

YAKIMA VALLEY MEMORIAL HOSPITAL

2811 TIETON DRIVE • PHONE 2-0191

YAKIMA, WASHINGTON

December 1952

Fellow Members, Yakima Valley Memorial Hospital Association:

We are pleased to be able to report a substantial improvement for the year's operation ending October 31, 1952 ---

In our second year we cared for 7,521 patients - an increase of 1,763. Our income rose from \$569,473.00 to \$919,232.00 and our average occupancy from 52% to 66.3%, which closely approaches our goal of 70%.

The appearance of the grounds has been greatly enhanced under the supervision of Ralph Sundquist, and the cooperation of Perry Hayes, Charles Rankin, Frank Shields, the Cascade Lumber Co., Yakima Cement Products Co., the Pacific Power and Light Co., and others who assisted through donations of time, materials and equipment. We hope to carry on this program by improving parking facilities next Spring and through a continuation of the landscaping.

We will be pleased to receive donations of trees and shrubbery which can be used in keeping with our overall plan of landscaping. The plans may be examined at the hospital office. Ralph Sundquist, phone 8164, should be contacted relative to such donations.

Numerous small improvements have been made in the building such as the installation by our own maintenance crew of stainless steel corner protectors, safety devices, etc. Every effort has been made to maintain the building and facilities in first class condition.

Income exceeded operation costs by \$8,461.00, and this was applied against the payment on our funded debt, \$25,000.00 of which fell due during the period. We made up the balance from new gifts and by borrowing from our reserve for depreciation.

The wonderful work of the Women's Auxiliary under Mrs. Edna Velikanje resulted in cash gifts to the hospital of over \$12,000.00, equipment valued at more than \$5,000.00 and some 4000 hours of voluntary work in the hospital. The Coffee Shop, under the supervision of the Guilds, contributed some \$2,200.00 and at the same time rendered a service in convenience to the public.

Donations of money, material or equipment made to the Yakima Valley Memorial Hospital are deductible for income tax purposes.

Our Administrator, Max Hunt, has done an excellent job and Memorial is now recognized as one of the outstanding hospitals of the State. Mr. Hunt has taken his place in the community and now heads the Flood Program Committee of the Red Cross and is a director of the State Hospital Association.

Your Board members have received so many complimentary expressions from former patients and their friends and relatives about the cheerful and cooperative attitude of the hospital staff that we think it deserves special mention in this letter. It makes the Hospital a nice place in which to work, and so much more pleasant for those who have the misfortune to need our services.

The Board of Trustees expresses its appreciation to our medical staff members for their guidance and assistance which has enabled us to maintain the highest standards during the year. Dr. William L. Ross served as our Chief-of-Staff, Dr. E. Donald Lynch as Assistant Chief and Dr. Leland Harris as Secretary. During the next year Dr. Lynch will serve as Chief-of-Staff, Dr. H. S. Atwood as Assistant, and Dr. Harris as Secretary.

A memorial gift to the hospital in honor of a deceased friend or loved one is a lasting tribute that will endure throughout the years. Such gifts may be made in any amount. Simply call or write the hospital office and a suitable card will be sent to the family, and the name of the person honored will be inscribed in our "ROLL OF LASTING TRIBUTES."

We regret the loss of two Trustees during the year - Mrs. George Marley, who died May 22, 1952 and Dick Edwards, who served so well as our Finance Chairman until he was transferred to a more important position with Deere & Co. in Chicago.

W. H. McGuire was elected to the Board to fill out Mr. Edwards' term and we are taking full advantage of his banking training by giving him the responsibility of heading our Finance Committee.

A bequest to the hospital in your will is an excellent means of expressing your appreciation to this wonderful Yakima Valley, and will enable you to carry on your good deeds for years to come.

At the Ninth Annual Meeting of the Association held Monday Evening, December 15, 1952, W. E. Kershaw, C. M. Hull, E. B. Mueller, C. M. Holtzinger and C. W. Halverson were re-elected Trustees for a three-year term. Mrs. H. Dean Guie, Mrs. Frederick Velikanje and Mrs. Margaret Schultz were elected Trustees-at-large for a one-year term. All officers were re-elected -- W. E. Kershaw, President; George V. Rankin, Vice-president; E. B. Mueller, Treasurer; and George M. Martin Secretary. (Secretary's note: The Board of Trustees have held 17 meetings during the past year and over 270 meetings since the start of the hospital; and the Board does deserve much credit for its activities.)

We often hear complaints about the high cost of hospitalization. The cost is high, and in the interest of sympathetic understanding of the reasons we hope you will take time to read the following, which we took from an article in NATION'S BUSINESS, (October, 1952) :

The character of hospital care has changed radically in the past decade. In an era of mechanized medicine, new testing techniques—electrocardiographs, electroencephalographs, radiological equipment, anesthesia machines—have added greatly to the overhead cost. Antibiotics, the extended use of intravenous fluids, including blood and plasma, more laboratory examinations, more skilled personnel—these are examples of a whole new procedure requiring great additional cost. But, while they have jacked up the patient's bill, they have lengthened his life, reduced pain, given a new margin of safety, and cut the time of his stay in the hospital.

Concentrated treatment and fast intensive therapy is costly. But it pays off. Economically as well as physically, the patient is ahead.

When grandfather went to a hospital back in 1888 and was charged \$1.39 a day, he muttered, "It's outrageous." His grandson who today pays 12 times that, is likely to say something stronger when he gets the bill. Yet grandson's hospitalization costs less in real wages, as well as time, pain and suffering.

In 1888, the average hospital stay was 52 days as against eight days in 1952. When grandfather left the hospital and paid his bill of \$72.28 he had lost 44 working days, even if he was able to get right back on the job. Grandson who pays an average of \$16 a day, loses less than a week and is fit and able to enjoy life. For convalescence, even after major surgery, today begins during the period of active medical care and does not require weeks of recovery.

The shorter stay is fine for the patient but not for the hospital because the bulk of costs are concentrated in the first few days of a case. The profit is at the end when the patient needs little more than bed care.

And the hospital, like everyone else, is paid with inflated dollars.

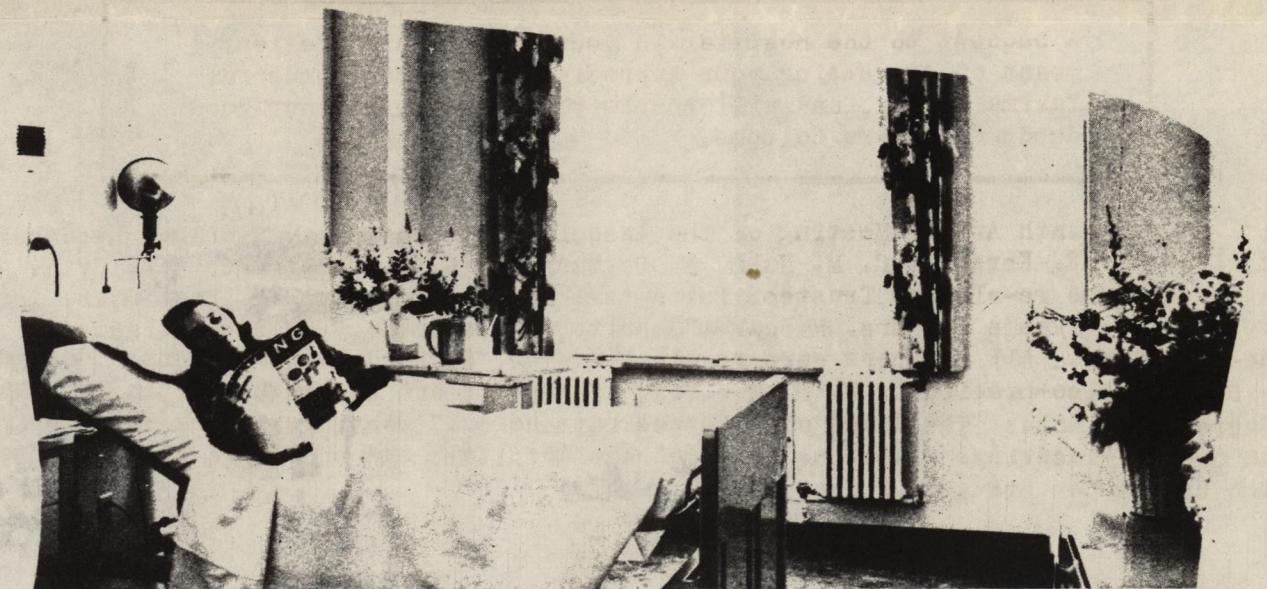
Our 6,430 hospitals with \$7,791,038,000 in assets constitute America's fourth largest industry. Of these 3,169 are nonprofit, voluntary service hospitals which belong to the community and depend on voluntary contributions for support. The government runs 1,912 hospitals and 1,349 are privately owned.

While doing their job of keeping the nation's health at top peak, of getting sick people well and back on their job in record time, America's voluntary hospitals in 1950 ran up a staggering expense of \$2,120,481,000. Their income was \$1,788,960,000.

A smart businessman reading these figures might with some asperity say, "poor management." He might point out that business keeps abreast of modern developments, yet manages to show a profit.

But he forgets that a voluntary hospital is a non-profit service institution and that, unlike a business, it never turns anyone away regardless of whether he can pay or not; that safeguarding the community health is to a large extent in the hands of our hospitals and the cost of basic research, prevention of epidemics, training of doctors, nurses and qualified technicians is borne by them. He forgets that it is for the safety of the community that fully staffed operating rooms and accident departments are kept going 24 hours a day; that isolation wards are maintained for the contagiously ill.

"People are more health conscious today than ever before," says George Bugbee, executive director of the American Hospital Association. "In 1940 some 10,000,000 persons were hospital patients in this country. In 1950, some 17,000,000 occupied hospital beds. One person in every eight will be a hospital patient in the course of the coming year and each of us will spend one day in a hospital for every year we live."



A Typical Room in the Yakima Valley Memorial Hospital

Your YAKIMA HOSPITAL

Some of the Unusual Features About Your Hospital

The cooling and heating system is so planned that new air is continually being brought into each area and no air is recirculated to other areas of the hospital.

A Coffee Shop is operated near the entrance for the convenience of the public.

Telephone service is available in each room at a small additional cost.

A waiting room is provided for expectant fathers on the maternity floor.

Oxygen is piped to each bed from a Central Supply System.

Every room has its own toilet facilities and basin.

Each corridor has rubber tile.

YAKIMA VALLEY MEMORIAL HOSPITAL

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Yakima, Washington

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