Holy Family Hospital
Vancouver, British Columbia
50th Anniversary 1947-1997

Friends of the Family
May 1997, Volume 6 Issue 2

Newspaper Supplement to the
Vancouver Echo and the BC Catholic

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Kingston, Ontario

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A half century of Service

In 1947, Leon Boykovich was attending the University of B.C. with the assistance of the Veterans' Aid Bill. The young veteran and commerce student had an awfully long trip to UBC from his parents' home at 7801 Argyle Street in what was then a remote part of southeast Vancouver. His parents both worked downtown, and they too found the location rather inconvenient.

The house was charming, and it was surrounded by verdant woodlands that sheltered rabbits and deer, but "we were too citified to stay there," recalled Mr. Boykovich. "My dad was an old time kind of home-trader, and he made a deal with Archbishop Duke to sell the house to the sisters."

Fifty years later, Leon Boykovich has come full circle: Today he is a patient in

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Service through companionship and craftsmanship

When she first began volunteering in the Holy Family Auxiliary Gift Shop, Audrey Sims noticed that "a lot of people would come in just because they wanted to talk to somebody, not necessarily because they needed to buy anything." That's okay, she says. "They're looking for therapy, too, I think. And that's what we're here for."

Mrs. Sims finds that sometimes it's a challenge to deal with customers' disabilities. For example, those recovering from stroke often have a hard time explaining what they would like to purchase. Still, she manages to show her friendly concern despite communication barriers, and sometimes she just sends up a little prayer.

"I'm praying, Oh God, give me the wisdom to understand what they need," she says, casting her eyes heavenward. "Do they know — that could be me in a wheelchair, or you?"

Members of the Ladies Auxiliary have been raising funds to improve patient comfort at Holy Family since 1957. Shirley Stickler has held the post of President of the Auxiliary since 1991.

Mrs. Sims serves a customer in a walker.

"My name is Stickler, and I am one," she says with a chuckle. Certainly attention to detail is part of the recipe for success — particularly with the Auxiliary's latest project, a cookbook due to be published this month.

"We have raised an awful lot of money over the years, even with a small group," Mrs. Stickler points out. Today, the Auxiliary members number only 36 — two of them are gentlemen — and "they're the nicest group of people you could ever meet." They aim to raise $10,000 a year.

"All the money we make in the shop goes back into the hospital. We put in the stained glass windows in the chapel corners. We've bought so many things for the hospital. The ladies have really worked hard."

The craft group meets monthly. "Then we have a great time oh-ing and ah-ing over the handicrafts," says Mrs. Stickler. "We have some excellent knitters who do beautiful work."

Her statement is validated by even a quick glance around the colorful shop. In the pastel shades are baby sweaters and booties, the brighter hues for afghans and lap blankets. All done by hand, with care and concern knitted into every row.

Besides handicrafts, the shop carries essentials and treats for residents, such as shampoo, stamps, candy and cookies. They also sell small gift items and gadgets, such as long-handled sponges and collapsible travel glasses, useful for people in rehab.

Both women emphasized that the Auxiliary is seeking new members to help increase the ranks and boost the energy level. "Our average age is well into our sixties. Quite a few are in their seventies, and a couple in their eighties," says Mrs. Stickler. "We'd love to have some new volunteers get involved!"
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the hospital that grew up on the very property his father sold so long ago. Sitting in his wheelchair contemplating the vista from the patients’ lounge south to the Fraser River, he recalls how wild and unspoiled the area was in the days of his youth.

In the post-war years, Vancouver faced an urgent need for extended care services. Archbishop William Duke invited the Sisters of Providence of St. Vincent de Paul to establish a nursing home for elderly women. They responded to his call.

On a spring day in 1947, four sisters alighted from the train in Vancouver station and hailed a taxi. When they gave him the address, the cabbie protested, “There’s no such place!” In those days Argyle Street was little more than a dirt trail, so it was little wonder even natives of the city didn’t know of it. The sisters persisted, however, and finally arrived at their destination.

They had been given to understand that everything would be set up for their arrival, so they were surprised to walk into an empty house, recalled Sr. Rose Bekar, one of the founding sisters. There was neither water nor power, and no telephone either. Heat came from the old wood stove in the kitchen. Fortunately, one of their trunks had arrived, so they had some bedding at least.

“Of the sisters made her bed on the wood box, and mine was on the floor?” recalled Sr. Rose. The sisters first night’s sleep was interrupted when water suddenly began pouring into the kitchen from a ruptured pipe. They rolled up their sleeves and stopped up the puddle, but were later awoken by mysterious thumping sounds emanating from the basement.

“If not for a great dose of faith I might have turned around and run home!” said Sr. Rose, who served the hospital for more than six years. “All beginnings are hard, but it was an experience I’ve been grateful for all my life.” As one of the founding sisters, she will be an honored guest at the 50th anniversary celebrations on May 22.

Little could those pioneering sisters have imagined that their home for 15 elderly women would grow to 230 beds in an extended care residence, a major centre for intensive rehabilitation, and an outpatient service treating 2,000 patients annually.

In the early days money was extremely scarce, and the sisters struggled to become self-sufficient. They turned their hands to the garden, where they grew fruits and vegetables, and also kept chickens and turkeys. One year they gathered little bundles of leaves of the valley from the nearby meadow and sold them to bring in a few extra dollars.

The sisters cheerfully made do with what they had, but it wasn’t without some near calamities. Once the leg of the wooden stove almost gave out when a big pot was bubbling away. The old suffering downstairs routinely “coughed and spit water all over as it gurgled through another loo,” recalled Mary Pauline Wight, a caregiver during the period. “With several hundred pounds of wet linens hung, and a brisk wind blowing, [hanging in the laundry] had to be more than just a labor of love.”

It was hard work, but “lots of good people in the neighborhood came to our assistance,” said Sr. Rose. “When we needed help people came along.”

Among the neighborhood helpers were Bernard and John Carney, brothers to Father James Carney, the hospital chaplain. One time he repaired the clothes line by climbing up a tree to replace the pulley, prompting the sisters to tease that Father Carney would always go out on a limb to help! In later years he rose through the ranks of the Catholic hierarchy to become Archbishop of Carney, but he always retained a strong loyalty to Holy Family Hospital.

The winter of 1949 was one of the harshest Vancouverites had seen in many years. Still, the sisters did find time to enjoy God’s miracle of sunlight on freshly-fallen snow. In a memoir, Mrs. Wight recalled rushing out to build a snow sculpture modeled after the sisters, in their white habits with the distinctive peaked wimples. “We named the new one Sister Snowflake, and she remained on the scene for some time,” Mary wrote in a memoir.

Sister Rose, too, recalls the lighter moments. “Our life wasn’t all work,” she said. “Because of our many beautiful friends, we used to go out in car rides to see the city. We also used to go down to the Fraser River and walk along the log booms. We enjoyed that.”

Meanwhile, demand for the caring services offered by the sisters increased, and government began to see the wisdom of helping them expand. In 1953 the North Wing opened to provide residential care for 52 people, and the original hospital became the Sister’s residence, as it remains to this day.

During the 1950s, the first physiotherapists came on staff, recreational and craft therapy were begun, the Ladies Auxiliary was established and the Arthritis program was founded.

By the early 1960s, the need for rehabilitation services was in high demand. From the beginning, Holy Family Hospital’s rehab program was multidisciplinary, with doctors, nurses, physiotherapists, occupational therapists and social workers all cooperating with the sisters to give the most holistic care possible.

Throughout the 1970s, the surrounding community boomed and the demand for extended care services grew. Once again there was need for further expansion. The new wing opened in 1976, increasing the hospital’s capacity to 150 and rehabilitation beds to 80. Extensive treatment areas and the hydrotherapy pool were added.

Sr. Giovanni Burorows joined Holy Family as director of nursing just as the hospital was making the transition from 52 beds to 230 beds. “Major systems had to be put in,” she recalled. Sr. Giovanni became the recognized champion of nurses, and developed a reputation for being innovative and open to new ideas. A legend to the hospital community, she is presently annually to celebrate exemplary nursing. She now serves as mission coordinator.

Throughout the seventies and eighties, specialized services were created to maximize the potential of older people to recover from strokes, reconstructive surgery for joints, lower leg amputations and trauma. MORE, the Multidisciplinary Outpatient Rehabilitation and Education program, began in 1977. Under its auspices, more than 2,000 people receive 15,000 treatments each year, allowing them to continue living independently despite age and disability.

The 1990s have seen additional improvements to the hospital, with construction of a larger cafeteria and a sunny room on the rehab unit used for dining, recreation and religious worship was added. In 1993, Easy Street Environment was installed to allow patients an opportunity to practise the challenges of everyday life in a controlled way, thus building confidence and encouraging quicker recovery.

Keeping pace with the need for services in a rapidly changing world is a big challenge. In 1997, Holy Family Hospital became a member of the Vancouver Catholic Health Care Group. Hospital President W. Bud Fifer believes that this strategic alliance will enhance the collective response to the health needs of the community, and provide more coordination across the continuum of care. “We believe that the whole will be greater than the sum of its parts,” he said.
Holy Family encourages independence

The accident happened on a lovely day last January. Mr. and Mrs. Koop were driving back from Clearbrook, where they had been choosing colors for the decor of their new retirement home. "It was very sunny out and we were so happy," Anne Koop recalled. Suddenly they were hit by another vehicle, and everything went black.

Mrs. Koop was lucky to survive. She suffered broken ribs, sternum, injuries to her cheek, shoulder and right leg. Five days in intensive care were followed by weeks in the trauma unit and surgery at Vancouver Hospital.

"They took bone from my hip and transplanted it to my knee," she explained. After the operation, Mrs. Koop was transferred to Holy Family Hospital for rehabilitation. "That was a real blessing... Here it's second to heaven. I just can be thankful for everything," she said.

"The staff try to do something for you even before you ask for it. Like sometimes I'll think, 'It would be so nice to have some ice for my foot.'"

Mrs. Anne Koop tries the stairs in the Holy Family rehab facility with the assistance of physiotherapist Sue-Ann Wowchuk, and before you ask they are offering it to you.

As well, she is grateful to Perry Taylor, her physiotherapist. "Perry pulled me through. She was the best," said Mrs. Koop. "I believed in her and that made such a difference. It helped me to persevere."

Mrs. Koop also liked the attitude of the hospital in encouraging patient independence. "Almost from day one I did everything for myself. That's the rule here — you have to do whatever you can, not just lie around and stay sick."

They say that time heals all wounds. As her wounds have been healing, Mrs. Koop has watched the seasons turn. The view out her window looks east towards home, and the magnificent big chestnut trees are in blossom. "When I first came here they were bare, and then in bud, and leaf and now in bloom," she said.

"After four months, I'm looking forward to going home."

Cherry Harriman, director of rehabilitation nursing, says that Holy Family serves as an important bridge between the acute care hospitals and the community. "The whole environment is set up to be conducive to helping people return to community living."

Almost 500 patients passed through the 76 beds in her department last year, and the majority returned home after an average stay of six weeks. Ms. Harriman explained that her staff treat patients in four major groups: Those suffering from arthritis, strokes, lower limb amputations and orthopedic surgeries, such as hip or knee replacements.

Once again, there is an integrated team approach to treatment. Nurses and doctors work in conjunction with physiotherapists, occupational therapists, speech pathologists and social workers.

"We have an excellent staff. They are very professional, and often do over and above what would be expected," says Gabrielle Yoneda, director of physiotherapy. "For example, one research-based initiative is now going on that staff are doing on their own time. They're also really committed to continuing education."

Several members have recently completed training in Bobath Technique, a neurological treatment technique.

Speech therapy for stroke survivors is another specialized treatment offered through outpatient services.

Rae Ann Charlandhous, director of

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Sunlight streamed through stained glass onto a wooden altar covered in immaculate white linen. It held a bouquet of carnations and baby's breath. Six candles burn beside six photographs, each with a name card hand-written in calligraphy: Prudencio Antonio, Jaroslav Chymskak, Mary Davidson, Sylvia Dionne, Georgette Hooper, Elizabeth Ross.

About 30 people gathered to honor the memory of these residents who died within the past season at Holy Family Hospital. The sisters hold a memorial service every three months, often with as many as 10 people being commemorated at one time. Their names are inscribed in the hospital's commemorative ledger, which was placed open on the altar. The message on the podium read: "Our Beloved Live On In Fond Memories."

"Let us take consolation in knowing that their lives are not ended, but are continuing," said Sr. Susan Pye.

As she read aloud the name of each deceased, that person's relative or friend came forward and placed a slender bouquet of tulips and daffodils on the altar beside their photo. A widowed lady wept quietly into her handkerchief, and one of the elderly residents leaned over from her wheelchair to pat her shoulder in empathy.

After Psalms and Bible readings, the sisters offered "a prayer of comfort with slides." The images focused on the beauty of Creation, and the words encouraged grieving relatives to find solace in communion with nature. As the pictures of each resident flashed upon the screen, Sr. Susan said: "In the rising of the sun, and its going down, we remember them... God bless you in the name of the Father, and the Son, and the Holy Spirit."

After the service Doris Crawford reminisced about her close relationship with her late mother, Sylvia Dionne. "The life we had together! The ties were never broken."

Mrs. Crawford said that her mother was a devout Catholic, who never really felt at home in a previous care facility. "It's fine to feed the body, but you've got to feed the soul as well, you know?" she said. As soon as her mother was settled back in the Catholic tradition at Holy Family, going to Mass once a week, "it gave her a new life... She was whole again. All her needs were satisfied."

"We find that the families really appreciate us being there and doing the memorial services," says Sr. Susan. "A lot of relatives say it gives them closure, especially as it's held in the place where their loved ones died."

As director of pastoral care, Sr. Susan explains her mission this way: "We follow the Gospel values. The healing ministry of Christ — that's what we try to model." The sisters meet people "wherever they are on their spiritual journey... but especially at the end of their lives."

"Just being with them, praying with them, knowing that you've brought a little bit of hope into their lives. Sometimes you see The Spirit moving there and you are so humbled by the experience."

The sisters often experience that beautiful paradox of sacrificial work. "When you give you also receive," Sr. Susan affirms. "The courage and hope [of the elderly] nourishes and nurtures you... That they still want to go on — it can be a source of inspiration. The residents can really lift you up."

Sr. Giovanni Burrowes says the sisters' mission is central to their lives and work. "It is key to our existence, the essence. We came here to serve the poor, in all senses of the word." But, she cautions, "our mission is not a plaque on the wall. We live it in responsibility to our residents and one another, in true love — not phony, not pretentious."

What's the most important message? "How we love one another," she said. "Our hearts are consecrated to charity. That's what we promote here."
Anna Gaidos: Half a century of service to Holy Family Hospital

Kind-hearted Anna Gaidos is without doubt one of the best friends the Sisters of St. Providence ever made. They met in the spring of 1947, just a few days after the young nuns first arrived in Vancouver.

Anna, then an energetic 40-year-old mother of three, was walking up the Argyle Street hill with the kids and her husband, Mickey, when she noticed the sisters in front of their new abode. She stopped to welcome them to the neighborhood and was dismayed to learn that they were lacking the basics.

“They had no furniture, no beds — nothing!” Anna recalled. From then on, the Gaidos family helped out in every way possible.

They rustled up a stove and some spare household furnishings. They brought potatoes, onions and other fresh vegetables from their farm on Lulu Island. Mickey was a butcher by trade, so he’d bring meat when he could. Anna showed the sisters where to find wild blackberries in the surrounding area.

When the initial renovations were completed and the sisters were ready to open their fledgling hospital, it was the Gaidos boys who made the first Holy Family Hospital sign and nailed it up over the door.

Year by year, Anna was there faithfully three or four days a week, teaching crafts, helping with meals and visiting. She got to know each patient, and she cured and crocheted for them as if they were family. Naturally, they loved her in return.

“They’d say, ‘Here comes Anna! Here comes Anna!’ and I’d give each one a little hug before I took them for their lunch or to Mass,” she said.

Anna has witnessed many changes at Holy Family, but her dedication remains unchanged. Half a century after she began giving voluntary service, Mrs. Gaidos was honored with the 1997 Volunteer of the Year Award. The tenth annual Volunteer Recognition Awards were presented at a gala ceremony at the Waterfront Centre Hotel, where an enthusiastic crowd of about 500 well-wishers gave Anna and other exceptional volunteers a standing ovation.

“It was a big surprise to get the award, but it was really beautiful,” Anna said. “All my friends and family were there.” It was a joyful crowd, since the Gaidos clan has grown to include 11 grandchildren and eight great-grandchildren.

“I wanted to say how much I enjoyed looking after those old people,” said Anna. “I get a good feeling that I can help somebody who’s more unfortunate than I am.”

The day after she received the award from Volunteer Vancouver, Anna’s friends at Holy Family held a special luncheon in her honor and presented her with a beautiful mantle clock inscribed in appreciation.

At age 90, Anna’s hair is white and her hearing isn’t what it used to be, but she is blessed with good health, and proud that she still lives independently in her own home. “I still walk to Corpus Christi Church,” she says, although she uses a cane.

And she continues to volunteer at Holy Family. “I still look forward to coming down here once a week. Maybe I’ll be a resident here some day,” she muses with a smile.

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The first Holy Family Hospital, Vancouver, B.C., 1947

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to the community
A commitment to cross-cultural caring

Fifty years ago, when Holy Family Hospital was founded, the English colonial culture so predominant in British Columbia no one could have predicted the dynamic multicultural society of today. To meet the changing needs of the West Coast population, our institutions are responding with greater sensitivity to cultural diversity.

Holy Family describes itself as "a Christian hospital in the Catholic tradition." The sisters and staff have always cared for and ministered to people of all Christian denominations, but now they take an interfaith approach. Catholics, Protestants, Buddhists, Muslims, Sikhs, agnostics and atheists have all been present among the patient and resident population.

More than 20 of the current residents are Chinese-speaking seniors, most of whom are Buddhist, says Sr. Helen Hong, who comes to the hospital once a week to visit with them in their mother tongue.

Where do Christianity and the other faith traditions meet?
"In kindness and compassion," said Sr. Helen. "I believe that God is in each one of us. I'm not coming here to preach, but to love. God will do the preaching."

Mrs. N.C. Wong has been a resident at Holy Family for about one year. She speaks only a little English, but is happy there nonetheless. "She is very content," translates Sr. Helen. Mrs. Wong is also pleased with recent changes, especially the inclusion of Chinese food into the hospital menu.

“When they serve Chinese food, especially on feast days like Chinese New Year and Moon Festival, Mrs. Wong feels very happy and more at home,” Sr. Helen said.

As well, she enjoys the Chinese-lan- guage videos which are shown once a week.

Sr. Helen said she is often surprised at how well the non-English speakers are able to communicate their needs. "I am also amazed to see how some of the staff have learned a few words and phrases in Chinese," she added.

Over on the rehab ward, staff also see how the patients' concepts of sickness and health can be different, depending upon their cultural background. For example, Pati Erlandson, director of occupational therapy, points out that in some cultures it is considered perfectly acceptable for aging seniors to become completely dependent upon their children, whereas elders in other cultures feel it is very important to remain independent.

“We try to be aware of the cultural implications,” she said.
Volunteers young and old give their time and hearts to Holy Family

"Being here at Holy Family gives you a different perspective. When you see that some people here are dying, it makes you realize how much we have to cherish life."

Heidi Ryan is only 15, but she has learned a maturity beyond her years through volunteer work. She got started through her brother, Lawrence, 16. What started as a 10-hour school assignment has evolved into a long-term involvement that sister and brother both enjoy.

"I found I liked coming here and I’m still at it. It’s very interesting to meet the patients," says Lawrence. He believes that because older people are often suspicious of teens, it is doubly important for young people to make a positive contribution and debunk "the teenager stereotype."

Heidi and Lawrence are just two of more than 110 community volunteers and 36 Auxiliary members who give freely of themselves to help the patients and residents of Holy Family.

Sherri Daly, coordinator of volunteer services, said that the volunteers give about 15,000 hours per year in 22 different areas and programs in hospital. That translates into an astonishing 40 hours per day of volunteer time!

Mrs. Daly said that some helpers are from the local neighborhood, while others are students who require volunteer hours for school programs. Some are unemployed or under-employed health care workers, perhaps who received their training abroad. Others may have had a family member receive care at Holy Family, and they want to repay a debt of gratitude. Still others are considering a career in health care and want to take a firsthand look.

That was the original motivation for Ana Monterroso, 18, who would like to be a nurse some day. "But besides that, I am a Christian, and I like to help people. I can give a little part of me to people who have no hope. Sometimes I talk to them about God and the life that is waiting for them."

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Extended care for residents and extended family

Living with arthritis and multiple sclerosis poses an enormous daily challenge, but Connie Berge meets it with a cheerful outlook and a loving heart. Since she became a resident of Holy Family Hospital 10 months ago, Connie and her husband, Walter, have developed great respect for the staff. "Oh, they're a grand group," she said. "They do everything they can for you. Personally, I don't know how they put up with some of us," she added, with a twinkle in her eye.

"Some people are so rude, and the nurses are always polite. I'm smiling on the outside but inside I'm thinking, 'Boy, I'd love to give you a quick right uppercut, like my dear dad taught me!' He was a champion lightweight boxer, you see," she said sweetly. Her husband shook his head and chuckled at her irreverent humor.

Connie and Walter Berge, 46 years married and still sweethearts, long to be reunited at home. Until then, Connie says, she's going to get the most out of life at Holy Family, starting with the recreation class in wheelchair bowling. "I'll be a champion, I'm sure!"

At 76, Mrs. Berge is one of the youngest of the 146 residents of Holy Family's Extended Care Unit. Dee O'Brien, director of residential care, says most are in their eighties and nineties, but a few are even older than 100.

She pointed out that with more Canadians living longer than ever before, their needs in old age are increasingly complex. "Our staff are very skilled in dealing with the multiple issues the residents have," she said.

An active team approach ensures that each resident receives the most holistic care possible. "We meet weekly and set our goals through teamwork," she explained.

A relative newcomer to Holy Family Hospital, Mrs. O'Brien received a very favorable first impression. "I have worked in a lot of different institutions, and right away I would say I was very impressed with the standard of nursing care. It's excellent."

She also noted the large number of families who participate in caring for their relatives in hospital. "That said a lot to me about how staff welcomed the families, and made them feel part of the team."

Michael Coleman, director of social work, explained how staff support residents through the often difficult transition to their new home in extended care. As well, they help family members adjust to all the changes in their aging loved ones, including an impending death.

"Between the social workers and our nurses, we spend a lot of time helping them deal with the pain of losing their loved ones," said Mrs. O'Brien. If they are suffering Alzheimer's or related dementia, the losses are felt long before death actually comes.

Especially when residents are coming to the end of their lives, the sisters make a compassionate contribution to their quality of life. "They have such a caring approach. They do a lot of visiting with the residents and their families, and they are very thoughtful and warm to the staff as well," Mrs. O'Brien said. "They have a big influence on the warmth that exudes through this building. You really feel it."

Because the hospital is the residents' home, it's important to make it feel as cozy and homey as possible. A recent upgrade on the decor has improved the look and feeling of the rooms, but some furnishings are still lacking. For example, the fireplace room would be significantly improved with some comfortable furnishings, such as a good reading lamp beside an easy chair, a bookshelf or a coffee table," Mrs. O'Brien said.

As well, bathrooms in the 1950s wing need refurbishing because they are too small for residents using wheelchairs.

Mrs. O'Brien would also like to enhance programming in extended care through increased recreation and music therapy. While there are lots of activities for people who are mentally alert and capable, she said, the options are more limited for those who have problems with mental confusion and need one-on-one help.
Volunteers are all heart

“There’s just something about Holy Family that’s all heart. It’s wonderful.”

As Chair of the Holy Family Hospital Foundation, Maureen Oliver speaks from the heart about her work on behalf of the patients and residents. A management consultant with a background in nursing, Mrs. Oliver heads up a team of 11 volunteer board members representing the community at large, business, medical and hospital staff, the sisters and the auxiliary.

Their mandate is to enhance patient care through support for development, equipment, education, programs and research.

“Our focus is on the comfort and care of our patients, helping them be the best they can, and as healthy as possible given their individual circumstances,” says Mrs. Oliver.

The foundation’s annual fundraising target is in excess of $300,000. Funds have been raised through grants, bequests, planned giving, direct mail, casino nights and even gala day at the horse races.

One of the top fund-raising priorities for the hospital is to make much-needed improvements to the now outdated hydrotherapy pool, which was built in the 1970s. Hospital President Bud Frier described the pool as “a key upgrade” budgeted at $475,000. The provincial ministry of health and the Greater Vancouver Regional Hospital District have recently committed $175,000 towards the project, and now the Foundation is responsible for raising the balance.

Medical research is also a priority for the Foundation this year. Through agreements with the University of British Columbia, Holy Family will take on an expanded role in education of health care professionals. Affiliation with the university creates the opportunity for research into new methods of rehabilitation. In support of research, the Foundation has designated a portion of its funds over the next three years.

“Research helps decision-makers plan the treatments they design for patients,” explains Mrs. Oliver. “Research tools measure the results of the patient’s progress.”

Replacing the obsolete manual beds with new electric ones is another goal. Most of the beds at Holy Family have been in use for more than 20 years, and are no longer suitable.

Electric beds offer patients more independence and greater comfort because they can be positioned simply by touching a button, said Cherry Harriman, director of rehab nursing. At a cost of about $1,300, an electric bed is often a donation of choice for service clubs or community groups, whose contribution can be noted by a plaque placed on the bedstead.

Additional wheelchairs are an ongoing need, especially in Extended Care, says Patti Erlendson, director of occupational therapy. The hospital’s fleet of 100 wheelchairs is constantly being modified to fit each individual user, said, but inevitably, some must be replaced due to wear and tear.

Mrs. Oliver noted that the Foundation is actively seeking new board members for expanded committee work and to spread the word about Holy Family Hospital Foundation in the wider community. In particular, she hopes to foster greater diversity on the board to reflect the multicultural reality of the community.

“Fundraising for seniors in rehabilitation and extended care is truly a challenge, but so worthwhile,” said Mrs. Oliver. “It’s a pleasure to support Holy Family Hospital through the Foundation.”

Hydrotherapy is great exercise

Walking down the hall to the physio gym, Don Brown was delighted to encounter one of his former therapists. “Hey, you don’t even have a limp at all!” she congratulated him. Don smiled broadly, proud to have graduated from post-operative rehab. Yet you can tell he kind of misses coming.

Don smoothly lowered himself into the warm waters of Holy Family Hospital’s little pool. A veteran of two hip replacements, he is a strong advocate for the efficacy of hydrotherapy. Some benefits are:

“Hydrotherapy gives strength. You can begin to walk earlier because the water supports you. The warmth feels good. You can improve your range of motion. And with the staff being so expert it doesn’t take long to notice an improvement,” he said. “The program in the pool is fantastic. You go at your own pace, and it’s followed by mat exercises.”

Due to arthritis, Don had his first hip replaced in 1978 and the second done last October. “I got cut on the 10th, they released me on the 20th and I got in here about a week after that,” he recalled. He received therapy at Holy Family twice a week for the next three months.

“I was amazed at how much progress I made. I came in on crutches ... got onto a cane in a couple of weeks, and pretty soon was going out shopping again.”

During his course of therapy, Don particularly appreciated the staff’s ability to understand people’s different levels of confidence and ways of handling pain.

“I found that the skill of the nurses was unbelievable,” he said. The pool, as a key upgrade, budgeted at $475,000.

Don Brown works out in hydrotherapy pool with the help of therapy assistant Margaret Sharma.

replacement. Many patients must be lifted into a sling and hoisted into the water, a procedure they find awkward and which requires two staff members for each lift. If the pool had a ramp entry, ambulatory patients could just walk in and the rest could simply be wheeled in via a water chair.

The $475,000 budget for the pool upgrade would include improved washroom facilities, shower rooms and dressing stalls with easy access and storage space for wheelchairs.
SNAPSHOTS ... of the past

Patients, a sister and a caregiver have a craft therapy session in the new North Wing, 1959.

Sr. Doloresa, Sr. Benignus, "St. Snowflakes" and Sr. Stephanie in front of Holy Family Hospital, winter 1949.

Sr. Rose Bukiw, formerly Mary Doloresa on laundry duty, late 1940s.

Vancouver Catholic Health Care Group

CHARA Health Care Society • Holy Family Hospital St. Paul's Hospital

On 1 April 1997, the Boards of Trustees of CHARA Health Care Society, Holy Family Hospital and St. Paul's Hospital ratified an agreement to consolidate Vancouver's Catholic health care facilities under one management model. The new organization will strengthen and preserve the long tradition of compassionate Catholic health care in Vancouver, offering health care services for every age group, from community-based primary care, through residential and long-term care, to the most complex tertiary care, teaching and research.

The Vancouver Catholic Health Care Group is the largest Catholic-operated health care organization in Canada. The facilities and their founders are:

Holy Family Hospital
Sisters of Providence of St. Vincent de Paul,
Kingston, Ontario

Mount Saint Joseph Hospital
Missionary Sisters of the Immaculate Conception
St. Paul's Hospital
Sisters of Charity of Providence, Western Region
St. Vincent's Hospitals
Arbutus • Brock Patmos Pavilion • Heather • Langara
Sisters of Charity of the Immaculate Conception of Saint John, New Brunswick
Youville Residence
Grey Sisters of the Immaculate Conception

Corporate Office:
Jane Brown - Chair
Thomas F. West, MD - Interim President & CEO

To the Sisters, Administration and Staff of the Holy Family Hospital

Congratulations on your 50th Anniversary

We have enjoyed doing business with Holy Family Hospital for 35 years.

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Facilities 'second to heaven'

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speech pathology, says that we should not assume that those who cannot speak also cannot think. "Usually the patient's 'knowingness' is intact. So you can imagine their enormous frustration when they are treated as children or talked down to." Mrs. Chislandhouse described her department's education program for families of severe aphasics, those with significant language impairments after stroke. "It's a unique program in B.C. that teaches people why their loved one isn't able to understand, and how to cope. It becomes a support group, with sharing of information and coping strategies."