

# Health care sees dramatic advances

By JEAN HERDMAN

You've come a long way, baby. Thirty years ago, an infant born with an RH or ABO blood factor had a much lower chance of survival, because nothing much could be done. If the heart beat became irregular during labor, it probably went undetected until it was too late to help.

Today, hospitals employ highly-trained people and sophisticated procedures such as ultrasound or fetal heart-tone monitors to ensure a baby's safe debut. A blood exchange is ready if a severe blood incompatibility is detected.

But maternity care is just one area where dramatic advances in health care have been made. Such procedures as nuclear medicine, angiography, Xerography and thermography are today commonly used in modern hospitals.

In addition, a wide variety of supportive services are available, such as physical and occupational therapy, pre- and post-surgery counseling, alcohol treatment, diet training for open heart and diabetic patients, and hypertension clinics.

"Continuity of care is extremely important," says Seth Lampe, director of community relations for the Greater Detroit Area Hospital Council. "For example, after surgery an employee would return to the hospital on an outpatient basis to learn how to use crutches or a walker."

**LAMPE SEES THREE** factors receiving increased attention from hospital administrators at the present time: psychology of patient care (supportive services); increased ambulatory (outpatient) care, including surgery, and cost containment.

Obviously, as services and medical technology increase, so do costs. Sophisticated and highly-complex equipment is costly and requires specially-trained manpower to operate it. Since salaries account for 55 to 70 per cent of a hospital's budget, efficient use of personnel is a prime concern.

Lampe says hospital administrators are working together in organizations such as the hospital council to find ways to hold costs while continuing to increase the quality of health care.

Some are considering mergers or consolidations, while others are increasing facilities for ambulatory surgery.

A survey of three hospitals in the Wayne-Oakland county area reflects the variety of services available and points out some of the methods being used to contain costs.

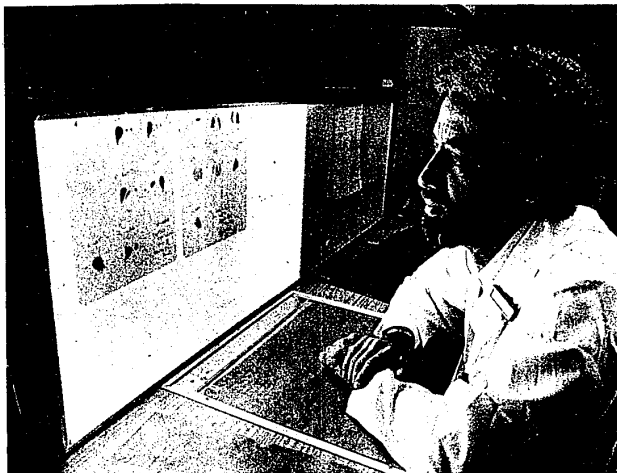
These methods are in addition to utilization reviews (monitoring of services and patients' length of stay) mandated by the U.S. Dept. of Health, Education and Welfare, and cost containment committees required by Blue Cross-Blue Shield.

**BOTSFORD GENERAL HOSPITAL** in Farmington Hills, a unit of Ziegler Osteopathic Hospital, Inc., opened in January 1965, with 200 beds. In 1972, a \$7 million expansion added 110 beds and supportive services, bringing to 1,000 the number of full- and part-time employees.

There are more than 250 physicians (D.O.s and M.D.s) as well as dentists, psychiatrists and psychologists on the staff.

A professional building added last year houses an ambulatory surgery, outpatient X-ray department, nuclear medicine services and 30 specialists who help staff the hospital.

Surgery at Botsford ranges from a simple appendectomy to extensive brain surgery. The coronary and



Dr. Samuel Jassenoff, radiologist at Botsford Hospital, studies a nuclear liver scan. Botsford is located in Farmington Hills and opened in 1965. (Staff photo)

intensive care units are headed by a specialist in internal medicine who coordinates the services of a neurologist, neurosurgeon, and trauma surgeon.

The emergency room at Botsford treated over 40,000 patients last year. The hospital is part of a telemetry system being set up in Oakland County, using telemetry hookups between emergency vehicles and determined hospitals to provide faster and better care.

An ambulatory surgery unit opened a year ago is equipped to take care of 18 to 20 patients a day. According to Allen Ziegler, director of the hospital, over 2,500 surgical procedures have been performed, at an average cost of 50 per cent what it would be if the patients had been admitted to the hospital proper.

The most common types of procedures at the unit are cosmetic surgery and cervical and rectal procedures. Tonsillectomies are not included.

**HOSPITAL SERVICES** include diabetes screening tests, high blood pressure testing, dietary courses, training of emergency medical technicians, and a back pain clinic. A crippled children's clinic will open in May.

According to Ziegler, one of the reasons for increased hospital costs is that more care is delivered to more people. Longevity has increased from 68 years to 72, and patients demand the best care that modern technology can provide.

He also said that expensive diagnostic procedures are being performed more often, because doctors are influenced by fear of lawsuits and costly malpractice insurance if they fail to order the highly-sophisticated and costly diagnostic tests.

Staff physicians and administrative personnel review all admissions to the hospital as to the need for admission, the length of stay, and determination of appropriate medical management.

As a result, says Ziegler, the length of stay has been greatly reduced, and prompt and efficient patient management has reduced costs.

The hospital also participates in a

shared services project with Detroit Osteopathic Hospital Corp. The result is a cost reduction because of the advantages of volume discount on purchases, lower unit costs, and sharing of technical experience and complex equipment.

**REDFORD COMMUNITY HOSPITAL** opened as a 10-bed doctors' clinic in 1956. Today it has 72 beds and a staff of 40 physicians and 210 full and part-time employees.

The first phase of a \$1.5 million remodeling project was completed in December 1976. It included new areas for business offices, holding area for emergency patients, industrial treatment area, 7-bed intensive care unit and an operating room area.

The second phase will be completed in December 1979 and involves remodeling of patient rooms, nursing stations, X-ray and laboratory facilities. Inpatient surgery ranges from tonsillectomies to total hip replacement. Nuclear medicine is used in diagnosis only—patients requiring nuclear treatment are transferred to Sinai Hospital in Detroit. Physical therapy is available on an outpatient basis.

A staff social worker assists patients with such things as transfers to nursing homes, home health care and Medicare and Medicaid claims.

An ambulatory surgery will be opened in May. It will consist of a rearrangement of existing facilities and will accommodate about five patients a day. Types of surgery will include cosmetic, gynecology, eye, ear, nose and throat, and scheduling procedures will be similar to those used at Botsford Hospital.

**OUTPATIENT** and emergency patients receive care in the adjacent Redford Medical Clinic, staffed by 14 physicians representing orthopedics, gynecology, family practice and optometry. It is leased from the hospital and is an integral part of it, says Robert Laible, hospital administrator.

Rising fixed costs are one of the problems of cost containment, says Laible. For example, hospital liability insurance jumped from \$72,580 in 1976, to over \$364,000 in 1978. Cost of utilities

increased 25 per cent in the past year.

A shared computer cost system added three years ago has resulted in a staff reduction of three, and provides a fast, efficient service, says Laible.

A long-range planning study will begin in August to consider alternate plans for the hospital, as well as reassessing its present status. Alternate plans, according to Laible, may be a change to an all outpatient facility or possibly becoming a unit of a metro west hospital corporation.

**GARDEN CITY Osteopathic Hospital** began as a maternity center in 1943, and became an acute care facility in 1951. Today it has 360 beds and a staff of more than 100, including physicians, nurses, aides and specialized technicians.

A wide range of inpatient surgery is performed, including reconstruction of entire hips and knees.

At GCOH a person can see an internist, gynecologist, pediatrician, physical therapist, optometrist, radiologist or dermatologist. Other services include speech therapy, prenatal classes, alcohol treatment, as well as diabetic services for diabetics and patients recovering from open-heart surgery.

The emergency room last year treated some 36,000 patients. The hospital does not provide ambulatory surgery, but according to Mitchell Nimoor, director of public relations, it may be a possibility in the future.

Nimoor says that productivity is the key to containing hospital costs. This includes coordinating services, working with department heads for the best utilization of equipment and personnel, and education of employees.

Savings are also effected through the use of bids in purchasing equipment, evaluating lease versus purchase of new equipment and utilization of all purchase discounts.

A computerized program of patient records, inventory and payroll will go into use later this year, another cost containment effort, says Nimoor. A new diagnostic unit is in the planning stage, along with conversion of a temporary facility into a permanent alcohol treatment center.

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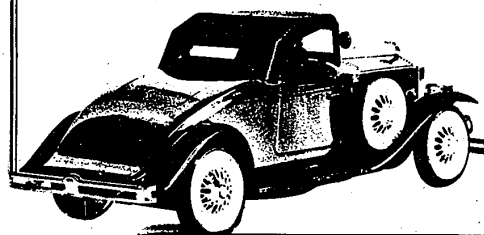
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