The history of the Manchester Memorial Hospital really begins with the grippe influenza epidemic of late 1918. The disease spread rapidly through the community, affecting about one in four of the population. Everywhere doctors found it impossible to treat all the sick; hospitals were overflowing, with patients in corridors, storage rooms, and cemeteries. Workers could not cope with the task of burying the dead faster than they appeared.

Manchester Memorial Hospital

A Brief History

by William E. Buckley & Eleanor D. Coltman
The history of the Manchester Memorial Hospital really begins with the great influenza epidemic of late 1918. The disease spread rapidly through the country, affecting about one in four of the population. Everywhere doctors found it impossible to treat all the sick, hospitals were overflowing, with patients in corridors and storage rooms, and cemetery workers could not cope with the task of burying the dead. At that time Manchester had eight doctors, most of them older men, to care for a population of nearly 18,000. There were few nurses, there was no hospital nearer than the overcrowded ones in Hartford. The situation was desperate.
Then one morning there came to C. Elmore Watkins, president of the Manchester Chapter of the Red Cross, an offer from Cheney Brothers. They would make available the main floor of Cheney Hall as an emergency hospital. Here, in a central area, the few volunteers available, under the supervision of a trained nurse, Mrs. Walter Keeney, could give at least minimum attention to each patient. There was no lack of patients; they soon filled the building to capacity. How many lives were saved no one knows, but a great burden was lifted from many homes, and much suffering alleviated. Also the great value of a local hospital was thoroughly demonstrated.

World War I ended in November of 1918. In January of 1919 a meeting of town officials and heads of local organizations was called by the War Bureau to discuss the question of a war memorial. With the experience of the emergency hospital so recent, Mr. Watkins proposed that the memorial be a hospital built by popular subscription. The meeting approved his idea, and he was made chairman of a committee, to be appointed by him, to investigate costs and advise on the raising of funds. Mr. Watkins asked Horace B. Cheney, Miss Mary Cheney, Mrs. Maytie Crowell, and Dr. D.C.Y. Moore to work with him. After thorough study, guided by the experience of Dr. Moore, who had made it a practice periodically to close his office in order to observe first hand the operation of various first class hospitals, the committee recommended that a 50-bed hospital costing about $150,000 be built, and that the money be raised by public subscription. A campaign was begun promptly. Cheney Brothers offered to add fifty percent to the amount raised in the public campaign. Within a week the sum of $130,000 was pledged by nearly 4000 contributors. The Cheney firm added $65,000, making the total $195,000. This sum had in 1919 the purchasing power in the field of building construction of several million dollars today.
Meanwhile the hospital had been legally incorporated and the first trustees chosen. These were members of the organizing committee and Mrs. Walter S. Coburn, Rev. P.J.O. Cornell, E.S. Ela, William S. Hyde, Rev. W.J. McGurk, J.T. Robertson and Howard Taylor. C. Elmore Watkins was chosen as first president of the board. The project moved rapidly. On November 22, 1919 the cornerstone was laid and the building was complete in a year. On Armistice Day in 1920 it was dedicated, with F.A. Verplanck making the chief address. A feature of the ceremony was the planting in the grounds of 45 memorial trees, one for each Manchester man who lost his life in World War I.

From the beginning Manchester Memorial Hospital operated under the most favorable auspices, which is another way of saying that it had alert, able leadership and the ardent support of many devoted workers. Dr. George O’Hanlon, superintendent of a group of large hospitals in New York City, was engaged as a consultant. He visited Manchester regularly and his advice was invaluable. Probably his greatest service came in 1922 when he helped to obtain as head of the Manchester Memorial, Miss Hannah Malmgren, then superintendent of the 500-bed Fordham Hospital in New York City, who was available because she wished to shift to a smaller hospital.

Miss Malmgren, a woman of extraordinary grace, dignity and charm, was also a firm disciplinarian and believed in maintaining the highest standards of hospital operation. To assist in the preparation of our by-laws, she was able to bring to Manchester as a consultant Dr. Malcolm T. MacEachern the director of medical activities of the American College of Surgeons. Within a year thereafter the Memorial Hospital gained full accreditation by the national organization, one of the few small institutions to be fully approved. She organized the Women’s Auxiliary, with Miss Helen Chapman as its first president.

Since 1923 this organization has given endless hours of volunteer service of many kinds and in addition has raised $2.6 million for the purchase of land and build-
ings, and new equipment, and for operational expenses. Miss Malmgren raised Manchester Memorial to a position of prestige in the hospital field and made it easier to secure able nurses and high-ranking young physicians as interns and members of the staff. When she retired after eight years of service, she had established a tradition of excellence which is still working today.

In the early 1920's few physicians, outside the large cities, were familiar with the requirements of modern hospital practice. Fortunately for Manchester Dr. George A.F. Lundberg, fresh from internship in two large hospitals, had just begun to practice in Manchester and was of immense help in explaining to the older doctors the necessity for observing uniform modern techniques in all their practice. Dr. Lundberg was appointed Chief of Medicine in 1940.

In order to achieve and maintain full accreditation it was necessary to have an organized staff, which meant locating various specialists and inducing them to practice in Manchester.

By 1925 Miss Malmgren was able to bring to Manchester as chief surgeon and also head of obstetrics and gynecology Dr. David M. Caldwell, a skilled surgeon and head of the Montreal Maternity Hospital, a department of McGill University.

In the same year Dr. Amos E. Friend, a graduate of Queens University who originally came to Manchester as a temporary resident, was appointed chief of the eye, ear, nose and throat service. Dr. Friend gained an international reputation in his field and demonstrated difficult operations at hospitals throughout the world.

Miss Malmgren located Dr. Howard Boyd while he was still a high ranking student at Harvard Medical School and later a promising intern at Massachusetts General Hospital and suggested he be invited to locate in Manchester. In 1926 he was appointed chief of pediatrics. Dr. Boyd made many contributions to medical knowledge in children's diseases.
Manchester Memorial Hospital owes much to Dr. A.B. Landry of the Pathological Department at St. Francis Hospital and later to Dr. Ralph Kendall of a like department at Hartford Hospital who in addition to the responsibilities of their own positions, were willing to nurse our department along until we could find a proper person to head it.

The cheerful, intimate, homey little hospital of 1920 began at once to grow. About five months after the opening, a house across Haynes Street was purchased as a nurses’ residence. Late in 1922 land to the east of the building was acquired. In 1923 a combined laundry, boiler room and men’s dormitory was erected in the rear. In 1941 a north wing costing $200,000 was opened. This contained new maternity and children’s departments and added 40 beds to the original 50-bed capacity of the institution.

In 1946 the large Anne Cheney house on Hartford Road was rented and used as an annex for older patients in need of long term care. This was a temporary arrangement and was later discontinued, but for a few years patients were quartered there in oak-paneled rooms, with parquet floors and carved stone fireplaces designed by Stanford White, one of the leading American architects of his time.

By 1952 the original hospital building had been remodeled internally and wings built at both ends. The institution now provided 187 beds for patients. A new entrance lobby had also been added at the Haynes Street front.

In 1959 the Watkins Wing was dedicated, a large, five story structure extending to the north and west, and bringing the capacity of the hospital to 274 beds. This addition also contained new operating rooms, laboratory and pharmacy space, new emergency areas, an enlarged cafeteria and other adjuncts of a modern hospital. With this addition, C. Elmore Watkins told the audience at the dedication, Manchester Memorial Hospital left the class of small institutions, and faced the problem of continuing as a large hospital the friendly atmosphere of earlier years and of contributing to the development of hospital organization and management.
But even as a smaller institution, Manchester Memorial Hospital had made a most important contribution in this field - the Progressive Patient Care plan. The basic idea for this had been maturing for a long time in the mind of Edward J. Thoms, then administrator of the hospital. Briefly, it was to establish within the institution three distinct areas of patient care - an intensive care unit, a routine care unit, and a self-service unit. To the first of these would be assigned the seriously ill who needed close observation and constant attention. Most of these patients would stay in the unit for only a few days, after which they would be moved, with their charts and records, into the routine care zone.

This routine care section would contain most of the hospital's patients. It would receive, in addition to those sent from intensive care, most of the sick people who entered the hospital but were not in need of constant attention. Finally to the self-care unit would be assigned those who were up and about and nearly ready to go home and also those who were hospitalized for observation and tests of various kinds and would probably not become bed patients.

The arguments for this plan were primarily that it meant better care for the desperately ill - the sort of care which in most hospitals would be received only by those who could afford to engage private duty nurses to be in constant attendance. Under this plan the question about any patient was not whether he could afford a private room with three special nurses. It was simply, did he need intensive care. If so, he would be assigned to the special care unit by his doctor and would receive the attention he needed. Besides, the plan would make better use of the staff available. When the seriously ill were concentrated in one section, fewer nurses would serve the needs of those in the routine and self-care areas. Finally, it would reduce hospital expenses and so in the long run reduce the patients' bills, particularly for time spent in self-care.

There was considerable doubt among doctors and nurses about the workability of the new plan. It was an important change in the method of hospital care, and all significant changes are likely to be challenged by those accus-
tomed to established procedures. Would the self-care patients feel neglected? Would the nurses assigned to special care receive higher salaries? Would patients object to being moved about?

These and many other questions were finally settled to the satisfaction of all concerned. Small wards accommodating four patients, and a few semi-private rooms were designated for intensive care. The Crowell House on the south side of Haynes Street, formerly used as a nurses' dormitory, was remodeled as a self-care unit. The experiment began. To the joy of all concerned, it worked. Most of the patients approved. Particularly pleased were those who had been in intensive care. So were their relatives who, on the brief visits allowed in that area, saw that intensive care meant just that - with nurses keeping patients under constant observation. Soon word of the Manchester experiment spread. From all sections of the United States, from Canada, from South America, from Europe and Asia, from Australia even, came doctors and hospital administrators to observe. In the years 1961 and 1962 nearly two hundred visitors from twenty states and sixteen foreign countries came to observe the working of Progressive Patient Care in Manchester Memorial. Many, on returning to their own hospitals, set up the Manchester plan there. The United States Health Department maintained a team of observers at our hospital for two years to watch the working of a major innovation in hospital management and spread the word of its success. Emerson once said that if a man makes anything, even a mousetrap, better than his neighbors, the world will make a beaten path to his door. It is not easy to make a beaten path over modern highways and air lines, but the hospital world has surely come to the door of Manchester Memorial to learn about the Progressive Patient Care Plan.

But the Crowell House was not large enough for the self-care unit, so in 1966 a one story structure, air-conditioned and containing 24 single rooms
Radiology Student
Circa 1956
was added at the southwest corner of the hospital plant. Built on a semi-circular plan, with wide windows, many of them overlooking a paved, walled courtyard where patients can bask in the sun, this unit was nicknamed the Motel.

Manchester Memorial Hospital has only a small income from endowment funds. It has been able to carry out recent expansion programs with the aid of government Hill-Burton grants, some generous bequests, contributions from industrial, insurance, and banking employers in our and the Greater Hartford areas. In addition there has been a steadily growing number of contributions from individuals who have recognized the value of our Development Fund and Annual Giving Plan. The Hospital has managed to maintain rates for rooms and services below those of most hospitals in Connecticut, but inflation is making this more and more difficult.

In a brief account such as this it is impossible to give adequate recognition to the hundreds of Manchester people who have contributed generously their money, their energy and their time, the raw material of their lives, to helping in the work of Manchester Memorial Hospital. Mention has already been made of a few individuals. Miss Mary Chapman, Mrs. Maytie Case Crowell, and Miss Mary Cheney rank high on the roll of benefactors for their years of work on the Board of Trustees, for their financial contributions, and for their service in any field where a lay person could be of assistance. Fred A. Verplanck, for many years secretary of the Board of Trustees, brought his mature wisdom, his knowledge of local affairs and people and his strength of character. Miss Eva Johnson, in her 41 years of devoted service, filled with quiet efficiency almost every position on the administrative staff and took full charge whenever necessary.

Miss Anna Sampson, an active trustee for 21 years and endowed with exceptional artistic talent, was for many years responsible for the pleasing decorations throughout the hospital. During this period when new construction and alterations were at the peak, Cheney Brothers loaned the hospital the
services of their chief engineer, Raymond W. Goslee. His knowledge of materials and modern methods of construction saved the hospital many hundreds of dollars.

Miss Jennie Wind, a skilled accountant, introduced the system of depreciation reserves into the bookkeeping of the Hospital and guided its budgeting for many years. During his long service Judge William J. Shea with his legal expertness, his insistence on the full authority of the trustees, and his commanding personality kept the Hospital free from legal complications.

But if, as the philosophers believe, an institution is the lengthened shadow of a man, surely that man was C. Elmore Watkins. Chairman of the committee which started the hospital, president of the Board of Trustees from 1919 to 1927, during the strenuous early years of the hospital’s existence, and again from 1943 to 1957, he always had the welfare of the Manchester Memorial uppermost in his thought. In its formative years he was at the hospital daily, and nightly, if occasion arose. Himself a staunch advocate of high standards in every area of human effort, he aided greatly in setting up and maintaining such standards for the hospital. As president emeritus, in 1970, he was able to look back over the fifty years whose completion was celebrated with this book. He might also, with the legendary founder of the city of Rome, have said “Quorum magna pars fui”, (In all these things I had a great part). But he was too modest to do this.

William E. Buckley,
A Brief History of Manchester Memorial Hospital 1919-1971
William E. Buckley's account of the first 50 years of Manchester Memorial Hospital leaves the reader with a keen perception of two very distinct themes running throughout that period. These were that Manchester Memorial Hospital is, first of all, a true community hospital, valued and served by dedicated individuals who have given years of effort to it; and, second, that it is a hospital whose doctors and staff chose to be aware and alert to significant changes in health care delivery and have been willing to stay on the cutting edge of their professions. As a result, the hospital's physical plant and structure have continued to evolve in response to changing program needs.

In addressing the wisdom and devotion shown to Manchester Memorial Hospital, it may be well to look first at the chief executives who have guided the hospital during these last 25 years; Edward M. Kenney, Warren Prelesnik and since 1988, Michael R. Gallacher. Special mention should also be made of George J. Roy, the Vice President of Finance who willingly stepped in to serve as Acting President during an especially tumultuous time in the hospital's history.

Throughout these eventful years, the hospital has been guided by a Board of Trustees who have been very aware of community needs and committed to seeing that comprehensive, compassionate care is available to all who may need it. The names of the Trustees, especially to those who know well the many communities served by Manchester Memorial Hospital, can be readily identified as the names of some of the most competent and caring citizens in their respective communities. Many of those names appear on the Trustee lists year after year — indicative of the genuine commitment to the hospital that exists among those individuals.

Interestingly, Chairpersons of the Board have previously served as chairpersons of the committees or campaign efforts charged with raising funds for the hospital. Fundraising to allow for the expansion of the hospital has required many hours of work on the part of many members of the hospital family: trustees, physicians, employees, volunteers and auxiliary.
Four significant contributors should be noted here. In 1995, the Development Fund was the recipient of a $1.867 million bequest from the estate of Jane H. Cary of Manchester, the single largest gift in the hospital's history. These funds have been designated by the donor to benefit the capital needs of the institution.

The previously largest gift is one that keeps on giving, a nearly $1 million perpetual trust established by the estate of Andrew H. Ferguson, in whose name the Administration building has been designated.

The United Technologies Corporation, long a loyal supporter and good neighbor to Manchester Memorial Hospital, has contributed nearly $1.5 million over the years. Their most recent gift, a $350,000 multi-year pledge in the mid-1980's, made possible the construction of the United Technologies Building, which houses many of the hospital’s mental health services.

A $350,000 gift from the H. Louise Ruddell Charitable Trust allowed the hospital to construct an auditorium named in Miss Ruddell's memory, which now serves as a focal point for the hospital’s community health education efforts. Ongoing support from the Ruddell Trust strengthens the hospital’s programs in oncology, cardiology and emergency medicine.

These major gifts are certainly evidence of individual and corporate support, as are the myriad gifts of all sizes from thousands of individuals and citizens each year.

Over the past 73 years, the Auxiliary of Manchester Memorial Hospital has been the right arm of hospital administration. In 1996, the Auxiliary contributed $60,000 to the hospital, bringing their total cumulative gifts to $2.6 million. The major sources of these funds have been the two Gift Shops — one in the main lobby of the hospital and the other in the Ambulatory Services Center — the Penny Saver Thrift Shop on Broad Street in Manchester and other worthy projects such as the Baby Photos Service and the Tree of Love. Through its annual gift, the Auxiliary has made possible such equipment as stretchers for the Emergency Department, cardiovascular monitoring systems,
fetal monitors and a warming bed for newborns, as well as such renovation projects as the Pediatrics unit and several hospice rooms.

The Auxiliary also supports the Hospital Volunteer Program. Some of the activities of the volunteers are service on the nursing units, as lobby receptionists, as patient representatives, in physical therapy as Junior Volunteers, the much loved “pinkies.” Many of those who in later life chose health care careers got their first experiences in the field at Manchester Memorial Hospital.

In fiscal year 1995, 773 volunteers contributed a total of 71,304 hours according to Edith Muse, President of the Auxiliary of Manchester Memorial Hospital 1995-96.

As is the case with the Trustees, the same names reoccur year after year in lists of the Auxilians and the Volunteers. Many members of the Auxiliary are doctor’s wives. Many others are busy with their own families and careers. Male members were welcomed in 1969. As of 1996, there were 695 members and, of those, 287 are life members.

It is in the field of health care innovation that the hospital has always been a leader. After pioneering Progressive Patient Care and “birthing rooms” in the first 50 years of its existence, the hospital has continued to explore new and better ways to deliver patient care, which has often included innovative developments in such essential support services as laundry, food and parking. In 1978, for example, a new laundry facility added automated capabilities. The new laundry was capable of handling laundry from other institutions and was a source of new revenue to the hospital. Since Manchester Memorial Hospital is a not-for-profit institution, any economies or additional revenue realized make possible investment elsewhere in the hospital, all for the benefit of patients served.

It was realized by the late 1980’s that the parking situation for employees was creating difficulties and a new multi-leveled parking garage opened in 1990. This facility was notable for its brick facade, which allows the structure to attractively blend in with the rest of the hospital and the neighborhood.
In 1982, an informal appraisal by the Hartford Courant of the food served to hospital patients in the greater Hartford area gave Manchester Memorial Hospital a three and one-half star rating (the highest in the survey). Manchester Memorial has long been known for the excellence of its food offerings. A long standing tradition of "lobster night" is something many patients still look forward to. The recognition that good meals add immeasurably to the patient’s recovery is typical of the care and concern exemplified at Manchester Memorial.

Knowing that indeed "man does not live by bread alone," the hospital in 1976 added to its staff a paid chaplain to provide for the spiritual needs of patients and their families. The Hospital was later given a charter by The United Church of Christ as a parish. A Roman Catholic chaplaincy program was added as well.

In 1974, the first of many weddings took place in the hospital chapel. This non-denominational shelter for quiet prayer and meditation has meant more to patients and families than can ever be recorded.

In 1978, as the hospital continued to receive nationwide attention for its forward-thinking services, it became world famous for another reason: a popular film, Promises in the Dark, was filmed partly on location at Manchester Memorial Hospital with stars Marsha Mason and Michael Brandon.

But the Manchester Memorial Hospital of the 1970's had also become aware of physical plant changes that would be necessary to meet new program needs. The Trustees and the administration had begun to do serious long range planning to meet and anticipate the community’s needs. A major construction and renovation project culminated in the early 1970's with the construction of a new Operating Suite, Intensive Care Unit, Coronary Unit, Special Care Unit, X-Ray Department, Pharmacy, Physical Therapy Department and the Sterile Processing Department. The second stage included expanding the emergency
Department and the Laboratory and renovating the North wing and the Rehabilitation unit. Phase I was concluded with the construction of the new laundry facilities. The second phase would come nearly a decade later with Prescription '84.

One example of how the hospital adapted existing facilities to meet changing needs can be found in the Miller Building named after a past chairman of the Board, Jacob F. Miller. Opened in 1965 as a 14-bed self-care unit for patients needing the least amount of care, it became affectionately known as "the motel." As the Progressive Patient Care concept expanded to "care beyond the walls of the Hospital," such an inpatient unit was no longer needed. But the building continued to serve new needs. In 1992 the Miller Building had become the location for the "All About Women: The Center for Women's Health and Development at Manchester Memorial Hospital" and for the hospital's community health education efforts. For a time, it even housed a Day Care Center for employee's children.

In 1969, Manchester Memorial Hospital opened some of the first home-like birthing rooms in a community hospital setting thanks to the advocacy and determination of Dr. Philip Sumner, who was among the first American doctors to study the Lamaze method of childbirth in France. The goal of this pioneering effort was to create a birthing program that is both emotionally fulfilling and medically secure. To quote from a hospital publication, Manchester Memorial Hospital "recognizes that childbirth is a joyous, creative, human, family event and not a pathological, medical or surgical event. It also recognizes that sudden emergencies can arise for both mother and infant and that hospital based births are mandatory for maximum safety."

Continuing over the years to reinforce the idea that having a baby is a natural and beautiful thing, the Family Birthing Center expanded to its comfortable new location in 1982. Cesarean deliveries were now able to be performed in the Birthing Center itself instead of in the Operating Room as in the past. The new Nursery section allows for maximum visibility.
tion Room where mothers can be taught bathing and feeding techniques was added as was the Sibling Visitation Room.

By 1970, the hospital enjoyed a capacity of 303 beds. In the early 70's, a story which may be apocryphal, but could very well be true, told of emergency ambulances radioing to area hospitals to know where they could take patients because it was not unknown that hospitals were operating at 98% capacity. Manchester Memorial was one that often reached a very high capacity use. Changes to the health care delivery system resulted in this hospital realigning its use of beds so that by 1995 the number of licensed beds could be safely reduced to 249, while still meeting the community's health care needs.

The need to serve an aging and sicker patient population, the need for expanded emergency services, the need for selective services in walk-in centers, a growing demand for "beyond the walls" services to be available in the patient's own home, all made long range planning absolutely vital and fraught with some peril. Hospital administration and the Board of Trustees responded admirably. Prescription '84 would make many such changes possible and position the hospital advantageously for the dramatic changes in health care in the 1990's.

With a dramatic influx of residents into the East-of-the-River area in the late 1960's and early 1970's, the Emergency Department experienced a noticeable increase in patients. At the same time emergency rooms across the country began to be used for many services by patients who did not have a primary care physician. As a result, the Emergency Department underwent significant expansion in 1971. By 1985, in response to the demand for emergency services, a new service, PromptCare, a walk-in medical center, was opened. It was one of Connecticut's few walk-in medical centers located in a hospital setting. Located adjacent to the Hospital Emergency Department, PromptCare provides immediate, affordable treatment of minor illnesses and injuries.

As the 80's approached, it was evident that the plans for the Phase II expansion effort could no longer be postponed. Thus, Prescription '84 was launched, the largest building project ever undertaken in the hospital's his-
tory. When completed it would bring all hospital buildings into compliance with all local and federal life safety codes and alleviate crowded conditions in such departments as Emergency, Cardiology, Ultra Sound and Laboratory. All mental health services previously scattered throughout the Hospital would be consolidated into a single new facility. A new Family Birthing Center would be constructed along with new facilities for Pediatrics, Admitting, Short Term Stay and Home Care.

In all the planning, however, it was not forgotten that Manchester Memorial Hospital is the Town’s official memorial to the veterans of World War I.

When it became necessary to eliminate the original 1919 building, memorial plaques listing the names of Manchester’s veterans of World War I were carefully relocated to the new Lobby. Trees planted in honor of World War I veterans had to be taken down to make room for the new entrance. Wood from these trees was made into the rich paneling used on some Lobby walls. The Memorial Stone listing the names of the Manchester veterans who lost their lives in the Great War was moved to the new front lawn and the marble sign bearing the name of Manchester Memorial Hospital that adorned the main entrance of the 1919 building was landscaped into the new front lawn.

On Sunday, November 11, 1984, as the Town gathered for its annual Veterans Day observance at the front of the hospital, the new Administration Building was dedicated, signalling that Prescription ’84 had been achieved.

One aspect of this expansion in which the hospital could take great pride was the Mental Health Wing. April 4, 1982 saw the dedication of the United Technologies Building which housed the Mental Health Unit. Manchester Memorial Hospital, with the help of a major gift from United Technologies Corporation, was able to consolidate its mental health services into a single facility. Manchester Memorial Hospital had traditionally made the most sig-
nificant commitment to mental health of almost any community hospital in Connecticut. In time this commitment led to the addition of mental health services to adolescents including both inpatient and outpatient adolescent programs, as well as a Community Crisis Center and vocational rehabilitation programs.

As the Board, physicians and administration moved through the second half of the 1980’s, they realized that outpatient treatment was moving to the forefront of patient care. More and more advances in medical treatment and technology allowed for shorter stays, even one day stays or less. The need for a special setting for these ambulatory services resulted in the building of the Ambulatory Services Center, designed to meet the needs of the community for comprehensive, convenient and easily accessible outpatient services. In the Spring of 1994, the new Ambulatory Services Center opened.

In the last twenty-five years, as in its earlier days, Manchester Memorial Hospital has been ever alert to changes in the health care delivery system and has responded to these changes in a timely fashion. In the 1980’s, the changes began to be so dramatic that new types of organizational structure were required.

In 1985, the Manchester Memorial Hospital Board of Incorporators voted to reorganize as the MMH Corp., which became the corporate parent of Manchester Memorial Hospital, the Manchester Memorial Hospital Development Fund, Inc., Manchester Health Care (which became the parent of the Visiting Nurse and Home Care of Manchester, Inc. in 1986) and Haynes Street Enterprises. This structure allowed the Board to respond more appropriately to changes in health care reimbursement and made possible such affiliations as the one with the VNA.

As the 1990’s arrived, a new national trend in health care delivery was observed. Managed care was putting incredible financial pressures on hospitals, pushing toward a significant shift in philosophy. The emphasis in the future would now be on prevention; more emphasis would be placed on the maintaining of health and wellness of whole populations. Not only did this
mean promoting healthy behavior in the community. It also meant coordinat-
ing programs and services across an entire continuum of care that included
not just inpatient hospitalization, but extended care and home care as well.

Thus, Manchester Memorial Hospital began to explore new and efficient
modes of delivery. This resulted in the parent corporations of two area hospi-
tals, Manchester Memorial and Rockville General, merging to create the East-
ern Connecticut Health Network, Inc. in September of 1995. The Vision State-
ment for the new network incorporates the key elements that have always
guided Manchester Memorial Hospital:

"The Eastern Connecticut Health Network, Inc. will focus on the cre-
ation of an integrated delivery system providing a continuum of enhanced health
care services of superior quality for the benefit of the community served. In
order to be successful in a managed care environment, Eastern Connecticut
Health Network will coordinate programs and services that focus on the qual-
ity of life and health status for a defined population, and provide for effective
management of resources."

"This system will consist of multiple providers geographically positioned
to provide expanded access for the population served. Because of a rapidly evol-
ving marketplace, the system must be a flexible and adaptable organization that
can respond quickly to changing markets and payer expectations. Together
these providers will offer a seamless continuum of comprehensive services,
including inpatient, outpatient, long-term care, subacute care services, behav-
ioral health, home care, prevention and community wellness, among others. A
key priority of this integrated system will be an alignment of hospitals and
physicians that can achieve improved competitiveness in managed care and
enter into arrangements in which each shares in the risks and rewards."

Before closing this brief history, one other aspect of Manchester Memorial’s
many roles in the community needs to be mentioned: Education. Education of
future health care professionals has been referred to in the work of the Auxil-
iary and the Junior Volunteers. In addition, the hospital has had several formal
programs of its own. The School of Radiologic Technology has been a long standing accredited program conducted by the hospital for 30 years, and now is affiliated with Middlesex Community Technical College.

An intern program, no longer at the hospital because of the costs associated with it, trained many fine doctors coming from all over the world. From 1963-1975, under the supervision of Martin Duke, M.D., the hospital provided a training ground for one-year internships that advanced the medical education of six interns each year.

These interns came from such countries as Korea, Thailand, the Philippines, India, Yugoslavia, Ireland, Venezuela, Mexico and Argentina, to mention a few. The training received at Manchester Memorial Hospital benefited the health care of the citizens of those countries. But there were also benefits to the Manchester Memorial Hospital community, in that some of the best of the interns elected to stay and set up practice here. In addition, a further benefit occurred to Manchester Memorial Hospital in a more subtle way. The entire staff became a teaching unit and gained knowledge themselves as they shared their expertise with these doctors from around the world.

HealthSource, the hospital’s Community Health Education Department, is a further educational service offered by the hospital, providing a variety of preventive educational and health screenings for the community. Multiple support groups also offer significant and ongoing assistance to those facing chronic illness and those who care for them.

A major service of Manchester Memorial Hospital to Manchester has been its participation in the development of, and in providing continuing field support for, the Town’s Emergency Medical System. Under the direction of Robert Butterfield, M.D., who directed MMH’s Emergency Department in the late 1970’s and early 1980’s, community-wide committees were formed at that time with representatives from the Police Department, the two Fire Departments in town, the Manchester Health Department, the local Ambulance Service and others to explore the creation of a town-wide emergency medical ser-
vice. Manchester Memorial Hospital, through the Emergency Department, provides year-round in-service education to members of the local service, as well as to EMS professionals statewide. Two-way radio communication enables teams to be in contact with the Emergency Department, allowing MMH's emergency staff to have considerable information about the patient prior to arrival. Community support for this service was shown by the overwhelming majority of Town residents who approved a referendum for this program in the early 1980's.

The 1990's have seen the hospital reach out into its community even further. CorpCare, an occupational medicine service that provides urgent care, rehabilitative and screening programs for nearly 400 local businesses, brings hospital expertise and capabilities into the corporate setting. A Family Resource and Support Center, located at the Washington School in Manchester, provides multi-generational support and educational services to families in need. Two School-Based Health Centers, located in the East Hartford High and Middle Schools, bring essential physical and mental health services to medically-underserved youth. In that same community, the hospital has placed a physician in order to meet a growing need for primary care in the East Hartford community.

Now in its new partnerships through Eastern Connecticut Health Network, Inc., the hospital is participating in a community-needs assessment of all the localities served by ECHN to enable the entire system to plan ahead for the area's changing health care needs.

To sum up this continuation of a Brief History of Manchester Memorial Hospital for its 75th year, a publication about the Mental Health Service says it best:

"Manchester Memorial Hospital: Caring for the Community. A private, not-for-profit 249-bed community hospital, Manchester Memorial has provided high quality care for nearly eight decades. It is a part of Eastern Con-
necticut Health Network, Inc., which includes a nearby community hospital, Rockville General, a visiting nurse agency and a nursing home.”

“The hospital is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations, serves as a clinical training site for numerous health care professions and has participated in several international research trials.

“As a full-service, acute care facility, Manchester Memorial Hospital provides a wide range of services and programs. An impressive on-site community health education program reaches 10,000 residents a year through over 100 classes and support groups each semester. Medical and surgical specialty services include women and pediatric care, oncology, pain management, cardiac, physical, and pulmonary rehabilitation programs and diabetes teaching. These services are supported by 24 hour emergency services and extensive outpatient diagnostic and surgical services.”

This brief history of the last 25 years at Manchester Memorial Hospital has only touched on some of the more obvious developments of the hospital. It has, in no way, been able to convey the continuous drama of life and death that occurs there every day.

For the many fine doctors nurses and other health care professionals, the very able administration, the engineering and environmental services staff, the dietary and food service workers, those who offer emotional and spiritual consolation, the many selfless volunteers, the untiring Auxilians, the conscientious and skilled Trustees, committee volunteers, and all the community supporters — those individuals who all truly constitute the hospital “family” — may the next 25 years see the compassion and caring continue and may Manchester Memorial Hospital’s hundredth anniversary find it an institution continuing, perhaps in new ways, to echo the purposes and concerns of its founders.

ELEANOR D. COLTMAN,
A BRIEF HISTORY OF MANCHESTER MEMORIAL HOSPITAL 1971-1996
MANCHESTER MEMORIAL HOSPITAL

PRESIDENTS/CHAIRMEN OF BOARD OF TRUSTEES

1919 - 1927:  C. Elmore Watkins
1927 - 1930:  W.W. Robertson
1930 - 1938:  Charles W. Holman
1938 - 1943:  William S. Hyde
1943 - 1957:  C. Elmore Watkins
1957 - 1961:  Elmer A. Weden
1961 - 1974:  Jacob F. Miller
1974 - 1982:  Robert H. Smith
1982 - 1985:  Jack R. Hunter
1993 - :  John A. DeQuattro