



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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**64 Years of Caring  
1931-1995  
St. Joseph's General Hospital  
North Bay, Ontario**

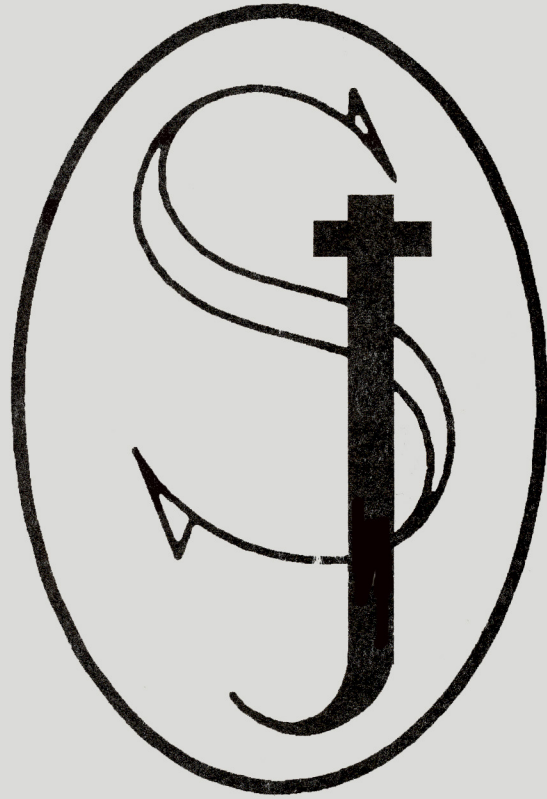
by

**Thelma Patterson**

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St. Joseph's General Hospital  
of North Bay, Ontario



64 Years of Caring  
1931 - 1995

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To the Sisters of St. Joseph and to everyone who  
had a part in the life and work of

ST. JOSEPH'S HOSPITAL

Only a few of their names are mentioned in these pages,  
while very many others are warmly remembered  
and deeply appreciated.

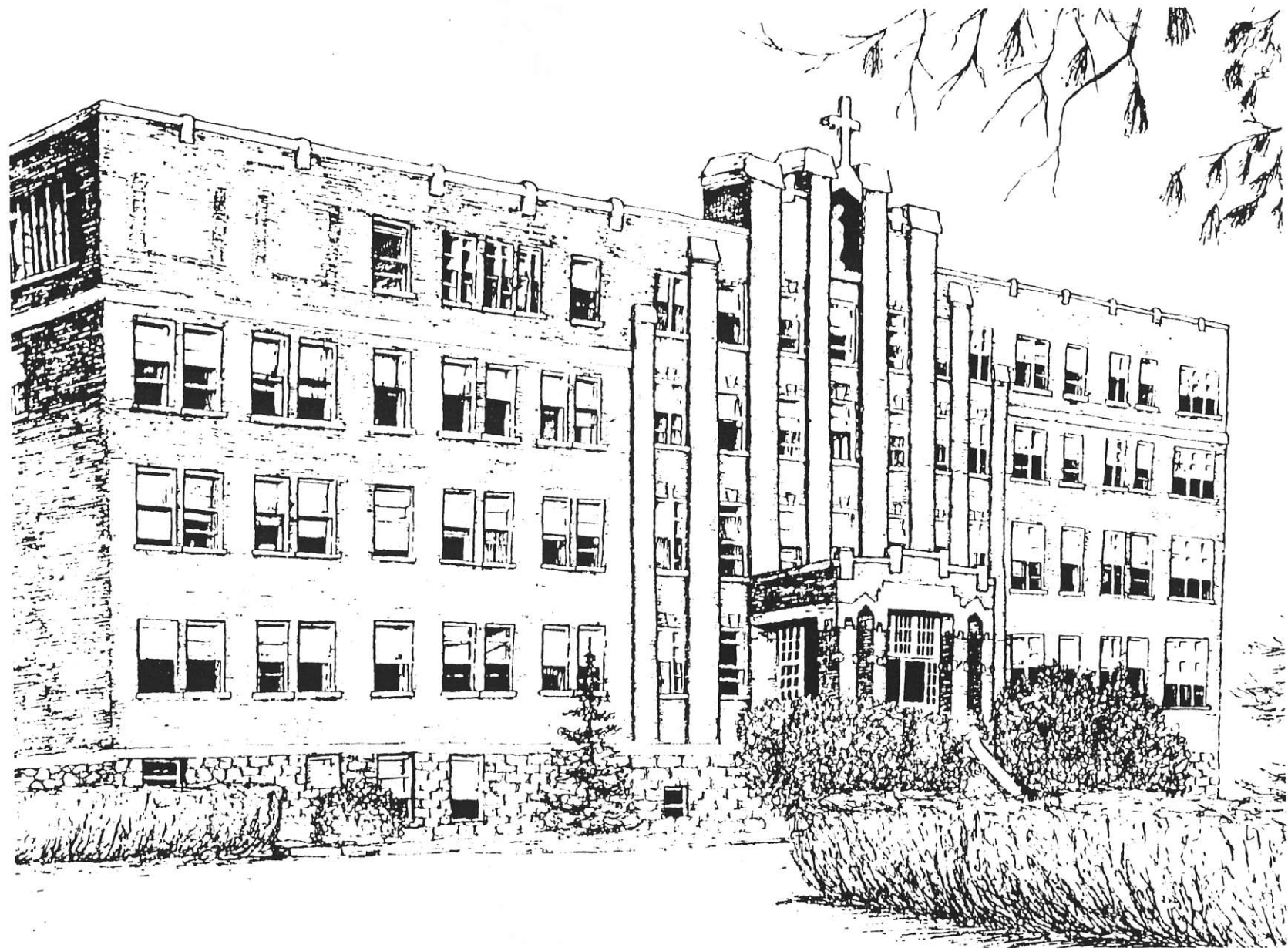
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The  
First Fifty Years  
1931 - 1981



St. Joseph's General Hospital  
North Bay, Ontario

by  
Thelma Patterson



## FROM THE STRENGTH OF OUR PAST TO OUR HOPES FOR THE FUTURE

The year was 1981 and the words "Joint Hospital Planning" put question marks around the future of St. Joseph's Hospital. Staff members, always proud of their workplace, and secure in the hospital family, viewed this change with mixed feelings.

Sr. Margaret Smith, the Executive Director, ever mindful of the health needs of the community, knew that only through a joint hospital could new services be provided. She wisely said, "The future may not be clear, but we have a great past; we should celebrate our 50th birthday."

Thus started a proud and happy year. The friends of St. Joseph's came to celebrate and the Nugget printed a special anniversary edition. The members of the planning committee were indeed grateful to all those who had preserved pictures and information from the past. The School of Nursing yearbooks, the archives at St. Joseph's Motherhouse, and the scrapbooks of Nugget clippings, precious treasures, were greatly appreciated by staff and visitors.

### BEGINNING - THE THIRTIES

St. Joseph's General Hospital was officially opened October 7, 1931 by his Excellency, Most Rev. D.J. Scollard, D.D., then Bishop of the Diocese of Sault Ste. Marie. The hospital's initial establishment was ninety beds.

From that date, the hospital has played a major role in this community and district. Completion of this institution was hailed as an accomplishment of singular merit and further evidence of the tremendous energy and purpose of His Excellency, who to that date of his diocesan administration had seen the completion of a multitude of projects, including more than 100 churches and 33 rectories.

With keen forethought Bishop Scollard had, in 1928, contacted the Provincial Government for grants, and the Superior General of the Sisters of St. Joseph's in Peterborough, proposing that the religious community take over this planned hospital. His offer to build it in conjunction with the 40 bed Queen Victoria Memorial Hospital on the adjoining property was declined by its board. \*

Permission came from the Minister of Health in 1929 to build a 60 bed St. Joseph's Hospital with grants of 60 cents per patient per day. The architect was P.J. Gorman and the building was constructed by Fitzgerald Construction Company of Sault Ste. Marie, on land donated by Bishop Scollard.

Closely linked with the history of St. Joseph's General Hospital is Reverend Mother St. Philip, the first Superintendent. She acted untiringly in administrative and advisory capacities from the time of the initial excavation on July 6, 1930, until the hospital was opened to the public in October of the following year.

Sister Felicitas, Superintendent of Nurses, had also spent a year in North Bay preparing for the opening. Two weeks before the great day, the first staff of Sisters arrived. Sister Veronica was Night Supervisor; Sister Irma had charge of X-ray and Maternity; Sister Anysia the Operating Room; Sister Maris Stella the Medical Floor; Sister Thomasina the office; and Sister St. Lawrence the Dietary department. Other Sisters were Sister Eugene and Sister St. Raymond.

An Advisory Board of public minded citizens had been appointed. They were: Senator Gordon, Mr. John Blanchette, Mr. J.E. Cholette, Mr. W.M. Flannery and Mr. W.E. Lee.

The Hospital Auxiliary had been holding card parties since 1929 to raise money. Women in that early group included: Mrs. Black, Mrs. Pringle, Mrs. Pat Quinn and Mrs. O'Kane. Ladies from the Catholic Women's League assisted in the preparations for the opening.

At the opening. Bishop Scollard adequately expressed the policy of operation which the Sisters of St. Joseph follow: "The hospital is, and must continue to be, a public hospital.....all its patients shall have full liberty to obtain spiritual help and consolation from whatever spiritual guide they prefer."

In conjunction with the hospital, a school of Nursing was established with four first year students from the Peterborough Hospital.

Speakers at the opening ceremonies included: Hon J.M. Robb, Minister of Health; Dr. A.E. Ranney, medical Office of Health; Rev. H.A. Sims, Anglican church; A.B.Currey, representing Hon Senator George Gordon; Dr. J.R. Hurtubise, M.P. Sudbury; Dr. G.W. Smith, Chairman of Medical Staff and Mayor Rowe, city of North Bay .

Mr. Rowe paid tribute to Bishop Scollard saying" The most sacred memories of our institutions are bound up with the names they bear, and the name of Bishop Scollard belongs to this building as long as it stands."

The cost of over \$350,000.00 was offset by donations of only \$9,000.00.

The hospital world of the 1930's was a very different one. Without prepaid hospitalization many rooms were empty. Indigent patients, however, filled the ward beds that were rated at \$3.75 per day. There was great difficulty in collecting even this amount from the municipalities. The backlog of \$1,500.00, a considerable sum at that time, was collected from the City of North Bay only after Sister Thomasina and Sister Felicitas journeyed to Toronto and appealed to the Minister of Health.

The Sisters continued to struggle under a debt of \$35,000.00 with no municipal grant. The very existence of the institution depended on its ability to attract paying private room patients.

Sister St. Irma acquired bone china cups and cut-work doilies to meet the expectations of this group of patients.

Mother St. Philip asked that the lights be put on in empty private rooms each evening, believing that it paid to advertise. On one occasion, when faced with the knowledge that there was no money to pay the mortgage, Mother St. Philip went to the chapel and prayed for the money. The very next day a donor contributed the needed funds.

Paid employees were few as the Sisters and Student Nurses made up the greater part of the work force. The Sisters worked long hours; their day started with prayers at 05:30 hours and after 19:00 hours, on their free time, they worked in the laundry or on a special cleaning project.

Sister Felicitas, the Director of Nursing, was a remarkable person. The first year, a class of nine probationers started their "training." As well as teaching the students, Sister directed patient care, set and marked anatomy examinations for provincial registration, and in her "spare" time organized bazaars to make money. Students also raised money. Each spring student nurses, in their blue uniforms and orange lined capes, were to be seen "tagging:" downtown. Instead of tags they pinned two paper violets on the donors.

The students who had started to train in Peterborough graduated in 1933. Their names were Sister Mary Celesta, Mary Yvonne Leroux, Mary Delia Charette and Rose Marie Pelland. The nine nurses who were the first to receive their training at St. Joseph's Hospital graduated in 1934. They were: Monica McParland, Dorothy Dales, Mona Bremner, Aileen Quinn, Violet Leduke, Margaret Hurtubise and Aileen McAnulty.

During the early years of this school, the nurses were housed on the fifth floor of the hospital, while the classrooms, recreation rooms, and dining rooms were located on the ground floor. With an increasing number of candidates enrolling, it was imperative that additional accommodation should be provided. Consequently the building, then known as the "Hill School", initially erected in 1888, was transformed into a home-like residence and was ready for occupancy in August 1938. This work was supervised by His Excellency, Most Reverend R.H. Dignan, D.D., successor to Bishop Scollard.

The doctors in the 1930's were Dr. J.E. Joyal, Dr. D.A. Campbell, Dr. George Smith, Dr. A.E. Ranny, Dr. Lorne Crowe, Dr. E.J. Brennan, Dr. E. McMurchy, Dr. R.H. Dillane, Dr. G.F. Guest, Dr. H.E. Lowery, Dr. K.Y. Sinclair, Dr. R.A. White, Dr. N.A. Bowers and Dr. W.S. Butler. St. Joseph's Hospital was indeed fortunate in the caliber of the medical staff. Patients and former nurses share many warm memories of these dedicated men. Medicine was very personal then; the doctor made house calls and took few vacations.

In 1936, at the request of Bishop Dignan, the Sisters of St. Joseph's of Peterborough gave rise to the new branch of diocesan Sisters, the Sisters of St. Joseph's of the Sault Ste. Marie diocese. The impact of this move was to have reaching benefits for Northern Ontario.



Not only would education and hospital care be provided, but the nursing graduates of their institutions would make significant contributions to hospitals across the country.

In the fall of 1940, Sister Melanie was appointed Sister Superior. Looking back one remembers her "style"; a gliding walk and exquisite taste. Other staff of the institution were Sister Mary Alice, Night Supervisor; Sister Irma, X-ray; Sister Mary Agnes, Laboratory; Sister Julia Quinn, Operating Room; and Rose Pellerine in Central Supply. Sister Mary Grace, Sister Paula and Margaret Foley were in the office.

Sister Felicitas was assisted by an instructor for only a few months as the new class of students came in, and then single handed, she managed education and service without as much as clerical help. Even the "house mother" role was hers as she lived in the Nurses' Residence.

An outbreak of influenza at the Army Barracks taxed the hospital facilities at that time. Cots set up in the classrooms provided the only accommodation. The soldiers' only complaint, however, was that the open backed gown was a poor garb for retreating.

The student nurse was depended upon for nursing care in all areas, on days and nights. Her "forte" was experience, gained in a 6½ hour-day week with a 12 patient workload. Assessment was crucial and her skill in providing physical care was well developed. She practiced the "art" of nursing. While sulfa drugs were now available, there was no penicillin. Nursing procedures of the day included hot packs (for pre eclampsia), catoplasms, turpentine stupes, interstitial and rectal feedings.

Discipline was a mark of the times and the student nurse, in her starched bib and apron, "netted hair", face devoid of makeup, quickly stood up for each passing Sister or Doctor. During their training each nurse spent 2 months at the Tuberculosis Sanitarium in Weston and 3 months at the old children's Memorial Hospital on the "mountain" of Montreal. It is interesting to remember the incidence of spinal tuberculosis there, and that all those children slept out of doors in winter.

In 1941, the arrival of the Egan Sisters, Kathleen and Margaret, heralded a new era for nursing practice at St. Joseph's Hospital. Both were teachers and graduates of St. Michael's Hospital in Toronto. Kathleen reorganized the Central Supply. Proper dressing trays replaced the package of gauze and forceps in a "Lysol" jar of the old days. In the five years that Margaret served as the Instructress, she left a lasting imprint on the professional standards of the graduates. In 1942, the Nurses' Residence burned and was replaced with a three story structure.

New doctors of the early forties were Drs. Moore, Hall, Teasdale, Bromley and McGowen. Dr. Sam Bromley is remembered by many for his professional generosity. "Scotty" McGowen also starred in the medical picture with his successful "versions" in difficult deliveries. Dr. Eric Dillaine served in the Air Force and Drs. N.H. Bowers and George Jackson in the Navy.

In the fall of 1946, Sister Mary Alice replaced Sister Thomasina as Superior and Sister Felicitas was replaced by Sister Camillus. The eight hour day was introduced. Registered Nurses on staff included Sister Dorothy, Operating Room; Thelma Patterson, Instructors; Frances (Kerr) Nicholls, Dietary; "Katie" Allen, Obstetrics; Mae Foley; Marcella Foley; Margaret Beattie; and Mrs. Kennedy.

Other staff members at that time were Bernie Griffin in X-ray; Gloria Demarco, Nursing Secretary; the Quilty Sisters in Accounting; and Bill Windsor in Maintenance. By this time a large percentage of the population had prepaid medical insurance. Blue Cross was available for groups. No longer were there empty rooms.

In the late forties the financial picture brightened, and the Sisters looked to develop expertise in nursing practice and nursing education. Sister Patricia (Margaret Smith), Sister Sheila O'Loughlin and Sister Michaela were among the first to earn university diplomas.

In 1948, Sister Sheila, Superintendent of nurses, instituted the block system of nursing education. This was a brave move, putting students who were depended on for service into the classroom for six weeks. It was typical of her Superior, Sister Mary Alice, to give the green light to the project saying, "If you wait, it will never happen; we will find the staff." The fact that many nurses who were raising their families came back to nursing each year for this "block" period had the added benefit of keeping their practice current. Dr. N.H. Bowers and Dr. W.S. Butler lectured to students in the "block system".

The modern Library was set up by Miss Elizabeth Mitchell, librarian from the Normal School. It housed pertinent journals and 1000 titles.

In the X-ray Department, Sister Camillus initiated the training of Helen Dupuis, the first Radiology Technician. Under Bernard Griffin this training program would continue for 20 years. In the early years, the technicians shared their first year of training with the student nurses.

To alleviate the nursing shortage, the nurse's aide was introduced to the hospital ward. Now the Ontario Department of Health organized the training of Nursing Assistants and variations of functional nursing were tried.

Entering the new decade of the fifties, Mr. A.T. Smith succeeded Mr. George Lee as Chair of the Board. Other board members were Mr. F.M. Donegan, Mr. J.D. Murphy, Mr. J.P. Allen, and Mr. Norman McDonald.

Sister Camillus was now the Administrator and Sister Michaela the Superintendent of Nurses. The latter was ably assisted in the school by Marjorie Shannon and Eleanor McKenny, Instructresses.

Dr. Main Thompson headed the new Radiology Department and Dr. Paul Karnauchow was soon to establish the Pathology Department. The first organized chart was drawn and the first year book published.

Medical Staff of the early fifties were: Dr. J.E. Dillaine, Thompson, J.D. Horan, C.H. Rorabeck, G.M. Wallace, G.A. Jackson, L. Brenman, J.E. Nixon, R.A. White, R.M. Kilborn, E.J. Brennan, J.C. Allison, R. Brisson, J.R. Hall, A. Smith, W.A. Keech, G.T. Ross, W.S. Butler, G.W. Smith, L.L. Crowe, H.M. Wallace, I. Joyal, A.H. Moore, H.E.D. Lowrey, G.F. Guest, N.H. Bowers, M.G. Rivet and K.Y. Sinclair. Missing from the ranks of the Medical Staff recorded at that time were the late Drs. Duncan Campbell and Sam Bromley.

Miss Helen Ryan and Mrs. Doris Casey were Supervisors. Goldie Pappin had joined the hospital staff. Sister Anna Theresa in the Operating Room was followed by Sister Anysia. Marcella Foley was in the Children's Ward. June Currier, Mary Robson, Sister Antoinette, Geraldine O'Kane, Mary Newton, Gwen Steele, Marg Lynette, Dale Edwards and Laurena Montgomery were some of the nurses on staff. Later in the decade, teachers would be Thelma Bush and Barbara Ralston. Sister Leila Greco would be in the Operating Room, Kay Barnes on Maternity and Velma McLeod on 3 West.

Religious observances were an important focus of faith with daily Mass at 6:30 and Holy Communion at 7:00 a.m. Catholic patients were wakened early in order to receive Holy Communion. Central to the hospital world was the chapel, truly a place of tranquillity with its beautiful white altar and stained glass window. The Sisters gathered for prayers at 5:30 a.m. and again at 1:00 p.m.

A great deal was expected of a Sister. However young, she was expected to assume heavy responsibilities as well as extra curricula duties. The staff and public ascribed to the person within the habit, their own preconceived picture of a Sister.

Nurses and patients remember fondly the dedicated Sisters of the day. One was Sister Alice Quinlan who returned to the hospital to assume supervision of the Obstetrical Unit. Before entering the Religious Order, Alice Quinlan had been Instructor at the Queen Victoria Memorial (Civic ) Hospital School of Nursing and later on Assistant Administrator there. Following her term of Administrator at St. Joseph's, she took postgraduate education in Obstetrics. Sister Mary Alice and her twinkling eyes and down to earth approach, fitted everyone's ideal of a Sister.

In 1951, the 40 bed Queen Victoria Memorial Hospital, situated on the present Visitors' Parking Lot, closed and the new 100 bed Civic Hospital opened.

However, the need for beds was still acute and in 1954 approval for a 60 bed addition was received. St. Joseph's Hospital treated 4,926 patients that year.

Because of the limitation on term of office, Sister Camillus stepped down as Superior/Administrator to be the Assistant of Sister Joan, who succeeded her. Sister Joan was responsible for construction of a new wing which began in 1955. In 1956, the cornerstone of this new million dollar addition was laid.

In October 1957, the new wing opened. The Operating Room had been moved from 500 to 200 East and 200 became the Surgical unit with Gynecology planned for a May opening on 400 East. The kitchen was moved from the present Stores area, and a one-room Pharmacy was set up in the old dining room area. This was later to be Medical Records.

Medical Records was then in the Accounting Area on 100 East. The Board Room on 100 East later became the Administrator's office. The Sisters' Residence was on 500 West. Laboratory was on 100 East, adjacent to the one room Emergency Department. The Sisters' Dining Room later became the Cafeteria Meeting room. The Director of Nursing had an office next door to Pharmacy on 100 while the teachers had small cubicles off the classroom at the end of the 100 West corridor. The only telephone was in the hall. Physiotherapy was in one room at the north side of the 100 West hall.

In 1958, Sister Paula was appointed Superior/Administrator. There were many challenges to be met as she coped with the growing pains of the enlarged institution.

Mr. Albert Hearne of the Service Employee's International Union had been approached and the employees voted to organize, so the first union contract was signed. This included R.N.A.s, Dietary, Housekeeping, Maintenance and Grounds Workers. While fairness had always been an objective of management, now formal policies were written. The relationship of the S.E.I.U. and the hospital remained cordial for the years that followed.

The fifties were years of progress. The hospital was blessed with fine leadership in the Sisters; Sister Camillus, Sister Joan, Sister Paula, all Administrators and Sister St. Louis, Sister Sheila O'Loughlin, Sister Michaela, all Superintendents of Nurses. Specialists now headed departments in the formal medical staff organization.

The advances in pediatric care under Dr. Frank Fazzari were paralleled by Dr. George Jackson in Obstetrics and Dr. Ken Brown in Surgery. The hospital had been saddened by the sudden death of Dr. Alex Smith and Dr. D. Williamson, noted surgeons

Dr. Frank Chirico was named Medical Director in 1959. Doctors who had joined the Medical Staff in the fifties were: Drs. K. Brown, P. Girard, W. Keech, G. McIntyre, A.R. Scappatura, W. Rendell, C. Wall, R. Hunter, A. Griffin, R.M. Jackson, D. Paine, J. Rochefort, F. Armstrong, P. Karnauchow, M. Rivet, and R. Sinclair. The latter was the son of the well-loved Dr. K.Y. Sinclair.

Family practice with warm doctor/patient relationships followed the traditions of the pioneers in medicine in this area.

In 1958, this hospital school was one of the thirteen picked from across Canada to participate in the Canadian Nurses Association pilot project "Evaluation of Schools of Nursing", under Miss Helen Musalleum. Sister Sheila O'Loughlin was the Director who spearheaded this project. Her Nursing Office staff and Faculty were Sister Barbara McKinnon, Velma McLeod, Thelma Patterson, Margaret (Bunny) Martin, Helen Vanmeer, M. White, Kay and Rosemary McNulty.

In order to meet the criteria for the inspection, the school was required to submit many tools that had to be developed. Long hours of work went into the preparation of ward manuals, charting manuals, nursing service policies, procedure manuals, organizational charts and job descriptions. The benefits to both service and school were far reaching; a milestone had been reached in modern hospital organization.

In 1959, the Ontario Hospital Services Commission along with Physician Services Incorporation came into being. Prepaid hospital care, now available to all residents of the province, brought many changes affecting hospital autonomy, finances, workload and staffing. Prepaid drugs and diagnostic testing strained the carefully planned facilities.

Night emergency admissions to beds set-up in hallways continued to plague the organization of nursing care.

To increase bed capacity, the Sisters vacated their living quarters on 5 West and moved to the newly purchased property on McLaren Street. Gynecology was moved from 4 East to 5 West and Obstetrics was expanded to take the entire area of 400.

Sister Fidelis was the Supervisor on 400 and Head Nurses were Laurena Montgomery, Nursery; Dwyla Britton, 4 East; and Kay Barnes on 4 West.

Others on staff at that time included Mr. Toupin, Stores; Mrs. Toupin, Cafeteria; O.B. Gillespie, 3 West; Jack Heale, Maintenance; Mrs. Church, Housekeeping; Sister Josephine, C.S.R.; Mrs. L. McNamarra, 3 West; Mrs. Savage, Dietary; Marg Owens, O.R.; E. Poeta, Mrs. Couchie and Freddie Trudel.

At the end of the decade, Sister Paula was to guide the institution for two more years and Sister Sheila O'Loughlin was in her final year as Director of Nursing. A milestone had been reached on the road to separation of School and Service as Sister Barbara McKinnon was named Associate Director of the School of Nursing and Thelma Patterson, Associate Director of Nursing Service.

Although faculty meetings were well established, now head nurses meetings were held on a regular basis. Inservice programs were organized for nursing staff and a highlight of the year was a workshop led by Dean McDowell from the faculty of Nursing, University of Western Ontario. Within the next two years, students from the Nursing Administration Program of that university would receive field experience at St. Joseph's.

Registered Nurses were now in charge of units on all shifts, but serious staff shortages interfered with proper staffing patterns. Short changes and double shifts were facts of life; master scheduling was only a dream of the future. When a unit could not be covered for the forthcoming week or day, the provision of staff seemed to be dependent upon an answer to the Director's prayers.

Nursing staff at that time were very difficult to categorize as there were many graduates of short term programs- non registered graduates or auxiliary workers. Their numbers were supplemented with "trained on the job" aides.

Patient assignments were very difficult because, while the aide on duty one day was excellent, her replacement might have less training.

Advances in technology, prepaid drugs and diagnostic tests added to the complexity of nursing. Paperwork, the requisition, now made inroads into the hours of bedside care.

It is noteworthy that evening and night supervisors were traditionally hired by the Administrator who received their shift report.

At the close of the decade, nursing bade farewell to Sister Sheila O'Loughlin who had left her mark on nursing as she strove for excellence in very trying times.

Sister Barbara McKinnon assumed the position of Director of Nursing in 1960. In the early sixties, a "time and activity" study was organized by Sister Barbara and Miss Jennie Ives, Consultant with the Ontario Hospital Services Commission. The objective was to identify the actual hours of nursing care received by patients. The results were far reaching as non nursing duties, formerly done by nurses, were reassigned to other departments. Ward clerks, a Porter and a Messenger soon made their appearance. The hours of care for each patient were now recorded to form a basis for staffing estimates.

The Nursing Unit Administration correspondence course established by the Canadian Hospital Association, contributed further to the organization of nursing service.

When Sister Camillus was named Administrator in 1962, she established the Personnel Department under O.B. Gillespie. At that time, Mr. Gillespie was a staff nurse on 3 West with a background in administration and business.

The Personnel Department promoted educational preparation for administrative staff, job descriptions and an orderly system of record keeping. Following a five day workshop for administrative staff, a salary administration program was begun. Salary administration meant that a dollar value was placed on each job, considering necessary education, skills, and the seriousness of error. It was a timely event as it was now quite acceptable to query ones' rate of pay. This differed from the earlier years when the word "money" was not thought to be compatible with "dedication".

Sister Camillus, who had always a keen eye for cleanliness, appointed Mrs. Doreen Berry, Reg.N., as Executive Housekeeper. As well as the cleaning, Doreen also took on selection of furnishings, pictures, draperies, and beds. A new understanding was to develop between housekeeping and nursing.

The College of Nurses of Ontario was established in 1963 by legislation to set nursing standards and register nurses. A waiver that year allowed "recommended" nurses' aides with ten years experience to have R.N.A. status. Four years later a second and better type of waiver allowed recommended nurses' aides with five years experience to write R.N.A. examinations.

Later in the decade Miss Jennie Ives, O.H.S.C. consultant and a representative from the College of Nurses were to journey to the Philippines, interview nurses and direct applicants to hospitals in Ontario.

A group of six nurses and two laboratory technicians arrived that year. Jessie Nebre, his wife Radegunda, Reg.N., Melber Moyes Baldwin were among the first to come. They were to bring high standards, quiet efficiency and cultural traditions to enrich the hospital family.

Those who emigrated from Britain also contributed much to this institution. Sheila Parrish, Dorothy Behrens, Dorothy Norton, Nursing; Betty Nicholson, Physiotherapy; Ray Proctor and Mr. Shepcott, Laboratory; and Colin Wallace-Tarry, Respiratory Technology were to help shape the future of the hospital.

Medicine also progressed in the new decade. An operation to change blood of a newborn infant was photographed for the first time in North Bay.

In the early sixties, Dr. Walters, a specialist in Internal Medicine and Dr. Coombes, Orthopedic Surgeon, joined the Medical Staff. The Department of Medicine came into its own in this decade. Dr. Walters, as Chief, voiced strong concerns for some medical patients who were vulnerable to infection. Until this time, the safeguarding of surgical and obstetrical patients from cross infection had been of prime concern. Now we were to see all transfers of staff and patients to medicine carefully screened.

Electrocardiogram testing, which had been introduced by Dr. Main Thompson and taken over by Dr. Karnauchow in the fifties, was given a room on 300 (later to be the Library) with Grace Chapman, Reg.N. as Technician. Alma McDonald, Reg.N. took over as E.C.G. Technician in 1964. Dr. N.H. Bowers who had taken advanced training in cardiology was responsible for E.C.G. interpretations. Dr. Bowers and Dr. Walters set the stage for further development of the Department of Medicine later in the decade.

Private duty nurses had until then been called to nurse "very ill" patients. Sometimes this was at the request of the family, but if necessary, at the hospital's expense. Dr. Walters and Dr. Brown insisted that the staff nurse on the service would be most familiar with the specific nursing care requested. For that reason, and because the care provided by the hospital was good, the private duty nurse was soon vanished from the hospital scene.

The critically ill patient's equipment needs were still to be met and the two beds Intensive Care Unit on 2 West would be established. The hiring of a Respiratory Technologist was another step forward in the care of the critically ill patient.

Progress in technology pointed out the need for radioisotope testing, and Dr. Rendell was to be in charge of the new service with Helen Dupis as Technician.

Property acquisition in the sixties included the house across from the hospital, former Richardson residence, and adjacent to the hospital (758 McLaren Street) as well as the Manor Hotel. As there were now 97 students in the School of Nursing this building helped to alleviate the space problem. Students were at that time living in the original residence and in rooms over the laundry.

In February of 1963, Sister Julia (Leila Greco) was named Director of Nursing Service. Separation of education and service was not quite complete as student's hours were essential to service. In the following year, the R.N.A.O., in a brief, the Royal Commission on health service, urged that nursing education be under general education. The days of student service were numbered.

The Sisters' belief that educational preparation is essential to excellence in performance would call for many sacrifices. This was an important factor, however, in their great contribution to sensitive health care. As the Sisters left to attend university, other Sisters were transferred to cover key positions. Each is remembered for some special work. It is interesting the first nursing audit was done in Sister Julia's term, the wearing of caps and masks in the Nursery and C.S.R. were to be dispensed under Sister Josepha, and policies were to be updated by St. St. Micheal.

There were other changes in the sixties. In the X-ray Department, new technology included ciné radiography, 35mm, 16mm, image amplification with t.v. chain; video tape recordings, tomography multidirectional; and automatic film processing by Kodak.

In the Laboratory automation came to the chemistry laboratory. The cytology section expanded and there were now three pathologists. Growth brought space problems.

In Respiratory Technology the "Bird" and the "Bennett" equipment for intermittent positive pressure breathing took their place in critical care.

Medical Records joined the H.M.R.I. system of data processing. Sister Mary Alice had been the Purchasing Agent and now Dave Johnson took over this position. When the Joint Hospital Laundry was established the vacated space was taken by Purchasing, Pharmacy and Maintenance. A men's ward on 3 West was renovated to be a four bed Intensive Care Medical Care Unit.

Nancy Jean Hoffman, before the unit was opened, went to Toronto for coronary care training. Hospital wide staff education was provided with Velma McLeod as Coordinator.

Meanwhile in the School of Nursing, Sister Barbara McKinnon had been replaced in the fall of 1963 by Sister Marion (Marie McGirr). In 1965 Sister St. Louis (Alice Johnson) was the Director.

Forty three students were admitted to a new program in which there was two years of theory and concurrent practice followed by one year of paid internship. Students gained clinical experience during their first two years at St. Joseph's Hospital, Civic Hospital and at the Psychiatric Hospital.



In 1968, fifty two students were admitted at the School of Nursing, and the first interns began their eleven month internship. The School of Nursing hosted a successful reunion. An apartment building at 1236 Clarence Street was leased to serve as residence for students.

A change in the rules and role definition of Community of the Sisters of St. Joseph's took place in the late sixties under the leadership of Superior General Sister Noreen McColgan. Here the Director of Nursing, Sister St. Micheal contributed to the study. Of the major changes, the most visible was the trial change from the traditional habit to smart black dresses and veils. The medieval style dress worn by the Sisters was thought to have fostered feelings of distance in relationships with members of the public. For many, the change was an emotional issue, but soon forgotten. Most Sisters would, in the next few years, wear ordinary attire, and those who chose to do so would revert to family names. Even the segregated dining room would disappear. The changes were not too significant for those who worked closely with the Sisters. They had always enjoyed close friendships and would continue to do so.

In 1966, the hospital was saddened by the death of Dr. Frank Chirico, Medical Director, and in that decade the hospital also had great losses in the death of Dr. J. Hall, Dr. J. Joyal, Dr. R.H. Dillane, and Doris Casey and Helen Ryan, Supervisors.

Late in 1967, Sister St. Camillus, Administrator, was succeeded by Sister St. Martin (Winnifred McLoughlin). Mr. O.B. Gillespie had been appointed Associate Executive Director.

In 1969, all employee services were centralized in the Personnel Office under the leadership of Velma McLeod and new personnel policies were formulated. Thelma Patterson, Associate Director of Nursing Service was appointed (Hospital wide) Director of Education.

The joint medical staff was organized. Now Civic and St. Joseph's would share the same chief for each service. That year a Joint Planning Committee of the two boards prepared the first draft of a plan for centralization of services.

## **THE SEVENTIES**

Sister St. Martin had now been the Executive Director for two years. It was an orderly administration, in which department heads were given more responsibility for operation and budget control. New departments would be initiated and space limitations would require many changes in these years.

Sister would place the welfare of the patient ahead of all other considerations, as plans were made. She would serve as president of the Ontario Catholic Hospital Association. Like her predecessor sister St. Camillus, she would make it possible for department heads to attend these conferences to increase their understanding of a Catholic Hospital as well as other conferences.

An important focus of the seventies was philosophy, the “why” behind the hospital’s purpose. It was always there, but now discussed and identified as the basis for decision making. “The sanctity of human life -- each person worthwhile and wholly respected”, “Christian love, concern and commitment” were thoughts to permeate the hospital climate and programs.

The Sister’s decision to address their efforts to unmet human needs in a technological age set the direction for new programs.

The first was the Volunteer Program, in 1971 under the wing of the Personnel Department and coordinated by Diane Hunter. The “pink” ladies and Volunteers, with time and attention, added a new dimension to patient care.

The Pastoral Care Department was established in 1974 with Father Jim McHugh as Director. Because funding was not available, the Sisters financed this department in the early years.

As well as ministering to the spiritual needs of all patients, the Director and Pastoral Associates would support families through the crisis of serious illness and coordinate the services of the local clergy. To prepare for the program, inservice meetings were held with the sixty district members of the clergy. On the recommendation of the Pastoral Care Committee of the Board of Directors, all nursing staff attended inservice on the care of the dying patient.

In 1979 Sister Frances Dignan would go to Britain for a years study on palliative care and come back to work as a Clinical Specialist with dying persons.

A second staff member was added to Social Service for discharge planning. As the value of this department became known, the number of requests for their services increased.

In cooperation with the North Bay Civic Hospital, the Dietitian developed a four day Diabetic Education Clinic as well as a group program for obese teenagers. A multidisciplinary group presented a program for patients suffering from chronic respiratory disease.

When bed allotments were reduced by the Ontario Hospital Services Commission, a large ward on 2 West was made into a combined Medical, Staff and Patient library. Sister Mary Bernard worked as a part time librarian under the Education Department. Two years later, patients would be moved into this area. The Patient and Staff Library would then be housed on 300, and the Medical Library would be adjacent to the Doctor’s Room on 100 West. It became clear that the concept of “library” with trained staff could not always be justified costwise because of limited usage. Efforts were then made to provide reference books, maintain journals in order for five years, and place some books in areas where needed for “quick” reference. Staff books were listed for each department.

With the first draft of the plan for centralization of services in North Bay Civic Hospital and St. Joseph’s Hospital, the Obstetrical Service was to be housed in St. Joseph’s Hospital. This move took place early in 1970. Hindsight would show that the public was not prepared for this move.

The premise was that if your motives are good, they will be understood. Hospital management understood well the difficulty in trying to maintain staff competence in an area where patient numbers were too few to provide sufficient practice.

The Civic Hospital Auxiliary had given many hours of work to pay for the equipment in their almost new Obstetrical Department. Throughout the years, each institution had its own faithful clientele.

For these reasons, because of concern about freedom of choice in sterilization procedures, there was considerable opposition to all Obstetrics being at St. Joseph's Hospital. However, the benefits of the centralization were soon appreciated by the public. Because of fluctuating occupancy patients other than obstetrical had been placed on Obstetrics. Now only mothers or mothers to be were found on 400. Family centered maternity care relaxed the rigid rules of yesteryears. High risk mothers and newborns requiring critical care would, in increasing numbers, be referred to the Obstetricians and Pediatricians.

Nurses would increase their expertise in these areas. In 1975, the hospital would be part of a perinatology study and education program that was a project of Dr. Chance from the Hospital for Sick Children. Family centered maternity care had arrived.

The Unified Laboratory in 1973 was the next venture in joint planning. This move caused not even a ripple in the community, suggesting the people were not emotional about their blood tests.

For hospital staff at St. Joseph's Hospital, the transition was made easier in that Ray Proctor, a long time favorite Director of service was to head the new venture.

It has often been said that an army runs on its stomach. This may also be said of this hospital, where good food served by pleasant Dietary staff added immeasurably to patient and staff satisfaction. Attractive uniforms now replaced the traditional blue ones. As the Director of Food Service was hired, the dietitian was now able to assume her therapeutic role. The rooms used for formula preparation were to become offices. Patients would now have a menu choice and at the end of the seventies there would be insulated trays. Outpatient diet counseling would be a widely used service.

The "shining face" that the hospital presented to patients and public reflected the meticulous care the housekeeping staff gave to their work. Even the smooth running of the patient's admission process would be timed by their efficiency in terminal cleaning.

The Maintenance Department, in addition to keeping the institution in good running order, did many construction jobs, as rooms and offices were moved to solve the space problem.

Major changes in the department included the installation of an automatic steam plant and a change of director, as Bryan Evans assumed this responsibility. Jack Heale was then the hospital Fire and Safety Coordinator.

An active Safety Committee with staff representatives contributed to both staff and patient welfare.

Central Service, long a part of nursing, came under the Materiel Management Department. Marcella Foley, Reg.N. diligent charge person would retire at the end of the decade. The registered nurse would no longer be a part of the C.S.R. staff. Upgraded education of Aides and the use of prepackaged goods were factors in this change.

Medical Records was also to change Director with the retirement of Sister Antoinette. For herself, Sister had seemed not to know of the forty hour week. The diligence of this department while not highly visible to the public, served the patient well in areas of maintenance and protection of information as well as assistance to medical staff and gathering of statistics.

Admitting and Switchboard, the "store front" for public relations, were to change departments. Long under the Accounting Department, now they would come under the jurisdiction of the Director of Nursing.

In 1974, Sister Margaret Smith became the Executive Director. With a broad vision of health care, she would be instrumental in establishing a District Health Care agency, be President of the Canadian Catholic Hospital Association, later be a Director of the Ontario Hospital Association, a member of the Ontario Council of Health and for one year it's Acting Chairperson. Sister Margaret would continue to emphasize the unmet needs of the individual - spiritual and emotional as well as physical. This focus was seen in budget requests and in the hospital departments as they planned for outreach, patient education and social support. On Obstetrics, group conferences involving Sheila Parrish, Head Nurse; Gene Quinn, Social Service; and Father Jim McHugh, Pastoral Care; would help mothers and fathers deal with the emotional aspects of parenting. Pediatrics under Lillian Morel would arrange staff and parent conferences to share concerns.

The venereal disease clinic was first operated in the Health Office with personnel nursing staff, some assistance from the Director of Nursing. The office at that time was on 200 North Annex (over the former laundry). That autumn the Personnel Office was moved to a building adjacent to the parking lot, known as the West Annex. The clinic was later held in the Emergency Department in cooperation with a designated health nurse.

The fifteen bed Alcohol Treatment Center, housed in the former nurses' residence, opened as a hospital department in 1973. Sister Jean Doyle, Director, had extensively studied sociology and treatment centers in preparation for the setting up of the program.

Its purpose was, through rehabilitation, to free the problem drinker from his life threatening dependence on alcohol. It was to help the alcoholic help himself to live a comfortable, normal and useful life without the use of chemicals.

Many factors played a role in the founding of the Center; a keen interest on the part of the Board of St. Joseph's Hospital in seeking a new approach to the problem of alcoholism; the cooperation and guidance of the medical staff, the availability of a suitable building adjacent to the hospital; the encouragement of Alcoholics Anonymous, and the dedication and concern of the Sisters of St. Joseph.

It's Recovery Program - the "whole person" treatment approach embraces the medical, nutritional, psychological, social, spiritual and rehabilitation needs of the individual. Recovery is hastened by formal and informal group therapy, relevant lectures on living as well as individual interviews with counselors on alcoholism, members of the clergy and other professionals as the need indicates. This entire rehabilitation takes place in an atmosphere that provides time to think, time to read, time to make friends, time to relax and time to reflect realistically.

The Center Family Program is designed to provide relations and friends of the alcoholic with a better understanding of addiction, and with the comfort they can derive from increased awareness of themselves in relation to the addict's problem.

The Center under the direction of Sister Jean Doyle, later Jeannette Brisson, has played an important role in educating the hospital staff and public as to the nature of alcoholism. As they reiterate "it is an illness, not a weakness, not a sin."

Physiotherapy would be involved in handicapped children. An exercise program for cardiac rehabilitation would be developed with Dr. John Andrews and Dr. Sam Stewart. Nurses from Coronary Care would donate teaching time. Later the project would be taken over by Dr. John Andrews.

The Personnel Department in the seventies would become increasingly involved in labour relations and salary changes. The part-time service employees, and the clerical employees would have contracts. While registered nurses would not belong to O.N.A., their salary structure would be comparable to the nurses at the North Bay Civic Hospital. Detailed personnel policy manuals were prepared for all departments to ensure fair treatment for all. A system of recording the hours of part-time workers facilitated an equitable system of pay increments.

The employees recognized their good fortune in having Velma McLeod, a Personnel Director who had expertise in the field of labour relations, and who "always went the extra mile" for their welfare.

For the Finance Department, changes in the system of government funding would add to the complexity of budgeting. During the decade an organized system of reporting their spending to departments head would be initiated. Pay cheques would be deposited into bank accounts and the computer age would arrive. Don Milligan was Finance Director.

In the Nursing Office availability of staff in the seventies allowed master scheduling to be possible. When in 1971, two classes of students graduated, the nursing market was flooded. The two year graduate, a subject then of controversy in other areas "fitted in well". It was, of course, possible to be very selective.

Head nurses were now charged with interviewing prospective nurses who had been screened by Personnel. Other changes regarding time included the thirty seven and a half hour week and in some areas, the twelve hour shift.

The main thrust of the seventies was the introduction of the nursing process and of quality assurance. Each would complement the other. The number of meetings increased in this decade. Muriel Setchell, Assistant Director of Nursing chaired the Procedure Committee, and Betty Linkie, Associate Director of Nursing, chaired the Nursing Policy Committee. A Nursing Audit Committee had been active in 1973 and 1974, chaired by the Director of Education.

In 1975, Sister Marie McGirr appointed Sister Frances Dignan as Special Projects Coordinator. More than auditing, this became the Quality Assurance Program, and it involved the entire nursing department. A committee of staff nurses with a chairperson on each unit developed standards of procedure, environment, patient care, and recording. Each staff member was urged to audit. This tool was to evaluate the care, not the nurse. Recording became more precise, and the standard of nursing care provided reflected the efforts of Sister and her committee.

In 1976, Sister Marie McGirr introduced the Nursing Process - the assessing, planning, implementing, and evaluating of nursing care. She first provided intensive workshops for care groups, and continued with the program until it involved the entire nursing staff. New kardex, chart systems and references were supplied.

Nursing in the seventies was vastly different in organization from nursing in the thirties and forties when one nurse might care for a patient during his entire hospital stay. The "care plan" was then in the nurse's head. The coordination of services and staff now required more sophisticated planning and recording systems.

By the end of the seventies, the orderly had disappeared from job description. The classification was now only Registered Nursing Assistant. The nursing categories were now only to be recognized by the name bar as the cap was seldom to be seen. A symbol of great pride to nursing over the years, the cap quickly fell from favour. Was it because, for the combination of plastic cap and short hair style, one almost needed to secure it with a thumb tack? Or was it seen as a barrier to rapport with patients? For whatever reason, the demise of the cap seemed to have little significance in an institution that was justifiably proud of well-groomed nurses in pastel uniforms.

In Respiratory Technology, pulmonary function testing was refined and technicians were certified to perform arterial puncture. There was a marked increase in the number of outpatients.

In the E.C.G. Department, exercise testing increased. New equipment in Medical Technology, the 76 Pho Gamma I.V., reduced the time required to do a test and provided different views. Bone Scans were now possible.

Patients came from any points in Northern Ontario for radioisotopes and E.E.G. testing. Helen Tripp, Reg.N., and Joan McCallum, Reg.N., respectively, provided these services.

In the X-ray Department ultrasound equipment was installed in 1979 and Rachel Buckner was trained in this area. Other innovations included C.T. Scanning and Digital Radiology.

For the coronary patient, the ambulance was provided with a portable defibrillator. Monitors and a two way radio allowed the coronary care nurse to relay directions to the ambulance attendants. Inservice training and a certification program made it possible for attendants to initiate intravenous or defibrillation. In hospital, telemetry was used to monitor patient's remote from C.C.U.

The funding for the Infant Development Program was made available by the Ministry of Community and Social Services in 1978. The program was designed to assist parents/guardians in providing stimulus necessary for the baby when developmental delays, low birth weight, prematurely, physical, mental or environmental handicaps are present. A specially trained person visited the home to help select toys, activities, and equipment that would stimulate the baby.

## THE SCHOOL

The life of the student in the seventies was different from that of her predecessor. Compulsory attendance at school activities was to change. The married student could now fit into the program more easily. The "Clarence Street" apartments housed many of the students. The curfew was a thing of the past.

For nurse education to be in the stream of general education had been a dream of Directors in the sixties. It was Sister Sheila Anne Spooner who was able to grasp the wheel of progress and "make it happen".

A year earlier, planning had begun in cooperation with Nipissing University College, North Bay Teacher's College, Cambrian College and the School of Nursing to build the College Education Center. The four institutions were housed under one roof, each had designated classroom space and shared facilities such as library, gym, cafeteria, etc. Projected budget was six million dollars with all moneys coming from the Ministries of Education, Colleges and Universities, and Health. The project was unique in Ontario. Construction of the College Education Center began in 1970.

Meanwhile, the Ministry of Health announced the end of the "2 + 1" program. As a result, the third class of 29 interns included the first man and the first class of 36 (two year students), graduated at a single ceremony in the Pro-Cathedral of the Assumption.

A committee representing the three hospitals had spent many hours organizing the controversial intern year. Was it to be service or education? Only in the last few months of its existence, word was received from the College of Nurses that the range of intern experience was limited to one half year in each area. The program then seemed to have merit but, across the province, Directors of Nursing rejected it. Another ten years were to pass before the two year program would be lengthened.

The first meeting of the Task Force for the transfer of St. Joseph's School of Nursing to Canadore College of Applied Arts and Technology took place. Represented on the Task Force was: St. Joseph's School of Nursing and its Management. The committee included: St. Joseph's General Hospital, North Bay Civic Hospital, North Bay Psychiatric Hospital and Canadore College. Mr. John Hobbs of the Board of Directors of St. Joseph's General Hospital was elected Chair of the Task Force.

The final proposal for the transfer was submitted to the Ministry of Colleges and Universities.

St. Joseph's School of Nursing ceased to exist as a separate post secondary institution in North Bay. The Director and faculty transfer to Canadore College of Applied Arts and Technology became effective on September 1, 1973.

Canadore College enrolled 44 students in its 22 months nursing program. Students who enrolled September 1972 would graduate as St. Joseph's School of Nursing although they had registered as Canadore College students that year. Students paid full tuition and were responsible for all expenses. They lived at the residence of their choice.

Because the School of Nursing had been in the new facilities for a year, the transition to community college management was a smooth one. For hospital personnel, trust in the faculty facilitated acceptance of the new school.

In 1974, a reunion of the graduates of the School of Nursing that year celebrated the 40 years of the school's existence.

This year marked the end of an era. A total of 784 nurses had graduated from St. Joseph's Hospital School of Nursing. The numbers in the past ten years equaled those of the first 30 years. Teachers in the seventies included: Lillian Morel, Sister Alma Thorne, Sheila Parrish, Anne McGinn, Marnie Vannanin, Betty Swicker, Barb Toivanen, and Hugette Leacy. Rosemary McNulty watched over the nursing library.

In the seventies, hospital activities and departments increased until the institution literally outgrew the building. Joint planning and master plans required much administrative attention at the end of the decade. Creative thinking and bold actions would be required for the fine traditions of the past to progress in the eighties.



## THE MEDICAL STAFF

Entering the seventies, the medical staff members were: Dr. W.F. Armstrong, Dr. K.M. Asselstine, Dr. R. Bazinet, Dr. K.B. Brown, Dr. W.N. Coombes, Dr. G. Diren, Dr. H.B. Eckler, Dr. F. Fazzari, Dr. R.A. Ferguson, Dr. R.A. Gravel, Dr. J. E. Griffin, Dr. P.S. Grose, Dr. G. Hancharyk, Dr. R.D. Hunter, Dr. G.A. Jackson, Dr. R.M. Jackson, Dr. J.S. Jamieson, Dr. P.S. Karnauchow, Dr. W.A. Keech, Dr. G.J. McIntyre, Dr. F.A. McKinnon, Dr. A.D. McMurchy, Dr. W.M. Mitchell, Dr. D. Ouchterlony, Dr. A.M. Pace, Dr. D.T. Paine, Dr. W.B. Rendell, Dr. M.G. Rivet, Dr. J.M. Rochefort, Dr. G.T. Ross, Dr. A.R. Scappature, Dr. M.G. Schryer, Dr. R.A. Sinclair, Dr. G.R. Spencer, Dr. J.G. Stackhouse, Dr. S.G. Stewart, Dr. T.A. Thompson, Dr. C.B. Wall, Dr. G.M. Wallace and Dr. H.M. Wallace.

During the decade Drs. Ouchterlony, Stackhouse, Grose, Paine and Coombes would leave to practice in the United States. Dr. R.M. Jackson would accept a position with the Ontario Medical Association. Drs. Mitchell and Sam Stewart would leave to take further education and Dr. M. Thompson, Radiologist would retire. The deaths of Dr. F.A. McKinnon, noted surgeon; Dr. W.S. Butler, retired surgeon; Dr. W. Johnson, family practice physician; Dr. E.J. Brennen; Dr. J. Hall; Dr. K.Y. Sinclair; Dr. Lorne Crowe; Dr. H. Lowery; Dr. G. Guest; and Dr. J. Turvey were great losses to the hospital community.

The decade would see an active Admission and Discharge Committee, a Coronary Care Committee, Medical Nursing and Liaison Committee. Dr. George Jackson would be honored for his years of Chief of Obstetrics and Gynecology and Dr. N.H. Bowers would retire.

At the end of the decade there would be a Chief and Deputy of each department and service. There would also be a Dental and Psychiatry Service.

Doctors who joined the staff in the seventies would include: Drs. J.E. Andrews, A.A. Aylett, D.G. Ball, D.G. Bryer, D.M. Clark, A.O. Davies, J.L. Duffy, H.B. Eckler, K.A. Enright, F.A. Farlinger, I. W. Fettes, G. Franko, D.W. Haist, W.R. Hodge, J.E. Holmes, E.A. Hopkins, W.H. Kaul, M.C. Low, R.C. Moffat, R.L. O'Halloran, E.A. O'Toole, V.A. Pusey, T.J. Richardson, A.A. Sauks, R.J. Shemilt, J.R.L. Spencer, J.E. Stewart, P.C. Thornback, C.F. Wallace, C.M. Whiting, M.P. Yadav, and G.J. Zeman.

Board of Directors - the hospital was fortunate that dedicated citizens shared their time and expertise to give "over all" direction to the affairs of the institution. Those serving in 1970 were: Most Reverend A.G. Carter, Reverend Mother M. St. Edward, Sister M. Patricia, Reverend R.J. VanBerkel, Dr. W.F. Armstrong, Mr. H.E. Brown, Mr. Stanley Cerisano, Mr. F. Falconi, Mr. John D. Hobbs, Mr. Curtis Johnson, Mr. M.J. Kennelly, Mr. A.E. Klein, Dr. W.A. Keech, Mr. R.A. Lecours, Colonel J.D. Lindsay, Mr. A. LaFrance, Mr. Roger G. Pitre, Dr. A.R. Scappatura, and Mr. A.T. Smith.

## **ST. JOSEPH'S HOSPITAL AUXILIARY**

The Auxiliary has been a mainstay for the institution over the years, providing equipment and services to the Hospital. The Tuck Wagon and the Tuck Shop have been important to both patients and visitors. The Presidents during the fifty year period were: Elizabeth Paquette, Opal Stevens, Ruby Fraser, Connie Zimbalatte, Mary Dupuis, Kay Dignan, Kathy Justice, Joan Lehto, Ann Wallace, Joanne Sokolowski, Betty Dennis and since 1981 Anne Renton, Active members over the years (in addition to the Presidents) include Betty McKinnon, Theresa Duffy, Alma Fortier, Julia Hewitt, Mrs. R.H. Vezina, Lou Demers, Evelyn Clayton, Una Ambler, Marie Kelly, Tess Tongue, Ruth Fazzari, Pearl Franko, Lottie Frensen and Angela Zorzini.

Among the major items of equipment donated by the Auxiliary were an operating room table, cardiac arrest machine, baby's isolette, fetal monitors, operating room lights, television and V.C.R. for patient teaching, equipment for the Coronary Care Unit, and a second ultrasound scanner.

## **ORGANIZATION AND SERVICE CLUBS**

Many large items of equipment not within the Hospital budget were purchased with assistance from the North Bay community.

## **ENTERING THE EIGHTIES**

At this time in history, all the hospital departments reported to the Associate Executive Director, Mr. O.B. Gillespie, with the exception of Nursing, Education, Infant Development, Pastoral Care, and St. Joseph's Center.

## **TIDBITS FROM ANNUAL REPORTS 1979 - 1981**

In 1979 the Nursing Department Director was Sister Sheila Anne Spooner. That year she also assumed organizational responsibility for Admitting.

June Schiavone, Head Nurse, Operating Room and Roberta Myers, Head Nurse, Emergency, continued to cooperate in the pre-operative care of outpatients booked for day surgery. A palliative care program was developed by Sister Frances Dignan. Increased sensitivity to the needs of the dying patient and dialogue between patients, family, nursing, and medical staff were important benefits.

On 400 floor, Dr. M. Pace, Chief of Obstetrics, and Sheila Parrish, Head Nurse, and staff continued to oversee care for high risk mothers from the region.

Laurena Montgomery, Head Nurse in the Nursery retired after 30 years. She was replaced by Lillian Morel, Head Nurse, Pediatrics who had completed a fifteen week course on perinatology. The nursing staff organized a support group for parents of premature infants.

On 300 West, a new intensive care unit was built. Joanne Walker was head of this as well as the Coronary Care Unit. She and Narumi Hyatt, Head Nurse on 300 East planned for the care of post coronary and other medical patients.

Helen Christie, Assistant Director of Nursing on evenings, retired after twenty four years of service.

The professional nursing staff had been working the twelve hour shift on 500 West where Kay Barnes was Head Nurse since 1979. By 1981, this extended tour of duty was in effect on 300 East, 300 West, Nursery and Obstetrics.

An 18 month program to encourage the staff to use the Nursing Process as a basis for nursing care was concluded.

## **PASTORAL CARE**

The work of this department is clearly pictured in the report of 1981, written by Sister Nona Dennis, Director. "We continue to minister to those who suffer - the patients, families, and staff.

Through their experience, we attempt to support and help them live with the meaning and purpose of life and death with what is unknown, to recognize their strength and power that comes from beyond".

## **MEDICAL STAFF**

The community was saddened by the untimely death of Dr. Ranger.

## **BUSINESS OFFICE**

Don Milligan reported that inpatient accounts were put on computer. Barb Belanger was promoted to Financial Assistant.

## **MAINTENANCE DEPARTMENT**

Bryan Evans reported that a new telephone system had been installed, a new garbage room had replaced the incinerator and the lighting and fire alarms were updated.

## **MATERIEL MANAGEMENT**

This department included courier, stores, photocopying, purchasing, messenger, and porter. The cart exchange system for medical/surgical supplies was operational on all units except Emergency

## **INFANT DEVELOPMENT**

Sister Beatrice Galipeau reported that 235 infants were served this year. A center based component with a large volunteer group had been added to the original home based program.

## **HOUSEKEEPING**

Director Doreen Barry continued to carry out the hospital public relations duties in addition to her own work. Her staff maintained their usual high standard of cleaning.

## **MEDICAL RECORDS**

Diane Maillé, Director, reported that the documentation for operating room and medical technology was now completed.

## **MEDICAL TECHNOLOGY**

Dr. Rendell reported that some procedures were added, such as Hepatobiliary scanning. Difficulties were experienced with old equipment and crowded quarters.

## **PHYSIOTHERAPY**

Part of the outpatient department moved to the main floor of the West Annex. In her report, Fran Wilson, Director, speaks of staff shortages, inadequate facilities and a 40 patient waiting list. An occupational therapist for crippled children was hired. Rehabilitation rounds under Dr. M. Mitchell had commenced.

## **RADIOLOGY**

Larry Bayley, Technical Director reported that ultrasound growth made it necessary to increase staff in that area.

## **UNIFIED LABORATORY**

Dr. Schryer reported that outpatients had increased 97% in 1979.

## **SOCIAL SERVICES**

Louise Gauthier, Director, said that her department was increasingly involved in Nursing Assessment conferences. Homecare and Public Health represented community care givers at these conferences.

## **PHARMACY**

Les Wilkinson, Director, and staff completed a major project in the rewriting of the Parenteral Drug Handbook. The Hospital community was saddened by the untimely death of Ron Harris.

## **RESPIRATORY TECHNOLOGY**

Colin Wallace-Tarry reported that a homecare program was implemented in April 1981.

## **SOCIAL COMMITTEE**

A Christmas social and children's party was organized by the committee. The President was Louise Gauthier and Glenda Dart was Treasurer.

## **DIETARY**

Nori Sugimoto returned as Director in 1979. Excellent day to day food, diet counseling, and food for many festive occasions are some of the features of this department.

## **EDUCATION**

Underlying the function of this department was concern for the climate within the hospital. Respect for the wholeness of persons was promoted through employee programs, a weekly newsletter and the use of bulletin boards. In 1979 the departments' role had expanded to include coordination of patient education.

## **PERSONNEL DEPARTMENT**

Director Velma McLeod was pleased to see long term disability become an employee benefit. Mrs. McLeod was involved in many community programs as well as Central Bargaining for the Ontario Hospital Association.

The yearly recognition of long term employees at an Awards Dinner, always a gala occasion, was carried off in fine style by Velma and her staff.

## **VOLUNTEER SERVICES**

Eileen Holmes coordinated the many services such as the taking of baby pictures, patient escort, helping patients make menu choices, helping in physiotherapy, decorating at Christmas, flower arranging, crafts, mail delivery, hairdressing, working on the Information Desk, helping to transport patients, gathering news for "Notes and Quotes", and providing library services for patients. Many, many volunteers were exceptional, but none more than Win Rosseter, who was commended by Dr. McMurchy, Chair of the Medical Library Committee for her dedication to the Library.

## **50th ANNIVERSARY**

The picture of the past flashes by and the time comes around to the 50th Anniversary again. The Public Relations Committee had planned many events - awards night in June, a barbecue in July, an Anniversary Ball at Pinewood Park, and an Ecumenical Thanksgiving Service.

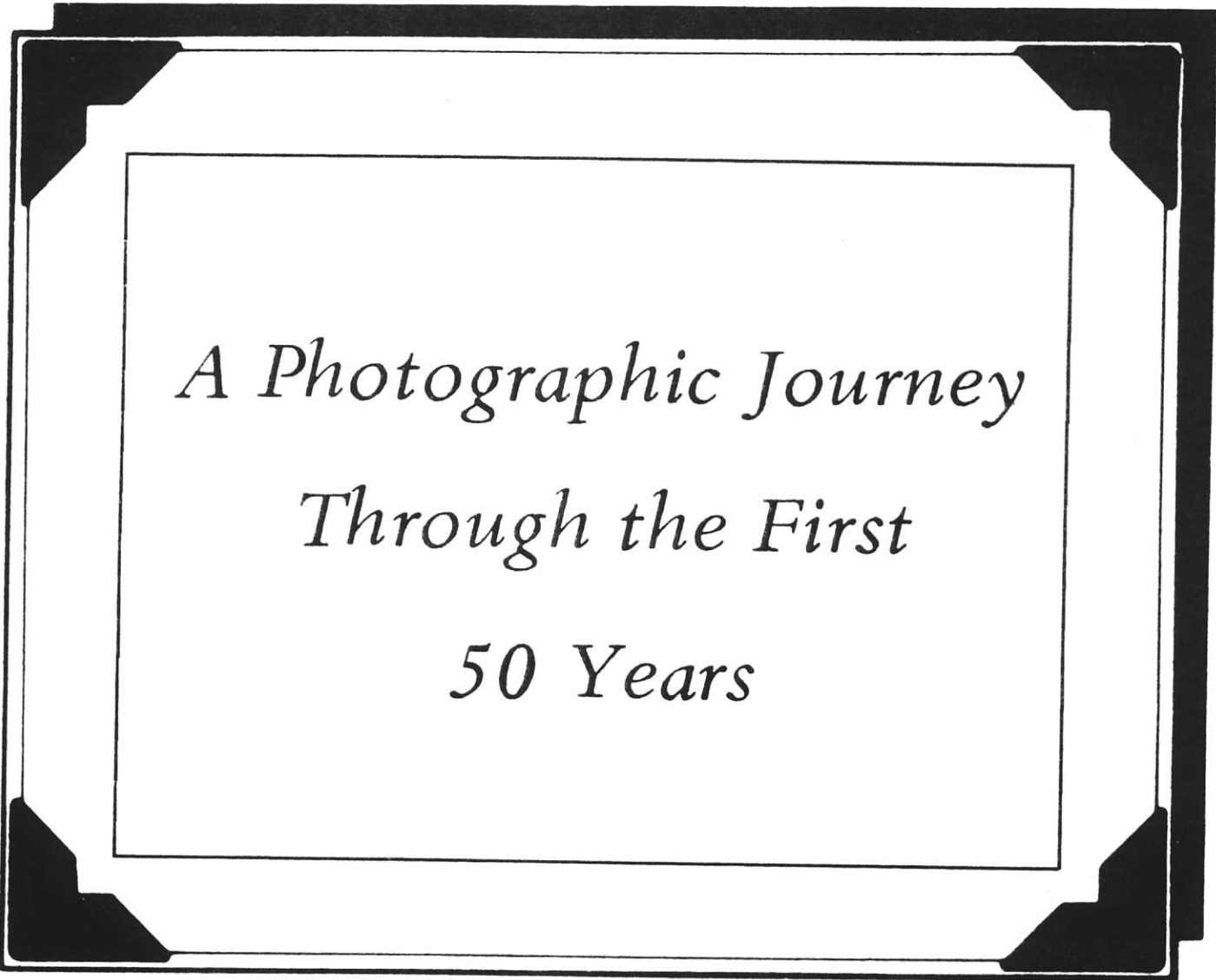
In September, 300 graduates of St. Joseph's School of Nursing gathered from across Canada for a sentimental homecoming weekend. There were tears and laughter as "training days" were recalled. In the light of today's comforts, it was strange to remember the austere days in 1940 when the hospital was so short of funds. Dawn Unger said she would name those times "Three Years Without Toast". However, from then on, everything was better and the "girls" remembered a progressive school and Sisters whose ideals shaped their lives.

The highlight of the anniversary year for many patients and staff was a birthday party in the Cafeteria. Everyone could come to view the pictures and share a few reminiscences of this much loved institution.

In September 1981 the Joint Planning Committee commissioned Peat, Marwich and Partners to study the feasibility of the one hospital concept. Administrative staff would invest hours of time and energy, but there would be no early answers.

As this journey into the past draws to a close, one memory has lasting significance. In 1981 all levels of staff were involved in workshops on the hospital philosophy.

It is reassuring to believe that the spirit of St. Joseph's Hospital will live on in the work of its staff as they continue to provide a very special quality of health care.



*A Photographic Journey  
Through the First  
50 Years*



### 1933 GRADUATION WITH MEDICAL STAFF AND STUDENTS

Back Row - M. O'Shawnessy, A. McAnulty, Dr. E. McMurehy, Dr. E.J. Brennan, V. Leduc, Dr. D. Campbell, D. Dales, Dr. A. Ranney, Dr. G. Smith, Dr. J.E. Joyal.

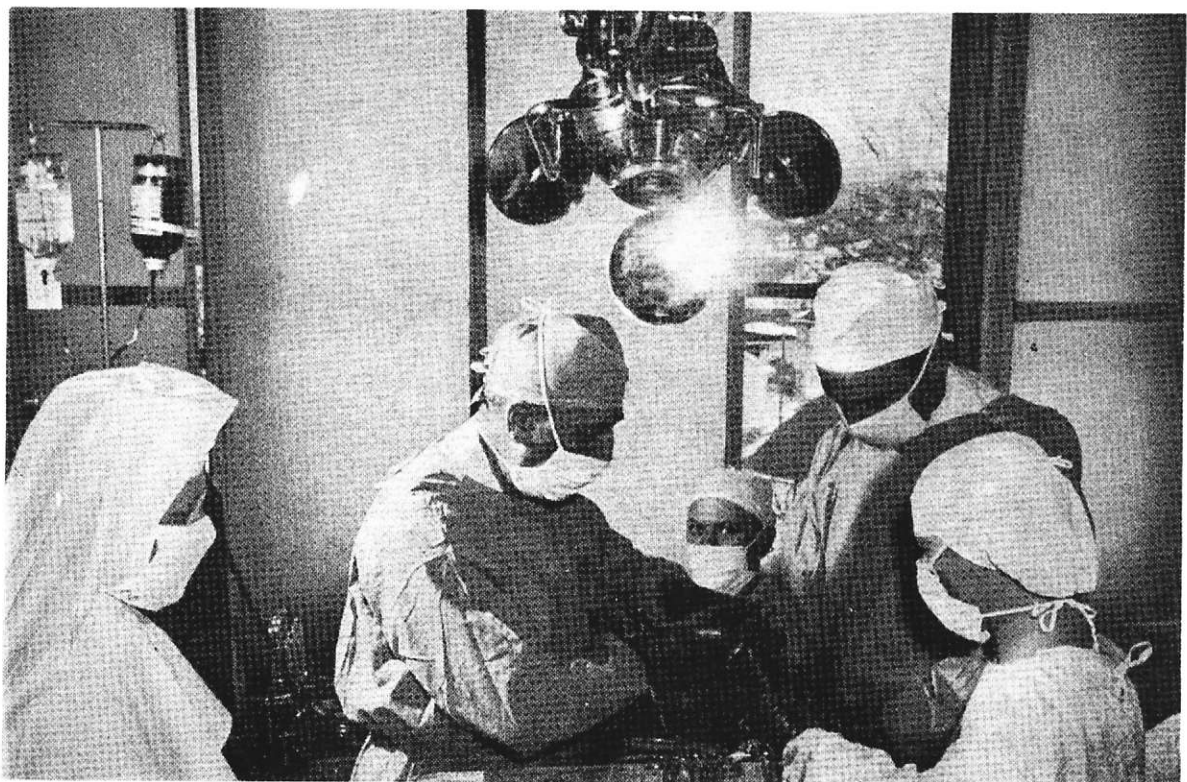
2nd Row - A Quinn, M. McPharland, D. Charette, Y. Leroux, R. Pellerin, Sister Celeste, M. Hurtubise.

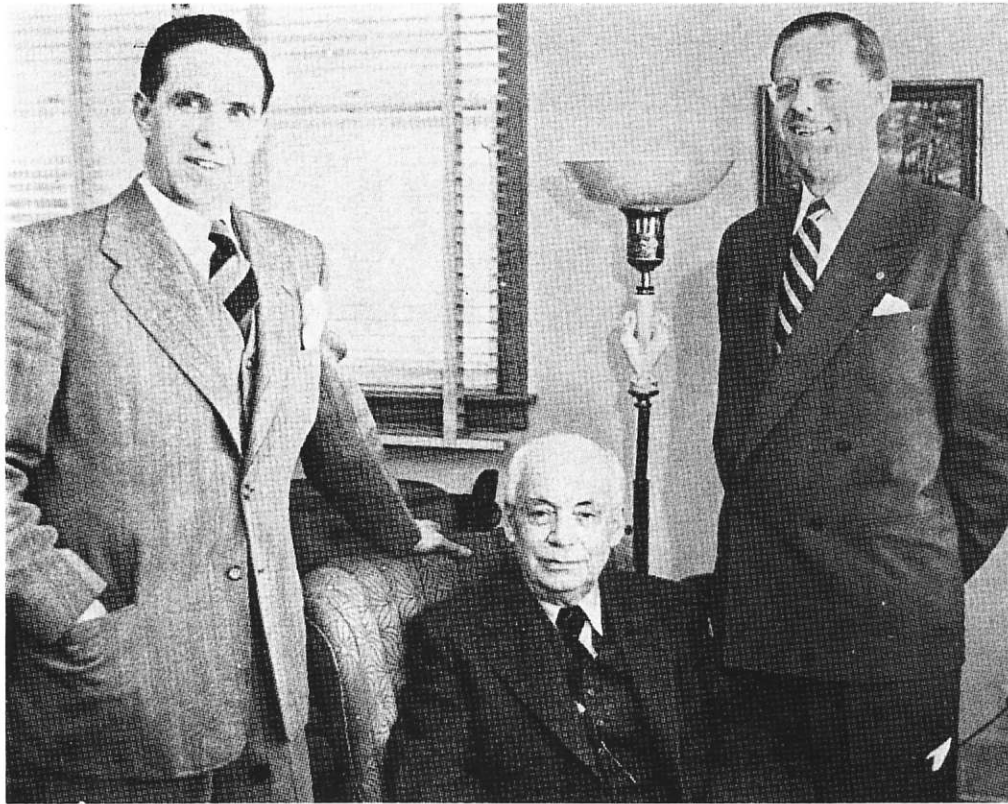
Front Row - M. Bremner, E. Duncan, K. Lynch, and D. Duquette.





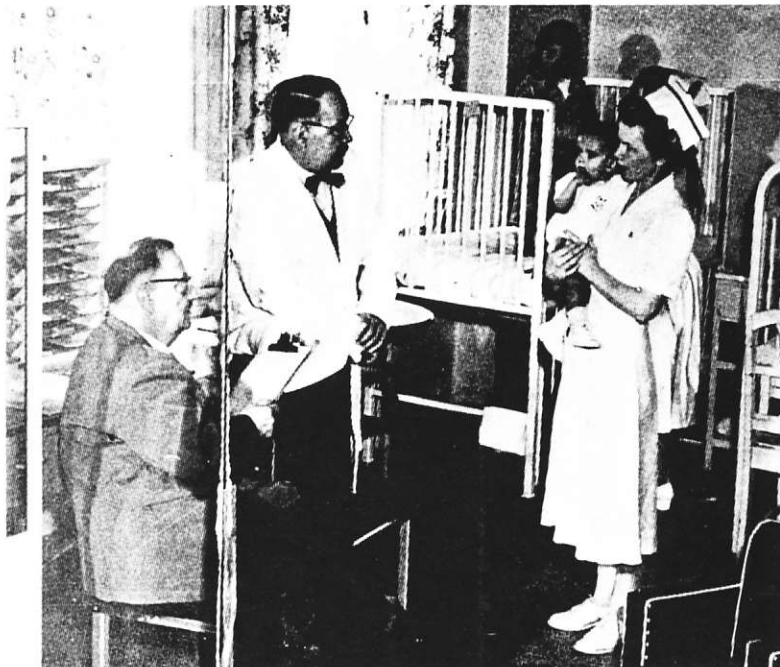
Top: Student Nurse - 1949  
Bottom: Operating Room  
Sr. Anna Theresa, Dr. D.Y. Sinclair





### MEDICAL STAFF — 1949

Dr. H. Wallace - Chairman Medical Staff  
Dr. G. W. Smith - past Chariman  
Dr. W.S. Butler - Vice Chairman



CHILDREN'S WARD  
J.E. Joyal, Dr. L. Crowe, M. Foley

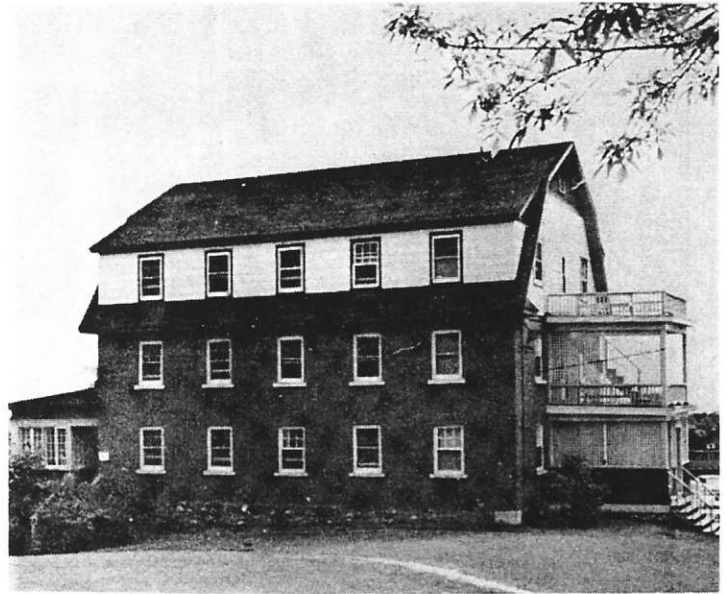


### EDITORIAL STAFF - 1949 "In Caritate"

EDITORIAL STAFF — Left to Right standing: Miss Marjorie Shanon, Reg. N.; Bob Vezina, consultant. Seated Left to Right: Sister Michaela; Miss Elizabeth Sullivan; Miss June Burns, Reg. N.; Miss June Burns, Reg. N.; Miss Lois Higgins; Miss Eleanor McKenney, Reg. N.



GRADUATING CLASS — 1958



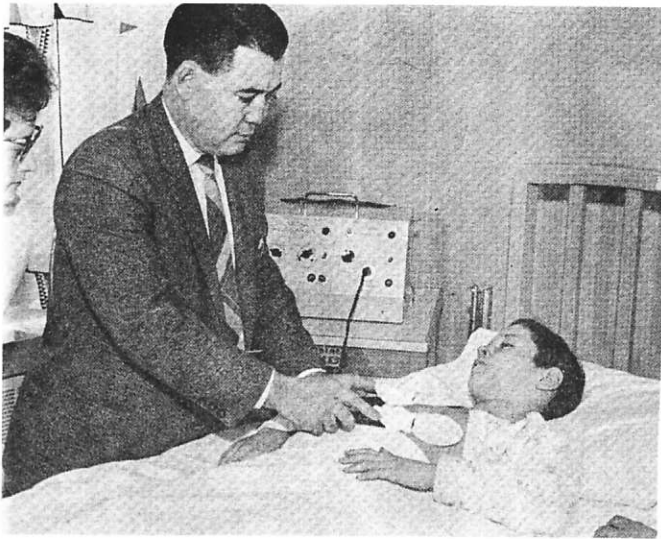
ST. JOSEPH'S RESIDENCE



ST. BRIDE'S RESIDENCE



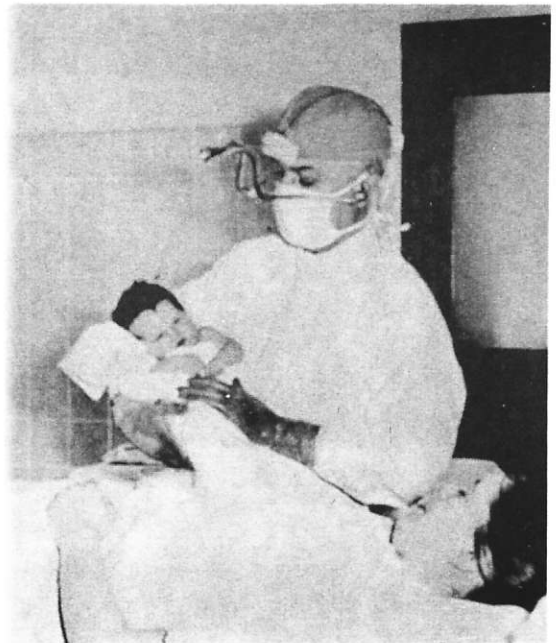
AN INSIDE VIEW OF THE RESIDENCE



Top: DR. KEECH

Middle: DR. FAZZARI

Bottom: DR. PACE, DR. G. JACKSON



# ST. JOSEPH'S SCHOOL OF NURSING

## DIRECTORS



Sister Felicitas  
1931-1946



Sister St. Camillus  
1946-1947



Sister M. Sheila  
1947-1950-1955-1960



Sister Michaela  
1950-1953-1954-1955



Sister St. Louis  
1953-1954-1965-1967



Sister M. Barbara  
1960-1963



Sister Marion  
1963-1965



Sister M. Fidelis  
1967-1968



Sister Sheila Anne  
Spooner  
1968-1973



Mother St. Philip  
1951-1959



Sister Melanie  
1940-1943



Sister Thomasina  
1943-1946



Sister Mary Alice  
1946-1950



Sister Camillus  
1950-1954-1962-1967



Sister Joan  
1955-1958



Sister Paula  
1958-1962



Sister St. Martin  
1968-1973



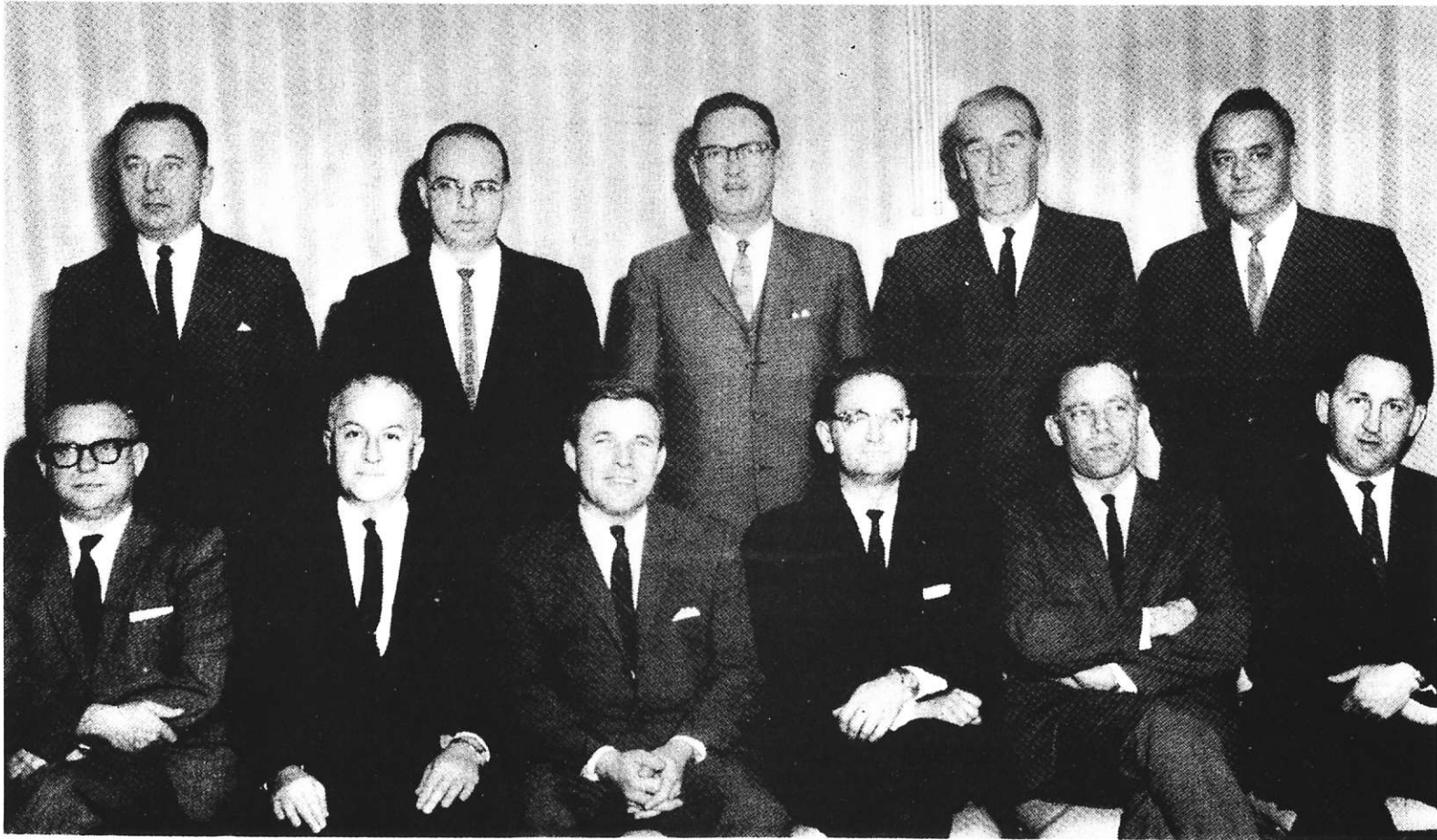
Sister Margaret Smith  
1974-1987



Louise G. Johnson  
1987-

# St. Joseph's Hospital North Bay Executive Directors

MEDICAL DEPARTMENT HEADS – 1965



FRONT ROW, Left to Right: Dr. P.N. Karnauchow, Dr. G.A. Jackson, Dr. F.A. McKinnon, Dr. D. Paine, Dr. K.B. Brown, Dr. A. R. Scappatura.

BACK ROW: Dr. G.T. Ross, Dr. F. Fazzari, Dr. M. Thompson, Dr. N.H. Bowers, Dr. F.E. Chirico.



MEDICAL STAFF – 1963





GRADUATING CLASS — 1962

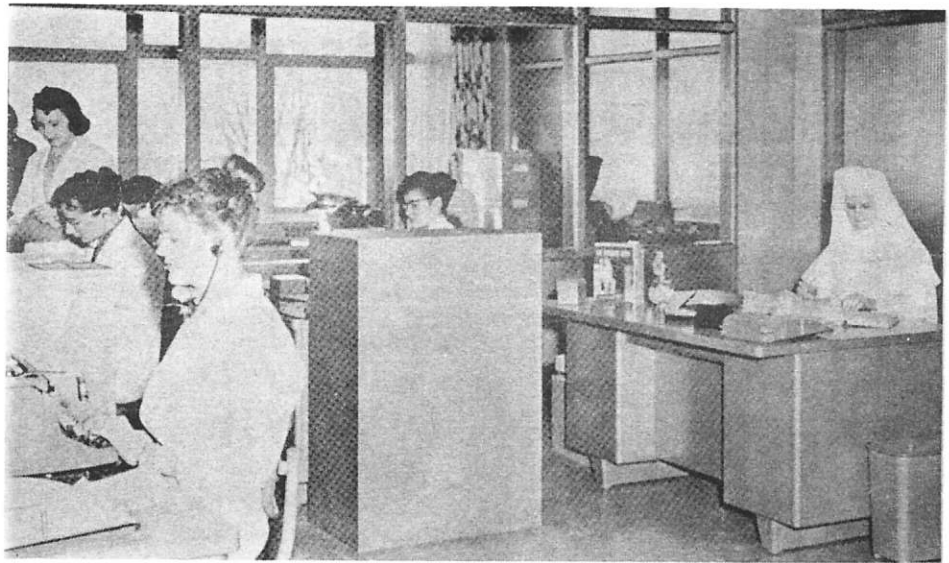


CHAPEL - 1963

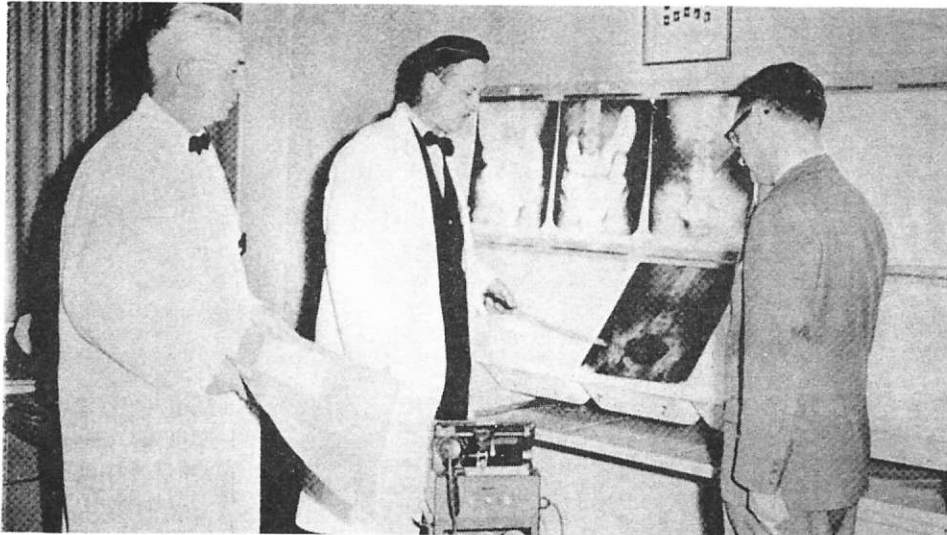


NURSING SERVICE FACULTY TEA — 1965

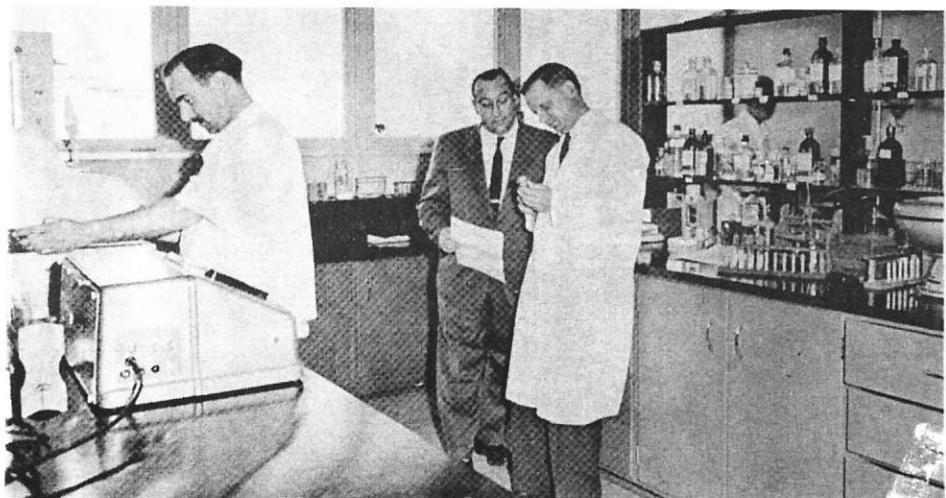
L. Montgomery, Sr. Mary Beatty, E. McNally, M. Foley, Sr. Barbara, M. Turnbull, T. Patterson, F. Brown, V. McLeod, D. Hanson



MEDICAL RECORDS – 1959



XRAY – 1959



LABORATORY – 1959

Sister St. Michael  
 Mrs. T. Patterson  
 Mrs. M. Smithson  
 Mrs. S. Parrish  
 Mrs. L. Montgomery

Mrs. R. Linkie  
 Mrs. G. Pappin  
 Miss B. Nicholson  
 Miss M. Foley



STAFF — 1965



Mrs. V. Millard  
 Mrs. M. Martin  
 Miss M. Robson  
 Mrs. D. Hansen

Mrs. D. Norton  
 Miss F. Brown  
 Mr. B. Griffin  
 Mrs. H. Christie  
 Mrs. D. Behrens

Mrs. M. Barnes  
 Mrs. L. Morel  
 Mr. F. Dignan  
 Mr. R. Proctor  
 Mrs. Letcher  
 Mrs. E. McNally



DORIS CASEY



ARMAND MATHIEU  
JACK HEALE

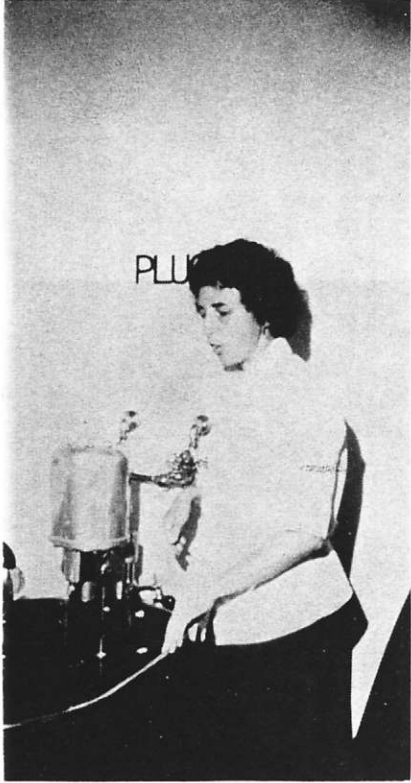


N. HYATT



DAVE JOHNSON/COLIN WALLACE-TARRY

THE HEART OF THE  
HOSPITAL IS ITS  
PEOPLE



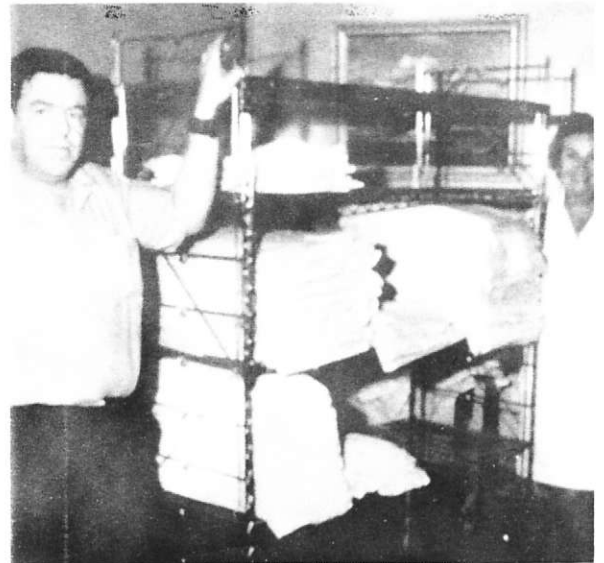
PHYSIOTHERAPY



HOUSEKEEPING



VOLUNTEERS



HOUSEKEEPING



DIETARY







Coronary Care

SWITCHBOARD



OR STAFF



MEDICAL TERMINOLOGY CLASS – 1975



STAFF EDUCATION



### ANNUAL BOARD OF DIRECTORS MEETING

#### FRONT ROW:

Sister Margaret Smith, Mrs. Mathilde Bazinet, Mrs. Betty Dennis, Sister M. Regins  
Sister Marilyn Duff, Mr. Frank Falconi, Colonel R.A. (Bud) White, Mr. H.E. Brown

#### BACK ROW

Mr. L. Voisin, Dr. K.M. Asselstine, Mr. George Justice, Mr. M.J. Kennelly, Dr. W.A.  
Keech, Rev. Norm Clement, Dr. D.A. Dellandrea, Mr. Karl Graber, Mr. John D.  
Hobbs, Mr. A. Filiatrault, Mr. Hugh Knox



Sr. Margaret Smith, Doreen Berry, Velma McLeod



O.B. Gillespie, Ron Harris, 1980



B. Laporte



F. Wilson



B. Evans

AWARDS DINNER 1979



R. Buckner



L. Gauthier



Sr. Nona Dennis



Conrad Cooley, Ann Roy, Sr. Jean Doyle

50th BIRTHDAY PARTY 1981



SR. MARGARET SMITH & JOHN HOBBS



SR. NOREEN McCOLGAN

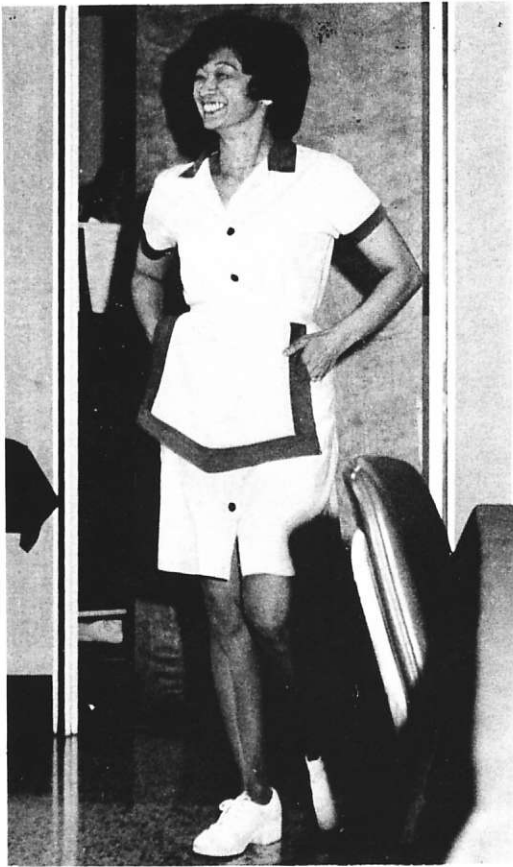


**DIETARY STAFF**  
Dorothy Henry, Colleen Langlois,  
Marg Shannon, Bing Hung



**Sr. Alice Greer, Sr. Frances Dignan, Sr. Marilyn Duff, Sr. Margaret Smith,  
Sr. Theresa Thompson, Sr. Edith Arsenault, Sr. Alice Boyle**

PARADE OF HISTORICAL UNIFORMS  
ANNUAL AWARDS DINNER 1981



NORI SUGIMOTO



EILEEN HOLMES



Thelma Patterson, Roberta Myers, Alice Farlinger , Leslie Mcleod, Doreen Berry,  
June Schiavoni, Eileen Homes



## PART II 1981 TO APRIL 1995

### “FROM THE STENGTH OF OUR PAST TO OUR HOPES FOR THE FUTURE”

The motto of our 50th Anniversary would be significant as, with mixed emotions, we completed the next decade and a half. It was during this period that not only did we maintain the high quality of patient care with care, concern and commitment, but continued to introduce new programs, implement much needed technological change and upgrade the physical plant to meet the changing needs of revised legislation. It was probably one of the most challenging times of our lives as we struggled with the on going plans to merge the two North Bay Hospitals while maintaining and improving quality health care delivery within the community.

In a report to the board, 1993/94, Mr. R.G. Sweig, Board Chair, remarked “*The courage to give up something we hold so dear is not easy*”. It appears that the remaining years can be highlighted under two major headings:

- I) Changes in the Delivery of Health Care
- II) Merging Toward the Future

It is with this approach that the final chapter of the history of St. Joseph’s General Hospital, North Bay, Ontario is documented.

## **CHANGES IN DELIVERY OF HEALTH CARE BOARD AND ADMINISTRATION**

The hospital received a three year accreditation that indicated, despite severe financial constraints and escalating costs, we were able to deliver high quality patient care in a manner that exemplified our philosophy. The comments accompanying the report contained the following.....”*The Hospital Board, Administration, Medical Staff, Nursing Staff, and all associated with St. Joseph’s General Hospital are to be commended for the level of patient care being provided. The caring attitude and the ésprits de cours’ of all staff is also commendable*”. St. Joseph’s Hospital would continue to meet the requirements for three year accreditation until the merger March 31, 1995

Between 1983 and 1988, the smoking issue which had been smoldering for several years underwent a more aggressive approach. Supportive of the changing paradigms in health care that challenged the hospital's role in the promotion of a healthy lifestyle and preventative health, St. Joseph's General Hospital moved toward a smoke free environment as of January 1, 1988. Despite the personnel implications and hardship for persons who smoked, the transition took place with cooperation from the staff and very little resistance from the public.

To expedite a smooth transition to the single hospital concept, a major historic decision was taken by the Sisters of St. Joseph in 1984. Because it was not possible for them to participate in the new venture as corporate members, they relinquished their ownership of St. Joseph's Hospital and transferred ownership to a new corporation to be called "St. Joseph's General Hospital of North Bay, Inc.". Regrettable though this change was, the Sisters would be congratulated for their generosity and willingness to support the advancement of health care in the community.

After eight years of strong and dedicated leadership, Mr. John Hobbs, Chair of the Board retired. Fortunately continuity of solid leadership became possible in that, not only would Mr. Hobbs remain as an active member of St. Joseph's Hospital Board, but would assume the position of Chairperson of the North Bay and District Health Center Board.

Mr. O.B. Gillespie, Associate Executive Director would retire in May 1986, bringing to an end a very long and successful career at St. Joseph's General Hospital. In Sister Margaret Smith's words "*I could always count on Mr. Gillespie's total support and his sense of humor in order to provide some continuity of service*". "O.B.G.'s" career at St. Joseph's Hospital included service in the Nursing Department, Personnel (Human Resources) and Administration.

The Board welcomed Miss Louise Johnson to assume the position of Associate Executive Director in August 1986. The former administrator of the maternity wing of the Winnipeg Health Center filled this position with dedication, sensitivity, and excellence.

Sister Margaret Smith, Executive Director, would retire in 1987. Sister Margaret provided leadership in identifying unmet health and social needs, specifically initiating programs to respond to these needs in a number of Ontario communities. Through her efforts, the Smith Clinic, a total family treatment of alcohol and drug dependency was established in Thunder Bay in 1972 as well as St. Joseph's Center, North Bay.

Also during Sister Margaret's tenure, the outreach services at the Thorne Nursing Station and the Infant Development Program were established.

Following Sister Margaret's retirement, Miss Louise Johnson was appointed Chief Executive Officer. The addition of Mr. Mike Hewitt, Associate Executive Director and Mr. Mike Mazza, Administrative Assistant, would complete the Administrative Team.

The years between 1985 and 1988 were critical for St. Joseph's Hospital as shortage of space continued to hamper the delivery of health care in a safe environment. A Public Institutional Panel found many departments overcrowded and poorly ventilated. It was noted storage areas were lacking and some items had to be stored in hallways. In view of the development of a new hospital, the Board could not agree to the costly solutions to improve the existing facility.

The Hospital opened its Board meeting to the media in the late 1980's. This proved to be beneficial for both parties. Through this the public became more informed on the activities within the Hospital.

On June 14, 1988, the Hospital launched its first public funding campaign under the leadership of the Administrative Assistant, Mr. Micheal Mazza. The effort and support from all sectors of the community, combined with fund raising projects coordinated and supported by the staff, enabled the Hospital to reach its target in record time.

## **A REFLECTION OF YESTERDAY, A VISION OF TOMORROW**

As we commenced our celebrations for the Jubilee year, we were ever mindful of not only the contribution from our very humble beginnings in 1931, but the efforts and cooperation that would lead to the visions of the future for health care in this community. Collaboration and rationalization of services with the North Bay Civic Hospital for many years not only realized an improvement in quality of care but assisted in reducing costs for both institutions. In the Board Report, Sister Marilyn Duff, Chairperson noted *"It is with a sense of pride that the provincial vision and direction for tomorrow's health care are in keeping with what we have been doing at St. Joseph's for many years"*.

The many events held during the Diamond Jubilee year not only reinforced our ties to the past but strengthen our hopes for the future. The following events were celebrated:

Ceremony of Re-dedication - Celebrated by Most Reverend Jean Louis Plouffe, Bishop of Sault Ste Marie.

A Celebration of Thanksgiving - Held at the Pro Cathedral of the Assumption.

Sister's Appreciation Dinner

St. Joseph's Hospital Family Birthday Bash

Auxiliary/Volunteers Dessert Bridge

Public Lecture - Stephen Lewis "Health for All by the Year 2000"

Staff Christmas Dinner/Awards Dinner/ Quarter Century Dinner/

Volunteers Dinner

Special Anniversary Edition by the North Bay Nugget.

These celebrations were also a reflection of the pride St. Joseph's family had in embracing the origins of our existence. The Sisters of St. Joseph of Sault Ste Marie left us a legacy of caring and compassionate service to those suffering and dying that would be forever incorporated into our philosophy of care.

The new direction for Ontario's health care system would be a major catalyst for many of the undertakings during the 1990's:

- A new department of Information Systems was created. Its role was to provide the software, hardware and operations support necessary to implement the hospital information systems.
- The Case Costing Project undertaken in 1992 was initiated in conjunction with a special joint planning and policy committee of the Ministry of Health and the Ontario Hospital Association. It is defined as the distribution of hospital actual costs to patient cases for the purpose of identifying the average cost of a typical case in a specific patient group. Mr. Brad Hilker would assume the position of manager for this project.
- The Public Affairs Department was established in 1992. The function of this department was to present the hospital to the public in a positive manner in an effort to raise public awareness about Hospital issues and needs. The three areas of responsibility were communications, fund raising, and community contact.

The events at St. Joseph's Hospital in 1994/95 were, no doubt, overshadowed by the preparation to create and establish the North Bay General Hospital as a single acute care hospital for North Bay and area. Possibly the most important item of consolidation that had to be addressed was articulating the assurances that a Judo-Christian ministry be an integral part of North Bay General Hospital's founding principles. In the words of Mr. Ray Sweig, Chairman of the Board in the final Annual Report, *"It is hoped that when the 64 year history of the hospital is written, the final year will be recognized and remembered not at the year when something was lost, but the year when the "Spirit of St. Joseph's" was planted as a seed for the future so it can be reborn to become an integral part of the North Bay General Hospital"*.

The Chairperson on the Board of Directors from 1981 to 1995 was: Mr. J. Hobbs, Mr. F. Falconi, Mr. A. Filiatrault, Mr. G. Justice, Sister Marilyn Duff and Mr. R. Sweig. The Executive Directors of the Hospital were Sister Margaret Smith and Miss Louise Johnson, respectively.

The medical staff, consolidated into a Joint Medical Staff, continued to be active through the many committees as well as active participants in joint planning. The Telemedicine System, a highly complex communications network was initiated on a trial basis early in 1980. This represented a link between larger teaching hospitals in Southern Ontario with other health care facilities in Northern Ontario.

An exchange program of anesthetists with St. Michael's Hospital, Toronto, and Kingston General Hospital was initiated.

Dr. W.A. Keech resigned as Chief of Staff to assume the position as Occupational Health Services Advisor.

In 1995, following the licensing of Midwives, Midwifery practice was integrated into the Department of Obstetrics/Gynecology. Like most new ventures, some growing pains were experienced but accommodations were made to sort out the problems that surfaced.

In 1995 there were 112 doctors and 20 dentists who had privileges to work at both the North Bay hospitals. The hospital family was saddened over this period with the passing of Drs. A.D. McMurchy, M. Schryer, G. Jackson, P. Girard, W.R. Foster, W.H. Houghtling and T.A.M. Thompson.

The Chiefs of Staff during this period were: Dr. W.A. Keech, Dr.J. Spencer, Dr. A. Davies, and Dr. K. Asselstine.

St. Joseph's Hospital was indeed blessed by a dedicated group of **Auxilians and Volunteers** serving others in a variety of ways. The Auxiliary continued to raise funds to purchase much needed equipment for all departments. The Volunteer Department enjoyed a steady growth over the years with new services to the patients and departments being provided. It was indeed a "melting pot" of great diversity of talent and experience.

In the early 1990's it was recognized that amalgamation of the Auxilians and Volunteers would do much to enhance these services. By 1994, bylaws were revised and the Auxiliary/Volunteer Association was born. The amalgamation of the Auxiliary/Volunteer function was accomplished through the efforts of all parties concerned and would eventually lead towards merger with the North Bay General Hospital.

The strengths of the Association continued to be its people. With their diverse skills and interests, volunteers contribute an added dimension to patient care that is beyond price. Auxiliary Presidents during this time were Mrs. Anne Renton and Mrs. J.A. Sokolowski. The Volunteer Coordinators were Mrs. Eileen Holmes, Mrs. Nancy Dunn, and Mrs. Susan Lang.

**The Dietary Department**, under the leadership of Mrs. Nori Sugimoto, continued to provide attractive, nutritious meals for patients, staff and visitors. As well, they catered to the many social events held within the hospital.

In the mid 80's investigation into the "chill/freeze" method of food technology began. This method would eventually be implemented in 1993 from the Ottawa Food Services.

The retro-fit program was completed in 1991 with much improved lighting and furniture to enhance the Cafeteria. To meet the ever growing environmental problems, styrofoam cups were abolished.

Mrs. Sugimoto assumed an interim position as Joint Director for both hospitals in 1994. In spite of her added responsibility, she found time to develop a sound business plan for the coffee bar in the main lobby. Development of this venue was well received by both staff and visitors.

The therapeutic dietitians were busy with increased demands for nutritional counseling as well as an increase in Home Care referrals. They continued to lecture at St. Joseph's Center and the Post Coronary Program as well as the Diabetic Outpatient Program.

**Educational Services** remained committed to planning, coordinating and providing resources for the entire hospital. Recognizing that the multi-disciplinary team was a formal part of patient education, the education department developed a form on which all disciplines could document their efforts on the patient's clinical record.

In 1983/84, Philosophy Workshops were held at the Motherhouse, under the direction of Sister Barbara McKinnon to provide a new awareness for staff faced with the proposal for a new corporation.

Thelma Patterson retired in 1984. "T.P." will be remembered for her dedication and loyalty to the Hospital. The completion of the "First Fifty Years" was incentive to continue and complete St. Joseph's Hospital History.

Thelma was followed by Mr. B. Rogers as Director of Education and in 1991, Mrs. Nola Hunt assumed the responsibility.

In the mid 1980's the Medical and Staff Libraries were developed. As well journal collections, physical re-organization and policies and procedures were completed.

A central education program schedule was implemented allowing for the delivery of workshops for managers and staff at significantly lower cost without compromising quality.

The introduction of computers in the late 1980s allowed for efficient word processing as well as the development of a reporting data base.

Complying with "Workplace Hazardous Material Information Systems" required time and effort. Education, material safety data and workplace labeling were initiated.

A new closed circuit T.V. system was installed to enhance the communication system for staff and patients as well as education presentations.

In the 1990's the Education Department remained committed to patient/family education as well as meeting the education needs of hospital employees within the resources available.

In 1994, funding was obtained to expand the diabetic education program. As part of the Northern Diabetic program, the Nipissing Diabetic Resource Center was classified as a level two resource for the Nipissing District.

**Quality Assurance**, which had its beginnings under education would become an entity unto its own, reporting to Administration and under the leadership of Mrs. Jean Paape. In the early 1980's this service concluded an eighteen month program designed to familiarize and encourage staff to use the nursing process as a basis for patient care. This would be expanded eventually to cover all departments in the Hospital; a long and frustrating experience for both the department and others. By the mid 1980's the coordination of a hospital wide Quality Assurance program was underway in many departments. One of the by-products of this was that it made it necessary for many departments to come together to share their expertise and to improve the quality of their own work as well as the quality of care provided to the patients.

In 1994 the **Quality Assurance/Risk Management Program** reflected increasing implementation of the principles and practices of total Quality Management. The Quality/Ethics Committee continued to monitor and advise on clinical care and services, patient satisfaction, interdepartmental services, risk management and on ethical and religious issues. Quality Assurance/Risk Management committees reviewed and revised their roles and function to facilitate changing expectations within the hospital, in our culture and in the new 1995 Accreditation Standards.

The **Family Enrichment Program** (Infant Development) under the leadership of Sister Beatrice Ann Gallipeau, introduced a center-based component to the original home-based program to service increasing numbers and needs of young mothers from environmental at-risk backgrounds. A day care initiatives grant was given for a period of 18 months to further expand the program.

As of November 1, 1985, the program came under the Child and Family Services Act, previously the Developmental Services Act. Since inception on 1978, the program reached a level of maturity to the extent that the Board of Directors and the Ministry of Community and Social Services concluded its mandate would be better served if transferred to a community based agency. The transfer to the Children's Aid Society took place August 1987. The Hospital remained involved with the Parent/Infant Program that provided care for the infant while educating the parent. In 1990, discussions ensued with Community and Social Services, St. Joseph's Hospital and the Nipissing District Separate School board to look at future program delivery, location and funding sources. As of September 1, 1992, the Family Enrichment Program came under the sponsorship of the English Catholic Education Foundation.

The challenges of Financial Management became more innovative in the 1980/1990's and the updating of the computer systems facilitated the increase in workload for the **Finance Department**. A Joint Information Steering Committee was established with North Bay Civic Hospital to coordinate the purchases of all computerized equipment and develop systems for the two hospitals.

The installation of a new payroll system made it possible to increase information available to all departments. The improvement in the reporting system increased the efficiency in meeting government guidelines. The department continued to work toward reporting in a standard format with other hospitals as in provincial guidelines.

With the retirement of Mr. D.R. (Don) Milligan in 1989, Mr. Jack Cooper assumed the Directorship. In late 1994, the Financial Assistant spend a large portion of her time implementing the Meditech payroll system for the Civic Hospital. This system was processed on St. Joseph's equipment but used Civic Hospital personnel to input, ultimately preparing for the merger of the two facilities.

As we coped with the space restrictions, portables sprung up, offices were relocated and the need to provide **Housekeeping** services with limited staff changes was challenging for the Director, Mrs. Doreen Berry. Additional duties transferred from other departments i.e. cleaning of isolettes, and added an additional burden. An on going plan to replace out-dated beds and equipment proceeded throughout the lean years to maintain comfort for the patients.

In 1985, Mrs. Doreen Berry retired, to be replaced by Mrs. Sandra Shier. This department continued to be actively involved in providing education on the job for students from local high schools.

It was committed to provide systems to ensure a safe environment, quality services and cost control. A linen users' committee was formed between the user institutions and the Nipissing Joint Laundry. This would, over the years, prove very effective in reducing cost through efficient use of linens.

The addition of the Nipissing Center in the early 1990's added to the increased workload. Over all these years, the staff of the Housekeeping Department willingly coped with renovations, changes, deletions, and additions in a cooperative manner. Their closeness to the patients and the little things they did to make the environment safe and comfortable, no doubt, complemented patient stays.

The main strength in the Housekeeping Department was the level of commitment, cooperation and dedication of all the management and staff over the years.

**Human Resources**(Personnel) continued to meet the needs of the staff under the philosophy of St. Joseph's Hospital while complying with the many legislative acts that would be put upon us. In 1983, the department along with the Finance Department was relocated to a portable at the west end of the Hospital (affectionately know as the "outhouse"). It would not be until 1990, that both departments would move to the second floor of the Nipissing Center.

In 1983 the inflation restraint act would be one of many legislative acts to be imposed upon the hospital industry. This was followed by Human Rights legislation enacted in the mid 1980's.



The hospital participated in an Employment Equity needs assessment to identify the hospital's strengths, as well as its weaknesses, or perceived weaknesses with respect to equal employment opportunities. Funding was received to establish an Employment Equity program based on the results of the study. From this developed a Gender Neutral Comparison system to meet the requirements of the Pay Equity legislation which was implemented in 1990.

In the early 1990's it was recognized that the funding cutbacks would necessitate a reduction in staff and in 1991, St. Joseph's Hospital would experience the first lay-offs of its history. The registered nurses became unionized and the paramedical group would follow in 1995.

In spite of all the reductions and legislative change, the St. Joseph's family would remain positive and keep a level of high moral. An annual Awards Dinner, Christmas Dinner and Social Committee events were appreciated by all staff.

To recognize employees who had given 25 years or more of service, the Quarter Century Club held its founding dinner in November 1983. Also recognized in this group were individuals who had made a significant contribution to the hospital. These included Board members, Medical Staff and Volunteers. The final dinner was held in January 1995.

The Director, Mrs. Velma McLeod retired in May 1993. The management and staff of the hospital would always remember her dedication to the staff and the compassion, honesty and integrity in which matters were always handled by her in the matters of Human Resources. Mr. Dave Duncan became the director following her retirement.

**Occupational Health Services** provided a total awareness of the health needs of the employees with emphasis on prevention and education. Programs were designed and implemented to improve the total health of the employees so that they could function as a self respecting, productive person, not only throughout their work life but also in relation to home and community. In the late 1980's the Employee Family Assistance program was initiated to assist employees, their families and retirees. This program would prove to very beneficial as it assisted employees to cope with ever increasing problems associated with the stresses of life and changes in our society. Mrs. L. Laframboise would retire in 1990 to be replaced by Mrs. Norma Daniels.

**Infection Control**, which was originally under the Occupational Health Services, would become its own department in 1981. This joint service between the two hospitals would be the responsibility of Mrs. Sylvia Gravel. The surveillance program provided data for the ultimate purpose of improving patient care outcomes and processes. It is the method by which trends, outcomes, and epidemics are recognized at the earliest possible moment so control measures can be initiated promptly. The Infection Control Department continued to advance from its role of infection monitoring to that of influencing change for the prevention of infections.

The Canadian Disease Control Guidelines received Board Approval in 1986 and were introduced in the two hospitals. Universal precautions were established by 1990.

Patient and staff safety were the prime concern of Infection Control. Commitment to maintain high standards of hospital wide infection control, through on going education and the initiation of current principles and practices was undertaken.

**Information Systems**, under Mr. Ram Trumpickas, continued to grow since its inception in 1990. St. Joseph's Hospital committed itself to computerization and an agreement was signed with Medical Information Technology to purchase several computer software modules from Meditech Systems.

The role of the department was to provide the software, hardware and operations support for the system. The initial departments to participate were Patient Registration, Medical Records, Radiology, Accounting, Payroll and Human Resources.

Significant observable activities from Information Systems abated as the hospital undertook consolidation planning with the Civic Hospital. Through an extensive and careful process, the Information Systems Program Planning Group created the framework for a "Core HIS (Hospital Information System)" that would make best use of the hospital's investments in technology and form the foundation for future expansion of the computer systems environment into the new hospital.

**The Maintenance Department** faced one of its most challenging times as it continued to maintain an aging facility while improving and meeting new building codes and fire and safety legislation. Mr. Bryan Evans was responsible for general maintenance while Mr. Jack Heale assumed the role of Fire and Safety Coordinator until his retirement in 1985. The most significant strength of this department was its employees, whose ability in all different disciplines allowed them to deliver the services required.

**Fire and Safety** was responsible for workplace safety and recognition of workplace hazards that come under the Ministry of Labour. The training of all personnel in handling of fires was a significant role. Regular inspections by the Ministry of Labour were conducted internally.

In 1986/87 the introduction of "Hazardous Wastes Systems" required extensive training of all staff and volunteers. By 1993, the Waste Management Cost Reduction Program put into place realized a reduction of approximately \$15,000.00.

The Occupational Health and Safety Award was given to St. Joseph's General Hospital for seven consecutive years. This award is given to hospitals whose record of compensable work injuries and illnesses is significantly better than hospitals of similar size.

The St. Joseph's Center building was demolished in the 1980s. This building had been the Nurses' residence for many years and had provided happy memories for many of our Registered Nursing Students.

By the beginning of the 1990s, the old portable at the west end of the hospital was removed.

Some of the major renovations undertaken over this time period included:

- Installation of a new KVA electrical system to meet the needs of all foreseeable demands in the area of electrical needs;
- Completion of the Retrofit Program, installation of medical gases
- Updating of elevators to meet the new requirements of the Ontario Fire Marshall's recommendations;
- Renovations to many departments as relocations took place to meet the the increasing space demands;
- Installation of a heated walkway between the Primary Care Entrance and the parking lot to improve safety for the public;
- Restoration of the roofs over a five year period, as well as brick restoration.

The above list certainly does not reflect all the improvements, but addresses major accomplishments.

**Materiel Management**, which included Patient Transportation, Messenger Service, Courier, Central Supply Room and Purchasing, under the directorship of Mr. D.A.G. (Dave) Johnson continued to provide the much needed supplies and equipment for efficient operation of the hospital. As far back as 1981 liaison with the North Bay Civic Hospital for joint purchasing was being investigated.

A system of forms' management including a catalogue of forms was initiated and completed in 1985.

A cart exchange system, introduced over a period of time, was completed in 1986 with the addition of the Primary Care Unit and with the input and co-operation of all Nursing Units.

There was an ongoing improvement in the quality control program.

In the late 1980's, the purchase of a new steam sterilizer (long overdue) along with reorganization within the department, allowed for the best possible service at the most reasonable cost. Workloads continued to increase with the addition of Integrated Services for Northern Children and Nipissing Center. Gas sterilization was provided for the North Bay Civic during this period of time. A much needed renovations in the Stores area would be completed. Computerization would be the next venture for this department.

Over the years, Materiel Management provided experience for students in the Co-operative Education Program of the local high schools.

The biggest, most important strength in this department was the staff, their knowledge, experience and dedication in carrying out their duties.

**Medical Records** continued to monitor records and transcription within all departments of the hospital. In the early 1980's the installation of the word processing equipment allowed for the centralization of medical transcription within the hospital. Dictation systems were installed in the late 1980's that allowed for greater control over job assignments and productivity.

St. Joseph's qualified for a grant from the Ministry of Health to install a system to ensure patient's discharge statistics were recorded. This, in the future, allowed for greater efficiency in reporting to H.M.R.I. As usual, this department, like many others, suffered from space limitations. Microfilming would be transferred to the basement of the Nipissing Center Building. This department was one of the first to go on the Meditech Computer System in 1991.

With re-organization a year later, Clinical Records and Patient Registration (Admitting) would become Patient Information Services. Ms. Dianne Maillé was Director until 1984, followed by Lynn Bonany.

**Patient Registration**, which included Admitting and Switchboard, was an integral part of our communication network, and came under the Nursing Department until 1993, when it became part of Patient Information Services.

A new telephone system, introduced in the 1980's, saw the demise of the plug in board, which was no doubt long overdue, having been installed in the late 1950s during the addition of the east wing. It was to be nine years before further upgrading of the telephone system. Direct dial telephones were installed in key areas of the hospital that eliminated calls going through the switchboard and greatly enhanced the efficiency of communications, both internal and external.

The physical facilities were renovated in the early 1990's to not only provide an improved look, but to allow for improved confidentiality for patients and staff.

The directors of this department were Mrs. Doris Windsor, followed by Mrs. Phyllis Palangio.

**Medical Technology** would continue to grow with serious problems of space and the need for updated equipment. This department included E.E.G., E.C.G. and Nuclear Medicine, managed by the technical director, Mr. Barry Simons. In 1986/87, the congestion in this department was addressed by moving E.C.G./E.E.G. to 500 East.

Although, having the department in this remote area was not ideal, the space situation was relieved. Dr. Cam Hunter joined the department in 1986.

A new camera and computer in **Nuclear Medicine** offered increased capabilities and flexibility in diagnostic testing. In 1994/95 this department would come under the umbrella of Diagnostic Imaging which would also include Radiology and Ultrasound.

**Nipissing Detoxification Center** received approval from the Ministry of Health in April 1988 and would open its doors to clients in December 1990. It offered 24 hour non medical care for men and women admitted in the acute stage of intoxication or withdrawal. This much needed service continued to grow and assist in the treatment of chemically dependent clients.

In 1992, the Board authorized the development of a pilot project for nicotine withdrawal at Nipissing Center. The pilot project had excellent initial success and astounding public support.

The directors of Nipissing Center included Mrs. Arnette Pint and Mrs. Phyllis Palangio.

**The Patient Service (Nursing) Department** was challenged during this period with the effects of new economic realities, social changes and the impact of new technology on methods of providing care.

**The Thorne Nursing Station** was established February 13, 1983 to provide medical care to an underserved area approximately 60 km from North Bay. This service was responsible to the Department of Nursing. The staff included an M.D., R.N. and clerical support, on a part-time basis.

Primary Care Nursing was established on the **Pediatric Unit**. The assignment of a primary nurse responsible for the care planning from admission to discharge resulted in better patient care.

In 1993/94 the renovation project for the **Obstetrical Unit, ICU/CCU** medical gases and fire safety update received approval from the Ministry of Health. Many questioned the necessity of renovating when a decision had been reached to eventually develop one hospital. It was felt, however, that it was not possible to maintain a high level of care for another 5 to 7 years without some renovations.

In keeping with its leadership role in the care of mothers and infants, the **Obstetrical Unit** moved toward individual care planning that further enhanced family centered care.

By 1987 combined maternal infant care, in which the same nurse cared for both mother and baby was in place.

Faced with reduced length of stay for mothers and infants (without complications), the **Obstetrical Department** finalized the early discharge Post Partum Program in co-operation with the Home Care Program. Liaison with the North Bay Area Public Health Unit was strengthened through the assignment of a Public Health Nurse, who visited all new mothers and mothers with special needs during the hospital stay.

The **Neonatal Intensive Care Unit** became part of the Provincial Perinatal Bed Registry Program, in which a computer based system linked 13 neonatal units in the province. This ensured prompt referral for neonates requiring intensive care or transfer in or out of the unit.

In 1994/95 a camera surveillance system was installed in the Perinatal area and the Pediatric Unit, giving a level of security not known before in the prevention of abduction of infants and children.

**Surgical Day Care** was relocated to 200 West to relieve the crowded facilities in the Emergency Department, February of 1986, which resulted in improved/safer care for the short stay/day surgery patients.

**The Emergency Department** remained very busy surpassing its 1983/84 statistics by 3,392 cases. The inception of a casualty officer saw a dramatic change in activity. In November 1989, the **Primary Care Unit** would replace the existing Emergency Unit. It would be open 7 days a week, 12 hours a day with a family physician on site to provide care for non-life threatening cases.

For urgent care, the Base Hospital would be located at the North Bay Civic Hospital.

The installation of the Medilogic Central Station and Bedside Monitoring System was completed in 1988/89 in **Critical Care**. St. Joseph's Hospital, at this point, had one of the most advanced monitoring systems in North America. The purchase of the Zoll Non-invasive External Pacing System enabled the pacing of patients by non-invasive techniques.

The establishment, May 1, 1990, of a **Rehabilitation/Reactivation Unit** on 300 East was in response to a desire to improve the functioning, quality of life and decrease the hospitalization for patients who would benefit from intensive intervention by a multidisciplinary team.

In 1991/92 initiation of a **Pre-admission Program** to facilitate patient assessment, education and preparation for major elective inpatient surgery on an outpatient basis was initiated

By 1993, **Pediatrics** was rationalized to St. Joseph's Hospital, as well as general surgery clinics allocated to the Primary Care Unit.

The **Laparoscopic Cholecystectomy Program** was initiated in 1992. With the new technique of performing this procedure, eighty percent of the patients who had their gallbladder removed were spared open abdominal surgery. As a result, their time in hospital was reduced from over seven days to two, and their recovery was such that they were able to resume regular activity within two weeks, compared to six weeks for the traditional method. The benefit to the patients and the cost savings to the hospital were significant.

The development of the Therapeutic Garden in 1994, enhanced the service to Rehabilitation/Reactivation patients, as well as chemically dependent clients. It provided a nice outdoor space for other patients and staff.

The directors of Patient Services included Sister Sheila Anne Spooner, Sister Barbara McKinnon, Mr. Joe Pilon and Mrs. Sheila Parrish, Chief Nursing Officer, 1994-1995.

Associate Director, Mrs. Elizabeth (Betty) Linkie acted as Director after Sister Barbara McKinnon's retirement and Mr. Pilon's appointment. On her retirement in 1991, she was followed by Mrs. June Passnick. The hospital family was deeply saddened by June's sudden death in the spring of 1993.

Unit managers included Mrs. Kay Barnes, (Retired) and Cathy Park, 500 West; Sister Jennie Macjewski, Miss Kathleen Levers, and Mrs. Michelle Piette, Pediatrics; Mrs. Sheila Parrish, Obstetrics; Mrs. Lillian Morel, Nursery and NICU; Mrs. Joanne Walker, 300 West and CCU, Mrs. Narumi Hyatt, 300 East, Mrs. Letitia Nadalin-Penno, CCU unit; Sister Emer Kelly and Mrs. Elizabeth Craig, 200 West; Mrs. June Schiavone, Operating Room; and Miss Roberta Myers, P.C.U.

**The Pastoral Care Department** continued to make a unique and committed contribution towards the total care of the patients, their families and staff through the spiritual, religious and emotional dimensions of care with their compassionate and caring ministry. They continue to be a presence to all whom they ministered to and worked as a team with nursing, physicians and other disciplines. Community clergy were a vital part of this ministry.

A Pastoral Care Committee of the board was established, consisting of representatives of the Board, the community and the staff. The role of the committee was to look at the role of Pastoral and Palliative Care for patients, deal with ethical concerns and act as a support mechanism for these two services.

There were four memorial services held annually to remember patients who had died in the hospital, as well as staff members who had past away.

Staff counseling and support services increased dramatically as the transition period approached, other activities provided by this service included:

- Visitation of patients, family support, and availability for referrals;
- Bereavement counseling for families and staff;
- Participation in patient assessment in Rehab/Reactivation;
- Participation in the Eucharistic Ministry.

It was the belief, "to treat the whole person, and to recognize that the spiritual/religious component was just as important as the physical, emotional, and psychological".

Directors of Pastoral Care included: Sister Nona Dennis, Sister Frances McIsaac, and Sister Diane Guertin.

**Palliative Care**, Ministry to the Dying, changed dramatically over the decade with changing attitudes and more effective pain control measures.

The Palliative Care Program, developed by Sister Francis Dignan, brought a renewed awareness to St. Joseph's Hospital of the needs of the terminally ill patients and their families.

Through three fold ministry of visitation, education and counseling of staff, a program of comprehensive care was developed. In the late 1980's a volunteer service was initiated to become a vital part of the Palliative Care Services.

New ambulatory infusion pumps, which administered pain medication, made it easier for patients to be looked after at home.

Canadore College initiated a program, "Orientation to Palliative Care". This program came with the blessing of the Community Palliative Care Committee, which was represented on by both hospitals, as well as other community groups and agencies. Mrs. Debbie Gallipeau was appointed Palliative Care Coordinator until the merger with Pastoral Care.

**Pharmacy Services**, under the directorship of Mr. Les Wilkinson, would continue to grow and function, despite an ongoing shortage of staff. The addition of a computer program enabled the department to introduce more routine services and allow the pharmacists more time to attend to professional work.. This technology also allowed for staff to review and advise on drug administration and improvement of service for the medical and nursing staff.

By the mid 1980's, the Pharmacy took over the preparation of all cancer chemotherapy drugs. A pharmacist preparing these drugs under controlled conditions removed the hazard for the nursing staff. A night medication cupboard was instituted as recommended by the Accreditation report.

In the late 1980's, Clinical Pharmacy service was expanded to include some therapeutic drug monitoring, as well as an expansion of the Palliative Care Pain Protocol Service.

A major project, designing of a new computer program was completed. This system provided drug cost information at cost center levels. This was a joint project of both hospital pharmacies.

The **Rehabilitation Department** continued to offer inpatient and outpatient physiotherapy, inpatient occupational therapy, speech/language pathology and recreational therapy. The majority of inpatient care continued to occur on the Rehabilitation/Reactivation unit utilizing a multidisciplinary approach at the staff and managerial level. The move of Outpatient Services (Physio) to a portable in 1984, at the west end of the hospital, alleviated the congestion and overcrowding in the main hospital unit. Outpatient Services with the Mattawa General Hospital were initiated for a trial period. This service was shared by both North Bay hospitals. A satellite service was set up for the Air Base Hospital, with 2 to 3 hours of coverage a week.



True to the well known saying “the reward for good work is more”, the Rehabilitation Department participated in the four ministry program for Services for Rural and Remote Children with Special Needs. St. Joseph’s sponsored the health component of the Rehabilitation Service for the **Integrated Services for Northern Children**. This multi-ministry, multi-agency program served handicapped children in the districts of Muskoka, Parry Sound and Nipissing, excluding the City of North Bay.

**The Rehabilitation Outreach Services** continued to offer physiotherapy, occupational therapy and speech/language pathology to multi-handicapped preschoolers in the City of North Bay, utilizing a multi-disciplinary approach. The directors of this department were Miss Fran Wilson and Mrs. Marianne Hibbard.

**Radiology/Ultrasound**, under the leadership of Mr. Larry Bayley, continued to provide the diagnostic services both in the inpatient and outpatient areas of service. The introduction of Bill 177, in the early 80’s initiated a quality control program jointly with the North Bay Civic Hospital. Again as in most departments, space limitations became critical. Ultrasound was relocated to the former Human Resources office space.

The installation and associated renovations of the Kodak Daylight System in both X-ray and ultrasound allowed for the automation and decentralization of processing films, combined with on-going savings in labour costs.

In 1990/91 there was major upgrading of equipment through the purchase of several items of “state of the art” equipment in Ultrasound/Radiology. The Ultrasound Program was expanded through the introduction of breast and transvaginal scanning. The films screening system was upgraded to 600 speed, thus reducing radiation exposure to patients.

Rationalization of the Ultrasound Services with the North Bay Civic Hospital included a unit being purchased for the Civic site. The department of Diagnostic Imaging would include the departments of Radiology, Ultrasound, Nuclear Medicine and Echocardiology.

As the merger of the two facilities grew near, emphasis was placed on planning for the C.T. Scanner Project. Medical Directors of this area included: Dr. W.B. Rendell, Dr. W.R. Hodge, Dr. D. Ball and Dr. C.M. Hunter.

**Respiratory Therapy**, a rationalized service for many years, continued to provide their expertise to both hospitals. A Respiratory Home Care Program was implemented in April 1981 to serve the needs of persons not requiring hospital care.

In the late 1980’s, the department assisted Canadore College in developing a program for the School of Respiratory Therapy. In 1992/93 the first students from this program were accepted for clinical experience.

As part of the continuing effort to provide outpatient care and avoid hospital admissions, the Respiratory Therapy Department established an Asthma Education Program.

The establishment of this program resulted in stronger ties and interaction with the Sudbury-Nipissing Lung Association. In 1994, the Regulated Health Professions Act included Respiratory Therapy, thus the college of Respiratory Therapy was established.

Directors of this department included Mr. Colin Wallace Tarry, followed by Mr. Ron Thompson.

**St. Joseph's Center** continued to operate a four week program for the chemically dependent and a weekly family program designed to provide the significant others with a better understanding of chemical dependency. In December 1983, they celebrated their 10th anniversary with the Alumni playing a significant role.

In April 1986, the opening of an expanded facility at St. Joseph's Motherhouse allowed for the treatment of 49 clients, as well as 7 beds in the Family Program. The Center also offered an eight week Outpatient Program, developed to meet the needs of clients while they remained in a supportive and/or employment setting. In September 1993, the Center implemented a Day Treatment Program for chemically dependent clients with special needs and circumstances.

The Alumni continued to provide moral and financial support by providing funds to purchase necessary equipment for the implementation of Management Information Services. The programs offered by the Treatment Center continued to be in more demand as indicated by the overall increase in the waiting lists. The Treatment Center continued to draw clients from all sectors of the Province and, occasionally, out of Province.

The management and staff participated in the development of the Counselor Training Program, in conjunction with Canadore College. The directors included Miss Jeannette Brisson and Mr. Michael Mazza.

**The Social Services Department**, under the directorship of Mrs. Louise Gauthier, continued to work with all departments and community agencies, tracking the many social problems of our society.

The Social Services Department was very involved in the discharge planning process, attempting to locate the best possible community resources for patients who could no longer be managed in the community. The assessment of single mothers on the Obstetrical Unit necessitated a close relationship with the Public Health Unit, the Infant Development, Family Enrichment Programs, as well as the Children's Aid Society. This department continued to deal with the effects of the change in focus towards community health care, however, there was an ongoing struggle in the community for agencies to meet the needs of the population they serve.

**The Unified Laboratory**, located at the North Bay Civic, continued to provide the diagnostic tools required for all hospital services under the technical director, Mr. Ray Proctor and Medical Director, Dr. Renee Bazinet. The updating of equipment and computerization would continue throughout the 1980's and 1990's.

Students were accepted from the Canadore College Medical Laboratory Program for a one year internship. In 1983, full accreditation was obtained for the Medical Laboratory Technologist Training School.

The Hospital continued to support and actively participate in the education of our young people. Experience was provided to students in almost every department of the Hospital. This experience may have been a one or two week supervised experience, for high school students, students in community college programs or a two to three month practicum for nursing, radiology, respiratory therapy, medical laboratory students and midwifery students.

As well, over the years, staff assisted when requested in the many education programs offered in the community from high schools, community colleges and Nipissing University.

The foregoing documentation, needless to say, does not reflect the enormous amount of time and energy spent in Joint Planning. All departments reported a closer liaison with their counterparts at the North Bay Civic. Despite the progress and achievements, it could be considered the most hectic and, at times, chaotic period of our history.

It was a very difficult time for most caregivers in the hospital, as they continued to provide quality care to the patients amidst the uncertainties of the future. It was evident by the improvements in technology, the upgrading of the physical plant and the introduction of new or revised programs, that everyone continued to maintain the caring, concern and commitment as stated in our Philosophy. Thus, we would merge into the future.

**“Happy are those who dream dreams and are ready  
to pay the price to make the dreams come true.”**

**- Author Unknown**

## **MERGING WITH THE FUTURE**

Although initial discussions can be traced back to the mid 1960's, it would be some three decades later that the actual merger of the two hospitals would take place. In spite of the stresses and the extra work demands associated with consolidation, all staff executed their various responsibilities with vigor and commitment to St. Joseph's Hospital.

In a special series, highlighting the merger, published in the North Bay Nugget "A History of the Two Hospitals" was documented:

**Volunteer trustees, administrators and staff of North Bay Civic Hospital and St. Joseph's General Hospital have worked hard on joint efforts for more than three decades.**

Here are selected key events on the long road toward amalgamation, which begins April 1:

**The 1960s**

- The two hospitals hold informal meetings on improving efficiency. A joint planning committee is organized in 1965. The two medical staffs become one in 1969.

**The 1970s**

- Detailed studies reveal both hospitals need more space and additional services.

**1984**

August - The Progressive Conservative government approves a plan to build a new, \$65 million, 396 bed joint hospital.

September - The North Bay and District health Center Board is incorporated in anticipation of a new hospital.

**1985**

May - Liberals elected in Ontario, funding for North Bay's new hospital may be canceled.

October - Eloy's Farm chosen new hospital site.

**1986**

September - Hospital funding revamped to accommodate Health Ministry Demand for plan's inclusion of psychiatric facilities.

**1987**

July - Board erects sign of new hospital at Eloy's Farm Site

November - Two months after Liberals re-elected, Health Ministry puts plan for new hospital on hold.

**1988**

January - North Bay doctors voice frustration at delays.

August - One month after Health Ministry gives green light to develop construction plans, it says there is no guarantee hospital will ever be built.

**1989**

May - Consultants' report unveiled, calling for unwieldy comprehensive health facility. Doctors blast report. Health Center Board sends plan back to ministry for guidance.

**1990**

June - Doctors raise "grave concerns" on hospital development.

**1991**

**April - Partners for Life campaign tops \$7 million target for local share of hospital costs.**

**November - Health Center Board approves functional plan for \$106 million hospital to include renovation of Civic Hospital as chronic care facility.**

**1992**

**February - Ministry rejects \$106 million hospital plan as excessive, seeks greater community funding share in downscaled plans.**

**June - Destiny 2000 formed by <sup>five</sup> ~~two~~ city hospitals to address immediate needs of obtaining a CAT Scan, building a therapeutic pool and pain management.**

➔ **1993**

**April - Ministry advises it is canceling funding for North Bay and District Health Center.**

**May - Two hospitals resolve to amalgamate.**

**November - Health Center board's foundation turns over 1.4 million to both hospitals to buy a CAT Scan.**

**1994**

**April - Ministry approves CAT Scan for North Bay.**

**August - Civic Hospital's Mark Hurst appointed first president and chief executive officer of North Bay General Hospital.**

**1995**

**March - CAT Scan arrives in North Bay.**

**April 1 - North Bay General Hospital to begin operations.**

Many of the staff who took early retirement expressed their memories of St. Joseph's. Following is a sampling of their remembrances:

“When I started my first job, I was making \$76.00 every two weeks, but they were good times. We did a lot of socializing, bowling and things like that.” He said he has witnessed many changes at the hospital over the years and thinks time were different when the Sisters were the administrators.

Mr. David Johnson, Materiel Management

“When I leave I am coming back to volunteer. There is a camaraderie here, a fellowship of people.”

Lottie Frenssen, R.N.A., Obstetrics

“The Sisters of St. Joseph’s taught us compassion and humility which seemed to be embedded in everyone.”

Barbara Belanger, Financial Assistant

“It’s too bad, though, that the Sisters gave the hospital up. I sort of miss the long gowns and the student nurses.”

Dorothy Henry, Dietary Aide

Several “Final Recognition” events were held to celebrate and give thanks to those who were a part of St. Joseph’s Hospital history. The very moving Service of Thanksgiving at the Motherhouse was an expression of who we were, are and hope to become. It was a privilege and pleasure to extend to the Sisters of St. Joseph sincere appreciation for creating and passing on their gifts to the community. The dreams for a single hospital had been realized.

At the final “Quarter Century” dinner in January, 1995, Miss Louise Johnson seemed to sum up our thoughts, feelings and hopes for the future.

(Excerpt from the North Bay Nugget, March 17, 1995)

**“Sometimes change does not come easy, and while there is a trace of sadness in her voice, the hospital’s executive director, Louise Johnson, tells a Quarter Century Club reception that the union of the two hospitals “is like a wedding, the voluntary coming together of equal partners”.**

**The words don’t come easy, and there are some tears in the audience as she says,” St. Joseph’s is referred to with reverence, staunch loyalty and pride, a hospital with spirit”. It is the confidence and reassurances that have been forged by past and present boards and staff that make April 1 a non-threatening event given the calm acceptance by the people of North Bay”.**

**She said it was time to close one book and open another. “There is a sense of loss,” she said, “but that has to be balanced with the feeling that we’re ending a long journey and beginning new one”.**

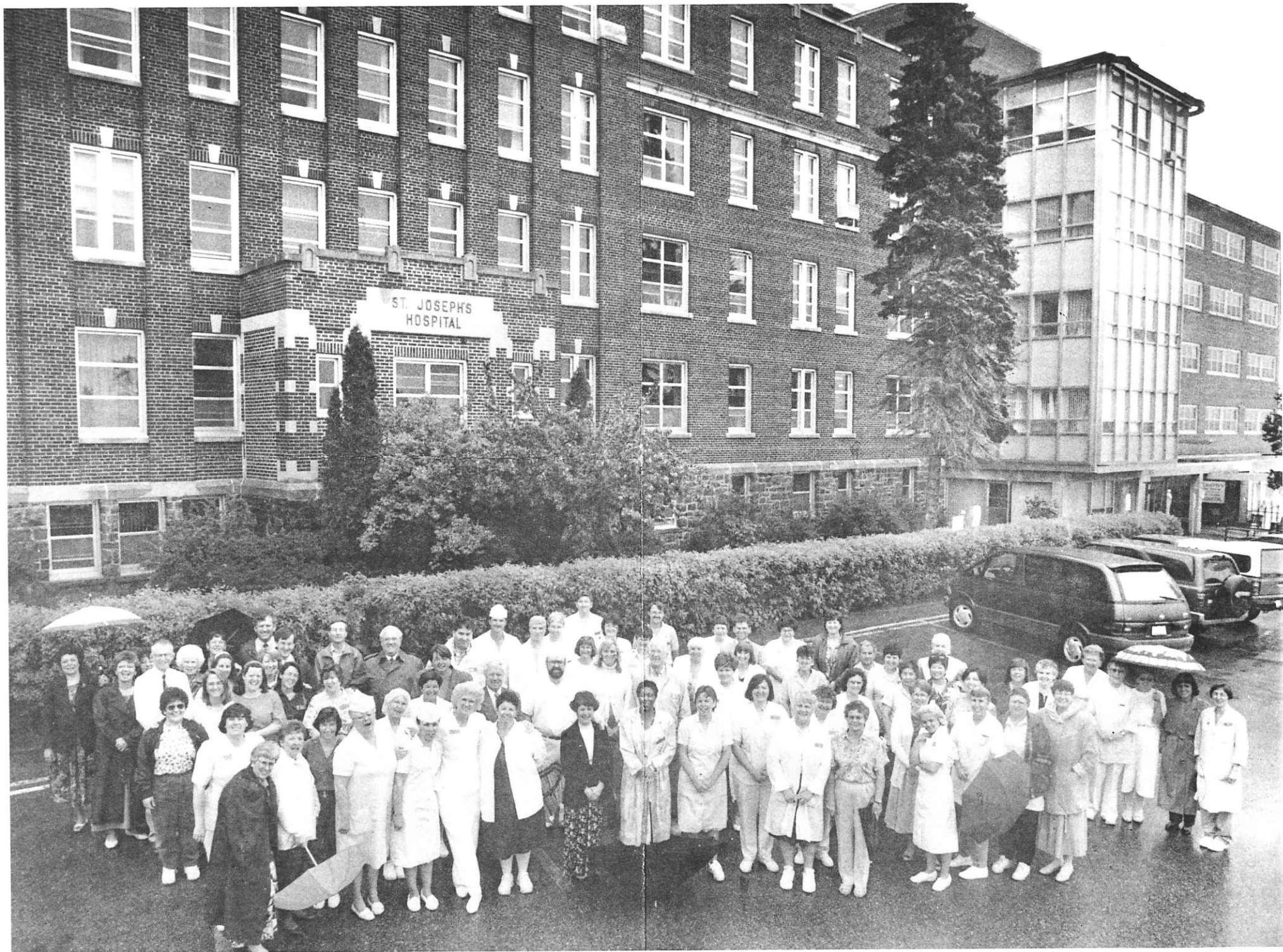
## SOURCES CONSULTED

- 1) St. Joseph's Hospital School of Nursing  
Yearbooks "Omnia in Caritate"
- 2) Scrapbooks of clippings from the North Bay Nugget
- 3) The archives of St. Joseph's Motherhouse.
- 4) St. Joseph's Hospital Records, Minutes of Official Board, Department Annual Reports 1979 - 1981; and St. Joseph's Hospital School of Nursing Records.
- 5) Interviews with former staff members.

Appreciation is extended to the following retirees and staff who assisted in the completion of this History of St. Joseph's Hospital, North Bay, Ontario, 1931 - 1995.:

Mr. D. Johnson, Mrs. E. Linkie, Mrs. T. Patterson, Mrs. M. Martin,  
Mrs. S. Parrish, Mrs. V. McLeod and Mrs. K. Burke.









**S**

URGICAL PRO-

CEDURES INPATIENT:

11/DAY; 2,741/YEAR

DAY SURGERY:

12/DAY; 3,047/YEAR



**D**

IAGNOSTIC IMAGING

X-RAY:

84/DAY; 20,899/YEAR

NUCLEAR MEDICINE:

23/DAY; 5,791/YEAR

ULTRASOUND:

26/DAY; 6,592/YEAR

SISTER ST. CAMILLUS, C.S.J.

# *St. Joseph's General Hospital of North Bay Inc.*

## Our Philosophy

The Services provided in this Catholic Health Care facility are based on the Judeo-Christian tradition of compassionate concern, care and healing.

We, the Board, Staff and Volunteers of St. Joseph's General Hospital of North Bay Inc., commit ourselves to our patients and their families, our Community, our Hospital and each other to actively pursue the following philosophy.

**HEALTH CARE** - We believe that health care is an essential mission of the Catholic Church and of Christianity as it is concerned with people on their way toward wholeness. We believe that in this environment of service to others we promote wellness, and illness prevention; disease treatment and rehabilitation; and care of the sick, injured and dying.

**UNIQUENESS OF LIFE** - We believe that God has created all persons with equal dignity. Therefore, through this ministry of health care we respect the spiritual worth and uniqueness of each individual, which is best cultivated in a caring and healing environment.

**REVERENCE FOR LIFE** - We believe that all creation should be held in reverence and that human life in all its moments is sacred.

**ALLEVIATION OF SUFFERING** - We believe that suffering is an integral part of human life. We strive to alleviate suffering where possible and to support the sick, the family and friends, with love compassion and care.

**SUPPORT TO DYING - THEIR FAMILY AND FRIENDS** - We believe that death is the transition to eternal life with God. We assist the dying to experience this moment in dignity and peace and we support the family and friends with compassion.



