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The new hospital— built for care

This is the new Strong Memorial Hospital.

In this supplement to UPSTATE, we discuss many of the things that make up Strong Memorial Hospital, both new things and old.

You'll find much about this Hospital that is new. Its bright walls and striking designs will help you find your way as well as please your eyes. It has new services, and its existing services will be improved after the new Hospital opens.

Basic things have not changed, though. Our excellent care is one of those that has not.

Please come visit us. Get to know us before you need us.

Here's your opportunity to get to know Strong before you need it. We'll tell you as much as we can about us in this supplement, but we'll show you a whole lot more when you come and look for yourself.

We will have an "Open Hospital" next Sunday, February 9, from noon to 4 p.m. Please come to visit us—see for yourself all the facilities and services.

We're proud of the new Hospital, and we hope you will share our pride.



University— Medical Center— Hospital

Strong Memorial Hospital is one of three major units of the University of Rochester Medical Center. The School of Medicine and Dentistry and the School of Nursing are the other two.

Five other hospitals in Rochester (The Genesee Hospital, Highland Hospital, Monroe Community Hospital, Rochester General Hospital, and St. Mary's Hospital) are affiliates of the School of Medicine and Dentistry and participate in the education of medical students. The six hospitals cooperate in the training of interns and residents in several specialties.

Strong Memorial, however, is owned and operated by the University of Rochester.



Strong Memorial Hospital is grateful to the advertisers who made the publication of this special supplement possible.

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A full circle of care

There are 29 in-patient units, comprising 697 beds (of which 590 will open initially; 107 inpatient & psychiatric beds are not moving, but will continue to be provided in their present location), in the new hospital. Most of the units have a radial design.

Radial patient units

Closer contact between staff and patients is the significant advantage of the radial design. Patients feel more secure, nurses are able to observe patients directly at all times, and other features of these units save staff time and effort and allow better service for the patient.

Twenty-four patients, equal numbers in the 12 single and six double rooms, will be cared for in each of the 21 typical patient units.

A single hallway provides access to the unit. There are four single bed rooms located along the hallway. Also along the hallway are separate "clean" and "soiled" utility rooms for storage of linens supplies, and equipment.

A charting room along this corridor is provided for staff consultation and for nurses and physicians to record observations and treatment plans for patients. Other service rooms include an office and a medication room—where cassettes containing the unit dose medications are stored.

Dominating the physical facilities of the unit is the patient-care center where facilities are arranged to provide a compact but flexible work area. From the desk at the front of the center, the patient unit secretary has a clear view of the unit's corridors and most patient rooms.

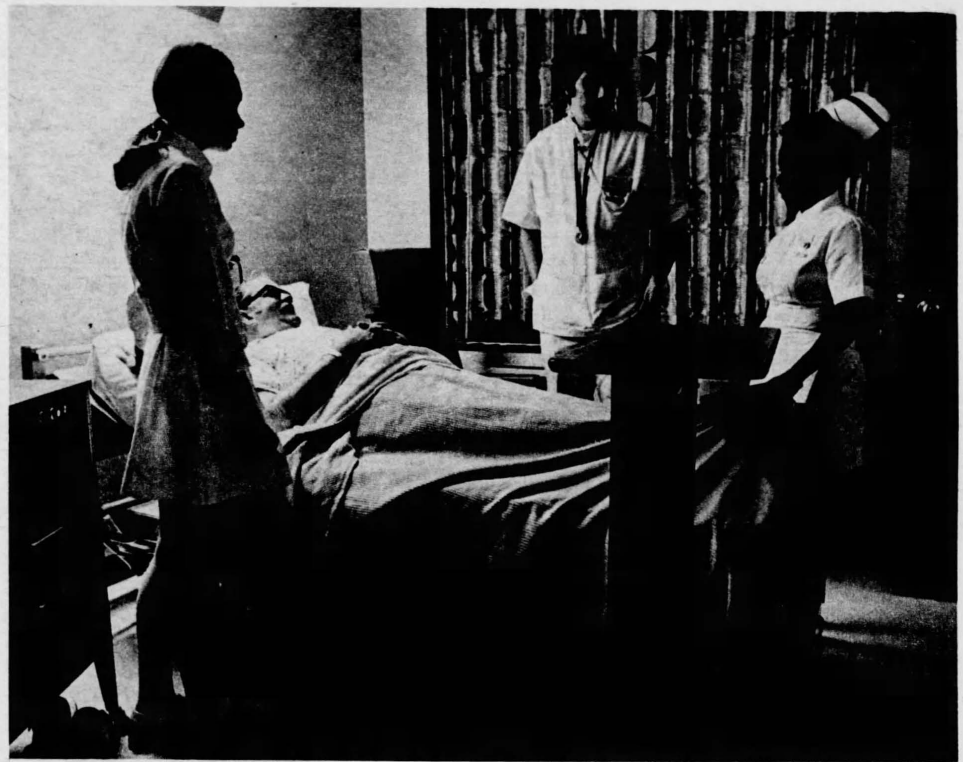
At the back of the patient care center is the food service station, comprising a refrigerator, microwave oven, sink, storage cabinets and counter space. Here hot food is heated in the microwave oven, and hot beverages and freshly-made toast are added to the patients' trays before being served at the bedside.

Bedside services

Wall-mounted color televisions are installed in all patient rooms—two in semi-private rooms. Controls for the television are located on the bedside cabinet. A special attachment will bring these controls to the patient who cannot reach the cabinet. A pillow speaker will also be available.

Telephones will be located on all bedside cabinets. Callers must call 275-2121 to be connected with the patient; patients may dial direct.

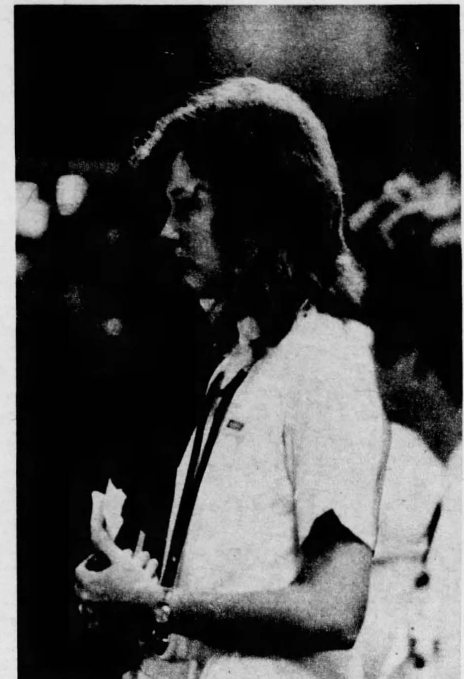
A service charge is made for the use of televisions and telephone; and for long distance calls.



Art for the hospital

Through the efforts of the Strong Memorial Hospital Art Council and friends in the local community, an exciting art program is being planned for the new hospital. The Art Council hopes to enhance the physical surroundings of an already attractive building so that all interior areas will reflect the personalized care and atmosphere of warmth that are traditions at Strong.

Original pieces of artwork—including paintings, sculpture, weavings and prints—are now being sought for public areas and patient rooms. Special programs are being designed for the pediatrics and rehabilitation units. Employees will be involved through a staff art show to be featured next fall. Rotating exhibits of Indian Artifacts representative of the Upstate New York tribes will be displayed in the House of the Six Nations. The variety of art will provide a pleasant respite for patients, visitors and hospital staff.



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Special problems need special care

Intensive care for critically ill or injured patients will be provided in the newborn intensive care, surgical and medical intensive care, burn and plastic, and pediatric intensive care units.

Severely burned patients require acute crisis care and face a long rehabilitation. Strong's burn service is well known for its excellence and in the new hospital, has a separate nine-bed unit to permit the highest level of care and attention throughout the long healing process.

The burn unit has its own specially equipped operating room, a room for hydrotherapy, and an internal "clean" corridor. Strict isolation techniques will guard against infections.

Intensive care is needed for many of the babies born at Strong and other area hospitals. Some are premature, others have serious congenital defects, some have infections, and all, having special problems, need the level of care and attention provided in the special-care nursery. There are three sections: a 12-bassinet neonatal intensive care section, an eight-bassinet "suspect" section for babies suspected of having a contagious disease or infection, and a 20-bassinet section for premature babies.

A five-bed unit on one of the pediatric units will provide an intensive level of care for young patients, allowing them to be cared for in a setting designed to treat their unique problems, fears, and reactions and to be with patients their own age.

Two intensive care units will permit the maximum level of care to adult medical and surgical patients. Each is divided into four sections, and each section has its own nursing station. Each unit is



also provided with special equipment to supplement this level of care. In addition to the compressed air, oxygen and vacuum supplies through wall outlets to all patient rooms in the hospital, for example, these intensive care units are also supplied with built-in connections to permit monitoring of blood pressure, heartbeat and other vital signs. In some cases, telemetric monitoring will allow patients to move about unhindered by a series of wires.

The medical intensive care unit's four sections include two for coronary care patients, with a combined total of seven beds; one five-bed section for respiratory care patients; and a four-bed section for patients in transition between intensive care and the conventional level of care provided on most patient units.

Each of the surgical unit's four sections has four patient beds. In addition, there are two single bedrooms in this unit. As in the medical unit, one section is designed for patients in transition to the conventional level of care.

Another specialized unit is the rehabilitation unit, which contains physical and occupational therapy facilities and designed to assist physically disabled patients in recovery and adaptation. Patient rooms on this unit are larger, and three are equipped with hoists to assist in the movement of paralyzed or immobilized patients.



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Some important Strong Memorial Hospital telephone numbers

Patient Information	275-2181
General Information	275-2121
Emergency Department	275-4551
Admitting Office	275-2271
Business Office	275-3351
Cardiology Clinical Group	275-2861
	(or 275-2222)
Chaplains' Office	275-2222
Community Mental Health Center	275-3068
Directors' Offices	275-2644
Internal Medicine Group	275-3795
Medical Records	275-2605
Nursing Practice	275-3371
Orthopaedics	275-2784
Outpatient Registration	275-2812
Patient Telephones	275-2121
Personnel-Employment	275-2091
Pharmacy	275-2681
Physical Therapy	275-3261

Private Offices

Medicine	275-2695
Neurology	275-2541
Obstetrics and Gynecology	275-2691
Orthopaedics	275-
Pediatrics	275-2821
Surgery	275-2691

Psychiatry

Information	275-3535
Emergency	275-4501
Outpatient	275-3535
Community Mental Health Center	275-3068

Public Relations	275-3676
Radiation Therapy Center	275-2171
Radiology (x-ray)	275-2611
Rehabilitation	275-3271
Social Work Service	275-2851
University Health Service	275-2662
Volunteer Services	275-2420

Outpatient Departments

Information and Registration	275-2812
Adelina Ritter Shumway Dental Clinic	275-2824
Adolescent	275-2962
Albert Conrad Snell Center for Ophthalmology	275-3251
Dental	275-2824
Developmental Disorders	275-2986
Diagnostic (see "Private Offices")	
Ear, Nose and Throat	275-2502
Eye	275-3251
Internal Medicine	275-3303
Learning Disorders	275-4650
Muscular Dystrophy	275-2971
Obstetrical and Gynecology	275-2827
Orthopaedics	275-2492
Pediatric	275-2821
Psychiatry	275-3535
Speech Therapy	275-3271
Surgery	275-3386
Urology	275-2485



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How to get there

The main entrance to the new hospital is off Elmwood Avenue, with a new, 450-space parking area along the entrance drive. The main entrance is covered, and the sidewalk leading to it is heated to prevent snow accumulation.

Convenient new parking facilities and a new entrance will relieve the traffic and parking congestion of the past few years along Crittenden Boulevard.

The main entrance will be used for all patients—including inpatients and outpatients and visitors. Inpatients will be discharged through the convenient entrance located on the north side of the hospital.

Front door service

Bus service to the hospital will be provided to a bus stop in front of the new hospital, at the same times now provided to the entrance on Crittenden Boulevard. The sidewalk from the bus stop to the main entrance will be heated as required during the winter months to prevent ice and snow accumulation.

Bus lines to the hospital are:

#19 Plymouth to Strong

#5 South to Strong



Whenever you need us

The Emergency Department will remain in the present location on Crittenden Boulevard, twenty-four hours a day, seven days a week.

In early spring, work will begin on a new facility for emergency services in space reserved for it on the ground floor on the south side of the new hospital.

Named the Frank and Caroline Gannett Emergency Center, construction of this modern facility has been made possible through the generosity of Mrs. Frank E. Gannett, widow of the founder of the Gannett Newspapers, and the Frank E. Gannett Newspaper Foundation, Inc.



When are you going to move?

Everyone wants to know—when will Strong Memorial move into the new hospital?

The answer is—we already are. In mid-December, we began to put supplies in storerooms and on patient units. Our carpeting began in late November, and the other finishing touches we needed began as soon as the contractor turned over the ground floor to us in early November.

Before we move our patients in, all the services in the new hospital will be stocked and operational.

Then, all on one day in February, the patients will be transferred to their new rooms in the new hospital.

And patient care will continue.

Summary of services by floor

sub-basement: pneumatic tube control room, cart transport system base with washing station and storage area.

basement: surgical suites (16), surgical support facilities, medical records, anesthesiology, central sterile room, pharmacy, medical stores and equipment center, mechanical equipment.

ground floor: x-ray department, dietary department, heart and chest unit, clinical laboratories, surgery and obstetrics and gynecology outpatient departments, future emergency department.

first floor: main lobby and waiting room, House of the Six Nations (cafeteria), private dining rooms, housekeeping and dietary offices, dispensing pharmacy, information desk, page service, chaplain's offices, quiet rooms, cashier, business and administrative offices, admitting, out-patient registration, ophthalmology out-patient department, gift and snack shops, locker and lounge facilities.

second floor: labor and delivery rooms, mechanical equipment rooms, dentistry and urology outpatient departments.

third floor: gynecology and obstetrics patient units, newborn nurseries, medicine and neurology outpatient departments, special care nursery.

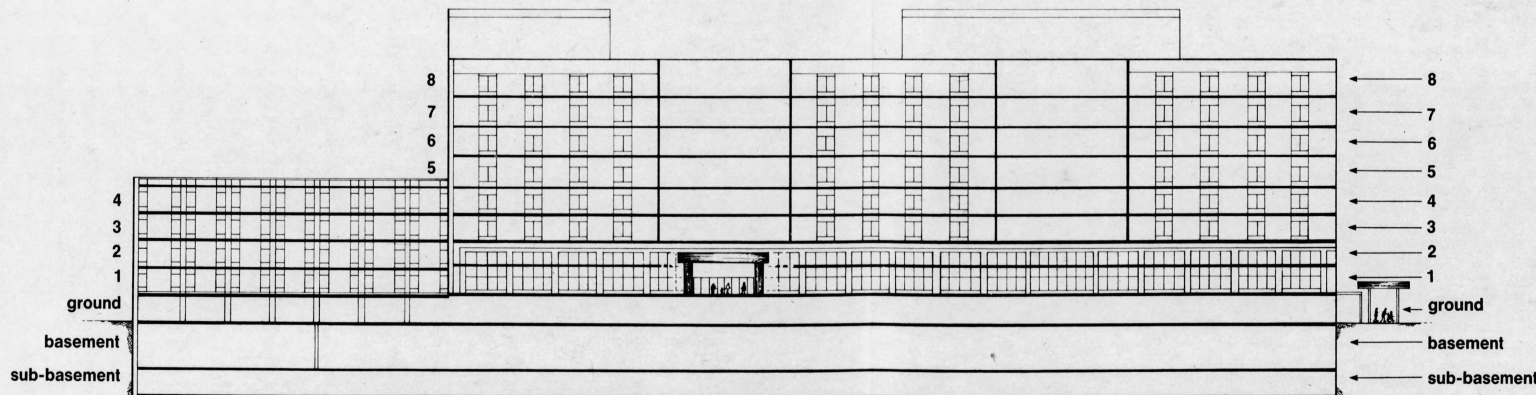
fourth floor: pediatric patient units, pediatric intensive care unit, pediatric outpatient department, play deck, clinical research center.

fifth floor: orthopaedics, neurosurgery, neurology, rehabilitation patient units.

sixth floor: surgery patient units.

seventh floor: medicine patient units.

eighth floor: medicine patient units, burn/plastic unit, medical and surgical intensive care units.



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Teaching the best care for patients

You may often hear Strong described as a "teaching hospital."

Teaching hospitals such as Strong Memorial serve three purposes: they provide excellent care, teach students (of medicine, nursing and related health fields), and pursue new knowledge in medicine and health care. These activities are intertwined and complementary. Working together and building upon each other, they mean many things to many people.

To the patient, Strong means a collection of the finest physicians and nurses.

To physicians and nurses, Strong means opportunities to practice their specialties in a setting where they see more patients and have far greater opportunity to improve their skills and study new techniques. This opportunity attracts the very best health care professionals.

To students of medicine, nursing and related fields, Strong means opportunity to learn from the most eminent teachers and to study the more complex diseases and injuries they might expect to see when they've completed their education and have full and more independent responsibility for the care of patients.

To the professionals Strong means, too, contact with these students, some of the best graduates of our country's colleges. Students who stimulate and challenge the teacher. And, Strong means an opportunity to do active research, learning more about diseases, studying new methods of treatment.

Teaching hospitals are not without their mutual responsibilities and obligations.

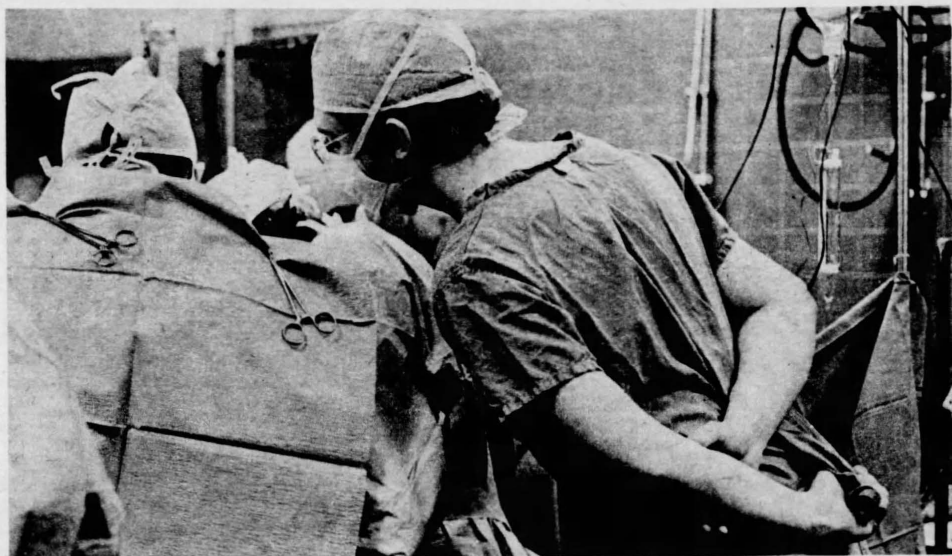
To patients, the right to the best care carries with it the obligation to participate in the teaching and research programs.

Investigators naturally have the responsibility of describing proposed research to patients and receiving their informed consent.

Teachers and students, too, are responsible for informing patients of their status and for receiving the patients' consent to participate in the teaching process.

What do we mean when we say, "Patients have the responsibility to participate in the teaching and research processes?"

Teaching: Strong is the principal teaching hospital in the Rochester area for medical and nursing students. Students accompany senior physicians and nurses when they visit patients, they examine patients themselves, and assist nurses, senior physicians and house staff in some procedures.



During the first two years of their training, medical students are rigorously schooled in the biochemical, biological, and psychological aspects of patient care. Nursing students too learn the basic information they will require before they begin to assist senior physicians in patient care. Both learn the biochemical and anatomical information upon which medical and nursing actions are based. They learn when a procedure should be used and when it should not. They learn how it should be done, and what happens when it is not done properly. Then they must get actual experience in doing it.

Only after this basic training is completed is the student allowed to visit patients with senior nurses and physicians. As their knowledge and skills increase, they become more involved in patient care.

And in fact, participation in this teaching process means more care for the patient in the teaching hospital.

Clinical research (research involving humans) is the final step in the careful process of providing patient care. Before a treatment—whether it be a drug, a series of drugs, or a method of treatment—can be recommended for use, it must be shown to be safe and effective.

Most cases of clinical research involve no risk to the patients. Where there is a risk, the patient is full informed of the risks and is given the opportunity to decide whether or not he wishes to participate.

Even before that, a committee of medical and nursing faculty, an administrator and the hospital chaplain will have reviewed the investigator's proposal and evaluated its usefulness to society, as well as its risk to patients. If you should ever have the opportunity to take part in research, we hope you will agree, and that you will help us study ways to help future patients as well as yourself.



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Stand-up care

More than 75,000 patients last year visited Strong Memorial as outpatients to use the wide range of outpatient services available.

Like the rest of the new hospital, waiting rooms and corridors in the new outpatient wing are carpeted and attractively furnished and decorated.

Central registration will start outpatients through a greatly streamlined service system designed to coordinate the patient's visits with other services in the building. The registration area is conveniently located very near the main entrance and the outpatient departments.

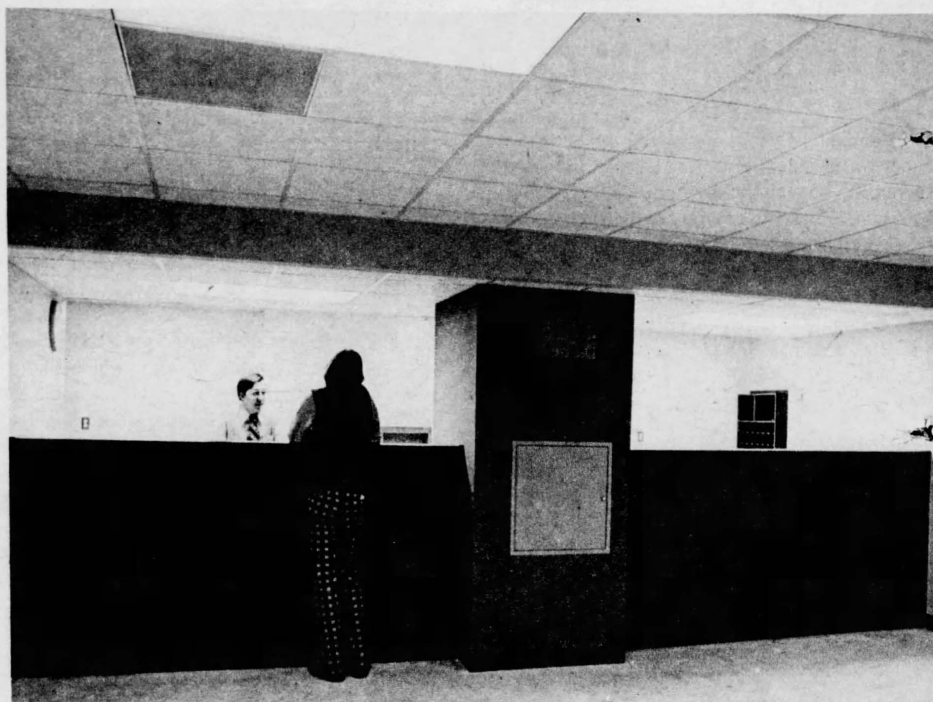
Within the outpatient departments are examination rooms, special-procedure rooms, small laboratories, conference rooms, offices, and specialized equipment to assist in the treatment of the patient.

All outpatient office areas in the new building are linked directly with the medical records department located in the basement of the outpatient wing. This will speed access to the patient's records as well as decrease the need for record storage by the department.

As an institution set up to help meet the health needs of our community, Strong Memorial is faced with a constant problem: how to provide the highest level of care in the most inexpensive, accessible manner possible — whether in the hospital or outside the hospital.

Although Rochester hospitals are not profit-making businesses, they still must have enough revenue to meet expenses and to modernize facilities, and to purchase necessary equipment. Empty beds, to some extent a result of increased emphasis on expanding ambulatory care facilities and of shorter hospital stays, can cost the hospital which institutes new services with the convenience and pocketbook of the patient in mind finds its own budget in trouble, for in providing more innovative outpatient facilities for patients, it is running up its total operating costs without necessarily improving its total income.

Still, as shown on these pages, Strong Memorial is vastly improving its facilities for treating patients on an outpatient basis.



Office care

Most of Strong Memorial Hospital's outpatient care is moving to the new hospital, where they will be located in a five-story wing on the south side of the building. Here, physicians, dentists, nurses and assisting staff will have attractive facilities for providing outpatient care services:

- obstetrics and gynecology
- surgery
- ophthalmology (in the Albert Conrad Snell Center for Ophthalmology)
- internal medicine
- pediatrics
- neurology
- urology
- dentistry (in the Adelina Ritter Shumway Dental Clinic)

Where are the services?

Almost all services, inpatient and outpatient, will be moving into the new hospital building.

Those few which remain in present space are:

- psychiatric inpatient and outpatient, including the Community Mental Health Center (visitors should continue to park opposite Wing R on Crittenden Boulevard)
- radiation therapy (entrance on Elmwood Avenue)
- Ear, Nose, and Throat Outpatient Department and audiology
- Orthopaedics Outpatient Department
- Univest Health Service (for students and staff)



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Supporting the patient care

Every day, literally tons of materials will be moved about the hospital. These materials vary from sterile supplies to linen, from food for inpatients to forms for records. And through most of their route, in the new hospital, they will be hidden from public view, out of corridors, out of the way.

There are two materials-handling systems in the new hospital: the American Chain and Cable Company automated cart transport system for bulk supplies and material, and a Lampson-Diebold tube system for small items.

Cart transport

Moving slowly — but quite surely — along 6,158 feet of monorails suspended from the ceilings in various areas of the building, nearly 200 carts will carry the many supplies needed by a busy hospital.

The carts are about five feet high and have wheels to allow them to roll along the floor when they have reached their destination at either end of a trip.

Carriers for the carts lift them and transport them along the track, into vertical conveyors, and to stations conveniently located near patient units and outpatient departments, as well as to other destinations such as the kitchen, cafeteria, linen supply, sterile supply, pharmacy, and general stores area.

Linen service carts, for example, are loaded with clean linen in the linen service area. When a cart is loaded, it is wheeled to the carrier on a special low transition track. The carrier has two dials on it which are set by the attendant to a coded "address" for the proper destination.

Then the cart begins its journey, moving automatically through switches, up and down vertical conveyors, around curves until it arrives at the intended location.

Many services will use this system. Among the service groups utilizing the systems are sterile, linen service, dietary, equipment center, and general stores.

Air tubes

At speeds of up to 35 miles per hour, a 15-inch long, 4-inch diameter plastic-and-metal cannister can speed forms, drugs, laboratory samples and reports from one area of the hospital to the other. The air tube system has 68 stations located through the new building to facilitate internal communication. Using a "search and certify" procedure, the Computaire system will not accept a carrier unless that carrier is certain to reach its intended destination.

The price of safety

Constant vigilance is not just the concern of the medical and nursing staffs of Strong Memorial. Surveillance against fire and against improper functioning of the systems in the Medical Center will be provided in the Engineering Maintenance Control Center of the new hospital.

Here, one operator, monitoring a computerized 8,000-terminal warning system, will be able to ensure maximum safety against fires, as well as the proper functioning of heating and refrigeration units, of fans, of motors and of other critical equipment in the hospital.

Most of these devices are monitored by the Powers 570, which notifies the operator if any device is triggered — goes into an "alarm" — and gives the operator a typed record of devices which have been triggered during a given period of time, and a log of alarms and actions taken by the operator to correct the problem indicated by the alarm.

Two integrated systems, fire and mechanical/electrical, are the basis of this Center.

Fire detectors, when "tripped," send alarms to the Control Center and to the Rochester Fire Bureau, automatically.

At the Control Center, the signal will have been displayed on the fire annunciator panel, which is really a series of maps indicating the exact location of the "tripped" alarm by a lighted bulb. Closed-circuit cameras scanning this panel will send an image to monitors located in the main entrance and the north entrance. Firemen entering the building

will be able to see the location of the fire by viewing this monitor.

Fireman will also have one elevator in the main elevator bank "dedicated" to their use — by using a special key, they will have full and immediate control of that elevator.

Another aspect of the fire-detection system is a relay arrangement. This provides for an automatic shutdown of ventilation and other systems which might feed the fire, hamper fire-fighting efforts, or spread smoke and dangerous fumes to other areas of the hospital. Fire doors throughout the building, held open under normal conditions by electromagnets, will close automatically as electricity is cut from the magnets whenever an alarm is activated, whether manually or automatically.

While much of the system is geared toward fire detection and fire control, the special considerations of the hospital and its services require additional monitoring, also a part of the Powers 570 system. Sensitive thermocouples capable of detecting changes in temperature and pressure, will monitor the supply and demand of air-handling systems, the pressure in supply lines for oxygen, clinical air, vacuum, nitrogen, and nitrous oxide. Even the pressure of the city water main supply is monitored, because a minimum pressure is critical to the proper functioning of such equipment as that in the eighth-floor intensive-care units and dialysis units.

Summaries of all devices in alarm status can be obtained at any time, as can reviews of the several systems into which the entire network is divided.

Financing the construction

The new hospital, as it stands on opening day, will have been built at a cost of about \$70 million.

It was designed by Ellerbe Architects, St. Paul, Minn., which adapted the radial patient unit design to the strict requirements of space and staffing patterns.

Construction of the building, by Huber, Hunt and Nichols, Inc., general contractor, cost \$49.8 million. Site preparation and foundation work has been completed under a separate contract at a cost of about \$3 million. The remainder is accounted for by necessary hospital equipment, architect's fees, financing costs and interest expense.

The Dormitory Authority of the State of New York is the principal source of financing for the new hospital and is technically the owner of the building until the cost is paid. The state body was the issuing authority for revenue bonds to be retired in 30 years, and the University of Rochester will become the owner at that time.

Additional financing is being provided by a U.S. Public Health Service grant and by gifts from the community obtained during the Rochester Hospitals Fund Drive of 1962 and the University's \$38 million campaign about five years ago.

Two elements not included in the construction have since been independently financed.

One is the emergency facility, the Frank and Caroline Gannett Emergency Center, scheduled for completion in early 1976. The present facility will remain in use until then. The new Center is being constructed and equipped through the generosity of Mrs. Frank Gannett, widow of the founder of Gannett Newspapers, and of the Frank E. Gannett Newspaper Foundation, Inc.

The other element is the clinical research center, which will move to its new location later this year. The Kresge Foundation's financial support was instrumental in constructing and equipping this essential facility.



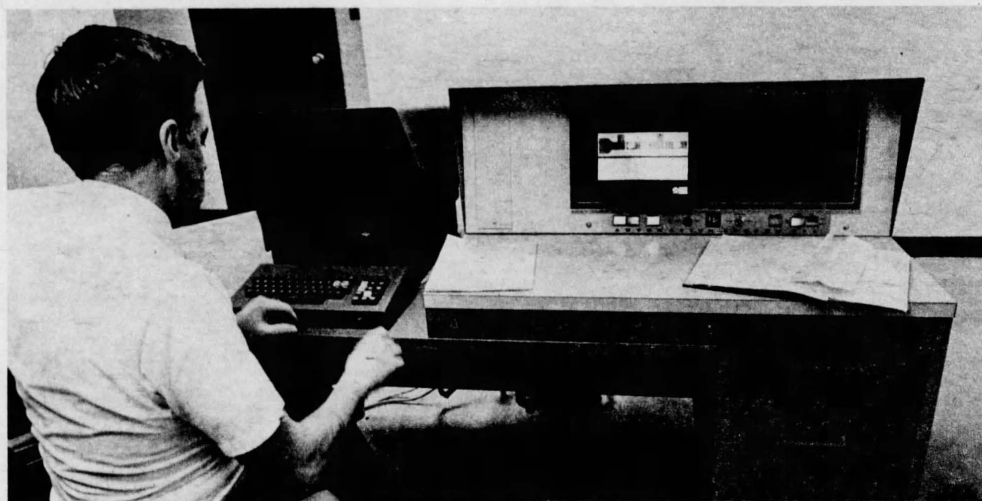
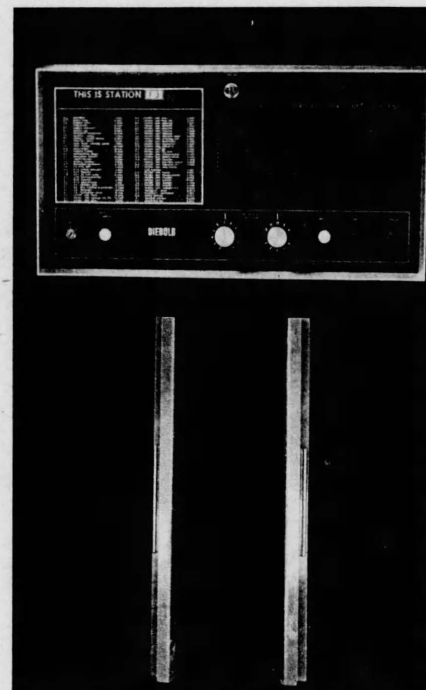
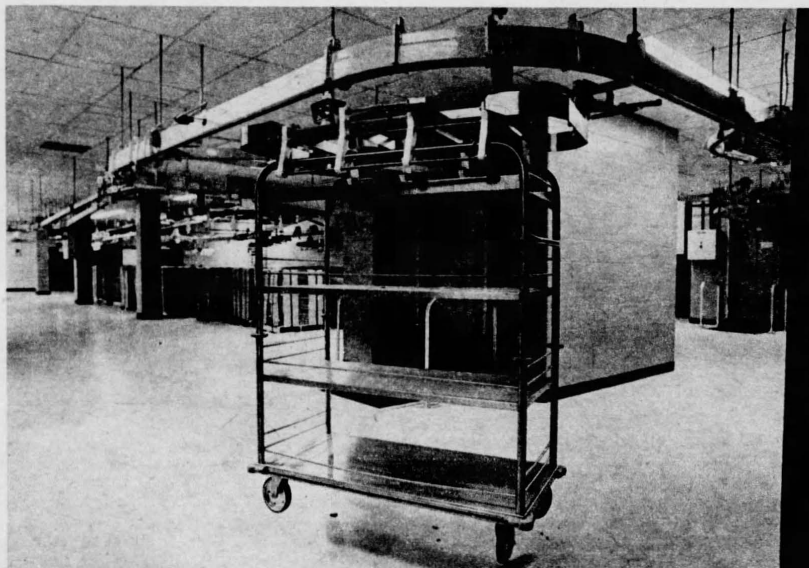
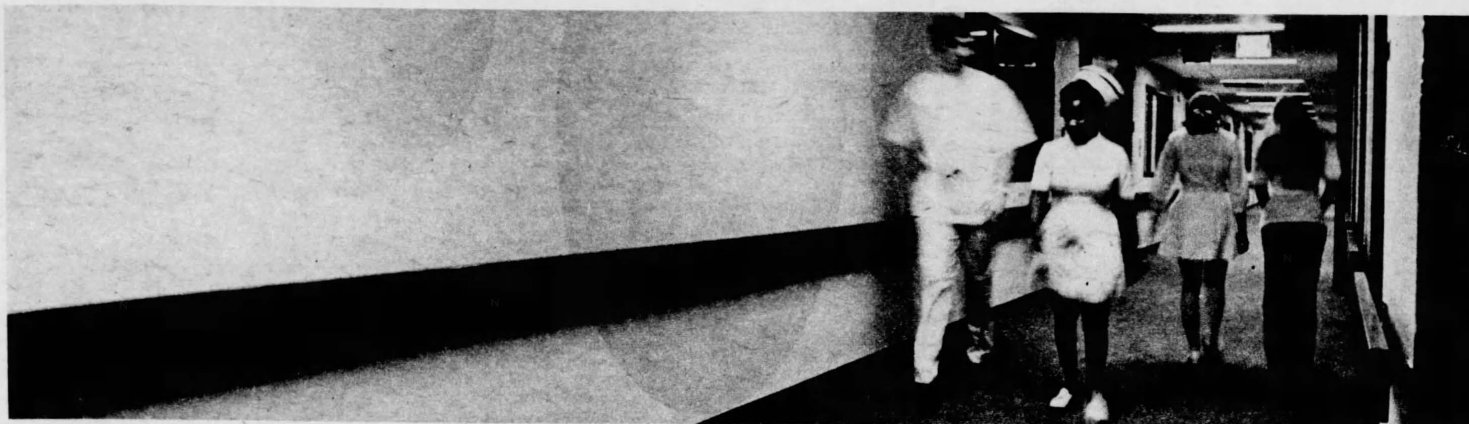
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COMMUNICATION AND SOUND SYSTEMS



Exemplifying the advanced support systems in the new hospital are the overhead monorail cart transport system (above) by the American Chain and Cable Company; the control console (above) in the hospital's Engineering Maintenance Control Center, the Powers Regulator Company's Automation System 570; a send/receive station in the Diebold-Lamson Computerized Airtube System (above, right); and one of the many Sybron Corporation products, a Castle 3025 sterilizer.

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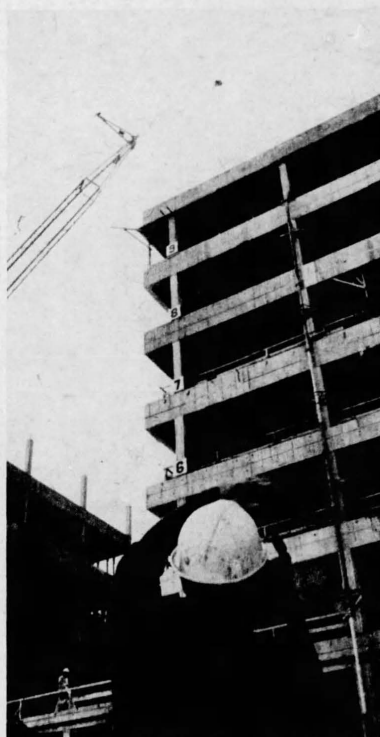
This magnificent building, with its excellent physical layout and facilities, will be much, much more than a beautiful place in which to work.

Our carefully trained and skillful staff know that each is an essential part of the care of each of our patients.

We treat each patient as a person and we provide each the very best health care available.

We know when you come to visit us you'll like our building.

And we hope that if you require care you will find Strong Memorial Hospital the best place to be.



Gifts for Life

More opportunities exist for giving to help Strong Memorial meet its goals of patient care, teaching and research. Anyone interested in making a gift for life—giving to enable us to save lives—is urged to contact:

Mr. William R. Haden
Assistant Director for Development
University of Rochester Medical Center
601 Elmwood Avenue
Rochester, New York 14642
(716) 275-3120

Getting to know us

Tours of the new hospital have been scheduled next Sunday, February 9, 1975, from noon to 4 p.m.

Come see us; see our bright colors and modern facilities.

It may be the only chance you'll have to see our gleaming operating rooms, and we're sure you'll like our colorful corridors, spacious patient rooms.

Get to know us before you need us.



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