

Annual REPORT

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SUPPLEMENT TO CLINTON COURIER NEWS, SEPTEMBER 21, 1972



These people represent the hospital team necessary to provide the quality care for a typical patient at Oak Ridge Hospital. Health care teamwork is the combined effort of many people — each of whom perform a very special hospital function, all vitally important to patient care.

All Photographs by James Taylor, Editor

Community Needed For Hospital Health Care Team

A hospital — your hospital — exists to protect, cure and, hopefully, prevent or eliminate health problems.

And it follows that the greatest measure of any hospital's success is in the quality of patient care — a concerned care that recognizes the individual needs of patients.

Earth-shaking news? Hardly. But what may be news to a lot of people — both those who have had personal contact with the hospital and the ones who view it as merely a brick building — is the complex teamwork necessary to provide that quality care.

And what may be even less well known is that the community served by the hospital is — or should be — also very much a part of that health care team.

Sharing that news, letting the public know how and why the hospital operates as it does, is the reason behind this publication, our "annual report" with the community.

"Teamwork: joint action by a group of people; co-ordinated effort; work done by or with a team."

That's Webster's definition of the word.

And health care teamwork is all that and more. It's a unique

blend of a "joint effort" coupled with the "plus" of compassion, care and specialized knowledge.

Your hospital team is a group of people dedicated to providing the best possible health care — people who have something in common, an extra measure of concern for others.

That's the "plus" that shows in the warmth, the smiles, the pride in the hospital itself exhibited by the people who work here, the people who are the one indispensable ingredient of the complex organization known as a hospital.

The old theatrical truism which says "there are no small

parts, only small actors" couldn't be truer than when applied to the many jobs performed by the many people who work in your hospital.

Although the doctors and nurses do indeed play a starring role in the care and recovery of patients, there are also those lesser known, but very important, roles in medical drama that deserve your applause.

You may not see them all, but they are there, on the job, each making vital contributions to quality patient care.

"They" are the maids from the housekeeping department that provide that neat atmosphere so necessary to your health and well being;

They're the maintenance men who keep your hospital alive.

The dietitian, the salad makers, bakers, the cooks and "cleaner-uppers" who see to it that your meals are served and prepare the way for the next meal.

The skilled x-ray and lab technicians who carefully follow your doctor's orders to assure a skilled diagnosis of your particular problem.

"They" include the physical therapists who are professionally trained to aid in your complete recovery.

They're the members of the medical records department who painstakingly record all the vital information pertaining to your individual medical treatment and diagnosis.

The men and women who run

the "behind-the-scenes" show in the hospital's busy business office.

The pharmacists whose exacting skill is responsible for filling the prescriptions your doctors order.

The switchboard operator who puts through the telephone calls that contact you with the "outside" world and serve as an information center for the inquiring public;

They are the hospital volunteers who try in every way to make each patient's stay more pleasant;

And, vitally important, "they" are the hospital managers who coordinate the whole show, along with the valuable time and guidance of your hospital board of trustees.

This team, plus modern technology and the continuing diversified medical skill and practical know-how of our doctors, is constantly striving to put you in the picture of health.

But, even so, the hospital cannot exist in a vacuum.

Its programs, its plans, its progress are all part of the community.

And everything that happens in the community affects us — just as everything we do affects the community.

The hospital needs you — your suggestions, your criticisms, your understanding.

And you need your hospital — it's the most indispensable building in your community.

In these pages, we intend to show you — the people we serve and who, in turn, serve us — the meaning of real teamwork.

We hope that you'll discover that an honest-to-goodness team is the joint effort of real people — working FOR real people — for the betterment of the whole community.

And, equally important, we hope you'll realize that you are a vital part of a vital effort — health care.

What will you get for your efforts? Well...

Hospital Costs — Community Concern

"Folks, I've got some bad news and some good news —"

That's the beginning line of a whole new crop of jokes currently making the rounds.

It's also a line that could certainly be applied to hospital costs when that subject comes up for discussion — as it almost inevitably does in any group these days.

The "bad news" is that health care costs are not only at an all-time high, they're continuing to rise — with no relief in sight.

(And the fact that a goodly portion of that sky-rocketing cost goes to pay for the care of the medically indigent and other non-paying patients doesn't ease the pain.)

The "good news" is that more people are getting more and better health care — and, as a

consequence, living longer lives in better health than ever before.

Even though the cost is admittedly considerable, the public now spends less time in the hospital per illness, receives the benefit of more highly sophisticated medical knowledge and equipment, completely escapes the formerly death-dealing blows of dozens of diseases and injuries (thanks to continuing, but expensive, medical research) — and goes home with considerably more knowledge about himself and his health.

In fact, dollar for dollar, you couldn't possibly get better value for your money — to save your life.

The point is, what kind of price tag does the public want to hang on health?

Should there be a ceiling on the worth of your life — or on your recovery and ability to lead a normal, useful life?

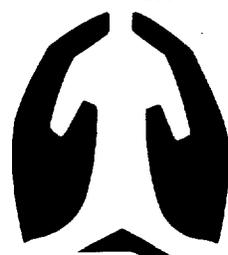
And should the hospital continue to meet the demands set by our affluent society — a society that is educated from childhood to expect only the best as its due?

Or should the hospital determine — by the patient's ability to pay — the amount and extent of treatment given?

The answers to these questions are, of course, self-evident.

But knowing the obvious answers to questions doesn't always mean solving the problem.

The solution is apparently up to the hospital AND the public — as a team.



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REPOSITORY oak RIDGE OPS
RECORDS HOLD. BY AREA

COLLECTION DEC. 1944-54

Management Team Reports On Hospital Happenings, Plans



KENNETH SOMMERFELD

Chairman Tells Hospital Needs

As a citizen-member of your Oak Ridge Hospital team, I have become more and more aware of the imperative need for the understanding and support of the general public about the field of health care.

Hospitals, generally, are taken for granted — and even thought of by some as sterile, impersonal institutions only interested in making money.

While I don't know about the inner workings of other hospitals, I do know about Oak Ridge Hospital and the team effort, skill, planning and personal concern necessary to provide the quality patient care it offers.

And with this knowledge has come the realization that there are misconceptions and misunderstandings about the hospital's operation on the part of the public.

One of the major misconceptions arises from the fact that the public doesn't understand — and seems reluctant to learn — some of the reasons behind the high cost of health care.

It is my sincere hope — and that of the entire board of trustees — that the public will carefully read this Annual Report and, from it, gain more understanding of hospital goals and the problems encountered in achieving them — particularly those connected with costs.

But, most important, the

board would like the public to know that every effort is being made to continue to offer the best possible patient care — and at the same time, contain costs.

One such effort, just beginning, involves the development of a total, long-range plan — a new and extensive review and updating of the needs of the hospital as they relate to serving our patient area.

This need survey, which should be completed by the end of 1972, means studying hospital facilities, equipment, potential for expansion, advanced technology and an almost endless list of things which affect patient care and hospital services and costs.

Your board of trustees and hospital management team is also actively seeking a solution to a pertinent problem facing the hospital today — the need to staff the emergency room with licensed physicians on a round-the-clock basis, a costly but very important and high priority project.

In other words, your hospital administrators are continuing to carry on a tradition of health care concern, supported by a team of caring, dedicated employees.

In understanding hospital problems, the public should also be aware that managing a hospital is a big job — especially today.

It is a diverse responsibility which takes in the entire community and its needs, not only in regard to health care and medical services available, but also in regard to local living conditions, levels of family income and health hazards in the community.

Your appreciation of the economic problems the hospital must conquer in delivering quality care — the kind you demand — and of the freedom the hospital must have to further health care can be a major factor in influencing labor, business and political leaders to think accurately and constructively about hospitals.

Community involvement is a symbol of faith in the future.

Care enough about your community and your hospital. Care enough about being a member of our health care team to get the facts — and to express your interest and concern.

It's for your own good.



Achieving quality patient care through teamwork is the chief topic for discussion when Betty Cantwell, hospital vice-president, Ralph Lillard, second from left, senior vice-president, John McGinnis, vice president, and Marshall Whisnant, president of the hospital, meet for their weekly management planning conference.

President Cites Hospital Team

By MARSHALL WHISNANT

Hospitals are amazingly complex organizations and can only succeed with TEAMWORK. Teamwork was not only our hope in the past but it is our plan for the future.

Let's take a quick look at some of our team members.

MEDICAL STAFF — Dr. Earl Eversole, Chief of Staff, has given excellent leadership and direction to the staff this year. He has devoted considerable time to hospital and medical staff affairs.

The entire medical staff has cooperated in doctor recruitment and the continued inflow of doctors is welcomed. The staff has conscientiously discharged its responsibility in evaluating patient care through its quality control committees.

The medical staff shares the common goal of quality patient care with the hospital.

PERSONNEL — Relationships with employees during the past year have generally been good. Few grievances have been filed and all were settled short of arbitration. Inevitably we will have grievances with more than 300 people working together and we are pleased that our grievance system seems to work so well. The hospital's wage, salary, and benefit package is good and we believe it to be equal to or better than any other hospital in the area, which is one of our objectives. The hospital is an equal opportunity employer and works hard at trying to provide employees with the opportunity for promotion.

PUBLIC — Relations with the public this year have been good to excellent. Most patients who have commented on their care have been complimentary and those who had a complaint or problem have been listened to and whenever possible, changes were made toward improvement. We minimize the overwhelming importance of the public and attempt in every way to be responsive.

VOLUNTEERS — The Gray Ladies, Pink Ladies, and Candy Strippers are vital team members in the hospital. These folks bring an added dimension to the hospital which is not possible in any other way. In a measure, they can and sometimes do serve as the silent ombudsmen between the community and the hospital. Their contribution is considerable, unique, and irreplaceable.

UNITED METHODIST CHURCH RELATIONSHIPS — Relations with the local Methodist, The Holston Annual Conference as well as its Board of Health and Welfare Ministries has been good this year.

FINANCE — This year's financial results were favorable

but not as good as hoped. Uncollectible accounts continue to increase alarmingly. Phase I and II have provided problems much more acute for us than for the general public. Our tandem relationship with the government through Wage-Price Controls and Medicare-Medicaid accounting demands are difficult at best.

As the Internal Revenue Service increases its involvement in wage-price matters, we will face additional confusion in conflicting regulations as well as new, untried attempts to solve a problem that is difficult at best.

Our new Vice President in the financial area, John McGinnis, should help us in dealing with the accounting and financial complexities. John is an accountant by training, became a CPA in Alabama, did public accounting audits of hospitals as well as general business, established and operated a Medicare-Medicaid auditing department for a Georgia Blue Cross Plan. These qualities and skills — with others — uniquely fit John for his position and both we and the community are fortunate to have him.

The auditors report is shown on the centerfold of this report. You will note that we have a corporate gain of \$100,610.

Even though we are a "not for

profit" organization, we must have some gain to provide for the future. Further improvements in our technology, equipment, personnel, and buildings are dependent on our having some excess of income over expense. Phase II guidelines are so stringent as to preclude an increase in our "surplus." There is significant addition to the audit report this year — namely, the inclusion of the "Statement of Changes in Financial Position." This is a new report to us and, we think, adds completeness to the financial centerfold of this paper.

TRUSTEES — The Board of Trustees and the Executive Committee contribute skills and time to the hospital for the sole purpose of making it a better place for patients, personnel, medical staff, and volunteers. Theirs is a thankless role and too often unnoticed. These dedicated men and women come from a wide range of backgrounds and interests but all focus on the common good when considering Board matters.

MANAGEMENT GROUP — Our top management group, including Ralph Lillard, Senior Vice President, and Vice President Elizabeth Cantwell and John McGinnis, have had an extremely active year. Our teamwork approach to management involves all hospital personnel. We spelled out the hospital philosophy and objectives and asked all employees to make suggestions that would make their department or the hospital better. From all over the hospital came scores of high quality suggestions and ideas about what we should become. We attempted to build these into our goals for this year. Thus, we think that progress by design (planning) is the best way to approach the health care needs of our community and that TEAMWORK is the best method to see that all these needs are met on both an efficient and timely basis. In addition to our own planning on a relatively short range basis, we retained a professional consulting firm to develop a long-range plan.

These are at least some of our key team members. We deeply appreciate all of them. We look forward to more teamwork — our hope for the future.

surrounding areas that we serve.

Chief Of Staff Reviews Past Fiscal Year

By DR. EVERSOLE

Several significant events and changes have occurred during the past year, all of which are indicators of progress and more effective operation of our medical staff organization.

New bylaws, rules and regulations were adopted in October following a complete revision by a committee headed by the previous Chief of Staff, Dr. T. Guy Fortney. These bylaws, of course, spell out the organizational and committee structure of the staff. Anyone not directly connected with the hospital or medical staff perhaps would not appreciate the many hours spent in staff and committee work each year. Basically, the function of these committees is to provide a perpetual review of the level of

medical care rendered in our Oak Ridge Hospital with the aim of continually improving in care and services provided. This medical staff has always performed its staff obligations in an exemplary manner and this past year was no exception.

Several of the committees have common interests with other areas of the hospital and have representatives from those departments as well as physician members. This type of teamwork has resulted in a much better working relationship and understanding in solving problems that arise.

As a result of action taken by the Holston Conference in 1971, the Chief of Staff is now a voting member of the governing board of the hospital and a member of the Executive Committee. This

has given the medical staff and governing board a much more effective line of communication than existed previously, and has replaced the old Joint Conference Committee.

The major event of the year was the visitation by the team from the Joint Commission on Accreditation of Hospitals. As we anticipated, they carried out very knowledgeable and thorough evaluation of the hospital, West Mall and the Regional Mental Health Center. We were very gratified when we received their approval with a minimum of recommendations. During the coming year we will carry out a self-examination of the same type to determine that we are complying with all the requirements and recom-

mendations of the Joint Commission.

The number of patients we serve each year continues to increase. Of great concern to us is the emergency room service which has been increasing at the rate of about 10 percent a year. Medical coverage for the emergency room is provided on a rotating basis twenty-four hours a day by the active staff members in addition to their regular practices.

The work load has now increased to the point that an emergency room staff of full time physicians must be a goal. This is under intensive study by the hospital's executive committee and sources of financing such a project are being sought. It is hoped that this program can be implemented at an early date as it will be of great assistance to the people of Oak Ridge and the

surrounding areas that we serve.

Three new physicians joined our staff during the past year. Dr. Geron Brown, orthopedist; Dr. William Hicks, pediatrician, and Dr. David Seay, family practitioner. These are fine, well-trained physicians and are excellent additions to our staff.

Physician recruitment remains a high priority activity and we are particularly anxious to obtain physicians in the fields of family practice, obstetrics and gynecology, and otolaryngology.

I would like to complete my report by expressing my appreciation to all the members of the medical staff for their work and support during the year and to all departments of the hospital for their assistance, cooperation and dedication.

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Citizen Board Governs Hospital For Community Good

KENNETH W. SOMMERFELD

The current chairman of the hospital board of trustees was born in Alpena, Mich., and was graduated from Valparaiso University in 1954 with a B. S. degree in mechanical engineering. While on a tour of duty as a pilot in the U. S. Navy, Ken met and married Roberta Buntin of Dallas, Tex., and two years later, in 1958, accepted a position with Carbide's Y-12 Plant. He is now assistant plant superintendent of the Oak Ridge Gaseous Diffusion Plant. Active in community affairs from the time he came to Oak Ridge, Ken has devoted a great deal of personal time to such organizations as the Oak Ridge Boys' Club, where he now serves on the board of directors, Linden Elementary School, the local Rotary Club and the Covenant Presbyterian Church. He is also current chairman of the city's personnel advisory board. He was first elected to the hospital board in 1969 and recently was re-elected for an additional three-year term. The Sommerfeld family, which includes two children, Scott and Sherry, lives at 121 Wendover Cr.



KENNETH SOMMERFELD

RAY C. ARMSTRONG

An Oak Ridger since 1944, Ray Armstrong moved to the city in its early days, via the Army. Born in Belmont, Vt., and a graduate of Florida's University of Miami (with a B.S. degree in physics), he joined the Army Corps of Engineers in 1938, worked in Mississippi, then entered the Army in 1943 — assigned to the Manhattan District Corps of Engineers at the University of Rochester. Late in 1944, Ray and his wife, Ann, were sent to Oak Ridge and, in 1946, when Capt. Armstrong received his Army discharge, he decided to continue his work in the research division in a civilian capacity. He remained with the agency when it became the Atomic Energy Commission and was later appointed director of its production division. He was then promoted to the position of assistant manager for operations and, in May of 1971, was appointed deputy manager of the Oak Ridge AEC operations. Ray was first elected to the hospital board in 1969, then re-elected for a second three-year term on the panel of 1975. He has also served on the board of the Boys' Club and in the Anderson County United Fund. Gardening, says this busy man, is his only real hobby. The Armstrongs have three children, Mrs. Thomas (Diane) Moore of Atlanta, and two sons, Ralph, also of Atlanta, and Ray, Jr., who lives in Memphis.



HELEN CHRISTIE

HELEN CHRISTIE

Another board member who is a native East Tennessean is Helen Christie. Born in Maryville, in 1954 she moved to Oak Ridge where she has remained actively involved in the community. As a member of the Kern Memorial Methodist Church, she has served as president of the Women's Society of Christian Service and now is chairman of the work area on worship, as well as a teacher in the adult church school. Her work in the Scarborough Day Care Center includes service as a volunteer aide and president of the board for two years, and at Oak Ridge High School, she is a member of the P-TA executive committee. As a personal project, Helen and her husband, F. O. Christie, developed and work in "Hope Fellowship," a rehabilitation program for convicts. Mrs. Christie was elected to the hospital board in 1970 for one year, filling the term of a member who resigned, then re-elected to the panel of 1974. Parents of three sons, Robert, Keith and Steven, the Christies' home is at 100 Caldwell Dr.



JAMES F. YOUNG

JAMES F. YOUNG

A native of Maryville, Jim Young was elected to the hospital board in 1971 for a three-year term. A graduate of Maryville High School and the School of Banking of the South at LSU, he began his banking career in 1948 with the Bank of Maryville and remained there until 1962 when he joined the Hamilton Bank of Knoxville. In 1970, he began his present association with the Hamilton First National Bank in Oak Ridge. Young has served on the boards of the Oak Ridge Boys' Club and Chamber of Commerce and as president of the Downtown Business Council. He is an active Rotary member and is currently chairman of the Anderson County United Fund. Jim and his wife, the former Betty Dawson, are parents of a married son, Richard, a junior at UT, who lives in Maryville.



RAY ARMSTRONG



DR. EARL EVERSOLE

DR. EARL EVERSOLE, JR.

The public could have no finer representative of its medical interests than Dr. Earl Eversole, both as hospital chief of staff and as a member of the board's executive committee. Since beginning medical practice in Oak Ridge 13 years ago, his busy life as a surgeon has included hundreds of hours of personal service on a number of varied medical committees, an intense interest and involvement in the Regional Mental Health Center — where he is currently a member of the board — and active membership in the Rotary Club. Born in London, Ky., he moved to Oak Ridge as a teenager and graduated from ORHS in 1945. Following completion of his undergraduate work at UT, he enrolled in the university's medical school in Memphis and received his M.D. in 1951, then interned at Knoxville General Hospital. It was during a two-year stint as a flight surgeon in the U.S. Air Force that the young doctor met and married his attractive wife, the former Connie Konewicz of Philadelphia, Pa. Next came a four-year surgical residency at the University of North Carolina Hospital in Chapel Hill, followed by the move to Oak Ridge in 1959. In addition to his civic and medical interests, the "Chief" (who was recently re-elected to serve a second year in that capacity) is an active member of St. Stephen's Episcopal Church and has served on the vestry there. In his all-too-rare leisure time, he enjoys hunting and fishing. The Eversole children are Robert, a sophomore at Tulane University, Marian, a senior at Oak Ridge High School, and Elizabeth, ORHS junior.



LESLIE DALE

LESLIE DALE

Now serving his second three-year term on the board of trustees (on the panel of 1973), Les Dale is known not only for his excellent leadership qualities in business and civic affairs, but as one of the most "genial gentlemen" in town. Born in Goodlettsville, Tenn., he attended UT, David Lipscomb College, Middle Tennessee State University, where he received a degree in business administration, and Peabody College, where he earned a master's degree. In 1952, he joined the U.S. Air Force and served as an education specialist until 1958. Immediately following his service discharge, Les began his telephone career as a supervisor in Memphis. After assignments in Clarksville and Nashville, he was promoted to his present position as district manager with South Central Bell. Some of his civic activities include: chairman of the "Oak Ridge 25" committee; a two-year term as president of the Area Mail Users Council, covering eight counties; director of the O.R. Arts Council for three years; Chamber of Commerce president; and director for two years of the Melton Hill Regional Development Corporation. He has also served as a member of the Mayor's Committee on the Museum of Atomic Energy since 1968, the regional advisory board of the National Alliance of Businessmen, and is an active Rotarian. An avid golfer, Les also enjoys working on his antique car in his leisure time. He and his wife, Linda, are the parents of two daughters, Susan and Stella.



KEITH FUNKHOUSER

KEITH FUNKHOUSER

Since coming to Oak Ridge 17 years ago as manager of the J. C. Penney store, Keith Funkhouser has been a well-known and popular figure in local community and civic affairs. He is a past president of the Chamber of Commerce, has served on the Regional Planning Commission, the boards of the Boys' Club and the Anderson County United Fund, is a Rotarian and Scottish Rite Mason and has long been active in the First United Methodist Church where he is now treasurer. An "old-timer" on the hospital board, Keith served his first three-year term from 1959 to 1963. In January of 1969, he was re-elected to fill the term of Gerald Hadder when Hadder moved from the city. Then in 1971, he was again elected to a three-year term. His military service included three years with the Army Transportation Corps during World War II and shortly after graduating from Tusculum College. Keith married the former Mary Hawkins of Greeneville. The couple has two children, Bill, a junior at Vanderbilt University, and a daughter, now Mrs. J. W. Stallcup of Galveston, Tex. In his leisure time, Keith enjoys boating and golf — and confesses his chief dislike is gardening.



JAMES LIVERMAN

JAMES L. LIVERMAN

A former university professor at Texas A&M and a native of Brady, Texas, this well-known Oak Ridger came here in 1964 as associate director of Oak Ridge University's Biology

Often the relationship between the general public and the community leaders who represent it can, unfortunately, be likened to the reply of the old farmer who, when asked if he'd met his new neighbor, drawled, "Well, we've howdied — but we ain't shook."

Because Oak Ridge Hospital is governed by a citizen board of trustees — a group of community leaders elected to represent the people it serves — this page of our Annual Report is devoted to getting the public on at least a "howdy-ing basis with board members.

And nothing would delight board members more than to advance to the more personal and satisfying "we've shook" stage of acquaintance with the public.

What is the hospital board of trustees and what does it do?

Speaking generally, it is a 24-member team of civic-minded business and professional men and women who voluntarily give valuable time, knowledge and energy toward the best possible health care for the community.

And the team effort of these people takes in a broad range of responsibilities and duties — all aimed toward representing the best interests of the public.

Although the entire board has the responsibility of acting as overseer of hospital operations, the board's executive committee is charged with even more direct and specific duties.

The trustees, who now include Marshall Whisman, hospital president, and the hospital chief of staff (currently Dr. Earl Eversole) as voting members, are elected to actually govern the hospital through its president and his managing staff.

As the governing body, the executive committee members recommend to the full board such matters as the amount of hospital rates and charges, major purchases and any other large expenditures that would have a significant impact on the budget — and are otherwise responsible for keeping hospital finances sound.

(These finances are reviewed at the monthly executive meetings, as part of that responsibility.)

Another, and equally important, duty is to

(Continued on Page 5)

division and, in 1970, was appointed to his present position of associate director for biomedical and environmental sciences at ORNL. He holds a B. S. degree in biology and chemistry from Texas A & M and a Ph. D. in plant physiology and bio-organic chemistry from the California Institute of Technology. From 1942 through 1945 he was on active duty with the U. S. Army Air Force and from 1946 until 1969 held the rank of major in the Air Force Reserve. Nationally known for his scientific achievements, Liverman has served as AEC representative on a number of scientific councils and committees, has chaired several national study groups and is a member of some 13 societies in the fields of science and education. A member of the hospital board since 1968, he was re-elected recently to serve until 1975. Jim and his wife, parents of five children, make their home at 974 W. ...

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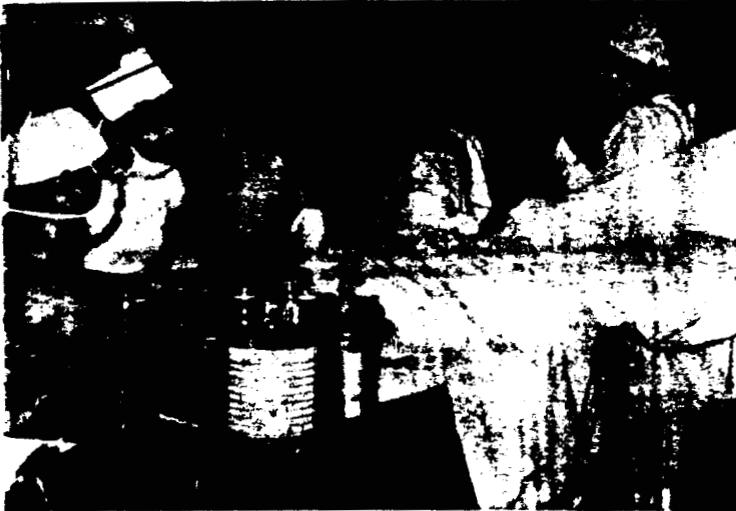
Teamwork, Many Jobs Contribute To Patient Care



Part of her job as chief dietician is to see that the carefully planned and prepared meals for patients are served attractively, and Anita Alphin, left, seems to approve of the trays being assembled by Joyce Dye, dietary aide.



An important part of patient care is the personal relationship established and maintained by the nursing staff. Marjorie Knowles, left, LPN, and Thelma Yarborough, nurse attendant, are seen doing just that as they take a "musical break" with West Mall residents.



This is where it all begins — with the safe delivery of a new life. Dr. William Pugh, obstetrician, is shown holding up a healthy newborn while, from left, Dr. Lowry Sheely, anesthesiologist, Evelyn Wheeler, RN, and Lillian Cantrell, LPN, see to the mother's care.



Doctors rely on the hospital lab team to aid in diagnosis and treatment of patients. From left, Jimmy Lovelace, medical technologist, Eddie Russell, a certified lab assistant, and Cathy Mullins, student CLA, pay close attention to their work in the blood chemistry section of the pathology department.



Serf Malephansakul, chief of bacteriology lab, is intent on the serology test he is performing.



Anita Alphin, registered chief dietician, and Ken Hatchett, head of the hospital's dietary department, talk over a special diet ordered for a new patient.



"Giving report" to the next shift on each patient's condition is a vital part of nursing teamwork. Shown seated at the monitoring console in the Coronary Care Unit, are from left, Marjorie Sealand, RN, Mildred Parker (in the background), RN, Pat O'Neal, LPN, and Mary "Sunny" Traylor, RN.

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OAK RIDGE HO

LYBRAND, ROSS, BROOK & MONTGOMERY
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS & FELLOW
OF THE AICPA

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, 1972 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, 1971.

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, 1972 and 1971, 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 in 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.

Lybrand, Ross, Brook & Montgomery

Atlanta, Georgia
July 28, 1972

OAK RIDGE HOSPITAL

	June 30,	
	1972	1971
ASSETS		
Current:		
Cash and certificates of deposit	\$ 4,523	\$ 123
Accounts receivable from patients and third parties, net of estimated uncollectibles and allowances of \$280,000 and \$262,000 for 1972 and 1971, respectively	1,053,620	976
Inventories, at the lower of first-in, first-out cost or market	44,175	40
Prepaid expenses	30,814	20
Total current assets	1,133,132	1,169
Board-designated funds - cash and certificates of deposit	609,721	470
Property, plant and equipment (Notes 1 and 2)	5,416,477	5,313
Less accumulated depreciation	1,240,621	1,749
	3,476,056	3,563
	\$5,217,909	\$5,135
Endowment and specific purpose funds - cash	\$ 15,211	\$ 14

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

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF CHANGES IN FINANCIAL POSITION
for the years ended June 30, 1972 and 1971

	1972	1971
Funds provided:		
Income from operations	\$ 68,606	\$ 98,489
Items included in operations not requiring working capital - Depreciation	213,456	207,928
Total from operations	282,062	306,417
Nonoperating revenue	32,004	21,475
Total from operations and nonoperating revenue	314,066	327,892
Property, plant and equipment additions financed by restricted funds	11,873	3,127
Decrease in working capital	57,297	—
	\$ 325,939	\$338,286
Funds applied:		
Additions to property, plant and equipment	\$ 125,536	\$ 42,841
Reduction of long-term debt	50,842	46,802
Increase in board-designated funds	139,379	298,743
Increase in working capital	10,182	—
	\$ 325,939	\$388,286
Increase (decrease) in components of working capital:		
Current assets:		
Cash and certificates of deposit	\$(119,302)	\$(79,598)
Accounts receivable	75,773	51,768
Inventories	3,569	(43)
Prepaid expenses	10,329	(41,812)
	(29,431)	(69,688)
Current liabilities:		
Current portion of long-term debt	5,000	1,000
Accounts payable	20,274	(90,618)
Accrued payroll	(64,293)	15,892
Advances from third parties	1,700	48,700
Accrued expenses	(2,294)	12,832
	(39,613)	(12,292)
Increase (decrease) in working capital	\$ 10,182	\$(57,297)

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

OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF REVENUES AND EXPENSES
for the years ended June 30, 1972 and 1971

	1972	1971
Patient service revenue	\$5,143,076	\$4,742,708
Allowances and uncollectible accounts	347,957	325,600
Net patient service revenue	4,595,109	4,207,108
Other operating revenue	439,859	495,248
Total operating revenue	5,034,978	4,612,356
Operating expenses:		
Nursing services	1,652,498	1,465,803
Other professional services	1,061,884	949,644
General services	798,094	743,251
Westhall and Medical Arts Building	410,601	374,677
Administrative services	829,839	752,494
Provision for depreciation, using straight-line method	213,456	207,928
Total operating expenses	4,964,372	4,513,867
Income from operations	68,606	98,489
Nonoperating revenue - interest income from Board-designated funds	32,004	21,475
Excess of revenues over expenses	\$ 100,610	\$ 119,964

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

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spital of the united methodist church

**AL OF THE UNITED METHODIST CHURCH
BALANCE SHEET
as of June 30, 1972 and 1971**

UNRESTRICTED FUNDS

		June 30,	
		1972	1971
LIABILITIES AND FUND BALANCES			
CURRENT:			
825	Current portion long-term debt (Note 2)	\$ 51,140	\$ 46,140
	Accounts payable	55,729	35,453
	Accrued payroll	49,757	114,050
	Advances from third party payors	30,400	48,700
847	Accrued expenses	<u>28,477</u>	<u>49,773</u>
606	Total current liabilities	245,503	295,116
882	Long-term debt, less current portion above (Note 2)	<u>618,825</u>	<u>689,667</u>
842	Fund balances:		
	Unallocated	886,629	876,447
864	Board-designated plant and equipment replacement fund	609,721	470,342
888	Property, plant and equipment, less long-term debt	<u>2,832,221</u>	<u>2,874,109</u>
873		<u>4,333,581</u>	<u>4,221,098</u>
881		\$ 5,217,902	\$ 5,135,881

RESTRICTED FUNDS

870	Endowment and specific purpose funds:		
	Due to unrestricted funds	\$ 5,055	
	Fund balance	<u>10,178</u>	<u>\$ 14,570</u>
880		\$ 15,233	\$ 14,570

**OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF CHANGES IN FUND BALANCES
for the years ended June 30, 1972 and 1971**

	Unrestricted		Restricted	
	1972	1971	1972	1971
Balance at beginning of year	\$ 4,221,098	\$ 4,098,607	\$ 14,570	\$ 7,950
Excess of revenues over expenses	100,618	119,964		
Restricted gifts and bequests			7,505	10,487
Interest income			663	355
Additions to property, plant and equipment from restricted funds	11,873	3,127	(11,873)	(3,127)
Other disbursements from restricted funds			(687)	(1,023)
Balance at end of year	<u>\$ 4,333,581</u>	<u>\$ 4,221,098</u>	<u>\$ 16,178</u>	<u>\$ 14,570</u>

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

**OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF REVENUES AND EXPENSES - WESTWALL
for the years ended June 30, 1972 and 1971**

	1972	1971
Patient service revenue	\$ 284,637	\$ 286,865
Allowances	<u>7,377</u>	<u>6,410</u>
Net patient service revenues	277,260	280,455
Other operating revenues	<u>6,590</u>	<u>2,827</u>
Total operating revenues	283,850	283,282
Operating expenses:		
Salaries	190,508	174,912
Food and supplies	87,210	76,467
Laundry	8,719	9,126
Telephone and utilities	10,160	10,982
Maintenance and repairs	3,173	2,436
Administrative services	27,708	26,333
Depreciation, using straight-line method	<u>10,825</u>	<u>10,650</u>
Total operating expenses	318,201	310,906
Excess of expenses over revenues	<u>\$ 54,351</u>	<u>\$ 27,624</u>

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

**OAK RIDGE HOSPITAL OF THE UNITED METHODIST CHURCH
STATEMENT OF REVENUES AND EXPENSES - MEDICAL ARTS BUILDING
for the years ended June 30, 1972 and 1971**

	1972	1971
Rental income	\$ 78,033	\$ 70,203
Operating expenses:		
Salaries	22,628	20,277
Utilities	11,997	12,260
Maintenance and repairs	7,767	3,010
Real estate taxes	19,585	17,755
Interest expense	16,776	18,464
Administrative services	4,190	2,655
Depreciation, using straight-line method	<u>19,875</u>	<u>19,644</u>
Total operating expenses	102,998	94,065
Excess of expenses over revenues	<u>\$ 24,965</u>	<u>\$ 23,867</u>

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

NOTES TO FINANCIAL STATEMENTS

1. 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.

Property, plant and equipment and accumulated depreciation at June 30, 1972 and 1971 are as follows:

	June 30, 1972		June 30, 1971	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	\$ 65,101		\$ 65,101	
Land improvements	187,070	\$ 83,019	174,144	\$ 73,928
Buildings	2,223,467	487,176	2,209,774	444,015
Building services	1,867,091	868,306	1,845,472	785,620
Fixed equipment	205,969	109,910	197,646	99,050
Movable equipment	867,779	392,010	820,925	346,475
	<u>\$ 5,516,477</u>	<u>\$ 1,940,421</u>	<u>\$ 5,113,064</u>	<u>\$ 1,749,088</u>

2. Long-term debt at June 30, 1972 and 1971 consisted of the following:

	June 30,	
	1972	1971
First mortgage serial bonds with interest and principal payable semiannually, interest rate increases from 5.6% in 1972 to 5.7% in 1976, annual principal maturities increase from \$34,000 in 1973 to \$39,000 in 1978 with a final maturity of \$165,000 on July 1, 1976.		\$ 260,500
Direct obligation serial notes with interest and principal payable semiannually, interest rate increases from 7.50% in 1971 to 7.7% in 1976, annual principal maturities increase from \$16,000 in 1973 to \$18,000 in 1976 with a final maturity of \$357,000 on July 1, 1976.		416,000
Unsecured 5% note payable, due in monthly installments of \$95 to 1978.	5,465	6,307
Less current portion	609,965	735,807
	<u>\$ 1,140</u>	<u>\$ 46,140</u>
	\$ 638,825	\$ 689,667

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 obtaining any additional liens against these assets.

3. 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, 1972 and 1971 was approximately \$17,000 and \$35,000, respectively. The decrease in pension expense for 1972 resulted primarily from terminations of participants initially included under the plan.

Many Facets Of Hospital Care Demonstrated



As administrative secretary in the office of the hospital president; Helen Russell's duties keep her as busy as this picture indicates.



A tiny "premie" is shown receiving the expert care of Mrs. Lucille Huneycutt, RN, in charge of the nursery. Above the isolette, where all premature newborns are placed, is the monitoring device donated by the Gray Lady volunteers, which automatically measures the flow of oxygen to the baby.



Special training is required for the nurses who work in the hospital's Intensive Care Unit. Thelma Dean, left, LPN, and Celia Weaver, RN, put this training to use as they care for a post-operative patient in the special wing.



Pat Ward, nurse attendant, covers a sleeping mother who is keeping an all-night vigil at the bedside of her baby daughter, in pediatrics, while Phyllis Blankenship, RN, makes sure all is well with her small patient.



Dr. Geron Brown, center, orthopedic surgeon, studies a film just completed by the x-ray staff. David Newman, x-ray technician, and Jo Wilson, assistant chief of the department, stand by while Nell Ivey, also an x-ray technician, notes the doctor's findings.



Mrs. X. O. Sheely, mother of Dr. Lowry Sheely, anesthesiologist, takes it easy in her attractively furnished room at Westmall.

Employees Are Advisors

A year ago, Oak Ridge Hospital employees formed their own "of the people, by the people, for the people" committee — one which certainly dispels any notion on the part of the public that only top management has any voice in hospital "say-so."

The new group, which is strongly sanctioned by the hospital, is called the "Personnel Advisory Committee" — and it does just what the name implies. It is a team of non-supervisory employees which gathers at least once a month for luncheon meetings at which personnel policies are reviewed and revised and overall hospital problems are brought to the attention of hospital management.

An unusually active committee, its 12 members represent a true cross section of hospital employees — from nurses to maids to maintenance men — elected by other non-management employees as "the voice of the people."

A major accomplishment of the committee, after many months of careful study and planning, is suggestions for the completely revised personnel

policy handbook (which is issued to each of the hospital's more than 500 employees).

PAC members are elected by their fellow workers to serve in an advisory capacity for two-year terms.

And according to Shirley Walker, hospital personnel director and ex-officio member of the group, the PAC "certainly serves a worthwhile purpose, filling a real need by offering suggestions and solutions to hospital problems that we know represent the wishes of the employees."

Mary Fair, RN, is chairman of the advisory committee and Judy Walker, also an RN, serves as secretary.

Other members include Nila Stegall and Violet Kendig, both LPN's, Nellie Griffin and Frank Battle, nursing attendants, William Collins from x-ray, Christine King of the housekeeping department, Raymond Dunlap from maintenance, Eula Shields, representing the dietary department, Rosa Seebers from West Mall, and LeVene Johnson, a hospital business office employee.



In this typical late-night emergency room scene, R. L. Ayers, left, emergency room technician, reassures her patient while Foster Phillips, medical technologist, takes a blood sample and Barbara Smith, RN, prepares an intravenous infusion.

'County Security Blanket'

By JOE MAGILL

The theme of the Oak Ridge Hospital's annual report this year is "teamwork."

And teamwork is the word that comes to mind when I think of the hospital from the county's point of view — teamwork that is a must if we are to accomplish the goals that will unite Anderson County into a successful working force for the people.

It takes teamwork to accomplish almost any job, but, as a county official, I can appreciate perhaps more than the average citizen what it means to be part of a team which serves thousands of people — people who need help.

It means selfless dedication by a group of people who honestly care more about the end result of their efforts than they do about personal glory or reward.

And Oak Ridge Hospital has earned the enviable reputation of having just that sort of team — one that has made the hospital a really valuable asset to Anderson County and the surrounding area.

It is a comforting thought, as well as a vital necessity, to know that the 60,302 residents of our county can depend on Oak Ridge Hospital as our major health care center — creating a bond of care between Oak Ridge and the rest of the county.

Anderson County can be proud of Oak Ridge Hospital and its contribution to the health and welfare of our people.

On behalf of the county, I would like to extend congratulations and best wishes to the entire hospital staff and all those involved in its operation and, with the support of the



MAGILL

entire community, I feel sure our people can continue to count on Oak Ridge Hospital for the very best in health care — and that really counts.

Train Lab Technicians

Perhaps few in the community realize that Oak Ridge Hospital serves as a training center as well as serving the health care needs of some 60,000 people.

One such training program, which originated in 1969, is the Certified Laboratory Assistant program, now affiliated with the City of Knoxville which supports the program along with the state.

The year-long course includes six months of classroom teaching in Knoxville and six months of practical lab training at our hospital.

BOARD OF TRUSTEES

As of June 30, 1972

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- Mr. A. Paul Bass
- Mr. David O. Bolling
- Rev. Paul E. Brown
- Mrs. F. D. Christie
- Mrs. Thomas E. Cole
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- Mr. Ray C. Armstrong
- Mr. W. Keith Funkhouser
- Mr. James F. Young
- Mrs. Leslie S. Dobb
- Mrs. F. O. Cradle
- Rev. Paul E. Brown
- Mr. David O. Bolling
- Mr. J. L. Liverman
- Dr. Earl Everette
- Mr. Marshall Whitsnant

A Pictorial View Of Your Hospital Team At Work



A typical surgical team requires the precise skill of not only the surgeons, but the coordinated efforts of assisting nurses, plus the anesthesiologist who literally holds the patient's life in his hands.



Sue Hicks seems just as contented as her small charge as she gently rocks the new baby while he has "lunch." Sue, who is from Clinton, is a senior student from St. Mary's School of Nursing in Knoxville who is receiving her practical OB training in Oak Ridge.



John McGinnis, a hospital vice president, stops to give some necessary information to a member of his staff in this "behind the scenes" look at a section of the business office.



Nurses make sure everything is "spic & span" as they prepare for new admissions. Left to right, are Brenda Howard and Sandra McCoy, both LPN's, and Carrie Bailey, RN, part of the 3rd floor nursing staff on the 3 to 11 shift.



Housekeeping includes keeping hospital offices clean as well as patient areas and Hazel Wallace performs her late afternoon duties well.



Mike Sheehan, emergency room technician, and Edith Chapman, RN, demonstrate the life saving technique of cardiac resuscitation using "Arrhythmia Annie," "the doll with a heart," used in hospital education in-service.



It's time for the midnight shift nurses to confer about the special needs of patients under their care on 2-N. Seated, left to right, are Jean Cline, LPN, Peggy Hackworth, LPN, and Jewell Cantrell, nurse attendant. Standing is Nancy Miller, RN in charge.



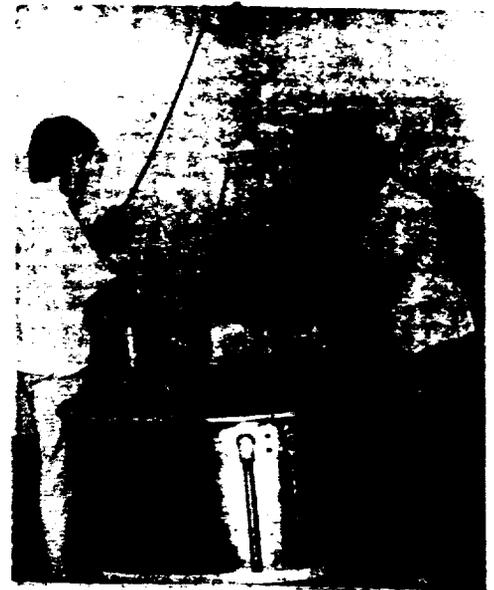
Jim Whitson, hospital industrial engineer, is the guy who works to make hospital employes perform their tasks more efficiently, thereby effecting a cost and manhour savings — in other words, to "work smarter."



Norma Starcken, operating room attendant, performs a vital service for the surgical team as she prepares instruments for sterilization.



Dora Huskey, transcriptionist in the medical records department, exchanges pleasantries with Margaret May, cafeteria cashier, during her luncheon break.



Rhea Stockburger, left, therapy orderly, assists Don Russell, chief therapist, as they carefully lower a patient into the Hubbard tank for treatment.

'Bad News And Good News'

Hospital Seeks Solution To Health Care Cost Dilemma

Indigent Care Costs Public

Oak Ridge Hospital, in the past five years, has made every effort to let the public in on — and feel part of — its operation, including the cost problems encountered at almost every turn.

One major problem which, thus far, seems insoluble — and certainly least understood in the community — is the tremendous indigent debt burden that looms larger and larger on the hospital's budget each year.

Oak Ridge Hospital (along with other so-called "hard budget" hospitals) has been accused of "hoarding" to take "dividend" of limiting on profit of a patient's ability to pay before admission and — most frequently — of charging unreasonably high prices for services rendered.

That the indigent patient (that a doctor would be admitted, is turned away, even though it may be a known fact that the patient is unable to pay, is indeed, be a "charity" case.

Glaring proof of the hospital's care-for-everyone policy is the staggering \$376,000 tab run up during the 1971-72 fiscal year by indigents and other patients who could or would not pay their hospital bills.

This represents an increase of some \$110,000 over the \$266,000 charged off to bad debts in 1970-71!

Since the hospital obviously has no provision to withstand a \$376,000 loss on its own (does any business?), and must be constantly prepared to treat and care for the health needs of an area population of around 60,000 people, it must boost daily charges and depend on the paying patient to foot the bill.

"No fair!" howls the paying patient.

"You're right," says the hospital, "but what do you suggest we do?"

So far, this question has been met by utter silence. Of course, there are other reasons for the soaring cost of health care, but a parasitic monster that gobbles up \$370,000 of the public's paycheck in one year cannot be ignored as a major contributing factor to the problem.

Along with the non-paying patients who require hospitalization, there has been an alarming increase in the number of indigents and deadbeats who are treated in the emergency room — and all too often treated for non-emergencies.

(In fact, there has been an overall increase in emergency room use — by those who do pay as well as those who can't, or won't.)

More and more people, but particularly the indigent, are using the hospital emergency room as a doctor's office — to be treated for ailments doctors say cannot be classified as emergencies.

This overuse is not only a particularly painful thorn in the hospital-doctor side, it has been the chief cause of an almost constant barrage of public

complaints about the efficiency of emergency room service.

In response to the public outcry, Oak Ridge Hospital is now investigating a possible solution to meet the increasing demand for a full-time emergency room physician.

But at the same time, hospital officials warn that, if the public gets what it wants, the already expensive services of the emergency room will cost significantly more.

(Full-time, round-the-clock emergency room physicians would cost a minimum of \$140,000 per year, say not — a cost which would then have to be passed on to the paying public.)

And, when the cost-to-non-pay group would probably be encouraged, rather than discouraged, by the thought of an on-the-spot doctor and frequent emergency room even more so — and would mean even higher for the indigent, more and more.

Some county governments in fact do make a token contribution toward the care of their indigents who must be hospitalized, with Anderson County by far the most generous (though this, too, is at the taxpayer's expense.)

City governments — including Oak Ridge — pay nothing toward hospitalized indigents.

For expenses incurred by its medically indigent during the 1971-72 fiscal year, Anderson County paid Oak Ridge Hospital approximately \$11,346.

While certainly helpful, the county's contribution by no means offsets the actual cost of caring for those unable to pay.

And Anderson County is the only county which makes any fair sized contribution, although indigent patients continue to pour into Oak Ridge from Roane, Morgan, Scott, Campbell, Knox and even as far away as Fentress County.

The other counties contribute — but not with great regularity — an average flat rate that ranges from \$50 to \$75 per patient, not per day, but as their total contribution toward the indigent patient's entire hospital stay.

And for emergency room treatment for indigent patients, Oak Ridge Hospital receives no money from any source.

(A strong indication of the number of non-paying patients from the surrounding area was revealed in a recent sample survey of unpaid accounts which showed that 92 percent of the patients responsible for the debts were from outside Oak Ridge.)

The hospital must, then, react by tightening its collection procedures — at least for those who can, but won't pay their bills.

And hospital officials are fully aware that, by putting the squeeze on non-paying patients, they will be cast in the role of "bad men."

But they are also fully aware that, in all fairness to the paying patient, something must be done to equalize the cost of hospital care — while still providing top level patient care.

Public, Hospital Wants Answers

Oak Ridge Hospital has made a number of overtures for public help in solving the ballooning problem of offering high-level patient care at reasonable cost. It has invited public scrutiny of hospital operations and asked for citizen suggestions.

In last year's annual report, for example, the hospital solicited public comment by including a form which citizens were asked to fill out and return.

From the some 32,000 copies of the report — sent into a five-county area — only 11 of the questionnaire forms were filled out and returned to the hospital.

(A similar form can be found in this publication.) Generally speaking, does this extremely sparse response mean that the public is anti-hospital?

Or does it mean that the public doesn't really care, one way or the other, about the ways and wherefores of hospital operation — and is leaving its health care fate in the hands of hospital management?

Just what does the public expect in the way of health care? And if they expect — even demand — quality care, are they willing to pay for it?

These are some questions. So — what's the answer? Hospital officials wish they knew.

The cost of being hospitalized has been increasing at an annual rate of 12 percent (in the ten years between 1960 and 1970 it rose 160 percent!) — an increase well above the average rise in the cost of food, furnishings, education, automobiles and some other commodities found so necessary to today's life style.

Ironically, the public apparently doesn't object to paying the going price of color television, boats, two cars, tobacco, liquor and other luxury items it has not only grown accustomed to having, but almost considers "staple goods."

And, in line with this affluent luxury-loving life style, John Q. Public has more and more demanded soft-living hospital surroundings, "cream-of-the-crop" doctors and the latest thing in medical procedures and equipment.

But that same public has raised an apparently never-ending furor over the cost of health care treatment at this level — a level they insist should be theirs.

And hospital officials are at a loss to reconcile the two divergent attitudes — the paradox of health care.

They are faced with overall inflation, demands for higher wages and benefits from employees, the higher and higher cost of an ever-advancing, sophisticated maze of medical mechanisms, the need for more and more highly trained people to operate and maintain the mechanisms, government rules and regulations to proffer (and often curtail) health care (at a price the traffic will bear) and, simultaneously, public apathy

toward hospital problems, plus strong opposition of the hospital's partial solution to the problems — namely, regularly boosting the health care costs of the paying patient's charges.

Hospital officials keep hoping the public will become a little more conscious of the importance of the hospital and the services it renders — and a little better informed on the costs and problems a hospital incurs and, thus, perhaps, a little more — shall we say — sympathetic.

(But even if the public gains this hoped-for understanding and, therefore, becomes sympathetic, does a solution to the cost dilemma necessarily follow?)

On the other hand, the public keeps hoping that health care officials will realize that seeking the right to good health is making an irreparable dent in the American pocketbook — and then do something about it.

The public has also become much more critical of what they're told about how hospitals are "helping everyone," is skeptical about where its contributing dollars are going, doubts whether the doctors really know about all the new drugs (and whether they really truly care about Mr. Average Citizen, as a person), and also resents action taken in the hospital that (almost) nobody takes the trouble to explain.

In the meantime, your hospital officials continue their intensified and never-ending efforts to keep up with modern medical technology, offer — by way of the hospital team — top quality patient care — and meet public demand.

It's a problem.

Problems, Losing Areas Cited

The indigent-care, bad-debt problem isn't the only one the public should be concerned about.

In order to understand health care costs, the community should know about other "hidden costs" which boost patient charges — "hidden" only in the sense that the public is generally unaware of just how much they really are.

Here's how Oak Ridge Hospital officials explain them: Every hospital is saddled with "losers" — the departments so vitally necessary to patient care that end up in the red every year because the cost of caring for patients in those areas is greater than the patient can pay.

And Oak Ridge Hospital is no exception.

Major losses of this type were represented by nine departments last year — losses which amounted to a total of some \$477,353!

Specifically, the departments and the approximate amount each lost during the past fiscal year were:

West Hall	\$64,353
Nursery	\$67,000
Pediatrics	\$42,000
Emergency Room	\$42,000
Intensive Care Unit	\$65,000
Coronary Care Unit	\$68,000
Obstetrics	\$39,000
Delivery Room	\$39,000
Central Supply	\$10,000

In addition, the hospital's cost of owning and operating the Medical Arts Building exceeded by \$24,965 the amount paid by the doctors who rent the offices there.

(Hospital officials predict, however, that Medical Arts should be on a self-sustaining basis by 1975, when the building will finally be paid for.)

Although the public hesitates to accept the reasons behind the losses, the truth is that even today's escalating patient costs cannot keep abreast of certain out-of-pocket operating costs borne by the hospital.

There was a time when hospitals made their money on such things as x-ray, lab and pharmacy charges — and lost money on bed patients.

A few years ago, hospitals came to the realization that daily charges to patients must be brought to a more realistic level, in order to recover the cost of operating.

As a consequence, daily charges — the one which patients are most conscious of — have risen sharply. But so have the costs of operating specialized hospital areas.

For example, the cost of operating the emergency room (for the 1971-72 fiscal year) totaled approximately \$263,000.

However — the money paid by patients for this service — amounted to approximately \$228,000.

This represents a \$35,000 loss on 20,000 patients — in spite of the fact that charges for use of the emergency room (not for medication or treatment) were recently increased from \$6.30 to \$8 per patient.

Since it must operate 24 hours

per day (that's 168 hours per week!), fully equipped to handle every type of illness and injury (including a specialized staff), the emergency room is obviously an expensive facility to operate.

In the Coronary Care and Intensive Care Units, the cost of the highly sophisticated equipment necessary to care for patients and the fact that nurses in these areas must be specially trained, couple to make actual operating costs beyond the reach of the average patient.

Yet these are all vital, life-saving "musts" on the hospital list of priorities.

In fact, all of the "loser" departments, the reasons for the losses are the same — they are specialized areas which are staffed round-the-clock by highly qualified people and are expensively equipped to offer the best possible patient care.

Charges, however, cannot exceed the prevailing area rates charged by other hospitals.

The problem is — how to "make-up" the losses, still offer the best patient care, and achieve the hospital's long-range goal of making every department "stand on its own two feet" so that patient costs can be reduced.

What would you do?

Employees Honored

When the hospital hosts a banquet next month to present service awards to long-time employees, it will be in recognition of a total of 335 years of hospital service!

The 18 employees who will be this year's guests of honor are those who have worked in the hospital — in a variety of jobs — for either ten, 20 or 25 years.

The seven who have been hospital employes for 25 years will be presented watches in honor of their long service records. For the ten and 20-year employes, there will be service pins signifying the number of years they have served the hospital and the community.

Members of the hospital team who have worked here for 25 years include: Nellie Griffin, George Washington, Christine Nance, Mae Hale, Lurlene Roper, Sylvia Aliberti and Pauline Bane.

The 20-year members are Juanita Foglia, Edna Robinson, James Howard, Rosa Mary Nichols and Jo Wilson.

To be presented pins for their ten years of service are Anna Kessler, Patsy Ward, Dorothy Hensley, Myrtle Jane Smith, Emma Williams and Virginia Berner.

Oak Ridge Hospital's dietary department prepared and served a total of 200,000 meals during the past year.

And cafeteria patronage has increased to the tune of some 50,707 meals.

This means that the dietary department, under the direction of its manager, Ken Hatchett, has prepared over 600,000 pounds of food — 60,000 tons — in that time!

Here's What It Costs—

During the past year, 10,165 patients — a record number — were admitted to Oak Ridge Hospital.

Nearly 20,000 more were treated in the emergency room.

The average daily cost of caring for those hospitalized was \$67.30 per patient — a \$4.04 increase over the same cost in 1971.

In Tennessee, the average daily per patient cost in the state's 137 community hospitals for the 1971-72 fiscal year was \$71.96 — a \$7.97 jump over the previous year.

Nationally, the average per patient daily cost increased \$11.30 — from \$61.01 to \$72.31.

Compare the figures.

Gray Lady Executive Committee 1971-72	
Chairman	Mrs. T. D. Young
Co-Chairman	Mrs. J. A. Martin
Secretary	Mrs. W. H. Platt
Treasurer	Mrs. J. Sewell
Co-Treasurer	Mrs. F. M. Henry
Emergency Room	
Chairman	Mrs. B. E. Webb
ICU Chairman	Mrs. J. Mitchell
Surgery Chairman	Mrs. E. J. Sewell
Training Chairman	Mrs. E. M. Carroll
Pink Lady Executive Committee 1971-1972	
Chairman	Mrs. Paul Spray
Vice Chairman	Mrs. R. C. Reaves
Recording Secretary	Mrs. E. J. Hoffman
Corresponding Secretary	Mrs. J. W. Strabacker
Treasurer	Mrs. P. E. Melroy
West Hall Chairman	Mrs. W. A. Parks
Chairman of Bowers	Mrs. J. W. Rose, Jr.

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Volunteers—Dynamic Force For Community Welfare



Margaret Turner, left, and Betty Aaxier, Pink Lady volunteers who serve in the Pink Placebo gift shop, welcome the services of Charles Bryant of the maintenance department.

Westmall Decorating Continued

Ten years have passed since the volunteer group officially known as the Oak Ridge Hospital Women's Organization came into being—ten fruitful years of dedicated service by some women known throughout the community as the Pink Ladies.

From a modest beginning, this small but determined group has developed into a major volunteer task force known for its tireless support of the hospital and the community it serves.

Now 90 strong, they served approximately 7665 hours during the past year in the hospital gift shop, at West Mall and working to complete the new West Mall Community Park.

Operation of the aptly named "Pink Placebo," the hospital gift shop, consumed 5923 of the volunteer hours contributed by the Pink Ladies.

And those many hours paid off—not only in service, but in profits from the shop which totaled some \$8100, a \$620 increase over sales reported last year.

The "profits," in turn, were used to purchase needed gifts for the hospital and West Mall.

Part of the money was used in the Pink Ladies' continuing project (begun some two years ago) of redecorating West Mall.

After completely redecorating the library and living rooms at the nursing care center, plus screening and outdoor carpeting a sun porch there, the Ladies, during the past year, furnished colorful new bedspreads and matching draperies to complement the newly painted walls.

In addition, they purchased easy-to-read large numeral clocks and nightlights for the rooms, bulletin boards for the residents and had new light fixtures and tile floor covering installed in the stair wells of the building.

Another portion of the gift shop profit was used to buy a defibrillator and heart monitor for the hospital emergency room and the remainder was spent toward the finishing touches of the new West Mall Community Park, their newest "pet project."

Preceded by nearly 18 months of planning, by the Pink Ladies and a professional landscape architect, the park was begun a year ago as a joint effort of the Pink Ladies, the Roane-Anderson Medical Auxiliary and the hospital.

As a result of the Ladies' contributions and innumerable

hours of hard work, headed up by Mrs. P. E. (Geneva) Melroy, along with the donations of a number of civic minded citizens, the park is now an eye-catching and useful reality.

The Pink Ladies contribute their time and talents in two major areas, operating the gift shop (and that includes buying all the attractive gift items and notions sold there) and a year-round visitation-help program at West Mall.

Some 1740 hours of this special service were given by the 28 Ladies who worked at West Mall this past year.

Under the chairmanship of Mrs. W. A. (Nell) Parks, the Pink Ladies provided funds for birthday and Christmas gifts and cards, plus a variety of recreational supplies, and have acted as hostesses at weekly programs of movies, game nights, arts and crafts and devotionals, as well as for a number of parties for special occasions.

Mrs. Parks also acts as coordinator of all volunteer activities at West Mall of other community groups with those of the Pink Ladies.

Proof of the Pink Ladies' versatility (and capable gardening ability) can be seen in the beautiful flower beds in full bloom around the tiered fountain near the New York Avenue entrance of West Mall Park and dotted throughout the one-acre park area.

Recently, the Pink Ladies and the Roane-Anderson Medical Auxiliary were presented a joint citation by a special city committee, in appreciation of their contribution in creating the new park.

Although their interests encompass the entire hospital and its needs, West Mall continues to be the chief concern of the busy Pink Ladies. In fact, plans are already underway to continue the redecorating they have so successfully begun there.

And, according to Mrs. Paul (Louise) Spray, Pink Lady chairman, more help is always welcome.

Anyone interested in serving her community by contributing a couple of hours a week to help others may contact Mrs. William (Jeanie) Wilcox, coordinator of hospital volunteer services, at her office on the main floor of the hospital.

Just visit West Mall—you'll see that being "in the Pink" can be a big help!

"Anything I can do for you today?"
 "May I help you?"
 "Would you like something to read today?"

"Your husband is out of surgery now—doing fine—and the doctor is waiting to see you."
 "Good morning! Here's your mail!"

Gray Ladies Expand Services

"More" is probably the best single word to use in describing the activities of the Gray Lady volunteers during the past year. More Gray Ladies did more things for more people in more ways than ever before.

Currently, there are 68 members of the Oak Ridge Hospital's Gray Lady group—24 more than this time last year. And those 68 volunteers contributed a total of 8577 hours of service—an increase of 836 hours over last year's report.

The Gray Ladies, a volunteer organization under the auspices of the American Red Cross, have always performed a wide variety of hospital services.

But requests from hospital personnel in recent months have widened even more the scope of tasks performed by this dedicated group.

In addition to their well-known and better known services such as delivering mail and covers to nursing floors, meeting visitors and giving information, running errands for patients and providing help with reading materials, they bring magazines and newspapers for all hospital waiting rooms and supplying notions, Christmas, and layette for patients in the hospital.

Gray Ladies now serving in other areas include: in the hospital lobby, the Gray Lady volunteer service began. This unqualified service provides for a Gray Lady stationed in the hall adjacent to the surgery suite, plus another on duty in the hospital (lobby) waiting room.

In this way, waiting families of surgical patients are kept informed of the patient's condition until he or she is taken from the recovery room to the nursing floor.

The newest fulltime Gray Lady program, initiated in April, is the one which serves the families of patients in the Intensive Care Unit, as well as the ICU staff and attending physicians.

The new service involves stationing a Gray Lady at a desk outside ICU (for a total of 12 hours each day, five days a week) who helps control visitors to the special wing, thus freeing nurses from this time-consuming job. Using a card system, she notifies members of the family waiting in the lobby or in the 4th floor waiting room when they may visit ICU patients.

Gray Ladies also serve as volunteers in the emergency room where each evening from 6:30 to 8:30, they help register patients, aid families who are waiting for treatment, make telephone calls and help ER nurses on request.

The ladies in gray also serve in the emergency room during the day, when needed, and keep an abundance of comic books available for children who come to the emergency room.

A continuing and valuable service of the volunteers is performed in the admissions department where the Gray Ladies work each Sunday evening—an especially busy

time in that area—helping to get new patients registered and escorting them to their rooms.

Perhaps the most innovative Gray Lady project is the brand new one which is—at this stage—an experimental program dubbed "hospital hostess."

This means that Gray Ladies have begun to visit every patient every day, with the aim of giving patients an opportunity of having a relaxed, informal visit with the "welcome" ambassadors who are there to see to their extra needs and wants.

And, as if all these services weren't enough, the Gray Ladies have made generous donations of the money they have available, along with their time and talents.

During the past year, the Ladies have donated these useful, needed items: a lobby desk, an oxygen monitor for the nursing floor, a digital clock for the surgery suite, two decorative planters, a picture for the emergency room waiting room and a calendar for use in the new hostess vest.

How do you get a Gray Lady?

By being interested in Jeanie Wilcox, hospital coordinator of volunteer services, then—interested—submitting an interest card to the job opening. If a new volunteer is accepted, she will receive a special training program.

As a branch organization, our Gray Ladies volunteer their services on a year-round weekly basis—and if, for some reason, they can't get there—they get their own substitutes.

Like their sister volunteers, the Gray Ladies meet monthly with Jeanie Wilcox to discuss mutual needs and problems as well as to get the benefit of the suggestions of hospital personnel—and they also hold their own conclaves during the year to further their program.

Not only do their total volunteer hours speak well for our Gray Ladies, but the fact that 26 of the group were awarded 100-hour pins and four of the indomitable Ladies received pins signifying 200 hours of hospital service is tangible and significant evidence of real teamwork at work—for the community.

If you've been a patient or visited in Oak Ridge Hospital, these are familiar words—and words that are backed up by the many services performed by our 265 hospital volunteers.

They may be wearing gray uniforms or pink smocks or the crisp pink and white stripes of the younger volunteers—but all have one thing in common:

They are a team dedicated to making things a little easier for all those who pass through the doors of the Oak Ridge Hospital.

And they do this in a variety of ways, performing dozens of useful services for patients and

their families and visitors—services that not only benefit those who receive them, but also free hospital personnel for more professional tasks.

Perhaps almost as important as the actual services they so willingly perform is the personal touch and "homey" atmosphere their presence creates.

They're busy housewives and students, but somehow your volunteer team found time last year to give a total of more than 21,000 hours of service—a service to the community through your hospital.

Teen Volunteers—Valuable Help

Approximately 18 months ago, a third hospital volunteer organization was created. One which has once again proven the enthusiastic willingness of our local teenagers to contribute their time and energy to help others.

An offshoot of the Pink Ladies, a junior volunteer group was organized in the spring of 1971 as the Candy Strippers.

Under the joint direction of Mrs. Donald (Elaine) Trauger and Mrs. John (Cina) Anderson, Candy Stripper membership now includes 107 high school girls who have donated 7666 hours of service during the past year.

Just talk to any resident at Westmall, where the new program was first initiated, and you'll hear all about "those nice Candy Stripper girls."

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

Now, however, their services have been expanded (at the hospital's request) to include other areas in the hospital.

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

Candy Strippers 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.

Jeanie Wilcox, hospital coordinator of volunteer services, has also had the assistance of Candy Strippers in general office work and, this

summer, a young volunteer also served as temporary typist in the physical therapy department.

To date, two capping ceremonies have been held for the 71 teenage volunteers who have given 50 hours of service—and a similar ceremony is planned for this fall.

As part of their in-service training, 40 Candy Strippers recently toured the hospital, visiting all departments to familiarize themselves with various hospital activities.

The young volunteers, who must have completed the ninth grade and be 15 years old in order to apply for Candy Stripper membership, undergo orientation and training which includes instruction by a registered nurse before they assume their supervised volunteer duties.

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

And, also like their adult counterparts, Candy Strippers apparently find their volunteer activities rewarding and satisfying—a feeling obviously shared by those who receive their services.

Based on the girls' enthusiastic response to the call for teenage help (there's a waiting list for membership!) and the affinity many seem to feel for their hospital work, the program and training they receive could provide the first step toward a permanent health career for many of the young volunteers.

So keep your eye on the girls in pink and white—today's Candy Strippers may be members of tomorrow's professional health care team!



Impromptu conferences like this take place often when special volunteer services are needed. Planning the best way to fill those needs are, from left, Cina Anderson, co-chairman of the Candy Stripper program, Jeanie Wilcox, hospital coordinator of volunteer services, and Susie Collins and Nell Blanton, Gray Ladies.

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