The Record of Their Days and Deeds 1996 Yale-New Haven Annual Report

Yale-New Haven Hospital

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The Record
of Their
Days and Deeds
1996
Yale-New Haven
Hospital
Annual Report
Quotation on inside back cover
When these words were carved in stone over the fireplace in the historical library at the Yale medical school a half century ago, there were no CT scans, pacemakers or transplants. There was no gene therapy, chemotherapy or penicillin. Amidst an ever-changing back-drop, the only constant is the human care of the patient. This is the mission of Yale-New Haven Hospital; the substance of its daily deeds.

An annual report is but the record of a single year. Together, 170 annual reports have told the history of this hospital. In fact, most of the stories — the days and the deeds of the people within Yale-New Haven — go unrecorded. The stories and pictures in the 1996 annual report offer a glimpse of a very special place — Yale-New Haven Hospital.
Eugene Niel, a Farmington resident who was in the hospital for a pacemaker implant, grinned broadly when asked if he'd like to have his picture in Yale-New Haven's annual report. "Thirty years ago, I wrote Grace-New Haven's annual report," said Niel, a retired public relations specialist.
Willie Bellamy, an environmental associate in purple scrubs, grabbed an infusion pump and wheeled it to the nurse's station. The next minute he was making a bed with military precision. The man was all business. He knew his job and did it well.

Although she wasn’t smiling much right after she had her tonsils removed, 8-year-old Kelly Curry had smiled when the nurse let her choose a cotton candy-flavored anesthesia mask. “She understood what would be happening before it happened,” said her dad, Kevin Curry. “They explained everything, showed her the equipment, the mask, the room.” Their ear, nose and throat specialist had recommended Yale-New Haven Children’s Hospital for Kelly’s surgery. Explained Kevin, “I run a business, and I know it’s a good idea to leave the big decisions to the professionals.”
In November 1995, on the 100th anniversary of the discovery of the X-ray, Dr. Bruce McClennan, chief of diagnostic imaging at YNHH made two predictions. “In another 100 years,” he said, “surgery as we know it will cease to exist. The surgeon will never touch the patient. Number two, I’m quite sure they won’t be using X-rays. They’ll think of another way to image the body. At least that’s the direction we’re heading.”

They work as a team in the CT scan area — Karen Naccarato, R.T.R., and Florence Wilkerson, R.T.R. One works the console; the other works the room. “We are with the patient from start to finish,” said Karen. “We help them to the table, position them, take a medical history, start an IV. Mostly we do a lot of explaining.” Added Florence, “The technology is so sophisticated — it can be intimidating to the patients. It helps if we walk them through it, talk them through it.”
"There's a lot of expertise to be gained from people in a place like this — such a wide spectrum of disease and a vast array of knowledge," said James Appiah-Pippum, M.D., who is in the first year of a three-year pulmonary fellowship at YNHH. "The patients benefit, too, from the experience and the enthusiasm of the physicians. Even the moments we spend talking with them and trying to cheer them up. There are a lot of factors that help patients get better — not just medicine and knowledge."

"At this stage, the patients teach me more than I help them," said second-year medical student Scott Hines, who was talking with a patient as they walked along the corridor toward 5-2, a cardiac unit. Said Hines, who put his medical school plans on hold for 10 years while he flew F-14s for the Navy, "Our baseline of knowledge is still pretty limited, so coming up with the correct diagnosis of the patient's problem is not our primary goal. The purpose of these interviews is to become comfortable talking with patients, to learn to ask the appropriate questions, and most importantly, to become a good listener."
Leona Harberg, R.D., M.S. (left), a sonographer, and Lisa J. States, M.D., a pediatric radiologist, scrutinize a renal ultrasound, looking for disease, chronic changes, scarring, abnormalities... and hoping they don’t find anything. “There’s generally not a lot of patient contact in radiology. But in pediatric radiology, we interact with the kids a lot, plus read the films,” said Dr. States. “So we’re not just looking at a film on a light box. We are seeing kids’ faces and parents’ faces.”
"While we may yearn for the 'good old days,'" said former Surgeon General C. Everett Koop, M.D., when he spoke at the Yale-New Haven Medical Center recently, "we find that the 'good old days' were really not that good. Diseases were rarely understood. We did not have much available to stop pain or death. The treatments were so harsh and unhelpful that often the patient became as afraid of the doctor as he was of the disease. That is no longer true today."
Angel is two-and-a-half, but already his years have been hard. Hard on him, hard on his mother and father. Open-heart surgery in June and a seizure a week later left his future uncertain. But there is hope in the faces of his mother and his father. By his side, Angel’s dad takes his hand and squeezes gently.

Mary Cramer bent her head in silent prayer over her aging father. Brought by helicopter the week before from St. Mary’s Hospital in Waterbury, her father lay in an intensive care unit, breathing, but not knowing or seeing or speaking. Mary has been there every day. “He’s my father,” she said. She could say no more. Those three words were enough.
"I love the thrill of surgery," said Mary Ann Meyer, R.N., an operating room nurse. "Transplant surgery is particularly fascinating to me — not just because of what it will mean for the patient. It is just so amazing to see a kidney brought into the operating room — essentially lifeless — and to watch it come alive again. We can sometimes see immediate results with our patients."

"I was privileged to be a surgeon in an extraordinary institution that combined the most advanced medical treatments with a dedicated attempt to remain humanistic," said Sherwin P. Nuland, M.D. "It doesn't always succeed, but at least the effort is there. I've seen enough of medical institutions of the first rank to know that we are more determined and have succeeded far better than most."
Chuckie was in the Children's Hospital to have his tumor resectioned. The six-year-old was hiding under his covers, playing peek-a-boo with his nurse, Donna Sandillo, R.N.

Louis Devliegher was happy — he was going home. But not until after he selected a toy from the now-famous Toy Closet. He knew its location well, he had checked the Toy Closet out many times, waiting for his moment. That moment was now.
Health care providers today are in the challenging position of ensuring that patients get the high quality care they need, in the most appropriate setting, and at a competitive price. Yale-New Haven Hospital (YNHH) has demonstrated an ability to meet these challenges while upholding its founding missions of high quality patient care, medical education, clinical research and community service.

In fact, 1996 was a year of unparalleled success for Yale-New Haven Hospital, as measured by the demand for the services it provides to patients. YNHH served the largest number of inpatients in any year in its history, and had positive performance in ambulatory surgery and clinic visits. Additionally, tremendous progress was made in the evolution of the Yale New Haven Health system (YNHHS).

Across the country, managed care enrollment surged to its highest level in history. Surprisingly, Connecticut found itself at the forefront of this movement, among the top 10 states in the nation with the highest percentage of the population enrolled in managed care. In a managed care climate, most contracting decisions are driven by price considerations. Most managed care companies and insurers are unwilling to take into account missions such as teaching and uncompensated care, so the responsibility for these costs rests most heavily with academic medical center hospitals, like Yale-New Haven, which are trying to remain competitive at the same time.

The government has also continued to press for reduced health care costs. Late in 1995, Connecticut implemented a Medicaid managed care program. At the federal level, steep cuts have been proposed in Medicare — which will mean less funding for health care and medical education in this country. This trend at the state and national level toward shifting financial risk to providers has reduced inpatient hospital volume in Connecticut and across the country. Many institutions were unprepared for these changes and were forced to react abruptly with layoffs and reductions in services. Between 1990 and 1995, over 500 hospitals closed across the country.

Anticipating growing cost pressures more than three years ago, YNHH implemented a hos-
pital-wide Patient Focused Operational Redesign (PFOR) initiative. This patient care delivery re-engineering effort allowed the hospital to develop more efficient ways to provide needed care to patients while also limiting expense growth. Simultaneously, YNHH focused on performance improvement initiatives intended to maintain the traditionally high quality of care.

Last year, the hospital linked all of its existing quality improvement (QI) efforts under the direction of a single Quality Improvement Coordinating Council (QICC). The QICC has identified key performance measures which guide over 40 multidisciplinary teams to improve operating performance and patient care in specific areas.

Another important initiative was the establishment of the Center for Outcomes Research and Evaluation (CORE), which analyzes the quality, process and outcome of patient care at YNHH with several common diagnoses currently under review.

Over the past year, YNHH continued implementing clinical pathways, which are daily plans for each patient to help ensure that care at YNHH is as efficient and complete as possible. These pathways are in the process of being rewritten in “lay language” for patients and families so that they will fully understand what to expect during their hospital stay and be able to participate in their recovery.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which sets performance standards and reviews compliance in hospitals, conducted its triennial review of YNHH in September. YNHH scored 94 out of a possible 100 points and received the JCAHO’s highest distinction — accreditation with commendation — which is awarded to only about 12 percent of the 1,700 hospitals surveyed in the U.S. each year. This year’s strong performance is noteworthy, given the turbulent health care environment.

In contrast to the widespread volume declines in nearly all other Connecticut hospitals, YNHH experienced record growth in inpatient volume. Yale-New Haven’s inpatients increased from 38,202 in 1995 to 39,861 this year. This volume growth reflects both patient and physician preference for YNHH, as well as successful managed care contracting. YNHH showed strong financial as well as clinical performance in 1996, which allowed the hospital to maintain the quality of care with which it has been long associated, as well as support patient care by maintaining and enhancing clinical services.

YNHH continued to strengthen key patient services and clinical initiatives. Some of the past year’s program enhancements include: a new endoscopic coronary artery bypass graft surgical procedure which requires only a three-inch incision; dynamic cardiomyoplasty — new heart surgery which uses a pacemaker to stimulate a back muscle wrapped around the heart to act like a heart muscle; and ABIOMED, a new lifesaving device that assists either heart ventricle on a short-term basis. In June, YNHH dedicated a new pediatric cardiac catheterization laboratory.

YNHH also responded to the growing demand for stem cell transplantation, treating 21 percent more patients than last year, to benefit people with Hodgkin’s Disease, non-Hodgkin’s lymphoma and breast cancer.

The state’s move to Medicaid managed care increased the volume of patients cared for in the YNHH Primary Care Center (PCC) by over 20 percent. The PCC expanded clinical services by adding 24-hour telephone triage, on-site urgent care clinics for pediatric patients, and new evening and Saturday clinic hours for pediatric and Women’s Center patients.

Despite the constraints of an increasingly managed care environment, the hospital continued its broad commitment to the community, providing $22.5 million in free or uncompensated care last year. YNHH remains a leading public health advocate, providing support and services to address health-related needs in the city and the surrounding suburban towns. YNHH operated health clinics at Hillhouse High School and the Vincent Mauro School, and maintained partnerships with several other schools, such as Career High School in New Haven and the West Haven Washington Magnet School.

YNHH employees demonstrated their commitment to the community through participation in quarterly blood drives, the United Way, food and clothing drives, health fairs and screenings, safety outreach programs, career outreach efforts
to numerous schools and support to local, non-profit, community-based agencies.

The hospital continued its partnership efforts in the Hill neighborhood, and agreed to provide a $310,000 permanent mortgage loan to assist in financing the Hill Development Corporation’s Hill Housing Rehabilitation Project. The Connecticut Hospital Association presented YNHH with the 1996 Community Service Award for outstanding, long-term commitment to supporting HIV/AIDS services in the greater New Haven community which reduced dependence on acute inpatient services. The YNHH HIV/AIDS Neighborhood-based Services Program also earned the 1997 NOVA award — the American Hospital Association’s most prestigious award presented annually for community service.

To support the highest quality patient care, YNHH continued to invest in its human resources, remaining committed to high standards in recruitment and retention, equal opportunity, competitive salaries and benefits, employee satisfaction and training and education.

Approximately 40 percent of all employees have undergone cultural diversity training as part of the hospital’s commitment to education and to preparing the organization for the changing workplace of the future. An Employee Opinion Survey was conducted this year and valuable feedback was received from the hospital’s most valuable resource — its staff.

YNHH continued to enhance its leadership this year, at the board, senior management and clinical chair levels. Jonathan Bush, founder of the J. Bush & Co., Inc., investment management services firm, was elected to the YNHH Board of Trustees. Clayton A. Medeiros, previously senior vice president of planning and marketing at Bridgeport Hospital, was appointed acting senior vice president for planning, marketing and system development.

After an extensive national search, M. Bruce Shields, M.D., professor of ophthalmology at the Duke University Eye Center since 1984, was named chief of ophthalmology. Michael McCloud, M.D., a member of the clinical faculty of the University of California at San Francisco, has been named the new medical director of the Dorothy Adler Geriatric Assessment Center.

Recognizing that the hospital cannot continue to succeed as an independent organization, Yale New Haven Health continued to evolve a statewide health care system that includes high quality providers in various settings, geographic regions and different levels of care. The most significant step was the affiliation with the Bridgeport Hospital vertical network in June, making Yale New Haven Health one of the leading and largest non-profit health care systems in the United States. Discussions with several other

The organization’s success has been achieved largely due to its continued commitment to high quality services, combined with creative efforts to meet individual and community health care needs.

local health systems throughout the state continue, and an affiliation with the CHC Physicians was also consummated. During 1996, YNHHS continued to develop partnerships with interested physicians and expand its corporate services to help them meet their practice needs in today’s environment. To round out the full spectrum of services Yale New Haven Health offers the citizens of Connecticut, YNHHS began exploring ways to strengthen its health insurance offerings and enter the commercial and Medicare insurance markets through its current health plans.

The year’s strong performance is noteworthy, given the turbulent health care environment. The organization’s success has been achieved largely due to its continued commitment to high quality services, combined with creative efforts to meet individual and community health care needs. YNHH was able to maintain and enhance its services, minimize its expense growth and sustain positive financial performance. This strong performance is a reflection of a clear commitment to its mission, and the success and dedication of its Board of Trustees, clinical and administrative leadership, and medical staff and employees.

As we enter our 171st year of service, we do so with the confidence that we will be able to successfully address the challenges ahead and continue to serve our patients with distinction.
### Balance Sheet General Fund

**Year Ended September 30 (1000 Omitted)**

<table>
<thead>
<tr>
<th>Assets</th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$19,524</td>
<td>$14,952</td>
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<tr>
<td>Marketable Securities</td>
<td>173,133</td>
<td>156,183</td>
</tr>
<tr>
<td>Accounts Receivable (Net)</td>
<td>8,174</td>
<td>84,817</td>
</tr>
<tr>
<td>All Other Current Assets</td>
<td>26,552</td>
<td>24,413</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
<td>302,583</td>
<td>280,585</td>
</tr>
<tr>
<td><strong>Other Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>222,077</td>
<td>18,966</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>464,112</td>
<td>446,819</td>
</tr>
<tr>
<td><strong>Net Property, Plant and Equipment</strong></td>
<td>257,903</td>
<td>268,180</td>
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<tr>
<td>Construction in Progress</td>
<td>14,440</td>
<td>851</td>
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<tr>
<td>Board Designated Funds for Plant Improvement and Expansion</td>
<td>13,374</td>
<td>30,815</td>
</tr>
<tr>
<td><strong>Total Property, Plant and Equipment</strong></td>
<td>292,717</td>
<td>299,846</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$617,377</td>
<td>$599,397</td>
</tr>
</tbody>
</table>

| Liabilities and Fund Balance | | |
| Current Liabilities | | |
| Accounts Payable | 33,332 | 40,612 |
| Accrued Expenses | 66,702 | 64,665 |
| Due to Third Parties | 40,006 | 41,334 |
| Due to Restricted Funds | 1,782 | 819 |
| Current Portion of Long-Term Debt | 3,110 | 2,790 |
| **Total Current Liabilities** | 144,932 | 150,220 |
| Long-Term Debt, Less Current Portion | 148,060 | 155,070 |
| Accrued Post Retirement Benefits other than Pensions | 23,193 | 23,215 |
| Deferred Liabilities | 100,124 | 100,305 |
| Fund Balance | 201,668 | 170,587 |
| **Total Liabilities and Fund Balance** | $617,377 | $599,397 |
## Summary Statement of Operating Revenues and Expenses

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue From Services to Patients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room, Board and Nursing</td>
<td>$255,240</td>
<td>$254,930</td>
</tr>
<tr>
<td>Special Services-Inpatients</td>
<td>334,394</td>
<td>306,550</td>
</tr>
<tr>
<td>Outpatients</td>
<td>106,618</td>
<td>95,311</td>
</tr>
<tr>
<td>Emergency Services Patients</td>
<td>19,529</td>
<td>18,586</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>715,801</td>
<td>675,177</td>
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<tr>
<td><strong>Deductions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal and State Government Discounts</td>
<td>204,840</td>
<td>192,480</td>
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<tr>
<td>Other Insurance Companies Discounts</td>
<td>51,242</td>
<td>55,226</td>
</tr>
<tr>
<td>Free Care and Uncompensated Services</td>
<td>25,299</td>
<td>24,365</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>280,381</td>
<td>250,071</td>
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<tr>
<td><strong>Net Revenue from Services to Patients</strong></td>
<td>435,420</td>
<td>425,006</td>
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<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>187,772</td>
<td>179,479</td>
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<tr>
<td>Supplies and Other Expenses</td>
<td>197,140</td>
<td>201,185</td>
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<tr>
<td>Depreciation</td>
<td>26,755</td>
<td>25,840</td>
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<tr>
<td>Interest</td>
<td>10,377</td>
<td>11,004</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>422,044</td>
<td>417,508</td>
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<tr>
<td><strong>Operating Gain Available for Debt and Capital Needs</strong></td>
<td>13,376</td>
<td>7,498</td>
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<tr>
<td>Debt Repayment</td>
<td>(3,110)</td>
<td>(2,790)</td>
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<tr>
<td><strong>Balance for Equipment Replacement and New Technology</strong></td>
<td>$10,266</td>
<td>$4,708</td>
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</tbody>
</table>

## Philanthropic and Other Support

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charitable Contributions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Equipment Fund</td>
<td>$392</td>
<td>$472</td>
</tr>
<tr>
<td>Construction and Renovation Fund</td>
<td>55</td>
<td>118</td>
</tr>
<tr>
<td>Fund for Care of the Indigent</td>
<td>271</td>
<td>119</td>
</tr>
<tr>
<td>Other Gifts</td>
<td>3,652</td>
<td>3,529</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>4,370</td>
<td>4,238</td>
</tr>
<tr>
<td><strong>Income and Appreciation on Invested Funds</strong></td>
<td>18,795</td>
<td>14,372</td>
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<tr>
<td><strong>Total Philanthropic and Other Support</strong></td>
<td>$23,165</td>
<td>$18,610</td>
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### General Information Summary

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients Discharged</td>
<td>39,861</td>
<td>38,202</td>
</tr>
<tr>
<td>Patient Days of Care Provided</td>
<td>215,897</td>
<td>227,224</td>
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<tr>
<td>Average Length of Stay</td>
<td>5.4</td>
<td>6.0</td>
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<tr>
<td>Average Daily Patient Census</td>
<td>591</td>
<td>623</td>
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<tr>
<td>Volunteer Hours Donated</td>
<td>75,016</td>
<td>70,422</td>
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### Selected Diagnostic and Therapeutic Services

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary Angiography</td>
<td>2,097</td>
<td>3,058</td>
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<tr>
<td>PTCA</td>
<td>1,236</td>
<td>1,299</td>
</tr>
<tr>
<td>EKG</td>
<td>26,201</td>
<td>29,926</td>
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<tr>
<td>Electrophysiology</td>
<td>1,138</td>
<td>1,235</td>
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<tr>
<td>Holter Monitor</td>
<td>877</td>
<td>1,045</td>
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<tr>
<td>Stress Testing</td>
<td>2,574</td>
<td>2,450</td>
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<tr>
<td>Diagnostic Imaging Procedures</td>
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<td></td>
</tr>
<tr>
<td>CT Scan</td>
<td>25,813</td>
<td>23,680</td>
</tr>
<tr>
<td>MRI</td>
<td>8,094</td>
<td>8,109</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>18,088</td>
<td>17,405</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>30,633</td>
<td>28,035</td>
</tr>
<tr>
<td>X-ray</td>
<td>152,652</td>
<td>148,096</td>
</tr>
<tr>
<td>Laboratory Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Bank</td>
<td>457,918</td>
<td>426,700</td>
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<tr>
<td>Clinical Chemistry</td>
<td>2,658,704</td>
<td>2,544,945</td>
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<tr>
<td>Clinical Virology</td>
<td>27,959</td>
<td>28,714</td>
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<tr>
<td>Hematology</td>
<td>597,167</td>
<td>597,593</td>
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<tr>
<td>Immunology</td>
<td>80,648</td>
<td>85,122</td>
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<tr>
<td>Microbiology</td>
<td>140,144</td>
<td>131,815</td>
</tr>
<tr>
<td>Pheresis Transfusion Center</td>
<td>5,174</td>
<td>5,162</td>
</tr>
<tr>
<td>Radiation Therapy Treatments</td>
<td>39,506</td>
<td>39,614</td>
</tr>
<tr>
<td>Rehabilitation Services Treatments</td>
<td>39,513</td>
<td>40,659</td>
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<tr>
<td>Respiratory Therapy Treatments</td>
<td>296,715</td>
<td>334,597</td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Cases</td>
<td>11,856</td>
<td>11,286</td>
</tr>
<tr>
<td>Outpatient Cases</td>
<td>8,709</td>
<td>8,616</td>
</tr>
</tbody>
</table>
### Outpatient Clinic Visits

<table>
<thead>
<tr>
<th>Service</th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Center</td>
<td>36,988</td>
<td>31,090</td>
</tr>
<tr>
<td>Women's Center</td>
<td>44,478</td>
<td>40,626</td>
</tr>
<tr>
<td>Medicine</td>
<td>67,162</td>
<td>60,258</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>19,251</td>
<td>19,012</td>
</tr>
<tr>
<td>Surgery</td>
<td>18,498</td>
<td>15,721</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>16,398</td>
<td>17,496</td>
</tr>
<tr>
<td>Dermatology</td>
<td>26,700</td>
<td>27,442</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>9,520</td>
<td>11,528</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>21,902</td>
<td>19,222</td>
</tr>
<tr>
<td>Dental</td>
<td>7,904</td>
<td>6,181</td>
</tr>
<tr>
<td>Urology</td>
<td>5,812</td>
<td>5,993</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>1,245</td>
<td>1,441</td>
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<tr>
<td><strong>Total Outpatient Clinic Visits</strong></td>
<td>275,948</td>
<td>256,810</td>
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<tr>
<td>Emergency Services</td>
<td>71,646</td>
<td>74,172</td>
</tr>
<tr>
<td>Personnel Health</td>
<td>13,153</td>
<td>11,051</td>
</tr>
<tr>
<td><strong>Total Outpatient Visits</strong></td>
<td>360,747</td>
<td>342,053</td>
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### Inpatient Statistics (Discharges)

<table>
<thead>
<tr>
<th>Service</th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>20,580</td>
<td>19,531</td>
</tr>
<tr>
<td>Surgical</td>
<td>9,499</td>
<td>8,986</td>
</tr>
<tr>
<td><strong>Total Adults</strong></td>
<td>30,079</td>
<td>28,517</td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>4,027</td>
<td>3,990</td>
</tr>
<tr>
<td>Surgical</td>
<td>867</td>
<td>1,041</td>
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<tr>
<td><strong>Total Pediatrics</strong></td>
<td>4,894</td>
<td>5,031</td>
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<tr>
<td><strong>Total Newborn</strong></td>
<td>4,888</td>
<td>4,654</td>
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<tr>
<td><strong>Total Inpatient</strong></td>
<td>39,861</td>
<td>38,202</td>
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Medical Staff as of October 1, 1996

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<th>Category</th>
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- Clinical Fellows
- Courtesy
- Honorary
- Senior Staff
- Visiting
- Residents
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We also convey our thanks to those friends who wish to remain anonymous.

We have listed each contributor in gift categories based on the combination of cash gifts and pledge payments to all hospital programs, since it is our intention to recognize everyone’s total philanthropic support during the year. We also wish to thank those friends who have provided invaluable gifts directly to many hospital departments and programs and therefore may not be listed. If we have inadvertently omitted your name or have listed you incorrectly, please accept our apologies and let us know by calling (203) 785-2141.

Of special note are the many activities and financial support of the Yale-New Haven Hospital Auxiliary which gave a total of $2,215,350, including $135,000 for a new mobile mammography van. The hospital would like to give special thanks to the Friends of the Children’s Hospital for their tremendous contributions and efforts, dedicated to the health and well-being of children, and also the Tommy Fund, Inc. for Childhood Cancer at the Children’s Hospital. Without their help, and that of so many other organizations and friends, much of what we do for our patients and their families would simply not be possible.

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The illustrious quotation may have been inspired, in part, by a letter sent from Dr. Klebs to George Stewart, his son-in-law, dated February 12, 1940. Wrote Dr. Klebs, "Human contacts in the yesterdays that are no more bring us into contact with ideas and strivings of eternal validity, but to be "human," we have to acquire more than books can give us, though books or other written documents will always be the basis from which to start for the voyage into other times."
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