



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.

Hamilton's St. Joseph's Hospital

Source: Courtesy of Sherman Library,
St. Joseph's Healthcare, Hamilton

Copyright: Public Domain

Digitized: November 2015



Hamilton's

**ST. JOSEPH'S
HOSPITAL**

ST. JOSEPH'S HOSPITAL GOVERNING BOARD

Reverend Mother Alacoque
Chairman

Sister M. Cecelia
Assistant Chairman

Sister M. Sheila
Secretary

Sister M. St. Edward, Reg. N.
Treasurer

Sister M. Geraldine, Reg. N.

Sister M. St. Paul, Reg. N.
Administrator

Sister M. Audry, Reg. N.
Assistant Administrator

Dr. J. K. Williams
Medical Director

MEDICAL ADVISORY BOARD

Dr. A. J. Liston
Chairman

Dr. J. K. Williams
Secretary

Dr. M. Carr

Dr. C. H. Jaimet

Dr. J. N. Eydt

Dr. G. A. Lane

Dr. W. M. Goldberg

Dr. S. E. O'Brien

Dr. O. R. Green

Dr. J. B. Osbaldeston

Dr. R. A. Haggar

Dr. G. J. Quigley

Dr. S. M. Hudecki

LAY ADVISORY BOARD

J. M. Pigott, Sr.
Chairman

E. L. DuBois
Vice Chairman

G. J. Sullivan
Secretary

W. J. Foley

T. E. Nichols

Charles Levinson

Rev. J. B. Ryan

Dr. A. J. Liston

Dr. H. G. Thode

H. L. Moreau

FOREWORD

The history of St. Joseph's Hospital is an unusual saga of dedication to the care of the sick which spans more than one hundred years in the life of Hamilton and neighbouring communities.

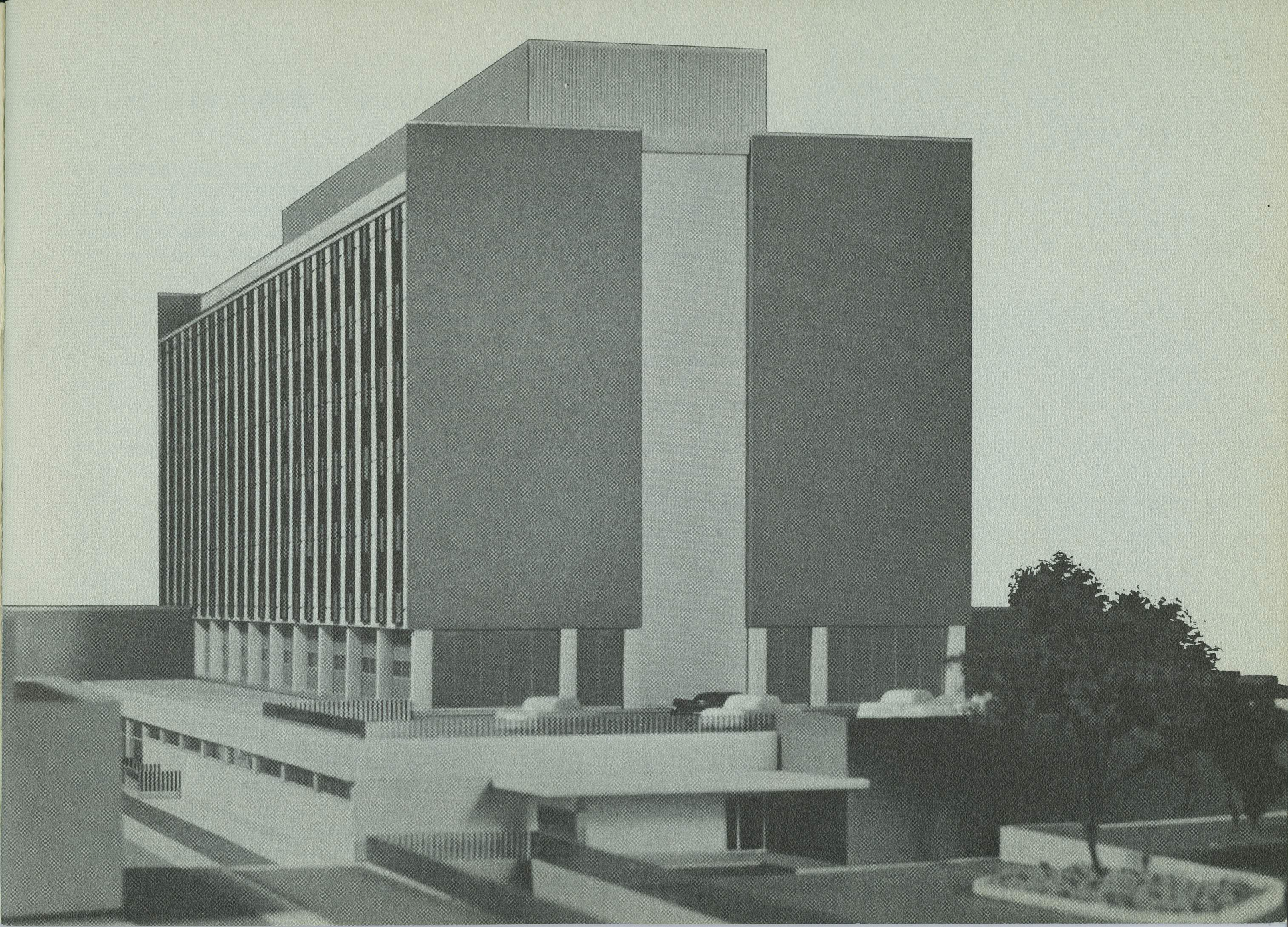
Behind the story of bricks and mortar lies yet another—a tale which scintillates with deeds of sacrifice and a selfless application to the task of healing the sick. It tells of devotion, of hard-to-come-by accomplishments, and of the forward progress of medical science itself.

A small group of the Sisters of St. Joseph—an Order dedicated to the care of the poor and sick—served Hamilton for more than thirty years before the first St. Joseph's Hospital was established in 1890.

The 1962 St. Joseph's Hospital presents a new and exciting opportunity for greater community service. Measured in terms of its physical size and facilities, it might be described as a new beginning—with a totally new approach to the care of the sick.

However awed we may be by the onrush of scientific progress, it is reassuring to contemplate that the guiding hands of the Sisters of St. Joseph will still administer to the sick and the injured within these walls. And the inspiration for this hospital's success—now and always—will be the humility and charitable deeds of the Sisters of St. Joseph.

Joseph M. Pigott
Chairman, Lay Advisory Board



A new era in Community Service for

In 1852 a small group of dedicated Sisters of St. Joseph came to Hamilton and made their convent in a small stone house at the corner of Cannon and Macnab. The citizens of Hamilton first became aware of the healing touch of the Sisters during the cholera epidemic of 1854—one of the most dreadful tribulations suffered by the community of Hamilton in its early years. This was the Sisters' first major challenge. It was not their last.

For the next thirty years and more, from their convent at Macnab and Cannon, and later from their new convent on Park Street, the Sisters went daily through the city on their errands of healing and charity. The dedicated "nursing sister" in her distinctive habit became a reassuring figure in hundreds of Hamilton homes.

In 1890 a wider opportunity for service presented itself when medical men and groups of citizens appealed to the Sisters of St. Joseph to establish a hospital. On June 11th of that year, in a large old residence on John Street which had been donated by the late Bishop Dowling, St. Joseph's was formally dedicated as a 25-bed hospital.

Its doors were open to all, regardless of race or creed. The Sisters of St. Joseph quickly established their institution's reputation for Christian charity. Henceforth, St. Joseph's was to grow with each new cycle of expansion in the city.

The first in a long series of expansion moves was the addition of the St. Ann's wing in 1894. Another important step was taken in 1911 when the St. Joseph's School of Nursing was begun. A substantial surgical wing, adding more than 100 beds, was completed in 1918. A temporary maternity centre was created in 1924 in an old private residence adjoining the hospital.

In 1923 the medical staff was reorganized under the direction of the late Dr. H. J. Sullivan, its first chairman, and the hospital was accorded first class status by the American College of Surgeons.

During the next thirty years, the growth of the hospital was as phenomenal as the reputation and recognition of the work of the Sisters themselves. In 1941 Our Lady of Victory wing was opened. Then, inevitably, a "new" hospital was erected in 1947, establishing St. Joseph's as one of the province's largest and best-equipped, with a capacity of over 400 beds. To this, the long-awaited Maternity wing was added in 1950.

Subsequently, the population explosion and the advent of the government hospitalization insurance program created new demands for hospital accommodation in



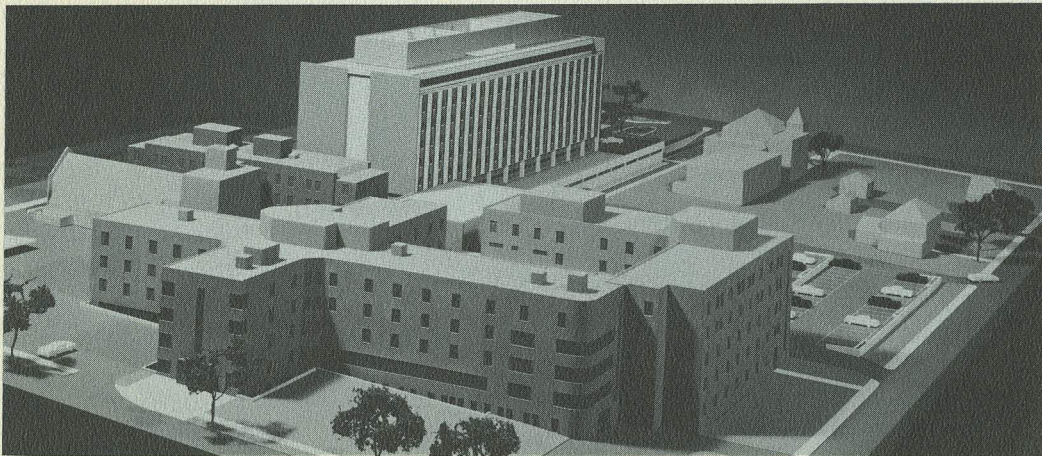
Sister M. Audry, assistant administrator, and Joseph C. Chalklin, business manager, discuss personnel who will staff the new hospital. Several hundred nursing, clerical and service employees will be added to the present staff.

St. Joseph's Hospital

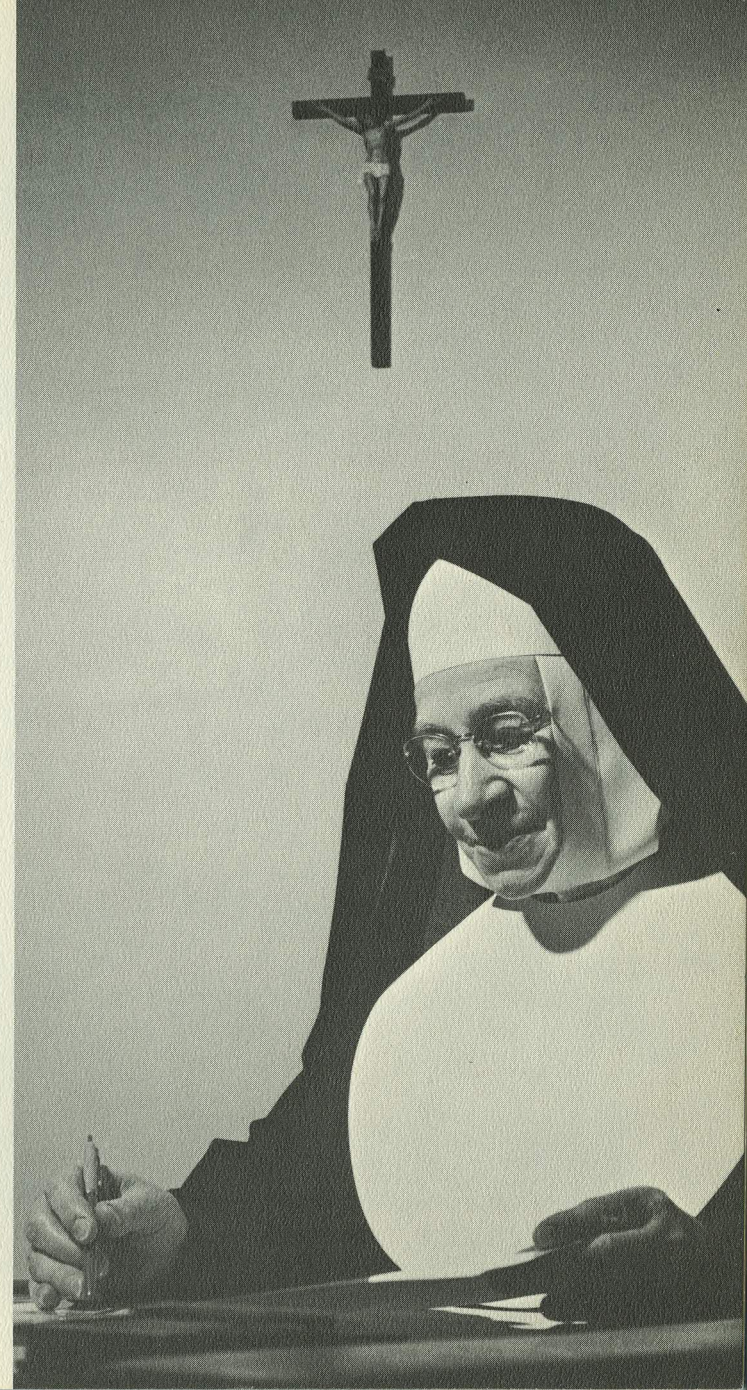
the Hamilton area. To help meet this need the Sisters of St. Joseph appealed to the public, for the first time in their long history of service, for financial support. The generous response to the St. Joseph's Hospital Building Fund in 1960, together with government and municipal grants, resulted in the fine new facilities described herein.

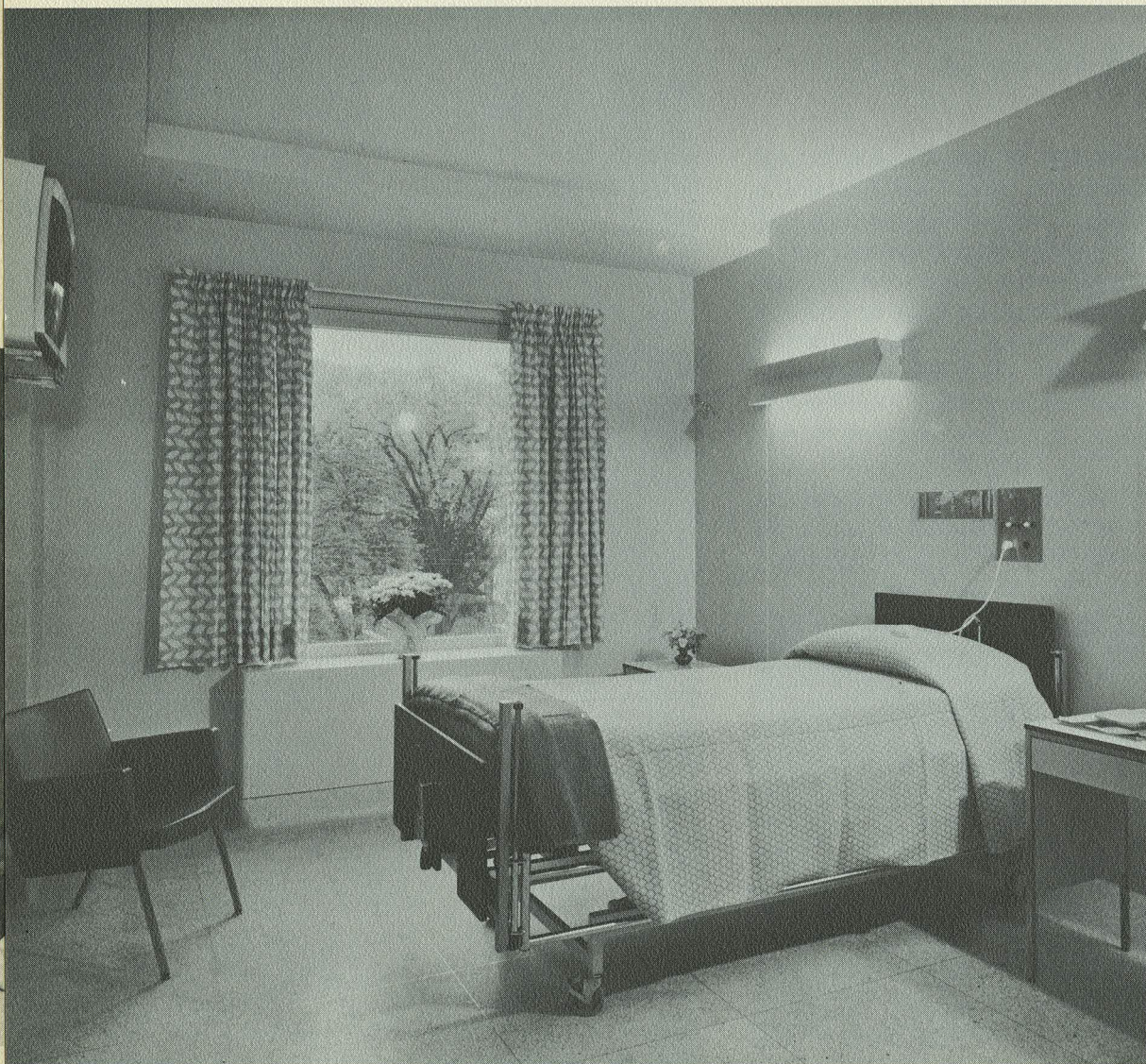
The design of the new St. Joseph's Hospital is an innovation, in that this hospital is completely new and the existing hospital now becomes a wing of the new. It has been customary, in expanding a hospital, to make the new a part of the old, with a tendency to merely augment what was already outdated. Officially opened on October 18th, 1962, the new St. Joseph's Hospital marks a progressive step forward in a rapidly changing world where new methods and services for medical treatment and patient care must supersede the old.

St. Joseph's Hospital stands as a beacon of mercy and hope for all who are distressed by illness, plagued by disease or terrorized by the hazards of accidents. It towers above the city on the slope of the Niagara escarpment on a site long known to the citizens of Hamilton for its skillful and compassionate service to the sick.



This model illustrates the complex of earlier buildings which complement the towering new 400-bed hospital and medical centre. The first 25-bed hospital was opened in 1890 in a large residence on John Street South. (Right) Sister M. St. Paul, hospital administrator, has been responsible for co-ordinating the planning, equipping and furnishing of the new St. Joseph's Hospital.

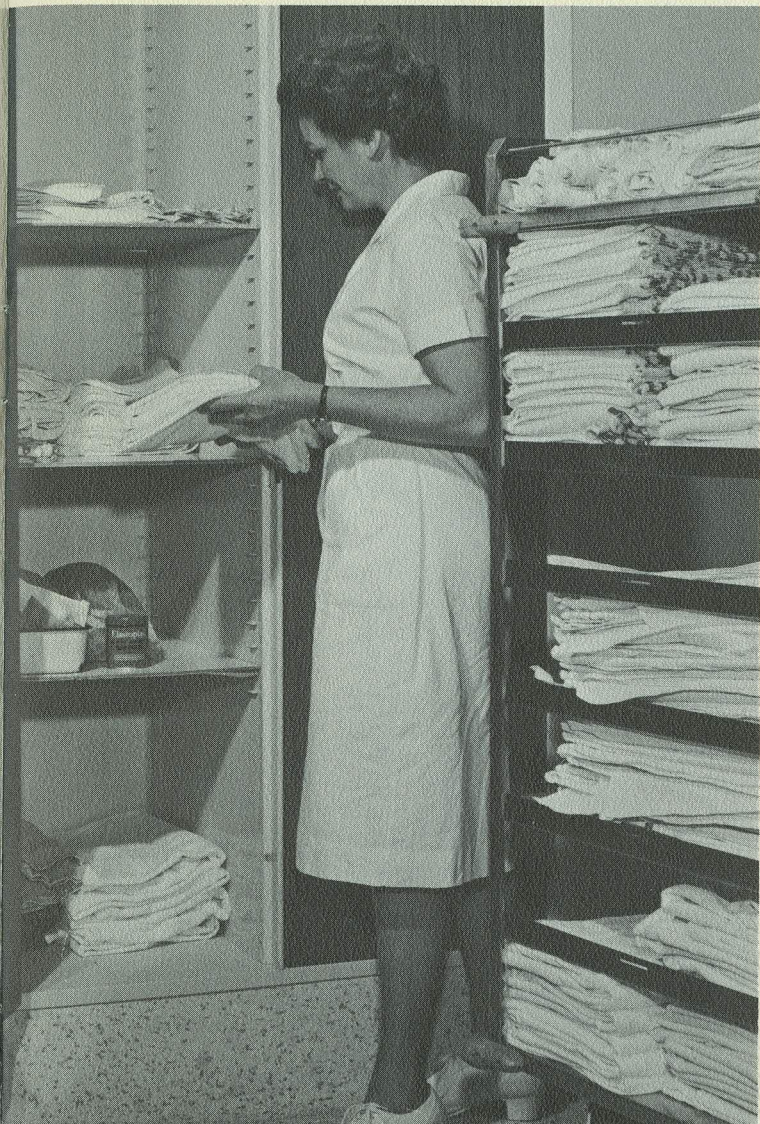




This is a typical patient room (which accommodates two beds if necessary). The neutral terrazzo flooring is accented by colorful draperies and contrasting pastel wall decoration. The intercom system seen at the head of the bed provides two-way communication between patient and the nurses' station.



Each room has a built-in nurseserver, with twin compartments—one for clean linens and nursing supplies, and a separate, suction-ventilated compartment for soiled materials and utensils.



Each nursery opens into the corridor where attendants stock the nursery with clean supplies. A regular schedule of service maintains the supplies required for each patient, and removes soiled materials.

The architectural simplicity of the new hospital is highlighted by a sand-lime brick exterior effectively contrasted with blue glazed brick panels inserted above and below windows framed in black aluminum. The building is set off with satin finished stainless steel flashing and aluminum doors. The towering west wall, devoid of windows, is faced with matching blue glazed brick with a vertical recessed panel of contrasting sand-lime brick.

Rising eight stories above the basement where the mechanical services, power and steam plant, receiving and storage, laundry, pharmacy and distribution areas are located, the new hospital has four entrances: the doctors' entrance and the main entrance opening onto a large parking area facing Charlton Avenue, the adjacent outpatients' entrance, and the emergency entrance off James Street South. Connecting corridors, and tunnels at the lower level, join the new services directly to the older buildings on John Street.

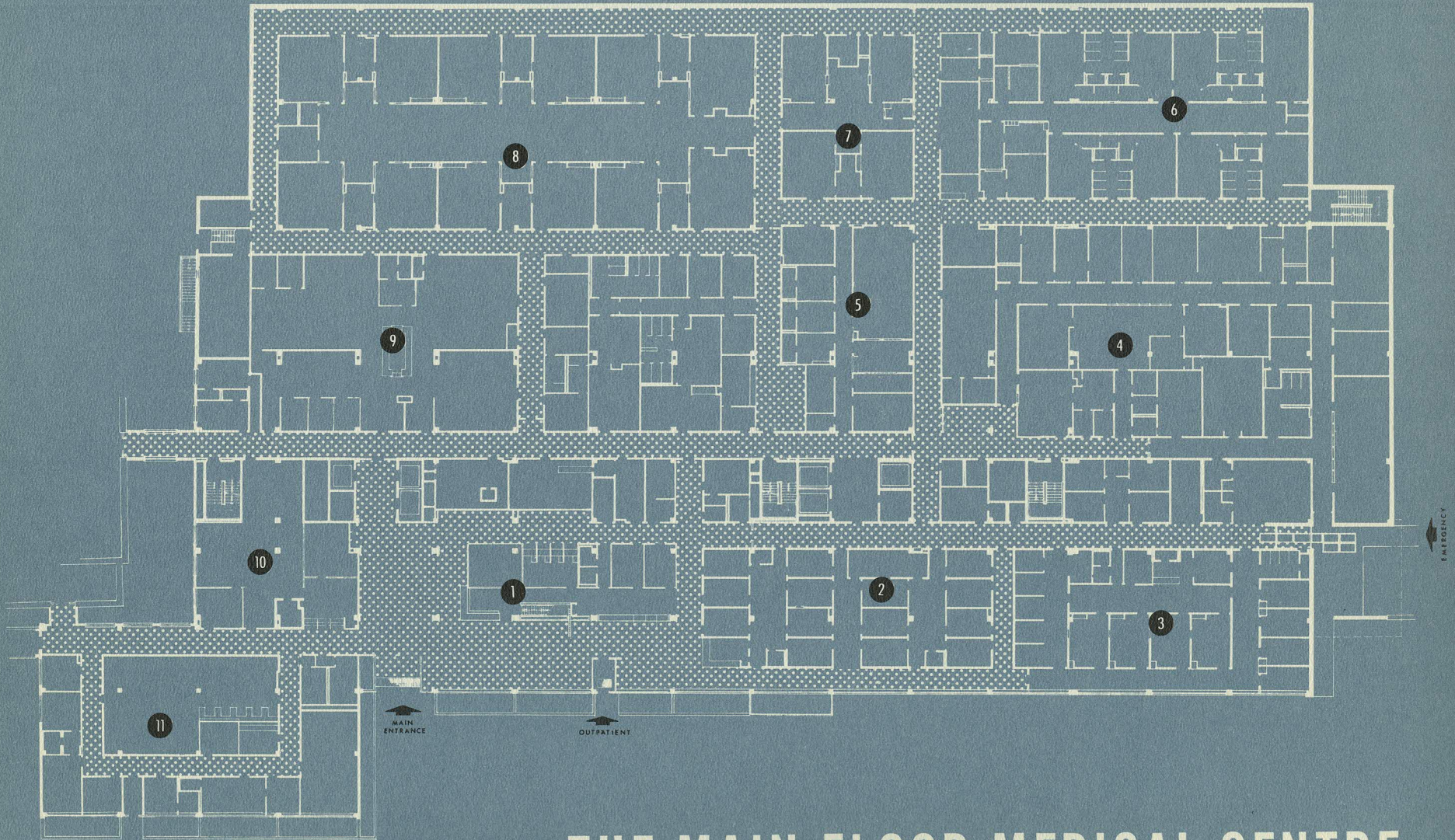
Visitors using the new main entrance to St. Joseph's Hospital will find themselves in a spacious lobby accented with teak panelling, gold and white mosaic tiles and St. Peter's travertine. A bank of three passenger elevators, moving at a speed of 300 feet per minute, take them directly to the floor of their destination without exposure to the admitting, emergency and patient care areas, or the administration offices.

All dietary facilities—kitchens, staff cafeteria and snack bar—are on the second floor. The eighth floor is reserved for living quarters for the Sisters of St. Joseph on staff at the hospital.

The third to seventh floors are designed for patient care. A 96-bed pediatrics department occupies the third floor, and each of the other floors provides 76 beds for general surgery, thoracic and plastic surgery, orthopedic surgery, gynecology, genito-urinary, E.N.T., ophthalmology and neurosurgical patients. Fifteen recovery beds and 18 intensive care beds next to the operating suite on the first floor bring the total bed capacity of the combined old and new sections of the hospital to over 800.

The new St. Joseph's Hospital may well lay claim to being the first hospital in Canada to turn to automation, introducing many innovations which simplify hospital methods and medical care. It embodies new concepts of design and new applications in automation—at no greater cost than a conventional hospital—creating an environment where all the procedures through which a patient moves from admitting to discharge are planned to give him the maximum in personal service, diagnostic, surgical and medical treatment, and convalescent care.

“The new St. Joseph's Hospital was literally designed from the inside out,” declares the Rev. Sister M. St. Paul, administrator, “and the building was then constructed to conform to the many new operational procedures which would facilitate both the giving and the receiving of hospital care.”



THE MAIN FLOOR MEDICAL CENTRE

THE MAIN FLOOR MEDICAL CENTRE centralizes and co-ordinates all the major treatment areas in the new hospital. Facilities are grouped on a one-floor level to provide greater efficiency in caring for the sick.

Here is how the main core of this 800-bed hospital complex is organized:

1. Admitting Department
2. Outpatients Department
3. Emergency Department
4. Pathology Department
5. Radiology and X-Ray Department
6. Radiology and X-Ray Department
7. Cystoscopy Department
8. Operating Suite (12 operating rooms)
9. Recovery Room and Intensive Care
10. Business Office
11. Administration

This new main floor medical centre provides greatly expanded diagnostic and clinical services previously located in the older section of the hospital.

“Our first consideration was to determine what kind of physical organization in the hospital would best serve the patient. The second question posed was—how much easier can we make the task of treating our patients? And lastly,” Sister St. Paul says, “we sought to successfully co-ordinate all the new techniques and hospital services to the advantage of both the patient and the staff.

“These objectives have been admirably achieved,” she continued, “by our architects, in conjunction with their hospital consultants.”

The initial planning emphasized better patient care and better use of facilities through well-planned organization which would expedite the flow of supplies and information, group related functions in close proximity and, by relieving the nurse and doctor of the need for “fetching and carrying”, permit them to devote the maximum time and professional attention to caring for the sick.

Basic to the achievement of these objectives is the production-line flow of supplies and materials from a central dispatch centre—the control point from which all clean supplies and materials are moved to the area of need, and to which all soiled materials are returned.

All sources of supply, including receiving, bulk and processed storage, pharmacy, laundry and sterilization, are grouped around the dispatch centre in the basement of the new building. An automatic ejector vertical conveyor carries the supplies through stainless steel shafts, on 40-lb. capacity trays, at the rate of eight trays a minute, from the dispatch centre to supply depots on each patient floor. The dispatcher selects the floor of destination by push-button control, and the trays are automatically unloaded at that floor.

A second vertical conveyor returns soiled items, in disposable plastic bags, for decontamination, washing and sterilizing. Soiled holding areas on each floor also contain separate chutes taking trash to the incinerator and returning soiled linen to the laundry. Processed and re-packaged, the supplies are moved to the storage area of the dispatch centre for eventual re-distribution.

Each “trayveyor” is one-way only: one moving upward with clean supplies, the other moving down, with soiled materials. This system isolates each of the one-way trayveyors which connect a series of clean supply rooms and a series of disposal rooms, eliminating the possibility of cross-infection.

From the supply depots on the nursing floors, clean supplies are delivered by mobile carts to each patient room and stored in a special cabinet called a “nurserver”—a combination of two distinct, double-door, pass-through units. Attendants, working from the corridor, place clean supplies in one unit, and others remove soiled items from the other well-ventilated unit. From within the room, the nurse removes the pre-packaged supplies from the clean section and, on completing her nursing

routines, places the used material in the other section which stores the soiled items temporarily. She may then continue to other patients under her care.

A separate, single trayveyor, operated from the food service area on the second floor, is reversible and carries assembled food trays to patient floors, and returns used dishes to the kitchens.

Trayveyor distribution is augmented by a pneumatic tube system which carries drugs, prescriptions, patient records, x-rays and documents, and which can interconnect as many as one hundred stations throughout the hospital.

In addition to augmenting the total bed capacity of St. Joseph's Hospital it was necessary for the designers to re-locate in the new building the essential service facilities, greatly enlarged, for the entire 800-bed hospital complex. Operational efficiency required that all medical services be easily accessible and that the related medical functions be grouped together.

The main floor of the new hospital was laid out to achieve this, and the expanded departments occupy 77,500 square feet—about one-quarter of the total new floor space.

Admitting, outpatients, and emergency areas are adjacent to the pathology, and radiology departments, the operating suite, and recovery and intensive care units, and the traffic between these related areas flows straight and smoothly from one to another.

Each department is self-contained, with its own nurses station, administrative section, and clean and soiled holding units, and is insulated against unwarranted public traffic by a corridor system which permits the staff to work from within the department and carries patient traffic through the straight-line corridors connecting the departments. Use of this double corridor system eliminates most of the cross-traffic between staff and patients.

As an urban hospital evolves into a true medical centre, so do the specialized medical, surgical and clinical services it supports. In planning the new hospital it became obligatory not only to enlarge the total facilities but also to re-equip and expand the facilities for research and clinical investigation.

To this end, a large area of the main floor is now devoted to an impressive pathology department, which includes sections devoted to cytology, histology, haematology, biology and biochemistry, and other related sciences. Special class-rooms, laboratories, and a museum have been included to assist in the teaching program at the hospital. The strategic location of the clinical laboratory will enable tests on patients in the emergency and outpatient departments to be done without delay and with a minimum of inconvenience. The greatly expanded department of biochemistry will permit many new tests using the most modern technical equipment available.



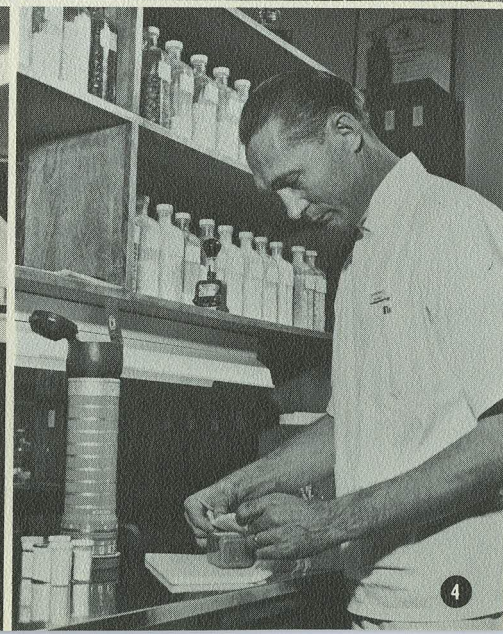
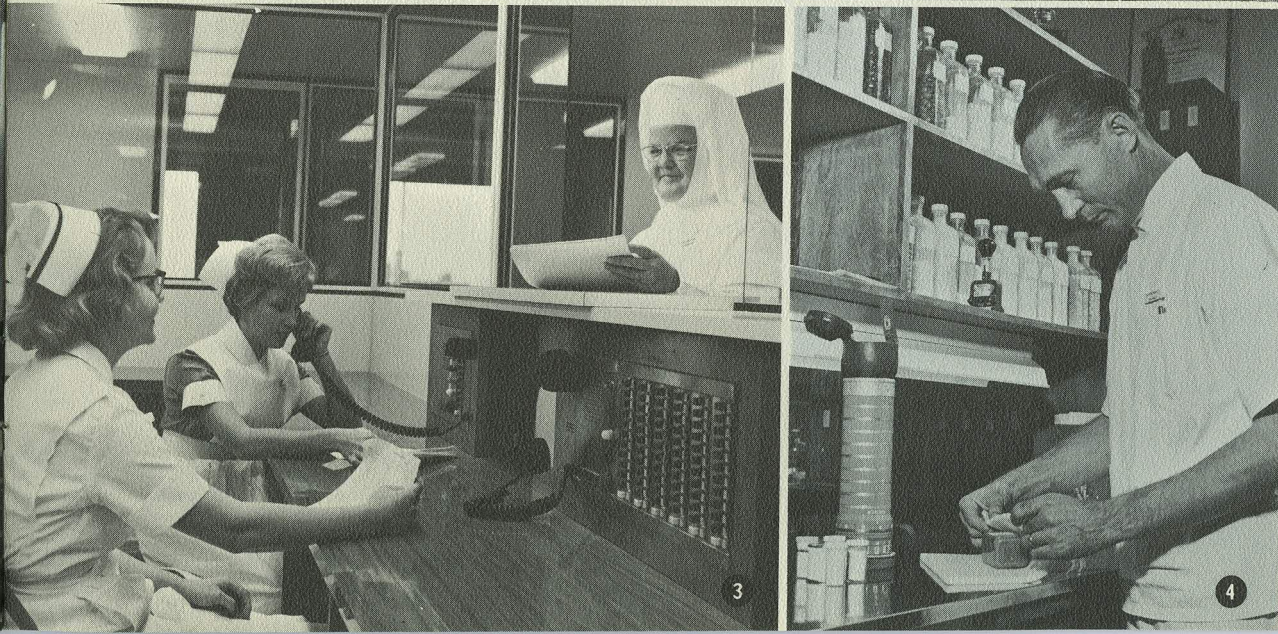


1. Each nursing station and every department throughout the building is linked by a pneumatic tube system to expedite the transmission of patient records, x-rays, drugs and prescriptions. The carrier tubes can be automatically dispatched by merely setting the code dial.

2. Patients' meals in the new hospital are pre-assembled on service trays moving along a horizontal conveyor belt to the trayveyor (seen at the right) where they are carried to the patient floors. A staff dietitian and menu checker supervise the movement of eight patient trays a minute.

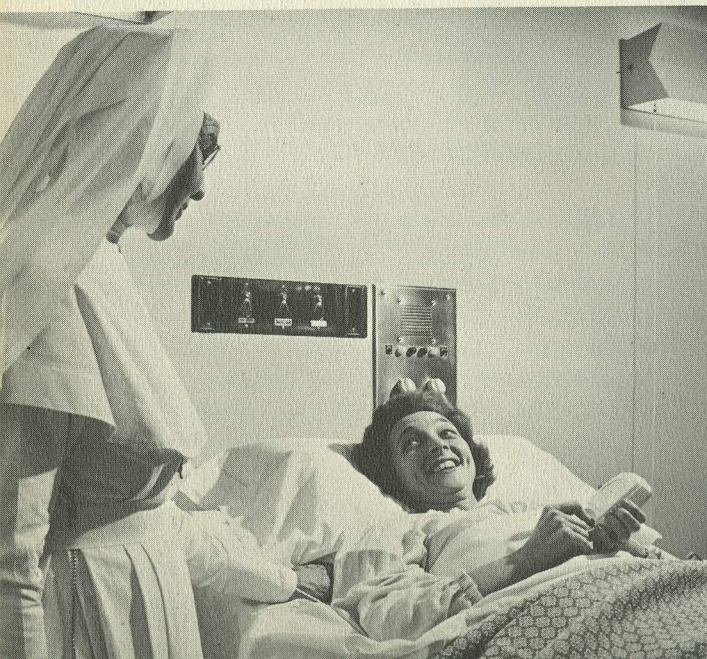
3. The nursing station on each patient floor is equipped with a two-way communication system which permits the nurse to talk privately to any patient. By the mere touch of a button, the nurse may also monitor any room under her supervision. Sister M. Eileen discusses patient care with the nurses on duty.

4. Typical of the service performed by the pneumatic tube system is the delivery of urgent prescriptions, or special drugs, from the hospital pharmacy. A pharmacist is seen here preparing an order for immediate return delivery via the tube system.





(Above) Each patient room is equipped with a private intercom handset in the utility area. Here, the nurse can make emergency calls for extra supplies or medical assistance without unduly alarming the patient. (Below) Sister M. Lioba instructs a patient in the use of the pillow speaker.



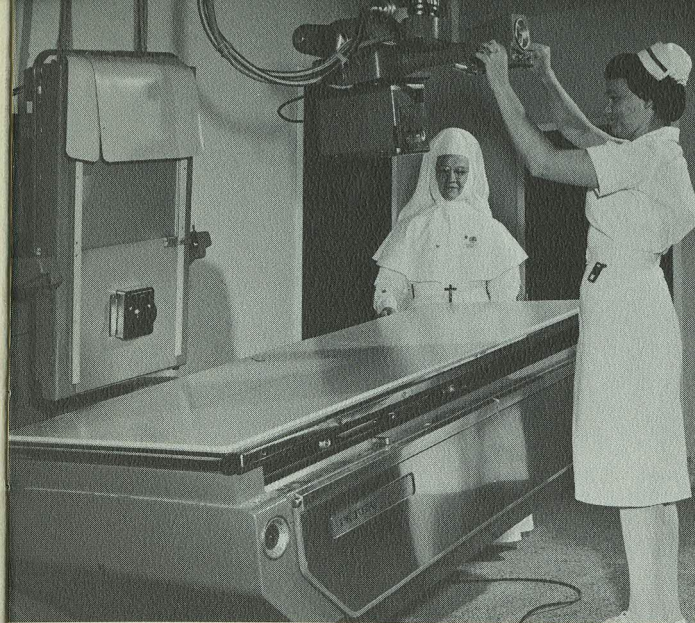
Diagnosis and medical treatment will be greatly speeded up with a complete, new department of diagnostic radiology, with processing labs and darkrooms. The x-ray equipment will provide, in addition to standard equipment, an advanced tomagraph unit which allows more precise layer radiography than the equipment previously available. It further includes an image intensifier unit that will allow a brighter image to be observed with an optical system, resulting in lower patient dosage of radiation and better visualization. Last, but not least, television techniques are being incorporated with fluoroscopy and semi-radiography. This newest of techniques is to be made use of in the x-ray department of St. Joseph's Hospital in a special procedure room.

The dramatic focal point of this floor, however, is the operating suite where twelve separate operating rooms, exclusive of the emergency operating rooms, will enable the hospital to catch up on the long waiting list of patients requiring surgery. Two of the larger operating rooms are equipped with permanent x-ray units. Provision has been made in the operating and recovery areas for future monitoring of patients, and also for future color television for teaching purposes.

The security which modern medicine offers the patient is best exemplified by the new intensive care unit, and the recovery room immediately adjacent to the operating suite. Intensive care is a special nursing area where patients who have undergone major surgery, or are suffering from serious accidents, severe burns, diabetic coma, heart ailments, etc., are given constant nursing and medical supervision. The I.C.U. and recovery areas are specially equipped to maintain a vigilant watch over the patient during the critical period. When the crisis is passed, the patient is moved to a nursing floor.

Once the patient reaches the nursing floor, he becomes the beneficiary of the utility and special accommodation which the internal communications system works in his behalf. This intricate system provides a two-way "inter-com" from patient to nurse, through which the nurse can also monitor all patient rooms under her supervision, and a nurse call button on the pillow speaker which also carries radio programs and the sound for television programs to individual patients. Separate staff stations are provided in the service area of each patient room so the medical and nursing professions can call for assistance or order emergency supplies without leaving the patient.

Co-ordinating all the hospital functions and the distribution systems, internal communications permit direct contact between all areas of the hospital and the dispatch centre, and direct inter-departmental contact. Also included in the installation are a doctors' in-out register; a message centre which stores, by electronic

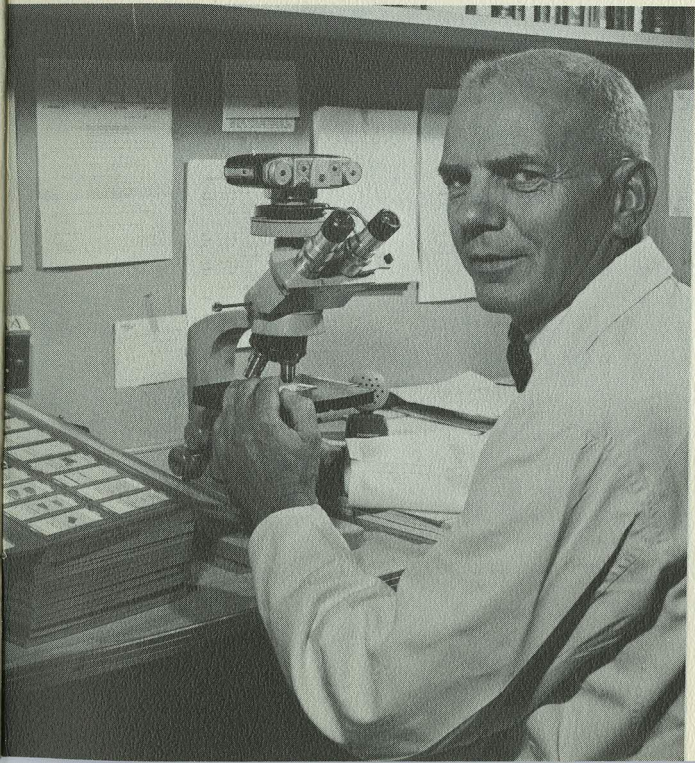


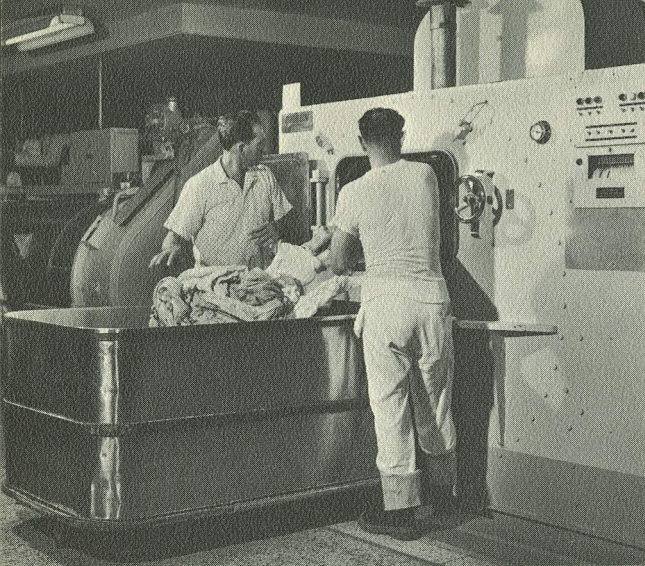
memory device, incoming calls for the doctors not immediately available, and a paging and public address system.

The grouping of related medical functions, the centralization of sterilizing and supply sources, combined with the automated procedures and the communications system, will greatly lessen waste motion on the part of the operating staff, the nursing staff and the medical profession by placing supply, distribution and communication facilities at their fingertips.

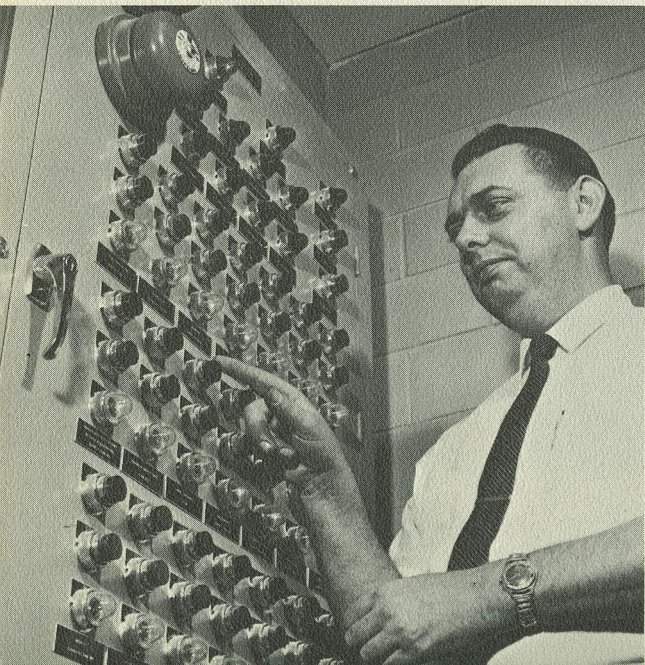
The dietary services on the second floor include: a staff cafeteria, seating 280 and moving twenty patrons per minute through its sectionalized pick-up counters; a snack bar, for the convenience of visitors, and staff personnel during the night hours when the cafeteria is closed; and the kitchens, where three meals a day are prepared for 800 patients, the staff, nurses, student nurses, interns and nursing assistants.

(Top left) A large, extensively-equipped radiology department is now located on the main floor where the newest of x-ray techniques have been installed. Sister M. Celine, supervisor, inspects a new x-ray machine. (Lower left) The new pathology department, under the direction of Dr. R. A. Haggar, will permit the hospital to conduct considerably more research into causes and effects of disease. (Below) The entire second floor is devoted to food preparation, a snack bar, and a 280-seat cafeteria. Sister M. St. James, chief dietitian, discusses food preparation with chef Otto Schwiembenz.





(Above) Completely new laundry facilities equipped to process over 50,000 pounds per week are located in the service basement immediately adjacent to central dispatch. (Below) Chief engineer William Allenden keeps a watchful eye on all the electrical and mechanical services with the aid of this master control board.



The rapid distribution of meals to patients stems from a highly organized assembly line moving trays directly to the food trayveyor system for delivery in the new hospital, and to mobile carts for delivery to the older sections. Simultaneously, the kitchen staff supplies and replenishes the cafeteria requirements.

Behind the scenes on the basement level, the giant workhorses of the hospital provide the light and power, the steam, the air-conditioning and ventilation which make the entire hospital complex function so efficiently. Here, too, are the receiving docks and bulk storage areas, the laundry and sterilizers, the central dispatch, the incinerators.

The network of oxygen, compressed air, suction and nitrous oxide outlets—so essential in the treatment of the patients overhead—also has its source here.

The air-conditioning throughout the building secures its warming or cooling impulses from a giant air-moving plant. The specially engineered air-conditioning and heating systems circulate 100% fresh air, properly humidified, to the entire building. The air is exhausted above roof level from the patients' and other rooms, via grilles, so that nothing but fresh air is circulating in the system, and the patient is never exposed to any air that is not custom-controlled for his safety and comfort.

In the event of a power failure during an electrical storm or a nearby catastrophe, the hospital's diesel-driven power generating plant automatically takes over from the hydro system at a second's notice. This split-second changeover would hardly be noticed even during a critical operation.

All supplies, equipment, even floral bouquets, are delivered to the main receiving area via a two-lane ramp leading to the basement from James Street South. This ramp, and the main entrances, are equipped with snow-melting grids to maintain moisture and ice-free approaches for both vehicles and pedestrians.

The designers of the hospital and the engineering consultants have taken great pains to develop workable mechanical systems which, although complex, can be readily operated by experienced hospital personnel. The new hospital was built by the Pigott Construction Co. Ltd., general contractors.

The design of the new St. Joseph's Hospital is a tribute to the diligent research of the architects, Prack and Prack; the hospital consultants, Gordon A. Friesen Associates Inc.; and the entire staff, who have created a hospital in which everything needed to care for the patient is provided where it's needed—at the time it's needed.

This is the hospital that \$9,000,000 has provided for you and your families.

ACKNOWLEDGMENTS

The hospital grants provided by
The Dominion of Canada and The Province of Ontario,
The City of Hamilton grant,
The County of Wentworth grant,
and
the many contributions to the St. Joseph's Hospital Building Fund
under the chairmanship of V. W. Scully, C.M.G.
are gratefully acknowledged.

PRACK and PRACK
Architects

Rybka, Smith and Ginsler Limited
Consulting Engineers

Keith Little Associates Limited
Kitchen Planning Consultants

Gordon A. Friesen Associates Inc.
Hospital Consultants

PIGOTT CONSTRUCTION COMPANY LIMITED
General Contractors

Canadian Comstock Company Limited
Electrical Contractors

Goodram Bros. Limited
Heating and Air-Conditioning Contractors

John A. MacDonald Limited
Plumbing Contractors

*The St. Joseph's Hospital is also indebted to the staff of the Ontario Hospital Services Commission
for their co-operation and assistance in planning the new hospital.*

This booklet was produced by Cliff Hale Limited, and printed by The Southam Printing Company Limited. Photographs by Tom Bochsler.

OVER
70 YEARS OF
SERVICE

A LIFETIME OF SAVING LIVES