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Health Council OKs hospital expansion

By RALPH STEWART
The Anderson Health Council and Anderson County residents voted to support plans for the expansion of Oak Ridge Hospital, Thursday at an open meeting in the courthouse in Clinton.

About 35 persons were present at the meeting which council president Robert M. Puckett said was called "to present the expansion proposal and its

implications, to make a final decision on the recommendations the council will give the hospital, and to give residents an opportunity to look at these suggestions and hopefully speak out on those they wish to."

The council board met Tuesday to discuss the proposed plans for the hospital.

Ralph Lillard, vice president (Continued on Page 8 No. 8)

of the hospital and a council board member, presented the proposed expansion and construction plans, which were detailed in a 24 page paper handed to all those who attended.

According to the statement, the project involves renovating certain areas in the present 15-year-old structure, including patient rooms and the basic electrical and mechanical systems. Additionally it includes construction of a new wing which will house some basic support facilities such as operating rooms, a recovery room, Intensive Care Unit, Coronary Care Unit and 18 additional patient beds. The anticipated cost of the project is \$4.5 million, \$3.75 million of which will be borrowed from private sources. The rest of the funds will come from cash reserves accumulated by the hospital. The project is scheduled for completion by the fiscal year 1976-1977.

According to the paper, proposed program has four major points of emphasis. The first is to centralize the care of acute patients. This will be accomplished by locating the operating room suite, the recovery room, the Intensive Care unit, the Coronary Care unit, Central Supply and the Emergency Room on the first floor of the new addition. Presently these departments are scattered throughout the hospital.

Another point of emphasis, updating the electrical and mechanical systems of the hospital, involves a new emergency generator, a new transformer, a new switch gear, and the addition of electrical outlets in certain areas of the hospital. Three new elevators will also be incorporated into the building.

The third point of emphasis is to coordinate and maximize the use of outpatient services, the report says. The new operating room suite and recovery room will be designed to increase the use of out-patient surgery in which a patient will check into the emergency room, be transported to surgery, allowed to recover in a special area of the recovery room, taken back to the emergency room and then discharged. The hospital plans to increase emphasis on out-patient service.

The final emphasis point in the report is to adjust the total number of the "mix" of patient beds. Plans to accomplish this involve a decentralized nursing concept and 34 new patient rooms to be added to the second floor of the new facility. Older patient rooms will be converted for other uses, making the total addition of new beds only 18.

Lillard said Thursday's meeting was the first step in a series of four that the hospital plans have to pass through successfully before they are considered definite.

The project must next be approved by the East Tennessee Health Planning Council in Knoxville, then by the State Office of Comprehensive Health Planning and finally by the Tennessee Health Facilities Commission. Lillard said the hospital hopes to start positive action toward the expansion by

three primary reasons justifying the need for the hospital expansion. They were listed as: (1) The physical plant and its facilities are 15 years old and some facilities are in need of either updating or replacement, (2) the large increase in the number of physicians utilizing the hospital has increased the demand for services to the point where the present size of the hospital and the scope of its programs are inadequate, and (3) adjustments need to be made to facilitate changing community health needs and programs.

Lillard said that in the past 22 months 18 new physicians have established practices in Oak Ridge and that two more are expected by July. He said this has significantly increased the demand for services by patients in the hospital's service area.

The new addition will supply classroom space and other equipment to provide health related instruction to citizens. Such classes include the present diabetic education classes, the "stop smoking" class and special classes for high school students interested in medicine.

According to the paper, the increase in operating expenses per patient per day in the new facility will average about 6.2 percent through 1980. The present cost for patients is \$86.06 per day. About 55 percent of all the hospital's expenses are salaries and wages and the projected costs include an average annual salary increase of 5.5 percent.

The paper stated that in light of current inflationary trends the cost increase appeared reasonable for the substantial increase in facilities and patient care. Dr. Lou Serrano, chairman of the East Tennessee Health Planning Council, expressed concern that the estimated costs increase was too conservative. A statement was included in the motion to support the project that recognized the 6.2 percent increase as an optimistic figure.

Lillard pointed out that the patient cost per day at the hospital was much lower than the national average of \$113. He said the 6.2 increase is a projected figure and not an automatic increase. He said the Hospital Board of Trustees makes all decisions concerning cost increase.

Tom Rollins, a representative of the Architectural Barriers Committee, asked council members if provisions had been established to make the hospital accessible to the handicapped. Lillard replied that the question had been brought up in a meeting Monday and that special ramps for persons in wheelchairs and other provisions for the handicapped were included in the architectural specifications. A provision was added to the motion supporting the project to insure accessibility to the hospital for the handicapped.

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