St. Agnes Hospital

MINUTES OF THE HEALTH DIVISION

Community Council of Raleigh and Wake County
Tuesday, June 13, 1950

The meeting was called to order by Division Chairman, Dr. Horace Hamilton, who outlined the purpose of the meeting and presented the factual material he had prepared. (See attached)

Dr. Hamilton then introduced the panel consisting of Mr. Grimes Williams, Mr. Charles Templeton, Dr. C. S. Royster, and Dr. W. B. Pettiford. The following are some of the points brought out in the discussion of the material presented and the general problem of hospitalization:

The figures presented would indicate that more hospital beds are needed. The questions raised were: how many, what is the cost and where would the money come from.

The probability of the desirable rate of 4½ beds for each 1,000 population being too low was brought out in view of an increasing number of people being covered by hospital insurance, and therefore, future use would be heavier.

The opinion was expressed that there should be a publicly owned Negro hospital and that St. Agnes, at present, is too old a building to be properly remodeled and has inadequate facilities.

It was stated, however, that the hospital has been greatly improved and that the need of ancillary facilities was greater even than the need for beds.

It was pointed out that in the construction of a new hospital, the cost is $10,000 to $12,000 per bed. Federal funds would be available to assist in the construction of a new hospital.

St. Agnes is accredited for internship, but not for residency. In the latter case, this is true only because the hospital has never applied for it.

The Board of St. Agnes Hospital has considered for 4 or 5 years adding 30 to 40 beds. 125 total modern beds are needed as a minimum. Sixty extra beds could be used if there were more facilities.

More nursing care would shorten a patient's stay in the hospital and make more beds available. Patients stay longer at St. Agnes than at Rex.

The question of operating deficit at St. Agnes was brought up. It was stated that the average annual deficit is $80,000. The City and County gave $22,000, Duke $15,000, the Medical Care Commission part and the rest had to be raised--about $23,000.

The question was raised as to whether more and better equipment would mean a greater or smaller deficit and no clear answer was given. There was some evidence that wealthier patients went out of town to other hospitals at present, and that St. Agnes' service now is 40 to 50% charity in some form, contrasted to Rex's 15 to 20%.

Answering the question, can or would the community support a 200 bed Negro hospital, the opinion was expressed that it would not.

It was pointed out that the greatest need is for more Negro doctors.

One panel member pointed out that the crowded condition at St. Agnes had decreased somewhat this year, compared with last year for the same period. It was not clear why this was so except that many who can pay go to other hospitals, perhaps due to limited facilities at St. Agnes. However, it was emphasized that the medical standards at St. Agnes are very good.

Dr. Hamilton asked, "What have we accomplished this evening?" It was evident that at a meeting of this nature, facts could be presented and the problem defined, but that further study would be required to reach any valid conclusions and recommendations. To assist in this process, Dr. Hamilton appointed the following sub-committee:

Dr. L. M. Massey
G. A. Moore, Sr.
B. Grimes Williams
Frank Daniels
Dr. George Paschal, Jr.
F. J. Carnage
Mrs. H. L. Trigg
Dr. Nell Hirschberg
Phil Whitley
Mrs. W. F. Clark
Dean H. L. Kamphoefner
Dr. L. T. Delaney
Miss Ruth Wilson
Dr. Chauncy Royster
Claude Gaddy
Dr. John Rhodes
Dr. Charles Bugg

Respectfully submitted,

/s/ Arnold Hodgson, Executive Secretary

THE RALEIGH COMMUNITY COUNCIL HEALTH DIVISION

Committee on Hospital Facilities and Services

I. Objectives of the committee:

1. To study the needs for additional general hospitals and general hospital beds in Raleigh and Wake County.

2. To make definite recommendations as to the number and type of additional general hospitals and hospital beds needed.

3. To make definite recommendations as to the sources and amounts of funds needed for constructing needed facilities.

4. To make definite recommendations regarding the ownership, organization, and general basis of operation of both new and old hospital facilities in Raleigh and Wake County.

II. Factual description of the present hospital situation in Raleigh and Wake County:

1. Area to be served includes not only Raleigh and Wake County but also parts of adjoining counties.

Raleigh is a regional hospital center attracting patients from several surrounding counties which are classed as "rural" hospital areas, e.g., Franklin and Johnston Counties. Hospitals in these counties cannot be expected to serve patients requiring the care of medical specialists who are usually concentrated in larger population centers.

There are several small towns in Wake County (and in adjoining counties) requiring community clinics.

2. Population to be served:

Area	1940	1950*	1960**
Raleigh Region	203,724	236,000	275,000
Wake County	109,544	136,000	165,000
In Raleigh	46,987	65,000	85,000
Rural Area	62,647	71,000	80,000
Outside Wake County	94,180	100,000	110,000

* 1950 Census

** Estimates

3. Number of general hospital beds needed.

The Hill-Burton Hospital Construction Act assumes a standard of 4.5 general hospital beds per 1,000 population but it also provides for allocation of beds needed for rural areas to regional hospital centers -- such as Raleigh.

As a matter of fact, the 4.5 bed ratio is considered low. This standard is based on conditions existing several years ago. It would be more realistic to plan on the basis of 5.5 beds per 1,000 population.

Conditions which are bringing about an increased need and demand for more hospital beds are:

(a) More concentration of population in urban areas.

(b) Higher incomes and a broader distribution of income.

(c) Growth of hospital insurance.

(d) Increased appropriations for the hospital care of the indigent.

(e) Progress in medical science requiring the laboratory and diagnostic facilities of the modern hospital.

The following table shows the need for general hospital beds based on the estimated population for 1950 and 1960 and on two levels of beds per 1,000 population.

Area	At 4.5 Beds per 1,000		At 5.5 Beds per 1,000	
	1950	1960	1950	1960
Region Total	1,062	1,238	1,298	1,513
Wake County	817	968	998	1,188
Raleigh	737	868	898	1,063
Rural towns	80	100	100	125
Outside Wake (Rural)	245	270	300	325

At 4.5 beds per 1,000 rural areas outside Wake County are allocated 2.5 beds per 1,000 which is the Hill-Burton standard. The additional 2.0 beds per 1,000 are allocated to Raleigh.

The rural towns referred to in Wake County are Wake Forest, Fuquay, Apex, and Zebulon. For 1950, each of these is assumed to need 20 beds.

4. The three general hospitals in Raleigh are seriously overcrowded.

Hospital	Bed Capacity	Occupancy Rate		
		1948	Normal*	Crowding Index
Rex Hospital	306	96.3%	80.0%	120%
St. Agnes	90	97.8%	67.2%	146%
Mary Elizabeth	50	106.0%	57.2%	185%

* The Normal occupancy rate for a large hospital, such as Rex, is about 80%. This is the percentage ratio of average daily census (for one entire year) to the number of beds available. The 20% margin is needed to take care of seasonal and day to day fluctuations.

The normal annual occupancy rate for a 100-bed hospital is 67.2% as compared with 57.2% for a 50-bed unit. These normal occupancy rates are based on the experience of hospitals all over the nation.

5. Two of our hospitals need replacement.

St. Agnes and Mary Elizabeth Hospitals are not suitable for either remodeling or expansion. They should be either abandoned or replaced with modern fire proof structures.

6. Since Raleigh needs in 1950 at least 737 general hospital beds, and since only 306 beds are available in modern buildings, at least 431 new hospital beds are needed.

If, however, we wish to plan for all the beds that are needed, (at 5.5 beds per 1,000 in 1950) about 562 new beds are needed. By 1960, it is conceivable that Raleigh will need a total of 1,063 hospital beds, 757 more than we have at the present time.

It is doubtful that these additional beds could be obtained merely by expanding Rex Hospital.

III. Hypotheses of a general hospital plan for Raleigh and Wake County.

1. In the interest of economy and of service the general hospitals of Raleigh and Wake County should be developed as a part of a general hospital and clinic system for the County as a whole, and the plan should recognize Raleigh's responsibility to outlying rural areas in adjoining counties.

2. This hospital system should be publicly owned and operated by a nonpolitical board of trustees appointed by the County Commissioners, the City Council, and the Judge of the Superior Court.

3. All existing hospitals should be deeded or sold to Wake County. This arrangement (similar to that of Durham County) would clear the ground for receiving federal and state aid funds and would make it possible to hold an election to raise additional funds by issuance of bonds.

4. This plan would also include the building of at least four small clinics in the rural towns of Wake County. These clinics should be operated as an integral part of the county hospital system. These clinics could also serve as centers for public health activities.

5. If this general plan were followed, one new 400 bed hospital in Raleigh would be sufficient for the time being.

6. The cost of a modern hospital ranges from ten to twelve thousand dollars per bed. Thus, at least four million dollars would be needed for new hospital construction. About 33% of this amount would be furnished by the Federal Government, and about 10% by the State Government. The County and City would have to provide slightly more than one-half the total amount.

7. This plan assumes that the community will provide through charity, taxation, and hospital insurance the necessary funds to meet hospital deficits. Actually, only a small percentage of our total income would be required. (At $11 per bed-day, and at one bed-day per capita, about $1,500,000 would be required annually to pay hospital costs of the Wake County population.)