

# Fairchild Medical Center



Yreka, California

*"A dream in the making is finally a reality."*



## INSIDE THIS SPECIAL EDITION:

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# New medical center becomes a reality

BY CHRIS REARDON  
FMC Staff Development Director

YREKA — Over the years there were several false starts in getting the new hospital project under way.

What made the crucial difference in this most recent (and successful) effort was one unescapable fact: due to increasingly more stringent government regulations regarding building safety (earthquakes, etc.), in approximately 10 years Siskiyou General Hospital would be so hopelessly out of compliance that it would be forced to shut its doors.

In a community struggling to attract new business, maintain its economic base, and provide an attractive environment for both retirees and young families, the continuance of a hospital in Yreka was crucial. And so the quest for the means to build a new hospital began in earnest.

The first major step was securing the \$2 million matching grant from the McConnell Foundation. This had a major stipulation: that we raise \$2 million first from our own community.

With the guidance of a consulting group, Underwood & Associates, we structured our approach "from the inside out and from the top down". This meant that first we got donations from the Hospital Board of Directors, the medical staff and the employees of Siskiyou General Hospital. Industry statistics indicated that typical compliance for efforts of this kind were in the range of 67 percent. At Siskiyou General

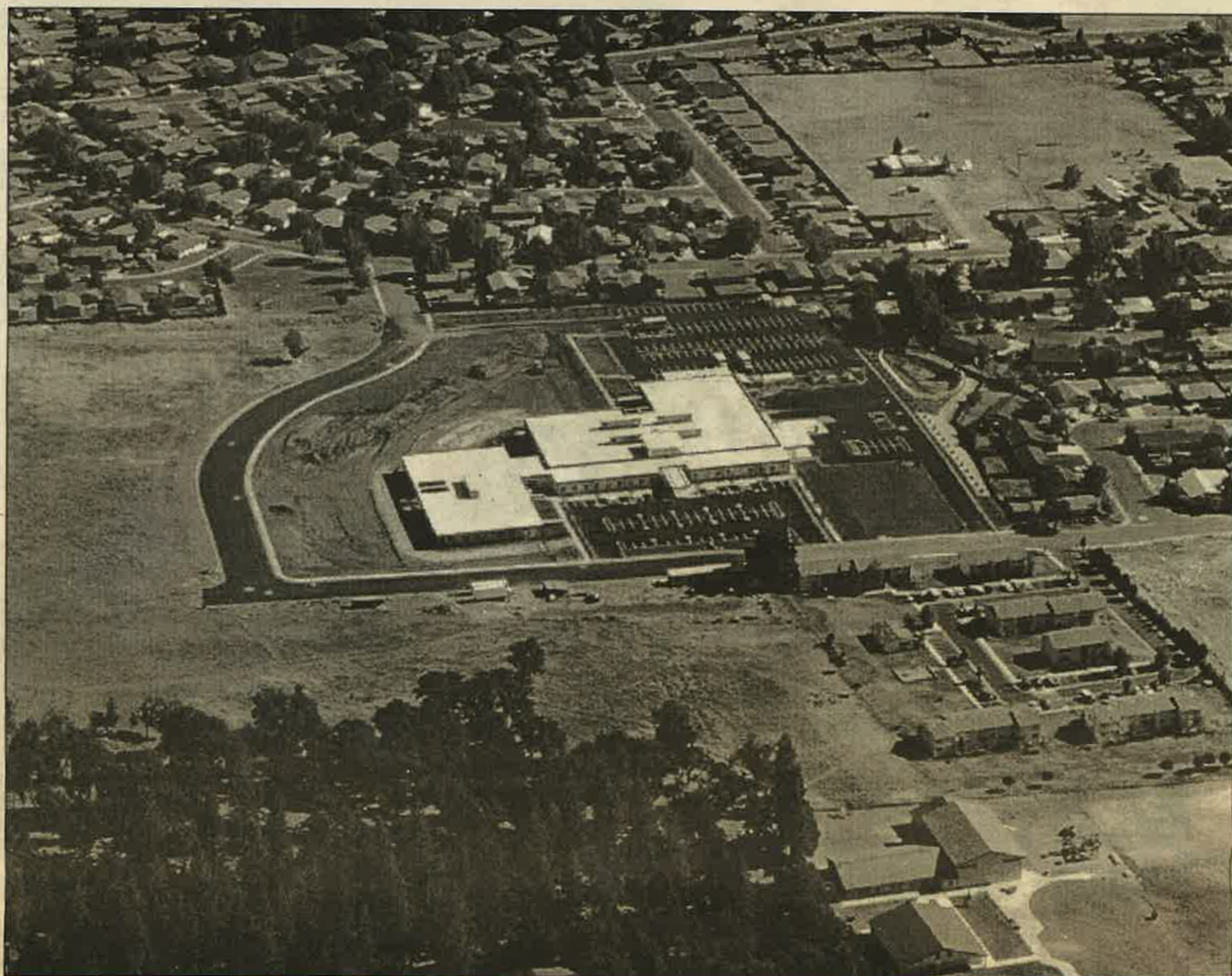


PHOTO BY GORDON LOOMIS

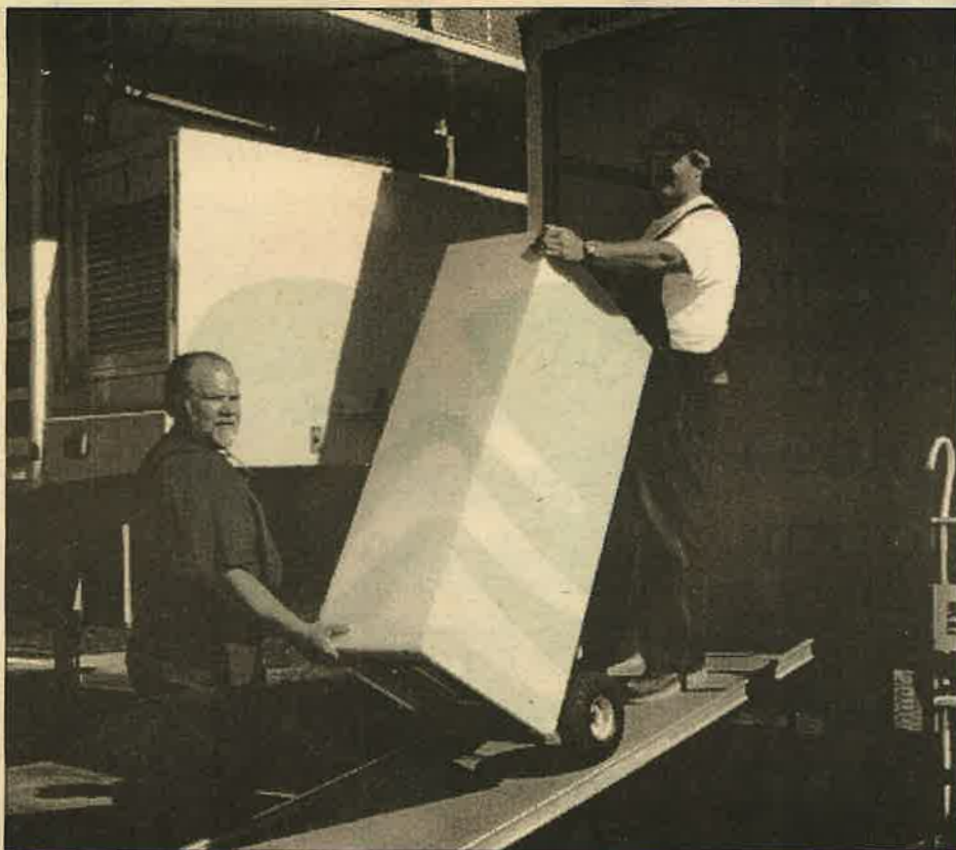
This spectacular aerial view of the new Fairchild Medical Center was taken at an elevation of approximately 1,500 feet.

Hospital, we secured donations from 97 percent of the staff — an unbelievable show of support and solidarity.

Next, fund raisers went to prominent and wealthy members in the county to solicit major donations, followed by a series of general community fundraisers such as the sale of com-

memorative bricks, car raffles, golf tournaments, etc. At the conclusion of these efforts, we had raised, in actual and pledged donations, \$2.8 million.

Additionally, we received \$100,000 from the Sierra Health Foundation; \$25,000 from the Thomas D. Taylor Foundation; and \$20,000 from the



PHOTOS BY GORDON LOOMIS

Emil Iversen and Larry Southerland help the hospital move a file cabinet from the business office of Siskiyou General (above) to the Fairchild Medical Center (right).





Ben B. Cheney Foundation. Siskiyou General Hospital already had, from many years of donations, \$3.3 million towards the construction of a new hospital. Lastly, we were able to secure an \$8.6 million loan at 4.5 percent interest rate from Rural Development, which was the final financial hurdle.

Concurrent with fundraising efforts was one of the key moments of the entire affair: the gifting of 10 prime acres of land to us by Stan Friden. Several offers of land had been made, and indeed the hospital already owned land that at one time was thought to be the site of a new hospital. But the cost of developing these other sites was prohibitive, and thus Mr. Friden's donation was absolutely crucial to the success of the new hospital project.

An architectural firm, NBBJ, was hired to design and draw up the plans for the new hospital. There were endless meetings, with many of our staff providing input on a myriad of practical factors: what goes on what wall, how many cupboards here, how many drawers there, the critical dimensions of diagnostic areas, etc. One factor was not negotiable: the size of the facility could be no more than 64,000 sq. feet, because that represented the financial limit of what we could afford to build. It was a monumental effort to plan out every detail of a hospital from the ground up, but in the end, a great design was agreed upon.

Construction began in May of 1996. The work went swiftly, the only major setback occurring early on was the discovery of a spring that had not been detected during the geologic survey requiring the placement of additional drainage.

Siskiyou General Hospital closed its doors on July 7; and by July 11, the Fairchild Medical Center opened its doors to a new era.



PHOTO BY GORDON LOOMIS

Rudolph and Sletten Inc. were the main contractors hired to build the medical center. The "Project Team" included Project Foreman Fritz West of Ashland, Ore., Senior Project Engineer Craig Jamison of Loomis, Field Office Coordinator Sherry Robinson of Montague and Senior Project Manager Randy Stephenson of Grenada.

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# Early days of hospitals unlike today

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Nancy Drennon



hospital possesses all those human dramas plus a fascinating account of political maneuvering and heated controversy raging over its long existence of nearly 140 years.

This story is intended only as a look back in time about this most important edifice of our county. But before delving into that history, it is necessary to understand just what a hospital "wasn't" in the early days of our county and for that matter the entire world.

It was an awful thing to be a sick person anywhere at all before the



PHOTO COURTESY SISKIYOU COUNTY MUSEUM

In 1856, Siskiyou County rented the James Ensey House for use as a county hospital. It was very different from the hospitals known today. It was used as a "pest house" and to care for the indigent poor and sick. To pay for its operation, the county levied a tax on every adult male over 21 years of age. Admission was granted by the board of supervisors.

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19th century. Hospitals or "hospitalias" as they were called in Europe were horrible places where the poor, sick, crippled, insane and orphaned were often lumped together under one roof.

Pest houses were built in remote places for those afflicted with contagious diseases. With few exceptions all of these places were filthy, disease ridden, rat infested buildings with almost no sunlight and totally untrained personnel. In fact, it was not unusual for inmates from local prisons to be assigned as nurses for the poor in pest houses.

Doctors, having no knowledge of germs or modern medicine, were held in low esteem by patients who were terrified of the hospital horror stories. And small wonder when nine out of ten surgical patients died, as doctors, unaware, washed their hands "after" an operation, not before! Needless to say, the wealthy never went to hospitals.

In a young Siskiyou County, a hospital of sorts opened for a time on Miner Street in Yreka. But it was short-lived as most doctors were here, not to doctor, but to seek gold like everyone else.

Then in 1856, the county rented the James Ensey house in Yreka for use as a county hospital. Though not the hellhole of earlier pest houses, this was not to be a public hospital as we know it today. Its purpose was for use as a pest house and for care of the indigent (poor) and the indigent sick.

The county levied a small tax on every adult male over 21 years of age to operate its rented hospital. Admission by indigents was granted only after the person, sick or not, appeared before the board of supervisors to petition for care. The applicant had to prove owning no assets and then endure his or her name printed in the local newspaper.

The post of County Physician came into being in 1854. It became his job to manage the hospital. It also became a powerful political force in Siskiyou County and a source of fierce professional jealousy as years went by. The first doctor to hold this post was S.W. Chute followed by Dr. John Ridgley.

By 1857 the county decided to buy its own hospital building. The property selected on Oregon Street belonged to none other than Dr. Ridgley. The price of \$5500 was considered exorbitant by many, but the deal went through anyway, and the



PHOTO COURTESY OF SISKIYOU COUNTY MUSEUM

The first Siskiyou County Hospital opened in 1890, after being purchased from Dr. John Ridgley for \$5,500. This was considered an exorbitant sum by many, however the deal went through anyway.

county opened its first county-owned hospital in Sept. 1857.

Enter Dr. Cabaniss. As the new County Physician his salary of \$4500 per year was to cover such items as cooking, cleaning, and laundry services for the patients as well as medical care for those needing it. Cost of burial for expired patients was later added. This was no doubt a good incentive for good doctoring.

Many doctors of the day were politically inclined, some serving as supervisor, coroner, and tax collector. Dr. Cabaniss was no exception. He was called a "fire-brand" with strong opinions. His management of the hospital was blasted by a political opponent, David Colton, who also happened to be part owner of the Yreka Journal.

A verbal assault ensued between the two men in the Journal. It became serious when Cotton challenged the doctor to a duel and Cabaniss accepted. On their way to the duel in Oregon (dueling was illegal in California) the two somehow settled their differences and the county retained its fiery county physician until 1862 when Dr. Danial Ream took over.

Now it just so happened that Dr. Ream owned property that included both sides of Yreka Creek along what is now Main Street.

By 1870 the number of "inmates" had increased so that a new hospital was sorely needed. It is interesting to note that the homeless outnumbered the ill. The sequence of events that followed is still capable of raising a few eyebrows over the county's selection of a site.

The board of supervisors appointed a committee to research a site. It was the committee's recommendation that Dr. Ream's property be purchased and the appraisal was set at \$3750.

The board erupted in angry debate, but finally accepted the site with an amended appraisal of \$3500. No other site was even considered, and to add to the controversy, Dr. Ream bought, at auction, the old county hospital building. The fact that he was a very beloved man who would keep his county post for 20 years probably helped quell the gossip.

Meanwhile the new hospital was housed in an existing building on the property. A garden was planted to provide vegetables for the patients and water for the hospital was pumped from the creek. The county helped tend the gardens.

With repairs, this building lasted until 1890 when the county spent \$4711 plus \$352 (for extra work) on a truly new, two-story structure,

which was built on the west side of the creek.

There were some rocky times ahead as this hospital, still a home for the homeless and the indigent sick, prepared for dramatic new changes in a new century.

On Jan. 9, 1890, Siskiyou County Hospital opened its impressive new hospital on the west side of Yreka Creek. The two-story, wooden structure, just like its predecessors, housed only the indigent sick and the homeless poor.

In a surprise move the board of supervisors hired a steward to manage the hospital, a move that greatly diminished the authority of the county physician who until then, had controlled everything from surgery to bed sheets. Why the board's decision to change is uncertain to this day.

A large addition with 53 more beds plus real wash basins with hot and cold running water came in 1908 at a cost of \$19,600.

The poor housed at the hospital outnumbered the sick poor. However, these people apparently had enough money to buy liquor, because by order of the board in 1910, saloon keepers were ordered to "stop selling intoxicants to the inmates of the hospital."

Then in 1920, a dynamic Dr. Charles Pius became county physi-

See HISTORY on page 6

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## History

Continued from page 5

cian, and the push was on for a new hospital to replace the now outdated wooden structure. Plans called for a 100 bed, \$200,000 hospital to be built on the east side of Yreka Creek.

Angry protests grew to fever pitch throughout the county. A 10 percent fee to the architect was a big sore spot as was the high cost and the east creek siting. The hot debate raged for three more years during which time the California State Board of Charities and Corrections studied the problem and determined that a 35-bed hospital was adequate.

The supervisors also decided that this should be a general county hospital — to admit the general, paying public along with the needy (In 1925 there was no welfare department).

The general public had had access to small, private hospitals in the county, but none provided the level of services the new hospital would offer.

Finally, the decision was made to proceed, and the result on Aug. 3, 1926 was the beautiful brick building that now graces the west side of Yreka Creek and the one still standing along Main Street in Yreka. The building's unique high-roof/chalet look was prompted by a community that remembered the severe storm in 1898 that collapsed many Yreka roofs.

Beside its appealing look, the new Siskiyou General Hospital was a state-of-the-art, modern facility of the first order. Many new advances in the medical field were incorporated, however, there was a serious problem...somebody forgot to include a kitchen!

As astounding as this fact is, it took red faces only a flash to have an addition tacked on to the back of the new building with a ramp to wheel food into the hospital—still in use today. But except for this inconve-



DAILY NEWS PHOTO/LORI SELLSTROM

Siskiyou General Hospital was built in 1926 along Main Street in Yreka. The building's unique high roof was prompted by a community who remembered the huge storm of 1898. Although many state-of-the-art advances were incorporated, somebody forgot to include a kitchen. The kitchen was later added to the back.

nience SGH was a source of pride for many years.

However, nothing changes so rapidly as medical "state-of-the-art" so that in 1940 and again in 1956 more space was added, the latter providing for extended care — a concept at least 10 years ahead of its time.

By 1960, new medical advances and equipment requirements were so great that the then county physician, Dr. Albert Newton clamored for a new facility or at least, a large addition. He and other members of the medical community formed Siskiyou Hospital Inc. (SHI), a nonprofit group to help raise funds. SHI used a Hill-Burton matching funds method and sent out a plea to the community. One thousand five hundred thirty two families,

businesses and organizations donated \$378,000, and the new Albert H. Newton Building was completed in 1966 attaching to the south side of the brick structure. Surgery, obstetrics, emergency and pathology expanded.

But trouble was just around the corner as a new Medicare program plus the supervisors' inability to keep the hospital out of the red threatened to close SGH. For three years running, the hospital had lost several hundred-thousand dollars.

Closure date was set for Dec. 31, 1968. County patients would be sent to Medford, Ore., while paying patients would need to relocate themselves to private hospitals.

At the request of the supervisors, the California Taxpayers Association studied the problem. Its resulting report was that poor management plus a wide variety of cause/effect problems needed revamping to get things back on track. Among some hard choices were the reduction of 23 staff positions, fewer beds (that permitted turning the north-wing of the hospital over to public health) and finally, management of the hospital by other than the board of supervisors.

This latter was accomplished when Dr. Newton revived SHI which took over control from the supervisors. Initially, however, SHI used the services of a profit management group called Beverly Enterprises which loaned SHI \$250,000 to help get the hospital back on its feet.

This didn't set well with some in the community, but the plan worked — so well, in fact, that by 1976, SHI assumed full responsibility and has kept Siskiyou General Hospital in excellent financial standing ever since. Before moving into the new

Fairchild Medical Center, the lay volunteer board consisted of 11 members and was led by chairman Dr. David Herfindahl with Ken Monfore as hospital administrator.

Since 1966, SGH received full accreditation from a national Joint Commission and the Medical Association for passing strict guidelines in all aspects of its operations.

The facility had the most modern equipment including advanced imaging and nuclear medicine in addition to many special services. No less than 92 percent of the doctors were board certified (a third higher percentage than most) plus highly qualified nurses and a volunteer hospital auxiliary that was second to none. Out-patient treatment outnumbered in-patient by two-thirds requiring fewer beds, but more equipment.

With the new Fairchild Medical Center now operating, all the above and more are included. The Siskiyou Historical Society hopes that the old brick charmer, no longer suitable for a modern hospital, will remain for other uses.

One hundred years ago it was the duty of the hospital management to: purchase firewood, retain liquor, molasses and linen under key, take attendance morning and evening, supervise repair work, cultivate the hospital garden, lock the outer gate at 9 p.m. and make sure every patient was in bed by 10 p.m.

Just as the last 100 years brought profound changes, so too will the next century awaken to a long list of new challenges for our hospital.

■ Nancy Drennon is a historical writer for the Siskiyou Daily News.



DAILY NEWS PHOTO/LORI SELLSTROM

The new Fairchild Medical Center, located at the top of Bruce Street, is 64,000 square feet and cost \$15.8 million dollars to build. The facility opened in July.



# Foundation ensures hospital's future

BY CHRIS REARDON

FMC Staff Development Director

YREKA — As the new Fairchild Medical Center dream came closer to reality, a group of civic-minded community members met to plan the formation of an endowment foundation to work in concert with the new facility to help promote and support health care in the community.

Such foundations are common adjuncts and partners to hospitals, health care facilities, and support groups of various natures. These organizations enable groups, associations and facilities to establish funds and build reserves to provide for special needs.

The Fairchild Medical Center Foundation (FMCF), a tax-exempt non-profit organization, was formed in the fall of 1995 — its mission to support the Fairchild Medical Center by obtaining grants, endowment gifts, gifts of real property and other contributions for the use and benefit of health care in the area. Additional areas of focus include advances in treatment, education and rehabilitation as well as acquisition of new equipment and technology.



PHOTO BY GORDON LOOMIS

The executive board of F.M.C. Foundation includes, left to right: Ann Kaster, Douglas Langford, Jackie Roy, George Thackeray, Kenneth Monfore (hospital administrator), Bob Rice, Bill Overman (Chairman), Dwight Roberts, Betsey Shuteroff, Carol Crebbin (director of development) and Susan Arner. Not pictured: Bill Mathews and O.B. Parks.

Jim Wilson of Yreka served as the original board chairperson. He was determined to see the fledgling foundation incorporated and successfully

launched. Wilson dedicated untold hours and personal effort to help get the foundation under way. He recruited various local residents

with a wide range of talents, expertise and interests to join the newly formed board of directors.

See FOUNDATION on page 8

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## Foundation

Continued from page 7



Bill Overman, foundation chairman

But in February of this year, Jim Wilson was appointed to the board of directors of the new Medical Center, and he therefore resigned from the Foundation Board. Bill Overman, equally enthusiastic about the promise and potential for the foundation in the community, was selected as the new chairperson for the foundation.

"In order to be successful we have to have the backing and spirit of teamwork from the community...we have already received several gifts that have enabled the Foundation to



From Left to right, Jim Wilson, Kevin Eberle, Ann Kaster, and John Collier performed the new hospital's ribbon cutting.

complete its initial organization and begin pursuing our goals," said Overman.

Carol Crebbin has been appointed as development director for the foundation. She served as fund development director for the Challenge Campaign that raised the funds for the new Fairchild Medical Center; thus, it is a natural transition for her to move on to the Foundation in a similar capacity.

"I feel that it was a tremendous

opportunity to have been a part of the Challenge Campaign, and I feel very privileged to be a part of our new Fairchild Medical Center Foundation," said Crebbin.

There are many plans for future projects, community activities, and ways for community members to participate and become involved with the Foundation. Among these are the opening of the Foundation thrift shop, the Festival of Trees (planned for 1998), and other excit-

ing, fun events that promise not only to help raise important funds but to generate a spirit of participation and sense of communal effort for common benefit.

For information about the Foundation, how to use the various gift programs or how to become involved, call the hospital at 842-4121 and ask to speak with Carol Crebbin.

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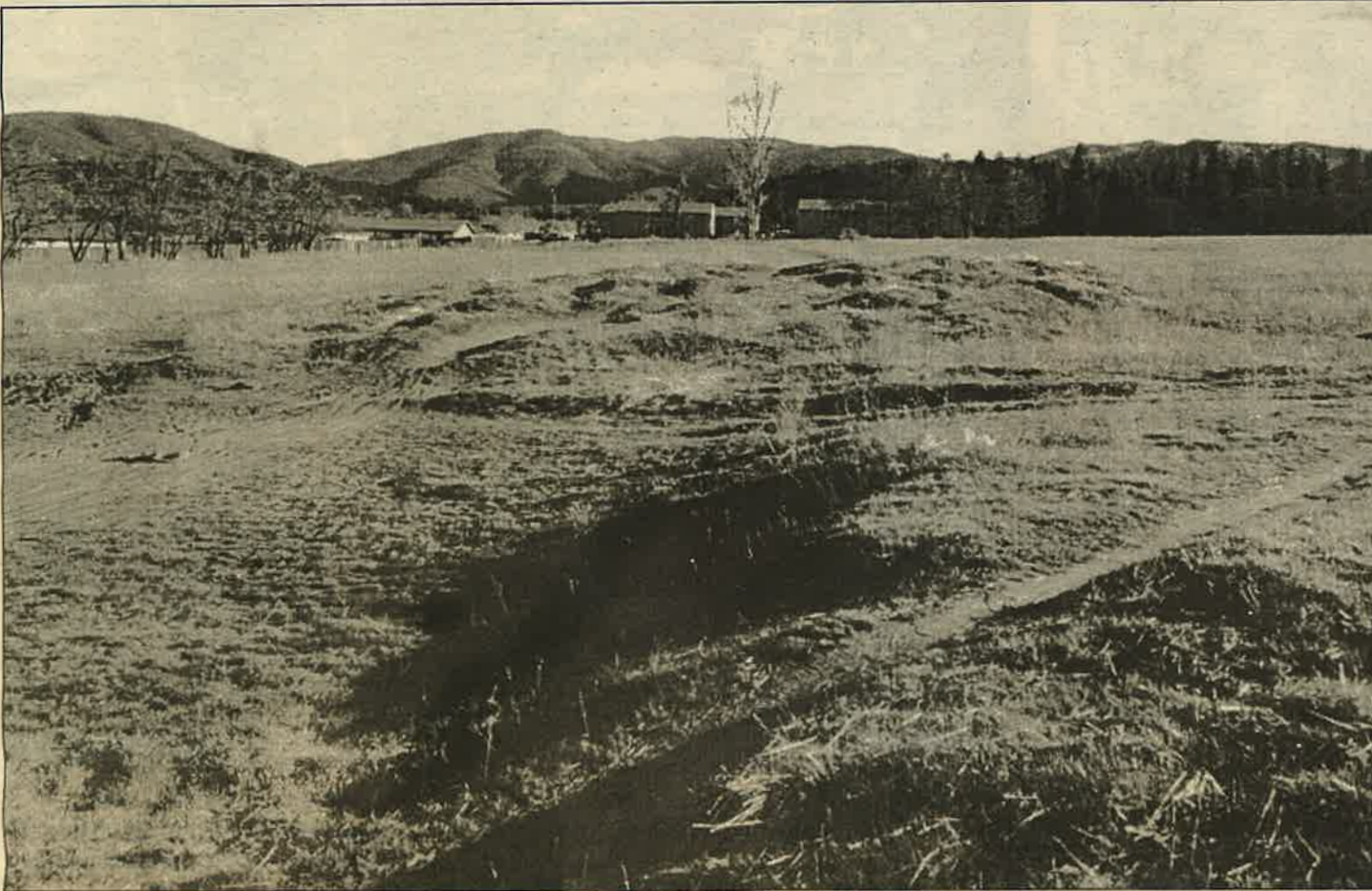
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# The building of a dream...

Photos by Fairchild Medical Center pharmacist Gordon Loomis



This picture shows the ten acres destined to be developed into the new Fairchild Medical Center. The land sits at the top of Bruce Street in Yreka and was donated by Stan Friden of Fort Jones (below).



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At left, surveyors Harry Bryan and Phil Bray (right) of Piemme and Bryan Inc. in Yreka establish grades for the beginning stages of construction. Piemme and Bryan did all of the survey work for the project. Above, Bob Ensele (left) a maintenance supervisor at the hospital, watches the first pour of concrete.

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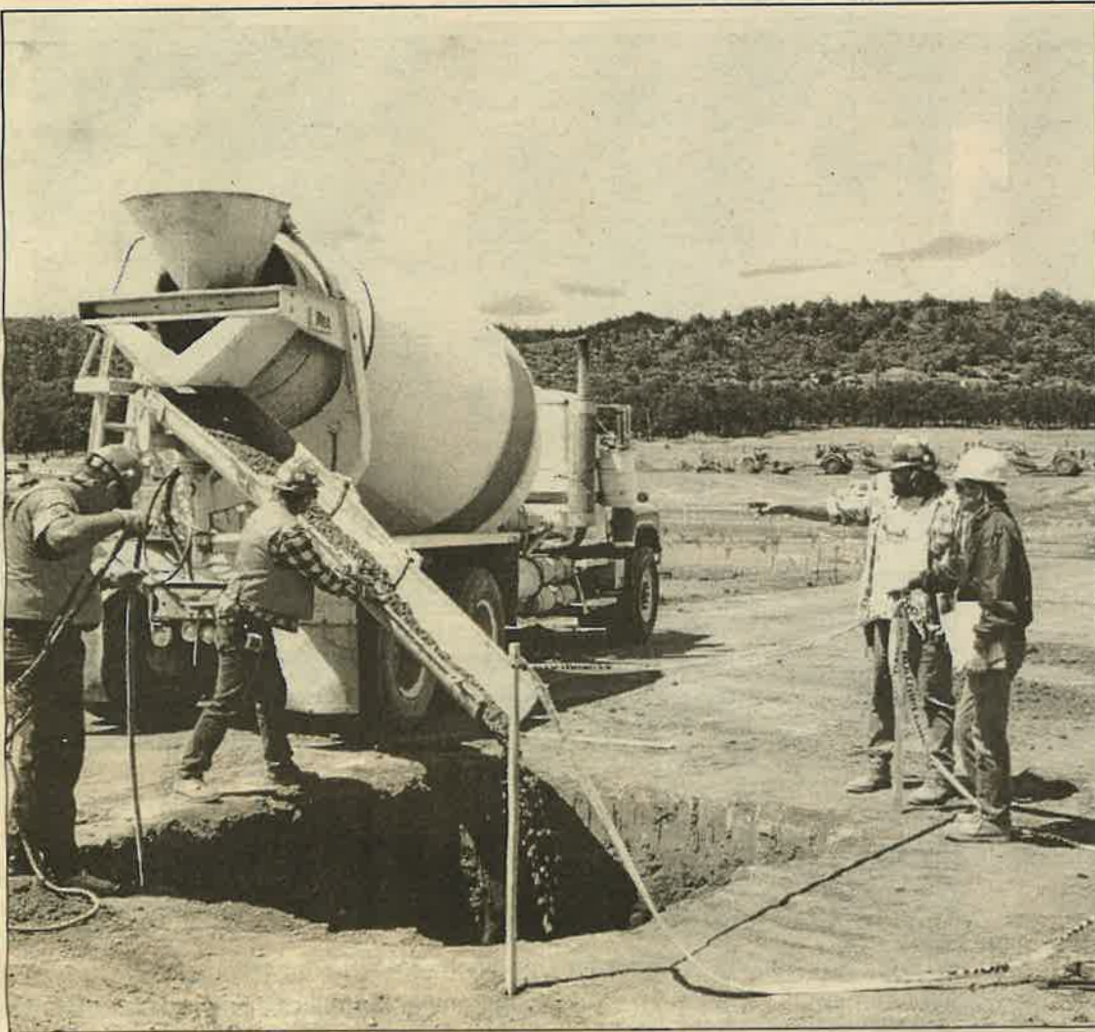
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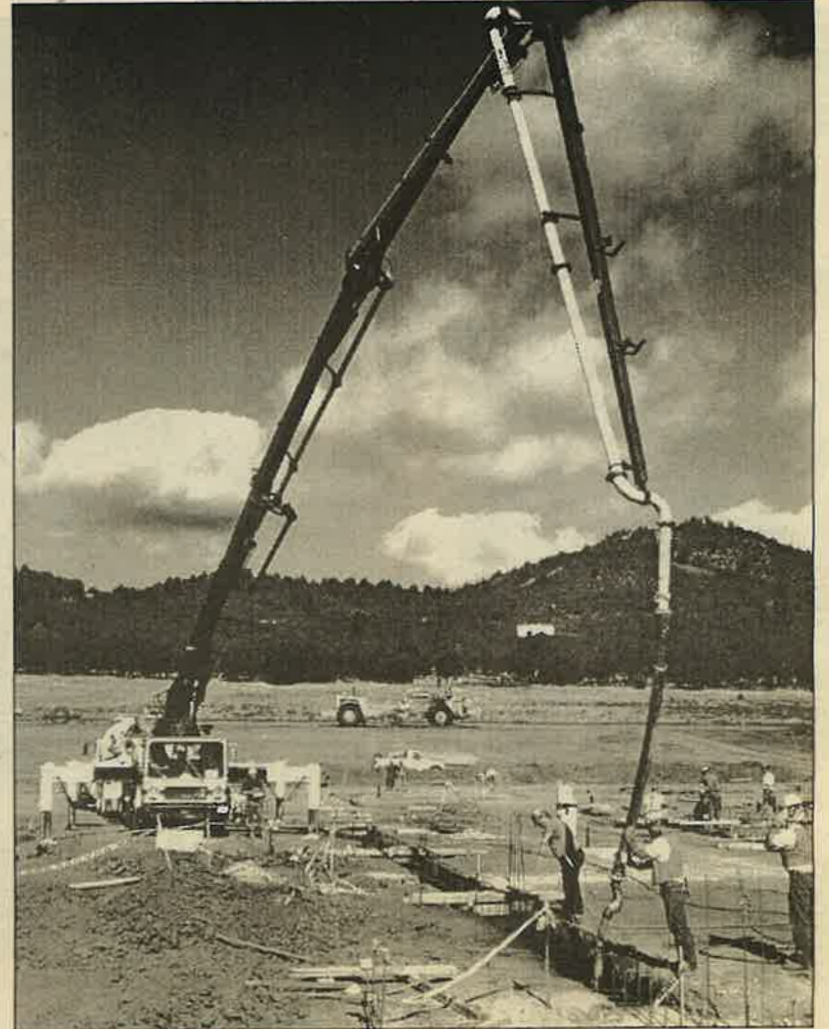
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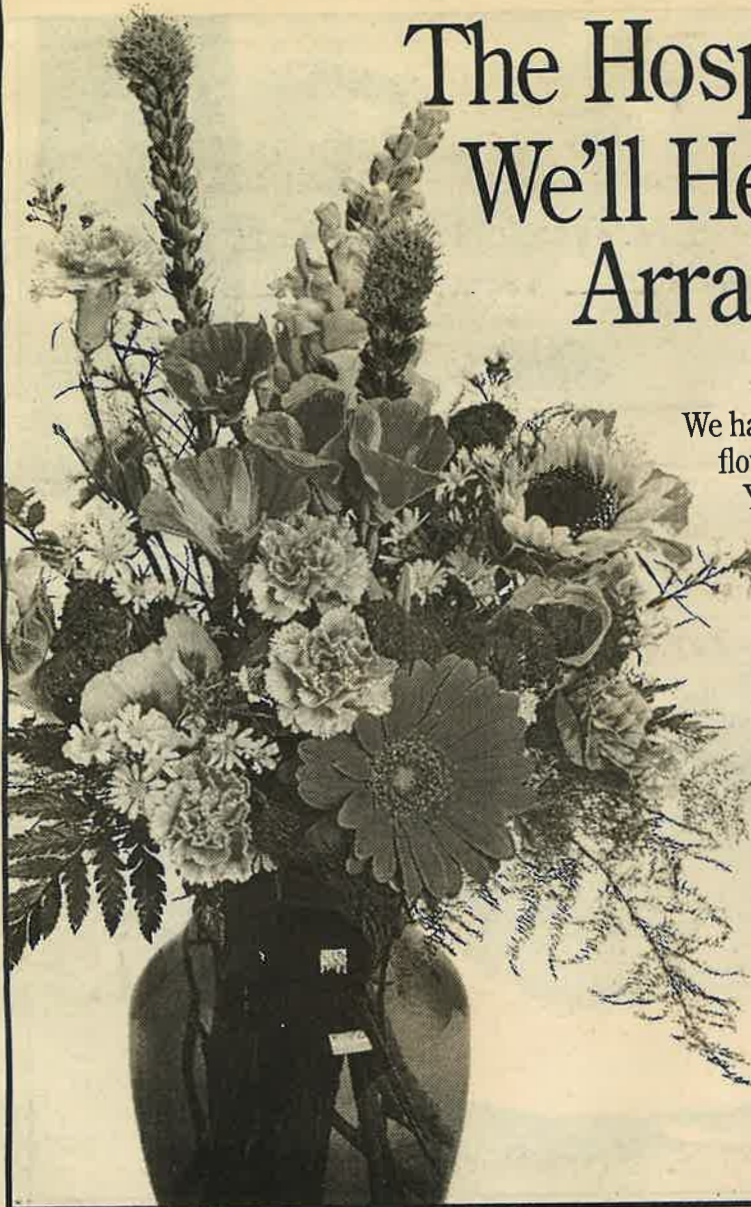


Construction workers fill one of the 91 footings with concrete. The footings are used to provide extra support to the foundation of the structure. Some of these footings took up to eight cubic yards of concrete.



Because of the extensive use of concrete, it was pumped through a large crane-like hose. More than 5,000 cubic yards of concrete were used in the entire building project.

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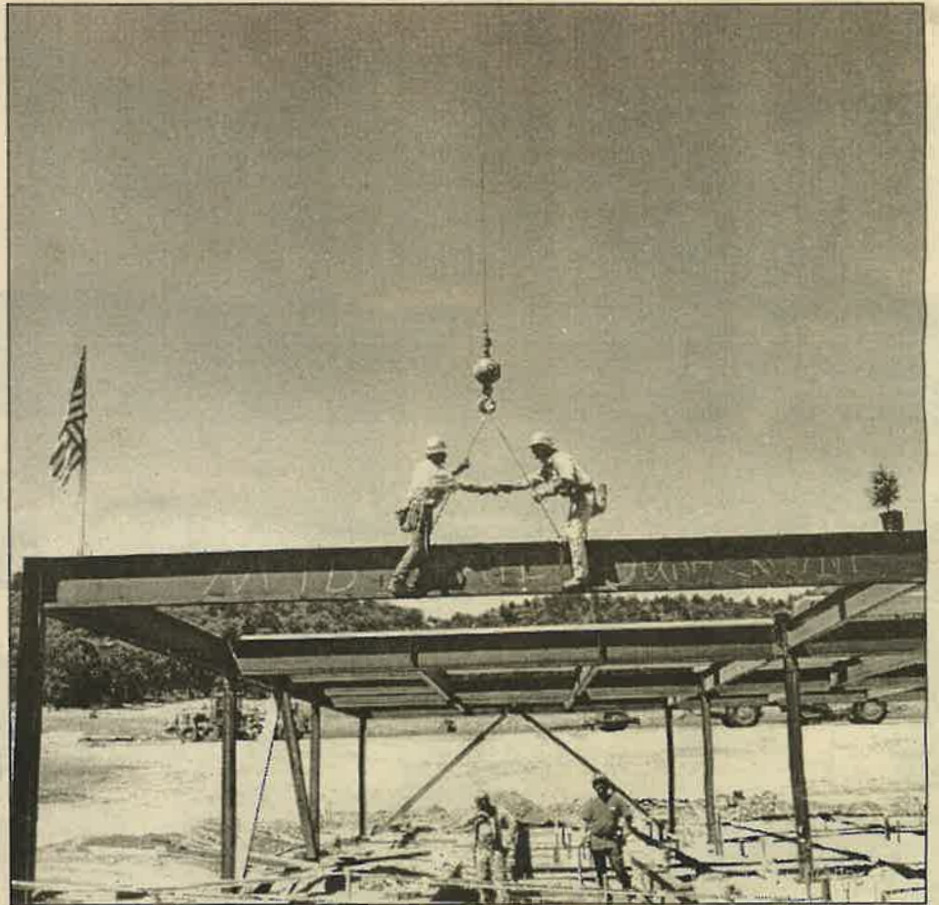
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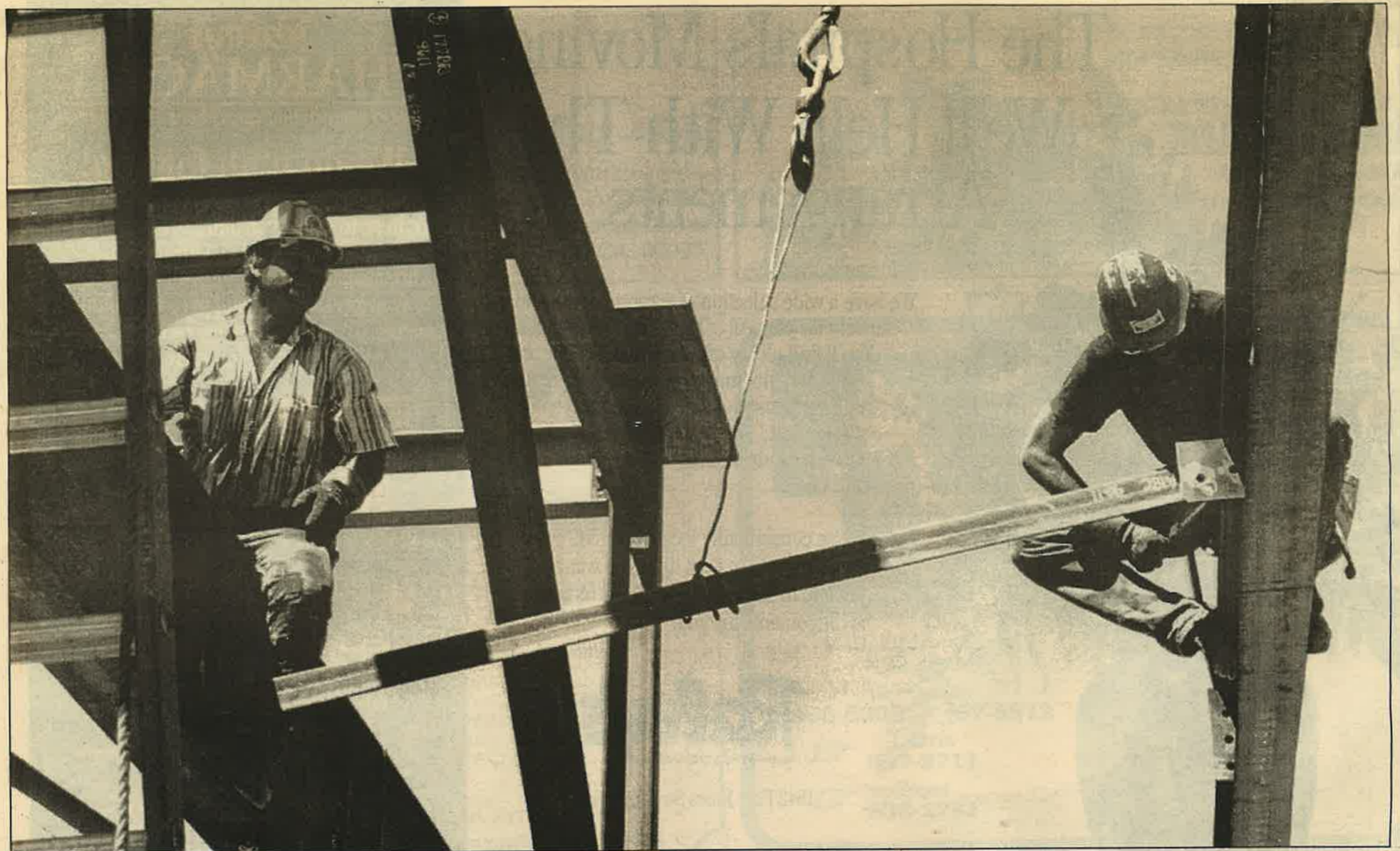
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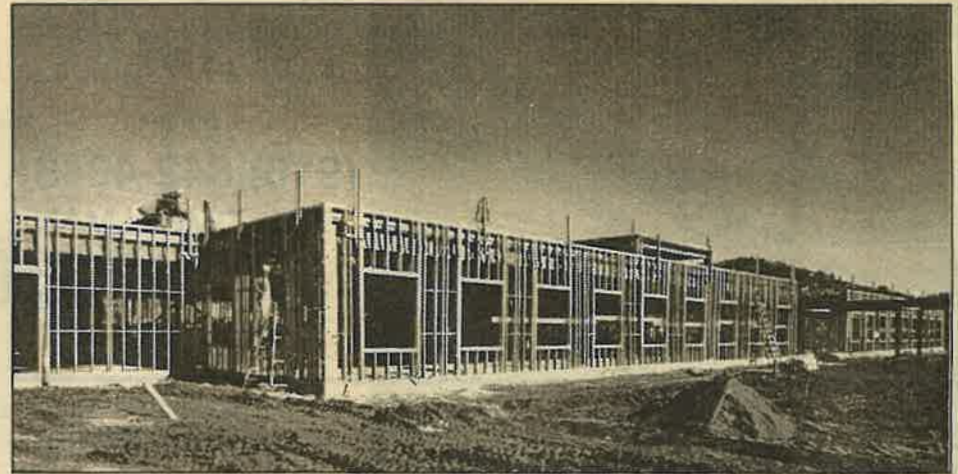
Above, steel workers congratulate one another upon completion of the structural framework for a job finished without any accidents or injuries. This "topping off" ceremony is a tradition among steel workers. At left, Ray Hjertager of Etna sandblasts a newly poured footing to allow the floor slab to bond securely with the footing. Below, steel workers hold on with their feet and legs while applying bracing between the large steel beams.







Above, workers tie reinforcing steel (rebar) together prior to pouring concrete in the main electrical room. Nearly 200,000 pounds of rebar were used. At right, workers finish the floor slab in the pharmacy area. Below, a worker installs dense foam insulation over the concrete and steel decks on the roof. Windows are framed on the front of the hospital administration area (middle right), and a worker saws steel wall studs for the emergency room.







A maze of pipes and conduits run overhead in the main corridor of the hospital.



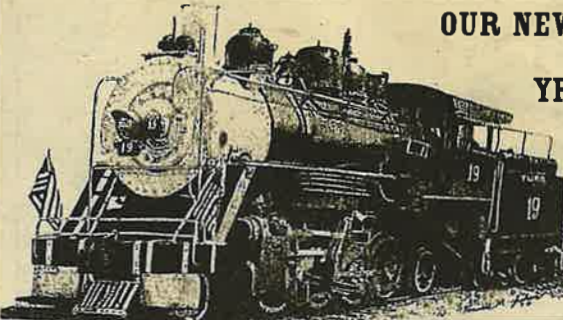
Winter conditions did not stop workers for long as they worked hard trying to finish exterior sheeting before storm conditions continued.



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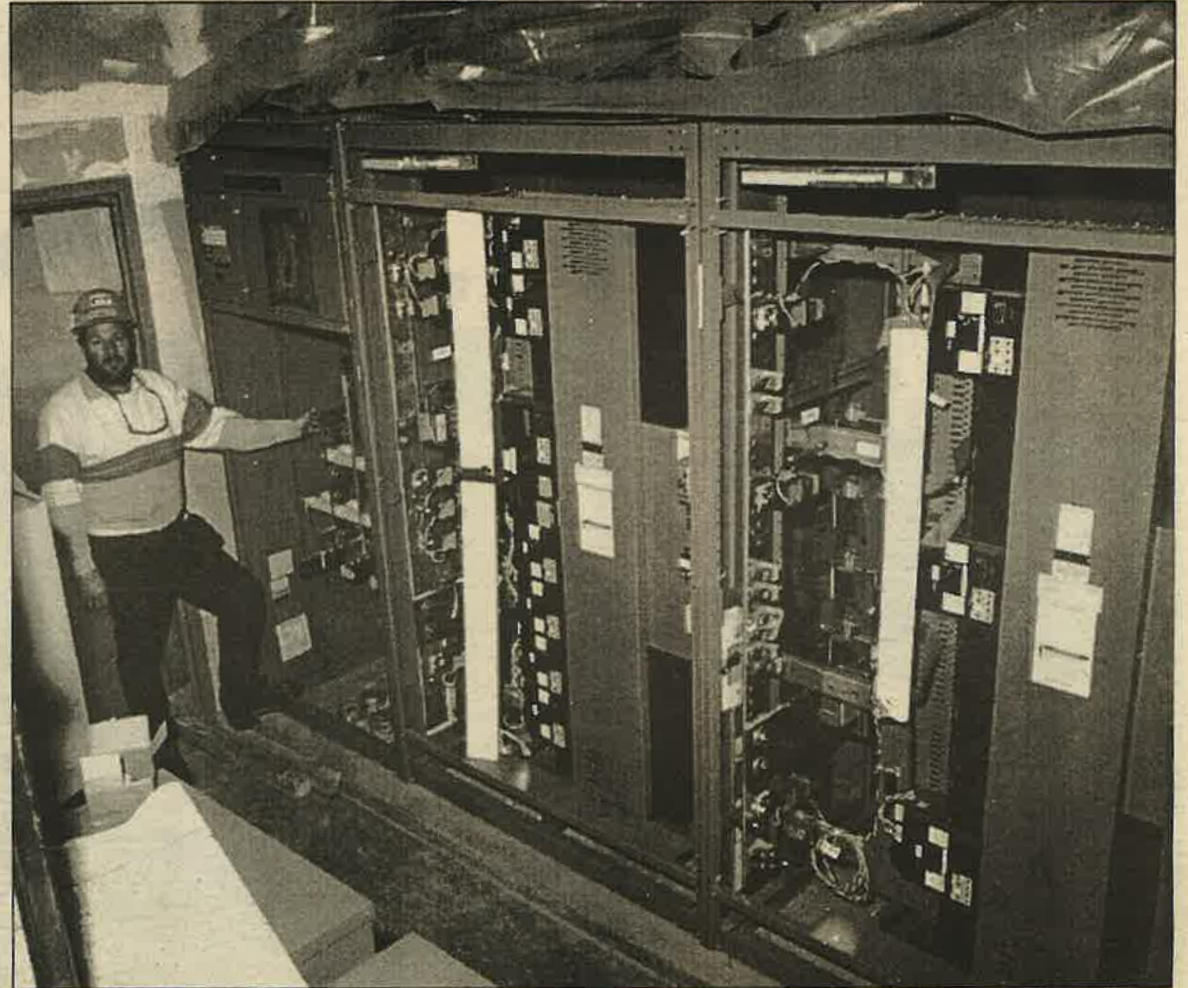
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Above, electrician Tom Huskey of Unity Electric in Shasta Lake stands in the main electrical room. The distribution panel gives off 277/440 volts and 3,000 amps.

Left, Kirby Smith of F.M. Booth solders copper supply lines that bring water into patients' rooms.

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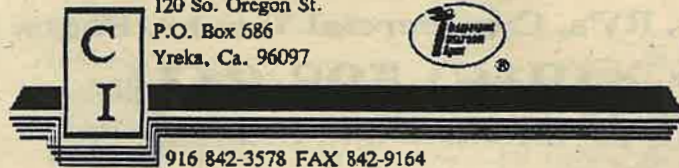
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Ron Toth (above) of Executone installs the telephone and data circuits.

Phil Laubacher (right) of Big Springs installs siding over vapor barriers on the outside of the facility.

Next page, top left, workers begin work paving the parking lot.

Altogether, 139 trees were planted within the parking lots (below).



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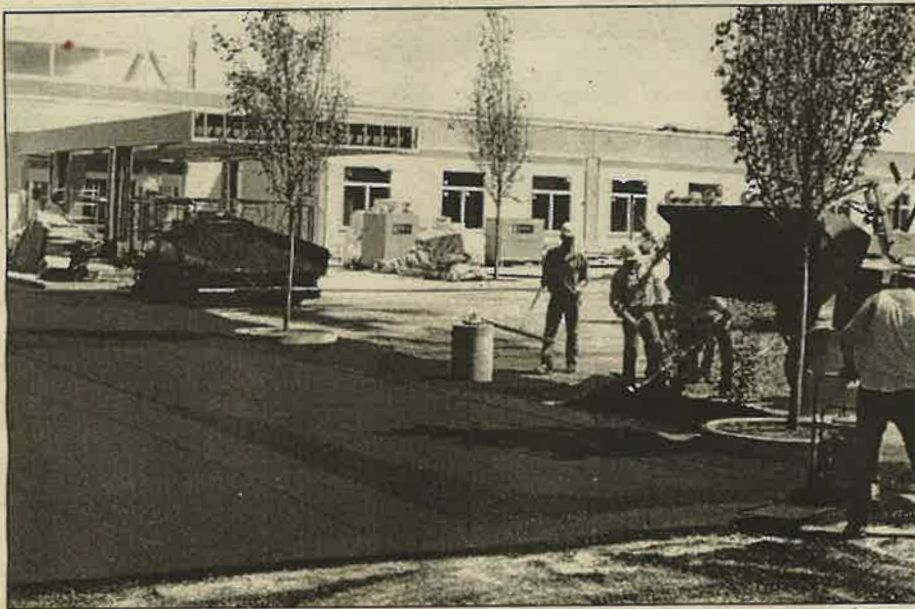
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A worker begins laying the donor bricks. Note the top grooves in the bricks. This is where the personalized plaques will be placed. The bricks run along both sides of the front of the hospital and then up to the door.

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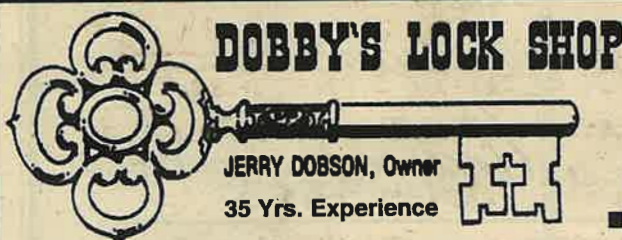
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Two workers build the Fairchild McConnell Fountain at the front side of the hospital. The fountain was built to honor Leah Fairchild McConnell who personally donated \$1 million for the facility. The McConnell Foundation donated another \$1 million. At right, the completed Fairchild Medical Center prior to its opening day.



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# Opening ceremony inspires song

BY LORI SELLSTROM  
Daily News Staff Writer

YREKA — Fred Wichmann knew he was way over his head when he commissioned himself to write a special composition for the opening ceremony of the new Fairchild Medical Center. But he was inspired, and inspiration often leads to success.

Wichmann, director of the State of Jefferson Band, was serving on the hospital fund-raiser brick campaign when he was struck with the idea of writing a composition dedicated to the new hospital's opening day.

"I always knew that at some point there would be this big opening day ceremony," said Wichmann. "Then I thought, 'wouldn't it be a neat thing to have a special composition to play at this one-time event?'..Throughout history, important events have been marked by having a composition commissioned for these kinds of things."

There was a problem, though. Except for writing a few short numbers for the choir at Covenant Chapel School, Wichmann never did anything like this before.

But he was inspired.



PHOTO BY GORDON LOOMIS

See **CEREMONY** on page 20

Fred Wichmann directs the State of Jefferson Community Band and Choir during the opening ceremony.

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# Ceremony

Continued from page 19

"When I've written music before, I've always wrote the music first and then found the words to fit the music," said Wichmann. "But this time the words seemed like the most important part. So I wrote several poems first and then wrote the music to fit the words."

Wichmann said he began writing the lyrics by imagining the actual opening ceremony and those who would be attending.

"I pictured a crowd that included people that would need the services of the hospital at some point," said Wichmann.

This turned out to be a musical announcement of the hospital opening titled "A fanfare — for those in need" and included trumpets blasting.

For the next section Wichmann imagined all the people who gave of themselves to see the project through to completion.

"In the poem, I wrote about the attributes of some of these people," said Wichmann. "I described the 'eyes of a leader, locked on a goal that would seem too high,' the 'hands of a volunteer,' and the 'heart of a patron.'"

Things came together nicely in the last movement with a "Prayer From Those Who Heal."

"This came from a common prayer for those who are about to receive treatment at a medical care facility to 'guide the hands of the caregivers,'" said Wichmann. "It's written from the caregiver's point of view, asking for divine guidance in the decisions they make."

The first verse described what Wichmann envisioned as a dilemma for care-givers — especially in a community where patients are more than names, but actually friends and neighbors of the doctors, nurses and therapists.

It began:

*They come to us in need  
and place their loved ones in our care,  
and tell us to proceed  
in making everything all right.  
They beg us to succeed  
in making everything all right.  
Then the chorus joined in:  
Guide our hands, guide our hands.  
Unto the dark, shed light.  
Help us know what's wrong,  
what's right.  
Guide our hands.*

As the choir began the last chorus of the prayer, they were joined in by the band, playing the open fanfare calling "those in need," and by soloist Lee Pierce singing the verse from the march "for those who give."



PHOTO BY GORDON LOOMIS

Fred Wichmann presents his original piece of music to Lee Salter, president of the McConnell Foundation, and shakes Dee Domke's hand. Domke is chairman of the board of the McConnell Foundation.

"The result is a musical reflection of the actual opening ceremonies — with everyone represented at the same time — just as they were in the parking lot of the new Fairchild Medical Center," said Wichmann. "This was an opening ceremony that only happened once, mirrored by a composition that was only performed once."

And for a one-time performance, this was no easy task. When the piece was completed the first time and the musicians tried to play it, several flaws were noticed and much of the piece had to be re-written.

"Altogether, I wrote 40,000 notes and rests on paper," said Wichmann. "I know they have music software to do these kinds of things, but I didn't have time to learn a program."

Other difficulties arose just before the opening when several members of the State of Jefferson Band were unable to perform at the opening.

"We put out a plea to south county musicians and the Southern Oregon Symphony band for additional musicians," said Wichmann. "So we had about 10 car loads of musicians coming here from other areas. They didn't even charge a fee. They did it because it was a brand new composition and a chance to perform for a real special occasion."

After the performance, Wichmann presented the original music to the McConnell Foundation, which donated a large portion of the money used to build the Fairchild Medical Center.

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# New medical center is state-of-the-art

BY CHRIS REARDON  
FMC Staff Development Director

YREKA — At the new Fairchild Medical Center there are a number of things that are universal improvements over Siskiyou General Hospital, beyond the mere fact that the \$15.8 million 64,000 foot building is brand new.

First and foremost, privacy and convenience for the patients is a top priority, followed closely by the creation of an intelligently designed workplace for the staff to work efficiently and safely.

It also represents a change of focus for all acute care hospitals. Over the last 10 years, patient length of stay has decreased by 26 percent while outpatient surgeries have increased by 25 percent. These medical trends have required the hospital to direct their planning toward outpatient services: the new facility's allocation of beds and the type of care emphasizes this focus.

When arriving at the new facility, one of the immediate differences between Siskiyou General Hospital and the Fairchild Medical Center is the ample parking. The area around the hospital is a notable improvement, with the new facility surrounded on two sides with woodland views, and, from some parts of the hospital, stunning views of Mt. Shasta. In addition, there are also many planted trees, a rose garden, and a beautiful fountain. The patients' rooms all have very large windows to take advantage of this beautiful setting. There is also a beautiful, non-denominational chapel at the new facility.

The medical center's lobby is attractively sized, with an atrium to add light and increase the sense of spaciousness. All of the outpatient departments, such as Lab, Diagnostic

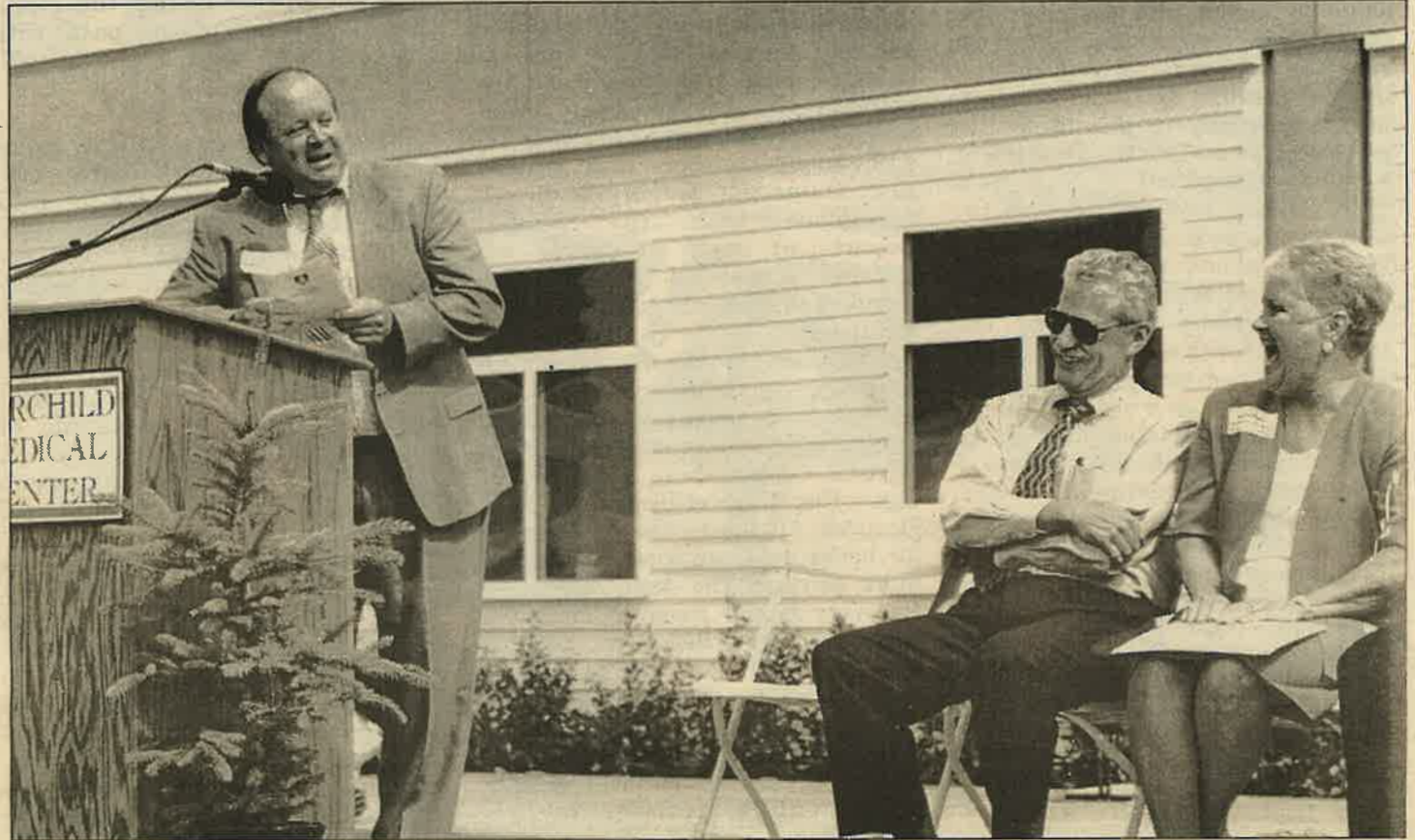


PHOTO BY GORDON LOOMIS

Dr. David Herfindahl makes a light joke at the opening ceremony.

Imaging, Cardiopulmonary and Emergency are located directly off the lobby for patient convenience. In addition, all of these departments have increased size and more logical layouts to facilitate efficient operation, increased patient convenience, and privacy.

All patient rooms are very large, and there are bathrooms and showers in every room. With a new physical plant, the environmental control, e.g. room temperature and ventilation, is a quantum leap from the antiquated and over-taxed system at Siskiyou

General Hospital. And, from the standpoint of operational efficiency, all support services (purchasing, engineering, central supply, etc.) are located in close proximity to one another.

Let's take a look at each major department at the new medical center for some more specific changes.

#### • Medical/Surgical Unit

Most notably, there are no four-bed wards in the Fairchild Medical Center. Instead, there are 8 private and 12 semi-private beds. Each room has its own toilet, and each bed has its own phone and television. In addition, the

area by each bed has oxygen, suction, and medical air; this means no more oxygen bottles and peripheral equipment to take up floor space at the bedside, as well as a much quieter environment.

#### • Obstetrics/Nursery

There are two birthing rooms, and four obstetrics/gynecology beds. The new labor and delivery rooms are drastically bigger, with room for a separate emergency neonatal area in the event of a crisis. The nursery is con-

See **COMPARISON** on page 22

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## Comparison

Continued from page 21

siderably larger, with a window that fronts on a hallway so that visitors can view the newborns without entering the department. This also serves to increase security in the nursery by restricting access into the department.

### • Special Care Unit

There are two private and two semi-private beds, each with a toilet, TV, and phone. The rooms are arranged so that they can always be viewed from the nursing station, and are equipped with state-of-the-art cardiovascular monitoring. One room is also constructed as a negative atmospheric pressure isolation unit, in the event of critically infectious disease.

### • Emergency Department

The size of this department has been significantly increased, both in the number of beds as well as the size of the rooms. There are now two minor treatment beds, one gynecological/ENT room, a very large two bed major medical/trauma room, and a two bed extended stay room. In addition, there is a very large sheltered ambulance bay, with a chemical decontamination area directly outside the entrance. The department is directly adjacent to Diagnostic Imaging, so patients requiring X-Rays, etc., will not have to go through any public corridors, thereby increasing privacy.

### • Outpatient Surgery

This department is reflective of major changes. Aside from being tremendously more spacious, there are now 8 beds total. There are completely separate areas for pre-surgical and post-surgical patient care; an enlarged office area for preoperative patient teaching, and a private consultation room for surgeons to conference with family members after surgery. Also, Outpatient Surgery is directly contiguous with the Surgery Department itself: no longer will patients be wheeled through public corridors to come and go to surgery.

### • Surgery

There are now two major operating rooms, one minor procedure room, and one endoscopy room. As with all the patient care rooms at the Fairchild Medical Center, these are all much bigger than those at Siskiyou General Hospital. All the rooms are designed for better environmental control and more privacy. The Post Anesthesia Recovery (PAR) room is enormous compared to Siskiyou General Hospital's PAR, and with four beds they will be able to keep patients with more prolonged recoveries in the department without interfering with the flow of the other surgical patients.

### • Inpatient Physical Therapy

Inpatient Physical Therapy now has a full-body whirlpool in their new room located adjacent to the Medical Surgical Unit.

### • Laboratory

Siskiyou General Hospital's old lab,

while wall-to-wall with state-of-the-art diagnostic equipment, was a literal maze with small pathways leading through mounds of equipment. At the Fairchild Medical Center, this condition is a thing of the past, with increased size, storage, and an efficient layout.

### • Cardiopulmonary

There are now two separate rooms for pulmonary and cardiac stress testing. Additionally, the room for EEG testing is fully soundproof.

### • Diagnostic Imaging

Organizational, layout, and technological improvements are the hallmarks of this department at the Fairchild Medical Center. At Siskiyou General Hospital, each technologist taking a patient to ultrasound or nuclear medicine would have to walk 800-1000 feet each time; the superb layout of the new department drastically reduces this distance.

Moreover, since the department is designed as a self-contained unit privacy is markedly improved for the patients. The X-ray rooms are 50 percent bigger than the old ones, with 360 degrees access around the tables. One notable technological improvement is the new \$240,000 fluoroscopy unit, which allows digital processing of the images. This means that because the image is digital instead of being on conventional film, pictures with less-than-optimal qualities can simply be digitally enhanced by computer, without the need to re-shoot the picture. This laser processor, initially to be

used on all C.T. scans and fluoroscopy tests, will soon be available for nuclear medicine and ultrasound as well.

Other improvements include a private dressing area in mammography, a hands-off intercom system that allows staff to communicate with other parts of the department without interrupting an exam in progress, and a records storage system that will allow four years of radiology records to remain in the department instead of only three months as was the case at Siskiyou General Hospital.

### • Dietary

The kitchen is designed in a much more efficient fashion which will not only improve kitchen activities on a day-to-day basis, but will also vastly improve the kitchen's ability to cater functions.

The staff will delight at no longer being on the second story; at the new facility there is a distinct absence of ramps, and there is a delivery bay directly at their back door. The cafeteria is quite large, with huge windows looking out at view of the woodlands behind the hospital. Just outside is a very large patio with trees and a beautiful rose garden dedicated to the memory of Jane Friden.

### • Business Office

There will now be a conference room available at the Fairchild Medical Center for people to discuss billing issues in private, instead of the more public setting at Siskiyou General Hospital. With the advent of the new, sophisticated phone system



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The Fairchild Medical Center has been designed and constructed with extensive wiring and cabling in place to facilitate the expansion of computer facilities as the years unfold.

• **Purchasing**

At Siskiyou General Hospital, the Purchasing Department was in a separate building this caused nearly endless headaches for staff trying to bring supplies to the main hospital building unscathed through wind, rain, snow, dust, heat, and cold. Needless to say, at the Fairchild Medical Center, this is a thing of the past. Also, supplies delivered to the hospital can now enter directly through large double doors and be stored in an inherently more logical efficient layout than the old facility.

• **Central Supply/Services**

Now in a larger setting, the department has several energy-saving features such as on-demand water heaters for the sterilizers, and a new jet scrubber used as one of the steps in the sterilizing of instruments post-surgically.

• **Engineering**

Technological improvements are most notable in this department. Now, from a central station, the environmental controls for heating and cooling the entire facility can be monitored and adjusted.

For anyone who has either roasted or frozen due to the aging system at Siskiyou General Hospital, this feature will be much appreciated. And on the subject of cooling, the Fairchild Medical Center has five 10,000 pound air conditioners to handle the heat of summer. Heating the facility during the cold months is now much more energy efficient now that heat exchangers on the boilers heat all the "domestic" hot water in the facility.

Other central monitoring systems include computerized analysis of fuel consumption, amount of fuel remaining, and the status of all gases (such as oxygen, nitrogen), as well as vacuum systems, are all monitored centrally from the engineering department.

Emergency power is vastly improved at the Fairchild Medical Center with a high-tech generator that, while massive, is very quiet, and an extensive system of emergency lights and outlets. Lastly, even the air coming into the hospital is highly filtered to scrub out dust, pollen, and other contaminants.

• **Environmental Services**

There's no doubt that caring for a

brand new building versus one that is 70 years old is considerably easier, psychologically if nothing else. And to help the staff of this department accomplish that goal are helpful design features such as larger supply and utility sink areas, as well as automatic chemical/soap dispensers.

• **Auxiliary**

The hospital Auxiliary will now have a bigger gift shop, and it will be more accessible to the public in its location right of the main lobby. Additionally, two members of the Auxiliary will staff the information desk from 8 a.m. to 4 p.m.; and, as always, they will offer free blood pres-

sure checks as well.

The Fairchild Medical Center goes far beyond merely replacing Siskiyou General Hospital; it is the culmination of unflagging efforts, dedication, and fantastic generosity of the people of Siskiyou County. In ushering in the 21st century for Siskiyou County, it assures that our children and our children's children will have quality health care in this beautiful place we call home. It is a testimony that even today, in a world often laced with cynicism and diminishing resources, vision, integrity, and undaunted persistence can move mountains.

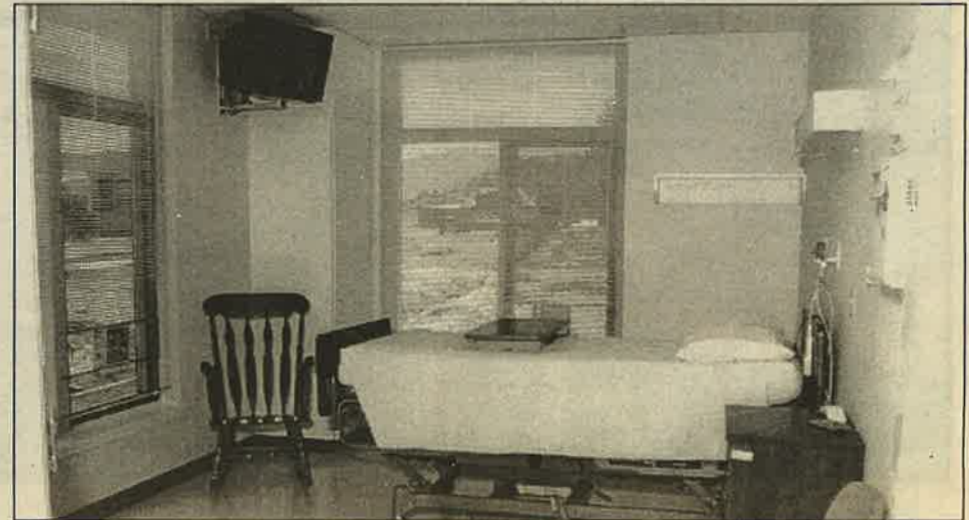


PHOTO BY GORDON LOOMIS

All regular in-care patient rooms feature large windows, phones and televisions.



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