

The past several years Grinnell General has been involved in one major project after another to provide for the delivery of acute medical-surgical and obstetrical care for the community. Then in May 1970 the old Community Hospital building was opened with twenty beds to provide traditional nursing home type care.

On Thursday, September 23, 1971, thirty more beds were added to this unit with the opening of East, bringing to 50 the number of long term care beds available. In a moment I would like to expand on the long term care unit and the type of services it provides. However, a few words are in order about the acute unit.

Perhaps here it will suffice to say that planning for this level of care has not been forgotten or even temporarily put out of mind. These are changing times in the health care field and the planning for the delivery of acute care, contrary to the concept of long-term care which has been a social rather than technological innovation, is an on-going vibrant process with new concepts of care, delivery, new technology, and financing mechanisms surfacing almost daily.

Grinnell General's progress has been spurred on by these changes through the sophistication of the public it serves. Although GGH has just opened the last of its physical facilities it is far from being a static organization at this point with the planning process being continuous.

At the Auxiliary luncheon meeting on October 11, Mr. William Autry, President of Grinnell General Hospital Board of Trustees, will be presenting a program on the present and future needs of Grinnell General and some of the plans for meeting these needs. This will be very interesting and we hope that as many of you as possible will join your fellow Auxilians on that day to hear Mr. Autry.

Now, back to Long Term Care. Hospitals, nursing homes, meals-on-wheels programs, neighborhood health centers and all of the other programs related to meeting either broad spectrum or specific health needs are really people programs. They should never exist for the good of certain individuals or specific groups of persons. It would follow that the success or failure of these programs would be measured in how well they met the needs of the people for which the programs are intended.

The key word here is "needs". All of us are aware of our own individual needs and whether we like it or not, most of us are all pretty much average persons with the same needs as the person who lives next door, or the stranger we meet on the street. So with needs in mind I would like to briefly sum up the philosophy of our Long Term Care.

There are a myriad of hard cold facts that could be related about the unit. For instance the caloric and protein content of our meals, how often sheets will be changed, hours of nursing service, and our housekeeping services. These are all things which keep people clean and warm on the outside and you may be assured that our residents will be kept clean, warm, and well fed.

But the difference between living and existing is not the things which keep us warm on the outside.....it is the things which keep us warm on the inside. Some of the things which keep us warm on the inside and let us live are to be able to retain our dignity, to remain as independent as possible, to be recognized as an individual of worth and value.....to belong and to be needed. And our residents are needed. They fulfill and provide gratification for those whose privilege it is to care for them.

So this is our goal. For a person; a human being like each of us; to live spiritually and emotionally as well as physically, according to his individual needs.....rather than to just physically exist in a vacuum.

