



**PHARMACY AND LABORATORY SERVICES,  
SAN ANTONIO PUBLIC HEALTH DEPARTMENT OBSTETRICAL CLINICS**

Responsibility for the prenatal care of women of lower income groups of San Antonio is assumed by the city's public health department. Clinics have been established in various neighborhoods with a definite schedule and place of meeting. Physicians are paid from the public health funds for each clinic meeting.

**A Problem Solving Thesis**

**Submitted to the Faculty of**

**Baylor University**

**In Partial Fulfillment of the**

**Requirements for the Degree**

**of**

**Master of Hospital Administration**

The lack of sufficient medications available at the clinics coupled with the inadequate diet and poor living conditions under which many of the patients exist result in an increased incidence of maternal anemia. This anemia results in the necessity to transfuse many of the patients who otherwise would normally need transfusion for a normal delivery.

**By**


**Colonel Norman J. Cole, MC**

This study was undertaken to attempt to determine the best way to furnish the optimum laboratory and pharmacy services to the patients at the San Antonio Public Health Department clinics.

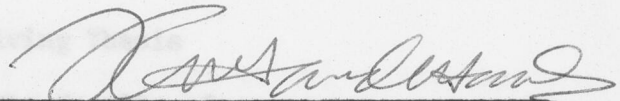
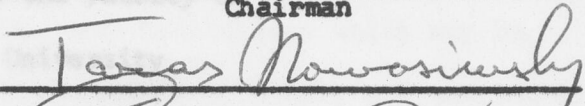
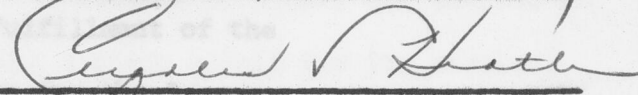
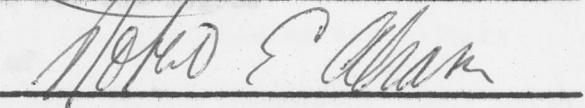
Grateful acknowledgment for assistance rendered is given to Dr. C. E. Gibbs, Associate Professor of Obstetrics and Gynecology University of Texas at San Antonio Medical School; Mr. W. J. Hickey, Assistant

**August, 1970**

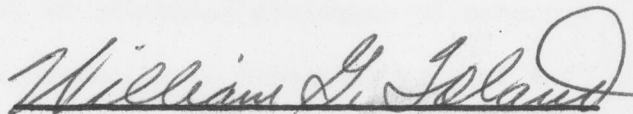
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FOREWORD

Responsibility for the prenatal care of women of lower income groups of San Antonio is assumed by the city's public health department. Clinics have been established in various neighborhoods with a definite schedule and place of meeting. Physicians are paid from the public health funds for each clinic meeting.

Minimal laboratory studies are accomplished at the clinics by the public health nurse in attendance. Any medications which may be available are samples donated by the physicians or others and carried to the clinic by the nurse when she opens a given clinic for its session.

The lack of sufficient medications available at the clinics coupled with the inadequate diet and poor living conditions under which many of the patients exist result in an increased incidence of maternal anemia. This anemia results in the necessity to transfuse many of the patients who otherwise would not necessarily need transfusion for a normal delivery.

This study was undertaken to attempt to determine the best way to furnish the optimum laboratory and pharmacy services to the patients at the San Antonio Public Health Department clinics.

Grateful acknowledgment for assistance rendered is given to Dr. C. E. Gibbs, Associate Professor of Obstetrics and Gynecology University of Texas at San Antonio Medical School; Mr. W. J. Hickey, Assistant

Administrator, Bexar County Hospital District; Mr. R. J. Erhardt, Director Patient Administrative Services, Bexar County Hospital District; Mr. Valfre, Chief Pharmacist, Robert B. Green Memorial Hospital; and Mrs. Helen Garcia, Financial OB Interviewer, Robert B. Green Memorial Hospital. Without their able assistance much of the material included in this study would have been unavailable.

Chapter

|   |    |
|---|----|
| I. INTRODUCTION . . . . .   | 1  |
| History and Purpose of Study . . . . .  | 1  |
| Situations Requiring the Study . . . . .  | 3  |
| Statement of the Problem . . . . .  | 7  |
| Objectives . . . . .  | 7  |
| Criteria . . . . .  | 8  |
| Limitations . . . . .   | 8  |
| Assumptions . . . . .   | 9  |
| Definitions . . . . .   | 10 |
| Methods of Study . . . . .  | 10 |
| Literature Review . . . . .   | 11 |
| Footnotes . . . . .   | 14 |
| II. DISCUSSION OF THE PROBLEM . . . . .   | 15 |
| General Situation . . . . .   | 15 |
| Financial Resources . . . . .   | 16 |
| Pharmacy . . . . .  | 17 |
| Transportation . . . . .  | 18 |
| Laboratory . . . . .  | 19 |
| Consultation . . . . .  | 20 |
| Robert B. Green Obstetrical Clinic . . . . .  | 21 |
| Summary . . . . .   | 21 |
| Alternative Solutions . . . . .   | 22 |
| III. CONCLUSION . . . . .   | 27 |
| Conclusion . . . . .  | 27 |
| Recommendations . . . . .   | 27 |
| APPENDIX  |    |
| A. SCHEDULE OF ELIGIBILITY AND CHARGES, ROBERT B. GREEN MEMORIAL HOSPITAL, WITH PAYMENT AGREEMENT . . . . . | 29 |

TABLE OF CONTENTS

FOREWORD . . . . . ii

Chapter

I. INTRODUCTION . . . . . 1

History and Present Situation . . . . . 1

Situations Necessitating the Study . . . . . 3

Statement of the Problem . . . . . 7

Objectives . . . . . 7

Criteria . . . . . 8

Limitations . . . . . 8

Assumptions . . . . . 9

Definitions . . . . . 10

Methods of Study . . . . . 10

Literature Review . . . . . 11

Footnotes . . . . . 14

II. DISCUSSION OF THE PROBLEM . . . . . 15

General Situation . . . . . 15

Financial Evaluation . . . . . 16

Pharmacy . . . . . 17

Transportation . . . . . 18

Laboratory . . . . . 19

Consultation . . . . . 20

Robert B. Green Obstetrical Clinic . . . . . 21

Summary . . . . . 21

Alternative Solutions . . . . . 22

III. CONCLUSION . . . . . 27

Conclusion . . . . . 27

Recommendations . . . . . 27

APPENDIX

A. SCHEDULE OF ELIGIBILITY AND CHARGES, ROBERT B.  
GREEN MEMORIAL HOSPITAL, WITH PAYMENT  
AGREEMENT . . . . . 29

|  |    |
|--|----|
| B. SAN ANTONIO TRANSIT SYSTEM BUS ROUTES . . . . .   | 32 |
| C. CLINIC LOCATIONS WITH DAY AND TIME OF MEETING . . . . .   | 34 |
| D. PHARMACY/LABORATORY CHEST . . . . .   | 37 |
| E. SUGGESTED STANDING OPERATING PROCEDURE (SOP)<br>FOR UTILIZATION OF PHARMACY/LABORATORY<br>CHEST . . . . . | 41 |
| F. BEXAR COUNTY HOSPITAL DISTRICT APPLICATION<br>FOR MEDICAL CARE . . . . .                                  | 45 |
| G. SKELETON MAPS OF THE CITY OF SAN ANTONIO<br>WITH DAYS AND TIMES OF CLINIC MEETINGS . . . . .              | 48 |
| H. ESTIMATE OF COSTS, COURIER SYSTEM, BEXAR<br>COUNTY HOSPITAL DISTRICT . . . . .                            | 55 |
| BIBLIOGRAPHY . . . . .   | 57 |

and prescribed, and the luxury of hospitalization in a private room in the hospital of their choice.

During the period prior to the establishment of the Bexar County Hospital district the need for neighborhood clinics to care for the underprivileged pregnant female was recognized. The San Antonio Public Health Department made an attempt to carry this personal health care to the pregnant women of this group by initiating a clinic program.

Manning of the clinics was accomplished through the addition of more public health nurses to the rolls of the city health department. Practicing physicians in the city were approached regarding the conduct of the clinics. These were hired at a set fee to conduct a single clinic, regardless of the number of patients seen. An attempt was made to schedule each physician to cover a specific clinic each time it met. This scheduling resulted in a degree of continuity of care for each

## CHAPTER I

### INTRODUCTION

#### History and Present Situation

Comprehensive personal health care is a pressing need in the management of the health of a community. The underprivileged cannot afford the niceties of the private physician, the complete and comprehensive laboratory studies that are utilized by that physician in the management of their illnesses, the many medications that are available and prescribed, and the luxury of hospitalization in a private room in the hospital of their choice.

During the period prior to the establishment of the Bexar County Hospital district the need for neighborhood clinics to care for the underprivileged pregnant female was recognized. The San Antonio Public Health Department made an attempt to carry this personal health care to the pregnant women of this group by initiating a clinic program.

Manning of the clinics was accomplished through the addition of more public health nurses to the rolls of the city health department. Practicing physicians in the city were approached regarding the conduct of the clinics. These were hired at a set fee to conduct a single clinic, regardless of the number of patients seen. An attempt was made to schedule each physician to cover a specific clinic each time it met. This scheduling resulted in a degree of continuity of care for each

patient and provided certain motivation for the physicians in that they were able to follow each patient more closely through her prenatal period. Neighborhood women who were available were trained by the public health nurses to do the numerous tasks to assist in the management of the clinic. These neighborhood aids have proven invaluable in that they are able to assist the nurse through their knowledge of the people in the neighborhood and of their problems.

The clinics are held in buildings that are on loan to the city public health department for the purpose of these clinics. These buildings are multi-purpose buildings, used for other purposes, and the storage of medications and equipment in them is not possible.

Arrangements were made for the patients to receive hospitalization at either the Santa Rosa Hospital or at the Robert B. Green Memorial Hospital. The patient could elect to receive her confinement at either hospital. When a patient elected one hospital, she was referred to that hospital for any medications and further laboratory studies that might be indicated. Presently from 90 to 95 per cent of the patients elect to be hospitalized at the Robert B. Green Memorial Hospital. This study, therefore, was limited to consideration of the participation of that hospital in the prenatal care and confinement of the clinic patients.

A hospital card is a necessity for any treatment or medications to be obtained by the patient. The procurement of this card at the Green involved a financial evaluation which must be accomplished by a personal interview at the Green.

In the future, San Antonio Public Health Department personnel will probably assume the role of case finding and case followup, with education carried out at the clinics and in the home. The clinic system in existence will probably be absorbed into the Bexar County Hospital District and be added to the training program of residents and medical students in that organization.

#### Situations Necessitating the Study

Pharmacy and laboratory services in the clinics are inadequate for the optimum prenatal and postpartum care of the obstetrical patients seen there.

Medications presently available to the clinic physician for dispensing to the patients are samples donated by physicians and others. These medications are not stored at the clinic due to the frequent episodes of vandalism which occur. Any medications available must be carried to the clinic by the public health nurse when she arrives and then removed at the conclusion of the clinic. This creates a problem in logistics.

Financial evaluation is accomplished at the Green on all patients who present themselves for treatment, consultation, medication, or laboratory studies. Obstetrical patients receive this evaluation in an office located in the obstetrical portion of the Outpatient Department and which is separate from the office which accomplishes the same evaluation for all other patients. After the evaluation a hospital card is issued. This card authorizes medical care at the Green and designates the pay class of the patient. This pay class is based upon the

earning capacity of the head of the family, any insurance there may be, and the number of persons which comprise the family group (Appendix A).

Medications which may be requested by the clinic physician are procured at the Robert B. Green Memorial Hospital pharmacy. This pharmacy recognizes only the signature of the Green staff or house physician; consequently, the patient must have an appointment made and been seen by the Green physician, who then writes the prescription. There may be varying periods of delay before this appointment can be made. This period of waiting will be gradually lessened as the newly established appointment system in the out-patient department becomes more efficient.

After the patient has been seen by the Green physician and has the prescription for the medication in her hand, she must go to the pharmacy and wait for the prescription to be collected and filled and for the medication to be dispensed. She must pay a flat fee for the prescription based upon the category in which she has been placed following the financial evaluation, which is reflected upon her hospital card. This "red tape" is not conducive to positive motivation of the patient and often results in the patient receiving less than optimal care in that she does not procure and take the recommended medications.

Serum tests for syphilis and urinalysis are presently accomplished at the clinics by the public health nurse. All other laboratory tests are accomplished at the Green and must, as with the medications, be ordered by the Green physician. The cost of these laboratory tests is included in the blanket fee that is established for a given patient by the financial evaluation. Any necessary x-ray laboratory

examination is also included in the blanket fee, but it is not necessary for a Green physician to prepare the request for x-ray examination of the chest. X-ray of the chest is ordered only when the skin test for tuberculosis is positive.

Preregistration of the patient is accomplished when any laboratory test (clinical or x-ray) is accomplished. The patient is given a hospital number and a clinical chart is initiated. The hospital copy of the laboratory report is placed in this chart. This chart also contains any reports of consultation that have been accomplished at the request of the clinic physician. This chart is available to personnel in the emergency room of the Green at any time the patient may present herself for admission. Copies of these reports and consultations are sent to the clinic from which the patient was referred, where they are incorporated into the clinic record.

Transportation to and from the hospital when the patient is referred there becomes a real problem. The fortunate patient will be left at the hospital by her husband on his way to work in the morning. This is without consideration of the time for her appointment. It is often necessary for her to bring children with her as there is no one to leave them with at the place of residence. This adds to the confusion in an already busy out-patient department.

Public transportation to and from the hospital, though available (see Appendix B) is inconvenient and sometimes beyond the financial means of the patient. The failure to use the public transportation could be due to lack of funds. This failure also could be due to lack of motivation on the part of the patient to face the waiting and red tape involved

in procuring the services for which she has been referred.

Many of the patients who are referred to the Green for consultation by the clinic physician are not returned to the clinics for follow-up, but are retained as patients in the Green out-patient department (OPD) by the physician who sees them there. This places an added burden upon the patient as she must travel to the Green for prenatal care. The patient-physician relationship at the clinic is disrupted, and continuous care readily available in her immediate neighborhood is denied to her. There are many missed appointments probably due to any one or a combination of the factors of confusion generated at the OPD, the lack of motivation on the part of the patient, the cost of the transportation or lack of it, or the disruption of the patient-physician relationship as mentioned above. This relationship is one of the factors in motivating the patient to seek and continue the prenatal care she is so desperately in need of.

In the lower income group of patients which the clinics are serving, the living conditions, including nutrition, are definitely substandard. The substandard diet dictates that most of the patients should be placed upon supplemental medications to combat deficiencies which exist, such as iron and vitamins. As a result of the lower standards of nutrition, many of the patients are anemic and often hypoproteinemic. These conditions may necessitate more extensive and probably more frequent laboratory determinations for the patient to receive the optimum care during the prenatal and postpartum period.

In an attempt to take the service of the clinic to the patient, many of the clinics meet in markedly substandard buildings. The

buildings are in the neighborhood of the patient.

### Statement of the Problem

The purpose of this study is to determine the best method of delivering optimum pharmacy and laboratory services to the obstetrical patients seen in the San Antonio Public Health Department clinics.

### Objectives

Tasks which must be accomplished to arrive at the best solution to this problem include:

1. On-site visits to the SAPHD clinics and to the Robert B. Green obstetrical clinic. These will enable the writer to understand the problems that exist with regard to storage of medications and equipment at the clinics as well as to observe the clinics in operation. They will also enable the writer to obtain an understanding of the operation of the obstetrical clinic at the Robert B. Green hospital.
2. Nonstructured interviews held with:
  - a. The Associate Professor of Obstetrics, University of Texas Medical School at San Antonio, to determine the professional aspects of the problem and to receive such guidance as he may offer.
  - b. Hospital administrators at both the Bexar County Hospital and the Robert B. Green Memorial Hospital in an attempt to determine what has been accomplished in the past and also the present administrative responsibilities and relationships.
  - c. The interviewer in the Robert B. Green obstetrical clinic who has been assigned the responsibility of evaluating all obstetrical patients for the determination of their financial stature and subsequently

the pay category in which they will be placed.

3. A review of the current literature with regard to the methods used elsewhere to solve the problem of delivery of health care to persons in the depressed areas, specifically with regard to the management of obstetrical patients.

4. Formulation of alternative solutions to the problem.

5. Determination of the best solution among the alternatives.

#### Criteria

The best method of delivery of laboratory and pharmacy services to the obstetrical patients at the clinics should result in:

1. Decreased maternal morbidity at the Green Memorial Hospital caused by such prenatal conditions as iron deficiency anemia.

2. Early definition of obstetrical problems which can be detected by adequate laboratory studies, such as Rh incompatibility.

3. Lowered expense to the patient in the procurement of these services.

4. Lessened time-distance factor in the procurement of these services by the patient.

5. Decrease in the number of missed appointments resulting from the increased motivation of the patient.

#### Limitations

The incorporation of the Green in the teaching hospital complex of the Medical School resulted in the associate professor of obstetrics developing an intense interest in the clinics. Personal arrangements between the director of the SAPHD and the professor have resulted in his

assumption of technical supervision of the prenatal care at that level. The writer visited selected clinics in the company of the professor, but was not able to further communicate with personnel of the SAPHD.

Medications cannot be stocked and stored at the clinics, primarily due to the frequent episodes of vandalism and to the non-exclusive use of the buildings by the clinics.

No pharmacists are available for the clinics. Texas statutes require a registered pharmacist or physician to personally dispense medications which come from a bulk supply.

#### Assumptions

It is assumed that:

1. The San Antonio Public Health Department will continue to offer prenatal and postpartum care to obstetrical patients. This will be accomplished in the manner in which it is presently being done, namely, by utilizing local buildings for the clinic meetings.
2. The patient load will increase paralleling the increase in population of the city.
3. Texas statutes regulating the dispensing of pharmaceuticals will remain unchanged.
4. Public health nurses in the employ of the SAPHD will continue to supervise the clinics and there will be continuation of the laboratory studies they presently conduct.
5. Financial evaluation by personnel at the Green will continue to be a necessity.

6. Funds for the implementation of the recommendations of this study will be made available.

7. Necessary administrative arrangements will be made for the transfer of funds between SAPHD and Bexar County Hospital district.

#### Definitions

Clinics is used throughout this study to refer to the neighborhood clinics established and operated by the San Antonio Public Health Department.

Public transportation refers to the facilities of the San Antonio Transit System.

Clinic physician refers to licensed practitioners of medicine who are paid by the San Antonio Public Health Department to conduct the prenatal clinics.

SAPHD refers to the San Antonio Public Health Department.

#### Methods of Study

Problem areas in the delivery of optimum pharmacy and laboratory services to the obstetrical patients seen in the clinics were delineated through visits to selected clinics and the Bexar County and Robert B. Green Memorial hospitals. Nonstructured interviews were conducted with the Professor of Obstetrics, Southwestern Texas Medical

School and with the appropriate hospital administrators at each of the hospitals. Through these interviews the writer was able to more clearly understand the level of the professional care received by the clinic patients, as well as some of the administrative problems which exist in the present management of these patients.

Available literature was reviewed. Though references to the specific problem presented under similar political relationships were not found, there is a wealth of material in the literature which deals with health care to the underprivileged. Selected material from this literature is included in the bibliography.

#### Literature Review

Pharmacy services are available in many of the health care programs designed to furnish this service to the poverty level group of citizens. One example of this attempt is a 24-hour emergency pharmacy service "in house" at the Columbia Point Health Center, Dorchester, Massachusetts, a project sponsored by the OEO.<sup>1</sup>

Other neighborhood centers under OEO sponsorship utilize the vendor system in which the licensed neighborhood pharmacists agree to participate in the program. One such system has been established in New York City. Private licensed pharmacies who participate in Medicaid are filling a great number of prescriptions. It is estimated that by this method 12 per cent of all money expended from public funds for health care services was utilized to pay for pharmacy services in the year 1968. Such an expenditure demands the exercise of rather stringent controls to prevent the squandering of public funds.<sup>2</sup>

One obvious advantage to the presence of a pharmacy in an out-patient clinic is, of course, convenience for the patient and also the physician. The pharmacist in this situation has an opportunity as well as a responsibility to train the paramedical personnel in such procedures as pharmacy inventory and stockage, pre-packaging, nomenclature of

drugs, and many other details of pharmacy operation.<sup>3</sup> With this training these paramedical persons are invaluable in the establishment and maintaining of efficient pharmacy facilities in the health care centers.

Within the poverty level group of patients the small hospital laboratories are often called upon for their services. All too frequently these laboratories are staffed by non-college trained technicians and are without the supervision of a pathologist. The present shortage of adequately trained manpower will probably continue for many years. Increased costs, brought about by an increase in knowledge and technology and also of labor costs, will continue to force the costs of laboratory services higher. One solution to the problem is to centralize laboratory functions for a large area in regional laboratories which would be adequately staffed and would be able to respond to the needs of the health care community. Clinics located near the patients' areas of residence would be established and laboratory specimens would be delivered to the regional laboratory by the most expeditious means, to include helicopters. Results would be reported by telephone when necessary and the formal report would follow. This would appear to be an acceptable solution to the problem of inadequate manpower.<sup>4</sup>

Denver, Colorado has established a city-wide health network. Families with five members or more and with an annual income of less than \$6,600.00 are eligible for free medical care in the network. Small health stations have been established within walking distance of most patients' places of residence. Large neighborhood health centers offer more sophisticated treatment and case management as well as a greater

variety of specialties. Three of the hospitals of the city participate in the program and supply the x-ray and clinical laboratory backup. The pharmacies at these hospitals furnish packaged medications on order from the other members of the network. With this system excellent health care is readily available to those in need of it throughout the city.<sup>5</sup>

Chicago has a long-range plan for the establishment of health care centers throughout the city in the poverty areas. These would be operated as extensions of the out-patient departments of the major teaching hospitals, community hospitals, and the medical schools. Visiting nurse capability would be furnished by public health nurses and aids.<sup>6</sup> This plan should result in a measurable increase in the efficiency and the quality of health care.

A review of the literature reveals that there is no single solution to the delivery of health care to the underprivileged and those whose incomes are at or below the poverty level. Neighborhood clinics are established to enable the patient to receive care with minimum inconvenience. Various means for the delivery of pharmaceuticals to the patient are utilized. Laboratory services are usually centralized in servicing hospitals for more economical and efficient utilization of equipment and personnel. One common factor is found in all plans, and that is to make medical care readily available to those in need of it.

Footnotes

<sup>1</sup>Noel F. Parris, Jr., "Office of Educational Opportunity Program in Dorchester, Massachusetts," Journal of the American Pharmaceutical Association, VIII (October, 1968), 546-48, 561.

<sup>2</sup>Anthony F. Capriotti, "Office of Educational Opportunity Program in New Jersey," Journal of the American Pharmaceutical Association, VIII (October, 1968), 541-43; Morris E. Blatman, "At Neighborhood Health Care Centers--A Vendor System for Pharmaceutical Services," Journal of American Pharmaceutical Association, VIII (October, 1968), 536-38; Florence Kavalier, et al., "A Publicly Funded Pharmacy Program Under Medicaid in New York City," Medical Care, VII, No. 5 (September-October, 1969), 361-71.

<sup>3</sup>C. Fagin, "Pharmacist's Role Expands in the Neighborhood Center," Hospitals, XLII (December 16, 1968), 70-2.

<sup>4</sup>S. K. Gulinson and A. W. Musser, M.D., "There Is a Need for Regional Laboratories: A Basic Design Is Presented to Serve a Radius of 200 to 500 Miles," Hospital Management, CVII (March, 1969), 77-82.

<sup>5</sup>B. Collins, "Denver Builds City Wide Health Network," Modern Hospitals, CX (May, 1968), 102-6.

<sup>6</sup>M. H. Lepper, et al., "Approaches to Meeting Health Needs of Large Poverty Population," American Journal of Public Health, LVII (July, 1967), 1153-57.

Most of the clinics meet in buildings that are not solely used for the obstetrical clinics. These may be buildings on loan for the purpose of conducting the clinic for a specific portion of the day but at other times used for other clinics or for unrelated purposes. Some of the clinic meeting places are literally shacks, or other buildings, that under present day standards should have been condemned. Materials such as medications, simple equipment, records and supplies must be carried to and from the clinic by the nurse in all except one or two of the clinics, where they may be stored. This is due to the multiple use

of buildings and also to the high incidence of vandalism that exists in the area.

CHAPTER II

DISCUSSION OF THE PROBLEM

General Situation

As the result of an ever present need for medical assistance to the underprivileged in San Antonio, twenty-one neighborhood clinics have been established by the San Antonio Public Health Department (Appendix C). These clinics are staffed by physicians who are local practitioners of medicine. They have been hired by the public health department for the purpose of conducting the clinics. They are paid a flat fee to conduct a given clinic on the appointed day. This study will only concern itself with the obstetrical clinics held within this clinic framework.

Most of the clinics meet in buildings that are not solely used for the obstetrical clinics. These may be buildings on loan for the purpose of conducting the clinic for a specific portion of the day but at other times used for other clinics or for unrelated purposes. Some of the clinic meeting places are literally shacks, or other buildings, that under present day standards should have been condemned. Materials such as medications, simple equipment, records and supplies must be carried to and from the clinic by the nurse in all except one or two of the clinics, where they may be stored. This is due to the multiple use

of buildings and also to the high incidence of vandalism that exists in the area.

When in the conduct of the clinic it becomes necessary to refer the patient for consultation or laboratory studies she is referred to the Robert B. Green. Any medications not available in the meager supply at the clinic must be procured by the patient from the pharmacy at the Robert B. Green.

#### Financial Evaluation

Prior to receipt of any consultation service, laboratory study, or medication at the Robert B. Green, it is necessary that a financial evaluation be accomplished. This financial evaluation for obstetrical patients is accomplished in an office located in the obstetrical portion of the out-patient department. It is not conducted in the main out-patient business office where the balance of the out-patient financial evaluations are conducted. This evaluation is based upon information regarding income, debts, insurance carried, number of members in the household, and any other pertinent information which may be obtained at the time of the interview. Using the information gained in this interview, a hospital card is issued designating one of several pay classes. The patient is required to pay a specified fee for her obstetrical care, the amount being determined by the pay class in which she is placed. Arrangements can be made at this time for monthly payments of a chosen amount until the entire fee has been paid. The patient has the opportunity to sign a note stating that this will be accomplished.

Green is procured. This is arranged for by the public health nurse at the clinic. There may be a varying period of waiting

The single fee for obstetrical care includes the payment for laboratory studies, either clinical or radiological, out-patient charges associated with the pregnancy prior to the thirty-sixth week of gestation, complete prenatal care from the thirty-sixth week to confinement, and the confinement. This fee does not include pharmaceuticals, which must be paid for at a predetermined rate per prescription, the cost being determined by the pay class the patient has been placed in.

#### Pharmacy

The discussion of the problem of the procurement of medications by the prenatal clinic patient begins with the unavailability of the medications at the clinics. The medications which are available at the time of conducting the clinic are samples either brought to the clinic by the physicians or procured from various sources by the public health nurse. As previously stated, these must be given to the patient by the physician. No pharmacist is present at the clinics. Texas statutes require that medications must be dispensed from bulk either by a physician or by a registered pharmacist. Bulk medications are not used as valuable time would be taken from patient care for the dispensing of drugs.

By hospital regulation the Robert B. Green pharmacy cannot honor the signature of the clinic physician. The prescription must be signed by a member of the Robert B. Green house staff. As a result of this regulation, it is necessary for the patient to receive a prescription from the clinic physician. An appointment for the obstetrical clinic at the Robert B. Green is procured. This is arranged for by the public health nurse at the clinic. There may be a varying period of waiting

for the time of this appointment. When the patient is seen in the Robert B. Green out-patient department, the physician writes the prescription. The prescription must then be carried to the pharmacy and there filled. The charge per prescription must be paid by the patient according to the pay class in which she has been placed.

Most of the patients in the economic group being considered will have existed for varying periods of their lives on substandard or inadequate diets. Many times these will consist of corn and bean products with little added meat and vegetables. Inadequate diet with lowered intake of the necessary vitamins, minerals and essential food materials can result in lowered hemoglobin and a lowered resistance to disease and infection. These deficiencies then result in an increased infant morbidity and mortality and also in an increased maternal morbidity with the attendant longer hospital stay. Optimum prenatal care dictates that in this group of patients minimum supplements of vitamins and iron, and possibly calcium, must be readily available. Ideally they should be delivered to the patient at the clinic where she is being cared for.

#### Transportation

Not the least of the patient's problem is transportation to and from the Robert B. Green. Many of the patients have no private automobile and must depend upon the San Antonio Transit System for their transportation. Some cannot even afford this luxury, but must depend upon the help of more fortunate friends and neighbors who do have automobiles.

Some of the patients are delivered to the Robert B. Green by the husband on his way to work in the early morning. This is without

consideration of the time of appointment in the clinic for whatever reason she may be arriving. Many bring their children with them for many reasons, among which are the lack of other adult members in the household to leave them with and the lack of funds to procure a baby-sitter.

An appointment system wherein a patient could be seen within a reasonable period of time after arrival would alleviate much of the confusion which is generated in an already busy out-patient department. A means of furnishing transportation to and from the Green Memorial Hospital for the clinic patients would further allay this situation.

#### Laboratory

##### Clinical laboratory

Clinical laboratory studies are accomplished by the clinical laboratory only with the signature of the Robert B. Green physician. This necessitates the same procedure as with the prescription for medication in the pharmacy; namely, appointment in the out-patient department, waiting period for the appointment, transportation problems and the procurement of the signature of the house physician on the laboratory request.

##### Radiology laboratory

All patients receive at the clinic a skin test for tuberculosis when first seen. Only if this skin test is positive is an x-ray film made of the chest. This is also accomplished at the Robert B. Green and no signature of the house physician is required.

Special radiological studies, such as pelvimitry, upper gastrointestinal studies, and so forth do require the signature of the Robert B. Green house physician. Though these studies are not frequent in the practice of obstetrics and are used with caution due to the radiological hazard to the fetus, when required they are requested by the clinic physician.

#### Laboratory reports

Hospital preregistration of the patient is accomplished when any clinical laboratory or radiological examination is ordered. This preregistration results in the assignment of a hospital number and the establishment of a hospital chart. The reports of the results are recorded in this chart. Copies of these same reports are sent to the referring clinic and there are incorporated in the clinic chart.

The hospital chart is maintained in the out-patient department during the hours the clinic is operational. The chart is physically moved to the delivery suite at the close of business in the out-patient department where it is immediately available should the patient present herself for admission.

#### Consultation

Consultations are accomplished in the obstetrical clinic at the Robert B. Green out-patient department upon the request of the clinic physician. An appointment must be made for this consultation. The attendant wait and problems of transportation previously described also apply.

When she is seen in consultation, the patient frequently does not return to the clinic for follow-up but is retained on the rolls of the obstetrical clinic at the Robert B. Green. This occurs when the problem for which she was referred is of interest to the physicians on the house staff, or when more intensive medical follow-up is required. This retention of the patient can result in the loss of motivation to continue prenatal care on the part of many patients because of the breakdown of an already established patient-physician relationship. Physician interest in the management of his patients cannot help but wane under such circumstances.

#### Robert B. Green Obstetrical Clinic

From the thirty-sixth week of gestation to the time of confinement the patient is appointed and followed at the obstetrical clinic in the out-patient department of the Robert B. Green. Her case is officially transferred there. The clinic record which has been maintained at the clinics by the public health nurse and the physician is transferred along with her.

When her case is transferred to the Robert B. Green at this time the patient no longer has all of the attendant problems that did exist in the procurement of laboratory and pharmacy services. However, her transportation problems will remain the same.

#### Summary

Obstetrical care at the San Antonio Public Health Department clinics is not optimal due to several factors:

1. The lack of adequate pharmacy services at the clinics and the inability to furnish the appropriate medications to the patients.

2. The inadequacy of the laboratory services available to the clinic physician.

3. The lack of recognition of the signature of the clinic physician on prescriptions to be filled at the Green pharmacy and upon the requests for laboratory studies at the Green.

4. The necessity for the patient to pay for the medications which are procured at the Green pharmacy.

5. The "red tape" engendered when the patient must be personally interviewed at the Green for a financial evaluation.

6. The disruption of the personal physician-patient relationship when the patient is not returned to the clinic following consultation.

7. The inconvenience and the cost of utilization of public transportation.

8. The resultant inadequate care caused by missed appointments.

#### Alternative Solutions

Possible alternative solutions to this problem include:

1. The establishment of adequately stocked permanent pharmacies at each of the clinics. Advantages of this solution include the ready availability of necessary medications used in the routine care of prenatal patients as well as the variety of medications which may be necessary in the treatment of the unusual patient. The physician would be able to devote his entire time to patient care and evaluation without

taking time to dispense medications. Disadvantages are the requirement of the Texas statutes that a physician or registered pharmacist dispense medications from bulk, the nonavailability of registered pharmacists, and the poor security of the buildings used by most of the clinics. This security is such that the pharmaceuticals would be in jeopardy because of vandalism.

2. The establishment of laboratories at each of the clinics.

An important advantage of this solution would be the ready availability of laboratory test results leading to the enhancement of the standard of medical care for patients at this level. Also the patient would not be required to travel to the Robert B. Green laboratory to have the tests performed. The disadvantages include the prohibitive cost of equipping and staffing such a large number of clinical laboratories. There is a critical shortage of trained and qualified technicians to perform the necessary tests and such a solution would not utilize these valuable persons to the extent of their abilities.

3. The equipment and staffing of a mobile van in the manner of the mobile radiology van for mass survey of the population for tuberculosis. This van would contain the necessary laboratory equipment with the capability of accomplishing all of the necessary tests, and would contain an adequately stocked pharmacy. The staff would consist of a registered pharmacist and a qualified laboratory technician in addition to the necessary driver. The van would be made available at the clinic sites, the arrival timed to coincide with the later portion of the clinic at each site. This solution has the advantage of being readily available

at each clinic site and it would obviate the necessity of stocking many pharmacies and of equipping many laboratories. It would provide for better use of personnel than alternatives 1 and 2 in that only one registered pharmacist and one laboratory technician would be required to perform the necessary tasks. Security of the equipment and medications could be readily achieved and would not be a matter of such magnitude as in the above mentioned alternatives. Patients would not be required to travel to the Robert B. Green hospital to have laboratory tests performed or to procure medications. The major disadvantages include the initial cost, the costs of staff wages, and the minor problems of scheduling the movement and arrival times of the vehicle as well as the work hours of the personnel.

4. Construction of permanent clinic buildings, the placement of which would be on an area basis, and not on a one-for-one replacement of the present clinics. These permanent clinics would have laboratory and pharmacy facilities. The advantages of this solution would be the capability of including the necessary security for the laboratory equipment and the pharmacy supplies in the original construction, thus decreasing the problem of pilferage and vandalism. As a result of the construction of fewer clinics than presently operated, there would be a decrease in the financial burden on the responsible agency with regard to the original costs of laboratory equipment and pharmacy stock. Fewer pharmacists and laboratory technicians would be required. Laboratory results and pharmaceuticals would be readily available to the physician at the time the patient is seen. There would be a lessened requirement for physician time to conduct the clinics due to the lessened number of

clinics. Transportation problems of the patient for laboratory and pharmacy services at the Robert B. Green hospital would not be a consideration. A major factor in the motivation of patients to seek care is the ease of access to such care when it is offered in her immediate neighborhood. A major disadvantage of this solution would be that several of the clinics would be consolidated into one and there would be fewer in the immediate neighborhood of many of the patients. Such a plan would also entail a large expenditure of funds.

5. The establishment of a courier system for the delivery of the necessary pharmacy materials to the clinics and for the transportation of the necessary laboratory specimens and/or patients between the clinics and the Robert B. Green Memorial Hospital. Advantages of such a system are numerous. The present neighborhood clinic system would be utilized. These clinics are in proximity to the residence of the patient who is seen there. Existing laboratory and pharmacy facilities would be used without further expenditure of funds. The existing transportation system would be augmented with one vehicle of the same type being used and with the addition of one driver for one shift per clinic day. No additional laboratory technicians or registered pharmacists would be needed to implement this solution. A means would be provided for the transportation of patients between the clinics and the Robert B. Green hospital for consultation in the specialty clinics there or for x-ray or laboratory examinations as desired by the clinic physician. The initial cost and the annual cost of such a system would be lower than those of alternatives 1 through 4.

One disadvantage of such a system would be minor scheduling problems in the establishment of the courier route. Also, changes in times of clinic opening and closing might result. It would also be necessary for the physician to wait until the next scheduled clinic for the return of laboratory reports and special prescription medications which might be needed.

#### CHAPTER III

#### Conclusion

The best method for the delivery of optimum pharmacy and laboratory services to the obstetrical patients seen at the SAPHB clinics involves the establishment of a courier system for the delivery of commonly used medications to the clinics and for the transportation of laboratory specimens and patients as necessary during the clinic day.

#### Recommendations

Successful implementation of this method will involve:

1. Preparation of standard pre-stocked pharmacy/laboratory chests which should be maintained at the Green out-patient department. These chests should be delivered to the clinic on the appointed day at the appropriate time, and returned to the Green out-patient department at the close of the clinic. See Appendix D for contents, and Appendix E for the suggested standing operating procedure for the management of these chests.
2. Maintaining signature cards of the clinic physicians who are regularly involved in the clinics on file at the pharmacy and clinical and x-ray laboratories. Services should be provided upon request of the clinic physician utilizing his signature card on file at these locations.

3. Accomplishment of financial evaluation by a questionnaire filled out under the guidance of the public health nurse at the clinic.

Any inconsistencies in the information be followed up with a personal interview at the Green (see Appendix F).

### CHAPTER III

#### CONCLUSION

4. Establishing a courier service consisting of one vehicle with a full-time responsible Conclusion vehicle should have the capability

The best method for the delivery of optimum pharmacy and laboratory services to the obstetrical patients seen at the SAPHD clinics involves the establishment of a courier system for the delivery of commonly used medications to the clinics and for the transportation of laboratory specimens and patients as necessary during the clinic day.

consultation should be accomplished. These patients should be returned

#### Recommendations

to their clinic of origin as the chests are retrieved by the courier for return to the Green OPD. Appropriate records and reports should also be

Successful implementation of this method will involve:

1. Preparation of standard pre-stocked pharmacy/laboratory chests which should be maintained at the Green out-patient department. The courier service, an estimate of the annual cost of which is included (Appendix H). These chests should be delivered to the clinic on the appointed day at the appropriate time, and returned to the Green out-patient department at the close of the clinic. See Appendix D for contents, and Appendix E for the suggested standing operating procedure for the management of these chests.

2. Maintaining signature cards of the clinic physicians who are regularly involved in the clinics on file at the pharmacy and clinical and x-ray laboratories. Services should be provided upon request of the clinic physician utilizing his signature card on file at these locations.

3. Accomplishment of financial evaluation by a questionnaire filled out under the guidance of the public health nurse at the clinic. Any inconsistencies in the information can be followed up with a personal interview at the Green (see Appendix F).

4. Establishing a courier service consisting of one vehicle with a full-time responsible driver. This vehicle should have the capability of transporting people as well as material. It should be utilized for the delivery of the pre-stocked pharmacy/laboratory chest at the appointed time and day (Appendix G). It should also be utilized for the transportation of laboratory specimens. A scheduled return during clinic hours for the purpose of transporting patients to and from the Green for consultation should be accomplished. These patients should be returned to their clinic of origin as the chests are retrieved by the courier for return to the Green OPD. Appropriate records and reports should also be transported to and from the clinics. Funding must be accomplished for the courier service, an estimate of the annual cost of which is included (Appendix H).

5. Initiation of accounting procedures to provide for a single fee for services based upon the information gained upon financial evaluation. The fee presently charged should be modified to include all medications which might be necessary during the prenatal period.

Financial responsibility for the welfare portion of the costs should be established, as well as the means of transfer of funds between city and county.

BEXAR COUNTY HOSPITAL DISTRICT

SAN ANTONIO, TEXAS

For and in consideration of services rendered by Bexar County Hospital District (Robert B. Green Memorial), To: \_\_\_\_\_

I agree to pay to Bexar County Hospital District in San Antonio, Texas

\$ \_\_\_\_\_ per \_\_\_\_\_ commencing \_\_\_\_\_ (date)

until a total of \_\_\_\_\_ payments have been made.

Witness \_\_\_\_\_ Signed \_\_\_\_\_

APPENDIX A

SCID Form #61

SCHEDULE OF ELIGIBILITY AND CHARGES

ROBERT B. GREEN MEMORIAL HOSPITAL

WITH PAYMENT AGREEMENT

|   | 1     | 2     | 3     | 4     | 5     | 6     | 7     | 8     | 9     | 10    | 11    |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| A | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$100 | \$150 | \$180 | \$210 | \$240 | \$270 | \$300 | \$330 | \$360 | \$390 | \$420 |
| B | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$101 | \$151 | \$181 | \$211 | \$241 | \$271 | \$301 | \$331 | \$361 | \$391 | \$421 |
| C | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$115 | \$165 | \$195 | \$225 | \$255 | \$285 | \$315 | \$345 | \$375 | \$405 | \$435 |
| D | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$116 | \$166 | \$196 | \$226 | \$256 | \$286 | \$316 | \$346 | \$376 | \$406 | \$436 |
| E | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$135 | \$185 | \$215 | \$245 | \$275 | \$305 | \$335 | \$365 | \$395 | \$425 | \$455 |
| F | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$136 | \$186 | \$216 | \$246 | \$276 | \$306 | \$336 | \$366 | \$396 | \$426 | \$456 |
| G | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$150 | \$210 | \$240 | \$270 | \$300 | \$330 | \$360 | \$390 | \$420 | \$450 | \$480 |
| H | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$161 | \$221 | \$241 | \$271 | \$301 | \$331 | \$361 | \$391 | \$421 | \$451 | \$481 |
| I | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$185 | \$235 | \$265 | \$295 | \$325 | \$355 | \$385 | \$415 | \$445 | \$475 | \$505 |
| J | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | \$186 | \$236 | \$266 | \$296 | \$326 | \$356 | \$386 | \$416 | \$446 | \$476 | \$506 |
| K | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |
|   | over  | over  | over  | over  | over  | over  | over  | over  | over  | over  | over  |

BEXAR COUNTY HOSPITAL DISTRICT  
SAN ANTONIO, TEXAS

For and in consideration of services rendered by Bexar County Hospital District (Robert B. Green Memorial), To: \_\_\_\_\_

I agree to pay to Bexar County Hospital District in San Antonio, Texas \$ \_\_\_\_\_ per \_\_\_\_\_ commencing \_\_\_\_\_ (date) until a total of \_\_\_\_\_ payments have been made.

Witness \_\_\_\_\_ Signed \_\_\_\_\_

BCHD Form #61

M.C. (No Charge)  
F.C. (Full Charge)  
A.D. (Administrative Determination)

(PHER patients to be rated as any other service - 3/3/69)

A - \$25  
B - \$35  
C - \$50  
D - \$60  
E - \$75  
F - \$75

OUT-PATIENT CLINIC AND LABORATORY

SCHEDULE OF ELIGIBILITY AND CHARGES

NUMBER IN FAMILY

| MONTHLY INCOME | NUMBER IN FAMILY |       |       |       |       |       |       |       |       |       |       |       | Per Visit Fee | Diagnostic Procedures Ea. | Medicine Ea. | Supplies Ea. | OB Flat Fee | In-Patient Max. Chgs. |
|----------------|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------------|---------------------------|--------------|--------------|-------------|-----------------------|
|                | 1                | 2     | 3     | 4     | 5     | 6     | 7     | 8     | 9     | 10    | 11    | 12    |               |                           |              |              |             |                       |
|                | 0                | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |               |                           |              |              |             |                       |
| A              | to               | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |               |                           |              |              |             |                       |
|                | \$100            | \$150 | \$180 | \$210 | \$240 | \$270 | \$300 | \$330 | \$360 | \$390 | \$420 | \$450 | N. C.         | N. C.                     | \$0.25       | N.C.         | \$ 50       | \$ 25                 |
|                | \$101            | \$151 | \$181 | \$211 | \$241 | \$271 | \$301 | \$331 | \$361 | \$391 | \$421 | \$451 | \$0.50        | \$0.50                    | \$0.50       | Rem.         | \$ 75       | \$ 50                 |
| B              | to               | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |               |                           |              |              |             | Cost                  |
|                | \$115            | \$165 | \$195 | \$225 | \$255 | \$285 | \$315 | \$345 | \$375 | \$405 | \$435 | \$465 |               |                           |              |              |             |                       |
|                | \$116            | \$166 | \$196 | \$226 | \$256 | \$286 | \$316 | \$346 | \$376 | \$406 | \$436 | \$466 | \$1.25        | \$1.25                    | \$1.25       | Rem.         | \$100       | \$ 75                 |
| C              | to               | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |               |                           |              |              |             | Cost                  |
|                | \$135            | \$185 | \$215 | \$245 | \$275 | \$305 | \$335 | \$365 | \$395 | \$425 | \$455 | \$485 |               |                           |              |              |             | +10%                  |
|                | \$136            | \$186 | \$216 | \$246 | \$276 | \$306 | \$336 | \$366 | \$396 | \$426 | \$456 | A.D.  | \$2.00        | \$2.00                    | \$2.00       | Rem.         | \$125       | \$100                 |
| D              | to               | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |               |                           |              |              |             | Cost                  |
|                | \$160            | \$210 | \$240 | \$270 | \$300 | \$330 | \$360 | \$390 | \$420 | \$450 | \$480 |       |               |                           |              |              |             | +25%                  |
|                | \$161            | \$211 | \$241 | \$271 | \$301 | \$331 | \$361 | \$391 | \$421 | \$451 | A.D.  | A.D.  | \$3.00        | \$3.00                    | \$3.00       | Rem.         | \$150       | \$125                 |
| E              | to               | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    | to    |               |                           |              |              |             | Cost                  |
|                | \$185            | \$235 | \$265 | \$295 | \$325 | \$355 | \$385 | \$415 | \$445 | \$475 |       |       |               |                           |              |              |             | +50%                  |
|                | \$186            | \$236 | \$266 | \$296 | \$326 | \$356 | \$386 | \$416 | \$446 | \$476 | A.D.  | A.D.  | \$5.00        | F.C.                      | F.C.         | F.C.         | F.C.        | F.C.                  |
| F              | to               | to    | to    | to    | to    | to    | to    | to    | to    | to    | Over  | Over  | to            |                           |              |              |             |                       |
|                | over             | over  | over  | over  | over  | over  | over  | over  | over  | over  | over  | over  | over          | \$7.50R                   |              |              |             |                       |

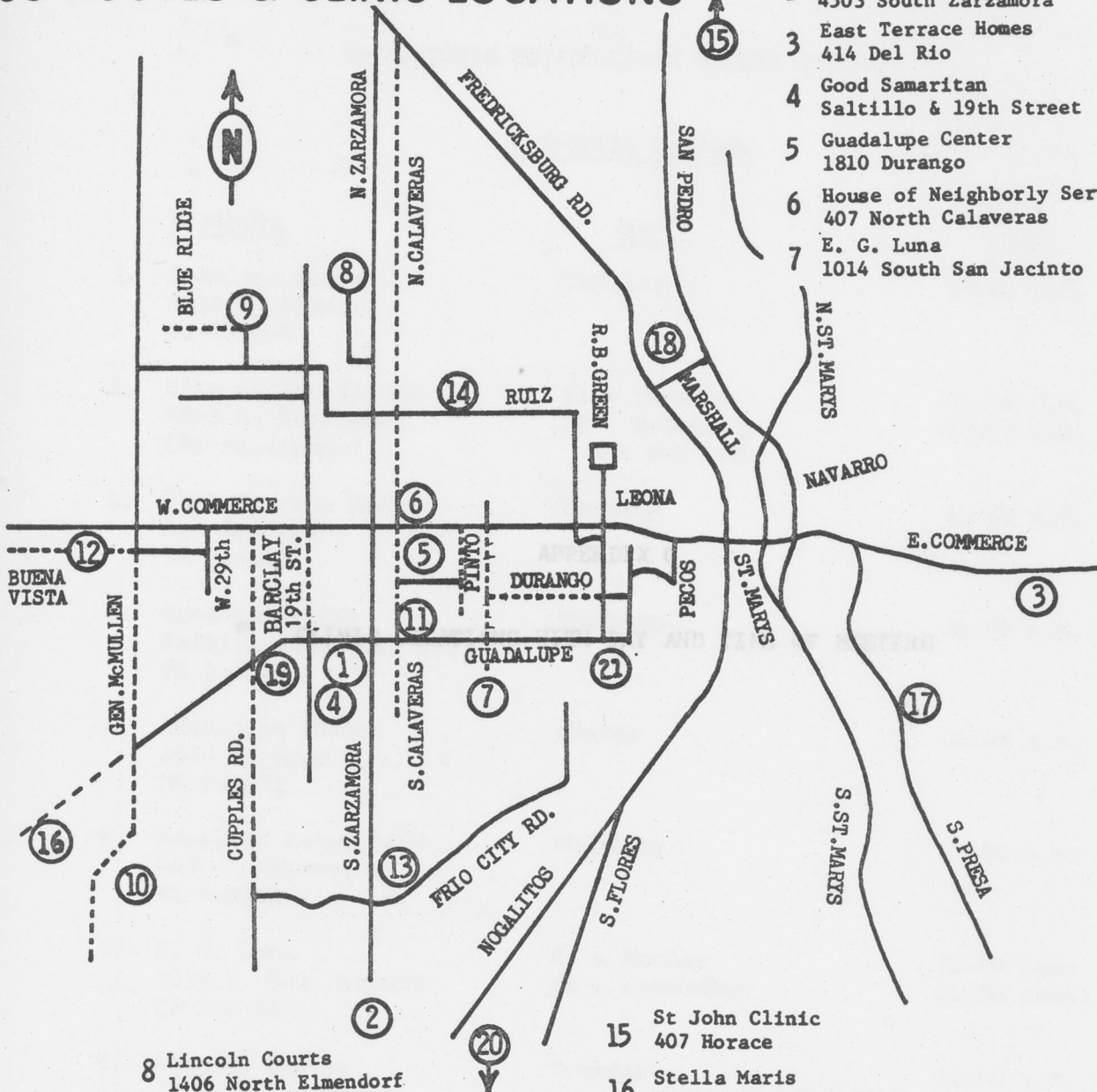
N.C. (No Charge)  
 F.C. (Full Charge)  
 A.D. (Administrative Determination)

Deposits Requested: A - \$25  
 B - \$35  
 C - \$50  
 D - \$60  
 E - \$75  
 F - \$75

(PM&R patients to be rated as any other service - 3/3/69)



# BUS ROUTES & CLINIC LOCATIONS



- 1 Cassiana Homes  
2919 South Laredo
- 2 City Health Clinic  
4503 South Zarzamora
- 3 East Terrace Homes  
414 Del Rio
- 4 Good Samaritan  
Saltillo & 19th Street
- 5 Guadalupe Center  
1810 Durango
- 6 House of Neighborly Service  
407 North Calaveras
- 7 E. G. Luna  
1014 South San Jacinto

- 8 Lincoln Courts  
1406 North Elmendorf
- 9 Menchaca Homes  
320 Blueridge
- 10 Mirasol Homes  
910 South 28th Street
- 11 San Alfonso  
1050 San Carlos
- 12 San Augustine  
4703 Buena Vista
- 13 San Juan Courts  
400 Gante Walk
- 14 St Agnes  
825 Ruiz Street

- 15 St John Clinic  
407 Horace
- 16 Stella Maris  
2642 Castroville Road
- 17 Victoria Plaza  
411 Barrera
- 18 Villa Tranchese  
307 Marshall Street
- 19 Villa Veramendi  
615 Barclay
- 20 Wesley Clinic  
1406 Fitch
- 21 Wesley House  
150 Colima

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Maternity Clinics

| <u>Location</u>  | <u>Day</u>     | <u>Time</u> |
|--|----------------|-------------|
| 1. Cassiana Homes<br>2919 S. Laredo<br>GE 3-32-5             | Thursday       | 10:30 A.M.  |
| 2. City Health Clinic<br>4503 S. Zarzamora<br>(No telephone) | #1 - Tuesday   | 11:00 A.M.  |
|  | #2 - Wednesday | 11:00 A.M.  |
|  | 1st and 3rd    |             |
| 3. East Terrace Homes<br>414 Del Rio<br>CA 4-5848            | Tuesday        | 11:00 A.M.  |
| 4. Good Samaritan<br>Saltillo<br>GE 2-2319                   | Thursday       | 11:00 A.M.  |
| 5. Guadalupe Center<br>1610 Durango<br>CA 2-9971             | Monday         | 11:00 A.M.  |
| 6. House of Neighborly<br>407 N. Calaveras<br>GE 4-3301      | Thursday       | 11:00 A.M.  |
| 7. E. G. Luna<br>1914 S. San Jacinto<br>CA 2-0161            | #1 - Monday    | 12:00 noon  |
|  | #3 - Wednesday | 12:00 noon  |
| 8. Lincoln Courts<br>1406 N. Elmendorf<br>PE 4-4611          | Tuesday        | 11:00 A.M.  |
| 9. Manchaca Homes<br>320 Bluebird<br>PE 4-5088               | Wednesday      | 11:00 A.M.  |

APPENDIX C

CLINIC LOCATIONS WITH DAY AND TIME OF MEETING

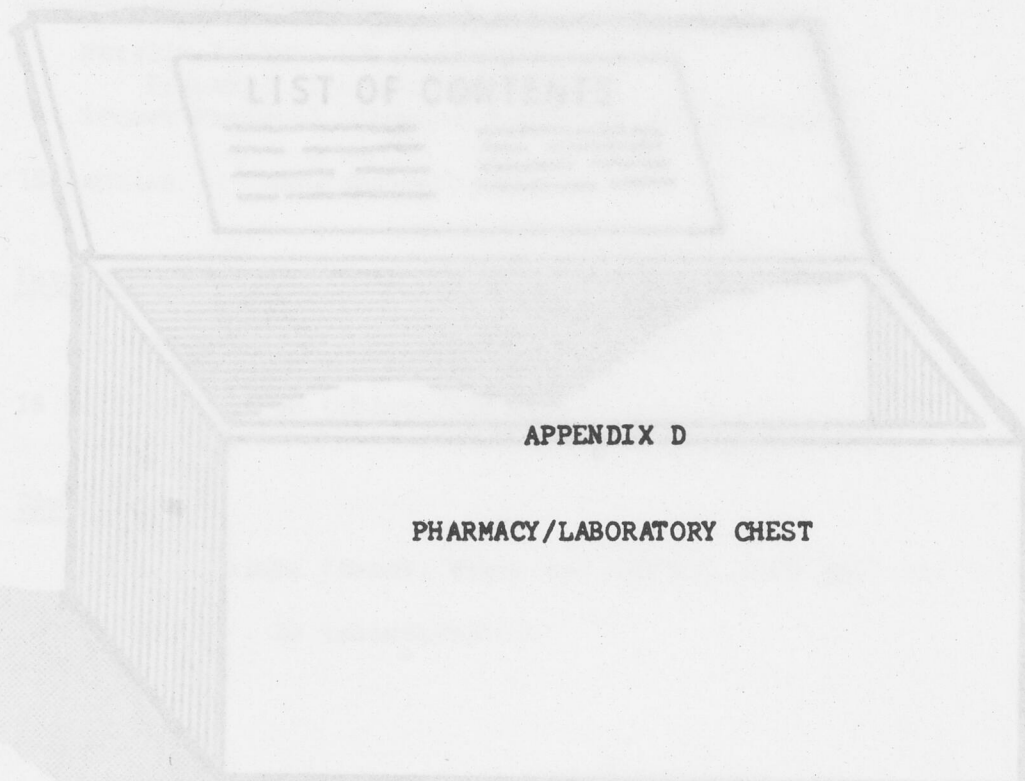
SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Maternity Clinics

| <u>Location</u>  | <u>Day</u>                                    | <u>Time</u>              |
|--|---|--------------------------|
| 10. Miraval Homes<br>910 S. 28th St.<br>GE 4-7222            | Friday  | 11:00 A.M.               |
| 11. San Alfonso<br>1050 San Carlos<br>GE 4-5771              |   | 11:00 A.M.               |
| 1. Cassiana Homes<br>2919 S. Laredo<br>GE 3-32-5             | Thursday                                      | 10:30 A.M.               |
| 2. City Health Clinic<br>4503 S. Zarzamora<br>(No telephone) | #1 - Tuesday<br>#2 - Wednesday<br>1st and 3rd | 11:00 A.M.<br>11:00 A.M. |
| 3. East Terrace Homes<br>414 Del Rio<br>CA 4-5848            | Tuesday                                       | 11:00 A.M.               |
| 4. Good Samaritan<br>Saltillo and 19th St.<br>GE 2-2319      | Thursday                                      | 11:00 A.M.               |
| 5. Guadalupe Center<br>1810 Durango<br>CA 2-9971             | Monday  | 11:00 A.M.               |
| 6. House of Neighborly<br>407 N. Calaveras<br>GE 4-2301      | Thursday<br>1st and 3rd                       | 11:00 A.M.               |
| 7. E. G. Luna<br>1014 S. San Jacinto<br>CA 2-0161            | #1 - Monday<br>#3 - Wednesday                 | 12:00 noon<br>12:00 noon |
| 8. Lincoln Courts<br>1406 N. Elmendorf<br>PE 4-4811          | Tuesday                                       | 11:00 A.M.               |
| 9. Menchaca Homes<br>320 Blueridge<br>PE 4-5088              | Wednesday                                     | 11:00 A.M.               |
| 21. Wesley House<br>150 Collins<br>CA 2-0180                 | #1 - Friday<br>#2 - Tuesday                   | 11:00 A.M.<br>11:00 A.M. |

| <u>Location</u>  | <u>Day</u>                                     | <u>Time</u>              |
|--|--|--------------------------|
| 10. Mirasol Homes<br>910 S. 28th St.<br>GE 4-7233                  | Friday   | 11:00 A.M.               |
| 11. San Alfonso<br>1050 San Carlos<br>GE 4-5771                    | Friday   | 11:30 A.M.               |
| 12. San Augustine<br>4703 Buena Vista<br>GE 2-6341                 | #1 - Wednesday<br>2nd and 4th<br>#2 - Thursday | 2:30 P.M.<br>12:00 noon  |
| 13. San Juan Courts<br>400 Gante Walk<br>CA 6-1538                 | Wednesday                                      | 11:00 A.M.               |
| 14. St. Agnes<br>825 Ruiz St.<br>CA 6-4441                         | Wednesday                                      | 12:00 noon               |
| 15. St. John Clinic<br>407 Horace<br>(No telephone)                | Tuesday<br>1st and 3rd                         | 11:00 A.M.               |
| 16. Stella Maris<br>2642 Castroville Rd.<br>GE 4-2011              | Tuesday  | 11:00 A.M.               |
| 17. Victoria Plaza<br>411 Barrera<br>CA 5-5661<br>Ext. 300 and 330 | #1 - Monday<br>#2 - Thursday<br>1st and 3rd    | 11:00 A.M.<br>11:00 A.M. |
| 18. Villa Franchese<br>307 Marshall St.<br>CA 5-5661<br>Ext. 297   | Thursday                                       | 9:00 A.M.                |
| 19. Villa Veramendi<br>615 Barclay<br>GE 3-5711                    | Friday   | 11:00 A.M.               |
| 20. Wesley Clinic<br>1406 Fitch<br>WA 4-5191                       | Wednesday                                      | 11:30 A.M.               |
| 21. Wesley House<br>150 Colima<br>CA 2-0188                        | #1 - Monday<br>#2 - Tuesday                    | 11:30 A.M.<br>11:30 A.M. |

# PHARMACY/LABORATORY CHEST

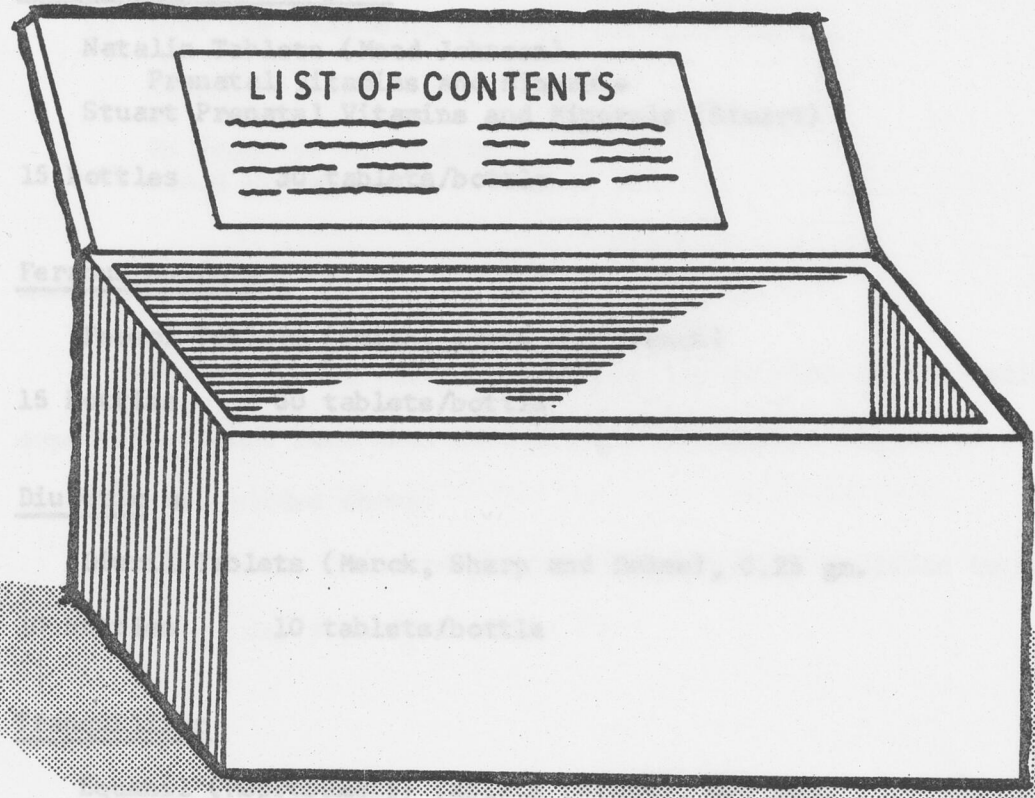


APPENDIX D

PHARMACY/LABORATORY CHEST

CHEST CONTENTS

# PHARMACY/LABORATORY CHEST



Vitamin Mineral Complex

Metal

LIST OF CONTENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 bottles

Per

15

Dis

lets (Merck, Sharp and Dohme), 0.25 gm.

10 tablets/bottle

10 bottles

10 tablets/bottle

Prescription Blanks

Bilingual Instruction Sheets for Each Medication

## CHEST CONTENTS

RequestsPharmacyContainersVitamin Mineral Complex

Natalin Tablets (Mead Johnson)  
Prenatal Vitamins and Minerals  
Stuart Prenatal Vitamins and Minerals (Stuart)

15 bottles      30 tablets/bottle

Ferrous Sulfate

Feosol Tablets (Smith, Kline and French)

15 bottles      30 tablets/bottle

Diuretic

Diuril Tablets (Merck, Sharp and Dohme), 0.25 gm.

10 bottles      10 tablets/bottle

Tranquilizer

Equanil (Meprobamate) Tablets (Wyeth), 400 mgm.

10 bottles      10 tablets/bottle

Prescription BlanksBilingual Instruction Sheets for Each Medication

LaboratoryRequestsContainers

to cover the following tests:

Hematocrit and WBC  
RH  
RH Negative Antibodies  
Blood Group

X-ray Request Blanks

Chests should contain sufficient quantities of medications for expected patient load when delivered to a clinic. Suggested stockage levels are included above.

Sufficient laboratory materials should be included to meet the needs of that day's patient load.

SUGGESTED STANDING OPERATING PROCEDURE (SOP)

FOR UTILIZATION OF PHARMACY/LABORATORY

CHEST

PURPOSE

This chest is designed to allow the common medications and laboratory tests used in prenatal care to be readily available to the physician in the clinic at the time the patient is seen.

CONTENTS

APPENDIX E

A. Routine stockage will consist of prepackaged medications.

1. SUGGESTED STANDING OPERATING PROCEDURE (SOP)

2. FOR UTILIZATION OF PHARMACY/LABORATORY

slips (see Appendix D).

CHEST

3. Bilingual instructions for each medication and laboratory test as indicated.

4. Robert B. Green Memorial Hospital prescription blanks.

5. Radiology request blanks.

B. Other Contents

1. Laboratory reports, x-ray reports, and consultation slips should be included for return to the originating clinic.

2. Special prescription medications to be delivered to the clinic and there dispensed to the patient for whom the prescription was written.

RESPONSIBILITY

The OPD, Robert B. Green Memorial Hospital is responsible for the re-stocking of the chest and for its safeguarding when not actually being transported to or in use at the clinic.

**SUGGESTED STANDING OPERATING PROCEDURE (SOP)**

**FOR UTILIZATION OF PHARMACY/LABORATORY**

**CHEST**

PURPOSE

This chest is designed to allow the common medications and laboratory tests used in prenatal care to be readily available to the physician in the clinic at the time the patient is seen.

CONTENTS

- A. Routine stockage will consist of prepackaged medications.
  - 1. Prepackaged medications (see Appendix D).
  - 2. Routine clinical laboratory specimen containers and request slips (see Appendix D).
  - 3. Bilingual instructions for each medication and laboratory test as indicated.
  - 4. Robert B. Green Memorial Hospital prescription blanks.
  - 5. Radiology request blanks.
- B. Other Contents
  - 1. Laboratory reports, x-ray reports, and consultation slips should be included for return to the originating clinic.
  - 2. Special prescription medications to be delivered to the clinic and there dispensed to the patient for whom the prescription was written.

RESPONSIBILITY

The OPD, Robert B. Green Memorial Hospital is responsible for the restocking of the chest and for its safeguarding when not actually being transported to or in use at the clinics.

An added responsibility of the OPD is the delivery of any laboratory specimens contained to the Robert B. Green clinical laboratory, and the procuring of special prescription medications prior to movement to the clinic on subsequent visit.

PROCEDURE

A. OPD, Green Memorial Hospital

1. Initial stock level established (see Appendix D).
2. Chest will be turned over to the courier for each clinic on the day scheduled (see Appendix A).
3. Upon return of the chest to the OPD by the courier, used contents will be replaced using the initial stock level as a guide.
4. Notation of medications used at each clinic will be made and forwarded to the Business Office, Robert B. Green.
5. Prior to turning over the chest to the courier on each appointed day, all consultations, laboratory results, and special medications prescribed by the clinic physician will be placed in the chest.

B. Clinic

1. Immediately upon receipt of the chest from the courier inventory should be taken to ascertain that all materials are present.
2. Responsible person must dispense medications from chest.
3. Laboratory requests must be completely filled out and

signed and firmly attached to each specimen for which they are prepared, when specimen is included.

4. Include upon return of the chest to the courier prescriptions for special medications.

C. Courier

1. Safeguard chests.
2. Deliver chests to designated clinic at appropriate time.
3. Transport patients to Green from clinics as required and return patients to clinic.
4. Pick up chests and return to Green OPD.

APPENDIX F

BEAR COUNTY HOSPITAL DISTRICT APPLICATION  
FOR MEDICAL CARE

**BEXAR COUNTY HOSPITAL DISTRICT  
APPLICATION FOR MEDICAL CARE**

Identification No. \_\_\_\_\_ Date \_\_\_\_\_ Bexar County Resident Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Other \_\_\_\_\_

Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Maiden or \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Sex \_\_\_\_\_

Other Name \_\_\_\_\_

Responsible \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Person \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Previous Admission \_\_\_\_\_

Medicare or \_\_\_\_\_ Evaluated by \_\_\_\_\_ Service \_\_\_\_\_

ATDC No. \_\_\_\_\_

Members In Household \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Source of Income \_\_\_\_\_

1. Gross Pay Husband \_\_\_\_\_

2. Gross Pay Wife \_\_\_\_\_

3. Gross Pay Child(ren) \_\_\_\_\_

4. Other Income (Spouse, etc.) \_\_\_\_\_

Total Income \_\_\_\_\_

Other Resources \_\_\_\_\_

1. Medical Insurance \_\_\_\_\_

Policy No. \_\_\_\_\_

2. Life Insurance \_\_\_\_\_

3. Real Estate \_\_\_\_\_

4. Other (Savings, Etc.) \_\_\_\_\_

Rating \_\_\_\_\_ Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX F**

**BEXAR COUNTY HOSPITAL DISTRICT APPLICATION  
FOR MEDICAL CARE**

I certify that this information is correct and includes all of my income. I understand that I will lose all medical care privileges if this is found untrue. I authorize the Bexar County Hospital District to obtain information about my financial situation to establish my eligibility for Medical Care and I will inform the Credit Office if there is a change in my income or other resources. I accept the Rating which I have received and I agree to pay any charges made in accordance with this rating.

Applicant's or Responsible Party's Signature

(Spanish on Other Side)

BEXAR COUNTY HOSPITAL DISTRICT  
APPLICATION FOR MEDICAL CARE

Identification No. \_\_\_\_\_ Date \_\_\_\_\_ Bexar County Resident Yes \_\_\_ No \_\_\_ If No, Other \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
           Last           First           Middle

Maiden or \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Sex \_\_\_\_\_  
 Other Name \_\_\_\_\_  
 Responsible \_\_\_\_\_

Person \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Previous Admission \_\_\_\_\_  
 Medicare or \_\_\_\_\_

AFDC No. \_\_\_\_\_ Evaluated By \_\_\_\_\_ Service \_\_\_\_\_

Members In Household  
Name           Age           Occupation

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sources of Income

1. Gross Pay Husband \_\_\_\_\_
2. Gross Pay Wife \_\_\_\_\_
3. Gross Pay Children \_\_\_\_\_
4. Other Income (Specify) \_\_\_\_\_

Total Income \_\_\_\_\_

Other Resources

1. Medical Insurance \_\_\_\_\_  
    Policy No. \_\_\_\_\_
2. Life Insurance \_\_\_\_\_
3. Real Estate \_\_\_\_\_
4. Other (Savings, Etc.) \_\_\_\_\_

Rating \_\_\_\_\_ Remarks \_\_\_\_\_

I certify that this information is correct and includes all of my income. I understand that I will lose all medical care privileges if this is found untrue. I authorize the Bexar County Hospital District to obtain information about my financial situation to establish my eligibility for Medical Care and I will inform the Credit Office if there is a change in my income or other resources. I accept the Rating which I have received and I agree to pay any charges made in accordance with this rating.

\_\_\_\_\_  
 Applicant's or Responsible Party's Signature  
 (Spanish on Other Side)

Yo, el suscrito, certifico que esta informacion es correcta e incluye todos mis ingresos. Yo entiendo que perdere todos los privilegios medicos si la informacion es incierta. Autorizo al Bexar County Hospital District (Hospital Del Condado Del Distrito De Bejar) a obtener informacion de mi situacion economica para establecer mi elegibilidad para servicios medicos e informare e la Oficina de Credito, cualquier cambio en mis ingresos u otro sostenimiento economico. Yo acepto la cuota que he recibido y estoy de acuerdo a pagar los gastos que se originen de acuerdo con la clasificacion.

SKELTON MUSE OF THE CITY OF SAN ANTONIO  
WITH DAYS AND TIMES OF CLINIC MEETINGS

APPENDIX B

## ROUTES OF COURIER

Appendix G consists of strip maps depicting the location and times of meeting of the various clinics. These are segregated by day. Maps may be used to route the courier for delivery and pickup of chests and for movement of patients as necessary to Green.

Bus routes are available to most patients if clinic location is considered point of origin. Fare is basic twenty cents, plus five cents per zone; if a transfer is required, two cents is added to fare.

## APPENDIX G

### SKELETON MAPS OF THE CITY OF SAN ANTONIO WITH DAYS AND TIMES OF CLINIC MEETINGS

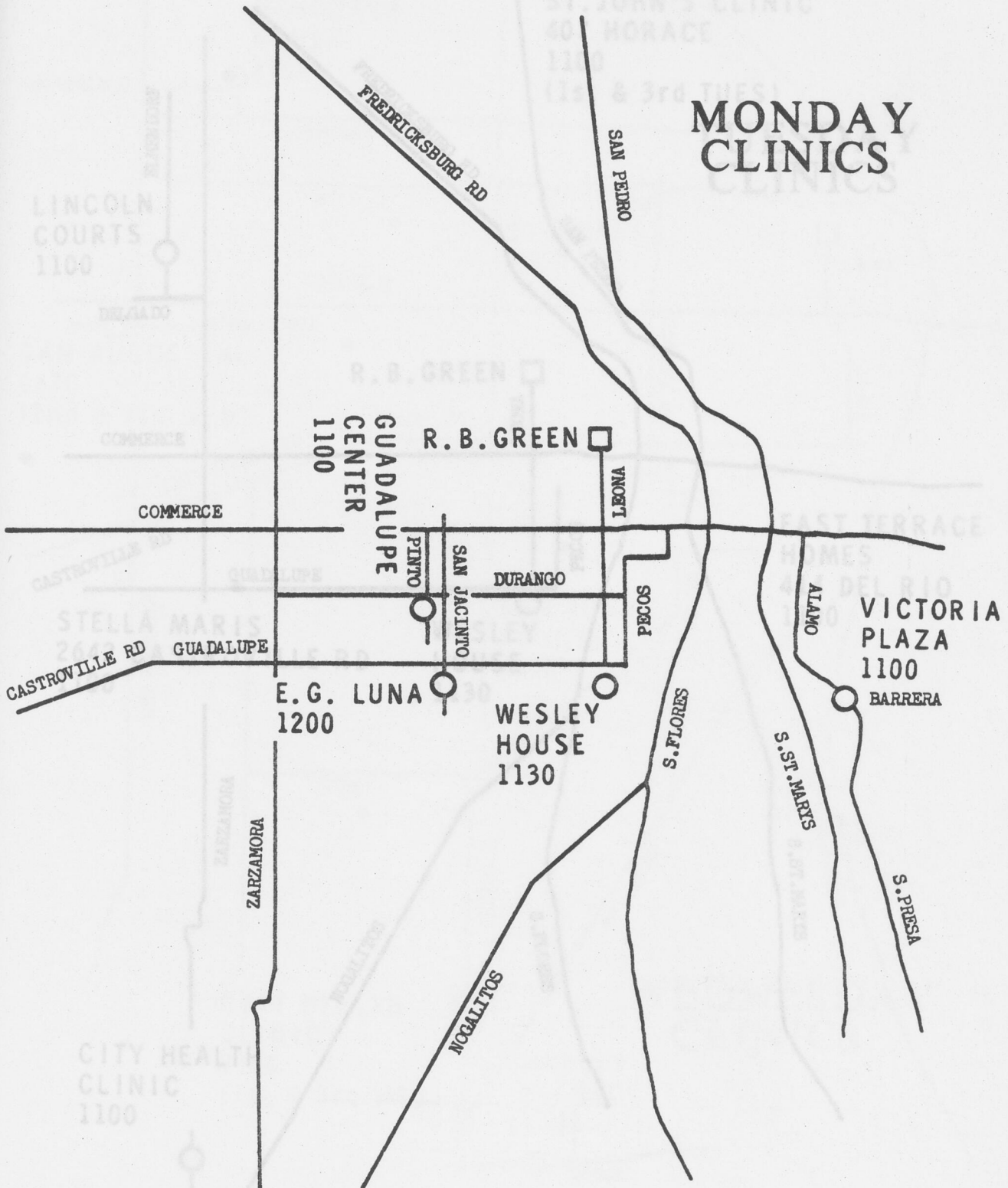
## ROUTES OF COURIER

Appendix G consists of strip maps depicting the location and times of meeting of the various clinics. These are segregated by day. Maps may be used to route the courier for delivery and pickup of chests and for movement of patients as necessary to Green.

Bus routes are available to most patients if clinic location is considered point of origin. Fare is basic twenty cents, plus five cents per zone; if a transfer is required, two cents is added to fare.



# MONDAY CLINICS



ST. JOHN'S CLINIC  
407 HORACE  
1100  
(1st & 3rd TUES)

# TUESDAY CLINICS

LINCOLN COURTS  
1100

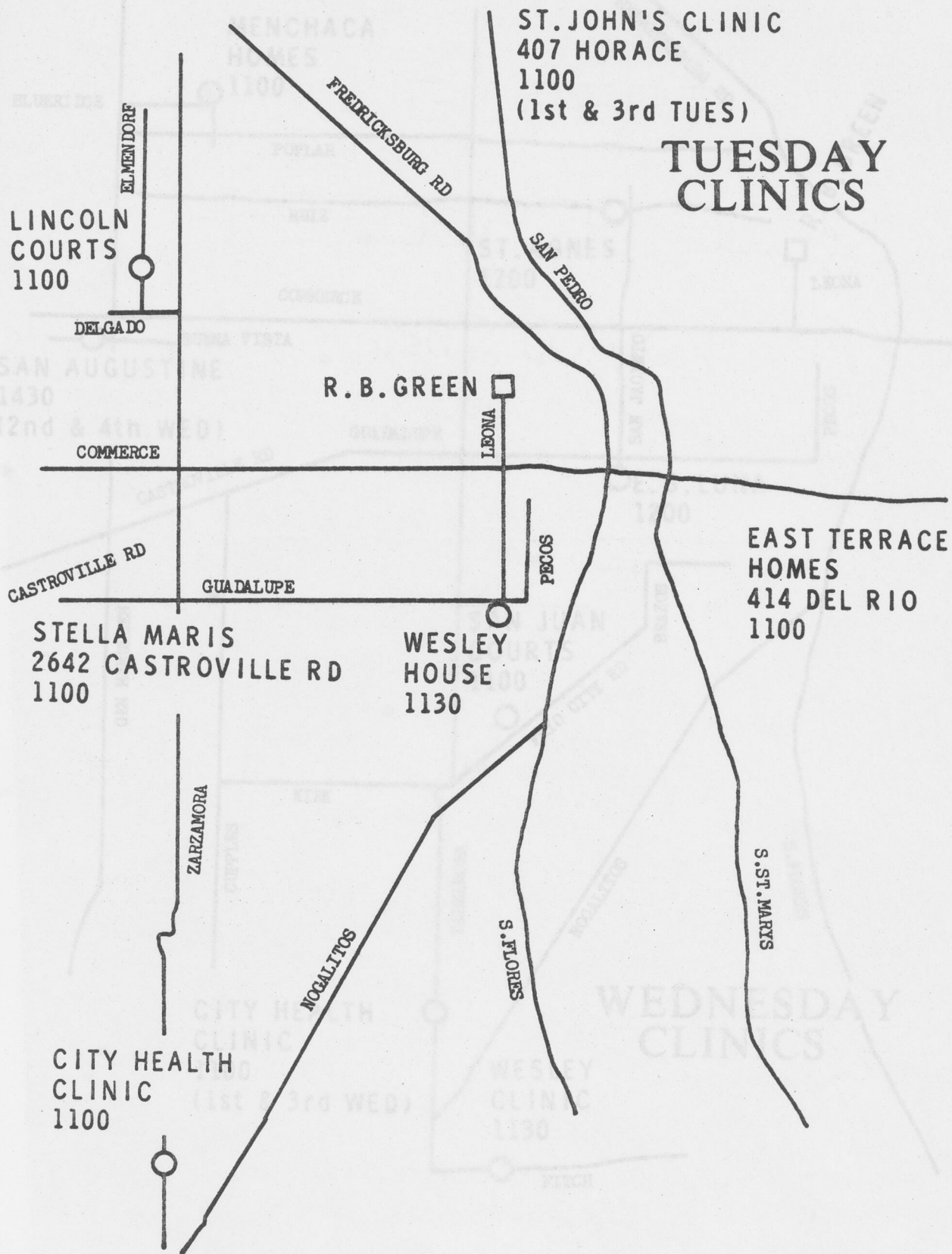
R. B. GREEN

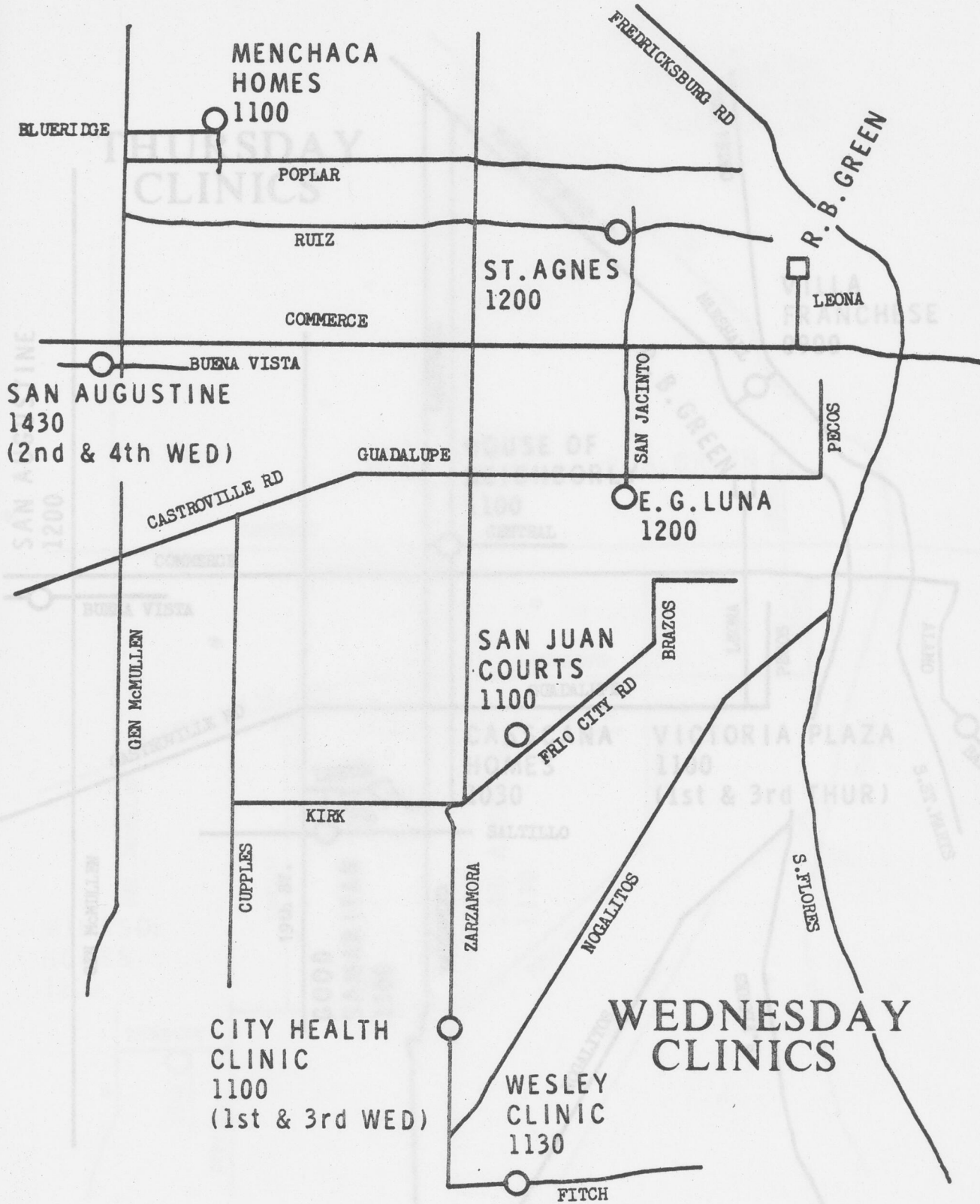
EAST TERRACE HOMES  
414 DEL RIO  
1100

STELLA MARIS  
2642 CASTROVILLE RD  
1100

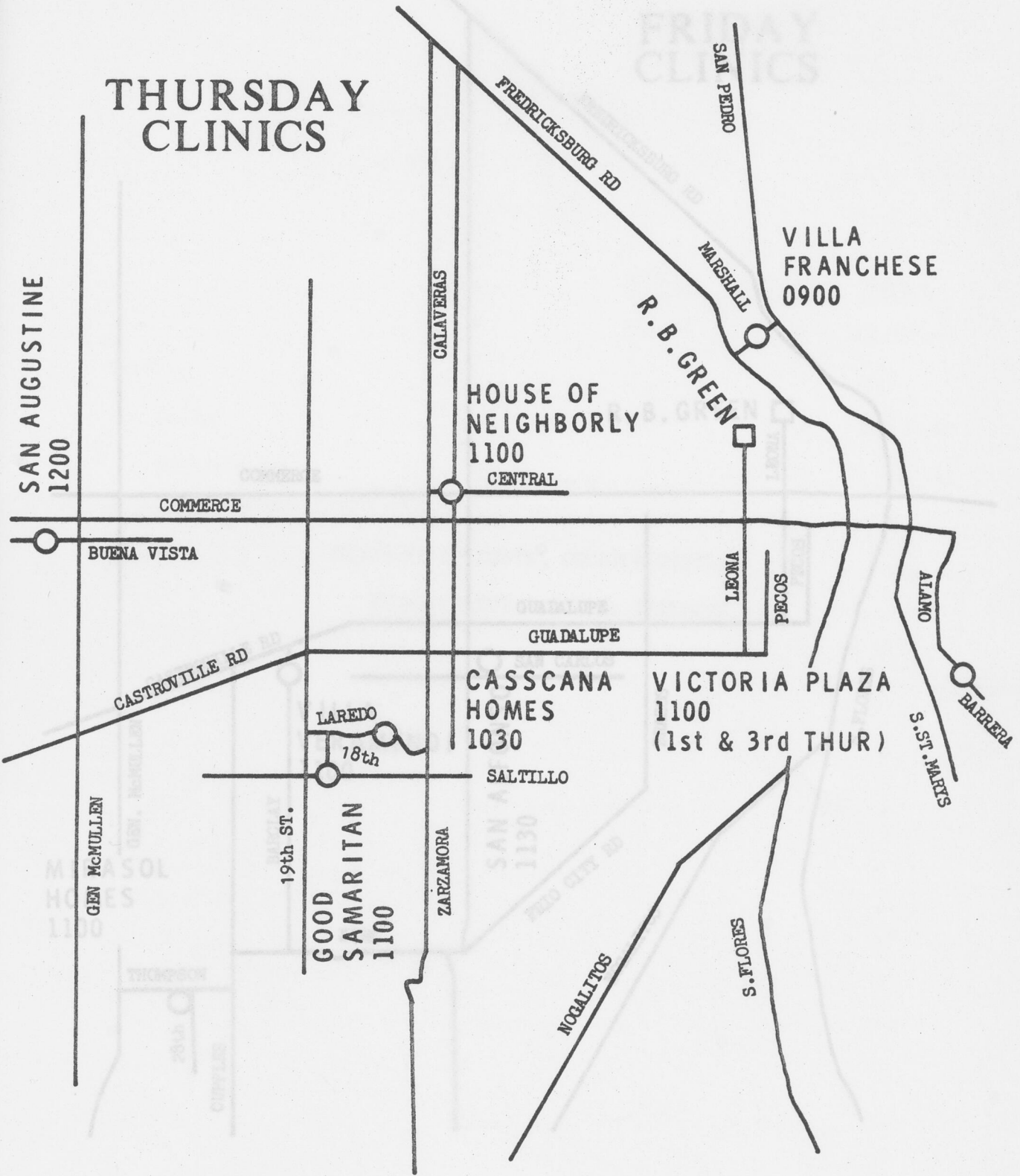
WESLEY HOUSE  
1130

CITY HEALTH CLINIC  
1100

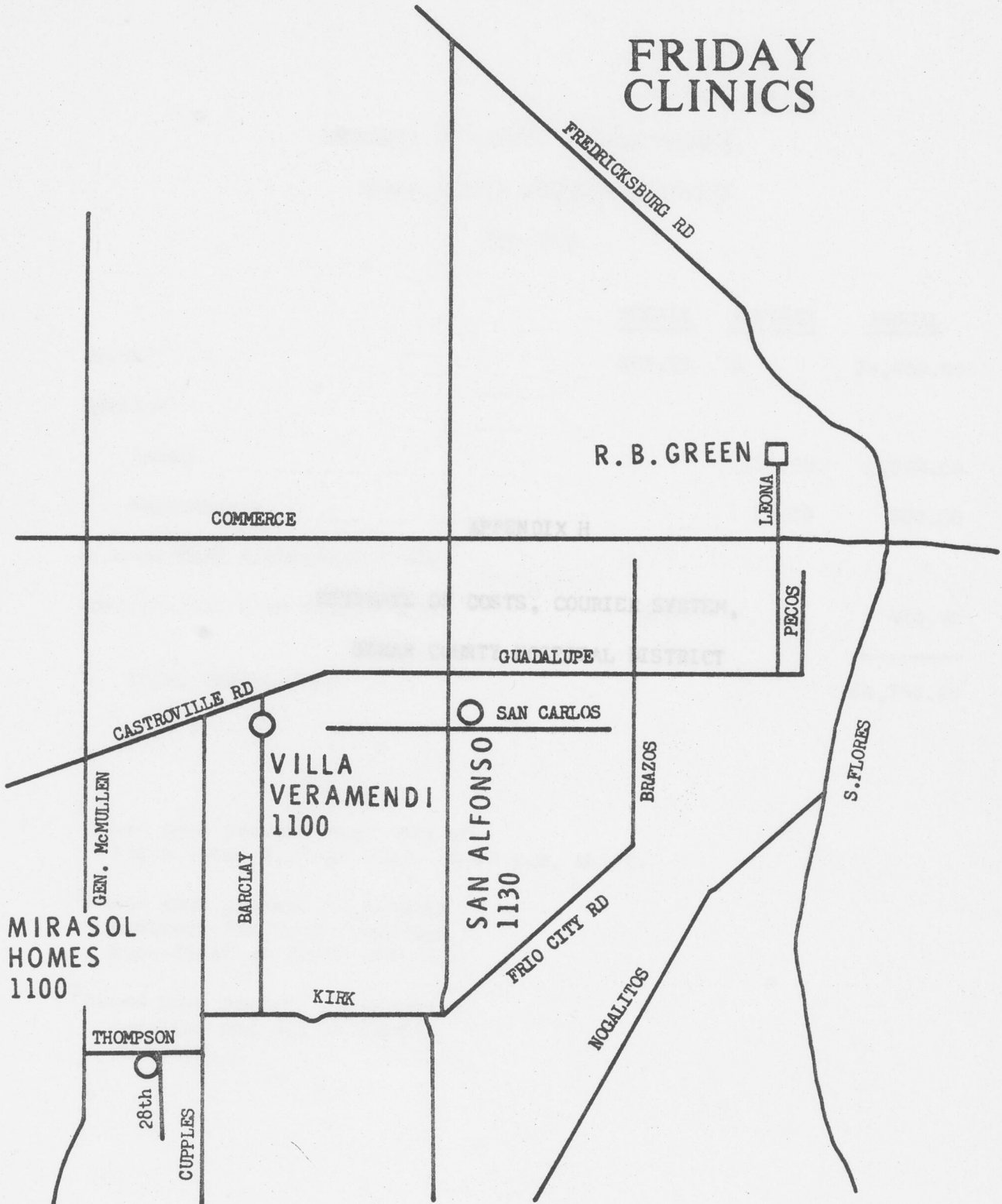




# THURSDAY CLINICS



# FRIDAY CLINICS



ESTIMATE OF COSTS, COURIER SYSTEM,  
 BEXAR COUNTY HOSPITAL DISTRICT  
 MAY 1970

|                                      | <u>WEEKLY</u> | <u>MONTHLY</u> | <u>ANNUAL</u>    |
|--------------------------------------|---------------|----------------|------------------|
| Driver <sup>1</sup>                  | \$85.20       | \$             | \$4,430.40       |
| Vehicle <sup>2</sup>                 |               |                |                  |
| Lease                                |               | 132.00         | 1,584.00         |
| Maintenance                          |               | 25.00          | 300.00           |
| Mileage/Week (Estimate) - 410        |               |                |                  |
| Gasoline/Oil (Per Mile) <sup>3</sup> |               |                | 426.40           |
| <b>TOTAL ANNUAL COST</b>             |               |                | <b>66,740.80</b> |

APPENDIX H

ESTIMATE OF COSTS, COURIER SYSTEM,  
 BEXAR COUNTY HOSPITAL DISTRICT

- <sup>1</sup> Based upon present wage rate of  
 Sen 4, Step 2, 7:00 a.m. - 3:00 p.m. shift.
- <sup>2</sup> Based upon present negotiated  
 contract for Ford Econoline  
 Bus--fleet of three vehicles.
- <sup>3</sup> Based upon present rates for  
 gasoline and oil in fleet  
 vehicles.

ESTIMATE OF COSTS, COURIER SYSTEM,  
BEXAR COUNTY HOSPITAL DISTRICT

MAY 1970

|  | <u>WEEKLY</u> | <u>MONTHLY</u> | <u>ANNUAL</u> |
|--|---------------|----------------|---------------|
| Driver <sup>1</sup>                      | \$85.20       | \$             | \$4,430.40    |
| Vehicle <sup>2</sup>                     |               |                |               |
| Lease                                    |               | 132.00         | 1,584.00      |
| Maintenance                              |               | 25.00          | 300.00        |
| Mileage/Week (Estimate) - 410            |               |                |               |
| Gasoline/Oil (Per Mile) <sup>3</sup> .02 | 8.20          |                | 426.40        |
|  |               |                | <hr/>         |
| TOTAL ANNUAL COST                        |               |                | \$6,740.80    |

<sup>1</sup> Based upon present wage rate of  
Ban 4, Step 2, 7:00 a.m. - 3:00 p.m. shift.

<sup>2</sup> Based upon present negotiated  
contract for Ford Econoline  
Bus--fleet of three vehicles.

<sup>3</sup> Based upon present costs for  
gasoline and oil in fleet  
vehicles.

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53

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ABSTRACT

PHARMACY AND LABORATORY SERVICES, SAN ANTONIO PUBLIC HEALTH  
DEPARTMENT OBSTETRICAL CLINICS

A Problem Solving Thesis Submitted to the Faculty of Baylor University  
in Partial Fulfillment of the Requirements for the Degree of  
Master of Hospital Administration

by  
Colonel Norman J. Cole, MC

August, 1970

59 Pages

A copy of this document may be obtained on interlibrary loan from Stimson Library, United States Army Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas.

The problem considered in this study was how optimum pharmacy and laboratory services could be delivered to the prenatal patients at the SAPHD clinics.

Data on the locations and time of meeting of the clinics was collected; non-structured interviews were held with administrators and staff members at the Bexar County and Robert B. Green Memorial hospitals; the method of financial evaluation for these patients at the Green was examined; the method by which pharmacy and laboratory services are procured by the clinic patient was reviewed, and public transportation routes to the Green were examined.

The basic problem was determined to be inadequacy of pharmacy and laboratory services at the San Antonio Public Health Department clinics for the prenatal patient. The financial evaluation and the difficulty and waste of time to procure prescription medications as well as the cost of these prescriptions prevent the clinic patient from procuring the available pharmacy services.

A method of furnishing adequate pharmacy and laboratory services was described and the use of a courier was recommended with suggested use of this courier. Recommendation was also made that the charge rates be modified to include medications needed by the prenatal clinic patient, the laboratory services being so covered at the present time.