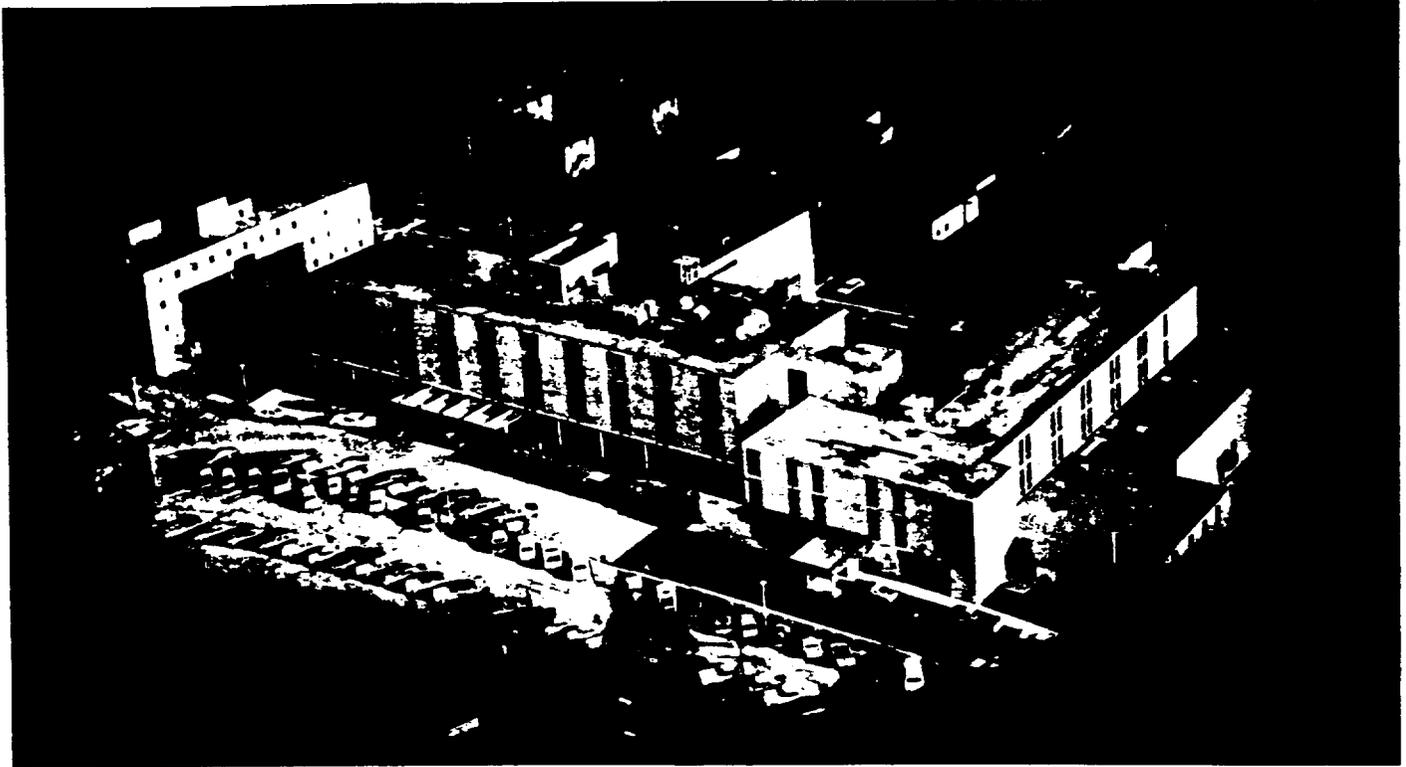


# oak ridge hospital of the united methodist church

# ANNUAL REPORT

Oak Ridge, Tennessee, October, 1976



## Chairman sees continued, quality improvements

As I conclude my two years as Chairman of the Hospital's Board of Trustees and reflect on the changes in the hospital since I came to the Board six years ago, I am somewhat awed. Truly, this is the NEW Oak Ridge Hospital.

These six years have seen continued, steady quality improvements. They have seen substantial growth in the volume of work done at the NEW Oak Ridge Hospital. From my experience in business, I am led to think in terms of market penetration. Oak Ridge Hospital, with its fine Medical Staff, has improved its market penetration in its immediate service area and indeed well out into the secondary service area.

Much of this year has been spent in the consummation of decisions made during the last two to three years. We have had many successes and a few failures.

One of the failures which we were secondarily involved in was the failure to begin a new nursing home for this area. The Board of Trustees selected the United Medical Corporation as successor operators to the hospital in the operation of Westmall Nursing Home. By all reports, the quality of care has continued to be excellent under United Medical. The State licensing authorities were critical of the fire safety management program at Westmall and applied sanctions against them. The City Council, at this writing, is negotiating with new operators of Westmall and proposed builders of a new large, modern, full-service nursing home.

While we do not have the final audit report for last year in hand yet, their work is done and we are advised informally that

again this year we will receive a "clean" opinion from them.

That report will again show that we have met all current obligations, we are not prosperous but still have kept the doors open and made progress.

Audits of another nature, medical and nursing audits, have continued during the past year. As a layman, it is encouraging to hear the documented evidence of high level and continually improving performance by the nursing and medical staffs.

The "outsiders" who have looked closely at the hospital during the past year have been consistently bearers of good news and high praise for the hospital's performance. Those who have praised and been of most value were those who suggested improvements. Thus, the hospital continues to be good and getting better.

In summing up this past year, I would say that a great many major activities have involved the time and thinking of everyone associated with the hospital — and the good results must be

attributed to the dedicated efforts of every single person to do each individual job to the best of his or her ability.

But no one person can bring about the operational efficiency we must have in order to offer top-quality patient care — it requires a real team effort.

As I have said many times before, when the quarterback calls the signals and the center snaps the ball, the play succeeds or fails depending on how each team member executes his or her assignment. We have made a few "first downs," but the goal is still ahead of us — the best care possible for those who count on us.

As board chairman and as a citizen, I would like to offer sincere gratitude and appreciation to my fellow board members, the medical staff, our management and hospital personnel team — and to the community at large for their assistance and cooperation in supporting their hospital programs and services.

Thank you all for a good year.  
David O. Bolling

### 'Truly this is the NEW Oak Ridge Hospital'

#### FOUR YEARS AT A GLANCE

	1973	1974	1975	1976
Admissions	9115	10,140	10,657	11,025
Patient Days	61,920	65,973	68,127	70,742
Average Length of Stay	6.6	6.3	6.1	6.4
Beds	216	217	217	231
Emergency Room Visits	19,712	24,192	27,333	29,931
Babies Born	801	722	866	988
Laboratory Tests	245,895	344,119	443,064	466,617
Prescriptions	154,130	185,782	204,484	201,101
Surgeries Performed	5,498	7,360	9,538	10,470
X-Ray Examinations	25,830	30,685	36,854	34,719

#### FINANCIAL HIGHLIGHTS:

	1973	1974	1975	1976
Patient Revenue	\$ 5,236,712	\$ 6,421,953	\$ 7,699,585	\$ 9,500,480
Uncollectible Accounts	542,793	694,109	791,499	957,811
Other Operating Revenue	621,710	669,117	415,245	390,467
Operating Expenses	5,283,872	6,036,798	7,181,427	8,766,409
Total Assets	5,313,710	5,598,852	12,434,082	13,605,136
Current Liabilities	265,872	270,686	294,027	990,089
Long-Term Debt	582,500	538,000	7,000,000	7,000,000
Fund Balance	4,465,338	4,780,166	5,175,059	5,615,042

NOTE: Audited financial statements (from which the above information was excerpted) prepared by Coopers and Lybrand, Certified Public Accountants, are available for your review upon request at the hospital.

1227719



MR. BOLLING

BOX No. B-6 of 17 BODG. 2714-14

FOLDER B-117-7 #84-33

REPOSITORY OAK RIDGE OSS  
COLLECTION RECORDS HANDLING AREA  
Dec. 1994-94

Pratt, Info

Ask Mr. Medic —

# The Hospital answers questions from the community

**Editor's note:** A new feature in this year's Annual Report is a page devoted to answering questions about the Hospital and its operation. Here are the questions we received and the answers.

**Q:** Why is it you don't let the family stay with patients whenever they want to, especially in a private room?

**A:** In some circumstances we do want a member of the family to stay with a patient. If the patient is critically ill and/or confused and needs someone with them constantly, it is essential that a family member or friend stay. Generally, however, the presence of a visitor prevents the patient from resting, and consequently may slow the progress of healing. While the above holds true even for private rooms, a room for two or more patients poses more problems.

We feel an obligation to protect the privacy of all patients as much as possible. This becomes difficult in multiple-bed rooms. For this reason, we do not permit a male patient in a multiple-bed room to have women visitors around-the-clock. The same holds true for a female patient in a multiple-bed room and her male visitor. We try to be reasonable about visitors, always taking into account the individual patient's needs.

**Q:** I have noticed doctors and nurses smoking. I think they should set a better example. Can't the hospital do something about this?

**A:** We do not permit hospital staff to smoke in the patient areas, such as patient rooms, corridors, and chart areas. We have designated certain areas for no smoking, like waiting rooms where neither the public nor hospital staff may smoke. Beyond this, the personal habits of individuals are beyond the control of the hospital.

**Q:** What exactly is the responsibility the hospital has for the Emergency Department?

**A:** The hospital retains administrative responsibility and authority for the emergency service. The nursing staff are employees of the hospital and are accountable to Nursing Administration.

Emergency Associates provide medical care to patients and give medical direction to the nursing staff in the care of patients. The physicians comprising Emergency Associates secure their privilege to practice in the hospital, as all other physicians do, by making application for such privileges to the Board of Trustees. These privileges are granted on an annual basis.

**Q:** Why does the hospital insist that patients admit themselves to the hospital so early in the afternoon?

**A:** It is important that patients be discharged and leave their room before 2 p.m. so that the room can be prepared for the incoming patient. After this time, rooms must be cleaned by nursing personnel who are also busy caring for the remaining patients and admitting new patients.

The apparent early hour of admission (2-4 p.m.) is to allow time for tests ordered by the physician to begin (laboratory and x-ray). This time also assists in allowing two hours after eating to lapse so that blood tests will be accurate and will be completed prior to the physician's evening visit to the patient. For patients scheduled for surgery the day following admission this is most important.

**Q:** Why is the hospital so strict about children visiting patients, especially to see a parent or grandparent?

**A:** Children are frequently carriers of infectious diseases, particularly colds, and are restless and frequently noisy. By freely admitting young children to the patient areas, we would unnecessarily expose the sick to further illness and to the annoyance inevitable in young children at times.

Exceptions are made to this rule when circumstances call for it, such as a prolonged or terminal illness or extreme depression on the part of either the patient or the child due to separation.

**Q:** Since so many people use the Emergency Department as a clinic and substitute for the family doctor, how can you be sure a real emergency is treated immediately?

**A:** Our triage system is designed to meet exactly this problem. Triage is a process of military medicine whereby the sick and wounded are sorted according to degree of urgency and type of condition so that each patient can be routed to a medical installation

appropriate to his care. On the battlefield, such a process is essential. In the Emergency Department it is similarly essential, especially during busy periods of the day. The responsibility of the triage nurse is to interview and assess each patient within minutes of his or her arrival, assign a classification of priority for care, and initiate appropriate care. True emergencies are cared for immediately upon the assessment of the triage nurse.

**Q:** Who or what is the Oak Ridge Radiological Group? Are their finances kept separate from the hospital's like the Independent Group (?) that now operates the Emergency Room?

**A:** The Oak Ridge Radiological Group is composed of three radiologists — Dr. James Hilton, Dr. Harold Kerley and Dr. James Rouse. Their finances are kept separate, but unlike the physician group which provides professional services in the Emergency Department, the Hospital bills for them. This is accomplished by contract and through the Hospital's computer services.

**Q:** What is done with a drug, prescribed by the doctor, but not taken by the patient; billed to the patient, but not given to the patient to take home upon discharge from the Hospital?

**A:** Presently the Hospital utilizes two systems for drug distribution — one being the unit dose and the other being the more conventional system of having more than a 24-hour supply of drugs on the patient floor for each patient.

The Hospital is in the process of converting to the unit dose system for all patients which should be accomplished by early 1977. Under this system, each drug is prepackaged in the pharmacy for one day's supply.

Until this system can be made Hospital-wide, drugs not used are returned to the pharmacy either for credit if its value is over \$1, or disposed of by the pharmacy.

If the package has been opened, credit is not given. Conversely, unopened packages are given credit that can be reused. This practice is consistent with the State Pharmacy Regulations.

**Q:** When a doctor now refers an out-patient to the Hospital Laboratory for work to be done, why does the patient now pay for these services through the Emergency Room, instead of through the Hospital Business Office as was formerly done?

**A:** On April 5, 1976, the Hospital contracted with the MultiPhasic Corporation to bill and collect for out-patient services. This change was made to effect economies and to better coordinate patient traffic flow.

Formerly, patients were required to go to the department where the service was to be rendered, then to the cashier and then a return trip to the department to have the service actually rendered. The new system is a two-stop rather than a three-stop system.

We are considering a one-stop system, and if all details can be worked out it should further simplify the process.

**Q:** Why can't I have a private room when the doctor's secretary asked for one for me? I came to the hospital and was put in a ward instead of a private room?

**A:** Unfortunately the number of private rooms available does not meet the demand.

In the pre-admitting process the patient is asked room type preference. If a private room is requested, the patient's name is placed on a private room waiting list chronologically from the date of request. When the patient is admitted, private rooms available on that day are assigned from this waiting list, first request first.

Semi-private room requests are assigned on the same basis, first request first. If a patient who requested a private room was assigned a ward upon admission, it would have been because of necessity due to the fact that nothing else was available.

After the patient's name comes up on the waiting list and the type room requested becomes available, patients who still wish are moved to the type room requested upon admission.

In the event of medical necessity, the attending physician can override the system and request a special facility for a patient.

Before construction and renovation, the hospital had 28 private rooms. After all construction is finished at the end of this year, there will be 80 private rooms. This will be nearly a three-fold increase in the number of private rooms available.

**Q:** Who pays for uncollectible debts?

**A:** The total charges of the Hospital must be set high enough to cover those uncollectible accounts. As in any business, it is the customer who can and does pay who pays for all. Uncle Sam is the hospital's worst customer. He pays for services rendered to those for whom he assumes responsibility according to a formula that pays less than cost. The final determination of what is paid is resolved following an audit and may involve denying payment long after services were rendered by the hospital on a good faith basis. The shortfall in federal payments is made up for by the paying patients.

**Q:** Who pays for "re-doing" offices in the Medical Arts Building?

**A:** The physicians in the Medical Arts Building are charged a competitive rental rate based on the total square footage in each office. Certain basic items are paid for by the Hospital and recouped in the rental rate. Additional renovation done for the physician's convenience is paid for by him.

**Q:** Where does the Hospital get funds for new equipment?

**A:** New equipment is financed the same way as an expansion project. Ultimately all funds come from the patient, and charges for services must be such to permit paying for needed equipment. The need for new equipment comes from replacement of worn out equipment, additional equipment to take care of more patients and newly-available equipment offering new service to patients.

**Q:** Where does the Hospital get funds for expansion?

**A:** The Hospital must either rely on borrowings or earnings to finance hospital expansion. The Hospital does not receive any "free" funds from outside sources to help defray expansion costs. Recently, \$7 million of first mortgage bonds were sold to help finance the current program. The remaining monies came from hospital earnings. The bonds must be retired from depreciation funds and earnings.

**Q:** Does the hospital do anything to help the public avoid illness?

**A:** Oak Ridge Hospital believes that health education is an integral part of the high quality care it provides for the community. In-Patient Education has long been accepted as a vital part of patient care in the health care professional. However, it is of late that hospitals and other health care institutions have begun to recognize their role in community health education.

What do we mean by community health education? It is defined as those health education experiences conducted outside of the health care facilities.

We accept the obligation to promote, organize, and implement programs which will meet the known health needs of our community. The goals of such programs shall be to inform and motivate our consumers to accept the responsibility for their own health and to participate in the improvement of the utilization of the health care system. Good health maintenance is the responsibility of the individual, but the responsibility to teach people how to reduce illness, disease and injury rests with the health care system.

**Q:** When might patients expect cooperation between the Hospital and Blue Cross-Blue Shield, allowing a broad range of diagnostic tests to be made on an out-patient basis?

**A:** The benefits offered by a hospitalization insurance policy are determined by the purchaser, not the hospital. If the purchaser is an individual, the insurance company probably has some limitations on the variety of policies and benefits available. On the other hand, group coverage may be specifically patterned to fit a group's needs consistent with the group's means.

There was a Blue Cross plan in the state a few years ago which paid 75 percent of the charge for diagnostic work done on an out-patient basis similar to what is suggested in this question. This percentage was subsequently reduced to 50 percent due to its costs. It is further our understanding that this out-patient benefit package further increased costs rather than reduced them. From time to time the hospital literature recounts a similar experience from other parts of the country.

Thus, it appears that there are fewer and fewer tests being made on an out-patient basis which are insured rather than more and more.



MR. MEDIC

The Hospital has only one reason to exist.

That reason is to serve you.

Therefore, we have a real interest in your opinion of us and our service. You would help us, if you would complete this questionnaire and give us your ideas.

If I Owned the Hospital, I would change it by \_\_\_\_\_

( ) I have been a patient in the Oak Ridge Hospital in the last year.

Signed \_\_\_\_\_

( ) I have not been a patient in the Oak Ridge Hospital in the last year.

Street Address \_\_\_\_\_

City \_\_\_\_\_

Your comments and suggestions are sincerely requested and we urge that you respond. Your comments will be carefully considered and we will endeavor to solve what you see as any problem in our operation. Thank you.

Return to Oak Ridge Hospital, P.O. Box 529, Oak Ridge, Tenn. 37830.

—Marshall Whisnant

The President's report—

# 'It has been a remarkably good — if trying — year'

In keeping with the question-and-answer format of this year's report, I would like to make my report in the form of an answer to the question, "With the necessary turmoil of construction, was this a good year?"

The answer is "yes." In light of the changes occurring daily throughout this past year, it has been a remarkably good — if trying — year. The necessary dust, dirt, noise, temperature aberrations from the construction program have been accepted with understanding and good nature by nearly everyone associated with the hospital.

Perhaps the most remarkable thing about this program has been the acceptance of these less than optimal conditions by the patients. The tolerance of construction conditions by hospitalized patients has been marvelous and to their credit. The attitude seeming to transcend the inconvenience has been that it was a necessary price to pay to bring about the new Oak Ridge Hospital.

Fourteen days after publication of this report,

renovation is due to be completed by the contractor, Rentenbach Engineering Company. They have met or beat the construction and renovation schedule consistently, cooperatively and considerately. Both the general contractor and the numerous sub-contractors have been especially considerate of the patients and the necessity for continued hospital operations.

Even as renovation is concluded in the original building, completion of the third floor of the new building is moving along on schedule. The addition to the building program was dictated by the demand for hospital service and the pressure for more private rooms. This third floor will be a duplicate of the new 2-West area which was opened early in 1976. Patients have consistently expressed their approval and appreciation for the decentralized nursing concept utilized in the new building. This concept is still under study for possible use in the balance of the hospital.

One other substantial construction project has started recently. Construction of a new and enlarged office on the first floor of the Medical Arts Building has been begun. This 4,000 square foot facility is being leased to the family practice group of Doctors Richard Dew,

and David Seay, and their incoming associates, Doctors Thomas Jenkins and David Heald. Occupancy is scheduled for January 1, 1977. Demand exceeds supply in the Medical Arts Building at this moment. This and other changes will help meet this demand and improve the operating margin of the building.

The hospital, like other institutions and individuals in society, faces more and more decisions made externally. These decisions affect the hospital considerably in many cases and come increasingly from statute and bureaucratic labyrinths derived or contrived from legislation. Few or none of the new regulations reduce costs, and many increase it substantially. There is a crying need for a strict cost-benefit ratio study of each new bureaucratic fiat before its application to the hospital for the public to pay.

While the building program cast its light over all of the hospital operations this year, the work-a-day world has been a good one too. As the statistics elsewhere in this report will depict, a new high in quantity of service has been established this year. The quality of service has also risen to new levels. Despite the harassment of construction, morale has



Administrative officers, from left, Ralph Lillard, senior vice-president; Larry Vaughn, personnel director; Marshall Whisnant, president; Elizabeth Cantrell and Richard Stooksbury, vice-presidents.

remained high among those closely related to the hospital.

Thus, this has been a good year. Special appreciation is due the Trustees, Medical Staff, Volunteers and Personnel for having made it so.

## BOARD OF TRUSTEES

(As of June 30, 1976)

Bishop L. Scott Allen  
 Mr. David O. Bolling  
 Rev. Lee Olin Boye  
 Mrs. F. O. Christie  
 Mr. Leslie S. Dale  
 Mr. Robert C. Fox  
 Mr. W. Keith Funkhouser  
 Rev. Carl Glasgow  
 Dr. Charles B. Gurney  
 Mr. Marvin Holtzclaw  
 Mr. George Jasny  
 Mr. William R. King  
 Mr. Donald Maxwell  
 Mr. Charles F. Parke  
 Mr. Herman Postma  
 Rev. Ben St. Clair  
 Mrs. Nelson Stephens  
 Mr. Melvin Sturm  
 Mr. Donald B. Trauger  
 Mr. Marshall Whisnant  
 Mrs. Paul E. Wilkinson  
 Rev. Harper Sasser  
 Mr. James F. Young  
 Mr. Thomas L. Yount

### Officers

Mr. David O. Bolling, Chairman  
 Mr. George Jamy, Vice Chairman  
 Mr. James F. Young, Treasurer  
 Mr. Donald Maxwell, Secretary

### Executive Committee

Mr. David O. Bolling  
 Mr. George Jasny  
 Mr. Donald Maxwell  
 Mr. James F. Young  
 Mr. W. Keith Funkhouser  
 Mrs. F. O. Christie  
 Mr. Thomas L. Yount  
 Mr. Leslie S. Dale  
 Rev. Carl Glasgow  
 Dr. Charles Gurney  
 Mr. Marshall Whisnant



At the January 31 dedication of the Hospital's new wing are, from left, Congresswoman Marilyn Lloyd, Anderson County Administrator Albert Slusher, State Rep. Keith Bissell and Oak Ridge Mayor A. K. Bissell.

## 'Fortunate to have such a hospital'

We are fortunate to have a hospital such as this one in our city. I think they do a good job. I think they typify a good, excellent community hospital and I have nothing but praise for its functions and its people.

The recent addition and the work still underway at Oak Ridge Hospital is a welcome adjunct to this city and to its future. I believe that the growth and the

great potential growth of this city is almost unlimited.

I commend Marshall Whisnant, the hospital board and the hospital staff on being among the first to recognize and prepare for the great future growth of our community. They put a plan in effect and implemented it and I'm very pleased with what's been done here.

—Mayor A. K. Bissell

## oak ridge hospital

### ADMINISTRATIVE STAFF

President Marshall Whisnant	Chief Respiratory Therapist Richard Southmayd
Senior Vice President Ralph Lillard	Personnel Director Larry Vaughn
Vice President Elizabeth Cantwell	Chief Laboratory Technician Donald Ward
Vice President Richard Stooksbury	Director of Volunteers Jeannie Wilcox
Administrative Secretary Heleen Russell	Patient Account Manager Carl Worley

### NURSING DIVISION

Chief Pharmacist Hyman Africk	<u>SUPERVISORS</u> Karen Donaldson
Patient Care Coordinator Katherine Beasley	June Ellis
Chief, X-ray Technician Dilbert Coker	Pauline Hahn
Education Director Doris Crolev	Marian Hallau
Purchasing Agent Dorothy Denny	Stella Pollard

### OCCASIONAL

Admissions Manager Barbara Gresham	Penelope McAlees
Executive Housekeeper Nelle Harris	Joan Creasia
Accounting Manager Thelma Hileman	Celia Weaver

### CLINICAL MANAGERS

Superintendent, Building & Grounds Edwin R. Inman	Nancy Ayers
Liaison Nurse Terri King	Well Brandenburg
Data Processing Manager Patricia Love	Patricia Fisher
Medical Records Librarian Wilma Jean Nell, ART	Wilma Goans
Food Service Director Paul Norris	Colletta Manning
Chief Physical Therapist G. Donald Russell	Violet Massengill
	Janice McConkey
	Christine Nance
	Dorothea Schmitz
	Martha Tucker
	Mary Frances Washington

122712

Approved by:  
 The Joint Commission on Accreditation of Hospitals  
 A Member Of:  
 The American Hospital Association  
 Tennessee Hospital Association  
 Knoxville Area Hospital Council  
 Affiliated With:  
 Blue Cross and Blue Shield of Tennessee  
 Licensed By:  
 The State of Tennessee



29,337 physical therapy treatments given to patients during fiscal year '76.



One of 11,025 patients being admitted to the hospital.



One of 10,470 operations performed during fiscal year 1976.



Patients stayed an average of 6.4 days at Oak Ridge Hospital last year.

## The year in pictures — a hospital family album



The Pink Placabo earned \$5,895 which was contributed to Oak Ridge Hospital for new equipment.



The acute care units provided care for 2,604 patient days last year.



Dr. Hilton, radiologist, reviews some of the 170,700 films taken during fiscal year '76.



Volunteers contributed 30,827 man-hours to your hospital last year.



Modern data processing equipment used to expedite the financial information required.



Medical transcriptionists typed 13,000 hours for patients' medical records last year.



The new respiratory therapy dept. rendered 14,539 treatments to patients during the year.



Nurses reviewing the patient chart; required for every hospital patient.



1282 nuclear medicine treatments were performed last year.



The hospital pharmacy filled 201,101 prescriptions last year.



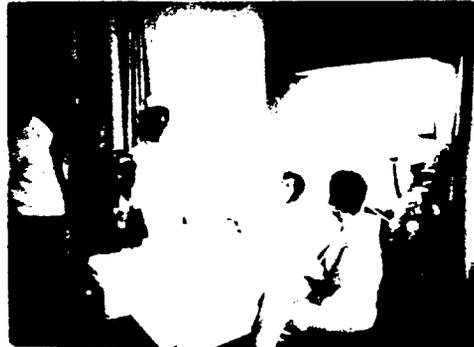
Some of the 412,348 appetizing meals served.



Another call being answered on the 12 lines serving the hospital.



988 babies were born at Oak Ridge Hospital last year.



Visitors come to see a patient.

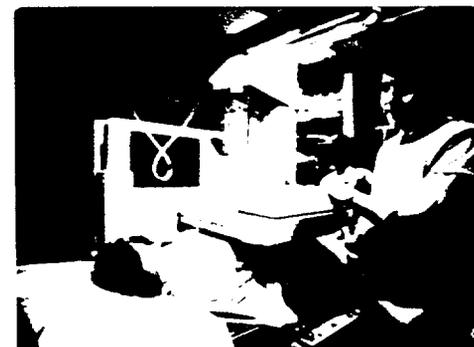


Every patient day of care requires 15.1 hours of hospital personnel time.

1227123



Housekeeping maintains 202,343 hospital cases.



One of 34,719 X-rays made during the year.



Visitor controls; one of the many services provided.

# Medical staff has met challenge

We salute a year of progress and achievement and applaud the long labors of many to improve the Oak Ridge health facilities. The ORHMC has vastly expanded and updated its facilities to extend to the community the latest expertise and technology that health care offers. Many citizens have contributed their time and investment to make this extension of service possible.

We'll soon forget the mud, the jack hammers, the dust, the shifting of beds like checkers, the hard hats roaming the halls like armored orderlies. Soon the dim, resonant hallways will disappear in a bath of light and carpeted, noiseless floors. Color TV, private rooms and room service, and full American plan dining would be a credit to most hotels.

The addition to and modernization of the plant facilities have been accompanied by increased numbers of personnel to operate them. New nurses, technicians and physicians have swelled our ranks to a full service hospital. This in turn has further enlarged our service area and met a regional need.

The medical staff through its individual members and committee work has met this challenge of increased numbers with assurance of quality care.



DR. GURNEY

The Audit Committee monthly scrutinizes categories of illness that enter the hospital and see to it that the care rendered meets a predetermined standard of excellence. The Utilization Committee maintains surveillance of cost control and coordinates the care of the ill patient to maximize services while minimizing expense. The Pharmacy Committee regularly reviews and updates drug information and current usage. An individual patient drug profile is

maintained to avoid drug conflict and toxicity. The Education Committee holds weekly teaching conferences to introduce new ideas as well as review and discuss problems in treatment. Our Infection Committee has driven our infection rate down well below the national average.

Other areas, too numerous to dwell on, are well in hand by a competent staff that demands high performance. We have made our great leap forward. With more space, more services and larger staff we have maintained excellence and vigilance. We stand ready to comfort, relieve, and heal.



The Audit Committee reviews patient records at one of their monthly meetings.

## The patients' report—

### Most have positive, favorable comments

The Hospital monitors the quality of patient care in a number of ways.

The Medical Staff maintains a constant vigil through its medical audit program. This is a review of patients' reports against pre-determined standards. This critical appraisal by peers generates continually improving care.

A second major system operated to evaluate patient care and to contribute to its continued improvement is the Nursing Audit. This audit, like the medical audit, uniformly receives high marks from observers. Another distinction it shares with the medical audit is the progress it spells out and the fact of its pioneering in this area.

Perhaps the most valuable measure of the quality of patient care is the comments from the patient directly to the hospital while still a patient. Through the Pink Lady Volunteer organization a patient representative program functions effectively. Twice weekly a cadre of volunteers calls on each patient whom they can see. They learn and report patient comments to department managers as well as to top management immediately after each visit.

This annual report attempts in this story to give you a sense of the comments which the hospital receives — both positive and negative. Patients' names and other personally identifying information have been obscured for obvious reasons. Otherwise, the comments are direct quotes.

Typical comments concerning the nursing service are:

"Everyone has been real

"Staff takes too long to answer lights."

"Nurses understaffed."  
"Delivery Room staff is great."

"Very impressed with team nursing. Like closer relationship with nurse."

"Not only did I have successful surgery and given good attention, but I was given the flu."

"Terrific — plenty of attention."

"CCU out of this world. Really great."

"Great people in ICU."  
"Nurses in Recovery so good to me."

"The orderlies in surgery so good to my mother. They talked to her all the way back to the room."

Accommodations have brought these remarks:

"Lounge chairs are great."  
"Why is it so hot all the time? Visitors even complain and get headaches."

"Outside noise from cars with bad mufflers is disturbing."  
"Not enough hot water."  
Patient's husband complained of smoke in ICU Waiting Room.

"My roommate has more than two visitors at a time, wish they would enforce their rules."  
Other service comments are typified by:

"This is the cleanest hospital I've ever been in."  
"Volunteer program is fantastic. Great Pink Ladies, Gray Ladies and Candy Strippers."

"Therapy treatment great. They do a splendid job."

"Would like better way of scheduling x-rays. An hour's wait is too long."

"I am a diabetic and am especially pleased with

educational aids received both from tapes and from staff members."

"A great improvement in X-ray Department and Lab."  
"Therapy outstanding in understanding and help."

"Received mylogram, was very frightened. Everyone was so kind to me."

"The patient representative program is the best that has been started."

Oak Ridge Hospital food has elicited these notes:

"Should try to diet but food too good."

"Do not get enough coffee and it is not hot enough."

"Food is better than I've had in some hotels."

"Dietitians get A+ for trying hard with my diet."

"I am a mess steward in the National Guard and I know about food. The food here is great."

"My request for scrambled eggs was granted and I really appreciate the consideration."  
"Food best of any hospital I've been in, and I've been in quite a few."

"Eggs sometimes cold."  
"Would like toothpick on tray."

"I really appreciate being able to order food."

Typical of general comments are these:

"I've been here seven times and they'll never send me anywhere else. Nurses are nicest in the world."

"I hate to leave. They have been so nice to me."

"If any problem develops in this hospital it will be because they can't get post-operative patient to go home. I hear they're threatening bad food.

medicine or refrigerated bedpans to discourage them but some of us just don't want to go home."

"Visitors at mealtime inconvenient for some."

By a wide majority, the comments are positive and favorable. The negative comments are few enough that they receive immediate, careful and responsive action.

Other measures of quality of patient care include the bi-annual survey by the Joint Commission on Hospital Accreditation, State and local Department of Health studies, fire prevention and control evaluation by state and local fire officials, Medicare and Medicaid audits, Laboratory, Radiology, Dietary and other department evaluations done by governmental experts to assure uniformly high quality. Other agencies have an indirect and sometimes direct influence on patient care and inspect the hospital from time to time.

All of the steps and systems the hospital uses are designed to assure the quality of today's care and provide a solid foundation for its further improvement. Most of society settles for less than perfection in most of life but insists on perfection in their own care at the hospital. Perfection for the hospital is the objective, but as a human organization, is not constantly attainable. Just as humans fall short of the ten commandments, human frailty withholds perfection from the hospital. With quality control systems functioning well, however, the hospital in fact does move closer to perfection in the interest of the patient.

## oak ridge hospital

### MEDICAL STAFF (As of September 1976)

#### VISITING STAFF

##### Family Practice:

Archer W. Bishop  
John P. Crews  
Richard A. Dew  
Frank H. Genella  
James T. Gillespie  
Charles B. Gurney  
David G. Heald  
Thomas Jenkins  
Joseph S. Lyon  
David W. Seay  
S. J. Van Hook

##### Internal Medicine

Frederick Barry  
John D. DePersio  
Francis Goewitz  
Victor W. McLaughlin  
Helen Vodopick

##### Pediatrics:

Gene Caldwell  
Charles L. Campbell  
William P. Hardy  
William M. Hicks  
Robert C. Howard  
Lewis F. Preston

##### Surgery:

Robert R. Bigelow  
Laurence R. Dry  
Robert W. Dunlap  
Earl Eversole  
Ernest L. Hendrix  
David G. Stanley

##### Neurosurgery:

Stephen E. Natanson  
Christopher Norwood  
John T. Purvis

##### Obstetrics & Gynecology:

Charles E. Darling  
Robert E. DePersio  
Timothy Gowder  
William W. Pugh  
John K. Schanze

##### Grncology:

C. Julian Ragan

##### Urology:

Richard G. Brantley  
Avery P. King

##### Otorhinolaryngology:

John Jernigan  
Samuel O. Massey  
D. Thomas Upchurch

##### Ophthalmology:

Raymond A. Johnson  
Mark A. Judge  
E. Elliott Kaebnick

##### Orthopedics:

Geron Brown  
Paul Spray  
George M. Stevens  
Joe E. Tittle

##### Oral Surgery:

Bill B. Blevins  
Travis Witherington

##### Dermatology:

Donald L. Hartman

##### Psychiatry:

Ira A. Lew  
Gary W. Walters

##### Anesthesiology:

Herbert J. Hostetter  
Lowry L. Sheely  
Liselotte Sigmar

#### Radiology:

James I. Hilton  
Harold E. Kerley  
James Rouse

#### Pathology:

Alex G. Carabia  
Armando deVega

#### Emergency Medicine

Clifford K. Callaway  
Herschell K. King  
Joseph Palatins

#### COURTESY STAFF

##### Industrial Medicine:

T. Guy Fortney  
Albert S. Garrett  
T. A. Lincoln  
Lynn F. Lockett  
Henry B. Ruxley  
David H. Sexton  
Daniel M. Thomas  
Gino Zanoli

##### Family Practice:

Michael W. Gromis  
Henry Hedden  
Samuel G. McNeoley  
Charles R. Sullivan

##### Pediatrics:

Lloyd D. Martin

#### CONSULTING STAFF

##### Obstetrics & Gynecology:

Albert W. Diddle  
Kenneth A. O'Connor

##### Public Health:

Parley M. Dings

##### Plastic & Reconstructive Surgery

William W. Andrews  
James B. Cox

##### Neurological Surgery:

Joe D. Beals  
Frederick Killeffer  
Frank Turney

##### Thoracic Surgery:

Jacob T. Bradsher  
William K. Rogers

##### Pediatrics:

Thomas E. Lester  
Felix G. Line

##### Orthopedic Surgery:

Edward J. Eyring

##### Radiology:

Robert P. Ball

##### Psychiatry:

Joan B. Woods

##### Radiotherapy:

Frank V. Comas  
David Ange  
Ronald Perry

##### Radiation Accident

Gould Andrews  
Karl Hubner  
Clarence Lushbaugh

##### Pulmonary Medicine:

Leon Bogartz  
Richard Obenour  
Thomas Sullivan

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# Volunteer organizations provide valuable services

## Gray Ladies give wide range of aid

Q. What do the Gray Ladies do?

The Gray Lady Corps, under the sponsorship of the American Red Cross, volunteers its services at the Oak Ridge Hospital of the Methodist Church. Services offered by the Corps are summarized below:

### General Services:

1. Floors are covered daily from 1-4 p.m. Duties include mail and flower delivery, distribution of current magazines, books, stationery, etc. Errands are run for patients upon request. Flowers are also delivered in the evening.
2. Magazines are distributed to all waiting rooms in the hospital.
3. Notions (toothpaste, brushes, deodorant, shaving cream, etc.) are kept in the Gray Lady office and are distributed at the request of the nurses.
4. A wardrobe of pajamas, robes, gowns, and house shoes is available and distributed upon request.
5. Layettes are supplied to the Maternity Floor and are distributed by the nurses when needed.
6. Christmas favors are made and distributed on Christmas Eve to all patients.

### Special Services:

1. Gray Ladies assist in Admissions from 1-4 p.m. They help patients register and assist them to the floor.
2. Emergency Department: Gray Ladies assist in the Emergency Department from 6:30-9 p.m. They help register patients, aid families who are waiting, make necessary phone calls, and help nurses when requested. This includes taking patients to X-ray, specimens to the Laboratory, etc.
3. Surgery Program: With the move to the new Acute Care Wing, Gray Ladies are in the ICU-CCU-Surgery Waiting Room and in the Surgery Consultation Room daily from 7:30 a.m. until 4:00 p.m. They keep families informed of the patient's condition from the time he is taken into surgery until he returns to the room. This includes arranging private consultation with the surgeon and giving Recovery Room reports.

In addition to the Surgery Program, the "Surgery Gray Lady" is now working with families of patients in ICU and CCU to ensure good communication from the Units to the families. Visitation is regulated, messages are taken, and general aid is given. This service continues in the evening and on weekends with both Gray Ladies and Pink Ladies volunteering their services.

VOLUNTEER HOURS	
July 1, 1975 to June 30, 1976	
Pink Ladies	11,999
Candy Strippers	9,660
Gray Ladies	9,368
<b>Total</b>	<b>31,027</b>

## Pink Ladies serve Hospital and community

Q. What do the Pink Ladies do?

The Oak Ridge Hospital Women's Organization has continued its volunteer services as a contribution to the hospital and to the community.

In the Pink Placebo (Gift Shop) 70 volunteers work

alternate shifts at varied hours, seven days a week. Patients, visitors and the hospital personnel may purchase jewelry, books, magazines, items for children, candy, cigars and carefully selected gift items.

The profit from sales is given to the hospital for purchase of life saving equipment. During the last year \$5895 was allocated for a Gill Volume Respiator, \$2500 for laminar flow units for an operating room and \$1810 for a defibrillator. Money has also been set aside for the refurbishing of an office-stock room for the Gift Shop.

Besides operating the Gift Shop, this group also visits mothers of babies to offer them the opportunity to purchase baby pictures. The babies are photographed within a few hours of birth by the nursing staff.

Tuesday and Thursday of each week, twelve trained volunteer patient representatives visit the patients in the hospital to

determine their needs and to assure them that these needs are of prime importance to the hospital. Their comments are reported to the General Management, Clinical Managers and Department Heads.

There are also nine volunteers who provide escort service in X-ray, Admitting and Physical Therapy and five volunteers who serve in the ICU-CCU units.

Until August 1 of this year, the volunteers at Westmall were a part of this organization, but at that time they formed a separate group under the sponsorship of the current owners of Westmall. These volunteers participated in visiting the residents, arranging game, bingo and song nights and craft activities. Mrs. Lester Myers served as Chairman of this dedicated group.

The grounds at Westmall Park are diligently maintained by Don Williams, W. Turner, Mrs. Paul Melroy, Mrs. Duncan Lang and Mrs. W. O. Mickelson.

PINK LADY EXECUTIVE COMMITTEE AND COMMITTEE CHAIRMAN	
Chairman	Mary Ann King
Vice Chairman	Paul Whitcomb
Recording Secretary	Carman Horton
Secretary	Alma Johnson
Treasurer	Terry Harris
Westmall Chairman	Byrlin Brown
Buying Chairman	Grace Ross
Publicist	Paul Hudson
Representative	Cathy Striper
Chairman	Pat Smith
Books	Gerry Hahn
Magazines and Paper Books	Betty Taylor
Lay by Chairman	Thelma Mackintosh
Cards	Dolly Bell
Stationery	Jeanette Burdette
Household Buyers	Jane McAlford
	Lib Hill
	Mildred Bird
	Mildred Lester
	Dore Duffell
Flower Arrangements	Grace Ross
Chapman	Georgette Van der Lago
Bag Supplies	Pat Smith
Jewelry	Nell Whitcomb
	Louise Spry
Stuffed Animals	Grace Ross
	Judy Rossmore
	Jane Paulford
Toys and Games	Alma Johnson
Baby Pictures	Margaret Turner
Westmall Park	Blair Lang
	Georgette Melroy
Music Alerts	Judy Rossmore
Committee	Mildred Bird

## Many responsibilities for Candy Strippers

Q. What do Candy Strippers do?

Their responsibilities at the hospital include working in Pediatrics, Physical Therapy, Admitting, the Laboratory and X-ray performing numerous duties as requested by personnel.

At Westmall, they feed patients and help with game, song and bingo nights. These girls have been guided by Mrs.

Neal Smith and Mrs. Charles Hahn and their services have been invaluable.

The Candy Strippers had a capping ceremony in April of this year and 43 girls were given caps for having worked at least 50 hours. Nineteen were awarded 100-hour stripes and four were given 200-hour stripes. In February, their number totaled 108.



The sterile supply department efficiently handled sterile items (left). At right, laboratory workers conduct a chemical determination.



The maintenance staff, shown at left, did an outstanding job of keeping the physical facilities running smoothly in spite of the turmoil created by construction. They are to be commended for their performance.

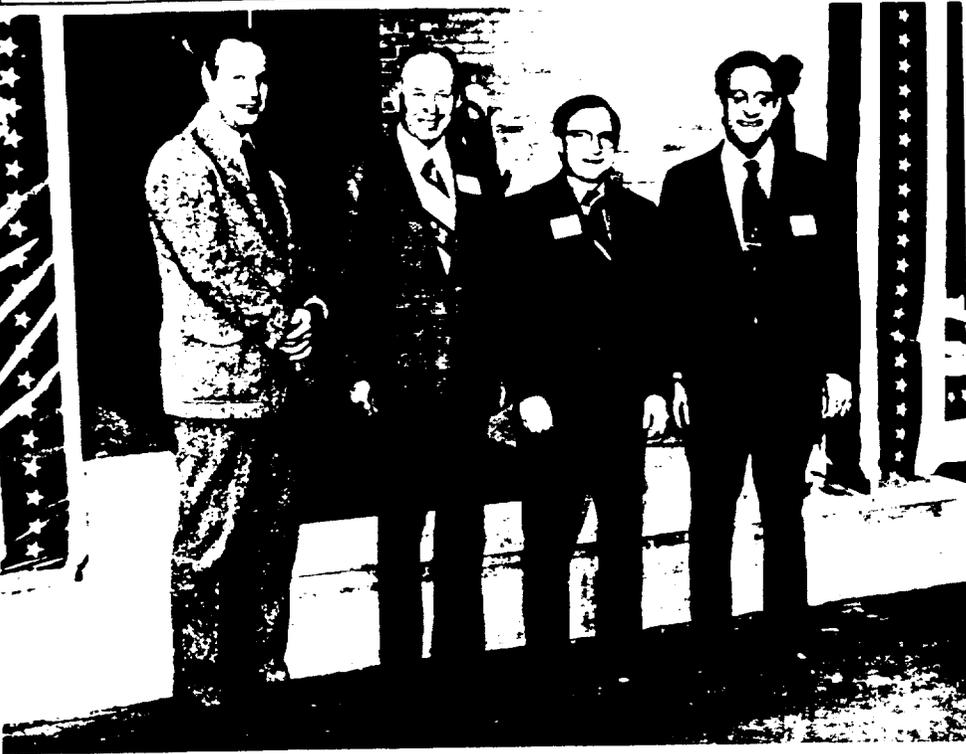


GRAY LADY OFFICERS AND COMMITTEE CHAIRMAN	
Chairman	Marjorie Clary
Co-Chairman	Lee Perry
Secretary	Alice Turneille
Treasurer	Betty Allen
Surgery	Mary Flecken
	Evelyn Harris
Training	Irene Carroll
Emergency Dept.	Marion Webb
Magazines	Ardis Leitchamring
Notions	Mildred White
Wardrobe	Marion Webb
Stationery	Beard

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## We salute the construction workers

General Contractor, Rentenbach Engineering, accepted a tough challenge in building and renovating the hospital. They have done it on — or ahead of — schedule and cooperatively. This page is dedicated as a small tribute to their good and effective work.



Prime movers in the construction program were the Building Committee composed of Earl Eversole, M. D., R. C. Fox, Chairman George Jasny and Ray Armstrong.



Having "connections" is vital in construction and Eugene Kitchens has made a lot of them for the electrical contractor.



John Womack, foreman, and Aubrey Dye, Supt. for the skeletal contractor discuss a problem.



Rentenbach Engineering Superintendent Wm. Funderburk, smiles over one of his many successes during construction and renovation.



Harold Wade, electrical superintendent plans the day's work.



Mechanical Superintendent, Adolph Banta, pauses a moment to reflect of the complexities of the hospital addition.



Rentenbach Engineering Assistant Superintendent Jim Offer points to progress being made on Medical Arts Building.

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