



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.

Providence Healthcare
Our Legacy Through Time
150 Years: 1857-2007

Source: Archives of the
Sisters of St. Joseph of Toronto

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Providence
Healthcare

Helping people. Healing lives.



One Legacy Through Time:

Compassion. Community. Innovation.



1857 - 2007

PROVIDENCE HOSPITAL

Rehabilitation Program

- Specialized Stroke Service
- Orthopaedic Rehabilitation Service
- Amputee Rehabilitation Service
- Specialized Geriatrics Service

Complex Continuing Care Program

- Complex Care Service
- Palliative Care Service
- Transitional Care Service
- Pre-Rehab Service

THE CARDINAL AMBROZIC HOUSES OF PROVIDENCE

Long-Term Care Program

PROVIDENCE COMMUNITY CENTRE

Client and Caregiver Support Program

- Community Caregiver Service
- Alzheimer Day Program
- The Scotiabank Learning Centre
- Geriatric Outreach Service

Specialized Clinics

- Geriatric Medicine Clinic
- Geriatric Psychiatry Clinic
- Stroke Clinic
- Physiatry Clinic
- Arthritis Clinic
- Clinics for Patients and Residents
 - Dental Clinic
 - Eye Clinic
 - Dermatology Clinic

Wellness Program

- Massage Therapy
- Chiropractic
- Physiotherapy
- Acupuncture



About Us

Providence Healthcare

For the past 150 years, Providence has evolved significantly to meet the changing needs of both our immediate neighbourhood and of the broader health care system. Today, Providence Healthcare provides innovative, excellent care through three Integrated Care Divisions: **Providence Hospital**, one of Ontario's largest rehabilitation and complex continuing care hospitals; the **Cardinal Ambrozic Houses of Providence**, noted for its outstanding level of compassionate and quality long-term care; and **Providence Community Centre**, which offers outpatient clinics, education and outreach.

Providence Healthcare

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It Starts with a Vision...

The time – 1855. The place – Toronto. The needs of the city were overwhelming – crowded conditions, rampant disease and poverty. Yet there was also hope – a hope and an inspiration that would eventually lead to help and healing across the centuries. In a letter dated 1855, **Bishop de Charbonnel**, the second bishop of Toronto, described his vision of a dwelling that would house “the necessitous, the immigrants, the young and old, the invalid and the destitute; open to all, without distinction of creed, to be called a House of Providence, founded in Toronto and entrusted to the zeal of our Sisters of St. Joseph.”

The Sisters' legacy of compassion was already well demonstrated in Toronto, as the Sisters had come from Philadelphia in 1851 at the request of Bishop de Charbonnel to take charge of an orphanage on Nelson Street, now Jarvis Street. These early years were a time of poverty and hardship in Toronto, characterized by large numbers of sick and poor immigrants, the majority having emigrated from Ireland because of the potato famine. Many immigrants died on the way on what were referred to at the time as ‘coffin ships’ and many brought with them diseases such as typhus. It was against this social and economic background that the House of Providence was established in 1857 with the primary purpose of serving those who had nowhere else to go: widows, orphans, the infirm, the aged, regardless of race or creed. Within the first eight years of its opening, a staff of just 10 Sisters of St. Joseph were caring for the needs of more than 450 residents. In time this number would reach 700.

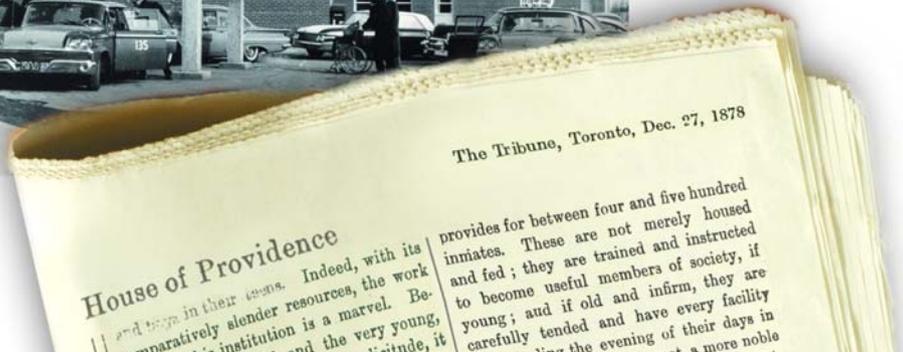
According to a government census in 1871, most of the residents of the House of Providence were Irish (304). The occupation of most of the inmates was listed as “indigent” or “orphan” although there were a few “labourers” and “seamstresses”. In those early years, the original House provided primarily food and shelter, supplemented by outdoor relief, particularly during the Depression years. Over time, an infirmary was added as the residents' medical needs became more complex.

By the mid 1950s, the original building was badly in need of repair and was eventually demolished to make way for the Richmond St. ramp of the Don Valley Parkway. A new era began on January 28, 1962 when 500 residents were moved to the new site – a former farm owned by the Sisters – at Warden and St. Clair Ave. Police led the vehicles north, in what was called a ‘Caravan of Kindness’, paid for by an anonymous donor.

Since then, the organization's programs and services have evolved significantly and, with ensuing name changes, have reflected the changing nature of the mission of care as Providence continues to respond to the needs of the times. Yet throughout these various changes – from Providence Villa and Hospital to Providence Centre and now to Providence Healthcare – one element remains constant: an enduring legacy and commitment to community, compassion and innovation.



Bishop de Charbonnel



...and Continues with a Legacy

The 150th anniversary of Providence Healthcare gives us an opportunity to celebrate the legacy of Providence, and to reflect on the impact and the benefit that our changing programs and services have brought to so many individuals and their families. Our entire community – the Boards of Directors of Providence Healthcare and of the Foundation, our staff, physicians, volunteers and patients, residents, clients and their families, as well as our donors and supporters – are proud that we are able to recognize this pivotal point in our history together.

Providence has thrived through decades of challenging situations and social turbulence, mainly because of an enduring and unwavering commitment to values instilled at Providence by our founders, the Sisters of St. Joseph. Through the centuries, the Sisters – and later, the lay people who assumed this stewardship role – demonstrated a spirit of compassion, community and innovation. Whether providing outdoor relief to the homeless during the Great Depression, or helping a stroke patient today to take that all-important first step to recovery... the work of Providence has always been undertaken with the utmost respect for the dignity of every individual. This 150th anniversary book highlights just some of the many milestones and outstanding events in the history of Providence. What is particularly interesting is that, although the events of the day and the needs of the times have changed, Providence has consistently responded through the centuries by reaching out to its community, and adapting proactively to changing societal and health care needs.

Today, as a manifestation of the long-standing commitment to those we serve, Providence Healthcare provides leading-edge and clinically-complex programs and services within our rehabilitation and complex continuing care hospital, our long-term care home and our community centre and clinics.



We are guided by our quest for innovation and best practices, and a growing commitment to using evidence and data in decision-making and program development. Yet at the same time, we have not lost sight of what makes us unique. Our patients, residents, clients and their families often remark about the special feeling of community that they experience while in our care, and about the remarkable difference that this support brings to their healing and to their recovery. You will find some of their stories within the pages of this book.

Providing quality, excellent care consistently and compassionately over 150 years is a powerful and lasting legacy. We remember with gratitude the contributions and the leadership of Bishop de Charbonnel, Sister Delphine Fontbonne and the Sisters of St. Joseph, the friends of Providence and the generous benefactors who smoothed the way. We celebrate the leaders, the staff, the volunteers and the physicians who collaborated with the Sisters and then followed in their footsteps, upholding the Mission and the Values – often in difficult and challenging circumstances. And we honour our present-day community – the individuals who work tirelessly and often at great personal sacrifice to provide care to our patients, residents, clients and their families. To all of these individuals – in recognition of their foresight, their vision and their commitment to care – we dedicate this publication.



Lloyd Cooper

Lloyd Cooper
Chair, Board of Directors
Providence Healthcare



Mary Beth Montcalm

Mary Beth Montcalm
President and
Chief Executive Officer
Providence Healthcare



Vision 2010: Vision 2010:

Patient Alex Craig and his wife Agnes meet with members of the Palliative Care Service's interprofessional team. (From far L-R) Clinical Leader **Cathy Lacombe**, Physiotherapist **Elizabeth Saba**, Agnes Craig, patient Alex Craig, Registered Nurse (RN) **Divina Hazari**, **Dr. A. Moffatt** and Social Worker **Tony Cheung** in a family meeting. Family meetings are an important communication tool for patients and their families.



Mirela Savic, a Registered Practical Nurse (RPN) in our Orthopaedic Rehabilitation and Amputee Rehabilitation Services charts a patient's progress.



Physiotherapist **Katie Smith** discusses treatment with patient Mary Long and Mary's son Brian Long. Family members are encouraged to take an active role in the rehabilitation process. The rehabilitation process continues 24/7 with all activities designed to assist patients to maximize their level of independence.



Dr. M. Asik and Dental Assistant **Lori Wellham** treat patient David Brown in the Providence Community Centre Dental Clinic – one of three specialized clinics available exclusively to Providence Healthcare patients, residents and Alzheimer Day Program clients. A number of other clinics are available to the community.



Alzheimer Day Program (ADP) client Dolina Yates enjoys making pizza with Clinical Resource Coordinator **Felix Neira** and volunteer **Sister Penny McDonald**. Other recreation activities offered in the ADP include gardening, woodworking and baking.

Strategic Directions for the Future

Providence Healthcare is one of Ontario's largest – and most efficient – health care facilities, best noted for excellence in rehabilitation, for quality, compassionate care, and for a number of innovations and best practices. Each one of Providence Healthcare's three Integrated Care Divisions provides specialized care.

Within Providence Hospital, 347 beds provide rehabilitation and complex continuing care, with a particular emphasis on patients who are recovering from stroke, orthopaedic surgery and fractures, lower limb amputations or who are experiencing multiple complex medical conditions.

Within the Cardinal Ambrozic Houses of Providence, 288 residents benefit from long-term care that integrates medical, physical, spiritual and emotional care within a warm and welcoming environment.

And in the Providence Community Centre, innovative programming, outpatient clinics and community outreach are helping to transform the health and well-being of individuals and families within the community. There is a strong emphasis on patient follow-up after an in-hospital rehabilitation stay; on caregiver support and education; and on providing education about ways to promote good health and prevent disease.

Providence Healthcare is one of Scarborough's major employers with a work force of 1,100 full and part-time employees, and about 700 volunteers. A number of outstanding physicians bring their expertise to patients, residents and clients at Providence Healthcare.

As Providence celebrates 150 years of community, compassion and innovation, the organization is looking to the future with new strategic directions that will enable and prepare us to meet the growing demands of our community; respond to gaps in the health care system; and continue to respond to the changing needs of the times.

Strategic Directions

Strategic Directions

- Providence Hospital will support and respond to the transformation agenda underway in Ontario by pursuing opportunities for future specialization in our programs and services, and by adapting them to the changing needs of the health care system.
- Providence Healthcare will enhance the organization's growing excellence in stroke rehabilitation with a particular focus on expanding the step-down rehabilitation (low tolerance/long duration) service.
- Providence Healthcare will ensure that each of its Integrated Care Divisions provides the very best quality of care within the specific, limited resources available to them: Providence Hospital; the Cardinal Ambrozic Houses of Providence; and the Providence Community Centre.
- Providence Healthcare will further develop its evidence-based culture by establishing performance measurement mechanisms and by setting systematic sustainable performance targets throughout the organization.
- Providence Healthcare will create a culture that fosters, recognizes and rewards innovation.
- Providence Healthcare will foster a safe and healthy environment for all of its patients, residents, clients, staff and visitors, by using national standards and best practice.

Innovation in Action

April 1, 2006 – March 31, 2007

2006

April

The newly opened **Hospital Gift Shop and Café** is designed to meet the special needs of patients and has wider aisles, lowered countertops and eye-level merchandise.

May

The dedicated commitment of 700 volunteers – with a collective 72,616 hours – is honoured during **Volunteer Recognition Week**.

June

Providence Healthcare and Toyota Canada Inc. break ground on the innovative **Toyota Canada Motor Skills Clinic**. (see story on page 10)

A new **Wellness program** is launched to promote the health and well-being of staff and volunteers and to ensure workplace safety.

Providence Healthcare Foundation hosts sixth annual food and wine tasting event. **'A Night in Italy'** raises \$140,000 (net) for Providence Healthcare.

Proximity cards are issued to all employees, physicians and volunteers. The new system uses photo ID cards and card readers to maintain security and manage access to the facility.

Finance department introduces a new system to automate the cheque reconciliation process – a move that achieves efficiencies and improves accuracy.



Patient Larry Powless with student volunteer Krishni Aranwela on opening weekend in the Gift Shop and Café.

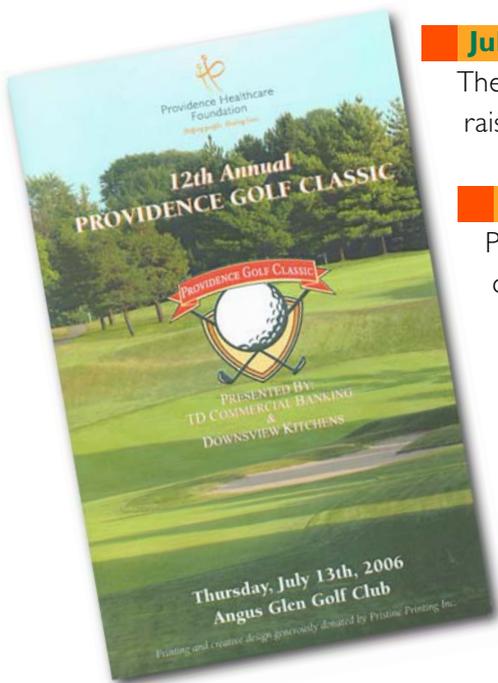
July

The **Providence Golf Classic** – both a favourite fun and fundraiser on the golf circuit – raises an astounding \$150,000 (net) for Providence Healthcare.

September

Paul Bolland, renowned sculptor, delivers the fourth in a series of contemporary religious artwork sculptures to Providence Healthcare, thanks to a bequest from Elsie and Neil McLellan. The new statue called **'The Healing Christ,'** presents an image of Christ as a healer with arms outstretched in a gesture of welcoming and beckoning.

The Bank of Montreal agrees to fund renewal of **Memory Lane**, the main corridor within Providence Hospital. The area will showcase Providence's rich heritage and achievements through the development of an interactive, visual depiction of our past, present and future. The future Memory Lane will continue as a popular destination for patients, residents, clients and their families.



October

A new high-tech addition to rehabilitation equipment – the 'GAITRite portable walking system' – is introduced to patients in Providence Hospital. This state-of-the-art GAITRite 'mat' uses sensors and a computer-based system to measure critical information for patients who are learning to walk again: stride length; weight on limbs or prosthesis; pressure points on feet; and movements during the gait cycle.

The first annual **Innovation Day** showcases the innovative accomplishments of staff and celebrates the achievement of the Strategic Plan, *Vision 2007*, ahead of schedule. The first recipients of the **TD Academic Fund** grants and the **George Macri Nursing Scholarships** are announced, as well as the recipients of the **Dr. Colin Kilty Award**.

November

Providence Healthcare receives the **2006 Corporate Excellence Award** from the Scarborough Chamber of Commerce and the Toronto Board of Trade.

Unconditional accreditation is awarded to Providence Healthcare from the Canadian Council on Health Services Accreditation.

Providence joins eight other health care organizations in the **Shared Information Management Services (SIMS)** partnership. This partnership will provide Providence with the unique opportunity to access a critical mass of information management and information technology resources and expertise to develop and implement electronic solutions that are integrated with those across the broader health care system.

Over 200 bowlers take to the lanes to raise \$70,000 (net) for Providence Healthcare's **Tamil Caregiver Project**, sponsored by RJ Multi Litho. This innovative initiative provides caregivers within the Tamil community with education and support on how to access vital health care services within our community, and offers seminars on health promotion and disease prevention.

The Foundation's annual **Silver Ball** raises \$425,000 (net) to support areas of greatest need at Providence Healthcare.



Professional Practice Leader, Physiotherapy, **Shawn Brady** and Physiotherapist **Deborah Yeh** with client **Sophie Savidis** (centre) using the **GAITRite** system.

2007

January

Providence Healthcare launches its 150th anniversary of compassion, community and innovation.

Second annual 'Living our Values' presentation during Mission and Values Day honours three outstanding employees and volunteers who exemplify the Mission of Providence by living out the Values in their day-to-day work. A special donation from Providence friend George Macri helps to make this celebration in the 150th anniversary year, particularly special (see story on page 31).

February

The **Specialized Stroke Service** in Providence Hospital introduces a new interprofessional model of care to enhance quality of care and improve communication (see story on pages 16-17).

March

Providence Hospital is one of the first in Toronto to adopt a new model of care called 'Fractured Hip Rapid Assessment and Treatment' (FHRAT) – an initiative tested by partner members of the Total Joint Network and designed to improve quality of patient care while contributing to reduced wait times in acute care.



Staff members (from L-R): **Barbara Taylor**, **Maria Chua**, **Sr. Mary Anne McCarthy** and **Gracelyn Gobin** celebrate Mission and Values Day during the night shift.



Physiotherapist **Vince Chan** coaches patient Shirley Stoddart in the Toyota Canada Motor Skills Clinic.



Providence Healthcare Foundation's **Gloria Vidovich**, Director of Planned Giving, worked with Dave Nichols, National Manager, Product Planning and Distribution, of Toyota Canada Inc., to help bring the Toyota Canada Motor Skills Clinic to fruition – from concept to actuality. Dave is a former member of the Providence Healthcare Board of Directors, and was instrumental in working with Foundation and clinical staff, and Toyota Canada, to establish the new clinic. "Toyota's generosity and foresight has made it possible for us to help our patients regain their independence," says Gloria.

A Community of Giving

A \$300,000 donation from Toyota Canada Inc. allowed Providence Healthcare to create the Toyota Canada Motor Skills Clinic, an innovative new space that opened in October 2006. The new clinic gives patients recovering from a stroke, orthopaedic surgery or a lower limb amputation a greater chance at regaining their independence and relearning vital skills they will need once they are discharged from the hospital and return to their home and to the community.

The clinic brings the outdoors 'inside,' by recreating key elements of an external streetscape within a safe environment. The room features a new Toyota Camry, concrete ramps and curbs, and different types of walking surfaces such as interlocking brick, gravel and grass. "There is also a working crosswalk with stoplights, and the lighting in the room has been developed in such a way that we can simulate daytime, dusk and evening," adds Physiotherapist **Vince Chan**, who works in the Orthopaedic and Amputee Rehabilitation Service of Providence Hospital.

"The simple skills so many of us take for granted – such as manoeuvring in and out of a car, stepping up onto a curb or walking across the street before the light changes – can be an overwhelming challenge to an individual who has recently had a stroke, a hip or knee fracture or an amputation," adds Vince.

From Yesterday to Today

Although the face of philanthropy has changed significantly over time, the spirit of 'helping people and healing lives' has remained the same over the years. We rely on the generosity and philanthropic goodwill of our donors to bring help and healing to the patients, residents and clients at Providence Healthcare. We simply can't express how important, and how deeply appreciated, your donations are to the people who need Providence today.

In this special 150th anniversary year, the Foundation embarked on an ambitious plan to raise \$2.18 million (net) to directly support the most urgent needs of Providence Healthcare. Our celebrations of the 150th anniversary will culminate in The Silver Ball on November 10, 2007, and is expected to raise over \$1.5 million (net) for needs, such as the Alzheimer Day Program relocation project.

To our many friends and supporters, thank you for your generous spirit and unwavering commitment to Providence Healthcare. Your dedication is the cornerstone of our fundraising efforts and we know we can count on the support of our friends in the years to come.



Margaret A. Morneau
Chair, Board of Directors
Providence Healthcare Foundation



Jennifer Stewart
Vice President,
Providence Healthcare Foundation and
Chief Development Officer

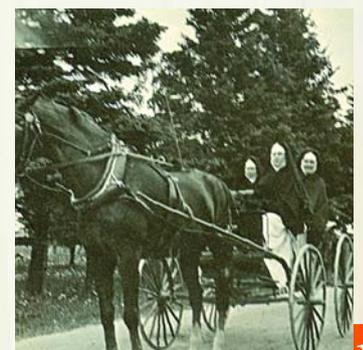


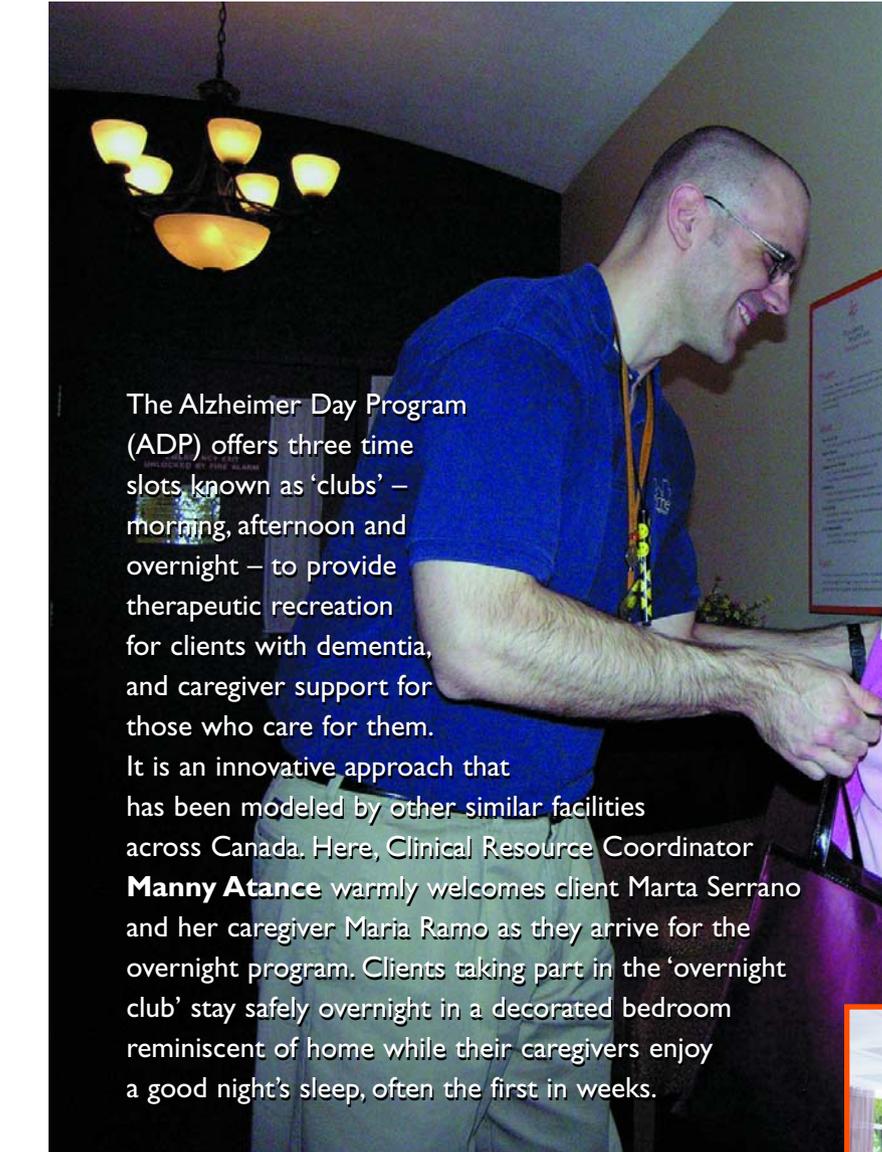
FROM THE ARCHIVES

Early accounts describe the 'begging tours' that the Sisters of St. Joseph made to places such as Barrie and Orillia to ask for funds. The *Annual Report* of 1879 states that: "each year twelve Sisters brave the inclemency of our Canadian winter to perform this arduous work of charity. They receive with gratitude the donations either in money, provisions or clothing given them by the liberality of a generous people, to supply the necessities of nearly 500 poor."

The Sisters had slender resources to shelter, feed and clothe the poor who came to live at Providence. In 1958 it was estimated that more than 27,900 people had been residents of the House of Providence.

The 1870 *Annual Report* indicates that no money was spent on salaries at the House of Providence, which was staffed primarily by the Sisters. By 1920, however, there were 10 employees and 30 Sisters on staff. By 1949, there were 59 employees and 29 Sisters.





The Alzheimer Day Program (ADP) offers three time slots known as 'clubs' – morning, afternoon and overnight – to provide therapeutic recreation for clients with dementia, and caregiver support for those who care for them. It is an innovative approach that has been modeled by other similar facilities across Canada. Here, Clinical Resource Coordinator **Manny Atance** warmly welcomes client Marta Serrano and her caregiver Maria Ramo as they arrive for the overnight program. Clients taking part in the 'overnight club' stay safely overnight in a decorated bedroom reminiscent of home while their caregivers enjoy a good night's sleep, often the first in weeks.

A New Home for the ADP

Plans are underway to relocate the Alzheimer Day Program to a larger space within Providence Healthcare's Community Centre – a \$2.5 million project that is fully reliant upon the generosity and support of Providence friends.

Following considerable research and brainstorming, ADP staff have developed a functional plan for a creative, innovative and expanded space that will enhance the activities and programming currently offered to clients with Alzheimer's Disease and other forms of dementia.

The new space will integrate elements that are proven to have positive effects on individuals with dementia – a condition often characterized by anxiety and agitated behaviour. The Living Room, for example, will be designed to resemble an old-fashioned 'ballroom' with a fireplace; a glittering chandelier; a hardwood floor for dances; and a grand piano for music therapy. The RBC Veranda – already a possibility thanks to the support of RBC Financial Group – will overlook The St. George's Society of Toronto Healing Garden. Proceeds from the 2005 St. George's Society Red Rose Ball will enable this new landscape to be developed.

Research shows that open areas and proximity to nature contribute to the well-being of people with dementia. The RBC Veranda – expected to be the first of its kind in Canada – will provide activities such as bird-watching and star-gazing; and opportunities for socializing including afternoon teas, sing-a-longs and card games.

Another welcome show of support is the Macri Matching Gift Fund, a program established by Providence friend George Macri to match dollar for dollar to a maximum of \$125,000 any contributions to the new ADP.

To find out how you can help visit www.providence.on.ca



Where Compassion Meets Innovation

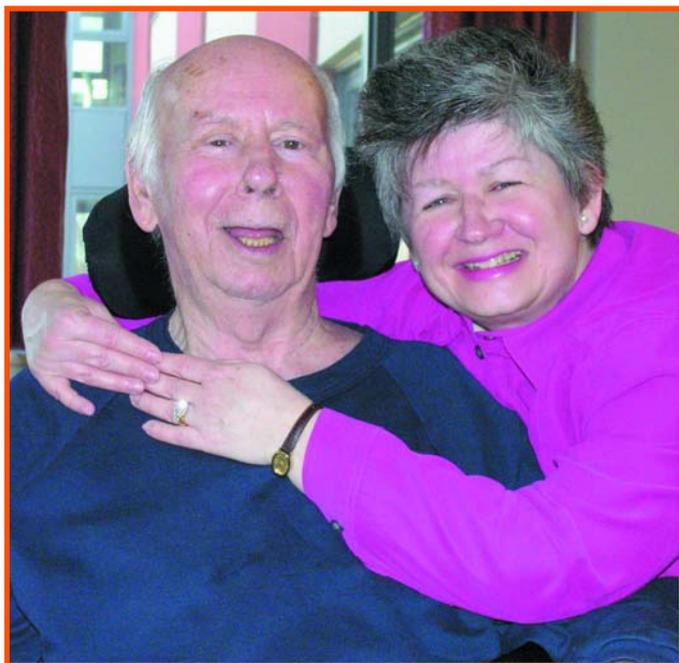
Christine Greenland appreciates the value of time perhaps more than many people. Seeing her father in decline, running to medical appointments, and searching for the right support services “just wears you down,” says Christine. For this busy caregiver, there never seemed to be enough time until she learned about the Alzheimer Day Program (ADP) and was able to bring in her father Morley, on an ‘as required’ basis.

“I finally found a place where I knew my dad was safe,” says Christine. “He was treated with kindness, dignity and professionalism. It felt like a 500-pound weight was lifted off my shoulders.”

The ADP – a blueprint for other Alzheimer’s Disease support programs across Canada – integrates innovative programming with compassionate care for clients and families, providing therapeutic activities, caregiver education and support to over 600 families and growing. Twenty-four hour service is provided Monday to Friday, and day service on weekends. Services include meals, recreation, support groups, and a resource library. Clients enjoy preparing collages and scrapbooks as well as activities from creative ‘Discovery Kits’ – with themes such as travel and international currency – designed to stimulate memories and encourage discussion among those challenged by memory loss. Many programs are targeted to the seasons or to holidays and might include dancing around the May Pole, a Halloween-themed party or simply a lavender-scented footbath in the Healing Garden. Sleeping arrangements are also available for overnight stays, giving caregivers a much-needed break.

Christine says she benefited greatly from the group sessions for caregivers. “Just to hear and share stories, you realize you’re not the only person out there. It helps you cope.” Individuals who use the ADP are called ‘club members’ – just one of many small touches developed to promote a sense of belonging and of ownership. The starting point for support is the individual’s abilities, not their limitations. It’s a program that offers people the chance to succeed by building on their strengths.

Christine and others who have used the program have come to know that. “I had no idea of the effect the ADP would have on both myself and on my father’s life,” says Christine. “It gave my dad a sense of purpose.”



Christine Greenland with her father, Morley John Burnham.



Discovery kits feature visual cues to trigger memory recall.



FROM THE ARCHIVES



Princess Louise, daughter of Queen Victoria and the wife of the Governor General of Canada, Sir

John Campbell, visited the House of Providence in 1879.

The Tribune reported that after a ceremonial welcome and reception and a program of songs by the children, the Princess left the hall and then visited other parts of the building, “spending considerable time in the sick wards, speaking kindly to each patient and showing much interest in their welfare.”
House of Providence Annals, 1879



Television host Ed Sullivan is interviewed at Providence Villa and Hospital.



Former Premier of Ontario Bill Davis visits with residents.



Sandi Glynn, of the Admitting department, is often the first on-site contact for a new patient to Providence Hospital. Sandi and the Admitting team provide a warm welcome, and offer patients, families and caregivers key information about their Hospital stay and the many services available to them including the Internet Café, Donated by Bell; cafeteria and gift shop; hair salon and barber services; and the Scotiabank Learning Centre for education and support (opening in the fall of 2007). Once patients are on the unit, Clinical Leaders provide detailed information about the expected length of hospital stay; rehabilitation including physiotherapy, occupational therapy and speech language pathology if required; recreation activities; and discharge goals.

Patients and Families Can Now Access 24/7 Interpretation

Providence Hospital has partnered with Language Line Services to respond to the growing requirement from patients and families for a safe and reliable interpretation service. Language Line is an easy-to-use telephone interpretation service with access to over 150 languages and is available within a matter of minutes 24/7. The service uses a special dual-handset telephone to ensure confidentiality and understanding.



Social Worker **Tony Cheung** updates Ukranian speaking patient Anatoliy Tretyakov using the Language Line dual-handset.

A 'Wait Time' Partner

Rehab and complex continuing care facilities such as Providence Hospital play a key role in relieving system-wide health care pressures – helping patients to recover in the most appropriate setting for their individual situation and facilitating, whenever possible, their successful return to the community.

Providence Hospital has vital partnerships with a number of acute care hospitals. Our clinical teams and our admitting department staff work closely together to maintain vital links with partner hospitals to ensure that eligible patients are accepted as quickly and as effectively as possible. When patients move seamlessly from acute care to rehab facilities as part of their ongoing experience of care, there is a noticeable impact on the health care system overall. More acute care beds become available to those who need them urgently; wait times are shortened; and emergency room pressures are alleviated. Rehab hospitals such as Providence are becoming increasingly recognized for outstanding work in helping those patients who had a life-saving intervention in acute care, and are now ready to take that first essential step forward in recovering the routines and the activities of their day-to-day lives.

Providence Hospital maintains relationships with clinical staff in acute care so that eligible patients can be identified for transfer to our facility as soon as it is safe for them to do so. Ongoing meetings and updates, and a regular electronic newsletter 'Connect to Care,' keep partner hospitals involved and apprised of changes and improvements in programs and services. (Note: Referring professionals who wish to subscribe to 'Connect to Care' can do so through our website, www.providence.on.ca)



Clinical Leaders from each of Providence Hospital's units meet with the Admitting team each morning at 9 a.m. to review those patients who have been referred by acute care partners as potential candidates for admission. Patients are assessed for eligibility to the most appropriate program for their needs, through a tool called 'admission criteria.' This tool poses a number of questions such as the patient's diagnosis and their ability to participate in active or more gradual rehab. Ensuring that each patient meets the specific admission criteria for each program and service ensures that he or she receives the most appropriate level of care, and facilitates a successful recovery.



FROM THE ARCHIVES

Today an Express Wagon was brought to the door containing a poor man (with broken hip), his wife and two little children. They are Emigrants and went to Barrie a few weeks ago to look for work, where the poor man met this accident by a fall from a load of hay. The limb was badly set, so the man is entirely helpless. Dr. Nevitt saw him and promised to have an examination of the fracture.
October 4, 1883



A young man suffering from consumption who could not gain admission to any of the City hospitals and in regard to whom the Mayor a few days ago received a letter from Dr. Fraser, was yesterday received at the House of Providence through the good offices of the Morality Department. A sister of the unfortunate young man has been supporting him and a young sister for sometime past, their parents having died under peculiarly sad circumstances. The House of Providence deserve recognition for their true charity.
The Globe, February 21, 1900



Registered Nurse **Merci Habana** shows patient Luiza Fernandes how to work the clasp on her necklace. All staff members on the unit work to ensure that rehabilitation lessons learned in therapy sessions are reinforced throughout the day in all activities of daily living.

For over a year, the clinical staff in Providence Hospital's Specialized Stroke Service have been working collaboratively to develop a new interprofessional model of care – to actively involve patients in their rehabilitation 24/7, enhance quality of care and improve communication.

Patients are encouraged to take a proactive role in setting their own rehabilitation goals while the care team works together to ensure that rehabilitation is part of the patient's day-to-day hospital life round-the-clock: getting up and getting dressed; walking on the unit; going to bed and waking up; brushing teeth. Patients are encouraged to use the skills they learn in their scheduled physiotherapy sessions. Providing patients with choices is empowering and important to a successful rehabilitation.

The new approach also emphasizes patient-centred care, giving patients flexibility on when to schedule their own activities such as bathing or showering, and attending therapy appointments. Upon admission, each patient is assigned a Care Facilitator to act as the liaison between the patient, family or Substitute Decision Maker (SDM) and other members of the care team throughout the length of hospital stay. As the first point of contact, communication is improved and the management of crucial information can be coordinated.

Race Against Time

Saving Beatty Childerhose was a race against time that ultimately won out through tenacity and determination.

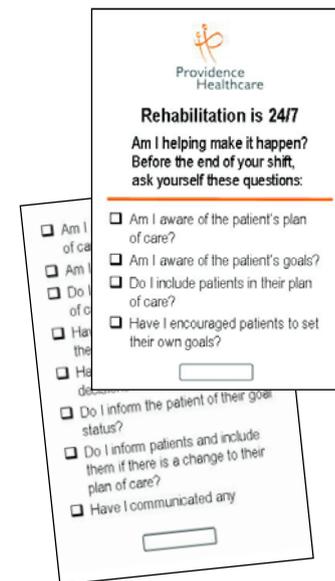
It began in late 2005 when Beatty didn't return home from a routine trucking trip to Atlanta. After two anxious days of searching, Beatty's son Kirby found his father's truck on an exit ramp in North Carolina. Beatty, who had suffered a stroke and remained unconscious and alone for four days, was rushed to the local medical centre, and eventually transferred back to acute care in Toronto. By the time he was admitted to Providence Healthcare's Specialized Stroke Rehabilitation Service in January 2006, the initial assessment was grim. The delay in receiving treatment immediately following the stroke had led to serious challenges in his recovery.

But thanks to Beatty's perseverance, and the commitment of the interprofessional team in Providence Hospital, great progress was made. Physiotherapist **Fran Piccione** helped Beatty regain movement on the right side while nurses reinforced what he learned in rehab therapy sessions – techniques for getting dressed and out of bed for example. "Beatty was the ultimate optimist and wouldn't give up," says Occupational Therapist **Joyce Lee**.

Physiotherapist **Karen Ng** worked with Beatty during the final rehabilitation phase and helped him to walk short distances with a cane. At the same time, Beatty struggled with severe expressive 'aphasia' – a condition experienced by many stroke survivors. These individuals have difficulty in using or understanding language because of damage to the brain. This frustrating condition makes it difficult to read, write, do math and communicate.

But thanks to the help of Speech-Language Pathologists, Beatty improved his comprehension and reading abilities, and learned to use his writing skills and a small communication book to get his messages across.

Beatty was discharged in December 2006 and continues to be in touch with the staff who so dramatically changed his life. Therapeutic Recreationist **Ly Eng** remembers that Beatty was a regular at all of the scheduled Recreation activities. "The golf program was his favourite," Ly says. Every Friday morning during the summer months, he used the putting green Ly set up on the Hospital grounds. "It was an activity that helped Beatty with his balance and core strength – as in everything else he did, he was a very determined golfer!" she says.



Staff members wear lanyard cards to remind them of key objectives of the new model of care.



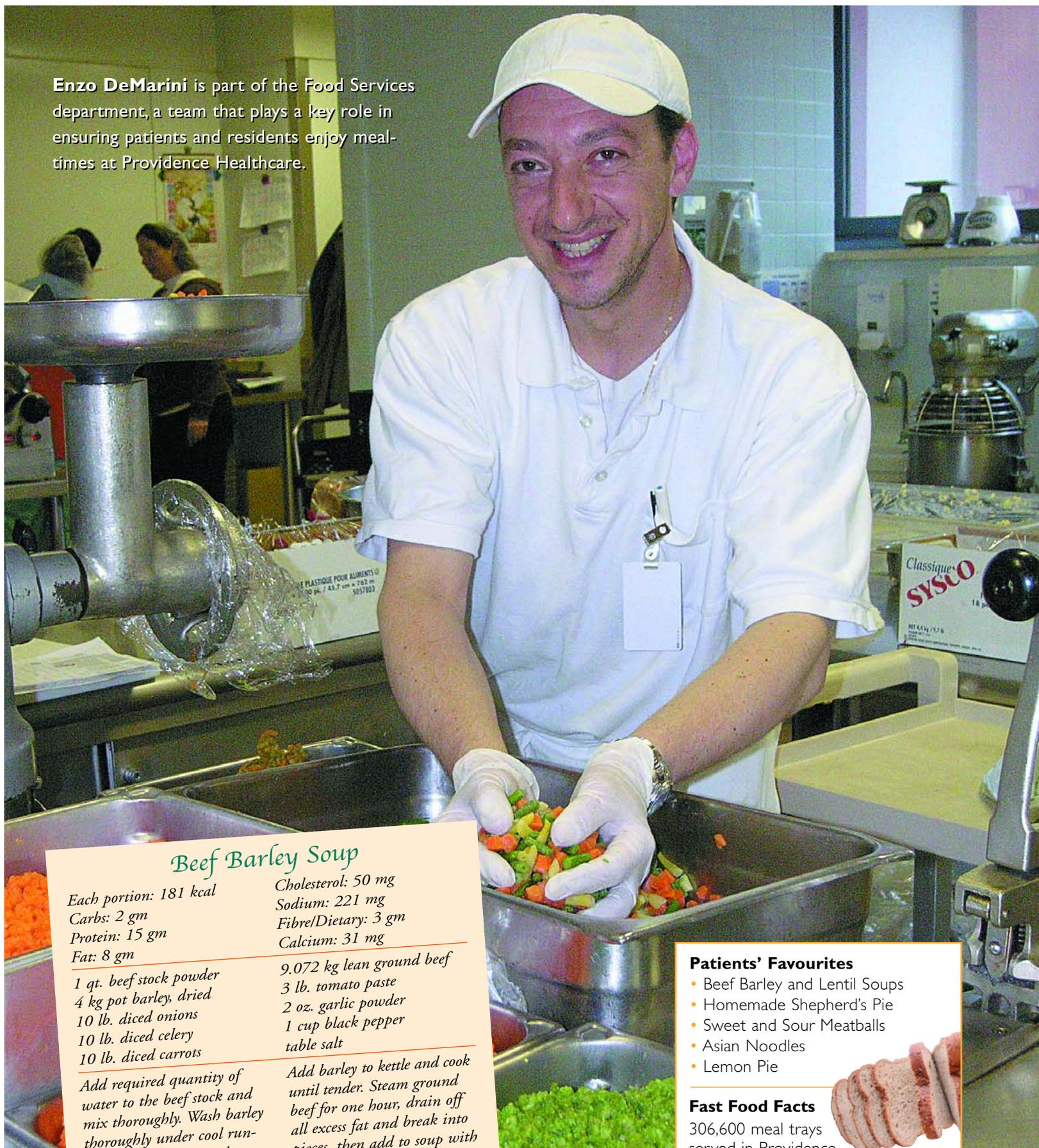
Beatty Childerhose (third from left) stands with members of the A3 Specialized Stroke Service interprofessional team: standing, (from L-R) Physiotherapist **Karen Ng**, Therapeutic Recreationist **Ly Eng**, Physiotherapist **Fran Piccione**, Social Worker **Anne Keown**, Dietitian **Diana Savic**, and Registered Nurse **Doolin Hardeen**. Seated, from L-R Speech-Language Pathologist **Toni-Lyn Clarke**, Registered Nurse **Violet Forde**, Physiotherapy Assistant **Yolanta Skwara**.

Striking Out Stroke

A healthy diet, regular exercise and appropriate medications to treat risk factors such as high blood pressure are the most effective prescription for preventing stroke – the fourth leading cause of death in Canada, stresses **Dr. Peter Nord**, Vice President of Medical Affairs and Chief of Staff at Providence Healthcare, pictured at right with patient Dora Litwack. For individuals who do experience a stroke despite the best preventive medicine, timely intervention is key to a successful recovery.



Enzo DeMarini is part of the Food Services department, a team that plays a key role in ensuring patients and residents enjoy meal-times at Providence Healthcare.



Beef Barley Soup

Each portion: 181 kcal
 Carbs: 2 gm
 Protein: 15 gm
 Fat: 8 gm

1 qt. beef stock powder
 4 kg pot barley, dried
 10 lb. diced onions
 10 lb. diced celery
 10 lb. diced carrots

Add required quantity of water to the beef stock and mix thoroughly. Wash barley thoroughly under cool running water; drain and set aside. Add all the vegetables. Sauté for about five minutes and stir in the tomato paste. Cook another five minutes and cover with beef stock.



Cholesterol: 50 mg
 Sodium: 221 mg
 Fibre/Dietary: 3 gm
 Calcium: 31 mg

9,072 kg lean ground beef
 3 lb. tomato paste
 2 oz. garlic powder
 1 cup black pepper
 table salt

Add barley to kettle and cook until tender. Steam ground beef for one hour, drain off all excess fat and break into pieces, then add to soup with seasonings. Bring to a boil and reduce and simmer for 20 to 30 minutes or until it reaches temperature of 63°C. Pour into four inch pans and chill, holding at 60°C for a maximum of two hours.

Serve six ounces of soup per serving
 Serves 200

Patients' Favourites

- Beef Barley and Lentil Soups
- Homemade Shepherd's Pie
- Sweet and Sour Meatballs
- Asian Noodles
- Lemon Pie

Fast Food Facts

- 306,600 meal trays served in Providence Hospital per year.
- 312,000 meals served in the long-term care home per year.
- 14,620 loaves of whole wheat bread used per year.
- 301,272 cartons (125 ml) of 2% milk served in the Hospital each year.



Nutrition is Key to Recovery

At Providence Healthcare, the Food Services department serves over 1,500 meals daily while achieving excellent patient satisfaction results. The recipe? It's a combination that applies appropriate technology to track patients' preferences and needs and to assist in food production, while at the same time maintaining personal attention to food quality and variety. The clinical dietitian team ensures that each individual's dietary requirements and restrictions – both within the Hospital and in the long-term care home, the Cardinal Ambrozic Houses of Providence – are considered in meal planning so that they become an essential part of the recovery process.

“Because our patients are more complex, meal planning and preparation has in itself become a more complex process and must consider patients' medical history and current medications,” explains **Jean Labranche**, Providence Healthcare's Director, Food Services. “Many patients have underlying conditions such as diabetes or heart disease that need to be considered when planning healthy, nutritious meals. Stroke patients in particular have challenging requirements because many of them have difficulty swallowing. Fluids such as juice or milk need to be purchased in a thickened format and many foods need to be minced or puréed.”

Whenever possible, clinical dietitians meet with the individual and the family to conduct a nutritional assessment and discuss an appropriate meal plan. Computerized systems keep track of restrictions and preferences to ensure accuracy while, behind the scenes, food services staff assemble meal trays, prepare fresh menu selections and coordinate the complex logistics involved in meal preparation and delivery.

Hospital patients choose from 10 therapeutic-type menus with a 21-day rotation: diabetic; heart healthy; low potassium; low lactose etc. Cold plating technology ensures that meals are served at the required optimal temperature and arrive fresh and tasty. The system relies on a specially designed cart and tray system to retain foods at the ideal temperature, whether hot or cold. Trays are designed to be 'elder friendly' – attractive and easy to hold. Although many of the foods are purchased 'ready to go,' Providence prepares many of the patients' favourite meals – such as shepherd's pie, hearty soups, salads and sandwiches – the old-fashioned way, from 'scratch.' Within the long-term care home, provincial standards govern all meal choices and menu plans and the Residents' Council provides regular input into preferences and favourites.

“When you're serving food to people who are in recovery the meal is often the high point of their day,” says Jean. “Nutrition is key, but equally important is a pleasing presentation and a tasty meal. Our approach allows us to achieve quality control and achieve the patients' nutritional needs while providing an enjoyable experience.”



Tina Seegobin, Clinical Dietitian, is an integral member of the interprofessional team at Providence Healthcare. Here is how Tina uses clinical nutrition to assist in the recovery of one of her Hospital patients – 50-year old Mr. Smith who has a number of complex and underlying conditions.

“Mr. Smith has lost 20 pounds, so it is important that I determine if the weight loss is favourable or unfavourable. It is also important that I find out over what period of time did the weight loss occur.

I will use height and weight tables designed for Mr. Smith's age group to find an ideal body weight. If necessary, I will increase his caloric needs and monitor his weight. Mr. Smith is also a diabetic, so monitoring patterns in his blood sugars may indicate a change in diet or medication. Overall, maintaining blood sugars within normal limits is important in decreasing the long-term effects of diabetes. Mr. Smith also has a coccyx ulcer that may indicate a need to increase protein and fluid intake in order to promote wound healing. Nutrition will play a key role in Mr. Smith's recovery.”



FROM THE ARCHIVES

“I worked with the men mostly in Bosco Hall, served sandwiches and mugs of tea and coffee to line-ups which sometimes took up three street corners. These sandwiches were substantial.”

Sister Victorine Kennedy



In 1897, a 42-acre farm on Queen Street East was left in Thomas O'Connors' will to the Sisters of the House of Providence. In 1910, the farm was sold for \$150,000 and another farm on St. Clair Avenue East – owned by a Mr. Herron – was purchased for just \$22,000. This astute investment provided fruit, vegetables, meat, eggs and milk for the House of Providence until the land eventually became the new site of Providence Villa and Hospital (move of 1962) and today's Providence Healthcare.



Patient **Paul Kapeluch** (centre) with members of Providence Hospital's Orthopaedic Rehabilitation Service interprofessional team, from L-R Physiotherapist **Julia Filinski**, Occupational Therapist **Michelle Cebrario**, Registered Practical Nurse **Kim Hampden** and Therapeutic Recreationist **Tracey Sandford**.



Breaking New Ground

Providence Healthcare has a rich history of 'breaking new ground,' both physically and clinically. Over the years, Providence has changed structurally – through the construction of new buildings and extensive renovations – to ensure we are meeting the changing needs of society. Clinically, Providence continues to take groundbreaking steps towards helping the health care system in Ontario to achieve its goals.

Retired civil engineer Paul Kapeluch was disassembling a patio set with a colleague on June 14, 2007 when he fell and fractured his hip. He was rushed by ambulance to the local acute care hospital, and surgery to repair his hip was done the same day.

It took Paul one week to recover in an acute care hospital, before beginning rehabilitation at Providence Hospital. The 74-year-old was in good health otherwise, and so he was a perfect candidate for 'FHRAT'.

'FHRAT', which stands for '**Fractured Hip Rapid Assessment and Treatment**', is a new model of care that was introduced in December 2006 through the Total Joint Network. Thirty-five organizations from across the GTA, Oshawa to Halton, joined together to improve care for patients living in the community who experience a hip fracture.

Providence Hospital's orthopaedic rehabilitation service, which provides rehab for patients who are recovering from the surgical repair of a fracture or a complicated joint replacement, was one of the first hospitals to introduce the new model.

"Under the new model, medically stable patients with a hip fracture can transfer to a rehab unit on the fifth day following their surgery," explains Clinical Leader **Connie Stamp**. "Previously, these patients spent up to three weeks in acute care recovering from surgery, but not following a formal rehab program. As a result, they would become quite weak, and by the time they recovered from the surgery and transferred to a rehab unit, it took a long time for them to get their strength back and subsequently a longer time to get home. With FHRAT, rehab begins at an earlier stage, before patients have a chance to lose their physical fitness."

Now that the Orthopaedic Rehabilitation Service at Providence Hospital is admitting patients at an early stage in their recovery, clinical staff members at Providence have received additional training on how to deal with patients with delirium (often a side effect of anaesthetic), depression and dementia.

This program is also designed to admit older patients with weight-bearing difficulties and/or cognitive impairments. In the past, some of these patients would not have been sent for rehabilitation at all (with little hope of regaining some level of independence), or could have spent several weeks in acute care before being transferred for rehab. "That's a long time," says Connie, "for many of these patients it could be time better spent in an environment that promotes not just healing, but rehabilitation as well."

This new model provides the appropriate rehab setting for the appropriate patient at the appropriate time. This will lead to improved quality of care and maximize the potential for patients to return back to their home or to the community. The earlier discharge to a rehab unit also helps free up much-needed beds in acute care hospitals at a faster rate, which reduces wait times for surgery.

"Everything has been smooth," Paul says, describing the transitions from surgery to recovery to rehabilitation. Paul was discharged from Providence Hospital after 19 days of rehab – less than a month after the fall that broke his hip.

FHRAT's success depends on integration from different parts of the health care system – acute care hospitals, rehabilitation hospitals, and Community Care Access Centres (CCACs) – to provide the appropriate rehabilitation to patients so they can succeed in returning to the living situation they were in before the fracture.



FROM THE ARCHIVES

Providence Villa is one of the few homes of its type in North America where a hospital is attached as part of its program. The hospital has a two-fold purpose, to give long-term medical care and convalescent treatment to its patients and to give the medical care and treatment to the residents of Providence Villa.

Thus, the Providence Villa and Hospital project is designed to give complete cycle of care from normal aged to infirmaries and nursing section, bed care, to hospital and when rehabilitated patients return to infirmaries for continued convalescence until they are capable of accepting normal care.

The Villa is prepared to receive patients from hospital who have become rehabilitated to the point that infirmary services will suffice, thus relieving the pressure in active hospitals.

*The Canadian Register –
January 20, 1962*



Most Rev. Francis V. Allen (centre) at the 'turning of the sod' ceremony on October 25, 1959 to mark the beginning of construction on Providence Villa and Hospital.



Members of the Providence Golf Classic Planning Committee, **George Macri**, **Bill Cooke** and **Alex McWilliams** select a golf shirt design for the 2007 tournament.



Our staff and volunteers are active participants – either as guests or volunteers – at each of our fundraising events. Enjoying the 2007 ‘Cuisine and Cuvée’ are Vice President, Programs and Chief Nurse Executive, **Josie Walsh**; Manager, Alzheimer Day Program, **Elizabeth Davison**; **Heather Campbell** of the College of Nurses of Ontario; and Infection Control Manager, **Thelma Horwitz**.

Gifts from the Heart

Providence Healthcare Foundation annually hosts three very special events to raise much-needed funds for Providence Healthcare. The numbers alone reflect how popular these events have become over the past few years: the guest list for the Silver Ball has grown to 800, and is expected to raise \$1.5 million (net) in 2007; the Providence Golf Classic attracts twice as many golfers as it did in years past, increasing the amount it raises to over \$115,000 (net); and the newest signature event – now called ‘Cuisine and Cuvée’ – raised \$130,000 (net) during this special anniversary year.

The Foundation couldn't do it alone. Each event has its own planning committee – more than 55 dedicated volunteers collectively spend hundreds of hours planning, soliciting donations, and organizing final details for these extraordinary occasions.

It is a very diverse group of people, ranging from all industries, including law, insurance, hospitality, retail, and real estate, so every member brings a unique perspective and expertise to the process. Quite simply, the Foundation would not be able to host such successful events without the commitment of these fantastic volunteers!

Gifts to Support Professional Development

Providence Healthcare Foundation's donors believe strongly in helping our front-line clinical staff achieve their highest level of professional development. That's why two essential scholarship funds were established in 2005: the TD Academic Fund and the Macri Nursing Scholarships. These two new scholarships, in addition to the long-standing Dr. Colin Kilty Award, provide bursaries for Providence Healthcare staff who are pursuing their own educational goals.

The **TD Academic Fund**, established by TD Bank Financial Group, allows nurses and allied health staff to enrol in courses, conferences, and seminars that will further the work they do at Providence Healthcare.

The **Macri Nursing Scholarships** are given annually to nurses or aspiring nurses who are pursuing education within the nursing field. This award was established by George Macri, a long-time donor and Foundation Board member. It is his way of saying ‘thank you’ for the compassionate care that nurses provided to his mother and father when they were at Providence.

The **Dr. Colin Kilty Award** provides an annual bursary to employees in any field at Providence Healthcare. This award honours the late Dr. Kilty who dedicated 22 years of service to Providence. He is remembered as an exceptional physician and a compassionate individual, who took a genuine interest in everyone around him.



Community support in times of grief

Families and staff are invited to an annual memorial service in the Hospital Chapel in honour of all those who have been cared for as part of the Providence Healthcare community and have died over the past year. Each person is remembered individually. As his or her name is called, members of the family place a green ‘leaf’ bearing their loved one’s name on a central table.

Preparing for this special occasion is a

community effort, as clients in the Alzheimer Day Program create these special leaves each year (above). Approximately 200 people attend the annual prayer service.



FROM THE ARCHIVES

Officials of the House of Providence, Power Street, are in receipt of a letter today from Mary Pickford, famous screen star and former Toronto girl, which came via air mail from Hollywood and states that Miss Pickford has placed an order for a cosy jacket for each of the 186 women inmates from a local department store, to be delivered sometime today. The ladies of the home are looking forward in pleasant anticipation of receiving these gifts which will be welcome not only in the comfort they will provide during the coming winter but also in the identity of the owner. *Globe, Nov. 19, 1927*



Mary Pickford

Through the kindness of Mrs. Murphy the orphans had a sail today to Victoria Park per Steamer “Gipsey”. Several Sisters accompanied the children.

June 17, 1884



When Alan Merswolke experienced a spinal cord injury three years ago after a diving accident, it took eight months in acute care and in rehabilitation before he was discharged and could return home to his family. Today, Alan and his family commute every three months from Waterloo, Ontario to Providence Community Centre so that they can receive specialized care in physical medicine and rehabilitation from Psychiatrist **Dr. Albert Cheng** and the interprofessional team. Botox injections (as shown administered by Dr. Cheng and **Lynda Fraser**, RN and Specialized Clinics Manager) relieve spasticity and promote flexibility.



Care for the Community

Reaching out in a proactive and responsive way to those in the community has long been a focus for Providence Healthcare. As community demographics change, Providence today continues its historic commitment to develop new programs and services that meet the changing requirements of the surrounding community, and of the residents who live in these neighbourhoods.

Today, the Providence Community Centre is located in a newly-renovated section of the facility, close to the future site of the Scotiabank Learning Centre. The focus of the Community Centre is to promote ongoing health and wellness for those who live within the community; provide caregiver support and education to families; facilitate a successful recovery; and offer ongoing support for patients who are recently discharged from Providence Hospital.

A wide range of services is offered to the general public, including chiropody, physiotherapy, chiropractic services, massage therapy, acupuncture, physical medicine and rehabilitation (physiatry), geriatric medicine and psychiatry. The Specialized Clinics also partners with The Arthritis Society to offer regular arthritis clinics.

The Community Centre's Geriatric Outreach Service has been breaking new ground in the way it reaches out to the community. The service's geriatrician, registered nurse, physiotherapist and occupational therapist all do home visits to assess and provide consultations for clients. Just recently, the service's pharmacist has started doing assessments in the home to provide education and help manage the unique medication needs of clients with a broad spectrum of medical conditions.

The opening of the Scotiabank Learning Centre in the fall of 2007 will provide an exceptional level of support to individuals with chronic disease and to their families and caregivers. This innovative concept will offer education, resources and emotional support in one centralized location, while assisting clients and their families in accessing and navigating through the health care system.

For a full listing of the clinics and services offered through Providence Community Centre, visit our web site at www.providence.on.ca.

On our cover: From L-R Client Roula Dimopoulous, Physiotherapist **Dianne Taylor**, Roula's husband Demetrios Kirpas, Speech Language Pathologist **Goldie Litvack** and Occupational Therapist **Stacey Connors**. Roula was discharged from Providence Hospital's Specialized Stroke Service in June 2007 and attends the Stroke Clinic twice per week.

In the clinics, the interprofessional team approach – bringing together a number of expert clinical disciplines to treat all facets of an individual's recovery – is leveraged to assist clients in maintaining their independence, decreasing their pain and improving their mobility. Physiotherapy, occupational therapy and speech language pathology are offered on an outpatient basis for individuals who have been discharged from Providence Hospital, and ongoing expertise is provided in the area of physical medicine and rehabilitation.

The team is pictured here coaching Roula and Demetrios on a breakfast program that will help her gain more independence during meal times.



FROM THE ARCHIVES

The Annual Picnic in aid of the House of Providence is being held as usual today, Victoria Day, on the grounds of the Institution. The history of the House of Providence is an interesting page in that of the City of Toronto, its noble work never failing to enlist the sympathy and support of Catholic and non-Catholic alike. The 24th of May has long been conceded by the citizens as House of Providence Day. Today's picnic may be however the last picnic to be held for a least some time, as the institution is about to join the "Civic Federation of Charities", from which it will be supposed to receive the necessary funds for support.

May 24, 1918



Annual Picnic



Chaplain **Elizabeth Dobson**, with patient Betty Phillips, plays an integral role within the Palliative Care Service, and is available to patients and their families should they request spiritual support during difficult times.

Spiritual and Religious Care Manager **Harry Lynch** and Chaplain **Rev. Linda Larmour** (pictured on the right) initiated an innovative worship service, integrated with music ministry, for those with severe cognitive impairment and disabilities. These residents now benefit from a worship service that focuses on touch, direct eye contact and the use of first names. In this type of environment, exposure to symbols while hearing music and Scripture verses can trigger memories. Residents who seldom speak are able to sing the words to hymns. The deep, repetitive memories come alive even when other more current memories are lost.



Spiritual and Religious Care

The Spiritual and Religious Care team at Providence Healthcare encourages patients and residents to draw upon their own religious and spiritual beliefs as a healing resource, and will help facilitate visits from representatives of their own faith tradition.

In Providence Hospital's Palliative Care Service, Chaplain **Elizabeth Dobson** is developing an assessment tool to determine patients' spiritual needs when they are admitted. While participation in the assessment will be optional, Elizabeth feels that, "knowing some of the personal details about someone's life helps us prepare them for death, and can help the interprofessional team in the way they treat the patient.

"Our goal is to take a holistic approach – learn about the whole person, about their lives, what connections they have with friends and family, even pets. To help patients find meaning in their journey towards death, we need to know what has given them meaning in their lives.

"There isn't anything out there exactly like this," explains Elizabeth, describing the assessment tool. Questions in the assessment will be about what gives patients hope and strength, what symbols give their life meaning, what gives them a sense of connection to the world around them, and what has given their lives value.

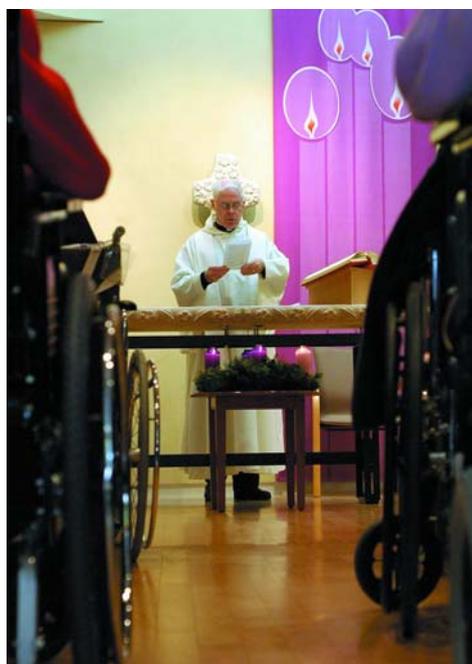
Elizabeth hopes that assessing a patient's spiritual health when they are admitted will become as routine as doing a physical assessment. Elizabeth plans to introduce the assessment in the fall, and will trial it with new patients for six months, then follow-up with an evaluation with patients and families.

The 'holistic' approach continues in the Houses of Providence, where "physical, spiritual and emotional care are all integrated," explains Spiritual and Religious Care Manager **Harry Lynch**. "For many residents, the living of their faith was central to their life and to be able to continue that, even in a limited way, is very important."

In particular, spiritual care has been adapted for residents with special needs in several ways. "Some are no longer able to sit for a long time in a large congregation, so members of the team and volunteers visit the bedside and bring Communion to Roman Catholic residents who cannot attend the scheduled Masses in the chapel," explains Harry.

Members of the team also have developed a program to ensure that those with cognitive impairment and disabilities also receive enriching spiritual and religious care.

The importance of spiritual support in healing is also reflected in the work done within one of Providence's newly expanded services. The Scotiabank Learning Centre, a unique space designed for caregivers, is scheduled to open in the fall of 2007.



When the new home for the Scotiabank Learning Centre opens in the fall, it will focus on empowering people to identify social, support and educational needs. For example, all illnesses involve a loss – opportunities for stress management and grief/loss counselling can lead in a holistic way to inner health improvements.

Fr. John Donlin celebrates daily Mass at 10 a.m. in the Houses of Providence Chapel.



FROM THE ARCHIVES

The House of Providence provides shelter for an average of three hundred and sixty deserving objects of all ages.

The community rises every morning at five o'clock; the other half an hour later, and hear Mass in the pretty little chapel attached, which is offered by one of the Rev. gentlemen from the Priest House of St. Paul's Church. Breakfast is partaken of at 7, after which, all who are able occupy themselves with household work, sewing and knitting, until dinner at 11 a.m. then the various occupations are resumed until supper at 5 o'clock, and the remainder of the evening till 8 o'clock, the time for retiring to rest, is devoted to recreations, consisting of singing, dancing, conversation, and reading.

November 1869



Needlework at Providence Villa and Hospital



Nursing Station



Satellite Workstation

Resident Helena Spence and Activation Assistant **Angelica Csaffari** prepare afternoon tea in the Baking/Crafts Room, one of eight popular activity rooms in the Houses of Providence, our long-term care home. Each activity room has its own unique theme based on the interests of the residents. Examples include the Nature Room for activities such as gardening and rock polishing, the Builder's Den for building projects like Muskoka chairs, and the Spa for daily pampering.

Houses of Providence

The Cardinal Ambrozic Houses of Providence is home to 288 residents. Since it opened in 2000, our long-term care home has earned repeated praise for its warm and welcoming design and the quality of care provided by the staff and physicians. Open and spacious, modern yet friendly, its many living spaces create a warm, relaxing environment.

The design of the Houses was further enhanced this year with alterations to key areas. Many of these changes have been made to help staff provide more 'hands-on' care for our increasingly frail resident population.

For example, new nursing stations have been built within each House and new 'satellite workstations' allow staff members to be more visible and accessible to residents, thereby enhancing the level of care and safety.

"These new areas are also beneficial for our staff – the new location of the nursing stations eliminates the need for some of the registered staff to leave the residents' living area to consult charts or complete paperwork," says **Jo Harris**, Administrator, Houses of Providence.

The food service areas and dining rooms also have been upgraded with new, open-concept kitchenettes and more comfortable tables and chairs. "We take great care to ensure these changes continue to create an atmosphere of warmth, compassion and community," adds Jo.

Enhancements also were made in a number of nursing initiatives with the development of new programs for skin care, continence and restorative care. The friendly and experienced staff go out of their way to meet the medical, emotional and spiritual needs of the residents 24 hours a day, and their efforts have not gone unnoticed.

Advisors from the Ministry of Health and Long-Term Care recently conducted a compliance assessment – an annual review conducted at all long-term care homes within Ontario to ensure the standards and practices set out by the Ministry are being followed. "These standards are quite rigorous," adds Jo, "but the compliance advisors could not find a single unmet standard at the Houses of Providence." The advisors also praised our staff for their ongoing and diligent attention to ensure the health, comfort and safety of our residents at all times. Several initiatives were highlighted for their innovation during the review, including:

Operation Blue Sun

One of the 'Houses' within the Houses of Providence is home to 18 residents with severe dementia. The staff and volunteers within this unique House developed an initiative called 'Operation Blue Sun' aimed at enhancing the quality of life for these residents. Special projects have included the development of personal storyboards for residents, as well as the painting of a large mural at the entrance/exit, which deters residents who are prone to wandering from leaving the House. Residents with dementia tend to gather at exits and become agitated when they can't leave – the colourful mural, created by a volunteer, obscures the exit door. Ongoing, targeted training also is provided for staff members on how to deal more effectively with residents with dementia.

New Nurse Call System/Resident Wandering System

An innovative new system was activated in early 2007 that helps ensure the safety and security of residents, particularly those with dementia. With the new system, if residents leave their area, the system alerts the nurse's wireless phone, which indicates exactly where to go to find them and help them safely back to their room.



New Café at the main entrance



FROM THE ARCHIVES

Today a stained glass window was put in (it represents our Lord appearing to blessed Margaret Mary) with combined Emblems in Tracery. This is donated by the Messrs. B. & B. Hughes and worth \$150.00. Two Foliated Windows over the Blessed Virgin and St. Joseph's Altars (with monogram BVM and St. Joseph) have been put in by McCausland – cost \$30.00 each. Donated by Mr. R. Kennedy and N. Carolan.

June 7, 1882



When the House of Providence was demolished in 1962, 24 stained glass windows were saved and transferred to the new site. Two of the windows that were not installed initially – featuring St. John the Baptist and St. Patrick – were finally restored and installed in the Houses of Providence chapel by The Robert McCausland Company in March 2007.



Anne Spalding



George Heldt



Joan Wynn

Living Our Values

For over 150 years, Providence has provided innovative care within a welcoming community of compassion, hope and healing. The reputation of Providence has been built upon quality, innovative care; responsiveness to the needs of the times; and a philosophy of treating each person with dignity, respect and compassion.

The philosophy of care left by the Sisters of St. Joseph is expressed today in our Mission and Values, and carried on by the staff, physicians and volunteers who work so tirelessly at Providence Healthcare.

Integrating the Mission and Values in Our Day-to-Day Work

In recent years, special efforts have been made to ensure that our Values are reflected in all aspects of what we do. Specifically, our Human Resources team worked with the Director of Mission and Values, **Sr. Mary Anne McCarthy**, to integrate the Values more fully into its recruitment, hiring and retention processes, and performance reviews.

“Organizations that enable and empower their employees to find meaning in their work retain and attract dedicated and committed new employees,” explains Human Resources Manager, **Diane Lobo**. “We created new marketing and advertising materials to ensure that our Values were communicated more effectively through the message: *Sometimes making a difference is the biggest benefit of all.*”

Throughout the hiring process, candidates encounter many references to our Mission and Values. “For example, during interviews, we use both a ‘screening tool’ and a ‘reflection exercise’ to assess whether individuals are a good ‘fit’ for the organization based on whether they agree with our Values, and will practice them while at work. We reinforce the importance of our Mission and Values by including these statements in our letters offering employment,” adds Diane.

All new employees are required to participate in a full day of orientation, which includes a presentation on our history, the role of the founders, the Sisters of St. Joseph, and the Mission and Values, with concrete examples and suggestions on how to bring them to life in their day-to-day work at Providence.

Helpful reminders can also be found in a monthly column titled ‘At the Corner of Mission and Values,’ featured in the employee publication *Outlook*, and written by Sr. Mary Anne. The column often features employees and volunteers who live the Values in day-to-day work.



A statue of Sister Victorine titled ‘Old Friends’, was installed within the Transitional Care Unit in 2006. This is one in a series of statues created by sculptor Paul Bolland, made possible by a bequest from Elsie and Neil McLellan.

'Living Our Values' Awards Program

Providence Healthcare's promise of 'Helping People. Healing Lives' is brought to life by our employees, volunteers and physicians in the outstanding care they provide to our patients, residents and clients.

The annual 'Living Our Values' Awards Program gives members of the Providence community an opportunity to nominate those individuals who have made outstanding contributions to our Mission by living out the Values in their day-to-day work.

Anne Spalding, George Heldt and Joan Wynn were recognized by their peers at the awards ceremony in January 2007.

Clinical Resource Coordinator **Anne Spalding** was presented with the Community Award, which recognizes an individual or a group who demonstrates that here at Providence Healthcare we are people of diverse backgrounds who gather together with a shared purpose and support each other in hope and celebration. Anne's nomination included input from a community partner, which highlighted how Anne is contributing to "achieving integration and program access for seniors and caregivers in Scarborough East." Anne's colleagues also explain that she "works to maintain links with other community professionals to provide the best care possible."

Music Minister **George Heldt** was nominated for the Compassionate Service Award, an award that recognizes an individual who attends to the needs of every person with thoughtfulness, understanding and sensitivity. The following example was cited in George's nomination: "we had a resident who was confined to her bed in the Houses of Providence. She had previously always attended George's music program, so she was missing George's music. As her illness progressed, George made time to go into her room with his portable keyboard and sing her favourite songs."

Health Care Aide **Joan Wynn** was nominated for the Human Dignity Award, an award that recognizes an individual who demonstrates in her or his actions that each person has intrinsic value and is worthy of respect. Some of the qualities that were cited in Joan's nomination include her approach to patient care: "gentle, soft-spoken and respectful – she never rushes a patient and her approach makes them feel worthwhile and valued." Joan shows special patience with needy patients, "reassuring them that she is nearby and never complaining if they make repeated requests or demands." Joan retired from Providence earlier this year after 34 years of service.



FROM THE ARCHIVES

The Sisters of St. Joseph employed John Farrugia for 55 years until his retirement in 1983. He was an engineer who oversaw many of the Sisters' building projects, including the building of Providence Villa and Hospital. In recognition of his faithful and devoted service to the Sisters, Providence established the John M. Farrugia Award. Today, this award has been expanded into the current Living Our Values awards program.



John Farrugia

Sister Victorine Kennedy was a shy novice in 1936 when she began working in Bosco Hall, the hostel for homeless men in the original House of Providence. In the beginning, the men frightened her. But she adjusted to the work she was given. "I made up my mind that if any one of these men were my father or my brother I'd know what to do. So that's what I did. I began to look after them as if they were my own family." She made sure the men got fresh clothes, that they bathed, had something to eat, a bed and work to do in the morning.

She handled difficult situations with grace and ease. Sister Victorine spent 52 years of her life and ministry at Providence. Until she became ill, she continued to come every day to visit the residents who called her their friend. She died in 1994.



Mission, Vision and Values



Providence
Healthcare

Helping people. Healing lives.

Mission

Providence Healthcare, a Catholic-sponsored facility, provides rehabilitation, complex continuing care, long-term care and outreach programs within a welcoming community of compassion, hope and healing.

Vision

Providence Healthcare will use best practices, innovative solutions and leading-edge technology to help patients, residents and clients achieve their highest possible level of independence and dignity.

Values

Sanctity of Life

Every life is a sacred gift that has meaning and value.

Human Dignity

Everyone has intrinsic value and is worthy of respect.

Compassionate Service

The needs of every person are attended to with thoughtfulness, understanding and sensitivity.

Community

People of diverse backgrounds gather together with a shared purpose and support each other in hope and celebration.

Social Justice

Each person is treated in a fair and equitable manner, according to one's needs.

Social Responsibility

Accountability is demonstrated by the prudent use of the resources given to us in trust.



This publication is dedicated to all those who have contributed in some way to the Providence promise and timeless legacy of community, compassion and innovation. Through the pages of this book, we salute and we honour the Sisters of St. Joseph, the staff, volunteers, physicians, donors and other supporters who have built a bridge of help and healing across three centuries. By demonstrating the key attributes of community, compassion and innovation, they have made a meaningful difference in the lives of thousands of individuals.

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Healthcare

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