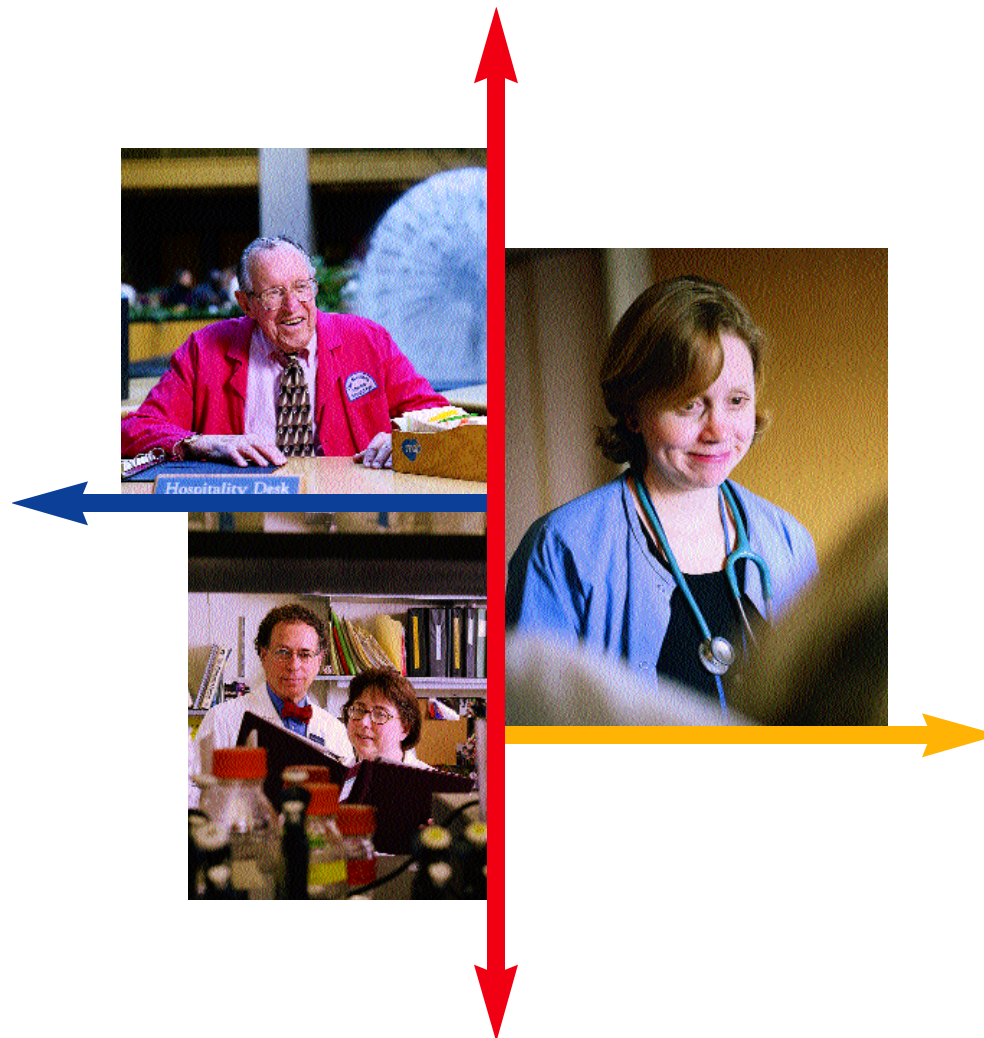


Those Who Have Advanced Health Care



The Corporators of the General Hospital Society of Connecticut 1826-1862: Thomas Hubbard, MD 1826-39, Eli Ives,MD 1826-32, Jonathan Knight,MD 1826-31, 40-41, 48-65,William Leffingwell,Esq.1826-30,Thomas Miner, MD 1826-29, John S. Peters,MD 1826-31,Benjamin Silliman,MD 1826-31, John Skinner, MD 1826-32,34-50,Nathan Smith,MD 1826-29,Eli Todd,MD 1826-31,Timothy P.Beers,MD 1827-59,Alfred S.Monson 1827-31,Virgil M.Dow, MD 1828-52,Bela Farnham 1828-29,James Brewster 1829-30,Henry Holmes 1829-30,William Buel 1830-31,William Tully 1830-35, John Babcock 1831-39,Simeon Baldwin 1831-33,J.N.Clarke 1831-32,Russel Hotchkiss 1831-35,Hon. Dennis Kimberly 1831-35,36-37,43-53,Ebenezer Seeley 1831-35,Roger Sherman Baldwin 1832-33, John S.Beach,Esq.1832-43,54-56,Henry W. Edwards 1832-35,Samuel I.Hitchcock 1832-35,Ralph I.Ingersoll 1832-35,Nathan B. Ives,MD 1832-35,50-64,Samuel Punderson,MD 1832-35,37-42,59-68, Francis B. Winthrop 1832-35 **State Hospital 1833-1862:** Isaac Beers 1833-36,Charles Hooker, MD 1833-35,39-64,Hon.William W. Boardman 1834-72,Thomas Miner 1834-35,Aneas S.Munson 1834-35,Reynold Webb 1834-35,Henry Peck,Esq.1835-47,55-66, Nathan Peck 1835-39,40-41,Eli B. Austin,Esq.1839-40,A.H.Maltby, Esq.1839-40,41-42,E.H.Bishop,MD 1841-67,75-91, PA. Jewett,MD 1842-66,Sidney M.Stone,Esq.1842-54,Norris Willcox 1847-48,Arison Moody, MD 1852-55,Henry White,Esq.1853-60,Rev. E.E.Beardsley 1854-56,Rev. S.W.S.Dutton 1854-62,D.L.Daggett,MD 1856-66,67-70,71-96, Worthington Hooker, MD 1856-66,S.G.Hubbard,MD 1860-66 **Knight United States Army, General Hospital 1862-1865**, Hon.H.B. Harrison 1862-72,Hon.H.G.Lewis 1863-66,68-92,Charles A.Lindsley 1864-1907 **State Hospital 1865-1883:** Francis Bacon, MD 1865-67, 75-1913, S.E.Baldwin, Esq. 1866-1923, E.W. Blake, MD 1866-68,William B. DeForest, MD 1866-70, H.Pierpont, MD 1866-67, L.J. Sanford, MD 1866-67, 70-97, Levi Ives, MD 1867-92,William S. Charnley, Esq.1867-74, T.B. Townsend,MD 1867-71,L.D.Wilcoxson,MD 1867-71,73-74,J.B. Robertson,MD 1868-71,F.L.Dibble,MD 1870-86,87-99,D.A.Tyler 1871-72,J.W. Mansfield 1871-77,Louis H.Bristol 1872-73,William Fitch 1872-78, E.S.Scranton 1872-73, James E.English 1873-90,Hon.Samuel E. Merwin,Jr. 1874-1908, Francis Wayland 1874-1904, E.E.Salisbury 1875-1901,Seth H. Mosley 1877-1909, Edward E.Atwater 1878-87,William L. Bradley 1878-1904,Burton Mallory 1878-79,E.M.Reed 1878-92,William Gale 1879-82,S.H.Bronson,MD 1880-81,William H.Carmalt,MD 1880-1920,21-28,Daniel C.Eaton 1880-91,W.B. Fenn 1880-90,William Franklin 1880-81,Morris F. Tyler 1880-1908,Henry W. Farnam 1881-1933,Timothy H.Bishop 1882-84,87-1907,Thomas Hooker 1882-1936 **New Haven Hospital 1884-1944:** F.E.Beckwith 1884-1907,E.H. Jenkins 1886-1919,Eli Whitney, Jr. 1887-1919, 22-24, Joseph Porter 1888-1909,J.K.Thatcher 1890-92,Nathan Easterbrook,Jr. 1891-1907,Henry F. English 1891-1947, P.N. Welch 1891-1909,L.H.Bristol 1892-1911,J.D.Dewell 1892-1907,W.E.Downes 1892-1904,S.D.Gilbert 1893-1911, W.G.Daggett 1896-1911,C.R.Palmer 1896-1914,H.E.Smith 1896-1914,Charles E.Curtis 1897-1912,C.E.Graves 1897-1906,W.W. Hawkes,MD 1899-1926,A.P. Stokes,Jr. 1902-21, Frederick M.Adler 1904-46,H.G.Day 1904-19, Henry C.White 1905-14, Frederick G.Hotchkiss 1906-21,George Blumer, MD 1907-43, F.F. Brewster 1907-20,Thomas W. Farnam 1907-42,Bruce Fenn 1907-25, Leonard C.Sanford,MD 1907-32, Rutherford Trowbridge 1908-19, Victor M. Tyler 1908-10,J.E.Heaton 1910-19,Samuel Hemingway 1910-20, W.A.Spalding 1910-12, Henry W. Ring 1911-21, W.F.Verdi,MD 1911-57,Isaac Wolfe 1911-38, Henry L.Galpin 1912-61,Edward G.Buckland 1915-20,J.M.Flint 1915-21, F.J.Rice 1915-18,Louis E.Stoddard 1915-34,V.M. Tyler 1915-20,George Parmly Day 1916-50,James T. Moran 1919-37,Isaac M.Ullman 1919-30,Hiram Bingham 1920-25,Mrs.Edward G.Buckland 1920-42,Mrs.H.A.Bumstead 1920-22,Mrs.James T. Greenway 1920-21, Fred T. Murphy, MD 1920-41, John E.Otterson 1920-27,Edwin P.Root 1920-38,Winchester Bennett 1921-44,Stephen Whitney 1921-30, Frederick H.Wiggin 1921-61,Milton C.Winternitz, MD 1921-51,James C.Greenway, MD 1922-37,D.Spencer Berger 1924-62,Gourdin Y. Gaillard 1924-33,Clarence Blakeslee 1926-47, Lewis H.Bronson 1926-62,Murray Sargent 1926-35, Frederick D.Grave 1929-63,Harry C.Knight 1929-49, John J.McKeon 1929-48,George W. Berger 1931-61,George S.Hawley 1931-60,Milton J. Warner 1932-47,William B. Gumbart 1933-58,Carlos F. Stoddard,Jr. 1934-61,Stanhope Bayne-Jones,MD 1935-45,Wilbur G.Hoye 1937-63,Orville F.Rogers,MD 1937-58,Arthur B. Clarke 1939-57,Stanley Daggett 1942-62,Harry W.Dorigan 1942-53,Mrs.Samuel C.Harvey 1942-61,Henry Ware Jones 1942-61,Carl A.Lohmann 1942-46,Ogden D.Miller 1942-45, Charles E.Rolfe 1942-60,**Grace-New Haven Community Hospital 1945-1964:** George F.Barnes 1945-59,Roland M.Bixler 1945-65,Thomas I.S.Boak 1945-50,Milton P.Bradley 1945-62,Mrs.Edith Valet Cook 1945-62,Robert J.Hodge 1945-56,Israel J.Hofman 1945-63,Frederic E.Hudson 1945-62, Wallace C.Hutton 1945-62,Leslie H.Jockmus 1945-58,Robert E. Judd 1945-65,Harry B. Kennedy 1945-51,F.Thatcher Lane 1945-62,Carl A.Lohman 1945-46,G.Vincent

Maconi 1945-63,Edward E.Minor 1945-53, Robert L.Munger 1945-48,Robert E.Ramsay 1945-64, George S.Stevenson 1945-61,Edgar Tullock 1945-61,Abraham S. Ullman 1945-63,G.Harold Welch 1945-68, Charles A.Williams 1945-61,William C.Celentano 1946-63,George B. Darling,MD 1946-61,A.Bryan Clark 1947-63,Louis L.Hemingway 1947-60,J.Dwight Dana 1948-51,Philip H.English 1948-61,A.Rosario Giaimo 1949-53, Frederick W. Loeser 1949-62,Robert R.Savitt 1949-62,Paul M.Zorn 1949-65,Daniel J.Adley 1950-56, Peter J.Berry 1950-59, Franklin Farrell,III 1950-62,64-69,Richard S.Jackson 1950-60,James S. Johnson 1950-61,Donato Maisano 1950-60,Charles Oppe 1950-61, Lucius S.Rowe 1950-57,James A.Shanley 1950-61,Richard M.Thalheimer 1950-66,Arnon D.Thomas 1950-66,Raynham Townshend 1950-66,Stanley S. Trotman 1950-73,Spencer M. Berger 1952-63,Charles H. Costello 1952-71,Carl G. Freese 1952-64,Herbert S.MacDonald 1952-61, Joseph S.Miller 1952-63,Spencer F.Miller 1952-71,Berton E.Rogers 1952-53,Louis M.Rosenbluth 1952-57, Joseph A.Schiavone 1952-61,William R.Shaffer 1952-53, Henry H.Townshend,Jr. 1952-62,Merritt D.Vanderbilt 1952-65,James E.Wheeler 1952-54, John W. Barclay 1953-62, Frank S.Brainard 1953-61, Henry P. Brightwell 1953-62, Walter W. Bronson,II 1953-61,Charles A.Cahn 1953-62,Lewis E.Caplan 1953-68,H.Wick Chambers,Jr. 1953-64,Robert N.Giaimo 1953-63,Reuben A.Holden 1953-62,65-70,Thomas Hooker 1953-63,H.Everton Hosley, Jr. 1953-64,Daniel W. Kops 1953-72,Ellis C.Maxcy 1953-63,Rollin G.Osterweis 1953-59,Philip Paoella 1953-61,68-69,Robert S.Reigeluth 1953-66,Thomas H.Russell,MD 1953-62,Samuel Botwinik 1954-55, John B. English 1954-64,Herman B. Giese 1954-66,James F.McClelland 1954-60,Robbins H.Miller 1954-63,Wilbert C.Schade 1954-55,Thomas T.Amatruda 1955-61,James W. Cooper 1955-57, John I.Ely 1955-61,William Horowitz 1955-61,William M.Hurley 1955-61,Richard C.Lee 1955-63,Mrs.Robert M.Lewis 1955-58,William A.Thomson,Jr. 1956-74,Richard H.Edwards,Jr. 1957-59,Louis Sachs 1957-63,Theodore D.Shapleigh 1957-63,Boyd M.Smith 1957-63,Mrs.Angus N.Gordon,Jr. 1958-77, John S.Hathaway,MD 1958-61,Morris Tyler 1958-64,Mary B.Arnstein 1961-64,72-83, John M.C.Betts 1964-76, Frank G.Chadwick,Jr. 1964-70,Robert I.Metcalf 1964-73,Mrs. John F.Tarrant 1964-67 **Yale-New Haven Hospital 1965-present:** Edwin F.Blair 1965-67,Kingman Brewster, Jr. 1965-77,Charles S.Gage 1965-72,Caryl P.Haskins 1965-66,Charles H. Taylor, Jr. 1965-75, Frank O.H.Williams 1965-68, John E.Ecklund 1966-78,James H.Gilbert 1966-75,Lionel S.Jackson 1966-72, Frank Kenna,Jr. 1966-72, William B. Horowitz 1967-73, John Q.Tilson 1967-79,Mrs. M.Scott Welch 1967-70,William B. Ramsey 1968-74, G. Harold Welch, Jr. 1968-77, Louis Goodwin 1969-73, Henry E.Parker 1969-75, Jean Adnopoz 1970-85, Richard H. Bowerman 1970-81,Albert B. Fitt 1970-75,Milton P.DeVane 1971-79,Leo F. Stanley 1971-73,Henry Chauncey, Jr. 1972-88,Harry D. Jefferys 1972-75,C.Newton Schenck,III 1972-83, Charles E. Woods 1972-75,Earle E.Jacobs,Jr. 1973-81,Ernest L.Osborne 1973-77,Mrs.Lawton G.Sargent,Jr. 1973-76,Stanley R.Cullen 1974-79,Abbot H.Davis,Jr. 1974-79,James C.Lamberti 1974-86,Hon. Jose A.Cabranes 1975-79,83-87,Hannah Holborn Gray 1975-78,Paul H. Johnson 1975-82,Robert E.Lapides 1975-81,Edward White,Jr. 1975-83,Walter L.Wise,Jr. 1975-78,H.Patricia Gesner 1976-78,Robert N.Schmalz 1976-85,Hugh L.Dwyer, MD 1977-83,DeLaney Kiphuth 1977-79,Rev. Timothy A. Meehan 1977-89,Samuel O.Thier, MD 1977-85,Susan Crosby 1978-80,A.Bartlett Giamatti 1978-86,Abraham S.Goldstein 1978-79, John M.Henske 1978-83,Lawrence K.Pickett,MD 1978-82,C.Thomas Smith 1978-91, Jerald L. Stevens 1978-82, Josef S.Adler 1979-86,Wallace Barnes 1979-86,Charles K.Bockelman 1979-81,Cornell Scott 1979-86, F.Patrick McFadden,Jr. 1980-92,Alice Poole 1980-89,Rev.Wayne Shuttee 1980-82,William C.Brainard 1981-86, Walter J.Connolly, Jr. 1981-83,Herbert H. Pearce 1981-85,Hon.Ellen A. Peters 1981-85, Audrey M.Sargent 1981-88, John A.Wilkinson 1981-87, John E. Fenn,MD 1982-93,Marilyn M.Zolot 1982-84, John W. Buckman 1983-87, Walter H.Monteith,Jr. 1983-,Dr. Richard M. Turner, III 1983-85, Elizabeth O. Fearon 1984,Norwick R.Goodspeed 1984-93,Stanley R.Lavietes,MD 1984-90,Julia M.McNamara 1984-,Alan L.Schiff 1984-89, Joseph A.Zaccagnino 1984-,Richard G.Bell 1985-,James J. Fischer, MD 1985-91,Robert M. Kuhn 1985-87,Dr. Carol T. Schreiber 1985-91,Carol N.Theodore 1985-91,Michael J.Adanti 1986-90,Jeanne J.Hogan 1986-92,Gerald A.Lamb 1986-90,Marvin K.Lender 1986-,Barbara B. Millar 1986-87,94-95,William D.Nordhaus 1986-87,Benno C.Schmidt,Jr. 1986-92,George N.Edwards,Jr. 1987-91,Elizabeth Hollingsworth 1987-89,Leon E.Rosenberg,MD 1987-91,Sheila W. Wellington 1987-93,Richard B. Lightfoot 1988-94,Richard F.Schneller 1988-91, Frank M.Turner 1988-92,Janet T. Hammond 1989-91, Frank D.Rich,Jr. 1989-95,Mary Lou Winnick 1989-98,Harris J.Ashton 1990-96,Andrew J.Graham,MD 1990-99,Jack E.McGregor 1990-94,J.Richard Munro 1990-,Martha M. Shattuck 1990-98,Paul G. Barash,MD 1991-94, Robert M. Geier 1991-94,Flemming L. Norcott,Jr. 1991-97,Marjan Wackers 1991-94,Susan Whetstone 1991-93, Gerard N.Burrow, MD 1992-97, Joseph R.Crespo 1992-,Marcial Cuevas 1992-,Robert A.Haversat 1992-,Howard R.Lamar 1992-93,Judith Rodin 1992-94,Richard Grossi 1993-98,Richard C.Levin 1993-,Linda Koch Lorimer 1993-, Marna Borgstrom 1994-,Rev.Theodore L.Brooks 1994-,Edwin C.Cadman,MD 1994-99,Richard L.Edelson,MD 1994-,Eileen S.Kraus 1994-,Joseph P.Mullinix 1994-,James A.Thomas 1994-,Stephanie Jatlow 1995-97, John L.Lahey 1995-99, Jonathan Bush 1996-,R.Nelson Griebel 1997-99,Barbara Loucks 1997-99, Henry K.Yaggi,III 1997-,David A. Kessler, MD 1997-,Patricia B. Sweet 1998-,Bernard A. Pellegrino,Sr. 1998-,Annie Garcia Kaplan 1999-

On the birth of the new millennium, we enter a new decade, century and millennium of medicine. One thousand years ago, the treatment of disease was still coupled with magic and superstition. One hundred years ago, modern medicine was starting to come into its own, with the X-ray providing the first non-invasive glimpse inside the human body. Today we access information about illness on the Internet.

Yet one thing has remained constant in the delivery of health care throughout all these eras: the one-to-one relationship of a caregiver to a patient. At the turn of the millennium, this remains true and we at Yale-New Haven Hospital celebrate that fact.

This Annual Report, the second in a trilogy leading up to our 175th

anniversary in 2001, honors **those who have advanced health care**. We salute the caregivers and patients, teachers and students, dreamers, scientists and inventors. The people who have realized, built and carried on the important business of care giving are what Yale-New Haven Hospital is about. We are proud of our part in the health care story and proud of those who have advanced health care. These people span our 174-year history, standing on the shoulders of those who came before them. Noah (top right), the first baby born at YNHH this millennium, symbolizes our future.

Last year, we looked at the advances in technology and medicine over the century. This year, we look at some of the people who have made those advances possible. Next year, we celebrate our 175th anniversary.



New Haven Hospital maternity nurses, early 1900s

"The vision to see that things can be done better, the conviction that comes with confidence in the correctness and value of what one is doing, and a strength of spirit that overcomes the inertia of long established custom — these are the ingredients without which the work cannot be accomplished. While genius is sometimes a factor, it avails little without doggedness, common sense and the simple wish to help the sick or injured."

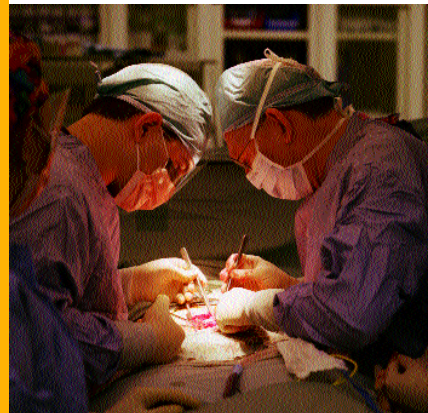
Sherwin B. Nuland, M.D.

Honorary physician, YNHH Department of Surgery Time, 1997, Vol. 150 No. 19

Medical Crossroads

Advanced medicine is most likely to be found at hospitals and medical centers which are constantly pushing the boundaries of clinical research, new treatments and the highest standards of care. Yale-New Haven Hospital excels in the cooperation and cross-fertilization among many specialties and experts.

Effective multidisciplinary care is a necessity in dealing with the medical problems of elderly people, one of YNHH's specialties. Back in the 1970s, Yale-New Haven was one of the earliest hospitals to dedicate time, resources and attention to the needs of elderly people. YNHH opened its renowned Dorothy Adler Geriatric Assessment Center in 1988.



"Interest in geriatrics is increasing, quite simply, because the baby boomers, now well into middle age, are caring for their increasingly frail parents while facing their own aging," said Mary Tinetti, M.D. (top left) "While we still have much to learn, geriatricians, through the benefits of research and training, are better equipped to help older people age successfully than ever before."

But whether the patient is an octogenarian or a newborn, current advances in medicine offer quicker and more accurate diagnoses and earlier, more effective treatments. Both medicine and surgery have moved increasingly to the outpatient arena. Surgery, in particular, has become far less invasive than in the past, with smaller incisions, laparoscopic techniques, laser surgery, interventional radiology and miniaturization in medical equipment.

The result?

Less pain, smaller scars, a shorter hospital stay and quicker recovery.

(Right) Since the Middle Ages, the barber pole has been associated with surgery. In those days, bloodletting, then the most popular method of curing all ills, was one of the principal duties of the barber. The white spiral ribbon painted around the pole represents bandages; the red spiral represents blood.





Not Necessarily Doctors

Many who have advanced health care are neither doctors nor nurses. Thousands of people with diverse backgrounds, training and roles help support those who are injured or ill. They are often the silent partners — volunteers and town mothers and fathers or technicians and support staff who provide the daily details of the complex operation of a hospital.

One such partner was Joe Milici, who grew up in the shadow of the hospital. For over 60 years, he served as the hospital's barber, until his death in 1988. In 1949, he reminisced about some of his early experiences at the hospital.

"I remember when I first started as a "special call barber"[in 1925]. On more than one occasion I have given a poor beggar a shave for nothing, and from there have shaved and cut the hair of many fine gentlemen, some of whom are John Foster Dulles, John Coolidge, former governors of Connecticut Wilbur Cross, Raymond Baldwin and Charles A. Templeton, Governor Pinchot ... Dr. Harvey Cushing and many others.

I remember many incidents which are humorous to tell about now but which were not humorous at the time. On one occasion while I was shaving a patient, a nurse called for someone to come quick, a patient, Mr. M., was up on the fence and was threatening to jump, a drop of 30 feet, to the slate walk below. I left my patient and went to Mr. M. and pleaded with him not to jump — to reconsider, etc. For an answer, he kicked me in the nose. When I recovered my sight and equilibrium, I again pleaded with him. Somehow during the pleading scene, he lost his balance and started to fall ... onto the slate below.

Again, in his descent, I got kicked in the nose. He was unhurt but I was a bloody mess and ended up with a fractured nose and was taken to the emergency room in a wheelchair. After X-rays had been taken, Dr. Canfield put my nose back on where it belonged.

The next morning I not only had a banged up nose but two black shiners. I went back to finish the haircut I had started and found Mr. M. was in a fine state of health. He apologized and I accepted."

(Half-page, left) Hospitals are home to many unique care-givers, not all of them clinical. Joe Milici served patients and staff with devotion for 60 years as the hospital barber. Arrangements to get a haircut in the hospital, receiving a get well card or a visit from a Golden Retriever ... sometimes it is the small personal touch that makes the difference in the day of a patient. Dorothy Pickett (below) has worked in the basement in the hospital mailroom for 30 years, supervising, sorting and sending some three million pieces of mail a year. "Some people think of it as just mail," said Dorothy. "We think of it differently. Every piece of mail in here is important to someone." Also behind-the-scenes are the people from the community who volunteer to serve on the hospital's board of trustees, such as Jonathan Knight (right). Knight (1789-1864) was one of the hospital founders and presidents as well as a donor, a doctor, professor and chairman of surgery. During the Civil War, the U.S. government leased the hospital and temporarily renamed it the Knight United States Army General Hospital.



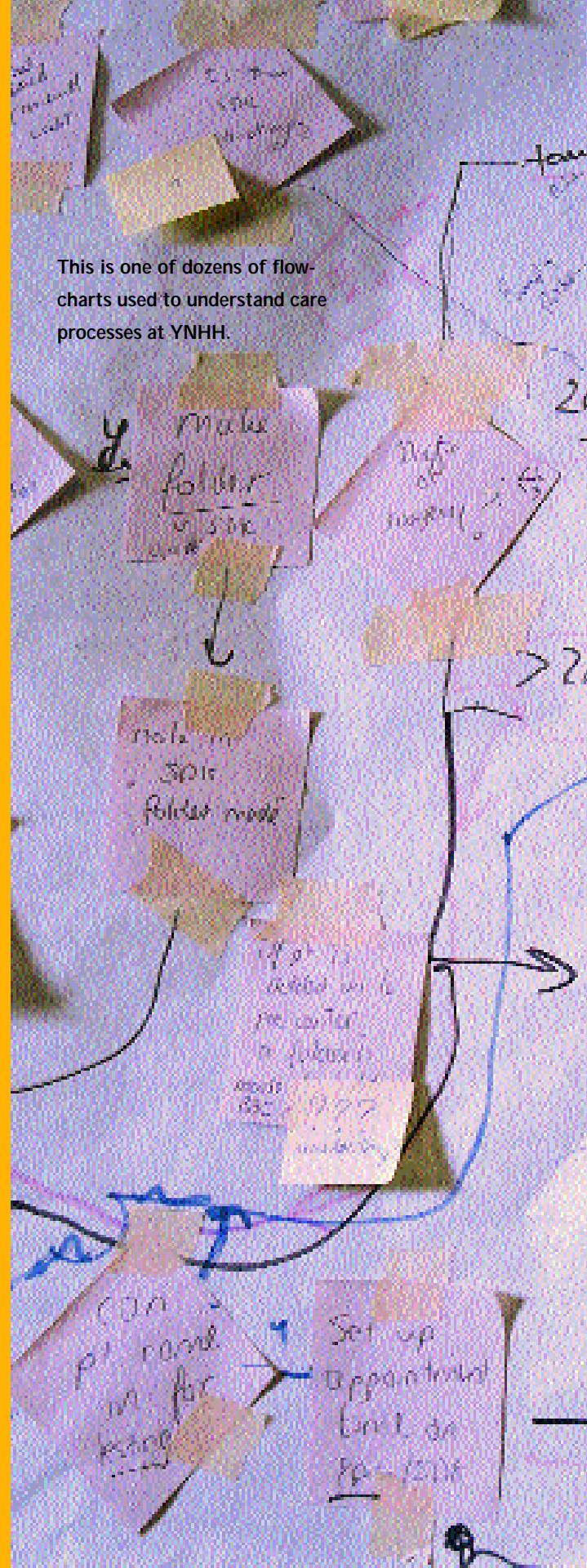
Inside pocket:
1999 Leadership Booklet
Board of Trustees
Comparative Statistics
Hospital Management
1999 Medical Staff Booklet
Medical Staff and Board
Yale Cancer Center

The Forefront of Medicine

People who are devoted to their careers love what they do. They would not do anything else. You find that a lot at Yale-New Haven Hospital. Talk to Dr. John Eleftheriades, chief of cardiac surgery at the Yale-New Haven Heart Center, for a moment and it is evident.

"There is something very special about the heart. My own personal belief is that the heart doesn't age. I have handled 4,000 of them, and I couldn't tell a 20-year-old heart from a 90-year-old heart. It beats twenty-four hours a day, every minute for a lifetime, but in the absence of organic disease from valves or arteries, it doesn't age. Every other skeletal muscle deteriorates with age, yet the pumping strength of even the aged heart is fully preserved. There is also something special about the environment at Yale-New Haven. We are in the forefront of nearly every advance, and we are always looking ahead."

Investigators at the Yale Cancer Center are looking ahead right now, studying the growth of cancer cells, the abnormal behavior of neoplastic cells, multi-disciplinary gene therapy and new treatments, among other things. Yale Cancer Center director Dr. Vincent DeVita (below), a former director of the National Cancer Institute, is well known for developing combination chemotherapy programs that led to effective cures for Hodgkin's disease and other types of cancer. His concept of drug combination techniques paved the way for many more. Yale continues to revolutionize the nature of chemotherapy, now seeking to also treat the viruses associated with cancer. Coincidentally, it was treatment of a patient with Hodgkin's disease that put New Haven Hospital on the map in 1942 as the first in the country to use chemotherapy.



This is one of dozens of flow-charts used to understand care processes at YNHH.



While "How?" was the question that drove a lot of past advances, today the question at Yale-New Haven Hospital is "How well?"

As the director of clinical quality improvement at YNHH, William Crede, M.D.,(above) answers that question every day. " Our charge is to reduce error in medicine, constantly and vigilantly," he explained.

"To improve outcomes, we must change the very processes which support patient care," he said. "In medicine we've relied on inspection to capture errors before a patient is harmed. It is much more efficient to have error-free processes which require less inspection. We are here to bring that goal into practice."

Unseen Visitors

In 1975, Yale rheumatologist Dr. Stephen E. Malawista (right) and his then first-year fellow Allen Steere identified and named Lyme Disease. Investigators at the Yale-New Haven Medical Center continue to lead the way in Lyme disease studies, including its diagnosis, treatment and development of the vaccine currently available for its prevention.



Yale-New Haven has never been afraid to tackle the difficult, the contagious or the “unpopular” diseases. The story of Michael Tassios (bottom right) demonstrates that. Michael was born in Greece around the turn of the last century, and admitted to New Haven Hospital with leprosy on Dec. 21, 1916, where he spent more than a year in secret isolation. In a brief collection of New Haven Hospital memories, compiled in 1949, Michael’s doctor, Arthur Bliss Dayton, M.D., outlined Michael’s story — not his official medical record, but the human story.

“In the early days of the 20th century, the world-wide ancient fear and horror of leprosy had been fanned to intense proportions ... When Michael was admitted, doctors realized the dangers of possible sensational publicity and instituted a regime of well-kept secrecy. I believe that no one outside the immediate hospital family knew about the case. In any event, there was no newspaper account of it. I snapped this picture of Michael Tassios in the spring of 1917, in the room to which he was confined in the isolation pavilion.”



In the first half of the 20th century, New Haven Hospital became a well-known site for the study and treatment of tuberculosis. Camp Happy Land (above), a camp created for tuberculosis-infected children or vulnerable children, met on the grounds of the William Wirt Winchester Hospital in West Haven (what is now the Veterans Administration Hospital) from the summer of 1911 through 1942.



Sixty-five years after Michael was admitted to New Haven Hospital, the first case of AIDS was diagnosed, triggering a similar reaction of fear and misinformation. YNHH opened the first AIDS clinic in the state in 1983 and continues to lead other health care providers and the community in the humane handling of a modern epidemic.

Yale and Yale-New Haven were pioneers in some of the early work in the successful fight to eradicate polio, one of the dramatic successes of the mid-20th century. Yale’s poliomyelitis unit was nationally known during the 1950s, and Dr. Dorothy Horstmann’s identification of the polio virus in the patient’s bloodstream provided evidence that a vaccine might be possible and that it could block the virus before it entered the central nervous system. Dr. Horstmann and Dr. John Rodman Paul were involved in developing and testing live vaccines against polio.

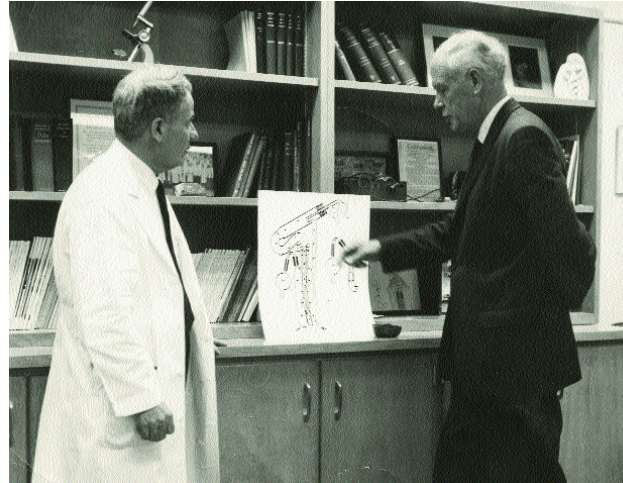
Inventors and Doctors

Yale-New Haven Hospital and the Yale School of Medicine have been home to many scientists,engineers and physicians who have actually developed new medical techniques,treatments and equipment — many of which would change the way the world practiced medicine and surgery. In the process of making their ideas three-dimensional,often inventors tackled similar projects independently and miles apart.Charles Lindberg and William Sewall were two such men.

For 25 years,two medical pumps,primitive by today's standards,were displayed in the same case at the Smithsonian Institution in Washington, D.C.The first was an organ perfusion pump developed by Charles Lindberg, an accomplished engineer and the most famous pilot of all time.Lindberg, whose sister-in-law had severe mitral valve disease,thought it might be feasible to construct a temporary mechanical heart pump that would enable doctors to surgically correct her mitral valve. Toward this end,in the early 1930s,Lindberg consulted with and was persuaded by Dr. Alexis Carrel at the

Rockefeller Institute to design and construct a pump for Carrel's organ perfusion experiments.

The second pump in the display case was the type of pump Lindberg had envisioned,one that could substitute temporarily for the pumping action of the heart.But it would not be built for about 15 years,long after his sister-in-law succumbed to heart disease.This pump was the prototype of the modern ventricular assist device,in essence,a mechanical heart,developed in 1949 by William H.Sewall,Jr.,a third-year medical student at Yale,and successfully applied to animals in the laboratory with the collaboration of Dr. William W.L.Glenn.



In 1965, while visiting Yale, Charles Lindberg explained to Dr. William Glenn how the organ perfusion pump he built for Alexis Carrel worked.

Dr. Richard Edelson,YNHH chief of dermatology, developed an innovative treatment known as photopheresis, which has been used to treat cutaneous T cell lymphoma,scleroderma and graft vs.host disease in transplant patients,and is being studied for other diseases.Because of its affect on the body's immune system,photopheresis is a useful post-exposure cancer vaccine.



Clancy (below), who foreshadowed the titanic effect of computerization in health care, was one of those who advanced medicine at Yale-New Haven. Clancy, also affectionately called "R2D2" and "Rodion's Robot," was a small robot built in 1980 by Dr. Rodion Rathbone and colleagues,Dr. Stephen Wardlaw, Victor Russo and Philip Surh. For five years Clancy motored about the hallways of laboratory medicine, delivering patients'specimens and samples to the various labs for testing.Lab medicine doctors Wardlaw and Robert Levine would go on to invent the QBC test for malaria (quantitative buffy coat analysis),now the most widely used method of hematological analysis in physicians'offices world-wide. Later Wardlaw and Rathbone co-invented the malaria microscope adaptor which helped bring QBC to remote parts of the world.



New vaccines and medicines ...operations without blood ...cloning of human cells and proteins ...the human genome project ...the ways to diagnose and treat disease have become limitless.

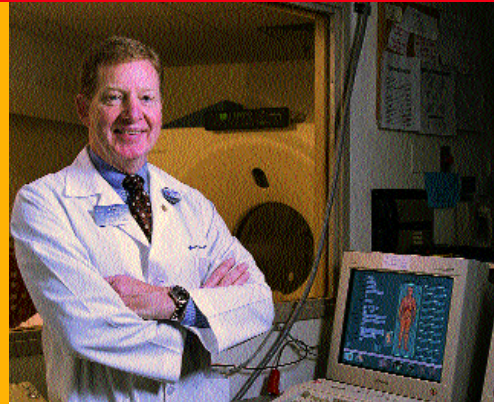
Penicillin, another great achievement of the 20th century, first proved its value to the world at New Haven Hospital in 1942. How that story unfolded was characteristic of how the overlapping fields of interest and connections between people at a place like YNHH could bring about extraordinary results.

A local obstetrician/gynecologist, Dr. Orvan Hess, was a catalyst in that first use of penicillin. He recounts his experience in March 1942. "My associate Dr. A. Nowell Creadick, asked me to go see Mrs. Miller in the isolation unit of New Haven Hospital. Anne Miller was one of our obstetrical patients, pregnant with her fourth child when she contracted scarlet fever from her youngest son and suffered a miscarriage, subsequently developing an overwhelming bloodstream streptococcus infection. Doctors had done everything possible, both surgically and medically. I went to see her and knew she was dying.

"From the hospital I went to the Graduate Club to see her internist, Dr. John Bumstead. I discovered he was upstairs in the library where he had fallen asleep reading a newspaper. While I was waiting for him to wake up, I passed the time reading the latest Reader's Digest, in which there was an article called "Germ-Killers from the Earth" about the use of a soil bacteria to kill streptococcal infection in animals.

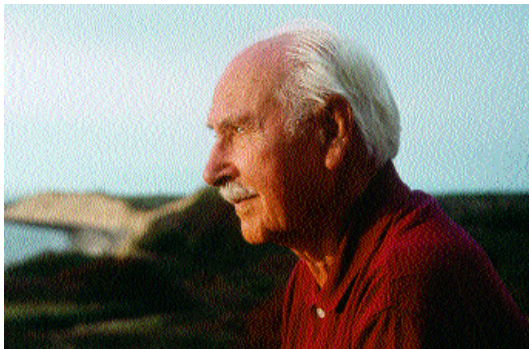
"When I spoke to Dr. Bumstead, I asked if anything more could be done for Mrs. Miller, and I said, 'Wouldn't it be wonderful if we had something like this gramacidin mentioned in the Reader's Digest? This suggestion prompted Dr. Bumstead to talk with his neighbor, John Fulton, a professor of physiology at the Yale School of Medicine who used to work in England with Howard Florey, a researcher studying penicillin. Dr. Bumstead asked Fulton if he could contact Florey and possibly obtain some of the scarce penicillin. Fulton agreed and Anne Miller received her first injection on March 14, 1942. By the next day, her fever had broken."

(Below) In addition to delivering hundreds of babies in New Haven for more than 50 years, Dr. Orvan Hess also helped usher in the renaissance of "natural childbirth," in the late 1940s, for which New Haven Hospital became nationally known. He is also credited for his work in developing the fetal heart monitor in 1957. But few know of a key role he played in the first clinical use of penicillin in 1942. (Below right) Mrs. Ogden Miller, the first patient to receive a clinical dose of penicillin in the United States, met Sir Alexander Fleming, the discoverer of penicillin, at Yale in 1942.



"Imaging is at the top of the list of the 20th century's major accomplishments," said McClennan. "The CAT scanner is right up there, alongside penicillin."

"In the past century, advances in radiology have had a profound impact on the way we practice medicine," said Bruce McClennan, M.D. (above), YNHH chief of radiology. "The borders between imaging and intervention are blurring. Interventional radiologists are the equivalents of the general surgeons of yesterday — they not only diagnose but treat with catheters and balloons."



The Other Front Door

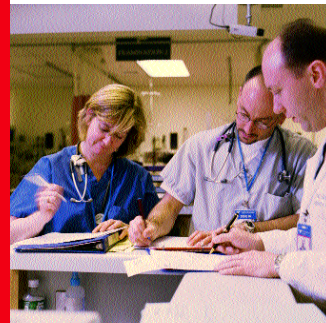


There is little glamour in the emergency room. Yet millions of viewers tune in to “ER” every Thursday night to follow the travails of the underpaid and overworked but caring staff at County General Hospital. Anthony Edwards plays Dr. Mark Greene, Eriq La Salle is Dr. Peter Benton and Julianna Margulies is nurse Carol Hathaway. They make life-and-death decisions every day. Sirens wail, monitors beep and heart beats are heard.

In Yale-New Haven Hospital’s emergency department, those same sirens wail, the same monitors beep and the same heart beats are heard. Brendan Blakeslee, R.N., Pam Perry, M.D., Gloria Ammons, Norris Morgan, Heidi Hanson, Andy Meiman and the others are cast as themselves.

“In real time, the emergency room is tough, fast paced and often ugly,” said ED nurse director Bertie Chuong, R.N. (bottom right) “Blood is spilled and lives are saved and lost. There is an air of tension, chaos and raw emotion. There can be long waits and split second decisions. Triage drives the entire place. Triage, a process which developed to prioritize battlefield casualties, is how the patients, the staff and the resources are sorted out and classified according to severity and need. And the numbers are increasing.”

“But,” she added, “If we have heroes today, you can find them in our emergency room.”



“ The hospital emergency department has evolved to a major diagnostic center concept where patients are investigated in a much more comprehensive manner than two decades ago. This requires collaboration with other departments. As a result, at YNHH we have a remarkable diagnostic imaging capability available 24 hours daily; excellent clinical laboratory support; superb consultation from clinical departments, social services and religious ministries; and special units such as crisis intervention, trauma, urgent care, chest pain observation and pediatric emergency department. This allows increased accuracy in identifying and defining patients’ problems and responding to them. The challenge has become doing all of this efficiently so that the emergency department does not crowd.”

Dr. John Schriver (bottom left)
Director, Emergency Department

Mind and Body

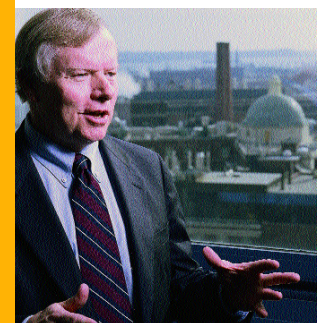
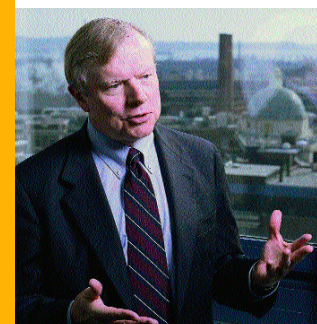
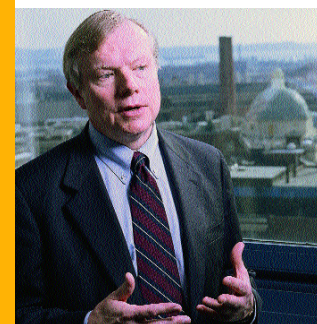
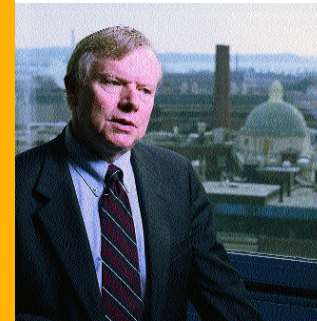
Spirituality and prayer have always played a role in medicine, and the next millennium looks to continue this connection, as well as more understanding of the mind-body relationship, the value of religion, relaxation and alternative techniques to supplement traditional medicine.

While YNHH is not a religiously affiliated organization, the hospital recognizes the role of faith and religion in the healing process. The interfaith department of religious ministries offers pastoral care and education, counseling and support to patients, families and staff, and collaboration with area churches and synagogues.

"We look at our patients as whole people, and spirituality is part of the whole," said Reverend Susan Asher (right). "Chaplains help people draw upon their own spiritual resources to bring healing and wholeness. We provide opportunities for people to integrate present life experiences into their faith understandings. We also provide opportunities for people to practice the rituals of their faith."



Supporting the care-givers was one of the prime motivations in creating an Employee Assistance Program in 1979. Well over 5,000 YNHH employees and family members have received help, counseling, referral and direction in solving some of their work or personal problems — ultimately enabling them to provide better care to patients. In addition, a social work department helps patients and families deal with emotional, financial and logistical worries during hospitalization and discharge planning.



Yale-New Haven Hospital has a long tradition of helping those who suffer from mental illness, and was one of the first general hospitals in the country to open an inpatient psychiatric unit in the 1960s. Since the beginning, YNHH's psychiatric services, which consistently receive high national rankings, have promoted family involvement. Yale-New Haven is also recognized for helping patients deal with the psychiatric and emotional impact of medical illness and serious injury.

In the past 10 years, YNHH psychiatric services have become particularly well-known for two areas of sub-specialization: geriatric psychiatry and complex pharmacologic management.

"Our psychiatric services are well respected and nationally known for the overall quality of care, accurate diagnoses, effective treatments, rapid intervention and most importantly, good outcomes," said Dr. J. Craig Nelson, (left) director of inpatient services.

"We have excellent inpatient services for both adults and children, an outpatient clinic and an off-site partial hospital program, as well as psychiatric consultation services available to all hospitalized patients and a crisis intervention unit in the emergency department."

Nurses

"Nurses have always been the heart of the hospital. Over the years, nursing has been a maturing profession, wrestling with educational and licensing issues, salaries, scheduling, image and recognition, as well as shortages.

The general public probably does not really understand the role of a nurse today, nor the amount of education and training required. There is nothing romantic about being a nurse; it is physically and emotionally demanding. It is hard to quantify the essence of nursing because some of it is in the compassion that comes from understanding. But much of what it takes to be a nurse requires knowledge of systems, theory, technology, pharmaceuticals, family dynamics, communication and teaching, to name just a few.



The millennium seems like a rebirth, a whole new time. Imagine being alive and full of energy at the turn of the century! It is a marker for us all, both in thinking about the future and determining its direction as much as possible. I like to close my eyes and dream at times ... what does the future hold for us? What will it look like?

I know where we wish to be; I oftentimes can see it. I have written on the future role of the nurse; one impacted by explosions in information technology and new ways of coordinating care across the continuum. I also know where we have been and I know we really do not want to go back there. Much of what has occurred in health care in the last five to seven years can be viewed as positive. But the real environment in which that care is delivered is as good as it can be; always considering safe practice and staff satisfaction.

Nurses will always be the heart of the hospital."

Sue Fitzsimons, R.N., Ph.D.

Senior Vice President of Patient Services

compromised and feeling poorly. They need to make decisions, cope with unfamiliar emotions, and worry about their loved ones worrying about them.

No one likes to be a patient. But it's amazing how much grace and gratitude they can summon, how much understanding and courage they can muster in their crusade to health. They, even more than the nurse, the doctor, the researcher, the inventor and the administrator, help advance health care. With their pain and their illness, their permission and their acceptance, their willingness to do almost anything and try almost everything to preserve or restore their health.

Sometimes, that permission is given for another. When Chelsea Russell (right) was born on July 31, 1988, everything seemed normal. But when she was six months old, she was rushed to Yale-New Haven Hospital with a rare, life-threatening enzyme deficiency. Doctors at YNHH were willing to try an unproven combination of medications and vitamins to help Chelsea survive. Her parents agreed, and today, 11 years later, it's still working. "We don't know what Chelsea's future will bring," said her father, "but we do know that Chelsea has lived to learn what love is."

Patients

The patient is the reason for being for the nurse, the doctor, the researcher, the inventor and the administrator. The reason for the ambulance, the laboratory, the clinic and the hospital.

There are no two alike. They come from many towns and backgrounds. They have different illnesses and injuries. Their lives, their jobs and their families have been dramatically affected by their illness, injury and hospitalization.

Patients may be the most vulnerable people in the world. Often afraid, alone or prone, they must fight off an illness or recover from an injury at a time when they are most



On May 27, 1999, one of Yale-New Haven Hospital's former patients, Anne Shaeffer Miller (center) died at her home in Connecticut at the age of 90. Her obituary ran in the New York Times, because her death was remarkable. Actually it was her life that was remarkable. Anne Miller was expected to die in March 1942, but she made medical history as the first patient ever saved by penicillin, after being in New Haven Hospital for 26 days with a temperature as high as 107 degrees from a streptococcal infection. The experiment which saved her life could not have been made without her permission.

The Smallest Patients

While Yale-New Haven Hospital officially opened a children’s hospital in 1995,its concern for children’s health goes back to colonial times.During the 1800s,most physicians shied away from treating children because of lack of medical training,high mortality rates and children’s inability to communi- cate verbally. But as a new physician in 19th century New Haven,Dr. Eli Ives was often asked to tend to sick infants and children.

Not only did Dr. Ives treat children,he studied them,wrote about them and taught others how to care for them.In fact,Dr. Ives,who was also one of the founding fathers of the General Hospital Society of Connecticut (which would later become Yale-New Haven Hospital),developed the nation’s first formal lectures on children’s diseases at the Yale School of Medicine.He presented these lectures to an estimated 1,500 Yale medical students for nearly 40 years between 1813 and 1852.

Dr. Howard Pearson, who firstdiscovered and later published the Ives’lectures, said,“A large number of the physicians who trained at Yale-New Haven went on to become luminaries in American pediatrics.” As far back as 1975, Dr. Pearson articulated the need for a distinct children’s hospital at YNH.

Howard A. Pearson,M.D.,while nationally known for his many accomplish- ments,including as a pediatric historian and as a past president of the American Academy of Pediatrics,most often answers to the name “Doc.” He picked up that name at camp — he has been the medical director of Paul Newman’s Hole In the Wall Gang Camp since it opened in 1986.A professor of pediatrics at Yale University, in the 1960s he became the first full-time pediatric hematologist/oncologist in the state.Shortly after, he founded the hospital’s sickle cell screening program for newborns,which went on to become a national model.He was chief of pediatrics at Yale-New Haven Hospital for more than a decade and he may be one of the few living people to have identified two new diseases.

When Michael Salzo (bottom right),pictured at Wooster Square, was born in 1921, multiple births were rare.His mother gave birth to the first quadru- plets in New Haven,at home and assisted by a mid- wife and Dr. Harry Conti.She named the babies (upper right), for dignitaries — Everett Lake Salzo (after the governor of Connecticut), Warren Harding Salzo (after the President of the United States), Sylvester Z. Poli Salzo (after New Haven’s theater magnate) and Geraldine Fitzgerald Salzo (for the mayor of New Haven). Their photos appeared on local postcards and for 18 months,the Salzo quads were famous. Unfortunately, at the age of 18 months, the four were admitted to New Haven Hospital with measles. Three of the quads died with in three days, but Michael (nee Everett Lake) survived after being moved to another ward.At that time, there were no vaccinations for the often deadly childhood illnesses such as measles,mumps, rubella, diphtheria,tetanus and pertussis.

Courtesy of New Haven Colony Historical Society



Another distinguished doctor associated with the Children’s Hospital is Dr. Babar (left), the creation of children’s author and illustrator Laurent de Brunhoff. In addition to serving as the mascot of the Friends of the Children’s Hospital, a life-size Dr. Babar guards the Children’s Hospital lobby, a gift of the Lego® Corporation of Enfield.





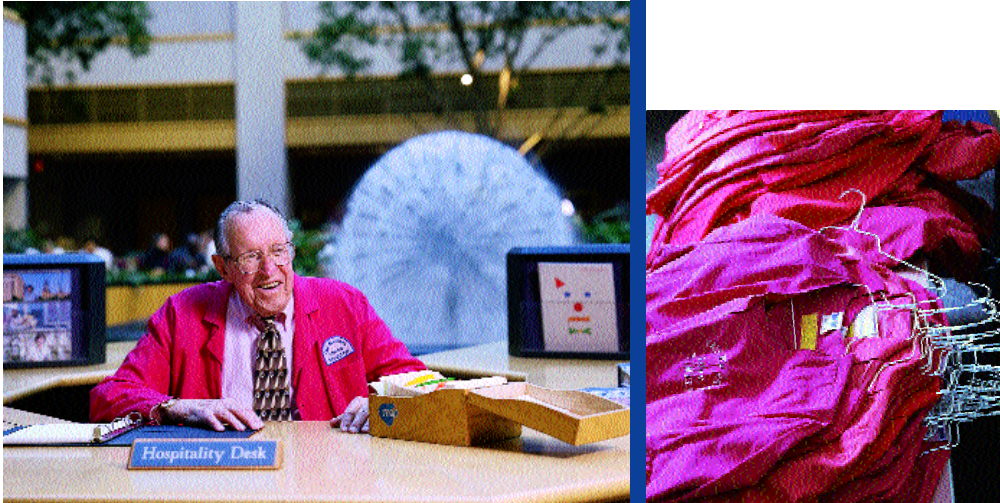
Those Who Give

“May I help you?”

To a lost visitor or a worried patient, those kind but simple words can mean a life buoy. As a hospital volunteer, Charlie McClure (right) can’t count the numbers of times he has asked that question. He has given almost 20 years of his life to Yale-New Haven Hospital. Hundreds of volunteers like Charlie enrich the lives of patients and families with their contributions and their caring.

Other influential volunteers have been those men and women who have served on the hospital’s board of trustees, acting as stewards of the organization and guiding its future for the generations to come. The names of every individual who has ever served on the hospital’s board of trustees, plus the leaders of those boards, are listed on the end papers of this report.

Thousands of others — people in the community — play a role in advancing health care with their financial contributions which support research, patient care and new medical equipment and technology. These philanthropic individuals have been the mainstay of the organization since its founding in 1826. One of those was Sarah Winchester who created a fund for the treatment of tuberculosis at New Haven Hospital in 1909.



Sarah Pardee Winchester lost her husband William to tuberculosis at the age of 43. Sarah, the heir to the Winchester Repeating Arms Company in New Haven, used part of her inheritance from the “Gun that Won the West” to create the William Wirt Winchester Fund in memory of her husband. Her gift helped countless people with TB and today, 77 years after her death, continues to help patients with respiratory diseases at Yale-New Haven Hospital.

According to ancient Japanese lore, the crane is a symbol of peace and hope, good health and good luck. Sadako, a 12-year-old girl who had leukemia as a result of radiation from the bombing of Hiroshima, folded 1,000 paper cranes so that the gods would grant her wish and make her well again. In that spirit, a gift of a 1,000 paper cranes made by school children from the Elisabeth Morrow School in Englewood, New Jersey were given to the sick children here in 1993 and are displayed on the second floor of the Yale-New Haven Children’s Hospital.

The hospital Auxiliary provides a staunch source of support, raising health awareness, donating time and gifts and promoting the hospital in the community. Ann Walker, an Auxilian who volunteers in the Atrium Gift Shop, selects a flower arrangement.



Inside pocket:
1999 Donor Booklet

*The vision to see that things can be done better, the conviction that comes
with confidence in the correctness and value of what one is doing ...
these are the ingredients without which the work cannot be accomplished.*

These words of Dr. Sherwin Nuland, an esteemed member of Yale-New Haven Hospital's (YNHH) medical staff and internationally recognized author, eloquently express the theme of the Hospital's 1999 Annual Report, entitled, *Those Who Have Advanced Health Care*. The words also reflect the guiding principles which brought YNHH another successful year. Achieving excellence in health care depends upon the commitment, the capability, the effectiveness and the vision of many people.

The last year of the 20th century was positive yet challenging for Yale-New Haven Hospital, as hospitals in Connecticut and throughout the country faced a variety of environmental and regulatory influences. During 1999 YNHH continued to focus on improving clinical and service quality, expanding and enhancing services and managing costs. These goals were highly compatible with the Hospital's founding missions of advancing patient care, broad educational and clinical research missions and community service.

YNHH pursued its 1999 mission-driven initiatives in a very challenging environment. Several key forces influenced health care, including turmoil within the managed care industry, continued governmental underpayments for Medicare and Medicaid and increasingly well-informed and engaged consumers.

Over the next five years, the 1997 federal Balanced Budget Act's reductions in Medicare reimbursement will result in YNHH receiving \$96 million less in payments to care for Medicare patients. Because of these difficult environmental and regulatory pressures, the financial health of hospitals around the country deteriorated during 1999. By remaining focused on those areas which distinguish its mission, and as a result of diligent planning and execution of a multi-year expense management plan, Yale-New Haven Hospital was able to continue to provide needed health services and meet its financial goals.

Clinical and Service Quality

The quality of care delivered remained the Hospital's highest priority. This year an updated quality improvement plan was implemented and a newly chartered quality leadership group oversaw clinical quality, service improvement, patient satisfaction and regulatory compliance. A hospital-wide customer service initiative worked to improve patient, family, physician and employee satisfaction.

A key step was a customer service training program for managers and other staff. Simultaneously, a cleanliness program was undertaken and cleanliness scores on patient satisfaction surveys increased over the past year.

This year marked the triennial visit by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). After a review in September, JCAHO summarized its findings with laudatory comments about the patient care and facilities at YNHH, a score of 94 and full 3-year accreditation. Of particular note, the Hospital's adult psychiatric day program, which is surveyed separately, received a near-perfect score of 99.

The Center for Outcomes Research and Evaluation (CORE) continued to fulfill a unique role in supporting the measurement of clinical performance. This year CORE helped the pediatric cardiology quality council reduce the length of stay for cardiac surgery, and collaborated with the cardiac surgery quality council to improve outcomes for coronary artery bypass patients.

Advancing Patient Care

YNHH's key successes this year related to the Hospital's deep commitment to patient care services. In keeping with YNHH's vision to be the hospital of choice for patients and physicians, many enhancements were made to patient services, clinical programs and technology. For example, YNHH improved the level of and access to cardiac services and diagnostic imaging by adding new technology and resources, expanding hours of operation, and creating a new radiology recovery unit to meet physician and patient needs.

In much the same way that the Yale-New Haven Children's Hospital has addressed the comprehensive medical needs of children, including inpatient, outpatient and special services, this year YNHH integrated all pediatric and adult cardiology and cardiothoracic surgery services. The Yale-New Haven Heart Center will make prevention, education, diagnosis, treatment and surgery a unified, seamless and satisfying experience for patients and families. A similar plan is under evaluation for cancer services, senior services and women's services.

The non-clinical services which support patients and visitors received equal attention, as YNHH continued to meet family needs by devoting time and resources to the services and amenities which enhance the hospital experience. YNHH implemented a new policy to provide special equipment and services to deaf and hard of hearing patients. A new family liaison program was created, staffed by volunteers who assist family members waiting for loved ones in surgery.



(l-r) Richard G. Bell, Chair of the Board; Marna P. Borgstrom, Executive Vice President and COO; and Joseph A. Zaccagnino, President and CEO

Chairmen of the Board, The General Hospital Society of Connecticut: The following individuals have served as chairmen of the Board of the General Hospital Society of Connecticut and its successor organizations: State Hospital, Knight United States Army General Hospital, State Hospital, New Haven Hospital, Grace-New Haven Community Hospital and Yale-New Haven Hospital. 1827-32 William Leffingwell, Esq.; 1832-33 Honorable Simeon Baldwin; 1833-41 Nathan Peck, Esq.; 1841-42 Honorable W. W. Boardman; 1842-65 Jonathan W. Knight, MD; 1866-71 Honorable W. W. Boardman; 1872-80 E. H. Bishop, MD; 1880-84 Honorable Francis Wayland; 1884-87 Honorable James E. English; 1887-1901 Honorable Samuel E. Merwin; 1901-18 Honorable Eli Whitney; 1918-21 William H. Carmalt, MD; 1921-27 Henry W. Farnam, Esq; 1928-36 James T. Moran; 1936-44 Harry C. Knight; 1944-46 Frederick H. Wiggin, Esq.; 1946-50 D. Spencer Berger; 1950-60 George S. Stevenson; 1960-65 Paul M. Zorn; 1965-71 Charles Costello; 1971-73 James H. Gilbert; 1974-76 G. Harold Welch, Jr.; 1977-82 Richard H. Bowerman; 1982-84 C. Newton Schenck, III; 1984-89 F. Patrick McFadden, Jr.; 1989-92 Walter H. Monteith, Jr.; 1992-98 Julia M. McNamara; 1998-present Richard G. Bell

Chief Executive Officers of the General Hospital Society of Connecticut: The following individuals, under various titles — steward, superintendent, director, executive director, president and CEO — have directed what is known today as Yale-New Haven Hospital. 1832-36 William Storer; 1836-41 Amos Hill; 1841-47 Phineas T. Miller; 1847-60 William Merwin; 1860-61 Charles Ball; 1861-63 W. B. Watson; 1863-66 Birdsey C. Lahe; 1866-71 Joseph Colton-Steward; 1871-74 Douglas Fairchild; 1874-77 George M. White; 1878-79 Harvey E. Mosely; 1879-1904 John H. Starkweather; 1905-08 James R. Coddington; 1909-12 Harry T. Summersgill, MD; 1914-19 Simon F. Cox, MD; 1919-22 Harold W. Hersey, MD; 1922-26 Willard C. Rappleye, MD; 1926-37 Albert W. Buck; 1938-45 James A. Hamilton; 1946-67 Albert W. Snoke, MD; 1967-76 Charles B. Womer; 1977-91 C. Thomas Smith; 1991-present Joseph A. Zaccagnino

Yale New Haven Health System, founded in 1983: Chairmen of the Board: 1984-1993 C. Newton Schenck, III; 1993-present F. Patrick McFadden, Jr.
Presidents/CEOs: 1983-1991 C. Thomas Smith; 1991-present Joseph A. Zaccagnino

Because of the continued investment in the quality of service and patient care enhancements, YNHH remained the state’s largest patient care provider, serving 39,113 inpatients in 1999, or nearly 11 percent of all hospitalized Connecticut patients. Outpatient visits increased in the clinics, ambulatory surgery and interventional suites.

Advancing the Health of the Community

This year, YNHH provided approximately \$48 million dollars in care to the poor and the uninsured — \$23 million of free or uncompensated care and \$25 million to supplement the cost of care for Medicaid patients for which the state under-reimburses the Hospital. YNHH combined its talents and resources to enhance the lives of youth in the Greater New Haven area. YNHH opened two new school-based health centers this year and launched its first middle school partnership. YNHH and the Hill Regional Career Magnet High School celebrated the tenth anniversary of their partnership.

The Hospital participated in numerous programs to help improve community health. For example, YNHH was involved in America’s Promise, which provides at-risk youths with access to the resources needed to lead healthy and productive lives. YNHH is in its third year of a commitment to the Greater New Haven Partnership for a Healthy Community, a collaborative effort to promote healthier lifestyles and improve the quality of life for people within the 13-town Greater New Haven area. YNHH joined its partners, including Yale University, the City of New Haven, the Hill Development Corporation and others, in a housing rehabilitation project in the Hill neighborhood.

Against this background, Yale-New Haven Hospital’s overall performance in 1999 was positive, as the Hospital continued to focus on excellence in care and service; ongoing investments in key clinical programs and services; and financial performance which will support YNHH’s need to invest in new patient-focused initiatives, despite continuing pressures raised by declining payments from payers.

Value Added by YNHHS

In 1999, at a time when only eight Connecticut hospitals remain free-standing, unaffiliated organizations, YNHH’s investment in and support of the Yale New Haven Health System (YNHHS) continued to produce inpatient benefits and shared expertise to assist the Hospital in meeting the health care needs of the community. The Yale New Haven Health System continued to work closely with

Yale-New Haven Hospital to facilitate the delivery of high quality, cost-effective health care for the region.

In an effort to enhance access to services for consumers, physicians and employers, YNHHS approved the development of the Yale New Haven Health Call Center. The former YNHH Physician Referral Service and Physician Access Line were merged into this new call center, which includes physician referral; automated and web-based health information on over 1,500 topics, including a parent’s advice line in English and Spanish and a women’s advice line; and information on hospital programs, classes and services. The Call Center is a key point of access to information about both the Hospital and the Health System.

A new Health System affiliation agreement with Yale University/Yale School of Medicine (Yale/YSM) creates the opportunity for mutual alignment of medical education, clinical program development and managed care contracting. It also establishes a special fund that provides time-limited support to initiate new clinical programs to benefit patients and the community.

Yale-New Haven Hospital also benefited from its relationship with YNHHS in the area of enhanced managed care services. As part of its senior service line, the System developed a supplemental Medicare plan, Yale New Haven Health Senior Assurance, that offers an attractive alternative to Medicare managed care. In addition to Westerly Hospital, Norwalk Hospital joined YNHHS as a network participant in 1999, strengthening the Managed Care Network in Fairfield County.

YNHHS generated cost savings for YNHH and its other members through coordinated services and programs. Two major System initiatives in 1999 were the implementation of an enhanced billing and admitting system, and the centralization of supply purchasing for Yale-New Haven, Bridgeport and Greenwich Hospitals and their affiliates. In addition, patient referrals to YNHH from the Bridgeport and Greenwich areas increased as a result of enhanced relationships.

1999 was another successful year for Yale-New Haven Hospital, and the Hospital continued to demonstrate its value to patients from Connecticut and beyond. With the guidance and support of the Board of Trustees, management leadership and the quality and dedication of the medical staff and employees, YNHH, in conjunction with YNHHS, was able to continue its 173-year-old commitment to its multiple missions of advanced patient care, teaching, clinical research and community service. With this support for the year 2000, YNHH moves forward well prepared to face the challenges and opportunities ahead in the new millennium.

Yale-New Haven Hospital’s 1999 Annual Report is published by the Office of Marketing + Communications, Telephone (203) 688-2488. <http://www.ynhh.org>

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Concept and Design: Nuhn Design
Photography: Jim Fiora, Barbara Cole Kirk, Rob Lisak, Frank Poole, David Yakoubian
Archival photos: p. 1, 3, 5 YNHH Archives: p. 6 courtesy of Dr. William Glenn; p. 7 AP/ Wide World Photos; p. 12 courtesy of New Haven Historical Society
Printing: MagnaPrint

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Creating Healthcare Advancements

For a technological or scientific medical breakthrough truly to qualify as an *advancement* in health care, it must reach the broad population of patients that it can help. We at Yale-New Haven Hospital have a proud tradition of providing this accessibility to all who need it, regardless of the individual patient's financial resources. To accomplish this, we have relied on the generous philanthropic support of thousands of donors, large and small, who have made possible the final step in the transformation of theory to applied treatment. They can stand proudly as part of the team that has created significant improvements in the health of our community.

The future promises even greater medical improvements, and Yale-New Haven Hospital is poised to develop them into practical applications for our patients. We will, therefore, have an even greater need for those who, through their generosity, participate in creating new advancements in healthcare for all. Please join us in this effort. It will enable us and ennoble you.

Frank Estes, LL.B., Director of Development

Yale-New Haven Hospital Office of Development

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