

Celebrating



years

1948 – 2023

Good Samaritan Regional Medical Center

Generous community support keeps enduring promise

“We would never turn a patient away that needed hospital care at Good Samaritan Hospital in Corvallis.”

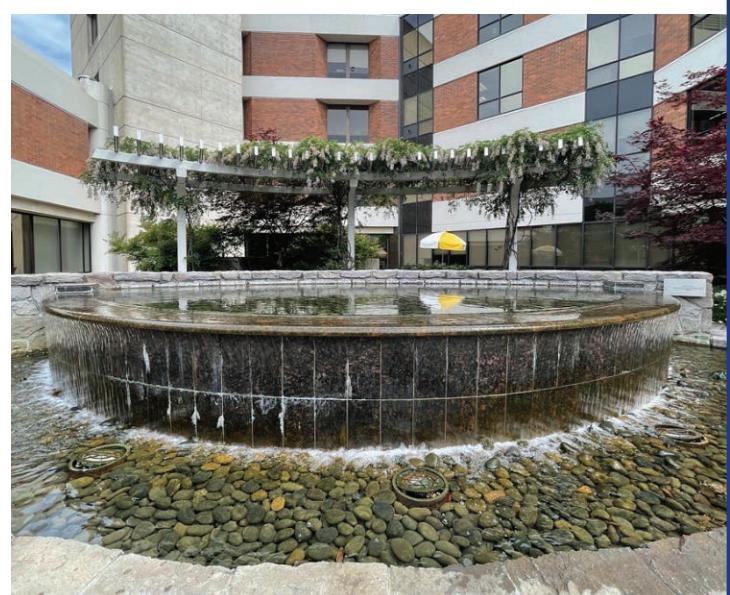
These words were spoken by community leaders T.J. Starker and the Rev. Charles Neville in 1948 upon the establishment of the hospital now known as Good Samaritan Regional Medical Center.

This promise has been kept thanks to generous donors to the Good Samaritan Hospital Foundation, which funds programs and projects such as the Samaritan Pastega Regional Cancer Center, Elizabeth Starker Cameron Healing Garden and the Mario Pastega.



**Samaritan
Foundations**

Good Samaritan Hospital Foundation



Community laid foundation for hospital's success

Looking back on the history of Good Samaritan Regional Medical Center, I am grateful to the community members, leaders and board members who helped build a solid, mission-based foundation that has stood

the test of time. I am proud of what we have achieved and am confident in the future of our medical center.

Samaritan Health Services' culture is characterized by its values of passion, respect, integrity, dedication and excellence that guide our daily interactions. It is also central to our vision to continually adapt to the needs of the community.

The milestones for Good Sam are meaningful: Becoming a non-profit hospital in 1948, growing into a Level II trauma center in the late 1990s, expanding into a regional medical center in 2004 and now to the present day where our tradition of innovating and providing safe, quality care has inspired continuous improvement. Daily, our overall operations and relentless drive of community service keeps us aligned with our mission of building healthier communities together.

In the constantly evolving health care landscape, patients are now more informed about their health care. Who would have imagined 75 years ago that we could see our lab results within hours, and communicate with our providers and set up appointments through the MyChart app from using a computer or mobile device?

In 2009, we recognized the opportunity to enter the realm of graduate medical education, helping to develop new physicians to address current and future health care demand. We also started our own residency program and brought medical residents to the mid-Willamette Valley to experience firsthand the value of caring for patients in our region. I am

Please see HENNUM, Page 4



LAURA HENNUM,
CEO GOOD SAM

Man of the cloth, no stuffed shirt



PAUL VAN DEVELDER, GAZETTE-TIMES 1984

The Rev. Charles. Neville talks about his life in Corvallis during a 1984 interview

BY WENDY MADAR
Corvallis Gazette-Times

"I was not exactly a religious young man – quite the contrary," the Rev. Charles Neville said with a chuckle and a wink. "I had a reputation for being a fun-loving maverick and I still am to a certain extent."

Neville, 68, was rector of the Episcopal Church of the Good Samaritan in Corvallis from 1943 until 1981. "The word rector comes from 'director' but some might say I was the 'wrecker' of the parish," he said with impish humor.

He's retired now but still wears a clerical collar and spends hours each day doing good deeds.

Balding, quick to laugh, he's the very picture of a benevolent cleric – but there's pepper in his words as well as a twinkle in his eye.

His decision to become a man of the cloth shocked his family, he said. It began when he was a student of philosophy and psychology at Willamette University and the University of Washington in the late 1930s.

"Like most philosophy majors, I became a skeptic if not an agnostic," he said. But, exhausted and depressed by holding down two jobs while taking a full class load, young Neville found help in an unexpected place.

"My doctor recommended sleeping pills. My philosophy professor told me I was working too hard, but you couldn't rest during the Depression. So I went to the altar and found the peace that surpasses all understanding. I decided to devote myself to helping others find that."

After earning a degree at the Church Divinity School of the Pacific in Berkeley, California, he became rector for two churches and two missions in Lincoln County. Then he was asked to head the Corvallis parish.

When he arrived here in 1943, he said there were six children and 200 adult church members. The parish census hit a peak of 1,700 during the early 1970s but has since dropped to about 1,300 because of nationwide upheaval in religious faith.

Please see NEVILLE, Page 4

The new First Citizen

EDITORIAL BY R.C. INGALLS
Corvallis Gazette-Times

For the first time since the program was inaugurated, a woman has been named Benton County's first citizen. The honor goes to Miss Virginia Welch and it is a well-deserved one.

That it is also a popular one was demonstrated when Rev. Don Helseth, who made the presentation at Tuesday's banquet, had to cut off his speech when he intimated Miss Welch had been selected – the applause interrupted him so completely he had to go ahead and present the award.

Usually this honor goes to someone who has performed a community service outside of his own field of endeavor. The award went to Miss Welch because she had gone so far beyond the call of duty in her profession, and this particular field is in itself a great contribution to the whole community.

Actually, the honor is also somewhat bestowed on all the people of the community who

have given so generously to the hospital of their time, money and energy. It belongs a bit to the college professor who has given of his too meager pay and to the lumberman who has given so generously of his earnings. It belongs a little bit to the merchant who worked on the drives and contributed his share of money and to the clerk in the store who gave some of his hard-earned money so that the sick might have a comfortable place to rest.

It went to Miss Welch in particular for pulling a half-hostile community together in one great project which will benefit us all. The honor is a singular one for Miss Welch because she has been in our country such a short time. Since coming here in 1948, she has risen from director of nurses to administrator of the Good Samaritan Hospital. This would be a rough job for the ablest man, and she has handled it with diplomacy, energy and imagination. It has been particularly difficult during the time



GAZETTE TIMES FILE PHOTO, 1958

Good Samaritan Hospital Administrator Virginia Welch shows the hospital's first iron lung to Peggy Dubois, the chairman of the local polio foundation in 1958.

of reorganization, remodeling.

Besides these heavy duties she has found time to be president of Soroptimist, program chairman of the Oregon Association of Hospitals, on the legislative committee of the Oregon Nurses Association, serve as a board member of the Institutional

Nursing Service Administrators, work as a member of the American Nurses Association, Western Hospital Association, Benton County chapter of the Red Cross, the Heart Association and the Women's Club of Corvallis.

Please see WELCH, Page 4

Neville

From 3

"Church populations dropped off because of the Vietnam War," Neville said. "Many churches got involved in civil rights and other issues, and some conservative people objected to the church's social stands. Many also objected to changes in liturgy, which were part of the widespread efforts by church leaders to bring religion into step with the times."

Churches lost members but, said Neville, this turned out to be a wholesome change.

"In the old days, a lot of people used to go to church for the wrong reasons — for instance, a widow looking for a pious husband. But most people now go to church because they want to — because they find meaning here and want a warm relationship with God."

For Neville, being rector was never an 8-to-5 job. He started each day with a service in the chapel, and then spent long hours in his office writing sermons and letters, studying "to keep up with the world" and trying to meet his parishioners' emotional needs. He joined civic



GOOD SAMARITAN ARCHIVES, 1973

Rev. Charles Neville, right, signs a \$7.8 Million construction contract with Chuck Hageman, president of Contractors Inc, to build the new hospital watching are Samaritan chief financial officer Bob Hutchinson, back left, Administrator Jim Mol and board member Basil Copeland.

groups and ministered to the sick and dying at Good Samaritan Hospital.

Neville is treasurer for Benton Hospice Service, chaplain for the Elks Lodge, honorary trustee on the hospital board, a state director for the American Association of Retired People — and more. But his devotion to the community has had its painful side.

"I am grateful to God for giving me life

and direction, but I do live with some regrets, mainly attributable to poor judgment. I think one of the biggest is not taking more time to spend with my four children. I'm sure there were times when other fathers were home to answer their son's questions, when I was at meetings. Sometimes I'd go six weeks without being home in the evenings."

But Neville doesn't brood on his regrets.

"You have to accept that pain and suffering are part of reality, Good will prevail, but I don't think all you have to do is think right to get there — it takes blood, sweat and tears."

The article originally appeared in 1984 in the Gazette-Times. In 2006 Neville died at the age of 90 in McMinnville. During his time in Corvallis, he is credited with saving the bankrupt hospital by helping create the nonprofit Good Samaritan Hospital. He also is credited with finding the land for the medical center's current location as well as helping with numerous fundraising efforts. His original parish is now the Corvallis Art Center. His name lives on at Good Sam with the Charles S. Neville Building that currently houses specialty clinics and lab and imaging services.

Welch

From 3

In her own job as administrator of the Good Samaritan Hospital she has worked to develop an institution in our community that ranks with metropolitan hospitals in efficiency and medical know-how. She has taught nurses aides and given long hours to the home nursing program of the Red Cross. She has also been active in the Good Samaritan Hospital Auxiliary group.

The community is most fortunate to have Miss Welch among our citizens and now she no doubt feels she is fortunate to have chosen this community as her home.

This editorial is reprinted from the Nov. 18, 1954, Corvallis Gazette-Times. Welch, the first administrator of Good Samaritan Hospital, retired in 1967. When Welch arrived in Corvallis the hospital had 40 beds and 12 physicians. When she left the hospital had 181 beds and 60 physicians. Upon retirement Welch moved north to the Seattle area. She passed away in 1978 at the age of 78. Her obituary listed no survivors but encouraged contributions to be made to the Good Samaritan Hospital Foundation.

Hennum

From 3

pleased to share that we just graduated our 11th class and to date, 12 of those graduates have chosen to establish their physician practices with Samaritan.

We also conduct ongoing research in several areas including a study to find a better way to treat septic shock, which has a death rate as high as 50% nationally.

The story of Good Sam reflects the choices that our neighbors have made to work with our hospital's charitable foundation. In the early days, it was community friends and neighbors who supported expansion projects and the eventual building of a new hospital. Today the community, often multi-generational supporters, continues to help write the hospital's story by supporting further expansion, patient support and cutting-edge technology.

With this trusted position in the community, we also prioritize giving back. Through Samaritan community benefit programs, we provide direct and in-kind support for services such as health screenings, health professions education, health research and community health activities. This year, Samaritan awarded close to \$1 million to support nonprofit organizations in Benton, Lincoln and Linn counties through Social

Accountability grants.

It is clear there is a reciprocal rhythm that continues to beat when it comes to giving and receiving between the hospital and the community. One example: the Good Samaritan Hospital Foundation just completed a \$656,400 campaign to fund a 3D mammography system and ultrasound machine dedicated to breast imaging. The equipment will increase screening capacity for breast cancer detection and decrease wait times.

In the late 1940s, concern was growing that Benton County would have to shutter its hospital. Through the tenacity and foresight of community leaders like T.J. Starker and the Rev. Charles Neville, steps were taken to correct the hospital's course, making it possible to continue to have a trusted and thriving community-based medical center today.

These words by Neville from when he spoke in front of state politicians in Salem 75 years ago stand true today: "We would never turn a patient away that needed hospital care at Good Samaritan Hospital in Corvallis."

Laura Hennum, CEO of Good Samaritan Regional Medical Center, has more than 25 years of leadership experience in the health care industry. During that time, Hennum worked with hospitals and health systems in Oregon, Washington, California and Nevada. She started her career with Providence Health & Services in Portland.



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In 2004 Auxiliary celebrated their 50th year

BY WENDY GEIST
Gazette-Times

For 50 years, members of the hospital auxiliary have lent a helping hand. This afternoon they will be on the receiving end at a celebration in their honor.

Since 1954, the members of the auxiliary, who now serve Good Samaritan Regional Medical Center, have played an integral role in the success of the hospital, noted auxiliary historian Millie Castellano.

Over the years, the group has held fundraisers such as bridge parties, fashion shows, casino nights, auctions, garage, bake and craft sales to raise money for medical equipment and for various hospital departments, as well as college scholarships for employees and students.

"It all started with the gray



In 1966 Virginia Welch, left, honored Rose Raylene Hodges, right with the first Virginia Welch Scholarship. Since that day, more than \$277,000 has been awarded to students pursuing a career in a medical related field.

ladies," Castellano said.

In the 1950s, around 25 medical staff tended to the 88-bed Corvallis General Hospital. On average, patients stayed for a week and therefore needed a lot of as-

sistance.

The gray ladies, wearing gray nurse uniforms, helped patients write letters, read to them and shampooed their hair, Castellano said. They also served coffee, tea and

hot chocolate to patients and visitors. In later years, the volunteers walked around selling cigarettes, magazines, books and gifts to patients and visitors.

From the gray ladies the auxiliary was formed, and in 1954 the organization had 205 members. Annual dues were \$2. The first fundraising event, said Castellano, was a bridge party on Sept. 23, 1954. Money was needed to buy a surgery table for the hospital. The auxiliary paid \$2,100 for the table.

At the time, "the hospital was on such shaky ground," Castellano recalled. "The hospital was on a shoestring and needed the auxiliary to pick up the slack."

By 1955, membership grew to 329. That same year, the auxiliary held its first spaghetti feed at the American

Legion Hall, an annual community event that lasted for 25 years. Around 600 people attended that year and paid \$1 for adults and 75 cents for children. In the 1960s, the auxiliary added a fashion show fundraiser, and an auction in 1968.

Today, along with funds from bake sales, book sales and craft sales, the auxiliary raises money through vendor and travel agent sales. The group receives a percentage of the profits coming in from Mountain Man Candy, which is sold by the auxiliary, and trips booked with Collette Tours. A lot of members go on trips booked through the travel agent, Castellano said. Funds also come from the hospital gift shop and a "scrubs" sale.

This past year, the auxiliary has used its funds to do-

nate more than \$15,690 for things such as wheelchairs and heart and other monitors, \$50,000 to the Pastega House and \$17,000 for college scholarships. More than 210 people are volunteers at the hospital these days. In June alone, 142 volunteers donated more than 1,932 hours.

In 2022 Good Sam had 139 volunteers who provided 7,962 hours of service.

This year the auxiliary has contributed \$10,000 toward a \$100,000 pledge to the Good Samaritan Hospital Foundation's breast imaging capital campaign. Recent contributions include \$200,000 to the Samaritan Pastega Regional Cancer Center and \$100,000 for the Mario Pastega guest house expansion.



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'EVERYONE'S HOSPITAL'

Pivotal moments shape Good Samaritan's legacy

JENNIFER MOODY
For Mid-Valley Media

On his first day as a critical care and pulmonary disease physician in Corvallis, Clifford Hall came to Good Samaritan Hospital to check on his patients - and stopped cold.

A cigarette machine? Right at the entrance of the hospital?

Never mind that it was June 1973. Never mind that plenty of doctors smoked right along with their patients. That wasn't the message Hall, then 30, thought the city's hospital should be sending to its community.

So he marched down the hall to the office of James Mol, then the hospital's chief executive officer, and told him so.

"I said, 'That shouldn't be here. You shouldn't encourage people to smoke,'" Dr. Hall recalled. "He looked at me and said, 'Who are you?'"

But within a week, that cigarette machine was gone.

Although Hall credits Mol, not himself, for making the change, it's just one example of the way officials say Good Samaritan has always operated: with the good of the community as its focus.

In fact, that's how the hospital came to be Good Samaritan in the first place, 75 years ago.

Corvallis had a hospital as early as 1922, a private business owned by several shareholders and known as Corvallis General Hospital.

By the 1940s, however, the hospital was struggling. Then as now, health care is costly, and not enough resources had been put back into the building, the business or the technology to make it viable for continued operation.

"Corvallis General Hospital was nearly insolvent," said Julie Manning, who after 37 years of service retired in 2022 from her position as vice president of Marketing, Communications and Com-



GOOD SAMARITAN ARCHIVES, 1948

The hospital staff poses for their hospital day photo shortly before the transition period between Corvallis General and Good Samaritan Hospital. Site superintendent Clarence Reynolds, left, was replaced shortly after the changeover by Good Samaritan's first administrator Virginia Welch who is dressed in her nursing attire middle row third from right.

munity Health Promotion. "We needed a different model."

In 1947, Thurman James "T.J." Starker — patriarch of the Starker timber family and one of the most influential and active men in town — entered into a discussion with the Rev. Charles Neville, rector of the Church of the Good Samaritan, the Episcopal church in Corvallis. The hospital is going bankrupt, the two agreed, and something had to be done to save it.

It's not clear how the connec-

tion got made, said Bond Starker, chairman emeritus of the Starker board of directors and T.J.'s grandson. He doesn't know of any affiliation at that time between his grandfather and the church.

"I do pretty much know that Father Neville was a mover and shaker by that time," he said. "So, I'm sure that the two of them knew each other."

Indeed, Neville had a lot of influence. Under his 37-year leadership, the church made so

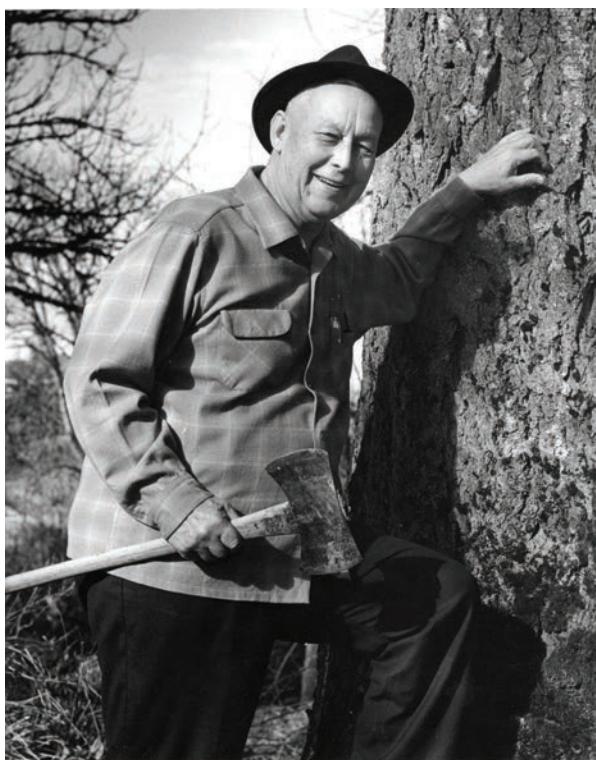
many changes for the benefit of the community that to this day, its website refers to his tenure as "The Neville Era." He brought the situation to the attention of the Episcopal Diocese of Oregon, where the bishop agreed to a church affiliation for the hospital.

Starker was equally well-connected. One of his efforts, his grandson said, was organizing a benefit breakfast as part of his effort to persuade 125 hospital shareholders to either donate or

sell their shares.

The area Lions Club led the drive to collect the bonds. One holdout wouldn't sell until a committee raised \$22,000 to buy him out. That might have been where T.J.'s breakfast came in, Bond Starker said.

"My granddad, along with two or three other businesspeople, sponsored a breakfast and invited all their cronies to come and make



STARKER FAMILY PHOTO

Benton County lumberman T.J. Starker teamed up with Rev. Neville in championing the effort to convert the for-profit Corvallis General Hospital into the nonprofit Good Samaritan Hospital in the late 1940s.

Hospital

From 6

donations," he said. "The way he told the story, it was the most expensive breakfast ever in Benton County."

The campaign worked. The private, for-profit, independent business known as Corvallis General Hospital became a nonprofit diocesan corporation known as Good Samaritan Hospital.

It was a little unusual, but not unheard of, for a diocese to be asked to help a hospital it hadn't founded, said the Rev. Simon Justice, the former rector for the Episcopal Church of the Good Samaritan and until recently a member of the hospital's board.

To Justice's knowledge, the church never pushed the hospital to make decisions based on doctrine. But many of the early board members were appointed by the diocese or the church's vestry,

and some of the physicians were members of its congregation. In fact, he said, on his first day on the board, Bishop Robert Ladehoff was chairman for the meeting.

Although there's no way to know for sure, had the hospital remained a private business, it could have shut down or been swallowed up by another for-profit enterprise, Justice said. Instead, control remained in local hands, and with people who understood local needs.

Having the hospital become a church-affiliated nonprofit meant "an emphasis on giving the best and most compassionate care possible, whether they can pay or not," Justice said.

Manning agreed. On a practical level, church affiliation allowed for 501(c)(3) nonprofit status, but it also changed the essence of its philosophy.

"This is a community-based hospital. It's everyone's hospital," she said. "I think

that's what continues to make Good Sam unique."

As it began its new journey, the hospital was still in its original location at Northwest 27th Street and Harrison Boulevard. It would be another 27 years before it moved to its current address on Samaritan Drive, and another 32 years after that before it would become the flagship of Samaritan Health Services.

Nurses who were with Good Samaritan in its first few decades remember care looked very different then. One of those differences was the jobs of the nurses themselves: A head nurse, Virginia Welch, was the hospital's first administrator.

Welch and her staffers did far more than simply attend to patients at that time. Carol Carter, who joined the hospital in 1962 — three weeks after her high school graduation — had plenty of things to do besides care for the babies in the nursery, which was her primary job.

Nurses, Carter recalled, ordered supplies, stocked shelves and tracked charges. They emptied trash cans and wiped down surfaces. They sterilized equipment and even sharpened their own needles. All of this while wearing caps and dresses of spotless white — no scrubs back then.

Sometimes, nurses even delivered the babies. The hospital didn't have its own on-staff doctors at the time, so nurses were trained to help with emergency births as needed.

Overtime was common. Care sometimes meant skipping meals or staying overnight, Carter remembered. And the pay? She kept a stub from 1975 that shows \$5.30 per hour.

"Overtime was almost \$7," she remembered.

By the time Carter joined the hospital, the building at 27th and Harrison had undergone some expansions.

Please see HOSPITAL, Page 10

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1948 – Affiliation began with the Episcopal Diocese of Oregon. Name changed from Corvallis General Hospital to Good Samaritan Hospital, now a nonprofit organization.

1950 – Community fund drive inaugurated. A total of 18 doctors were on staff, including four specialists.



1951 – Virginia Welch named administrator.

1951 – Hospital remodel added a new wing of surgical, medical and pediatric beds in addition to an office space and a lobby.

1953 – Hospital auxiliary formed, medical staff totaled 25 and capacity equaled 88 beds.

1954 – Increased population of Corvallis created a bed shortage. Patients are treated everywhere available including hallways.

1954 – It's announced that a more modern kitchen is needed or no health permit will be issued.

1956 – New modernized kitchen completed.

1958 – Addition of 2-West Tower completed to include a new central supply room, recovery room, additional laboratory and pharmacy space, air-conditioned surgery facility, 27 additional beds, new elevator and remodeled obstetric unit. Hospital medical staff totaled 45.

1948 – 1950

1951 – 1958



1961 – Addition of 3-West Tower completed to include an Intensive Care Unit and 30 patient beds, making the total capacity 131.

1963 – Medical staff grew to 56 physicians.

1964 – Two-story east wing built. Hospital is now out of debt and financial outlook is good. There is an increasing need for more inpatient beds, as well as a modern laboratory, pharmacy and X-ray facilities and a dining room for staff and visitors.

1966 – Added 56 extended-care beds and other needed facilities with a new wing.



1967 – Virginia Welch retires and James R. Mol named new administrator.

1967 – With no place to expand, the hospital board began quietly searching for a new location. A community-area study, physical plant evaluation and long-range plan is commissioned.



1969 – Large parcel of land, 84-plus acres purchased north of Corvallis. Skidmore, Owings and Merrill hired to oversee design and supervise construction of new facility.

1972 – Good Samaritan Hospital Foundation established.

1972 – New site excavated and prepared for construction.

1973 – Financing assured and construction started on a new hospital.



1975 – On Dec. 7, the move of 78 patients, 450 employees and 100 physicians to the new hospital was completed in one day. Where an estimated \$1.2 million in new equipment is installed.

1984 – Hospital expansion completed with 22 short-stay hospital beds, a radiation therapy program for cancer patients and greatly expanded outpatient services including lab and X-ray.

1985 – \$1.1 million in donations raised for radiation oncology services, dedicated location in the sub-basement of Good Samaritan Hospital.

1987 – James R. Mol retired and Dianne Stimson named new administrator.



1988 – Charles S. Neville medical office building dedicated. Three-story building also housed the region's first MRI (magnetic resonance imaging) equipment.

1989 – Hospital-affiliated internal medical practice formed, established clinic in the Neville building.

1990 – Fundraising efforts resulted in \$1.3 million in improvements including the expansion of the Short Stay Center for outpatient surgery, new monitoring equipment and improvements for the Intensive Care Unit.

1990 – Hospital completed more than \$1 million in remodeling of Obstetrics and Gynecology Unit.

1991 – First cardiac catheterization, a diagnostic angiography, performed.



1992 – Dianne Stimson resigned as administrator. Larry A. Mullins selected as CEO.

1994 – Ralph Hull donates \$100,000 to the Good Samaritan Hospital Foundation to establish an endowment fund named in honor of Dr. John Erkkila. The philanthropist and founder of Hull-Oaks Lumber Mill wanted to honor the great care Erkkila provided to him.

1995 – Samaritan Regional Cancer Center dedicated.

1995 – Hull donates \$1 million for construction of a new heart tower. Another well-known philanthropist, Pepsi-Cola bottling plant owner Mario Pastega, also donated generously and was a major fundraising organizer for the project.

1948 – 1950

1951 – 1958

1961 – 1966

1967

1969 – 1973

1975 – 1987

1988 – 1991

1992 – 1995

1996 – 2003

2004 – 2009

2010 – 2011

2013

2014 – 2015

2021

2022 – 2023



1996 – Cardiac surgery program established in partnership with the Starr-Wood Group of Portland. The first open-heart surgery, a coronary artery bypass, is performed.

1996 – Social accountability budget established to reinvest a percentage of earnings in community health initiatives.

1997 – Selected as host for Life Flight Network helicopter.

1997-1998 – Named one of the 100 Best Companies to Work for in Oregon by Oregon Business magazine.

1998 – Hospital foundation agreed to lead \$4 million fundraising drive to build a regional heart center on the hospital campus.

2002 – The Ralph Hull Regional Heart Center wing opened to allow the development of a comprehensive heart and vascular program.

2002 – Completion of \$400,000 remodel of main entrance and lobby. The project included remodel of admission, a facelift to the chapel, the move of the gift shop and the addition of the Garden View Café.

2002 – A \$4.5 million 32-bed mental health treatment center opened and freed up former psychiatric designated beds and increased inpatient capacity to 156 medical-surgical beds.

2003 – Became a Level II trauma center. At the time, the only other Level II hospitals in Oregon were Sacred Heart Medical Center in Eugene and St. Charles Medical Center in Bend.



2004 – Changed name to Good Samaritan Regional Medical Center.

2004 – Steve Jasperson named CEO. Larry Mullins promoted to President/CEO of newly created Samaritan Health Services.

2004 – Mario Pastega House opens. Pastega was the major benefactor and chief fundraiser for the \$2.3 million campaign to build and endow the guest house for use by families and out-of-town patients receiving treatment at Good Sam.

2009 – West Tower expansion completed. The \$25.2 million expansion involved constructing 60,000 square feet of new building space and renovating more than 19,000 square feet. The expansion included a new Emergency Department, Critical Care Unit and space for additional medical-surgical beds.

2009 – Samaritan launched the Graduate Medical Education Program with programs in family medicine, internal medicine and psychology.

2009 – H1N1 flu prompted visitor restrictions and limited visitors under 12 years old, required masks for anyone with respiratory or flu-like symptoms and all visitors are screened at entry points and asked to sanitize their hands.



2010 – An extensive donation drive culminated with 500 donors contributing more than a half million dollars to create the Elizabeth Starker Cameron Healing Garden.

2010 – First da Vinci surgical system installed for robot-assisted surgeries.

2011 – Ambulatory Surgery Center opens with three outpatient surgical suites.

2011 – A \$2.2 million expansion completed to connect the ground floor to the Emergency Department and add a 4,000-square-foot cardiac catheterization lab recovery room.

2011 – Original hospital on Harrison Boulevard slated for demolition to make way for OSU student housing.



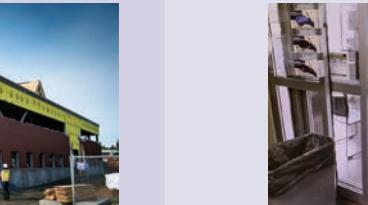
2013 – Inaugural National Cancer Survivors Day event held in the cancer center parking lot.

2013 – First fellowship added to the growing Graduate Medical Education program.

2013 – Largest donation ever received toward a Samaritan fundraising campaign – \$1.4 million from the Mario and Alma Pastega Family Foundation.

2013 – Jasperson transitioned to a different role with Samaritan and Mullins temporarily resumed Good Sam CEO duties.

2011 – Original hospital on Harrison Boulevard slated for demolition to make way for OSU student housing.



2014 – Became one of five hospitals in Oregon designated by Gov. John Kitzhaber as Ebola treatment centers.

2014 – Groundbreaking and construction started on new cancer facility.

2015 – Becky Pape named CEO.

2015 – Construction completed on the 24,000-square-foot state-of-the-art cancer facility, Samaritan Pastega Family Foundation.

2020 – Telehealth options expand to increase access to care during the pandemic. Good Sam joined the rest of the Samaritan system in opening COVID-19 drive-up testing centers and implementing visitor restrictions, including face mask and hand sanitation requirements.

2020 – Good Sam and hospitals across the nation are able to begin vaccinating staff against COVID-19 with the newly developed mRNA vaccine, which at first is in very limited supply. The first coronavirus vaccination in the region is given during a media event on Dec. 18.

2020 – Becky Pape retired and Laura Hennum named CEO.



2019 – Healing garden refreshed, serving as a place of healing and education.

2020 – SHS coronavirus task force is convened for the first time in a Good Sam conference room to assess the emerging global COVID-19 pandemic and begin work on response efforts which touch every aspect of the organization for years to come.

2020 – Telehealth options expand to increase access to care during the pandemic. Good Sam joined the rest of the Samaritan system in opening COVID-19 drive-up testing centers and implementing visitor restrictions, including face mask and hand sanitation requirements.

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2020 – Becky Pape retired and Laura Hennum named CEO.

2021 – Good Sam clinicians and staff joined volunteers and county public health staff to hold the first large-scale mass vaccination event at the Linn County Expo Center. Dozens of mass vaccination events are held at the Expo Center, Reser Stadium in Corvallis, the Center for Health Education in Newport and other locations across Benton, Lincoln and Linn counties over the next several months.

2021 – Recognized with prestigious international Baby-Friendly designation, demonstrating adherence to the highest standards of care for breastfeeding mothers and their babies.

2021 – Patient advisory council focusing on cancer care formed.

2022 – Alma Pastega wing completed. The \$2.8 million expansion doubled the size of the hospitality house to 24 guest rooms.

2023 – Pandemic visitor restrictions and face mask policies are relaxed and lifted.

2023 – Good Samaritan launched first robot-assisted ambulatory surgery program with first robot for outpatient surgery in the state.

2023 – Good Sam clinics and staff joined volunteers and county public health staff to hold the first large-scale mass vaccination event at the Linn County Expo Center. Dozens of mass vaccination events are held at the Expo Center, Reser Stadium in Corvallis, the Center for Health Education in Newport and other locations across Benton, Lincoln and Linn counties over the next several months.

Hospital

From 7

Shortly after the shift to non-profit status, the hospital added a surgical, medical and pediatric wing, along with a lobby and office spaces.

It wasn't long, however, before more space was needed. A few years later, hospital supporters started fundraising drives. These combined to add one west wing in 1958 (central supply, recovery room, pharmacy and lab space, surgery, a remodeled obstetrics unit and 27 more beds), another in the early 1960s (additional beds and an intensive care unit) and a two-story east wing (56 extended care beds).

That still wasn't enough, however. In 1940, Corvallis had a population of 8,392, according to census records. But that total doubled by 1950, and then doubled again. By 1970, the population of Corvallis was 35,056.

Baby Boomers were going to college, establishing their first homes and starting to raise families. Space at the hospital was at a premium and the aging building needed more than a few extra wings. The Good Samaritan Hospital Foundation was established to start raising funds and the hospital board began looking for land.

That's when Neville stepped back into the picture — not that he had ever left. Part of the agreement in becoming a diocesan corporation was allowing the church, and its rector — Neville until 1980 — a seat on the board of directors.

In the late 1960s, the priest was invited to travel north of the city to bless what was then the new Corvallis Elks Lodge. (The lodge later became The Corvallis Clinic's Aumann Building.)

Neville, as the story goes, gazed at the acres of grass seed to the north and saw the hospital's next location. Eighty some odd acres were for sale.

Bond Starker's uncle, Kermit Roth, was part of the board then, and his wife, Jean Starker Roth, Bond's aunt, served on the hospital auxiliary.

The board agreed to pursue the sale, but not everyone was happy about it. A hospital outside the core of the city? Outside the city entirely?

But Neville got a price tag of



MARK YLEN, DEMOCRAT-HERALD 2015

Neville: Larry Mullins talks with Quinn Griffis, cardiac and pulmonary rehab manager in 2015. Mullins retired as Samaritan Health Services CEO in 2017.

\$284,000, and the Corvallis City Council agreed to extend the city limits to encompass the land. Plans for construction began.

It took three years from excavation to move-in, on Dec. 7, 1945. The hospital had done its best to send home anyone who could safely be discharged, but 78 patients remained.

The National Guard brought ambulances to help with the move. Carter helped transport seven babies. One of Hall's patients required a ventilator, so he remembers riding with him to the new site, squeezing air in and out of a ballcap-size contraption called an ambu bag so the man could breathe.

The new hospital didn't have the cigarette machine that Hall remembered from two years earlier (although the hospital didn't officially become a nonsmoking facility until 1987). But three years after opening, what it did have was The Corvallis Clinic, once again right down the street.

The history of The Corvallis Clinic is deeply intertwined with Good Samaritan, said Hall, who worked at the clinic until 2001 and then became a hospitalist. He also began serving on the hospital's board in the mid-1990s, a job he still holds today.

In 1947, for instance, the same

year Neville and Starker were forging the partnership that would create Good Samaritan, three physicians — Kurt Aumann, Fred Asbury and Robert Marcum — founded The Corvallis Clinic. It was on 27th Street, above the J.C. Penney's (and, coincidentally, next door to the engineering firm that eventually would become CH2M Hill).

As Hall sees it, the hospital and The Corvallis Clinic had a symbiotic relationship that helped develop some of the best medical care in the state.

Maybe it wouldn't have happened that way, he acknowledged, if Lou Krakauer hadn't loved so much to climb mountains. But the Harvard-trained gastroenterologist did follow his passion (later, son Jon would write books about similar adventures), and he brought his classmates with him. Surgeon Craig Leman also came from Harvard, as did oncologist David Kliewer, who became one of Hall's mentors.

Other doctors from similarly well-known training facilities flocked to the mid-valley, drawn by its Pacific Northwest beauty, its college/small-town atmosphere and its proximity to the beach and the mountains. Hall himself, when he was looking to move from the Bay Area to a quieter town with his wife and sons, looked at the caliber

of physicians at The Corvallis Clinic and immediately made his decision.

Having doctors half a block away from the hospital was a good setup for both organizations, especially because the hospital still didn't have its own on-staff physicians until about the mid-1970s. Instead, the practice was to just do rounds every few days to check on your patients, which is why Hall visited Good Samaritan that first day on the job. Or you might get called in, he said, if someone needed your particular specialty.

So in 1978, The Corvallis Clinic constructed their building next to Good Samaritan on the former grass seed farm. And both continued to grow.

Major fundraising efforts unfolded as technology made new procedures possible.

Neville, still deeply involved,

helped lead a campaign of more than \$1 million in the mid-1980s to build the Samaritan Cancer Center. Before the decade was out, Mario Pastega, who moved to Corvallis in 1961 after buying its Pepsi bottling plant, led another \$1.4 million drive to renovate the hospital's Intensive Care Unit and Outpatient Surgery Center. A decade after that, Pastega and Jean Starker Roth kicked off a three-year, \$4 million capital campaign to build the Ralph Hull

Regional Heart Center.

Each advancement came with the desire to stay focused on the community's health care needs, said Manning, the vice president of Foundations and Marketing and Community Relations at the time.

"Looking for that community and sense of higher purpose has been a key element of what we have tried to identify through the patient experience and the workplace culture," she said.

Arguably the hospital's biggest challenge — but most influential change — came to pass in 1997. That's when Larry Mullins, who became Good Samaritan's CEO in 1992, saw trouble coming.

In 1992, the Oregon Legislature created the Oregon Health Plan. Two years later — Good Samaritan Hospital had just been named among the Nation's Top 100 hospitals — the hospitals in Corvallis, Albany and Lebanon agreed to form InterCommunity Health Network to serve Medicaid patients.

Mullins saw the need for greater cooperation, something he felt would be critical, quite literally, for the continued existence of all the area hospitals. Bigger medical complexes were buying up smaller ones and shutting them down. Regulatory costs were increasing, Medicare reimbursements were becoming almost impossible to do alone. As he recalled, some 300 hospitals a year were closing.

"There was huge consolidation in the '90s, and I thought we'd be better served to be the master of our own ship," Mullins said. His plan: "Let's come together to withstand the challenge."

It wasn't an easy sell. Each hospital in the area was "pretty much an island to themselves," Mullins recalled. They viewed the idea of an alliance with deep suspicion. Who would be in charge? What decisions would no longer be theirs to make?

But Mullins persisted, reminding potential partners of the strength that could come with numbers. First Lebanon agreed, then Lincoln City and Newport, and finally, Albany. Mullins became president of Samaritan Health Services and ushered Corvallis into its next chapter of community service.

It took several years, but "We merged," he noted. "We didn't acquire. We came together."

In a matter of hours 77 patients moved to new hospital

BY MARK YLEN
Samaritan Health Services

The move started in the early hours of Sunday, Dec. 7, 1975. Preparation and 18 months of planning went perfectly as 77 patients were moved into the new Good Samaritan Hospital.

Ten Oregon Army National Guard ambulances, two city of Corvallis ambulances, an ambulance on loan from Newport and one from Eugene along with 40 National Guard personnel participated in the move.

To find the hospital, maps with the route were hand drawn by Toni Rae Gaskill in the registrar's office and given to ambulance crews from out-of-town agencies and the National Guard.

Six of the patients were babies. Nurse Carol Carter, who retired in 2002, remembers riding in one of the ambulances with a newborn wrapped in blankets. No expectant mothers were in labor with the last baby, a girl, being born at the old hospital the night before.

"The toughest to move was a guy in skeletal traction," said hospital administrator James Mol during an interview that



TOM WARREN, GAZETTE, 1975

A care team wheels a patient by the unfinished chapel windows and into the new Good Samaritan Hospital in Corvallis.

day. "The traction unit was so large he had to be moved in a van."

Corvallis had been growing, as was Or-

egon State University, and space was a premium around the hospital on Harrison Street. A consultant determined they needed a new location.

In 1969 land was purchased, and by 1973 a new hospital started taking shape north of town.

"We wanted to have an up-to-date Intensive Care Unit and Coronary Care Unit for sure," said James Riley, MD, during an interview for the hospital's 50th anniversary book. "The people in Obstetrics and Gynecology wanted modern means of taking care of obstetrical patients. Also important was accessibility for ambulances and emergency vehicles."

"We had all helped the architects designing it," said Carter.

Emergency Department charge nurse Cindy Roler, who has the honor of Good Sam's longest current employee, remembers the night and day transition from the old dark units to the new modern hospital's bright units which were smaller and but had nurses stations positioned to be able to view all rooms on the unit.

"I think the whole thing was positive in terms of what we were going to get, but

a little anxious about whether or not we were going to get it all together in time," said Roler.

Another current employee who helped with the move is Jim Hutchinson. Hutchinson's father Bob was Good Samaritan's chief financial officer at the time of the move. Hutchinson had spent several family outings peering through the construction fence as his father checked the progress.

"I got hired as a temp to initiate the move," said Hutchinson who is the hospital's lead storekeeper. "It was basically a massive evacuation across town. My job was to go from room to room to pack things up and get them on the carts, and then unload the trucks at the new hospital."

When the move was complete the next challenge was not to get lost in the facility. However, the benefits outweighed any negatives.

"We were all thrilled because we heard that there were bathrooms in every room," said Katie Barker, RN, who was a brand-new nurse as the old hospital was closing down.

"It was so upscale," said Barker. "Everybody was so happy."

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Cardiologist's dedication a gift to the community for generations

BY JENNIFER NITSON
Samaritan Health Services

After graduating from high school in 1970, Thomas Marker took a road trip with a friend from Larkspur, California to Oregon, ending up in Corvallis to visit another friend at Oregon State University. Marker went away to college, medical school and residency training, and during his time as a primary care physician in a public health service program in Scotts Valley, California, he would bring his wife and children to Corvallis to visit family.

"We liked Corvallis," Dr. Marker said, recalling those family road trips. "We thought it was a cool place and a great place to raise our three sons. I always had it in my mind as a place I would like to live and practice."

After finishing his cardiology fellowship the opportunity presented itself, and Dr. Marker came to Corvallis to work as a cardiologist in 1988.

"I was the only cardiologist in Corvallis, indeed from Salem to Eugene," Dr. Marker said.

There had been cardiologists in the area before Dr. Marker arrived, and for about a decade after establishing his practice here other cardiologists came and went, spending a year – maybe a few – here before moving on.

Dr. Marker retired on Jan. 1, 2020. For more than three decades he remained in Corvallis and worked with colleagues and local health care leaders to recruit cardiologists, cardiac surgeons and advance practice clinicians to help build the heart and vascular program at Good Samaritan Regional Medical Center.

A growing program

On his 40th birthday in 1991, it was the local community that was gifted a present – cardiac catheterization.

"We'd just opened the first cath lab in Corvallis," Dr. Marker said. "We were only doing diagnostic angiography at that time, but it was a huge step towards what is today a full-service adult cardiac program."

Good Sam launched its cardiovascular surgery program in 1996 in partnership with the Starr-Wood Group, a widely recognized cardiac physicians and surgeons group based in Portland.

"With that we were able to expand our service in percutaneous coronary interventions – angioplasty and stents," said Dr. Marker.



KARL MAASDAM, SAMARITAN HEALTH SERVICES

ABOVE: Samaritan Heart Center Medical Director Matthew Lindberg, MD, left, visits with Cardiologist Thomas Marker, MD, retired. For more than three decades, Dr. Marker helped build the cardiovascular program at Good Samaritan Regional Medical Center.



SAMARITAN HEALTH SERVICES, 1996

LEFT: Physicians Assistant Alec Baker, left, Dr Bart Jenson and Nurse Jo Dillon perform the first open heart surgery at Good Samaritan Hospital in 1996.

"Before that heart attacks were taken care of, for the most part, the old-fashioned way – with prayer and medications. If we identified situations where the vessel had opened up a little, we could get them in an ambulance to Salem or Eugene."

It had been projected that the cardiovascular team would provide an estimated 150 surgeries per year, but one year later the case volume was more than 250.

Meanwhile, with millions of dollars of donor support, the Ralph Hull Regional Heart Center wing was built at Good Sam in 2002 and allowed further development and growth of regional cardiac care services.

A growing team

Recruitment continued and Samaritan's cardiac program now boasts two cardiotho-

racic surgeons, eight general cardiologists, three interventional cardiologists, two electrophysiologists, six cardiology fellows, eight physician assistants, six nurse practitioners and one behavioral health specialist who also oversees interns and residents.

"One of the reasons I joined in 2007 was because of the really tight, collegial, familial group," said Matthew Lindberg, MD, medical director of the cardiac program. "There was a group culture that I think Tom was a big part of. He was a stabilizing influence."

Dr. Marker and Dr. Lindberg are quick to point out the importance of well-trained ICU nurses, echocardiographers, nuclear medicine techs, ECG/stress test techs, cath lab techs, nurses, managers and others on the health care team for a successful cardiac program and the best patient outcomes.

"I've witnessed a phenomenal growth in training and expertise from across the spectrum of service," Dr. Marker said. "What is offered now, and the quality of care is remarkable."

Expanding access

In 2016, Samaritan welcomed Edward Bender, MD, Stanford Medicine cardiothoracic surgeon, through an affiliation with Stanford Health Care, expanding access to even more kinds of lifesaving procedures, and later welcomed Rabin Gerra, MD, Stanford Medicine cardiothoracic surgeon.

"Working together with Stanford Health Care has helped Samaritan recruit cardiothoracic surgeons of the highest caliber, enabling the latest and most innovative surgical procedures," said Dr. Lindberg.

With the construction of a hybrid operating room, the structural heart program was launched in 2019 with Samaritan's first transcatheter aortic valve replacement – known as TAVR.

"These are just some of so many exciting developments happening at Samaritan Heart Center right now," said Dr. Lindberg.

After more than 15 years with the cardiac program, Dr. Lindberg summarizes the evolution of regional cardiac care with four major developments – the arrival of Dr. Marker and the cath lab, the addition of cardiac surgery, the advancement of electrophysiology services and the rise of the structural heart program and TAVR.

"With each of these developments, we increased our ability to save lives and improve the quality of life after a cardiac event or diagnosis," he said. "The future of cardiovascular care in our region is bright as we continue to bring the latest care options to our patients."

In retirement, Dr. Marker is happy to see the cardiac program he helped grow continue to evolve in leaps and bounds.

"Samaritan Heart Center is able to offer care and procedures that not only save lives, but that make lives better," he said. "Patients can receive a full spectrum of cardiac care right here in our region, and that's something to be proud of."

To read a more detailed article and learn more about Samaritan Heart Center and the cardiac care teams, visit samhealth.org/Heart.

Mario Pastega House takes shape

BY BENNETT HALL
Gazette-Times

One Medford man used his paintbrush – and his vacation – to help finish the job

The weather couldn't have been better for Jim Griffin's vacation this week. The days were sunny and warm – perfect for doing a little house painting.

He wasn't giving his own home a touch-up. Instead, the Medford resident took three days of saved-up leave time to travel to Corvallis and paint the exterior of the Mario Pastega House, a low-cost hostel for out-of-town patients and their families under construction at Good Samaritan Regional Medical Center.

The facility is named for Mario Pastega, who stayed at a similar hospitality house in Redding, Calif., when his sister had surgery there and provided the initial \$350,000 pledge that jumpstarted the campaign to build one here.

Pastega is also the president of the Corvallis Pepsi bottling company, as well as the Pepsi plants in Tillamook and Medford. That's how he knows Griffin.

Griffin, 52, is operations manager for Pepsi-Cola of Medford, where he's worked

for 21 years. But his duties also include maintaining the fleet for all three Pastega plants, about 150 vehicles in all. His previous work experience included commercial painting, so he paints the trucks himself.

"You see a Pepsi truck running around town, those big ones? He painted it," Pastega said.

The Mario Pastega House is a one-story building just down the hill from Good Sam. It has 12 bedrooms arrayed around a central living room, with a communal kitchen and dining area, laundry room, children's playroom, chapel and library. When it's finished, people traveling to Corvallis for treatment or to be with loved ones in the hospital will be able to stay there.

The price tag for the project is \$2.3 million, which will cover construction costs and an endowment for maintenance and operating expenses. With longtime hospital booster Pastega leading the charge, the fundraising campaign has brought in about \$1.5 million to date.

When Pastega turned to Griffin for advice on painting the Pastega House, Griffin decided he wanted to help. First he got Rodda

Paint to donate the paint for the project – 25 gallons of the good stuff, so far. But he didn't stop there.

With the exterior of the house largely finished, Griffin came up to Corvallis this week with friend Bryan Henderson, a 26-year-old subcontractor. With help from several local Pepsi employees who also volunteered their time, the two Medford men spent Wednesday, Thursday and Friday painting the outside walls of the 6,500-square-foot building.

Griffin shrugs off questions about sacrificing his vacation time to work on a volunteer project far from home.

"Look at what they're doing here – look what they're doing for people," he said.

"When people are sick, it's a miserable time. They can come up and stay with their loved ones and afford to do it."

He also points to the example set by his boss.

"When you look at all the time Mario's put into this thing, what we're doing is just a drop."

Henderson feels the same way.

"I feel good about it," he said. "I'm glad to finally give something back."



ANDY CRIPE, GAZETTE-TIMES

Mario Pastega visits with guests during the fifth anniversary celebration of the hospitality house that he founded.

This is an excerpt of an article that appeared in the Gazette-Times in April 2004 shortly before the Pastega House opened. In 2022, the addition of the Alma Pastega wing doubled the hospitality house's capacity. Any patient who is receiving care on the hospital's campus can stay at the Pastega House. Fees currently range from \$30 to \$45 per night depending on the length of stay. The facility also offers three RV spots with full hookups.

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Exponential growth turns Good Sam into regional medical center

BY MARK YLEN
Samaritan Health Services

Twenty-five years ago, Good Samaritan's reputation for growth and achievement was so strong that Oregon Business magazine named it one of the 100 Best Companies to work for in the state.

Since then, the medical center continues to build on its successes by becoming a centralized hub for specialized medical care from the coast to the foothills of the Cascades.

Former Good Sam CEO Larry Mullins pointed to the unique Corvallis community that has supported the hospital from the early days of expansion drives to today's comprehensive endowment and capital campaigns.

"We had a huge growth period, in terms of service lines, treatment capabilities, specialty offerings and inter-community relationships," said Mullins. "The hospital grew into a regional medical center adding a cancer center, heart center and hospitality house with the support of community benefactors and donors."

When Mullins transitioned into the role of president and CEO of Samaritan Health Services, he set plans in motion to create a hub and spoke system with Good Sam at the center.

"This was to strengthen all the hospitals throughout the system," Mullins recalled. "That's how we became a Level II trauma center. That's how we became an accredited residency training program. That all would have been much more challenging without the relationship with the other hospitals."

"That 25-year period, I think, could fairly be described as the highest growth period for Good Sam," said Mullins.

Current Samaritan Health Services CEO Doug Boysen agrees. Prior to becoming the CEO Boysen served as vice president/general counsel and then as chief administrative officer for Samaritan.

"The Samaritan system has had remarkable growth over the past 10 years," said Boysen. "We have built two new hospitals in



KARL MAASDAM, SAMARITAN HEALTH SERVICES 2019

Brad Betz, left, Ken Pastega, Gary Pastega and Lisa Altig (Pastega), representing the Mario and Alma Pastega Family Foundation, ceremoniously breaking ground for the Alma Pastega Wing addition to the Mario Pastega House with Samaritan Health Services CEO Doug Boysen.

Lincoln County, expanded our outpatient services, enhanced our health insurance products, grown clinical research capabilities and developed new clinical service lines to respond to community need.

"With that system growth, Good Sam has continued to serve as a very important component of our overall organizational success. Good Sam has the role of taking care of our very sickest and most vulnerable patients across our three-county service area. It's critical to achieving our mission of building healthier communities together."

Over the years, multiple construction projects have shaped the lands around Good Sam to support the growing needs of the local community and the three-county region of Benton, Lincoln and Linn.

In 2002 a \$4.5 million 32-bed mental health treatment center was built. Two years later the Mario Pastega House opened its doors. The house was the brainchild of Pastega who spearheaded the fundraising efforts for the \$2.3 million build.

By 2009 construction was complete on the West Tower. This \$25.2 million expansion involved building 60,000 square feet of new space and renovating more than 19,000 square feet. The expansion featured a

new Emergency Department and a new Critical Care Unit, as well as space for additional surgical beds.

An extensive donation drive that raised more than \$500,000 created the Elizabeth Starker Cameron Healing Garden. In January of 2011, the first patient was cared for in the Ambulatory Surgery Center. This outpatient surgery unit opened with three surgical suites. Then a \$2.2 million expansion project was completed to connect the ground floor with the Emergency Department and a 4,000-square-foot cardiac catheterization lab recovery room.

The newest building on campus was completed in 2015. This was the 24,000-square-foot state-of-the-art cancer facility, Samaritan Pastega Regional Cancer Center.

Fast forward to the present and, yet again, Good Sam is rising to the challenge to serve a growing community with increasing complex health needs.

"In 2022, we conducted a neighborhood and community-wide survey to help guide future service as well as brick and mortar expansions," said current Good Sam CEO Laura Hennum. "As a result, a three-year strategic plan is in the works, with plans for remodeling and new construction in and around the

medical center."

Beyond the three-year plan, Good Sam is also looking ahead to future expansions on the 17 acres north of the current campus.

"We're getting started in earnest on some high-level planning as to how we could best use that space," said Hennum. "It is a gift to have open land this close to the medical center when we're seeing dramatic increases in demand for services."

To help finance remodeling and construction costs, the hospital often relies on fundraising efforts from the Good Samaritan Hospital Foundation.

"The foundation has never been more important than right now," said Hennum. "It is a lifeline to the community, not only in terms of fundraising, but also understanding what's important to the community."

"We want to preserve all of the excellent comprehensive services that we have in place," said Hennum. "I anticipate significant enhancements related to our mental health, heart and vascular, as well as women and family services based on current and developing population health trends."

Mental health was a key concern expressed in the community survey.

"The COVID-19 pandemic

accelerated growing demand for mental and behavioral health services, not only for adults, but for adolescents and children," said Hennum. "We're not only going to explore what we can do as a health care organization, but we will explore some innovative partnerships and collaborations to enhance community-based mental health and behavioral health services."

In addition, reports show a significant increase in the severity and complexity of both heart and vascular disease among area residents.

"We're seeing younger patients with more advanced heart and vascular disease," said Hennum. "We not only need to expand our capacity, but we also want to expand our health education and prevention services."

Seeing projections of an extended baby boom, Good Sam is at the forefront of planning to ensure mothers-to-be get needed care before and after they give birth. Recent studies associate the increase with more moms working remotely after the pandemic and the added flexibility that environment provides.

"There has been lot of growth in what I refer to as more mature mothers," said Hennum. "Women giving birth for the first time in the later range of child-bearing years are at increased risk for more complex pregnancies and deliveries."

Good Sam is proactively addressing the evolving needs of expectant mothers and their families by developing plans to expand space and acquire equipment needed to care for higher-risk pregnancies and deliveries.

As the medical center focuses on the next 25 years and beyond there will be change, but, as has been Samaritan's tradition, that change will be based on community requests and input.

"We've always let what's in the best interest of the patients and community drive our decision making," said Hennum. "That's really driven our longevity and success. While our services will continue to evolve, the commitment to our community remains steadfast."

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