AN ENDURING BOND:
EMERSON HOSPITAL AND THE COMMUNITY IT SERVES

100 YEARS OF CARING
Early in the century, the town of Concord had just a few thousand people and about 1,200 cows. In the good weather, people took their canoes onto the Concord or Sudbury River and enjoyed picnics in the meadows. For those who lived on one of the many family farms, “going into town”—that is, to the Milldam in Concord Center—was a big event.

The twentieth century ushered in constant change. Indeed, the nature of medical practice was changing. Fewer doctors trekked from house to house to care for their patients; hospitals became the focal point of medical education and medical practice. In those days, the 15-mile distance to Boston was long. Concord and the surrounding towns were in need of a hospital. By 1911, they had one.

Above, left to right: With 14 beds and featuring French doors, the Concord Deaconess Hospital was considered “as complete a cottage hospital as can be found.” Charles Emerson, founder of Emerson Hospital, in his Civil War uniform. The electric streetcar was a popular means of transportation.
Concord Man Treated at New Hospital

Elmer James, a farmhand who works at Wheeler Farm in Concord, was brought by carriage to Concord Deaconess Hospital, where he was treated for life-threatening injuries sustained when he was operating equipment in a distant meadow. One of the other workers went in search of Mr. James, who was using a thresher at the time. By the time he was discovered, he was in great pain and had lost much blood.

Henry Wheeler and his wife made every effort to stem the bleeding by tying rags around the man’s thigh, where he had been seriously cut. They loaded him into a carriage for the trip to the hospital, which took about 20 minutes. Once there, Mr. James, who was unconscious at that point, was carried into the hospital by a doctor and two nurses, who wasted no time in tending to him.

He will convalesce there for the next week, until his wound begins to heal, and his strength returns.
As was true of many hospitals established during earlier times, the origins of Emerson Hospital resulted from a generous gift made by a community member. The news of that gift reverberated from Boston to Concord.

An article in the January 1911 New England Deaconess Journal made the announcement. It noted that members of the New England Deaconess Association—an organization inspired by the Methodist movement that originated in Germany—“are rejoicing in a fresh manifestation of God’s favor and approval of their work. A generous and unexpected gift has recently come to them from a gentleman who wished his name withheld. . . .”

The unexpected gift—80 acres of land along the Sudbury River in Concord and $20,000—was made by Charles Emerson, a Concord resident and nephew of the respected writer and Transcendentalist, Ralph Waldo Emerson. The money would be used to erect a small, but finely equipped, Deaconess Hospital.

Less than a month before making the gift, Mr. Emerson’s wife, Theresia, had died. The couple sought treatment for her medical condition at the Deaconess Hospital in Boston and were impressed with the compassionate care she received. In making the gift of land and money, Mr. Emerson was carrying out his wife’s last wishes—that what the couple had experienced at the Boston hospital might be replicated in scenic Concord.

The association began construction of the hospital on a campus that was dotted with farm buildings and vegetable gardens and home to a variety of animals, including chickens, pigs, sheep and cows. When the 14-bed Concord Deaconess Hospital was dedicated on November 12, 1911, it was described as being “as complete a cottage hospital as can be found.” All of the hospital’s patient rooms faced south and had French doors so that beds could be rolled onto the “airing platform.”

In her report about the opening day festivities, Lucy Robinson, the new hospital’s superintendent, estimated that “at least 2,500 of the people of Concord and surrounding towns were received and manifested interest in every detail of the hospital.” The Concord Enterprise added its enthusiasm: “A munificent gift indeed, and one which cannot be too highly prized . . . by the people of Concord and its environs, who will have the benefit of having an institution of such worth in its midst.”

A hospital in the quiet of the open country

The hospital initially was staffed by Miss Robinson and Lillian Williams, who served as head nurse. They were assisted by student nurses who came from the Deaconess Hospital in Boston. All of the nursing staff lived on-site. Mr. Emerson donated a boat, named The Emerson, to the nurses so that they would enjoy the beautiful countryside when not at work.

The Concord setting was considered to be a blessing to patients. “Our situation on a pine grove knoll, in the quiet of the open country with the beautiful outlook from the spacious balcony, the sunny exposure of wards through the broad, low windows are all God-given means to the noble end—healing of body and soul,” wrote Miss Robinson in her 1912 report to the New England Deaconess Association.

By the end of the first year of operation, 262 patients had been treated, and 24 babies had been born at the hospital. The maternity department was opened three months after the rest of the hospital; the first baby was born on February 29, 1912. One of those first-year babies was Francis Leahy, who wrote a letter about how her mother described the day she was born. “I was born on July 6, 1912—the only baby in the hospital and the 23rd one,” wrote Ms. Leahy. “The nurses took me around in a basket to show off their star boarder. I was born on a Saturday at 5:45 pm; the temperature was 103 degrees, and I was ten days overdue.”

In 1914, the cost of receiving care in a patient ward was $1.50 per day; a private room cost $2.50 per day. The hospital already was having problems retaining nursing staff; an arrangement was made to have nurses from the
Deaconess Hospital in Boston stay at the Concord hospital for three-month periods. The nurses were much appreciated by community residents, who gave them gifts of fruit, flowers, jellies and candies, especially at Thanksgiving and Christmas.

By 1915, the hospital experienced the first of many periods of overcrowding. The situation was soon relieved when the hospital undertook its first expansion. Thanks to a generous gift from Harvey Wheeler, a Concord resident, an annex was built. The Wheeler Annex, which opened in 1916, contained sleeping quarters for the nurses, eight private rooms and airing balconies.

The year-end summary reported that the hospital had cared for 300 patients in 1916; 23 of those patients had been charitable cases who received free care thanks to various private and town funds specified to support those in need. The spirit of Charles Emerson, whose portrait was prominently displayed at the hospital, remained strong.

However, the hospital’s first appeal for public financial support was not successful. As was described in a document prepared and distributed by Hospital Committee members Mary C. Coolidge, Ellen T. Emerson and Theodore Chamberlin in 1918, the hospital had been running at a deficit for two years and was now $4,000 in debt. A chart exhibited patient activity—admissions, births and deaths—as well as receipts, donations and the balance for each year from 1911 through 1917.

“We feel that the hospital’s record shows that the hospital is needed here and that it has in large measure supplied that need,” wrote the committee members. “It is probable, however, that it cannot be self-supporting in the future . . . unless an endowment is given.” The response to the hospital’s first fundraising appeal was less than enthusiastic, and the annual deficits continued.

The 1920s: Young Hospital Faces a Crisis

As the new decade arrived, Concord Deaconess Hospital was well-established and growing. In 1918, hospital staff cared for 459 patients; by 1925, the number would increase to 720. Hospital care was fairly basic, and most physicians were general practitioners who cared for all members of a family, from birth through death. However, significant scientific discoveries were being made. Insulin was discovered in 1922; penicillin had been discovered, but it would be another 20 years before it was approved for use in patients.

By 1922, the young hospital faced its first major challenge: a crisis in the form of a $28,000 operating deficit. The situation partly stemmed from a nursing shortage. The Deaconess nurses, who since the hospital’s earliest days had served out of a sense of religious duty, without pay, left to work at other institutions. The hospital needed to hire several nurses—and pay them.

The New England Deaconess Association soon decided that the Concord community had the wherewithal to maintain and support the hospital on its own; the association’s charitable resources were in demand and needed elsewhere. Eight days after the association’s board voted to close the hospital, The Concord Enterprise announced the transfer of Concord Deaconess Hospital to a Board of Trustees comprised of Concord citizens. The Emerson Hospital Association was officially organized on June 7, 1924 “for the purpose of maintaining the hospital to serve Concord and the surrounding towns.”

The financial crisis was real; the hospital was scheduled to close on October 15. The newspaper headlines, intended to rally the community, were dramatic: “Consternation! Awake, men and women of Concord! Again there is need of prompt action!”

A meeting was quickly scheduled for October 12 at Concord Town Hall. A flyer entitled “Does nobody care?” urged citizens to attend the meeting and made an emotional
plea for broad community support. It noted that Concord Deaconess was “the only hospital between Clinton and Waltham. . . . Is this nothing to us?” The flyer vividly described the state of operations within the cottage hospital: “Today there is not a pound of coal in the bins for heat, and no money to pay the nurses. Can nothing be done?”

Pledge cards were distributed at the well-attended meeting, and the Emerson Hospital Aid Society was quickly organized. The group undertook house-to-house canvassing, fueled by the need to raise more than $50,000—toward a sustaining fund of $150,000—in order to establish Emerson Hospital in Concord. It was a highly organized effort, with each town forming its own local campaign committee. For example, Concord was divided into districts, each with a lieutenant in charge of reporting daily fundraising totals, which were posted in Concord square.

Fundraising success on behalf of the “new” hospital

The fundraising drive was successful; by the time Emerson Hospital in Concord opened—after briefly closing—in November 1924, $90,000 had been raised. Community members who could not afford a cash donation provided canned foods. While the hospital underwent extensive repairs, the new superintendent arrived. Stella Orr received her training in Montreal and had recently served as assistant superintendent at Waltham Hospital. The Aid Society welcomed Miss Orr with a reception where tea was served by Mrs. Hans Miller, Mrs. Granville Holden and Mrs. Michael Mullaney.

Once the hospital doors were again opened, The Concord Enterprise provided regular reports on the “new” hospital’s progress. An article that appeared in December noted that “Requests have come from two towns for a schoolchildren’s adenoid and tonsil clinic, to be held as soon as the necessary arrangements can be completed.”

Technology marched on: the hospital purchased its first x-ray machine in 1925. Three years later, a clinical laboratory opened. Some members of the medical staff considered the lab to be an unnecessary expenditure, but it conferred grade “A” status on the hospital by the American College of Surgeons.

Despite such medical progress, Emerson, at this point in time, was primarily a convalescent hospital—a place dedicated to providing sympathetic care. That care was provided by nurses, and the hospital’s nurses needed a home on site. As a result of overcrowding from increasing numbers of patients, some nurses were forced to find lodging in local homes—something that was difficult on them due to the required travel and inefficient relative to hospital operations.

In 1925, a fundraising initiative was planned for the purpose of erecting a suitable nurses’ home. Fortunately, a former barn at nearby Brown Farm was available. The building, which had become part of the Concord Country Club but was no longer needed, was purchased for $1,500 and moved at a cost of $1,000. It was extensively renovated to accommodate the hospital’s growing nursing staff, and area residents donated furnishings. The two-story building, which came to be known as the White House, still stands to the left of the hospital’s main entrance.

In May 1927, the hospital held an opening party to celebrate the new nurses’ home, which had sleeping quarters for 35—graduate nurses and trainees, as well as private-duty nurses. The Aid Society, which would be renamed the Emerson Hospital Auxiliary in 20 years, had launched an Annual Appeal that featured printed subscription cards. Community members were reminded that the hospital did not collect sufficient funds to cover the cost of the services it provided and at times cared for those who lived outside its service area. In 1926, there were 600 Annual Appeal subscribers; the Aid Society’s goal was 1,800.

In 1929, Edna Price arrived and took over as the hospital’s superintendent. For the next 17 years, she devoted her life to Emerson Hospital in Concord, where there were now 47 beds, 15 physicians on staff, a graduate nurse on each floor assisted by nursing students, a “general man” who cared for the building and grounds, and a team of volunteers who completed a range of tasks, from gardening to mending linens.

Miss Price would need all the help she could marshal. On October 29, 1929, also known as Black Tuesday, the stock market crashed, setting off the Great Depression.
The Great Depression had an impact on all areas of life in the U.S. Unemployment rose to a staggering 25 percent while everything else declined, including personal income, tax revenues, profits and prices. Throughout the 1930s, Emerson struggled to continue providing services in the face of necessary cutbacks.

The severe economic depression had an immediate impact on the hospital, which had only 15 physicians on staff, mostly general practitioners. Staffing was affected by the Depression; Emerson's nurses were required to take an unpaid, one-month leave of absence. The number of student nurses who came to Emerson, for training and to assist with care, was reduced.

For many area residents, the cost of hospital care was too much. In 1930, a hospital stay at Emerson cost $3.50 per day, and the charge for delivery of a baby was $10. Those prices were out of reach for some patients and families.

The hospital again turned to the community for help, and help was there. But with so many community residents out of work, the number of Aid Society members and donors plummeted from 577 in 1928 to 266 in 1933. Although donations fell off, the enthusiastic volunteer effort increased. Throughout the decade, volunteers maintained Emerson's grounds, painted hospital walls and even formed a linen committee whose members mended sheets and baby blankets. Others solicited farm produce, jams and preserves for use at the hospital and collected used clothing and household items for regular rummage sales, which became a major fundraising endeavor.

A sun parlor, wicker furniture and a new radio
Emerson did manage to make some facility improvements during this difficult time. In 1931, a two-story addition to the original annex was constructed and opened with great fanfare on May 12, which was National Hospital Day. Along with a new laboratory, it included a sun parlor decorated with wicker furniture and featuring a new radio for the listening pleasure of patients.

That sun parlor became a distinctive feature, notes Leslie Luppold, RN, who came to Emerson as a nurse's aide in the 1950s. “There was always the philosophy at Emerson of bringing the outside into the hospital,” says Ms. Luppold, who held a variety of positions in the hospital administration, including senior vice president. “As the hospital grew, that sun porch became a four-bed room.”

Despite the Depression, Emerson's clinical services experienced growth. The hospital’s 1934 Annual Report indicates that 1,161 patients were admitted, 155 infants were delivered and 432 operations were performed. Also, 410 x-rays were taken, and 2,051 lab tests were requested.

By 1934, Aid Society membership was up to an all-time high of 900 members. Minutes from the hospital’s annual meeting that year acknowledged Emerson's need for a commitment from area residents. “The hospital is dependent upon the support of the whole community which it serves,” it read, “and must ask each year, through the hospital Aid Society, for help from everyone who can contribute. . . . A hospital, like any other organization, cannot stand still. It must improve each year or it must slip backward.”

Basic facility repairs and upgrades were constantly required. During the early 1930s, they included soundproofing for labor and delivery, insulation for the sun porches and building a waiting room for new patients and visitors. Members of the Aid Society did what they could to close the hospital's funding gap. The funds they raised also paid for social events for the nurses and holiday decorations for patient meal trays.
The Clough name is associated with two of Emerson's most important clinical areas: the surgical center and birthing center. Chuck and Gloria Clough have given generously—not only through major gifts, but also their time and their energy. Each has served on the Board of Directors; Mrs. Clough also is currently chair of the Emerson Health Care Foundation board.

The couple, who moved to Concord in 1968, has a deep appreciation for Emerson Hospital. Several family members, including their children—and recently, their grandchildren—have received care at the hospital. For Mrs. Clough, the connection began when she served as the hospital's first chaplain, a role she held from 1991 to 1995. “My husband is a Catholic deacon,” she explains. “While he was finishing his seminary work, I decided to start at Weston Jesuit School of Theology. I took one class and loved it.”

Mrs. Clough, who is a nurse, understands the role of spirituality in health care. “A spiritual presence at the bedside can be very important,” she says. “Research has shown that prayer can play a powerful role in healing, as well as in death and dying.”

People often asked how she could handle such difficult work. “You learn to let go,” Mrs. Clough says. “But sometimes it was hard. One day, we lost a 16-year-old girl who was my daughter’s age; I had a hard time with that. Overall, it was very satisfying work.”

It was work that drew Mrs. Clough deeply into the life of the hospital, and she came to respect its nurses. “The nurses at Emerson are so knowledgeable and professional,” she says. “What a difference it makes to have a community hospital where the nurses can be one-on-one with patients. You never feel like you’re ‘a number’ at Emerson.”

In making the gifts that named the Clough Surgical Center and the Clough Birthing Center, the couple wasn’t seeking the spotlight. “We’ve tended to give anonymously, but we understand that it’s better to set an example and perhaps motivate others to give,” says Mrs. Clough. “We’ve had people come up and thank us for ‘that beautiful surgical center,’ which is nice. We also felt it was important for people to have a beautiful place, close to home, where they can have a baby.”

As someone who has cared for patients herself, Mrs. Clough understands what motivated Charles Emerson to make the gift 100 years ago that established the hospital. “It was about compassion,” she says. “That is why people want Emerson to thrive. It’s more than the fact that we need a hospital close by. You feel comfortable at Emerson because you know the kind of care you’re going to receive.”

Route 2 comes to Concord

Travel to and from the hospital wasn’t easy in the days before Route 2. “We didn’t have a car, so when my sister climbed out of her crib and broke her arm, my father carried her to the hospital,” recalls Pearl Cullinane, an Emerson volunteer who was born at the hospital in 1924. “I think it took him 45 minutes to get there.”

But in 1934, Route 2 was extended from Cambridge, past Emerson to the Concord Reformatory. This development reflected the fact that the population was growing, and it made it far easier for people to reach Emerson. The state paid the hospital $6,500 for the land and farm buildings needed to undertake the work.
After Pearl Harbor was attacked in 1941, Emerson soon felt the impact on its operations. Once the U.S. entered the war, six Emerson physicians departed to join the armed services. Women also joined the war effort, so there was a shortage of nurses and housekeepers at Emerson. The hospital had only a skeleton crew on hand in 1942, but still managed to send three nurses to assist Boston hospitals with the care of victims of the Cocoanut Grove fire, which occurred that year.

The hospital was forced to make adjustments. Area nurses were lured out of retirement by the offer that they could work shorter shifts—eight hours instead of the usual twelve. That same year, Emerson established a School for Nurses’ Aides, which was operated under the direction of the Red Cross.

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When the war ended in 1945, Emerson had 37 beds and 18 bassinets, 14 active medical staff members and 23 consulting physicians. A firm was retained in order to survey hospital staff and the greater community, which was described in the report as “a region of rural residential and farming communities.” Obstetric patients already comprised about one-third of the hospital’s patient population, and the region was destined to grow. The report included the recommendation that Emerson enlarge its obstetrical

The 1940s:

THE WAR YEARS AND BEYOND

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The 1950s: A Decade of Immense Growth

During the prosperous post-war years, new industries were sprouting up, and the population was growing. Emerson's service area would grow from 43,000 to 72,000 residents during the coming decade. The first order of business in 1950 was to plan for the construction of the new West Wing, which would house two new operating rooms, a nursery, additional patient rooms, accident room, new kitchen and staff cafeteria.

When the East Wing was completed, Emerson's bed count had increased to 60.

Behind the scenes, the hospital needed a modern, fully equipped pharmacy and because linens were traveling all the way to Maynard to be washed, an on-site laundry.

The consultants proposed a plan, which would occur in phases, to build two new wings—east and west—and to remodel the main building and annex. During the war, construction projects had been limited in order to assure that essential materials were available for the war effort. Emerson staff had not made a major improvement to the facility in many years. With patient care activity continuing to increase, and the number of communities served by Emerson rising to 12, it was time to act.

Elmina Snow arrives, and construction begins

In 1946, Elmina "Pat" Snow arrived as hospital administrator knowing that Emerson's facility had been officially deemed outdated. During her 23-year tenure, she would oversee four major building projects and the development of numerous clinical programs. When she left Emerson in 1969, the hospital was much more than the cottage she found on her arrival; it was a 221-bed acute care community hospital.

Like her predecessor, Edna Price, Miss Snow also was from Nova Scotia and lived in Charles Emerson's former house. She is remembered for much more than her ability to help direct the transformation of the Emerson campus while also keeping the operations going. She was a truly memorable individual—and not just because of the longevity of her service or that she knitted during medical staff meetings. Those who knew her say that she was skilled at holding the hospital together through difficult times and in the face of tumultuous change.

The total cost of constructing the east and west wings and renovating other areas originally was estimated to be $465,000. Again, the Aid Society went to work by launching a fund drive where 300 volunteers sought donations throughout the 12 towns. More than 7,000 area families and 200 businesses responded by donating more than $400,000 in support of the expansion.

In 1949, after delays, despite spiraling costs and, fortunately, after the passage of federal legislation that provided grants to rural hospitals, construction of the East Wing began. It would include the badly needed obstetrical unit and two operating rooms. By then, the hospital had established a pediatrics unit on an “as needed” basis. The new wing would also include a four-bed unit for children.

As the decade closed, two important name changes occurred. The hospital, until then officially known as Emerson Hospital in Concord, simplified its name to Emerson Hospital. Also, the trusty Aid Society became the Emerson Hospital Auxiliary, adopted new bylaws and was separated from the hospital’s volunteer department. In the coming years, both groups grew and found new ways to support the hospital.
Nursing staff were expected to cover many bases. “There were no respiratory therapists,” wrote Betty Wilson, who joined the nursing staff in 1954, in an essay, “so all treatments were done by the nurses. We made croup tents from blankets, which we saturated to provide patients with moisture. There was no ICU, so critically ill patients were attended by private-duty nurses.”

Mrs. Wilson, who was paid $1.50 per hour, was assigned primarily to labor and delivery. “During that time, there were no obstetricians available,” she wrote. “All the physicians were GPs—general practitioners—and were classified by A, B, C or D, depending on their skills as to the type of delivery they could perform. . . . We frequently had to deliver babies out in the driveway, in a car or in an elevator since many people traveled long distances and didn’t make it to the delivery room.”

Anesthesia was rudimentary. A woman in labor received anesthesia via the drop method, where a liquid agent, such as ether, was dripped onto a cloth or mask and held over her face. “We were very pleased when an anesthesiologist came and was able to give real anesthesia,” Mrs. Wilson wrote. “My husband was more than delighted when I didn’t go home at night with the odor of ether on me.”

Elsie Hancock lived in the White House, adjacent to Emerson’s main entrance, during her student nursing days. “We were two to a room, and we had a strict curfew,” recalls Mrs. Hancock. “Each night at 10:00, the circle in front of the White House would be filled with the cars of boyfriends who were dropping us off. Miss Bowman, our house mother, would be at the door.”

Relationships are forged with Boston hospitals

As medical specialists began joining the staff, fewer patients needed to be transferred to other hospitals. However, Emerson began developing close and productive ties with certain Boston hospitals. “Many of our patients had cardiac disease, and an excellent cardiac care program was in place with the Massachusetts General Hospital, our primary in-town hospital,” explains Gordon Winchell, MD, an internist who joined Emerson in 1954. The relationship with Mass General deepened over the years. Simultaneously, diagnosis and treatment of cardiac conditions improved. The hospital’s cardiopulmonary lab opened in 1957 and featured an electrocardiograph; 422 electrocardiograms were performed during the first year.

The Emerson Hospital Auxiliary, formerly the Aid Society and now separate from the hospital’s volunteer program, branched out during the 1950s by establishing new chapters in various towns. By 1956, auxiliary membership reached 800, and auxiliaries became more visible at the hospital and in the community. A volunteer receptionist was stationed at the front desk in the lobby in order to help visitors. Others were busy in central supply, linen distribution and at the book cart and art cart. Puppet-making continued as a popular, ongoing activity that benefited countless pediatric patients.

By 1956, plans for further facility expansion had begun. The two-story West Wing would allow the hospital to add 27 medical-surgical beds, as well as a new laboratory. The new physical therapy department, which opened in 1959 under the direction of Virginia Mutty, provided both inpatient and outpatient treatments. The facility featured parallel bars, a whirlpool, massage and use of infrared light.

The new blood bank made local news quickly in 1959, when the hospital conducted the first replacement transfusion on a newborn. Babies no longer needed to be transferred to other hospitals for care.
A decade when everything doubled

Indeed, the West Wing opened just in time. During the 1950s, everything doubled, including admissions, births, surgeries and x-rays. The number of lab tests quadrupled. More than 500 area residents attended the opening festivities, where they enjoyed tours, provided by auxiliary members from the various towns, as well as punch and homemade cookies. The West Wing was made possible by the successful 1956 fund drive that included community support and a grant for $35,000 from the Ford Foundation.

By the late 1950s, two-thirds of the patients admitted to Emerson had health insurance. But that didn't necessarily cover the cost of their care. “The hospital bill is rapidly becoming a community bill underwritten by the well rather than the sick,” noted Elmina “Pat” Snow, hospital administrator. Staff salaries, supplies and services all were increasing. The reimbursement struggle intensified; in the face of rising health costs, Blue Cross reduced the amount it reimbursed hospitals for ancillary services. Philanthropy, along with allotments from local Community Chest organizations, helped keep the hospital from operating at a deficit.

The auxiliary made sure that life at Emerson was pleasant. The group ran the “professionally equipped snack bar,” which provided table service for “more complete relaxation.” The auxiliary’s Shop on Wheels, which had debuted a few years earlier, was replaced by a hospital gift shop “guaranteed to please your palate and your pocketbook and bound to stock anything you may want, from brand-new spring and summer pocketbooks and straw bonnets for Easter to the latest thing in poodles.”

As the decade ended, the hospital’s Board of Directors employed consultants for the purpose of forecasting the hospital’s future needs. The population was expected to grow exponentially, and the hospital would be expected to provide a full range of care. The main recommendation: the hospital must prepare to double its capacity to 200 beds.

Emerson was poised for growth, but its charm was not missed by two young physicians in search of positions. “When Dr. Dennison and I completed our training at Boston University, we said ‘where are we going to practice?’” recalls Seymour DiMare, MD, a surgeon, in reference to Gerald Dennison, MD, an obstetrician/gynecologist. “We had a connection to Emerson—Donnell Boardman—so we went out and found the hospital.”

The first person they encountered was Miss Snow. “We fell in love with her, with the switchboard and with the cottage,” says Dr. DiMare. “As soon as I returned from serving in Korea, I joined the medical staff.”
Charles S. Keevil, Jr., MD, did not set out to become an internist with a practice in a community setting. His undergraduate degree in biochemistry and biology pointed him toward research, but it wasn’t a good fit.

“While in the biochemistry program at the University of Wisconsin, I realized I was out of my league, and I looked longingly at medical school,” Dr. Keevil says. “I went to Harvard Medical—back when you could actually get accepted there.”

His relationship with Emerson Hospital began when he was sitting in his office at Massachusetts General Hospital, where he completed his residency, and received an unexpected offer.

“Gordon Winchell walked in and said ‘I live out in Lincoln, and I’d like to persuade you to come into practice with me,’” he recalls, referring to a highly regarded Emerson internist. “It turned out that his family knew my wife’s family. I was a third-year resident at the time, but he needed help, and I became interested.”

He checked with Benjamin Castleman, MD, chief of pathology at the Mass General, who worked part-time at Emerson. “I rode out with him one day to look the hospital over,” Dr. Keevil says. “He told me it was a good place, and that it was on the rise.”

So for a year, every other weekend, Dr. Keevil took over Dr. Winchell’s practice and, in the process, got to know Emerson. “It was a tremendous experience for me,” he says. He joined Dr. Winchell and the Emerson medical staff in 1959 and has never looked back.

At the time of his arrival, Emerson had 100 beds and 25 physicians. Dr. Keevil was the first physician on staff with any formal training in cardiology, and he was instrumental in advancing practice and in establishing a Cardiac Care Unit (CCU). “We visited a CCU in New York to look at their setup and, in 1964, developed a seven-bed unit,” he says. “There were no monitors, so if someone had a heart attack, we simply watched them. But we performed several successful defibrillations in that unit.”

In his 52 years at Emerson, Dr. Keevil can recall countless memorable individuals. But Elmina “Pat” Snow, the hospital administrator from 1946 to 1969, stands out the most. “She arrived like a full-rig ship under sail, dressed immaculately, and never missed a medical staff meeting,” he says. “She sat there, knitting, but she assimilated everything.”

Today, at age 86, Dr. Keevil continues to see patients, including several he first met when they were children and who are now getting on in years. The perception of Emerson has changed since he arrived, he notes.

“The hospital has grown and evolved and, along the way, it has attracted a group of very talented professionals.”
Throughout the decade, the hospital was shaped as much by medical innovations as by the constant need to expand the facility. In the face of increasing demand for care, hospital staff briefly considered reducing the size of the geographic area served—something that was quickly rejected. However, the decade’s first notable event, in 1960, was a relatively quiet one: the establishment of a Home Health Care Department. As a result, Emerson staff began traveling around the six towns in order to “help patients adjust to illness at home.”

The year 1961 marked the 50th anniversary of the hospital’s founding. And while Emerson staff took time to celebrate, there were concerns about the pending expansion. Although the cost of completing the West Wing—$160,000—which added 27 beds, depleted Emerson’s reserve fund, it was clear the hospital would need to expand even further. In the 1961 Annual Report, George Walker, chairman of the Board of Directors, sought to assure area residents: “Emerson has not lost its essential character. It remains a hospital with high professional standards, it has a well-trained and loyal group of nurses and paid workers, and it continues to receive the generous financial support by the community and the services of its devoted volunteers.”

As in so many other documents written throughout Emerson’s history, Mr. Walker described the importance of those volunteers—“Pinkies, nurse’s aides and workers who do a hundred jobs. . . . Cheerfully performing their various tasks, they are a link between the sick and the well; they bring the normal, healthy world outside into the hospital and make it easier for patients to come, to stay and to go home. All this we are determined to preserve.”

(Left) Elmina Snow accepts a gift to the hospital from the Concord Fire Department. (Above) With members of the medical staff looking on, John Spring, president of the board, helps Miss Snow cut the ribbon for another new facility. Thomas Crowdis, who would replace Miss Snow as hospital administrator, is fourth from the left.
Over time, Emerson became a training affiliate for numerous area nursing schools.

Once the additional beds were filled with patients, ancillary services such as the lab, x-ray department and kitchen became strained. In that first year after the West Wing opened, Emergency Room cases increased by 40 percent. One year later, with patients waiting on stretchers in the hospital’s hallways, the call came to replace the old annex with a new building, the Wheeler Wing—a large, four-floor addition for which ground was broken in 1963.

The hospital’s intensive care unit (ICU) opened around this time. Hospitals everywhere were seeing the value of locating seriously ill patients where emergency medical equipment and medications could be used quickly. Soon after the ICU opened, Jack Holmes, MD, medical staff president, wrote: “We often wonder how we existed in the past without it.”

Medical history with a borrowed defibrillator

Medical technology was advancing at a steady clip. In 1963, Emerson had the distinction of being the first community hospital to report the successful use of a defibrillator on a patient experiencing cardiac arrest—an event that was published in The New England Journal of Medicine.

“We borrowed a defibrillator from Hanscom Field—something Don Boardman pushed us to do,” recalls Charles S. Keevil, Jr., MD, the first physician at Emerson with formal cardiology training, in reference to Donnell Boardman, MD, an Emerson internist. “The unit used AC current, and the patient got a large shock, as well as a burn. But he lived for another five years.” One year later, Emerson opened a cardiac care unit (CCU) in order to provide increasingly specialized care to those who were seriously ill with heart disease.

Practice was changing rapidly, notes Dr. Keevil, who directed the CCU. “During my cardiology fellowship in 1959, there wasn’t much we could do for patients; we only had three drugs, a fluoroscope and a stethoscope.” Five years later, the defibrillator borrowed from Hanscom had been replaced by a sophisticated cardioverter. “Before we knew it, we had pacemakers,” he adds.

Jean Hatfield Purser was hired as one of the hospital’s first electrocardiogram (EKG) technicians in 1967. “It was new technology at the time,” she explains. “At first, I worked two days a week, but it quickly became a full-time job. The doctors and nurses didn’t want to do EKGs, so we developed an on-call system and came into the hospital late at night.”
Health care in general was evolving, and its cost became an issue. “I can assure you that the board is as concerned as the community with rising hospital costs,” wrote Mr. Walker in the 1963 Annual Report.

Miss Snow obtained data from the Massachusetts Hospital Association in order to compare Emerson’s costs with similar facilities. Her conclusion: “The cost of $47.71 per patient day makes me feel that never have so many received so much for so little.”

The Wheeler Wings I, II and III opened, bringing the count to 115 beds and 29 bassinets. The Social Security Act of 1965 was passed and Medicare was implemented, leaving Miss Snow to describe the resulting “many frustrations from additional paperwork.” Things were changing, but Emerson retained many charming features from the old days. The hospital switchboard could still be cranked by hand in case of a power shortage, which proved invaluable during the east coast blackout of 1966.

Bed shortages and claustrophobic ORs

One thing didn’t change: the need for Emerson to continue expanding. By 1967, there were “repeated crises of bed shortages;” the average medical-surgical bed utilization was an uncomfortably high 93 percent. Despite the opening of the impressive Wheeler Wings, Emerson had several unfulfilled needs, including a pediatric unit, a larger kitchen and a psychiatric facility.

Mental health was now a dominant public health issue. The number of Emerson specialists—only four in 1950—had increased to 30, and five of them were psychiatrists. Emerson staff made the decision to establish a comprehensive mental health program, to include an inpatient psychiatric unit, which was supported by federal funds. Emerson was the first community hospital in Massachusetts to receive such funding.

As the decade drew to a close, the Emergency Room began providing 24-hour coverage, the number of surgeries had grown to where the operating rooms were “claustrophobic,” and the parking and cafeteria facilities were deemed inadequate. The dedication of the John Cuming Building was a high point. The four-story facility, named for a Concord physician who practiced during the 18th century, housed physician offices, outpatient x-ray and administrative offices.

The retirement of Miss Snow, who had arrived just as World War II ended, represented the passing of an era. Before saying good-bye in 1969, she reflected on the changes she’d seen: “Each time we have grown, we have been able to add needed services to improve needed community care, while at the same time trying to keep the same pleasant atmosphere patients and their families want at Emerson. . . . It has been a great experience and a most rewarding 24 years.”
As executive vice president and chief financial officer of Nuance, a company that provides voice recognition products, Thomas Beaudoin thinks of Emerson Hospital as a customer. The hospital’s radiologists use the company’s electronic transcription software.

But the Acton native’s relationship with Emerson began decades ago. In a way, Emerson has never been too far from his sight. “As a small child, I have faint memories of coming to Emerson for care,” says Mr. Beaudoin, who joined the hospital’s corporators in 2002. “But later, I do remember going to the hospital to visit family members, including my grandmother and my father. Even when I’d visit for a sad reason—because someone was sick—I always found Emerson to be a comforting place, largely because the staff was so friendly.”

As a student at the Xavier School, a boys’ high school located near Emerson that closed in 1972, Mr. Beaudoin recalls seeing the hospital out the window. “I remember sitting in class, watching them build the John Cuming Building,” he says.

He got to see Emerson “from the inside” during the years when his family’s West Concord business, Beaudoin Brothers, was the go-to plumbing firm. “My father and uncle ran the business, and during high school and college, I worked with them,” he says, noting that he commuted to Babson College. “I spent most of the time in the office, but from time to time I also went out on repairs or to help with maintenance. Let’s just say, I was down in the bowels of Emerson on many occasions.”

Once he was married, he experienced Emerson from a new perspective—that of a father. “My three kids were born at the hospital. For the first baby—my first son—the labor lasted 36 hours. I do remember that,” he says with a grin.

His professional life, which has included serving as president and chief operating officer of Polaroid and numerous senior finance positions, including at Digital Equipment Corporation, has taken him well outside of Emerson’s service area. But whether Mr. Beaudoin was living in California or Singapore, he always maintained a connection with the hospital.

“I always sent a donation, because I believe in supporting local organizations and have always felt a connection to Emerson,” he says. “We’re lucky in this community. We have great teaching hospitals nearby, but that doesn’t take the place of the local care and personal attention you receive at Emerson.”

Mr. Beaudoin is again an Acton resident, and he appreciates the 21st-century business connection he has with Emerson Hospital. Like the plumbing services provided years ago by Beaudoin Brothers, he says that voice recognition software, his current professional focus, is becoming essential in healthcare settings.

“Plumbing kept the facility going—literally—and information technology, for many physicians today, keeps the record-keeping going.”
For 100 years, Emerson has benefited from the strong bond it forged with the community soon after its doors opened. The volunteers of today—more than 500 men, women and students—continue to offer their time and energy and, in the process, enrich the hospital on a daily basis.

They carry on a tradition that began when local citizens wishing to help their new hospital began pitching in—cutting grass, holding rummage sales, repairing linens, making puppets and plowing snow. This legacy of volunteerism was formalized in 1924, when the Emerson Hospital Aid Society was established. The young hospital was at risk for closing, and enthusiastic and successful fundraising saved the day.

From then, a growing community grew steadily in its commitment to helping Emerson in countless ways. In 1949, the Aid Society was named the Emerson Hospital Auxiliary, and auxiliary branches began springing up in outlying towns. Over the course of 87 years, the auxiliary has shown resourcefulness and a determination to help the hospital—in good times and bad. Today, their regular calendar of successful fundraising events are an important part of life at Emerson.
In 1962, the Volunteer Department was established, and it has never stopped flourishing. The hospital’s volunteers work on the reception desk and in the gift shop, and they transport patients and medical items throughout the hospital, among many other activities. The popular student volunteer program has a long waiting list. Today, Emerson has more volunteers per bed than any other hospital in Massachusetts. Elmer N. Funkhouser, Jr., who served as president during the 1960s, expressed it well: “Without the enormous contribution of personal charm and time on the part of its host of volunteers, Emerson could not survive.”
“Our busiest year ever.” That is how John Spring, president of Emerson’s Board of Directors, described 1970. Admissions, surgeries and x-rays all saw substantial increases that year, and all indications were that the demand for care would continue. During the coming decade, with social change occurring across the U.S., Emerson became more and more engaged in providing care outside the hospital’s walls.

Social work, support groups, rehabilitative care, preventive care and early forms of “wellness” became part of Emerson’s mission. More care, including certain surgical procedures, was being delivered on an outpatient basis. All of this was new, and Emerson responded to the call.

The Community Agencies Building, dedicated in 1970, symbolized the hospital’s expanded mission and represented a unique arrangement. The facility housed a mental health outpatient clinic and several human service agencies, including the local chapter of the American Red Cross. Drug and alcohol abuse had become prominent public health issues and, in 1972, admissions to Emerson’s psychiatric unit jumped by 17 percent.

Thomas Crowdis was the new administrator, replacing Miss Snow—gone but not forgotten, especially when the Elmina L. Snow Pediatric Unit opened, thanks in part to a well-supported fund that was established in her honor. Mr. Crowdis and others grappled with the continuing rise in demand for medical services; projected trends convinced the Emerson board and administration to undertake serious long-range planning. The hospital’s service area now consisted of 12 towns—twice the number as was true just a few years earlier. This ultimately led to an expansion plan that, when completed, would almost double the size of the hospital.

In 1971, ground was broken for Project 10, which included new construction and extensive renovations. When the $5.5 million project was completed two years later, Emerson had a new surgical suite; intensive care unit with eight rooms each for intensive, coronary and progressive care; a new pharmacy; enlarged radiology; physical therapy and outpatient areas; and a completely new Emergency Room.

The ambitious undertaking was possible thanks to the New England Deaconess Association, which provided Emerson with adjacent land that made the expansion possible. Several area banks provided financing, but philanthropic support was critical to the successful project, which was completed on time and under budget.
Career Volunteer: Sally Sutherland
If it’s Wednesday, she’s on the run at Emerson

Sally Sutherland was no stranger to the hospital environment when she first came to Emerson to volunteer in 1973. Years earlier, the Bedford resident worked as a hospital dietitian. “My kids were old enough to be on their own,” she says. “I knew people who worked with the auxiliary, and our doctors were affiliated with Emerson.”

Elinor White, the director of volunteers, assigned her to the transport desk, where she worked alone each Wednesday. “It was largely patient work then, although we ran things from the pharmacy,” she says. “When a call came in, I’d say ‘I’ll be right along,’ and when the next call came, I’d say ‘I’ll be there in a few minutes.’ I was busy, but I don’t recall being over-burdened. I enjoyed it, because I was meeting people.

“I’m a small-town girl,” says the Newport, New Hampshire, native. “I love knowing the people I work with. There’s a feeling of closeness at Emerson.”

Life became busy, and Mrs. Sutherland left her volunteer job, only to return about a decade later. “I always assumed I’d come back,” she says. “By 1990, when I did, the volunteer program had grown, and I was one of many transport staff.”

These days, Mrs. Sutherland works Wednesday mornings, often performing the interoffice mail run, which has her pushing a well-organized cart throughout a much larger Emerson Hospital. When her husband, Norman, retired in 1994, he decided to offer his considerable computer expertise as an Emerson volunteer. Mr. Sutherland works from home on a range of projects for the hospital.

The Sutherlands have each experienced the outstanding care that Emerson provides on a daily basis. A few years ago, Mr. Sutherland was diagnosed with lymphoma and was successfully treated at the hospital’s Bethke Cancer Center. During the past five years, Mrs. Sutherland had both knees replaced at Emerson. “I can enjoy all my previous activities, except for downhill skiing,” she says. At age 80, her favorite exercise is doing the mail run at Emerson.

Mrs. Sutherland is well aware that Emerson’s large and loyal volunteer staff reflect a distinctive feature of the hospital. “We’re the welcome force. When you’re lying on that stretcher, a smile means so much.

“Emerson is a community-centered hospital,” she adds. “It may be bigger than when I first volunteered, but it is still the best, friendliest community hospital there is. I’ve had a lot of experience with other hospitals, and Emerson is the least institutionalized facility I’ve ever seen. “The volunteers are an integral part of that more personal experience, where patients know their nurses, and they say hello to their doctor in the hall. I like that.”

In 1971, ground was broken for Project 10, which included new construction and extensive renovations. Throughout the 1970s, Emerson became more and more engaged in providing care outside the hospital’s walls.

Health News from the 1970s
The first coronary balloon angioplasty is performed
CT scanning is developed in order to examine the brain
The first successful in vitro fertilization of a human egg is performed
Signs of the times: free cancer screenings and fathers in labor and delivery

Hospital staff barely caught their breath, as it was time to plan for a birthing center aimed at providing a “natural, home-like setting” for couples. By 1973, fathers were being welcomed into the labor and delivery suite. It was a sign of the times, as was Emerson’s new one-day surgical service, inviting parents to stay overnight with hospitalized children and the hospital’s first free cancer screening clinic.

In 1972, Emerson established a Cancer Care Program. Around this time, the hospital strengthened its ties with Boston teaching hospitals, which included forging a consulting arrangement with the Massachusetts General Hospital Cancer Group, foreshadowing the close relationship to come.

Community-wide emergency care was a hot topic, which led Emerson into discussions about “an emergency communications network.” This became the 911 emergency phone service, which was being established throughout the U.S. at the time.

Emerson physicians began providing comprehensive medical training to area ambulance crews, police officers and firefighters.

There were plenty of serious emergencies in those days, notes Robert Cantu, MD, Emerson’s first neurosurgeon, who joined the staff in 1968. “Before there were designated trauma centers, something that began in the 1980s, we took care of whatever happened on Route 2—that is, the victims of many car accidents,” says Dr. Cantu. “Throughout the 1970s, we averaged one craniotomy a week. Today those patients are flown to Boston by helicopter.”

Memorable trauma patients from that period include a Stow police officer who had been shot; the bullet hit his left eye and traversed his frontal and parietal lobes to lie in the back of his brain. “We rushed him into the OR to remove the bullet and stop the bleeding, and he went on to make a marvelous recovery,” Dr. Cantu recalls. “Although he was blind in his left eye, he was otherwise fine.”

Change: constant and occurring at a rapid pace

By mid-decade, government regulations were keeping hospital staff busy. There were new requirements for hospital accreditation, utilization review and peer review, as well as a nationwide concern about the growth in malpractice claims. Physicians and hospital administrators were working together more closely; two physicians were added to the Board of Directors in 1972. Health maintenance organizations (HMOs) were now a fact of life, and there was a notable nationwide decline in hospital admissions by 1976.

Medical technology was progressing—a phenomenon that would gain speed. Early in the decade, Emerson staff proudly announced the debut of nuclear medicine, an imaging technique that detects pulmonary embolism, among other serious conditions. By 1978, Emerson had acquired a CT scanner for head studies. “All of a sudden, we could see inside the head in order to sort out head injuries,” notes Henry Vaillant, MD, internist. Radiology would steadily evolve from there.

Change was the byword, as William Rand, Jr., chairman of the board, observed in the 1974 Annual Report. “What is more startling than the change itself... is the current rate of change,” he wrote. “In the past five years, for instance, the hospital has grown more
in facilities, people and activity than in the previous 45 years.”

The growth in people included nursing students. “Emerson had students from the Shepard-Gill School living on site,” notes Leslie Luppold, RN. “During the 1970s, we started to affiliate with all the area nursing schools, including Boston College, Boston University, Fitchburg State and Middlesex Community College.”

Despite the activity inside the hospital, Emerson staff never lost sight of the community’s needs. A hospital Medical Needs Committee was established and determined that the community needed more primary care physicians, which led to a successful recruitment campaign.

“Emerson’s location and its happy combination of trustee and community support, administrative expertise and splendid physical plant continues to attract new physicians into the area,” noted Charles S. Keevil, Jr., MD, medical staff president at the time. “We are truly fortunate in this medical community.”

Medical specialists also kept arriving. “When I joined the medical staff in 1978, pulmonary medicine was one of the last remaining specialty areas that Emerson needed to cover,” says David Green, MD, who now oversees the service. “I had been invited to give a Friday lecture, and I wanted to come to Emerson because it had a great reputation. Once I was on the staff, I was struck by the culture. Not only were Emerson’s doctors compassionate, conscientious and capable, but the doctors and nurses had trusting relationships. This was different from what I’d seen in the university hospital setting.”

As the decade ended, Emerson’s service area had expanded again and now included 16 towns. In 1979, Emerson-affiliated community clinics were opened in Concord, Lincoln, Maynard and Stow.

The 1980s: NEW HEALTH CARE THEMES EMERGE

The constant change and growth that characterized the 1970s continued into the new decade. But new themes emerged that would continue to shape health care. Cost-containment, efficiency and quality became important concepts during the 1980s, and they remain so today.

The quest to bring consumer medical costs under control gave rise to regulations that challenged hospital staff. In Massachusetts, legislation known as Chapter 372 capped hospital revenues and caused institutions large and small to seek new sources of income. Later in the decade, new Medicare regulations included the debut of diagnosis-related groups (DRGs), which limited hospital payments to a fixed cost.

The Emerson Board of Directors and administration prepared for the new healthcare landscape by creating a parent corporation, Emerson Health System, Inc., that provided them with a structure to develop a more comprehensive approach to care, including the creation of revenue-producing corporations. Emerson Health Care Foundation also was formed for the purpose of carrying out the hospital’s fundraising activities.
Indeed, hospital staff juggled a great deal during the early 1980s. They started to consider developing “satellite” medical centers away from Concord, medical technology was marching ahead, and competition among hospitals was heating up. In the 1982 Annual Report, hospital leadership presented the situation: “Residents of our community want accessible, convenient care of high quality with the benefits of all the advanced diagnostic techniques and therapies available in the Boston area, while retaining the tradition of personal, individualized care.”

The medical staff doubled between 1970 and 1980, and the hospital was running close to 100 percent occupancy. A “mini-baby boom” was underway; in 1984, 1,733 babies were born at Emerson. The service area was growing. On the other hand, its residents were growing older and would require more care in the coming years. It was again time to rethink the facility.

Emerson ’90 dominates the 1980s

Most of the hospital’s patients stayed in four-bed rooms, which limited privacy and offered meager space for the sophisticated medical technology that was becoming part of hospital care. A modernization plan, known as “Emerson ’90,” included construction of the North Building. It would replace the “cottage”—the original Concord Deaconess Building, which had served for so long as the hospital entrance but was neither wheelchair-accessible nor air-conditioned. The plan included new pediatric, maternity and psychiatry units and the conversion of most of the hospital’s rooms to doubles or singles.

Planning for and funding the ambitious project served as an important focus for Rina Spence, who joined Emerson as president and CEO in 1984, replacing Greger Anderson, who served for three years. Because philanthropic support was essential to Emerson ’90’s success, the hospital announced a capital campaign to raise $6 million, and the community responded with enthusiasm. Groundbreaking for the three-year project occurred in 1985.

Medical imaging made several leaps in the 1980s. Emerson acquired a whole-body CT scanner in 1985, began offering echocardiography—ultrasound images used to diagnose heart conditions—and opened a mammography center. In 1987, Emerson also became part of a joint program with several area hospitals to provide MRI scanning.

The hospital established a cardiac rehabilitation program, became the first acute care hospital in Massachusetts to receive certification for its hospice program and developed a new focus on discharge planning—an important step given that hospitals were feeling new pressures to reduce the length of patient stays.

Day surgery changes everything

The 1980s was the era of “day surgery,” when patients and family members could only wonder how it was possible to have cataract surgery with no overnight stay—something that happened at Emerson in 1983. “We had to shift much of the care from inpatient to outpatient,” recalls Leslie Luppold, RN, senior vice-president at the time. “There were lots of open meetings aimed at getting the staff on board. I recall getting all the nursing directors and managers together and telling them that things were going to start to change. I felt that the nurses would serve as positive motivators of change—that they would help the hospital shift to the new environment. That is what happened.”
Reports were coming in about laparoscopic surgery—sometimes called “keyhole surgery” because the surgeon operated through three or four small incisions about the size of a keyhole. “I remember Henry Vaillant asking me why we couldn’t have a hernia patient go home the same day,” says Seymour DiMare, MD, general surgeon, who served as president of the medical staff during the 1980s, as did Henry Vaillant, MD, an internist. “I said, ‘are you out of your mind?’ I understood that we needed to meet the standards of the business community, but I was concerned that we meet the standards of medicine.”

Before long, hernia patients were spending one night in the hospital, instead of six, before hernia repair became a truly outpatient procedure. By the mid-1980s, Dr. DiMare was performing gallbladder removal on an outpatient basis. “It was a defining moment for surgery at Emerson,” Dr. DiMare recalls. In the coming decade, day surgery cases grew to 70 percent of total cases.

Pre-paid health insurance was now well established, and the resulting drive to increase efficiency had Emerson physicians and nurses working on committees tasked with finding ways to reduce the cost of patient care. This nascent teamwork among clinicians would only grow in the years ahead.

“We needed to succeed at change,” says Ms. Spence. “With the change in bed utilization, we needed to bring in more patients. We began to define Emerson as a regional hospital serving a bigger community. You can’t succeed at change without including people, so we focused on using our corporators to represent the needs of their communities—in a way, to be our eyes and ears in their towns.” The group is comprised of community members who represent the hospital and vote for board members.

“Halcyon days” and the arrival of electronic information

Emergency care in the community evolved in 1982, when the Advanced Life Support System was inaugurated. It linked emergency physicians, hospital-based paramedics and emergency medical technicians in 13 towns. The 24/7 regional system, with Emerson serving as the clinical hub, soon became a model for the state. By the decade’s end, the hospital’s Emergency Room was being restructured and would become a more important part of Emerson.

In 1986, Emerson celebrated its 75th anniversary. “When I look back, it seems that the 1980s were halcyon days, despite the fact that we faced so many challenges,” says Dr. Vaillant. “Always, we’ve seen how people will offer their time, effort and dollars to keep Emerson strong and healthy.”

A new kind of progress was arriving in hospitals everywhere. That same year, Emerson’s online information system began providing computerized electronic communications throughout the hospital. Increasingly, hospital functions became computerized with the goal of freeing physicians and nurses to spend more time with patients.

Outside of Emerson, the era of satellites—conveniently located, hospital-affiliated health centers—was about to begin. “I remember bringing Rina Spence to town hall to meet everyone,” says Ron Johnson, current chairman of Emerson’s Board of Directors, Westford resident and, in 1988, a new corporator. “She asked if we wanted to see a health center in Westford, and everyone said ‘yes.’” The seed was planted; a decade later, Emerson opened the Westford Health Center as its first satellite.
It seemed that Linda Creamer was destined to become a nurse. Both her mother, Elsie Hancock, and grandmother, Nellie Craig, had been nurses at Emerson Hospital, and Ms. Creamer grew up hearing their stories.

“I remember my grandmother talking about ‘sitting’ with her patients back in the 1930s,” she says. “In the early 1950s, my mother lived in the White House with the other student nurses, where there was a strict curfew. She used to show me her needles, which she had to sterilize after each use.”

Her earliest memory of the hospital is from 1963, when her younger sister, Mary, was born. “Children weren’t allowed to visit, so my father brought us over, and we stood outside, looking up at the window,” she says. “My mother waved to us while a nurse held my sister. I was four years old.”

Unlike other children, Ms. Creamer says she was never afraid of going to the hospital. “My mother always talked about how wonderful the doctors were. There was a real sense of community at Emerson.”

As a senior at Acton-Boxborough High School, Ms. Creamer participated in an Emerson program where she shadowed nursing staff. It led her to a different field. “When a patient had to go for an x-ray, I started wondering what it would be like to photograph bones without actually seeing them,” she recalls. Right then, Ms. Creamer decided to become a radiology technologist. She joined the hospital’s radiology department in 1982.

“We wore white dresses or skirts, stockings and shoes,” she says, noting that pant suits slowly became acceptable. “We weren’t allowed to wear jewelry, so we’d pin our wedding rings to our uniforms.”

In those days, patients and visitors entered Emerson through the original cottage entrance. Employees took a different route. “When we left work, we walked through the tunnels below the main floor where the hospital boilers were located,” says Ms. Creamer. “There was a single light bulb hanging, and you’d feel the heat from all the machinery and hear a rumble in the background. We’d come out under the front stairs of the cottage.”

Today, as section leader for interventional and diagnostic radiology, Ms. Creamer oversees radiology techs who, like her, were drawn to anatomy and have a knack for using the right angle for an imaging test. “I still perform tests,” she says. “When that light goes on, I’m ready. Besides, I want the staff to see that I’m doing everything they do.”

“I love the patient contact,” she adds. “It’s a family tradition. “My family is proud that I work at Emerson. Like my mother and grandmother, I always wanted to help people.”

An emergency drill from the early 1980s tested the ability of Emerson paramedics, local fire departments and emergency staff to work as a team in rendering care to multiple patients injured in a car accident. Shown at right are Mike Bergeron (foreground) and Steve Nelson, Emerson’s first two paramedics.
As the decade drew to a close, Emerson ’90 was completed, four more floors were added to the John Cuming Building, and cost-containment efforts continued. The 1989 Annual Report stated that “relentless fiscal pressures go on unabated,” and community members were urged to contact their elected state and federal officials. The message—“keep the quality in care”—would become a drumbeat during the 1990s in the face of increasing cost constraints.

The 1990s:
MEDICAL PROGRESS AND GEOGRAPHIC EXPANSION

The health care themes that had emerged during the 1980s became more pronounced during the 1990s. The shift to outpatient care continued—not just for surgery, but also for gastrointestinal procedures and interventional radiology. As the model of care changed, it had an impact on the hospital.

“During the ten years I was at Emerson, day surgery grew to represent 70 percent of surgical cases,” recalls Rina Spence, former president and CEO. “Bed utilization changed entirely. The hospital went from having 200 beds to 120.” The number of beds may have decreased, but Emerson’s geographic reach continued to expand. As the decade opened, the hospital’s service area included 20 towns.

The Human Genome Project begins with the goal of creating a map of all human genes
Polio is declared as having been eradicated in the U.S.
Gene therapy is used to grow new blood vessels

EMERGENCY CARE: THE COMMUNITY DEPENDS ON EMERSON
Committed Emerson Nurse: Deborah Musto, RN

A “different” hospital, right from the start

Every hospital has its own culture. No one knows this better than a nurse. In 1988, Deborah Musto, RN, had two small children at home and was working for a nursing agency when she first encountered Emerson Hospital. There was a nursing shortage underway.

“At that point, I had worked in a lot of different hospitals,” says Ms. Musto, a Westford resident. “I knew that, when you come from a nursing agency and try to fit in, it’s not always a pleasant experience.”

Emerson was different. “Everyone was gracious and kind to me,” she recalls. “I never heard anyone say ‘we don’t do it that way’—something I’d become used to hearing. At Emerson, there was camaraderie and teamwork.”

Ms. Musto was offered a nursing position on Wheeler 5, an orthopedic/telemetry unit, and settled into the evening shift. “I worked with so many memorable people, including Leslie Luppold, the nursing director, Kate Russell, the evening nursing supervisor, and Sally Vail, the head nurse.”

There are moments she won’t forget. “One day, Dr. Toomey presented me with an African violet and said ‘thank you for all your service; happy Nurses Day,’” she recalls, referring to Edward Toomey, MD, an internist. “I had never been in a hospital where they acknowledged National Nurses Day.”

After 20 years of working from 3:00 to 11:00 pm, Ms. Musto moved to the hospital’s Clough Surgical Center and daytime work. “It’s very busy, and you’re on a tight schedule because your patients need to be ready,” she says. “You can’t hold up the operating room.”

It is satisfying work, she says. “Patients love the new center, which gives them so much privacy. But regardless of what they’re having done, many people come in nervous; it’s fear of the unknown. So before their surgery, they need education and reassurance. I explain everything to them and tell them that they’ll wake up in the recovery room and be just fine.

“I feel I have one of the best jobs in the hospital,” she adds. “I am part of a great team; we all work together to make sure the patients have the best experience possible. In the surgical center, you can really have a positive impact on someone’s experience.”

Ms. Musto feels well supported. “At Emerson, they understand that you have a life outside of the hospital and that sometimes your family needs you,” she says. “The support has always been there.”

Her daughter, Erin Musto, started out as a young volunteer in the transport department and is now a social worker in Emerson’s psychiatry department. “I always told her how nice everyone is at Emerson,” says Ms. Musto. “Once she began working at the hospital herself, she said to me ‘it’s really true.’”

During the 1990s and into the 2000s, there was a growing emphasis on technology, particularly imaging. David I. Rose, MD, chairman of radiology, reviews mammography images.
The 1990s brought distinct challenges. “There were more cost constraints, increased pressure for quality and a growing emphasis on technology, particularly imaging,” notes Ms. Spence. “Managed care continued to be dominant.” Much health care became capitated, where providers were paid a set fee to provide all the care a patient needed, regardless of health status.

Medical progress continued, and Emerson stayed abreast of it all. Emerson was the first community hospital in New England to offer transesophageal echocardiography, which is used to evaluate individuals for stroke. Emerson urologists began using lasers to treat kidney stones, and Emerson surgeons continued to adopt laparoscopic techniques in the OR. By 1992, 95 percent of all gallbladder removals at Emerson were performed laparoscopically. The minimally invasive approach also was becoming common for appendectomies and hysterectomies. In 1991, a new Level II nursery opened, which meant that most newborns requiring special care could remain close to home and their parents, which is still true today.

Emergency medical care advanced in a number of ways. “We rapidly upgraded the equipment, facility, staffing, education and the quality of patient care,” explains Alan Woodward, MD, who served as chairman of emergency medicine during this time. “We also enhanced Emerson’s Advanced Life Support service to be the first hospital-based paramedic emergency system in Massachusetts to use 12-lead electrocardiograms to diagnose patients with heart attacks in advance of arriving at the Emergency Department. We helped train many of the first responders—EMTs and police—in the 14-town region in the use of semi-automatic defibrillators in cases of cardiac arrest.”

In 1992, the Rotary Club of Concord donated a helipad so that critically ill or injured patients could be flown to tertiary care hospitals when necessary. In 1993, Emerson’s ED was renovated, and care was separated into two tiers, adding an urgent care track. “We built a grade-A Emergency Department,” says Dr. Woodward. “It was no longer an emergency room, and the community recognized and appreciated the changes.”
Clinical practice, whether medical or surgical, became increasingly specialized. That was true of orthopedic surgery during the 1990s, says Donald Driscoll, MD, who served as chief of orthopedics in 1992-1993. “When I arrived at Emerson in 1986, we were all general orthopedic surgeons,” he explains. “For example, no one specialized in hand or foot surgery. In the 1990s, we began to bring in talented hand surgeons, followed by board-certified podiatrists. They became valuable members of our surgical team.”

The next wave included sports medicine specialists, but that didn’t keep Dr. Driscoll from covering the Concord-Carlisle High School football games—something he has done for 25 years. “We see covering games as a community service. Many of Emerson’s orthopedic surgeons live in the community and want to be helpful to school athletes.”

A cancer center in Concord, a health center in Westford

Community-based care was a new theme. Throughout the decade, Emerson expanded its network of primary care physicians, strengthened its ties to community service agencies and offered an array of prevention and wellness programs, such as smoking cessation and identifying the signs of stroke. There was a new goal—to improve access to care while reducing its overall cost.

In 1994, Geoffrey Cole arrived as Emerson’s new president and CEO. Mr. Cole, who was particularly interested in the economics of health care, turned his attention to forging strategic partnerships and alliances. One year after his arrival, he formed an alliance between Emerson and Partners Community HealthCare Inc. (PCHI), the physician organization for Partners HealthCare. “We believe the Partners network most closely shares our vision of a strong community-based healthcare system that recognizes the vital interdependence of the hospital, our primary care physicians and our specialists,” said Mr. Cole at the time.

In response to the growing emphasis on primary care, Emerson developed a geographic strategy aimed at increasing the number of primary care physicians affiliated with the hospital and bringing Emerson care well beyond Concord. This led to the hospital’s first satellite, the Westford Health Center, which opened in 1998.

At the time, Westford was something of a new frontier. It was, however, the fastest-growing town in Emerson’s service area. There was a starting point in the form of two established practices—that of James Cohen, MD, known as Westford Internal Medicine, and that of Andreas Athanasiou, MD, and David Watson, MD, which would evolve to become Pediatrics West, a large, multisite practice.

The Westford Health Center was located in an office park on Route 110, its current location. In addition to adult and pediatric primary care, the health center brought together cardiology, dermatology, ophthalmology, orthopedic surgery, podiatry, mammography, x-ray, ultrasound and a lab. “Our strategy was to make it a convenient location where people could get a large majority of their health care,” says Christine Gallery, vice president of planning and market development. “In planning Emerson’s other affiliated health centers a few years later, we used Westford as a model.”
The decade was notable for two important and generous gifts made to Emerson by local residents. In 1993, Vincent Polo, an area businessman, made a gift that named the hospital’s Emergency Department. When his wife, Violet, a nurse, inherited a small nursing home in Acton, they ran it together. The facility became Suburban Manor Rehabilitation and Nursing Center, which was recognized for providing outstanding care to its patients. “Mr. Polo understood the importance of having a well-run ED in the area, because his nursing home patients came to Emerson so often,” notes Henry Vaillant, MD. “The Polo gift represents how, again and again, community members have supported the hospital.”

A gift from Concord residents Arthur and Virginia Bethke, made in memory of three family members, allowed Emerson to establish a cancer center. The Bethke Cancer Center, which opened in 1997, grew from the existing clinical relationship between Emerson and Massachusetts General Hospital and was partly inspired by C.C. Wang, MD, a Mass General radiation oncologist who regularly consulted at Emerson.

“C. C. Wang is venerated as the father of radiation therapy in the U.S.,” notes Seymour DiMare, MD. “He lived in Lincoln and did a lot of work with us at Emerson. Art and Virginia Bethke were aware of this. In making their gift, they understood that Emerson was committed to establishing a first-rate department.”

Indeed, the radiation oncology department at Emerson is literally an extension of the Mass General. Instead of traveling to other hospitals for weeks of radiation therapy, Emerson patients could have treatment locally. Within a few weeks of its opening, the radiation oncology service was treating 30 patients per day.

As the decade closed, the hospital embarked on a facility upgrade known as Emerson 2000. A floor was added to the North Building to create North 6, the new oncology unit. Vacated space provided a new home for an expanded Intensive Care Unit and Cardiac Care Unit. A successful capital campaign, “Emerson & the Community: A Partnership for Excellence,” was chaired by Win Hindle, Joan Litle and Byron Woodman and raised $9.1 million. When the work was completed, the hospital had gained more than 12,000 square feet of space. The coming decade would bring several ambitious facility upgrades and a few more satellite locations, all designed to best serve the needs of those residing in Emerson’s service area.
As Emerson entered the new millennium, the hospital again looked beyond Concord with the goal of providing care conveniently and close to home. This led to a second satellite, the Groton Health Center, which opened in 2001.

“Our goal was to better serve patients in the northwestern towns,” explains Christine Gallery, vice president of planning and market development. “We built a brand-new facility on Route 119, a busy road, in order to provide primary care for adults and children, along with imaging and other services.”

Three years later, Emerson Medical at Sudbury opened. “Sudbury is one of the more populated towns in our service area,” notes Ms. Gallery. “There was a role for expanded adult and pediatric care.”

Emerson’s imaging technology was enhanced and amplified throughout the decade. In 2004, the hospital’s Breast Health Center, recently named for Mortimer B. Hermel, MD, a pioneer in using x-rays to detect breast cancer, moved across Route 2 to larger space and transitioned to all-digital mammography units. That was followed by the rollout of PACS (picture archiving and communication system), which brought radiologic images to physician desktops. “The PACS had major implications on our efficiency,” notes David I. Rose, MD, chairman of radiology. “Once it was installed, we could distribute images throughout the hospital and off-site to community providers.”

As imaging technology was further refined, Emerson invested in numerous upgrades, including the purchase of five 3D and 4D ultrasound units, thanks to a gift from Frederick and Ines Yeatts of Bedford. “With every generation of scanner, the clarity of images has improved,” says Dr. Rose, noting ultrasound’s role in the care of high-risk pregnancy and vascular conditions. A PET-CT service was launched in 2007, and CT scanners in Concord and Westford received upgrades.

Emerson’s Emergency Department (ED) also evolved. The six-bed Olsen Emergency Care Center was named for Ken and Aulikki Olsen of Lincoln, who made a generous gift in 2005 to support the expanded ED service, joined by several other community residents.
Four Generations with an Emerson Connection

Christmastime 1959 was an exciting time to have a baby at Emerson Hospital, according to Madeline Inman. She gave birth to her daughter, Claudia Desrosiers, on December 19. “They were putting up Christmas decorations, and Girl Scouts came to our rooms to sing Christmas carols to us,” Mrs. Inman recalls. At that time, women typically spent a week in the hospital after giving birth. “They let me go home the day before Christmas.” Years later, Ms. Desrosiers, who is executive assistant to Christine Schuster, Emerson president and CEO, gave birth to her three sons at Emerson, one of whom had his son born there in 2010. “I went to the hospital to see Trevor, my great-grandson,” says Mrs. Inman, who is 90 and until recently lived in the house she and her late husband, James Inman, built in 1956 in Concord. “He and his mother were only in for two days, which is kind of shocking to people my age. I have good memories of every time I’ve ever been to Emerson.”

Project SCORE represents a major upgrade

In 2005, Christine Schuster, RN, MBA, was appointed Emerson’s new president and chief executive officer, replacing Geoffrey Cole. Ms. Schuster, a Sudbury resident, came with extensive hospital experience. Under her leadership, Emerson broadened and deepened its clinical affiliations—notably with top Boston teaching hospitals.

“One of our goals with these collaborations is to bring the best of Boston right here into the community,” says Ms. Schuster. “We consider it a huge compliment and a reflection on Emerson’s quality of care, focus on patient safety and outcomes that places like Massachusetts General Hospital, Brigham and Women’s Hospital and Lahey Clinic want to come here.”

Planning began for Project SCORE, a $33 million initiative intended to transform three key hospital areas. The project combined new construction with a series of innovative renovations and upgrades to the hospital’s Surgical Center, Obstetrics and Radiology Expansion. Project SCORE demonstrated that Emerson was not standing still. Rather, it was continuing to anticipate and plan for growth, patient privacy and the clinical needs of the community it serves.

A three-year fundraising effort raised $6 million in support from the community, including two major contributions from area couples with ties to Emerson. A leadership gift from Chuck and Gloria Clough of Concord named the Clough Surgical and Birthing Center. A major gift from Dr. and Mrs. Yeatts helped underwrite the construction of a state-of-the-art interventional radiology suite. Their support of the hospital’s imaging systems led to another new name: the Ines and Frederick S. Yeatts Radiology Center.

“In addition to leadership gifts from the Cloughs and Yeatts, there was broad community-wide participation in Project SCORE,” says Jack Dresser, vice
president for development. “The fact that all of the hospital’s postpartum rooms are private has proven to be very popular, based on how often we hear the chimes sound on the overhead paging system.” (Brahms's Lullaby is played each time a baby is born at Emerson.) Since the new postpartum unit opened, the hospital has experienced a mini-baby boom. Similarly, the number of surgeries increased after the new center opened.

Quality and patient safety—already strong themes at Emerson—became even more prominent during the 2000s. The senior administrative team instituted leadership patient safety rounds. “We regularly visit clinical units, where we encourage staff to voice their concerns about processes that might need to be improved or technology that may need an upgrade,” explains Greg Martin, MD, chief medical officer. “Our goal is to create a safety culture that supports staff in bringing forth patient safety concerns.”

Emerson’s initiative to reduce hospital-acquired infections, launched in early 2010, is just one example. “We made an institution-wide commitment, selected specific infections and created teams to work on each one,” says Dr. Martin, who notes that Emerson was already below the national average in two broad categories of infection. “In less than a year, we reduced hospital-acquired infections by 50 percent.”

Milestones in health information technology

The hospital made major investments in information technology throughout the decade. In 2003, Emerson was one of the first completely wireless hospitals in Massachusetts—needed for the hospital’s patient care documentation system. The next milestone was computerized provider order-entry (CPOE), a proven way to reduce medication errors.

According to Jon Way, MD, an internist at Acton Medical Associates who co-chaired the new Health Information Technology Committee, the rollout of CPOE required an enormous time commitment by physicians to learn and use the system. “The CPOE pilot began in 2005 among a small core of physicians,” says Dr. Way. “Within a few years, we met the target of writing 85 percent of all orders on CPOE.” The next IT milestone—the selection and launch of an electronic health record (EHR)—arrived in 2006 and went live, practice by practice, during the following years. That was followed by bedside medication verification, a safety check in which the patient’s wristband is scanned, followed by the patient’s medication, to make sure they match.

Emerson showed its commitment to providing highly specialized care with the opening of the Surgical Weight Loss Program in 2005, followed by the Wound Care Center in 2007. “For each of these services, our goal was to bring all the components of care together,” says Ms. Schuster. “These programs provide exemplary care and have many success stories.”

Both programs are located in Emerson’s Center for Specialty Care on Baker Avenue in Concord, which opened in 2008. “We found a building that was close to Emerson where we could locate those programs, as well as several orthopedic surgeons, neurologists, the Agarwal Diabetes Center, the Winter Anticoagulation Management Center and our mobile PET-CT service,” says Ms. Gallery. Physician recruitment also became a focus. Additional primary care physicians, cardiologists, obstetricians, general surgeons and orthopedic surgeons joined the medical staff.

Throughout the decade, Emerson was consistently recognized by diverse organizations, from The Joint Commission to Boston magazine, which features an annual “Top Doctors” list. As the 2000s drew to a close, the hospital expanded its affiliations with area academic medical centers with the goal of remaining independent. Emerson also began developing a strategy to redesign care in the face of national healthcare reform.
Emerson marked its centennial year—2011—with a full agenda. In that regard, the year was not unlike the previous hundred.

A new linear accelerator was installed, tested and then used to treat patients in the Bethke Cancer Center. The Pediatric Center on Wheeler 4 was redesigned and upgraded. New quality and information technology initiatives were developed and successfully executed, and the hospital ended the year with a positive bottom line. Life goes on, and Emerson continues to meet the challenges of a growing service area and a dynamic healthcare environment.

The centennial provided an opportunity to reflect on the enduring bond between the hospital and its community. “Emerson has always been a bedrock of the community,” says Leslie Luppold, RN, who came to work at Emerson as a nurse’s aide at age 16 and has lived in Acton and Concord. “I believe area residents appreciate the hospital’s commitment to personalized, patient-centered care.”

According to Ray Tripp, MD, a pediatrician who retired in 2010, Emerson is unique. “The administration and the medical staff have always been proactive,” says Dr. Tripp, an Acton resident for 35 years. “As a result, Emerson has never been left behind. That is the reason Emerson will continue to succeed in its second century.”