1990s
A Time of Revolutionary Change
and 50 Years of Service

The New Britain Memorial Hospital
February 1992

Hospital for Special Care, June 1994
1990

Dr. John Votto is appointed as Chief of Pulmonary Medicine.

June 20, 1990 Judith Chace is appointed Chairman of the Hospital Board of Directors. Ms. Chase is the daughter of the hospital’s founder, the late New Britain Mayor George Coyle.

The Hospital prepares to celebrate 50 years of service to its community. The celebration will occur June 1991.
HEALING THE BODY THROUGH PHYSIATRY

Dr. Steven Beck, medical director of rehabilitation services at The New Britain Memorial Hospital. Physiatry as a medical profession remains relatively unknown, with just over 2,000 practicing physiatrists in the country (at this time). The profession combines the art and science of “medicine, neurology, musculoskeletal problems and the applications of physical modalities of treatment,” he says.

SUCCESSFUL AGING

Geriatric Assessment Helps Patients Achieve Independent Living

Many families struggle with the decision to institutionalize an elderly parent. The experience evokes various feelings—guilt, frustration, sadness. For the patient it also may mean a loss of independence, selling a home or leaving one's family. Is nursing home placement always necessary? Not necessarily. A geriatric assessment may reveal that there are alternatives.

At The New Britain Memorial Hospital, Dr. Barne Spivack, geriatric specialist and chief of medicine, has developed a geriatric assessment program that carefully examines all aspects of an elderly person's health. Conducted in cooperation with the patient's primary physician, the goal of the program is to improve the patient's physical ability and to help the patient regain or maintain a high level of independence in order to continue the normal activities of daily life. In the following interview, Dr. Spivack responds to questions about New Britain Memorial's geriatric assessment program.

1991

Early in the year, the Commission approves the hospital proposal, which includes renovating the existing structures, building a new patient wing, establishing a new day rehabilitation hospital and creating a modern facility for chronic care. The project is budgeted at $36.8 million with a major share of the funds, $33.8 million, to come from a tax-exempt bond offering. The state requires that the hospital raise the remaining $3 million in matching funds.
The 90,000 square foot wing will house rehabilitation, inpatient respiratory care, pediatrics, and outpatient services. This is the first major expansion to Memorial’s facilities since 1960.

The Institutional Review Board (IRB) is established as a formal committee. Dr. Brenda Nurse serves as Chairperson (1991-2005). (The Committee remains in place until October 2005 when the research review process is contracted to the University of Connecticut Health Center’s IRB).

In August, the first Ivan Lendl Junior Wheelchair Tennis Training & Sports Camp is held in West Hartford, CT. Ivan Lendl donated his time to participate in a tennis exhibition to raise funds for the start of the camp. The camp is offered free of charge to children ages seven to eighteen who have a physical disability and provides them with the opportunity to receive instructions in sports such as tennis, swimming, basketball, and track and field. The camp helps build self-esteem and is often the first time the children compete in sporting activities and attend a camp like their able-bodied friends or siblings. The camp was started by Janeace Slifka, a mother of a disabled child, Jonathan. Mrs. Slifka worked tirelessly for two years as the camp coordinator and to make the camp a reality for her son and other children. (SpecialCare, published by HSC, Spring 1997).

On October 15, 1991 the Commission on Accreditation of Rehabilitation Facilities (CARF) grants the Hospital its first accreditation upon successful completion of its survey process. The report states that the “organization successfully met high standards of performance and has been accredited for 3 years.”

The New Britain Memorial Hospital has received the highest level of accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). Resulting from a survey conducted by CARF in September, this three-year accreditation of the hospital’s inpatient rehabilitation programs certifies that the programs meet CARF quality standards. New Britain Memorial achieved CARF accreditation by excelling in the following areas: high quality rehabilitation programs; comprehensive systems to ensure exemplary patient care; and qualified staff to carry out successfully New Britain Memorial’s mission of providing exemplary rehabilitative care to individuals with physical disabilities.


Dr. Thomas Soltis assumes the position of Chief of Geriatrics. Having fellows from the geriatrics program at the University of Connecticut School of Medicine is an asset to medical education.
Discussions are held with representatives of the Connecticut Department of Mental Health, the Department of Human Resources, the Connecticut Traumatic Brain Injury Association and traumatic brain injury treatment providers to discuss the challenges of specialized treatment for traumatic brain injury survivors. Hospital for Special Care responds to the challenge by considering possible inpatient treatment programs for this patient population and begins steps to develop a comprehensive program with community re-integration.

The Hospital formalizes the Stroke and Traumatic Brain Injury Programs.

October – The School Nurse Education Program is established. The focus of the program is to educate school nurses in clinical skills needed to care for the medically complex children who are being mainstreamed into public school classrooms. The program was designed by Dr. Christine L. Hart, chief of pediatrics and Joanne Papillo, clinical nurse specialist at the hospital.

1992

The hospital launches its first major fund raising campaign, “Challenge to Care.” In less than three years, 75 volunteers raise over $3 million dollars. In addition to bringing more than new donors to the hospital, the campaign also leads to the development of new relationships with many New Britain and Greater Hartford business community leaders. Our loyal employees rise to this challenge with vigor and generosity.

All major work for the hospital expansion is given to Connecticut businesses. The following firms are engaged to oversee the project:

- The Architectural firm of Stecker, LaBau, Arnell and McManus, Inc. from Glastonbury design the new facility with the active participation of employees and patients.
- Construction management by Frank E. Downes Construction Co., Inc. (New Britain).
- Engineering work is assigned to Macchi Engineers (Hartford) for civil and structural aspects of the facility.
- Electrical and mechanical engineers are from BVH Engineers, Inc., of Bloomfield.
With new opportunities come new challenges during construction, none too big for the ever vigilant staff to tackle. On a June night at about 11:00 pm the nursing staff notices water coming into the basement from the west side of the building. They notify hospital leaders and a disaster is avoided.

Hospital staff is commended for its teamwork and keeping all patients safe.

Continuing Medical Education (CME) is formalized and first accredited in 1993 by the Connecticut State Medical Society (CSMS). Dr. Brenda Nurse is named Director of Medical Education (DME) at HSC.

July - The Joint Commission on Accreditation of Healthcare Organizations grants The New Britain Memorial Hospital Accreditation with Commendation, a distinction achieved by only 5.8% of hospitals in the country.
July – The School Nurse Education Program receives a $14,000 grant from the William and Alice Mortensen Foundation

Hospital helps update school nurses

By MONTE MORIN
Courant Correspondent

NEW BRITAIN — Traditionally, school nurses have cared for relatively fit and healthy charges. More and more, however, nurses are encountering pupils who require special attention to live.

The care and cleaning of breathing tubes inserted into the neck, feeding tubes, deep intravenous lines in the chest and respiration machines are among the new challenges school nurses face.

Since October, New Britain Memorial Hospital has been offering school nurses free classes in caring for pupils with medical difficulties. So far, two dozen school nurses have taken the course.

This week, the hospital, which specializes in chronic and rehabilitative care, received a half-year, $14,000 grant from the William and Alice Mortensen Foundation.

"The biggest problem school nurses encounter is isolation," said Dr. Christine Hart, who practices at the hospital. "They don't have a lot of support, and this is a whole new arena to begin with."

Medical advances in the past decade have increased the odds of children surviving while being dependent on medical hardware. Also, federal legislation has made it possible for children with medical equipment to attend public schools.

Instructors at the hospital, along with nurse consultants for the state Department of Education, consider students with breathing and feeding apparatus to be at greatest risk when compared with students who have other difficulties.

"The major threat to students with such medical hardware is infection," said Joanne Papillo, a clinical nurse who specializes in pediatrics at the Hospital.

"In some cases, they may have learned the procedures a while ago, but need some sort of a refresher course," Papillo said of school nurses. "In other cases, equipment and procedures have changed drastically in recent times."

The school nurse program involves a day-and-a-half of training. While Hart said it is impossible for the nurses to learn everything they need to know within that time, the course helps to dispel many apprehensions.

"They realize they can learn what has to be done, and know that there are people they can call for help," Hart said.

Nurses who care for students with special needs must still carry out their regular duties, Hart said.

August – Work on the new wing is progressing well and soon the structure will be very visible.
Dr. John Votto is appointed Vice President of Medical Affairs and Chief of Pulmonary Medicine.

The Thorpe House for Independent Living becomes part of the NBMH family of programs. Located in Bristol, the group home for persons with traumatic brain injury represents a first for the Hospital, which until now has housed all its programs in its home city. The Hospital was able to save an existing project threatened by bankruptcy and bureaucracy. The Hospital expects to spend $112,000 a year to operate the house.

By December 24, 1992, “Challenge to Care” has raised one-third of the $3 million goal. The future is bright.
1993

March – the new wing is taking shape, and, soon Hospital occupancy will increase from 160 to 200 patients.

The Thorpe House in Bristol welcomes its first resident. And after much planning and training by the HSC staff, on March 4 the first behavioral traumatic brain injury patient is admitted to the newly developed Neurobehavioral Program. The program will accommodate 10 patients.

April – The School Nurse Program wins a regional award.

Quality Improvement is formalized as an organizational initiative. Dr. Brenda Nurse is appointed as the Quality Leader. The Executive Council, a group of 10 senior managers, assumes the role of Quality Council, responsible and accountable for overseeing patient care quality services and outcomes.

June 4 – The Kresge Foundation sets $450,000 matching grant for NB Memorial.

June 25 – Hospital for Special Care is the new name for NB Memorial.

Hospital staff participated in renaming the hospital, which was often confused with the local general hospital in town. According to Dr. Ill, President and CEO, “the word ‘special’ in our name is a signal to the public that we provide extraordinary care and the use of the word ‘hospital’ distinguishes us from a skilled nursing home or other type of medical provider.”
October 5 – is the official opening of the new wing and the new name is adopted: Hospital for Special Care. The new identity is emphasized with a trademark color, a deep teal blue that appears on signs, letterhead, and promotional ads.

The new logo is designed by Peter Good, a local artist.

Around the time the new wing opens, Peter Good fashions scraps of fabric in various shades and textures of red into a patchwork heart which he presents to the hospital as its symbol of “special care.”

The new building features a non-denominational chapel - a quiet, meditative stop during one’s day.

The Health Sciences Library is officially opened in November when HSC hires its first librarian. (In August 1966 the library at that time was dedicated to Dr. Raymond T. Wise who died suddenly after 13 years of service to the NBMH).

The Age of Computers arrives at the Hospital. E-mail communication and the first website are just around the corner.
1994

Barbara Donahue, a Farmington writer, is commissioned by the Hospital to compile for publication the history of the institution that for most of its almost 53 years was known as The New Britain Memorial Hospital. “Coyle’s Folly: The Story of Hospital for Special Care” will be published in Spring 1995.

Service Line Management (SLM) is introduced. Under this patient care management system, a team of specialists is assigned to a patient and stays with that patient throughout the treatment process. SLM is a patient-centered, patient-focused model that allows for more natural interaction between the medical staff and the patient. It also facilitates communication among professionals throughout the hospital, and it makes staff members from various disciplines more familiar with each other’s role. Three Service Lines with a capacity of 193 beds are established:
- Respiratory Care
- Pediatric Care
- Rehabilitation and Continuing Care

The Close Observation Unit (COU) opens. Initially designed for acute patients who require closer monitoring of clinical outcomes, the unit is the first phase in meeting the needs of the medically complex patient. Recognizing continuing changes and the need to create a unit for patients being weaned from ventilators, the focus of the unit will be changed in 1997.
November 18 – the Hospital receives official accreditation by CARF for:
- Comprehensive Inpatient Rehabilitation – Hospital, Adult
- Brain Injury Programs: Medical Rehabilitation – Adult
- Outpatient Medical Rehabilitation

The Case Management Model is introduced. Under this model essential patient discharge services, previously fragmented, are now coordinated by a Nurse Case Manager.

The dawn of a new era is breaking. A new wing and a new name headline the year’s accomplishments. In September, patients and staff move into the new 90,000 square foot patient wing. The new wing boasts more space for outpatient therapy, patient care units, a new main lobby and a larger gift ship. The new facility also includes an accessible park-like setting with gardens and paved pathways for patient therapy and recreation. The future is very bright.

1995

The Health Sciences Library provides computers for Internet and database searching for staff use.

April – “Coyle’s Folly” is published and presented at Main Street USA.

Judith Chace, daughter of Mayor Coyle and Barbara Donahue, author
Administration – With effective leadership and teamwork, new challenges created by the rapidly changing healthcare environment will be met as the organization continues to grow and becomes even more valuable to Connecticut and beyond.

Dr. John Pelegano is hired as Chief of Pediatric Medicine. More pediatric patients attend local schools.

1996

February 27 – The first-ever phonathon is held at Hospital for Special Care, raising more $2,700 for the annual fund. Two of our dedicated Board members were on hand to call HSC supporters, asking them to renew their gifts.
Dr. Katherine Ill announces she will retire next year. David Crandall and Dr. John Votto are appointed Executive Vice Presidents, Chief Operating Officer and Chief of Staff, respectively. As Dr. Ill’s successors, each with distinguished leadership success, they will define a CEO partnership that will honor HSC and define a new model of problem-solving teamwork and creative leadership.

In May, Center of Special Care, Inc. (“Center”), a non-profit tax-exempt corporation, is created to serve as the parent holding company of Hospital for Special Care (“Hospital”) and its affiliates. (The Herald, May 10, 1996, Local Hospital to Reorganize)

The Slade Middle School Mentorship Program is formalized. The program continues for 3 years. It is disbanded when the school is not able to meet its commitment.

Hospital for Special Care becomes the managing sponsor and coordinator of the Ivan Lendl Junior Wheelchair Sports Camp. The Ivan Lendl Golf Tournament is established to raise funds for the camp each year.

In September, the Respiratory Care Unit is named in honor of Laurie Coleman Puglisi, the first Director of the Respiratory Service Line. Laurie was a nurse in various capacities at the Hospital over a ten year period. Her contributions to nursing and to the Hospital were recognized by honoring her with this tribute.

HSC Respiratory Care Services are nationally recognized as our board-certified pulmonologists present research outcomes at national conferences and the Hospital is a beta-site for new ventilators. We have come a long way from the iron lung and rocking bed of the 1950s. (Progress Notes, an HSC publication, Fall 1996)
HSC Community Services, Inc. (Community) is established as a non-profit tax-exempt corporation. Its primary purpose is to develop, operate, manage and evaluate community-based and community-oriented chronic disease and rehabilitation health care initiatives and entities involved in patient care, education, community research and service.

Dr. Brenda Nurse becomes an Assistant Dean for Medical Education at the University of Connecticut School of Medicine. In conjunction with this role, she chairs the Graduate Medical Education Committee at HSC.

March – a partnership between the HSC and Central Connecticut State University (CCSU), Department of Management and Organization is formalized. A position of Professor in Residence is established. Dr. David Fearon, professor of Management and Quality at CCSU, spends 20 hours per week at the Hospital as part of his academic commitment. This is a first partnership of its kind and will foster new avenues for business education in healthcare.

David Crandall and Dr. John Votto, assume leadership of Center of Hospital for Special Care as Dr. Ill steps down. This official announcement is made at the May 8th Annual Meeting.

HSC becomes a resource partner of Hartford Health Care Corporation (HHCC), to strengthen clinical pathways, improve access to care, and to work collaboratively on program development. Additionally, HSC links with Eastern Rehabilitation Network (ERN) to coordinate outpatient rehabilitation services. An HSC Admission Nurse Evaluator spends her days at Hartford Hospital screening patients for both HSC and Hartford Hospital. HSC provides all physiatry needs for ERN, including Hartford Hospital’s inpatient rehabilitation unit.
The average daily census is 176, with a total of 65 ventilator-dependent patients.

The model of Admitting Nurse Evaluators (ANEs) is introduced. As hospitals are functioning more as healthcare businesses/enterprises, business models of sales and marketing are introduced. ANEs are assigned specific territories in the state, going into selected hospitals and evaluating patients to determine appropriateness for possible admission to our Hospital. Evaluating patients for admission while they are still in acute care facilities provides HSC with the advantage of admitting those patients as soon as discharge becomes an option.

Affiliation with Datahr Rehabilitation Institute established. This statewide healthcare partnership and case management program will help more patients throughout the state to avoid institutionalization and live independently in the communities.

July - HSC Community Services, Inc. establishes a pediatric dental practice called Special Care Dental Services to provide services to Medicaid-eligible children.

The Greenhouse: this freestanding structure enhances our therapeutic recreation program by providing an environment where patients can enjoy the therapeutic benefits of gardening. For many years, volunteer Augusta “Girlie” Stipek worked with patients on horticultural projects. In 1997, with funding from Girlie’s will and generous gifts from The Stanley Works, the Greater Hartford Jaycees Foundation, and the Robert C. Vance Foundation, the Hospital Auxiliary spearheaded construction of the greenhouse behind the hospital. Using the talents of our in-house facilities staff, the structure is built to last and proves to be a valuable therapeutic intervention.
Spinal Cord Injury Program: Although HSC has provided care to patients with spinal cord injuries for decades, in 1997, Hospital leaders recognized that a formal program would enhance the quality of care provided for this patient population. Dr. Subramani Seetharama, a board-certified spinal cord specialist, is hired to lead the program. The Spinal Cord Injury Program incorporates services already provided along the continuum including COU, and Inpatient and Outpatient Rehabilitation.

Wound Management Program formalized: After a difficult acute care hospital course, many patients experience pressure wounds as a complication of care. As they are referred to HSC for rehabilitation or ventilator weaning, the hospital’s Skin Care Team is presented with complex wounds that need to be managed, so that active rehabilitation can occur. The team is led by Dr. Brenda Nurse, Chief of Infectious Disease and Certified Wound Specialist, and Margaret Collins, RN, Infection Control Nurse and Certified Wound Specialist. As the team’s skill in developing methods to heal these wounds grows, so does the reputation of the team. From this experience the Wound Management Program is begun.

December - The purchase of Brittany Farms Health Center (BFHC), a local nursing home, enables HSC to expand its continuum of care to subacute rehabilitation and geriatrics. Through the Connecticut Health and Educational Facilities Authority (CHEFA)-financed acquisition, BFHC is changed to a not-for-profit business. HSC Community Services, Inc. (HSC CSI) owns and operates BFHC and its employees become members of the Center of Special Care community. It is a 284-bed nursing home, operating skilled nursing and intermediate care beds in long term care, dementia, and subacute care programs.
December 19 – the Hospital receives official accreditation by CARF for:

- Medical Rehabilitation Programs
  - Comprehensive Inpatient Category One Hospital (Adult)
  - Brain Injury Programs Comprehensive Inpatient Category One Hospital (Adult)
  - Outpatient Medical Rehabilitation Programs (Adult)
- Occupational Rehabilitation Programs
  - Work-Specific Occupational Rehabilitation Programs Category One

1998

April – the new Child Care Center opens. A parade of children wearing party hats and T-shirts and playing instruments is led to their new facility by teachers, parents and local politicians. HSC has had a day care center for nine years, housed in a temporary building. The combination of needing an improved facility and a plan to build an indoor pool for therapy spurred the construction of the state-of-the-art Center which can accommodate 54 children ages 6 weeks to 5 years.

Under the leadership of Dr. Paul Scalise, the Close Observation Unit (COU) is the only regional weaning center in CT. Nearly three-quarters of the respiratory care patients who used a state-of-the-art Venturi Ventilator System™ regained the ability to breathe on their own, compared with about 50 percent on traditional ventilators. Venturi patients also went home faster, on average two weeks sooner.

For the second year, HSC CSI successfully sponsors and coordinates The Ivan Lendl Junior Wheelchair Sports Camp at Saint Joseph College in West Hartford. The camp is offered to children ages 7 to 18 living with physical disabilities, to improve current skills discover skills in new sporting activities. Campers receive instruction in sports such as tennis, swimming, gym activities, basketball, soccer, track and field. HSC CSI also becomes a managing sponsor of The Cruisers Wheelchair Sports Program. The Cruisers program focuses on track and field activities for physically disabled children ages 5 through 18. The team competes in local, regional, and national track and field competitions.
The Joint Commission on Accreditation of Healthcare Organizations grants HSC Accreditation with Commendation and a score of 98 out of possible 100.

Previously known as the Development Department, the Foundation of Special Care, Inc. ("Foundation") is established in 1998. As part of the hospital structure, the Foundation is a non-profit tax-exempt corporation, operated exclusively for the benefit of, and to receive, raise, allocate, and invest funds in support of, the mission of Center of Special Care, Inc. and its nonprofit corporations (HSC, Brittany Farms, and HSC CSI). Formalizing the Foundation helps us to assure each donor that the donor’s contribution is being spent for the purpose for which it is given.

Research Department formally established: HSC patient populations make our organization a unique site for studying new equipment and drugs in FDA-approved projects. An arrangement is made with the University of Connecticut School of Medicine to share a Director of Research, allowing us to expand the scope, quality, and quantity of research projects at HSC. The program has grown and continues to do so.

The World Wide Web arrives at HSC, a phenomenon that brings the world to our desks. Previously unimaginable information is now within our reach.

Our first website is unveiled:
1999

Our loyal employees voted to fund the building of a guest house and raised the funds in the 1999 Employee Giving Campaign. The Family Guest House allows families to stay on-campus free of charge to visit patients, to stay when a patient is medically unstable, or while receiving intensive education prior to the patient’s discharge. Designed by our in-house facilities management team, the building is a three-unit modular apartment structure. Each unit contains a kitchen, sleeping quarters for four, an entertainment center, a full bathroom, and living space.

Aquatic Rehabilitation and Fitness Center (ARC): In response to patient and family survey interest in an aquatic program coupled with research and benchmarking from around the country, the ARC becomes a reality and opens in the fall.

The 27,000 square-foot state-of-the-art facility is fully accessible and feature two pools: a warm-water pool to help reduce pain during aquatic therapy and a cooler pool for fitness and training. Both pools have unique ramp systems and swim lifts. The fitness center has strength training equipment that includes items specifically designed for individuals with disabilities.

The ARC serves: inpatient and outpatients who need the benefits of aquatic therapy, wheelchair athletes in training, and members of the central Connecticut community. The benefits of this Center to patients who have sustained spinal cord injuries are great.
The WAVE Swim Team is formed shortly after the Aquatic Center opens. The WAVE is open to any swimmer with a physical disability who wishes to compete in local, regional and national competitions. Swimmers must be independent in the water in order to compete. The team enables many members to go back to their schools and compete with their able-bodied peers.

The Health Sciences Library adds an online catalogue that can be accessed from any hospital-networked computer. Staff can readily identify resources in the library’s collection and access the library’s databases. Patients and their families may also use these library services.

As one millennium comes to a close and a new millenium begins, Hospital for Special Care is poised for greatness and to meet the challenges of the ever changing healthcare landscape. Leading these efforts are two presidents who have worked together for nine years with unwavering loyalty, dedication and commitment to a Hospital that was not originally envisioned as the asset it has become to New Britain and Connecticut. Through many decades, while there were those who had doubts about the future of this hospital, others persevered. Success will occur when you believe in the possible and “never say no to a difficult problem, and always say yes to an opportunity for improvement.”

1999-2000 Through planning and preparation, the millennium transition is flawlessly executed. All medical equipment continued to function without concern -- including the 90+ ventilators operating 24-hours a day. As always, the overwhelming majority of our dedicated clinical staff and Executive Council are on hand to ensure success. Y2K fears are forgotten soon after the new millennium arrives. When asked “Where were you from 12 midnight 1999 to 1:01, 2000?” most of our staff will reply, “Where I needed be, with my patients.”

A time capsule buried by the flagpole in front of the hospital will tell the HSC story in the next millennium.