HOLY CROSS HOSPITAL NEWS

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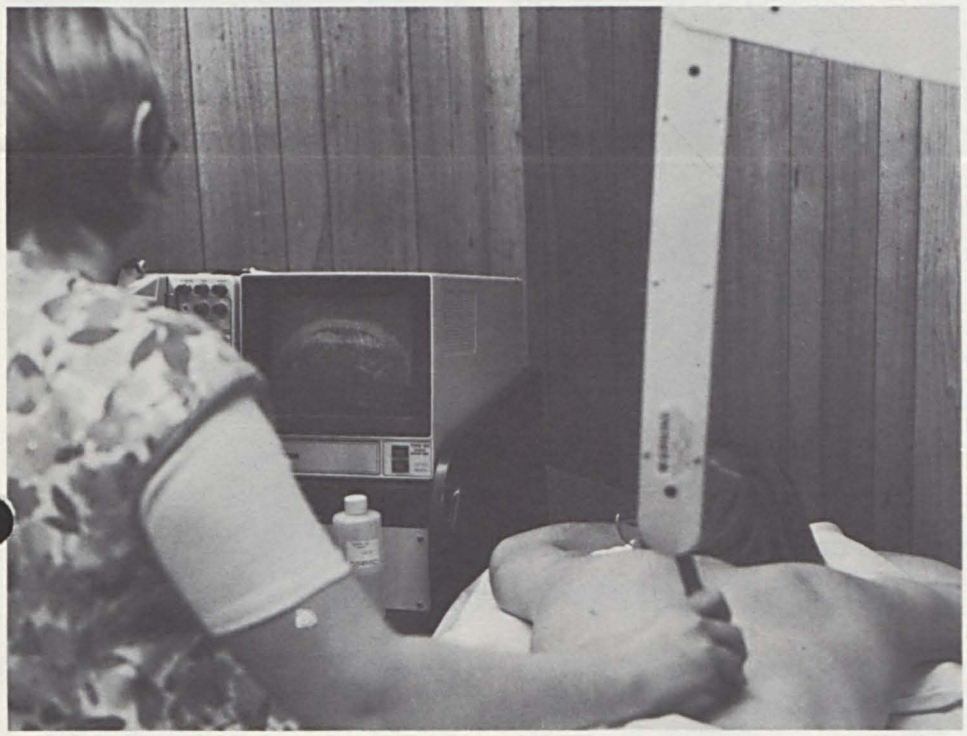
Ultrasonic Medicine

Sound Waves Aid Diagnostic Work



Mrs. Peggy Bizjak, Radiology Technician, is shown doing an ultrasound scan of the kidney. The pattern or "picture" on the screen is printed on a sensitized sheet of paper for detailed study by a Radiologist.

Diagnostic ultrasound, a technique that utilizes high frequency sound waves to provide a "picture" of internal organs has come of age at Holy Cross with the installation of new equipment in the Radiology Department.

The current medical use of ultrasound is a direct outgrowth of the development and use of sonar devices for the detection of submarines during World War II. The wartime and medical applications of the sound wave principles are the same: pulsed, directed, sound waves are sent out from a transducer; the sound waves strike a reflecting surface and the time required for the signal to return to the recording device indicates the distance from the transducer. Additionally, the strength of the returning signal indicates the strength, or acoustical property, of the object struck by the sound waves.

The images recorded by the scanning apparatus may be used in a wide variety of clinical situations. In the chest, for example, scans are obtained which demonstrate heart valve motion, heart chamber size, and fluid collections that occur around the heart in some disease conditions. In the abdomen and pelvis areas, scans are obtained which show cross-sectional anatomy. Such scans may indicate and "picture" tissue masses involving such organs as the kidneys, liver, gall bladder and others.

ULTRASOUND (Cont'd on page 4)

Inflation Forces Room, Ancillary Rates Up

Increased charges in selected hospital services, including the first general increase in semi-private and private bed rates since February, 1972, were put into effect at Holy Cross on January 15.

The increases average out to about 5.6 percent as authorized by a ruling issued earlier by the Maryland Health Services Cost Review Commission and will result in an increase in revenues amounting to approximately $1.2 million on an annual basis. Slightly over half of the added revenues are already committed for a 5.5 percent salary adjustment for hospital employees which was put into effect in early December. The remaining revenues will offset higher costs of utilities, medical supplies and equipment, and increased costs of maintenance and food supplies.

In authorizing the higher rates, the Maryland agency cited "inflationary pressure hospitals faced between July 1, 1974 and January 15, 1975," including food costs up an average of 15.11 percent, fuel up an average of 6.32 percent, supplies costs up an average of 7.58 per cent, and labor costs up more than 4 percent during the six-month period.

Semi-private room rates were increased from $71 to $77 per day and private rooms from $81 to $87 per day. The daily charge for the specialized Coronary Care and Intensive Care Units was increased from $182 to $200 per day, and the charge for the eight-bed Psychiatric Intensive Care Unit was increased from $117 to $125 daily.

Adjustments in the sliding scale fee schedule for Emergency Room services were made. The new charges range from a minimum of $7 for use of the Emergency Room to a maximum of $42. This fee does not include the separate charge made by the attend-

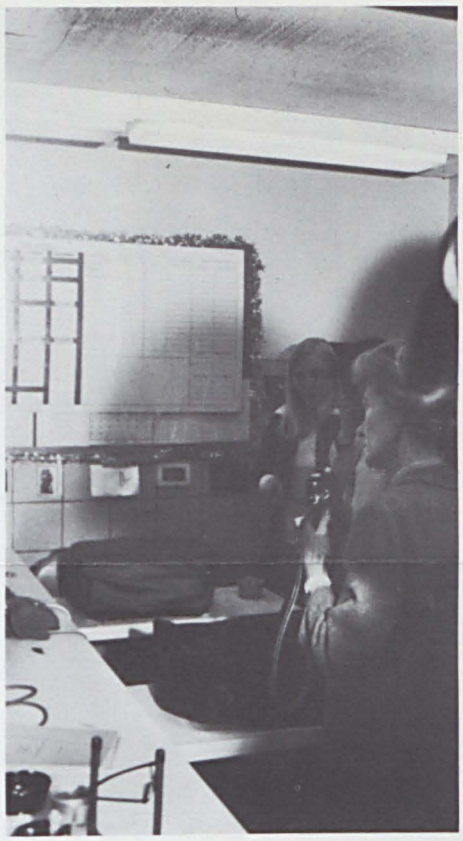
INFLATION (Cont'd on page 3)

Photos Depict Hospital's Disaster Plan In Action

As reported in last month's newsletter, the December 14 test of our ability to respond to a medical disaster in the community was highly successful. We didn't have photos for the December issue but were able to obtain the accompanying photos from the Naval Reserve Training Center at Adelphi.

The fifty-five mock disaster victims brought to Holy Cross in the drill were primarily Naval Reservists and all of them were "made-up" for the drill at Adelphi before being brought to the Hospital's Emergency Room. The victims were make-believe casualties of a bus-train accident with a wide range of injuries. The Emergency Room personnel and physicians were assisted by private physicians who reported to the ER when the disaster drill was announced at 1 p.m., and by hospital personnel freed from normal duties in other areas of the building.

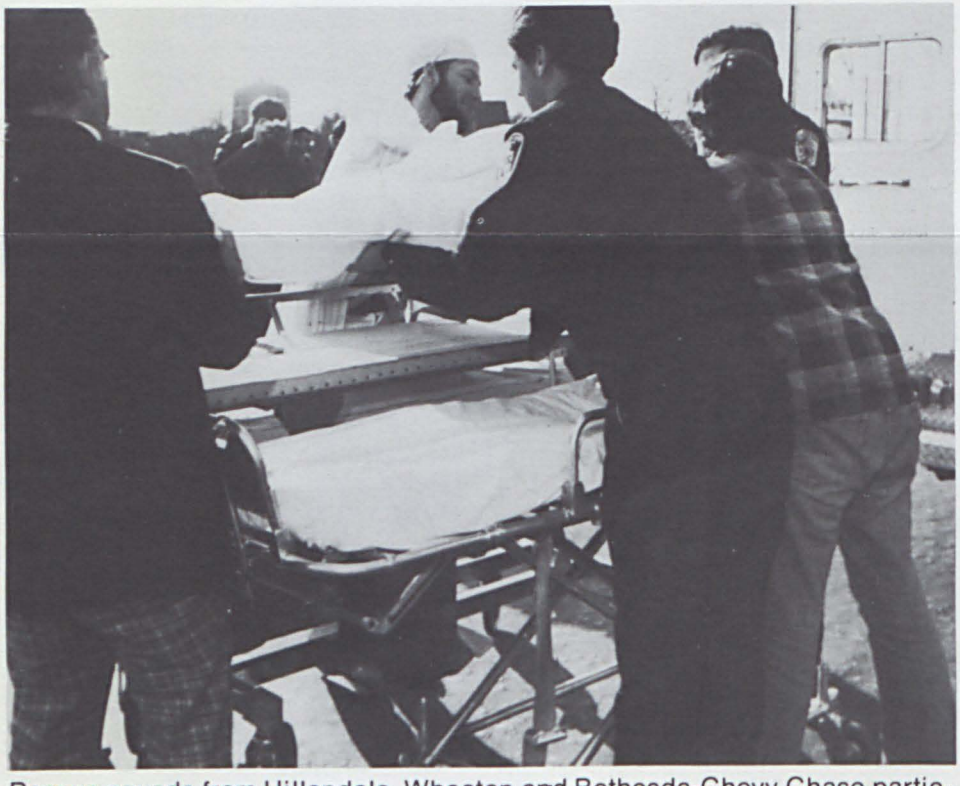
Holy Cross Hospital is required to have an effective medical disaster plan in order to maintain its approved status under the Joint Commission on Accreditation of Hospitals. The plan is tested periodically and updated to reflect changing conditions and needs in the hospital and the community.



Mrs. Peg O. McCuistion (at right) Assistant Administrator, directed the disposition of personnel and supplies from the Command Post in the Outpatient Clinic area opposite the Emergency Room.

The first "victims" arrived by helicopters which landed in the employee parking lot. . .

and patients were seen at curbside by Dr. William Marcus (above) who directed litter bearers to take the "casualties" to specific areas of the Hospital for follow-up "treatment".



Rescue squads from Hillandale, Wheaton and Bethesda-Chevy Chase participated in the drill. Above, left, Dr. Edward Richards is shown assisting Hillandale squadmen as they lift a patient onto a stretcher.

Other "victims" were classified as walking wounded and entered the Hospital and were taken to the ambulatory care center.

Associate Nursing Service Director Named

Mrs. Jean Fries has been named Associate Director of Nursing Service, Mrs. Jeannette Robinson, Nursing Service Director, has announced.

Mrs. Fries came to Holy Cross early in 1971 to assume the duties of Nursing Inservice Education Coordinator. She holds a Master's Degree in Nursing from Catholic University and, prior to her return to school to obtain her Master's Degree, had served as Assistant Supervisor of the Operating Room at Leland Memorial Hospital in Riverdale, for five years.

A graduate of Montana State University's School of Nursing where she earned her Bachelor of Science Degree, Mrs. Fries worked as a Public Health Service nurse in Bozeman, Montana, for a year after her graduation. She also taught for a year at the School of Practical Nursing in Ithaca, N.Y., before coming to the Washington area.

Mrs. Jean Fries

Her husband, George, is a pesticide chemist with the Department of Agriculture.

An Editorial Commentary Reprinted from the Baltimore Sun

THE SUN

A10 THE SUN, Monday, January 13, 1975

Shaky Start for Hospital Controls

Maryland's bold venture in state regulation of hospital rates has so far had a strange and occasionally disturbing history Although the Health Services Cost Review Commission had three years prior to last July 1 to get ready to assume its regulatory functions, it was not actually ready when the time came. Having waited until the last month before the deadline to make known its regulatory methods, the commission was immediately blasted by hospital officials for trying to cut the regulatory cloth to cover all hospitals, regardless of fit, and for not knowing the difference between rate setting and rate approval It was in dutch as well with Blue Cross for trying to impose an across-the-board reduction in the Blue Cross discount on hospital charges.

The state law which established the commission gives it the power from last July 1 onward "to review and approve the reasonableness of rates established or requested by any institution subject to the provisions of this subtitle." The inference, now the subject of a legal suit, is that the commission is to pass judgment on individual hospital rates, not impose blanket cost regulations. But ill-prepared to handle its assignment, the commission began by imposing a freeze on all hospital rate increases, which is not exactly the same as reviewing each hospital's financial situation And more recently as it has fallen further behind the commission has taken the reverse course of granting all but a few hospitals a blanket 6.9 per cent rate increase to cover inflationary pressures since the July 1 freeze, excluding radiology and pathology services.

If a general criticism is warranted, it is probably that the commission tried to fly before it could walk, as evidenced by high-blown talk that it was going to force the closing of underutilized hospital departments, remove the cost of training nurses and interns from patients' bills and otherwise overturn decades of hospital practices. The commission erred badly in criticizing the supposedly exorbitant price tag on Franklin Square's building program, when in fact the cost figure was a figment of the commission's faulty arithmetic, and while the commission later acknowledged the mistake, it had already caused a serious setback in the hospital's appeal for public donations. The commission also rendered a questionable decision recently in excluding the shock trauma unit from a rate increase at University Hospital on the ground that the hospital should seek a state subsidy for the specialized function. A less arbitrary course would have been to permit a nominal rate increase until a state subsidy could be obtained.

But the commission, none the less, is performing a valuable public function in trying to impose economic restraints in the highly complicated and critical field of hospital finances. The function is one, incidentally, that has had strong backing from the Maryland Hospital Association, although there is disagreement with the commission's methodology. The commission's 6.9 per cent concession to inflation may signal an emerging realization among commission members that the first time around they cannot master all of the problems of each of 57 hospitals. If the commission henceforth is more conscious of its limitations, biting off only what it can readily digest, Maryland may yet have a hospital regulatory agency which commands respect among hospitals and patients alike.

Chaplain's Corner

Just before Christmas, I went home to be with my father as he underwent surgery. This afforded me a different perspective in the care of the sick, since I was able to experience hospital care from a different viewpoint. Hopefully, I have become more sensitive to the needs of patients, and especially their families.

In the many waiting hours spent at my father's bedside, I found a prayer that helped my family and me. I would like to share it with you:

O Lord, I do not ask of Thee
A sky that's always bright
A path that's free from boulders,
Or a goal within my sight;
Nor do I ask the stopping
Of hot tears that dim my eye,
Or the pain that seems unbearable,
Or the cares that bring a sigh.
Give me, instead, a grateful heart
For friends who cheer my day, —
The strength to move the boulders
And thus smooth another's way;
Give me the power, Oh Lord, to smile
Through all the tears that flow;
May I discern the stars that shine
Through dark clouds hanging low;
Grant me an understanding heart
Too big for petty things,
That has no room for prejudice
But, filled with love, it sings;
And, with these gifts, grant me that peace
The angels first gave sound, —
That has its start within my heart
And spreads the world around.

(Written by Miriam A. Lemke, for many years the treasurer of the Greater Phoenix Colostomy Chapter, U.S.A.)

Rev. Gerald Fath, O.P.
Chaplain

INFLATION (Cont'd from page 1)

ing Emergency Room physician nor does it include the cost of drugs or medical supplies used. The sliding scale fees are applied to five categories, or levels, of care. Typical of the least intensive category, and thus the lowest charge, would be a minor dog bite or other puncture wound. Heart attack, major burn cases and multiple fractures would be in the most intensive category resulting in the maximum use-of-facility-charge of $42.

Further price adjustments were made in such areas of service as Home Care visits, operating and recovery room fees, labor and delivery room charges, and drug and physical therapy charges.

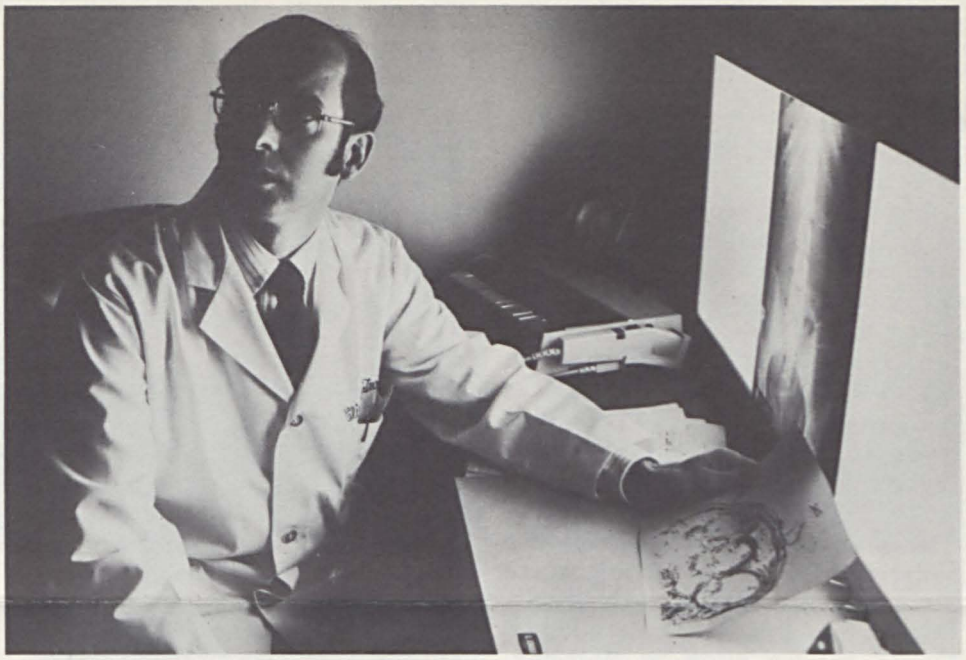
ULTRASOUND (Cont'd from page 1)

The ultrasound technique has been very helpful in obstetrical diagnostic procedures where the scans may depict a pregnancy within the first two months of gestation, or show more than one developing fetus, the position of the placenta, fetal position and fetal size.

Ultrasound offers a significant advantage over traditional x-rays in obstetrical diagnostic work because of the total lack of radiation exposure to the mother and the developing fetus in the sound wave studies. Because of this feature, ultrasound scans may be obtained a number of times during pregnancy in order to evaluate fetal growth, or check suspicious abnormalities which cannot be adequately evaluated on a single examination.

Ultrasound has been utilized for some years in the detection of the location of the brain midline in a test procedure called Echoencephalography. This was one of the earliest medical uses of diagnostic ultrasound and has been utilized for well over a decade.

Some of the uses of ultrasound are unique only to this technique and, in areas such as examinations of the heart, obstetrical studies, and the determination of some of the internal characteristics of mass lesions, diagnostic ultrasound may offer the best information obtainable. In other uses, ultrasound is not meant to replace existing, accepted measures, but is used to augment other techniques and procedures.



Dr. Clifford Turner, Radiologist, holds an ultrasound "picture" of twins at an early stage of development in the womb and explains the advantages of the ultrasound technique over traditional x-rays in obstetrical diagnostic work.

Mrs. Bizjak demonstrates a typical interview with a "patient" Radiology Technician Ellen Bishow, which would precede the ultrasound scan.

HOLY CROSS HOSPITAL
OF SILVER SPRING
1500 Forest Glen Road
Silver Spring, Maryland 20910