



The *Great* Canadian Catholic Hospital History Project

Documenting the legacy and contribution of the
Congregations of Religious Women in Canada,
their mission in health care, and the founding and operation of Catholic hospitals.



Projet de la *Grande* Histoire des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des
congrégations de religieuses au Canada,
leur mission en matière de soins de santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

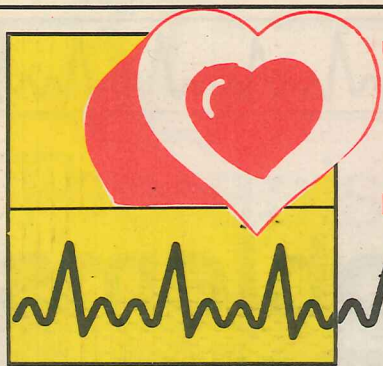
St. Mary's Hospital Camrose, Alberta *Heart to Beat*

***The Camrose Canadian* Newspaper Supplement
Wednesday August 31, 1994**

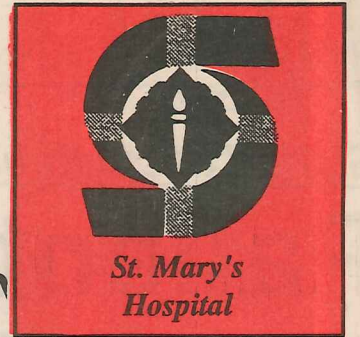
**Source: Courtesy of the Archives of the Sisters
of Providence of St. Vincent de Paul
Kingston, Ontario**

Copyright: Public Domain

Digitized: July 2017

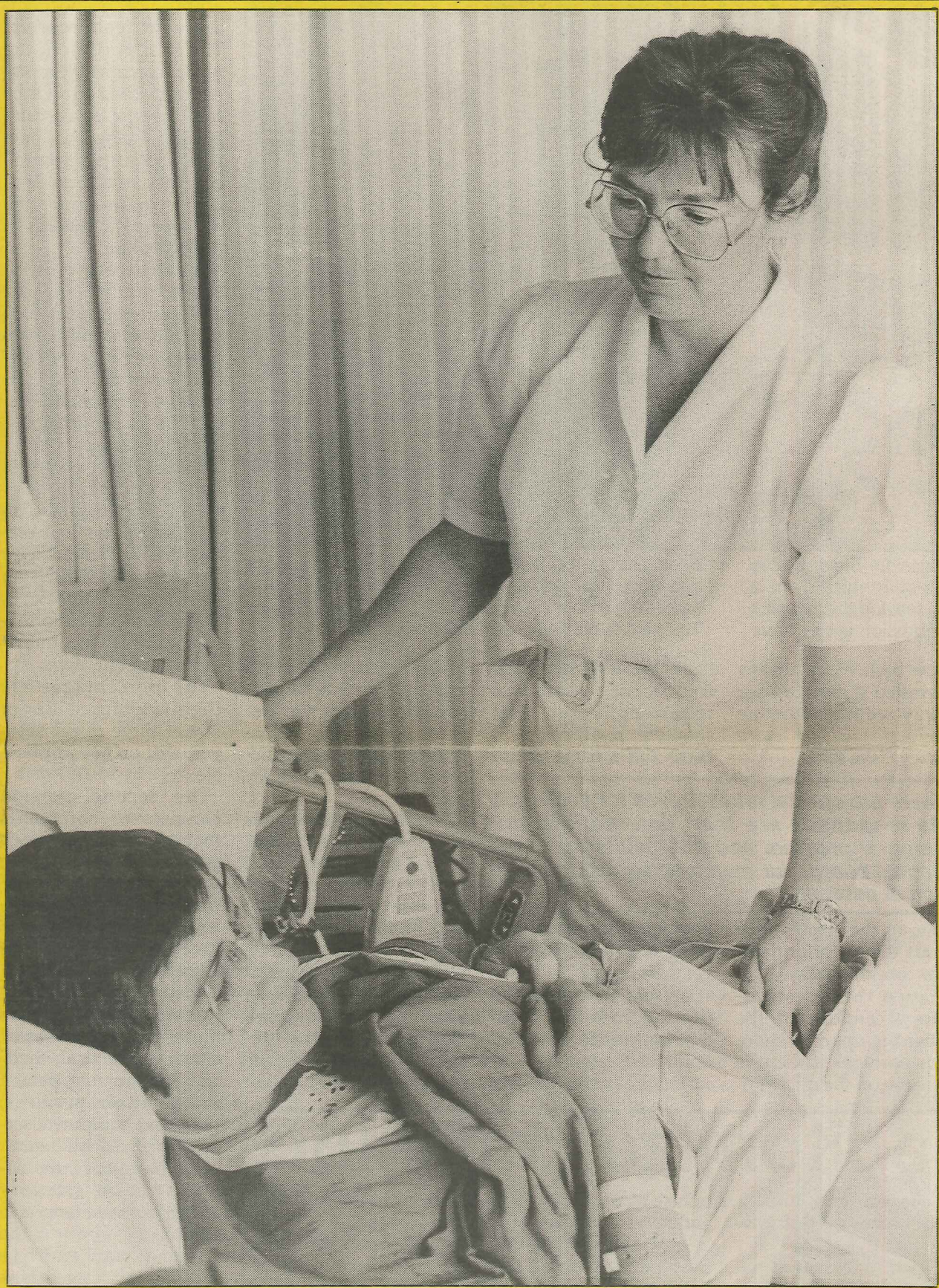


HEART TO BEAT



Wednesday, Aug. 31, 1994

A Publication of The Camrose Canadian



Lynette Lefsrud

A helping hand

Licensed Practical Nurse Cathy Lohr uses the fetal monitor to check on Carol Jensen's baby. The test is done to make sure the baby is healthy. When

the pad that Lohr is holding is moved around on Jensen's abdomen, the baby's heart beat can be heard. The baby is due on Oct. 22.

Rising to meet the challenge of change

The articles and photos in this feature will, we hope, provide insights into the life of St. Mary's Hospital. I thank *The Camrose Canadian* and its hardworking staff for producing this feature. Just as in 1924, when the Sisters of Providence first opened our doors, we are an integral part of the Camrose community and are glad to share our experiences with you through these articles.

Health care in Alberta is in a constant state of change. Financial pressures, restructuring and regionalization along with changes in medical technology all result in many challenges.

With these changes are tremendous opportunities for the health system. Change is certain, how that change occurs is up to all of us, health professionals and public alike.

To manage through these changes requires a committed group of individuals. St. Mary's is fortunate to have a skilled team of Sisters, Board Members, Doctors, Managers and Staff to address these challenges.

Our mission states that we will deliver quality, compassionate, wholistic, acute care through the responsible use of available resources. We



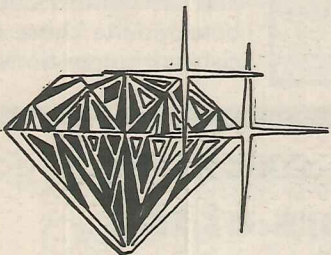
Executive Director
Michael Shea

continue to strive for that. Meeting the high standards of the Canadian Accreditation Council by achieving another three-year award in 1994 is an objective example of quality. Continuing to reduce the cost of providing these services while increasing the number of people served is also a concrete example of meeting our goals.

St. Mary's looks forward to working with our partners in the new Regional Health Authority No. 7. We will continue to broaden our scope of services with more specialist medical services, such as urology, which will be valuable for the whole region.

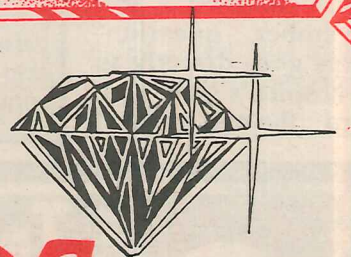
St. Mary's appreciates the continued support of our community and looks forward to serving your needs in the future.

Welcome to LaScala Jewellers

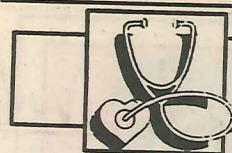


- Goldsmith on premises
- Repairs while you wait
- We take trade-ins
- Watch batteries & repairs
- Custom designed jewellery just for you
- Free cleaning & jewellery inspection
- Insurance claims

Satisfaction Guaranteed



La Scala Jewellers
Corner of 50th St. & 50th Ave.
672-4000



HEART TO BEAT

Started this February

Patient input helps solve problems

Douglas Stinson
Editor

St. Mary's Hospital started using a quality improvement tool in February of this year to get a better understanding of patients' concerns, criticisms, suggestions and compliments in order to improve the service in all of the hospital's 14 departments.

The tool came in the form of a quarterly questionnaire, or patient survey, that was produced by the hospital's Quality Improvement Committee.

The questionnaire has been distributed in February and May by Public Relations Coordinator Anne Roper and Associate Executive Director (Mission) Sister Elaine Jacob. They are currently circulating the third one this month and will circulate it again in November.

The questionnaire, a once folded yellow single sheet of paper with questions on all four surfaces, has already shown results. According to Roper and Sister Elaine, room temperatures could only be adjusted by the maintenance department before a survey suggestion. Now, nurses can adjust the temperature of individual rooms to a patient's liking. The nurses have a special key that, once inserted into the room's thermostat, can help make the proper adjustment.

Roper said Aug. 17 that the questionnaire streamlined the former procedure.

"The Quality Improvement Committee put a lot of effort into this and it was their idea that it would be far better to have just one questionnaire instead of one for each department. This questionnaire encompasses all of them," she said.

The information gathered from the February, May, August and November questionnaires goes directly to the hospital's governing board, the management



Associate Executive Director (Mission) Sister Elaine Jacob accepts a hospital questionnaire from a patient who is in the process of leaving the hospital with a relative. The hospital questionnaires have

been distributed in the months of February, May and August by Jacob and Public Relations Coordinator Anne Roper and have already shown results. The next survey will be handed out in November.

team and all the departments.

"The committee appointed two representatives, myself and Sister Elaine, to see the patients personally when the questionnaires are distributed on those four months. We split the floors on these months, taking two units each," she said.

"When we are presenting the questionnaire to them, we ask for their feedback and ask them how we are doing.

"It can only improve things because patients

know best. We're always interested if they can see a way we can improve our services or save money," she said.

"There are special return boxes for each unit. The responses are then entered into our computer program and the results go to the hospital board, our management team and to each department."

One of the stipulations about the questionnaire is its confidentiality.

"Since the questionnaire is confidential, the patient is open to share their opinions if there is no name on the question-

naire. It could discourage feedback if a name was required. But, it shouldn't really matter if there was a name or not

because the important thing is that we want to get their input."

She said that often the input comes in a form that transcends the questionnaire format.

"The best thing I can

hear is their satisfaction and to hear it firsthand. Sometimes, patients just want to talk and I have found the best is the one-on-one contact that we get."

Once the questionnaires have been gathered, Roper enters the input into a computer program a couple of days after the end of the four chosen months.

"There are special return boxes in each hospital unit for these questionnaires. Some responses may be a bit late so we wait awhile so that

we get them all."

The monthly results are then printed out in report form that the governing board and management team receive. The first portion of the report contains the a percentage breakdown of responses in seven categories; the second portion contains patients' comments about each department and the number of comments of a specific kind.

The first portion of the questionnaire and the subsequent report contain the following seven categories - on admission; amenities; care; services; environment; discharge arrangements; and care rating.

Each of these categories has a number of elements. For instance, on admission, has four elements - 1. Treated with courtesy; 2. Taken to your room promptly; 3. Given sufficient information; and 4. Uncomfortable about questions.

The percentages are then registered under one of three responses - yes, no, or not applicable.

The second portion consists of comments that are written by each patient at the end of the questionnaire. The comment and its corresponding number are registered under nine separate categories. Those categories are as follows - administration; dietetics, environmental services; general; medical staff; nursing; patient information services; plant and equipment services; and rehabilitation.

For instance, the administration category could have six favorable remarks about the friendly staff and five individual suggestions relating to cutbacks, the price of television, nursing workload and so on. This section of the report will show the friendly staff comment and a six will be registered beside it. Each of the five other comments will be listed and the number one will be opposite those criticisms or suggestions.

Survey epitomizes mission

A patient survey is an important tool, but it's only as good as it helps achieve the overall mission of St. Mary's Hospital.

According to the hospital's mission coordinator, Sister Elaine Jacob, the patient survey has helped raise staff morale.

"When a patient tells me verbally about something they liked, I pass it on. The survey or questionnaire also helps when I meet with the individual departments. We talk about our frustrations, but we try to cope more effectively using the survey findings," she said Aug. 18.

The mission of the hospital has four pivotal values that the survey helps fulfill. Those values are: the respect of the patient as an individual; compassionate care; providing a holistic approach

to care of the sick people entrusted to the hospital; and respect for each other as co-workers.

"With these values in mind, I work with the hospital staff in order to maintain the ministry of the Sisters of Providence," she said.

In addition to the survey, the hospital has adopted a reward system called "Mission Moments". When a hospital employee is identified by his or her co-workers as doing something that exemplifies the hospital mission, a letter is written to that employee recognizing their efforts.

"It is very important to live the mission on a daily basis. And, it's as important that they know that it does have meaning. You have to do these things if you're going to 'walk the talk'," Sister Elaine said.



**Town & Country
GUARDIAN DRUGS**

CAMROSE 672-4111 NEXT TO SMITH CLINIC

"Service, Selection and Savings"

STORE HOURS: Mon. - Sat., 8:30 a.m. to 9:00 p.m. Sun., 10 a.m. to 9:00 p.m.

OPEN
365
Days
A Year



We are the exclusive
distributors of the

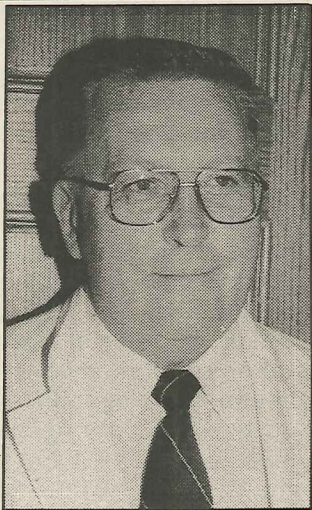


**Two-Piece Ostomy System
in the Camrose area.**



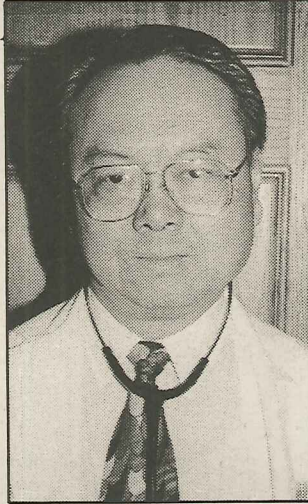
HEART TO BEAT

Doctors of St. Mary's



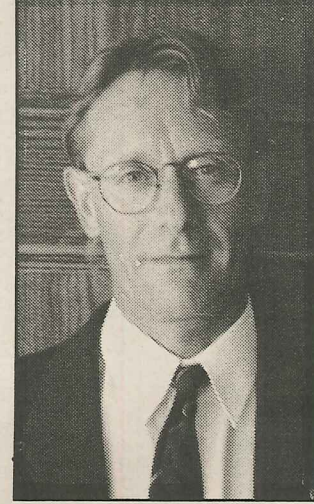
Dr. Alan Smith

General Surgeon
Started in 1966



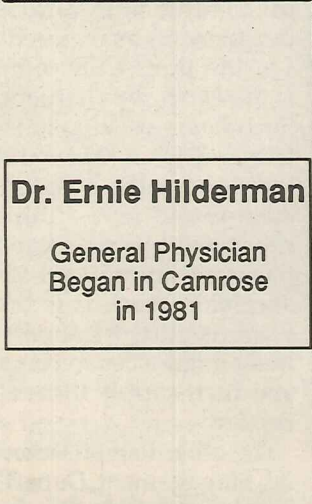
Dr. Teddy Co

Family Physician
Started 20 years ago



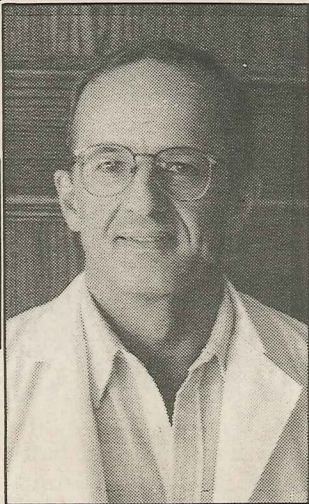
Dr. Franco Leoni

General Surgeon
In Camrose
for three years



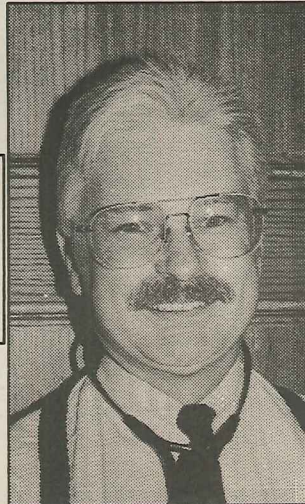
Dr. Ernie Hilderman

General Physician
Began in Camrose
in 1981



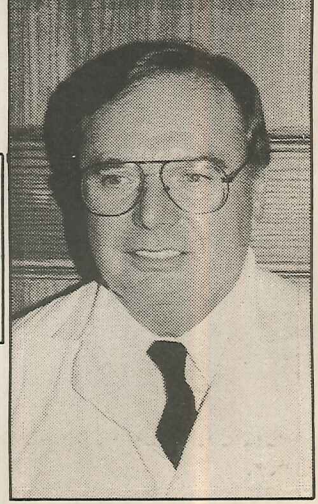
Dr. Tim Burns

Internal Medicine
Practising in Camrose
for 14 years



Dr. Lyle Davis

Orthopedic surgery
In Camrose
since 1992



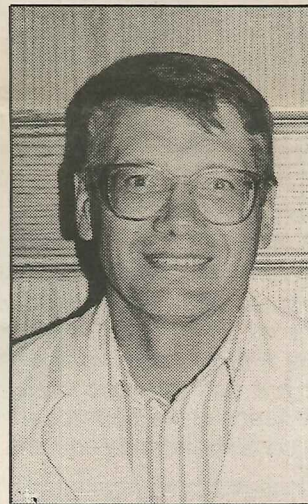
Dr. Dennis Cook

General Physician
Practising in Camrose
since 1974



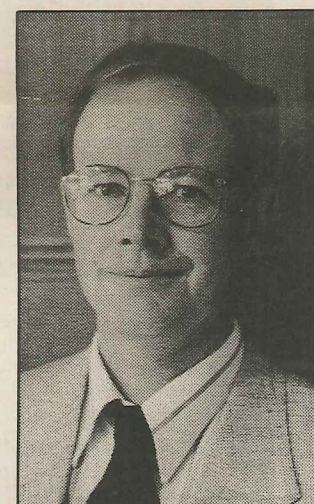
Dr. Kate Reed

Family Physician
Has been in Camrose for
seven years



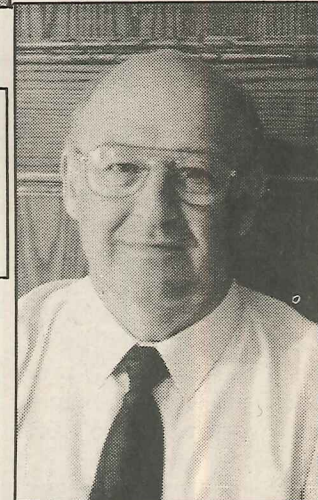
Dr. Greg Ninian

General Physician
Has spent six years
practising in Camrose



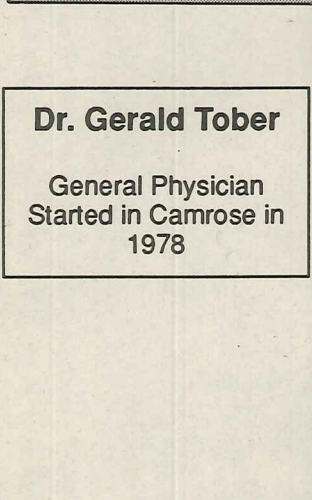
Dr. Arne Peterson

Family Physician
Has been practising
since 1959



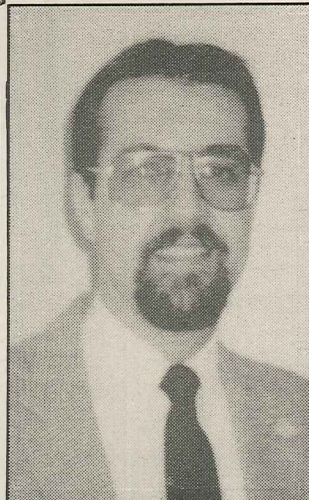
Dr. Hussein Jaffer

Family Physician
Has been in Camrose since 1990
No photo available



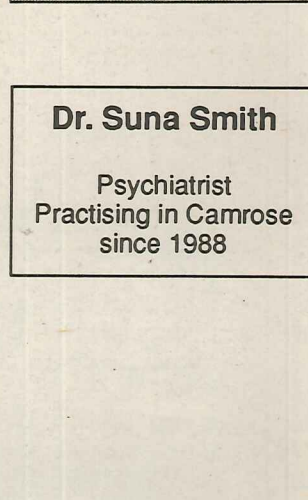
Dr. Gerald Tober

General Physician
Started in Camrose in
1978



Dr. Ramsay Weir

Internal Medicine
Began in Camrose in 1959
Photo not available



Dr. Suna Smith

Psychiatrist
Practising in Camrose
since 1988



Dr. Michael Corrigan

General Practitioner
Has been in Camrose since 1974
No photo available

SMITH CLINIC

GENERAL PRACTICE

Dr. A. D. Peterson Dr. G. P. Tober Dr. K. E. Reed
Dr. T. M. Corrigan Dr. E. D. Hilderman Dr. G. M. Ninian
Dr. T. G. Co Dr. D. J. Cook Dr. H. L. Jaffer

INTERNAL MEDICINE

Dr. J. R. Weir
Dr. T. J. Burns

SURGERY

Dr. A. G. Smith
Dr. F. E. Leoni

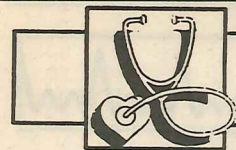
PSYCHIATRY

Dr. S. A. Smith

ORTHOPAEDICS

Dr. L. A. Davis

4825 - 51 Street • Camrose, Alberta



HEART TO BEAT

Central Services

Department keeps essential items sterile



Service aid Doreen Huculak puts some wrap-loaded instruments into one of two Central Services Department sterilizers. These sterilizers are found in the second room of the three-room department. The department is divided into three separate rooms — decontamination, sterilization and clean

supply. Huculak, like co-worker Linda Orcheski, has worked in the department for 27 years. The third full-time employee, Janice Klinger, has worked in CSD for 17 years. There are currently two casual relief workers gaining experience in the department. They are also taking SAIT correspondence courses.

Douglas Stinson
Editor

There's a paradox intrinsic to the Central Services Department.

Most people simply assume that the hospital will have hygienically clean, sterile items in its operating rooms and other areas. On the other hand, they have little or no idea how much care and hard work goes into this work that's so easy to take for granted.

"When the public refers to the hospital, they refer to it as doctors and nurses. I think that many people are not aware of the fact that we have important work that has

to be done and that we're an important link.

"There are a lot of unrecognized areas in a hospital such as maintenance, housekeeping and dietetics. About half of the hospital is made up of non-nursing staff. Without us, so much else would not operate," said service aid Doreen Huculak, who has worked in the department for 27 years.

Working with Huculak are two full-time service aids who bring a wealth of experience to their jobs. Linda Orcheski also has 27 years of experience and Janice Klinger has 17 years. The department has two casual

relief workers who are taking Southern Alberta Institute Technology correspondence courses and gaining hands-on experience as well.

Central Services, one half of the Material Management Department that is also found in the hospital's basement, has three components — decontamination, assembly and sterilization, and the clean supply room.

Decontamination is the first part of the three-part process. All dirty instruments and utensils used in the hospital go through this stage in order to be cleaned and sanitized.

The instruments go

through an ultrasonic washer in this room that's separate but connected to the assembly and sterilization room. Other items such as rubber tubing are put through cideomatic cleaners that are found in this room for the first stage of sterilization.

The link between the decontamination room and the next stage is a pass-through washer sanitizer. In this room, instruments are checked and then packaged into instrument set-ups or individual packages.

One of the biggest items found in the second room is one of two sterilizers. The largest sterilizer has three settings. The first is the high vac setting for wrap-loaded instruments. These are put into the sterilizer for four minutes at 135 degrees C.

The second setting, the gravity setting, is for such items as elastic bandages and nylon soap basins. The time is 30 minutes and the temperature 121 degrees.

The third setting, the liquid setting, is for water and saline solutions. The time is 55 minutes and the temperature 121 degrees as well.

Also in a separate corner of the assembly and sterilization room are extra sterile supplies, individual case carts, a water distiller and a dumb waiter. The dumb

waiter transports supplies only to the operating room. From the operating room, certain sterile packages will be distributed to the maternity ward as well.

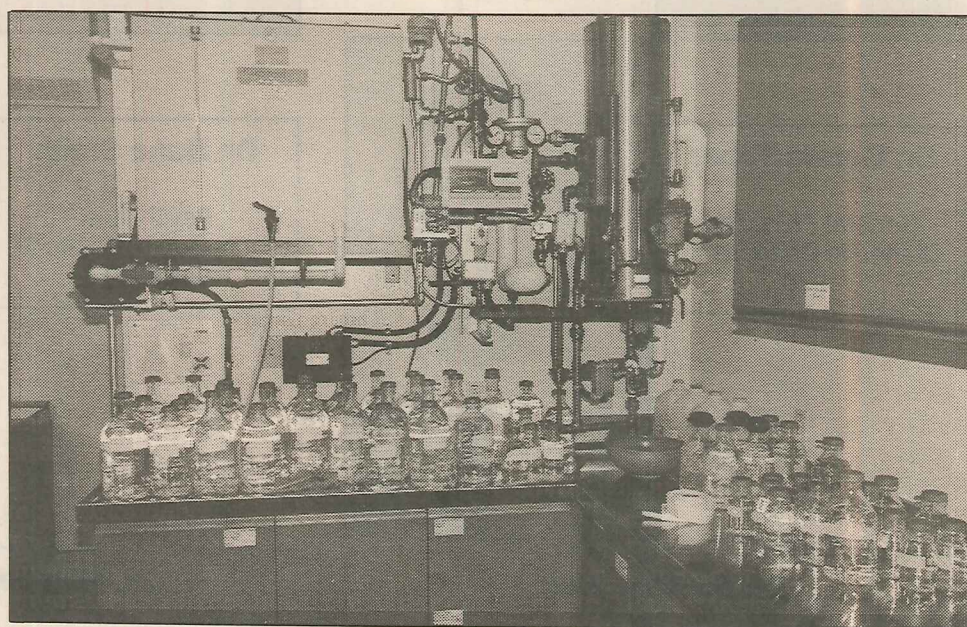
Unlike some hospitals, St. Mary's processes its own distilled water using a unit found in this room, near the dumb waiter. In order to make saline solution, employees in this department add salt tablets to the solution and distribute the distilled water and saline solution to various departments as required.

In the third CSD room is the clean supply room. Such items as IVs are distributed from this room throughout the hospital. Also found in the third room are pre-packaged packs (draping used for surgical cases). It is the responsibility of department employees to check and then supply them as needed.

The other half of Material Management Department, found beside the CSD, deals with all purchasing of equipment and supplies.

Though many people may not or do not recognize their important work, this doesn't adversely affect the employees.

"Even with the cut-backs, I think we're giving a 110 per cent and better. We've got a good staff here at the hospital from top to bottom."



This water distiller is found in the department. Unlike some hospitals, St. Mary's Hospital distills its own water and then makes saline solution by adding salt tablets to the solution. The solution is distributed through the building from here.

Camrose Physical Therapy (1989) Ltd.

Pat Mounteney, B.Sc.P.T.

Ross Mounteney, B.Sc. P.T., CAFC

Denise McDermott, B.Sc P.T.

— Manual Therapy — Sports Therapy

— Medical Acupuncture

Treatment by Medical Referral Only

Lower Level Smith Clinic — 4825 - 51 St. • Camrose 672-3873

Kevin P. Ziff, D.P.M.

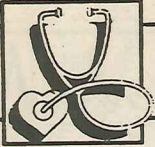
Doctor of Podiatric Medicine

Diseases, Injuries and Surgery of the Foot

NEW LOCATION

Lower Level 4870 - 51 St. Camrose T4V 1R9

(Central Agencies Building) 679-0664 No referrals required.



HEART TO BEAT

Gynecology services

Using creativity and innovation



Dawn Porteous, left, is the manager of Unit 2 where the gynecology clinic is held. In the photo with her is Licensed Practical Nurse Bev Taylor. Not in the photo is LPN Mary Ann Imesh, who alternates working in the clinic with Taylor during the four days doctors Len Evenson and Karl Finzer are in the clinic. The two doctors from Edmonton agreed to provide the service in April 1993 after gynecologist Dr. Bob Sugarman moved to Red Deer last January.

Lynette Lefsrud
Staff Reporter

St. Mary's Hospital has used innovation and creativity to provide women in Camrose with gynecology services.

Two gynecologists come from Edmonton on a regular basis to serve patients.

"It's working really well. Doctors are pleased with it; patients are pleased with it; and we're pleased with it," said Dawn Porteous, manager of Unit 2 where the gynecology clinic is held.

"There was a real need. The gynecologist left and these doctors were willing (to take over)," said Porteous.

When Dr. Sugarman moved to Red Deer last January, St. Mary's was left without a gynecologist.

The hospital spent two months looking for a replacement.

Then, in April 1993, Dr. Karl Finzer and Dr. Len Evenson agreed to provide this service.

"To find a qualified person it was not a long wait," said director of nursing Sheila Csernyanski.

"We were feeling quite lucky," said Licensed Practical Nurse Bev Taylor.

"The ideal would be to have someone

here," said Csernyanski.

But the alternative is working well and the wait is shorter for Camrose and area women than if they had to go to Edmonton said Taylor.

Each doctor comes once a month for two consecutive days, providing St. Mary's with service four days a month.

"They'd have a six month wait in Edmonton," said Taylor.

To accommodate the new clinic, a few rooms in the hospital had to be modified.

Now a wing of Unit 2 houses two examination rooms, one office and a waiting room.

These were set up in unused rooms in the hospital and are separate from the rest of the hospital for patient privacy.

Taylor and LPN Mary Ann Imesh alternate working in the clinic during the four days the doctors are in Camrose.

The manager of Unit 2 said the doctors see about 45-50 patients a month.

"It's really been well used," said Porteous.

The patients, who are referred by a doctor, come from all over the county and areas such as Killam and Hardisty to use the services at St. Mary's.

To stay healthy

Teaching heads list of dietitian's many tasks

Lynette Lefsrud
Staff Reporter

"If you could sum up my job in one word, it's teaching," said St. Mary's Hospital dietitian Deanna Gourlay.

She uses her knowledge as a registered dietitian to tell people what they should and should not be eating in order to stay healthy.

A majority of the patients are at a disadvantage though because they have a disease or problem which inhibits the foods they can eat.

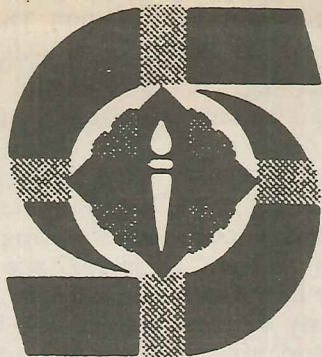
Gourlay, who has worked at St. Mary's for four years, said her job is, "making sure everyone's on the right diet."

Although Gourlay works with both in- and out-patients, all are referred by a doctor.

Most of her patients are suffering from diabetes, high cholesterol or obesity.

In a typical consultation, Gourlay asks the patient for their diet history.

She will ask what they eat in a day and in what



quantities.

To make her job easier, Gourlay has plastic food in different portion sizes to help patients visualize their food intake.

Then she will give people a new diet plan to follow, based upon their disease or specific problem.

Often, because so many people need to learn the same information, Gourlay will hold clinics. The largest number are for diabetics.

Gourlay tries to educate both the person with the disease and a spouse or other family member, who can help them with their diet.

Gourlay also deals with a high number of pa-

tients who are overweight.

"For weight lost, I basically put them on a diabetic diet."

In this plan, meals are divided up into five categories; protein, starch, milk, fruit and vegetables, and fat and oil.

For each meal, the individual is given a portion choice. One example for lunch may include one protein, one starch, two milk, three fruits and vegetables and one fat or oil.

There is a master list at the back of the chart giving choices of what one protein or one fat choice would equal.

"They're not counting calories per say, they're

counting food choices," said Gourlay.

It is more difficult to follow the diet Gourlay prescribes outside of the hospital than inside.

For hospital patients, Gourlay monitors all the trays and makes sure the diet is appropriate for the patients.

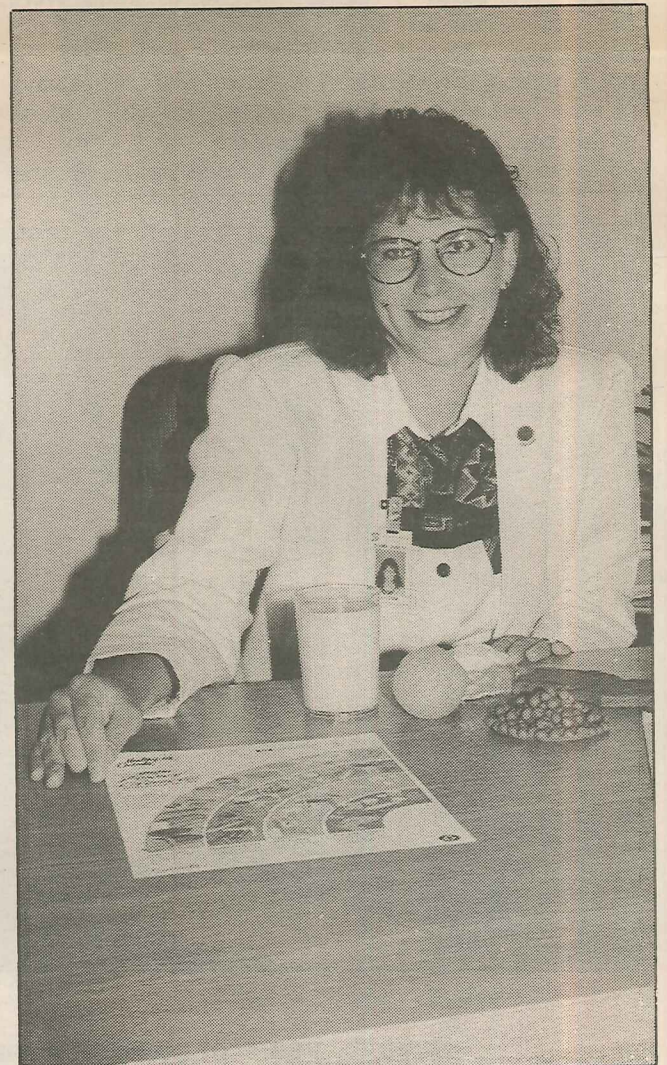
She spends a great deal of her time in the kitchen and before meal time she checks every tray as it is prepared to make sure the correct food is going to the patients.

The hospital menu is based on a 28-day cycle.

It was recently changed in April, but once it is established it stays in place for a number of years because it is such a time-consuming job to set up.

All hospital patients are assumed to get the regular meal.

Then, once Gourlay determines it a patient can't eat specific food, one high in salt or high in sugar, she must provide the kitchen staff with an optional food to serve that patient in its place.



Deanna Gourlay has worked at St. Mary's Hospital for the past four years.

Camrose Pipe Company

Making Quality Pipe in Camrose since 1960

5302 - 39th Street, Camrose, AB • Ph. (403) 672-3116 • Fax (403) 679-0690



HEART TO BEAT

Nursing order great gift for Sister Grace

Richard Edwards
Staff Reporter

After Sister Grace Maguire entered the order of the Sisters of Providence of St. Vincent De Paul she never looked back.

"I never felt I'd made a wrong decision," she said. "That was a great gift to me."

Born in Enniskillen, County Fermanagh, Northern Ireland, she came to Canada when she was only four years old. Her family settled on a farm close to St. Brides, Alta., near St. Paul. She was 10th in a family of 11.

From the time she was young, she wanted to be a nurse and she considered taking her training at the Edmonton General Hospital after she completed high school. About that time she visited the Sisters at St. Joseph's Hospital in Edmonton. It was a visit that changed the direction of her service.

"I felt called to devote myself for those in need," she said. "I felt the call even at that young age. The call was not anything spectacular. It was just something within me."

She was especially close

to her father so she mentioned it to him. Perhaps out of fear that he wouldn't see her again, he told her that he felt she was too young.

She entered the order in 1943 at Kingston, Ont., just as her sister Kathleen had eight years before.

"We are dedicated to look after the poor, the orphaned and the sick," she said. "We did home

received the gold medal for general proficiency in nursing and the highest standing in nursing theory in her class.

"The Lord gave me a gift," she added. "It brought out the gifts I'd had within me all those years. They're gifts - not my own, but given. Being a Sister I can love everyone. God has given us that gift of loving. We can bring Christ's love to

"Somehow in that busy schedule she also finds time to root for her Blue Jays, her Oilers and her Eskimos. Her zest for life and work is evident all around her. She has not lost the gift."

care before it was ever thought of. We went into the prisons at Kingston and still do."

After spending two years as a novitiate, she took her first or temporary vows. Five years later she took her permanent vows.

She then went to St. Mary's Hospital in Montreal, where she began three years of nurses training.

"I think that those were the happiest years of my life," she exclaimed. "It was just what I'd always wanted to do. I blossomed."

While in training she

anyone. It's not my gift. It's not me, it's God working through me. The smaller I am, the more he works through me."

She worked as a nurse for three years at Brockville, Ont., and one year at Daysland, Alta., before moving on to study at the University of Alberta. In 1953, she graduated from a one-year diploma program in Teaching and Supervision of Schools of Nursing.

She then was moved to the Providence Hospital at Moose Jaw where she was placed in charge of



Sister Grace celebrated her golden anniversary in ministry in the Sisters of Providence of St. Vincent de Paul in 1993. The energetic lady has touched thousands with her love and care. She is a true "daughter of charity."

the school of nursing.

"That's when I became very, very fond of student nurses," she continued. "I lived in the student residence and took an interest in their lives."

She was like a mother figure to many of the young nurses and quite a few of their boyfriends had to pass muster with Sister Grace before they were acceptable to the young ladies. Her loving care won her many friends among them and she still hears from many of them.

In addition to running the school of nursing she was responsible for the nursing administration at the hospital. Somehow, she also found the time to complete a Bachelor of Science degree in Nursing from the University of Ottawa and a Master of Science in Nursing degree from the Catholic University in Washington, D.C.

"Life wasn't dull," she said.

In 1970 she returned to

Brockville to be the Director of Nursing. Then, from 1971 until 1977, she served on the General Council for her order at Kingston.

In 1977 she returned to Moose Jaw where she started The Day Hospital. It was a pilot project where patient came in, were assessed, treated and allowed to go home. The idea behind it was to keep people at home as long as possible and yet cared for in the best possible way. It was a first for the Province of Saskatchewan.

In 1980, she went to St. Mary's on the Lake Hospital at Kingston, where she spent the following 12 years as director.

In 1992, she came to Camrose where she serves in an administrative capacity as vice-president of the Providence Health Care System. She is on the board at St. Mary's and is chairman of the board at St. Joseph's Hospital in Edmonton.

"The number of Sisters in the order is dwindling but we have a dedicated group of lay people to whom we are entrusting our mission," she said.

Her life still isn't dull. She regularly rises at 5:30 a.m., spends time in the chapel, goes to meetings which often start at 7:30 a.m., drives to Edmonton for more meetings and finishes her work day some time in the evening.

She recently celebrated the 50th anniversary of her life in religious service - happily in service. Her family is an important part of her life as the photographs of nieces and nephews which dot her office expresses. Somehow in that busy schedule she also finds time to root for her Blue Jays, her Oilers and her Eskimos. Her zest for life and work is evident all around her. She has not lost the gift.

"As long as the Lord gives me the strength to do it, I'll do it," she said.



Richard Edwards

Seventy years of compassionate care

St. Mary's Hospital is celebrating its 70th anniversary as a care-giving institution in Camrose. The changes facing the hospital are enormous as the health-care industry moves toward the 21st Century.

BURGAR

funeral home

CAMROSE LTD.

"More Than 80 Years of Dedicated Service"

Funeral Directors:
Reg Madison, Steve Haugen,
Rod Madison, Al Person, John Person

672-2121
Recorded Obituary Line
679-2400

Camrose: 4817 - 51 Avenue
Daysland 374-3535
(Bob Hanrahan)

RECYCLE WITH CENTRA-CAM

COLLECTION DEPOT

ACTION ON WASTE This Project is made possible by a grant from... Alberta ENVIRONMENT

• Paper • Tin • Corrugated Cardboard
4402 - 51 Ave. • Camrose
(24 Hr. DROP OFF)

We are proud to recycle

• Paper
• Cardboard
• Wooden Pallets
for St. Mary's Hospital



HEART TO BEAT

Therapist is healer of the body and the mind

Tim Chamberlin
Staff Reporter

Audrey Sand's profession as an Occupational Therapist involves transforming dysfunctional patients back to functional, or in some cases, functional to best of their ability.

The task involves not only catering to patients' physical ailments, but, in some instances, related cognitive problems as well.

In essence, she is a healer of body and mind.

Her training includes working with patients suffering from the effects of stroke, spinal cord and head injuries, and associated problems such as developmental disabilities and mental health problems. Such intense work, however, on a long-term basis, is reserved more for Occupational Therapists working in Rehabilitation Centres.

"A lot of intervention that we provide is a

quick in and out within a hospital. It's more of the acute-care type of work, the fractures, the sprains, the unstable joints," said Sand, noting her work is

classified as the assessment and treatment of short-term acute-care.

"We see the patient, provide them with something; provide them with

a set of skills or techniques for dressing, that type of thing.

"But then the patient is quickly discharged."

The patients she works with include the very young, and elderly. The most common impairment she deals with is orthopedic conditions, which she estimates take up 50 to 60 per cent of her workload.

Another area that takes up a significant amount of Sand's time is the splinting of fractures, and "dynamic splinting".

"There are some patients you can't put casts on; the skin condition would deteriorate so quickly within a cast.

"A splint is nice because you can take it off and bathe the area, and put it carefully back on.

"As far as fractures go, we're typically splinting adult patients, ones who comply with our treatment. Little kids sometimes have a tendency to rip things off," she said, noting "dynamic splinting" is the more specialized form of the treat-

ment.

"It's a type of a splint that will position a joint or a series of joints, and at the same time will allow movement, for instance, following a tendon repair or something like that."

In treating and assessing complications due to disorders related to severe incidents such as strokes and head injuries, Sand works with patients from the time of their arrival until their departure. Depending upon the severity of the patient's situation, she'll recommend an alternative care scenario such as a Group Home or Home Care Program.

"Sometimes we get patients, when they have a stroke, who come into the hospital and they think that their husband or their wife, whose been dead for 10 years, is alive. They think their children, who are in their 30s or their 40s, are 10 years old and living at home.

"If that's occurring, you can understand that type of confusion can create a

safety risk if that person were to go home even if they're functioning okay."

No matter what the severity of the condition she's working with, be it either putting on a splint, or assisting a patient with their sensorimotor skills, the focus of her work remains the same.

"We want to promote a balance between an individual's ability to care for themselves; ability to perform their work and productivity; and their ability to be able to perform the types of things they enjoy doing."

Sand's outpatient work at St. Mary's involves a variety of components, including treatment of emotional problems in dealing with stress and pain management, and relaxation, along with the treatment and assessment of disorders related to Multiple Sclerosis, spinal cord injury, head injury and general trauma.

Sand is the lone Occupational Therapist on staff at St. Mary's Hospital.



Occupational therapist Audrey Sand's job involves working predominantly with the physical ailments of patients, but she also must address many cognitive and emotional needs as well.

Ladies auxiliary keeps service tradition alive

Tim Chamberlin
Staff Reporter

Raising funds for the hospital, providing care and companionship to patients, these are but a few of the jobs the St. Mary's Hospital Ladies Auxiliary find delight in.

The 68-member "feel good" group has been involved with volunteering their services to the hospital for 70 years. The Camrose Hospital Guild first began in 1924. It was reorganized in 1948 at which time it was called the St. Mary's Hospital Auxiliary. The group was last reorganized in 1961.

In that time span they've contributed annual fund-raising profits to various administrative projects, as well implemented their own volunteer services programs to the hospital.

"We have a hairdresser that comes here to the salon every week. That was started by the Auxiliary," said Auxiliary president Anne Mikasko proudly.

Their volunteers also brighten patients' days with special holiday treats in conjunction with the group's decorating committee.

Last year alone, the Auxiliary volunteers put in 2,400 hours of work, a large part of that with the hospital.

"Our purpose is to serve the hospital and the community at large in any possible way," said Mikasko.

Funds raised last year assisted the

hospital.

The large part of those funds were raised through the hospital's Gift Shop, manned by Auxiliary and non-Auxiliary volunteers.

"The Gift Shop is a fairly new project as far as the Auxiliary is concerned," said Gift Shop manager Lavern Nesvold who was Camrose's Volunteer of the Year in 1993.

"We started in a small way in the old hospital and moved to the room we're in now when the new hospital opened.

"It provides a good service for the

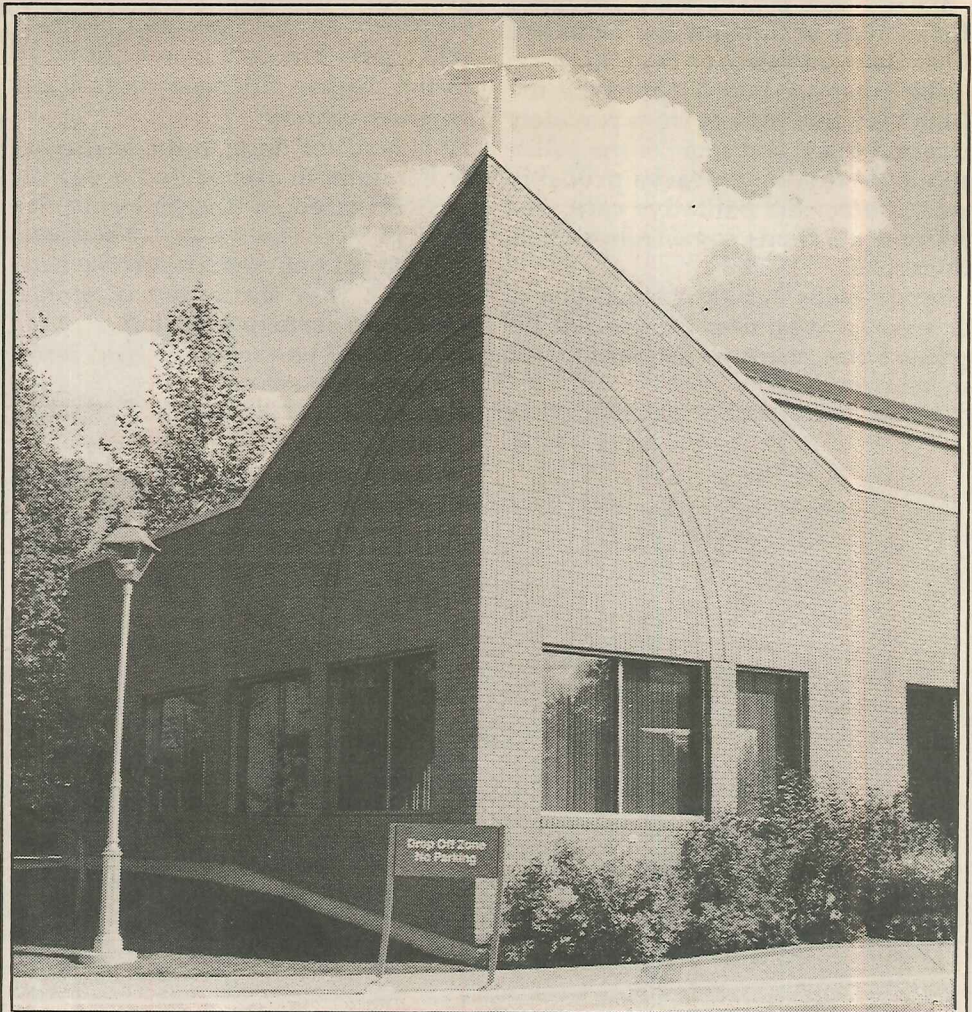
"Last year alone, the Auxiliary volunteers put in 2,400 hours of work, a large part which was done at the hospital."

patients and the community at large."

Another volunteer service provided to the hospital comes through Pastoral Care.

"We have all the clergy persons of all the faiths are oriented in the hospital. They have privileges to visit all their people," said Director of Pastoral Care, Sister Bernadine Bokenfohr. "They are exceedingly generous and very, very accessible when you need them."

The Sister also has 10 pastoral lady volunteers of the Catholic faith who alternate communion rounds on a weekly basis.



Grounded in faith and mission

St. Mary's Hospital has a tradition of care that is grounded in faith and mission. The physical manifestations of these commitments can be seen in the personal approach to patient care and also in the modern architecture.

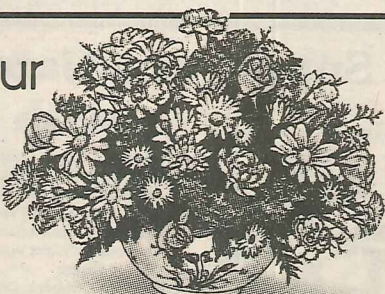
Flowers Express Your
Get Well Wishes
for pain-free delivery

call

672-2553

PEDERSEN'S FLORISTS LTD.

Downtown Camrose



City
Center
Camrose

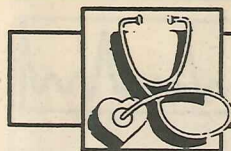
Peggy Sue's

New Lunch
& Dinner
Specials

Fun food, fun times!

5608 - 48 Ave. • Camrose • 672-3800

Ask about
our Senior's
Menu...



HEART TO BEAT

Palliative care unit available soon

Richard Edwards
Staff Reporter

A palliative care unit will soon be available for patients at St. Mary's Hospital. Work will begin on remodeling the three-room unit Sept. 5.

The beds will have adjustable mattresses so that patients can be made more comfortable. The rooms will be decorated with wallpaper, curtains and new bed coverings which will not be hospital issue. The purpose is to make the rooms as comfortable and as home-like as possible.

"There's a good feeling toward the whole concept of compassionate palliative care," said Unit 2 manager Dawn Porteous.

Many of the renovations are designed to make the patients and families more comfortable. The rooms will have small refrigerators, sleep chairs and televisions. At least one hide-a-bed will be provided. A VCR will be made available for family members to use and the televisions will be positioned so that family members can view them more easily.

The rooms will also have bulletin boards for pictures and personal items. Patients and families will be encouraged to bring personal items that mean something to the patient. Even small pets can be brought in to visit. Age and time limits will be set aside for this area. The family will have access to sleeping accommodation.

The intention is to have the unit ready for display in time for the Palliative Care Day Conference on Sept. 30.

The Hospital Board approved the funds for this project from privately donated funds and some of the palliative care funds. Cutbacks probably won't affect the palliative care area because the funds come from private donations.

Future plans include the addition of access to a patio near the unit. At the present time, there are no plans to add more rooms.

The key element is the care. At present four special palliative care volunteers have been trained in an eight-week course by the Palliative Care Council of Camrose. The nurses and volunteers will work in close consultation with the home care nurses. Ambulatory pumps will be available so that patients can be in their own homes at times. Even beds will be made available for that purpose.

The spiritual care will be treated as exceptionally important. It will be

"Many of the renovations are designed to make the patients and families more comfortable. The rooms will have small refrigerators, sleep chairs and televisions. At least one hide-a-bed will be provided. A VCR will also be made available for family members to use."

interdenominational, inclusive of native spiritual practices and according to the wishes of the patient and family. There are 11 pastoral care volunteers specific to Roman Catholic patients. Pastors within the community will also be involved as requested. The chapel is available for whoever needs it.

"People here listen to the needs of the patients," said Sheila Csernyanszki, Director of Nursing at St. Mary's.

A team approach will be used to bring together the nursing, physiotherapy and pastoral care teams. The purpose of this holistic approach is to help the patient toward a peaceful, comfortable death. The care is not geared to curing disease, but pain control and symptom control.

It is hard for those in the healthcare professions to accept that a patient can't be cured so it is important for them to have care as well. Therefore, the pastoral staff also support the nursing staff. They also have critical incident stress debriefing for staff.

"It's all of us together," said Sister Bernadine Bokenfohr.



Director of Nursing, Sheila Csernyanszki, left and Director of Pastoral Ministry, Sister Bernadine Bokenfohr, right, draw attention to the St. Mary's Hospital Mission Statement which provides the philosophical basis for the hospital's development of a palliative care area.



Richard Edwards

Mammography centre beside hospital

The St. Mary's Hospital Providence Building houses the Camrose Mammography Centre. The service provided by the centre is a welcome addition for Camrose and district physicians and their patients.



Richard Edwards

Easily accessible emergency entrance

The large, easily accessible emergency entrance reflects the purpose and mission of the hospital - to offer hope and healing to the ill and injured people in our society.

Home of the Powerlift Chair

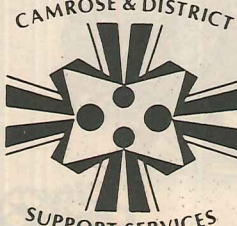
**NATIONAL HOME
FURNITURE**



Phone 672-7433, Downtown Camrose

WE DELIVER

Supporting Camrose & District with these services...



Bashaw & District Support Services
Camrose & District Boys' & Girls' Club
Camrose & District Homemakers Service
Camrose & District Pre-School
Camrose & District Senior Centre
Camrose & District Volunteer
Action Centre
Camrose Children's Centre
Camrose Meals on Wheels

Camrose Women's Shelter
(Public Awareness & Outreach)
Distress Line
ECCASAT
Family Day Homes
Hay Lakes Playschool
Information & Referral
Interagency
Rose City Handivan

4703 - 53 St. • Camrose • 672-0141