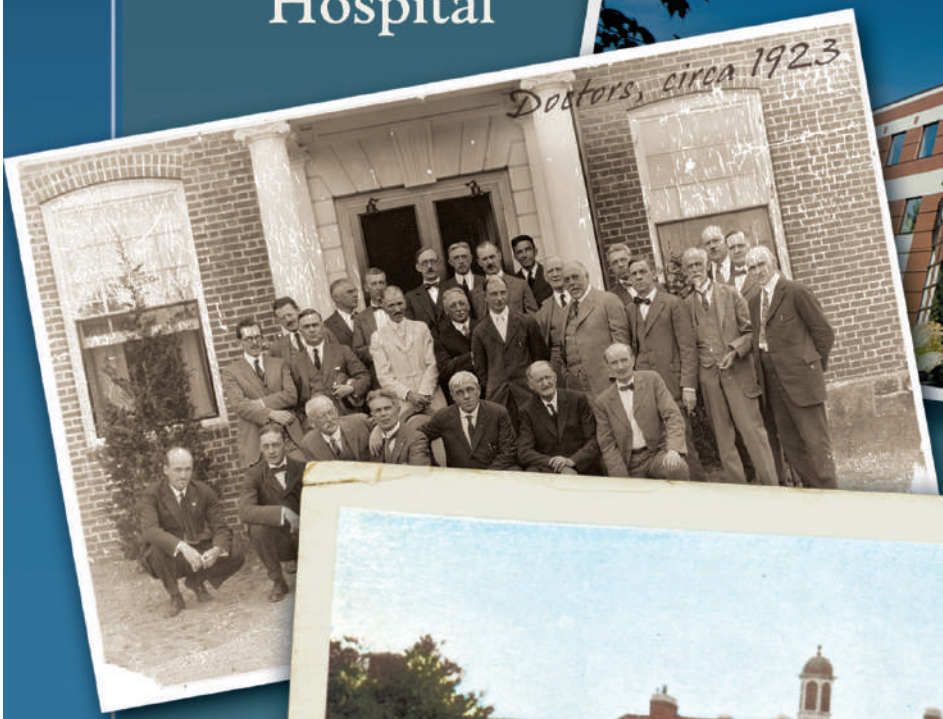
A Century of Caring

The Chronicle of Monadnock Community Hospital



A Century *of* Caring

The Chronicle of
Monadnock
Community
Hospital

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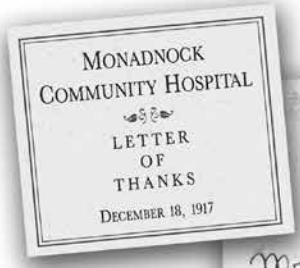
Acknowledgements

For almost a century, thousands of individuals have unselfishly demonstrated their love for our Hospital. That love was especially evident during the two years it took to create this chronicle.

It is impossible to thank everyone in this acknowledgment. We have tried to recognize all individuals who have been a part of this lengthy process and apologize for any omissions. A list of content contributors is available in our appendices. We are extremely grateful to those who provided photographs, shared heartfelt, personal recollections and participated in any way to make this chronicle a reality.

Written by Barbara A. Miller

MCH thanks Barbara A. Miller for donating her time to write the 2007-2023 Century of Caring *update.*



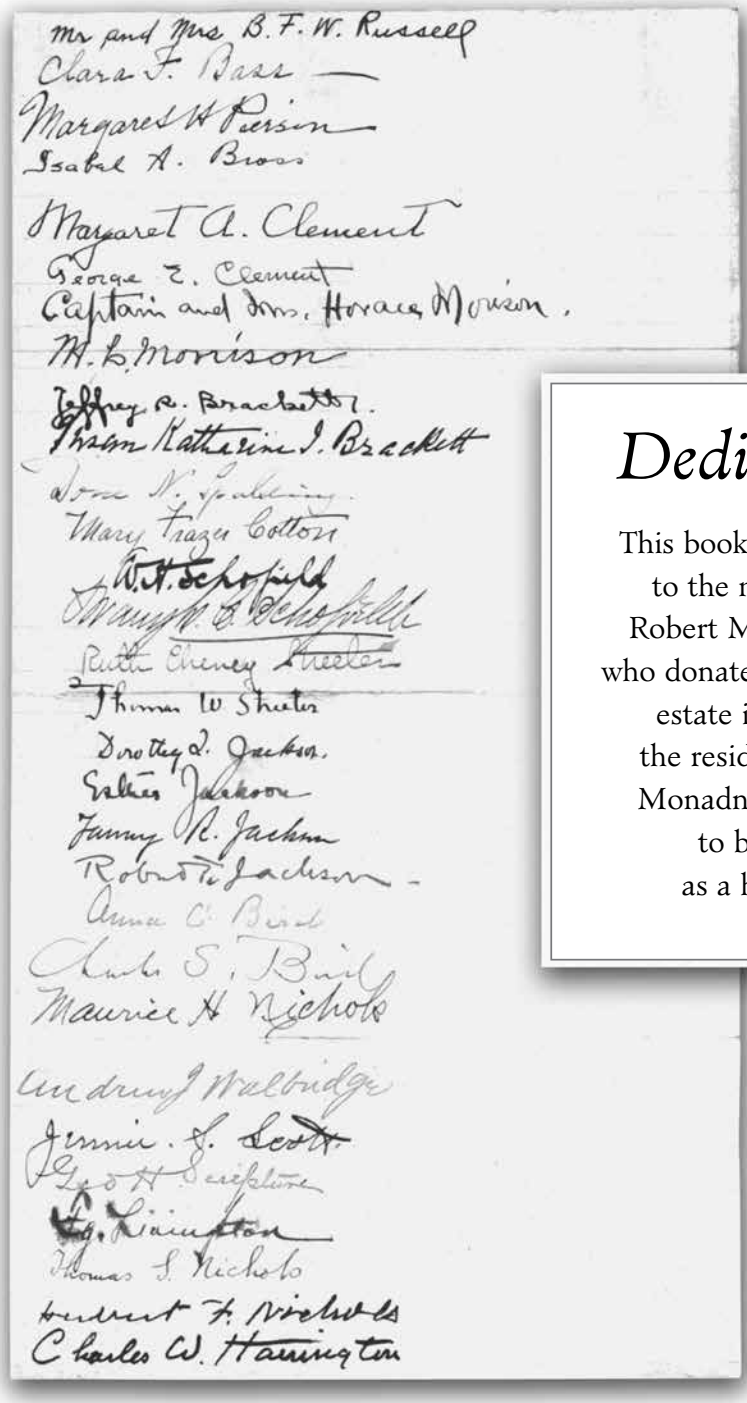
Peterborough, N.H.
Dec. 18, 1917

Mr. Robert M. Parmlee,
1750 2nd Street, N.W.,
Washington, D.C.,

Dear Mr. Parmlee:-

We, the undersigned, learning through Dr. Harrington and Mr. Pushee that your residence in Peterborough is to be donated to the people of Peterborough for use as a community hospital, hereby express our heartfelt appreciation of your great generosity, and furthermore pledge ourselves to do all in our power to provide for the establishment, equipment and maintenance of the property as a first class hospital.

James B. P. Cheney Sr.
Elizabeth Chinly Kaufmann
Carl F. Kaufmann
Geo. D. Pushee
Lillian H. Pushee
Louis A. Shaw
Joanne Bird Shaw
Charles Y. Batchelder
Laura P. Batchelder
Robert S. Morison



Dedication

This book is dedicated
to the memory of
Robert M. Parmelee,
who donated his summer
estate in 1917 to
the residents of the
Monadnock Region
to be used
as a hospital.

Foreword

The growth and success of a hospital can be directly attributed to the generosity of its donors, the hard work and dedication of its trustees, medical staff, employees and volunteer workers, as well as the support of the community it serves.

It is a story that goes beyond bricks, cobblestones and calpboards. This book is a tribute and testimonial to those, past and present, who have labored at all levels to make Monadnock Community Hospital what it is today.

The history of an institution is significant because it identifies those who have played a role in its development. It reveals *why things happened and who caused them to happen.* For within that awareness are valuable lessons for the future.

The journey began by searching through hospital archives, family albums, old documents and newspaper accounts. So many local citizens had a story to tell; we listened and focused on factual recollections. We selected background information for this book which we believe adds to a fuller understanding of the hospital's history.

We begin with Monadnock Community Hospital's inception, discuss its early growing pains, and finally progress to its maturing years as it becomes a leading community hospital.

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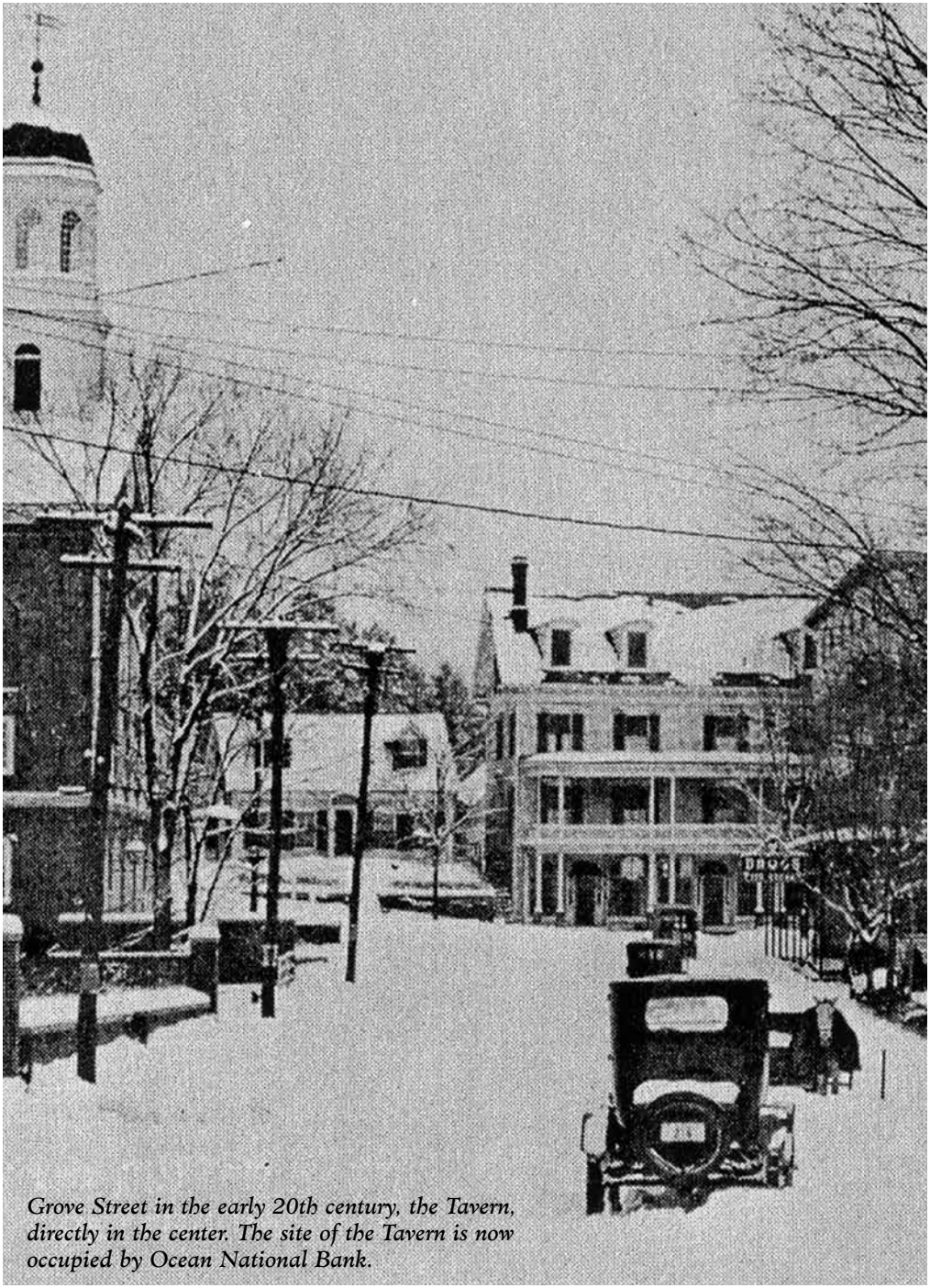


Grove Street in the early 20th century, the Tavern, directly in the center. The site of the Tavern is now occupied by Ocean National Bank.

Chapter One: The Founding Years *1915-1923*

Our chronicle of the history of Monadnock Community Hospital begins in the early 20th Century. It's a story of people, their generosity, foresight and tenacity. You will read how our forefathers demonstrated the tenets and behaviors that New Hampshire residents have always held most dear: neighbor helping neighbor. Take the journey with us as we reveal in this narrative how *caring always came first* at MCH.

Life in the Monadnock region in the early 1900s revolved around 15 small communities: Antrim, Bennington, Francestown, Hancock, Greenfield, Peterborough, Harrisville, Dublin, Jaffrey, Rindge, New Ipswich, Greenville, Temple, Sharon and Wilton.

Without transportation and communication systems, as we know them today, these communities were isolated from each other. There was little chance for relationships beyond friendships with immediate neighbors. Houses often were built about a stone's throw from the road and people grew to know everyone who passed. The infrequent horse-drawn vehicles, and later, automobiles, that went by were topics of conversation and sources of community interest.

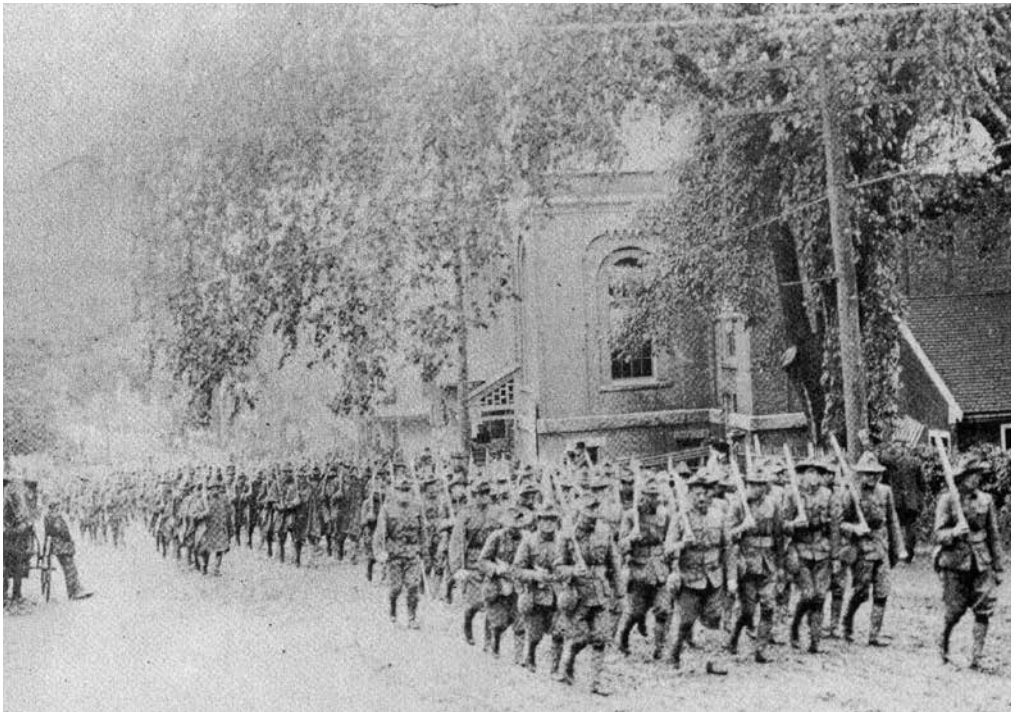
Keeping pace with the times, the region was lighted by electricity; most houses had indoor plumbing. The water supply was abundant and pure. Early town government meetings and religious gatherings provided most of the socialization.

The First World War spanned four years, from 1914 – 1918. It affected everyone in the Monadnock Region by creating an uncertainty about the future. Many of the young residents were patriots who served abroad. They captured the daily events of their experiences in letters, which they sent home to their families. Residents gathered at local taverns and inns, such as the Tavern in Peterborough, to share the content of these letters and to discuss the sufferings and hardships of war.

Snowstorms, often severe, would frequently shut down all community activities until residents were able to manually remove the snow.

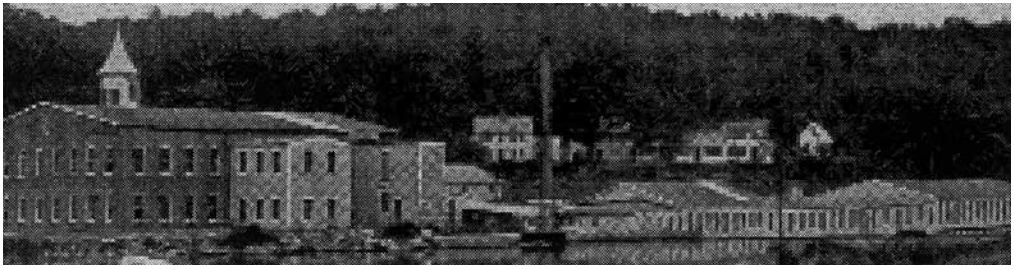
The population was composed of both seasonal summer residents and boarders as well as permanent residents.

Although no exact numbers have been recorded, the seasonal community

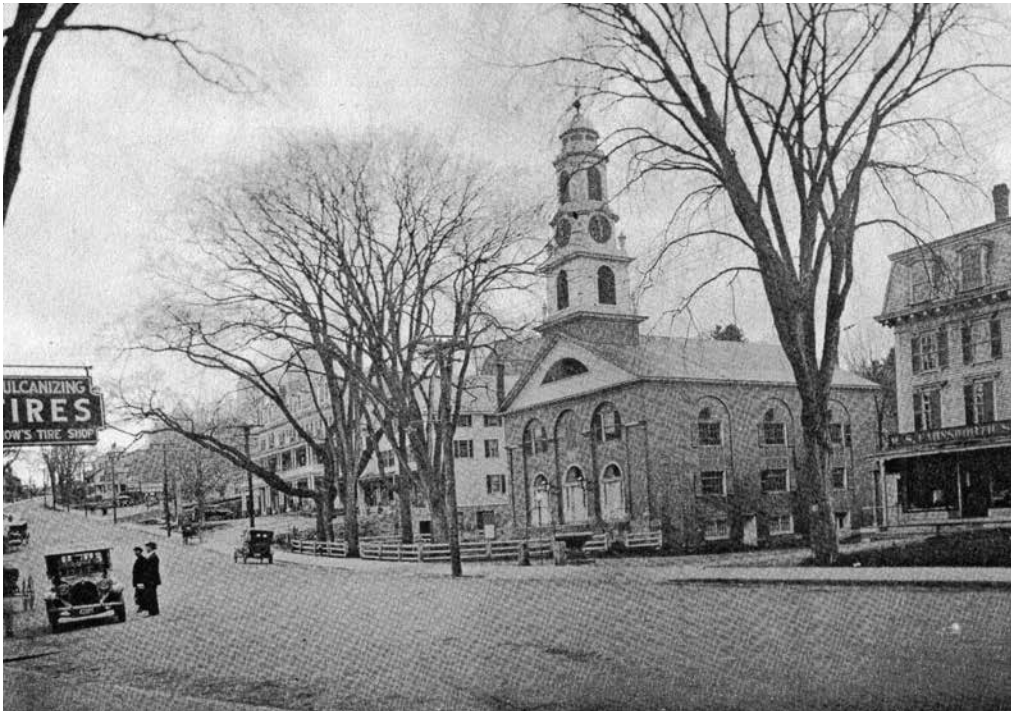


National Guard Troops marching up Main Street in 1911.

of summer residents and boarders made up a significant portion of the population and played a prominent role in the region's past. An affluent group, they arrived by train in the summer from more populated areas such as Boston, Chicago and New York and left before the first winter snow. The summer property owners contributed significantly to the region's economy, buildings and cultural life. The many acres of fine timberland were a fitting background for their grand estates and summer homes. Unselfishly, many of the owners opened their grounds to visitors on designated days of the week during the summer months.



The Noone Mills. Mills were one of the major sources of employment.



Scene of Main Street in the early 20th Century.

Year round residents lived in rural villages and towns and worked largely in textile and manufacturing mills. And like much of rural New England in the early 1900s, agriculture added significantly to the area's economic prosperity.

It is reported that three major breeds of cattle, Holstein, Guernsey and Orchard Hill Jersey, grazed on the dairy farms. Sheep and goats were common. The region was ideally suited for fruit culture and poultry production.

Textile and manufacturing mills were the major source of employment in Peterborough and the surrounding towns in the early years of the 20th century. In Peterborough, many residents were employed by the Needham Basket Co. on Depot Street, Noone Mills in South Peterborough, and Union Mills in West Peterborough. Antrim, home to Goodell Cutlery and the Monadnock Paper Mill in Bennington was, and still is, a large employer. And south of Peterborough, in Jaffrey, there were several companies including the White Brothers Mill, W. W. Cross and D. D. Bean. Many of the old-time mills operated on the harnessed water power of the Contoocook and Nubanusit Rivers, eliminating the grime and smoke usually associated with industrial centers.

And not surprisingly, in this remote environment, miles from the nearest

Site work on Evergreen was a labor-intensive operation in the early 1900s.

hospitals in Fitchburg, Keene and Nashua, there was little chance for rapid medical response or immediate physician contact.

That would all change beginning in 1915.

In that year, the hilltop site of the Gordon Farm on Old Street Road in Peterborough was owned by two brothers, Robert M. Parmelee and James Parmelee, Attorney at Law. Originally from Cleveland, Robert and his brother resided in Washington, D.C. and New York. The Parmelee family had spent many summers in the Monadnock area and Robert loved the region.

Inspired by the impressive view of Mount Monadnock, from the Old Street Road property, Robert built a stately brick summer residence on the seventy acre site and named it Evergreen. The three story building was constructed of stone and brick on

The construction of "Evergreen," the original summer residence of Robert M. Parmelee.

Horse power went hand-in-hand with manual labor in the early 20th century.

elevated dry land surrounded by pine trees. Because the Parmelees planned to entertain there, they designed large rooms and sleeping apartments for their guests.

Recollections passed down from generation to generation reveal that Robert and his wife, Alice Elizabeth Parker Parmelee, spent only one happy season in the residence. Sadly, in February 1916 at age 41, Alice Elizabeth died.

Distressed by the loss of his wife and overcome with grief, Parmelee vowed never to return to their brick summer mansion. Mrs. George E. Clement wrote Robert Parmelee about Peterborough's need for a hospital. Mr. George Pushee, a summer resident, and Dr. Charles

Harrington, a local physician, had an interview with Robert Parmelee in New York. Robert agreed to offer his home as the setting for a hospital. In the autumn of 1917, he wrote a letter to Mrs. George Clement, bequeathing the building to the people of Peterborough for use as a community hospital. Its value at that time was assessed at $35,776. The title of the property was vested in the name of James, the older brother, and the conveyance of the property was made to Robert prior to its conveyance to the hospital.

Parmelee wrote "There is no necessity for haste which might hinder the successful accomplishment of the scheme (hospital) and you are at liberty to say that I would rather have my house used for the (this) purpose than for anything else, for I feel that it will thus be devoted to the welfare of a place that Mrs. Parmelee and I were very fond of and a people among whom we loved to dwell."

James Parmelee

In his early correspondence, Parmelee expressed his confidence that the hospital would be able to sustain itself. "All that I wish is to see a hospital in Peterborough so well established that its future will be assured as well and securely as one could reasonably expect. I feel that it would be unreasonable to ask for an endowment that will insure an income sufficient to support it, but I believe that it can be so established that it will be supported by the people of Peterborough and the adjacent country, if they can be made to feel that it is theirs and so conducted that they (residents) will be proud of it. In that event, it would attract bequests, endowment of beds, etc. and there will be ample space on which to place allied institutions should occasion arise for them."

On December 1917, the residents of Peterborough gathered informally at a town meeting and discussed the feasibility of opening a hospital. After an in-depth debate, the consensus was to proceed. A thank you letter to Robert Parmelee was drafted by Dr. C. W. Harrington, of 22 Concord Street and signed by 27 Peterborough residents. Harrington wrote: "(you have) our heartfelt appreciation of your great generosity and furthermore, we pledge ourselves to do all within our power to provide for the establishment, equipment and maintenance of the property as a first class hospital."

JANUARY 1918

For one year, starting in January 1918, there was a plethora of correspondence among residents of Peterborough concerning the hospital. The most influential and vocal of these were Dr. Harrington, a local physician; Mr. George D. Pushee, owner of J.C. Pushee, a brush making manufacturer; Mr.

Dr. Charles Woodbury Harrington

Original Member of the Medical Staff

Dr. Harrington moved to Peterborough in March 1898 and was a practicing physician in town for nearly forty years. He had long recognized the need for a hospital in Peterborough and his friendship with Robert Parmelee led to the formation of the Peterborough Hospital.

Dr. Harrington was born in Brewer, Maine, on October 15, 1874, the son of a Congregational minister. His parents were Rev. Charles E. and Sarah (Russell) Harrington. He attended St. Johnsbury Academy, Dartmouth College and New York University Medical School. He interned at Bellevue Hospital in New York and following a brief period of practice there came to Keene where he was associated for a short time with Dr. Ira Prouty. He practiced in Peterborough from 1898 until his retirement.

Few knew that Dr. Harrington was an accomplished musician, playing cello at one time with the Manchester Symphony Orchestra. He and his second wife, Leila Tilton, a pianist, together with Prince Irakly Toumanoff of Hancock, a violinist, formed a trio, which was popular in the area.

Dr. Harrington was first married to Lucy A. Amadon, daughter of James O. and Susan Bryant Amadon in September 1874. She died a few years after their marriage.

Dr. Harrington had been a Trustee of the Town Library and a Junior Warden at All Saints' Church.

He long recognized the need for a hospital and as early as 1916 operated, for a brief period, a private institution at the former Day place by Cunningham Pond. This was primarily for treatment of convalescent children from Boston hospitals. Dr. Harrington gave generously to the Monadnock Community Hospital of which he was an emeritus staff member at the time of his death. The anesthesia room was named in his honor.

In a tribute published in the *Independent*, a newspaper in Saint Petersburg, Florida, Dr. Harrington is described as "scholarly and brilliant. He believed in prayer and was never happier than when trying to help to lighten the burden of others."

Benjamin F. W. Russell, architect; Major James F. Brennan, attorney at law; Mrs. Elizabeth C. Kaufmann, and Mrs. Margaret Clement, philanthropists.

Many of the letters suggested that the war effort and the war itself heightened the level of financial insecurity in the minds of the original organizers of the hospital.

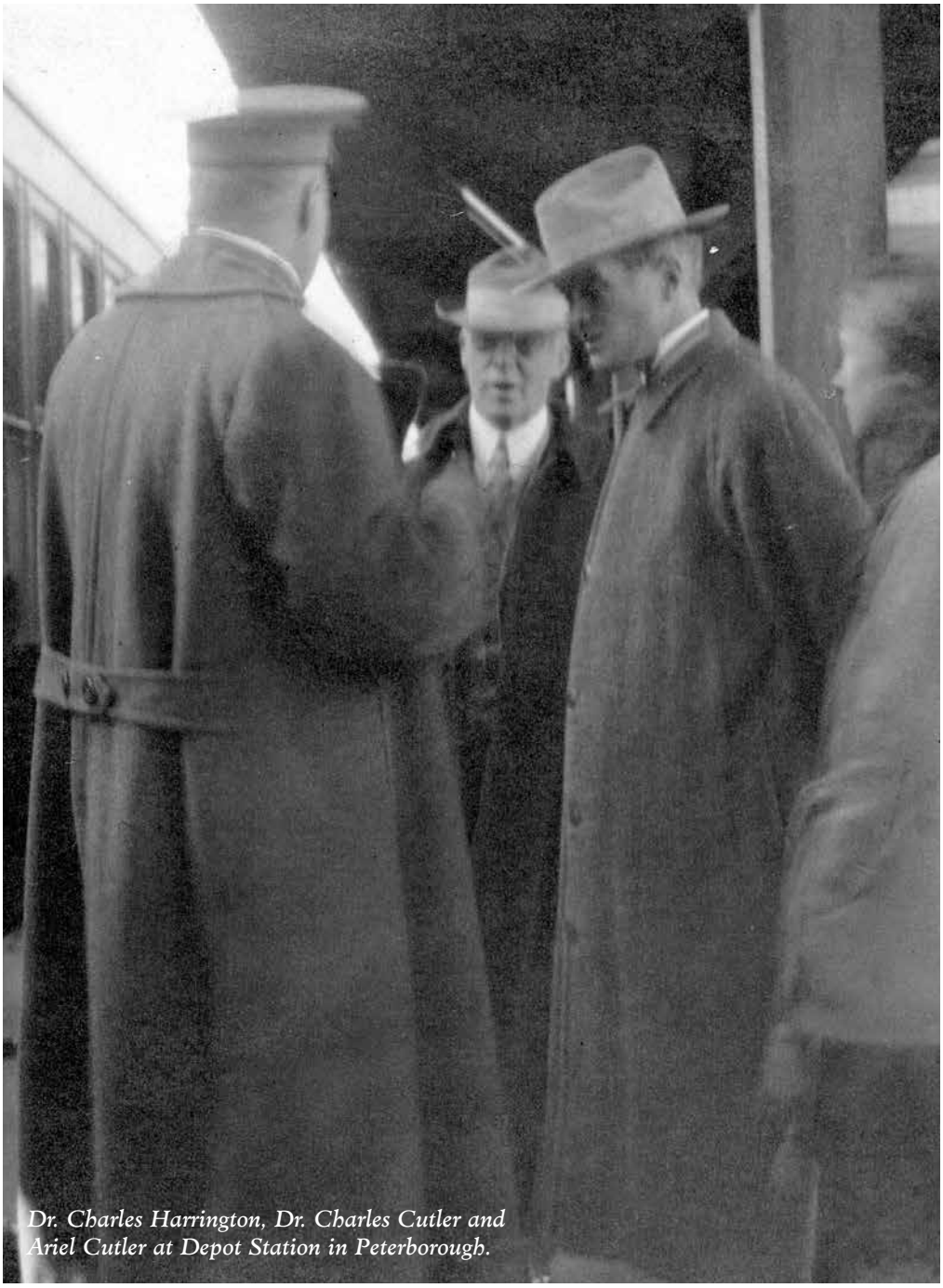
Mr. Robert Parmelee corresponded regularly with Dr. Harrington. It

Construction of the Parmelee Estate

appears they were good friends. In a letter dated January 30, 1918, he referenced how Dr. Harrington and Dr. Cutler had used his house in an emergency. "I am glad that your patient is doing so well. Please tell him that he is to consider himself my guest. As my guest I must look to his comfort so I enclose my check for a small sum, which you may use in obtaining something for him or his family if there is a need. Tell William Murphy (the caretaker) to send them a load of my wood if they have none. I am very thankful that you thought of doing so (using the house). I think you will agree with me that nothing could be more opportune to demonstrate practically to the town the need of a hospital and I should think that this would convince the waverers if there are any. I admire William's sense and good judgment and courage for it took some in his situation."

It is evident that Parmelee was not only a generous person but also vested in the success of the formation of the hospital. He was forthright in his letters as he offered advice to Dr. Harrington. "Confidentially at present, the hospital which I take to be practically assured will probably need someone to look after the place, run the ambulance, furnace, grounds, etc. You couldn't get a better man than William Murphy. He is honest, faithful, of good habits and has stood by staunchly when it must have been pretty dull for a young active man such as he. Without a complaint, he has taken excellent care of my interests. He thinks that he will be drawn in the next draft."

Parmelee offered to send William for some additional training so he would



Dr. Charles Harrington, Dr. Charles Cutler and Ariel Cutler at Depot Station in Peterborough.

The completed Parmelee House situated on a hill amid the quiet pine woods, with outlook to Mount Monadnock on the west and the lesser, or Pack Monadnock to the East.

have the competencies required by the hospital for employment and so that he would be excused from the draft.

Parmelee made other suggestions including but not limited to the purchase the "remote west or northwest land, back of the Fry place" and a "strip of land between the road and the river running south." Parmelee further informed Harrington that Mr. Stacy was the owner, and might be induced to give it to the Hospital, putting him among its benefactors.

Parmelee supplied ice for the icehouse and cut wood for the winter months for the hospital's use.

In a letter to Mrs. Clement, that same month, Parmelee revealed his grief and despondency over his wife's death. He offered his furniture to her or whomever could use it. "I do not wish to keep the furniture for future use. I shall not ever have a large house again, if I ever have any, and I certainly shall not need all of the contents. If it will be of any advantage to you, I shall be very glad to let William give you a door key, then you could go in at times when he is not close at hand."

The Parmelees had been supporters of the Historical Society and Robert donated three door stones from their mansion so that they would be preserved for future generations. One door stone was positioned in front of the opening from the enclosed porch; it had been the door stone of the First Unitarian parsonage. The one opposite to it, in front of the music room window, was the

George D. Pushee

Original Trustee

Mr. Pushee was President of J. C. Pushee & Sons, Inc. of Boston. He was born in Lansingburg, New York, son of John C. Pushee, who brought his family to Boston in 1879. In that year, John Pushee founded the brush business and George was identified with the firm for more than 59 years. He entered the business at the age of 16.

Mr. Pushee was the only original Trustee who did not reside in Peterborough. However, he was one of Peterborough's most prominent summer residents. In 1912, he purchased the Alexander place on Old Mountain Road with about 120 acres of property. He remodeled the house for a summer home. Later he purchased adjoining property, the Harriman place, with about 50 acres, the Willis farm with about 100 acres and the Tacy farm with another 90 acres. He remodeled the three homes on these properties. Although their official residence was in Weston, Massachusetts, the Pushee family spent much time in Peterborough and had a strong interest in local activities, particularly the Hospital. Mr. Pushee was one of the original Phoenix Mill Associates and had been a liberal subscriber to the Golf Club where he was an enthusiastic golfer.

Residents describe him as "unusually agreeable with an appealing personality, which attracted people." Mr. Pushee was a member of the Exchange Club of Boston, The Weston Golf Club and the Eastern Yacht Club.

He married Lillian Horton of Lansington and they had two children, Mrs. Horace C. Cushman and Mr. George Horton Pushee of Weston. George Pushee had a sister, Mrs. Louis M. Prindle, who maintained a summer residence in his home in Peterborough on 50 Pine Street.

door stone of Bagley's store and the small one in front of the hall door was the door stone from Eli Upton's house.

Mr. George D. Pushee, the owner of J.C. Pushee & Sons, a brush making manufacturer in Boston, also corresponded regularly with Robert Parmelee. The hospital formation had stalled and Pushee was concerned that Parmelee might think the town residents were unappreciative of his offer.

On February 2, 1918, he wrote a letter to Parmelee explaining the circumstances. "I would like to put before you for your consideration, the present situation here as regards the proposed hospital, as it now appears to me. I would also like to ask if you think the success of our undertaking would be in any way endangered if we were to in part suspend our efforts for a while,

and for reasons that I will set forth. We had a little meeting today at the home of Mrs. Clement and it was suggested that a Board of Trustees of not less than five and not more than seven should manage its (hospital's) affairs and the following list of names were informally considered as covering largely our most available material." Pushee continued, "Against each name I have in a short way set forth what will at once show you what we are up against in these times of great uncertainty and you will at once see what has prompted me to ask if this condition of affairs is likely to in any way prevent the realization of the hopes of so many people of Peterboro."

The exact text as it was written in the letter appears below (parentheses are editorial):

Mr. Bass (Robert P.)… absent indefinitely war work
Mr. or Mrs. Clement (Margaret A.)…
Mr. Livingston (Frederick G.)… Suggests (ed) as Treasurer
Mr. Parmelee… Absent
Mr. Pushee (George D.)… Completely tied up with business & Coal
Mr. Russell (Benjamin S. W.)… Busy can't help
Mr. Schofield… Absent for four month
Mr. Shaw… Unable to serve

"There seems to be no apparent lack of support for the project from any side, except the lack of time on the part of the few people whom we are dependent upon to grasp the thing and stick to it without let up until its success is assured."

Photo by Wing M. Woon

Mr. Pushee further explained that the early summer usually found most people available and he asked Robert Parmelee not to "regard us as failing in our appreciation."

This letter precipitated an immediate response from Mr. James Parmelee, in which he spoke for himself and on behalf of his brother. "He and I both fully appreciate that a matter of this vital importance requires a good deal of time in which to work it out to a successful conclusion. We know that owing to the winter season and the strenuous times, which the country is now going through, time is an essential element." Mr. James Parmelee iterated his confidence in the Peterborough community and the ability of the town to assure its successful operation, when he wrote, "As to the form and details of organization which a hospital should take, I have no knowledge and assume that in this respect, the matter would be in the hands of the Peterboro people themselves."

March 1918

By March of 1918, eleven names had been chosen by Mr. Robert Parmelee and proposed as members of a governing board of trustees. All of them were residents of Peterborough with the exception of Mr. George Pushee who was a resident of Weston, Massachusetts.

They were:

Honorable Robert P. Bass

Major James F. Brennan

Mrs. George (Margaret) Clement
Mr. William H. Caldwell
Mr. John W. Derby
Mrs. Elizabeth C. Kaufmann
Mr. Frederick G. Livingston
Mr. Maurice H. Nichols
Mr. George D. Pushee
Mr. Benjamin F. W. Russell
Mr. Arthur H. Spaulding

Mr. Robert Parmelee not only declined the offer to be Chairman of the Board but also declined a position on the Board. "I am very appreciative of the desire to have me as Chairman of the Board but there are many reasons why I cannot and should not accept it. One of the principal ones is that it would hinder and limit the freedom of action of the Board, which it is most essential. (If I were on the board) There would be a subtle unconscious deference which would interfere at some important moment to sway a decision or affect opinions."

Three prominent residents were invited to serve on the board and declined.

An archived letter from Mr. George A. Sagendorph, of 201 Devonshire Street, Boston, Massachusetts, reveals that he accepted "with great pleasure the office of trustee." However his work with the "Ordnance Department, requiring frequent trips to Washington" must have prevented him from actually serving on the board. There is no mention of his name on the board or in the minutes of official records.

Mr. W. H. Schofield, of Madison, Wisconsin, also declined the opportunity to be a board member. In his letter to Mrs. Clement, he explains, "As you know a board of trustees of eleven persons is in my opinion much too large for efficiency and I therefore feel that I should withdraw my name to promote better management. We can discuss this matter more carefully when I arrive in June."

The third archived letter, written by Mr. Horace Morison, on letterhead of the War Department, Office of the Surgeon General, Washington, to Mrs. Clement states his gratitude for the offer to be a member of the board. He declined because he was "in active service." He wrote, "I am very glad to do anything I can to assist you. I suggest that another name be substituted in my place. Such important work should have the earnest attention and should command the active service of each member of the board."

And finally, an amusing letter written by Mr. George Pushee states, "if we are to get the workers needed, the women of Peterboro will have to do the greater part of, if not practically the whole, of the work, or at least such is my

Benjamin Franklin Washington Russell

Original Trustee

The late B. F. W. Russell was described as "one of those rare men who possessed a personality as brilliant as his intellectual gifts." He spent most of his life in the communities of Peterborough, New Hampshire, Santa Barbara, California, and Nantucket, Massachusetts

It was in 1913 that Mr. Russell became interested in Peterborough. He is given credit for organizing the campaign which culminated in the founding of the Hospital. Not only did he oversee the financing of the Hospital during its formative years, he also designed the building and became the first President of the Board. He resigned from the Board in 1935 after being its Chairperson for 12 years.

During his lifetime, Mr. Russell belonged to many clubs including the Architects Club of Boston, the Technology Club of New York, the Montecito Club of Santa Barbara, California, the Nantucket Yacht Club and the American Institute of Architects.

Few people know that Mr. Russell also designed the Peterborough Town Hall and the Historical Society's building. While in Peterborough, he developed a farm during World War I, for the benefit of the community and at one time had one of the finest herds of pure-bred Guernsey cows in New England.

Following his graduation from Massachusetts Institute of Technology in 1898, Mr. Russell became an architect and eventually became known as one of the foremost architects in the country. In 1905, he was Chief Assistant to Guy Lowell in the planning and erection of the classic Boston Museum of Fine Arts. In 1915, he became co-partner in the firm of Little & Russell.

His friends identified him most with the island of Nantucket. There, he built the "Westcliff" estate, a summer home in Dionis. "His friends say that he delighted in returning summer after summer to his Nantucket home. Those who knew him intimately wrote that a few lines from Mary Starbuck's poem, "Island," seem best to express his spirit. "For the restful great contentment / For the joy that is never known / Till past the jetty and Brant Point light / The Islander comes to his own."

Mr. Russell was born in Boston, Massachusetts, in 1875, son of Benjamin and Phebe Gardner Russell. Both parents were born on Nantucket; their ancestors were noted whaleship owners. He married Miss Sarah Knapp, daughter of Mr. and Mrs. George Owen Knapp of Santa Barbara, California, and they had five daughters.

belief in these times. Mrs. Pushee's name on your board could be substituted for mine with benefit." As history shows, it appears that others on the board including Mr. Parmelee did not agree.

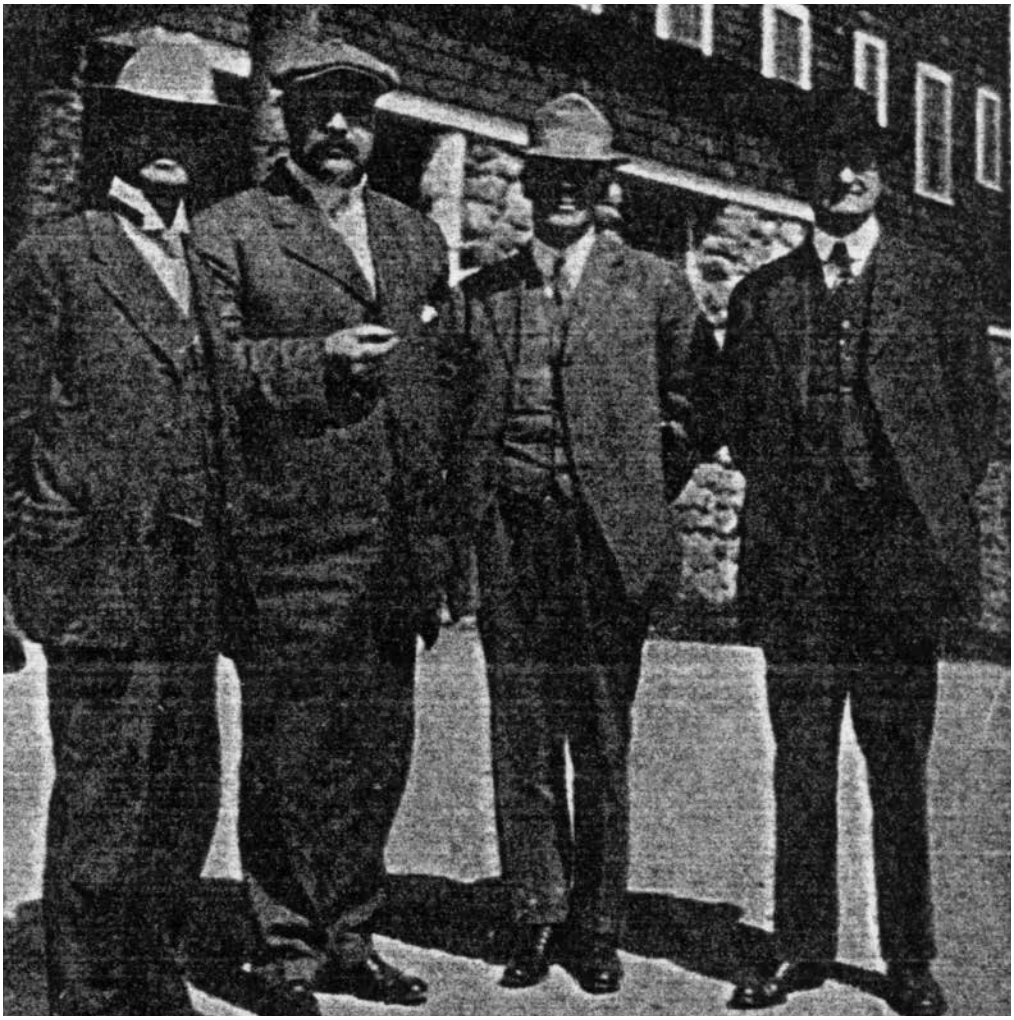
May 1918

The organization of the hospital continued to progress slowly. Frequently the organizers, in letters, spoke of its fruition in terms of five to ten years, completion sometime after 1923. "In these times, haste will be an error of judgment," one organizer wrote.

In his correspondence to James Parmelee, Mr. Benjamin Russell of Little and Russell, Architects, Boston, Massachusetts, on May 15, 1918, mentions the affects of the war on the progress of the hospital. "But for the war, I am positive that the logical method of procedure which you suggest would already be an accomplished work. I think the war problems make it more than ever important that we proceed step by step as you suggest and that we make sure of our ground financially, because none of us knows what is going to happen to his income in the next few years. I mean by this that a large number of supporters on a small scale are more necessary than a few on a large scale. None of us these days should undertake to support an institution unless we know just how much this involves in dollars and cents. Further, irrespective of the money, the larger the number of people interested, the surer is the hospital to be a success." Commenting on the town's population, he continues, "Peterborough people have been scattered all over the continent to an unusual degree this winter and the majority working hard for the prosecution of the war. Only in the next few weeks are people to be available where they may be gathered at meeting to systematically develop this serious and important undertaking, which could never be accomplished by correspondence."

July 1918

While the citizenry all voted in favor of converting the residence into a hospital, there were those who had concerns about raising funds to sustain it. The organizers developed a subscription blank to solicit funds. In July, 1918, Mr. Robert Parmelee wrote, "I, too, feel that the final success for the plan will be assured, if the first five years of its existence can be provided for. The matter of prime importance is to launch it as soon as you feel assured that the funds for equipment and maintenance can be obtained and it should be an easy matter to so present the project to the people that they will understand that the contributions of all are desired and solicited." Referring to the subscriptions, he added his approval, "the bulk of the money needful for the starting will be more quickly obtained in the way that you have indicated."



Drs. Cutler, Foster, Harrington and Warner in 1923.

Mr. Robert Parmelee suggested that the organizers should immediately form a permanent organization while he and his brother draw up the deed of gift. The title to the property was in the name of Mr. James Parmelee and would have to be transferred to his brother, Robert, before the conveyance was made for the hospital purposes. The dower interest of his wife, Elizabeth, would also have to be conveyed.

That same month, Mrs. Margaret Clement retained Mr. James T. Brennan, Attorney and Counselor at Law in Peterborough, to write the petition for incorporation.

DECEMBER 1918

A pivotal meeting of the proposed Trustees of the Hospital was held in the rooms of the Peterborough Savings Bank on December 18, 1918. Present were Mrs. Clement, Mrs. Kaufmann and Messrs. Russell, Pushee, Brennan, Spaulding, Nichols, Derby, Livingston and Caldwell. A closed secret ballot was taken to elect a temporary Chairperson, Secretary and Treasurer. It took two ballots to elect Mr. B. F. W. Russell as temporary Chairperson and Mr. W. H. Caldwell temporary Secretary. The temporary Treasurer position went to Mr. A. H. Spaulding.

It was reported at this meeting that 185 subscribers had pledged contributions for $10,330.40 for each year for a period of five years (later the number of subscribers rose to 251). Messrs. Pushee and Russell, in a letter to Robert Parmelee explained that "in arriving at this total all subscriptions which were for one year with statement that they probably would be renewed for each of the following four years, were not counted upon in that manner; but the amount pledged for one year was divided into five year periods."

The Secretary, Mr. Caldwell, was instructed to notify the several physicians in the town of the fact that the subscribers had gone "over the top" and that active steps would be taken immediately for the transfer of the property and the organization and equipment of the hospital, but that it would not be opened until fully equipped. A vote passed to form a Women's Auxiliary. Two bills from the Transcript Printing Company for printing, one for $6.50 and the other for $3.50, were approved and ordered paid.

The hospital bylaws, which defined the functions of various committees, were approved. Committees were established because "Problems are bound to come up in the immediate future which should be decided upon by the various committees, pending the final and complete formation of our organization."

The Finance Committee would "have in hand all matters connected with the raising of funds, investment of same and control and approval of all expenditures." The Chairman was Mr. George C. Pushee. Committee members included Mr. Robert P. Bass, Mr. Frederick G. Livingston and Mr. Arthur H. Spaulding, ex-officio.

The Personnel and Staff Committee would "be responsible for the employment of Matron, nurses and servants; also the development and management of nurses' training school, if such is decided to be developed at any time." This Committee would also "choose and arrange for the staff of doctors." Mrs. George E. Clement was voted Chairperson. Mr. Arthur H. Spaulding, Mrs. Carl Kaufmann, Mr. Maurice H. Nichols and Mr. George D. Pushee served on this committee.

A third committee, Buildings, would have the responsibility for converting

Mr. Parmelee's house from a dwelling to a hospital. The Chairman was Mr. Maurice H. Nichols. Others serving on the committee included Mr. Robert P. Bass, Mr. James F. Brennan, Mrs. Carl Kaufmann, and Mr. George D. Pushee.

Mr. William H. Caldwell was approved to chair the House and Grounds Committee. This committee would be responsible for "the care of the buildings; also the care of roads, trees, shrubs and the like, as well as the employment and control of the outside caretaker and the care of all property, the providing of fuel, the maintenance of heating, lighting and plumbing systems and the like." Supporting him on the committee were Mr. Robert Bass, Mrs. George C. Clement, Mr. John W. Derby and Mr. Maurice H. Nichols.

Mrs. George E. Clement agreed to chair the Women's Auxiliary. Mrs. Carl Kaufmann joined her to form a two-person committee. Their charge was to "have absolute control of the development of this important branch of hospital work and may, if it sees fit, appoint such persons outside the Board of Trustees as it desires to form a permanent working committee."

In consultation with the Finance Committee, Mrs. Carl Kaufmann and her committee of Mrs. George E. Clement, Mr. John W. Derby, Mr. Arthur

Robert M. Parmelee

Robert M. Parmelee was born on October 13, 1857, in Youngstown, Ohio. He was the son of William S. and Margaret Rayen Parmelee. In 1876, he moved with his family to Cleveland. Mr. Parmelee went to school at Greylock Institute in South Williamstown, Mass., and was a member of the class of 1881 at Cornell where he belonged to Alpha Delta Phi Fraternity.

The date of his marriage to Alice Elizabeth Parker is unknown. Both Mr. and Mrs. Parmelee were members of the local Peterborough Grange and loved the Monadnock Region. After Elizabeth's death in February 1916, Parmelee spent time in Old Bennington, Vermont, as a visitor at the home of his sister, Mrs. Shoemaker. There, he met Esther Dewey Merrill and married her in 1925. They resided in Old Bennington where he was an active member of the Bennington Battle Monument and Historical Association.

After a short illness of ten days, Parmelee died in his home on February 7, 1942, at the age of 85. In his obituary, Parmelee was described as a man of "gentleness and dignity." Esther M. McCullough of North Bennington, Vermont, wrote a newspaper tribute to him in which she described Parmelee as, "always modest and completely free from affectation and self-conceit." "A gentleman and a scholar fit him so well that I must use it," she wrote.

Major James F. Brennan

Original Trustee

Major Brennan was the only attorney on the Board of Trustees of the Hospital. He graduated from Old Peterborough Academy and entered the law school of the University of Maryland, graduating in the class of 1884. He was admitted to the Bar that same year. For many years he was a counsel for the Boston and Maine Railroad and he had been prominently identified with many important legal cases during his long career. As a jury and trial lawyer, he was ranked among the best in the state. "Considered a fighter, he was intense in his devotion to his clients and the interests they represented, although he referred to himself as "the little country lawyer."

Major Brennan

Major Brennan was one of the state's most prominent and loyal Catholic laymen. When he died on May 30, 1930, nine priests celebrated a solemn high mass of requiem. The church overflowed with friends of Major Brennan, representatives of the Bar and of state departments with whom he had been connected. Five Trustees of the Hospital were bearers, Mr. Herbert F. Nichols, Ex-Governor Robert P. Bass, Mr. George D. Cummings, Mr. James B. Sweeney and Mr. Maurice H. Nichols.

Major Brennan was a Democrat and had always played an important role in the activities of that party in New Hampshire. He was elected a member of the New Hampshire House of Representatives from Peterborough in 1913, being the first Democratic Representative from this overwhelmingly Republican town in 60 years. He was elected again in 1915 and in 1917. Major Brennan was the candidate of his party for Speaker of the House in 1915 and again in 1917. During his service in the House he was particularly active, introducing 26 measures, 23 of which were later enacted into law. The establishment of the state department of weights and measures came about as the result of a bill introduced by Major Brennan.

Major Brennan was born on Summer Street, in Peterborough on March 31, 1853, the son of Hubert and Mary (Mahoney) Brennan. He was the second of a family of nine children. His father and mother were born in Ireland and emigrated to America in 1845. Major Brennan's father was a marble worker who, in 1851, responded to a call for a competent marble worker in Peterborough and eventually established the Peterborough Marble and Granite Works.

H. Spaulding and Mr. George D. Pushee would take responsibility for "all furnishings and equipment of every sort."

The sixth and last committee, titled the Endowments and Bequests, Constitution and By-Laws Committee, chaired by Mr. James F. Brennan would "endeavor to have endowments and bequests made in as uniform manner as possible." A number of pledges were in front of the board for consideration including Dr. and Mrs. Cutler's pledge to furnish and maintain a ward; Mrs. Sharples' proposal to furnish a ward in memory of her mother; and Mr. and Mrs. Fred Longley's wish to do something for the children's ward.

Upon hearing of the formation of the committees and by-laws, Mr. Robert M. Parmelee wrote a congratulatory letter to Mr. Russell, chairperson of the Group. "I shall spend the Holidays in Washington and my brother and I will consult over the form of the deed of gift. I have already given directions to my packer to remove the furniture that you may not be hindered by it when you are ready to start the work of changing and installment."

JANUARY 1919

On January 3, 1919, a second meeting of the proposed Trustees of the Peterborough Hospital was held in the rooms of the Peterborough Savings Bank. Present were Messrs. Russell, Spaulding, Nichols, Derby, Brennan, Livingston and Caldwell.

The proposed Board of Trustees must have felt proud of their success in generating the five-year guaranty through subscriptions. And they may have been very surprised and disheartened by the content of the telegram read to them at this gathering by their Chairman, Mr. Russell.

Dated January 1, 1919, the telegram, received from Mr. Parmelee, who at that time was residing in Washington, D.C. said, "My brother is here conferring with me regarding Peterborough Hospital. Your letter of December 26th indicates that the five-year guaranty has been subscribed, but does not state that funds required for remodeling and equipment has been provided for. It seems to me that this should be done in advance."

Without much debate, the proposed board agreed to underwrite a small fund, which would "fill out whatever may be lacking a few months from now, but which at the present time it is impossible to determine."

Mr. Russell responded to Mr. Parmelee on behalf of the organizers.

"My Dear Mr. Parmelee: It has been the feeling recently of the proposed trustees that we should have more difficulty from the fact that we would be offered too much in the way of furnishings and equipment, rather than too little. For instance, there are already two persons who wish to give all the beds for the hospital. Mrs. B. P. Cheney has already actually purchased the complete

linen equipment and will provide an ambulance. Mrs. Kaufmann, besides pledging herself for all the structural changes connected with the operating room, has pledged herself for the sterilizers and surgical instruments and the like. Seven trustees at (our) meeting today wish to inform you that Mrs. Carl Kaufmann, Mrs. George E. Clement and Mr. B. F. W. Russell agreed to underwrite any necessary funds for remodeling and (purchase of) equipment of proposed hospital (which is) not already pledged and several other Trustees at (our) meeting agree to join the above named if you and your brother think necessary."

Since not one of the board members had any familiarity with organizing and incorporating a hospital, it became clear that they would have to consult with others who had experience with hospital administration. Records indicate that the board, and particularly, Major Brennan, began this task by approaching the management of several hospitals: The Cable Memorial Hospital, Ipswich, Massachusetts; The Symmes Arlington Hospital, Arlington, Massachusetts; The Hayward Memorial Hospital, Gardner, Massachusetts; Wentworth Hospital, Dover, New Hampshire; Elliot Hospital in Manchester, New Hampshire, and Franklin Hospital, Franklin, New Hampshire. First draft architectural plans for the renovation of the estate were mailed with a letter of inquiry to the hospitals listed above.

There are only two records of any response to the board's letter of inquiry. Mr. J. N. Parsons, President of Franklin Hospital (since its inception), responded with this advice. "I would advise against naming the hospital for any individual donor. If it is everybody's hospital, more donations are likely to come to it than if it is Smith or Jones Hospital."

Dr. H. K. Faulkner of the Elliot Hospital in Keene attended an informal meeting with the Board. No outline of his presentation is available but historians have assumed, based on the timeline, that he discussed hospital administration issues.

FEBRUARY 1919

Records indicate the third meeting of the proposed Trustees of the hospital took place on February 12, 1919. Present were Messrs. Russell, Pushee, Brennan, Livingston, Nichols, Derby and Caldwell. The evening was spent mainly in a discussion of recent correspondence and details in connection with the deeding of the property and the formation of the corporation.

Mr. Russell, "at the request of Mrs. Kaufmann," told the members that Mrs. Kaufman had observed hospital work recently and was aware "of the great opportunity which, with the splendid location and large acreage, we had of broadening the venture out so that the features of a sanatorium, as well as of a hospital, might prove very successful."

Mrs. Carl F. Kaufmann (Elizabeth)

Original Hospital Trustee

Elizabeth Cheney Kaufmann came from a family long identified with Peterborough and the Monadnock Region. Her father, Mr. Benjamin Pierce Cheney was a native of Hillsboro and drew his middle name from the state's only U.S. President, Franklin Pierce, a pioneer in the transportation business.

When her father died in 1895, she moved with her mother to Peterborough and built the estate on Cheney Avenue known as "The Needles."

As a young girl, she was a splendid horse-woman and could often be seen riding her dapple-grey horses or driving her four-in-one coach. She was a talented musician, played the harp and composed a number of songs.

She met her husband, Carl Kaufmann of Basel, Switzerland, and they were married in 1912. They had no children.

Although she spent her winters in Boston, Elizabeth returned to Peterborough every summer until her death in September 1953 at the age of 79. She had a special interest in the Hospital, was a benefactor throughout the years and left a substantial gift to it in her will.

At her funeral, some of her own musical compositions were played.

The subject of a sanatorium was never mentioned again in any official records.

At this meeting, the Maintenance of the House and Grounds Committee was given the authority to hire Mr. William Murphy as caretaker of the hospital.

The Chairman of the Committee on Constitution and By-Laws, Major James F. Brennan, a lawyer on the Board, had been a Trustee of the library for many years and had "much experience with New Hampshire Corporations." He was assigned responsibility for finalizing a name for the hospital. Major Brennan had asked Robert Parmelee if he would agree to have the hospital named for his family. Parmelee was adamant in his correspondence that the "house might be known as the Alice E. Parmelee building but the Hospital should be known by

Mary Ward Lyon Cheney Schofield, c. 1935. Her first husband was Mr. Charles P. Cheney, son of Benjamin P. Cheney.

some general designation." Major Brennan recommended that the corporation be called "The Peterborough Hospital."

Mr. Parmelee was pleased with the name selected by the proposed Board of Trustees. "I am very glad that only the final steps remain to be taken."

"As I felt sure that a satisfactory (arrangement) would be reached, I had given orders that the furniture still in the house should be removed and I received a letter from my packer this morning telling me that the house had been entirely emptied and I hope that everything is in good condition," wrote Robert Parmelee to the board. "I believe that Parkhurst Brothers have repaired the broken steam pipe in the cellar below the living room. In the little dark alcove off that cellar is a box containing some Mercer tiles, in one of the storage closets there is a varied assortment of hardware and in the cellar below the Music Room are moldings and the door to the living room, the latter done up in burlaps. I had left a water color (picture) of Saint George hanging on the wall, but concluded to keep it so this will account for its absence. I had intended putting Chamberlain weather strips on the windows, as I intended using the house in the winter, and it might be found practical to do so, though naturally the heating problem will be quite different now."

March 1919

The draft of the deed of gift was read at the board meeting on March 11, 1919. Present were Messrs. Russell, Pushee, Brennan, Spaulding, Nichols, Derby and Caldwell.

Mr. Russell commented on the deed, "I think this deed is one of the simplest and most direct and at the same time broadest and most generous documents that I have ever seen." In the deed, Mr. Robert Parmelee again demonstrated his confidence in the Board of Trustees, chosen by him. "The

Trustees are neighbors and friends. No conditions, therefore, are required from the said Trustees with reference to the manner in which such hospital, or other kind of charity, is to be conducted by the said Trustees."

The Chairman reported that Mrs. Benjamin P. Cheney and her daughter, Mrs. Elizabeth C. Kaufmann, offered to underwrite the entire $220,000 needed to renovate the Parmelee house and to equip it as a hospital.

Both mother and daughter could well afford to make this donation because Mr. Benjamin P. Cheney, husband and father of the women, was a successful entrepreneur. The son of a Hillsboro blacksmith, Mr. Cheney left school at the age of ten to work at his father's forge. Later he became a stage driver and was soon an agent for an express business between Boston and Montreal. This business merged with others to become, eventually, the American Express Co., with Mr. Cheney its largest stockholder.

Mr. Robert Parmelee was delighted by the generosity of Mrs. Cheney and Mrs. Kaufmann. In a letter to Mr. William Caldwell dated March 14, 1919, he wrote, "I am so glad to have my friends and neighbors share with me in this, which will make us all, I trust, better neighbors, better friends."

The board drafted a letter to Mr. Robert Parmelee to inform him that it would be necessary to have the deed executed before April first "on account of taxes."

The Chairman was given authority to place Messrs. Robert Carll and Robert Munkittrick at work on the Hospital as soon as the signed deed was at hand. Munkittrick and Carll were local builders and members of the original Board of Directors of the Peterborough Co-operative Bank.

Major Brennan was authorized by the board to continue consulting with others regarding the formation of the hospital. During his research he spoke again with Mr. T. N. Parsons, President of Franklin Hospital. Parsons, in his March 14, 1919, letter, suggested that the trustees be given "power to admit new members." In addition, he encouraged the group to create "a perpetuating trust which will not be liable for federal or state taxation and the donors could escape federal income taxation on the amount of their gifts." Almost as an afterthought, Parsons adds to the finish of his letter, "don't have any physicians among your trustees — I mean local doctors. More small hospitals are wrecked by medical jealousy than in any other way except insufficiency of endowment. Unless you can have every doctor in the neighborhood on the board, those who are not on will be jealous and those that get on are apt to disagree. They are worse than lawyers. (A humorous statement since Brennan was an attorney.) Have doctors for an advisory board. This last paragraph is solely for your personal consumption."

It was indeed a proud day, when each proposed Trustee received the following letter, dated March 21, 1919.

This photograph of the Opening Day of the new hospital appeared on the front page of the Peterborough Transcript *on July 5, 1923.*

Front row - left to right: Dr. Keyes, Peterborough; Dr. Wesselhoeft, Boston; Dr. Smith, Nashua; Dr. Cutler, Peterborough; Dr. Nutter, Nashua; Dr. Warner, Peterborough; Dr. Stevens, Francestown

Second row - left to right: Dr. Richards, Dublin; Dr. Holmes, Keene; Dr. Hatch, Jaffrey; Dr. Congdon, Nashua; Dr. Tibbetts, Antrim; Dr. Cotton, Boston; Dr. Morse, Nashua; Dr. Cheever, Greenfield;, Dr. Pease, Greenville.

Back row - left to right: Dr. MacAusland, Boston; Dr. Harrington, Peterborough; Dr. Lowell, Gardner; Dr. Parker, Manchester; Dr. Grimes, Hillsborough; Dr. Jameson, Concord; Dr. Wilkins, Jaffrey; Dr. Jackson, Boston; Dr. Foster, Manchester; Dr. Foster, Peterborough; Dr. Brownrigg, Nashua

Nurses MacLeod and Warren

MEMBERS OF THE PETERBOROUGH HOSPITAL CORPORATION

You are hereby notified that the first meeting of the Corporation will be held in the rooms of the First National Bank of Peterborough on Friday, March 28, at 4 P.M.

As this is the first meeting of the Corporation and it is called for purpose of organization, it is very important that all members of the Corporation should be present. The meeting will be called promptly at four o'clock.

Per order of the Chairman, (Mr. Russell)

By William H. Caldwell (Secretary)

On March 28, 1919, the property was deeded to the eleven trustees, designated as a "perpetuating board" for the development and management of the property. The temporary and proposed board became official.

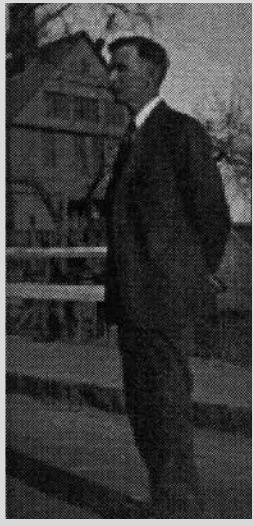
JULY 1919 Little & Russell Architects (owned by Mr. B. F. W. Russell), with offices on Bromfield Street, Boston, completed the design of the first and second floor plan for the Peterborough Hospital by early summer. In July 1919, these finalized plans were presented to the subscribers of the maintenance fund and the citizens of the town through the courtesy of the *Peterborough Transcript*. "While it may seem that very radical changes have been made in Mr. Parmelee's beautiful home, nothing has been changed or destroyed which in the opinion of those who know best about hospitals could have been saved. It is hoped to keep both the outside and within, just as much like a home as possible."

SEPTEMBER 1919 A newspaper obituary reveals that, at this point in time, Mr. Robert Parmelee lived in Old Bennington, Vermont, in the home of his sister.

In September of 1919, Parmelee made an unexpected visit to Peterborough, announcing his arrival only hours before to the Trustees. He remained in town for two days and described that visit as "thoroughly enjoyable and profitable." In his September 26th letter to Mr. B. F. W. Russell, Chairman of the Board, he wrote, "I was able to see some points in

A Personal Story of the Renovation

Esther A. Fitts (in 1982) related her personal memories of the construction of the Hospital. Her father, Charles A. Fitts, Sr., was a carpenter in Peterborough and was in the employ of Mr. Robert Munkittrick, owner of the construction company working on the Parmelee estate. "My father worked on the original house and also the renovation from home to hospital. The home had beautiful wood paneling (which still exists in the library waiting room) and fine details on the stairways, some of which were Dad's pride. Years later, Mr. Harry Wright of the Public Service Company told me that during the process of renovation, Dad was told to remove the stairway near the entrance that he had built a few years before – in order to have room for an elevator. Dad protested, but when he knew it was an order, he broke down and wept."



Charles A. Fitts, Sr.

Dr. Charles Cutler

Dr. Charles H. Cutler

Original Medical Staff

Charles Cutler was one of the four original physicians on staff when the hospital opened in 1923. He was the only member who was a Peterborough native. Born on September 9, 1867, he attended Cushing Academy and the Murdock School in Massachusetts. At the University of Vermont, he was a member of Phi Chi and during all four undergraduate years was president of his class and member of both the baseball and track teams.

His father, Dr. John Harrison Cutler was in active practice in Peterborough when Cutler graduated from the Medical School of the University of Vermont. Charles opened his own office above Forbush's Drug Store. In 1918, when physically ineligible for military service, he voluntarily cared for the Jaffrey patients of Dr. Sweeney and Dr. Hatch during the influenza epidemic.

When the hospital opened, Dr. Cutler became interested in anesthesia and for nearly twenty years assisted at most of the operations performed. He had many recollections of the first days of the Hospital and recalled vividly one of the first operations at the hospital. "A sled provided transportation from the East part of town for the patient on whom an appendectomy was done by Dr. Arthur Weston of Keene with the assistance of Dr. Foster and myself."

Frequently, during the 1940s, Dr. Cutler could be seen walking among the Hospital gardens admiring the flowers. Gardening had become his lifetime hobby. He shared this interest in gardening with Mr. Edward MacDowell, the famous composer, who made the doctor one of the holding trustees of the land which he donated for use as the Peterborough Golf Club.

the alterations that the plans did not make plain to my lay mind. I was much impressed by the foresight in making provision for future growth."

Mr. Parmelee made other suggestions in this letter. "I noticed that the entrance to Mr. Stacey's property, of which I spoke to you, has been much used of late, probably by your own teams (of horses), but as he has probably had access to his meadow by that way for a good many years. Would it not be well to ask Mr. Brennan's advice as to the wisdom of putting up a notice alongside this road, stating that this is a private road not to be diverted in title

by individual use and to give written notice to Mr. Stacey that he is permitted to cross the property for his convenience, on sufferance, to be terminated at the discretion of the Trustees? Should this be done, it might also be well to remind him of his agreement with me to put up a wire fence between our properties at our mutual cost and that a gate, secured with a chain and padlock was to be made at the point of entrance into his meadow and that I allowed him to remove the materials of the old fence which fell through decay, on condition that it should be replaced. I think it would be well to see that Mr. Walbridge's tenants on the Sand Hill Road do not secure a right-of-way by usage."

"When you are having the various bronze plates made, do you not think it would be nice to have one put on the Spring-house?" inquired Mr. Parmelee. And then as a final note in his letter, Mr. Parmelee revealed that "there was a feeling among the doctors that they were being almost entirely neglected by the Trustees in the working out of the Hospital plans and that Dr. Harrington was feeling especially sensitive about it and had stated that he had not been informed about the plans but from what he heard was being done, he felt that mistakes were being made. I think that Mr. Pushee could find out about this as he is so intimate with Dr. Harrington. I know that the Trustees would not consciously do anything that would antagonize the men who will be sending their patients to the hospital and I thought it was wise to let you know of this expression of feeling that you may guard against the arising of any such situation."

Mr. Russell immediately replied, thanking Mr. Parmelee for "bringing up the points in reference to Mr. Stacey and other matters." He added, "I am forwarding a copy of your letter to Mr. Brennan (an attorney) and asking him to take the proper action at once on behalf of the Hospital Trustees. I am also glad that you brought up the point about the Peterborough doctors and I will ask Mr. Pushee to get at the bottom of the matter diplomatically with Dr. Harrington. The rumor that has come to you is entirely unjustified and yet I have a strong feeling that it emanated from certain of the doctors. The four doctors were the first ones to be consulted immediately after the preliminary sketches of the first scheme for modification were made and every suggestion of theirs was followed, with the exception of those, which after discussion they agreed that they were wrong about. The moment that the final plans were agreed upon by the Trustees, copies of these plans were sent to each of the four doctors, pointing out the various points of the new scheme and asking them specifically for their opinion and criticisms. Dr. Foster was the only one of the four who even acknowledged the receipt of the drawings and his only criticism was in reference to having a special room for X-Ray work. However, facts have very little to do with imagined wrongs and I am going to

ask Mr. Pushee to find out just what it is that the doctors think (underscored in the letter) the Trustees have failed to do which they should."

Mr. Russell also wrote to Mr. George Pushee, quoting Mr. Parmelee's letter and asking Pushee to "be good enough to trail this thing (doctors' dissatisfaction) down so that we may find out just what the problem is."

October 1919

During the following month, October 1919, the Trustees of the hospital were faced with still another decision: wards versus private rooms. They decided at their meeting of October 15 that the question was of significant importance to seek the advice of comparable institutions and to "canvass our two hundred and fifty or more subscribers. In this way we could determine what Peterborough thinks." Mr. Russell presented the Trustees with a rough draft of "something, which could be printed and mailed with a return post card." The Trustees were eager to obtain the opinion of the subscribers. The hospital had been designed to contain two wards of seven beds each, a nursery and five private rooms. The nurses' quarters had been designed so that if future demands justified it, the hospital would move their quarters to another location and have five additional private rooms and a small additional ward without structural changes in the building itself. The question arose whether the wards should be sacrificed and private rooms substituted for the whole wards or a part of them. Mr. Russell wrote in a letter to the Trustees: "Those who are in favor of this change think the great majority of patients, particularly the people of Peterborough will want private rooms and would not patronize our hospital if it were necessary to go into a ward. Those who think the plan is best, think that five rooms now and ultimately ten will be sufficient and that our hospital will be large enough as it is planned. These persons believe that we are not warranted in making a change, which will increase the present cost, will increase the cost of maintenance and hence increase the cost to patients. They believe there will be demand by people who will be glad to be in a ward."

At the same time Mr. Russell wrote to Drs. Harrington, Foster, Cutler and Warner explaining the situation and his opinion. "First, I think we have already overdrawn on the unbounded generosity of Mrs. Cheney and Mrs. Kaufmann. Second, it is a great question whether we can raise funds enough to make up the deficit that would be entailed by cutting down our capacity for number of patients. The private rooms could not possibly be made to yield the total of what fourteen beds would, in addition to the increased cost of maintaining private rooms, which is much greater than ward maintenance. I know that you will agree that the great good the hospital will do will out weigh

the few defects that are bound to be in it, whatever we do."

There is limited knowledge of what transpired among the board from October 1919 through August 1921.

August 1921

In August, Dr. Harrington suggested a meeting between the doctors and the Trustees. Mr. Russell responded that the idea was "a very good one." But he added, "do you think, that much like Mr. Harding's Disarmament Conference, we should have a programme before hand, otherwise I do not see that we shall get anywhere. Eleven trustees and four doctors, or a body of fifteen discussing the matter of the management of the hospital, I think could not be expected to arrive at satisfactory results unless both groups had reasonable definite ideas, each as a group on certain fundamentals, at least. It would appear to me that the most important and vital matter is, for you four doctors to agree on fundamentals. Could you not have some preliminary meetings amongst yourselves and then (we) have the combined meeting later on? I am extremely anxious to handle this matter for the best interest of the community and shall appreciate greatly your help and advice in the matter. I have a feeling that for the hospital to be in any measure successful, there must be a complete frank and open minded relation between all of the doctors of Peterborough and the entire Board of Trustees. Perhaps this is an ideal, which cannot be attained, but we must at least approach (it)."

November 1922

As the renovations on the estate continued, the Board of Trustees turned their attention and focus to the general operations of the hospital. Knowing very little about hospital operations and management, they solicited the advice of five Bostonian doctors. Mr. B. F. W. Russell drafted a letter of inquiry, which was approved by the board and mailed. It went to: Dr. William P. Graves, Dr. Beth Vincent, Dr. Franklin G. Balch, Dr. William E. Ladd, Dr. F. Gorham Brigham and Dr. Franklin S. Newell.

In this letter, Mr. Russell, on behalf of the Board, asked a series of eight questions. These questions give us some insight into the daunting decisions that lay ahead for the Trustees.

"There are four local doctors in Peterborough, none of whom is a surgeon. The Trustees do not think that any one of them should manage the hospital. Our questions are:

1. Should we have a doctor or a matron to run the hospital?

2. If a doctor should be gotten to run our institution, should we try to get a young man from some of the large cities?

3. Or should we get one from one of New Hampshire's cities, a surgeon of the best reputation and let him develop our institution much as if it were his own, under the direction and control of the Trustees? (One of the principal problems of the manager will be to solve the difficulties of the conflicting interests and ideas of the four local doctors, whose patients will be our patrons to a large degree.)

4. Should the local doctors form a special board and bear some relation to the Hospital management?

5. Should we form a consulting board of doctors in nearby New Hampshire cities?

6. Should we try to form a consulting board of doctors in Boston, with whom we might go over matters once in six months or so, and who might be available to go to Peterborough to consult or perform critical operations?

7. We have an unusual opportunity for constructing on the estate small rest or convalescent houses, to be used by individual patients and a nurse. Could we expect to have patients sent from Boston to recuperate from operations, nervous breakdowns and the like, who could pay rates, which would help support our hospital. Our average local patient will not be able to pay a very high rate.

8. On the assumption of an average of twelve to fifteen patients, can you approximate what our annual deficit would be, which must be raised by subscription or endowment? We shall have no taxes or interest charges.

There is record of only one response in the hospital's archives. And that response came from a Dr. Albert J. Ochsner of Chicago. Dr. Ochsner's name was not on the original list of doctors and it is not known how he was contacted. His response was submitted to the Trustees by Mr. George D. Pushee.

In his letter, Dr. Ochsner wrote, "If your hospital were located somewhere in any one of the middle states, it would be a very simple matter to conduct it so that it would fully pay running expenses and so that your beds would practically be full all the time. In the East, it may be different. I have had occasion to help a great number of communities establish their own hospital and with very much smaller assets than you have, they have been able invariably to conduct their hospitals in a splendid way without a deficit, and have been able to lay up some of their income for times when the income has lagged."

"I will answer your questions seriatim.

1. Your hospital should have in charge a superintendent of nurses, who should at the same time hold the office of matron. If you should have the good fortune of getting one of our Augustana Hospital graduates to take this

position, your troubles would end because she would make both ends meet and your doctors would enjoy working at the hospital to such an extent that they would soon all be friendly to the institution.

2. You should try to get a young man who has had the following training: first, he must be a graduate of some good school, then he must have served as an intern for at least 1 1/2 to 2 1/2 years, then he must have been the assistant of some excellent surgeon for at least three years, then he should practice in Peterborough with the privilege of having his patients cared for in your hospital where he should make his visits at very definite hours and perform his operations on one or two mornings in the week, always at the same hour, so that the doctors in the community would learn that at those hours he is doing surgical work in your hospital. He should be a young man with sufficient tact to be friendly with all the different doctors, willing to assist them in all of their little operations, the care of fractures and other things in which he would have a great experience compared to their small experience. Such a man would very soon get a very excellent surgical practice and would be a great asset to the hospital and to the other doctors in town.

3. Getting a New England doctor would not be a good plan because if he is unusually capable you will not be able to get him, if he is not, he will be of very little use. Moreover, a young man with the qualifications I have just described would be much more valuable to your institution.

4. Your local doctors should meet at the hospital one evening a month together with your superintendent and with yourself or some other members of your directors or several of these members together and should discuss hospital conditions. If you could arrange to have them meet for dinner once a month in the hospital for this purpose, they would soon become great friends and would all boost the institution. The members of the board, present, should discuss problems with them and then consider them and accept them if they seem to be workable and continue to consider them until something better shall be suggested if they are not workable.

5. Consulting Boards are of no use to any hospital. They are simply a pretense. Members of such boards have their own troubles to look after and are of no use to the institution.

6. A Consulting Board in Boston would be still worse. Have your institution stand on its own feet and then if a consultant is needed, have the one who is suitable for the case under consideration.

7. The convalescent houses would not pay. It would cost you more to maintain them than you could possible make because you could not keep them uniformly filled and the overhead expense would be so high that you

would have to charge much more than the people would have to pay in some of the fashionable health resorts.

8. If your hospital is properly conducted, there will be no deficit. If there is a deficit, the size of it will depend entirely upon how badly your hospital is mismanaged. Your private room patients should pay not less than $5.00 per day for their rooms and $6.00 to $8.00 per day if they have rooms with a bath. Your patients in rooms with two patients should pay $3.00 per day or more. Those with rooms containing more than two patients should pay $2.00 a day or more.

There should be an extra charge for medicine and apparatus. In your town the medicines would probably have to be gotten at the local pharmacy. The pharmacist should make you a price on medicines, 40% less than his regular price and should paste a copy of the prescription on the back of each bottle so that if the medicine is not entirely used, the same medicine will be used for the next patient that requires the same prescriptions.

Dr. Franklin G. Warner

Original Member of the Medical Staff

Dr. Warner was an ardent follower of local athletic teams and rarely missed a baseball or basketball game when it was possible for him to attend. He is described by those who knew him as witty but compassionate.

Dr. Warner practiced medicine for 20 years in Antrim. He was born in Chestertown, New York, on January 18, 1868, the son of Daniel and Lizzie (Jeffs) Warner and graduated from the University of Vermont and Albany Medical College. Married to Nettie May Heritage of Amesbury, Massachusetts, on November 6, 1895, they had one son, George.

While a resident of Antrim, Dr. Warner represented that town in the Legislature of 1898 and was also delegate to the Constitutional Convention, as well as being a member of the board of health of the town of Antrim. After about 18 years of practice in Antrim, Dr. Warner took up his residence in Newport where he practiced medicine for another five years. He returned to Peterborough where he conducted a successful practice until the time of his death on December 25, 1934.

Dr. Warner was active in fraternal organizations including but not limited to: the Waverly Lodge of Antrim; Past Patriarch of the Encampment; member of Warrensburg New York Lodge; the Themis Chapter No. 8, O.E.S. of Peterborough and Peterborough Rebekah Lodge. He was also a member of the Union Congregational Church.

Regarding the element of deficit, we have had much experience. I sent one of our nurses to take charge of the Hospital in Wichita, Kansas, which was about bankrupt because of its deficit. In three years the deficit was cleared up and the hospital was making a snug profit every month, although the charges had not been increased and patients went home enthusiastic while they had gone home grumbling before."

Dr. Ochsner cited two other examples where he had sent nurse superintendents to bankrupt hospitals and they successfully reduced deficits and increased profits. Adding a postscript to his letter, Dr. Ochsner wrote, "In order to avoid a deficit it is only necessary to have a superintendent who knows how to eliminate waste."

JUNE 1923

The board may have received other responses to their inquiries, but none have been archived. Dr. Ochsner's response may have greatly impacted the board's decisions. The Trustees placed the leadership of the hospital under the care of a nurse superintendent. The capacity of the hospital was twelve beds. Most rooms were furnished as wards with three beds. The room rates varied from $2.50

MRS. HELEN S. CHAPMAN

FIRST SUPERINTENDENT

After several months of interviewing candidates, on April 10, 1923, the Trustees elected Mrs. Chapman, Superintendent. Mrs. Chapman graduated from the training course at the Massachusetts General Hospital in 1904. Her first job was as a special surgical nurse and then she advanced to surgeon's assistant and functioned in that position for ten years. After completing a course in Hospital Administration at Massachusetts General, Mrs. Chapman became associated with the administration of the Corey Hill Hospital in Boston.

She came to the Peterborough Hospital after almost four years as Superintendent of the Cable Memorial Hospital at Ipswich Massachusetts. Announcing her arrival, the *Peterborough Transcript* on April 19, 1923, wrote, "The Cable Memorial Hospital is very similar to ours in size, arrangement and equipment. Before that hospital was opened, Mrs. Chapman made a special study of forty different hospitals and equipped and managed the institution to the great satisfaction of the Doctors, Nurses, Trustees and with particular satisfaction to the patients and their friends." She resigned in January 1925.

per room with three beds to $3.50 - $5.00 for private rooms. One private room had a bath and cost $7.00 per day. The hospital never built any small rest or convalescent houses on the premises.

There were four doctors on staff and six bassinets in the maternity ward.

The four local physicians were Dr. Charles Cutler, Dr. Frank Foster, Dr. Charles Harrington and Dr. Franklin Warner. Additionally, there was an associate medical staff of twelve members from surrounding towns.

On June 30, 1923, the Peterborough Hospital, modern beyond the fondest expectations of its trustees, was opened in memory of Alice Elizabeth Parker Parmelee.

The July 5, 1923, issue of the *Peterborough Transcript* reports that "The opening of the Peterborough Hospital was on Saturday, June 30, 1923, was known as 'Doctors Day' and becomes the red-letter day in the history of this new institution, it being open for the reception of patients. At 9:30 in the forenoon, medical men began to arrive and there was something doing all the time until ceremonies closed at 5 o'clock in the afternoon. The hospital had assumed the appearance of a well-regulated institution with the white uniform of doctors and the nurses and orderlies under the efficient management of Superintendent, Helen S. Chapman."

Chapter Two: The Early Formative Years *1923 – 1949*

To understand the great pride that residents of the region had in the Peterborough Hospital, it will be helpful to know more about the medical environment and the conditions under which medicine was practiced in the years prior to the hospital's incorporation and opening.

The Evolution of the American Hospital

Prior to the twentieth century, the hospital was still an insignificant aspect of American medical care. In 1873, the first American hospital survey located only 178 hospitals, including mental institutions, with fewer than fifty thousand beds.

No person of property or standing would have found himself in a hospital unless stricken with insanity or stricken by epidemic or accident in a strange city. When respectable persons or members of their family became ill, they would be treated at home. When the low income were too sick to be cared for at home, they most likely would be taken to an almshouse, not a hospital. A receptacle for the dependent and indigent, the almshouse was also known as a county poorhouse.

Aside from a handful of surgical procedures, most medical treatments could be easily administered outside the hospital's walls and in homes of the middle class and the wealthy. Household medicine was, in fact, identical with hospital treatment

The Early Twentieth Century Hospital

This environment would change drastically during the first decade of the twentieth century when germ theory, antiseptic surgery, clinical pathology and the X-ray were introduced for the first time. Technology and medical research had provided new tools and a reason for centering acute care in hospitals, where the prosperous as well as the indigent could be treated

The buzzwords of the era, "scientific management" and "efficiency" influenced hospital boards and administrators. The trustees of hospitals believed that a hospital was a large business and should be managed in accordance with

sound business principles of that period. In every aspect of the patient's treatment, from admission through discharge, nurses, attendants and house officers were expected to provide an optimum level of care, but at the same time identify cost savings. An efficient hospital, for example, might enforce policies for salvaging butter from dinner trays to make into soap; sterilizing gauze so it could be reused and darning linen rather than discarding it.

From its earliest years, the American hospital was marked by differences of opinion between those of the laymen trustees who bore the moral and legal responsibility for the institution and the doctors who practiced and taught within it. The needs and outlooks of medical staff often conflicted with the social attitudes and financial decisions of lay trustees and administrators. It was not unusual for trustees to feel a personal responsibility for every aspect of the institution and regularly inspect its wards, interview patients, oversee admissions and settle accounts.

Fortunately the conflicts and challenges of hospital administration were confined within the walls of the institutions. American communities were proud of their hospitals. Small towns, which were privileged to have a hospital, saw their institutions as symbols of community identity and respectability.

There were few rural communities the size of the Monadnock Region that could boast, in 1923, of having its own modern hospital.

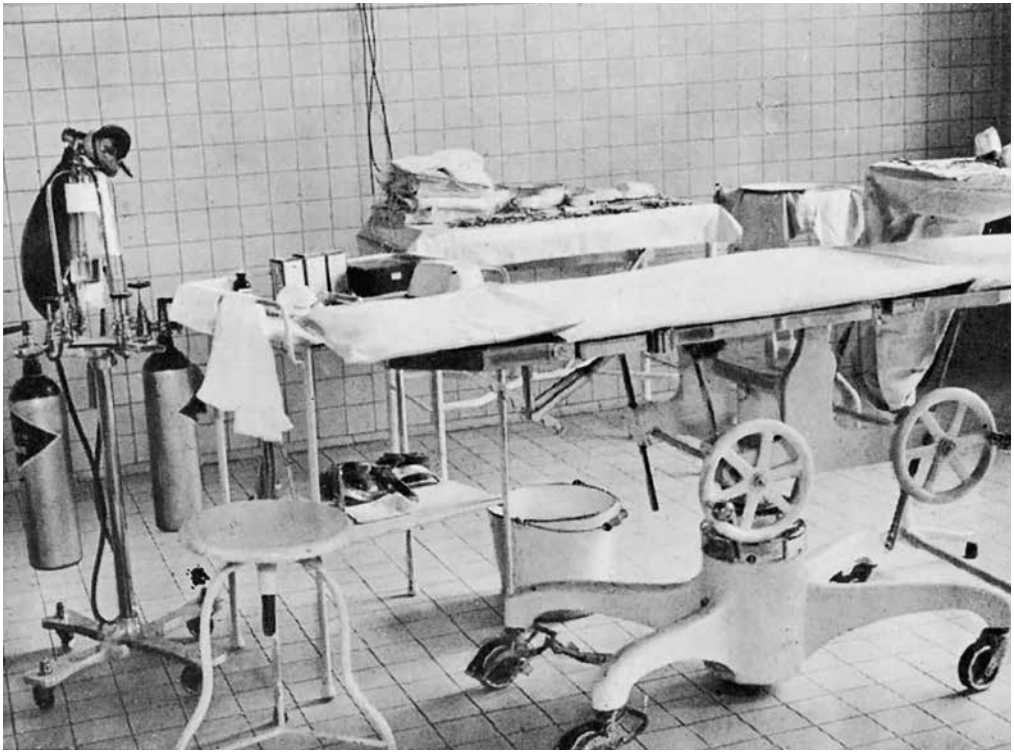
1923 – 1933: The First Decade of Operations

The First Eleven Months: June 23, 1923 – May 31, 1924

After the incorporators/trustees completed the renovation of the original Parmelee estate for use as a hospital and the financial considerations and maintenance issues were temporarily resolved, they turned their attention to the next challenge. Building a competent staff in the newly opened hospital became the high priority in 1923.

From the archived records it would appear that Dr. C. W. Harrington, a Peterborough physician, not only worked closely with Robert Parmelee on the formation of the hospital, but also had much to do with solving the staffing problems. The history of the staffing of the Hospital, at this point in time, is not well documented but we do know that much has been written about Dr. Harrington's concern for a "credible staff."

The Trustees approved a plan for a permanent staff of four doctors



Operating room.

combined with twelve associate physicians. Forty-seven medical consultants, who practiced their specialties in offices as far away as Boston, complemented the staff. Many of them summered in the Monadnock Region.

Visiting physicians and surgeons were more than willing to offer their opinions regarding the "sufficiency of the new building and equipment." All were very favorably impressed. Following is a composite of their brief statements made immediately following the opening of the hospital (excerpted from the *Peterborough Transcript,* July 5, 1923).

"A finer location, better arranged, more completely equipped, up to the minute, modern hospital than this one cannot be found anywhere and now that its excellence has been brought to the attention of area physicians and surgeons, I predict that it will be filled with patients within a very short time."

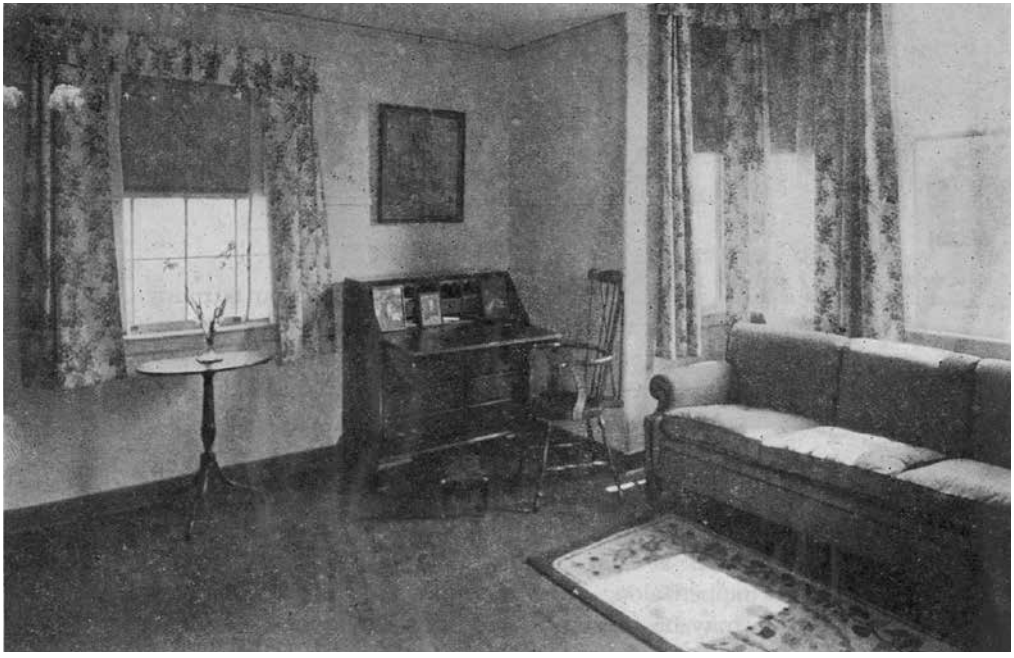
A surgeon added, "The roomy main operating room and the similarly constructed delivery or small operating room, both tiled from floor to ceiling, are the latest word in size, arrangement, regulation of temperature, ventilation and light. There are none better and but few as good."

One of the older physicians may have said it best. "This hospital has every ear-mark of future success, because it is needed right here." And then very profoundly added, "Speaking of the success of hospitals, did you ever know of a good one being abandoned anywhere?"

"The people of this town should certainly be proud of its fine new hospital and forever be grateful to those persons, whose princely generosity have made such an institution possible" was a universal sentiment expressed by yet another visiting physician.

The interior of the Hospital had been made to look as much like a home as possible. Its greatest quality was its cheerfulness, sunlight and air of brightness everywhere. When you entered the main door, you looked at once into a colonial living room, with attractive furniture and books. Fine old prints decorated the walls. Each of the two floors had a "diet" kitchen with its own range, icebox and china closet. An electric dumb waiter connected them. The kitchens were tiled in white from floor to ceiling. Adjoining them were "ice rooms and pantries, one with an electric ice cream freezer apparatus."

The operating and maternity sections were isolated on the second floor as well as special rooms for the doctors and nurses, which had all the equipment for sterilization and etherizing.



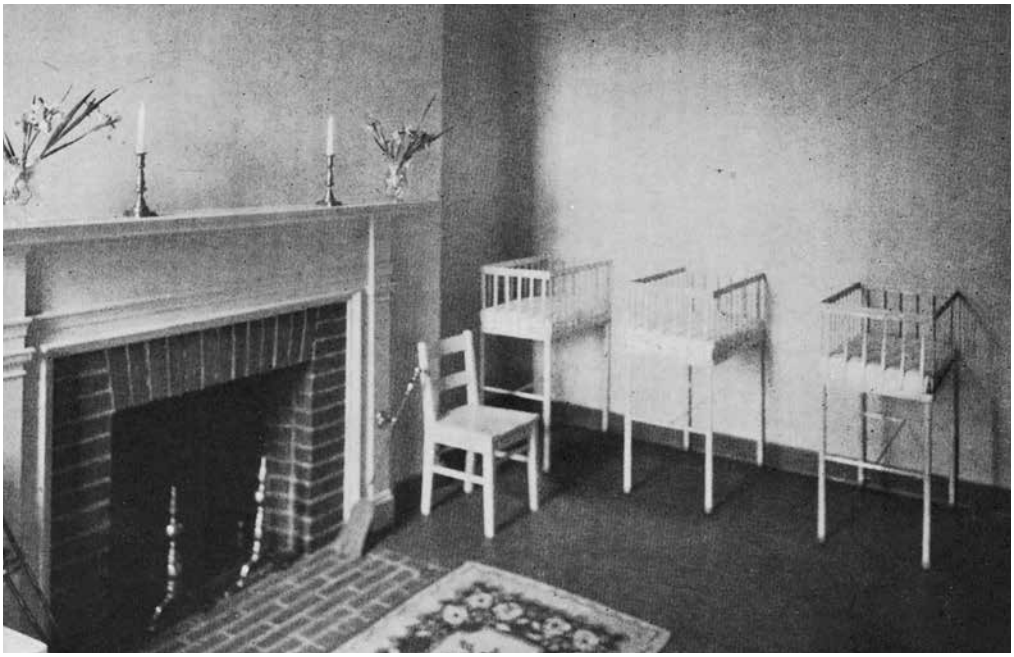
Superintendent's room.

A special emergency operating room was on the first floor with direct entrance for ambulance patients. Here a patient with minor injuries would be cared for and not have to be taken into the main hospital at all.

The superintendent's attractive sitting room, bedroom and bathroom were at the end of the corridor and near the doctors' conference room. The admissions office was directly beside the main entrance. A pathological laboratory, a pharmacy, a room ready for the installation of X-Ray apparatus, a developing room, fluoroscope room and plate storage room completed the first floor.

Imagine what those first days and weeks were like as the hospital staff carried out their duties in what was promoted by so many as one of the most medically advanced hospitals in the state.

Only hours after the Hospital opened its doors to the public, the first child was born at 3 a.m. on July 1, 1923. Dr. Harry M. Morse, from Nashua, welcomed Thomas Lawrence O'Donnell, Jr. into the world by performing a very dangerous Caesarean operation. Mr. and Mrs. Thomas L. O'Donnell, Senior, parents of the newborn, wrote to the hospital Trustees on July 29 thanking them for the gold piece presented to their son. They added, "we also would like to express to the matron and nurses our appreciation of the



Nursery. This room is used as an administrative office at the time of this printing.

excellent care given both mother and child while they were at the hospital."

A Caesarean operation, at this point in medical history, was a very serious operation. The many major operations performed at the hospital during those first weeks, together with the care of other very sick patients, tested the Hospital's efficient organization.

The first meeting of the Trustees, after the opening of the Hospital, took place in August 1923. The Finance Committee made their report and submitted the first budget for the hospital. Operating expenses were budgeted for $32,730. The original Parmelee house was valued at $35,776; construction/renovation costs at $197,162; equipment, goods and furnishings at $16,289.

During the first month, forty patients were admitted to the Hospital. These represented 274 patient days or an average of nine patients a day. There were four births. Thirty-six operations were performed, of which twenty-two of these were for the removal of tonsils.

Since the Trustees and the Medical Staff had the responsibility for the effective operation of the Hospital, the Trustees invited two physicians, Dr. Fred J. Cotton and Dr. Brown of Boston, to speak at their August 1923 Trustee Meeting. They discussed the problems incident to hospital management with the Board and Medical Staff.

If we understand these two groups, we can appreciate some of the problems that they faced. As governing body, the eleven Trustees were the final authority. They were sincere earnest men and women, but they lacked hospital experience and had no form of guidance in the task of managing such an institution. Obviously intelligent as successful business people, they could rely on that intelligence and their common sense in doing their best to cope with a new public responsibility. They were on their own and would make mistakes, but gradually they would gain experience and make use of outside guidance.

The Medical Staff, on the other hand, consisted of men trained to treat patients. Equally sincere, they too had a public responsibility, coupled with strong convictions as to what they required to meet that responsibility. Not surprisingly, at times, they became frustrated by what they perceived as a lack of understanding of their problems by the Trustees.

Between these two groups stood the Superintendent, legally responsible to the Trustees, but also needing to work with the Medical Staff. Hers (usually a female) was the task of supervising the hospital's daily operation while trying to please two very diverse bodies. Torn between the governing board on one side and the working doctors on the other, she must have felt at times that she could please neither. Only rarely did the two groups to whom she answered communicate directly. Most often, their

Nurses' sitting room.

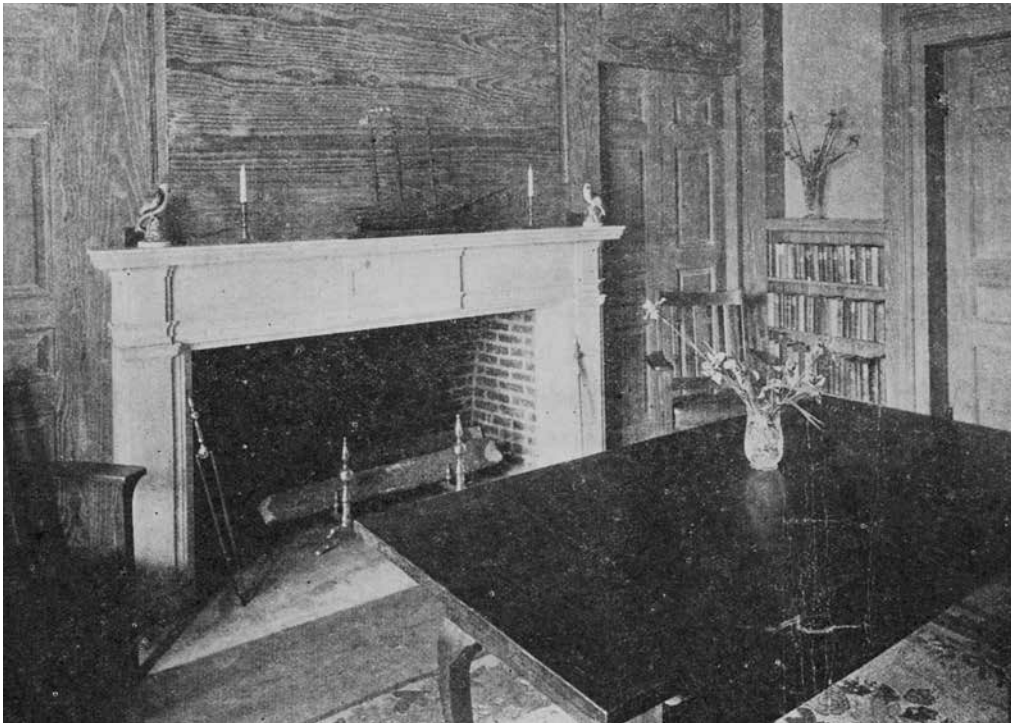
communication was through formal memos and letters.

It became clear during the first year that the Trustees were not a group that delegated responsibility, but instead would provide close supervision of the Medical and Hospital Staff.

The Trustees agreed that they should purchase an X-Ray 'apparatus' when funds were available. Roentgen's 1895 discovery that a mysterious variation of

cathode rays could penetrate flesh to make shadowy pictures of bones and the body's inner structure was still a medical novelty. Diagnosis of tumors, gallstones, kidney stones and tuberculosis; barium examination of the intestinal tract and, of course, study of fractures were then made more accurately. Although those early machines required long exposure times and often offered fuzzy pictures – a far cry from modern radiology – they were considered a necessity for any "modern fully equipped hospital." A critical function of a community hospital even in the 21st century is to have the latest technology to accurately diagnose medical conditions.

The Trustees frequently discussed the advantages of off-site housing for the Nursing Staff. The nurses were quartered in a separate wing of the Hospital with personal access to the main building and the outside. Their combined large living room and dining room adjoined an outdoor covered porch. The quarters were arranged so that if at some time a nurses' home was provided on the estate or nearby, the entire wing would become a special private room section of the Hospital. The Hospital, without the nurses, could expand to almost double its capacity with no new construction to the main building and



The original living room of the Parmelee house. This is now the library at MCH.

First Rules and Regulations of the Hospital

In January 1924, the Trustees approved the first of what would be many revisions to the Rules and Regulations of the Peterborough Hospital. There were ten categories; the exact wording is below.

1. Superintendent: The Superintendent shall be chief executive officer of the Hospital and shall have charge of the Hospital and all the premises and shall see that the regulations of the Trustees are carried out. The Superintendent shall be responsible for the safe keeping and economical use of all provisions and all other stores. The Superintendent shall not allow any employee of the Hospital employed in the Hospital building to be called upon for outside duty. The Superintendent shall see that the attendants are properly instructed in their respective duties in case of an alarm of fire.

2. Physicians: All Physicians and Surgeons of the Staff shall have equal rights and privileges and none shall have more authority than the other. Every Physician shall in all cases write out a diagnosis of new cases as soon as it can be made and leave all directions in writing before his departure from the Hospital. When dressings are being done by a Nurse, the Surgeon on duty must examine these dressings at least every second time.

3. Admittance of Patients: It shall be the duty of the Superintendent to admit patients into the Hospital subject to the Rules and Regulations approved by the Trustees and appoint for each patient the ward and bed (that) he or she shall occupy and change same from time to time as occasion may require, with the advise and consent of the attending Physician. The Superintendent shall keep a record of the names of all patients with their age, residence, employment, date and terms of admission, nature of the ailment, date of discharge, transfer or death and results of treatment or disposition of remains. If after admission any patient is suspected of being affected with a contagious disease or an alcoholic condition, the Superintendent in the absence of the attending Physician or Surgeon will call upon any one of the Staff for advice. The Superintendent shall decide in what order patients will receive attention from the Nurses on arrival or at any other time. When a member of the Staff desires to send a patient to the Hospital, he shall call up the Superintendent and ascertain if there

is room. Until an out-patient department is established or an intern located at the Hospital, all emergency cases shall be admitted by the Superintendent to the receiving department, the family Physician (if known) or a member of the Staff on duty notified who on arrival shall render such service as may be immediately required, ascertaining the circumstances connected with the case, name of family Physician and if patient comes under the employees compensation act or is able to occupy a private bed, such patient shall be turned over to the care of their family Physician. Venereal cases shall be denied admission to the Hospital. The following diseases shall not be admitted. Anthrax. Asiatic Cholera. Hookworm disease. Leprosy. Rabies (dog-bite). Tetanus. Yellow Fever. Anterior Poliomyelitis (Infantile Paralysis). Cerebro-spinal meningitis. Chicken Pox. Diptheria. Measles. German Measles. Trachome. Mumps. Scarlet Fever. Small Pox. Whooping cough. Influenza. Delirium Tremens. Insane.

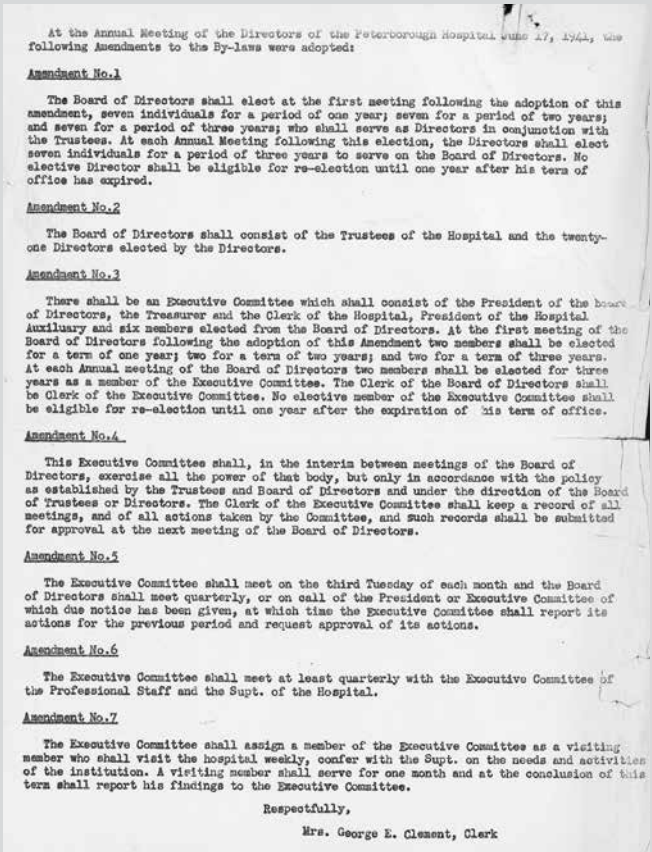
4. Operations: The Superintendent shall keep a record of all operations and all obstetrical cases. All members of the Staff having patients for operation must arrange the time for operating with the Superintendent. Sundays and Holidays may be used as a day for operating only for cases of emergency. Only in great emergency may a Nurse be permitted to act as first assistant to a Surgeon in an operation. Except in cases of extreme necessity not more than two Nurses shall be called up for the Operating room. No member of the Staff shall take from the Hospital any surgical instrument, except in very great need and then only on permission of the Superintendent after which they must be replaced at once.

5. Discharge or Death of Patient: Before a patient can be discharged from the Hospital the order must be signed and reported to the Superintendent by the physician in charge of the case. On the death of a patient the Superintendent shall cause the body to be removed as soon as convenient to the undertakers. No post-mortem examination shall be made without written consent of nearest relative or responsible friend.

6. Visitors: The number of visitors to be admitted any day to a patient in a three bed room may be restricted as in the judgment of the Superintendent is for the best interest of all the patients in the room. The attending Physician may at any time exclude visitors from any patients when it is deemed advisable for the welfare of the patients.

7. Fees and Expenses: Extra charges are made for food not on the regular Hospital diet and for all unusual medicines or surgical dressings. There shall be no free service in the Obstetrical department. Every Physician should practice all possible economy as far as consistent with the welfare of the patients as regards to medicine and surgical dressings. The Hospital does not provide

nor wash clothing for private patients unless by special arrangement with the Superintendent. Patients are requested not to bring unnecessary clothing as the Hospital cannot be responsible for its care and laundering. The superintendent shall examine and approve all bills before they are given to the Treasurer for payment. The superintendent shall collect and receive all dues from patients and all money coming into the Superintendent's hands shall be deposited in the First National Bank to the credit of the Treasurer.



At the Annual Meeting of the Directors of the Peterborough Hospital June 17, 1941, the following Amendments to the By-laws were adopted:

Amendment No.1

The Board of Directors shall elect at the first meeting following the adoption of this amendment, seven individuals for a period of one year; seven for a period of two years; and seven for a period of three years; who shall serve as Directors in conjunction with the Trustees. At each Annual Meeting following this election, the Directors shall elect seven individuals for a period of three years to serve on the Board of Directors. No elective Director shall be eligible for re-election until one year after his term of office has expired.

Amendment No.2

The Board of Directors shall consist of the Trustees of the Hospital and the twenty-one Directors elected by the Directors.

Amendment No.3

There shall be an Executive Committee which shall consist of the President of the Board of Directors, the Treasurer and the Clerk of the Hospital, President of the Hospital Auxiliary and six members elected from the Board of Directors. At the first meeting of the Board of Directors following the adoption of this Amendment two members shall be elected for a term of one year; two for a term of two years; and two for a term of three years. At each Annual meeting of the Board of Directors two members shall be elected for three years as a member of the Executive Committee. The Clerk of the Board of Directors shall be Clerk of the Executive Committee. No elective member of the Executive Committee shall be eligible for re-election until one year after the expiration of his term of office.

Amendment No.4

This Executive Committee shall, in the interim between meetings of the Board of Directors, exercise all the power of that body, but only in accordance with the policy as established by the Trustees and Board of Directors and under the direction of the Board of Trustees or Directors. The Clerk of the Executive Committee shall keep a record of all meetings, and of all actions taken by the Committee, and such records shall be submitted for approval at the next meeting of the Board of Directors.

Amendment No.5

The Executive Committee shall meet on the third Tuesday of each month and the Board of Directors shall meet quarterly, or on call of the President or Executive Committee of which due notice has been given, at which time the Executive Committee shall report its actions for the previous period and request approval of its actions.

Amendment No.6

The Executive Committee shall meet at least quarterly with the Executive Committee of the Professional Staff and the Supt. of the Hospital.

Amendment No.7

The Executive Committee shall assign a member of the Executive Committee as a visiting member who shall visit the hospital weekly, confer with the Supt. on the needs and activities of the institution. A visiting member shall serve for one month and at the conclusion of this term shall report his findings to the Executive Committee.

Respectfully,

Mrs. George E. Clement, Clerk

8. Patients: Patients must comply with the rules of the Hospital as it regards treatment, visitors and deportment. The use of tobacco (on account of fire) wine or intoxicating liquors is prohibited within the Hospital unless prescribed by the Physician or Surgeon in charge of the case.

9. Examination: Applications to examine the medical records and borrow books of the Hospital by Attorneys or others in behalf of Corporations or others against whom suits are pending or threatened by former patients of the Hospital for the purpose of ascertaining the nature of their disease or injury or their treatment while in the Hospital shall in no case be granted.

10. These rules may be altered, amended or added to at any meeting of the Board of managers by majority vote of the Board.

care for more than 40 patients.

One of the single most important elements in shaping the daily routine of hospital life in the early twentieth century was the professionalism of nursing. Nursing, along with teaching and domestic service, were the traditional paid occupations for women. Six, ten-hour days was the normal working schedule for a nurse. They reported to work at 7 a.m. and left as late as 8 p.m. if needed. Graduate nurses in good standing with the Superintendent were given an evening off each week for courting purposes or two evenings a week if they went to church regularly. Any nurse who smoked, used liquor, got her hair done at a beauty shop or frequented dance halls was perceived by the Superintendent as suspect and her worth, intentions and integrity were questioned. The job description for a "bedside" nurse at this time was varied and in addition to patient care they performed such tasks as sweeping and mopping floors, dusting furniture and windowsills; bringing in a scuttle of coal for the day's business; filling kerosene lamps; cleaning chimneys and washing windows. Nurses were required to whittle points on their pencils so they could take the important physician notes. For all this the nurse, who performed her labors, served her patients and doctors faithfully and without fault for a period of two years, would be given a small salary increase by hospital administration. Nurses were compensated not with money but with creature comforts: food, heat and a place to sleep!

Nursing continues to play a key role in shaping the hospital of today. Refer to our succeeding chapters for more details on the influence that nursing had on the growth and reputation of the Hospital.

Most of the Trustees ran businesses and they were familiar with good business practices, including the need for written rules and regulations. At their September 1923 meeting, the Trustees approved the first draft of Rules and Regulations for the conduct of the work of the Hospital. It was the first of what would be many revisions.

The residents of the area were very generous with donations of money and miscellaneous contributions. The Progressive Club and the Mother's Club conducted the first public benefit for the maintenance of the hospital in November 1923. It is recorded that $173.60 was donated. Later that month, the Ladies Circle of Industry made a "generous gift of $25." Most gifts were designated to fund special needs rather than general operations.

By the end of the first year, May 31, 1924 (after 11 months of operation), it was evident to everyone involved in its formation that the hospital was destined to be and would remain for all time, a "blessing to the people of the Monadnock Region." (Quote from the *Peterborough Transcript.*)

The first hospital annual report was written in 1924 and made available

to the public. "Comfort, sunlight and an air of cheerfulness pervade everywhere," wrote its authors.

The issuance of a printed annual report was seen as a way to share news of what the hospital was doing and the first issue established a format that endured for many years.

During these eleven months, there were 274 admissions; 43 of which were obstetrical cases, 94 medical and 137 surgical. Of the 137 surgical cases, 55 were major surgery and 37 were minor operations; the remaining 45 were tonsil removals.

Forty-three babies were born at the hospital. Patient days totaled 2,903. The average number of patients per day was 9. The following surgeons performed operations: Dr. Smith and Dr. Congdon of Nashua; Dr. Cotton and Dr. Miller of Boston; Dr. Morse of Springfield, Vermont; Dr. Jameson of Concord; Dr. Lowell and Dr. Bone of Gardner; Dr. Baker of Lowell; Dr. Foley of Greenville; Dr. Wesselhoeft of Boston and Jaffrey; Dr. Gile of Hanover; Dr. Parker and Dr. Foster of Manchester.

The financial report for the first year of operation shows an operating loss of $4,526.86. The audit statement was signed by Robert P. Bass and Fred Longley, members of the Finance Committee. The original Annual Report with financial details for June 23, 1923 - May 31, 1924, can be found in the Hospital's archives.

The Medical Staff, Drs. Charles H. Cutler, Frank B. Foster, Franklin Warner and Charles Harrington, managed an Associate Staff of 12 doctors and 47 consulting physicians with medical specialties in surgery, nose and throat, ophthalmology, orthopedics, neurology, obstetrics and pediatrics.

The year 1924 was one of learning and development for the inexperienced Trustees.

As mentioned in Chapter One, it was customary for a hospital to be managed by a Superintendent. The Trustees of the Peterborough Hospital placed the leadership of the Hospital under the care of a nurse superintendent, Mrs. Helen Chapman. Numerous letters in the archives, written by former patients or family of patients describe Mrs. Chapman as "courteous" and "efficient."

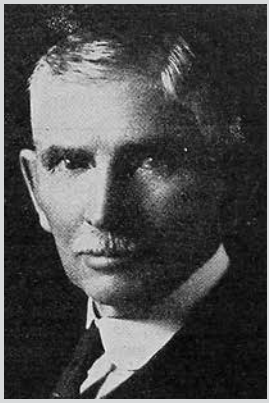
Mrs. Chapman was often cited for her professional skills, kind thoughtfulness and personal sympathy. It was not unusual for patients of Mrs. Chapman who wanted to make a tangible expression of their gratitude, but who were not in a position to donate money, to contribute vegetables and fruits for the Hospital's kitchen.

Mrs. Charles. S. Mills, of Jaffrey, a patient in 1924, remarked, "I received the most constant and kindly attention and I consider Mrs. Chapman, a most

Fred K. Longley

Fred K. Longley was born on Dublin Road in what became known as the Hamphill house. This house was located just below the late John Q. Adams' homestead. Longley was born on August 31, 1856, son of George H. and Sarah M. (Kimball) Longley. Practically his whole life had been spent in Peterborough.

When he finished his education, he entered the Marshall Nay Clothing store as a clerk. Later he took the position as local station agent, which he held for twenty years. He resigned to help his wife run the store he had purchased from Fred Tracy and which she had made financially successful. During the twenty-seven years that the store was in town, it had the highest reputation. Mr. and Mrs. Longley ran the store until July of the year he passed away, 1925.



Longley had been involved with most of the business concerns of the town, not only encouraging new industries and enterprises, but also giving liberally of his time and money in promoting them. He, with George P. Farrar and Arthur H. Miller, owned the Phoenix Mill property, which finally reverted to the Phoenix Mill Associates, and for a time, he encouraged the making of chairs in this mill. He was also identified with the Excelsior Mill at the North, the Shoe and Basket Manufacturers, the Peterborough Golf Club, being a member of the latter since its organization and one of the trustees who took over the lease from Mr. MacDowell, in 1900. He was a Director of the First National Bank and Trustee of the Peterborough Savings Bank. Mr. Longley was the Town Auditor for many years, a member of the Altemont Lodge and Themis Chapter, Order of the Eastern Star.

His death, on November 23, 1925, was a sad announcement especially because his wife, Anna M. Farrar, whom he married on November 12, 1879, died suddenly, three weeks earlier. They both died at their home on Elm Street. It was written in his obituary that those "who were well acquainted with this couple would say their devotion to each other was unusual; always together, finding so much happiness and comfort in their own home and companionship. How beautiful that they are not parted by death."

unusually beautiful and sympathetic woman, wonderfully fitted for her position."

Despite the complimentary remarks from patients about Mrs. Chapman, there was controversy among the Trustees and the Physicians about her competency. The Physicians and the Trustees functioned in two separate worlds and without regular communication between them conflicts arose. Some described Mrs. Chapman as a "tyrant." Others give her credit for keeping the hospital functioning during and after the depression.

Mr. Benjamin Russell wrote, "I found Mrs. Chapman open minded, generous in her point of view and pleased to receive criticism in order that improvements might be made. She said that she would be grateful to any doctor who would with frankness sit down with her and talk matters over with a constructively critical attitude."

Both Drs. Cutler and Harrington agreed to talk directly with Mrs. Chapman whenever they had a complaint and try to be helpful to her. Both agreed, "no one is, has been, or ever will be perfect, or do his work so well that it cannot be criticized." And the Trustees determined that it was their duty to visit the Hospital as frequently as possible, as individuals, to talk with and understand the problems of the Hospital Staff. "We have two forces – Doctors and Nurses. Both professions are of the most nerve wearing. When they come in contact there is bound to be friction from time to time. Our criticisms from and of our two forces come down to the essential thing – tact. Cannot the combined tact of eleven Trustees supply what is missing?" asked Mr. Russell of the Trustees.

The Trustees faced problems from the start of operations, but their most serious were financial. In May, the Trustees decided to begin a drive for funds. A committee of three appointed by the chairman, Mr. Russell, was formed and included Russell, Mrs. Clement and Mr. Nichols.

Mrs. George E. Clement, an original trustee, remained devoted to the hospital. Known for her gardening expertise, she could be seen personally planting and fashioning the gardens around the hospital. As a member of the Monadnock Garden Club, she may have been instrumental in convincing the Club to take full responsibility for the care and beautifying of the grounds of the Hospital. The Club pledged to raise $100 and designate a portion of this money to keep the grass mowed and walks and driveway trimmed. The Committee consisted of Mrs. Robert T. Jackson, Mrs. George E. Clement and Miss Dora M. Spaulding. The remainder of the funds would be used to seed, fertilize and plant hardy shrubs and plants.

The Trustees were concerned about the Club's ability to raise such a large sum of money. "The sentiment was that a number (of women) were being asked to make large contributions and that the Garden Club would levy (a

Mrs. Margaret Clement

Original Trustee

Sunday, February 16, 1958, will be associated in many minds, even today, with the loss of Margaret Clement. She is described as "unique in her generosity, her devotion to her family and her loyalty to the community in which she lived"

Neighbors driving on Route 123 would seldom pass Elm Hill, Mrs. Clement's home, without a glance of admiration and affection toward the stately house and its beautiful trees and gardens. Mrs. Clement had a love for nature. Gardening was her hobby and she spent hours of her personal time tending the gardens on the Hospital grounds.

Friends who joined Mrs. Clement, on any of the several boards she served, agree that she "almost never raised her voice but when she did, she was listened to with attention and respect. Her suggestions were thoughtful and clearly expressed."

Mrs. Clement is also described as having a deep affection for the people in her life. One of the most cherished stories, often repeated, is about her relationship with the late Marian MacDowell. "And how is dear Margaret?" Mrs. MacDowell would inquire repeatedly in her correspondence with Peterborough acquaintances. Everyone who attended the MacDowell Colony's 50th anniversary celebration remembered Margaret Clement, coatless in the rain, laying a wreath on the grave of her beloved friend.

Described in the *Peterborough Transcript* tribute as a "very great lady, great not only for what she did, but greater for what she was.

Mrs. Clement was instrumental in convincing Mr. Robert M. Parmelee that he should donate his summer estate to the people of Peterborough for a hospital. Their original correspondence is framed and hanging on the Monadnock Community Hospital History Wall.

Her family continues to reside in the Monadnock Region and has had a major influence in the governance and operations of the Hospital.

pro-rata pledge) on the individuals of the Club." It was voted and approved by the Trustees that whatever money is contributed as the result of the appeal be turned over to the Hospital for the care and improvement of the lawn and grass. Mr. Caldwell reported that $36 had been received.

During this first year, Mrs. Carl F. Kaufmann, another original trustee and dedicated contributor of the Hospital, "made possible important and secondary services that otherwise would have developed into a burden financially or would have been left outside the available services until funds could be raised for them." (Quote from the *Peterborough Transcript,* June 24, 1948.)

Area laypeople, as well as Medical Staff, financially supported the hospital to the extent they were able during the first year. F. C. Sweeney, MD is an example of this generosity. He solicited $400 from his patients and friends because he wrote, "my time is well taken up, but from time to time, shall try and help out in the financial problems that you will meet and in fact that all small institutions have to contend with." Patients of Dr. Sweeney contributed to the Hospital through him that year and included Pape Yeatman, $250; Emily Wesselhoft, $10; Alice Morris Mills, $25; Ellen Buck, $50; Anna Eugena Tilton, $50 and J. E. Prescott, $15.

The Superintendent's end-of-year report listed both gifts and donations from area citizens. Among the gifts mentioned was $765, contributed by the Trustees for an automobile for the Hospital. More than 38 people donated books, another 10 contributed vegetables, and 13 provided flowers. Mrs. Ingraham, Mrs. Frederick Phillips and Mrs. Buchanan provided homemade jellies and marmalade. Other donations included old linen, dishes, photographs, paintings, mirrors, wastebaskets, cribs and vases. Many area residents, who may not have been able to contribute financially, sacrificed their time by repairing mattresses, doing laundry and sewing. A listing of all the contributors appears in the July 17, 1924, *Peterborough Transcript.*

1925 - 1932

Personnel and Meeting Changes

The Trustees became more adept at human resources management during this period. They initiated significant changes to improve the working relationships between the doctors and the nurses. Miss Beth Fowles replaced Mrs. Chapman as Superintendent in 1925. The Trustees convinced the Medical Staff to host a series of meetings with physicians, surgeons and hospital staff for the purpose of discussing work issues.

Monthly board meetings were moved from the Peterborough Savings Bank and the First National Bank, downtown, to the hospital facility and posed a problem for some of the Trustees. Often it was difficult to get a quorum.

J. F. Brennan in a letter to B. F. W. Russell, explained his predicament, "I have missed very few meetings and would not miss any meeting if it was held here in the village or within walking distance. While the hospital is a convenient and proper place of meeting for those who have automobiles, I must tell you that hereafter I cannot always be depended upon to be present unless held in the village."

The original eleven trustees, appointed by Robert Parmelee on March 22, 1919, and their successors were referred to as proprietary trustees of the Hospital. Mr. Parmelee had given them title (conveyed to them in a quitclaim deed) to the Hospital property/real estate (90 acres of land and the building). The Hospital was incorporated on March 25, 1919, and the corporation owned the equipment, furniture and contents of the Hospital. (Proprietary Trustees were dissolved on August 24, 1965, when the title to the Hospital property/real estate was transferred to the Hospital Corporation.) The Trustees felt that an expanded Board with complementary skills would offer more diverse viewpoints. At their March 1925 meeting, they voted to do this by amending the wording in the By-laws. The By-law change read: "Said eleven persons named in the deed of trust and their successors, together with an addition of ten other persons to be selected by said eleven persons are to constitute the Board of Directors of this corporation, consisting of twenty-one persons in all. Any vacancy occurring among any of these said ten additional directors shall be filled by a vote of the Board of Directors. A quorum of said Board of Directors shall consist of at least five of the eleven persons (or their successors) named in the deed of trust."

Fred K. Longley, who replaced Fred G. Livingston, an original trustee, when Livingston resigned in 1921, died in November 1925. The Trustees sought an individual who would bring "added life, energy and strength to the board" and selected Arthur H. Miller. James B. Sweeney, Jennie H. Field, Everett W. Webster, Karl Musser, E. K. Upton, Rebecca Caldwell and Merrill G. Symonds and Arthur J. Pierce were elected Directors in 1926.

Donald M. Clark, MD was elected to the Medical Staff in December 1927. Dr. Clark would prove to be an effective leader as well as a skilled physician. He was especially influential in bringing specialists from Boston to Peterborough on a consultant basis. The specialists were viewed as a training resource for the local doctors.

Numerous personnel changes occurred in the early 30s. George D. Pushee and Major James F. Brennan, two of the original Trustees, died in 1930. Walter E. French of Dublin, Charles R. Hopkins of Greenfield and Charles M. Larrabee of Peterborough were elected that year. George H. Duncan of East Jaffrey filled the only open vacancy on the Board in 1932.

Miss Beth H. Fowles, Superintendent

Miss Beth Fowles relocated from LaGrange, Maine, to take the position with the Peterborough Hospital in 1925. Her application stated that she was 36 years old, Protestant and a member of the Boston Nurses Club. She was a registered Nurse in Massachusetts and New York and other states by "reciprocity." Very well educated, Fowles graduated from Foxcroft Academy, Dover-Foxcroft, Maine, Class of 1908. She completed graduate studies there in 1909, attended training at Wesson Memorial Hospital in Springfield, Massachusetts, Class of 1912 and Mass General Hospital, class of 1917. While she studied for advance degrees and certifications, she worked as a night Supervisor at Wesson Memorial Hospital, in Springfield, Massachusetts, and Claremont Hospital in Claremont, New Hampshire. Her last jobs were as a night supervisor at Parkway Hospital and night supervisor of a private wing of the Free Hospital for Women in Brookline, Massachusetts. She resigned from the Peterborough Hospital in 1941 after 16 years of service.

An application was received from Dr. Clark in October 1930 for the appointment of Dr. Claire G. Cayward of New Ipswich to the membership of the Medical Staff. His nomination was approved. When Dr. Lawrence Hatch died after what was described as a "short life," Dr. C. Francis Wozmak of East Jaffrey was invited to join the staff.

Frederick G. Livingston

Original Trustee

Frederick Livingston was described as a man who was "often sought in financial matters and he gave his advice only after careful thought and consideration." His decisions were always sound because he was not given to snap judgments. Others wrote that he was "of a quiet, somewhat retiring disposition, had a host of friends and the respect and esteem of everyone."

Born in Peterborough on August 17, 1867, to William G. and Ellen (Cummings) Livingston, he attended local schools and graduated from Peterborough High School in 1884. Upon leaving school, he entered the old *Transcript* office under Farnum and Scott, where he learned the trade, afterwards working in Boston and later purchasing a printing plant in Athol, Massachusetts.

On October 2, 1895, he married Mary Gertrude, daughter of J. E. Lawrence. They had a daughter, Isabelle Gertrude, who passed away at the early age of two. His wife died in 1906 and he married Elizabeth Jackson of Milton, Massachusetts, in 1912.

Mr. Livingston was Cashier of the First National Bank from 1896 until 1921 when he retired because of ill health. His employees said that when he was Cashier, "the work was all done by two people. After he left it took five to do the same work. He was remembered by many at the bank as "a conscientious, hardworking official, who kept every detail in mind and by his unfailing courtesy which, brought the institution to a prosperous condition."

Though he never sought public office, he accepted the will of the voters when he was elected Town Treasurer in 1912, an office he held for eight years. He was a member of Altemont Lodge and the Peterborough Lodge.

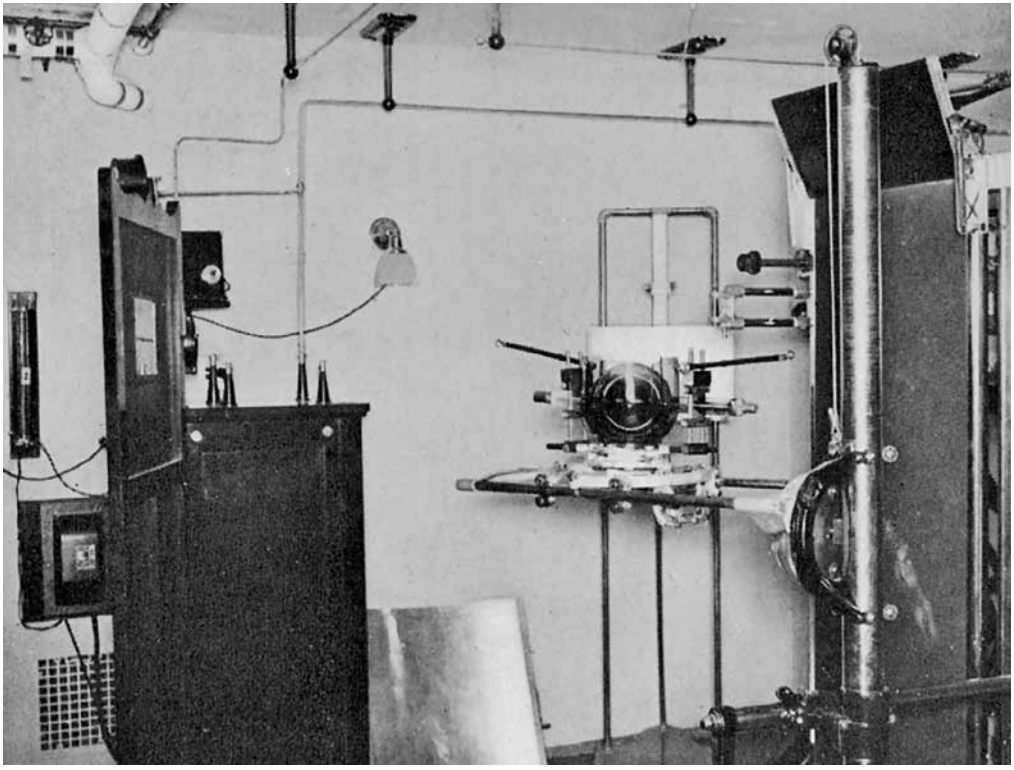
His funeral service was held at his home on Grove Street. The bearers included other Peterborough Hospital Trustees, W. H. Caldwell, A. H. Miller and F. K. Longley.

By 1932, the Medical Staff expanded to thirteen and represented most of the area towns. The physicians were Doctors Grimes and Abbott of Hillsboro, Tibbetts of Antrim, Pease of Greenville, Cayward of New Ipswich, Wozmak of Jaffrey, Sweeney of East Jaffrey and Clark of Dublin. They complemented the four Peterborough doctors: Cutler, Harrington, Warner and Morse. It is unknown where Dr. Stevens practiced.

Financial Concerns

At their July 1925 meeting, the Trustees reviewed the Hospital's financial results for the period June 1, 1924 through May 31, 1925, which showed an operating loss of $19,621.05 in spite of pledges and gifts totaling $33,993.39.

At their November 1925 Board meeting, B. F. W. Russell, Chairman of the Board of Trustees, addressed the members with some serious news. The hospital must have $10,000 of new money before June 1, 1926, and must be assured of an annual income of $5,000 per year. He explained why: "The Peterborough Hospital is constructed and maintained on a scale to



X-ray room.

serve not only our own needs, but all the surrounding communities and the burden of supporting it has been placed almost entirely upon the citizens of Peterborough."

Russell added that the five-year pledges would expire on June 1, 1928, and "we must prepare for a permanent scheme of a balanced budget." He continued, "with the communities surrounding us and the character of our Hospital and the splendid service we have given, our problem should be simple, but it will not solve itself. The Trustees have got to solve it. All hospitals in their early development have to face a deficit. We have done far better than the average in more ways than money."

Many hospitals in this period offered "free beds" to charity cases. While Mr. Spaulding supported the idea, the Directors felt that a free bed would be a fine thing to come later when the Hospital would be firmly established but now and for the immediate future, "the Hospital needs are so great and its resources so limited, that it needs more direct help." (*Current government regulations mandate that not-for-profit hospitals cannot refuse a patient. Monadnock Community Hospital cares for all people, regardless of their ability to pay for services. Charity care exceeded one million dollars in 2005.*)

At their last meeting in 1926, the Board decided to hire professional fundraisers to raise $300,000 and interviewed two consultants: Mr. Bard, of Bard, Hoffsommer and Williams and Mr. Cleveland, owner of Cleveland Company.

The proposed "financing campaign was discussed from various angles." Mr. Russell brought to the attention of the Directors the possibility of "creating a separate unit for crippled children, together with the thought that such an endeavor would have a strong appeal in any campaign." The idea proved unusable when Ms. Fowles reported that Dr. MacAusland "could not promise an all year round supply of crippled children for a possible children's unit." No other compelling reason for the campaign was discussed.

At the joint monthly and annual meeting on July 19, 1927, Mr. Spaulding read the annual report. This report showed a healthy growth and a favorable ratio of earnings. Mr. Russell, the President of the Board, was authorized by the Board to enter into negotiations with Bard, Hoffsommer and Williams. Mr. S. M. Bard was present and outlined the program for the anticipated campaign. Governor Bass offered his office in the Savings Bank Building for Mr. Bard's headquarters. The first step would be to find sixty volunteers from the Monadnock area to serve on a Citizen's Committee. This group would canvass the towns they lived in.

The financial report for the fiscal year ending May 31, 1928, showed increased service fees and a lower operating cost than that of any other year

since the opening of the Hospital five years earlier.

The Hospital had established six Funds from gifts and bequests: George W. Ames Fund, District Nurse Fund, Anna T. Morison Fund, Children's Fund, Lizzie B. Kendall Fund and the Myra G. Tarbell Fund.

Arthur Henry Spaulding

Original Trustee

When Arthur Spaulding died in September 1935, The Reverend Richard Allan Day, Pastor of the Unitarian Church, delivered the eulogy. He said, "Arthur Henry Spaulding was a gentleman of the old school. Quiet, kindly, generous, thoughtful and sympathetic. Loved for the sympathetic spirit that guided his feelings for his neighbors and friends." Five of the bearers included Maurice H. Nichols, James B. Sweeney, James A. Longley, Charles M. Larrabee and Everett W. Webster, Trustees of the Hospital. He is buried in the Pine Hill Cemetery family plot.

Spaulding was born in Milford, New Hampshire, on March 19, 1864, one of nine children of Henry Whitney and Charlotte Farmer Spaulding. His early days were spent in that town and he attended the schools in Francestown and Francestown Academy in New Hampshire.

For a number of years after leaving school, Mr. Spaulding was the proprietor of the Francestown Hotel, later coming to Peterborough to work in the grocery store owned by Silas Smith. After several years he went to Springfield, Massachusetts, where he became a member of the firm of Lewis J. Ball Co. retail grocers and later the firm of Henry J. Perkins, fruit and produce dealers.

Spaulding married Mary B. Morrison on March 2, 1892, and they had one daughter, Charlotte (Mrs. Alpheus B. White of Keene). Mrs. Spaulding died on November 19, 1915.

On April 6, 1917, he married Miss Bessie Millar of Prince Edward Island.

Mr. Spaulding gave up his Springfield position to return to Peterborough to work in the Savings Bank of which his father-in-law, Mortier L. Morrison, was treasurer. In January 1920, he became its treasurer, a position he held at the time of his death.

Spaulding was an attendant of the Unitarian Church, the Altemont Lodge, Royal Arch Masons, the Springfield, Massachusetts, Commandery Knights Templars and the Themis Chapter, O.E.S. of Peterborough. As a Trustee of the Hospital, Spaulding served as the Treasurer for several years and was Chairman of the Finance Committee.

Donations

The Hospital received many monetary, as well as in-kind, gifts from residents in the area. The Trustees in October 1925 voted to send a letter of thanks to Mr. Alfred Thomas for his contribution of loam and labor for the gardens at the Hospital. At the same meeting the Trustees formed a special fund, known as the "Children's Fund" to be used for "the care of some child or children who may be identified as needy." The original contributors to this fund were Mary Sharples, Abby Sharples, Edith Bass, Babette Morrison, Joanne Bass, Anne Sharples, Mary Bird, Ann Bird and Adele Clement. In total the gift was $159.25.

Superintendent Fowles reported monthly to the Board. At the end of the fiscal year 1926, she reported on the improvements to the Hospital and all the generous gifts made throughout the year. The gifts included, but were not limited to, flowers, magazines, books, fruits and old linen. A concrete root vegetable cellar had been built. Three rooms in the basement were fully furnished for the night shift nurses. Fowles added that the Ladies Club from the surrounding towns both sewed and mended linens, clothing and bedding as well as solicited fruits and vegetables for the Hospital. "Christmas was brighter for the patients because various church choirs sang carols during the holidays."

In April of 1925, Mr. Nichols and Mr. Spaulding made a report to the Board on the progress of their fundraiser. Miss Anne Laurie was in charge of the solicitations. Their strategy to "canvass for one and two dollar subscriptions to the general fund of the Hospital resulted in $400. The total number of contributors was 308.

In the final month of the year 1930, the Finance committee reported that the Hospital received from the estate of Charles H. Scripture a check for $25,183.32.

Mr. Russell, in March 1931, presented original letters, one from Mrs. Kaufmann and the other from Mr. Robert Parmelee in which they corresponded about the donation of the Parmelee estate for a hospital. The Board chose to frame these historical documents and hang them on the hospital walls. They remain there today.

One of the more dreaded possibilities at any hospital is destruction caused by fire. In the 1930s fire protection was crude. With the establishment of a state Building Inspection Department and new state regulations, further steps had to be taken to prevent fire and its spread. Mr. Martin A. Hafeli donated and installed a tank for the storage of 11,187 gallons of water for fire protection; an in-kind gift valued at four hundred dollars.

Birth of the Hospital Auxiliaries

Early in January 1924, an effort was made in neighboring towns to enlist the service and support of all women in forming aid societies. One hundred fifty-six women paid a membership fee of twenty-five cents to join.

A mass meeting was called in Peterborough at the Historical Society Building on the afternoon of January 18. Interested women from Jaffrey, Hancock and Dublin were present and reported local membership as follows: Jaffrey, 153; Hancock, 76; Dublin, 15. Expressions of interest were made by representatives of Antrim and Greenfield.

At this meeting, the first slate of officers were approved. They were: President, Mrs. Jennie H. Field; Vice President, Mrs. Cora W. Nichols; Secretary, Mrs. Bessie M. Spaulding; Treasurer, Mrs. Helen L. Paquet.

The common interest and purpose of the auxiliary was to serve the Peterborough hospital. But each town unit was independent and free to minister to its local needs and be involved with projects that benefited their town residents.

On February 11, 1924, the Jaffrey Hospital Aid Society formally organized by electing their officers: President, Mrs. F. C. Sweeney; Vice President, Mrs. D. C. Torrey; Secretary, Mrs. J. G. Townsend; Treasurer, Mrs. W. B. Evans.

By 1927, the group had grown into six active branches: Antrim, Dublin, Greenfield, Francestown, Hancock, Jaffrey/Rindge combined, Peterborough, Sharon and Temple, with a total membership of 493. There were many ways that the Hospital aid organizations served the public and the patients. The range of their services included sewing, mending, gifts of furnishings, linen and food supplies as well as charity for deserving patients. During a canning collection drive, over 800 jars of fruits and vegetables were collected for the Hospital.

Their small sums of money measured up in large value. For instance, a gift of $159.25 from interested young people, known as the Children's Fund, benefited as many as twenty children.

In 1947, the group's name was changed to the Monadnock Community Hospital Auxiliary Association.

At the time of this writing, The Hancock Auxiliary is still vital and active. On Old Hancock Day in 2006, the group held a bake sale. More than 82 people called for volunteers and 74 people donated baked goods.

Miss Rebecca Caldwell presented a comprehensive report in September 1932 on the Hospital Benefit held at the Mariarden Theater. The Mariarden Theater held as many as 700 people and drew theatrical critics from leading New York and Boston newspapers and magazines. A large tent, designed especially for the outdoor theater, covered the entire theatre and "made possible the use of stage and lighting effects hitherto impossible because of the elements. The canvas weighted 2.5 tons and was supported by reinforced cables." The committee included Mrs. Guy Currier, Mrs. Robert Steinert, Mr. Sol Cohen, Mr. Jack Henderson, Mrs. Robert Hoffman and Miss Armstrong (of the MacDowell Colony). The event made a net profit of $694.08 for the Hospital and was designated to buy a biological cabinet for the Hospital Laboratory.

The foreword of the 1927 annual report announces: "The Directors feel deeply grateful to the people of our own community and all of our neighboring towns for their united and constantly increasing aid. All hospitals need financial support and we have been given this to an unusual degree;

MAURICE H. NICHOLS: ORIGINAL TRUSTEE

Mr. Nichols was born in Claremont on August 2, 1878. He was the son of Herbert R. and Lucy (Magown) Nichols. His early years were spent in Claremont; he came to Peterborough with his parents when he was 13 years old. Nichols graduated from Peterborough High School in 1896 and after studying one year at Fitchburg, Massachusetts, Business College, went to Boston to work for the Youths Companion. In May 1900, he returned to Peterborough to join his father in business. H. R. Nichols and Son was an operating stable and they sold horses, carriages and livery equipment. Upon his father's retirement in 1912, his brother, Thomas S. Nichols, joined the firm, and they continued the business under the same name up to the time of Maurice Nichols' death. In 1937 they became the local dealer for a motor company.

Nichols is described as "one of the town's most active bankers and businessmen. He was an organizer of the Peterborough Cooperative Bank in 1920, a member of the Investment Committee of the Peterborough Savings Bank and a Director of the First National Bank. Besides being one of the organizers of the Hospital in 1923, he was a Trustee, Director and Vice

but few are as fortunate as we in the active interest of so many real friends." And further on in the Foreword, "The hospital is no longer an experiment. Its usefulness and its enduring character have been proven. We need no better justification for what has been accomplished than the very generous bequests that have already come to us and the funds that have been created by churches and other organizations. These impose a serious duty to increase our usefulness, our capacity and our technique. The hospital must not stand still. More and more patients come to us each month."

Discussion of a Name Change

As early as 1927, some of the Trustees thought it was necessary to rename the Peterborough Hospital in order to get regional support. Imagine their surprise by the results of the 1927 campaign. Contrary to their original belief, nine towns accepted a share in the future maintenance of the hospital. The total sum raised was $104,091.75. The breakdown of the amount pledged by

President at the time of his death. Additionally, he was a member of the town Auditing Committee, Trustee of Peterborough Home for the Aged and served on the Electric Light Committee in 1912 with the then Governor Robert P. Bass and John W. Robbe. This committee made decisions, which promulgated the sale of the municipal light plant to the Public Service Company of New Hampshire.

Mr. Nichols represented the town in the Legislature of 1921, was a President of the Peterborough Rotary Club and served on the Executive Committee of the Peterborough Historical Society. Mr. Nichols was a Trustee and Treasurer of the Willard Bass Park Association of Sharon and one of the prime "movers" in keeping alive the Sharon reunion, an annual event, which for years brought back to that town in August the descendants of many of the town's early settlers. Fraternally, Mr. Nichols belonged to Altemont Lodge, Royal Arch Masons and Peterborough Rebekah Lodge.

Mr. Nichols married Cora B. Wilkins of Peterborough on August 2, 1900. He and Cora raised two children, Mrs. Phyllis O. Munhall and Richard M. Nichols of Wellesley, Massachusetts

Mr. Nichols had been at work up to three days before his death and he voted on that date. Two of his bearers were Trustees of the Hospital, James S. Sweeney and Charles M. Larrabee, as well as Dr. Charles R. Hopkins, on the Medical Staff.

town follows: Peterborough, $68,225.25; Jaffrey, $12,751; Dublin, $12,750; Hancock, $3,501; Antrim, $3,295.50; Bennington, $2,056; Temple, $1,244.25; Greenfield, $655 and Harrisville, $53.25. This provided an average yearly working capital of $20,818.35.

Again, at their regular monthly meeting in January 1929, the Trustees discussed informally the suggestion of changing the name of the hospital

Mr. William H. Caldwell: Original Trustee

A testimonial to Mr. Caldwell in the *Peterborough Transcript,* written by people who knew him well, describes him as someone who had a "genuine love for Peterborough and an unselfish interest in promoting whatever was for the town's good." This devotion drew him into public activities and he is referred to as an "unofficial ambassador when away, a greeter at home and a good will messenger on home-town selling."

Ex-Governor Robert P. Bass wrote a tribute to Caldwell. "During his later years, he became deeply interested in the Peterborough Hospital, and through his personal efforts large sums of money were raised to meet the operating deficit and to improve the facilities."

And in the same tribute but written by Mrs. George E. Clement, she writes, "My acquaintance with Mr. Caldwell began soon after my family returned to Elm Hill as summer residents. After the plans for the Peterborough Hospital were under way, again it was Mr. Caldwell who proved himself a leader and organizer. It was always a pleasure to work with him. He put his shoulder to the wheel and worked for a cause, without demanding recognition, content to feel that his efforts were bearing fruit and that he had given his best for the welfare of the community. What he gave is beyond measure and will endure." In the same article, it reads, "The Peterborough Hospital was especially close to his heart as he headed the campaign for funds during the years he was Trustee. He outlived his old friend and Florida companion, John W. Derby (also a Hospital Trustee) by only one week. The two were much together in the latter years of their lives, although their outlook and interests were wholly different. Mr. Derby was the businessman, Mr. Caldwell, the idealist.

By a particularly fortunate turn of events, the opportunity fell to him to make a greater contribution to Peterborough's material welfare than he

to a "comprehensive term applicable to the community." The Board asked James B. Sweeney and Maurice H. Nichols to solicit the reactions of other Board members. The general sense of the meeting was that a hospital name, which emphasized "community, rather than Peterborough" would be supported and patronized by the community. Nichols and Sweeney added that if it proves to be the "consensus of the Directors that the name

probably ever dreamed possible – bringing the American Guernsey Cattle Club to Peterborough.

After graduation from college, he became an instructor in agriculture at Pennsylvania State College and was promoted to assistant professor of agriculture. During the World's Fair dairy tests in Chicago, he acted as superintendent of the Guernsey Herd. In 1894, he became secretary-treasurer of The American Guernsey Cattle Club and then Vice President. Mr. Caldwell was one of the early pioneers in dairying.

At that time, The Guernsey Cattle Club was a small organization with headquarters at his farm. Under his guidance during 29 years, it grew into the greatest of breed organizations with business nationwide. Business grew from less than $2,000 a year to over $300,000 and from a desk in his home to an attractive office building. Caldwell formulated a system of records, the first Advanced Register based on a year's production of butterfat made under the supervision of a public agricultural institution and established the first breed publications. Caldwell wrote three books, "Langwater Guernseys," "Glenwood Girl" and "The Guernsey."

Civic minded, Mr. Caldwell was Secretary Emeritus of the American Guernsey Cattle Club, a charter member of the Peterborough Rotary Club, President of the Historical Society and a Trustee of the University of New Hampshire.

Born in Peterborough on April 16, 1866, the son of William Hutson Caldwell and Eunice (Buss) Caldwell, he attended Allen Brothers School, the first "normal" school in the United States. From there, he entered the Massachusetts Agricultural College in 1883. Upon graduation, he received the Grinnell Agricultural Prize for Excellence. At the time of his death, at age 81, he was serving as a representative from Peterborough in the state legislature. A son, William Rice Caldwell of Peterborough and a granddaughter, Elizabeth Anne Caldwell, survived him.

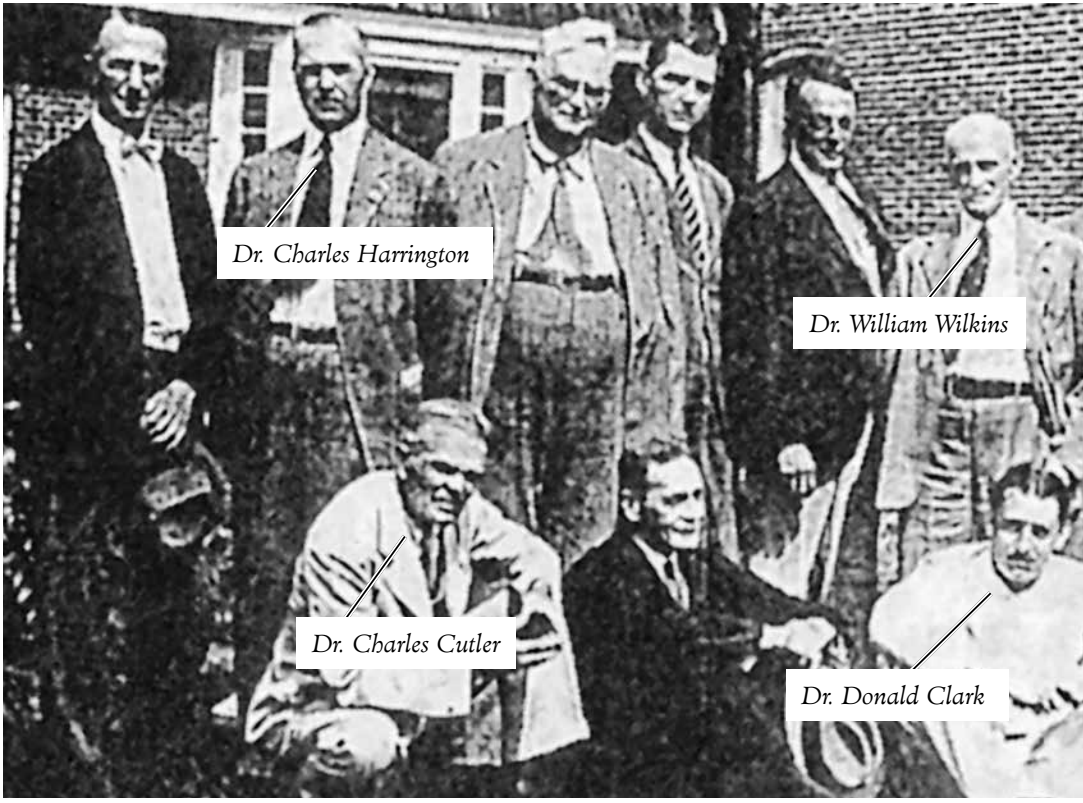
should be changed, the necessary legal procedure can be quite easily accomplished. The principal donors, Robert Parmelee and Mrs. Kaufmann, have been consulted and have expressed themselves as being highly pleased with the idea." Sweeney and Nichols recommended Monadnock Community Hospital.

In February, at the Board meeting, eight letters responding to the name change were read.

Board opinions on this issue varied.

The Honorable Robert Bass felt that "changing the name of the Hospital (to a name) more appropriate to the entire district served (makes sense). There is nothing more representative than Monadnock," he wrote.

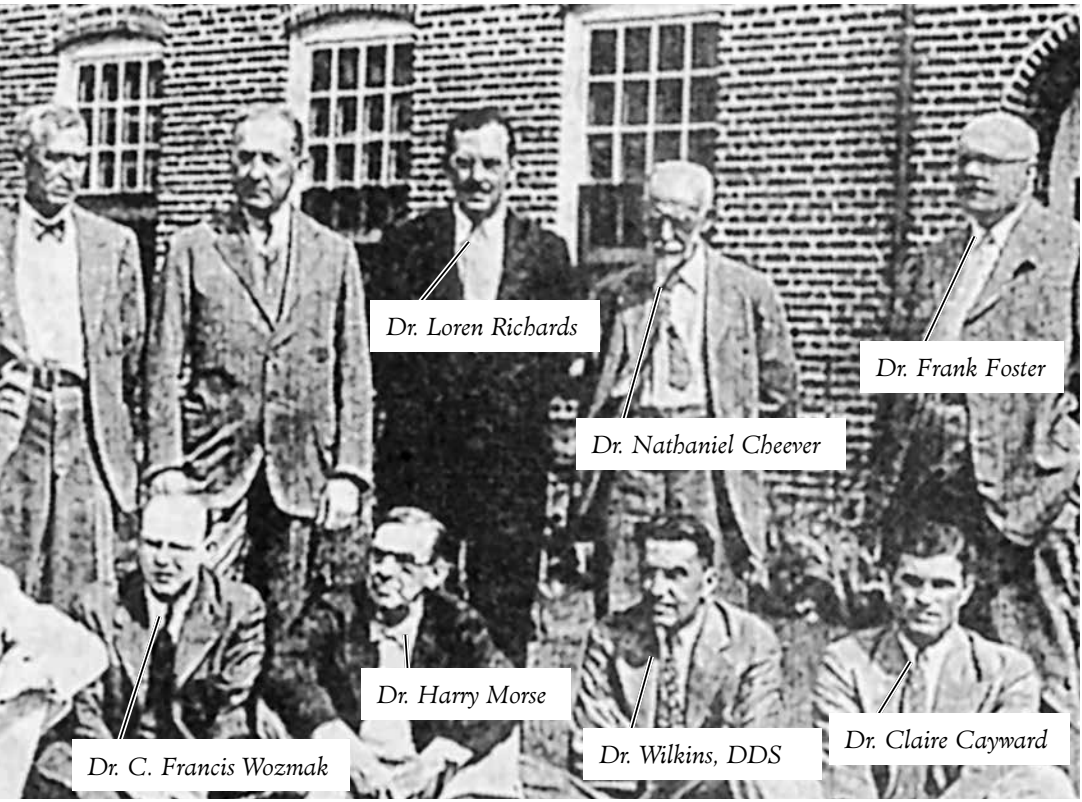
George D. Pushee was very direct with his opinions, "It will always be Peterboro Hospital, no matter what you now choose to call it!" He continued, "You have now carried the name Peterborough for ten years and I hope you will pardon me if I say I doubt that the simple change of name will bring that which you seek and a change (should) be resorted to only after very thorough



consideration, as changes in name are not as a rule desirable. Why not advertise. It is exactly what you would do if you had Heintz (Heinz) Beans to sell." Pushee submitted to the Board a sample advertisement, which would be signed by the Trustees and invite people "from miles and miles and miles around to visit the hospital."

J. F. Brennan wrote in correspondence that the hospital should be known as the Community Hospital, leaving off Monadnock. Peterborough-Community Hospital was suggested by Elizabeth Raymann, "because Peterborough responded so marvelously in the first place – I rather – out of sentiment – sort of hate to see the name Peterborough left off and besides it does suggest the location." Mrs. Kaufmann also favored the name Peterborough-Community Hospital.

In Robert Parmelee's response to the board, he commented, "the suggestion that the name of the Hospital should be changed to the broader one of the Community Hospital seems to me a commendable one and a change that I would approve of… subject to the action of the Trustees,



who must not, however, allow this expression of my private opinion to sway them. If further recognition should seem desirable, it might be secured by instituting a Hospital Day in which all the contributors from these towns could meet those in Peterborough annually to view the work to which they are contributing. This would tend to create or strengthen in them a feeling of personal interest which is less easy to arouse otherwise."

H. A. Hurlin, President of Goodell Company, manufacturers of cutlery and hardware specialties, of Antrim, wrote, "although I see no particular objection to the present name and if a change is to be made, I can not think of anything better than Monadnock Community Hospital."

Margaret Clement suggested the name Contoocook Valley Hospital but after realizing that some of the towns would not come under that heading, supported the name Monadnock Community.

We learn from correspondence that Rebecca Caldwell and More C. King of Bennington also favored Monadnock Community.

Sweeney and Nichols read the Public Law of New Hampshire, which (at that time) governed corporate name changes. They informed the Board that any

ROBERT P. BASS: ORIGINAL TRUSTEE

Mr. Bass enjoyed a long and distinguished career in public life. He represented Peterborough in the state legislature for three terms, 1905, 1907 and 1923 and was a state senator in 1909 – 1911 and governor, beginning in 1911.

Mr. Bass was a close friend and political ally of President Theodore Roosevelt and was one of six governors to support the "Bull Moose" movement.

During his term as governor, a Workmen's Compensation Act and a Child Labor Law were passed, the Bureau of Labor and the Public Service commission were established. Many tax laws were revised. A Corrupt Practices Act limiting campaign contributions and expenditures was also enacted.

During World War I, Mr. Bass was appointed Director of Marine Labor and developed a system of arbitration with local boards and Court of Appeal for the review of its decisions. Mr. Bass was Chairman of the New Hampshire Committee on Post-War Problems. For many years he was Chairman of the Board of Brookings Institution at Washington, D.C.

existing corporation may change its name by a majority vote of such corporation at a meeting duly called for that purpose, by recording a certified copy of such vote in the office of the Secretary of State and in the Office of the Clerk of the Town in this State which is its principle place of business. The Board agreed to take the topic under advisement and to vote on it at their February meeting.

There is no record of the reasons why the discussion ended with no action taken on a name change. We can only assume that the group could not come to a consensus. (In June 1946, the Hospital name was changed to the Monadnock Community Hospital.)

Technology

In 1926, an X-Ray machine was installed at the hospital and it was perceived by the doctors as symbolic of the increasingly scientific character of medicine. The clinical laboratory and X-ray diagnostic tool promised to raise prognosis and diagnosis to new levels. The physician was no longer entirely dependent on the patient's appearance and subjective perceptions. While Dr.

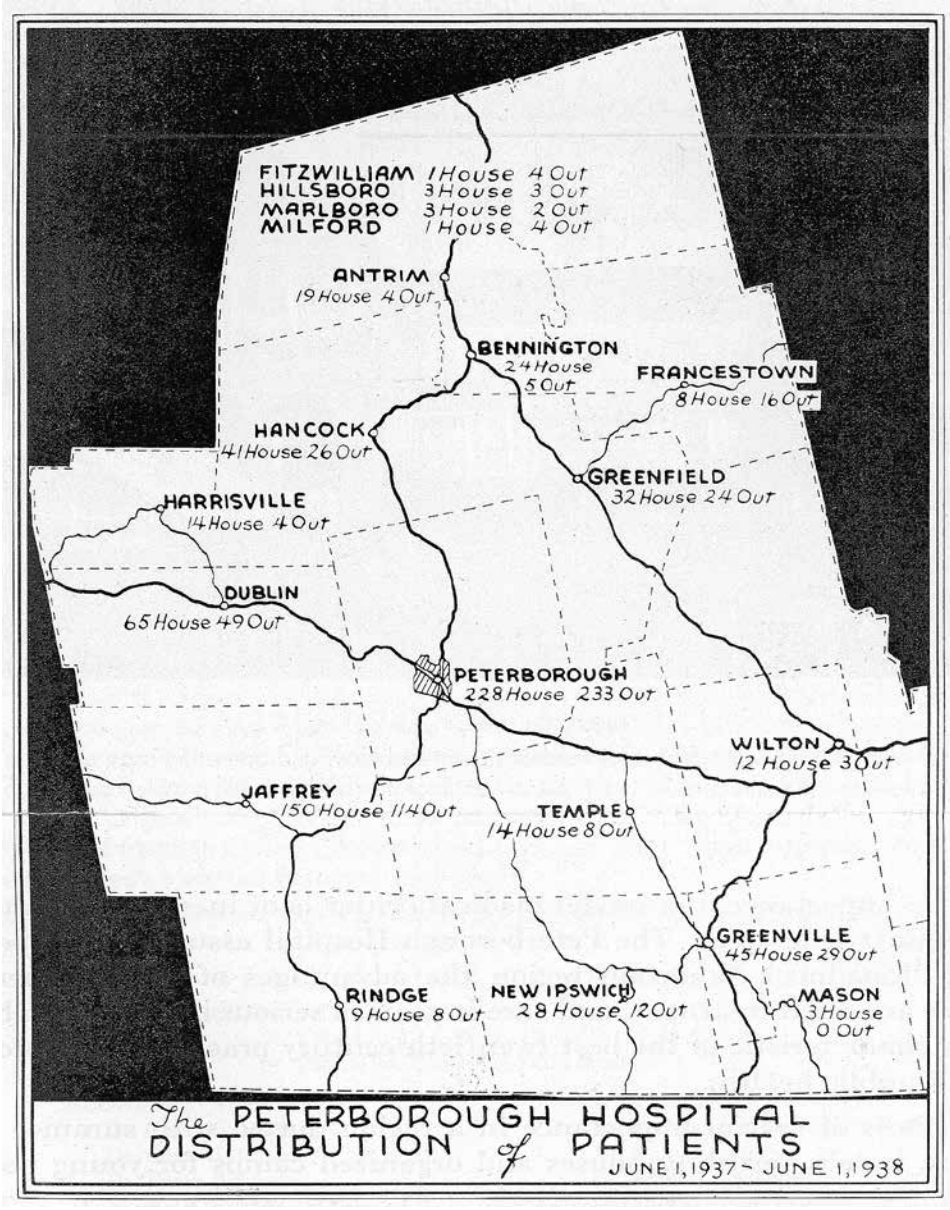
Born in Chicago on September 1, 1873, he graduated from Harvard and held honorary degrees from Dartmouth and the University of New Hampshire.

Locally, in addition to being a Trustee of the Hospital, he was the last original trustee of the Historical Building, which was built by his mother and a former director of the Peterborough Co-operative Bank.

Mr. Bass moved to Peterborough in 1902 from Chicago to live with his mother at Elm Hill. He devoted his time to forestry and dairy farming, and for many years owned a prize Jersey herd. He was a past president of the American Forestry Association.

His wife, the former Edith Bird, whom he married in January 1912 when he was Governor, pre-deceased him in 1950. They had five children. His son, Perkins Bass, was also a Trustee of the Hospital and the family has supported the Hospital with time and financial resources since its inception.

When he died on July 29, 1960, at the age of 86, his family received messages of condolence from dignitaries throughout the country. Government officials, senators, governors, GOP National Committee members and judges headed the delegation of mourners at the funeral. All state flags were at half-mast on the orders of Governor Powell who also issued an official proclamation on the death of Mr. Bass.



T. F. Rock of Nashua was in charge of the unit and a technician was on duty daily at the hospital for emergency fracture work.

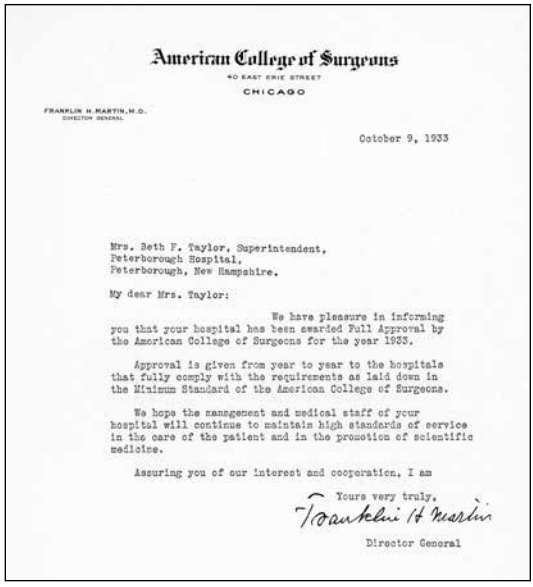
In August 1928, Dr. Richards of Dublin suggested that the Hospital purchase a machine to take basal metabolism tests. Mrs. Kaufmann, always

generous to the Hospital, offered to make such a gift provided that the doctor would see that it was purchased and installed.

American College of Surgeons

The formation of the American College of Surgeons in 1920, despite early resistance to its dictates, meant that a new influence had entered the picture. No longer could hospital medical staffs govern their own affairs with the same independence as before. Accreditation by the American College of Surgeons was very prestigious and the Trustees and Physicians were eager to acquire it.

Dr. I. J. Walker of Boston, representing the American College of Surgeons, was the guest speaker at the Board's September 1929 meeting. His topic was the "standardization of Hospitals." His address covered in detail four principal topics applicable to all hospitals and regulated by the American College of Surgeons: Supervision, Records, Laboratory Work and Staff Organization. The Trustees asked Dr. Walker to conduct an inspection of the Hospital.



American College of Surgeons
40 EAST ERIE STREET
CHICAGO

FRANKLIN H. MARTIN, M.D.
DIRECTOR GENERAL

October 9, 1933

Mrs. Beth F. Taylor, Superintendent,
Peterborough Hospital,
Peterborough, New Hampshire.

My dear Mrs. Taylor:

We have pleasure in informing you that your hospital has been awarded Full Approval by the American College of Surgeons for the year 1933.

Approval is given from year to year to the hospitals that fully comply with the requirements as laid down in the Minimum Standard of the American College of Surgeons.

We hope the management and medical staff of your hospital will continue to maintain high standards of service in the care of the patient and in the promotion of scientific medicine.

Assuring you of our interest and cooperation, I am

Yours very truly,

Franklin H. Martin

Director General

In October, Mr. Russell gave a formal report of Dr. Walker's inspection of the hospital, which had taken place on September 17. The final analysis showed there were three weak factors within the Hospital.

One was the lack of a thoroughly organized chemical and pathological laboratory. The space was sufficient but there should be a full time laboratory technician.

The record system was inefficient. Dr. Walker suggested that the hospital adopt a system developed by the American College of Surgeons and place the laboratory technician in charge of the system.

Dr. Walker recommended that the Medical Staff elect a president and secretary. In addition, Dr. Walker wrote, "In order to bring closer cooperation among the members of the Staff, to aid in their education as physicians and to form the nucleus of a library in the Hospital, I would recommend that the Staff subscribe to a certain number of magazines to be distributed among

members of the Staff. Such magazines would eventually be returned to the Hospital and form the beginning of a reference Library."

Mrs. Kaufmann very generously offered to defray the expense of a technician for the Hospital. On a motion of Mrs. Clement and seconded by Mr. Upton, it was voted that Dr. Donald Clark of New Ipswich be appointed President of the Staff. Another motion was made to authorize Miss Fowles to subscribe to medical journals to the amount of $50 in order to aid in the education of physicians and to form the library.

As a result of the recommendations of Dr. Walker, the first formal meeting of the Medical Staff was held on November 7, 1929. Instead of inviting off-premises speakers, the group decided to rotate responsibility among the staff and ask each doctor to present on a timely topic. The Medical Staff believed that this would encourage the physicians to attend.

1933 – 1937

1933: The Tenth Anniversary Celebration

The Hospital's ten-year anniversary was approaching when Mrs. Taylor (formerly Beth Fowles) presented her plans at the April Board meeting for the celebration of "our Wooden Anniversary."

All neighboring towns were represented at the observance of the tenth anniversary of the Hospital on June 30, 1933; 275 residents were in attendance. A clinic was held in the morning, exactly ten years from the day the first clinic was held and a group of nearly 25 physicians and surgeons gathered to see Dr. Daniel F. Jones of Boston, President of the College of Physicians and Surgeons, perform two operations. After the clinics, a luncheon was served on the sun porch and hosted by President of the Board, B. F. W. Russell.

In the afternoon a formal program was held in the grove, west of the hospital, where Dr. Joseph B. Howland, Superintendent of the Peter Bent Brigham Hospital in Boston, made one of two presentations. He spoke on *Hospital History and Present Day Service* and discussed the financial challenges of small community hospitals. "About 50% of all hospitals in this country are supported by bequests and voluntary contributions, a record not equaled in any other country in the world. These hospitals have higher standards than those supported by taxation though many of the federal and state hospitals for the insane are of the best. I appeal to everyone here to do his part in helping. It is not a matter of philanthropy alone; it is to his selfish interest to see that his local hospital has the proper equipment and personnel to give the highest service. In this depression,

JOHN W. DERBY

ORIGINAL TRUSTEE

Described as one of Peterborough's leading businessmen and citizens, John W. Derby died in 1947 at the Monadnock Community Hospital. He was born in West Swanzey, on August 22, 1873, the son of Webster D. and Harriet (Beals) Derby. He came to Peterborough in 1892 to work for William S. Goodnow in his store. On September 3, 1896, he married Eva Wilkins and in 1902 he bought the retail establishment which for many years bore his name, Goodnow and Derby's Department Store.

Mr. Derby was very active in local and state affairs. Besides being one of the original trustees of the Peterborough hospital, he had been President of the Peterborough Cooperative Bank since its inception, was a past President of the Rotary Club and a member and treasurer of the First Congregational Church.

In a written dedication to Mr. Derby, after his death, he is described as a "valued citizen who has for more than 50 years played an important part in scores of activities for the betterment of Peterborough." The dedication goes on to say, "Mr. Derby was Yankee all the way through. He was born and brought up in a small town and spent most of his life doing business in a rural community. He believed that what was good for the community was good for his business and he contributed a great deal of his time and energy, when physically able, to numerous civic movements. He was friendly, a jovial companion, good neighbor, qualities which brought him a wide acquaintanceship and hosts of friends. He has been a useful man to have around in a period when men of vision, character and independence were altogether too few."

fortunes have shrunk and there are many less rich people. We may not look to them for years to come to carry the whole burden of support. We must expect the people of moderate means and even of small means to help. In these days of automobile transportation, no one is free from danger of accident, whether he be rider or pedestrian and more hospitals are essential." Howland went on to speak about a new insurance. "We insure our houses and our automobiles. Why should we not insure ourselves against the cost of serious illness?"

The second speaker was Dr. George H. Bigelow, Commissioner of the Massachusetts Department of Public Health of Boston and he spoke about early diagnosis of communicable diseases. Following the presentations, the Hospital Aid Society served punch and cookies.

The conscientious Medical Staff wanted qualified colleagues and the Hospital Board wanted the best that could be had for the people of its community. Accreditation by the American College of Surgeons was a very prestigious certification and another measurement of a Hospital's success. In August 1933, the Superintendent read a letter from the American College of Surgeons. It stated that the Peterborough Hospital had been awarded full approval by that body. The Directors expressed their appreciation to the Medical Staff for what they had to do to attain this "approbation."

It was written in the annual report that over the hospital's ten-year history, the average amount received from patients was only 51% of the total cost of maintenance. Annual philanthropic contributions and the endowment covered the rest.

Financial Concerns

Patients' payment for services, always slow, became worse following the Depression. The Social Security Act of 1935 provided benefits for the ailing elderly and granted an allowance for hospital treatment to those over 65 and receiving social security. Although but a small step, this was a forecast of further benefits to come and was welcomed by hospitals and physicians. Of equal importance to the attempts of government to ease the burden of health care costs, was the emergence of health insurance during the 1930s.

Some private insurance companies had devised plans to cover specific diseases early in the century. But all found such plans expensive and difficult to control. Employers generally were required by workmen's compensation legislation of the 1930s to provide funds through insurance to cover hospital and medical cost of work-related injuries. Out of their need came Blue Cross, once described as sired by the Depression and mothered by the hospitals.

The Hospital was running at full census (full capacity) in 1934. It became clear to the physicians that the hospital would soon need to expand and the first mention of expansion was made in a letter to the Trustees from the Medical Staff that year.

Donations

Support for the Hospital continued. In May 1933, the Finance Committee

read an extract from the will of Clara F. Bass bequeathing $25,000 to be held as an endowment fund, the income from which would be used for the general purpose of the Hospital. In addition, "upon the death of the survivors of her trust fund, the principal of that fund would go the Peterborough Hospital to be held by the Hospital as part of its endowment fund."

In August, the Dublin Garden Club's Hospital benefit was held at "Morelands," the estate of Mr and Mrs. Frederick F. Brewster; "Homewood," that of Mr. and Mrs. J. Lawrence Mauran; and "Loon Point," the home of Mr. and Mrs. Joseph Lindon Smith. Total receipts for the hospital amounted to $792.50.

Mrs. Carl Kaufmann donated the money required to purchase the newest, state-of-the-art, X-ray equipment, described in a thank you note to her as "safe as is humanly possible to make any electrical equipment."

In April 1934, Mrs. Mary C. Laughlin donated $500 to the Hospital for the purchase of an oxygen tent, which cost $310. The remainder purchased a memorial bench placed at the entrance of the hospital. It is in memory of Laurence Cramer Laughlin, who was born on July 24, 1897, and died on March 17, 1934. The bench is today at the entrance of the Parmelee Building.

The Finance Committee in March 1934 announced a bequest of $8,500 received from Ivory C. Eaton.

Clara F. Bass

Clara F. Bass is most remembered for building the Peterborough Historical Society Building in 1923. She was, however, a remarkable woman for many reasons.

Born in Chicago in 1850, she was the daughter of Dr. John Foster and Nancy (Smith) Foster. She married Perkins Bass in 1867 in Chicago and they had three children, Gertrude, John F. and Robert P. Bass.

In 1880, Clara purchased the "Yellow House" on Elm Hill Road. She lived there until her death in 1933. Her great grandson, Alex, lives there today.

When her will was read, Clara bequeathed $25,000 to the Hospital to be held as an endowment fund, the income from which would be used for the general purpose of the Hospital. In addition, her will stated that, "upon the death of the survivors of her trust fund, the principal of that fund would go to the Peterborough Hospital to be held by the Hospital as part of its endowment fund."

Five generations of the Bass family have supported the Hospital as patients, benefactors and members of the Board.

In the minutes of the Medical staff meeting of August 15, 1934, Doctors Morse and Foster, "having acquired considerable wealth from the State and Federal Relief ($15) for three tonsil cases, presented the staff with this sum to be expended by Dr. Morse for whatever instrument or items he thought best."

In the 1937 "Report of Officers," Mr. Charles R. Hopkins of Greenfield and President of the Board is quoted, "The Peterborough Hospital is continuing to serve this community of several thousand people and patients. It is better equipped physically and professionally than ever before to take care of the increasing medical requirements of those who support it or find it necessary to use it." The Finance Committee reported that the Hospital had $101,766.71 in investments, and an additional $3,700 in cash. An analysis of service showed increased activity in all departments. Seventy-five more house patients and seventy-nine more out patients were treated in 1937 than in the previous year. Total expenditures for the year were $54,431.62. A total of $42,766.23 was charged by the hospital to patients' accounts. This resulted in a net operating loss of $12,000.

Mr. Hopkins continued his report. "To serve this community, the hospital must be in a position to meet its obligations and this can only be accomplished by an increase in endowment, an appeal to the community for funds to meet current expenses and more stringent regulations as to the payment of hospital bills."

Personnel and Operations

Numerous personnel changes occurred during this period. Majorie Haselton came to MCH to work as a dietician for the Hospital. Ten trays was the kitchen's capacity. (Haselton retired in the summer 1974 after 39 years of service.)

Trustee Arthur H. Miller died in August and was replaced by Elting E. Morison that same month. Arthur H. Spaulding, an original trustee, died in September 1935 and was replaced by Charles N. Longley. Additionally, Judge J. C. Taft was approved to serve on the Board. At the annual meeting, on June 18, 1935, Charles R. Hopkins was voted in as the new President replacing Mr. Russell, who had been President for 12 years.

In 1937, Charles N. Longley resigned from the board and was replaced by Ernest W. Webster. Mrs. Jennie H. Field and Edson K. Upton died that year and were succeeded by Mrs. Eugene H. Mather of Greenfield and Mr. Foster Stearns of Hancock.

Based on information in the annual report, there were twenty-one Directors: this number included the eleven trustees.

Claire G. Cayward, MD was elected President of the Medical Staff and Frank B. Foster, MD was voted Secretary and Treasurer in 1934. The medical

staff was unchanged that year except for the death of Dr. Frank G. Warner.

Dr. Harry L. Day and Dr. Edwin B. McLean of Greenville joined the Medical Staff in 1936 as did Dr. Eugene F. Chamberlain of Hillsboro and Dr. Robert T. Terry of Francestown in 1937.

The Medical Staff of the hospital felt strongly that only through limitation and reorganization of the staff could standards be raised. In November 1935, they recommended that the By-Laws be amended to require the Board of Directors to appoint each year a surgical staff of three members; their selection based on recommendation of the medical staff. These three were to be the only "members of our own staff who can use the Peterborough Hospital in which to perform major operations. In accepting a surgical staff appointment, a physician must agree to spend two weeks at a surgical

Marjorie Haselton, Dietician, 39 years of service, 1935-1974.

training center each year. Failure to do so automatically bars him/her from re-appointment and leaves an opening for an applicant with proper credentials. A member of the surgical staff must automatically retire from the surgical staff at the age of sixty-eight, but may continue to do major surgery in the hospital, his retirement meaning only that there is a vacancy on the surgical staff for a younger applicant. The surgical staff shall appoint a visiting Surgeon-in-Chief to supervise and instruct as much as possible."

The Board voted unanimously in favor of the request to limit the size of the Medical Staff and changed the By-laws to reflect the change.

Mr. Hopkins, President of the Board, was the speaker at the medical staff meeting on September 15, 1936. At that meeting, he presented a plan, which identified space for nine more beds. Nurses who were housed at the hospital had used the rooms. He explained that the house at 25 Pine Street was leased for nurse housing. (Later a house on Concord Street was used and in 1949, the Longley home at 31 Pine Street was purchased.)

Cards of Thanks

It was a common practice, at this time, for patients to write letters of appreciation, referred to as "Cards of Thanks" to the local newspaper, the *Peterborough Transcript*. In these letters to the editor, often a doctor's name was mentioned. The medical staff were uncomfortable with this procedure and agreed to ask the Editor, P. C. Cummings, to refrain from using the name of any doctor in the newspaper. A response arrived later in the month. "That is a matter over which we have in the past, not had any control. Cards of Thanks are composed and paid for by the persons inserting them and they invariably want the material printed just as they have written it. We will suggest to people who insert these cards in the paper in the future that they leave off the doctors' names. If they object we will explain that it is at the doctors' request we do this."

1938 - 1950

1938: The Fifteenth Anniversary of the Hospital

June 23, 1938, was the fifteenth anniversary of the Hospital. The several Ladies Hospital Aid Societies held an open house from 3 to 5 o'clock to mark the occasion. The public was invited. At 3:30, Mrs. Lucy Abbott Pollock, Superintendent of the W. W. Backus Hospital, Norwich, Connecticut,

spoke at a round table discussion of matters relating to women's aid work. Tea followed.

During the fifteen years of operation (June 1923 – May 1938) there had been 7,525 persons admitted as house patients and these represented 80,559 patient days. There were 1,660 medical, 3,707 surgical and 1,005 obstetrical cases.

Personnel and Policy Changes

During this year, Maurice H. Nichols, an original trustee, died. The Trustees wanted to keep the representation on the Board balanced and sought individuals who would represent the various towns served by the Hospital.

The Officers of the Corporation were Charles R. Hopkins, President; Maurice H. Nichols, Vice President; Margaret A. Clement, Clerk; and Winslow C. Morse, Treasurer.

The Directors included representatives from six towns. Peterborough: B. F. W. Russell, Robert P. Bass, Mrs. Carl F. Kaufmann, Mrs. George E. Clement, Maurice H. Nichols, John W. Derby, William H. Caldwell, Carl B. Musser, James B. Sweeney, Charles M. Cummings, Winslow C. Moses and Mrs. Robert F. Carll. Other Directors were: Miss Rebecca A. Caldwell and Mr. Walter E. French from Dublin; George H. Duncan, Fred L. Cournoyer and Mrs. L. H. Wetherell from Jaffrey; Charles R. Hopkins and Mrs. Eugene H. Mather from Greenfield; J. C. Taft from Greenville and Foster Stearns from Hancock.

The Surgical staff: Dr. Leland S. McKittrick, Chief; Dr. H. M. Morse; Dr. Donald M. Clark and Dr. C. F. Wozmak.

Medical Staff: Doctors Charles W. Harrington, Charles H. Cutler, Frank B. Foster, F. C. Sweeney, H. M. Morse, Donald M. Clark, C. G. Cayward and C. F. Wozmak.

Consulting Medical Staff: Doctors Nathaniel F. Cheever, Emeritus; Guy D. Tibbetts; Frank L. Fletcher; Eugene Chamberlain; H. E. Karr and Paul Gates.

In 1939, Mrs. Lawrence Moran of Dublin was elected to the Board of Directors. Dr. Cutler had been elected President of the Medical Staff and Dr. Montfort Haslam was admitted to the Medical Staff.

In 1940, Mr. Charles M. Cummings was elected President. It was also voted to express "thanks to Mr. Hopkins for his five-year term of 'faithful and efficient service.' "

Although the Physicians and the Trustees were socially friendly and met regularly on the golf course or tennis court, they maintained a arms-length stance in the work environment. A letter dated, October 18, 1940, from Dr. Foster to the Board read: "At a regular meeting of the staff, the following

motion was carried. That one or two members of the Board of Trustees be at the staff meeting every month and if it meets with the approval of the Board of Directors, a staff member to meet with the Directors once a month. This to be terminated by mutual agreement." This represented a first effort by the Medical Staff to improve workplace communications between the two groups.

Another refinement that was intended to bring closer co-operation, was the formation of an Executive Committee of Physicians and Trustees in 1941. On a motion of Dr. Foster, seconded by Dr. Cayward, it was voted that an Executive Committee of Medical Staff be formed with rotating membership. Drs. Morse, Clark and Wozmak were the first members from the Medical Staff. The Trustees unanimously agreed to the proposal. "This committee will act in matters pertaining to hospital management" they added and were represented by Mrs. Carll, Mr. Nichols and Mr. Cummings.

Mrs. Fowles Taylor became ill mid-year 1940. In November, the Board voted to give her three months vacation leave to begin January 1, 1941, and to find a substitute to fill her place during that time. Miss Maud Miles joined the Hospital Staff as the Acting Superintendent in January. An effective manager, Miss Miles would become President of the New Hampshire Nurses Association in 1943. Mrs. Taylor did not return and in March, the acting Superintendent, Miss Miles, assumed her role.

It was at some point during this year that the Board voted to have a "Visiting Director" each month, who would tour the Hospital and report back at the Board Meetings. This role would rotate through the membership. Most of the Board members enjoyed the assignment and made detailed reports of their observations at their monthly meetings.

B. F. W. Russell, an original Trustee, resigned in July 1941 and was replaced by Francis B. Donovan that same month. Robert P. Bass resigned in July 1, 1941, and was replaced by his son, Perkins Bass. At this point in time, only four of the original eleven Trustees named by Mr. Parmelee were in active service to the Hospital. They were Mrs. Clement, Mrs. Kaufmann, Mr. Derby and Mr. Caldwell.

The 1941 annual meeting of the newly organized Board of Directors was called to order on August 19 by the president, Mr. Cummings, in the Assembly Hall of the Historical Society Building, after a dinner at the Tavern. Of the 32 members, 26 were present. It was voted that quarterly meetings take place on the third Tuesday in June, September, December and March. Executive committee names were presented and approved. They were: Judge J. C. Taft, Rev. McKee, Mr. Charles Hopkins, Mr. Warren, Mrs. Mather and Mr. Thomas Nichols.

Immediately following this meeting, the new Executive Committee held its

first meeting in the Assembly room.

At the annual Hospital meeting on June 1942 at the Historical Building, Mrs. Karl Upton, Rev. L. C. Grant, William MacDonald, John E. Cass, Rev. William S. Gooch, Martin J. Keenan and Mrs. Forrest Mercer were elected to the Board. A motion was passed and approved to welcome Dr. John C. Doyle of Antrim to the Medical Staff.

Between 1942 and 1945 the operations of the Hospital ran smoothly. The Board hired Miss Ruth Gregson to manage the Hospital. She had been for 15 years the Superintendent of the Plymouth, Massachusetts, Hospital. During this three year period, the Hospital experienced the greatest number of patient days since the opening of the Hospital.

New members of the Corporation included Mrs. John P. Sedgwich, Temple; Dr. Alice Keliher, Peterborough; Mrs. James McKee, Peterborough and Mr. Philip Darling, East Jaffrey. Sadly in 1942, B. F. W. Russell, an original Trustee, died.

Clinton Swift, Temple; Donald K. Pakard, New Ipswich; D. D. Bean, Jr., Jaffrey; Mrs. Carl A. Pescosolido, New Ipswich and Henry Eaton, Peterborough joined the Board in 1946. Dr. G. E. Casisse of East Jaffrey became a member of the Medical Staff.

In February 1946, the Board of Directors of the Hospital voted to place the name of Dr. Frank B. Foster on the Emeritus Staff as he requested. In his letter, Foster wrote, "There is a time to work and also a time to quit and I feel that the latter has come to me. Neither the staff or the Board of Directors should be required or even asked to carry 'dead timer' – if you will allow a Nova Scotian term."

The scope of medical service had continued to expand to more outlying communities; the Hospital was certainly no longer a "Peterborough" institution. Convinced that the name Peterborough Hospital did not accurately reflect its mission, the Trustees voted unanimously to change the name of the Hospital to the Monadnock Community Hospital. The change was effective in June 1946.

The Trustees had placed the management of the Hospital in the hands of Superintendents since 1923. For 24 years three Superintendents had to contend with the high expectations of the Medical Staff. They worked hard to provide quality hospital care and for the most part succeeded. But times were changing. Government regulations, American College of Surgeons and the American Hospital Association standards and the hard facts of the complexity of size all combined to make the business of running a hospital an undertaking that required professionally trained hospital management. It had simply gone beyond the ability of someone trained only as a nurse. The new

doctors wanted someone in charge who could represent the Staff, be able to speak to them as an equal and stand up to the Trustees. They felt that a male carrying the new title of Administrator could better direct the hospital.

In 1947, the Trustees hired Harold S. Fuller as the first Administrator. Mr. Fuller found himself with what he considered a good facility and qualified staff. The earlier problems of human relationships between the Board of Trustees and the Medical Staff were soon disappeared and the two groups found it possible, as well as advantageous, to work in harmony together. Medical records were up-to-date and attendance at meetings was within acceptable standards.

New By-laws brought several changes to how the hospital was managed. Rotating three-year terms for Trustees replaced the annual election of the entire Board. The Board number was set at 32 with a minimum of 21 evenly distributed among all the towns served by the Hospital. A provision for Life Trustees made it possible to honor longtime members, retaining their availability while creating openings for new members. An Executive Committee with full power to act would meet monthly in place of the full Board, which would meet quarterly.

The Trustees soon came to appreciate Fuller's experience and ability to provide counsel in an atmosphere of mutual confidence and respect. He became their trusted manager as he accomplished what no Superintendent could ever do in nurturing a comfortable and cooperative working relationship among the essential personnel of the Hospital – the Governing Board, Medical Staff and Management.

A new era had begun.

Annual Maintenance Drive

Fund-raising loomed large in the minds of the trustees as an immediate, though partial, solution to the Hospital's financial difficulties. With summer approaching, the President announced the names of the committee members who would take charge of the maintenance fund drive of 1938. The committee included Mr. William H. Caldwell, Chairman, Mr. Musser, Mr. Cummings and Mrs. Carll. In June Mr. Caldwell informed the group that the Transcript Printing Company had offered to send out 2,000 appeals for funds to residents in the Monadnock area.

The physicians often spoke at local service clubs to promote the annual drive for funds. In June 1938, Dr. H. M. Morse, Hospital Director and Chairman of the Rotary program committee, introduced the Board President, Charles R. Hopkins, at their Rotary meeting. Hopkins described the history

of the Hospital and its present state. In speaking of the Hospital's physical facility, he pointed out that 30 beds were available and that the Hospital equipment included two oxygen tents, portable X-ray machines, steam sterilizers, auxiliary lighting equipment, items not usually found in hospitals in small communities. Hopkins said that "the Board of Directors meets monthly to hear reports of the treasurer and superintendent and medical staff. Due to the fact that the members of the board are, of course engaged in their own vocations, it is impossible for them to keep in as close touch with the hospital as directors should, hence the superintendent must be given a great deal of authority. The hospital Board, however, lays down the policies of the hospital and several members of the Board have served for the entire 15 years of its existence and have worked diligently for its good."

He admitted that the main failing of the Board was the difficulty encountered in the collection of bills. He said that there are a few hospitals, which require a deposit upon the entrance of a patient and full payment at the time of the patient's departure. He hoped that this ruling would not have to be made at the Peterborough Hospital. He added that 'entrance applications' had been changed and the new 'admission forms' are very comprehensive and should aid materially in the collection of hospital bills. Fees, he said, for outpatient services were the hardest to collect. Mr. Caldwell, a member of Rotary and Director of the Hospital, was in attendance and he informed the audience that in the past 15 years Charity work amounted to $15,000. Caldwell announced the Hospital campaign for $10,000 and said he "hoped for a ready response from the public."

Mr. Caldwell, who had been vacationing in Florida in the winter of 1940, "after some reluctance, generously accepted the chairmanship of the drive for funds to be conducted in the summer months. The event was now perceived as an "annual" fundraiser and called a "Yearly or Annual Maintenance Fund Drive." Mr. Caldwell reported on the work for the coming drive. The Peterborough Savings Bank had consented to have the committee use its meeting room for their headquarters and the American Guernsey Cattle Club offered the use of a typewriter.

This was the first year that the Board used spreadsheet and chart analyses in its campaign. Mr. Caldwell appeared at a Trustee meeting with charts, black and white sectors on a circle, indicating the percentage of income derived from patients, gifts and interest; and another chart which showed expenditures. These were to be reproduced on appeal letters. The patients were shown to pay 77% of the necessary income, 6.7% from interest of invested funds and 16.3% from donations. The Hospital in 1940 received 52 returns from their drive for funds solicitation totaling $3,071.

Under the able direction of General Chairman Maurice M. Blodgett of Peterborough, 17 towns were supporting the Maintenance Fund Campaigns by 1949, $21,290 in 1947, $22,254 in 1948 and $22,497.60 in 1949 – well over the $19,000 minimum amount required to balance the budget each fiscal year. The annual giving campaigns had become and would continue to be an integral part of the hospital's funding.

Ambulance Service in the 1940s

A hearse is an ambulance when it's not a hearse. Not a comforting thought but a common practice in this decade through 1972 when local Fire Departments took over responsibility for ambulance service.

If you needed to go to the hospital in 1940, chances were you'd go in a hearse. "It was common practice for funeral homes to handle ambulance calls in those days," said Bonnie Christian of Peterborough. Her father, Arthur Wheeler, changed his role as owner and operator of Jellison Funeral Home in Peterborough to ambulance driver when the need arose. Changing a hearse into an ambulance meant slapping on a siren and throwing in a cot. There were no state laws which monitored ambulance drivers.

If the hearse displayed a red cross flag, it was functioning as an ambulance, carrying a patient to the Hospital. If a purple flag was flying, a deceased individual was inside.

"The vehicles were bought as combination hearses/ambulances," remarked Daniel Keaveny, current owner of Jellison. "Both Woodbury & Son Funeral Service and my firm ran the service in the greater Peterborough area for more than 30 years, but no one was particularly attached to the job."

Running an ambulance service wasn't a fun job. "We were doing this more of as a service," Wheeler mused, "the pay – provided by families – wasn't much. But somebody had to do it." Despite having only Red Cross first aid training, Wheeler never lost a patient in transit in all those years. "I must have done something right," he said.

Ambulance service circa 1963

Donations

Hospital financial support continued. In 1940, the Cogswell Benevolent Trust of Manchester sent a check for $500 asking that the money be used for free bed service. Mr. Morse announced his receipt of a $500 gift to the hospital in the form of a trust fund to be known as the Ella Goodhue Fund. Mr. Caldwell reported that the Hospital was to receive a legacy to Anna P. Smith from the Clara F. Bass Estate of $11,000 upon her death.

Mrs. Clement, became lovingly referred to as 'the fairy godmother' for frequently hosting parties for the nurses at their home.

At the end of each year, Miss Miles would report the generous contributions from residents that included gifts of towels, books, nightgowns, magazines, layettes, mattresses, tables, vegetables, fruit and various other household and hospital supplies.

Dr. Clark, for example, donated a sterilizer for instruments used in the operating room.

Certificates worth $150 had been received from the Eben Jones Endowment Fund. A bequest from the estate of the late Dora M. Spalding of $5,000 was announced.

A gift of $700 from Mrs. Marshall Field was used to purchase a Wilmot Castle light in the operating room. Another $5,000 donation became the

MCH Nursing Staff circa 1945: (first row, l to r) Ethel Record, Nellie Evans, Maud Miles, Superintendent, Madelyn Hopkins, Mae Bunce, (second row, l to r) an unidentified nurse, Marian Adams, Eveline Senechal, Leah Hill, (third row, l to r) Toini Jukua Taylor, Edie Johnson.

basis of the Bradstreet and Richard Parker Fund and the interest from this fund was used for worthy Peterborough patients who needed monetary support. The Hospital was bequeathed $2,298.32 from the will of Jennie M. Hadley, designated for the general fund and The American Guernsey Cattle club pledged $1000 per year for five years.

The Impact of World War II

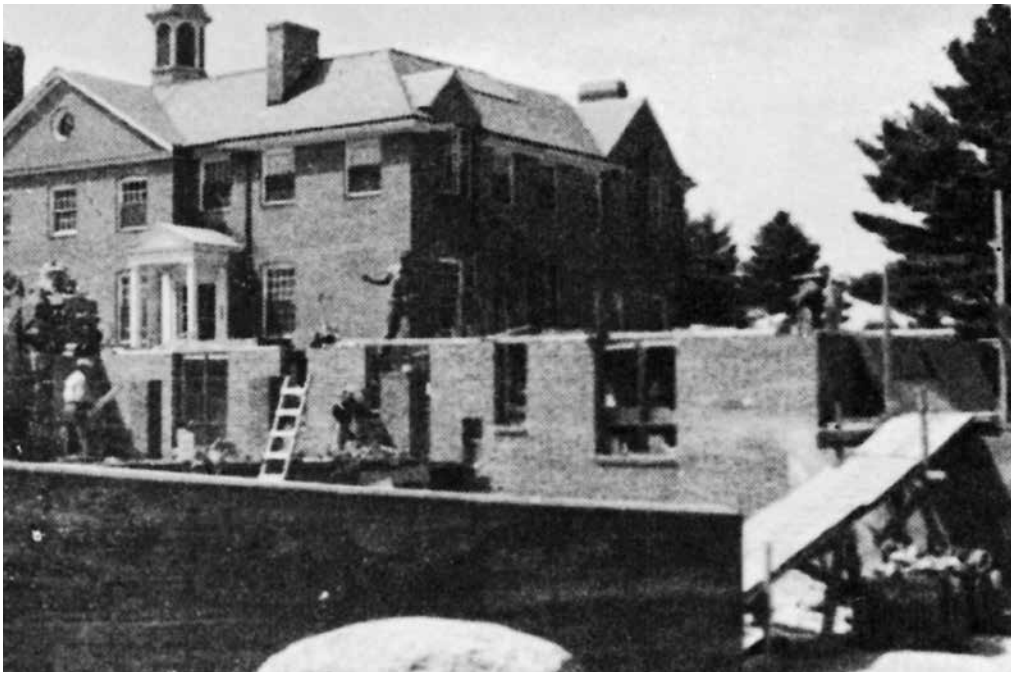
The United States entered World War II in 1941 and its effect was wide and deep across the nation. Young men and women joined the armed forces. The impact was felt at hospitals in staffing and supplies, both of which suffered from shortages. The armed services required large numbers of physicians and nurses. Vast amounts of material were required: medical supplies, bedding and other cloth goods, gasoline, food – indeed everything that had been taken for granted in peacetime was preempted or, at best, in short supply.

The Hospital did not escape these problems. When food was rationed, local "victory gardeners" shared their produce with the Hospital kitchen. A plea to support the Hospital in the 1944 *Peterborough Transcript* read, "Contributions of canned fruits, vegetables and jellies for the Hospital may be left in the Post Office Lobby." The war created a shortage of rooms. Elderly and acute patients who had formerly been cared for at home required hospital beds. Beds lined the corridors and filled the Library. Women in the Monadnock area left their homes to replace men in defense jobs and it became difficult to recruit enough nurses.

The "in-service" volunteer movement in American was born out of necessity during the war. A caring public responded to the shortage of doctors and nurses. In April 1942, Dr. Cutler began training eight women in various nurse duties to help him in time of need. Several experienced nurses had offered to come to the hospital and help teach a nurses' aid course. This was the first effort of the Hospital to recruit volunteer aids. It proved so valuable that it quickly came to be considered an indispensable service.

Dr. Cutler was very involved in the war effort. Instruments that were not needed by the Hospital were donated by Dr. Cutler for war service overseas. During this period, Dr. Foster, Head of Defense for the region, began a training course for medical corps at the Hospital. All air raid wardens were required to have a full ten hours of training.

Miss Miles reported that the staff attended a presentation by Mr. Parker of the Defense Department on the topic of Hospital defense. She said that all precautions had been taken: sand in the attic, ladders, shades for blackout, etc. The Hospital windows were blacked out so planes flying



overhead couldn't attack. Car headlights had to be dimmed when approaching the facility.

With the end of the war in August 1946, the hospital began to return to normal. The war had a significant effect on the practice of medicine. There were new drugs and methods of treatment to supplement the older knowledge of biology and immunology and bring about decreases in incidence of and death from contagious and infectious diseases. Records indicate a lower incidence of diphtheria, typhoid and tetanus. Tuberculosis joined smallpox on the list of former scourges. Scarlet fever, for which there is even now no vaccine, was among the more prevalent of the contagious illnesses.

The wartime development of penicillin and antibiotics brought dramatic decreases in death from nephritis and respiratory diseases. The use of penicillin and antibiotics were becoming routine in controlling infection, reducing that postoperative complication to a minimum. Postoperative management was undergoing other changes. It all meant that the patient could return to activity sooner. Some of the nurses of that time, accustomed to bed confinement of two weeks or more, recall their amazement when patients were ambulatory on the day following surgery. It was talked about as if a revolution had occurred.

March 30, 1949, Groundbreaking Ceremony: (l to r) Arthur Parker, Chief Engineer; Marjorie Haselton, dietician; Mamie Paquet, cashier; Charles Barrett, x-ray technician; Adine Lyon, Director of Nursing.

The North Wing Addition

By 1946, the Hospital was operating beyond normal capacity. Many leading physicians in Boston practiced at the Hospital regularly. Some even restricted their practices to Boston with the exception of regular visits to Peterborough. In January 1946, C. M. Cummings informed the Medical staff that they had hired Curtin and Riley, hospital architects, to conduct a survey to determine the local community needs. The Board formed a hospital expansion committee to confer with the architects while the survey was in progress.

At the May Trustee meeting, this "consultative committee, also known as the hospital expansion committee," met at the Peterborough Savings Bank. Francis B. Donovan, chairman, presided. The full committee included Charles M. Cummings, Mrs. Margaret A. Clement, Dr. Claire Cayward, Merrill G. Symonds and Ernest B. Piggott. Mr. William Riley and Mr. Atwood, engineers of the architectural firm, were also present. At this meeting, Mr. Riley explained the basis for the survey, which included:

Number of beds based on present needs
Number of beds based on estimated demand over the next 25 years
Study of the most practical building location
Analysis of operating costs
Expense estimates for all recommended construction

He presented two plans. Plan A "contemplates a Y-shaped addition on the north side of the present building which would increase the beds from 36 to 70 and cost $348,000." Plan B called for an L-shaped addition on the north side extending out from the porch. Plan B provided a total of 50 beds and 15 bassinets at an estimated cost of $325,000. The Committee agreed on the fifty-bed plan.

This was a period when hospitals everywhere were coming under increasing pressure from federal, and, to a lesser degree, state governments. New laws and the consequent regulatory power would become major factors as government impinged on the health care field. Prior to the 40s, the only overseer was the government's power to issue licenses and the American College of Surgeons standards.

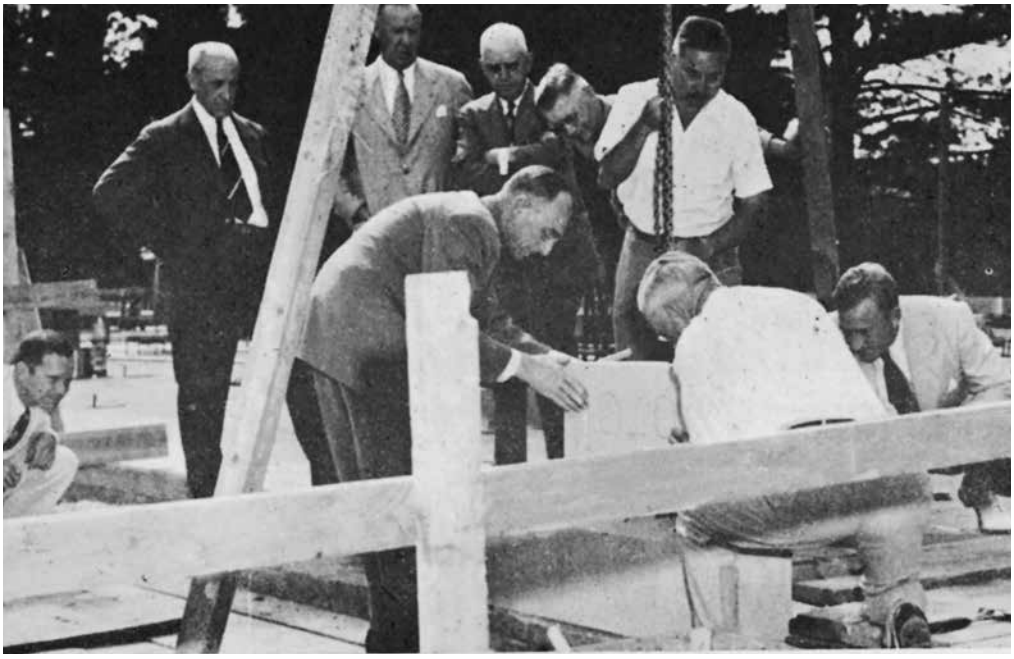
Some control over hospitals took the form of intervention by programs such as the Hospital Survey and Construction Act of 1946, and later through Medicare and its companion, Medicaid. State planning councils and commissions governed such issues as determination of need and service rates.

Resistance to control was probably natural and, like the Doctors earlier, Hospital Trustees viewed much of the regulation as interference in their right to handle their own affairs. Loss of independence became one of three major factors influencing the period ahead.

A second factor was the emergence of health insurance, which eventually would assure that almost everyone would have some form of third-party (insurance) coverage. Blue Cross and Blue Shield along with a few other private plans were in place by 1948. The ability to pay made the services of the hospital available to all.

Not only would more and more people come to the hospital on a paying basis, but also advances in technology made hospitals in demand for advanced testing, diagnosis and treatment. As a result, hospitals, like Monadnock, found themselves running out of space and facing the need for larger facilities. The need for bricks and mortar became the third important factor influencing the future.

The trustees met in June 1948 to consider the "advisability of securing federal funds for the construction of a new wing." Other districts in the state needed hospital facilities more than Monadnock, and the Board was advised that no additional funds would be available. However, "the standing of the



June 18, 1949, cornerstone laying ceremony for the first addition to the Hospital. Charles M. Cummings wielded the official trowel. Standing at the rear are, from the left, George Abbot Morison, Theodore W. Gunn, Merrill G. Symonds of Jaffrey, and Forrest C. Mercer. Crouched at the far left is Senate President Perkins Bass who was also president of the hospital corporation at the time.

hospital was so high and the new plans were so comprehensive that the state authorities made additional funds available so that the trustees were able to do everything which they had hoped for to make the hospital the finest of its kind in New England." (History of Peterborough, Morison)

In December 1948, Mr. Fuller reported to the Trustees that to date the hospital had been granted $135,000 in federal funds and that an additional $40,000 would be available. He explained, "Part of this latter amount was contingent on the Hospital's collecting approximately $5,700 more on delinquent pledges to the building fund. This was because the federal funds were matched on a two for one basis."

George Abbot Morison, Chairman of the Building Committee of the Hospital Board, announced that the Trustees had awarded a contract to the H. P. Cummings Company of Ware, Massachusetts, for the construction of a new three-story wing to the Hospital. The Cummings Company was the lowest of eight bidders (no relationship to Charles M. Cummings, a member

of the Board). The construction company had extensive experience building additions to hospitals, including but not limited to the Elliott Community Hospital in Keene, the Cooley Dickinson Hospital in Northampton, Massachusetts, and the Mary Lane Hospital in Ware, Massachusetts.

When one of the two architects, Mr. Curtin, died and the Trustees were unable to come to an "agreement" over the layout of the building with Mr. Riley. With no other "alternative" they canceled their agreement. Kendall, Taylor and Company of Boston, who specialized in hospital planning and design, replaced Curtin and Riley as the architects on the project.

According to the plans, the new wing would be built of fireproof brick construction on three levels.

George Stewart of Dublin was the general chairperson for the building fund, which raised $395,000. As far as is known, this is the largest sum of money ever raised for a peace-time charitable or community purpose (in 1949).

On March 30, 1949, groundbreaking for the new wing began. Several Directors were ill and others were out of town or otherwise employed on that day. Therefore, the ceremony was presided over by the following: Charlie Barrett, who started mowing hospital lawns in 1928 and later became an x-ray technician; Mrs. Mamie Paquet, billing clerk and cashier with 20 years of service; Miss Marjorie Haselton, dietician for 15 years; Mrs. Adine Lyon, superintendent of nursing for 10 years and Arthur Parker, 19 years as the hospital's chief engineer.

On Saturday, June 18, 1949, twenty-six years after the opening of the Hospital, the Cornerstone inscribed "1949" for the North Wing addition to the hospital was laid in place over a copper container holding current and past hospital mementos. A number of Hospital officials and dignitaries attended the ceremony.

When completed, the Hospital would increase their patient capacity from 19 beds to 55, and add a new operating, delivery and X-ray rooms as well as a laboratory and outpatient department.

Chapter Three:
Expansion
1950 – 1970

Background

Previous chapters of this book dealt with the *founding* and *formation* of the Hospital. Since the Hospital's inception, grateful communities generously supported it, responding to capital campaigns, annual maintenance fund drives as well as in volunteer services. A bond of amicability existed among the Board, Administration and Medical Staff. Physicians had learned how to sustain the highest level of medical care. Trustees learned how to lead. By 1950, a solid foundation had been established.

The Focus of Chapter Three: Expansion

During this next period, which we call *Expansion*, the Trustees had to keep pace with both the demands of a growing population in the communities served by the Hospital, advances in medical technology and government regulation.

Two major challenges faced them. The first was their commitment to keep the Hospital in sound financial condition. Any deficits created by periods of low census, poor collections and revenue loss would have to be paid for by local appeals and the generosity of the communities served by the Hospital.

Their second challenge was to maintain the high standard of service embraced by the institution since its founding and, at the same time, meet all the standards of government supervision. The Trustees knew that Hospital accreditation would be in jeopardy if there were a shortage of hospital beds and medical staff. Building and expansion of the facilities during this period was inevitable and would become a daunting complex task for the Trustees.

1950 – 1960

When the 1950 North Wing was completed, Monadnock Community Hospital was considered one of the finest in New England.

That same year, Robert Carll died. He was the original builder of the Parmelee estate and the general contractor during the conversion of the house to a Hospital. It was the end of an era and the beginning of two decades of rapid change for the Hospital.

At this point, the organizational structure of the Hospital was firmly established. Perkins Bass, President of the Corporation presided over the 27th annual meeting in 1950.

The corporation was composed of 64 members, who met annually. The Board of Directors met monthly and the Executive Committee held its meeting immediately after each Board meeting. Francis Donovan chaired the Board until 1951, when Charles M. Cummings took control. The Medical Staff was meeting regularly, under the leadership of Dr. Clark, and conferences with consulting doctors were held at monthly intervals. In 1953, the Chairman of the Corporation and President of the Hospital Aid Society

The Board of Directors circa 1950: (top row, l-r) Mr. George Stewart, Dr. Claire Cayward, Frances Donovan, G. A. Morison, Perkins Bass, Karl Musser, Al Bunce, Harold Fuller, Administrator. The identities of the bottom row of the Board are unknown, with the exception of Reverend McKee, who is seated on the far right.

The Cummings Family

When George Cummings moved to Peterborough from Francestown in 1900, he bought the *Peterborough Transcript*. Since that time, the *Transcript* has highlighted the latest fundraising campaigns and news events of the Hospital, often with front-page coverage. At one time the *Transcript* printed a weekly list of patients! Five generations of Cummings have remained very closely associated with the hospital as patients, volunteers, donors and reporters.

were invited (by a by-law change) to be ex-officio members of the Board.

The Hospital had earned the respect of the medical community and often was mentioned in health care publications. It received recognition in the *Modern Hospital Magazine*. A second article about the Hospital, written by Administrator Harold Fuller, appeared in the *New Hampshire Sunday News*.

Administration and Personnel

Administrator Harold Fuller had a reputation for being forward-thinking and action oriented. He focused as much on expenses as he did on revenue. By installing the uniform cost accounting system for the Hospital, he was able to compare costs with other hospitals in the state. Fuller studied operational costs and eliminated those expense items which he felt were redundant or unnecessary. For example, he eliminated a switchboard night operator position, removed three telephones and reduced the yearly premiums of Hospital insurance.

Two thirds of all patients admitted to the Hospital in the 1950s held some form of hospital insurance. A very important change occurred in April of 1951, when a new contract with Blue Cross allowed the Hospital to bill a patient the difference between Blue Cross room payment and the cost of the full room charge. Revenues of the Hospital from Blue Cross insured patients immediately increased.

With the growth of insurance came the growth of paperwork. Incomplete doctors' records again became problematic. Well-completed records were expected by the increasingly strict accreditation program. Fuller did not wish his hospital to be criticized by the inspectors on this or any other remediable point. Invited to comment on this topic at a Board meeting, Dr. Wozmak stated that he felt that the habitual delay on the part of the doctors in completing their

records was serious and that such practice could not be permitted to continue. Fuller reminded the Board that the Hospital had no clinical clerk and suggested that two clerks be hired to bring records up-to-date and keep them current. Confident in Fuller's advice, the Board unanimously approved his request. Record keeping delinquencies ebbed and flowed throughout the history of the Hospital since its inception. Under the leadership of Fuller and Wozmak, it never reached the point where accreditation was in jeopardy or suspension of a doctor's privileges was ever necessary.

World War II created the need for a variety of volunteer services in the homeland. One of these was the National Blood Program of the American Red Cross. Fuller introduced this program to the Hospital Board. Participation assured the Hospital of a consistent blood supply at no expense to the hospital or patient except for an administration fee. Later this program became nationally known as the Red Cross Bloodmobile.

The climate of medical practice changed during the latter part of the twentieth century. There was a continuing need to provide physician care to the area towns, so the Hospital established satellite clinics. The first was in the town of Jaffrey. Salaried physicians and staff maintained these offices.

Dr. Donald Clark

Described as hardworking, Dr. Clark opened his office in his home at 69 Main Street in 1937. Of all Peterborough physicians in the mid-1900s, he is given credit for raising medical-care standards to the highest level. Dr. Clark found time to visit patients in the office and hospital as well as in their homes. In addition to all this, he made regular trips to Massachusetts General Hospital in Boston, shadowing the doctors on their rounds in an effort to improve his clinical and surgical skills.

Administrator Harold S. Fuller (l), and Dr. Donald M. Clark.

Monadnock Community Hospital doctors and consulting doctors, circa 1950. Missing from the picture is Dr. Harold G. Lee, consulting doctor from Boston.

The solo general practitioner found it increasingly difficult to survive for many reasons. The long work hours of doctors made it challenging for them to remain up-to-date on the most current advances in general medicine. Office operating costs increased because of all the restrictions and paperwork requirements imposed by the government and insurance companies. Group practice saved money and offered doctors more personal time away from their offices.

Dr. Chandler: Forty Year Practice

Alfred Chandler graduated from Tufts Medical School in 1942 and accepted an internship at Worcester City Hospital and the Springfield Hospital. While at the Springfield Hospital he met his future wife, Janice Yarber, described as the "ball of fire" in the Hospital record room. After his internship, Dr. Chandler entered the Army Medical Corps, and when he was assigned to inactive status, he held the rank of Major.

During the summer of 1946, he began the task of looking for a place to practice. He drove around New Hampshire with his father and interviewed with Dr. Donald Clark in Peterborough and Dr. Casimir Wozmak in Jaffrey. Dr. Chandler decided to come to the greater Peterborough area and take over Dr. Sterling's practice as Dr. Sterling was leaving to join Dr. Wozmak in Jaffrey.

Dr. Chandler practiced in his home on Main Street in Antrim.

Dr. Chandler and his wife moved into a Victorian house on Main Street in Antrim. The bedrooms were on the second floor but the family living quarters were on the first floor with the office. In the process of his move, he received his first patient. A woman had fallen and sprained her wrist. She asked him to take a look at it and when she offered to pay, he refused. A day or two later he had a freshly baked blueberry pie as the first remuneration of his practice in Antrim.

For many years, the time Dr Chandler spent making house calls almost equaled the time he spent

Dr. Clark organized what was probably the first group practice in town, recruiting Dr. Theodore H. Lee for his surgical skills in 1946. Two years later Dr. Mahlon R. Mason joined them in general practice and obstetrics. Dr. Herbert E. Flewelling, an internist, who managed a satellite office in Jaffrey, later joined the group in Peterborough in 1948.

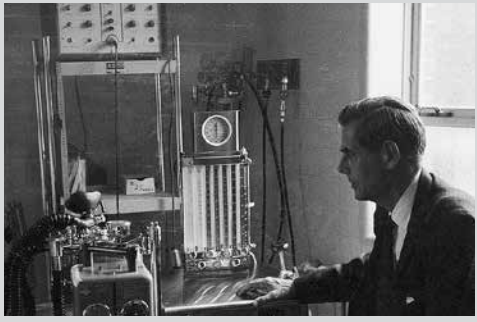
The group dissolved when Dr. Clark left in 1953 to take the position of

in office appointments. In his early practice he charged only $2 for an office visit and $3 for a house call.

His practice grew rapidly and he became involved in administering anesthesia at the Hospital. He eventually became a member of the New Hampshire, New England and the American Societies of Anesthesiologists. In 1953 Dr. Chandler was elected President of the Medical Staff. In 1963, he took the examination and was certified a fellow of the American College of Anesthesiologists.

One of the most rewarding and gratifying experiences of Alfred's professional life, according to his children, occurred upon the death of Charlotte Rosell, a patient from nearby Hillsboro. She died on May 26, 1979, leaving an endowment of $100,000 to the Monadnock Community Hospital to be used in any way that Dr. Chandler felt it would be most beneficial.

Dr. Chandler and his wife had four daughters, Priscilla, Susan, Nancy and Carol. Mrs. Chandler was instrumental in organizing and running the projects



Dr. Chandler and an early ether machine.

of the Antrim Hospital Aid. It was this group which worked throughout the year preparing for its main event, the Hospital Aid Fair.

Dr. Chandler served as trustee and deacon at the Antrim Baptist Church. He served on a community relations committee working with Nathaniel Hawthorne College and was a college physician. The New Hampshire Medical Society honored him with a life membership.

Throughout the forty years of maintaining a busy rural practice, Dr. Chandler and his family worked tirelessly to support the hospital. His daughter, Priscilla, an RN, works at the Hospital at the time of this writing.

school physician at Phillips Andover Academy and later moved south to minister to the coal miners of Kentucky.

In 1955 Perkins Bass retired as President of the Board and Mr. Joseph K. Close was elected President. That same year, Chairman Donovan was elected a member of the Trustee committee of the New Hampshire Hospital Association and hosted one of its regional meetings at the Hospital.

Dr. Twitchell, who arrived in 1956, after completing his surgical residency in Hanover, New Hampshire, was the first surgeon in town to be certified by a national specialty board.

Annual Maintenance Campaigns

The Maintenance Fund Drive continued to be an annual event. During this decade, the cost of hospital care exceeded the fees collected for services. The annual maintenance campaigns made up for the deficit from insufficient Hospital revenue. Seventeen towns participated each year.

In 1951, Mr. Arnold Baer agreed to chair the Maintenance Fund Drive. Towards the end of the campaign, in October, the drive was approximately $2,700 short of its goal. Mr. Fuller pointed out that Jaffrey was $2,453 behind its quota, almost the same amount that the entire drive was short. Mr. Fuller is quoted as saying that the theme song of this campaign should be, "it all depends on Jaffrey." The Drive exceeded its quota by more than $1,000.

Robert Stewart, the Maintenance Fund Drive Chairperson in 1953 recommended that a "woman" be vice chair in 1954. He said that "women represent the largest numerical group of solicitors and therefore it would be just recognition of their efforts." Mrs. Katharine Jackson was asked to serve as Vice Chairperson in 1953 and Chairperson in 1954, the first female chairperson of this event.

The 28th Annual Meeting: 1951

The 28th annual meeting of the Corporation was held on June 19, 1951 in the auditorium of the Peterborough Historical Society Building. Mr. Bass' nomination as Chairman of the Corporation was approved and he continued in that role. At that same meeting, the By-Laws were changed to increase the number of Board members to a minimum of 100 members. The reason for this was to give the corporate membership "both wider geographical distribution and a larger portion of individuals logically eligible for future selection to serve as trustees/directors." The corporation membership would eventually exceed 700 members.

The Needles

In 1895 Mrs. Cheney and her daughter, Mrs. Elizabeth Kaufmann, built "The Needles" on East Hill. A local showplace and a typical example of "summer resident" architecture, the Cheney property was comprised of mansions, barns, stables, roadways and cultivated fields.

Mrs. Kaufmann, an original incorporator and Trustee of the Hospital died in 1953 and left the estate, as well as $500,000, to the Hospital. Her will stipulated that The Needles was to be managed by its trustees until such time as they no longer wished to maintain her former home. When and if such a time came, Mrs. Kaufmann's will stipulated that "The Needles must be torn down before the land on which it stood was sold by the Trustees."

After the Hospital took over management of The Needles in July of 1955, two different lessees ran it unsuccessfully as a rest home. By 1962, it became clear that the property would have to be sold.

The contents of the home were auctioned off and the estate was demolished. Pictures remind us of the expansive gardens, which ornamented one of the most pretentious, if not architecturally beautiful, residences ever built in Peterborough. Sold at the catered auction were a baby grand piano, a library of books, Hepplewhite mahogany inlaid bow-front bureaus, a Queen Anne mahogany dining room set and other miscellaneous treasures.

The LaRoche brothers, Charles and Roland, bought the property and built single-family homes on it in the late fifties. A town street called Kaufmann Drive on a portion of the original estate is accessible today from Cheney Avenue.

Mrs. Alwin Young, President of the Hospital Aid Association announced the formation of two new societies in Antrim and Bennington, which brought the total number of branches to ten. The Aid Associations not only were purchasing special equipment for the Hospital, but also mending, sewing and furnishing transportation for patients.

Mr. Morrison gave the report for the Building committee. It had been estimated that the total building cost for the North Wing would be $525,000. This figure proved to be insufficient to cover additional equipment, unforeseen contingencies arising from remodeling the old building, corrections of errors in planning the sewage disposal unit and other items inherent in the work. Costs would total $562,000. Mr. Morrison added that $181,206 came from Federal aid, but the cost still exceeded available funds by $15,000. He further explained that this deficit would have to be met through solicitation of friends of the Hospital.

Mrs. Clement was recognized for her perfect attendance at all 28 annual meetings of the Corporation. A round of applause, though heartfelt, seemed hardly sufficient for all her contributions.

Donations

By 1951, the Hospital had 17 funds totaling $186,495.56, which was invested at 4% interest. Contributions from area residents continued.

An anonymous friend gave a new station wagon to the Hospital in 1951. D. D. Bean and Sons, through Mr. Vernon Bean, made a generous $5,000 contribution.

For sixteen years the Hospital took care of Kendall Hall students at nominal cost. Kendall Hall was a private all girls school on Old Street. The Trustees felt strongly that the presence of the Hospital in Peterborough had been a distinct asset to the school. When the school closed, Perkins Bass, Trustee of the Kendall Hall property presented a proposal for the Hospital Board to accept a donation from the liquidation of the property. In June of 1952, the Directors received the generous gift of $20,000.

That same year, the Hospital received a check of $1,000 from the Mary L. Farrar estate of Peterborough; this donation was free of all restrictions.

It was in 1953 that Elizabeth Cheney Kaufmann died. She bequeathed more than $500,000 in cash and real estate known as "The Needles" to the Hospital. The Hospital also received the contents of the buildings not otherwise disposed of in the will.

Air-conditioning was added to the operating and delivery rooms in 1957, a gift from the Ford Foundation.

Financial Concerns

The Hospital continued to struggle for survival in the face of increasing costs. At a proportionately greater expense, a rural hospital like Monadnock Community had to provide the technical expertise and equipment usually available only in urban medical centers. Due to the dependence upon highly skilled personnel, the Hospital spent about 70 percent of its income for payroll. More than two-thirds of this was spent for nurses and technicians. Less than a third was left for non-medical activities such as general administration, housekeeping, laundry and the numerous other necessary activities. There was a general agreement among hospital administrators that hospitals, in order to survive and continue their community responsibilities, were compelled to pass along a share of these increased expenses to their patients.

At the Annual Meeting in June 1954, President Bass presented his report and dwelt in some detail on several major problems facing the Hospital. Reduced volume and consequently greater revenue loss, as well as the need of a larger medical staff, dominated the presentation.

The Board decided in February 1955 to increase room rates and also to add an "admission fee" of $1 to each patient's bill. On the reverse side of the patient card, which described the Hospital charges, was a lengthy explanation of this fee. It said: "we think you will be interested in knowing why this small fee appears on your bill. As you no doubt know, the miraculous strides taken in the field of medicine in the past decade have drastically shortened the number of days you can normally expect to be hospitalized, yet the same routines must be accomplished whether your stay is for two or thirty days. Here are just a few of the 'first day' procedures: 1. admitting office work, 2. setting up your account in the business office, 3. preparing the necessary medical charts you will require, 4. arranging your diet chart, 5. special admitting day medical tests, 6. and when you leave, stripping and cleaning of the unit. Thus this charge helps defray these admitting expenses and also helps equalize the cost between short and long stay patients." The fee was abolished in April that same year, because of "considerable resentment."

By 1955, the endowment funds had grown to three quarters of a million dollars and the investment and supervision of these funds placed a heavy responsibility upon the Finance Committee. The Board instituted a By-law change to form an Investment Management Committee. The membership would have no less than three or more than seven committee members, all experienced in the management of investments. The first committee was comprised of Roger Conant, Earl G. Freese, Louis C. Gerry, George A. Morison and H. S. Payson Rowe.

1960 – 1970

Administration and Personnel

Harold S. Fuller (left) and David D. Boyd.

Harold S. Fuller was honored at a testimonial banquet at the Ark Restaurant in December 1960. Some 60 people were present. Several speakers lauded his 13-year career as the Administrator of the Hospital, which he gave up to become Director of Public Relations at the Hospital beginning January 1, 1961. Mr. Fuller was presented with a gold wristwatch. His new job would encompass all phases of the annual maintenance fund campaign and other money-raising efforts essential to the hospital.

David D. Boyd, formerly assistant administrator of the Mary Hitchcock Hospital in Hanover, took over for Mr. Fuller.

In the early sixties, Dr. Margaret R. Reynolds practiced pediatrics from her home on Windy Row, breaking ground as the first woman doctor in town.

David Boyd, Administrator, presented awards to (l-r) Mrs. Hedwig Barrett for 35 years of service, Mrs. Catherine Hodgen, and Mrs. Minne Hayden for 20 years of service.

In 1963, there were 77 employees of the Hospital and their length of service totaled 915 years. Twenty of these employees were recognized at an employee meeting held at the Peterborough Golf Club on May 14, 1963. Receiving awards for the longest service were Mrs. Hedwig

Dr. Claire Cayward: the "Great Doctor"

When Dr. Cayward first moved to New Ipswich, his intentions were to stay only for a year and then go elsewhere, but he fell in love with the quaint little town and decided to stay on and raise his family here. Besides being the town doctor, he was active in sports, was on the board of trustees at the Mason Village Savings Bank in Greenville and was a trustee of Appleton Academy for over 30 years.

Dr. Cayward was born in Orleans, New York, on April 9, 1903, and received his medical education at the University of Vermont where he also was a four-letter sports star.

Barret, 35 years; Mrs. Catherine Hodgen and Mrs. Minne Hayden, 20 years each.

At the annual meeting in 1963, new Trustees of the Hospital were elected. Outgoing President Joseph Close of Dublin, who was retiring after nine years, welcomed Dr. George Stewart of Dublin, who succeeded him on the Board. Other new Trustees included Mrs. Norman Torrey of Jaffrey, Thomas S. Nichols, Jr., and Dane P. Cummings of Peterborough.

In 1966, Christine Flynn retired after 37 years as a nurse at MCH. She was supervisor of the Maternity Department. Sadly in December 1969, Dr. Claire Cayward, often referred to as the "Great Doctor" died.

Dr. Cayward had retired from the Hospital the previous January after 38 years of medical practice in the New Ipswich and Monadnock Region.

The Three Story, L–Shaped Wing Addition

Population growth in the Monadnock Region was rapid in the 1960s. Hospital census was at 100% capacity and there was a shortage of patient rooms. When patients regularly registered complaints at being charged room rates while enduring the discomfort of being placed in corridors, the Trustees were faced with an agonizing question. Was the Hospital ready to take on a major expansion effort?

The new wing and remodeling of the existing Hospital space dominates the history of the Hospital during this decade. In 1963, Joseph K. Close, President of the Hospital's Board of Trustees, announced a million dollar proposal for expansion. The plan was to construct a new wing as well as reconstruct and remodel portions of the existing Hospital.

When Mr. Close first revealed the impending building program he said the critical areas were the X-Ray department, laboratory, pharmacy, record keeping and storage rooms. "Since 1946 many new life saving techniques have been developed requiring special equipment. There is a serious shortage of beds for medical and surgical patients as well as the inability of certain of the Hospital's departments to meet increased demands for services." He added that an inspection of the Hospital the previous summer by the Joint Commission on Accreditation had pointed out these shortcomings. "We must have a building program within three years if the hospital is to remain accredited," he said.

The last time funds were raised for an addition was in the summer of 1946, seventeen years previous. "If the Hospital is to serve the community properly it must have the capacity to do so," said Mr. Close.

Dr. George Stewart of Dublin, who was the general chairperson in the 1946 campaign, accepted the chairmanship of this area-wide campaign. Donald E. Proctor, Francis B. Donovan, Thomas S. Nichols, Jr. and Vernon J. Bean served as chairmen for the various divisions.

Heading the Memorial Gifts Committee was Francis B. Donovan of Donovan and Co., located in Peterborough. His committee would seek subscriptions from individuals, families and organizations able to make substantial subscriptions. These subscriptions would make it possible to build, equip and furnish specific parts of the expanded Hospital. Their

The four Memorial Chairmen: Donald E. Proctor, Francis B. Donovan, Thomas S. Nichols, Jr., and Vernon J. Bean.

donations would be established in memory of or in honor of individuals whom the donors designate. The minimum contribution was $2,400.

Vernon J. Bean, owner of D. D. Bean and Sons Co. in Jaffrey, was chairman of the Corporations Committee, which presented the building program to the larger industrial, financial and business organizations in the Hospital's service area.

The Business Committee was under the leadership of Thomas S. Nichols, Jr., of the Bellows-Nichols Insurance Agency in Peterborough. This group solicited subscriptions from the smaller business and professional enterprises throughout the area.

The Doctors Committee sought contributions from members of the hospital's medical staff and was headed by Dr. Theodore H. Lee, then Chief of Staff at the Hospital and Doctor D. Glyn Millard of Jaffrey.

The fund's public campaign was led by Sydney F. Austin of Jaffrey, an editor of technical publications. Mr. Austin would enlist chairmen in the 19 towns served by the Hospital. Donald E. Proctor, President of the Monadnock National Bank, headed the Jaffrey Division. Joseph K. Close, President of the Hospital, headed the Dublin section. These chairmen would in turn organize soliciting committees.

Winslow C. Morse, former Treasurer of the Hospital, a Proprietary Trustee and Vice President of the Peterborough Savings Bank accepted the post of Fund Treasurer.

Dr. D. Glyn Millard: Radiologist

Dr. D. Glyn Millard of Jaffrey was a long-time area physician. A Welshman, he graduated from the University of London and St. Thomas Medical School. Dr. Millard met his wife, Phyllis, when she was a United Nations Rehabilitation Nurse and he was in the Royal Air Force. They were married in 1945. Dr. Millard explains that in 1953, he fell in love with Jaffrey. At a wedding in Francestown, a cousin of his wife suggested that he speak to Dr. Lee and Dr. Wozmak about setting up a practice in the area. He took her advice and started in general practice with Dr. Wozmak in Jaffrey in 1954. He left in 1957 to attend specialty training in radiology in Boston and to complete a residency in radiology at Massachusetts General Hospital. After training, he came back to Jaffrey as the Radiologist at Monadnock Community Hospital. Described as the most friendly and reliable director of the hospital radiology department, Dr. Millard retired in 1987.

Kendall, Taylor and Co., architects of Boston, was awarded the contract to prepare plans and submit cost estimates. This was the same firm that planned the Hospital's North Unit, completed in 1949. Will, Folsom and Smith, Inc. of New York and Boston were retained as fund-raising counsel. The basement of the Unitarian Church became the headquarters for the campaign.

The estimated cost of the Hospital's building program was $920,000. Of this amount, $250,000 would come from a federal grant, leaving $670,000 to be raised. Another $80,000 was needed for the Hospital's maintenance fund. The annual maintenance fund appeal, which normally brought in approximately $40,000 per year would be suspended for the next two years. The goal became $750,000.

The campaign was officially launched in July 1963 at a dinner meeting which was attended by 200 citizens from the various towns served by the Hospital. Dr. Leland S. McKittrick of Boston and Jaffrey spoke on "The Importance of the Community Hospital." At that time, he was the Chief Surgeon of the consulting staff at the Hospital. The invocation was offered by Rev. Sven Laurin of the Methodist Church in Peterborough. Father Lionel Boulay of St. Patrick's Church in Jaffrey gave the benediction. At this meeting, Mr. Morse, Trustee and Chairman of the General Committee on Expansion, described the building program. He said that the Hospital's

Speakers at the kickoff dinner for the Hospital Fund Drive: (l-r) Dr. Leland S. McKittrick, Joseph K. Close, Dr. George Stewart, Richard C. Morse.

Board of Trustees "have acted cautiously rather than hastily. We have been more deliberate than a company bringing out a new product, because as managers of the Hospital we are responsible for other people's lives and other people's money."

Following the campaign launch in the *Peterborough Transcript*, an editorial appeared. The first paragraph described the event and then went on to say, "To attempt to raise the necessary $750,000 is a major task; one which would be impossible without the complete enthusiasm and determination of everyone connected with the campaign. It was just this enthusiasm, which was conveyed by the speakers who outlined the plans of the campaign. One of the major objectives of the speakers was to convey to the audience the need for the enlarged hospital. This was clearly expressed both in terms of achieving the necessary accreditation and in terms of a community's obligation to itself. The funds needed for the hospital project are staggering to most of us, which means that in the next few months all that lies ahead is hard work."

When Richard C. Morse died suddenly in September 1963 in the middle of the building campaign, B. Leonard Krause, Vice President of D. D. Bean & Sons Co., was named Chairman. Mr. Krause was a practicing architect by profession and designed the new Bean factory as well as the United Church of Jaffrey.

The Trustees had developed an increased sense of the value of maintaining good relationships with the people of the communities in the Hospital's service areas and they recognized the importance of staying in frequent contact. The little things that happened were in many ways just as newsworthy as the big events and could be used in the cultivation of public or community relations. As a result, the Monadnock Community Hospital Corporation sent out its first newsletter in February 1964, informing members of the Corporation on the status of the Building Fund campaign.

In the first paragraph on page one of the Newsletter, Kenneth A. Brighton, President of the Corporation is quoted. "It is the desire of the Board of Trustees that the corporation members have the opportunity to participate more fully in the affairs of the Hospital. It is for this purpose that, as an initial step in this direction, we are planning to send to each of you a newsletter, periodically, in an attempt to keep you informed as to the activities connected with the Hospital." And in the last paragraph of the newsletter, the editor wrote, "And this is our first newsletter to you. We know that your President, Kenneth A. Brighton, will greatly appreciate your comments to this new endeavor, the purpose of which is to keep you abreast of Hospital developments between yearly meetings. We hope you will not hesitate to express any suggestions or

ideas that you may have for the improvement of the services offered by the Hospital as we are anxious, as we know you are, to maintain the Hospital at a continued high standard."

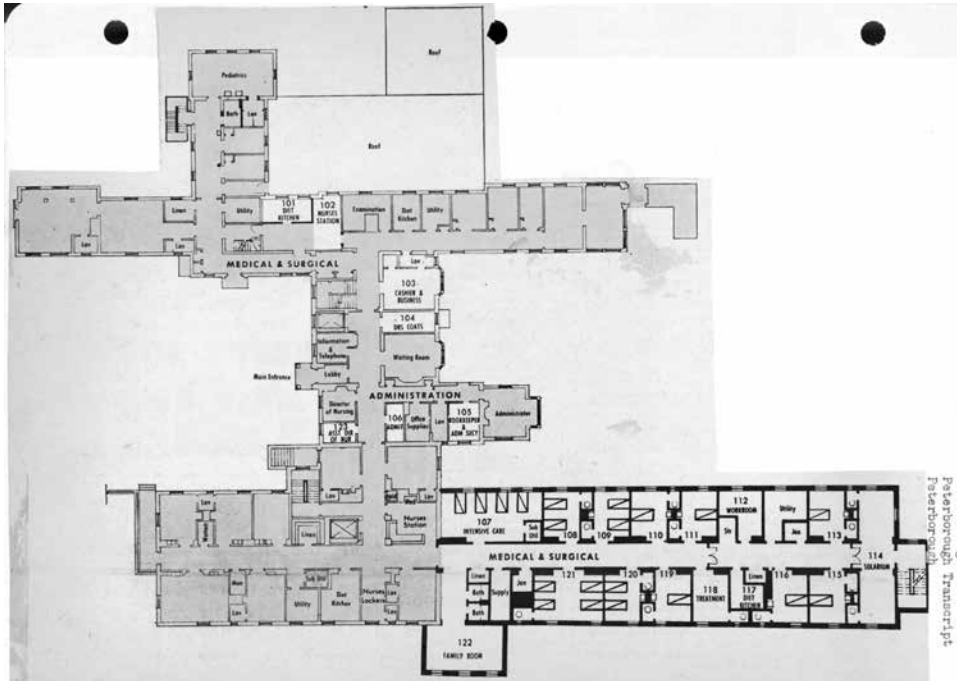
Written communications with staff and corporation members continued and the newsletter name was changed in 1969 to the PACEMAKER and then again in 2003 to *The Pulse*. An additional newsletter was created in 2004, entitled *The Benefactor.* As the name implies, this quarterly publication was designed for the Hospital's donor population and serves today as a community newsletter.

By 1965, pledges of more than $800,000 in capital gifts had been made. In March of that year Congressman James C. Cleveland announced that the Department of Health, Education and Welfare had approved a $324,000 grant to the Hospital through the Hill-Burton Act, which provided funds for the construction and modernization of hospitals.

Each committee reported the results of its efforts.

The Memorial Gifts Committee reported that 69 gifts were made totaling $459,635.

The Corporations Committee described its results. Many of the corporations



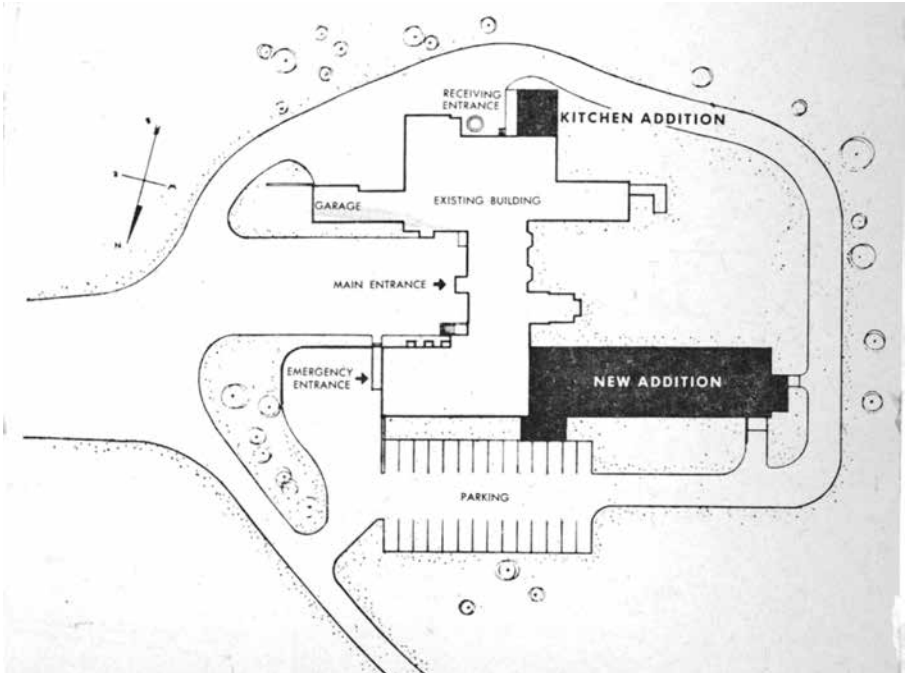
L-shaped addition — 1965.

were owned by either out-of-the-region residents or controlled to some degree by out-of-state management. The Board of Directors had to approve donations beyond a nominal amount and as a rule the local management had quite a problem to convince its absentee directors (to contribute). Twenty corporations donated an average of $4,705 for a total of $94,100.

Sixty-eight small businesses (from the Small Business Division) participated, contributing an average of $320 and totaling $21,927. The solicitors felt very gratified by these donations. They described the contributors as "enterprises which ranged from one-man operations with a gross business of as little as $25,000 to some who employ a few people and gross up to $150,000 per year."

A solicitor from the Doctors and Employees Committee remarked, "The average contributions — $940 for doctors and $75 for Hospital employees — speak for themselves. They show conclusively how individuals, intimately connected with the hospital, thought of the necessity of a larger, better, more modernly equipped hospital. They gave beyond the call of duty." Twenty-two doctors and eighty employees contributed in this campaign.

Perhaps most impressive was the results of the Public Campaign



L-shaped addition, showing its position on the MCH Campus — 1965.

Committee, led by Sydney Austin of Jaffrey and comprised of members representing nineteen towns. Over one-third of the estimated number of families in the area contributed. A solicitor from this group explained, "Our campaign was not a door to door campaign, but rather one of short duration primarily directed to quick and appreciable results. A special vote of thanks should be given to a number of newcomers in our region who participated most generously." The generosity of 2,016 families, whose average contribution was $97 brought in $196,646.

Building committee executives at the groundbreaking ceremony were (l-r) David Boyd, Administrator, B. Leonard Krause, Judge Kenneth Brighton, James Walker (MacMillin Contractors), Harold Fuller, Dr. D. Glyn Millard.

At the close of the campaign, the heartfelt words of Dr. George Stewart, Chairman, are as poignant today, at the time of this writing, as they were then. "We are aware not only of the out-poured generosity of the living givers but, at the same time, are reminded also of the superb people who have befriended this institution in years that are gone and who have left us as grateful legatees some portion of their spirit. Over and above the material resources given by such citizens is the sense of trusteeship, the responsibility

Construction of the new wing, 1965.

for the common good, the traits of character they have bestowed to help build in the community its distinguishing character as a worthy region. For all of these we are truly grateful."

Groundbreaking ceremonies for the new wing were held on March 23, 1965, within a week of the sixteenth anniversary of breaking ground for the first expansion. Present were Judge Kenneth A. Brighton, Monadnock Community Hospital President; David D. Boyd, the Hospital's Administrator; B. Leonard Krause, Building Chairman; James Walker,

President of the MacMillin Company of Keene, general contractors; Harold S. Fuller, Hospital Public Relations Director; and Dr. D. Glyn Millard, representing the Medical Staff.

When the wing was completed, the Hospital had the capacity for 75 beds. "We are looking forward to the comparative peace and quiet of normal hospital operation after the many months of contractors working in the most important areas of the hospital," said Fuller.

All residents of the Monadnock Region were invited to the Open House on March 12, 1966, and nearly one thousand people toured the hospital that day. Judge Kenneth A. Brighton, MCH President, welcomed visitors in a brief ceremony and invited them on the "set-your-own-pace" tours. Among the features of the tour were the new delivery suite, nurseries, intensive care unit, pharmacy, laboratories and the X-ray department.

Administrator David Boyd described some of the changes. "The new addition is bigger than it looks from the outside. And it has more electronic, mechanical and hydraulic gadgetry than a James Bond movie. The single rooms can be converted to doubles and the solariums can also be used as patient rooms. There are 'execuphone' connections for each bed, piped oxygen and a TV outlet."

The new wing was on four floors. The lowest was a sub-basement, which contained heating and air-conditioning equipment, an emergency generator and a water filtration system. The top floor was the maternity ward, described as the "most pleasant maternity ward in New England." The solarium on this floor had a view of Grand Monadnock. The second floor had seven two-bed rooms, five private rooms and a solarium. The basement was designed for testing and research. Housed here were the laboratory, the bacteriology room, autopsy room, blood drawing, radiographic room and darkroom as well as storage, supply rooms and offices. On this floor was a most desirable conference room for meetings.

It was through the efforts of Virginia Peterson, the Hospital's first licensed pharmacist, that the pharmacy was moved from the basement (next to the furnace room) to the first floor. Peterson was instrumental in establishing various controls on drug usage. She introduced "unit dose" standardized measurements, developed the first drug formulary for the Hospital and designed triplicate drug order forms for use by the doctors which would monitor drug inventory.

Fuller, Director of Public Relations, added. "Historians of the local area may someday comment on the vitality of our communities which have contributed to the development of such a modern Community Hospital."

Remodeling in 1970

Participating in a Disaster Nursing Training program in 1958 were: (l-r) Minnie Hayden, Catherine L. "Hodgie" Hodgen, Rachel Towle, Hazel Cadwell, an unidentified nurse and Lillian Mahoney.

In 1968 Robert C. Slade joined the hospital's staff as its new Administrator. He presided over yet another period of growth. Near the end of the 1970s, ground was broken for an addition, which would be attached to the 1966 wing. This expansion would be used for outpatient treatment. The addition included a new ambulance entrance, expansion of the emergency room, facilities for outpatient surgery, a more adequate admissions office, a new record room, a double-size conference room, extra X-ray storage space and enlarged areas for both physical and respiratory therapy.

The Hospital dedicated the wing in memory of Catherine L. Hodgen, R.N. who worked for 35 years at the Hospital as a night nurse and then nursing supervisor. A plaque on the new addition recognizes her "faithful service from 1943 until her retirement in 1978. Respectfully referred to as "Hodgie," she is described by others as a lovable soul who got things done without fussing anybody."

Financial Concerns

Costly technology, higher wages and the burden of capital expenditure faced by all hospitals in the 1960s were further complicated by the economic inflation that continued to worsen. As expenses increased so must income. Hospitals, no different from any other business in that respect, could fill the gap only by charging more for its "service." But such increases by hospitals everywhere soon began to attract a closer scrutiny of health care costs by government regulators.

The average cost per patient day in short term, general and special hospitals reached a high of $41.58. At Monadnock Community Hospital, the cost per patient day was only $38.84. Historically, the average per patient day income was always less than the cost of service and this discrepancy had always been compensated for by endowment fund income and maintenance

Peg McLeod: Forty Years of Volunteer Work

Growing up in Peterborough, Peg Reynolds and her family were frequent patients at MCH and she fondly recalls Dr. Cutler (one of the original physicians) as their family doctor. After marrying Ken McLeod and moving to Milford, Peg spent the next 30 years raising her two daughters and working as the accountant for the family apple business, McLeod Brothers Orchards. In 1967, after her youngest daughter graduated from high school, Peg began volunteering at MCH as a floor aide. At the same time she joined the Peterborough Hospital Auxiliary. In 1975, Peg became the manager of the Hospital's volunteer television program, which was started in 1966 as a fundraiser. The televisions were rented from RCA and the net proceeds were donated to the Hospital Aid Association. Peg managed twenty, primarily male, volunteers who placed the TVs on special hinges in each patient room. She stayed with the program until it was replaced by free televisions in April 2002.

In 1979, Hospital Administrator Bob Slade convinced Peg that she would make a good hospital trustee and she served in that capacity from 1979 until 1984. During that time, the new Emergency Services wing was opened and she was part of a committee to bring the Birthing Center to MCH.

In 1978, The McLeods moved their apple business from Milford to Hancock where the family continues to run a successful "pick your own" apple orchard on Norway Hill. This meant she no longer had to make the trip from Milford to Peterborough for her volunteer work. Peg joined the Hancock Hospital Auxiliary and today continues to be an active member of the last women's hospital auxiliary.

While Peg tends to characteristically downplay her impressive contribution to MCH over the last forty years, she does say that "being a volunteer at the Hospital has given me a lot of happiness." Peg McLeod is a volunteer who has made a difference and is someone whom we all admire and respect for her total service and commitment.

Window Shop Volunteers celebrate 35 year anniversary in 2005: (back row, l-r) Jo Carrara, Mary Hamel, Marcia Pettee, Priscilla Ward, Kay Wreck, Frank Almeida, Charlie Marvin, (second row, l-r) Lucille Dube, Jean Peters, Dennie Chenoweth, Ellie Strand, Ellie Seeman, Ronnie Record, (front row) Store Manager Toni Gildone with daughter Hadley Greene.

History of The Window Shop

In 1969 when Connie Dodge was President of the Hospital Auxiliary, Bob Slade, the Administrator of the Hospital at the time, approached her about the possibility of setting up a gift shop within the hospital. Connie became its first manager and explains how it was established. "The Board agreed that they would finance the Shop but that at the close of each business year, all monies over and above operating expenses would be given to the Hospital." In 1969, the Window Shop was officially opened and by 1972, the shop paid off its debt to the Hospital.

While the Window Shop, which is located today behind the switchboard area in the lobby of the main Hospital, has expanded dramatically over the years, many things have remained the same. It still relies on a volunteer staff Monday through Saturday and uses its proceeds each year to buy hospital equipment.

Hundreds of volunteers have given unselfishly of their time to make the gift shop so successful. Many of the Window Shop's early volunteers are still on board at the time of this writing. Visit the Window Shop and you may see Annie Cook, Priscilla Hurlin, Jean Peters, Ellie Strand, Thelma Turner, Dennie Chenoweth and Marcia Pettee, all original and long- term volunteers.

fund contributions. The new wing offered an opportunity for slightly higher room rates.

The administration and the Finance committee felt that the Hospital would benefit financially from Medicare. Of the 28 patients registered at the Hospital in July 1966, eleven were eligible for Medicare payments. However, not everyone took advantage of government subsidies. Mrs. Bertha H. Anderson of Stoddard, one of these patients, refused the federal money. An independent woman, she wanted to pay for herself!

The 1967 annual report notes that Medicare was billed for the actual cost of services, which amounted to 17% more than the Hospital collected from its patients. While Medicare represented an increase in revenues, it also created a cash flow problem. The federal and state governments were frustratingly slow in making Medicare payments. By the end of the decade, Medicare covered as many as 35% of the patients and payments were as much as forty days behind.

The largest and most visible department in any hospital is its nursing staff. The increase in hospital beds meant a demand for more nurses. The nurse shortage soon became a chronic problem, which would continue even to the time of this writing. To satisfy its need for nursing professionals, the Hospital, in cooperation with Monadnock Community College, offered its first nursing course entitled, "Disaster Nursing." Twelve area nurses participated in the 15-week course.

Antrim Hospital Aid members circa 1966: Barbara Shea, Priscilla Hurlin, Marie Boorum, Ellie Lane and Mable Staples.

The Trustees, however, did not feel a sense of urgency about the doctor and nurse shortages. They felt strongly that nurses, surgeons and doctors would be attracted not only to the quality of life in the Monadnock Region that they loved, but also to their very modern, well-equipped Hospital.

The first Chrysanthemum Ball, 1968, Decorations Committee — Hundreds of jumbo mums for table decorations at the Monadnock Hospital's "Chrysanthemum Ball" that took place on October 1, 1968 were made, not grown, by a Hospital Aid Committee which was headed by Mrs. Richard Amidon and Mrs. Frederic Gleason of Hancock (seated). Assisting are (l-r), Mrs. Willis Johnson, Mrs. Robert Orchard, Mrs. Frederick Koallick, Mrs. Paul Bacon, Mrs. Thomas Williams (hidden behind Mrs. Bacon), and Mrs. Leroy Pettee. Table reservations were taken by Mrs. Robert Taylor. The event took place at the National Guard Armory on Elm Street in Peterborough.

Donations and Voluntary Service

The growth period of the 1960s had a comparable effect on the Auxiliary. Encouraged by the Administrator's appreciation and interest, its membership base grew. An increased emphasis on fundraising gave the Auxiliaries a renewed sense of purpose. They held auctions and rummage sales. They sponsored lectures and held theatre parties. Sensing the appeal of television, the women supplied TV sets in the north and east wings. The charge to the patient was $1 a day and the net proceeds were donated to the hospital. The

Members of the 1968 Chrysanthemum Ball Committee: (front row, l-r) Bernard Hampsey Jr., Mrs. Robert English, Mrs. Robert Taylor, Mrs. Leonard Krause, Mrs. Edward Hampson, Mrs. Richard Amidon; (back row, l-r) Sydney Austin, Robert Slade, Mrs. Gordon Sherman and Mrs. William Hill.

5-inch televisions were loaded into shopping carts and wheeled into patients' rooms by volunteers.

By 1969 men began volunteering with the auxiliaries and took on the task of installing telephones and performing miscellaneous handyman type chores.

The Hospital Aid Association opened its gift shop in November 1969 in the former cashier's office. It was called then and remains today, The Window Shop. A jewel in the Auxiliary's collection of moneymakers, the store was one of the main fundraising ventures of the Auxiliary, a combined effort of all the auxiliaries from the surrounding towns.

The highway access to the Hospital was changed from Concord Street to Old Street Road in 1965. The entry was named Holt Memorial Drive, in

Members of the 1969 Chrysanthemum Ball Committee: (front row, l-r) Mrs. Robert Taft, Mrs. Thomas S. Nichols, Mrs. Leonard B. Krause, Mrs. C. Mitchell Wenigmann, Mrs. Gordon Sherman, (back row, l-r) Edward Lafferty, Mrs. John S. Oppenheimer, Mrs. Robert English, Mrs. Ernest Whitfield, Mrs. William P. Hill, Mrs. David Hurlin, Thomas L. Williams.

memory of Algie A. Holt, who was Town Clerk from 1923 through 1957.

A landscaped traffic island, which prominently graces the entrance to the Hospital, was donated by Betty and Gordon Billipp, in honor of their son, Major Norman D. Billipp, a Marine killed in the Vietnam War.

Meeting to discuss the 1970 Chrysanthemum Ball Committee were (l-r) Mrs. David Hurlin, Mrs. Kathryn Clements and Administrator Robert Slade.

Described as a critical time during the building fund campaign, Dr. Stewart in 1963 announced a $50,000 gift from Mrs. Frederic F. Brewster of Morelands, Dublin. The contribution was made in memory of Mrs. Brewster's husband who died in 1958. He was a philanthropist and a benefactor of many institutions, including the Hospital where he was a patient on several occasions.

In July 1969 the Hospital was named sole beneficiary of an

Planning the 1973 Chrysanthemum Ball to celebrate the Hospital's 50th anniversary were (front row, l-r) Mary Ann Hitchcock, Chris Bailey, Jack Burwick, Anne Twitchell, Laura Simonetta, (back row, l-r) Margery Cummings, Barbara Lobacki, Priscilla Ingalls, Eleanor Amidon, Ed Nolan, Mary Lou Weathers and Jean Hampsey.

anonymous $500,000 trust to be used exclusively for capital purposes. This was the largest sum made available to the Hospital since the endowment bequest in 1953 from Mrs. Kaufmann.

The Chrysanthemum Balls

A wide variety of special events continued to raise funds to assist the Hospital. But nothing was grander than the Chrysanthemum Balls, first organized by the Ladies Auxiliaries on October 10, 1968, during the Hospital's 45th year in operation.

This was the first black tie, gala occasion of its kind given for the benefit of the Hospital. It was the combined idea of Mrs. William P. Hill and Mrs. Robert English, co-chairperson of the event. MCH Administrator Robert C. Slade and Bernard J. Hampsey Jr., Chairman of the Public Relations Committee announced the event in the local newspapers referring to themselves as an "inaugural committee." The committee included Mrs. Richard E. Amidon, Mr. Sydney F. Austin, Mrs. Frederic W. Gleason, Mrs. Edward R. Hampson, Mrs. B. Leonard Krause, Mrs. Thomas S. Nichols, Jr., Mrs. Gordon R. Sherman, Mrs. Robert Taylor and Mrs. C. Mitchell Wenigmann. The purpose of the Ball was advertised in press releases and on the invitation as two-fold: "to bring

The theme of the 1972 Chrysanthemum Ball was "Islands" with a tropical atmosphere.

together those interested in the Hospital's welfare and to stimulate enthusiasm for its support." Attendance fee was $10 per person. Those who couldn't attend could support the event as a patron for $5 per person. Held at the National Guard Armory on Elm Street, the fundraiser was described in the *Peterborough Transcript* as the "most spectacular event of the year, by universal consent."

This Ball would become a major fundraising project and annual social event. Each year the committee chose a different theme.

The Committee chose an oriental theme in 1969. It was a sold out event, attended by over 400 people, who danced to Ruby Newman's Orchestra. The setting was the Monadnock Country Club, augmented by a massive tent. Inside the "pavilion of light" was an oriental garden. The garden itself was transformed into a Dragon's Court, with flowering trees, hundreds of yellow chrysanthemums, a pool and a bejeweled Buddha.

The third annual ball committee selected "Camelot" as the theme and the National Guard Armory as the location in 1970. Mr. and Mrs. Andrew Webber of Old Fitzwilliam Road in Jaffrey transformed the armory into a cardboard castle.

Themes for successive years included: 1971, *Mexican Fiesta*; 1972, *Islands* with a tropical atmosphere; 1973, the *Golden Anniversary Ball* to celebrate

the Hospital's 50th anniversary; 1974, *Circus*; 1975 reflected the country's heritage with a *Bicentennial* theme. In 1976, the theme was an elegant supper club and the event was called *Cloud Nine*.

Cameo was selected by the committee in 1977. Led by general chairwoman, Charlotte Duval, and decorations chair-woman, Eleanor Amidon, dozens of auxiliary volunteers transformed the Armory into a festive ballroom decorated with scenes of area towns. These scenes were painted by Eleanor Amidon and Barbara Williams. In between orchestra sets, the paintings were auctioned off for an average of $400 each.

Hospital Accreditation

There was no law or regulation in the 1970s that said a hospital must be accredited by the Joint Commission, an independent non-profit agency, but most hospitals endeavored to conduct their business so that they would receive the recognition. The Joint Commission was made up of representatives of four organizations, the American College of Physicians, American College of Surgeons, the American Hospital Association and the American Medical Association. To earn approval, the Hospital management had to conform to the combined standards set up by the commission in every area in which they functioned as a safeguard for the patient. The Monadnock Community Hospital ended the decade with its accreditation from the Joint Commission. The report commended the Hospital "for its expansion and for its continuing effort to improve the quality of its patient care."

"We now know," reported President Kenneth A. Brighton, in his report to the Corporation, "that the people of this region understand the true, real value of their Community Hospital and want it to be the best available. To them belong the laurels."

Chapter Four: The Collegial Years *1971-1991*

The Focus of Chapter Four

This is the period of time referred to as the collegial years. The chapter name was chosen after numerous interviews with Medical Staff, employees and volunteers who were very open and candid about the hospital operations. They described both the stress and opportunities associated with progress and their resilience, passion and job commitment which grew out of these challenges.

The personality of those affiliated with the Hospital could be characterized as a blend of pride, resolve, endurance and independence that was tempered with humor, ingenuity and a generosity of spirit. Here was a group who referred to themselves as a "family."

Their words and spirit resonate throughout this chapter.

The Board of Trustees, 1979: (front row, l-r) Iris Nolan, Fanny Raymond, Connie Dodge, Charlotte Derby, Elizabeth Taylor, Dorothy English, (back row, l-r) Dr. Herbert Schofield, Harvey Chandler, Fred Smith, Mitch Weinigmann, Judge Bernard Hampsey, Dick Pierce, David Hurlin, Bob Henneman.

Background

It was in the early 1970s that David D. Hurlin, then President of the Board of Trustees, was quoted in a Monadnock Community Hospital report that the trustees "could see substantially different needs for the Hospital during the next decades." He identified these needs as expanded "outpatient care and emergency treatment." He further explained. "It is in the areas of the future that we face some of the most difficult and potentially rewarding choices. The leap from today's known needs to tomorrow's expectations requires more than luck – it requires examination and re-examination and, perhaps most important, it requires input from all (who are) interested."

1971 - 1980

"Trusteeship is a deep responsibility which is increasingly time consuming as the art of healing becomes more sophisticated and regulations proliferate," wrote Dorothy Peterson, President of the Board in 1979, in the annual report.

By 1979, there were 742 members of the Hospital Corporation listed in the annual report (this would grow to over 1,000 by 1990). There were 12 trustees of whom five served as officers and members of the Executive Committee and one representative from the Medical Staff.

A Decade of Change

Fred W. Richardson, MD was President of the Medical Staff in 1977. That year, he made a report, which summarized the progress of the hospital during the preceding seven years. His report included the following observations. The medical staff had increased in size from ten to 29 active members, all either specialty board eligible or certified. It wasn't until the seventies that the newly arriving doctors tended almost entirely toward specialty practice. Drs. Peter Jaffries and Jeanne Arnold, husband and wife, family practitioners, had offices in their Old Street Road home and then in the Hospital. The specialty of urology was for a long time covered by Dr. Wyland Ledbetter and Dr. Theodore Parkhurst (from Boston). Other long-term physicians were Dr. Robert E. Wellwood of Greenville and Dr. Louis Wiederhold of Antrim.

During this period, the first Orthopedic surgeon, Dr. Robert J. Bailey, joined MCH along with Drs. Robert Grassi, a pediatrician, and Paul E. Switzer, a family practice physician.

Dorothy Peterson, MCH's First Female Board of Trustees President

Dorothy Peterson's tremendous dedication to the Hospital is a huge inspiration to all who know her. Her first memory of the Hospital goes back to her early childhood when at the age of three she was operated on for a bi-lateral mastoid. As a teenager during World War II, she started a lifelong commitment of volunteer work. Her first volunteer job was in the kitchen with Marjorie Haselton, the Hospital's long-time dietician. According to Peterson, volunteers were absolutely critical in keeping the Hospital open during that period of the country's history. Her mother, Mildred Donovan, was also a volunteer at the Hospital at that time.

After her marriage to Walter Peterson in 1949, she continued to work at the Hospital as a volunteer nurse's aid, including the period 1969 – 1973 when Walter was Governor of New Hampshire.

Like her father, Francis Donovan, Dorothy was both a member and chair of the Board of Trustees at the Hospital. She served from 1975 – 1980 and made Hospital history as the first woman President of the Board from 1978 through 1980. During her term as President, the Radiology Department acquired its first ultrasound system and the Hospital opened its new Birthing Center.

Peterson's early volunteer work at the Hospital foreshadowed a life dedicated to offering her time and talent to many local and regional organizations, including serving on the boards of the Peterborough Historical Society (President from 1996 – 2002) and the Monadnock Community Visiting Nurses Association. She also volunteered her time at All Saints Serendipity Shop. Peterson was named Woman of the Year by Beta Sigma Phi, an international organization dedicated to life, learning and friendship.

She was a member of the History Committee of "Our Changing Town" a narrative of the Town of Peterborough.

Fred W. Richardson, MD

In the summer of 1971, Dr. Fred Wetherbee Richardson joined the Medical Staff of the Hospital. An internist with a subspecialty in cardiology, Dr. Richardson saw patients in an office in the west wing of the Hospital.

Born in New York City, Richardson grew up in Pleasantville, New York. He grew to love New Hampshire during his youth when he spent summers in Gilford, New Hampshire, at his family's summer home.

Dr. Richardson held degrees from Dartmouth College (AB), Harvard Medical School (MD) and the University of Rochester (MS).

A Presidential Unit Citation was awarded to the crew of the Polaris Submarine, on which he was the medical officer. He was aboard for the first submerged firing of a Polaris missile and made the first two Polaris deterrent patrols.

From 1963 to 1966, Dr. Richardson was Assistant and then Chief of Medicine at the U.S. Naval Hospital, Camp LeJeune, North Carolina. Another tour of duty took the Richardsons to Japan where Fred served as Chief of Medicine and Head of the Training Program for Japanese Interns and Residents at the U.S. Naval Hospital in Yokosuka, Japan. There he received the Presidential Unit Citation for Treatment of Vietnam casualties. From 1969 to 1971, Dr. Richardson was Director of Clinical Services, Submarine Medical Center in New London, Connecticut.

Fred married the former Priscilla Wheeler, originally from Marblehead, Massachusetts, and together they had five sons. Priscilla has been active in the Monadnock Community Hospital Auxiliary and served on numerous fund raising committees including but not limited to the annual ball featuring the Glenn Miller Orchestra. She is a content contributor to this history book.

His patients fondly remember Dr. Richardson as a compassionate and caring physician.

In July of 1974 the Respiratory Therapy Unit was added. The Hospital had purchased a renal dialysis machine and was offering dialysis to acutely ill medical patients who required it. A remote cardiac monitoring system for the

Doctors, 1974: (front row, l-r) Robert Slade, Administrator; Dr. Alfred Chandler, Dr. D. Glyn Millard, Dr. Herb Schofield, Dr. C. Wozmak, Dr. Theodore Lee, (back row, l-r) Dr. Robert Bailey, Dr. Louis Wiederhold, Dr. Paul Switzer, Dr. Fred Richardson, Dr. Robert Wellwood, Dr. Edward B. Twitchell, Dr. Robert Grassi, Dr. Owen Mathewson, Dr. Charles Seigel, Dr. Peter Jeffries, Dr. John Meehan, Dr. Bruce I. Brodkin.

intensive care unit, a coronary stress testing unit and ultra sound equipment were on order.

Drs. Bruce Brodkin and Charles "Chuck" Seigel joined the Hospital and started one of the most innovative and recognized OB/GYN practices in the country. They were at the forefront of a birthing revolution, becoming the second hospital in the country to offer water births.

In 1979, the alternative birthing center was opened. This facility was created for parents who wished to have their babies in a more home-like atmosphere while retaining the safety provided by the Hospital setting. There was so much demand that within three years a second room opened with a whirlpool bathtub and a private attached bathroom.

The Trustees established a Quality Assurance Committee to which all problems identified throughout the hospital were referred. This committee included representation from the Board, the Administration, the Medical Staff and Department Heads. This committee's function was in essence one of oversight, in that it monitored, coordinated and evaluated the varied services related to patient care. As problems arose, the Committee in most cases solved them in a way that the patients and the Hospital would benefit.

The commitment to medical excellence was also reflected in recognition of the need for continuing education. The board approved many in-service

Special Care nurses (front row, l-r): Donna Proudfoot, R.N., Intensive Care Unit; Mrs Mabel Larson, Director of Nurses; an unidentified nurse; (back row, l-r): Jane McGettigan, R.N.; Janet Andrews Dow, R.N.; and Phyllis Phelps, R.N., Supervisor.

education programs for management employees. Department heads attended management courses at the New Hampshire Vocational Technical College. Self-study modules, a newly introduced method of learning, were written for various departments within the Hospital. New employees attended a formal orientation program.

The nurses were on the hospital premises at times when doctors were not. In the event of an emergency, they were expected to treat the patient until the doctor arrived.

Nurse Lillian Power represented the Hospital in the mid-70s as a member of the Staff Development Educators of New Hampshire. This group developed "Special Care" in-service courses. "The MCH nurses attended the courses and received their certificates," explained Lillian Russell Power. "After certification, they were able to work in the intensive care unit handling many of the procedures that formerly only doctors could perform."

Medical society meetings offered another opportunity for the sharing of information and experience, sometimes in the form of "papers" but more often in one-on-one conversation. Conscientious doctors, realizing that things were changing made an effort to keep up with medical advances through independent study – reading medical journals, attending specialty or general medical meetings and taking seminar courses at medical schools. The professional staff attended seminars at Kodak School in Rochester, New York and courses at Yale University in Connecticut as well as at Harvard

Dr. Edward B. ("Pete") Twitchell

Born in Boston and raised in the area, Dr. (Pete) Twitchell attended Harvard (class of 1946) and graduated from Tufts Medical School in 1948.

He spent two years as an intern and surgical resident at Saint Vincent Hospital, Worcester, Massachusetts, and two years as a Navy physician in Korea and California.

Dr. Twitchell took his surgical training at Mary Hitchcock Memorial Hospital in Hanover, New Hampshire. In 1956, he joined the Medical Staff at MCH.

He was the first surgeon in town to be certified by a National Specialty Board.

He married the former Anne Davis and they have three children. Anne was very active in the MCH Ladies Auxiliary and worked on the annual Chrysanthemum Balls. Anne is a long time Hospital volunteer and a content contributor to this history book.

The portable monitor defibrillator, generously donated by Mr. and Mrs. C. Richard McGrath of Dublin is displayed by (l to r): Miss Lillian Russell, Director of In-Service Education; Mrs. Eileen Taft, Supervisor of Nurses; and Mrs. Mabel Larson, Director of Nursing Services.

Medical School in Massachusetts.

For the first time, a trustee served on the Credentials Committee, which approved new appointments to the Medical Staff as well as reappointments and delineation of privileges.

The Community Liaison Committee was established and worked to keep Trustees more aware of the needs of the service area. Also referred to as the Community Advisory Committee (CAC), it was composed of a representative from each town and served as a forum to get information about the Hospital out to the towns. The CAC exists to this day.

Donations

Financial support, so long a tradition at MCH, continued to be a significant factor in the Hospital's own health. Residents in the Monadnock Region supported the Hospital. Bob Slade, Administrator of the Hospital during this decade, is fondly remembered for his ability to secure funds when needed. Dr. Gerry DeBonis and Dr. John Patterson described Bob's strong community ties. "If the Hospital needed a new piece of equipment, Bob would pick up the phone and ask for financial support. He was so well liked and respected that, if he asked, the person solicited never questioned the necessity of the request and voluntarily wrote the check."

In 1974, MCH received a $3,200 Medical Library Resource Grant from the National Library of Medicine.

The Hospital received a legacy from the estate of Charlotte Rosell for $100,000 in 1977. Mrs. Rosell gave this endowment in appreciation for the care her husband, Herbert, received at the Hospital. The use of the funds was to be determined by Dr. Alfred Chandler, Mr. Rosell's physician. After careful consideration, Dr. Chandler decided the money should assist employees to further their job knowledge and performance through attendance at educational programs for college credit, continuing education credit or certification. The board of Trustees liked the idea and the Herbert and

Monadnock Hospital Auxiliary members plan a fundraiser with the Glenn Miller Orchestra which was held at the Franklin Pierce College field house. Planning for the dance were (seated, l-r) Eleanor Amidon of Hancock, and Kathy Gregg of Greenfield, who was being assisted by her daughter, Sarah. Standing are committee members (l-r) Priscilla Richardson of Hancock, Peggy Scarcello of Antrim, Sally Farmer, and hospital administrative coordinator Joan Bacon, both of Peterborough.

MCH medical-surgical nurses (seated, l-r): Kyle Hotaling, Diane Robbins, Ann Mattila; (standing, l-r): Carol Dell, Sheri Call, Cindy Geiger, Dorothy Perry, an unidentified nurse, Marion Peat, and Sharon Wilkins.

Charlotte Rosell Memorial Fund was established. All Hospital employees were eligible for tuition reimbursement.

Additions to endowment in the form of bequests and memorial gifts were significant during this period and too numerous to mention.

Fund Raising

Beginning in 1964 and throughout this decade, the New Hampshire Philharmonic Orchestra presented a concert each year to benefit the hospital.

The Monadnock Auxiliary Association continued to run its well-attended Glenn Miller Concert each spring. The "Meter Maids" of the Hospital Auxiliary mailed more than 2500 invitations each year and gifts to the Hospital averaged $5,000 per year.

Catherine Hodgen known as "Hodgie."

Expansion Continues: Three More Additions

In March 1974, ground was broken for the $450,000 addition to the building, which would include a new business office, cafeteria, and support services for 125 beds. This was the largest addition since 1966.

The emphasis of medical care in this decade was on outpatient treatment as opposed to the more expensive inpatient care. Construction on yet another addition began in April 1979 and cost $900,000. Named the Catherine Hodgen Memorial after a deceased beloved nurse, "Hodgie," this addition provided a new

Adine Lyon

As Mrs. Adine Lyon looked back at her 45-year career, she recalled the many additions and improvements to the Hospital. Mrs. Lyon came to MCH in 1939. Soon after arriving, she became a head nurse and held that position until 1943. During her almost 45 years of employment, Mrs. Lyon was a night supervisor, a relief x-ray technician, worked in the offices of a radiologist and general practitioner and became the director of nursing. "I worked in the operating and delivery rooms and anywhere else I was needed," she is quoted as saying. "I cherish my memories of hard work and the pleasures it brought me."

Lyon was born in Vershia, Vermont, in 1905 and attended schools in Keene. During school, she earned money by playing the piano for silent movies and at square dances. She graduated from Brattleboro Vermont Memorial Hospital and Wesson Memorial Hospital in Springfield, Massachusetts. In 1930 she married Glen Lyon, who was employed at D.D. Bean in Jaffrey. The couple had two children and four grandchildren. She retired from the Hospital in 1984.

ambulance entrance with a much needed expansion of the emergency room; facilities for outpatient surgery; a more adequate admissions office; a new record room; a double size conference room; extra x-ray storage space and enlarged areas for both physical and respiratory therapy. Catherine Hodgen was a MCH nurse who served the hospital for 35 years.

Mrs. Hedwig Barrett, (1927-1977).

During the same year a new doctor's office building was constructed to the right of the Hospital drive. The proximity to the Hospital was convenient for both patients and physicians and patients no longer had to travel long distances for treatment.

Personnel Changes

In 1977 Hedwig Goodwin Barrett was honored for the longest span of service at MCH - 50 years. In 1927 she started as a "Blue Girl" taking care of the Superintendent's suite. She worked for years in the laundry and took care

(l-r): Bridget Ordway, Nurses Aid; Roberta Reed, R.N.B.A. Director of Nursing; and Minnie Hayden, Nurses Aid

of the doctors' offices in the Professional Building.

That same year, E. Adine Lyon, R.N. and Doris H. Parker were honored for 40 years of service to MCH. Minnie Hayden retired after 39 years of service at 80 years old.

Jeanne F. Arnold, MD was the first female President of the Medical Staff and filled that role beginning in 1978.

In 1979, Dr. Glyn Millard was elected President of the Medical Staff. Drs. Donald E. Fisher and John H. MacEachran joined the Hospital and served the Jaffrey-Rindge area, which was described as "medically under-served for some time." Dr. Robert J. Dowst joined the Hospital as its new full time anesthesiologist and the staff and community welcomed Dr. Peter L. Forssell, a specialist in internal medicine and gastroenterology.

In 1980, Eve Sharkey became the first nurse-midwife allowed to oversee the birth of a child. That same year, three sets of twins were born within four days. Drs. Bruce I. Brodkin and Charles J. Seigel, in the Department of Obstetrics and Gynecology handled the deliveries.

Elsie Barrett, Doris Parker, Francis Donovan, Adine Lyon and an unidentified woman taken when they received their 20-year pins, in 1962.

1981 - 1991

Richard E. Seagrave took over as Administrator shortly after Robert Slade retired from the Hospital in September 1981. Prior to coming to Peterborough, Seagrave was assistant executive director of Androscoggin Valley Hospital in Berlin. Seagrave graduated from Holy Cross

Robert C. Slade:
Hospital Administrator 1967 - 1981

Bob Slade called himself an "old swamp Yankee." The writers of the 1980 annual report called him "a refreshing wind out of the hills of Vermont." The year was 1968 when he became MCH Administrator and there were only ten physicians on the staff. He was the administrator for 14 years.

Bob was described as a builder, good friend and a doer. He matched his dreams with bricks and mortar. The Monadnock Region was growing and Bob's dream was to make the Hospital one of the finest community hospitals in New England.

It is written in many places that he will be missed but never forgotten. He will live on in the memories of all his friends and the Monadnock Community Hospital will be a standing memorial to his life."

In October 1984, almost three years after his death, the Hospital administration, board and community honored him at a memorial ceremony. A newly constructed flagpole with a circular recessed granite base engraved with a hard hat and bulldozer was dedicated in his name. The hardhat and bulldozer symbolized Slade's dedication to building projects at MCH. The granite symbolized his "strength of character and values." Following the ceremony guests were welcomed at a reception in the MCH cafeteria.

Slade was born in 1926.

Members of the MCH Medical Staff, 1979: (front row, l-r) Dr. William Collins, Dr. Mary Elizabeth Anderson, Dr. Robert Grassi, Dr. William Julian, Dr. Bruce I. Brodkin, Dr. Theodore Lee, Dr. Paul Switzer, Dr. Robert Bailey, (back row, l-r) Dr. Francis M. Woods, Dr. Louis Wiederhold, Dr. Watson Reid, Dr. Edward B. Twitchell, Dr. Charles Seigel, Dr. John Patterson, Dr. Mark Kelley, Dr. Ian Ferrier. Members of the Medical Staff not in picture: Dr. Jeanne Arnold, Dr. Alfred Chandler, Dr. Charles Hamilton, Dr. Peter Jeffries, Dr. Michael Lannon, Dr. Owen Mathewson, Dr. John McNally, Dr. D. Glyn Millard, Dr. George Newman, Dr. Fred Richardson, Dr. William Shelton, Dr. Robert Wellwood.

College and received a master's degree in hospital administration from George Washington University.

A hospital's staff is its most important asset and also its most costly in terms of its operating budget, with payroll between 50 – 65 percent of operating expense each year. Seagrave understood that a hospital's employees must, if possible, be compensated on a scale commensurate with their skills and at a reasonable parity with commercial enterprise and other hospitals. From his understanding of this concept, came a new salary program for establishing wage bases within newly identified job classifications with periodic adjustments based on performance.

Seagrave spoke about the Hospital's financial situation at the Annual Meeting of the Corporation in 1982 and his speech was published in the Annual report for the year 1981 – 82. In his report, he explained that the average length of stay at MCH decreased from 4.7 days in 1980 to 4.5 in 1981. This statistic, he wrote, is particularly important because it is the shortest average length of stay in New Hampshire and Vermont and compares favorably with the national average of 7.0 days for hospitals the

(l-r) Annie Cook, Volunteer; Richard Seagrave, Administrator; Marion Underhill, Volunteer.

Harvey Chandler, Chairman of the Board, 1984-1985

size of MCH. He went on to detail the reasons. "Obviously this means that people who come to MCH get such good care that they recover much faster. While this fact is not good for us from a business/revenue point of view, it is extremely good in that it emphasizes the excellent quality of care provided. It is also a significant factor in reducing the cost of being ill in this area. Our average total cost per stay is well under the state average."

Richard W. Pierce began his role as Chair of the Board in 1980, followed by Judson D. Hale, Sr. in 1983; Harvey H. Chandler in 1984/85; Sheron Derby in 1986/87; Larry Lindsley in 1988/89; and Robert Henneman in 1990/91.

Alexander Hutton, Jr. was President of the Corporation from 1975 – 1983. Kathy Gregg filled

that role from 1983 – 1985 In 1986 Deborah Kruse became President of the Corporation. Following her were Douglas Anderson in 1988 and Cy Gregg in 1990.

Industrialist Royden Sanders of Wilton joined the Board at the Annual Meeting in 1983 and T. Jeffrey Temple, VP of Finance at Brookstone Company was appointed a Trustee in 1984.

Dr. Theodore H. Lee who oversaw two generations of residents, retired in 1981 after a 35-year career. In 1966 Dr. T. H. Lee was elected President of the NH Medical Society. At the time, he was only the third member of the community to attain this office. The first was Luke Howe, MD of Jaffrey in 1840 and Albert Smith, MD of Peterborough in 1858.

Physician recruitment and replenishment became critical during this decade. Hospitals everywhere engaged in active recruitment with innovative steps beyond media advertising, much of which touted the attractions of a hospital's community along with opportunities for advancement and other enticements. Unpredictable variations in census made the task of maintaining an adequate staff even more difficult. At times when the Hospital was filled to capacity, overtime work, double shifts and lost vacations replaced normal operating policy.

The Board of Trustees and the Medical Staff established a Joint Physician Recruitment committee aimed in two specific directions. The first was to hire family practice physicians and the second to staff regional medical offices.

The establishment of satellite medical offices was seen as a means of gaining patients from fringe areas throughout the Monadnock Region.

Dr. Jean Rosenthal joined Drs. Robert Grassi and Jeffrey Boxer in the practice of pediatrics in 1982. Dr. John Sussman joined Drs. Bruce Brodkin and Charles Seigel in their practice of obstetrics and gynecology. That same year, Dr. Frank B. Magill moved to Peterborough from Rochester, NY to join the pediatric practice of Dr. Owen Mathewson. Husband and wife doctors Ross Ramey and Lisa Ramey took over the practice of Dr. Claire Naylor in Jaffrey in 1986. The Rameys specialized in family medicine. An internist, Dr. Sally Garhart, joined the medical staff of the hospital in 1986.

Dr. David Patek, an internist and rheumatologist (specializing in joint diseases, arthritis and other connective tissue disorders) and Dr. Louise Dierker, a psychiatrist and psychoanalyst were welcomed by the Hospital. Both had been in practice in Boston and gave up their practices to move to MCH.

In August 1986, Connie Dodge, who served as volunteer manager of the

Dr. Theodore H. Lee

Two generations of area residents were brought into the world and helped through it by Dr. Lee, who retired in 1981 after a 35-year career. He is considered one of the last of the doctors in Peterborough who up to his retirement made house calls.

Eighteen months after coming to Peterborough in 1946, Dr. Lee joined Dr. Donald Clark and the two physicians-surgeons practiced together. At that time, there were only two other doctors in Peterborough, Drs. Harry Morse and Frank Foster. When asked about his specialty, Lee often remarked that he treated "backaches and bellyaches." And he explained that "minor pains imagined to be more" were one of the most common health complaints. "Reassurance" is important, he observed.

Peterborough is a long way from Dr. Lee's birthplace of Mahableshwar, India. He was the fifth generation of his missionary family to be born there. When Dr. Lee was nine, his parents returned to America and settled in Newton, Massachusetts.

Window Shop for 17 years, retired. Her recorded volunteer hours total 9,423.

In 1986, Dr. Charles Lawrence received his 45-year pin.

Long Range Plans and Joint Venture Efforts

In the late 1980s, many health care organizations around the country "re-structured" their corporations to create a more flexible structure suitable for future diversification. Through this reorganization, they could shelter endowment funds, increase their focus on fund raising, improve their marketing effectiveness and isolate their for-profit activities.

MCH, like most community hospitals is a "not for profit" entity and thus enjoys tax-exempt status. Commercial business, including stockholder-owned or proprietary hospitals are for-profit and taxable. However the nonprofit hospital cannot operate a for-profit enterprise as part of itself without jeopardizing its tax-exempt status.

As a result, MCH (and just about all hospitals in the state) altered its corporate structure. The Monadnock Foundation was formed in 1987

Dr. Lee attended Phillips Academy, Andover and then Yale and Harvard Medical School from which he graduated in 1937. During his senior year at Yale, he broke the indoor intercollegiate pole vaulting record. His record was 13' 10.5". Pieces of the original bamboo pole resided in his Powersbridge Road home for many years prior to his death.

Among his many honors was his election to the Presidency of the New Hampshire Medical Society. He was also President of the Medical Staff at MCH.

The Rotary Club of which he was a member awarded the Paul Harris Fellowship to Dr. Lee in 1981. The award was given in honor of his many contributions to the community and the untiring, unselfish manner in which he had conducted his medical professional life.

Dr. Lee was chairman of the Peterborough baseball committee and his wife, Faith, was chair of the playground committee when the first tennis courts were built. At that time, Peterborough did not have a Recreation Director and all the work was done by citizen volunteers.

Among his patients, Dr. Lee is described as an innovator. He was the first doctor to perform vasectomies and to offer IUDs to his patients. He is also known for his subtle humor, patience, understanding and almost total recall.

He retired from private practice at 71 years of age.

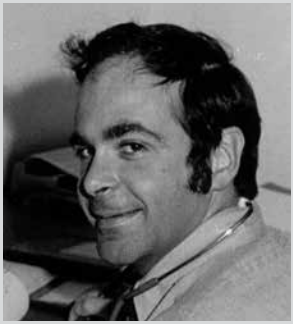
and served as the "umbrella" for the Hospital and a newly formed holding company, Monadnock Health Services (MHS). Physician practices were owned by the hospital under the MHS which became the for-profit arm of the hospital. The hospital itself also fell under the umbrella and kept its non-profit status. It appears that this re-structuring was dissolved in about 1992. However the MHS remained because the practice of hiring physicians would continue. It did however become a nonprofit entity.

Beginning in 1982 the Board held discussions about exploring joint ventures with other hospitals. It was the unanimous opinion of the Trustees that a collaboration between Monadnock Community Hospital and the Cheshire Hospital in Keene would save money and increase services.

"Could we serve our communities better by getting together in some way rather than by continuing to compete with each other?" was the question asked by Judson Hale, President of the Board of Trustees. That year the two hospitals formed what was termed as the "Committee on Joint Ventures" to address this question. This committee worked closely with the Long-Range Planning Committee.

Monadnock Regional Pediatrics

Dr. Jeffrey J. Boxer



Dr. Robert M. Grassi

Dr. Owen D. Mathewson

Monadnock Regional Pediatrics can be traced back to 1971 when Dr. Owen Mathewson opened the Hospital's first pediatric office in the Parmelee Building.

Originally from Vermont, Mathewson earned his Bachelor of Science degree and Medical degree at the University of Vermont. After practicing in New York State's Finger Lakes region and Burlington, Vermont, he joined MCH "because they (MCH) were looking and I was looking. Actually, they wanted to add specialists to their staff and I was the first to walk in the door," added Mathewson in an interview.

Dr. Mathewson practiced alone until Dr. Robert Grassi joined him later in 1971. At that time they were the only two local pediatricians.

In the 80s, Mathewson and Grassi dissolved their business partnership and reverted to solo practices (they reunited in 1992).

Dr. Jeff Boxer who was a recent SUNY Medical School graduate, moved to Peterborough in 1979.

"We must do whatever is necessary to cut costs, but at the same time maintain and improve the level and quality of services," said Richard Seagrave, Hospital Administrator. The term "shared management corporation" became the buzz words of this period. The Board felt that administrative coordination and sharing could work in patient accounting, data processing, medical records, payroll, marketing, education, library services, purchasing, printing, security, housekeeping and other ancillary services. Boards from both hospitals approved the formation of an Implementation Committee, consisting of two trustees from each institution and the two hospital administrators to oversee the development of a Shared Management

He and Dr. Grassi formed a joint practice, which was located in the small building on campus that currently houses the Adult Day Care.

Grassi hailed from the Bronx, New York, and is a graduate of Fordham University. After receiving an MD from Georgetown University Medical School, he interned at St. Vincent's Hospital in Worcester, Massachusetts. It was there that he met his wife, Claire, who is a registered nurse. Before coming to Peterborough, Grassi and his wife lived on an Indian reservation in Arizona, where Grassi was the Director of a Service Unit. After his public health service he was a volunteer for the American Medical Association and took care of children in a civilian hospital in Vietnam.

Dr. Boxer was described by Dr. Grassi as the "core of the pediatric program at MCH." Grassi told reporters from the *Monadnock Ledger* that he remembers a time when he and Boxer were on call every other night.

As their practice continued to grow, Dr. Jean Rosenthal joined the office staff in 1982 and in 1992, the office was moved to its current location in the Medical Arts Building.

At the time of this publication, the following six pediatricians make up the practice: Drs. James Hurley, Elizabeth Shea, Greg Kriebel, Lara Scheinblum, Jeff Boxer, and Suzanne Schoel. These trusted and compassionate pediatricians are supported in the office by seven nurses.

MCH purchased the practice in 2000. This change in ownership enables the doctors to spend more time providing patient care rather than be concerned with back office operational tasks and facilities management.

Corporation. The committee from MCH consisted of Richard Seagrave, Bob Cormack and Ann Berg.

The first and only cooperative agreement with Cheshire Hospital was for laundry services. Major laundry equipment at MCH was inefficient and would require a large capital expenditure to meet JCAH standards. In contrast, Cheshire Hospital happened to have a new, under-utilized laundry, which operated at half the price per pound. MCH saved $8,000 per year under this arrangement.

In the mid 80s, the Joint Venture Committee hired a team of consultants, Tribrook, Incorporated, for long-range plan consultation. The goals developed

by the Board, in collaboration with Tribrook Associates, included the following major areas:

1. Enhancing the image and visibility of MCH
2. Establishing a master facility plan
3. Enhancing relationships of the hospital and medical staffs
4. Implementing a physician recruitment and replenishment plan
5. Augmenting outpatient services
6. Pursuing organizational development

In an effort to accomplish the first goal, the Board hired Dudley Research, a public relations marketing firm, to investigate where "we are, not in our eyes, but in the eyes of our public."

The results of the survey were startling. The public, whom the Board thought should be well informed, appeared to be only somewhat informed. Those who should be somewhat informed were relatively uninformed. The Trustees drew the conclusion that the "subject of health care was not being well presented." At that time, the public drew its information from word of mouth and personal observation probably more than they did from the printed word. Dudley Research made some bold and specific recommendations. They were:

1. The Hospital must become excellent at the services it provides.
2. The Hospital should concentrate on new services, which are market-driven, namely those for which there will be or already exists a demand. Care for the elderly was recommended because the region had a disproportionately elderly population.
3. Emphasis should be placed on one-day surgery – bed and breakfast approach.
4. MCH has a strength in OB/GYN and should continue along these same lines.
5. Community wellness programs would be a natural outreach, important to all ages.
6. There was a strongly recognized need for an ENT service.

Harvey H. Chandler, President of the Board of Trustees, summarized the results of this survey, "we should focus on our unique selling position, our reputation for delivering the most personalized quality care."

In 1986, MCH entered into an agreement with New England Deaconess Hospital in Boston to formalize a long-standing association

of more than ten years. Regular specialty clinics would be held at MCH, staffed by consultants from New England Deaconess, based on needs as determined by MCH physicians. MCH would draw on a wealth of services provided by New England Deaconess, including enhanced educational opportunities for hospital staff and occupational health programs for area businesses and industries. Drs. Forssell and Julian were instrumental in forming this association.

Collective Bargaining Efforts

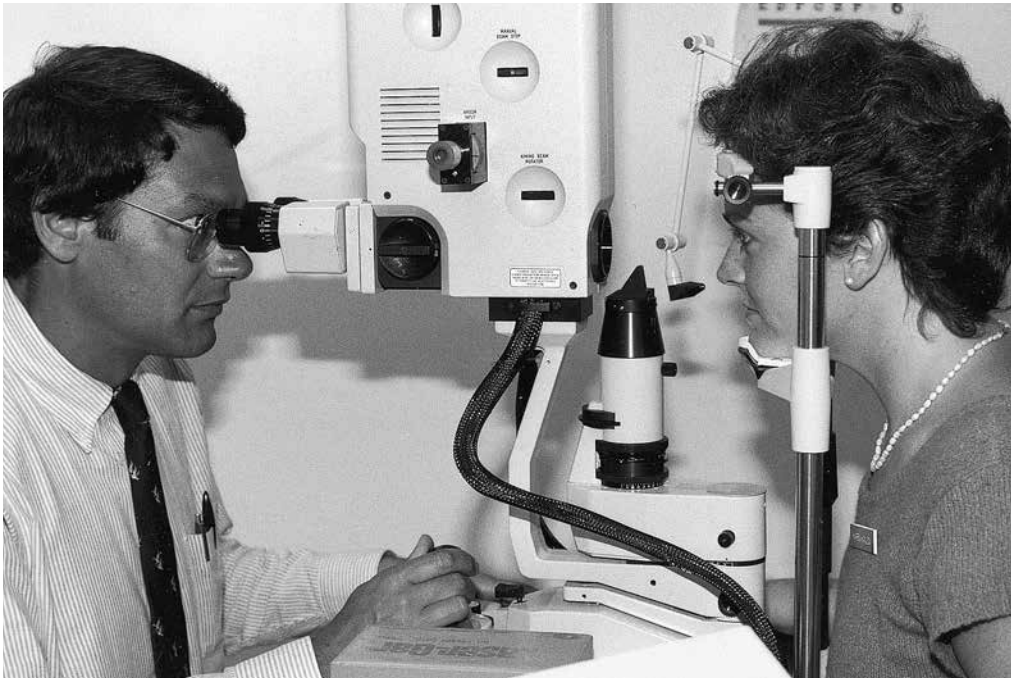
The nurses continued to be the dominant force among the employees. The recognition that nursing was a profession became evident as nurses increased their skills and were, when qualified, authorized to perform tasks once confined to physicians. This, together with chronic shortages and the consequence competition for their service, gave them considerable influence.

Hiring and keeping nurses remained a problem. The lure of easier and more lucrative career choices also reduced interest in the profession. Competition for nurses became more aggressive as hospitals of all sizes endeavored to maintain adequate staffs.

It was probably inevitable that this situation, coupled with what some nurses considered low pay and lack of appreciation, led to an interest in unionization. Although the National Labor Relations Board had brought all hospital employees under its jurisdiction, most interest lay chiefly with the nurses. They were a natural target as an easily definable group and they also had the clout to make themselves heard.

In 1981, the Maine State Nurses Association was eager to enroll them and represent them with a united voice. The Hospital made the determination that the exclusively registered nurse unit, which the union was asking for, was not an appropriate unit for the hospital. The Board took the only step available to them, a technical refusal to bargain. There the matter rested while the makeup of the bargaining unit was argued. The Maine State Nurses Association wanted only nurses in any unit it controlled, and Hospital management held to its belief that if a union must be established, it should cover a broader spectrum of employees.

The case was reviewed by the Boston Regional Board and referred to the National Labor Relations Board in Washington, D.C. The NLRB in Washington ruled in favor of the Hospital Board's contention that the bargaining unit should include professionals other than just registered nurses. It sent the MCH case, and several similar cases, back to the regional



Dr. Theodore Renna performed the first laser surgery at MCH.

board. The instructions from the NLRB were for the regional board to make a reconsideration and a redetermination on each of these cases. This was the first time in the state's history that registered nurses had attempted to unionize under a professional association. In February, 1986, the NLRB ordered an election take place to determine the extent of the interest among the approximately 60 nurses and 20 other professionals eligible to join the union. When the day came in 1986 and the ballots were counted, it was almost anticlimactic: 48 nurses voted against union representation. This ended a four-year effort to establish a union at the hospital.

It had been an unhappy four years and both sides were equally relieved to see it over as they joined once more with a renewed sense of purpose and a desire for constructive harmony to replace the long period of recrimination and unrest. From the experience came the opportunity for the nurses to voice their concerns and from the discussions came the realization that what the nurses really wanted was status as health care professionals. That understanding brought several changes. Among them the move toward altered Medical Staff–Nurse relationships. Communications between the two groups were improved with the establishment of a joint Nursing Liaison

GERALD DEBONIS, MD

Dr. DeBonis began his practice at Monadnock Community Hospital in 1978. As an orthopedic surgeon, he provided medical and surgical care for the entire muscular and skeletal system of his patients.

Born in Italy, he lived in New York City and Fairfield, Connecticut, before moving his family to Peterborough.

Dr. DeBonis spent his undergraduate days at Columbia University and graduated from Medical School at Northwestern University. His internship and graduate training were at George Washington University in Washington, D.C., at New York Medical College and Columbia Presbyterian Medical Center in New York City.

Dr. DeBonis completed his tour of military duty in Nuremberg and Heidelberg, Germany.

He met his wife, Karen, while she was a nursing student at Northwestern. They were great friends of Dr. and Mrs. Switzer and it is through them that they came to know and like the Peterborough area. Dr. DeBonis and Dr. Switzer were classmates at Northwestern and their wives were in nursing school together.

He, his wife and two children, Laura and Teddy, love skiing and scuba diving. Dr. DeBonis is also an avid photographer and classical music fan. He has been a helpful content contributor to this history book and responsible for the title of Chapter Four: The Collegial Years.

Committee. Changes were made to policies dealing with job responsibilities, salaries, benefits and working conditions.

Medical Advances

In March of 1982, Dr. Theodore Renna performed LASER eye surgery for the first time. The LASER equipment used for the surgery was a mobile unit made available to the Hospital on a periodic basis by a Massachusetts technical firm, Angiographics. Previously patients requiring this surgery had to travel to Boston or other distant medical centers for treatment.

The surgery department was now performing more intricate joint

Boston Med Flight takes off from MCH parking lot after an in-service training session.

replacement operations, reducing the need for surgical patient transfers.

In 1984, the Friends of Hospital donated a mammography unit. The Hospital purchased a new EKG and stress test machine, a ventilator and a colonoscope.

Responding to the New Hampshire Child Passenger Safety Law, effective in June 1983, the Hospital Obstetrics Department developed an infant car seat rental program. The purpose of the program was to educate parents to the necessity for and the proper use of car restraints in an attempt to reduce what was and continues to be the leading cause of serious injury and disfigurement in children. The federal goal was to reduce serious injuries by 80 percent.

That same year the Hospital sponsored the first Nutritional Services for the Monadnock Region. Counseling on nutrition and diet was held at the local A&P on Fridays from 3 – 6 p.m. The sessions were called "Misinformation about Nutrition."

1989 was the year of many medical firsts. The first CAT (Computerized

Axial Tomography) scanner was installed. MCH opened the Hospice Room, becoming one of the first hospitals in New Hampshire to designate a hospice room. Friends of Monadnock raised approximately $4,000 to decorate and furnish it. The nuclear medicine room (with the first gamma camera) was built and the first laparoscopic operation was performed, removing the gallbladder of a local resident.

Spectrum Emergency Care of Boston

Physician coverage of the Emergency Department was provided on an on-call basis by the regular Medical Staff's private practitioners. Beginning in September, 1984, and continuing through 1996, Spectrum Emergency Care of Boston was hired to provide full-time coverage of the Emergency Department. This gave the Hospital medical staff the ability to devote their

Dr. John L. Patterson

John L. Patterson was born and raised in Cardington, Ohio, a small town in the central part of the state. Following completion of high school, he moved to Hanover, New Hampshire, and from 1959 –1966, he was an engineering major at Dartmouth College and the associated Thayer School of Engineering. While at Dartmouth, he married Brenda Arnold of Randolph, Vermont, a graduate of Mary Hitchcock School of Nursing.

In 1966, the Pattersons moved to Rochester, New York, where John entered the University of Rochester School of Medicine. Brenda joined the Nursing Staff of Strong Memorial Hospital. After completion of Medical School in 1970, the Pattersons moved to New Orleans, Louisiana. There, John began his surgical training at the Tulane University Division of Charity Hospital in New Orleans.

Dr. Patterson's parents had been residents of Peterborough since 1962. After repeated visits here, Brenda and John decided to leave the "heat and humidity of the deep South" and establish their family and his surgical practice in Peterborough.

In 1975, Dr. John L. Patterson opened his surgical practice in Peterborough, a valuable addition to the medical community and to the town.

full-time attention to their practices and areas of specialty. The contracted physicians were there primarily to care for patients who did not have an ongoing relationship with a local doctor.

The First Airborne Emergency Room

The First Med Flight missions to trauma centers began from MCH in December 1984. "This is very exciting," Dick Seagrave, Hospital Administrator, said with pride. "When patients are in need of specialized services which we are not capable of providing, we are within twenty minutes from those extensive, specialized services. The University of Massachusetts Medical Center provides a helicopter service with a doctor, nurse and pilot on board. I think this will be a welcomed addition to this community and to the services provided to it by this Hospital." The aircraft operated within a 130 mile radius of Worcester.

David Hurlin:
President, Board of Trustees 1972 - 1977

David Hurlin served on the Hospital's Board of Trustees from 1965 until 1977. He was President of the Board from 1972 until 1977.

David's family were contributors of and dedicated to the hospital. David's mother, Mrs. William Hurlin, was a member of the Corporation. His wife, Priscilla, was an auxiliary President.

David remained active on the Hospital's Investment Management Committee and led the capital campaign that was responsible for the major hospital reconstruction in 1991, which almost doubled the size of the Hospital. This important campaign raised over $2 million. According to many individuals who worked with David, his style of leadership was laid back, but his message was always clear. During a fund-raising slow down, David re-energized the campaign. In a forthright, direct and effective way, he communicated to the hospital's campaign leaders that the project wasn't going to succeed unless everyone stepped up to the plate. He strongly believed that when you volunteered for a job, you followed through to the end and didn't leave a job half done. His vision was to grow MCH into a leading community hospital.

14,000 hours of volunteer work honored: (l-r) MCH Administrator Richard Seagrave; volunteers Lee Dennis of Peterborough, Connie Dodge of Francestown, Marion Meisinger of Hancock, Miriam Hall of Peterborough, Peggy McLeod of Hancock and Virginia Bugbee of Peterborough; and Director of Volunteer Services, Barbara Hutton.

The Financial Picture

Continuing inflation, the need to maintain a competitive level of wages, a cut in Medicare reimbursement, the higher cost of borrowed funds plus an unpredictably fluctuating census all combined to intensify the cash flow problem during this decade. Richard Seagrave, in the 1985 annual report, wrote "hospitals in this country were reimbursed by Medicare on what was called a cost-based methodology. In other words, we were paid, within rather strict limitations, whatever it cost us to take care of a Medicare patient. That system has changed to a flat-rate reimbursement system, which means that the government pays a single all-inclusive rate no matter what the diagnosis is or how long the patient remained in the Hospital." The DRG (Diagnosis Related Groups) method of Medicare payments to hospitals had a dramatic impact on the financial picture of the Hospital. Instead of paying the hospital on a day-by-day basis, the government began paying hospitals a fixed fee based on the patient's diagnosis. Therefore, the longer a patient stayed in the hospital, the more it cost the hospital. Seagrave illustrated the situation with several examples. "We have seen cases where patients' bills have been as high as $60,000 while the hospital has been paid $6,000 by Medicare. Probably the extreme was a bill of about $175,000 the total Medicare payment being

approximately $18,000. Understand, (he said), when the government makes its payment and the patient has paid his coinsurance requirements, the hospital must consider that as payment in full and we write off the remainder." The pressure was therefore on the physician to get the patient well faster or at least discharge the patient from the hospital sooner. Dr. William Julian, President of the Medical Staff in 1985, spoke for the physicians when he said, "We, as physicians, must always remember that the proper care of the patient comes first, even if it means the Hospital must occasionally provide care for which it doesn't get paid."

The Board often had to be very innovative. When some elderly acute-care patients became well enough to leave the Hospital, it was the standard procedure to transfer them to one of the local nursing homes to continue recovery. When a local nursing home stopped taking patients, the patients had to stay in the hospital longer. In order to be paid for this increased patient stay, the hospital applied to the federal government for a special waiver, which would allow the Hospital to work under nursing-home type regulations. The New Hampshire licensing agency granted the waiver and the Hospital put the "Swing-Bed" program into effect. With this waiver, the Hospital was paid for the cost of room and patient care until the patient was discharged.

The Temple Stage Band provided music for dancing and entertainment. Former Peterborough resident, Gordon Estabrook, Jr., performed.

Another change during this decade was the replacement of the old Professional Standards Review Organization with the new Peer Review Organization, which monitored physicians' and hospitals' level of care and outcomes in treating patients. New rules and requirements were expected to improve the quality of care, but certainly created more paperwork and expense.

In an effort to cut the increases in health care costs, the Hospital and local business leaders formed a committee to identify opportunities for cost containment and revenue generation. Local business leaders representing such companies as NHBB, Monadnock Paper Mills, New England Business Service,

Regatta Day chairperson Marcia Krause with George Kregling who conducted a prize drawing.

Peterborough Savings Bank and the local Chambers of Commerce participated. "This is the first such effort of its kind in New Hampshire," noted Administrator Dick Seagrave in a newspaper article. This committee took almost two years and met 17 times before they made any recommendations. In 1985, Chairman Jeff Temple made a report to the Trustees. "We had expected we would come up with a large list of suggestions to help control or reduce costs, but our study has found that, where appropriate, the hospital is taking a profit and loss approach to its operations."

First HMO in Monadnock Region

Traditionally, health insurance had been available through direct linkage between the insurance carrier and the insured or perhaps his/her employer. The physicians of MCH,

Annual Regatta gala evening at the Woodbound Inn. Two hundred Hospital supporters lined up for the lobster and steak buffet.

1985 Regatta Winners: (front row, l-r) Mike Hickey, Director of Economic Development for the state representing Gov. John Sununu; Peter Wells, scorekeeper; David Tower, race director; Kelley Schofield and Marcia Krause, vice chairman and chairman of the sailing committee; and racers Lori Reenstierna, Stephanie Jackson and Lance Reenstierna. (second row, l-r) Chad Hattie, Ellen Clarke, Bonnie Wells, Jeannie Stokinger, Gela Gallant, Helen Hillman, Jeff Mansfield. (third row, l-r) Dennis Hattie, Gordon Wiedenkeller, Steve Wells, David and Doris Titus, Harlow Richardson, Rob Jackson, Paul Therriault. (back row, l-r) Steve Brooks, Mark Kenyon, David McQueen, Don Stoops, two unidentified racers, Martin Brutsch and Skip Iltis.

spearheaded by Drs. Forssell, Julian, Grassi and Norman, wanted to curb the rising costs of medical care and guarantee the patient population base. They affiliated with an organization, Health Source New Hampshire, in Concord to provide a IPA-HMO, Individual Practice Association – Health Maintenance Organization. This was an effort by the doctors, in 1985, to avert competition from other HMOs, which were seeking to intrude on this area and presented a very real threat, not only to the doctors, but to the viability of MCH in providing primary health care in the area. The advantages to the patient were obvious – the cost of the premium was quite reduced. The disadvantages were that the patient had to agree with his/her family physician's judgment as to what services were indicated. "The doctors," said Dr. Forssell, "will probably end up working for less. Their main motivation for accepting the discount structure is that patients keep coming to us." Twenty-seven out of twenty-nine local doctors participated.

Fund Raising Efforts

Auxiliaries continued to support the Hospital with the proceeds from Christmas Fairs, food sales, open houses, fashion shows, the annual Regattas, concerts, and an annual summer circus. An average of $25,000 was donated to the Hospital each year during this decade. At the end of 1989, the MCH Auxiliary Association reported approximately 270 active and supporting members. The branches included Peterborough, Antrim, Hancock, Greenfield, Francestown, and Jaffrey-Rindge.

That same year, 1989, Monadnock Community Hospital Auxiliary Association changed its name to "Friends of the Hospital" uniting all branches and encouraging men to participate in its activities.

Other fund raisers for the Hospital included pancake breakfasts, a "Gay 90s" gala, barbershop quartets, and jazz bands. One of the repeat shows was the Heritage Band with instrumentation exactly like the bands of the 20s and 30s. A favorite dance piece was "Ain't No Sin to Take Off Your Skin and Dance Around in Your Bones."

The first annual regatta was held in July, 1983, and was sponsored by the Jaffrey-Rindge branch of the Auxiliary. It was held on Contoocook Lake in Jaffrey and Rindge. The regattas consisted of sailboat, canoe and "creative craft" races. Besides competition on the lake, there were contests on the beach. Attendees participated in sack races, tug-of-war competition and water balloon tossing. Dinner was held afterwards at various restaurants including the Woodbound Inn.

Numerous fundraisers were held in the early eighties to finance the installation of LifeLine. Lifeline was a system for the elderly and handicapped, which sent emergency help from the hospital 24 hours per day, even when those who need it may not have been able to call for themselves. Cost for the service was $10, but the service was not denied if an individual was unable to pay the fee. The system helped elderly people stay independent longer.

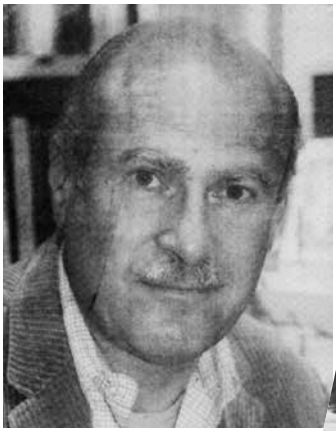
Philanthropic Contributions

Support to the endowment through memorial bequests continued. The Hospital was the beneficiary of four estates during 1982: Eleanor N. Abel, Herbert C. Nichols and Ralph T. Saylers. George Brooks, Jr. (Hobie) left one tenth of his estate to MCH in 1984.

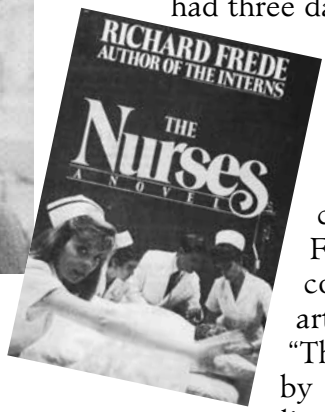
The New England Business Services, Inc., in 1984 funded the $10,000 purchase of an IBM personal computer.

Famous People Associated with the Hospital

Dr. John Rock died at Monadnock Hospital in December 1984. He was a co-developer of the birth control pill. Rock lived in Temple for 15 years and was often seen throughout the Monadnock area. A devout Roman Catholic, his work was in conflict with church teaching and he was often asked to explain his position on the subject. Rock married socialite Anna Thorndike in 1925 and had three daughters.



Richard Frede researched material for this book, "The Nurses," at MCH and Boston City Hospital.



In 1960, Peterborough author, Richard "Rick" Frede, at 26 years old wrote a best-seller on the New York Times Book List, called "The Interns." In all, Frede wrote ten novels and countless magazine stories and articles. In 1985, Frede's book "The Nurses" was published by Houghton Mifflin and displayed for all to see at the Toadstool Bookstore. His research took Frede from the corridors of Boston City Hospital to the emergency room at Monadnock Community Hospital. Fritz Wetherbee, who promoted the book, was quoted in the *Peterborough Transcript*. "What sets this book apart from the standard doctor drama is the focus on nursing. That message is that hospitals can function with a few doctors but without nurses there would be no hospital. And it's time we took notice. It's a book to make nurses proud."

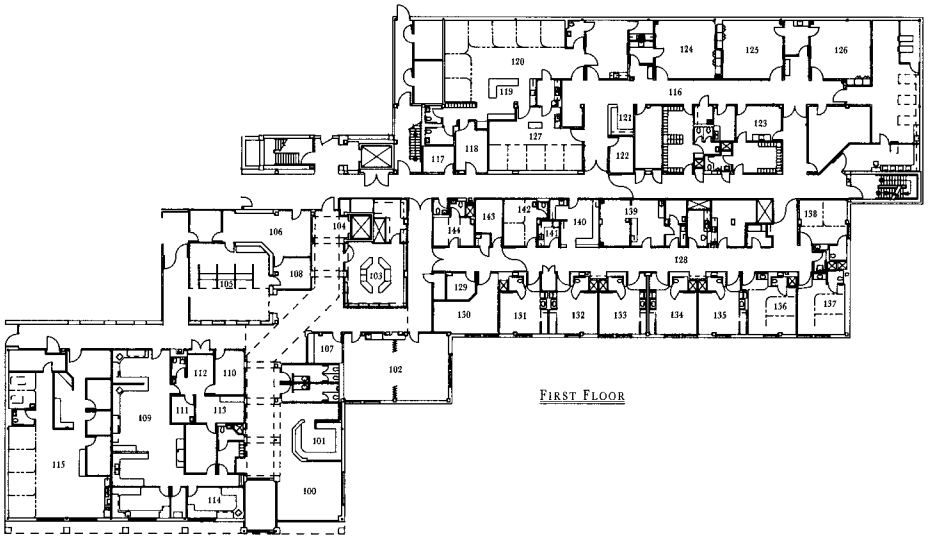
Resignation of Richard Seagrave

Administrator Richard Seagrave resigned in 1986, after a five-year career with the Hospital. Harvey Chandler, Chair of the Board of Trustees, said, "Both Seagrave and the Board have the same dedication to making the Hospital the best possible for meeting the acute care needs of the area we serve. There were philosophical differences between the Trustees and Dick about how to achieve that."

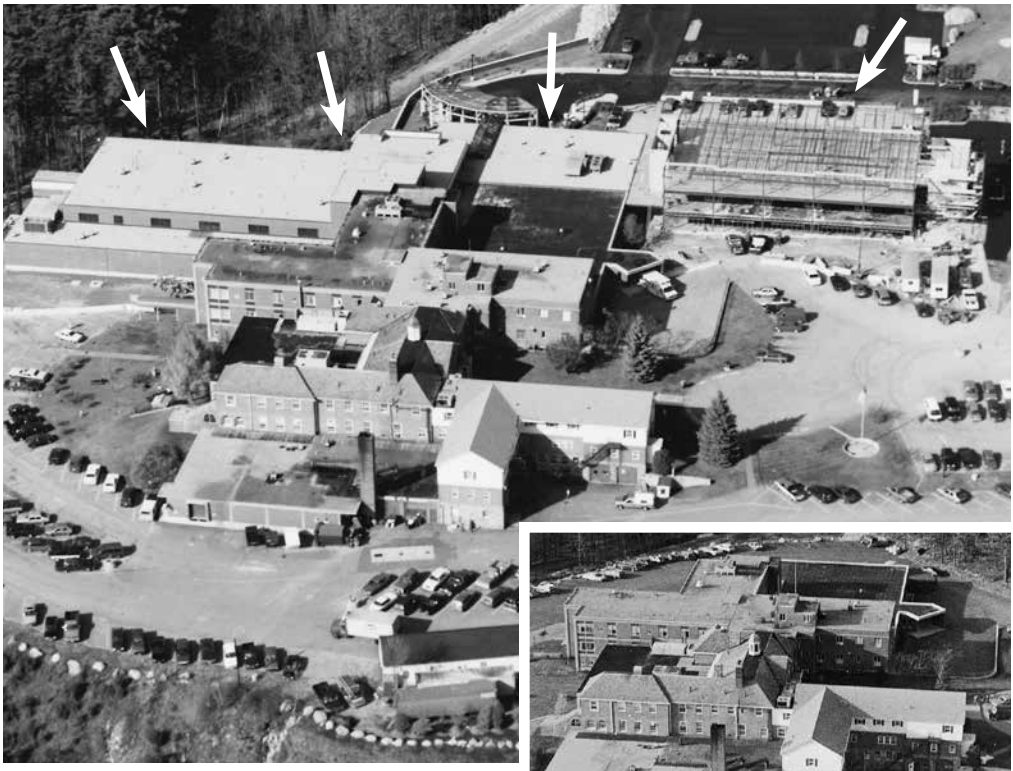
Seagrave's resignation was met with dissatisfaction throughout the Hospital community. Many people felt that they hadn't been given a good

explanation for his departure. In a move of public support the Monadnock Hospital Corporation met to ask the Board of Trustees to "reconsider" accepting the resignation of Seagrave. Under Hospital bylaws a special meeting can be called if requested by a petition signed by at least ten members of the Corporation. "The Hospital Corporation is technically the Trustees' boss, serving in a comparable role to stockholders of a corporation, governing the board of directors. Theoretically the corporation is the one body that the trustees are answerable to," said Dr. Peter Forssell, clerk of the corporation. Trustees were elected by the Corporation, which consisted of about 1,000 members from throughout the MCH service area. Apparently the Corporation rarely, if ever, challenged the authority of the Trustees. But when a petition was signed, the Trustees scheduled a special meeting of the Corporation and 150 people attended. Board Counsel Bernard Hampsey, attempted to defuse any adverse attitudes and said, "Mr. Seagrave has done nothing wrong and the Board didn't do anything to cover up information." In April the board reaffirmed its decision to accept Seagrave's resignation.

Until his replacement could be hired, three assistant administrators absorbed some of the duties handled by Mr. Seagrave. They were George Allen, Finance, Marie Isham, Quality Assurance and Betty Slade, Nursing Services. George Allen was made acting CEO.



Floor plan of new addition.



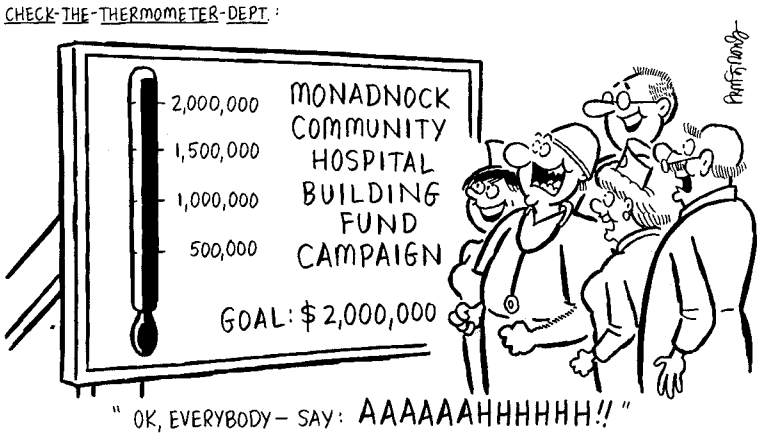
Arrows point to new addition (above).
Preconstruction view of the Hospital (right).

Fund-raising Steering Committee: Dr. Pete Twitchell, Ginny Jones, Ken Christian, Ruth Byam, David Hurlin, Marie Fogg, Charlton MacVeagh, Phil Runyon, Joe Hart, Jack Farrell.

Alvin D. Felgar, MCH Administrator; Francis Magoon, a Hospital patient; Michael Samide, president of New Hampshire Ball Bearings; and Richard Verney, chairman of the industrial division of the MCH Capital Campaign on the occasion of NHBB's $100,000 pledge to MCH.

After an extensive six-month search, in November 1986, Alvin D. Felgar, became the new administrator of the Hospital. Felgar, originally from Pittsburgh, Pennsylvania, was the hospital administrator of the Charter Winds Hospital in Athens, Georgia.

Improved marketing of MCH was one of Felgar's initial goals and highest priorities. According to Felgar, the hospital had to "create an awareness of its services in order to draw patients from throughout the Monadnock Region."



Printed in The Peterborough Transcript, *1991.*

Construction of the 1991 addition.

During that first year Felgar gained the respect and confidence of the Trustees and Medical Staff and was then able to concentrate on long-range plans.

David Hurlin and Ken Christian, co-chairmen of the building committee, holding the OVER THE TOP! *sign.*

Al Felgar and Louise Sands at the 1991 cornerstone dedication.

The New Hospital: 1991

When Al Felgar joined the Hospital as its Administrator, he knew that the Trustees needed somebody to make some major changes to the physical plant and improve physician recruiting efforts. In an interview, Felgar said, "The doctors are very concerned about the physical facilities, particularly the operating room and the intensive care unit. The physical plant is old. There are problems with heating, ventilating and air conditioning. The patient treatment areas are outdated, under code or without sufficient features. Other hospitals expanded decades ago. So we are significantly behind everyone else."

The plans for the new Hospital expanded it by fifty thousand square feet. The new wing doubled the Hospital's size. There were three operating rooms and adjacent outpatient, preoperative and postoperative rooms. It was more efficient because nurses' stations were centrally located and supply closets were convenient to the areas they served.

For the first time in its history, the Hospital incurred long-term debt. The Hospital borrowed $4.5 million in a tax-free bond arrangement. It signed a 30-year note that could be paid off in as little as 9 years. The bonds paid for about half of the $8.8 million dollar building program, with $2 million coming from gifts, $1.9 million from the depreciation reserve fund, and $300,000 in interest earned by the bond money before it was spent.

The capital campaign began in 1989 with a nucleus of people — the fund-raising steering committee was chaired by David Hurlin and Ken Christian. The panel consisted of Christopher Flynn, Ruth Byam, Dr. Theodore Renna, Dr. Edward Twitchell, Charlton MacVeagh, Joseph Hart, Cathie Runyon, Phil Runyon, Dorothy Peterson, Richard Verney, John Farrell and Marie Fogg. In addition, Phyllis Nichols, Virginia Jones and Gretchen Orme served as MCH Auxiliary representatives during their terms as president of that group.

Everyone on the committee made pledges to the Hospital before they asked others to give to the cause. The fund-raising campaign took the form of a pyramid with the committee at the top. Each member of the committee was in charge of soliciting different segments of the community. The appeals to various groups were carefully timed so that each type of donor would be approached at a certain stage of the campaign – when he/she could see that his/her contribution would have an effect on the $2 million dollar goal. The largest contribution came from New Hampshire Ball Bearings/Minebea, which gave $200,000. The second largest gift, $100,000 came from the Hospital Auxiliary. An anonymous challenge (matching) gift of $75,000 was the third largest. There were 273 donations of $1,000 or more, most of which were from private individuals and 598 contributions of less than $1,000. Although there was much activity during the campaign, most of the money came from private donors – one solicitor talking to one potential donor.

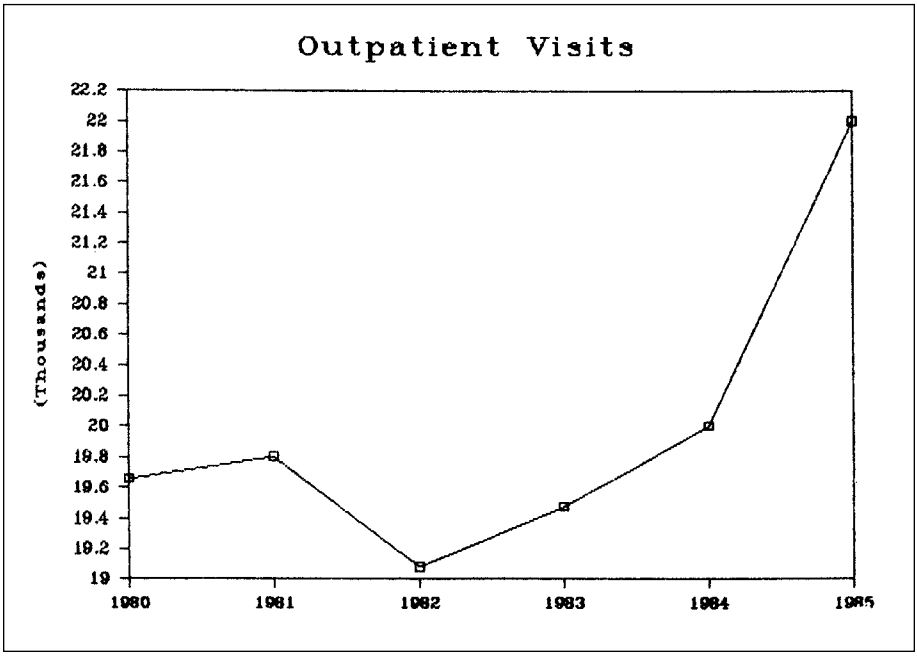
The Building Committee members contacted six contractors with the expertise to accomplish this project and asked them to submit proposals. Of the five that responded, the Building Committee decided that Hutter Construction's proposal was the best. Hutter was a local contractor and its bid was significantly less than what other contractors proposed. It seemed appropriate that the money would be spent within the local economy.

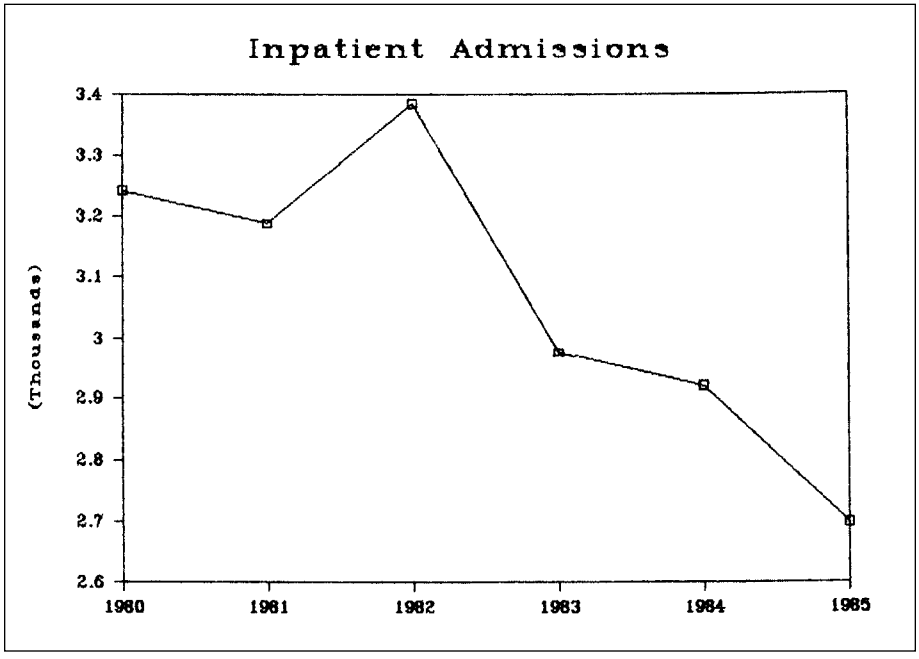
The groundbreaking was held on June 15, 1990, and the construction began. MCH's oldest active volunteer, Margaret "Peg" Wheelock of Peterborough, 87 years old, turned the first shovel of dirt.

MCH's trust in the pool of local expertise, local labor, local talent and local generosity was not misplaced; the project was done on time and under budget.

Many of the changes to the Hospital resulted in improved efficiency, use of space, equipment and factors that make for a better facility, but are not readily apparent to the eye. What was apparent was the Hospital's new entrance. The original plans were "cookie cutter boxy" says Felgar. "Hutter redesigned the entrance and it is quite dramatic." The entrance featured automatic doors and a tinted glass canopy and leads into a glass roofed lobby and reception area.

Charts from an annual report summarizing the Hospital's service market in the mid 1980s





Other redesigns were a new entryway off Old Street Road. Traffic patterns and flow were greatly improved.

D.S. Huntington Company of Hancock installed more than one half mile of oak handrails throughout the Hospital's corridors. Six wall mounted drinking fountains, donated by the Filtrene Company of Harrisville, were designed by Yamasaki, the famous Japanese architect of the 1950s who designed the World Trade Center. Identical water fountains and systems can be found in the White House, the United Nations Building and the John Hancock Tower. A granite cornerstone with the year 1991 adorns the front entrance to the new Monadnock Community Hospital.

Said Felgar, "This isn't a renovation. This isn't a paint job. This is a brand-new Hospital."

An open house for the community was held on November 2, 1991. Louise Sands, 91, unveiled the granite cornerstone. Sands had worked as a nurse for more than 40 years.

The topics of the welcome speeches included "Meeting Community Health Needs," "Our Physicians and Our Hospital" and "Campaign Recognition." Tours and a buffet lunch followed.

When Felgar was asked by a reporter what the most important thing his readers needed to understand about the opening of the Hospital, he was quick to respond. "I think it's a strong statement from the Board, the Medical Staff, the Employees and the Management that we're very serious about providing a strong medical community for this region. Asking the public to put up $2 million – that's a real test – and the support came back 100 percent."

Summary

This chapter begins with the futuristic viewpoint of David Hurlin. By the end of this decade, those predictions made by him in 1970 proved true. Outpatient activity continued to increase while total patient days decreased each year. Almost 40 percent of all surgery was done on an outpatient basis. Emergency department cases also increased each year since 1970.

Chapter Five: Stewardship and Vision *1992-2006*

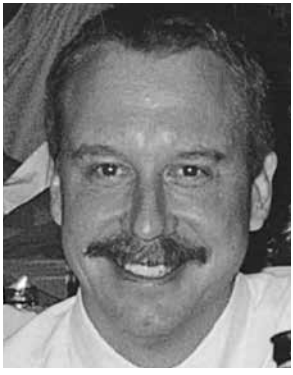
Background

The climate of change in health care — from fast developing technologies and delivery systems to problematical economic realities and administrative issues — would be both challenges and opportunities for the Trustees during this period. Consumers expected not only a broader range of services, but also more specialized procedures. The Trustees were charged with creating a proper balance of quality access and costs. To meet these often disparate goals meant employing new kinds of medical providers and modes of delivery, as well as creating new service structures.

Community Outreach: Breadth of Services

During the decade of the 90s, the Hospital continued to add programs, services and space to meet the needs of the community. Many MCH services went beyond primary medical care.

In March of 1992, the Medical Arts Building opened. It not only offered comprehensive medical space for physicians, but also the convenience of community access to those services. Medical specialties included private practices in General Surgery, Gastroenterology, Pediatrics, Oncology/ Hematology, Obstetrics/Gynecology, Ophthalmology and Psychiatric/Counseling Services. Internal Medicine and Family Medicine Practices, owned by the Hospital, were also housed in the building.



Tom Humphrey, Director of Facilities and Engineering, has worked for the Hospital for 31 years.

According to Tom Humphrey, Director of Facilities and Engineering then and at the time of this writing, "There is no singular look to the inside of the building. The look is progressive — a new image. The décor and color schemes vary significantly because the physicians had meaningful input in designing the office interiors. This allowed for a personal touch in the workplaces and an eclectic décor to the building as a whole."

The Hospital's heliport became functional at the same time the Medical Arts Building opened. Employees no longer had to empty the rear parking lot when a helicopter was scheduled to land.

The new surgery area and maternity unit offered improvements in care delivery and patient comfort. The maternity unit was one of the few providers in the nation to offer water birthing as an option for expectant mothers. A comprehensive Parent Education Program, featuring a variety of pre- and post-natal classes, supplemented this innovation in primary obstetrical care.

The maternity unit was featured in the *Keene Sentinel* and the *Fitchburg Enterprise* newspapers as well as local publications. In addition to the newspaper coverage, Cathy Craig from WMUR-TV interviewed Sheila Sbrogna, Obstetric Nurse Manager, and Tracey Bowman, Certified Nurse Midwife, on its weekly Healthline News Show.

In 1994, *Child* magazine named MCH's maternity department one of the nation's top ten maternity units in the country, telling people all across America what families in the Monadnock Region already knew.

The need to streamline the health care process resulted in new kinds of professionals, which enhanced the traditional style of delivery of medical services. Two of these were the Nurse Practitioner and the Physician Assistant.

Jeanne Cuskey, A.R.NP, was one of the first Nurse Practitioners when she joined the staff of Monadnock Internists, located in the Medical Arts Building. Nurse Practitioners are registered nurses with two additional years of formal training in providing primary health care, typically in a clinical specialty. The Physician Assistants are medically trained and certified


Business Briefs
Health
New Hampshire Medical Briefs
MCH to participate in study on aspirin, cancer
Kick the habit at MCH
THANK
Hospital staff made stay a pleasure
Hospital To Offer 'Culinary Hearts Kitchen Course'
MCH has earned blood ban accreditati
READER OPINION
Stunning exhibit coming to area
MCH support groups and conferences
Breast Cancer Awareness Month nationally
THANK YOU NOTES
Service at MCH was really top-notch
Hospital expanding cardiac services

The Hospital added programs, services and spaces to meet the needs of the community.

professionals who perform a variety of physician-delegated medical procedures. One of the first Physician Assistants was Irene Miller, P.A., who worked with Jaffrey Family Medicine, one of several regional practices associated with MCH at this time.

A Community Benefits Committee, which assessed the medical and health education needs of the community, was formed. This Committee also surveyed patients and family members on a regular basis to determine satisfaction levels. The Hospital responded to the community's needs by offering many diverse outpatient services and promoting wellness through education. Over 70 services and programs on wellness and prevention were available to the general public at little or no cost.

The "modern" Monadnock Community Hospital of the late 90s was complemented by the state-of-the-art medicine practiced within. The technologies of laparoscopy, magnetic resonance imaging, lithotripsy (ultrasound shock waves used to break up kidney stones) and laser surgery had a substantial impact on service quality and revenue generation.

Women's Health Center

The 1994 campaign for a Women's Health Center raised $70,000, which purchased ultrasound and mammography equipment. Over 300 individuals

Making Strides Against Breast Cancer

Professional Emergency Care

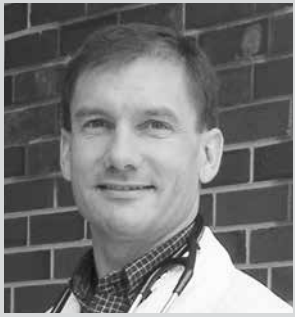
The Emergency Department has been described by many as the "front door of the Hospital" and, in many cases, it is the patient's first impression of the Hospital. Unlike other specialty medicines, the types of medical conditions that arrive at MCH's Emergency Department on a daily basis are wide ranging.

Emergency Room, circa 1990 (l to r): Mary Lou Cunningham, Director of Nursing; Larry Bishop, Volunteer Fire Chief and original owner of Nonie's Restaurant; and Dr. Wayne LeClair.

Wayne R. LeClair, MD, F.A.C.E.P., recalls what the Emergency Department was like in the late 70s. "There was one room with one surgical table. Doctors with a variety of specialties assumed medical coverage of the department on a rotating basis. We averaged about five people each day." Dr. LeClair was the Director of Emergency Services from 1984 – 1995. He is currently a full-time Emergency Room doctor, and has worked for the Hospital for over 22 years.

In 1984, the Hospital management contracted with the Spectrum Corporation for emergency room coverage. Refer to Chapter Four for more details. Dr. Ross Ramey, whose practice was part of MHS, served as Medical Director of Emergency Services from 1994 through 1996.

When the contract for emergency services with Spectrum expired in 1996 after twelve years, The Quorum Corporation (a management group hired by the Trustees) negotiated a two-year contract with Coastal Emergency Services. Dr. Alan Rogers served as the Medical Director from 1996 to 1998.



Dr. Craig Lauer, Director of the Emergency Department

After the expiration of the contract with Coastal Emergency Services in 1998, Dr. Ross Ramey again become the Hospital's Medical Director of Emergency Services until 2003 when Dr. Craig Lauer joined the Hospital. Dr. Lauer is currently in that position and says that the biggest change he has

2005 - Members of the Peterborough Volunteer Ambulance, l to r: Lieutenant Rich Daughen, Lieutenant Victoria Zimmerman, Dr. Craig Lauer and Deputy Chief Brian Wall.

1992 - Dartmouth-Hitchcock Air Rescue Transport (DHART) helicopter began using the Hospital's new heliport

witnessed since 2003 has been a dramatic increase in patient volume.

Currently with a staff consisting of five board-certified emergency physicians and fifteen specialty nurses, the department provides care for approximately 13,000 patients per year. An emergency doctor is on duty 24 hours a day, seven days a week. Approximately 80% of the Hospital's admitted patients arrive through the doors of the ED.

While the occurrence of a major medical emergency, such as a pandemic disease or terrorist attack, is unlikely, the ED staff is fully trained and prepared to identify and treat the victims of any major catastrophe. They are in contact with the National Center for Disease Control and are kept constantly updated on national health care issues.

contributed. Foundations donating to the Hospital were the Gilbert Verney Foundation, James Burgess Boote Fund, Bean Foundation and the F.T. Kennedy Foundation. Granite Bank, Peterborough Savings Bank, East Coast Steel, Monadnock Paper Mills and Cournoyer Funeral Home also made financial contributions.

The Center would initially focus on the early detection of breast cancer and was designed to provide comfort and privacy to women in need of mammography, ultrasound and educational materials related to women's health issues. A media resource center with video tapes on topics such as osteoporosis, breast cancer and other health issues was available to the public. A Health Sciences Television Network was also available through the Hospital's satellite service. Community health based programs included "Creating Positive Life Changes," "Women and Coronary/Artery Disease" and "Holiday Depression."

In 1996, MCH hosted a statewide exhibit on breast cancer awareness entitled "See Us, Hear Us." The community continued to support the American Cancer Society's "Making Strides Against Breast Cancer" event and repeatedly were among the top five fundraisers in the state. More than 300 walkers, runners and rollers turned out each year.

Dr. William Jeanblanc, first Medical Director of the Senior Mental Health Unit.

The Senior Mental Health Unit

The Senior Mental Health Unit opened in 1994. An eleven-bed inpatient unit, it was designed to create a warm, attractive, homelike and sensory stimulating environment. The Senior Mental Health Unit and its Geriatric Partial Hospitalization Program (PHP) served patients over 55 years old who suffered from depression, anxiety disorders and other age-related psychological disorders. The role of the SMHC was to provide intensive psychiatric and physiological therapeutic intervention within a structured and supportive environment. In addition, basic medical treatment was available. Dr. William Jeanblanc was the first medical director of the unit.

Patients and staff in the Center wore street clothes rather than uniforms to encourage interaction and support between both groups.

Monadnock Community Hospital moved to the forefront of mental health care with the implementation of an Outcome Studies Measurement System. This quality assurance tool determined how clinically beneficial and cost effective treatment programs were at the Senior Mental Health Center. The

study showed a growth in revenue and a strong balance statement during the early 90s. Average length of stay was 20 days. In 1996, the Center added psychiatric home health care service.

By the end of the 2005, studies indicated that length of stay had dropped to 15 days and only 25% of the inpatients in the Center came from the MCH primary service area. It was determined that the need for psychiatric care had become more multi-generational and the focus of the center shifted to outpatient services. Eventually it was decided that the Community would be best served by closing the inpatient unit refocusing resources on outpatient behavioral health.

Currently Monadnock Behavioral Health Services, is directed by Dr. Mark Stevens, Medical Director, and Maria Rosario, M.S.W., Director of Behavioral Health and Social Services. The staff of psychiatrists, psychologists, social workers and nurse practitioners concentrate on outpatient, preventive health and community outreach programs.

Cardiac Rehabilitation Program

Barbara Dalrymple, Cardiac Rehabilitation Coordinator.

Another of the many ways that Monadnock Community Hospital has served the region during its Stewardship and Vision era is through its rehabilitation services. In 1993, in an effort to aid patients recovering from heart disease and heart surgery and help them adopt a healthier life style, MCH initiated a Cardiac Rehabilitation Program. The program was developed by Barbara Dalrymple, a registered nurse who became its first Cardiac Rehabilitation Coordinator. Dr. William Martin was the first Medical Director. He remained in that position until December 2003.

The program was well received by the public and supported generously. Barbara Groff and her sister Wendy Bush donated $40,000 to the Cardiac Rehabilitation Program in memory of their mother Anne Smith of Temple, called the Annie Smith Fund. Friends and family of Wyatt Fox made a significant contribution; donations also came from the Stan Peters Memorial Fund.

Community demand for Cardiac Rehabilitation was so strong that the Hospital Administration and Trustees recognized the need to move to a larger location. In 1995, work was completed on an expanded Cardiac Rehabilitation Department. The new area, across from the Emergency

Department, provided increased exercise and monitoring stations. The Department introduced new technology known as an escort telemetry system, which tracked heart rhythm via a portable monitor worn by the patient.

If you walked into the rehabilitation rooms at 7 a.m. on any weekday in 1998, you would have seen patients who were recovering from heart attacks or cardiac surgery working out on treadmills, lifting weights and attending classes on everything from eating right to reducing stress. Over 1,000 visits were made to the center each month. "By the time these people reached the final phase of our program, many of them were in the best shape of their lives," explained Barbara Dalrymple, Cardiac Rehabilitation Coordinator, proudly. Her recovering patients affectionately refer to Barbara as "the Sarge." Barbara admits she got the name because she's pretty stern when convincing her patients to do what they need to do.

There was a social aspect to the program as patients developed support systems within their groups. These support systems were almost as important to many participants as the exercise and education.

In the same year, the Healthsource Fitness Trail on the Hospital campus was officially opened. This 1.5 mile, multi-station fitness course was aimed at all levels of physical activity and has entrance points for wheelchairs. Today there are well-used trails on the Hospital property.

Occupational Health and Community Wellness Program

Debra Cilley and Robin Nolan, Registered Nurses and original directors of the Occupational Health and Wellness Program.

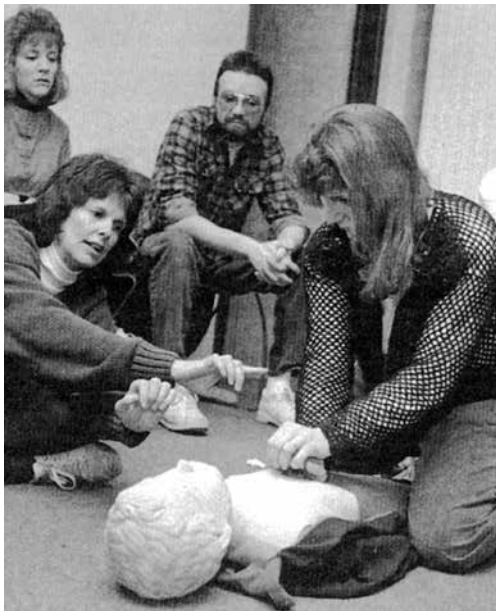
The Occupational Health and Community Wellness Program is currently directed by Robin Nolan. This program has provided countless on-site screenings, educational programs and other health care services for businesses, large and small, across Southern New Hampshire. Dr. Wayne LeClair served as the first Medical Director. By 1997, the Department had a new name and tagline: "Healthpoint – your point of service for employee health care." In that year, Dr. Scott Jaynes, accepted the part-time position of Medical Director of Healthpoint while continuing his family practice in Antrim.

Personnel Changes During This Decade

In 1992, Mark Bean became President of Monadnock Health Services, Ruth J. Byam took over as President of Monadnock Health Foundation, Robert Henneman was voted in as the Chairman of the Board of Trustees and Dr. Peter Forssell became President of the Medical Staff.

In 1993, Dr. Richard Carvalho became President of Medical Staff and David Tower was installed as Chairman of the Trustees. They both held their positions for two terms.

When CEO Al Felgar resigned in November 1992, the Board asked Tom Sheehan to take over as the Hospital's CEO. Sheehan agreed to function as the acting CEO but declined a permanent position.



Priscilla Shook, daughter of the late Dr. Chandler, instructs Leila Giroux of Jaffrey in the proper technique for CPR administered to children. This 1993 class was one of many of the Hospital's community education offerings.

The Trustees decided to outsource the operations of the Hospital. The board asked Al Felgar to identify two or three management companies and coordinate their introduction to the board. The Trustees selected Quorum Health Resources and signed a contract with Quorum to manage the daily operations of the Hospital. CEOs from Quorum were Daniel West, 1993, and Frank Niro, 1994 - 1996. In 1997, the Trustees decided that it was in the best interest of the Hospital not to renew the contract with Quorum and voted to have a CEO who would reside in the service area. Thomas P. Sheehan, CFO of the Hospital, again functioned as the Interim CEO.

Thomas P. Sheehan, Acting Chief Executive Officer, 1992.

It was their shared sense of responsibility, pride and character, which defined the new internal management team under Tom Sheehan. Sarah Taylor, COO, Tim McAvoy, CFO, Mary Reis, Assistant Administrative Care Management, Davida Andrews,

Director of Human Resources and Tom met weekly and developed strategies to reorganize operations and revitalize the work environment. The financial position of the Hospital was unstable. The team implemented efficiency measures and recovery plans to ensure that the Hospital would survive and grow. One cost saving measure was to join the Capital Region Health Care

Family Practice and Internal Medicine 1986 - Present

E. Ross Ramey, MD, Vice President of Medical Affairs

Family Practice and Internal Medicine make up the network of primary care providers, affiliated with or managed by Monadnock Community Hospital. These practices provide a wide range of primary care and behavioral health care services for individuals and families from birth to adulthood.

Not very long ago, residents of the area had to choose from only a few private family doctors. Today, patients from Peterborough and the surrounding towns have choices. They include the following practices: Peterborough Internal Medicine, Monadnock Internists, Monadnock Family Care, North Meadow Family Health, the practice of Dr. Robert M. D'Agostino, Antrim Family Medicine, Jaffrey Family Medicine and New Ipswich Family Medicine.

Three physicians comprise the Monadnock Family Care practice, which is located in the Medical Arts Building, adjacent to the Hospital. They are Drs. Jenny Civitella, Richard Frechette and Fay J. Migotsky. Dr. Frechette joined the practice of Dr. Paul Switzer and Dr. Gordon Norman in 1987. The practice was called The Whole Health Center. In 1989 The Whole Health Center joined Monadnock Health Services and changed its name to Monadnock Family Care. When the new Medical Arts Building was opened, Monadnock Family Care moved to its new home. In 1992, Dr. Norman left the practice to attend Stamford University Graduate Business School and then joined PacifiCare, in California, as VP, Health Care Quality and Regional Medical Director. His contemporaries at MCH relate that Dr. Norman had a clear vision of the future of doctor — hospital relationships. He is credited with preparing the MCH medical staff for the rapidly changing world of medicine and patient care. In 2004 Dr. Norman was named among the top 25 Most Influential People in Disease Management by Managed Healthcare Executive magazine.

Dr. Robert M. D'Agostino, a solo practitioner, provides primary care services for his patients from his office in Milford.

Corporation, which is described in more detail further in this chapter. In addition, they energized the Philanthropy and Community Relations programs. "Tom had to make some difficult decisions," admits Sarah Taylor, the current Vice President of Operations. "But the foundation of the Hospital was solidly anchored and Tom was well respected. People got behind him." Sarah was

Dr. Abe Dearani practiced in Rindge during the 90s, first as a MHS physician and later as a solo practitioner in private practice.

Dr. Charles Hamilton, a general practitioner for many years in Jaffrey, had privileges both at MCH and Cheshire Medical Center. He retired in 1999.

Drs. Ross and Lisa Ramey opened their private practice in downtown Jaffrey in 1986 and it grew to become MCH's largest satellite office. MCH bought the Jaffrey Family Medicine practice in 1992. Dr. Ross Ramey left the practice to become the Vice President of Medical Affairs at the Hospital. Since that time, Dr. James Potter, Dr. Nadine Dubrule and Dr. Stephen Klonel joined Dr. Lisa Ramey in the rapidly growing Jaffrey Practice. In May 2006, this busy practice relocated to a larger, newly renovated space in Monadnock Plaza. Currently there are 14 staff members.

In 1993, The Antrim Medical Group became affiliated with Monadnock Community Hospital. Founded by the late Dr. Alfred Chandler in 1947, today the practice is still offering professional and friendly patient care to families living in the Antrim area. The practice is staffed by Dr. Carrie Klonel and Christopher Jacobson, ARNP along with one nurse, one medical assistant and two administrative staff. The majority of patients in this practice are from the towns of Antrim, Bennington and Hillsborough.

New Ipswich Family Medicine got its start in 1988 when MCH hired Dr. John Haley to open a new practice that would serve the New Ipswich area. In 2004, the practice moved into a larger facility on Turnpike Road in New Ipswich. In addition to Nancy Trifilo, ARNP, the office employs two nurses and five administrative staff.

Formerly doctors with the Antrim Medical Group, in 2005 Drs. Annika Brown and Scott Jaynes opened their private practice called North Meadow Family Health, located on Hancock Road in Peterborough. The staff includes Marcy Ainslie, ARNP, seven nurses and two administrative staff.

In the late 1980s, Monadnock Internists was established at Monadnock Community Hospital and is home to Dr. Greg Neilley, Lynne Brookshire, ARNP, seven nurses and seven administrative staff.

Peterborough Internal Medicine was established in the early 1990s with Dr. William Martin and Joyce Lenahan, ARNP. The practice is now home to Dr. Lucas Shippee, Dr. Lora Wagner, Mary Murphy, ARNP, Pam Williams, ARNP, seven nurses and seven administrative staff.

instrumental in maintaining the stability of the Hospital during this transitional period. She speaks passionately about her commitment to the continuance of local access to quality health care services. Her background includes over 30 years experience in health care with a focus on both private practice physicians and Hospital managed physician groups. In 1992, Sarah was a Group Practice Administrator for Contemporary Management Associates, a consulting firm hired by the Hospital. After working as a consultant for the Hospital for more than five years, in 1997, the Hospital management offered her the position of Chief Operating Officer. She accepted and is currently in that position. Reflecting on her work experience with the Hospital, Sarah concludes, "It has taken vision and foresight on the part of the Administration and the Trustees to have turned this hospital into one of the finest small hospitals in New England."

Executive Committee of the Board of Trustees, 1992, (l to r): Peter Forssell, David Tower, Bob Henneman, Chris Flynn and Cy Gregg.

1998 - Medical Staff members at 75 Year Anniversary of the Hospital, front row, l to r: Jeanne Cuskey, Joyce Lenahan, Melanie Krauthoff, Lisa Ramey, Ross Ramey, William Jeanblanc, Dennis Beatty; back row, l to r: William Martin, Francis Fuselier, Scott Jaynes, John Haley, James Potter, Robert Kaladish. Missing from the photo: Suzanne Coble, Mark Stevens, Annika Brown, Gregory Neilley, Richard Frechette.

E. Ross Ramey, MD became President of the Medical Staff and Christopher Flynn was voted Chairman of the Board of Trustees in 1995.

In 1995, Dan McKay retired after 33 years at MCH. His first job was as an orderly and he remained in that position throughout his career. He is described by friends and work associates as "cheerful" and "helpful to everyone he came in contact with, including staff and patients."

Dr. William Jeanblanc became President of the Medical Staff from 1996 through 1999, and Christopher Flynn served a second term as Chair of the Board of Trustees.

Sarah Taylor, VP of Operations

From 1991 through 1994, seventeen doctors joined the staff of the Hospital. The service area exceeded 30,000 people.

By the end of the 90s, more than 150 physicians were affiliated with or provided service to patients at MCH. Monadnock Health Services included: Monadnock Family Care, Monadnock Internists, Jaffrey Family Medicine, New Ipswich Family Medicine, Peterborough Internal Medicine, Antrim Medical Group and Monadnock Behavioral Health Services.

After extensive recruiting for a CEO, the Trustees offered the position to Peter L. Gosline, who took charge of the Hospital in 1998 and continues as such at the time of this publication.

The agenda for the December 1998 Annual Meeting began with the recognition of former Board of Trustees President, Linda Renna and the introduction of the new President, Audrey White. White served in that position until 2001.

Pat Leonard, OTC, retired in 1998 after 32 years. Pat began working at MCH in 1967 as a Nurse's Aide on the "Old North" wing in the Obstetrics department. Under the instruction of the Operating Room Supervisor, Elsie Torosian, RN and other helpful staff members, Pat was trained to be a surgical technician. Her experience and expertise grew and, before retiring, she performed minor procedures in the Emergency Department.

Joint Planning Efforts

Joint planning discussions between Cheshire Medical Center and MCH in the early nineties resulted in the identification of a number of potential areas for collaborative efforts. One of these was the purchase by MCH of the Antrim Medical Group from the Keene Clinic, Cheshire Medical Center

in 1993. The building was formerly the site where Doctors Wiederhold and Chandler practiced. The Hospital recruited a family practitioner, Dr. Robert Schorschinsky from St. Barnabas Hospital in New York, and he established his practice there. (See Family Practice and Internal Medicine, page 180.)

Health Care Reform

In 1994, during President Clinton's first year in office, the topics of Health Care Reform and "universal health coverage" were debated throughout the corridors of all hospitals, including Monadnock Community Hospital. While the proposal submitted by President Clinton never became a mandate, it nonetheless spurred health care providers to look at making

Al Felgar:
HOSPITAL CEO 11/1986 - 11/1992

Al Felgar is credited with "bringing MCH into the future." Described as "outspoken and direct," he cared deeply about "first-rate patient care delivered by first-rate providers." According to people who knew him, Al worked long and hard, expecting those around him to do the same.

During the years he was with the Hospital, he recruited 18 physicians. It was Al who created Monadnock Health Services designed to attract the finest young medical school graduates. Many of these physicians had incurred medical school debt and were unable to start their own private practices. As employees of Monadnock Health Services, they could turn over the office responsibilities to others and focus their attention on patient care. As Monadnock Health Services and the hospital grew, it became clear that the hospital had to find more space to accommodate the physicians and new services. A proposal by Al Traffie of Hutter Construction to expand the hospital and build the Medical Arts Building (known as the MAB) was selected. Traffie's company built and owned the MAB and eventually sold the condo spaces to the Hospital or to physicians.

A Pittsburgh native, Felgar graduated from Grove City College in Pennsylvania and the Medical College of Virginia. He served in the Air Force and remains an

their organizations more efficient and competitive.

Patient care costs rose dramatically during this decade and not surprisingly insurance costs also increased. Businesses were forced to pay higher insurance premiums. The providers in turn were asked how they could reduce costs on their end. These were the forces that shaped the health care environment in 1990s.

Mergers and affiliations among hospitals grew in an effort to share technology and expertise and negotiate lower prices on supplies and from insurance companies. The Trustees formed an Affiliation/Healthcare Reform Task Force, which, with the Strategic Planning Committee, was focused in 1993 on planning for the future of MCH. These two groups were charged with establishing the hospital's vision for the future. Made up of

Marion Stillman of the Peterborough Garden Club presents a memorial plaque to Al and Amy Felgar during the dedication of the Kelly Felgar Memorial Garden.

active pilot. His wife Amy is an R.N. with a specialty in newborn care. She worked in the OB unit at MCH.

Felgar came to MCH from a hospital in Athens, Georgia. During Al's tenure at MCH, his daughter Kelly was diagnosed with cancer and died in 1994; she is buried in Hancock. A memorial garden was formally dedicated in Kelly's honor and is located to the right of the main hospital entrance. The garden, which features local plants and trees, was a project of the Peterborough Garden Club. At the dedication, Marion Stillman, Gloria Neary, and Hope Pettegrew of the Garden Club presented the Felgar family with a replica of the memorial plaque, which was placed in the garden. A slate tablet of all the donors is mounted inside the main hospital lobby facing the garden.

Al left MCH to accept the position as CEO of Frisbie Hospital in Rochester, New Hampshire. He is still there as of the writing of this book. He and Amy live in Portsmouth and enjoy their second home in North Sandwich, New Hampshire. Their son, Adam, and daughter-in-law, Stephanie, live in Colorado.

Pharmacy

David McMahon is currently a senior pharmacist and former Director of Pharmacy. He has seen a lot of changes at the Hospital in his 35 years of employment and describes them in this sidebar.

In 1972, distribution of medicine was totally manual. A three day supply was placed in a small bottle and placed in an old steel locker in the nurse's office. When a patient needed a medication, the charge nurse would take the bottle to the floor and record in a logbook which drug and which patient. If the patient was admitted for more than three days, the charge nurse would secure another bottle. All record keeping was totally manual. Control and security were minimal.

In 1986, the department introduced the unit dose system. This gave the staff more control and security. This system had some distinctive elements. Drugs were purchased all individually wrapped and ready for a single use. Essentially, the pharmacist placed a 24-hour supply of a specific drug in a drawer labeled just for that patient. Every 24 hours, the pharmacist replaced the patient drawer with the next day's supply. What was not given was credited to the patient. Once again, all record keeping and charging was a manual process. This was very labor intensive but safer than the previous method of dispensing.

management, physician-representatives, Trustees and community members, they investigated the feasibility of MCH becoming a "partner" in a larger network of health care organizations.

Monadnock Community Hospital had no desire to be "gobbled up" by a mega-group or become a faceless member of a huge system. Rather, the Hospital chose to remain an autonomous institution and to retain as much local control and identity as possible. The Trustees chose to retain their mission as a regional provider of health care services. But to do so meant that the Hospital would need the financial strength to survive.

On October 1, 1997, the Hospital entered into a formal affiliation agreement with Capital Region Health Care Corporation (CRHC), a multi-subsidiary health system including Concord and New London Hospitals and their respective subsidiaries. This agreement helped position the Hospital to meet the needs of the community. The agreement enabled MCH to benefit from the resources of a larger health care system, while maintaining its local control, financial independence, leadership and endowment funds.

In 1992, the department installed a computerized unit dose system. This made record keeping easier and the staff was able to automate drug screening and allergy screening.

In 2005, the Hospital purchased the Pyxis profile system of distribution. Unlike the other systems where all the drugs are stored in the pharmacy and then patient specific drugs were placed on each floor, each patient unit had his/her own Pyxis cabinet and all the drugs are stored on the floor. Each drug is stored in a 2x2 "cubie" and each cubie is electronically locked and stored in the machine. Once a patient is placed on a drug, it is electronically released for that patient. When the nurse needs the drug, he/she electronically tells Pyxis which drug and which patient, and a drawer will open and only that cubie will open. All charging and record keeping is electronic and real time. Pyxis even monitors expiration date on each drug. This system was a major improvement in patient safety and accuracy.

In 2006, the Hospital continued to improve on the system, with PARrx, a bar-coding cubie fill system. Currently, the Hospital is looking at a computer initiative for electronic medical records and MARs, which will even further enhance the Pyxis system.

In 1972, the entire drug budget was $25,000 and the pharmacy was dispensing approximately 200 drugs. By 2006, the Hospital pharmacy had an inventory of almost 2000 drugs and a drug budget over 3 million dollars.

The partnership provided the Hospital with access to information systems technology, an extensive range of educational opportunities for staff, and the buying power of a larger health care facility. The Hospital is still an affiliate of CRHC at the time of this writing.

In 1995, a survey by the Joint Commission on Accreditation of Healthcare Organizations revealed that MCH had a grid score of 96 out of 100, placing MCH among the top 5% of hospitals across the country. In 1998, MHS had its first JCAHO survey and received a score of 99.

Annual Meeting: 1998 Strategic Planning Initiatives

At the December 1998 Annual Meeting, Peter Gosline, ending his first nine months as CEO, outlined the Strategic Planning Initiatives. Over the previous six months, the Strategic Planning Committee had met frequently to develop a three-year plan. The committee included representatives from the MCH Board, the MHS Board, Medical Staff, Hospital employees, volunteers and

Dr. Theodore Renna and Linda Renna

Dr. Theodore Renna

Two names commonly associated with the Hospital are Linda and Ted Renna. While each of them supports the Hospital in very different ways, they both share the conviction that the Hospital is a vital resource in the community. They give generously and selflessly of their time and financial resources.

Linda was raised in Santa Barbara, California, and northern Wisconsin. Ted was born and spent his childhood in New Jersey. After graduating from Dartmouth College, Ted went on to Harvard Medical School. He interned in Hanover, New Hampshire, at the Dartmouth Mary Hitchcock Hospital. He then returned to Boston for his residency in ophthalmology at the Massachusetts Eye and Ear Infirmary.

When asked how they settled in Hancock, Linda relates an amusing tale. Ted's older brother learned from Bob Slade, former Hospital Administrator, that MCH was recruiting doctors. He relayed this information to his brother. At a holiday celebration, Ted invited Linda's father to drive to Peterborough and explore the region with him. Caring for three babies under the age of two, Linda and her mother declined the offer. Ted and her Dad made the trip and returned home later that day exuberant over what they had learned. Linda says that there was no doubt in Ted's mind that Peterborough would be the ideal place for his practice. She admits that he was so convincing, she agreed immediately.

In the Spring of 1978, Ted opened his first office on Main Street in the

community leaders. Initiatives for the Hospital were centered on these topics:

Patient and Community Focus
New Product and Service Development
Employee Development
Development of Continuum of Care Services
Financial Viability and Information Systems Upgrade

Linda Renna

space currently occupied by Morgan's Way clothing store. His practice grew and he moved twice: first, into the White Building on the Hospital campus; and later, into the present Medical Arts Building when it opened in 1992. Cathryn L. Welch, an ophthalmologist and cornea specialist, joined his practice in 1998.

Ted proved to be a strong leader and served as President of the Medical Staff and President of the New Hampshire Society of Eye Physicians and Surgeons. He is a current member of the Peterborough Rotary Club.

Al Felgar, former CEO, convinced Linda that she should volunteer on the Corporation Board of the Hospital. She accepted and within a few years, she became President. As President of the Corporation, she also served on the Hospital's Board of Trustees. In 1997, the Corporation was dissolved and replaced with the Community Advisory Committee. Linda became Chair of the Board of Trustees in 1998 and remained on the Board until her term expired in 2005. During most of her term, she served as a member of the Quality Committee of the Board.

Linda has served on the boards of the Harris Center, The Scott Farrar Home and RiverMead. In 2005, she was presented with the "Citizen of the Year" award by the Greater Peterborough Chamber of Commerce. Among the many positive attributes which describe Linda, are dignified, genuine and forthright. She is known for her ability to resolve conflict and develop consensus among groups.

2000 - 2006

Background

The economic realities of managing a community hospital were challenging in 1923 when the Hospital opened its doors. It remains true today. The operating margins of not-for-profit hospitals are not adequate to purchase new equipment and make needed upgrades to facilities. It is indeed remarkable that during the 83 years of its existence, the

community serviced by Monadnock Community Hospital has always provided the philanthropic support needed for the Hospital to remain a vital community resource.

There was an emphasis during this period on wellness and prevention. The Hospital has been and remains today dedicated to creating a healthier place to live. No one is turned away who is in need of medical care. The Hospital provides health care for everyone in the Monadnock Region, regardless of ability to pay.

MCH's Community Benefits Program provided over $3 million in 2005 in free or reduced fee services and programs to the Monadnock community.

New Facets of Philanthropy

Laura Gingras, VP of Philanthropy and Community Relations

The Hospital's Philanthropy Department was established in 2000 and the Robert M. Parmelee Society in 2001. "Joining the Robert M. Parmelee Society and creating a bequest is a way for people to demonstrate their belief that the financial health of our Hospital is key to the overall health of our community," relates Laura Gingras, VP of Philanthropy and Community Relations. At an annual spring luncheon each year, the Society recognizes and honors those individuals who have chosen to support the Hospital's mission, through their estate plans or a charitable bequest in their wills. Their names are prominently displayed on a plaque located in the main lobby of the Hospital. Over the years, charitable bequests have accounted for a significant portion of the gifts received by MCH.

The Annual Fall Foliage Golf Classic Benefit Tournament

For more than ten years, local golfers, their friends and associates have supported the Hospital by participating in this annual golf tournament. In recent years, it has been a sold out event and profits from it have averaged $40,000. Over 50 companies serve as a sponsor each year.

The Annual Crotched Mountain and MCH Hospital Gala

Historically, the Hospital held annual fund-raising dances called the Chrysanthemum Balls. The first was held in 1968 and, each year, the

committee chose a different theme for this ball. Please refer to Chapter Three for more details.

In 2000, Peter Gosline, CEO of the Hospital and Major Wheelock, CEO of Crotched Mountain Rehabilitation Center and their respective committees agreed to combine their individual annual fund-raising dances into one joint gala which would benefit both institutions. This tradition has also been honored by Don Shumway, who replaced Major Wheelock as CEO. It turned out to be a perfect fit because both institutions' services complement each other. A secondary outcome of this event has been the public's awareness of the interdependence of the two organizations.

Dick Reynells of New Hampshire Ball Bearings, Inc., Tournament Sponsor 2004-2006, with Deb Cilley and Peter Gosline

This annual "Spring Gala" is considered one of the region's major events. Each year over 250 people whirl around the dance floor and dine on gourmet food prepared by the chef at Crotched Mountain Rehabilitation Center.

Birth of the Wellness Center

There was a steady growth in rehabilitation programs after the unit moved to new space in 1995. But, despite expanded space, by 1997 there was again a waiting list for all programs. Feasibility studies were conducted in 1998 and it became clear that there was a need for a stand-alone wellness facility. Various models of medically-based rehabilitation and wellness facilities were studied, and the vision for the Wellness Center began to take shape.

2005 and 2006 Fall Foliage Golf Classic Benefit Tournament winners: Ben Wheeler, Jaffrey; Sam Seppala, Rindge; Mark Norby, Rindge; Lee Robator, Keene.

The Trustees agreed with administration that a medically-based wellness center would not only care for individuals recovering from illness or injury but also could help prevent illness and injury.

Peter L. Forssell, MD

After more than 25 years of medical practice, Dr. Peter L. Forssell, still gets a "rush" when he is able to make a diagnosis and treat a patient. Described as a caring and compassionate man by his patients, he is also recognized for his fine sense of humor and ability to put people at ease.

Peter joined the medical staff of MCH in July 1980 as a specialist in Internal Medicine and Gastroenterology. He speaks freely about how he chose to practice in this area. During his childhood, his family regularly rented a summer home near Lake Winnipesaukee from Dr. Fred Richardson's mother and father. Later, his family bought their own vacation home in the area. Peter admits that he always loved the Lakes Region and vowed that he would live his life in northern New England.

After graduating from Walpole High School in Massachusetts, Peter matriculated at Williams College, in Williamstown, Massachusetts. The Viet Nam War interrupted his college studies and he spent three years in the US Air Force, completing tours of duty in Texas, Tennessee, Viet Nam and upstate New York. When he was honorably discharged, he returned to Williams College to complete his degree requirements. While he was at Williams, he met Mary, who was attending Skidmore College. After two

The Capital Campaign, given the tagline, *Building for a Healthy Tomorrow,* was headed by Audrey White as Chair and Walter Peterson, as honorary Chair. This campaign helped fund the construction of the current Wellness Center as well as subsequent phase II renovations to space vacated by rehabilitation services that would relocate to the new Wellness Center. Phase II renovation of the Hospital included improvements in Registration, Laboratory, Oncology, Emergency, Day Surgery and Radiology.

The campaign goal was $2.1 million. Twenty-six volunteers served on the campaign committee.

Walter and Dorothy Peterson

years of dating, they were married.

Peter was awarded his Doctor of Medicine degree from Tufts University School of Medicine, Boston, Massachusetts. He did his post-graduate training at Dartmouth Affiliated Hospitals in Hanover, New Hampshire working as a Medical Intern, then Resident in Internal Medicine and finally Fellow in Gastroenterology. During that period his two children, Ben and Kate, were born.

Peter had long fantasized about owning a farm in New Hampshire. Mary was agreeable but drew a line east to west across the state and was willing to live anywhere south of Hanover along that line.

Peter and Mary investigated career opportunities at six hospitals in New England. Peter admits that he wanted to work for a small hospital not a big group. He recalls that one morning at 2:00 am, Fred Richardson, practicing at MCH, called him and said, "Get down here. You'll like it here." After spending a day in Peterborough, Peter knew that he had found his home.

Mary and he never bought his dream farm but they did buy a house, which Peter describes as an "antique cape with character," two and one tenth miles from the Hospital. They have lived there for over 24 years.

Peter is a member of the courtesy medical staff at the Cheshire Medical Center in Keene. He is a past President of the MCH Medical Staff and past President of the New Hampshire Medical Society. He is a member of the American College of Physicians and American Gastroenterologic Association.

Peter Gosline, CEO and Audrey White, Chair of the Board of Trustees, 1999-2002.

It was a jubilant moment when the 45,000 square foot facility opened in October 2000 and it was also an instant success. Unlike a traditional fitness facility, the Wellness Center became an integrated system of formal rehabilitation services and medically based exercise programs.

Dr. Beatty Hunter, cardiologist, became the Center's Medical Director in 2004.

Groundbreaking for the new Wellness Center in November 1999 (front row, l to r): Tom Humphrey, Director of Facilities; Janice Greenyer Macdonald, Director of Rehabilitation and Wellness; Peter Gosline, CEO; back row, l to r: Todd Hanson, architect, JSA; Al Traffie of Hutter Construction; Dr. Bill Jeanblanc, President of the Medical Staff; Audrey White, President of the Board; Jo Swensen, volunteer.

Janice Greenyer Macdonald, formerly Director of Rehabilitation and Wellness.

Campaign for a Healthy Tomorrow volunteers (listed alphabetically): Gail Anthony, Deb Cilley, Jeffrey Crocker, Barbara Dalrymple, Marie Fogg, Cheri Fry, Laura Gingras, Peter Gosline, Janice Greenyer Macdonald, Joseph Hart, Tom Humphrey, Sadie Jackson, Patricia Johnson, Andrew Kordalewski, Walter Peterson, Honorary Chairman, Linda Renna, Ted Renna, MD, Janet Reilly, Cathy Runyon, Karen St. Cyr, Eleanor Strand, David Tower, Anne Twitchell, Richard Verney. Campaign Planning Advisors: Christopher Flynn, David Hurlin, Charlton MacVeagh, Jr., Audrey White, Chairman.

Peter Gosline, CEO, and Jo Swensen, long-time volunteer in the Accounting Department.

In 2005, the Wellness Center was recognized nationally as a Distinguished Achievement Winner, by the medical Fitness Association, an affiliate of the American Hospital Association. This award is presented to facilities which serve as benchmarks for the industry.

Over the last five years, since its inception, thousands of community members have benefited from the successful blending of rehabilitation and wellness services. The Center houses rehabilitation services, including physical, occupational and speech therapies, cardiac and pulmonary rehabilitation, and diabetes education. Additionally, the programs at the Center include nutritional counseling, massage therapy, specialized personal training, aquatics, aerobics, yoga and Pilates. Today, there are 1,600 Wellness Center members, and Rehabilitation Services has treated over 10,000 patients in the last five years.

The Bond Wellness Center is also home to Monadnock Orthopaedic Associates and the Physician Consultants office, supporting specialty physicians in pulmonology, rheumatology, neurology, and cardiology. Cardiology services are provided by physicians from The New England Heart Institute.

Personnel

Dr. John J. Haley became President of Medical staff in 2001, followed by Dr. Charles J. Seigel. Dr. Scott Jaynes succeeded Dr. Seigel. Dr. James Hurley took over as President in January 2006.

In 2003, Debbie Chase, R.N. was awarded the 2003 New Hampshire March of Dimes Health Leadership Award for Nursing Care. Debbie, at this time, had been working at MCH for over 20 years — most of those years in the maternity department.

Jeffrey R. Crocker, Chairman of the Board of Trustees, 2003 and 2004.

Benjamin J. Wheeler, Chairman of the Board of Trustees, 2005 and 2006.

Trustees

In 2002, Jeffrey R. Crocker accepted the Chairmanship of the Board of Trustees and remained in that role for two years, through 2004.

Benjamin J. Wheeler succeeded Crocker as Chair of Trustees and remains in the role at the time of this publication.

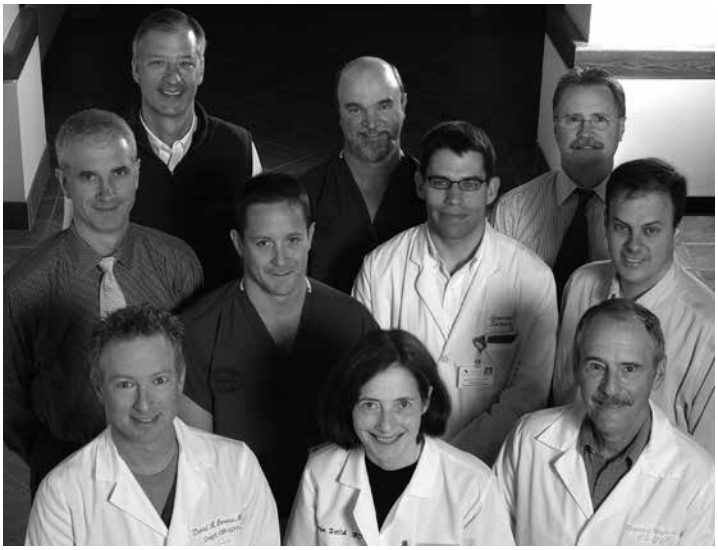
Current (2006) Hospital Trustees, front row, l to r: Benjamin Wheeler, Chair, Cheri Fry, Jeffrey Crocker, Robert Taft, David Reilly; back row: Dr. John Haley, Peter Gosline, CEO, Dr. James Hurley, G. Jarvis Coffin, Robert Condon, Jr., Vice Chair, John Cronin, Dr. David Hedstrom, Carole Monroe, Dr. Chuck Seigel. Missing from photo is Cyndy Burgess.

James Potter, MD became Chairperson of Monadnock Health Services in 2002.

Long Service Employees

"Throughout its history, the management of Monadnock Community Hospital has always placed a high value on its workforce," relates Michael Blood, Director of Human Resources. "Employees have consistently demonstrated their love for the Hospital by contributing to capital campaigns, volunteering in fundraising events and striving tirelessly to fulfill the Hospital's mission." In 2005, seventeen employees had served the Hospital more than 31 years.

Cynthia Turner completed her 54th year of employment at MCH in 2006. She graduated from Peterborough High School in 1952. On the afternoon of graduation, she walked into Monadnock Community Hospital to begin her career. Turner's first job was as one of the cleaning staff who kept the operating room floors clean and sanitary. In 1961, she was promoted to her current position, surgical technician. Cynthia's aunt and uncle, Hedwig and Charlie Barrett, also worked at the Hospital. Turner told a reporter that the Hospital has always "retained its family character."



Current (2006) medical staff, front row, l to r: David Levene, Cathryn Welch, Chuck Seigel; second row: Shawn Harrington, Joseph Lupo, Stephan Coffman, Edward Chekan; back row: W. Bradley White, Michael Doherty, Mark Luedke.

Current (2006) medical staff, front row, l to r: Fay Migotsky, Lora Wagner, Gregory Neilley, Lynne Brookshire, Jeffrey Boxer; second row: Lucas Shippee, Lisa Ramey, Craig Lauer; third row: Christopher Jacobson, Ross Ramey, Joseph DeVera, Peg Dorson; back row: John Haley, Stephen Klonel, Richard Frechette, Roger Cawley, PhD, James Potter.

A Brief but Painless History of Dentistry in the Monadnock Area

Peterborough's only full-time dentist for many years was Dr. Karl S. Kyes, who began his practice in 1899 in the Granite Block and ended it there in 1960 after practicing for sixty-one years in that location. Dr. W. J. Wilkins also practiced there, coming over from Jaffrey two afternoons a week. Dr. Kyes was the typical country dentist. He practiced without assistants, was casual about appointments, and he never sent a bill, except for one summer when his daughter worked in his office.

In 1938 a second dentist, C. Temple "Pete" Lawrence opened an office on Grove Street in what was then the Peterborough Savings Bank building. World War II interrupted Dr. Lawrence's practice and, after serving in the Navy, he returned to an upstairs office at the same location, where he remained until 1965 when he moved to the Peterborough Professional Building at 39 Grove Street.

Dr. Lawrence had a general practice and was the first to do "modern" oral surgery. "I took my own instruments into the operating room at the hospital," he recalls. He was also the first in town to practice orthodontics, a specialty that was at that time generally available only in large cities.

Looking back over nearly half a century of practicing in Peterborough, Dr. Lawrence, who retired in 1987, remarked, "In the Depression years, people went to the dentist only if they had a toothache."

The era following the 1930s saw many changes. The number of dentists increased to a peak of thirteen dentists in Peterborough in 1988, with an additional six in the outlying towns. The doubling of the population, coupled with an increased demand for dental services, both in general practice and specialties were responsible for the changes.

Dental Insurance had an impact on dental practices in the area. With an increasing number of employees covered by dental insurance, both adults and children were getting dental care that otherwise might not have been possible.

Robert D. Weathers joined Dr. Lawrence as an associate in 1951 and worked with him until 1956, when he opened an office in the Day Building on the corner of Elm and Union Streets. In 1961, he moved to the just-completed Professional Building on Grove Street, where he remained until his retirement in 1988.

Robert B. Duhaime arrived in 1961, after his wife, Carmen, an operating room nurse at the Hospital, learned from Doctors Lawrence and Weathers

about the growth in the hospital dental population. Dr. Duhaime opened an office in rental space formerly occupied by Dr. Kyes in the Granite Block and moved in 1972 to the Professional Building, where he practiced general dentistry and implantology. Active in the New Hampshire Dental Society, he served as its president in 1972 and became the first president of the New Hampshire Delta Dental Service Corporation, which pioneered prepaid dental insurance in New Hampshire. Dr. Duhaime, currently retired, volunteers his time to the Hospital's Monadnock Healthy Teeth Program. Dr. Kevin G. Fallon, took over his practice in 2000.

Alexis C. Favre came to Peterborough from Switzerland through a friendship with the Carl Kaufmann family. Although he practiced in Boston, Dr. Favre maintained a home on the old Cheney Estate at the corner of Old Street Road and Cheney Avenue and later moved that house next door to the Stone Barn property. In 1957, he gave up his Boston practice and moved to Peterborough to live and practice in that house. While visiting Switzerland in 1980, he was taken ill and died.

In 1964, the Arthur W. Cabana house at 16 High Street became the office and residence of Donald E. Johnson, who practiced there until 1973, when he converted the Martin G. Estona house on Wilton Road to his dental office.

As president of the New Hampshire Dental Society, Dr. Johnson greatly expanded the role of postgraduate dental education in New Hampshire and New England. Locally, he gave time and energy to the Boy Scouts, the ConVal School Board and special needs children.

During the 1960s, fluoridation as a public measure became a controversial topic for town meetings. Although the measure was supported editorially by the newspapers and by the MCH Medical Staff, the issue lost soundly at the polls.

By the end of the decade, the issue of disease prevention came to the forefront and dentists donned gloves, masks and instituted numerous antiseptic measures in order to prevent the spread of hepatitis and AIDS.

Ward R. Stoops, New Hampshire's first specialist in children's dentistry, was attracted to the area from a practice in Needham, Massachusetts, because of his father-in-law, Chester M. Jones – a Boston doctor, an MCH consultant and a Jaffrey summer resident. A friendship between Stoops' wife and Anne Twitchell, wife of the late Dr. Twitchell, greatly influenced that decision. Dr. Stoops became the first Chief of Dental Service at Crotched Mountain Rehabilitation Center and moved his practice to Jaffrey in 1982. He retired in 2006.

Many thanks to Dr. Robert D. Weathers, who contributed this column.

Long service employees, l to r: Dorothy Caldwell, Doreen Martin, David McMahon, Patricia Johnson and Carole Connor.

Cynthia Keil is a registered nurse who works on the Adult and Pediatric Unit. She began working for the Hospital on November 26, 1968. During these 36 years, her patients have commented on her "chipper, cheery" personality as well as her "caring attitude."

Phyllis McGinnis has been a Medical Technologist in the Hospital Laboratory since her employment began in October, 1969. While her title remained the same, the skill sets have changed often during her 37 years of employment. Her managers depict her as a "natural leader to whom others come for support."

Dorothy Caldwell began her career at the Hospital in August, 1969 in the Central Supply Department. For a short time, she worked as a nurse's aide. In 1983, she was credited with implementing various new procedures in her department. Her "great sense of humor" and "dependable and courteous nature" have won her many friends at the Hospital. Currently, Caldwell is the Central Supply Supervisor.

Jose Garcia retired in January 2005 after 33 years in a variety of jobs including manager and chef of the Food Service department. CEO Al Felgar once wrote that "patients had nothing but the highest praise for the meals served while he was at MCH."

In the 2005-2006 Annual Report, the following employees are listed as completing 30+ years of service:

Doreen Martin	Barbara Lobacki	Deborah Chase
Dorothy White	David McMahon	Patricia Johnson

Monadnock Orthopaedic Associates

Brad White, MD

Ron Michalak, MD

Shawn Harrington, MD

Monadnock Orthopaedic Associates (MOA) offers a wide spectrum of quality orthopaedic care. Located on the second floor of The Bond Wellness Center, this six-year-old practice is one of the fastest growing specialty departments at Monadnock Community Hospital. Started in 2000 by Dr. Brad White, MOA has two additional providers — Surgeon Ron Michalak, MD and Physiatrist Shawn Harrington, MD From pediatric to geriatric, these medical professionals provide both operative and non-operative management for the treatment of problems related to bones, joints, nerves, muscles, tendons, and ligaments.

Orthopaedic surgery accounts for 33% of all surgery at MCH. Over the last three years, MOA has tripled the number of hip and knee replacement surgeries performed at the hospital. Technological advancements at MCH, in this decade, have allowed the rapid advancement of "minimally or less invasive" techniques in orthopaedic surgery. Combined with the latest anesthesia techniques and aggressive post-operative rehabilitation, patients are more likely to recover quicker.

Drs. White, Michalak and Harrington are actively involved with local sports programs. Dr. White is the team physician for Franklin Pierce College and Dr. Harrington is the team physician for the ConVal school system.

Linda Wilson
Betty Holden
Thomas Humphrey
Lorraine Twiss
Carole Connor
Kristel Gatcombe
Cathy-Anne Desbiens

Critical Access Hospital Designation, 2005

The highest quality of patient care has always been and continues to be a high priority at MCH. In 2005, Monadnock Community Hospital was designated a "Critical Access Hospital," subject to a stringent audit by Medicare/CMS. This audit typically lasts five days, involves multiple surveyors and is scheduled every three years. The state also does periodic unannounced surveys.

More than 120 individual volunteers contributed over 9,000 hours of service in 2005. The time they spend at MCH contributes greatly to the quality of care that patients enjoy.

Medication Bridge Program

Started in 2002, MCH's Medication Bridge Program was designed to provide reduced or no-cost prescription medications to underinsured and uninsured patients with chronic medical conditions. In 2005 there were 590 active patients in the program, which supplied $935,262 in medications.

Financial Grant Program

The Financial Grant outreach program is administered by the Hospital's Social Services Department and helps families and individuals in need with access to health care and other available community services such as catastrophic care, fuel assistance, meals on wheels, food banks, and visiting nurses. Social Services also works closely with New Hampshire Healthy Kids, which provides low-cost or free health coverage for uninsured children. Monadnock Community Hospital is a part of the New Hampshire Health Access Network. In 2005, MCH provided over $997,505 in financial assistance to families and individuals in the community. An income sliding scale is used to determine eligibility, with discounts ranging from 25% to 100%.

Monadnock Healthy Teeth

Started in 2003, Monadnock Healthy Teeth is a free dental health care program for children in grades K-3. It has expanded from the initial pilot

Monadnock Healthy Teeth gets support from dedicated professionals David Knight, DMD, William Brooks, DDS, Michelle Klint, R.D.H., Zane Broome, DDS, Ward Stoops, DMD, and Pam Delahanty, R.D.H.

program at Peterborough Elementary School to include elementary schools in Antrim, Bennington, Dublin, Francestown, Greenfield, Greenville, Hancock, Jaffrey, Mason, New Ipswich, Rindge, and Temple. Since its inception, over 2,800 children have been educated about the basics of good dental care and have had access to important dental services. Because of the continued growth of the program, in the fall of 2005, the Hospital hired a second dental hygienist, Michelle Klint, who works closely with the program's original coordinator and dental hygienist, Pam Delahanty.

Monadnock Healthy Teeth was initially funded through a grant from the Endowment for Health and is now sustained through the fundraising efforts of MCH.

Technology

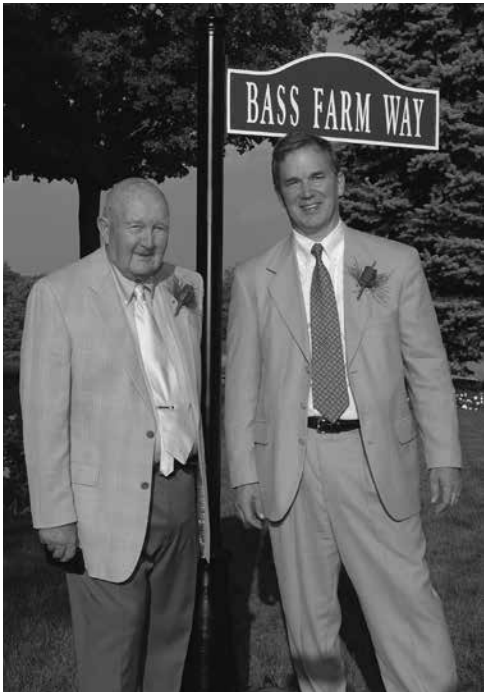
Technological advances are a high priority and continue to improve the quality of patient care at MCH.

In 2006, the Hospital began implementation of an information technology

system that will electronically capture and manage patient data, allowing physicians and nurses to access the most up-to-date information in order to make the best health care decisions for their patients. This sophisticated technology system will also eliminate time-consuming paperwork allowing providers more time with patients.

MCH's Radiology Department is currently able to provide long-distance radiology services during the night and on weekends when radiologists are on call. The Hospital uses Southern New Hampshire Radiology Consulting Group in Bedford. Using the "store and forward" method, long-distance diagnosis can be done in approximately 30 minutes.

MCH joined an elite number of US Hospitals in October, 2006, when it installed one of the world's most advanced and powerful computerized tomography (CT) system. CT scans can be completed in just seconds with images that allow physicians to see internal injuries and disease more clearly than ever before. As a result, more patients can be treated faster with greater diagnostic confidence.



Herb Nilson and Peter Gosline at the reception on July 25, 2005. MCH named the main campus road Bass Farm Way.

Million Dollar Bequests

Over the last year, Monadnock Community Hospital has been the fortunate recipient of the two largest donations in the Hospital's history. At a July 25, 2005, reception for Hospital volunteers and donors at Bass Farm in Antrim, it was officially announced that the Hospital's largest donation, a $1 million charitable bequest, had been made and dedicated to the Hospital's endowment fund by Herbert T. Nilson. Mr. Nilson, owner of Bass Farm for over 34 years, was honored during the event for his generosity and long-time support of the Hospital. In recognition of Mr. Nilson's unprecedented contribution, MCH named the main campus road "Bass Farm Way."

On April 29, 2006, The Wellness Center recognized Edward L. Bond, Jr., for his $1 million dollar bequest, which

was also earmarked for the Hospital's endowment fund that helps ensure long-term sustainability of MCH, its services, and its many community outreach programs. At this event, The Wellness Center was officially renamed The Bond Wellness Center.

Throughout their lives, these two successful and generous individuals have shared a similar philosophy about the importance of a strong work ethic and giving back to their community. MCH is grateful and honored that two individuals with such high ideals recognize and support MCH's commitment to providing their community with the finest medical care available. These unprecedented bequests underscore the importance of continually responding and adapting to the ever-changing health care needs of the local community.

On April 29, 2006, The Bond Wellness Center was dedicated in honor of Edward L. Bond, Jr. of Peterborough.

The Clement Family: Supporters Since 1919

Today, there are many families in the Monadnock Region who have lengthy connections to Monadnock Community Hospital going back to the founding of the Hospital in 1919. Margaret Adams Clement of Peterborough was the person most instrumental in convincing Robert Parmelee that he should donate his estate to the people of Peterborough for a hospital (refer to Chapter One). As an original Trustee of the Hospital, she had one of the

The late Everett and "Peg" Clement of Peterborough. Everett is the son of Margaret Adams Clement.

longest and most distinguished volunteer relationships in the long history of the Hospital. Margaret remained a Trustee for 39 years, until her death in 1958.

Her son, Everett, and his wife, Peg, who are now deceased, carried on that same spirit of support of the Hospital. In 2005, MCH received a $500,000 bequest from the estate of Everett Clement. The funds are designated for endowment and a major renovation of The Birthing Center. Today, Karen Clement, Everett and Peg's daughter, continues the family's strong tradition of volunteering and support. Karen serves on the Hospital's Philanthropy Committee and has been an important source of information in the research process of this history book.

Hospital Evaluation

Improving the quality of patient care is a top priority at MCH. As one means to evaluate its quality effectiveness, the Hospital participates in a performance review based on scientific, evidence-based "core measures." These measures were developed by the Hospital Quality Alliance, a national group, which works collaboratively with other private and public organizations, such as the Joint Commission on Accreditation of Health Care Organizations and the Center for Medicare and Medicaid Services. The mission of the Alliance is to make the health care system transparent to others, prevent mortalities, eliminate infections and educate patients. "Our goal," explains Sue Marshall, Director of Quality Improvement, "is to save lives through the use of evidence-based guidelines as well as to empower the consumer to make informed decisions about their health care needs."

Quarterly, MCH as well as other hospitals throughout the country, are evaluated on four quality measures that hospitals should be following when treating patients for heart attack, heart failure, pneumonia, and preventing surgical infection. MCH has received both state and national recognition by being ranked in the top 10% of hospitals in the State. The results of each review are posted on the New Hampshire Quality Care Website, www.nhqualitycare.org.

"It is our dedicated employees in our clinical areas and members of our medical staff who have helped us achieve such impressive results, directly benefiting the patients who rely on Monadnock Community Hospital for their care," reports Peter Gosline, CEO, in his year-end 2006 letter to employees, medical staff and volunteers.

Major Initiatives Identified in 2006 and Continuing in 2007

During 2006, the Trustees and Administration identified four major initiatives for the new fiscal year. These initiatives were: Culture Change through Employee Development, Recruitment and Retention, major upgrades to Information Technology, and the Hospital's Master Facilities Plan.

Employee Development

Robert J. Condon, Jr., Vice Chairman of the Board of Trustees, 2006.

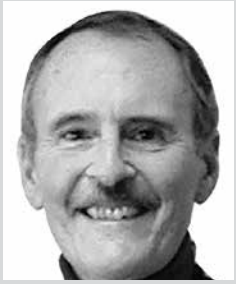
The Hospital management concluded in 2006 that there should be more focus on achievement and collaboration through a "one team" approach. A training needs assessment revealed that communication — sharing consistent and accurate information — within departments and cross-functionally could be improved, and the Hospital made the commitment to offer every employee the opportunity to attend a full day session on this subject. By December 2006, approximately 300 employees completed the program and the remaining employees are scheduled to attend in 2007. The initial outcome from this project was the adoption of a new Mission, Vision and Values Statement to better reflect the Hospital's focus on culture.

Recruitment and Retention

The year 2006 brought new faces to the MCH family. Dr. Stephan Coffman, General Surgeon, joined Monadnock Surgical Associates (MSA), and has rapidly established a rapport with patients and fellow physicians alike. Dr. Richard Boyer retired in November, but may return to MSA on a part time basis, providing continuity in the practice, while the Hospital continues to search for another General Surgeon. The new Hospitalist, Dr. Joseph DeVera, as well as Dr. Peter Olsson, Psychiatrist, joined MCH during the summer 2006. Several physicians retired or moved away to take advantage of other opportunities. They include Dr. Tracy S. Byrne, Dr. Nadine Dubrule, Dr. Sandhya Kale, Dr. Patrick J. Lawrence, Dr. David Patek, Dr. Rand S. Swenson, and Dr. Bo Xu.

In January 2007, Dr. Stephen "Buzz" Buzzell, Emergency Room Physician and Dr. Teresa Cadorette, Psychiatrist, will join the Hospital Medical Staff. Dr. Buzzell's wife, Dr. Elizabeth Cooley, a Family Practitioner, will join

Monadnock Obstetrics and Gynecology



Dr. Charles Seigel has practiced at MCH for more than 30 years and delivered over 4,000 babies.

Drs. Charles "Chuck" Seigel and Bruce Brodkin joined the Hospital in 1973 and began what would become one of the most innovative and recognized OB/GYN practices in the country. They were at the forefront of a birthing revolution, becoming the second hospital in the country to offer water birth. They were also instrumental in opening the Hospital's home-like Birthing Center in 1979. In fact, *Child Magazine* in 1995 identified MCH as one of the top ten maternity units in the country.

Dr. Fletcher Wilson

In addition to the distinction of having the longest medical tenure of any doctor currently at MCH, Dr. Seigel is credited with delivering over 4,000 babies during his 30 years of practice.

While Dr. Seigel's medical accomplishments are renowned both locally and nationally, he has also been an active and effective member of the hospital community. Dr. Seigel joined the Board of Trustees in December 2001 and is a current member.

In 2000, the New Hampshire March of Dimes named Dr. Seigel "Doctor of the Year."

Dr. David Levene

Dr. David Levene joined the practice in 1998 followed by Dr. Fletcher Wilson in 2002. There are currently nine members of the office team, including Heather Arel, MSN, ARNP, as well as a part-time ultrasound technician and seven administrative employees.

Monadnock Family Care in March 2007.

The IT Implementation Plan

The IT implementation plan that began in 2006 is expected to come to fruition in 2007. All aspects of the Hospital's IT systems will be impacted by the conversion. Both the Hospital and the physician practices will be

part of an integrated electronic health record. The new IT system will provide the information needed by clinical areas to ensure excellent and safe patient care.

Master Facilities Plan: Major Expansion Planned

In what could potentially be the largest and most extensive construction project ever undertaken at MCH, the Hospital's Board of Trustees voted unanimously in October 2006 to submit a Certificate of Need to the State of New Hampshire.

Deborah Shipman, CFO

To ensure projected long-term growth and to provide more availability of services, MCH is proposing in Spring 2007 the Hospital begin a multi-phase construction project, which will involve major renovations to the main Hospital and the construction of a new Medical Office building. The Master Facilities Plan initiative also includes a request for local support to build and fund a "connector road" linking Old Street Road with Route 202, through the Hospital's campus. The Hospital departments involved in this expansion include the Medical Offices, Emergency Department, Day and In-patient Surgery, Obstetrics/Maternity, Radiology, Laboratory, Oncology, APU and ICU.

For over two years, MCH's Board of Trustees and the administration of the Hospital have been involved in an intense Master Facilities Planning process. This lengthy process has involved taking a look at the health care environment; inpatient and outpatient origin patterns; results of employee and community surveys; focus groups; and discussions with key resource persons from the community. Additionally, two nationally respected consulting companies, who specialize in translating strategic planning goals into reality, provided valuable assistance.

Beyond the physical expansion, MCH is committed to creating an environment of healing, where patient care and confidentiality are a priority. According to Andy Macdonald, Director of Planning, "The new space will be designed with attention to many important internal and external enhancements, so that it is both patient and staff friendly." Deborah Shipman, CFO, adds, "Health care consumers are a lot more savvy in today's competitive market. It's important to stay current with the latest health care models."

Peter L. Gosline, Chief Executive Officer

After several difficult years of contracted management, in 1997 the Board of Trustees decided to hire a visionary leader. Their goal was to find a CEO who would work directly for the Board, live locally and be a member of the greater Peterborough community. After an exhaustive search and with great patience, the Board found its "ideal" candidate, Peter L. Gosline, who became the Hospital's Chief Executive Officer in March 1998.

He joined the Hospital after 21 years of experience working as both employee and consultant in a variety of health care settings, including a regional hospital association, four community hospitals, a psychiatric hospital and a network of three hospitals.

Peter received his Bachelors Degree from Tufts University, a Masters Degree in Community Health from the University of Rochester, and an MBA from Cornell University. He achieved fellowship status with the American College of Healthcare Executives.

In April 2006, Peter Gosline was named a "Grassroots Champion" by the American Hospital Association, for bringing the needs of rural hospitals into the forefront. He served as Chairman of the New Hampshire Hospital Association Board from September 2004 to September 2005 and is currently the American Hospital Association RBP delegate for small and rural hospitals.

In 2005, Peter was chosen Business Leader of the Year by the Greater Peterborough Chamber of Commerce. He serves on the Master Plan Steering Committee in the Town of Peterborough.

Peter and his wife, Connie, reside in Peterborough and have four grown children.

Technology has also been one of the driving forces behind this initiative with more and more advancements in areas like radiology. Advanced out-patient procedures require more space to accommodate equipment.

The Hospital will be announcing a Capital Campaign to help support these facility improvements in 2007.

Peter Gosline, CEO, explains, "As a result of facility changes, we will be able to add more medical services, enhance our responsiveness to patients, improve safety, and inspire medical and non-medical staff to work at MCH. Once this project is completed, it will be a model small hospital for patients as well as staff."

Summary

To know the heart of the Hospital is to know the stories — some humorous, others sad, many inspirational — of people who have received from this Hospital the greatest gifts, the only real gifts a hospital can bestow, life and health.

"MCH was built by people who genuinely cared about the community. The Hospital has survived since 1923 because that commitment remains unchanged," relates Peter Gosline, CEO of the Hospital. "Our community embraced the institution and repeatedly through the years provided the resources we needed to endure and grow."

Of all the developments since its inception that have kept the Hospital on the forefront of health care, none have been as important to the present or the future than the emphasis on giving people outstanding service.

"Because we are a small hospital we have to be realistic about what we can and cannot provide. We will always strive to provide the latest innovations and technology in health care," admits Gosline. "That's a given. But the respect of our community and its support — that's something we strive to earn every day."

Segue from original publication

This update to a *Century of Caring* begins in 2007 where the original chronicle ended, and it continues through 2023. Three new chapters have been added to the original manuscript.

Chapter Six, *Building a Model Community Hospital*, highlights the transformation of the healthcare industry from 2007 - 2013. It is during this period that MCH went through many systemic changes. The patient-centric approach to healthcare became a focus. Strong and effective teams from multiple medical disciplines at MCH found ways to collaborate, communicate, and coordinate patient care more effectively. New specialties emerged. Strong community support of the capital campaign enabled the Hospital to expand and upgrade the Surgical and the Emergency Departments. The passage of the Affordable Care Act (ACA) and Medicaid expansion gave millions access to healthcare but placed additional workloads on medical providers.

By the end of 2013 and each year thereafter, MCH ranked among the top 100 small hospitals nationwide and continues to be recognized in areas of quality, patient satisfaction, efficiency, and staff development.

Chapter Seven, titled *The Next Era of Healthcare Excellence*, takes us from 2014 when a new CEO, Cynthia McGuire, joined the Hospital and continues through 2019, just prior to the COVID-19 pandemic. It was during this period that MCH formed an affiliation with Catholic Medical Center in Manchester and Huggins Hospital in Wolfeboro to create GraniteOne Health. The affiliation

improved MCH patient access to specialty services. It was also an era of innovation, including advanced, less invasive surgical procedures and more sophisticated diagnostic technology. Community support of a capital campaign enabled the Hospital to renovate the Birthing Suite and build the Oncology and Infusion Therapy Center in response to the growing need for advanced cancer treatment close to home. During this period, there was a growth of primary care clinicians in local offices throughout the Monadnock Region. They played a vital role in the patient-centered medical home model of care delivery.

Chapter Eight, *Sustainability*, focuses on only three years, 2020 - 2023, and begins when COVID-19 was first identified. MCH's mission statement, *We are committed to improving the health and well-being of our community*, took on a new meaning. While the pandemic had a major influence on hospital operations, protocols, and best practices, it also highlighted the strength, compassion, and courage of hospital staff. In the early months of the pandemic, telemedicine and e-visits evolved from a complementary medical care option into an essential and often preferred method for healthcare delivery. This chapter highlights the challenges and opportunities for a community hospital and describes the strategic goals of the MCH board and administration for the next decade.

Chapter Six 2007 – 2013 Building a Model Community Hospital
Systemic Change

The American healthcare system changed and MCH was poised to make many systemic changes to the way it operated during this period.

One of these systemic changes in the healthcare industry and at MCH was the transformation of the nursing profession. In the mid 2000s, MCH created a new position: Nurse Leader. The nurse leader led a team of nurses, making decisions and directing patient care initiatives, as well as advocating for the patients to ensure a positive and professional work environment. With advanced clinical knowledge, the MCH nurse leader was focused on improving patient health outcomes and identifying workplace efficiencies. The role exists today although the title has changed over the years from Nurse Leader to Director of Nursing to its current title, Chief Nursing Officer, VP of Patient Care.

Vicki Loughery, RN, MS, CENP, the Hospital's Chief Nursing Officer since 2011.

In the mid 2000s, the Monadnock Region was recognized as a Health Professional Shortage Area (HPSA). This federal designation identifies areas that have shortages of primary care, dental, and mental health providers. Nurses composed the largest part of the healthcare workforce at MCH at this time.

Many of the nurses felt that they had the skills and traits that would enable them to support the medical specialties more effectively. They wanted to have the power to diagnose and treat a wide array of medical concerns as well as prescribe

medicine and make referrals to specialists. Not surprisingly, many took advantage of Nurse Practitioner programs which provided extensive advanced training. At MCH, two or three nurses enroll each year in the advanced nurse practitioner program.

Other nurses took courses so they would qualify for a Physician Assistant position, enabling them to provide basic medical services under the supervision of a licensed physician.

Having Physician Assistants and Nurse Practitioners available to support physicians increased the efficiency of MCH medical offices and hospital departments, allowing providers to see more patients.

L-R: Jaffrey Family Medicine employees: Patricia Rutka, Medical Assistant; Sylvia Paquin, Medical Assistant; Marsha Caswell, Clinical Coordinator; Toni Hornak, Office Assistant; Sonja French, Office Assistant; Jennifer Gagnon, Office Assistant; Carrie Nye, Medical Assistant; Lisa Ramey, MD; and Darlene Blanchette, Office Manager

Professionals from across the organization. L-R: Dr. Ross Ramey; Jenny Carlberg, R.N.; Lauren Stacy, R.N.; Christine Howe, R.N.; and Pam Neal, R.N.

President Obama signed the Affordable Care Act (ACA) into law in 2010. The passage of the ACA was the most important piece of American healthcare legislation since Medicare and Medicaid back in 1965. The law made affordable health insurance available to more people, with subsidies ("premium tax credits") that lower costs for households with incomes between 100% and 400% of the federal poverty level (FPL).

It also protected more than 133 million people with pre-existing conditions, like cancer, asthma, diabetes, or pregnancy, from being denied coverage for these conditions. In 2010, 16 percent of all Americans were uninsured; by 2016, the uninsured rate hit an all-time low of 9 percent. About 20 million Americans have gained health insurance coverage since the ACA was enacted.

Expanded health insurance coverage through the ACA and Medicaid Expansion launched in 2013 had a major impact on the nation's hospitals, including MCH, because of increases in the demand for care, increased patient revenues, and lower uncompensated care costs for the uninsured. These programs also placed an additional workload on the medical staff.

Hospital ownership of physician practices was another systemic change in the healthcare field,and an increasing trend in the mid 2000s. Successful physician practice partnerships offered opportunities for hospitals to develop and maintain strong aligned physician relationships to improve patient care outcomes. The desire to reduce their administrative burden, have access to advanced technology, stability in compensation and work-life balance drove this trend among physicians. In 2011, MCH took over two new medical practices, North Meadow Family Health and Monadnock Orthopaedic Associates.

First Annual "Geezer" Recognition, 2007

Beginning in 2007 and every year thereafter, the Hospital hosted a luncheon for all retired doctors. The doctors affectionately named the group, the Geezers.

Back Row from left: John Maceachran, Dan Mathewson, Peter Forssell,Gerry DeBonis, Abe Dearani, Paul Switzer; Middle: Jean Rosenthal; Front row left to right: Frank Magill, Glen Millard, Dick Carvalho

The Geezers at the 2012 luncheon; Standing left to right: Paul Switzer, Dick Carvalho, George Newman, Peter Forssell, J. Maceachran, Ted Renna, Frank Magill, Dan Mathewson, David Patek, Gerry DeBonis; Seated from left: Abe Dearani, Sandhy Kale, Jean Rothenthal, Audrey White

Meeting Community Needs during the 2008 Ice Storm

The December 2008 ice storm caused more damage than any other weather event to hit New Hampshire in recorded history. Officials called the ice storm historically unprecedented. On December 13, 2008, in response to the storm, President Bush issued an emergency declaration for the entire state of New Hampshire and issued a major disaster declaration on January 2, 2009. The Monadnock Region was the hardest hit in the state. At the time, the hospital was running on backup generators, and was limiting its services, such as elective surgery, while on the generators.

During the ice storm, various towns opened shelters. These shelters remained open during the 14 days that many residents were without power. Animal shelters were also soon filled or closed. When volunteers running the South Meadow School shelter learned many pet owners were choosing to stay in their freezing homes rather than leave their pets, the Peterborough Board of Selectmen agreed to open the shelter to pet owners and created an area for dogs, cats and even birds. MCH hospital staff were available to assist those in the Shelter. Family Medicine physician, Dr. Richard Frechette was at the Shelter each day to look after the elderly and assist with basic needs.

While hospital employees were able to return to work once roads were clear of fallen trees and wires, many still did not have electricity or water in their homes - for some as long as 14 days. Other employees had extreme damage to their properties. During this period, all hospital staff and their families had full access to the showering facilities at the Wellness Center. Said Andrew Macdonald, Director of Ancillary Services, "Staff is under

stress, and we are trying to look out for each other." Laura Gingras added, "Most employees are faced with caring for their families as well as their patients." Emergency room activity during the ice storm was high, including hypothermia cases, mostly in the elderly. There were cases of people poisoned by fumes, smoke inhalation, thermal burns, and some with injuries from fallen branches, lacerations, and broken bones. The hospital was back on full power by December 18.

Growth of Healthy Teeth to Toes

Monadnock Healthy Teeth to Toes (MHTTT), a public health program at Monadnock Community Hospital, focused on dental hygiene and care, nutrition, and daily physical activity for children ages kindergarten to third grade. The MHTTT Healthy Me Afterschool Club was successfully implemented at Antrim Elementary School with 14 very enthusiastic first and third grade students. Over a span of six weeks the children danced and moved to inclusive and fun games; tasted new and colorful food groups; and introduced their parents to creative and fun ways to make daily healthy choices.

This school-based program grew over time to include 17 schools—14 elementary schools and three preschools, teaching over 1,800 children each year about the important relationship between healthy teeth and healthy bodies.

For those families without dental or health insurance, MHTTT assisted

Many nonprofits supported Monadnock Healthy Teeth to Toes. The van was made possible through the generosity of the Jaffrey-Rindge, Monadnock and Peterborough Rotary Clubs and Wymans' Chevrolet-Pontiac of Hillsborough. Other donors included the local Kiwanis and Lions Clubs and the Jaffrey Women's Club.

Established in 2003, the program celebrated its 10th anniversary in 2013. Pam Delahanty, was the dental hygienist and tooth fairy.

Pam Delahanty and John Stone, Principal Rindge Memorial School.

The Nutrition Detective, Donna Poe, educates Rindge Memorial School students about healthy eating and the importance of physical activity.

with enrollment in the financial grant program at Monadnock Community Hospital and New Hampshire Healthy Kids. Both programs offered and continue to offer significant financial support for uninsured children. Monadnock Healthy Teeth to Toes received generous grants from the State of New Hampshire, Northeast Delta Dental Foundation, and the

New Hampshire Charitable Foundation.

In 2013, MCH celebrated National Children's Dental Health Month with a "Healthy Teeth to Toes" initiative that included outreach to all medical practices at the Hospital that refer children and families in need of assistance with dental and wellness care.

Fresh Chicks Farmer's Market

From May to October, beginning in 2013, the Fresh Chicks Farmer's Market came to the MCH campus, bringing baskets filled with peas, lettuce, tomatoes, squash, and berries—plus homemade breads, jams, pickles and even fresh eggs! Staff, patients, families, and the community welcomed the chance to pick up healthy, delicious food. With the onset of the pandemic, the market was discontinued in 2020.

Healing and Arts Community

The Healing and the Arts Committee at Monadnock Community Hospital had a goal of creating an environment of healing through art. The region is fortunate to have many talented artists, who wanted to display their work at the Hospital. Studies have shown that soothing, calming and beautiful pieces of art have a distinctly positive effect on how quickly people heal.

The Maternity Unit was one of the departments with a rotating gallery of

Sue Callihan, a local artist, is seen above displaying her work at the Opening of the Healing Art Gallery.

artists that provided laboring moms something soothing to look at as they walked the halls. Through art, MCH formed a stronger connection to the local communities it serves. MCH also created an environment of healing through several creative initiatives in addition to featuring the works of local artists. These included complimentary Reiki and music therapy.

David Dodge, pictured with his painting of Mt. Monadnock, donated by Julie Middleton, to be displayed in MCH's main lobby.

Emergency Transport Services

In spring 2012, MCH emergency transport services became faster and more efficient than ever. The Town of Peterborough added extra paramedics and ambulances to its Fire and Rescue Department and became the primary transport service for MCH when patients were transferred to another hospital or medical center. Helicopter transport also became more convenient because one of the Dartmouth-Hitchcock Advance Response Team (DHART) helicopters was in Manchester—just 16 minutes away by air!

Helicopter transport also became more convenient because one of the Dartmouth-Hitchcock Advance Response Team (DHART) helicopters was in Manchester—just 16 minutes away by air!

Electronic Medical Records

In 2010, Monadnock Community Hospital, under the direction of Ross Ramey, Chief Medical Officer, began the process of converting paper medical records to electronic record keeping. In the years to come, healthcare providers would be able to swivel from patient to computer to check medical history and enter new information. Medical records could be sent to secure sites available to all healthcare providers, other physicians, and other practices with a single click. Greg Neilley, MD was the physician champion for outpatient medical records development.

Dr. Greg Neilley, physician champion for ooutpatient medical records development.

Women's Imaging Department – latest diagnostic mammography technology

In 2009 the Women's Imaging department offered the latest diagnostic mammography technology in addition to comprehensive diagnostic services dedicated to women. Breast tomosynthesis, or 3D mammography was the most advanced technology available for early detection of cancer and it transformed breast cancer screening. This enhanced imaging resulted in better detection, fewer callbacks for additional testing, and greater peace of mind for patients. In fact, studies showed that since the introduction of tomosynthesis technology, invasive breast cancer detection increased by 40% and the need for a second exam decreased by 40%.

Nurse with patient near the diagnostic mammography digital technology.

Connector Road finished in October 2009

In early spring 2009, the Hospital collaborated with the Town of Peterborough and received a grant for $500,000 from Monadnock Economic Development Corporation to construct a new entrance to the Hospital. This connector road, from Route 202 to Old Street Road, would improve access to the hospital for patients, staff and emergency medical vehicles. The groundbreaking ceremony for Parmelee Drive was held on March 24, 2009. The construction of the road included the roundabouts at MCH's current street entrance. It was named Parmelee Drive after the Peterborough resident, Robert M. Parmelee, who donated the hospital property in 1917.

The Hospital was also approved for a transportation enhancement grant through the NH Department of Transportation to build a 10 feet wide pedestrian walkway. The sidewalk became part of the Peterborough Common Pathway and loops behind the Bond Wellness Center.

The 2008 Capital Campaign

Since its inception, MCH has enjoyed a long history of financial support from the community. A major capital campaign, *Investing in Your Community Health Care*, was publicly launched in the fall of 2008 with a goal of raising

Pictured above at the ribbon cutting of the new road are Peterborough Police Chief, Scott Guinard, Maryann Harper, Bob Taft and Cyndy Burgess, Trustees of the Hospital .

Town Officials participated in the ribbon cutting. Left to right are Select Board Members Liz Thomas, Joe Byk, and Barbara Miller. Peter Gosline, CEO and Cyndy Burgess, Board of Trustee Chair, join the celebration.

$7.3 million. More than $10 million was raised. The success of this building campaign enabled MCH to complete its major expansion of the Emergency and Surgical Departments.

Sarah Hogate Bacon Emergency Services Department

The Hospital celebrated the opening of the Sarah Hogate Bacon Emergency Services Department in early 2011. This expansion was funded in part by the capital campaign completed in 2010 and a $1 million donation from Mr. Theodore S. Bacon in honor of his wife, Sarah Hogate Bacon. The new space more than doubled the size of the ED, up from 3,500 to 8,000 square feet. With 13,000 visits annually, the ED is one of the busiest departments in the Hospital. The staff included seven board-certified emergency physicians and 22 specialty nurses. The expanded space provided patients a greater level of privacy with nine rooms and eleven beds. Each room was "universal" — able to serve patients regardless of illness or injury.

Two of the new rooms were equipped for traumas and could be reached directly by an ambulance-only entrance. The "U" shape of the new ED improved sight lines for nurses to view all patients. There was even a new,

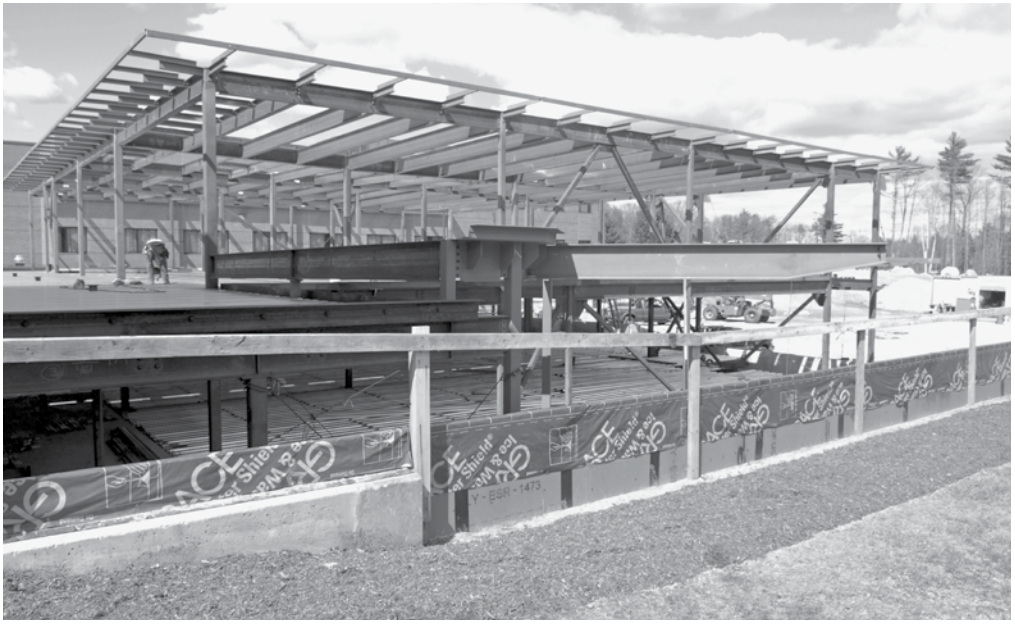
Capital Campaign Leadership Team—Robert Taft, Theodore Renna, MD, Dorothy Peterson, Peter Gosline, and Maryann Harper

Craig H.Lauer, MD
Emergency Medicine

2009 Groundbreaking

separate decontamination area to handle people affected by biohazards or industrial contaminants. "With the community need growing, we expect an increase to 14,000 or more patients annually," said Dr. Craig Lauer, Emergency Department Medical Director. "We are ready and will be able to offer the very best in professional emergency care."

Tom Humphrey, Director of Facilities, and Ted Bacon



2009 Groundbreaking: Surgery Transformed

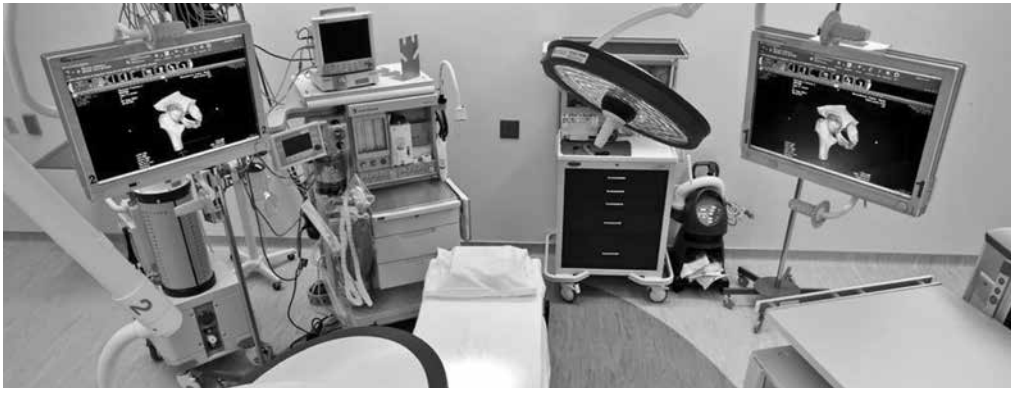
The opening in the spring 2011 of MCH's new Surgical Services Department represented the final phase of the Hospital's two-year building and campus expansion program. The addition was an ultra-modern department. It more than doubled the size of the department with the addition of two new larger operating rooms adjacent to the existing three operating rooms, an endoscopy suite, and a new central supply department. Additionally, the pre-op area offered 10 new private rooms and six state-of-the-art recovery room bays. With over 15 surgeons performing more than 3,000 surgeries each year, this new advanced surgical department offered a wide range of surgical procedures, from outpatient surgery to more complex surgical procedures requiring

Paul Bohanan, R.N., PhD, Director, Perioperative Services

Dr. Stephan Coffman; Deborah Wilk, RN, CNOR; Steve Nadeau, RN CNOR; Sam Walker, RN; and Steve Foskett, RN

hospitalization. The advanced operating rooms provided the technology needed to perform a wide variety of procedures using the Harmony IQ™ integration system. Joint replacement surgeries were performed in the larger operating theaters using the latest surgical equipment needed to complete

Operating Room Opening, Dr. John LaBranche and Steve Nadeau, RN, OR Tech



Dr. Terrence McNamara at OR Opening

Vicki Arceci, Radiologic Technologist. Right is Dennis Griffin, Surgery First Assist

Bonnie Van Etten, Surgery First Assist at OR Open House

these complex procedures.

Strong donor support enabled MCH to invest in technology and expertise. In 2013, Monadnock Orthopaedic Associates introduced two new surgical options that delivered dramatically improved results for patients. The TruMatch Personalized Solution for knee replacement uses a three-dimensional computerized scan of a patient's leg to create customized surgical guides, ensuring optimum positioning and placement of the replacement joint. "With TruMatch, we can position and align the replacement joint so that the knee will wear evenly and remain stable," said orthopaedic surgeon Dr. Ronald Michalak. Unlike traditional hip replacement surgery, the anterior approach hip replacement technique allowed the surgeon to work between muscles and tissues without detaching them from the hip or thigh bones.

Monadnock Orthopaedic Associates: Left to right: Ronald E. Michalak, MD;W. Bradley White, MD; Shawn P. Harrington, MD.

Value of Volunteer Time

Each year, since 2002, the two organizations, *Independent Sector* and *Do Good Institute*, estimate the value of volunteer time. Putting numbers to volunteer hours will never do the volunteers justice, but it is just one way for MCH to acknowledge the individuals who dedicate their time, talents, and energy to making a difference. In 2013, the value of volunteerism was $22 per hour (it increased to $29.95 per hour by 2022). More than 100 individuals volunteer an average of 10,500 hours each year to bring comfort to hospital patients and respite for the hardworking clinical staff. The financial value to the hospital of our volunteers in 2013 was nearly $250,000.

John Adams

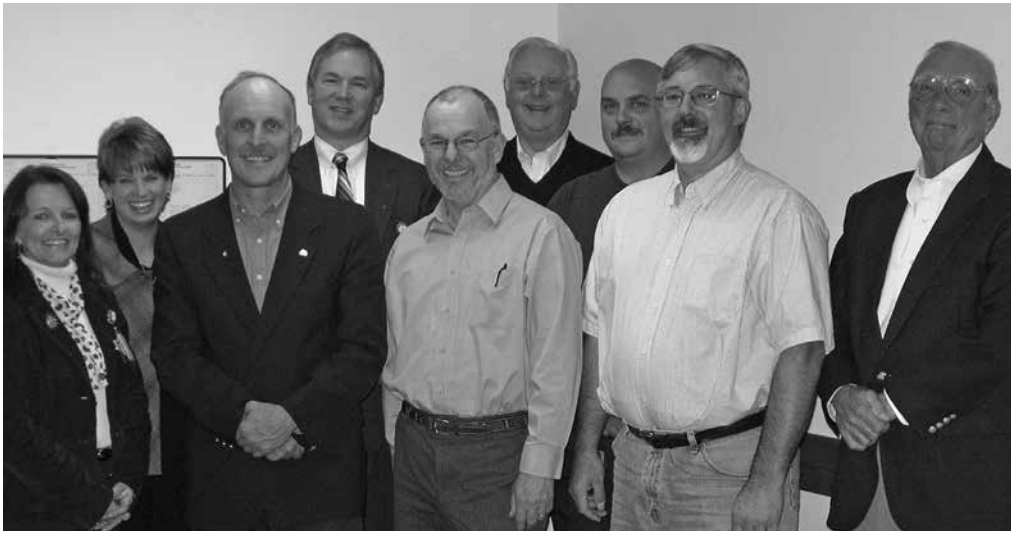
Left to right: Marcia Pettee, Anne Rainey, Jo and Frank Carrara

Hancock Hospital Auxiliary 2012. The Auxiliary held its annual bake sale at Old Home Days to benefit the Hospital. In the photo above, left to right are Marcia Schwartz, Jan Johnson, Peg McLeod, Terri Lombardi and Karen McCormack.

Staff Fun Events

In May 2012, MCH was recognized by the American Heart Association as a "Fit-Friendly Worksite." Designed to be a catalyst for positive change in American business, the program recognizes employers who champion the health of their employees by creating physical activity programs within the workplace. MCH is proud to provide employees a wide range of workplace opportunities for physical activity, healthy eating options and wellness education.

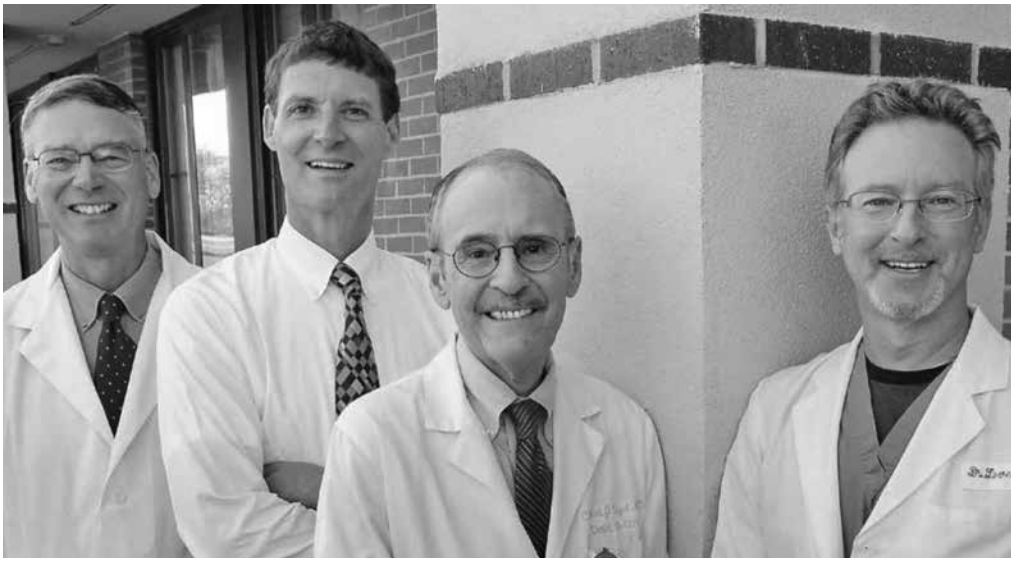
Dr. Dmitry Tarasevich at an Employee Spirit Day Cookout



Many nonprofits supported the Hospital. In 2009 the Masons donated a shredder to the Hospital. Below from the left: MCH Staff Carol Roosa, Liz Fazio, Manager of Environment Services, John Kaufhold (Altamont Lodge), Peter Gosline, CEO, Bud Record (Altamont Lodge), Bill Ellerkamp, Waide Pillsbury and Bob Greenwood (Bethel Souhegan Lodge) and John Adams (Altamont Lodge)

Drs. Lisa and Ross Ramey were famous for hosting an annual Holiday Party where they would bake dozens of cakes, pies and cookies for all of the MCH staff to enjoy!

By the end of 2013 when compared to 1,321 small hospitals nationwide, MCH ranked among the Top 100 by indicators of quality, satisfaction, and efficiency. Here in New England, MCH was recently ranked 13th from among 176 hospitals in a survey of patient satisfaction.



L-R: Dr. Theodore Renna, Dr. James Potter, Dr. Charles Seigel and Dr. David Levene

MCH Board of Trustees, L-R: Gregory Kriebel, MD; Peter L. Gosline, President and CEO; David A. Hedstrom, DDS; Steven H. Reynolds; Marcia Ober; Fletcher Wilson, MD; Norman H. Makechnie, Esq.; James Potter, MD; Robert L. Edwards; Jamie Trowbridge; and Cynthia Burgess. Not Pictured: Carole Monroe, Diane Cherwin, Barbara R. Duckett, RN, Peter L. Fossell, MD, and Robert J. Condon, Jr.

Chapter Seven: 2014 – 2019 *The Next Era of Healthcare Excellence*

Background

From 2014-2019, the Hospital had a change in leadership and organizational structure. Because of improvements in technology, many patients with chronic medical conditions were able to receive care at home using digital monitoring. By the end of 2019, patients had the option of using remote monitoring of vital signs, lab tests, and visual exams.

During this period, we saw a surge of new community benefit programs and the formation of the patient-centered medical home care model.

Peter Gosline Retires after 16 years

In February 2014, after 16 years serving as President and CEO of Monadnock Community Hospital, Peter L. Gosline retired. Peter joined MCH at a time when the Hospital was on the verge of extensive growth, and he became the motivating spirit for some of MCH's most successful endeavors. Because of his leadership and ability to inspire others, many ambitious projects came to fruition. The Bond Wellness Center, the Sarah Hogate Bacon Emergency Department, upgrades to the Hospital's surgical suites—these are just some of the major projects that were successfully accomplished during Peter's tenure. Refer to chapter six for more details about these projects.

Peter Gosline, CEO 1998-2014

The Peter L. Gosline Employee Education Scholarship Fund

The Peter L. Gosline Employee Education Scholarship Fund was created in 2014 to honor Peter L. Gosline when he retired. Supporting the professional growth of the hospital's employees was of great importance to Peter and this scholarship fund provided an opportunity to honor Peter's commitment to the hospital community during his tenure, from 1998 until 2014. The purpose of this scholarship is to provide financial support to MCH employees who would like to further their careers in health care through educational advancement. At this point in time, over $119,000 had been raised for this fund. The fund continues to raise money and provide scholarships each year to deserving employees.

First scholarship recipients, 2015. Left: Carole Monroe, Board of Trustees chair; Lauren Stacy, APRN; Maureen Bannon, Kaitlyn Priest, RN; Linda Higgins, IT; Jamie Hummel, PT; Cyndee McGuire, CEO

Cynthia K. McGuire joins the Hospital as its First Female President and CEO

Cynthia McGuire wrote in the 2014 Annual report that "it was her privilege to be entrusted with the leadership of MCH." She went on to write that she chose MCH because it is a unique and special place, with world-class doctors, state of the art emergency services and operating rooms, and a medically based fitness center. She added "These aren't things you find at most small community hospitals." She said that her goal is to ensure that MCH continues to be a treasure in the region and always earns the confidence and support of the community. The title of this chapter comes from her first annual report message. "Together, we will build the next era of healthcare excellence for our community."

Cynthia K. McGuire, President and CEO, 2014 to present.

Renovation of Birthing Center

In 2014, the Birthing Suite at MCH became the third hospital in America to offer nitrous oxide, a clear odorless gas that is mixed with oxygen, to women in labor. Nitrous oxide was the number one choice for birth pain management in Canada, Australia and Europe before it was introduced in the US. Because it was a low impact medication, it was one of the safest choices

As a laboring woman relaxes physically, she is able to relax mentally with a greater ability to focus on the birth process.

According to Obstetricians, sitting on an exercise or birthing ball in neutral wide-legged positions prepares the body for labor

for women giving birth.

The floor-to-ceiling renovations of the Birthing Center were possible because of the generous support of several in the community, including an extraordinary $1 million dollar gift from Corinne B. MacLennan-Kennedy in memory of her mother, Corinne MacLennan Kennedy.

Corinne MacLennan Kennedy

Corinne B. MacLennan-Kennedy described the reason she donated to the Hospital in her mother's name. "Corinne MacLennan Kennedy was my mother and best friend. She was a beautiful, accomplished woman who loved life and lived it to the fullest. When she passed away, I made a gift to MCH in her name to help remodel the Birthing Suite. Although she lived in New Jersey, Mum had hand surgery here at MCH and was deeply impressed by the Hospital and the medical team—as I am. I love having such a great hospital right here in Peterborough. It makes me feel good to know that, through my mother's legacy, I've been able to make a difference for so many people in our community. There's something special about this place."

This quote is memorialized on a plaque in the Birthing Suite.

In addition to completely refurbished birthing suites, the unit added a brand-new "rain room" (hydrotherapy), two large laboring tubs, contemporary new furniture, and other special amenities. New moms enjoyed a variety of spa-like services—including Reiki, massage, and hydrotherapy.

Renovated room in the Birthing Center

Trish Harper, RN, Reception Center in the Birthing Suite

At the Birthing Suite, the staff's philosophy is 'Your life. Your baby. Your

way.'" In 2016, 353 babies were born at MCH.

Growth of Primary Care: Medical Home Model

By 2014, Primary care became the very heart of health care where all specialties met and where care was coordinated through a dynamic multi-disciplinary team. Primary care providers were at the core of this model. "While they diagnose and treat many routine healthcare issues, these highly trained medical professionals," explained Cynthia McGuire, " are also the first line of defense when it comes to detecting symptoms that might indicate a more serious health problem. At MCH, we provide care using a patient-centered Medical Home Model."

In 2014, MCH was home to nine excellent primary care practices, providing a wide range of quality, accessible medical services to adults and families.

- Antrim Medical Group
- Monadnock Family Care
- Monadnock Regional Pediatrics
- North Meadow Family Health
- Rindge Family Practice
- Jaffrey Family Medicine
- Monadnock Internists
- New Ipswich Family Medicine
- Peterborough Internal Medicine

Dedicated employees, left to right: Sam Walker, OR Nurse Manager; Andria Dion, RN, Clinical Coordinator, Monadnock Regional Pediatrics; Alexander Kovanko, DO, Monadnock Family Care; Cynthia K. McGuire, FACHE, President and CEO; Jon Gullage, Director of Radiology; Carmen Curzado, Office Assistant, Monadnock Internal Medicine; Hannah Ladeau, Exercise is Medicine Coordinator, Bond Wellness Center; Susan Messina, Registrar, Patient Registration; Rheanon Valcourt, Practice Manager, Monadnock Regional Pediatrics; Ruth Webber, Environmental Services Technician; and Cindy Vaillancourt, Food Production Supervisor

Monadnock Thank a Caregiver Program Created in 2014

The purpose of the Thank a Caregiver Program was to honor caregivers who had gone above and beyond to improve the patient experience. Those who have been recognized included professionals, clinicians, lab technicians, and housekeeping staff. The honorees received a special lapel pin and certificate and were mentioned in annual reports.

Meeting Community Needs
Explosion at New Hampshire Ball Bearings Explosion: February 2014

Several MCH staff members, including Vicki Loughery, Chief Nursing Officer, were offsite attending a meeting on the day of the explosion. While in route back to MCH, Vickie received the news of the explosion at NHBB. By the time Vicki arrived at the scene, matters were well in hand. The first two patients brought to MCH were severely burned. They were stabilized and immediately transferred out to trauma facilities. The remaining 13 patients who came to MCH for treatment expressed their appreciation for the care NHBB employees received. In follow up meetings, these patients noted that all parties, including MCH staff, fire, rescue and police personnel worked in unison to help those who were injured.

November 2015, Oncology and Infusion Therapy Center

The Oncology and Infusion Therapy Center opened in response to the growing need for advanced cancer treatment close to home. The department expanded from 1,700 to 4,000 square feet and relocated from the main MCH hospital building to The Bond Wellness Center.

Dr Steven Larmon, Oncologist

"The expansion of the Oncology and Infusion Therapy Department enables us to accommodate folks in the Monadnock Region seeking oncology care while also providing them with an expanded variety of treatment options," says Cynthia McGuire. Dr. Steven Larmon, a longtime MCH Oncologist, was involved in the planning as well.

"Our goal is to make each and every patient as comfortable as we can and ensure that patients receive the best possible care," says Dr. Larmon. "One of the key features of the new unit is an improved patient flow, allowing clinic visitors to receive their treatments in a convenient and accessible location and

infusion therapy patients to receive their care in privacy."

The construction of the $1.5 million project—was funded entirely through philanthropic support.

Above: Oncology Ribbon Cutting Ceremony. Left to Right: Suzanne O'Brien, Oncology Patient; Dr. Jill Winslow, Oncologist; Cyndee McGuire, President & CEO; Jim Murphy, Oncology Nurse; Dr. Steve Larmon, Oncologist; Sue Jackson, Oncology Clinical Nurse Manager; Mike Flynn, Director of Oncology Services; Vicki Loughery, Chief Nursing Officer; H. Harlow Richardson, Oncology Patient

Infususion Therapy Room

Right; Oncology and Infusion Therapy Center staff: Left to right: Michele Christmas, office Assistant; Patrick Sullivan, RN; and Sue Jackson, RN, Clinical Nurse Manager

Monadnock Behavioral Health Practice— MCH Embraces Mind-Body Approach

Behavioral Health
Michele Gunning, MD

As much as 80 percent of primary care needs had an underlying behavioral health component. Behavioral health is an umbrella that includes a number of factors – lifestyle changes, mental health and substance abuse, to name a few. A behavioral health component could include the need to speak to a dietician or a diabetes health specialist or identifying and treating depression or anxiety.

Prior to 2016, when a primary care physician (PCP) at MCH and most other healthcare facilities identified a behavioral health issue, the PCP referred the patient to a behavioral health specialist. According to Karen Langley, an outpatient therapist at MCH, about 75 percent of patients didn't follow up with those specialists. As a result, MCH began the practice of integrating those behavioral health components with patients' primary care.

In September 2018, MCH completed a Community Health Needs Assessment to identify and prioritize the healthcare needs in the Hospital's service area. It was determined after conducting focus groups with community members and local social and human services agencies, that the top greatest healthcare need was Behavioral Health Care, early detection and treatment. As a result, a number of important programs were created. These included the *Be the Change*, Behavioral Health Task Force, which provides community education regarding substance use and the Healthcare Transitions Team, a group that addresses care coordination between provider organizations in the community.

Today, in 2023, MCH Behavioral Health professionals continue to work with Primary Care teams to offer timely treatment for a full range of emotional and mental health issues. The team, including a board- certified psychiatrist, psychiatric nurse practitioners, a licensed psychologist, and clinical social workers assist patients with increasing the quality of their lives through individual, family, group, or couples counseling.

Formation of GraniteOne Health System January 4, 2017

Strategic alliances between healthcare providers became prevalent beginning in the mid 2000s. In 2017, Monadnock Community Hospital affiliated with Catholic Medical Center in Manchester and Huggins Hospital in Wolfeboro to create GraniteOne Health, a new healthcare system.

The goal of the system was to increase MCH's scale, scope, and geographic reach while maintaining a strong community focus. As a nonprofit network, MCH, Huggins and CMC would combine their experience, resources, and expertise with the goal of providing exceptional high quality coordinated care to individuals and families across the Granite State. Combined, the system had access to 380 beds and 950 physicians.

Lisa Seppala, RN with therapy dog, Sophie

Volunteer Coordinator Toni Gildone

Pet Therapy Services

In February 2018, MCH joined a growing list of healthcare facilities offering pet therapy services for patients. Pet therapy has been shown to lower anxiety and promote relaxation, in addition to fostering the release of hormones that can play a role in elevating mood. Other clinical studies have revealed that therapy pets help relieve boredom, loneliness, and depression in patients diagnosed with dementia.

In MCH's program, a specially trained therapy dog and its handler greet patients, spending a few minutes at their bedsides. Patients can pet or cuddle with the dog and chat with its handler.

"Patients are thrilled when a therapy dog arrives," said Christy-Sue Solomon, Director of the Medical- Surgical and Intensive Care Units at MCH in 2018. "Each of these dogs has a friendly and unique personality. They have a very calming presence, with a natural ability to cheer patients up. This program has been a welcome addition to our inpatient care." Pet Therapy was organized and implemented by MCH's Volunteer Coordinator Toni Gildone.

Brian Cromer, FNP, DCNP

Opening of the NH Derm Clinic on MCH campus, Brian Cromer NP

NH Derm Clinic was opened to address the unique dermatology needs of people in the Monadnock Region. Brian Cromer is a dual board-certified family nurse practitioner (FNP) and dermatology certified nurse practitioner (DCNP). New Hampshire Derm Clinic is privately owned, and its mission is to provide personalized, high-quality skin care on an as needed, ongoing, or preventative basis. Prior to the opening of this office, patients in our region had to travel out of the area for dermatology services. This is one example of the strategic partnerships MCH formed to bring more specialty care to the community.

Community Benefits Programs

During the period 2014-2019, MCH expanded its community benefits programs to include but not limited to *Quit 2bFit*, *Exercise is Medicine*, *Smart WEIGH*, *Be the Change* and *Partners in Success*.

QUIT 2b FIT, is the Region's only Smoking Cessation Program.

The program is designed to help those addicted to tobacco become smoke-free in a supportive group setting, featuring education, behavior modification, mindfulness, and exercise.

Quit 2b Fit. Anne Mellor, Wellness Coach, left and Essy Moverman, Pulmonary Program Specialist on the right.

Shawn Harrington, MD, FAAPMR

Exercise is Medicine, Shawn Harrington, MD, FAAPMR

Exercise is Medicine® (EIM) encourages clinicians to include physical activity when designing treatment plans for patients. EIM is committed to the belief that physical activity is integral in the prevention and treatment of diseases and should be regularly assessed and "prescribed" as part of a healthcare regimen. *Exercise is Medicine* is an important component of the healthcare paradigm at MCH. "Increased physical activity," said Shawn Harrington, MD at Monadnock Orthopaedic Associates and Wellness Center Director, "has proven to be successful in helping prevent acute and chronic health issues."

Smart WEIGH

Led by fitness and nutrition experts, *Smart WEIGH* is a personalized 8-week program designed to help patients lose weight through a healthy blend of nutrition and fitness. Participants received health and nutrition assessments before and after the program, a pedometer, program manual, and access to a monthly support group.

MCH Registered Dietitian, Donna Poe, performs nutrition assessments for Smart Weigh participants.

Be the Change **– Behavioral Health Task Force** is a team that focused on community education and awareness of both mental health and substance use needs within our communities

Due to the growing need for mental health and addiction support, MCH created *Be the Change* to provide education and resources regarding substance use and behavioral health to the community. The task force, led by LeeAnn Moore, MCH Philanthropy and Community Relations Manager, consisted of many community partners, such as the police and fire departments, schools and resource centers, parents, and people in recovery.

In addition to conducting community educational forums, providing support-group guides to the community, and hosting monthly Narcan ad-

Above: Members of Be the Change—Behavioral Health Task Force, representatives of 100+ Women Who Care - Peterborough, and Police Chief Scott Guinard cutting the ribbon of the new prescription drug take-back box. Photo above. Left-right: LeeAnn Moore, Carol Nelson, Sharon Smith, Debra Heckathorn, Mary Drew, Kate McPhearson, Natalie Nielson, Laura Gingras, Tricia Zahn, Hope Driscoll, Chief Scott Guinard. Inset: Drug Take-back box

ministration trainings, the task force facilitated the installation of a prescription drug take-back box housed at the Peterborough Police Department. A donation from 100+ Women Who Care—Peterborough, paid for the box, which was the first of its kind in the Eastern Monadnock Region and it is available to the public during Police Department business hours.

Partners in Success, a sports medicine program

The MCH Board of Trustees believed that a healthy community encourages and supports high school athletes. At MCH, *Partners in Success* is designed to reduce injuries and help student athletes get the most out of their sports activities.

In addition to working closely with ConVal's athletic trainer and providing required physicals for student athletes, this unique program also offers pre-season physical evaluations and education to prepare young players for safe participation in games, drills, and practices.

MCH professional staff also provide expert, clinical advice to reduce and treat injuries that do occur (including a Game Day Hotline) when the sports season is underway. In the 2016-2017 season, more than 90% of student ath-

letes at ConVal benefited from the program.

MCH later expanded the program and offered a comprehensive sports medicine program for athletes of all ages, including injury prevention training, clinical support for trainers, post-injury care, and orthopaedic care.

Innovations at MCH

During this period, MCH introduced several exciting new medical services to the community. These included Cooled Radiofrequency Pain Treatment, Japanese Acupuncture and Varicose Vein Treatment.

Terrence McNamara, DO, FAAPMR, FABPM

Pregnancy, strain, or genes can cause enlarged, bulging veins. In the spring of 2014, Dr. McNamara began offering patients safe, effective laser treatment of varicose veins.

Cooled radiofrequency is a minimally invasive treatment option for those suffering from chronic spinal or joint pain. This effective treatment uses cooled radiofrequency energy to target the sensory nerves, providing relief that can last up to two years.

For patients seeking a gentle, clinically proven alternative to drugs or surgery, MCH began to offer Japanese acupuncture for the treatment of chronic pain.

Terrence McNamara, DO, FAAPMR, FABPM, finished a Harvard course to satisfy the requirements for his Acupuncture credentials.

Michael Lindberg, MD, Chief Medical Officer

Rural Reach: Telescope Technology, Video Conferencing and Image Sharing

As MCH looked for ways to provide their patients with increased access to clinicians and services, a new form of healthcare emerged that allowed patients to connect with medical specialists virtually.

Telemedicine uses the power of the Internet to link patients to physicians, eliminating physical and geographic barriers. Over half of U.S. hospitals currently use telemedicine in some capacity, and MCH was able to offer this valuable service, because of its affiliation with GraniteOne Health.

Using laptops and tablets, care providers can connect their patients to some of the leading specialists in neurology and stroke care through Catholic Medical Center in Manchester, NH, one of the region's foremost medical centers.

"Technology is changing the way healthcare is delivered," explains Michael Lindberg, MD, MCH's Chief Medical Officer in 2017. "While in-person, one-on-one consultations with clinicians will always be an option for our patients, telemedicine expands the continuum of care to folks in rural areas who

Left to right: Dr Amanda Avila using tele-health and tele-stroke technology. Terrence R. McNamara, DO and Lora McClintock, MD connecting to patients using Telehealth services.

may have limited access to leading specialists."

Telemedicine has proven to be a critical tool for helping first responders and emergency department personnel quickly and accurately assess patients suffering from strokes or other neurological issues. This results in quicker diagnoses and faster treatment regimens, often preventing long-term neurological issues.

"Telemedicine is truly revolutionizing healthcare," says Dr. Lindberg. "Being able to provide our patients with 24-hour access to specialists is a real game-changer."

Girls on the Run

Third and fourth grade girls from Peterborough Elementary School raised money for local oncology patients and their families. They held a Walk/run-a-thon which raised more than $400 for MCH's Oncology and Infusion Therapy Center. "Girls on the Run," is a national organization dedicated to empowering young girls through positive activities that build health and self-esteem. According to coach Stacey Howarth, "Each year, the girls choose an activity to benefit the community. This past year, they decided to hold a walk/run-a-thon to raise money for people with cancer."

"Girls on the Run" teammates (left to right) Delaney I., Ryan H., Sarah W., Abigail R., Ali B., Mia O., Merrit K., Lucille W., Ally L., and Amia K.

More Volunteers during 2014 - 2019 (left to right) Rose Bochicchio, Essy Moverman, John Rockwell, Bev Leach, Rachel Rosenoff, Donna Venning, Deb Delworth, Val Connor, and Katharyn Ernst

Volunteers, left to right: Mary Reis, Mary Loftis, Carole Connor

Caring for Our Community

Every three years, MCH completes a Community Health Needs Assessment to identify and prioritize the healthcare needs of communities in the hospital's service area. By conducting focus groups with community members and local social and human service agencies, MCH determines the greatest healthcare needs in MCH's primary Service area. In response, important programs are created.

In FY 2018-2019 benefit dollars to the Community was $10,276,000. This included $5,934,000 for public programs, i.e., Medicaid and Medicare shortfall; $2,310,000 for subsidized health services, i.e., cardiac rehab, emergency department, behavioral health services; $993,000 for charity care; $809,000 for community programs, i.e., Monadnock Healthy Teeth, community education, parent support services; and $230,000 for in-kind donations, i.e., conference room usage, EMT training, etc.

Monadnock Community Hospital was named one of the top 100 Critical Access Hospitals in the United States by iVantage Analytics, which measures 62 different performance metrics, including: quality, outcomes, patient perspective, and affordability in the industry's most comprehensive rating process.

Left to right: Elizabeth Kenney, Valerie Connor, Shirley Crowley, Cynthia Charlonne, Kay Ryan, and Mary Loftis

Inset: Ruth Lambert

Hospital Leadership in 2018 - 2019 (left to right): Lucas Shippee, DO, Medical Director, Monadnock Health Partners; Cynthia K. McGuire, FACHE, President & CEO; Shawn Harrington, MD, Medical Staff President; Marcia Ober, Chair, Board of Trustees; and Richard Scheinblum, Executive Vice President, Admin and CFO

2020 – 2023 - Chapter Eight *Sustainability: Opportunities and Challenges*

Background

Chapter Eight, Sustainability: Opportunities and Challenges, focuses on three years, 2020 - 2023. Although this is a brief period of time, the impact on the healthcare system was unprecedented. On January 31, 2020, the Secretary of Health and Human Services (HHS) declared that the novel coronavirus was a public health emergency. The World Health Organization (WHO) announced on March 11, 2020, that the outbreak had become a global pandemic. States began to implement shutdowns on March 15, 2020, in order to prevent the spread of COVID-19. NH had its first confirmed case of COVID-19 on March 2, 2020 and the first confirmed case at MCH was on March 22, 2020.

On March 27, Governor Chris Sununu issued a Stay-at-Home order and directed all non-essential businesses in New Hampshire to end in-person and public interacting operations.

The COVID-19 pandemic disrupted healthcare in numerous ways. Less urgent services and elective surgeries were cancelled or postponed, while barriers imposed by curfews, transport closures and stay-at-home orders prevented some patients from going to appointments. Others avoided healthcare facilities and hospitals for fear of becoming infected themselves. As a result, hospital and health system revenues declined sharply.

The COVID-19 pandemic put extreme stress on the healthcare workforce, leading to workforce shortages as well as increased healthcare worker burnout, exhaustion, and trauma.

Federal, state, and local governments took significant action to address disruptions in healthcare delivery and finances through supplemental funding from federal relief legislation known as the CARES Act (Coronavirus Aid, Relief, and Economic Security Act).

The Pandemic and Its Impact on MCH

Because of the pandemic, MCH, and most rural hospitals, expanded

the use of telemedicine visits and smart technologies that gave patients the option of seeing their medical provider through video conferencing while remaining in the safety of their home. Many of these innovations, as well as the changes in protocols, operations and best practices will likely persist long after COVID-19 is over. Cyndee McGuire summarized the year 2020 in her powerful message in the Annual Report titled, We Stand as One. She wrote "We've certainly faced our share of adversity over the past year. And while the pandemic has presented us with many challenges, it has also sharpened our ability to think critically, adapt to rapidly changing conditions, and ensure that our services are accessible to all. Our ability to overcome obstacles was a direct result of the diligence, ingenuity, creativity, and tireless efforts of our employees, medical staff, and board of trustees, in conjunction with the support from our volunteers, local businesses, and faithful contributors."

Alexandra Dumont, Samantha Cooper and MacKenzie Ledger

Heroes Work Here

During 2020 and 2021, MCH employees stood tall in the face of adversity, and stepped up in a big way during this unprecedented time. From the clinical staff and support services to nurses and medical staff leaders, Team MCH

Clockwise: Lisa Seppala, RN; Donna Infante, RN; Harjot Singh, MD; Mary Alice Curry, RT; and Kaitlyn Priest, RN

remained steadfast in their selfless service to their patients and the community.

Cyndee McGuire further explains. "The team at MCH worked very hard to redesign many of our patient protocols to keep the community and our employees safe as the pandemic continued. For example, we scheduled many appointments that had previously been walk-ins, such as laboratory and radiology, to comply with social distancing and spacing of patient visits. We also learned more every day as to how to employ tele-health visits prior to, and sometimes in place of, face-to-face visits with physicians. Our patients tell us that they are grateful for our employees' dedication, humbled by their selflessness and inspired by their courage."

When the pandemic first hit the United States, the demand for masks, gowns, and gloves skyrocketed and MCH did not have adequate supplies to protect our doctors, nurses, and staff.

Hundreds of community members and dozens of local businesses answered the call for assistance and gave MCH the supplies it needed to care for its patients. The donations came in every size and form, and each one gave the staff hope and strength to face an uncertain future.

Devon Roarick, CMA

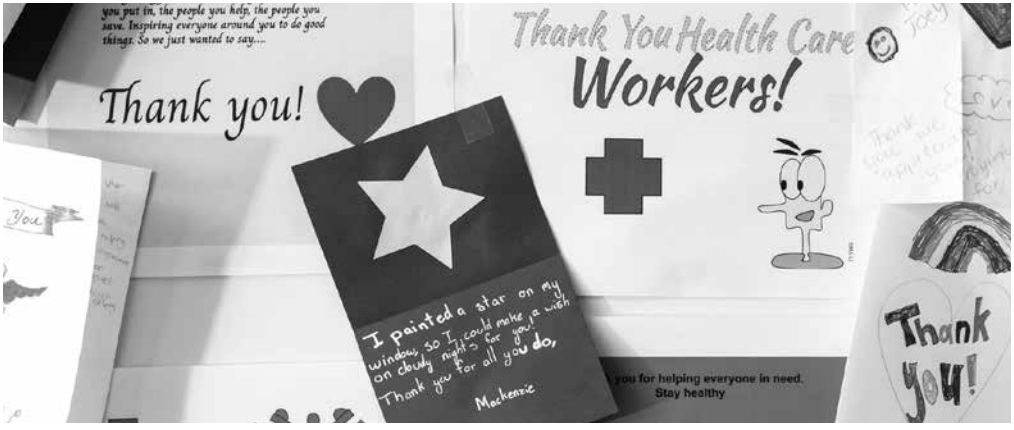
Michael Gilbert, MD

Environmental Services Team, left to right: Mandy Karoutsos, Julie Boudreau, Ron Cormier, Angela Egersheim, Sam Yin, Cece Thibodeau, Nick Arsenault, Norman Bemis

Left to right: Shawn Harrington, MD; Lucas Shippee, DO

During both World Wars, people on the home front knitted socks and bandages to send to the troops on the front lines in Europe and Asia. In the fight against COVID-19, our community fired up their sewing machines to make fabric masks to protect our employees on the front lines of the pandemic. Our sewers didn't stop making masks for MCH until the Hospital had received more than 6,000! Many of the masks came with notes of thanks and encouragement, each one a gift of love and support. Other communities across the country made similar efforts to support their local hospitals, but none were as successful as the effort right here in the Monadnock Region.

The leaders of New Hampshire Ball Bearings were able to procure



Left to right: Karen Johnson, Whitney Levesque, Lisa Coldwell, MLT

personal protective equipment through their distribution chains and donated thousands of masks to MCH. Mask donations also came from Monadnock Paper Mill, Millipore, Microspec and others.

Restaurants donated gifts of food for the staff, small businesses donated personal care products, many concerned friends dropped off food and gift baskets, and one generous donor gave MCH 100, $50 gift certificates to local restaurants so the tired staff could get takeout food after a long shift!

Kathleen Sterling making masks.

The Greater Monadnock Public Health Network

The Greater Monadnock Public Health Network (GMPHN) is a consortium of individuals and multi-sector organizations whose primary mission is to enhance the health and safety of community residents through health improvement efforts. They were tasked with the administration of the first COVID-19 vaccine available in NH in December 2020.

Masks were also donated by the manufacturing sector. Photo is taken at the MCH loading dock. L-R Tammy Pool, Dottie Gates, Scott Harrison, Sue Brunt, Daniel J. Lemieux, Head of Aerospace and Machined Products Division, NHBB, and Cyndee McGuire, President & CEO

Scott Harrison and Susan Brunt accepting donations for the Hospital

From outside the Hospital in Kelly's garden, volunteer Susan Graham and her harp offered comfort and serenity for patients and staff to enjoy through open windows.

The GMPHN serves 23 towns in Cheshire County along with the 10 westernmost towns in Hillsborough County. MCH has been an active member of the network since 2010 and has held a seat on the Executive Council, now known as the Leadership Council for a Healthy Monadnock (LCHM) since 2013, when an executive committee for the Public Health Network was established.

While its roots can be traced back to the early 2000s, the Greater Monadnock Public Health Network really began to take shape in 2003 when it was one of the first Regional Public Health Networks in New Hampshire. Since 2013 there have been 13 such networks established statewide which cover one hundred percent of NH municipalities.

Left to right: LeeAnn Clark Moore and Laura Gingras

"The Greater Monadnock Public Health Network has been an incredible resource for not only our region but the entire state," says LeeAnn Clark Moore, Philanthropy & Community Relations Manager at MCH and a member of the LCHM. "Our region's Public Health Network," adds Laura Gingras, VP of Philanthropy and Community Relations, "is a true role model for others in the state, bringing forth many initiatives and planning efforts that other regions can replicate."

While the Greater Monadnock Public Health Network oversees many important community health and safety initiatives, perhaps one of its most visible efforts was the COVID-19 vaccine administration program. The Greater Monadnock Regional COVID-19 Vaccination Clinic opened in December 2020 and ran through May 2021 at 110 Krif Road in Keene. The program was able to leverage all the PHN partnerships to vaccinate more than 70,000 Monadnock residents.

"Thanks to the leadership and organization of the GMPHN and our partnership with them, we were able to work together to add community members to a stand-by list when it was challenging to get an appointment," says Clark Moore. "MCH was able to call in over 1,500 community members for their appointment sooner than originally scheduled and helped many others sign up to receive their vaccines. MCH is honored to be a partner of the GMPHN."

Pictured (left to right): Tricia Zahn, MPH, Director of Community Strategic Partnerships at the Center for Population Health, Cheshire Medical Center; Mike Flynn, Director of Pharmacy and Oncology at MCH; and Jane Parayil, MPH, Public Health Emergency Preparedness Coordinator and Greater Monadnock Medical Reserve Corps Director, Cheshire Medical Center

More than 300 individuals volunteered at the Vaccination clinic on Krif Road. This number does not include the members of the NH National Guard and does not include the many school-based and pop-up clinics throughout the region.

Volunteers. Those in green vests are non-medical documenters. Those in red were vaccinators. More than 320 NH National Guard members volunteered to help.

In addition to the donation of food products, the Hospital received many letters, notes, and emails from those who received their vaccinations and wanted to express their gratitude. Only a few, of the many, are featured in this history book.

COVID-19 Relief Fund

Established in the early days of the pandemic, the COVID-19 Fund paid for the purchase of personal protective equipment, supplies, and support

This photo with the bagged lunches shows one of MANY meals that were donated to the Krif Road crew. The photos show a slice of the powerful regional collaboration – pictured is a Keene Police Officer providing site security, a Keene Paramedic providing emergency medical lead support, students from the Keene State College nursing program getting real-life pandemic response experience as part of their nursing school clinical education, a member of the NH National Guard, and a volunteer who dedicated hours (days) of her time to support our regional response

More non-medical documenters

Food for the weary… NH National Guard members enjoying their lunch

"As two of many recipients of the COVID-19 vaccine, we are most grateful to you, your staff and volunteers for making this huge community effort to thwart the virus! It takes great organizational skills and teamwork. Both times we were at Krif Rd. We were treated respectfully and most efficiently.

Thank you one and all!"

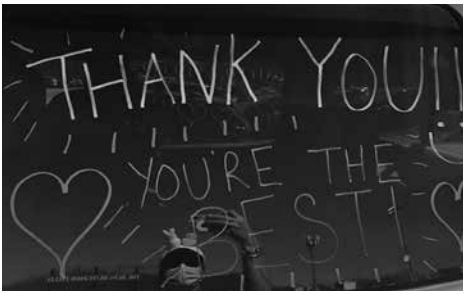
S.C. & B.C. | March 25, 2021

"THANK YOU! THANK YOU! THANK YOU! For the friendly and efficient operation at the Keene State vaccination site. My wife and I both greatly appreciate the operation there, as well as the vaccine itself. One big and essential step out of the pandemic cocoon we have been living in for a year. THANKS again. "

R.C. | Peterborough | March 10, 2021

"You are doing an incredible job! All staff who signed up were vaccinated and all of us had a great experience. Thank you again!! Hang in there, I'm sure you have a lot of people coming to you who are anxious, but everyone will get a turn!"

M.G. | Antrim | March 15, 2021



Left to right: Valerie Stys; Carrie Arsenault, RN; Jonathan Mermer, RN; Judith O'Mara, RN; Cassandra Ciardelli, LPN

The Staff at MCH Behavioral Health Left to right: Kathleen Sacco, LICSW; Michelle Brumaghim, APRN; Alycia McDuff; Sandra Roy; Karen Langley, LICSW; Donna Houghton; Michele Gunning, MD; Roberta Peladeau, RN; Roger Cawley, PhD; Margot Schmitt, LICSW

services for MCH staff. Thanks to the incredible generosity of the contributors, within three months MCH raised over $75,000 (03/01/2020 - 06/30/2020).

Collaboration Among New Hampshire Hospitals

During the pandemic, the New Hampshire Hospital Association (NHHA) facilitated significant collaboration among New Hampshire's 26 hospitals to coordinate care for patients across the state. At times, the state reached an unprecedented 98% occupancy rate of hospital beds and working together ensured that the sickest patients were able to receive care. NHHA

coordinated daily calls of hospital CEOs, Chief Nursing Officers, and Chief Medical Officers as limited resources were managed. The New Hampshire Department of Health and Human Services often joined these calls to keep hospitals up to date on the latest COVID-19 protocols.

How Technology Advances Have Improved Behavioral Health Services

During the pandemic, mental health needs increased due to isolation and uncertainty, all while mental health practices were forced to implement screening protocols to control the spread of COVID, sometimes limiting access to care.

"Increasing access to mental health care—and removing stigmas— is vital to our success. COVID changed many things," says Dr. Michele Gunning, psychiatrist and Medical Director of Behavioral Health at MCH, "but our mission remained the same: to help people in mental and emotional distress find their way to a healthier, more balanced life. Our challenge was how to do this during a time of social distancing."

One solution, she says, was teletherapy. "Telehealth made a huge difference for our patients during COVID, and it's a model we'll be using more often going forward," says Dr. Gunning. "Patients like the convenience of virtual counseling. They don't have to deal with transportation, weather, or childcare issues. That can mean fewer missed appointments and better outcomes."

As COVID wanes, Dr. Gunning says MCH's Behavioral Health Department is focused on increasing its community outreach and services. "Mental health care needs to be available to everyone, from the person in

In addition to the Mobile Integrated Health Program, MCH partners with local fire and rescue first responders. First responders above: Sarah Hendricks, Mary Fish, Bailey Braudis, Tim Quinn, John Berube

immediate crisis to someone with a longer-term challenge,"

Sam Zachos, left with Josh Patrick Community Paramedic, right. Mobile Integrated Health

Mobile Integrated Health Program

MCH's Mobile Integrated Health (MIH) team is filling a critical need in the community by providing medical services outside hospital walls. Coordinating with a patient's primary care provider, MCH paramedics provide a host of diagnostic services, including physical assessments, medical reconciliation, and specimen collections.

MIH assisted several community senior resident facilities by performing COVID-19 testing and treatment, allowing residents to shelter in place and not become emergency department patients—this was integral to slowing the spread of the disease.

"We can provide up to six calls a day, assessing, testing, and treating patients who may be housebound, frail, or unable to travel," says Josh Patrick, Mobile Integrated Health Paramedic. "While there are a few other hospitals in the state providing services like these, MCH has one of the most comprehensive programs, offering an array of services to a diverse population."

Most importantly, MCH is able to deliver medical excellence to vulnerable patients, who live in rural areas, in the safety and comfort of their homes.

Relationship with Dartmouth Health

Over a two-year period, beginning in early 2019, MCH and its partners in GraniteOne Health pursued a formal relationship with Dartmouth Health in an effort to strengthen the services the hospitals provide to their local communities. The proposed combination received approval from the Federal Trade Commission in April 2021 and got a favorable response at a series of public hearings. The process ended in May of 2022 when the NH Attorney General's Charitable Trust Unit rejected the proposed combination citing that there would be significant competitive harm in the market by allowing the two systems to come together.

"We are disappointed," said Cyndee McGuire, "but we have high levels

of collaboration and a long history of working with Dartmouth Health and Catholic Medical Center to make laboratory, oncology, hematology, cardiology, gastroenterology and inpatient hospitalists services available at MCH. Those relationships will remain."

When asked about the future, McGuire explained, "Our Board of Trustees is working through the next steps and evaluating where our hospital needs to be for the future. The landscape for healthcare has changed over the last several years since the Board first undertook the process to seek a partner for MCH. We sought our relationship with Dartmouth Health from a position of strength, fiscally and operationally, and we remain in that position today, continuing our mission of improving the health and well-being of our region."

Clinical Recruitment

Beginning in 2020, the hospital increased its emphasis and focus on health provider recruitment, and by December of 2022, hired 12 new clinicians, nine physicians, one surgeon, one orthopedic physician assistant and six nurse practitioners. The specialties included Internal Medicine, Family Practice, Pediatrics, Behavioral Health, Orthopaedics, and Pain Management.

Medical Staff members at the 2023 Medical Staff breakfast. Standing: Back Row: L-R Dr. Dmitry Tarasevich, Dr. Sara Luczkiewicz, Dr. Joseph Lupo, Dr. Pamela Stetzer, Dr. Terrence McNamara, Dr. John Labranche, Dr. Todd Fontaine, Dr. W. Bradley White, Dr. Shawn Harrington, Dr. Daniel Perli, CMO
Middle row: L-R Melissa Curran, APRN, Thomas Quinn, PA-C, Dr. Dayna Ferguson, Annette Brooks, APRN, Cheryl Pineo, APRN, Dr. Morgan Jenkins, Kayleigh Sullivan, PA-C, Dr. Vache Hambardzumyan
Kneeling: L-R Dr. Melody Eckardt, Dr. Eric Lasky, Dr. Brock Billadeau, Dr. Stephen Lehmkuhl
129 Medical Staff members not in photo.

Rehabilitation Services at the Bond Wellness Center

Michael Shea MCH Board Chair.

The collaborative efforts of the surgical, nursing, and rehabilitation teams at MCH reduced lengthy hospital stays following surgery. "As surgical procedures have advanced, so has our approach to providing therapy services," says Lynne Maloney, PT, Director of Physical and Medical Rehabilitation at MCH. "We want people to be able to recover at home, but we want to ensure their safe transition from the Hospital."

Physical therapy is expected to grow between 3%-5% per year over the next five years as the number of individuals 50 and older is anticipated to increase. Rehabilitation services grew 62 percent in the past 10 years. The Wellness Center needed more space.

The MCH Board of Trustees voted in July 2021 to utilize the Bond Wellness Center's fitness area exclusively for much needed physical therapy and rehabilitation services. The public fitness membership program was discontinued. "Many scenarios were considered, but this decision was necessary given the growing rehabilitation needs of the hospital's patients at this time," Board Chair Michael Shea wrote in a letter. "We recognize how disappointing this news will be. "We hope gym members will consider what patients need most from the Bond Wellness Center, today and into the future." The additional space in the Center enabled the Hospital to hire additional physical therapists and more fully meet the demand for rehabilitation services in the region.

End of Year Financial Summary 2022

MCH ended the fiscal year on September 30, 2022, with a $3 million surplus from operations, due in part to the hard work of all employees. Supporters of the Hospital were very generous in 2022 and the Hospital received over $1.1 million in gifts. In addition to the generous gifts to the annual fund, the hospital received a gift from the Estate of Dorothy and Walter Peterson.

MCH Support to the Community

Since 2007 when the original history book was written, MCH has provided $181,487,396 for community support programs and direct service to deserving and qualified patients.

In 2022, MCH provided $16,817,000 in financial support to our community. This included:

- Subsidized Health Services (i.e. Cardiac Rehab, Emergency Department,

Behavioral Health Services, etc.): $8,279,000

- Charity Care (i.e. Financial Assistance Program): $485,000
- In-kind Donations (i.e. Conference Room Usage, EMT Training, etc.): $286,000
- Community Programs (i.e. Monadnock Healthy Teeth, Parent Support Services, etc.): $268,000
- Public Programs (i.e. Medicaid and Medicare Shortfall): $7,499,000

The theme of the 2022 Annual Report to the community, We Are All

Cynthia K. McGuire, FACHE, President & CEO of Monadnock Community Hospital

Cyndee McGuire joined Monadnock Community Hospital as the first female President and CEO in February of 2014, after Peter Gosline retired. Prior to joining MCH, She worked in a variety of healthcare settings, and was most recently the Chief Operating Officer with Adirondack Health based in Saranac Lake, NY.

Cyndee grew up in Schenectady, NY. She received her Master of Science Degree in Healthcare Administration from Sage Graduate School in Troy, NY. She is certified as a Healthcare Quality Professional and is a Fellow with the American College of Healthcare Executives.

As CEO, Cyndee's philosophy is "If we focus on doing what is best for the patient, we will always make the right decisions." She rose in the ranks in her healthcare career and isn't afraid to roll up her sleeves to help is any way that is needed. Cyndee connects frequently with

in This Together, was a tribute to MCH medical staff and employees for their selfless service and resilience in tough times. It was also a tribute to MCH patients, donors, volunteers, and all MCH friends in the community, who supported the Hospital since its inception in 1923.

Employee Giving Campaign

Each year, MCH offers an opportunity for employees to join the donor family with an Annual Employee Giving Campaign. The 2023 Employee Giving campaign was the most successful yet with 57% of employees donating to 7 different funds at MCH including the Employee Resilience Committee, The Peter Gosline Scholarship, Reach Out & Read & more. Together, the over

MCH employees and instituted senior leadership monthly rounding in all departments.

Cyndee is credited with advancing "the next era of healthcare excellence" at MCH. She is a champion of quality and organizational excellence, innovation and smart technology. "The key for MCH is to remain focused on our mission of improving the health and well-being of our comminuity, and our vision of providing accessible, high-quality, and value-based health care. Our continued success depends not only on making smart technology investments, but on supporting, investing in, and developing our staff and the workforce of the future."

During her tenure, community support of a capital campaign enabled the Hospital to renovate the Birthing Suite and build the Oncology and Infusion Therapy Center. Cyndee and her executive and medical teams are also responsible for the growth of primary care clinicians in local offices throughout the Monadnock Region. They played a vital role in the patient-centered medical home model of care delivery.

Cyndee has served on many nonprofit boards over the years including the Schenectady YMCA, the Capital District YMCA, and the Pendragon Theatre in Saranac Lake, NY. She is a past chair of the New Hampshire Hospital Association Board of Directors, and she served on the American Hospital Association - Regional Policy Board for New England. Cyndee is a current board member for RiverMead Lifecare Community and the Peterborough Players.

Cyndee and her husband, Harry, live in Peterborough. For relaxation, Cyndee enjoys reading, gardening and walks on the beach.

270 employees raised nearly $25,000! “I could not be more proud to work with such a dedicated team and am in awe of their support for each other, our patients, and community.” Said Cyndee McGuire.

We are All in this Together, L to R: Jenny Ruiz, RN, Emergency Department; Robin Owen, Patient Financial Services; Patrick Sullivan, RN. Oncology; Martha Halverson, Dietary; Cynthia K. McGuire, FACHE, President and CEO; Brian Stimpson, MA. Antrim Medical Group; Dawne Beamer, RCP, TTS, Respiratory Therapy

With generous support from the community, MCH opened a new CT scanner room in 2023. This beautiful new space features top of the line technology in a soothing environment. The new scanner offers faster scanning times and less radiation exposure for patients in a calming environment. This essential life-saving tool that will provide accurate diagnoses for patients when every second counts.

Some Comments from Cynthia McGuire's about the Future of MCH

This is an exciting year, as we celebrate our 100th anniversary! Robert Parmelee donated his summer home in 2017 to be used as a community hospital in the Monadnock Region. The original leaders had a vision to make a local hospital that was "a place where doctors and nurses and the best equipment which science can produce are gathered together to bring relief to those who are suffering." On June 21, 1923, the hospital opened its doors to the public. The initial vision of the Hospital founders still rings true today.

Given the rapidly changing healthcare environment, MCH's blueprint for the future is to continue to build on its core strengths. Our Board of Trustees has embarked on a Strategic Planning process. "We are very strong. We're strong financially. We're strong clinically. We're going to look into the future and see what our best options are."

Clinical recruitment has been challenging but successful and will continue to be a major focus for MCH. Keeping up with information technology advancements and cyber security are priorities. COVID-19 has taught us a lot about new ways to build resilience and improve our operational xcellence. We continue to embrace smart technology. For example, our medical team introduced advanced, less invasive surgical procedures and more sophisticated diagnostic tools, which have led to significant reductions in the cost of diagnostic procedures. We believe that innovation will continue to make healthcare more cost effective.

Support to MCH from the Community:

Since 2000, over thirty-million dollars was contributed to MCH from generous donors and friends. Three one-million dollar gifts were made to the Unrestricted Fund between 2020 and 2022:

$1,000,000 from the Estate of Joanne and Thomas Head

$1,000,000 from the Estate of Janet Schaefer

$1,000,000 from Anne B. Baddour

There have been many changes and tremendous growth over the years. While people, practices, and technology may change in the coming years, our commitment to care for our community remains our focus and we look forward to being here for our patients in our second century. As we celebrate our past and look to our future, we are embracing the possibilities it will hold.

It takes a dedicated community to build a hospital and so many have contributed to our success over the years. Donors, volunteers, medical staff,

employees, trustees, patients, first responders, and many more have added to the strength of Monadnock Community Hospital, making it one of the best small hospitals in New England.

We are honored to celebrate our first centennial on June 3, 2023. Together, we will continue our mission of improving the health and well-being of our community.

L to R: The Leadership Team
Daniel Perli, MD, Chief Medical Officer; Cynthia K. McGuire, FACHE, President and CEO; Jim Callahan, Esq, Board of Trustees, Chair; Paul Faber, Board of Trustees, Vice Chair

Trustees standing, L ro R: Eric Lasky, MD, Paula Hunter, Peter Cerroni, DMD, Iris Waitt, Thomas Bates, CPA, Treasurer, Carolyn Garretson, Leslie Lewis
Sitting, L to R: Patricia Shuster, Clerk, James Callahan, Esq., Chair, Cynthia McGuire, President and CEO, Paul Faber, Vice Chair, W. Bradley White, MD. Missing from photo: Cassandra Clark, Jeffrey Crocker, Esq., Michael Shea, Alex Walker, Esq.

Back row, left to right: John Sansone, VP for Human Resources, Vicki Loughery, RN, CNO and VP for Patient Care Service, Denise Lord, RN, VP for Organizational Performance, Laura Gingras, VP for Philanthropy and Community Relations.
Front row, left to right: Charles Ellis, VP for Physician Services, Cyndee McGuire, President and CEO, Rich Scheinblum, CFO and Exec VP.
Missing from photo: Daniel Perli, MD, Chief Medical Officer.

Lifetime Giving

Through their years of support, these philanthropic leaders have each made generous cumulative gifts totaling over $100,000.

Legacy Circle
$1,000,000.00
Anonymous
*Mrs. Sarah Hogate Bacon & Mr. Theodore S. Bacon, Jr.**
Raymond & Anne Baddour*
*Edward L. Bond, Jr.**
*Tom & Joanne Head**
Corinne Bonaventure MacLennan-Kennedy
*Herbert T. Nilson**
*Janet U. Schaefer**

Chairman's Circle
$500,000 - $999,999
*Everett & Margaret H. Clement**
*Ann Darsie**
*Dr. & Mrs. Joseph F. Gosling**
*Nancy P. Shea**

President's Circle
$100,000 - $499,999
Anonymous (2)
*Marion & Frank Almeida**
Arnold J. Antak
*Helen Bastedo**
Robert Boyd
Karen Clement & Richard A. Jordan
*Jeanne T. Cook**
*Bev & Ted Covert**
Anne Doucet
The Eppes - Jefferson Foundation, Inc.
Stan & Cheri Fry
*David A. Glynn**
The Grimshaw-Gudewicz Charitable Foundation
Lin & Joe Hart
Mr. & Mrs. Harry J. Healer, Jr.
Mr. & Mrs. David J. Houston
Hutter Construction Corporation
*Frederick P. Koallick**
*Mr. & Mrs. John M. Lord**
*Catherine P. & Richard C. Merrill**
*Virginia & Joseph Merrion**
*Stephen H. Millard**
Monadnock Community Hospital Auxiliary
Monadnock Paper Mills, Inc.
People's United Bank
*Walter & Dorothy Peterson**
Dr. & Mrs. Theodore Renna
John K. & Susan M. Roper*
*Mr. & Mrs. Robert Sorenson**
*Mr. & Mrs. Charles B. Sullivan**
*Robert Taft**
*Anne C. Thompson**
*Elsie P. van Buren**
The Gilbert Verney Foundation
The Window Shop at Monadnock Community Hospital
Miss Linda A. Witherill
*Samuel D. & Dixie Wonders**

**deceased*

Legacy Gifts

Legacy Gifts (gifts made through a will or estate plan) reflect the value the community places on local quality healthcare. MCH appreciates the generosity and support of friends who made legacy gifts. We honor and remember those who are no longer with us.

Anonymous (4)
Eleanor N. Abel
Ruby G. Allen
Frank & Marion Almeida
Helen D. Armitage
Josefa C. Backus
Mr. & Mrs. Theodore S. Bacon, Jr.
Raymond F. Baddour
Marion J. Bagley
Leah S. Baldwin
Ellen B. Ballou
Arnold C. Barker
Kathleen G. Barker
Clara F. Bass
Robert P. Bass, Sr.
Helen Bastedo
Doris E. Belcher
Gordon K. Billipp
Helen Bluhm
Edward L. Bond, Jr.
Patricia Boyd
James Burgess Boote
Louisa de Bracket
George H. Brooks, Jr.
Joan Brush
Walter A. Bryer
Phyllis S. Burt
Priscilla T. Campbell
Dorothy & Harold Capron
Dr. Richard S. Carvalho
Marion L. Caton
Phyllis M. Cleaves
Everett & Margaret H. Clement
Alice Clukay
Leon C. Cochran
Ernestine F. Coleman
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Maude D. Corser
Ted & Bev Covert
Lois Daloz
Dorothy Dalzell
Ann Darsie
Elizabeth W. Davis
Susan Elliott Davis
Murray Day
Viola MacLellan Day
Genevieve Doran
Clara M. Driscoll
George Duncan
Lesley C. Eaton
Charles J. Ellis
Rachel P. Evans
Mary L. Farrar
Barbara E. Fontaine
Anne Sharples Frantz
Julie F. Fremont
D. Baldwin Gardner
Emma E. Gipson
Wendell C. Glass
David A. Glynn
Ella L. Goodhue
Dr. & Mrs. Joseph F. Gosling
Robert & Mary Jane Grasty
Jacques Pierre Harang

**deceased*

Legacy Gifts

Miss Helen F. Hazelton
Tom & Joanne Head
Robert Henneman
Theodore F. Hoffman
Martha H. Hokanson
Guy O. Hollis
Norma Houghton
Marguerite A. S. Humphrey
Frank R. Hutchison
Eben W. Jones
John W. Jones
Elizabeth Cheney Kaufmann
Dr. Alice V. Keliher
Phyllis I. Kelley
Lizzie B. Kendall
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Pauline W. Lord
Glori B Luebberman
Mildred B. MacDuffie
Theresa Booth Maley
Charles Marvin
E. H. Mather & F. M. Lee
Douglas & Sally K. Maynard
Helene M. Meacom
Cynthia A. Mears
Catherine P. & Richard C. Merrill
Gordon Merrill
Virginia & Joseph Merrion
Stephen H. Millard
Howard & Martha Mitchell
George Abbott Morison
Robert S. Morison
Louis P. Morris
May H. Moulton
Phyllis O. Munhall
Frances E. Naramore
Alf Zahl Nelson
Herbert C. Nichols
Irving E. Nichols
Warren J. Nichols
Herbert T. Nilson
William U. Niss
Nathaniel Ober
Blanche E. Pearson
Margaret Perry
Walter & Dorothy Peterson
Louise R. Pierson
Alice W. Pool
Elizabeth Porter
Benjamin Pratt
Anna L. Pritchard
John W. Pushee
Dr. Margaret R. Reynolds
Charles O. Richardson
Ray Rodriguez
Ronald Rogstad
John K. Roper
Herbert & Charlotte Rosell
Edwin F. Rowehl
Albert E. Roy
Marion Lucy Sawyer
Mildred S. Sawyer

**deceased*

Legacy Gifts

Ralph T. Sayles
Janet U. Schaefer
George H. Scripture
Pauline F. Seguin
Nancy P. Shea
Donald M. Sherk
Annie Smith
Charles Winthrop Smith
Orrin F. Smith
Mr. & Mrs. Robert Sorensen
Chester Soule
Robert H. Stanley
Leni L. Stewart
Mildred Stone
J. Milton Street
Mr. & Mrs. Charles B. Sullivan
Marion L. Symmes
Marion G. Symonds
Alexander "Zandy" & Eileen Taft
Beatrice K. Taft
Mary McKaig Taft
Lena F. Taylor
John C. Tenney
Grace Hall Thacher
Jane Olmstead Thaw
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Anne C. Thompson
Anna B. Tibbetts
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C. Jerome Underwood
Karl G. Upton
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Elizabeth E. Whetstone
Charlotte J. White
Isaac D. White
Edith B. Wilcox
Laura Wilder
Helen R. Williams
Barbara W. Wilson
Barbara Y. Wilson
Samuel D. & Dixie Wonders
Charlotte S. Wood
Jane Stewart Young
Merna H. Young
William LeRoy Young
Linnea Zachos

**deceased*

The Robert M. Parmelee Society 2023

Anonymous (4)
John H. Adams
*George L. Andersen**
Thomas & Susanne Bates
Robert L. Boyd
Audrey B. Carvalho
Dr. & Mrs. Peter M. Cerroni
Diane Chauncey
Nancy C. Clarke
Claudia Cleary
Karen Clement
Roland Coates & Elizabeth Freeman
Robert & Melinda Condon
Mr. & Mrs. John J. Cronin III
Mr. & Mrs. Thomas Doane
Mr. & Mrs. Frederick T. Ernst, Jr.
Phyllis & Joseph T. Ferry, Jr.
William Fluhr & Kristen Neshiem
Laura A. Gingras & David C. Fish
Peter & Connie Gosline
Sadie E. Halliday
Mr. & Mrs. Joseph S. Hart
Bev Henneman
Dr. Owen R. Houghton
Mr. & Mrs. David J. Houston
Clifford Jarest
Patricia S. Johnson
Sharon E. Johnson
Terry R. Kilvert
Bruce W. & Sarah H. Larsen
Carol A. Lord
Steven & Ann Lord
Tom Luebberman
Corinne Bonaventure MacLennan-Kennedy
Cynthia & Harry McGuire
Julie B. Middleton
LeeAnn Moore
Mr. & Mrs. Michael Murphy
Marcia Ober
Charles Palmer
Pattie & John Petrou
Dr. Phyllis E. Porter
Dr. & Mrs. James D. Potter
Peter & Suzanne Read
Dr. & Mrs. Theodore Renna
Penelope A. Rodriguez
Susan M. Roper
Rolande Roy
Mr. & Mrs. Taylor Sage
Ann Sargent
Phyllis S. Scott
Shirley G. Sherk
Mr. & Mrs. Howard C. Sherman
Judy Stockwell
*Robert Taft**
Anne D. Twitchell
Doris Underwood
Mr. & Mrs. John F. Vance
Mr. & Mrs. Thomas J. Ward
Mr. & Mrs. Richard S. Warner
Audrey M. White & Daniel L. Keaveny
Andrea J. Wood
Samuel Zachos

**deceased*

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