



# 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.

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# 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.

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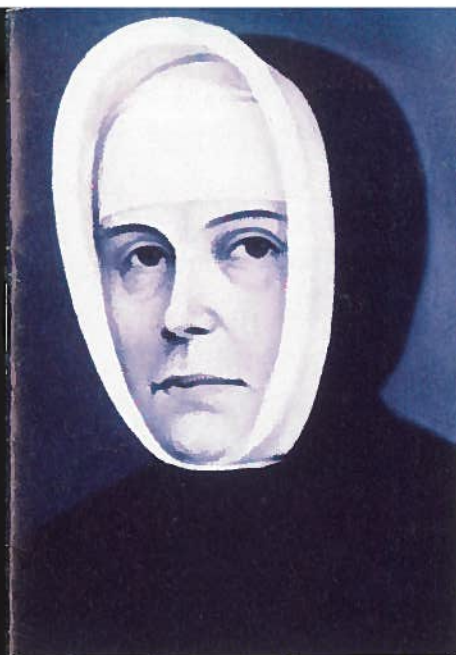
## Keeping the Promise St. Paul's Hospital, Vancouver 1894-1994

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# Keeping the Promise

St. Paul's Hospital • 1894-1994





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## St. Paul's Hospital

**Celebrates 100 Years**

**of Commitment to**

**Health Care**



# Keeping the. Promise

**T**he last 100 years have brought unceasing change to the field of medicine. Yet, one thing has remained constant at St. Paul's Hospital; the commitment to the core values of its founders, the Sisters of Charity of Providence. The hospital's promise to maintain the delivery of compassionate

and modern medical care to the community is as strong now as it was when the sisters first took up the cause.

Situated only blocks from Vancouver's downtown core, St. Paul's Hospital has always been at the hub of activity. It not only occupies a strategic geographic location locally, but also holds a vital position as a world centre for medical advancement.

Founded in 1894, St. Paul's Hospital has grown from a 25-bed wood-frame structure to a world-class medical centre with 581 beds, a staff of 2,900 and an annual budget of more than \$150 million.

### Commitment to Excellence

In the spirit of its founders, St. Paul's continually strives to encourage excellence in all facets of its operations. In an effort to better serve the community, the hospital has identified six key areas of medical specialization; heart, lungs and critical care; kidney care; digestive and nutritional disorders; HIV/AIDS treatment; the care of the elderly; and comprehensive health care for the community.

Excellence in health care begins with people. To

that end, St. Paul's has implemented a number of staff-based quality care initiatives. The Continuous Quality Improvement program, which is dedicated to maintaining or improving services regardless of resources, has a vision of all staff and volunteers "working, learning and caring together for excellence." Healthy Hospitals, a joint union-management project, has made great strides in creating a workplace where everyone is empowered to share control for decisions that affect them; where all levels are actively encouraged to work together, without fear of failure — to innovate, problem solve and experience in an atmosphere of mutual respect.

Efforts to ensure the next generation of medical practitioners continues the commitment to excellence have made St. Paul's one of Canada's leading teaching hospitals and research centres.

### Spirit of Innovation

In these times of restraint, St. Paul's Hospital finds itself well positioned to meet its fiscal challenges. From its very inception, the hospital not only survived



but thrived through its founders' thrift and careful management. The belief in fiscal control remains strong today.

The hospital has a long tradition of implementing creative strategies to meet its fiscal objectives. In the 1890s, when there was a lack of nurses, the sisters trained their own. When funds were short, the sisters canvassed logging and mining camps "pre-selling" medical care for \$10. This same creative approach to fund-raising flourishes today with the St. Paul's Hospital Foundation, an organization dedicated to raising funds to support a wide range of projects, equipment acquisitions and medical research.

### Medical Miracles

In the 100 years since the founding of St. Paul's, medical advances have taken place at a dizzying pace. Hospitals, once feared as places to die, are now welcomed as places for recovery. The principles and theories of antisepsis, anaesthesia, surgery, disease, metabolism and wellness were all developed in this century through painstaking research in which St. Paul's has played its part.

In 1918, Sister Charles' innovative ether machine revolutionized modern anaesthesia. Forty years later, Dr. Harold Rice changed heart surgery forever when he built B.C.'s first heart/lung machine. This commitment to innovation in health care, research and teaching has grown steadily. As a result, St. Paul's research funding has risen from \$85,000 in 1978 to more than \$5 million for clinical research in 1991, with over 100 people involved in clinical research projects.

### Building for the Future

In 1994 — its centennial year — amid an ambitious building campaign and with plans under way to develop health strategies to take it into the third millennium, St. Paul's is boldly facing a second century that promises to be as exciting and challenging as the first.

Today, St. Paul's is a modern hospital, having just completed the second of three additions. When the third is completed almost all physical links to the 25-bed

founding institution of 1894 will be gone. Although the buildings will be gone, the Sisters of Providence will continue to guide the hospital in its future development. It is the sisters' commitment to compassionate, loving and modern medical care that will be the light from the past that St. Paul's will carry into the future. □

(Above) St. Paul's Hospital is B.C.'s centre for comprehensive heart care; (right) Special care nursery; (far right) The Renal Unit uses the team approach in delivering quality care to patients

*"From my first visit to St. Paul's, my wife and I have had complete confidence in everyone, from the physicians, to the nurses and therapists. After what I've been through, I wouldn't go anywhere but St. Paul's. It's been teamwork all the way."*

— Bud Hoffman



## St. Paul's: Then and Now

### Stats in 1911

- 115 beds
- 19 sisters
- 33 lay nurses
- 14 lay workers
- Admissions numbered 1,864 with all beds being used on a continuous basis
- Charity played a major role in hospital services as 2,765 night watches (at patients' homes), 1,185 free meals and 3,972 free prescriptions were given, and special assistance was given to 12 needy families.

### Stats in 1992/93

(for the year ending March 31)

- 581 beds
- Admissions numbered 17,877
- 2,287 babies were born
- Average hospital stay was nine days
- Emergency treatments numbered 48,428 while 106,106 treatments were given to outpatients and 10,291 day care and 7,266 inpatient surgeries were performed
- Approximately 1,000 nurses and 450 doctors tend their patients



# A History of St. Paul's

From the edge of the city to leading-edge technology



(Top left) St. Paul's began as a 25-bed wood-frame structure at the edge of Vancouver; (above) The hospital's first operating room; (above right) St. Paul's first graduating class of nurses



**V**ancouver, in the late 19th century, was a burgeoning city that still held tightly to its milltown roots. The centre of town was the intersection of Water and Carrall streets, the West End was a small, scattered settlement

and the new street-railway system was just beginning to replace the horse-drawn vehicles that ruled the dirt roads.

As the city grew, so did the population with families gradually outnumbering lumbermen and millworkers. And with the growing population came an increasing need for medical care. The Sisters of Charity of Providence answered the call when they built the

first St. Paul's Hospital — a turreted wooden structure located on Burrard Street at Comox at the edge of the city — in 1894.

The Sisters of Charity of Providence order was founded in Montreal by Sister Gamelin in 1843. She inspired a talented young woman, Sister Joseph, who established the Order in the Pacific Northwest in 1856.

After repeated requests from Bishop Durieu, OMI, to establish a hospital in Vancouver, Sister Joseph dispatched two habit-clad sisters who travelled on horseback from Fort Vancouver, Oregon, to purchase the land for St. Paul's. The sod was turned May 16, 1894 and the 25-bed institution, designed by Sister Joseph — an accomplished architect and carpenter — was completed that November.

The needs of the mushrooming population pressured the hospital to add beds at a furious pace. A new wing opened in 1904, the Burrard Building in 1913. Growth continued at a haphazard, dizzying pace until the 1960s, when a more comprehensive plan was begun. As a result, total bed capacity has increased from 75 in 1904 to 581 today.

## The Doctor Moves In

Medicine has undergone myriad changes since the turn of the century, and St. Paul's serves as a microcosm for the experiences and effects of them all.

In the 19th century, knowledge of infectious disease was rudimentary at best. This left hospitals with an unenviable reputation for being gathering points for disease, infection and death. Doctors, understandably, felt it best to treat patients in their homes where the possibility of recovery was actually better than in hospital. All that changed, however, with the implementation of the theories of antiseptics and sterilization. Doctors began preferring hospitals with their cleanliness, constant supervision and readily available medical equipment.

By 1920, acting on initiatives begun before the war by the American College of Surgeons and the powerful Catholic Hospital Association, a medical advisory committee of doctors was established at St. Paul's Hospital to organize the staff, provide advice to the sisters and to implement consistent record keeping and laboratory use. Four years later departments were formed, with sisters overseeing management and doctors making the medical decisions.

The Canadian Medical Association accredited St. Paul's internship program in 1932. The subsequent post-war develop-

ment of residency programs brought a wave of new specialists to hospitals across the country. The spectacular advances made by these new "specialist physicians" at St. Paul's, and their counterparts in similar programs at other institutions, heralded miraculous developments in medical knowledge and the delivery of care.

On the surgical front, similar advances too numerous and complex to fully document progressed as well. St. Paul's, which began as a surgically oriented community hospital, has become a centre for specialized surgery, having performed well over

## A Legacy of Caring

- In 1993, Sister Gamelin was named "venerable" by the Catholic church, the first of three steps to being declared a saint
- The call to serve the sick and poor was so profound that Catholic orders ran 60 per cent of the hospitals in North America when St. Paul's was built by the Sisters of Providence in 1894
- When funds were short the sisters canvassed logging and mining camps "pre-selling" medical care for \$10
- 1890s — A lack of nurses prompted the sisters to train their own

initiated by Vatican II, called for greater lay involvement in all aspects of church operations. As a result, by 1974 only 20 per cent of hospital beds in Canada remained in the domain of Catholic institutions. The number of sisters working at St. Paul's had also fallen steadily, from a high of 41 in 1942 to a total of seven in 1972. Today, the sisters hold three of 17 positions on its board.

In 1963, Dr. H.D. McDonald, the hospital's first medical director, acted decisively when he realized the medical advisory committee structure was about to break under the strain of these changes. The committee was subsequently reorganized, bylaws were re-drafted and a more organized staff appointment system was created. Hospital staff also voted to establish St. Paul's as a specialty, teaching, research and tertiary referral institution.

In 1978, Dr. John Ruedy became head of medicine. The general internist was still very evident, but increasingly specialists were playing a greater role in patient care. Cardiology, renal, respiratory and internal medicine were recognized as medical specialties and organized as units. These specialists were, by the late '70s and early '80s, taking over patient care to a large degree. New care divisions evolved at St. Paul's including clinical pharmacology, management of infectious disease and HIV, intensive care and geriatrics.

## The Post-War Years — A Revolution in Health Care

The Second World War may have slowed the pace of hospital reorganization begun in the 1920s, but post-war developments heralded a revolution in health care. The Federal Insurance Hospital Bill of 1949 established a federal presence that provided funds for operating expenses, building maintenance and expansions. In 1952, just two years after the faculty was formed, UBC medical students joined interns, nurses and lab technicians being trained on St. Paul's wards.

St. Paul's staff and the sisters, anxious to advance the work begun before the war and unwilling to provide anything but superior care, took a hard look at how the

10,000 cardiac surgeries to date. Orthopaedic joint replacement, kidney transplants, laser eye surgery, breast reconstruction and cochlear implants are just a few other areas of expertise.

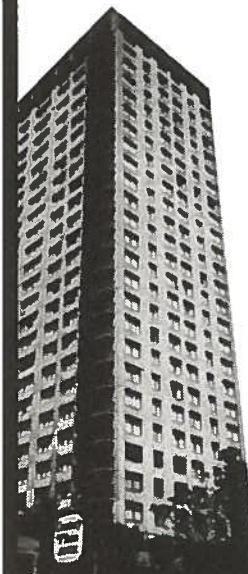
## The Sisters Act

Providing the administrative structure for a medical institution is not easy — especially given the number of changes medicine has undergone in the last century. Many other factors also contributed to Sister Superior Patricia Ann's turning St. Paul's over to a lay administrator and the restructuring of the board of directors in 1969. New developments in Catholicism,



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hospital functioned. Determining the hospital was "long on art" and "short on science," they established a Clinical Investigation Unit (CIU) in 1956 as a joint project of medicine, pathology and surgery. The CIU and the Department of Medicine, under the direction of Dr. A.Y. McNair, sparked almost 40 years of progress in diagnostics and research. In the process, their advances raised St. Paul's status from that of a community hospital to a world-class teaching, referral and research centre.

The CIU began a number of initiatives in heart, lung and kidney disorders research, intensive care and laboratory computerization. In 1962, Dr. F.W.B. Hurlburt, head of the Department of Medicine, recruited young specialists eager to make their mark. By bringing these emerging specialists together in the new clinical services wing and by providing salary and office space (a relatively new concept), St. Paul's built one of the best departments of Medicine in the country. This provided the foundation for the outstanding teaching, research and tertiary programs offered today. □

## Laboratory Work and Diagnostic Testing

- Early urine samples travelled by bicycle courier to the home of Dr. McKee for testing
- St. Paul's had one of the province's first x-ray machines
- 1920 - St. Paul's was the first B.C. hospital to receive radium for cancer therapy
- Mid-'70s — ultrasound capabilities arrived
- Early '80s — C.T. Scanning arrived
- Early '90s — Magnetic Resonance Imaging arrived
- St. Paul's had the first computerized lab in Canada and the nation's first sequential automated chemical analyser enabling the hospital to supply regional services

# St. Paul's in the Third Millennium

## Meeting the Health Care Needs of the Community



St. Paul's Hospital has six key areas of medical specialization: heart, lungs and critical care; digestive and nutritional disorders; kidney care; HIV/AIDS care; care for the elderly; and community health care

Increasing demands for health care in an era of decreasing funding prompted St.

Paul's Hospital to create a strategic plan to take it into the third millennium.

Convinced a plan of this magnitude should not be made in isolation, the

hospital's board consulted with all levels of staff as well as numerous outside agencies and individuals including government ministries, university departments and community health care agencies. The goal was simple: identify likely future health care needs and suggest ways St. Paul's could most sensibly contribute.

In 1988, the strategic plan was developed, under the direction of CEO

Ron Mulchey, committing St. Paul's to excellence in patient care, research and teaching. In addition, six areas of emphasis capability were identified: community health care; heart, lungs and critical care; digestive and nutritional disorders; kidney care; HIV and related disorders; and care for the elderly. Of equal importance was the hospital's commitment to work more closely with other hospitals and community



## Specialization in Health Care



- 1971 — Enterostomal (intestinal) Clinic established
- 1972 — St. Paul's opens psychiatric department
- 1973 — Gastrointestinal Lab and Clinic opened
- 1974 — Changes in the direction of provincial training led to the closure of the nursing school and the hospital's chapel was given over to the expansion of the Coronary Care Unit
- 1977 — Pulmonary Unit opened
- 1975 — With the movement to an office-centred practice and the transfer of complex paediatrics services in the Lower Mainland to Children's Hospital, the paediatrics department closed

agencies to provide patients with a broader continuum of care than could be offered by St. Paul's Hospital alone.

Mark Cullen, chairman of the board of trustees says, "Health care extends beyond the hospital, (so we have) reached out to the community in a spirit of teamwork and co-operation to tell us how we can better serve their needs and to establish closer ties with them to provide better patient care."

This commitment has taken on new meaning since the provincial government introduced its New Directions in Health Care program, which emphasizes community-based health care. Patients in stable condition are now administering their own intravenous antibiotics at home and terminal patients can spend their last days in the setting of their choice. Proposals to establish a walk-in clinic and Downtown South

clinic (off-site) to serve the elderly and/or those in need are also being studied.

Departmentalization and specialization has continued apace at St. Paul's and in medical treatment in general. An understanding is also emerging of the potential for even greater medical success and efficiency when everyone works together towards an evolving area of interest in medicine — wellness.

The Pain Clinic was one of the first initiatives to use the team approach, soliciting input from surgery, medicine, psychiatry and anaesthesia. The Eating Disorder Clinic drew contributions from medical, psychiatric and nutritional specialists.

### Heart, Lungs & Critical Care

In February 1994, St. Paul's was established as the province's centre for comprehensive heart care.

Three medical specialties — cardiology, critical care and pulmonary care — combined to form this centre of emphasis. The groundwork was laid in 1959 with the establishment of the department of cardiology, under Dr. Doris Kavanagh-Gray. The formation of the critical care department, headed by Dr. Dwight Peretz, followed six years later. In 1977, Drs. Jim Hogg and Peter Pare arrived to found the pulmonary department. It was their influence that led to the relocation of UBC's Department of Pulmonary Disease to St. Paul's and the subsequent evolution of the centre.

St. Paul's continues to advance its medical and surgical expertise in these areas by accepting critically ill patients and those needing complex or high risk coronary and thoracic surgery. Patients suffering from acute respiratory and cardiac failure, trauma, obstructed airways and other related conditions will find St. Paul's willing and able to help.

The hospital and the Vancouver Health Department are also proposing a respiratory outreach program to enhance and support the community's existing home care programs in this vital area of care.

**The Invisible Seniors project links seniors to health and community services**

### Digestive and Nutritional Disorders

In 1991, the Gastrointestinal Unit became a candidate for Centre of Excellence status under the province's Medicine 2000 program, underscoring the hospital's expertise in this area. New facilities in the Phase II expansion include a new endoscopic video information system which provides detailed, accurate information that is easily understood and, thereby, allows patients to participate in planning their treatment. The design of the unit, which centralizes clinical activities in one area, improves efficiency, as does the clinic's proximity to other departments providing support, such as radiology.

New treatment techniques for biliary and pancreatic duct dysfunction or obstructions are being developed as is a co-ordinated program for the management and study of inflammatory bowel disease. A multi-disciplinary nutrition program for inpatients and outpatients is scheduled along with ongoing teaching and research.

### Kidney Care

From a single eight-bed unit in 1968 to the present nursing units and outpatient clinic,

*"They did a lot for me at the hospital. They got me to exercise, limbered me up. I know a lot of people my age are way beyond repair. I'm lucky that I can get around."*

—Charles Crosbie,  
86 years

St. Paul's Renal Unit has expanded the range of services it provides to the kidney failure population of B.C.

The hospital's 15-bed hemodialysis unit performs more than 260 in-hospital hemodialysis treatments per week for both chronic and acute renal failure.

A 15-bed Nephrology Unit provides in-hospital care for patients in various phases of renal failure including pre-dialysis, dialysis dependent and renal transplant. Two full-time patient educators work closely with this nursing unit teaching renal patients to do dialysis at home



or in community self-care facilities.

The Nephrology Outpatient Clinic provides assessment and follow-up for pre-dialysis, pre-transplant and home dialysis for more than 300 patients. The clinic also closely monitors the more than 540 patients who have received kidneys since the Renal Program expanded to include transplantation in 1986.

### HIV and AIDS

In 1984, a young man suffering from a new and fearful disease had knocked on many doors before being welcomed in. St. Paul's had accepted its first AIDS patient. As patient numbers began to grow, an informal team of physicians began to gather to discuss the disease and methods of treatment.

Today, St. Paul's occupies a unique place in the nation for AIDS treatment, research and teaching. Provincially funded as a Centre for Excellence in this field, the hospital works closely with UBC researchers. Federally, it is one of a handful of hospitals involved in a clinical HIV trials network using computer tracking to monitor treatment regimes. St. Paul's is the only palliative care program in Canada that is fully one-half AIDS patients.

### Geriatrics

The Geriatrics Department works closely with elderly patients from its 35-bed Discharge Planning Unit where patients await placement in other care facilities. Programs under way include: a special clinic designed to increase independence and limit hospital admissions, community outreach programs and a special team mobilizing home support for patients in crisis. Working with a number of other organizations, the Invisible Seniors project links seniors to existing health and community services.

A multi-disciplinary team approach also operates in geriatric care which provides treatment for a variety of problems including heart disease, incontinence, dementia, diabetes and broken bones sustained from falls.

The focus in geriatric care is on reactivation, enabling the patient to return to as normal and independent a life as possible.

## The Spirit of Innovation



- 1918 — The use of Sister Charles' ether machine spread nationwide
- 1958 — Dr. Harold Rice built the province's first heart/lung machine
- 1959 — The first catheterization took place
- 1960 — The first open heart surgery was successfully undertaken
- 1967 — Laboratory computerization was pioneered at St. Paul's in conjunction with Massachusetts General Hospital
- 1978 — Research funding = \$85,000
- 1991 — Research funding rises to \$5 million yearly with a large proportion going to AIDS research

### A Place to Learn

St. Paul's, in its affiliation with UBC, is recognized as one of Canada's leading teaching hospitals. In fact, positions at the hospital are much sought after, with the hospital receiving more than 500 applications for its 35 intern positions each year.

In 1952, just two years after the faculty was formed, UBC medical students began training on St. Paul's wards. The hospital currently teaches 50 per cent of the medical student interns and 40 per cent of the residents from the university. The hospital's own intern program is the largest in B.C. and it's unique in the Vancouver teaching hospital system. Its residency program has spearheaded resident research, the academic half day and simulated Royal College exams. Continuing education is supported through the hospital's involvement in the Family Physician



course, which is about to celebrate its 40th year, and offers special courses in internal medicine, surgery, pharmacology, eating disorders, AIDS and nutrition.

Doctors aren't the only ones to have received training at the hospital. St. Paul's Hospital School of Nursing opened its doors in 1907, with its underlying philosophy reflected in the laudable motto *Intra Discere, Exi Benefacere* (Enter to learn, go forth to do good). The nurses' dedication to excellence was evident by their repeated attainment of top marks on registered nursing exams, first introduced in 1919. The school received official recognition in 1930. By 1974, however, changing educational methods transferred teaching from hospitals to regional colleges ultimately forcing the closure of the school, but not before it graduated some 4,000 nurses.

St. Paul's nurses have played an active part in forwarding the hospital's goals of providing compassionate care and advancing the frontiers of medical knowledge and treatment.

In the 1960s, Audrey Murray, the first

*"They saved my life — or at the very least, they made a significant contribution in saving the quality of my life. I can swim, play tennis — do things that make life enjoyable."*

— Craig Sturrock

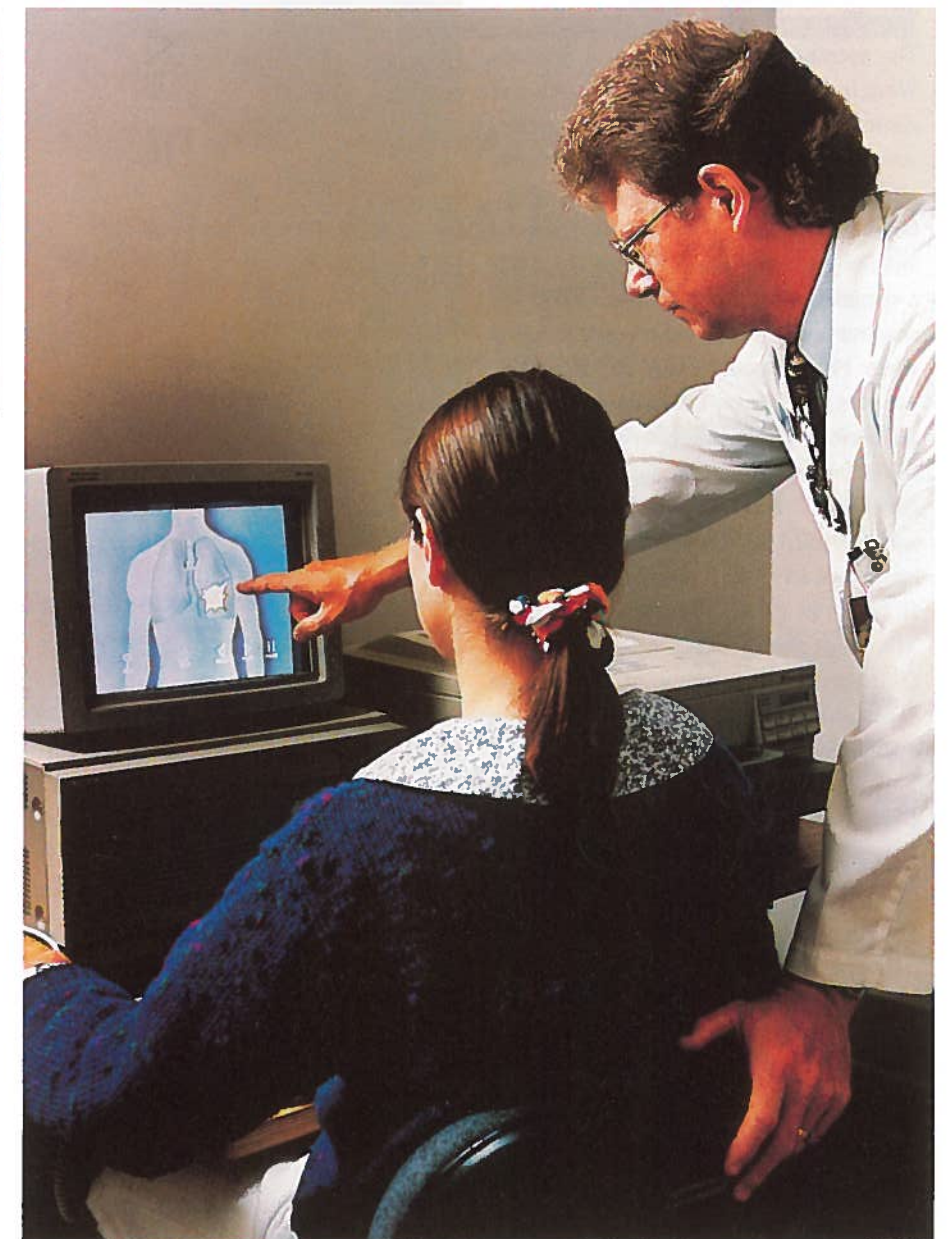
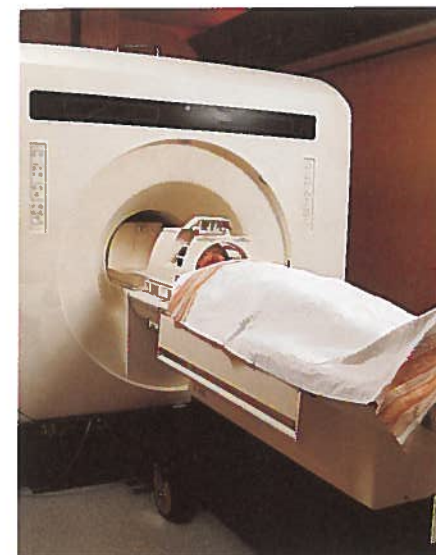
lay chief of nursing, responded to greater ward specialization by appointing a series of supervisors who would report directly to her. In turn, each supervisor was responsible for several units and head nurses. Today's nursing stations place even more responsibility on head nurses for unit administration. St. Paul's vice-president of patient services, Barbara Burke, has advanced the concept of "shared governance" with the introduction of nursing and unit councils, which pro-

vide the opportunity for all levels of nursing to participate in decision making and to contribute to the development of nursing's aims and objectives.

#### The New Era

The Sisters of Providence no longer have the numbers working at St. Paul's they once did. Their influence is nonetheless felt in more subtle but no less powerful ways. If an impoverished person arrives at St. Paul's, it is the sisters who provide comfort and physical means, just as they have for the past 100 years. The 2,900 hospital staff will tell you the interests and wishes of the sisters are uppermost in their minds.

When asked for her comments on the centennial at St. Paul's, Sister Betty Kaczmarczyk, provincial superior of the Sisters of Providence in Edmonton writes, "There is a deep and abiding joy in a job well done, and in witnessing the accomplishments of others. I share in the joy of seeing the accomplishments of St. Paul's. St. Paul's has a history of finding the potential in obstacles. It is the key to their success

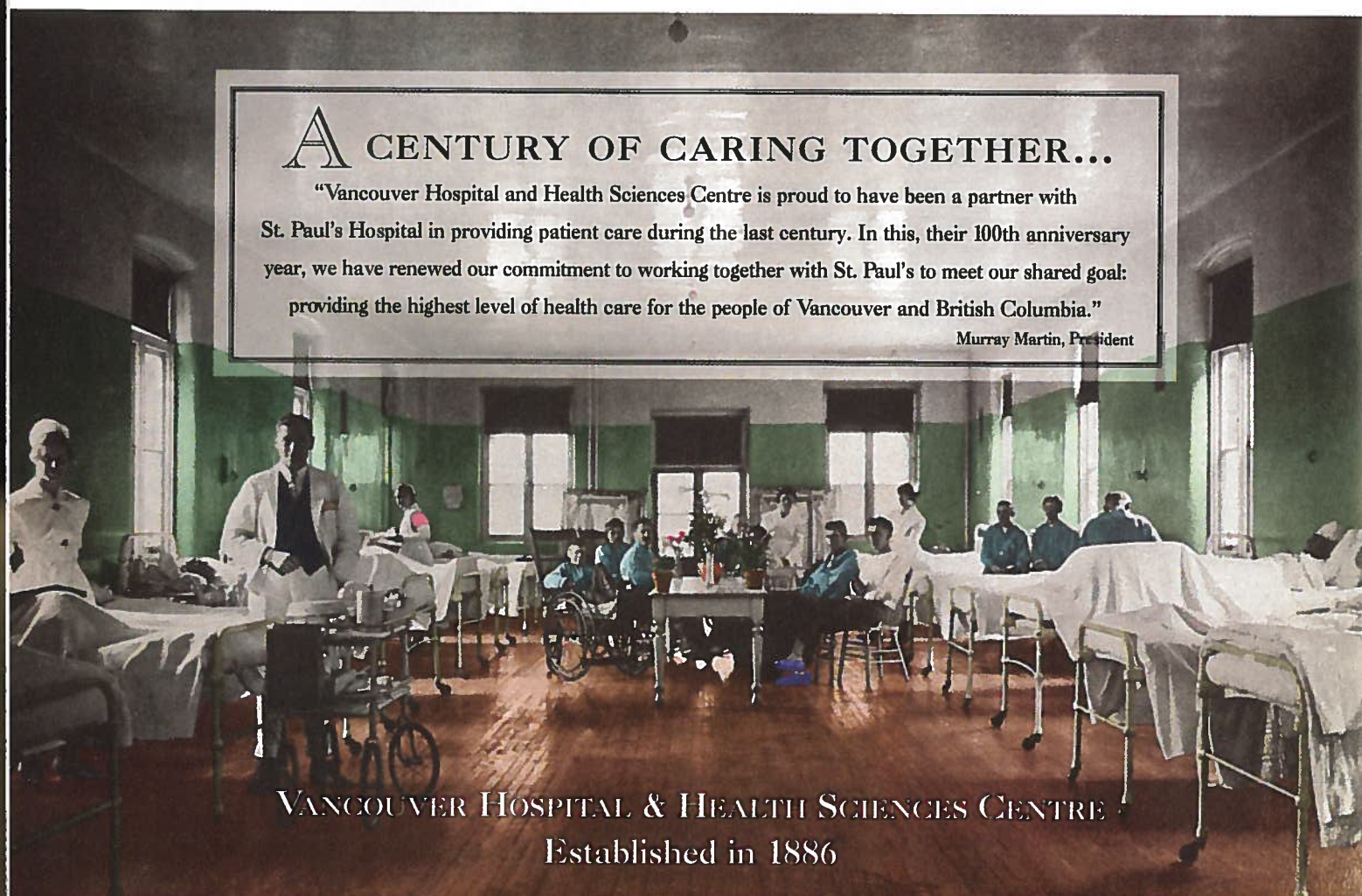


(Top left) State-of-the-art diagnostic magnetic resonance imager; (above) St. Paul's is B.C.'s comprehensive heart care centre; (top right) Teaching the next generation; (right) Hospital programs endeavor to increase patient involvement in their own treatment

## A CENTURY OF CARING TOGETHER...

"Vancouver Hospital and Health Sciences Centre is proud to have been a partner with St. Paul's Hospital in providing patient care during the last century. In this, their 100th anniversary year, we have renewed our commitment to working together with St. Paul's to meet our shared goal: providing the highest level of health care for the people of Vancouver and British Columbia."

Murray Martin, President



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Commitment to compassionate  
delivery of quality health  
care is shared by all at St. Paul's

and a sign of hope for the future."

Beyond that, as miraculous as it might seem, there is a spirit in St. Paul's nurtured by the past and kept alive in the minds and hearts of those working in the present. It is a simple spirit of service and compassion that welcomes all regardless of their illness, their means or their appearance. It is a spirit that sees beyond these differences and honors the mystical spirit of life that we all share.

### The Three-Phase Plan

The opening of the new Clinical Services Wing in 1962, which housed research and clinical experimentation facilities, underscored the need for a comprehensive new physical structure for the entire hospital. Soon after, planning for the new hospital and the gathering of land began. By 1972, a commissioned study recommended the construction of a \$40-million single tower where Phase I stands today. But that original plan was put on hold and replaced by the current three-phase plan which allows for government capital support in measured doses. The 10-storey Phase I tower was approved for construction in 1978 and completed in 1982. A similar tower, Phase II, begun in 1989 was completed in 1991. The final phase, which will house new facilities for emergency, outpatient and other essential services, is expected to open in the year 2000.

### Donors: Time & Money

Hospitals have always depended on public generosity for donations of time and money. Countless hours have been logged by hospital volunteers who help with innumerable tasks. Try as it might, St. Paul's can never fully express its deep appreciation to all who have volunteered their services.

While passing the bed-pan might not seem attractive, passing the hat requires its own kind of fortitude. St. Paul's Hospital Foundation commenced operations in



*"The doctors, nurses and staff of the Renal Unit were wonderful, providing me with excellent care. I'm very thankful to God and St. Paul's Hospital."*

*— Dilly Kahn, Renal transplant patient*

1980 following requests from medical staff for extra funds for specialized equipment and research. The fact the hospital began appealing for funds over 85 years after its establishment is very telling. Left to their own devices for many years and fervently committed to the Christian ethic of economy, St. Paul's concentrated on doing more with less, leaving it little time to think of asking others for more.

Today, under the direction of a separate board, the foundation accepts and carefully scrutinizes applications for funding

from its resources. In conjunction with centennial celebrations, the Foundation recently announced an ambitious \$15-million fund-raising campaign to be earmarked for research, the Heart Centre and related equipment.

St. Paul's president and CEO, Ron Mulchey, says "With our continuous quality improvement process in place and the ongoing inspiration of the Sisters of Providence, we approach our second century with confidence in our ability to provide even better care and service." □

### Teaching Centre

*St. Paul's has a long and distinguished tradition as a teaching hospital.*

- 1929 — The College of Physicians and Surgeons in Canada established
- 1931 — The first post-basic operating room training program for nurses began, becoming one of the most prestigious in the country
- 1932 — Canadian Medical Association accredited intern program
- 1939 — Nursing program in obstetrics began
- 1940s — Nurses purchased their own medicine glass, hypodermic needles and syringes and were responsible for their sterilization
- 1951 — The school graduated the province's first male nurse
- 1952 — First medical students appear at St. Paul's
- 1956 — Nursing students were allowed to marry and carry on their studies
- 1962 — First teaching ward was developed, allowing for a residency program
- 1977 — St. Paul's became a UBC teaching hospital
- 1991 — Over 200 lectures and presentations were made by hospital staff throughout B.C., Canada and in 10 foreign countries

*This special publication was prepared for St. Paul's Hospital by Canada Wide Magazines, 401-4180 Lougheed Highway, Burnaby, B.C., V5C 6A7. Special Projects Manager, Tim Kelley; Editor, Ann Collette; Assistant Editor, Janet Collins; Art Director, Rick Thibert; Writer, Jim Miller; Photographers: Ron Sangha, Brian Smith (UBC department of biomedical communication); Typographer, Debbie Craig; Advertising Art Director, Allison Griffioen; Art Assistant, Rick Butler; Assistant Production Manager, Suzy Williamson; Production Coordinator, Dayna Lozowchuk; Traffic Manager, Sandi Williams. Special thanks to the Sisters of Providence, Dr. C.E. McDonnell and Kathi Smith of the St. Paul's Hospital Centennial Committee, and Marilyn Loewen, director of communications, for their generous assistance.*

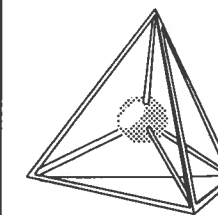


### St. Paul's Hospital

**Working, Learning  
and Caring Together**

For more information on  
ST. PAUL'S CENTENNIAL CELEBRATIONS  
call or write to:

Dr. Ed McDonnell or Kathi Smith  
Centennial Celebration  
St. Paul's Hospital, 1081 Burrard Street  
Vancouver, B.C. Canada V6Z 1Y6  
Telephone (604) 682-2344 Local 2324



**BCHA**

**The British Columbia Health Association**

**...CONGRATULATES ST. PAUL'S  
ON ITS 100 YEARS OF...**

- \* ...service to Vancouver & British Columbia...
- \* ...dedication to compassionate and high standards of care...
- \* ...growth into a major teaching hospital and medical research centre.

**BCHA also congratulates St. Paul's  
Hospital on its 100 years of...**

- \* ...being an active participant in health care developments in British Columbia over the years...
- \* ...being a responsive "community" hospital for areas of Vancouver...
- \* ...and for being a leader in the care of AIDS victims, among a number of initiatives.

*The British Columbia Health Association, is proud that St. Paul's Hospital continues to be a long-standing member in the association's 76-year history. The BCHA membership includes all general hospitals, all public extended care hospitals, many Continuing Care facilities, major Home Care agencies, and related health care agencies. The association is an advocate for the collective views of its members, with the goal of improving the health of British Columbians.*

3809275



*Celebrating 100 Years Of Caring*

# ST. PAUL'S HOSPITAL FOUNDATION



*1994 is a year of celebration for St. Paul's Hospital, as the hospital marks one hundred years of service to the people of British Columbia and Western Canada.*

*Since 1894...* St. Paul's has grown from a small community hospital to become a highly respected, major Canadian medical institute.

*Now...* the hospital is a 581 bed facility with patients referred from all over this province. It is also one of Canada's top teaching hospitals with more medical student applications than any other Canadian hospital. St. Paul's has developed an interna-



tionally known research centre, where staff look into the causes of disease and innovative new ways of treatment.

*The Foundation...* which has been active for just nine years, has acquired a solid level of support. It was established by a far-sighted board who recognized that with ever greater demands on the tax dollar and the growing cost of health care, hospitals would have to seek additional sources of funding if a high level of care was to continue. With a Foundation board committed to the best care for all patients, the St. Paul's Hospital Foundation has been successful in meeting its funding objectives. This, however, has only been possible with the strong support that the hospital enjoys from the general public, and the Foundation's very wide

ranging annual series of activities, including galas, luncheons, golf tournaments, and home lotteries.

*In the Future...* with your continued – and much appreciated – assistance, St. Paul's is looking forward to an exciting second decade where dedication to patient care, to research and education will continue. The Hospital is also about to become the heart centre for the lower mainland, and its clinics – such as eating disorders, cystic fibrosis and mood disorders – continue to grow. St. Paul's Hospital Foundation wants to thank everyone for their support over the years, and for continuing to help provide the best medical assistance for each and every St. Paul's patient.



## WE WANT TO GIVE YOU AN OPPORTUNITY TO CONTINUE HELPING ST. PAUL'S HOSPITAL

There is no such thing as a donation that is too small to help. While our average donation is \$57/supporter, every gift of every size helps buy important equipment, helps to fund critical research, or makes education programs available to staff and patients alike. If you want to ensure that St. Paul's patients continue to receive outstanding medical care, please send your donation to the Hospital today. St. Paul's Hospital #164-1081 Burrard St. Vancouver, B.C. V6Z 1Y6 Tel: 682-8206

- ☐ Yes, I want to make a donation to St. Paul's Hospital, and ☐ my cheque for \$\_\_\_\_\_ is enclosed, or ☐ please use my Visa/Mastercard #\_\_\_\_\_ (Expiry:\_\_\_\_\_) ☐ I would like more information on St. Paul's and its Foundation. ☐ I would like to be added to the Foundation's newsletter list. ☐ I am interested in making a donation via my will or with an annuity.

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