Yale-New Haven Hospital Annual Reports

Yale-New Haven Hospital 1975 Annual Report

Yale-New Haven Hospital

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Yale-New Haven Hospital has been the teaching hospital for the Yale School of Medicine since 1826 when the Hospital was incorporated. Although both institutions cooperate closely to provide facilities for patient care, medical education and research, they are completely independent of each other and are governed by their individual corporate entities.

In 1945, New Haven Hospital and Grace Hospital merged to form Grace-New Haven Community Hospital, and later, in 1965, a strengthened affiliation agreement between the Hospital and Yale University led to its name being changed to Yale-New Haven Hospital.

The combined facilities of the Yale School of Medicine, Yale-New Haven Hospital, Yale Child Study Center, Yale School of Nursing, and Yale Psychiatric Institute constitute the Yale-New Haven Medical Center. The Connecticut Mental Health Center is closely affiliated with it and is directed by full-time members of the Department of Psychiatry at Yale.

Hospital Statistics as of September 30, 1975

- Adult and Pediatric beds: 883
- Bassinets: 101
- Outpatient Clinics: 78
- Approximate number of Hospital employees: 3,300

This year’s report is limited to recording a review of the year’s events, the financial summary, the names of Hospital leadership, and a list of donors. The discussion topic which, for several years, has offered a timely focus on a special health or hospital issue, has been omitted. We do look forward, however, to a special historic supplement to this report on the occasion of the Hospital’s 150th anniversary in May, 1976.
I would like a copy of the Hospital’s historical supplement to its annual report which will be available after May 26.

Comment

Name

Address

(please print)
From the President:

On this page in last year's annual report, I commented on this institution's involvement in three programs of "outreach" to the community: a Federally funded food supplement program for women, infants and children (WIC) considered to be nutritionally "at risk"; the establishment of a detoxification treatment center; and the integrated coordination of emergency vehicle dispatch to victims of accident or illness.

Continued funding for the WIC program for food supplements was approved in October by Congress for a three year period. We have been granted first year funding of $800,000, thus benefiting more than 2,600 New Haven individuals or families registered at the Hospital's pediatric and women's clinics.

The "detox center" is scheduled to open in two or three months.

The Emergency Medical Communications System has been delayed but continuing efforts are being made to start it.

Such involvement reflects the changing role of the Hospital as it responds to ever-expanding societal needs.

As one of the ten oldest hospitals in our country—some say we are sixth—this institution is in the mainstream of hospital history.

This year, Yale-New Haven Hospital has a commitment to recognize its historic past. May 26 will be the 150th anniversary of the granting of a charter by the State to establish The General Hospital Society of Connecticut which then built and operated the State's first hospital—New Haven Hospital. New Haven Hospital merged in 1945 with the Grace Hospital to form the Grace-New Haven Community Hospital. In 1965, the name was changed to Yale-New Haven Hospital to reflect the strong affiliation between the Hospital and the Yale University School of Medicine.

In recognition of the sesquicentennial, an historic supplement to this annual report will be printed for distribution on the May anniversary date. If you would like a copy of this publication, please return the post card included in this report and we will send you a copy in June.

It is my personal hope that all of you who make up the greater community served by this excellent institution will join with the Board of Directors in recognizing past accomplishments and participating with us in strengthening our present capacities to meet the needs of the future.

February 1976

G. Harold Welch, Jr.
President
Yale-New Haven Hospital
Board of Directors
as of September 30, 1975

President
G. Harold Welch, Jr.

Vice-Presidents
John M.C. Betts
Richard H. Bowerman
Mrs. Angus N. Gordon, Jr.

Secretary
John Q. Tilson

Assistant Secretary
Richard H. Judd

Treasurer
Earle E. Jacobs, Jr.

Mrs. Robert Adnopoz
Mrs. Robert L. Arnstein
John M.C. Betts
Richard H. Bowerman
Kingman Brewster, Jr.
José A. Cabranes
Henry Chauncey, Jr.
Stanley R. Cullen
Abbott H. Davis, Jr.
Milton P. DeVane
John E. Ecklund
Mrs. Angus N. Gordon, Jr.

Mrs. Hannah H. Gray
Earle E. Jacobs, Jr.
Paul H. Johnson
James C. Lamberti
Robert E. Lapides
Ernest L. Osborne
*Mrs. Lawton G. Sargent, Jr.
John Q. Tilson
G. Harold Welch, Jr.
Edward White, Jr.
Walter L. Wise, Jr.
*ex-officio

Annual Meeting of the Hospital Board of Directors
G. Harold Welch, Jr., a member of the Hospital Board of Directors since 1968, was elected to a second one-year term as President of the Board at its annual meeting on February 26, 1975. All current officers were elected for an additional year’s term.

Five civic leaders, newly elected to the Board of Directors for three year terms, were Hannah H. Gray, Provost of Yale University; Paul H. Johnson, President and Treasurer of the Connecticut Savings Bank; Robert E. Lapides, President of the United Aluminum Corporation; Edward White, Jr., Executive Director of the New Haven Housing Authority; and Walter L. Wise, Jr., President of the Henry G. Thompson Company.

Reelected to three year terms were Mary B. Arnstein, Henry Chauncey, Jr., and C. Newton Schenck, III.

Retiring Board members included James H. Gilbert, Harry D. Jefferys, Charles H. Taylor, Jr., and Charles E. Woods. Henry E. Parker had resigned Board membership during the year after being elected State Treasurer.

In May, 1975, Alfred B. Fitt resigned from the Board upon his assuming the position of Deputy Director and Counsel of the Congressional Budget Office in Washington. José A. Cabranes, The Legal Advisor and Director of Government Relations for Yale University, was elected to the Board to fill the balance of Mr. Fitt’s term.

The Auxiliary
As of September 30, 1975*

Officers

President
Mrs. Lawton G. Sargent, Jr.

First Vice-President
Mrs. Charles H. Gesner

Second Vice-President
Mrs. Charles R. Michael

Corresponding Secretary
Mrs. Roland H. Kratzer, Jr.

Recording Secretary
Mrs. Andrew J. Graham

Treasurer
Mrs. Robert A. Peck

Treasurer of the Carryall Shops
Mrs. Norman Zolot

* At the annual meeting in November 1975 the membership of the Auxiliary of Yale-New Haven Hospital voted to change the organization’s name to Community Associates for Yale-New Haven Hospital. This change was made to give public identity to the community base of the organization.

Elected Officers
of the Medical Staff

President
B. Marvin Harvard, M.D.

Vice-President
James D. Kenney, M.D.

Secretary
Andrew J. Graham, M.D.

Past President
Saul S. Milles, M.D.

Medical Staff as of September 30, 1975

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honorary</td>
<td>10</td>
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<tr>
<td>Consulting</td>
<td>50</td>
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<tr>
<td>Emeritus</td>
<td>24</td>
</tr>
<tr>
<td>Attending</td>
<td>563</td>
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<tr>
<td>Associate</td>
<td>153</td>
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<tr>
<td>Courtesy</td>
<td>89</td>
</tr>
<tr>
<td>Adjunct Physicians</td>
<td>3</td>
</tr>
<tr>
<td>Dentists and Physicians to the Ambulatory Service Staff</td>
<td>189</td>
</tr>
<tr>
<td>Clinical Fellows</td>
<td>111</td>
</tr>
<tr>
<td>Residents</td>
<td>324</td>
</tr>
<tr>
<td>Professional Staff (non-M.D.)</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>1,547</td>
</tr>
<tr>
<td>Less duplications</td>
<td>7</td>
</tr>
<tr>
<td>*Total Medical Staff</td>
<td>1,540</td>
</tr>
</tbody>
</table>

*In this total are 317 full-time physicians, including those with offices at the Veterans Administration Hospital and the Connecticut Mental Health Center who hold Yale-New Haven Hospital Medical Staff appointments.
Department of Anesthesiology
Chief
Luke M. Kitahata, M.D.
Assistant Chiefs
A. Richard Pschirrer, M.D.
Robert I. Schrier, M.D.

Department of Clinical Laboratories
Chief
David Seligson, M.D.
Assistant Chiefs
Joseph R. Bove, M.D.
Alexander W. vonGraevenitz, M.D.

Department of Dentistry
Chief
Herbert R. Sleeper, D.D.S.
Assistant Chief
Wilbur D. Johnston, M.D., D.D.S.

Department of Dermatology
Chief
Aaron B. Lerner, M.D.

Department of Medicine
Chief
Samuel O. Thier, M.D.
Associate Chief
Samuel D. Kuslman, M.D.

Department of Neurology
Chief
Gilbert H. Glaser, M.D.
Assistant Chief
Jonathan H. Pincus, M.D.

Department of Obstetrics and Gynecology
Chief
Nathan G. Kase, M.D.
Associate Chief
Stanley R. Lavietes, M.D.

Department of Ophthalmology
Chief
Marvin L. Sears, M.D.
Assistant Chief
Andrew S. Wong, M.D.

Department of Pathology
Chief
Vincent T. Marchesi, M.D.

Department of Pediatrics
Chief
Howard A. Pearson, M.D.
Associate Chief
Paul S. Goldstein, M.D.

Department of Psychiatry
Chief
Malcolm B. Bowers, Jr., M.D.
Assistant Chief
Robert K. Davies, M.D.

Department of Radiology, Diagnostic
Chief
Richard H. Greenspan, M.D.

Department of Radiology, Therapeutic
Chief
James J. Fischer, M.D.

*Department of Surgery
Chief
Hastings K. Wright, M.D., Acting
Associate Chief
John E. Fenn, M.D.

*Cardiothoracic Surgery
Chief

Associate Section Chief
Harold Stern, M.D.

General Surgery
Section Chief
Hastings K. Wright, M.D.
Associate Section Chief
Nicholas M. Passarelli, M.D.

Neurosurgery
Section Chief
William F. Collins, Jr., M.D.
Associate Section Chief
Lycergus M. Davey, M.D.

Oral Surgery
Section Chief
Herbert R. Sleeper, D.D.S.
Associate Section Chief
Wilbur D. Johnston, M.D., D.D.S.

Orthopaedic Surgery
Chief

Associate Section Chief
Ulrich H. Weil, M.D.

Otolaryngology
Section Chief
John A. Kirchner, M.D.
Associate Section Chief
Charles Petrillo, M.D.

*Arthur E. Baue, M.D., became Chief of the Department of Surgery and Section Chief of Cardiothoracic Surgery as of 10/1/75.
Administrative Staff & Department Heads
as of September 30, 1975

New Appointments

Director
Charles B. Womer

Chief of Medical Staff
Lawrence K. Pickett, M.D.

Associate Directors
C. Robert Bruckmann
Carl R. Fischer
Richard H. Judd
Herbert Paris
Miss Shirley Parkhill, R.N., Acting
Joseph A. Zaccagnino

Assistant Directors
L. Todd Berman
Brian Condon
Kenneth L. Grubbs
Susan Shimelman

Assistant to the Director
Gordon T. Ridley

Accounting
Leonard A. Reilly

Anesthesiology
Luke M. Kitahata, M.D.

Building Services
Grant L. Berger, Jr.

Business Services
Charles N. Starbranch

Clinical Laboratories
David Seligson, M.D.

Data Processing
Russell J. Caprio

Dentistry
Herbert R. Sleeper, D.D.S.

Diagnostic Radiology
Richard H. Greenspan, M.D.

Discharge Planning and Home Care
Mary C. Sayers, R.N.

Emergency Service
Michaell E. Ramsey

Employee Education
Lawrence A. Loomis

Engineering
Norman B. Fischer

Food Services
Joanne Blackley

Information and Development
Donald R. Kleinberg

Information Systems
Charles H. Byington

Linen Service
Miss Josephine Locarini

Materials Management
Paul S. Minore

Medical Records
Mrs. Jean Pawlich (Acting Director)

Minority Recruitment
Courtland S. Wilson

Nursing, Division of
Miss Shirley E. Parkhill, R.N.
(Acting Director)

Operating Rooms
Mrs. Luba Dowling, R.N.

Patient Care Studies
Phyllis J. Pallett

Patient Services
Billy Vaughn, Jr.

Personnel
Kenneth L. Grubbs

Personnel Health Service
Herbert D. Lewis, M.D.

Pharmacy
Robert F. Miller

Physical Therapy
Reivan Zaleznik

Public Relations
Thomas H. Barnett

Purchasing
Sherman L. Aungst

Radiologic Technology
Ralph W. Coates

Religious Ministries
The Rev. Edward F. Dobihal, Jr.

Respiratory Therapy
John J. Julius

Security Services
Thomas L. Kramer

Social Service
Ms. Carol Cooper, Chairman

Special Projects
Edward J. Hammerbacher

Special Services
Albert P. Freije

Therapeutic Radiology
James J. Fischer, M.D.

Unit Management
John T. Korn

Volunteer Service
Norcott Pemberton
NEW SERVICES

Ten years ago, Yale-New Haven Hospital had a single eight-bed intensive care unit. In November, 1974, the Hospital added a six-bed neurosurgical intensive care unit, bringing the total to 103 intensive care beds in eight units. Over 10 percent of the Hospital bed and bassinet capacity now serves intensive care requirements. This reflects a trend toward a patient considerably “sicker” than the patient of a decade ago.

Cardiac catheterization, used to diagnose congenital lesions of the heart and major vessels, is a highly specialized technique commonly associated with hospitals doing large numbers of open-heart surgical procedures.

Although pediatric cardiac catheterization is actually not a new service at Yale-New Haven Hospital, new equipment, designed especially for use with infants and children, updates the service to rank it among the best in the country.

The Hospital team provides care for about 350 patients annually; it includes a pediatric cardiologist, a radiologist, a nurse who has specialized in working with young patients who are to undergo this procedure, and a social worker who is supportive of family needs.

In May, much public attention marked the opening of the Hospital’s new chronic dialysis unit, located in the Grace Educational Building on Park Street. The facility functions on a two-shift per day basis, six days a week. Designed to help patients maintain a “normal” way of life despite two or three weekly treatments, most of the unit is equipped with lounge chairs to deemphasize the “hospitalized” associations of the six-hour session. The $240,000 construction project was completed by the Hospital’s Engineering Department with equipment installed by its own medical engineering personnel.

A marriage of x-ray and computer technology, the new computerized axial tomographic scanner in the Department of Diagnostic Radiology readily “sees” differences in tissue density far too subtle for conventional x-ray. The scanner provides improved diagnostic information in a brief, painless procedure that replaces cumbersome, uncomfortable techniques in many cases. The image produced is a computer-constructed television view of a cross-section of the body, like a disc taken from a tree trunk. Yale-New Haven’s unit is one of the first scanners of its type in service in this country.
CONSTRUCTION AND RENOVATION

At the time of its construction in 1953, the Memorial Unit embodied the most advanced concepts of hospital design. Yet less than 25 years later the Hospital has had to embark on a renovation program to meet today’s more stringent codes governing building materials and electric wiring. At a cost of $1.9 million dollars, new windows and ceilings are being put up, the number of oxygen and suction outlets in multi-bed rooms are being doubled, and airconditioning, carpeting and better lighting are being installed for more patient comfort. Finished in February of 1975, the D wing of 3 East was the first complete patient division.

In May, 1974, the Yale School of Medicine was advised that the National Cancer Institute would provide a grant of $4.85 million to help finance construction of a Comprehensive Cancer Center—one of seventeen to be established throughout the country. Together with program funding of $2.9 million over a three year period, the Center will provide cancer research, teaching, patient care and information for the residents of Connecticut.

The Hospital is participating in the project by making available patient care facilities, the cost of which will be covered by the grant support.

COMMUNITY SERVICE

The Board of Directors, upon learning that employee contributions to this year’s United Way had reached 114 percent of the campaign goal (with gifts totaling $32,366), adopted the following resolution: “Resolved that this Board record its appreciation for the excellent response by the employees of this Hospital to the United Way appeal.” It was noted that employee contributions numbered 1,861 compared to 1,551 the previous year. The amount raised exceeded the goal by $4,166. Last year’s total was $26,608.

Almost 500 emergency rescue personnel have completed the 81-hour Emergency Medical Technician Training Course at Yale-New Haven. The course, which is offered to medical rescue personnel throughout the New Haven area, covers four subject areas: heart; medical emergencies, such as diabetes, epilepsy and respiratory problems; trauma such as wounds, burns, lacerations, contusions and fractures; and environmental emergencies such as radiation, drowning, electrocution, bee stings and dog bites. It also includes administration, how to drive an ambulance to the scene, how to evaluate problems at the scene, how to drive to the emergency service and how to handle communication and vehicle maintenance. The Hospital has undertaken this course in an effort to upgrade the care that patients receive in the sometimes critical moments spent enroute.

By September 30, 1975 the Primary Care Center appeared physically complete. Service to patients, scheduled for December 1, 1975, will stress continuity of care to patients who have in the past depended upon the Emergency Service for ongoing family care.

By the end of September, installation of the Hospital’s new 32 million volt linear accelerator, to be used by the Department of Therapeutic Radiology in the treatment of cancer, was nearly completed. The $1,400,000 project is designed to provide for treatment of deep-seated tumors with greater accuracy and considerably less damage to surrounding normal tissue than previous equipment has permitted.

The new equipment is the first of its kind in New England and only the third in the country.

Nine hundred and fifty items were contributed to the Mutual Respect Committee’s Food Drive on behalf of needy New Haven residents in the holiday season. The items were given to the Free Food Council, a New Haven volunteer organization which distributes Christmas baskets. The Council is made up of F.I.S.H., Christian Community Action, Fair Haven Parents Ministry, and Christian Union Program.
Thousands of visitors from the New Haven public school system, as well as adults from the New Haven area community, visited Yale-New Haven’s exhibit at Black Expo in early November. The exhibit was staffed by Hospital personnel prepared to discuss various aspects of the Hospital. Also featured were demonstrations of equipment used in patient care.

The Hospital also participated with The Hospital of St. Raphael in an informational gathering at Chapel Street Mall during the “Older Citizens Week.”

The 10,000th pint of blood to be donated by Medical Center personnel in the 19-year history of Hospital bloodmobile drives was contributed by Miss Patricia Gilman of West Haven, a secretary in the Clinical Chemistry Laboratory. Her donation was one of 269 pints of blood collected at the Hospital’s 46th blood drive held on May 8th. Joseph Milici, Yale-New Haven’s Blood Program Chairman, and Mrs. Walter F. Smith, Red Cross Bloodmobile Officer of the Day, have served in these roles for all of the 46 drives.

**PATIENT PROGRAMS**

Fourteen months after the institution of the Patient Support Line, 556 calls had been made to obtain information or to have problems solved and questions answered. The Line was meant to provide quick solutions for patients and families vexed by unsolved problems. It has handled inquiries regarding everything from Blue Cross coverage to a broken call light. The Hospital has learned a great deal and, hopefully, the patient has been better served.

The extended recreation program introduced its new Recreation Cart. Available for patients are handicraft kits in macrame, needlework, leatherwork and string art. There are also crossword puzzles and a variety of games, gathered with the assistance of Hospital volunteers.

The blowing of the ram’s horn during Rosh Hashanah, a time of self-analysis, repentance, and re-

**DEPARTMENTAL AND ORGANIZATIONAL**

Dr. Samuel O. Thier was appointed Chief of the Department of Medicine effective January 1, 1975. Dr. Thier succeeded Dr. Gerald Klatskin, who served as Acting Chief after the death of Dr. Louis G. Welt early in 1974. Dr. Thier also was appointed Chairman of the Department of Medicine in the Yale School of Medicine.

Prior to coming to New Haven, Dr. Thier was Professor and Vice-Chairman of the Department of Medicine of the University of Pennsylvania School of Medicine and Associate Director of the Medical Services of the Hospital of the University of Pennsylvania.
The Hospital Auxiliary reported receipts of $52,700 from the combined profit of the Gift and Coffee Shops run by the group. These funds support the Child Abuse and Patient Advocate Programs, as well as scholarships for minority students in the Hospital's training programs, renovations in the Memorial Unit EKG and Blood Drawing Units, refurbishment of Pediatric Waiting Rooms in the New Haven Unit, and a number of other Hospital projects. After November 12, 1975, the Auxiliary will be known as the Community Associates for Yale-New Haven Hospital.

The Grace-New Haven School of Nursing graduated its final class on Sunday, May 18th. It was "standing room only" in the Harkness Auditorium as the last 41 students received their diplomas.

Dr. Raymond Duff of the Department of Pediatrics emphasized the nurse's role as "both a provider and an interpreter of patient and family needs." The closing of the Grace-New Haven School of Nursing reflects a national trend in the field of nursing education. Three year hospital-sponsored non-degree programs are being replaced by college programs leading to either an associate or baccalaureate degree.

G. Harold Welch, Jr., President of the Hospital's Board of Directors, stated to the graduating class: "In all of society's effort to make progress, innovation and tradition have been equal partners. Someone has to be strong enough to start, someone has to be sensitive to the changing needs of individuals and systems to determine a conclusion to an established pattern. I am sure you have mixed emotions about the closing of your school but I feel reasonably confident that you will come to feel a certain sense of pride in your uniqueness. The important thing is that you will qualify to take your place in the complex world of caring for tomorrow's patients who won't know that you are unique. They will know if you care, they will know if you are competent, they will know if you are professional."

An era closed in the handshake between Charles B. Womer, Hospital Director, and Deborah O'Connor, the last graduate.

Kind, understanding, patient, comforting, cooperative, energetic, enthusiastic, empathetic, hard-working — these and many more were the words of praise and admiration directed on September 12 toward this year's high school volunteers at Yale-New Haven. Averaging 112 hours per student, 196 young volunteers were recognized — some for their work as Summer volunteers, many for their year-round service.

On July 1 the Commission on Hospitals and Health Care received the Hospital's proposed operating and capital budgets for the year to begin October 1, 1975. The record-breaking $80,399,000 gross revenue budget is but one indication of the magnitude of this institution. One must, however, add the $2,363,000 capital budget to sense the true scope of fiscal responsibility within Yale-New Haven.

A Joint Policy Planning Committee, comprised of Board leaders and top administrators of Yale-New Haven and The Hospital of St. Raphael, recommended a year ago that a consulting firm be retained to study possible areas of cooperation between the two hospitals. In March, the Chicago firm of Cresap, McCormick and Paget began a review of five service areas on which they would offer suggestions.

A poll of public opinion was conducted early in the year to uncover attitudes held among those served by the Hospital. A number of comments revealed that fundamental errors about us are commonly held. Clearly, we need to develop clear channels of communication.

EMPLOYEE ACTIVITIES

Courtney C. Bishop, M.D., a lifelong resident of this city, served this institution for over 35 years. From 1960 until his retirement in 1973, he was Chairman of the Medical Board and Chief of Staff.

The quality of his presence has been commemorated in a Deane Keller portrait now hanging in the lobby of the Memorial Unit, unveiled in October, 1974 at a ceremony attended by many of Dr. Bishop's friends and associates.

Miss Anna E. Ryle, who served as Director of the Division of Nursing for 24 years and, for the past several years, as Associate Director, retired in late August. Miss Ryle's distinguished career in this community
began during her years as a student at the Yale School of Nursing. It was largely due to Miss Ryle’s foresight and persuasion that the once controversial “rooming-in” opportunity for new mothers was accomplished. Her restructuring of the curriculum of the Grace School of Nursing established that school as one of the finest in its type in the country. A portrait painted by Deane Keller, Professor Emeritus of Yale University and presented by her friends and associates, now hangs in the Memorial Unit lobby.

A singular honor was conferred upon Miss Evelyn Sturmer, Assistant Director of the Division of Nursing Service and In-Service Coordinator. Miss Sturmer received the Connecticut Nurses Association Honorary Recognition Award “for distinguished service to the nursing profession.” In addition to her many years at Yale-New Haven, Miss Sturmer’s career included outstanding educational service in Beirut and Caracas.

On May 1, 134 employees and former employees, each of whom had been with the Hospital for at least 25 years, were recognized for a total of 4,305 years of service. Six new entrees to the Quarter Century Club and six members who reached their 30th, 35th, and 45th anniversaries were especially honored at a Woolsey Hall banquet in their honor.

“Earn Respect/Give Respect” was the theme of the Hospital’s second annual Mutual Respect observance. The theme of the week-long program was suggested in an employee contest won by Mrs. Marilyn Valente. The week, which promotes improved relations among all Hospital staff, was highlighted by a show in which more than 150 employees exhibited artwork and handcrafts.

The annual service recognition ceremony was held on January 29th. Three hundred and four employees were recognized for five, ten, fifteen, or twenty years of service at the Hospital.

No fire prevention manual could speak as eloquently of patient protection as did a demonstration staged by the New Haven Fire Department this fall. A highlight of Fire Prevention Week, the event featured actual fires, deliberately ignited by firemen, extinguished by employees with the designated equipment. A simulated aerial evacuation from a lofty Memorial Unit window capped the show.

“Soul Food,” a new experience for many employees and volunteers, made up the dinner menu in the Memorial Unit cafeteria on May 8th. This was the first of several special meals prepared during the year by the Department of Food Services. Despite the novelty of “Soul,” Italian, Mexican, Chinese, and other foods, many responded enthusiastically to the new menus.
Basketball, baseball, bowling, volleyball, and a gun club now number among the "extracurricular" activities of Hospital employees. An employee activities committee, formed this year, has done much to inspire a clear and lively growth in recreational groups.

For close to two years, the organizing committee of District 1199 of the Hospital and Health Care Workers Union has been attempting to organize Building Services employees, filing petitions for a representation election in that department in April of 1974. The National Labor Relations Board, however, ruled in favor of the Hospital's position that all service and maintenance employees should have the opportunity to determine whether or not they desired union organization. The NLRB supported the Hospital's contention that the Building Services Department alone, would be an inappropriate bargaining unit. Due to insufficient support among the 1,150 eligible voters, District 1199 withdrew from the election ordered by the Board.

EMPLOYEE BENEFITS

Blue Cross coverage was expanded to include a variety of additional services. The 47 per cent increase in premiums was absorbed by the Hospital.

The Pension Plan became noncontributory. The formula used in determining benefits was improved to provide greater protection against the rising cost of living and was effective retroactively to 1970. Five years of employees prior contributions were refunded.

Dental and Vision care plans were added to the Major Medical Coverage. The combined deductible was reduced from $100 to $50 per person and from $300 to $150 per family. All costs for these benefits were assumed by the Hospital except for a small portion of the cost to insure the dependents of part-time employees.

As a result of suggestions from supervisors, department heads, administrative staff and a special panel from the Mutual Respect Committee, improvements were made in the performance review procedure. The changes were designed to promote a better opportunity for two-way communication and a positive, more useful experience for all concerned.

Late in the year the Hospital moved to adjust salaries and salary ranges in order to maintain a competitive position with other hospitals and New Haven area business and industry. In an effort to emphasize the importance of performance, the wage steps within ranges were replaced by percentage merit increases based upon level of performance.

TRAINDING PROGRAMS

In cooperation with the State of Connecticut, Yale-New Haven is training apprentices in the building trades. Those who complete their course will be licensed by the State of Connecticut as journeymen in their particular field. All training takes place within the Hospital, an unusual program that speaks well for the quality and scope of the work done here, as well as for the teaching ability of many employees. This year Gennero Velecco received the first Certificate of Completion, for an apprenticeship program in electricity.

For the first time video-tape techniques were used in supervisory training of communication skills. Role-playing before television cameras permitted supervisory-level personnel to see themselves as they are seen by their employees. The aim of the program is to make leaders conscious of good communication practice.

Members of the Department of Building Services (Housekeeping) have seen their role in controlling the spread of infection emphasized in a new in-service training program.

The point is that those who keep the Hospital clean do not just maintain an appearance, but also are responsible for checking the spread of infection at a critical point in the chain.
## Comparative Statistics

<table>
<thead>
<tr>
<th></th>
<th>1975</th>
<th>1974</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients discharged during the year</td>
<td>35,729</td>
<td>35,606</td>
</tr>
<tr>
<td>Patient days care provided</td>
<td>278,252</td>
<td>276,258</td>
</tr>
<tr>
<td>Average length of patients’ stay (days)</td>
<td>7.8</td>
<td>7.8</td>
</tr>
<tr>
<td>Average daily patient census</td>
<td>762</td>
<td>757</td>
</tr>
<tr>
<td>Clinic visits</td>
<td>160,902</td>
<td>155,034</td>
</tr>
<tr>
<td>Emergency service visits</td>
<td>88,123</td>
<td>87,924</td>
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## Inpatient Statistics

### Adults

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<td>Dermatology</td>
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<td>543</td>
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<td>Orthopedic</td>
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<td>Urological</td>
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<td>General</td>
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<td>Total Surgery</td>
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### Children

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<td>Medical</td>
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<td>Surgical</td>
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### Newborn

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<tbody>
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<td>Normal</td>
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<td>3,803</td>
<td>13,355</td>
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<td>681</td>
<td>9,904</td>
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<td>Total Newborn</td>
<td>4,465</td>
<td>4,484</td>
<td>23,259</td>
<td>22,617</td>
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</table>

| Total All Inpatients           | 35,729     | 35,606     | 278,252           | 276,258           |
### Clinic Visits

#### Medicine

<table>
<thead>
<tr>
<th>Category</th>
<th>1975</th>
<th>1974</th>
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</thead>
<tbody>
<tr>
<td>General</td>
<td>7,900</td>
<td>7,899</td>
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<tr>
<td>Allergy</td>
<td>2,310</td>
<td>1,961</td>
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<td>Arthritis</td>
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<td>457</td>
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<tr>
<td>Cardiac</td>
<td>1,523</td>
<td>1,298</td>
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<tr>
<td>Chemotherapy</td>
<td>4,118</td>
<td>1,550</td>
</tr>
<tr>
<td>Convenience</td>
<td>18</td>
<td>43</td>
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<tr>
<td>Gastrointestinal</td>
<td>4,718</td>
<td>3,624</td>
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<tr>
<td>Hematology</td>
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<td>1,002</td>
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<td>Liver</td>
<td>643</td>
<td>816</td>
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<td>Metabolism</td>
<td>1,046</td>
<td>1,196</td>
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<tr>
<td>Physical Medicine</td>
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<td>Private Referrals</td>
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<td>Pyelonephritis</td>
<td>992</td>
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<td>Rheumatology</td>
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<td>944</td>
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<td>Winchester Chest</td>
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<td><strong>Total Medicine</strong></td>
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#### Dermatology

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<tr>
<td>Total Dermatology</td>
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#### Neurology

<table>
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<tr>
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#### Surgery

<table>
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<td>Hand</td>
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#### Ophthalmology

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<tr>
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#### Obstetrics & Gynecology

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<td>Gynecology-Tumor</td>
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<td><strong>Total Obstetrics &amp; Gynecology</strong></td>
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<td>22,052</td>
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#### Pediatrics

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<td>Cardiac and Surgical Cardiac</td>
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<td>Child Care</td>
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<td>104</td>
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<td>Convenience Clinic</td>
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<td>8</td>
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<td>Cystic Fibrosis</td>
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<td>491</td>
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<td>121</td>
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<td>Spina Bifida</td>
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<td><strong>Total Pediatrics</strong></td>
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#### Psychiatric

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<tr>
<td>Total Psychiatric</td>
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#### Radiology

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</thead>
<tbody>
<tr>
<td>Radiation Follow Up Visits</td>
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<tr>
<td>Not included in Clinic Visits</td>
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<tr>
<td>1970</td>
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<tr>
<td>1971</td>
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<td>1972</td>
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<td>1973</td>
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<td>1974</td>
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<td>1975</td>
<td>3,454</td>
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<tr>
<td><strong>Total—All Clinic Visits</strong></td>
<td>160,902</td>
<td>155,034</td>
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Comparative Statement of Revenues and Expenses
Unrestricted Fund (In Thousands of Dollars) September 30

<table>
<thead>
<tr>
<th>Revenues From Services to Patients (Note C):</th>
<th>1975</th>
<th>1974 As Restated – Note B</th>
</tr>
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<tr>
<td>Room, Board and Nursing</td>
<td>$30,992</td>
<td>$28,339</td>
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<td>Special Services – inpatients</td>
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<td>Clinic patients</td>
<td>4,246</td>
<td>3,810</td>
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<tr>
<td>Emergency Room patients</td>
<td>3,264</td>
<td>2,851</td>
</tr>
<tr>
<td>Referred outpatients</td>
<td>3,104</td>
<td>2,324</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>70,018</strong></td>
<td><strong>61,572</strong></td>
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<table>
<thead>
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<th>Deductions From Gross Revenue (Note B):</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Contractual and Other Allowances</td>
<td>6,499</td>
<td>5,602</td>
</tr>
<tr>
<td>Provision for uncollectible accounts</td>
<td>2,469</td>
<td>3,782</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>8,968</strong></td>
<td><strong>9,384</strong></td>
</tr>
</tbody>
</table>

| Net Revenues from Services to Patients     | 61,050       | 52,188                    |
| Other Operating Revenues                  | 327          | 243                       |
| **Total Revenues**                         | **61,377**   | **52,431**                |

Operating Expenses:

| Salaries                                   | 34,799       | 31,848                    |
| Supplies and Other Expenses                | 28,110       | 21,142                    |
| Depreciation                               | 1,807        | 2,047                     |
| Interest                                   | 541          | 565                       |
| **Total**                                  | **65,257**   | **55,602**                |

| Less — Recovery of expenses from grants,   |              |                           |
| tuition, sale of services, etc.            | 4,644        | 3,376                     |
| **Net Operating Expenses**                 | **60,613**   | **52,226**                |

Operating Gain                                | 764          | 205                       |

Non-Operating Revenues:

| Investment Income                          | 479          | 456                       |
| Interest                                   | 181          | 469                       |
| All other                                  | (82)         | (65)                      |
| **Total**                                  | 578          | 860                       |

| Excess of Revenues Over Expenses           | $1,342       | $1,065                    |

See Notes to Financial Statements

Financial Statements Audited by the Hospital's Certified Public Accountants are available at the Hospital.
Comparative Balance Sheet (In Thousands of Dollars)

Assets

<table>
<thead>
<tr>
<th></th>
<th>1975</th>
<th>1974</th>
<th>As Restated – Note B</th>
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</thead>
<tbody>
<tr>
<td><strong>Unrestricted Fund</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
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<td>$204</td>
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<td>Accounts Receivable</td>
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<tr>
<td>Inventories</td>
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<td>903</td>
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<tr>
<td>Prepaid Expenses</td>
<td>123</td>
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<td>Rental Pledge Fund Deposits</td>
<td>306</td>
<td>290</td>
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<tr>
<td>Escrow Funds for Long-Term Lease (Note C)</td>
<td>1,103</td>
<td>1,022</td>
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<tr>
<td>Due from Restricted Funds</td>
<td>2,074</td>
<td>1,950</td>
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<tr>
<td>Deferred Financing Costs and Unamortized Bond Discount</td>
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<td>360</td>
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<td>Other Assets</td>
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<td>334</td>
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<tr>
<td>Land, Buildings and Equipment – Net (Note C)</td>
<td>28,853</td>
<td>27,348</td>
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<tr>
<td>Construction in Process</td>
<td>4,514</td>
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<tr>
<td>Board-Designated Funds Reserved for Plant Improvement and Expansion</td>
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<td>2,722</td>
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</tr>
<tr>
<td><strong>Total – Unrestricted Fund</strong></td>
<td>$54,246</td>
<td>$50,227</td>
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</table>

|                     |          |          |                      |
| **Restricted Funds** |          |          |                      |
| Temporary Funds:     |          |          |                      |
| Cash                | $13      | $22      |                      |
| Marketable Securities | 1,121 | 1,604   |                      |
| Accounts Receivable | 281      | 251      |                      |
| **Total – Temporary Funds** | $1,415 | $1,877 |                      |

|                     |          |          |                      |
| Major Capital Campaign Fund: |          |          |                      |
| Cash                | $3       | $45      |                      |
| Marketable Securities | 42     |          |                      |
| **Total – Major Capital Campaign Fund** | $45 |          |                      |

|                     |          |          |                      |
| Endowment and Special Funds: |          |          |                      |
| Cash                | $9       | $23      |                      |
| Marketable Securities | 16,543 | 16,274  |                      |
| Due From Unrestricted Fund | 34   | 34       |                      |
| Land, Buildings and Equipment | 918 | 918      |                      |
| **Total – Endowment and Special Funds** | $17,504 | $17,249 |                      |

|                     |          |          |                      |
| **Total – Restricted Funds** | $18,919 | $19,171 |                      |

See Notes to Financial Statements
## Liabilities and Fund Balance

### Unrestricted Fund

<table>
<thead>
<tr>
<th>Description</th>
<th>1975</th>
<th>1974</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$3,027</td>
<td>$1,883</td>
</tr>
<tr>
<td>Accrued Expenses Payable</td>
<td>1,992</td>
<td>1,983</td>
</tr>
<tr>
<td>Due to Third-Party Reimbursement Agencies (Note B)</td>
<td>2,244</td>
<td>1,516</td>
</tr>
<tr>
<td>Due to Restricted Funds</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Current portion of long-term debt and lease obligation</td>
<td>328</td>
<td>328</td>
</tr>
<tr>
<td>Long-Term debt — less portion classified as current liability (Note C)</td>
<td>84</td>
<td>102</td>
</tr>
<tr>
<td>Long-Term lease obligation — less portion classified as current liability (Note C)</td>
<td>8,320</td>
<td>8,630</td>
</tr>
<tr>
<td>Deferred Liabilities</td>
<td>1,050</td>
<td>1,010</td>
</tr>
<tr>
<td>Fund Balance (Note B)</td>
<td>37,167</td>
<td>34,741</td>
</tr>
<tr>
<td>Contingent Liability (Note D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total — Unrestricted Fund</strong></td>
<td>$54,246</td>
<td>$50,227</td>
</tr>
</tbody>
</table>

### Restricted Funds

#### Temporary Funds:
- Due to Unrestricted Fund: $239 vs. $136 from 1975 to 1974
- Fund Balance: $1,176 vs. $1,741 from 1975 to 1974

<table>
<thead>
<tr>
<th>Description</th>
<th>1975</th>
<th>1974</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total — Temporary Funds</strong></td>
<td>$1,415</td>
<td>$1,877</td>
</tr>
</tbody>
</table>

#### Major Capital Campaign Fund:
- Fund Balance: $45

<table>
<thead>
<tr>
<th>Description</th>
<th>1975</th>
<th>1974</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total — Major Capital Campaign Fund</strong></td>
<td>$45</td>
<td></td>
</tr>
</tbody>
</table>

#### Endowment and Special Funds:
- Due to Unrestricted Fund: $1,835 vs. $1,814 from 1975 to 1974
- Due to Others: 122

<table>
<thead>
<tr>
<th>Description</th>
<th>1975</th>
<th>1974</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total — Endowment and Special Funds</strong></td>
<td>$17,504</td>
<td>$17,249</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>1975</th>
<th>1974</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total — Restricted Funds</strong></td>
<td>$18,919</td>
<td>$19,171</td>
</tr>
</tbody>
</table>
Note A — Accounting Policies

The accounting policies that affect significant elements of the Hospital’s financial statements are as summarized below and as explained in Notes B, C and E.

Inventories
Inventories, consisting of supplies, are stated at the lower of cost, determined principally under the last-in, first-out method, or market.

Investments in Marketable Securities
Investments in marketable securities included in the Unrestricted Fund and Restricted Funds are carried at cost or, if received as a donation or bequest, at the fair market value on the date received. No adjustment is made to carrying amounts of marketable securities unless in the opinion of the Hospital a decline in market value represents a permanent impairment of the value of the investment.

Property, Plant and Equipment
Property, plant and equipment are recorded on the basis of cost. Routine maintenance, repairs, and renewal costs are charged against income. Expenditures which materially increase values, change capacities, or extend useful lives are capitalized. Upon disposition or retirement of property, plant and equipment, the cost and related allowances for depreciation are eliminated from the respective accounts and the resulting gain or loss is included in the results of operations.

The Hospital provides for depreciation of property, plant and equipment for financial reporting purposes using the straight-line method in amounts sufficient to amortize the cost of the assets over their estimated useful lives.

Deferred Medicare Reimbursement
Deferred Medicare reimbursement arises from the additional reimbursement from the program under the election to compute depreciation on an accelerated method for assets acquired prior to the year ended September 30, 1971, which is in excess of the amounts of depreciation recorded for financial purposes.

Restricted Funds
The Hospital receives certain contributions, grants and bequests which are restricted as to use by donor. Any income derived from these restricted funds and any expenditures of the funds are credited or charged directly to restricted fund balances.

Pension Plan
The Hospital’s pension plan covers substantially all employees. The Hospital’s policy is to fund accrued pension cost, which includes amortization of prior service cost over a 40-year period.

Note B — Third-Party Reimbursement Agencies and Prior Period Adjustment

Patient accounts receivable and revenues are recorded when patient services are performed. The Hospital is a provider under terms of contracts and agreements with third-party agencies including Connecticut Blue Cross, Incorporated, the Social Security Administration (Medicare) and State welfare programs. The reimbursement of cost of caring for patients covered by the programs referred to above is subject to final determination of these third-party agencies. The difference between the Hospital’s standard rates for services and interim reimbursement rates is either charged or credited to deduction from revenues.

Provision has been made in the accounts of the Unrestricted Fund for estimated adjustments that may result from final settlement of reimbursable amounts as may be required on completion of related cost finding reports for the year ended September 30, 1975, under terms of agreements with the Social Security Administration (Medicare) and Connecticut Blue Cross, Incorporated and the Connecticut Welfare Department. Final settlement of the amounts reimbursable from third party agencies is not finally determinable until completion of such cost finding reports.

The fund balance of the Unrestricted Fund at September 30, 1974 has been restated from amounts previously reported to reflect a retro-active charge of $1,276,000 based upon third-party adjustments of reimbursable amounts for 1972 and the effect of applying comparable
adjustments to 1973 and 1974. Of this amount, $572,000 is applicable to 1974 and has been reflected as an increase in deductions from revenues for that year, and the remaining amount of $704,000 (applicable to 1972—$303,000 and 1973—$401,000) has been charged to fund balance at October 1, 1973. The Hospital does not agree with all items included in the adjustments; however the results of future negotiations that may reduce the total amount of the adjustments are not presently determinable.

The Hospital entered into an agreement and lease dated August 16, 1971 with the State of Connecticut Health and Educational Facilities Authority for construction of additional facilities and conveyed title of the property to the Authority. To finance this construction, the Authority sold $9,250,000 of revenue bonds, which mature serially from 1974 through 2003 with interest at a net average annual cost of approximately 5.56%.

Annual rentals and other payments by the Hospital to the Authority are based on interest costs and principal repayments on the bonds, amounts required to establish and maintain reserve funds required under the agreement and lease, and annual fees and certain expenses of the Authority. Such payments will amount to $913,000 during the year ending September 30, 1976, and decrease to approximately $236,000 for the year ending September 30, 2003.

The bonds may be retired at an earlier date from funds held by the trustee, and from such additional funds as the Hospital may provide, pursuant to the terms of the Series Resolution and Agreement. The Hospital will take title to the property when the bonds are redeemed. In addition to the rental and other payments, the Hospital under the terms of the agreement with the Authority will pay costs of insuring the property and of operation and maintenance.

The Hospital is required under the agreement to establish a rental pledge fund, to which monthly payments are to be made thereto generally equivalent to one-twelfth of certain other required payments. Rental payments to the Authority are payable from the rental pledge fund or, if such fund is insufficient, from the Unrestricted Fund of the Hospital. As security for its obligations to make payments under the agreement, the Hospital has granted to the Authority a first lien on all of its gross receipts (as defined).

In accounting for this long-term lease agreement, the Hospital's obligation thereunder is recorded in the Unrestricted Fund in the aggregate remaining amount ($8,630,000) of rentals to be paid by the Hospital in respect of the Authority's liability for bond principal. The cost of the facilities constructed are included as assets in the Unrestricted Fund.

Funds held in escrow by agreement with the State of Connecticut Health and Educational Facilities Authority and Trustee are included as assets in the Unrestricted Fund and consist of the following:

<table>
<thead>
<tr>
<th>September 30</th>
<th>1975</th>
<th>1974</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction Fund</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Debt Service Reserve Fund</td>
<td>833,000</td>
<td>856,000</td>
</tr>
<tr>
<td>Project Reserve Fund</td>
<td>267,000</td>
<td>163,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,103,000</strong></td>
<td><strong>$1,022,000</strong></td>
</tr>
</tbody>
</table>

In connection with the lease agreement, Yale University has issued a guaranty agreement to the Authority not to exceed $9,250,000. In addition, the Hospital has issued two mortgages to Yale for this guaranty. The mortgages are subordinate to an existing mortgage.

In addition, the Hospital has the following long-term debt outstanding as of September 30:

<table>
<thead>
<tr>
<th>4½% Mortgage note payable in monthly installments including interest to April, 1978</th>
<th>1975</th>
<th>1974</th>
</tr>
</thead>
<tbody>
<tr>
<td>较少 than interest to April, 1978</td>
<td>$35,000</td>
<td>$48,000</td>
</tr>
<tr>
<td>Loan payable in monthly installments including interest to June, 1991</td>
<td>67,000</td>
<td>71,000</td>
</tr>
<tr>
<td></td>
<td>102,000</td>
<td>119,000</td>
</tr>
<tr>
<td><strong>Less portion due within one year classified as current liability</strong></td>
<td><strong>18,000</strong></td>
<td><strong>17,000</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$84,000</strong></td>
<td><strong>$102,000</strong></td>
</tr>
</tbody>
</table>

Substantially all property, plant and equipment are pledged as collateral for the above obligations.
Note D  —  Contingent Liability  —  Hospital Cooperative Services, Inc.

The Hospital and four other area hospitals established a central laundry facility to serve their laundry needs. To accomplish their objective, the five hospitals organized a non-profit charitable corporation. In connection with this corporation, the five hospitals and an additional hospital in 1974, have jointly and severally guaranteed notes payable to banks by Hospital Cooperative Services, Inc. to a maximum of $4,800,000. At September 30, 1975, $3,978,000 was outstanding.

Note E  —  Pension Plan

Total pension costs were $911,000 and $504,000 in 1975 and 1974, respectively.

During the year ended September 30, 1975, the pension plan was amended to increase certain employee benefits, which had the effect of increasing pension costs by approximately $600,000. Further, changes in the actuarial cost method and certain assumptions used in computing pension costs had the effect of reducing pension expense by approximately $200,000. The net effect of these changes was to increase pension expense and reduce the excess of revenues over expenses by approximately $400,000.

In accordance with the provisions of the Employee Retirement Income Security Act of 1974, the Hospital will make certain amendments to its pension plan and make certain changes in the actuarial determination of pension costs. These changes, which will be required as of December 1, 1976, are expected to increase future pension costs; an estimate of this increase will be available upon completion of an actuarial evaluation.
In Appreciation

Yale-New Haven Hospital gratefully acknowledges the contributions and grants made by individuals, corporations, organizations and foundations for programs of patient care, equipment, and new and remodeled facilities. The donors listed are primarily those who gave to the annual campaign in 1975. Some requested anonymity; this request has been honored. A countless number of gifts made to special funds and projects and often directed to Hospital departments are not included in these pages. The Board of Directors, on behalf of the Yale-New Haven “family” gives thanks to all for this financial support.

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New England Iron Works, Inc.
New Haven Savings Bank
New Haven Terminal
New Haven Trap Rock Company
New Haven Water Company
The Newton-New Haven Company
Douglas Orr, deCossy, Winder and Associates
The Owl Shop
The Plymouth Electric Company
The Register Publishing Company
Saab-Scania of America, Inc.
Safety Electrical Equipment Corp.
Sargent and Company
Michael Schiavone and Sons, Inc.
George Schmitt and Co., Inc.
Second New Haven Bank
Southern Connecticut Gas Company
S. Spielvogel and Associates
The Strouse-Adler Company
The Henry G. Thompson Company
Thompson and Peck, Inc.
Top Products, Inc.
Union Trust Company
United Aluminum Corporation
United Elastic Company
The Upjohn Company
Van Dyke Printing Company
Kurt E. Volk Foundation, Inc.
West Haven Lumber Company
Westcott and Mapes, Inc.
Wyatt, Inc.
Yale Surgical Company, Inc.
Contributions and Bequests

Should you, your attorney, or financial advisor be interested in discussing a contribution or bequest to this Hospital, please get in touch with the Office of Information and Development, Yale-New Haven Hospital, 789 Howard Avenue, New Haven, Connecticut 06504. Telephone: (203) 436-4700.