

# Annual REPORT

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SUPPLEMENT TO CLINTON COURIER NEWS, SEPTEMBER 20, 1973



These people represent the hospital team necessary to plan and provide the quality care of-fered patients at Oak Ridge Hospital.

Photographs by Patrick Gordon

## Hospital plans to meet 'unplanned' needs

Joe L., age 48, was planning a month-long vacation with his wife and two daughters when he was seized with chest pains that signaled a heart attack that was to hospitalize him for the next month.

Mary M., 37, was planning to take a parttime job this fall — now that both her children have reached school age — when an examination by her doctor revealed that she needed immediate surgery.

Nine-year-old Billy had hoped to play little league football this year — until he fell and fractured his arm.

Obviously, none of these three people included illness or injury in their plans — and neither do you. No one does.

And here at the hospital, we hope your plans are NEVER interrupted by sickness or the need for hospital care.

But we're also realistic enough to know that there's a chance that you, or someone in your family, will need our service.

So we plan for you. We plan — in hundreds of ways — for your health care needs.

Probably few people outside the hospital realize the extent and scope of the planning

necessary to maintain high quality patient care — the only kind of care we feel our patients deserve.

Some of our plans are made on a day-to-day basis, like staffing — making sure that the right number of qualified people are on hand, 24-hours-per-day, to care for you and your particular needs, just in case those needs arise.

Or like planning attractive, nutritious meals and individualized special diets, according to the doctor's orders.

Our housekeeping is done with a definite daily plan in mind, one that meets the high standards of hospital cleanliness that we set for ourselves.

Some things require planning twice a week, like purchasing food and other supplies we use that depend on the daily number of patients in the hospital.

These are just a few examples of the planning we do to insure that your daily needs are met while you are a patient in the hospital.

And plans are always in the making — some immediate and some long-range — to improve and expand our services, based on the forecasted needs of the

community we serve and, to a degree, what you expect of us.

For example, a hospital must take into consideration the age distribution of the people it serves, a factor that helps to determine the amount and type of health care services that must be offered.

As we determine the amount and type of health care the community needs, or doesn't need, we must plan for new doctors, new equipment and new services and that often means new and enlarged quarters.

And as medical technology continues to advance rapidly and new ways are found to combat disease and illness, we must also plan to replace old, outdated equipment — and that means planning our money wisely.

One example of the result of planning based on the needs of the community served by Oak Ridge Hospital is the new round-the-clock physician-staffed Emergency Department which began operation this month.

The new emergency service, in turn, calls for larger quarters, more equipment and a larger emergency nursing and clerical staff.

Expansion in this area is all part of the hospital's super expansion plan to coordinate the services of the emergency department, the surgical wing, the intensive care and coronary care units, and those of the clinical laboratory and X-ray departments.

This idea of clustering acute care patients — locating them in one wing of the hospital, rather than in several areas of the building as they are now — is one the hospital-medical staff and administration have come to believe is the best approach to taking care of patients, based on today's technology and tomorrow's needs.

Plans for the new addition also include installing new elevators, plus increasing elevator service for the building as it now exists.

The hospital also recognizes the need to expand the dietary department, and 10,000 square feet of space are already "shelled in" for this purpose.

These are some of our "intermediate" plans for your health care, plans that are expected to be carried out within the next two years or so.

As one of our immediate plans to provide you with new and

improved services, the hospital is in the process of putting the finishing touches on the new "angiographic suite" just installed in the X-ray department. A detailed explanation of the new service appears elsewhere in this issue.

And by Jan. 1, work will begin on redecorating patient rooms.

When this new project is finished, patients can expect to find their rooms furnished with new chairs, overbed tables, bedside tables and "headwalls," a console-type affair that contains electrical outlets, oxygen and suction equipment, nurse call and other emergency facilities located at the head of each patient's bed.

Along with the "new look" in furnishings, the rooms will have heating and cooling improvements, new and better lighting, wall-mounted television, new draperies and, in some areas, carpeting.

All these plans, once they are completed will have results that you, the public, can easily see and touch.

Not so tangible — but equally important to your health care needs — are the plans your hospital continually makes and

implements which provide for a staff with the best possible qualifications to care for you.

We do this by means of a continuing doctor-recruitment program and by supporting a constantly expanding, continuing education program within the hospital for all hospital personnel.

Planning the successful operation of a hospital can be likened to planning and operating a city.

As a city is established to provide services to meet the needs of the citizens, so a hospital is organized and planned to serve the public.

As a city adds certain services and discards others, so your hospital plans new services and re-plans old ones to meet the health care needs of the some 60,000 people we serve.

Every decision, every program, every new appointment and new purchase made by your hospital is based on those needs and the impact our actions will have on the community.

It's all part of our plan for your health care — for your own good.

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

REPOSITORY OAK RIDGE OPS  
RECORDS HOLDING AREA  
 COLLECTION Dec. 1944-54

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# Management team reports on hospital happenings, plans

**By K. W. SOMMERFELD**  
The primary objective of any hospital is to provide quality patient care.

To do this in a successful manner, hospitals use a team approach — and, essentially, the key element involved in this approach includes modern facilities, dedicated hospital personnel and employes, an active administration and board of trustees and a highly qualified, adequate complement of physicians.

All of these elements must then effectively work together in a cooperative manner if any hospital is to truly achieve a high quality of patient care. The extent to which any of these elements can disrupt — or even terminate — the successful operation of a hospital was

recently illustrated in Jellico, Tenn. where a new, modern facility was available and administration was present. employes were on the payroll, but no physicians were available to admit patients or prescribe the proper treatment.

The availability of doctors is a constant source of discussion in the Oak Ridge community — and comes home to most of us when we attempt to get an appointment with a local physician, for possibly a routine matter or when we need emergency room service or treatment.

The Oak Ridge Hospital has underway an extremely active recruitment program directed at providing the necessary specialities (in appropriate numbers) to totally serve the

patients who utilize our hospital. Experience, however, has shown such a recruitment program does not always bear immediate fruit — and often a single recruitment effort stretches over two or three years before a new doctor officially appears on the scene.

The competition for physicians is very keen, and their decision to locate in Oak Ridge is affected by many factors. The community itself — its attitudes and appearance — have significant impact on the final decision of the doctor to locate here.

Presently, the Oak Ridge Hospital has 98 doctors on its staff. Of these 51 are members of the active staff, with the remaining 47 making up the courtesy and consulting staffs,

and representing 17 different specialties.

A primary objective of our hospital is to continue to recruit, acquire and maintain the highest possible caliber of physicians to serve our community. And, in the past few months, we have seen some very encouraging results of our recruitment program.

In the past six months, seven new physicians have been added to our active staff — and two more are seriously contemplating locating in Oak Ridge to begin their practice. Included in the recruitment plan were doctors dedicated to emergency room service. This new service, which officially opened September 1, is planned to provide 24-hour-per-day, seven-day-a-week coverage of the emergency room.

And these recruitment efforts, although extremely successful at this point, must not be relaxed if we are to continue to maintain an adequate medical staff. Our doctors themselves play a key role in these efforts, since they represent the most accurate picture of our medical needs as seen by a visiting physician. Also, a tremendous amount of time is spent by the members and wives of the hospital administration in an all-out effort to encourage new doctors to locate in Oak Ridge.

I would like to emphasize, however, that recruiting new doctors is not strictly a "sales pitch."

Physicians who ultimately decide to locate here and apply for the privilege to practice in Oak Ridge Hospital must have their qualifications — licenses and other pertinent data — totally reviewed and approved by the members of our medical board, hospital administration and board of trustees.

And this critical review and approval system is intentionally designed to assure the community that the quality of medical services available are the highest possible.

All those associated with your hospital have pledged themselves to continued efforts in doctor recruitment and we firmly believe that the recent success we have enjoyed in this area can be maintained and furthered, with the result that Oak Ridge Hospital will be in an even better position to offer quality patient care through a full complement of highly qualified physicians.

Failure to achieve this goal will have a significant effect on any individual who might need the services of the hospital.

As chairman of your board of trustees, this past year has been a rewarding one — not only because of the present achievements and plans for the future which we feel will better serve community health care, but because once again I have



**KENNETH SOMMERFELD,**  
Board Chairman

had the opportunity of working with a fine, dedicated group of people.

For their tremendous help and cooperation, my sincere thanks to the other members of the board, the hospital administrators, the medical staff, our volunteers who contribute so much to patient well being, and to those very important members of the hospital team, the more than 500 people who, as hospital personnel, offer their skills in carrying out our plan for the best possible health care for the patients we serve.

## President pledges best efforts

**By MARSHALL WHISNANT**

Comments or letters from patients saying, "I'll never come to Oak Ridge Hospital again," come to us on extremely rare occasions.

Information like this is at once discouraging and challenging. We regret that anything at all may have displeased a patient. We know we cannot please everybody, but this is no justification not to strive to please everybody. We recognize that as the only general hospital serving this immediate area, we have an extra obligation.

Like our other objectives, we will never completely please everybody at all times, but never let it be said we weren't trying to please.

There are times when things beyond our control prohibit us from pleasing everyone — failure of suppliers, equipment, illness of personnel, and other complications do on rare occasions inconvenience a patient.

Since we are in the people business and frequently both patients and personnel are under physical and mental stress, we attempt at all times to select personnel who can best deal with these stressful situations.

In addition to this careful selection process, we support hospital personnel and thereby our patients, through training programs, superior department managers, and attempt to instill in all personnel a sense of pride in Oak Ridge Hospital.

We believe that most of the

times we are successful in this but, since we, like our patients, are human too, we do goof from time to time. When we do this, when we goof, we are sorry and we do our level best to not make that mistake again.

Dissatisfied patients take small comfort in knowing that by all the statistical comparisons, the Oak Ridge Hospital ranks favorably with any other hospitals about which we know. Because an individual patient judges us only on his experience with us and not with the experience of the other 10,000 patients who are admitted to the hospital or the other 20,000 patients who come through our emergency facilities, he can only judge us on his personal experience.

The fact that all of the rest of the people may have been treated perfectly and perhaps treated better than they could have been anywhere else will be of small comfort to the one patient who is dissatisfied with Oak Ridge Hospital or its services.

We have to use the statistics to help us identify problem areas, but we also know that the individual patient is little interested in statistics. He is only interested in his own care, as he very well should be. So, we are truly sorry when a patient is inconvenienced or is not pleased with our service in any way, and we agree that if our service is unacceptable to them, it is most certainly unacceptable to us who work here at the hospital.

We feed back both positive and negative comments which we receive to all those personnel involved in order that we may all be aware of how patients see us. We only hope that those patients who are displeased with us and our service will give us another chance. Given that chance, we will try to do our very best to provide the finest service which will be not only acceptable but pleasing to our patients. We are proud of our service and we are proud of our record and we want to continue to serve those who seek our care.

There are times when a patient is displeased about one of our policies. The policy may need explaining to that patient or it may be the best policy for the most people for the longest period of time. Other times the policy may need to be reviewed and improved. We are always ready to do that.

We appreciate all of the comments which we receive. The compliments are far more frequent than the occasional complaint but each is appreciated and has our attention.

Again this year we are soliciting comments on the back page of this report. Additionally, we provide a comment slip in our patient handbooks. Armed with this type information from patients we can try to correct the bad and reinforce the good at Oak Ridge Hospital.

## Chief of Staff reviews year

**By DR. EARL EVERSOLE**

At the beginning of the last fiscal year, it was apparent to both the medical staff and to the board of trustees that high priorities should be given to two areas of great concern.

First, it was obvious to all that the physical structure of the Oak Ridge Hospital was no longer adequate to meet the needs for which it was designed. Severe space deficiencies existed in the emergency room, X-ray department, the intensive care unit and the operating and recovery rooms, as well as in other areas of the hospital.

To proceed to correct these deficiencies in an orderly manner, an independent consulting firm was employed to assist in the development of a long range plan for the expansion of the hospital.

The survey was completed, recommendations made, and a good, basic plan developed. As a next step, financial feasibility studies are now underway and priorities will be set on these much-needed alterations.

The second area of concern was the staffing of the emergency room by fulltime physicians.

A committee consisting of Dr. John Crews, Dr. David Stanley, Ralph Lillard, hospital vice president, and John McGinnis, hospital controller, was appointed to study this problem. This group met regularly, interviewed many people and carefully studied several alternatives.

Recently, they reached a successful conclusion to their efforts by coming to an

agreement with a group of doctors that will staff the emergency room on a fulltime basis. The first member of the group, Dr. Herschell King, began the new service September 1.

Surveys by the Joint Commission of Accreditation of Hospitals are usually exciting — and this year was no exception. We were critically surveyed by this highly qualified team in 1971, did a "self assessment" in 1972, and were surveyed again in 1972. We received our accreditation and the surveyors were very complimentary of our operation.

Several new physicians have been welcomed to our staff recently. They are: Dr. Victor McLaughlin, internist; Dr. Larry Dry, surgeon; Dr. Sam Massey, ear, nose and throat specialist; Dr. Richard Brantley, urologist; and, the most recent addition to our staff, Dr. James Hilton, the radiologist who joined us September 1.

We continue to try — and hope the community will join us in our efforts — to recruit physicians in the obstetrics-gynecology and family practice fields.

On June 30th of this year, I completed my two-year term as chief of staff. I am succeeded by Dr. Dan Thomas who will be ably assisted by Dr. Charles Gurney as vice chief of staff.

With their strong leadership and the support of the community, we can look forward to a continuing program of high quality patient care in your hospital.

I appreciate very much the support and assistance of our excellent medical staff over the

past two years. The many hours they have spent in conscientious staff work certainly should be acknowledged and commended.

It has also been a pleasure for me to work with Marshall Whisnant, Ralph Lillard, Kenneth Sommerfeld and other members of the board of trustees.

Our board of trustees is an extremely knowledgeable, hardworking group of fine citizens that contributes a great amount of time and energy each year to improving our health care facility.

And finally, on behalf of the entire medical staff, our thanks to the staff of the Oak Ridge Hospital for their continued interest, dedication and compassion in the care of the patients we serve.



**MARSHALL WHISNANT**  
President



**RALPH LILLARD,**  
Senior Vice President



**ELIZABETH CANTWELL**  
Vice President



**DR. EARL EVERSOLE**



DR. LAURENCE DRY



DR. VICTOR MCLAUGHLIN



DR. SAMUEL MASSEY

## Follow-up care offered

One of the most innovative hospital services offered by the hospital is the newly-created

position of liaison nurse — one established in only a very few hospitals in the United States.

Katherine Beasley, formerly head nurse for the obstetrical and gynecological service at St. Mary's Hospital in Knoxville, was appointed in February, 1971, to fill the new post, to serve as a link between local doctors, health care agencies in the area and patients for the provision of various patient needs following hospitalization.

A pilot project, the community service was first made possible by a \$17,310 grant from the Tennessee Mid-South Regional Medical Program. Now, however, the hospital has taken over and entirely supports the service.

Although, as much as we'd like to, we are rarely able to write up the arrival of new employees (due to limited space), a new member of our staff certainly deserves mention as an ORHMC "first."

Not only is Ed Fout, RN, a "first" for this hospital, he's one of a comparatively small handful of men in the nursing field — and particularly of those trained in a special field.

"Mr. Ed," as he's been dubbed by his fellow workers, began his duties as an ICU nurse (on the evening and midnight shifts) January 8, and came to us from Wisconsin where he was employed in a psychiatric hospital.

He received his training at Alexian Brothers Hospital in Chicago and his specialized ICU training while serving in the Navy.

Mrs. Fout is a dietitian and has recently joined our hospital staff.

And, since nursing schools are now, finally, accepting male students (a practice the majority only began about five years ago!), we look forward to welcoming other "Mr. RN's" to the staff.

As coordinator of the program, Mrs. Beasley works closely with members of the hospital nursing and medical staff to identify patients who need follow-up services from such agencies as the Public Health Department, Mental Health Center, Daniel Arthur Rehabilitation Center, Tennessee Department of Vocational Rehabilitation and Medicare and Medicaid Programs.

The use of a liaison nurse has already begun to solve what hospital officials say is a critical health problem — how patients can obtain the most appropriate follow-up care for the least amount of money.

And Miss Betty Cantwell, hospital vice president in charge of patient care services, emphasizes that the services of the liaison nurse are not limited to patients who may be unable to pay for extended health care, but is a program designed to acquaint all patients with the



KATHERINE BEASLEY

health benefits and services available to them.

Although Mrs. Beasley does not personally perform any home nursing care, she says she does make occasional visits to the homes of patients receiving continued health care "just to make sure that all their needs are being met — even those not necessarily related to their illness."

A native of Tazewell, Va., Mrs. Beasley is the wife of George R. Beasley, an operational engineer employed at the Y-12 Plant, and the mother of their young son, Reed.

Still "very excited" about her job after two and a half years, she says she strongly agrees with Miss Cantwell that "the future of health care is leading up to satellite health care stations as a means of offering auxiliary care to patients."



DR. RICHARD BRANTLEY



DR. JAMES HILTON



DR. HERSCHELL KING

## New doctors here, still more needed

With seven new physicians beginning practice in Oak Ridge within the past three months, doctor-recruitment at Oak Ridge Hospital can only be termed a super success story.

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

The hospital is extremely pleased to include in this Annual Report the announcement of the addition to the medical staff of Dr. Laurence Dry, surgeon; Dr. Samuel Massey, otorhinolaryngologist (ear, nose and throat specialist); Dr. Richard Brantley, urologist; Dr. Victor McLaughlin, cardiologist; Dr. James Hilton, radiologist; and Dr. Herschell King and Dr. Roger Van Arsdell, specialists in emergency medical care.

These seven new doctors, along with the seven others who have joined the active staff in the past three years, represent a commitment on the part of the hospital to help recruit a highly qualified, diversified team of physicians dedicated to serving your health needs.

But we also promise not to "rest on our laurels," but to continue to recruit, obtain and keep a medical staff that will maintain the highest possible level of well-rounded medical care.

How is doctor recruiting done? By various methods, say hospital officials. These include:

writing to medical schools; answering ads placed in medical journals by doctors who wish to relocate; through a medical placement bureau; and by obtaining the names of possible candidates from local doctors (or other members of the hospital staff) and from interested citizens in the community.

And though the more formal methods are also successful, the hospital never underestimates the power of the layman in spreading the word of the need for more doctors.

And none of the recruitment methods are guaranteed to bear immediate fruit. Often efforts to secure the services of a particular doctor are begun two or more years before his actual arrival in Oak Ridge.

And it should be pointed out that not just any doctor will do. Applicants are carefully screened and their qualifications reviewed by the medical staff and recommendations made to the board of trustees before acceptance.

Although the need for additional doctors for local practice is not nearly so acute as it was a few years ago, hospital staff members say that doctors who have specialized in the fields of family practice and obstetrics are still urgently needed.

And recruitment of the doctors should be an area-wide effort, they say.



DR. ROGER VAN ARSDELL



ED FOUT, RN

## Care, planning saves \$

Did you know?—

Your hospital housekeeping staff cleans and maintains 182,600 feet of hospital property daily!

That the clean linens these people furnish for the hospital (and Westmall) amounts to 2,200 pounds (that's more than a ton!) every day?

That the housekeeping team also includes (as of January) a "groundskeeper," who cleans up the property around the hospital, Westmall, Medical Arts and Westmall Park?

And that housekeeping employees also "manufacture" certain linen items used in special service departments — such as special sheets, surgical "drapes" in several sizes, group tent covers for podes, etc.?

And this work is all done by a staff which includes 30 full-time employees and 6 occasional workers, including the grounds-keeper.

In the meantime, Nelle Harris, our executive housekeeper, stays busy purchasing new and needed housekeeping supplies as the result of keeping a perpetual inventory of those items so basic to hospital operation.

Although these supplies cost an average \$15,000 per year, they would cost considerably more if the housekeeping staff had not entered wholeheartedly into the hospital's cost-saving, sharing plan and decreased costs by some 30 percent — plus saving a minimum of 15 percent on overall operative costs.

## Patient care and concern praised by Mayor Bissell

By MAYOR A. K. BISSELL  
Successful operation of any industry or business — like the operation of a city can only be accomplished by careful management and planning.

And Oak Ridge Hospital is a fine example of this type of operation — one that combines the knowledge and skills of a qualified staff, plus modern facilities, with a very real concern and care for the more than 60,000 people it serves.

In spite of stringent federal controls imposed on the health care industry, constantly escalating costs and the many other problems that beset any business that serves the public — including some criticism from the public itself — the hospital has continued to commit itself to offering the best possible health care to the people in this area.

As part of the plan to carry out this commitment, the hospital has been overwhelmingly successful in its doctor-recruitment program — bringing seven new physicians to Oak Ridge in just the past few months.

The fact that the hospital has continued to make every effort to provide the very latest equipment and modern facilities for the care and treatment of the ill is further evidence of this type of commitment.

We take great pleasure in

welcoming our new doctors, and their families, not only because of the medical skills and service they offer the entire community, but as new residents of our city.

The hospital and its entire staff is to be congratulated for another successful year of operation that has so capably met the health needs of the city and the surrounding area.

I know the citizens of Oak Ridge join me in extending best wishes and in pledging our continued support.



BISSELL

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# Teamwork, many jobs contribute to patient care



Dr. Victor McLaughlin, cardiologist and new member of the medical staff, demonstrates the hospital's new \$8000 graded exercise testing (GXT) treadmill, using Ben Seitz, lab technician, as his "patient."



Mrs. Gladys Powell of Clinton jokes with two members of the nursing staff on 2-N, Verna Kennedy, left, nursing technician, and Sue White, RN, clinical manager of the floor.

Charles Latimer, business office manager, seems pleased with the work done by his staff.



This is the information gathering center where patient diets are planned and Eula Barnett, left, and June Rhea are the two smiling dietary department supervisors.



Clara Jean Young, LPN, performs one of the many personal services offered by the nursing staff as she gives a quick "beauty shop treatment" to Virginia Moles, a patient in the Intensive Care Unit.



"It's just gotta be a boy!" insists Shirl Nance of Dossett as he tries to relax in the father's waiting room while he awaits the birth of his second child. (P. S. It was.)



Alice Tilley finds operating the hospital's new switchboard not only a much more efficient means of communication, but one that makes the telephone operator's duties much more pleasant.



Miriam Hallau, nursing supervisor, stops to ask Bill Sherman, a patient on 2-N, how things are going.



Two long-time hospital employees, George Washington, nursing technician, and Rosamary Nichols, a member of the housekeeping staff, take a moment from their duties to pose for the photographer.

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# Volunteers care, give



A Candy Striper volunteer and a Westmall staff member distribute trays to the residents who enjoy their meals in the attractive dining room at the long-term nursing care center. The old-fashioned dinner bell which summons the diners can be seen at the far right.

## Junior volunteers — valued hospital help

A little more than two years ago, when the Pink Ladies decided to organize and sponsor a junior volunteer program, no one dreamed that the venture would be met with such overwhelmingly enthusiastic response by the high school-age girls who would be its members.

But, since that time, 266 local teenagers have once again proven their eager willingness to contribute their time, energy and talents to help others by becoming Candy Stripers.

Under the joint direction of Cina Anderson and Elaine Trauger, the junior volunteer group now has an average yearly membership of more than 100 girls who have given a total of 7231 hours of service.

In addition to the 57 girls who completed 30 hours of service during the past year, 80 new Candy Stripers were trained (in four sessions) by the two Pink Lady volunteers and 30 of the group participated in the four educational tours of the hospital which were held during that time.

Involved in the "Youth Leadership and Development Community Involvement

Program," associated with the Oak Ridge High School, were three Candy Stripers who were then assigned as volunteer workers in the hospital's x-ray department and clinical laboratory.

When the program was first organized, all Candy Stripers were initiated in their volunteer service at Westmall, where they continue to visit with the residents, write letters for them, run errands, read and play games with residents, assist them at mealtimes, help pick up food trays and escort them to other areas of the building.

And, in the past year or so (at the hospital's request), the duties of the girls have been expanded to include other areas.

In pediatrics, they are welcomed as aides who help feed and entertain the young patients, give parents a break by sitting with the children and assist with new admissions.

In their crisp pink and white striped smocks, the younger volunteers can also be found escorting adult patients to the nursing floors upon admission, working (on weekends) as receptionists in the lobby and

doing "floor duty" as the smiling couriers who deliver mail, flowers and reading material to patients.

The teenage helpers, who must have completed the ninth grade and be 15 years old in order to apply for Candy Striper membership, undergo training which includes orientation and instruction by a registered nurse (Mrs. Anderson) before they assume their volunteer duties.

Like their Pink Lady "parents" and other hospital volunteers, the girls are responsible for finding their own substitutes (from the Candy Striper membership list) if they find they can't work at the appointed time.

And, also like their adult counterparts, Candy Stripers apparently find their volunteer activities happy, fulfilling work and then spread the word — there's always a waiting list for membership.

So, when you see a Candy Striper in the halls of the hospital or at Westmall, remember that you're not just seeing today's junior volunteer — you're looking at tomorrow's community leader!

There is a large, mounting debt owed by the hospital, our patients and the entire community we serve — one that isn't shown "on the books," nor can it ever be marked "paid in full."

It's a debt we owe the some 275 Oak Ridge Hospital volunteers, the Gray Ladies, Pink Ladies, and Candy Stripers, who donate their time, energy and talents to help the hospital help people.

They're helpful, willing, kind, cheerful, conscientious and faithful — and if you think we're trying to make them sound just too good to be true, then you haven't been a patient or a visitor in our hospital.

During the past year, for example, these three volunteer groups contributed a total of approximately 28,000 hours to hospital service!

And that's an incredible amount of donated time when you consider that the groups are made up of busy housewives, professionals, and students, the majority of whom are active in several other phases of community work.

What do they do at the hospital?

They deliver flowers, mail, magazines, messages, gifts, and a host of other needed items to patients.

They operate the hospital gift shop for a small profit, then turn around and donate that profit to buy gifts for the hospital and Westmall, our long-term nursing care center.

They provide reading material for the lobby, waiting rooms and the patients.

They escort patients to their room, "man" the information desk in the lobby and provide information to waiting families about patients in surgery and in the intensive care unit.

They're in the emergency department, admissions, pediatrics, and at Westmall —

any where they're needed — to help in any way they can.

In short, they provide an additional personal touch and a cheerful, "homey" atmosphere while they perform dozens of useful services that not only directly benefit patients and visitors, but free hospital per-

sonnel for more professional tasks.

So, to Jeanie Wilcox, who coordinates all their activities, and to our obviously tireless, dedicated volunteers, our thanks to you for being here, for serving your community through your hospital.

## Pink Ladies add more gifts, service, hours

They're known officially as the Oak Ridge Hospital Women's Organization — but to the patients, visitors to the gift shop, the hospital and to the staff and residents of Westmall, they're "Pink Ladies."

Now in its eleventh year of operation, this pink-smocked volunteer task force now numbers 95 in membership. And these 95 willing workers contributed a total of 8615 hours of service during the year!

Operation of the "Pink Placebo," the hospital gift shop consumed 7040 hours of the time donated by our Pink Ladies.

Not only does the shop serve as an on-the-spot convenience for patients and visitors, the profits from the many gifts, reading material and notions sold there are used to buy a number of "luxury items" and much needed equipment for the hospital and Westmall, our long-term nursing care center.

This past year, profits from the shop were used to buy gifts totalling \$2968!

At Westmall, part of the money was spent in redecorating the patient rooms and lounges, to renovate the "tub room" to accommodate some hydro-therapy and a large therapy tub, to provide a nourishment center which dispenses hot soup and hot and cold drinks between meals, and to purchase a suction machine and parallel bars.

Another portion of the money was used to buy these gifts for the hospital: additional wheel chairs, an infant warmer and a shock-proof lamp for the nursery, an audio-visual classroom projector for the use of the educational department; carpeting, a television and coffee service for the father's waiting room; a special wooden wheel chair for the pediatrics floor; and for new draperies and pictures for patient rooms.

And the Pink Lady services are as varied as their many gifts.

In addition to acting as "salesgirls" in the Pink

Placebo, these talented, clever volunteers select and purchase all the many items sold there, and do all the bookkeeping and paper work necessary for the operation of the shop.

(The hospital deserves a vote of thanks for generously donating the space and other overhead expenses.)

Pink Ladies at Westmall, under the leadership of Nell Parks, gave a total of 1575 hours of services by visiting residents there and providing them with weekly activity programs of arts and crafts, a game night, Sunday School, and devotional services.

They also act as hostesses when they sponsor the special parties held at Westmall throughout the year, and by remembering each resident's birthday with cards and gifts.

As if all these weren't enough, the Pink Ladies, in conjunction with the Roane-Anderson Medical Auxiliary (and aided by the hospital), are responsible for the planning, creation and maintenance of the Westmall Community Park — which is not only enjoyed by Westmall residents and their visitors, but where all citizens in the community are welcome.

Geneva Melroy is the Pink Lady chairman of the park project and the one who has coordinated their efforts with such beautiful results.

As you might gather from reading this report of their activities just during the past year, Pink Ladies — to put it mildly — are out to help the community.

And, according to Judy Rosenvinge, chairman of the group, more help is always welcomed.

If you're interested in really getting "in the Pink," contact Mrs. Rosenvinge at her home, or see Jeanie Wilcox, coordinator of all hospital volunteers, at her office at the hospital.

Like all our volunteers, Pink Ladies fill a very special need — they help people.

## Gray Ladies contribute record number of hours, services

In our Annual Report last year, we said that "more" was probably the best single word to use in describing the activities of the Gray Lady volunteers — because more Gray Ladies did more things for more people than ever before.

Well, they've done it again! The 70 Gray Ladies who served you so cheerfully and willingly during the past year have, since this time last year, upped their volunteer service time by 4280 hours!

As a result, one long-standing member of the group was awarded a 400-hour pin, three others received 300-hour pins, eight earned 200-hour pins and 26 received pins signifying 100 hours of hospital service.

The Gray Ladies, a volunteer organization under the auspices of the American Red Cross, accomplished this enviable feat by scheduling their volunteer time on a weekly basis, 12 months-per-year, performing a growing list of services.

Their wide variety of volunteer work includes delivering mail and flowers and other gifts to patients, greeting visitors in the lobby and giving information; running errands for patients and providing them with reading material; supplying magazines and matches for the lobby and all waiting rooms, and supplying notions, pajamas, gowns and layettes to patients on request.

In addition, they serve several "special areas" in the hospital.

Since 1971, they have provided a valuable surgical service by keeping waiting families informed about surgery patients until they are taken from the recovery room to the nursing floor.

And, in April of 1972, they began another fulltime program which serves the families of patients in the Intensive Care Unit.

This involves stationing a Gray Lady at a desk just outside the ICU (for a total of 12 hours per day, five days per week) who notifies members of the family waiting in the lobby or in the 4th floor waiting room when they may visit ICU patients.

Her services thus help control visitors to this special wing, freeing nurses of this time-consuming task.

As volunteers in the emergency department, our Gray Ladies work each evening from 6:30 to 8:30 p.m., helping to register patients, aiding families that are waiting for treatment, making necessary telephone calls and helping the emergency staff as needed.

A continuing and valuable service offered by the Gray Ladies is performed in the ad-

missions department where they work each Sunday evening — an especially busy time in that area — helping to get patients registered and then escorting them to their rooms.

And on Christmas Eve, the Gray Ladies distribute holiday favors to each patient in the hospital.

But Gray Ladies are not only generous of their time spent in the hospital. 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 meetings and board sessions. And each year several members represent the group during out of town trips to other hospitals and at workshops for volunteers.

New members are officially received, capped and pinned at an annual May luncheon and at the dinner given during Christmas holidays.

Does all this make you want to become a Gray Lady and join the fun?

Then contact the director of volunteers at the local Red Cross office and ask to join a group that finds hospital service a way to reward themselves by serving others.



Martha Snyder, photographed at the Gray Lady information desk in the lobby, personifies the willing cheerful spirit of Gray Lady volunteers.



Mildred Morris, center, and Terry Harris are two of the Pink Lady volunteers who work in the hospital gift shop.

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COOPERS & LYBRAND  
ATTORNEYS AT LAW

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, 1973 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, 1972.

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, 1973 and 1972, 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 3, 1973

OAK RIDGE HOSPITAL OF THE  
BALANCE SHEET  
June 30, 1973

ASSETS	June 30,	
	1973	1972
Current:		
Cash	\$ 4,449	\$ 4,523
Accounts receivable from patients and third parties, net of estimated uncollectibles and allowances of \$250,000 and \$280,000 for 1973 and 1972, respectively	750,556	1,052,620
Inventories, at the lower of first-in, first-out cost or market	41,764	44,175
Prepaid expenses	42,067	30,814
<b>Total current assets</b>	<b>838,836</b>	<b>1,132,132</b>
Board-designated funds - cash and certificates of deposit	1,147,456	609,721
Property, plant and equipment (Notes 1 and 2)	5,461,593	5,416,477
Less accumulated depreciation	2,134,175	1,940,421
	3,327,418	3,476,056
	<b>\$5,313,710</b>	<b>\$5,217,909</b>
		<b>RESTRICTED</b>
Endowment and specific purpose funds - cash		\$ 15,231

The accompanying notes are an integral part of the financial statements.

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH  
STATEMENT OF REVENUES AND EXPENSES - MEDICAL ARTS BUILDING  
for the years ended June 30, 1973 and 1972

	1973	1972 (Note 4)
Rental income	\$74,466	\$67,557
Operating expenses:		
Salaries	24,578	22,628
Utilities	10,531	11,997
Maintenance and repairs	750	7,767
Real estate taxes	7,759	9,089
Interest expense	16,561	16,776
Administrative services	10,844	4,390
Depreciation (Note 1)	20,881	19,875
<b>Total operating expenses</b>	<b>91,904</b>	<b>92,522</b>
<b>Excess of expenses over revenues</b>	<b>\$17,438</b>	<b>\$24,965</b>

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, 1973 and 1972

	1973	1972
Patient service revenue	\$304,661	\$284,637
Allowances	5,972	7,377
<b>Net patient service revenues</b>	<b>298,689</b>	<b>277,260</b>
Other operating revenues	10,044	6,690
<b>Total operating revenues</b>	<b>308,733</b>	<b>283,950</b>
Operating expenses:		
Salaries	186,287	190,508
Food and supplies	84,107	87,210
Laundry	11,374	8,719
Telephone and utilities	8,512	10,160
Maintenance and repairs	1,888	3,173
Administrative services	33,006	27,708
Depreciation (Note 1)	11,183	10,825
<b>Total operating expenses</b>	<b>336,357</b>	<b>338,303</b>
<b>Excess of expenses over revenues</b>	<b>\$ 27,624</b>	<b>\$ 54,353</b>

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, 1973 and 1972

	1973	1972
Funds provided:		
Income from operations	\$ 63,449	\$ 68,506
Items included in operations not requiring working capital - Depreciation	213,501	213,456
<b>Total from operations</b>	<b>276,950</b>	<b>282,062</b>
Nonoperating revenue	68,308	32,304
<b>Total from operations and non-operating revenue</b>	<b>345,258</b>	<b>314,066</b>
Property, plant and equipment additions financed by restricted funds		11,873
Decrease in working capital	313,665	
	<b>\$ 658,923</b>	<b>\$ 325,939</b>
Funds applied:		
Additions to property, plant and equipment	\$ 64,863	\$ 125,536
Reduction of long-term debt	56,325	50,842
Increase in Board-designated funds	537,735	139,379
Increase in working capital	10,182	
	<b>\$ 658,923</b>	<b>\$ 325,939</b>
Increase (decrease) in components of working capital:		
Current assets:		
Cash	\$ (74)	\$(119,302)
Accounts receivable	1302,064	75,773
Inventories	(2,411)	3,569
Prepaid expenses	11,253	10,529
	(293,296)	(29,431)
Current liabilities:		
Current portion of long-term debt	860	5,300
Accounts payable	(38,755)	20,274
Accrued payroll	(1,303)	(64,293)
Payable to third party payors	58,611	1,700
Accrued expenses	956	(2,294)
	20,369	(39,613)
<b>Increase (decrease) in working capital</b>	<b>\$ (313,665)</b>	<b>\$ 10,182</b>

The accompanying notes are an integral part of the financial statements.

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OF THE UNITED METHODIST CHURCH  
 BALANCE SHEET  
 1973 and 1972

RESTRICTED FUNDS

	LIABILITIES AND FUND BALANCES	
	June 30, 1973	1972
<b>Current:</b>		
Current portion long-term debt (Note 2)	\$ 52,000	\$ 51,140
Accounts payable	16,974	55,729
Accrued payroll	48,454	49,757
Payable to third party payors	109,011	50,400
Accrued expenses	39,433	38,477
<b>Total current liabilities</b>	<b>265,872</b>	<b>245,503</b>
Long-term debt, less current portion above (Note 2)	582,500	638,825
<b>Fund balances:</b>		
Unallocated	572,964	886,629
Board-designated plant and equipment replacement fund	1,147,456	609,721
Property, plant and equipment, less long-term debt	2,744,918	2,837,231
	4,465,338	4,333,581
	\$5,313,710	\$5,217,909

RESTRICTED FUNDS

Endowment and specific purpose funds:		
Due to unrestricted funds	\$ 5,055	
Fund balance	10,178	
	\$ 15,233	

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH  
 STATEMENT OF REVENUES AND EXPENSES  
 for the years ended June 30, 1973 and 1972

	1973	1972 (Note 4)
Patient service revenue	\$5,336,712	\$5,143,076
Allowances and uncollectible accounts	548,764	547,967
Net patient service revenue	4,787,948	4,595,109
Other operating revenues	564,108	503,010
<b>Total operating revenue</b>	<b>5,352,056</b>	<b>5,098,119</b>
Operating expenses:		
Nursing services	1,606,341	1,600,097
Other professional services	977,939	947,182
General services	874,454	804,422
Westmail and Medical Arts Building	396,197	400,125
Administrative services	1,220,175	1,064,231
Provision for depreciation (Note 1)	213,501	213,456
<b>Total operating expenses</b>	<b>5,288,607</b>	<b>5,029,513</b>
Income from operations	63,449	68,606
Nonoperating revenue - primarily interest income from Board-designated funds	68,308	32,004
<b>Excess of revenues over expenses</b>	<b>\$ 131,757</b>	<b>\$ 100,610</b>

The accompanying notes are an integral part of the financial statements.

1227805

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH  
 STATEMENT OF CHANGES IN FUND BALANCES  
 for the years ended June 30, 1973 and 1972

	Unrestricted		Restricted	
	1973	1972	1973	1972
Balance at beginning of year	\$4,333,581	\$4,221,098	\$ 10,178	\$ 14,570
Excess of revenues over expenses	131,757	100,610		
Restricted gifts and bequests				7,505
Interest income				663
Additions to property, plant and equipment from restricted funds		11,873		(11,873)
Transfer to nonoperating revenue			(10,178)	
Other disbursements from restricted funds				(687)
<b>Balance at end of year</b>	<b>\$4,465,338</b>	<b>\$4,333,581</b>	<b>\$ 10,178</b>	<b>\$ 10,178</b>

The accompanying notes are an integral part of the financial statements.

NOTES TO FINANCIAL STATEMENTS

Significant accounting policies utilized in the preparation of these financial statements are described in Notes 1 and 3 below.

- 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 respective assets.

Property, plant and equipment and accumulated depreciation at June 30, 1973 and 1972 are as follows:

	June 30, 1973		June 30, 1972	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	\$ 65,101		\$ 65,101	
Land improvements	194,253	93,009	187,070	83,019
Buildings and related services	4,090,559	1,485,341	4,090,558	1,355,482
Equipment	1,111,680	555,825	1,073,748	501,920
	<b>\$5,461,593</b>	<b>\$2,124,175</b>	<b>\$5,416,477</b>	<b>\$1,940,421</b>

- Long-term debt at June 30, 1973 and 1972 consisted of the following:

	June 30, 1973	1972
First mortgage serial bonds with interest and principal payable semiannually, interest rate increases from 5.65% 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.		\$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.		400,000
Unsecured 5% installment note payable		5,465
		634,500
Less current portion		52,000
		\$1,140
		<b>\$582,500</b>
		<b>\$638,825</b>

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.

- The Hospital has a trustee, 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, 1973 and 1972 was approximately \$19,000 and \$17,000, respectively.

- Other operating revenues and certain expense accounts for the year ended June 30, 1972, have been restated to conform with 1973 classifications for comparative purposes. Such reclassifications had no effect on the excess of revenues over expenses.

# Continuing education is part of hospital plan

"We plan to continue to learn — and help others to learn — about health care."

That, in a nutshell, is Oak Ridge Hospital's goal in continuing education.

It's a goal that involves not only nurses and others directly involved in giving patient care, but all hospital personnel plus the patients themselves.

And it involves a brand new concept in hospital-wide health care education, placing Oak Ridge Hospital among the first to put such an idea in practice.

Back a few years ago, "continuing education" in the medical field only applied to those who had attained the rank of doctor or nurse and, in some cases, medical or X-ray technologists.

For others who sought health care careers, there were virtually no formal in-service educational programs available — training which allowed them to continue working (and earning) while updating their knowledge and skills.

Now, in Oak Ridge at least, all this is changed.

Progressive hospitals — and the people who run them — have come to realize that, in order to keep pace with ever-changing, modern, medical technology, to meet the increasing needs of patients and provide them with the highest quality care, ALL hospital personnel must be involved in the process of continual learning.

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

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

This, then, is the idea behind the Oak Ridge Hospital's innovative learning plan — to make continuing health education easy, inexpensive and interesting, not only for the hospital staff but for anyone in the area — including those interested in any phase of health care as a profession.

This is the idea that Doris Croley, head of the hospital's education department, and Judith Walker, a registered nurse and her assistant, keep in mind as they develop, coordinate and put into action a variety of educational programs designed for hospital and community-wide benefit.

One such program is the one initiated nearly a year ago in diabetic education.

The five-day course is offered monthly for diabetic patients, their families and health professionals and stresses understanding of diabetes along with self-care and control of the disease.

The fifteen hours of instruction include a talk by a local physician, 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 the proper health habits diabetics should observe.

Also included is individualized instruction in diet and menu planning, plus special recipes

which can be adapted for family use.

And, as part of the diet instruction, the "students" are served a hospital-prepared "exchange luncheon" to illustrate the ways in which diabetics may eat "normal" foods without endangering their health.

All this, plus a number of booklets on diabetes, costs only \$10 per person — and one member of a diabetic's family can attend free of charge!

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

A report on each patient, however, is sent to each patient's doctor to further aid him in treatment.

At first, the diabetic program was chiefly financed by an \$8000 grant received from the Mid-South Regional Medical Program, based on a request from Vanderbilt University.

Now, however, the hospital has taken over the program and underwrites the salaries of the three paid instructors. (Mrs. Croley, Mrs. Walker, Anita Alphin, a registered staff dietitian, along with all teaching time and space. The fourth instructor is Cina Anderson, a volunteer RN.)

Proof of the need in the community for the course is the excellent response and interest shown by the 80 people — diabetics, members of their families and 26 professionals from area hospitals — who have thus far attended the sessions.

And it is hoped that the classes will result in the formation of a local independent diabetes association by the "graduates" and others interested in learning more about the effect and treatment of the disease.

One definite boon to the education department has been the recent purchase of a video-tape system — a purchase made possible through the generosity of the same Mrs. Anderson who instructs diabetic classes.

One of the ways in which the TV-tape equipment is used is the current lecture series by local doctors for the benefit of nursing personnel.

Taped before a live audience, the "stars" of the TV shows can then be seen and heard repeatedly by various groups of staff members at times convenient to their working schedules.

(As a long-range goal, Mrs. Croley hopes that money and space can be provided for a professional type TV studio and/or projection booth for additional production of video-tape for "in-house" training.)

The TV-tape equipment can also be used as a media for safety instruction — and all phases of this important part of hospital education, safety for hospital employees, for patients and for visitors, is constantly emphasized.

The "safety everywhere, all the time, for everyone" slogan the hospital has adopted is repeated in all safety meetings (which are held monthly) and demonstrations — a slogan



Doris Croley, director of the hospital's education department, is always happy to sign the certificates her students receive when they've completed a new course.

placing responsibility for safety on every employee.

In addition to the monthly meetings with staff members of the housekeeping, maintenance, dietary and nursing departments, new employees are trained to recognize unsafe conditions and hazardous areas and instructed in how to perform in an emergency situation.

Conducting fire safety classes on drills, equipment use and emergency removal of patients is also a vital part of safety education.

And orientation of new employees is another important phase of the work of the education department.

Although initiating each new employee in hospital procedures and policies, as well as acquainting them with the physical layout of the building, is important in helping the employees to adjust to their new job, Mrs. Croley feels that making the newcomers feel at home and "part of the family" is equally important.

"We not only want to tell them what the hospital expects of them — and what they can expect of us, we truly want them to feel welcome, to instill a sense of pride in being part of the health care team," she says, "and we'd like to become friends that they can turn to — a familiar face in the crowd."

It's this sort of thing — this "family feeling" — that pervades the hospital, that lends itself to the kind of personal care that patients have come to expect at Oak Ridge Hospital.

The same educational goals that have resulted in further training in medical terminology, knowledge of drugs and their uses, secretarial skills and basic training for beginning nursing technicians are also involving community and area

learning to further education in health care.

Included in the current educational programs at the hospital are courses for licensed practical nurses (a 13-month academic and practical experience program taught by Mrs. Sara Wilson), and laboratory technicians, classes in cardiopulmonary resuscitation for all employees who desire it, and managerial training which includes workshops in interviewing and disciplinary techniques.

Still in the final planning stages is a course in training for work in the Emergency Department, using individualized material designed by the American Journal of Nursing to keep personnel up on the latest technology in emergency medical care.

Also in the planning stage is a program to help teach cardiac (heart) patients the do's and don'ts to be practiced following hospital care.

Already scheduled for Jan. 10 is a symposium on "Death and the Dying Patient, a topic which will not only cover 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.

Considered a workshop of

major consequence, the seminar will have as guest speaker a renowned physician-lecturer in this special field, Dr. Elizabeth K. Ross.

This fall the hospital education staff will be coordinating the training of health career students in the area by exposing them to practical experience in various hospital areas after they have completed their classroom work.

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

Because your hospital considers education in health care of prime importance — for those who deliver it and for those who receive it.

This is the way Marshall Whisnant, hospital president, puts it:

"The value of continuing education in health care cannot be overestimated.

"If we, the people who offer health care services, do not keep pace with the leaders in our field, we certainly cannot expect to offer the patients we serve the quality care they expect and deserve."

This means planning to learn — and learning to plan — for your own good.

## County judge lauds hospital progress

By JUDGE JOE MAGILL

All of Anderson County can once again point with pride to Oak Ridge Hospital and to the many people involved in its successful operation.

During the past three years, the hospital has successfully attracted an unusually large number of fine, well-qualified physicians to Anderson County in an effort to relieve what had been an acute doctor shortage in our community.

The hospital, with its modern equipment and physical plant, well-rounded staff of physicians, nurses, administrators and the many others who make up the staff, serves our entire county, plus a large area outside Anderson County.

As a county official, I am keenly aware of the health needs of our people and can therefore sincerely appreciate the fact that Oak Ridge Hospital constantly strives to fill those needs.

We in the county also appreciate the fact that the hospital represents a very important economic factor in our area. Not only is the hospital's large payroll — well over \$3 million — spent locally, a considerable number of the more than 500 hospital employees live outside Oak Ridge, adding to the county's economic growth.

On behalf of the many county residents who need and utilize the services of the hospital, I would like to extend congratulations to the hospital, its entire staff and to its dedicated board of trustees for the completion of another most successful year of caring for the health needs of our people.

### BOARD OF TRUSTEES (As of June 30, 1973)

- Bishop L. Scott Allen
  - Mr. Roy C. Armstrong
  - Mr. A. Paul Bass
  - Mr. David O. Bolling
  - Rev. Paul E. Brown
  - Mrs. F. O. Christie
  - Mr. Leslie S. Dole
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  - Mr. Marshall Whisnant
  - Mrs. Paul E. Wilkinson
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  - Mr. James F. Young
  - Mr. Thomas L. Young
- Legal Counsel:  
Mr. Jackson C. Kramer

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- Mr. K. W. Sommerfeld, Chairman
- Mr. Roy C. Armstrong, Vice Chairman
- Mr. Keith Funkhouser, Secretary
- Mr. James F. Young, Treasurer

### EXECUTIVE COMMITTEE

- Mr. K. W. Sommerfeld
- Mr. Roy C. Armstrong
- Mr. W. Keith Funkhouser
- Mr. James F. Young
- Mr. Leslie S. Dole
- Mrs. F. O. Christie
- Rev. Paul E. Brown
- Mr. David O. Bolling
- Mr. J. L. Liverman
- Dr. Earl Eversole
- Mr. Marshall Whisnant



MAGILL

GRAY LADY OFFICERS & COMMITTEE CHAIRMAN 1973	
Chairman	Dorothy Martin
Co-Chairman	Ann Anthony
Secretary	Martha Snyder
Treasurer	Betty Spavick
Co-Treasurer	Dorothy Martin
SURGEON CHAIRMAN—Marjorie Clary	
Co-Chairman	Wanda Gray
Co-Chairman	Anne Ball
EMERGENCY MIL. CH.—Betty Spavick	
Co. Ch.	Anne Ball
INTENSIVE CARE—Alice Turnelle	
TRAINING CHAIRMAN—Irene Carroll	
Paul Ludy Executive Committee:	
Chairman	Judy Benavente
Vice Chairman	Loanne Spry
Corresponding Secretary	Mad Whisnant
Recording Secretary	Caroline Huffman
Treasurer	Jane McAluff
Membership Chairman	Mad Parks
Report Coordinator	Grace Rose

1227806

# A pictorial view of your hospital at work



Era Nail, technician in central services, pauses in her work to give the photographer a big smile.



Part of their job is to see that the carefully planned and prepared meals for patients are served attractively. From left, Irene Martin, Joyce Dye and Thelma Milner do just that, under the supervision of Rosa Perry.



Mary Fair, RN, checks on a newborn baby boy who's being kept cozy and warm the first few hours following birth under the infant warmer donated by our Pink Lady volunteers.



Chef Rubin Brown looks happy at the prospect of preparing braised short ribs during the recent beef shortage.



Peggy Hackworth, LPN on 3-N, asks the patience of a hungry patient, Billy Brown, while she records his temperature with an electric thermometer.



Just what the doctor ordered — a short walk in the hospital corridors.



Barbara Mings, left, unit secretary, Mary Elizabeth Brown, LPN, and Nancy Jenkins, RN, clinical manager, are three



Joyce Potts, right, a recent graduate of the hospital's laboratory technician training program, listens attentively during her student days as Oral White, assistant supervisor of the lab, instructs her in the finer points of taking blood



Medical transcriptionists Joyce Pierce, left, and Jo Anne Lujan take their work in the medical records department seriously.

1227807

# New X-ray equipment

Anyone for a percutaneous transhepatic cholangiogram? How about a lymphangiogram — or a splenoportogram? Or maybe abdominal angiography is what you need. Don't worry, you'll never be called on to make these decisions — but your doctor may one day decide for you that you need one or more of these highly sophisticated tests to aid him in diagnosing some internal disorder.

And, if he does, you'll be taken to the hospital's x-ray department where these newest examinations will be performed in the brand new "angiographic suite" which should be ready for use a few weeks after you read this.

These strange sounding radiological tests are only a few of those offered by your hospital, but they represent the very latest thing in x-ray procedures and techniques — and are a vital part of the hospital's plan for your health care.

Also part of the plan are the services of Dr. James I. Hilton, Jr., a radiologist (x-ray specialist) who joined the medical staff Sept. 1 as the result of the hospital's continuing doctor-recruitment program.

Dr. Hilton's skilled services were sought not only because of the increasing work load borne by Doctor Robert Ball and Dr. Charles Oderr, the radiologists who are already members of the staff, but because he is specially trained in the latest techniques in angiography — a new phase of the x-ray field which has only come about in the past ten years.

To make the new tests possible, the hospital has installed the angiographic suite — including four major pieces of new equipment — at a cost of approximately \$150,000. And plans are underway for even further renovation and new equipment for two additional rooms (one in 1974 and one in 1975) where more commonly known x-ray exams are performed.

(Replacing equipment in the other two rooms, however, is expected to cost far less than the new equipment now being installed.)

Not only are Dr. Hilton and his wife, the former Freita Frizzell, enthusiastic about East Ten-



DR. ROBERT BALL

nessee (they're both natives of Chattanooga) and Oak Ridge. Dr. Hilton is extremely enthusiastic about his new work and the role the x-ray department plays in patient care.

And although his special love is angiography, Dr. Hilton hastens to point out that "this new — and, to me, very exciting — technology is only a small, though very important, part of the x-ray field."

What exactly is angiography? Dr. Hilton explains that "angio" means a vessel (arteries, veins and lymphatics) and that angiography is simply a way of studying what is going on inside the body by taking pictures of the blood vessels into which a contrast material (dye) has been injected.

The films (which are made very rapidly) can then be immediately read and diagnosed by the radiologist and reported to the patient's attending physician.

The radiologist can be for the attending physician then — as in all aspects of x-ray work — an immediate consultant to aid that doctor in diagnosing the patient's problems "at the time the problem arises, whenever that may be," says Dr. Hilton.

It is this direct and intimate sort of involvement with the patient, plus the knowledge that he, as a radiologist, can work closely with other physicians as

part of the diagnostic team that attracted Dr. Hilton to his chosen work.

"I had always thought that a radiologist was always in the background until, while I was in medical school, I was exposed to the work and personality of one of the most eminent and respected men in the field, Dr. David Carroll," he explained.

Dr. Carroll, who is now president of the Radiological Society of North America, is described by Dr. Hilton as "a dynamic, very fascinating, very knowledgeable guy" and it was chiefly his influence that prompted the young doctor to "specialize in his specialty."

But he attributes much of his continuing fascination for his work — as well as the special skills and knowledge he has acquired — to another well known radiologist, Dr. Edward Buonocore, chairman of the department of radiology at the University of Tennessee and Dr. Hilton's instructor during his three year residency here.

In turn, Dr. Hilton is now in the process of training local x-ray technicians in assisting him to perform the intricate surgical procedures involved in using the new angiographic equipment.

Asked about the cost to the patient of the new x-ray exams, Dr. Hilton said that, because they are actually surgical procedures which are time-consuming and performed with complex and expensive equipment, tests involving angiography will cost more than some other less complicated x-rays.

However, he also pointed out that their value as a diagnostic tool is priceless — and one which might very well help to avoid more extensive (and more expensive) surgery for the patient.

And that's what the hospital is really all about — offering the best possible care in the best possible way.

In fact, in describing what is going on in the x-ray department, we're really describing the hospital's overall plan — a plan that includes new and improved services, new equipment, new doctors and new technology — to provide you, the public we serve, with the finest, most up-to-date health care.



Dr. Herschell King examines a patient in the Emergency Department.

# New ED staff plan told

Another new service, another new team of doctors, a new name and more plans for expansion.

These are all part of the plan to provide personalized care for the some 20,000 persons per year who come to Oak Ridge Hospital on an emergency basis.

And it is expected to eventually solve a problem which has long plagued the hospital, the doctors and the public.

In what has been officially renamed "The Emergency Department," the new service is now headed by Dr. Herschell King who, by the time of this publication, will have been joined by Dr. Robert Van Arsdell, a second specialist in emergency medical care, with a third member of the team expected in the very near future.

It was Dr. King who formed "Emergency Associates, Inc.," the group which will eventually staff the department on a 24-hour-per-day, seven-days-per-week basis.

Right now, until he is joined by his associates, Dr. King is working 15 hours per day — the sort of back-breaking schedule that most doctors are all too familiar with — every day of the week. (The remaining hours, are still being covered by other doctors on the medical staff.)

How does the new service work?

To begin with, the role of Emergency Associates is to supplement the "on-call" emergency practice which has always been in effect at the hospital.

"On-call" means that physicians representing the various medical specialties take turns at making themselves available to emergency patients on a standby basis.)

Patients who feel they need emergency care and have a personal physician should simply call their own doctor.

Then, if that doctor feels that the situation calls for immediate attention, he may elect to treat the patient himself, or he may refer the patient to one of the members of Emergency Associates.

However, if the patient's own doctor is for some reason unavailable at the time, the patient can be seen either by the emergency physicians or by the doctor on call.

Those patients who do not have a personal physician will be treated by the emergency care team.

And Dr. King explains that appropriate specialists will be

called in by members of his group whenever the need is indicated.

The emergency physicians will also be able to assist with patients already in the hospital in the event of a medical crisis when a doctor is needed immediately.

As for the cost, there will be very little difference except that Dr. King and his associates — like any doctors in private practice — will bill the patients they treat for their services.

Their fees will vary (as do any doctor's), based on the extent of the injury or illness, but Dr. King gives \$13 as his minimum charge — an amount he admits he deliberately set higher than the basic charge of other local doctors in order to discourage unwarranted overuse of the emergency facilities.

And he says he'll "make the same collection effort on all patients" — indigent or not — because only by collecting can he stay in business.

Because the already heavy emergency patient load is expected to increase now that round-the-clock staffing of the department is on the way, the hospital — as part of its overall plan for expansion — intends to enlarge the emergency quarters to include additional examining

rooms as well as office space for the doctors who work there.

The need for more space is a problem existing in several areas of the hospital, but one that is not insurmountable. Others are not so simple.

The big problem in emergency care has centered around the fact that Oak Ridge doctors simply cannot handle the increasing number of patients who seek emergency treatment and, at the same time, care for their private patients.

In the case of surgeons, the problem becomes even more acute when they are forced to interrupt their surgery schedules to answer a call to the emergency department.

And, for all the doctors, perhaps the most frustrating part of the problem — and one that is certainly expected to remain — is the fact that only about 15 of the some 60 persons seen daily in the emergency rooms actually need emergency care.

The rest have been — and probably will continue to be — suffering from a variety of minor ailments and injuries which could be treated in a doctor's office.

But the trouble is, many of those patients do not have a

(Continued on Page 11)



The arteriogram Dr. Jim Hilton has just completed is just one of the many types of diagnostic x-ray procedures performed by the new radiologists.



A patient seeking emergency treatment is questioned by Dr. Roger Van Arsdell, a member of the newly formed Emergency Associates, Inc., which staffs the department on a round-the-clock basis.

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# Management team reports on hospital happenings, plans

By K. W. SOMMERFELD

The primary objective of any hospital is to provide quality patient care.

To do this in a successful manner, hospitals use a team approach — and, essentially the key element involved in this approach includes modern facilities, dedicated hospital personnel and employees, an active administration and board of trustees and a highly qualified, adequate complement of physicians.

All of these elements must then effectively work together in a cooperative manner if any hospital is to truly achieve a high quality of patient care. The extent to which any of these elements can disrupt — or even terminate — the successful operation of a hospital was

recently illustrated in Jellico, Tenn., where a new, modern facility was available and administration was present, employees were on the payroll, but no physicians were available to admit patients or prescribe the proper treatment.

The availability of doctors is a constant source of discussion in the Oak Ridge community — and comes home to most of us when we attempt to get an appointment with a local physician, for possibly a routine matter or when we need emergency room service or treatment.

The Oak Ridge Hospital has underway an extremely active recruitment program directed at providing the necessary specialties (in appropriate numbers) to totally serve the

patients who utilize our hospital. Experience, however, has shown such a recruitment program does not always bear immediate fruit — and often a single recruitment effort stretches over two or three years before a new doctor officially appears on the scene.

The competition for physicians is very keen, and their decision to locate in Oak Ridge is affected by many factors. The community itself — its attitudes and appearance — have significant impact on the final decision of the doctor to locate here.

Presently, the Oak Ridge Hospital has 98 doctors on its staff. Of these, 51 are members of the active staff, with the remaining 47 making up the courtesy and consulting staffs,

and representing 17 different specialties.

A primary objective of our hospital is to continue to recruit, acquire and maintain the highest possible caliber of physicians to serve our community. And, in the past few months, we have seen some very encouraging results of our recruitment program.

In the past six months, seven new physicians have been added to our active staff — and two more are seriously contemplating locating in Oak Ridge to begin their practice. Included in the recruitment plan were doctors dedicated to emergency room service. This new service, which officially opened September 1, is planned to provide 24-hour-per-day, seven-day-a-week coverage of the emergency room.

And these recruitment efforts, although extremely successful at this point, must not be relaxed if we are to continue to maintain an adequate medical staff. Our doctors themselves play a key role in these efforts, since they represent the most accurate picture of our medical needs as seen by a visiting physician. Also, a tremendous amount of time is spent by the members and wives of the hospital administration in an all-out effort to encourage new doctors to locate in Oak Ridge.

I would like to emphasize, however, that recruiting new doctors is not strictly a "sales pitch."

Physicians who ultimately decide to locate here and apply for the privilege to practice in Oak Ridge Hospital must have their qualifications — licenses and other pertinent data — totally reviewed and approved by the members of our medical board, hospital administration and board of trustees.

And this critical review and approval system is intentionally designed to assure the community that the quality of medical services available are the highest possible.

All those associated with your hospital have pledged themselves to continued efforts in doctor recruitment and we firmly believe that the recent success we have enjoyed in this area can be maintained and furthered, with the result that Oak Ridge Hospital will be in an even better position to offer quality patient care through a full complement of highly qualified physicians.

Failure to achieve this goal will have a significant effect on any individual who might need the services of the hospital.

As chairman of your board of trustees, this past year has been a rewarding one — not only because of the present achievements and plans for the future which we feel will better serve community health care, but because once again I have



KENNETH SOMMERFELD, Board Chairman

had the opportunity of working with a fine, dedicated group of people.

For their tremendous help and cooperation, my sincere thanks to the other members of the board, the hospital administrators, the medical staff, our volunteers who contribute so much to patient well being, and to those very important members of the hospital team, the more than 500 people who, as hospital personnel, offer their skills in carrying out our plan for the best possible health care for the patients we serve.

## President pledges best efforts

By MARSHALL WHISNANT

Comments or letters from patients saying, "I'll never come to Oak Ridge Hospital again," come to us on extremely rare occasions.

Information like this is at once discouraging and challenging. We regret that anything at all may have displeased a patient. We know we cannot please everybody, but this is no justification not to strive to please everybody. We recognize that as the only general hospital serving this immediate area, we have an extra obligation.

Like our other objectives, we will never completely please everybody at all times, but never let it be said we weren't trying to please.

There are times when things beyond our control prohibit us from pleasing everyone — failure of suppliers, equipment, illness of personnel, and other complications do on rare occasions inconvenience a patient.

Since we are in the people business and frequently both patients and personnel are under physical and mental stress, we attempt at all times to select personnel who can best deal with these stressful situations.

In addition to this careful selection process, we support hospital personnel and thereby our patients, through training programs, superior department managers, and attempt to instill in all personnel a sense of pride in Oak Ridge Hospital.

We believe that most of the

times we are successful in this but, since we, like our patients, are human too, we do goof from time to time. When we do this, when we goof, we are sorry and we do our level best to not make that mistake again.

Dissatisfied patients take small comfort in knowing that by all the statistical comparisons, the Oak Ridge Hospital ranks favorably with any other hospitals about which we know. Because an individual patient judges us only on his experience with us and not with the experience of the other 10,000 patients who are admitted to the hospital or the other 20,000 patients who come through our emergency facilities, he can only judge us on his personal experience.

The fact that all of the rest of the people may have been treated perfectly and perhaps treated better than they could have been anywhere else will be of small comfort to the one patient who is dissatisfied with Oak Ridge Hospital or its services.

We have to use the statistics to help us identify problem areas, but we also know that the individual patient is little interested in statistics. He is only interested in his own care, as he very well should be. So, we are truly sorry when a patient is inconvenienced or is not pleased with our service in any way, and we agree that if our service is unacceptable to them, it is most certainly unacceptable to us who work here at the hospital.

We feed back both positive and negative comments which we receive to all those personnel involved in order that we may all be aware of how patients see us. We only hope that those patients who are displeased with us and our service will give us another chance. Given that chance, we will try to do our very best to provide the finest service which will be not only acceptable but pleasing to our patients. We are proud of our service and we are proud of our record and we want to continue to serve those who seek our care.

There are times when a patient is displeased about one of our policies. The policy may need explaining to that patient or it may be the best policy for the most people for the longest period of time. Other times the policy may need to be reviewed and improved. We are always ready to do that.

We appreciate all of the comments which we receive. The compliments are far more frequent than the occasional complaint but each is appreciated and has our attention.

Again this year we are soliciting comments on the back page of this report. Additionally, we provide a comment slip in our patient handbooks. Armed with this type information from patients we can try to correct the bad and reinforce the good at Oak Ridge Hospital.

## Chief of Staff reviews year

By DR. EARL EVERSOLE

At the beginning of the last fiscal year, it was apparent to both the medical staff and to the board of trustees that high priorities should be given to two areas of great concern.

First, it was obvious to all that the physical structure of the Oak Ridge Hospital was no longer adequate to meet the needs for which it was designed. Severe space deficiencies existed in the emergency room, X-ray department, the intensive care unit and the operating and recovery rooms, as well as in other areas of the hospital.

To proceed to correct these deficiencies in an orderly manner, an independent consulting firm was employed to assist in the development of a long range plan for the expansion of the hospital.

The survey was completed, recommendations made, and a good, basic plan developed. As a next step, financial feasibility studies are now underway and priorities will be set on these much-needed alterations.

The second area of concern was the staffing of the emergency room by fulltime physicians.

A committee consisting of Dr. John Crews, Dr. David Stanley, Ralph Lillard, hospital vice president, and John McGinnis, hospital controller, was appointed to study this problem. This group met regularly, interviewed many people and carefully studied several alternatives.

Recently, they reached a successful conclusion to their efforts by coming to an

agreement with a group of doctors that will staff the emergency room on a fulltime basis. The first member of the group, Dr. Herschell King, began the new service September 1.

Surveys by the Joint Commission of Accreditation of Hospitals are usually exciting — and this year was no exception.

We were critically surveyed by this highly qualified team in 1971, did a "self assessment" in 1972, and were surveyed again in 1972. We received our accreditation and the surveyors were very complimentary of our operation.

Several new physicians have been welcomed to our staff recently. They are: Dr. Victor McLaughlin, internist; Dr. Larry Dry, surgeon; Dr. Sam Massey, ear, nose and throat specialist; Dr. Richard Brantley, urologist; and, the most recent addition to our staff, Dr. James Hilton, the radiologist who joined us September 1.

We continue to try — and hope the community will join us in our efforts — to recruit physicians in the obstetrics-gynecology and family practice fields.

On June 30th of this year, I completed my two-year term as chief of staff. I am succeeded by Dr. Dan Thomas who will be ably assisted by Dr. Charles Gurney as vice chief of staff.

With their strong leadership and the support of the community, we can look forward to a continuing program of high quality patient care in your hospital.

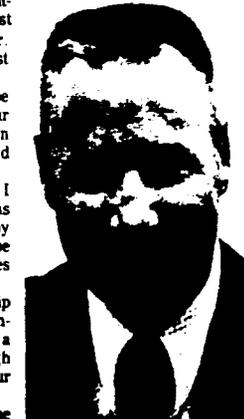
I appreciate very much the support and assistance of our excellent medical staff over the

past two years. The many hours they have spent in conscientious staff work certainly should be acknowledged and commended.

It has also been a pleasure for me to work with Marshall Whisnant, Ralph Lillard, Kenneth Sommerfeld and other members of the board of trustees.

Our board of trustees is an extremely knowledgeable, hardworking group of fine citizens that contributes a great amount of time and energy each year to improving our health care facility.

And finally, on behalf of the entire medical staff, our thanks to the staff of the Oak Ridge Hospital for their continued interest, dedication and compassion in the care of the patients we serve.



DR. EARL EVERSOLE



MARSHALL WHISNANT, President



RALPH LILLARD, Senior Vice President



ELIZABETH CANTWELL, Vice President

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## A highly qualified staff to care for you

### MEDICAL STAFF

(As of September 1973)

### VISITING STAFF

#### General Practice

John P. Crews  
Richard Dew  
Frank Genella  
James Gillespie  
Charles Gurney  
Joseph S. Lyon  
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 A. Hicks  
Lewis F. Preston  
Daniel M. Thomas

#### Surgery:

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

#### Obstetrics & Gynecology

Robert E. DePersio  
William W. Pugh

#### Gynecology:

C. Julian Ragan

#### Ophthalmology:

Dexter Davis  
Raymond A. Johnson  
E. Elliot Koebnick

#### Otorhinolaryngology:

Samuel O. Massey

#### Dermatology:

Donald L. Harman

#### Orthopedics

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

#### Urology:

Richard G. Brantley  
Avery P. King

#### Psychiatry:

Hyman Rossman  
Gary Walters  
Joan B. Woods

#### Psychiatry & Neurology

Samuel J. Pieper

#### Oral Surgery

Bill B. Blevins  
Anesthesiology:

Lowry L. Sheely  
Margery Swint

#### Radiology:

Robert P. Ball  
James Hilton  
Charles Oderr

#### Pathology

Alex G. Carabia  
Armando F. deVega

#### Emergency Department

Herschell K. King  
Roger Van Arsdale

#### 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 Forney (K-25)  
Reuben Holland (X-10)  
T. A. Lincoln (X-10)  
Lynn F. Lockett (K-25)

#### General Practice:

Acher W. Bishop, Clinton  
Henry Hadden, Clinton  
Samuel G. McNeely, Norris  
John J. Smith, Clinton  
Nar Sugarmam, Kingston  
Charles R. Sullivan, Oak Ridge  
Robert E. Wilson, Kingston

#### Limited to Psychiatry:

Gino Zanelli, Oak Ridge

#### CONSULTING STAFF

**Obstetrics & Gynecology:**  
Albert W. Diddle, Knoxville  
Kenneth A. O'Connor, Knoxville

#### Pathology:

Ralph M. Kniseley, Oak Ridge  
Bill M. Nelson, Oak Ridge

#### Plastic & Reconstructive Surgery

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

#### Public Health:

Parley M. Dings, Clinton

#### Neurological Surgery

Joe Bealis, Knoxville  
Frederick Killeffer, Knoxville  
John Purvis, Knoxville  
M. Frank Turney, Knoxville

#### Thoracic Surgery

Jacob T. Bradsher, Knoxville  
Robert W. Newman, Knoxville  
William K. Rogers, Knoxville  
William K. Swann, Knoxville  
David H. Waterman, Knoxville

#### Internal Medicine

Gould A. Andrews, Oak Ridge  
Leon Bogartz, Knoxville  
C. Lowell Edwards, Oak Ridge  
Francis Goswitz, Oak Ridge  
Helen Vadapack Goswitz,  
Oak Ridge

#### Pediatrics

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

# Nursing teams scheduled for patient care

Running a hospital successfully means providing the right kind of care by the right people at the right time in the right atmosphere.

Sounds simple enough, doesn't it?

And it would be, except for one thing: patients are people — and people have individual needs.

So, because those needs may arise suddenly — and change from hour to hour, scheduling nursing care for our patients is, in some ways, a guessing game.

The only thing that is certain is that all patients need the best possible care.

The uncertainties of the game are the daily number of patients that need that care and — the factor that simply cannot be determined in advance — the condition of each patient from day to day.

For example, a patient who has undergone surgery obviously needs more direct nursing care for a longer period of time than the one who is admitted to the hospital for tests.

And complications and emergency situations can arise in either case, requiring even

more constant nursing attention. Then if, in the meantime, a number of new patients are admitted, in varying stages of illness, the staffing picture changes even more.

So the constant question is, how many nurses and nursing technicians (aides and orderlies) are needed for each shift in order to provide the best possible care for "x" number of patients in "x" condition, 24-hours-per-day, seven-days-per-week?

That's what hospitals mean when they talk about scheduling — and that's what makes scheduling an intricate, complicated business.

The number one purpose in planning the working hours of all hospital personnel (a total of 525) is, of course, to provide coverage of the hospital with properly qualified personnel with a variety of skills in adequate numbers so that every patient receives the best care.

The second objective is to meet the needs of the people who give that care (as best we can), but that is very definitely second and patients needs are always very definitely first.



HAZEL CHASE

Just how do you schedule the working hours of the nearly 300 hospital employees involved in direct nursing care so that these needs are met?

"With great difficulty," according to Hazel Chase and Marsha Lane, the two members of the nursing office staff who have been doing this "jugg-

ling act" for the past 18 months.

Prior to that time, scheduling was done by the clinical managers (head nurses) of each unit. However, because it is such a time-consuming job, and because the hospital feels these nurses should be free to care for patients, not paper work, it was decided to centralize the work.

Each clinical manager still, however, determines the nursing needs for her floor.

These needs are based on the "standard" she sets as a patient-nurse ratio — and that means the number of nursing hours she feels are needed that day per patient, plus the proper "mix" of personnel.

Then, based on these projected needs, Mrs. Chase and Mrs. Lane set up a master staffing pattern.

But before they ever set up their master plan, each nurse and nursing technician was interviewed to determine his or her special needs and preferences regarding working hours.

A file card noting this information is then updated approximately once each year

when the interviews are repeated.

Then, working with all the information at hand, a daily schedule is planned.

The new system of scheduling was first done monthly, but for the past eight months an attempt has been made to set it up on a three-months-in-advance basis.

The main purpose in planning three months ahead is to try and give nursing personnel as much notice and information about scheduling as possible.

As it is now, a notice listing the planned working hours of each employee is posted in each department one month prior to the time that particular schedule goes into effect.

In this way the scheduling staff and department managers hope that nursing personnel can plan time off and possibly anticipate any problem that might interfere with their work days.

But emergencies, of course, cannot be anticipated — so whether or not the new long range scheduling is the best plan remains to be seen, according to Betty Cantwell, hospital vice president and director of patient care services.

However the scheduling is done, it must remain very flexible and always subject to change — particularly in the event of emergency situations (in the hospital) which all nursing personnel are expected to meet.

And because the hospital has been filled to capacity or near capacity for the past three months, the nursing floors are experiencing increasing staffing and scheduling difficulties in securing new personnel, particularly RNs.

(Although it is important to have the proper "mix" of personnel on duty on each shift, it is the registered nurse who bears the full nursing responsibility for the patients and at least one RN is required in each unit at all times.)

So we'll keep trying to anticipate your needs and, on behalf of our nursing staff, pledge ourselves to continue to offer you adequate, personalized, concerned care of the highest quality.

After all, that's why we're here.

It's part of our plan for your health care.

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.



Miss Elizabeth Cantwell, hospital vice president and director of patient care services, confers with Mrs. Virginia Smith, a nursing supervisor.

### ADMINISTRATIVE STAFF

As of September 1972

President Marshall Whisnant	Admissions Officer Dorothy Margrove
Sr. Vice President Ralph Lillard	Physical Therapist G. Donald Russell
Vice President Elizabeth Cantwell	Manager, Westmall Zeta Shipley
Administrative Secretary Helen Russell	Purchasing Agent R. E. Simpson
Chief Pharmacist Hyman Africk	Controller E. D. Van Hoozer
Medical Record Librarian Silvia Aliberti	Personnel Director Shirley Walker
Liaison Nurse Katherine Beasley	Director of Volunteers Jeanie Wilcox
Director, Department of Radiology Robert P. Ball, M.D.	Nursing Office Supervisors Irene Candler Shella Belitz June Ellis Pauline Hahn Miriam Mallou Virginia Smith Joan Creasio
Director, Department of Pathology Alex G. Carabia, M.D.	Chief X-Ray Technician Dilbert Coker
Chief X-Ray Technician Doris Croley	Executive Housekeeper Nelle Harris
Education Director Nelle Harris	Food Service Manager Kenneth Hatchett
Chief Dietitian Anita Alphin	Superintendent, Building & Grounds Edwin R. Inman
Office Manager Charles Laffner	Office Manager Charles Laffner
	Chief Dietitian Anita Alphin
	Superintendent, Building & Grounds Edwin R. Inman
	Office Manager Charles Laffner