1994

The University of Nebraska Hospital, The First Seventy-Five Years, 1917-1992

F Miles Skultety
University of Nebraska Medical Center

THE UNIVERSITY OF NEBRASKA HOSPITAL

The First Seventy-Five Years 1917-1992

UNIVERSITY OF NEBRASKA MEDICAL CENTER
Omaha, Nebraska
1994

THE UNIVERSITY OF NEBRASKA HOSPITAL

The First Seventy-Five Years 1917-1992

UNIVERSITY OF NEBRASKA MEDICAL CENTER
Omaha, Nebraska
1994

THE UNIVERSITY OF NEBRASKA HOSPITAL
The First Seventy-Five Years 1917-1992

F. Miles Skultety, M.D., Ph.D.
Emeritus Professor of Surgery
University of Nebraska
College of Medicine

TABLE OF CONTENTS

INTRODUCTION

This all began in the summer of 1991. I had been retired from the College of Medicine for four years when I received a copy of a memo to a fairly large group asking us to serve on a committee for the 75th Anniversary of the University of Nebraska Hospital and the University of Nebraska College of Nursing. Having elected to do so, I eventually ended up as chairman of the subcommittee on history. The other members of that committee were Alice Friedlander, retired Director of Volunteer Services; Kathy McConnell, President of the Hospital Auxiliary; Sharon Redding from the College of Nursing Alumni Association; Nancy Schneckloth, Assistant Professor College of Nursing and editor of the 70-year history of the College of Nursing; and Carol Wilson, retired Director of the Nursing Service. Among a number of other things, the committee's major contribution was a three-paneled display depicting the histories of the Hospital and the College of Nursing.

Early on, it became apparent that there was very little documentation of the hospital's history. Nancy Schneckloth had done the necessary research for the 70-year history of the College of Nursing and this only needed to be updated. My personal frustration which arose from attempts to provide a history of the hospital in the absence of adequate records or documentation led me to offer to research the necessary information and write a 75-year history.

I reviewed "The First Hundred Years", the history of the College of Medicine, for information on the University Hospital and its reference list noted a number of potential documents which could be used. I reviewed every copy of the Medical Center's internal publication, "The Pulse" later the "University of Nebraska Medical Center News" from the first publication in December 1953 through 1992 and, subsequently, 1993. At the time of my initial review, I made notes of what appeared to be potentially useful information. As might be expected, I subsequently had to return many times as needs arose which I had not initially anticipated.

Ms. Helen Yam, Archivist of the McGoogan Library, located a number of documents for me. I discovered the "Nurse Reporter" of the College of Nursing" and the "Communicator" of the hospital Nursing Service which provided information I had not found elsewhere. Ultimately, the recollection of individuals associated with the Medical Center now or in the past were a significant source of information.

This book is not meant to be a narrative history of the University Hospital, but it is a compilation of as much information as I could find in the three years I worked on it. I must point out that I have not labored diligently for 36 months but only for the four months of "winter" in each of the years 1991-92 through 1993-94 when I could not pursue my avocation of horticulture. A few areas are dealt with in great detail because

of personal knowledge and interest. I hope I have provided two things, a brief historical record of the University of Nebraska Hospital from 1917-1992 and a reference source for those who wish to pursue any particular area in greater detail. Any documents which I have been able to collect are now located in the archives of the McGoogan Library at the University of Nebraska Medical Center, Omaha, Nebraska. I feel this may be my most significant accomplishment since they were dispersed throughout the Medical Center and ultimately would have been lost as many documents already have been. I hope the reader will find this book informative even if not absorbing.

F.M.S.

ACKNOWLEDGEMENTS

The author is indebted to many individuals for the information contained in this history. I have tried to maintain a record so as to properly acknowledge everyone, but I live with the fear that someone who made a significant contribution has been left out. If so, I apologize and assure them that it was not deliberate.

As identified in the text, Carol Wilson is the author of the section on the Nursing Service since I certainly could not have provided the wealth of information and insight contained in that section. In addition, Carol provided summaries of information from the "Nurse Reporter" and other valuable bits of information without which this history would be even less complete than it is. My heartfelt thanks to Carol. I am indebted to Glenda Conley of Hospital Administration who served as an "administrative coordinator", liaison officer and point person, and to Diana Hall who did the typing during this past year and kept up with the numerous revisions and changes. I am also grateful to the staff of Planning and Marketing who provided early typing support, and to the staff of the Neurosurgery Office who served as my in-house mail room to receive the various pieces of information which were submitted from throughout the campus. I want to thank Irene Klintberg of the Dean's Office of the College of Medicine who knew who to call when I needed a source of information and frequently expedited my contacts. I certainly cannot forget the hospital record room staff who helped me find records of hospital statistics which appear throughout the body of the text.

I am especially grateful to Helen Yam, McGoogan Library Archivist, who located a number of documents which I never would have found, who kept watch over the material I had assembled during the three years and who has agreed to help me organize and file it for future reference.

In order to document this history, it was necessary to obtain copies of documents, i.e. bylaws, minutes of meetings, architectural plans, etc.; to talk with individuals who had direct knowledge of events in the past; to prevail on individuals to provide written histories of specific hospital services and in many other ways to rely upon the generosity of others to provide essential information. My thanks to the following who fall into these broad categories: Luann Andersen, Medical Staff Services; Mickey Bradshaw, Materials Support Services; Raymond Breed, Physical, Occupational and Rehabilitation Medicine; Ward Chambers, University Medical Associates; Robert Connor, Pharmacy; Dennis Cuka, Anesthesiology; Donald Dickmeyer, Facilities Management; Celeste Felix, Emergency Medical Services; Alice Friedlander, Volunteer Services; Vicki Hamm, Graduate Medical Education; Florence Hansen, Social Services; Edward Holyoke for significant historical insight; Michael Luethge, Respiratory Therapy; Merton Lundquist, Pastoral Care Ser-

Paustian for background on physician reimbursement; Joseph Scott, Labor and Delivery; Giuseppe Siracusano, Pain Management Center; Carol Smith, Geriatric Services; Glenda Woscyna, Dietetic Services; Gary Sproat, Pastoral Care Services; and Ted Taylor, Radiology.

In addition, thanks to James Armitage, Bone Marrow Transplant; Sandra Benson, Biomedical Communications; Liz Brumm, Volunteer Services; Bruce Buehler, Meyer Rehabilitation Institute; James Dubé, Pharmacy; Theresa Franco, Patient Care Manager, Oncology/Hematology; Denise Jacobsen, Non-invasive Vascular Laboratory; Judy Houfek, Dean's Office; Lila Moffat and Barbara Bideaux-Kaplan, Nursing Service, for general and specific information and leads on other sources; Donna Katen-Bahensky, Hospital Administration; Susan Langdon, Clinical Laboratories; Dale Miller, Facilities Management; Trish Morrow, Audiology Service; Terry Paulson, Hospital Administration; Todd Pillan, Organ Transplant; Michelle Schwedhelm, Operating Room; and Lynette Wheeler, Patient Care Manager, Intensive Care.

To all these, to my friends, colleagues and ex-colleagues and to my understanding wife, I will be everlastingly grateful.

F.M.S.

PHYSICAL FACILITIES

The University of Nebraska Hospital came into existence because of the University of Nebraska College of Medicine so their histories are intimately linked. A very brief review of the beginnings of the College of Medicine is appropriate as an introduction to this History, especially as it relates to the clinical facilities used by the College of Medicine. In September, 1881, a building to house the Omaha Medical College, the progenitor of the University College of Medicine, was completed at 11th and Masons Streets adjacent to the old St. Joseph Hospital [24]. Arrangements were made to use the hospital for clinical teaching. In 1886, the Omaha Medical College building was moved to the southeast corner of 12th and Pacific Streets, and in 1893 a three-story building was erected at that site [25]. It included six clinic rooms to see patients.

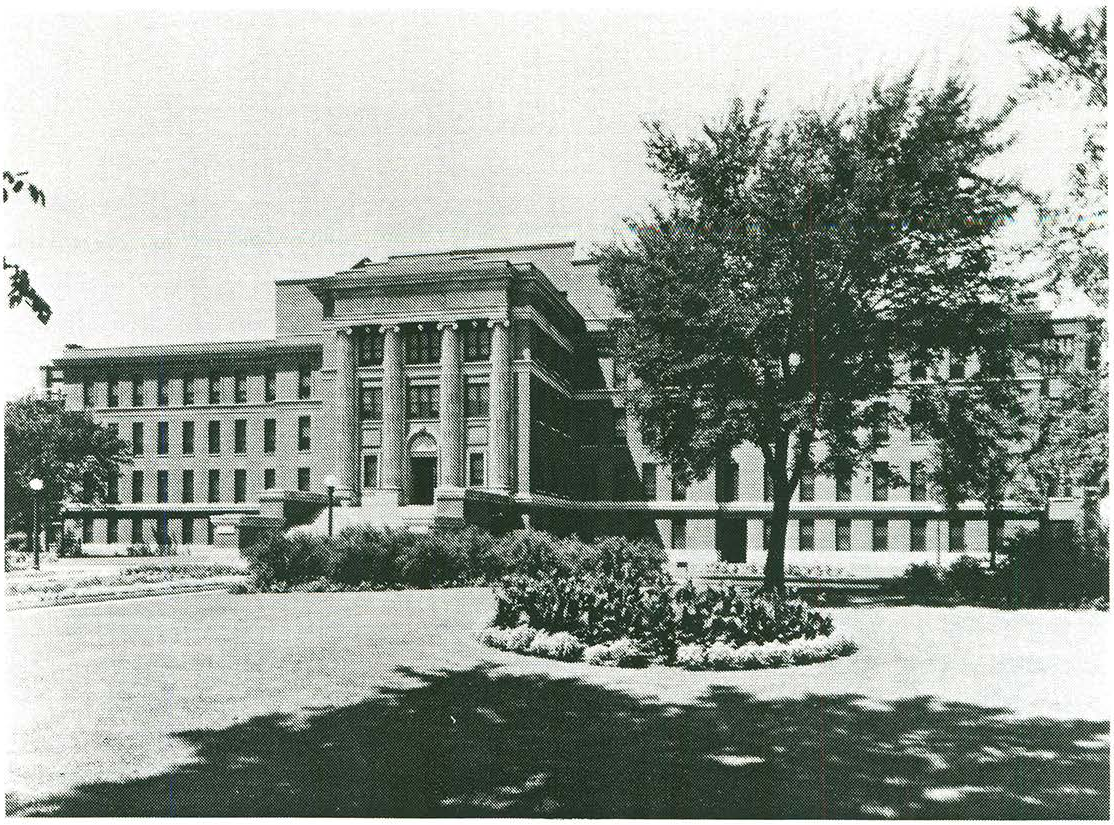
The opening of the College of Medicine at Creighton University eventually resulted in the loss of teaching facilities for the Omaha Medical College at St. Joseph Hospital. However, several other hospitals, Immanuel, Methodist, Douglas County, and Presbyterian were used [74]. In April, 1902, an agreement between the University Board of Regents and the Trustees of the Omaha Medical College established the College of Medicine of the University of Nebraska[27]. The 1908 University of Nebraska Medical Bulletin, *"...emphasized the improvement of clinical facilities in the development of Clarkson, Methodist, and Immanuel Hospital and with the new building of the Douglas County Hospital"* [73].

In 1909, the legislature appropriated $20,000 for the purchase of a campus site in Omaha, and land was acquired at 42nd Street and Dewey Avenue. A donation of $50,000 was promised by leading citizens of Omaha to support construction of a hospital and a classroom building, but the money never materialized [41]. In 1911, the legislature appropriated $100,000 and a laboratory building designed to house the entire medical college was dedicated October 16, 1913. However, no hospital was built.

Finally, in 1915, Dean Irving Cutter persuaded the legislature that a teaching hospital was essential, and $150,000 was appropriated [76]. The first unit of University Hospital consisting of 130 beds was dedicated September 3, 1917 [28]. The purpose of the hospital was set forth by the University of Nebraska Board of Regents [52,72].

"The hospital for the University of Nebraska at Omaha is not founded with the idea of receiving patients who are able to pay for special medical and surgical care. Worthy sick, except as hereinafter specified, shall be admitted upon receipt by the hospital authorities of a written application stating that the patient needs medical or surgical attention, and that he is unable to pay for professional services at the hospital."

Throughout much of this history, it will be necessary to refer to locations of various services as well as physical additions to the hospital. Since the Medical Center complex is located on a hill, a decision was made about the time Unit 3 was added to employ a



Front view of Unit 1, late 1930s

"level" designation to refer to the various "floors". This can be quite confusing to anyone who is not familiar with it. The following explanation will help orient the reader and provide a reference source, if necessary, as he or she proceeds through this history.

When the hospital opened in September of 1917, the front entrance of the hospital in Unit 1 faced 42nd Street to the east. The ground level was called the first floor. Steps led up to the actual front entrance which was at the level of the second floor. When Units 3 and 4 were added fronting on 44th Street, the ground level was one "floor" lower than the ground level of Units 1 and 2. The new "level" system designated the floor below the ground level of Unit 3 as level 1, level 2 referred to the ground level of Unit 3. As noted, this is one floor lower than the ground level in Units 1 and 2, so level 3 corresponds to the ground level in those two units. This level concept will be adhered to throughout this history. For those who may research information on Units 1 and 2 cited in this history, references to the first floor in either of those units correspond to level 3 and so on through the fifth floor which will correspond to level 7. Since the level desig-

nation was used when Units 3 and 4 were added, any reference to "floors" in those units should correspond to the level designation.

Dean Cutter recognized the growing need for expanded clinical facilities and requested funds from the legislature, which eventually appropriated $200,000 in 1925, to build Unit 2 of the hospital and increase its capacity to 250 beds. An interesting anecdote concerning this expansion came to light in a letter from Dr. Walter W. Hurmann, a College of Medicine graduate.

> *"The second unit of the hospital was under construction during the time I was serving as the first resident of Pathology there. When a legislative committee visited the institution during the construction, it seemed imperative that all the beds in the first unit should be occupied, so as to make the necessity of a new wing very obvious. As a result, some of the empty beds were soon filled with interns or student nurses"* [72].

The new wing was completed in 1927 but remained closed for a brief period since no funds had been appropriated for operating costs [74]. Dr. J. Jay Keegan, Dean of the

View from north of Units 1 (left) and 2 (right), September, 1927

Overhead view of UNMC Campus ,1928, viewed from southeast

College of Medicine, requested an additional sum of $125,000 from the legislature for equipment to be used in the unit, and it was finally opened in 1927 [39].

As early as 1916, the general plans of the College of Medicine envisioned a third hospital unit. In 1939, Dr. F. J. Bean, in an article in "Hospital Management" [3] noted, "Plans had been formulated and presented before the legislature for still a third unit of the main hospital unit, but this being a year of retrenchment rather than expansion, no appropriation was made in the Unicameral session recently concluded." In the 1940's, the idea of a third unit was still in existence, but it had lost its status as a hospital wing and for a time included part of the University Clinic, new operating rooms, and new utility spaces [92].

In 1953, the Nebraska legislature passed LB211, appropriating a $6,000,000 building fund for the construction of Unit 3 of the University Hospital. This money was to accrue from a 0.25 mill levy [81]. By Nebraska law, no construction could begin until the funds were actually available. A Building Committee chaired by Dr. F. Lowell Dunn, working with Dean Perry Tollman, was to coordinate the building project on campus [83]. Various reports contained in the campus publication, "The Pulse" during the years from 1953 to 1958, revealed that the configuration of Unit 3, plus other non-hospital projects to be financed by the appropriations, changed significantly [83,84,85,87,92,93]. The prevailing concept of the "Medical Center" during this period, envisioned it as consisting of all the buildings and other entities in the area. In a "Pulse" supplement of February 2, 1956 [92] it was noted that the addition of Children's Memorial Hospital in 1948 was the begin-

ning of the Medical Center, followed by the Nebraska Psychiatric Institute, Bishop Clarkson Memorial Hospital, The Doctors Building, and a proposed Children's Center.

A nursing dormitory, a laundry, and at one point, funding to purchase land for the Children's Center plus other miscellaneous expenses, came out of the $6,000,000 appropriation before Unit 3 ever got started. A review of all the changing reports as to the facilities to be contained in Unit 3 would be futile. Two building report supplements of "The Pulse", plus a description of the unit as actually constructed, should suffice. In a special report in May, 1954, [85] a discussion of the "changes" in the plans for Unit 3 briefly documented that the north wing was to contain the University Clinics in 20,000 square feet, Radiology, Clinical Pathology, Surgery, clinical department offices, and research. The center section was to add 180 to 200 beds. The south wing would contain an auditorium estimated at 800 capacity, plus a lobby, seminar rooms, library and business and departmental offices. In the supplement of 1956, [93] Unit 3 was to add sufficient beds to bring the hospital total up to 400, plus a new surgical operating area, a library, an area for student activity, a food preparation and dining area, clinical department space for offices, research and diagnostic teaching, 20,000 square feet for clinics, and a post graduate area, including an auditorium with a 600 seat capacity and sufficient lobby space to permit meetings of smaller specialty societies.

In November, 1958, the Board of Regents issued calls for bids for Unit 3 plus renovations of existing buildings to cost $2,200,000 [101]. It was to be done in two phases, Phase 1 and Phase 1A at a cost of $1,800,000 for Phase 1 and $400,000,00 for Phase 1A. Phase 1 was to include outpatient clinics, Radiology, Pathology, Clinical Laboratory, Pharmacy, Administration, Medical Records, Social Services, and some classrooms. Phase 1A was designated specifically for research, and funding was not to come from the mill levy money but from research and construction grants from outside agencies. A number of projects noted in the 1956 supplement [93] were not included. The article in "The Pulse" [101] reporting the Regent's call for bids noted, "Future construction needs include a surgical suite, library, food service and dining area, classrooms, student area, auditorium, and a conference center." No beds were added or even contemplated at that time. A ground-breaking ceremony for Unit 3 was held December 27, 1958 and work on the building started immediately [102]. Construction was completed in 1961 and the unit was occupied in June [114]. At that time, Radiology occupied most of level 1 with inpatient pharmacy located in the northwest end of that level. The outpatient clinics were on the west side of the north end of level 2 and the emergency room was on the east side. The College of Medicine and hospital administration offices were on the south end. The clinical laboratory, department offices and classrooms occupied the third level.

Before proceeding to the next significant physical change in the hospital, there are two items of historical interest worth mentioning since they could have impacted significantly on the addition of Unit 3. In the spring of 1957, a bill was submitted to the legislature at the request of Governor Victor Anderson to repeal the mill levy which funded the Medical Center Building Fund [96]. It was defeated. In 1959, Senator Terry

Unit 3 outpatient entrance, April, 1969

Carpenter introduced a bill to remove the $6,000,000 ceiling, and to continue the 0.25 mill levy indefinitely [103]. It also was defeated.

In 1963, a 20 year long-range plan was proposed for the expenditure of $35,000,000 for a series of new buildings linked to the hospital plus renovations of old buildings. This included a plan for a new 200 bed acute care hospital on the east side of 42nd Street, north of the Child Savings Institute, connecting to the existing hospital by an enclosed walkway over 42nd Street. This long-range plan was to funded by a 1.0 mill tax levy for two years which would then drop to 0.25 mill for the next five years. It was approved by the Legislative Revenue Committee, but it did not pass the legislature [116].

This plan was apparently conceived by the University Administration without consultation with the College of Medicine faculty. It was presented to the Executive Faculty of the College of Medicine "...as a matter of information...", January 7, 1963 [164]. The majority of the clinical faculty were opposed to the plan and two "white papers" were submitted voicing this opposition (43, 164). These were called to my attention by Dr. Edward Holyoke. The plan called for other physical facilities modifications in addition

to the new hospital plus the addition of more full-time clinical faculty. Lack of funding precluded its implementation.

No further physical additions to the hospital occurred for several years. In early 1965, Dean Cecil Wittson proposed a building plan for the Medical Center. It was to include a 200 bed hospital wing with a dietary center and 30,000 square feet of clinic space, a medical amphitheater with a parking tower and a new basic science building and library. Dean Wittson indicated that the reason for not building a larger hospital was that he anticipated, "...using the existing facilities of affiliated hospitals for a considerable part of the clinical instruction for our students..." [120]. In 1965, the legislature at the end of its session, approved a six-year capital improvement budget for the University. The College of Medicine's share was to be $7,600,000. Dean Wittson applied for matching funds from the National Institutes of Health. The Health Professional Assistance Act expired June 30, 1965, and the Nebraska application was delivered on that date.

The proposal, as submitted to the National Institutes of Health, called for construction of 200 hospital beds, space for clinics, remodeling of Units 1 and 2, and a new basic science building. The new hospital addition was to be built on top and extend beyond the south side of the existing Unit 3. The 1965 Mid-Summer edition of "The Pulse" noted, "Some interesting features: a maternal and child ambulatorium...an adolescent or obstetrical unit for mothers under 15 years of age...a family practice clinic...a new emergency room and an ambulance entrance on the south side" [121].

Bids for construction of a new hospital unit (Unit 4) containing 189 beds were opened November 30, 1966. The awarded contract was for $5,211,000 [125]. A ground-breaking ceremony was held on January 12, 1967, and construction was completed in the summer of 1969. At that time, levels 4 through 7 contained patient rooms as well as some classrooms and offices off the corridors connecting with Unit 2. A new dining area was located at level 3 to the south of old Unit 3 with some connecting private dining rooms on the west side above the new entrance to the hospital. The pharmacy, central supply and the emergency service area were located on the south side of level 2. The emergency room was not occupied until March, 1970. Lastly, a new surgery suite was located on level 1 on the south side. The unit was not totally occupied immediately and documentation of various moves is not available. However, patients were moved into Unit 4 in June, 1969 [18]. Some remodeling of the older units was occurring concurrent with construction of Unit 4 [133]. Levels 5 and 6 of Unit 2 were remodeled and 38 pediatric beds were opened on those levels on April 28, 1967 [128]. It was dedicated as the Herman Jahr Pediatric Pavilion on November 6, 1967 [129].

Subsequently, two other physical additions were made to the hospital between Unit 2 and Units 3 and 4. In 1974-75, a building to house the Ophthalmology department offices, clinic facility, and the Lions Eye Bank was built at level 3 on the south side between Units 2 and 3 [147]. In 1981-82, a Solarium for patients was added at the fifth level

Unit 4 view from west

between Units 2 and 4 above the Lions Eye Institute with space between allowing for an addition at the fourth level. The Solarium was funded by the hospital auxiliary with money from the gift shop [176,177].

Actual bed capacity of University Hospital was virtually impossible to document since no specific records were kept. The Annual Report completed by the Hospital Record Department based on Admitting Office Monthly Reports documented that the hospital had 228 "adult" beds which included the beds in the pediatric units, plus 46 infant cribs, for a total of 264 in 1970. Bed capacity of the hospital has varied as the University of Nebraska Medical Center (UNMC) has grown so that it is difficult to assign a specific number of beds to the hospital. In December, 1968, UNMC began an affiliation with the Hattie B. Monroe Home. As a result, 12 beds were added to its official count but these were not included in the figures given above. When they are included, the total becomes 276. The Nebraska Pain Management Center was opened in February, 1973, adding eight previously unused beds to the count. As of July, 1979, beds were discontinued at Hattie B. Monroe Home so these 12 were lost. With modifications and changes in services offered, the July, 1983, hospital count was, Adult 249, Nursery 52, Pain Unit 8 for a total of 309. Review of the annual statistics in subsequent years revealed some variation in specific counts.

In September, 1985, the Nebraska Psychiatric Institute came under the University Hospital adding 74 beds. With the consolidation of the psychiatric departments of the University of Nebraska and Creighton University as of July 1, 1987, [184] most inpatient cases went to St. Joseph Mental Health Center under the aegis of Creighton University. The development of a geriatric program at UNMC resulted in the opening of a Geriat-

ric Rehabilitation Unit of 30 beds in the previous Nebraska Psychiatric Institute in December, 1988 [187]. A "Feeding Disorders Unit" was opened in July, 1988, with eight beds, and there were 14 geriatric psychiatry beds remaining. The Pain Management Program became an outpatient program in July, 1985, eliminating its eight beds. Accordingly, the "official" bed count as of July, 1988, was 353. Lastly, in September, 1990, the Medical Center reached an agreement with Lutheran Medical Center to lease space in its facilities. The unit was called, "University Hospital at Lutheran." This was later changed to University Hospital East. The Medical Center acquired a 42 bed nursing unit on the fourth floor, a surgery suite and access to various services and equipment [191]. At first, 20 beds were staffed when the unit opened September 4, 1990. More beds were opened as staff became available and in a short time, 30 beds were available. This bed capacity remained unchanged through June, 1992. In the year July, 1991, through June, 1992, 1,034 patients were discharged and 5,987 patient days of care provided in University Hospital East.

With the continuing increase in clinical faculty and a doubling of clinic visits between 1967 and 1972, it became obvious that more clinic space was needed. A successful application to the Department of Health, Education and Welfare resulted in an

University of Nebraska Clinic Building front entrance

award of $5,533,900 in 1974 for construction of an Ambulatorium [143] Matching funds were supplied by the State. The construction bid was accepted in September, 1975, and construction started in November [147] During planning and construction, the building was designated as the "Ambulatorium". Although the name was technically correct, it was felt by the faculty and staff that it might be confusing to the public and the building was ultimately called, "The University of Nebraska Clinic" at the time of its dedication, October 2, 1977 [151,152]. The offices of the departments of Internal Medicine, Surgery, Obstetrics and Gynecology, Family Practice, and Pathology, were moved into the building and the majority of outpatient clinics were relocated into it.

The latest major addition to the hospital designated the University Health Care Project, was approved by the Board of Regents in December, 1988 [186]. The project was to cost 47.8 million dollars including 6.1 million for a 750 stall parking structure to provide much needed additional parking facilities. It was to include significantly increased outpatient clinic facilities, new operating rooms, plus other needed space. Services to occupy the new facility were documented in the "UNMC News" of October 23, 1992 [198].

Lower Level:	Medical material services and pharmacy bulk storage
Level 1:	Six operating rooms, main lobby, information booth, outpatient registration, outpatient diagnostic center and medical records
Level 2:	Outpatient pharmacy, Orthopedic clinic and Otorhinolaryngology/ Audiology clinic
Level 3:	Oral Surgery/Adult Dentistry clinic and Family Practice/Employee Health clinic
Level 4:	Pediatric clinic and Obstetric/Gynecology clinic
Level 5:	Internal Medicine and Surgery clinics

A landing pad with appropriate facilities for the Life Flight Helicopter was to be on the roof.

A number of services were to be moved and/or expanded into space in the hospital vacated by the services which moved into the new facility. The University of Nebraska Clinic building was to be renovated and converted into new faculty offices.

In June, 1993, a committee brought together by Chancellor Aschenbrener recommended the following name changes which were accepted. The new clinic building, which had been referred to as "The University Health Care Project" during construction, was named the "Outpatient Care Center" which it was felt patients could more easily relate to. The existing clinic building was to be called, "The University Medical Associates" [199].

Actual physical moves into the Outpatient Care Center were to occur over a two-week period [200]. Surgery was to move to Level 1 February 26-March 1, 1993. The new Multi-Disciplinary Diagnostic Center, for routine pre-admission, pre-surgery, and outpatient

Above:
Overhead view
UNMC Campus
1993 viewed from
southeast.

Left:
Outpatent Care
Center

tests to Level 1 during March 1-3, and Medical Records to Level 1 March 3-7. Gift Shop to Level 2 March 6-8, and Outpatient Pharmacy to Level 2 March 10. Lastly, clinic moves were to occur between March 11 and March 15. All moves went pretty much as planned. Subsequently, the Outpatient Care Center has served as the major campus outpatient facility although a few clinics remain in Units 1 and 2. An official dedication ceremony was held on April 23, 1993 [202].

The provision of outpatient clinical services has been an integral part of the University of Nebraska Hospital patient care since its founding. Historically, the Omaha Medical College had, "...individual rooms for patients..." [25] in the building at 11th and Mason Streets. Clinics were also held at St. Joseph's Hospital and after its loss to Creighton University, clinics were developed at Immanuel, Methodist, Douglas County and Presbyterian hospitals [74]. As noted earlier, the building erected at 12th & Pacific Streets in 1893 contained six clinic rooms on the first floor [26].

In the 1913-14 academic year, the first two years pre-clinical teaching of the University College of Medicine was moved from Lincoln to the campus at Dewey Avenue and 42nd Streets in Omaha, and the Omaha Medical College building was closed. The Dispensary, as the outpatient clinic was called, was continued by refurbishing the first floor of Jacob's Hall at 1716 Dodge Street, and clinics were held there even after Unit 1 was opened in 1917 [75]. Following the opening of the South Laboratory building on the College of Medicine campus, clinics were moved there March 2, 1920 [78] and the Dodge Street Clinic was closed.

South Laboratory Building, 1927

Clinics were conducted in Unit 3 of the hospital after it opened in 1961, however, some clinics were still held in the South Laboratory building until 1963. Ultimately, when Unit 4 opened in 1969, some departments utilized freed space in Units 1 and 2 for offices and some additional clinics were developed in Unit 3 in the space previously used by these departments. In addition, the Lion's Eye Institute between Units 1 and 2 in 1975 provided clinic space for Ophthalmology. As noted earlier, the increase in outpatient services and faculty led to the addition of the University of Nebraska Clinic building at the northeast end of the hospital, and the new Outpatient Care Center represents the latest extension of outpatient facilities at the Medical Center.

After moving the outpatient facilities to the South Laboratory building in 1920, all subsequent increases in outpatient clinic facilities remained on the campus until 1967. Since that time, there has been a progressive increase in sponsored clinics off the campus. Documentation of much of the following information regarding such outpatient services had to be obtained from multiple sources. These included records from the departments of Obstetrics and Gynecology, Family Practice, Pediatrics and Otorhinolaryngology, plus the business office of the Dean of the College of Medicine, "The Pulse" and, occasionally, when no other documented sources were available, personal recollection of persons involved.

It appears that the first "off campus" clinic was conducted at the Booth Memorial Hospital starting sometime in 1967 under the auspices of the department of Obstetrics and Gynecology. Residents rotated in that hospital providing inpatient services, mostly deliveries, and also conducting outpatient clinics for pre and postpartum patients. When the new Booth Memorial Hospital opened in May, 1978, services changed to only outpatient clinics and these ended when the hospital was closed in 1990. A Family Practice Clinic was started at W Street, "The W Street Clinic", in Omaha in September, 1968, and continued at that location until it moved to the South Omaha Neighborhood Association (SONA) building at 31st and Q Streets in November, 1975, as the South Omaha Family Practice Clinic. Subsequently, that clinic was moved to the Southroads Mall on January 5, 1987, as the Southroads Associates For Family Practice. Most recently, this facility was closed and Family Practice moved to 3304 Summit Plaza Drive in March, 1992, as the University of Nebraska Medical Associates at Summit Plaza. In response to concerns regarding lack of service in South Omaha, a South Omaha clinic was reopened at the SONA building in February, 1992. In addition, Family Practice also started the Harvey Oaks Medical Associates in May, 1985, at Harvey Oaks Plaza, 14610 West Center Road.

A satellite clinic of the Department of Obstetrics and Gynecology offering maternal and infant care services, known as the Clark Street Clinic, was started at 1728 North 22nd Street in March, 1969. After a robbery of one of the Obstetrics and Gynecology residents at gun point, it was abandoned in the fall of 1980.

The Otorhinolaryngology department started a clinic at the Pine Ridge Indian Reservation in South Dakota in 1971. House officers went to the reservation for four

month rotations providing both inpatient and outpatient services. It was discontinued in February/March of 1977 at the time of significant unrest and violent activity on the reservation.

A clinic was started at 3465 Larimore Street in March, 1974 [140] partially funded by a Robert Wood Johnson Foundation grant. Its association with the Medical Center was apparently rather tenuous and it was closed in 1981 when funding ran out.

A clinic for Pediatrics and Maternal and Infant Care was started in 1978 at the Community Plaza Health Center at 25th and Meredith Streets. It moved to the Mercy Fontenelle Center at 4500 Ames Avenue in February, 1982. When that building was sold, it moved to Ames Plaza, 5908 Ames Avenue in February, 1984. Subsequently, the Maternal and Infant Care Service was discontinued and the Pediatric Clinic moved to 5620 Ames Avenue as the Benson Park Medical Associates in June, 1987.

In October, 1989, the Ophthalmology department and the Lion's Eye Bank moved from the Lion's Eye Institute to a new location at Dewey Avenue and 40th Streets where outpatient services are rendered. The previous institute structure was renovated and became the University Clinical Cancer Center for outpatient services.

As noted elsewhere in this history, responsibility for outpatient clinical facilities passed to the clinical faculty in 1986. At the present time, University Medical Associates, the clinical faculty's organization responsible for outpatient clinics as well as other practice matters, sponsors four clinics off campus: Harvey Oaks Medical Associates, Benson Park Medical Associates, University Medical Associates at Summit Plaza, and the Family Practice Clinic at the South Omaha Neighborhood Association building.

Since one of the primary missions of the University of Nebraska Hospital is patient care, a look at the volume of care rendered during the past 75 years is essential to our historical review. The only information available pertaining to the number of patients treated and the number of days of patient services rendered, came from the monthly reports of the Admitting Office and the annual reports of the Record Room each of which were cited earlier in our discussion of hospital bed capacity. With respect to patient care, these records are not complete. No official records could be found covering the years 1917 through 1920. A sheet in a book containing variable old records was found with the following statement written at the top, "Total number of patients admitted to hospital September 3, 1917 to January 1, 1923-9944." The records from July, 1950 through June 1959 were missing. Such figures as were available are summarized in Table 1. Rather than recording every year, it was elected to report the annual figures at five-year intervals starting at 1917. The 1917-18 figures, obviously, were not available, so the first set in that interval is 1922-23. There are some exceptions to this system and they are noted in the Table. As might be expected, there was an increase in the number of patients served and the number of days of patient service rendered. The number of beds available in the hospital primarily account for the increase between 1927-28 and 1932-33 and between 1967-68 and 1972-73. The subsequent drop in the 30's and 40's was due to closure of beds because of lack of state funding. A number of other factors

such as the type of patients served, the size of the attending physician staff, the shift in emphasis from inpatient to outpatient service, plus others beyond the scope of this historical review, have influenced these figures as well.

UNIVERSITY OF NEBRASKA HOSPITAL INPATIENT STATISTICS

YEAR	PATIENTS DISCHARGED PER YEAR	PATIENT HOSPITAL DAYS PER YEAR	AVERAGE DAYS HOSPITAL STAY	REMARKS
*1921-1922	2,399	35,046	14.6	No records available for 1917 through 1920
1922-1923	2,405	35,366	14.7	
1927-1928	2,824	42,897	15.2	
1932-1933	4,789	72,362	15.1	
1937-1938	3,974	69,400	17.5	
1942-1943	3,292	59,176	18.0	
1947-1948	3,592	64,913	18.1	
*1950-1959				No records available from 1950 through June 1959
*1959-1960	3,997	40,946	10.2	First year records available after hiatus
1962-1963	4,317	38,916	9.0	
1967-1968	5,747	56,396	9.8	
1972-1973	9,960	72,288	7.2	
1977-1978	12,102	86,872	7.2	
1982-1983	11,622	81,183	7.0	
1987-1988	10,356	74,352	7.2	
*1991-1992	11,239	82,643	7.4	Last full year of available records

* Years not in five-year interval sequence

TABLE 1 Records of the total number of patients discharged from the University of Nebraska Hospital in one year, the total number of patient days of service rendered in one year, and the average length of time an individual patient spent in the hospital. Figures are presented at five year intervals starting from 1917 except where noted.

Figures pertaining to the number of patients seen in the various outpatient clinics were obtained from several sources. Since these clinics were under the changing auspices of the College of Medicine, the University Hospital, and now the University Medical Associates, during the period from 1917 to 1992, these are reported as University of Nebraska Medical Center Outpatient Statistics in Table 2. Figures pertaining to the

number of patients seen at the Dodge Street Dispensary were obtained for the years 1914 through 1920 excluding 1917 and 1918 from "The Pulse" [77,79] which at that time, apparently, was a student publication. There were no figures available in the hospital record department until 1932-33. A handwritten clinic record ledger was available covering the years 1950-1959 which were void for inpatient statistics as noted above. Subsequent to 1986 when the Clinical Practice Board and, later, University Medical Associates took over the operation of the clinics, the records were compiled in their offices. There are still a few hospital-sponsored clinics, and these records are kept by the hospital. Figures reported in Table 2 for 1991-92 represent a combination of these records so as to produce a figure comparable to those reported in other years. A discussion of the various factors influencing these statistics are beyond the scope of this historical review. The fact that there has been a striking increase in outpatient services is documented in Table 2.

UNIVERSITY OF NEBRASKA MEDICAL CENTER OUTPATIENT STATISTICS

YEAR	CAMPUS CLINIC VISITS	SPONSORED CLINIC VISITS	TOTAL CLINIC VISITS	REMARKS
1914		9,789	9,789	
1915		11,563	11,563	
1916		13,390	13,390	
1919		9,643	9,643	
1920		11,722	11,722	
1921-1932				No records available
1932-1933	2,388		2,388	Projected 12 month figure based on 1,791 in eight recorded months
1937-1938	2,634		2,634	
1942-1943	1,295		1,295	
1947-1948	1,384		1,384	
1951-1953	21,808		21,808	
1957-1958	33,989		33,989	
1962-1963	46,421		46,421	
1967-1968	72,102		72,102	
*1969-1970	90,863	3,655	94,518	First full year record on sponsored clinics
1972-1973	157,041	5,874	162,915	
1977-1978	201,915	5,775	207,640	
1982-1983	191,949	44,135	236,084	
1987-1988	228,292	56,813	295,687	
*1991-1992	211,061	43,622	254,683	

*Years not on five-year interval sequence

TABLE 2 Record of clinic visits per year. The figures for 1914-1920 cover visits at the Dodge Street Clinic. Figures are at five-year intervals starting in 1932-33 unless otherwise noted. Figures cover number of visits at clinics conducted on the Medical Center campus, the number at clinics off campus sponsored by the Medical Center and the total number of clinic visits in one year.

A brief review of the development of the University of Nebraska Medical Center seems appropriate in this history of the University of Nebraska Hospital. Even though the Medical Center includes more than the hospital, the hospital is an essential and necessary part of the entire Medical Center concept. In the introductory portion of this history and in a number of other places throughout the narrative, relationships between the hospital and the College of Medicine have been discussed and will not be repeated here. The construction of the Children's Memorial Hospital to the west of the University Hospital across 44th Street in 1948, represented the first addition to the campus in the development of what was to become the University of Nebraska Medical Center. It remained a part of the campus until 1981 when it moved to a new location in West Omaha and the original campus building became the "Swanson Center" housing the Swanson Center for Nutrition and a number of other Medical Center units [170].

The earliest documented reference to the Medical Center concept which could be found occurred in a report of the Building Committee in the supplements to "The Pulse" in February, 1956 [92,93]. As can be seen from the following, the concept at that time was quite broad.

> *"During the past few years we have seen startling progress made in our Medical Center. First there was the Children's Memorial Hospital next came the Nebraska Psychiatric Institute..., then the Bishop Clarkson Memorial Hospital...the Doctor's Building is to be completed in early 1957. These additions represent construction costs in excess of $10,000,000. Added to these are large additions to the Methodist Hospital..., additions to Immanuel Hospital..., and pending alterations in the Lutheran Hospital. At the present time over $2,000,000 is available for the new Children's Center and the state legislature provided over $480,000 for purchase of the land. These are all affiliated institutions in which the owners have elected to locate the operation in close relationship to the College of Medicine and comprise in totality a regionally important Medical Center, for medical care, teaching and research"* [92].

A new nurses dormitory was included in the buildings to be funded by the 0.25 mill levy [92,93]. It was to replace Conkling Hall which had served as a nurses residence since 1923 [30]. The building was completed and dedicated in June, 1957 [98]. It contained classrooms as well as residence rooms and served as the administrative center of the School of Nursing, later College of Nursing [99], until the new College of Nursing building on the east side of 42nd street was completed and occupied in January, 1976 [148]. Dormitory space for nursing students had been discontinued prior to that time.

As noted in the above Building Committee Report, a number of additions occurred during this period which enhanced the concept of the campus as a Medical Center. The Bishop Clarkson Memorial Hospital building was completed and opened its doors De-

cember 16, 1955 [90]. The Nebraska Psychiatric Institute building was dedicated April 30, 1955 [87]. The Institute was under the joint sponsorship of the Department of Public Institutions and the University of Nebraska College of Medicine. In 1975, the University of Nebraska Medical Center assumed complete control [146]. On July 1, 1985, the Nebraska Psychiatric Institute was incorporated into the University Hospital [23] and no longer existed as a separate institute. As noted earlier in this section, most of the beds for psychiatric patients were shifted to St. Joseph's Mental Health Center as of July, 1987. The Geriatric Rehabilitation Unit and some geriatric psychiatric beds now occupy the building, as well as a number of other Medical Center programs [184].

In the spring of 1957, construction of a Medical Center Mall was started. The City of Omaha assumed the responsibility to finance the project, "...as a cooperative endeavor and endorsement of the Medical Center as a valuable asset to the community" [97]. This involved making 44th Street, from Farnam to Dewey Avenue, into two one-way streets separated by a central island. It was opened with an official dedication on May 31, 1957 [99].

Ground-breaking for what was called the "Children's Rehabilitation Center" occurred on December 20, 1956 [95]. Actual construction did not begin until October, 1957 [100]. There were three entities in this Center. The Hattie B. Monroe Home which opened January, 1959 [104]. The Omaha Public Schools moved the Dr. J.P. Lord School for the Physically Handicapped to a new facility at 330 South 44th Street in May of 1959, [107] and the C. Lewis Meyer Therapy Center was opened also in 1959.

In May, 1960, the Eugene C. Eppley Foundation announced the award of $2,500,000 grant to the University to be used for the creation of the Eugene C. Eppley Institute for Research in Cancer and Allied Diseases. A building to house the Institute was to be built with a contribution of money from a U.S. Public Health Service Grant and from the 0.25 mill levy building fund [110]. The building was completed and dedicated on June 9, 1963 [117]. Subsequently, a further gift of $2,000,000 from the Eppley Foundation made possible the construction of another building to house a vivarium for animal care and an area for teaching postgraduate medicine [132]. This building was called, "The Eppley Hall of Science" and was dedicated June 22, 1973 [71].

The College of Pharmacy located on the Lincoln campus became aligned with the Medical Center in 1972 when senior pharmacy students began their last year of training at the Medical Center complex [34]. Ultimately, State, Federal and private funds were obtained and a College of Pharmacy building was constructed on the east side of 42nd Street next to the College of Nursing, [50] and the College of Pharmacy moved to Omaha. The building was dedicated October 29, 1976 [150].

In 1983, a proposal was made to, and accepted by, the Board of Regents for the construction of a two-lane road extending Emily Street from 45th Street to Saddle Creek Road. The road was to be funded by the City of Omaha, but the University Hospital and the Nebraska Psychiatric Institute were to reimburse the city over a ten-year period [178].

The extension was completed and opened December 17, 1984 [179].

The new Outpatient Care Center and the addition of five floors to the Eppley Hall of Science represent the most recent significant additions to the Medical Center [193]. The Medical Center purchased the former Booth Memorial Hospital in 1990 [192] and is using that building for administrative offices. In 1989, the Medical Center purchased a building at 38th Street and Dewey Avenue to house the families of transplant patients [189]. The property was leased to the Children's Transplant Association which renovated it and runs it. It opened as "Potter's House" in June, 1991 [194]. A Ronald McDonald House to serve as a "home-away-from-home" for families of pediatric patients is under construction at 38th & Jones Streets on property leased from the Medical Center. The facility will be used by all hospitals in Omaha [203].

Our present concept of the University of Nebraska Medical Center is not documented as it was in 1956. Therefore, it is difficult to define that concept. Physically, the Medical Center consists of the buildings on the campus belonging to the University, including the University of Nebraska Hospital with the former Nebraska Psychiatric Institute, the Outpatient Care Center, The University Medical Associates building, Wittson Hall with the McGoogan Library, Poynter Hall, the South Laboratory building, the College of Pharmacy, the College of Nursing, the Swanson Center, two parking structures, Conkling Hall, the Specialty Services Pavilion, the Shackleford Laboratory building, the Laundry and Bookstore. The Hattie B. Monroe Home, Meyer Rehabilitation Institute, J.P. Lord School and Clarkson Hospital are on the UNMC campus but not owned or under direct control of the University. However, they are geographically present and varyingly close relationships exist with the University causing them to be perceived by some as a part of the Medical Center. In addition, there are buildings not directly on the campus such as the former Booth Memorial Hospital, the building housing the Ophthalmology Department and Clinic, the Fitness Center and University Hospital East which are considered part of the Medical Center. Lastly, there is the College of Dentistry at Lincoln which is under the jurisdiction of the Chancellor and is considered part of the Medical Center even though it is not in the same city.

As to the University of Nebraska Hospital, its mission has changed significantly in the 75 years from 1917 to 1992 as reflected in its Mission Statement in 1991. "The University of Nebraska Hospital stands committed to providing the highest quality patient care and environment for health, service, education and research."

Deans who served as Superintendents of the Hospital

Irving S. Cutter, M.D.

Harold C. Lueth, M.D.

J. Jay Keegan, M.D.

J. Perry Tollman, M.D.

C.W.M. Poynter

Cecil L. Wittson, M.D.

ADMINISTRATION AND GOVERNANCE

The University of Nebraska Hospital always has been, and still is, a component of the University of Nebraska system. As such, it is under the control of the University of Nebraska Board of Regents which has the ultimate responsibility for budget, capital improvement and general policy. However, the Board is not directly involved with management.

Responsibility for managing the hospital has undergone a number of changes in the course of 75 years. When the hospital opened its doors September 3, 1917, it was an extension of the College of Medicine, and the Dean was the Hospital Superintendent and was responsible directly and indirectly for its day-to-day management. This arrangement continued until 1969. Table 3 lists the Deans who served in this capacity. In January, 1953, Mr. Duane Johnson was appointed the first Hospital Administrator [80]. However, Dean Perry Tollman remained as Hospital Superintendent and Mr. Johnson reported to him. In 1962, Mr. Johnson resigned, and Mr. Edwin F. Ross was appointed Administrator of the University Hospital and Clinics [115]. He continued to serve under Dr. Tollman until Dr. Cecil L. Wittson became Dean of the College of Medicine and Superintendent of the University of Nebraska Hospital on September 1, 1964 [118]. Mr. Ross resigned in December, 1965, to accept a position in Cleveland, [123] and Mr. Richard C. Schripsema was appointed Hospital Administrator effective February 1, 1966 [124].

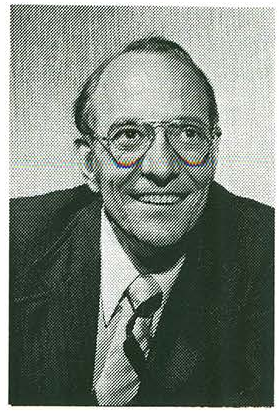
DEANS OF THE COLLEGE OF MEDICINE AND SUPERINTENDENTS OF THE UNIVERSITY HOSPITAL

Irving S. Cutter, M.D.	1917-1925
J. Jay Keegan, M.D.	1925-1929
C.W.M. Poynter, M.D.	1929-1946
Harold C. Lueth, M.D.	1946-1952
J. Perry Tollman, M.D.	1952-1964
Cecil L. Wittson, M.D.	1964-1969

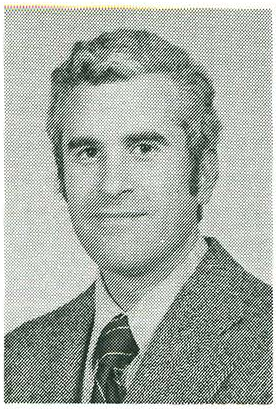
TABLE 3 Each of these men served as both Dean of the University of Nebraska College of Medicine as well as Superintendent of the University of Nebraska Hospital. In 1969, Dr. Wittson became Chancellor of the Medical Center and the Administration of the Hospital, subsequently, reported to the Chancellor directly, and the Dean no longer served as superintendent.

Subsequently, a series of administrative changes within the University system and the Medical Center significantly affected the position of Hospital Administrator. In March, 1968, Dr. Wittson became President of the University of Nebraska Medical Center and

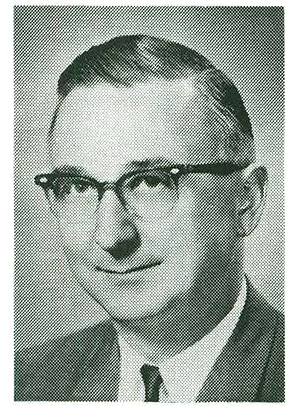
Hospital Administrators



Duane Johnson



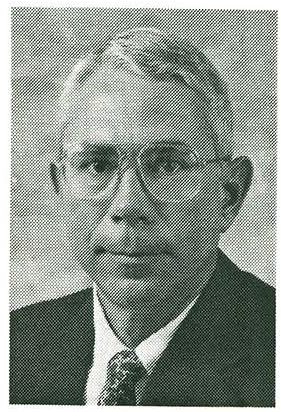
Douglas Peters



Edwin F. Ross

Robert J. Baker

Richard C. Schripsema



Edward Schwartz

Brent Stevenson

Dean of the College of Medicine [33]. This came about as a result of administrative changes in the university secondary to the addition of the former University of Omaha as an administrative unit of the University of Nebraska [130]. In December, 1968, Dr. Robert Kugel was appointed Dean of the College of Medicine and reported to Dr. Wittson along with other administrative units within the Medical Center [131]. However, the Hospital Administrator still reported to the Dean of the College of Medicine. In 1969, further administrative changes made the Hospital Administrator directly responsible to the President of the Medical Center and he no longer reported to the Dean. Richard Schripsema, the Administrator at that time, was also appointed Director of Business and Finance for the Medical Center, as well as Hospital Administrator.

Further changes in university administration titles resulted in the chief administrative officer at the Medical Center and the other two main university subdivisions becoming Chancellors and the chief administrative officer of the University becoming President [137]. Dr. Wittson retired as Chancellor on February 1, 1972, and Dr. Harry McFadden became Interim Chancellor. In July, 1972, Dr. Robert Sparks became Chancellor of the University of Nebraska Medical Center. In late 1972, Mr. Schripsema's title became Vice-Chancellor and Director of Health Services Administration [138]. In 1974, Mr. Schripsema resigned to accept a position in Michigan [139]. Following this, the Chancellor made two interim appointments. Mr. James Kingsbury was appointed Interim Hospital Administrator, and Mr. Thomas Smith was appointed Interim Director of Business and Finance [141]. This marked the beginning of the separation of the two positions. This became complete in November, 1974, "...in response to a mandate from the Board of Regents" [144]. Mr. Douglas Peters was recruited and appointed Hospital Administrator effective August 15, 1974 [142], and Mr. Thomas Smith was appointed Executive Director of Business and Financial Administration in November, 1974 [144].

Dr. Sparks resigned in September, 1976, to take a position with the Kellogg Foundation, and Dr. Harry McFadden, again, became Interim Chancellor. Dr. Neal Vanslow became Chancellor of the Medical Center in July, 1977. Mr. Peters resigned in late 1977 to accept a position in Detroit, Michigan, and Robert J. Baker became Director of the University of Nebraska Hospital effective November 1, 1977 [153]. An important change in governance occurred during his administration which is covered in more detail in the section on Medical Staff. In September, 1979, the Board of Regents established a Board of Governors of the University of Nebraska Hospital and Clinic and the Nebraska Psychiatric Institute [156]. The Regents' delegated to the Board of Governors the responsibility, "...to increase compliance with applicable Federal and State Laws and regulations and requirements of the Joint Commission on Accreditation of Hospitals and to take appropriate action in all matters involving the quality of patient care..." Subsequently, the Hospital Director worked more closely with the Board of Governors than he had previously with the Board of Regents. The Regents' retained control over budget and capital expenditures through the University, Chancellor, and Medical Center. The Board of

Governors consisted of nine members. Five were from the Medical Center: the Chancellor, the Directors of the University Hospital and the Nebraska Psychiatric Institute, the Dean of the College of Medicine and the Chief of the Medical Staff. There were four members from the community approved by the Board of Regents after receiving the recommendation of the President of the University and the Chancellor of the Medical Center. The first four members were: Sharon Marvin, George L. Mazinek, James R. Gibson Jr., all of Omaha, and Donald A. Treadway of Fullerton [158].

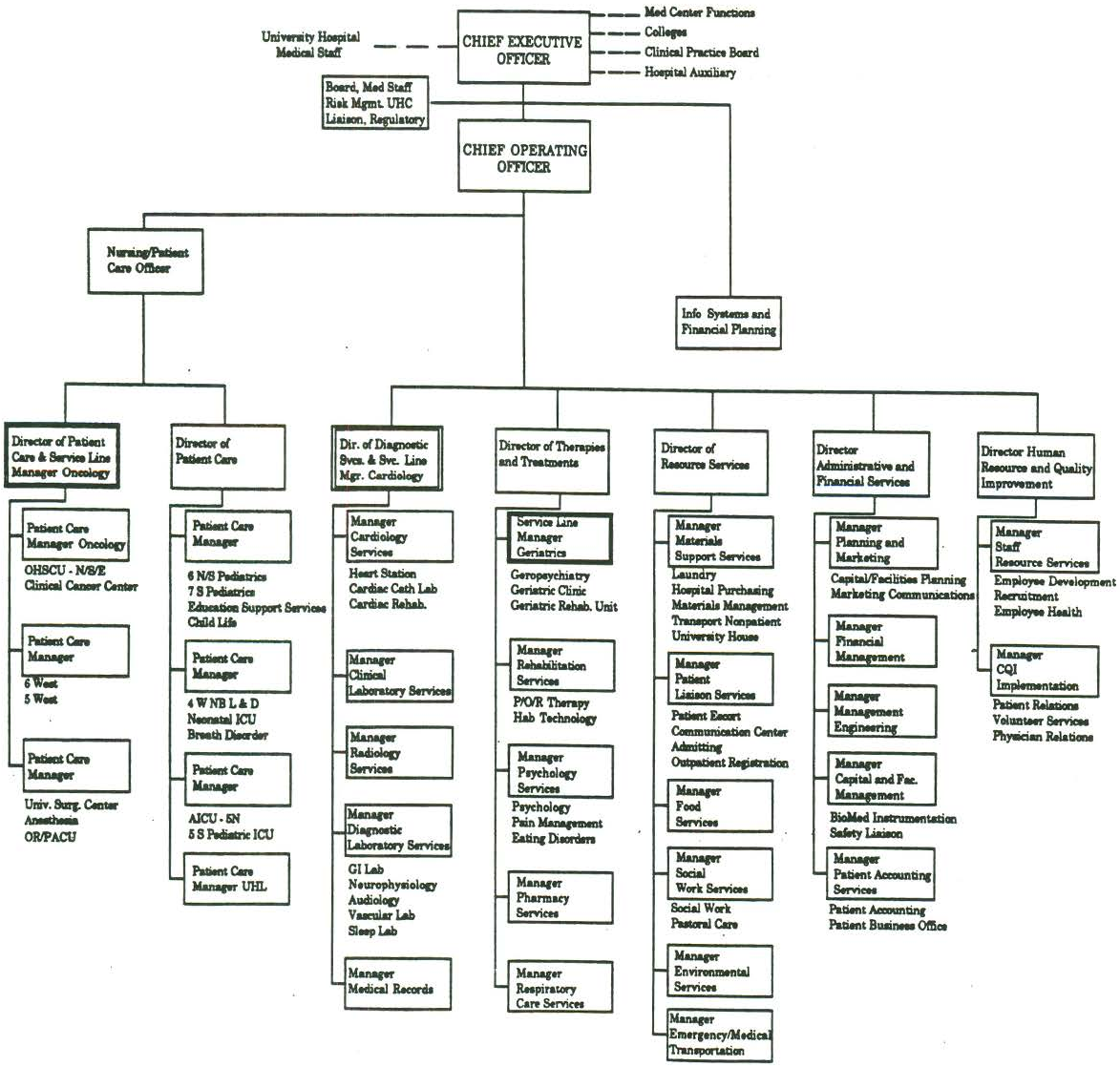
Mr. Baker served until 1986 when he resigned to accept a position in Chicago, Illinois [182]. Mr. Brent Stevenson became Hospital Director in May, 1987, [183] having served as Interim Director since Mr. Baker's departure. He resigned in 1989 to accept a position in San Francisco, California [188]. Mr. C. Edward Schwartz, the present Hospital Director, was appointed effective January 1, 1990 [191]. Table 4 lists the administrators of the University of Nebraska Hospital from 1953 to the present.

ADMINISTRATORS
OF THE UNIVERSITY OF NEBRASKA HOSPITAL

Duane Johnson	1953-1962
Edwin F. Ross	1962-1966
Richard C. Schripsema	1966-1974
Douglas Peters	1974-1977
Robert J. Baker	1977-1986
Brent Stevenson	1986-1989
Edward Schwartz	1989-

TABLE 4 Each of these men served as Administrator of University of Nebraska Hospital. Their titles changed throughout the years as noted in the text. Richard Schripsema was the first to serve as the actual Chief Executive.

Further changes in hospital administration occurred since Mr. Schwartz took over. In September, 1991, plans for an organizational restructure were announced following several months of review under the guidance of the firm FGI [195]. Implementation under a ten member steering committee occurred over several months. The position of Hospital Director, now called Chief Executive Officer (CEO), was to be refocused so that the CEO would spend more time developing relationships with external groups and addressing issues of broad interest to the hospital. This called for the creation of a new position, a Chief Operating Officer [COO], to whom all hospital services would report, and the COO would report directly to the CEO. Donna Katen-Bahensky was named acting COO. Subsequently, the Board of Regents approved her appointment as the Chief Operating Officer of the University of Nebraska Hospital [196].



This chart shows the hospital's new organizational structure. The structure supports the customer focus of the hospital's strategic plan and the cultural changes needed to achieve its vision.

The new organization was to enable the hospital, "...to make the internal changes necessary to support its vision of satisfying customers through continually improving services." The Hospital wanted to become, "a patient focused organization" [197] and structure its clinical activity around service lines. The details of the organization can be seen in the organizational chart. Under the new structure all operational positions directly report to the Chief Operating Officer. The Chief Nursing Officer reports directly to the Chief Executive Officer. Because of the ongoing changes in health care, the administration will continue to evaluate and update the administrative structure.

HOSPITAL AND MEDICAL STAFF REIMBURSEMENT

The Regents' Rules governing the University Hospital in 1917, stated: "The hospital of the University of Nebraska in Omaha is not founded with the idea of receiving patients who are able to pay for special medical and surgical care" [160]. The hospital was funded virtually entirely by appropriation from the legislature through the University. These funds were not specifically designated for the hospital. The legislature appropriated money to the University of Nebraska upon request of the Board of Regents. A portion of that money was allocated to the College of Medicine and the hospital was a part of the college's budget.

The number of patients to be admitted was allocated by county, "...allotment of hospital days is based on the census of Nebraska of 1910 and is prorated among the counties according to population; considerable advantage being given to less populous counties situated some distance from hospital facilities" [160]. An exact proportional allotment was not used, "...so that the greatest good to all would be received..." [160]. If a county did not use its assigned days, they could be used by other counties.

A patient's contribution toward financing his or her care was taken into consideration. Article VII of Regents Rules governing University Hospital stated: "Patients must come provided with sufficient funds to enable them to reach the hospital and to provide for their return home" [160]. Supposedly, this money could come from the county Welfare Department. Patients who were not "established county charges" were expected to pay at least the cost of board and nursing which was established at $2.50 per day in 1917 and had risen to $3.00 per day in 1925.

An article by Marguerite Godsey in the "Nebraska Alumnus" in 1931 [36] reported that a thorough assessment of a patient's ability to pay was carried out at the time of admission, but no patient was refused admission because of inability to pay. However, Regents' Rules by this time specified that patients having earning capacity or responsible relatives would be admitted only upon payment of a fee to cover in part the cost of board and nursing. The rate charged should be such as the hospital authorities deemed reasonable for the patient to pay. The rate at that time was $1.00 per day for children up to age 4, $1.50 from 4 through 10 years of age, and $2.00 per day for adults with the exception that obstetrical patients were charged $2.50 per day. Income levels listed in the article were those, "...accepted by creditable social agencies in the Midwest..." A patient or family with an income exceeding these levels, "...should be able to provide medical services" [36]. There were a number of exceptions discussed which could modify decisions based on the designated income levels.

At that time, the hospital was facing a deficit as pointed out by Dean C.W.M. Poynter during an address to the Lions Club. The hospital was filled to capacity and, according to the Dean, was serving, "a greatly increased number of applicants for free drugs and treatment" [31]. According to information provided by Dr. Edward Holyoke, Dean Poynter

reduced the open beds in the hospital when the hospital budget was cut. As late as 1963, the actual number of open beds was 144 [165].

Little change occurred in state funding or income from patients during the 40's and early 50's. In the 1954-55 fiscal year, state general moneys provided 97% of the hospital budget and 3% came from self-support [167]. In late 1956, Dean J.P. Tollman announced the temporary closing of wards A and B. "Rising costs of operation, and more active hospital services have increased our spending rate. Since we have a fixed budget, it will be necessary to reduce hospital operations" [94]. Apparently, a little money was derived from counties, especially Douglas County which was paying for the care of some of its patients. The amount of money collected from direct charges to patients was probably insignificant. However, as time went on, somewhat more money was coming from sources other than state appropriations since by fiscal year 1960-61, 13.4% of the hospital budget came from self-support [167].

By 1963, the hospital was beginning to collect more patient revenue [172], and on November 1, 1964 the hospital adopted an "Ability to Pay Schedule" [119]. It was based on an individual patient's gross income and number in the family and applied to Nebraska residents only. Individuals living outside the state were expected to pay full hospital rates. An example from the schedule noted that a family with a monthly income of $240 and four children was expected to pay 20% of the standard inpatient hospital rate. Outpatient charges were dismissed, but the patient was expected to pay for drugs [119]. Further changes occurred in November, 1965, when the Board of Regents changed its rules relating to the hospital and removed the previous $4.00 a day limit on charges to county welfare departments for the care of patients referred to the hospital [49,122]. Other changes were made which allowed the hospital to officially accept paying patients, thus, removing obstacles to the hospital's participation in Medicare. In April, 1967, the hospital discontinued its all-inclusive single daily rate and introduced itemized billing. This was necessary in order to accumulate appropriate statistics required for participation in Medicare. The total charges were not altered and the Ability to Pay Schedule remained in effect [127].

Around the same time, the Medical Center was aggressively recruiting a full-time clinical faculty under Dr. Cecil Wittson, as College of Medicine Dean and, subsequently, as UNMC Chancellor, This created the need for a more diversified patient population within the hospital adding impetus to change the concept of the University Hospital as a strictly indigent care facility. Changes in the methods of reimbursement for both the hospital and the staff were occurring. Although, in many respects, these were interdependent, they had to proceed largely independently and will be discussed separately in this section of the hospital's history.

Following the changes in 1965, which permitted the hospital's participation in Medicare, participation in the Blue Cross Plan occurred in 1966, and in 1967 the hospital staff gained approval for participation in the Blue Shield Plan [128]. Other insurers

followed in a relatively short time period. With the opening of Unit 4 in 1969, private and semiprivate rooms replaced the wards. This, plus an increasingly diverse full-time clinical faculty, led to the admission of more and more private patients. Hospital room rates began to change. In January, 1967, the Board of Regent's approved new rates: private rooms $30.00 per day, semiprivate $26.00 per day, ward $24.00 per day (essentially Pediatrics) and intensive care $45.00 per day [126]. By September, 1969, the rates had increased to $47.00 per day for private rooms, $42.00 for semiprivate, $37.00 for ward and $85.00 per day for intensive care. Clinical visits were raised to $5.00 [134]. Although these rates may seem a far cry from today's, they were even further from the rates of 1917. Many economic and social changes not under control of the hospital influenced these differences, and further discussion of room rate charges does not appear pertinent to this history.

In 1975, the Nebraska State Legislature directed that the hospital become increasingly self-sufficient and fund clinical equipment requirements from patient-generated revenue. The state was to cover only those expenses associated with indigent care and also provide support for expenses associated with health science education [172]. From 1975 to 1981, the level of state support decreased by two million dollars and the cost of indigent care rose by two million dollars. At that time, 13% of the care provided by the University Hospital went to those unable to pay [172]. Accordingly, in April, 1981, the Board of Regents placed restrictions on indigent care. Indigent patients who were not residents of Nebraska would not be admitted except for emergency conditions. As of October, 1981, all non-emergent indigent Nebraska residents had to obtain written authorization from their counties prior to admission. Patients without such authorization had to meet hospital admission policies which included a down-payment [172].

Throughout the period from 1981 to 1992, the percent of general funds in relation to total hospital budget continued to decrease. In 1981-82, general fund support amounted to 4% of the total hospital budget, whereas, in 1991-92 it amounted to only 1.4%. In the 75 years from 1917 to 1992, the University of Nebraska hospital went from an institution totally supported by the State to an institution which was 98.6% self-supporting [167].

As noted previously, the recruitment of full-time clinical faculty and the advent of private patients at the University Hospital also raised issues pertaining to professional fee reimbursement. Historically, when the hospital opened in 1917, the Regents' Rules of Governance [160] referring to the staff stated, "These men receive no compensation from the state, and are not permitted by Regents' rules to receive remuneration from the patients in the University Hospital". Some changes in Regents' Rules occurred subsequently since an article by Dr. J.J. Keegan in the Nebraska State Medical Journal [38] in 1927 cited the following in the final paragraph of Article II of the Regents' Rules, "Emergency cases requiring immediate attention will be admitted regardless of financial status or application and charged private patient rates if they want to pay for professional services." Also, in Article IV, the following statement appeared, "No member of

the hospital staff shall receive compensation for professional services from any hospital patient, unless especially authorized by the superintendent" (1).

Since, at that time, the entire hospital staff consisted of voluntary faculty engaged in private practice outside the University Hospital, it is unlikely that much use was made of these provisions. With the advent of the first full-time clinical faculty in 1953, the following statement was considered and passed at a general faculty meeting on December 2, 1953 [44].

"Conversation with department chairmen developed these ideas with reference to the status of full-time people to be added to the Clinical Departments.

The term full-time for these clinical faculty members carries with it the privilege of spending 1/6 time, based on the 44 hour week, for consultation-type practice. Consultation-type practice indicates that these faculty members will see only patients referred to them by other physicians. These staff members are to be urged to see such patients whenever possible with the referring physician. Where this cannot be accomplished, the man is to be urged to see the patient at one of the affiliated hospitals, although it is recognized that some patients may be seen at their offices at the University Hospital, particularly until convenient arrangements elsewhere can be provided. It is understood that in some situations, the faculty member may supervise the care of the referred patients in one of the affiliated hospitals. The income derived from this consultation-type practice is the responsibility of the individual and is not a matter of official recognition by the University.

These full-time faculty members will have no privilege of admitting patients to the University Hospital not accorded any other faculty member."

In the rules and regulations of the first medical staff bylaws adopted in 1956, item number 4 states, "When a patient is found to be able to pay for his services, the Dean may authorize the attending physician to present a bill for his services, as provided in the Regents' Rules". [31]

These various changes made it obvious that some patients in the University Hospital could be charged a professional fee and that full-time faculty members could charge a professional fee for services, but these two facts were not necessarily mutually inclusive. As noted earlier, the hospital began to collect patient revenues in 1963 [172] but these rarely came from private patients. Until Unit 4 was opened in 1969, the hospital facilities were not adequate. There were one or two private rooms at the end of most wards, but these were usually used for severely ill or contagious patients. However, some private patients were occasionally admitted to the University Hospital according to Dr. Frederick Paustian who joined the faculty in 1958.

Under these circumstances, there was no specific University or Medical Center plan regarding professional fees or private patients in the 1960's as the full-time faculty began to increase. Some of the new faculty were considered strict full-time and were paid a salary. Any money they received for professional services was usually returned to their

respective departments. A number of other new faculty retained the professional fees generated from treatment of patients under the aegis of the 1953 policy referred to earlier [44].

It became apparent that some type of policy was needed. Dr. Wittson appointed an ad-hoc committee consisting of Dr. Frederick Paustian, Dr. William Wilson, and Dr. John Jones to develop a "medical service plan" which would address the issues of income from patient-related services and clinical faculty compensation. A plan was developed which was approved by the clinical faculty on March 4, 1971 and the Board of Regents on August 7, 1971 [168]. It established the University of Nebraska Clinicians Group, "...a nonprofit, unincorporated association whose voting membership shall consist of all full-time clinical faculty members and participating membership of all part-time and those voluntary clinical faculty members who render patient diagnosis, care and supervision at the University of Nebraska Medical Center" [168].

Each clinical faculty member was to have a Terms of Employment Agreement with the University of Nebraska College of Medicine which was to be renewable or renegotiated annually with the department chairman subject to approval by the Dean. The agreement specified the source of professionally related income as royalties, honoraria, university approved institutional consultantships and professional service fees, and the amount of salary including related fringe benefits. A current strict full-time faculty member could elect to remain in that status. Other full-time clinical faculty members could become essentially geographic full-time. The three categories of clinical faculty: full-time, part-time or volunteer, were defined in the plan. In practice, the plan's provisions with respect to professional service income applied to the full-time faculty and a few of the part-time.

The plan called for the establishment of a Professional Fees Office by the Nebraska Clinicians Group for the purpose of billing, collecting and disbursing professional service fees generated by the members of the group in accordance with the provisions of the plan. The Professional Fees Office was to be a distinct agency, incorporated and nonprofit with officers and a board of directors appointed by the Executive Committee of the Clinicians Group. Its' Articles of Incorporation were filed and recorded in the office of the Secretary of State of the State of Nebraska June 1, 1971 (2).

The Professional Fees Office was to be supervised by the Executive Committee of the Clinicians Group through a Board of Directors. The Executive Committee was spelled out in the Medical Service Plan. It was to consist of the following:

- Three members from a medically oriented specialty
- Three members from a surgically oriented specialty
- One member from Pathology
- One member from Radiology
- The Dean of the College of Medicine ex-officio

The departments in the medically and surgically oriented specialities were listed in the plan. Members of the committee were elected by the voting members of the Clinicians Group. Terms of office were to be two years beginning September 1st of each year. Four new members were to be elected each odd numbered year and four each even numbered year. A chairman was elected by the Executive Committee members at the first meeting in September. The committee was to meet at least quarterly.

In the plan, professional medical service fees were defined as, "...those charges for medical care given directly to patients by a specific member of the clinical faculty." Fees charged to non-referred patients - those referred to the Medical Center not directly to a physician - were assigned to the University of Nebraska Clinicians Group. Fees charged to a referred patient - those referred to a specific clinical faculty member - were to be disbursed to that individual member.

A Medical Center "Use of Facilities Fee" was to be charged each patient for medical care received in facilities under the jurisdiction of the University of Nebraska Medical Center. This applied to outpatient services. Fees could be charged directly to the patient and billed and collected by the Patient Accounting Office of the hospital, or the fee could be indirectly charged through the physician in which case the physician and/or his department would pay the fee to the hospital.

All professional service fees were billed and collected by the Professional Fees Office. These were deposited in a Professional Fee Clearing Fund maintained by the Professional Fees Office. Expenses incurred by the Office relating to overhead were deducted from the Clearing Fund and prorated according to the amount of fees collected among the departments, sections and clinicians using the Professional Fees Office services.

After payment of Professional Fee Office expenses, setting aside a reserve fund to ensure the day-to-day operation and payment to the respective clinical faculty members those fees collected for referred patients, the assigned fees (those from non-referred patients) were to be transferred to the University of Nebraska Medical Center Clinicians Fund. This was a separate account administered by the Executive Committee. From this Fund, payments were made to department, division or section development funds prorated on the basis of the respective funds generated, plus a payment to the College of Medicine Development Fund.

At the time that the Plan was approved, the amounts to be allocated were 70% to the department, division or section development funds and 30% to the College of Medicine Development Fund. The moneys allocated to the departments *et al* development funds could be used for two purposes: 1) Professional fee income which was paid to certain faculty members of the department as agreed to in their Terms of Employment Agreement; 2) Academic development wherein such money could be used for a number of educational, research and office expenses spelled out in the plan. Additional moneys from these development funds could be allocated to certain fringe benefits in support

of the full-time physician members of the group. These fringe benefits encompassed such things as insurance programs, retirement, professional society dues and even educational benefits for dependents.

This plan was perceived to have a number of problems by the Board of Regents and the University Administration. Accordingly, a Task Force on the Medical Service Plan, consisting of Howard Neville from Central University Administration, as Chairman, and Drs. Frederick Paustian, Francis Land and Dean Robert Kugel met in 1973. The task force considered three prime subjects: 1) disclosure of the amount of income received by full-time clinicians from clinical practice at UNMC administered facilities; 2) the inclusion of all or part of the clinical practice at UNMC administered facilities within the Medical Service Plan, and 3) the administration of the Professional Fees Office. An amended plan was submitted in August, 1973, but because of continued perceived problems further modifications were made and the new plan was finally approved by the Medical Center clinicians on June 27, 1974 and by the Board of Regents on June 29, 1974 [168].

The new plan had several significant changes. Personal income from professional fees of full-time clinicians was to be reported annually as confidential information by income ranges with a statement as to the number of persons receiving income in each range to the Dean of the College of Medicine, the Chancellor of the Medical Center, the President of the University and the Executive Committee of the Board of Regents. Disclosure of income from professional services rendered by individual full-time clinical faculty members was to be reported to the Dean, the Chancellor and the President of the University but not to the Board of Regents. With respect to the Professional Fees Office, it was made more clear that the ultimate authority for policies of the Nebraska Clinicians Group and the Professional Fees Office resided in the Board of Regents. The fact that some full-time clinician members had offices outside of the Medical Center was recognized, and it was specified that these "subunits" must adhere to the Medical Service Plan and submit fiscal information as directed by the Plan. Creation of any new "subunits" would need approval of the Executive Committee of the Nebraska Clinicians Group, the Dean of the College of Medicine, the Chancellor of the Medical Center and the Board of Regents. Under this new plan, the clinical practice of full-time clinicians was more closely controlled with respect to the amount of income, practice within the Medical Center and approved methods for practice outside of the Medical Center.

Although this plan was a significant improvement, as time went on some members of the Board of Regents still perceived problems. When Dr. Neal Vanslow became Chancellor of the Medical Center, he appointed a new committee chaired by Dr. Miles Skultety to review and revise the Medical Service Plan. The revised plan was approved by the Nebraska Clinician Group members on February 9, 1978 and by the Board of Regents on February 18, 1978 [154,169].

Under this new plan, membership of the Nebraska Clinicians Group consisted of voting full-time members and nonvoting part-time and volunteer members who ren-

dered patient diagnosis and care at the University of Nebraska Medical Center. Full-time members were defined as those, "...whose entire professionally related activities are conducted under the direction and with the approval of the department or division chairman or institution director and for which appropriate salaried remuneration is received." A part-time member was defined as one, a portion of whose professionally related activities was conducted under the direction and approval of the Dean et al, as above, and for which appropriate salaried remuneration was received. A volunteer member was defined as one, a portion of whose professionally related activity was conducted, as noted above for part-time but for which no salaried remuneration was received.

Both the Terms of Employment Agreement and the income subject to the plan were defined in detail. Professional service fees were defined as, "...those charges for care given to patients by a specific member of the clinical faculty who will charge a fee for his or her services." The Plan specified that all patients admitted to the University of Nebraska Medical Center facilities would be private patients except for those admitted under special contracts. All patients were to have an identified attending physician. All professional service fees for full-time clinicians were to be billed and collected by the Professional Fees Office. With respect to part-time faculty members, the Terms of Employment Agreement would specify what portion of patient related charges must be billed through the Professional Fees Office. In addition to operating expenses of the Professional Fees Office, which were deducted prior to the time of distribution of any moneys among individual plan members, certain professional practice expenses could be deducted. These included fees for a Nebraska medical license and federal controlled substance license, medical staff dues, and medical professional liability insurance premiums.

After deduction of allowed costs, the funds were to be distributed as follows:

1. Between 60%-75% to the physician who generated the income. The upper and lower limits were specifically set. For an individual physician, these limits were to be determined and specified within the Terms of Employment Agreement.
2. Twenty percent to respective department or division development funds.
3. Five percent to the College of Medicine Development Fund.
4. If the member received less than 75%, the remaining amount was to be divided, with 75% to the Department Development Fund and 25% to the College of Medicine Development Fund.

The disbursement of professional service fee income from the few remaining outside offices was spelled out as to allowable expenses, reporting requirements, and the distribution of money after expenses in the same manner as noted above.

Allowances were made for the development of medical practice units such as professional corporations, partnerships or other legal medical practice entities. Disbursement of fees to and by such entities was spelled out.

In this new plan, the disclosure of professionally derived income to the administration remained essentially the same as it had been in the previous plan. The new plan made it clear that billing for professionally related services by full-time members was to be done through the Professional Fees Office regardless of the location at which the services were rendered. It also indicated that all branch billing offices (outside offices) were to abolished, however, there was a grandfather clause. This excepted full-time faculty members employed by the University prior to July 1, 1977 who maintained an outside office on that date and continuously thereafter. No new outside offices could be established.

The makeup of the Executive Committee of the Nebraska Clinicians Group was changed to consist of three department or division chairmen, one from each of three categories which were designated as medically oriented, surgically oriented and other. The latter consisted of Anesthesiology, Pathology and Radiology. The departments or divisions in the first two categories were specified with provisions for change if any department or division were added or deleted from the College of Medicine. In addition to the three chairmen, there were to be five non-chairman members, two each from medically and surgically oriented specialties and one from the other. The Dean of the College of Medicine was a member ex-officio. All members except for the Dean were elected and each was to serve two years with staggered terms.

An Arbitration Committee was specified which was to have final jurisdiction to adjudicate disputes over interpretation of the plan and charges of noncompliance if these matters could not be resolved informally.

The uses and distribution of department or division development funds was not changed significantly except with respect to what was previously called, "professional fee income." This was abolished as such and replaced by a category called, "salary supplement." Under this heading, it was indicated that the Dean and the department or division chairman could supplement income of an individual plan member from development funds. Such supplements were to be in addition to state salary and the members pro rated professional service fees. Such supplements were to be agreed upon in the Terms of Employment Agreement and subject to the same university approval procedures as salary paid from other university sources.

The Medical Service Plan essentially established a group practice of geographic full-time physicians at the University of Nebraska Hospital. Both the hospital and the staff had now developed systems in keeping with the rest of the community for appropriate reimbursement for services rendered. No further significant changes occurred until 1986 when the University Hospital elected to discontinue the maintenance of hospital outpatient clinic facilities and turned these services over to the clinical faculty. A Clinical Practice Board (CPB) was established at that time, "...to coordinate and govern the clinical practice affairs of the College of Medicine clinical faculty including, but not

limited to, management of ambulatory care programs and entering into contracts for patient care related services,..." [7]. In essence, the CPB took over the management of, and financial responsibility for, most of the outpatient clinics both on and off the campus. A few have remained under hospital management.

The Clinical Practice Board consisted of all of the College of Medicine clinical department chairmen, the Ambulatory Care Medical Director, the Chief of the Hospital Medical Staff, the Associate Dean for Clinical Affairs who acted as chairman, the five non-chairman members of the Nebraska Clinicians Group Executive Committee, the Dean of the College of Medicine, without vote, and the Hospital Director, also without vote.

An Executive Committee was established which consisted of two representatives of medically oriented departments, two representatives of surgically oriented departments, and one representative of the other clinical departments. All five members were from the Clinical Practice Board and were elected by the Board. In addition, two of the five non-chairmen Nebraska Clinician Group members of the CPB were to be appointed to the Executive Committee by the Nebraska Clinicians Group Executive Committee. The Associate Dean for Clinical Affairs was a member of the Committee and served as chairman. The Dean, Hospital Director, Medical Director, and Executive Director of the CPB were members of the Executive Committee all without vote. The departments in each of the three categories were listed in the bylaws, and provisions were made for changes where departments were added or deleted by the College of Medicine.

In a unique arrangement, the bylaws specified that the Associate Dean for Clinical Affairs was to be elected by the Clinical Practice Board. An individual or a list of individuals was to be nominated by the CPB Executive Committee. The Dean of the College of Medicine had the right to approve all nominees prior to election, but the Dean no longer had the right to appoint an Associate Dean for Clinical Affairs. However, an individual could be removed during his or her term at any time by the Dean or by a two-thirds majority vote of all members of the Clinical Practice Board. The Associate Dean for Clinical Affairs would serve for a three year term and could be reelected to successive terms.

An Ambulatory Affairs Committee was established within the Clinical Practice Board, "...to ensure interdepartmental coordination of the day-to-day operations of the ambulatory care programs." Membership consisted of one physician clinic manager from each department with at least one ambulatory care practice site, one representative each from Pathology and Radiology, the Ambulatory Care Medical Director who was to be Chairman, the Executive Director, the Associate Dean for Clinical Affairs and any other members of CPB management deemed appropriate by the Board. The department chairmen appointed the physician clinic managers who would represent their departments. The Ambulatory Care Medical Director was appointed by the Clinical Practice Board by a majority vote from candidates nominated by the Executive Committee. The director served for a term of two years and could serve successive two terms.

The Clinical Practice Board hired an Executive Director to manage the business and financial affairs of the Board. The director reported to the Executive Committee through the Associate Dean for Clinical Affairs.

As noted, the Clinical Practice Board was organized mainly to run the outpatient services for the clinical faculty. The Nebraska Clinicians Group remained as the fiscal organization of the faculty and its Professional Fees Office was still responsible for the billing, collection and distribution of all professional fees whether collected for inpatient or outpatient services.

When the Clinical Practice Board started, the extant Associate Dean for Clinical Affairs, Dr. Charles Dobry, was elected to that position under the board's bylaws. He had originally been appointed by the Dean of the College of Medicine and also had been elected to serve as Chief of the Hospital Medical Staff under its bylaws. After two years, the position of Chief of Staff and Associate Dean for Clinical Affairs were separated, since another individual, Dr. James Newland, was elected Chief of Staff.

A number of other problems became readily apparent, and Mr. Andy McDonald, who had served as a consultant at the time of the original organization of the Clinical Practice Board, was called in to help with reorganization. Ultimately, the bylaws were revised and the name of the group was changed effective March, 1993 [14]. The name, "University Medical Associates" (UMA) was adopted and the significant bylaws changes were as follows. The membership of the University Medical Associates' Executive Committee consisted of the Associate Dean for Clinical Affairs and the members of the Nebraska Clinicians Group Executive Committee as determined in the Medical Service Plan. This established a single governing organization for both groups. The Associate Dean for Clinical Affairs was again appointed by the Dean of the College of Medicine and served as the University Medical Associates' medical director. Dr. Ward Chambers was appointed to this position.

A Clinical Chairs Advisory Committee was established. It reported to the Dean of the College of Medicine and, "...is to advise the Dean on policy matters regarding the patient care programs, including their interrelationship with teaching and research programs. The Committee shall also receive and review quarterly reports of the activities of the UMA Executive Committee and make recommendations to the Dean on medical practice-related matters impacting multiple clinical departments." Membership consisted of all College of Medicine clinical department chairs, the Associate Dean for Clinical Affairs and the Dean of the College of Medicine. The Dean or a designee acted as Chairman of the Committee.

The Ambulatory Care Committee was unchanged except that the position of Ambulatory Care Medical Director was eliminated and the chair of the Committee was to be appointed by the UMA Medical Director. Also, this Committee and the Medical Staff Ambulatory Affairs Committee, were one and the same, establishing an appropriate coordination between the Hospital Medical Staff and the University Medical Associates.

The UMA Medical Director/Associate Dean for Clinical Affairs was appointed by the Dean of the College of Medicine after consultation with the UMA Executive Committee and the Clinical Chairs Advisory Committee. The Director's duties, among others, included serving as the University Medical Associate's liaison with the Dean, Hospital Director, and clinical departments to resolve matters related to the development of an effective patient care delivery system; overseeing day-to-day activities of the Chief Administrative Officer and ensuring adequate medical input to administrative matters; providing oversight and direction to Ambulatory Care Committee Chair and identifying clinical practice policy issues and seeking decisions from the appropriate physicians or committees as necessary.

The management position consisted of a Chief Administrative Officer who managed the business and financial affairs of not only the University Medical Associates, but also of the Nebraska Clinicians Group Professional Fees Office.

The present organization reduces the number of independent groups influencing the fiscal and patient care delivery aspects of faculty medical practice and significantly increases the efficiency of the entire operation.

MEDICAL STAFF ORGANIZATION

In September, 1917, the University of Nebraska Hospital medical staff consisted entirely of volunteer clinical faculty members of the College of Medicine. The Bulletin of the University of Nebraska of August, 1917, [160] designated 52 medical staff positions: Department of Internal Medicine 11, Pediatrics 4, Dermatology and Syphilology 2, Neurology and Psychiatry 2, Radiology 2, Surgery 10, Ophthalmology and Otology 6, Rhinology and Laryngology 5, Orthopedic Surgery 2, Urology 1, Obstetrics 2, Pathology 5. Except for changes in the individuals filling the various positions, no other significant changes occurred in the medical staff for a number of years, however, it proved impossible to document actual numbers. No College of Medicine or Hospital records regarding staff numbers could be found after a reasonably diligent search. A copy of the "Annual Report of the Hospital and Dispensary" of November 15, 1930 was located (1). This listed the clinical faculty and staff by name. From the terms used it was not possible to determine for certain if individuals were or were not members of the hospital staff. There were 60 individuals listed in clinical departments with appropriate academic titles which permitted an assumption that they were members of the hospital attending staff. There were also an additional seven individuals listed as "clinical assistants" or "assistants". Whether or not they were members of the hospital attending staff could not be documented further.

In a copy of the "Pulse" of February 20, 1959, [105] an article on faculty reported 293 individuals who were, "...volunteers at no cost to the State." The article went on to say, "The majority of volunteers are physicians who give their time to the clinical teaching and supervision of students at University Hospital and the 11 affiliated hospital and care facilities in Omaha and Lincoln." It is likely that only a small percentage of these individuals were actual staff members at University Hospital.

The first full-time clinical faculty appointment occurred in November of 1953, when Dr. Robert Grissom was appointed Associate Professor of Internal Medicine [82]. In September, 1954, three more full-time clinical faculty were appointed [86]. These were Dr. Roy G. Holley - Professor of Obstetrics and Gynecology, Dr. Gordon E. Gibbs - Associate Professor of Pediatrics, and Dr. Merle M. Musselman - Associate Professor of Surgery. There were some full-time clinical faculty at the Nebraska Psychiatric Institute about the same time, however, it was not a part of the University Hospital and the two staffs were independent. About the mid 1960's the number of full-time clinical faculty began to increase rapidly, however, no records could be found to document numbers.

The coordinator of the Medical Staff Office was able to locate records of hospital staff membership starting with the year July 1, 1976 to June 30, 1977 and beyond. In that year there were 184 active staff, 147 associate staff, and 203 consulting staff, for a total of 534. One can assume that a significant number of the active staff were full-time clinical faculty members. The actual figures were not available. All or virtually all of the associate

and consulting staff members can be assumed to have been volunteer. In 1977-78, the figures were 225 active, 163 associate and 209 consulting, for a total of 597.

Figures for the years 1979 through 1987 document only the numbers of active staff members. Extensive significant changes in the organization of the medical staff with consequent changes in the bylaws occurred during 1980. These are discussed in detail later in this section, however, they resulted in changes in the designations of staff membership to, Attending, Consulting and Senior Consulting. The attendant changes in category qualifications resulted in a shift in the numbers of staff members in each category. There were 218 Active staff members in 1980 but only 148 Attending staff members by 1981. As of 1987, the number of attending staff had risen to 185. With the changes in 1981, virtually all attending staff were full-time clinical faculty.

A further change in bylaws in 1987 added the designation of Courtesy Staff for individuals who were on the faculty but did not practice at University Hospital. Membership figures for 1988 were: 208 attending staff, 223 consulting staff, 43 courtesy staff and 32 senior consulting staff. In 1992, these figures were 237, 181, 93 and 37, respectively.

In the 75 years from 1917 to 1992, the University of Nebraska hospital staff membership changed from a total of 52 all volunteer clinical faculty to a total of 548 including 237 full-time clinical faculty.

When the hospital opened in 1917, there was no separate medical staff organization or governance. The hospital was an extension of, and under the control of, the College of Medicine, with the Dean serving as the Superintendent of the hospital. The medical staff of the hospital consisted of the volunteer clinical faculty of the college. There were no bylaws or specific organization of the medical staff. The only reference to the University Hospital Medical Staff in the "Regents' Rules of Governance of the University Hospital" [160] stated, "The staff of the University Hospital is composed of the professors, clinical professors, instructors and associates in the University of Nebraska College of Medicine. These men receive no compensation from the State, and are not permitted by Regents' Rules to receive remuneration from the patients in the University Hospital. Each member of the staff may be relied upon to use his highest skill in the treatment of patients sent to the University Hospital." No changes in this relationship occurred until 1955 when the general faculty of the College of Medicine at its meeting of October 5 [88] approved independent "Bylaws and Rules and Regulations for the Medical Staff". These were forwarded to the Board of Regents and became effective February, 1956 [91].

The notice of the October 5, 1955, faculty meeting, dated September 26, 1955 [53] stated, "To meet the staff requirements of the Joint Commission on Accreditation, the proposed draft of a hospital staff organization as distinct from the faculty organization, is proposed." These "Bylaws and Rules and Regulations" [13] were a separate document independent from the bylaws of the faculty. Several portions of this document are worthy of note as a basis for understanding changes in subsequent years. With respect to membership, Article III Section I stated, "Membership in the medical staff shall be lim-

ited to graduates of an approved medical school or dental school licensed to practice medicine or dentistry in the states of Nebraska or Iowa, holding membership in their local medical or dental society, practicing within the community or within the states of Nebraska or Iowa, and holding an appointment on the faculty of the College of Medicine." Appointments were made for one year by the Board of Regents upon recommendation of the Chiefs of their respective services to the Dean of the College of Medicine for transmission to the Chancellor and to the Board of Regents. Reappointments were made by the same route.

The staff was divided into active and associate groups. "The active medical staff shall consist of physicians and dentists who have been selected to practice in the hospital or dispensary and to whom patients may be assigned. Members of the active medical staff shall be required to be well-skilled in the particular branch of practice to which they are appointed. Associate staff shall consist of physicians and dentists who may be given limited assignments for patient care in the hospital or dispensary." Duties of the active staff were to provide medical care to patients in the hospital and dispensary. Any recommendations regarding operation of the hospital or dispensary were to be made to the Dean. Only active staff members could vote on business of the medical staff.

The clinical departments of the staff were designated as follows in Article V. Medicine to include Dermatology; Neurology and Psychiatry; Obstetrics and Gynecology; Ophthalmology; Orthopedic Surgery; Otorhinolaryngology; Pathology; Pediatrics to include newborn; Radiology; Rehabilitation and Physical Medicine; Surgery to include Neurosurgery, Thoracic Surgery, and Anesthesiology; and Urology. Article V, Section II titled "Specialization", stated, "The Chief of Service shall be a recognized specialist, and members of his department shall be well-skilled in the specialty to which they are appointed." There were no other stated requirements such as Board Certification. Organization of services was spelled out in Section IB. "Services enumerated under Article V, Section I, shall be organized as separate services and the chairman of the department in the College of Medicine shall be the Chief of Service at the University Hospital."

The classification of privileges was covered in Article VI, Section I: "Privileges extended to members of the medical staff shall be determined by the Chief of Service. Staff members will be given every opportunity to institute such methods of care and treatment as, in their opinion, are deemed advisable. Newly appointed medical staff members shall be granted minor privileges until such time as it has been determined that further privileges may be allowed by the Chief of Service."

In Article VII, Government, Section I, the following appeared: "The government of the hospital shall be by the Dean of the College of Medicine and the active staff." The officers consisted of the Dean who was to preside at the meetings of the active staff, a vice-chairman who presided in the absence of the Dean, and a secretary who was to keep accounts of attendance, business transacted and all reports of committees. Both the vice-chairman and the secretary were elected from the membership of the active staff.

In Section II, on committees, it was noted that all committee members were appointed by the Dean. There was a University Hospital Executive Committee which consisted of 12 chiefs of service or their designees, the Dean, and the Assistant Hospital Superintendent. It was to meet monthly and act on hospital matters in the interim between regular medical staff meetings which were quarterly. Among other duties, the Executive Committee was responsible for the selection of Interns. There were two other committees specified, a Medical Records Committee and a Tissue Committee. Each was to meet once a month. The membership, either as to number or other qualifications, was not specified. The Rules and Regulations dealt with a number of operational details such as the medical staff meeting schedule, admitting requirements for patients, histories and physicals, discharge summaries, and operative report requirements.

Subsequent to approval of the "Bylaws and Rules and Regulations by the Board of Regents", an organizational meeting of the clinical staff was held on March 7, 1956. The notice of that meeting dated February 27, 1956, [53] contained the following, "The general faculty meeting of February 1, 1956 noted that, initially, all eligible members of the faculty would be active members of the hospital staff unless they expressed their desire to be members of the associate staff." Any action, pro or con, on this proposal was not recorded in the available minutes of the March 7, 1956 meeting.

By 1961, for no discernible reason, the bylaws of the medical staff were again incorporated into the bylaws of the General Faculty. These general faculty bylaws were approved by the faculty on March 8, 1961 [8]. In Article V on organization, the following appears: "Under the general faculty of the College of Medicine, there shall be organized several departments, the faculty of the School of Nursing and the medical staff of the University Hospital." Bylaws of the medical staff were spelled out in Section III of Article V of the Bylaws of the General Faculty. The "Rules and Regulations of the University of Nebraska Hospital" were in Section II of the "Rules and Regulations of the University of Nebraska College of Medicine" of November 6, 1961 [8].

There were some other differences from the 1956 bylaws, and there were now three membership categories: Active, Associates and Consultant. These were somewhat more clearly defined than previously. Only Active members could vote on matters pertaining to the operation of the hospital. Members were elected by the hospital staff on recommendation of the department chairman and had to agree to attend the proportion of departmental and hospital staff meetings specified in the rules and regulations. Associate members, "...shall be those faculty members who take a less active part in hospital affairs or those less experienced members undergoing a period of probation before being considered for appointment to the active staff." They were nominated by the department chairman and elected by the staff. The new Consultant category where members of the general faculty not normally charged with responsibility for patient care but whose advice and counsel might be helpful to the staff. This included some members of the basic sciences departments. They could be nominated by any member of the active staff and elected by the active staff.

The section on Organization and Government specified that the departments of the hospital staff were to be those clinical departments listed in the bulletin (presumably the bulletin of the College of Medicine) and the departments of Pathology and Microbiology. Under the section on officers it was indicated that the Dean was still the presiding officer at all meetings, however, a first and second vice-president and a secretary were elected from the active staff. Their terms of office and duties were similar to those of officers of the general faculty. The executive committee consisted of the chairmen of the departments of Medicine, Obstetrics and Gynecology, Microbiology, Pathology, Pediatrics, Radiology and Surgery, the Dean, the Hospital Administrator, the Director of the School of Nursing and the Director of the Outpatient Department. There were also three members from departments other than those listed above elected from the active hospital staff at its annual meeting. Each served for one year.

The committee structure was enlarged. Committees were now appointed by the executive committee, not the Dean. They consisted of: Disaster, Infection, Intern, Medical Records, Pharmacy and Formulary, Radioisotopes, Surgical Audit, Tissue and Tumor committees. Duties were detailed in the rules and regulations.

The final section dealt with ethics. "The codes of ethics adopted by the American Medical Association and the American Dental Association shall guide the conduct of the members of the hospital staff."

The "Rules and Regulations of the Medical Staff", which were a section of the "Rules and Regulations of the College of Medicine and Hospital" as noted earlier, indicated that Active staff members were to attend at least 50% of the general staff meetings and 50% of departmental staff meetings. The remainder of the "Rules and Regulations" specified the memberships and duties of the various hospital committees.

Subsequently, new "Bylaws of the Medical Staff" were adopted March 21, 1966 [9]. They were again an independent document separated from the "Bylaws of the College of Medicine". However, the preamble indicated that the hospital was an integral part of the College of Medicine complex, administered under the Dean of the College and the Chancellor of the University in conformity with the "Bylaws and Rules and Regulations of the Board of Regents" which constituted the governing body. These 1966 bylaws were far more detailed than either those of 1956 or 1961. Qualifications for membership, terms of appointment, procedure of appointment, and an appeals process were spelled out. The ethics section was expanded to include the statement, "All members of the medical staff shall pledge that they will not receive from or pay to another, either directly or indirectly, any part of a fee for professional services." Categories of the medical staff consisted of Active, Associate, and Consulting, but the required duties in each were more detailed regarding patient care, meeting attendance, and relation to the hospital. Departments were expanded to include Orthopedic Surgery, Otorhinolaryngology, Ophthalmology, Urology, Dermatology, Neurology and Psychiatry, and Physical Medicine and Rehabilitation. Also various subsections of surgery were specifically designated.

Under the section on officers, the role of the Dean as president of the staff was more specifically stated. "The Dean of the College of Medicine, if a licensed physician, shall by virtue of his office be president of the medical staff. In case the Dean is not a licensed physician, the president shall be nominated by the Dean, approved by the executive committee, and elected at the annual meeting of the medical staff." The vice-president and secretary were elected at the annual meeting of the medical staff to, "...hold office until the next annual meeting or until a successor is elected."

The executive committee consisted of the officers of the medical staff and the chairmen of the departments of Internal Medicine, Surgery, Obstetrics and Gynecology, Neurology and Psychiatry, Pediatrics, Pathology, Microbiology, Radiology, and two additional members elected from departments other than those listed above. "Such additional members shall be nominated and elected by the hospital staff at its annual meeting..." The hospital administrator was an ex-officio member of the executive committee without vote. Eleven specific standing committees were designated and their membership and duties were defined in the bylaws.

New bylaws were adopted in July, 1976, [10] and contained a number of changes which continued to reinforce the concept of the medical staff as an independent entity. In September, 1974, Dean Perry Rigby appointed Dr. F. Miles Skultety, Associate Dean of Clinical Affairs and, subsequently, designated him as President of the Medical Staff without approval of the executive committee. As noted the extant 1966 bylaws stated, "In case the Dean is not a licensed physician, the president shall be nominated by the Dean, approved by the executive committee etc...". Since Dr. Rigby was a licensed physician, the bylaws were not strictly followed. Subsequently, Dr. Skultety chaired a committee which reviewed the bylaws and made recommendations resulting in the 1976 changes. With respect to the Office of the President of the Medical Staff, the 1976 bylaws [10] stated, "The Dean of the College of Medicine, if a licensed physician, or by his designation the Associate Dean of Clinical Affairs, shall be President of the Medical Staff. In the case the Dean is not a licensed physician, the president shall be the Associate Dean of Clinical Affairs approved by the Chancellor of the Medical Center." As another sign of recognition of medical staff independence, the president of the staff was made a member of the Chancellor's Administrative Counsel, effective February, 1976.

Extensive changes were made in the section on medical staff membership. In the 1956 bylaws, a specific statement appeared, "Appointment to the active or associate medical staff shall be made by the Board of Regents...". Even though it was indirectly implied in the 1961 and 1966 versions, no such specific statement occurred. In the 1976 bylaws, the following statement appeared, "Appointment to the medical staff shall be made by the Board of Regents of the University of Nebraska after recommendation of the medical staff, the Dean of the College of Medicine, and the Chancellor of the Medical Center." A Credentials Committee of the medical staff was created in 1976 to review qualifications of all applicants for membership submitted "on a designated form" and to recommend applicants only after a satisfactory review confirming their qualifications.

The privileges of each clinical service were specifically designated and subject to review and approval by the executive committee. Each staff member was granted specific clinical privileges after appropriate review, and these were subject to periodic reevaluation and did not extend in perpetuity. In addition, appellate review procedures were spelled out in considerably more detail than previously.

These new bylaws provided the medical staff a more independent status in relation to the Medical Center and the University generally as well as the College of Medicine and conformed to the stricter rules being applied to teaching hospitals by the Joint Commission on Accreditation of Hospitals.

Starting in July, 1977, an ad-hoc committee chaired by Dr. Sushil Lacey began a prolonged and extensive review of medical staff and hospital governance with input from Mr. John Horty, a lawyer with expertise in the field of medical staff organization. This review resulted in a profound alteration in the governance of the hospital and the medical staff. The most significant change was the creation of a Board of Governors of the University of Nebraska Hospital and Clinic and the Nebraska Psychiatric Institute [5]. The Board of Regents of the University of Nebraska established the Board of Governors upon the recommendation of the administration of the Medical Center. The Regents delegated to the Board of Governors the power to appoint, determine the clinical privileges of, reappoint and discipline members of the medical and dental staff of the hospital and institute; to approve medical staff bylaws of the hospital and institute; to oversee medical staff operation in order to ensure compliance with applicable federal and state laws and regulations and the requirements of the Joint Commission on the Accreditation of Hospitals; and to approve actions in all matters involving the quality of patient care in the hospital and the institute. The Board of Regents retained control of the financial operation of the hospital and institute. However, the Board of Governors could make comments and recommendations to the Chancellor, the President and the Board of Regents on the annual budgets of the hospital and the institute.

The Board of Governors consisted of the Directors of University Hospital and the Nebraska Psychiatric Institute, the Chancellor of the Medical Center, the Dean of the College of Medicine, the Chief of the Hospital Medical Staff, and four community members appointed by the Board of Regents after receiving the recommendations of the President of the University and the Chancellor of the Medical Center. Community members served for a period of two years and could not serve longer than three successive terms. The original membership was staggered so that two new community members came on the Board every year. Regular meetings were held at least eight times per year. Officers of the Board of Governors consisted of a chairman, and a vice-chairman elected from the community members, the director of the hospital and the institute and the hospital chief of staff.

With the merger of the Nebraska Psychiatric Institute and the University Hospital in 1986, the position of the Director of the Nebraska Psychiatric Institute was abolished. That position on the Board of Governors was replaced by a representative of the Council

of Clinical Chiefs, elected by that council biannually. Other details beyond the scope of this history can be found in the most recent copy of the bylaws, February, 1993, on file in the archives of the Leon S. McGoogan Library [6].

The new "Bylaws of the Medical Staff" were adopted in February, 1980, [11]. They were very extensive and stipulated a number of very significant changes in medical staff organization. These bylaws and all subsequent revisions were approved by the Board of Governors rather than the Board of Regents. Membership categories were modified and, for the first time, staff members were assessed dues, however, they did not start until 1981. Attending staff were defined as physicians and dentists who were faculty members of the College of Medicine and used the hospital as their primary practice sight. They were entitled to vote, hold office, serve on medical staff committees, and were required to attend staff meetings and pay dues. The associate staff category was dropped. Consulting staff were physicians and dentists who were members of the faculty but did not use the hospital as the primary sight of practice but could and did admit patients to the University Hospital on occasion. They were not eligible to vote, were not required to serve on committees or attend staff meetings, but were required to pay dues. A Senior Consultant staff category was added for, "...distinguished members of the medical staff who have long served the hospital..." upon reaching the age of 70 or substantially retiring from active practice. They might care for patients with privileges of their former membership category. They were not eligible to vote, not required to serve on medical staff committees or attend staff meetings and did not pay dues. Two other new categories were included. Medical Associates were individuals other than physicians and dentists (e.g. psychologists) who had faculty appointments and, "...who have been licensed or certified by their respective licensing or certifying agencies and who desire to provide professional services in the hospital." They were not entitled to the rights, privileges or responsibilities of appointment to the medical staff. Staff Affiliates were individuals employed by a physician or dentist who was a member of the medical staff.

Determination of the clinical privileges of physicians and dentists and of the scope of practice and activities of medical associates and staff affiliates came under the jurisdiction of the Credentials Committee.

The officers of the medical staff were changed to include a Chief of Staff and Vice-Chief of Staff instead of a President and a Vice-President and a Secretary/Treasurer instead of a Secretary. "The Dean of the College of Medicine and the Chief Executive Officer shall, in consultation with the Executive Committee, recommend the appointment and removal of the Chief of Staff to the Board. The Chancellor of the University of Nebraska Medical Center shall appoint and remove the Chief of Staff following appropriate review by the Board. The medical staff, by a two-third vote, may recommend to the Board of Governors that the Chief of Staff be removed." The Chief of Staff was no longer required to be Associate Dean for Clinical Affairs. The other officers were to be elected in "even numbered years" by a vote of the attending staff. They could serve

for no more than two consecutive terms. With the adoption of these bylaws, the position of President of the Medical Staff was abolished. Table 5 lists the individuals who served as President from 1917 to 1980. For the sake of completeness, Table 6 lists the Chiefs of Staff from 1980 until the present.

PRESIDENTS OF THE MEDICAL STAFF OF THE UNIVERSITY OF NEBRASKA HOSPITAL

Irving S. Cutter, M.D.	1917-1925	Dean
J. Jay Keegan, M.D.	1925-1929	Dean
C.W.M. Poynter, M.D.	1929-1946	Dean
Harold C. Lueth, M.D.	1946-1952	Dean
J. Perry Tollman, M.D.	1952-1964	Dean
Cecil L. Wittson, M.D.	1964-1969	Dean
Perry G. Rigby, M.D.	1974	Dean
F. Miles Skultety, M.D.	1974-1980	Associate Dean

TABLE 5 Each of these men served as President of the Medical Staff. As noted in the text, Dean Rigby designated the Associate Dean of Clinical Affairs to serve as President in 1974.

CHIEFS OF THE MEDICAL STAFF OF THE UNIVERSITY OF NEBRASKA HOSPITAL

F. Miles Skultety, M.D.	1980-1982	Associate Dean
Leon F. Davis, M.D.	1982-1985	Associate Dean
Charles A. Dobry, M.D.	1985-1991	Associate Dean
James R. Newland, M.D.	1991-	

TABLE 6 Each of these men served as Chief of Staff subsequent to Bylaws changes in 1980. Drs. Dobry and Newland were elected by the staff rather than appointed by the Dean.

The number of services comprising the medical staff were significantly greater than those in the original bylaws of 1956. They were: Anesthesiology, Dermatology, Emergency Medicine, Family Practice, Internal Medicine, Microbiology, Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Oral Surgery, Orthopedic Surgery and Rehabilitation, Otorhinolaryngology and Maxillofacial Surgery, Pathology, Pediatric Dentistry, Pediatric Rehabilitation, Pediatrics, Psychology, Radiology, Surgery

and Urology. It was stipulated that the medical staff and the board by joint action could add, delete, combine, or subdivide medical services and this has happened a number of times since 1980. The head of each clinical service was the Clinical Chief and it was stipulated that he or she was to be the Chairman of the corresponding College of Medicine or Dentistry Clinical Department or his or her nominee.

The committees of the medical staff were also significantly modified. The Executive Committee consisted of the officers of the medical staff, two Clinical Chiefs elected by the Council of Clinical Chiefs, two members at large elected by the attending staff, the Chairmen of the Credentials, Quality Assurance and Policy Review Committees and the Chief Executive Officer ex-officio with vote. In contrast to previous bylaws there were only five other committees stipulated: a Credentials Committee, a Policy Review Committee, a Quality Assurance Committee, a Bylaws Committee and a Nominating Committee. A number of subcommittees under the Credentials, Policy Review and Quality Assurance committees, were designated in the "Rules and Regulations". This committee structure reflected a marked change in organization of the medical staff to provide increased autonomy and increased control over the quality of care provided at the University Hospital.

A Council of Clinical Chiefs was added. This consisted of the chiefs of each clinical service in addition to the Chief of Staff, the Dean of the College of Medicine and the Chief Operating Officer. The latter were ex-officio with vote. The Chief of Staff served as Chairman of the Council. The Council was to advise on matters pertaining to budget, matters effecting clinical and educational programs and long range planning.

The due process procedures were very extensive and detailed covering over 13 pages in the bylaws. They included qualifications for appointment, conditions for appointment, applications for initial appointment and clinical privileges, description of initial clinical privileges, procedure for initial appointment, procedure for temporary clinical privileges and emergency clinical privileges, procedure for reappointment, procedures for requesting increases in clinical privileges, procedures for actions involving clinical competency, professional conduct and other infractions, summary suspension of clinical privileges and automatic suspension of clinical privileges, and procedures for leave of absence. There were six pages covering hearing and appeals procedures in contrast to 1-1/2 pages in the 1976 bylaws and total absence in the 1956 and 1961 bylaws.

Subsequent to 1980, regular records have been kept of bylaws' revisions and a number of have occurred, actually 16 as of February, 1993 [12]. Revisions of note were the addition of a House Officer category in 1982, deletion of Staff Affiliate in 1986, and addition of a Courtesy Staff category in 1987. In 1983, provisions were made to elect the Chief of Staff. "The Nominating Committee of the Medical Staff, with consultation from the Dean of the College of Medicine, the Chief Executive Officer, and the attending medical staff shall nominate two individuals for the position of Chief of Staff. The election of a Chief of Staff from these two nominees shall be by written mail ballot of the

attending staff and valid if at least 25% of the attending staff respond. The individual receiving the majority of the vote cast by the attending staff shall be recommended to the Board of Governors for appointment. The terms of office shall be for three years with no more than two consecutive terms." A recent change in the 1993 revision of the bylaws established the position of Chief of Staff-Elect. This individual is to be elected and serve as Chief of Staff-Elect during the final year of the Chief of Staff's three-year term and will automatically succeed the Chief of Staff for one three-year term. The process of nomination and election is exactly as outlined above for the Chief of Staff position.

NURSING SERVICE

Carol M. Wilson BA MA

The Nursing Service at University Hospital began when the hospital opened on September 3, 1917. The first Director, Charlotte Burgess, arrived in Omaha early in August of 1917 [30]. At the time there were four graduate nurses. One was in charge of the operating room, one was in charge of the first floor, another was in charge of the second floor, and the fourth functioned as night supervisor [61]. Recruitment and retention were problems even at the beginning. Some of the first four nurses recruited stayed less than a month as they were called away to start their army work. Nurses employed later to take their place were all short-term people, and many were called away to take care of the soldiers sick with flu at various camps [61]. Miss Burgess also started the School of Nursing and nursing students provided the majority of nursing service in the hospital.

In November, 1927, Unit 2 of the University Hospital was opened. The new unit housed the pediatric ward, the orthopedic ward and the psychiatric ward. At the official reception, the nursing faculty and student nurses functioned as tour guides [54].

Early in the 1930's, Miss Burgess began hiring general duty staff nurses. At this time, very few nurses worked in-hospital; most did private duty work. Hospital work was considered "student work" and not a respectable thing for graduate nurses to do. Because of dismal economic conditions, unemployment was high, and many nurses found themselves out of work. Thus, some nurses returned to the hospital to work [161].

A typical ward at University Hospital accommodated 16 to 20 patients. Each ward had one or two private rooms utilized for isolation patients or acutely ill patients. The remainder of the beds were on an open ward. Portable screens were used to provide privacy for the patient while the nurse was doing any type of procedure. The nursing staff spent much time moving the screens from patient to patient. These were later replaced with cubical curtains. Until about the mid 1940's, all patients being admitted were given a bath in the "admitting room" which was on level 3 of Unit 1. Those patients who could were instructed to take a bath and those who could not had to get into the tub and were given a bath by the nurse [17].

New equipment purchased either expanded the role of the nurse or made the work easier. In 1931, major improvements were made in the operating room. A multi-beam surgical light replaced the old chandeliers. Comment was made in the "Nurse Reporter" that had these lights been purchased ten years earlier, the entire surgical staff would be in better humor [55]. The following year, University Hospital had its first oxygen tent. It was described as a most complicated piece of equipment but was put to much use [56].

In 1934, the eight hour shift was introduced to replace the twelve hour shifts. Also, in this year, funds were made available through the Civil Works Administration (C.W.A.) to provide employment. Ten women were employed for sewing, and 60 men worked on construction projects. In addition to this, ten student nurses and several medical stu-

dents were employed to help in the hospital. They did this in addition to their regular duty time [57]. In 1936, five nursing students from Clarkson Hospital were affiliating with University Hospital for their pediatric and obstetrical experience. At this time, the general duty staff of the University Hospital consisted of eleven University graduates and three Clarkson graduates [59].

In 1937, life was made easier for the nursing staff. The tunnel between the hospital and Conkling Hall (where all the students lived as well as the staff) was completed. It opened after the worst snow storm of the year [60]. In 1942, the nursing staff had grown to 20 supervisors and instructors, two dieticians, 15 general staff nurses and 107 students [61].

In 1943, World War II had an effect on the hospital nursing service. In an address given by Charlotte Burgess on May 20th, she stated:

> *"About one third of our medical staff, many of whom were on the School Lecture Staff are now in the service. This affects our teaching program, and our clinical services in the Hospital and in the Out-Patient Department. Then there is the loss of Nurse Instructors, Supervisors, and Head Nurses. School of Nursing can't today be sure how long any of the assistants may continue their service. Then there is the shortage of the General Duty Staff. This is being eased in part by auxiliary workers, Red Cross Nurse Aides, Ward Helpers and other volunteer help. Such groups give valuable assistance but do not take the place of good professional nurses.....To conserve the time and experience of the students in our program, we are evaluating procedures to see what can be done by others than the student nurse..."* [62].

No history of the nursing service at University Hospital would be complete without mentioning three nurses who started during the Burgess era but worked many years after she retired. These nurses were Velma Mason, Mathilda Brock, and Helen Erikson. Mrs. Mason was affectionately referred to as "Mother Mason". She was a day supervisor for many years. She kept the staff "on their toes". Miss Brock was known as "Aunt Til" and was the evening supervisor for many years. Along with Mrs. Mason, she watched over the care of all patients with great scrutiny. Helen Erikson worked in the clinics for several years and then moved to the emergency department. The dedication and hard work of these three nurses did much to mold the development of nursing service at University Hospital.

In April, 1946, Irma M. Kyle succeeded Charlotte Burgess as Director of the School of Nursing and Director of Nursing Service [63]. During the following two years, many improvements were made to make the working conditions in the hospital easier. A central supply room was set up. This relieved the nurses on the units from preparing their own supplies. This department reported to Miss Kyle. An order book was started

with an order sheet for each patient. This relieved the head nurse from transcribing orders. Several nurses aides and ward clerks were added to the nursing staff [64].

Miss Kyle recognized the need for graduate nurses and appealed to Alumnae to work at University Hospital, especially on evening shifts, weekends and in the summer to relieve students, head nurses and supervisors for vacations. Her appeal in 1948 offered graduates $180 per month for full-time employment and $6.50 per day for part-time work. A $10.00 bonus was offered for each three weekend tours of evening or night duty. Her appeal apparently went unheeded as she repeated her plea many times the next few years [64]. In spite the lack of general duty nurses, Miss Kyle did have a small group of dedicated women to assist her in running the hospital and the school. The distinction between faculty and hospital staff was nebulous; most had responsibility for nursing service as well as nursing education [162].

The 1950's saw many changes in hospital nursing. The length of hospital stay for patients continued to decline; medical treatment of patients became more complex; new surgical procedures, such as open heart surgery, were being done; the types of medications available and used increased dramatically. All of this caused a greater demand for professional nursing at a time when there was a shortage of nurses [65]. To meet this challenge, University Hospital began the utilization of practical nurses and increased the number of nursing assistants [67]. This added a new dimension to the role of the professional nurse; that of supervising nonprofessional personnel. Unfortunately, not enough attention was given to prepare the nurses for this period.

In 1957, Miss Kyle reorganized the School of Nursing in an attempt to separate the teaching and nursing service functions. Although Miss Kyle was still responsible for both education and service, the reorganization was the forerunner of the complete separation of education and service as mandated by the National League for Nursing (NLN) the accrediting agency for schools of nursing. Clare Fleming was appointed Assistant Director of Nursing Education, and Carol Wilson was appointed Assistant Director of Nursing Service. The distinction between faculty and nursing service staff was still nebulous. Many nursing service personnel functioned as instructors and were responsible for much of the clinical instruction of students. Nursing students continued to provide much of the nursing care [163].

In 1958, Team Nursing was introduced at University Hospital [68]. With the increased use of practical nurses and nurses aides, functional nursing was utilized. Usually this meant that the R.N. did medications, the practical nurse did treatments and the aide gave the baths and made beds. This resulted in very fragmented care to the patient, whereas the purpose of team nursing was to have different levels of personnel working together under the direction of an R.N. team leader to give coordinated care to the patients.

In 1960, NLN accreditation of the School of Nursing was denied due in part to the reliance on nursing students to provide nursing care [163]. This meant that more staff needed to be hired so that Nursing Service did not need to rely on students for nursing.

This was very difficult at a time when there was a shortage of both nurses and money. In May, 1963, the administration of nursing at University Hospital officially changed. The decision was made to create a Department of Nursing Service responsible to hospital administration. Carol Wilson was appointed Director of Nursing Service; Irma Kyle relinquished her responsibility for nursing service and was the Director of the School of Nursing [69].

In 1967, work began on the new hospital building. Also, a new unit was opened on the 7th floor of the old hospital. This unit gave the nursing staff a sample of what was to come in the new hospital: call lights for each patient, high-low beds, piped in oxygen, complete air-conditioning, and a central food service system. This system was also started in the rest of the hospital [70].

Because of hospital expansion and the increased nursing shortage, much emphasis was placed on the improved utilization of professional nursing and on the elimination of non-nursing functions from nursing personnel. Changes initiated during this time included: an enlarged housekeeping service to clean the units of dismissed patients, clean utility rooms and some porches, and to keep the patient wards orderly; a messenger and patient transportation system; revision of charting forms to shorten the time nurses spent in charting; extension of ward clerk coverage; extension of pharmacy service; and extended central service functions [70].

Senior nursing students were also employed as Assistant Nurses. They could function at the level they had reached in the School of Nursing and were always under the supervision of a professional nurse. This was thought to be an innovation at the time; but Charlotte Burgess had done the same thing many years earlier [70].

At this time, emphasis was also being placed on improved patient centered care. Nursing Care Plans were more widely used and became a part of the patients permanent record. Selective menus were available for patients on a general diet. Patients no longer had to change to hospital attire before going to the inpatient unit. They could keep their own clothes in the unit and even wear their own pajamas and gowns. Things were also improving for the nursing staff. Salaries increased substantially, and more educational opportunities were available. The Inservice Education Department was started in Nursing Service to support this function. Josephine Pinckley was the first director.

Early in the 1970's, the University Hospital was the first in Nebraska to utilize Primary Nursing as the modality of care for patients. Each patient was to have a primary nurse who was responsible for the planning and coordination of the patient's care. The purpose of this system was to provide more personalized and coordinated care to the patients. Primary Nursing was also more satisfying to the professional nurses. It allowed them to utilize their skills more effectively and also to make decisions about patient care. In 1970, the dress code was changed in Nursing Service and the staff was allowed to wear pantsuits. This helped the problems created by mini skirts in some of the staffs' uniforms [71].

The nursing shortage continued and in the 1970's recruitment and retention were top priorities. A recruitment committee was appointed. Senior nursing students, particularly from University and Creighton, were "wined and dined" each year. There was a window display emphasizing recruitment at Kilpatrick's (a downtown department store). University Hospital was one of the first hospitals to utilize radio and television for recruitment. This drew some criticism from other hospitals. Later, billboards were utilized to help recruit nurses to University Hospital. Primary Nursing was a big asset to recruitment. It attracted many new graduates because it allowed them to practice their profession as they had been taught. Barbara Bideaux Kaplan was employed as Assistant Director responsible for recruitment and staffing in 1974.

In 1971, Nursing Service underwent an organizational renewal. The Unit Director position was initiated to expand the head nurse role. The Unit Director had 24 hour responsibility for the nursing care on her unit [47]. By this time, the role of the shift supervisors had been eliminated. There was a person on each unit "in charge" of nursing on evening and night shifts. The Unit Directors gradually became involved with the hiring of their own staff and with the preparation of the budget for their unit. The purpose of this was to give appropriate responsibility to match the accountability of this position.

The Nursing Department started working on a Patient Classification System in 1974. The purpose of this was to have staffing based on the acuity and needs of the patients, rather than on numbers. This was done manually for several years but was later computerized.

In 1975, the concept of a Clinical Career Ladder was introduced [48]. The purpose of this was to recognize staff nurses with different levels of expertise. It was hoped that this would reduce the turnover and keep expert nurses at the bedside. This took several years to develop, and University Hospital was the first hospital in Omaha to implement a Career Ladder. There were levels in the Career Ladder and criteria were established for each area of nursing. It was a very difficult program to develop and to manage and was replaced later by the Professional Achievement Program. This program recognized staff nurses who were truly "top achievers". Not more than five percent of the staff nurses were anticipated to meet the criteria. When the criteria were met, staff nurses received a cash stipend.

Continuing education and research have long been valued in the nursing department at University Hospital. It started with Charlotte Burgess who encouraged nurses to earn their bachelors degree and has continued throughout the years. After the School of Nursing became a four year baccalaureate program in the 1950's, nurses at University Hospital were encouraged to take classes. There was a substantial tuition reduction for employees and work schedules were adjusted to accommodate the classes. The development of the Inservice Education Department within Nursing Service provided an orientation to new employees and coordinated the teaching of new procedures and new equipment.

Research has also been an integral part of nursing service at the University Hospital. The nursing staff supported the research done by the College of Medicine and School of Nursing by assisting in the collection of data and specimens. The nursing staff also did research on their own to find ways to improve patient care. In 1967, two studies were documented in the "Communicator". The first, was a study regarding the delay in the Emergency Department on the admission of patients. The study showed that the biggest delay was in time spent in x-ray. The other study done was to determine if the personnel were justified in their complaints about being called frequently to work extra, and if so how the situation might be corrected. This resulted in trying a "No Pulling Policy" and having each unit responsible for replacing needed staff. Some earlier studies done involved the role of the ward clerk, the administration of medicines, and patient satisfaction.

In 1981, a Research Coordinating Committee for Nursing was started in conjunction with the College of Nursing [45]. June Eilers, Clinical Nurse Specialist, was the first chairperson. Later, in the 1980's, the importance of research in Nursing Service was demonstrated by the development of a new position, Director of Nursing Research in the Clinical Area. Dr. Fannie Gaston-Johannsen was recruited from the College of Nursing faculty to fill this position. Under her direction, the Research Nurse Intern Program was established. The purpose of this program was to increase the utilization of nursing research in the hospital. This program has received national recognition.

Two other unique aspects of nursing service at University Hospital have been "discharge planning" and "patient education". In 1982, the responsibility for discharge planning was given to nursing by the Utilization Review Committee of the Medical Staff [46]. In the majority of hospitals, discharge planning is the responsibility of the Social Service Department and nursing is not involved. The nursing staff at University Hospital felt that discharge planning was a very important part of patient education. Social Service has a large role to play in discharge planning, particularly placing patients in alternative healthcare settings and in dealing with complex family problems. This system has worked well at University Hospital both for the patients and for the staff. Patient education has become an integral part of nursing service. While many disciplines contribute to educating the patient, the Primary Nurse is responsible for coordinating these efforts and assuring that the patient knows what to do upon dismissal. With hospital stays becoming shorter, this is more important to do and also more difficult. On each patient unit, a staff nurse has been designated as the Patient Education Resource Person. This person maintains the patient education materials on the unit, and functions as a resource person to other staff.

Another distinctive feature of the Nursing Service at University Hospital is the utilization of Clinical Nurse Specialists (a Master's prepared nurse with expertise in a particular area of nursing). Barbara Winfield was the first Clinical Nurse Specialist employed in 1965. There are now over 20 Clinical Nurse Specialists on the staff. Their functions are quite varied depending on the areas in which they work. This has greatly enriched the

nursing staff and quality of care delivered.

The administrative placement of the Director of Nursing changed a great deal over the years. When Carol Wilson was appointed Director of Nursing Service of 1963, she had Department Head status. By 1982, the Director of Nursing Service was also an Assistant Hospital Director, and the Unit Directors achieved the same status as department heads. In 1988, the Director of Nursing Service became an Associate Hospital Director. In 1992, Carol Wilson retired after 40 years of service at the Medical Center. Another reorganization was occurring at that time. The position of Director of Nursing Service was changed to Chief Nursing Officer. Dr. Pam Triola was appointed to this position in 1993, and also has an appointment as an Associate Dean in the College of Nursing.

The history of nursing service at University Hospital has been rich in accomplishments and as a result, the hospital has earned an excellent reputation for providing outstanding nursing care.

HOSPITAL-BASED SERVICES

INTRODUCTION

In this section information will be provided on the various hospital-based facilities and services which enable the hospital to provide the care and treatment necessary for its patients. The major services such as medicine, surgery, etc., which are not hospital based are not covered in this history. They were more appropriately covered in "The First Hundred Years of the University of Nebraska College of Medicine." As time went on in compiling information for this history, more and more "services" came to mind or were recommended for inclusion. At this point, I hope I have included all significant services. If there are omissions, they were not intentional.

These programs each provide a service to the patients and staff directly or indirectly. The information on each unit is brief and not meant to be an extensive historical review. The author had to rely to a large extent on individuals who are working in the areas or who had worked in the areas in the past to provide the necessary information. All who assisted are gratefully acknowledged in appropriate sections of this history.

HOUSE OFFICERS

Very little documented information could be found pertaining to graduate physician training programs at the University of Nebraska Hospital prior to the 1950's. In the past, internships and residencies in this country were hospital-based. At the present time, most are under the auspices of colleges of medicine which is the case at the University of Nebraska Medical Center.

It can be assumed that there were interns at the University Hospital when it opened or shortly thereafter since references to interns providing services in various areas were encountered. For instance, in the information on the Radiology service it is reported that the original x-ray unit was operated by the intern staff. Also, in the section on Emergency Medical Services it is noted that the nurse who monitored the emergency room would call the intern after initial evaluation of patients. The earliest documented reference which could be found appeared in Tyler and Auerbachs 1928, "History of Medicine in Nebraska" [166]. A rotating internship of 18 months is described which consist of two months in each of five services, Pathology, Drug Room and Anesthesiology, Roentgenology and Physical Therapy, Pediatrics (including Otolaryngology and Ophthalmology), House Physician (including Obstetrics and Gynecology and admitting physician) plus four months each on Medicine and Surgery.

The original floor plans of Unit 1 show interns quarters on the sixth level in the east wing above the library. By 1928, according to Tyler and Auerbach [166], the interns were

housed on the third floor (level 5) of Unit 2, and the resident physician on the second floor (level 4). Sometime, subsequent to May, 1935, the interns quarters were moved to Ward N in Unit 2 as noted in the "Nurse Reporter" of that date [58]. Their previous quarters were made into the Obstetric Labor and Delivery Unit. Dr. Harry McFadden, Professor Emeritus of Pathology and Microbiology, who served his internship at University Hospital in 1944 reported that the interns quarters at that time were in the north wing on the seventh level of Unit 2. By the 1960's, hospital provision of house officers living quarters was discontinued.

Dr. McFadden recalled that there were 12 interns when he served his internship, plus residents in Pathology, Surgery, Obstetrics and Gynecology and Medicine. The Office of Graduate Medical Education reported that a residency in surgery was established in 1947 with residencies in Internal Medicine, Obstetrics and Gynecology, Psychiatry and Pediatrics starting in the late 1940's. Information provided directly by the departments involved, documents that a residency in Radiology was established circa 1930, Pathology 1939, Anesthesiology 1952, Otorhinolaryngology in 1968 and Ophthalmology in 1946. In the letter from Dr. Walter W. Hurmann [72] referred to earlier with reference to the addition of Unit 2 he stated, "The second unit of the hospital was under construction during the time I was serving as the first resident of Pathology there." This would put the start of a residency in Pathology about 1926.

The Graduate Medical Education office documents residencies starting in Oral Surgery in 1967, Neurology in 1968, Orthopedics in 1969, Urology in 1970 and Family Practice in 1970. The latest residency is in Neuro-Surgery and this started in July 1993. The last group of physicians to be called "Interns" started training July 1, 1974. Beginning in 1975, all graduate medical education programs became residencies and the term "House Officers" was applied to all trainees.

By 1950, the University Hospital had a total resident compliment of 45 in various specialties, and in 1970 the number had increased to 149. As of 1993, the House Officer Program totals 386 in 15 specialties and 12 sub-specialties. Not all of these residents are training at the University Hospital.

EMERGENCY MEDICAL SERVICES

When the hospital opened in 1917, there was an emergency room on the ground floor (level 3) in the north wing just off the central corridor. There was an examining room and beds. A nurse was on duty during the day and the night supervisor covered during the night. Patients were seen and assessed initially by the nurse and an intern was called.

When Unit 3 opened in 1961, the emergency service was moved to the north wing of that unit. It was located on the east side adjacent to the north entrance on level 2. It had two rooms and since the outpatient department was across the hall, its examining rooms could be used if necessary during off hours. A nurse was on duty and the appropriate house officer was called after initial evaluation.

On March 4, 1970, a new expanded emergency medical services area was opened in the south wing of Unit 4 [135]. It had its own emergency entrance with a place for ambulances and emergency vehicles. The facility included three adult examining rooms, three pediatric examining rooms, an ENT room, an orthopedic room and a large open bay area to handle serious emergency cases. There was a full nursing staff 24 hours per day.

In July, 1970, Dr. Wilbur Muhlig, a retired Omaha Neurosurgeon, was employed as Director of Emergency Services [21]. He was present during the day and house officers were present as needed but not specifically assigned full-time to the emergency service. In July, 1976, Dr. Gerald VanLeeuwen became Director of Emergency Medical Services [149]. Dr. VanLeeuwen had been Chairman of Pediatrics and was instrumental in developing the Neonatology Program at the Medical Center. He served for two years, and Dr. Gerald Moore became Interim Director in July, 1978.

In December, 1978, Dr. Joseph Ornato was appointed Director [155]. Dr. Ornato was a Cardiologist who had an interest in, and training in, emergency medicine. During his tenure, additional physicians were hired so that the emergency room was eventually covered by a full-time medical staff 24 hours per day, seven days a week. Some residents also rotated through the service as part of their training program. The Emergency Medical Service became a department of the hospital and medical staff. In August, 1982, the University Hospital Emergency Service was designated as one of two level 1 trauma centers in Omaha. The other was the service at Creighton St. Joseph Hospital [176].

In 1987, the Emergency Service expanded to eight multiuse examination rooms and five open bays. Additional new facilities also included a medication/supply room, equipment storage rooms, conference room, both male and female patient bathrooms, a storage room, two dirty utility rooms, a private family consultation room, and increased office space. With the opening of the Outpatient Care Center in 1993, a hallway was added connecting to the elevator to the new helicopter pad on the top of that building.

At the present time, the Emergency and Medical Service staff consists of six full-time physicians, 22 FTE nurses and 14.5 FTE ancillary personnel.

In 1971, the Medical Center purchased an ambulance which was fitted to handle neonatal patients. The ambulance transported patients from communities outside Omaha to the Medical Center. A physician and/or nurse accompanied the patient. In 1975, a large mobile home van was purchased, remodeled and modified into a travelling intensive care unit. Originally, it was to transport neonatal patients, but eventually it was used

to transport adult patients from outlying communities to the University Hospital. The original van continued to be used for neonatal patients. It was discontinued in 1984 and the larger vehicle was discontinued in 1985 as air transport became a more efficient means of transportation.

In the 1970's, arrangements were made with a local air transport company to transport patients to the University Hospital from extended distances in the state. A nurse and/or physician would travel with the plane and accompany the patient. On October 16, 1981, a helicopter transport system was inaugurated which was shared with Bryan Memorial Hospital in Lincoln, and Clarkson, Children's and Methodist Hospitals in Omaha [173]. It was named "SKYMED" and transported over 400 patients in its first year of service. In July, 1984, a dedicated full-time team of five adult/ pediatric nurses and five neonatal nurses began service with the helicopter.

A number of local transport companies were still employed to transport patients via fixed wing aircraft from greater distances beyond the range of the helicopter. SKYMED nurses went with the plane to accompany the patients. In December, 1989, the SKYMED program itself committed to provide fixed wing transport for patients throughout Nebraska, the United States, and Canada. This was necessitated by increased referrals to the transplant programs which had been developed at the University Hospital and were attracting patients beyond the borders of Nebraska. By 1991, after ten years of service, SKYMED had transported over 6,000 patients and the staff had increased to 18 nurses.

Reference to Table 7 records the increase in the case load of the Emergency Medical Service over the last 25 years. The decrease from 1977-78 to 1982-83 was assumed to be due to the fact that the new Creighton St. Joseph Hospital opened in 1978 and many emergency cases from the north side of Omaha were routed there. In addition, other factors pertaining to the city's emergency transport system had an influence.

UNIVERSITY OF NEBRASKA HOSPITAL EMERGENCY ROOM VISITS

YEAR	NUMBER	REMARKS
1922-1923	42	
1937-1938	21	No records available 1924-1936
1942-1943	13	
1967-1968	11,457	No records available 1944-1966
1972-1973	20,087	
1977-1978	29,010	
1982-1983	19,466	
1987-1988	20,800	
1992-1993	23,515	

TABLE 7 Number of patients seen in the emergency room for a period from July one year through June of the next in five-year intervals starting from 1917. No records were available prior to 1967 other than the three years listed. These figures represent patients admitted to the hospital as emergency admissions, not patients seen in the emergency room.

OPERATING ROOMS

Information on the physical aspects of the operating room in the early days of the hospital was not available. The surgical suite was located originally on the seventh level of Unit 1 and remained there until Unit 4 opened in 1969. With the help of Ms. Lila Moffat, plus personal knowledge subsequent to 1966, the following information has been put together.

Circa 1955 the surgical suite consisted of two operating rooms, OR 1 and OR 2, in the north wing plus a scrub room and a small sterile supply room on the west side and a "cleanup" room on the east side. In the latter, instruments were boiled to sterilize them until 1958-59 when a steam autoclave and flash autoclave were obtained. In the south wing there was a surgical amphitheater which was not used in the 1950's, but had been used extensively earlier. On Friday afternoons, that room was used by the orthopedic service for cast changes on clinic patients. A coffee room for the staff was located behind and beneath the amphitheater seats. About 1960, a floor/ceiling was added creating an eighth floor in the amphitheater and another operating room, OR 3, was created in the area on the seventh level. There was also a room on the east side of the south wing which was used for linen packs. In 1962, this was converted into a small operating room, OR 4.

The nurses' and doctors' lockers and dressing rooms were put on the new eighth floor. Previously, the doctors' room had been on the east side of the corridor between the north and south wings. This area became the operating room supervisor's office. The nurses' dressing room had been on the south side of the corridor connecting Unit 1 with Unit 2 on the seventh level. This room became a store room for equipment. There was one other room on the south side of that corridor which was used almost exclusively for eye surgery during the early years of the hospital, but later on it was also used for some minor surgery.

With the opening of Unit 4 in 1969, the surgical suite was moved to the south end of level 1 in that unit. There were six rooms for major surgery in the new area, two rooms for cystoscopy, a recovery room, an anesthesia workroom, a pre-op prep room and doctors and nurses dressing rooms [16]. In the mid 1970's, the wall between the two cystoscopy rooms was removed and a larger room was made for cystoscopy plus other minor surgery and occasionally major surgical procedures. There was a small room next to the anesthesia workroom in the west corridor that had been used for minor surgery. It became a pre-op prep room where IV's were started, medications given, and other necessary preoperative preparation carried out.

With the advent of the University Healthcare Project, the surgical suite was expanded. Eight new operating rooms were added in level 1 of the new building where it abutted on the Unit 4 operating room area. The original area was remodeled retaining two operating rooms to bring the total to ten. In addition, there is a cystoscopy room and

both the preoperative and recovery rooms were expanded. There is a new anesthesia workroom, a pre-surgical admission area, a frozen section room for Pathology, new dressing rooms, director and assistant director offices, front desk and supply areas.

With the increasing emphasis on reducing hospital stay and costs, more outpatient surgical procedures are being done. In 1986, the University Hospital opened the University Surgical Center on level 2 of the Special Services Provision (the former College of Nursing Building) [181]. It has four operating rooms, a preoperative area, and a recovery area for patients to recover from the effects of surgery or anesthesia before release. There is also a waiting room for families.

UNIVERSITY OF NEBRASKA HOSPITAL SURGICAL STATISTICS

YEAR	INPATIENT		OUTPATIENT		REMARKS
	MAJOR	MINOR	MAJOR	MINOR	
*1934-1935	1,295	2,212			Figures from January 1934 to January 1935
*1938-1939	3,203				
1942-1943	2,342				
1947-1948	973	1,369			
1952-1953	1,150	986			
1957-1958	1,090	845			
1962-1963	1,678				
1967-1968	2,968				
*1973-1974	4,079				
1977-1978	4,707			4,707	Minor procedures performed in outpatient clinics
1982-1983	4,395			3,801	Minor procedures performed in outpatient clinics
1987-1988	3,314		1,853		Procedures performed in outpatient surgical center
*1991-1992	4,415		2,210		Procedures performed in outpatient surgical center

*Figures not in the usual five-year interval sequence

TABLE 8 Number of surgical procedures performed in the period from July of one year through June of the next in five-year intervals starting from 1917. Available records did not separate major and minor procedures performed in the hospital operating room except as noted. Records of minor outpatient procedures were only available for the periods shown and since the outpatient surgical center was not opened, it is assumed that these were all minor procedures done in the clinics.

Such statistics as were available are shown in Table 8 for both inpatient and outpatient surgical procedures. The first available records which could be found were for the year January, 1934 to January, 1935. Annual figures at five-year intervals are used as they have been for other statistics in this history. There are a number of exceptions to this system noted in the Table. No outpatient figures were available before 1977-78. All the figures came from annual record room summaries based on monthly admitting offices figures as has been the case with other statistics. The outpatient figures for 1977-78 and 1982-83 are assumed to represent minor procedures carried out in the clinics. The figures for 1987-88 and 1991-92 are from the University Surgical Center statistics and are arbitrarily listed as major.

Contemporary surgical procedures have been enhanced by the use of sophisticated equipment. In the early 1980's, the first operating microscope was purchased for the operating rooms. Today, there are eight in the inpatient and outpatient surgical areas. The first laser was purchased around the same time. Today, there are three, a YAG, a CO2, and a KTKP. A Cryosurgery Unit has been available since the 1980's.

ANESTHESIA SERVICE

Since the Anesthesia Service, like Radiology and Clinical Laboratory, is considered a hospital service, it seemed appropriate to provide some information on that service at this point. This was obtained from Dr. Denis Cuka, who indicated that he had talked to Dr. John Barmore. As noted elsewhere in this history, Dr. McAvin, was in charge of Anesthesiology, as well as Radiology and the drug room in 1917. Dr. McAvin administered anesthesia from 1917 through 1943 and then on a part-time basis until 1951. Nurse anesthetists were also used from 1922 until 1943. One or two nurse anesthetists were employed subsequent to 1943. For several years in the early 1970's, the Anesthesiology Department ran a Nurse Anesthesia Education Program. The program was discontinued in 1975 and nurse anesthetists were no longer employed after that time.

In 1945, Dr. Dorothy Thompson, who was the first boarded Anesthesiologist in Nebraska, consulted at the University Hospital. She was in private practice in Omaha. Dr. Murial Frank and Dr. Lynn Thompson, subsequently came to Omaha, and with Dr. Dorothy Thompson were consulting Anesthesiologists to the University Hospital on a rotating basis. In 1948, Dr. John Barmore became the first resident under their supervision. Dr. Barmore, subsequently, left for the armed services.

From 1949 to 1952, Dr. Stager was the full-time Chairman of the Anesthesiology Service. It is not known whether or not there were any anesthesiology residents at that time.

Dr. Barmore returned in 1952 and became Chairman of Anesthesiology. Apparently, residents were trained subsequent to his arrival, therefore, anesthesia services were per-

formed by Dr. Barmore, residents, and nurse anesthetists. Dr. Barmore resigned in 1962 and Dr. John Jones became Chairman shortly thereafter. Drs. Thompson and Frank provided anesthesia services in the interim. With the arrival of Dr. Jones, a solid residency training program was established and has been in place ever since. At the present time, anesthesia services are provided by 17 staff anesthesiologists, most of whom are board certified, and 26 residents.

LABOR AND DELIVERY

It appears that the obstetrical service was on the fifth level of Unit 1 when the hospital opened. In two histories of the College of Medicine [29,166] the following appears. In one [29] there is a picture of the nursery on "the third floor" which would be level 5, and in the other [166] it is noted that there were two wards for Obstetrics and Gynecology on "the third floor". Although no specific references could be found, it seems reasonable to assume that the labor and delivery area was on the same floor.

In 1935, the interns quarter in the east wing over the hospital entrance on the sixth level of Unit 1 was remodeled into an obstetrical unit [58]. The interns quarters were moved to the fifth level of Unit 2. According to information provided by Dr. Joseph Scott, in the 1950's, this delivery area had a central hall with a shower room on the left (north) and a two bed labor room across the hall to the south. Sometimes a third bed would be kept in the hall. There were two delivery rooms at the east end connected by a utility room. The larger room on the north was used for Caesarean sections when they were required. The obstetrical ward was in the north wing. There were two private rooms for very sick patients or postoperative recovery patients. In 1963, former residents donated funds to renovate one private room that was subsequently used for the care of medical students and residents' wives. The room was named the Sage room in honor of a former department chairman. The remaining ward had eight beds on each side and a sunroom at the end. The newborn nursery occupied the south wing. Infants were brought to their mothers from there in a large wheeled multi-slotted cart. A common lavatory and shower area served the entire ward.

When Unit 4 was opened in 1969, the obstetrical service was moved to the fourth level of that unit. Two delivery rooms were located off the north side of the corridor across from the elevator bank. Five labor rooms were available and there was a separate recovery room. There were 15 rooms, private and semiprivate, in the two west corridors and the north side of the east corridor. The newborn nursery was located in the southeast section of the floor. Approximately 10 years ago, a birthing room was added next to the delivery rooms.

UNIVERSITY OF NEBRASKA HOSPITAL
ANNUAL OBSTETRICAL DELIVERIES

YEAR	NUMBER	REMARKS
1922-1923	187	Figures for nine months only, three months not available
1932-1933	577	No records available 1924-1931
1937-1938	459	
1942-1943	338	
1947-1948	472	
1962-1963	914	No records available 1949-1961
1967-1968	1,090	
1972-1973	1,056	
1977-1978	1,309	
1982-1983	1,060	Includes 161 deliveries on Family Practice Services
1987-1988	1,082	Includes 168 deliveries on Family Practice Services
1992-1993	1,054	Includes 134 deliveries on Family Practice Services

TABLE 9 Number of obstetrical deliveries in a period from July of one year to June of the next in five-year intervals starting from 1917. Figures for the years 1932-33, 1952-53 and 1957-58 not available.

Table 9 reveals the annual volume of deliveries since 1922-23 with some omissions because of lack of records. Also, the Table reveals that there have been deliveries carried out by the Family Practice service for the last 10 years.

INTENSIVE CARE SERVICES

The first Intensive Care Unit at University of Nebraska Hospital was a pediatric unit on the fifth level of Unit 2 which opened in June, 1967. It had eight beds [15]. Adult Intensive Care Units were opened November 5, 1969. An Adult Surgical Intensive Care Unit of eight beds was opened on six west which was in the west wing on the sixth level of Unit 4. An Adult Medical Intensive Care Unit of eight beds was opened on five west which was in the west wing on the fifth level of Unit 4 [20].

The Adult Intensive Care Units were combined in 1981 when a 16 bed unit was opened on August 22. It was located in the west wing on the fifth level of Unit 4. Private rooms replaced the two "ward-like" units. Oxygen, suction, and electrical outlets were contained within a "power column" which was free standing in every room. This system was the first for an Omaha hospital and allowed easier access to patients in crisis situations [22,171]. At that time, the Unit employed 53 full or part-time nurses and clerks.

Under Dr. Gerald VanLeeuwen, Chairman of Pediatrics, a Neonatal Intensive Care Unit was started in 1969 with a number of segregated "beds" in the newborn nursery in the south wing of level 4 in Unit 4. In 1970, a separate unit was established within the newborn nursery area. In October, 1979, a new 34 bed Neonatal Intensive Care Unit was dedicated and opened in the same location on the fourth level [157].

The Pediatric Intensive Care Unit was remodeled, upgraded, and opened with ten beds in the same location in the south wing on level 5 of Unit 2 on September 22, 1980 [159]. During remodeling, pediatric patients were admitted to the Adult Intensive Care Unit.

In 1992-93, there were 816 patients admitted to the Adult Intensive Care Unit. From 1982-85, bone marrow transplant patients were cared for in the adult unit, but since 1985 an independent Oncology-Hematology Special Care Unit on the seventh level of Unit 4 has been opened. From 1985 through June of 1993, liver transplant patients were cared for in either the Adult or Pediatric Intensive Care Units. Subsequently, an independent Liver Transplant Unit has been opened. As of the present time, the Adult Intensive Care Unit employs 69.4 FTE nurses and 12.2 FTE ancillary personnel.

At the present time, Pediatric Intensive Care Unit employs 24.5 FTE nurses and 2.6 FTE ancillary personnel and the Neonatology Intensive Care Unit employs 68 FTE nurses and 6 FTE ancillary personnel.

TRANSPLANT PROGRAMS

A Bone Marrow Transplantation Service, under the direction of Dr. James Armitage, was started at University Hospital in April, 1983 [4]. The first patient was transplanted on April 1, 1983. During the first year, 22 transplants were performed on 20 patients including three children although a separate Pediatric Transplant Program was not in place at that time. The number of transplantations increased each year and 111 were performed in 1992. As of December, 1992, a total of 1,049 bone marrow transplantations had been performed at the University of Nebraska Hospital.

On June 18, 1984, the first peripheral stem cell transplant was performed. By December, 1992, a total of 350 peripheral stem cell transplants had been carried out.

At the beginning of the program, patients undergoing transplantation were cared for in the Intensive Care Unit. In January, 1985, the first patient was admitted to a new Oncology-Hematology Special Care Unit on the seventh level of Unit 4. The Unit consisted of nine rooms which featured high efficiency particulate air filtration. The Unit was full in six months. Later, a conference room was converted into a tenth patient room. Between 1987 and 1989, an additional 20 rooms was converted into transplant beds on the seventh level of Unit 4.

In July, 1987, a Pediatric Transplant Program was initiated under the direction of Dr. Peter Coccia. The number of pediatric bone marrow transplants has increased and currently averages 25 per year. Pediatric patients were admitted originally to the seventh floor transplant unit. In 1992, a separate five bed transplant unit featuring an improved air filtration system was opened in the north wing on the sixth level of Unit 2. This unit is used almost exclusively for pediatric patients.

In 1992-93, there were 389 admissions to the seventh floor unit and 63 admissions to the new sixth level unit.

At the present time, there are eight physicians and ten coordinators serving the Adult Transplant Program and five physicians and five coordinators serving the Pediatric Transplant Program. There are six physician assistants serving both programs. Nurses and clerks and other ancillary personnel are assigned to both programs as needed. There are 52 nurses and 20 clerks or other personnel.

In 1985, a Liver Transplant Program was initiated under the direction of Dr. Byers Shaw Jr. The first transplant was performed July 19, 1985 [180]. Fourteen were carried out in 1985, nine adults and five children. The original staff consisted of two surgeons, one nurse, and one secretary. Patients were admitted to the appropriate Intensive Care Unit after surgery.

At the present time, the staff consists of four surgeons and six internists. Physicians of the Internal Medicine Service were involved with the program from the outset since the group headed by Dr. Michael Sorrell had an international reputation for research in liver disease even before the transplant program started. Now the internists, as well as

the surgeons, are designated members of the team. In addition, the team has eight fellows, two physician assistants, six nurses, three data coordinators, 20 secretaries and/or ancillary help. In 1993, 131 transplants were performed on 93 adults and 38 children.

In February, 1989, a Pancreas Transplant Program was approved as a joint venture of the University of Nebraska Medical Center and Clarkson Hospital, and on April 5, 1989 the first combined kidney-pancreas transplantation was performed at Clarkson Hospital. The program is under the direction of Dr. Robert Stratta and with rare exception, the operations are performed at Clarkson Hospital. By the end of 1993, a total of 137 patients had undergone a pancreas transplant since the program started.

With the growth of the transplant programs, patients throughout the United States and some foreign countries are now being referred to the University of Nebraska Medical Center for transplantation procedures.

CLINICAL LABORATORY

The information in this section was supplied by Dr. James Newland of the Department of Pathology and Microbiology in consultation with Dr. Morten Kulesh. Through the efforts of Dr. J. Jay Keegan, who was to become Dean of the College of Medicine in 1925, a Medical Technologist, Miss Helen Wyandt, was recruited in 1923 to set up a clinical laboratory at University Hospital [51]. Miss Wyandt was the first registered medical technologist in the State of Nebraska. She established the teaching program in Medical Technology which has continued to the present time, now as a nationally recognized baccalaureate program. In a clinical pathology textbook of that day, it was noted that a table in the corner of the room was all that was necessary to perform laboratory tests. The new laboratory was located in the northeast corner of the North Laboratory building, the original building at the time the College of Medicine was established at 42nd Street and Dewey Avenue. Microbiology and histology laboratories and surgical pathology were located here as well. Teaching laboratories were utilized in the basement and second floor, and administrative offices were on the second floor. The first full-time clinical pathologist, Dr. Aura Miller, joined the department in 1926 and remained until 1930. Dr. J. Perry Tollman, destined to become Chairman of Pathology and Dean of the College of Medicine, joined the staff as a clinical pathologist in 1931.

At some point, the Clinical Laboratories were moved to the north wing of the ground floor (level 3) of Unit 1 of the hospital. In the 1940's, they were moved to the southwest corner of the fourth level of Unit 2. The facilities included a room for chemistry, a small room for hematology, a microbiology laboratory and a room for histology. Laboratory testing remained primitive by present day standards. Most tests were done manually and

measured using photoelectric colorimetry. Many reagents were prepared by the laboratory. For instance, thromboplastin, a reagent for prothrombin time, was prepared by the laboratory using rabbit brains.

Dr. Morton Kulesh joined the staff as Director of Clinical Laboratories after completing residency training at University Hospital in 1951. He remained in the department until 1965. Laboratory procedures remained labor-intensive and there was no automation until the late 1950's. At that time, a Technicon dual-channel autoanalyzer was obtained which provided glucose and blood urea nitrogen measurements. Present day sophisticated multi-test analyzers were developed using the principles of these early instruments.

In 1962, with the addition of Unit 3, the Clinical Laboratory moved to new facilities on level 3 in the north end of that unit. The laboratory began an explosive expansion in sophisticated procedures that has continued to the present time. Automation came to the hematology laboratory in the form of the particle counting technology of the Coulter Counter. Now, medical technologists had to depend less on the cumbersome and time-consuming hemocytometer where counts were done by hand.

Dr. Arthur L. Larson became Director of Clinical Laboratories in 1965 and remained until 1982. When Unit 4 was opened in 1969, more space (4,000 sq. ft.) was added to the Clinical Laboratory mostly on the fourth level which came about from the addition of the north wing of Unit 4 on top of Unit 3. In 1979, after the addition of the clinic building, the laboratory expanded into the third level of that facility adding 10,000 sq. ft. of space. More sophisticated laboratory procedures continued to be added. Much of the credit for these advances lay with Dr. Guy Haven who was with the department from 1970 through 1982. In 1981, Dr. James Newland became Director of the Clinical Laboratory and remained in that position until 1985.

During the 1980's, immunology came to the fore in laboratory medicine with such advances as polymerase chain reaction, monoclonal antibodies, flow cytometry and DNA probes. Dr. Dennis Weisenburger became Director of Laboratories in 1985 and has remained in that position until the present time. Presently, robotics is in development for the laboratory under the guidance of Dr. Rodney Markin and a robotics delivery system was inaugurated in 1993. The Clinical Laboratory now occupies approximately 25,000 square feet and could no longer occupy a table in the corner of the room.

Throughout this time, the Department of Pathology and Microbiology has provided clinical services pertinent to the function of the hospital, such as interpretation of frozen surgical specimens, permanent surgical tissue biopsy interpretation and diagnosis and postmortem examinations.

UNIVERSITY OF NEBRASKA HOSPITAL
CLINICAL LABORATORY STATISTICS

YEAR	NUMBER OF PROCEDURES	REMARKS
*1930-1931	9,218	
*1935-1936	21,159	
1952-1953	96,933	Figures for years 1922-23, 1927-28, 1942-43, 1947-48 and 1977-78 are not available
1957-1958	126,147	
1962-1963	203,004	
1967-1968	230,970	
1972-1973	540,628	
*1983-1984	300,000	
*1988-1989	610,000	
*1993-1994	1,100,000	

*Figure not in usual five-year interval sequence

TABLE 10 Number of procedures performed in the Clinical Laboratories in a period starting from July of one year through June of the next in five-year intervals starting from 1917. The figures for 1983 through 1994 are from the departmental record system which is significantly different from the previous hospital system. The 1993-94 figure is projected.

Table 10 shows the progressive increase in the volume of procedures performed in the Clinical Laboratory. Figures through 1972-73 were obtained from the hospital record room. After that date, apparently, there were no records kept by the hospital. The last three sets of figures were obtained from the Clinical Laboratory office, and the apparent discrepancies are due to the two different record systems.

RADIOLOGY

When the hospital opened in 1917, x-ray facilities were located adjacent to and beneath the surgical amphitheater on the seventh level of Unit 1. They were operated by the intern staff under the general supervision of Dr. James McAvin who was also in charge of the drug room and anesthesiology. When Unit 2 was opened in 1927, X-ray facilities were moved to the south side of the ground floor (level 3) of that unit. In 1927, the Board of Regents established the Department of Roentgenology and Physical Medicine and appointed Dr. Carter B. Pierce as chairman. Dr. Howard B. Hunt was appointed chairman in 1930 and served in that capacity until 1968. The department was staffed entirely by part-time and voluntary faculty until 1963 when the first full-time appointment was made. Full-time clinical staff increased from one in 1963 to 20 in 1993. Physical Medicine was separated from Radiology in 1955 when Dr. Dwight Frost was appointed chairman of the new department of Physical Medicine and Rehabilitation as discussed in another section of this history.

Under Dr. Hunt, three separate divisions were established in Radiology. In 1931, the department acquired 50 mgm of radium and the Radiation Therapy division was established in addition to diagnostic radiology. In 1937, a 250 KV deep x-ray therapy unit was added. In 1961, Radiology was moved to level 1 of Unit 3 where it is still located and a small Telecolbalt Unit was added to the Radiation Therapy division at that time. The Eppley Radiation Center was initiated in 1966 and in 1968, an 18 MEV Betatron was acquired. Subsequently, a 20 MEV linear accelerator was installed and additional equipment has continued to be added as necessary to provide the best possible radiotherapy facility. Table 11 shows the volume of services provided from 1952 to 1992.

In 1947, a Nuclear Medicine Division was established when radioisotopes became generally available from the Oak Ridge Atomic Energy Complex. The initial equipment consisted of a navy surplus portable Geiger-Mueller counter and related laboratory utensils. Service greatly expanded as new and additional equipment was added to provide sophisticated metabolic and physiologic studies and scanning techniques for topographic mapping of organic systems among others. The volume of services provided by this division can also be found in Table 11.

UNIVERSITY OF NEBRASKA HOSPITAL
RADIOLOGY DEPARTMENT STATISTICS

YEAR	DIAGNOSTIC PROCEDURES	RADIOTHERAPY TREATMENTS	NUCLEAR MEDICINE PROCEDURES
1952-1953	11,195	2,375	
1957-1958	14,002	1,732	452
1962-1963	15,517	1,835	594
1967-1968	25,588	4,843	2,678
1972-1973	43,773	8,717	4,471
1977-1978	59,545	10,286	6,963
1982-1983	54,255	10,878	7,914
1987-1988	67,083		
*1991-1992	94,792	12,997	8,434

*Figure not in usual five-year interval sequence

TABLE 11 Number of procedures and treatments performed in the Radiology Department in the period starting from July of one year through June of the next in five-year intervals starting at 1917. No figures available until 1952-53. No figures available for nuclear medicine for 1952-53 and 1987-88. No figures available for radiotherapy for 1987-88.

Facilities and equipment for diagnostic radiology have increased in keeping with a workload which has doubled every eight to ten years. The original floor space in Unit 1 was 200 square feet. Today, the total square footage within the department has grown to over 33,000 square feet. Radiographic equipment has progressed from gas tubes, glass photographic plates, induction coil generators and unprotected high voltage aerials to shock-proofed equipment, three phase millisecond generators, high speed rotating anode tubes, automated film processors, image intensification fluoroscopy and more. The development of increasingly sophisticated radiologic techniques and such things as selective angiography, angiocardiography, and neuro-radiology has necessitated the acquisition of more sophisticated and complex equipment.

The first Computed Tomography (CT) unit, a second generation EMI unit, was acquired in 1975. It produced images of the head only. It was replaced in the summer of 1981 by a GE CT scanner which could produce images of other portions of the body in addition to the head. A second CT unit was acquired in the summer of 1980 to handle

the load which had increased to 6,119 examinations in the year 1988-89. A Magnetic Resonance Imaging (MRI) unit was installed in the fall of 1983 and a second MRI unit was installed during the winter of 1992 and became operational in October, 1993. During 1991-92, 4,343 procedures had been performed on the first unit. Table 11 shows the annual volume of all diagnostic radiologic procedures from 1952 to 1992.

PHYSICAL, OCCUPATIONAL AND RECREATIONAL THERAPY

Mr. Raymond Breed, Coordinator of Physical, Occupational and Recreational Therapy, was kind enough to provide the following information on these hospital services. In 1927, Dr. Carleton Pierce was appointed Chairman of Roentgenology and Physical Therapy. Physical therapy services were actually provided under a contract with the Visiting Nurses Association. This continued until 1952 when J. Robert Amick, R.P.T. was hired as the first full-time physical therapist. In 1955, physical medicine was separated from radiology, and the Department of Physical Medicine and Rehabilitation, under the direction of Dr. Dwight Frost, was established. In 1956, Dr. Frost also established a multidisciplinary rehabilitation center at Douglas County Hospital.

The physical therapy department at University Hospital was housed in a small area on the third level of the south laboratory building. This area served both inpatients and outpatients. Inpatients from University Hospital were taken by wheelchair or gurney outside by the east entrance of the hospital to the northwest entrance of the South Laboratory building in all kinds of weather.

In 1963, when other outpatient clinics were moved to Unit 3 of the hospital, the South Laboratory building was remodeled; a large new Physical Therapy Clinic with new and expanded equipment now occupied the entire third level of the South Laboratory building except for the amphitheater. A tunnel was also constructed connecting the South Laboratory building to the hospital which eliminated moving patients outside. The remodeling project also provided for physicians offices, a patient waiting room and classrooms.

Dr. Frost resigned as director in 1967, and Dr. Russell Blanchard became director. In 1976, the department stopped providing service at Douglas County Hospital. This resulted in some changes in the staff because a number had been paid by both the University and Douglas County. These individuals served University Hospital on a four-month rotation. Only those who received all of their salary from the Medical Center remained at the University Hospital. Shortly after Dr. Blanchard resigned, it was decided not to replace him with another physician. Mr. Ray Breed was named the first non-physician director and the department came under the direction of the University Hospital rather

than the College of Medicine/Medical Center. It was renamed the Department of Physical Therapy at University Hospital.

In July, 1977, the service was expanded by the addition of Occupational Therapy and Kathy Mahaffey Dudley was hired as the first occupational therapist and the name was changed to the Department of Physical and Occupational Therapy. In 1978, the department moved to an area on the south side of level four of the hospital in Unit 2 plus a smaller unit on level 6 in Unit 4. By this time, the department had grown to three staff physical therapists, a physical therapy clinical supervisor, an occupational therapist, two aides and a full-time secretary.

In 1980, Sports Physical Therapy was added and in 1982 the department expanded to include the entire south wing on the fourth level in Unit 2 to accommodate Sports Physical Therapy and other phases of the department which were also growing. In 1986, the Occupational Therapy section and hydrotherapy which had been on the sixth level moved to the fourth level in space formally occupied by Biomedical Communication.

UNIVERSITY OF NEBRASKA HOSPITAL
PHYSICAL MEDICINE DEPARTMENT STATISTICS

YEAR	PHYSICAL THERAPY		OCCUPATIONAL THERAPY	
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT
1952-1953	1,033			
1957-1958	3,810			
1962-1963	**12,037			
1967-1968	3,812			
1972-1973	4,712			
1977-1978		4,109		
1982-1983		7,239		
1987-1988	5,698	6,133	903	434
*1991-1992	7,062	7,000	357	1,360

*Figure not in usual five-year interval sequence
**Figure includes treatment at Douglas County Hospital

TABLE 12 Number of treatments performed by Physical Medicine in a period starting in July of one year and extending through June of the next year in five-year intervals starting at 1917. No figures available from 1917 to 1952.

Table 12 shows the number of services provided annually in five year intervals from 1952-53 to 1991-92. In recent years, the complexity of the inpatient population has changed significantly secondary to the advent of the liver and bone marrow transplant programs. When the department was located in the South Laboratory building seldom, if ever, was a patient with an IV running brought to the department for therapy. Now patients who have as many as four IV pumps running at the same time are receiving physical therapy. Also, the patient load has become more international and members of the department are challenged to communicate in many different languages.

When the Nebraska Psychiatric Institute became part of the University Hospital, its occupational and recreational therapy programs were merged with the hospital programs to form the Department of Physical, Occupational and Recreational Therapy. Since the Geriatric Rehabilitation Program opened in 1988, physical and occupational therapy had been provided to its patients.

Lastly, in 1990, physical therapy services were started at Lutheran Hospital when University Hospital East opened at that facility. Also, the Sports Physical Therapy section left to develop a private practice in West Omaha with both the former Medical Center Sports Medicine physicians.

RESPIRATORY THERAPY-PULMONARY MEDICINE

Information for this section was provided by Mr. Michael Luethge, Manager of Respiratory Care Services. In April, 1969, Mr. Herbert Greshen, was hired by the hospital as the first Inhalation Therapist which was the title used at that time for Respiratory Therapist. The department was located on the south side of the corridor connecting Unit 2 with Unit 4 on the fourth level.

Common types of respiratory care employed at that time were oxygen therapy, intermittent positive pressure breathing (IPPB) aerosol therapy, postural drainage and mechanical ventilation. The latter and IPPB were provided via Bird Mark 7 or Puritan-Bennett PR2 respirators. Medical direction for Inhalation Therapy was provided by the physicians of the pulmonary medicine staff. Mr. Greshen left after one year and was replaced by Mr. Samuel Schroeder who remained for seven years. During that time, a number of changes occurred. The department grew to ten therapists and technicians, the designation "Inhalation Therapy" was changed to Respiratory Therapy, medical direction was transferred to the Anesthesiology Department where it remains, and some treatments and therapies performed by the nursing staff were shifted to the Respiratory Therapy Department.

In the early 1980's, two specialty groups of Respiratory Therapists developed to meet specific needs at University Hospital. A small group of Respiratory Therapists were moved into the Anesthesiology Department to provide diagnostic and monitoring sup-

port to patients in the operating rooms and recovery areas. Also, at the same time, a similar need for specialized therapists were met for patients seen by the Pediatric Pulmonology service. These groups of therapists are still providing specialized Respiratory Care to these patient populations.

In 1983, the department was moved to the northeast corridor space on the sixth level of Unit 4 in space previously occupied by the Adult surgical Intensive Care unit. In 1988, the department's administrative functions were moved next to the clinical facilities on the sixth level where it remains to the present time. It now occupies approximately 2,300 square feet, the staff has increased to 60 therapists and technicians and four support staff.

The department now provides services on average to 50% of the patients admitted to the hospital. It monitors and supports 25 patients per day on mechanical ventilation and provides approximately 6,500 treatments/therapies per month. In addition to support for patients on ventilators, the department provides breathing treatments for patients with asthma and other obstructive pulmonary disease, oxygen therapy as requested by physicians, postural drainage treatments in the patient's rooms, some intermittent positive pressure breathing and non-invasive respiratory monitoring.

The Pulmonary Laboratory which provides diagnostic pulmonary services began in 1968 under the direction of Dr. Irving Kass, Chief of Pulmonary Medicine at that time. Dr. Kass conducted a study of pulmonary secretion techniques which resulted in the creation of therapy now referred to as "postural drainage and percussion" still employed today. At that time, patients with excessive pulmonary secretions were brought to the pulmonary laboratory for treatment since the laboratory had the only special table to tilt patients into the proper drainage position. With the advent of hospital beds which allowed the patients to be tilted to the head down position, treatment can now be carried out in the patients' rooms by Respiratory Therapists.

The Pulmonary Laboratory was initially located on level 1 of Unit 3, in the area now occupied by the Radiology file room. When the operating rooms were moved from the seventh floor of Unit 1 to level 1 of Unit 4, the Pulmonary Laboratory was moved into the vacated space on that level of Unit 1 where it remains to the present time.

Today, a staff of seven, under the direction of Pulmonary Medicine physicians, provides pulmonary function testing, pulmonary stress testing, assists physicians with bronchoscopies, provides laboratory analysis of pulmonary washings obtained by lavage for diagnosis and monitoring and provides appropriate instruction to patients and families for respiratory care.

PHARMACY

In 1917, Dr. James McAvin, who supervised the x-ray facility and anesthesiology, was also in charge of the drug room which presumably constituted the pharmacy at that time. Apparently, it was located on the ground floor (level 3) of Unit 1. The first pharmacist to work at University Hospital, Mr. Fred Larson, was employed sometime in the mid 1940's. Mr. Robert Connor, who provided most of the information for this section, came to work at the University Hospital in June, 1956. He confirmed that the pharmacy was located in a small area on level 3 of Unit 1 at that time.

The pharmacy was approximately 10 feet by 30 feet and all services to nursing units, operating rooms and outpatient clinics were handled from that area. Prescriptions were filled for patients seen in the outpatient clinics in the South Laboratory building. At that time, there was no tunnel connecting that building to the hospital and the trip in winter and inclement weather was anything but pleasant. Drugs were supplied to the nursing units as floor stock. A drug basket was bought to the pharmacy each morning from each nursing unit and filled and delivered back to the unit by pharmacy. Intravenous fluids and administration sets were stored in a small room on level 6 of Unit 2 adjacent to the central supply department.

In 1962, the department moved to Unit 3. The outpatient pharmacy was located on level 2 near the outpatient area on the north side. Inpatient pharmacy was located on level 1 immediately below the outpatient area.

In 1970, the department moved to level 2 of Unit 4 where both inpatient and outpatient services were located in the same area. The window for outpatient service was located just to the east of the elevator bank in the main lobby area of the hospital. Entrance to the inpatient pharmacy was at the east end of the corridor which was south of the lobby and central elevator bank. Both the inpatient and the outpatient services were contiguous, forming one large pharmacy area.

When the University of Nebraska Clinic Building was opened in 1977, the pharmacy again relocated to a larger area in Unit 3 adjacent to the clinic building, actually a part of the new and expanded outpatient pharmacy extended into the new building. Both outpatient and inpatient services were provided in the same location. In 1993, with the opening of the Outpatient Care Center, outpatient pharmacy moved to the west end of level 2 in that building, and inpatient pharmacy returned to the previous location south and east of the central elevator bank on level 2 of Unit 4.

As an interesting historical note, Mr. Connor noted that a formulary had been developed and published in 1934 [35]. It was developed by the Formulary Committee of the Medical Staff which consisted of six physicians and a pharmacologist. It was a hardbound book and was somewhat unique in that very few, if any, hospitals had such information easily available to their staff at that time.

No figures are available for the type or volume of service provided by the drug room and/or pharmacy prior to 1956. In that year, the pharmacy spent $64,000 for supplies and on a busy day filled 40 prescriptions. In 1992-93, supplies cost $15,000,000 and 680 prescriptions were filled on a busy day. In 1956, the pharmacy was staffed by one full-time and one half-time pharmacist. In 1993, the pharmacy employs 38 pharmacists and 41 ancillary personnel.

MATERIALS SUPPORT SERVICES

Information for this section was obtained from Mr. Mickey Bradshaw, the present Director, plus several other sources.

In 1947, the Central Service Department was started by Irma Kyle, Director of Nursing with the support of the Dean of the College of Medicine [19]. It remained under the nursing service until 1969 when it was assigned to Pharmacy. Prior to 1969, sterilization function was decentralized and departments, particularly the operating room, assumed responsibility for that task. Prior to 1947 when the central supply service was started, sterilization was performed in large boilers on the various floors [19]. Subsequently, some sterilization (i.e. gloves, needles, IV tubing) was done at Central Supply, however, instruments and trays were only wrapped there and subsequently sterilized in the operating room. The name, "Sterile Services" as well as "Central Supply Service" was applied to the department and no documentation could be found as to whether they were used interchangeably at the same time or represented a name change at a specific time.

In 1969, Mr. Milton Exline became Director and reported to Pharmacy. The department began sterilizing instruments in addition to the wrapping and the department name was officially named Sterile Services. In 1973, the responsibility of ordering, receiving and delivering disposable items was added to the department. In 1980, the Messenger Service function was added and the department began to report to hospital administration. In 1980, the department name was changed to Medical Material Services.

The Messenger Service first came into being in 1965. The first messengers were associated with the Pharmacy department. Prior to that time, nursing personnel did most of the errand running. It gradually expanded and by 1969, it covered the entire hospital and clinic area [19].

When the Central Service Department was started, it was located in the north wing on the sixth level of Unit 2 and remained there until 1969 when it moved to level 2 of Unit 4 opposite the south elevator bank. Interestingly, a hospital floor plan of the early 1940's shows an area on level 2 of Unit 2 labeled Central Supply. No specific information could be found to document the function of this area. It was assumed by individuals in Facili-

ties Management that it may have been an area where all goods for the hospital was delivered and subsequently dispersed.

In 1982, the department acquired the laundry service. In 1992, the campus motel (University House) was added to its responsibilities and its name was changed to Materials Support Services. In 1993, the department moved to its present location on level 1 of the Outpatient Care Center. At the present time, the department is responsible for sterile services (instrument and tray preparation), supply distribution (management of medical disposable products), messenger services, University House, and the laundry.

FOOD SERVICE

When the hospital opened, the food service kitchens and the cafeteria were located on the third level of Unit 1 on the south side. Food for patients was prepared and dispensed from that area as well as for the cafeteria which, in these early days, provided service to the medical and nursing staff, house officers, student nurses and some other employees but not to visitors or outpatients. No other specific detailed information could be found. In 1969, with the completion of Unit 4, the food service kitchens and cafeteria were moved to the south wing on the third level of that Unit. New facilities also included several private dining rooms which could be used for meetings. These were along the west side of the hospital extending south from the main cafeteria room and accessible from it.

In 1977, it was decided that an outside management firm would enhance food service management expertise. Accordingly, in January 1978, ARA Food Service took over responsibility of all food service operations. By July, 1986, SAGA, Inc. contracted the management of the food service. At that time, the cafeteria serving and seating areas underwent extensive renovation. Shortly after SAGA became the food service management firm, the company merged with Marriott Food Services. Marriott has continued to provide the food management service since that time. The operation has been converted to a scratch cooking model which has allowed improvement in the quality of services in all areas of patient meals, cafeteria, and catering of special functions in the private dining rooms.

There are no early figures available on the volume of services provided, however, there are some recent comparisons. In 1985-86, 132,616 patient trays were served compared to 173,484 in 1992-93. In 1985-86 there were 319,217 cafeteria servings compared to 942,881 in 1992-93, and 132,616 catered meals compared to 173,484 at present. Despite the significant increase in cafeteria servings, the seating capacity of the cafeteria was reduced from 425 in 1985-86 to 236 at the present time. This apparent paradox is accounted for by the fact that the majority of meals prepared in the cafeteria now are takeout. Recent figures show that during the busiest time from 11:00 a.m. to 1:00 p.m., the cafeteria serves an average of 1,700 meals per day, 65% of which are takeout.

Ms. Glenda Woscyna was kind enough to provide the following information on the Clinical Dietetic Services. She was unable to trace back beyond the late 1950's. There was a four-year degree with a major in dietetics offered at the University of Nebraska at Lincoln by 1910 so that it was possible that a dietician could have been hired when the hospital opened.

The author was able to ascertain from Dr. Edward Holyoke who was a medical student in 1931 that Ms. Angela Philips was the Hospital dietician at that time. She subsequently married Dr. Clarence Bantin, a member of the medical staff, and Dr. Harry McFadden recalled that she was still the hospital dietician in the early 1940's.

In the late 1950's, there was one full-time and one half-time dietician addressing food service management and clinical nutrition services. Clinical services consisted of providing foods which met special dietary needs during the hospital stay. In 1960, a second full-time dietician was hired and by the late 1960's, Registered Dieticians became involved in the treatment of outpatients, providing counseling services for a diabetes management, weight loss and other chronic dietary related treatments.

In 1971, the first dietetic technician was hired to pass and pick up menus and address nutrition needs of patients not at nutrition risk. Registered Dieticians began to take a much more active role in helping to guide nutritional care for patients with specific nutritional needs. Use of tube feeding and parenteral nutrition was implemented to meet nutritional needs of patients unable to tolerate oral feedings. An increased teaching/counseling role emerged in the outpatient clinics for dieticians helping patients manage their normal and special dietary needs.

In 1977, the Division of Medical Nutrition Education was founded in the School of Allied Health Professions in order to sponsor a post-baccalaureate dietetic internship program to train students studying to become Registered Dieticians. The dietetic internship program was 12 months in length and unique in that it included a consulting dietetics rotation in many areas of Nebraska where small hospitals and long-term care facilities contract with consulting dieticians for specific management and patient care services instead of hiring a full-time or part-time dietician. Class size for this program was small due to the experiential nature of the training. Class size was four students per year in 1987 and has risen to six students per year at the present time.

The staff of clinical dieticians and dietetic technicians continued to grow during the 1970's and 1980's. As physicians identified a need for increasing dietician services for specific patient populations, e.g. Pediatric Cardiology, gastrointestinal disorders, diabetes; the dieticians became increasingly specialized. Patients were assigned to dieticians by service instead of by inpatient unit. This allowed the dieticians to be involved in the patients care throughout the inpatient and outpatient course of medical therapy. At the present time, the staff consists of seven full-time and four part-time clinical dieticians.

Through the years, as a part of an increasing, progressive Medical Center, the hospital has sponsored several nontraditional programs. The Pain Center, the Eating Disorders Program, and the Geriatric Center are worthy of inclusion in this history.

PAIN CENTER

In 1973, Dr. F. Miles Skultety and Dr. Bradley Berman recognized the need for a treatment program for individuals with chronic benign pain [201]. The program was called, The Pain Management Center, and admitted its first patients February 16, 1973. The staff included the two physicians, three nurses, two aides, a physical therapist, a psychologist and a social worker. The program was an intensive application of educational, behavioral, and medicinal procedures designed to rehabilitate patients with chronic benign pain syndromes. This syndrome was defined as pain which had been present for at least 12 months, had not responded to standard medical-surgical procedures, and did not arise from a physical cause which, of itself, was disabling or life threatening; i.e., not due to malignancy or other potentially fatal diseases.

Patients were admitted as inpatients and remained for four weeks, although this was not a fixed period of time. They were involved in medication reduction programs, individual and group exercise programs, physical therapy treatments, psychological counseling, social work intervention, nutrition counseling, relaxation and stress management therapy, pain behavior counseling and feedback, and recreational programs. Daily group exercise programs were held at the Meyer's Children's Rehabilitation Institute swimming pool.

In 1975, the program was modified to require the patients to return to their homes for the weekend. An evaluation of results to that time revealed that clients needed to practice in the home environment before discharge, those pain management skills and behavioral changes which were initiated while at the Pain Management Center.

When the program started in 1973, it was located in the north wing on the seventh level of Unit 2 of the hospital. In 1978, it was moved to the forth level of the Specialty Services Pavilion, and in 1990 to the south annex of the University Geriatric Center, formally the Nebraska Psychiatric Institute.

Through the years, the program was modified for a number of reasons including among others fiscal and space restraints and changes in treatment concepts. In 1984, patients stayed in rooms in University House which was a "motel" for outpatients and relatives run by the hospital in the Specialty Services Pavilion. In 1985, clinical coverage 24 hours per day was eliminated, and the treatment was reduced to ten hours per day. This was reduced to eight hours per day in 1986. During this same year, the program lost its direct coverage from the Social Work department, and the first outpatient pain

clinic was opened. It was staffed by two physicians, a neurosurgeon and an internist, plus a physical therapist, a psychologist and a nurse. During the first year, two clinics were established, one staffed by the neurosurgeon and one by the internist.

From its inception, the pain program was under the medical direction of the Department of Neurosurgery. In 1985, it became co-administered by Neurosurgery and Psychology. In 1991, it was administered through the Department of Psychology, and as of 1993 the Department of Anesthesiology.

In 1989, one outpatient clinic was under the medical direction of Neurosurgery and a second under Anesthesiology. More traditional medical treatments were included as options for patients. These included an evaluation for surgically implanted dorsal column simulators, morphine pumps and a wide variety of anesthesiology techniques.

In 1990, the term "Pain Center" was used to designate the entire spectrum of pain-related medical services available at the University of Nebraska Medical Center. At that time, the pain services included: 1) three pain clinics for evaluation, two administered by Anesthesiology and one by Neurosurgery, 2) follow-up visits, 3) outpatient medical intervention for pain, 4) outpatient psychology services, 5) specialized outpatient physical therapy services for pain, and 6) the Pain Management Center Rehabilitation Program.

By 1993, the Pain Center encompassed pain treatment programs for acute pain, cancer pain, and chronic pain. There are now four pain clinics run by Anesthesiology and one run by Neurosurgery. The staff includes one neurosurgeon, two anesthesiologists, two psychologists, two physical therapists, three nurses and one full-time and one part-time secretary.

The number of patients who have been treated in the Pain Management Program has varied little in the 20 years since it started and averages about 50 patients per year who complete the entire four week program. The number of patients seen in the various pain clinics increased from 100 during the first year of 1986-87 to 377 in 1991-92.

EATING DISORDERS PROGRAM

Information for this section was provided by Dr. James Madison, Program Development Coordinator of the Eating Disorders Program. The program was established in 1983 under the medical direction of Dr. Paul Pearson with offices in the Swanson Center [177]. The initial staff consisted of one doctoral level therapist who was trained in Psychology but not licensed, one master level therapist and a part-time nutritionist. At that time, there were three staff offices, a secretarial office, a group room, and an examining room in the Swanson Center. Inpatients were housed on the general adult medical/surgical floors or on the general pediatric floor of the University Hospital.

The program provides both inpatient and outpatient services for individuals with anorexia nervosa or bulimia nervosa. When the program started, emphasis was given to hospitalized patients. Hospitalization lasted four to ten weeks. Despite many accommodations and effort by the nursing staff on the general hospital floors, it was not possible to provide adequate monitoring of the program's patients when they were not directly participating in therapeutic activity with the staff.

In 1988, the program was moved to the University Geriatric Center (formerly the Nebraska Psychiatric Institute Building). The unit has eight patient rooms, adjacent staff offices, a reception area, examining room, patient areas including a lounge and a kitchen. The nursing staff is dedicated to the unit and not involved with other patients.

The inpatient program now consists of daily individual psychotherapy and nutrition counseling sessions, daily group psychotherapy and nutrition counseling sessions, crafts and leisure activities, group exercise programs several times per week, and almost all meals are taken on the unit under the supervision of the nurses. Individual and group sessions are not carried out on the weekend, but the patients are engaged in therapeutic activities with the nursing staff.

The need for adequate outpatient treatment for individuals whose problems were not severe enough to warrant hospitalization was apparent from the beginning of the program. Accordingly, two outpatient programs were developed. One is the Intensive Outpatient or Day Hospital Program. Patients are on the unit from 7:30 a.m. to approximately 9:00 p.m. five days a week. They engage in the same program as do the inpatients. If they live locally, they return home at night. If they are from out-of-town, they sleep at University House at night. The second program consists of multiple outpatient individual therapy and nutrition counseling sessions per week plus a weekly therapy group. This program is for individuals with less severe eating disorders than those in the inpatient or intensive outpatient programs.

A third outpatient program has been initiated recently to treat individuals suffering from compulsive eating. It is delivered in a series of outpatient groups over a 20 week period. Individual psychotherapy and nutritional counseling is provided as needed.

At the present time, the staff consists of Dr. Dean Antonson who took over as Medical Director in 1989, three doctoral level psychologists all licensed and certified in Clinical Psychology, three masters level therapists all certified in their respective fields, one full-time nutritional coordinator and three half-time dieticians, five nurses, two nursing aids and one part-time aid, an office manager and secretary.

During the first three years of the program, an average of 82 new patients were treated each year. During the past year, 144 new patients were evaluated. The current active patient load is 107.

UNIVERSITY GERIATRIC CENTER

During 1988, appropriate modifications were made at the former Nebraska Psychiatric Institute to develop facilities for the University Geriatric Center. It is located on two floors in 20,000 square feet [185] and is under the direction of Dr. Jane Potter, Associate Professor of Internal Medicine and chief of the section of Geriatrics and Gerontology.

The Geriatric Outpatient Clinic is located on the main floor. It contains six handicapped accessible examination rooms, a conference room and offices. The clinic operates five days per week and has had over 5,500 visits of geriatric patients up to the present time.

The Geriatric Rehabilitation Unit is located on the third floor directly above the outpatient area. It is a 30 bed inpatient unit whose function is to assess the functional ability of post hospitalization geriatric patients with a plan to strengthen and increase their endurance in preparation to returning home or to their previous environment. Services are provided by an interdisciplinary team comprised of geriatricians, nurses, social workers, physical, occupational, recreational and speech therapists, dieticians and pharmacists. An interdenominational chapel service is held on the unit once a week and there is an on-site radiology room for simple x-rays to reduce the necessity of returning to the hospital for follow-up x-rays.

The unit contains a large central dining room with extra lights, sky lights, numerous window seats, a piano and plants. This offers opportunities for activity and socialization. There is a kitchen and practice bathroom which are utilized to help patients to make the transition back into a home environment. Amplified telephone receivers were installed for the hearing impaired and a large physical and occupational therapy room is located on the unit. Since opening in January, 1989, 1,290 patients have been cared for in the Geriatric Rehabilitation Unit.

In addition to the Outpatient Clinic and Rehabilitation Unit, a 14 bed Geropsychiatry Inpatient Unit is located adjacent to the Rehabilitation Unit. Patients in the unit are treated for depression, dementia including Alzheimers disease and psychosis. It is handicapped accessible and has an open and homey environment similar to the Geriatric Rehabilitation Unit. The Geropsychiatry Team consists of geropsychiatrists, nurses, social workers, occupational and recreational therapists and nutritionists. Since its conversion from an adult psychiatric unit five years ago, over 815 elderly patients have been treated.

When the University Geriatric Center opened in 1989, the staff consisted of three geriatricians, two geropsychiatrists and a staff of 100 nurses and ancillary personnel. Today, there are five geriatricians, four geropsychiatrists and over 150 staff.

SOCIAL WORK SERVICE

Most of the information in this section was kindly provided by Florence M. Hansen who was Director of the Social Work Service Department from 1968 to 1986. Medical social services were first offered to patients in 1924, but the medical social workers went off to other hospitals after a few years [20]. There is insufficient information to actually document social services rendered during this early period. It is known that public health nurses helped patients in making plans for discharge and following physicians' recommendations. Also, Ms. Evelyn Schellak, who was to become the first Director, worked as a student aid for a semester.

Ms. Schellak was appointed the first Director of the Social Service Department on August 1, 1947 after earning her Master of Science in social administration at the Mandel School of Applied Social Sciences, of Case Western Reserve University in Cleveland. During her first few years, Ms. Schellak encouraged each of two medical social workers from Cleveland to help her in different years to train some young women who had college majors in sociology. Subsequently, she was able to recruit some social workers and usually had a staff of three including herself plus two secretaries.

In February, 1957, Florence M. Hansen joined the staff. She also graduated from the Mandel School of Applied Social Sciences with a Master of Science in social administration. Ms. Hansen was involved with the University Hospital's program in Physical Medicine and Rehabilitation at Douglas County Hospital. In November, 1961, she left Omaha to accept a position as a Medical Social Consultant with the Oregon State Public Welfare Commission in Salem. She returned to the hospital Social Service Department in July, 1967, as Assistant Director.

In addition to providing services to University Hospital patients and families, the Social Service Department has been actively engaged in community activities and local, regional and national professional activities since its inception. Ms. Schellak was involved in the National Association of Social Workers, Nebraska Welfare Association and Nebraska Affiliates of the American Heart Association, American Cancer Society and the National Association for the Advancement of Colored People to name just a few. She retired as Director on September 30, 1968 and Ms. Hansen became Director.

In September, 1967, a supervised field work program was started by Ms. Hansen at the request of the Director of the University of Nebraska School of Social Work in Lincoln. This has continued as an ongoing program. She served on the Board of the Society for Hospital Social Work Directors, a component of the American Hospital Association, in 1970, 1978 and 1979. The department sponsored annual conferences for community social workers in 1971, 1972 and 1973, and Ms. Hansen conducted workshops for hospital social work directors and staffs in Nebraska and neighboring states from 1969 to 1985.

Due to the fact that a large percentage of graduate social work students were from the Omaha area, Dean Perry Tollman and Ms. Hansen, together with many Omaha social workers, encouraged the transfer of the School of Social Work to the University of Nebraska at Omaha. This was accomplished in 1972.

In the mid 1970's, the University Hospital Administration made an agreement with the Bureau of Indian Affairs to house a community health representative in the Social Service Department. This representative provided services to members of the Indian nations from Nebraska and North and South Dakota and also consulted with the medical social workers on medical-social problems and discharge planning. This arrangement continued through 1985.

Ms. Hansen retired in July, 1986. At that time, the staff consisted of the director, 15 social workers and two secretaries. Mr. Dennis O'Neill, MSW, was appointed Director of the Social Work Service. He terminated his position as of December 31, 1986. In September, 1987, Ms. Jane Adkinson, Ph.D., became Director and served until September, 1989. She was followed by Judith Dierkhising, Ph.D., who served until December 31, 1993. At the present time, Susan Stensland, MSW, is serving as Interim Director. At this time, there are 17 FTE social workers and three FTE secretaries assigned to the department.

UNIVERSITY OF NEBRASKA HOSPITAL
SOCIAL SERVICES DEPARTMENT STATISTICS

YEAR	CASE LOAD
1952-1953	3,823
1957-1958	3,359
1962-1963	5,297
1967-1968	6,388
1972-1973	18,316
1977-1978	19,445
1982-1983	18,520

TABLE 13 Number of individual cases handled in a period starting in July of one year and extending through of June of the next in five-year intervals starting at 1917. No records available before 1952. Record system starting circa 1983 is incompatible with previous system so no comparable figures could be obtained.

Table 13 shows the case load of the department from 1952-53 through 1982-83. Subsequently, the manner of determining the workload has been changed at least two times and there are no comparable figures. Suffice it to say, that the workload has continued to increase as the complexity of the services rendered at the University Hospital has increased.

PASTORAL CARE SERVICES

Pastoral Care Services have been provided at the University of Nebraska Hospital since 1952, originally through the principal support of the Nebraska Lutheran Social Service Agency (NLSS) and more recently by the Nebraska Synod - Evangelical Lutheran Church of America (40,164). The Rev. Loren C. Pretty was installed January, 1952, to be institutional chaplain in the Lincoln area and to direct chaplaincy services throughout the State for Lutheran people. This included the University Hospital. In September, 1954, the Rev. Dayton G. Van Deusen was assigned to call on Lutherans in Omaha hospitals. The Omaha Council of Churches proposed that he also represent them at the University of Nebraska Hospital which he did [40]. He did not have an office at the hospital but worked out of his home. Catholic patients were primarily served by the staff of St. Cecelia's Parish [164].

In June, 1957, the Rev. Frank Moyer became chaplain. Rev. Van Deusen had left in December, 1956, on assignment to New York City. Eighty-percent of Reverend Moyer's time was spent at University Hospital and the Nebraska Psychiatric Institute. He also called on out-state Lutheran patients at Clarkson and St. Joseph Hospitals. Beginning in 1958, the University Hospital. provided office space for Chaplain Moyer. In 1962, he joined the faculty of the Department of Psychiatry at the Nebraska Psychiatric Institute. He was replaced by the Rev. Wallace Wolff. At that time, the hospital administration designated Chaplain Wolff as the "Protestant Chaplain" and his ministry was to be inclusive of people of all faiths. The Omaha Council of Churches contributed $1,200 per year to the NLSS program. A State Supreme Court decision in the early 1960's, permitting religious services to be held in a room within the buildings in the Medical Center campus, [40] led to the establishment of some services on Sundays if personnel were available.

Chaplain Wolff resigned in August, 1965, to become chaplain at Immanuel Medical Center. Chaplaincy services at University Hospital were subsequently provided by Glenn Lundahl, a seminary student and full-time Chaplain-Intern in 1965-66 and part-time in 1966-67. Students of the Clinical Pastoral Education Program at Immanuel Medical Center, under the supervision of Chaplain Al Anderson, called on patients at University Hospital until March, 1969.

The NLSS was discontinued in December, 1966, and the Nebraska Synod became directly involved in the chaplaincy program at University Hospital. This was coordinated with one of the assistant hospital administrators giving departmental head status to the "Protestant" chaplain at the Medical Center. In selecting a new chaplain, a search committee from the Medical Center interviewed applicants and suggested their choice to the Nebraska Synod Executive Board for official action.

The Rev. Wallace Wolff returned to become chaplain in 1969. By this time, the position was full-time. In 1974, a meditation room was built to facilitate counseling, not only for the chaplain, but also for many other members of the hospital staff. The primary intent was to provide a quiet place for prayer and meditation for ambulatory patients

and their relatives. Chaplain Wolff played a key role in its design and building. Funds were provided by the Medical Center Women's Club, House Officer's Wives Club, College of Medicine Alumnae Association, University of Nebraska Foundation, Hospital Volunteer's Gift Shop, and some private donors. Chaplain Wolff resigned in March, 1975, and the Rev. Merton Lundquist became Chaplain in August of 1975. The chaplaincy became involved in teaching, conducting seminars with students, serving on various appropriate committees and participating in multi-disciplinary clinical meetings.

Chaplain Lundquist retired in 1989 and the Rev. Gary Sproat became chaplain. In January, 1989, Fr. David LaPlante was assigned by the Archdiocese of Omaha as Coordinator of Catholic Pastoral Care at the University Hospital and Clarkson Hospital. The chaplaincy department was expanded, and in 1990-91 consisted of a full-time director of pastoral services (Chaplain Sproat), a 0.5 FTE Associate Director, a full-time secretary who was a direct employee of University of Nebraska Medical Center, Rev. Sanford Smith, a retired baptist minister who provided over 20 hours of volunteer services per week, Rev. Mark Seem, a Lutheran Pastor, who provided four hours per week, two lay volunteers who visited out-of-town Lutheran patients, Catholic lay communion ministers who made daily rounds, and the Coordinator of Catholic Services who shared office space and secretarial services.

With the change in the organization of hospital administration, as discussed elsewhere, Pastoral Care Service was no longer a separate department but reported to the manager of Social Work Service. In January, 1993, the Archdiocese of Omaha reassigned Fr. LaPlante but did not replace him. The Pastoral Care Service has worked with St. Cecelia's Cathedral to establish a program of on-call priests and a program of pastoral care training for a cadre of Catholic deacons and lay persons to do routine visitations of patients and families. In December, 1993, the Council of the Nebraska Synod, ELCA, decided to terminate direct support of the pastoral care program at University Hospital due to budget restraints. The hospital has assumed some but not all of these costs. As a result, the joint Clinical Pastoral Education program with Immanuel Medical Center and Clarkson Hospital was discontinued in 1994.

VOLUNTEER SERVICES

Throughout its 75 year history, the University Hospital has had the help of many volunteer organizations, groups and individuals. Until the 1950's, the physician staff was entirely volunteer as been discussed elsewhere; however, in this section the services of "nonprofessional" community volunteers will be covered. Mrs. Alice Friedlander, Director of Volunteers from 1973 to 1990, was able to provide information about the last 25 years. Information on volunteer services prior to that time has been obtained from

Medical Center publications and serendipitous random sources. As a result, some organizations and individuals may be inadvertently omitted.

The earliest reference occurred in the section on the University Hospital in Tyler and Auerbach's, "History of Medicine in Nebraska" [166]. The following statement occurs, "The solarium in the third floor has been furnished for occupational therapy by the Women's Auxiliary of the Nebraska State Medical Association and by the Faculty Women's Club of the College of Medicine." There were other times, especially in the early years, when each of these organizations contributed either financially or with service.

The "Nurse Reporter" of December 1950 [66] noted, "Another new activity at the University Hospital is that of volunteers who assist during visiting hours." These individuals were organized by Mrs. Sallie Pakes who had worked as a volunteer Red Cross Nurse Aide during the war. Members of the group were from Mrs. Pakes' community, the Auxiliary of the Benson American Legion Post, the Faculty Wives Club of the College of Medicine, and personnel from the Brandeis store. Approximately 100 hours of service were contributed each month.

Although no name was given to the group organized by Mrs. Pakes in the previous reference, we find an article in "The Pulse" in 1959 [106] in which Mrs. Pakes, as President of the University Hospital Service League, reported on the League's contribution. During the preceding year, 3,007 pieces, garments, and other items, had been sewn by the group. In addition, 58 individuals contributed time to various services within the hospital. "The extensive sewing program, according to Mrs. Pakes, is to make much-needed garments for hospital clinic patients. It is a cooperative affair involving the Service League, Needlework Guild of Omaha, and Extension Clubs throughout the State, plus a few church groups and individuals" [106].

A number of Sorority Alumnae Organizations were involved in contributing in the University Hospital. The Omaha Gamma Phi Beta Alumnae gave money to the Building Committee [108], the Theta Sigma Chapter of Delta Theta Tau, the Pan Hellenic Association and the Young Women's Fine Art Club gave money [112] as did the Omaha Alumnae Chapter of Delta Gamma [113]. The latter group also staffed the Glaucoma Clinic every Thursday for six years up to December 1960 and probably beyond.

The Indian Mother's Sewing Group made receiving blankets for the nursery [111]. Another sewing group was "Pearl's Auxiliary" which made pajamas, bibs and other items for patients. In addition, the B.P.O. Does have sewn layettes and other needed items since and have continued to be active until the present period.

In 1970, Mrs. Lily Okura was hired as the first director of volunteer services. As noted, volunteers had been active in many areas prior to that time but had been selected and trained by individual departments or worked on their own. After Mrs. Okura was hired, all responsibility for volunteers in the hospital was placed in the Volunteer Services Department. This included the Red Cross volunteers who had started serving in the hospital in 1960. Among the areas of services provided under the Volunteer Service Department at that time, was the Art Cart, Tour Guides, Volunteens and the Information Desk

which volunteers manned from 9:00 a.m. to 4:00 p.m. Monday through Friday [136]. The Omaha Council of Jewish Women provided volunteers for a program which tested new born infants for hearing deficiencies. Shortly, after Mrs. Okura was hired, a gift shop was opened just off the hospital lobby on the third level and staffed by volunteers to raise money to donate to various hospital projects. Monies from the gift shop purchased the first mobile van for the hospital and contributed to the Meditation Room which opened in 1974. As noted earlier, a number of other organizations contributed to that endeavor also; the Faculty Women's Club, House Officer's Wives Club, the College of Medicine Alumnae Association, University of Nebraska Foundation, and private donors.

In January, 1973, Mrs. Alice Friedlander became Director of Volunteer Services. During her tenure, many new volunteer programs were initiated in the hospital. A few in which volunteers became involved were the surgery waiting room, adult I.C.U. waiting room, Child Life Program in Pediatrics, Emergency Room, Hospital Admitting, Pet Therapy, Hospice, "Comforters" in Neo-Natal ICU, and the Geriatric Unit.

A major addition to volunteer services occurred in 1976 when the hospital administrator, Mr. Douglas Peters, asked Mrs. Constance Skultety and Mrs. Friedlander to form a steering committee to plan an auxiliary for the University Hospital. Community leaders were invited and met November 19, 1976 at Mrs. Skultety's house.

By January, 1977, the first board met and by March, 1977, the Articles of Incorporation and Bylaws were completed, approved, and filed. The first membership drive was conducted in February, 1977, resulting in a membership of 252. In May, 1977, the auxiliary purchased the existing hospital gift shop. Money from the gift shop, plus other auxiliary endeavors, such as the Thrift Shop which opened June 15, 1983 and the annual boutique "Holiday Happening", resulted in donations which built the Solarium on the fifth level and funded in excess of $400,000 for the Outpatient Surgical Center. The auxiliary remains as an active and dynamic source of funds and volunteers working in various in-service areas of the hospital.

In November, 1987, the first Patient Relations Coordinator, Elaine Shapiro, was hired and added to the Volunteer Service Department staff. The position was an outgrowth of the volunteer patient relations program. When the liver transplant program started, a volunteer patient and family transportation program was initiated. Patients and families were met at the airport by a volunteer and transported to the hospital. Often, families were taken back to the airport when leaving. In later years, the program expanded to other patients and their families, and there were volunteers in the bone marrow transplant unit working with patients and families.

In 1991, the Bone Marrow Transplant Companion program received a Point of Light from President Bush and the American Hospital Association Award of Volunteer Excellence, and in 1992 the volunteer Patient Transportation program also received the American Hospital Association Award of Volunteer Excellence.

Liz Brumm became the third director of Volunteer Services in 1990. By that time, volunteers were involved in 35 areas of the Medical Center. The program now has over

600 volunteers in over 75 areas and annually volunteers donate more than 60,000 hours of service to patients and their families. Hospital Auxiliary fund raising has more than doubled in the last three years.

MISCELLANEOUS

In addition to the services described earlier, the University of Nebraska Hospital has a number of special units which enhance its ability to provide service to the community. Many hospitals have a small library for the use of their professional staff. Since the University Hospital has been an integral part of the University's educational system from its inception, its medical library has been a significant unit. Originally, it was located on the fifth level of Unit 1 in the east wing over the hospital entrance. When Unit 2 was completed in 1927, the library was moved to the north wing occupying levels 3 and 4. In 1970, it moved to its present location on top of the Basic Science Building, now Wittson Hall. The Leon S. McGoogan Library occupies three floors starting at level 6 and serves as a regional library as well as the library of the Medical Center. The Library was named in honor of Dr. Leon S. McGoogan who was a former chairman of the Department of Obstetrics and Gynecology and chairman of the fund drive which raised a major portion of the money for the new library.

A Gastroenterology laboratory located in the north wing was started when Unit 3 opened in 1961. Subsequently, it moved to its present location in the north wing of Unit 2 on the fourth level after the library moved to its new building in 1970.

Specialized services such as cardiac catheterization and angiography were noted in the section of Radiology. A non-invasive vascular laboratory employing ultrasound was initiated in 1986. It is located on the fourth level on the north side of the corridor connecting Unit 2 and 4. A heart station is located in the south wing on the sixth level of Unit 1. EKG's and Echo Cardiograms as well as a number of other diagnostic and evaluative procedures are carried out in this Unit.

Electroencephalography (EEG) was first offered at the Nebraska Psychiatric Institute shortly after it opened in 1955. In 1967, an EEG machine was installed on the fourth level of the hospital beneath the seats of the Medical Amphitheater which is located on the north side adjacent to Unit 1. When Unit 4 was opened in 1969, a full scale EEG laboratory was established on the seventh level where it is still located.

An Audiology laboratory for hearing testing was started in the Otorhinolaryngology clinic area when it opened in 1968 in the south wing of Unit 1 on the third level. A second laboratory was added in the north wing opposite to the clinic in 1987. In 1993, with the opening of the Outpatient Care Center, the Audiology service moved to the second level of that unit in the Otorhinolaryngology clinic area where it now has four testing booths.

References

1. Annual Report of the Hospital and Dispensary of the College of Medicine." *Bulletin of the University of Nebraska Series,* XXXVI, No 5, Nov. 15, 1930.

2. "Articles of Incorporation of Nebraska Clinicians Group Professional Fees Office," June 1, 1971 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

3. Bean, F.J. "Cornhuskers" Combine Education and Sound Plan for Care of the Indigent. Hospital Management, Vol 48, No 1, July 1939, pp. 27-39.

4. Bierman, P.J. and J.O. Armitage, Bone Marrow Transplantation at the University of Nebraska Medical Center. Neb. Med. J. Vol 38, No 8, Aug. 1993, pp. 272-277.

5. "Bylaws of the Board of Governors of the University of Nebraska Hospital and Clinic and Nebraska Psychiatric Institute." September 1979 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

6. "Bylaws of the Board of Governors of the University of Nebraska Hospital," February 1993 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

7. "Bylaws of the Clinical Practice Board of the University of Nebraska Medical Center" (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

8. "Bylaws of the General Faculty of University of Nebraska College of Medicine," March 8, 1961, Rules and Regulations of University of Nebraska College of Medicine and Hospital. Nov 6, 1961 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

9. "Bylaws of the Medical Staff. University of Nebraska Hospital." March 1966 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

10. "Bylaws of the Medical Staff. University of Nebraska Hospital and Clinics." July 1976 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

11. Ibid. February 1980.

12. "Bylaws of the Medical Staff. University of Nebraska Hospital." February 1993 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

13. "Bylaws, Rules and Regulations for the Medical Staff of the University of Nebraska Hospital, Omaha Nebraska." 1956 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

14. "Bylaws of the University Medical Associates of the University of Nebraska Medical Center." March 1993 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

15. "Communicator." Monthly Publication of Nursing Service, University of Nebraska Hospital, April 1967 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

16. Ibid. March 1969

17. Ibid. May 1969

18. Ibid. July 1969

19. Ibid. September 1969

20. Ibid. November 1969

21. Ibid. August 1970

22. Ibid. September 1981

23. Ibid. July 1985

24. *The First Hundred Years of the University of Nebraska College of Medicine* University of Nebraska Medical Center, Omaha, Nebraska. 1980, p. 10.

25. Ibid. p. 15.

26. Ibid. p. 20.

27. Ibid. p. 23.

28. Ibid. p. 34.

29. Ibid. p. 35.

30. Ibid. p. 41.

31. Ibid. p. 48.

32. Ibid. p. 79.

33. Ibid. p. 96.

34. Ibid. p. 107.

35. *Formulary.* The University of Nebraska College of Medicine, 1934 (Available in *Stacks*, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

36. Godsey, M. The Care of the Indigent Sick. The Nebraska Alumnus, Vol XXVII, April 1931, pp. 18-19.

37. Johnson, D.E. *Personal Correspondence.* May 1993 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

38. Keegan, J.J. The University of Nebraska Hospital at Omaha. Neb. Med. J. Vol 12, Nov 1927, pp. 406-411.

39. Keegan, J.J. "The University Hospital. Its Service to the State and Why an Appropriation for Equipment is Necessary." Request to the Legislature 1925 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

40. Lundquist, M.L. "Chaplains Report," University of Nebraska Medical Center, March 1982 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

41. Manley, B.N. *Centennial History of the University of Nebraska. Vol I Frontier University, 1869-1919.* Lincoln, Nebraska: University Press, 1973, p. 201.

42. "Medical Staff Membership of University of Nebraska Hospital" 1976-1992 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

43. Memorandum on Some Facets of the Future Needs of the College of Medicine of the University of Nebraska, Omaha, Nebraska, January, 1963. (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

44. "Minutes of General Faculty Meeting, University of Nebraska College of Medicine," Dec 2, 1953 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

45. "Minutes of the Nursing Administrative Group, University of Nebraska Hospital," December 1981 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

46. Ibid. April 1982.

47. "Minutes of the Unit Directors Group, University of Nebraska Hospital," 1973 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

48. Ibid. 1974-75.

49. "Minutes of the University of Nebraska Board of Regents Meeting," November 6, 1965 (Available in Archives, Microfilm File, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

50. Ibid. May 16, 1975.

51. Muellunberg, P. Newland, J.R. and Freeman, V.A. History of Medical Technology Education at the University of Nebraska Medical Center. Neb. Med. J. Vol 74, No 2, Feb 1989, pp. 32-36.

52. Nebraska State Medical Journal, Vol II, No 8, August 1917, p. 410.

53. "Notices, Announcements and Minutes of University of Nebraska College of Medicine Faculty Meetings." 1955 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

54. "The Nurse Reporter. Publication of University of Nebraska College of Nursing Alumnae Association." December 1926 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

55. Ibid. September 1931.

56. Ibid. February 1932.

57. Ibid. April 1934.

58. Ibid. May 1935.

59. Ibid. February 1936.

60. Ibid. January 1937.

61. Ibid. July 1942.

62. Ibid. July 1943.

63. Ibid. April 1946.

64. Ibid. July 1948.

65. Ibid. September 1950.

66. Ibid. December 1950.

67. Ibid. June 1953.

68. Ibid. January 1958.

69. Ibid. August 1963.

70. Ibid. November 1967.

71. Ibid. Winter 1970.

72. Peters, D.S. "Reflection and Future Status. The University of Nebraska Hospital and Clinics." April 1971, p. 5. (Unpublished manuscript, Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

73. Poynter, C.W.M. "History of the Omaha Medical College." Unpublished manuscript, (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha), undated, p.9.

74. Ibid. p. 16.

75. Ibid. p. 17.

76. Ibid. p. 22

77. "The Pulse, Representing the Students, Alumni, and Faculty of the University of Nebraska College of Medicine," Vol XI, No 5, January 18, 1917, p. 12.

78. Ibid. Vol XIII, No 1, April 15, 1920, p. 8.

79. Ibid. Vol XIV, No 3, January 1921, p. 13.

80. "The Pulse, University of Nebraska College of Medicine," Vol 1, No 8, January 8, 1953.

81. Ibid. Vol 1, No 21, April 15, 1953.

82. Ibid. Vol 2, No 6, November 19, 1953.

83. Ibid. Vol 2, No 18, March 4, 1954.

84. Ibid. Vol 2, No 19, March 11, 1954.

85. Ibid. Special Issue, May, 1954.

86. Ibid. Vol 3, No 1, September 30, 1954.

87. Ibid. Vol 3, No 29, May 5, 1955.

88. Ibid. Vol 4, No 4, October 12, 1955.

89. Ibid. Vol 4, No 5, October 19, 1955.

90. Ibid. Vol 4, No 18, February 1, 1956.

91. Ibid. Vol 4, No 19, February 8, 1956.

92. Ibid. Supplement to Vol 4, No 21, February 22, 1956.

93. Ibid. Supplement to Vol 4, No 22, February 29, 1956.

94. Ibid. Vol 5, No 8, November 9, 1956.

95. Ibid. Vol 5, No 14, January 11, 1957.

96. Ibid. Vol 5, No 23, March 15, 1957.

97. Ibid. Vol 5, No 24, March 22, 1957.

98. Ibid. Vol 5, No 34, May 31, 1957.

99. Ibid. Vol 5, No 35, June 7, 1957.

100. Ibid. Vol 6, No 4, October 11, 1957.

101. Ibid. Vol 7, No 9, November 21, 1958.

102. Ibid. Vol 7, No 13, January 9, 1959.

103. Ibid. Vol 7, No 15, January 23, 1959.

104. Ibid. Vol 7, No 16, January 30, 1959.

105. Ibid. Vol 7, No 19, February 20, 1959.

106. Ibid. Vol 7, No 29, May 8, 1959.

107. Ibid. Vol 7, No 30, May 15, 1959

108. Ibid. Vol 8, No 13, January 8, 1960.

109. Ibid. Vol 8, No 28, April 29, 1960.

110. Ibid. Vol 8, No 29, May 5, 1960.

111. Ibid. Vol 8, No 30, May 13, 1960.

112. Ibid. Vol 9, No 10, December 2, 1960.

113. Ibid. Vol 9, No 23, March 17, 1961.

114. Ibid. Vol 9, No 32, May 26, 1961.

115. Ibid. Vol 11, No 1, September 14, 1962.

116. Ibid. Vol 11, No 19, February 8, 1963.

117. Ibid. Vol 11, No 35, June 11, 1963.

118. Ibid. Vol 13, No 1, September 18, 1964.

119. Ibid. Vol 13, No 3, December 11, 1964.

120. Ibid. Vol 13, No 10, February 5, 1965.

121. Ibid. Mid-Summer Edition, July 20, 1965.

122. Ibid. Vol 14, No 10, November 19, 1965.

123. Ibid. Vol 14, No 13, December 17, 1965.

124. Ibid. Vol 14, No 15, January 4, 1966.

125. Ibid. Vol 15, No 13, December 9, 1966.

126. Ibid. Vol 15, No 17, January 13, 1967.

127. Ibid. Vol 15, No 29, April 7, 1967.

128. Ibid. Vol 15, No 33, May 5, 1967.

129. Ibid. Vol 16, No 6, October 20, 1967.

130. Ibid. Vol 16, No 24, March 29, 1967.

131. Ibid. Vol 17, No 13, December 20, 1968.

132. Ibid. Vol 17, No 15, January 17, 1969.

133. Ibid. Vol 17, No 32, May 23, 1969.

134. Ibid. Vol 18, No 3, September 25, 1969.

135. Ibid. Vol 18, No 24, March 5, 1970.

136. Ibid. Vol 18, No 30, April 16, 1970.

137. Ibid. Late Summer Edition, 1971.

138. Ibid. Vol 21, No 5, December 12, 1972.

139. Ibid. Vol 22, No 25, March 7, 1974.

140. Ibid. Vol 22, No 30, April 11, 1974.

141. Ibid. Vol 22, No 32, April 25, 1974.

142. Ibid. Vol 23, No 1, July 11, 1974.

143. Ibid. Vol 23, No 4, August 1, 1974.

144. Ibid. Vol 23, No 18, November 7, 1974.

145. Ibid. Vol 23, No 42, May 1, 1975.

146. Ibid. Vol 24, No 1, July 3, 1975.

147. Ibid. Vol 24, No 18, October 30, 1975.

148. Ibid. Vol 24, No 29, January 29, 1976.

149. Ibid. Vol 25, No 2, July 15, 1976.

150. Ibid. Vol 25, No 17, October 28, 1976.

151. Ibid. Vol 26, No 12, September 15, 1977.

152. Ibid. Vol 26, No 14, October 6, 1977.

153. Ibid. Vol 26, No 15, October 13, 1977.

154. Ibid. Vol 26, No 33, February 23, 1978.

155. Ibid. Vol 27, No 22, December 21, 1978.

156. Ibid. Vol 28, No 11, September 20, 1979.

157. Ibid. Vol 28, No 13, October 4, 1979.

158. Ibid. Vol 28, No 21, November 21, 1979.

159. Ibid. Vol 29, No 12, September 18, 1980.

160. "Regents Rules Governing the University Hospital." *Bulletin of the University of Nebraska,* Series XXII, No 15, August 1917.

161. Schneckloth, N. *The University of Nebraska College of Nursing 1917-1987.* 1987, p. 14.

162. Ibid. p. 30.

163. Ibid. pp. 42-44.

164. Sproat, G. "Pastoral Care Services Budget Narratives, 1990-91, 1991-92, and Addendum," University of Nebraska Medical Center (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

165. A Statement Concerning the Support of the University of Nebraska College of Medicine Subscribed to by Members of the Faculty. February, 1963. (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

166. Tyler, A.F. and E.F. Auerbach, *History of Medicine in Nebraska.* Omaha: Magic Printing Co., 1928. Augumented by B.M. Hetzner. Reissued by University of Nebraska Medical Center, Omaha, 1980, pp. 284-285.

167. "University of Nebraska Medical Center, University Hospital General Fund Analysis." October 24, 1991 (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

168. "The University of Nebraska Medical Service Plan," March 5, 1971 amended August 1973. (Available in Archives, Leon S. McGoogan Library of Medicine, University of Nebraska Medical Center, Omaha).

169. Ibid. February 18, 1978.

170. "University of Nebraska Medical Center News," Vol II, No 8, February 27, 1981.

171. Ibid. Vol II, No 27, August 21, 1981.

172. Ibid. Vol II, No 30, September 11, 1981.

173. Ibid. Vol II, No 36, October 30, 1981.

174. Ibid. Vol II, No 40, December 4, 1981.

175. Ibid. Vol III, No 1, January 15, 1982.

176. Ibid. Vol IV, No 29, September 10, 1982.

177. Ibid. Vol IV, No 20, June 10, 1983.

178. Ibid. Vol IV, No 33, October 21, 1983.

179. Ibid. Vol V, No 41, December 14, 1984.

180. Ibid. Vol VI, No 25, July 26, 1985.

181. Ibid. Vol VII, No 5, March 7, 1986.

182. Ibid. Vol VII, No 19, September 19, 1986.

183. Ibid. Vol VIII, No 9, April 17, 1987.

184. Ibid. Vol VIII, No 11, May 15, 1987.

185. Ibid. Vol IX, No 25, December 9, 1988.

186. Ibid. Vol IX, No 26, December 15, 1988.

187. Ibid. Vol IX, No 27, December 23, 1988.

188. Ibid. Vol X, No 13, June 9, 1989.

189. Ibid. Vol X, No 17, August 4, 1989.

190. Ibid. Vol X, No 26, December 8, 1989.

191. Ibid. Vol XI, No 16, August 17, 1990.

192. Ibid. Vol XI, No 25, December 21, 1990.

193. Ibid. Vol XII, No 3, February 1, 1991.

194. Ibid. Vol XII, No 12, June 7, 1991.

195. Ibid. Vol XII, No 19, September 13, 1991.

196. Ibid. Vol XII, No 22, October 25, 1991.

197. Ibid. Vol XIII, No 4, February 14, 1992.

198. Ibid. Vol XIII, No 22, October 23, 1992.

199. Ibid. Vol XIV, No 1, January 15, 1993.

200. Ibid. Vol XIV, No 3, February 12, 1993.

201. Ibid. Vol XIV, No 4, February 26, 1993.

202. Ibid. Vol XIV, No 8, April 23, 1993.

203. Ibid. Vol XIV, No 22, October 22, 1993.