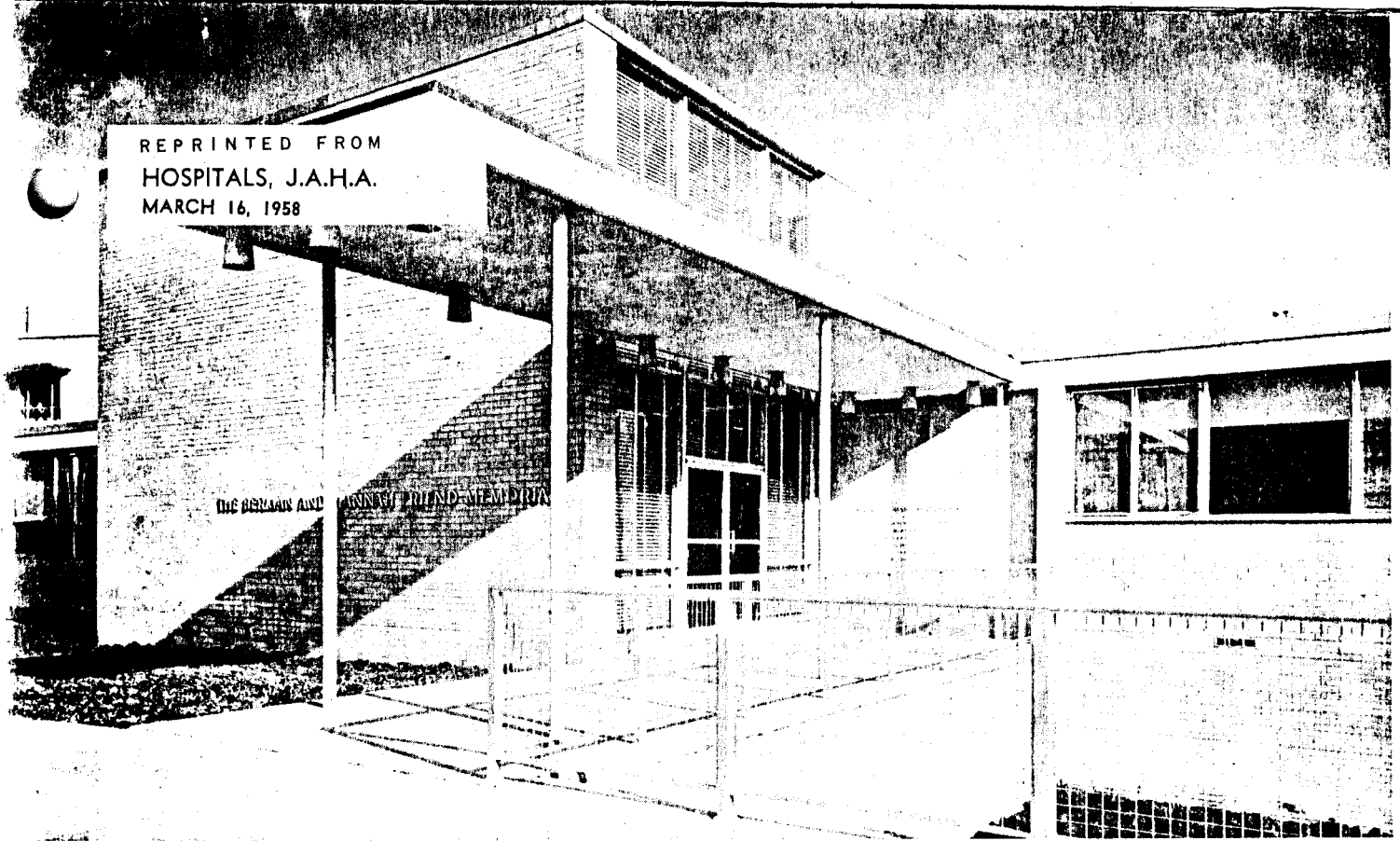


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A DRIVEWAY built on a man-made hill leads to the main entrance at second story level of Michael Reese's new Friend Memorial Pavilion. Patients' rooms are on this second floor.

For some, rehabilitation quickly spans

*Friend*

## the middle ground between hospital and home

by MORRIS H. KREEGER, M.D.

AS AN administrator of an acute general hospital, for many years I have been conscious of the tremendous waste of funds, facilities, and patient-care potential that occurs every time a sick person is hospitalized here beyond the acute phase of his illness.

For this reason I consider the new Berman and Hannah Friend Memorial Pavilion which Michael Reese opened to patients on Jan.

1958 a milestone in medical progress.

Our concept of this experimental unit is that it will serve as a bridge of convalescence on the

Morris H. Kreeger, M.D., is executive director, Michael Reese Hospital, Chicago.

road toward home. In contrast to some rest homes, bed and board will be secondary in the Friend Pavilion rehabilitation program. At the other end of the spectrum—contrasting with many custodial institutions—most of Friend Pavilion's patients will be those for whom there is the greatest hope of return to normal living in a short period of time.

### UNIT'S PRACTICALITY DEMONSTRATED

Our thinking in programing for the Friend Pavilion was reinforced recently by the first results demonstrated in a four-bed unit set up in one of our general in-patient buildings. In cooperation

with the Illinois Public Aid Commission and the Cook County Department of Welfare, we set out to demonstrate the practicability of an active rehabilitation program for chronically ill persons over 65 years of age. Such patients would otherwise have been sent to custodial institutions and might have had to remain in these institutions at the state's expense for many months or years. In our first six-months' experience with this active geriatric rehabilitation program, 15 of 18 unit patients were returned to the community sufficiently improved to no longer need institutionalization of any kind.

For the present, we are accept-

We know that we can redeem the disabled through the magic of rehabilitation, for in the final analysis the world is not the survival of the fittest; it is the survival of the luckiest . . . Luck has many names, and one of these names is rehabilitation. This is more than the dynamic process of rebuilding the physical lives of disabled individuals. It is a fierce belief in our individual responsibility for what happens to our fellow man. It is compounded of hope and freedom; hope to conquer every natural plague and every human mischief, and freedom from the shackles and bondage of human disability.—HENRY H. KESSLER, M.D., *speaking at the dedication of Friend Memorial Pavilion, Michael Reese Hospital, Chicago.*

ing for admission to the Friend Pavilion only those patients who were previously hospitalized in one of Michael Reese's general medical and surgical buildings. The prospective patient's attending physician makes a transfer request which is processed by the medical director. In screening these requests, the medical director is governed by the rules set by the medical staff. These include requirements that the patient be ambulatory or semi-ambulatory, and the expectation that he can be discharged to his own home in a maximum period of 30 days.

In the Friend Pavilion, there are 16 two-bed rooms and 4 private rooms. There is a single nurses' station, to which patients are encouraged to walk when they want to communicate with the nurse. The traditional bedside nurses call system has, however, been installed for use if a patient becomes too ill to walk to the nurses' station.

Furnishings of the pavilion's patient rooms are designed like hotel equipment. When the patient gets out of his daybed in the morning for breakfast in the dining room, the bed is made up for the balance of the day as a comfortable couch. Each patient room has a bath, which the patient is encouraged to use with a minimum of assistance.

On the ground floor level all of the facilities used by patients

throughout the major part of the day are grouped. Next to the dining room is a lounge for reading and television. The window wall of this lounge has doors that swing open onto a terrace.

The balance of the ground floor is devoted to rehabilitation facilities. At one end are the two doctors' offices, an examining room and fluoroscopy unit. At the other are large physical and occupational therapy areas. Included in these areas are a training kitchen and bathroom, which the director of the department of physical medicine uses extensively in rehabilitation work.

#### INTEGRAL PATIENT UNIT

Not only is this new pavilion connected physically, by tunnel and pneumatic tube system, with other buildings at Michael Reese, but in medical concept the Friend Pavilion functions as an integral patient unit. As in all other units at Michael Reese the rehabilitation patient continues under the medical management of his attending physician. Service patients continue under the management of the original ward service from which they were transferred. On the order of the attending physician, every diagnostic and therapeutic service operating in any of our other buildings is made available to the convalescing patient, giving this unit a tremen-

dous advantage over isolated nursing homes.

Of course, we anticipate that not every patient's condition will improve. In cases where a setback occurs and a patient must be confined to bed for 48 hours or more, transfer is made back to an acute care facility. This system is advantageous to the patient and at the same time keeps Friend Pavilion beds in use for their intended purpose.

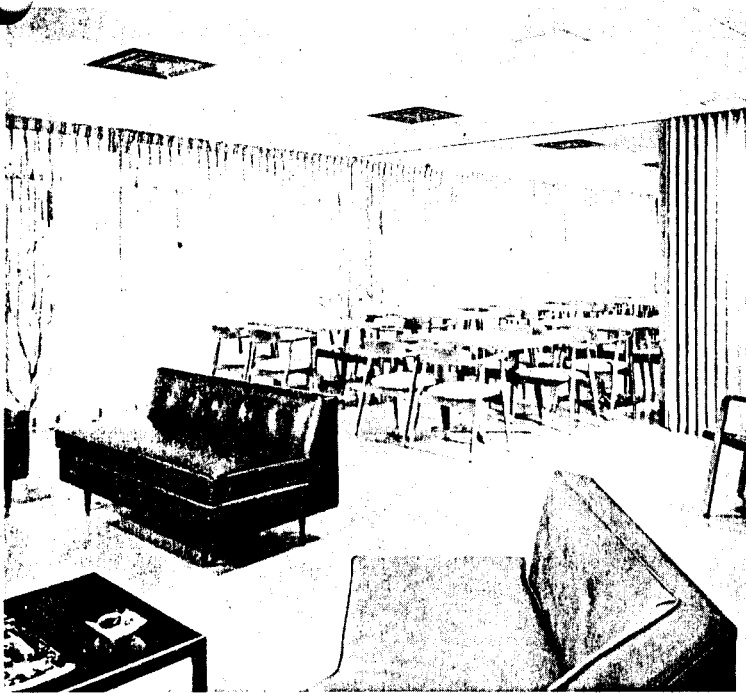
#### ROOM RATE ONE-FOURTH OFF

Room rates for this new unit have been set approximately 20 to 25 per cent lower than in the general acute inpatient buildings. This is a reflection of the lower number of nursing hours per patient day as well as other self-help features such as a dining room instead of bedside meal service. Through the program of active rehabilitation, it is also hoped that the total period of hospitalization for most patients will be shortened.

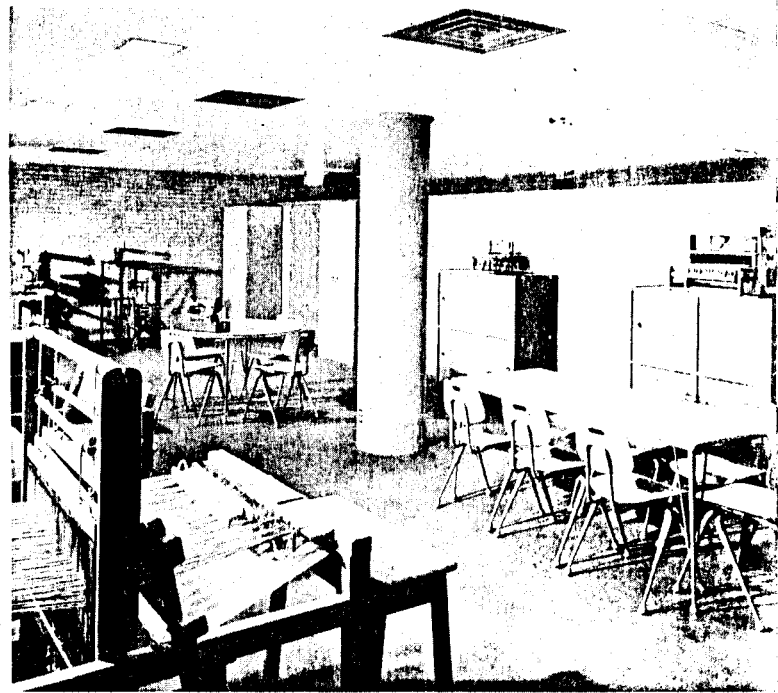
Our enthusiasm for this experiment is shared by the Blue Cross, which has extended coverage to patients in the Friend Pavilion. On the occasion of the dedication of the new unit, Mr. R. T. Evans, director of Blue Cross and Blue Shield in Illinois, congratulated Michael Reese on this "step forward in helping to solve one of the problems of hospital care economics." ■

Today, the 36-bed Friend Memorial Pavilion serves convalescing patients who were previously hospitalized in one of Michael Reese's general medical or surgical buildings. Less than three months ago, however, the pavilion was empty: a completely equipped modern rehabilitation unit, ready and waiting for its first patients. Taking advantage of this unusual photographic opportunity, the following pictures were shot before the hospital was open to the public.

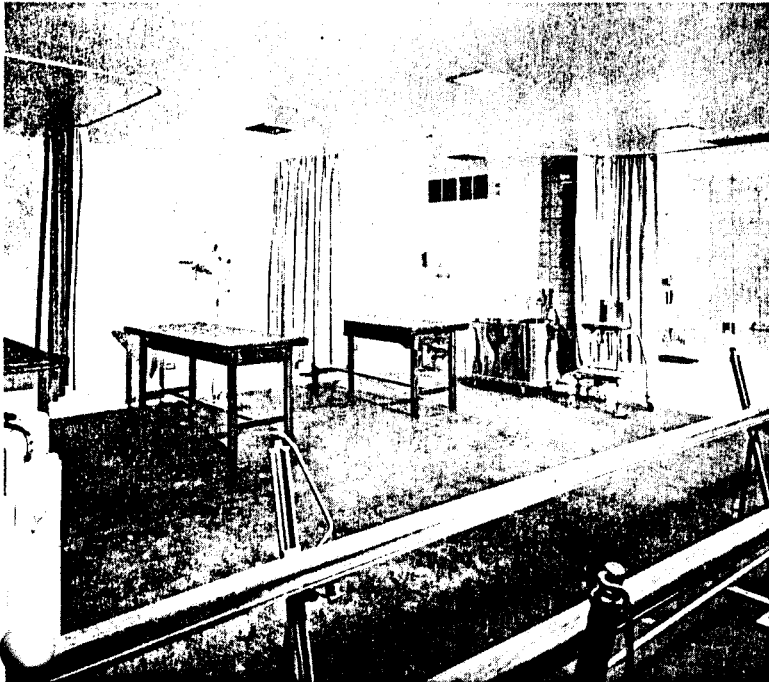
## first floor



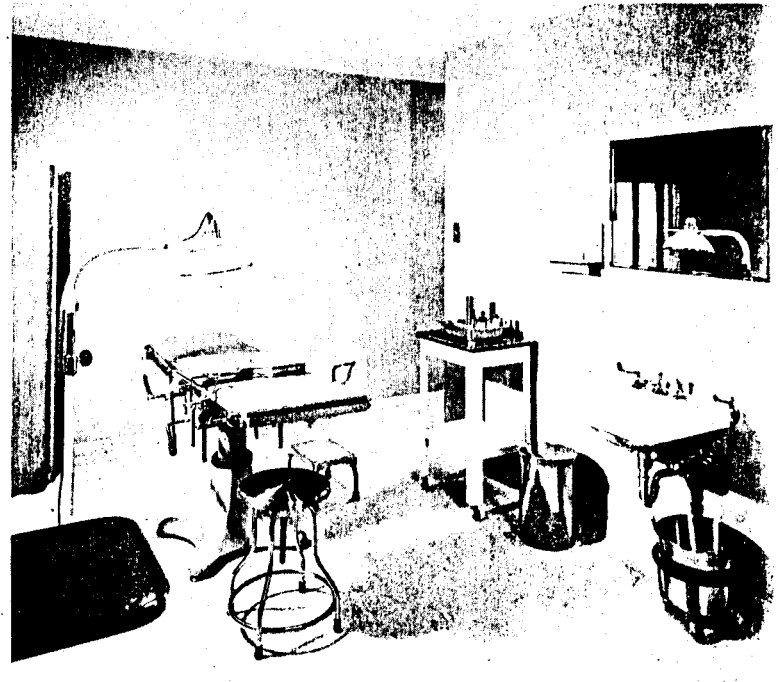
LOUNGE AND DINING areas are separated only by vinyl folding doors, so entire space can be used for patient activities. Upholstered furniture was selected for firmness as well as durability.



OCCUPATIONAL THERAPY area is equipped with looms, workshop equipment, and worktables. Storage cabinets against the wall are on rollers for easy moving to areas where patients use them for projects.

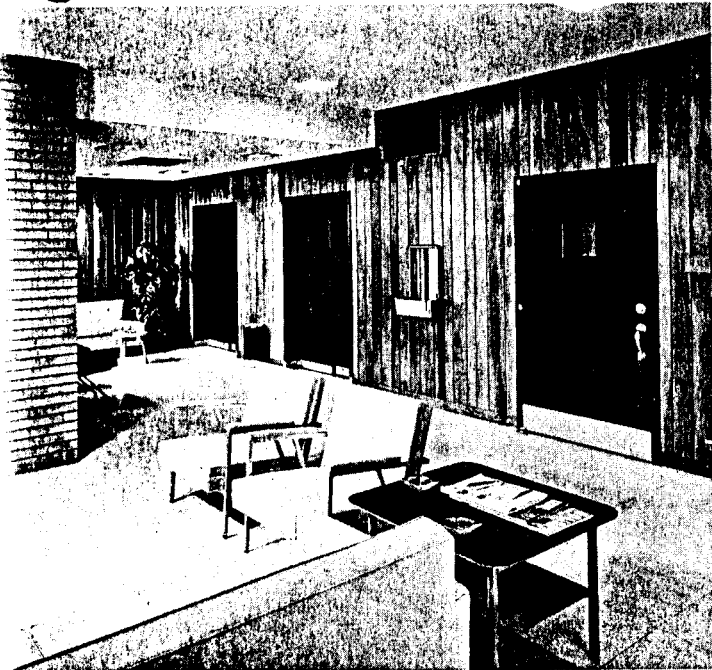


PHYSICAL THERAPY area on the ground floor of Friend Memorial Pavilion includes traditional gymnasium, massage, infrared, and paraffin treatment facilities plus new training bath at far end of room.

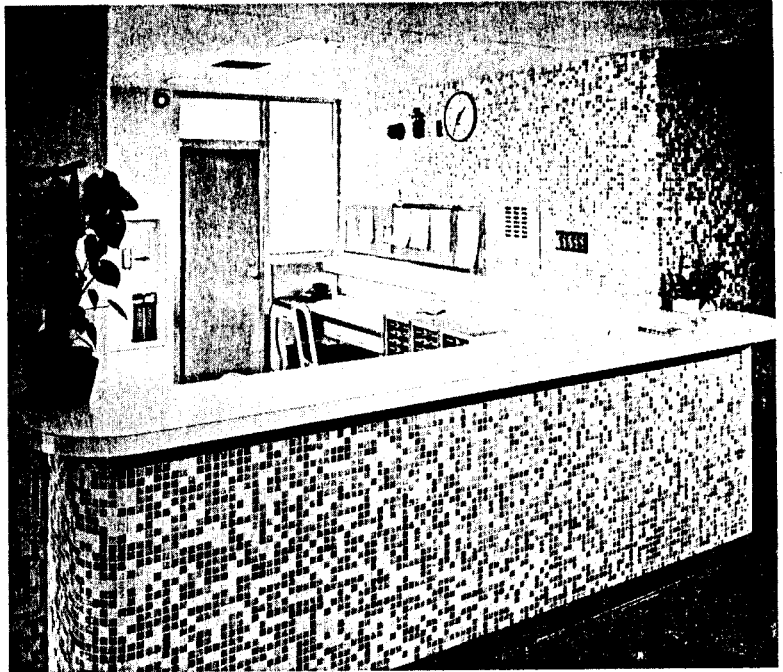


THE EXAMINING room is near doctors' offices and fluoroscopy unit. This room is equipped for most procedures required in the convalescent unit, including the equivalent of outpatient surgery.

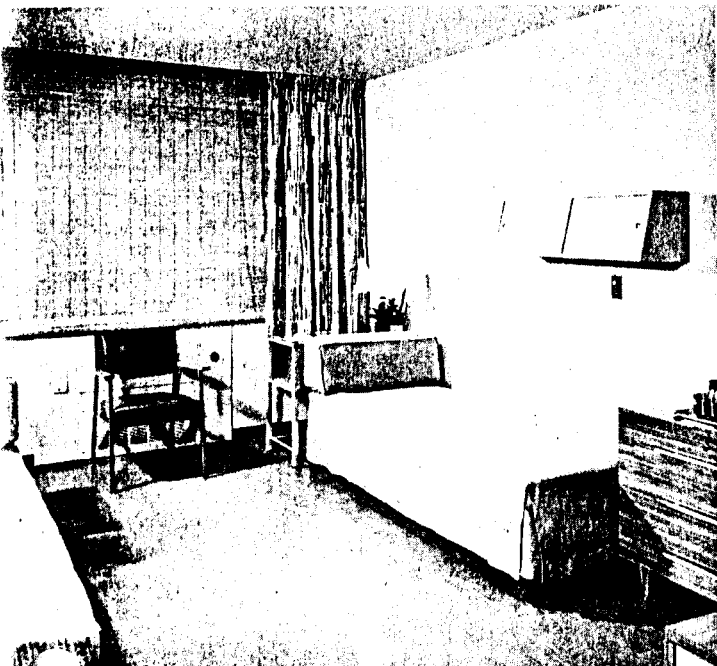
## second floor



**VISITORS' LOUNGE** at Friend Pavilion is separated from patients' bedrooms by door at right. Patients are encouraged to see their visitors in the lounge rather than have them come to the bedside.



**PNEUMATIC TUBE** connection with all other patient buildings at Michael Reese is located at left of rear wall in nurses' station. Rear door leads to locked medication room and to receptionist's window.

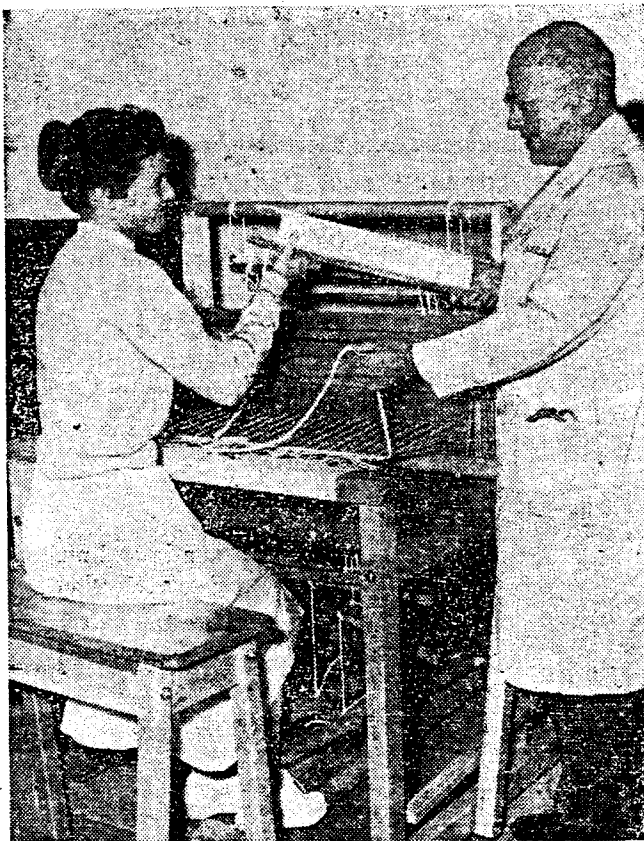


**AFTER BREAKFAST**, when day beds are made up, semiprivate room is similar to many hotel and motel rooms. Low-cost furnishings were chosen throughout building to reduce the cost of hospitalization.



**THE UTILITY ROOM** at Friend Memorial Pavilion is located in a corridor off the nurses' station to separate it from patient areas. The room was built with a wall between "clean" and "dirty" sides.

# New 'Help Yourself' Hospital Project on Trial



(Chicago American photo.)

**DR. ROBERT LEVY VIEWS NEW EXERCISER—**  
Therapist Katherine Hull displays harness loom.

**BY EFFIE ALLEY**

A brand new kind of hospital, which may set the pattern for the future, will be dedicated Sunday at Michael Reese Hospital Medical Center.

With only 36 beds, the Friend Pavilion is one of the smallest hospitals in the city but it will pioneer a new type medical program directed at achieving shorter patient stays and reduced hospital costs.

Its purpose is to test the theory that once patients pass the acute stage of illness, they will get well faster in home-like surroundings than in a hospital.

## PURPOSE EXPLAINED

The new institution, located at 3001 Cottage Grove av., will serve as "a bridge on the road to recovery between the hospital bed and the patient's home," according to Dr. Robert C. Levy, president of Michael Reese medical staff.

For instance, a patient who has suffered a heart attack and is required to be hospitalized for six weeks might spend the first two weeks in a regular hospital bed and then be transferred to the new

pavilion for the rest of his stay.

While there he will undergo rehabilitation by means of occupational and physical therapy. He will be expected to do as much for himself as his doctor will permit.

## LIKE HOTEL LIVING

He will take his meals in a dining room on the first floor. Rooms are furnished in hotel rather than hospital style, with day beds designed to serve as couches for the greater part of the patient's waking hours.

Each room has its own writing desk and full bathroom, on the assumption that the patient will use the room much as if he were staying in a hotel.

Facilities include a gymnasium, a special training kitchen, and a training bathroom. Here partially paralyzed patients, amputees, cardiac cripples and others will be taught to carry on daily living activities in spite of their handicaps.

Cost of hospitalization is expected to be reduced in two ways — recovery under a "dynamic" program of rehabilitation should be quicker; reduced cost of care because patients do not need all the expensive facilities and con-

stant nursing required by the acutely ill.

## RATES SLASHED

Room rates in the new pavilion will be 20 to 25 per cent lower than in regular Michael Reese hospital units, hospital authorities said.

Blue Cross, hospital insurance organization, and State Welfare department authorities are watching the experiment with great interest, hoping it will show the way to lower hospital costs in the future, said Dr. Morris H. Kreeger, executive director. He explained:

"State agencies are spending huge sums to care for chronic patients, many of them in the old age group, in nursing homes.

"While the daily cost is not great, the cost per case is very high, because such patients usually require years of care.

"We believe a program of active rehabilitation can return such patients to the community in much shorter time.

"If this concept which we are pioneering here works out, millions can be saved in this way."

## WASTE CUT

Dr. Kreeger pointed out that under modern methods of

treatment, many patients are able to leave the hospital and about long before. Under this set-up there is a waste of high cost beds and a waste of the patient's money.

The new hospital is the work of the late Dr. Emory Friend, who left a considerable amount of money for the construction and maintenance of the building, which now amounts to \$400,000.

His sister-in-law, Mrs. Friend, will cut the ribbon at 7 p.m. The public is invited to an open house following the dedication ceremonies.

## see for yourself

Ask for a  
Friend Pavilion  
Tour



Nurse checks temperature and pulse



Meals served in the dining room



Active therapy right in the building



You remain under your own doctor's care



Rooms are furnished in hotel style

MICHAEL REESE HOSPITAL MEDICAL CENTER—CHICAGO

# 10 QUESTIONS

*TO ASK YOUR DOCTOR  
About whether he will allow you  
to go to the **NEW** Friend Pavilion*





**Q**—Will I be able to be out of bed most of the day, either walking around, or pushing myself around in a wheelchair?

**A**—If your doctor's answer is "yes," then you'll enjoy the freedom of being up-and-around, living in this air-conditioned, hotel-like building, where all of your meals are served in the dining room, and your bedroom is made up as a sitting room right after breakfast.

**Q**—When I'm first allowed out of bed, will I still need the standby protection of doctors and nurses close at hand?

**A**—If your doctor answers "yes," you will find it reassuring to know at Friend Pavilion that there is always a nurse and her assistants on your floor—and all of the facilities of the Michael Reese Medical Center at your doctor's instant command, if necessary.

**Q**—When the acute phase of my illness is over, will I be ready to go home in a short time?

**A**—If your doctor answers "yes," then you may be among the patients for whom this special pavilion was built. This is not a long-term "nursing" home, but a special hospital for those adult patients of all ages who need a few days, or a few weeks of active, dynamic rehabilitation on their way home. Patients may stay as long as 30 days.

**Q**—Will I need physical or occupational therapy?

**A**—If your doctor answers "yes" then when you are transferred to Friend Pavilion, he will prescribe these treatments for you, to be given right in this new building. Friend Pavilion is fully equipped for active therapy. Facilities include a gymnasium, occupational therapy room, and special health training kitchen and bath. Nowhere else at Michael Reese are some of these superb facilities duplicated.

**Q**—Will I be able to go outdoors in good weather?

**A**—If your doctor answers "yes," then you will certainly enjoy sunning yourself out on the patio that adjoins Friend Pavilion. Entrance is from the dining area. The entire area overlooks the Medical Center's block-long Rothschild Park.

**Q**—Will I be able to attend movies and parties, and sit up in the "living room" to watch TV?

**A**—If your doctor answers "yes," then you will be spending a good deal of your time in the lounge at Friend Pavilion, where an active recreation program is planned for the patients.

**Q**—Will I be able to afford to stay in this brand new building?

**A**—You are the best judge of this one. Room rates are 20 to 25 per cent lower than the average rates for other adult units. Friend patients do not need all of the around-the-clock medical services that acutely ill patients require—so Friend patients are not asked to pay for them. If you have Blue Cross, it also covers your stay in Friend Pavilion.

**Q**—Suppose I have complications, then, can I be moved back to a regular hospital bed?

**A**—Again the answer is "yes." Chances are that you will never have to worry about this, but if your condition should take a turn for the worse, your doctor can immediately order you back to another building designed for acute care. This is another way in which Friend Pavilion protects recuperating patients.

**Q**—Can I see Friend Pavilion for myself before I decide whether to transfer?

**A**—The answer depends on your condition. If your doctor approves, you may ask for a special preview tour of this building. You will be shown all of the facilities and told about the program in detail, to help you decide whether this building suits you.

**Q**—How do I arrange a transfer to Friend Pavilion?

**A**—ASK YOUR DOCTOR.