

ONE HUNDRED
YEARS OF

1917
2017

CARING

Embracing
Embracing our
Past
planning
Planning for the **Future**
Future



COLUMBUS
REGIONAL
HEALTH

your partner for life

FOREWORD

Your Partner for Life



Every day hundreds of people depend on us for their care and the care of their loved ones, and such has been the case from the time Bartholomew County Hospital opened in February of 1917. But what does that word – care – mean? In its simplest form, caring implies a feeling or an action. One can care by harboring compassion and concern for something or someone. Caring can also be demonstrated in the physical form of helping or aiding someone or something. Examples of the act and feeling of caring abound each day in the walls of not only our flagship facility, Columbus Regional Hospital, but the numerous ancillary properties, programs and organizations that are part of the Columbus Regional Health family.

From that blustery February day in 1917 when Bartholomew County Hospital first opened its doors, the organization has been caring for our community, its residents and visitors, and of course, our own family – the workforce. However, that caring also runs beyond the practice of medicine, to a culture that is woven deeply into the fabric of Bartholomew County and surrounding areas. So as Columbus Regional Health spends 2017 recognizing our centennial anniversary, we invite you to join us in celebrating “100 Years of Caring.”

Sincerely,



Jim Bickel

Columbus Regional Health

President and Chief Executive Officer



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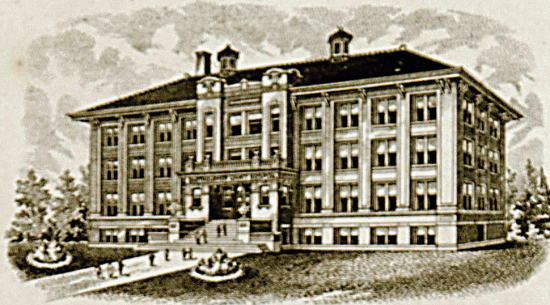
Sources: Bartholomew County Hospital and Columbus Regional Health archives,
Evening Republican and *The Republic* archives, Bartholomew County Public Library,
Bartholomew County Historical Society



Contents

Chapter 1	Bartholomew County Hospital: a Cornerstone of the Community	5
Chapter 2	Nursing History: The Backbone of the Hospital	13
Chapter 2, Part 2	The Hattie S. Kirkpatrick Residence: A Respite for Nurses	21
Chapter 3	Technology and Growth: 100 years of Constant Advancement	23
Chapter 4	The Birth of a Regional Health System	35
Chapter 5	The Flood: Rising from a Disaster	47
Chapter 6	A History of Philanthropy, Inside and Out	51
Chapter 7	100 Years of Leadership	54
Chapter 7, Part 2	Centennial Memories and Milestones	55
Chapter 8	For Our Next 100: 2017 and Beyond	64

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Bartholomew County Hospital

Columbus, Indiana.



CHAPTER 1

Bartholomew County Hospital: a Cornerstone of the Community

As early as 1900 the need for a public hospital was recognized by the Bartholomew County Medical Society. Bartholomew County Hospital holds the distinction of being the first county hospital to be built after a 1913 Indiana law enabling counties to issue bonds for building a hospital sufficient to serve the local community. After considering numerous sites, County Commissioners purchased nine acres of land outside city limits on the east side of Haw Creek. Indianapolis architectural firm D.A. Bohlen and Sons was chosen as the architect and plans called for a fireproof building with steam heat and an elevator. Dunlap and Company of Columbus was named as the general contractor for the construction of the 32-bed facility. The final cost of the building came in at \$69,442 and the remaining balance of the \$100,000 bond was spent on equipment and supplies.

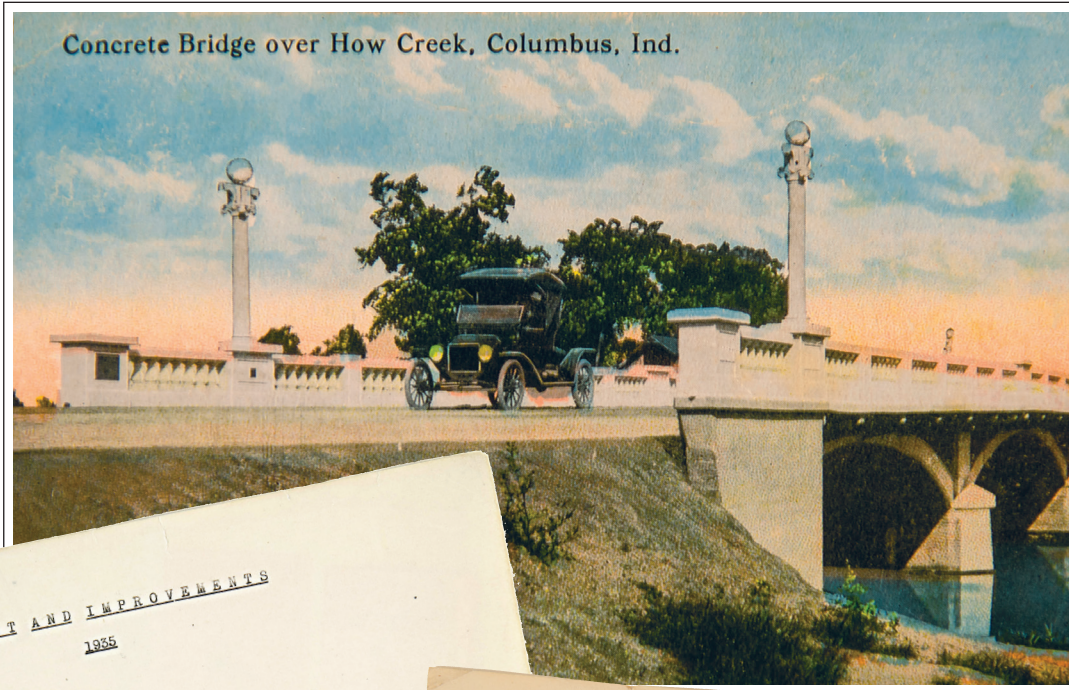
The cornerstone was laid on June 12, 1916. The hospital opened for patients on Feb. 6, 1917. The official logo was a rendering of the building with the phrase "Absolutely Fireproof." During the first year, the hospital admitted an average of 25 patients monthly and a total of 351 patients were treated that year. The first baby born in the hospital

(at a time when most babies were born at home) was Mildred Beatrice Cummins, the daughter of Cummins Engine Company co-founder Clessie L. Cummins and his wife, Ethel. Ethel's father, Dr. George McCoy delivered his granddaughter. McCoy was a member of the first medical staff, which consisted of five physicians. The first surgical bill on record is dated June 21, 1921 and was \$50 to be paid to Dr. Roope for "surgical operation on Ms. Mary Snyder." According to historic billing files, the average inpatient stay in the early 1920s was about \$2.50 a day.

An era of growth

Following the start of diagnostic services in 1928 the hospital began treating more patients; however the majority remained surgical in nature. Diagnostic services included a clinical laboratory area and X-ray area. A list of equipment and technology related purchases from 1935 to 1940 includes portable X-ray equipment, several suites of furniture, cribs, a basal metabolator, a suction apparatus and a lawn mower, among a wide range other items. In 1930, Dr. Alva M. Kirkpatrick donated \$10,000 for the construction of a nurses' home in memory of his wife, Hattie. Commissioners allowed for another

Mildred Beatrice Cummins, daughter of Cummins co-founder Clessie Cummins, was the first baby born in Bartholomew County Hospital in 1917.



EQUIPMENT AND IMPROVEMENTS

1935
 Fracture table
 Portable X-Ray Unit
 3 suites of furniture

1936
 1 suite of furniture
 Obstetrical table
 2 surgery carts
 Nurses' chart desk
 Electrically heated dressing table for nursery
 Furniture for Reception Room
 Surgery sterilizers (Large)

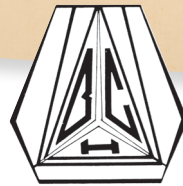
1937
 2 suites of furniture
 Lawn mower
 2 fracture beds
 Incubator (Nursery)
 Basal metabolator
 Rebuilding of water softener

1938
 1 Fracture bed
 Surgery light
 Large X-Ray Unit
 Operating table
 Suction apparatus
 Stokers for basement and nurses' home (furnaces)

1939
 Complete laundry equipment
 Refrigerator for laboratory
 Air conditioner (paid part)
 Gas anaesthetic machine
 Suction-Pressure unit for tonsil work
 Steam pressure boiler for laundry
 Electric drinking fountain
 Pressure pump for laundry
 Panic bars outside doors at public entrances
 Panic bars outside doors in accordance with fire insp
 Re-wiring of hospital building for obstetrical pav
 Remodeled 3rd floor into 2 private rooms for obstetrical pav
 1940
 Enclosures in doors on second floor to separate second floor from 1st and
 Doors to separate business office outside doors from corridors
 Acoustic material
 2 children's cribs
 Dish washer (large)
 Power lawn mower
 2 fracture beds
 Furniture for nurses' dining room
 Electric pump for air conditioner
 Microscope
 Vasculator for arterial diseases
 Laboratory equipment for pathological service
 Painted exterior of both buildings and a great deal of interior of the hospital

Columbus, Indiana, July 13, 1921
 Mr. Theodore Schneider
 For wife
 Bartholomew County Hospital De

Room & Board July 6-13 — \$ 17.50
 PAID JUL 13 1921
 Phelan



Clockwise from left: A listing of equipment upgrades from 1935 to 1940; a 1918 portrait of the 17th Street bridge over Haw Creek; the first bill on record from BCH; two former BCH logos from 1940 and the late 60s. The 60s logo was developed by a Nina Bosso, a hospital employee.



Bartholomew County Hospital, winter 1917.

\$10,000 to be used for construction and the Hattie S. Kirkpatrick Memorial Home for Nurses was erected just northwest of the hospital. It could house up to 20 nurses.

The esteemed Olive M. Murphy, R.N. began her 28-year contribution to the hospital as administrator in 1939. In the 1940s the hospital introduced a new logo, which was an abstract design. The number of births performed at Bartholomew County Hospital hit an all-time high in 1946 and at that time 94 percent of all births in the county took place at the hospital. The hospital began experiencing overcrowding and between 1941 and 1961 the facility was remodeled numerous times, adding south, north and center wings.

Under Miss Murphy's management, the hospital grew from 32 beds to 184 beds and in 1948, was the first hospital in the state to open a surgical recovery room. In 1955, a physical therapy department was constructed in the north wing. Miss Murphy retired in 1967 and another long-tenured leader, administrator Robert Borczon, saw the hospital through another era of advancement.

In 1968, Bartholomew County Hospital hit a heartwarming milestone – the first set of triplets ever born at the hospital debuted on April 25. Drs. Thomas Dugan



THREE AT ONCE — Mrs. James Miller of Scipio admires her three new members of the family, triplets born Wednesday at the Bartholomew county hospital.



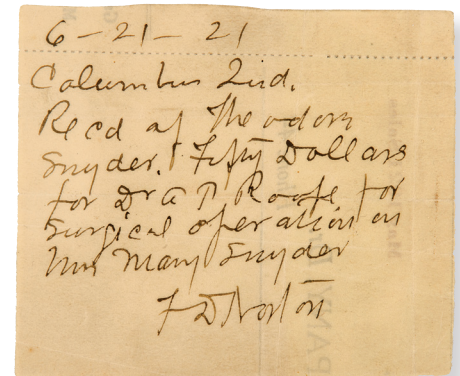
Founding hospital physician Dr. Alfred Roope, and staff during a surgical operation on an infant.



Mr. Robert Borczon, left, hospital administrator from 1967 to 1985. Below: One of the first bills on record for a surgical operation on Mrs. Mary Snyder, dated June 21, 1921.

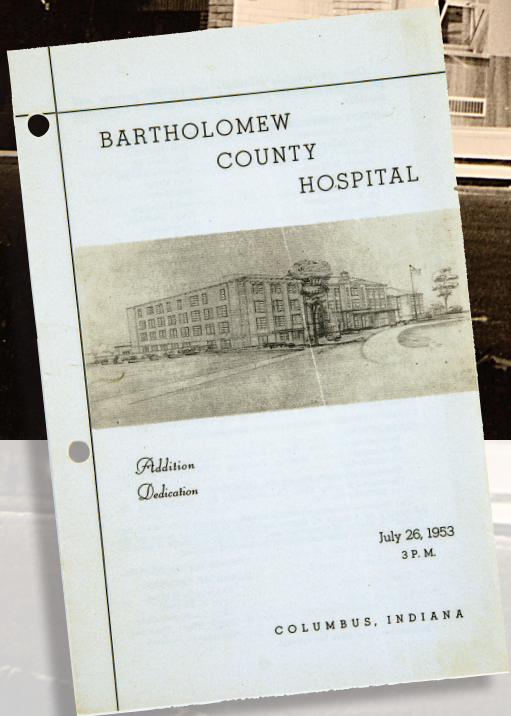
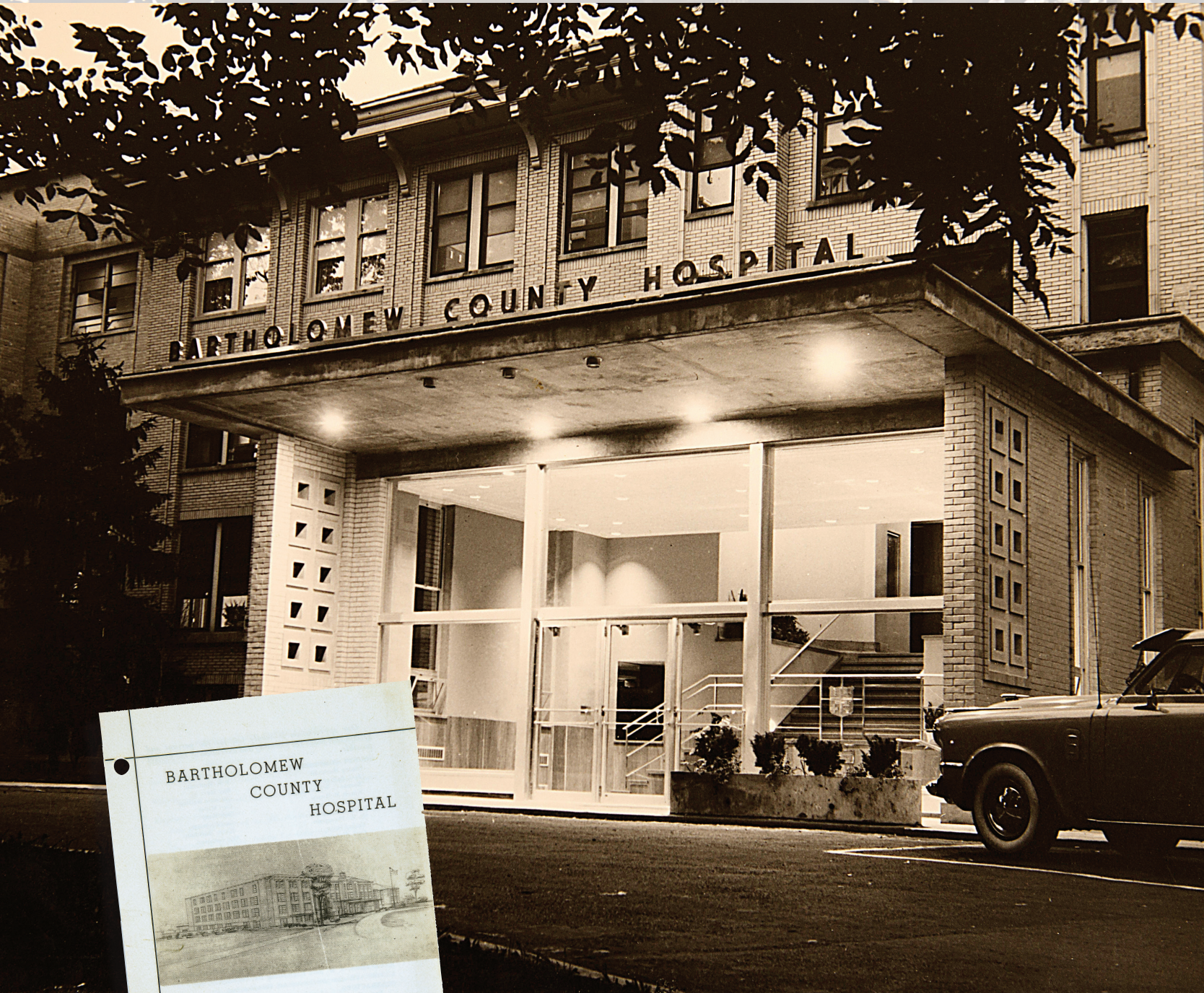
and Herman Echsner delivered the babies, born to Mr. and Mrs. James and Nancy Miller. In 1969, the Olive M. Murphy Pavilion was completed; encompassing four floors of what is now the patient tower. Bartholomew County Hospital hosted a dedication ceremony and open house and the newspaper, *The Republic*, published a 40 page special section highlighting the new features and various healthcare roles of employees and administrators. The section was funded by advertisements which included page after page of “Congratulatory” messages from local businesses at the time such as Cummins, Arvin, Saps Foods, Home Federal Savings and Loans, Northside Drugs and Schneider Implements, just to name a few.

Two more floors were added to the patient tower in the late 1970s. Under Mr. Borczon’s leadership the hospital navigated significant industry changes in reimbursements for healthcare services, the advent of Medicare and the DRG (Diagnosis Related Group) system in the 1980s. Mr. Borczon also continued the hospitals gradual evolution into a regional referral center. In 1980, Bartholomew County Hospital admitted more than 15,700 patients and treated an additional 32,312 outpatients, more than a third of whom were from other counties. ❖





Counterclockwise from right, Cornerstone dedication ceremony in 1959 for a \$911,000 expansion; a cornerstone dedication ceremony for the 1951 expansion, which resulted in a new hospital main entrance; an electrocardiograph machine in use in the 1950s.



Bartholomew County Hospital main entrance in 1953 with copy of expansion dedication ceremony hosted in July of 1953. The 1.7 million dollar expansion added two three-story wings, a central heating plan and laundry building.



Miss Olive Murphy, RN, administrator from 1939 to 1967; Miss Murphy with a group of nursing students.

CHAPTER 2

Nursing History: The Backbone of the Hospital



For an insight as to how the world of nursing has changed throughout the history of the now-named Columbus Regional Health, one only has to read through a letter received by a young girl named Ruth Stofer as she was about to begin a career in 1917 at the then-named Bartholomew County Hospital.

Dated, March 14, 1917, the letter contained a set of instructions for the young woman:

“You will please report for duty March 27. You will need a sufficient supply of underclothing, three uniforms of plain blue chambray, a half-dozen white aprons, white muslin straight place collar 28 inches long with ends finished pointed. Should you want any further information we would be pleased to furnish it. Hoping you will come at the appointed time.

*Yours Truly,
Bartholomew County Hospital.”*

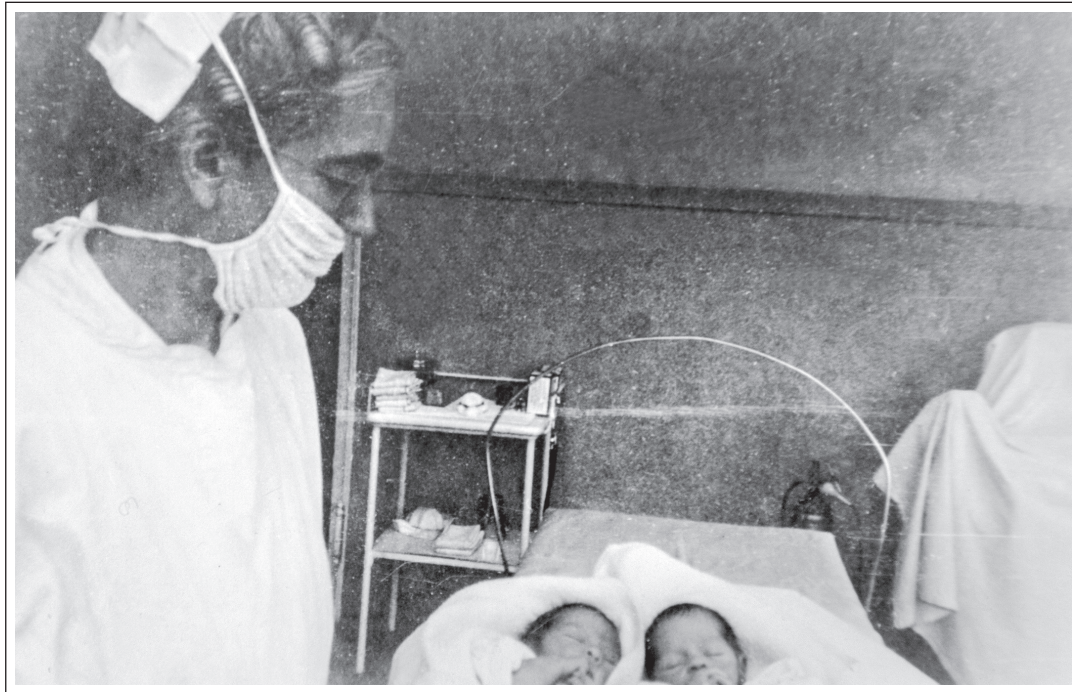
The century old letter to the young woman, who would later marry Forest Foster, is but one of many examples of the regimented life she and other nurses were about to enter at the newly opened hospital.

Other examples:

- Nurses were housed in a dormitory on the third floor of the hospital. They were not allowed to sing or dance inside the building so as not to disturb the patients on the floor beneath them.
- They were paid five dollars a month in addition to their room, board, laundry and uniforms.
- Duties included: giving patients baths which included scrubbing their teeth (false and natural); combing their hair; cleaning the floors in the room; keeping fresh flowers in the patient’s room; shoveling coal and tending the furnace; giving pills according to orders of the doctors and recording the dosage on daily charts; attending nightly classes.



The Hattie S. Kirkpatrick Memorial Residence for Nurses in 1974.



Mrs. Thompson, obstetrics supervisor in 1942 checks on some newborn twins.

- Even their private lives were prescribed. They lived under a 9 p.m. curfew at which time they were required to be in their dormitory. They could have dates but the dates had to leave the hospital by the 9 p.m. curfew. Since no automobiles were allowed on hospital grounds, nurses had to take the local streetcar which dropped them at a station several

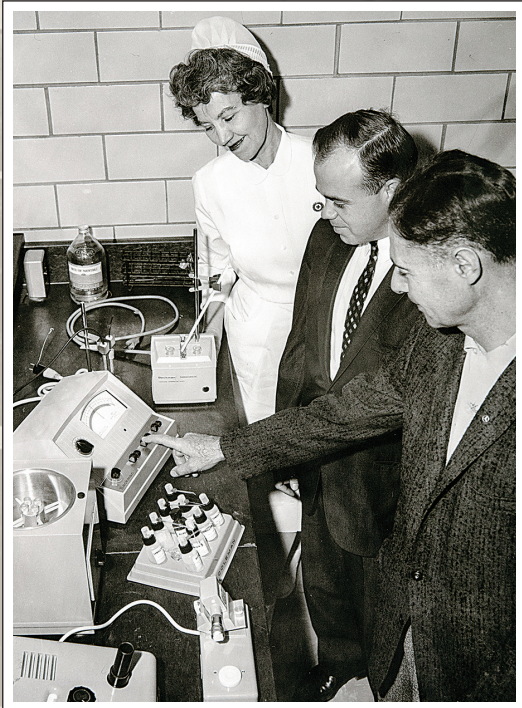
blocks from the hospital, requiring them to walk the rest of the way.

Primitive though some of those aspects of nursing life might seem in light of today's standards – it's been quite a while since nurses had to stoke the hospital furnaces – some timeworn traditions lingered long into the careers of those who are still on the hospital staff.



Martha Franks, one of 24 nursing supervisors on staff who was hired as a registered nurse in 1958 and was paid \$1.99 an hour, recalls that the uniforms worn today would not have passed muster under

Long-tenured employee and nursing administrative coordinator Martha Franks pictured while a young nurse with her husband, George.



Clockwise from top: Mrs. Clyde Marsh, left, surgery supervisor, helps Mrs. Albert Baker, head nurse in emergency area, set up one of the operating tables in 1962; Maxine Huber, operating room nurse in 1942; Hospital administrator Miss Olive Murphy with physicians, including Dr. David Adler, examine pharmacy equipment in 1962.



Clockwise from top: Home care nurses Sarah McQueen and Catherine Vitale in 1962; nurse caring for pediatric patient in 1969; current nursing administrative coordinator Twanette Lawson's nursing school photo from the early 90s.

the leadership of Hospital Director Olive Murphy, herself a nurse.

“Nurses always wore dresses,” she said. “Pants and tennis shoes were forbidden. In fact, Olive wore a uniform throughout her working career, even when she was the chief administrator.”

Olive Murphy was proud of that uniform and her career as a nurse before becoming chief administrator in 1939. Paul Land, longtime director of facilities at the hospital, once told former administrator Doug Leonard that he was under instructions from Murphy to boil all her uniforms in starch because she liked to hear them snap when she walked.

While the dress code might have been strict, other aspects of nursing life were much more informal.

“I still remember the day of my first interview,” Martha recalled. “Olive asked if I could report for work the next day. No background checks, no drug tests.”

She and others on the hospital staff were paid by check, each handwritten by Olive Murphy.

Recycling was also in vogue, even in the highly antiseptic operating rooms. “To this day I can still remember when one of the duties of a surgical nurse was to sharpen the needles,” Martha said.

Martha even recalls that one of the resources on hospital property was a chicken coop, from which nurses would

gather freshly laid eggs which would be used for the breakfasts of patients.

Those duties and others expected of nurses at today’s Columbus Regional Hospital are markedly different and involve considerable responsibility-sharing.

Nurses today are trained in a variety of disciplines – a necessity in light of the transition to a regional health care facility which provides local access to a variety of specialized services.

“One of the major differences in the changeover from a county hospital to a regional facility are that a majority of those who check into the hospital can stay here throughout their treatment,” said Twanette Lawson, a nursing administrative coordinator who began her association with the hospital as a 14-year-old candy striper and rejoined the staff in 1991 as a licensed practical nurse. “In the past many might have been transferred to hospitals such as those in Indianapolis which offered more specialized treatment.”

That requires intensive training in a variety of fields — a great deal of that training which has been made available locally.

In some respects, this localized training is a carryover from practices which were put in place at the Bartholomew County Hospital in the mid-20th century. In the 1940s, the hospital experienced an explosion in the number of patients in need of treatment. Corresponding to that jump in patient



Pediatrics Patient Care Coordinator Carolyn Stickans in a present day view on the Pediatric Inpatient Unit.

population was a dire shortage of qualified nurses on the hospital's staff.

The explosion can be measured in patient population in the 1940s. In 1939, the hospital recorded 1,419 patient admissions and 222 outpatients treated.

In 1950, there were 5,017 admitted patients and 20,642 outpatients.

The hospital could not keep up with the demand for more trained nurses. In 1955 through a story on the front page of the *Columbus Evening Republican* newspaper, the hospital issued an urgent call for registered nurses living in the Bartholomew County

area to come to work at the local hospital. At that time there were 31 full time nurses on staff working five and six days a week. In addition there were 30 nurses working part time.

That situation in part led to the development that same year of a training program for licensed practical nurses in conjunction with the Indianapolis LPN School. Under terms of the arrangement, Bartholomew County was given 25 percent of the available openings.

In addition to the expansion of the nursing staff at Bartholomew County Hospital, administrators and the board



Clinical Case Manager Tena Partridge, left, and Clinical Nurse Specialist, Cassie Bolduc train in the Simulation Lab of the Innovation Center.

decided to ease the burden on the trained nursing staff by creating a nurse's aid program and hiring non-clinical people to perform many of the more mundane duties which had been taking up so much of the trained nurses' time.

The demand for qualified nurses continued through the rest of the 20th Century as the county hospital added more specialized services and facilities.

The most dramatic change came to be in the early 1990s when the Board of Trustees changed the name of the facility to Columbus Regional Hospital. That not only reflected an enormous philosophical

change – the hospital would assume the role of destination rather than a provisional stop for patients being treated for a variety of conditions – but broadened its reach throughout a good share of Southern Indiana and immediately led to the creation of an expanded campus.

A spirit of bonding developed among the entire hospital staff as the result of the most devastating event in the 100 year history of the hospital - the 2008 flood.

That summer day is still fresh in the mind of Martha. “I still remember the water rising from the basement,” she recalled. “There was one awful thought



Nurses from left, Maxine Huber, Ms. Higgins and Ms. VanNorseman in the Kirkpatrick Memorial Nurses Residence in 1942.

that kept going through my mind – the possibility that it would wash over onto the first floor and we would see bodies floating in the water.”

Even today, the herculean task of evacuating the hospital in a matter of a few hours seems hard to grasp.

“I recall that we were taking patients down the stairs in wheelchairs,” Martha said. “Everybody was working together. We might have been in different departments but we worked as a team. I think it’s fair to say that we all bonded from that moment forward.” ❖



X-ray technician Mrs. Carl Brown stands next to a wall control panel for an X-ray machine in this 1957 Evening Republican photo.

The Hattie S. Kirkpatrick Residence

A Memorial and a Respite for Nurses

As institutions go, the Kirkpatrick House had a relatively short life on the campus of the then named Bartholomew County Hospital.

Opened in 1930, mainly through the donation of long-time Columbus physician Dr. Alva M. Kirkpatrick, the two-story structure would serve over the next 45 years as a residence hall for nurses on the staff at the hospital. When it was dedicated Dr. Kirkpatrick asked that it be named in honor of his late wife Hattie.

In a sense its demolition in 1975 not only brought down several tons of bricks but ended a way of life that seems almost foreign today.

When construction began in 1929, the facility was viewed as an incentive whereby the hospital could attract much needed nurses, many of whom would have to come to Columbus from other communities.

Previously nurses had been quartered on the third floor of the hospital, sharing space with patients who were quartered on the floor below.

The new building gave them a sense of freedom they didn't have in the hospital. It was also considered an incentive in that residence there was an addition to their meager monthly pay. In 1940, for instance, starting pay for a nurse was \$60 per month.

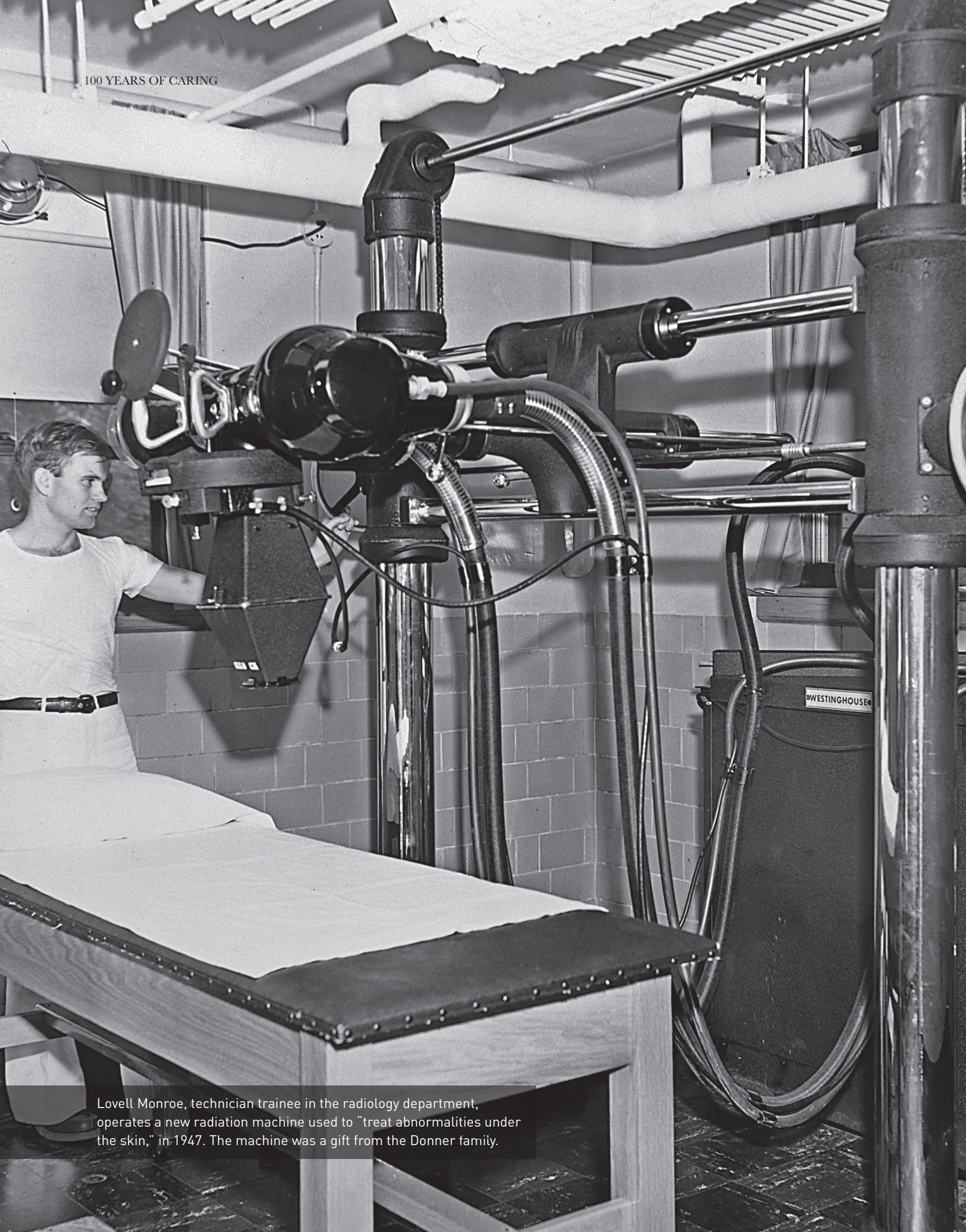
Although many of its residents hailed from communities outside Columbus, a number of nurses whose families lived in Columbus chose to stay in the Kirkpatrick House.

Its most famous resident was Olive Murphy who served as chief administrator at the hospital from 1939 to 1967. During that time she made her home in a room at the Kirkpatrick House so she could be near her work.

Martha Franks, a nursing supervisor at Columbus Regional Hospital today, began her working career as one of the residents at Kirkpatrick House. "There were six nurses living there at the time," she recalled. "Each nurse had a small room and we shared a kitchenette."

The accommodations weren't exactly luxurious. The late Sara Picker recalled in a 2006 interview that she was initially assigned only a bed in the attic when she was hired in 1940. It would be several months before she was provided a room of her own.

By 1975, the Kirkpatrick House had outlived its original intent. Nurses preferred to choose their own quarters, reducing the number of residents. A portion of the building had been set aside for classrooms and that year the hospital's Board of Trustees, launched an expansion project, deciding to order the razing of the building.



Lovell Monroe, technician trainee in the radiology department, operates a new radiation machine used to "treat abnormalities under the skin," in 1947. The machine was a gift from the Donner family.

CHAPTER 3

Technology and Growth: 100 years of Constant Advancement

By June 7 of 1917, the Bartholomew County Hospital had already been open for more than four months, but a good portion of the people it was intended to serve were unsure of what it could do for them. Evidence of that can be found in a short two paragraph story which appeared on page 8 of *The Evening Republican* on that date under a double headline:

“But few patients in county hospital now
“Less than half dozen there at close of
May – Hospital trustee corrects wrong
impression”

It was the second paragraph of the story that detailed the confusion:

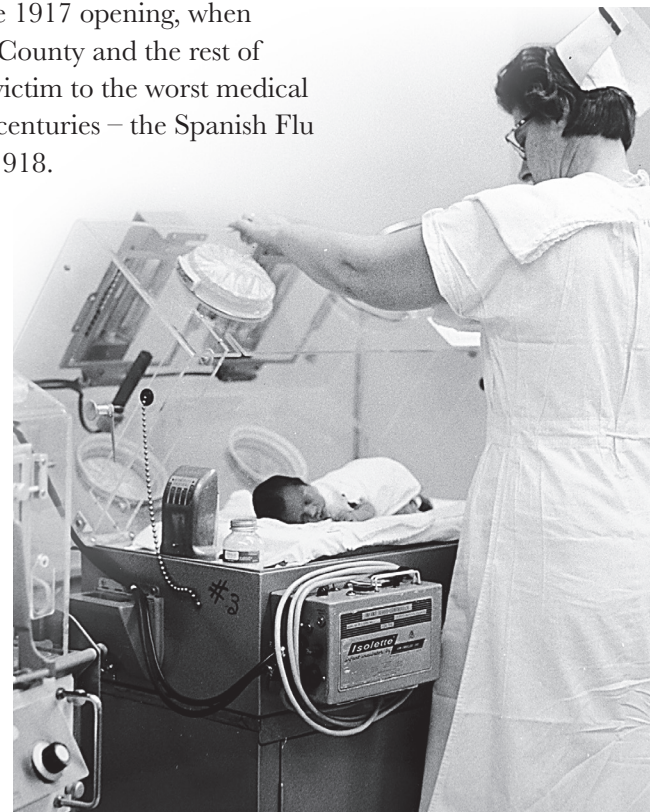
“Hospital officials explain that the people of the county have a mistaken belief about the institution. They say most people think the county hospital is merely a place where surgical operations are to be performed. ‘That is a wrong impression,’ said one of the trustees. ‘We want people to learn that anyone who is sick and wants both quiet and attention, can get them at the county hospital at reasonable rates. The hospital is for sick people as much as it is for surgical cases.’”

Hints of that situation surfaced in the first week the hospital was open. In a Feb. 8, 1917 story, *The Evening Republican* reported, “three operations were performed at the hospital this morning.” It went on to add, “So many people have been waiting on operations, because of no hospital facilities here, that local surgeons will have an average of three operations each morning for the next three or four weeks.”

Advanced as the surgical procedures might have been for a people still living in a largely agrarian age, the tools the hospital had available for treating sick people were relatively primitive. That was demonstrated a year after the 1917 opening, when Bartholomew County and the rest of the world fell victim to the worst medical emergency in centuries – the Spanish Flu Pandemic of 1918.

Statistics tell only a part of the devastation that fell upon the earth. It is estimated that 50 to

An isolette machine for premature infants made possible by Bartholomew County Foundation dollars in 1969.





Clockwise from top: Mrs. Robert P. Ferry serves lunch to chief laboratory technician Miss Louise Retherford in the cafeteria in 1969; a patient receives respiratory therapy; Mrs. Richard Stapleton reads the amount of chloride in a blood sample on the Buchler-Cotlove Chloridometer in 1956.

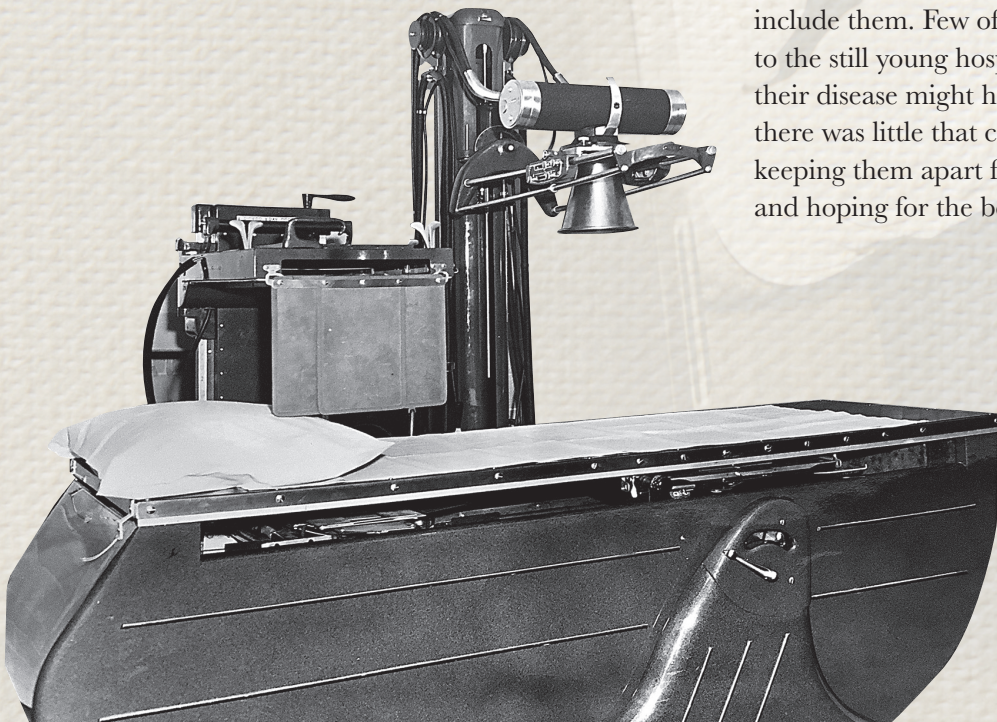


Chest X-ray equipment in 1947.

100 million people died of the disease in 1918 alone. In comparison, combat deaths in all of World War I numbered approximately 16 million.

That number can be brought close to home. Bartholomew County had 32 deaths of servicemen during the global conflict. Of that number, 23 were claimed by the

Spanish Flu. There are no exact statistics as to civilian casualties in Bartholomew County but throughout the span of the outbreak in 1918, *The Evening Republican* was filled with tragic stories of Spanish Flu deaths. Most of those deaths took place in homes. Once infected, the victims were often cared for by family members, the disease in many instances, spreading to include them. Few of the victims made it to the still young hospital and even though their disease might have been isolated, there was little that could be done beyond keeping them apart from other patients and hoping for the best.





Construction to the pavilion dedicated to former administrator Miss Olive Murphy, RN, began in 1966.

Some of the proposed cures that surfaced reflected the inability of even the medical profession to cope with the situation. In neighboring Shelbyville, city officials proposed that prohibition laws be relaxed so that whiskey confiscated by police could be used in the treatment of the flu. *The Evening Republican* news staff conducted a survey of local physicians and found all but one believed alcohol was an effective approach. Eventually, the 1918 pandemic ran its course and the new Bartholomew County Hospital began a slow but sustained period of growth in both the physical campus, and the services provided. Still, there were limits as to what it could do in the treatment of serious

diseases. That was illustrated in the 1950s when the word polio became a part of the national vocabulary. The outbreak of the disease had similar psychological effects as the Spanish Flu pandemic of 1918. Entire communities fell victim to the fear and paranoia which swept the country. The first wave hit Bartholomew County in 1952, when reports began to appear in *The Evening Republican* newspaper. By early August of that year, health authorities reported five cases in the county. By the end of the month the number had jumped to nine, including a 3-year-old boy who died of the disease. It had jumped to 17 by the end of September.



An acute care room in the Emergency Department in 1969; The ambulance pick-up and drop-off zone of the Emergency Department.

As was the case with the Spanish Flu pandemic, statistics as to the exact number of polio victims are limited. In 1957, the National Foundation for Infantile Paralysis (polio's formal name) listed 52 polio victims living in Bartholomew County. Many of the victims were admitted to Bartholomew County Hospital, but the more advanced cases had to be transferred to larger hospitals in Indianapolis which were equipped with such devices as iron lungs in which patients from the neck down were encased in a cylindrical machine which assisted their breathing functions. Although the iron lung was demonstrated to hospital staff in 1950, prior to the local outbreak, Bartholomew County Hospital never acquired one of the devices.





A view of the Emergency Department entrance in the early 80s. Below: Views of WellConnect and connection specialist Ghalila Pietros, who meets with a customer at the downtown Columbus center.



Today's main entrance to the Emergency Department. The new, larger department opened in 2016.

Despite the absence of many technological advances and saddled with the perception that it served as a way station for larger and better equipped facilities, Bartholomew County Hospital did experience dramatic growth in the second half of the 20th century. In 1965, 12,524 patients were admitted and 56,147 outpatients were treated. That triggered a construction boom, which included several additions and renovations aimed at meeting the increased patient load. But as the campus expanded, so did the number of services made available, including: the opening of an intensive coronary care unit, expansion in radiology and ambulatory services and a partnership for helicopter service in the 1970s; followed

by dedicated labor and delivery rooms, a psychiatric ward and the adoption of a paramedic program in the 1980s.

The changes adopted by the hospital trustees and staff in the second half of the 20th century served as a launching pad for an even more strategic approach, which became effective in 1992 with the changing of Bartholomew County Hospital to Columbus Regional Hospital. That signaled even more dramatic changes on the path to becoming a destination health care facility. Some highlights of the past 25 years include advancements and innovations within the hospital walls, such as the addition of robots – Robot Rx and MedCarousel – in the pharmacy,



Dr. Dan Davis in one of Columbus Regional Health's surgery suites, Staff Clinical Pharmacist Robin Jones and the linear accelerator used for radiation treatment in the Cancer Center.





Surgeon Dr. Charles Noble in 1942; Technician Opal Dove in the pharmacy in 1959.

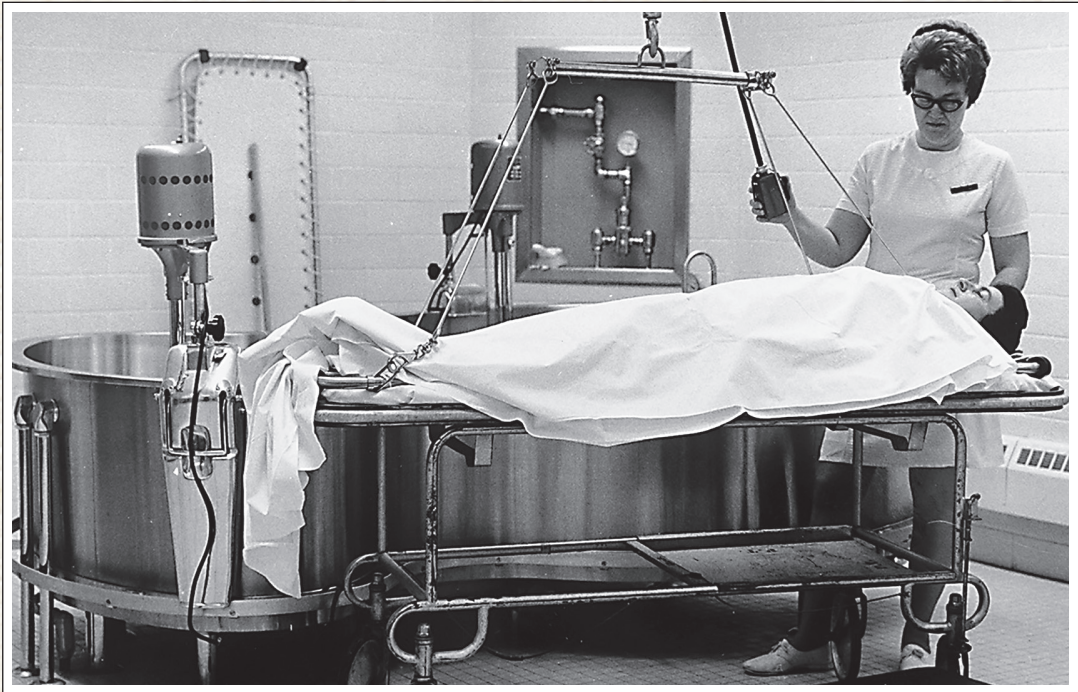
making the process of pulling, dispensing and delivering medications to patients safer and more efficient; wrist-band infant security system and automated “tube” transport system for safe and efficient placement and delivery of laboratory and pharmacy orders.

However, perhaps the biggest transitions within the last 30 years can be realized in the gradual and deliberate move from a hospital to a comprehensive health system with service expansions including the opening of the Breast Health Center, Cancer Center and Volunteers in Medicine in the 1990s, and since early 2000, the Wellness Center programing, WellConnect and more than 20 physician practices and counting. The advancements and expansion





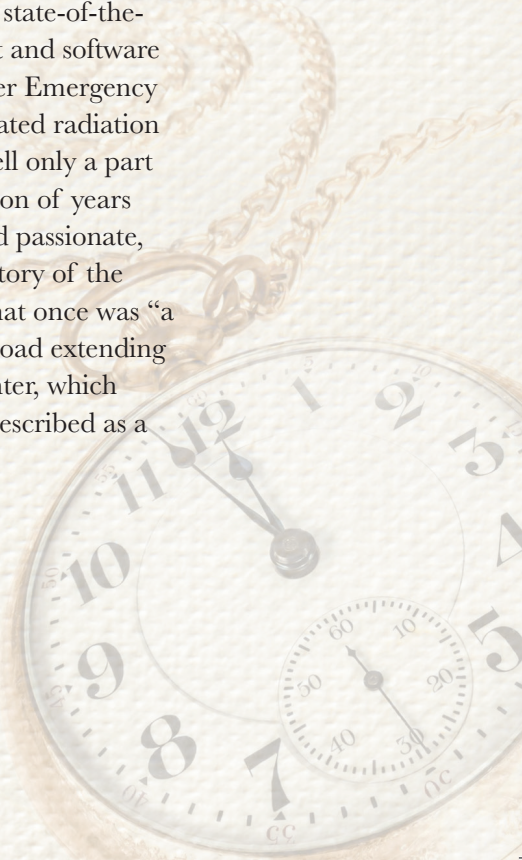
Dr. Douglas Ruese works with a patient in oxygen therapy for wound treatment (above) and Dr. Deepak Jasuja works with a patient on kidney dialysis.



Mrs. Lawrence Sprague, an aid in the physical therapy department, demonstrates use of the Hubbard Tank; Medical oncology nurse Kim Coy, RN helps a patient receive a chemotherapy treatment in the medical oncology unit of the Cancer Center.



of services and technology provided continues, as within the last two years, Columbus Regional Health expanded its Cancer Center, including a \$3 million-plus upgrade in state-of-the-art radiation equipment and software and opened a new, larger Emergency Department with dedicated radiation suite. These advances tell only a part of the ever evolving vision of years of strong leadership and passionate, loyal employees in the story of the transformation from what once was “a county hospital” to a broad extending regional health care center, which can now justifiably be described as a “destination.” ❖





CHAPTER 4

The Birth of a Regional Health System

Through its first three quarters of a century, Bartholomew County Hospital's customer base was essentially within the county's borders. As the hospital progressed through the decades, it began to attract patients from neighboring counties, which were sorely lacking in comparable health care facilities. By the 1980s, at least a third of the hospital's patients came from outside Bartholomew County.

Ironically, this trend among the smaller counties to regard their limited facilities as way stations for more specialized health care providers elsewhere was echoed within Bartholomew County Hospital. It, too, was limited as to treatment options, and county residents, along with their neighbors, were frequently referred to larger "destination" hospitals such as those in Indianapolis.

Although the patient population and services provided were stable in the first 25 years, the outbreak of World War II triggered a surge in both patients and the services offered. The situation was

reflected in patient population. In 1939, Bartholomew County Hospital admitted 1,419 patients and recorded 209 births. In 1950, the patient population was 5,017 with 1,004 births recorded.

From that point forward, hospital trustees were caught in a perpetual game of catch-up. From 1949 to 1990, the Bartholomew County Commissioners and the hospital's Board of Trustees authorized six major expansions. Cost of those expansions ranged from \$780,000 (1949 dollars) to \$7.2 million.

Despite these expansions, advanced treatment options were limited at Bartholomew County Hospital.

Former hospital Chief Executive Officer John McGinty recalled that the transformation was launched in a modest manner.

"The board of trustees identified a need to provide better services for the community in the area of cancer care," he wrote in the booklet *The Columbus Way* in 2015. "The first step was a



Construction begins on the 1966 addition to Bartholomew County Hospital.

collaboration with the administrative staff and a Chicago architect to design a free-standing building dedicated to cancer care on the hospital campus.”

Coincident to this decision was the need on the part of the board to hire a new chief administrator on the heels of the retirement of long-time CEO Robert Borczon. McGinty was hired for the position in 1986, following a national job search for someone with visionary thinking about what could be done to improve health care in the county.

“When John arrived, he was confronted with this building plan,” recalled Doug

Leonard, who then was Vice President of Administrative Services at Bartholomew County Hospital and would later succeed McGinty as Chief Executive Officer. “He was a visionary leader. He was unencumbered by the history of Bartholomew County Hospital and saw the hospital with new eyes and new aspirations.”

The groundwork for what was to follow was laid before McGinty arrived as chief administrator. Those serving on the Board of Trustees for the hospital harbored strategic plans and held high hopes and expectations for an institution that could evolve and not only meet the needs of

Hospital . . . Staying Ahead of

COLUMBUS REGIONAL HEALTH • 1917-2017

By JOHN BEACH
Staff Writer



Robert Borczon, BCH administrator from 1967 to 1985, standing by the Life Line emergency helicopter, which began service in July of 1979.

the community, but anticipate changes and continue to innovate. McGinty was told that one of his primary missions would be to strengthen the hospital's position as a regional referral center and to empower its growth to meet the needs of the community and region. He said that he encouraged the board to review its strategic plan and master site concept before embarking on a single project, such as cancer care services.

"John decided it was time to 'start over,'" Leonard recalled. "This involved a comprehensive planning process with strategic tactics and goals for not only the building and structural look and use of

the facility, but also business functions, health care practices, service offerings and benchmarking in standards of service, quality and safety.

That master site review was the launching pad for an enhanced approach to the hospital's growth. One of the first steps was to seek a new architect and enlist the assistance of the Cummins Engine Co. Foundation in paying the design fees.

"By going to the Cummins architecture program we were looking for a new level of architecture and design," said Lynne Maguire, former Vice President of Planning and Marketing and one of many



A photo from the mid 70s with a view of the Murphy Pavilion with the original hospital structure in the background.

key team members and leaders through the expansion project. “We wanted to send a visible signal to the community that we were a different institution.”

From the three architects submitted for consideration by the foundation, the Board of Trustees chose the world-renowned Robert A.M. Stern.

“The most interesting thing is that we actually sent out an RFP (Request for Plans) to the architectural firms on our list asking them to build us a Cancer Center and a Birthing Center,” Maguire said. “We thought we’d just add these buildings

to the existing campus the way additions were done in the past. It was Robert Stern who told us we needed more than a Cancer Center and a Birthing Center – that our campus was confusing and that we had no architectural integrity. Adding new buildings to the already chaotic campus would create a lot of confusion for patients, families and staff and would box us in a corner in terms of future expansion and changes.”

That eye-opening advice served as a trigger for the hospital board and staff to develop a campus master plan that would facilitate growth well into the future.



Hospital leadership including Doug Leonard, Eileen Dean, Lynne McGuire and John McGinty, and trustees including Barbara Stewart, Pete Rees, Dorothy Armuth and Paul Berman look over plans and blueprints for the major expansion and renovation project. Photo circa the late 1980s.

The new construction was for two two-story pavilions connected and integrated into the hospital building, according to McGinty. They were initially set up for inpatient and outpatient use in cancer care, intensive acute care, inpatient birthing and outpatient rehab.

In addition, a clearly identified main entrance drive was established, the equivalent of having a front door on a home. The interior of the main hospital building was designed to be more welcoming.

The building project began in 1990 and was completed in 1993.

While physical changes were made to the layout and façade of the hospital campus, purposeful and diligent work evolved in both clinical and support system realms of the hospital. The community not only got a “new” hospital but one that was able to provide expanded services in areas patients would previously have had to seek elsewhere. Services and strategic partnerships expanded and improved to fulfill that regional referral focus, including a full complement of cardiovascular services and procedures, including open heart surgery, as well as specialty services such as wound care, robotics surgery and imaging services.



Above: The Murphy Tower is refaced in 1992 during the expansion and remodeling. Below: The original hospital structure is razed in 1993.



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thinking beyond



A display of the hospital logo evolution over the years from about the 1940s to present day (below).

The larger and greatly enhanced facilities would obviously have a staffing impact. The medical staff doubled from 100 in the mid-80s to more than 200 physicians a decade later.

As the new physical structure evolved, hospital officials began an evaluation of the entity's identity.

"We did a lot of market research," Maguire said. "The research confirmed for us that changing the name was the right thing to do and that the community would accept the (new) name."

In 1992, Bartholomew County Hospital became the Columbus Regional Hospital.

"It was clear that the name "Bartholomew County Hospital" didn't convey what Columbus, Indiana represented as an

amazing small community," Leonard said. "Nor did it describe what a complex facility and medical community the hospital was, and could further become."



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your partner for life

Following the official name change, over the next several years, innovative upgrades in business practice and information technology were made in tandem with the development of rigorous standards in service and quality in nursing practice, safety and patient satisfaction. The evolution to a regional referral center with



John McGinty at the podium during the open house in September 1992.

growth in hospital-based services, outreach and presence outside the walls of the main hospital campus continued through the early 2000s and began to take much more deliberate shape under the leadership of current CEO Jim Bickel, who took on the role of president in 2007.

On the heels of recovery from the 2008 flood that closed the hospital for five months, Columbus Regional Health continued to benchmark in the areas of quality, service and innovation with national recognitions and awards ranging from the Becker's Hospital Review "100 Great Community Hospitals,"

and "Top Hospital" designation by *US News & World Report*.

Columbus Regional Hospital began to further expand to a health system comprised of specialty services, physician practices, wellness services and community outreach programs. To better reflect this growth and deliberate focus on Columbus Regional Hospital and its role in the continuum of health care services offered to area residents, the organization introduced the name Columbus Regional Health in 2011. A new vision statement emerged for Columbus Regional Health in 2014 as the health system continued to



An aerial photo of the main hospital campus taken in 2015 as construction began on the new Emergency Department.

evolve and innovate in new ways. The vision statement is as follows:

“Our vision is to be your health and wellness partner for life. We will achieve our vision by always: Caring for you and our community with compassion; Connecting you to the best health resources; and Excelling in all we do.”

Healthcare services continue to expand under the leadership of Jim Bickel with the building of an all-new Emergency Department, expansion of our Cancer Center, new physicians, specialties and practices joining the health system

to further facilitate an integrated health network.

“We also maintain a steady focus on not only outpatient services and chronic disease management, but that continuum of care and how we help patients navigate the health care system,” said Bickel. “We do this in a variety of ways with facilities such as our innovative WellConnect, which is a physical presence that provides community and healthcare connections, an acute care walk-in clinic and a forum for education and outreach, but also through programing such as our Wellness department and strategic partnerships with our affiliates such as OurHospice of South Central Indiana.”



Above: A model of the proposed early 90s expansion and remodeling with plans by architect Robert A.M. Stern. Below: A 2016 aerial view of the medical office buildings located on the west end of the hospital campus. Opposite page top: A night shot of the fountain located on the exterior of the dining hall and below, a rendering from the 2015 Cancer Center expansion plans.

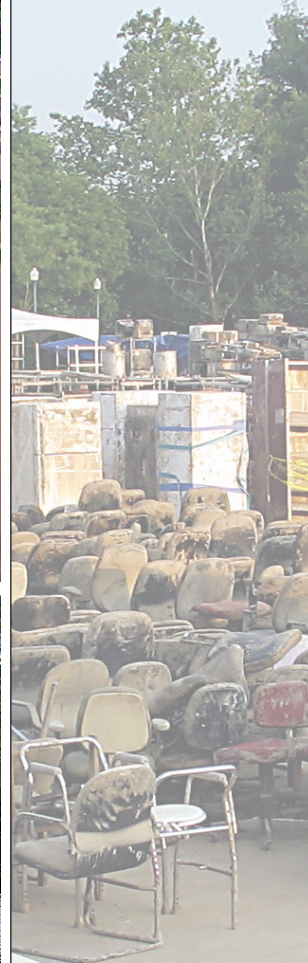


In addition to the hospital campus, Columbus Regional Health now consists of more than 25 specialty and primary care physician practices under the umbrella of Columbus Regional Health Physicians.

Under the current complement of leadership, the health system has also seen a reinvigorated focus on community outreach.

On the precipice of the next 100 years, Columbus Regional Health continues to position itself for further strategic growth that will not only meet the needs of the community and surrounding areas, but provide state-of-the-art, innovative healthcare options and healthy lifestyle services. ❖





CHAPTER 5

The Flood: Rising from a Disaster

On June 7, 2008, Columbus Regional Hospital experienced a disaster on a scale few other hospitals have survived — a flood of historic magnitude severely damaged the hospital, prompting the evacuation of 157 patients and forcing the hospital’s closure for the first time in 90 years. The flooding caused more than \$180 million in damages and destroyed several critical functions, including laboratory, pharmacy, information services, food services and mechanical and electrical systems.

That warm summer day, as well as the grueling months that followed are ingrained in the memories of many members of the Columbus Regional Health family who worked tirelessly to care for patients at area hospitals, serve at community centers, maintain communications with the community and help the city of Columbus and Columbus Regional Hospital recover and rebuild. A mobile emergency unit from North Carolina opened on the hospital campus two weeks after the flood to resume 24/7 emergency services to Columbus. An interim Emergency Department was able

to open within the hospital building six weeks later.

On October 27, 2008, less than five months after the flooding, Columbus Regional Hospital opened the doors to its new and improved facility and continued its commitment to excellence and serving the region.

“Were it not for the teamwork, spirit and culture that is Columbus Regional, we would not have been able to open as quickly as we did,” said President and Chief Executive Officer Jim Bickel. “Every facet of the process ran fervently. In some ways the flood was a low, uncertain time for this organization, but it, in many ways, was also a bright spot. It really showed peoples’ brilliance — the brilliance and

A view of the receiving ramp in June of 2008 during flood clean-up.





Top: View from the inpatient tower of the flooding off 17th Street as school buses lined up to transport patients being evacuated; Clinical staff and volunteers help transport a patient.



A view from inside the mobile emergency medicine unit set up two weeks after the June flooding; view of destruction in the basement.

passion of our leadership in all areas from facilities to clinical quality, from marketing and community relations to philanthropy.”

The quick recovery and steady growth since then was made possible and continues today thanks to the support of the entire Columbus Regional Health staff, their families, hospitals across the state, Columbus Regional Health Foundation, architects, contractors, businesses, churches and the Columbus community. ✦





Above: a picture from The Republic in 1971 of coverage of the Candy Striper Awards dinner, pictured from left, Mary Ann Timmons, Cindy Summers, Kim Thayer and Mary Skurka. Below: Volunteer Peggy Wampler helps a birthing center patient. Opposite page: Volunteer Ted Unrue.

CHAPTER 6

A History of Philanthropy, Inside and Out



Since the days of the Candy Striper, Columbus Regional Hospital's volunteer program has evolved to become a service organization of nearly 250 strong.

The hospital's volunteer program was established by a group of 50 women who formed the Bartholomew County Hospital Guild in 1939. The group, which met monthly, offered a variety of services to the hospital and its patients, from sewing gowns for newborns and writing letters on behalf of the patients to loved ones and friends to delivering flowers to patients that the women had picked from their own gardens.

"The volunteers were affectionately known as the Pink Ladies because of the pink smocks they wore to identify themselves to patients and employees," says Jim Bickel, President and CEO of Columbus Regional Hospital. "At that time the group was comprised predominantly of retired women also known as the Auxiliary."

By the end of WWII, the group reorganized and became known as the Bartholomew County Hospital Auxiliary in association with the American Hospital Association. During the 1950s, the Auxiliary was active in fundraising for the hospital and was mainly comprised

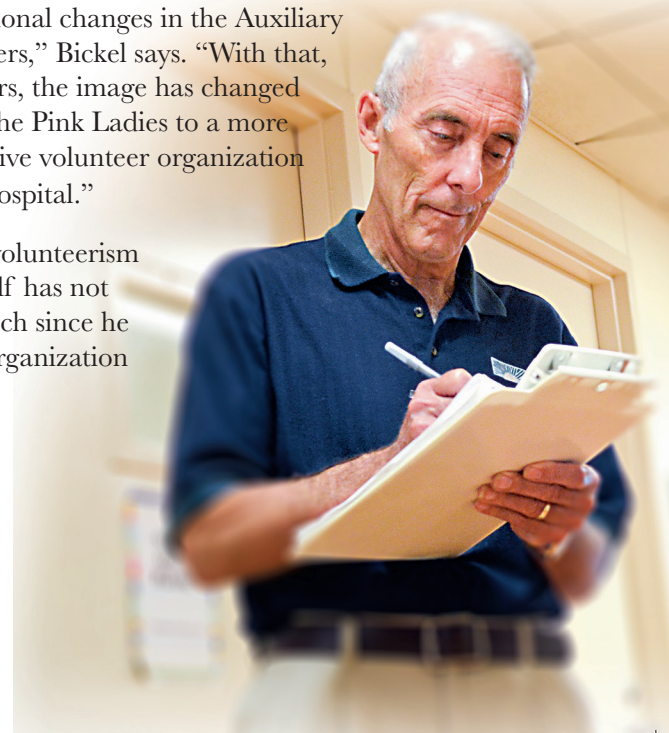
of women. When the hospital underwent one of its first expansions, the Auxiliary participated as guides to assist with the process and used fundraising to help sponsor nursing training and equipment purchasing.

The candy striper program, officially introduced in 1962, initially had 50 participants and grew steadily to include more than 100 young ladies in 1968. The Auxiliary hired its first coordinator in 1966, which was replaced by the paid director of volunteer services position in the 1990s.

The service group continued to blossom into the 1970s and even offered the Pink Lady Press, a newsletter printed on, of course, pink paper. Also in the 70s, the Auxiliary began offering a scholarship program for former Candy Stripers.

"That was a turning point that led to some transformational changes in the Auxiliary and volunteers," Bickel says. "With that, over the years, the image has changed away from the Pink Ladies to a more comprehensive volunteer organization within the hospital."

Bickel says volunteerism at CRH itself has not changed much since he joined the organization





Volunteer Bill Kennedy. Employee and pet therapy volunteer Doug Bell.

in 1991 and took on his current role in 2007; however, he says, the image of what volunteerism is has changed.

“There’s a commitment involved, but you can set your hours,” Bickel says. “We design the volunteer program to fit the volunteers’ schedules and needs and match them up with the organization’s needs.”

A history of volunteerism inside and out

The transformation of volunteer services perhaps paved the way for a more deliberate sense of giving and community mindedness, which now reverberates throughout the health system. Not only is the hospital history rife with examples of individuals and programs giving back within the hospital walls, but just as important, within the community and

geographic area Columbus Regional Health calls home. The Columbus Regional Hospital Foundation, an entity which now oversees charitable giving within the Columbus Regional Health workforce and within community health programs, began as vision of former administrator Miss Olive Murphy, Dr. David Adler, philanthropist Clementine





The former entrance of Volunteers in Medicine when the clinic was housed on Jackson Street. Volunteer Annette Barnes.

Miller Tangeman and hospital board member J.P. Hilger in the early 1950s.

The Foundation's first internal philanthropic gesture was to help fund an educational need for a medical student. Shortly after its official incorporation, the foundation expanded funding focuses to address hospital programming and services, such as the establishment of a medical isotope department in 1956 – one of only four in the state at the time, and air conditioning throughout the hospital in 1959. Beyond the walls of the hospital and health campus, in the mid-90s, Columbus Regional Health Foundation sponsored the grass-roots formation of a comprehensive public health organization, today known as Healthy Communities. The Foundation works

closely with this initiative to measure community health needs and determine funding and support for community health programming and initiatives. Integral in the fundraising needed to hit the ground running post flood recover, the Foundation made the opening of the Innovation Center in a portion of the formerly devastated lower level of the hospital possible in 2011.

From assets of just around \$6,000 when it incorporated in 1951 to more than \$10 million in assets today, Columbus Regional Health Foundation continues its strong commitment to improving the quality of life for this community and for the programs and employees of Columbus Regional Health. ✨

100 YEARS OF LEADERSHIP

From 1916 to 1938, Bartholomew County Hospital transitioned through more than 10 hospital administrators, all with interim or relatively short-lived leadership periods.



Ms. Olive Murphy, R.N.
Administrator
1939-1967



Mr. Robert Borczon
Administrator
1967-1985



Mr. John McGinty
President and Chief
Executive Officer
1986-1997



Mr. Doug Leonard
President and Chief
Executive Officer
1997-2007



Mr. James Bickel
President and Chief
Executive Officer
2007-present

Board of Trustees

John M. Thompson
1915-1922

C.M. Keller
1915-1920

William G. Irwin
1915-1920

Arthur May
1915-1921

J.G. Perry
1915-1920

Ernest Snider
1921-1924

Harry Dickey
1921-1926

Lynn C. Fehring
1922-1924

George E. Mayley
1923-1924

John Jewell
1925-1927

Edward Godfrey
1925-1931

Frank Aldenhagen
1927-1930

Ed. L. Voelz
1927-1929

William Armuth
1930-1933

Frank Schuder
1930-1935

Elmer Weichman
1931-1933

William G. Wissman
1931-1936

Gitt R. Kemper
1934-1936

David S. Muir
1935-1943

M.E. Taggart
1936-1944

Archie Cox
1936-1941

W.E. Parker
1937-1944

Carlos S. Folger
1942-1945

Lynn N. Stewart
1943-1958

Lloyd Speer
1945-1948; 1953-1956

Joseph P. Hilger
1945-1957

Herschel D. Newsom
1949-1952

William Carr Lentz
1956-1963

Herschel E. Murphy
1957-1964

William G. Fish
1958-1967

Robert N. Brown
1959-1974

Frank C. Forster
1964-1983

William H. Fox
1965-1976

Earl Sprague
1967-1981

Barbara W. Stewart
1975-1994

Lewis W. Essex
1977-1988

L. Paul Berman
1982-1983

Dorothy M. Armuth
1984-1996

Stephen M. Rees
1989-1996

John R. Rumple
1994-1997

John A. Nash
1995-2014

Tracy H. Souza
1996-2015

W. George Brueggemann
1996-2011

Marion Dietrich
1997-2003

Tom C. Lentz
1997-2012

Hutch Schumaker
1997-2013

Robert N. Stewart
2003-2008

Donald Michael
2009-present

Frederick G. Shedd
2012-present

Zack Ellison
2013-present

Sherry Stark
2014-present

Marsha L. Hunt
2015-present

David A. Doup
2016-present

CHAPTER 7

Centennial Memories and Milestones

Following are recollections submitted by those whose lives have been touched by the caring Columbus Regional Health family.

“My most memorable experience with CRH was on December 24th, 2013. It was Christmas Eve and I was preparing my home for family to arrive on Christmas Day and also getting ready to head to Candlelight Service at church that night. Everything seemed to be falling into place and I was excited for a good holiday. It was around 6 p.m. that evening that I received a frantic phone call from my father that my mom had just experienced a heart attack and was on her way to CRH for angioplasty. I was scared and nervous and asked where I needed to meet them. I was told the Cath Lab so I called a friend who worked at CRH to ask where I needed to go so that when my mother arrived by ambulance I was in the waiting room, waiting on my father. He and I spent the evening in the Cath Lab that Christmas Eve and were treated so kindly by the staff who understood that this was definitely the last place we would want to be on such a



happy holiday. Mom fortunately did well with her procedure and on Christmas Day, we celebrated Christmas with the wonderful staff of the CCU. I remember thinking how badly I wanted to work for CRH and now, almost three years later, this dream has come true. I will never forget the way the staff treated my mom, my dad and myself during those days and will forever be grateful.”

— Stephanie Strothman, Columbus Regional Health Foundation

1915

1915 \$100,000 in bonds asked for construction of new hospital. Site north of 17th Street and east of Haw Creek selected.

1916 Dunlap awarded contract for new 3-story hospital designed by D.A. Bohlan and Sons architectural firm of Indianapolis.

1917 Hospital opens and first patients are admitted on Feb. 6. Just over 350 total patients admitted with 25 total employees.

1930 Hattie S. Kirkpatrick Memorial Nurses Home for nurses to reside during off hours was established on site northwest of hospital building.

1939 Olive P. Murphy named as administrator of hospital.

1939 1,419 patients admitted; 222 outpatients treated; 209 babies born.

1930

1945 New south wing addition is opened, increasing hospital capacity to 75 beds.

1949 County commissioners approve plans for a \$780,000 expansion, increasing bed capacity to 129.

“My most memorable stay at Bartholomew County Hospital occurred two days before Thanksgiving in 1961. I delivered our ‘miracle daughter’ as I sat in the front seat of our car while my husband drove frantically to the hospital. We arrived at the Emergency Department on the east side of the hospital as my baby cried in my hands. My husband rushed inside for assistance. Two attendants accompanied him back to me and when they realized the baby had already been born, called others to help and decide how to remove us from the car. The decision to use a wheelchair came after a registered nurse performed the procedure to cut the umbilical cord. We were transferred to a private room together on an upper floor, when released from excellent care in the ER. We had the care and treatment sometimes given to celebrities, for our five-day stay. I will never forget the special care my daughter and I received those five days. It was a very happy and stressful time. God was surely guiding us safely to this wonderful hospital on that snowy morning in November, 1961. Thank you again CRH for all that you do, and God willing, another 100 years.”
— Ardus Smith, Gift Shop volunteer

“During my clinicals, I have had the pleasure of meeting Ms. Helen Carter. She started at the hospital in 1965 as a Nursing Aid. Olive Murphy was the administrator at that time. Helen did her LPN training in 1966-1967. After which she worked in the ER for 13 years. On September 1, 1978, her 50th birthday gift was her Nursing Education. Her associate’s and her Bachelor’s degrees followed. In 1990 Helen started the Nursing Education Team on 2 South. From 1982 - 1988 Helen earned three Masters in Nursing. Helen retired from Columbus Regional Hospital in the Summer of 2010. She had 96,000 hours in with the hospital when she retired at the age of 82. Many of Helen’s most cherished memories are of the people and friends she made while working at CRH. The lives she has touched, including mine, are unnumbered.”
— Carrie Alesandro, 7 tower Rehabilitation Unit

July 11, 1970

“At age 18, I was on one of my first dates with my husband and we ran into his friend’s parents. The mother, Ethel Lynne Denney, was overly excited to meet me and quickly gave me a big hug. She then informed me that she was one of my nurses when I was born, and that she was so happy to meet me. I had the pleasure of having her as my nurse for the delivery of my son many years later. When my daughter was expecting, Mrs. Denney was working for Southern Indiana OB/GYN so I knew my daughter and grandson where very well taken care of. I experienced the same reaction when I was in the wedding of a friend. One of the guests came up, gave me a hug and said, “It is her, it’s her.” She introduced herself as Lois Jeannie Sitterding and explained that she took care of me when I was born. It just so happens that I ended up working with this wonderful lady at Southern Indiana Orthopedics also. I was born on July 11, 1970 three and a half months early at Bartholomew County Hospital. I weighed just over one pound. I have felt my whole life that I have a team of angels that have watched over me from birth and am so proud to be a part of Columbus Regional!”

— Teresa McCray, Hospital Care Physicians



A baby picture of Teresa McCray wearing the gown nurses fashioned for her from a napkin in 1970.

1950 5,017 total patients admitted; 20,642 outpatients treated; 1,004 babies born throughout year.

1953 1.7 million dollar expansion completed with additions including two three-story wings, a central heating plan and laundry building, taking total number of beds up to 142.

1965 12,524 patients admitted; 56,147 outpatients treated.

1967 Administrator Olive Murphy retires after 28 years of service and Robert Borczon replaces her.

1950

1954 Hospital reports biggest year in history of institution with 6,500 patients admitted. Total receipts were reported at \$743,995.

1959

1959 Cornerstone is laid for \$911,000 expansion to add 39 beds, X-ray and remodel second floor and emergency areas.

1968 3.7 million in bonds sold to build “Murphy Pavilion,” a five story inpatient unit of 108 beds in honor of former administrator Miss Olive Murphy.

1976-1978 plans for a 7.2 million expansion to add two floors to the Murphy Pavilion and ambulatory services, including radiology and laboratory, facility are launched.

1979 Hospital partners with Lifeline Helicopter from Indianapolis to provide local service.

1984 Hospital reclassified as regional referral center and paramedic program is started.

1985-1986 Robert Borczon retires after 20 years of service and John McGinty Jr. is named President and Chief Executive Officer.

1970

1970 Work starts to remodel south wing originally erected in 1942.

1972 Hospital opens 10-bed intensive coronary care unit.

1973 Children's ward renovated (pediatrics world of it's own).

1981

1981 Labor and delivery rooms established on a pilot basis.

1983 New psychiatric ward admits first patients.

1988 Bartholomew County Hospital and Quinco Consulting Center agree to affiliate for the purposes of expanding and improving mental health services.

“There are two personal experiences that demonstrate the workforce diversity, work ethic and the collaborative culture that we are all proud to be a part of as the CRH family. One example is during 2008 when the Columbus Surgery Center (CSC) was the main site of care for ambulatory surgeries while the main operating room at CRH was in recovery mode from the flood. There were several employees and physicians from surgical services that came over to join the CSC team in an effort to meet the ambulatory surgery needs of our community. The employees from both entities came together maximizing their level of expertise, combining services from two very unique work environments, representing a collaborative culture that supports our CRH mission and vision. A second example is when we combined Endoscopy staff from CRH and staff from CSC in 2013 in an effort to enhance the care we provide to our patients. Endoscopy Services in the community were merged from both entities and CSC closed their doors in late 2013. This closure was a very emotional time for the CSC team and the CRH workforce welcomed all of them with a smile and sense of appreciation. The first day we opened the Endoscopy Center in March of 2013 was a very challenging day for staff as they came together to care for patients in one location in a new facility. The staff quickly formed a bond, bringing expertise from an inpatient and outpatient perspective, learning from one another, pulling their strengths together to enhance the Endoscopy Services we provide. I was proud to lead and be a part of both of these teams as they demonstrated the professionalism and compassion of which CRH should be very proud. I wanted to share these memories as a reminder of what we stand for, why we went into the healthcare profession, and remind ourselves of the great things that can happen when you create a culture of excellence!”

— Marcy Ross, MSN, RN Clinical Nurse Specialist-Perioperative Services

“I began working at the hospital in 1981 in the Medical Records Department. At that time the hospital’s name was Bartholomew County Hospital. We had west and south wings for in-patient stays. The Mental Health area was a wing just beside our department. The Public Health Department in Columbus was within the hospital. Betty Hagedorn was my first manager. She was a great leader and teacher. She was dedicated to her work and to the hospital. She laid the foundation for my career in Medical Records (Health Information) Department. There have been many changes over the years. I was involved in the transition from paper records to electronic records. I’ve watched the expansion of the hospital as it has taken on a new look and was a witness to the damage by the flood. I’ve also been a part of the hospital expanding to other parts of the community not just at the hospital campus. The flood was an incredible event, not just for the hospital, but for my perspective on the hospital. I was able to witness how employees united together to help restore the building. It did not matter what your job consisted of everyone was willing to do whatever it took to bring the hospital back to operation. The leadership at that time was remarkable. Normally every day we work to care for our patients but during this time they cared for us. Columbus Regional continued to provided for us financially during a tough time for the hospital. They made sure everyone was safe and able to do what was asked of them. Today, I still work in Health Information; I have been here for 35 years. I have seen many changes over the years. Columbus Regional Hospital is my work family. I feel Columbus Regional Hospital is the best place to work in Columbus!”

— Tammy Imlay, CCA, Health Information Department

1990 Ground is broken on a \$40 million expansion and renovation project to include a cancer treatment center and birthing center.

1990

1991 Hospital adopts smoke-free policy.

1993 Hospital begins leasing the Lincoln Park inpatient facility in partnership with Quinco Behavioral Health Systems for an inpatient mental health unit.

1992-1994 Bartholomew County Hospital changes name to Columbus Regional Hospital to better reflect the population it serves and celebrates the completion of a construction and renovation project that touched nearly every aspect of the main hospital campus including new pavilions, front lobby, gift shop, new dining room, physicians’ office building and renovations and additions to the main patient tower, including the 7th floor rehabilitation unit. Cancer Center opens.

1994

1994 Physician Practice Organization is formed as a non-profit corporation to facility integrated care among family physicians and the hospital.

1995

1995 Breast Health Center opens in the Haw Creek Medical Office Building. PromptMed Immediate Care Center opens on 25th Street in Columbus.

1996 Volunteers in Medicine clinic opens offering healthcare to the uninsured and underinsured in Bartholomew County.

1998 Douglas J. Leonard is named President and Chief Executive Officer. Columbus Regional Hospital and Columbus Imaging Associates sign an agreement to operate the Columbus Diagnostic Imaging Center as a joint partnership. Hospital serves more than 10,500 inpatients and 98,000 outpatients.

1999 Hospital introduces a new baby chime that plays a lullaby, written by local physician Dr. David Larson, throughout the hospital whenever a baby is born.

2000

2000 Pharmacy Department begins using Robot Rx. Volunteers in Medicine Clinic receives Indiana Achievement Award.

“During the early 90’s, at the same time that our community experienced the unexpected growth of Spanish-speaking immigrants, the healthcare industry became focused on addressing the needs of patients of diverse groups. Our hospital responded in many creative ways to ensure we were prepared to also serve the healthcare needs of people in our community who had different language, nationality, ethnicity, and culture. A position was created within the HR department to benchmark and design ways to be the best at providing healthcare to all. At the local level our hospital hosted for several years Medical Spanish classes for our employees, and developed a Medical Interpreter curriculum when there was not a formal national effort for this activity yet. At the state and national level we participated on the design of strategies that hospitals could use to deploy comprehensive services amid the changing demographics of the country; and were members of the National Association of Diversity in Healthcare, a board affiliated with the American Hospital Association. During our tenure on this board, our hospital was an active participant in the design and implementation of the curriculum for the Professional Diversity Practitioner course, which formalized the training for this position in healthcare organizations nationwide. One strategy we used to serve our local community better, was to enlist our employees of different nationalities to help us learn, and prepared sessions to help the rest of our staff understand and respond appropriately to different cultural expectations and healthcare perspectives. These employees were instrumental also in providing language interpretations when needed within our hospital and our community. The flags on the photo were displayed during the month of September every year in our front lobby and they represented the different nationalities of our workforce at the time.”

— Laura Hurt, President, Our Hospice



“The year was 1988 and I was working on what was then called One West (now 2 Tower) when my mother passed away on January 10th. I was at work that Sunday and received the call from St. Vincent Hospital in Indianapolis that she had taken a turn for the worse. My shift was scheduled from 3 to 11 p.m., but the girls told me to get out of there and get to the hospital and they would take care of everything else. I left the hospital knowing that everything would be taken care of. My friend and co-worker, Janet Mullis, RN, said she would take care of it and told me to be safe driving. I can only say that my Heavenly Father was involved that day and every day that I worked with these girls on One West. Not only my fellow co-workers on the unit, but everyone throughout the entire hospital who knew me and my mother or had taken care of my mother, was very supportive the last 6 weeks of her life. I had never seen so much love, respect, compassion and willingness to help in a place of business as I did at that time. My head nurse, Ruth Henney RN was very supportive and so were the orthopedic doctors that I worked with for many years. I can truly say that I have been blessed with friends, who are like family, these 43 years that I have worked at Columbus Regional Hospital (Bartholomew County Hospital, when I started). It is my prayer that we will continue to do our best, not only for our patients and their families, but also for each other.”

— Lynn Brownfield, LPN

2001 Infant security program begins that incorporates the use of wrist bands on each infant. Computer system is installed to make administrative functions more efficient. Web site is launched.

2001

2003 Hospital receives Magnet Nursing Accreditation and Foster G. McGaw Prize for Excellence in Community Service.

2004

2004 PACS (Picture Archiving and Communications System) is implemented. New linear accelerator begins delivering IMRT (intensity modulated radiation therapy) in cancer treatment. North Medical Office Building is erected. Our Hospice of South Central Indiana opens inpatient facility on the east end of the main hospital campus.

2007 Columbus Regional Hospital is designated as winner of the McKesson Quest for Quality Prize by the American Hospital Association. James D. Bickel named new president and CEO.

2008

2008 Plans are announced for a new emergency department and patient tower. Record flooding closes the hospital for five months. All employees remained on paid staff during the closure period. All inpatients were safely evacuated and the care of those patients, and new patients over the five-month period, was coordinated through surrounding regional health systems.

2010 The aviary in the hospital main entrance is reestablished and welcomes back 15 birds. The aviary was originally opened in 2004, but closed following the 2008 flood.



2010

2011 Columbus Regional named 5th most beautiful hospital in America. Wellness Center opens in Mill Race Center. A flood wall is constructed around the entire main hospital campus. The Innovation Center opens in a portion of the newly renovated basement level of the hospital. Health system changes name to Columbus Regional Health.

“Hands down, my favorite memories of working at CRH have been running the Mill Race Half Marathon twice and the full marathon once. I have always looked forward to running these races and seeing my co-workers along the course as volunteers. Also, crossing the finish line with many of my co-workers cheering for me with personalized signs is something that I will never forget. I truly have the best co-workers and feel blessed every single day to work beside them.”

— Paige McGee, RN,
Emergency Department



“Due to the amazing support from Columbus Regional Hospital over the past 35 years, the Sandy Carmichael Hospice Center came to fruition in 2004! Columbus Regional Hospital and the CRH Foundation were instrumental in “bringing the vision to life.” Our Hospice founder and former President, Sandy Carmichael, shared numerous stories of working with CRH leaders Robert Borzcon and Shirley Marsh, and physicians Ben Ranck, Daly Walker and Sherm Franz to develop the hospice concept in our community. This legacy continues today under the leadership of Laura Hurt, President since 2013. Our beautiful facility, located on the CRH campus, is in its 12th year of operation and our staff continues to fulfill our mission ‘To make every moment count, by surrounding our patients and families with respectful and compassionate care, for as long as we can.’”

— Anita Burton, Executive Assistant/
Manager of Facilities, Our Hospice

“My special memory was the 5 months following the 2008 flood. I remember receiving the phone call not to report to work until further notice. I had no idea the flood was even occurring on June 7. What was happening? How could Columbus Regional Hospital be flooding? My mind raced and could not comprehend the message. By the next day, it was a feeling of reality. Over the coming weeks, the commitment to our community and each other played out as our CRH work force unbelievably continued to be employed by CRH in various capacities to bring our community back to a functioning level. Jim Bickel assured us that we had to retain our workforce in order to function as a strong hospital when CRH would re-open...it would be 5 months. It was 5 months of toil, strain, and being out of our comfort zones. I work at Marr Road as a Senior Spine Specialist Physical Therapist and have been there more than 20 years. We were open and seeing all outpatients from the main hospital and our continued Marr Road patients by the Thursday after the flood. We worked with inpatient therapists and many other staff sharing treatment rooms and parking space, which would brim to capacity. It got very crowded at times. We had freeze dried charts to comb through which came over from the main hospital flood waters. We all made it together, and I was never more proud of our administration and work force. We walked through each day and kept looking forward. Now our delayed ER is open in 2016. The flood slowed us down, but did not stop us.”

— Lynn Billeter-Ellegood, PT, DPT, MTC; Rehabilitation Services



2012

2012 Surgical Services incorporates the use of the da Vinci® Si™ Robotic Surgical System. Healthy Communities receives Public Service Award from the Indiana State Department of Health.

2013 Columbus Regional is named as a top institution by US News and World Report. Hospital served about 9,300 inpatients and 195,000 outpatients. WellConnect opens in downtown Columbus. Columbus Regional Health becomes official co-sponsor of Mill Race Marathon.

2014 Inspire Health Partners is created by a partnership through Columbus Regional Health, Schneck Medical Center and SIHO. Hospital received official Baby-Friendly Status from the World Health Organization. Plans for expanded Cancer Center and new Emergency Department are announced.

2016

2016 Cancer Center expansion is completed and the center acquires new state-of-the-art radiation equipment and physicians. New Emergency Department opens at double the size of the previous department. PromptMed undergoes remodeling. Volunteers in Medicine officially changes name to VIMCare Clinic under new HIP 2.0 laws and opens in former hospital emergency space.

CHAPTER 8

For Our Next 100: 2017 and Beyond



*A*s we take the opportunity this year to reflect on a century of caring and service to our community and region, we are honored to admire the past, celebrate where we are today and excitedly look forward to the future. We remain committed to our mission to improve the health and well-being of those we have the privilege to serve and to our vision to be your health and wellness partner for life. Fulfilling our mission and vision require constant attention and focus on providing the highest quality of care and services across our health system each and every day. Columbus Regional Health respects and treasured its role and impact on the quality of life and economic strength in our community.

Looking back over the last “100 Years of Caring” provides us with a reason to recognize and celebrate, yet it also shows that we must always be prepared for new opportunities and challenges. Even so, the caring and compassion Columbus Regional Health retains for our community, our workforce and our patients will remain constant. Thank you for the privilege to serve you and the trust you place in all of us at Columbus Regional Health. ✦