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Annual Report 1976 Yale-New Haven Hospital

Yale-New Haven Hospital

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Annual Report 1976

Yale-New Haven Hospital
Regulation, in theory, is for the common good. Conflict often results, however, when mandates are imposed on all hospitals with little or no consideration for their individualities, or even the opposing or overlapping requirements of multiple agencies. One agency seeks lower cost while another requires costly compliance with codes. One group justifiably defends its local neighborhood from the physical encroachment of an expanding medical center, while the total community expects optimal levels of medical care, which may require expansion.

We in New Haven are fortunate that there is in our community a hospital of international renown. But to maintain its role as a primary teaching, tertiary care, referral center and also to effectively serve the needs of all of us who call Yale-New Haven our hospital, requires careful consideration and difficult decisions. Many of the decisions are based on conflicting influences.

There is no such thing as inexpensive quality. When one’s life is the issue, one wants the best. Second-rate is unacceptable. Society’s responsibility is to provide the best care possible as inexpensively as possible. The cost of gasoline, coffee, houses and restaurant meals continues to climb. The cost of medical care, especially that provided in a hospital which is expected to have the latest that technology and medical education offers, climbs out of proportion with the rest of the economy.

Clearly, regulation in the health care industry is here to stay. We do not question the appropriateness of thoughtfully considered regulation, but there are questions about the kind and degree of regulation, the duplication and cost of regulation, and the aims of regulation.

Regulation is bigger, broader, and has bolder goals than ever before. We continue to hope that the quality of care will be as great a concern to the regulator as the cost of care. Hopefully, in the years ahead the vital issues, such as how much health care this country and its people are prepared to pay for, will be addressed.

The regulators are sending many messages — some clear, some contradictory. Yale-New Haven Hospital is listening and attempting to respond to responsible regulation.

G. Harold Welch, Jr.
Chairman of the Board
When those who come after us study the events of the 1970s, they will probably observe a uniquely significant development. Regulation, as society's concern, may overshadow the notable scientific advances of the decade. The following pages are devoted not simply to regulation, but to many of the influences which have come to bear on Yale-New Haven Hospital. Whether the result of consumerism or the rising cost of health services, the increased involvement of both the public and private sectors is probably just a prelude to vast changes in the manner in which health services are provided and financed.

“In the three years of its existence, we have seen the Commission’s role change from an advisory one to an adversary one.”

It is difficult to think “hospital budget” in Connecticut without thinking “Commission on Hospitals and Health Care.” This State agency, created by the State Legislature in 1973, was charged with improving the efficiency of health care; lowering health care costs; coordinating use of health care facilities and services; and expanding the availability of health care. The Commission was given the authority to review the financial, operational, and budgetary activities of all health care institutions in Connecticut to determine whether they met the goals set by the new State law and, if they did not, to direct appropriate modifications.

No other regulatory agency has had so profound an impact on Yale-New Haven as has the Commission. According to Dr. Lawrence K. Pickett, Chairman of the Medical Board, Chief-of-Staff and, for five months in 76-77, Acting Chief Executive Officer, “In the three years of its existence, we have seen the Commission’s role change from an advisory one to an adversary one.”

Two recent actions aggravated the relationship between the Hospital and the Commission. One was the Commission’s order reducing the Hospital’s proposed $88 million budget for 1976-1977 by $12.7 million. At a hearing before a panel of the Commission, the Hospital noted that the budget recommended by the Commission was $5.5 million lower than one it had approved a year earlier. It also noted that to reduce the budget “would effectively terminate Yale-New Haven’s mission as a primary teaching-tertiary care hospital and would result in serious im-
pairment to the health and welfare of the citizens in its service areas.” Acting on the panel’s advice, the Commission revised its reduction to $5.5 million. The Hospital then went to court, along with 30 other hospitals whose budgets had been slashed, and won a temporary stay of the Commission’s order. This permitted Yale-New Haven to operate at its originally proposed level until the court rules on the validity of the cuts. As of March 1977, no decision has yet been made on the lawsuit, with nearly one-half of the fiscal year already over.

There are many professional organizations which establish the high standards maintained by hospitals and the people who work in them. The Joint Commission on Hospital Accreditation, the American Medical Association residency review committees, Medicare and professional societies provide meaningful guidelines which are used by the Hospital. Such groups as the American and Connecticut Hospital Associations, the American Association of Medical Colleges, and the Council of Teaching Hospitals also provide guidance and assistance.

Dr. Pickett comments, “When a respected organization questions a policy or procedure, we must look at our practices in the light of their facts. When a teacher certification board or a professional licensing board revises requirements for a certain position, we must make sure our staff meet these requirements.”

“If no hospital dared to employ pioneering concepts . . . progress would cease.”

During the last decade there has been developed an ever larger array of costly tests and procedures. Some are controversial. If no hospital dared to employ pioneering concepts, however, progress would cease. As one of the few primary teaching-tertiary care hospitals in this country, we are committed to development of new medical care techniques. It is a role that is often difficult to support but, due to its importance, it is also difficult to relinquish.
In addition to City building and fire codes, health regulations, and zoning requirements, another impact the City has had on the Hospital is noted by Assistant Director, Brian Condon: "The City decided that the Hospital cafeteria should be licensed as a public restaurant since it serves visitors as well as staff. Both main kitchen and cafeteria meet State codes and requirements of the Joint Commission on Hospital Accreditation. But when the cafeteria was viewed according to current City standards, a great many apparent violations were discovered that will require significant expenditure on our part to correct."

"Some of these are the people who live down the block, the Hospital’s neighbors, the people who use the Hospital as their source of primary health care."

The Hospital frequently has relationships with groups of people who have a direct, personal concern with matters pertaining to the Hospital. Some of these are the people who live down the block, the Hospital’s neighbors, the people who use the Hospital as their source of primary health care.

Several neighborhood groups have legitimate concerns about what the Hospital does and where it does it. People Acting for Change (PAC), an organization of block groups from the Hill section adjacent to the Hospital, are concerned with the effect the Hospital has on the neighborhood. PAC, along with the Vernon Street Block Association and the Black Coalition, participates in planning discussions with the Hospital and Yale-New Haven Medical Center, Inc. Their recommendations help shape plans for the Center.

An expense which profoundly affects the Hospital’s ability to keep costs down is malpractice insurance. The cost of this insurance skyrocketed from $257,000 in 1975 to $1,472,000 in 1976, a jump of 473 per cent. Malpractice insurance costs each patient $5 for each day of a hospital stay. Carl R. Fischer, Associate Director, commenting on the Hospital’s dilemma, says, “Out of concern for the cost to patients and the need to
justify services to the third party payers (government and commercial insurance companies), we must use tests prudently. On the other hand, as legal protection, some doctors are inclined to give patients a battery of tests, some of which might not be absolutely necessary. This is commonly called 'defensive' medicine.'

"Malpractice insurance costs each patient $5 for each day of a hospital stay."

The State is involved not only in the Hospital's present, but also in the Hospital's future. For the last decade, the problem of adequate parking for patients, visitors and staff has plagued us while the State has tried to settle the Route 34 extension controversy.

The Hospital's decision to build a parking garage over the extension has depended for a number of years on the State's proceeding with the building of a highway. Unfortunately for the Hospital the project became a political issue surrounded by environmental and funding problems. As Donald R. Kleinberg, Special Assistant to the President, reports, "Since the proposal for the parking garage was first made more than a decade ago, construction costs have risen dramatically. With current budget restrictions and changing priorities, the Board of Directors feels it may no longer be feasible to provide this greatly needed facility."

A disagreement between the Hospital and the Commission on Hospitals and Health Care occurred during the latter part of 1976 when Dart Industries, the parent corporation of Seamless Hospital Products, Inc., offered the Hospital two parcels of land. One, on Hallock Avenue, would provide a temporary solution to employee parking needs. The other, at the corner of Howard and Congress Avenues, could be used for potential Medical Center development. Dart Industries offered these properties for $500,000, which was less than one-sixth of their appraised value.

The Commission denied the Hospital permission to accept this extraordinary gift/sale opportunity. Subsequent to this denial, the Hospital accepted, as a gift, the Hallock Avenue property while Yale-New Haven Medical Center, Inc., paid $500,000 for the other parcel. In reaction,
the Commission initiated an investigation into the relationship between
the Hospital and the Medical Center.

If the State proceeds with the Route 34 extension, fourteen hundred
patient, visitor and employee parking spaces will be lost. Dr. Pickett
notes that the Dart property will “provide a short-term solution to the
severe parking problems of the Hospital and also meet future land and
space requirements in the congested Hospital area.” The long-term
parking solution, however, may still be the long-planned air-rights
garage.

Federal and State health planning agencies appropriately emphasize
the concept of “regionalization.” One application of this principle is
patient referral to a single facility when the demand for a specialized
service is not great enough to warrant its duplication in more than
one hospital.

In the early '70s, Yale-New Haven Hospital entered into an agreement
with the Veterans Administration Hospital in West Haven to admit
stroke and epilepsy patients to the V.A. Hospital. This facility had
highly specialized and expensive units for the treatment of patients
with these problems.

“In May of 1974, the Hospital had to
stop sending Medicare patients — the
majority of stroke patients — to the
V.A. Hospital because of the
enforcement of a regulation which
prohibited one Federal agency
(Medicare) from paying another (the
Veterans Administration).”

A fiscal arrangement was worked out for non-veteran patients whereby
they would “officially” be Yale-New Haven patients. The cost of care
provided by the V.A. Hospital would be charged to Yale-New Haven
which, in turn, would send bills to the patients or their third party
insurers. This arrangement avoided duplication and was a practical
application of regionalization.

In May of 1974, however, the Hospital had to stop sending Medicare
patients — the majority of stroke patients — to the V.A. Hospital because
of the enforcement of a regulation which prohibited one Federal agency
( Medicare ) from paying another ( the Veterans Administration ).

Nearly three years later, intervention in Washington promises resolution
of this problem.

There are probably as many definitions of the care which hospitals
should provide as there are people attempting definition. One, “medical
care,” frequently is interpreted as the therapy given for a disease or
illness. Others see the Hospital providing “patient care,” commonly
thought of as care of the whole patient. This involves such services as
social work, chaplaincy, and others.

Home visits and community liaison, key facets of the Spina Bifida Clinic,
are not direct medical care. Their cost is not reimbursed by the State or
by Blue Cross. So when Yale-New Haven was unable to find sufficient funding for the Spina Bifida Clinic, parents of the Clinic's patients organized the Connecticut Spina Bifida Association. The group raised $15,000 to continue the work of the Clinic into 1977.

Groups of parents of children with afflictions such as sickle cell anemia and cardiac disease have also banded together to share their concerns and provide support for one another.

"Even while we examine ourselves to see how we might keep our costs down, we continue to recognize ways in which patients can be better served through additional services."

Carol Cooper, Chief Social Worker in Pediatrics, comments, "The Hospital sees the total patient, both as a person and as a part of society. Budget restrictions as currently imposed tend to make us question how long we can provide the humane services which build continuity of care. These services ultimately reduce the overall cost incurred by society if a patient cannot attend school or become employed."

Even while we examine ourselves to see how we might keep our costs down, we continue to recognize ways in which patients can be better served through additional services.

A Community Relations Program in the Emergency Room (and more recently in the Primary Care Center) has been established. As the size of the Spanish-speaking population grew, the need for a Spanish interpreter in these areas at all times became apparent.

During the last several years, under grants developed by the Hospital, Yale-New Haven has trained more than 700 Emergency Medical Technicians. This program began as we recognized that the level of emergency care given patients before their arrival at the area's hospitals had to be raised. All the ambulances and fire department vehicles in the area now carry EMTs."
“During the last several years, under grants developed by the Hospital, Yale-New Haven has trained more than 700 Emergency Medical Technicians.”

Lead poisoning, drug information, child abuse, alcoholism, preoperative education, nutrition information, childbirth and parenthood, rape counseling, diabetes information and many other programs are available. They help the patient to understand and to deal with the total problem and forestall the development of possible physical, emotional or financial problems. These activities represent an expense to the Hospital in the short run, but an overall savings to the individual and to society in the long run. The question seems to be, “Can the Hospital responsibly yield its initiative in program development in order to achieve apparent economies?”

The Social Security Administration has extended the Medicare program to include people of any age with end-stage renal disease — people who require kidney dialysis. Associate Director Carl Fischer sees this as “the first time the government selected a disease entity and said it would pay for its treatment — although it will only pay for a fixed number of tests for these patients. It is a first step toward the day when the government may underwrite the cost of catastrophic illness and the first time that the government has indicated how much it will pay for a portion of health care. When the government starts to prescribe the types of laboratory tests it will pay for, and how frequently, it is really getting into the actual delivery of health care.”

The Patient Care Studies Department reviews patient care as it is reflected in medical records and in a concurrent review process, one that monitors patient care even as it is being delivered to patients. It evaluates the use of services and facilities and the quality of the care and then recommends improvements.
Originally a self-imposed means of internal control, the Patient Care Studies Department has valuable resources for both internal administrative use and outside review agencies such as Medicare and Blue Cross. This department has become a model for hospitals around the country, since new federal regulations have made this type of review mandatory.

“Originally a self-imposed means of internal control, the Patient Care Studies Department has valuable resources for both internal administrative use and outside review agencies such as Medicare and Blue Cross.”

Blue Cross and other insurers monitor the medical necessity for care and adjust the coverage of services for individual patients through claims review. They often request copies of patients’ records, question specific cases, and sometimes withhold funds in cases in which necessity for continued in-hospital care is questioned. As an example of the dramatic effect an insurer can have, Patient Care Studies Director Phyllis Pallett cites two years the Department devoted its activities almost exclusively to a review of $2 million of retrospective Medicare payments which were denied by Blue Cross. “Although we were able to document the need for hospital care for almost all of the cases and recover almost all of the payments, it was a costly, time-consuming process at a time when fiscal pressures were increasing,” she recalls.

“The Hospital saw a need to develop this kind of service as well as a need to identify the rights of patients.”

Funded by the Hospital and the Community Associates through the National Association for the Advancement of Colored People, the Patient Advocate Office was established to help, in particular, minority
group patients, including those who do not speak English. The Patient Advocate Associates, volunteers who are members of the Community Associates, meet patients, discuss their needs, and work with staff, including a full-time Advocate, to resolve problems. Associate Director Herbert Paris recalls, “The Patient Advocate was initially appointed as a result of the social conflicts and concerns of the late sixties. The Hospital saw a need to develop this kind of service as well as a need to identify the rights of patients.” The Advocate gave black people and Spanish-speaking people a person with whom they could comfortably identify in getting their problems solved.

The emphasis in this Annual Report has been the conflicts resulting from external forces sometimes pulling in opposite directions. It should not go unnoticed, however, that there are internal forces which, though less stressful, have significant influence on the future course of the Hospital. Employees, the medical staff, patients, volunteers, members of the Community Associates for Yale-New Haven Hospital, members of the Board of Directors and Board Committees and visitors all play an important role in progress. Some suggestions are impractical. Others, considered in priority, cannot be financed. But many, in fact, are implemented.
Chairman of the Board
G. Harold Welch, Jr.

Vice-Chairmen
Richard H. Bowerman
Mrs. Angus N. Gordon, Jr.
C. Newton Schenck, III

Secretary
John Q. Tilson

Assistant Secretary
Richard H. Judd

Treasurer
Earle E. Jacobs, Jr.

Annual Meeting of the Hospital Board of Directors
At the annual meeting on February 26, 1976, bylaw changes were adopted to change the title of the chief executive officer from "Director" to "President." Accordingly, the volunteer "President" became "Chairman of the Board" and "Vice-Presidents" became "Vice-Chairmen."

G. Harold Welch, Jr., a member of the Hospital Board since 1968, was elected to a third one-year term as head of the Board. Newly elected to a one-year term as Vice-Chairman was C. Newton Schenck, III, who replaced John M. C. Betts. All other current officers were elected for an additional year's term.

Elected to his first three-year term on the Board of Directors was Robert N. Schmalz, attorney with the law firm of Thompson, Weir and Barclay. Reelected to three-year terms were Mrs. Robert Adnopoz, Richard H. Bowerman, Kingman Brewster, Jr., José A. Cabranes, Earl E. Jacobs, Jr., and Ernest L. Osborne. Retiring from the Board upon completion of the permissible term of service was John M. C. Betts. Replacing Mrs. Lawton G. Sargent, Jr., President of the Community Associates for Yale-New Haven Hospital, as ex-officio member, was Mrs. Charles H. Gesner.

Community Associates for Yale-New Haven Hospital
as of September 30, 1976

President
Mrs. Charles H. Gesner

First Vice-President
Mrs. Sumner McK. Crosby, Jr.

Second Vice-President
Mrs. John E. Fenn

Corresponding Secretary
Mrs. Roland H. Kratzer, Jr.

Recording Secretary
Mrs. Charles R. Michael

Treasurer
Mrs. Robert A. Peck

Treasurer of the Carryall Shops
Mrs. Norman Zolot

*ex-officio

Elected Officers: Medical Staff

President
James D. Kenney, M.D.

Vice-President
John E. Fenn, M.D.

Past President
B. Marvin Harvard, M.D.

Medical Staff as of September 30, 1976

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honorary</td>
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<td>Consulting</td>
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<tr>
<td>Emeritus</td>
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<tr>
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<td>585</td>
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<tr>
<td>Associate</td>
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<td>Courtesy</td>
<td>91</td>
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<tr>
<td>Adjunct Physicians</td>
<td>4</td>
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<td>Dentists and Physicians to the Ambulatory Service</td>
<td>202</td>
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<tr>
<td>Clinical Fellows</td>
<td>127</td>
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<tr>
<td>Residents</td>
<td>316</td>
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<tr>
<td>Professional Staff (non-M.D.)</td>
<td>33</td>
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<td>Total</td>
<td>1,577</td>
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<td>Less Duplications</td>
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</table>

*Total Medical Staff: 1,568

*In this total are 328 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 Psehirrer, M.D.
Robert K. Davies, M.D.

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

Department of Dentistry
Chief
Milton Lisanski, D.D.S., Acting
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. Kushlan, 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
Arthur E. Baue, M.D.
Associate Chief
John E. Fenn, M.D.

Cardiothoracic Surgery
Section Chief
Arthur E. Baue, M.D.
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
Lycurgus 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
Section Chief
Wayne O. Southwick, M.D.
Associate Section Chief
Ulrich H. Weil, M.D.

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

Chairman
Lawrence K. Pickett, M.D.

Vice-Chairman
David Seligson, M.D.

Secretary
Richard H. Judd

Arthur E. Baue, M.D.
Robert W. Berliner, M.D.
Malcolm B. Bowers, Jr., M.D.
Thomas F. Dolan, Jr., M.D.
John E. Fenn, M.D.
James J. Fischer, M.D.
Gilbert H. Glaser, M.D.
Richard H. Greenspan, M.D.
B. Marvin Harvard, M.D.
Nathan G. Kase, M.D.
James D. Kenney, M.D.
Luke M. Kitahata, M.D.
Samuel D. Kushlan, M.D.
Stanley R. Lavietes, M.D.
Aaron B. Lerner, M.D.
Milton Lisanski, D.D.S.
Vincent T. Marchesi, M.D.
Howard A. Pearson, M.D.
Ronald C. Savin, M.D.
Marvin L. Sears, M.D.
Samuel O. Thier, M.D.
Charles B. Womer

Pediatric Surgery
Section Chief
Robert J. Touloukian, M.D.

Plastic and Reconstructive Surgery
Section Chief
Thomas J. Krizek, M.D.
Associate Chief
Irving M. Polayes, M.D.

Urology
Section Chief
Bernard Lytton, M.D.
Associate Section Chief
John B. Goetsch, M.D.
President
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
Marie Manthey, R.N.
Joseph A. Zaccagnino

Assistant Directors
Brian Condon
Kenneth L. Grubbs
Susan Shimelman

Special Assistant to the President
Donald R. Kleinberg

Assistant to the President
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
Micheal 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
Josephine Locarini

Materials Management
Paul S. Minore

Medical Records
Robert R. Zappacosta

Minority Recruitment
Courtland S. Wilson

Nursing, Division of
Marie Manthey, R.N.

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 Zeleznik

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
Peter L. Forster, Acting Director

Social Service
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 Staff.

Arthur E. Baue, M.D.
Leo J. Cooney, M.D.
Marie Manthey, R.N.
Robert R. Zappacosta
Providing superior patient care often requires sophisticated equipment. For some Yale-New Haven patients this means a 32 million electron volt linear accelerator installed in the Hunter Radiation Therapy Center. Used for the first time in November, this example of the latest in medical technology treats some deep-seated tumors more accurately and with less damage to surrounding normal tissue than does other equipment. This super voltage radiation therapy equipment was the first of its kind in New England and the third in the country.

Certain patients can now come to the Hospital, have surgery, and go home the same day. In February, the Hospital introduced an expanded Ambulatory Surgery Program. Located in the Memorial Unit, the program makes it possible for some operations to be performed without admitting the patient for an overnight stay—a step that cuts costs.

On July 1, 1976, public drunkenness in Connecticut was legally declared a disease instead of a crime. In anticipation of this, Yale-New Haven cooperated with The Hospital of St.

Some 2,500 pregnant women, nursing mothers, and children under the age of four who were patients of the Hospital’s clinics received nutritional supplements through the Hospital, under the WIC Program. The Women’s, Infant’s and Children’s Food Supplement Program at Yale-New Haven was re-funded under a grant from the U.S. Department of Agriculture.

Largely through the efforts of Barbara Moynihan, R.N., a Rape Counseling Team, consisting of nurses, chaplains, and social workers was created. This group takes charge, in this particular time of crisis, both by providing the victim with compassionate support and by coordinating treatment. Cooperative procedures which meet legal requirements were worked out with

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Opened in November, 1975, the Primary Care Center provides care for some 15,000 area residents who had been using the Hospital’s Emergency Service as their source of ongoing health care. This had resulted in overcrowding and long waits in the Emergency Room. The new Center brings together the Hospital’s general medical and pediatric clinics, placing them in a setting with a laboratory and social work offices.

Following the graduation of the last class of the Grace-New Haven School of Nursing, the Grace Educational Building was converted to provide much needed space for administrative and support service functions. Also in the building are offices of the Yale-New Haven Medical Center, Inc.
Hospital President Charles B. Womer was chosen for a one-year term as Chairman of the Council of Teaching Hospitals of the American Association of Medical Colleges. The Council represents major teaching hospitals across the nation. At the 58th Annual Meeting of the Connecticut Hospital Association, Mr. Womer received a distinguished service award, having served as a member of the CHA Board of Trustees for four years and as CHA President in 1975. As noted in the meeting’s program, “Mr. Womer has served with diligence and distinction in an area where decisions have been crucial to the progress of hospitals and the well-being of their patients.”

At the September meeting of the Hospital Board, tribute was paid to Mr. Womer, who was resigning October 1st to assume the position of President and Chief Executive Officer of University Hospitals in Cleveland, Ohio. Lawrence K. Pickett, M.D., Chief of the Hospital’s Medical Staff, was appointed Acting Chief Executive Officer pending the selection of Mr. Womer’s successor.

Elected officers of the medical staff for the year beginning July 1 were Dr. James D. Kenney, President; Dr. John E. Fenn, Vice-President; and Dr. Mark D. Schwartz, Secretary. The president and vice-president of the medical staff, together with the chief-of-staff, the dean of the Yale School of Medicine, and the president of Yale-New Haven Medical Center, Inc., are invited to participate in all meetings of the Hospital’s Board of Directors. Medical staff luncheons with members of the Board were also instituted as a means of improving communication and increasing mutual understanding.

Ismael R. Chavez, Community Relations Worker in the Emergency Service, was honored with the New Haven Register’s May Salute. The newspaper listed the tributes that have come to Mr. Chavez in recognition of his work and devotion and commented that, “It takes exceptional qualities of character for someone who is handicapped to get along in this world. It takes extraordinary dedication for such a person to make life better for those who are handicapped. Ismael R. Chavez has demonstrated such dedication.”

In September, Mr. Chavez and Brenda Smith, Pediatric Social Worker, were appointed to Mayor Frank Logue’s Committee on the Handicapped. The Committee serves in an advisory capacity to the Human Resources Administration.
In an attempt to communicate what is happening at Yale-New Haven, a new quarterly magazine appeared in the spring. FOCUS looks at the heart of Yale-New Haven.

As part of the Hospital’s efforts to reduce expenses, a limited access telephone toll system went into operation on December 1, 1975. The new system limits toll calls to those people with their own personal access numbers and holds the individual accountable for calls charged to that number.

An example of the “uncontrollable” expenses that the Hospital often faces came in early 1976 when the premium cost for the Hospital’s malpractice insurance coverage increased 473 percent over the previous year, from $257,000 to $1,472,000. On April 1, the Hospital’s charges were increased $3 to $10 per patient day to cover this additional cost.

In 1976 the Auxiliary of Yale-New Haven Hospital changed its name to Community Associates for Yale-New Haven Hospital. The name-change reflects both the community base of the organization and its increased emphasis on public education. Community Associates paid for the publication of the pamphlet, “Your New Baby,” distributed to Primary Care Center patients. On April 27, Community Associates sponsored a panel presentation for the public on “Community Resources for Alcoholics and Their Families.” One hundred and fifty people attended.

The United Way received $34,007 from 2,001 Hospital employees in 1975. Those contributing surpassed the previous year’s record high by $1,671 and 230 contributors.

In the fall of 1975 the Hospital participated in Black Expo and in the spring of 1976 it took part in New Haven’s tribute to “Older Americans.”

In February, Mrs. Marie Manthey joined the staff as Associate Director of the Hospital and Director of the Division of Nursing. Mrs. Manthey gained national recognition for pioneering the concept of “primary nursing.” The primary nurse accepts responsibility for all decisions about nursing care for a specific patient and builds a close one-to-one relationship—a change that has had profound effects on the care of patients and the practice of nursing in hospitals.

Herbert Paris, Associate Director, was appointed to the National Commission on Confidentiality of and Access to Health Records by the American Hospital Association. Miss Joanne Blackley, Director of Food Services, began a three-year term as Public Relations Chairperson for the American Dietetic Association.

Cornelius (Connie) Enright, Manager of Receiving and Stores, was presented with a silver bowl on September 9, 1976, for his 50 years of service to the Hospital. He is the second employee in the 150-year history of the Hospital to reach this milestone.

A Volunteer Recognition Ceremony was held in early September to commend 234 high school age volunteers who clocked 26,000 hours of work in support of patients at Yale-New Haven. Many of the students participated in special educational sessions such as Cardio-Pulmonary Resuscitation and “Asking ‘How Are You’ Can Be Risky.”

At the Quarter Century Club banquet held on May 13, 138 past and present employees who had reached 25 years of service were honored. Nine new members were welcomed to the group.

The dedication of all the Hospital’s employees was put to the test during late 1975 and early 1976 when the institution faced a cash flow problem resulting from a significant and unexpected reduction in the volume of services to patients. All budgeted construction projects not yet underway and equipment not yet ordered were frozen. Only vacant positions...
necessary to the maintenance of the most essential services were filled. The use of overtime and temporary help was severely restricted. The cooperation from employees during this difficult period was outstanding.

The Mutual Respect Committee was active throughout the year. Mutual Respect Week again featured an employees' arts and crafts show. The Committee held its annual Holiday Food Drive in December, collecting 845 non-perishable food items for distribution to needy families in New Haven. The Committee-sponsored Christmas Choral Group brought holiday cheer to both patients and employees.

Employee benefits improved with the adoption of an Extended Sick Leave Benefits Plan for all non-bargaining unit employees. The plan went into effect January 1.

A General Program for Supervisory Training and Development included courses in Performance Review, Human Relations, Conference Leadership, Supervisory Safety Training, and Transactional Analysis Communications Training.$\text{Y}$$\text{e}$$\text{l}$$\text{a}$$\text{-}$$\text{n}$$\text{e}$$\text{w}$$\text{H}$$\text{a}$$\text{v}$$\text{e}$$\text{n}$
celebrated its 150th anniversary. The chartering of the nation's sixth oldest general hospital was commemorated with a public subscription dinner on May 26, 1976. More than 500 employees, health care professionals, and lay members of the community attended. William Horowitz, a former member of the Hospital's Board of Directors, served as Chairman of the Hospital's Sesquicentennial Committee and presided at the dinner. Speakers included Dr. Theodore Cooper, Assistant Secretary for Health of the U.S. Department of Health, Education, and Welfare; The Honorable Frank Logue, Mayor of the City of New Haven; Sister Louise Anthony, Administrator of The Hospital of St. Raphael; Dr. Courtney C. Bishop, former Chief-of-Staff; Kingman Brewster, Jr., President of Yale University; G. Harold Welch, Jr., Chairman of the Board of Yale-New Haven; Charles B. Womer, Hospital President; and Dr. James D. Kenney, President of the Medical Staff.

On June 27, 1976, Yale-New Haven Hospital participated in New Haven's Bicentennial Parade with a float depicting "150 Years of Caring." The float, created through the efforts of the Mutual Respect Committee, was awarded first place in the arts and sciences division.
## Comparative Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients discharged during the year</td>
<td>35,784</td>
<td>35,729</td>
</tr>
<tr>
<td>Patient days care provided</td>
<td>276,710</td>
<td>278,252</td>
</tr>
<tr>
<td>Average length of patients' stay (days)</td>
<td>7.7</td>
<td>7.8</td>
</tr>
<tr>
<td>Average daily patient census</td>
<td>756</td>
<td>762</td>
</tr>
<tr>
<td>Clinic visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Service visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operations</td>
<td>14,974</td>
<td>14,832</td>
</tr>
<tr>
<td>Recovery Room cases</td>
<td>13,642</td>
<td>13,459</td>
</tr>
<tr>
<td>Births</td>
<td>4,302</td>
<td>4,178</td>
</tr>
<tr>
<td>Diagnostic Radiology examinations</td>
<td>156,297</td>
<td>164,181</td>
</tr>
<tr>
<td>Laboratory procedures</td>
<td>1,937,355</td>
<td>1,839,521</td>
</tr>
<tr>
<td>Physical Therapy treatments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrocardiology examinations</td>
<td>42,431</td>
<td>39,633</td>
</tr>
<tr>
<td>Electroencephalography examinations</td>
<td>3,149</td>
<td>3,056</td>
</tr>
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</table>

### Inpatient Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>1976 Discharges</th>
<th>1975 Patient Days</th>
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</thead>
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<tr>
<td>Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td>141</td>
<td>2,430</td>
</tr>
<tr>
<td>Gynecology</td>
<td>3,701</td>
<td>18,155</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>4,966</td>
<td>19,038</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>664</td>
<td>3,948</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>438</td>
<td>12,461</td>
</tr>
<tr>
<td>Radiology</td>
<td>109</td>
<td>1,028</td>
</tr>
<tr>
<td>Medicine</td>
<td>6,168</td>
<td>63,195</td>
</tr>
<tr>
<td>Neurology</td>
<td>449</td>
<td>5,120</td>
</tr>
<tr>
<td>Surgery:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiothoracic (Cardiovascular and Thoracic)</td>
<td>560</td>
<td>8,684</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>977</td>
<td>12,604</td>
</tr>
<tr>
<td>Oral</td>
<td>144</td>
<td>365</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>1,734</td>
<td>19,240</td>
</tr>
<tr>
<td>Otorhinolaryngology</td>
<td>993</td>
<td>4,466</td>
</tr>
<tr>
<td>Plastic</td>
<td>1,128</td>
<td>9,706</td>
</tr>
<tr>
<td>Urological</td>
<td>1,562</td>
<td>12,684</td>
</tr>
<tr>
<td>General</td>
<td>3,678</td>
<td>38,491</td>
</tr>
<tr>
<td>Total Surgery</td>
<td>10,776</td>
<td>106,240</td>
</tr>
<tr>
<td>Total Adults</td>
<td>27,412</td>
<td>231,615</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>1,833</td>
<td>10,869</td>
</tr>
<tr>
<td>Surgical</td>
<td>1,936</td>
<td>10,205</td>
</tr>
<tr>
<td>Total Children</td>
<td>3,769</td>
<td>21,074</td>
</tr>
<tr>
<td>Newborn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>3,921</td>
<td>13,714</td>
</tr>
<tr>
<td>Special Care</td>
<td>682</td>
<td>10,307</td>
</tr>
<tr>
<td>Total Newborn</td>
<td>4,603</td>
<td>24,021</td>
</tr>
<tr>
<td>Total All Inpatients</td>
<td>35,784</td>
<td>276,710</td>
</tr>
</tbody>
</table>

1976 1975
Patients discharged during the year 35,784 35,729
Patient days care provided 276,710 278,252
Average length of patients' stay (days) 7.7 7.8
Average daily patient census 756 762
Clinic visits 174,463 160,902
Emergency Service visits 91,809 88,123
Operations 14,974 14,832
Recovery Room cases 13,642 13,459
Births 4,302 4,178
Diagnostic Radiology examinations 156,297 164,181
Laboratory procedures 1,937,355 1,839,521
Physical Therapy treatments 38,395 32,926
Electrocardiology examinations 42,431 39,633
Electroencephalography examinations 3,149 3,056

Discharges | Patient Days
Adults | 1976 | 1975 | 1976 | 1975
Dermatology | 141 | 141 | 2,430 | 2,349
Gynecology | 3,701 | 3,900 | 18,155 | 18,082
Obstetrics | 4,966 | 4,772 | 19,038 | 17,871
Ophthalmology | 664 | 681 | 3,948 | 4,162
Psychiatry | 438 | 409 | 12,461 | 12,054
Radiology | 109 | 103 | 1,028 | 975
Medicine | 6,168 | 6,178 | 63,195 | 66,468
Neurology | 449 | 542 | 5,120 | 6,060
Surgery: | | | | |
Cardiothoracic (Cardiovascular and Thoracic) | 560 | 532 | 8,684 | 7,647
Neurosurgery | 977 | 1,004 | 12,604 | 12,587
Oral | 144 | 147 | 365 | 391
Orthopaedic | 1,734 | 1,771 | 19,240 | 19,694
Otorhinolaryngology | 993 | 898 | 4,466 | 4,010
Plastic | 1,128 | 961 | 9,706 | 8,554
Urological | 1,562 | 1,618 | 12,684 | 13,164
General | 3,678 | 3,729 | 38,491 | 39,222
Total Surgery | 10,776 | 10,660 | 106,240 | 105,269
Total Adults | 27,412 | 27,386 | 231,615 | 233,290
Children | | | |
Medical | 1,833 | 1,953 | 10,869 | 11,233
Surgical | 1,936 | 1,925 | 10,205 | 10,470
Total Children | 3,769 | 3,878 | 21,074 | 21,703
Newborn | | | |
Normal | 3,921 | 3,755 | 13,714 | 13,355
Special Care | 682 | 710 | 10,307 | 9,904
Total Newborn | 4,603 | 4,465 | 24,021 | 23,259
Total All Inpatients | 35,784 | 35,729 | 276,710 | 278,252

Statistics
<table>
<thead>
<tr>
<th>Service</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Opened November 17, 1975)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent</td>
<td>1,255</td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>9,682</td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>9,528</td>
<td></td>
</tr>
<tr>
<td><strong>Total PCC</strong></td>
<td>20,782</td>
<td></td>
</tr>
<tr>
<td>Visits made to General Medicine, Pediatrics, Adolescent Clinics prior to opening PCC</td>
<td>2,855</td>
<td>18,834</td>
</tr>
<tr>
<td>Dermatology</td>
<td>7,389</td>
<td>7,810</td>
</tr>
<tr>
<td>Neurology</td>
<td>1,464</td>
<td>1,637</td>
</tr>
<tr>
<td><strong>- Women’s Clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics</td>
<td>9,748</td>
<td>8,386</td>
</tr>
<tr>
<td>Gynecology</td>
<td>15,715</td>
<td>13,529</td>
</tr>
<tr>
<td>Evening GYN</td>
<td>1,796</td>
<td>2,376</td>
</tr>
<tr>
<td><strong>Total Women’s Clinic</strong></td>
<td>27,262</td>
<td>24,291</td>
</tr>
<tr>
<td>Dana Psychiatry</td>
<td>9,847</td>
<td>8,268</td>
</tr>
<tr>
<td>Dental</td>
<td>6,599</td>
<td>6,905</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>14,497</td>
<td>14,576</td>
</tr>
<tr>
<td><strong>Medicine/Dana Diagnostic Center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy</td>
<td>2,268</td>
<td>2,310</td>
</tr>
<tr>
<td>Cardiology</td>
<td>1,851</td>
<td>1,523</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>3,840</td>
<td>4,718</td>
</tr>
<tr>
<td>Hematology</td>
<td>773</td>
<td>883</td>
</tr>
<tr>
<td>Immunology</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td>630</td>
<td>643</td>
</tr>
<tr>
<td>Metabolism</td>
<td>1,994</td>
<td>1,046</td>
</tr>
<tr>
<td>Nephrology</td>
<td>1,384</td>
<td>992</td>
</tr>
<tr>
<td>Arthritis and Rheumatology</td>
<td>1,398</td>
<td>1,339</td>
</tr>
<tr>
<td><strong>Total Dana Diagnostic Center</strong></td>
<td>15,078</td>
<td>17,928</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>4,851</td>
<td>4,118</td>
</tr>
<tr>
<td>Winchester Chest</td>
<td>3,906</td>
<td>3,691</td>
</tr>
<tr>
<td><strong>Total Medicine</strong></td>
<td>23,835</td>
<td>25,737</td>
</tr>
<tr>
<td><strong>Pediatric Specialty Center</strong></td>
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<td></td>
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<tr>
<td>Allergy</td>
<td>1,203</td>
<td>1,629</td>
</tr>
<tr>
<td>Cardiology</td>
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<td>1,834</td>
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<tr>
<td>Cystic Fibrosis</td>
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<td>475</td>
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<tr>
<td>Endocrinology</td>
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<td>1,277</td>
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<tr>
<td>Genetics/Birth Defects</td>
<td>505</td>
<td>650</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>603</td>
<td>444</td>
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<td>Hematology</td>
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<td>2,169</td>
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<tr>
<td>Nephrology</td>
<td>426</td>
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</tr>
<tr>
<td>Neurology</td>
<td>809</td>
<td>656</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>324</td>
<td>43</td>
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<tr>
<td>Spina Bifida</td>
<td>150</td>
<td>161</td>
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<tr>
<td>Surgical/Surgical Cardiac</td>
<td>318</td>
<td>219</td>
</tr>
<tr>
<td><strong>Other Specialties</strong></td>
<td>103</td>
<td>203</td>
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<tr>
<td><strong>Total Pediatric Specialty Center</strong></td>
<td>11,030</td>
<td>10,010</td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
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</tr>
<tr>
<td>Dana Surgery</td>
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<td></td>
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<tr>
<td>Cardiac</td>
<td>1,485</td>
<td>1,431</td>
</tr>
<tr>
<td>General</td>
<td>10,883</td>
<td>9,820</td>
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<tr>
<td>Hand</td>
<td>1,396</td>
<td>809</td>
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<tr>
<td>Minor Surgery</td>
<td>930</td>
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<tr>
<td>Neurosurgery</td>
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<td>2,276</td>
</tr>
<tr>
<td>Pacemaker</td>
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<td>397</td>
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<td>Pain</td>
<td>563</td>
<td>294</td>
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<tr>
<td>Peripheral Vascular</td>
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<td>460</td>
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<tr>
<td>Plastic</td>
<td>4,119</td>
<td>3,790</td>
</tr>
<tr>
<td>Thoracic</td>
<td>131</td>
<td>112</td>
</tr>
<tr>
<td><strong>Total Dana Surgery</strong></td>
<td>23,190</td>
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<tr>
<td><strong>Orthopaedics</strong></td>
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<td></td>
</tr>
<tr>
<td>General</td>
<td>5,177</td>
<td>4,606</td>
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<tr>
<td>Fracture</td>
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<td>3,574</td>
</tr>
<tr>
<td>Pediatric</td>
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<td>390</td>
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<tr>
<td><strong>Total Orthopaedics</strong></td>
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<td>8,570</td>
</tr>
<tr>
<td><strong>Otolaryngology</strong></td>
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<td></td>
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<tr>
<td>General</td>
<td>6,168</td>
<td>5,018</td>
</tr>
<tr>
<td>Hearing and Speech</td>
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<td>4,464</td>
</tr>
<tr>
<td><strong>Total Otolaryngology</strong></td>
<td>10,471</td>
<td>9,482</td>
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<tr>
<td><strong>Urology</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Surgery</strong></td>
<td>48,603</td>
<td>42,834</td>
</tr>
<tr>
<td><strong>Total All Clinic Visits</strong></td>
<td>174,463</td>
<td>160,902</td>
</tr>
<tr>
<td><strong>Total Emergency Service Visits</strong></td>
<td>91,809</td>
<td>88,123</td>
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<tr>
<td><strong>Total Therapeutic Radiology</strong></td>
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<td></td>
</tr>
<tr>
<td>Follow-up Visits</td>
<td>3,766</td>
<td>3,454</td>
</tr>
<tr>
<td><strong>Grand Total Outpatient Visits</strong></td>
<td>270,038</td>
<td></td>
</tr>
</tbody>
</table>
# Revenues and Expenses

Comparative Statement of Revenues and Expenses
Unrestricted Fund (In Thousands of Dollars)

<table>
<thead>
<tr>
<th>Description</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues From Services to Patients (Note C):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room, Board and Nursing</td>
<td>$34,196</td>
<td>$30,992</td>
</tr>
<tr>
<td>Special Services—Inpatients</td>
<td>32,500</td>
<td>28,412</td>
</tr>
<tr>
<td>Clinic patients</td>
<td>4,185</td>
<td>4,246</td>
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<tr>
<td>Emergency Room patients</td>
<td>3,743</td>
<td>3,264</td>
</tr>
<tr>
<td>Referred outpatients</td>
<td>5,041</td>
<td>3,104</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>79,665</td>
<td>70,018</td>
</tr>
</tbody>
</table>

| **Deductions From Gross Revenue (Note B):**                               |            |            |
| Contractual and Other Allowances                                          | 6,517      | 6,499      |
| Provision for uncollectible accounts                                      | 3,428      | 2,469      |
| **Total**                                                                  | 9,945      | 8,968      |

| **Net Revenues from Services to Patients**                                 | 69,720     | 61,050     |
| Other Operating Revenues                                                  | 310        | 327        |
| **Total Revenues**                                                         | 70,030     | 61,377     |

| **Operating Expenses:**                                                    |            |            |
| Salaries                                                                  | 38,113     | 34,799     |
| Supplies and Other Expenses                                               | 32,708     | 28,153     |
| Depreciation                                                              | 2,254      | 1,807      |
| Interest                                                                  | 538        | 557        |
| **Total**                                                                  | 73,613     | 65,316     |

| Less—Recovery of expenses from grants, tuition, sale of services, etc.     | 5,131      | 4,660      |

| **Net Operating Expenses**                                                 | 68,482     | 60,656     |

| **Operating Gain**                                                         | 1,548      | 721        |

| **Non-Operating Revenues:**                                                |            |            |
| Investment Income                                                         | 449        | 479        |
| Interest                                                                  | 84         | 181        |
| Abandonment of air rights garage project (Note G):                         | (221)      |            |
| All Other                                                                 | 22         | 334        |
| **Total**                                                                  | 472        | 621        |

| **Excess Of Revenues Over Expenses Before Cumulative**                    |            |            |
| Effect Of A Change In Accounting Principle                                 | 1,882      | 1,342      |

| Cumulative effect on prior years of applying retroactively the change in accounting for vacation costs (Note F): | 895 | |

| **Excess Of Revenues Over Expenses**                                      | $ 987      | $ 1,342    |

See Notes to Financial Statements

Financial Statements Audited by the Hospital’s Certified Public Accountants are available at the Hospital.
<table>
<thead>
<tr>
<th>Assets</th>
<th>September 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1976</td>
</tr>
<tr>
<td><strong>Unrestricted Fund</strong></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$ 313</td>
</tr>
<tr>
<td>Accounts Receivable—Net</td>
<td>15,084</td>
</tr>
<tr>
<td>Inventories</td>
<td>932</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>336</td>
</tr>
<tr>
<td>Rental Pledge Fund Deposits (Note C)</td>
<td>273</td>
</tr>
<tr>
<td>Escrow Funds for Long-Term Lease (Note C)</td>
<td>1,275</td>
</tr>
<tr>
<td>Due from Restricted Funds</td>
<td>2,788</td>
</tr>
<tr>
<td>Deferred Financing Costs and Unamortized</td>
<td></td>
</tr>
<tr>
<td>Bond Discount</td>
<td>335</td>
</tr>
<tr>
<td>Other Assets</td>
<td>428</td>
</tr>
<tr>
<td>Land, Buildings and Equipment—Net (Note C)</td>
<td>31,186</td>
</tr>
<tr>
<td>Construction in Process</td>
<td>1,523</td>
</tr>
<tr>
<td>Board-Designated Funds Reserved for Plant</td>
<td></td>
</tr>
<tr>
<td>Improvement and Expansion</td>
<td>972</td>
</tr>
<tr>
<td><strong>Total—Unrestricted Fund</strong></td>
<td>$55,445</td>
</tr>
</tbody>
</table>

| Restricted Funds                           |       |      |
| Temporary Funds:                           |       |      |
| Cash                                        | $ 82  | $ 13 |
| Marketable Securities                       | 1,784 | 1,121 |
| Accounts Receivable                         | 164   | 281  |
| **Total-Temporary Funds**                   | $ 2,030 | $ 1,415 |

| Endowment and Special Funds:                |       |      |
| Cash                                        | $ 27  | $ 9  |
| Marketable Securities                       | 16,747 | 16,543 |
| Due From Unrestricted Fund                  |       |      |
| Land, Buildings and Equipment               | 918   | 918  |
| **Total—Endowment and Special Funds**       | $17,692 | $17,504 |

| Total—Restricted Funds                      | $19,722 | $18,919 |

See Notes to Financial Statements
### Liabilities and Fund Balance

#### Unrestricted Fund

<table>
<thead>
<tr>
<th>Description</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$1,522</td>
<td>$3,027</td>
</tr>
<tr>
<td>Accrued Expenses Payable</td>
<td>2,970</td>
<td>1,992</td>
</tr>
<tr>
<td>Due to Third-Party Reimbursement Agencies (Note B)</td>
<td>2,997</td>
<td>2,244</td>
</tr>
<tr>
<td>Due to Restricted Funds</td>
<td>34</td>
<td></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>65</td>
<td>84</td>
</tr>
<tr>
<td>Long-Term lease obligation—less portion classified as current liability (Note C)</td>
<td>8,010</td>
<td>8,320</td>
</tr>
<tr>
<td>Deferred Liabilities</td>
<td>1,070</td>
<td>1,050</td>
</tr>
<tr>
<td>Fund Balance (Note B)</td>
<td>38,483</td>
<td>37,167</td>
</tr>
<tr>
<td>Contingent Liability (Note D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsequent Event (Note H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total—Unrestricted Fund</td>
<td>$55,445</td>
<td>$54,246</td>
</tr>
</tbody>
</table>

#### Restricted Funds

**Temporary Funds:**
- Due to Unrestricted Fund
  - Fund Balance
  - Total—Temporary Funds

**Endowment and Special Funds:**
- Due to Unrestricted Fund
- Due to Others
- Endowment and Special Fund Balances:
  - Free Bed
  - William Wirt Winchester
  - Other
- Total—Endowment and Special Funds
- Total—Restricted Funds
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 F.

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 stated 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 stated 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 in the Unrestricted Fund 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 30-year period.

Note B—Third Party Reimbursement Agencies

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, 1976, 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 liability in the Unrestricted Fund for amounts due to third-party reimbursement agencies includes $1,276,000 which is based upon prior year third-party adjustments of reimbursable amounts for 1972 and the effect of applying comparable adjustments to 1973 and 1974. 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 5.563%.

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 $813,200 during the year ending September 30, 1977, 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 ($8,320,000) 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:

**Note C—Long-Term Lease Obligation and Other Mortgage Notes Payable**
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:

<table>
<thead>
<tr>
<th>September 30</th>
<th>1976</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>4½% Mortgage note payable in monthly installments of $1,265, including interest, to April, 1978</td>
<td>$20,501</td>
<td>$34,707</td>
</tr>
<tr>
<td>Loan payable in monthly installments of $722, including interest, to June, 1991</td>
<td>62,766</td>
<td>67,021</td>
</tr>
<tr>
<td>Less portion due within one year classified as current liability</td>
<td>18,801</td>
<td>18,161</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$64,766</strong></td>
<td><strong>$83,567</strong></td>
</tr>
</tbody>
</table>

Substantially all property, plant and equipment are pledged as collateral for the above obligations.

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, 1976, $3,648,660 was outstanding.

The Hospital is a defendant in a number of malpractice claims and various other asserted and unasserted claims. In the opinion of counsel, the Hospital is adequately insured with respect to the malpractice claims, the final settlement, if any, of the remaining claims should not materially affect the financial position of the Hospital.

Total pension costs were $968,600 and $911,000 in 1976 and 1975, respectively.

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 pension costs for the year ending September 30, 1977 by approximately $120,000.
Note F—Accounting Change

Vacation pay for substantially all employees has been recorded on the accrual basis in 1976; previously such pay had been recorded on the cash basis. The change in accounting for vacation pay was made to provide a better matching of accrued revenues to accrued expenses. The effect of the change in 1976 was to decrease excess of revenues over expenses before cumulative effect of the change in accounting principle by $52,071. The adjustment for accrued vacation pay at October 1, 1975 of $1,421,716, less the approximate effect of third-party reimbursement of $527,000, is included in the statements of revenues and expenses for the year ended September 30, 1976 in the amount of $894,716 as the cumulative effect of this accounting change on prior years. The effect on the results of operations of each of the prior years would not be materially different from the amounts previously reported.

Note G—Abandonment of Air Rights Garage Project

In 1976, the Hospital abandoned its air rights garage project. The costs incurred through 1976 total $659,193 and included architect fees and other planning expenses. The abandonment less the approximate effect of third-party reimbursement of $438,000 is included in the statements of revenue and expenses for the year ended September 30, 1976.

Note H—Subsequent Event

The Hospital’s budget for the year ending September 30, 1977 was not approved by the Commission of Hospitals and Health Care (CHHC). Upon appeal by the Hospital, the Court of Common Pleas granted a stay of the decision which allows the Hospital to implement the proposed budget on October 1, 1976, but requires the Hospital to escrow 10% of the collected revenues attributable to the difference between the Hospital’s budgeted rates and the lower rates based on the budget approved by CHHC, pending the outcome of this appeal.
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 1976. 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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Yale-New Haven Hospital, a facility with 984 beds and bassinets, 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, Yale Psychiatric Institute and the Comprehensive Cancer Center for Connecticut at Yale, 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.

**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 Donald R. Kleinberg, Special Assistant to the President, Yale-New Haven Hospital, 789 Howard Avenue, New Haven, Connecticut 06504. Telephone: (203) 436-4700.