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Hospital of Saint Raphael

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#### Recommended Citation

Hospital of Saint Raphael, "Hospital of Saint Raphael Annual Report, 1986" (1986). *Hospital of St. Raphael Annual Reports*. 58.

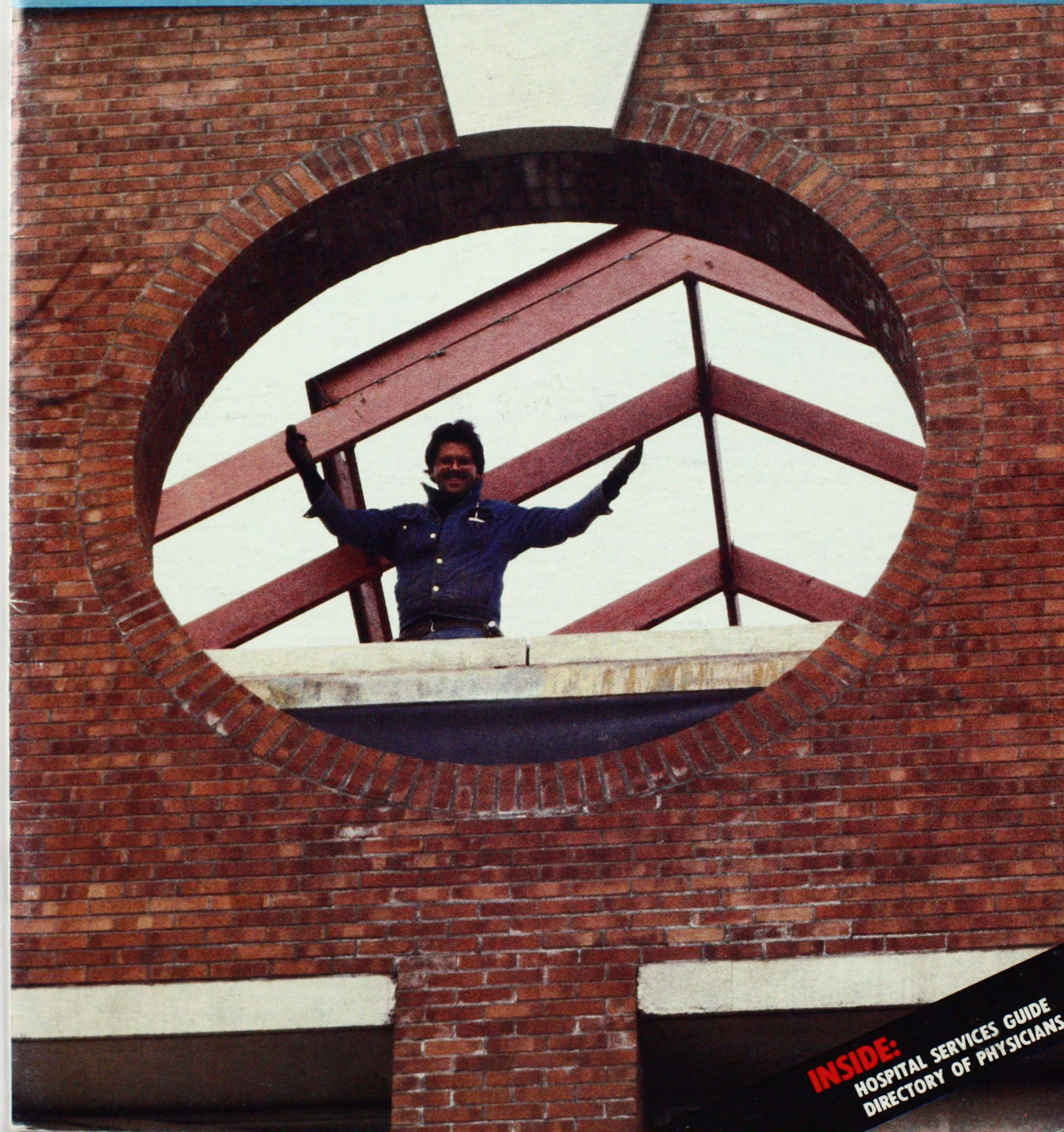
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# CELEBRATING PATIENTLY

Hospital of  
Saint Raphael  
DECEMBER 1986

A SPECIAL REPORT FROM SAINT RAPHAEL'S



**INSIDE:**  
HOSPITAL SERVICES GUIDE  
DIRECTORY OF PHYSICIANS

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# INTRODUCTION

## SCARLETT O'HARA NEED NOT APPLY

BY SISTER ELLEN JOYCE  
Chairperson of the Board  
Saint Raphael Corporation



SISTER ELLEN JOYCE

"I'll think of it all tomorrow... after all, tomorrow is another day." That thought may have consoled Scarlett O'Hara at the end of "Gone With the Wind," but it is seldom the answer in health care. And never in matters of personal health.

"How am I doin'?" is the more pertinent question asked by New York Mayor Edward Koch of anyone crossing his path. At Saint Raphael's, the Mayor's question is a way of life.

People at Saint Raphael's think today about tomorrow. And we do more than just think. We take action.

Some of the progress has a direct and immediate effect. The impact of other steps is more behind-the-scenes, or can't be felt until the long-term.

This special report is designed to share insights about both the giant steps and the inch-by-inch headway. It outlines the steps we took last year—and what we are doing now—to be even better prepared to help you if you need a hospital. Or if you need other help improving or restoring your health.

You also will find information ranging from statistics to perceptions about the character of our organization, from financial details to thoughts about the challenges affecting the health care system as a whole. I commend it all to you but suggest that anyone still wondering about terminology like "Saint Raphael Corporation" and "sub-

sidary" in the context of Saint Raphael's, should read the interview with our President and chief executive officer, Sister Anne Virginie, beginning on page 9.

Questions, suggestions, or comments about anything here (or something we have forgotten) should be directed to Sister Anne Virginie, Saint Raphael Corporation, 121 Sherman Ave., New Haven, Connecticut 06511.

**This special report is designed to share insights about both the giant steps and the inch-by-inch headway. It outlines the steps we took last year--and what we are doing now--to be even better prepared to help you if you need a hospital. Or if you need other help improving or restoring your health.**

# ALL THIS AND MORE...

- *Artificial ears: new hope for persons who have never heard*
- *"Back to basics" changes prepare us for the future*
- *\$57 million in construction and renovation in progress*
- *What you said: we're top in many services, but improvements are needed in others*
- *Collaboration with local doctors will build downtown medical-hotel and produce one of the nation's largest short-term surgery programs*
- *Strict new "no smoking" policies throughout the hospital*
- *Joining with the nation's growing national network of not-for-profit hospitals; helping to form an alliance of Connecticut hospitals*
- *New 500-space parking garage will end parking woes in early January*
- *Teaching young doctors what's possible...and what isn't*
- *Emergency helicopter helps us care for the most seriously ill trauma patients*
- *Healthy year financially...but trouble ahead*
- *Asking how each patient's day can be happier*
- *Employees pledge \$267,000 for the hospital, community...other fund-raising efforts look for a minimum of \$15 million before 1990*
- *Independent living for persons otherwise permanently dependent*
- *Powerful, new laser advances our position as a leading laser surgery center*
- *The artist who worked by floodlight to create a 12-foot high papier-mache Statue of Liberty*  
*...two hospital workers who risked their own lives to save the life of a patient*  
*...a volunteer who doesn't want to be known as "Saint Somebody"*  
*...and a man who waltzed with himself to thunderous applause*

# WHO WE ARE

## KEEPING THE FLAME BURNING

BY JOHN CRAWFORD  
Chairman of the Board,  
Hospital of Saint Raphael

You will see ample evidence throughout this report that Saint Raphael's is very special.

It is a hospital that places a premium on maintaining the good health of people when they aren't hospitalized, and "tender loving care" when they are.

It is a resource vital to the well being of Greater New Haven.

It is high-tech, sophisticated medicine.

It is a good place to work.

It is a responsible "corporate" citizen, strongly service-minded and deserving of public support.

It is well managed.

It is an organization that keeps the public informed and seeks input.

But, as important as those achievements are, there is something else that sets Saint Raphael's apart. This hospital is more than expensive, high-tech equipment and sophisticated medical techniques. It is more than just a medical staff among the finest in the nation.

What makes it so special? Devotion to a mission begun by Jesus Christ.

An extraordinary portion of Christ's time on earth was devoted to healing. The Catholic health care ministry in general, and Saint Raphael's in New Haven, is a direct extension of Christ's ministry. This mission of mercy responds to all persons in need, regardless of race, religion, or ability to pay for care. Catholic hospitals abide by a code of ethics based on moral law.

Saint Raphael's is not superior to other hospitals simply because it is Catholic-sponsored. Nor should only Christians seek care at Saint Raphael's. But, whether or not you are Catholic and even if you disagree

with our moral beliefs, you can trust Saint Raphael's to stand for undiminished standards of excellence.

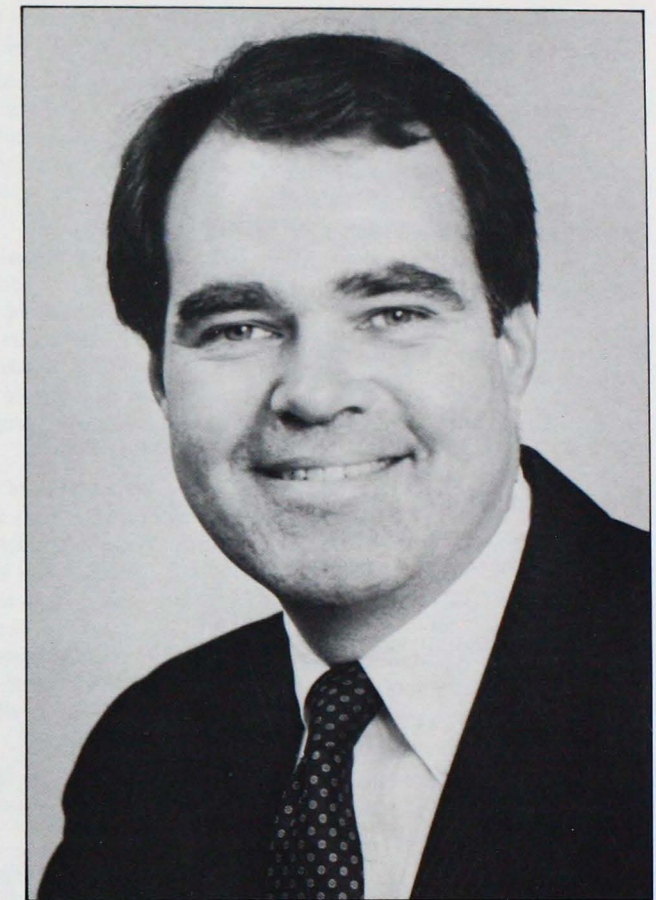
It means that there is underlying commitment, whether on routine day-to-day decisions, or on the controversial ethical issues of our day.

Our sense of commitment has deep roots. It began in 1907 when four Sisters of Charity of Saint Elizabeth established residence in the attic of a handsome Victorian home on Chapel Street. The Sisters had been invited by local doctors to administer a new hospital, and lived beneath the eaves as workers hammered away on the lower two floors, converting the home into a 12-bed hospital.

What would those four Sisters think if they saw Saint Raphael's today? They would be in awe of laser surgery, computerized scanning equipment, federally-designated trauma facility, linear accelerators, space-age operating suites. They also would scratch their heads over the complexity of managing today's hospital, especially the maze of regulation.

But they also would find that, as the hospital grew, it never ignored its beginnings and proud heritage. They would be at home with three constant benchmarks:

- Their special compassionate care is very much in practice.
- Sisters of Charity still guide Saint Raphael's. While fewer in number than at one time, their leadership and presence is as great—if not stronger—than in 1907.
- The words they set as a goal in 1907 continue to be followed: "To receive and care for all patients without regard to race, creed or color; to extend charity to the



JOHN CRAWFORD

sick, the poor and needy, as required; and to open to all members of the medical profession an institution in which they can administer to their own patients." They would be shocked that, in 1985 alone, Saint Raphael's commitment to charity translated into more than \$4 million in free care.

Even in these cost-conscious times, we maintain our commitment to the poor and underserved. We are even looking for ways to make that commitment more meaningful. But it won't be easy. We must become more and more creative to find the answers. From new ambulatory care facilities to community health promotion programs, Saint Raphael's is looking for ways to increase ideas, not costs.

**Saint Raphael's commitment to excellence in the decades ahead will never waiver. Nor will our belief that the preservation of the dignity and well-being of each person is foremost.**

## WHAT WE BELIEVE

### In the love of Jesus Christ...

In Christ's short life on earth, He cured the ill, healed the ailing. He was a man of miracles and magnificent compassion. Saint Raphael's exists to witness the love of Christ and His Father for everyone by providing health care to advance the quality of life, ease pain and suffering, revere dignity in death, and respond to unmet health needs.

### In extending the healing mission to all...

Whatever your religious background, and whether you are penniless or a millionaire, Saint Raphael's extends care based on the healing ministry of Christ. Care is extended to all without discrimination.

### In the inherent dignity of the individual...

Illness does not reduce the dignity of the person. We are committed to compassionate care for the weak and defenseless, as well as for the strong and self-assured. Human life at every stage and in every condition should be respected. We vow to always go the extra step to assure the dignity of each person.

### In the uniqueness of each person...

Each patient is truly a unique individual, a son or daughter of God. Each person has a right to life, and a right to quality health care that will work toward healing and relieving pain. Ours is a holistic approach. We are not just treating an appendix or a blocked artery, but a person. Women and men with physical, emotional, and spiritual needs. We address all needs with an open, understanding heart.

### In working together for quality health care...

In the operating room, a world class surgeon

makes a delicate incision. In the kitchen, a chef prepares special steak and lobster tail dinners for a new mom and dad. In a business office, a secretary efficiently types a report needed immediately. From nursing units to the computer room, from the pharmacy to the chapel, from the recovery room to the boiler room, workers at Saint Raphael's share a dedication to continuing and advancing high quality care. Saint Raphael's mission is continued by each of them, whatever his or her faith, in individual ways every day.

### In caring for each person with charity and compassion...

Most hospitals think of themselves as part of the health care industry. We don't. Ours is a health care ministry. While there is an obligation to be businesslike, Saint Raphael's is not a "business." Its goal is to relieve suffering and restore health in a Christian environment—one which reinforces the dignity and uniqueness of the individual. And one which provides excellence in health care according to the highest ethical and professional standards, and seeks to understand human suffering as redemptive.

### In life as God's most priceless trust...

The example of Christ's deep concern and reverence for life is followed through philosophies and programs to increase the vitality of life for the recovering, as well as for the healthy. The whole health spectrum is addressed—from the patient needing open-heart surgery, to the healthy person interested in improving lifestyle through weight control, smoking cessation, stress reduction, or other wellness programs.

From the first breath of a newborn to the dying gasp of a 90-year-old who is terminally ill, we respect the God-given dignity of each person. Not that the answers always are ironclad. What about the agonizing medical-ethical issues of today's modern medicine? What happens to the "Baby Jane Does" and the Karen Ann Quinlans? Who has the right to die, and who grants it?

At Saint Raphael's, the patient, the patient's family, the doctor and other health care professionals together address such choices. The answers to the questions of the quality of life are lived out daily at Saint Raphael's, not only in the drama of the operating or emergency rooms, but in every aspect of hospital life.

Advances in technology have given us marvelous tools to help physicians, but the same advances also have a dark side. The perspective of the "dehumanized machine" emerges. It is a trend that everyone involved in health care must recognize, and avoid.

Saint Raphael's commitment to excellence in the decades ahead will never waiver. Nor will our belief that the preservation of the dignity and well-being of each person is foremost.

Our responsibility is no less than to keep alive the flame of the healing ministry of Christ.

## WHAT IS THE CATHOLIC HEALTH MINISTRY?

The Catholic health care ministry is the dedicated women and men, religious and lay, who have heard Christ's call to heal the sick and comfort the afflicted. They daily translate that call into action by caring for the ill and injured physically, psychologically, emotionally, and spiritually.

More specifically, the ministry is:

- Sponsor of more than 600 hospitals, and 900 nursing homes, systems, religious congregations, and dioceses involved in health care
- Largest single segment of America's not-for-profit hospitals
- Caretaker of about 40 million patients each year
- Employer of more than 620,000 workers
- Responsible for about \$21 billion being added to the U.S. economy each year

### AND IN CONNECTICUT?

In our home state, the Catholic health care ministry includes five major hospitals: Saint Francis Hospital and Medical Center in Hartford, Saint Joseph Hospital in Stamford, Saint Mary's Hospital in Waterbury, Saint Vincent's Medical Center in Bridgeport, and the Hospital of Saint Raphael in New Haven.

All five enjoy long and respected traditions of serving the needs of all the residents of Connecticut. Together, they have more than 2,100 beds, care for more than 75,000 inpatients annually, employ more than 7,300 persons, and have budgets of more than \$250 million a year.

**Why does the Catholic health ministry do all**

**this?**

The Catholic health ministry believes that each of us is entitled to quality health care. We believe that every human life is precious because it is a gift from God. As Christ cared for the poor, the sick, the alienated, and the dying, so do we.

As part of its commitment to you, the Catholic health care ministry is:

- Shaping the future of health care in this nation by advocating necessary changes in public and private health care policy
- Responding to changing needs by developing strategies and tactics to strengthen the Catholic organizations dedicated to health care
- Growing in service through new programs and advanced technology
- Reaching out to the disadvantaged through a nationwide effort to determine and satisfy the needs of the poor
- Defending life in the legal and government arenas by underscoring the dignity of every human life no matter how imperfect
- Speaking up for human values that are threatened by overemphasis on high technology and cost containment without regard for the people in need
- Exploring new directions for health care that will reduce costs but maintain quality and effectiveness
- Examining the changes in our world and developing responses that genuinely reflect the Catholic tradition

# HOW DID WE GET HERE?

**BY ROBERT T. BEEMAN**  
President,  
Hospital of Saint Raphael

An old curse warns, "May you live in interesting times." These are such times for hospitals and the rest of America's health system. A revolution now underway is about to produce fundamental and far-reaching change. Some of it will be good; some bad. Like it or not, it will affect us all.

Revolutions usually occur because something has become intolerable, or because something better has come on the scene. The changes now underway are a combination of both.

Many of us, and most of our parents and grandparents, remember when hospitals provided little except basic care and high hopes. The first hospitals were an outgrowth of religion as well as medicine.

Not much changed in the following thousand years. But within only a few decades in this century, hospitals became sophisticated centers for saving or improving lives that previously were routinely lost.

And, skeptics say, that they also went from being people-oriented "high touch" centers for caring, to money-driven "high tech" centers for waste. How did we get here from there, if we did at all?

The following major changes came one after the other in the less than 60 years between World War I and 1965.

- Discovery of new ways to diagnose and treat illness, centralizing technology in hospitals, and shifting care away from settings where technology was unavailable.
- Dramatic advances in pharmaceuticals to effectively treat and, in many cases, cure diseases that were once believed unbeatable.
- Generous government construction grants encouraging hospital expansion.
- Growth of employer-sponsored health insurance coverage to pay for increasingly larger portions of new costs associated with better care.

- Continuing waves of new scientific advances from government-funded research.
- Creation of other government programs—like Medicare and Medicaid—to make access to the health care system a right to millions more people.

Together, these changes produced the best health care system in the world, much of it centered in hospitals. Consumer demand for hospital services skyrocketed. The growth of hospitals and hospital-based technology grew in response.

The result: hospitals became the core of the health care system, and catch-alls of diverse and necessary human services not previously identified with medicine. And national health expenditures, including all public and private spending, increased from \$43 billion in 1965, to \$387 billion in 1984. A nine-fold increase.

Four "megatrends" now confront hospitals and, indirectly, everyone depending on them:

- **Momentum of technology**—Medical science has advanced at a remarkable pace, and shows every sign of accelerating even further. Only a few years ago, organ transplants, devices like CT scanners, and laser surgery were only in science fiction. Today they are commonplace.

Often, scientific advances produce obsolete equipment that seemingly should have many more years of usefulness. But having state-of-the-art technology is not a luxury. Referral centers—like Saint Raphael's—must constantly update equipment in spite of such rapid changes and their accompanying costs. Having the best enables us to continue saving or improving the lives of patients who depend upon Saint Raphael's to be ready with the help needed, no matter how complex. But it is expensive, and hospitals are increasingly restricted in finding capital resources necessary to finance technological acquisitions.



ROBERT BEEMAN

- **Role of government**—After many years of encouraging the growth of hospitals and of the services they provide, public policy has been reversed. Government seemingly found the total cost unaffordable, and put on the brakes in progressively more rigid steps. First, elaborate mandatory planning systems put the ultimate approval for decision-making about hospital growth outside the hospital. Next, rigid financial reviews—including revenue and rate caps—were set in place. In Connecticut, controls were handed over to the Commission on Hospitals and Health Care in 1973. When the Commission tackled its mandate, hospital budgets were dramatically affected. The result was generally inadequate provisions for inflation, working capital, and future renovation and expansion.

**A** revolution now underway is about to produce fundamental and far-reaching change. Some of it will be good; some bad. Like it or not, it will affect us all.

Finally, elaborate checks were put in place to discourage patients from being admitted unnecessarily to hospitals, or staying too long once there. These steps culminated in one of the biggest steps in government's reversal of financial support, the Federal government's prospective reimbursement system initiated in 1984 for Medicare patients. This system sets fixed rates based on predetermined diagnosis-related groups (known as DRGs) and pays the hospital that fixed rate regardless of the extent of care provided, or the cost of it. Based on the contribution of DRG reimbursement to its "bottomline," a hospital must carefully assess whether it can survive by continuing to provide a full range of services even if it won't be paid its costs for caring for patients with certain illnesses.

• **Increased competition in the health care marketplace**—The emphasis on health care alternatives and government's concern about health care expenses also led to an awareness of cost issues by employers paying for medical benefits, and by consumers in general. The result was the growth in prepaid group medical plans, including HMOs, providing health care services often outside hospitals.

At the same time, entrepreneurs and then major corporations realized that portions of the hospital/health care industry could be highly profitable. They established a variety of enterprises ranging from freestanding outpatient surgical centers and for-profit hospitals, to emergi- or urgent-care centers, that commonly advertise heavily to improve their market positions.

These enterprises generally are designed to attract affluent patients, or those with private health insurance coverage. The effect is to siphon revenues needed by not-for-profit hospitals to provide community medical services that may be "unprofitable" by themselves. It also decreases

the number of "paying customers" who can offset those unable to pay. For example, in its last fiscal year alone, Saint Raphael's provided more than \$4 million in uncompensated care. Not-for-profit hospitals like Saint Raphael's must respond to human need by providing care for everyone in need, regardless of their ability to pay.

• **Complexity of managing the modern hospital**—The systems and people needed to operate the modern hospital's physical plant, optimally manage finances, meet government regulations, and assure efficiency and quality have grown into a microcosm of the entire work world. In addition to professionals like nurses, doctors, therapists, technicians, dietitians, housekeepers, and administrators commonly thought of as hospital personnel, jobs in the modern hospital are as varied as physicists, financial analysts, biomedical engineers, educators, computer specialists, management engineers, planners, social workers, quality control specialists, and communication specialists. These non-patient care functions are but a means to achieving the hospital's ultimate end—patient care. But, as non-patient care activities grow, attention devoted to them can divert hospital board members and managers from their primary purpose of patient care.

Saint Raphael's response has been carefully forged. On the following pages, you will learn how a restructuring of our basic organizational systems will provide spark and creative energy for tackling the opportunities and challenges mentioned here.

We all can take credit...and blame...for the past. We were motivated by the best of intentions. Medicine and government responded to America's needs by spending to find cures for diseases, to build hospitals, and to train health professionals. The nation's employers agreed to pay for all or most of their employees' health care benefits with-

out careful checks. And we all wanted the very best of care, including the latest technology, regardless of cost.

But, in just a few years of emphasis on cost effectiveness, the health portion of our economy has shifted dramatically. Nationally, the rate of increase for health care costs is at its lowest in 20 years—4.5 percent in 1984 compared with 10.2 percent in 1983. Hospital admissions are down, ancillary tests have decreased, and the length of stay is falling. New England and Connecticut are doing particularly well, ranking favorably both in quality and costs.

What is important to all hospitals, particularly here at Saint Raphael's, is that we continue providing not only high quality, high-tech care, but also highly compassionate care that recognizes the dignity and respect of each patient, the patient's family, work, spiritual well-being, and social condition.

This concerns all of us—hospital workers, patients, community leaders, business leaders, and citizens. We must work together to solve the question of how to provide and finance care for the poor, how to sustain the health care evolution that this country is capable of, and how to continue to assure adequate health facilities and personnel.

Saint Raphael's is making every effort to meet the challenges by developing new ambulatory care ventures, working more closely with other care providers in the community, and improving our long standing commitment to the poor and indigent.

Given the superb quality of our medical staff, the dedication of our employees and many volunteers, the ever-present leadership and inspiration of the Sisters of Charity, and talent of our board of trustees, and God's continued guidance and energy, we are confident of our continued efforts to assure a strong and viable Hospital of Saint Raphael in the best Judeo-Christian tradition.

"Interesting times" need not be bad times.

# WHAT WE'VE DONE

## HOW WE'RE PREPARING FOR THE FUTURE

**As President and chief executive officer of the Saint Raphael Corporation, Sister Anne Virginie is the leader of the entire Saint Raphael community. In this interview, Sister Anne focuses on last year's corporate restructuring by Saint Raphael's and subsequent announcements, including her new responsibilities.**

AN INTERVIEW WITH  
SISTER ANNE VIRGINIE  
President and Chief Executive Officer,  
Saint Raphael Corporation

**Q. What is "corporate restructuring"?**

**A.** It's a process that revamps the way a hospital is organized. Across America, progressive hospitals are working hard to inject a renewed vitality into how they approach opportunities and challenges.

**Q. And how did it affect Saint Raphael's?**

**A.** We updated an organizational structure that hadn't significantly changed in decades. Very simply, a new not-for-profit and tax-exempt organization was created to be the 'umbrella' for the hospital and other closely allied but autonomous not-for-profit and for-profit organizations. Some of these are new, too. The new umbrella organization is named the Saint Raphael Corporation.

**Q. The obvious question is, "If it ain't broke, why fix it?"**

**A.** Well, it was broken in the sense that the old system wasn't flexible enough to carry us into the future. In one sense, our basic direction hasn't changed. But the 1980s demand a different organizational system than one created almost 80 years ago when Teddy Roosevelt was President. Hundreds, maybe

thousands, of hospitals across the nation have come to the same conclusions, and taken similar action in the last 10 years.

**Q. How about the Hospital of Saint Raphael in all of this?**

**A.** The same not-for-profit, Catholic, and tax-exempt Hospital of Saint Raphael that we all cherish is essentially unchanged. Except that it is now part of a broader organization.

**Q. In other words, patients won't see any change?**

**A.** The temptation is to say, "no" in order to make everyone comfortable with the change. But these are more than paper transactions. If anything, I believe the hospital will be better. It will be strengthened, and patients should see positive changes.

**Q. How?**

**A.** By returning to basics. Care of patients is our most important goal. But increasing attention has had to be devoted to projects that weren't directly related to patient care. You might say, 'So, forget the other projects.' But that's easier said than done. It takes whole new approaches for priorities to



SISTER ANNE VIRGINIE

really shift. And they are now. Many important external priorities now will be handled by the Saint Raphael Corporation. A separate staff will devote its energies to the hospital and its patients, thus returning to the basics of what the hospital should be all about. In fact, both functions should get the attention they deserve.

**Q. How does that work?**

**A.** Again, it is a return to basics. The original mission of Saint Raphael's was to fulfill a broad range of human services. For years after the hospital was formed, the Sisters distributed more pairs of shoes than the number of patients they cared for. Why? Because they were fulfilling a need perhaps as important as medical care at the time.

**The same not-for-profit, Catholic, and tax-exempt Hospital of Saint Raphael that we all cherish is essentially unchanged. Except that it is now part of a broader organization.**

**Q. But isn't Saint Raphael's role primarily as a hospital?**

A. That's the \$64,000 question. Yes, our primary mission is to be a hospital, but our mission is broader. We also are dedicated to health care services in general and—on an even bigger scale—to human well-being. Today's acute care hospital, as good as it is, has too many restraints and other priorities to achieve those broader goals.

**Q. What are some of those restraints?**

A. Hospitals today are under enormous pressures to stretch their financial and human resources. The hospital's goal has to be to concentrate its resources on patient care programs that help so many patients in the modern hospital. Tax considerations also are important.

**Q. Please elaborate on that last thought.**

A. Some of our new units are taxable, for-profit entities. Not that we intend to be big business. But we will consider using the for-profit route if it offers more flexibility or other advantages to get new sources of revenue for the not-for-profit umbrella, or to provide services to the community that could not be provided as well or in any other way.

**Q. What are some examples of projects best handled outside a hospital?**

A. We see three kinds. The first involves programs that may have started under hospital sponsorship, but will expand faster or be better managed elsewhere. The second involves expanding relations with other organizations and health providers. And the third encompasses new services and ventures inappropriate for the hospital but which fit the goals of our overall system.

**Q. Can you give an example of each?**

A. Certainly. Health promotion is an example of the first. Saint Raphael's has been a leader in

wellness activities. Although wellness is an important part of our health care mission, it is difficult to continue funding the expansion of wellness programs within a hospital payment system which is declining. The answer was to form a separate affiliate, the Institute For Better Health. Its job is to focus solely on health promotion; it has its own board of directors and resources to do so. In addition to more concentrated management, it also removed overhead from the hospital budget.

**Q. What happened?**

A. Our wellness programs never have been more successful. And there are more of them today than ever before. I don't know if this growth would have been possible if health promotion had to be ranked among the hospital's major priorities for funding. Probably not.

**Q. Please continue. What are the other categories for possible projects?**

A. I can cite two specific examples that already have happened. In less than a year, Saint Raphael's became a member of two growing alliances designed to enhance joint purchasing and marketing activities. In Connecticut, we are a founding member of the Northeast Hospital Network. On a broader level, we are a member of the Yankee Alliance, a New England group that makes us part of American Healthcare Systems, the fastest growing network of not-for-profit health care organizations in the nation. A good example of the third category is the new 500-car parking garage now being built. Construction began only a few weeks after it was announced. Involvement by the Saint Raphael Corporation made it possible on a 'fast track.' It fulfills an important need, while relieving the hospital of the headache of constructing and managing a garage.

**Q. How long did this process take, beginning to end?**

A. Our Board of Trustees started asking the "big questions" as long ago as 1980. In 1982, the Board approved the general concept and created a special ad hoc committee to form a comprehensive recommendation. Attorneys and administrative staff members then began coping with the details, with the committee monitoring each step. The full Board voted its final approval in December, 1984. The plan has been implemented in stages ever since.

**Q. What were those "big questions?"**

A. There were many. How could we cope more effectively with increasingly restrictive public policy constraints over health care costs? What changes were necessary to continue providing needed services under such a restrictive environment? How could important community health services continue if they couldn't pay for themselves, and the rest of the budget already has been cut? How could we more effectively respond to increased competition? What new health services could be encompassed within our organization, even if untraditional to hospitals? How could new sources of income be developed to replace those threatened or already taken by competitors? What new ways can be identified for generating needed capital? How could we structure our organization to be more flexible and manageable? And, how can Saint Raphael's as a Catholic health system find the solutions to all these questions and still remain dedicated to fulfilling its mission?

**Q. And restructuring provides the answers?**

A. Time will tell. It's no panacea. Those were big questions, after all. But I am optimistic that Saint Raphael's is positioned to thrive amid the challenges.

**Q. Some say that hospitals won't survive. You use the word "thrive." Is**

**that much reason for optimism?**

A. I understand why some people in the hospital field are pessimistic, especially looking only at the dollars-and-cents squeeze. My view is that we are part of a ministry that Christ set in motion. Others before us have adjusted to the times, and we are now.

**Q. Do you have any fears about the restructuring?**

A. My biggest is that what we are doing will be misunderstood. Words and phrases like "corporation" and "for-profit" could make people think that our mission has changed. Of course, it hasn't. The ultimate purpose of all of this is to provide better health care. Every new or reorganized activity is designed to strengthen that primary purpose.

**Q. But all these new organizations do represent a fundamental shift, don't they?**

A. Only to the extent that they are a new way to get an old goal accomplished. Every entity re-

mains as steadfastly linked to the ethical and philosophical foundations of the Church and the Sisters of Charity as the hospital was before. And the provision of medical services through the hospital will remain the overwhelmingly dominant activity of the entire Saint Raphael community. New entities are expected to prosper in their own rights. As each is successful, it will fulfill a valuable function or provide a service that would have been impossible otherwise. It all benefits the mission originally established in 1907 for the hospital.

**Q. How does Sister Anne Virginie fit in all these changes?**

A. My role, and those of a half-dozen other administrators, changed on May 1, 1986. This was the final step in the restructuring.

**Q. What is your new role?**

A. I now am full-time President of the Saint Raphael Corporation. Six other senior administrators also joined the Saint Raphael Corporation full-time. Mean-

while, Bob Beeman was named President of the Hospital, and Dr. Norman Marieb became Executive Vice President.

**Q. Is this the first time that a non-Sister of Charity has headed the hospital?**


A. Yes, but a Sister is still the chief executive officer of the "uppermost rung." I hope that's always true, but it isn't necessary. Quality leadership is quality leadership, whether from someone who has taken religious vows or someone who hasn't, male or female, or you-name-it. Bob and Norm are good examples. Both have been very successful at Saint Raphael's, and are exceptionally talented and capable. Bob is a Permanent Deacon who was ordained in 1978. We are blessed to have them. Those of us working for the Corporation now are focusing our energies and attention on the broader health care ministry. This reflects the back-to-basics, separate staff orientation that I mentioned before. It is really exciting.



**Saint Raphael's**

## INTRODUCING OUR NEW LOOK

A new logotype and typography selection (shown above) elegantly symbolizes Saint Raphael's origins, character, and future. When viewed in its entirety, the simplicity of a cross directly expresses Saint Raphael's role in the Catholic health ministry. Abstractly, the mark represents the convergence of talented and dedicated people from many paths, with others in need of their help.



## Saint Raphael Corporation

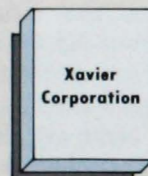
Not-for-profit, tax-exempt parent of system; dedicated to a broad range of activities promoting health and well-being.



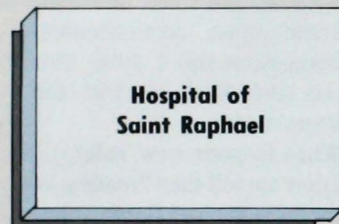
Not-for-profit and tax-exempt entity to manage, develop, or dispose of property acquired by purchase or as gifts.



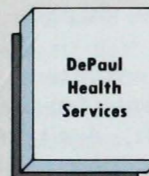
Not-for-profit and tax-exempt Foundation fostering philanthropic support for all not-for-profit entities in the Saint Raphael community.



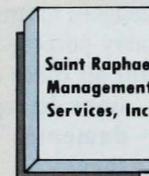
Systemwide focus of new for-profit activities that complement the mission of other Saint Raphael affiliates but do not qualify for tax-exemption.



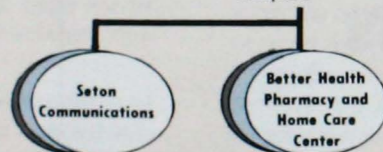
Not-for-profit, tax-exempt general acute-care community/teaching hospital. Also includes with their own governing structures: Medical Staff of almost 700 doctors, and the Auxiliary, dedicated to financial and human service.



Not-for-profit, tax-exempt, systemwide focus of new not-for-profit activities. Includes the Child Care Center, its first activity.

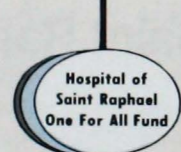


Not-for-profit and tax-exempt clearing-house for management services to various Saint Raphael entities.

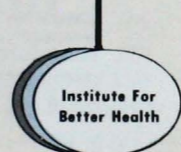


Marketing, advertising, and public relations agency.

Pharmacy, durable medical goods, and home health care provider.



Not-for-profit, tax-exempt, employee fund supporting charitable causes.



Not-for-profit, tax-exempt sponsor of programs encouraging healthier lifestyles. Includes the Better Health Press, publisher of Better Health magazine and other health information projects.

# WHO'S WHO

## SAINT RAPHAEL'S AT A GLANCE

### SAINT RAPHAEL CORPORATION

The "umbrella" of the entire community, the Saint Raphael Corporation, is a not-for-profit, tax-exempt organization broadly dedicated to activities related to human health and well-being, and to efforts—either by itself or through subsidiaries—that directly or indirectly promote the physical, psychological, and spiritual health of the community. It provides central focus, strategic direction, and systemwide standards for the whole Saint Raphael community.

#### OFFICERS

**Chairperson**  
Sister Ellen Joyce  
General Superior  
Sisters of Charity of Saint Elizabeth

**President/Treasurer**  
Sister Anne Virginie  
Saint Raphael Corporation

**Secretary**  
Sister Mary Canavan  
Assistant General Superior  
Sisters of Charity of Saint Elizabeth

**Assistant Secretary/Assistant Treasurer**  
Sister Grace Reape  
Provincial Superior  
Sisters of Charity of Saint Elizabeth

#### TRUSTEES

Sister Louise Anthony  
Former Administrator  
Hospital of Saint Raphael

Robert F. Behan  
Executive Vice President  
Connecticut Bank and Trust

Joseph Blumberg  
President  
Blumberg Whitten and Sherry

Donald P. Caicagnini  
President  
American National Bank

Rev. Msgr. Francis A. Fries  
Retired

Sister Barbara Garland  
Vicar for Personnel  
Diocese of Syracuse

Most Rev. John F. Hackett, D.D.  
Auxiliary Bishop of Hartford

Frederick J. Mancheski  
President and Chief Executive Officer  
Echlin Inc.

Terry O. Oulundsen  
Vice President, Regional Activities  
Southern New England Telephone

Sister Rosemary Smith  
Associate Director of the Tribunal  
Diocese of Little Rock

Most Rev. John F. Whealon, D.D.  
Archbishop of Hartford

Atty. Mario Zangari  
Siegel, O'Connor, Schiff, Zangari, & Kainen, P.C.

#### SENIOR MANAGERS

Sister Anne Virginie  
President

Robert T. Beeman  
Executive Vice President

Diana Ballard  
Corporate Vice President, Health Systems Development

James J. Cullen, C.P.A.  
Corporate Vice President and Chief Finance Officer

Edward J. O'Neill  
Corporate Vice President, Regional Affairs

Paul J. Taylor  
Corporate Vice President, Communications

### HOSPITAL OF SAINT RAPHAEL

A 482-bed voluntary general community/teaching hospital founded in 1907, the Hospital of Saint Raphael continues its outstanding tradition of providing a broad range of community-

oriented not-for-profit inpatient and outpatient medical care services to the people of South Central Connecticut.

#### OFFICERS

**Chairperson of the Board**  
John Crawford  
Partner  
Holt, Wexler & Crawford

**President**  
Robert T. Beeman  
Hospital of Saint Raphael

**Treasurer**  
Sister Anne Virginie  
President  
Saint Raphael Corporation

**Secretary**  
Sister Mary Canavan  
Assistant General Superior  
Sisters of Charity of Saint Elizabeth

#### TRUSTEES

Sister Barbara Aires  
Provincial Counselor  
Northern Province  
Sisters of Charity of Saint Elizabeth

Vincent Arpaia  
President  
Blakeslee Arpaia Chapman Company

Rev. Robert L. Beloin  
Co-pastor  
St. Barnabas Church

James F. Cobey, Jr.  
Consultant, and retired President,  
United Illuminating

Lucien DiMeo  
President  
DiMeo Realty

George Edwards  
President  
United Illuminating

Earl W. Fraser, Jr.  
Executive Director  
Urban League of Greater New Haven, Inc.

Rev. Msgr. Francis A. Fries  
Retired

Isaac Goodrich, M.D.  
Attending Staff  
Hospital of Saint Raphael

John H. Griffin, M.D.  
Retired

Betsy Henley-Cohn  
Chairman and Treasurer  
Joseph Cohn and Son, Inc.

Sister Ellen Joyce  
General Superior  
Sisters of Charity of Saint Elizabeth

Robert Miller  
President  
Bonded Technologies Inc.

Barbara L. Pearce  
President  
H. Pearce Company

Atty. Bernard A. Pellegrino  
Pellegrino Law Firm, P.C.

Rosa A. Quezada  
Assistant Superintendent/  
Administration  
New Haven Public Schools

Sister Grace Reape  
Provincial Superior  
Sisters of Charity of Saint Elizabeth

Sister Margaret Welch  
Director of Corporate Affairs  
Sisters of Charity of Saint Elizabeth

Most Rev. John F. Whealon, D.D.  
Archbishop of Hartford

George Wilson, M.D.  
Attending Staff  
Hospital of Saint Raphael

Atty. Mario Zangari  
Siegel, O'Connor, Schiff, Zangari, & Kainen, P.C.

#### HONORARY TRUSTEES

Sister Louise Anthony  
Louis A. Sidoli  
Howard J. Sullivan  
Hon. John R. Thim  
Atty. Walter W. Walsh

#### SENIOR MANAGERS

Robert T. Beeman  
President

Norman Marieb, M.D.  
Executive Vice President

Paul Scopac  
Senior Vice President  
Operations

Karen Beauchesne  
Vice President  
Nursing Group

John Bimonte  
Vice President  
Personnel & General Resource Group



**Albert Dobie**  
Vice President  
Facilities and Support Group  
**Karen Myers Harman**  
Vice President  
Public Relations Group  
**Stephen McPherson**  
Vice President  
Finance Group  
**William Oler**  
Vice President  
Medical Support and Information Group

#### CLINICAL CHAIRPERSONS

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**Paul Goldstein, M.D.**  
Ambulatory Services and Community Medicine  
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**Petar Lujic, M.D.**  
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**Ernest Moritz, M.D.**  
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Surgery  
**Brian Rigney, M.D.**  
Obstetrics and Gynecology  
**Romeo Vidone, M.D.**  
Pathology  
**Jack Westcott, M.D.**  
Radiology

## MEDICAL STAFF

**Medical Staff**—Saint Raphael's has almost 700 physicians on its Medical Staff which, like the Auxiliary, is integral to the hospital organization but has its own officers and governing structure.

#### OFFICERS

**President**  
Myer Shimelman, M.D.  
**President-Elect**  
Shelby Galloway, M.D.  
**Secretary**  
Anthony Fappiano, M.D.  
**Treasurer**  
Samuel Bobrow, M.D.

**Past President**  
V. Sreenivas, M.D.

#### MEDICAL STAFF REPRESENTATIVES TO THE MEDICAL BOARD

Jose Asis, M.D.  
Vasant Khachane, M.D.  
K. J. Lee, M.D.  
Stanley Roth, M.D.  
Fernando Saracco, M.D.

## AUXILIARY

**Auxiliary**—Founded soon after the hospital itself, the Auxiliary is dedicated, both through financial and human service contributions, to the betterment of the hospital.

#### OFFICERS

**President**  
Patricia Velleca  
**President-Elect**  
Julie Giordano  
**Recording Secretary**  
Eileen Carfora  
**Corresponding Secretary**  
Joyce Lujic  
**Treasurer**  
Frieda Bua  
**Assistant Treasurer**  
Rita Fivek  
**Gift Shop Treasurer**  
Mary Zuccarelli  
**Assistant Gift Shop Treasurer**  
Jane Prete

**Past President**  
Lorraine Cronin

**Honorary President**  
Sister Anne Virginie

#### BOARD OF DIRECTORS

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Moir Arons  
Celeste Asis  
Muriel Butler  
Angie Cammarano  
Linda DeDominicis  
Rachel DeGennaro  
Kathleen Delaney  
Alice Hummel

Grace Kelly  
Emily Mantilia  
Nancy Anne O'Keefe  
Anita Svoboda

#### CHAIRMAN EMERITUS-GIFT SHOP

Tess Riccitelli

#### HONORARY BOARD MEMBER

Sister Louise Anthony

## ONE FOR ALL FUND, INC.

**Hospital of Saint Raphael One For All Fund, Inc.**, is a not-for-profit, tax-exempt employee giving fund formed in 1983 as a subsidiary of the Hospital and with an all-employee Board of Directors.

#### 1986-87 ONE FOR ALL FUND BOARD OF DIRECTORS

##### OFFICERS

**President**  
Eileen Carfora, Admitting  
**Vice President**  
Laraine Siefert, Management Engineering  
**Treasurer**  
Tony Coco, Pathology  
**Secretary**  
Heidi Booth, Booth Lee, Food Service

**Past President**  
Beverly Cushen-Morro, Social Services

##### Representatives

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Tom Barrett, Nursing/Private I  
Sandy DeMatteo, Purchasing  
Nancy Flaherty, Ambulatory Services  
Priscilla Harnesk, Hospital Education & Training  
Anne Koncewich, R.N., Nursing/Outpatient Clinic

Carmel Limoncelli, L.P.N., Nursing/Verdi 4 East  
Kathy Pawlak, R.N., Nursing/Pediatrics  
Dottie Voiiso, Finance  
Rev. David Walker, Pastoral Care  
Linda Weston, Escort Messenger Service

## DEPAUL HEALTH SERVICES

Not-for-profit and tax-exempt, DePaul Health Services Corporation is the focus of new not-for-profit activities within the Saint Raphael community. Named after Saint Vincent DePaul, it is dedicated to promoting better health and well-being through efforts exclusively charitable, educational, or scientific. Among DePaul's first activities is a child care center.

#### BOARD OF TRUSTEES

**Donald P. Calcagnini**  
President  
American National Bank  
**Vincent Arpaia**  
President  
Blakeslee Arpaia Chapman Company  
**Sister Anne Virginie**  
President  
Saint Raphael Corporation

## INSTITUTE FOR BETTER HEALTH

**Institute For Better Health** sponsors and supports programs encouraging healthier lifestyles, including behavior modification, health information, and community education projects. It is headquartered at 111 Sherman Avenue, New Haven.

#### OFFICERS

**President**  
Paul J. Taylor  
Corporate Vice President, Communications  
Saint Raphael Corporation  
**Secretary/Treasurer**  
Joseph Blumberg  
President  
Blumberg, Whitten and Sherry

#### BOARD OF TRUSTEES

**Sister Rose Vincent DePrinzio**  
Saint Theresa's Church, Trumbull  
**Earl W. Fraser, Jr.**  
Executive Director  
Urban League of Greater New Haven, Inc.

#### SENIOR MANAGERS

**James Schlueter**  
Executive Director & Chief Operating Officer  
**Kelly Anthony**  
Senior Director/Editor  
Better Health Press

## SAINT RAPHAEL FOUNDATION, INC.

The Saint Raphael Foundation continues the work of the previous Hospital of Saint Raphael Foundation, Inc., formed in 1975. The not-for-profit, tax-exempt Foundation fosters philanthropic support for all not-for-profit entities in the Saint Raphael community.

#### OFFICERS

**Chairperson of the Board**  
Atty. Lee S. Titus  
Attorney-at-law  
**Vice Chairperson**  
Alan I. Mossberg  
President  
O.F. Mossberg & Sons, Inc.

**President/Treasurer**  
Sister Anne Virginie  
Saint Raphael Corporation

#### BOARD OF DIRECTORS

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Vice President and Treasurer  
Bic Corporation  
**Sister Louise Anthony**  
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Hospital of Saint Raphael  
**Marvin S. Arons, M.D.**  
Chief, Section of Plastic Surgery  
Department of Surgery  
Hospital of Saint Raphael  
**George Bussmann**  
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**Luca E. Celentano, M.D.**  
Attending Staff  
Hospital of Saint Raphael  
**Atty. Michael J. Dorney**  
Tyler, Cooper, & Alcorn  
**Leonard A. Fasano, M.D.**  
Attending Staff  
Hospital of Saint Raphael  
**Richard H. Fitzpatrick, Jr.**  
President  
Crest Lincoln/Mercury/Isuzu  
**Shelby J. Galloway, M.D.**  
New Haven Radiology Associates, P.C.

**Robert M. Geier**  
President and Chief Executive Officer  
New Haven Savings Bank  
**Colin M. Gershon, Atty.**  
Seigel, O'Connor, Schiff, Zangari & Kainen, P.C.

**Arthur Richard Haury**  
President  
Harloc Products Corporation  
**Josie Jackson**  
Jackson Newspapers, Inc.  
**Birgitta W. Johnson**  
Vice President, Private Banking  
Colonial Bank  
**Bradley D. Johnson**  
Vice President/Manager, Personal Trust Sales  
Connecticut National Bank  
**Sister Ellen Joyce**  
General Superior  
Sister of Charity of Saint Elizabeth

**Robert M. Geier**  
President and Chief Executive Officer  
New Haven Savings Bank  
**Colin M. Gershon, Atty.**  
Seigel, O'Connor, Schiff, Zangari & Kainen, P.C.

**Arthur Richard Haury**  
President  
Harloc Products Corporation  
**Josie Jackson**  
Jackson Newspapers, Inc.  
**Birgitta W. Johnson**  
Vice President, Private Banking  
Colonial Bank  
**Bradley D. Johnson**  
Vice President/Manager, Personal Trust Sales  
Connecticut National Bank  
**Sister Ellen Joyce**  
General Superior  
Sister of Charity of Saint Elizabeth

**Hon. Thomas F. Keyes, Jr., Esq.**  
Edward F. Lapidés  
President  
EF & HC Lapidés, Inc.

**Robert E. Lapidés**  
President  
United Aluminum Corporation  
**K. J. Lee, M.D.**  
Chief, Section of Otolaryngology  
Department of Surgery  
Hospital of Saint Raphael  
**Richard C. Lee**  
Vice President and Assistant to the Chairman of the Board  
Union Trust Company

**Robert J. Leeney**  
Editor Emeritus  
Jackson Newspapers, Inc.  
**Robert J. Lyons**  
President  
Bilco Company  
**Fred R. Maretz**  
Partner  
Levey Miller Maretz Realtors

**Edmund Markiewicz**  
President  
J. Markiewicz & Sons  
**Harold Marsh**  
President  
Marsh Motors Corporation  
**G. Robert Millar**  
Vice President  
Armstrong Rubber Company

**Robert M. Totton**  
President  
Employee Benefit Communications, Inc.  
**Robert J. Walczak**  
President  
W. V. Harris Agency, Inc.  
**Jerome L. Weinstein, C.P.A.**  
Deloitte, Haskins, & Sells

#### HONORARY DIRECTORS

**Richard F. Haran, CPA**  
Seward & Monde  
**Richard J. Moran**  
Monarch Life Insurance Co.

#### SENIOR MANAGER

**Jane Crowley**  
Executive Director

## SETON REAL ESTATE, INC.

Not-for-profit and tax-exempt, Seton Real Estate acquires property, either by purchase or as gifts, and can develop and manage real estate holdings on its own or on behalf of other members of the Saint Raphael community.

#### OFFICERS

**President**  
Sister Anne Virginie  
President  
Saint Raphael Corporation  
**Vice President**  
James J. Cullen, CPA  
Corporate Vice President, Finance and Chief Financial Officer  
Saint Raphael Corporation  
**Board of Trustees**  
Fred R. Maretz  
Partner  
Levey Miller Maretz Realtors  
Barbara L. Pearce  
President  
H. Pearce Company

#### SENIOR MANAGER

**Albert Dobie**  
Vice President, Facilities and Support Group  
Hospital of Saint Raphael

## XAVIER CORPORATION

Xavier Corporation is the for-profit focus of the new system. It will organize projects and enterprises that complement the mission of other Saint Raphael affiliates, but which do not qualify for tax-exemption.

#### BOARD OF DIRECTORS

**Terry Oulundsén**  
Vice President, Regional Activities  
Southern New England Telephone

**Betsy Henley-Cohn**  
Chairman and Treasurer  
Joseph Cohn and Son, Inc.

**Sister Anne Virginie**  
President  
Saint Raphael Corporation

#### SENIOR MANAGER

**James Cullen**  
Corporate Vice President  
and Chief Financial Officer  
Saint Raphael Corporation

**Better Health Pharmacy & Home Care**, is a pharmacy, durable medical goods, and home care organization.

## SETON COMMUNICATIONS COMPANY, INC.

**Seton Communications Company, Inc.**, is a marketing, advertising, and public relations agency. Its offices are at 2440 Whitney Avenue, Hamden.

#### OFFICERS

##### President

**Paul J. Taylor**  
Corporate Vice President,  
Communications  
Saint Raphael Corporation

##### Secretary-Treasurer

**James J. Cullen, CPA**  
Corporate Vice President, Finance  
Saint Raphael Corporation

#### BOARD OF DIRECTORS

**Terry Oulundsén**  
Vice President, Regional Activities  
Southern New England Telephone

**Sister Anne Virginie**  
President  
Saint Raphael Corporation

#### SENIOR MANAGER

**Hadassah Lieberman**  
Acting Senior Vice President & Chief  
Operating Officer

## SAINT RAPHAEL MANAGEMENT SERVICES, INC.

**Saint Raphael Management Services, Inc.**, is a not-for-profit and tax-exempt clearinghouse for management services to other Saint Raphael affiliates.

#### OFFICERS

##### Chairperson

**Sr. Ellen Joyce**  
General Superior  
Sisters of Charity of Saint Elizabeth

##### Board of Trustees

**John Crawford**  
Partner

**Holt, Wexler & Crawford**

**Robert F. Behan**  
Executive Vice President  
Connecticut Bank and Trust

**Donald P. Calcagnini**

President  
American National Bank

**Sister Anne Virginie**

President  
Saint Raphael Corporation

## WHERE WE'RE GOING

BY DIANA BALLARD

Corporate Vice President,  
Health Systems Development  
Saint Raphael Corporation

**"H**ow can we better serve you?"

Perhaps, you were among the 1,725 Greater New Haven residents asked that question as part of a research study sponsored by Saint Raphael's last year. Area residents we polled said that physician and nursing services, as well as hospital cleanliness are top priorities in assessing the quality of a hospital—and they rated Saint Raphael's high in all three.

Other qualities looked for in a hospital include emergency facilities and equipment, sensitivity of physicians and employees, and modern, up-to-date equipment.

Overall, survey results showed that Saint Raphael's has come a long way as far as public perception is concerned. You rate us "tops" among other hospitals in the region for many services. Still, you also said there are many ways in which we can better serve you.

That's where Saint Raphael's strategic plan comes in. First developed in 1985, it outlines key strategic initiatives that came from the information you provided. Here are the highlights:

#### Continuing our Christian ministry

Saint Raphael's philosophy and tradition set us apart from other local health institutions and providers. And we will continue to emphasize, in all we do, our role in continuing Christ's healing ministry and in upholding the dignity of each patient. In 1907, when Saint Raphael's began its ministry, one expression of its mission was giving away thousands of free shoes to the needy. Since then, Saint Raphael's has continued to extend charity to those in need. This is expressed in many personal ways; one outward sign is the more than \$4 million in unreimbursed health services provided by the hospital last year.

This year, a variety of programs are being planned to serve those in our community who cannot afford needed medical care, or get access to it, particularly the disadvantaged elderly.

#### Doctors and hospital working closer together

Alternatives to hospitalization and convenient, one-stop health care are ideas whose time has come according to almost 85 percent of respondents to our survey. Saint Raphael's is working closely with physicians affiliated with us to form new partnerships and support systems. You can expect your doctor and hospital to collaborate even more to make the services you want as accessible, convenient, and economical as possible.

A prime example is the recent announcement that Saint Raphael's is joining with a large group of area physicians to make possible a medical-hotel concept and improvements in one-day surgery (see related article).

#### Working with other organizations

Networks of hospitals are forming rapidly. They provide strength in numbers in matters like joint purchasing, insurance and investment management, administrative consulting, and marketing strategies.

Since last September, Saint Raphael's has joined with other New England-based health systems by becoming a member of the Yankee Alliance. Through this membership, Saint Raphael's became affiliated with American Healthcare Systems, the nation's fastest growing network of not-for-profit health care systems and hospitals. Regionally, we are a founder of another alliance, the Northeast Hospital Network. And locally, Saint Raphael's is pursuing affiliation or close relationships with several other health care organizations.



DIANA BALLARD

#### Developing new forms of public service

A majority of survey respondents—68.2 percent—also said that improving health care services for the elderly is extremely important. To help meet this need, Saint Raphael's will establish an inpatient geriatric unit. In addition, the hospital or an affiliate, will establish a plan for a community ambulatory geriatric program by the end of this year.

Overall, survey results showed that Saint Raphael's has come a long way as far as public perception is concerned. You rate us "tops" among other hospitals in the region for many services. Still, you also said there are many ways in which we can better serve you.

### Building on a tradition of medical excellence

Saint Raphael's will build upon its strengths: a quality medical staff, expertise among managerial, technical, nursing and support personnel, great sophistication in major clinical specialties, and an outstanding reputation for quality, caring services.

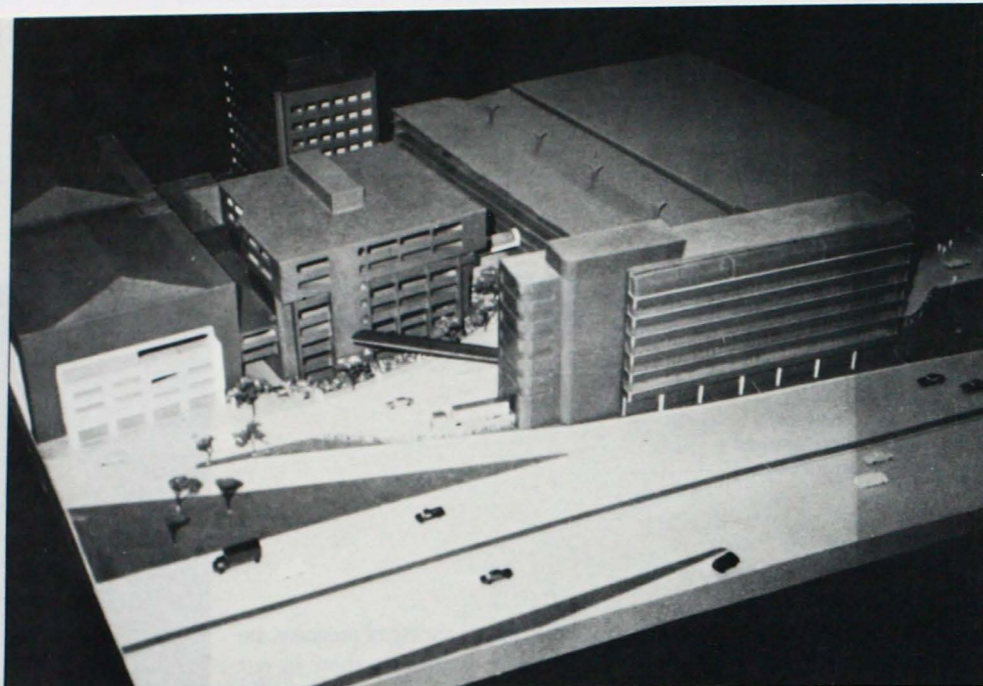
Among our first priorities will be to make our patients feel more "at home." Hospitalization is never pleasant even at its best, but several initiatives to minimize inconvenience and stress on patients soon will be obvious. One that already is highly visible is our expansion and modernization program.

Two new patient care buildings under construction, the new ambulatory care center now open, and medical office building already open will get us off to a good start. When major construction is completed in 1988, patients will find Saint Raphael's accommodations unequalled in our region.

As part of our continuing initiatives to introduce new technologies and services that will help us care for you even better, plans are being readied for the following projects:

- Bring the remarkable technology of magnetic resonance imaging to Saint Raphael's patients.
- Build a new cancer center—The existing radiation therapy center is one of the hospital's busiest departments, as well as a major referral center for all of Southern Connecticut. Our goal is offer a more attractive, street-level cancer center that will provide more comfort for patients as well as the high level of sophisticated, friendly care they have come to rely on.

Finally, energy and effort will continue to be devoted to assuring that services are cost effective and efficient...and to actually reduce the cost of services if possible.



## DOCTORS, SAINT RAPHAEL'S WORK TOGETHER

Saint Raphael Corporation, Temple Hotel Limited Partnership, and Temple Surgical Center announced in mid-July, 1986, one of the most significant collaborative affiliations in Connecticut between a hospital and group of private physicians.

The agreement will make Saint Raphael's and Temple co-general partners of the proposed \$10 million medical hotel complex planned for New Haven, and equal shareholders in their existing and separate surgi-centers. The medical hotel complex, the first in Connecticut, will be a limited partnership, half owned by Saint Raphael's and Temple Hotel Limited Partnership as co-general partners, and half by community physicians affiliated with both facilities.

The affiliation also will establish a single one-day surgery program at two different locations by combining the centers at Temple Medical and Saint Raphael's. One site will be in the newly constructed Echlin Ambulatory Care Center at Saint Raphael's, and the other site will remain in the Temple Medical Center. The combined one-day surgery programs will be among the largest in the nation under one organizational entity.

In the announcement of the project, Sister Anne Virginie said, "We are exceptionally pleased that two such outstanding medical resources in our community can be brought together in a collaborative effort."

"As we face the many challenges in health care today," said Dr. Alvin Greenberg, president of the Temple Hotel Limited Partnership and chairman of Temple Surgical Center, "we are confident that both these joint ventures between community physicians and a major health institution will benefit the medical care consumer."

Sister Anne also said, "The Greater New Haven community will benefit significantly from this collaboration. The trend throughout the nation is for hospitals to care for growing numbers of out-patients. The medical hotel complex will be an important lower-cost alternative for many patients. The medical hotel is a new concept that will fill the gap between hospital-based care and home care. It will not be a health care facility, but a residential setting where medically stable, ambulatory, or post-surgical patients may receive home care services, and have daily access to their physicians as well as outpatient medical services."

"The medical hotel is not a substitute for home care," emphasized Dr. Greenberg. "It is a facility for patients who do not require the intense level of care provided in a hospital setting, but who are unable to be entirely independent. The hotel also can be used as a respite facility for elderly or chronically ill persons who are normally cared for by family members."

"A typical medical hotel stay will range from one to five days. As reimbursement mechanisms by third-party payers become more restrictive, the wisdom of this affiliation and the benefits of the concept behind it will be obvious. Many patients are not psychologically prepared to go home after a hospital stay. The hotel will be a lower cost alternative for patients who choose this service and whose doctors recommend that they are appropriate for it," Dr. Greenberg said.

The 150-bed medical hotel complex will be constructed on a triangular piece of state-owned land on North Frontage Road. The hotel will be connected to Temple Surgical Center through an overhead walkway.

Temple Surgical Center is located within the Temple Medical Center, a building on Temple Street in downtown New Haven. Among many tenants primarily in health-related fields, the building contains offices for about 110 community physicians, as well as radiology, physical therapy, and urgent care services. Each is autonomous, and only the hotel and surgi-center are included in the affiliation with Saint Raphael's.

# THE WAY WE CARE

BY NORMAN J. MARIEB, M.D.  
Executive Vice President  
Hospital of Saint Raphael

As a newly named hospital administrator who has devoted his professional life to practicing medicine and not administration, I never have had a greater appreciation for the enormous pressures upon hospitals to do more with less.

Never have I been more keenly aware of the patients down the hall and one floor above and below my new office, who are fighting against an overwhelming illness. As a doctor, their struggles are very real to me. And as Saint Raphael's Executive Vice President, I am committed to assuring that these patients don't bear the brunt of the obstacles we face as administrators.

Simply said, my job is to make sure that patients and their families come first. To borrow a popular adage, "That's Job #1 at Saint Raphael's."

I am encouraging everyone at Saint Raphael's to keep ever present in their minds the questions that I keep asking myself:

*What can we do to make each patient's stay better?*

*Are we offering patients a warm and secure environment?*

*Are patient rooms cleaned often and thoroughly enough?*

*Are we keeping people waiting too long?*

*Are the meals hot? Tasty? Attractive? Can there be a wider variety for people on regular diets?*

*Are employees sensitive enough? Can visitors easily find their way around the hospital?*

*Are families getting their questions answered fully and quickly?*

*Can you park without having to take a taxi from your space to the hospital?*

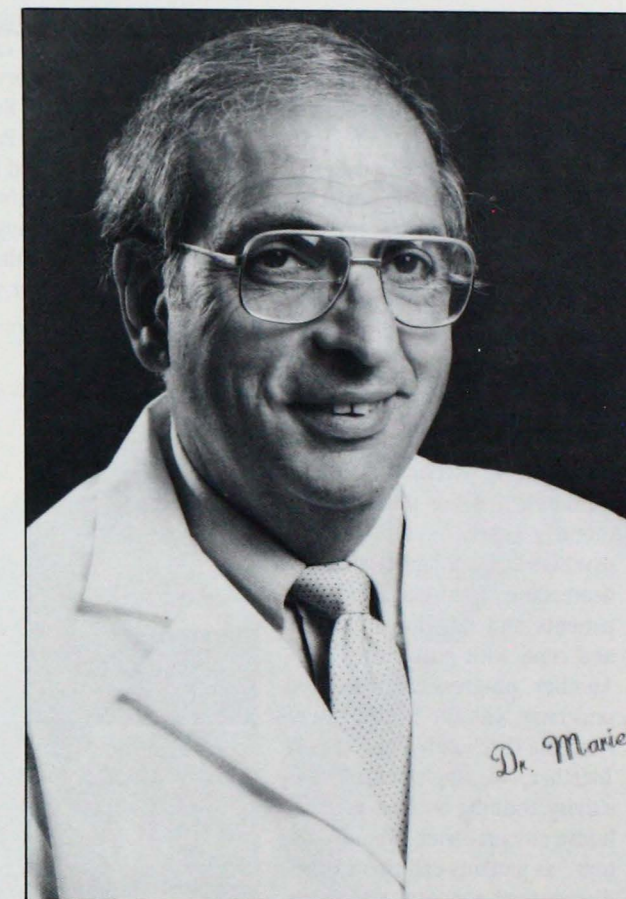
*How can the "hotel" components of the hospital be better?*

They may seem like little things but, to my way of thinking, they are vitally important. I know and trust Saint Raphael's clinical excellence;

now we are all working to make every other aspect match that high medical quality which patients expect from Saint Raphael's.

As I leave behind my post as Chairman of the Department of Medicine, I am eager to work on these new challenges. I also am pleased to report the following progressive changes within the hospital, during the last year.

- Our nursing department launched its "total nursing care" program. Under this novel and efficient concept, each patient is assigned a nurse who is responsible for that patient's overall care. The nurse coordinates all aspects of the care and is the key focus person for the patient.
- A specialized service was launched through our newly developed inpatient rehabilitation unit for patients suffering from neurological and orthopedic disorders. This 8-bed unit cares for patients who would otherwise be transferred to nursing homes, and who now are being helped to walk again. The goal is independent living for persons who otherwise might be permanently dependent or have a much more prolonged period of rehabilitation.
- More patients than ever used our specialized outpatient cardiac rehabilitation program that provides intense rehabilitation for patients with heart disease. The story of Bill Greenhalgh's heart attack on page 23 is a tribute to everyone involved with his recovery.
- At the moment you are reading this, dozens of persons are being cared for at our hospital who would not be here if they had been non-smokers. Smoking is among the biggest enemies of good health and, last December, it became prohibited in all patient



DR. NORMAN MARIEB

care areas at Saint Raphael's and in departments with regular public contact. Smoking is now allowed only in a small section of the cafeteria, well ventilated emergency room waiting areas, and a minimal number of other specially designated areas.

- For patients fighting cancer, Saint Raphael's provides superb outpatient care in an enlarged hematology/oncology therapy unit. The program provides transfusions and IV antibiotic therapy but, more importantly, it does so putting into action the latest discoveries in the field. This, thanks to a government grant designed to "cut out the middle man" in the information loop by linking a few top-notch local treatment programs offered at Saint Raphael's with the latest research findings. In most cases, patients live at home, coming to the hospital only for the few hours of necessary therapy. ▶

Simply said, my job is to make sure that patients and their families come first. To borrow a popular adage, "That's Job #1 at Saint Raphael's."

# THE WAY WE CARE PART II

- Throughout the hospital, even more stringent safeguards were initiated to assure even higher quality of care. For example, a new "medical indicator report" evaluates all aspects of a patient's medical care, including physician performance in each medical department. This report has been crucial in fostering many improvements in quality and patient service.

- A psychiatric liaison service now provides a deeper understanding of unseen forces affecting patient care. A staff psychiatrist makes rounds with other physicians to identify early symptoms of psychiatric disorders, especially depressions. Their guidance helps patients and families anticipate and cope with problems.

- Another progressive project is underway with the Yale School of Medicine Psychiatric Department. Together, we implemented sensitivity training so that medical house officers—our "young doctors" as patients call them—can discuss their concerns and reservations about patient care. As you might imagine, it often is difficult to confront their own limitations, especially admitting that they have done everything possible for a patient. Tackling issues as "How to deal with death" or "Finding new strength for cancer patients" comes only after much meditation. Not only are young doctors at Saint Raphael's being exposed to subjects not ordinarily studied by them, but we are also obtaining feedback from them and their patients so we can serve you better in the future.

You might ask, "Why are they doing this?" Because we at Saint Raphael's feel a responsibility to provide the quality and compassionate care that our patients deserve. If the last year had a theme, it would have been our emphasis on trying to strengthen the attributes of human compassion in our physicians and staff.

Looking ahead to next year and beyond, I am filled with optimism. Special emphasis will be placed on

the overall care and nurturing of older patients. We also can provide more efficient ambulatory care with the opening of the Echlin Ambulatory Care Center. Patients are finding greatly expanded facilities in an exceptionally attractive, comfortable, and private setting.

And finally, the opening of a new auditorium in September was a sym-

bol of Saint Raphael's commitment to higher learning. It will serve as a center for education of physicians, employees, and the community.

We accomplished much last year. But we promise never to rest on our laurels and always be attuned to the wishes and needs of our "patient family."



BY DR. GERALD PESKIN  
Chairman, Department of Surgery  
Hospital of Saint Raphael

Today's surgical patients are, in general, either seriously ill and in need of complicated surgical procedures, or comparatively healthy and able to have surgery performed on an out-patient basis. Saint Raphael's is on the leading edge in both areas, and rapidly is becoming a referral center for patients requiring highly specialized surgeons who use highly sophisticated equipment.

Highlights of the last year include the following:

- Total surgical procedures have steadily increased, progressing from 10,868 cases in 1983, 11,171 in 1984, 11,643 last year. Significantly, over 30 percent of all surgery at Saint Raphael's last year was performed on an out-patient basis. In 1983, 2,379 short-term surgeries were performed, 3,059 in 1984, and 3,662 in 1985.

- Overall, surgical patients are being hospitalized fewer days, and the recovery time is becoming shorter. In 1983, the average stay was 8.84 days; in 1984, 8.45 days; and in 1985, 8.22 days. We expect it to decrease again this year. This provides many benefits. It not only reduces hospital costs, but "going home" has great psychological implications for most people because it is related to "getting better." Home is an ideal place to recuperate, if possible, close to personal comforts and loved ones.

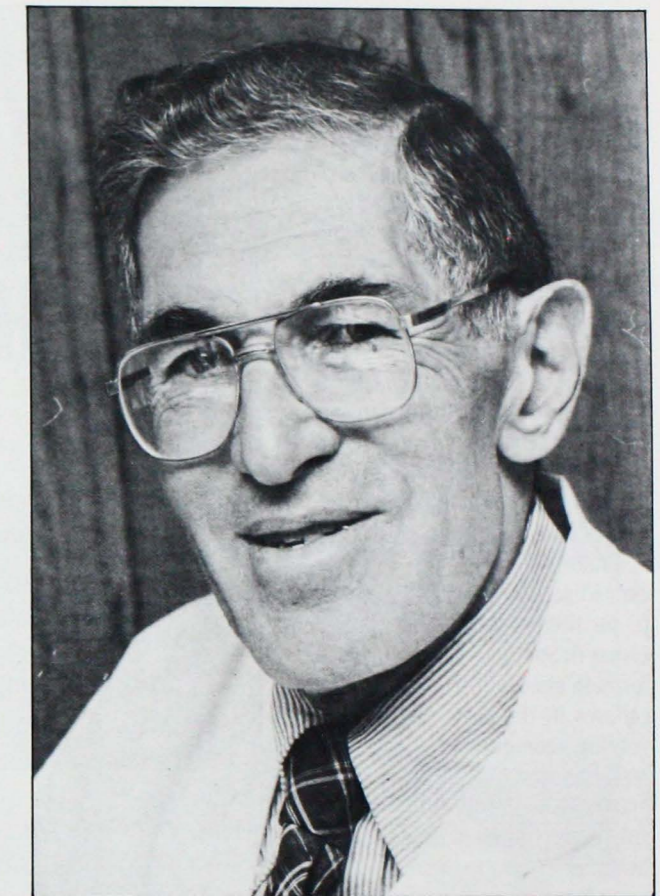
- Successful research into multichannel cochlear (artificial ear) implants was a notable advance at Saint Raphael's last year. Thanks to the successes of Dr. K.J. Lee, chief of the section of otolaryngology, and his associates, 14 New England patients who were deaf for many years now hear again. Data from Saint Raphael's to the research

center at the University of California at San Francisco may bring new hope for persons who have never heard. This will be the next great challenge in cochlear ear research for both deaf adults and children.

- As a major laser surgery center, Saint Raphael's expanded its potential by acquiring the latest YAG laser. This powerful laser performs more exacting surgical procedures than other lasers. It cuts through tissue with little burn, permitting its use in delicate areas without damaging surrounding tissue. The YAG is being used in many specialties, including ear, nose, and throat, ophthalmology, pulmonary, and gastroenterology. Other surgical laser applications are ever-increasing. They are common in gynecology, for ulcers, and to remove tumors without the need for more extensive surgery. We soon may use lasers for liver surgery. Already, the Argon laser is routinely used to reattach retinas in the eye. And more and more uses certainly will be found as time goes on. The laser is truly a remarkable tool of tomorrow, an extension of the surgeon's hands and talents.

- Air "ambulance" service is another extension of the doctor first offered this last year. The Life Star helicopter, launched through an affiliated program with Hartford Hospital and the state Office of Emergency Medical Services, offers help from the heavens for the seriously injured. Remarkable advance planning by Saint Raphael's gave us a heliport, the first at a Connecticut hospital, almost 10 years before helicopter service was initiated in the state.

Emergency helicopter service helps intensify Saint Raphael's



DR. GERALD PESKIN

emphasis on trauma care by reducing precious transport time in life-or-death situations. Regularly scheduled trauma conferences are held at Saint Raphael's. They are a time for physicians, nurses, technicians, and other trauma team specialists to review cases and the latest ways to care for trauma victims.

- Saint Raphael's continues to be the state's leading referral center for the surgical correction of severe dental abnormalities. We perform more of these surgical procedures, from minor to major surgery, than any hospital in Connecticut thanks to the outstanding program of Dr. Bernard Levine, chief of oral surgery, and the other dentists in this section.

**These are challenging times for hospitals. With the pressures to reduce costs even though technology is becoming more and more expensive, we are proud of progress at Saint Raphael's. Our hospital is, without a doubt, on the leading edge in care.**

• Another "high tech" service growing in popularity is intraocular lens implant following cataract surgery, a procedure involving the removal and replacement of the "lens" of the eye to restore sight—in some cases, to 20/20 vision. This delicate surgery is among the five most common procedures at Saint Raphael's for persons over age 65. And in December 1985, when the Federal government established that cases be performed in same-day surgery, if appropriate for the patient, the percentage performed on an out-patient basis rose from 40 to 90 percent.

Under the leadership of Dr. Vascant Khachane, we have progressed to be the leading cardiac surgery center in Southern Connecticut, performing almost 700 open heart procedures in the past year, many involving complicated heart valve replacement as well as the repair of major blood vessels in the chest. We anticipate continued progress in this field.

As for the future, we expect more growth in short-term surgery. With the completion of the Echlin Ambulatory Care Center with its new short-term surgery unit, patients will find expanded and even more sophisticated facilities. The new center will be more convenient and attractive. It will feature a patient admitting room in the lobby, where patients are registered and brought directly to their "room for the day" which also doubles after the surgery as their own recovery room.

These are challenging times for hospitals. With the pressures to reduce costs, even though technology is becoming more and more expensive, we are proud of progress at Saint Raphael's. Our hospital is, without a doubt, on the leading edge in care.

## BET YOU DIDN'T KNOW THAT SAINT RAPHAEL'S...

- Provides an acuity (intensity) of care, as measured and ranked by the Federal government, to Medicare patients that is unrivaled in Connecticut, and ranks among the top 30 hospitals nationally.
- Is only the second medical center in nation to begin clinical trials of an artificial ear implant. Developed at the University of California at San Francisco, the advanced multi-channel ear implant has returned the sense of hearing to state residents who were deaf for years.
- Pioneered with radiation therapy, becoming the first hospital in New England with a radiation therapy center.
- Is a major laser surgery referral center for the Northeast United States.
- Is designated by the Federal government as:
  - A regional trauma facility.
  - The regional dialysis center for South Central Connecticut.
- Was the first hospital in Connecticut to...
  - Open a coronary care unit.
  - Implant an artificial larynx. It allowed a Long Island patient to speak again.
  - Develop a psychiatric program specializing in care for adolescents.
  - Initiate an inpatient psychiatric unit for children.
  - Have a federally licensed heliport.
- Gives away about \$4 million in health services every year to the needy.
- Is the regional center for the correction of dental-facial abnormalities.
- Publishes the biggest circulation magazine in the state, Better Health magazine, read by over 300,000 state residents.

## IT COULD HAPPEN TO ANY OF US

The 49-year-old executive was sound asleep when he was suddenly awakened by deep pain. It was 3:30 a.m. He shifted position and tried to sleep, trying also to ignore the pain. After all, it happened just like this two weeks ago and disappeared. The pain is lasting longer, he thought, but surely it will ease.

It didn't. He got out of bed, showered, dressed, made breakfast, smoked a few cigarettes and headed to Hartford for an early morning conference. Keeping his grit, he made it through the meeting and headed toward New Haven and home.

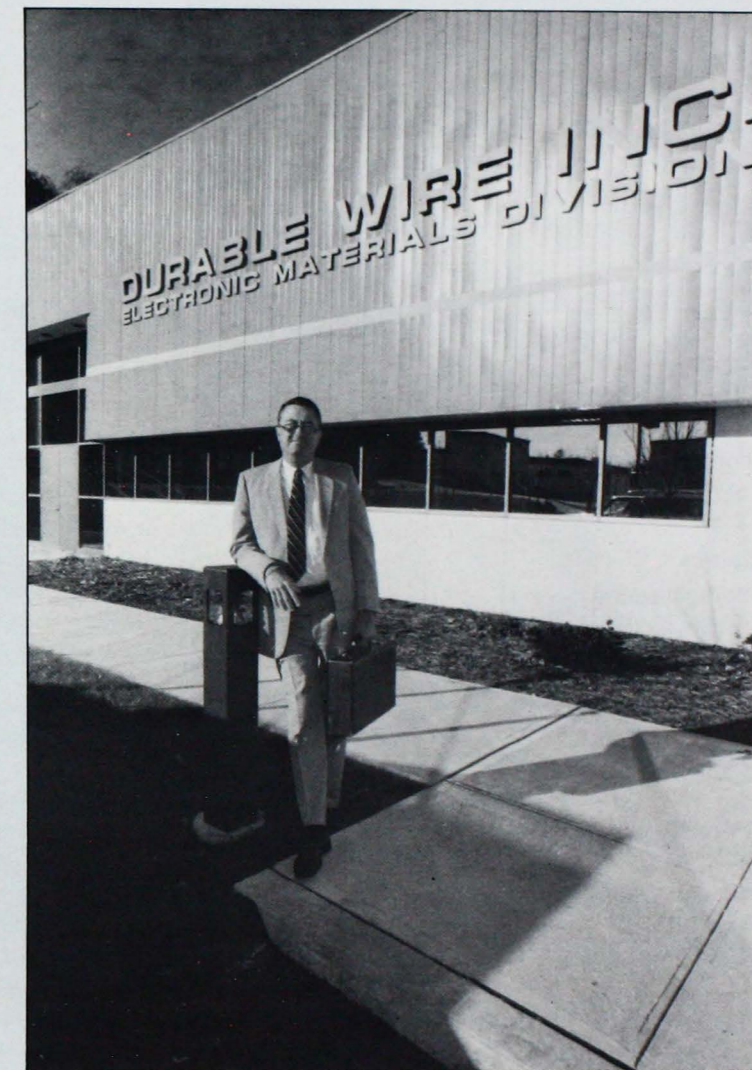
"Coming back on I-91, the road started going upside down. I made it to my doctor in Branford," he recalled. "After an EKG, he said, 'Sit down, boy, you're having a heart attack.'"

Bill Greenhalgh knew he was in real trouble.

"If someone had told me a week before that I was going to have a heart attack, I never would have believed it. I thought I was one of the immortals. Now, that I look back, I say, 'Sure, I was headed for one.' But playing Monday morning quarterback is the easiest thing in the world."

What happened to Bill Greenhalgh is not unique. It happens to many men his age and in his situation—Type A personalities, demanding jobs, with cigarette habits they refuse to kick; aggressive go-getters, successful business executives. Types that almost inevitably find themselves looking death squarely in the eye at too young an age.

His treatment at Saint Raphael's was twofold. First, his condition was stabilized until he gathered strength. Specialists discovered an aneurysm. It was removed in delicate surgery. But that's not where Saint Raphael's care ended for Bill Greenhalgh—or for many other cardiac patients. TakeHeart, Saint Raphael's cardiac rehabilitation program, provided



counseling and classes for Bill and his family. He learned to identify risk factors, change his diet, stop smoking, and resume normal sexual activity.

TakeHeart is a new way of life for anyone who has had a recent heart problem.

"We take a wholistic approach," says Jessica Shank, R.N., the nurse clinical specialist who directs TakeHeart. "We go much deeper. We want them to realize how they will have to alter their lifestyles to prevent more problems. With surgery patients, it's often particularly hard. They have a tendency to think they 'are cured.'"

"It is not a 'canned' plan, or for-

mula," explained Shank. "It is a program specifically tailored for the individual." It includes exercise, educational classes, individual, group and diet counseling.

Greenhalgh apparently is following the advice. He gave up his cigarette habit—"I had my last cigarette in the ambulance"—and his wife Judy even followed suit. Greenhalgh also has lost 20 pounds.

What's more, he now has a new appreciation about what it means to lead the "good" life—one based on a healthy lifestyle, and all too well understands the consequences of not doing so.

"I'm alive," he said. "I could have easily gone the other way."

## STATISTICAL HIGHLIGHTS

	1985	1986
<b>Admissions</b>		
Patients admitted, less newborns	17,795	17,623
Total patient days, less newborns	151,534	143,646
Average length of stay (days), less newborns	8.2	7.5
Available patient beds (excluding bassinets)	482	482
<b>Births</b>	1,015	1,139
<b>Outpatient visits</b>		
Emergency room	44,559	43,095
Clinics	21,555	18,530
Short-term surgeries	3,059	3,662
Psychiatric outpatient clinic	5,202	4,942
<b>Radiology</b>		
Diagnostic X-rays	63,297	63,861
Nuclear medicine procedures	2,822	3,202
Radiation treatments	30,771	32,123
CT scans	3,972	4,757
Diagnostic ultrasound	3,123	3,133
Radioimmunoassay	36,391	35,024
<b>Procedures and treatments</b>		
Total surgeries (excluding short-term)	11,171	11,643
Dialysis treatments	8,008	8,244
Stress tests	1,403	1,520
Special procedures		
Cardiac	1,139	1,337
Vascular	1,052	1,104
Cardiac catheterizations	1,117	1,369
<b>Volunteer services</b>		
Volunteers	682	649
Volunteer hours	82,745	82,126
<b>Miscellaneous</b>		
Pharmacy services		
Doses dispensed	2,497,000	2,207,000
Hyperalimentation solutions	17,400	14,200
Food services		
Patient meals served	420,393	413,780
Employee and visitor meals served	707,867	636,469
Laundry (total pounds)	2,713,590	2,697,033
Energy		
Pounds of steam generated	90 mil.	87.6 mil.
Gallons of fuel	734,140	744,000
Kilowatt hours	13.5 mil.	13.5 mil.

## WHAT WE'RE BUILDING FOR TOMORROW

BY ALBERT DOBIE  
Vice President,  
Facilities & Support Group  
Hospital of Saint Raphael

"When the good Lord closes one door, He opens another." That line by Julie Andrews from the "Sound of Music" is a favorite of mine. It also literally summarizes some of last year's more obvious progress with Saint Raphael's gigantic expansion and modernization program.

In July, 1985, the main entrance to Saint Raphael's was closed for the first time since October 24, 1942.

Beautiful dogwoods, oaks, shrubs, flowers, and our well known circular driveway were replaced first by fencing, then by excavation, and finally by a hulking skeleton of concrete that blanketed the Chapel Street side of our block. While most observers were sorry to see the lovely old entrance demolished, there also was joy in knowing the results will yield something even better.

When completed in 1988, the \$33 million project will give Saint Raphael's a "campus" entirely built or significantly renovated since 1976—making it the most modern, efficient hospital in Connecticut. And one that will be ideally suited to meet the needs of the community, our patients, and their families.

Overall, the project includes 107,000 square feet of new construction and 130,000 square feet of renovations. It will replace all beds now in outmoded facilities, provide every patient with modern and convenient accommodations, enhance patient care efficiency throughout the hospital, and consolidate diagnostic and treatment areas along with logistical and administrative support services.

As for "doors," another already has opened.

In May, 1986, the Orchard Medical Center opened to the public.

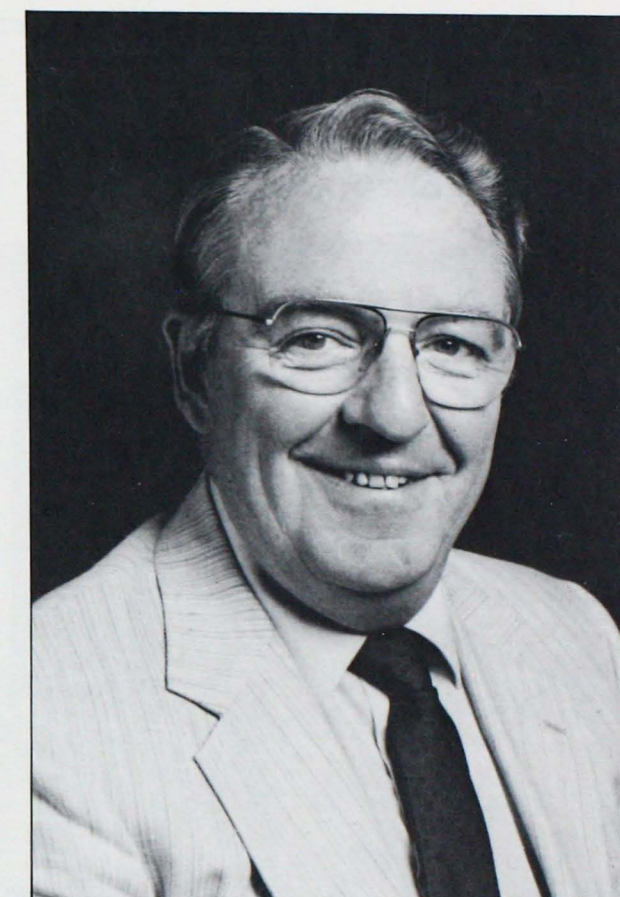
This L-shaped building at the corners of Chapel and Orchard streets represents another \$16 million of construction separate from the hospital project but certainly related. It is owned by a private developer on land leased from the hospital, which in turn will lease some space in the new facility.

The Orchard Medical Center contains private physicians' offices as well as the hospital's Echlin Ambulatory Care Center, housing hospital clinics, outpatient departments, day surgery unit, pharmacy, and central sterile supply area. Physicians began using their spaces in May, and the hospital started occupying its space in August.

Meanwhile, across Orchard Street, Seton Real Estate, a wholly-owned subsidiary of the Saint Raphael Corporation, is constructing a \$4 million, 500-car parking garage. It will supplement parking in the City of New Haven's Orchard/George Garage. The schedule for the new garage is on a very fast-track; work began in May, 1986, and will be completed by January. Everyone who has struggled to find parking at Saint Raphael's during peak hours will be glad to have this new facility alleviate parking woes.

As for other doors, tradition will be renewed in 1988 when a new Chapel Street entrance with its own circular driveway and landscaped area will be available at the completion of the entire project.

This new main entrance will consolidate all public entrances and will be in a new building linking our Verdi Memorial Building with the two new five-story patient care buildings now under construction. Inside the entrance will be a brand new lobby and information desk, ad-



ALBERT DOBIE

mitting office, and a greatly expanded gift shop.

Less than 18 months after ground was broken for the two patient care buildings, the two structures facing Chapel Street were "topped off" in ceremonies in late June. The building nearest Sherman Avenue is the Dr. Luca E. Celentano Building, named in honor of the physician who has been practicing in New Haven for more than 50 years. The building will contain inpatient nursing units.

The second patient care building, which will house a new chapel on the first level, is the Sister Louise Anthony Building, honoring Saint Raphael's longstanding trustee and chief executive officer from 1956 until 1978. The remaining stories will contain nursing units.

New high speed elevators will serve the new patient care areas now under construction.

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# HOW IT ALL GETS PAID FOR

BY JAMES CULLEN  
Corporate Vice President, Finance  
Saint Raphael Corporation

It is 3 a.m. and a soon-to-arrive new baby won't wait until a decent hour. A knock-kneed husband nervously picks up the suitcases and helps his wife into the car, racing toward the hospital.

It is 4:15 a.m. On a neglected backroad, a truck collides with a tree. Luckily, a motorist calls for help. After struggling for 35 minutes to safely remove the critically injured victim, emergency technicians call for a medical helicopter. It's the only way to get to the hospital in time.

It is midnight. A middle-aged lawyer, not quite asleep, is jolted by a searing pain across his chest. His concerned wife calls 911. Minutes later he is on his way to the hospital, cared for by paramedics trained at Saint Raphael's.

Scenarios like the above occur day after day, week after week in our community. The common thread is that the countless patients all are hospitalized. No matter what time, whatever the severity, the hospital stands ready. Fully ready. But that's why we're here. Saint Raphael's provides around-the-clock care in every major specialty. From trauma cases to cardiac arrests, from maternity to laboratory tests, Saint Raphael's always is alert.

But readiness doesn't come cheaply. Whether 300 or 500 patients are treated each day, whether it's a blizzard or a hurricane, full services are maintained. You never will hear a radio announcement that inclement weather has closed Saint Raphael's emergency room. But the costs are reflected in patient bills, including some of the care for those who can't afford a penny.

Saint Raphael's is a not-for-profit organization. Any excess of revenues over expenses at the end of a fiscal year are rechanneled into the hospital to pay for equipment, mortgages, and purchasing new supplies. And in recent years, Saint Raphael's has had to strive for a healthy year-end bottomline to meet increasingly large capital obligations.

In the chart on the next page, you

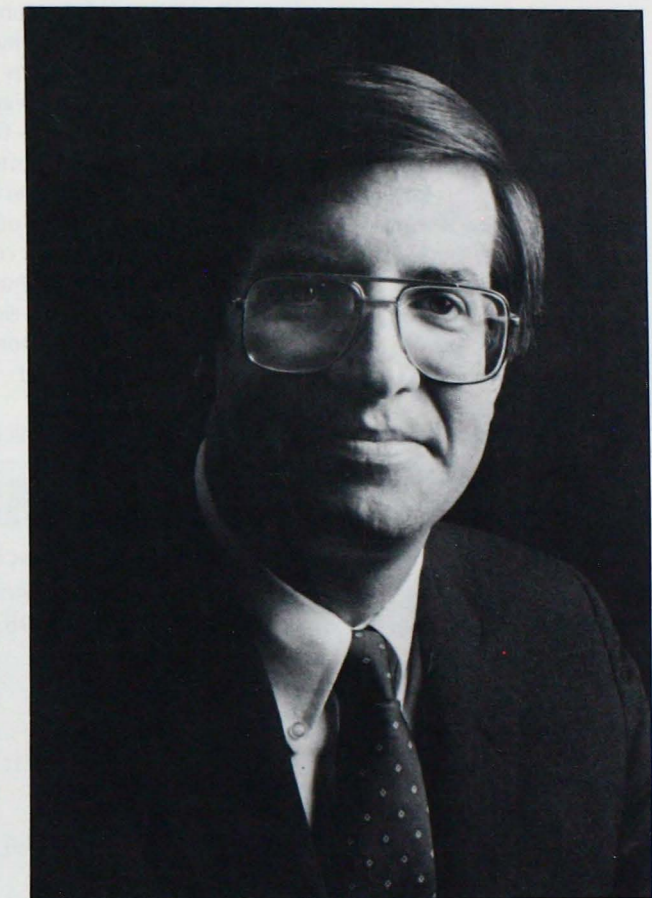
can see Saint Raphael's financial performance for the last four years—where the money came from and where it was spent. Some highlights of special note are:

- More than \$10 million has been spent in the last four years for new and replacement equipment for monitoring patients, intensive care units, specialized lasers, and sophisticated X-ray equipment. This does not include the expansion and modernization program.
- More than \$2 million was provided from unrestricted gifts and earnings on those gifts. We are extremely grateful to generous individuals, corporations, and foundations for helping to advance Saint Raphael's mission.
- What the chart can't show is the tremendous contribution that comes from volunteer hours each year—a major factor in offsetting patient care costs.
- The chart also doesn't show that Saint Raphael's was the only hospital in Connecticut to reduce many of its rates last year.

Fiscal 1985 was clearly a significant year. In November, 1984 Saint Raphael's obtained a \$40.5 million mortgage backed by tax-exempt bonds sold through the Connecticut Health and Educational Facilities Authority.

This is an "investment" in Saint Raphael's future. We also have kept an ever-cautious eye on cost containment. For example, a cogeneration system to provide energy to both the old and new sections of the hospital is currently being reviewed by the Commission on Hospitals and Health Care. When installed, this system will utilize excess steam to recirculate energy, resulting in an estimated \$800,000 savings annually.

On the regulatory side, 1985 was also significant. The Connecticut General Assembly passed an "all payors" bill which requires all health insurers to reimburse hospitals for in-patient care on the same basis. A payment rate was established for each in-patient case using a grouping system called DRGs (diagnostic related groupings).



JAMES CULLEN

This system was modeled after the Medicare prospective payment system that began October 1, 1983. A major difference between the new Connecticut law and the Medicare system is that Medicare allows a hospital to keep the difference between the payment rate and its cost—just like any business would operate. The Connecticut law requires hospitals to give back any difference over 1 percent—hardly enough to operate a modern, community-based teaching hospital such as Saint Raphael's.

The Connecticut system is what I call "regulated competition." On one hand, competition in health care is being encouraged by government; on the other, in Connecticut, we have a system that does not provide the proper incentives inherent to fair systems of competition. And it threatens to erode the capital base necessary to operate today's sophisticated health care system. ▶

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## BRICK BY BRICK: A summary

### Cost

<b>Saint Raphael's</b>	
• Hospital project	\$33 million
• New parking garage	4 million
<b>Private developer</b>	
• Orchard Medical Center	16 million
	<u>\$53 million</u>

### Scope

#### Saint Raphael's

- **New construction:** 107,000 sq. ft. of new construction in two five story plus basement patient care buildings, new two-level plus basement lobby building, educational auditorium, and expanded radiation therapy center
- **Renovation:** 130,000 sq. ft. to modernize the Main, Private, and Saint Joseph's buildings.
- **Parking:** five-level, 500-space parking facility

#### Private developer

Orchard Medical Center—at 126,000 sq. ft., the facility is one of the largest medical office buildings in Connecticut.

- Three-story plus basement medical office building with office suites for physicians and other tenants.
- Two-story plus basement Echlin Ambulatory Care Center leased by hospital for hospital out-patient care, including new one-day surgery center, clinics, and Primary Care Center, as well as several other hospital departments.

### Timetable

	Completion
Expansion of radiation therapy center	July, 1986
Auditorium	September, 1986
Orchard Medical Center	
Private doctors' offices	Most already open
Echlin Ambulatory Care Center	Most space occupied
Patient care buildings	
(Dr. Luca E. Celentano Building and Sister Louise Anthony Building)	Mid-1987
Lobby/link building	Early 1988
Renovations	Mid-1988

Also part of the project is a 200-seat, state-of-the-art teaching auditorium, located in the open area of our U-shaped Saint Joseph's Pavilion. The auditorium opened in September.

The Wayne Whitcomb Radiation Therapy Center also is being expanded, with new examining and waiting areas, as well as offices. The Center is one of the three most comprehensive and largest in the state and greatly needs additional space to meet the demand for its vital service.

After all the above is completed, a thorough renovation of older areas will modernize our entire campus.

Finally, Saint Raphael's has applied for state approval to construct a cogeneration plant to increase our energy efficiency. Under the proposal, Saint Raphael's will be the first hospital in the state to own and

operate its own cogeneration plant. It will provide all of the electricity for the hospital, and also will produce enough steam as a by-product to greatly reduce our dependence on fuel for winter heating.

The program should save \$800,000 in the first year, with the amount growing each year for a payback period of less than four years. The state is so interested in this project that it has received a federal grant for a study that might make Saint Raphael's a model for hospitals nationwide.

All this activity means that when you enter our new doors, you will find a hospital that meets the needs and desires of even the most discriminating patients. So please bear with the inconvenience a little longer. I promise that it will be worth the wait.

These are challenging times in health care. The technological advances we have become so familiar with cost more and more. Patient use of inpatient resources is diminishing. Alternative delivery systems are competing with hospitals for the limited health care dollar. Who will pay for care of the indigent? For elderly care? For services that are critical to public health but that represent a financial drain?

Insurance companies and the government say, "Here is the normal length of stay. This is what we

will pay for, and no more. No matter if the patient needs more." How will hospitals provide care efficiently and effectively? Other players in the health care system—the urgent-, emergency-, centers, for example—do not have to follow the same rules. We, on the other hand, are a full service, community teaching not-for-profit hospital that provides help to the elderly and poor, and sponsors enormous patient education and outreach programs.

The real challenge will be to con-

tinue our excellent record.

The future is uncertain. We will see more joint ventures with physicians, more involvement directly with insurance companies, closer relationships with existing HMOs and, in some cases, hospitals starting and running their own HMOs or similar insurance/health care plans. As Sister Anne Virginie explains elsewhere in this report, Saint Raphael's and many other hospitals are diversifying into other areas of health care to offset lost revenues. It's necessary to survive.

## WHERE OUR MONEY CAME FROM

### Financial summaries

(for fiscal years ending September 30)

	1983	1984	1985	1986*
1. Patient services less free care, bad debts, and amounts paid by third party payors such as Medicare, Medicaid, and Blue Cross	\$77,212,000	\$83,867,000	\$90,445,000	\$92,819,000
2. Other related services such as cafeteria fees, rentals of TVs, etc.	1,810,000	2,072,000	2,074,000	1,711,000
3. Gifts, bequests, and income earned on trust and endowment funds	646,000	644,000	790,000	946,000
*Projected	\$79,668,000	\$86,583,000	\$93,309,000	\$95,476,000

## WHERE OUR MONEY WENT

### Financial summaries

(for fiscal years ending September 30)

	1983	1984	1985	1986*
1. Expenses to provide patient care and operate the hospital, such as:				
• Compensation to employees and fringe benefits	\$45,732,000	\$49,006,000	\$53,352,000	\$60,390,000
• Supplies and utilities	25,381,000	28,733,000	30,053,000	27,168,268
• Interest on mortgages	1,709,000	1,650,000	1,770,000	1,994,000
2. Principal payments on mortgages	784,000	844,000	680,000	558,000
3. Additions to and replacement of property, plant, and equipment	2,261,000	3,108,000	3,034,000	1,953,241
4. Net deposits to mortgage sinking funds as required by our lenders	673,000	(36,000)	(2,936,000)	2,010,981
5. Increase in capital items used for patient care, such as accounts receivable, inventories, temporary investments and self-insurance funds	3,128,000	3,278,000	7,356,000	1,401,510
*Projected	\$79,668,000	\$86,583,000	\$93,309,000	\$95,476,000

# MAKING CARING MORE THAN A SLOGAN

BY JOHN BIMONTE  
Vice President, Personnel and  
General Resource Group  
Hospital of Saint Raphael

Caring people. Patient people. Special people. Those are the phrases we use to describe Saint Raphael's 2,400 employees and 649 volunteers. We print the words in publications. We emblazon them on T-shirts, tote bags, and sun-visors.

They could be only cheerleading slogans: warm and fuzzy sounding, but empty. They are not.

You won't find a more concerned and courteous group of health care workers and support staff around than at Saint Raphael's. Maybe it's due in part to our recruitment process. We begin by looking for intangibles that make a difference.

I am convinced that Saint Raphael's is so special due in large part to the orientation the Sisters of Charity place on the dignity of each and every patient. That perspective is backed up by sensitivity programs that emphasize to employees how they are expected to treat patients.

Then again, maybe caring is just contagious.

Whatever the reasons, we are proud of the people who make Saint Raphael's such a concerned place. It would be impossible to list the countless examples of employees who went the extra mile this last year on the job: maintenance staff taking time to direct visitors, nurses staying on the job late to help a patient's family, the office worker who comes in after hours to be sure that a patient she met earlier got settled into his room. Nor could we mention the many employees who represent Saint Raphael's so proudly on their own time, whether in a fun athletic event, serving on the board of a community organization, or peeling potatoes in a soup kitchen.

Let me introduce you to a few of them:

- **Language Bank volunteers.**

Last year about 80 employees, doctors, and volunteers who speak a second language or know sign language volunteered their time to serve as interpreters for patients who do not speak or understand English or who have trouble hearing.

- **Nurses on Private Five and Six.**

They enjoy keeping patients informed and entertained with creative bulletin board displays.

- **Ellen McKiernan, emergency room unit clerk.**

Last year she was honored by the New Haven Fire Department for the compassion and concern she demonstrates for firefighters injured in the line of duty and their families.

- **Staff in Patient Billing, Credit, and Collection.**

They got together last year to buy puzzle books and stickers for the children in pediatrics and the Children's Psychiatric Emergency Service. Then they dressed up as a variety of critters and cartoon characters to deliver the gifts in person.

- **Mozelle Vann, Social Services.**

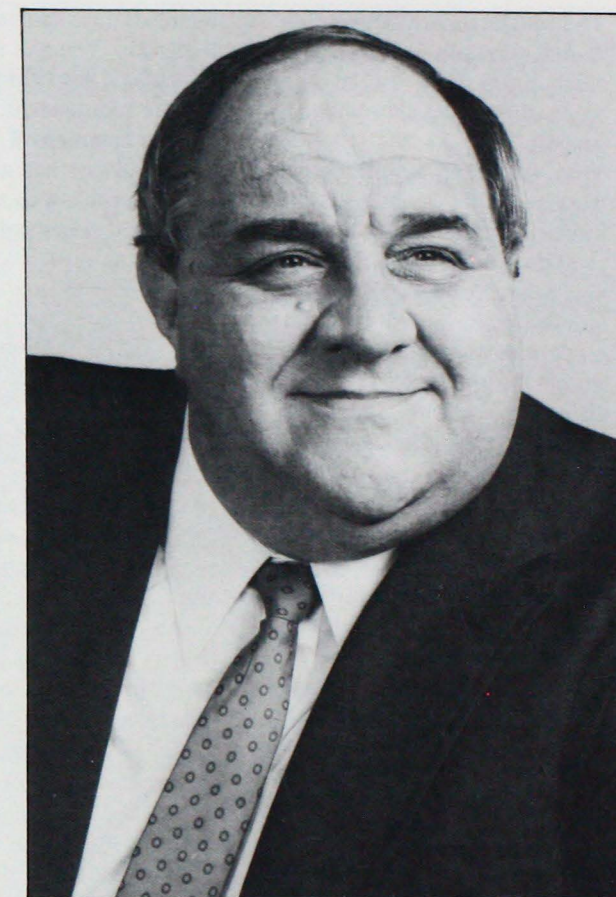
Honored by the American Cancer Society for her "above and beyond" help to cancer patients.

- **1,400 employees** who pledged \$267,000 to Saint Raphael's One For All Fund over a three-year period, earmarked for community charities and the hospital's Foundation For The Future campaign.

The One For All Fund is entirely managed by our employees.

- **Mary Sexton, R.N., and Ellen Lie, R.N.**

They consistently volunteer their time to help with free community screenings for high blood pressure and colorectal cancer.



JOHN BIMONTE

- **Catherine Peterson, Woman, Infant and Children's program.**

Honored for her service to the community at the fifth annual Black Achievement Awards Day. She was nominated for the award by a patient she helped.

- **Saint Raphael employees** who stood in line and then rolled up their sleeves in 1985 to donate 598 pints of blood to the American Red Cross.

- **Our WalkAmerica Team.**

Last year 23 employees participated in the 25 kilometer walk to benefit the March of Dimes, raising more than \$2,600.

- **Other employees** who donated hats, scarves, toys and cans of food to Saint Raphael's annual food and toy drive to benefit a local soup kitchen and a children's home.

I am convinced that Saint Raphael's is so special due in large part to the orientation the Sisters of Charity place on the dignity of each and every patient. That perspective is backed up by sensitivity programs that emphasize to employees how they are expected to treat patients.



- **The 80-member Operating Room Sunshine Club.** They reach out to those in need with food, flowers, and emotional support.
- **Nino Gallarza, Maintenance.** Working by floodlight on Saint Raphael's heating and cooling plant dock until 4 a.m. the morning before New Haven's 6th Annual Bed Race to benefit the Fresh Air Fund, he put finishing touches on Saint Raphael's 12-foot high papier-mache Statue of Liberty entry in the Bed Race parade.
- **Bed Racers.** Clad in red, white and blue, 50 employees marched beside "The Lady" and helped clinch the prize for Most Patriotic Bed. One hospital Bed Race team, Flash, won second runner up in the Olympic competition. And even though our other entries, the Olympic Speedburners and the hilarious Wrestling Mania, didn't go home with any awards, they went home proud.
- **Gary Campel, security, and Chuck Chancio, maintenance.** When fire broke out in a patient room last year, they risked their lives to save a patient's by entering the pitch black room on hands-and-knees, and removing the burning bed from the room.
- **Our volunteers.** No group could be more dedicated to others than this corps of dedicated people—more than six hundred strong—who work so selflessly in all areas of the hospital.
- **Kathleen Pawlak, R.N., Pediatrics.** She spent a week of vacation last summer volunteering at Camp Rising Sun, a camp for children with cancer. After seeing the fun the kids had doing "normal" things like having balloon fights and jumping off bunk beds, as well as the freedom they felt swimming without their wigs, Pawlak is returning this year.
- **Frank Pocius, Data Processing.** For 12 years he has served on the board of Friendship Gate, a not-for-profit group that sponsors two group homes for the mentally

retarded. In addition to board leadership, Frank is involved as a volunteer, helping the residents become independent.

- **Elberta Lemmen, R.N.** Because she has always had a deep concern for people who are less fortunate, last year she donated her

spare time to Connecticut Hospice Association and the Fair Haven Soup Kitchen.

Believe me, the list goes on...and on...and on. At Saint Raphael's, caring people is more than a slogan. It's a way of life that I am proud to be part of.



## VOLUNTEERS: Symbols of Dedication

**T**hey wear comfortable shoes, won't tell their ages, and are almost as elusive as Greta Garbo.

Otherwise, Ann Berlepsch and Veronica "Ronnie" Ledwith have little in common, except that they are Saint Raphael's longest-working volunteers—each having logged in more than 20,000 hours in volunteer service.

Mrs. Berlepsch has the most hours of service of any active volunteer—21,100 at last count. But fitting an interview into her busy schedule was tricky. Three mornings a week she leaves her Hamden home at 7:25 a.m. after bidding her husband Ernest goodbye, and hops a bus bound for Saint Raphael's.

She arrives slightly before 8:30 a.m., kicks off her high heels and dons clinical shoes. Then, as though to the sound of some imaginary gun—she's off like a shot. She darts to the pre-admissions office where she does clerical work. She also escorts or wheels patients to their rooms and delivers flowers to them. She sandwiches in twenty minutes for lunch, and is off again, working past 5:00 p.m. Often, she works until 6:00 or 7:00 p.m., reports the hospital staff.

Hectic? Maybe, but Mrs. Berlepsch thrives on it. Whether taking a youngster to pediatrics or "fetching" a cup of coffee for a security officer, she feels at home.

"I talk to everybody and his brother around here," she says with a grin. "I enjoy meeting such lovely people."

Mrs. Berlepsch managed to spare some time for an interview on a relatively quiet afternoon in pre-admissions. Surrounding by a buzzing, clunking cacophony of printers and identification plate machines, she caught up on her filing and reminisced about her first days as a Saint Raphael's volunteer, 17 years ago. She was a homemaker who never worked outside her home.

With her two children grown, she wanted something to fill her time. Saint Raphael's was the ideal place to volunteer.

In the 1940s and 1950s she used to bring homemade cookies to Saint Raphael's patients. And through the years, when she and her family were cared for at the hospital, she was impressed with the overall kindness. But, a huge obstacle loomed: "I was petrified of hospitals," she explains. She feared the sight of sick or injured patients would be more than she could bear. Determined to overcome, she headed for the hospital chapel.

"I prayed so hard. I didn't want to be bothered by anything, not even from the beginning."

Within days she was greeting burn victims with aplomb. She even helped a man with an artificial leg into his wheelchair while chatting cheerfully. "I help Saint Raphael's, but the experience has also done a lot for me."

### Ronnie Ledwith: no fanfare, please

"I do what I do because I like it. That's all. I don't want any publicity or recognition," Miss Ledwith stated with finality.

Yet after much coaxing, Miss Ledwith agreed to talk about her 14 years of service at Saint Raphael's, a period during which she has accumulated more than 20,500 volunteer hours, second only to Mrs. Berlepsch.

Miss Ledwith started volunteering after retiring from 30 years with the McKesson Drug Company. She is a quiet person who appreciates her privacy. In fact, she refuses to wear the bars on her volunteer jacket which denote her many hours of service because "everybody is always looking at them. They think you're 'Saint Somebody.'"

She wears athletic shoes, which is not surprising since she travels to Saint Raphael's on foot from her

downtown home. On Thursday mornings she works in the pastoral care department, running errands and calling local churches whose members are patients here. At noon, she attends services in the hospital Chapel. Sunday mornings she arrives at the hospital in time for 8 a.m. Mass, then works in the volunteer office and with newly admitted patients. It is here that she comes into her own.

"The patients are beautiful," she said. "There isn't a patient who comes in who isn't a nice person." The women Miss Ledwith works with in pre-admissions are awaiting X-rays or lab testing.

"I help them get ready. Sometimes, I help them get their gowns tied around them so they won't be walking around in their skin," she said, shaking her head. She escorts them to their various tests and tries to make them feel at home.

"All the patients are nervous. I'd be scared to death myself."

Different as they are, Mrs. Berlepsch and Miss Ledwith share a rare quality.

It has led them to work more than the equivalent of 40 hours per week, 50 weeks per year, for ten years—without receiving a dime.

It sends them to work, come holiday or high water.

Said Betty Shanley, director of volunteer services, of Miss Ledwith: "She comes in Christmas, Thanksgiving, and Easter. She comes in Sunday mornings at 8 a.m. and opens the volunteer office. If it weren't for her, our whole patient discharge program would be in a shambles."

Denese Conyers, an admitting supervisor, says of Mrs. Berlepsch: "She's always been here for us. She even comes in when we have blizzards. She is a definite asset to our department, and to the hospital."

Call it caring, commitment, dedication, or the spirit of volunteerism. Whatever it is, these women have something special. And Saint Raphael's is grateful to them and all our volunteers.

# WHY SUPPORT SAINT RAPHAEL'S?

BY PATRICIA VELLECA  
President  
Hospital of Saint Raphael Auxiliary

The handwritten note bubbled with gratitude. The young mother who penned it had been a patient at Saint Raphael's before Christmas. As an Auxilian and hospital volunteer, I had helped her select and wrap presents from the hospital Gift Shop for her children. She wrote: "Thanks to this small gesture and the kindness of the hospital staff, my holiday was truly happy."

In my 20 years as a hospital Auxilian and volunteer, I have heard and read many different versions of the same story, time and again. Sometimes, the praise comes from people I meet outside the hospital, other times from patients with smiles...or tears. All agree: there is something special about Saint Raphael's. They say the atmosphere of warmth is hard to describe, but that they just haven't found elsewhere.

That's why Auxiliary membership can be so rewarding. In a society where the individual often gets lost in the shuffle, it's a good feeling to be part of an organization that still cares.

Founded just weeks after Saint Raphael's admitted its first patient in 1908, the Auxiliary has provided vital support to the hospital through fundraising and volunteerism ever since. Last year was no exception. As the pounding of jackhammers signalled Saint Raphael's plunge into the future, the Auxiliary donated \$110,000 to the expansion and renovation program, the fourth installment on a five-year, \$500,000

pledge. We also awarded three health care scholarships through the Geraldine Michaels Memorial Scholarship Fund.

As I survey the past year, more than financial results come to mind. I think of the more than 700 dedicated women and men who serve the Auxiliary.

Many Auxilians render long hours of volunteer service. Some work with patients, adding a personal touch to their hospital stay in many different ways. Others staff the hospital Glass Door Gift Shop, or the Thrift Shop at Chapel and Orchard streets. Revenues from both are donated to the hospital.

Then there are the Auxilians who organize and run our fundraisers. In 1985 we sponsored two, both enormously successful: the second annual Auxiliary Golf Classic at the Woodbridge Country Club and our biennial Cast for Laffs, a musical revue at the Oakdale Musical Theatre.

Sound challenging? It is.

After my involvement in numerous Auxiliary functions over the years, I feel that there isn't anything I can't tackle. And yet there is a marvelous spirit of teamwork and fun in all we do. Cast for Laffs is a good example. Though we do our best to put on a 'professional' production, each year has its share of bloopers and blunders. Last year during one of the big dance numbers, the female partner of one of the male dancers didn't show up. He waltzed anyway--solo...and



PATTI VELLECA

brought down the house. Maybe we should plan it that way next time!

Experiences like this keep Auxilians smiling as they work together toward a common goal. How about you? There is only one prerequisite for Auxiliary membership: you need only want to help Saint Raphael's. From there, how much or little you do is up to you. Everyone is welcome.

You may wish to work on fundraisers, volunteer in some area of the hospital, help from home, or attend any of our three annual luncheon meetings. Or you may wish simply to let your membership dues work for you.

Whatever you choose, you are welcome and needed. The Auxiliary's achievements are possible only through the cumulative efforts of its members. Please consider becoming a vital link in this chain of support by calling 789-3480 or filling out the coupon at left.

*In my 20 years as a hospital Auxilian and volunteer, I have heard and read many different versions of the same story, time and again. Sometimes, the praise comes from people I meet outside the hospital, other times from patients with smiles...or tears. All agree: there is something special about Saint Raphael's. They say the atmosphere of warmth is hard to describe, but that they just haven't found elsewhere.*

**Yes, I want to help serve others. Send me more information about Saint Raphael's Auxiliary**

Clip and mail to:  
Auxiliary Hospital of  
Saint Raphael  
1450 Chapel Street  
New Haven, Ct 06511

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

# HOW YOU CAN HELP

BY JANE CROWLEY  
Executive Director  
Saint Raphael Foundation

Throughout its 79-year history, Saint Raphael's has been blessed with strong community support. This support has helped us grow from a 12-bed facility to a creative, flexible institution offering an extraordinary range of services. The hospital truly is a critical resource for the people of greater New Haven, annually treating more than 100,000 patients and providing millions of dollars in unreimbursed health care to the needy and indigent of our community.

In the coming months and years, Saint Raphael's will need the generous financial support of the community more than ever. For, although we are obviously taking giant steps forward to meet your present and future health care needs through our \$33 million expansion and renovation project, financial analysts estimate that our additional capital requirements will be a minimum of \$15 million between now and the end of the decade. And their estimate may be conservative in light of the well-publicized technological revolution in the health care industry and the high cost of acquiring that technology.

For example, acquisition plans are already in progress for new surgical lasers, magnetic resonance imaging equipment, and a linear accelerator for radiation therapy. Now under review are an electron microscope and additional uses for computer systems in the laboratory and patient care areas.

These few items of medical technology alone will cost at least \$9 million. And they comprise just a portion of the capital need which will have to be met in large measure by philanthropic support, as third party reimbursement can no longer be relied upon.

Our goal at the Saint Raphael Foundation is to increase the financial resources available to the hospital to ensure that the quality of patient care here will never diminish, even temporarily. To do

this, the "Foundation for the Future" campaign has been established to assure that:

- Patients always will benefit from the best medical technology available.
- Programs and services will be available for a rapidly expanding, aging population.
- Trained medical personnel will continue a tradition of compassionate and highly skilled medical care.
- Saint Raphael's can offer alternatives to costly inpatient care by implementing or expanding ambulatory services such as cardiac rehabilitation, physical rehabilitation, radiation therapy, chemotherapy, short term surgery, sports medicine and obstetrics.
- You will benefit from many outreach programs designed to help people lead healthy, longer and more productive lives.
- Saint Raphael's can continue to fulfill its mission to serve the poor and underprivileged of our community.

The future begins now. Your commitment and investment today will help determine the quality of care available to you and your family in coming years. Together, we can build a Foundation for the Future.

Through your generous support today, we will be able to assure that when you or your loved ones need us, we will be ready with whatever help is needed--no matter how complex.

If you are interested in helping, please call me at 789-3242, or write the Saint Raphael Foundation, 1450 Chapel Street, New Haven, CT 06511.



JANE CROWLEY

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# NEED HELP?

## CONSULT SAINT RAPHAEL'S CLINICAL SERVICES DIRECTORY

### OUR SERVICES

Although Saint Raphael's has a strong community orientation, it also offers advanced specialty services not typically associated with a community hospital, allowing it to be a major referral medical center. The following details Saint Raphael's wide range of clinical services:

#### Major clinical services

##### Anesthesiology

- General surgical
- Obstetrical
- Treatment of chronic pain

##### Medicine

- Hematology/Oncology
  - Pulmonary diseases
  - Cardiology
    - Cardiac rehabilitation and education
    - Cardiac catheterization and angioplasty
  - Metabolism
  - Renal disease
    - Regional Dialysis Center for South Central Connecticut
    - Continual Ambulatory Peritoneal Dialysis
  - Rheumatology
  - Infectious diseases
  - Physical medicine and rehabilitation
  - Dermatology
  - Neurology
  - Gastroenterology
- ##### Obstetrics and Gynecology
- Gynecological surgery, including short-term
  - Oncology
  - Obstetrics, normal level II high-risk

##### Pathology

- Blood bank and transfusion service
- Microbiology
- Clinical chemistry
- Diagnostic cytology
- Hematology
- Immunology
- Surgical pathology
- Autopsy service

##### Pediatrics

- Adolescent
- Child
- Intensive care nursery
- SIDS (Sudden Infant Death Syndrome) Monitoring Center
- Consultations in pediatric cardiology, pediatric nephrology, pediatric gastroenterology, pediatric metabolism, child development and behavioral disorders, learning disabilities, and pediatric allergy

##### Psychiatry

- Adult
- Adolescent
- Children

##### Radiology

- Diagnostic
- Nuclear medicine and ultrasound
- Therapeutic radiology
- Wayne B. Whitcomb Radiation Therapy Center
- Computerized axial tomographic (CT) scanning

##### Surgery

- General surgery
- Thoracic and cardiac surgery
- Orthopedic surgery
- Plastic surgery
- Otolaryngology
- Urology
- Neurosurgery
- Oral surgery
- Ophthalmology
- Vascular
- Gynecology
- Short-term surgery

### OTHER WAYS WE HELP: AMBULATORY SERVICES AND COMMUNITY MEDICINE

Programs conducted under this major category include in-patient, out-patient and other community services related to the hospital's primary/ambulatory care role. These services include the following:

#### Medicine sub-specialty clinics

- Allergy
- Cardiology
- Dermatology
- Gastrointestinal
- Hematology
- Medical
- Metabolic
- Neurology
- Oncology
- Rheumatology

#### Mental health and psychiatry

- Adolescent Crisis Unit for Treatment and Evaluation (ACUTE)
- Children's Psychiatric Emergency Service (CPES)
- Out-patient adult psychiatry clinic
- Shock therapy

#### Obstetrics and gynecology

- General gynecology
- Post-partum
- Ante-partum
- Coloscopy
- Infertility

#### Pediatrics

- Pediatric cardiology
- Pediatric allergy
- Pediatric screening program
- Pediatric neurology
- Child development
- Lactose tolerance testing
- Learning disabilities
- Pediatric gastroenterology
- Behavioral disorders
- Anorexia nervosa and bulimia
- Pediatric endocrinology/diabetology

#### Pediatric and internal medicine in primary care

- ##### Physical medicine
- Physical therapy
  - Occupational therapy
  - Speech therapy
  - Muscular dystrophy
  - Electromyography
  - Arthritis clinic

#### Pulmonary diseases

- Pulmonary function laboratory
- Respiratory therapy
- Postural drainage treatments

#### Surgery sub-specialty clinics

- Podiatry
- Neurosurgical
- Thoracic and cardiac surgery
- Otolaryngology
- Oral surgery
- Ophthalmology
- General surgery
- Urology
- Orthopedics
- Plastic
- Vascular

#### Transfusions

- Routine
- Hemo-oncology outpatient treatment

#### Trauma and emergency care

#### ADOLESCENT CRISIS UNIT 789-3252

ACUTE offers inpatient and out-patient diagnostic assessment and intensive brief treatment to adolescents, ages 11 to 17, and their families. Clinicians are on-call 24 hours a day and available to perform emergency room psychiatric contributions.

#### ARTHRITIS EDUCATION AND EXERCISE CLASSES 789-3441

A class is for those with rheumatoid arthritis and another for those with osteoarthritis. Both are offered in the spring and fall. Classes are an hour a week for eight weeks. Classes include lectures, exercises, information on medications, diets, and coping techniques.

#### ARTHRITIS SWIM CLASSES 789-3441

Aquatics exercise class for arthritics is one hour a week at the New Haven YMCA.

#### BLOOD TESTING 789-3350

Done on an outpatient basis, with physician referral. All types of blood testing procedures. Also, courier service for doctors, for the pick-up specimens to be tested. Call in advance or walk in. Open 7:30 a.m. to 4 p.m. daily.

#### BREASTFEEDING SUPPORT 789-3300

Support session offered monthly, which allows breastfeeding mothers the opportunity to discuss their concerns with a registered nurse from the nursery staff.

#### CARDIAC SUPPORT GROUP 789-3282

Spouse support group, 5 to 6 p.m. Thursdays for those who have recently had a heart attack, coronary bypass surgery, valve surgery, angioplasty, or have angina.

#### CHILDREN'S PSYCHIATRIC EMERGENCY SERVICE 789-3750

A crisis intervention program on an out-patient or in-patient basis, for children under 11. Cost is on a sliding scale, based on ability to pay. Open 9 a.m. to 5 p.m. Monday through Friday. Professionals on call 24 hours a day.

#### CONTINUING CARE 789-3497

Post-hospital care on an interim basis can be arranged for patients who have been hospitalized at Saint Raphael's. Necessary arrangements are made for continuing care by private or public groups.

#### DIABETES HEALTH CARE 789-3355

An educational program for people with diabetes. Instruction is individually tailored for each person, both beginners and advanced. Forms available from the hospital or your doctor. Requires a doctor referral. Contact Bonnie Winters.

#### DIALYSIS 789-3405

Hemodialysis service is open for physician-referred outpatients from 6 a.m. to 11 p.m., Monday through Saturday. Seventy patients currently use the service, three times a week.

#### HEMIPLEGIC GOLF CLINIC 789-3441

An eight-week course called "Golfing in Hemiplegia" is held each spring. During the 90-minute hospital sessions you work on balance, holding the club with adapted gloves, swinging and retrieving. The last session is a nine-hole game on the course. Contact Edith DeBonis.

#### HAND THERAPY 789-3441

Occupational hand therapy programs are tailored to each person's needs, including rehabilitation following hand injuries. Requires doctor referral. Contact Phyllis Cook.

#### INSTITUTE FOR BETTER HEALTH 789-3031

Tax exempt, not-for-profit affiliate that offers a wide array of community and corporate health programs. Smokeless, for those who wish to quit smoking. Weight No More, a weight loss program. Systematic Stress Management, which teaches flexible ways to gain the skills and benefits of managing stress. Well Worth It, a corporate wellness program. Love-Life Employee Health Education program for businesses. Also, hypertension screenings and referral; glaucoma screenings; computerized health appraisals; radio programs and youth programs.

#### LAMAZE, PREPARED CHILDBIRTH 789-3300

Classes discuss labor, coping mechanisms, hospital policies, infant nutrition, a tour of the maternal child nursing facilities, discussion with a pediatrician and a birthing film. Also available is a refresher/review class for those with children who are expecting another child.

#### LIFELINE 789-3702

The personal emergency system automatically notifies Saint Raphael's Emergency Room in the event of an emergency. In an emergency, one touch of your rented portable help button will bring help within minutes, 24 hours a day. To hear more about Lifeline, call Tel-Med at 789-3333 and ask to hear tape number 5044.

#### MENTAL HEALTH OUTPATIENT CLINIC 789-3104

Individual, group, family and couple therapy; agoraphobia group. Fee is based on a sliding scale. Individuals must be at least 16 years old. Open 8 a.m. to 5 p.m. Tuesday through Friday; 10 a.m. to 7 p.m. Mondays. No physician referral is required. Call for an appointment.

#### NUTRITION PROGRAMS 789-3266

Diet therapy or nutrition counseling—pregnancy, diabetes, etc.—by physician referral. Personal instruction for each nutritional evaluation. Open 8 a.m. to 4:30 p.m. Contact Sister Jean Ann Trainor, clinical nutritionist.

#### ONCOLOGY SUPPORT 789-3401 or 789-3410

For patients, family members or friends of someone with cancer. Share your questions, worries and hopes. Meets 2 to 3 p.m. Tuesdays and 6 to 7 p.m. Wednesdays in the Verdi 4 North Solarium. Facilitators are Mozelle Vann, Gail Simonson and Andree deLisser.

#### ORTHOTICS, PROSTHETICS CLINIC 789-3439

Second and forth Tuesday of the month. For those who need aid fitting for artificial limbs, or therapy with their units. Call for an appointment.

#### OUTPATIENT CLINICS 789-3151

Clinics are open from early morning to mid or late afternoon, Monday through Friday. A full list of clinics: minor operations and special procedures; women's services, gynecology & prenatal; general surgery; podiatry; orthopedic; ear, nose & throat; laser surgery; plastic surgery; urology; neurosurgical; thoracic; shock therapy; subspecialty medical clinics include gastroenterology, cardiology, rheumatology, dermatology, allergy, metabolic, neurology, pulmonology (789-3527); sports medicine (789-3829); oral surgery (789-3156); general medicine, 789-3527; general pediatrics, 789-3737.

#### PEDIATRIC AND MEDICAL ASSOCIATES CHILDREN, 789-3737; ADULTS, 789-3527

Pediatric and Medical Associates in a primary health care facility for adults and children. By appointment only. Fee is based on ability to pay. General medicine, as well as subspecialties including gastroenterology, cardiology, rheumatology, dermatology, allergy, metabolic, neurology, pulmonology.

#### SIBLING TOUR 789-3300

For big brothers- and sisters-to-be. A discussion of the birthing process and hospital policies, and a tour of the Maternal Child Nursing Unit. Children will see a newborn, see where their new addition will be born, and be treated to a snack. Generally scheduled for the last Friday of every month.

#### SPECIAL DELIVERY 789-3300

For families with limited health insurance or finances to keep the lid on maternity and infant hospital expenses. The cost savings plan allows families to save up to 30 percent over the regular rate by prepaying their hospital bill. Participants can save even more by reducing the length of time the mother and baby are hospitalized. Mothers are eligible for the program if they have a low-risk pregnancy and if they are willing to take prenatal and early discharge classes.

#### SPORTSCARE 789-3829

Comprehensive diagnostic testing and therapeutic sports medicine and rehabilitative therapy services geared to sports injury and trauma. There are custom-tailored rehabilitation programs, consultations for the tennis pro or weekend runner, and even programs for the amateur athlete interested in running or exercise programs. Open 8 a.m. to 4:30 p.m.; clinic is open 3 to 7 p.m. Mondays and Thursdays.

#### TAKEHEART 789-3325

Offers exercise training, education and counseling to patients with cardiac disease. Open to those who have recently had a heart attack, coronary bypass surgery, valve surgery, angioplasty, or have angina. Doctor's referral required.

#### SHORT TERM SURGERY 789-3393 or 789-3394

Designed for patients needing minor surgery requiring sophisticated hospital facilities. Within eight hours patients are admitted, given lab tests, operated on, monitored in the recovery room, taken to rest in a special unit, and discharged. More information available via Tel-Med, 789-3333, and request tape number 5022.

#### TEL-MED 789-3333

Free health information is just a phone call away. Dozens and dozens of topics, from dentures and narcotics to neck pain and skin cancer. Tape number 429 explains the service. Open 9 a.m. to 8 p.m. weekdays; 9 a.m. to 3 p.m. Saturdays. In the Naugatuck Valley, call 735-9321.

#### WOMEN, INFANTS AND CHILDREN PROGRAM 789-3563

WIC is a federally-financed program through which women, infants or children may get milk, cheese, eggs, fruit juice, cereals, and a choice of beans or peanut butter. Also, nutrition counseling is available. Open 8 a.m. to 4:30 p.m. Monday through Friday. Referral by doctor, hospital clinic or visiting nurse. For women who are pregnant, breastfeeding, and children through the age of 5. Call for an appointment.

# WHERE TO TURN FOR HELP

## Meet Saint Raphael's Physicians

A reference guide to some of the best doctors in Connecticut

If you need reliable help choosing the right doctor, turn to Saint Raphael's. And you'll have a doctor and a confirmed appointment in just a few minutes. Simply call our free, confidential Need-A-Physician service at 789-4304. More than 700 well-qualified local family physicians and specialists will be instantly available to you. Based on your needs... type of doctor, preferred appointment time, office location, payment method, or dozens of other variables you desire... a specially trained nurse will find the best match for you. Just give us a few basics and don't worry about the details. You will be matched with a doctor in just a few minutes. If you wish, we will even schedule your appointment with the doctor you choose. In most cases, convenient appointments can be set up within 24 hours and confirmed during your call. Need-A-Physician for yourself, family or friends? Call 789-4304. It's fast. Confidential. Free.

#### ALLERGY

**Section Chief:**  
**Richard Mangi**  
Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, Ct. 06511  
789-3566 or 776-8676

**Kevin J. Hunt**  
136 Sherman Avenue  
New Haven, Ct. 06511  
777-3005

**Robert A. Lanzl**  
339 Boston Post Road  
Orange, Ct. 06477  
795-9795

**Arnold Rilance**  
2 Church Street South  
New Haven, Ct. 06519  
562-5177

**Section Chief:**  
**Ronald Angoff**, Pediatrics  
Orchard Medical Center  
330 Orchard Street  
New Haven, Ct. 06511  
789-3737

**Cynthia Aten**  
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330 Orchard Street  
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789-3737

**Kenneth Bradford**  
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330 Orchard Street  
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789-3737

**Leonard Krassner**  
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330 Orchard Street  
New Haven, Ct. 06511  
789-3737

**Frank Guskay**  
1 Golden Hill  
Milford, Ct. 06460  
874-6731

**Carleton Palm**  
1401 Chapel Street  
New Haven, Ct. 06511  
787-1511

**Leland Wright**  
Orchard Medical Center  
330 Orchard Street  
New Haven, Ct. 06511  
789-3737

**C. Edward Leach, Jr.**  
**Section Chief:**  
**Internal Medicine**  
Orchard Medical Center  
330 Orchard Street  
New Haven, Ct. 06511  
789-3527

**Mary Ann Demetrius**  
Orchard Medical Center  
330 Orchard Street  
New Haven, Ct. 06511  
789-3527

#### ANESTHESIA

**Chairman:**  
**Petar Lujic**  
1423 Chapel Street  
New Haven, Ct.  
06511 789-3711 or 865-3852

**Anesthesia Associates of New Haven, P.C.**  
1423 Chapel Street  
New Haven, Ct. 06511  
865-3852

Philip J. Noto  
Petar Lujic  
Richard Schulten  
William L. Battema  
Jonathan A. Schneider  
Joao Paulo deAzevedo  
Alan Ruskis  
George Herr  
James Farmer  
John Golia  
David VanEss  
Daniel Lombardo

#### CARDIOLOGY

**Section Chief:**  
**Philip Fazzone**  
175 Sherman Avenue  
New Haven, Ct. 06511  
789-3460 or 562-5115

**Elliot D. Agin**  
60 Temple Street  
New Haven, Ct. 06510  
773-3988

**John P. Chandler**  
175 Sherman Avenue  
New Haven, Ct. 06511  
562-5115

**Luis R. Cruz**  
1552 Chapel Street  
New Haven, Ct. 06511  
624-2117

**Victor Dedios**  
114 Sherman Avenue  
New Haven, Ct. 06511  
776-0906

**Vincent Dicola**  
40 Temple Street  
New Haven, Ct. 06510  
789-2272

**Donald S. Dock**  
670 George Street  
New Haven, Ct. 06511  
562-5115

**Andrew Drakonakis**  
144 North Haven Street  
Branford, Ct. 06405  
481-3379

**Richard Fearon**  
2 Church Street South  
New Haven, Ct. 06519  
562-6088

**Robert Gordon**  
111 Park Street  
New Haven, Ct. 06511  
865-2253

**Leonard Grauer**  
60 Temple Street  
New Haven, Ct. 06510  
773-3055

**Gilbert F. Hogan**  
100 York Street  
New Haven, Ct. 06511  
787-3588

**Peter R. Huvelle**  
150 Sargent Drive  
New Haven, Ct. 06511  
786-0400

**Steven S. Jacoby**  
175 Sherman Avenue  
New Haven, Ct. 06511  
562-5115

**David Kaminsky**  
339 Boston Post Road  
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795-9788

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**Walter Morgan**  
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776-2855

**Donald M. Rocklin**  
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789-2272

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562-8939

**Michael L. Whaley**  
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**Steven Wolfson**  
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789-2272

### CARDIOLOGY- PEDIATRICS

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New Haven, Ct. 06511  
789-3737

### DERMATOLOGY

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**Judit O. Stenn**  
Inpatient consultations  
Hospital of Saint Raphael  
1450 Chapel St.  
Pediatric Medical Association  
789-3527  
Outpatient appointments  
330 Orchard St.  
New Haven, Ct. 06511  
789-3202 or 789-3527

**Frank Castiglione**  
1844 Whitney Avenue  
Hamden, Ct. 06517  
281-5445

**Frank Castiglione, Jr.**  
1844 Whitney Avenue  
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281-5445

**Anthony Cipriano**  
310 Main Street  
East Haven, Ct. 06512  
468-6969

**Kevin Diette**  
31 Cherry Street  
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878-3435

**John W. Edelglass**  
2 Church Street South  
New Haven, Ct. 06519  
624-4472

**Donald Greene**  
5 South Main Street  
Branford, Ct. 06405  
481-3419

**Thomas W. Hansen**  
2 Church Street South  
New Haven, Ct. 06519  
789-1249

**Foster Kay**  
2447 Whitney Avenue  
Hamden, Ct. 06518  
288-5624

**Ronald Savin**  
123 York Street  
New Haven, Ct. 06511  
865-6143

**Gustave Sirof**  
2 Church Street South  
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787-4171

### ENDOCRINOLOGY

**Section Chief:**  
**Barr H. Forman**  
136 Sherman Ave.  
New Haven, Ct. 06511  
787-0117

**Burton V. Caldwell**  
136 Sherman Avenue  
New Haven, Ct. 06511  
787-0117

**Kerry Cooper**  
136 Sherman Avenue  
New Haven, Ct. 06511  
787-0117

**Edward Etkind**  
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New Haven, Ct. 06511  
772-0011

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787-0117

**Qaiyum Mujtaba**  
310 Winthrop Avenue  
New Haven, Ct. 06511  
776-4312

**Gordon Reid**  
150 Sargent Drive  
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786-0400

**William F. Van Eck**  
300 Main Street  
East Haven, Ct. 06512  
469-1333

### ENDOCRINOLOGY- PEDIATRIC

**Paul Goldstein**  
Orchard Medical Center  
330 Orchard Street  
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789-3737

### FAMILY PRACTICE

**Benedict Biondi**  
120 Blatchley Avenue  
New Haven, Ct. 06513  
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**Edward V. Carangelo**  
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New Haven, Ct. 06511  
624-8342

**Luca E. Celentano**  
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624-0103

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865-5111

**Michael Dzubaty**  
522 Ocean Avenue  
West Haven, Ct. 06516  
933-5097

**Leonard Fasano**  
980 Whalley Avenue  
New Haven, Ct. 06518  
387-2569

**Daniel G. Fischer**  
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288-3433

**Kumo Fernando**  
323 Main Street  
West Haven, Ct. 06516  
932-6481

**Julius Levine**  
1481 Chapel Street  
New Haven, Ct. 06511  
865-1879

**Harold Levy**  
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**Nathan Levy**  
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1828 Dixwell Avenue  
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248-1886

**Robert K. McLellan**  
Gosell Institute  
310 Prospect Street  
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789-1911

**Nicholas Milano**  
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933-8060

**John Milici**  
354 Campbell Avenue  
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934-2041

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624-0103

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934-1771

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469-3384

### GASTRO- ENTEROLOGY

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481-0315)

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**Robert E. White**  
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### GASTRO- ENTEROLOGY- PEDIATRIC

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453-4321

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789-1650

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New Haven, Ct. 06510  
562-1311

**Arthur L. Levy**  
60 Temple Street  
New Haven, Ct. 06510  
789-2050

**Joseph O'Connell**  
60 Tempel Street  
New Haven, Ct. 06510  
789-2121

**Giovanni Raccuglia**  
136 Sherman Avenue  
New Haven, Ct. 06511  
624-5706

**Robert P. Zanes, Jr.**  
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### IMMUNOLOGY

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**Richard Mangi**  
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### INFECTIOUS DISEASES

**Section Chief:**  
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**Mary Jean Ahern**  
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**Dana Brock**  
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### INTERNAL MEDICINE

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865-5111

**Richard Barse**  
1308 Chapel Street  
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865-5111

**Louis Cappucci**  
116 Avon Street  
New Haven, Ct. 06511  
865-8541

**Allen Chetrick**  
2 Church Street South  
New Haven, Ct. 06519  
777-0369

**Ronald E. Coe**  
1733 Whitney Avenue  
Hamden, Ct. 06517  
288-1432

**Albert Dolinsky**  
2 Church Street South  
New Haven, Ct. 06519  
562-7712

**Serle M. Epstein**  
6 Woodland Road  
Madison, Ct. 06443  
245-7959

**Evan M. Ginsberg**  
2558B Whitney Avenue  
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281-6811

**John Allan Godley**  
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795-9788

**Anthony Mancini**  
178 Tyler Street  
East Haven, Ct. 06512  
467-5157

**James T. Nixon**  
178 Sherman Avenue  
New Haven, Ct. 06511  
624-7635

**William N. Schreiber**  
2447 Whitney Avenue  
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248-4331 or 281-0401

**Ann R. Skopek**  
150 Sargent Drive  
New Haven, Ct. 06511  
786-0400

**Marvin P. Zimmerman**  
960 Main Street  
Branford, Ct. 06405  
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**Jack Halickman**  
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288-3433

**Mark S. Kasper**  
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**Carl Kellan**  
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**Robert Kinstlinger**  
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West Haven, Ct. 06516  
934-6211

**Laurence Knoll**  
385 Main Street  
West Haven, Ct. 06516  
932-8080

**Andrew Laudano**  
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**Alexander Pinkes**  
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484-2216

**Charles Pitegoff**  
1423 Chapel Street  
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787-3425

**Charles R. Rethy**  
2447 Whitney Avenue  
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248-4331

**William E. Rosner**  
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933-7773

**Stanley Roth**  
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New Haven, Ct. 06511  
562-5197

**Fernando Saracco**  
2690 Whitney Avenue  
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281-4026

**Dominic Schioppo**  
1497 Chapel Street  
New Haven, Ct. 06511  
624-3109

**Samuel Spinner**  
114 Sherman Avenue  
New Haven, Ct. 06511  
562-6814

**Harold F. Stepanek, Jr.**  
310 Quinipiac Avenue  
North Haven, Ct. 06473  
789-8426

**Pavlos Tjimis**  
2447 Whitney Avenue  
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288-9281

**Maud Ward**  
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562-8938

**Albert C. Weihl**  
150 Sargent Drive  
New Haven, Ct. 06511  
786-0400

**Andrew Wormser**  
1546 Chapel Street  
New Haven, Ct. 06511  
772-0011

**Joel S. Zaretzky**  
199 Wakelee Avenue  
Ansonia, Ct. 06401  
734-6852 (if busy, 735-5444)

### MEDICINE

**Acting Chairman:**  
**Ernest Moritz**  
Hospital of Saint Raphael  
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**Carmen Balzano**  
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288-3433

**Virginia Barrett**  
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787-3141

**John E. Boyd**  
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Milford, Ct. 06460  
878-3531

**Stephen D. Brenner**  
129 York Street  
New Haven, Ct. 06511  
789-8888

**Ernest Cheung**  
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481-9076

**John Christoforo**  
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North Haven, Ct. 06473  
865-6400

**Selwyn Cohen**  
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377-2626

**Henri Coppes**  
280 Broad Street  
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**William B. Crede**  
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**Eugene D'Angelo**  
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**Louis Ferando**  
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865-3880

**Peter Fiskio**  
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467-1681

**Marvin Fox**  
122 Broad Street  
Milford, Ct. 06460  
878-3533

**Fred V. Gager**  
291 Edwards Street  
New Haven, Ct. 06511  
773-9004

**Kabul S. Garg**  
1471 Chapel Street  
New Haven, Ct. 06511  
776-5844

**Samuel Geller**  
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787-3141

**Robert Gordon**  
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New Haven, Ct. 06511  
865-2253

**Nabil I. Habib**  
22 Westfield Avenue  
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734-7100

**Peter Huvelle**  
150 Sargent Drive  
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786-0400

**Harvey Kaetz**  
60 Temple St.  
New Haven, Ct. 06510  
789-2050

**Richard Kayne**  
15 Chipman Drive  
Cheshire, Ct. 06410  
272-1619

**Bernard Kramer**  
15 So. Elm Street  
Wallingford, Ct. 06492  
265-1523

**Anthony LaMarca**  
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**C. Edward Leach**  
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789-3527

**Harvey Lederman**  
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789-1911

**Marvin Lillian**  
26 Overhill Road  
Woodbridge, Ct. 06525  
387-282hill

**Marc E. Mann**  
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287-1550

**Madelyn Milano**  
Veterans Hospital  
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932-5711

**Denis J. Miller**  
960 Main Street  
Branford, Ct. 06405  
488-6358

**Alexander Mirzaian**  
173 Montowese Street  
Branford, Ct. 06405  
488-2514

**Stephen J. Moses**  
Plaza on the Green  
101 Elizabeth Street  
Derby, Ct. 06418  
735-9354

**Michael F. Parker**  
200 Kimberly Avenue  
East Haven, Ct. 06512  
468-9775

**Robert J. Porto**  
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