greater New Haven residents asked that question as part of a research study sponsored by Saint Raphael's last year. Area residents we polled said that physician and nursing services, as well as hospital cleanliness are top priorities in assessing the quality of a hospital—and they rated Saint Raphael's high in all three.

Other qualities looked for in a hospital include emergency facilities and equipment, sensitivity of physicians and employees, and modern, up-to-date equipment.

Overall, survey results showed that Saint Raphael's has come a long way as far as public perception is concerned. You rate us “tops” among other hospitals in the region for many services. Still, you also said there are many ways in which we can better serve you.

That’s where Saint Raphael's strategic plan comes in. Befold developed in 1985, it outlines key strategic initiatives that came from the information you provided. Here are the highlights:

Continuing our Christian ministry
Saint Raphael's philosophy and traditions set us apart from other local health institutions and providers. And we will continue to emphasize, in all we do, our role in continuing Christ's healing ministry and in upholding the dignity of each patient. In 1987, when Saint Raphael's began its ministry, one expression of its mission was giving away thousands of free shoes to the needy. Since then, Saint Raphael's has continued to extend charity to those in need. This is expressed in many personal ways; one outward sign is the more than $4 million in inpatient and outpatient services provided by the hospital last year.

Developing new forms of public service
A majority of survey respondents—61.2 percent—also said that improving health care services for the elderly is extremely important. To help meet this need, Saint Raphael's will establish an inpatient geriatric unit. In addition, the hospital or an affiliate, will form a plan for a community ambulatory geriatric program by the end of this year.

This year, a variety of programs are being planned to serve those in our community who cannot afford needed medical care, or get access to it, particularly the disadvantaged elderly.

Doctors and hospital working closer together
Alternatives in hospitalization and convenience, one-stop health care are ideas whose time has come according to almost 85 percent of respondents to our survey. Saint Raphael’s is working closely with physicians affiliated with us to form new partnerships and support systems. You can expect your doctor and hospital to collaborate even more to make the services you want accessible, convenient, and economical as possible.

A prime example is the recent announcement that Saint Raphael's is joining with a large group of area physicians to make possible a medical hotel concept and improvements in one-day surgery (see related article).

Working with other organizations
Networks of hospitals are forming rapidly. They provide strength in number in matters like joint purchasing, insurance and investment management, administrative consulting, and marketing strategies.

Since last September, Saint Raphael's has joined with other New England-based health systems by becoming a member of the Yankee Hospital Network. And locally, Saint Raphael's is pursuing affiliation or close relationships with several other health care organizations.

Overall survey results showed that Saint Raphael's has come a long way as far as public perception is concerned. You rate us "tops" among other hospitals in the region for many services. Still, you also indicated there are many ways in which we can better serve you.
DOCTORS, SAINT RAPHAEL’S WORK TOGETHER

Saint Raphael Corporation, Temple Hotel Limited Partnership, and Temple Surgical Center announced in mid-July, 1986, one of the most significant collaborative affiliations in Connecticut between a hospital and group of private physicians.

The agreement will make Saint Raphael’s and Temple co-general partners of the proposed $50 million medical complex planned for New Haven, and equal shareholders in their existing and separate surge-care centers. The medical hotel complex, the first in Connecticut, will be a limited partnership, half-owned by Saint Raphael’s and Temple Limited Partnership as co-general partners, and half by community physicians affiliated with both facilities.

The affiliation will also establish a single one-day surgery program at two different locations by combining the centers at Temple Medical and Saint Raphael’s. One site will be the newly constructed Echlin Ambulatory Care Center at Saint Raphael’s, and the other site will remain in the Temple Medical Center. The combined one-day surgery programs will be among the largest in the nation under one organizational entity.

In the announcement of the project, Sister Anne Virginia said, “We are exceptionally pleased that two such outstanding medical resources in our community can be brought together in a collaborative effort.”

“As we face the many challenges in health care today,” said Dr. Alvin Greenberg, president of the Temple Hotel Limited Partnership and chairman of Temple Surgical Center, “we are confident that both these joint ventures between community physicians and a major health institution will benefit the medical care community.”

Sister Anne also said, “The Greater New Haven community will benefit significantly from this collaboration. The trend throughout the nation is for hospitals to care for growing numbers of out-patients. The medical hotel complex will be an important lower-cost alternative for many patients. The medical hotel is a new concept that will fill the gap between hospital-based care and home care. It will not be a health care facility, but a residential setting where medically stable, ambulatory, or post-surgical patients may receive home care services, and daily access to their physicians as well as outpatient medical services.”

“The medical hotel is not a substitute for home care,” emphasized Dr. Greenberg. “It is a facility for patients who do not require the intense level of care provided in a hospital setting, but who are unable to be entirely independent. The hotel can also be used as a respite facility for elderly or chronically ill persons who are normally cared for by family members.”

“A typical medical hotel stay will range from one to five days. As reimbursement mechanisms by third-party payers become more restrictive, the wisdom of this affiliation and the benefits of the concept behind it will be obvious. Many patients are not psychologically prepared to go home after a hospital stay. The hotel will be a lower cost alternative for patients who choose this service and whose doctors recommend that they are appropriate for it,” Dr. Greenberg said.

The 150-bed medical hotel complex will be constructed on a triangular piece of state-owned land on Orth Frontage Road. The hotel will be connected to Temple Medical Center through an overhead walkway.

Temple Surgical Center is located within the Temple Medical Center, a building on Temple Street in downtown New Haven. Among many tenants primarily in health-related fields, the building contains offices for at least 150 community physicians, as well as radiology, physical therapy, and urgent care services. Each is autonomous, and only the hotel and surge-care center are included in the affiliation with Saint Raphael’s.

THE WAY WE CARE

BY NORMAN J. MARIEB, M.D.
Executive Vice President
Hospital of Saint Raphael

As a newly named hospital administrator who has devoted his professional life to practicing medicine and not administration, I never have had a greater appreciation for the enormous pressures upon hospitals to adapt to the changes in our health care system.

Never have I been more keenly aware of the efforts down the hall and on one floor above and below my new office, who are fighting against an overwhelming illness. As a doctor, their struggles are very real to me. And as Saint Raphael’s Executive Vice President, I am committed to assuring that these patients don’t bear the brunt of the obstacles we face as administrators.

Simply said, my job is to make sure that patients and their families come first. To borrow a popular adage, “That’s Job #1 at Saint Raphael’s.”

I am encouraging everyone at Saint Raphael’s to keep ever present in their minds the questions that I keep asking myself.

What can we do to make each patient’s stay better? Are we keeping patients a warm and secure environment? Are patients getting their meals often and thoroughly enough? Are we keeping people waiting too long? Are the meals hot? Tasty? Attractive? Can there be a wider variety for people on regular diets? Are employees sensitive enough? Can visitors easily find their way around the hospital? Are families getting their questions answered fully and quickly? Can you park without having to take a taxi from your space to the hospital? Can the hotel’s components of the hospital be better?

They may seem like little things but, to my way of thinking, they are vitally important. I know and trust Saint Raphael’s clinical excellence; now we all are working to make every other aspect match that high medical quality which patients expect from Saint Raphael’s.

As I leave behind my post as Chairman of the Department of Medicine, I am eager to work on these new challenges. I am also pleased to report the following progressive changes within the hospital during the last year.

• Our nursing department launched its “total nursing care” program. Under this novel and efficient concept, each patient is assigned a nurse who is responsible for that patient’s overall care. The nurse coordinates all aspects of the patient’s care and is the key person for the patient.

• A specialized service was launched through our newly developed inpatient rehabilitation unit for patients suffering from neurological and orthopedic disorders. This 8-bed unit cares for patients who would otherwise be transferred to nursing homes, and who now are being helped to walk again. The goal is to prevent living persons for whom otherwise might be permanently dependent or have a much more prolonged period of rehabilitation.

• More patients than ever used our specialized outpatient cardiac rehabilitation program that provides intense rehabilitation for patients with heart disease. The story of Bill Greenhalgh’s heart attack on page 23 is a tribute to everyone involved with his recovery.

At the moment you are reading this, dozens of persons are being discharged from our hospital who would not be here if they had been non-smokers. Smoking is among the biggest enemies of good health and, last December, it became prohibited in all patient care areas at Saint Raphael’s and in departments with regular public contact. Smoking is now allowed only in a small section of the cafeteria, well ventilated emergency room waiting areas, and a minimal number of other specially designated areas.

• For patients fighting cancer, Saint Raphael’s provides superb outpatient care in an enlarged hematology/oncology therapy unit. The program provides transfusions and IV antibiotic therapy but, more importantly, it does in putting into action the latest discoveries in the field. This, thanks to a government grant designed to “cut out the middle man” in the information loop by linking a few top-notch local treatment programs offered at Saint Raphael’s with the latest research findings. In most cases, patients live at home, coming to the hospital only for the few hours of necessary therapy.
THE WAY WE CARE PART II

BY DR. GERALD PESKIN
Chairman, Department of Surgery
Hospital of Saint Raphael

Today's surgical patients are, in general, either seriously ill and in need of complicated surgical procedures, or comparatively healthy and able to have surgery performed on an outpatient basis. Saint Raphael's is on the leading edge in both areas, and rapidly is becoming a referral center for patients requiring highly specialized surgeons who use highly sophisticated equipment. Highlights of the last year include the following:

• Total surgical procedures have steadily increased, progressing from 10,806 cases in 1983, 11,371 in 1984, 11,643 last year. Significantly, over 30 percent of all surgery at Saint Raphael's last year was performed on an outpatient basis. In 1983, 2,379 short-term surgeries were performed, 3,059 in 1984, and 3,662 in 1985.

• Overall, surgical patients are being hospitalized fewer days, and the recovery time is becoming shorter. In 1983, the average stay was 8.81 days; in 1984, 8.45 days; and in 1985, 8.22 days. We expect it to decrease again this year. This provides many benefits. It not only reduces hospital costs, but "going home" has great psychological implications for most people because it is related to "getting better." Home is an ideal place to recuperate, if possible, close to personal comforts and loved ones.

• Successful research into multichannel cochlear (artificial ear) implants was a notable advance at Saint Raphael's last year. Thanks to the success of Dr. K.J. Lee, chief of the section of otolaryngology, and his associates, 34 New England patients who were deaf for many years now hear again. Data from Saint Raphael's to the research center at the University of California at San Francisco may bring new hope for persons who have never heard. This will be the next great challenge in cochlear ear research for both deaf adults and children.

• As a major laser surgery center, Saint Raphael's expanded its potential by acquiring the latest 150W laser. This powerful laser performs more exacting surgical procedures than other lasers. It cuts through tissue with little burn, permitting its use in delicate areas without damaging surrounding tissue. The 150W is being used in many specialties, including ear, nose, and throat, ophthalmology, pulmonary, and gastroenterology. Other surgical laser applications are ever-increasing. They are common in gynecology, for ulcers, and to remove tumors without the need for more extensive surgery. We soon may use lasers for liver surgery. Already, the argon laser is routinely used to remove retinas in the eye. And more and more users certainly will be found as time goes on. The laser is truly a remarkable tool of tomorrow, an extension of the surgeon's hands and talents.

• Air "ambulance" service is another extension of the doctor of first offer this last year. The Life Star helicopter, launched through an affiliated program with Hartford Hospital and the state Office of Emergency Medical Services, offers help from the heavens for the seriously injured. Remarkable advance planning by Saint Raphael's gave us a heliport, the first at a Connecticut hospital, almost 10 years before helicopter service was initiated in the state. Emergency helicopter service helps intensify Saint Raphael's emphasis on trauma care by reducing precious transport time in life-or-death situations.

• Regularly scheduled trauma conferences are held at Saint Raphael's. They are a time for physicians, nurses, technicians, and other trauma team specialists to review cases and the latest ways to care for trauma victims.

• Saint Raphael's continues to be the state's leading referral center for the surgical correction of severe dental abnormalities. We perform more of these surgical procedures, from minor to major surgery, than any hospital in Connecticut thanks to the outstanding program of Dr. Bertrand Levine, chief of oral surgery, and the other dentists in this section.
The new director of the new "room for the day" short-term surgery unit, patients will receive. With appropriate clearance, patients may be transferred to an outpatient basis, ranging from 40 to 95 percent.

Under the leadership of Dr. Vincent Khachan, the first hospital in Connecticut to offer this service, the percentage performed on an out-patient basis rose from 40 to 95 percent.

As for the future, we expect more growth in short-term surgery. With the completion of the new hospital, patients will find expanded and even more sophisticated facilities. The new center will be designed to attract and accommodate patients who want to have surgery on their own terms. It will feature a patient admitting room, where patients are registered and brought directly to their "room for the day," which is equipped with an elevator. The surgery is performed in an operating room.

These are challenging times for hospitals. With the pressures to reduce costs, even though technology is becoming more common and expensive, we are proud of the progress at Saint Raphael's. Our hospital is, without a doubt, on the leading edge in care.

**BET YOU DIDN'T KNOW THAT SAINT RAPHAEL'S...**

- Provides an acuity (intensity) of care, as measured and ranked by the Federal government, to Medicare patients that is unrivaled in Connecticut, and ranks among the top 50 hospitals nationally.
- Is only the second medical center in nation to begin clinical trials of an artificial ear implant. Developed at the University of California at San Francisco, the advanced multi-channel ear implant has returned the sense of hearing to patients who were deaf for years.
- Pioneered with radiation therapy, becoming the first hospital in New England with a radiation therapy center.
- Is a major laser surgery referral center for the Northeast United States.
- Is designated by the Federal government as:
  - A regional trauma facility.
  - The regional dialysis center for South Central Connecticut.
  - A regional trauma center.
  - The regional center for the correction of dental-facial abnormalities.
  - The regional cancer center.
  - The regional center for the treatment of HIV/AIDS.
  - The regional center for the treatment of diabetes.
  - The regional center for the treatment of heart disease.
  - The regional center for the treatment of mental illness.
  - The regional center for the treatment of stroke.
  - The regional center for the treatment of sleep disorders.
  - The regional center for the treatment of urological disorders.
  - The regional center for the treatment of vascular diseases.
  - The regional center for the treatment of women's health.
  - The regional center for the treatment of orthopedic diseases.
- Provides the biggest circulation magazine in the state, Better Health magazine, read by over 100,000 state residents.

**IT COULD HAPPEN TO ANY OF US**

The 49-year-old executive was sent asleep when he was suddenly awakened by deep pain. It was 3:30 a.m. He shifted position and tried to sleep, trying also to ignore the pain. After all, it happened just like this two weeks ago and disappeared. The pain is lasting longer, he thought, but surely it will ease. It didn't. He got out of bed, showered, dressed, made breakfast, smoked a few cigarettes and headed to Hartford for an early morning conference. Keeping his gate, he made it through the meeting and headed toward New Haven and home.

"Coming back on I-95, the road started going upside down. I made it to my doctor in Branford," he recalled. "After an EKG, he said, 'Sit down. Boy, you're having a heart attack.'"

Bill Greenhalgh knew he was in real trouble.

"If someone had told me a week before that I was going to have a heart attack, I never would have believed it. I thought I was one of the immortals. Now, that I look back, I say, 'Sure, I was headed for one.' But playing Monday morning quarterback is the easiest thing in the world."

What happened to Bill Greenhalgh is not unique. It happens to many men his age and in his situation. Type A personalities, demanding jobs, with cigarette habits they refuse to kick; aggressive go-getters, successful business executives. Types that almost inevitably find themselves looking death squarely in the eye at too young an age.

Type A personalities, demanding jobs, with cigarette habits they refuse to kick; aggressive go-getters, successful business executives. Types that almost inevitably find themselves looking death squarely in the eye at too young an age.

His treatment at Saint Raphael's was twofold. First, his condition was stabilized until he gathered strength. Specialists discovered an aneurysm. It was removed in delicate surgery. But that's not where Saint Raphael's care ended for Bill Greenhalgh—or for many other cardiac patients. TakeHeart, Saint Raphael's cardiac rehabilitation program, provided counseling and classes for Bill and his family. He learned to identify risk factors, change his diet, stop smoking, and resume normal sexual activity.

TakeHeart is a new way of life for anyone who has had a recent heart problem.

"We take a wholistic approach," says Jessica Shank, R.N., the nurse clinical specialist who directs TakeHeart. "We go much deeper. We want them to realize how they will have to alter their lifestyles to prevent more problems. With surgery patients, it's often particularly hard. They have a tendency to think they're cured."

"It is not a 'canned' plan, or formula," explained Shank. "It is a program specifically tailored for the individual. It includes exercise, educational classes, individual, group and diet counseling.

Greenhalgh apparently is following the advice. He gave up his other cigarettes—"I had my last cigarette in the ambulance"—and his wife Judy even followed suit. Greenhalgh also has lost 20 pounds. What's more, he now has a new appreciation about what it means to lead the "good" life—one based on a healthy lifestyle, and all too well understands the consequences of not doing so.

"I'm alive," he said. "I could have easily gone the other way..."
WHAT WE’RE BUILDING FOR TOMORROW

BY ALBERT DURIE
Vice President,
Facilities & Support Group
Hospital of Saint Raphael

"W)e the good Lord closes one door, he opens another." That line by Julie Andrews from the "Sound of Music" is a favorite of mine. It also literally summarizes some of last year's more obvious progress with Saint Raphael's gigantic expansion and modernization program.

In July, 1985, the main entrance to Saint Raphael was closed for the first time since October 24, 1942. Beautiful dogwoods, oaks, shrubs, flowers, and our well known circular driveway were replaced first by fencing, then by excavation, and finally by a bulking skeleton of concrete that blanketed the Chapel Street side of our Mock. While most observers were sorry to see the lovely old entrance demolished, there was also joy in knowing the results will yield something even better.

When completed in 1988, the $33 million project will give Saint Raphael's a "campus" entirely built or significantly renovated since 1976—making it the most modern, efficient hospital in Connecticut. And one that will be ideally suited to meet the needs of the community, our patients, and their families.

Overall, the project includes 500,000 square feet of new construction and 150,000 square feet of renovations. It will replace all beds now in outmoded facilities, provide every patient with modern and convenient accommodations, enhance patient care efficiency throughout the hospital, and consolidate diagnostic and treatment areas along with logistical and administrative support services.

As for "doors," another already has opened.

In May, 1986, the Orchard Medical Center opened to the public.

By Albert Durie
HOW IT ALL GETS PAID FOR

BY JAMES CULLEN
Corporate Vice President, Finance
Saint Raphael Corporation

It is 3 a.m. and a soon-to-arrive new baby won't wait until a decent hour. A knock knocks, the patient nervously picks up the suitcases and helps her wife into the car, racing toward the hospital.

It is 4:15 a.m. On a neglected backroad, a truck collides with a tree. Luckily, a motorist calls for help. After struggling for 15 minutes to safely remove the critically injured victim, emergency technicians call for a medical helicopter. It's the only way to get to the hospital in time.

It is midnight. A middle-aged lawyer, not quite asleep, is jolted by a shattering pain across his chest. His concerned wife calls 911. Minutes later he is on his way to the hospital, cared for by paramedics trained at Saint Raphael's.

Scenarios like the above occur day after day, week after week in our community. The common thread is that the countless patients are all hospitalized. No matter what time, whatever the severity, the hospital stands ready. Fully ready. But that's why we're here. Saint Raphael's provides around the clock care in every major specialty. From trauma cases to cardiovascular research to laboratory tests, Saint Raphael's is always alert.

But readiness doesn't come cheaply. Whether 300 or 500 patients are treated each day, whether it's a blizzard or a hurricane, full services are maintained. You never have to worry that the tools you need when you're in need will be on hand. The result is a hospital that is always ready for the demands of its patients.

This is an "investment" in Saint Raphael's future. We also have kept an ever-cautious eye on cost containment. For example, a cogeneration system that provides energy to both the old and new sections of the hospital is currently being reviewed by the Commission on Hospitals and Health Care. When installed, this system will utilize excess steam to recirculate energy, resulting in an estimated $400,000 savings annually.

On the regulatory side, 1985 was also significant. The Connecticut General Assembly passed an "all payor" bill which requires all health insurers to reimburse hospitals for patient care on the same basis. A payment rate was established for each in-patient case using a groupings system called DRGs (diagnostic related groups).

This system was modeled after the Medicare prospective payment system that began October 1, 1983. A major difference between the new Connecticut law and the Medicare system is that Medicare allows a hospital to keep the difference between the payment rate and its cost—just like any business would operate. The Connecticut law requires hospitals to give back any difference over 1 percent—hardly enough to operate a modern, community-based teaching hospital such as Saint Raphael's.

The Connecticut system is what I call "regulated competition." On one hand, competition in health care is being encouraged by government; on the other, in Connecticut, we have a system that does not provide the proper incentives inherent to fair systems of competition. And it threatens to erode the capital base necessary to operate today's sophisticated health care system.
These are challenging times in health care. The technological advances we have become so familiar with cost more and more. Patient care demands more resources. Alternative delivery systems are competing with hospitals for the limited health care dollar. Who will pay for care of the indigent? For elderly care? For services that are critical to public health but that represent a financial drain? Insurance companies and the government say, "Here is the normal length of stay. This is what we will pay for, and no more. No matter if the patient needs more."

How will hospitals provide care efficiently and effectively? Other players in the health care system—the urgent-care and emergency centers, for example—do not have to follow the same rules. We, on the other hand, are a full service, community teaching not-for-profit hospital that provides help to the elderly and poor, and sponsors enormous patient education and outreach programs.

The real challenge will be to continue our excellent record. We will see more joint ventures with physicians, more involvement directly with insurance companies, closer relationships with existing HMOs and, in some cases, hospitals starting and running their own HMOs or similar insurance/health care plans.

As Sister Anne Virginia explains elsewhere in this report, Saint Raphael's and many other hospitals are diversifying into other areas of health care to offset lost revenues. It is necessary to survive.

WHERE OUR MONEY CAME FROM

Financial summaries (for fiscal years ending September 30)

<table>
<thead>
<tr>
<th>Year</th>
<th>1983</th>
<th>1984</th>
<th>1985</th>
<th>1986*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient services less free care, bad debts, and amounts paid by third party payors such as Medicare, Medicaid, and Blue Cross</td>
<td>$77,222,000</td>
<td>$85,807,000</td>
<td>$90,445,000</td>
<td>$92,819,000</td>
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<tr>
<td>2. Other related services such as cafeteria fare, rents of T.V., etc.</td>
<td>$1,800,000</td>
<td>$2,072,000</td>
<td>$2,074,000</td>
<td>$2,710,000</td>
</tr>
<tr>
<td>3. Gifts, bequests, and income earned on trust and endowment funds</td>
<td>$66,600</td>
<td>$64,400</td>
<td>$70,900</td>
<td>$94,400</td>
</tr>
<tr>
<td>*Projected</td>
<td>$79,668,000</td>
<td>$86,585,000</td>
<td>$93,309,000</td>
<td>$95,476,000</td>
</tr>
</tbody>
</table>

WHERE OUR MONEY WENT

Financial summaries (for fiscal years ending September 30)

<table>
<thead>
<tr>
<th>Year</th>
<th>1983</th>
<th>1984</th>
<th>1985</th>
<th>1986*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expenses to provide patient care and operate the hospital, such as: Compensation to employees and fringe benefits</td>
<td>$45,732,000</td>
<td>$49,066,000</td>
<td>$55,352,000</td>
<td>$60,100,000</td>
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<tr>
<td>Supplies and utilities</td>
<td>$25,381,000</td>
<td>$28,733,000</td>
<td>$30,953,000</td>
<td>$27,068,268</td>
</tr>
<tr>
<td>Interest on mortgages</td>
<td>$1,709,000</td>
<td>$1,650,000</td>
<td>$1,770,000</td>
<td>$1,954,000</td>
</tr>
<tr>
<td>2. Principal payments on mortgages</td>
<td>$784,000</td>
<td>$844,000</td>
<td>$860,000</td>
<td>$558,000</td>
</tr>
<tr>
<td>3. Additions to and replacement of property, plant, and equipment</td>
<td>$2,260,000</td>
<td>$3,080,000</td>
<td>$3,014,000</td>
<td>$1,953,241</td>
</tr>
<tr>
<td>4. Net deposits to mortgage sinking funds as required by our lenders</td>
<td>$675,000</td>
<td>$646,000</td>
<td>$2,936,000</td>
<td>$2,080,981</td>
</tr>
<tr>
<td>5. Increase in capital items used for patient care, such as accounts receivable, inventories, temporary investments and self-insurance funds</td>
<td>$3,128,000</td>
<td>$3,278,000</td>
<td>$7,556,000</td>
<td>$1,401,530</td>
</tr>
<tr>
<td>*Projected</td>
<td>$70,668,000</td>
<td>$86,585,000</td>
<td>$93,309,000</td>
<td>$95,476,000</td>
</tr>
</tbody>
</table>

MAKING CARING MORE THAN A SLOGAN

IN JOHN REMONTE

Chairman of the Board and General Resource Group
Hospital of Saint Raphael

Caring people. Patient people. Special people. Those are the phrases we use to describe Saint Raphael's 2,400 employees and over 2,000 volunteers. We print the words in publications. We emboss them on T-shirts, tote bags, and sun visors. They could be only cheeryfaced slogans: warm and sunny sounding, but empty. They are not.

You won't find a more concerned and courteous group of health care workers and support staff around than at Saint Raphael's. We're due in part to our recruitment process. We begin by looking for individuals who make a difference.

I am convinced that Saint Raphael's is so special because in large part to the orientation the Sisters of Charity place on the dignity of each and every patient. That perspective is backed up by sensitivity programs that emphasize to employees how they are expected to treat patients.

Then again, maybe caring is just contagious.

Whatever the reasons, we are proud of the people who make Saint Raphael's such a concerned place. It would be impossible to list the countless examples of employees who went the extra mile this last year on the job: maintenance staff taking time to direct visitors, nurses staying on the job late to help a patient's family, the office worker who comes in after hours to be sure that a patient she met earlier got settled into his room. Nor could we mention the many employees who represent Saint Raphael's so proudly on their own time, whether in a fun athletic event, serving on the board of a community organization, or peeling potatoes in a soup kitchen.

Let me introduce you to a few of them:

- Language Bank volunteers. Last year about 80 employers, doctors, and volunteers who speak a second language or know sign language volunteered their time to serve as interpreters for patients who do not speak or understand English or who have trouble hearing.
- Nurses on Private Five and Six. They enjoy keeping patients informed and entertained with creative bulletin board displays.
- Ellen McKiernan, emergency room unit clerk. Last year she was honored by the New Haven Fire Department for the compassion and concern she demonstrated for firefighters injured in the line of duty and their families.
- Staff in Patient Billing, Credit, and Collection. They got together last year to buy puzzle books and stickers for the children in pediatrics and the Children's Psychiatric Emergency Service. They dressed up as a variety of cuties and cartoon characters to deliver the gifts in person.
- Noelle Yuma, Social Services. Honored by the American Cancer Society for her "above and beyond" help to cancer patients.
- 1,100 employees who pledged $267,000 to Saint Raphael's One For All Fund over a three-year period, earmarked for community charities and the hospital's Foundation for The Future campaign. The One For All Fund is entirely managed by our employees.
- Mary Sexton, R.N., and Ellen Lile, R.N. They consistently volunteer their time to help with free community screenings for high blood pressure and colorectal cancer.
- Catherine Peterson, Woman, Infant and Children's program. Honored by the community at the fifth annual Black Achievement Awards Day. She was nominated for the award by a patient she helped.
- Saint Raphael employees who stood in line and then rolled up their sleeves in 1985 to donate 958 pints of blood to the American Red Cross.
- Our WalkAmerica Team. Last year 21 employees participated in the 25 kilometer walk to benefit the March of Dimes, raising more than $12,500.
- Other employees who donated hats, scarves, toys and cans of food to Saint Raphael's annual food and toy drive to benefit a local soup kitchen and a children's home.

COMMUNITY REPORT/29

BY JOHN REMONTE

We print the words in publications. We emboss them on T-shirts, tote bags, and sun visors. We wear them on our shirts, our bags, and our clothes. But it is the people who are the true T-shirts, the real superheroes of our institution.

Those are the people who make Saint Raphael's such a concerned place. It would be impossible to list the countless examples of employees who went the extra mile last year on the job: maintenance staff taking time to direct visitors, nurses staying on the job late to help a patient's family, the office worker who comes in after hours to be sure that a patient she met earlier got settled into his room. Nor could we mention the many employees who represent Saint Raphael's so proudly on their own time, whether in a fun athletic event, serving on the board of a community organization, or peeling potatoes in a soup kitchen.

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The 80-member Operating Room Sunshine Club meets to raise money for people who are less fortunate. In addition to board leadership, Frank is involved as a volunteer, helping the residents become independent.

Elberta Lemmen, R.N., Because she has always had a deep concern for people who are less fortunate, last year she donated her spare time to Connecticut Hospice Association and the Fair Haven Soup Kitchen.

Before me the list goes on, and on and on. At Saint Raphael's, seeing people is more than a slogan. It's a way of life that I am proud to be part of.

• The 80-member Operating Room Sunshine Club feeds to those in need with food, flowers, and emotional support.

• Nino Gallarza, Maintenance Worker, is a highlight on Saint Raphael's heating and cooling plant deck until 4 a.m. the morning before New Haven's 30-mile Bed Race to benefit the Fresh Air Fund. He put finishing touches on Saint Raphael's 12-foot high poster-mural Statue of Liberty entry in the Bed Race parade.

• Red Racers. Glad in red, white and blue, 50 employees marched beside "The Lady" and helped clinch the prize for Most Patriotic Bed. One Hospital Bed Race team, Flash, won second runner up in the Olympic competition. And even though our other entries, the Olympic Speedburners and the hilarious Wrestling Mania, didn't go home with any awards, they went home proud.

• Gary Campbell, security, and Chuck Chancio, maintenance, When fire broke out in a patient room last year, they risked their lives to save a patient by entering the pitch black room on hands and knees, and removing the burning bed from the room.

• Our volunteers. No group could be more dedicated to others than this corps of dedicated people—more than six hundred strong—who work so selflessly in all areas of the hospital.

• Kathleen Pawlak, R.N., Pediatrics. She spent a week of vacation last summer volunteering at Camp Rising Sun, a camp for children with cancer. After seeing the fun the kids had doing "normal" things like having full-on fights and jumping off back beds, as well as the freedom they felt swimming without their wigs, Pawlak is returning this year.

• Freewheel, Data Processing. For 12 years this group has served on the board of Friendship Gate, a not-for-profit group that sponsors two group homes for the mentally retarded. In addition to board leadership, Frank is involved as a volunteer, helping the residents become independent.

• Libertas Lemmen, R.N. Because she has always had a deep concern for people who are less fortunate, last year she donated her spare time to Connecticut Hospice Association and the Fair Haven Soup Kitchen.

Believe me, the list goes on, and on and on. At Saint Raphael's, seeing people is more than a slogan. It's a way of life that I am proud to be part of.

• Ronnie Ledwith: no fanfare, please.

"I do what I do because I like it. That's all. I don't want any publicity or recognition," Miss Ledwith said of herself. "I help Saint Raphael's, and the experience has done a lot for me."

There they wear comfortable shoes, won't tell their ages, and are almost as elusive as Greta Garbo.

Otherwise, Ann Berlepsch and Veronica "Ronnie" Ledwith have little in common, except that they are Saint Raphael's longest-working volunteers—each having logged in more than 20,000 hours in volunteer service.

Ann Berlepsch has the most hours of service of any active volunteer—23,000 at last count. But fitting an interview into her busy schedule was tricky. Three mornings a week she leaves her Hamden home at 7:25 a.m. after bidding her husband Ernest goodbye, and hops a bus bound for Saint Raphael's.

She arrives slightly before 8:30 a.m., kicks off her high heels and dons clinical shoes. Then, as though to the sound of some imaginary gun—she'll fire a shot. She darts to the pre-admissions office where she escorts or wheels patients to their rooms and delivers flowers to them.

She sandwiches in twenty minutes for lunch, and is off again, working past 5:00 p.m. Often, she works until 6:00 or 7:00 p.m., reports the hospital staff.

"My patients always seem to think the world of me. I do what I do because I like it."

"All the patients are nervous. I'd help them get ready. Sometimes, I help them get their gowns tied around them so they won't be walking around in their skin," she said, shaking her head.

She escorts them to their various tests and tries to make them feel at home.

"I helped them get ready. Sometimes, I help them get their gowns tied around them so they won't be walking around in their skin," she said, shaking her head.

They think you're beautiful," she said.

"There's no patient who comes in who isn't a nice person." The volunteers with in-pre-admissions are awaiting X-rays or lab testing.

"I pray so hard. I didn't want to be bothered by anything, not even from the beginning.""The patients are beautiful," she said.

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**WHY SUPPORT SAINT RAPHAEL’S?**

**BY PATRICIA VELLECA**  
President  
Hospital of Saint Raphael Auxiliary

The handwritten note batted with gratitude. The young mother who penned it had been a patient at Saint Raphael’s before Christmas. As an Auxiliary and hospital volunteer, I had helped her select and wrap presents from the hospital Gift Shop for her children. She wrote: ‘Thanks to this small gesture and the kindness of the hospital staff, my holiday was truly happy.’

In my 20 years as a hospital Auxiliary and volunteer, I have heard and read many different versions of the same story, time and again. The praise comes from people I meet outside the hospital, others from patients with smiles, or tears. All agree: there is something special about Saint Raphael’s. They say the atmosphere of warmth and care is hard to describe, but that they just haven’t found elsewhere.

That’s why Auxiliary membership can be so rewarding. In a society where the individual often gets lost in the shuffle, it’s a good feeling to be a part of an organization that still cares.

Founded just weeks after Saint Raphael’s admitted its first patient in 1908, the Auxiliary has provided vital support to the hospital through its fundraising and volunteerism ever since. Last year was no exception. As the preceding checking hammer signaled Saint Raphael’s plunge into the future, the Auxiliary donated $100,000 to the expansion and renovation program, the fourth installment on a five-year, $500,000 pledge. We also awarded three health care scholarships through the Geraldine Michaels Memorial Scholarship Fund.

As I survey the past year, more than financial results come to mind. I think of the more than 700 dedicated women and men who serve the Auxiliary.

Many Auxiliary members volunteer long hours of service. Some work with patients, adding a personal touch to their hospital stay in many different ways. Others staff the hospital Glass Door Gift Shop, or the Thrift Shop at Chapel and Orchard streets. Revenues from both are donated to the hospital.

Then there are the auxilians who organize and run our fundraisers. In 1985 we sponsored two, both enormous successes. The annual Auxiliary Golf Classic at the Woodridge Country Club and our Biennial Cast for Laughter, a musical revue at the Oakdale Musical Theatre.

### How You Can Help

**BY JANE CROWLEY**  
Executive Director  
Saint Raphael Foundation

**HOW YOU CAN HELP**

Through the hospital’s 70-year history, Saint Raphael’s has been blessed with strong community support. This support has helped to create a 12-bed facility to a creative, flexible institution offering an extraordinary range of services. The hospital truly is a critical resource for the people of greater New Haven, annually treating more than 100,000 patients and providing millions of dollars in uninsured health care to the needy and indigent of our community.

In the coming months and years, Saint Raphael’s will need the generous financial support of the community more than ever. For, although we are obviously taking giant steps forward to meet your present and future health care needs through our $33 million expansion and renovation project, financial analysts estimate that our additional capital requirements will be a minimum of $35 million between now and the end of the decade. And their estimate may be conservative in light of the well-publicized technological revolution in the health care industry and the high cost of acquiring that technology. For example, acquisition plans are already being developed for laser surgical devices, magnetic resonance imaging equipment, and a linear accelerator for radiation therapy. Now under review are an electron microscope and additional uses for computer systems in the laboratory and patient care areas.

These new items of medical technology alone will cost at least $9 million. And they comprise just a portion of the capital need which will have to be met in large measure by philanthropic support, as third party reimbursement can no longer be relied upon.

Our goal at the Saint Raphael Foundation is to increase the financial resources available to the hospital to ensure that the quality of patient care here will never diminish, even temporarily. To do this, the ‘Foundation for the Future’ campaign has been established to assure that:

- **Patients** always will benefit from the best medical technology available.
- **Programs and services** will be available for a rapidly expanding, aging population.
- **Trained medical personnel** will continue a tradition of compassion and highly skilled medical care.
- Saint Raphael’s can offer alternatives to costly inpatient care by implementing or expanding ambulatory services such as cardiac rehabilitation, physical rehabilitation, radiation therapy, chemotherapy, short term surgery, sports medicine and obstetrics.

In the coming months and years, Saint Raphael’s will need the generous financial support of the community more than ever.

Through the generous support of all of us, we will be able to assure that when you or your loved ones need us, we will be ready with whatever help is needed—no matter how complex.

If you are interested in helping, please call me at 789-5342, or write the Saint Raphael Foundation, 1450 Chapel Street, New Haven, CT 06510.
CONSULT SAINT RAPHAEL'S CLINICAL SERVICES DIRECTORY

OUR SERVICES

Although Saint Raphael's has a strong community orientation, it also offers advanced specialty services not typically associated with a community hospital, allowing it to be a major referral medical center. The following details Saint Raphael's wide range of clinical services:

Major clinical services
- Anesthesiology
  - General surgical
  - Obstetrical
  - Treatment of chronic pain
- Medicine
  - Rheumatology
  - Infections diseases
  - Physical medicine and rehabilitation
  - Geriatric
  - Gastroenterology
- Obstetrics and Gynecology
  - Gynecological surgery, including short term
  - Oncology
  - Obstetrics, normal and high risk

Pathology
- Blood bank and transfusion service
- Microbiology
- Clinical chemistry
- Diagnostic cytology
- Hematology
- Immunology
- Surgical pathology
- Intensive care service

Pediatrics
- Adolescent
- Child
- Intensive care nursery
- NIDR (Sudden Infant Death Syndrome) Monitoring Center

Consultations in pediatric cardiology, pediatric nephrology, pediatric gastroenterology, pediatric metabolism, child development and behavioral disorders, learning disabilities, and pediatric allergy

Psychiatry
- Adult
- Adolescent
- Children

Radiology
- Diagnostic
- Nuclear medicine and ultrasonound
- Therapeutic radiology
- Wayne R. Whitcomb Radiation Therapy Center

- Computerized axial tomographic (CT) scanning

Surgery
- General surgery
- Thoracic and cardiac surgery
- Orthopedic surgery
- Plastic surgery
- Otolaryngology
- Urology
- Neurosurgery
- Oral surgery
- Ophthalmology
- Vascular
- Gynecology
- Short-term surgery

Other ways we help: AMBULATORY SERVICES AND COMMUNITY MEDICINE

Programs conducted under this major category include in-patient, out-patient and other community services related to the hospital’s primary/ambulatory care role. These services include the following:

- Medicine sub-specialty clinics
  - Allergy
  - Cardiology
  - Dermatology
  - Gastrointestinal
  - Hematology
  - Medical
  - Metabolic
  - Neurology
  - Nephrology
  - Rheumatology
  - Mental health and psychiatry
    - Adolescent Crisis Unit for Treatment and Evaluation (ACUTE)
    - Children's Psychiatric Emergency Service (CPES)
    - Out-patient adult psychiatry clinic
    - Shock therapy

- Obstetrics and gynecology
  - General gynecology
  - Post partum
  - Ante partum
  - Colposcopy
  - Indentity

- Pediatrics
  - Pediatric cardiology
  - Pediatric allergy
  - Pediatric screening program
  - Pediatric oncology
  - Child development
  - Lactose tolerance testing
  - Learning disabilities
  - Pediatric gastroenterology
  - Behavioral disorders
  - Anemia
  - Nutritional and endocrinology/diabetes
  - Pediatric and internal medicine in primary care
    - Physical medicine
    - Physical therapy
    - Occupational therapy
    - Speech therapy
    - Pulmonary function
    - Laboratory medicine
    - Respiratory therapy
    - Postural drainage treatments

- Surgery sub-specialty clinics
  - Pediatric surgery
  - Neurosurgical
  - Thoracic and cardiac surgery
  - Urology
  - Ophthalmology
  - Orthopedics
  - Plastic
  - Vascular

- Transfusions
  - Routine
  - Hematologic and oncology

- Trauma and emergency care

- Adolescent Crisis Unit
  - 789-3350
  - ACUTE offers inpatient and outpatient diagnostic assessment and treatment brief treatment to adolescents, ages 11 to 17, and their families. Clinicians are on call 24 hours a day and available to perform emergency room psychiatric contributions.

- Adolescent Crisis Unit and Exercise Classes
  - 789-5441
  - A class is for those with rheumatoid arthritis and another for those with osteoarthritis. Both are offered in the spring and fall. Classes are an hour a week for eight weeks. Classes include lectures, exercises, information on medications, diets, and coping techniques.

- Arthritis Education and Exercise Classes
  - 789-5441
  - Aquatics exercise class for arthritis is one hour a week at the New Haven Ymca.

- Blood Testing
  - 789-3350
  - Done on an outpatient basis, with physician referral. All types of blood testing procedures. Also, courier service for doctors, for the pick-up specimen in be tested. Call in advance or walk-in. Open 7:30 a.m. to 5 p.m. daily.

- Breastfeeding Support
  - 789-3360
  - Support session offered monthly, which allows breastfeeding mothers the opportunity to discuss their concerns with a registered nurse from the nursery staff.

- Cardiac Support Group
  - 789-3352
  - Spouse support group, 5 to 6 p.m. Thursdays for those who have recently had a heart attack, coronary bypass surgery, valve surgery, angina, or have angina.

- Children's Psychiatric Emergency Service
  - 789-3250
  - A crisis intervention program on an outpatient or inpatient basis, for children under 17. Cost is on a sliding scale, based on the ability to pay. Open 9 a.m. to 5:30 p.m. Monday through Friday. Professionals on call 24 hours a day.
WHERE TO TURN FOR HELP
Meet Saint Raphael's Physicians
A reference guide to some of the best doctors in Connecticut

If you need reliable help choosing the right doctor, turn to Saint Raphael's. And you'll have a doctor and a confirmed appointment in just a few minutes. Simply call our free, confidential Need-A-Physician service at 789-4563. More than 700 well-qualified local family physicians and specialists will be instantly available to you. Based on your needs... type of doctor, preferred appointment time, office location, payment method, or desire of others you desire... a specially trained nurse will find the doctor who can best give you a few basic facts and don't worry about the details. You will be matched with a doctor in just a few minutes. If you wish, we will even schedule your appointment with the doctor you choose. In most cases, convenient appointments can be set within 24 hours and confirmed during your call. Need-A-Physician for yourself, family or friends? Call 789-4563. It's fast. Convenient. Free.
Choosing The Right Doctor Shouldn’t Be A Gamble

If you need reliable help choosing the right doctor, turn to Saint Raphael’s. And you’ll have a doctor and a confirmed appointment in just a few minutes. Simply call our free, confidential Need-A-Physician service at 789-4304. More than 400 well-qualified local family physicians and specialists will be instantly available to you. Based on your needs … type of doctor, preferred appointment time, office location, payment method, or dozens of other variables you desire … we will find the best match for you. Or just give us a few basics and don’t worry about the details. Either way, you will be matched with a doctor in just a few minutes.

If you wish, we will even schedule your appointment with the doctor you choose. In most cases, convenient appointments can be set up within 24 hours and confirmed during your call.

NEED-A-PHYSICIAN? CALL 789-4304. FAST. CONFIDENTIAL. FREE.

ANOTHER SERVICE FOR YOUR GOOD HEALTH FROM:

Saint Raphael’s
Hospital of Saint Raphael
and the Institute For Better Health