



UNIVERSITY OF OREGON  
HEALTH SCIENCES CENTER

# NEWS

*Health Sciences Center News is published by the University of Oregon Health Sciences Center to inform students, employees, faculty and friends of the institution of programs, activities and events of interest to them.*

## Health Sciences Center second anniversary report

### Dr. Stone cites medical faculty accomplishments

It is a commonplace observation to say that an organization is composed of people. Nevertheless, an innate modesty often precludes public discussion of the achievements of individuals within an organization, probably because boasting and bragging are traditionally disapproved of in America.

Yet I do want to take advantage of this occasion to cite the recent accomplishments of some faculty members, despite misgivings that I may have overlooked a number of notable achievements and individual contributions.

I want to do this because I think that there really is an exceptional record which is insufficiently known even within the institution and it ought to be made visible.

Furthermore, during the past year the School of Medicine faculty and to an extent students and staff colleagues have been wholeheartedly seeking ways to adapt to a changing environment and setting. I think that it would hearten all who might sometimes feel that change has been too rapid, in undesirable directions or even detrimental, to stop and take stock of what a strong institution this truly is and to revel in a bit of perhaps slightly sinful pride.

Accordingly, I will share with you the  
(continued on back page)

### Report from the president

*Last year on the occasion of our Center's first anniversary, I attempted to summarize the highlights of our problems and progress in an hour-long address to the faculty and staff. This year I am delighted to share the reporting honors with my colleagues in administration, Dr. Kassebaum, Dr. Lindeman, Mr. Peterson, Dr. Stone and Dr. Terkla, and with Ira Keller, chairman of the Center's Advisory Council.*

*The recent appointment of Dr. Lindeman as dean of the School of Nursing completes phase I of our administrative reorganization, the development of an executive team which fits our new management structure. In this effort we have tried to find the most qualified person for each key position. I am pleased with our success, both in attracting new leadership to our campus and in retaining the services of those who have demonstrated their abilities in various capacities in the past.*

*The pace of change has been rapid during the past two years, on campus and off. Demands on all of us have increased as we have sought to consolidate functions, improve efficiency, and develop more orderly ways to carry out our many important functions, often with resources which fall short of our perceived needs. Most impressive to me has been a tolerant willingness to accept change and to adjust constructively to new demands at almost every level. For this and for the continuing contributions which the entire Center staff and student body have made on a daily basis toward our educational, research, clinical and administrative accomplishments, I wish to express my sincere gratitude.*

*Lewis W. Bluemle*



**DR. LEWIS W. BLUEMLE**  
president, UOHC

## School of Nursing's long-range plan to be based on consumer needs

*Two years ago, following the creation of the Health Sciences Center, the School of Nursing gained new autonomy. In her report, Dr. Lindeman discusses the School's future.*

Last month we celebrated 50 years of professional nursing on this campus. It was exciting to review the milestones describing the development and progress of the School, to talk with past directors, faculty and students, and to look forward with colleagues from education and practice settings.

A significant component of the development of the School of Nursing was the creation of the University of Oregon Health Sciences Center as an independent institution.

At that time, the School of Nursing became independent of the School of Medicine, moving into an equal, peer relationship with both the School of Medicine and School of Dentistry.

This change has resulted in new interdisciplinary relationships in both clinical practice and education.

Although it is gratifying to look at the accomplishments of the past and the present, it is the future that must guide us.

With that belief, and operating with the philosophy that decisions concerning nursing education must be based on consumer needs and that the only legitimate basis for change is that which may emerge as a result of collaboration among practitioners, educators, significant legislative and professional bodies and consumer representation, a long-range planning program has been initiated.

In the coming months, administration and faculty of the School of Nursing will develop a long-range plan describing the size, nature and expected longevity of its programs.

We anticipate numerous changes in graduate, undergraduate and continuing education programs. We anticipate developing new and different relationships with clinical and educational facilities throughout this state.

Also in the coming months, administration and faculty of the School of

Nursing will develop a more effective, efficient internal organization.

At the present time, steps are being taken to decentralize administrative functions such as recruitment of faculty and budget. A management by objectives approach is being implemented to ensure adequate program planning, concurrence and review.

Faculty are developing their career plans which link with a specific body of nursing knowledge. Based upon the collective information from these career plans, research and clinical practice interests will be identified. Interinstitutional collaboration will be established to serve both these needs.

In addition, increasingly closer relationships are being developed with nursing service. Our goal is not only improved communication but an interfacing of nursing service and education that will result in improved patient care and student education.

In a similar vein, we will be working very closely with the Vice President, Donald Kassebaum, planning with him  
(continued on page 2)



**DR. CAROL LINDEMAN**  
dean, School of Nursing



# Administration and finance undergo significant change

Robert Peterson reports on hospital fiscal services and organization, management information systems, growth in programs and activities, and a prognosis for the next biennium.

The first two years of the University of Oregon Health Sciences Center have included significant changes in the administrative and financial environment of the institution.

**Hospital Fiscal Services.** Perhaps the most significant administrative change has been the creation of a modern, fully-staffed department of Fiscal Services for the University Hospital.

This has not only been necessary because of the increased demands on self-support for University Hospital, but also desirable in providing contemporary management and fiscal tools to the largest single entity of our Health Sciences Center complex.

Though this development was begun nearly four years ago with the appointment of David Witter as the business manager for hospitals and clinics, the principal maturing of this organization has occurred within the last two years under Mr. Witter's guidance as director of fiscal services for University Hospital.

We believe that while there are additional organizational and systems improvements which will be achieved in the near future, the great strides in the development of modern hospital fiscal services have already been accomplished.

**Hospital Management Flexibility.** Discussions will undoubtedly continue concerning the desirability and feasibility of separate organizational structures for University Hospital.

Significant discussions have already begun regarding hospital management flexibility under the auspices of the Joint Interim Committee on State Governmental Operations.

We have been encouraged by the willingness and eagerness of legislative leaders to hear of our problems and to work constructively with us to eliminate administrative red tape and bureaucratic road blocks.

We hope that over the next two to three bienniums this effort will bear considerable fruit.

**Management Information Systems.** The growth of the institution, its complexity

and size, require the development of modern financial and management information systems.

Over the past year we have struggled to implement the first ingredients of what we hope will become a sophisticated Management Information System for the entire Center. Initial efforts in this regard have concentrated on Hospital financial management.

The University Hospital recently began producing monthly reports on hospital fiscal affairs and activity workload. These reports are patterned after the format in use at the UCLA Teaching Hospital which were brought to our attention by the efforts of Ira Keller, chairman of our Health Sciences Center Advisory Council.

After visiting UCLA and building the necessary data bases in order to provide the information contained in the reports, we are pleased that this important component of our Management Information System is now in place and will continue to mature as our Management Information Systems program matures.

Future developments will concentrate on non-hospital areas of the Center for both fiscal and activity-related data.

**Growth in Program and Activities.** Since 1974-75, the Health Sciences Center has grown in size by approximately \$20,000,000 of total annual budget.

This makes us one of the two largest institutions in the State System of Higher Education.

*"We have been encouraged by the willingness and eagerness of the legislative leaders to hear of our problems and to work constructively with us," the vice president reports.*

The Health Sciences Center programs are dominated by the University Hospital with the largest single budget among our program entities, \$40,200,000 for this fiscal year.

This represents approximately 47 per cent of our total expenditures. Educational and general programs at \$20,200,000 this year represent approximately 24 per cent of our total program level. Research programs, primarily federally funded, amount to approximately \$9,000,000 for 11 per cent of the total institution budget.

Our resources are derived primarily from patient fees. This year's patient fee requirement, \$31,300,000, is 37 per cent of our total support. This will be the first fiscal year in which state general fund has not been our largest single source of support.

Nonetheless, \$29,400,000 of our support will come from the state general fund representing 35 per cent of our total resources.

The federal government will provide approximately \$14,400,000 or 17 per

cent of our total resources.

Current discussions relating to student tuition policy may cause increased attention to be focused on student fees as a source of our revenue. At the moment we derive approximately 2 per cent of our total support from student fees.

**The Next Biennium.** Though we believe much progress has been made and we look forward to a challenging session with the 1977 Legislature, we are mindful that our continued growth must temper our hopes and desires with realism and prudence.

The next session of the Oregon Legislature will be one of the most important in which we have ever participated.

Large blocks of funds particularly for new positions in the Schools of Medicine and Nursing, increased support for our Library, and program improvements for our School of Dentistry as well as major workload increase and program improvement monies for University Hospital will make the 1977 session a very critical one for us as we move into the last quarter of the decade of the 1970s.

Major blocks of funds will be required for us to maintain the *status quo*, to say nothing of accomplishing improvements in our programs.

To the extent that we can, the admin-



ROBERT A. PETERSON  
vice president for administration and finance

istration hopes to utilize the resources of the faculty as a part of our legislative program.

ROBERT A. PETERSON  
VICE PRESIDENT FOR  
ADMINISTRATION AND FINANCE

## UNIVERSITY OF OREGON HEALTH SCIENCES CENTER

Summary Financial Data, 1974-75 to 1976-77

(dollars in millions)

Expenditures	1974-75		1975-76		1976-77	
	\$	%	\$	%	\$	%
Educational & General Programs	\$16.0	25%	\$18.2	23%	\$20.2	24%
Sponsored Programs						
Instruction	4.5	7	5.4	7	5.5	7
Research	7.3	11	8.7	11	9.4	11
Other (including student aid)	2.0	3	2.2	3	2.4	3
University Hospital	29.6	46	37.8	48	40.2	47
Dental Clinics	.6	1	.7	1	.8	1
Crippled Children's Division	3.3	5	3.8	5	4.1	5
Auxiliary Activities	1.4	2	1.8	2	1.9	2
TOTAL	\$64.7	100%	\$78.6	100%	\$84.5	100%
Sources of Funds						
Patient Fees	\$20.4	32%	\$24.4	31%	\$31.3	37%
State General Fund	26.5	41	31.7	40	29.4	35
Federal Funds	12.3	19	14.0	18	14.4	17
Student Fees	1.4	2	1.5	2	1.8	2
Sales & Service Fees	1.5	2	1.8	2	2.0	2
Gifts and other income	2.6	4	5.2	7	5.6	7
TOTAL	\$64.7	100%	\$78.6	100%	\$84.5	100%

## School of Nursing (continued)

to ensure adequate future learning opportunities for graduate and undergraduate nursing students.

While these plans for the future development of the School of Nursing are ambitious and will require considerable effort on the part of those involved, the

process will be systematic and deliberative.

Sound judgments, collaboration, and supporting data, not sheer activity, will characterize this planning period.

DR. CAROL LINDEMAN  
DEAN, SCHOOL OF NURSING

## HSC Advisory Council

One of the constructive measures accomplished by Dr. Bluemle in connection with the creation of the organization of the Health Sciences Center was the establishment of the Advisory Council. The concept of the Advisory Council was that of a group of non-medical but representative Oregon citizens who would become familiar with the problems of the Health Sciences Center and hopefully help in their solution.

We, who are the first appointees to this Council, have been very busy in the last two years trying to learn about the complicated day-to-day and long-range problems of the Schools of Medicine, Nursing, and Dentistry and the University Hospital. I think I can speak for the Council in saying that we have been very impressed with the range of prob-

lems and with the ability and sincerity of the administration and the faculty directed toward their solution.

Our Oregon Health Sciences Center is a very impressive educational institution. It has had a remarkable record of growth and of contribution to the community. In spite of our changing times, we have every confidence that under the leadership of President Bluemle and our very able deans, our educational institutions will continue their outstanding contribution to the lives of all of us in Oregon.

IRA C. KELLER  
CHAIRMAN, ADVISORY COUNCIL

IRA C. KELLER  
chairman, Advisory Council



## HEALTH SCIENCES CENTER NEWS

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# School of Dentistry sees benefits under consolidation

*As part of the HSC, the School of Dentistry has enjoyed a great degree of freedom in management, accompanied by appropriate accountability, reports Dean Terkla.*

Time has slipped by so quickly that it seems too early to celebrate the second birthday of the University of Oregon Health Sciences Center. Yet, when one reflects on the volume of work done, the problems addressed and/or resolved, and the achievements accomplished during this initial period of consolidation, it all adds up to much more than two years.

When the proposal for consolidation was first advanced by Chancellor Lieuallen, and during the subsequent months of its study, the faculty, students, supporting staff and alumni of the School of Dentistry spent a great deal of time speculating about how such a change would affect the future of the school.



**DR. LOUIS G. TERKLA**  
dean, School of Dentistry

In the absence of experience with a health sciences center and having done reasonably well for 29 years under an autonomous structure, the people associated with the School of Dentistry easily listed more disadvantages than advantages for the change and attached qualifying conditions to any speculated improvement.

In the end, however, the School of Dentistry assumed a neutral attitude in full realization that it could go forward, remain the same or slip backward depending upon the interests, philosophies and capabilities of the yet to be appointed administrative leadership of the new Health Sciences Center.

Because consolidation seemed certain, the only realistic attitude to assume was one of optimism about our future and complete cooperation as the transition occurred. There were no evident benefits if we resisted the change, but there were enough unknowns to generate uniformly the expression, "Let's wait and see."

Having had two years of "seeing," the School of Dentistry is still alive and healthy; there have been no disruptions, and no one has complained that the School as a whole is worse off than before the consolidation.

In general, we have adjusted well and are settling in as a recognized component of the newest university in the State System of Higher Education.

The ease of this adjustment was enhanced considerably by President Bluemle who has made every effort to assess the quality of the School of Dentistry, gain a historical perspective, and avoid any administrative action that would interfere with the operation of good programs.

The result has been for us to enjoy a wide degree of freedom in the management of the school, accompanied by appropriate accountability.

In our view, President Bluemle has been wise in assuring the school as much independence as possible in con-

ducting sound and proven programs.

The School of Dentistry is fortunate, also, to be represented by its dean at frequent Executive Staff Council meetings where every opportunity is provided to participate in discussions and decision making.

Fairness and openness prevail, and there are neither smoke screens nor administrative suppression of opinions, some of which are at variance with those of the president.

This open and honest approach also prevails at meetings of the Advisory Council, a highly talented group of prominent Oregon citizens who have dedicated themselves to the constructive growth of this university into an outstanding and statured Health Sciences Center.

*Integration of oral health care programs in University Hospital is one of the School's objectives.*

The School of Dentistry stands to benefit greatly from the strong guidance of both the Executive Staff and Advisory Councils.

The fairness of President Bluemle's administration has been evident, also, in the equitable proration of Health Sciences Center discretionary funds to the educational units and in assuring them that any self-generated discretionary funds will remain at each school.

The presence of a School of Dentistry 3/4 million dollars laboratory remodeling project in third priority on the State System of Higher Education's 1977-79 capital construction list speaks for itself.

In the critical area of faculty compensation, we have finally reached the average salary levels for all ranks among the 59 dental schools in this country, and we have corrected some serious inequities internally.

Although there are more, these are some examples of how the School of Dentistry has fared since the 1974 consolidation. They represent growth and

optimism about the future and certainly should dispel any continuing apprehension that consolidation will be damaging to the School.

None of this would be possible, of course, without the support of the Chancellor's Office, the State Board of Higher Education, the Governor's Office, and the Legislature. Full credit must be given to this entire team for all of the benefits that accrue to us.

Lest you conclude that the consolidation has been totally responsive to the aspirations of the School of Dentistry, I should assure you that it has not. Certainly, the positives outweigh the negatives, but we have not been successful either before or after consolidation in integrating oral health care into University Hospital in such a way that it is included in the definitions of medical care and comprehensive health care.

Maybe our idea of consolidation should be more self-limiting in the patient care arena, but that is impossible to concede at this point in time. We will continue to strive for this objective, and are hopeful that by our third birthday, we can report some progress in this area.

From our vantage point, the future appears bright for the Dental School. In our view, President Bluemle is extremely busy representing us admirably at every level in Oregon.

We recognize his dedication and the tremendous burden that he bears to make decisions in the best interest of our development. We believe that he wants, more than anyone, to help us emerge from consolidation as a truly outstanding Health Sciences Center.

In the two years past, there is evidence that this can happen, but there are many more years of hard work ahead to see it realized.

The School of Dentistry stands ready and willing to do its part and it looks forward to even happier birthday celebrations in the future.

**DR. LOUIS G. TERKLA**  
DEAN, SCHOOL OF DENTISTRY

# University Hospital improves health care operations

*University Hospital has made progress in planning, financial and operations management, and is working to attract a broader mix of patients.*

University Hospital is awakening to a new era of patient service and managerial style. And somewhat like the arousal of Rip Van Winkle, there is a mixture of excitement and bewilderment as the inevitability of time causes change and adjustment to change.

Two years ago, the Hospital was just beginning to re-evaluate the number and disease mix of its patients. Prior years had seen a progressive attenuation of the patient base of the Hospital educational programs.

In 1974-75, for example, there were only sixty-five patients with documented acute myocardial infarction treated in University Hospital, about a third of the number needed to teach medical students and house officers how to care for a disease that kills half a million of this country's citizens yearly.

On the other hand, the outpatient case load continued unabated, but not in a single class mode. The majority of patients were (and are) seen by resident physicians in old and inefficient clinics; a smaller number were (and are) seen independently by faculty physicians in their offices.

Indeed, two years ago there was a question whether the quality of the Hospital programs was sufficient to warrant approval by the Joint Commission on Accreditation of Hospitals.

Basic to the lack of hospital and clinic program development was an historic



**DR. DONALD G. KASSEBAUM**  
vice president for hospital affairs

stultification of planning and of financial and operations management.

These problems impaired the function of the University Hospital as the clinical classroom for the training of health care professionals. The Hospital exists, after all, to support the educational programs of the Schools of Medicine, Dentistry and Nursing, and, as such, must attract and care for a sufficient number and variety of patients.

In the past, these "teaching patients" were largely the poor, or those needing highly innovative care only available in the teaching hospital. But times have

changed.

The poor now have other options; and they certainly have other expectations regarding the accessibility, efficiency, quality and amenity level of their health care system.

Moreover, the patient mix needed for medical education and health care research cuts more widely across the socio-economic spectrum, requiring patients who can pay for medical service, and will get it elsewhere if the teaching hospital cannot provide comparable amenities.

And to complicate things further, the teaching hospital no longer has a corner on innovative care; it will only get its share of the patient market by competing in the delivery of a quality product.

In light of these realities, Hospital administration has concentrated on improvement of the health care operations during the past year. This has entailed identifying problems and developing a plan of attack which would correct them.

A principal objective has been to put the Hospital on a more stable business and financial footing so as to improve the organization and flow of medical care, the accounting, billing and reimbursement of costs, and the financing of program and facility improvements.

In order for the Hospital to maximize its revenues and provide greater equity of charges, a complex, automated accounting system has been implemented in the last year. This now allows itemized billing for 90 per cent of our services, recovering up to \$5 million of costs which we previously lost each year.

It hasn't been easy to do this, because time constraints have required com-

pressing planning and installing a sophisticated accounting system—which should have taken two or three years—into about a year. The system is still being tuned, but break-in problems are becoming fewer.

There are important patient care by-products of the new Hospital accounting system. Once it is completely up and running, the delays for appointments and admissions will be reduced significantly.

The Emergency Board authorization of expenditures to re-vamp the Hospital's accounting system was coupled with ratification of plans to improve a number of ancillary services.

We were able to consolidate the operating rooms, obtain a new director of surgical services, initiate a computerized system to measure surgical utilization, and initiate purchases to improve the operating room equipment inventory.

We obtained automated equipment for the Clinical Laboratory to accommodate the increasing workload, and to shorten the reporting delays. Personnel were added to Medical Records and to Diagnostic Radiology to similarly improve services.

Through the year, University Hospital has developed as an identifiably consolidated and unitary entity. We have been gratified by the way the Hospital nursing service has realigned itself under the direction of Ms. Gale Rankin, yet another commentary on the resilience and adaptability of a corps of nurses noted for these characteristics.

Under the administrative direction of  
(continued on next page)



## Dean cites School of Medicine faculty achievements and honors

(continued from page 1)

record of some notable achievements in order that you can see in better perspective what is being done here by individuals who make this a living organization.

A remarkable phenomenon here presently and in the past is the influential role played by faculty members in the affairs of several of the National Medical Specialty Boards.

For those who do not know, I should point out that there are about 24 Medical Specialty Boards in this country.

These are the bodies which are responsible for setting the standards for specialty certification and in examining physicians for certification in each of the recognized clinical disciplines.

Therefore, among medical schools it is an unusual event when a single member of the faculty obtains the status of president of one of these prestigious bodies. Each of the Boards has a dozen to sixteen members, and it is a source of pride for a faculty to have one of its colleagues hold membership on a Board, let alone be an officer.

In the recent past Dr. Kenneth Swan has served as president of the oldest

of the Specialty Boards, the American Board of Ophthalmology. The current president of that Board is also a member of our faculty, Dr. Robert Burns.

That is fairly impressive, but it should be added that Dr. David DeWeese is the current president of the American Board of Otolaryngology, having recently been reelected for a second term.

However, that is not the end. Dr. Clarence Hodges is the present president of the American Board of Urology, and Dr. John Benson, who is on leave, is the president of the American Board of Internal Medicine.

Dr. Howard Lewis, an emeritus professor of medicine, was also chairman of the American Board of Internal Medicine some years ago.

No other medical school in the country approaches this extraordinary record of recognition.

Dr. Tyra Hutchens is a member of the American Board of Medical Specialties, the organization which serves to integrate and coordinate the activities of the several Specialty Boards. In addition, Dr. Hutchens is the current president elect of the American College of Pathologists, an office of signal importance in pathology.

A number of faculty members play important roles in the activities of the various subspecialty boards and on their examining committees. I suspect that my listing of these is quite incomplete because of the deference of some in describing such activities. I do have note of the following:

Dr. Laurel Case is a member of the Residency Assistance Program jointly established by the American Board of Family Practice, the American Academy of Family Physicians, and the Society of Teachers of Family Practice; Dr. Harold Paxton is an examiner for the American Board of Neurological Surgery; Dr. Alexander Schleuning is an examiner for the American Board of Otolaryngology; Dr. Albert Starr is a member of the American Board of Thoracic Surgery; Dr. Martin Lees served as a board member for the sub-board of Pediatric Cardiology

and is chairman of the Residency Review Committee for the subspecialty of Pediatric Cardiology.

Of comparable significance to activities related to the Specialty Boards are appointments to various committees of the National Institutes of Health and of National Philanthropic Foundations and Organizations, all of which play a vital role in the direction and financing of biomedical research in this country.

In this arena, too, faculty members of the School of Medicine have many responsible positions, and I am unable to list these individually. However, it should be recorded that a member of the house staff, Dr. Betty Kennedy, is on the Advisory Council for the National Heart, Lung and Blood Institute.

A number of members of the faculty serve as officers of national and regional scientific societies. Here, too, only the availability of printing space prevents enumerating all of these.

Special awards have come to members of the faculty in a number of instances, and these merit recognition.

Among them are: two awards of Fogarty International Fellowships (only about 30 are given nationally) to members of our faculty, Dr. Ralph Tanz and Dr. Herbert Griswold. Dr. Nicholas Gerber holds the first Shearing Foundation Fellowship in Clinical Pharmacology.

Dr. Catherine Smith has received an award of achievement by the American Otolaryngology Society and is the first woman to receive this award.

Dr. Herbert Fowler, a professor of psychiatry and director of the Whitecloud Center, has received the Lenin Award in Science of the Soviet Union; Dr. William Krippaehne was elected to membership in the prestigious Allen O. Whipple Society; Dr. Clarence Hodges has been selected as the first recipient of a new triennial award of the American Urological Association known as the Eugene Fuller Award.

Dr. William Fletcher was elected chairman of the Central Oncology Group; Dr. John Kendall was elected to membership in the Association of American Phy-

sicians and was the recipient of the NASA Group Achievement Award for the joint US-USSR satellite expedition.

Dr. Joseph Matarazzo was elected president of the International Council of Psychologists; the department of microbiology and immunology was selected to provide adjunct support for the further development of its counterpart at Meharry University Medical School.

Dr. Jules Hallum was elected to membership in the American Academy of Microbiology. Dr. Walter Lobitz has received a succession of honors namely, selection to present the keynote addresses for the American Academy of Dermatology and for the American Dermatological Association at their annual meetings, election to present the Durhing Oration for the College of Physicians in Philadelphia, and election as an honorary member of that group. He has also received an honorary Doctor of Laws degree at the 100th anniversary of the founding of Hokkaido University.

Faculty members have received other fellowships and scholarships and served on editorial boards of a considerable number of scientific journals.

Research awards have continued in the past without evidence of any reduction except in those selected categories where programs are being terminated.

Our medical students have continued to achieve average or considerably better than average scores on the first and second parts of the National Board of Medical Examiners Tests. This achievement must be shared at least equally by the students and by the faculty.

As I suggested above, it is perhaps outside of the American tradition to boast in this fashion. Nevertheless, I have believed it appropriate at this time.

I see nothing wrong in an objective measurement of performance such as the foregoing represents.

My expectation is that the next few years will make the preceeding look ordinary.

DR. ROBERT STONE  
VICE PRESIDENT AND  
DEAN, SCHOOL OF MEDICINE



DR. ROBERT S. STONE  
vice president and dean, School of Medicine

## University Hospital awakens like Rip Van Winkle to new era of patient service

(continued from previous page)

Mr. Stanley Urban, the Hospital has become a cohesive unit. Mr. John Hutchins and his team have inaugurated the new Clinic billing system, and are planning systematic elimination of inefficiencies and differential classes of care.

Mr. John Long has just joined the administrative team, and will concentrate on emergency services development in the next year, together with administrative supervision of the surgical services.

During this year, we have completed an inventory of Hospital and Clinic space utilization. We are now matching this with our needs for patient care and supporting programs.

Needless to say, gerrymandering within currently available space won't solve some of our most pressing problems. For that reason, we have proposed adding five floors to the C-wing of the south hospital unit.

Over \$300,000 has been requested in the capital construction budget for planning and architectural design of this expansion, which would let us create a perinatal center as well as enlarged and consolidated radiology and cardiovascular diagnostic facilities.

Ultimately, acute patient care could then be moved out of the older parts of the north hospital unit, relocated in new space meeting contemporary environmental standards.

University Hospital achieved full accreditation from the Joint Commission on Accreditation of Hospitals this year, having corrected virtually all of the significant deficiencies of the past.

We were successful in getting a state general appropriation to remodel the Hospital dietary service later this year, introducing a new food preparation system, and remodeling all of the ward pantries and the north hospital cafeteria.

Last in our catalog of plans and accomplishments, but first in my awareness of its problems and opportunities, is the Outpatient Clinic.

If we can improve the quality of the facilities, induce doctors to work in the Clinic, and develop a one-class ambulatory care system, we should be able to attract a population of patients under treatment at this medical center to provide the number and mix of clinical material serving our educational and

research programs.

Our ambulatory care programs epitomize the classical patient care mode of the teaching hospital, and represent one of the principal residual incongruities of the health care and medical education system.

Our objectives are to upgrade the physical facilities, improve the efficiency of care, and focus more faculty practice and teaching in the Clinic.

At a time when there is increasing emphasis on primary and ambulatory care, we can no longer devote such a preponderance of our patient care and medical education dollars exclusively in the Hospital.

Moreover, we shall need to re-distrib-

ute our faculty effort and educational emphasis to take greater responsibility for outpatient care and teaching.

The past year has been a time of enormous change and plan development in University Hospital. We have a far better grip on our financial management.

We have a management information system which measures our operational effectiveness. We are identifying successful teaching hospital models elsewhere. And we are learning to become more responsive to our constituents and patrons. Our cup is no longer half empty, it is half full.

DR. DONALD G. KASSEBAUM  
VICE PRESIDENT FOR  
HOSPITAL AFFAIRS

HEALTH SCIENCES CENTER

# NEWS

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