

Endorsement

MAY 2, 1973

Even though it doesn't usually happen, sometimes it does, and then it inspires renewed faith in this whole democratic process. Votes go in strange ways, but the one here on April 28 on the hospital referendum solidly supported the program that has been embarked on in this district with regard to improved hospital services. Because people here are concerned and because they care.

And yet it was more than just an

endorsement for a planned big medical-care spending program. It was an amazing thank-you tribute to the Sisters of Providence for the pioneering work that the organization has contributed all through these years in the Peace River block.

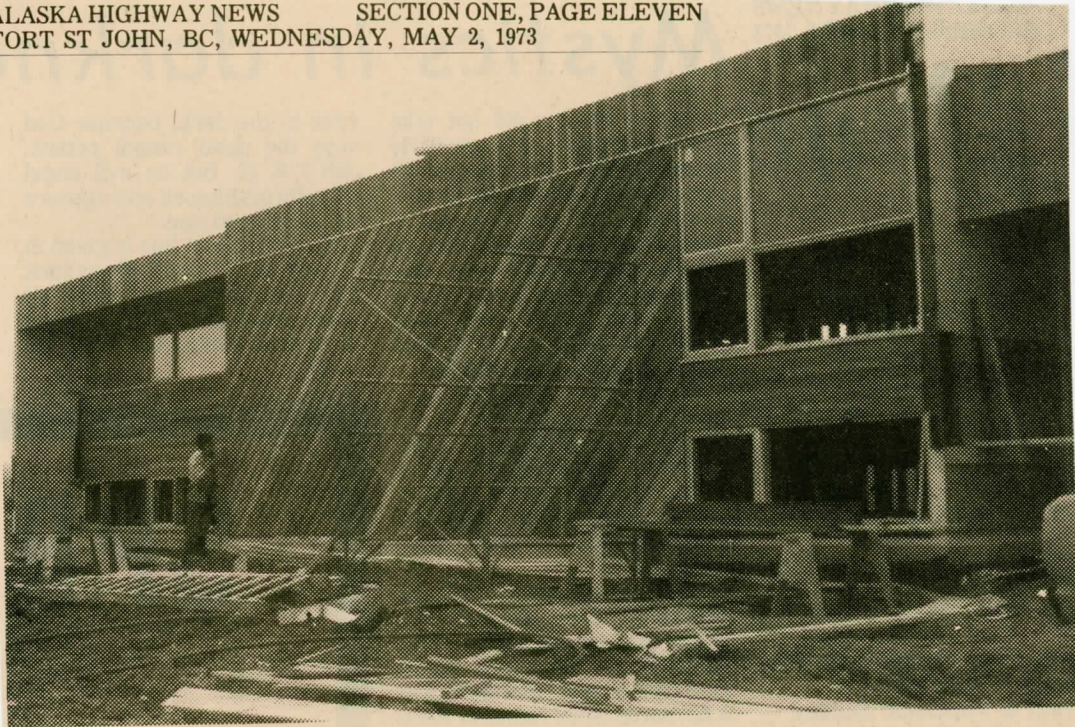
That vote was both a recognition of service, and a realization by citizens here that this area is growing and developing, and that they wanted medical-hospital services to match the changing era.

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Bill Young Memorial Fund

APR 4, 1973

Friends of the late Bill Young are contributing to a Memorial Fund in his name to provide medical equipment for the extensive care unit in Providence Hospital. The first piece of equipment being purchased is a warming coil and bath for exchange transfusions. Their goal is to also provide an ultra sound unit for physiotherapy. The Sisters at the hospital feel these items will add greatly to their present equipment. Names of all parties donating will be entered in a suitable book and this along with a plaque, will be presented to Mrs Young at a later date. In order to complete these purchases, April 15 has been chosen as the closing date for donations. These may be left at the Frontier Inn desk or mailed to Mrs Denise Stromberg at Box 862, Fort St John. All donations will be supplemented by one third by the BC Hospital Insurance Society. Cheques should be made out to "Bill Young Memorial Fund".

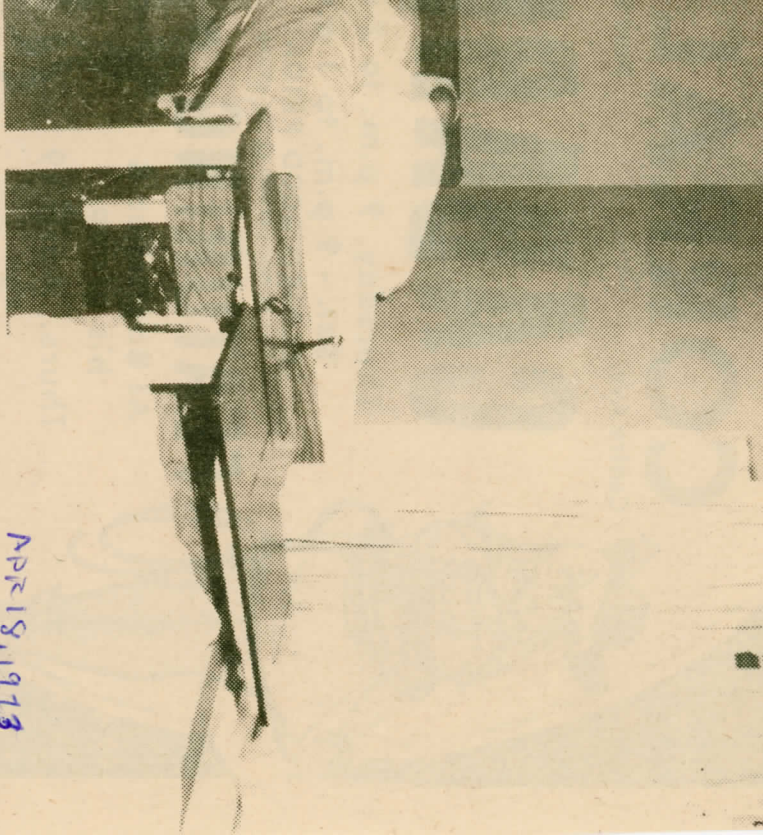


THE NEW PUBLIC Mental-Health Centre being built behind the North Peace Recreation Centre will hopefully be officially opened in the middle of June at the latest. Bud Vennes, Rotary Club president said the centre had been conceived as "a public aid and service to the Fort St John area." Although no private donations were made, the federal and provincial governments, provincial agencies and the Rotary Club contributed funds equaling \$150,000. In 1968, the

Centre was going to be built beside the Providence Hospital; however, the "government cut off grants to build it," said Vennes. Thus another search was made until the town donated the land behind the recreation centre. The structure has six to eight offices that will accommodate the Canadian Cancer Society, the Red Cross, the BC TB Society and the Public Health Unit which is now in the Providence Hospital.

THE DAY CARE CENTRE in Fort St John's Providence Hospital has room for only two beds. Ideally there should be at least eight beds with patients occupying separate cubicles.

APR 18, 1973



MARCH 21, 1973

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A WELL-DESERVED Canadian Red Cross distinguished service award was pinned on North Peace pioneer Duncan Cran in ceremonies held in the North Peace Recreation Centre on March 14. Mrs Yvonne Hayden, co-chairman of the BC branch Liaison committee of the Red Cross was up from Vancouver to do the honors in Red Cross month.

It must be "Yes"

APR 11, 1973

April 28 could be the most significant day of 1973 for the residents of the Peace River-Liard region. On that day taxpayers will have the opportunity of giving the go-ahead to a five year expansion plan covering all the hospitals in the region and, heaven knows, the proposed improvements are all urgently needed.

Although the referendum is for a sum of \$4.5 million, it must be remembered that the amount which actually has to be raised is \$2,295,000, repayment of which will call, on the basis of present assessment figures, for a tax hike of less than 1½ mills.

Included in the referendum is provision for the purchase of the equity held by the Sisters of Providence in the Dawson Creek and Fort St John hospitals. It is emphasized that the Sisters are not asking for one penny of interest on their long term investment which has been of such inestimable benefit to the area.

Improved hospital facilities benefit every citizen and the sum required to be raised pales into insignificance when weighed against the lives and health of the community in general.

Ever think how quickly it could be your life on that line?

Hospital expansion need grows more urgent

With the upcoming hospital referendum growing closer, it is felt that the citizens of the Peace River-Liard regional district have a complete picture of just what acceptance of this referendum could mean in improved facilities and services in Fort St John's Providence Hospital rather than merely as a matter of dollars and cents. As will be seen from the reports which follow, space in the hospital is at a premium and more room is needed for almost every department.

In January 1963 the new Providence Hospital opened its doors to the people of this community. At this time the emergency, surgery and central supply department facilities could manage the workload. During the past ten years, owing to an increase in the population of Fort St John, an increase from 68 beds to 100 beds and an increase in the medical staff, these departments can no longer cope satisfactorily.

Functions of the emergency or ambulatory care department are, first, to care for emergencies — to receive any person who presents himself as acutely ill or injured and to effect the necessary procedures for treatment. The second purpose is to care for out-patients — to provide for diagnosis, consultations and treatments (without the use of in-patient beds) that cannot be conveniently provided in a doctors office. And finally to provide the community with short term hospitalization following minor surgery without the use of in-patient beds.

Emergency now cares for a large number of out-patients daily, over and above the actual emergencies. Total patients treated in emergency have increased from an annual total of 5,481 in 1963 to 10,493 in 1972.

The medical staff are performing more advanced procedures, involving the use of more facilities, more technical equipment and more staff.

At present, the waiting area for the patients is situated in the emergency hallway, which is not adequate. This small area is

used for consultations, distressed relatives and staff conferences. There is absolutely no privacy for telephone conversations.

A procedure room, originally designated for the nursing staff and the director of nursing, was renovated to allow for more privacy for the patient. The medication and supply room is being used for minor examinations of both adults and children. At present the storage space for supplies and large equipment is very limited. Future plans call for a plaster room, a consulting room, a nursing station and a waiting room. Also enlargement of the

present emergency room.

The observation room, used for short stay patients, has only two beds and should be enlarged to accommodate at least ten patients.

The central supply department is already inadequate for present demands. Functions of this unit are to provide all departments with solutions and supplies (both sterile and unsterile) and to maintain in good working order all portable equipment used by the nursing department. The CSD staff are also responsible for delivering these items to the wards. With

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Hospital . . .

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the workload and the use of disposable supplies increasing, storage space is at a premium. Expansion plans are for a reallocation of this department to a closer proximity to the departments from which they receive their supplies — ie laundry, pharmacy and general stores. An efficient delivery system is to be maintained to the emergency and surgery.

The surgery suite consists of two operating rooms, a recovery room with five stretchers and sterile, sub-sterile and clean-up rooms.

With generally increasing demands, especially due to day-care surgeries, three operating rooms will be required in the future. The post-anaesthetic room is adequate at present with space for five stretchers. The waiting area for the pre-operative patient is in the hallway — which can be a little nerve-wracking even for the most composed patient, as there are noises and voices which tend to make the patients more apprehensive.

Further additions planned for the surgery unit are a set-up room (required for the nursing staff to prepare for the next case), plaster-room and scrub areas. Storage space is now inadequate — the stairwell to the second floor is being used for orthopaedic equipment. The surgery change room was designed for seven and cannot accommodate the 14 doctors now on the medical staff.

The radiological department also is in urgent need or expanded facilities as can be seen from the details provided by the department.

The services provided by the radiology department are directed towards sustaining and improving medical care. Presently this service is provided by: (1) one full time radiologist; (2) two full time technologists; (3) one part time technician; (4) one medical clerk.

The existing facilities now in use are: 1. Two x-ray rooms (1) Fluoro room which is used for general radiography and special procedures. (2) General radiography room which is used for gall bladder, kidney and chest examinations. (3) One mobile x-ray machine.

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technicians to do technical work.

(2) The addition of a third room for the purpose of doing (a) special procedures (b) skull and sinuses.

(3) An outpatient alcove sufficient for 20 people.

(4) A reception office.

(5) A film storage room close to the department.

(6) An area for the storage of portable x-ray equipment, wheel chairs and stretchers.

To continue with the high quality of patient care given by Providence Hospital these changes should take place soon.

The present working hours are 7½ hours per day, 5 days per week with 24 hours on call coverage. The working shift is staggered from 0800 hours to 1730 hours. However existing facilities no longer complement the work load demanded by the community. For example there is such an acute shortage of space that our medical typist has to have her "office" out in the middle of the corridor. Moreover the film storage space is so limited that the films must be stored in the x-ray rooms instead of one central area.

In the area of medical equipment changes must be made soon. In our best room the equipment is 6 years old and in the other room the equipment is approximately 10 years old. Thus in a technology which has been doubling its volume of information every five years, demands that the latest in equipment be provided to have optimal medical coverage.

From 1970 to the end of 1973 the number of patients will have doubled. In addition there has been approximately a 10 per cent increase per year in the number of procedures. Thus the 1970 staff level of 3.5 has an extra workload of approximately 30 per cent in procedures and 100 per cent in patients.

Procedures 1970 - 8384; 1971 - 9230; 1972 - 10700; 1973 (approx) 11800.

Patients 1970 - 4086; 1971 6928; 1972 8300; 1973 (approx) 9500.

Therefore the changes that are proposed by the radiology department are:

(1) The addition of an orderly for the transportation of patients thus having

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Sisters express appreciation

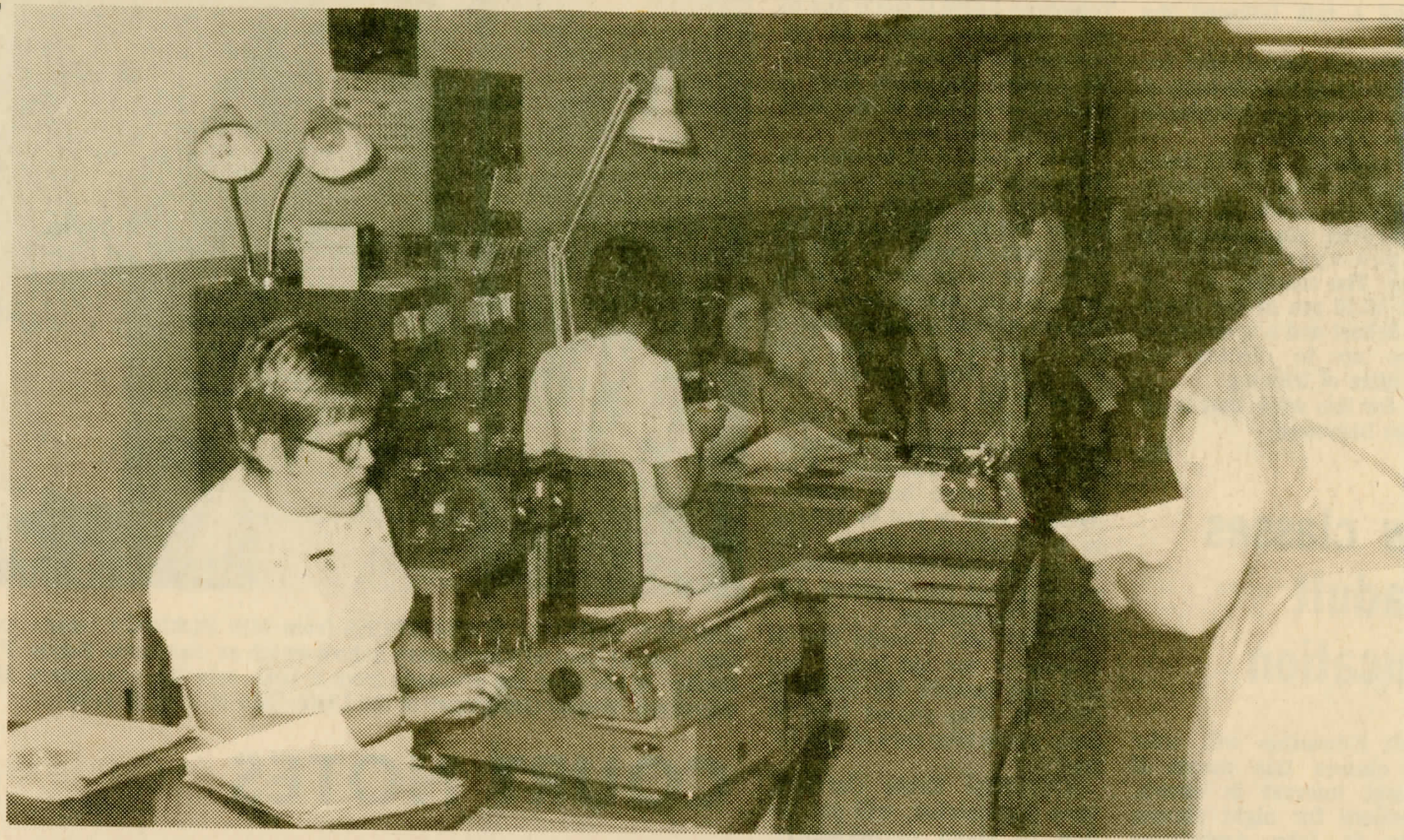
Since the date has been set for the hospital referendum, we hear that some of the residents in the districts of Dawson Creek and Fort St John feel that the Sisters are withdrawing from the hospitals because they have been asked to do so. We Sisters wish to make it very clear to everyone that this is not the case.

In 1930 and 1932, we were happy to organize these two hospitals and for 40 or more years be instrumental in providing much needed health care. However, with the expansion and development of the Peace River area and with our diminishing personnel, it is increasingly difficult to provide personal attention to the patients and to look after the many administrative details required in the operation of modern hospitals. Too, we realize that the people with a greater involvement in the administration of these hospitals; consequently, we are quite willing that they obtain this involvement through the election of duly qualified representatives.

Having served the two communities for so many years, we reached our decision with a great deal of regret. We recognize the tremendous support provided to us by so many throughout the years and we wish to express our deep appreciation to the citizens of the two districts, Fort St John and Dawson Creek. While willing to relinquish the ownership and active operation of the two hospitals, we hope to leave some Sisters in the hospitals and we will make a real effort to so do.

Sister Juliette Larose
President

Sisters of Charity of Providence
in British Columbia



LONG LINEUPS ARE THE REGULAR order most mornings in the Providence Hospital's X-Ray section now. It is hoped that the long range development plans that will be voted on in the referendum April 28, will go a long way towards alleviating some of this type congestion.

Providence Hospital expansion plans

The following report prepared by the Providence Hospital shows the urgent need of expansion programs in almost every department. The hospital referendum to be held April 28, if accepted by the taxpayers,

will go a long way towards improving the efficiency of our local hospital and the conditions under which the staff have to work. Anyone who has been a patient in the hospital during the last year or so will recognize

that the expansion plans detailed below are by no means extravagant — in fact, in some cases they could be termed absolutely minimal:

In 1970 the Regional Hospital
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Hospital expansion

(Continued from page 1)

Board prepared a long range development plan for the hospitals of the region which included expansion items that were necessary but not necessarily of an urgent nature at that time. Since three years have now passed, and the amount of money for the referendum has been reduced, Providence Hospital has confined its expansion proposals to those considered of emergency nature, in other words those that will seriously affect the delivery of health care in Fort St John and area if they are not provided soon.

It should probably first be noted that Providence Hospital was opened in January of 1963 as a 68 bed hospital and has now been expanded to a 100 bed hospital but that none of the service areas were enlarged to meet the bed expansion, with the exception of the x-ray department which was expanded by one room in 1968.

Even this small expansion of the x-ray department was not sufficient and the present department has serious shortcomings. The changing areas are much too small and do not even meet the present workload, increasing patient waiting periods. Also, as most people have notice who have been to the hospital, the x-ray and laboratory waiting room is what was originally designed as a hallway and we have been also forced to use this hallway as a storage room for x-ray equipment as well as the office and typing area for the x-ray department. The office where the x-rays are viewed by the medical staff is totally inadequate and provides little or no opportunity for consultation with the x-ray specialist.

An even worse situation exists in the laboratory department as there has been no room for expansion since the laboratory was opened as adequate for the original 68 bed hospital. Since that time a tremendous emphasis has been placed on new and expanded laboratory techniques and as a result many new pieces of equipment have been purchased and simply crowded into the available workbench space in the original laboratory. Nearly all of these new machines produce heat and this has created a further problem as the ventilation system is simply inadequate to cope. A recent consultant's survey indicated that our present laboratory area is less

laboratory built to meet the needs of the future will suffice.

The Physical Medicine Department (Physiotherapy) is also an area of extreme priority as this was never designed for inclusion in the original hospital and has been simply shoved into two small rooms in the basement. As a result of this the present department is somewhat inefficient and it is surprising that we have been able to provide the service that we have in spite of the lack of facilities such as; changing rooms, individual treatment rooms, hydrotherapy rooms, etc. An example of how our services have been curtailed is seen in the fact that both the medical staff and the hospital board have been trying to obtain a hydrotherapy tank for the patients of Fort St John for some four or five years but have not been able to do so simply because of lack of space in which to put the hydrotherapy tank. This department at its present workload should require approximately 6,000 square feet, it is presently operating in less than 1,200 square feet.

The Emergency Ward which was designed again for a 68 bed hospital and a workload of 1963 has become overcrowded and inefficient as any patient who has had reason to use these facilities has observed. There are no areas for private consultation, no areas for distraught relatives to wait while they find out what has happened to their loved ones, and our lobby-waiting room is anything but private. This department treats over 10,500 patients annually, some of them merely cut fingers to others of much more serious nature. In addition to this type of workload, a new type of patient care has come into being in the last few years called Day Care, whereby patients can come for minor surgery and stay in the hospital a relatively short period perhaps six to eight hours, these are also accommodated in the Emergency Department area. In other hospitals in the province, this type of caseload has expanded very rapidly but in Providence Hospital it has not been possible to encourage this type of care simply because we do not have the room or the facilities to handle this type of patient. Our consultants indicate that our Emergency Department area should be at least 4,000 square feet and we are presently

with additional space for approximately 20 day care patients. Both at the federal and provincial health care level emphasis is being placed on ambulatory care rather than confining patients to acute care hospital beds and it is very probable that in the near future up-patient facilities will be more important than acute care beds.

A further expansion of the diagnostic capabilities of Providence Hospital is planned by the inclusion of a nuclear medicine laboratory. The use of radioisotopes in the diagnosis of various conditions is now quite commonplace in modern medicine and if it had not been for space limitations Providence Hospital would have provided this service to the patients of the area in early 1971 when the first stage (which did not require much more than bench space in the laboratory) was initiated, however the second stage of nuclear medicine requires approximately 1,000 square feet of rather specialized construction and therefore this has had to wait for hospital expansion. The services of this department are similar to that of the x-ray or laboratory departments but because of the heavy travel expense to Vancouver or Edmonton have not been available to patients in Fort St John.

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FORT ST JOHN'S Providence Hospital has an extremely high medical care standard — but inadequate facilities do at times cause problems for its staff members, even to the doctors. Above, Dr TWD Miller ponders on the numbers of patients moving through the corridors on Tuesday morning.

than one-third of the size required for the present workload and on top of this we are facing an increase of between 10 and 20 per cent each year. There are indications that only a completely new ten bed adult psychiatric unit getting along with 1,600. As far back as 1971 government consultants recommended that Providence Hospital be equipped with a ten bed activation-rehabilitation unit and a ten bed adult psychiatric unit

Nurses to urge passage of hospital referendum

The North Peace Chapter with eight guest members of the South Peace Chapter of RNABC met in the assembly hall of the hospital for a meeting at which Ms Kirstine Griffith of the Continuing Education Committee of the provincial organization was guest speaker. Ms Griffith defines nursing education as the continuum of planned learning experiences extending from entrance into basic preparation to retirement from practise. She spoke most

One change made in the past year in a nursing program has been in psychiatric trainees being taken into BCIT from Riverview where they had been trained.

The RNABC has prepared a speakers kit which contains information on the various fields open to any student that would be interested in entering one of the professions connected with hospitals — not only classifications of nurses — but the different therapists,

interestingly of the various problems that our profession is encountering in their endeavors to improve standards. The new two year programs have not quite lived up to the expectations of the planners and with the changes taking place in all phases of education at high school and other levels more changes will have to be made.

technicians, etc. She urged members to go to the schools to speak to students, after listening to North Peace chapter members discussing the criteria of their annual Bursary.

Ms Pamela Marriot, district president, gave a most informative report of the numerous meetings of the board she has attended since taking office as well as her impressions of CNA convention which she attended last spring in Edmonton.

Other chapter business included the formation of a larger phoning committee with the hope of personal contact being a means of encouraging larger attendance at the bi-monthly meetings. When the secretary receives the latest listing of RNs in the area the names will be allocated. If there are any non-practising or retired nurses in the area who would be interested in being notified of meetings we would be happy to have your name for our list.

The June meeting will be planned by the executive, and at that time reports from delegates appointed to attend the annual meeting in May will be heard.

Mr J Howard, administrator of Providence Hospital attended to speak briefly to the group to enlist our aid in securing passage of the upcoming referendum. He distributed copies of "Expansion Plans" for the information of the group and to enable us to speak knowledgeably to others on this very vital subject.

V G WOODWARD

PEACE RIVER-LIARD REGIONAL HOSPITAL DISTRICT

By-law No. 26

A by-law of the

Peace River-Liard Regional Hospital District

WHEREAS the Board of Directors of the Peace River-Liard Regional Hospital District is empowered to establish, acquire, construct, reconstruct, enlarge, operate and maintain hospitals and hospital facilities, and to make grants in aid for these purposes;

AND WHEREAS the Board is desirous of providing grants in aid for the hospital projects described in Schedule "A" attached to and forming part of this by-law, and of purchasing the equity of the Sisters of Charity of Providence in British Columbia in the hospital properties at Dawson Creek and Fort St. John, known respectively as Saint Joseph General Hospital and Providence Hospital;

AND WHEREAS pursuant to the provisions of the "Regional Hospital Districts Act," the Government of the Province of British Columbia will share with the said District in the repayment of principal and interest with respect to borrowing for the expenditures required for the projects described in Schedule "A" aforesaid, but the said Government will not contribute towards the purchase of the said equity of the Sisters of Charity of Providence in British Columbia in existing hospital properties;

AND WHEREAS the Assent of the owner-electors is required pursuant to section 35(1) of the "Regional Hospital Districts Act";

AND WHEREAS the approval of the Minister of Health Services and Hospital Insurance has been obtained;

NOW THEREFORE the Board of the Peace River-Liard Regional Hospital District, in open meeting assembled, enacts as follows:

1. Subject to the joint approval of the Board and the Minister, the Board of the Peace River-Liard Regional Hospital District is hereby authorized to make grants in aid for the purpose of financing the projects referred to in Schedule "A" attached to and forming part of this by-law, and to purchase the

PEACE RIVER-LIARD REGIONAL HOSPITAL DISTRICT Hospital Financing By-law No. 26 Schedule "A"

Saint Joseph General Hospital, Dawson Creek, Providence Hospital, Fort St. John and Fort Nelson General Hospital, Fort Nelson:

Expand and renovate existing hospital buildings to accommodate additional acute beds, with exact number to be determined later in the construction program;

Improve sites;

Purchase major depreciable equipment and supplies;

Provide working capital.

Chetwynd and District Hospital, Chetwynd:

Construct paved road from property line to hospital buildings.

PEACE RIVER-LIARD REGIONAL HOSPITAL DISTRICT HOSPITAL FINANCING

By-law Question

"Are you in favour of the "Peace River-Liard Regional Hospital District Hospital

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equity of the Sisters of Charity of Providence in British Columbia in hospital properties at Dawson Creek and Fort St. John, known respectively as Saint Joseph General Hospital and Providence Hospital.

2. For the purposes described in Schedule "A" aforesaid, there may be borrowed upon the credit of the Peace River-Liard Regional Hospital District, a net sum not exceeding three million, six hundred seventy-five thousand dollars (\$3,675,000).
3. For the purpose of purchasing the equity of the Sisters of Charity of Providence in British Columbia in the hospital properties at Dawson Creek and at Fort St. John, known respectively as Saint Joseph General Hospital and Providence Hospital, there may be borrowed upon the credit of the Peace River-Liard Regional Hospital District, a net sum not exceeding eight hundred twenty-five thousand dollars (\$825,000.)
4. Such borrowings as are described in Sections 2 and 3 of this by-law shall be secured by the issue and sale from time to time to the Regional Hospital Districts Financing Authority, subject to the approval of the said Minister, of debentures in such principal amounts as the Board deems necessary to raise the amounts required, after payment of commission, brokerage, exchange, interest and other necessary expenses in connection with raising the net sum specified herein.
5. Debentures issued pursuant to this by-law shall be repayable within a period not exceeding twenty-five years from the date of issue thereof, in the amounts and at the times that the said Minister may approve, with interest payable annually or semi-annually as specified by the Regional Hospital Districts Financing Authority upon the balances from time to time remaining unpaid.
6. In order to meet payments of principal and interest during the currency of the debentures, there shall be included each year in the estimates of expenses of the Board the respective amounts of principal and interest falling due in that year.
7. The total net sum that the Board of the Peace River-Liard Regional Hospital District is authorized to raise pursuant to this by-law, shall be four million five hundred thousand dollars (\$4,500,000), comprised of the sums set out in Sections 2 and 3 of this by-law.
8. This by-law before adoption, shall receive the assent of the owner-electors in the manner provided for by the "Regional Hospital Districts Act."
9. This by-law shall take effect upon the date of its final adoption.
10. This by-law may be cited for all purposes as the "Peace River-Liard Regional Hospital District Hospital Financing By-law No. 26."

READ A FIRST TIME THIS 27th day of March, 1973.
READ A SECOND TIME THIS 27th day of March, 1973.
READ A THIRD TIME THIS 27th day of March, 1973.

Received the approval of the Minister of Health Services and Hospital Insurance this day of , 1973.

Received the assent of the owner-electors this day of , 1973.

RECONSIDERED, FINALLY PASSED AND ADOPTED, this day of , 1973.

Chairman of the Board of the Peace River-Liard Regional Hospital District

Secretary of the Peace River-Liard Regional Hospital District.

EXPLANATORY NOTE

By-law No. 26 authorizes the borrowing of a net sum not exceeding four million five hundred thousand dollars for the following hospital projects:

- (a) The hospital projects described in Schedule "A" of the by-law.

The Provincial Government will share in the cost of annual principal and interest payments on the moneys borrowed for these projects as provided in the "Regional Hospital Districts Act."

- (b) Purchase of the equity of the Sisters of Charity of Providence in British Columbia in the hospital properties at Dawson Creek and Fort St. John - known as Saint Joseph General Hospital and Providence Hospital, respectively; the cost of this purchase will not be shared by the Provincial Government because the substantial equity owned by the Government is not involved in this transaction.

Take notice that the above is a true copy of the proposed by-law and the proposed question upon which the vote of the owner electors will be taken at:

Devereaux Elementary School
Doe River Elementary School
Onychuk Residence
James Paul School
Kelly Lake Elementary School
Rolla Elementary School
South Taylor Elementary School
Tate Creek School
Willowbrook School
Village of Chetwynd Office
City Hall, Dawson Creek
Farmington Hall
McLeod Elementary School
Village of Pouce Coupe Office
A. Livingstone Residence, Progress
D. Carlson Residence, Sunnybrook-Fellers Heights
H.C. Masee Residence, Sunset Prairie
Sunrise Valley Hall
Parkers Trading Post, Moberly Lake
Hudson's Hope Community Hall
Pink Mountain Motor Inn
Attachie Elementary School
Charlie Lake Elementary School
Clearview Elementary School
Montney Elementary School
Ross Smith Residence, North Pine
Prespatou Elementary School
Upper Pine Elementary School
Wonowon Elementary School
Van Donselaar Residence, Baldonnel
Town Hall, Fort St. John
Village of Taylor Office
Bob Johnson Residence, Upper Cache Creek
L. Callison Residence, Upper Halfway
Mile 18 School
Mile 392 School
Mile 456 School
Fireside Inn, Mile 543
Village of Fort Nelson Office
Lower Post Hotel

on Saturday, the 28th day of April 1973 between the hours of eight A.M. and eight P.M Mountain Standard Time.

PLEASE ATTEND THE POLLING PLACE NEAREST YOUR RESIDENCE

Given under my hand at Dawson Creek, B.C. this 5th day of April 1973.

R.R. O'GENSKI
Secretary
Peace River-Liard Regional Hospital District

Devotion of sisters not forgotten

JUN 13, 1973

The annual 1972 Providence Hospital report, just produced, demonstrates a continuous pattern of growth, especially the successful completion of the "Hospital Construction Referendum."

Progress can be dated back to 1931. From a modest beginning five Sisters of Charity of Providence and one registered nurse established the Providence Hospital in Fort St John.

The Sisters have been intimately connected with the health care in Fort St John for 42 years. A referendum on April 23, has paved the way for Providence Hospital to be operated by a local hospital society and the Sisters of Providence will relinquish ownership.

But in the minds of the patients they served, their devotion will not be forgotten. The present high standard health care delivered by the Providence Hospital is due to the efforts of these Sisters.

The Sisters who are leaving the hospital are: Sister Colette Caron, Sister Philomena, RN, Sister Pauline Kruchten, RN and Sister Eileen Beach, RN.

During 1972, the Women's Auxiliary (WA) of Providence Hospital provided a variety of services to the patients. They supplied reading material Monday through Saturday and shampoo service once a week. The WA kept the grounds around the hospital trimmed and attractive. They also instigated a Sterisystem TV program and they still provide radios to the patients.

Last year was relatively successful from the standpoint of up-grading our standards in the various medical areas. This can be seen in the encouragement of education. Six staff members took management courses, 41 attended short-term courses and 329 attendances at in-service lectures. It is the aim of Providence Hospital to keep

Hospital Auxiliary praised

JUN 27, 1973

A wine and cheese party was held June 18 in the hospital assembly room. Thirty-five women were present for the meeting. Jack Howard, the hospital administrator, was in attendance and he praised the Auxiliary for the many hours of work and services rendered, saying that not only the hospital board but the doctors as well very much recognized the works of the Auxiliary. He then showed us the purchases bought by the Auxiliary which were operating microscope, isolette for transporting newborns out of town and thanked them again for work well done. The meeting was then adjourned and the Wine and Cheese was enjoyed by everyone.

Just a reminder to Auxiliary members to work on bazaar items during the summer as October 27 is not far away. There will be no Auxiliary meetings for July and August so see everyone in September.

M POWELL

abreast with rapidly changing care fields.

A successful year can be seen in some of the statistics.

Patient days dwindled in number, because of a decline in the length of stay. The optimum bed occupancy the hospital can handle is 85 per cent. In 1972 occupancy was 69.1 per cent.

Mayor expenditures for 1972 increased by 7.0 per cent over 1971. The dollar revenue for last year was \$1,418,915, while expenditures were \$1,407,526. Major expenditures were \$1,407,526. Major expenditures were made in the insulation and heating of the reserve propane tank, a complete overhaul of the standby power plant and a staff parking lot.

In 1971, 1.3 per cent newly born had died. The anesthetic and postoperative death rates declined considerably. Anesthetic deaths were nil compared to one per cent in 1971 and the postoperative deaths were 0.1 per cent compared to 1971's 0.4 per cent.

Lack of space has made parts of the hospital unable to reach their full potential. One such

Candy strippers capped

On Sunday evening, May 27, the Assembly Hall of Providence Hospital was the scene of an impressive ceremony for the Candy Strippers Group. In the presence of relatives and friends, as well as the Hospital Administrator Mr J Howard and his wife, and Mrs K Pain—director of nurses the girls received their arned awards. Mrs R Bruce, president of the Hospital WA welcomed everyone and introduced Mrs I Talbot and Mrs V Woodward Counsellors. She briefly outlined the duties of the Candy Strippers and expressed her regret that the pins earned for 100 hours of service to be awarded to Brenda Stangowitz, Sherry Esau and Diane Plemel, had not arrived but extended congratulations to the girls.

Miss Lynn Johnston provided a fitting musical accompaniment as the girls were called forward. Mrs Talbot "capped" each girl as she came bearing her lighted candle and as the names, with number of completed hours of service were announced by Mrs Woodward. To receive a cap 20 hours must be completed. In the group earning caps were: Peggy Borque, Laura Danielson, Nancy Framst, Phyllis Hunt, Barbara Hosick, Lori Lorincz, Laura London, Debra Lacey, Lynne Henderson, Leslie Neurohr, Cheryl Miller, Denise Osmochenko, Eileen Oystryk, Marie Page, Debbie Guigley, Gail Senft, Sharon Symes, Shawne Tatlow, Diane Watling and Charlene Yaeger.

Leslie Neurohr had the honor of receiving her pink band with her cap which indicated that she had given more than 50 hours since this latest group started

ward service after completing study classes and exams.

The senior group who had been capped last year and were standing by with their lighted candles to welcome their fellow members were: Sherry Esau, Diane Plemel, Brenda and Diane Stangowitz and Jo Ann Walsh who now received their pink velvet band which was affixed to their cap by the counsellors. Sherry Nickolchuk and Daine Emes have also earned this award but were unable to be present.

Refreshments were enjoyed by all, and pictures were taken to commemorate the occasion, thus bringing to a close a most pleasant evening.

area is physiotherapy treatments. Crowded conditions and little privacy dominate the department's problems.

As laboratory work expanded in 1972, a 20 per cent increase in the workload followed. Over one million units requested 90 per cent of the laboratory tests to be done at the hospital.

Special diets, likes and dislikes was part of making 82,700 meals in 1972. Only \$1.44 per meal allowed for food costs.

1973
JUNE



THE PUBLIC MENTAL-HEALTH unit building will be a new home for the public health unit of

Fort St John, who are working out of the Government building on Centre Avenue.

JUN 7, 1973

Health unit in largest BC area

The public health unit in the Peace River area serves the largest area in BC.

The unit extends from the Pine Pass to the Yukon border and over into the Dease Lake area.

The health unit of Fort St John reaches north to Prespatou and Peejay, east to the Alberta border, Northwest to Pink Mountain, south to Mile 31, southwest to Attachie and up to Cassiar.

The four health nurses serving Fort St John, Kathy Murray, Georgina Normandin, Marilynne Herron and Earla Witwicky are also registered nurses. Jim Brooks is the health inspector and Dr McKinnis of Dawson Creek is the director of the health unit.

The health unit's prime responsibility is for mainly to go to elementary schools and giving small children over-all check-ups and immunizing them against diseases. In the

high schools, they also give lectures on nutrition, sex education and anything else that applies to teenagers. They will only lecture when a teacher asks them.

The health nurses also help parents. By going to people's homes and counselling parents when they have problems. Sometimes a mother just wants to talk to someone about her problems, such as sickness or disciplinary problems. But the nurses do not go to homes to give advice on any communicable disease. Instead, they advise over the telephone. Whenever a disease is making the rounds of the schools, the health unit asks the schools to give notes to the students — and that entail what the parent should do if a child catches a disease.

The health unit helps people financially, when a child has to go to a larger centre for medical attention.

The health unit helps expectant mothers to make-ready for the birth of a child. They give six weeks of classes on child care, birth control and exercises.

The health inspector, Jim Brooks, follows town and provincial laws pertaining to the inspection of new buildings. He also condemns buildings, but at the same time he gives the go-ahead for the opening of new ones.

If the health nurses see a resource that is needed in the town they will push for it. At the moment they want a day care centre and a summer program for retarded children. In the past they played a big part in bringing about the Jericho Hill school for hard of hearing youngsters in this area.

The nurses say the people are receptive and friendly when they talk to them.

Oldtime nurse passes

JUNE 1973



Mrs. Jim Young

The North Peace lost one of its best-known and most respected citizens with the death in the early hours of June 2 of Mrs Anne Young in the Providence Hospital.

Born in England, Mrs Young came to this country in the twenties and was the first nurse to work in the then newly built four-bed hospital in Fort St John.

She is survived by two daughters Mrs Roy Snippa of Fort St John and Mrs Tom Micky of Whitehorse and one son Robert Young of Rose Praire.

A full obitury of the late Mrs Young will appear shortly.

Patients pay

tribute to

fine doctor

JUN 13, 1973

The recent departure from Fort St John of Dr A K Mandal, together with his wife and son, to take up a teaching post in Los Angeles is deeply regretted by many of his patients. The letter we reprint below together with the poetic tribute to which it refers make very clear the impact made by Dr Mandal on his patients and the community during his all too short stay in Fort St John:-

In tribute to a very fine doctor (Dr Mandal) who has very recently left Fort St John, I have composed the enclosed piece of verse. I know there are many of his patients who feel as I do about losing such a wonderful doctor from our community, and since words come to me quite readily, I thought to say "Thanks" to Dr Mandal in this special way. And since I do not choose to have my name published, Dr Mandal could suppose it was composed by any one of his patients.

Mrs Mandal told me on many occasions that she would miss Fort St John and the many friends she and her husband and son had made during their residence here, and she did say they would follow with interest the happenings in this community.

I hope you consider the enclosed tribute suitable for publication. I do not know how else (and many others) can thank this doctor for my excellent return to good health - a doctor whom I had never met, much less seen, until the day it was necessary that I consult him; his manner of speaking did much to help me over the shock that I had cancer and would have to have immediate surgery. I know that I shall never forget him, and will always be thankful that I made the decision to remain in Fort St John for the surgery.

"I am not God," he said. "I cannot tell you what the future holds for you. The tests have verified my first thought fears, and I know now what must be done while skies are still quite blue.

You do not have to take my word, the choice is up to you;
Chose whom you please and where you will go -
Such decisions are not new.
Do not waste time - think well and make your choice -
Before your final word is given, please heed your inner voice."

He was not God, of course, I this well knew,
And so sought desperately as in a far off land
To find a God to help me in my grief - but always would

My thoughts come back towards my doctor's hands.

Thus it was my choice was made - the time, the place, and he

Who should remove the troubled place and set my body free.
I learned when all was said and done what I believe so much

My God was very close at hand - within my surgeon's touch.
— AN EVER GRATEFUL PATIENT.

Hospital practices for crisis situation

JUN 27, 1973

Providence Hospital held a disaster plan exercise on Thursday, June 21 to test the

ability of the hospital staff to handle a sudden influx of patients from a major

catastrophe.

The evening supervisor, Mrs E Jellison, received word at 7:25 pm that a large number of patients were expected immediately and put the hospital disaster plan into effect. Visitors were asked to leave and the lobby furniture removed by staff on duty and by 7:30 pm thirty staff and eight doctors were in attendance as the patients started to arrive. Patients were segregated according to their injuries, being sent to the operating room, emergency or resuscitation. A burns unit was also set up but not used in this exercise.

At 8:15 pm the "Disaster" was declared officially over and all staff attended a post exercise critique in the hospital cafeteria. Several points were raised which will lead to more efficient handling of large numbers of patients in future. More messengers were needed in the various treatment centres and guards required at the doors, a phone line crisis became apparent and this will also be corrected.

Over 55 staff members attended the exercise which was conducted on a "quiet" basis by phone message only — a real crisis would also see use of television and radio to bring in more staff.

This type of practice is generally conducted on a yearly basis and ensures that the hospital is prepared for major emergencies.

The hospital board wishes to thank the doctors and staff for their enthusiastic participation.

1913
JULY



5 YRS AGO - SEPT 25, 1973

SOCIALS: The Hospital Board and Head Nursing Staff held a Farewell Party in honor of Braden and Betty Herron at the Corona Restaurant last week. Mrs Vera Bowes was also Guest of Honor. Approximately 30 guests sat down to a wonderful dinner of steak and lobster tails. Chairman of the Board, George Broadhurst, was Master of Ceremonies. Dr George Cormack, who spent several years at the "old hospital" flew up from Edmonton to attend the dinner. He spoke of the old days and between him and George Broadhurst reminiscing, fun was had by all. Braden, who has been on the Hospital Board for many years, was presented with a lounge chair. Betty and Vera received flower table centres. It won't be the same in town without the Bowes and Herrons.

IT SEEMS THAT someone at the Providence hospital is having problems mowing the lawn around the trees on 98 Street. So the next best

thing was to kill the grass by covering it with gravel and plastic. Now the plastic is gone, but the gravel will remain. JUL 18, 1973

1973
October

Hospital WA bazaar

The Hospital WA held a most successful Tea and Bazaar at the Immaculata Auditorium on Saturday afternoon, October 27. The hall was beautifully decorated with "Happy Faces" which was the theme of the bazaar. Many prizes were given during the course of the afternoon. One of the most popular was the raffle in which the \$50 Money Tree was won by Sheila Hards and the \$25 Money Tree went to John Bremner. Mable Wallin received a lovely wool blanket for the tea "Door Prize". At the "Lucky 7 Table" a doll, donated by Mrs Annie Donis, was won by Diana Brooks. The shampoo set, donated by Lena's Beauty Salon, went to Lil Fedoruk, the Food Hamper from Super-Valu, went to Joan Miller, Dried Flower arrangement, donated by Schrader's Flowers, was won by Audrey Brummet, Food Hamper from Overwaitea, went to W Johnson, Hannigan's donated a "Dinner for Two" which was picked up by Vevienne North and the Sitting and Portrait, donated by Aurora Studio, went to Mrs D Borg.

The executive wish to thank all the members and other thoughtful citizens who donated so generously to the various tables that made the bazaar so successful and to all the good people that turned out to purchase the items and join in at the tea and cookie table. They feel that this is an indication that their efforts during the year to the hospital is really appreciated by the community.

5 YRS AGO - OCT 27, 1973

THE HOSPITAL WA held a most successful Tea and Bazaar at the Immaculata Auditorium on Saturday afternoon, October 27. Many prizes were given out during the course of the afternoon. The \$50 Money Tree was won by Sheila Hards and the \$25 Money Tree went to John Bremner. Mable Wallin received the lovely wool blanket for the tea "Door



THE ATTRACTIVE TABLES and displays at the Hospital Auxiliary's Tea and Bazaar on Saturday, October 27, had some thing for everyone, handicrafts and goodies, games,

raffles and door prizes. And as in any church or community effort a lot of hard work has to be done by many people to make these functions a success.



Intra hospital conflict possible says Galbreath

1973
JULY

JULY, 1973

Hospitals within the Peace River-Liard Regional District are to be informed that future requests for services must be made first to the region.

The policy was proposed when it was discovered that St Joseph Hospital in Dawson Creek had employed the services of a bio-medical electronics technician.

This was brought to a regional district meeting in Hudson Hope through a letter from St Joseph administrator E M Casavant asking permission to substitute equipment previously approved for new equipment needed by the electronics technician.

HT 'Pappy' Galbreath of Fort St John said, 'I'm concerned about how much fighting this will cause with other boards in the region.'

Bert Simmons, regional district representative to the St Joseph board, said he knew nothing about the request for an electronics technician.

"The last two meetings of the hospital board have been on the same date as the regional district meeting," he said.

"I'm not sure that we should allow hospitals to vie with each other for services of this sort," he said.

Rod Trew, director from Hudson Hope, said, "BCHIS watches for co-operation within the region." The electronics technician was granted to St Joseph with the proviso that the services be available to all hospitals in the area.

"CE Framst, chairman of the regional district, said, "I don't want to go out on a limb allowing one hospital to set out on its own."

Simmons suggested that in future all new services of a multi-hospital nature, requiring regional financial support, should first be referred to the district and then to the hospital advisory committee.

"This is one of the things we set the committee up for," he said.

"We tried to get the hospital boards together to get all these things ironed out," said Galbreath.

"I figure we'll get our hands rapped on this one," he added.

Directors voted to try and find funds to pay for the new equipment needed by the technician without making substitution of other equipment by the hospital necessary.

They also agreed with

Galbreath, "We should write a letter to all hospitals telling them that these things must first come to the regional

district.
"It will get us in serious trouble with all the boards if this is allowed to continue," he said.

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Y, JULY 4, 1973

Patient disturbed

Editor, Alaska Highway News
During the past month I have been a patient twice for periods of at least a week. On both those occasions the patients have been annoyed night after night by children playing to all hours on the hospital grounds. Right underneath patients' windows.

If your window is open for air it is impossible to get any rest or sleep with football, etc being played until 11:30 or 12 pm. It is not always small children. Sometimes young adults will play football until the nurses have to call the RCMP.

Is there not something in this town to regulate "disturbing the peace" around the hospital?

Hospitals are supposed to be for recovery purposes, not football games.

There is one other problem that patients also complain about — the teenagers using the hospital parking lot in the small hours of the morning to use as a turn around.

Surely something can be done about this. Either through the Town or the RCMP.

There are enough playgrounds, parks and school grounds in Fort St John that people should not have to use the hospital grounds.

MRS A DANIELSON

Hospital shows continuous growth in '72

JULY 8, 1973

FORT ST. JOHN—1972 was a year of success and growth for the Providence hospital says Jack Howard.

Mr. Howard, the administrator of the hospital, summarized the year in the following manner, as contained in the hospital's annual report:

"The 1972 record of service at Providence Hospital follows our traditional pattern of continuous growth, hampered by continuing staff shortages.

"The ensuing information indicates that this hospital continues to be active on many fronts and stagnation is certainly not one of our problems. Although our patient days did decrease considerably in 1972, this was due to a decrease in length of stay. We actually treated the same number of in-patients as in 1971. Our out-patient load continues to expand rapidly as in indicated in the radiology, laboratory, and physiotherapy work loads. The audited financial statement reports our usual modest surplus, which is due to unfilled staff positions.

"Major plant expenditures were made in 1972: insulation and heating of the reserve

propane tank, a complete overhaul of the standby power plant, and the long-awaited staff parking lot. The parking lot solves many problems for the staff and the hospital, and the emergency area is now free of congestion. The normal painting and upkeep continues and our building is in good shape.

"Education was emphasized in 1972 with six staff members taking management courses, 41 attending short-term courses away from the hospital, and 329 attendances at in-service lectures. It will be our continued aim to keep the staff of Providence Hospital abreast with rapidly changing health care fields.

"The ease with which we opened our new minimum care unit indicates the spirit of co-operation offered by our staff, and I would like to thank all staff members for their loyalty and support, in particular the nursing and laboratory staff for their devotion to duty when so short of staff. The assistance and co-operation of the hospital board and the medical staff has also been greatly appreciated."