Under these roofs... The Mission of Yale-New Haven Yale-New Haven Hospital 1994 Annual Report

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Under these roofs...
Under these roofs, the art of medicine blends with science. Communities of patients, families and care-givers meet to give and receive care.

Under these roofs, research is pursued and clinical advances are sought.

These disciplines are taught to those who will practice and teach others.

For more than 150 years, the roofs of Yale-New Haven Hospital have provided more than protection from the elements.

They have housed the missions of Yale-New Haven.
Above the roof of the Children's Hospital, Yale-New Haven's newest roof, a helicopter hovers, circles once and lands. Inside is a child with serious head injuries, being transferred from a community hospital in the middle of the state. Hospital staff materialize and move as if they are taking part in a well-rehearsed ballet. The boy is lifted from the helicopter, and wheeled inside for the elevator descent to the emergency room. The chopper leaves; the child's journey has just begun.

At ground level, the urgency of arriving ambulances competes with city traffic, street vendors, school buses and construction crews. Twenty thousand ambulances a year navigate their way to Yale-New Haven Hospital's emergency rooms, some to the adult entrance, others to the Children's Hospital.

The roof and the emergency room are extremes. In between, many patients arrive in their own cars, in taxis, or on foot for elective surgery, to deliver a baby, to receive chemotherapy, to consult with a specialist or simply to undergo a check-up. The arrivals are offset by departures, patients returning home.

Here, primary and specialized care is available from before birth to old age...from intensive care units to mobile medical vans. With three inpatient
pavilions, 900 beds and dozens of outpatient services, Yale-New Haven is a large, world-class medical center. But at the same time, we are a community hospital, for comprehensive primary care, maternity services and emergency care.

We are a community hospital, however, that houses the Yale Cancer Center, federally designated Clinical Research Centers and a Trauma Center, the Dorothy Adler Geriatric Assessment Center and a Children's Hospital.

We are experts in diagnosing and treating just about anything that can be diagnosed and treated. We study our patients, and we learn from them, too.

Sometimes, for the patient, that means you have more care-givers asking more questions; it can also mean more bright, inquisitive minds finding the best solutions to take care of your unique medical problems.

Patients come from close by and from far away. We accept referrals from throughout Connecticut, the nation and the world, but we offer that same sought-after care to the people in our own back-yard. So whether you land on our roof, or drive in underneath the Children's Hospital, you'll receive the same special care.
On any given day, there are 700 different patients in the hospital. They have different names and different stories. They go to different floors. Hundreds more use outpatient services, specialty centers, the emergency department. A father rescues his five-year-old daughter from a West Haven house fire. Both are hospitalized. There is a two-car accident on I-91. Three people are injured. A child riding a bicycle hits a patch of sand and flies over the handlebars. He has no helmet. An elderly woman is in a diabetic coma. Another has fallen down the stairs of her apartment. Her hip is fractured. A man has his gall bladder removed. His laparoscopic surgery is uneventful. An East Haven woman donates a kidney to her son at Yale-New Haven; the following day, her daughter has a baby there.

On one day, a visiting scientist from France comes to the Primary Care Center infected with a rare virus he had been researching at Yale. While the media focuses on the laboratory accident, doctors, nurses and lab technicians take care of the patient. He was the second person in the world known to survive the virus.
On another day, 19-year-old Anibal, a paralyzed New Haven teenager who spent two months at Yale-New Haven after he was shot in the spine, speaks to reporters outside the Children's Hospital and pleads for more gun control. “I have to spend the rest of my life in this wheelchair. Believe me, guns are no fun,” he says. Doctors and nurses, technicians and therapists, patient care associates and laboratory workers sometimes forget the drama of their profession. Patients never forget. Their words are frank and honest.

Enrique is 16 years old. He has bone cancer. “There’s before and there’s after,” says Enrique. “Before, all I thought about was hanging out with my friends, buying clothes and stuff. After the doctors told me I have cancer, that stuff seems like nothing. What’s important is being alive. I figure, if I can get through this, I can do anything.

“Sometimes I think this is a test for me. It’s made me stronger, more spiritual, more aware of how hard my mom works to make a good life for us. And how hard people try to make it easier for me. One of the nurses brings in macaroni and cheese; some days it’s all I can keep down. She doesn’t have to do that. These doctors and nurses, I figure they’re like God’s helpers. They’re put here to help others.”
Together, the dome of the Yale University School of Medicine and the roofs of Yale-New Haven Hospital have populated the nation with some of its finest physicians. Here, beyond the hard edge of science, lies a less defined world where learning, practice and touch are everything, where experience breathes meaning into facts.

Yale-New Haven is a teaching hospital. Teaching and learning are constant catalysts in the search for answers. This is a questioning, stimulating environment. It attracts a high caliber medical staff, comfortable in a challenging climate and willing to serve as role models for some of the brightest young minds in the nation. It all adds up to model patient care.

"At Yale-New Haven, teaching the house staff and taking care of patients go hand-in-hand," says Dr. Kerry Cooper, a community physician who serves as a voluntary member of the clinical faculty. "There's no monetary compensation, so obviously we teach because we love it."

Last year, nearly 3,021 medical school students rated Yale-New Haven Hospital as their first choice, but only 174—the best of the best from medical
schools around the country—were invited to join the house staff at YNHH.

Some 440 young residents provide Yale-New Haven patients with something only teaching hospitals can offer: around-the-clock, on-site, trained physicians in every department, from anesthesiology to therapeutic radiology.

The residents are joined by a select group of nurses, physician associates, respiratory therapists, physical and occupational therapists, radiologic technologists, dietitians and other allied health care professionals who come for learning and experience. Their instructors, professionals all, guide them slowly and deliberately, along a well-worn path.

Under these roofs, professors teach students, physicians teach residents, nurses teach patients, nurses and doctors teach one another. Learning happens in classrooms, in patient rooms, in hallways, on elevators. Education goes beyond the walls of the hospital into the community, into city schools, private houses and public forums.

In this country, the expense of post-graduate medical education has been borne by teaching hospitals like Yale-New Haven and their patients. The cost of preparing the next generation of care-givers should be spread more evenly across the system. It is an investment in our future.
Under a curved roof on College Street, next to a very old roof of what used to be the New Haven Dispensary, is the medical school's most modern research facility. Here, in the Boyer Center for Molecular Medicine, and in other research facilities and laboratories throughout the medical center, Yale has brought together some of the finest minds in basic research and clinical medicine to work collaboratively in understanding human biology and the processes of life and disease.

After new discoveries are tested, tried and true, these medical advances start the journey from the laboratory to the patient's bedside in clinical research trials across the street at Yale-New Haven Hospital. Yale research often allows YNHH patients to benefit from the latest technology and treatments before they are available elsewhere.

Yale research has helped extend the frontiers of medicine. Among Yale-New Haven's accomplishments are many medical "firsts:" the first use of penicillin (1942); first use of chemotherapy for cancer (1942); first to let newborns room-in with mothers (1944); the first artificial heart pump (1949)—now on permanent display at the Smithsonian; first open heart surgery in Connecticut (1956); first fetal heart monitoring (1957); first dialysis in the state...

Behind these achievements were dedicated scientists and physicians, some who pursued research interests and took care of patients, and others who spent their careers sequestered in laboratories—the "bench" researchers, often unacknowledged heroes in the field of medicine. Because of those researchers and the countless patients who willingly took part in clinical research studies, medicine moved on.

Medicine in the 20th century has been truly amazing: immunizations, antibiotics, radiation as a healing force, chemo-therapy, ultrasound, cardiac catheterizations, CT scans, PET scans, magnetic resonance imaging...organ transplants...diagnosis and treatment in utero...gene therapy and molecular biology...and on to new frontiers.
The atrium, the most central and public focal point of the hospital, has an invisible roof. It is a welcoming place. The light and the view are unrestricted.

The community comes in and the hospital reaches out.

Volunteers Luisa and Charlie, and a thousand more like them, bring the community into the hospital through volunteerism. Denise, a hospital nurse, talks with a student at the Hillhouse High School health clinic. Cathy, a maternal/child health outreach worker, drives to the home of a pregnant patient. The commitment to the community is evident in other programs...Connecticut's largest AIDS Care Program...school partnerships...community health screenings...legislative lobbying...assistance for home purchase or renovation in the Hill neighborhood...minority nursing scholarships...and more.

Yale-New Haven's community service mission goes back to 1826, when the hospital was founded as a charitable institution to care for the city's poor.

"Patients who are able to pay in part for their support are received at an agreed rate. Persons destitute of friends or means are always received and
provided for in various ways,” stated the hospital’s 1868 annual report. These words are still true. Last year, the hospital provided $25 million in free or under-compensated care for the poor and the elderly. And despite a reputation which draws patients from around the world, the bulk of the hospital patients—almost 70 percent—are from the New Haven area, and almost half of those from the Elm City itself.

In addition to care of the poor and elderly, YNHH serves its community with health services, health promotion and education, and primary care for local residents. The hospital deals with pressing issues such as infant mortality, lead poisoning, infectious diseases, and substance abuse.

Community service leads the hospital in its daily fight against the unnecessary causes of disease and death—poverty, ignorance, malnutrition, violence and irresponsible lifestyles. In many ways, human behavior represents more of a health threat than any bacteria, virus or genetic disorder.

“Yale-New Haven represents something constant, big and strong. The kids from the Hill look up to us. This is a place that will take care of them. It is a source of employment,” says Don, a YNHH security officer who has befriended neighborhood children. “This hospital is a haven.”
For a short while, on January 24, 1925, physicians, nurses and staff of New
Haven Hospital gathered on the roofs of the medical center buildings to
watch a total eclipse of the sun. Their curious minds could not resist a
chance to witness such an historic event. They had, after all, dedicated them-
selves to similar natural mysteries—health and disease, human biology and
scientific discovery.

The same excitement that led these people to this roof was present, too,
under the roofs, where daily phenomena occurred of a more human nature
—birth and death, healing and human suffering, the task of learning and
the gift of teaching, medical breakthroughs, increasing and passing on
knowledge to the next generation.

The story had begun almost 100 years earlier, in 1826, when the General
Hospital Society of Connecticut was chartered as the first hospital in
Connecticut and the fifth in the nation. The name of the hospital was later
changed to the State Hospital, New Haven Hospital, Grace-New Haven
Hospital and finally, Yale-New Haven Hospital.

The missions did not change. Founded as a charitable institution to
care for the poor, the hospital's role soon expanded to include the care of
the entire community. The physical facilities, too, grew—from a single 15-bed building to a 900-bed medical center complex. New roofs replaced old; new buildings were erected, others were renovated. During seven wars, the hospital served as an active or stand-by military hospital. Such service to the community continues as YNHH approaches the millenium.

There were many other extraordinary sights and historical events. Our knowledge of medicine has increased exponentially. Our drugs and our tools have changed radically. Swift ambulances and helicopters have replaced horse-drawn ambulances. The men and women on the roof that day would not know how to practice medicine today, just 70 years later. What will the next 70 years bring?

Progress of this sort can only happen with a vision of distant horizons and new frontiers. From the roofs of Yale-New Haven are the views of the city, the adjoining towns, the harbor, East and West Rocks and the Sleeping Giant. Beyond, are the heavens and unknown vistas. Under these roofs are the people, the story and the missions of Yale-New Haven.
1994 Year-end Message

1994 was heralded as the year of health care reform. While reform was debated at the federal and state levels, the most profound shift in health care was actually triggered by market forces. The influence of managed care increased in Connecticut, with the repeal of state legislation limiting hospital discounts and the growing sophistication of health care consumers and payors.

Yale-New Haven Hospital is well positioned to address these market forces. The hospital is financially healthy; its facilities are in excellent physical condition; and its clinical care is regarded as among the best available anywhere in the world. However, YNHH's free care and medical education responsibilities, as well as a broad array of specialized services, create a higher cost profile—a disadvantage in an increasingly price competitive market.

**Clinical and Financial Performance.** Yale-New Haven's primary objectives in 1994 addressed clinical service enhancements and cost reduction. Although volume declined in nearly all of Connecticut's hospitals, YNHH experienced record growth in patient demand for both its inpatient and outpatient services. YNHH had 37,450 discharges this year, compared to 35,570 last year. Volume increases ranged from 5 percent in adult medical/surgical cases; to 6.6 percent in maternity cases; to 8.1 percent in pediatrics. In addition, inpatient surgery increased by 6 percent and ambulatory surgery by 10 percent. Outpatient and emergency department visits, too, were higher than last year.

Consistent with state trends, inpatient length of stay continued to drop but case mix continued to increase, indicating that patients were sicker and more services had to be provided during a shorter period of hospitalization.

A few of this year's clinical program improvements include: the introduction of a new stem cell transplantation program to benefit cancer patients; designation as the only Level I Trauma Center in southern Connecticut; operating room efficiency improvements; and a new Physician Referral Service (785-2000) to link patients with over 800 members of Yale-New Haven's medical staff.

Yale-New Haven Hospital demonstrated strong financial performance as well this year, generating an operating gain of approximately $4.4 million. Although positive, the gain represents about three days of the hospital's operating expenses—a narrow margin in such a tumultuous environment.
Non-operating earnings were positive, due to positive cash flow, higher principal investments and modifications in investment vehicles. Under the leadership of F. Patrick McFadden, Jr., and with the support of the campaign committee, hospital trustees and volunteers, Building for Health, the largest fund-raising campaign in YNHH's history, exceeded its goal of $11.5 million.

The Hospital's Family  Yale-New Haven has continued to enjoy a close relationship with Yale University and its Schools of Medicine and Nursing. In addition, strong governing boards for both the hospital and its parent corporation, Yale-New Haven Health Services Corporation, Inc. (YNHHSC) have helped guide new strategies for a changing industry. Outstanding individuals joined the hospital's Board of Trustees in 1994, including: Marna P. Borgstrom, YNHH executive vice president; Elder Theodore L. Brooks, pastor of Beulah Heights First Pentecostal Church in New Haven; Edwin C. Cadman, M.D., YNHH chief of staff; Richard L. Edelson, M.D., chief and chairman of dermatology at YNHH and the School of Medicine; Eileen S. Kraus, president of Shawmut Bank of Connecticut; Barbara Millar, president of the YNHH Auxiliary; Joseph P. Mullinix, vice president for finance and administration at Yale University; and James Albert Thomas, associate dean of the Yale Law School and master of Yale's Saybrook College. In addition, Yale provost Alison F. Richard, Ph.D., was appointed to the YNHHSC board.

The senior operations group was reorganized this year—one senior management position was deleted and two administrative director positions were consolidated. Joseph A. Zaccagnino, president and CEO, appointed Mrs. Borgstrom executive vice president and chief operating officer. Alvin Johnson was recruited as vice president of employee relations and senior affirmative action officer; Frank Tiedemann was appointed senior vice president for marketing and system development; and Robert Feldman was recruited to direct fund development.

John E. Fenn, M.D. retired after serving with distinction for over 40 years, and Dr. Cadman, chief of internal medicine, became chief of staff and senior vice president for medical affairs. Ralph Horwitz, M.D., was named as Dr. Cadman's successor.
Changing the Way We Work  Last year, hundreds of employees and physicians helped plan a hospital-wide cost reduction and quality enhancement initiative, and this year, Patient Focused Operational Redesign (PFOR) became a reality. A new patient care model was introduced on nine inpatient units this year, with new roles such as patient care associates, environmental associates and business associates allowing registered nurses more time for direct patient care.

By planning and executing these changes smoothly, YNHH helped avoid the trauma of significant layoffs that are being experienced in many other Connecticut hospitals as they respond to market changes. While the financial goal of PFOR is to remove $40 million from the hospital's expense base, the process is an ongoing commitment to manage costs and enhance care.

Inside and Outside the Hospital  Renovations to the East Pavilion continue on schedule, including refurbishing elevators, bathrooms, lighting, and hallways and remodeling patient rooms as one and two-bed rooms. A new ambulatory surgery center opened in the East Pavilion in June.

Yale-New Haven's community service efforts focused on making New Haven a better place to live and work. In June, New Haven's Lead Safe Home, supported in part by YNHH, was dedicated at an event hosted by Edward Kennedy, Jr. YNHH helped Hillhouse High School open and staff a school-based health clinic; collaborated with the Vincent Mauro School to install fitness work stations; donated used furniture for the Polly McCabe School and Columbus House; provided funds toward a new roof for Casa Linda; hosted a Have Fun With the Police picnic for Hill neighborhood youngsters; and conducted health screenings in the community. This year, Yale-New Haven lobbied at the state and federal levels on health care reform, compliance regulations, the uncompensated care pool and medical waste.

Network Development  YNHH and its parent corporation, YNHHC, are developing an integrated health services network to help lower costs and give purchasers/payers contractual access to a statewide network of efficient, high-quality providers.

Yale-New Haven is leading the state in the development of a vertically integrated system of hospitals, physicians and other providers, which will provide a full spectrum of patient services from preventative to home care in our primary market area. As part of this, YNHHC acquired two ambulatory surgery facilities and radiology practices at 40-60 Temple Street in September, after two years of negotiations. The hospital is currently evaluating home care providers in the area to determine who might become part of our network. In addition, the Yale-New Haven Physician-Hospital Organization (PHO) is expanding its role as the key managed care contracting agent for the hospital and its Medical Staff.

Payor integration is another component of horizontal network development. In addition to acquiring 50 percent ownership in HealthChoice, a growing Connecticut Preferred Provider Organization, discussions have been initiated with other insurers.

Our 1994 accomplishments enhanced patient care services, reduced expenses and supported networked services. The organization's strong performance is a reflection of its commitment to its mission and the support provided by our Board, clinical and administrative leadership, medical staff and employees.
## Comparative Statistics

**Balance Sheet General Fund**

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>1994</th>
<th>1993</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$8,290</td>
<td>$7,267</td>
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<tr>
<td>Marketable Securities</td>
<td>108,845</td>
<td>69,983</td>
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<tr>
<td>Accounts Receivable (Net)</td>
<td>80,216</td>
<td>71,651</td>
</tr>
<tr>
<td>All Other Current Assets</td>
<td>20,489</td>
<td>18,122</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>217,840</td>
<td>167,023</td>
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<tr>
<td><strong>Other Assets</strong></td>
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<tr>
<td>Property, Plant and Equipment</td>
<td>412,615</td>
<td>380,628</td>
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<tr>
<td>Less Accumulated Depreciation</td>
<td>153,804</td>
<td>130,894</td>
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<tr>
<td><strong>Net Property, Plant &amp; Equipment</strong></td>
<td>258,811</td>
<td>249,734</td>
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<tr>
<td>Construction in Progress</td>
<td>7,536</td>
<td>2,532</td>
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<tr>
<td>Escrow Funds for Construction</td>
<td>2,473</td>
<td>21,005</td>
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<tr>
<td>Board Designated Funds for Plant Improvement and Expansion</td>
<td>29,482</td>
<td>11,204</td>
</tr>
<tr>
<td><strong>Total Property, Plant &amp; Equipment</strong></td>
<td>298,302</td>
<td>284,475</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>$535,128</td>
<td>$468,629</td>
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</table>

### Liabilities and Fund Balance

<table>
<thead>
<tr>
<th>Description</th>
<th>1994</th>
<th>1993</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
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<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>33,765</td>
<td>22,803</td>
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<tr>
<td>Accrued Expenses</td>
<td>60,503</td>
<td>46,097</td>
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<tr>
<td>Due to Third Parties</td>
<td>51,865</td>
<td>32,083</td>
</tr>
<tr>
<td>Due to Restricted Funds</td>
<td>1,458</td>
<td>1,208</td>
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<tr>
<td>Current Portion of Long Term Debt</td>
<td>2,510</td>
<td>2,555</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>150,101</td>
<td>104,746</td>
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<tr>
<td><strong>Long-Term Debt, Less Current Portion</strong></td>
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<td></td>
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<tr>
<td>157,885</td>
<td></td>
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<tr>
<td>Accrued Post Retirement Benefits other than Pensions</td>
<td>23,462</td>
<td>23,462</td>
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<tr>
<td>Deferred Liabilities</td>
<td>47,774</td>
<td>44,466</td>
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<tr>
<td>Fund Balance</td>
<td>156,106</td>
<td>135,382</td>
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<tr>
<td><strong>Total Liabilities and Fund Balance</strong></td>
<td>$535,128</td>
<td>$468,629</td>
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## Comparative Statistics

**Summary Statement of Operating Revenues and Expenses**

<table>
<thead>
<tr>
<th>Year Ended September 30 (000 Omitted)</th>
<th>1994</th>
<th>1993</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue From Services to Patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room, Board and Nursing</td>
<td>254,016</td>
<td>220,134</td>
</tr>
<tr>
<td>Special Services-Inpatients</td>
<td>287,812</td>
<td>257,517</td>
</tr>
<tr>
<td>Outpatients</td>
<td>87,450</td>
<td>81,649</td>
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<tr>
<td>Emergency Services Patients</td>
<td>18,012</td>
<td>16,474</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>647,330</td>
<td>586,774</td>
</tr>
<tr>
<td>Deductions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal and State Government Discounts</td>
<td>182,113</td>
<td>169,563</td>
</tr>
<tr>
<td>Other Insurance Companies Discounts</td>
<td>30,709</td>
<td>16,178</td>
</tr>
<tr>
<td>Free Care and Uncompensated Services</td>
<td>22,533</td>
<td>20,712</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>235,355</td>
<td>206,453</td>
</tr>
<tr>
<td>Net Revenue from Services to Patients</td>
<td>411,985</td>
<td>379,121</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>184,148</td>
<td>181,606</td>
</tr>
<tr>
<td>Supplies and Other Expenses</td>
<td>189,064</td>
<td>172,093</td>
</tr>
<tr>
<td>Depreciation</td>
<td>23,213</td>
<td>17,148</td>
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<tr>
<td>Interest</td>
<td>1,102</td>
<td>4,879</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>407,487</td>
<td>375,726</td>
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<tr>
<td>Operating Gain Available for Debt and Capital Needs</td>
<td>4,448</td>
<td>3,595</td>
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<tr>
<td>Debt Repayment</td>
<td>(2,570)</td>
<td>(3,200)</td>
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<tr>
<td>Balance for Equipment Replacement and New Technology</td>
<td>$1,878</td>
<td>$395</td>
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### Philanthropic and Other Support

<table>
<thead>
<tr>
<th>Year Ended September 30 (000 Omitted)</th>
<th>1994</th>
<th>1993</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charitable Contributions</td>
<td></td>
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</tr>
<tr>
<td>Medical Equipment Fund</td>
<td>$435</td>
<td>$406</td>
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<tr>
<td>Construction and Renovation Fund</td>
<td>1,933</td>
<td>3,374</td>
</tr>
<tr>
<td>Fund for Care of the Indigent</td>
<td>271</td>
<td>302</td>
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<tr>
<td>Other Gifts</td>
<td>3,384</td>
<td>3,086</td>
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<tr>
<td><strong>Subtotal</strong></td>
<td>6,023</td>
<td>7,168</td>
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<tr>
<td>Income and Appreciation on Invested Funds</td>
<td>12,850</td>
<td>12,531</td>
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<tr>
<td><strong>Total Philanthropic and Other Support</strong></td>
<td>$18,873</td>
<td>$19,699</td>
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### General Information Summary

<table>
<thead>
<tr>
<th></th>
<th>1994</th>
<th>1991</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients Discharged</td>
<td>37,464</td>
<td>35,579</td>
</tr>
<tr>
<td>Patient Days of Care Provided</td>
<td>237,076</td>
<td>236,031</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>6.3</td>
<td>6.6</td>
</tr>
<tr>
<td>Average Daily Patient Census</td>
<td>650</td>
<td>647</td>
</tr>
<tr>
<td>Volunteer Hours Donated</td>
<td>82,570</td>
<td>76,688</td>
</tr>
</tbody>
</table>

### Selected Diagnostic and Therapeutic Services

<table>
<thead>
<tr>
<th>Service</th>
<th>1994</th>
<th>1993</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology Procedures (Total)</td>
<td>40,923</td>
<td>42,695</td>
</tr>
<tr>
<td>Catheterization (Total)</td>
<td>4,004</td>
<td>3,767</td>
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<td>Coronary Angiography</td>
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<td>Holter Monitor</td>
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<td>Stress Testing</td>
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<td>Diagnostic Imaging Procedures (Total)</td>
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<td>Ultrasound</td>
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<td>X-ray</td>
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<td>Laboratory Procedures (Total)</td>
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<td>Blood Bank</td>
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<td>Pheresis Transfusion Center</td>
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<td>Radiation Therapy Treatments</td>
<td>41,148</td>
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<td>Rehabilitation Services Treatments</td>
<td>39,992</td>
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<td>Respiratory Therapy Treatments</td>
<td>3,289,777</td>
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<td>Surgery (Total)</td>
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<td>Inpatient Cases</td>
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<td>Outpatient Cases</td>
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### Outpatient Clinic Visits

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<th>1994</th>
<th>1991</th>
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<tr>
<td>Women's Center</td>
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<td>Medicine</td>
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<td>Ophthalmology</td>
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<td>Surgery</td>
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<td>15,305</td>
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<tr>
<td>Pediatrics</td>
<td>18,254</td>
<td>17,033</td>
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<td>Dermatology</td>
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<td>Otolaryngology</td>
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<td>Orthopedic</td>
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<td>16,570</td>
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<td>Dental</td>
<td>5,245</td>
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<td>Urology</td>
<td>5,434</td>
<td>5,575</td>
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<td>Psychiatric</td>
<td>1,535</td>
<td>1,913</td>
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<td><strong>Total Outpatient Clinic Visits</strong></td>
<td><strong>257,086</strong></td>
<td><strong>243,219</strong></td>
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<td><strong>Emergency Services</strong></td>
<td><strong>72,223</strong></td>
<td><strong>69,081</strong></td>
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<td><strong>Personnel Health</strong></td>
<td><strong>14,212</strong></td>
<td><strong>14,212</strong></td>
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<td><strong>Total Outpatient Visits</strong></td>
<td><strong>343,409</strong></td>
<td><strong>326,512</strong></td>
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### Inpatient Statistics (Discharges)

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<th>1991</th>
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<td><strong>Adults</strong></td>
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<td>Medical</td>
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<tr>
<td>Surgical</td>
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<td><strong>Total Adults</strong></td>
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<td>26,407</td>
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<tr>
<td><strong>Pediatrics</strong></td>
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<td></td>
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<tr>
<td>Medical</td>
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<tr>
<td>Surgical</td>
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<td>1,074</td>
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<td><strong>Total Pediatrics</strong></td>
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<td>4,402</td>
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<tr>
<td><strong>Total Newborn</strong></td>
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<td>4,770</td>
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<tr>
<td><strong>Total Inpatient</strong></td>
<td>37,404</td>
<td>35,579</td>
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Affiliated
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Residents
Visiting
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56
123
FeUows
Associate
201
1,034
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Associate
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Clinical Fellow
184
CourtesY
111
Honorary
96
Senior Staff
45
Visiting
245
Residents
456
Adjunct
8
Affiliated
100
Total Medical Staff
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"I Remember When" is a collection of memoirs of the New Haven Hospital by past employees and associates, assembled in 1949 by J.H. Wallace, former purchasing director and hospital historian.
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The Board of Trustees of Yale-New Haven Hospital expresses its great appreciation to those individuals, corporations, foundations, civic groups and other organizations which contributed to hospital programs from October 1, 1993 to September 30, 1994. Included are contributors to the Building for Health Campaign, the annual Medical Equipment Fund and other special purposes. We also wish to thank those who prefer to be anonymous.

Donors are listed in the appropriate gift category based on the combination of cash gifts and pledge payments to the Building for Health Campaign, annual Medical Equipment Fund and other special purposes.

We wish to express special thanks to the YNHH Auxiliary for its generous support of many areas within the hospital during 1993-94 including: Medical Equipment Fund, $75,668; Building for Health Campaign, $50,000; other programs, $34,970 totaling $160,638.

Also listed are those who have been remembered or honored by a gift to the hospital. Gifts received after September 30, 1994, and many gifts made directly to hospital departments, are not included in these pages. If we have inadvertently omitted your name or have listed you inappropriately, please accept our apologies and notify us at (203) 785-2141.

The 1826 Society

All donors who give $100 or more to the Medical Equipment Fund become members of The 1826 Society and are listed in this Annual Report. To recognize donors whose gifts reflect a strong commitment to the hospital, the gift categories are as follows:

- Presidents' Club
- Founders' Club
- Ivy Club
- Corporators' Club
- Elm City Club

<table>
<thead>
<tr>
<th>Gift Category</th>
<th>Amount</th>
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<tr>
<td>15,000 and up</td>
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<td>$100-$499</td>
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38
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I remember the wild and exciting rides to the hospital cottage in Woodmont via Flanny's ambulance. There was a music box down there that played a mean little tune. I can hear it now.

Another ambulance ride which I remember vividly was the one to the Radio fire. Pupil nurses never went out on an ambulance, but I suddenly found myself tearing through town beside the driver. We got separated at the fire and I walked back. I had a box of diamond jewelry in my hand belonging to a patient removed from the hotel Toft in the ambulance. I finally found the patient in the Emergency Room and turned in the jewels. The patient was buried beyond saving.

One of the first rules we learned upon entering training was to stand when a doctor entered the ward. It has taken me years and years to unlearn this rule. Now when a doctor approaches the desk at which I am sitting, Instinct says, "Get Up" while Mind says, "Don't move." The resultant half-crouch is a compliment to neither of us.

by Sylvia Shepherd Means

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I remember mending hundreds of torn rubber gloves in
Farswa whenever there was any spare time. The pile
never got any smaller and it was terribly boring and frus-
trating. Frank, that character who might have been Charon,
incarnate, knew how discouraged I was, so one day he
accidentally swept about 75 of them into his pit. Not
a word was spoken. For days you could smell them burning
in the incinerator. I was frightened at first, thinking some-
one kept track of the number; however the pile was just as
big the next day.

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How many remember “dear old Percy”?—Mr. Perkins, whose title was Chief Clerk, but who combined the present jobs of head of Accounting and Credit, Personnel, and I suspect a dash of Admitting Officer and Purchasing Agent thrown in for good measure. His method of recruiting employees was to get them to come in for a conference and simply tell them that the hospital needed them and it was their duty to accept the job. As a side line, he used to practically adopt a boy or two from St. Francis Orphan, Anyham to train them as messengers (the days of exploitation were as yet unknown). He was kind to the boys and used to take them to his home in Cheshire on Sundays or holidays for a day of country air and home cooking.

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I remember a doctor from Rumania who was here at the
time of the 100th anniversary of the hospital. When she was
told that new buildings would replace these, worn out wards
of which we were ashamed, she said in answer, "in Europe
we would think such buildings were young, and would never
dream of tearing them down, as they would
only then be assuming interest and tradition."

by Effie J. Taylor,
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I remember when in the spring of 1905 no x-rays were being taken at New Haven Hospital. The roentgenologist, Dr. Sprunger, had x-ray burns on his hands from fluoroscopy and had returned to Germany to try and cure them. He never came back.

By Mr. Fred Hewitt

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In those days the ambulance was horse drawn. If there was an accident case coming in, out of town, they would telephone ahead and the ambulance would meet them at the Railroad Station. The ambulance would come back like a fire engine, the horses galloping, and round the corner into Farmam. When we heard the horses, we would run down to the Emergency Room.

I remember the kerosene lanterns which we took with us each night when going on duty from 7 p.m. to 7 a.m. There was a gas light over each bed. The gas lights were put out at 9 each evening, after which time the lanterns were used by nurses in making their rounds.

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I remember when I first started in as a special-call barber in 1925. On more than one occasion I have given some poor beggar a shave for nothing; and from there have stayed and cut the hair of many fine gentlemen, some of whom are John Foster Dulles, John Coolidge, former governors of Connecticut Wilbur Cross and Raymond Baldwin, former president of Yale University Dr. Harvey Cushing and many others.

On one occasion I was cutting a patient's hair when a nurse called for someone to come quick. A patient, Mr. M., was up on the fence and was threatening to jump, a drop of about 30 feet, to the slate below. I left my patient and pleaded with Mr. M. not to jump, and for an answer he kicked me in the nose. When I recovered my sight and equilibrium, I again pleaded with him. Somehow during the pleading scene, he lost his balance and started to fall inside the court. He was coming down head-first onto the slate sidewalk. In his descent I got kicked in the nose again. He was unhurt, but I was a bloody mess and ended up with a fractured nose and was taken to the Emergency Room in a wheelchair, after X-rays had been taken. Dr. Canfield put my nose back on where it belonged. The next morning I had not only a banged-up nose but two black eyes as well. I went back to finish the haircut I had started. I found Mr. M. was in a fine state of health. He apologized and I accepted.

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Hospital barber, 1925-1988
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One wonders why we chose this life
Against all friends advice;
But, soon, we find there’s more to it
Than horrors, death and mice!
For when we wear the ills of life
Laid low before our eyes,
We’re glad to lend a helping hand
And hopeful to be wise.

by Sarah W. Hilley
Connecticut Training School, 1915

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C.W. Vrtacek

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We Remember

In this year's annual report, we have published some recollections of past employees who have served Yale-New Haven.

They are a wonderful picture of our past record of achievement.

Our past is the rich foundation on which we stand, yet new challenges face us each day.

Today we remember all those who have helped us in the past year—those who have helped us meet our goals and challenges with their generous support.

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