

Celebrating



years

1924 — 2024

Samaritan Albany General Hospital

Celebrating the power of our generous community



“It was one of the most profound experiences of my entire life.”

– Hospice patient’s family member

The Albany General Hospital Foundation was founded in 1978 when community members saw the need to support local health care through philanthropy. Over the past 46 years, millions of dollars have been contributed to fund programs, equipment and services that are vital to patients in our community.

Examples of this support include:

- **Albany InReach Services Clinic**, where uninsured patients receive free medical and dental care.
- **Sarah’s Place**, where survivors of assault are cared for in a safe and healing environment.
- **Da Vinci robotic surgical system** to offer cutting-edge, minimally invasive surgical care.
- **Samaritan Evergreen Hospice House**, where patients receive compassionate care in a home-like setting during their final days of life.

Thank you to our generous donors who make a difference in the lives of our patients and strengthen our community.



**Samaritan
Foundations**

Albany General Hospital Foundation

Honoring our past and shaping our future

As our hospital celebrates its centennial, this is a momentous occasion to reflect on the remarkable journey that has brought us here. Reflecting on our rich history instills me with gratitude and pride, as I appreciate our present-day achievements, and look forward to an even more promising and

bright future. For a century, our hospital has been a foundation of health and well-being for our community, thanks to the unwavering support and commitment from all of you.

Established in 1924, Albany General Hospital was founded on a vision of providing compassionate and comprehensive health care for all who needed it.



Daniel Keteri
CEO, Samaritan Albany
General Hospital

That vision has endured through the years, made possible by the dedication of our staff, the efforts of our engaged board and the invaluable support from our volunteers and the community we serve. Our culture of care and responsiveness has set us apart, creating an environment where patients and families feel genuinely cared for.

Our devoted staff are the heart and soul of our hospital and clinics. As a leader here for nearly a decade, I've witnessed firsthand how our philosophy of "happy staff equals happy patients" drives the creation of a supportive, positive work environment. This in turn translates to the exceptional patient care and unique culture that visitors and patients frequently remark upon; noting the friendliness and camaraderie felt throughout the halls.

Our hospital's commitment to meeting the evolving needs of our community has been the driving force behind our success. By continuously expanding our facilities and pioneering the adoption of cutting-edge medical technologies, we have consistently adapted and grown. This dedication is reflected in our recent

achievements, including significant certifications for our stroke, birthing and total joint replacement programs. We take great pride in being the first and currently the only site in the Samaritan system to earn the prestigious DNV certification for joint replacement, and only one of four hospitals in the state to hold this distinction. Moreover, our joint replacement program's patient experience consistently ranks in the 99th percentile, a true testament to our commitment to excellence.

More than 30 years ago the hospital saw a need to make health care accessible to all and create an ongoing population health strategy. As a result, Albany InReach Services was created to better serve these communities. This program is still going strong thanks to a volunteer-based team who provide free medical care to community members who often fall through the cracks because they have low income, no insurance or are underinsured.

Recognizing the critical need to support survivors of sexual assault, our team promptly set out to develop a solution. Opening in 2016, Sarah's Place became the first sexual assault nurse examiner (SANE) center in Oregon, providing comprehensive services and resources to anyone who has experienced sexual assault or domestic violence. Staffed by specialized SANE nurses who are available 24/7, the center offers free medical and forensic care, community resources and additional support – all in a private setting away from the Emergency Department. This ensures inclusive, trauma-informed care for all patients.

As we look to the future, we are excited about the possibilities that lie ahead including the integration of artificial intelligence to enhance medical decision-making and treatment planning. While we embrace these technological advancements, we remain committed to the irreplaceable human touch that is essential in health care. We strive to continue to harness these innovations to develop even better care plans and improved outcomes for our patients.

In recent years, we've enhanced our medical capabilities by acquiring a new high-tech CT scanner and implementing the da Vinci robotic system for minimally invasive surgeries. These advancements, which were partially funded by the Albany General Hospital Foundation, have significantly improved outcomes for our higher-risk patients.

Made possible through the generous support of our community and employee engagement, the Albany

General Hospital Foundation has been instrumental in our organization's progress since 1978. Over the past 20 years, donors have contributed more than \$14.5 million through direct donations and events. This support has enhanced nearly every aspect of the hospital and Albany-based clinics, providing new medical equipment, enhancing program services, offering financial assistance for patients, community wellness initiatives and helping low-income individuals access medical care. Beyond addressing immediate needs, these programs also contribute to long-term health and recovery.

Part of the hospital's success depends on strong partnerships with other organizations. We collaborate with Providence for stroke care, PeaceHealth in Riverbend for trauma and neonatal services and the Center Against Rape and Domestic Violence, locally known as CARDV – all of which help fulfill our commitment to providing comprehensive, community-based care. Moving forward, we aim to strengthen these existing partnerships and pursue new opportunities to better serve the community.

Safety is a core focus of the hospital's operations. In our systemwide pursuit to become a high reliability organization, we emphasize a culture where safety is fundamental. The high reliability framework requires commitment to continuous learning and improvement. This involves continuous training programs for staff, implementation of safety technologies and the cultivation of a mindset where every team member is responsible for safety and is encouraged to speak up when concerns arise. Our goal is not just to have a safety culture but to make safety a lifestyle embedded in every interaction and process.

As the hospital enters its second century, our goals are clear: remain resilient, embrace innovative technologies and continuously improve patient outcomes. The vision for the future focuses on making health care more accessible, efficient and patient-centered.

Our centennial is not just a celebration of the past but a promise for the future. We are deeply grateful for the trust and support you have placed in us as we celebrate this remarkable milestone. Together, we have built a resilient and responsive institution that strives to meet the evolving needs of our community. Here's to the next century of service, innovation and commitment to our values of passion, respect, integrity, dedication and excellence.

Thank you for being a part of our journey.

A century of service

Samaritan Albany General Hospital looks back on 100 years

BY JENNIFER MOODY

For Mid-Valley Media

For Valentine's Day in 2021, Daniel Keteri gave the surgeons at Samaritan Albany General Hospital a gift: a robotic surgical system for hernias, hysterectomies and bariatric issues.

No piece of technology will ever replace the nonprofit hospital's human element, Keteri, the CEO, is quick to say. But with the ability to make a few small incisions rather than one large one - decreasing both recovery time, surgeon stress and the possibility of complications - the da Vinci Robotic Surgical System was essential to ease procedures for both physician and patient.

Such a system would have been unthinkable a hundred years ago, when the hospital was first established and the biggest medical breakthrough at the time was the discovery of insulin. But while many things have changed at Albany General Hospital in a century of service, one thing its longtime staffers say has never wavered is the dedication to caring for patients in the ways they need most.

"That's why we're here: to support our community," Keteri said. "We're small enough to respond quickly to changes, but also big enough to take care of most of our community's needs."

A center for patients

To Albany General Hospital's first physicians, support for patients started with moving them to a place specifically set aside for treatment.



Samaritan Albany General Hospital archives, circa 1930s: Original 1924 Albany General Hospital building.

Doctors came to a patient's home to provide care in the early 1900s or saw them at their own. Two maternity wards, a small care center and an early hospital were available, but none of them had been built for that purpose.

Albany physicians persuaded Susan Neelands to care for up to five people in her home on Front Street from about 1900 until 1906. From 1908 to 1926,

St. Mary's Catholic Church operated a 17-bed hospital in the former church rectory on Ellsworth Street, coordinated and staffed by the Sisters of Mercy. Frank Beauchamp, MD, also had an in-house maternity ward in those years. For a single year between 1914 and 1915, a home on Washington Street provided maternity services by a woman named Elmer Richardson.

But Dr. Beauchamp and fellow Albany doctors James Wallace, MD, George Fortmiller, MD, and James Robnett, MD, wanted a space dedicated specifically to medical work. They joined with Albany attorney Art McMahan to pool \$7,000 in cash for property on Elm Street between Sixth and Seventh avenues, then sold bonds, asked for donations and put in thousands more of their own money to gather a total \$60,000 for a 32-bed hospital.

In March 1924, the Albany Evening Herald announced the plan for "a new, modern, fireproof hospital, which will be up to date in every respect," and noted the building would be financed by bond issue and turned over to the public on retirement of the bonds.

The hospital's physical appearance saw many changes in the ensuing years.

The original building grew from 32 to 45 beds before the '20s were out. A 69-bed expansion was designed in 1957, and a decade later, crews finished the first phase of a new building to face Sixth Avenue. A second phase was finished by 1973.

In 1974, the original 1924 building was torn down and the newer facility, known as the '57 building, was remodeled for rental by the Linn County Health Department for an alcohol treatment facility and Linn County's first maternal care center.

In 1990, the hospital initiated a successful \$1 million capital campaign for a critical care and coronary wing.

That addition was the last major structural change to the hospital building itself, but its presence grew throughout the community in several ways, said Kim Sass, now retired after a 32-year administrative career with the hospital and its foundation and serving as hospital historian.

Among other expansions, the hospital purchased the historic Kimsey-McClain home on Sixth Avenue SW in 1989 to house its Public Relations, Marketing and

Foundation departments. The LifeLine emergency response service, Home Health and Hospice services operated for a time out of a building on Elm Street and 11th Avenue that previously had been the family practice office for four physicians.

The Geary Street Clinic was established in 1993 to house physicians, a pharmacy and, by 1996, the valley's very first urgent care clinic. A \$750,000 community campaign created the initial Imaging Center in 1998.

By 2007, Albany also had a new Samaritan Medical and Diagnostics Center in North Albany, which included Samaritan Valley Imaging Services, Samaritan Willamette Valley Open MRI and the Albany Cancer Resource Center. By 2012, it had built the Samaritan Evergreen Hospice building, including a 12-bed inpatient hospice house.

Change agents

Marjorie Sexton, who came to Albany General Hospital out of nursing school in the mid-1930s, was credited with helping shepherd the hospital through its first big developments. She became administrator in 1947 and led its staff through its initial three building projects - all while helping physicians with surgeries, taking X-rays, handling purchasing and even cooking in the kitchen, according to a 1985 hospital newsletter celebrating her accomplishments.

She also had to help the hospital cope with a rare labor dispute in 1973, when 67 of the hospital's 82 registered nurses resigned on Sept. 11 after mediation sessions broke down between the Oregon Nurses Association and the hospital's board. (Two would later withdraw their resignations, and the contract was settled the following day, according to an Albany Democrat-Herald article from the time.)

"Without her leadership, dedication and skill, Albany General Hospital would not be quite the same today," Sass wrote in

the 1985 hospital newsletter. "Literally everyone we talked to praised and admired Marge."

By 1970, Albany's population had grown to about 18,000, up from roughly 5,600 in 1940. Growth brought new personnel with new ideas.

Ron Purdum, who took over as administrator later in 1973 when Sexton retired, "was forward-thinking," said Tom Clark, MD, an internist who came to Albany a few years later with fellow internists Louis Weinstein, MD, and Daniel Mulkey, MD. "He wanted to upgrade."

Purdum was the first person with professional medical management education and experience outside of nursing to hold the position. Under his guidance, the hospital brought in dozens more professionals to handle finances, purchasing, security, medical records, human resources, dietary services, 24-hour emergency physician care and more.

Linda Tedisch remembers multiple changes in equipment and staffing in her years at the hospital. Tedisch started as a staff nurse in the Intensive Care Unit in 1973, and moved to nursing manager of the new Urgent Care in 1995.

In the early days, she said, the ICU was all nurses (all wearing full starched whites, from cap to shoes) and the Emergency Department was staffed by a nurse who called in a doctor as needed.

Iron lungs, though no longer in use, were still stored in the kitchen. A Portland hospital would bring a cardiac catheter lab on a trailer in the parking lot.

One of the biggest changes she recalls was the oxygen saturation monitor. "We had to stick an artery, get a blood sample and send it to the lab on ice so we could find out how people were oxygenated," she said, adding it took about an hour to get results. "Now, you can stick your finger in a clip. You can order them off Amazon."

Dr. Weinstein remembered that in Purdum's time, when doctors said they needed something, the hospital worked with them to make it happen. An MRI machine? Sure. No more smoking in the hospital? We're done. Pay for out-of-area conferences? A specific lounge just for physicians, so they could talk about issues and ideas? You've got it.

Charles South, MD, an obstetrician who started in 1971, said the doctor-administration partnership made all the difference, because both groups listened to each other to determine what was needed. Dr. South was the person to bring in the first fetal monitor and first laparoscope, both of which the board agreed to purchase.

"Doctors here built this hospital into a different kind of medical care," Dr. South said.

Drs. Clark, Weinstein and Mulkey — known as "The Texas Trio" because the

three had been best friends since they were residents in internal medicine at Baylor University College of Medicine in Texas — started one of the most important patient care initiatives at the hospital in 1976.

"We had one physician in the hospital for a week at a time. The physicians in the office admitted patients to the physician in the hospital so we shared our patients," Dr. Clark said. "The physician in the hospital saw all the consults from the surgeons and family physicians as well as being on call for a week and admitting all patients from the Emergency Department that did not have a physician."

Added Dr. Weinstein: "We had only a few consults at first, but it grew over the years until we ended up following a majority of the patients on the medicine ward. Initially we worked both in the hospital and the office until it became a full-time position." **Continued**

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Although the term “hospitalist” wouldn’t be coined until a 1996 article in the *New England Journal of Medicine*, that’s the program the three began. It was one of the first such programs around, and a huge boost for patient care, agreed David Triebes, who was CEO of Samaritan Albany General Hospital from 2004 to 2015.

“Eventually, they added Tom Rafalski, MD, to their group, and we worked with them to create a formal hospitalist program to take care of all hospitalized patients from all doctors in the area,” Triebes said, adding that Dr. Rafalski also started the only HIV/AIDS clinic in the region and operated it for many years.

Administrative shifts

In its earliest days, Albany General Hospital essentially served as a doctor’s workshop rather than as its own non-profit entity. Patients paid their physicians for specific services and were not charged more unless they stayed overnight.

“In 1942, rates were quoted as \$6 for a private room and \$4.50 for space in a larger multi-bed ward,” Sass wrote in a historical outline compiled for the hospital’s centennial. “After World War II, when penicillin was readily available, a dose of it actually cost more than a hospital overnight stay.”

Written into law by President Lyndon B. Johnson in 1965, Medicare, for older Americans, and Medicaid, for lower-income people, began changing the payment systems for medical care.

In the early 1990s, Rick DeLano, who succeeded Purdum, led the establishment of a new organization known as FirstCare Physicians. The idea was to bring together a variety of primary care providers — family practice, pediatricians, internal medicine specialists and obstetrician/gynecologists — under one alliance. Joining them were physician assistants, nurse practitioners and nurse midwives.



Samaritan Albany General Hospital archives, 1967: Entrance of the newly constructed addition where patients will be admitted at a reception desk and interviewed in a private admission room. Left to right: Bert Smith, business manager, Marjorie Sexton, administrator, and Myron Taylor, maintenance lead.

DeLano remembers the creation of FirstCare as an important step, but initially a tough sell.

“It was a big change for the doctors who went into it. They had to think pretty long and hard, giving up their independence like that,” he said. “And their staffs, too - they weren’t used to having a staff other than the owner.”

The advantages were evident, however. Having a group of physicians meant Albany had a stronger ability to recruit personnel. Doctors had more leverage to negotiate with both the hospital and with increasingly complex insurance systems. They could also share services, particularly when it came to electronic records, the development of which was a sea change for doctors with 20-plus years in practice. Until then, “The entire life of a 24-year-old would be on an index card,” Dr. South remembered.

“An appendectomy and a date,” agreed Gary Goby, MD, a family practice physi-

cian. “That was it.”

FirstCare Health eventually merged with Samaritan Health Services in Corvallis, arguably the most influential change to what then became Samaritan Albany General Hospital.

Larry Mullins, who in 1992 had become CEO of the Corvallis hospital, Good Samaritan, had become worried about the possibility of losing all local control. Mullins saw the need for greater cooperation to keep regional hospitals in existence. Bigger medical complexes were buying up smaller ones and shutting them down. Regulatory costs were increasing, and Medicare reimbursements were becoming almost impossible to do alone.

“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 offer: “Let’s come together to withstand the challenge.”

Like the FirstCare idea, joining forces

with Corvallis wasn’t an easy sell. Each hospital in the area was “pretty much an island to themselves,” Mullins recalled. They worried about who would be in charge, and what decisions would no longer be theirs to make.

But Mullins persisted, reminding potential partners of the strength that could come with numbers and the ability to stay on top of regulatory costs. First Lebanon agreed, then Lincoln City and Newport, and finally, Albany. Samaritan Health Services, with Mullins as its first president, was born in 1999 and FirstCare formalized its affiliation a year later.

Care at all levels

Changing times meant change in approaches for care for situations other than illness or injury. As the 1970s gave way to the ‘80s, this was especially evident for new parents.

Like most hospitals of its time, Albany General Hospital didn’t permit the father in the room while a mother was having a baby — and the expectant mother herself was shuttled around several times, from labor to delivery to recovery. Both the personnel and technology involved in a birth were clinical, specialized and separate, sometimes even housed on separate floors.

Judie Lindley, who was in charge of labor and delivery, pushed for changes. In the mid-1970s, the hospital introduced Lamaze breathing classes and began encouraging fathers to be a present and active part of the birthing process.

“My philosophy was, the father was there when the baby was conceived, why shouldn’t he be there when the baby was delivered?” she said.

By 1980, expectant mothers weren’t taken to a delivery room and newborns were no longer whisked away to a nursery. Instead, according to the hospital’s newsletters, families could stay the whole time in a more homelike “birthing room” where both mother and baby

would remain before and after delivery. By 1986, the hospital had a full-fledged Women's Center, under Lindley's direction, which included obstetrics, gynecology and pediatrics all in one place. It included a library of books and brochures covering multiple health care topics, and had space for support groups to help mothers learn to breastfeed and women struggling with relationship problems.

"I could see what the patients needed. I was there every day, five days a week," Lindley said. "I was a change agent in making their hospital stay better for them, whether it was short or long."

Serving a whole community

The merger with Samaritan in 2000 meant sharing resources and developing various specialties rather than trying to be all things to all patients.

One of Albany's specialties is its Cancer Resource Center. Opened in October 2007 as part of the Samaritan Medical and Diagnostics Center in North Albany, it includes a reference library, room for support groups to meet and a "rejuvenation salon," which offers products for people going through therapy such as wigs, makeup and prosthetic devices.

Another specialty is the total joint replacement program. Albany's hospital is one of four in the state certified through Det Norske Veritas, a Norwegian company that provides services related to quality management, risk assessment and sustainability. The hospital achieved the rigorous DNV certification four years ago.

The joint program offers services by two surgeons who can do total hip and knee replacements. A few decades ago, patients requiring such a procedure might have to stay in the hospital more than a week to recover, but work can be done so quickly and thoroughly by the center that some 70% go home the same day, said Keteri, the CEO. This helps with mobility, recovery time and, usually, fewer complications.

"It's absolutely amazing," he said. "It's just an orchestration of the entire team working flawlessly together."

Keteri is also proud of the multiple ways the hospital continues to serve patients throughout the community.

For instance, he noted, the growth and increasing complexity of insurance programs didn't eliminate people who couldn't pay at all.

To help meet that need, Albany General Hospital established the InReach Clinic in 1993, operated by volunteers who provide free medical care to low-income adults with no insurance. Funded by the Samaritan Albany General Hospital Foundation, it's open one day a week at 1700 Geary Street. A dental care branch operates on Hill Street at the Boys & Girls Club.

And because people who struggle to pay medical bills often have additional needs, the hospital's Nutrition Services staff started a food program in 2017 to send food home with patients who may be food insecure upon discharge. In 2019, the program expanded to include food-insecure patients who sought treatment at Samaritan clinics in Albany. Oregon Freeze Dry and Altrusa International of Albany are partners in helping to fill backpacks with a three-day supply of nonperishable food and hygiene items.

Leading the way

The best care in the world doesn't prevent the end of life, however. Albany has one of the few freestanding hospice centers in Oregon, the Samaritan Evergreen Hospice House. When crews broke ground for Albany's 12-bed inpatient and respite care facility in July 2011, the state had just two other such facilities, one in Bend and one in Portland.

Evergreen Hospice itself had been in place in Albany for multiple decades, starting at the Timberview Care Center across the street from the hospital in 1984, Sass remembered. It was such an overwhelming success that in 1986, the

nursing home asked if Albany General Hospital would take it on instead.

Evergreen Hospice moved to the building at Elm and 11th with LifeLine and Home Health in the early 1990s and stayed for 25 years. In 2010, Sass, who was then director of the Albany General Hospital Foundation, and her foundation colleague Stephanie Hagerty kicked off a capital campaign to raise roughly \$5 million to build and furnish Evergreen.

"We had a very supportive foundation board and it could not have happened without them," Sass said. The building opened in 2012.

Samaritan Albany General Hospital became a leader in the state for working with survivors of sexual assault when it opened Sarah's Place in 2016.

The hospital had a few staffers trained in sexual assault, but not available at all times. Keteri, then the vice president of patient care services, remembered the day a patient shared the story of how that lack of care had hurt her.

"We failed her miserably. We were not there for her," he said. "The CEO (Triebs) and I stepped out of the room, and I said, 'Will you let me fix it?' And he said, 'Fix it.'"

Patti Kenyon, a registered nurse who had worked in the Emergency Department for many years, helped bring Sarah's Place to fruition and was its first director. The first of its kind in Oregon, it offers an alternative to an emergency room: a calm, quiet and confidential place for complete forensic exams. Staffed in such a way that no patient waits more than 20 minutes to be seen, the center collects evidence for court cases, offers advocates through the Center Against Rape and Domestic Violence and supports patients through each step of their process — all free of charge, thanks to funding from the Oregon Department of Justice.

"This is one of our passions and commitments," Keteri said. "We're doing what's right."

The next century

On Sept. 27, 2023 — a little more than two years after Keteri's gift — Samaritan Albany General Hospital's surgery team celebrated its 1,000th robotic-assisted surgery.

The hospital currently has 14 surgeons trained on the da Vinci robot. It's used for hernia, bariatric and colorectal procedures, as well as urologic and gynecologic surgeries.

The speed at which technology has changed through the decades has been breathtaking, Keteri said, and he can't even guess at what the next year might bring, let alone the next 100.

Already, he said, artificial intelligence is adding possibilities. Physicians who have had to rely on their own experiences or whatever they might have read about can now enter a set of symptoms into an AI system and generate countless interactions.

"AI is definitely going to drive what we look like and how decisions are made," he said. "We'll have options that are so deep it's not even fathomable. It will be fascinating to explore whether we can develop more robust care plans by drawing on thousands or even millions of potential scenarios, rather than relying on the limited number we've experienced in our careers so far."

Still, he stressed, the people are what make Samaritan Albany General special, and they aren't going away.

"My background is nursing," he said. "You'll never replace that human touch."

Tedisch marveled at everything that has grown in the wake of a century of service.

"It's just interesting," she said, "all the changes that happened in that one little historic neighborhood block."



1908 — St. Mary's Catholic Church opened the area's first hospital on Ellsworth Street, coordinated and staffed by the Sisters of Mercy until 1926.

1924 — Albany General Hospital was organized and incorporated on April 22, after the hospital's founders pooled their money to purchase a block at the edge of town and secured additional funding.

1924 — Pearl Hackett was the first patient in the brand-new 32-room hospital on Nov. 23. Her 12-day stay cost \$36.

1928 — The hospital was expanded to 45 beds for a total cost of \$30,000.



1947 — Marjorie Sexton named administrator.

1949 — There were 30 hospital employees and seven doctors. A bed in the large ward for men cost \$7 a day.

1950 — A 40-hour work week was instituted for nurses, but other hospital employees were still required to work 44 hours. A nurse working day shift made \$210 a month and a nurse helper made \$150.

1955 — Albany General Hospital board purchased its first malpractice insurance policy. The annual premium was just under \$400 for the entire hospital.



1957 — The Women's Auxiliary, known as the Pink Ladies, was formed to promote and advance the welfare of the hospital in ways "approved by the board" which included hosting fundraising activities to help purchase hospital equipment.

1957 — Construction for a modern addition known as the '57 building was joined to the original building, extending it along Elm Street.

1958 — A grand opening was held for the new addition, which increased the hospital from 53 beds to a total of 69. Part of the \$428,000 addition included brightly lit surgical rooms and a recovery room, a new feature at the hospital where patients stayed after an operation.

1959 — The "Pinkettes" Junior Auxiliary was formed. Twice a year the hospital and Women's Auxiliary sponsored an award party for the girls who volunteered — a certificate was given for 20 hours, and a pin for 50 hours. The Auxiliary also awarded a \$100 scholarship to a graduating senior accepted for nursing training.

1959 — There were 75 employees and 21 physicians. Room rates steadily increased over the years and a bed in the men's ward cost \$22 a day.



1965 — Construction began on the present building, the launch of a four-phase plan for an all-new, six-story hospital. This project aimed to expand the bed capacity to 110, create a larger Emergency Department, a larger pediatrics area and a four-bed Intensive Care Unit.

1967 — Phase one was completed and provided the foundation, basic facilities and first two floors. The new building opened with space for 44 additional beds, new kitchens and many other modern conveniences.



1972 — The increased medical demands of the growing population had been tremendous. To meet the need, a \$3.75 million second-phase expansion would be constructed as the third and fourth floors. The addition provided two floors of patient beds atop the two floors of the 1967 building and doubled the existing service areas of the first floor and basement.

1973 — Ron Purdum took over as administrator when Marjorie Sexton retired.

1973 — The first floor was extended to include 24-hour emergency services, larger departments for radiology, physical therapy, clinical laboratory and medical records. In addition, the basement housed a 10-bed recovery room, six new surgery suites, pharmacy, central processing and storage. The top (fourth floor) included patient rooms and an enlarged intensive care/coronary care unit.



1974 — On June 27, a wrecking company razed the old 1924 hospital building. The building was deemed too old for further renovations. The '57 building was remodeled and rented to the Linn County Health Department.

1974 — The hospital developed and coordinated the first Albany-area training program for emergency medical technicians, an extensive paramedic educational program.

1974 — The Auxiliary unanimously approved a major revision of the group's bylaws, including a change in name from Women's Auxiliary to Albany General Hospital Auxiliary.



1978 — Albany General Hospital Foundation was established to fund projects aimed at improving the health of the community.

1979 — The 2,620-square-foot outpatient surgery area was remodeled.

1908 — 1928

1947 — 1955

1957 — 1959

1965 — 1967

1972 — 1973

1974

1978 — 1979

1982 — 1989

1990 — 1992

1993 — 1998

2000 — 2007

2009 — 2014

2015 — 2017

2020

2021 — 2023



1982 — Hospital at Your Door service began, a collection of health care services available to patients and their families in their own homes. About 50 home visits were made in the first three weeks of the new program.

1982 — HomeCare Network began providing personal in-home care and support through Evergreen Hospice for those with terminal illnesses.

1985 — Richard DeLano succeeded Purdum as hospital president.

1985 — The 106-bed hospital employed 360 full- and part-time employees.

1986 — The Women's Center was established on the hospital's third floor.

1988 — The latest construction project, a \$1.02 million, 11,000-square-foot Outpatient Services Center, opened. The new unit provided about 5,000 square feet for outpatient surgery which was 2,000 more square feet than the existing facility.

1989 — The hospital purchased the historic Kimsey McClain house for Community Relations and Foundation.

1989 — Care 24 services began as a new 24/7 clinic for minor or emergency care at the hospital.



1990 — Physical Medicine & Rehabilitation practice started.

1990 — A capital campaign raised \$1 million to build a critical care and coronary wing.

1991 — The new 6,400-square-foot Critical Care Unit opened on top of the outpatient building on the west side of the main hospital. The unit was designed for nine beds, but could accommodate up to 11 beds, and included the latest monitoring and telemetry equipment. It replaced the 26-year-old, six-bed unit.

1992 — Albany General Hospital set out to change its name to Albany's Hospital. The foundation changed its name to Albany's Hospital Foundation for Community Health.

1992 — FirstCare Physicians (formerly Cascade West Health Systems) was formed at the hospital and began with seven hospital doctors, one nurse practitioner and their respective office staff. It was referred to as a "clinic without walls" and aimed to provide care for a flat fee per person.



1993 — InReach Clinic was established to serve patients who had no insurance or were underinsured. Children are seen first and adults examined on a first-come, first-served basis. The clinic is still operated by volunteers and open once a week.

1993 — Geary Street Clinic was created and included physician offices and a pharmacy.

1996 — The valley's first urgent care clinic was added to the Geary Street Clinic building.

1997 — Albany General Hospital partnered with Oregon Health & Science University to provide cardiology services and rehabilitation for patients.

1998 — The new 2,000-square-foot, state-of-the-art Women's Imaging Center added on to the southwest side of the hospital was made possible by a \$750,000 community campaign. The department saw about 4,300 mammography patients a year. By expanding the mammography center from two X-ray stations to three, the hospital reduced the wait for an appointment from three weeks to one.



2000 — Albany General Hospital joined Samaritan Health Services.

2004 — David Triebes named CEO.

2006 — A new 3D/4D ultrasound machine purchased to provide high-definition still and real-time images to assist in diagnoses.

2007 — Albany Cancer Resource Center and Imaging Center opened as part of the Samaritan Medical & Diagnostics Center in North Albany.

2007 — A remodel to the hospital's main building expanded the Emergency Department from six to 13 beds. The surgery center also featured newly remodeled outpatient rooms, operating rooms, consultation suites, a waiting room and a cafe.



2009 — Samaritan Albany General Hospital started Samaritan's first total joint replacement program.

2009 — H1N1 flu prompted visitor restrictions and limited visitors under the age of 12, required masks for anyone with respiratory or flu-like symptoms and all visitors were screened at entry points and asked to sanitize their hands.

2012 — Women's Center moved to a newly remodeled fourth floor that featuring state-of-the-art technology and 13 private rooms. The third-floor remodel started shortly after.

2012 — The Albany General Hospital Foundation successfully raised \$2.7 million for the Samaritan Evergreen Hospice House, a 12-bed facility opened to offer inpatient end-of-life care.

2014 — The hospital implemented the Epic electronic medical record system to allow patients and providers more efficient access to records.



2015 — Daniel Keteri named CEO.

2016 — Sarah's Place, a regional sexual assault nurse examiner center, and first of its kind in Oregon, opened to provide services and resources to sexual assault patients from Benton, Lincoln and Linn counties.

2017 — Nutrition Services staff created a food program to support patients who may be food insecure upon discharge. The program, now called the Samaritan Albany General Hospital Food Backpack Program, continues to provide patients in need with three days of healthy, shelf-stable meals, proven to aid in recovery and minimize readmission.



2020 — Samaritan Albany General Hospital awarded five out of five stars by the U.S. Centers for Medicare & Medicaid Services.

2020 — Telehealth options expanded to increase access to care during the pandemic. Samaritan Albany General Hospital joined the rest of the Samaritan system in opening COVID-19 drive-up testing centers and implementing visitor restrictions, including face mask requirements and hand sanitizer stations.

2020 — Samaritan Albany General Hospital and hospitals across the nation began vaccinating staff against COVID-19 with the newly developed mRNA vaccine, which at first was in very limited supply. The first coronavirus vaccination in the region was given on Dec. 18 at Good Samaritan Regional Medical Center followed by multiple vaccination clinics at all Samaritan hospitals.

2020 — The total joint replacement program was accredited as a DNV GL Healthcare-certified Hip & Knee Replacement Center; only one of three hospitals in the state at the time.



2021 — Samaritan Albany General Hospital added a da Vinci Xi with the E-100 generator robot to assist with laparoscopic and minimally invasive surgeries. The robot features the most up-to-date technology the medical field has to offer and benefits both patients and surgeons.

2023 — Pandemic visitor restrictions and face mask policies relaxed and lifted.

2023 — The Women's Center was recognized with the prestigious international Baby-Friendly designation, demonstrating adherence to the highest standards of care for breastfeeding mothers and their babies.

1982

'Hospital at Your Door' service alters traditional Albany General Hospital care

A new hospital service to keep patients out? That's what "Hospital at Your Door" is doing.

"Hospital at Your Door is a collection of health care services available to patients and their families right in their own homes and under the direction of their doctor," said Judi Abbott, RN. The new service began under Abbott's guidance on October 1.

"There's a new wave of interest in health care in the home setting because people simply do not want to be in an institution if they can help it," said Abbott.

"It really makes good sense," she explains. "Many people can be cared for just as effectively in their homes as in our hospital or in a nursing home. In a way, it's an old-fashioned idea that's back in style. People want to take care of themselves and their families – they want to keep grandmother at home. All we do is help accomplish this."

Any person who needs skilled health care at home and is under a physician's care can have home visits. Hospital at Your Door offers service within an approximate thirty-mile radius of the hospital including patients living in Linn, Benton, Polk and Marion Counties.

Four home health experienced registered nurses, two home health aides, an occupational therapist, speech therapist, social worker and physical therapist comprise the staff.



Samaritan Albany General Hospital archives, 1982: About 50 home visits were made in the first three weeks of the new Hospital at Your Door program. Patients ranged in age from 4 to 93. Wiley Nelson and his wife Bertha of Millersburg were the first patients to be visited by Marilyn Stutzman, RN.

But the list doesn't end here. Back up consultation from the hospital's resources is one advantage of the program with the Albany General Hospital dietitians, pharmacists, respiratory therapists, chaplain and floor nurses offering advice and guidance to the home health team.

"Our goal is to keep the patient comfortably at home yet receive skilled services that allows the patient to function at the highest level possible. I've seen people gain independence and a new sense of self-worth because of this care," said Abbott.

"This service could save money."

Abbott says this is typical of the services offered by skilled nurses; wound care and dressing changes; diabetic/nutrition instructions; medication help; heart and lung checks; cancer care; and advice for simple home nursing techniques. Aides serve patients with personal care in the areas of bathing, bed making and exercise. Medical equipment and supplies are also available.

Fees are approximately \$45 to \$55 per visit for most services and \$30 to \$40 per visit for home health aides. Many

insurance companies and Medicare cover the charges.

Most patients are in the older age group, but some care might be prescribed if a patient just had surgery, has a broken leg, chronic lung or heart problems, diabetes or just delivered a child and has need for special care or instruction.

"In the long run this service could save money because expensive hospital stays may be shortened or eliminated," said Abbott.

Two years in the planning

The Albany General Hospital home care concept has been in the works for two years, but it's a decade-old goal for director of nursing Mary Lou Reynolds, RN. Reynolds spent six years in community health prior to moving to Oregon and has a philosophy that a community hospital should be the center of a community's health.

"We join many hospitals across the nation in declaring that a hospital is a center for health — not just a house for the sick," said Reynolds. "We help people help themselves."

According to Reynolds, the new service

is another subtle sign of the changes in the traditional acute-care-only role of hospitals. In recent years Albany General Hospital has added in and out baby deliveries and outpatient surgeries. "This is just one more step in this evolution, but it literally throws open our doors to all kinds of exciting self-help possibilities."

Consumer involvement

An important element of Hospital at Your Door is the ongoing evaluation and advisory committee comprised of physicians, community leaders and hospital staff members. "This is consumer input on a fundamental level because we are asking our 'customers' to evaluate us, help us plan as we improve and expand services," said Reynolds.

"There's a lot to be said for a hospital-based home health service," said David Fitchett, MD. Dr. Fitchett, an orthopedic surgeon, is one of the advisory committee members. "Hospital at Your Door is very convenient for physicians, and I feel I'll have direct involvement with the home health staff."

Article reprinted from an Albany General Hospital winter 1982, LifeLine publication. In spring 2024, Samaritan Health Services introduced two new, convenient options for accessing medical care as part of their ongoing efforts to improve patient access. Samaritan has partnered with KeyCare to provide self-pay video visits 24/7, 365 days a year, from anywhere in the United States. In addition, with On My Way, from a computer or mobile device, patients can select a walk-in clinic and hold a spot in line to see a clinician instead of physically waiting for the next available appointment. Both features can be accessed through samhealth.org/MyChart or samhealth.org/CareNow.



Albany Democrat-Herald archives, 1958: A major improvement in the new wing of the Albany General Hospital is the brightly lighted surgical section, where three operating rooms have been fully equipped and put into use.

Specialized nursing staff assigned to surgical duty

ALBANY DEMOCRAT-HERALD

When a case enters the hospital requiring an operation, it means increased activity for a specialized staff of nurses working in a large section of the building's new addition. Three new operating rooms are all located in the addition, and Jean Graf is the supervisor of the nurses who see that everything goes smoothly in the important corner of the hospital.

Before a patient enters this chamber, the nurses have been working to put the orderly room and equipment into even better order.

"We have to pick the instruments that will be needed, sterilize them, have the sterile packs ready and take care of other preliminaries," Graf said. "When the time comes for the doctor to take scalpel in hand, then two nurses are ready to make things as easy as possible for the surgeon."

Excerpt reprinted from the Oct. 25, 1958, Albany Democrat-Herald.

Samaritan Albany General Hospital became the first Samaritan facility with a fully integrated da Vinci robotic surgery suite in February 2021.

This has enhanced surgeons' capabilities during a wide range of complex procedures. More than 1,000 patients have benefited, experiencing reduced post-operative pain, quicker recoveries and less need for pain medication. To learn more about robotic-assisted surgery, visit samhealth.org/Robotics.

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Job Reality, first program in Oregon

Larry Bardell, RN, is one of the six newly graduated nurses who found what he calls a fantastic opportunity at Albany General. Bardell is one of the six nurses accepted into the Job Reality program under the design and management of Rosie Holgersen, RN, staff development coordinator. Susan Ash, RN, assists.

For several months prior to the July starting date, the program received many applications from all over the United States – even before it was formally advertised.

Like its name implies, the idea of the program is to let newly graduated nurses ease into the reality of the job rather than become overwhelmed. Job Reality, the first program of its kind in Oregon, offers nine months of special inservice and



Samaritan Albany General Hospital archives, 1977: Larry Bardell, RN, reviews a patient's vital signs during his assignment in the operating and recovery rooms.

training for the participants. As Holgersen explains, they are gradually oriented to all the nursing units on all shifts.

The first months for most new nurses are usually frightening, as they discover that it is not really like nursing school. Job Reality allows the new nurse to gain confidence with a lot of support and guidance. At the end of the nine months, the hospital has six nurses who are not only well oriented to professional nursing but also to Albany General Hospital.

Bardell is a graduate of a four-year nursing program at Goshen College in Indiana. He wanted an internship type of position but found that most of them require the nurse to work at the hospital for a year or more after the program is completed.

"The amount of knowledge you have to have to be a nurse is so vast," he said, "and most of my training was in concepts and theory, not practical experience. That's why I wanted this kind of skill training."

For the first nine months of the program, the nurses are orienting and must be willing to accept assignments on all nursing units and all shifts. Afterwards they are required to work at the hospital for three months. Bardell's first choice is the operating or recovery room. It depends on whether there is an opening and who else wants it.

The Job Reality nurses are paid a regular entry level nurse salary. Does that extra orienting and support given these six cost the hospital extra money? Holgersen says no. She says that having

nurses available to place on any shift and any unit is a boost to staffing that saves money. The inservice and educational meetings scheduled for the Job Reality nurses are open for all nurses to attend, so that many of the meetings serve double purposes.

"When the nine months are finished," Holgersen said, "these nurses have a pretty good idea of what kind of nursing they want to do. Most new nurses don't have the chance to find their niche so quickly and don't adjust as well."

Excerpt reprinted from an Albany General Hospital winter 1977/78, LifeLine publication. Samaritan Health Services now offers a New Graduate Nurse Transition to Practice Program, which provides registered nurses with a transition between nursing school and independent patient care. Annually, the program has welcomed an average of 50 to 70 new nurse participants. Explore nursing internships and programs at samhealth.org/NewNurseGrad.

2012

Public gets first look at new hospice

BY STEVE LATHROP

The public got its first glimpse of the new Samaritan Evergreen Hospice facility.

The \$4.9 million, 14,390-square-foot building at the corner of Waverly and Del Rio in south Albany, is scheduled to open for patients in July. Tours took groups and individuals through the facility, one of only three hospice sites in the state. Individual rooms will accommodate 12 patients on site, serving those facing

end-of-life issues, although only six will be used to start.

Dining facilities, meeting rooms, a chapel, pharmacy and a centralized nurses station are featured. An additional wing houses administration and will accommodate in-home hospice programs.

Patient rooms are furnished with a bed, couch and chair, table, television, telephone and personal bathrooms.

Dr. Jeff Lear, Evergreen medical director, and Barbara Hansen, will manage a staff of over 50 nurses and medical professionals. In addition, 40 volunteers will provide service for Linn and Benton county patients.

"Medicare dictates that at least 5 percent of the hospice workforce be volunteer," Hansen said. "Here we range between 5 and 8 percent."



DAVID PATTON, DEMOCRAT-HERALD

Volunteer Coordinator Karen McLain, right, leads a tour of Samaritan Evergreen Hospice House Friday afternoon in Albany.

Patients receiving hospice qualify if they have a physician-certified prognosis of six months or less to live. Referrals may also come from a physician or family member. It is fully covered by Medicare and most private insurance according to Kim Sass, director of the Samaritan Albany General Hospital Foundation.

"The idea is to be able to use this as a transition between hospital and home," Hansen said. "Our hope is that people will still be able to be at home at the end. That's where most want to be."

The foundation spearheaded the fundraising efforts for the project which has reached about 60 percent of the cost.

"We don't anticipate asking the community for operational funds but we will still continue to seek contributions for construction until our goal is met", Sass said.

Article reprinted from the June 9, 2012, Albany Democrat-Herald. Volunteering is a great way to connect with people, gain experience, help our community and support staff and patients in clinical and non-clinical areas. Learn more at samhealth.org/Volunteer.

2019

Sarah's Place offers help, hope to area abuse victims

BY ALEX PAUL

As many as 15 women are treated every month at Sarah's Place at Samaritan Albany General Hospital, the only stand-alone sexual assault nurse examiner center in Oregon.

Specially trained staff provide treatment 24 hours per day, seven days a week, a group of about 15 mid-valley residents were told Thursday afternoon during a Med Talk program at the hospital.

Nationally, 1 in 5 women will be sexually assaulted by the time they graduate from college, the group was told. In Oregon, the percentage is even higher, 1 in 4.

Sarah's Place staff members Emily Jaskoski and Tasha Mosbrucker said that over the last three years, Sarah's Place has provided assistance to more than 500 women and children, regardless of their address.

When staff members aren't at the medical center next the hospital's Ambulatory Surgery Center, they're working on outreach programs with area high schools and universities, as well as faith-based organizations, Mosbrucker said.

"Oregon is second only to Alaska in terms of sexual assault," Mosbrucker said. "No one is immune. Abusers come from all communities and all social levels."

The women said Samaritan Health Services considers sexual abuse as a major community health issue, which is why it developed the regional program



MARK YLEN, MID-VALLEY MEDIA

Emily Jaskoski gives a tour of a Sarah's Place examination room to Keller Williams Realty's Andrea Beem, left, Albany Mayor Sharon Konopa, Undersheriff Paul Timm and Philomath Police volunteer Marcia Gilson.

to serve all of the local hospitals in Albany, Lebanon and Corvallis, as well as in Lincoln City and Newport. Professionally trained staff are on duty from 8 a.m. to 5 p.m. daily, plus some evening hours and always on-calls, Mosbrucker said.

"Our response time is less than 20 minutes," she said.

Examination times vary from 4 to 6 hours, although each situation is different.

Sarah's Place has two consultation rooms and two examination rooms, a locked evidence storage area, shower and clothes closet.

"Our patients usually give us their clothes as evidence, or they don't want them," Mosbrucker said. "We offer them new clothes, as well as things like ear buds and we even have food here. They have been traumatized and they often don't eat for hours."

Sarah's Place goal is to end violence through community partnerships, education and comprehensive care.

Sexual assault nurse examiners spend 40 hours in a classroom setting

and then spend a year in outreach efforts including ride-alongs with law enforcement and meeting with area professionals who deal with sexual and domestic assault issues.

Although patients can pay for services through their insurance programs, it is not mandatory, the women said. All services are provided free if requested. Those services include medical examination and treatment; forensic collections, Sexual Assault Infectious Disease prophylaxis (treatment), HIV risk assessment and prophylaxis, and connections with local support groups including the Center Against Rape and Domestic Violence.

"We always have a CARDV advocate available for our patients," Jaskoski said.

A staff member has been working closely with area high school students and has made about 100 high school presentations, Jaskoski said.

"We are also reaching out to our most vulnerable populations, such as the homeless," Mosbrucker added. "We hope to break down the barriers among that population and to let them know we are here."

Sarah's Place also works closely with the ABC House, which provides services to abused children, and with the Oregon State University health department. It's also developing a partnership at Western Oregon University.

Proceeds from the Samaritan Scramble golf tournament to be held June 13 at Trysting Tree Golf Course, will be donated to Sarah's Place, Mosbrucker said.

Sarah's Place also accepts donations of new clothing and snacks for the program. Donations may also be made to the hospital's foundation and earmarked for Sarah's Place.

"It is one of those sad things we are so blessed to have in Linn County," Linn County Commissioner Will Tucker said after a tour of the facility. "It is the only facility of its kind in Oregon and one of a few in the nation."

Tucker praised Samaritan Health Services for "standing up to deliver quality medical care and leadership. This is an example of what we need more of to help break the cycle of abuse."

Tucker said he is also pleased to see that Sarah's Place and ABC House are working hand-in-hand to provide services for adults and children in the mid-valley.

To learn more about Sarah's Place or to request services, call 541-812-4420.

Article reprinted from the April 13, 2019, Corvallis Gazette-Times. Since Sarah's Place opened in 2016, the center has served over 1,700 individuals. SANE nurses are also available on the coast at both Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital in the Emergency Department. To learn more about Sarah's Place services and community resources visit, samhealth.org/SarahsPlace.

A focus on families

The Women's Center marks decades of service

BY JENNIFER MOODY

For Mid-Valley Media

In the early 1970s, T.R. “Ted” Deems, MD, had a rule for pregnant women who checked into Albany General Hospital for delivery: three days of bed rest.

That didn’t sit well with Judie Lindley, who was in charge of labor and delivery. Her previous job had been a nurse at a hospital in North Bend, where doctors got women up and moving shortly after delivery to make sure blood clots didn’t form.

Dr. Deems’ orders allowed nurses to let patients “dangle” after delivery, sitting on the bed with their feet hanging down.

“I told the nurses, ‘You ‘dangle’ them all the way to the bathroom,” Lindley remembered. “He got upset, but eventually he changed his orders. He could see we were really concerned about the care of the patients, and that it was healthier for them to get up right away.”

Albany’s hospital didn’t yet have the dedicated space for obstetrics, gynecology and pediatric clinical services that eventually became the Women’s Center. But thanks in part to Lindley’s efforts, it was on its way.

The center is marking its 38th year as part of the hospital, which is itself celebrating its centennial. It has changed floors and is configured slightly differently than when it first opened, but it carries the same mission: to offer comprehensive care for families bringing a new little one into the world.

In the early days of Albany General Hospital, many women were still giving



Samaritan Albany General Hospital archives, 2012: One of 13 private rooms in the remodeled Women's Center.

birth at home. Women who wanted a different option before 1924 could go to the in-home maternity ward offered by Frank Beauchamp, MD, one of the hospital’s founding fathers, or — for a single year between 1914 and 1915 — a home on Washington Street that provided maternity services.

When hospital births started becoming more common, they became clinical experiences. Mothers were typically sedated for labor and delivery. Fathers were kept well out of the way. Babies, once born, were whisked off to a separate nursery.

A birth also involved a lot of moving around. When Lindley first arrived, a pregnant woman might be examined in one room, labor in another, deliver in a third and recover in a fourth. If she needed a cesarean section, the procedure involved moving to an entirely different floor.

Advances in both medical care and social activism led to changes in the hospital’s approach. The use of local rather than general anesthesia kept mothers awake and more able to be active participants. Midwifery was becoming more popular, and women were pressing for birth experiences in a more homelike setting.

Lindley, who came to Albany in January 1972, had seen some of the advances at her previous job and was eager to bring them to the community.

She started teaching the childbirth classes named after the French physician Fernand Lamaze, helping women learn to manage their pain through breathing and movement. She pressed for fathers to be a part of the birth experience and for families to be kept in one place.

“My philosophy on childbirth was, you keep the mother and the baby together,” Lindley said.

“I wasn’t very well received with all the things I had in my head that I wanted to see change,” she added, laughing.

By 1978, pediatrics and obstetrical services were located together on the third floor. In 1980, Lindley oversaw the development of the hospital’s first “birthing room,” an experiment in having families stay in one place with full participation in a baby’s delivery.

The singular birthing room was a key to developing the full-scale Women’s Center, which opened for use on the hospital’s third floor in April 1987.

Just in time, too, said Nancy Anderson of Albany, who gave birth there to her first child, Lisa, on April 20. A week earlier — when Lisa had been scheduled to arrive — it wouldn’t yet have been finished.

Anderson’s husband, Graham Kislingbury, was the then editor of the People page at the Albany Democrat-Herald and had been following the hospital’s progress as it developed the Women’s Center. The couple took Lamaze classes at the hospital and also attended church with Lindley. Kislingbury regularly quizzed her about the center’s status. “Nancy’s getting close!” Lindley remembers him telling her.

Kislingbury wrote a story for the People page about the family’s experience in the new birth center, noting it offered four 360-square-foot suites, each with its own jetted hot tub, small refrigerator, recliner and pine dresser. Some staffers referred to it as the “hotel wing” of the hospital, Kislingbury remembered. “I think it’s a little bit of both: It has the look of a nice hotel and much of the comfort of home.”

Anderson especially loved the tub, but said the best part was not having to move around. “It was nice to just be in one room and Graham could be in there,” she said. “Everything was in one place.”



Samaritan Albany General Hospital archives, 1987: Tony and Kim Puckett of Albany were one of the first couples to give birth in a new birthing suite. Their son, Casey, was born April 19. Older sister Leslie was part of the action.

The philosophy about keeping everything together extended to the rest of the center, too. Obstetrics and gynecology were on the third floor with the birthing suites, and pediatrics was just across the hall. Caesarean section procedures were performed in a nearby surgery suite.

The third floor also included a library with both information and meeting spaces for classes on premenstrual syndrome, prenatal care, menopause and osteoporosis. In addition, the center coordinated mammogram and osteoporosis screenings and made referrals to physicians and community resources. Grief counseling was added for miscarriages.

Said Kim Sass, now retired as director of the Albany General Hospital Foundation: "Because we put a spotlight on women, we began to see issues that we could improve."

In 2012, the Women's Center was moved to the hospital's fourth floor and underwent a few changes. Nurse Jamie Bryant, who has spent 27 of his 32 years with the hospital in labor and delivery, said the shift made everything more functional.

While the in-room tubs moved to a tub in a central location, each birthing room

kept its own private shower. Special equipment means infants can get their first bath in the room, too.

"When I first started, we took the baby to the nursery for baths. Now with warmers, we can do it in the room, and parents can watch and be a part of it," Bryant said. "It's a very family-oriented concept. It's just the norm now."

The library and resource room stayed on the third floor, but pediatrics and postpartum rooms came upstairs with the birthing suites.

"We have to be well-rounded on this floor, because everybody's up here," Bryant said. "We don't know if we're going to have a postpartum hysterectomy or a 5-year-old with asthma or a labor and delivery patient. We have to keep up our skills in a number of areas."

Bryant is said to be the most requested nurse in labor and delivery and is starting to see some of his first babies coming in with their own pregnancies. He said he loves serving the community through Samaritan Albany General Hospital.

"I love coming to work every day. I'm excited — I get to help deliver a baby today!" he said.

Lindley, who left the hospital in 1995, visited the fourth-floor Women's Center after a remodel and said she was impressed. She said she also received great care from the hospital itself after coming in as a knee patient a year ago.

"As I went into pre-op, these two nurses came in — they were baby nurses when I was there. They'd been there 25 and 27 years. It was wonderful to see those faces," she said.

As the hospital celebrates one hundred years, she said she is proud to have been one of its change agents.

"I hope they'll continue to keep up with the changing times."



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