HOSPITAL-BASED SERVICES

INTRODUCTION

In this section information will be provided on the various hospital-based facilities and services which enable the hospital to provide the care and treatment necessary for its patients. The major services such as medicine, surgery, etc., which are not hospital based are not covered in this history. They were more appropriately covered in “The First Hundred Years of the University of Nebraska College of Medicine.” As time went on in compiling information for this history, more and more “services” came to mind or were recommended for inclusion. At this point, I hope I have included all significant services. If there are omissions, they were not intentional.

These programs each provide a service to the patients and staff directly or indirectly. The information on each unit is brief and not meant to be an extensive historical review. The author had to rely to a large extent on individuals who are working in the areas or who had worked in the areas in the past to provide the necessary information. All who assisted are gratefully acknowledged in appropriate sections of this history.

HOUSE OFFICERS

Very little documented information could be found pertaining to graduate physician training programs at the University of Nebraska Hospital prior to the 1950’s. In the past, internships and residencies in this country were hospital-based. At the present time, most are under the auspices of colleges of medicine which is the case at the University of Nebraska Medical Center.

It can be assumed that there were interns at the University Hospital when it opened or shortly thereafter since references to interns providing services in various areas were encountered. For instance, in the information on the Radiology service it is reported that the original x-ray unit was operated by the intern staff. Also, in the section on Emergency Medical Services it is noted that the nurse who monitored the emergency room would call the intern after initial evaluation of patients. The earliest documented reference which could be found appeared in Tyler and Auerbach’s 1928, “History of Medicine in Nebraska” (166). A rotating internship of 18 months is described which consist of two months in each of five services, Pathology, Drug Room and Anesthesiology, Roentgenology and Physical Therapy, Pediatrics (including Otolaryngology and Ophthalmology), House Physician (including Obstetrics and Gynecology and admitting physician) plus four months each on Medicine and Surgery.

The original floor plans of Unit I show interns quarters on the sixth level in the east wing above the library. By 1928, according to Tyler and Auerbach (166), the interns were
housed on the third floor (level 5) of Unit 2, and the resident physician on the second floor (level 4). Sometime, subsequent to May, 1935, the interns quarters were moved to Ward N in Unit 2 as noted in the "Nurse Reporter" of that date \(^{58}\). Their previous quarters were made into the Obstetric Labor and Delivery Unit. Dr. Harry McFadden, Professor Emeritus of Pathology and Microbiology, who served his internship at University Hospital in 1944 reported that the interns quarters at that time were in the north wing on the seventh level of Unit 2. By the 1960's, hospital provision of house officers living quarters was discontinued.

Dr. McFadden recalled that there were 12 interns when he served his internship, plus residents in Pathology, Surgery, Obstetrics and Gynecology and Medicine. The Office of Graduate Medical Education reported that a residency in surgery was established in 1947 with residencies in Internal Medicine, Obstetrics and Gynecology, Psychiatry and Pediatrics starting in the late 1940's. Information provided directly by the departments involved, documents that a residency in Radiology was established circa 1930, Pathology 1939, Anesthesiology 1952, Otorhinolaryngology in 1968 and Ophthalmology in 1946. In the letter from Dr. Walter W. Hurmann \(^{72}\) referred to earlier with reference to the addition of Unit 2 he stated, "The second unit of the hospital was under construction during the time I was serving as the first resident of Pathology there." This would put the start of a residency in Pathology about 1926.

The Graduate Medical Education office documents residencies starting in Oral Surgery in 1967, Neurology in 1968, Orthopedics in 1969, Urology in 1970 and Family Practice in 1970. The latest residency is in Neuro-Surgery and this started in July 1993. The last group of physicians to be called "Interns" started training July 1, 1974. Beginning in 1975, all graduate medical education programs became residencies and the term "House Officers" was applied to all trainees.

By 1950, the University Hospital had a total resident compliment of 45 in various specialties, and in 1970 the number had increased to 149. As of 1993, the House Officer Program totals 386 in 15 specialties and 12 sub-specialties. Not all of these residents are training at the University Hospital.

EMERGENCY MEDICAL SERVICES

When the hospital opened in 1917, there was an emergency room on the ground floor (level 3) in the north wing just off the central corridor. There was an examining room and beds. A nurse was on duty during the day and the night supervisor covered during the night. Patients were seen and assessed initially by the nurse and an intern was called.
When Unit 3 opened in 1961, the emergency service was moved to the north wing of that unit. It was located on the east side adjacent to the north entrance on level 2. It had two rooms and since the outpatient department was across the hall, its examining rooms could be used if necessary during off hours. A nurse was on duty and the appropriate house officer was called after initial evaluation.

On March 4, 1970, a new expanded emergency medical services area was opened in the south wing of Unit 4 (155). It had its own emergency entrance with a place for ambulances and emergency vehicles. The facility included three adult examining rooms, three pediatric examining rooms, an ENT room, an orthopedic room and a large open bay area to handle serious emergency cases. There was a full nursing staff 24 hours per day.

In July, 1970, Dr. Wilbur Muhlig, a retired Omaha Neurosurgeon, was employed as Director of Emergency Services (21). He was present during the day and house officers were present as needed but not specifically assigned full-time to the emergency service. In July, 1976, Dr. Gerald VanLeeuwen became Director of Emergency Medical Services (149). Dr. VanLeeuwen had been Chairman of Pediatrics and was instrumental in developing the Neonatology Program at the Medical Center. He served for two years, and Dr. Gerald Moore became Interim Director in July, 1978.

In December, 1978, Dr. Joseph Ornato was appointed Director (155). Dr. Ornato was a Cardiologist who had an interest in, and training in, emergency medicine. During his tenure, additional physicians were hired so that the emergency room was eventually covered by a full-time medical staff 24 hours per day, seven days a week. Some residents also rotated through the service as part of their training program. The Emergency Medical Service became a department of the hospital and medical staff. In August, 1982, the University Hospital Emergency Service was designated as one of two level 1 trauma centers in Omaha. The other was the service at Creighton St. Joseph Hospital (176).

In 1987, the Emergency Service expanded to eight multiuse examination rooms and five open bays. Additional new facilities also included a medication/supply room, equipment storage rooms, conference room, both male and female patient bathrooms, a storage room, two dirty utility rooms, a private family consultation room, and increased office space. With the opening of the Outpatient Care Center in 1993, a hallway was added connecting to the elevator to the new helicopter pad on the top of that building.

At the present time, the Emergency and Medical Service staff consists of six full-time physicians, 22 FTE nurses and 14.5 FTE ancillary personnel.

In 1971, the Medical Center purchased an ambulance which was fitted to handle neonatal patients. The ambulance transported patients from communities outside Omaha to the Medical Center. A physician and/or nurse accompanied the patient. In 1975, a large mobile home van was purchased, remodeled and modified into a travelling intensive care unit. Originally, it was to transport neonatal patients, but eventually it was used
to transport adult patients from outlying communities to the University Hospital. The original van continued to be used for neonatal patients. It was discontinued in 1984 and the larger vehicle was discontinued in 1985 as air transport became a more efficient means of transportation.

In the 1970's, arrangements were made with a local air transport company to transport patients to the University Hospital from extended distances in the state. A nurse and/or physician would travel with the plane and accompany the patient. On October 16, 1981, a helicopter transport system was inaugurated which was shared with Bryan Memorial Hospital in Lincoln, and Clarkson, Children's and Methodist Hospitals in Omaha (175). It was named “SKYMED” and transported over 400 patients in its first year of service. In July, 1984, a dedicated full-time team of five adult/pediatric nurses and five neonatal nurses began service with the helicopter.

A number of local transport companies were still employed to transport patients via fixed wing aircraft from greater distances beyond the range of the helicopter. SKYMED nurses went with the plane to accompany the patients. In December, 1989, the SKYMED program itself committed to provide fixed wing transport for patients throughout Nebraska, the United States, and Canada. This was necessitated by increased referrals to the transplant programs which had been developed at the University Hospital and were attracting patients beyond the borders of Nebraska. By 1991, after ten years of service, SKYMED had transported over 6,000 patients and the staff had increased to 18 nurses.

Reference to Table 7 records the increase in the case load of the Emergency Medical Service over the last 25 years. The decrease from 1977-78 to 1982-83 was assumed to be due to the fact that the new Creighton St. Joseph Hospital opened in 1978 and many emergency cases from the north side of Omaha were routed there. In addition, other factors pertaining to the city's emergency transport system had an influence.

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<td>1987-1988</td>
<td>20,800</td>
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</tr>
<tr>
<td>1992-1993</td>
<td>23,515</td>
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</tr>
</tbody>
</table>

Table 7: Number of patients seen in the emergency room for a period from July one year through June of the next in five-year intervals starting from 1917. No records were available prior to 1967 other than the three years listed. These figures represent patients admitted to the hospital as emergency admissions, not patients seen in the emergency room.
OPERATING ROOMS

Information on the physical aspects of the operating room in the early days of the hospital was not available. The surgical suite was located originally on the seventh level of Unit 1 and remained there until Unit 4 opened in 1969. With the help of Ms. Lila Moffat, plus personal knowledge subsequent to 1966, the following information has been put together.

Circa 1955 the surgical suite consisted of two operating rooms, OR 1 and OR 2, in the north wing plus a scrub room and a small sterile supply room on the west side and a "cleanup" room on the east side. In the latter, instruments were boiled to sterilize them until 1958-59 when a steam autoclave and flash autoclave were obtained. In the south wing there was a surgical amphitheater which was not used in the 1950’s, but had been used extensively earlier. On Friday afternoons, that room was used by the orthopedic service for cast changes on clinic patients. A coffee room for the staff was located behind and beneath the amphitheater seats. About 1960, a floor/ceiling was added creating an eighth floor in the amphitheater and another operating room, OR 3, was created in the area on the seventh level. There was also a room on the east side of the south wing which was used for linen packs. In 1962, this was converted into a small operating room, OR 4.

The nurses’ and doctors’ lockers and dressing rooms were put on the new eighth floor. Previously, the doctors’ room had been on the east side of the corridor between the north and south wings. This area became the operating room supervisor’s office. The nurses’ dressing room had been on the south side of the corridor connecting Unit 1 with Unit 2 on the seventh level. This room became a store room for equipment. There was one other room on the south side of that corridor which was used almost exclusively for eye surgery during the early years of the hospital, but later on it was also used for some minor surgery.

With the opening of Unit 4 in 1969, the surgical suite was moved to the south end of level 1 in that unit. There were six rooms for major surgery in the new area, two rooms for cystoscopy, a recovery room, an anesthesia workroom, a pre-op prep room and doctors and nurses dressing rooms. In the mid 1970’s, the wall between the two cystoscopy rooms was removed and a larger room was made for cystoscopy plus other minor surgery and occasionally major surgical procedures. There was a small room next to the anesthesia workroom in the west corridor that had been used for minor surgery. It became a pre-op prep room where IV’s were started, medications given, and other necessary preoperative preparation carried out.

With the advent of the University Healthcare Project, the surgical suite was expanded. Eight new operating rooms were added in level 1 of the new building where it abutted on the Unit 4 operating room area. The original area was remodeled retaining two operating rooms to bring the total to ten. In addition, there is a cystoscopy room and
both the preoperative and recovery rooms were expanded. There is a new anesthesia workroom, a pre-surgical admission area, a frozen section room for Pathology, new dressing rooms, director and assistant director offices, front desk and supply areas.

With the increasing emphasis on reducing hospital stay and costs, more outpatient surgical procedures are being done. In 1986, the University Hospital opened the University Surgical Center on level 2 of the Special Services Provision (the former College of Nursing Building) (181). It has four operating rooms, a preoperative area, and a recovery area for patients to recover from the effects of surgery or anesthesia before release. There is also a waiting room for families.

**UNIVERSITY OF NEBRASKA HOSPITAL SURGICAL STATISTICS**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>INPATIENT</th>
<th></th>
<th>OUTPATIENT</th>
<th></th>
<th>REMARKS</th>
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<tr>
<td></td>
<td>MAJOR</td>
<td>MINOR</td>
<td>MAJOR</td>
<td>MINOR</td>
<td></td>
</tr>
<tr>
<td>*1934-1935</td>
<td>1,295</td>
<td>2,212</td>
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<tr>
<td>*1938-1939</td>
<td>3,203</td>
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<td></td>
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<tr>
<td>1942-1943</td>
<td>2,342</td>
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<tr>
<td>1947-1948</td>
<td>973</td>
<td>1,369</td>
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<td></td>
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<tr>
<td>1952-1953</td>
<td>1,150</td>
<td>986</td>
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</tr>
<tr>
<td>*1973-1974</td>
<td>4,079</td>
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</tr>
<tr>
<td>1977-1978</td>
<td>4,707</td>
<td>4,707</td>
<td></td>
<td></td>
<td>Minor procedures performed in outpatient clinics</td>
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<tr>
<td>1982-1983</td>
<td>4,395</td>
<td>3,801</td>
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<td></td>
<td>Minor procedures performed in outpatient clinics</td>
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<td>1987-1988</td>
<td>3,314</td>
<td>1,853</td>
<td></td>
<td></td>
<td>Procedures performed in outpatient surgical center</td>
</tr>
<tr>
<td>*1991-1992</td>
<td>4,415</td>
<td>2,210</td>
<td></td>
<td></td>
<td>Procedures performed in outpatient surgical center</td>
</tr>
</tbody>
</table>

*Figures not in the usual five-year interval sequence

**TABLE 8** Number of surgical procedures performed in the period from July of one year through June of the next in five-year intervals starting from 1917. Available records did not separate major and minor procedures performed in the hospital operating room except as noted. Records of minor outpatient procedures were only available for the periods shown since the outpatient surgical center was not opened, it is assumed that these were all minor procedures done in the clinics.
Such statistics as were available are shown in Table 8 for both inpatient and outpatient surgical procedures. The first available records which could be found were for the year January, 1934 to January, 1935. Annual figures at five-year intervals are used as they have been for other statistics in this history. There are a number of exceptions to this system noted in the Table. No outpatient figures were available before 1977-78. All the figures came from annual record room summaries based on monthly admitting offices figures as has been the case with other statistics. The outpatient figures for 1977-78 and 1982-83 are assumed to represent minor procedures carried out in the clinics. The figures for 1987-88 and 1991-92 are from the University Surgical Center statistics and are arbitrarily listed as major.

Contemporary surgical procedures have been enhanced by the use of sophisticated equipment. In the early 1980’s, the first operating microscope was purchased for the operating rooms. Today, there are eight in the inpatient and outpatient surgical areas. The first laser was purchased around the same time. Today, there are three, a YAG, a CO2, and a KTKP. A Cryosurgery Unit has been available since the 1980’s.

**ANESTHESIA SERVICE**

Since the Anesthesia Service, like Radiology and Clinical Laboratory, is considered a hospital service, it seemed appropriate to provide some information on that service at this point. This was obtained from Dr. Denis Cuka, who indicated that he had talked to Dr. John Barmore. As noted elsewhere in this history, Dr. McAvoin, was in charge of Anesthesiology, as well as Radiology and the drug room in 1917. Dr. McAvin administered anesthesia from 1917 through 1943 and then on a part-time basis until 1951. Nurse anesthetists were also used from 1922 until 1943. One or two nurse anesthetists were employed subsequent to 1943. For several years in the early 1970’s, the Anesthesiology Department ran a Nurse Anesthesia Education Program. The program was discontinued in 1975 and nurse anesthetists were no longer employed after that time.

In 1945, Dr. Dorothy Thompson, who was the first boarded Anesthesiologist in Nebraska, consulted at the University Hospital. She was in private practice in Omaha. Dr. Murial Frank and Dr. Lynn Thompson, subsequently came to Omaha, and with Dr. Dorothy Thompson were consulting Anesthesiologists to the University Hospital on a rotating basis. In 1948, Dr. John Barmore became the first resident under their supervision. Dr. Barmore, subsequently, left for the armed services.

From 1949 to 1952, Dr. Stager was the full-time Chairman of the Anesthesiology Service. It is not known whether or not there were any anesthesiology residents at that time.

Dr. Barmore returned in 1952 and became Chairman of Anesthesiology. Apparently, residents were trained subsequent to his arrival, therefore, anesthesia services were per-
formed by Dr. Barmore, residents, and nurse anesthetists. Dr. Barmore resigned in 1962 and Dr. John Jones became Chairman shortly thereafter. Drs. Thompson and Frank provided anesthesia services in the interim. With the arrival of Dr. Jones, a solid residency training program was established and has been in place ever since. At the present time, anesthesia services are provided by 17 staff anesthesiologists, most of whom are board certified, and 26 residents.

LABOR AND DELIVERY

It appears that the obstetrical service was on the fifth level of Unit 1 when the hospital opened. In two histories of the College of Medicine (29,166) the following appears. In one (29) there is a picture of the nursery on “the third floor” which would be level 5, and in the other (166) it is noted that there were two wards for Obstetrics and Gynecology on “the third floor”. Although no specific references could be found, it seems reasonable to assume that the labor and delivery area was on the same floor.

In 1935, the interns quarter in the east wing over the hospital entrance on the sixth level of Unit 1 was remodeled into an obstetrical unit (58). The interns quarters were moved to the fifth level of Unit 2. According to information provided by Dr. Joseph Scott, in the 1950’s, this delivery area had a central hall with a shower room on the left (north) and a two bed labor room across the hall to the south. Sometimes a third bed would be kept in the hall. There were two delivery rooms at the east end connected by a utility room. The larger room on the north was used for Caesarean sections when they were required. The obstetrical ward was in the north wing. There were two private rooms for very sick patients or postoperative recovery patients. In 1963, former residents donated funds to renovate one private room that was subsequently used for the care of medical students and residents’ wives. The room was named the Sage room in honor of a former department chairman. The remaining ward had eight beds on each side and a sunroom at the end. The newborn nursery occupied the south wing. Infants were brought to their mothers from there in a large wheeled multi-slotted cart. A common lavatory and shower area served the entire ward.

When Unit 4 was opened in 1969, the obstetrical service was moved to the fourth level of that unit. Two delivery rooms were located off the north side of the corridor across from the elevator bank. Five labor rooms were available and there was a separate recovery room. There were 15 rooms, private and semiprivate, in the two west corridors and the north side of the east corridor. The newborn nursery was located in the southeast section of the floor. Approximately 10 years ago, a birthing room was added next to the delivery rooms.
<table>
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<td>Includes 161 deliveries on Family Practice Services</td>
</tr>
<tr>
<td>1987-1988</td>
<td>1,082</td>
<td>Includes 168 deliveries on Family Practice Services</td>
</tr>
<tr>
<td>1992-1993</td>
<td>1,054</td>
<td>Includes 134 deliveries on Family Practice Services</td>
</tr>
</tbody>
</table>

**Table 9**  Number of obstetrical deliveries in a period from July of one year to June of the next in five-year intervals starting from 1917. Figures for the years 1932-33, 1952-53 and 1957-58 not available.

Table 9 reveals the annual volume of deliveries since 1922-23 with some omissions because of lack of records. Also, the Table reveals that there have been deliveries carried out by the Family Practice service for the last 10 years.
INTENSIVE CARE SERVICES

The first Intensive Care Unit at University of Nebraska Hospital was a pediatric unit on the fifth level of Unit 2 which opened in June, 1967. It had eight beds (15). Adult Intensive Care Units were opened November 5, 1969. An Adult Surgical Intensive Care Unit of eight beds was opened on the sixth floor of Unit 2. A unit of eight beds was opened on six west which was in the west wing on the sixth level of Unit 4. An Adult Medical Intensive Care Unit of eight beds was opened on five west which was in the west wing on the fifth level of Unit 4 (29).

The Adult Intensive Care Units were combined in 1981 when a 16 bed unit was opened on August 22. It was located in the west wing on the fifth level of Unit 4. Private rooms replaced the two “ward-like” units. Oxygen, suction, and electrical outlets were contained within a “power column” which was free standing in every room. This system was the first for an Omaha hospital and allowed easier access to patients in crisis situations (92,171). At that time, the Unit employed 53 full or part-time nurses and clerks.

Under Dr. Gerald VanLeeuwen, Chairman of Pediatrics, a Neonatal Intensive Care Unit was started in 1969 with a number of segregated “beds” in the newborn nursery in the south wing of level 4 in Unit 4. In 1970, a separate unit was established within the newborn nursery area. In October, 1979, a new 34 bed Neonatal Intensive Care Unit was dedicated and opened in the same location on the fourth level (157).

The Pediatric Intensive Care Unit was remodeled, upgraded, and opened with ten beds in the same location in the south wing on level 5 of Unit 2 on September 22, 1980 (159). During remodeling, pediatric patients were admitted to the Adult Intensive Care Unit.

In 1992-93, there were 816 patients admitted to the Adult Intensive Care Unit. From 1982-85, bone marrow transplant patients were cared for in the adult unit, but since 1985 an independent Oncology-Hematology Special Care Unit on the seventh level of Unit 4 has been opened. From 1985 through June of 1993, liver transplant patients were cared for in either the Adult or Pediatric Intensive Care Units. Subsequently, an independent Liver Transplant Unit has been opened. As of the present time, the Adult Intensive Care Unit employs 69.4 FTE nurses and 12.2 FTE ancillary personnel.

At the present time, Pediatric Intensive Care Unit employs 24.5 FTE nurses and 2.6 FTE ancillary personnel and the Neonatology Intensive Care Unit employs 68 FTE nurses and 6 FTE ancillary personnel.
TRANSPANT PROGRAMS

A Bone Marrow Transplantation Service, under the direction of Dr. James Armitage, was started at University Hospital in April, 1983 (4). The first patient was transplanted on April 1, 1983. During the first year, 22 transplants were performed on 20 patients including three children although a separate Pediatric Transplant Program was not in place at that time. The number of transplantations increased each year and 111 were performed in 1992. As of December, 1992, a total of 1,049 bone marrow transplantations had been performed at the University of Nebraska Hospital.

On June 18, 1984, the first peripheral stem cell transplant was performed. By December, 1992, a total of 350 peripheral stem cell transplants had been carried out.

At the beginning of the program, patients undergoing transplantation were cared for in the Intensive Care Unit. In January, 1985, the first patient was admitted to a new Oncology-Hematology Special Care Unit on the seventh level of Unit 4. The Unit consisted of nine rooms which featured high efficiency particulate air filtration. The Unit was full in six months. Later, a conference room was converted into a tenth patient room. Between 1987 and 1989, an additional 20 rooms was converted into transplant beds on the seventh level of Unit 4.

In July, 1987, a Pediatric Transplant Program was initiated under the direction of Dr. Peter Coccia. The number of pediatric bone marrow transplants has increased and currently averages 25 per year. Pediatric patients were admitted originally to the seventh floor transplant unit. In 1992, a separate five bed transplant unit featuring an improved air filtration system was opened in the north wing on the sixth level of Unit 2. This unit is used almost exclusively for pediatric patients.

In 1992-93, there were 389 admissions to the seventh floor unit and 63 admissions to the new sixth level unit.

At the present time, there are eight physicians and ten coordinators serving the Adult Transplant Program and five physicians and five coordinators serving the Pediatric Transplant Program. There are six physician assistants serving both programs. Nurses and clerks and other ancillary personnel are assigned to both programs as needed. There are 52 nurses and 20 clerks or other personnel.

In 1985, a Liver Transplant Program was initiated under the direction of Dr. Byers Shaw Jr. The first transplant was performed July 19, 1985 (180). Fourteen were carried out in 1985, nine adults and five children. The original staff consisted of two surgeons, one nurse, and one secretary. Patients were admitted to the appropriate Intensive Care Unit after surgery.

At the present time, the staff consists of four surgeons and six internists. Physicians of the Internal Medicine Service were involved with the program from the outset since the group headed by Dr. Michael Sorrell had an international reputation for research in liver disease even before the transplant program started. Now the internists, as well as
the surgeons, are designated members of the team. In addition, the team has eight fellows, two physician assistants, six nurses, three data coordinators, 20 secretaries and/or ancillary help. In 1993, 131 transplants were performed on 93 adults and 38 children.

In February, 1989, a Pancreas Transplant Program was approved as a joint venture of the University of Nebraska Medical Center and Clarkson Hospital, and on April 5, 1989 the first combined kidney-pancreas transplantation was performed at Clarkson Hospital. The program is under the direction of Dr. Robert Stratta and with rare exception, the operations are performed at Clarkson Hospital. By the end of 1993, a total of 137 patients had undergone a pancreas transplant since the program started.

With the growth of the transplant programs, patients throughout the United States and some foreign countries are now being referred to the University of Nebraska Medical Center for transplantation procedures.

**CLINICAL LABORATORY**

The information in this section was supplied by Dr. James Newland of the Department of Pathology and Microbiology in consultation with Dr. Morten Kulesh. Through the efforts of Dr. J. Jay Keegan, who was to become Dean of the College of Medicine in 1925, a Medical Technologist, Miss Helen Wyandt, was recruited in 1923 to set up a clinical laboratory at University Hospital (51). Miss Wyandt was the first registered medical technologist in the State of Nebraska. She established the teaching program in Medical Technology which has continued to the present time, now as a nationally recognized baccalaureate program. In a clinical pathology textbook of that day, it was noted that a table in the corner of the room was all that was necessary to perform laboratory tests. The new laboratory was located in the northeast corner of the North Laboratory building, the original building at the time the College of Medicine was established at 42nd Street and Dewey Avenue. Microbiology and histology laboratories and surgical pathology were located here as well. Teaching laboratories were utilized in the basement and second floor, and administrative offices were on the second floor. The first full-time clinical pathologist, Dr. Aura Miller, joined the department in 1926 and remained until 1930. Dr. J. Perry Tollman, destined to become Chairman of Pathology and Dean of the College of Medicine, joined the staff as a clinical pathologist in 1931.

At some point, the Clinical Laboratories were moved to the north wing of the ground floor (level 3) of Unit 1 of the hospital. In the 1940's, they were moved to the southwest corner of the fourth level of Unit 2. The facilities included a room for chemistry, a small room for hematology, a microbiology laboratory and a room for histology. Laboratory testing remained primitive by present day standards. Most tests were done manually and
measured using photoelectric colorimetry. Many reagents were prepared by the laboratory. For instance, thromboplastin, a reagent for prothrombin time, was prepared by the laboratory using rabbit brains.

Dr. Morton Kulesh joined the staff as Director of Clinical Laboratories after completing residency training at University Hospital in 1951. He remained in the department until 1965. Laboratory procedures remained labor-intensive and there was no automation until the late 1950’s. At that time, a Technicon dual-channel autoanalyzer was obtained which provided glucose and blood urea nitrogen measurements. Present day sophisticated multi-test analyzers were developed using the principles of these early instruments.

In 1962, with the addition of Unit 3, the Clinical Laboratory moved to new facilities on level 3 in the north end of that unit. The laboratory began an explosive expansion in sophisticated procedures that has continued to the present time. Automation came to the hematology laboratory in the form of the particle counting technology of the Coulter Counter. Now, medical technologists had to depend less on the cumbersome and time-consuming hemocytometer where counts were done by hand.

Dr. Arthur L. Larson became Director of Clinical Laboratories in 1965 and remained until 1982. When Unit 4 was opened in 1969, more space (4,000 sq. ft.) was added to the Clinical Laboratory mostly on the fourth level which came about from the addition of the north wing of Unit 4 on top of Unit 3. In 1979, after the addition of the clinic building, the laboratory expanded into the third level of that facility adding 10,000 sq. ft. of space. More sophisticated laboratory procedures continued to be added. Much of the credit for these advances lay with Dr. Guy Haven who was with the department from 1970 through 1982. In 1981, Dr. James Newland became Director of the Clinical Laboratory and remained in that position until 1985.

During the 1980’s, immunology came to the fore in laboratory medicine with such advances as polymerase chain reaction, monoclonal antibodies, flow cytometry and DNA probes. Dr. Dennis Weisenburger became Director of Laboratories in 1985 and has remained in that position until the present time. Presently, robotics is in development for the laboratory under the guidance of Dr. Rodney Markin and a robotics delivery system was inaugurated in 1993. The Clinical Laboratory now occupies approximately 25,000 square feet and could no longer occupy a table in the corner of the room.

Throughout this time, the Department of Pathology and Microbiology has provided clinical services pertinent to the function of the hospital, such as interpretation of frozen surgical specimens, permanent surgical tissue biopsy interpretation and diagnosis and postmortem examinations.
TABLE 10  Number of procedures performed in the Clinical Laboratories in a period starting from July of one year through June of the next in five-year intervals starting from 1917. The figures for 1983 through 1994 are from the departmental record system which is significantly different from the previous hospital system. The 1993-94 figure is projected.

Table 10 shows the progressive increase in the volume of procedures performed in the Clinical Laboratory. Figures through 1972-73 were obtained from the hospital record room. After that date, apparently, there were no records kept by the hospital. The last three sets of figures were obtained from the Clinical Laboratory office, and the apparent discrepancies are due to the two different record systems.
RADIOLOGY

When the hospital opened in 1917, x-ray facilities were located adjacent to and beneath the surgical amphitheater on the seventh level of Unit 1. They were operated by the intern staff under the general supervision of Dr. James McAvin who was also in charge of the drug room and anesthesia. When Unit 2 was opened in 1927, X-ray facilities were moved to the south side of the ground floor (level 3) of that unit. In 1927, the Board of Regents established the Department of Roentgenology and Physical Medicine and appointed Dr. Carter B. Pierce as chairman. Dr. Howard B. Hunt was appointed chairman in 1930 and served in that capacity until 1968. The department was staffed entirely by part-time and voluntary faculty until 1963 when the first full-time appointment was made. Full-time clinical staff increased from one in 1963 to 20 in 1993. Physical Medicine was separated from Radiology in 1955 when Dr. Dwight Frost was appointed chairman of the new department of Physical Medicine and Rehabilitation as discussed in another section of this history.

Under Dr. Hunt, three separate divisions were established in Radiology. In 1931, the department acquired 50 mgm of radium and the Radiation Therapy division was established in addition to diagnostic radiology. In 1937, a 250 KV deep x-ray therapy unit was added. In 1961, Radiology was moved to level 1 of Unit 3 where it is still located and a small Telecobalt Unit was added to the Radiation Therapy division at that time. The Eppley Radiation Center was initiated in 1966 and in 1968, an 18 MEV Betatron was acquired. Subsequently, a 20 MEV linear accelerator was installed and additional equipment has continued to be added as necessary to provide the best possible radiotherapy facility. Table 11 shows the volume of services provided from 1952 to 1992.

In 1947, a Nuclear Medicine Division was established when radioisotopes became generally available from the Oak Ridge Atomic Energy Complex. The initial equipment consisted of a navy surplus portable Geiger-Mueller counter and related laboratory utensils. Service greatly expanded as new and additional equipment was added to provide sophisticated metabolic and physiologic studies and scanning techniques for topographic mapping of organic systems among others. The volume of services provided by this division can also be found in Table 11.
UNIVERSITY OF NEBRASKA HOSPITAL
RADIOLOGY DEPARTMENT STATISTICS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>DIAGNOSTIC PROCEDURES</th>
<th>RADIOThERAPY TREATMENTS</th>
<th>NUCLEAR MEDICINE PROCEDURES</th>
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<tr>
<td>1952-1953</td>
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<td>1977-1978</td>
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<td>1987-1988</td>
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<tr>
<td>*1991-1992</td>
<td>94,792</td>
<td>12,997</td>
<td>8,434</td>
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*Figure not in usual five-year interval sequence

**TABLE 11** Number of procedures and treatments performed in the Radiology Department in the period starting from July of one year through June of the next in five-year intervals starting at 1917. No figures available until 1952-53. No figures available for nuclear medicine for 1952-53 and 1987-88. No figures available for radiotherapy for 1987-88.

Facilities and equipment for diagnostic radiology have increased in keeping with a workload which has doubled every eight to ten years. The original floor space in Unit 1 was 200 square feet. Today, the total square footage within the department has grown to over 33,000 square feet. Radiographic equipment has progressed from gas tubes, glass photographic plates, induction coil generators and unprotected high voltage aerials to shock-proofed equipment, three phase millisecond generators, high speed rotating anode tubes, automated film processors, image intensification fluoroscopy and more. The development of increasingly sophisticated radiologic techniques and such things as selective angiography, angiocardiology, and neuro-radiology has necessitated the acquisition of more sophisticated and complex equipment.

The first Computed Tomography (CT) unit, a second generation EMI unit, was acquired in 1975. It produced images of the head only. It was replaced in the summer of 1981 by a GE CT scanner which could produce images of other portions of the body in addition to the head. A second CT unit was acquired in the summer of 1980 to handle
the load which had increased to 6,119 examinations in the year 1988-89. A Magnetic
Resonance Imaging (MRI) unit was installed in the fall of 1983 and a second MRI unit
was installed during the winter of 1992 and became operational in October, 1993. Dur-
ing 1991-92, 4,343 procedures had been performed on the first unit. Table 11 shows the
annual volume of all diagnostic radiologic procedures from 1952 to 1992.

PHYSICAL, OCCUPATIONAL
AND RECREATIONAL THERAPY

Mr. Raymond Breed, Coordinator of Physical, Occupational and Recreational Therapy,
was kind enough to provide the following information on these hospital services. In
1927, Dr. Carleton Pierce was appointed Chairman of Roentgenology and Physical
Therapy. Physical therapy services were actually provided under a contract with the
Visiting Nurses Association. This continued until 1952 when J. Robert Amick, R.P.T. was
hired as the first full-time physical therapist. In 1955, physical medicine was separated
from radiology, and the Department of Physical Medicine and Rehabilitation, under the
direction of Dr. Dwight Frost, was established. In 1956, Dr. Frost also established a multi-
disciplinary rehabilitation center at Douglas County Hospital.

The physical therapy department at University Hospital was housed in a small area on
the third level of the south laboratory building. This area served both inpatients and
outpatients. Inpatients from University Hospital were taken by wheelchair or gurney
outside by the east entrance of the hospital to the northwest entrance of the South
Laboratory building in all kinds of weather.

In 1963, when other outpatient clinics were moved to Unit 3 of the hospital, the
South Laboratory building was remodeled; a large new Physical Therapy Clinic with new
and expanded equipment now occupied the entire third level of the South Laboratory
building except for the amphitheater. A tunnel was also constructed connecting the
South Laboratory building to the hospital which eliminated moving patients outside.
The remodeling project also provided for physicians offices, a patient waiting room and
classrooms.

Dr. Frost resigned as director in 1967, and Dr. Russell Blanchard became director. In
1976, the department stopped providing service at Douglas County Hospital. This re-
sulted in some changes in the staff because a number had been paid by both the Univer-
sity and Douglas County. These individuals served University Hospital on a four-month
rotation. Only those who received all of their salary from the Medical Center remained
at the University Hospital. Shortly after Dr. Blanchard resigned, it was decided not to
replace him with another physician. Mr. Ray Breed was named the first non-physician
director and the department came under the direction of the University Hospital rather
than the College of Medicine/Medical Center. It was renamed the Department of Physical Therapy at University Hospital.

In July, 1977, the service was expanded by the addition of Occupational Therapy and Kathy Mahaffey Dudley was hired as the first occupational therapist and the name was changed to the Department of Physical and Occupational Therapy. In 1978, the department moved to an area on the south side of level four of the hospital in Unit 2 plus a smaller unit on level 6 in Unit 4. By this time, the department had grown to three staff physical therapists, a physical therapy clinical supervisor, an occupational therapist, two aides and a full-time secretary.

In 1980, Sports Physical Therapy was added and in 1982 the department expanded to include the entire south wing on the fourth level in Unit 2 to accommodate Sports Physical Therapy and other phases of the department which were also growing. In 1986, the Occupational Therapy section and hydrotherapy which had been on the sixth level moved to the fourth level in space formally occupied by Biomedical Communication.

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**UNIVERSITY OF NEBRASKA HOSPITAL PHYSICAL MEDICINE DEPARTMENT STATISTICS**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PHYSICAL THERAPY</th>
<th>OCCUPATIONAL THERAPY</th>
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</thead>
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<tr>
<td></td>
<td>INPATIENT</td>
<td>OUTPATIENT</td>
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</tr>
<tr>
<td><strong>1991-1992</strong></td>
<td>7,062</td>
<td>7,000</td>
</tr>
</tbody>
</table>

*Figure not in usual five-year interval sequence
**Figure includes treatment at Douglas County Hospital

**TABLE 12**  Number of treatments performed by Physical Medicine in a period starting in July of one year and extending through June of the next year in five-year intervals starting at 1917. No figures available from 1917 to 1952.
Table 12 shows the number of services provided annually in five year intervals from 1952-53 to 1991-92. In recent years, the complexity of the inpatient population has changed significantly secondary to the advent of the liver and bone marrow transplant programs. When the department was located in the South Laboratory building seldom, if ever, was a patient with an IV running brought to the department for therapy. Now patients who have as many as four IV pumps running at the same time are receiving physical therapy. Also, the patient load has become more international and members of the department are challenged to communicate in many different languages.

When the Nebraska Psychiatric Institute became part of the University Hospital, its occupational and recreational therapy programs were merged with the hospital programs to form the Department of Physical, Occupational and Recreational Therapy. Since the Geriatric Rehabilitation Program opened in 1988, physical and occupational therapy had been provided to its patients.

Lastly, in 1990, physical therapy services were started at Lutheran Hospital when University Hospital East opened at that facility. Also, the Sports Physical Therapy section left to develop a private practice in West Omaha with both the former Medical Center Sports Medicine physicians.

**RESPIRATORY THERAPY-PULMONARY MEDICINE**

Information for this section was provided by Mr. Michael Luethge, Manager of Respiratory Care Services. In April, 1969, Mr. Herbert Greshen, was hired by the hospital as the first Inhalation Therapist which was the title used at that time for Respiratory Therapist. The department was located on the south side of the corridor connecting Unit 2 with Unit 4 on the fourth level.

Common types of respiratory care employed at that time were oxygen therapy, intermittent positive pressure breathing (IPPB) aerosol therapy, postural drainage and mechanical ventilation. The latter and IPPB were provided via Bird Mark 7 or Puritan-Bennett PR2 respirators. Medical direction for Inhalation Therapy was provided by the physicians of the pulmonary medicine staff. Mr. Greshen left after one year and was replaced by Mr. Samuel Schroeder who remained for seven years. During that time, a number of changes occurred. The department grew to ten therapists and technicians, the designation “Inhalation Therapy” was changed to Respiratory Therapy, medical direction was transferred to the Anesthesiology Department where it remains, and some treatments and therapies performed by the nursing staff were shifted to the Respiratory Therapy Department.

In the early 1980’s, two specialty groups of Respiratory Therapists developed to meet specific needs at University Hospital. A small group of Respiratory Therapists were moved into the Anesthesiology Department to provide diagnostic and monitoring sup-
port to patients in the operating rooms and recovery areas. Also, at the same time, a similar need for specialized therapists were met for patients seen by the Pediatric Pulmonology service. These groups of therapists are still providing specialized Respiratory Care to these patient populations.

In 1983, the department was moved to the northeast corridor space on the sixth level of Unit 4 in space previously occupied by the Adult surgical Intensive Care unit. In 1988, the department’s administrative functions were moved next to the clinical facilities on the sixth level where it remains to the present time. It now occupies approximately 2,300 square feet, the staff has increased to 60 therapists and technicians and four support staff.

The department now provides services on average to 50% of the patients admitted to the hospital. It monitors and supports 25 patients per day on mechanical ventilation and provides approximately 6,500 treatments/therapies per month. In addition to support for patients on ventilators, the department provides breathing treatments for patients with asthma and other obstructive pulmonary disease, oxygen therapy as requested by physicians, postural drainage treatments in the patient’s rooms, some intermittent positive pressure breathing and non-invasive respiratory monitoring.

The Pulmonary Laboratory which provides diagnostic pulmonary services began in 1968 under the direction of Dr. Irving Kass, Chief of Pulmonary Medicine at that time. Dr. Kass conducted a study of pulmonary secretion techniques which resulted in the creation of therapy now referred to as “postural drainage and percussion” still employed today. At that time, patients with excessive pulmonary secretions were brought to the pulmonary laboratory for treatment since the laboratory had the only special table to tilt patients into the proper drainage position. With the advent of hospital beds which allowed the patients to be tilted to the head down position, treatment can now be carried out in the patients’ rooms by Respiratory Therapists.

The Pulmonary Laboratory was initially located on level 1 of Unit 3, in the area now occupied by the Radiology file room. When the operating rooms were moved from the seventh floor of Unit 1 to level 1 of Unit 4, the Pulmonary Laboratory was moved into the vacated space on that level of Unit 1 where it remains to the present time.

Today, a staff of seven, under the direction of Pulmonary Medicine physicians, provides pulmonary function testing, pulmonary stress testing, assists physicians with bronchoscopies, provides laboratory analysis of pulmonary washings obtained by lavage for diagnosis and monitoring and provides appropriate instruction to patients and families for respiratory care.
PHARMACY

In 1917, Dr. James McAvin, who supervised the x-ray facility and anesthesiology, was also in charge of the drug room which presumably constituted the pharmacy at that time. Apparently, it was located on the ground floor (level 3) of Unit 1. The first pharmacist to work at University Hospital, Mr. Fred Larson, was employed sometime in the mid 1940's. Mr. Robert Connor, who provided most of the information for this section, came to work at the University Hospital in June, 1956. He confirmed that the pharmacy was located in a small area on level 3 of Unit 1 at that time.

The pharmacy was approximately 10 feet by 30 feet and all services to nursing units, operating rooms and outpatient clinics were handled from that area. Prescriptions were filled for patients seen in the outpatient clinics in the South Laboratory building. At that time, there was no tunnel connecting that building to the hospital and the trip in winter and inclement weather was anything but pleasant. Drugs were supplied to the nursing units as floor stock. A drug basket was bought to the pharmacy each morning from each nursing unit and filled and delivered back to the unit by pharmacy. Intravenous fluids and administration sets were stored in a small room on level 6 of Unit 2 adjacent to the central supply department.

In 1962, the department moved to Unit 3. The outpatient pharmacy was located on level 2 near the outpatient area on the north side. Inpatient pharmacy was located on level 1 immediately below the outpatient area.

In 1970, the department moved to level 2 of Unit 4 where both inpatient and outpatient services were located in the same area. The window for outpatient service was located just to the east of the elevator bank in the main lobby area of the hospital. Entrance to the inpatient pharmacy was at the east end of the corridor which was south of the lobby and central elevator bank. Both the inpatient and the outpatient services were contiguous, forming one large pharmacy area.

When the University of Nebraska Clinic Building was opened in 1977, the pharmacy again relocated to a larger area in Unit 3 adjacent to the clinic building, actually a part of the new and expanded outpatient pharmacy extended into the new building. Both outpatient and inpatient services were provided in the same location. In 1993, with the opening of the Outpatient Care Center, outpatient pharmacy moved to the west end of level 2 in that building, and inpatient pharmacy returned to the previous location south and east of the central elevator bank on level 2 of Unit 4.

As an interesting historical note, Mr. Connor noted that a formulary had been developed and published in 1934. It was developed by the Formulary Committee of the Medical Staff which consisted of six physicians and a pharmacologist. It was a hardbound book and was somewhat unique in that very few, if any, hospitals had such information easily available to their staff at that time.
No figures are available for the type or volume of service provided by the drug room and/or pharmacy prior to 1956. In that year, the pharmacy spent $64,000 for supplies and on a busy day filled 40 prescriptions. In 1992-93, supplies cost $15,000,000 and 680 prescriptions were filled on a busy day. In 1956, the pharmacy was staffed by one full-time and one half-time pharmacist. In 1993, the pharmacy employs 38 pharmacists and 41 ancillary personnel.

MATERIALS SUPPORT SERVICES

Information for this section was obtained from Mr. Mickey Bradshaw, the present Director, plus several other sources.

In 1947, the Central Service Department was started by Irma Kyle, Director of Nursing with the support of the Dean of the College of Medicine \(^{(19)}\). It remained under the nursing service until 1969 when it was assigned to Pharmacy. Prior to 1969, sterilization function was decentralized and departments, particularly the operating room, assumed responsibility for that task. Prior to 1947 when the central supply service was started, sterilization was performed in large boilers on the various floors \(^{(19)}\). Subsequently, some sterilization (i.e., gloves, needles, IV tubing) was done at Central Supply, however, instruments and trays were only wrapped there and subsequently sterilized in the operating room. The name, "Sterile Services" as well as "Central Supply Service" was applied to the department and no documentation could be found as to whether they were used interchangeably at the same time or represented a name change at a specific time.

In 1969, Mr. Milton Exline became Director and reported to Pharmacy. The department began sterilizing instruments in addition to the wrapping and the department name was officially named Sterile Services. In 1973, the responsibility of ordering, receiving and delivering disposable items was added to the department. In 1980, the Messenger Service function was added and the department began to report to hospital administration. In 1980, the department name was changed to Medical Material Services.

The Messenger Service first came into being in 1965. The first messengers were associated with the Pharmacy department. Prior to that time, nursing personnel did most of the errand running. It gradually expanded and by 1969, it covered the entire hospital and clinic area \(^{(19)}\).

When the Central Service Department was started, it was located in the north wing on the sixth level of Unit 2 and remained there until 1969 when it moved to level 2 of Unit 4 opposite the south elevator bank. Interestingly, a hospital floor plan of the early 1940's shows an area on level 2 of Unit 2 labeled Central Supply. No specific information could be found to document the function of this area. It was assumed by individuals in Facili-
ties Management that it may have been an area where all goods for the hospital was
delivered and subsequently dispersed.

In 1982, the department acquired the laundry service. In 1992, the campus motel
(University House) was added to its responsibilities and its name was changed to Materi-
als Support Services. In 1993, the department moved to its present location on level 1 of
the Outpatient Care Center. At the present time, the department is responsible for
sterile services (instrument and tray preparation), supply distribution (management of
medical disposable products), messenger services, University House, and the laundry.

FOOD SERVICE

When the hospital opened, the food service kitchens and the cafeteria were located
on the third level of Unit 1 on the south side. Food for patients was prepared and
dispensed from that area as well as for the cafeteria which, in these early days, provided
service to the medical and nursing staff, house officers, student nurses and some other
employees but not to visitors or outpatients. No other specific detailed information
could be found. In 1969, with the completion of Unit 4, the food service kitchens and
cafeteria were moved to the south wing on the third level of that Unit. New facilities also
included several private dining rooms which could be used for meetings. These were
along the west side of the hospital extending south from the main cafeteria room and
accessible from it.

In 1977, it was decided that an outside management firm would enhance food service
management expertise. Accordingly, in January 1978, ARA Food Service took over re-
ponsibility of all food service operations. By July, 1986, SAGA, Inc. contracted the
management of the food service. At that time, the cafeteria serving and seating areas
underwent extensive renovation. Shortly after SAGA became the food service manage-
ment firm, the company merged with Marriott Food Services. Marriott has continued
to provide the food management service since that time. The operation has been con-
vverted to a scratch cooking model which has allowed improvement in the quality of
services in all areas of patient meals, cafeteria, and catering of special functions in the
private dining rooms.

There are no early figures available on the volume of services provided, however,
there are some recent comparisons. In 1985-86, 132,616 patient trays were served com-
pared to 173,484 in 1992-93. In 1985-86 there were 319,217 cafeteria servings compared
to 942,881 in 1992-93, and 132,616 catered meals compared to 173,484 at present. De-
spite the significant increase in cafeteria servings, the seating capacity of the cafeteria
was reduced from 425 in 1985-86 to 236 at the present time. This apparent paradox is
accounted for by the fact that the majority of meals prepared in the cafeteria now are
takeout. Recent figures show that during the busiest time from 11:00 a.m. to 1:00 p.m.,
the cafeteria serves an average of 1,700 meals per day, 65% of which are takeout.
Ms. Glenda Woscyna was kind enough to provide the following information on the Clinical Dietetic Services. She was unable to trace back beyond the late 1950’s. There was a four-year degree with a major in dietetics offered at the University of Nebraska at Lincoln by 1910 so that it was possible that a dietician could have been hired when the hospital opened.

The author was able to ascertain from Dr. Edward Holyoke who was a medical student in 1931 that Ms. Angela Philips was the Hospital dietician at that time. She subsequently married Dr. Clarence Bantin, a member of the medical staff, and Dr. Harry McFadden recalled that she was still the hospital dietician in the early 1940’s.

In the late 1950’s, there was one full-time and one half-time dietician addressing food service management and clinical nutrition services. Clinical services consisted of providing foods which met special dietary needs during the hospital stay. In 1960, a second full-time dietician was hired and by the late 1960’s, Registered Dieticians became involved in the treatment of outpatients, providing counseling services for a diabetes management, weight loss and other chronic dietary related treatments.

In 1971, the first dietetic technician was hired to pass and pick up menus and address nutrition needs of patients not at nutrition risk. Registered Dieticians began to take a much more active role in helping to guide nutritional care for patients with specific nutritional needs. Use of tube feeding and parenteral nutrition was implemented to meet nutritional needs of patients unable to tolerate oral feedings. An increased teaching/counseling role emerged in the outpatient clinics for dieticians helping patients manage their normal and special dietary needs.

In 1977, the Division of Medical Nutrition Education was founded in the School of Allied Health Professions in order to sponsor a post-baccalaureate dietetic internship program to train students studying to become Registered Dieticians. The dietetic internship program was 12 months in length and unique in that it included a consulting dietetics rotation in many areas of Nebraska where small hospitals and long-term care facilities contract with consulting dietitians for specific management and patient care services instead of hiring a full-time or part-time dietician. Class size for this program was small due to the experiential nature of the training. Class size was four students per year in 1987 and has risen to six students per year at the present time.

The staff of clinical dieticians and dietetic technicians continued to grow during the 1970’s and 1980’s. As physicians identified a need for increasing dietician services for specific patient populations, e.g. Pediatric Cardiology, gastrointestinal disorders, diabetes; the dieticians became increasingly specialized. Patients were assigned to dieticians by service instead of by inpatient unit. This allowed the dieticians to be involved in the patients care throughout the inpatient and outpatient course of medical therapy. At the present time, the staff consists of seven full-time and four part-time clinical dieticians.
Through the years, as a part of an increasing, progressive Medical Center, the hospital has sponsored several nontraditional programs. The Pain Center, the Eating Disorders Program, and the Geriatric Center are worthy of inclusion in this history.

PAIN CENTER

In 1973, Dr. F. Miles Skultety and Dr. Bradley Berman recognized the need for a treatment program for individuals with chronic benign pain (201). The program was called, The Pain Management Center, and admitted its first patients February 16, 1973. The staff included the two physicians, three nurses, two aides, a physical therapist, a psychologist and a social worker. The program was an intensive application of educational, behavioral, and medicinal procedures designed to rehabilitate patients with chronic benign pain syndromes. This syndrome was defined as pain which had been present for at least 12 months, had not responded to standard medical-surgical procedures, and did not arise from a physical cause which, of itself, was disabling or life threatening; i.e., not due to malignancy or other potentially fatal diseases.

Patients were admitted as inpatients and remained for four weeks, although this was not a fixed period of time. They were involved in medication reduction programs, individual and group exercise programs, physical therapy treatments, psychological counseling, social work intervention, nutrition counseling, relaxation and stress management therapy, pain behavior counseling and feedback, and recreational programs. Daily group exercise programs were held at the Meyer's Children's Rehabilitation Institute swimming pool.

In 1975, the program was modified to require the patients to return to their homes for the weekend. An evaluation of results to that time revealed that clients needed to practice in the home environment before discharge, those pain management skills and behavioral changes which were initiated while at the Pain Management Center.

When the program started in 1973, it was located in the north wing on the seventh level of Unit 2 of the hospital. In 1978, it was moved to the forth level of the Specialty Services Pavilion, and in 1990 to the south annex of the University Geriatric Center, formally the Nebraska Psychiatric Institute.

Through the years, the program was modified for a number of reasons including among others fiscal and space restraints and changes in treatment concepts. In 1984, patients stayed in rooms in University House which was a “motel” for outpatients and relatives run by the hospital in the Specialty Services Pavilion. In 1985, clinical coverage 24 hours per day was eliminated, and the treatment was reduced to ten hours per day. This was reduced to eight hours per day in 1986. During this same year, the program lost its direct coverage from the Social Work department, and the first outpatient pain
clinic was opened. It was staffed by two physicians, a neurosurgeon and an internist, plus a physical therapist, a psychologist and a nurse. During the first year, two clinics were established, one staffed by the neurosurgeon and one by the internist.

From its inception, the pain program was under the medical direction of the Department of Neurosurgery. In 1985, it became co-administered by Neurosurgery and Psychology. In 1991, it was administered through the Department of Psychology, and as of 1993 the Department of Anesthesiology.

In 1989, one outpatient clinic was under the medical direction of Neurosurgery and a second under Anesthesiology. More traditional medical treatments were included as options for patients. These included an evaluation for surgically implanted dorsal column simulators, morphine pumps and a wide variety of anesthesiology techniques.

In 1990, the term “Pain Center” was used to designate the entire spectrum of pain-related medical services available at the University of Nebraska Medical Center. At that time, the pain services included: 1) three pain clinics for evaluation, two administered by Anesthesiology and one by Neurosurgery, 2) follow-up visits, 3) outpatient medical intervention for pain, 4) outpatient psychology services, 5) specialized outpatient physical therapy services for pain, and 6) the Pain Management Center Rehabilitation Program.

By 1993, the Pain Center encompassed pain treatment programs for acute pain, cancer pain, and chronic pain. There are now four pain clinics run by Anesthesiology and one run by Neurosurgery. The staff includes one neurosurgeon, two anesthesiologists, two psychologists, two physical therapists, three nurses and one full-time and one part-time secretary.

The number of patients who have been treated in the Pain Management Program has varied little in the 20 years since it started and averages about 50 patients per year who complete the entire four week program. The number of patients seen in the various pain clinics increased from 100 during the first year of 1986-87 to 377 in 1991-92.

**EATING DISORDERS PROGRAM**

Information for this section was provided by Dr. James Madison, Program Development Coordinator of the Eating Disorders Program. The program was established in 1983 under the medical direction of Dr. Paul Pearson with offices in the Swanson Center (177). The initial staff consisted of one doctoral level therapist who was trained in Psychology but not licensed, one master level therapist and a part-time nutritionist. At that time, there were three staff offices, a secretarial office, a group room, and an examining room in the Swanson Center. Inpatients were housed on the general adult medical/surgical floors or on the general pediatric floor of the University Hospital.
The program provides both inpatient and outpatient services for individuals with anorexia nervosa or bulimia nervosa. When the program started, emphasis was given to hospitalized patients. Hospitalization lasted four to ten weeks. Despite many accommodations and effort by the nursing staff on the general hospital floors, it was not possible to provide adequate monitoring of the program's patients when they were not directly participating in therapeutic activity with the staff.

In 1988, the program was moved to the University Geriatric Center (formerly the Nebraska Psychiatric Institute Building). The unit has eight patient rooms, adjacent staff offices, a reception area, examining room, patient areas including a lounge and a kitchen. The nursing staff is dedicated to the unit and not involved with other patients.

The inpatient program now consists of daily individual psychotherapy and nutrition counseling sessions, daily group psychotherapy and nutrition counseling sessions, crafts and leisure activities, group exercise programs several times per week, and almost all meals are taken on the unit under the supervision of the nurses. Individual and group sessions are not carried out on the weekend, but the patients are engaged in therapeutic activities with the nursing staff.

The need for adequate outpatient treatment for individuals whose problems were not severe enough to warrant hospitalization was apparent from the beginning of the program. Accordingly, two outpatient programs were developed. One is the Intensive Outpatient or Day Hospital Program. Patients are on the unit from 7:30 a.m. to approximately 9:00 p.m. five days a week. They engage in the same program as do the inpatients. If they live locally, they return home at night. If they are from out-of-town, they sleep at University House at night. The second program consists of multiple outpatient individual therapy and nutrition counseling sessions per week plus a weekly therapy group. This program is for individuals with less severe eating disorders than those in the inpatient or intensive outpatient programs.

A third outpatient program has been initiated recently to treat individuals suffering from compulsive eating. It is delivered in a series of outpatient groups over a 20 week period. Individual psychotherapy and nutritional counseling is provided as needed.

At the present time, the staff consists of Dr. Dean Antonson who took over as Medical Director in 1989, three doctoral level psychologists all licensed and certified in Clinical Psychology, three masters level therapists all certified in their respective fields, one full-time nutritional coordinator and three half-time dieticians, five nurses, two nursing aids and one part-time aid, an office manager and secretary.

During the first three years of the program, an average of 82 new patients were treated each year. During the past year, 144 new patients were evaluated. The current active patient load is 107.
UNIVERSITY GERIATRIC CENTER

During 1988, appropriate modifications were made at the former Nebraska Psychiatric Institute to develop facilities for the University Geriatric Center. It is located on two floors in 20,000 square feet and is under the direction of Dr. Jane Potter, Associate Professor of Internal Medicine and chief of the section of Geriatrics and Gerontology.

The Geriatric Outpatient Clinic is located on the main floor. It contains six handicapped accessible examination rooms, a conference room and offices. The clinic operates five days per week and has had over 5,500 visits of geriatric patients up to the present time.

The Geriatric Rehabilitation Unit is located on the third floor directly above the outpatient area. It is a 30 bed inpatient unit whose function is to assess the functional ability of post hospitalization geriatric patients with a plan to strengthen and increase their endurance in preparation to returning home or to their previous environment. Services are provided by an interdisciplinary team comprised of geriatricians, nurses, social workers, physical, occupational, recreational and speech therapists, dieticians and pharmacists. An interdenominational chapel service is held on the unit once a week and there is an on-site radiology room for simple x-rays to reduce the necessity of returning to the hospital for follow-up x-rays.

The unit contains a large central dining room with extra lights, sky lights, numerous window seats, a piano and plants. This offers opportunities for activity and socialization. There is a kitchen and practice bathroom which are utilized to help patients to make the transition back into a home environment. Amplified telephone receivers were installed for the hearing impaired and a large physical and occupational therapy room is located on the unit. Since opening in January, 1989, 1,290 patients have been cared for in the Geriatric Rehabilitation Unit.

In addition to the Outpatient Clinic and Rehabilitation Unit, a 14 bed Geropsychiatry Inpatient Unit is located adjacent to the Rehabilitation Unit. Patients in the unit are treated for depression, dementia including Alzheimers disease and psychosis. It is handicapped accessible and has an open and homey environment similar to the Geriatric Rehabilitation Unit. The Geropsychiatry Team consists of geropsychiatrists, nurses, social workers, occupational and recreational therapists and nutritionists. Since its conversion from an adult psychiatric unit five years ago, over 815 elderly patients have been treated.

When the University Geriatric Center opened in 1989, the staff consisted of three geriatricians, two geropsychiatrists and a staff of 100 nurses and ancillary personnel. Today, there are five geriatricians, four geropsychiatrists and over 150 staff.
SOCIAL WORK SERVICE

Most of the information in this section was kindly provided by Florence M. Hansen who was Director of the Social Work Service Department from 1968 to 1986. Medical social services were first offered to patients in 1924, but the medical social workers went off to other hospitals after a few years. There is insufficient information to actually document social services rendered during this early period. It is known that public health nurses helped patients in making plans for discharge and following physicians' recommendations. Also, Ms. Evelyn Schellak, who was to become the first Director, worked as a student aid for a semester.

Ms. Schellak was appointed the first Director of the Social Service Department on August 1, 1947 after earning her Master of Science in social administration at the Mandel School of Applied Social Sciences, of Case Western Reserve University in Cleveland. During her first few years, Ms. Schellak encouraged each of two medical social workers from Cleveland to help her in different years to train some young women who had college majors in sociology. Subsequently, she was able to recruit some social workers and usually had a staff of three including herself plus two secretaries.

In February, 1957, Florence M. Hansen joined the staff. She also graduated from the Mandel School of Applied Social Sciences with a Master of Science in social administration. Ms. Hansen was involved with the University Hospital's program in Physical Medicine and Rehabilitation at Douglas County Hospital. In November, 1961, she left Omaha to accept a position as a Medical Social Consultant with the Oregon State Public Welfare Commission in Salem. She returned to the hospital Social Service Department in July, 1967, as Assistant Director.

In addition to providing services to University Hospital patients and families, the Social Service Department has been actively engaged in community activities and local, regional and national professional activities since its inception. Ms. Schellak was involved in the National Association of Social Workers, Nebraska Welfare Association and Nebraska Affiliates of the American Heart Association, American Cancer Society and the National Association for the Advancement of Colored People to name just a few. She retired as Director on September 30, 1968 and Ms. Hansen became Director.

In September, 1967, a supervised field work program was started by Ms. Hansen at the request of the Director of the University of Nebraska School of Social Work in Lincoln. This has continued as an ongoing program. She served on the Board of the Society for Hospital Social Work Directors, a component of the American Hospital Association, in 1970, 1978 and 1979. The department sponsored annual conferences for community social workers in 1971, 1972 and 1973, and Ms. Hansen conducted workshops for hospital social work directors and staffs in Nebraska and neighboring states from 1969 to 1985.
Due to the fact that a large percentage of graduate social work students were from the Omaha area, Dean Perry Tollman and Ms. Hansen, together with many Omaha social workers, encouraged the transfer of the School of Social Work to the University of Nebraska at Omaha. This was accomplished in 1972.

In the mid 1970's, the University Hospital Administration made an agreement with the Bureau of Indian Affairs to house a community health representative in the Social Service Department. This representative provided services to members of the Indian nations from Nebraska and North and South Dakota and also consulted with the medical social workers on medical-social problems and discharge planning. This arrangement continued through 1985.

Ms. Hansen retired in July, 1986. At that time, the staff consisted of the director, 15 social workers and two secretaries. Mr. Dennis O'Neill, MSW, was appointed Director of the Social Work Service. He terminated his position as of December 31, 1986. In September, 1987, Ms. Jane Adkinson, Ph.D., became Director and served until September, 1989. She was followed by Judith Dierkhising, Ph.D., who served until December 31, 1993. At the present time, Susan Stensland, MSW, is serving as Interim Director. At this time, there are 17 FTE social workers and three FTE secretaries assigned to the department.

![Table 13: University of Nebraska Hospital Social Services Department Statistics](image)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CASE LOAD</th>
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<tr>
<td>1952-1953</td>
<td>3,823</td>
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<td>1957-1958</td>
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<tr>
<td>1962-1963</td>
<td>5,297</td>
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<tr>
<td>1967-1968</td>
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<td>19,445</td>
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<tr>
<td>1982-1983</td>
<td>18,520</td>
</tr>
</tbody>
</table>

**TABLE 13** Number of individual cases handled in a period starting in July of one year and extending through June of the next in five-year intervals starting at 1917. No records available before 1952. Record system starting circa 1983 is incompatible with previous system so no comparable figures could be obtained.

Table 13 shows the case load of the department from 1952-53 through 1982-83. Subsequently, the manner of determining the workload has been changed at least two times and there are no comparable figures. Suffice it to say, that the workload has continued to increase as the complexity of the services rendered at the University Hospital has increased.
PASTORAL CARE SERVICES

Pastoral Care Services have been provided at the University of Nebraska Hospital since 1952, originally through the principal support of the Nebraska Lutheran Social Service Agency (NLSS) and more recently by the Nebraska Synod - Evangelical Lutheran Church of America (40,164). The Rev. Loren C. Pretty was installed January, 1952, to be institutional chaplain in the Lincoln area and to direct chaplaincy services throughout the State for Lutheran people. This included the University Hospital. In September, 1954, the Rev. Dayton G. Van Deusen was assigned to call on Lutherans in Omaha hospitals. The Omaha Council of Churches proposed that he also represent them at the University of Nebraska Hospital which he did (460). He did not have an office at the hospital but worked out of his home. Catholic patients were primarily served by the staff of St. Cecelia's Parish (164).

In June, 1957, the Rev. Frank Moyer became chaplain. Rev. Van Deusen had left in December, 1956, on assignment to New York City. Eighty-percent of Reverend Moyer's time was spent at University Hospital and the Nebraska Psychiatric Institute. He also called on out-state Lutheran patients at Clarkson and St. Joseph Hospitals. Beginning in 1958, the University Hospital provided office space for Chaplain Moyer. In 1962, he joined the faculty of the Department of Psychiatry at the Nebraska Psychiatric Institute. He was replaced by the Rev. Wallace Wolff. At that time, the hospital administration designated Chaplain Wolff as the “Protestant Chaplain” and his ministry was to be inclusive of people of all faiths. The Omaha Council of Churches contributed $1,200 per year to the NLSS program. A State Supreme Court decision in the early 1960’s, permitting religious services to be held in a room within the buildings in the Medical Center campus, (460) led to the establishment of some services on Sundays if personnel were available.

Chaplain Wolff resigned in August, 1965, to become chaplain at Immanuel Medical Center. Chaplaincy services at University Hospital were subsequently provided by Glenn Lundahl, a seminary student and full-time Chaplain-Intern in 1965-66 and part-time in 1966-67. Students of the Clinical Pastoral Education Program at Immanuel Medical Center, under the supervision of Chaplain Al Anderson, called on patients at University Hospital until March, 1969.

The NLSS was discontinued in December, 1966, and the Nebraska Synod became directly involved in the chaplaincy program at University Hospital. This was coordinated with one of the assistant hospital administrators giving departmental head status to the “Protestant” chaplain at the Medical Center. In selecting a new chaplain, a search committee from the Medical Center interviewed applicants and suggested their choice to the Nebraska Synod Executive Board for official action.

The Rev. Wallace Wolff returned to become chaplain in 1969. By this time, the position was full-time. In 1974, a meditation room was built to facilitate counseling, not only for the chaplain, but also for many other members of the hospital staff. The primary intent was to provide a quiet place for prayer and meditation for ambulatory patients.
and their relatives. Chaplain Wolff played a key role in its design and building. Funds were provided by the Medical Center Women’s Club, House Officer’s Wives Club, College of Medicine Alumnae Association, University of Nebraska Foundation, Hospital Volunteer’s Gift Shop, and some private donors. Chaplain Wolff resigned in March, 1975, and the Rev. Merton Lundquist became Chaplain in August of 1975. The chaplaincy became involved in teaching, conducting seminars with students, serving on various appropriate committees and participating in multi-disciplinary clinical meetings.

Chaplain Lundquist retired in 1989 and the Rev. Gary Sproat became chaplain. In January, 1989, Fr. David LaPlante was assigned by the Archdiocese of Omaha as Coordinator of Catholic Pastoral Care at the University Hospital and Clarkson Hospital. The chaplaincy department was expanded, and in 1990-91 consisted of a full-time director of pastoral services (Chaplain Sproat), a 0.5 FTE Associate Director, a full-time secretary who was a direct employee of University of Nebraska Medical Center, Rev. Sanford Smith, a retired baptist minister who provided over 20 hours of volunteer services per week, Rev. Mark Seem, a Lutheran Pastor, who provided four hours per week, two lay volunteers who visited out-of-town Lutheran patients, Catholic lay communion ministers who made daily rounds, and the Coordinator of Catholic Services who shared office space and secretarial services.

With the change in the organization of hospital administration, as discussed elsewhere, Pastoral Care Service was no longer a separate department but reported to the manager of Social Work Service. In January, 1993, the Archdiocese of Omaha reassigned Fr. LaPlante but did not replace him. The Pastoral Care Service has worked with St. Cecelia’s Cathedral to establish a program of on-call priests and a program of pastoral care training for a cadre of Catholic deacons and lay persons to do routine visitations of patients and families. In December, 1993, the Council of the Nebraska Synod, ELCA, decided to terminate direct support of the pastoral care program at University Hospital due to budget restraints. The hospital has assumed some but not all of these costs. As a result, the joint Clinical Pastoral Education program with Immanuel Medical Center and Clarkson Hospital was discontinued in 1994.

**VOLUNTEER SERVICES**

Throughout its 75 year history, the University Hospital has had the help of many volunteer organizations, groups and individuals. Until the 1950’s, the physician staff was entirely volunteer as been discussed elsewhere; however, in this section the services of “nonprofessional” community volunteers will be covered. Mrs. Alice Friedlander, Director of Volunteers from 1973 to 1990, was able to provide information about the last 25 years. Information on volunteer services prior to that time has been obtained from
Medical Center publications and serendipitous random sources. As a result, some organizations and individuals may be inadvertently omitted.

The earliest reference occurred in the section on the University Hospital in Tyler and Auerbach's, "History of Medicine in Nebraska" (166). The following statement occurs, "The solarium in the third floor has been furnished for occupational therapy by the Women's Auxiliary of the Nebraska State Medical Association and by the Faculty Women's Club of the College of Medicine." There were other times, especially in the early years, when each of these organizations contributed either financially or with service.

The "Nurse Reporter" of December 1950 (66) noted, "Another new activity at the University Hospital is that of volunteers who assist during visiting hours." These individuals were organized by Mrs. Sallie Pakes who had worked as a volunteer Red Cross Nurse Aide during the war. Members of the group were from Mrs. Pakes' community, the Auxiliary of the Benson American Legion Post, the Faculty Wives Club of the College of Medicine, and personnel from the Brandeis store. Approximately 100 hours of service were contributed each month.

Although no name was given to the group organized by Mrs. Pakes in the previous reference, we find an article in "The Pulse" in 1959 (106) in which Mrs. Pakes, as President of the University Hospital Service League, reported on the League's contribution. During the preceding year, 3,007 pieces, garments, and other items, had been sewn by the group. In addition, 58 individuals contributed time to various services within the hospital. "The extensive sewing program, according to Mrs. Pakes, is to make much-needed garments for hospital clinic patients. It is a cooperative affair involving the Service League, Needlework Guild of Omaha, and Extension Clubs throughout the State, plus a few church groups and individuals" (106).

A number of Sorority Alumnae Organizations were involved in contributing in the University Hospital. The Omaha Gamma Phi Beta Alumnae gave money to the Building Committee (168), the Theta Sigma Chapter of Delta Theta Tau, the Pan Hellenic Association and the Young Women's Fine Art Club gave money (119) as did the Omaha Alumnae Chapter of Delta Gamma (115). The latter group also staffed the Glaucoma Clinic every Thursday for six years up to December 1960 and probably beyond.

The Indian Mother's Sewing Group made receiving blankets for the nursery (111). Another sewing group was "Pearl's Auxiliary" which made pajamas, bibs and other items for patients. In addition, the B.P.O. Does have sewn layettes and other needed items since and have continued to be active until the present period.

In 1970, Mrs. Lily Okura was hired as the first director of volunteer services. As noted, volunteers had been active in many areas prior to that time but had been selected and trained by individual departments or worked on their own. After Mrs. Okura was hired, all responsibility for volunteers in the hospital was placed in the Volunteer Services Department. This included the Red Cross volunteers who had started serving in the hospital in 1960. Among the areas of services provided under the Volunteer Service Department at that time, was the Art Cart, Tour Guides, Volunteers and the Information Desk.
which volunteers manned from 9:00 a.m. to 4:00 p.m. Monday through Friday. The Omaha Council of Jewish Women provided volunteers for a program which tested newborn infants for hearing deficiencies. Shortly, after Mrs. Okura was hired, a gift shop was opened just off the hospital lobby on the third level and staffed by volunteers to raise money to donate to various hospital projects. Monies from the gift shop purchased the first mobile van for the hospital and contributed to the Meditation Room which opened in 1974. As noted earlier, a number of other organizations contributed to this endeavor; the Faculty Women’s Club, House Officer's Wives Club, the College of Medicine Alumnae Association, University of Nebraska Foundation, and private donors.

In January, 1973, Mrs. Alice Friedlander became Director of Volunteer Services. During her tenure, many new volunteer programs were initiated in the hospital. A few in which volunteers became involved were the surgery waiting room, adult I.C.U. waiting room, Child Life Program in Pediatrics, Emergency Room, Hospital Admitting, Pet Therapy, Hospice, “Comforters” in Neo-Natal ICU, and the Geriatric Unit.

A major addition to volunteer services occurred in 1976 when the hospital administrator, Mr. Douglas Peters, asked Mrs. Constance Skultety and Mrs. Friedlander to form a steering committee to plan an auxiliary for the University Hospital. Community leaders were invited and met November 19, 1976 at Mrs. Skultety’s house.

By January, 1977, the first board met and by March, 1977, the Articles of Incorporation and Bylaws were completed, approved, and filed. The first membership drive was conducted in February, 1977, resulting in a membership of 252. In May, 1977, the auxiliary purchased the existing hospital gift shop. Money from the gift shop, plus other auxiliary endeavors, such as the Thrift Shop which opened June 15, 1983 and the annual boutique “Holiday Happening”, resulted in donations which built the Solarium on the fifth level and funded in excess of $400,000 for the Outpatient Surgical Center. The auxiliary remains as an active and dynamic source of funds and volunteers working in various in-service areas of the hospital.

In November, 1987, the first Patient Relations Coordinator, Elaine Shapiro, was hired and added to the Volunteer Service Department staff. The position was an outgrowth of the volunteer patient relations program. When the liver transplant program started, a volunteer patient and family transportation program was initiated. Patients and families were met at the airport by a volunteer and transported to the hospital. Often, families were taken back to the airport when leaving. In later years, the program expanded to other patients and their families, and there were volunteers in the bone marrow transplant unit working with patients and families.

In 1991, the Bone Marrow Transplant Companion program received a Point of Light from President Bush and the American Hospital Association Award of Volunteer Excellence, and in 1992 the volunteer Patient Transportation program also received the American Hospital Association Award of Volunteer Excellence.

Liz Brumm became the third director of Volunteer Services in 1990. By that time, volunteers were involved in 35 areas of the Medical Center. The program now has over
600 volunteers in over 75 areas and annually volunteers donate more than 60,000 hours of service to patients and their families. Hospital Auxiliary fund raising has more than doubled in the last three years.

MISCELLANEOUS

In addition to the services described earlier, the University of Nebraska Hospital has a number of special units which enhance its ability to provide service to the community. Many hospitals have a small library for the use of their professional staff. Since the University Hospital has been an integral part of the University's educational system from its inception, its medical library has been a significant unit. Originally, it was located on the fifth level of Unit 1 in the east wing over the hospital entrance. When Unit 2 was completed in 1927, the library was moved to the north wing occupying levels 3 and 4. In 1970, it moved to its present location on top of the Basic Science Building, now Wittson Hall. The Leon S. McGoogan Library occupies three floors starting at level 6 and serves as a regional library as well as the library of the Medical Center. The Library was named in honor of Dr. Leon S. McGoogan who was a former chairman of the Department of Obstetrics and Gynecology and chairman of the fund drive which raised a major portion of the money for the new library.

A Gastroenterology laboratory located in the north wing was started when Unit 3 opened in 1961. Subsequently, it moved to its present location in the north wing of Unit 2 on the fourth level after the library moved to its new building in 1970.

Specialized services such as cardiac catheterization and angiography were noted in the section of Radiology. A non-invasive vascular laboratory employing ultrasound was initiated in 1986. It is located on the fourth level on the north side of the corridor connecting Unit 2 and 4. A heart station is located in the south wing on the sixth level of Unit 1. EKG's and Echo Cardiograms as well as a number of other diagnostic and evaluative procedures are carried out in this Unit.

Electroencephalography (EEG) was first offered at the Nebraska Psychiatric Institute shortly after it opened in 1955. In 1967, an EEG machine was installed on the fourth level of the hospital beneath the seats of the Medical Amphitheater which is located on the north side adjacent to Unit 1. When Unit 4 was opened in 1969, a full scale EEG laboratory was established on the seventh level where it is still located.

An Audiology laboratory for hearing testing was started in the Otorhinolaryngology clinic area when it opened in 1968 in the south wing of Unit 1 on the third level. A second laboratory was added in the north wing opposite to the clinic in 1987. In 1993, with the opening of the Outpatient Care Center, the Audiology service moved to the second level of that unit in the Otorhinolaryngology clinic area where it now has four testing booths.