Report to the Governor

on

Survey and Construction

of

# Iowa's Hospitals

## and Related Facilities

1 November 1955

State of Iowa

## STATE BOARD OF HEALTH

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## STATE DEPARTMENT OF HEALTH

Edmund G. Zimmerer, M.D., Commissioner of Public Health

### DIVISION OF HOSPITAL SERVICES

| | |
|---|---|
| F. W. Pickworth, B.S. | Director |
| Winifred W. Cleveland, R.N., B.S. | Associate Director |
| H. W. Stricker, B.S. | Chief Engineer |
| W. W. Lane, B.S. | Engineer |
| Amanda Stahl, R.N., B.S. | Consultant Nurse |
| Annetta Austin, R.N. | Consultant Nurse |
| Myrtle Burgert, R.N. | Consultant Nurse |

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OFFICES

STATE OFFICE BUILDING

Des Moines, Iowa

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## I. ACTIVITY ORGANIZATION

During the past year, several transitions have come into being. Each was for the purpose of enhancing the effectiveness of the program in terms of end result and economy of available resources.

A. Advisory Body. The newly appointed and reorganized Iowa Advisory Council for Hospitals and Related Health Facilities is well-established and is functioning in its roll in the Hill-Burton Program. Their position and function are shown in the Department Organization Chart, figure 1, and the Division Activity Diagram, figure 2.

B. Hospital Services Division has modified its organization pattern to better accomplish its purpose. The addition of four new programs established the need for greater field survey effort without providing additional funds or personnel for such purposes. The effected rearrangement is reflected in figure 2, The Current Activity Flow Chart.

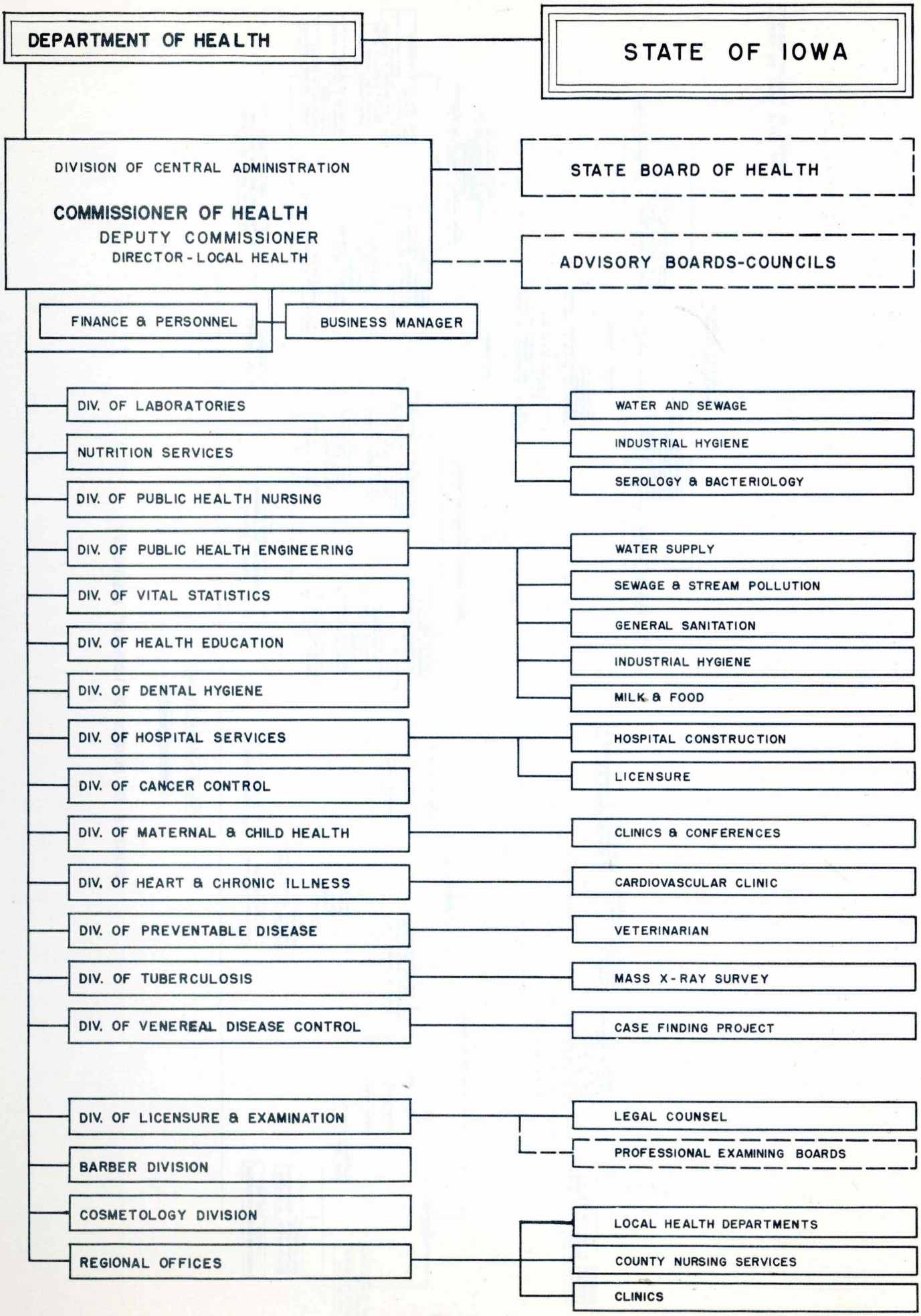
The Division is fortunate in that present technicians, with their varied and broad background, are readily adaptable to organizational adjustment to meet the constantly changing demands and needs which are being experienced by this Division.

## II. GENERAL PROGRESS

The following pages are prepared to reflect progress realized during the past year in the administering of the Hill-Burton Program.

A. Progress in Public Law 725 and 380. Previous annual reports have outlined the history of the basic legislation. In keeping with the Legislative Acts, annual field surveys are taken to ascertain current and appropriate information to revise the State Plan in keeping with current hospital experience, as well as to recognize hospital construction which has taken place during the previous year. This phase of the program has been accomplished successfully and in keeping with the Federal Register.

B. Progress in Administering Public Law 482. As was indicated in the report of 1 November 1954, a transition was anticipated inasmuch as Public Law 482 had already been passed by the Congress of the United States. Immediate steps were taken to realize enabling legislation which would permit the State of Iowa to participate in the expanded Hill-Burton Program. In April of 1955 such enabling legislation was made available by the 56th General Assembly in Senate File 392, thus permitting this Agency to proceed with the extensive survey and field work which the new program entailed. To illustrate the extensiveness of such survey work the staff reviewed the effect of 195 existing hospitals, 4,256 offices of doctors of medicine, osteopathy, and dentistry, 40 health facilities within industries and varied institutions, and of over 900 miscellaneous care institutions related to the State's needs. The limited time available as a result of the delayed enabling legislation, demanded every economy in personnel time to accumulate sufficient data for a representative presentation in the extended Plan. Until an acceptable presentation became available to the Federal Agency, construction moneys were withheld from the State of Iowa.


DEPARTMENT OF HEALTH
STATE OF IOWA
DIVISION OF CENTRAL ADMINISTRATION
COMMISSIONER OF HEALTH
DEPUTY COMMISSIONER
DIRECTOR - LOCAL HEALTH
STATE BOARD OF HEALTH
ADVISORY BOARDS-COUNCILS
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BUSINESS MANAGER
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DIV. OF PUBLIC HEALTH NURSING
DIV. OF PUBLIC HEALTH ENGINEERING
DIV. OF VITAL STATISTICS
DIV. OF HEALTH EDUCATION
DIV. OF DENTAL HYGIENE
DIV. OF HOSPITAL SERVICES
DIV. OF CANCER CONTROL
DIV. OF MATERNAL & CHILD HEALTH
DIV. OF HEART & CHRONIC ILLNESS
DIV. OF PREVENTABLE DISEASE
DIV. OF TUBERCULOSIS
DIV. OF VENEREAL DISEASE CONTROL
DIV. OF LICENSURE & EXAMINATION
BARBER DIVISION
COSMETOLOGY DIVISION
REGIONAL OFFICES
WATER AND SEWAGE
INDUSTRIAL HYGIENE
SEROLOGY & BACTERIOLOGY
WATER SUPPLY
SEWAGE & STREAM POLLUTION
GENERAL SANITATION
INDUSTRIAL HYGIENE
MILK & FOOD
HOSPITAL CONSTRUCTION
LICENSURE
CLINICS & CONFERENCES
CARDIOVASCULAR CLINIC
VETERINARIAN
MASS X-RAY SURVEY
CASE FINDING PROJECT
LEGAL COUNSEL
PROFESSIONAL EXAMINING BOARDS
LOCAL HEALTH DEPARTMENTS
COUNTY NURSING SERVICES
CLINICS

Figure 1

# ACTIVITIES OF DIVISION OF HOSPITAL SERVICES

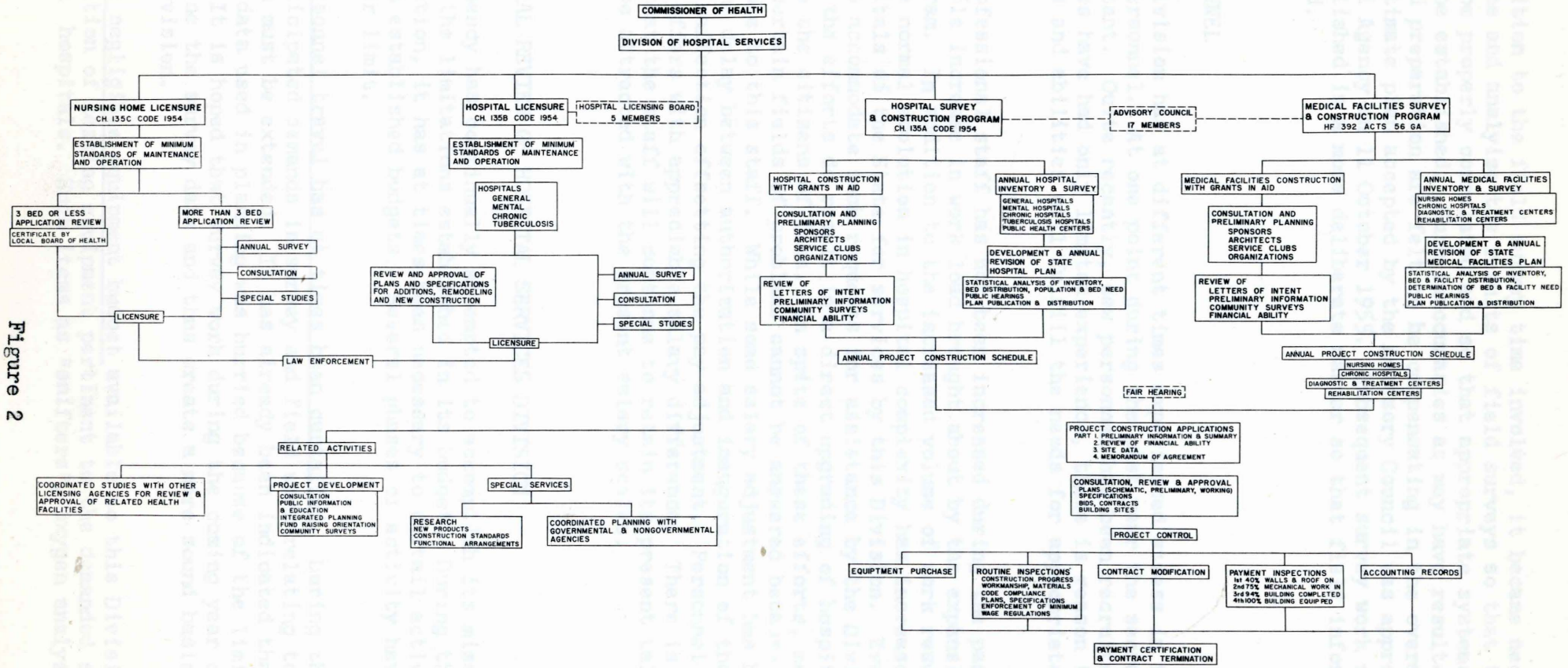


Figure 2

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

In addition to the field survey time involved, it became necessary to tabulate and analyize the results of field surveys so that the information could be properly correlated and so that appropriate systems of priority could be established. Such inaccuracies as may have resulted from the hurried preparation are felt to be compensating in the overall analysis. The ultimate plan accepted by the Advisory Council was approved by the Federal Agency on 11 October 1955. Subsequent survey work will be accomplished in a more deliberate manner so that field information may be refined.

## III. PERSONNEL

This Division has at different times experienced stress in terms of available personnel. At one point during the past year the secretarial staff was nonexistant. Quite recently, new personnel has been recruited. While the new employees have had only limited experience, there is reason to believe that their skills and abilities will fulfill the needs for appropriate departmental functions.

The professional staff has not been increased during the past year in spite of the notable increase in work load brought about by the expansion of the Hill-Burton program. In addition to the increased volume of work resulting from Public Law 482, the normal evolution in hospital complexity has increased the demands by the hospitals of the State for services by this Division. Every effort has been made to accommodate such requests for assistance by the Division's techinicans inasmuch as the efforts do result in a direct upgrading of hospital service available to the citizens of Iowa. In spite of these efforts, many requests for service in certain fields of problems cannot be answered because of the limited time available to this staff. While some salary adjustment has been made during the year, the delay between authorization and inauguration of the adjustment has developed disaffection offsetting the pay adjustment. Personnel continue to receive job offers with appreciable salary difference. There is little reason to believe that the staff will continue to retain its present talent--or that new talent can be attracted with the present salary scales.

## IV. FINANCIAL REVIEW OF HOSPITAL SERVICES DIVISION

This Agency has continually attempted to accomplish its mission while recognizing the limitations established in its budget. During the course of normal operation, it has at times been necessary to curtail activities to conform with established budgets. Several phases of activity have been restricted by this upper limit.

A. Personnel travel has at times been curtailed. During the coming year the anticipated demands in survey and field work relating to the Hill-Burton Program must be extended. It has already been indicated that the basic survey data used in planning was hurried because of the limited time available. It is hoped that survey work during the coming year can be expanded to refine the survey data and thus create a more sound basis for subsequent Plan Revision.

B. The negligible equipment budget available to this Division has limited acquisition of testing equipment pertinent to the demanded service requested by Iowa hospitals. Such items as "snifters", oxygen analyzer, hand levels,

## DIVISION OF HOSPITAL SERVICES — IOWA STATE DEPARTMENT OF HEALTH

*SUMMARY OF*

## DIVISION EXPENDITURES SINCE ESTABLISHED

AS OF 1 NOV 55

| FISCAL YEAR | DISBURSEMENTS WITHIN DIVISION | | | | BUDGET (STATE) PER ANNUM | | ACTUAL SOURCE OF FUNDS DISBURSED | | RESULTANT REVENUE DIRECT TO STATE OF IOWA | | | | INDIRECT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | CONSTRUCT. | NURSING HOME LICENSURE | HOSPITAL LICENSURE | DIVISION TOTAL | PROPOSED BY DEPT. | ESTABLISHED BY LEGISLATURE | FEDERAL | STATE | NURSING HOME LICENSURE | HOSPITAL LICENSURE | CONSTR. SALES/USE TAX | TOTAL | FEDERAL $ TO COMMUNITIES IN IOWA |
| 49 | 11,859.18 | 12,888.62 | 10,100.03 | 34,847.83 | ? | Post 20,000.00 Allocation | 24,179.17 | 10,668.66 | 3,890.00 | 3,505.00 | 34,378.50 | 41,773.50 | 3,291,352 |
| 50 | 17,332.97 | 17,820.05 | 11,032.05 | 46,185.07 | 35,000.00 | 25,480.00 | 19,104.34 | 27,081.20 | 2,700.00 | 345.00 | 79,028.90 | 82,073.90 | 3,517,216 |
| 51 | 15,463.52 | 20,072.99 | 11,001.37 | 46,537.88 | 35,000.00 | 25,480.00 | 15,183.54 | 31,353.84 | 5,200.00 | 3,160.00 | 23,949.20 | 32,309.20 | 1,681,436 |
| 52 | 14,799.77 | 19,114.56 | 11,665.05 | 45,579.38 | 40,000.00 | 35,000.00 | 11,123.26 | 34,456.12 | 3,730.00 | 1,255.00 | 26,308.80 | 31,293.80 | 1,330,497 |
| 53 | 18,170.03 | 18,510.29 | 16,689.79 | 53,370.11 | 50,000.00 | 45,720.00 | 16,711.85 | 37,111.43 | 5,330.00 | 1,795.00 | 15,536.50 | 22,661.50 | 1,205,231 |
| 54 | 19,438.33 | 21,094.95 | 15,245.86 | 55,779.14 | 55,000.00 | 45,670.00 | 6,723.27 | 49,055.87 | 6,260.00 | 1,765.00 | 6,983.50 | 15,008.50 | 1,187,406 |
| 55 | 23,014.76 | 13,050.52 | 19,572.03 | 55,637.31 | 55,000.00 | 45,670.00 | 9,742.35 | 45,895.06 | 5,900.00 | 1,855.00 | | 7,755.00 | 666,696 |
| Program Total | 120,078.56 | 122,551.98 | 95,306.18 | 337,936.72 | 270,000 | 243,020 | 107,767.68 | 235,622.18 | 33,010.00 | 13,680.00 | 186,185.40 | 332,875.40 | 12,879,834 |

Figure 3



CP-4532-D

COMPARATIVE ANALYSIS OF BUDGET,
ACTUAL COST, SALES TAX REVENUE,
- CONSTRUCTION SECTION -

Prepared 1 November 1955

| Fiscal Year | Constr. $ Induced Into Iowa | Federal $ Into Iowa Communities | Constr. $ Subjected To Sales Tax | Sales Tax Dollars Collected | Pro Rata $ Value for Const. Section | | |
|---|---|---|---|---|---|---|---|
| | | | | | State Budget | | |
| | | | | | Proposed By Depart. | Established Legislature | Actual Cost |
| 1949 | $ 8,612,781 | $ 2,291,195 | $ 3,179,855 | $ 34,378.50 | | $ 7,000.00 | $ 11,859.18 |
| 1950 | 10,779,021 | 3,509,073 | 7,887,417 | 79,028.90 | $12,220.00 | 8,910.00 | 17,332.97 |
| 1951 | 5,230,475 | 1,681,436 | 2,394,921 | 23,949.20 | 12,220.00 | 8,910.00 | 15,463.52 |
| 1952 | 4,842,073 | 1,570,066 | 2,644,916 | 26,308.80 | 14,000.00 | 8,910.00 | 14,799.77 |
| 1953 | 3,415,747 | 1,095,725 | 1,600,899 | 15,536.50 | 18,000.00 | 15,985.00 | 18,170.03 |
| 1954 | 2,802,821 | 934,238 | 698,249 | 6,983.50 | 19,250.00 | 15,985.00 | 19,438.33 |
| 1955 | 2,385,229 | 666,695 | | | 19,250.00 | 15,985.00 | 23,014.76 |
| Total for Program | $38,068,147 | $11,748,428 | $18,406,257 | $186,185.40 | | | $120,078.56 |

Division of Hospital Services
Iowa State Department of Health

Figure 4

and comparable technical items could be used to very good advantage in answering requests for service which are placed by the hospitals of Iowa. Such items of equipment cannot justifiably be procured by the hospitals individually because of the limited usage and/or because of lack of technicians within their organizations. It is only reasonable that this central agency, readily available to all hospitals of Iowa, should be the clearing house for such requests. A budget with expanded resources for both equipment and personnel could render a very worthwhile service, and thus appreciably improve safety and service to the consuming public. Mention has previously been made regarding salaries pertinent to technicians of this Division. It is realistic to state that there will be continued difficulty to retain existing well qualified staff because of the salary scales available to this Division, and unreasonable to anticipate their continuing to ignore the repeated attractive offers being made by other agencies. This Division cannot attract equally well qualified replacements with present compensation.

A summary of expenditures has been set forth in figures 3 and 4. Note that the analysis is presented for the entire Division, as well as that subdivision directly pertinent to the Hill-Burton program. For purposes of comparison, a tabulation has been made of that revenue realized by the State which is directly related to the disbursements in each activity. As of this writing, the entire program of licensure, construction, and upgrading of hospital standards and facilities, has cost the taxpayers approximately $5,000 for the total seven years of expanding operation. It, therefore, appears quite reasonable that this budget be expanded to meet the many outstanding problems which still face Iowa's hospital field.

## V. CURRENT STATUS OF CONSTRUCTION PROGRESS

There is a considerable time lapse in the course of a single project. In most instances, a minimum of three years will have passed during the time that an unofficial committee first investigates the possiblilities of a project, initial sketches are made, an approvable application is prepared, working drawings are completed, contracts are entered into, and, ultimately, construction is completed. Therefore, it is difficult to give a concise indication of relative progress within the program that will reflect the status of the program. Accordingly, tabulated summaries have been prepared in the form used for Exhibits 5 and 6.

Exhibit 6, the Project Status Report, lists the project schedule to date, the total cost of project, and the Federal share of that project. Opposite this information is a percentage indication reflecting the degree of completion of each project.

Exhibit 5 is a recapitulation stating the progress of the entire program in terms of dollars and of various stages of completion or development. During the past year considerable effort has been made to close projects as rapidly as possible so that the personnel of the Division would be readily available for the oncoming construction schedule. As a result of this effort, all projects have been cleared of controversy of Federal regulations, only one project is in the final audit stage and will be completed within 15 days. All scheduled projects have completed their planning and are under contract at the time of this writing.

Current unassigned funds are from fiscal 1956 appropriations, and these will be allotted to scheduled projects on approximately 14 December 1955. The application phase in this year's program was delayed appreciably by the retarded

*RECAPITULATION*

# STATUS OF HILL-BURTON HOSPITAL CONSTRUCTION PROGRAM - IOWA

## DISBURSEMENTS, COMMITMENTS & PROJECT SUMMARY

AS OF DECEMBER 1, 1955

| | NO. OF PRO-- JECTS | TOTAL VALUE OF CONSTRUCTION | TOTAL OF FEDERAL GRANTS-IN-AID | VALUE OF IN-PLACE CONSTRUCTION | FEDERAL SHARE PAID TO DATE | FEDERAL COMMITMENT NOT PAID TO DATE |
|---|---|---|---|---|---|---|
| Projects Constructed, Audited Cleared and Terminated | 43 | 27,856,668.54 | 8,798,021.30 | 28,634,290.85 | 8,798,021.30 | |
| Projects constructed but under negotiation on technicalities re federal requirements | 0 | | | | | |
| Projects constructed and approaching audit. | 1 | 1,600,899.18 | 504,067.80 | 1,600,899.18 | 478,500.00 | 25,567.80 |
| Projects under construction | 7 | 5,447,760.45 | 2,446,340.49 | 4,586,054.36 | 1,238,200.00 | 1,208,140.49 |
| Projects scheduled but in planning stages | 0 | | | | | |
| Moneys alloted to state but unassigned to projects | ? | ( 8,700,000) | 2,685,970.44 | | | 2,685,970.44 |
| HILL-BURTON PROGRAM Total as of December 1, 1955 | | 43,605,328.17 | 14,434,400.03 | 34,821,244.39 | 10,514,721.30 | 3,919,678.73 |

( ) indicates estimate of ultimate value forth coming

Prepared by
DIV OF HOSPITAL SERVICES
IOWA STATE DEPT OF HEALTH

Figure 5

*PROJECT STATUS REPORT*

# IOWA HOSPITAL CONSTRUCTION PROGRAM

1 November 1955

| NAME OF HOSPITAL | LOCATION | SIZE AND TYPE OF FACILITY | | TOTAL*** COST | FEDERAL SHARE | PERCENT OF COMPLETION |
|---|---|---|---|---|---|---|
| Davis County | Bloomfield | 34-Bed Gen. | (new) | $ 506,195.03 | 166,647.31 | 100* |
| Van Buren County Mem. | Keosauqua | 23-Bed Gen. | (new) | 284,812.24 | 91,995.32 | 100* |
| Adair County Memorial | Greenfield | 29-Bed Gen. | (new) | 385,554.55 | 126,761.56 | 100* |
| Madison County Memorial | Winterset | 39-Bed Gen. | (new) | 529,062.44 | 176,354.14 | 100* |
| Delaware County Memorial | Manchester | 43-Bed Gen. | (Repl.) | 402,942.07 | 124,024.58 | 100* |
| Veterans' Memorial | Waukon | 22-Bed Gen. | (Repl.) | 278,485.50 | 92,006.42 | 100* |
| Jackson County Public | Maquoketa | 38-Bed Gen. | (Repl.) | 530,352.00 | 176,784.00 | 100* |
| Jefferson County | Fairfield | 25-Bed Gen. | (Add.) | 575,563.67 | 191,039.83 | 100* |
| Ringgold County | Mt. Ayr | 30-Bed Gen. | (New) | 346,160.00 | 114,355.00 | 100* |
| Crawford County Memorial | Denison | 50-Bed Gen. | (Repl.) | 562,446.44 | 182,170.86 | 100* |
| Buena Vista County | Storm Lake | 50-Bed Gen. | (Repl.) | 529,069.98 | 172,718.65 | 100* |
| Loring | Sac City | 32-Bed Gen. | (Repl.) | 299,529.13 | 100,000.00 | 100* |
| Palmer Memorial | West Union | 22-Bed Gen. | (Repl.) | 242,507.75 | 80,233.17 | 100* |
| Murphy Memorial | Red Oak | 17-Bed Gen. | (Add.) | 189,774.00 | 63,258.00 | 100* |
| Rosary | Corning | 41-Bed Gen. | (New) | 633,649.84 | 188,350.26 | 100* |
| Sioux Valley | Cherokee | 42-Bed Gen. | (Add.) | 452,174.86 | 147,748.00 | 100* |
| Iowa Methodist | Des Moines | 24-Bed Psych. | (Add.) | 1,864,501.64 | 96,904.67 | 100* |
| Ottumwa | Ottumwa | 133-Bed Gen. | (Repl.) | 1,797,894.52 | 601,426.50 | 100* |
| Guthrie County | Guthrie Center | 38-Bed Gen. | (New) | 388,576.91 | 129,558.69 | 100* |
| Grundy County Mem. | Grundy Center | 40-Bed Gen. | (New) | 486,075.64 | 155,669.29 | 100* |
| Community Memorial | Clarion | 28-Bed Gen. | (Repl.) | 286,438.51 | 94,070.00 | 100* |
| Sioux Center Community | Sioux Center | 26-Bed Gen. | (new) | 289,106.61 | 95,950.00 | 100* |
| Spencer Municipal | Spencer | 47-Bed Gen. | (Add.) | 752,202.79 | 244,863.45 | 100* |
| Community Memorial | Sheldon | 24-Bed Gen. | (Repl.) | 342,499.01 | 111,481.47 | 100* |
| Jennie Edmundson Mem. | Council Bluffs | 56-Bed Gen. | (Add.) | 462,393.08 | 151,645.00 | 100* |
| Virginia Gay | Vinton | 36-Bed Gen. | (Repl.) | 376,887.36 | 125,747.00 | 100* |
| St. Luke's Methodist | Cedar Rapids | 150-Bed Gen. | (Add.) | 2,544,362.78 | 817,600.00 | 100* |
| De Witt Community | De Witt | 32-Bed Gen. | (New) | 423,237.93 | 140,000.00 | 100* |
| Mitchell County Mem. | Osage | 32-Bed Gen. | ( ) | 462,865.56 | 150,250.00 | 100* |
| Greene County | Jefferson | 28-Bed Gen. | (Add.) | 487,144.57 | 160,212.05 | 100* |
| St. Luke's | Davenport | 61-Bed Gen. | (Add.) | 1,633,647.13 | 538,743.03 | 100* |
| Myrtue Memorial | Harlan | 47-Bed Gen. | (Repl.) | 1,002,604.30 | 331,155.00 | 100* |
| Clarke County Public | Osceola | 32-Bed Gen. | (Repl.) | 519,901.73 | 170,851.75 | 100* |
| Mercy | Oelwein | 27-Bed Gen. | (Add.) | 826,545.41 | 252,900.07 | 100* |
| Audubon County Mem. | Audubon | 30-Bed Gen. | (New) | 494,869.83 | 161,882.56 | 100* |
| Hamilton County Public | Webster City | 30-Bed Gen. | (Add.) | 783,642.31 | 254,363.35 | 100* |
| St. Bernard's | Council Bluffs | 138-Bed Psych. | (Add.) | 1,067,171.21 | 343,283.31 | 100* |
| Hand Community | Shenandoah | 24-Bed Gen. | (Add.) | 501,204.64 | 167,000.00 | 100* |
| Hancock County Mem. | Britt | 32-Bed Gen. | (New) | 505,498.01 | 165,879.76 | 100* |
| Muscatine County | Muscatine | 139-Bed Gen. | (Repl.) | 1,680,026.15 | 564,617.24 | 100* |
| Mercy | Davenport | 107-Bed Gen. w/mental & Chronic | (Add.) | 2,644,915.70 | 634,280.71 | 99 |
| Dallas County | Perry | 38-Bed Gen. | (Repl.) | 659,334.91 | 218,739.48 | 100* |
| Sacred Heart | Ft. Madison | 42-Bed Gen. | (Add.) | 1,522,722.95 | 504,067.80 | 100 |
| Wayne County | Corydon | 34-Bed Gen. | (Repl.) | 454,385.90 | 150,030.24 | 100* |
| Keokuk County | Sigourney | 34-Bed Gen. | (Repl.) | 667,971.52 | 222,888.32 | 100* |
| University Hospitals | Iowa City | 58-Bed Chron. | (Add.) | 508,465.70 | 169,488.56 | 94 |
| Boone County | Boone | 70-Bed Gen. | (Repl.) | 1,078,500.00 | 359,500.00 | 41 |
| St. Joseph's Mercy | Centerville | 24-Bed Gen. | (Add.) | 698,249.20 | 232,749.40 | 78 |
| Mary Frances Skiff Mem. | Newton | 45-Bed Gen. | (Add.) | 553,500.00 | 184,500.00 | 47 |
| Medical Research Center | Iowa City | Diagnostic | (New) | 1,505,703.43 | 435,743.56 | 11 |
| Henry County Mem. | Mt. Pleasant | 28-Bed Gen. | (Add.) | 617,826.01 | 205,942.00 | 3 |
| Marengo Memorial | Marengo | 28-Bed Gen. | (Repl.) | 261,700.00 | 25,000.00 | 72 |

* *Final payment made*

Note: Projects indicated as 100% complete are open and receiving patients.

Figure 6

CP - 4532-D

authorization, the time involved in extensive field work subsequent to authorization, the analysis of the elaborate survey data, and, finally, the integration of said field data into the Iowa Hospital Plan, as prescribed by Federal regulation.

Before entertaining applications from potential sponsors for the current funds, approval of the current revision Iowa Hospital Plan by the U.S. Public Health Service was prerequisit and did not become effective until 11 October 1955. Since then, the Advisory Council has considered the proposed presentation favorably, and a public hearing was held to ascertain public reaction to the proposed Plan. At this point, announcement is being prepared to all potential sponsors of hospital and related health facility projects within the State, inviting them to consider their opportunity to participate.

To indicate trends in the construction of hospital facilities, a detailed analysis has been prepared showing cost of projects by program elements in the common units such as dollars per square foot, dollars per bed, and dollars per cubic foot of construction. This analysis is represented in Appendix B.

A brief rundown on projects not closed at this point is as follows:

A. Mercy Hospital, Davenport, Iowa is in the clean-up stage and construction is considered about 99% complete. Because considerable remodeling was involved and because a number of hospital elements had to be coordinated into the construction plan, it was necessary to phase the several segments of construction to permit uninterrupted hospital service during the entire program. All departments of the hospital are presently in operation and only minor clean-up and adjustment remain to be completed.

B. Sacred Heart Hospital at Fort Madison, Iowa has completed its construction. This office has performed its preliminary audit, and the Federal Agency at the time of this writing has its auditor at the project site, auditing in detail the records of the program preparatory to authorizing final payment to the sponsors.

C. University Hospital Addition, Iowa City, Iowa is a multi-phase project and for the most part is completed. A notable exception is the contract for air conditioning the tower surgery suite. It is hoped that this element in their program will be under contract within 60 days.

D. Boone County Hospital, Boone, Iowa is an extensive addition to a portion of their existing structure and will displace the unacceptable portion of the hospital plant. Construction progress is advancing very rapidly and equipment programs are well underway.

E. St. Joseph's Mercy Hospital, Centerville, Iowa, an addition to their existing plant, is proceeding favorably, both in terms of construction and equipment. Outstanding work is only that remodeling work of vacated areas in the original structure, which is proceeding as rapidly as is reasonable in the light of continued operation of the hospital service.

F. Mary Frances Skiff Memorial Hospital, Newton, Iowa, an addition to the existing hospital, is proceeding favorably. Work will be continued through the winter. Equipment has been bid and will be contracted within the next 15 days.

G. Medical Research Center, Iowa City, Iowa is under contract and nicely started. However, this job will be closed down because of weather.

H. Henry County Memorial Hospital, Mount Pleasant, Iowa has been delayed considerably because of difficulty with existing underground services. This addition will not move appreciably until spring.

I. Marengo Memorial Hospital, Marengo, Iowa, primarily an equipment project, is proceeding favorably. The hospital structure has been completed for some time and the board has been victimized unscrupulously in their attempts to prepare the structure for operation as a hospital. It would appear at this time that expeditious results are being realized by a qualified consultant and that equipment will be under contract within 30 days.

## VI. POTENTIAL DEMANDS FOR FUTURE FEDERAL MONEYS

During the normal activities of this Division, sponsors of projects converge on this Agency while discussing their plans and hopes for future projects pertaining to their communities. This, in turn, reveals the fields of facilities they seek to create or expand, as well as the extensiveness of such planning. It is this early information which becomes the basis for future programming by this State Agency.

There has been sporadic criticism from minor points within the State that the Hill-Burton Program is overbuilding hospitals in the State of Iowa, and thereby is creating a financial hardship on the older established community facilities. At no time has this State Agency inveigled a community into a program. As a matter of fact, the hardships and disadvantages have been pointed out quite emphatically to sponsors from communities where projects appeared to be questionable in terms of usage or tax base. In spite of this Agency's position there has been a continual demand for Federal money--far in excess of the moneys available. A review, made a number of months ago, indicated that Federal assistance motivated only approximately 40% of the construction which has been realized in Iowa's hospital field since the end of the war.

At this point there continues to be a tremendous demand for the available Federal assistance in spite of the general tightening of the State's economy and/or the interpretation of statutes pertaining to Iowa hospitals.

It is anticipated that within the foreseeable future the following construction can realistically be anticipating Federal assistance to realize their proposed construction goal.

| HOSPITAL CATEGORY | ESTIMATED PROGRAM | FEDERAL SHARE | NO. OF PROJECTS |
|---|---|---|---|
| Chronic Illness Units | $ 7,500,000 | $ 2,500,000 | 4 |
| Psychiatric Units | 4,050,000 | 1,350,000 | 5 |
| Acute General Hospitals | 7,620,000 | 2,540,000 | 11 |
| Convalescent Nursing Homes | 1,950,000 | 650,000 | 5 |
| Diagnostic/Treatment Units | 870,000 | 290,000 | 3 |
| Rehabilitation Facilities | 1,860,000 | 620,000 | 4 |
| | $23,850,000 | $ 7,950,000 | 32 |

Figure 7

The previous summary, in terms of categories, is based on the following indications which have been made to this office up to this point by communities preparing to apply for Federal assistance.

TABULATION OF KNOWN POTENTIAL PROJECTS IN IOWA ON NOVEMBER 1, 1955

| CATEGORY<br>Community | PROJECT TOTALS<br>EST. $ | PROJECT TOTALS<br>SUBTOTAL | FEDERAL SHARE<br>EST. $ | FEDERAL SHARE<br>SUBTOTAL | NO. OF PROJECTS |
|---|---|---|---|---|---|
| Chronic Illness Units | | 7,500,000 | | 2,500,000 | 4 |
| Ottumwa | 3,000,000 | | 1,000,000 | | |
| Des Moines | 2,100,000 | | 700,000 | | |
| Council Bluffs | 1,200,000 | | 400,000 | | |
| Marshalltown | 1,200,000 | | 400,000 | | |
| Psychiatric Units | | 4,050,000 | | 1,350,000 | 5 |
| Fort Dodge | 600,000 | | 200,000 | | |
| Ottumwa | 600,000 | | 200,000 | | |
| Waterloo | 750,000 | | 250,000 | | |
| Des Moines | 1,500,000 | | 500,000 | | |
| Burlington | 600,000 | | 200,000 | | |
| Acute General Hospitals | | 7,620,000 | | 2,540,000 | 11 |
| Logan | 600,000 | | 200,000 | | |
| Rock Rapids | 480,000 | | 160,000 | | |
| Manchester | 210,000 | | 70,000 | | |
| Bloomfield | 240,000 | | 80,000 | | |
| Maquoketa | 180,000 | | 60,000 | | |
| Des Moines | 2,400,000 | | 800,000 | | |
| Lake City | 660,000 | | 220,000 | | |
| Manning | 540,000 | | 180,000 | | |
| Albia | 330,000 | | 110,000 | | |
| Council Bluffs | 990,000 | | 330,000 | | |
| Keokuk | 990,000 | | 330,000 | | |
| Convalescent Nursing Homes | | 1,950,000 | | 650,000 | 5 |
| Carroll | 1,200,000 | | 400,000 | | |
| Osage | 120,000 | | 40,000 | | |
| Oskaloosa | 180,000 | | 60,000 | | |
| Sioux Center | 150,000 | | 50,000 | | |
| Des Moines | 300,000 | | 100,000 | | |
| Diagnostic Facilities | | 870,000 | | 290,000 | 3 |
| Iowa City A | 270,000 | | 90,000 | | |
| B | 300,000 | | 100,000 | | |
| C | 300,000 | | 100,000 | | |
| Rehabilitation Unit | | 1,860,000 | | 620,000 | 4 |
| Des Moines A | 195,000 | | 65,000 | | |
| B | 450,000 | | 150,000 | | |
| Oakdale | 315,000 | | 105,000 | | |
| Iowa City | 900,000 | | 300,000 | | |
| Total Number of Projects Suggested by Inquiry | | | | | 32 |
| Estimated Total Federal Funds Involved | | | | $7,950,000 | |
| Estimated Total Construction Value | | $23,850,000 | | | |

Figure 8

To reflect the availability of funds and indicate the estimated demand for available funds, the following comparison has been drawn in terms of the specific grants and their respective categories. Obviously, existing needs appreciably exceed available grants-in-aid. Still another facet which is apparent is that the difference between demand and funds available is increasing. As nearly as this Agency can determine, obsolecence and the lack of construction between 1930 and 1945 are revealing themselves. It has been determined that a continuation of construction at the rate realized during the past eight years fails to compensate for the rate of obsolescence in existing facilities. To upgrade over-all facilities while meeting obsolescence will make it necessary to accelerate the Hospital Construction Program appreciably. The recapitulation below confirms this opinion and indicates only a part of the actual need which appears to be unattainable at this time.

RECAP OF ESTIMATED DEMANDS AND FUNDS AVAILABLE

| | PART C Incl. | PART G | | | TOTAL FED. |
|---|---|---|---|---|---|
| | Psch., Chron. General | Convalescent Nursing Homes | Diagnostic | Rehab. Units | Funds All Categories |
| Totals-Federal Share of Indicated Projects | 6,390,000 | 650,000 | 290,000 | 620,000 | 7,950,000 |
| Available Federal Funds For Allotment | 2,270,660 | 107,655 | 200,000 | 107,655 | 2,685,970 |
| Project Demand for Fed. Funds in Excess of Available Funds | 4,119,340 | 542,345 | 90,000 | 512,345 | 5,264,030 |

Figure 9

## VII. SPECIAL TECHNICAL STUDIES

Previous comments have indicated that personnel time and budget have been assigned to studying special problems to ascertain answers not available from other sources. Generally, these were generated by the projects of the Hill-Burton Program but are equally applicable to all hospital construction. Typical among these are the following studies conducted during the past year. While the effort was at the expense of other activities, they were deemed necessary to preclude further loss or expenditure by hospital boards of the State.

A. Modification of Conductive Terrazzo Floor Specifications - Because the specifications for installing carbon black terrazzo floors in hazardous locations requiring a conductive floor has been a continuous problem in the field of hospitals during the past five years, this office did attempt to stimulate corrective action on the part of the manufacturers of the components for such floors. By way of historical summary, the only specification available heretofore was that which had been created through the U.S. Bureau of Standards, the U.S. Public Health Service, and the Veterans Administration. Initial observation in the field by technicians of this Agency raised a number of questions on the reasons for failure of such floors. Consultants of the

National Terrazzo Association met in this office in an effort to find an answer that was acceptable to this State Agency. As a result, several pilot installations with varying specifications, in keeping with the ideas of appropriate installation, were established. A precise process control was maintained by this office and samples taken for laboratory tests by the Iowa Highway Commission. The pilot installations positively confirmed the position of this office and became the grounds for modifying the specifications for installation of terrazzo floors by the National Terrazzo Association. Responsibility for this field of endeavor might be other than this State Agency, however, repeated efforts by this Agency to acquire an appropriate answer had resulted in no progress. As a result of the research effort put forth, it is felt that the hospitals of the entire nation have realized an appreciable benefit which more than compensated for the cost of the research.

B. Problems of Corrosive Water - During the past five years this State Agency has repeatedly asked the Federal Agency for answers in regard to the many problems arising from water treatment as they relate to the increased corrosive qualities of return water, the possibilities of contamination, and the destruction of piping systems in circulating domestic water service. No answers have been forth coming. We are confident that this State is not alone in experiencing such problems as are somewhat unique in hospitals because of the 100 pound steam systems which are necessary. Some effort has been made to find an answer that will correct existing problems. The project will require more time during the ensuing year.

C. Indoctrination in Civil Defense - This Division, by virtue of its activity in the hospital field, has repeatedly attempted to facilitate the efforts of the Director of Civil Defense in its tremendous mission. Limited budget and limited personnel, as well as restricted authority, up to this moment, not permitted the staff to provide appreciable assistance. At the time of this writing, representation in civil defense has been newly acquired. In the meantime, personnel has not had the benefit of numerous orientation meetings and schools pertinent to this activity at the National and Regional level which appear to be prerequisite in this important undertaking.

D. Hospital Standards - By way of historical summary, standards and requirements for hospital licensure were established approximately eight years ago. Prior to that, no minimum standards had been available in the State of Iowa. As a result, there were as many standards as there were hospitals; for none of them were correlated with a minimum standard which gave consideration primarily to nursing care. As is the case in most legislation, a "grandfather clause" was necessary to preclude the elimination of any sort of hospital care available to the citizens of Iowa. As a result, minimum standards were quite nominal and within the capabilities of most hospitals.

Since that time, in the acute general hospital field a great deal of the need, in terms of physical facilities, has been met. However, the minimum standards for operation are still at the same level initially established when the program was inaugurated. The experience of the hospital consultants in this staff, coupled with their general knowledge of the State's over-all hospital picture, qualifies this Division excellently to make a realistic evaluation of the licensure standards and minimum requriements with a view toward upgrading them in a manner that will be applicable for the next 10 or 20 years. The oldness of the "grandfathers clause" remains with us in the form of marginal hospital plants whose operational standards are in keeping with the quality of their physical plant. It is hoped that more time will become available during the ensuing years to realize such an upgrading of the minimum standards and improved hospital care for the taxpayers of Iowa.

E. Prototype Layouts for Specialized Units - During the earliest stages of the Hill-Burton Program, considerable information was disseminated to give guidance to architects, engineers, and consultants in so far as layouts of hospital services were concerned. The information was creditable and was prepared by worthy authorities. However, the information reflected the "know how" of that day and was based, in many instances, on very limited experience. Since that time, the ingenuity and administrative talent in the hospital field have induced many variations from the original prototype plans. These have been proven to be worthwhile in terms of improved care, more economical construction costs, or ultimately more economical operation in terms of personnel and maintenance. In the specialized fields there has been great reluctance on the part of all agencies to prepare prototypes which would give guidance to future construction. As a result, there is no pool of information apparent or available to sponsors or designers of future projects.

This Agency has become a pool for specialized and complex information and know how, which is based on the experience, mistakes, and initiative of all persons related to the hospital field in this State. An effort has been made to record a certain amount of this worthwhile information which pertains to good hospital design so that such can be more readily distributed to the offices of architects and engineers and thereby further upgrade future design. The cost of hospital construction is quite high. Obviously, hospital construction programs by a community could not be undertaken more often than every 30 or 35 years. Therefore, it seems extremely necessary that the most up-to-date design, layout, and facilities be incorporated in the construction program so that the facility during the ensuing 30 or 40 years will be capable of meeting minimum standards, and be adaptable to new procedures as they become available during that time.

Again, limited staff has slowed this project considerably. It is hoped that more progress can be realized during the coming year.

F. Permanent Files - During the entire history of this program there have been many projects planned for the expansion of an existing hospital facility. In each instance it has been virtually impossible to find the plans and specifications of the basic structure so that they could be utilized in planning the new facility. The result has been added cost to the owners in realizing the necessary basic information before the new design work could be undertaken.

During these past eight years a very creditable file of hospital plans and specifications has been accumulated in this Division. Every effort has been made to file these in a permanent manner so that they will be available at all times in the future for the purpose of the governing board or any of their agents. Such a program requires providing suitable filing cases which are sufficiently flexible and would not ultimately become just another dead storage bin. A prototype plan file case has been designed and built by personnel of this office. It is hoped that additional units can be built in the future to extend this plan for a permanent file of hospital designs.

## VIII. TRENDS AND INDICATIONS FOR THE FUTURE

This Division would be negligent if it failed to pause occasionally and review the experience of the past to ascertain what has been accomplished and if these experiences indicate transitions in the health facility field which are indicative of future needs. The following generalized observations are called to your attention for your consideration:

(1) Previous reports have made mention of the age problem within the State of Iowa. This trend in population has accentuated critically during the past three years. At this point Iowa's circumstances have leaped from the third most critical to the most extreme position among the 48 states. A rough indication of this is the fact that Iowa, 30 years ago, had 12 persons between the ages of 21 and 65 (the productive segment) for each person over 65 years of age. Today Iowa has 5.5 persons within the productive age group for each person beyond the retirement age of 65. What is more noticeable is that this trend will continue.

This is the foundation for many of the problems facing this State from the standpoint of demands upon tax moneys. It is for this reason that maximum effort must be devoted to reducing the number of public wards by intensively treating the mentally ill, the handicapped, the chronically ill, and any other disability group so that a maximum number of these disabled or incapacitated will cease to be public wards and will be producers to the extent that their disability or handicap will permit. The first product of such a complete program is immeasureable in terms of dollars and cents. You can appreciate, however, the difference which can be realized in the individual's mind as well as the upgrading of home life and related circumstances as they pertain to the families of the disabled or handicapped. From the standpoint of the taxpayer's dollar, intensive treatment and rehabilitation of these groups can result in a tremendous return on the investment involved. Instead of being a burden (from $600 to $800 per year) to the taxpayer, each individual can become independent of public aid and, probably, can be a taxpayer himself. This has been categorically proven by the limited performance demonstrated by the Division of Vocational Rehabilitation in the field of the physically handicapped. Programming much be expanded into other categories of disabled as well.

(2) Considerable effort has been made to realize more accurate population estimates by the Federal Agency for the benefit or commerce and government in the State of Iowa, who rely on such information for planning purposes. While the estimates by the Bureau of Census have been modified and are slightly nearer to the estimates of this Department, it is felt that they are still exceedingly rough and unreliable. Such opinion is not casual, but rather the result of investigation of the methods relied upon by the Federal Agency in arriving at their final determinations. It is the feeling of this State Agency that the State of Iowa should provide an appropriate agency to study Iowa's population every two years to ascertain population movement, trends, age groups, as well as the existance of impairment and occupation hazard. Also, the tendencies in age distribution at this point are extremely critical in the State's economy and its plans for the future.

(3) Previous paragraphs have demonstrated the demands which are being placed on this State Agency for services which require more personnel time than is available within the Division at present. It is quite logical that requests for such service should be directed at this point for information which is available to all hospitals and related health facilities. This office has become recognized as the State's pool and clearing house for information pertaining to this field, in spite of the limited personnel available. Additional technicians which could be put to good use would be a well qualified institutional dietitian, engineers, and qualified nurses. Such experience and background could be adaptable to many phases of hospital operation which current techniques and procedures involve. The complexity of hospitals which has evolved during the past 10 years makes it impossible for a lower echelon of authority to be versed in the many phases of this field and, therefore, it is only logical that the State provide a means for meeting the needs which exist throughout Iowa.

(4) A point of long standing which is extremely deficient within Iowa is proper diagnosis and treatment of the mentally ill. While considerable money is expended year after year in the pretense of meeting this need, the treatment accomplished is negligible when compared with the need. At the rate Iowa is going there is no logical reason to believe that Iowa is gaining on its problem. In other words, the State is in retrograde in the field of mental illness and, therefore, is imposing a tremendous burden upon the taxpayers which could be aleviated if progressive planning is executed. A review of the record shows that Iowa has appropriated, during the last ten years, approximately $18,000,000 for capital improvement of state institutions. The end result has merely been that Iowa has provided fire resistant cells in which to house their mentally ill without appreciably upgrading treatment. Until this field is reappraised by competent authorities, well versed in psychiatric facilities and a long range program established for realistic aggressive execution, this State will continue to be in retrograde. The only appreciable progress in intensive treatment which has been made in the state has been accomplished by nonprofit associations. They, with their limited resources, accomplish more intensive treatment and cure than does the entire State of Iowa with its vast resource and capital expenditures.

(5) Still another phase which has come into prominence during the past two years is the position of hospitals in their relationship with the medical profession. While much intent has been suggested for future construction by hospitals and related facilities, it is equally well know that many institutions in this State are not "moving" until statutes are clarified as to the position of hospitals in the public health field. Until this matter has been clarified, it is difficult to assume a firm basis for continued planning by this Agency.

(6) Previous reports have attempted to indicate this Division's version of the place the hospital is taking in the public health program for a community. With the advent of many new hospitals in communities formerly without such facilities, communities have looked toward their hospital as the focal point for public health measures for the benefit of all citizens. School inoculation programs, dental surveying, public education, and many other facets related to public health revolve around the community hospital. This is quite logical inasmuch as the hospital becomes the pool of personnel most adaptable to the needs in these activities as well as the fact that such institutions, whether they be nonprofit or publicly owned, were created and do exist by virtue of the community's support. This tendency, we are confident, will accentuate the position of the hospital in the community during future years.

(7) Heretofore this State Agency has attempted to place its pool of information regarding hospitals and available resources at the disposal of the Civil Defense authorities. Little was accomplished along these lines and in its stead only sporadic information was available. Recently the Division of Hospital Services has granted representation in this field which will permit its technicians being integrated into the over-all team for catestrophic planning. In the meantime, much opportunity has been lost for appropriate orientation, specialist schools and other media which were intended, both at regional and national levels, for furthering the guidance of calamity programs. Because such representation has become available only recently, very little has been accomplished in this field. It is anticipated that much effort will be expended in the future to accommodate this need.

(8) Previous paragraphs have indicated the specialized studies which technicians of this office have undertaken in an attempt to find answers pertinent to the hospital field as a whole. Such a program will be continued in the future toward best utilization of available personnel time in terms of long range results.