

Annual REPORT

727940

SEPTEMBER, 1974



Photographs by Ruth Curry

Hospital people know what they're doing

Oak Ridge Hospital people know what they're doing.

They have to — because, last year alone, the lives, welfare and health care of nearly 25,000 people depended on it!

Hospital people are efficient, qualified, responsible folks who honestly, sincerely care about you — and they're there when you need them.

And that simple message is what Oak Ridge Hospital — and this annual report — is all about, a message we hope you, the public, will not mistakenly dismiss as mere "propaganda" designed to conjure up an image of saintly, white-clad "angels of mercy" — gifted with a magic touch that knows all, sees all and heals all.

Because if that's what you think, you couldn't be more wrong.

Saints we are not — and the last halo we observed was the artificial one surrounding a flashlight held by a nurse making midnight rounds.

But we'll bet our Blue Cross coverage on the technology, skill, efficiency and honest concern offered by the people who are responsible for your health

care and needs at Oak Ridge Hospital.

Sure, we have problems — and we not only welcome, we eagerly solicit your suggestions for their solution — but we're working hard to overcome them, to improve and upgrade our services.

And, like all industries today, we constantly fight the dual battle of inflation versus the demands and needs of the public.

But, unlike some other industries, we aren't battling for bargain-priced goods, for quantity instead of quality — or even to make a profit.

Our battle is waged on your behalf, for your health care needs — for your life.

If that sounds like a "what-a-good-boy-am-I" statement, let us hasten to assure you that hospitals don't always feel daunted — not to mention victorious.

Frankly, we often feel put-upon, persecuted, unduly and harshly criticized, discouraged and just plain "down."

But then we see or hear of a patient who has pulled through a "life or death" situation because

of the care and treatment he's received here — or we see a bone-weary doctor or nurse smiling contentedly at the end of a long day, because a "critical" patient is now listed "satisfactory."

Or maybe we read a monthly report from a department manager, stating that he or she has been able to hold operational costs down, thus passing the savings on the paying patient.

Sometimes, it just a simple, heartfelt "thank-you" from a grateful member of a patient's family that lets us know its all worthwhile, that we can and do serve the public in the best way possible.

We admit there are some things we'll compromise on — like omitting certain "frills," costly luxuries and the "country club" atmosphere provided by some more expensive, hospitals, though we do try to furnish our hospital as comfortably as reason and our patients' pocketbooks will allow.

But one thing we cannot, will not compromise is the patients we serve — and the quality care they deserve and depend on

where their health needs are concerned.

We can't, and don't, pretend that quality health care comes cheap — today's hospital costs are as shocking as those of steak, dried beans, flour, sugar, movies and anything else we buy at today's inflated prices — and we are as appalled and concerned about these skyrocketing costs as you must be.

But we do maintain that we still offer the world's best bargain — health and life-saving services which, you must agree, carry no price tag where you and yours are concerned.

You say you've never been a patient in the hospital, that only one member of your family was ever treated here — and that time for a very minor injury?

Fine! We sincerely hope things stay that way!

We sincerely hope that you'll never need our cardiac monitor, our emergency room "crash cart," the resuscitator we keep handy, the "special procedures" angiographic equipment installed in our x-ray department, the up-to-date sophisticated equipment in our lab that tells your doctor at a glance what your problem is, the specially

trained nurses in our coronary or intensive care units, on our orthopedic, medical and pediatric floors, or the masked-and-gowned team that skillfully functions behind the closed doors marked "surgery personnel only."

But, whether or not you ever show up as our patient, we, as hospital people, must be on hand with our knowledge, skill and equipment — "just in case."

And "being on hand" means not only being staffed with all the people (about 22 per patient) needed to care for your major and/or minor ills and injuries, plus staying equipped with the latest medical "magic" and technology — it means staying AHEAD of the health care game, anticipating medical needs that you probably don't dream exist.

It means a lot of research, investigating and planning by our medical staff, hospital personnel and all other available health care professionals — and a lot of second guessing.

It means continuing to recruit doctors who are qualified to care for your every medical need — and being just as careful when we recruit and hire our hospital

maintenance men and maids, cooks and clerical workers, aides and orderlies, LPN's and RN's, x-ray technicians and lab technologists, those who admit patients and those who answer the phone.

And it means continuing the education of every single member of our health care team — so we can always honestly say, "hospital people know what they're doing."

In other words, we're always here to serve you, 24-hours-a-day, seven-days-a-week, 52-weeks-a-year — to offer you the best possible health care by the best possible people.

So get to know us — through this publication, through visits to the hospital, and by talking to hospital personnel, patients and their families.

And if you don't like what you see, hear or experience at your hospital, we want to know about it. We're always interested in your opinion — and we'll try our best to follow up on any complaint, question or suggestion you may have.

Like we said in the beginning, you can count on us.

We're hospital people — and we know what we're doing.

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BOX No. B-6 of 17 Bldg. 2714-H

FOLDER B-117-7 # 84-30

REPOSITORY OAK RIDGE OPS
COLLECTION RECORDS HOLDING AREA
Dec. 1944-94

Board chairman cites ORH goals

By K. W. SOMMERFELD
 In the past two or three years, Oak Ridge Hospital has been confronted with several significant circumstances which will ultimately shape the posture and quality of patient care in this area for many years to come. Among these situations and opportunities were:
 The need for a fulltime emergency staff,
 A critical shortage of licensed physicians,
 A need for renovation and expansion of existing hospital facilities,
 And a decision concerning the future of Westmall Nursing Home.

Each of these situations presented unique and specialized problems that faced all members of the hospital organization. And, in any one proposed solution, there was also a series of elements (or opinions) which had to be considered — because a smooth functioning hospital utilizes the skills and talents of almost every department.

In fact, it has been estimated that any time a patient enters the hospital, at least 22 different individuals (covering the entire spectrum of hospital departments) are involved in that patient's prompt and efficient care.

It is apparent then that all of these circumstances, problems and needs involve the whole hospital — all of its people, its financial resources, equipment and facilities.

The solutions and decisions which were implemented in these situations — most of which have been already communicated through our local news media — should provide a solid health care base for which all our employes and citizens can rightly be proud in years to come.

But one aspect of these decisions which is not really publicized — and seldom observed by the general public — involves the cooperation and support that is given by all hospital personnel in solving problems.

For example, the decision to staff the emergency department with 24-hour physician coverage involved significant support and cooperation with the existing medical staff, with the new emergency staff doctors, with the hospital administrators, and, in fact, with all of the various hospital departments and services — even though they might not be actively involved in supporting such an activity.

It is, generally, easy and natural for such changes to run afoul of differing opinions, personal prerogatives, resistance to change — and all the "normal" personnel problems that occur with change.

And when you add to this major change three other large-scale changes in the hospital "posture," the problem of change-over and its effect on personnel involved is magnified many times.

The most satisfying reward for having the opportunity to serve as a member of the hospital board of trustees is the realization that the personnel and medical staff of our hospital are willing and able to place cooperation and the ultimate quality care of our patients ahead of the conventional

traditions and hang-ups that plague operations of this type. In the past few years, the citizens of this area can indeed be proud of the manner in which the medical staff, the administrative staff, the nursing staff, the volunteers — and all hospital personnel — have collectively worked together with one common goal always foremost in their minds, service and quality care for our patients. There was honest and constructive exchange of positions, a willingness to hear out the other party with an open mind, and a spirit of cooperation which both considered and yet accepted the differing opposition's view.

Most hospital boards are regularly confronted with the resolution of inherent and seemingly unavoidable differences among members of the medical, nursing and administrative staffs, etc. — but only the successful hospitals are able to resolve these internally and in a constructive way for the betterment of the community.

In cases where such resolution is ultimately required by the board of trustees, permanent

scars and wounds frequently remain — but it is my observation that — fortunately for the people in this area — at Oak Ridge Hospital, such resolutions have not been necessary at the board level.

Many large industries, including those involved in health care, have adopted slogans such as, "People are our most important product." But few, in my opinion, enjoy the quality of personnel and the total cooperative effort toward common goals that exists in our hospital.

It would be impossible — and possibly unfair — to single out individuals who have gone well beyond their obligations in creating such an atmosphere. But it is my opinion that all people in this area of East Tennessee owe a debt of appreciation to all members of our medical staff and to every single member of the hospital personnel for their contribution to health care.

Those people have made service and quality patient care their personal objective — and they have been willing and successful in putting behind



Sommerfeld

ORH president commends board

By MARSHALL WHISNANT
 Oak Ridge Hospital has its policies determined by its 24-person Board of Trustees. This board is elected by the Holston Annual Conference and meets periodically during the year. Between its meetings, the board is represented by the executive committee. The executive committee is composed of eleven people.

The past year has found the board and/or the executive committee dealing with some issues which will influence the hospital significantly during the future. Some of these decisions were:

- To go into nuclear medicine;
- To buy an additional diagnostic x-ray room,
- To adopt a new visitor policy;
- To have United Medical Corporation operate Westmall while they build a new and larger facility;
- To have a retroactive salary increase with no change in charges;
- To adopt a long-range plan for physician staffing;
- To establish a 24-hour physician-covered emergency service;
- To complete the long-range "management objective" plan begun previously.

Board members serve as trustees without pay but with satisfaction of service for the community at large. Their decisions are made against a background of what is the best for the most people for the longest period of time.

Most of their deliberations are made on personal time. This is time which they could otherwise spend with their families or other activities which interest them. Service on the board is sacrificial on the part of the individual members — and a service for which the entire community should be appreciative.

Board members are called on for work on special committees

and other assignments requiring extra hours and effort.

The board of trustees provides the hospital management with management and is thus the highest local authority associated with the hospital. In the six years that I have been associated with Oak Ridge Hospital, the board has been steadfast in the pursuit of the best possible care and service by the hospital for the people.

It is and has been a pleasure to serve the hospital working closely with the present and past boards. It has been an especially high privilege to work with our current chairman, Ken Sommerfeld, during the past three years.

He has made a considerable contribution to the board, patient care, and our personnel — and through cooperative efforts been supportive of and responsive to the medical staff. The entire area owes him thanks for his contribution during his tenure as board chairman.



Marshall Whisnant
Hospital president

Staff chief says 'future is bright'

By DR. DAN THOMAS
 The year 1973 saw many changes and improvements in the medical care made available by Oak Ridge Hospital and its staff to the people of Oak Ridge and adjacent areas in East Tennessee.

It was also a year of intensive planning for even more improvements and innovations in our patient care — plans that are expected to become a reality in the very near future.

The establishment of Emergency Associates, Inc., headed by Dr. Herschell King and ably assisted by Drs. Vesser and Calloway, has gone a long way toward solving many problems for the patient who does not have a private physician or the individual with a serious sudden medical emergency. This fulltime physician coverage of our emergency department is indeed one of the major turning points in the provision of health care in the community and the surrounding area.

In line with our continuing doctor-recruitment program, eleven new physicians have established practice in Oak Ridge during the past year.

They include Dr. Charles Patterson, family practitioner; Dr. Herbert J. Hostetler, anesthesiologist; Dr. Mark Morris, pediatrician; Dr. Mark Judge, ophthalmologist; Dr. Thomas Upchurch, ear, nose and throat specialist; Dr. Charles Darling and Dr. John Schanze, both obstetrician-gynecologists; and the three men who make up our full-time emergency room team, Dr. Clifford Calloway, Dr. Howard Vesser and Dr. King.

We welcome them all and we are pleased that they are helping to fill the medical needs of the more than 100,000 people we serve.

And, in the foreseeable future, we anticipate that at least three more physicians will open offices in Oak Ridge. We are, as always, continually planning for the health needs of this area. The future looks bright.

In our radiology department, we are particularly fortunate to be able to provide our patients with added services in the field of nuclear medicine and special procedures — plus other new x-ray equipment which is currently being installed.

A major improvement in our laboratory during the past year was the installation of the Mark XVII, a highly sophisticated piece of diagnostic equipment that can accurately perform seventeen blood chemistry tests in a matter of seconds.

The advent of peer review and professional standards review organizations has resulted in the establishment of a number of medical staff committees and many meetings among health service personnel.

Oak Ridge Hospital is staying abreast and in the forefront of this development and will continue to meet this challenge head-on.

Also during the past year, special tribute was made to one of our staff members, Dr. Robert Ball, when he was selected the "Physician of the Year" by the Tennessee Medical Association.

Dr. Ball chose his 50th year in the active practice of medicine as the time to retire as chief of radiology. We all appreciate the



Dr. Dan Thomas
Chief of staff

them some individual prerogatives to achieve this goal.

Without this kind of atmosphere, it is unlikely that any hospital of this size could have successfully addressed itself to the significant situations that have confronted our hospital in the last few years and turn them into unusual opportunities and highly successful plans which will have a positive long term influence on patient care in this area.

many fine, outstanding contributions he has made to medicine and to the patients he has served. Dr. Ball retired June 30 of this year.

The individual and collective efforts of our trustees, medical staff, administrators and all hospital personnel have made this past year an outstanding one in the life of our hospital — and we expect continued improvement in medical care for this special section of East Tennessee.

We look forward to the months ahead as we continue to meet the challenges of keeping Oak Ridge Hospital a modern, up-to-date facility staffed by people who care — so that the best possible health care services will continue to be provided those we serve.

ADMINISTRATIVE STAFF

(As of September 1974)

President Marshall Whisnant	Superintendent, Building & Grounds Edwin R. Inman
Senior Vice President Ralph Lillard	Data Processing Manager Charles Larimer
Vice President Elizabeth Cantwell	Admissions & Communications Manager Dorothy Margrave
Vice President Richard Stooksbury	Chief Physical Therapist G. Donald Russell
Administrative Secretary Heleen Russett	Controller E. D. Van Hooser
Chief Pharmacist Hyman Africk	Personnel Director Shirley Walker
Medical Records Librarian Silvia Alberty	Chief Laboratory Technician Donald Ward
Liaison Nurse Katherine Beasley	Director of Volunteers Jeanie Wilcox
Director, Department of Pathology Alex G. Carabia, M.D.	Patient Accounts Manager Carl Worley
Chief X-ray Technician Dilbert Coker	Nursing Supervisors: Stella Beliz June Ellis Patricia Fisher Pauline Hahn Marion Hallau
Education Director Doris Criley	Clinical Managers: Nancy Ayers Neil Brandenburg Norma Cask Mori Ann Dennis Nancy Jenkins Violet Massengill Christine Nance Wagma Tucker Sue White
Purchasing Agent Dorothy Denny	
Executive Housekeeper Nelle Harris	
Food Service Director Kenneth Harcnet	
Accounting Manager Thelma Hilemar	
Director, Department of Radiology James Hilton, M.D.	

BOARD OF TRUSTEES

(As of June 30, 1974)

- Bishop L. Scott Allen
- Mr. Ray C. Armstrong
- Mr. David O. Bolling
- Mrs. F. O. Christie
- Mr. P. C. Fournay
- Mr. Robert C. Fox
- Mr. W. Keith Funkhouser
- Rev. Carl Glasow
- Rev. George Jansy
- Mr. William R. King
- Mr. J. L. Liverman
- Mr. Donald Maxwell
- Mr. Charles F. Parke
- Rev. J. Robert Smith
- Mr. K. W. Sommerfeld
- Rev. Ben St. Clair
- Mrs. Nelson Stephens
- Dr. Daniel M. Thomas
- Mr. Donald B. Trauger
- Rev. Kenneth Verran
- Mr. Marshall Whisnant
- Mr. Paul E. Wilkinson
- Rev. H. Walter Willis
- Mr. James F. Young
- Mr. Thomas L. Yount

OFFICERS:

- Mr. K. W. Sommerfeld, Chairman
- Mr. David O. Bolling, Vice Chairman
- Mr. W. Keith Funkhouser, Secretary
- Mr. James F. Young, Treasurer

EXECUTIVE COMMITTEE:

- Mr. K. W. Sommerfeld
- Mr. David O. Bolling
- Mr. W. Keith Funkhouser
- Mr. James F. Young
- Mr. Thomas L. Yount
- Mrs. F. O. Christie
- Mr. P. C. Fournay
- Mr. Ray Armstrong
- Rev. Carl Glasow
- Dr. Daniel M. Thomas
- Mr. Marshall Whisnant

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Recruitment adds sixteen physicians during year

If any one phrase could characterize Oak Ridge Hospital happenings during the last year, it would have to include the words "on the move."

Because this hospital has, during the past fiscal year, taken more total steps toward improving patient care and adding new services than in any one 12-month period of its 12-year history.

And perhaps our most significant advance has been in the area of doctor recruitment.

Since June 30, 1973, 16 new physicians have been recruited to practice in Oak Ridge!

Of these 16 (who represent 11 different medical specialties), seven began practice in 1973: Dr. Laurence Dry, surgeon; Dr. Sam Massey, otorhinolaryngologist (ear, nose and throat); Dr. Richard

Brantley, urologist; Dr. Victor McLaughlin, cardiologist; Dr. James Hilton, radiologist; and Drs. Herschel King and Howard Vesser, both specialists in emergency medical care.

The remaining nine, though also recruited earlier, did not begin local practice until 1974, the latter part of the fiscal year.

They include: Dr. Clifford Calloway, emergency physician; Dr. John Schanze, obstetrician-gynecologist; Dr. Charles Darling, also an ob-gyn specialist; Dr. Mark Judge, ophthalmologist; Dr. Mark Morris, pediatrician; Dr. Thomas Upchurch, otorhinolaryngologist (ENT); Dr. Charles Patterson, family practitioner; and Dr. Herbert Hostetler, anesthesiologist.

(Both Dr. Massey and his associate, Dr. Upchurch, are

also specialists in facial plastic surgery.)

The addition of these highly qualified men to the medical staff means that the hospital has successfully recruited 22 new physicians in 20 months — and that's an almost unheard of feat during a time when nationwide hospital competition for additional doctors has been at an all time high.

We're proud of that success — but even more proud of the caliber of physicians the hospital and the community have continued to attract.

Marshall Whisnant, hospital president, points out another "plus" in the results of the continued recruitment program.

"One other dimension that our continuing recruitment of doctors gives us is that we now have in Oak Ridge a nice mixture of places where doctors have been trained. Instead of, as in many communities, having doctors who all studied at the same place, we have people from all over. This is healthy," he says.

We would also like to point out that this sudden "windfall" of doctors is really not so sudden after all.

About four years ago, the hospital medical staff and administration made a thorough analysis of the community's medical needs and put together a combined recruitment plan.

Their plan, though obviously successful, has involved a lot of telephoning, letter-writing (to arrange visits to Oak Ridge by doctor-prospects) — and a lot of time spent by local doctors and the administrative staff showing people around.

Doctor recruitment means writing to medical schools; answering ads placed in medical journals by doctors who wish to relocate; making inquiries through medical placement bureaus; and obtaining the names of possible candidates from local doctors, other members of the hospital staff, and from interested citizens in the community.

Health official compares costs

Despite "scare tactics" and dire predictions by some of its critics, the hospital industry is continuing to hold the line on price increases, according to Alex McMahon, president of the American Hospital Association.

Based on July figures, the Consumer Price Index increased 11.8 percent between July 1973 and 1974.

By comparison, the hospital service charge component rose 9.2 percent during that time.

A 1.5 percent increase in hospital service charges for the month of July was labeled "modest" by McMahon, who pointed out that "Hospitals normally schedule annual price changes at the beginning of their fiscal year — and approximately one third of the nation's hospital's fiscal years begin July 1."

Hospitals are keeping their price increases below those of their suppliers, he added, pointing out that from July 1973 to July 1974, food prices have risen 13.9 percent, fuel oil and coal have increased 65.9 percent and housing has increased 12.4 percent.

And, in many cases, efforts to secure the services of a particular doctor are begun two or more years before his actual arrival in Oak Ridge.

Not just any doctor will do, of course. Applicants are carefully screened and their qualifications reviewed by the medical staff and recommendations made to the board of trustees before acceptance.

Now the recruitment drive is nearing its goal, although there

is still an urgent need for additional family practitioners in the community.

But that doesn't mean that the goal won't change — or that our doctor-recruiters intend to "rest on their laurels" and complacently call it quits.

They will continue to recruit, obtain and keep a medical staff that will maintain the highest possible level of diversified, well-rounded medical care.

Hospital people know what they're doing.



Dr. Schanze



Dr. Darling



Dr. Judge



Dr. Upchurch



Dr. Kerley



Dr. Morris



Dr. Hostetler



Dr. Patterson



Dr. Vesser



Dr. Calloway

Oak Ridge Hospital Medical staff

(As of September 1974)

VISITING STAFF

General Practice:

John P. Crews
Richard A. Dew
Frank H. Gemello
Charles T. Gillespie
Joseph S. Lyon
Charles C. Patterson
David W. Seay
S. J. Van Hook

Internal Medicine:

John D. DePersio
Victor W. McLaughlin
C. Willis Sensenbach

Pediatrics:

Gene Caldwell
Charles L. Campbell
William P. Hardy
William M. Hicks
Mark W. Morris
Lewis F. Preston
Daniel M. Thomas

Surgery:

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

Obstetrics & Gynecology:

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

Gynecology:

C. Julian Rogan

Otorhinolaryngology:

Samuel O. Massey
D. Thomas Upchurch

Ophthalmology:

Dexter Davis
Raymond A. Johnson
Mark A. Judge
E. Elliott Koenbrink

Orthopedics:

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

Dermatology:

Donald L. Hartman

Urology:

Richard G. Brantley
Avery P. King

Psychiatry:

Hyman Reisman
Garv. W. Walters
Joan B. Woods

Psychiatry & Neurology:

Samuel J. Pieper

Oral Surgery:

Bill E. Blevins

Anesthesiology:

Herbert J. Hostetler
Lowell J. Sheely
Margery Swint

Radiology:

James C. Hilton
Harold E. Kerley
Charles Oaerr

Pathology:

Alex G. Carabia
Armando F. deVeiga

Emergency Department:

Clifford K. Calloway
Herschel K. King
H. Howard Vesser

COURTESY STAFF

Dentistry & Minor Oral Surgery:

Willard Burgess
Raymond L. Chambers
Charles W. Cross
Kenneth Frame
Glenn Greer
James D. Johnson
Shirley M. Mills
Theodore B. Rogers
Vance R. Sharp
Henry D. Taylor
Nathan Wilson

Industrial Medicine:

T. Guy Farnley (K-25)
Albert S. Garrett (X-10)
T. L. Lincoln (X-10)
Lynn F. Lockett (K-25)
David H. Sexton (X-10)

General Practice:

Archer W. Bishop, Clinton
Henry Hadden, Clinton
Peter J. Lucas, Warburton
Samuel G. McNeely, Norris
John J. Smith, Clinton
Nat Sugarman, Kingston
Charles R. Sullivan, Oak Ridge
Robert E. Wilson, Kingston

Limited to Psychiatry:

Gino Zanoli, Oak Ridge

Surgery:

Roger C. Van Arsdell, Knoxville

CONSULTING STAFF

Obstetrics & Gynecology:

Albert W. Diddle, Knoxville
Kenneth A. O'Connor, Knoxville

Pathology:

Bill M. Nelson, Oak Ridge

Plastic & Reconstructive Surgery:

Edmund B. Andrews, Knoxville
James B. Cox, Knoxville

Public Health:

Parley M. Dings

Neurological Surgery:

Joe Beas, Knoxville
Frederick Killefer, Knoxville
John Purvis, Knoxville
Frank W. Turney, Knoxville

Thoracic Surgery:

Jacob T. Broader, Knoxville
William K. Rogers, Knoxville
David M. Waterman, Knoxville

Internal Medicine:

Gould A. Andrews, Oak Ridge
Leon Bogert, Knoxville
C. Lewis Edwards, Oak Ridge
Francis Goswitz, Oak Ridge
Helen Vadopick Goswitz,
Oak Ridge

Pediatrics:

Oliver W. Hill, Knoxville
Thomas E. Lester, Knoxville
Felix G. Line, Knoxville

Orthopedic Surgery:

Edward J. Eyring, Knoxville

Radiology:

Robert P. Ball, Oak Ridge

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Barbara Gibson, unit secretary, instructs Gladys Townsend, a new colleague, in the fine points of her clerical job on 2-North.



Two new "items" in the x-ray department are Valorie Delozier, medical technologist and specialist in nuclear medicine, and the equipment she will operate in the hospital's new nuclear unit.

Hospital people know what they're doing

Jean Williams, student LPN, is ready and willing to resume her classwork after a short break.



The heartbeat rhythm of patients in the Coronary Care Unit is constantly relayed from cardiac monitors in their nearby rooms to the central one so intently watched by Marsha McNair, LPN, and Betty Mobley, RN.



Hy Africk, chief pharmacist, and Barbara Payne, pharmacy clerk-cashier.



Jean Smith, RN, director of visitor control, issues a visitor's pass from her post in the hospital lobby.



Marjorie Knowles, LPN, seems almost as proud of four-day-old Eoin O'Hara as his parents, Fred and Linda, and his obviously ecstatic brother and sister, Michael and Laura,

who have come to escort the new member of the family home.



Ralph Lillard, senior vice president, displays the final plans for the hospital's new expansion and renovation — a "team effort" project that has involved dozens of people, including the board of trustees, medical staff and hospital personnel.

1227760

'Provision for progress' is a 'must' for health care

The Oak Ridge Hospital exists for only one reason — to offer the patients we serve the highest possible quality health care.

And, in order to offer the type of diversified, quality care our patients deserve, we must be perpetually progressive — and this means making a "provision for progress."

This is something you probably do in your own home — only you probably call it something else.

Just as educators, scientists, salesmen, newspaper people and other professionals have special terminology which they use in their particular field of endeavor, we at the hospital have our own "inside" language.

Also like other professionals, we are aware that the general public may not always understand certain of these terms — particularly when it comes from the business end of our operation.

And probably one of the least understood hospital terms the public hears is our "provision for progress," the one we use as a synonym for the excess of cash receipts over cash disbursements — in other words, the money we have left over at the end of the fiscal year.

This confusion in terminology is closely paralleled by public confusion as to what makes up the net amount of money left after expenses — and where it is to be used.

Because in a commercial operation, the term "profit" or "net income" is used to describe any money left over after operational expenses are paid, these are the words that seem to be indelibly engraved in the public mind.

We don't use the term "provision for progress" as a euphemism, a phrase to hide behind because another might be too strong or have an unpleasant connotation.

We use it because, unlike commercial businesses, we are not a profit-making organization.

On the other hand, we must — for our patients' protection — put aside some money to cover certain known and unknown expenses that can and do occur with great regularity.

For example, in a typical commercial concern, "net in-

come" is composed of three parts:

1. Reserve for increases in working capital needs and for replacement of property, plant and equipment at future inflated prices.

2. An amount to be paid to investors for the use of capital.

3. A reserve for contingencies. In a not-for-profit hospital such as ours, the amount paid to investors for the use of capital is not necessary.

Because, here, the true investors are our patients and the public — and any return to them comes from keeping hospital charges down by whatever amount would otherwise be paid to "investors."

However, this still leaves items one and three for which the hospital must account. So let's take the first item first.

It should come as no surprise to anyone that, due to inflation, accumulating such a reserve is becoming a more and more significant problem.

As you must know, hospitals, like almost all enterprises, must spend its own funds to provide goods or service to its customers (patients) — and then await repayment from those "customers."

And in hospitals, a portion of that repayment is never forthcoming — because certain patients cannot or will not pay for health care — thus reducing income.

Yet, inflation alone demands that we spend more and more dollars to provide the same services — and these services must be provided for out of today's income, no matter what today's "out-go" costs the hospital.

Everyone is aware of the continually rising cost of building, and the fact that a hospital's largest capital asset is its building and equipment — just as your home is probably yours.

And, as the building and equipment wear out and deteriorate, provision must be made for replacements in the future.

Because — unlike private citizens, who can put off buying new furniture and appliances or delay replacing an ailing furnace or an elderly, leaky plumbing system — hospitals simply cannot

"make do" with old, worn or outdated facilities and equipment.

The reason is simple — your life could depend on it.

Granted, the hospital takes depreciation deductions based on the historical cost of building and equipment items.

But replacement — or even repair and updating — of these items must be done at FUTURE, not current, costs, no matter what comes into the hospital till today.

For example, a hospital building that costs \$5 million to construct today, with the expectancy that it will last 25 years, will cost a staggering \$54,173,530 to replace at the end of that time, assuming an annual net percentage rate of inflation.

Another major factor which your hospital must consider and account for out of current revenue is the predicted future increase in operational costs due to today's fast-changing medical technology — the "latest thing" in health care so necessary to provide you with the best possible patient services.

For no product wears out or becomes obsolete faster than hospital equipment. And no one is more challenged to "keep up" with new discoveries, methods of education, treatment and rapidly changing technology than the person who is a member of today's health care team.

And quality equipment and qualified staff members require an increasing amount of expenditure on the part of the hospital.

But, all the while these increases are taking their toll of hospital revenue, we cannot just arbitrarily decide to raise patient charges — or reduce patient services — just because high hospital costs exist.

Our only means of combatting constantly rising costs and meeting the continuing need for modern medical technology is to do everything we can toward making a "provision for progress" — or your hospital and its services will deteriorate and disappear as surely as your house and furnishings will if left unimproved and neglected.

As private citizens, all of us have met with un-budgeted expenses, with the need to come up with some extra money to meet emergencies. It may be because the family car suddenly needs a major overhaul, perhaps because the hot water heater that you thought would last another five years suddenly gives up the ghost — the same month the refrigerator develops a mysterious mechanical ailment.

Or, much more devastating, because of a serious illness or unexpected death in the family.

Hospitals are no different. We must have a contingency reserve. The unexpected can and does happen here, and when it does, money must be available to meet these emergency needs — and without disrupting patient care.

From these comments, we hope you will better understand that a hospital, like any industry, must have something left over each year in order to "survive."

There must be a "provision for progress." Consider the alternative.

Hospital must 'keep up' — For you

We've all heard or used the expression "keeping up with the Joneses" to describe an attempt to gain prestige or status in the eyes of the community.

Well, in a manner of speaking, that's what your hospital is doing — but with one vast difference.

Your hospital is committed to "keeping up FOR the Joneses" — for all the people we serve, and for one reason only — because only by "keeping up," or, actually, keeping ahead, can we continue to offer the quality care our patients deserve.

In our case, "keeping up" includes not only the immense expense items involved in the building expansion and renovation which we have been planning and working on for the past year or so (and which should be underway in the next few weeks), it means supplying the "everyday" needs of our patients in our existing facilities — and all at terrifically inflated prices.

As examples — and at the risk of being accused of crying "poor mouth" — we'd like you to consider these recently increased hospital costs:

The same one-ounce medicine cups (three cases are required per month) that cost the hospital \$15.75 on Jan. 1, 1974, had risen to \$29.46 by May 1 of this year — a staggering increase of 87 percent.

The price of 4000 poly can-liner bags (a month's supply) increased nine percent — from \$9.80 to \$10.65, from January of this year to May 1;

The 12-dozen, three-inch-size, elastic bandages required each month advanced in price from \$4.95 to \$8.60 (a 74 percent hike) during that same five-month period.

The cost of facial tissues shot up 73 percent for the 12 cases our patients use each month.

Toilet tissue prices jumped 27 percent — for only a month's supply.

And 4" x 4" sponges — used at the rate of five cases per month — went up 20 percent, from \$22.17 to \$26.60, during this first five months of the year.

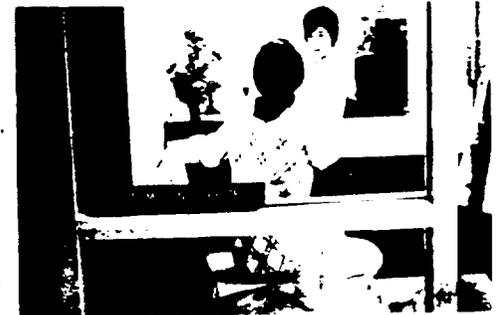
From July 1, 1973, to June 30, 1974, the price of cooking oil — even though purchased at bulk price — increased from \$2.40 per gallon to an astronomical \$4 per gallon — and 50 gallons of oil per month are required for use in preparing hospital meals.

Also during the past fiscal year, the per-pound cost of sugar (and we need at least 850 pounds per month) and flour (needed at the rate of 800 pounds per month) more than doubled.

Apples (the canned variety used for pies and applesauce) that cost the hospital \$9 per case at the beginning of the year were priced at \$13.20 (for the eight cases required per month) at the end of the fiscal period — and the price of beef, chicken and vegetables rose at almost the same frightening rate.

These are only a very few examples of our inflated operational costs — examples we're sure you could duplicate in your own household budgets.

Along with these — and the dozens of other supplies and services which must be purchased from outside sources — including utilities, laundry, and maintenance of certain equipment — the hospital is faced with the initial cost of purchasing new, up-dated equipment, a cost which has increased even more than that of equipment replaced



Hospital care begins here — where Imogene Samders (facing camera) is the first member of a team of some 25 hospital people who represent the areas of service involved in this patient's care.

merely because it was worn out or in need of extensive repair. Still another example: the current building and renovation plans which the hospital originally estimated (about a year ago) would cost around \$4 million to complete now carry an estimated price tag of more than \$5 million.

Meanwhile, hospital personnel have also been feeling the pinch of inflation — just as all private citizens have, and so hospital salaries have been increased an average of 15.5 percent since July 1, 1973, in an effort to keep our employees' scale of living at least "up to par."

And all of these hospital expenses are but for one purpose — to enable us to deliver to you, the public we serve, the best quality health care possible — and even some of the health care "luxuries" you have demanded.

But when we offer more quality health care than we do in any other hospital surroundings, please remember that we are not indifferent to your wants and "needs" for luxuries.

It's just that we know that indifference to your REAL health care is one luxury too costly for any hospital to afford — a flaw too fatal for any hospital to survive.

And, just as your hospital constantly strives to make indifference to quality health care — at all levels — absolutely impossible, we hope that you, by getting to know us, will try to remedy any indifference you might feel toward hospital operation, its costs, and the undeniable problems that go hand-in-hand with such costs and their restrictions.

Granted, you seldom, if ever, question health care costs when your life — or the health and welfare of a relative is involved.

But we are, unfortunately, all too familiar with the plea of "give him (or her — or me) the best treatment available — no matter what the cost!" — only to hear, as soon as the illness or emergency is past, the thunderous roar that often subsequently resounds throughout the community with the arrival of the "don't spare the horses" hospital bill.

The public is also loath to underwrite the cost of expensive, life-saving, but little used hospital equipment — and perhaps we are at fault in this case, because, in spite of repeated efforts, we have somehow failed to make it clear that there may come a time when your very life depends on our readiness and skill in supplying such equipment.

Also apparently unclear to the

public is the painful fact that the paying patient must bear the cost of health care for the indigent and "won't pay" patients who, last year alone, flooded the hospital to the tune of nearly \$390,000.

Since the hospital obviously cannot absorb such a staggering expense and survive (what business can?), the total indigent-bad debt bill must be prorated among the paying patients — with the unfortunate result that the daily hospital charges of the more affluent are increased by about \$8 PER DAY.

If you feel some righteous indignation over this kind of "hidden" hospital cost, we don't blame you — and we welcome your possible solutions to these and other two-edged problems faced by the hospital.

On the brighter side, Oak Ridge Hospital, which serves an area population of some 100,000 people, managed to care for more than 10,000 people last year at an average daily per patient cost of \$72.49 in 1973 and \$76.66 in 1974.

And, even with the \$4.17 increase during the latter part of the past fiscal year, Oak Ridge Hospital costs were far below the national average of \$107.12, a daily cost which increased \$9.58 over the previous year.

Oak Ridge Hospital tries, in every possible way, to keep costs down while, at the same time, offering quality care — in every way possible.

And, all through this annual report, you'll find references made to the subject of costs — but please look for the reason behind them.

Because the real subject, all along, is — and must remain — caring for the health of the public.

New rates listed

Effective July 8, 1974, Oak Ridge Hospital increased its routine daily patient charges by ten percent — the first such increase in private and semi-private "room and board" rates in two-and-a-half years and the first hike in ward room charges in 18 months.

Following are the current daily charges:

- Private rooms with shower, \$55.19.
- Private rooms with half-bath, \$53.57.
- Semi-private rooms, \$47.11.
- Ward rooms, three or four beds, \$47.11.
- Nursery, \$33.

Daily charges for the Coronary Care Unit remain unchanged at \$150, along with the basic Intensive Care Unit rates which remain at \$135 per day.

1227761



Richard Stooksbury, vice president in charge of finances, apparently thinks Frankie Babb is doing a great job as a billing clerk in the finance department.

COOPERS & LYBRAND
CERTIFIED PUBLIC ACCOUNTANTS

The Board of Trustees
Oak Ridge Hospital of the
United Methodist Church

We have examined the balance sheet of Oak Ridge Hospital of the United Methodist Church as of June 30, 1974 and the related statements of revenues and expenses, changes in fund balances and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We previously examined and reported upon the financial statements of the Hospital for the year ended June 30, 1973.

In our opinion, the above-mentioned financial statements present fairly the financial position of Oak Ridge Hospital of the United Methodist Church as of June 30, 1974 and 1973, and the results of its operations and changes in its financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Our examination was made primarily for the purpose of rendering an opinion on the balance sheet and related statements of revenues and expenses, changes in fund balances and changes in financial position of the Hospital, taken as a whole. The statements of revenues and expenses relating to the Medical Arts Building and Westhall included in this report, although not considered necessary for a fair presentation of financial position and results of operations of the Hospital, are presented primarily for supplemental analysis purposes. This additional information has been subjected to the audit procedures applied on the examination of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Coopers & Lybrand

Atlanta, Georgia
August 9, 1974

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ASSETS	June 30,	
	1974	1973
Current:		
Cash	\$ 4,303	\$ 4,449
Accounts receivable from patients and third parties, net of estimated uncollectibles and allowances of \$275,000 and \$250,000 for 1974 and 1973, respectively	888,160	750,556
Inventories (Notes A)	46,479	41,764
Prepaid expenses	<u>11,425</u>	<u>42,067</u>
Total current assets	<u>950,367</u>	<u>838,836</u>
Board-designated funds - cash and certificates of deposit	<u>935,576</u>	<u>1,147,456</u>
Property, plant and equipment (Notes A and B)	6,004,113	5,461,593
Less accumulated depreciation	<u>2,301,204</u>	<u>2,134,175</u>
	<u>3,702,909</u>	<u>3,327,418</u>
	<u>\$5,588,852</u>	<u>\$5,313,710</u>

The accompanying notes are an integral part of this statement.

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF REVENUES AND EXPENSES - MEDICAL ARTS BUILDING
for the years ended June 30, 1974 and 1973

	1974	1973
Rental income	\$77,316	\$74,466
Operating expenses:		
Salaries	26,954	24,578
Utilities	10,007	10,531
Maintenance and repairs	1,106	750
Real estate taxes	5,163	7,759
Interest expense	14,689	16,561
Administrative services	9,711	10,844
Depreciation (Note A)	<u>21,127</u>	<u>20,881</u>
Total operating expenses	<u>88,827</u>	<u>91,904</u>
Excess of expenses over revenues	<u>\$11,511</u>	<u>\$17,438</u>

The Notes to Financial Statements are an integral part of this statement.

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF REVENUES AND EXPENSES - WESTHALL
for the years ended June 30, 1974 and 1973

	1974	1973
Patient service revenue	\$334,955	\$304,661
Allowances	<u>11,438</u>	<u>5,972</u>
Net patient service revenues	323,517	298,689
Other operating revenues	<u>5,421</u>	<u>10,044</u>
Total operating revenues	<u>328,938</u>	<u>308,733</u>
Operating expenses:		
Salaries	195,755	186,287
Food and supplies	85,717	84,107
Laundry	13,385	11,374
Telephone and utilities	7,926	8,512
Maintenance and repairs	7,556	1,888
Administrative services	28,704	33,006
Depreciation (Note A)	<u>11,436</u>	<u>11,183</u>
Total operating expenses	<u>350,479</u>	<u>336,357</u>
Excess of expenses over revenues	<u>\$21,541</u>	<u>\$27,624</u>

The Notes to Financial Statements are an integral part of this statement.

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF CHANGES IN FINANCIAL POSITION
for the years ended June 30, 1974 and 1973

	1974	1973
Funds provided:		
Income from operations	\$ 214,918	\$ 63,449
Items included in operations not requiring working capital - depreciation	<u>229,315</u>	<u>213,501</u>
Total from operations	444,233	276,950
Nonoperating revenue	<u>95,245</u>	<u>68,308</u>
Total from operations and nonoperating revenue	539,478	345,258
Property, plant and equipment additions financed by restricted funds	4,665	-
Decrease in working capital	-	313,665
Decrease in Board-designated funds	<u>211,880</u>	-
	<u>\$ 756,023</u>	<u>\$ 658,923</u>
Funds applied:		
Additions to property, plant and equipment	\$ 604,806	\$ 64,863
Reduction of long-term debt	44,500	56,325
Increase in Board-designated funds	-	537,735
Increase in working capital	<u>106,717</u>	-
	<u>\$ 756,023</u>	<u>\$ 658,923</u>
Increase (decrease) in components of working capital:		
Current assets:		
Cash	\$ (146)	\$ (74)
Accounts receivable	137,604	(302,064)
Inventories	4,715	(2,411)
Payable to third party payors	<u>(30,642)</u>	<u>11,253</u>
Prepaid expenses	-	-
	<u>111,531</u>	<u>(293,296)</u>
Current liabilities:		
Current portion of long-term debt	2,500	860
Accounts payable	64,954	(38,755)
Accrued payroll	11,682	(1,303)
Payable to third party payors	(100,065)	58,611
Accrued expenses	<u>25,743</u>	<u>956</u>
	<u>4,814</u>	<u>20,369</u>
Increase (decrease) in working capital	<u>\$ 106,717</u>	<u>\$ (313,665)</u>

The accompanying notes are an integral part of this statement.

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Methodist church

UNITED METHODIST CHURCH
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and 1973

LIABILITIES

LIABILITIES AND FUND BALANCES	June 30,	
	1974	1973
Current:		
Current portion long-term debt	\$ 54,500	\$ 52,000
Accounts payable	81,928	16,974
Accrued payroll	60,136	48,454
Payable to third party payors	8,946	109,011
Accrued expenses	<u>65,176</u>	<u>29,433</u>
Total current liabilities	<u>270,686</u>	<u>265,872</u>
Long-term debt, less current portion above (Note B)	<u>538,000</u>	<u>582,500</u>
Fund balances:		
Unallocated	679,681	572,964
Board-designated plant and equipment replacement fund	935,576	1,147,456
Property, plant and equipment, less long-term debt	<u>3,164,909</u>	<u>2,744,918</u>
	<u>4,790,166</u>	<u>4,465,338</u>
	<u>\$5,588,852</u>	<u>\$5,333,710</u>

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF REVENUES AND EXPENSES
for the years ended June 30, 1974 and 1973

	1974	1973 (Note C)
Patient service revenue	\$6,421,953	\$5,336,712
Allowances and uncollectible accounts	<u>694,109</u>	<u>542,793</u>
Net patient service revenue	5,727,844	4,793,919
Other operating revenues	<u>573,872</u>	<u>533,402</u>
Total operating revenue	<u>6,301,716</u>	<u>5,347,321</u>
Operating expenses:		
Nursing services	1,883,310	1,606,341
Other professional services	1,310,560	977,939
General services	984,750	874,454
Westhall and Medical Arts Building	409,412	396,197
Administrative services	1,269,451	1,215,440
Provision for depreciation (Note A)	<u>229,315</u>	<u>213,501</u>
Total operating expenses	<u>6,086,798</u>	<u>5,287,872</u>
Income from operations	214,918	63,449
Nonoperating revenue - primarily interest income from Board-designated funds	<u>95,245</u>	<u>68,308</u>
Excess of revenues over expenses	<u>\$ 310,163</u>	<u>\$ 131,757</u>

The accompanying notes are an integral part of this statement.

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF CHANGES IN FUND BALANCES
for the years ended June 30, 1974 and 1973

	Unrestricted		Restricted	
	1974	1973	1974	1973
Balance at beginning of year	\$4,465,338	\$4,333,581	\$ -	\$ 10,178
Excess of revenues over expenses	310,163	131,757		
Restricted gifts and bequests			4,665	
Additions to property, plant and equipment from restricted funds	4,665		(4,665)	
Transfer to nonoperating revenue				(10,178)
Balance at end of year	<u>\$4,780,166</u>	<u>\$4,465,338</u>	<u>\$ -</u>	<u>\$ -</u>

The accompanying notes are an integral part of this statement.

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
NOTES TO FINANCIAL STATEMENTS
June 30, 1974 and June 30, 1973

Note A - Summary of Significant Accounting Policies:

Property, plant and equipment is stated on the basis of original cost or estimated original cost as determined by an independent appraisal firm as of June 30, 1968, with subsequent additions at cost. Depreciation is determined using the straight-line method over the estimated useful lives of the assets.

Property, plant and equipment and accumulated depreciation at June 30, 1974 and 1973 are as follows:

	June 30, 1974		June 30, 1973	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	\$ 65,101		\$ 65,101	
Land improvements	195,792	\$ 103,333	194,254	\$ 93,009
Buildings and related services	4,090,558	1,615,200	4,090,558	1,485,341
Equipment	1,397,697	582,671	1,111,680	555,825
Construction in progress	<u>254,965</u>			
	<u>\$6,004,113</u>	<u>\$2,301,204</u>	<u>\$5,461,593</u>	<u>\$2,134,175</u>

Construction in progress represents development fees paid during the year ended June 30, 1974 for the planning of a major renovation and expansion project, the total cost of which has not yet been determined but is estimated to approximate \$5,000,000.

Inventories are valued at lower of cost (first-in, first-out) or market.

Pension plan

The Hospital has a trusteed, contributory pension plan available to substantially all employees.

The plan is in two parts. The future service benefit for service after July 1, 1965 is a money-purchase benefit whereby the Hospital and its employees each contribute a percentage of the employee's salary and these amounts are held in individual accounts for each employee. Because of its money-purchase nature, no actuarial calculations are necessary on the future service portion of the plan. The past service benefit, which is actuarially based upon service prior to July 1, 1965, has been totally funded by the Hospital and is being expensed over a ten-year period ending in 1975.

Total pension expense for the years ended June 30, 1974 and 1973 was approximately \$24,000 and \$19,000, respectively.

Note B - Long-term Debt:

Long-term debt at June 30, 1974 and 1973 consisted of the following:

	June 30,	
	1974	1973
First mortgage serial bonds with interest and principal payable semiannually, interest rate increases from 5.6% in 1973 to 5.75% in 1976, annual principal maturities increase from \$36,000 in 1974 to \$39,000 in 1976 with a final maturity of \$165,000 on July 1, 1976.	\$208,500	\$234,500
Direct obligation serial notes with interest and principal payable semiannually, interest rate increases from 7.50% in 1973 to 7.75% in 1976, annual principal maturities increase from \$16,000 in 1974 to \$18,000 in 1976 with a final maturity of \$357,000 on July 1, 1976.	<u>384,000</u>	<u>400,000</u>
	592,500	634,500
Less current portion	<u>54,500</u>	<u>52,000</u>
	<u>\$538,000</u>	<u>\$582,500</u>

Substantially all property, plant and equipment of the Hospital is pledged as collateral for the serial bonds. Under the terms of the serial bond indenture, the Hospital is prohibited from incurring any additional liens against these assets.

Note C - Reclassification

Certain operating revenues and expense accounts for the year ended June 30, 1973 have been restated to conform with 1974 classifications for comparative purposes. Such reclassifications had no effect on the excess of revenues over expenses.

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ORH offers community a wide variety of social services

There is one man — we'll call him Joe — who is probably more qualified to tell you about the social services offered at Oak Ridge Hospital than any other person — at least from a personal point of view.

We don't mean, of course, that Katherine (Tomme) Beasley, who heads the social services department, and Marie (Terry) King, her assistant, are not authorities on a subject they completely deal with every day — that they couldn't describe in detail all the many services they offer and how they can be obtained.

They're both registered nurses, specially trained for their special work, and extremely knowledgeable of not only the hospital and the medical aspects of their clients' needs, but of the community and its resources.

In short, they're hospital people — and they know what they're doing.

But Joe (not his real name, of course) probably has more personal, first-hand knowledge, covering more aspects, of our hospital's social services than anyone else — because he's been on the receiving end of this type of special patient care for more than a year.

Katherine Beasley's first contact with Joe was in August, 1973, when he was transferred to Oak Ridge from an out-of-state hospital where he had been a patient for six weeks.

With him came a medical history that included these stark facts:

Joe (then 29 years old) had been severely beaten, shot through the head and left for dead.

It also included the prognosis that he was, as a result of his injuries, "a hopeless cripple who should be placed in a nursing home."

Still listed in critical condition, Joe was totally paralyzed, his badly broken jaws wired together, a portion of his skull torn away, graphically portraying the spot where the bullet that was still lodged in his head had entered — the bruised, battered remains of a man who could breathe only with the aid of a respirator.

Mrs. Beasley's job was to begin evaluating the resources which might be available for use in what his Oak Ridge doctors — who refused to accept the sentence pronounced on their patient — knew would be a long-term recovery and rehabilitation.

And so she began her careful evaluation, the research of state and local resources that might be able to help, the many consultations (sometimes several a day) with Joe's doctors and attending nurses, with physical and speech therapists, and with his distraught but courageous wife.

Although she was somewhat hampered by the fact that she could not communicate with her patient because of his injuries (she was later to learn that he had been aware of everything that had taken place from the time he was first hospitalized), Mrs. Beasley completed her evaluation in ten days, then began the second phase of her job, planning for his now-established special needs.

Once his doctors had gotten him past the "crisis" stage, Joe's most immediate need was for physical and speech therapy,

the first administered by Don Russell, head of the hospital's PT department, and the second coordinated by Mrs. Beasley and provided by a professional staff member of the Daniel Arthur Rehabilitation Center in Oak Ridge.

Now, after six weeks of round-the-clock care by the doctors, nurses, therapists, x-ray and lab personnel, dietary staff — and all the other people who make up a health care team, Joe was on his way to a slow but sure recovery.

He could breathe without a respirator, had regained partial use of one leg, could eat (with help) soft foods, communicate by moving his head to indicate "yes" or "no" and even play card games.

It was at this point that Joe, whose financial resources were by now exhausted, decided (with his wife's approval) that he should be transferred to a veteran's hospital where he would be entitled to receive medical care at no cost to his family.

And so, after first helping him to apply for a disability income under the Social Security program, Mrs. Beasley arranged Joe's transfer to the veteran's hospital, made the 300-mile-trip with him in an ambulance, helped him through the admitting process, and even accompanied him to his room to see that he was "settled."

However, after only a three-week stay there, Joe was once again told "there's nothing we can do — you should go to a nursing home."

But Joe had been told in Oak Ridge that he could recover and live a normal life — and so he chose instead to enter a rehabilitation center in the mid-west that he had heard could help him.

His decision was a wise one. Five months later, after receiving extensive therapy, Joe was able, with the aid of a brace, to stand for the first time in nearly nine months. And he could utter intelligible sounds — a feat he had once thought impossible.

Now it was time to go home. He was still weakened by his long ordeal, considerably thinner, his gait and speech awkward — but it was a walking, talking, triumphant Joe, still accompanied by his wife and four-year-old daughter, that returned to his native East Tennessee to confront his Oak Ridge hospital friends with his accomplishments.

At his local doctor's request, Mrs. Beasley (who had never lost contact with Joe) proudly arranged her prize patient's acceptance as an out-patient at DARC, where he continued speech therapy, began occupational therapy and — later — began working with a state vocational rehabilitation counselor.

Still under the doctors' care, Joe also continued to receive physical therapy treatments at the hospital.

Today, with the exception of one still partially paralyzed hand, Joe is whole and healthy and able to function normally.

Once again living with his family, he has just completed a three-months-long vocational evaluation which will determine the type of job training he is scheduled to begin very soon — training that will allow him to

resume his place as a contributing member of society.

Joe's recovery has involved the help of dozens of skilled, knowledgeable, caring people — but none who feel more satisfaction, more pride, more personal involvement in his accomplishments than Katherine Beasley.

Asked how many hours she has devoted to Joe's case, Mrs. Beasley admits to "a minimum

of 175." But she feels that Joe's own determination, courage and cooperation, plus the never-failing support and loyalty displayed by his wife, contributed far more to his recovery.

"Joe" was one of 319 patients who, with their families, benefited last year from the social services offered through the hospital.

Mrs. Beasley also asked that we stress that the social services offered by the hospital are NOT just for those who are unable to pay — they are available and

meant to be used by everyone who needs help or information regarding health care.

We hope you never need any of the services provided by our hospital, but we want you to know about them and about us — and we're glad that we have quality health care facilities, equipment and people always ready to serve you.

Health care people continue learning

Oak Ridge Hospital people know what they're doing — because they're well-trained, highly qualified people who take their job responsibilities seriously.

But, even better, they are people who realize that health care education isn't just a one-time thing — that they are not only obligated to keep right on learning, updating and improving their own knowledge and skills, but to help others learn more about health care.

And "others" includes not only people in the health care field, but the patients, the public they are committed to serve.

Because every person who works in a hospital — cooks, maids, maintenance workers and clerical help alike — is a member of your health care team.

And certainly patients, in fact, all citizens should strive to learn more about their health and how to care for it.

So for its staff, for citizens in the area, for all those interested in any phase of health care — Oak Ridge Hospital makes continuing health education easy, inexpensive, interesting and certainly informative.

Head of your hospital's education department is Doris Croley, a trained educator who has as her assistant Judith Walker, a registered nurse.

Together they develop, coordinate and put into action programs that last year alone included more than 1000 people in health care education — and involved nearly 10,000 hours spent in "in-house" training.

And, under their leadership and instruction, the variety and scope of the educational programs offered through the hospital are growing almost as fast as the number of people who benefit from them.

Most "in-service" education is held in the hospital conference room, where the "students" are shown film strips, hear lectures from health care professionals (including our own medical staff), see demonstrations of new medical procedures and techniques, and

participate in question-and-answer sessions — all designed to provide practical, specialized instruction in patient care.

During the past year, there have been some thirty courses offered members of every department in the hospital — from maintenance to management, on topics ranging from respiratory therapy to refresher classes in such things as medical terminology, methods of supervision, pharmacology math, clerical skills and nursing care planning.

Much of the information included in the courses was offered by means of the hospital's video-tape equipment, so that various groups of hospital personnel could, at times convenient to their working schedules, repeatedly see and hear lecturers.

In addition to the classes held at the hospital, hospital personnel (106 during the past year!) also receive further training and refresher courses in other hospitals, in special workshops, and at universities — all coordinated by our education department.

And 25 ORH people attended night classes in English and math offered by Roane State Community College faculty, but held at the hospital.

The ORH education program also includes orientation of new employees (which consumed some 570 hours of the department's time during the past year), safety instruction sessions (477 hours for this one) and lab, purchasing and nursing plan workshops, these in conjunction with a number of other area hospitals which form the "coordinated hospital services" group.

Perhaps one of the most interesting educational workshops held during the past year — both from the standpoint of the subject matter and from the overwhelming response to it — was the January symposium on "Death and Dying," led by Dr.

Elizabeth K. Ross, renowned physician-lecturer in this special field.



Underwater exercise in a whirlpool Hubbard tank to increase the range of motion in an injured leg is what the doctor ordered for Winston Saunders of Harriman.

In addition to the 50 ORH staff members who registered for this unique workshop, some 700 interested professional and citizen visitors crowded the Oak Ridge Civic Center to hear Dr. Ross!

Considered a workshop of major consequence, the seminar covered not only the proper treatment of the chief concern in such cases, the patient, but the patient's family and how the situation should be treated by the attending physician and the nursing staff.

Of equal significance is the diabetic education program initiated two years ago, which, based on the excellent citizen response and interest shown, obviously fills a very real community need.

Offered six times each year, the five-day course is for diabetics, their families and health professionals, and stresses understanding of diabetes along with self-care and control of the disease.

The fifteen hours of instruction includes a talk by a local doctor, movies and slides on the various aspects of diabetes, a demonstration of urine testing, individual interviews with patients and instruction in insulin injection techniques and proper health habits for diabetics.

And, in addition to individualized instruction in diet and menu planning, the "Students" are served a hospital-prepared "exchange luncheon" to illustrate the ways in which diabetics may eat "normal" foods without endangering their health.

Although doctor referral is not required for admission to the classes, Mrs. Croley does stress the fact that the diabetic education is meant to supplement treatment by a doctor "and in no way replaces his medical management."

Along with Mrs. Croley and Mrs. Walker, course instructors include Anita Miller, ORH

registered dietitian, and Cinda Anderson, a volunteer RN.

In groups of no more than 15 per class (in order to assure individualized help), some 150 people have thus far attended the diabetic education courses.

Perhaps less dramatic, but certainly an important necessity, are the safety classes held on a regular, year-round basis for all hospital personnel.

The hospital's "safety everywhere, all the time, for everyone" slogan is repeated in all safety demonstrations and monthly meetings, placing responsibility for the safety of hospital personnel, for patients and for visitors on every employee.

Other "regulars" on Mrs. Croley's educational agenda include:

Showing film strips to cardiac patients to help teach them the do's and don'ts to be practiced following hospital care.

Orientation sessions with new employees, planned to not only acquaint them with the hospital, its procedures and policies, but also to make the newcomers feel at home and "part of the family."

Courses designed to update and further staff knowledge of drugs and their uses, cardiopulmonary resuscitation, intravenous therapy, and coronary and intensive care of the acutely ill.

Plus many programs, both current and planned, that reach out into the community, involving other health agencies, schools and civic groups and inviting citizen participation.

The things we've mentioned are only part of a growing list of learning programs and techniques, designed for everyone involved in health care — and that includes you.

And Oak Ridge Hospital, your hospital, plans to continue to learn — and help others to learn — about health care.

We think you deserve it.



Doris Croley explains the hospital's video-tape equipment to an interested member of the staff.



Kelly Crowe, daughter of Mr. and Mrs. W. G. Crowe, 118 Albany Rd., is obviously well on her way to recovery following the operation performed on her hand by Dr. George Stevens, orthopedic surgeon. Mista Orange is the nurse accompanying the doctor on his rounds.



The urgency of this real-life drama is reflected by Dr. Mark Morris, right, Oak Ridge pediatrician, and Dr. Tom Lester, left foreground, Knoxville neonatologist, as they hurry to place the special incubator containing a three-hour-old premature baby in respiratory distress aboard the waiting helicopter which, in a matter of minutes, whisked the tiny infant from Oak Ridge Hospital (seen in the background) to UT Hospital's infant intensive care unit, headed by Dr. Lester, a specialist in the care of premature and ill newborns. The happy ending to the story is that the baby, now more than three weeks old, is reported by Dr. Morris to be out of danger and "doing fine."

Teamwork, many jobs contribute to patient care



Silvia Alberti, medical records librarian, and Wilma Jean Nell, assistant librarian, see that every single detail about each patient's illness, treatment and care is accurately recorded and filed.



Helen Russell
Administrative secretary



Ellie East, RN on evening duty in the Intensive Care Unit, and Mrs. R. E. Carrier, the patient's sister, get an affectionate pat from Otis Huckaby as a cheerful indication of his powers of recuperation following surgery.



A group of Cumberland College nursing students pause to chat with Violet Massengill, RN, clinical instructor on the fourth floor.



Larry Green, a patient on 2-North, receives concerned care and assistance from Pam Noseworthy, RN, and Steve Jernigan, parttime ORH orderly and fulltime pre-med student.

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Volunteers are special people

More than a quarter of a century ago, a small dedicated group of civic-minded women made a simple declaration to Oak Ridge Hospital and to the community: "We're here when you need us."

They didn't offer their services because they were bored or had nothing to do — or because they were the "do-gooder," little-old-ladies-in-tennis-shoes type. They were all busy housewives and professional women who could find plenty to do in their own homes, churches, schools and jobs.

From this original group has developed a dynamic force that today numbers more than 250 (including men!) among its total membership.

In short, we're talking about the Gray Ladies, Pink Ladies (men?) and Candy Strippers who are your hospital volunteers — an energetic, imaginative bunch of people who, last year alone, contributed some 32,000 hours of service to the hospital — to the community, to you — simply because they wanted to help.

You know them. Your hospital volunteer team includes people like your neighbor, your mother, sister or uncle, your bridge

partner last week, your teenage babysitter, the person who came around the other night collecting for the current "cause," the new president of your local P-TA, the one who sat next to you at the last City Council meeting.

But they're not too busy to sponsor an almost endless list of hospital projects — to help make your hospital a truly distinctive

place for personalized care, treatment and recuperation.

With their message of gentleness, cheer and willing, friendly service, our hospital volunteers have echoed again and again their initial declaration: "We're here when you need us."

We're glad — and thankful. You should be, too.

Gray Ladies give more hours, service in '74

Each year, when we prepare this annual report, we ask the chairman of each hospital volunteer group to submit a detailed report of her group's activities for the past 12 months — so that we, in turn, can present the information to the public.

Now the statistics included in their reports are always impressive — although they're presented in a modest, "bare facts" manner — but the figures given this year by Ann Anthony, our Gray Lady chairman, are almost in the "believe it or not" category!

The Gray Ladies have once again managed to contribute a record number of hours and types of hospital service — in spite of the fact that their active membership during the past year was less than in 1972-73!

Here are those "bare facts": A total of 13,060 hours of service were contributed by the 52 active Gray Lady volunteers who serve the hospital. (Eight more Gray Ladies are on temporary leave and ten have, for various reasons, resigned.)

And of this group, 27 Gray Ladies were awarded 100-hour service pins; ten received 200-hour pins; one received a 300-hour pin; one was awarded a pin denoting 400 hours of volunteer work; and one member now wears a pin signifying a record 600 hours of hospital service.

Gray Ladies donate their services in 13 hospital areas — including seven "special services" assignments.

But even more impressive is the spirit behind their volunteer work — their selfless motives, their obvious willingness and dedication to the service of their

community, their versatility, their loyalty and faithfulness, and the talents they bring to the hospital and the community they serve.

The Gray Ladies, under the sponsorship of the American Red Cross, are scheduled on a weekly basis, 12-months-per-year, performing services that have steadily grown in scope and number.

In the area of "general" service, their volunteer work includes delivering mail and flowers and other gifts sent to patients; greeting visitors in the lobby and giving information; running errands for patients and providing them daily with current reading material; supplying magazines for the lobby and the nine waiting rooms in the hospital; and providing a variety of notions, plus pajamas, gowns and layettes to patients on request.

In addition, a talented committee chaired by Betty Maxwell makes and distributes special holiday favors for the patients in the hospital on Christmas Eve.

Gray Ladies describe certain of their volunteer duties as "special services" (though we happen to think ALL their services are pretty special!) — all put into practice at the hospital's request as special needs have arisen.

Among the first of these was the emergency room service, started in 1969, where Gray Ladies are stationed each evening from 6:30 to 9 to help register patients, aid waiting members of their families, make necessary telephone calls, and help the emergency staff as needed.

Since 1971, Gray Ladies have provided a valuable surgical



Betty Maxwell is one of the Gray Lady volunteers who serve the members of families waiting for patients in surgery.

service by keeping waiting families informed about surgery patients until they are taken from the recovery room to the nursing floor. From 8 a.m. to 4 p.m., Monday through Friday, one Gray Lady is stationed in the third floor surgery waiting room and another in the first floor lobby to keep families informed about surgery patients, notifying them when the operation is over so that they can meet with the surgeon to bear his report.

Equally successful has been the fulltime program, begun in April of 1972, which serves the families of patients in the intensive care unit.

This involves stationing a Gray Lady at a desk just outside the ICU daily from 9:30 a.m. to 4:30 p.m. and from 6:30 to 9:30 p.m., to aid nurses with visitor control and notify members of the family waiting in the lobby or in the 4th floor waiting room when they can visit ICU patients.

Other special Gray Lady services include helping with admission registration and escorting new patients to their rooms each Monday from 1 to 4 p.m., assisting with certain clerical work in the physical therapy department; aiding ICU nurses by ordering supplies and posting patient charge cards with necessary information; and assisting with visitor control from their lobby station.

The Gray Ladies are specially trained for all their volunteer hospital work, with even more extensive training sessions required for special services. And, as part of their "continuing education" for hospital duties, they also spend many hours "behind the scenes" — planning and attending three regular meetings each year, plus two night meetings and a number of special group and board sessions.

And, says Ann Anthony, they always welcome new members to their group. (If you're interested in becoming a Gray Lady, just contact the director of volunteers at the local Red Cross office.)

Also welcome are donations of reading material — "current magazines — no monthly publication more than three months old, please," Ann says — and books of all kinds.

You can leave any reading material you'd like to donate at the information desk in the hospital lobby — and while you're there, leave a message of thanks for those generous Ladies in Gray whose only goal is community service.

5 men now serving as Pink 'Lady' volunteers

For the past 12 years they've been officially known as The Oak Ridge Hospital Women's Organization and, unofficially, as the Pink Ladies.

Now they're simply going to have to do something about both names — because this volunteer group now boasts five men among its members!

But whatever they call themselves (Pink People?), the hospital and the community can call them "great!" — because the variety of willing services they perform, their talents and the generosity they display year after year has made this volunteer group (Pink Persons?) almost indispensable.

With a membership now totaling 103, the Pink Ladies (and Lads?) have contributed during the past year 11,205 hours of service at the hospital and at Westmall, the long-term nursing care center which, up until this month, was operated by the hospital.

Example: At Westmall, under the leadership of Mrs. W. T. (Mary) Rainey, 38 Pink You-Know-Who's make regular visits to the residents and offer weekly programs of Sunday School, game night, bingo, arts and crafts, and devotional services. They also give special parties throughout the year at Westmall and remember each resident with a personal gift at Christmas and with a "mailed" card and gift for each one's birthday.

Westmall Community Park continues to flourish under the green thumbs of Mrs. P. E. (Geneva) Melroy, Mrs. D. M. (Eleanor) Lang, Mrs. W. O. (Thelma) Mickelson and their able assistants.

The park, a joint creation some three years ago by the Roane-Anderson Medical Auxiliary (made up of the wives of local doctors) and the Pink Ladies, was established and is maintained through contributions and memorial funds. It continues to thrive under Geneva Melroy's leadership, "with much help from Don Williams and Mrs. W. M. Turner," she says.

Example: Pink Ladies see that pictures are taken of all newborns in the hospital nursery and see that every new mother is visited and given the opportunity to choose their favorite from an assortment of pictures.

In addition, each infant is presented with a gift of a beautiful bonnet made and donated by the ladies of the

Church of Christ (with an appropriate verse enclosed with the gift) to wear home.

Example: Just about a year ago a cry of "help!" came from the hospital's x-ray department — asking for volunteer aid. As a result, we now have five Pink Ladies helping to escort inpatients to and from their rooms on a regular basis.

Example: The Ladies operate The Pink Placebo, the gift shop located in the hospital lobby, seven days per week, from 10 a.m. to 4 p.m. and from 6:30 to 9 p.m., closing only on Saturday nights and Sunday mornings.

Much credit for the Pink Placebo's success is due to the shop's very professional coordinator-buyer, Mrs. J. W. (Grace) Rose, who is ably assisted by ten other Pink Ladies in keeping the small store well stocked.

And, from Pink Placebo profits, the Ladies have been able to provide these needed gifts for the hospital and Westmall.

During the past year at Westmall, they have completed their re-decorating project (which includes new draperies, bedspreads, pictures and clocks for each room; new light fixtures and draperies for stairways and halls; re-decoration of the library, lounges and "living rooms"; screening and carpeting the sun porch; and painting the walls of each resident's room).

Provided a large hydrotherapy tub with a hydraulic lift, several work lights with magnifying glasses, two water mattresses, four "crab" canes, toilet safety frames with elevated seats, and "pretty" hospital gowns for bedfast patients.

At the hospital, they have donated: a new air drill (with several attachments) for surgery; two infant-seats and an oxyhood for the nursery; several educational film strips (which are shared with the patients) and a medical injector "training arm" for the educational department.

In addition, the Pink Ladies made a donation, in the name of all hospital volunteers, to the Tennessee Hospital Association to promote health careers in the state.

Example: Under the co-chairmanship of Mrs. John (Cina) Anderson and Mrs. D. B.

(Continued on Page 12)

Jr. volunteers needed, valued

Our Candy Strippers are more than three years old now — as a group, that is — and they're still enthusiastically lending a hand wherever their youthful volunteer services are needed.

And, according to the hospital staff, they do, indeed, fill a need — at Westmall, in the hospital's pediatrics, admissions and physical therapy departments, at the front lobby desk, and in the Pink Placebo, the gift shop operated by the Pink Ladies.

Organized in the spring of 1971 under the joint direction of Cina Anderson and Elaine Trauger (who still lead the junior volunteer group), Candy Stripper membership during the past year included 83 high school-age girls who volunteered a total of 6866 hours of service.

Just ask any resident at Westmall — you'll hear all about "those nice Candy Stripper girls!"

There, they visit with patients, write letters or read and play games with them, assist the residents at mealtimes, help pick up food trays and escort residents to and from various areas of the building.

Or ask the young patients on the pediatrics floor, where the junior volunteers are welcomed as aides who feed and entertain the youngsters, give parents a break by sitting with the children, help with visitors and assist with new admissions.

Pink and white-clad Candy Strippers can also be found escorting adult patients to the nursing floors upon admission, working (on weekends) as receptionists in the hospital lobby and doing "floor duty" as the cheerful couriers who help deliver mail, flowers and reading material to patients.

Jeanie Wilcox, hospital director of volunteer services, has also benefited from the assistance of Candy Strippers in general office work — a service

(Continued on Page 12)



Candy Strippers like Charlotte Peck make life happier for people like Mr. and Mrs. William Daggett, Westmall residents who, by the way, in April celebrated their 60th wedding anniversary!



Grace Rose, right, stops by the Pink Placebo on an off-duty day to show Neil Whitcomb a new gift item she has just purchased for the shop.

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Patient reps offer unique service

As this annual report goes to press, we are celebrating the first birthday of another Oak Ridge Hospital "first" — a brand new type of special volunteer service, one of the first of its type initiated in Tennessee. It's the hospital's volunteer "Patient Representative" program, put into operation just a year ago this month by the Pink Ladies and created at the hospital's request.

The primary objective of this small but very important group of volunteers is to act as a liaison between the patients and the hospital as a whole, and between the hospital and the community it serves.

Hospital officials feel that their greatest value centers around the fact that patient representatives are "community servants" and, as volunteers, able to bring to the hospital's attention any weaknesses, problems and misunderstandings concerning patient care and service.

Marshall Whisnaut, hospital president, praised the patient representatives for not only the time, effort and talents given through their unique service, but for their frankness and honesty in reporting patient opinions.

"They are knowledgeable but, at the same time, independent of the hospital and, therefore, free to be absolutely objective.

"This freedom greatly increases their value — to the hospital, to the patients, and to the community," he said.

A year in the planning, the new volunteer service was established under the leadership of Jeanie Wilcox, hospital director of volunteer services.

Jeanie was given the job of organizing this special task force by Marshall Whisnaut, president of the hospital, who had learned of the success of the "Patient rep" program (the first in the state) just put into practice at Maury County Hospital in Columbia, Tenn., while he was attending a state-

wide hospital convention.

After thoroughly investigating and familiarizing herself with every aspect of the program, Jeanie then broached the subject to a small group of Pink Lady volunteers.

They were, of course, not only willing but eager to serve as the hospital's first patient representatives, and began their intensive two-week training for the special assignment last September. Further training was offered in the spring for new volunteers who were asked to serve as patient representatives.

Coordinated by Doris Croley, education director at the hospital, the training sessions included meetings with all hospital department heads, plus some with outside professionals.

According to Doris, "these training sessions have equipped the volunteers with the knowledge to answer most questions from patients, explain hospital procedures, and find solutions to most problems."

And, in the event a question arises that the patient representatives don't feel qualified to answer, they know where to turn to obtain the correct information.

Just what does a patient representative do?

Generally speaking, she provides another channel through which patients can seek solutions to problems, concerns and any un-met needs they might otherwise be hesitant to mention.

Her general objective as the hospital's direct representative is also to interpret the philosophy, policies, procedures and services to patients, their families and visitors.

Specifically, the patient representatives visit the hospital twice each week and visit every available patient — after first checking with the charge nurse on the floor, of course.

During the visit, the patient is asked his or her opinion of the hospital and the care he or she is

receiving. If the patient voices a complaint or problem, the volunteer then attempts to explain the situation on the basis of her own knowledge — and also brings the question to the attention of the charge nurse on that particular floor.

In addition, she prepares a written report of her findings for the hospital management — including good comments as well as "bad." Then she tries to follow up any problem with a satisfactory solution.

Patient comments to representatives during the past year cover a wide variety of topics — and range from "raves" to suggestions for further improvements to complaints and criticisms.

Here are some examples of actual quotes recorded by the patient representatives:

"Best care of any hospital I've ever been in — and I've been in a lot!"

"Not only is the hospital clean, but they replace light bulbs without any asking even —"

"The food is beautiful — the best in town."

"If I could flip my hand and change things, there's not one single thing I'd change about this place I'd change."

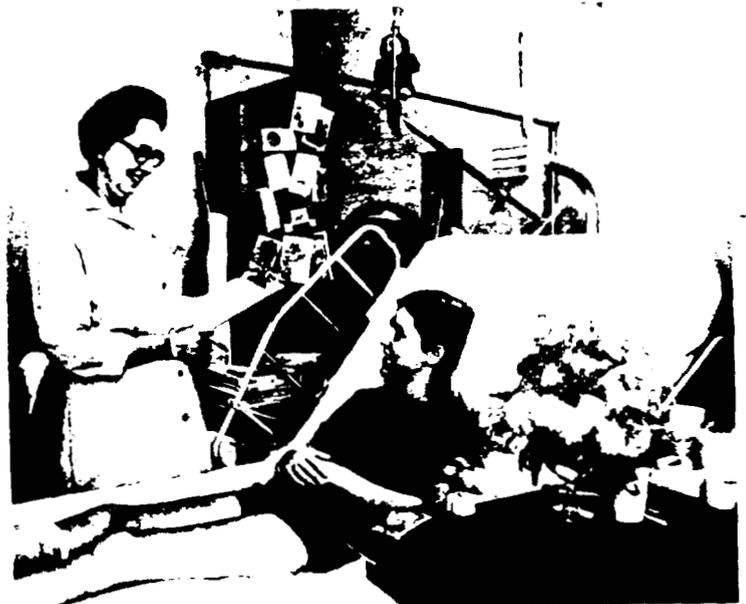
"Services have improved 100 percent since I was here a year-and-a-half ago."

And one patient even complimented our dietary department on the liquid diet her physician had ordered:

"The soup is so tasty — and it's a different color every day," was her cheerful comment.

Another patient clearly approved of his surroundings when he said "I ain't in any hurry to get out of this place — food's good, sleep's good — and oh, them nice young nurses!"

Patient representatives also heard a number of complimentary comments on the hospital's new visitor control policy, which includes a "no



Clad in the shorts and shirt she prefers during the final stage of her recovery from serious injuries suffered in an automobile accident, Lori Costanzo tells Ruth Hudson, patient representative, that "everything is fine."

smoking for visitors" rule, put into practice in March.

Prior to the more restrictive hours and number of visitors allowed, there were a number of complaints such as "I wish visitors wouldn't stay so long — they wear me out" and, from patients in one ward room, "There were so many visitors in here we had to line up to go to the bathroom."

On the un-complimentary side, there were these comments:

"I waited for two hours in admissions before they ever let me go to my room. Why?"

"The x-ray department came an hour late for me this morning — and then I had to sit in that hall for another hour. Why?"

"The cord on my telephone is too short and I can't reach it from my bed."

"The parking lot is too

small."

"The ice machine in the hall outside my room is so noisy."

"My roommate's husband brought a pizza into the room last night and the odor made me very ill."

"The furniture in the ICU (intensive care unit) waiting room is very uncomfortable. Why doesn't the hospital have some lounge chairs in there?"

"My roommate smokes cigarettes all day long and the smoke makes me sick."

Along with these complaints, patient representatives also help patient and their families deal with personal problems.

Many patients with time on their hands enjoy "remodeling" the hospital — and they've given many good, concrete (as well as unusual!) suggestions to their representatives.

Some would like to see patient

rooms wallpapered, some think brightly painted walls and lots of pictures would make the rooms more attractive. Some would like mirrors and clocks — some definitely would not.

One suggestion called for an enclosed balcony encircling the hospital so that patients could take walks. Other patients would like to have coffee available on the floors on a 24-hour basis.

And there have been many requests for televisions, with remote controls and earphones, in every room.

Mothers of pediatric patients have said they would enjoy having a playground for the children, plus a place where they could eat their meals. They have also suggested a lunchtime sandwich menu for the children.

And many patients have asked

(Continued on Page 12)

Staff saves, earns more

Incentive plan cuts costs for hospital, patients



Martha Rose, right, director of food services, checks a supply order with the dietary

An article published in the March, 1974, issue of a national hospital publication marked the third time in two years that Oak Ridge Hospital has received nationwide attention for one of its most effective and innovative programs — the "shared savings" incentive plan which is currently routinely practiced in two hospital departments.

First established in 1968 in the housekeeping department under the leadership of Nelle Harris, our executive housekeeper, ORH was first recognized on a national basis in an article authored by Mrs. Harris and Jim Self, hospital industrial engineer who was instrumental in setting up the innovative program.

The same incentive plan for saving hospital supplies and equipment — and thus the paying patients' costs) was put into practice in our dietary department, headed by Ken Hatchett, some three years later.

This department's participation in shared savings has been outlined in articles published

June, 1973, and again in March of this year.

The article dealing with the incentive plan as practiced by our housekeeping department was published in the April, 1972, issue of "Executive Housekeeper," a nationally distributed monthly professional journal.

The dietary department's incentive plan was published in the June, 1973, issue of "Modern Hospital Food Management" and, more recently, in the March issue of the "Hospital Supervisor's Bulletin."

All three articles commended our hospital as being among the very first to implement an incentive plan which not only paid off in cash savings for the hospital — and, therefore, for the community it serves — but one which actually paid employees for their participation in the program.

In the three years that ORH dietary personnel have participated in the "shared savings," the incentive plan has resulted in an approximate savings of \$12,000 per year for

The some 29 housekeeping department participants in the plan have merited an average bonus of approximately \$25 each per month as their share of the savings they effected for the hospital. This means that the hospital has paid housekeeping personnel a total of about \$12,000 per year, plus realizing half that amount in cash savings for the hospital.

The incentive plan practiced in these two departments are reported by the managers to be a contributing factor to the excellent performance of the staffs of both departments.

Proof is the documented compliments from their peers, from visitors, from patients, and — the toughest of all to earn — from the Joint Commission on Hospital Accreditation, the team which inspects and judges the hospital from a keen-eyed, hard-nosed professional viewpoint.

The people who work in both these departments have earned the right to the praise they deserve. But, like all hospital folks who have "done good,"

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Patient representatives

(Continued from Page 11) for barber and beauty operator services in the hospital.

Because serving as a patient representative is their sole volunteer responsibility, the 14 members of the liaison group

PINK LADY EXECUTIVE COMMITTEE 1974	
Chairman	Judy Rosenving
Vice Chairman	Barbara Long
Corresponding Secy.	Neil Whitman
Secretary	Leslie Kain
Treasurer	Ann Ruffell
Membership Chairman	Mary Beasley
Spelling Chairman	Shirley Ross

PINK LADY VOLUNTEERS	
Bar: Young, Anderson, Ellen Scott, 12	
Bar: Young, Bailey, Edith Green, 14th	
Bar: Young, Mary Bailey, Grace Ann,	
Bar: Young, Barbara, Judy Rosenving,	
Bar: Young, Louise, Thelma Egan, Betty	
Bar: Young, and One Anderson.	

have the time to visit with a lonely patient, to note his observations along to hospital personnel, then help find the appropriate person — either within the hospital or the community — to take care of problem situations.

In addition to their close working relationship with the nursing staff, the patient representatives also work closely with Katherine Beasley, the hospital's liaison nurse, offering a personalized service that not only greatly benefits patients, but hospital management as well.

In short, they're special people, offering special services to special people — you.

ORH offers 'finest care'—Mayor

By MAYOR A. K. BISSELL. For more than 23 years I have been involved in serving Oak Ridge as a city official.

And, during that time, I have learned that all people — rich or poor, young or old — have one thing in common: they want and need to be able to count on certain things.

They expect, and rightly so, fair and equal treatment, quality service from qualified people, to be able to be heard when they have a question or a complaint, and an attitude on the part of the listener that says "I care."

And Oak Ridge Hospital fulfills all these wants and needs.

As a health care center that serves not only Oak Ridge and Anderson County, but several adjacent counties, our hospital provides equal medical treatment and care for all who enter its doors.

The care is of the highest quality, offered by people who obviously know what they're doing.

The hospital management is always willing to listen — and then follow through on any complaints or suggestions made either by the public or by hospital personnel.

And certainly the hospital staff that provides health care services for our people is a caring staff — dedicated to caring for people.

For these and many other reasons, our hospital is a real



Mayor Bissell

asset to our city and the surrounding area — and it continues to keep its commitment to the public, that of offering high quality service — first, last and always.

In fact, I do not know of a hospital anywhere, in any city or state, that provides better service and better care than our own Oak Ridge Hospital.

As mayor, and as a private citizen, I would like to thank the hospital trustees, the entire staff, and the volunteers who make our hospital such a fine facility — a place folks can count on when they need care.

Hospital has record year

(Editor's note: Although we don't always think that columns of numbers and statistics make very interesting reading for the public, we do feel that the following comparison between hospital happenings in 1973 and 1974 tell an impressive story.)

	1974	1973
Patients admitted	10,140	9,115
Number of births	722	601
Emergency room treatments	24,192	19,912
X-ray examinations	30,685	24,323
Laboratory tests performed	344,119	245,895
Surgeries performed	7,348	5,498
Physical therapy treatments	34,512	33,343
Pharmacy prescriptions filled	185,782	154,136
Meals served in the hospital	267,825	232,212
Total days of patient care	65,873	61,920
Average length of patient stay	6.2 days	6.4

In addition to meals served at the hospital the ORH staff also prepared 5687 meals for medical division of Oak Ridge Associated Universities in 1974, 1788 more than in 1973, plus for the Regional Mental Health Center 21,153 meals in 1974, an increase of 1307 over the previous year.

Junior volunteers

(Continued from Page 10) they also provide upon request for the physical therapy department.

And, during the past year, Candy Strippers were also trained to work weekends in the gift shop and help with the shop inventory.

A big event for the group (and their sponsors) during the year was the capping ceremony, held Jan. 6, when 46 girls who had given 50 hours of Candy Stripper service were capped — and 26 were presented a black stripe for their caps, denoting 100 hours of service!

As part of their in-service training, 79 new Candy Strippers participated in the program's four orientation sessions — an impressive membership gain for the year!

Like their Pink Lady "parents," the teenage volunteers are required to find their own substitutes (from the Candy Stripper membership list) if they can't work at the appointed time.

And, also like their adult counterparts, Candy Strippers apparently find their volunteer activities rewarding and satisfying — a feeling obviously shared by those who are on the receiving end of their services.

Based on the girls' enthusiastic response to the hospital's call for teenage help (there's always a waiting list for membership!) and the affinity many seem to feel for hospital work, the Candy Stripper program could very well be the first step toward a permanent health career for many of the young volunteers.

In fact, the hospital's participation, in cooperation with Oak Ridge High School, in the local Youth Leadership and Development Program resulted, this past year, in the placement of eight students — three in the hospital lab, four in physical therapy and one in the emergency department.

They're really "something else" — these Candy Strippers — and we hope the community realizes and appreciates their willing volunteer services. We do, at the hospital.

Pink Ladies

(Continued from Page 10) (Elaine) Trauger, the Pink Ladies organized and train a junior volunteer group, the Candy Strippers — and we're most grateful for this young, enthusiastic bunch of girls who so willingly perform such special services.

Another exciting facet of the Pink Ladies' activities is the newly initiated (September, 1973) Patient Representative Program, led by Mrs. T. D. (Lee) Young.

And so, truly, our volunteers have set an example that all would do well to copy — one of service, selfless dedication and devotion to duty.

And we agree with Judy Rosenving that "much credit must go to the staff and personnel of Oak Ridge Hospital, without whose encouragement, help and support our volunteers could not exist."

Judge lauds health care

By JUDGE JOE MAGILL. For the past eight years, I have had the privilege of serving as Judge of Anderson County. And, just as I have attempted to serve my county — my people, Oak Ridge Hospital has always served a need for the some 60,000 people in our county, plus those who populate the counties surrounding us.

Oak Ridge Hospital represents — as I have tried to represent — the needs of the people, providing quality care by people who care.

Our hospital — your hospital — is made up of people who really care, who know their business.

As a major health care center for Anderson County, Oak Ridge Hospital has not only continually been aware of the health care needs of our people, it has continued to plan for their anticipated health care needs — and will, I'm certain, be an ongoing force for high-quality medical care for its patients.

In addition to providing quality medical care, Oak Ridge Hospital represents a very important economic factor for our county.

Not only is the hospital's large payroll — well over \$3 million — spent locally, a considerable number of the more than 500 employees live outside Oak Ridge, thus adding significantly to our county's economic growth.

But, more importantly, your hospital is a vital force — and a much needed one — which exists for one reason, to serve the medical needs of this community and the surrounding area.

The Oak Ridge Hospital is:
 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



Judge Magill

And Oak Ridge Hospital has shown that it has not only served our health care needs in the best possible way, it plans to serve us even better in the months and years to come.

As I leave my post as a county official and resume my private law practice, I urge you — the people of Anderson County and others in East Tennessee — to support Oak Ridge Hospital.

The people there are there when you need them — and, based on past experience, they know what they're doing.

On behalf of the people of Anderson County, I would like to congratulate the entire hospital staff for its contribution to our medical care — and for caring about people.

And, personally, I would like to say that I am proud to have been so closely associated with a hospital which so ably serves our people.



Dr. Ernest Hendrix, surgeon, obliges the photographer with a smile as they share an elevator on the way to lunch in the hospital cafeteria.

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.

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Dr. Tom Upchurch, left, ear, nose and throat specialist and a new Oak Ridge surgeon, meets with Mr. and Mrs. Paul Clayton of Harriman immediately following their son Jimmy's surgery to tell them "Everything is fine."

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