



The *Great* Canadian
Catholic Hospital History Project

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



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

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

St. Joseph's Hospital
Edmonton, Alberta
50th Anniversary
1927-1977

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ST. JOSEPH'S HOSPITAL



50th
Anniversary

The
Story
of
St. Joseph's
Hospital
1927 - 1977



**GOVERNING
BOARD
1977**

Dr. J. A. O'Brien

Dr. J. B. Dea

Mr. C. Sheehan

Sister Mary Desmond

Father D. MacDonald

Dr. E. W. Papp

Dr. A. A. Gorman

Mr. W. C. Bateman

Mr. D. A. Wheaton

Mr. C. J. Purves

Mr. G. L. McRae

Mrs. C. L. Paul

Mr. B. W. Brooker

Sister Winnifred Whalen

Sister Mary Benilda

Sister Mary Clare



From Then
1927

Our Fifty Years

Till Now
1977

It was fifty years ago, in the autumn of 1927, that two Sisters of Providence, Sister Mary Angel Guardian Managan and Sister Mary Alacoque Scott, went to Edmonton to confer with Archbishop H. J. O'Leary about the establishment of a "Home" for the aged and infirm of his diocese.

In the words of John Patrick Gillese, who wrote the story of St. Joseph's Hospital for its Silver Anniversary in 1952: "The pioneers who had broken the flat prairie and carved the first small farms from the encircling bushland could toil no more . . . Many had nowhere to rest in their old age, none left to care for them; and their Archbishop, whose heart was in the West and the people who had built it, was moved to compassion . . . He determined to do something about their plight.

Thus it was that Archbishop O'Leary contacted the Sisters of Providence of the Archdiocese of Kingston. This English-speaking community was founded in Ontario, Canada, from the Sisters of Providence of Montreal in 1861. In the spirit, and following the Rule of St. Vincent de Paul, the 17th century apostle who succeeded in bringing religious sisters from the cloister to undertake works of charity in the outside world, they devote themselves to the service of the poor, the aged, the sick, the needy in whatever circumstances these may be found. This community, the Archbishop thought, would solve his problem.

He already knew the sisters, for they had been contributing for twenty years to the corporal and spiritual welfare of people in his diocese. In 1908, when Alberta was but three years old, they had established a hospital in Daysland, a hundred miles east of Edmonton in what seemed to them at the time a "lonely and desolate wasteland".

In 1915, they had responded to a call from Archbishop Legal to take charge of a hostel for girls in Edmonton which had been operating for two years under the auspices of the Catholic Women's League. In this hostel, renamed Rosary Hall, the sisters made a "home away from home" for immigrant women, and for girls coming to the city for study and employment.

Eight years later, Archbishop O'Leary requested the sisters to undertake a second mission in Edmonton, St. Mary's Home for Boys. For twenty-eight years the sisters cared for needy boys

who were transferred to a new Vocational School built by the Salesian Fathers in 1951.

In 1924, a second hospital in the archdiocese was built by the Sisters at Camrose, the modern, efficient St. Mary's.

The sister who was the key figure in the establishment of these four Alberta houses and who laid a firm foundation for works of charity and social welfare in the West was Sister Mary Angel Guardian, already mentioned. It was not without good reason, then, that this sister was chosen in 1927, to go to Edmonton to negotiate with Archbishop O'Leary for another area of service to the needy.

The archbishop had been pressuring the community to open a home for the aged and those afflicted with long term illnesses. A property known as "The Whyte Block" was now being offered for sale and the archbishop offered to secure the property for \$24,000.00 with seven adjoining lots for another \$2,000.00. Sister Mary Angel Guardian with Sister Mary Alacoque, Superior of St. Mary's Home, went to look over the building. It was a four story apartment with thirty rooms on each floor, built in 1912. Sister Mary Angel Guardian, who was now a member of the General Administration, advised the Community to purchase it. Thus it was that on October 10, 1927, the Whyte Block became the property of the Sisters of Providence, Sister Mary Alacoque and Sister Mary Wilfred being the signing officers for the Community.

Early in the following year, Sister Monica McCoy was sent from Daysland to convert the old apartment building into a home for the aged. With three assistants - Sisters Mary Margaret Masterson, Peter Garvin, and Boniface Lansing - Sister had the whole building renovated and fitted with comfortable furnishings. And, since she had been raised on a farm in Quebec and was an enthusiastic gardener, she had one of the nurseries in the city plan, on the extra lots, a landscape of trees, flowers and walks so that the aged residents could enjoy the beauty of God's outdoors.

On September 24, 1929, took place the formal opening of the House of Providence of Edmonton with ten aged persons to benefit from its ministrations.

In a very short time it was apparent that more than a house for the aged was needed. Most of those aged persons needed nursing care, and a hospital was required to treat long term patients. Through the influence and assistance of the provincial Minister of Health, Dr. Goadley, the Federal Government granted the request and on January 6, 1930, the House of Providence became St. Joseph's Hospital for the Chronically Ill.

Adjustments were needed such as an operating room and tubular fire escapes. Sister Mary Michelle came from Moose Jaw Hospital to prepare the Operating Room doing most of the work herself. The Archbishop named Dr. Herbert Conroy as the Medical Superintendent and it is to that dedicated doctor that we owe gratitude for the great help and encouragement that he gave the hospital in its early days. Another devoted friend of St. Joseph's was Dr. Jamieson, noted diabetic specialist. The first resident chaplain was a Belgian Priest, Father DeWilde. As Dr. Conroy had charge of the Indian Reserves in Alberta, many of the patients were Indians.

By 1945, the hospital was refusing patients because of lack of space and the Community entered on its first program of expansion. A four-story wing, containing the present chapel with its galleries on the third and fourth floors, was completed in 1948. The new building was "monumental in craftsmanship, and design. A unique feature is the introduction of native Alberta travertine - a type of marble closely resembling the Italian product. Two columns of this stone grace the lobby."

The entire hospital shows thoughtful planning, indeed luxurious planning, for the needs of the patients. Each floor has a gracious solarium where patients can enjoy the sunshine, listen to the radio, play cards or relax in comfort. The whole interior is cheerful-bright pastel walls, colorful draperies. Separate locker facilities are provided for each patient.

Such was St. Joseph's in 1952, at the time of its silver milestone. It was, however, only three years later, in 1955, that need for expansion was again acute. Mother Mary Anselm Egan, Superior at the time, undertook the addition of two floors. One of these floors she allocated for the therapy and rehabilitation of poliomyelitis patients, victims of the 1948 epidemic in Edmonton, for whom, up to this time, there was no special provision. It might not be a digression to mention here that one of the traits of any Daughter of St. Vincent de Paul is their readiness to answer a need when no other help is available.

In the same spirit, the Sisters made room in the hospital for some ten or twelve severely handicapped children until a suitable place could be provided for them, and Sister Gracia Whalen cared for those afflicted little ones.

By the late 1950's, the emphasis in such hospitals as St. Joseph's tended to be on rehabilitation of as many patients as possible, and the name Hospital for the Chronically Ill or Incurables gave place to Auxiliary Hospital. St. Joseph's is one of seven Auxiliary Hospitals operating in Alberta.

Better services had to be provided, so in 1963, a government grant of \$30,000.00 provided for the demolition of the original structure on Whyte Avenue. By 1965, the present building including auditorium, central storage and Sisters' residence was completed making ample provision for new and improved departments for occupational and physio therapy, dental care and recreation. It stands as a monument to the notable contribution in the field of hospital service made by the Sisters over the past half century.

The community of St. Joseph's Hospital - sisters, doctors, lay staff, professional, auxiliary and volunteer - in their self sacrificing devotion to the physical and spiritual needs of afflicted and suffering humanity, have kept in mind the need for recreational facilities, and so, have provided Cable T.V. in all areas of the hospital, weekly planned entertainments and group activities, teas, discussions, films, musical recitals, bingos, card games and outdoor excursions. And so the story of St. Joseph's continues.

The personnel are motivated by a spirit of friendliness, true sympathy and a Christlike understanding of the needs of old age and the long suffering. His Excellency, the late Bishop Nelligan once referred to this hospital as "a veritable Pool of Bethesda for the City of Edmonton and the surrounding districts."

Indeed "there is certain rest for the weary who enter here," as was predicted by the architect, Mr. G. H. Macdonald, who placed over the front entrance of the new wing the following inscription:

"EST NAM CERTA QUIES FESSIS VENIENTIBUS ILLUC."

(from a letter of Emperor Charlemagne to a deacon of the Priory of Monte Cassino in Italy)

From its humble beginnings in 1927 with ten aged, homeless or disabled patients, St. Joseph's Hospital stands at its golden milestone with efficient services for 198 bed patients and for a constant flow of day care patients. Much has been done; there is much left to do in a future full of hope for all of us as the Sisters "carry on" one of the corporal works of mercy enunciated by the Saviour - the observance or none of which will, in the word of Christ, determine our fate for eternity."

Nursing Services

St. Joseph's Hospital is a one hundred and ninety-eight (198) bed hospital with a percentage occupancy of approximately 97%.

Our usual admissions are patients with various types of long-term illness . . . some of the more common diagnosis being strokes, cerebral arterio-sclerosis, senility, multiple sclerosis, arthritis, cancer, chronic obstruction lung disease, Parkinson's Disease.

To gain admission to our Hospital a 290 Form (Medical History) is completed by the attending physician and is sent to the Central Assessment Committee of the District where they are assessed for Auxiliary, Nursing Home or whatever facility would be most suitable and the 290 Form is then forwarded to our Hospital where they are placed on our waiting list. They are assessed by our Internal Assessment Committee ninety (90) days following admission and annually thereafter to determine if this type of care is still required. Patients are sometimes admitted on a short-term basis to enable their families to take a vacation or just have a break. Also Day Hospital services are available which allow the Patients to have the necessary P.T., etc. as well as giving the family a rest. This also encourages the families to maintain their relatives in the home environment where they are most content.

Patients are assessed on admission so as to plan and implement nursing care to meet their needs, so that they may live as full and as comfortable a life as their condition permits. We try to keep our patients as independent as possible.

On March 8, 1977, a survey was done for Accreditation purposes; on this date our occupancy was one hundred and ninety-four (194) patients. The results of this survey are as follows:

1. Patients confined completely to bed	1
Requiring assistance to ambulate	39
Patients lifted into loafer or wheelchair	122
Patients able to ambulate without assistance	32
2. Number of patients totally incontinent of B.B.	108
Incontinent of bladder (including catheters)	103
Number of catheters	7
Number of continent patients	66

3. Bathing required - complete assistance	149
- partial assistance	42
- independent	5
4. Patients to be fed completely	55
assistance to be fed	31
able to feed themselves	108
5. Number of lucid patients	76
confused	118
6. Semi-comatose patients	3
Comatose	1

There are ninety-eight (98) patients going to physiotherapy and one hundred and thirteen (113) patients to arts and recreation.

At this time we had four (4) patients with Decubitis Ulcers
fifty (50) requiring special diets
four (4) requiring tube feedings

Our Staffing pattern is as follows:

Myself as Director of Nursing
2.9 Supervisors
21.5 Nurses - including Head Nurses
25.0 Certified Nursing Aides
6 Orderlies
63.4 Attendants

with a total of 118.8 staff members

A typical day includes:

Day shift

11 R.N.'s
9 C.N.A.'s
25 female attendants
7 male attendants/Orderlies

Total 42

Evening shift

4 R.N.'s
2 C.N.A.'s
6½ female attendants
2 male attendants/Orderlies

Total 14½

Night shift
 1 R.N.
 2 C.N.A.'s
 6 female attendants
 1 Orderly
 Total 10

Average number of Nursing Care hours per patient is 3.4

I understand we are the only Auxiliary Hospital in the City to administer Intravenous fluids and Blood transfusions.

We have a combined Lab and X-ray Technician on Staff - our patients all have chest X-rays, blood work and urinalysis on admission and this is repeated annually thereafter.

We have a full-time Respiratory Technologist as well we have an equipped Dental Room and a dentist who is available every two - three weeks, depending on our needs.

We have the services of a Podiatrist available to our patients on doctor's request.

Our patients are taken out for eye examinations as required.

We have equipment for doing very minor surgery such as removal of cysts, suturings and lancing of abscesses as well as material for applying simple casts.

We have a hairdresser in approximately three days/week - we are not so fortunate with a barber, however, the staff usually attend to this duty.

Rehab. Team Conferences are held periodically on our patients to review their progress, to determine goals and look at various suggestions for improvement in their total care. These conferences are attended by the attending Physician, Administrator, Director of Nursing, Head Nurse, P.T., O.T., Recreation, Respiratory Therapy, Pharmacy, Pastoral Supervisor and Dietician.

Grand rounds are made weekly with the various departments in attendance to visit and briefly discuss the progress of each patient.

Various activities for our patients include trips by Callow Coach to such places as the Game Farm, picnics, lake trips, shopping trips, Exhibition, etc. - they participate in Klondike Days with a W.C. parade, with Trophies and awards presented; as well as entering exhibits into the exhibition. There are Bingos held every two weeks. Weekly Library Services are available (books with large print and various languages). Entertainments are brought in, the patients

respond particularly to childrens groups and the Senior Citizen's Band with Old Time music, Wine and Cheese Parties, Beer Fests are held occasionally as well as movies and slides shown. Various church services are held on a regular basis. Teas are held once a month as well as Birthday Parties being held on a montly basis.

All patients who wish may attend. The Head Table being reserved for those whose Birthday is being celebrated that month.

The noon meal is sometimes served to some patients out on the Patio in the Park.

We also have an active Hospital Auxiliary which is responsible for sponsoring some of the entertainment.

Our patients sometimes go out on week-end pass or even just for a meal; especially over the Christmas Season when many are able to go home for a short while.

Entertainment provided through the Hospital is self-supporting.

The actual patient care is quite heavy with a great deal of lifting being involved. We have one (1) Porta-lift per floor which we encourage the staff to use, particularly for the very heavy patients. It is most important that our patients be kept clean and dry and positioned frequently so as to prevent break-down of their skin.

I feel strongly that our patients are receiving good Nursing Care and the fact that we have only four (4) Decubitus Ulcers speaks for itself.

All our patients receive a daily bed bath plus a tub bath weekly. We have three (3) slab tubs and one (1) elevated tub and as of the last year two (2) Century tubs (with whirlpool action) which are very well liked by the patients and staff. We are hoping to be able to get two more Century tubs for the 5th and 6th floors.

Second floor is rather difficult to staff in that there are only twelve patients on this floor (four wards being private); we try to place the more alert and easier to manage patients here since there is only one attendant on the Evening and Night shift. We have run into some difficulty in placing patients here as some object to the wards with the high windows as they are unable to see out.

We feel we are most fortunate in having a Pastoral Care Supervisor, Sister Mary Joseph, she has been a great help in nursing since she spends much of her time comforting and

supporting patients and their relatives during the time the patient is critically ill or dying and she is always willing to come at any time of day or night.

We have an In-service Co-ordinator three days/week for orientating and teaching our new staff and is responsible for Continuing Education for all categories of nursing. This same person is with the N.O.T. who are here for a part of their training, every Thursday and Friday, on a continuing basis.

The nursing students, from the two year R.N. Program at G.M.C.C. use our facilities one - two days per week from September to December yearly. They supply their own instructor.

The Health Care Aides periodically use our facilities for two week intervals.

G.M.C.C. are presently making arrangements to use our facilities for the R.N.'s who are taking the course in Extended Care (new programme in March).

St. Joseph's Composite High School and the W.P. Wagner School use our facilities for students on the 'Work Experience Programme'.

Elementary Schools also arrange for their students to tour the Hospital.

Fire drills are held on a monthly basis on various shifts and in various departments and the Fire Department generally responds.

Safety Inspections and Meetings are held on a monthly basis.

E.M.O. - Exercises are held periodically, our last being in January of last year (1976) when we evacuated twenty-one patients (students) to the Good Samaritan Hospital.

We have an Infection Control Committee which looks at various ways of controlling infection within the hospital.

I should also mention we have a Volunteer Director as of January, 1977 and since there has been a steady increase in Volunteer Hours - these volunteers help Nursing by assisting with feeding patients, visiting, accompanying them on outings, etc.

Finally, plans for this fall are to hopefully establish a bladder training programme.

B. INMAN, R.N.
Director of Nursing

Inhalation Therapy



Dietary

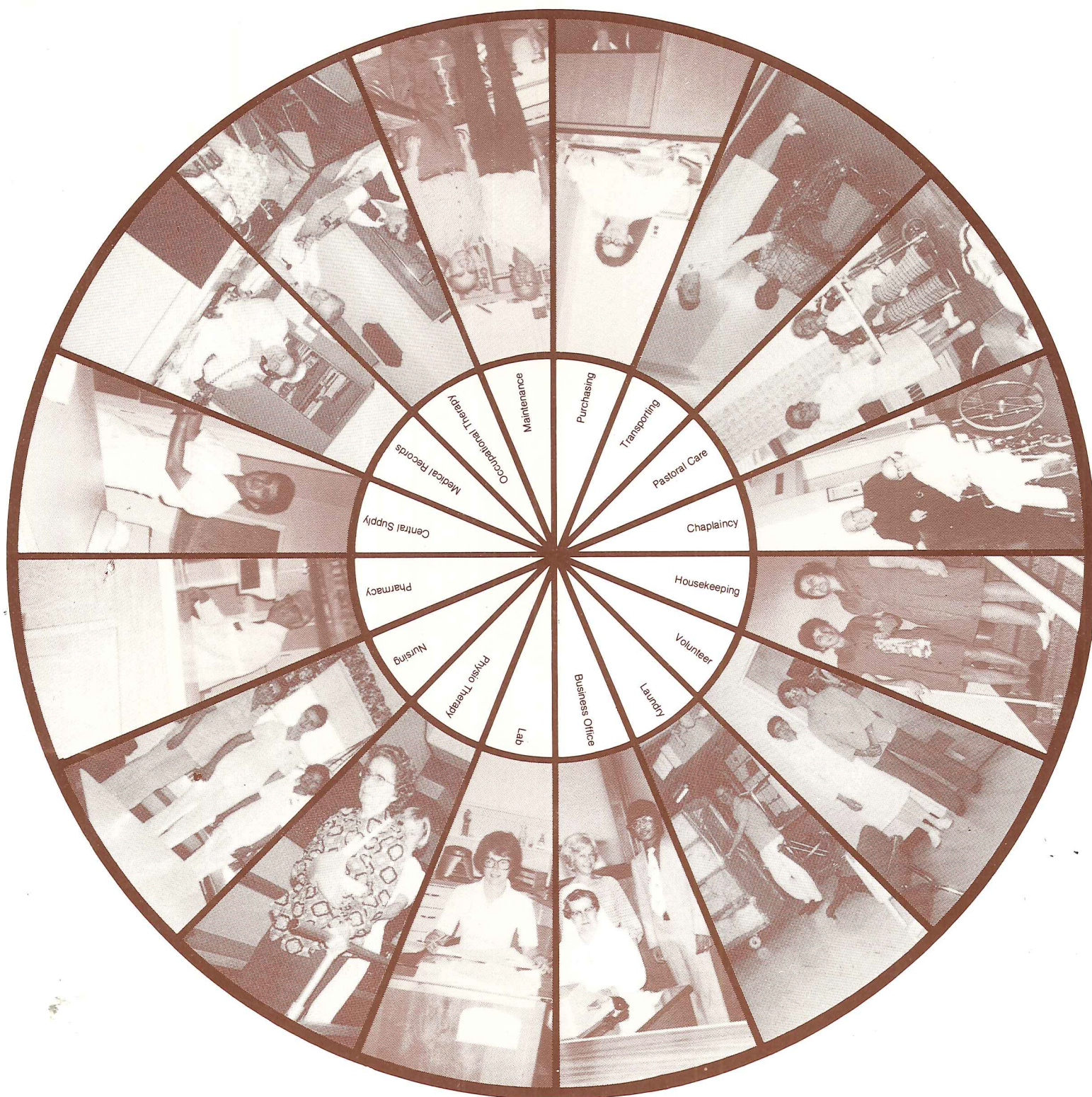


Administration



Patients





O, give thanks to the Lord,
for He is good;
His steadfast love endures for ever!

Psalm 118