

MALHEUR MEMORIAL HOSPITAL A Report To The People

Gale Christensen, Administrator

In this decade, our nation is beginning to recognize that health care is a right of all rather than a privilege of some of the people. This principle has made a change in the demands we make of our health care system and of our hospitals. Inflation, labor costs, unusually expensive equipment, and increasing demands for health services are creating pressures on health care costs no one seems to know how to relieve.

Hospitals have been accused of being unresponsive, not only to individuals but also to community needs. They are being asked to assume responsibility not only for the care of the acutely ill bed patient, but for preventive health care for the community. Some have diagnosed the primary cause of the ills of our health care system as inefficiency in the use of the hospital's personnel, the facilities and the resources of our hospitals. In a recent talk, John Kauffman, chairman of the board of the American Hospital Association, speculating on why health care is approaching a crisis today, said that perhaps it is because changes came too quickly, or that maybe the system was subject to too many competing interests.

He concluded, however, that whatever the reasons, health care in the seventies is a mixture of the finest of ingredients in an imperfect container. The challenge of health care in the seventies, he said, will be to structure a new container—a new system of health care delivery and financing.

Today when we talk about delivery of health care we are talking about how health care can be delivered to the community as a whole and how it is this care planned.

Today we are talking about a health care system that builds on the good aspects of our present system and is a restructuring, not destruction of the

existing health care system. We in this area are very fortunate, the system that the American Hospital Association endorses at the present time is Congressman Ullman's National Health Care Services Reorganization and Financing Act.

The objectives of the Ullman bill are to establish a program of comprehensive health care benefits and assure access to comprehensive health care for all people through a reorganized and coordinated health delivery system. It provides for changes in both delivery and financing of health care that would be accomplished on a practical, five year timetable. A central provision of the bill is the establishment of community-based, not-for-profit health care corporations which would group local health resources into organizations capable of providing comprehensive care to a defined population group in a geographic service area.

Despite federally-imposed controls, inflation, the necessity to continue to purchase and maintain costly equipment and facilities, and pay our people at least competitive wages, our commitment to meet increasing demands for our services, we are making progress in containing costs and increasing the efficiency of our operations within our capacity to do so. We are doing this through such things as group purchasing and sharing services with other hospitals; cooperative community health care planning; and maintaining the utilization review process in our hospitals, which provides for regular examination of the proper use of our hospital beds.

But with all our efforts, our primary dedication must continue to be providing the highest possible quality of care at the least possible cost to the patient.

What can the public do? First take an interest in and support your community hospital. You can offer to serve your hospital

in a volunteer capacity. You can support your hospital projects. You can assist in obtaining the needs of your hospital.

Just 30 years ago the person who entered a hospital could expect to stay approximately 14 days. Today the length of stay averages just five days. Thanks to the improved methods of medical care. With the advanced methods which are employed today in hospitals, the patient is made more comfortable, recovers faster, and returns to his normal daily routine sooner.

Approximately one person in eight will enter a hospital this year and many of them will be greatly concerned. They shouldn't be. The major reason for concern about hospitalization is the fear of the unknown. A doctor's recommendation for surgery may upset you, may lead you to expect and even fear of fatal consequences.

It is only natural to feel some apprehension. But consider this: Even if surgery is required you probably will be able to return home within a week and resume your normal activities a very short time later. Your doctor will not recommend surgery unless there is an excellent chance that it will be of considerable benefit to you. Remember that in most cases, the surgery patient is much safer than he is when out driving an automobile.

When you are in the hospital it is because your doctor believes it is the best place for you to be. Therefore, no matter what your problem might be, you are in the place where help can be received, and you will fare better if you put your hospitalization into its proper perspective.

There are 2.9 million persons employed in the more than 7,000 hospitals. There is more than 2 1/2 hospital employees to each patient in a hospital, on any given day. This is necessary because it takes people to care for people and a hospital's doors never close. If you are hospitalized this year, try not to become alarmed, try not to worry, and try and enjoy your stay at the Malheur Memorial Hospital.

I ran across some interesting facts about hospitals the other day. They are:

Hospital expenditures in 1971 totaled 28.8 billion or 3% of the Gross National Product. There are 1.56 million beds in the nation more than 7,000 hospitals.

The number of out patient

visits in hospitals increased by 18 million in 1971 to a total of 200 million for all U.S. Hospitals.

The average annual salary of a hospital employee in 1946 was \$1,329. Today it is \$6,812.

Approximately 61 cents of every dollar in a hospital budget is used to pay employee wages and salaries.

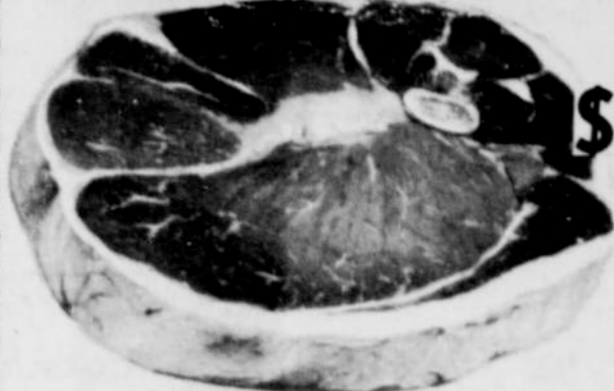
The national average cost of maintaining one patient for one day in a community hospital was

\$105.30 in 1972.

Medicare has had a powerful impact on hospital utilization. In 1971, persons 65 and over spent 78.5 million days in hospitals—an increase of 13% over 1967. In comparison,

total inpatient days—including those of the Medicare group—went up 6.6%. On any given day, approximately one third of all the patients in community hospitals were Medicare patients.

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