



*Southern New Hampshire Medical Center:  
A Higher Level of Care*

*Since 1891*



By Kathryn Levy Feldman

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By Kathryn Levy Feldman  
Edited by Priscilla Kipp



“It seems that a hospital, more than any other type of institution, is almost a living organism whose daily work in alleviating suffering and healing the sick is possible only through the interest, industry and devotion to duty of many individuals whose names do not get into the permanent records, but without whom the organization would be unable to carry on...The Nashua Hospital Association is truly a community enterprise and deepest appreciation is due to all those who have taken part in its work.”

– *The History of The Nashua Hospital Association 1893-1943*



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# Dedication

Summer 2007

Dear Friends,

History is important. Today, it seems the world is moving so quickly that we often fail to look to our own past. To run blindly forward without learning from those who ventured before us is a great mistake.



This history book, *Southern New Hampshire Medical Center: A Higher Level of Care Since 1891*, is dedicated to the health care workers of yesterday, today, and tomorrow. We maintain a proud tradition that began long before we made the personal commitment to take care of our community.

Thank you for all that you do to provide a higher level of care. We are all a part of the history contained in these pages. As you read this book, think about not only the past but the future. What would you like the next generation to write about us when they update this history? If we allow that vision to shape our daily actions, then we are in fact writing our own history every day.

Enjoy!

A handwritten signature in black ink, appearing to read "Tom".

Thomas E. Wilhemsen, Jr.  
President and CEO  
Southern New Hampshire Medical Center and  
Southern New Hampshire Health System

Published by  
Heritage Publishers, Inc.  
4710 N. 16th Street, Suite 104  
Phoenix, AZ 85016  
(602) 277-4780 (800) 972-8507  
www.heritagepublishers.com

Designed by Sandra Zierdt

ISBN 0-929690-82-6  
978-0-929690-82-7

Library of Congress Control Number: 2006921605

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Printed and bound in the United States of America.



The Nashua Emergency Hospital opening at 8 Spring Street in October 1893 with eight beds.

## Chapter 1

# A City Takes Shape

1700s-1920s

The development of the city of Nashua, New Hampshire, originally named Dunstable, is directly related to its advantageous location near the confluence of the Nashua and Merrimack Rivers. The salmon-stocked waters provided a source of food for wildlife and the area's original Native American settlers. They became a convenient means of transportation for explorers funded by the Massachusetts Bay Colony and for freight being transported upstream, downstream, and across the Atlantic. Ultimately, the rivers served as a source of power for the manufacturing mills that would come to dot their shores.

After the French and Indian War and until the American Revolution of 1776, Dunstable was predominantly a farming community. The fertile river valley produced crops of corn, vegetables, hay and fruit. Merchants and travelers from the north and south found Dunstable to be a natural stopping point, and a fledgling hospitality and entertainment industry took root on The Great Road (Main Street). The Cummings Tavern, Tylers Tavern and the Indian Head Coffee House welcomed travelers along the way.

In 1802, a Harvard graduate named Daniel Abbot moved to Dunstable and set up a law practice. It is Abbott who is credited with renaming Dunstable "Nashua Village," in a speech given on July 4, 1803. In the Penacook language of the Nashuway Indians, Nashua means "beautiful stream with a pebbly bottom." The official name change is recorded on December 31, 1836. Abbott, together with the Greeley brothers (Joseph, Alfred and Ezekiel), Daniel Webster, and Massachusetts investors like Francis Cabot Lowell, would pioneer Nashua's industrial makeover, transforming the quiet farming town into a leading mill city.

The Nashua Manufacturing Company, the city's first large manufacturer, began operations in 1823. Eventually, the city's industry included ironworks, shirting, linens, shoes, wood products and coated paper. By 1836, the railroad reached from Lowell to Nashua. The "Gate City" had become a booming center of commerce.

In the early 1800s, physicians on horseback traveled the Nashua countryside, dispensing rudimentary medicine. They did the best they could with the limited medical remedies in existence at the time. According to the *History of Nashua*, published in 1897 and edited by Judge Edward Parker, these doctors "understood pretty clearly the means at their command, and although the indispensable (sic) clinical thermometer was unknown, and the value of the stethoscope and aspirator undiscovered... these grand old men were never at loss to

diagnosicate (sic) very closely the amount of fever present or calculate most carefully as to the conditions of the chest and other large cavities of the body."

The earliest record of a hospital in Nashua dates back to Dr. Edward Spaulding's arrival in town in 1837. According to *The Nashua Experience*, written by The Nashua History Committee and published in 1978, Spaulding and his father, also a physician, were riding

through town when they were asked to examine a very sick child whose illness had confounded the local physicians. To their horror, the Spauldings realized that the child had smallpox. The child died and a concerned town official asked the younger Spaulding to remain in town until the epidemic was over. "We organized a hospital, now known as the pest house," he wrote.

The "pest house," located near the present Water Street ramp, was actually an old tenement that the city rented and furnished with some cots and medical supplies. In 1867, the city erected a

small building near the Poor Farm on Taylor Road to isolate contagious cases and in 1873, the fledgling Board of Health made the recommendation to have the walls plastered. By the time two families contracted smallpox in the winter of 1879-80, the "pest house" had been dubbed "City Hospital" and consisted of ten beds. In 1887 a Board of Health report noted that the "hospital needs repairing."

In 1891, the physicians of the city, including Dr. Spaulding, prevailed upon the authorities to set aside a room in the basement of the police station as an "Emergency Hospital." According to the *History of the Nashua Hospital Association*, the accommodations were "cramped" and "the equipment was meager in the extreme. There was no provision for sterilization of instruments or dressings or for the proper preparation of the surgeon for his task; yet several major operations were performed here under these primitive conditions."

By 1893, according to the *History of Nashua*, "a general interest was awakened in Nashua for hospital accommodation." One year earlier, forty leading members of the community, in accordance with the provisions of chapter 147 of the Public Statutes of New Hampshire, had formed the Nashua Hospital Association, the purpose of which was to establish and maintain a "general Hospital for the care and treatment of the sick, injured and invalids; and to that end it may purchase, sell, hold, manage and improve real and personal estate; to receive the same in trust, upon conditions, limitations, and otherwise to any amount not exceeding five hundred thousand dollars, and be invested with such authority, power and liabilities as are incident to similar corporations."

On July 31, 1893, the Nashua Hospital Association accepted the recommendation of its executive committee to lease for a term of three years a building on Spring Street owned by

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The Nashua Emergency Hospital opened to the public on October 9, 1893.

D. C. S. Collins. Annual rent for the house was \$360. The records of the organization include the following entry:

### *HOSPITAL OPENING*

*The Nashua Hospital Association's Hospital located in the Collins House at No. 8 Spring Street was opened to the public Monday Evening, October 9, 1893.*

*Mrs. Nancy M. Stevens, Matron  
Mr. Samuel N. Stevens, Steward*

Various civic organizations contributed to the furnishings of the first hospital, including the Good Cheer Society, the Women's Relief Corps, the Women's Christian Temperance Union, The King's Daughters and the Pilgrim Fathers. The City of Nashua pledged \$2,000. In addition, 103 individuals and societies made donations of money, furnishing and provisions, including the gift of one hundred dollars by the St. Jean Baptiste Society for the purchase of a microscope. The eight-bed Nashua Emergency Hospital was staffed twenty-four hours a day. *The Nashua Experience* reports that "the equipment was simple—a wash boiler as a sterilizer and a few surgical instruments."

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By the time the hospital in the Collins House opened, Nashua was home to a sizeable French Canadian community. The first Canadians had begun arriving between 1870 and 1872 and helped to staff the expanding textile mills. The second wave of immigrants, beginning in 1879,



continued to power Nashua's growing industry. According to *The Nashua Experience*, "In 1870, Nashua's foreign born population had been 2,325, and predominantly Irish; whereas by 1880 it was 3,565, with most of it French Canadian." A third major influx occurred in the late 1890s, making the French Canadians the dominant ethnic group in the city and the primary labor force in the mills. Dr. C. B. Hammond, writing in the *History of Nashua*, estimated the city's population by the turn of the century to be 25,000.

It was precisely because of this increase in the city's work force that a hospital was so desperately needed. And indeed, as hospital records reflect, the first patient admitted to the Spring Street hospital was John B. Watts, described as a "laborer" who "fell from [a] tree in Thayer's Court, striking on back, injuring back at lower dorsal region." Mr. Watts was discharged "well" twelve days later.

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*Not surprisingly, at the 1894 annual meeting of the Nashua Hospital Association it was duly noted that "larger accommodations [are] soon urgently needed."*

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The third patient, admitted on October 24, 1893, was less fortunate. According to the records, George H. Chandler, a fifteen-year old machinist, caught his hand in a machine at the shoe shop, "crushing all the fingers on left hand—also tearing the muscle from the palm of the hand." Mr. Chandler had several fingers amputated with the

ultimate results being "as good as could be expected." Less dramatic was the birth of the first baby in the hospital on September 7, 1894, a boy named Mark H. Haskell, son of Edward A. and Clara E. Haskell of Windham. The number of emergency cases admitted during the hospital's first year was 101.

Not surprisingly, at the 1894 annual meeting of the Nashua Hospital Association it was duly noted that "larger accommodations [are] soon urgently needed." In 1898, the Nashua Hospital Association purchased what was known as the Mrs. Hall property at the corner of Prospect and Dearborn streets at a cost of



The hospital moved to Hall House in February 1899. With changes and additions, there was space for twenty-five beds.

\$7,500. After some renovations, the new hospital opened on February 2, 1899, with space for twenty-five beds. The matron (the position that is now most commonly referred to as the hospital administrator or president) at the time was Miss Ida Shattuck.

The trustees felt that their new hospital would provide a suitable training facility and voted to inaugurate a school for nurses. Before then, nurses were trained by the doctors they assisted. The first class entered the new school on May 1, 1899.

The limitations placed upon the practice of medicine at the time meant that, by the turn of the century, the average life expectancy was about forty-six years. Infectious diseases such as pneumonia, scarlet fever, tuberculosis, diphtheria and measles were life threatening. Premature babies seldom lived; there were no incubators or oxygen therapy. Once babies were weaned, many died of cholera infantum, a disease caused by impure milk. In 1859, according to *The Nashua Experience*, more than two hundred Nashua babies died from diseases for which there were no cures. Even as late as the early 1930s, Bea Cadwell, a graduate of the Nashua Memorial Hospital Nursing Class of 1934, recalls, "If a patient had strep throat, we would force fluids and dispense aspirin. There were no antibiotics at the time."

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What they had, however, was a growing city with a desperate need for, as Dr. C. B. Hammond wrote in the *History of Nashua*, "a much larger building than the one now in use...[to] accommodate both medical and surgical cases. A city of 20,000 inhabitants needs a general hospital, first class in all its appointments, one that will furnish patients with the best care and insure to the public isolation of all communicable diseases."



These women were members of the first graduating class of Nashua's first nursing school, 1899.

Fortunately for the trustees of the Nashua Hospital Association, Dr. George F. Wilbur, a benevolent and dedicated member of the hospital staff, thought the same way. He left a substantial bequest for the purpose of constructing a totally new hospital facility for the treatment of the "sick and injured." At the annual meeting of the Hospital Association in 1914, the treasurer reported that the Wilbur fund amounted to \$53,492.93. Numerous and generous gifts from many citizens, including Albert Shedd, James B. Crowley, W. F. Sullivan, Frank Stark, Charles S. Clement, the Misses Spaulding, Mary Hunt, H. L. Flather and M. Woodbury, helped make the new hospital a reality.





The Central or East Building constructed with the Wilbur bequest, 1925.

According to his obituary in the *Nashua Telegraph* on January 23, 1911, Dr. Wilbur was a well-known and highly respected practicing physician and surgeon in Nashua for more than forty-five years. He was described as “an old school physician having a personal and intimate acquaintance with each of his patients. . . It was said of Dr. Wilbur that during his years of active practice, he never refused making a call no matter how hard the trip, how great his need of rest, or how remote the possibility of ever receiving compensation.”

Born into a distinguished Massachusetts family, Dr. Wilbur



The Nurses Residence at 10 Prospect Street.

had settled in Nashua in 1855 and served as city physician from 1872-73 and county physician from 1875-76. He served on the staff of the City Emergency Hospital, was surgeon at the Home for Aged Women, and served as a member of the Board of United States Examining Surgeons. Dr. Wilbur left no immediate heirs although he was married to the former Clara E. Bowen for thirty-six years.

Dr. Wilbur’s generosity resulted in the changing of the hospital’s name to Nashua Memorial Hospital. The architects for the construction project, to be built on the same lot as the old





Opening dinner of the Nashua Memorial Hospital Campaign Building Fund, November 25, 1924.

hospital, were Harriet F. Locke and Ida A. Ryan. The contractor for the foundation was General C. W. Stevens and for the superstructure, the Nashua Building Company. Construction was managed by the Trustees of the Nashua Hospital Association and remarkably, within a year, the new building was opened for

inspection. The *History of the Nashua Hospital Association* reported that nearly 3,500 people attended the opening on November 29 and 30, 1915.

Before the new building was constructed, the Hall House had been moved to the rear of the lot and converted into a home for



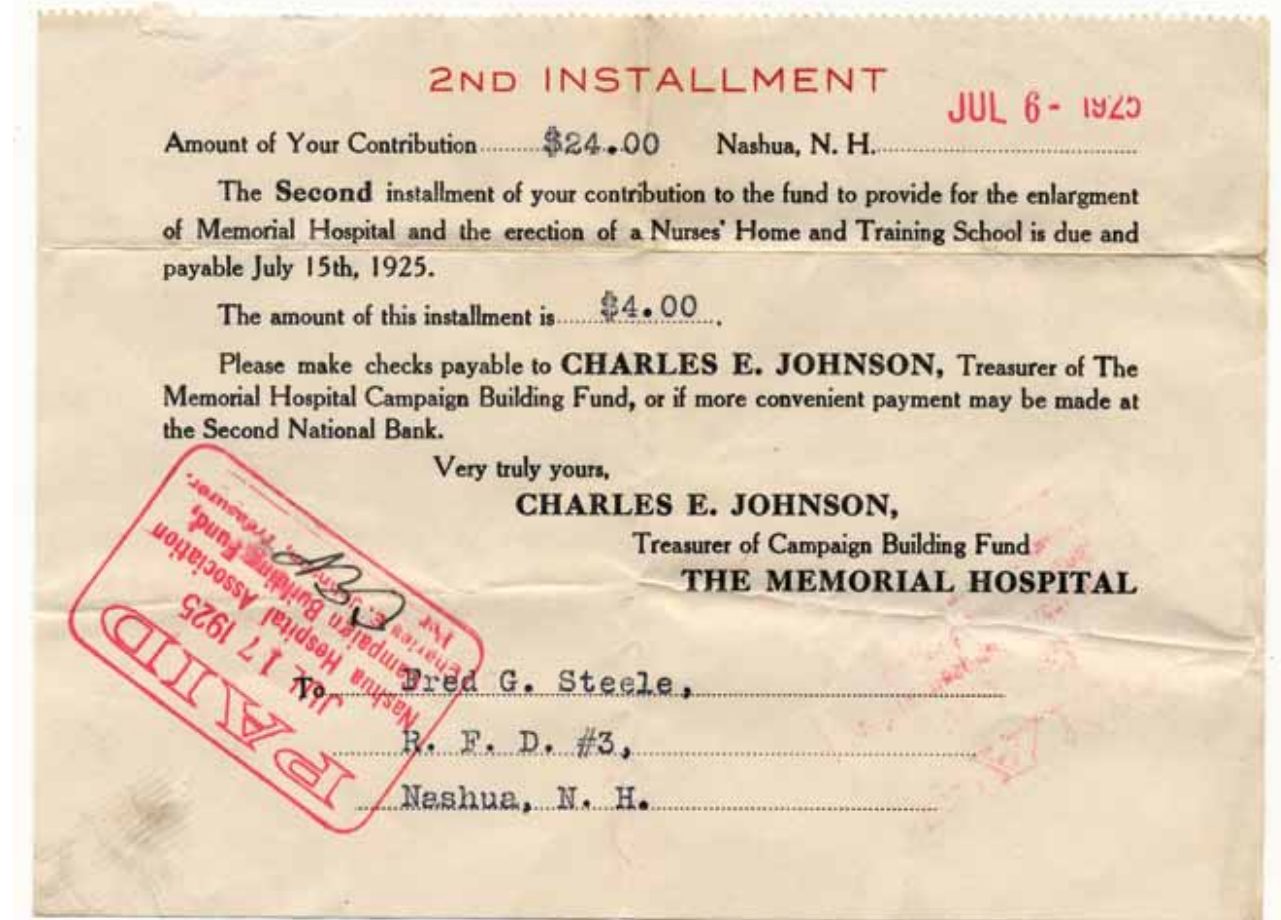
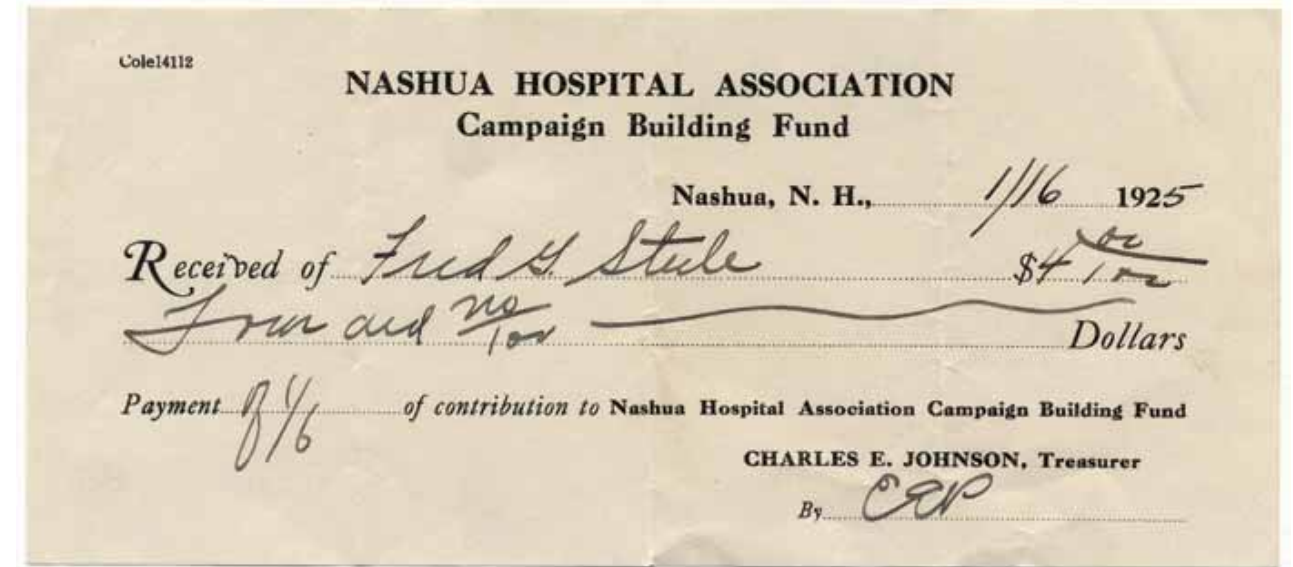
the nurses in training. It wasn't long before the hospital needed still more rooms, and ten years later, the house was torn down. In its place, a new wing was added to the hospital, bringing the capacity to ninety beds. That same year, in 1925 the trustees approved the construction of a new residence for nurses, on the northeast corner of Prospect and Dearborn streets. The building was connected to the hospital by an underground tunnel. Contributions to the Nashua Memorial Hospital Campaign/Building Fund totaled over \$166,000, raised from 4,394 separate donors. The funds were used to construct and equip the new wing.

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The Great Influenza Epidemic that hit the United States shortly after the end of World War I arrived in Nashua on September 13, 1918. By September 24, health officials recorded 2,053 cases and one week later the figure was 3,747. At the height of the epidemic in early October, 7,644 persons were reported ill. Hospitals were overflowing and a Dr. Kittredge issued a call for nurse volunteers

to help. Mrs. Charles Nutter headed a committee charged with training volunteers and, in daily classes at Nashua Memorial Hospital, she trained about seventy-five assistants. Nashuans offered their automobiles to transport volunteers to aid the ill in their homes. Schools were closed, as were churches and pool halls. By late October, health officials decided the worst was over. The death toll stood at 208.

This crisis underscored the need for volunteer help. The seeds of what would become the Auxiliary were sown.



Receipts for pledges to the Nashua Memorial Hospital Campaign Building Fund, 1925.

# Women Make Their Mark

1920s-1950s

*The School of Nursing and The Auxiliary*

In 1920, a group of Nashua church ladies was asked to use their skills with a needle and thread to help out Nashua Memorial Hospital. What started as a small volunteer contingent grew rapidly and within a few months the group decided to formally organize and become an official Auxiliary. They adopted a constitution on March 2, 1920, and endorsed their mission: to supply the hospital with both physical and financial assistance.

Continuing through the 1950s, the “physical assistance” came in the form of making and mending hospital supplies such as sheets, shirts, towels, baby diapers and garments, nurses’ caps and aprons, surgical gowns, bandages, wash cloths and pillow cases. A 1924 article in the *Nashua Telegraph* reported that 284 women contributed to the completion of 1,644 new garments. They also mended all the linens used by the hospital. Every religious organization in town contributed to the effort, with sewing groups meeting regularly in local worship halls.



**Nashua Memorial Hospital, Nashua, N. H.**



Along with mending and sewing, members of the Auxiliary visited patients in the hospital. As the March 1, 1922, meeting minutes reported: “Flowers and books have found their way into the hospital to cheer the sick and shorten the hours of convalescence.”

The “financial assistance” during this same period consisted of contributions to the Free Bed Fund. According to the minutes of the directors meeting on May 4, 1920, \$10,000 was required to support one free bed for one year. All of the Auxiliary’s fundraising efforts, and many of those of neighboring churches and religious organizations, went toward supporting the Free Bed Fund, which, as the minutes reported, “grew slowly and steadily.” By 1927, the fund had reached \$4,000.

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In the late 1920s, members of the Auxiliary began serving as hostesses for the hospital’s annual May observance of National Hospital Day, on Florence Nightingale’s birthday. They served tea and sandwiches to the general public and invited them to tour the hospital. It was to become a tradition.

On May 12, 1938, the observance of National Hospital Day included a tour of the newly outfitted kitchen, serving area and operating room, made possible by generous contributions from community supporters. The *Nashua Telegraph* reported that day: “All new equipment has been installed, making the kitchen one of the most modern to be found in New England.” Modern cooking ranges, refrigerators, ice cream making machinery, ice machines, baking ovens, a large dishwashing machine and steam table were among the features.

Generous benefactors, all of whose names were withheld for privacy, outfitted the kitchen. They also contributed new operating room equipment. A portable, battery-operated operating room light served as backup for a state-of-the-art, permanent, multi-beam electrical fixture. New oxygen tanks and equipment for anesthesia made the operating room, according to the *Nashua Telegraph*,



**New kitchen addition in the 1930s. “All new equipment has been installed, making the kitchen one of the most modern to be found in New England.”**



The Dietary Department as it was in the 1930s in the East Building.

“second to none.” The sterilizing room was updated with the purchase of an Autoclave sterilizer for the preparation of dressings and additional utensil sterilization units. Many new instruments were also purchased and according to the *Nashua Telegraph*, “officials stated that the operating room was now exceptionally well equipped.”

In 1939, the *Nashua Telegraph* again noted that “about 500 people went through Memorial Hospital Wednesday afternoon, the largest number to have participated in a local observance of National Hospital Day...The entire hospital was open to the inspection of the public and the operating room, x-ray equipment and other interesting departments were inspected.”

Throughout the years, the Auxiliary’s tradition of visiting the sick also continued, with representatives from each religious organization in town taking part in the organized endeavor. By all reports, the visits were beneficial not only to those receiving them but also to those making them. The minutes of the Visiting Committee from the late

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1940s contained this personal reference: “You don’t know how much I dreaded going—I went with such a shrinking spirit not knowing what to do or say, but I never had such a pleasant experience in my life and I shall never forget it. Each time I went I visited an old lady to whom the time seemed very long—the last day I went she drew me down and kissed me and said: ‘You don’t know how glad I am to see your face come in that door.’”

The *Nashua Memorial Hospital School of Nursing* continued to grow and modernize as well. Bea Cadwell recalls that there were nine girls in her 1934 class. The three-year program was intense and included four months spent as “probationers.”



The new operating room, a result of modernization efforts in the 1930s.

“We were like sheltered nuns,” she laughs. “We lived there, worked there and had just a few hours off during the day.” There were classrooms in their dormitory as well as in the hospital, and the students spent most of their hours in school. “Gradually we would come onto the floor, primarily to make beds or scrub rooms, but we went to class and worked at the hospital every day for three years,” Cadwell recounts. They had to learn a little bit of everything, including Latin and mathematics to be able to dispense the prescriptions properly. “Insulin had only been around for a few years and there was only one type of hypodermic needle. You had to get it just right.”



The new equipment in the operating room included a state-of-the-art multi-beam electrical light as well as a portable, backup, battery-operated beam. According to the *Nashua Telegraph*, the operating room was “second to none.”





Nursing students from the 1950s. There were classrooms in their dormitories as well as in the hospital and nursing students spent most of their hours in school.

There were no housekeepers in those days so the nurses performed all the cleaning and sterilizing in the hospital. “I remember walking into one room with my pail of Lysol and scrub brushes and the patient said, ‘You work on Sunday?’” Cadwell laughs. Helen Blanchard Sullivan, a 1941 graduate, agreed with Cadwell in her autobiography, *My Busy Life*, which she donated to Southern New Hampshire Medical Center in recognition of the excellent training she received. “Many sacrifices had to be made during the three years spent in Nurses Training School,” she wrote. “No running home whenever I felt the urge; strict rules regarding bed checks, curfew, conduct, etc. and only two weeks vacation each year, and no weekends off either.”

Nurses in training were paid \$7.00 a month, worked twelve-hour shifts, and were responsible for any equipment they damaged. “If you broke a thermometer, it came out of your monthly pay,” Cadwell recalls. Care of the patients was strictly “hands on” as Sullivan relates. Severe lung congestion was relieved by the practice of “cupping,” which meant “using three or four custard



Nurses studying in their dorm room. “We lived there, worked there and had just a few hours off during the day,” a nursing student recalls.





Leeches were often used for medical care in the early 1900s.



**NASHUA MEMORIAL HOSPITAL GRADUATES**—Class of 1940 of the Nurses Training School, who achieved the distinction of becoming the hospital's largest class, and who received their diplomas and hospital pins at commencement exercises which filled Crowley school auditorium to overflowing Thursday evening. Left to right, seated: Nellie Shepard, Franklin; treasurer, Gertrude Conant, Townsend; secretary and valedictorian, Barbara McCullough, Dracut; president and practical theory prize winner, Alice Nute, this city; vice president, Hellen Blanchard of Collinsville, Conn. and Lauretta Mulaire of Hooksett. Standing, left to right: Helen Reynolds, Hudson; Janette Hurley, Wilton; Barbara Marshall, Haverhill, Mass; Mary O'Brien, Haverhill, Mass; Mary Foley, Haverhill, Mass. June Keefe, Townsend Harbor; Stella Pappademas, this city; Barbara Palosky, Claremont; Frances Kelley, Haverhill, Mass; Hilda Cochrane, Antrim; Gladys Lees, Milford; Pearl Oliver, Hudson; Althea Sweet, Derry, and Gladys Newhall, Bennington. (Story on Page 6.)

The graduating class of 1940, Nashua Memorial Hospital School of Nursing's largest class.

cups, wiping the insides with alcohol, lighting them with a match and putting them on the chest front and back causing suction to try and loosen up the congestion.”

Another common procedure was the use of leeches to release blood that had hemorrhaged. “Handling the leech was like putting a worm on a hook,” Sullivan wrote. “It was vital to have the leech attach in the correct spot and once he had his fill he would automatically roll off. Then you would strip it of the blood and apply it again.”



During Sullivan’s three years of training she learned to do it all. “We were ‘Jack of all trades’ and it was very rewarding,” she wrote. “In those days you didn’t have technicians or radiologists as they do today.”

Patricia Mandravelis, former Vice President of Nursing at Nashua Memorial Hospital, was a member of the School of Nursing Class of 1959. She recalls that by the time she entered in 1956, the school had become somewhat more liberal. Workdays were eight hours long, sleeves and skirts were shortened for easier mobility, and training was less focused on hospital-oriented care and more on preventive medicine. “We got good training but it was less technical than it is today,” she recalls. “We had a lot of patient interaction. It was sometimes difficult to make the transition from bedside to the technical side but certain things never change, like basic human needs.”

The School of Nursing closed its doors in 1962. The closing was precipitated by the State Board’s requirement regarding full-time instructors. Until that time, the school had relied on part-time instructors and the new requirement made the program financially unfeasible. About the closing, Cadwell remembers, “We all felt bad but we could see the handwriting on the wall.” Mandravelis agrees. “Much of the nursing curriculum is academic. Colleges and universities have taken over that portion of the training.”

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*“We had a lot of patient interaction. It was sometimes difficult to make the transition from bedside to the technical side but certain things never change, like basic human needs.”*  
– Patricia Mandravelis, class of 1959.

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The 1956 Nursing Class from Nashua Memorial Hospital School of Nursing.

Today, the hospital remains proud of having had its own nursing school for sixty-two years, especially since the school was the only source of professional training in the area at the time. Southern New Hampshire Medical Center continues to honor its commitment to provide nursing education through collaboration with area colleges, including Rivier College in Nashua,





Afternoon tea at the Nurses Residence, circa 1960.



Nurses enjoying a meal and a break in the hospital cafeteria, circa 1950.

New Hampshire Community Technical College, and the University of New Hampshire. The Medical Center continues to be a clinical site for many nursing classes and programs, and hospital nursing staff often serve their profession in classrooms as well as on nursing units.



A nurse in the pediatrics unit at Nashua Memorial Hospital encourages a young patient to finish his supper, circa 1960.



The Charles H. Nutt Surgical Hospital was dedicated to a prominent Nashua businessman, described as “quiet and unobtrusive” yet known to have “the interests of people at heart.”

## Chapter 3

# Construction Continues

1950s-1960s

The 1950s brought a postwar baby boom, relative prosperity, and continued improvements to the city’s infrastructure. In 1953, the city of Nashua hosted its centennial celebration. It included a three-night performance in Holman Stadium of *Drum Beats*, an original historical pageant depicting Nashua’s growth. According to *The Nashua Experience*, “about 100,000 spectators stood in ninety-one degree heat” to watch a huge parade that was the climax of a week of celebrations. “Nashuans were justifiably proud of 100 years of achievement as a city.”

Thanks to the generosity and foresight of prominent Nashua businessman Charles H. Nutt, in 1952 Nashua Memorial Hospital added a completely separate surgical hospital, adjoining their facility on Prospect Street. Mr. Nutt, a self-made hardware merchant, had died on August 7, 1892. His will provided in part for the establishment and maintenance of a “place for the treatment and the care of the indigent sick and lame, or persons injured by accident or otherwise, while undergoing and needing medical or surgical treatment” – but only after the death of certain other beneficiaries.

The *History of Nashua* describes Mr. Nutt as being “quiet and unobtrusive,” and having “the interests of the people at heart. It is very evident from his will that for several years previous to his death he had been meditating upon various methods and ways of disposing of a considerable portion of his large estate at his decease, so as that it would accrue to the benefit of the city where he by his justice and perseverance had accumulated it, whose people and interests occupied so large a place in his affections.”





The original cornerstone of the Nutt Surgical Hospital being relocated during construction of the West Building in the 1970s.



Nashua Memorial Hospital East Wing Building, at the corner of Prospect and Dearborn streets in 1952.

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*With the addition of the Nutt Surgical Hospital, Nashua Memorial Hospital entered the “modern era.” The hospital converted from coal to oil and also embraced air-conditioning and auxiliary power.*

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It was not until 1947, some fifty-five years after his death, that Mr. Nutt’s last beneficiary died. The Nutt Hospital Officers and Trustees submitted a petition to the State of New Hampshire, outlining a plan that complied with Mr. Nutt’s will and was appropriate for the health care environment at that time. The petition was approved in 1950 and provided for Nutt Hospital to build and own a wing of

the existing Nashua Memorial Hospital. The building was named the Charles H. Nutt Surgical Hospital. It included six inpatient

rooms, four outpatient rooms, two laboratories, x-ray rooms and ground floor storage rooms. The operating suite was fully air-conditioned.

According to the *Nashua Telegraph*, the building was planned by Alfred T. Granger Associates of Hanover and constructed by C. C. Temple and Company of Boston. Its complete price tag, including equipment, was over \$400,000.

With the addition of the Nutt Surgical Hospital, Nashua Memorial Hospital entered the “modern era.” The hospital converted from coal to oil and also embraced air-conditioning and auxiliary power.

Meanwhile, plans were underway by the Auxiliary to open a coffee shop in what the dedicated volunteers preferred to call the



## *Generosity over Generations*

*In 1975, the Superior Court of the State of New Hampshire approved a petition to transfer ownership of the Charles H. Nutt Surgical Hospital from Nutt Hospital to Nashua Memorial Hospital. This change gave Nashua Memorial Hospital clear title to all hospital property and paved the way for further expansion and modernization.*

*In 1980, Nutt Hospital Trustees, along with several Trustees of the Nashua Hospital Association, attended a ceremony in which the original cornerstone of the Nutt Surgical Hospital was moved to the new main entryway of Nashua Memorial Hospital. The cornerstone includes a copper box, inserted when the original cornerstone was laid in 1951, containing various items of the time period: US coins, a copy of the Nashua Telegraph and documents detailing the purpose of the Charles H. Nutt Surgical Hospital.*

*In 1993, the Nutt Hospital Trustees determined that the 1975 memorandum was obsolete and created a new mission for the Nutt Hospital "to use the assets provided by the will of Charles H. Nutt to help meet the medical needs of the Greater Nashua Community in a manner consistent with Mr. Nutt's wishes, adapted as necessary to a changing health care delivery system." The Nutt Trustees continue to meet annually to designate hospital projects to benefit from the Nutt funds. Thus, although the actual Nutt Surgical Hospital no longer exists as a separate medical facility, the generosity of its benefactor continues to impact Southern New Hampshire Medical Center in a very real way.*



**The addition of air conditioning was central to the modernization of operating suites in the 1950's.**





The Auxiliary opened a coffee shop on the lower level of the hospital in 1954. Here some of the many volunteers required to keep the operation running efficiently are shown serving tea to nursing students in the late 1950s.

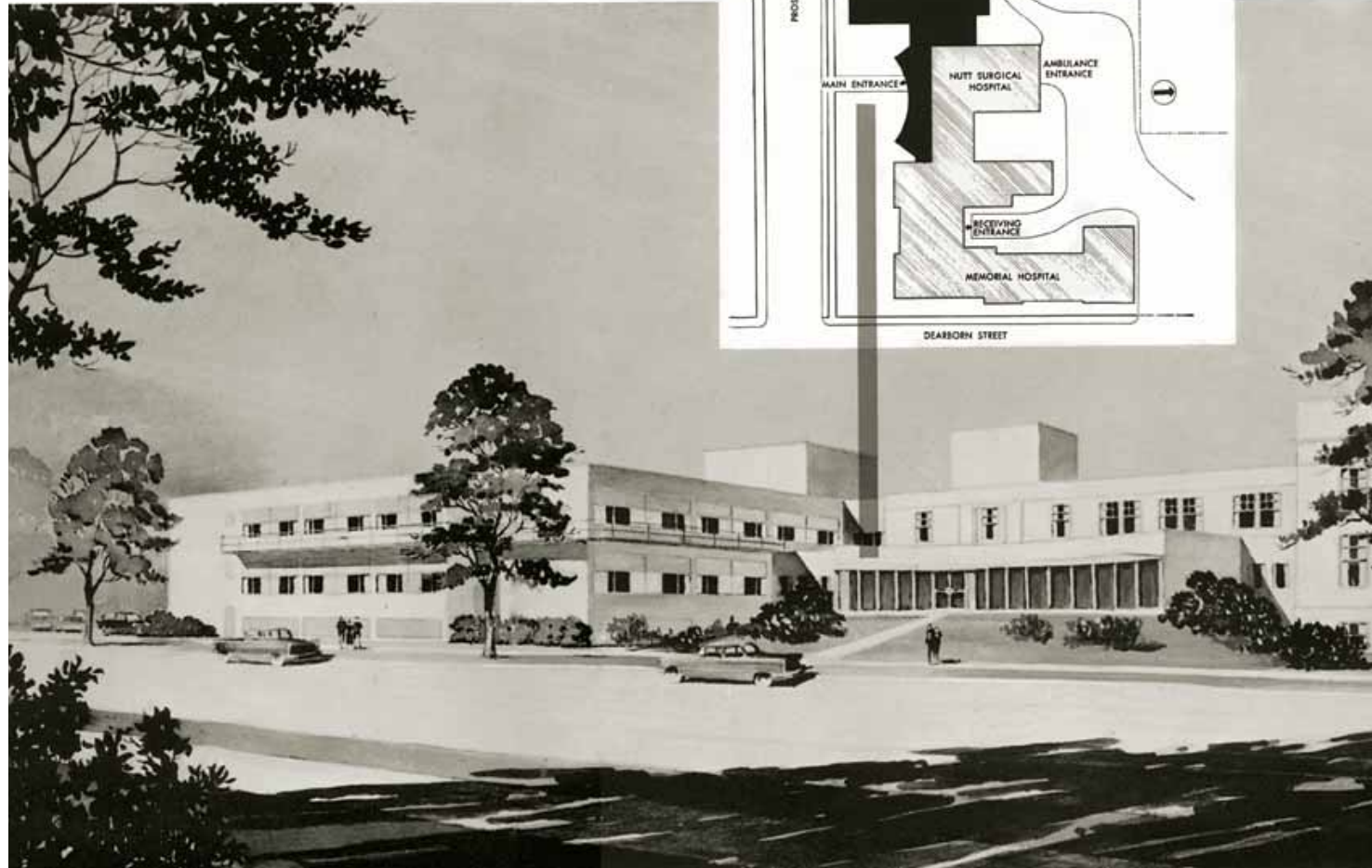
“lower level” of the hospital, rather than the basement. The first coffee shop in any hospital in the state opened in April of 1954 after months of diligent planning, research and persuasion. It required the efforts of more than 250 volunteers to keep the shop operating efficiently. The objective of the project was to continue to provide funds for improvements to the hospital. After its first year of operation, \$1,500 of the Coffee Shop profits were designated for improvements to the Children’s Ward.

During 1957, the Board of Trustees devoted considerable time to planning the future expansion of the hospital, including applying for federal funds for new construction through the 1946 Hill-Burton Act. At the annual meeting of the Nashua Hospital



More than 35,000 laboratory tests were conducted in Nashua Memorial Hospital’s lab in 1957.





Architects' rendering of the enlarged Nashua Memorial Hospital building for the fundraising campaign of 1958.

Association, the Executive Committee reported that 3,570 patients were admitted to the hospital, up from 3,330 the previous year. The number of surgical operations remained almost constant, but emergency services showed an increase in admissions. In 1957, 675 babies were born at Nashua Memorial Hospital as compared to 626 the year before.



Architects' rendering of the proposed hospital wing, 1958.

Based on the recommendations of two nationally known hospital consultants of the time, Helge Westermann of New York and Dr. Carl W. Walter of Boston, the trustees proposed the construction of a two-story and ground floor addition just west of but connected to the Nutt Building. They also envisioned a new main entrance and lobby for the hospital. The new addition would include a refurbished maternity department, additional surgical and medical beds, and a new facility for the administration of radiation therapy.

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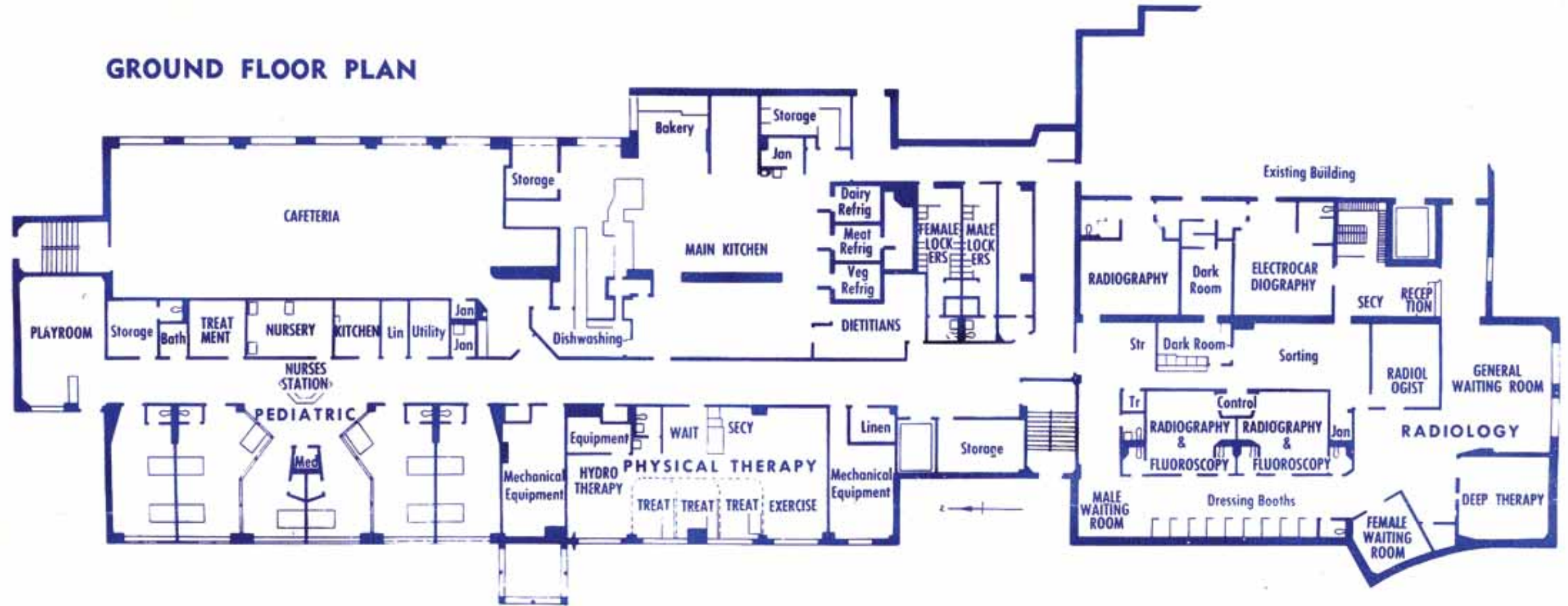
*At the annual meeting of the Nashua Hospital Association that year, the Executive Committee reported that 3,570 patients were admitted to the hospital, up from 3,330 the previous year.*

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In 1958, the hospital launched a fundraising initiative titled "Wider Gateway to Health," in which they sought to raise \$750,000. The cost of the comprehensive program of expansion and modernization was \$1,150,000 with \$400,000 provided for by



### GROUND FLOOR PLAN



### MAIN FLOOR PLAN



New floor plans proposed in 1958.





Construction continues on the new wing, 1958.

federal funds. In 1963, when the new addition opened, the *Nashua Telegraph* reported that the campaign raised \$800,000, \$50,000 more than the goal set by the committee.

Under the leadership of Board of Trustee Administrator Robert B. Hamblett (1955-1970), the seventy-five bed, three-level addition opened almost two years to the day after the groundbreaking. It featured a complete obstetrical unit and

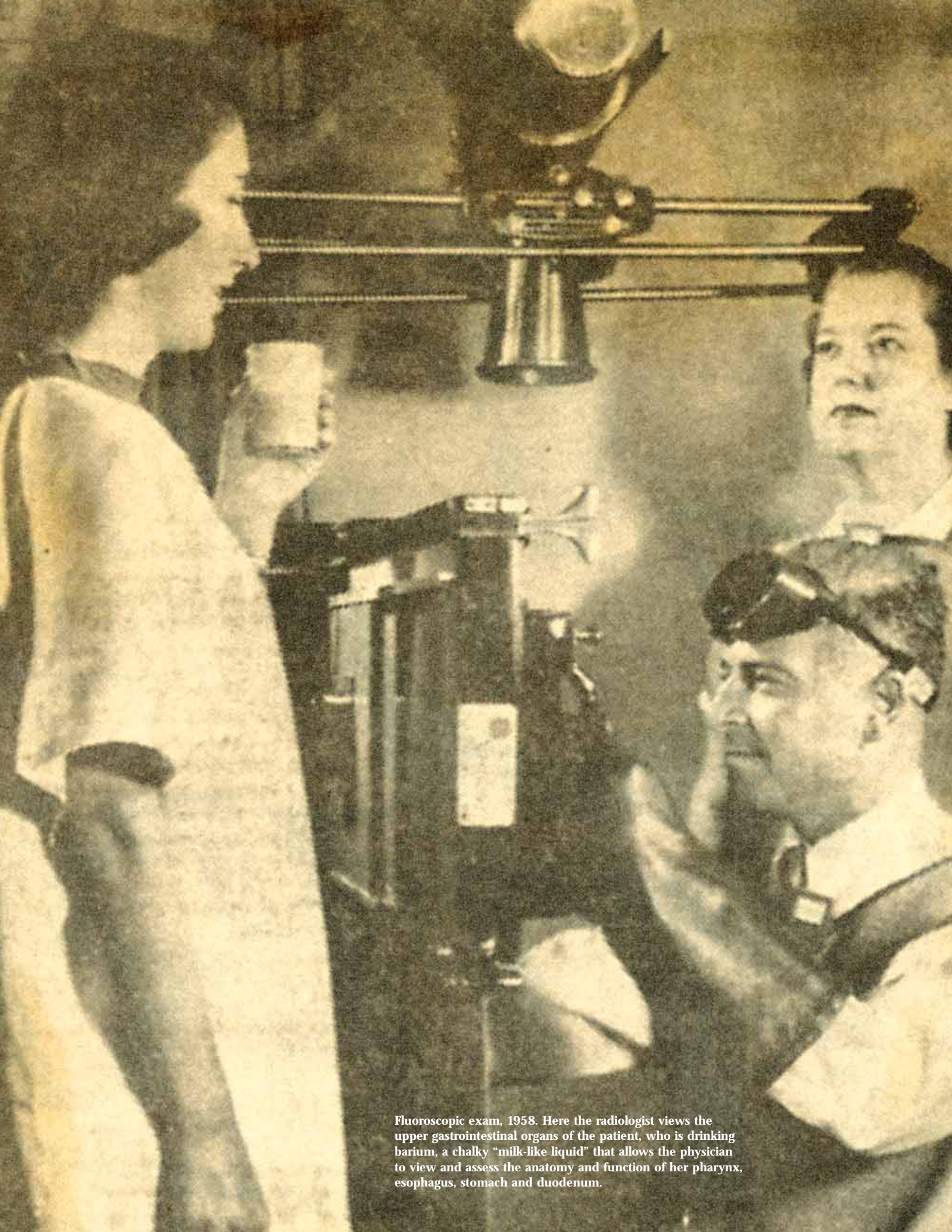
nursery, a medical/surgical patient unit, pediatric department, dietary department, x-ray facility, physical therapy department and chapel. A new entrance and lobby, with larger quarters for the Coffee Shop and Gift Shop under the management of the Auxiliary, welcomed visitors. Upon completion, the hospital's capacity reached 129 beds. The 1915 Nashua Memorial Hospital building was converted to administrative and clinical use.





Groundbreaking for the North Building, May 1961.  
Left to right: E. Coleman Beebe, T. Harrison Whalen,  
Robert Hamblett, Philip McQuestion, M.D., Philip  
Stevens, Daniel Sullivan, M.D.





Fluoroscopic exam, 1958. Here the radiologist views the upper gastrointestinal organs of the patient, who is drinking barium, a chalky “milk-like liquid” that allows the physician to view and assess the anatomy and function of her pharynx, esophagus, stomach and duodenum.

With the completion of the new radiology facility, Nashuans no longer had to leave their city for radiation therapy, which, at that time, was included as part of radiology services. The x-ray department had more than doubled, chiefly because of outpatient demand. Equipment only eight years old was already outdated and had to be completely replaced.

To service this new facility, Nashua Memorial Hospital relied on its “feeder” School of Radiologic Technology, which opened in 1958. Elaine Lavallee, currently manager of the deNicola Breast Health Center, was one of the school’s first graduates. “There were five students in my class,” she recalls of the two-year certificate program. “By the second year, we were taking x-rays and taking turns being on call.”

Over the course of her 35-year career, Lavallee has seen many changes. Staffing has grown from “eight technicians and a few students” to 110 employees. Equipment once considered “cutting edge” is “pretty basic” today. Lavallee credits the hospital with continuing to embrace the ever-changing technology of sophisticated diagnostic imaging and support the specialized resources – in infrastructure and people – that it requires.

Nashua Memorial Hospital prided itself on being a model of “modern” health care. By 1963, all patient rooms were air-conditioned and humidity controlled. To support this amenity, a new power plant was installed along with an emergency power generator of 150 kilowatts. In 1966, the former School of Nursing building at 10 Prospect Street was renovated as a Medical Arts Building. In 1968, the hospital opened its first Intensive Care Unit, completing the landscape of a full-service hospital.

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*Upon completion, the hospital’s capacity reached 129 beds.*

*The old 1915 Nashua Memorial Hospital building was converted to administrative and clinical use.*

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Looking from the corner of Main and Prospect streets to the North Wing, circa 1960.



The new addition completed, 1963.





Overview of Nashua Memorial Hospital including the West Building, the East Building and former Nurses' Residence in a decidedly "medium sized city," Nashua, New Hampshire.

## Chapter 4

# The Era of Specialization

1970s

By 1970 the population of Nashua had swelled to 55,820, a 42.8 percent increase over the 1960 census. This growth was unprecedented in the city's history. According to *The Nashua Experience*, "By 1970 Nashua was decidedly a medium-sized city with many of the mixed blessings of urban living." Once again its strategic location, one hour's drive from Boston and miles away from Massachusetts' complicated tax structure, proved to be beneficial. The high-tech boom arrived in Nashua, bringing with it a pool of technically skilled and well-educated individuals, many of whom worked for Sanders Associates, a recognized leader in the electronics world.

On the health care frontier, Medicare and Medicaid, two relatively new (1965) government-sponsored health insurance programs for the elderly and indigent, were beginning to affect how and where health care was best delivered. More and more emphasis was being placed on outpatient care and specialty services.

Nashua Memorial Hospital was clearly feeling the effects of the population boom. Between 1963 and 1971, the hospital saw a 33 percent increase in the number of patients. In 1963, there were 18,000 visits to the Outpatient Services Department; by 1970 that number had increased to 47,600. The number of emergency patients in the same time period more than doubled and the number of scheduled surgeries kept equal pace. Once again, the hospital found itself outgrowing its space.

At the same time, two young native New Hampshire physicians, Jim Squires and Harris Berman, who had met while training at the New England Medical Center in Boston, chose the booming city of Nashua in which to launch their non-profit, pre-paid



group health practice. Named the Matthew Thornton Health Plan, after the eighteenth century New Hampshire physician who signed the Declaration of Independence, it was a predecessor of modern HMOs and nothing short of revolutionary. “We were cutting edge at the time and we knew it,” says Dr. Berman, who today is Dean of Public Health at the Tufts School of Medicine in Boston. “We went up there as zealots, bringing a whole new way of doing things.”

The concept was so foreign that the two young doctors had a hard time getting it off the ground. “No bank in Nashua would give us a loan so we went to Manchester,” recalls Dr. Squires, now president of the Endowment for Health, a statewide, independent, private, nonprofit foundation created in 1999 as a result of the sale of Blue Cross Blue Shield New Hampshire to Anthem Insurance Companies, Inc.

“We were, after all, the second HMO in a state that until recently had been a solo-practitioner state.” Things were difficult for their business until 1973 when Congress passed the HMO Act. That legislation states that if there is an HMO in the area where an employee lives, then the employer has to offer it to employees. Matthew Thornton Health Plan had its calling card.

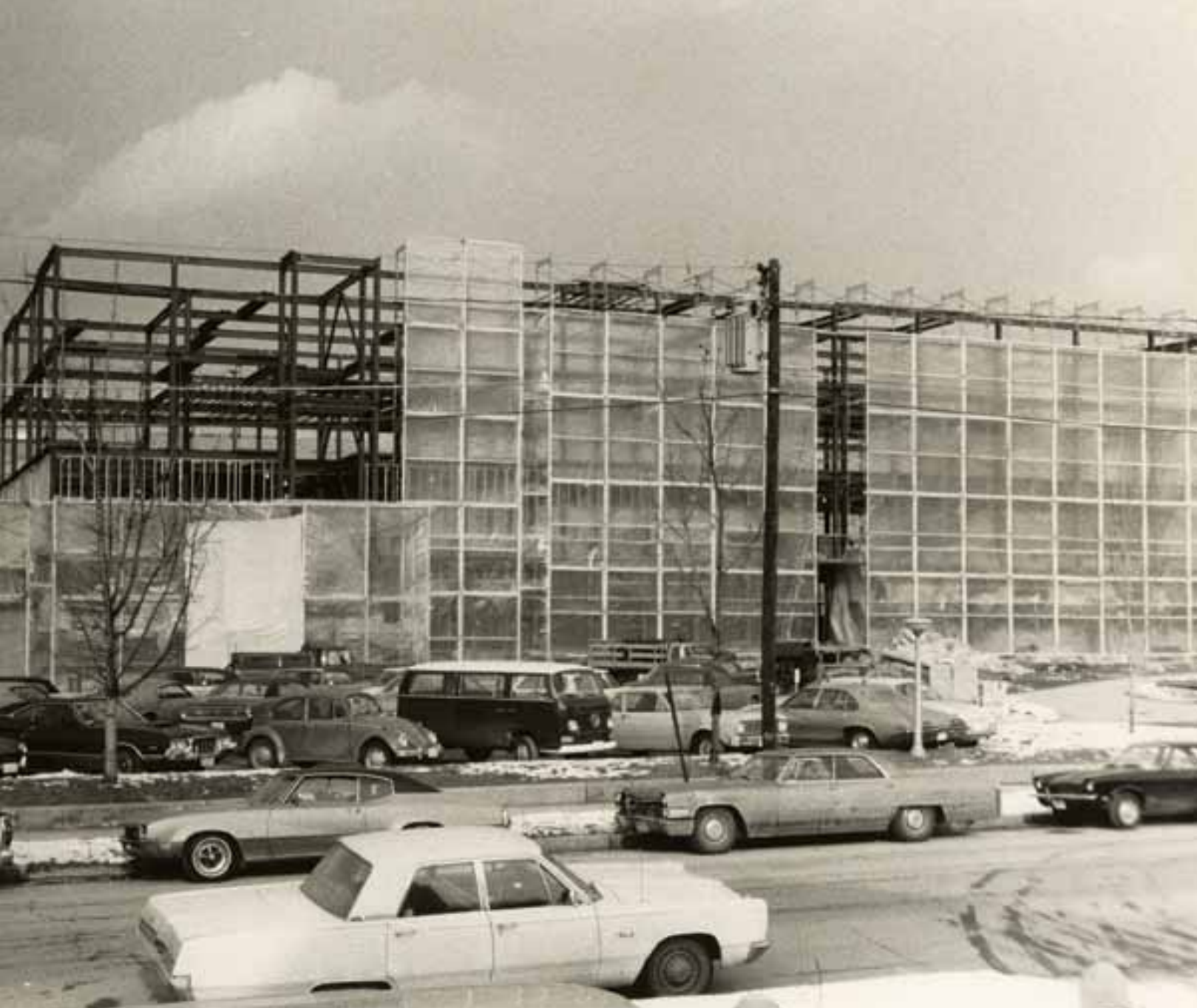
The HMO treated its first pre-paid patient in 1973. Five years later there were 10,000 subscribers. Nashua Memorial Hospital was the only hospital in town that gave the Matthew Thornton physicians privileges, an arrangement that proved to be beneficial for both parties. “We forced medicine to advance in Nashua,” reflects Dr. Squires. “We emphasized trying to be healthy. The area population was growing, and we succeeded.”

It was not always easy, however, as Richard S. Quinlan, CEO of Nashua Memorial Hospital from 1975-1980, recalls. “It was easy to like the Matthew Thornton physicians. They were bright, progressive, and confident. But they referred their patients to other physicians within their own



The Housekeeping and Laundry Department in the mid-1970s.





Construction of the West Building in the 1970s.

group,” relates the recently retired CEO of Melrose-Wakefield Hospital and Hallmark Health System, Inc. “This was seen as a threat to the established medical practices in Nashua. They were introducing a competitive component to the business of medicine that was an interesting dynamic, but also one that was essentially foreign to the doctors in Nashua.”

Quinlan takes pride in his role in moving the hospital forward. “We introduced new primary care physicians, modernized the clinical and support services of the hospital so that it would be

prepared for the future, and helped the hospital and the medical staff get ready for the new world of health care. I saw myself as a change agent and change is always a challenging event.”

Not all of the change came from outside the institution. In 1974, cornerstone-laying ceremonies were held for a \$4.6 million addition to Nashua Memorial Hospital. Funding for the project came from \$3 million in federal funds (\$1 million in a federal grant and the rest in loans). Private benefactors contributed the remaining funds.

The substantial construction project added two floors to the west wing of the hospital and expanded the Charles H. Nutt Building. Two operating rooms were added, along with a new eleven-bed post-operative room and a new ten-bed intensive care unit. The Emergency and Outpatient Services departments were expanded. In addition, renovations were made to the 1915 and 1925 buildings that included improved diagnostic services and more space for treatment of psychiatric and extended care patients.

The stiff price tag on the five-story addition forced the Board of Trustees to look carefully at the options available for the implementation of the most extensive building program to date. In-depth research by the Building Committee led to Hospital Building and Equipment Company, a division of HBE in St. Louis, Missouri. They were proponents and pioneers of a new method of hospital construction—the “controlled-cost design/concept,” based on one-source responsibility from planning through construction and centered on the key issue of maximum value for every dollar spent. HBE was awarded the contract.

The first phase of the construction was dedicated October 24, 1974. The third and final stage of construction was completed on September 5, 1975. One year later, plans were already underway for even more expansion, keeping pace with the rapid growth of the community. Health care was changing, moving from a solo-practitioner based system to a group practice approach. Hospital stays were shortened, outpatient surgery was increasing, and medicine was becoming more specialized.

An example of the increased specialization of medicine was the establishment in 1975 of the only dialysis center in southern New Hampshire, at Nashua Memorial Hospital. Under director



Included in the dedication ceremonies for the first phase of construction of Nashua Memorial Hospital in October 1974 were (left to right): Warren W. Kean, Chairman of the Building Committee; Mrs. Meldrim Thomson, wife of the Governor of New Hampshire; U.S. Senator Lloyd Bentsen, Jr. of Texas, main speaker; William W. Zechel, President of the Board of Trustees; and Fred S. Kummer, President, Hospital Building & Equipment Company of St. Louis, Missouri.

Dr. Sidney Curelop, the unit proved to be very successful and led, six years later, to the development of a Continuous Ambulatory Peritoneal Dialysis (CAPD) program for certain patients with chronic kidney disease. The self-help ambulatory program freed these patients from being tethered to a dialysis machine for hours a day and instead permitted them to, in a sense, self-administer their dialysis four or five times a day in thirty minute increments.

The program was not suitable for every patient with chronic kidney disease. However, it demonstrated the changing face of

medical care—less hospital-based, more patient-directed, and more cost effective. According to the *Nashua Telegraph*, in 1981, the before-reimbursement cost for traditional dialysis was \$30,000 per year, while CAPD expenses varied from \$11,000 to \$18,000 per year.

As a further example of the changing face of health care, in 1979 Nashua Memorial Hospital opened the Surgical Short Stay Unit for

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*“We have consciously developed these alternative settings and programs for the delivery of health care in an environment where we know there is still the same professional, compassionate staff and the same sophisticated technological equipment which ensures the high level of care we provide in our inpatient settings.”*

*— William T. Christopher, Jr.*

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same-day surgeries. In its first year of operation, more than 1,000 patients utilized the same-day discharge plan. The constant challenge: find new ways of delivering high quality, professional care in cost-effective ways. Six years later, in his annual report, hospital administrator William T. Christopher, Jr., was confident of Nashua Memorial Hospital’s commitment to the people it served.

“We have consciously developed these alternative settings and programs for the delivery of health care in an environment where we know there is still the same professional, compassionate staff and the same sophisticated technological equipment which ensures the high level of care we provide in our inpatient settings,” Christopher wrote.

The challenge would continue in the decades ahead.





A canopy was added to the entrance of the hospital in the early 1980s.

## Chapter 5

# People Serving People

1980s

“*T*he hospital's responsibility is to its entire service area,” hospital administrator William T. Christopher, Jr., said in 1980. “We must listen, counsel and provide.” The 1980s saw Nashua Memorial Hospital doing its fair share of each.

There were discussions, initiated by the hospital at the local and state level, about the procurement of a computed tomography (CT) scanner for the hospital. There were more outpatient programs and inpatient services than ever before, including an early intervention program for developmentally disabled children, a home intravenous antibiotic program, the CAPD program, and a short stay unit. And again there were major construction projects, transforming the hospital's Radiology and Obstetrics departments.

In 1981, Nashua Memorial Hospital was granted a state certificate of need to acquire a CT scanner. The approval followed an eighteen-month, highly publicized effort, complete with public hearings, denial, reconsideration and appeal. The new equipment arrived at the hospital in early December and was

operational by December 15 in a newly configured ground level space, adjacent to the Radiology Department. As the Auxiliary newsletter explained to its constituency in the fall of 1981, the scanner was “not something that [fell] into the ‘nice to have category.’” As supported by Nashua Memorial Hospital’s extensive bid to acquire the expensive item, it was viewed by the hospital’s administrators and physicians as “essential” to providing state-of-the-art diagnostic capability to the patients they served.

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*Staffed around the clock, the facility, according to then chairman of the Radiology Department, Dr. Henry C. Forrester, was “one of the most complete, efficient and attractive hospital radiology units in the region . . . planned to serve the needs of our community both today and in the foreseeable future.”*

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The arrival of the CT scanner followed the 1980 opening of the hospital’s new, 12,000 square foot Rideout Radiation Unit. Dedicated in memory of the Alvah Rideout family and funded largely through the generosity of the late Hope E. (Rideout) Mountfort of Nashua, the \$2.4 million addition and renovation created a medical diagnostic complex with full x-ray, ultrasound, and nuclear medicine equipment.

The space included separate areas for patient reception, examination, and film reading, as well as offices and conference rooms for department personnel and physicians. Staffed around the clock, the facility, according to then chairman of the Radiology Department, Dr. Henry C. Forrester, was “one of the most complete, efficient and attractive hospital radiology units in the region . . . planned to serve the needs of our community both today and in the foreseeable future.”



The 1980s were boom years for women’s health at Nashua Memorial Hospital.



The location of the radiology unit near the hospital's Emergency Department necessitated the redesign of the hospital's main entrance. The new Prospect Street entrance featured a

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*On Christmas Eve 1979, Jennifer Ann Leavitt became the 1000th baby born at Nashua Memorial Hospital that year. According to Jean Gilson, RN, then head nurse on the maternity floor, little Jennifer's arrival signaled the first time in the hospital's history that a thousand babies were born in a single year.*

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weather-protective portico. Visitors to the hospital now entered through the renamed Charles Nutt Hospital Wing, where the cornerstone of the original Charles Nutt Hospital had been relocated to a prominent position in the vestibule of the new lobby.

By 1987, the hospital added a dedicated unit to radiology services: the

deNicola Center for Women's Health, named in memory of long-time Nashua physician Paul deNicola. The center opened off campus on Main Street and represented convenient, one-stop health care services for women. In 1997, the center would return to the hospital, renamed the deNicola Breast Imaging Center. Today, the deNicola Breast Health Center (having changed names again in 2002 to highlight the range of patient education and support services available) continues to provide what department manager Elaine Lavallee calls "cutting edge treatment, support and patient education in a state-of-the-art facility." Services include routine mammography screenings, breast ultrasound, and ultrasound-guided breast biopsies. The deNicola Breast Health Center now performs nearly 1,000 mammograms every month.

On Christmas Eve 1979, Jennifer Ann Leavitt became the 1,000th baby born at Nashua Memorial Hospital that year. According to Jean Gilson, RN, then head nurse on the maternity floor, little Jennifer's arrival signaled the first time in the hospital's history that a thousand babies were born in a single year. That high volume brought attention to the 34 percent increase in the number of births at Nashua Memorial Hospital in just twelve months.

As a result of such an increased demand for its maternity services, in 1981 the hospital redesigned and renamed its maternity department. The Dr. Marion Fairfield Family-Centered Maternity Unit, in memory of the beloved physician's long-time association with the hospital, incorporated family-centered maternity care with modern surroundings. There were two birthing rooms, designed to provide a home-like atmosphere, as well as two private labor rooms, a two-room delivery suite and a renovated nursery. Newborns spent less time in the nursery and more time with their mothers. Special visiting hours were instituted for siblings. That year, 1,204 babies were delivered at Nashua Memorial Hospital.

By 1987, the hospital was providing "one-room care" for mothers and babies. As The Birth Place, the area's first single-room maternity care center, it was quite revolutionary at the time of its opening. According to Claire Doyle, RN, patient educator,

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discharge coordinator, and a hospital employee since 1969, "Our patients could labor, deliver and recover in the same space." This approach worked well. The number of births in 1988 was over 2,100, highlighting tremendous growth.

Doyle notes that the care did not stop when a new mother went home: "We were a network and support system for our new moms," she says proudly. Doyle and her nurse colleagues had initiated a support group for parents of premature infants in



Emergency medicine has come a long way as evidenced by these means of transporting trauma victims to the hospital. The ambulance is from the 1950s while the DHART (Dartmouth-Hitchcock Advanced Response Team) helicopter (next page) lands on the roof of Southern New Hampshire Medical Center in August 1994.

1982, before the Newborn Intensive Care Unit (NICU) existed. The innovative program received a Blue Ribbon Award from the New England Hospital Assembly and was featured at their annual conference.

Today, The Birth Place, NICU, Pediatrics and Childbirth/Parenting Education work collaboratively as The Family Center, officially named and opened in 2004. Through Childbirth and Parenting Education programs, instructors provide a full roster of

resources for the entire family, right from the start. The hospital's Maternal and Child Health program is one of the strongest, most comprehensive care programs in the state.

Claire Doyle marvels at the changes she has witnessed: "It's a whole new world. But then again, this has always been a very progressive hospital. I do believe that employee satisfaction is very important to patient satisfaction. Administration understands this. We all want the hospital to be an enjoyable place to work."





In August 1994, the DHART (Dartmouth-Hitchcock Advanced Response Team) helicopter lands on the roof of the parking garage at Southern New Hampshire Medical Center.

In 1981, the Nursing Department at Nashua Memorial Hospital began a process of “decentralizing” care. The role of the head nurse changed and expanded to include around-the-clock management responsibilities for each unit. At the same time, nursing care duties made a shift to a primary nursing paradigm. In this care delivery system, a single nurse was responsible for individual

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*“Nursing is still an exciting and challenging mix of art and science. While it has always had to be task-oriented and technical, today even the newer grads realize that, first and foremost, there is a patient who needs to be cared for.” – Sally Brown, RN*

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patients, rather than selected individual tasks for many patients. The arrangement stressed collaboration on all aspects of a patient’s health care: nursing, medical, social, nutritional, occupational and psychological. In addition, nurses were encouraged to serve on hospital-wide nursing committees.

Sally Brown, RN, nurse manager of the ICU, has worked at the hospital since 1978. “Today there is a strong emphasis on developing an integrated plan of care for each patient. Nurses practice more collaboratively with doctors and other practitioners, and we are more comfortable doing so. Nursing is still an exciting and challenging mix of art and science. While it has always had to be task-oriented and technical, today even the newer grads realize that, first and foremost, there is a patient who needs to be cared for.”

By the end of 1981, the hospital was fully engaged in the process of developing a long range and strategic plan for the decade ahead. The initiative, which involved representatives from the Board of Trustees, the medical staff and administration, was truly a cooperative venture. In fact, the philosophy behind the work – to prioritize cooperation of all parties for the benefit of the patient – became the platform for Nashua Memorial Hospital’s goal: to deliver patient-oriented health care throughout the Greater Nashua area.

In 1983, Nashua Memorial Hospital introduced the first issue of its quarterly publication, *Memorial Advances*. Designed to keep members of the community informed about the state of health care in the hospital, the publication devoted its entire first issue to the profession of nursing. The administration’s affirmation of the important role that nurses play in patient care was more visible than ever.

The emerging strengths of Nashua Memorial Hospital became even more apparent in the 1980s, with the quality of emergency, trauma and walk-in services. In 1980, James J. High, MD, director of the Emergency Department, became the first physician in the state of New Hampshire to become board certified in the newly recognized specialty of emergency medicine. Desmond Curran, MD, medical director of the Emergency Department until his retirement in 2005, was close on his heels as the second physician to be board certified.

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Dr. Curran relates the evolution of emergency medicine at Nashua Memorial Hospital dating back to his arrival in the late 1970s from Canada. “As a general practitioner, I would see patients in my office and make house visits,” the British-born



physician recounts. Although general practitioners could perform their own surgeries, Dr. Curran would refer his patients to a surgeon. There were few other specialists at the time in town. As for the emergency room, the physicians in town would rotate the job. “Each of us would take a night,” he recalls.

Often the first line of health care for everything from a cold to a life-threatening injury, emergency medicine then was not like it is today. “But the challenges are [still] twofold,” Dr. Curran reflects. “One is the medical challenge – the amount of ‘stuff’ that you have to know, particularly in emergency medicine. What you have to know from little babies to old people, obstetrics, cardiology – it is just unlimited. You never know what is coming through the door, and that’s part of the fascination – suddenly you are up to your eyes in trouble.”

In 1986, Dr. Curran was asked to head the Emergency Department, an appointment he turned down. Ten years later, he accepted the job. “Everything about the Emergency Department has changed,” he notes today. “Now it is frequently the means of admitting patients to the hospital. It is a totally fascinating field of practice.”

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*“What you have to know, particularly in emergency medicine, from little babies to old people, obstetrics, cardiology – it is just unlimited. You never know what is coming through the door, and that’s part of the fascination – suddenly you are up to your eyes in trouble.” – Desmond Curran, MD*

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In the spring of 1988 Thomas E. Wilhelmsen Jr. arrived to interview for the position of CEO. Wilhelmsen, who grew up on the south shore of Long Island, had been vice president of Yale-New Haven Health Services Corporation, with responsibility

for the operation of Memorial Hospital in Meriden, Connecticut. He was thirty-six years old.

As he tells it, “Nashua had just been named by *Money* magazine as the best place to live in the United States. Nashua Memorial Hospital represented an outstanding opportunity for me to apply my management skills in an organization primed to grow with the needs of the community.

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*“The number one reason why I took the job was the people. They were incredibly friendly, open-minded and committed to moving the hospital forward. They had all the right things. They just needed direction.” – Tom Wilhelmsen*

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“But the number one reason why I took the job was the people,” he remembers. “They were incredibly friendly, open-minded and committed to moving the hospital forward. They had all the right things. They just needed direction.”

In Wilhelmsen, the Board of Trustees found their navigator.





The new East Building from the air, circa 1994. Note: the original cornice to the old East Building is now set in the grounds as part of the garden.

## Chapter 6

# 100 Years Strong

1990s

*W*hen Tom Wilhelmsen became President of Nashua Memorial Hospital in 1988, the physical facilities, in the opinion of Dr. Sidney Katz, then Chief of the Medical Staff, needed help: “We were delivering the best patient care we could, in a very challenging environment.” Wilhelmsen agreed, but as president, his first order of business had to be the restoration of financial stability to the institution.

“Nashua Memorial Hospital, like many other health care organizations at that time, was financially fragile,” Wilhelmsen reflects. “Changes in the competitive market and regulation of the industry were affecting almost everyone. I remember that we had to borrow money twice in my first year, just to make payroll.” Transitioning from a faulty billing system eventually helped, but the year Wilhelmsen was appointed president, the hospital had an operating loss of over \$1 million.

By 1989, the hospital could report to the community an operating surplus of over 3.5 percent. “The combination of this surplus and improvements in the business office functions permitted Nashua Memorial Hospital to meet all financial requirements during the year,” stated the annual report. “These financial requirements were also significant and included over \$4 million in equipment purchases and improvements to the hospital.” Construction of a multi-level parking garage and a 48,000 square foot medical office building at 280 Main Street were among the more visible accomplishments.

On the clinical front, the hospital performed its first outpatient cardiac catheterization procedure in July 1989. Additional services in the departments of oncology, neurology, neurosurgery, gastroenterology and laboratory services were enhanced.





Shared catheterization and radiology interventional room, 1999.

These were both exciting and challenging times for the hospital. But as the decade changed, the challenges grew. Nursing and allied health care staff shortages, critical needs for major projects, obtainment of capital financing, and the control of health care costs were but a few. For Nashua Memorial Hospital, the time had come to tackle the facility issue. Dr. Katz remembers a meeting of the Board of Trustees that consisted of a tour: “We just walked around the hospital for three hours. After the tour, there was no doubt that something had to be done.”

In 1990, the Board of Trustees submitted a Certificate of Need application for a \$25 million construction and renovation project to the New Hampshire Health Services Planning and Review Board. In scope, it was nothing short of a complete upgrade for the entire facility. The three-year construction project was approved to begin in October 1992, with completion scheduled for 1996. The centerpiece of the overhaul was the demolition of the antiquated East Building and the construction of a new, five-story facility designed for safe, accessible, efficient, state-of-the-art patient care. The major source of funding was through bond financing.



Construction of the new East Building begins in 1994.





The new East Building takes shape, 1994.

Working together on the design plans, the administration, the Board of Trustees, and the medical staff addressed how to continue to realize the vision of Nashua Memorial Hospital. The result was an expanded mission that, as Wilhelmsen noted, would cover care areas “once considered outside our realm, concerns like substance abuse, family relationships, the needs of the elderly, and child abuse.” The contemporary hospital, these leaders agreed, would help people not only when they were acutely ill or injured but at all stages of life.

One of the keys to delivering expanded services was a more specialized, highly qualified medical staff. During 1990, thirty physicians joined Nashua Memorial Hospital, bringing its physician roster to over 250 men and women. To support its

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*The result was an expanded mission that, as Wilhelmsen noted, would cover care areas “once considered outside our realm, concerns like substance abuse, family relationships, the needs of the elderly, and child abuse.”*

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growing medical staff, the hospital introduced HEALTHMATCH, a physician referral program. With real people answering telephones and delivering friendly, accurate information, callers with specific health care needs would be matched with appropriate, qualified providers.

In 1991, Nashua Memorial Hospital embarked upon a collaborative venture with other health care facilities to establish the Nashua Regional Cancer Center. The Center, which opened in July 1992 as New Hampshire’s first free-standing radiation therapy center, was a joint venture between Nashua Memorial, Mary Hitchcock Memorial and St. Joseph hospitals. At the same time, Nashua Memorial Hospital’s Cancer Program received approval from the American College of Surgeons (ACS), making it the only ACS-approved program in Nashua and placing the hospital among the top 20 percent in the country.

1992 brought a birthday: the hospital’s centennial. The year-long commemoration included a lobby display featuring hospital

memorabilia such as old bills, postcards and photos. The local cable television station broadcast a feature program on the hospital as part of its “Focus on Nashua” series, highlighting the hospital’s history. On May 19, 1992, the actual day of the hospital’s incorporation a century earlier, numerous legislators, city officials and local dignitaries came together to mark the occasion. The Auxiliary hosted a Diamond Ball and a special musical performance took place at the Nashua Center for the Arts.

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*The year-long commemoration included a lobby display featuring hospital memorabilia such as old bills, postcards and photos. The local cable television station broadcast a feature program on the hospital as part of its “Focus on Nashua” series, highlighting the hospital’s history.*

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Even as the hospital celebrated its past, its people were keeping a vigilant eye on the horizon. In the 1990s the facts of health care were that hospital stays had become shorter and, in some instances, were eliminated entirely. Outpatient care had become the norm, and emergency visits were on the rise. Improvements in technology had become more costly. Changes in reimbursements for services made for uncertain positive margins. The formation of provider and hospital networks had rapidly become the most likely means to financial stability.

The Nashua Memorial Medical Foundation, a multi-specialty medical group, was established in 1993 to ensure that a network of highly credentialed physicians would be available to meet the needs of the ever-growing Nashua community. Warner Thomas, the first Executive Director, recalls that “the hospital understood that long-term success would come from a high level of physician involvement. By providing administrative support so doctors could focus on taking care of patients, we created an environment that attracted the best medical staff.” That environment continues today. It is common to hear a long-time physician, of which there are many, comment that they were attracted to the Foundation because of the organization’s commitment to physicians.



In 1998, Susan DeSocio took the reins of the Foundation, renamed Foundation Medical Partners. In its fifteen-year history the group has grown from a single primary care provider to over 140 physicians in such specialties as pulmonary medicine, cardiology, oncology, general surgery, vascular surgery, nephrology, endocrinology, neurology, dermatology and behavioral health. “It is a pleasure to be a health care executive in the Nashua community,” says DeSocio. “This is a sophisticated community hospital that acts on its belief: ‘Doctors are important to us.’ There’s a very collegial atmosphere between doctors and administrators and a friendly, cohesive sense among the members of the medical community.”

Practice management professionals on the Foundation staff assist physicians with day-to-day office operations, billing, and physician recruitment. They maintain clear communication channels between the hospital and its physician partners. The Foundation’s basic business model, even for multi-specialty groups, is that of a private practice: doctors control their practice of medicine while the underlying business operation is supported by the organization.

Dr. Brenda Forrest, one of the founding providers in the Foundation practice, credits the early leadership with its initial success. “There were not many models in those days for the Foundation. We also prided ourselves on a tremendous amount of flexibility, which speaks both to the patient orientation of the practice and the administrative support that we received.”

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*“It is a pleasure to be a health care executive in the Nashua community. This is a sophisticated community hospital that acts on its belief: ‘Doctors are important to us.’ There’s a very collegial atmosphere between doctors and administrators and a friendly, cohesive sense among the members of the medical community.”*  
– Susan DeSocio

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In June 1995, a time capsule was filled and set in the new East Wing of the hospital.

Nashua Memorial Hospital also developed two new physician hospital models of its own: Advantage Network PHO and Advantage Plus PHO. The Physician Hospital Organizations (PHOs) were designed to strengthen relationships between

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*As Dr. Emory Kaplan recalls, “I initially chose Southern New Hampshire Medical Center because of its focus on quality. I chose Foundation Medical Partners because of the bright and stimulating colleagues who were already members here. They were professionals that I respected and a group of which I was proud to be a part.”*

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the hospital and the physician members in order to more successfully contract with third-party payors using their collective bargaining power and to align financial incentives for joint risk taking. Advantage Network PHO and Advantage Plus PHO enabled member physicians and mental health professionals to

enjoy certain benefits as if they were in a large group practice, while maintaining their independent practices.

The key to success in this new managed care environment was collaboration. By 1991, Matthew Thornton Health Plan providers had become part of The Hitchcock Clinic, which was eventually renamed Dartmouth-Hitchcock. The hospital continued to work together with these provider entities and established ties that would stand the test of changing times. In 1993 Nashua Memorial Hospital solidified its relationship with several important managed care providers, including HMO Blue of Massachusetts and BlueChoice, Blue Cross/Blue Shield’s managed care products.

Thanks to careful planning and strategic oversight, Nashua Memorial Hospital was well positioned to handle the challenges of the 1990s. While the number of total inpatient admissions to the hospital had decreased significantly (down to 6,318 in 1993 from 7,710 in 1991), outpatient visits increased dramatically, jumping from 64,271 in 1992 to 69,559 in 1993. For that same year, outpatient surgery at Nashua Memorial Hospital accounted for more than 70 percent of all surgeries performed. With the

state average at 52 percent, the hospital found itself in the enviable position of being far ahead of most hospitals not only in New Hampshire but also in the rest of the country. To add to this success, the hospital had maintained positive operating margins for its last five years.

Even while Nashua Memorial Hospital concentrated on developing its own resources for strengthening relationships with physicians, improving managed care contracting effectiveness, and responding to the community need for additional providers, it embraced its pluralistic medical staff and multi-payor strategy. While the hospital concentrated on growing the Foundation, it also continued its symbiotic relationship with The Hitchcock Clinic and explored options for integration with a large, strategically focused health care organization. Honoring its own mission remained the goal.

In 1993, the new, ten-bed Intensive Care Unit opened, the Dialysis Unit was expanded to serve 60 hemodialysis and 30 peritoneal dialysis patients, and work was begun on the modernization and relocation of the central utility plant.

In January 1994, the old East Building was demolished and the following June saw a “beam raising,” held to celebrate the start of construction of the new East Building and the opening of the renovated main lobby. The Auxiliary’s Coffee and Gift shops began business in their new locations near the lobby. Governor Stephen Merrill and Nashua mayor Rob Wagner joined hospital staff and friends for the occasion and the official announcement of the hospital’s name change to Southern New Hampshire Regional Medical Center.

Louis C. Chagnon, then chairman of the Board of Trustees, said, “Our mission is to meet the health care needs of a diverse audience from a wide geographic area. This evolving role is

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*“The specialty pool was a big draw for me because I felt that backup to primary care was going to be there. There were excellent specialists, they were approachable...easy to work with. The affiliations with other tertiary hospitals...were also important.”*

*– Teresa Tranchemontagne, DO*

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The new East Building was completed with original cherry trees intact, 1996.

symbolized through our new name.” Wilhelmsen concurred: “Our vision is of an integrated health care delivery network for southern New Hampshire.”

By 1995, the extent of this “network” was already apparent. Early in the year, the hospital – now The Medical Center – entered into an agreement with Lahey Hitchcock Clinic and became part of a network that included more than 900 physicians and 50 sites across New Hampshire, Massachusetts and Vermont.

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*“Our mission is to meet the health care needs of a diverse audience from a wide geographic area. This evolving role is symbolized through our new name.” – Louis C. Chagnon*

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This further linked the hospital with Lahey Clinic in Burlington, Massachusetts, the third largest physician-led system in the United States.

Wilhelmsen called the partnership “the best way to meet the needs of consumers, insurers, employers and others for affordable and comprehensive services.” In the health care climate of capitation, in which insurers guarantee hospitals a limited, fixed fee per patient per month, stand-alone hospitals would not be equipped as well as vertically integrated networks or care systems to maintain uncompromised quality care for their patients – or their own financial well-being.

With the official opening of Southern New Hampshire Regional Medical Center’s new East Wing in 1995, a time capsule was sealed in the cornerstone to commemorate the occasion. The Medical Center also received 99 out of a possible 100 points on its Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey, one of the highest of any organization reviewed by JCAHO in the entire region.

On January 2, 1996, the hospital and Foundation Medical Partners became subsidiary organizations of the Lahey Hitchcock System, positioning Southern New Hampshire Regional Medical Center as a major player in the health care industry in New England. That same year, Dr. Sidney Katz was appointed the first physician chair of the Board of Trustees, underscoring the healthy relationship that existed between administrators and the medical staff.

In 1996, both Foundation Medical Partners, which had grown to 43 providers, and The Medical Center enjoyed financial health. The Nutt Trustees continued to honor the legacy of Nashua businessman Charles H. Nutt by donating significant funds to purchase surgical equipment for the Same Day Surgery Unit. In addition, the Auxiliary pledged money for the purchase of equipment for the new Newborn Intensive Care Unit (NICU), completed that year. These legacies of giving and service were continuing to make history.

By 1997, under the continued leadership of Board Chair Dr. Sidney Katz, Southern New Hampshire Regional Medical Center elected to become an independent legal entity from Lahey Hitchcock Clinic. This decision was forced by Lahey Clinic and Hitchcock Clinic converting back to separate entities. As Dr. Katz remembers,

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*“The Medical Center continues to attract the best and the brightest from our community to serve on the Board with very little turnover.”*  
*– Dr. Sidney Katz, Chairman of the Board of Trustees*

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“Wilhelmsen led The Medical Center out of the amalgamation with Lahey Hitchcock. He showed us that we could thrive on our own.” Thanks to the culture of congeniality and mutual respect fostered among physicians, The Medical Center continued to benefit from a pluralistic medical staff through its excellent relationships with Lahey Clinic and Hitchcock Clinic. Residents of southern New Hampshire could continue to benefit from local access to primary and specialty care from birth to end of life.





The lobby of the East Building showing the Auxiliary's Coffee Shop (left) and Gift Shop (right).



Construction of the new 10 Prospect Street Health and Education Building skywalk, 1999.

At this time, also on Dr. Katz's watch, the relationship with the Nashua Hospital Association Board of Overseers, a group of about 250 prominent community leaders, changed. The Board of Trustees became, as it had always been in practice, the only governing board of The Medical Center. In conjunction with this turn of events, the bylaws of the Board were completely

reviewed and revised. The result, according to Dr. Katz, was the strengthening of the governance of the organization. "The Medical Center continues to attract the best and the brightest from our community to serve on the Board with very little turnover," he says. "The Board, medical staff and administration support each other."





Tearing down the old Nurses' Residence, April 1999.

Construction again was taking center stage at the hospital. In 1997, additional properties were acquired for parking expansion and a new helipad was installed on the upper level of The Medical Center's parking garage. In 1998, Southern New Hampshire Regional Medical Center became the first hospital in New Hampshire to receive designation as a Level II Trauma Center.

As a result of its outstanding success in obstetrics and gynecology care and services, in 1998 The Medical Center became an approved teaching site for a Dartmouth Medical School obstetrical residency. In July, Dr. Rebecca Green was appointed Residency Director for Nashua. The Board approved plans for a new Health and Education Center, which would become headquarters for the Dartmouth Medical School Obstetrical/Gynecology Residency Program. Classroom space, an auditorium for staff and community education, a community health care clinic and physician offices would all become realities. And in the realm of its continuing commitment to patient satisfaction, The Medical Center, along with other New Hampshire hospitals, began to participate in a first-in-the-nation statewide effort to track ongoing patient feedback surveys, focusing on four areas: emergency visits, same-day surgery, outpatient tests and treatments, and inpatient stays. In each of the four areas, The Medical Center survey results compared favorably to the national database of approximately one hundred participating hospitals.

To reflect its ever-expanding role and focus as "The Medical Center," the "regional" was eliminated and the hospital was once again renamed, as Southern New Hampshire Medical Center.

Foundation Medical Partners now employed more than 100 providers. Over 60% of The Medical Center's revenues were from outpatient services. At the end of the 1990s, The Medical Center had achieved greater financial stability through successful implementation of strategies and improved market share position. In addition to an outstanding financial performance, Southern New Hampshire Medical Center was awarded the highest ranking possible by the Joint Commission on Accreditation of Healthcare Organizations, Accreditation with Commendation, an achievement merited by only 15 percent of the 18,000 organizations surveyed nationally by the independent Joint Commission. Wilhelmsen

and the Board of Trustees were rightfully proud of this distinction. "It is a clear indication of the expertise of our clinical staff, their commitment to quality and the exceptional level of care and service they provide," the president remarked.

As The Medical Center approached the end of the millennium, it continued to embrace change, specifically by meeting patient expectations, incorporating new modalities of treatment, and addressing payor requirements. In the previous ten years, Southern New Hampshire Medical Center had evolved from a traditional community hospital to a more sophisticated regional medical center with academic affiliations and a growing, highly qualified specialty care staff. As a result, Southern New Hampshire Medical Center completed the century poised not only to survive, but to thrive in the increasingly competitive health care environment to come.

In 1999, The Medical Center further embraced technology with the acquisition of the first CT fluoroscopy unit in New Hampshire, as well as the state's only hospital-based MRI outside of Dartmouth-Hitchcock Medical Center. It strengthened relationships with Lahey Clinic and Dartmouth-Hitchcock Medical Center in Lebanon as well as Nashua. It continued to build its own infrastructure of physician providers, Foundation Medical Partners and Memorial Medical Associates. The Medical Center also embarked on an outreach program for community health with the planned opening of the Health and Wellness Center in 2000.

Southern New Hampshire Medical Center was becoming a model for its own mission: an efficient, profitable, state-of-the-art health care facility committed to improving, maintaining and preserving the overall health and well being of individuals living in the Greater Nashua area.

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*In the previous ten years, Southern New Hampshire Medical Center had evolved from a traditional community hospital to a more sophisticated regional medical center with academic affiliations and a growing, highly qualified specialty care staff.*

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The new millennium brought increased specialty care to the area, including these two vascular surgeons, Christian Rodriguez, MD and Laurence P. Young, MD, Foundation Vascular Surgery.

## *The Twenty-First Century*

It is truly unusual in this day and age of medical and financial complexities to be a not-for-profit community-based medical center with more than a fifteen-year history of sustained profitability. Southern New Hampshire Medical Center is just that. The licensed 188-bed hospital operates on two campuses (with satellite locations in Nashua and surrounding communities), amid modern facilities and one of the largest networks of primary care and specialty providers in New Hampshire. Its growth is a success story written by many individuals, all dedicated to serving the needs of more than 300,000 individuals living and working in Greater Nashua.

The new century began with new building projects. In 2000, The Medical Center applied for and received Certificate of Need (CON) approval for another major construction project on its main campus. In 2001, The Medical Center acquired the former Charter Brookside Hospital near Nashua's western border and transferred the operation of some of its services (including behavioral health) to that location. This additional campus allowed The Medical Center to address needs as outlined in the CON application. As a result, in 2003 The Medical Center requested and received from the state a Change in Scope for its construction project. These changes allowed The Medical Center to focus on meeting additional needs in the community and improving access to its facilities.

The West Campus, as the renovated Charter Brookside Hospital came to be called, now is home to the Joslin Diabetes Center affiliate, the first to be located in the Granite State. Diabetes is reaching epic proportions in the new century. In August 2005, The Medical Center welcomed a new affiliation with the Joslin Diabetes Center, a global

leader in diabetes research. It is a partnership that brings together endocrinologists, certified diabetes educators and exercise counselors to work with patients to manage their diabetes, prevent complications, and meet their individual needs.

Construction projects on the main campus have likewise resulted in improved access for patients and providers. In 2004, a new Pediatrics Unit opened, its family-friendly design the result of input from staff and family focus groups. That same year, on-site angioplasty arrived well ahead of its projected 2006 goal, the result of a partnership with Lahey Clinic in Burlington, Massachusetts, nationally recognized for excellence in cardiac

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*Accordingly, in January 2005, The Medical Center and Foundation Medical Partners opened an interdisciplinary practice dedicated to serving older adults. The Nashua Center for Healthy Aging is the first of its kind in Greater Nashua, staffed by primary care and geriatric specialists.*

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care. Renovation and expansion of the Emergency Department followed, along with the creation of a consolidated cardiology services area that included a dedicated cardiac catheterization laboratory. The cardiologists at Lahey Cardiology at The Medical Center now have the tools they need to provide increasingly

sophisticated cardiac care close to home.

The strategy behind the expansion of emergency and cardiac care services, as with enhanced diabetes services, is evidence-based, in accordance with the projected growth and aging of The Medical Center's community. Heart disease is high among the health care concerns of an aging population. According to the New Hampshire Office of State Planning, the number of persons in the older age ranges will grow at a greater rate than the average population and will continue to increase over time.

Accordingly, in January 2005, The Medical Center and Foundation Medical Partners opened an interdisciplinary practice dedicated to serving older adults. The Nashua Center for Healthy Aging is

the first of its kind in Greater Nashua, staffed by primary care and geriatric specialists.

Americans are also accessing health care services at a faster rate than ever before, thanks to advancing technology and medical breakthroughs that enable us to live longer lives. The Medical Center's Emergency Department continues to be one of the most heavily used ERs in the state, with currently over 45,000 annual visits. The impact of such increased volume reaches beyond the emergency room. As recently retired Emergency Services medical director Dr. Desmond Curran, who helped design the new facility, notes, "Emergency physicians and emergency departments don't function on their own – we are part of a big team. Outside of the department team, we are also part of the greater hospital team that supports us – respiratory, cardiology, radiology, every branch of medicine we are dependent on." The new emergency and cardiac services center, dedicated on April 11, 2006, enables the Emergency Department to "do a bigger job, better."

Growth and progress inside The Medical Center continue to keep pace with these fast times. They are also keeping Richard Duguay, Vice President, Clinical and Support Services, busy. Over the course of his 25 years at the hospital, he has come to understand in a very literal way that change is a constant in health care. Every new construction and renovation project brings challenges and opportunities.

"Facility planning today has evolved from a focus on architectural design into evidence-based design, and it will continue to evolve and challenge us as we plan for tomorrow. Patient safety considerations are paramount," he says. "Infection control, privacy, noise control, and space considerations for family and friends all play key roles in the planning process for various clinical spaces, from emergency departments to patient rooms to nurses' work environments. Softening the institutional look of hospitals and providing more amenities for patients and visitors while integrating the high tech components of healthcare delivery, addressing the ergonomic needs of an aging workforce, and incorporating design flexibility so that the future can continue to unfold – this is how The Medical Center builds a future that cares for both patients and workforce."





The new Emergency Department and Cardiac Services area opened in Fall 2005.

In 2006, with both the downtown and west campuses reaching capacity, the hospital looked for more room to grow in order to address community needs. Construction began in the summer of 2006 on a significant medical complex in Hudson, on 22 acres purchased by Southern New Hampshire Health System (the parent company of The Medical Center and Foundation Medical Partners) earlier in the year.

Information technology has become an integral part of daily hospital life. It represents a multi-purpose tool for physicians

and nurses to transform patient care, from improving medical record-keeping to safeguarding patient safety. Significant investments in this new science have paved the way for future projects at The Medical Center, including a complete electronic medical record. The implementation in staged phases of a comprehensive software program is well underway. 2006 saw

the successful launch of a wireless environment in many areas of the hospital.

The Web's importance as a consumer resource for reliable health information and communication continues to grow. In late 2005, the first meaningful steps toward transparency in health care quality and costs were taken, and shared with consumers via the Web. Information on the care delivered by all 26 New Hampshire hospitals during three common causes of hospitalization – heart attack, congestive heart failure, and pneumonia – became available on a new Web site, [www.NHQualityCare.org](http://www.NHQualityCare.org). Data on the rates of prevention of surgical infection is also available. The Web site was launched by two nonprofit agencies dedicated to improving health care, the Foundation for Healthy Communities and the Northeast Health Care Quality Foundation. Dr. Stephanie Wolf-Rosenblum, Vice President of

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*It is indeed nothing short of amazing that so much has been achieved without a formal fundraising and development department. Over the past five years, the Board and Management have focused their fundraising efforts on assisting other health care organizations in the community.*

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Medical Affairs at The Medical Center and a member of the committee that designed NHQualityCare, says the goal of the Web site is to “invigorate” medical providers, driving them to pursue the “highest quality of care.” Addressing another consumer concern, [www.NHPricePoint.org](http://www.NHPricePoint.org) lists charges as submitted by each hospital. These are revolutionary first steps, long awaited by consumers as a tool for making informed decisions about their health care.

To support such continued growth, The Medical Center has continually transformed itself and its facilities over the past decade. From both a macro and micro perspective, it has developed the necessary infrastructure to support quality medical care. It is indeed nothing short of amazing that so much has been achieved without a formal fundraising and development department. Over the past five years, the Board and Management have focused their fundraising efforts on assisting other health care organizations in the community. “We like to say we are a charitable organization, not a charity,” Tom Wilhelmsen says. The Hospice House, the Nashua Regional Cancer Center, and Lamprey Health Care’s Nashua Area Health Center have all benefited from The Medical Center’s support, directly or in-kind.

In short, Southern New Hampshire Medical Center is a model of a successful health care organization in a most competitive industry. According to Gary Marlow, Chief Financial Officer for fourteen years, this success is due, in no small part, to the organization’s ability to “meld a good, strong medical staff who feel invested in the organization with a growing community that trusts us. Over the years, we have been forthcoming about our financial success,” he explains. “The assets of

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*Bonnie Hartley also credits the hospital’s focus on employee satisfaction with developing “over 2,000 employee ambassadors going out there into the community, feeling appreciated and recommending the hospital as a provider of health services and as an employer. This is an organization that values its employees, physicians, nurses and board members.*

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our organization are the community's assets. They see that the profits go right back in to support and protect the financial integrity of the organization."

Marlow points to the challenges inherent in the industry as a whole. "If you took any other business and told them that 40 percent of their revenue is regulated, and dictated that they give away a chunk of business in addition to contributing to charitable endeavors of the community, I doubt you would find too many takers," he laughs. "It can sometimes be a schizophrenic environment in which to work, but at the end of the day, there is no doubt that working in health care is a privilege. What other industry allows you to make such a large impact on the lives of other people?"

The history of any industry or organization is written in part by its leaders. Bonnie Hartley, Vice President of Administration of Pennichuck Corporation and current Chair of the Board of Trustees, says, "While every generation stands on the shoulders of those past, our leadership has been one of the reasons that The Medical Center continues to be so successful. Tom Wilhelmsen, for example, has both compassion and vision, a key combination for a CEO in health care."

John V. Dwyer, Jr., immediate past Chair of The Medical Center Board and New Hampshire Hospital Association's Trustee of the Year in 2004, agrees. "As president, Tom is truly ahead of his time. He has steered the strategic vision, supported the Foundation, and along with many others, helped to raise the bar of excellence in the hospital and among its physicians. Above all, his leadership team has fostered a tremendous environment of mutual respect among the physicians, administrators and the Board."

Bonnie Hartley also credits the hospital's focus on employee satisfaction with developing "over 2,000 employee ambassadors going out there into the community, feeling appreciated, and recommending the hospital as a provider of health services and as an employer. This is an organization that values its employees, physicians, nurses and board members. What goes around comes around and it shows."

Such an empowering culture continues to affect the future of the organization. According to Dr. Sidney Katz, the former chiefs of medical staff meet at least twice a year to provide their advice

on current matters. One of the major goals of the 2010 Strategic Vision of Southern New Hampshire Health System is "to have the most satisfied patients and workforce in America."

To celebrate the organization-wide culture of The Medical Center, an employee Leadership Steering Committee was created in 2003. Such projects as a formal Employee of the Month program, articulated and endorsed leadership competencies, and improved internal communication are among the group's achievements to date.

In 2006, almost half of the workforce said they selected Southern New Hampshire Health System on the recommendation of a friend or family member. This indicates a high level of satisfaction, and a satisfied workforce provides a higher level of care. Recognizing the high level of care provided by nurses, as

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*"This is an organization that values its employees, physicians, nurses and board members.*

*What goes around comes around and it shows."*

*– Bonnie Hartley, Chair, Board of Trustees*

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well as an ever growing nursing shortage, Colette Tilton, Vice President, Patient Care Services, was inspired to develop nursing systems and a nursing culture that would attract and retain satisfied nurses. A dedicated nursing leadership group, along with the newly created Nursing Practice Council, helped to develop an environment supporting nursing excellence. Nurses adopted a model of care based on the Comfort Theory of Kolcaba. They were empowered to provide direct bedside care using best practices supported by research evidence, and encouraged to seek new knowledge in patient care through the mentorship of an on-site nurse researcher.







(left to right) Kathy Ball, RN, Colette Tilton, MS, ARNP-BC, VP Nursing and Lisa Rodimak, RN.

Nationwide, official recognition for a positive nursing environment was being defined by the Magnet Recognition Program. Achievement of Magnet status confirms that an organization is committed to sustaining nursing excellence, improving professional practice, and transforming the culture of a work environment. The award is the highest level of recognition from the American Nurses Credentialing Center. On December 20, 2006, with the fourteen “Forces of Magnetism” well embedded in the organization, The Medical Center was awarded Magnet status, confirming the value of the philosophy embraced by its leadership. As Tom Wilhelmsen says, “We believe the best nurses choose the best hospital. At Southern New Hampshire Medical Center, our nurses are key to patient care. Hospitals simply would not exist without nurses.”

Colette Tilton reflects: “Nursing today is not what we do for the patient, but what we do with the patient. And this has become as complex as patients themselves.”

The nursing school that started in 1899 promoted nursing as an art. “The art of nursing has remained steadfast,” Tilton notes, “as the health care provider of caring and comfort. The ability of each nurse to produce and apply evidence for practice – the science of our profession – has propelled nursing forward and significantly impacted health care delivery.”

Smart business strategies and fiscal acumen have helped to drive these successes. Southern New Hampshire Health System’s Foundation Medical Partners grew quickly in the 1990s because it recognized the benefit of being market driven. Using its group leverage to contract with nearly all managed care insurers in the greater Nashua market, Advantage Network PHO was also successful in linking the Foundation with independent physicians, enabling their growth as one managed care contracting entity.

Thus by 2002, Southern New Hampshire Medical Center garnered a greater market position than other health care organizations in the region. Most significant was the shift seen in admissions of Nashua residents. The Medical Center’s market share of this population has increased to 65 percent.

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*“We believe the best nurses choose the best hospital. Our nurses are key to patient care. Hospitals simply would not exist without nurses.” – Tom Wilhelmsen*

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Going forward, Southern New Hampshire Medical Center has determined that it will adhere to its pluralistic strategy. Southern New Hampshire Health System will respond to physician workforce needs through continued recruitment into the multi-specialty group practices, including the Foundation and Dartmouth-Hitchcock, and by working collaboratively with joint venture practices. At the same time, The Medical Center will position itself to manage the health care needs of a continually growing and aging population.

Yet, according to Wilhelmsen, “Buildings and technology do not improve the health of our community by themselves. People are the real foundation. Success comes when the right people are doing the right things for the right reasons.”

The Medical Center’s Auxiliary is one longstanding example. Now over 300 members strong, it continues to be the heart of the organization, still – as in the days of sewing circles – generously giving through the work of many hands. Volunteers today serve as messengers and escorts throughout the hospital. Proceeds from the Auxiliary Gift and Coffee shops have helped to purchase

many items, from defibrillators to blanket warmers. Annual scholarships go to young volunteers pursuing health care careers.

There is no substitute for momentum. As

Newton’s first law states, an object in motion tends to stay in motion. Southern New Hampshire Medical Center has been in motion for more than a hundred years. Highly qualified medical and nursing staff will continue to be attracted to provide primary and specialty care service in response to an aging, growing and increasingly diverse population. Outreach programs and expert educators will continue to help guide the community about health care options and preventive medicine. In this first decade of the new century, Southern New Hampshire Medical Center is well on its way to fulfilling its Strategic Vision 2010.

This book records and honors the past, but, as Tom Wilhelmsen concludes, it does much more: “We read history because it shows how far we have come. If we read wisely, it reminds us of what we continue to do best. Most importantly, history can show us where we are headed. This book covers more than a century. The hospital that began in the basement of a police station has become an essential, thriving and sophisticated

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*“We read history because it shows how far we have come. If we read wisely, it reminds us of what we continue to do best. Most importantly, history can show us where we are headed.” – Tom Wilhelmsen*

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health system, providing care across generations. We can learn from our own history, and we can see that amid all the change, our mission has stayed constant: ‘to improve, maintain and preserve the overall health and well-being of individuals living in the greater Nashua area by providing information, education, and access to exceptional health and medical care services.’ We enjoy reflecting on our exciting past, and we are prepared for an exciting future.”

*Many people have made Southern New Hampshire Health System all that it is today. We regret that there is only space to mention a few. This is an organization of many heroes past, present and to come – individuals whose only and best reward may be a simple thank you. They have our deepest gratitude.*