Yale-New Haven Hospital (1977)

Yale-New Haven Hospital

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Building A Better Future
For...
This report to the public is dedicated to our patients, the community and medical progress. These three integral forces shape Yale-New Haven Hospital. It is for them that we have committed ourselves “To Build A Better Future.”

It takes more than time and tradition to earn somebody’s trust. Merely “being there” isn’t good enough.

At Yale-New Haven Hospital we’ve been in the business of caring for more than 150 years, with time and tradition but something far more—dependability.

Our patients have come from Des Moines, Iowa, and Guilford, Conn., and sometimes halfway around the world because they could count on us—trust us.

Our patients are the best testimony of what we do well and are the first to criticize us if we don’t meet their high expectations.

Last year more than 2,000 patients told us what they thought—from the Danish with breakfast to their treatment by attending nurses and physicians.

We learned a lot about ourselves.

A patient from North Haven, Conn., said “If I were you I would have a conference or meeting and praise all the people-nurses, doctors, technicians and other employees-everyone who works in or is associated with your hospital. My own doctor is the best, but there were people like Cathy, the head nurse; the very nice resident; countless kind nurses and aides who made my unexpected long stay bearable.”

Another patient from Massapequa, N.Y., said “The doctors and staff were exceptional” and he was impressed with their “devotion and care of just one individual case—me.”

Ninety-three percent of those responding to patient comment cards rated their nursing care superb. Ninety-six percent said their reception at the hospital was friendly. Another 90 percent said they were pleased at being treated as individuals, not cases.

But our job doesn’t stop there.

Our Patient Care Studies Department last year completed evaluations of 12 medical areas, from Caesarean Sections to the Psychiatric Consultation Service—looking for strengths and improvements.

Intensive care units for coronary, pediatric, medical and surgical patients provide around-the-clock treatment for patients from all parts of Connecticut and from other states as well.

We opened a new seven-bed Pediatric Intensive Care Unit in 1977 enabling us to handle high risk cases involving children with serious illnesses like Reyes Syndrome.

But we know that helping sick people get better takes more than technical know-how. A kind word—a thoughtful gesture—often becomes the best “medicine.”

We have a nursing staff of 1,000 that is trained to respond not only to a sudden drop in blood sugar level, for example, but to the fear a first-time hospital patient might encounter.

We practice Primary Nursing at Yale-New Haven, a concept where one nurse is responsible for the total care of a certain number of patients. This practice, which has been nationally associated with Mrs. Marie Manthey, vice president for Patient Services, means the nurse gets to know the patients on a more personal level and spends more time with them. It also means the nurse can look at the patient’s “total care” rather than just some of the parts.

Our successful volunteer program has grown to 1,022 dedicated men and women who donated 86,588 hours during 1977. Not only are our patients benefiting from an extra pair of helping hands, but the volunteers themselves are being meaningfully rewarded.

In these and other ways we’ve cared. And we’ve learned along the way that keeping and building our patients’ trust is something we must do year after year, not just for time and tradition—but for dependability.
What's in a name?
Ours was forged from two places: a University 75 years older than the republic and a city with a heritage rooted in the 1600's.
Yale-New Haven Hospital has benefited from both.
The University has blessed us with inquisitive minds seeking new knowledge about the origin of disease, and has trained the physicians, nurses and others who must apply that knowledge.
The city has provided men and women of integrity to lead our hospital, enriched our environment with cultural, social and athletic opportunities and granted us moral support.
While we serve many communities, regions and states, our first community is New Haven and its people.
New Haven has been a harbor for clipper ships and oil tankers. A city famous for its theater and its elm-lined streets.
It is an urban center with a hometown feeling—Saturday football games in the Bowl; Friday night applause at our theaters; and sailboats in the Sound.
When the hospital was established in 1826 its founding Board of Directors promised that it would be an institution for all of New Haven's population—regardless of wealth.
That attitude has been preserved.
More than 17,000 people in New Haven rely on our Primary Care Center for ongoing medical care. The Center's Pediatric teaching team was recognized this past year as one of the best of its kind in the country by the Ambulatory Pediatric Association.
Our Women, Infants and Children (WIC) program gives nearly 2,000 families food and nutritional support. We are available 24 hours a day as a poison referral center. Every day we offer educational instruction for many groups—from teenage mothers to diabetics. We counsel people about lead poisoning, drug abuse, alcoholism, child abuse, dieting and exercise.
A film specially created by our Community Associates, "Johnny Goes to the Hospital", eases pre-admission fears and helps youngsters understand hospital routine and equipment before they come here. The film has inspired other hospitals to produce similar programs.
We reactivated our Nursing Home Liaison Program last year to strengthen the link with local nursing homes thereby improving the discharge process for our patients.
Local children take part in our child development programs, staffed in cooperation with Yale's highly praised Child Study Center. Medical expertise is offered local community health clinics such as the Hill Health Center.
Resources like the rape counseling team, our specialists who handle battered women and our groups for parents of children with Sickle Cell Anemia, Cooley's Anemia, Spina Bifida, leukemia and cardiac-related problems, link us in another way to our community.
Local fund raising activities bring thousands of dollars each year to the hospital to purchase equipment or provide needed services.
Yale-New Haven Hospital is a "living" medical institution offering information, education, health care, referral services and training programs.
Who gains the most from this university-hospital-town relationship? We'd like to think we all do. That's what our name implies.
Fifty years ago, medical science had not yet discovered ultrasound, CT Scanners, intra-aortic balloon devices, phrenic nerve pacemakers or vitrectomy operations, but today they are in common use throughout the country—extending people's lives, restoring lost vision or helping doctors detect, at an earlier stage, potentially fatal diseases.

Inquiring minds at work in research laboratories and university teaching hospitals like Yale-New Haven spawned these discoveries. These men and women were driven by curiosity and challenge and the hope that, out of such pursuit, lives would be saved.

Some problems still exist. Cancer has not been conquered and controlled. The mysteries surrounding Sudden Infant Death Syndrome are unsolved.

But Americans are living far longer today than they did 50 years ago. And medical science has played a major role in that achievement.

More than 80 percent of the premature and high risk babies born over the past 10 years would not be alive today if it hadn’t been for a facility like the hospital’s Newborn Special Care Unit. At the unit, newborn infants are placed in special climate-controlled bassinets, constantly monitored by doctors and nurses.

Parents are encouraged to visit the unit often. “Foster grandparents”—older citizens volunteering at the unit—also participate in the “mothering” process.

Cardiologists at Yale are engaged in cardiac research with radio isotopes that is contributing to our ability to predict heart attacks, assess the degree of damage and help determine appropriate therapy.

The National Institute of Health supports numerous researchers working in the medical center on cancer, heart disease, kidney stones, Sickle Cell Anemia and a host of other diseases.

More importantly our professional staff—doctors, nurses and technicians—contribute daily to our progress through application of their patient care and laboratory skills.

Yale-New Haven is proud to be a part of today’s medical frontier and is committed to seeing that tomorrow’s patients stay healthier through our work with the Yale Schools of Medicine and Nursing, the Yale Child Study Center, the Connecticut Mental Health Center and the Yale Psychiatric Institute.
The Hospital was founded in 1826 and commenced its relationship as a teaching hospital with the Yale School of Medicine that same year. Its service to the community was broadened in 1945 when the New Haven Hospital and Grace Hospital merged to form Grace-New Haven Hospital. In 1965, a strengthened university affiliation agreement led to our name being changed to Yale-New Haven Hospital. Today, we have 927 beds and bassinets and 4,000 professional, technical and support service employees.
Building a better future for our patients, for the community and for medical progress is why Yale-New Haven Hospital proposed a major construction program this past year.

The program will help us care more effectively for people who live in this region, from throughout the state and in many cases from other parts of this country and foreign nations.

Eighty percent of the children with leukemia who are treated at Yale-New Haven Hospital come from towns outside the Greater New Haven area.

Thirty-eight percent of all of our psychiatry and pediatric patients also come from these outlying regions.

Yale-New Haven Hospital has the largest emergency service in the entire South Central Connecticut region. Last year we saw 90,101 people.

For the entire year, we recorded more than 300,000 patient visits and admissions at the hospital.

If we allowed the quality of our health care to diminish because of inadequate facilities in the New Haven Unit that are between 60 and 100 years old in some sections, we would not be meeting our obligation to our patients, to the community and to medical progress.

We faced a tough decision.

Connecticut is one of the few states in the country where hospital costs and building plans are regulated by a state commission. We not only had to weigh our obligation to our "constituencies", but ask ourselves if we were within the "spirit" of the commission's cost containment philosophy.

After looking closely at all the alternatives we decided to build a new inpatient facility to replace the outdated New Haven Unit and connect it to our existing Memorial Unit.

We think the decision was the right one. The proposal will solve several problems.

First, many services that are now duplicated in two buildings—the New Haven Unit and the Memorial Unit—will be consolidated. Among those are diagnostic radiology and surgery.

Inefficiencies in the delivery of services like food, linen and materials would be reduced.

For example, food prepared in the main kitchen, located in the Memorial Unit Basement, must travel by cart through a 1,000 foot underground tunnel, up several floors by elevator in the New Haven Unit until it is finally delivered to the patients on 13 different floors in four buildings.

Nursing floors in the New Haven Unit are located in five separate areas—none of which is conveniently connected to each other. This creates inefficiencies in the way nursing services are delivered.

So the Board of Directors at Yale-New Haven Hospital, its medical staff, Yale University and its Medical and Nursing Schools, community physicians, health professionals and the Yale-New Haven Medical Center, Inc., proposed a new building program.

The new facility, to be located on property formerly occupied by the St. John the Evangelist Church, will rise seven stories and connect to the west wing of the Memorial Unit.

It will contain 285,000 square feet of floor space. Overhead skyways, connecting the new in-patient complex with the existing New Haven Unit, are included in the proposal.

Beds now in the New Haven Unit are to be placed in the new tower. A new emergency room and urgent visit center will be located on the ground floor, creating easy access to the main facility.

The New Haven Unit will be turned into a polyclinic, efficiently organizing more than 60 clinics now scattered throughout the New Haven Unit Basement and elsewhere.

If approved by local and state agencies, construction would begin in 1979, with completion and occupancy by 1982.

It is significant that when Yale-New Haven Hospital was chartered in 1826 the request was made to the General Assembly for a "state hospital." In many ways already outlined, Yale-New Haven has remained a state hospital, serving people throughout Connecticut who have come to depend on us for highly specialized health care.

But we can't ignore our responsibility to our other "constituencies"—the city of New Haven and surrounding communities. We are building to serve both.

Yale-New Haven Hospital is endowed with a rich tradition and an excellent medical reputation. We believe that our nurses, doctors and other hospital employees are adding their spirit and dedication to ensure that when the better future is built, the caring will be there too.
### Comparative Statistics

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<thead>
<tr>
<th>Category</th>
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<th>1976</th>
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<td>Patients discharged during the year</td>
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<tr>
<td>Patient days care provided</td>
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<td>276,710</td>
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<td>Average length of patients' stay (days)</td>
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<td>Average daily patient census</td>
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<tr>
<td>Clinic visits</td>
<td>178,482</td>
<td>174,463</td>
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<tr>
<td>Emergency Service visits</td>
<td>90,101</td>
<td>91,809</td>
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<tr>
<td>Operations</td>
<td>14,704</td>
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<tr>
<td>Births</td>
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<td>Diagnostic Radiology examinations</td>
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<td>Laboratory procedures</td>
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<td>Physical Therapy treatments</td>
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<td>Electrocardiology examinations</td>
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<td>Electroencephalography examinations</td>
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### Inpatient Statistics

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<td>Adults</td>
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<td>Pediatrics</td>
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<tr>
<td>Medical</td>
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<td>Surgical</td>
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<td>Total Pediatrics</td>
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<td>Newborn</td>
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<td>Regular</td>
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<td>14,588</td>
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<td>Special Care</td>
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<td>Total Newborn</td>
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<td>Total Inpatient</td>
<td>35,445</td>
<td>277,470</td>
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### Clinical Visits

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<td>Dermatology</td>
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<td>Neurology</td>
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<td>Women's Clinic</td>
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<td>Dana Psychiatry</td>
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<td>9,847</td>
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<td>Dental</td>
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<td>6,899</td>
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<tr>
<td>Ophthalmology</td>
<td>13,892</td>
<td>14,497</td>
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<tr>
<td>Medicine</td>
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<td>23,835</td>
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<tr>
<td>Pediatric</td>
<td>12,709</td>
<td>11,030</td>
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<td>Surgery</td>
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<td>23,190</td>
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<tr>
<td>Orthopaedics</td>
<td>9,743</td>
<td>9,950</td>
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<tr>
<td>Otolaryngology</td>
<td>9,733</td>
<td>10,471</td>
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<tr>
<td>Urology</td>
<td>5,605</td>
<td>4,992</td>
</tr>
<tr>
<td>Total Clinic Visits</td>
<td>178,482</td>
<td>174,463</td>
</tr>
<tr>
<td>Total Emergency Service Visits</td>
<td>90,101</td>
<td>91,809</td>
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<tr>
<td>Total Therapeutic Radiology</td>
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<tr>
<td>Follow-up Visits</td>
<td>3,233</td>
<td>3,766</td>
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<td>Total Outpatient Visits</td>
<td>271,816</td>
<td>270,038</td>
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Paul Hoffer, M.D.

Bone Service
Pamela Jensen, M.D.

Nuclear Medicine
Paul Hoffer, M.D.

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Associate Chief
Charles Petrillo, M.D.
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Lawrence K. Pickett, M.D.

Vice Chairman
David Seligson, M.D.

Secretary
Richard H. Judd

Medical Staff as of March 1, 1978

<table>
<thead>
<tr>
<th>Category</th>
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<td>Consulting</td>
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<td>Emeritus</td>
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<td>Attending</td>
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<td>Associate</td>
<td>164</td>
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<td>Courtesy</td>
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<td>Adjunct Physicians</td>
<td>7</td>
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<td>Dentists and Physicians to the Ambulatory Service</td>
<td>209</td>
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<tr>
<td>Clinical Fellows</td>
<td>131</td>
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<tr>
<td>Residents</td>
<td>326</td>
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<td>Professional Staff (non-M.D.)</td>
<td>41</td>
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<td>Less Duplications</td>
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<td><strong>Total Medical Staff</strong></td>
<td><strong>1,644</strong></td>
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*In this total are 365 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.
Nursing

Administration
Mildred Hollis, R.N.
Terry Kleiman
Mary Levin, R.N.
Shirley Parkhill, R.N.
Doris Thorpe, R.N.
Jennie Wajnowski, R.N.

Ambulatory Nursing
Christine Ferriter, R.N.

Medical Nursing
Birdie Hanson, R.N.

Obstetrics/Gynecology Nursing
Charlotte Smedley, R.N.

Operating Room Nursing
Luba Dowling, R.N.

Pediatric Nursing
Kathleen Fallon, R.N.

Psychiatric Nursing
Doris Banchik, R.N.

Nursing Resources
Patricia Durkin, R.N.

Surgical Nursing
Gladys Dykstra, R.N.
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 1977. 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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### Comparative Statement of Revenues and Expenses Unrestricted Fund
(In Thousands of Dollars)

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<th>1977</th>
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<td><strong>Revenues From Services to Patients</strong></td>
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<td><strong>Deductions from Gross Revenue</strong></td>
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<td><strong>Net Revenues From Services to Patients</strong></td>
<td>78,081</td>
<td>69,720</td>
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<td><strong>Other Operating Revenues</strong></td>
<td>339</td>
<td>310</td>
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<td><strong>Total Revenues</strong></td>
<td>78,420</td>
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<td><strong>Operating Expenses</strong></td>
<td>78,114</td>
<td>68,482</td>
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<td><strong>Operating Gain</strong></td>
<td>306</td>
<td>1,548</td>
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<td><strong>Non-Operating Revenues</strong></td>
<td>641</td>
<td>334</td>
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<td><strong>Excess of Revenues Over Expenses Before Accounting Adjustment</strong></td>
<td>947</td>
<td>1,882</td>
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<td><strong>Cumulative effect on prior years of applying retroactively the change in accounting for vacation costs</strong></td>
<td>-0-</td>
<td>895</td>
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<td><strong>Excess of Revenues Over Expenses</strong></td>
<td>$ 947</td>
<td>$ 987</td>
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