

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 santéainsi que la fondation et l'exploitation des hôpitaux catholiques.

St. Mary's Hospital
Camrose, Alberta

75th Anniversary Newspaper Supplement

The Camrose Canadian

Sunday October 17, 1999

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Kingston, Ontario

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CAMROSE, ALBERTA

Brought to you by the Camrose Canadian

Sunday, October 17, 1999

1924 to 1999



Mission Statement

The mission of St. Mary's Hospital is to continue the ministry of the Sisters of Providence in Catholic health care.

Building on this foundation of dedicated service, trusting in God's Providence we provide compassionate wholistic care to all the sick, poor and needy entrusted to us.

Within a supportive family atmosphere, our skilled team delivers quality acute care for the community through the responsible use of available resources.

In collaboration with others, we strive to respond to changing community needs through the development of innovative programs, health promotion and disease prevention. We commit ourselves to keep pace with advancements in health care.



From Lidia Molinara, BSc. Pharm (FASCP), Ida Twiss, RN, Connie Maitland, RN, CNN and the Staff of West End Health and Homecare Centre

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WEST END HEALTH AND HOMECARE CENTRE



1 0 5 P I T A L 1 9 2 4

75th Anniversary

St. Mary's Hospital Board members

Community Representatives
Gerry Galenza, Ray Heck, Anne
Laskosky (Board Chair), Ray McIsaac,
Olive K. Metcalfe, Ron Pilger, Bob
Seney, Wayne Throndson.

Sisters of Providence Representatives

Sr. Bernadine Bokenfohr, Sr. M.E. Jacob, Sr. Sheila Langton.

Administration

Judith O'Shaughnessy, Executive Director; Sheila Csernyanszki, Director of Nursing; James Krekotin, Director of Finance.

Medical Staff
Dr. G.M. Ninian, Chief of Staff

A hospital rich with history

ith the formation of the Province of Alberta in 1905, settlers were soon attracted to the possibilities of a new life in this wide open, sparsely populated area in Western Canada. Indications were that the area around the village of Daysland was populating rapidly and might very soon become a large centre.

The Sisters of Providence of St. Vincent de Paul were asked to establish a hospital which opened in 1908. However, by 1914 Camrose, connected with Winnipeg, Calgary, Edmonton and Regina by 12 or more passenger trains daily, was growing even more rapidly.

Camrose already had a small 14-bed hospital, however,

the need for a larger facility was evident.

In the early Annals we read: "Late January 1918 or 1919 at a regular ratepayers' meeting, Mr. O.B. Olson, Mayor of Camrose, reaffirmed the need for a larger and better hospital." Because of the cost and strapped financial resources, it was suggested "Why not invite hospital Sisters of a religious community to come here and build a 50-bed hospital and provide the efficient service such as Edmonton is now providing?" Dr. F.A. Nordbye endorsed the suggestion and the meeting adjourned hopefully!

Continued B3

Message from the Governing Board Chair

he Governing Board of St. Mary's Hospital has a proud history of dedicated members, chosen from the City and County of Camrose, offering their time and their abilities for the successful governance of the hospital; but equally important, to preserve the unique identity of a voluntary, faith-based health facility.

Although the ultimate authority for the governance of St. Mary's rests with the General Superior and Council of the Sisters of Providence of St. Vincent de Paul, the responsibility of planning, directing, and evaluating the affairs of the institution are delegated to the local Governing Board. The trustees serving on the Board have a mandate to deal with the social, political, financial, spiritual and ethical issues that may

arise in the operation of St. Mary's Hospital; and in dealing with such issues, the trustees ensure that the mission and philosophy of the Hospital provide the major influences in the decision-making process.

The Mission Statement is the constant guide in the development of long and short range plans and goals for achievement. The loyalty of Governing Board members to the hospital's stated mission has ensured that the compassionate, holistic health care that the Sisters of Providence began in Camrose 75 years ago has continued to this day. Grateful thanks are extended to all Board Members, past and present, who have helped to bring St. Mary's Hospital to this proud moment

Anne Laskosky Chair, Governing Board



Message from the Chief Executive Officer



Since 1924, St. Mary's Hospital has provided compassionate care to the residents of Camrose and surrounding areas. Inspired by the Sisters of Providence of St. Vincent de Paul, the Governing Board and staff have continued to promote the spirit of the Mission established 75 years ago.

During the building of the first hospital in Camrose, the tenacity and Mission of the Sisters of Providence pulled them through difficult times and seemingly insurmountable challenges. This history and inspiration continues to provide the impetus to move forward in providing programs and services to address the needs of the residents of Camrose and community as well as those in the East Central Region.

Our successes are due to the dedication of our Board, staff and volunteers and the support of the Camrose community. We continue to work in collaboration with East Central Health and other health and social service providers in the community.

We pray for the continued support and commitment of the community and region as we move forward into the new millennium.

Judith O'Shaughnessy Executive Director





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75th Anniversary

A unique spirit of caring Sisters of Providence

unique spirit of caring permeates the atmosphere at St. Mary's Hospital and the Sisters of Providence of St. Vincent de Paul are

ensuring that spirit will remain.

The Sisters of Providence, whose Motherhouse is located in Kingston, Ontario, totals 163

members. The Sisters of Providence are owners/sponsors of seven health care facilities from Vancouver, British Columbia to Brockville, General

Ontario throughout Canada. The Sisters are also working in Guatemala and Peru.

Two members of the General Council recently

visited St. Mary's Hospital and met with the hospital staff. Sister Joan Whittingham, General Superior, explained, "In 1924, when the hospital opened its doors as a 50 bed acute care centre, the Sisters of Providence worked, as nurses, supervisors and administrator.

The role of sponsorship continues to ensure the care of the sick as a sacred trust. We believe God is the author of human life which is precious and cherished from the moment of conception until death.

Everyone without exception is to be treated with dignity and respect in a fair and just manner."

Sister Dianne McNamara, General Councillor, states, "Our numbers may be decreasing but we remain mighty. We have in p a r t n e r s h i p, knowledgeable and very capable lay people, who are committed to sharing our spirit, our charism and

our mission. At St. Mary's Hospital, there are certain decisions the sponsors still make, but everything is done in mutuality with the Governing Board," adds Sister McNamara.

Sister Sheila Langton, President of the Providence Health System, works full time with the health care institutions in Canada.

She is a liaison between the Sponsors and the Boards in the governance of the health facilities within the System to carry out their common mission. St. Mary's Hospital's Mission Alive Team consists of staff who meet regularly to focus on the mission and communicate its importance to their respective departments.

It is at the grassroots level where mission becomes practical and as a result patients receive the care inspired by the Sisters of Providence 75 years ago.



facility.

Sisters of Providence, Dianne McNamara, right, and Joan Whittingham were recent visitors to St. Mary's

FromB2

Knowing that the Sisters of Providence were already at Daysland, they were approached to build and

operate a 50-bed hospital in Camrose.

However, it was not until 1922 when Sister M. Angel Guardian, affectionately called "the foundress of the West," was sent to look into the matter of building a hospital in Camrose.

The town of Camrose generously donated the land and the contributions of people of Camrose supplemented the loan taken out by the Sisters.

On Oct. 24, 1924 Archbishop O'Leary blessed and officially opened St. Mary's Hospital. The 50-bed facility, costing \$100,000, was built to serve the people of Camrose and area regardless of race, colour or creed. The 12-bed hospital, which had serviced Camrose and area since 1912, was closed.

On the opening of St. Mary's Hospital, there were four doctors on staff: Dr. F.A. Nordbye, Dr. W.H. Craig, Dr. W.A. Lamb, and Dr. P.F. Smith. Over the years St. Mary's has been privileged to have on its medical staff roster, Dr. P.F. Smith, his two sons, Dr. F.M. Smith and Dr. C.H. Smith. A grandson, our present Dr. Alan Smith, with his wife Dr. Suna Smith and daughter-in-law Dr. Valerie Smith contribute to the

75 years of continuous medical service by the Smith family.

Hospital where they met with staff and toured the

Sister Mary Pulcharia was the first Superior of the new hospital. Her staff of five Sisters and two nurses was soon increased by another two Sisters. There were two tours of duty, day and night shifts, each lasting until the patients were suitably and safely attended to before booking off duty.

A Hospital Guild was organized on Nov. 3, 1924, less than one month after the official opening. The president, Mrs. U. Cunningham, with her capable working crew, worked tirelessly to aid both Sisters and patients in every possible way for over 20 years.

On Nov. 19, 1924, at a civic opening, the foundation for a training school for nurses was launched. The Grondberg twins were the first to enter the school. The last students to be accepted on July 6, 1932 were sisters Margaret and Agnes Shea, for a total of 44 students in the eight year period of the school. The school was temporarily closed due to limited learning opportunities in a 50-bed hospital, but was never reopened.

The first maternity case was admitted Nov. 16, 1924. Twin girls were born, but only one survived. Before long the six bassinets proved inadequate and more were required. By July of 1925, there were 26 patients in the hospital, seven student nurses, two graduates and five Sisters

Periodically, hospital inspectors came from Edmonton to St. Mary's Hospital. It was a gratifying experience, but the most rewarding was in 1933, when St. Mary's was awarded full Accreditation Status. Of the 98 hospitals in Alberta, St. Mary's was one of only 14 receiving Accreditation Status. St. Mary's has maintained this coveted award to the present day.

When the debt on the hospital was finally cleared, the Sisters made several attempts to secure the deed to the property from Town Hall. Each time they were forced to wait. One day in February of 1936, the Sisters decided to wait no longer. When the two Sisters were again asked "Would they mind waiting?" Sister replied with a smile and twinkle in her eye, "We've been waiting now for some time and we have decided to wait right here until we get it." Needless to say, the Sisters left happy, deed in hand.

A new wing was added in 1949 bringing the bed capacity to 117 adult beds and 18 bassinets, and a hospital staff consisting of 10 Sisters, eight doctors and 100 full-time personnel. In 1961 the Hospital Guild was reorganized under the title of St. Mary's Hospital Auxiliary and is known by that name to this day. Words are inadequate to acknowledge the contributions of this group in providing comforts for the patients and contributing most generously toward funding for the ever-present need for new equipment.

Congratulations St. Mary's Hospital on your 75th Anniversary!

We're proud to work with you as a part of the Health Care Team!

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A road less travelled for cancer patients

Amanda Kuttnick Staff Reporter

or three years staff at St. Mary's Hospital have been offering chemotherapy to cancer patients in the Camrose Community Cancer Centre.

The centre was originally housed in the emergency department but moved to Unit 1 in June 1997.

Patients receiving treatments at St. Mary's must be referred to the hospital from the Cross Cancer Institute in Edmonton.

"They have to agree to come. Not everybody is sent," automatically Outreach Nurse Agnes Hoveland said.

Chemotherapy is the only treatment patients receive at the Cancer Centre and staff are currently only treating adult patients.

Other Community Cancer Centres across Alberta include: Barrhead, Bonnyville, Fort Mc-Murray, Peace River, Drumheller, High River and Hinton.

Also convenient for patients is the availability of the nurses. Staff at the hospital are available whenever treatments are required Monday through Fridays. All costs associated with chemo treatments are covered by the Alberta Cancer Board.

Next door to the Cancer Centre is the Canadian Cancer Society. The Cancer Society helps individuals with support groups, transportation and literature.

Working along side Hoveland are specially trained RNs Gill Hardy, Karen Jans and Unit Manager Dawn Porteous. Overseeing patients are Doctors Odell Olsen and Allan Smith.

Because patients are

referred to the Camrose Cancer Centre, a direct computer link has been provided for staff. Every treatment is entered into the data base so Edmonton doctors can monitor progress.

Dave Hall of Forestburg has been a patient for almost a year now and he finds the cancer centre in Camrose a relaxed and friendly atmosphere.

"Everything's great ... the staff's great. I cannot complain. It's been fantastic service," he said, waiting for the nurse to inject the intravenous needle into his hand.

Community Centres like the one in Camrose also help alleviate the patient loads in city hospitals. And Hoveland expects the number of referrals to community cancer centres to increase in the future.

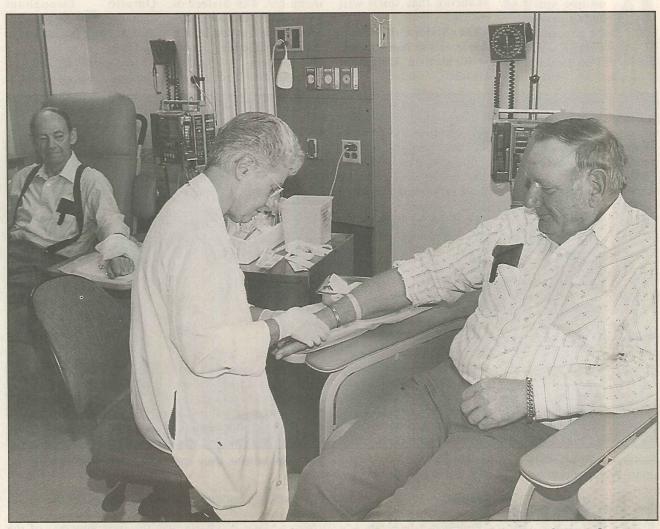
Melvin Hill of Wainwright also drives an hour and a half into Camrose for his chemotherapy treatments everyday, five days every five weeks. He too likes the convenience of the cancer centre in Camrose.

"To get to the Cross Cancer Institute you're probably looking at another two hours," he said explaining the difference in driving times from Wainwright to Edmonton.

Hill began his treatments in May and travels home every night saving him a huge hotel bill if he stayed in Edmonton.

"I'd just as soon be home if I could at all. This is just

"You can actually talk to the nurse here. They've (the nurses at the Cross Cancer Institute) got so many (patients) on the go they don't have time to talk," he



Outreach Nurse Agnes Hoveland tends to Melvin Hill and, background, Dave Hall in the Cancer Centre.

Harvest Tea a long standing tradition

The hospital gift cart operated three times a week before the new hospital was built and we got our own gift shop. Volunteers worked tirelessly visiting the patients and selling "treats," distributing magazines. etc. In 1981, chocolate bars were sold for 40 cents each. Also, in that year, a motion was made by the auxiliary not to sell cigarettes from the cart any longer.

The Auxiliary Harvest Tea and Bake Sale has been an annual event enjoyed by all.

A raffle has also become part of this event. In earlier years, the tea was not always held at the same time as the bake sale. In 1979, the bake sale was held in the old Eaton's Store. The menu has changed over the years as well. In 1979 the menu for the tea was fruit bread and Jell-o. In 1983, it was sandwiches, pickles, cookies and squares. Today the standard menu is pumpkin pie. In 1981 the tea netted a profit of \$290.25. Two hundred people signed the guest book. The doctors' wives poured tea. Seventeen angel food cakes were used with three ice cream pails of fruit topping. In 1998, 35 pumpkin pies were used, with the tea netting \$439.30, the bake sale \$565.35 and the raffle \$412.60.

Various methods were devised by the auxiliary to replenish funds. "Bakeless bake sales" were held for a number of years.

In 1979, the yearly dues to belong to the auxiliary were \$1. At that time records showed 51 paid members. In 1998, the yearly fee is \$2 and we have 46 paid members.

In 1986, a change in bylaws took place and the auxiliary year-end was changed from Dec. 31 to March 31.

Until 1995, library books were delivered to residents of RoseAlta and Stoney Creek Lodge.

From 1990-98, auxiliary was in charge of calling blood donors for the Red Cross whenever a clinic was scheduled for Camrose.

In 1983 the possibility of having a gift shop was under discussion as plans for the new hospital were under way. On Feb. 26, 1988, the gift shop opened for the first time.



Best Wishes

To Our Community Partner on Their 75th Anniversary



Camrose **Ambulance** Services



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75th Anniversary

Pharmacy comes out from behind closed doors

Today's pharmacists do more than simply package drugs

Tim Chamberlin Editor

he stereotype of h o s p i t a l pharmacists being purely in the business of packaging and distributing narcotics is as up-to-date as using whiskey as a method of pain control.

Today, pharmacists at St. Mary's Hospital, working closely with pharmacy technicians and pharmacy assistants, are tasked not only with the control of a high volume of complex drugs, they produce sterile treatments such as chemotherapy and are literally coming out from behind closed doors to provide clinical aid.

"That is one of the areas where I see the most change and the most development," said St. Mary's Head of Pharmacy, Michael Kozuska of the

clinical element

"It's an area where there is a lot of interest."

Pharmacists here serve as liaisons between patients and physicians on narcotic therapy, and as educators to people with ailments like diabetes, cardiac illnesses and cancer.

"Pharmacists actually provide formal lectures to small groups of patients, and of course there is also the bed-side opportunity to sit and explain medications to the patient," said Kozuska.

"Asthma is another area pharmacists have been offered special training sessions in.

"There's special interest when we get patients in hospital in those areas; pharmacists' ears go up a little."

St. Mary's pharmacists are also going outside of their work place to deal

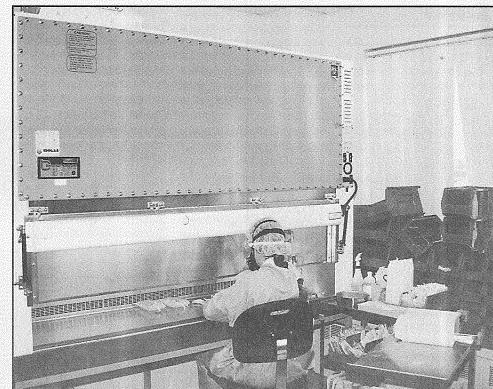
with patients, more specifically those who require geriatric and palliative care.

"We work with families when patients are in here for palliative care and we've actually had home visits in those types of situations. It's not uncommon for pharmacists to make regular visits to someone at their home to help them get set up.

"We work very closely with Home Care and that particular group of patients."

The main focus of the department, however, is servicing the needs of their in-house guests, which over the course of the summer, varies in number.

"Our volume will vary considerably depending on the amount of surgeries being done and how busy the various components of the distribution system



Pharmacy Technician Bridget LaChance works at the biological containment cabinet.

become."

Through the preparation

of unit doses (prepackaged medication wrapped and labelled in a patient's correct bin) the pharmacy equips the hospital's patients with their daily requirement of prescription drugs.

"The method of getting pills to the patients means that we're setting up a 24-hour supply of medications for the nurse.

"In addition to just oral solids we have sterile product production that goes on too."

Sterile product production involves the packing of chemotherapy treatments.
"The handling of

chemotherapy products has come a long way in the last 20 years," said Kozuska, noting staff must adhere to strict guidelines for handling and the administration of chemotherapy.

"The pharmacy is certified so we are examined on an annual

basis by representatives of the provincial cancer program.

"With the sterile project end of things we have a clean room with a biological containment cabinet and because of that environment we can do all the intravenous medications the hospital uses as well."

The pharmacy staff at St. Mary's, which includes three pharmacists, three pharmacy technicians and two pharmacy assistants, also provide pharmaceutical services to the Killam Health Centre which includes long term care residents.

"Medication supply is done through the use of what we call a night cupboard; in essence a mini pharmacy that I will do maintenance on, on a weekly basis.

"We also send medication daily there through a courier."



Pharmacist Shelley Frost prepares unit doses which are put together 24 hours in advance.

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Peeking at your insides — Endoscopy

Jefferson Hagen Staff Reporter

or a long time, the endoscopy procedure has taken place in the operating room of St. Mary's Hospital.

As of October, however, a brand new suite has been created to better service patients, conform to practice standards and lower costs.

A former central bathing area was converted into a small room that will serve

as an area for endoscopies. All procedures involve the technology of inserting a tube into a patient's body for diagnosis.

The procedure, which involves inserting a small tube into the esophagus or the rectum, acts as a method of diagnosis and a way to prevent disease. It's essential technology that allows patients to be examined without an-

"The impetus to develop

accreditation survey last year where they recommended that we do endoscopies on an outpatient basis instead of in the operating room," said Val MacMillan, Nurse Manager of the Operating Room and Clinics. "They recommended we move them to an out-patient area.'

As well, the new area is equipped with a small recovery room, because patients are admitted and

the procedure, they wait an hour and then they go. It's like day surgery but there's no anesthetic involved."

Instead, patients usually undergo intravenous sed-

"It's more of a diagnostic procedure than a treatment."

Endoscopy at St. Mary's can be done by the use of three different instruments: a sigmoidascope, a gastroscope or a colomoscope.

"They come, they have flexible tube that contains fiberglass rods," explained MacMillan. "You hook it up to a light source and look through an eyepiece like a telescope."

> Both the sigmoidoscope and the colonoscope are inserted through the rectum. The former is used to examine the very last part of the large bowel from the rectum up while the latter is longer, to go further up into the colon.

"With the colonoscope

the camera and the monitor."

The gastroscope doesn't require a camera. It's inserted into a patient's esophagus and is used to not only examine that area, but the stomach and top of the small intestine as well.

"The scopes are very flexible and there are controls at the proximal end that allow the surgeon to manoeuvre the instrument," said MacMillan.

"This whole instrument has channels running down it so we can pass a small biopsy forcep down the channel and out the other end. The surgeon can see and manipulate the forcep to take small pieces of the mucosa or lining of the stomach or bowels for diagnosis.'

St. Mary's has two of each type of endoscope and at 400-500 procedures every year, they are well

Initially, the new endoscopy suite will be open for procedures twice a week. A urologist also uses the suite to perform cystoscopy for looking inside the bladder.

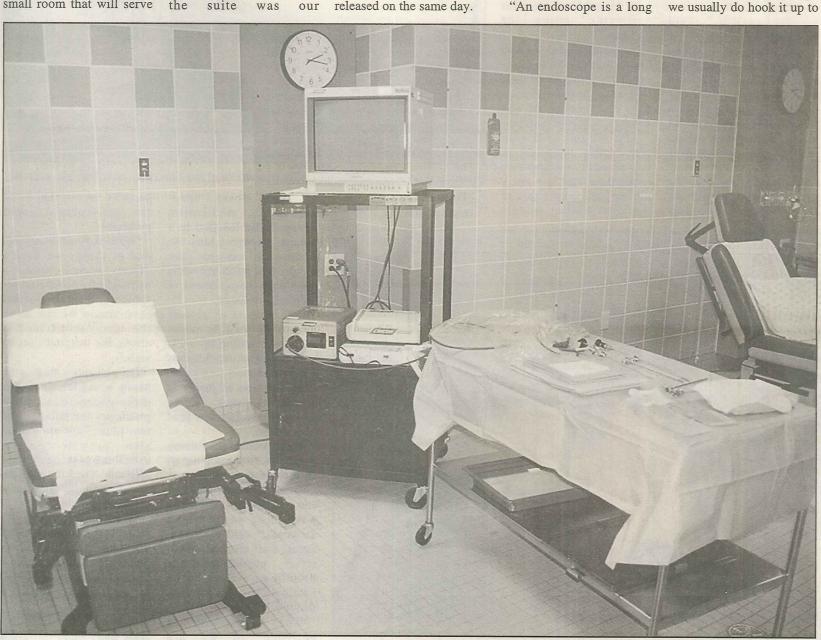
To accommodate the new area, St. Mary's has hired additional Registered Nurses and two part-time LPNs have had their hours increased.

"They work on the day surgery unit and they're both part time so they'll alternate.

"On the days that they're not working here on the day surgeries, they'll do the scopes.

"The two RN positions are new," explained MacMillan.

Undoubtedly the new area will go a long way to aiding patients in diagnosis and examination and will help decrease their recovery time.



A brand new Endoscopy suite was created to better serve patients. The suite also includes a recovery room.

Happy 75th Anniversary

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Restoring people back to their maximum abilities

Murray Green Staff Reporter

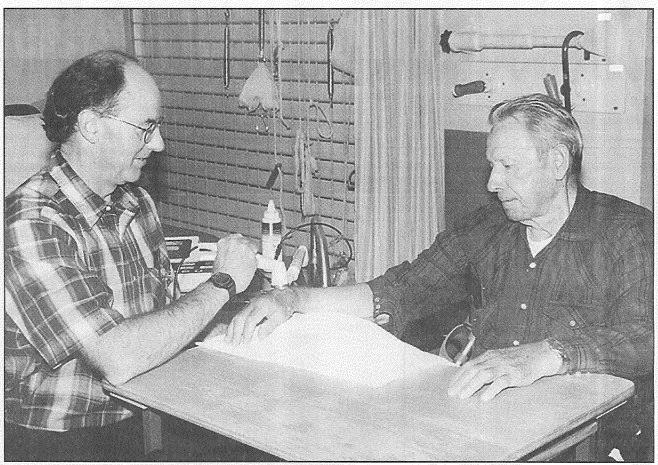
tting people back to their normal activities is the task of Occupational and Physiotherapy units at St. Mary's Hospital.

"Rehabilitational Therapy aims to restore people to their maximum abilities in both the workplace and in their normal daily lives," said therapist Pat Prest. "We want people to be able to fully function at home and in their workplace and do the activities of daily living."

Patients go through a comprehensive assessment to identify their needs and to determine what therapy is required.

The Occupational Therapy (OT) department is staffed by 1.6 therapists, Evelyn Wevik and Judy Bryan, and a shared rehabilitation aide. The department is open from 8:30 a.m. to 4:45 p.m. Monday to Friday.

Both in-patient and out-patient services are provided to individuals who have a referral



provided on the unit or in the department."

The OT may be requested to assess patients for skills needed to return to their home environment. These may include physical, perceptual, cognitive and psycho-social skills.

"Treatment is provided on an individual and/or group format based on assessed needs. Custom splinting is also provided."

The Physical Therapy Department has three physical therapists and is open from 7:30 a.m. to 5:15 p.m. Along with Prest, Les Harrison and Crystal Regehr are the physiotherapists.

> "In physio we aim for relief of pain for the patients using heat, ice and electrotherapy. In OT we use function simulations like getting dressed, self-care and functioning in the kitchen. We have 6-10 people in our group stimulation activities.

> "When someone arrives in PT we do an assessment. We determine the loss of movement, pain and stage of healing process. We determine patient goals and develop a treatment plan for them."

Machines also help with pain relief. Electrical stimulation can promote healing and decrease swelling. Whirlpools, waxing, ultrasounds and laser light therapy are also used.

"Patients typically receive 10-12 treatments with three appointments a week. It is intense over a short period of time. It also depends on how much the patient does at home."

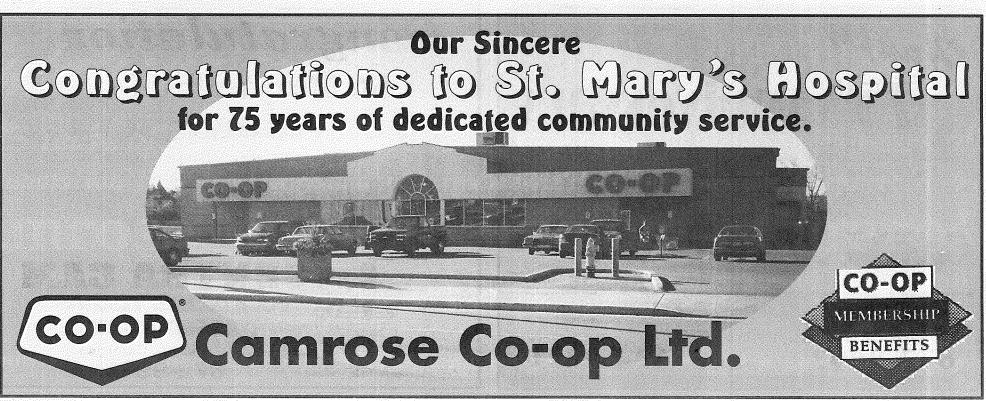
A waiting period to get into the clinic varies from 2-6 weeks.

"We also spend a lot of time on education. We talk about muscles and how they work. We want people to keep fit and prevent injuries. We also monitor patients to ensure they don't go back to work too soon or try to do too much right away."

The unit is also seeing modern effects of living such as computer related

Above, Physiotherapist Les Harrison, left, applies some electro stimulation to patient L. H. MacGougan's hands to help with the healing and rehabilitation process in the therapy unit; left, a group of physiotherapy patients work on rehabilitation at St. Mary's Hospital. Group sessions are used to improve motor skills.







T. MARY'S OSPITAL 1924 75th Anniversary

Stress test gets to the heart of the problem

Jefferson Hagen Staff Reporter

ate last month St. Mary's celebrated yet another milestone: the 400th cardiac stress test was performed in the hospital's history.

That's not really that many considering the technology has been available since the 1970s but Camrose has only been conducting stress tests for the past three years.

Every other Wednesday Dr. Tim Burns will see about four or five patients who are either in need of a stress test because they've had a heart attack or because they're experiencing chest pains.

The technology, worth \$30,000, involves a treadmill controlled by a computer and allows Burns to monitor the patient's heart while they are exercising.

"What a cardiac stress test is is a procedure to get an idea as to how good the circulation is to the heart," he said. "The principle is you have the patient perform a controlled, regulated amount of exercise, which in our situation involves using a treadmill and exercise protocol called the "Bruce protocol", where you start off at a certain speed of the treadmill and a certain slope. Then, every three minutes, both the speed and the slope will increase slightly. The whole idea of that is to gradually increase the patient's amount of exercise to get their heart rate up to a certain level depending on their age."

That level is calculated by taking the patient's age and subtracting it from 220. That number is then the patient's maximum heart rate. Burns would take 85 per cent of that to get a target heart rate.

"For example someone is 40 years old. So 220 minus 40 would be 180. That would be their maximum heart rate and you'd take 85 per cent of that and that's what you'd aim for," explained Burns.

"So you get them to do the exercise protocol in an effort to get the heart rate up to that level or higher and see a) if they get any symptoms — that is if they were to get any chest pains, get dizzy, faint or whatever — and b) do they get any cardiogram changes? There are specific cardiogram changes that one looks for to indicate the heart's not getting enough blood."

That works for two types of patients. One group is the people who've had heart attacks and will get a stress test done before they are sent home to recover. In this case, the patient doesn't have to wait for a Wednesday to get a stress test done.

"We put them on the treadmill before they go home and do what's called a low level stress test.

"If they do okay on that then they go home and convalesce and gradually increase their activity over the next couple months. Then I bring them back again about two months after their heart attack and do a full strength stress test — push them as hard as they can. Then, if they do okay on that then you can say 'ya you've had a heart attack but obviously the circulation's to the rest of your heart's okay. We don't

have to do much more about this.'

"On the other hand, someone comes in and has a heart attack, does okay, you do a little low level stress test on them before they go home and the guy has trouble. Here's a guy who still has significant problems to the rest of his heart, so he needs to have something done. He's the guy you might say 'okay I'm going to send you up to Edmonton to see about having a coronary angiogram, an x-ray of the arteries of your heart to see if you need angioplasty or bypass surgery or whatever."

The other group is those patients that haven't had a heart attack yet but may be experiencing chest pains.

"We also do a lot of them for diagnostic basis,"

added Burns. "Someone gets sent to me because they have chest pains — you might have heart pain, you might not, I'm not quite sure — let's do a stress test. And, if you do the stress test and you do all the exercises and the heart rate gets up and you have no problem you can say, not 100 per cent, but with a reasonable degree of confidence, it sounds like this pain is not from your heart."

It wasn't long ago that St. Mary's had to send its heart attack patients up to Edmonton to get a stress test done. Convenience for all involved is an obvious benefit of having that technology in house. Now, doctors and patients can work together in this vital step to solving cardiac problems.

Prevention and education

Jefferson Hagen Staff Reporter

vital part of the cardiology program at St. Mary's Hospital is education and rehabilitation. For two days every month, the Cardiac Education Clinic offers information to recovering heart attack patients or people interested in prevention. Professionals such as psychologists, pharmacists, dietitians and nurses educate people attending the clinic in an effort to help them understand heart attacks and heart disease. How to live with a heart condition, managing areas such as stress, diet and exercise is invaluable information going towards prevention.

"The key is prevention — quitting smoking, lowering your blood pressure, lowering your cholesterol, exercise, stress management — it's all important to learn before you actually have a cardiac event," said Emergency RN Michelle Bowman, who oversees the clinic. "That's why St. Mary's is considering

gearing the education clinics toward prevention, that way people can change habits that are putting them on a crash course with a heart attack.

"What we're thinking of is focusing on people that have the risk factors of heart disease, to know how to react and why it's important to come to the hospital," said Bowman. "A lot of people don't realize how important it is to get to the hospital. If they ignore the pain and stay home, and some people do that, they're missing out on specific drug therapy we have here that can reverse the damage of a potential heart

"It is important to get to the hospital in the first 2-6 hours."

Educational clinics such as the one at St. Mary's are also very important to heart attack survivors. No doubt they help to answer a lot of questions that patients have and help them adjust to a new lifestyle.

"The benefit of the clinic is to teach people how to live the rest of their lives with their cardiac condition because it isn't going to go away," explained Dr. Tim Burns, who conducts cardiac stress testing at St. Mary's.

"The treatment for a heart attack, everything that we do is sort of like locking the barn door after the horse has gone away. The patient got the disease, they've got the heart attack, they've got the problem and they've got to learn to live with it.

"It may require some lifestyle modifications in order to live with it, but you also have to educate them that it is possible to live quite nicely with it as well."

"A lot of people that have had a heart attack are scared to do anything. They don't know what they can and can't do," explained Bowman. "When can I return to work? How much exercise can I do? Basically they have to learn to live within their own bodies and let their own bodies tell them if they're having pain, it's time to stop."

St. Mary's Cardiac Education Clinic isn't necessarily about rehabilitation in the physical definition of the word, but, if you will, it could be called mental rehabilitation.

"A strict cardiac rehab program involves an ongoing program for several months where you go up to Edmonton and you do physiotherapy and have graduated exercise," explained Burns.

While that's important, knowing the benefits of medication, how to eat properly and how to manage stress effectively is invaluable to recovering from a heart attack.

"Not only in cardiology but in other branches of medicine, we want patients to be taking a more active role in their own care. The whole emphasis these days is on patient centered care," added Burns.

The clinic runs once a month at St. Mary's for two days.

If you're interested in participating call 679-2819 and leave a message on the "Heart Smart Line" answering machine and one of the clinic staff will contact you.

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Ophthalmology clinic provides convenience

Amanda Kuttnick Staff Reporter

The number of patients using the services within the Ophthalmology clinic has increased greatly since it opened in October 1997.

"We're still averaging about 150 patients a year for surgery. More than that of course make use of the clinic because not all the clinic patients go to surgery," said Nurse Manager of OR and Clinics, Val MacMillan.

The Ophthalmology clinics are held monthly in a specially equipped room in Unit 1 which offers initial consultation, postoperative care, follow-up treatments along with laser

"St. Mary's Hospital and Lloydminster are the only places where cataract surgery is performed in the East Central region," said MacMillan.

Treatments are performed by Dr. Morley Kutzner who is based out of Edmonton and travels to Camrose on a part-time basis. Cataract surgery in the operating room is performed with highly technical equipment which enables procedures to be performed quickly and safely.

Betty Mohler had just undergone cataract surgery at St. Mary's Nov. 20, 1998 and was able to travel from Strome to Camrose instead of driving to Edmonton for the outpatient surgery.

"It's handy to have it in Camrose and it makes use of the facility. This is a big seniors area and they will use it a lot," said Mohler following her surgery.

Having the Ophthalmology unit in Camrose

follow-up appointments the next day.

more patients would make

also makes it easier for use of the service if more probably patients to travel for operating time was available.

"It's making good pro-It's estimated that even gress. It's a well used service. I think we'd

do more procedures if the surgeon had more time available in Camrose," she explained.

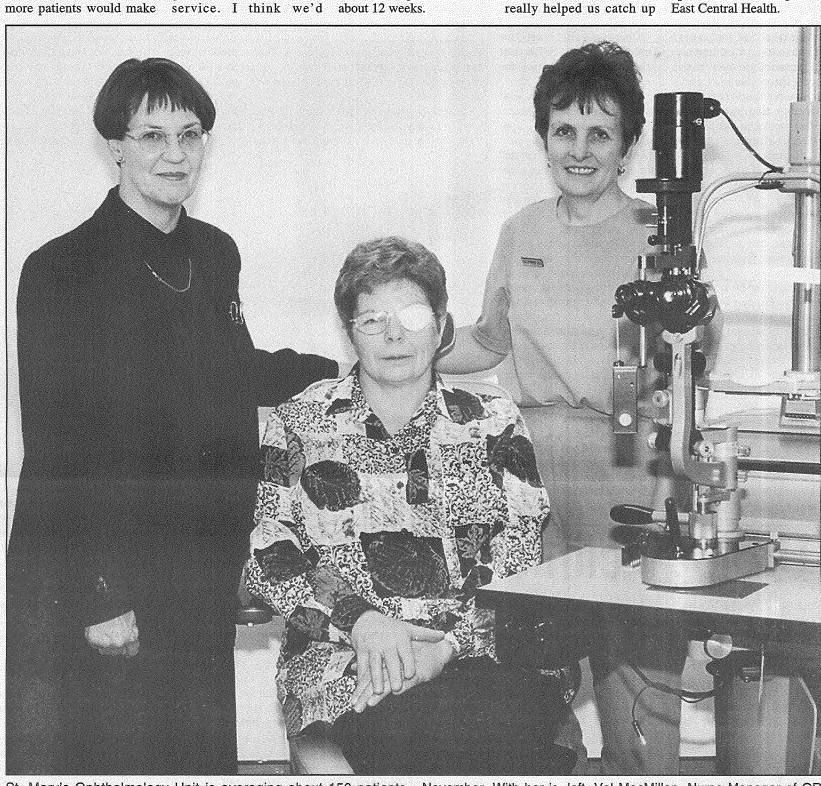
The waiting list to date is about 12 weeks.

"We did a couple of extra days (of surgery) in the

summer when we had OR time. Dr. Kutzner had some available time and that

with our list."

Equipment purchased for this program came from donations to St. Mary's and operates with funding from East Central Health.



St. Mary's Ophthalmology Unit is averaging about 150 patients annually. Patient Betty Mohler of Strome utilized the service last and Clinics, and LPN Eileen Broen.

November. With her is, left, Val MacMillan, Nurse Manager of OR



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Diabetic team drawn from multiple disciplines

St. Mary's Hospital has an centres." active Diabetes Education that was implemented in 1991.

program is The administered by a multidisciplinary team comprised of two nurse educators, a dietitian, pharmacist, physiotherapist, occupation therapist and a registered nurse trained in stress management. The team works in conjunction with clients' family physicians.

"Diabetes is a serious chronic condition that is epidemic proportions," said Donna Tower, co-ordinator of the program. "At present there is no cure. With the proper knowledge and skills diabetes can be controlled and people can live active healthy lives."

The purpose of the program is to provide the knowledge and skills necessary to achieve good diabetic control and prevent complications.

"The program format and material are based on the Canadian Diabetes Association Standards and Guidelines of Practise. This is equivalent to what is being offered in larger required.

A three-day education clinic is offered 10 times a year. A one-day Diabetes Update Clinic is offered once or twice a year as required.

"Clients are encouraged to update their knowledge and treatment plans every two or three years.

"Six to eight clients are booked for each clinic. Family members are encouraged to participate. There is a minimal fee for the clinic to cover the cost of meals and a resource manual. There is no fee for the family."

The program is evaluated annually and changes made to meet the clients needs.

"Individual counselling, for insulin injection, blood glucose monitoring, gestational diabetes, blood glucose monitor loaners and any other concerns related to diabetes can be arranged through the nurse educator."

Clients are encouraged to work with the diabetes education team.

In-patient education is provided by nursing staff on the units, utilizing the diabetes education team as program, Tower and the committee members have involved in establishing a collaborative Education Program with Camrose

As co-ordinator of the Community Health to implementing programs as provide consistent diabetes

> She is also a member on a regional diabetes working group. This group is assessing the needs and

required by people with diabetes in the region.

"The Diabetes Education Committee is committed to providing accurate current information to clients with

diabetes," said Tower. "Each year members attend various workshops, national conferences and diabetes education meetings related to the management of diabetes."



Staff member Donna Tower watches patient Kristi Olson draw up a mixture of insulin in the Diabetic

Education services unit. The unit provides education for diabetes patients and their families.

Urology clinic enjoying phenomenal success

Amanda Kuttnick Staff Reporter

t. Mary's Hospital is celebrating the second anniversary of the Urology clinic where usage has been phenomenal.

The urology unit allows for Dr. Mohamed Foda to perform cystoscopies, follow-ups and minor related procedures. Patients visiting Dr. Foda must be referred by their doctor.

"To date Dr. Foda has booked 26 clinics and is booked into the new year. That's averaging two to three a month," said Nurse Manager of OR and Clinics, Val MacMillan.

Over the last year Foda has had 435 patients.

Foda, who practises out of Leduc, travels to St. Mary's two or three Mondays a month. Procedures are performed in a specially equipped cystoscopy room in Unit 1.

It's hoped that some surgical procedures will be added in the next fiscal year contingent on equipment and OR time available. St. Mary's did, however, gain funding for more hospital staff to help Foda during his procedures.

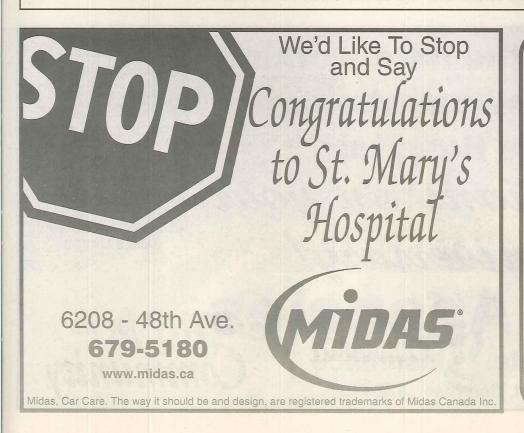
Like the Ophthalmology clinic so widely used by seniors, the Urology clinic too makes it easy for elderly patients in

"To date, Dr. Foda has booked 26 clinics and is booked into the new year. That's averaging two to three a month."

Val MacMillan

the East Central Health region to stop by.

Urology services are available thanks to the Community Lottery Board Grant Program which donated \$32,000 for the purchase of capital equipment, two cysto-urethroscopes, three 70-degree telescopes and one flexible cystoscope. The remaining equipment and renovations to the space came from donations to the hospital. Operating dollars are received from East Central Health.





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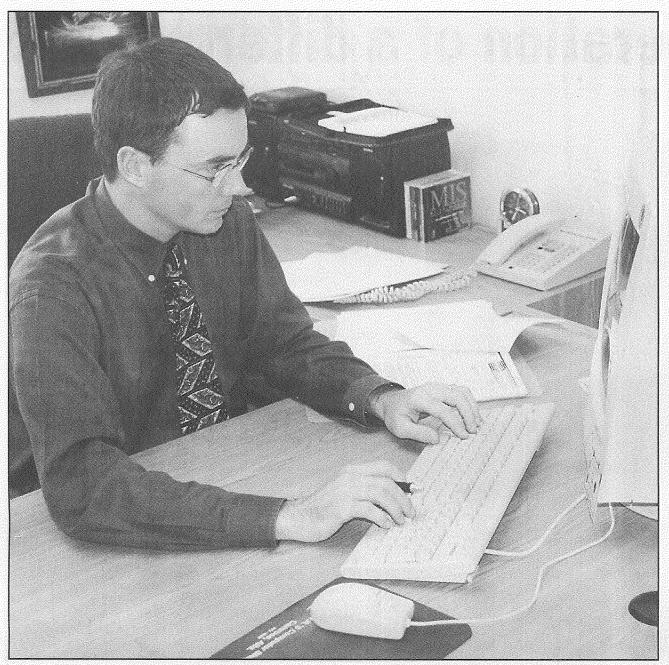
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Finance and Human Resources Director Rob Yager approximately 280 employees, including the staff of has a rather large responsibility, the payroll of Castor Hospital.

Yager offers his support, including financial

Jefferson Hagen Staff Reporter

Mary's Hospital that makes sure all of its staff are paid is Finance and Human Resources.

Director Rob Yager, who came to St. Mary's from Bethany about a month

challenges of the job.

"The areas that are under The area of St. my supervision are accounting and payroll, computer systems, support and human resources.

> "We support all the computer systems within the hospital and all the networks and everything else that comprises that

explained the area," he added. "We've got a full-time individual that deals with that and she's hopping all the time. And it just gets more and more demanding as the years go on. There's so much more information and so many more computers kicking around out there."

All total, the seven-

member department looks after approximately 280 employees, doing payroll for St. Mary's Hospital and Castor Hospital. Yager also works closely with the Regional Health Authority. "It's a challenging job."

Finance and Human Resources is located in the building directly north of the hospital.

Unravelling the mysteries of bodily fluids

Jefferson Hagen Staff Reporter

lood and germs. Kind of a trite way to sum up two of the most interesting areas in the St. Mary's Hospital Laboratory, but knowing how to study and analyze them can save lives.

And, that's what the 16 lab technologists and assistants do every day.

A very essential service to patients, not only in Camrose but across the region, the St. Mary's Lab helps to unravel mysteries of blood, urine and other body fluid, enabling technologists to detect and contribute to accurate diagnosis of medical illness and disease.

"Here at St. Mary's we do Chemistry," explained Lab Supervisor Lynn Lyseng. "Clinical Chemistry involves testing different chemical elements in blood like sodium and potassium. Some people have their cholesterol tested.

"We also do Hematology which is examining red cells, white cells, looking at different cell counts analytes. Also, (we check) how fast blood clots. People sometimes are put on blood thinners, especially when they have the orthopedic surgeries, that have to be monitored carefully.

"Another of our programs is Blood Banking or Immunohematology. That's cross matching — getting blood ready for transfusion.

"Microbiology is another program we offer at St. Mary's. This includes testing for any bacteria that may cause infections."

St. Mary's Lab is the referral centre for regional health authority sites in Daysland, Killam, Tofield and Viking. Staying open from 7 a.m. to 11 p.m., most of the evening work done at the Lab is to service the outlying areas as well as emergency and urgent in-house requests.

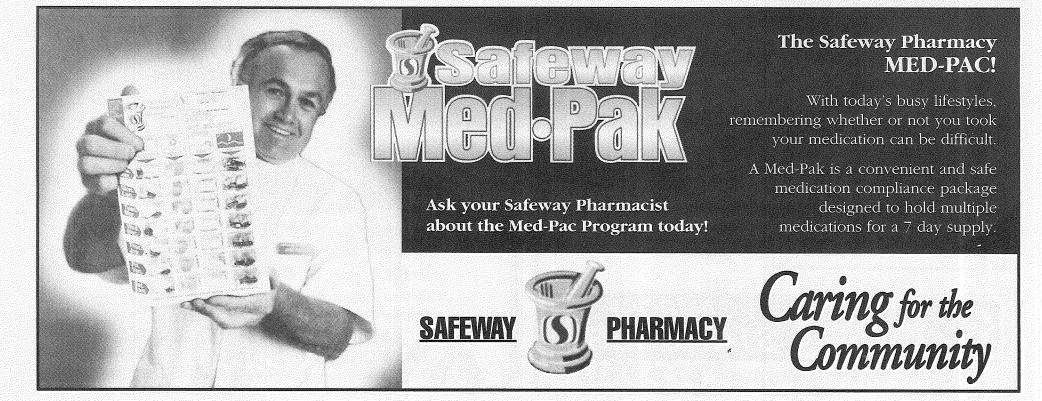
Records do indicate that Sister Mary Gerald came to Camrose November 17, 1924 to serve as a lab technician. Obviously, since that time, a number of changes have

"They used to resharpen, resterilize and reuse needles. We have disposable needles now," noted Lyseng. "They used to look at slides under a microscope with candles as opposed to having light bulbs now."

Since Lyseng has come to the hospital, technological changes have included a large chemistry instrument that allows them to do multiple tests at one time, up to 12 on one patient. It used to be that tests were done one at a time. Over the years things have gotten faster, more advanced, more specific.

However, more than technological changes, the biggest thing that has impacted the lab was regionalization in

"Before that we were a stand alone lab and did our own work and a few out-patients. But, now with regionalization, our testing has at least doubled if not





A smooth operation of a different sort

Murray Green Staff Reporter

Thile most of the employees at St. Mary's Hospital take care of patients, the staff of the Facility Services Departments are busy taking care of the building and equipment.

"We operate and maintain the plant and the equipment," said Allen Lemon, director of Facility Services. "We ensure the plant is running smoothly, that the building and equipment are maintained properly and that the hospital is clean and environmentally safe."

Lemon started working at the hospital in December

"St. Mary's is a good place to work. I'm lucky to have staff in

departments. The hospital is a good, open working environment."

Heating, air conditioning, ventilation, electrical and plumbing systems must be maintained to ensure a healthy environment for patients and staff.

"The hospital building is now 10 years old and maintenance needs of the facility will become greater as it continues to age. I want to give credit to the staff who over the years have kept the hospital in top shape."

Lemon credits Doug Taschuk who has been on staff and responsible for plant operations for 15 years.

"We have staff here who are qualified in several areas which allows us to do most of the repairs in-house. Our staff's expertise includes



Randy Cross of the Facility Services department repairs a bed to get it back into circulation. The

electrician, qualified building engineer/operator, carpenter, sheet metal work, plumbing and mechanical experience."

The ability to do in-house repairs saves the hospital time and funds.

"We also have a good housekeeping staff that keeps the hospital clean and well groomed. The floors shine and patient areas are very clean. Our goal is to provide a safe and clean environment is being accomplished."

A staff of nine are in the

Plant and Equipment Services department and 22 provide housekeeping duties.

"We have to keep the building running seven days a week with rotating shifts of days, evenings and nights."

Lemon has two big projects under way at the present time.

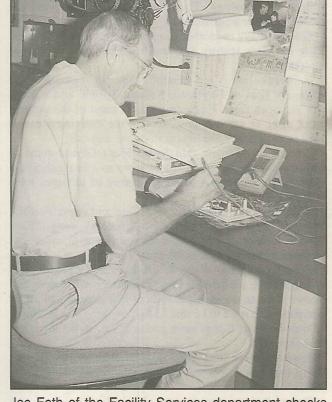
"With the support from the regional health authority we are constructing a heliport for STARS Air Ambulance. We are required to meet Transport Canada standards department maintains both the interior and exterior of the hospital grounds.

and this project will satisfy those requirements regarding landing surface, clear approaches and lighting.

"Another project is the construction of a storage facility. Right now we rent space off-site to store spare hospital, seasonal and grounds maintenance equipment. It's not time efficient for us to run across town to access this equipment."

Space within the hospital is very limited, especially now with St. Mary's hosting a number of regional and out-patient services. The demand for this valuable space inside the hospital is very high. The on-site storage will be both more efficient and a significant cost saving as space demands continue to grow.

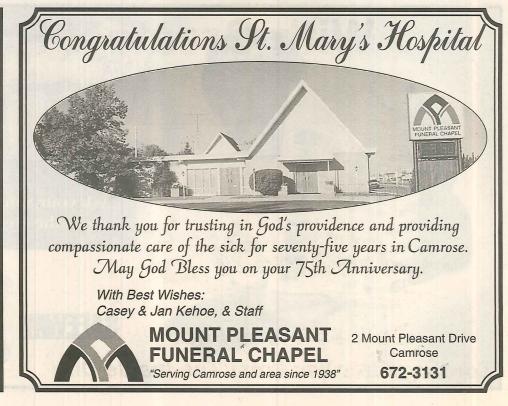
"It has not made sense for us to sell spare equipment knowing that it would be needed at a later date. We needed an on-site storage area and this project which we expect to be complete in October will satisfy that need well into the future."



Joe Feth of the Facility Services department checks out some circuitry problems. Many of the repairs are done in-house, saving the hospital time and costly repair bills.









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9 2 4 9 9 9 Th Anniversary

Education key to avoiding respiratory complications

Amanda Kuttnick Staff Reporter

Inhale ... exhale. There, wasn't that easy? Unfortunately for some it isn't. To help identify and ease the difficulty associated with respiratory problems, patients are referred to the Respiratory Therapy service at St. Mary's Hospital.

Assistance offered through the respiratory therapy service include both in-patient and out-patient services. Brian Walsh, the Registered Respiratory Therapist explains, "We try to treat people as much as we can on an out-patient basis thereby eliminating the need for a hospital stay."

Much of Walsh's work is in performing tests and giving physicians the results in order to assist the decision-making process regarding treatment.

One of the major tests performed on patients is the Pulmonary Function test — an in-depth breathing exam. These tests are read by a consultant in Wetaskiwin, Dr. E. York. He sends the results to Walsh, who then reports to the physician. With the increase in pulmonary function testing, doctors may gain more insight into respiratory ailments. The tests are geared toward those who suffer from emphysema, asthma or have a smoking history.

His workload can vary from day to day and season to season.

"For example, one morning I started off with a couple of out-patients that were started in emergency the previous night and the following day they came here for treatment."

To keep testing accurate, Walsh is also required to calibrate the machines in the clinic.

"Not only do I have to calibrate it daily, I've got to make sure the machine is functioning correctly by testing myself weekly."

As far as seasonal effects, "Many people with asthma may be affected during the fall and spring. Once winter sets in, those who suffer from Chronic Obstructive Pulmonary Disease (COPD) may also need treatment."

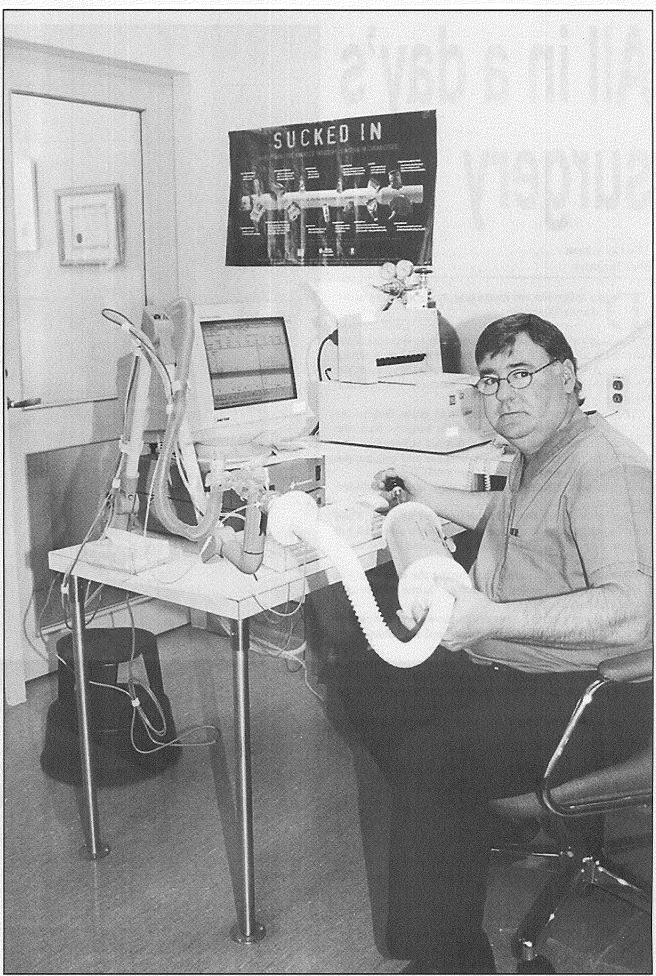
COPD is the number one reason people need to see the Respiratory Therapist.

"Obstructive lung diseases are emphysema and chronic bronchitis from smoking, but asthma is also an obstructive lung disease," explains Walsh.

Walsh stressed that young and old alike can avoid respiratory problems mainly through education.

"I have teaching tools and pamphlets ranging from the effects of smoking, to exercise and information on asthma and COPD." Education is a major part of his job as he provides information on quitting smoking right through to information for those who suffer from sleep disorders. An effective screening tool, standing in the corner of his office is a treadmill.

"This is used to pin-point those patients who may require medication or oxygen. If they need more in-depth study, a patient will be referred to Edmonton."



Respiratory Therapist Brian Walsh displays one tool of his trade — a scientific calibrating syringe.

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All in a day's surgery

Murray Green Staff Reporter

ay surgeries are increasing at a rapid rate at St. Mary's Hospital.

"The number of day surgeries continue to increase. Last year we had about 1,100 and this year from April to September we have had around 450 already," said Val MacMillan, Ambulatory Care and Operating Room Nurse Manager.

"The out-patient services continue to grow. Before we had patients come in the night before surgery. Now the patients come in early on the day of surgery and it reduces the length of stay in the hospital and reduces the number of beds needed."

Other factors influencing shorter stays include patients' mind-sets.

"They don't want to be in the hospital as long. They want to get back to work and continue with a normal life as soon as possible. People like to be home and sleep in their own bed."

"Another important factor in reducing the time spent in the hospital is technological change. Some procedures can be done as day surgery.

"Also, shorter acting new drugs have been developed which let the patient recover sooner and it enables them to get mobile quicker."

Over the past number of years many patients have been asking to go home sooner because they feel good. Now 98 per cent of day surgery patients go home the same

If problems occur following surgery, then the patient is

kept longer.

"We also have same day surgeries. What that means is that they have the surgery on the same day they come in. They stay over night after the surgery in the in-patient unit."

In the past, day surgery patients often stayed in the emergency area in the hospital. But the demand for the day and same day services increased so a separate unit was created.

"Right now we have surgeries from 6:30 a.m. to 2:30 p.m. Monday to Friday. As the needs increase, the hours may be increased as well."

The pre-assessment clinic is also held in the same unit so patients may see the same staff during their stay at the hospital.

St. Mary's receives more than 10,000 walk-in patients per year. With shorter stays the number will likely increase in the future.



Bernadette Kasa, left, and Val MacMillan of the Ambulatory Services unit go over some charts of their

day surgery patients. With an increased demand for out-patient services, the department is kept very busy.

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Psychiatric services abundant

Tim Chamberlin Editor

hether through the internal guidance of therapists and psychiatrists, or reaching out to community resources, staff in the Psychiatric Department at St. Mary's Hospital are in the business of helping people.

The Walk-in Clinic, offered through the Psychiatric Out-Patient Service, runs every Tuesday morning, beginning at 8:30 a.m.

People who arrive here are treated on a first come first serve basis after initially filling out a questionnaire.

"Then a therapist sees the patient once they've completed the questionnaire. The therapist then spends time doing a psychiatric evaluation," said nurse therapist Shelly Dalueg, one of two on staff.

Information is then summarized and presented to a psychologist who may request a meeting with the patient for further diagnosis.

A treatment plan, which may involve medication, is then established for the patient by the psychiatrist and the therapist.

"If I have any questions from the presentation I'll be asking the patient during the diagnosis and then designing a treatment plan," said Clinical Director and Psychiatrist Dr. Suna Smith.

That treatment can vary from Out-Patient services to admission.

Patients admitted to the unit may stay up to four weeks.

Those who are not admitted and suffer from disorders like addictions or spousal abuse can be directed to community agencies such as Canadian Mental Health, or pastoral

care offered at churches like Messiah Lutheran.

Out-Patient treatment at the hospital includes a number of group programs like stress management, eating disorders group and management of anxiety and panic.

In extreme cases where patients are violent to themselves or others, they are transferred to centres like Ponoka.

Once admitted, patients may undergo group therapy or individual treatments ranging from cognitive behavioral to interactional therapy to registering EMDRs (Eye Movement Desensitization and Reprocessing therapy) to hypnotherapy.

The unit is set up to accommodate 10 patients and has a 90 per cent occupancy rate.

After discharge, patients have the option of remaining in the Out-patient program.

"They can spend a whole day here, but not to sleep or have meals.

"They can take part in In-Patient programs, such as group therapy but not individual sessions with In-Patient therapists."

Also, Dr. Smith guides group sessions on skills building and medication teaching three evenings a week.

She lists major depression as the most prominent disorder, although the staff will see cases of bipolar illness, schizophrenia, panic disorder, addictions or a combination of diagnosis.

The Psychiatric Department, commonly referred to as Unit 3, will deal with about 100 patients at any given time.

Also on staff here is counselling psychologist Rick Myers.



One element of Nurse Therapist Shelly Dalueg's job is performing psychiatric evaluations.

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Pastoral Care — the foundation of St. Mary's Mission Statement

he Pastoral Care Department of St. Mary's Hospital has its foundation in the hospital's Mission Statement. The Mission Statement contains phrases such as "continuing the ministry of the Sisters of Providence in Catholic health care, building on the foundation of dedicated service, trusting in God's Providence, we provide compassionate holistic care to all the sick, poor, and needy entrusted to us ..."

These phrases have provided throughout the hospital's history, and continue to provide the focus and direction for the Pastoral Care Department.

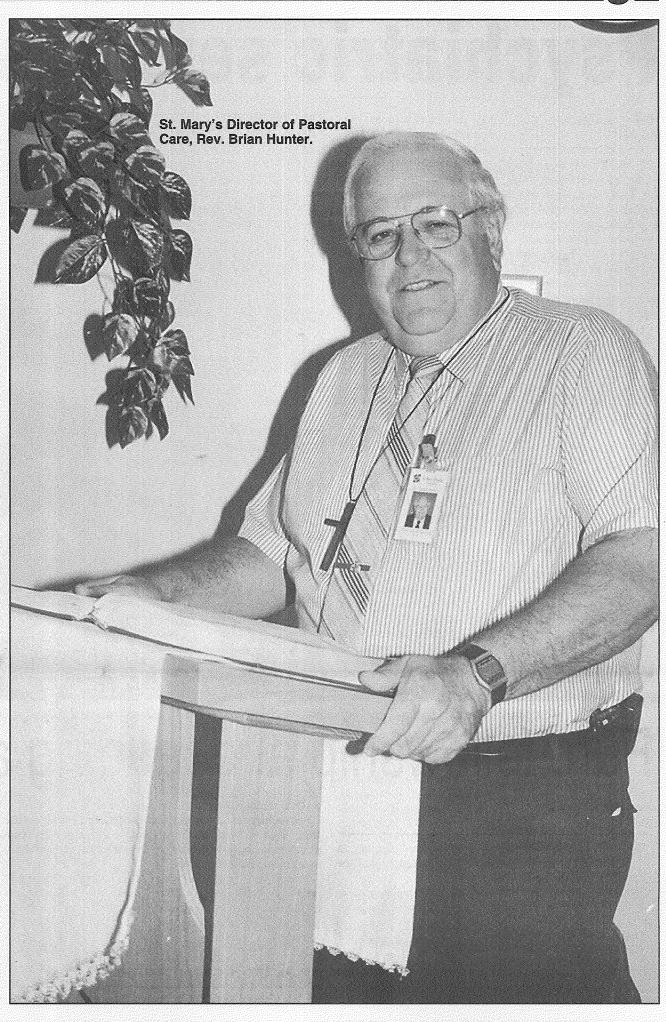
When the Sisters of Providence first established the hospital in 1924, they provided not only the physical care of the patients, but also the spiritual care. By their very presence, the sisters witnessed to their faith and through their example of love, compassion, and caring, created an environment for spiritual growth and support for all of the patients

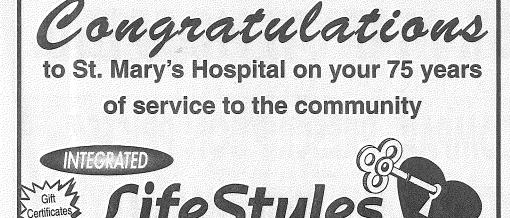
In the 1970s, the first formalized pastoral care program began. There was a roster of local clergy developed so that all new admissions would be visited to ensure that they were being seen by either by their own minister or by the "scheduled chaplain".

A Director of Pastoral Care was appointed in the 1980s. By this time the visiting of patients by local ministers was well established, allowing the Director to focus her time on the Maternity and Psychiatry units.

In 1986, the Pastoral Care Department, under the direction of Sister Bernadine Bokenfohr, aligned their standards with those set by the Alberta Pastoral Care Association. She also developed a list of Roman Catholic volunteers who visit all Catholic patients Monday to Friday, taking communion to all who desire it. With the retirement of Sr. Bernadine in June of 1999, Rev. Brian Hunter, a United Church minister, was appointed by the hospital as Director of Pastoral Care. He states, "We respect the religious and denominational differences of all patients, allowing for and providing opportunity for any special sacramental rites the patients may desire. All ministers are encouraged to visit their own patients on a regular basis, and I will visit those who do not state a religious preference."

Rev. Hunter works at the hospital during the day but is on call 24 hours. He attends meetings on patient care and is a member of the Ethics Committee. While this is the first time this position has been filled by a non-Catholic, every effort is being maintained to preserve the compassionate, holistic, loving care that has been the foundation of the Sisters' mission in St. Mary's since its founding in 1924.





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St. Mary's Hospital Ladies Auxiliary executive are Helen Kitchen, Lavern Nesvold, Lorraine Badry, Eileen Ryhason and Pat Lyseng.

Fun, fellowship and lending a helping hand

Amanda Kuttnick Staff Reporter

ot only is the St. Mary's Hospital celebrating 75 years of service, so too are the ladies behind the scene, the Ladies Auxiliary.

Whether it's through fun or fellowship the Ladies Auxiliary is here to lend a hand in helping raise funds for the hospital.

That is, after all, their main goal.

The biggest fund-raising effort put forth by the ladies each year is the Harvest Tea and Bake sale. And of course this year is no exception.

"It's a special tea for the hospital's 75th Anniversary."

said President Helen Kitchen.

The volunteers from the Ladies Auxiliary also donate their time to work in the gift shop. All proceeds from purchases are given back to the hospital to purchase equipment and instruments.

"Once or twice a year the people (hospital administration) suggest different items that we would put our money towards. Sometimes they go ahead and purchase them initially and we put money towards it," she added.

The ladies also spend volunteer time providing hairdressing services to the patients, decorating patients' food trays on special occasions and donate yearly subscriptions of large print Reader's Digest to RoseAlta

and Stoney Creek Lodge. They also host the Rosehaven bingo, supplying food and prizes.

Like most clubs dues are collected, but the \$2 fee hasn't scared anyone off yet.

Time commitment is also not a problem. Any time

Time commitment is also not a problem. Any time donated is welcomed within the group.

The group meets for fellowship and business on the third Thursday of every month at St. Mary's Hospital.

"They can come and visit a marting before idining." said

"They can come and visit a meeting before joining," said Kitchen.

Often times guest speakers are also invited to give presentations at the meetings. In the past members of the Camrose Ambulance Service have attended as well as local entertainers.

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Housing the main diagnostic centre in the region

Ultrasound Diagnostic Services unit at St. Mary's Hospital is busy seven days a week. The staff of 10 works weekdays from 7 a.m. to 10 p.m. Appointments are booked until 4 p.m. with in-house or emergency patients slated for the rest of the day. Weekends they work 8 a.m. to 4 p.m. and are on

"As well as general xrays, the department handles fluoroscopy (stomach/bowels) and special kidney x-rays called tomography. Special orthopedic x-rays are done in the Operating Room using a new C-Arm Unit purchased from funding received from Provincial Lottery Funds," said Director of Diagnostic Imaging, Ellen Johnstone.

"We provide service on an out-patient basis for those who have been referred to us by physicians from Camrose and surrounding communities.

"In addition to the Radiology equipment, we have three Ultrasound units; one of which is portable. The portable unit is nice because we can take the unit to the patient on the nursing unit rather than bring the patient down to the department. It is also handy in the Emergency Department."

The portable unit is used perform breast ultrasounds on immediate referral from the Mammography Clinic. Ultrasound service is provided for pregnancy, gynecological, abdominal and small body parts procedures.

"Since July of 1998 we have a contract with Mason, Bernier and Associates, a radiology

The Radiology and group from Edmonton, who come to St. Mary's Hospital. There are 18 in the group and a different radiologist comes in every week day. It has worked out well," said Johnstone.

A new Dysphagia program was introduced this spring. This is used to diagnose people who have swallowing problems.

"With 20 doctors in Camrose alone, we are the the region due to our five days per week service. The full-time service allows people to come here rather than having to travel to Edmonton. We have a

main diagnostic centre in good working relationship with Rosehaven and Bethany, striving to provide their patients with the best care possible."

The service and access at St. Mary's Hospital

continues to provide excellent care to Camrose and area residents, as well as to residents in both the East Central Health Region and from outside the region.



Dr. Nestor Masleo goes over some x-rays at the hospital's diagnostic imaging area. Ultrasounds are also performed in the department.

ingratulations to St. Mary's

For 75 Years of Dedicated service to the community.

We all appreciate your good work and wish you well in the future.

amrose Medical Practi



Minor Ailments Clinic

(no appointment necessary) Monday - Friday 9:30 a.m.-11:30 a.m. **Appointments**

Mon, Tues, Wed, Fri 1:30 p.m.-4:30 p.m.

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Food Services key component to hospital

f it is true that "you are what you eat", then it's not hard to see how important a proper diet is in staying healthy. That is why the Food Services and Dietary Department at St. Mary's Hospital is a key component to patient care.

Phil De Luca, the Department Director, who is also a Registered Dietitian, oversees all areas of the department. There are 20 staff members who work together to provide quality food services to the patients and staff of St. Mary's Hospital. One task that De Luca enjoys is the intricate process involved in menu planning for the hospital. It is important that the patients in the hospital are getting the proper diet and De Luca and the staff in the cafeteria kitchen make sure they're getting the highest quality

"We always receive good feedback from patients, saying they are happy to have that home-cooked meal," said De Luca.

No packaged or processed food here.

"All of our meals are made from scratch so we really try to maintain that homecooking type of feeling."

Phil and the kitchen staff work with Barbara Eriksson, a Clinical Dietitian, as far as menu changes or diet requirements for patients. "She assists me with menu planning development making sure all the diets are accurate," explains De Luca.

Eriksson makes sure patients are eating the right food. She is responsible for therapeutic diet assessments and counselling of both in-patients and outpatients. She is also

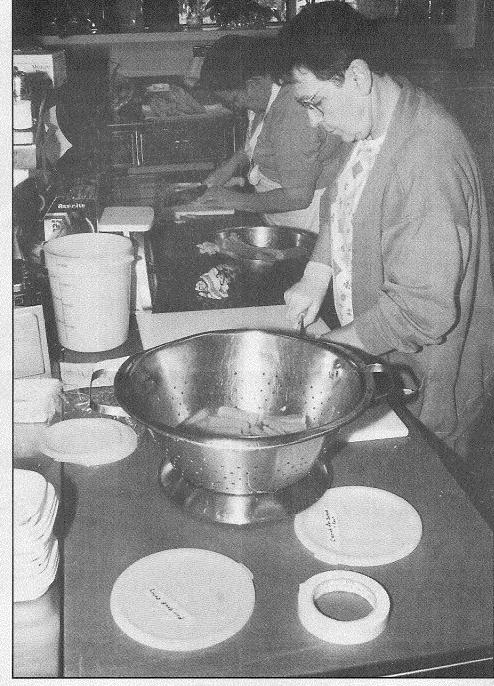
clinics St. Mary's Hospital offers, such as the diabetic clinic, the cardiac clinic, and the swallowing disorders clinic. She will prepare nutritional care plans for inpatients and out-patients, who may have diabetes, heart problems, poor swallowing appetite, difficulties or are at nutritional risk for another reason. Many of her inpatient duties multidisciplinary, which means that Eriksson will communicate with doctors, occupational therapists on what the nutritional care plan entails and how it will be carried out. To see Barbara as an out-patient a doctors' referral is required, then she will spend an hour showing how the patient can improve his diet to achieve the goals

involved in the various desired. Some goals are weight loss, better blood sugar control, lowering of cholesterol, gaining weight, eating nutritiously on a budget, lowering blood pressure and so on. "Canada's Food Guide is the basis for most diet counselling. Low fat, high fibre, eat in moderation," Eriksson highlights. "I try to help people to overcome the

obstacles involved in special events. They are making dietary changes. Canada's Food Guide is all about heart healthy eating which can help prevent heart disease and even reverse hardening of the arteries, and preventing the need for more acute care in the future."

The cafeteria's high commitment to quality food service is often seen at

involved in preparing the staff's Christmas buffet as well as preparing food for various teas and functions. The cafeteria is currently getting ready for the upcoming wine and cheese Homecoming Evening, celebrating the 75th Anniversary with staff and former staff on October 22 from 7 p.m. to 10 p.m.



Kitchen staff prepare another quality meal for St. Mary's staff and patients.



The gift of volunteering

Eva Olesen is one of many Ladies Auxiliary members who generously donate hours of their time to the St. Mary's gift shop.

We're proud to partner with St. Mary's Hospital Best Wishes on your 75th Anniversary!

east central health

4703 - 53 Street, Camrose, AB T4V 1Y8 Tel: 608-8800 Fax: 672-5023

Toll free: 1-888-608-1516



Dream becomes reality with living memorial

ursting with colour, the flower-bed in front of St. Mary's Hospital proudly announces the 75th anniversary of the hospital. The Smith Clinic physicians generously funded the project and dedicated it to the Sisters of Providence and St. Mary's Hospital.

St. Rose Bekar dreamed of having a garden as a living memorial. With the help of Dr. Suna Smith, discussions occurred between the partners at the Smith Clinic and St. Mary's administration. The dream became a reality this past spring with the construction of the beautiful the past 75 years. We are so appreciative of the lasting monument.

Dr. Tim Burns presented the cheque on behalf of the partners at the Smith Clinic and together with the Sisters of Providence and St. Mary's Hospital staff, the flower-bed was planted on May 26. Judith O'Shaughnessy, Executive Director of St. Mary's Hospital said, "This generous donation exemplifies the contribution of the physicians of the Smith Clinic over

monetary gift that made this creative memorial possible.

St. Mary's Hospital is a 76-bed acute care hospital which is owned by the Sisters of Providence and operates in cooperation with East Central Health Authority #7. They are currently celebrating their 75th anniversary this year and will be hosting a variety of community events during the month of October.



St. Mary's Dr. Tim Burns and Sister Rose Bekar stand behind this colourful and beautiful garden memorial developed last spring.

Congratulations St Mary's Hospital For 75 Years of Service.

Thank-you for working with us to ensure that people with disabilities live fulfilling lives with dignity and self worth in safe, caring and supportive communities of their choice.



Camrose Association For Community Living Providing Services to Help People Live in the Community

Burgess Building, 4604-57 Street, Ph: 672-0257



ST. MARY'S HOSPITAL 1924

75th Anniversary

St. Mary's medical staff

r. T. J. Burns, FRCP (C) Internal Medicine; Dr. D. J. Cook, CCFP Family Medicine; Dr. T. M. Corrigan, General Practice; Dr. L. A. Davis, FRCS (C) Orthopaedic Surgery; Dr. D. Hanton, General Practice; Dr. E. D. Hilderman, General Practice & Anaesthesia; Dr. F. E. Leoni, FRCS (C) Surgery; Dr. N. McNair, General Practice & Anaesthesia; Mr. G. M. Ninian, General Practice; Dr. C. Nichol, General Practice; Dr. O. G. Olson, General Practice & Anaesthesia; Dr. W. H. Slabbert, General Practice; Dr. A. G. Smith, FRCS (C) Surgery; Dr. S. A. Smith, FRCP (C) Psychiatry; Dr. V. F. Smith, General Practice; Dr. G. Torok-Both, General Practice; Dr. G. P. Tober, General Practice, Dr. C. J. van Vuuren, General Practice.

Courtesy and Consulting

Dr. N. Bayliss, Medical Officer of Health; Dr. L. E. Bredesen, Anaesthesia; Dr. R. J. Brown, Obstetrics & Gynaecology; Dr. S. M. A. Denson, Surgical Assists; Dr. E. C. Eksteen, Casualty Officer; Dr. L. G. Evenson, Obstetrics & Gynaecology; Dr. M. M. R. Foda, Urology; Dr. R. Hansen, Casualty Officer; Dr. M. Kutzner, Ophthalmology; Dr. I. A. Marsh, Surgery; Dr. S. Potgieter, Casualty Officer; Dr. D. Skelton, Geriatric Medicine; Dr. E. York, Respiratory Medicine; Drs. Mason Bernier Associates, Consulting Radiologists; Dynacare Kasper Medical Laboratories, Consulting Pathologists.

Bone Marrow donor program

ach year, approximately 600 Canadians require an unrelated bone marrow transplant to survive.

St. Mary's Hospital hosted, March 31, the "Unrelated Bone Marrow Donor Program," where 17 individuals volunteered to have their blood taken, to determine if they may be a potential donor. The Unrelated Bone Marrow Donor Program is a national registry established to help match donors with patients who require transplants.

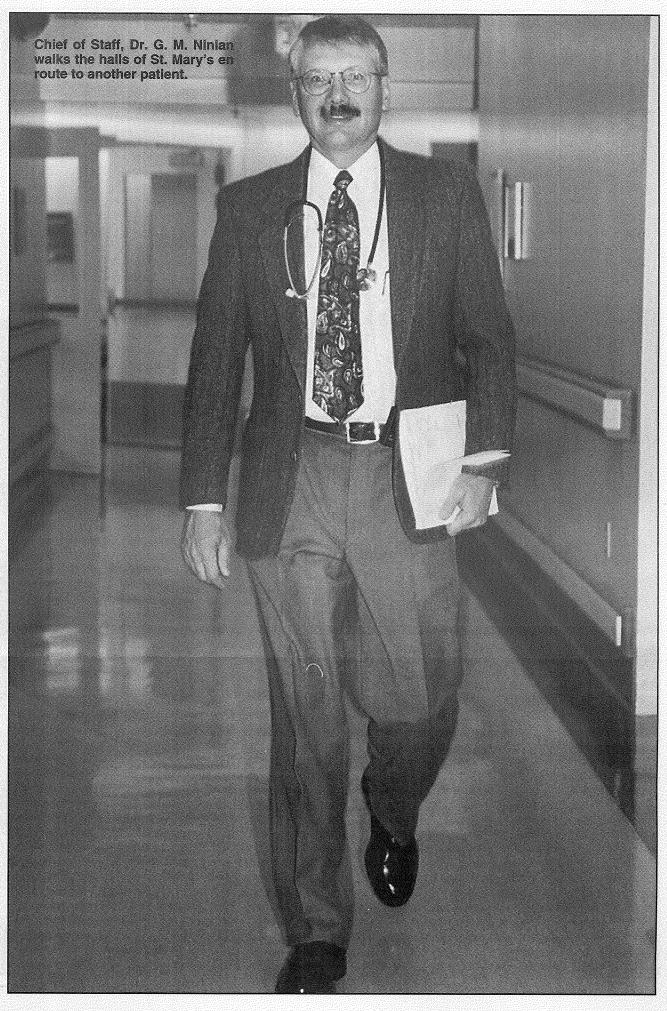
Every few years, St. Mary's and the lab donates the time, space and manpower for three hours for the "potential donors" to have their blood taken

to have their blood taken.

"The program is a very valuable resource for those in need of a bone marrow transplant and we are proud to be a part of it," states Lynn Lyseng, Laboratory Supervisor, St. Mary's Hospital.

All 17 participants will be placed on the national registry to see if they match up with a candidate needing bone marrow in the future

Bone marrow transplants have approximately a 60 per cent success rate according to the National Coordinating Centre. For those facing a terminal illness, it is often their only chance for survival. In order to become a registered bone marrow donor, all donors must be between the ages of 17 and 59, be healthy, attend an information session and be willing to donate marrow to any registered patient in need of a bone marrow transplant. There are currently over 173,000 Canadians on the national registry – with 25,000 of those being Albertans. For more information on the program, call the registry at (780) 434-8644 or St. Mary's Hospital at 679-6100.



Congratulations on your 75th



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Ardis Granger, left, and Eileen Broen change the bandages on an out-patient in the Enterostomy Clinic.

10,000 visitors

◀ Therapy, the care of **⊿**wounds and ostomies, is a collaboration between St. Mary's Hospital out-patients services and Camrose Home

"Our main goal is to provide service through a clinic for the ambulatory home care referrals and clients," said Enterostomy Therapist Ardis Granger.

"Conditions assessed and treated in the clinic are post surgical and traumatic wounds, chronic conditions such as leg ulcers and ostomies (ileostomy and colostomy)."

Care is given in consultation with the client's physician and appointments can be made without a doctor's referral.

"This Enterostomal Therapy Clinic is unique because it was the first home care out-patient clinic of its kind in Alberta," said Eileen Broen, Licensed Practical Nurse (LPN).

The clinic opened in January 1995 and operates every Tuesday from 8 a.m. to 4 p.m.

"People from out of the region sometimes access this service usually because the service isn't offered in their area and/or it is closer than going to the larger centres," added Granger.

"The fact that St. Mary's Hospital is able to provide many specialty clinics utilizing one area is a real benefit for the people of the East Central Health Region."

Other clinics in Anibulatory Care include ophthalmology, urology and respiratory.

About 10,000 visitors per year use the Ambulatory Care unit as out-patients.

Congratulations to St. Mary's Hospital

in sincerest appreciation to St. Mary's Hospital for 75 years of dedicated community.

Professionalism

maintaining your good health by rational drug therapy.

Your Prescriptions
• We will comprehensively scan your records, screening for drug interactions and other drug- Value will contact your physician on your behalf.

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Linda Cunningham



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75th Anniversary

Thank you Camrose and Area Residents

The hospital motto "A Heart Dedicated to Charity" reflects the community of people who are involved in a variety of ways with St. Mary's Hospital



The home for the sick in the early 1900s, before the building of the Camrose hospital.

The Early Days

Historical documentation typically records significant dates and names of those involved in setting the groundwork for St. Mary's Hospital. But more noticeably perhaps, are the countless groups of people who have donated time, money and resources because they cared about having a state of the art hospital in their town.

Generation after generation have contributed to the growth of the hospital and continue to find unique ways to support the work of St. Mary's Hospital.

In the early days, people donated linens and dishes or even rolled bandages. Practical provision to assist the Sisters of Providence as they set up the new hospital.

Today many businesses, church groups, service clubs and countless individuals contribute to the added comfort for patients. An example of this is the Palliative Care room setting. Now families can gather together in a comfortable atmosphere to support the patient as decisions are made for the treatment and care of patients for whom there is no expectation of a cure.

Ladies' Auxiliary
A Hospital Guild was

organized one month after the hospital opened.

Today, this group known as the St. Mary's Hospital Auxiliary donate hundreds of hours to creatively raise funds. They hold teas and bake sales as well as run the Hospital Gift Shop—every day of the year except Christmas.

Over the years, their significant contributions have enabled the purchase of new equipment.

Volunteers

The Junior Volunteers were established in the 1960s and became Candy Stripers in the 1970s. The current Volunteer Program consists of people who have been orientated to work in the hospital.

Today's retired or working high school or college students donate their time and talents in some of the following areas: Palliative care, patient visitation, meal assistance, hair dressing, portering patients in wheelchairs, filling ice jugs, running errands, rehabilitation assisting, archive maintenance, clerical tasks and looking after the magazine and book cart.

Memorial Giving Families who have been

associated with St. Mary's Hospital over the years as patients or visitors and have experienced the compassionate care have chosen to donate funds in memory of loved ones. There is a wall in the hospital foyer displaying the names of generous donations exceeding \$250. This memorial recognizes that the community at large

appreciates and supports

the continuing care of St.

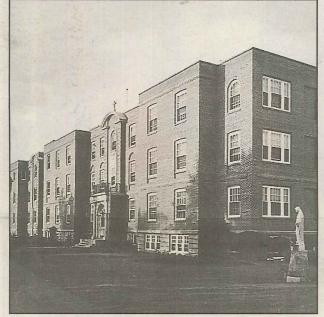
Mary's Hospital.

Volunteer Board

The Governing Board consists of eight members of the City and County of Camrose and two Sisters of Providence.

They donate their time and energy to facilitate the operation of the hospital and work to preserve the unique identity of a faithbased health facility.

Appointments to the board are made by the General Council of the Sisters of Providence of Vincent de Paul in Kingston, Ontario.



St. Mary's Hospital photo taken in 1949.

Financial Gifts

Historical records indicate the good relationship between the townspeople and the Sisters of Providence, "The town of Camrose generously donated the land and the contributions of the people of Camrose supplemented the loan taken out by the Sisters of Providence to build the hospital."

There are many people who respond with financial

gifts through the annual appeal. Funds raised through this appeal are used to replace equipment and make new purchases where necessary.

Last year, donors responded with close to \$25,000 that was used to purchase replacement equipment to enhance the services of ultrasound, the operating room and the emergency services.

Thank you for your generous giving!



St. Mary's Hospital as it stood in 1967.

Staff

The high standard of care is made possible by the staff of 306 full time, part time and casual employees.

Staff members are living the mission of the Sisters of Providence by providing compassionate holistic care to all who are in need.

Without the day to day duties carried out both now and in the past, this celebration would not be possible.

Their commitment is to provide quality health care services to the citizens of Camrose, surrounding communities and the East Central Region.

Thank You

To say thank you seems hardly adequate when so many have helped in so many ways.

Not only in the early beginnings, but now, today! It is heartwarming to see that people continue to work toward the betterment of the whole. There is a unique spirit at work among volunteers, auxiliary members, donors, board members, staff and the community at large.

Our sincerest thanks. Please know this comes from the bottom of our hearts—from one neighbor to another!



St. Mary's Hospital as it stands today. The buildings have changed, the facility and service growth are impressive, but it is those who walk through the doors, to work, to visit or to lend a hand, who make it a success!

You are invited to participate in the 75th Anniversary Celebrations!

Please join us on October 23, 1999
Eucharist Celebration at St. Francis Xavier Church 5:00 p.m.
Community Anniversary Banquet at Camrose Regional Exhibition
Refreshments 6:00 p.m. Banquet 7:00 p.m.
Banquet Tickets are available at St. Mary's Hospital
Please call 679-6145 before October 19 to reserve.



Specialized programs a unique element

Amanda Kuttnick Staff Reporter

t may not be a large hospital, but the programs and services offered are top

In-patient departments

Operating Surgery, Room/Recovery Psychiatry areas.

patient programs include Emergency Department,

rics/Gynecology, General Assessment Clinic, Urology, Ophthalmology, and Gynecology, Enterostomy, Camrose Com-Ambulatory or out- munity Cancer Centre, Diabetic Education Clinic and the Cardiac Education

include Medical, Pal- Psychiatry Walk-In- Clinic. Other departments liative Care, Obstet- Clinic, Pre-Surgical providing out-patient services include Physiotherapy, Occupational Therapy, Respiratory, Laboratory and Diagnostic Imaging (X-ray and Ultrasound) departments.

we do, have moved to outpatient clinics versus the traditional clinical services that were provided in a hospital bed. I think that is going to be a continued trend," Sheila Csernyanszki, Director of Nursing explained.

St. Mary's Hospital, care facility in the region, offers more specialized programs than what is nyanszki sees more found in smaller hospitals.

Changes in technology and approaches to therapy have created the trend to out-patient services. For example, maternity patients used to stay in bed much longer and now go home in a couple of days, if they're able. It is better for the patient if they can be cared for at home surroundings and this results in cost savings.

St. Mary's works with community partners such as Home Care, Public efficient services.

"The nursing component of the clinical services is involved in all of the inpatient and most of the out-patient programs,' said Csernyanszki.

St. Mary's nursing department is staffed primarily with Registered Nurses, Registered Psychiatric Nurses, Licensed

"A lot of the procedures Practical Nurses and Nursing Attendants providing care 24 hours a day. Over the years, the role of nurses has been evolving, where duties once performed only by physicians are now part of nursing care. Nurses work in partnership with other care providers and being the largest acute departments to provide care for patients.

Looking ahead, Cservariety of services offered in the hospital.

"For instance, outpatient clinics have grown and evolved and actually become more of a focus than we would have predicted a number of years ago.

"Naturally the services we provide are related to the number of physicians in their and particularly specialists in the community as well as patient needs, physical space and budget con-

"We're always going to Health and Mental Health be limited by what's to provide effective and reasonable to provide in a rural setting versus big city hospitals. Certainly we hope to recruit an obstetrician/gynecologist again."

> Above all, the staff at St. Mary's Hospital strive to maintain the mission of the hospital: providing care and maintaining the patients' dignity at all



Nursing staff, left to right, RN Joan Harbak, Director of Nursing Sheila Csernyanszki and RN Doreen Couture.

