1970s
Hospital Expansion Plans
1970

March – The Hospital signs an affiliation with The Visiting Nurses Association for rehabilitation services for their patients from the hospital.

May 4, 1970, at the 13\textsuperscript{th} Annual Meeting it was voted to increase the minimum wage from $2.10 to 2.20 per hour effective June 1 and to $2.30 effective November 30, 1970.

\textit{“To be a hospital in which it is great to be a patient, New Britain Memorial must be a great hospital in which to be an employee.”}\n
This quotation is from the annual report to the Incorporators.

The fiscal year ended with notable improvements to employee benefits. The employees now have the following benefits:

- A 40 hour work week with 40 hours pay day for 37 and \(\frac{1}{2}\) hours work
- Time and a half for overtime
- Nine paid holidays per year
- Twelve days sick leave per year cumulative indefinitely
- Three weeks of vacation after one year of employment
- Hospital paid life insurance
- Hospital paid Blue Cross and CMS for employee and dependents
- Hospital paid retirement plan
- Free meals and coffee breaks
- Top salary range

In addition to these financial incentives, the opportunity to work with friendly associates, doing interesting and challenging things, helping people overcome their handicaps, provides mental satisfaction which further add to the pleasure or working at Memorial Hospital.

Dr. Ill, Director of Medical Services gives her annual report based on the following quote:

\begin{quote}
\textit{“A society which fosters research to save human life cannot escape responsibility for the life thus extended. It is for science not only to add years to life; but more important, to add life to the years.”}
\end{quote}

After the annual meeting James J. Watson unveiled a large picture of his father, Dr. William Watson. Dr. Watson was an original incorporator and director of the hospital; much of the success of the hospital was due to his untiring efforts and devotions.

September – An affiliation with Saint Francis Hospital School of Nursing is established.
October – new rates are established for occupational and physical therapy - $7.00 for the first 30 minutes and $3.50 for each additional 15 minutes.

November - a van is purchased as home care therapy services are increasing in New Britain and surrounding communities.

1971

March – The Board approves the purchase of a bulk oxygen tank for the Hospital.

Of note - the largest numbers of patients are between the ages of 20 and 30 years.

The Administrator pension agreement is drafted and presented to the General Assembly of the State of Connecticut.

May 3rd, The 31st Annual Meeting of the Incorporators is held. There are 246 employees at the hospital. In addition, 30 doctors are serving as attending.

- “The splendid support of all of our employees, the Women’s Auxiliary, New Horizons, the friends of New Britain Memorial Hospital and the Board of Directors is the basis of our success.” The Administrator Annual Report, May 3, 1971.

- Dr. Ill describes the patient care model used at the hospital. Her presentation included a graph in the form of a wheel, with the patient at the hub of the wheel as the center and focus of our attention.

New minimum wage scale of $2.50 per hour goes into effect May 31.

June 1st - per diem room rates are increased from $33.00 to $37.00.

Several patient accounts are written off amounting to $189.10.

July – Dr. Robert P. Smith is appointed to the Consulting Staff with privileges in Physical Medicine and Rehabilitation.

October - Mr. Crean reports that a history of the hospital will be included in the Centennial Booklet. (History of the Hospital is summarized in an article in the New Britain Herald, Friday, September 24, 1971.)

1972

January 13th – A good story of the hospital about Dr. Robert J. Smith appears in The New Britain Herald.

April 1st – daily rates are increased from $37.00 to $39.00 per day.
May 1st – The 32nd Annual Meeting of the Incorporators is held.
- Mr. Johnson, administrator reports that “the Hospital enjoyed an easy relaxing year.”
- The deficit was further reduced to $127,147.67, in line with our goal to achieve a surplus position as soon as possible.
- The hospital is well staffed in all disciplines and the emphasis is on improving the quality of patient care in every area.
- Inhalation Therapy Services are expanded to the evening shift, 7 days a week, with enhancements in services provided.

Following the annual meeting, Mr. Joseph C. Andrews, President of the Board retires at age 83, after 31 years of service. Mr. George J. Coyle is elected President of the Board.

June – Medical Staff By-laws, Rules and Regulations are revised and accepted by the Board.

Oil is purchased from T.A.D. at $4.65 dollars a barrel.

The Joint Commission on Accreditation of Hospitals surveys the Hospital on October 10 and 11, 1972. Re-accreditation is granted.

December 19, 1972 – the Board approves the Quality Assurance Program and the Abbreviations, Signs and Symbols List, as recommended by the Medical Staff. “Quality” is defined as “having the characteristics of excellence.... as excepted standards or criteria of care against which the care being provided can be measured.”

Dr. Katherine C. Ill is appointed as a board member.

1973

Dr. Katherine C. Ill, Medical Director graphically describes to the Board of Directors the working implication of the “Patterns of Patient Care aspects of the Quality Assurance Program.

The Quality Assurance Program is revised based on the Condition of Participation set by Division of Hospital and Medical Care of the State of Connecticut Department of Public Health.

In February, the hospital’s “Delinquent Account” is increased by $29,000. $3,322.52 is the amount of “bad debts” written off this month.

April 1st – Room rates increase by $1.50 per day, bringing the daily cost to $40.50.
April 30th – Hospital logo and tagline:

May 7th – The 33rd Annual Meeting of the Incorporators is held.
- Total Cash and Investment $515,309.67
- Average number of patients 196
- Average employee index 261
- The deficit was further reduced to $98,653.72

At this meeting the updated Hospital By-laws are approved: Article II, Section 3 (a) defines the role and responsibilities of the administrator who shall be the Chief Executive Officer (CEO language appears).

1974

April 29th – Hospital tagline is changed:

May 6th – The 34th Annual Meeting of the Incorporators is held.
- Total Cash and Investment $399,651.013
- Average number of patients 197
- Average employee index 262
- The deficit was further reduced to $77,431.64

Atty. George J. Coyle is reelected president of the NBMH Board of Directors for the third consecutive term. He is also reelected as general counsel.
The Hospital’s long range plans are announced. These plans include:

- A Teen Town building of 50 beds in which school age children and infants can live in a facility designed for their needs.
- A building of 25 beds, single rooms only, with complete privacy and special services for patients willing to pay extra for the services.
- A building to house a Center for Creative Living. This center will provide space for offices, workshops, meeting rooms, classrooms, study areas, a branch library, electronic communications center with television, tapes and transcriptions, barber shop and beauty parlor, laundromat, shopping center, snack bar, sports areas, kitchen unit, billiard room, bowling alley, chapel, auditorium and swimming pool.
- These plans are reported in the New Britain Herald on May 7, 1974. (The cost of the paper – 10 cents.)

“Extension of services” and “assurance of quality of services” are the focal points delivered and outlined by Dr. Katherine C. Ill, Medical Director.

1975


May 5th – The 35th Annual Meeting of the Incorporators is held.
- Total Cash and Investment $434,345.91
- Average number of patients 196
- Average employee index 263
- The deficit was further reduced to $61,998.27

Homecare rehabilitation services have grown to the point that three physical therapists and one occupational therapist are engaged full time in this service.

August – The Joint Commission on Accreditation of Hospitals visits the Hospital and grants full accreditation for two years.

A three day survey by the State Welfare Department also occurs. Their report includes: “Excellent care, with emphasis on the care of the whole patient; these patients are very well followed and their condition shows it.”
1976

May 3rd – The 36th Annual Meeting of the Incorporators is held.

- Total Cash and Investment $385,437.93
- Average number of patients 195
- Average employee index 296
- The deficit was further reduced to $60,128.70

Dr. Ill announces that new techniques to help permanently disabled patients with serious dental problems, such as cleft palates and jaw deformities, are available at Memorial through the cooperation of surgeons at UConn dental school.

As rehabilitation services continue to grow, active sports begin to take on therapeutic role. Teenage patients, assisted by a fleet of volunteers, swim almost daily through the summer at A.W. Stanley Park Pool.

Patients even play their own form of soccer. Memorial’s Wheelchair Terrors and a New Horizon team compete against players from the West Hartford Cerebral Palsy Center. Thirty six (36) adventuresome and athletic, but handicapped, patients take part in the Wheel Chair Olympics in Springfield, Massachusetts.

1977

May 2nd – The 37th Annual Meeting of the Incorporators is held.

- Total Cash and Investment $523,241.29
- Average number of patients 195
- Average employee index 309
- The deficit has been converted to an accumulated surplus of $94,978.65

“A year of fiscal success! The hospital’s reputation has reached a new high, for which thanks are due to our employees, our patients, our doctors, our Women’s Auxiliary....” George J. Coyle, President of the Board

The average age of our patients is 31. Occupancy remains a solid 97-98%.

A classification system for rehabilitation services is established:

- Rehab Class I: A patient will receive maximum rehab therapy; the goal for this level patient is to be discharged home.
- Rehab Class II: Patients will benefit from rehab services but will reside in a chronic facility such as our hospital.
- Rehab Class III: Patients whose medical condition is unstable and requires the special monitoring and facilities available only in a chronic disease hospital.

On any given day there are 16 Class I, 97 Class II and 85 Class III patients residing at the hospital. Class II patients are teenagers and young adults involved in multidisciplinary programs of care. Class III patients include medically complex children and adults.
Outpatient rehabilitation services continue to grow as more patients are discharged earlier from acute care hospitals and choosing to remain at home instead of being institutionalized in chronic facilities.

Payer mix on a given day:
- 161 State Welfare
- 35 Private Pay
- 1 Medicare

Inhalation therapy expands to the night shift. Sophisticated ventilatory equipment is purchased, as the hospital is playing a greater role in the care of patients with chronic respiratory illness, a medical problem of increasing proportion and demands.

We are admitting ventilator dependent patients.

1978
May 1st – The 38th Annual Meeting of the Incorporators is held.
- Total Cash and Investment $576,350.71
- Average number of patients 195
- Average employee index 319

Rate for routine services is $67.75 per patient day. Services include physical therapy, occupational therapy, speech and hearing, psychological therapy and social services. Specialized services, charged separately, are also provided:
- Laboratory
- Radiology
- Pharmacy
- Respiratory therapy
- Medical and surgical supplies
- Dental care

Rehabilitation services at the hospital and those provided in the home continue to grow. NBMH is recognized as a leader in providing comprehensive rehabilitation services using the multidisciplinary team approach. Dr. Ill identifies this as “the fastest-growing service at Memorial.”

Education affiliations are formed with St. Francis Hospital School of Nursing, Manchester Community College, Endicott College, Tufts University, and the University of Connecticut Schools of Medicine, Physical Therapy and Dental Medicine.

1979
February 10th – George J. Coyle dies at the age of 78; the hospital suffers an incredible loss. A compassionate founder and unwavering supporter, he gave countless hours of his time and legal guidance to us. He is, simply, irreplaceable.
April 12th – Karen Delahanty awakes from a coma after one year. Karen’s mother feels her daughter was responding to the stimulating environment of the four-bed ward to which she had recently been moved.

May 1st – The 39th Annual Meeting of the Incorporators is held.

- Total Cash and Investment $651,836.48
- Average number of patients 194.6
- Average employee index 321

Elections are held at this annual meeting:
- President Robert C. Legat
- General Counsel Atty. Chester J. Sledzik
- Vice president Dr. Walter J. Blogoslawski
- Secretary Dr. Ill (reelected)
- Treasurer Frederick Suess

Elmer G. E. Johnson remains as Hospital administrator.

During the 1970s, because the hospital is able to move Medicare patients to skilled nursing facilities or to their own homes, space opens up for younger disabled people. Patients in the 20-30 age groups are admitted. They need what Memorial supplies; there is no other place for them. They work to make the hospital feel like home. However, they also want and need more space and services to be able to live independent and productive lives. In addition, new regulations and standards from regulatory and accrediting agencies require more space and upgrades for services provided.
HOSPITAL FOR SPECIAL CARE
HISTORICAL MILESTONES – 1970s

Ground work for future plans are outlined in the Master Plan for the Hospital’s development. The George J. Coyle for Creative Living is proposed. The center will provide adaptable space for patients’ activities, and upgrade services, programs and equipment, as well as needed space for staff.

The decade ends on a sad yet impressive note. The passing of two founding fathers, Joseph C. Andrews, our first president, and Atty. Coyle, whose persistence to establish a hospital for the less fortunate set the foundations for a world class long term acute care hospital whose potentials are just starting to be realized.

Twenty years have passed since the completion of the last addition to the facility. During the 1960s, the problem was to fill the space with patients and staff. The goal for the 1970s was to improve the quality of services by adding specialized staff and developing state of the art programs. The challenge for the decade ahead is –the need for more space.