

THE  
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MAGAZINE

THE UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON



Inside the new LBJ Hospital

Winter 1992





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**On the cover:** A young hispanic couple and their LBJ-born baby typify the hospital's growing population.  
*Ester Fant photo.*

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# LETTERS

I want to congratulate you on the article about your pro-research efforts (Spring 1991). It was a fine article that shed light on the important work you do and on the necessity of animal research to human health. Your willingness to highlight this controversial issue will most certainly help to educate your many alumni of the threat posed by the animal rights movement.

I strongly agree with your contention that silence sends the wrong message to the general public, and we are grateful to those veterinarians who have the courage to speak out against the animal rights propaganda. It is important that we communicate to the public that responsible researchers do care about the welfare of laboratory animals.

Frankie L. Trull  
President  
Foundation For Biomedical Research

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# INSIDE LBJ

Eighteen months ago, The University of Texas Medical School at Houston embarked on an historic voyage when it opened the Lyndon Baines Johnson General Hospital. In this special issue, *The Alumni Magazine* takes an inside look at the LBJ start-up and the people who made it happen.

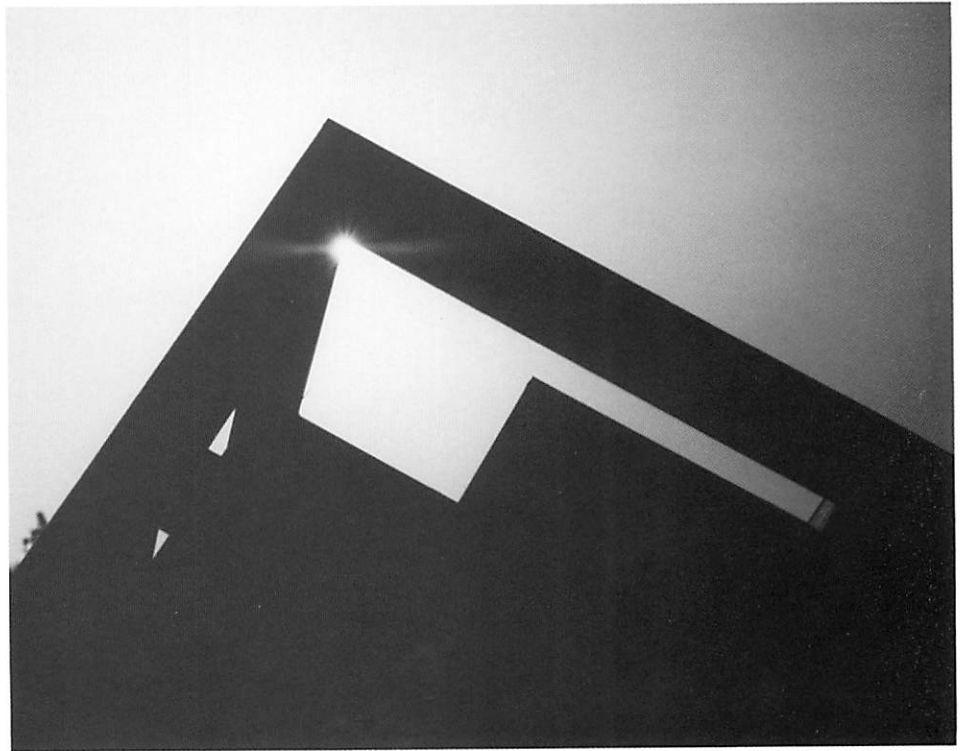


*Ester Fant photos.*



# Making Medical School history

**I**t was 7:00 a.m., the first Sunday morning in July 1990. Women were laboring, babies being born — business as usual at the new LBJ Obstetrical Hospital. One minute later, ambulances began arriving, shuttling patients from Ben Taub to LBJ. The change from obstetric facility to general hospital had begun. On cue, throughout the expansive facility, doctors from The University of Texas Medical School stepped in, and their counterparts from Baylor College of Medicine stepped out. A new county hospital was born. No one skipped a beat.



That day and all the planning that led up to it made history for the Medical School. By all accounts, it represented the first time an existing US medical school had opened a fully operational hospital. It also marked a turning point for the school's clinical programs, greatly expanding teaching opportunities and ensuring its reputation as among the finest medical training grounds in the country.

LBJ Chief of Staff James Hefner, MD, recalls the day he first heard of the Harris County Hospital District's intent to build a new hospital. At that time, its working name was the North-Northeast Hospital. It was at a clinical chief's meeting at Hermann sometime in 1987 that Dr. Bulger first announced that the

district was planning to build two new hospitals; one to replace Ben Taub, another to replace Jeff Davis. The Jeff Davis replacement hospital, though, would relocate to another site and expand beyond its previous status as an obstetric facility.

Bulger went on to add that UT Med stood a good chance of being selected to staff this North-Northeast Hospital. "Did we want it? he asked," explains Hefner. "The response was swift and unanimous. It clearly would answer a pressing need to expand our clinical programs."

The LBJ Hospital, of course, was designed to answer another critical need — public health care for a growing indigent population. Explains Ron Merrell, MD, associate dean for clinical

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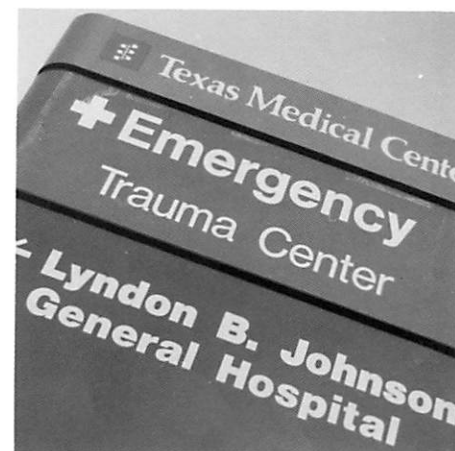
# INSIDE LBJ

affairs: "Public medicine has seen steady growth in Harris County over the past 30 years. While at one time we may have had what could be considered an underpopulation of indigents for a city of our size, that has changed. When the construction plans were announced, we got together with Baylor College of Medicine to form the Affiliated Medical Services, mutually agreeing to each staff one hospital and to divide up the community outreach clinics."

By July, 1989, one year before LBJ was scheduled to open its doors to obstetric patients, plans were well under way. "At that point, we had been granted state funding to help us start recruiting additional faculty," says Merrell. "We were sure the Affiliated Medical Services

agreement was a go. This office began working with the 22 residency review committees to ensure the environment was going to be appropriate. Because the move to public medicine involved such profound change for us, we had to gain approval from the Liaison Committee Medical Education in order to place medical students there."

At the same time, a Medical School study group, comprised of representatives from each department and chaired by Hefner and Merrell, who had by then been named chief of staff at LBJ, began planning how to staff and outfit the facility based on the district's parameters. The team estimated capital equipment and expenditures, proposed nursing and ancillary support needs and outlined



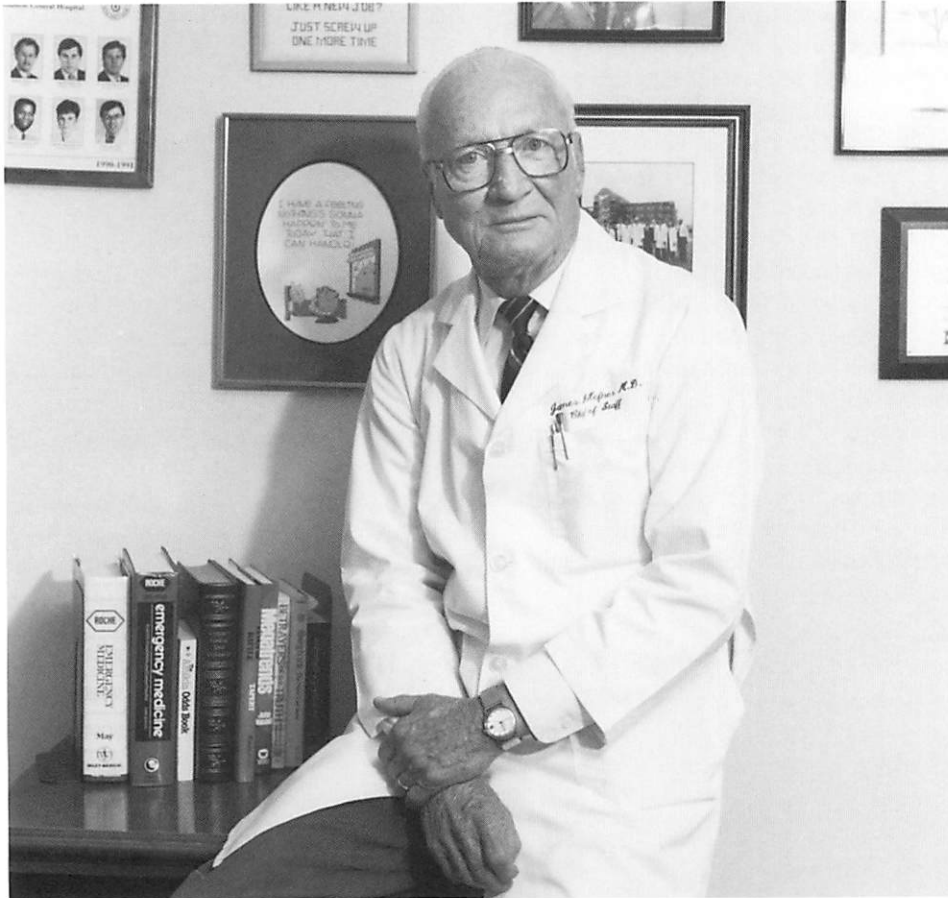
medical student and house staff rotations.

"We decided to go to the Harris County Hospital District with all our departments and training programs in place, rather than phase them in one at a time," Hefner says. "The changeover to a UT Med staff had to be accomplished in one day."

And so it was. Newly appointed chiefs of service on opening day included Ronald P. Fischer, MD, PhD, surgery; Susan Mueller, MD, medicine; Joseph C. Gabel, MD, anesthesiology; new arrivals Robert Franks, MD, pediatrics; Jorge Blanco, MD, obstetrics and gynecology; Ridgway Gilmer, MD, pathology; and Carl M. Sandler, MD, radiology.

"We opened the Emergency Room with patients already waiting to be seen," adds Hefner. "By 3 p.m., the hospital was 75 percent full. Our staff were covering 300 beds and 144 bassinets. UT faculty and residents had completed literally hundreds of histories, physicals and notes. We had every service covered. It was a remarkable day."

Since that day some 18 months ago, very little has been as expected. "Our



*'Holding back the floodwaters.'* LBJ Chief of Staff James Hefner, MD.

patient load has far exceeded anyone's estimates," Hefner explains. "LBJ averages 200 ER visits, 20 births and ten surgeries per day. The District felt we could expect about 50,000 ER patients per year. We hit closer to 65,000."

That might not be considered a problem except LBJ, like so many county hospitals, cannot stretch its limited resources to cover a growing patient population. "We have rapidly increasing requirements for district medical care and no corresponding increase in district

resources," Hefner says. "Some days, I feel like the guy with his finger in the dike. We're stretching our people to the limit; my greatest fear is that I'll run out of fingers and not be able to hold back the flood waters."

Notwithstanding the critical shortages in beds and staff to cover them, LBJ is more than meeting its promise in terms of clinical experience for its medical staff and students. "The general shortage of hands in public medicine means you cannot be an observer at this hospital,"

**"By 3 p.m., the hospital was 75 percent full. Our staff were covering 300 beds and 144 bassinets. UT faculty and residents had completed literally hundreds of histories, physicals and notes. We had every service covered. It was a remarkable day."**

notes Merrell. "You know the patients need you, and everyone who spends any time here can't help but feel they are integral to the team."

"Our students and residents are seeing more patients and pathology than at any time in the history of our school," adds Hefner. "Between Hermann's volume and ours, we are handling 1,000 beds and seeing 100,000 patients per year."

Merrell comments that due to Hermann Hospital's past financial difficulties and the fact that the hospital's emergency room had been forced to go on drive-by status, the total volume of UT Med's clinical activities was not sufficient to fully challenge students and faculty. Not only did LBJ meet that critical need, it also spawned two new



*'A major teaching site.' Hefner and Ron Merrell, MD, outside LBJ.*

residency programs—obstetrics and gynecology and family practice.

The ob/gyn residency at LBJ is interactive, but freestanding," says Merrell. "With 8,000 births per year, and 150,000 total ob/gyn patients per year, the new residency was not only justified, it was necessary."

The new family medicine program—the Medical School's fourth—responds to the hospital's enormous outpatient capacity. Both residencies were filled in their first year; ob/gyn is filled for four years.

A much-needed transitional residency program also was made possible through LBJ. Providing the one-year transitional residency required for many specialties, the program had 16 participants in its first year.

LBJ currently supports an average of 60 students and 120 residents at a time. "I

**“You know the patients need you, and everyone who spends any time here can’t help but feel they are integral to the team.”**


believe the LBJ General Hospital will become the major teaching site for the Medical School," says Merrell. "I fully expect the facility will expand to its capacity of 500 beds within five years. In guiding its growth, we are setting our sites high. We hope to be another Parkland/Southwestern rather than a Ben Taub/Baylor. If we don't start with high expectations, we will never achieve the

patient care quality to match our impressive faculty."

In the short term, UT Med faculty research and teaching aspirations call for on-site facilities—office space, labs and lecture halls. Last December, UT Med Dean John Ribble assembled another study team to address these needs. "The study group concluded that an academic and research building was a necessity if we are to fully staff the clinical programs and nourish the academic lives of our people at LBJ," says Merrell. "We officially made that recommendation, and it was accepted. The question now is when.

"We're all quite rich in imagination and enthusiasm, and there are many projects competing with ours. But I believe there is consensus on the fact that there is no higher priority than this new addition to LBJ," he adds. "Our desire is to generate new knowledge about the health issues of indigent and vulnerable populations. To date, 39 research projects are under way at LBJ. The challenge of resources, however, remains," notes Merrell.

The faculty is by all accounts stretched, overextended and frayed by the rigors of LBJ's first 18 months. Still, both Merrell and Hefner see their colleagues as pioneers exploring a new world. The students and residents, they say, will reap the rewards.

Notes Hefner: "As Dr. William Osler once said, 'to study medicine without textbooks is to sail an uncharted sea; to teach medicine without patients is never to go to sea at all.' With the addition of LBJ, we have the opportunity to ensure our students and residents sail the world." 



## Medicine

# Realizing a dream

Cheves Smythe, MD, the first dean of the UT Medical School, was a leading participant in its birth in 1970. When the Lyndon Baines Johnson General Hospital, its new teaching hospital was born, though, Smythe was in Pakistan, where he had helped build another medical school and hospital.

Although he took the helm of the LBJ medicine service nearly a year after Susan Mueller, MD, had organized and gotten it running, Smythe says his new role represents the realization of a long-held conviction.

"I trained and spent my early years in city hospitals, so I've always felt that the Medical School should be involved in public medicine; that indigent care was part of the reality of our existence in Houston," he explains.

"That is why I am here today. I saw LBJ as an opportunity — first, to work closely with residents and students; secondly, to indulge my interest in geriatrics; and finally, it seemed to me that as someone who had been around for awhile and knew many of the players, I could be helpful fostering the interrelationship between all the interests involved in the running of this hospital. I suppose I also thought the job was doable," he adds. "Susan Mueller did the tough day-by-day organization of the service. She accomplished a great deal."

Although he walked in months later, Smythe's introduction to LBJ was every bit as jarring as it was to his colleagues who opened their respective services. "I returned from Pakistan on a Saturday night in March, went to my Medical School office on Monday and was offered the job that first day," he says.

In the month following Smythe's



*'A rich clinical mix.'* Medicine Chief Cheves Smythe, MD, and students in the LBJ clinic area.

arrival, the medicine service had 294 admissions with an average length of stay of 10 days. In May, a 30-bed nursing unit had to be closed. In August, there were 356 admissions, average length of stay, 7 days. That translates to an 18 percent increase in admissions and a 30 percent decrease in beds and in average length of stay. "That's like a 500-point drop in the Dow Jones average," Smythe says. "It's

an enormous change for the staff and for our patients."

Medicine patients at LBJ, he explains, embody the diseases of the inner city — advanced stages of disease, infections, heart disease, stroke, AIDS, diabetes, all forms of drug abuse, "too much tuberculosis, and a large number of ordinary folks with ordinary problems who have just run out of insurance," says



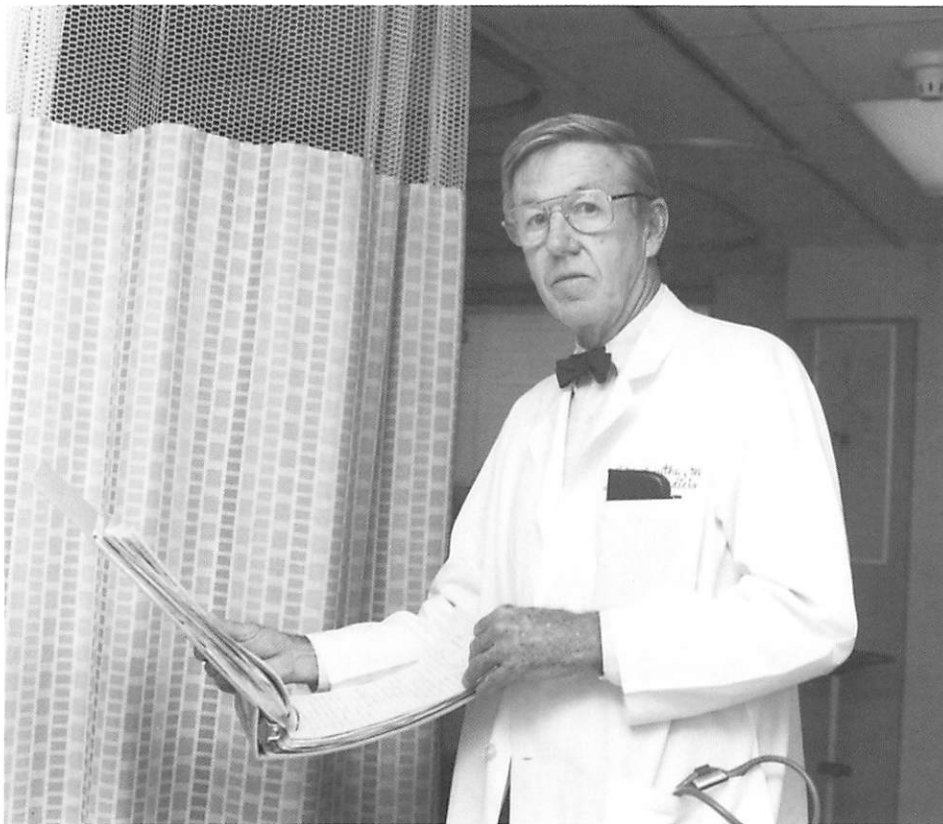
Smythe. “The medicine service offers a rich clinical mix that represents an extraordinary privilege for our residents, who do the lion’s share of the medical care.

“A service like this one has a series of interfaces — with the department of medicine, with the Hospital District, with Ben Taub, Baylor, internal hospital services, the department of family practice and community clinics,” he adds. “My day-to-day job is to patrol those interfaces, to try to decrease friction, to waste less energy by understanding the other person’s problems and to learn to use resources effectively.

**“The medicine service offers a rich clinical mix that represents an extraordinary privilege for our residents.”**

“I’m also trying to think and react in terms of what this service will be like in three or five years,” Smythe says. “We should be laying the groundwork for the next step in development.”

Now that he’s deeply involved with it again, Smythe won’t be deterred from his personal indigent care mission. He says: “I accept talk of constraints and lack of resources as a fact of life in publicly named health care. They are as predictable as traffic.” ☸



**Cheves McC. Smythe, MD**

- Professor of Medicine, The University of Texas Medical School at Houston
- Attended, Yale College and graduated Harvard Medical School (MD)
- Internship and residency training, Harvard Medical Service, Boston City Hospital; Bellevue; Presbyterian Hospital (Research Fellow)
- Recipient, John Freeman Award, Most Distinguished Clinical Teacher, UT Med, 1979
- Hartford Foundation Fellow in Geriatrics, University of California at Los Angeles, 1986-87

## Surgery Renewing enthusiasm and effectiveness



*'Enhanced education and research.' Surgery Chief Ron Fischer, MD, PhD, (pictured on facing page) says LBJ is more than meeting expectations.*

**T**he LBJ Hospital," asserts Ronald Fischer, MD, PhD, "is the best thing to happen to the Medical School in ten years." Fischer, who serves as LBJ's chief of surgery, should know. That's how long he's been a member of the UT Med faculty.

"The students, residents and faculty have come together with amazing enthusiasm and effectiveness to care for the medically underserved patients at LBJ," Fischer says. These fundamentals form the basis for the hospital's value in terms of greatly enhanced medical education and clinical research.

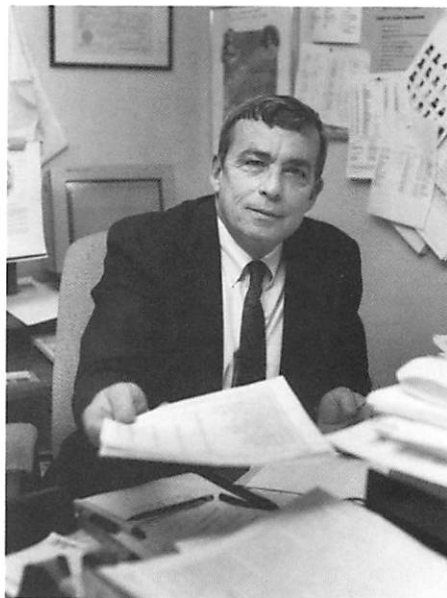
"Consider that preventive medicine is virtually nonexistent and access to ongoing health care is restricted to many in our community, it's clear that you are going to see different disease spectrums. Medical problems that our students were rarely exposed to at Hermann are commonplace here," he says.

Fischer's new role as chief of surgery encompasses all of the surgical specialties and the emergency room. The former director of the trauma service at Hermann admits the administrative responsibilities are weighty, particularly in light of the hospital's necessary emphasis on managed care. "We must serve a constantly expanding population with a non-expanding budget," he says. "The frustration level is high."

Still, Fischer is committed to the future of LBJ. He worked closely with LBJ Chief of Staff James Hefner, MD, to lay the groundwork for staffing the



hospital and teaching the students. Despite the fact that he says LBJ is not where he wants it to be yet, Fischer believes it will get there. "It has already more than met our expectations," he says. "In the years to come, I suspect this hospital will become even more important to the Medical School and the community." ☰



## Ronald P. Fischer, MD, PhD

- ☐ Professor of surgery, The University of Texas Medical School at Houston
- ☐ Chief of surgery, LBJ General Hospital
- ☐ Graduate, University of Cincinnati (MD), University of Minnesota (PhD)
- ☐ Chairman, committee on trauma, American College of Surgeons, South Texas Chapter
- ☐ Member, executive committee, Texas Injury Control Commission
- ☐ Member, trauma commission, Harris County Medical Society
- ☐ Member, UTHSC committee for the prevention of injury and violence

**“The students, residents and faculty have come together with amazing enthusiasm and effectiveness.”**



## Obstetrics and Gynecology Establishing the beachhead

As if the transition from obstetrical facility to general hospital weren't enough for one day, July 1, 1990, was also a banner day for births at the new LBJ General Hospital. In the first 12 hours after UT Med staff took over, 42 women delivered; 30 more gave birth the next day. It hasn't slowed down since.

Jorge Blanco, MD, who came to Houston from Texas Tech University Health Science Center in late 1989 to prepare to head up the ob/gyn service at LBJ, knew it would be a challenge. But the man who describes himself as a "great fan of Winston Churchill" wasn't put off. Rather, he drew on Churchill's experience, equating the opening of his new service to the landing at Normandy.

"The day before, I told the residents our task was to establish the beachhead and take care of the the patients. I said something to the effect that if LBJ were still standing in 100 years, let this be its finest hour," he explains, and smiles. "It broke the tension a bit."

In the six months before the transition, Blanco concentrated on recruiting faculty and residents to the service, which would function as a section of the Department of Obstetrics, Gynecology and Reproductive Medicine under Chairman Robert Creasy, MD. The LBJ section opened in July, 1990 with seven faculty physicians and six faculty midwives.

"We also received approval for residents to staff our 20-person freestanding residency program, and those positions were full on opening day," Blanco says.

Blanco received much of his training in public hospitals and went on to devote his career to indigent health care. "I find



*'Setting high standards.'* John Deaver, MD, and Paula Rebornick perform an ultrasound examination (above). At right, Ob/Gyn Chief Jorge Blanco, MD, with staff in the hospital's Labor & Delivery area.

**“...women’s health care needs, in fact, translated into 8,000 deliveries, 1000 major gynecological procedures and 500 minor procedures the first year.”**

it more challenging and more interesting in terms of the types of patients I see and the fact that there is just so much need.”

Those women’s health care needs, in fact, translated into 8,000 deliveries, 1000 major gynecological procedures and 500 minor procedures the first year. The service is covered by two obstetric teams, two gynecology teams and a maternal/fetal medicine team. Students are assigned to each of the teams and play an integral role.

“Our students may participate in or observe procedures like amniocentesis, ultrasound and umbilical blood sampling under the guidance and supervision of our faculty and residents,” Blanco says. “It goes without saying that they will have

numerous opportunities to assist in deliveries”

Despite the challenges indigenous to public medicine — lost beds, downsizing of the nursing staff — Blanco says the service has already set high standards. “Our C-section rate has been 12-13 percent; perinatal mortality is quite good,” he notes. “We have 18 ongoing research projects that will utilize LBJ data.

“Our biggest hurdle will always be to continue to deliver excellence with limited resources,” he says. “Innovation and creativity will be our guides.”



**Jorge D. Blanco, MD**

- ❑ Professor and vice chairman, Department of Obstetrics, Gynecology and Reproductive Sciences, The University of Texas Medical School at Houston
- ❑ Graduate, The Johns Hopkins University (undergraduate) and Vanderbilt University School of Medicine
- ❑ Residency, Department of Obstetrics and Gynecology, The University of Texas Health Science Center at San Antonio
- ❑ Fellowship, Maternal-Fetal Medicine, The University of Texas Health Science Center at San Antonio
- ❑ Member, Subcommittee on Maternal Health, Texas Medical Association, 1991-1993

Pediatrics

# Getting them off to a better start



*'Long-range potential.' Pediatrics chief Robert Franks, MD, and a young LBJ patient.*

If birthing was the order of the day July 1, 1990, then it follows that the new general hospital's newborn nurseries must have been bustling. Pediatric Chief Robert Franks, MD, confirms that suspicion.

"At the time, Ben Taub had not yet started its obstetrical services, so all the deliveries were occurring here. And, in the first week, there was a transition between Baylor neonatology and ours, which resulted in overlapping of services for about a week," Franks explains.

"Then, just when we thought things were settling down, war broke out in the Persian Gulf and Dr. Garcia (Jose Garcia, MD), our head of neonatology, was called up. He didn't return for a full year."

Franks, who was recruited from UTHSC San Antonio, where he was vice chairman of the department and head of the division of pediatric and endocrinology, remained unshaken by the experience of starting up a new service in a new hospital in a new city. "The bulk of the problem we've experienced since those early days are related to the hospital district function and in that sense is not much different from what you can expect in any county hospital," Franks says.

"Whether you are in Bexar County in southwest Texas or here in Houston,



you're going to have to deal with not having enough staff to support the beds you need," he adds. Franks points out that although general pediatrics should have 54 beds, it has 27. And, the expansive level II and III nurseries stay 85-95 percent full.

In his two years with UT here, Franks admits to a certain sense of déjà vu. "I joined the faculty in San Antonio shortly after the first class began. The children's hospital was ten miles away," he says. "There was the same sense of excitement for the long-range potential. The initial

priority here was to establish the clinical programs, and we've done that. We're ready now to get on with the business of advancing knowledge and implementing research projects — with an emphasis on studies of health care delivery to indigent populations."



## Robert C. Franks, MD

- Professor & Vice Chairman, Department of Pediatrics
- Acting Head, Division of Pediatric Endocrinology, The University of Texas Medical School at Houston
- Graduate, Vanderbilt University School of Medicine
- Internship, residency training and endocrinology fellowship, Vanderbilt University School of Medicine
- Pediatric endocrinology fellowship, Duke University School of Medicine
- Former deputy chairman of pediatrics, The University of Texas Health Science Center at San Antonio



**“Whether you are in Bexar County in southwest Texas or here in Houston, you’re going to have to deal with not having enough staff to support the beds you need.”**

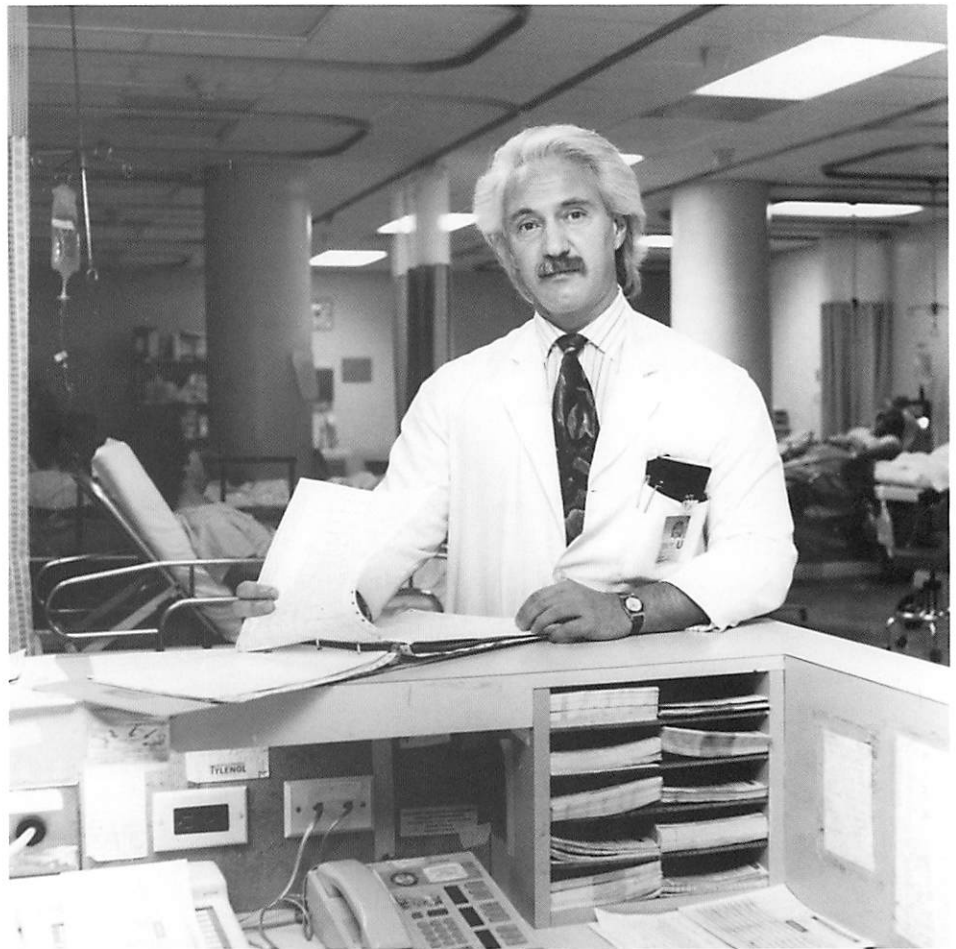
## ER

# No substitute for hands-on experience

**W**hen the LBJ General Hospital opened its emergency room doors July 1, 1990, it was as if the flood gates of a long dammed river had been opened. In flowed the masses with their acute care needs. Once again, their numbers far exceeded predictions.

“Everyone was dancing in the streets when we opened our ER,” explains James Hefner, MD, LBJ chief of staff. “With Hermann on drive-by, Ben Taub was overwhelmed. We estimated we could take half their load. Instead, they experienced no decrease in their 8,000 patient-per-month load, and we’ve consistently averaged 6,500 monthly in our ER. It has been phenomenal.”

**“The ER at LBJ was designed to accommodate 40,000 patients per year... we’re seeing more like 100,000. The typical patients include stabbing and gunshot victims as well as individuals with extremely complex pathology — three to four diseases, two or more organs failing.”**



*Full house. LBJ ER Medical Director Joseph Coppola, MD, likens the LBJ ER to Parkland's in Dallas in terms of volume and acuity.*

LBJ ER Medical Director Joseph Coppola, MD, a 15-year UT Medical School Faculty member and veteran of the Hermann ER Level I Shock Trauma Center admits he thrives on the frenetic pace that's been set at LBJ. “Prior to June 1988 when Hermann went on drive-by, I

was part of a fast-paced level 1 shock/trauma center with all the inherent challenges of complex, critical disease and injury,” he says. “Hermann still sees some of that, of course, but not at the level it once did. The addition of the LBJ ER, while it is not a level 1 center,

“The patient population in our centers is in sharp contrast to what many people may think it is,” Schindler says. “The majority are chronically ill middle-aged to older adults on fixed incomes. Also, there are many children under five years of age. The families and the community surrounding the centers are stable.”

Treatment for diabetes and hypertension is available at the centers since those chronic illnesses disable low-income citizens. With proper education and good primary care, the patients can learn to control their diseases.

Schindler is also medical director at Settegast Health Center, which was the first HCHD clinic and the impetus for the Community Health Program, now 21 years old.

Funded originally by a grant from the Economic Opportunity Organization, as a 90-day pilot project, Settegast opened Jan. 28, 1967.

When the EOO funding expired, the HCHD was asked to help keep Settegast operating. The need for such neighborhood clinics was felt nation-wide in the mid-1960s and the hospital district began the Community Health Program (CHP) in Houston.

During the Medical School’s first 12 months of doctoring, Settegast had 25,878 physician-patient visits; Baytown had 18,320 physician-patient visits; and Squatty Lyons had 4,027. In its first five months, Acres had 7,848.

Currently Settegast is utilized academically more than the other centers. Each month, two medical students from the third-year clerkship program are on site. In the near future, fourth-year



students will have the option of using the centers as their Family Practice experience. Also, Preventive Cardiology students from the Department of Internal Medicine and Nurse Practitioner students from the School of Nursing visit the center regularly to work with the older population.

The Baytown Health Center has one to two students on site; Squatty Lyons has one student; Acres, which soon will have Family Practice residents rotating through, is visited twice weekly by the Ophthalmology Department.

“In urban medicine the bond between patient and physician is established quickly because people are desperate to

have someone who can help them with health care,” says Schindler.

The object of primary care is to treat the whole person, not the disease. ☸

—Nora K. Shire



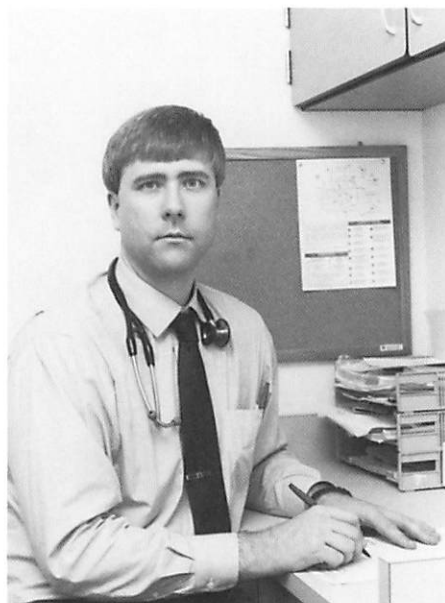
**“The health centers utilize consulting, emergency and in-patient services of the hospital, which provides a backup for consultation, diagnosis and treatment of seriously ill patients.”**

Settegast, in the northeast part of the county, is primarily an African American population as is Acres, located in the north central section; Baytown is a mixture of Caucasian and Hispanic; Lyons, in south Humble, is a mixed population.

The health centers utilize consulting, emergency and in-patient services of the hospital, which provides a backup for consultation, diagnosis and treatment of seriously ill patients. Communication is maintained through the patient chart.

“The role of the clinic physician is to coordinate the health of each patient and keep it flourishing,” says James Schindler, MD. As director of the department’s Urban Family Medicine program, he is responsible for the medical care at the centers staffed by the Medical School.

If citizens do not know they have a health center in their community, they will go to the hospital for minor complaints (headaches, fever, colds, flu-like



*Coordinating community health care. James Schindler, MD, directs the Urban Family Medicine Program.*

symptoms), which congests the hospital and hinders the staff from caring for the critically ill.

The better informed and healthier the population is in each health center’s community, the fewer patients at LBJ.

The purpose of the health centers is two-fold: to keep community residents healthy and to refer the ones who need more specialized care to the hospital. Ninety to 95 percent of a doctor’s patients will do well, Schindler explains, with 5 to 10 out of every 100 requiring a referral. The care the centers provide is both preventive and curative. Routine physical exams, immunizations and pregnancy testing are available. A pharmacy, lab and X-ray facilities are on site.



# Bringing healthcare into the neighborhoods

**U**T physicians provide many families with two keys to good health — primary care at the community health centers and specialty care at LBJ General Hospital.

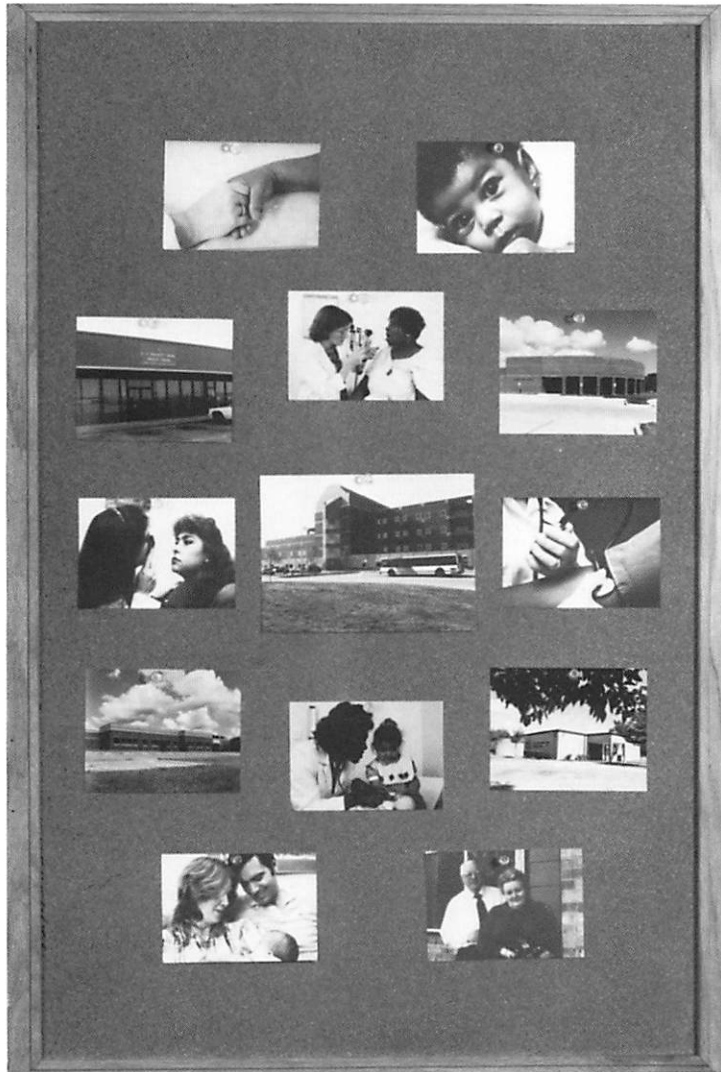
The Medical School's Department of Family Practice and Community Medicine supplies primary health care to the network of community health centers operated by the Harris County Hospital District (HCHD).

When the centers' patients need a specialty treatment or hospitalization, they are referred to LBJ Hospital, also operated by the HCHD and staffed by the Medical School.

Located in the county in medically underserved areas, the neighborhood centers were established to make health care available and closer to the patients' homes.

On July 1, 1990, Family Practice began staffing three centers: Baytown, Settegast and its satellite-clinic, E. A. Squatty Lyons. Staffing at Acres Home began April 1, 1991.

**“Located in the county in medically underserved areas, the neighborhood centers were established to make health care available and closer to the patients' homes.”**



*A medically underserved population. Harris County's community health centers, staffed by UT Med's Department of Family Practice and Community Medicine, closes the circle of care for the medically indigent.*

**“...the interns, residents and students here have no limitation on the types and numbers of procedures they can do, so clinically and procedurally, LBJ offers great experience.”**



ensures we can provide the kind of training our students and residents need. Between the two hospitals, they can experience the best of both worlds.”

Coppola compares LBJ to Parkland General in Dallas in terms of volume and acuity. “The ER at LBJ was designed to accommodate 40,000 patients per year,” he says. “We’re seeing more like 100,000. The typical patients include stabbing and gunshot victims as well as individuals with extremely complex pathology — three to four diseases, two or more organs failing. We’re delivering services to people who, in many cases, have never seen a doctor.”

Through LBJ and the outlying clinics, Coppola says, UT Med hopes to pioneer the concept of managed care for indigent populations. Despite attendant financial constraints, the Medical School is committed to improving indigent health care delivery as it trains new physicians to continue that effort.



On average, 15 residents, interns and students rotate through the ER each month. “Under appropriate supervision, the interns, residents and students here have no limitation on the types and numbers of procedures they can do, so clinically and procedurally, LBJ offers great experience,” adds Coppola.

Fourth year medical student Joy Villarico agrees. “LBJ is a great confidence booster,” she says. Villarico spent two weeks in the hospital’s ER as part of an emergency room elective in surgery. “I’ve assisted in everything from cardiac arrests to suturing lacerations, removing bullets and treating dog bites. The experience is invaluable.”



## Introducing state-of-the-art communications solutions

Shrinking 12 miles to a few feet may seem impossible, but planners rose to the task in facilitating communications between The University of Texas Medical School at Houston and LBJ General Hospital.

Concerns were that UT faculty, students and administrators would feel isolated at the new hospital 12 miles from the school, but the inherent challenges have been met with state-of-the-art solutions.

The primary means of communications is Ethernet, a computer network that transmits information via microwave and satellite dishes located on the roofs of both LBJ and the Health Science Center Main Building.

"Approximately 50 PCs are on the System. Connections are available for 50 more," says Daryl Williams, network manager at the Hospital. In addition to providing administrative programs and E-mail, these PCs provide access to research programs, data bases and library references information.

UT faculty and administrators at LBJ can communicate with M.D. Anderson Cancer Center and many other buildings on the Texas Medical Center campus. They are also linked to Internet with access to anywhere in the world, adds Williams.

The LBJ system contains a subnet for Radiology, allowing the department to send images to and from the UT Radiology Department.

Students have access to two PCs in the LBJ library, where they can access reference materials, send messages or type in papers and send them to an instructor's electronic mailbox.

"We feel extraordinarily fortunate that when we proposed the system to the school, the dean and the president were totally supportive," says Gloria Earle, UT administrative officer at LBJ.

"Then the state authorities approved it and helped us finance it," she continues. "The computer system cost about \$1 million. It took six or seven months from the design stage to installation. That was a phenomenal effort. Everyone was so dedicated and supportive."

In addition to the computers, UT personnel at LBJ continually use facsimile transmissions and conference calls to communicate with the Medical School.

They also are connected to the school via teleconferences for lectures, Earle says, adding, "We can't broadcast from LBJ to the school yet, but if that capability is requested, we may add it."



*'A phenomenal effort.'* Gloria Earle and Daryl Williams assist a computer user in LBJ's library.

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## DISTINGUISHED ALUMNUS

### Jack T. Holladay, MD, '74

The highest honor bestowed on an alumnus of The University of Texas Medical School at Houston, the Distinguished Alumnus Award recognizes outstanding contributions to medicine and to mankind.

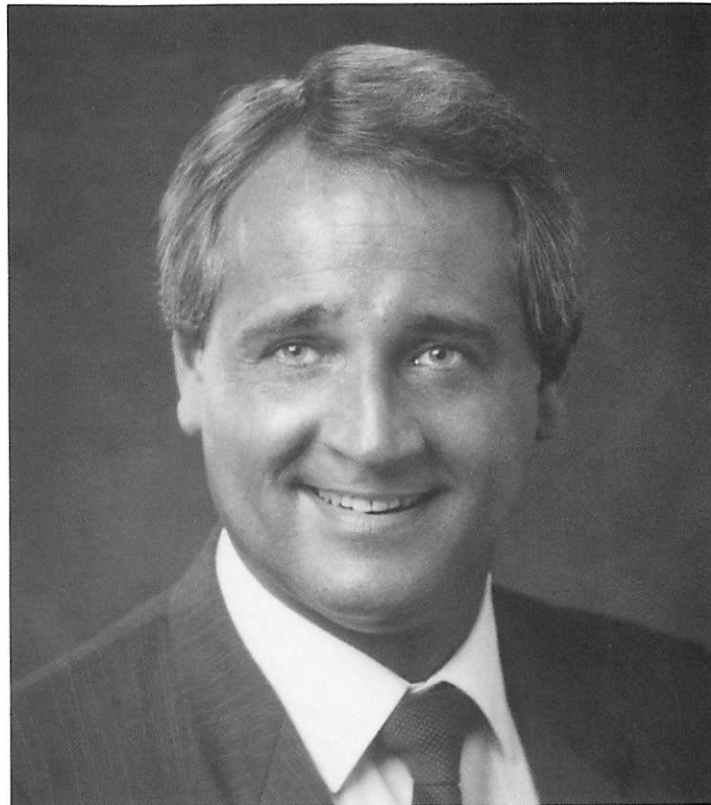
This year The Alumni Association has chosen to honor two of its members.

**Jack T. Holladay, MD**  
Graduating Class of 1974

Jack T. Holladay, MD, is a 1974 graduate of The University of Texas Medical School at Houston, where he also completed his residency training in ophthalmology in 1978. Prior to medical school he earned his Bachelor and Master of Science in electrical engineering from Southern Methodist University. Today, he is in private practice at the Hermann Eye Center in Houston, Texas, where he is director of the Low Vision Unit, and he is clinical professor of ophthalmology at the Medical School.

Holladay's nominator, who first met him when she rotated on the Ophthalmology service as a fourth-year medical student, describes him as follows. "His interest in quality of patient care and medical student/resident teaching was exceptional...his ability to accomplish both superb. He was able to communicate to both patients and physicians and took the extra time to do so."

Holladay's accomplishments and awards have been numerous and varied. He received his certification from the American Board of Ophthalmology and is a Fellow, American Academy of Surgeons. He received the Special Commissioner's Citation Award for Outstanding Service from the Food and Drug Administration in 1983; the John E. Harris Visiting Professor Award, Department of Ophthalmology at the University



*Jack T. Holladay, MD*

of Minnesota; and, an Honors Award from the American Academy of Ophthalmology in 1985. At the Medical School, he received the Outstanding Clinical Teacher for the Department of Ophthalmology in 1984 and was named to the Dean's Teaching Excellence List 1985-1987.

In addition to his many activities and obligations at the Medical School, Holladay serves on the Foundation Board of Directors for the National Eye Institute and is a Scientific Advisor for the American Intra-Ocular Implant Society. He is the past Chairman of the Committee on Optics, Refraction and Contact Lenses and has been a member of the

Ethics Committee for the American Academy of Ophthalmology for the past four years. He also serves as Associate Examiner for the American Board of Ophthalmology.

His publications include over 30 scientific articles and 10 chapters as well as a book. He has also patented the Brightness Acuity Tester used by ophthalmologists all over the world for testing the effects of glare on vision. He has also developed the "Holladay Formula," which is currently the most accurate method of determining the proper power of an intraocular lens implant to be used following cataract removal.