



125

Honoring Our Heritage of Hearts and Hands that Serve

1889 – 2014

Samaritan Health System • Mercy Medical Center–Clinton • Agatha Hospital
Jane Lamb Memorial Hospital • St. Joseph Mercy Hospital

Honoring Our Heritage of Hearts and Hands that Serve

The history of Mercy Medical Center dates back more than a century with the formation of the Clinton area's two hospitals. In the late 1800's, when Clinton was the "Lumber Capital of the World," a civic minded group of women known as the King's Daughters of the Agatha Circle established the Agatha Hospital Association in Clinton. On September 1, 1889, the first patient was cared for in the Agatha Hospital. It was in that same year, that a young Catholic priest by the name of Father James R. Murray came to Clinton and began to inspire the parish community toward the formation of what would become St. Joseph Mercy Hospital.

Through the years, both hospitals embraced the opportunity to extend compassionate care to the Clinton community. With the passage of time, each hospital faced adversity and challenges as they continually met limitations for space. As technology and specialty areas grew, the need for more space was apparent. Aging buildings continually needed to be expanded to meet the needs for more patient beds and rooms for growing services. The historical records document a series of additions that were built nearly every decade at either the Agatha Hospital (which would later become Jane Lamb Memorial Hospital) or St. Joseph Mercy Hospital.

As the pressure of limited resources continued, the two institutions joined their professional staff and services in 1989, forming Samaritan Health System. In 1998, Samaritan Health System joined Mercy Health Network and in 1999, the name was changed to Mercy Medical Center – Clinton.

Today, Mercy is the hub of health care for more than 74,000 residents in a four-county, two-state area located in the Iowa/Illinois Mississippi valley. Mercy remains a member of Mercy Health Network and is affiliated with CHE Trinity Health, based in Livonia, Michigan, one of the largest Catholic health care systems in the nation with 86 hospitals in 20 states.

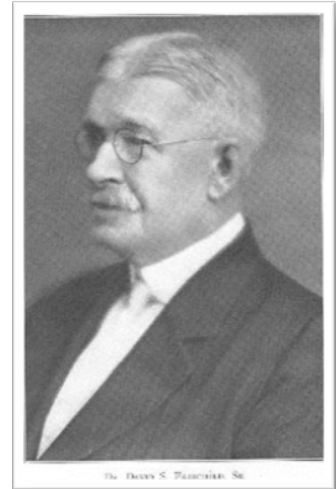
Much like the early years, health care continues to improve exponentially as science improves and more is discovered about the workings of the human body. Today, health research and results are shared globally, leading physicians and hospitals to adopt best practices to provide the best possible outcome with each diagnosis. With each year, technologies also continue to improve, giving physicians far more detailed information than ever before for a quick and accurate diagnosis.

What follows is the story of the hospitals in Clinton; a history and heritage that is both rich and complex. Both hospitals were formed with the single hope to extend care for those in need. The struggles and challenges continued year-to-year as health care continued to evolve. But the common thread that weaves the years — through all the additions, mergers and consolidations — is the compassionate care from those who serve. This year, we celebrate our heritage that began 125 years ago when the first patient entered the doors of the Agatha Hospital. We honor the hearts and hands of those who have served through the years, including those who continue to serve today, and those who will come long after us.

Agatha Hospital

1875 Clinton physician, Dr. D. S. Fairchild, originally from Ames, Iowa was named to complete a medical history of Iowa. He surveyed medical men of the state and found that in addition to the usual list of human ills, they faced problems such as malaria, epidemics of typhoid, scarlet fever, small pox and diphtheria. His findings revealed that medical treatment of the working people was largely being left to their own ingenuity. There appeared to be little help for the indigent sick or the severely incapacitated.

1888 A group of women in the Presbyterian Church, called the “Kings Daughters” of the Agatha Circle developed the idea and spoke to women in other church groups. The Agatha Circle had been doing a variety of charitable works in Clinton. In working with the poor and the sick, the need for a care facility had become increasingly clear. Banding together, this group of women – impressed with Clinton’s need for a hospital – inaugurated a successful movement to that end.



Dr. D. S. Fairchild

1889 March 10, 1889, a meeting was held to consider the question of founding a hospital in Clinton. A Board of Lady Managers and a Board of Trustees were named and Articles of Incorporation were developed.

April 30, 1889, “Agatha Hospital Association” was formed.

July, 1889, the Hospital Corporation purchased the Richard Mount home on the bluff for the sum of \$4,400. In Clinton Daily Herald, it reported ... *“the purchase of the Richard Mount building and grounds would insure the permanency of the institution, giving it a solid and substantial character which would inspire public confidence and bring to it a willing and generous support.”* According to the editor, it was considered an advantageous choice of property. Its virtues included its location, its gardens and fruit trees, its view, the arrangement of the nine large rooms, and the fact that it had its own well and cistern.



Richard Mount Home

August 30, 1889, a lawn social was held to recognize the dedication and opening of the Agatha Hospital. Clinton Herald reported, *“This has been an excellent day for the opening lawn social at Agatha Hospital, a day which has afforded the many people who are out there an opportunity to enjoy and appreciate the beautiful grounds and the cool shade of the noble trees. The house was thrown open and has been thronged this afternoon by people from the city and surrounding country who wandered about, inspecting and enjoying everything. Aug. Heinrichs and brother furnished excellent string music and this evening they will be reinforced by members of the Germania and Citizen’s brass bands.”*

Miss Sarah Bingham was employed as matron, with her father employed as janitor.

September 1, 1889, the first patient – a lady - was admitted. According to the record books, during the first year of operation, a total of 7 patients were admitted. The hospital accommodated 47 patients in the first two years.

1892 March 1892, report of the Board of Lady Managers stated their disillusionment with the house they had been so delighted to get, considering it inconvenient and not really suited for a hospital.

Annual Report, March 1, 1892

“The building is old and constantly in need of repair – no running water – no bathroom – no heat, except stoves, no back stairway. Everything has to be taken up and down the front and only stairs which is both narrow and winding; no elevator to carry patients unable to walk or who have been operated on; no operating room – a real necessity... Our mills and factories, the source of our wealth, are also causes which render a hospital necessary. Other cities no larger than ours have hospitals which are models of equipment and convenience.”

1893 The fifth annual report noted admission of 57 patients, averaging a stay of 31.5 days.

1894 The sixth annual report described the hospital as “...a model of cleanliness...” and the medical staff as “...cheerfully giving of their services.”

1896 The formation of the auxiliary for the initial purpose of maintaining the Sunbeam Ward (children’s ward) in the Agatha Hospital. The group named themselves the Agatha Circle. At this time, membership in the Circle was limited to 100. Their responsibilities included enlarging, redecorating and refurnishing the ward, and supplying linens, gowns and toys for the children. This same group would later be known for establishing the first auxiliary west of the Mississippi.



The Sunbeam Ward in Agatha Hospital.
Agatha Hospital Sunbeam Ward

1900 A hospital Board of Trustees meeting addressed the feasibility of erecting a new building. G.L. Harvey, a Chicago architect, suggested a three-story brick building to the south and east of the present site. Subscriptions for the new building were solicited from the community. With these monies, the new hospital started debt-free at a cost of \$18,000.



Agatha Hospital, 1900

December 17, 1900, the new building was dedicated. Agatha Hospital entered the new century with what was considered, “the most beautiful, commodious, up-to-date hospital, equipped with all the appliances of modern medical science.” The old hospital (Mount home) was connected to the new hospital by an enclosed walkway. The old hospital was then used as a laundry and nurses’ home.

1901 Agatha Hospital School for Nurses began under the leadership of Miss Elizabeth Stewart, a graduate of the Chicago Polyclinic Training School of Nurses – then superintendent of the Agatha Hospital. At that time, a young woman would enter the hospital and embark upon two years of training. She was taught in service, and received a diploma at the completion of the two-year period. Registration and State Boards of Nurse Examiners were unknown at that time. The first formal commencement was held for five nurses in 1906. The women’s ward was cleared of patients to make room for the exercise.

1905 During the severe typhoid epidemic of 1905, the hospital closed its doors to all except typhoid patients and emergencies. All nurses were assigned to care for typhoid cases, with one nurse attending to emergencies.

A few years later, a separate two-story brick Isolation Hospital was built back into the hillside for the purpose of caring for patients with contagious diseases.



Isolation Hospital

1908 The original Mount home was razed and the nurses’ home was built in its place, thanks to a generous gift by Mrs. Emma Lamb Young. Miss Marietta Tanner came to the hospital that same year, as administrator. Agatha Hospital was facing Bluff Road. The nurses’ home was built in 1908 to the right of the hospital.



Agatha Hospital School for Nurses



Meeting room inside the school.

Shortly after, the period of training for nurses changed from two to three years, conforming to the trend toward more formalized nursing instruction. At the same time, the school was inspected by representatives of the State Board of Health, and both the school and curriculum were fully approved.



Agatha Hospital, 1908

Later in the year of 1908, it became necessary to double the capacity of the hospital. An addition was built across the front of the existing building. This allowed the hospital to maintain 50 beds and 23 student nurses. Due to continued growth, a number of building projects occurred including the addition of a maternity wing in 1913.

1919 Further hospital expansion was necessary again and Mrs. Emma Lamb Young again agreed to finance a new addition and to have the hospital renamed “Jane Lamb Memorial Hospital,” to honor her mother Jane (Bevier) Lamb. The addition cost \$225,000 and was officially



Jane Lamb Memorial Hospital, 1923

dedicated under the new name in 1923. This brought the capacity to 100 beds and 12 bassinets.

1925 The nurses' home was enlarged to accommodate a growing training program. Miss Tanner retained the position of Hospital Administrator and both a director of nursing and an instructor were added to the staff.



Jane (Bevier) Lamb

1950 By 1950, community interest in the doings of the hospital had heightened, and the Agatha Circle moved to reorganize into a full hospital auxiliary and were called "Agatha Auxiliary."

1951 Agatha Auxiliary joined the American Hospital Auxiliaries Association. The purpose of the Agatha Auxiliary was at that time to promote and advance the welfare of the hospital. This was accomplished by relating the hospital to the public through service to the hospital and patients and through fundraising.

1953 A new \$540,000 structure was dedicated on December 13, 1953. Construction extended the 1923 building to the south and west. Features of the new wing included: a new hospital entrance on Bluff Road, an operating suite with four new rooms, new facilities for laboratory, pharmacy and administrative offices, a modern obstetrical ward; a new facility for treating children's diseases, and a gift shop in the lobby.



Jane Lamb Memorial Hospital, 1953



Architecture rendering of the 1953 building
After more than 50 years of educating and graduating approximately 500 nurses, the Jane Lamb Memorial School of Nursing closed its doors. For many years, the Jane Lamb School of Nursing Alumnae Association, organized in 1918, continued to meet.

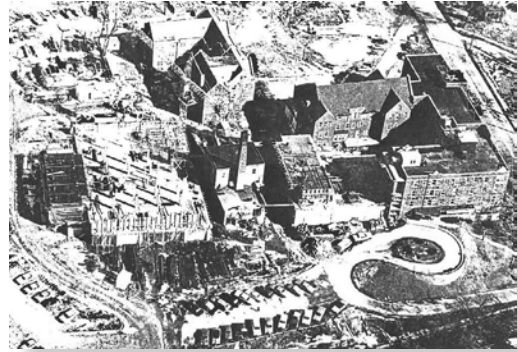
1956 After more than 50 years of educating and graduating approximately 500 nurses, the Jane Lamb Memorial School of Nursing closed its doors. For many years, the Jane Lamb School of Nursing Alumnae Association, organized in 1918, continued to meet.

1967 In January 1967, plans were announced for a \$3 million, 128-bed addition to the hospital. Initial funding was provided through contributions from a development campaign and from Hill-Burton federal grant monies with the hospital assuming the balance of the cost. Community investment was to be \$900,000.

1968 Ground was broken on April 1968. The new "Jane Lamb Memorial Hospital" would span 112,800 square feet and was designed to provide up to 300 beds. Included in the new hospital were operating suites, clinical and pathological laboratories, x-ray facilities, an

expanded pharmacy, an all-faith chapel, expanded office space, a dietary department, an intercom system, complete central air conditioning, medical records section, and a boiler plant with a stand-by generator.

1970 Aug. 23, 1970, the \$5.2 million facility was completed and dedicated. The facility was financed with \$2.2 million bond issue, a \$1.25 million federal grant, \$1 million from a local fund drive and \$800,000 in hospital funds. At this time, the Agatha Hospital that had been built in 1900, the 1908 addition, and the nurses home were razed.



Construction on the new hospital.



Jane Lamb Memorial Hospital, 1970

1977 Bluff Terrace Intermediate Care Facility and the Psychiatric Unit were added to the Bluff Building.

1981 The acquisition of Wyndcrest Nursing Home increased the intermediate care bed capabilities.

1982 The organization restructured, changing the name of the hospital to Jane Lamb Health Center with the parent company being the Gateway Health System. Plans were laid for construction of a new Ambulatory Care Center, on the East Side, in 1985, for all outpatient and diagnostic services in one area. This was completed in 1989.

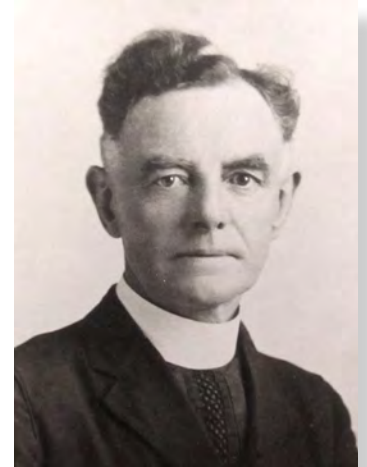


Wyndcrest Nursing Home

1989 Jane Lamb Health Center combined with St. Joseph Mercy Hospital to form Samaritan Health System.

St. Joseph Mercy Hospital

1889 Arrival of a young Irish priest, Father James R. Murray, who came to Clinton, purposely sent by the Dubuque Diocese to establish a parish in the north part of the city. The young cleric, university trained in Ireland, had abundant energy and so inspired the Catholic residents of the city, that by 1892 the Philip Deeds property in what was known as the “south part of Lyons” had been acquired from heirs. Fr. James Murray started St. Patrick’s Parish in the city and initiated the hospital association under the authority of Archbishop Hennessy of Dubuque in 1889. The informal association was succeeded in 1892 by a more formal organization entitled “St. Joseph’s Mercy Hospital Association.”



Father James R. Murray

1892 The group purchased the Phillip Deeds property, located at 1410 N. 4th Street in Clinton, which was the original structure around which the hospital was built.



Phillips Deeds Property



St. Joseph Mercy Hospital, 1892

On August 5, 1892, it was dedicated and opened to patients.



Mother Mary Agatha Murphy

Mother Mary Agatha Murphy, then Superior of the Sisters of Mercy, a religious community in Dubuque, arrived in 1892 with two other sisters (Sisters Mary Teresa Culligan and Sister Mary Louis O’Donnell) to open the hospital and began dispensing the compassionate care so characteristic of Mother Catherine McAuley, the founder of the Sisters of Mercy in Ireland in 1841. This was the third branch house and the second outside of Dubuque for the Sisters who had come to Dubuque thirteen years before.

Mother Agatha returned to Dubuque and named Sister Mary Agnes Hanley as the Superior and Administrator with Sisters Mary Teresa, Mary Paul and Mary Davidica McMahan completing the staff.

First patient was Lon Chris Bertelsen, admitted to the hospital on Aug. 21, 1892 suffering from typhoid fever, a common disease at that time. Without medication, but with love and compassion of the caring Sisters, he recovered and was discharged 33 days later.

The hospital was staffed by Drs. J.H. Sugg, D.S. Fairchild and both of their sons.

It was reported that the first doctors’ requirements were so stringent and their criticism of both hospitals so severe that at one time, they were denied staff privileges. To circumvent this restriction, emergency patients were first treated in their downtown offices and then taken by free ambulance (a police driven buckboard) to either hospital for care. As further treatment became necessary, the ambulance would call for the patient at the hospital, transport him to the physician’s office, wait while he was being treated and then return him to the hospital. Due to the lengthy illness of one

patient, it was reported that 184 round trips were made from the hospital to the physician office. The Sisters, who had to meet all the needs of their patients and the staff, were assisted by donations from their neighbors and other supporters. As Clinton was the main branch of the Chicago Northwestern Railroad west of Chicago, many residents were employed by the railroad. One of the employees solicited funds from his railroad colleagues and purchased two Jersey cows, which he drove up to the hospital and presented to Sr. Agnes.

The original Deeds home was first enlarged in 1894, when a much needed addition was built adjacent to the original Deeds home.



St. Joseph Mercy Hospital, 1894

1896 The first baby was born in the hospital. It was customary in those days for the babies to be born at home.

1898 Sister Mary Gertrude Powers assumed the duties of Superior when Sister Mary Agnes returned to Dubuque.

1901 The X-ray Department was put to use for the first time to find a bullet in the stomach of a policeman, William Dougherty, who had been shot by a robber.

1904 Sister Mary Gertrude Powers was replaced by Sister Mary Elizabeth Boden, who remained until 1910.

1908 First patient to undergo abdominal surgery was so impressed with the care given her by the nursing Sisters that she was the first student to enroll in the Mercy Hospital School of Nursing when it opened in 1908.



Nursing Students, 1920



Nursing Students, 1931

1910 Sister Mary Rose O'Connell came to Clinton in 1910 and could see immediately that more space was needed. In 1913, she was instrumental in the construction of a second addition, increasing the bed capacity to 100.

1913 The M.A. Disbrow residence on the property adjoining the hospital was purchased as a home for student nurses. This three-floor 28-room mansion had 11 fireplaces, no two alike, and housed the nurses until school was discontinued in 1948.



M. A. Disbrow Property

The home was originally built for the Disbrow family, which for many years owned and operated the sash and door factory bearing its name.

Another addition to the Deeds home was completed.

Sister Mary Rose O'Connell left in 1910 and she was replaced by Sister Mary Gabriella Cummings who remained until 1922. During this time, the external conditions of the hospital showed a marked improvement with the addition of a paved driveway and surrounding streets which eliminated the necessity to struggle up the muddy hill in order to move litters—a stretcher made up of a cloth attached to two parallel bars that was used to transport a sick or wounded person — to the emergency entrance. In the winter, the main entrance was impassable which caused patients to be carried up the 4th Street hill to the hospital. When the drive was paved, it was done at a cost of \$10,000.



St. Joseph Mercy Hospital

1940 The 1940's were difficult times for the Sisters who faced a shortage of nurses as most of the students were entering military service, an inability to secure needed supplies, and a "building that was holding together with more love and devotion than bricks and mortar."

1944 Hospital capacity included 85 beds, 15 bassinets, with 57 students enrolled in the nursing school.

1948 Mercy Hospital School of Nursing closes. In its four decades of existence, the school graduated 262 women, many of whom entered the military service during World War II. In 1963, the residence was demolished to provide space for the new hospital.

1950 By the 1950's, it was evident that the structural condition of the hospital was rapidly deteriorating. The accreditation status by the Joint Commission on Accreditation of Hospitals was in jeopardy, and in addition, the Iowa State Department of Health had issued an ultimatum that a new facility be built or continued licensure would not be forthcoming. The condition of the building called for immediate and drastic action since the State Department of Health had already designated the Clinton area hospitals a top priority to receive government financing for construction costs. "Only the skill and caring of the sisters, the medical staff and the loyal hospital employees had made possible the high standards of care despite working under the handicap of a decaying building," according to one historical document.

1959 The first lay advisory board was named.

1961 Sister Mary Esther Melloy was sent to Clinton following the sudden death of Sister Mary William. Sister Melloy was assigned the task of raising the necessary funds, estimated to be \$2.5 million to build a new St. Joseph Mercy Hospital. For the first time in its history, the

Sisters turned to the city for public support of the hospital. The citizens of the area responded with a generous outpouring of donations to raise about one-third of the projected cost of the hospital. Government funds under the Hill-Burton Act were assured for approximately one-third and the Sisters of Mercy would supply the remaining one-third. The Sisters also pledged to build the Chapel and Convent at no expense to the community. Community support needed was \$850,000 in 1962.

1962

December 13, 1962, \$850,000 Hospital Fund Drive begins, generating the phrase “Drive Goes or Mercy Goes.”



Billboard Advertisement for hospital fund drive.

1963

March 6, 1963, Clinton Herald headline “You Did it: Drive Goes (\$894,660)” The article stating: “*These six digits tell*



Clinton Herald photo and headline celebrating the success.

the story of the most sensational fund-raising triumph in local history – the total, contributed by residents of the area, was announced last night to a cheering 500 workers who had waited for 90 minutes while a crew of auditors struggled

YOU DID IT!
Drive Goes (\$894,660) - Mercy Stays

to process the flood of last minute pledges.”



Ground Breaking Ceremony

1965

Ground was broken for the new hospital on April 11, 1965.

1967

The new hospital was finished and the dedication ceremonies were on August 27, 1967.

Christine Claussen, daughter of Mr. and Mrs. James Claussen, Goose lake, was the 16,052nd and last baby born in the original hospital.

Patients were transferred to the new facility on October 6, 1967 and the 1913 structure was razed. The new hospital contained 152 acute care beds and 12 bassinets. It took 27 months since ground was first broken to build the new hospital. More than 200,000 bricks combined with “shimmering glass and gleaming tile” provided 108,000 sq. feet for the patient rooms and other departments. In his dedicatory speech, Bishop Gerald O’Keefe complimented all who had promoted the hospital stating “The new St. Joseph Mercy Hospital stands as a symbol of community cooperation in attaining the best of medical facilities for all the people of Clinton and the surrounding areas.” Approximately 15,000 people toured “their” hospital following the dedication.



St. Joseph Mercy Hospital, 1967

1968

The “old hospital” was demolished.

The chapel and auditorium were added and dedicated on Dec. 11, 1968.

1974 It was apparent that additional space and renovation was already needed. The south wing was added increasing the square footage by 17,000 feet. This was completed in 1977 and permitted the expansion of ancillary services, but no additional beds. This was done at a cost of \$1.5 million.

1976 February 14, 1976, the Sisters of Mercy Health Corporation was formed.

July 1, 1976, 17 hospitals, including St. Joseph Mercy in Clinton, joined together in the Sisters of Mercy Health Corporation, in effect becoming the second largest multi-institutional health care system in the United States.

1979 Sister Mary LaSalette Ruddy retired as administrator. Prior to her leaving, a search committee was appointed by the Sisters of Mercy Health Corporation Board of Trustees, to hire a President and Chief Executive Officer for the hospital. Following interviews with employees, board members and community representatives, the committee chose Sister Mary Margaret Westrick, RSM as the first president and CEO.

Sr. Margaret Westrick formed a Divisional Board to replace the former Lay Advisory Board. This was completed in 1979. Reorganization of the Administrative Council also took place with job title changes in some positions to include a senior vice president, vice president of human resources, vice president of finance and vice president of nursing.

1980 In April 1980, the Sisters who lived at the hospital were able to purchase a home in close proximity to the hospital (613 14th Ave. N.) to be used as their residence. This move allowed the former convent to be available for office space and board room.

1983 Mercy Health Services was established
Lifeline emergency services offered to area residents

1987 Management contract signed with the Savanna Hospital. The relationship ended in 1991.

1989 January 1989, St. Joseph Mercy Hospital combined with Jane Lamb Health Center to form Samaritan Health System.

Samaritan Health System

1989 February 3, 1989, the merger between St. Joseph Mercy Hospital and Jane Lamb Health Center (Gateway Health System) is officially announced. The new name was changed to Samaritan Health System. St. Joseph Mercy Hospital becomes Samaritan North and Jane Lamb becomes Samaritan South. By combining staff and facilities of the two organizations, the public was offered the largest unified source of medical experience, expertise, services and equipment available in the area.



1990 As part of the merger, the skilled care units on each campus were consolidated. The skilled care unit was located at Samaritan South with 30 beds.

The North Campus would house the traditional hospital services while the South Campus would house ancillary services, physician offices, Radiation Oncology and Services for the Aging including Bluff Terrace, Mercy's Silver Advantage and Transitional Care. Child care services were also located at the South Campus. The Emergency Services would alternate between the north and south locations.



Samaritan South Emergency Services Sign

1992 Renovation on Samaritan North for a \$10.5 million building project. This included a three-story addition on the west side, adding 32,500 square feet to the North Campus.

October 1992, Samaritan South opens a 6-station renal dialysis unit.

1994 Phase One complete. This provided a new critical care unit on second floor and labor and delivery unit on the third floor. Emergency services were located to a new space.

1995 Phase Two renovation at Samaritan South expanded outpatient capabilities, including radiation oncology, dialysis and rehabilitation.

Samaritan Services for the Aging now included 212 beds: Bluff Terrace (64 beds), Wyndcrest (95 beds), Transitional Care (30 beds) and the new addition of Alzheimer's Care (23 beds).

Gateway Home Health (a home medical equipment unit) and Samaritan Hospice move from downtown to a prime location on the South Campus.

Relationship with Visiting Nurses Association ends.

1996 The Home Health Care program, previously provided by Amicare is now exclusively a service of Samaritan Health System.

Samaritan lists 57 active medical staff providers in 20 specialty areas.

1997 568 babies were born at Samaritan Health System and the average stay was 1.9 days for the mother.

Comprehensive delivery system that consists of 171 acute care hospital beds, 30 skilled nursing beds, 159 nursing facility beds, a 23 bed Alzheimer's unit plus home care, hospice and home medical equipment store. Samaritan also offered rural health clinics in Savanna and Mount Carroll, Illinois.

1998 Phase Two Renovation of the North Campus begins – at a cost of \$6.3 million. This included the expansion and renovation of the emergency room, main entrance, educational facilities, conference center, gift shop, parking area, general waiting, pre-admission teaching and screening, surgical family waiting, admitting, administration offices, kitchen and cafeteria – 25,000 sq. feet added and 22,000 sq. feet renovated.

In July 1998, Samaritan Health System joined Mercy Health Network this included Clinton, Des Moines, Dubuque, Sioux City and Mason City. This is a joint venture of Catholic Health Initiatives of Denver and Mercy Health Services of Farmington Hills, Michigan.

Mercy Medical Center

1999 July 1999, Mercy Health Network establishes a new mission, vision and corporate identity including a name change. As a result, Samaritan Health System became Mercy Medical Center – Clinton.

July 1999, Samaritan Health Care Foundation re-registered with the state of Iowa to be known as Mercy Healthcare Foundation.



2000 Merger of Mercy Health Services and Holy Cross Health System formed Trinity Health. The home office is located in Livonia, MI.

2001 In October 2001, a \$5.5 million expansion and renovation project begins including the addition of a fixed MRI facility, second floor renovations for Progressive Care Unit, a second Cardiac Cath Lab including renovation of the first lab, and a fourth floor addition to the west wing for a new surgical unit.

2005 New Radiation Oncology Building opens at the North Campus.



Radiation Oncology, 2005

2006 Inpatient Rehabilitation Unit opens at Mercy – South Campus; closes in 2013.

2007 October 27, 2007, Mercy – Clinton transitions to the Electronic Medical Record (EMR) for acute care, fundamentally changing the way that caregivers document care.

2010 Mercy Specialty Clinic opens.

2011 Senior-friendly emergency services begin in ER.

2012 The Mercy Wound Care Center opens, a Stroke Robot is added to Emergency Services in collaboration with the University of Iowa Stroke Center, Telepsych begins in Behavioral Medicine Unit, and formation of Mercy Medical Group, a joint venture with Genesis Health System, was announced.

2013 May 2013, the Merger between Trinity Health of Livonia, Michigan, and Catholic Health East (CHE) becomes CHE Trinity Health.



Top: Mercy Medical Center South Campus, 2014



Left: Mercy Medical Center North Campus, 2014

2014: Mercy Medical Center Today

We are a non-profit, Catholic health system driven by a long-standing Mission to serve.

We are one of the largest employers in the Clinton area with more than 900 employees, annually investing more than \$46.6 million in payroll and contributing an economic impact of \$66.3 million annually.

We are a member of the fourth largest Catholic Health System in the world with a network of 86 hospitals in 20 states.

We provided more than \$3.24 million in community benefit programs and charity care in fiscal year 2013.

We partner with 160 physicians for more than 30 specialty service lines from birthing services to end-of-life care.

We challenge ourselves to excellence, achieving high standards of performance in Quality, Safety and Service, and earning state and national recognition from The Joint Commission, Home Care Elite® Top Agency, and the Women's Choice Award™ for Emergency Services.

We are continuous learners, encouraging colleagues to achieve advanced degrees and certifications and take pride in the high percentage of board certified physicians in the area.

We invest in advanced technology, implementing the first University of Iowa Stroke Center “stroke robot” and tele-health psychiatry services in Iowa and bringing more than \$52 million in advanced, cutting-edge technology and infrastructure to our community over the last 10 years.

We embrace technology, earning one of the highest levels of adoption in the nation for the Electronic Health Record for physician documentation and medical imaging capabilities.

