

# 1980s

## A Decade of Crisis and Opportunities

  
**The New Britain Memorial Hospital**  
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*A Rehabilitation And Chronic Disease Hospital*

## HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s

**1980**

**The early 1980s are a time of crisis and opportunity.**

Despite the progress which NBMH has made in improving the quality of care and services offered, its reputation is poor. The hospital “is a ward of the state, the place to put the people of last resort.”

There has been no significant renovation or rebuilding of the facilities in the previous 30 years. This contrasts sharply with the growth of services at the hospital and the continuing rehabilitation and chronic disease demands of the Connecticut health services community.

The hospital needs new equipment and new furnishings, and, most of all, the money to finance their acquisition.

May 5<sup>th</sup> – the 40<sup>th</sup> Annual Meeting of the Incorporators is held.

- Total Cash and Investment           \$702,036.16
- Average number of patients           195
- Average employee index               343

The Hospital is facing a nursing shortage. Aggressing recruitment is taking place. ***“Work patterns of nurses were studied to relieve nurses of duties which can be performed by non-licensed personnel. The objective is to utilize the nurses in their profession and to reduce the pressure on non-nursing tasks. This should be a place where nurses will get both financial and mental wages which will be rewarding.”*** Annual Report, May 5, 1980.

Mr. Johnson credits employees for keeping expenses lower than income. A cost containment program is introduced with the slogan of ***“Waste not, Want not.”***

The major challenge continues to be the need for more and better space to meet the needs of our patients and to provide state of the art rehabilitation services so that patients can transition into the community.

The annual report to the Incorporators on May 4, 1981 indicates that at some date in 1980 the Hospital ***“achieved two year accreditation from the Joint Commission after completing the building improvements which had been indicated in our previous one year accreditation.”*** (Of note – The Joint Commission changed its survey cycle to three years in 1982).

**HOSPITAL FOR SPECIAL CARE  
HISTORICAL MILESTONES – 1980s**

**1981**

May 4<sup>th</sup> – The 41<sup>st</sup> Annual Meeting of the Incorporators is held at the Hospital.

Total Cash and Investment                    \$617,436.98

- Average number of patients                194
- Average employee index                    373

At this meeting a film made by the Traveler’s Insurance Company, entitled “Working To Live”, is presented with a perspective on rehabilitation.

The Commission on Hospitals and Health Care grants a 14% rate increase.

Dr. Katherine Ill is appointed Assistant Administrator. This is a new post that becomes effective June 1, 1981. Dr. Ill gives up her private practice in order to assume her new duties.



In May there are 11 patients on continuous ventilation and 15 patients who had been transferred directly from Intensive Care Units of a general hospital. *The daily costs for one respiratory care patient is \$167.00 at NBMH versus \$520.00 in a general hospital.*

There has been great improvement in the selection and admission processes of appropriate patients. On admission, there is a sense of urgency in the multidisciplinary team approach to the patient. Patients want to return home as soon as possible. In most cases this is accomplished in weeks or months. NBMH has the potential for being a major rehabilitation center for the region.

**1982**

In February, the Connecticut Hospital Association publishes a report entitled “Extended Hospital Stays: The Problem that Won’t Go Away!” In this report it is noted that there is a “need for a level of care somewhere between acute care and skilled nursing care.” The concept of Long Term Acute Care Hospitals (LTACs) is emerging as a component of the continuum of care and NBMH, with its chronic care license and expertise, is at the leading edge of this phenomenon,

May 3<sup>rd</sup> – The 42<sup>nd</sup> Annual Meeting of the Incorporators is held at the Hospital.

- Total Cash and Investment                    \$623,083.84
- Average number of patients                194.6
- Average employee index                    363

## **HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s**

There is a delay in payment of bills among all classes of payers. Major goal for the coming year is to improve “our cash position.”

The names of the nursing units are changed to better reflect patient populations served. They are named: Respiratory Care, Potts, Pediatrics, New Horizon, and Rehabilitation Units.

The architectural firm of Moore and Salisbury is selected to prepare plans for the George J. Coyle Center for Creative Living (The Herald, Tuesday, May 4, 1982). The design is contingent on approval by the state Commission on Hospitals and Health Care.

The hospital Auxiliary, under the leadership of Mrs. Charlotte Ohanesian as president, kicks off a campaign to raise \$58,000 toward the construction of the \$750,000 George J. Coyle Center for Creative Living. (The Herald, Tuesday, May 4, 1982).

May 5<sup>th</sup> – The Hartford Courant picks up the story statewide as the Hospital campaigns for the new addition. (Wednesday, May 5, 1982)

The hospital confronts major operating losses. More money is needed to stay afloat. Outside counsel is engaged to assist with negotiations with the Department of Public Health.

The hospital hires healthcare attorney Ray Andrews of Robinson & Cole, and healthcare consultant Bob Ellis of Ernst & Young to work with hospital staff and represent them in dealing with the state.

**Dr. Robert P. Smith is hired as the first full-time Director of Rehabilitation Medicine.** Dr. Smith is appointed to the Consulting Staff with privileges in Physical Medicine and Rehabilitation in July 1971.

### **1983**

May 2<sup>nd</sup> – The 43<sup>rd</sup> Annual Meeting of the Incorporators is held at the Hospital.

- Total Cash and Investment           \$770,241.90
- Average number of patients           191.3
- Average employee index               384

Collections continue to be slow but show improvement in the last quarter of the year.

The names of nursing units are now Respiratory Care, Medical I, Medical II, Rehabilitation I and Rehabilitation II, which more clearly identifies the patient care provided.

## **HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s**

Admissions have increased while length of stay has decreased. Most frequent admitting diagnoses: stroke rehabilitation, respiratory disease, vascular disease (including amputees), brain injury, fractures, tumors and multiple sclerosis.

New programs developed include Pain Management (years before Joint Commission made this a requirement for accreditation 2001) and Pulmonary Rehabilitation.

**The hospital is granted a 44% rate increase.** This increase is conditional on the hospital adding staff, completing deferred maintenance, and investing in needed equipment.

**1984**

April 1<sup>st</sup> – The Stroke Rehabilitation Program is established, with great success.

A year of notable accomplishments:

- Membership in the Capital Area Health Consortium, an association of fourteen hospitals, for the purpose of coordinating the provision of health care for the benefit of the people of the area.
- Affiliation with the University of Connecticut School of Medicine (Farmington) as a teaching hospital.
- Affiliation with the University of Connecticut Department of Communication Disorders (Storrs) for clinical training in speech therapy.
- The Joint Commission on Accreditation of Hospitals grants a three year accreditation.
- Elmer Johnson becomes trustee of the Connecticut Hospital Association.

May 7<sup>th</sup> – the 44<sup>th</sup> Annual Meeting of the Incorporators is held at the Hospital. This meeting is opened by President Judith A. Chace, daughter of the late George J. Coyle, founder of the hospital and former mayor of New Britain.

- Total Revenue from patient care \$11,794,364.42
- Total Cash and Investment 1,613,347.44
- Average number of patients 188
- Average employee index 433

Rehabilitation services are expanding statewide. Special programs and special reimbursement rates are established for these patients.

Enhancements in services and programs include:

- Dr. Robert A. Holden is appointed as Chief of Medicine.
- Dr. Mervet El Kair joins the medical staff as a full time attending physician after a trial period of “moonlighting” and working part time.
- The nursing department is strengthened by the addition of a new assistant director of nursing, two nurse practitioners, many registered nurses and a health educator.
- A new three member recreational therapy department.
- A quality assurance and purchasing manager.

## HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s

Judith A. Chase, daughter of Mayor George J. Coyle is elected President of the Board of directors.



Innovations include the introduction of Ventilator and Pulmonary Rehabilitation Programs. Several noteworthy community physicians help start what is now the best in respiratory care services. Pulmonologists Michael Genovesi, MD and Peter Moody, MD, Dr. Michael, Dr. J. McNamee, Dr. Herbert Scherzer, and Dr. Joseph Harrison continue their service to the Hospital.

Dr. John Votto (current President/CEO) joins the medical staff as a house officer.



Kathryn Devlin, a patient with acute brain injury and on a ventilator is admitted for rehabilitation. Ms Devlin is weaned, decanulated and demonstrated much improvement neurologically. She is considered our first rehabilitation patient of the modern era.

### 1985

May 6<sup>th</sup> – the 45<sup>th</sup> Annual Meeting of the Incorporators is held at the Hospital.

Total Revenue from patient care      \$12,464,581.22

- Total Cash and Investment              964,093.33
- Average number of patients              182
- Average employee index                  436

The mid 1980s continue to present challenges with lengths of stay, discharge options for some patients and re-imburement issues.

## HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s

The Stroke Rehabilitation Program and the Pulmonary Rehabilitation Program continue to be great successes. The Hospital is planning to establish a unit for the rehabilitation of traumatic brain injury patients.

The rehabilitation of the buildings continues. The Auxiliary is providing substantial financial support.

The hospital continues to move forward and begins a management and Board re-organization.

Dr. Ill, Dr. Brenda Nurse, Dr. Harrison, Dr. Mervet El Kair, Dr. Krystyna Piotrowska, and Dr. Robert Smith meet to discuss the holistic approach to patient care and set the foundation for the futuristic Hospitalist Model to patient care.

With an ever-increasing focus on quality of care, David Crandall, RN (future President/CEO) is hired as Quality Assurance and Risk Manager. His role is to facilitate the development and growth of the quality assurance program and to oversee adherence to state and accrediting agencies directives.



### 1986

A corporate reorganization is introduced. The proposed changes serve to structure New Britain Memorial Hospital along the lines of a modern business entity. Since 1941, various management styles have been adopted by all business sectors.

April 15<sup>th</sup> – is the date of the revised charter of The New Britain Memorial Hospital. The changes reflect that authority for appointment of all officers other than chairman, vice-chairman, and president has been placed in the president who is the Chief Executive Officer of the hospital and shall be an ex-officio corporator and director.

The Board of Directors is organized in a committee structure with delegated authority on behalf of the full Board. The committees are as follow:

- Nominating Committee
- Joint Conference Committee (QCC - 2008)
- Finance and Development (Finance and Planning – 2008)
- Personnel (Human Resource Committee – 2008)
- Long Range Planning Committee

## HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s

These committees will develop policies and review performance by management. These changes are recommended by the Board of Directors to the Annual Meeting for adoption.

May 5<sup>th</sup> – the 46<sup>th</sup> Annual Meeting of the Incorporators is held at the Hospital.

- Total Revenue from patient care \$14,902,272.15
- Total Cash and Investment 937,796.74
- Average number of patients 178
- Average employee index 477

Elmer Johnson becomes vice chairman of the new Board of Directors as a paid position. He shares this position with James J. Watson whose position is honorary. Mr. Watson was formerly vice president of the Board. Judith A. Chase, formerly president, is appointed chairman of the Board.

Dr. Ill is appointed as President and Chief Executive Officer.



The Pulmonary Rehabilitation Program is officially established under the leadership of Dr. Michael J. McNamee.

The Departments of Infectious Diseases and Infection Control are established. Dr. Brenda Nurse is named Chief of both Departments.

The Travelers Center on Aging has begun to focus on the special needs of the elderly. The Hospital responds to this newly emerging specialty by appointing Dr. Roy Erickson as site director for Gerontology.

David Crandall is appointed as Vice President of Operations.

## **HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s**

June 23<sup>rd</sup> – the first tenants move into New Horizon Village. Over 2-3 months, 26 New Horizon members residing at NBMH move to the newly constructed, totally accessible village in Unionville.

### **1987**

January – growing operational deficit may threaten NBMH’s very existence. Over the past five years the Hospital has enhanced its services and programs and, thus, provides more acute care to patients. During the 1987 legislative session a hearing is held to introduce a special bill that would give the hospital an annual subsidy to cover some of its losses. The hospital is losing money on Medicaid patients. Charges to care for these patients are greater than the Medicaid payments.

Additional revisions to the charter will be presented to the Corporators. Section 4 of the charter is amended in connection with the termination of an agreement by the state to have the Governor appoint six members of the Board of Directors.

May 4<sup>th</sup> – the 47<sup>th</sup> Annual Meeting of the Incorporators is held at the Hospital.

- Total Revenue from patient care      \$15,447,254.04
- Total Cash and Investment              805,252.24
- Average number of patients            161
- Average employee index                479

Dr. Katherine C. Ill, who has served as President and Chief Executive Officer for one year, outlines the following five objectives in her annual report:

1. Maintenance of accreditation
2. Maintenance of safe and therapeutic environment
3. Maintenance of employee satisfaction and productivity
4. Planning
5. Fiscal responsibility

These objectives are the foundations of what later becomes the Hospital’s mission statement. In her report, Dr. Ill also notes trends leading to a net financial loss including rising labor costs, a decreased patient census and recent unfavorable payor actions.

David Crandall, Vice President and Quality Assurance Manager, describes the Quality Assurance and Risk Management Program.

Dr. Roy Erickson, Chief of Medicine discusses the teaching aspects of the Hospital. Fourth year medical students from the University of Connecticut have an established rotation at Memorial; second or third year internal medical residents from New Britain General Hospital have an established rotation; and the Geriatric Fellowship Program, in association with The Travelers Center on Aging, is fully established as of July 1987.

## HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s

June 1<sup>st</sup> – official papers are filed with the Secretary of the State of Connecticut amending Section 4 of the Charter. This terminates an agreement by the state to have the Governor appoint six members of the Board of Directors.

The Hospital receives a \$366,000 grant from the state to offset Medicaid underpayment. (New Britain Herald, July 25<sup>th</sup>)

July 25<sup>th</sup> – As the Hospital continues to struggle with Medicare and Medicaid reimbursement, hospital leaders and the Board of Directors work on desperately needed renovations to the physical plant. No major renovations have been done on the three building in ten years. (New Britain Herald)

On several occasions hospital leaders have discussed building the ‘George Coyle Center for Creative Living.’ This Center is still a vision as a component of the long range plans.

Mr. Elmer Johnson dies. He has served the Hospital since 1942.



“The Little Store”, the hospital gift shop opens under the expert management of Peg Denuzze.

Sue Lachat, Rehabilitation Administrator, leads the efforts to benchmark rehab outcomes with rehab facilities nationwide. The hospital participates with the Uniform Data Systems in sharing patient outcomes.

## HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s

Hospital logo and tagline:



**1988**

May 2<sup>nd</sup> – the 48<sup>th</sup> Annual Meeting of the Incorporators is held at the Hospital.

• Net Operating Revenue from patient care	\$18,193,067
• Net Income (Loss)	(\$22,002 audited)
• Average number of patients	157
• Percentage of Occupancy	79%
• Total Assets – All Funds	\$10,459,004

Payor Mix includes: 41% Medicare, 32% commercial insurance, 25% Medicaid.

In her annual report, Dr. Ill, President and CEO, reviews the corporate goals established by the Board of Directors to assure that we carry out our mission.

There are five goals established:

1. High quality patient care
2. A safe and therapeutic environment
3. Employee satisfaction and productivity
4. Fiscal responsibility
5. Planning for the future growth and development of the Hospital

Dr. Nurse is appointed as Assistant Professor of Medicine at the University of Connecticut School of Medicine.

Dr. El Kair, Assistant Medical Director, is appointed as Director of the Medical Quality Assurance Program.

An informal Institution Review Board sets the foundation for clinical research.

The Hospital raises wages in all departments beyond originally budgeted – in some cases the increase was 44%. Employee turnover rate reached 43% at one point during the year. Focus is placed on continued improvement in working conditions and benefits to make NBMH a good place to work.

Although the Hospital is in compliance with all regulatory and accrediting agencies standards, the Board takes an honest look at the ageing physical plant.

## **HOSPITAL FOR SPECIAL CARE HISTORICAL MILESTONES – 1980s**

Our appearance and crowded living and working conditions are a seriously negative factor in the Hospital's successful recruitment of needed staff and as well as of patients who "shop around" for the best rehabilitation setting.

The professional architect firm of Russo and Sonder of New York City is retained to analyze the overall physical plant and to address the long range building needs of the Hospital. This is desperately needed so that patient programs can grow in a friendly and functionally adequate setting.

State Representative Irene D. Favreau and State Senator Joseph H. Harper, Jr. are instrumental in getting unused state funds appropriated to offset hospital costs not covered under Medicaid's present reimbursement system.

Co-Chaplains are appointed in a joint sponsorship by The New Britain Memorial Hospital, New Britain General Hospital and the New Britain Area Conference of Churches. While most ventures are forged for the purpose of profit, the appointment of Reverends Hudson R. Richard and Dr. Lydia E. Rivera is a commitment to a critical aspect of total patient care.

In response to the nursing shortage, five nurses arrive from the Philippines, a most welcome addition to our staff. These five join three others who arrived in 1987.

### **1989**

May 1<sup>st</sup> – the 49<sup>th</sup> Annual Meeting of the Incorporators is held at the Hospital.

- Net Operating Revenue from patient care, unaudited      \$23,224,681
- Net Income (Loss)      \$2,415,351
- Average number of patients      156
- Percentage of occupancy      78%
- Total Assets – All Funds      \$12,024,259

The Hospital prepares its first glossy, and very professional, Annual Report. Its logo and tagline are displayed prominently on the cover.

David Crandall is appointed as Vice President of Operations and Chief Operating Officer.

Nancy Johnson, United States Congresswoman is a keynote speaker. She discusses "The Difficulty of Financing Healthcare Today."

Pulmonologist Dr. Michael McNamee is also a keynote speaker. He discusses "Regionalized Chronic Ventilator Care: An Eight Year Experience" – the experience at our chronic disease hospital.

NBMH files a "Certificate of Need" (CON) application to the State Commission on Hospitals and Health Care. Funds are needed for repairs to the existing facility.

**HOSPITAL FOR SPECIAL CARE  
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The state review board believes renovations planned for the existing facility are insufficient and asks Dr. Ill to submit a proposal for a major overhaul of the hospital.

In May the New Britain Memorial Hospital Child Care Center is opened. A strong recruitment tool, this hospital-subsidized employee benefit is licensed by the Connecticut Department of Public Health for 34 children - 18 children over three years of age and 16 under three years of age (infants and toddlers).

Dr. Steven Beck is hired as Medical Director of Rehabilitation Medicine.

With the challenges of the 1980s behind, the new decade ahead will be a time of revolutionary changes.