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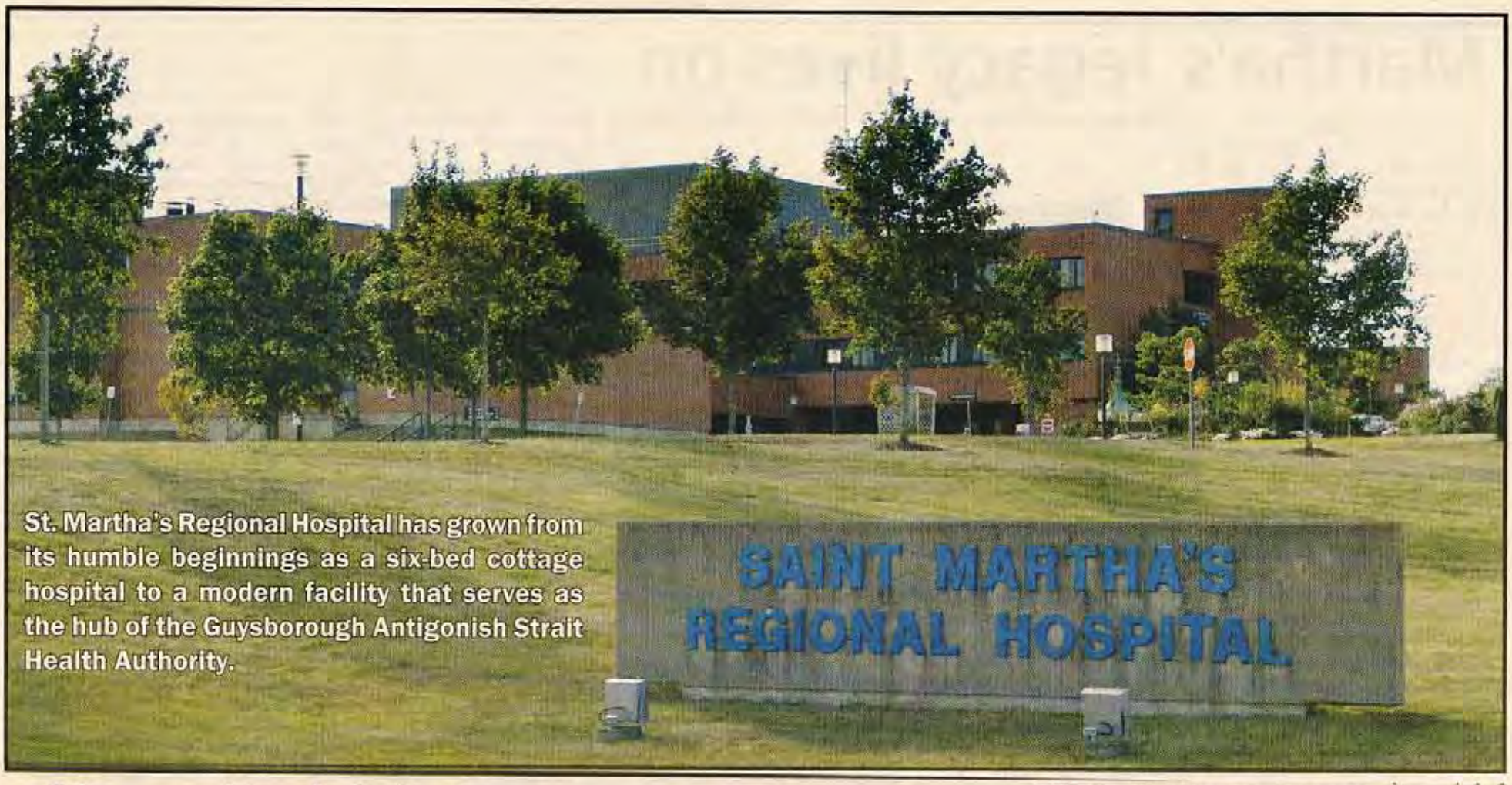

St. Martha's Regional Hospital has grown from its humble beginnings as a six-bed cottage hospital to a modern facility that serves as the hub of the Guysborough Antigonish Strait Health Authority.

Hospital history on parade

by Heather MacAdam

The 100th anniversary of St. Martha's Regional Hospital was celebrated in a big way during the Antigonish Highland Games grand street parade this July.

A float celebrating a century at St. Martha's was part of the annual event. The float was a hit among those in attendance, and won the title of best non-commercial float.

Joanne Smith, a member of the health records department at St. Martha's, said she, along with Wendell Schurman, co-ordinator of the St. Martha's Hospital Foundation, headed up a float committee at the hospital. Their goal was to have a float that highlighted the last century at the hospital. To come up with a concept for the float, they decided to hold a contest among hospital employees.

"Janice Chiasson won the contest," she said. "Her idea was to have one year to the next – from the old hospital, to the next old hospital, to the new hospital."

The float was divided into three parts, she said, sectioned off by pictures.

"We had pictures of the very first hospital (on the current site), the old St. Martha's Hospital and then this one," she said.

In each section, Smith said there were people dressed up to represent what doctors, nurses, sisters and patients would have looked like at that time.

"The Sisters of St. Martha's, from the archives up at Bethany, gave us nurses' uniforms and the habits that the sisters would have (at the first hospital)."

Other costumes that were used as part of the float were on loan from Festival Antigonish Summer Theatre, she added.

In the last section, which represented the current hospital, Smith said they were sure to include a female doctor.

"Back in the very first hospital in 1906, of course, there would never be a female doctor."

At the very end of the float, Smith said there were local children, who represent the future.

Alva Construction generously donated a flat bed and truck to use for the float, Smith added.

The committee really wanted to connect the people in the community with the float, so they decided to add to Chiasson's idea by including the different generations of people.

"St. Martha's Hospital wouldn't be here if it wasn't for the generosity of the people in all the areas that we cover, so we decided to go from 1906 right through to 2006 at ten-year intervals," she explained. "We did 1906-1910, we had people dressed up in the styles of that time. Then we did 1910-1920 and so on."

All the people who were a part of the float were workers of St. Martha's Hospital, Smith added.

There were many people who worked very hard on the project, Smith said, including local artist Andrew Murray and the maintenance staff at St. Martha's, particularly Gordie Gillis.

Currently she said they are planning on doing a calendar as a memento of the 100th anniversary and the float.

"We're hoping to have it ready by November, of course, because you need to have it out before Christmas."

Smith said it will feature pictures of each generation that was represented during the parade.

"Each month there will be a picture of people that represented a time period, and what we're hoping to do is have their picture off to the side with the logo for the 100th anniversary of St. Martha's and a little blurb (on the other side) about what happened in that period of time with the hospital."

There are 11 groups of people representing the different time periods, she said, which will cover January through to November. The month of December will feature a picture of the float and all the people who were involved.

"Hopefully it's going to work out," she said. "Any money that we raise from this will be given to the foundation."

The St. Martha's Regional Hospital float took top prize at the annual Highland Games parade last Saturday. Representing different eras throughout the hospital's time are Patsy MacIsaac (front left), Josee Morell, Wilma Mills, Phillip Cooper (back) and Carmel Benoit. (Erin Delorey photo)

Saint Martha's
REGIONAL HOSPITAL
"Serving as we would be served"

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From the editor:

One hundred years of history is hard to grasp in a 20-page supplement. With this special issue, the *Casket* has tried to provide a glimpse of that history and what makes St. Martha's Regional Hospital function. While there are many stories here, there are many other stories yet to be told. For those who have a memorable story to tell about their experiences at St. Martha's Regional Hospital call the editor at (902)863-4370.

Produced by: The Casket

Martha's legacy lives on

by Clare Lazzuri

The histories of St. Martha's Hospital and the Sisters of St. Martha are inseparable. Not only do the two share a namesake, but for almost a century the Sisters' lives revolved around the Antigonish hospital, the first of many they founded.

Growing out of the group of Sisters who ministered to housekeeping duties at St. F.X. in the 1890s, a few Sisters came from the Sisters of Charity in Halifax in 1906 to begin a hospital in Antigonish, in response to the demand of the community. At the time, the closest hospitals to Antigonish were in Glace Bay and New Glasgow. The Sisters were welcomed by local doctors, who offered their services free of charge, and six beds were operated by the young women in the "Cottage Hospital" on West Street. As demand increased, the Sisters took over the larger Harris House on Bay Street and moved their hospital there, which expanded over the years. Eventually a larger, more modern hospital was built in 1925, the predecessor to the current St. Martha's Hospital.

Though the Sisters have not worked as nurses or department heads at St. Martha's for several years, their memories of decades of work there are vivid.

Sister Simone Roach, CSM, practiced as a nurse in the hospital from 1947-59, including as supervisor of the Obstetrics Unit from 1947-52. From 1952-59, she was director of the St. Martha's School of Nursing.

Sisters of St. Martha (from left) Simone Roach and Anne Cecilia MacNeil stand on the grounds of Bethany with a clear view of St. Martha's Hospital in the background. Sr. Roach was supervisor of the Obstetrics Unit from 1947-52, and Sr. MacNeil was hospital Administrator from 1961-64 and 1967-74.

Sister Roach recalled recently that in 1947, every department in the hospital was led by a Sister of St. Martha, with only a few lay supervisors.

"Life in general in the health care system was much different in the 1940s, 50s and 60s," she said, noting that there were many other Catholic hospitals at the time throughout the province.

"We were no more disciplined than the public hospitals were," she said. "But our mission, though not spoken about, with 30-40 Sisters at the hospital was obvious."

She recalls the mission of the hospital and the Sisters as being one of "work, service and ministry." She says it wasn't until the presence of the Sisters began to decline in the 60s and 70s that the mission had to be formally defined.

Sister Roach, like all the other Sisters who worked at the hospital, lived there as well. They rose in the morning at 5 a.m. for morning prayer and meditation, attended Mass, followed by breakfast, and were in their respective units shortly after 7 a.m. The nursing Sisters worked 12-hour shifts, seven days a week, with breaks for meals and prayers. They had two weeks off every year, one in the winter and one in the summer.

"We never thought anything of the schedule, we just did it," she said. "That was the way we expressed our lives as Sisters of St. Martha."

Obviously, it took more than nurses to run the hospital, and other Sisters stepped in to fill many other shoes, from administration, to housekeeping to dietary needs.

Sister Anne Cecilia MacNeil, CSM, recalled her years as St. Martha's Hospital Administrator as "challenging, frustrating, interesting, and never dull." She remembered that during her years in administration, from 1961-64 and 1967-74, there was not much "sitting in the office." Sister MacNeil most often found herself attending to the day-to-day needs of staff, patients and operations.

"There was no such thing as pastoral care or palliative care at the time, so much of those needs fell through the cracks and into the administration's hands," she said.

Without the many competent employees, one of the most important being Billy Ashe in maintenance, the hospital would have come to a standstill, she recalled. "We can talk all we want about the medical staff, but if somebody like Billy hadn't kept the pipes running, there wouldn't have been much point."

Sister MacNeil noted that during the late 60s and early 70s, the hospital was transitioning from "generalist to specialist." She illustrated one of the highlights of those days was the opening of the hospital's first Intensive Care Unit, which, she said, was the envy of all other hospitals in the province. "So many people came just to look at it," she said. "Dr. MacDonnell was very instrumental in the planning process of the ICU."

Along with such events as the opening of the ICU, Sister MacNeil recalled that the daily activity made every day exciting.

"It was a wonderful place to be, so much activity," she said. "With all the training we did, with nurses, lab technicians, and x-ray technicians and being involved in so much, it was very exciting."

Like Sister Roach, Sister MacNeil said the hospital's mission was prominent, but unspoken.

"Our beliefs flowed into what we did," she said. "We mitigated our responsibility to our patients, and so did everyone else who worked there, regardless of their religion."

Though a Catholic institution, religion was never a factor when it came to hiring staff or admitting patients. "We were there to give patients the best care possible," she said.

The changes made over the years, especially the decline in the number of Sisters at the hospital, was never a source of grief, recalled Sister MacNeil.

"It was a gradual process," she said. "It was never a concern for me because we were there when we were needed, and it became our mission to empower people to take over what we began. They were all wonderful people."

She does recall some sadness when the Martha's School of Nursing closed in the 1990s. "I was sad for the students," she remembered. "Like all changes, there were pluses and minuses to the closure."

Sister MacNeil remained confident that the original mission of the hospital is still being carried out, protected by a mission assurance agreement made between the Marthas, the hospital administration and the Nova Scotia government in 1996.

"The mission is still being fulfilled," she said. "It's the only Catholic hospital in the province, the only one of its kind."

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Taking care of the soul

by Brendan Dunbar

St. Martha's maintenance department might take care of the hospital body, but the Spiritual and Religious Care office tends to its soul.

Sister Josephine Keyzer manages the office. She is assisted by Sister Catherine MacGillivray, a native of Antigonish.

Sr. Josephine is quick to agree there is no such thing as an average day.

The day usually starts at 8 a.m., when Sr. Josephine tackles the paperwork dealing with patient admissions and discharges.

Sr. Catherine and she then set out to visit patients. The number of people they see varies. "It depends on what the needs are, what's going on that day," Sr. Josephine says.

"An emergency can take up the whole day or 10 minutes."

Spiritual care advisors are members of multidisciplinary and multiservice committees that oversee the care of long-term patients, or those with complex medical problems.

"Anything to do with patient care, we're involved," she says.

The team celebrates Mass twice a week and also holds a weekly interdenominational prayer service.

Twice a year the team holds a Time of Remembrance to commemorate those who have died at St. Martha's.

Sisters Josephine Keyzer and Catherine MacGillivray are the last two "Marthas" working at St.Martha's Regional Hospital.

Spiritual and Religious Care maintains the clergy room, orients new clergy to the hospital, and provides them with IDs.

In addition to the mainstream Christian denominations, the Christian Evangelical, Greek Orthodox, Pentecostal, Dutch Reformed and Presbyterian churches all have representatives available, as do Buddhists and Hindus.

Srs. Josephine and Catherine try to visit all inpatients at St. Martha's and say that most patients do request visits from Spiritual and Religious Care.

"Especially the Roman Catholics," Sr. Josephine says. "They appreciate the Sacrament and almost expect it."

She estimates that about 98 per cent of inpatients are Roman Catholic.

"Although we're Roman Catholic, we're here for everyone," says Sr. Josephine.

"We meet people where they are, whether they have a particular denomination or not," Sr. Catherine adds.

The attitude of caring and support extends beyond the patients to their families and even to hospital staff.

"Anyone who comes into this building can receive ministry," says Sr. Josephine.

When asked if a time will come when spiritual care will not be needed at St. Martha's, Sr. Catherine vehemently responds, "Never. As long as there's human beings, it'll be needed."

Sr. Josephine foresees a shift toward more laity involvement.

"We're the last two sisters on the block (at St. Martha's)," she says. "We used to have four. We're on call 24-7."

Volunteers from the parish have already assumed some of the burden, coming in three days a week to distribute the Eucharist.

Despite the potentially gruelling schedule, Sr. Catherine says, "I enjoy working in this institution very much. It fits with what I believe myself.

"It's a healthy, positive work environment."

Sr. Josephine, who was a teacher before arriving at St. Martha's, says the impact ministry has on patients still takes her by surprise.

"Small things seem really important," she says.

The atmosphere at St. Martha's lends itself to a strong ministry. Antigonish is a smaller community where people are all interrelated, says Sr. Josphine.

"I know the family connections."

The Spiritual and Religious Care team gets to know everyone — patients, their families and staff members alike — on a more personal level, says Sr. Catherine.

"I feel and I know that I'm part of something special."

Sister Mary MacLeod (centre) assists a young mother with her newborn baby. (Sisters of St. Martha Archives)

Bishop Raymond Lahey

Congratulations

On the occasion of its 100th anniversary, I would like to extend congratulations and good wishes on behalf of the parishioners of the Diocese of Antigonish to the Community of St. Martha's Regional Hospital. St. Martha's has well served the people of our Diocese on the mainland and in many parts of Cape Breton for the past century. I know that as we celebrate this wondeful event with them, we would like to express our gratitude to the administration, physicians, nursing staff, technicians, secretarial and support staff, and to the wonderful community of volunteers, both past and present.

The thanks of us all go also to the Sister's of St. Martha, whose inspiration, dedication and guidance at St. Martha's have contributed to the health and well-being of the people of Eastern Nova Scotia.

May the next hundred years be marked by that same care, compassion, and healing that so many people have experienced at St. Martha's in the past.

+Raymond Lahey

Raymond Lahey
Bishop of Antigonish

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St. Martha's renovation, expansion projects ongoing

by Heather MacAdam

Three renovation and expansion projects at St. Martha's Regional Hospital are currently underway, and the public will see addition of services, as well as more space, at the regional facility.

Gerry Gillis, district engineer for the Guysborough Antigonish Strait Health Authority, said three different projects are either underway or are out to tender at this time.

Last August, an announcement was made that the hospital would receive a $9.3 million renovation over the next four years, to be cost-shared between the government and the community.

"When the announcement was first made last year, it was for a major redevelopment of the hospital, and that included up to 17 departments that were being looked at to either renovate or expand," Gillis said.

Other projects taking place include the addition of an MRI unit to the radiology department, as well as a renal dialysis unit on the fourth floor.

The renal dialysis project is currently underway, Gillis said, and that contract was awarded to PCL Constructors Ltd.

"We've actually finished the demolition of the fourth floor west wing," he said, adding the area had to be gutted. That work was done by Tate Construction to get it ready for reconstruction by PCL.

"It's going to take up an entire wing of the fourth floor – a little over 5,000 square feet, for just the renal dialysis unit."

Anne Jamieson (left), Patricia Purcell, Josie England and Dr. John MacDonell get a closer look at the plans for the new St. Martha's Regional Hospital. Construction of the addition was completed in 1989. (Casket archives)

Kevin MacDonald, CEO for the Guysborough Antigonish Strait Health Authority, said the dialysis project is something the community lobbied for very hard.

"We're very pleased that it's coming," he said. "It will, perhaps, be the most modern dialysis unit in Nova Scotia."

The unit will feature 11 dialysis patient stations, Gillis added.

That wing used to be a patient care wing, Gillis said, but was de-commissioned about 12 years ago. Since then, it's been used for storage and offices.

Currently, patients requiring renal dialysis cannot get the service at St. Martha's, MacDonald said.

"If you are a recipient of dialysis and are currently travelling to Halifax three days a week for treatment, and coming home the same evening, you're going to have the wonderful opportunity to have it closer to your home. It's a wonderful benefit to the recipient and to the family."

Dialysis is something patients have to have several times a week, and each treatment can last three to five hours, he said.

"That means that patient has to travel to the Halifax area for three hours, travel back, and do that three or four times a week. So this is a real plus for those people."

Gillis said the contractor is currently beginning to install mechanical systems in the dialysis unit.

The construction contract is for this project is $1.4 million, Gillis said.

"Then there is equipment and everything on top of that, so the entire project cost for just the dialysis alone, we're looking at somewhere around $2 million," he said.

"We're looking at late November, early December, to have the (renal dialysis) construction completed."

The dialysis unit is completely funded by the Department of Health, he said, so it is different than the other two projects, which are cost-shared. The province will pay 75 percent of the cost of the MRI and redevelopment projects, while the community will pay 25 percent.

The MRI and major redevelopment projects have been combined under one umbrella construction-management project, Gillis said.

"We've awarded that contract to PCL Constructors Ltd. Just by coincidence, they have both contracts."

Currently, PCL is in the process of going to tender for all of the subcontract work.

"That would be your mechanical, electrical, painting, flooring. That's gone out to tender and that closes on Sept. 13," Gillis said.

"We will begin renovations in

continued on page 4

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The partially demolished last section of the old St. Martha's Hospital shown in September 1989. (Casket archives)

our radiology department where (the MRI) is going. It's going in the existing space that we're going to renovate."

Originally, Gillis said the plan was to add on to the building to make room for the MRI, but by moving around some departments, there is room for the unit in the current X-ray department.

Many local residents are currently on some very lengthy waiting lists to receive MRI service in Halifax, MacDonald said.

"The addition of the new services will greatly decrease those waiting lists that are currently a problem in the province," he said. "Also...it will be less travel again."

Currently, MacDonald said staff are being recruited to operate the MRI.

"We have one MRI technician signed on," he said. "Our radiologists are all trained to do MRI, so that will not be a problem for us."

Renovation work for the MRI should begin toward the end of September, Gillis said, adding he couldn't speak to the cost of the actual MRI, but said it is a substantial amount.

"We've been budgeted $800,000 for construction - $600,000 for the government, $200,000 locally."

Preliminary work for the major redevelopment project has been done through Tate's Construction, Gillis said.

Three floors of one wing in the Martha Centre have also been vacated, he said, and renovations there should start within the next two weeks.

"Some local community groups (that had been housed in there) have found locations off site," he said. "Antigonish and Area Homemakers and the Naomi Society are now located at the Antigonish Mall. We really needed that space to accomplish what we need to do with our program, so they were able to find space for themselves at the mall."

The renovation project will take place in three stages over three years, he said.

"In the first phase, we'll be renovating for Addiction Services, human resources, finance, hearing and speech, child and adolescent mental health; we're expanding our emergency department, the education department – that covers the bulk of them."

Those departments have to be relocated to the Martha Centre to make room for expanding the patient care departments in the hospital, Gillis explained.

"We're having offices like human resource and finance and moving them in to the Martha Centre. Basically that's becoming more of an office building, and that frees up space in the hospital to expand our ambulatory care department and that type of thing."

MacDonald said an architectural firm has been hired, and has been having dialogue and consultation with the hospital's staff members.

"Past history of construction and renovations in the hospital (have shown) the more input staff have upfront, the more welcome the addition of new space will be, because it will be much more functional with their input and design."

Once the first phase is completed in April of 2007, renovations will begin on the emergency department, the day surgery department will be renovated and expanded, administration will be moved to the Martha Centre, and the ambulatory care department will be relocated and expanded.

Phase three will see the registration and reception area renovated.

Gillis said the biggest change in the building compared to a year ago when renovations were originally announced would be the dialysis unit.

"Other than that, things will start happening more so over the next month or so – things will get rolling."

In addition to these current changes and renovations, MacDonald said there are two other areas that will soon need to be looked into at St. Martha's.

"I think there are a couple of areas that will be very pressing for us," he said. "Currently we have too many people waiting in hospital for nursing homes. In our district today, we have close to 25 people, which is about 30 percent of our available bed capacity. It's a huge problem for us, so we anticipate something will have to happen with that in the next few months."

Consideration will also be given to palliative care, he said.

"Perhaps, make a more formal service delivery in palliative care, particularly giving people the opportunity to receive palliative care in a more organized fashion within our facility."

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O'Brien, Dunphy enjoy years spent at St. Martha's

by Heather MacAdam

Medicine is an ever-changing field. Doctors at St. Martha's Regional Hospital have seen their share of changes over the years, and have changed right along with them.

With the 100th anniversary of St. Martha's being celebrated this year, it has been a time for many at the facility to look back on the years they have spent working there.

Dr. Mike O'Brien, who works in internal medicine, began work at St. Martha's in January of 1975.

"It's not quite, but almost a third of the 100 years," he said with a laugh. "It's sort of a weird feeling."

O'Brien said he has seen many changes in the health care system during his time as a doctor, highlighting a shift towards shorter hospital stays as one of the biggest changes.

"When I trained, we used to keep heart attacks in the hospital for four weeks. Now, we send them home in a week with an exercise test done," he explained. "When I came here, people that had gallbladder surgery were in for 11 days. I think in the early '90s, we had a short unit that shortened the stay from Monday to Friday, now they're done as day surgery."

Moving from the old St. Martha's into the new hospital was also a huge leg up, O'Brien said.

"The old hospital had some wings with 34 patient (rooms) and only two bathrooms," he said. "And there's been an expansion of services. For instance, when I came here we had general radiology and obstetrical ultrasound. Now there is general ultrasound, CT scanning, nuclear medicine, general radiology, plus an MRI coming online. So we now have three full-time radiologists looking after all that."

On top of all the changes he's already seen, O'Brien said he's always waiting for more.

"That's the nature of the health care system. There's going to be a lot of changes going on."

During his time at the hospital, O'Brien said his favourite thing about working there has always been the atmosphere.

"The feeling that everyone works together as a team, and in fact, everybody's job is essential," he said. "There's nobody, really, any more important that anybody else. We have medical staff and nursing, but we have a huge number of support services besides that. The lab, rehabilitation, X-ray, and then all the administration that make it all happen."

St. Martha's is generally a very happy place to work, he said, and adds that's reflected in what patients feel when they come into the facility.

"That people care about them and are looking after their well-being. That's what it's about. I think the reward, really, is you've had an encounter with a person that had a problem, and you've done something to explain to them what it is or to sort out what it is, and make it better, and that's the best reward."

One of the strengths that has been visible over the last 100 years at the hospital, O'Brien said, is the Sisters of St. Martha's.

"When we looked at the history over the 100 years, the challenges they faced, they risks they took when they had virtually no resources back in the first several decades were totally amazing."

The fantastic community support has also been essential to the hospital, he said, citing the successful Building for Health campaign in the 1980s.

"Those are huge things. People, I think, have realized that this centre, in our area, has been a really important institution."

Dr. Mike O'Brien has been serving patients at St. Martha's since 1975.

Dr. Emerson Dunphy worked as a general surgeon at St. Martha's for 34 years - from 1956 until his retirement in 1990. He, too, saw many changes during his years at the hospital.

"It used to so much fun practicing medicine in the old hospital," he said.

Back then, it was a much smaller, more intimate atmosphere, Dunphy said, adding there was an administrator, accountant and a maintenance man who practically ran the hospital.

"It was tight-knit and enjoyable."

When he arrived at St. Martha's, there were about six or eight doctors at the hospital, Dunphy said, and now there are about 45.

Although he says the new facility is nice, it was a bit of an adjustment for him moving from the old hospital.

"Even now if I go to the hospital I often times get lost," he said with a laugh. "This one is easier to get around once you get to know it."

Teamwork was always an essential of healthcare, the retired surgeon said.

"I remember we used to have a coffee room for all the doctors on the fourth floor, next to the X-ray department. Unlimited consultations took place up there. Someone would have a case and we'd put the X-ray up and get consultants around to discuss the case, so that was always a great thing. We all pitched in."

One thing that stuck out to Dunphy from his time at the hospital is the compassion and dedication of the Sisters of St. Martha's.

"It was always great working with them," he said. "Their compassion and dedication (was amazing)."

Car accidents, he added, were a big problem back in those days.

"Road were atrocious in those days. The roads were not good," he said. "We worked, sometimes, all night. If an accident came in, you had to do it during the night because the next day, you had a full slate of surgery."

Dunphy also said individual departments were not as separated then as they are now.

"There was a lot of comradery among the staff. It was great working there. I enjoyed it. I missed it when I left."

However, he said the job was very stressful at times, adding they had to work a lot of nights, on top of their regular hours.

"It seemed to be we were always working Christmas Eve."

Dunphy said he used to videotape his children coming downstairs Christmas morning to their stockings, and it seemed he was always rushing home from the hospital to set the camera up before they came down.

"But it was enjoyable despite the stresses and strains,"

CONGRATULATIONS
St. Martha's Regional Hospital

Thank you to staff, volunteers and the Sisters of St. Martha for your service and care over the years. Best wishes on the occasion of your 100th Anniversary!

6156 9-20

New MRI up and running for spring 2007

by Brendan Dunbar

Spring may bring more than robins to St. Martha's Regional Hospital.

Wayne Gosbee, co-ordinator of the hospital foundation, says that a new MRI should be installed sometime in the spring of 2007.

"We're already working on the area to install the machine," Gosbee says.

The purchase will mark the end of one year of fundraising to buy the unit, which costs about $5 million.

Under existing Department of Health regulations the Foundation must contribute 25 percent of the machine's cost, while the province pays the rest.

A Magnetic Resonance Imaging machine (MRI) produces tomographic — "thin slice" — pictures of the human body. The thinner the MRI can slice, the clearer the image.

Unlike CT scanners, which use x-rays, MRI machines use radio waves, making them better suited to look for soft tissue anomalies.

Having an MRI unit at St. Martha's will save patients from unnecessary travel. Those needing an MRI scan must go to Halifax or Sydney.

Distance is not the only issue. "Currently there is a 10 to 12-month waiting list" for an MRI appointment, says Dr. Paul Cameron, a local dentist and president of the Hospital Foundation.

Location determines if and when a patient will receive an MRI appointment.

"Rural patients are five times less likely to undergo an MRI than those living in the Halifax Regional Municipality," Cameron says, referring to a 2001 Department of Health study.

Cameron has heard of local cases in which an MRI scan could make a difference between complete recovery and slow decline.

"Just think of what a family would go through," he says, if a loved one suffers because of lack of access to an MRI.

The fundraising campaign and subsequent purchase of the MRI is but one of many by the Hospital Foundation since it was established in 1990.

"Back then they knew that the government wasn't going to be funding each piece of equipment," says Gosbee.

"We needed to get funds somehow because the government was cutting back."

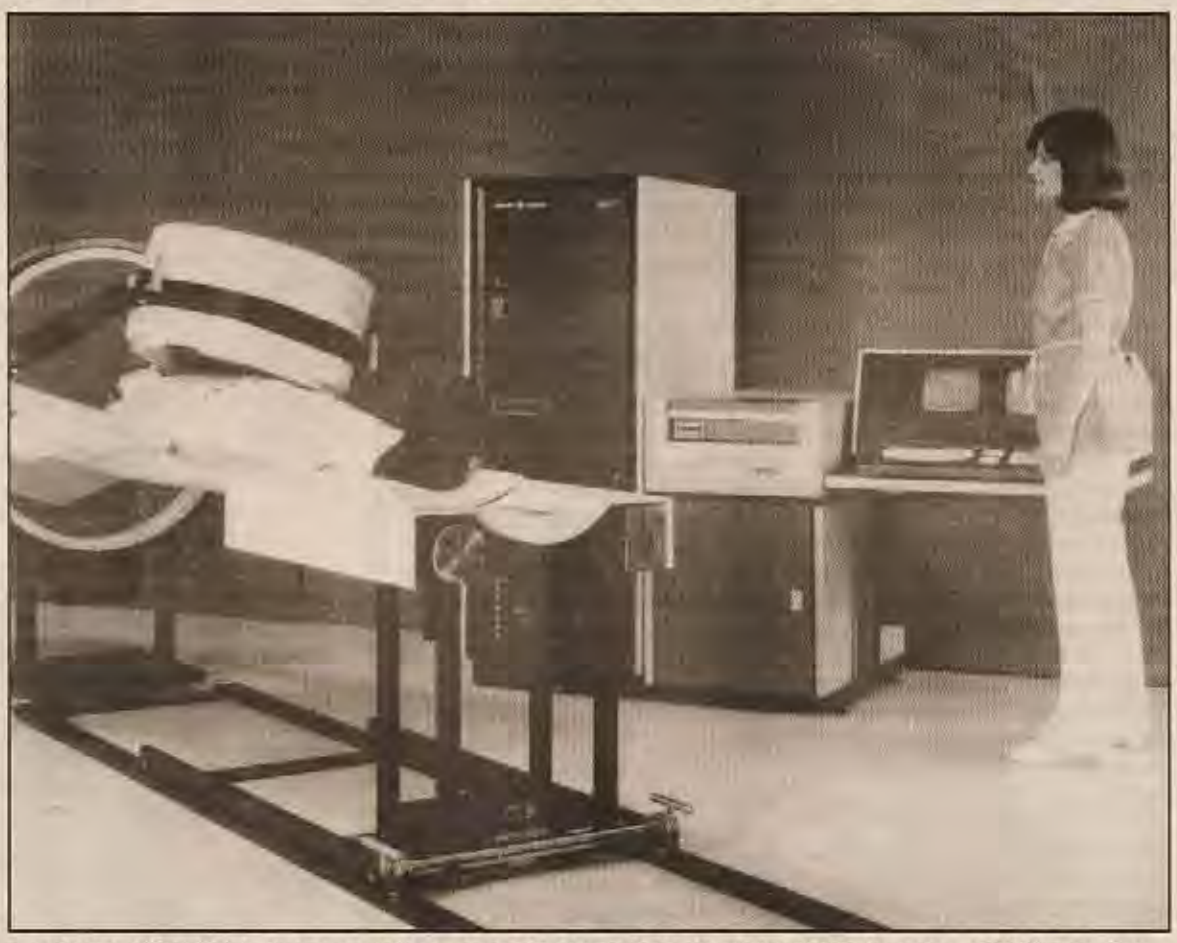
Since 1992 the Foundation has helped provide items like laparoscopic surgery equipment, blood gas analyzers and CT scanners for St. Martha's.

Unlike the Auxiliary, the Foundation does not hold regular events to raise funds.

"We went to the municipalities and businesses in GASHA" to secure donations says Gosbee, who worked in medical sales in Houston, Tx. before returning to Antigonish.

The purchase of the MRI unit will not mark the end of the Foundation's efforts.

"Every year we get a Capital Equipment list from the hospital itself," says Gosbee. "It has 26 items ranging from beds to wheelchairs that the hospital needs."



A patient receives care in the new radiology wing at St. Martha's Regional Hospital in November of 1984. The new MRI, scheduled to be installed next year, will become the newest piece of technology to help radiologists diagnose illness.

Saint Martha's
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Minister of Transportation and Public Works
Minister of Gaelic Initiatives

We thank you for your service and for your care over the years.
A special thank you to the Sisters of St. Martha for all you have done for the community.

4305 9-20

Regional Hospital provides quality health care for all

Editor's note: The following article first appeared in the Casket's *1989 Centennial Special edition.*

Antigonish is a town that feels good about itself. It's a community whose collective energies to the essential projects that need to be done, accepting its responsibilities with cheer and good grace.

The people of Antigonish, who treasure their environment, built a modern sewage disposal plant and cleaned up their picturesque harbour a number of years ago. The much bigger and wealthier Metro Halifax area has still failed to address the same problem.

It was with the same characteristic spirit of gumption and despatch that Antigonish responded when the needs of this four-county area called for construction of a new St. Martha's Regional Hospital. It is safe to say that nothing in the town's history ever inspired so much exuberance and enthusiasm as the fundraising campaign to meet the community's share of the $30 million cost of the new hospital.

Since the hospital has for long been so integral a part of the Antigonish scene, and the Sisters of St. Martha such vital and respected members of the Antigonish family, it was only to be expected that the initial organizational steps and the early impetus to the campaign were largely centred on local resources.

Virtually every segment of the Antigonish social structure joined hands to promote the project. Faculty, staff and students at St. Francis Xavier University were represented, along with the Arras Branch #59 of the Royal Canadian Legion and the local service clubs. Main Street merchants and business operations of all kinds lost no time in pledging support. The local Legion not only contributed $100,000, five of its veteran members were foremost in the job of fund solicitation throughout the four-county area.

The enthusiasm in which Antigonish had welcomed the campaign radiated quickly into the surrounding area. The parishes of Pomquet, Heatherton, St. Andrews, Tracadie and Havre Boucher responded with astounding generosity, as did the communities around Cape George and Arisaig. The Strait of Canso area was another source of heart-warming stories of support and co-operation. In Port Hawkesbury, men of the Knights of Columbus joined forces with local Masons in house-to-house solicitations, while management of Stora Forest Industries vied with its union workers in the magnitude of its gift.

And everywhere the inspiring record of the Sisters of St. Martha, spanning generations of competent and selfless dedication in the hospital's administration, was a prime factor in generating the kind of support that saw the campaign exceed its objective of $6 million by a handsome $2 million.

There were moving stories of old age pensioners whose pledges were accompanied by little notes recalling how in the long ago, hungry days of the 'Great Depression', they had received treatment and care at St. Martha's and had never been billed.

For almost everyone involved in the St. Martha's campaign, it was a source of pride, satisfaction and enjoyment. It was yet another of those occasions enabling people of Antigonish, along with their neighbours in surrounding communities, to feel good about themselves.

There was humour in the campaign, too.

One of the fund solicitors will never forget the primly sedate and elderly lady who was happy to contribute generously to the campaign, because, as she put it, "You can always trust those Sisters of St. Martha...I know they won't waste it at the tavern!"

Sister Mary of the Trinity assists a patient in the iron lung. Throughout the years, the Sister of St. Martha's played an integral role in the hosptial.

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6155 9-20

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as you celebrate your
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Best wishes to the staff, physicians and volunteers who share in this remarkable milestone.

Hon. Peter MacKay, M.P.
Central Nova

4188 9-20

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7148 9-20

Maintenance department keeps things running smoothly

by Catherine MacPherson

St. Martha's Regional Hospital is a constant flurry of activity, and a big part of what keeps this well-oiled machine running smoothly is the maintenance department and its manager, Kevin Knox.

From the spotlessly clean boiler room to greasing bearings on wheelchairs to unplugging backed up toilets, Knox and his crew of workers, including a plumber, a carpenter and an electrician, are kept busy each day ensuring that the equipment used in the 195,000 square foot facility is safe and working properly for the staff and patients.

"A lot of people don't realize the intricacies of the facility in regards to what's actually in it. There's a lot of gear in this facility," commented Knox. "When you look at the facility as a whole, and what it takes to keep this place operational, like the air delivery systems, it can be quite vast."

Keeping the hospital cool in the summer months is vital to the staff's and patients' comfort levels.

"Air conditioning is a big thing in the summertime. If we lose AC in a facility like this or in the ORs, people won't work," said Duke.

The maintenance crew ensures that systems in the hospital, such as air handling, security, fire alarm, and electrical are functioning properly.

The hospital has its own generator sets that will kick in to supply electricity to critical areas in the facility in the event of interrupted power service from NS Power.

"The building is computer-automated right now, and we brought the Martha Centre on last year, so we have 100 percent ability to monitor all of our systems, so you can see everything that is happening within the building," said Knox, who has been at St. Martha's, in various capacities, for 18 years.

Knox and his crew also ensure that the equipment in the dietary and laundry departments are running glitch-free.

"We've got a lot of equipment in the dietary department that breaks. They will call maintenance first, so we can determine whether or not we can repair it or if it has to be outsourced," Knox said.

The maintenance department follows Occupational Health and Safety guidelines, ensuring issues ranging from broken locks to medical gases are dealt with in a safe manner

Aside from the mechanics of maintaining a building, the maintenance department is also responsible for seasonal services, such as lawn care and snow removal.

"We have a machine here that we use to do our sidewalks; we do a lot of salting of the walkways and doorways. And when things come up, we take care of it, with the exception of (plowing) our road ways and parking lots, those are outsourced," Knox informed.

Usually one seasonal employee is hired in the summer months for grounds keeping, and there are a couple of casual workers that are used from time to time.

Gordie Gillis, a carpenter with the maintenance department, prepares some signage for an upcoming GASHA event. (Catherine MacPherson photo)

Other work that is keeping the maintenance crew busy is the expansion of certain departments. Currently at St. Martha's, a great deal of renovation is taking place, with a new renal dialysis unit under construction on the 4th floor, and the construction of a new MRI unit is slated to start up in the new year. The maintenance department is not doing the actual construction, Knox noted, but it is involved in isolating the areas for renovation and getting them ready for the outsourced construction crews to move in and begin their work.

"We are doing a complete redevelopment where we are changing the emergency department around and expanding that, expanding the day surgery. We are changing a lot of our clinics from downstairs to the 4th floor, just making the building a lot more operational, where we will try to centralize services and areas to make the services more available to the public," Knox said.

With such a wide range of services the maintenance department provides to the hospital, Knox said that he and his staff are constantly taking care of different situations as they arise. As an example, Knox was busy engraving some items when he took time to speak to the *Casket*.

"There is never a typical day," he said with a laugh. "It changes from day to day."

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Congratulations

to the staff and volunteers of St. Martha's Hospital on the occasion of your 100th Anniversary. I wish you further success in the future.

4641 9-20

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Councillor Diane Roberts (seated, left), Mayor Kay Chisholm, Councillor Liz Chisholm; Councillor Donnie MacInnis (standing, left), Councillor Jack MacPherson, Deputy Mayor Ronald B. Chisholm, and Councillor Sean Cameron.

6897 9-20

Hospital auxiliary continues tradition of support

by Brendan Dunbar

As long as there has been a St. Martha's Hospital, so too has there been a hospital auxiliary.

Judy MacKenzie doesn't see that ending anytime soon, despite the changes the Auxiliary has seen.

"If you look at what they did back then and what we do now, not much has changed," says the past president of St. Martha's Hospital Auxiliary.

Not long after the Sisters of St. Martha established their six-bed hospital on St. Ninian Street, local women formed St. Martha's Hospital Aid to provide linens. Soon their donations extended to jams, jelly and vegetables.

The Aid's first fundraiser took place in 1910, when it sold tickets on a money tree that had one-dollar bills clipped to its leaves.

Over the years the organization turned to other activities to raise money.

In 1972 the Auxiliary took over a corner of the old hospital's lobby. They had one display case, out of which they sold handmade items and Cheticamp hooked rugs.

Now The Gift Corner occupies its own shop, acting as what MacKenzie calls "a stabilizing factor" for the Auxiliary's balance sheets.

"Within my time, which has been the past 20 years, we have also had flea markets, bake sales, a blitz and a bridge play," MacKenzie says.

Displaying some commemorative pewter items celebrating St. Martha's Regional Hospital's 100th anniversary are Gift Corner volunteers Pat MacKenzie and Marius Langley. (Catherine MacPherson photo)

These days the Auxiliary's three main sources of revenue are Mayfest, the Jingle Bell Frolic and The Gift Corner.

MacKenzie says bigger annual events like Mayfest have replaced smaller, more frequent events like bake sales.

"Part of the reason, of course, is manpower issues. We do not have the volume of volunteers to look after those events. The changing times in the world — there are not as many people playing bridge."

Mayfest has been held every year since, except one.

"It's a wonderful legacy to leave to this community," MacKenzie says of the fair, which features a cakewalk, games, and a teddy bear hospital, among other events.

"The funds it has generated has more than compensated for the littler projects that were held," she concludes.

The revenue from Auxiliary activities goes directly to the hospital for equipment purchases. MacKenzie says the Auxiliary gave $100,000 toward the CT scanner and $150,000 to help build the new hospital.

"We tend to fund equipment needs, but have, to some degree, supported patient comfort measures," she says.

In this respect the Auxiliary's function has stayed the same. MacKenzie points to an editorial from a 1963 issue of The Casket.

Cathy MacDonald (left), Judy MacKenzie and Rita Ross in the St. Martha's Regional Hospital gift shop. (Brendan Dunbar photo)

"When the Hospital Commission came into effect in Nova Scotia it was wrongfully assumed that all the expenses of the hospitals would be borne by this body, but this is not so," the piece begins.

"In the years, since the Regional Commission took over, St. Martha's Auxiliary has continued to purchase needed equipment."

The needed equipment included furniture for lounges, reception rooms and sitting rooms, an Isolett incubator and cribs for the nursery.

What has changed, MacKenzie says, is the number of Auxiliary members.

"We have roughly 20 members, many of them long-standing."

Volunteers fill in the vacancies, working shifts in The Gift Corner and at the Mayfest tables.

MacKenzie says that dwindling memberships is a national trend.

"We're members of the Nova Scotia Association of Hospital Auxiliaries and the Canadian Association of Hospital Auxiliaries, and we have been hearing this nationwide.

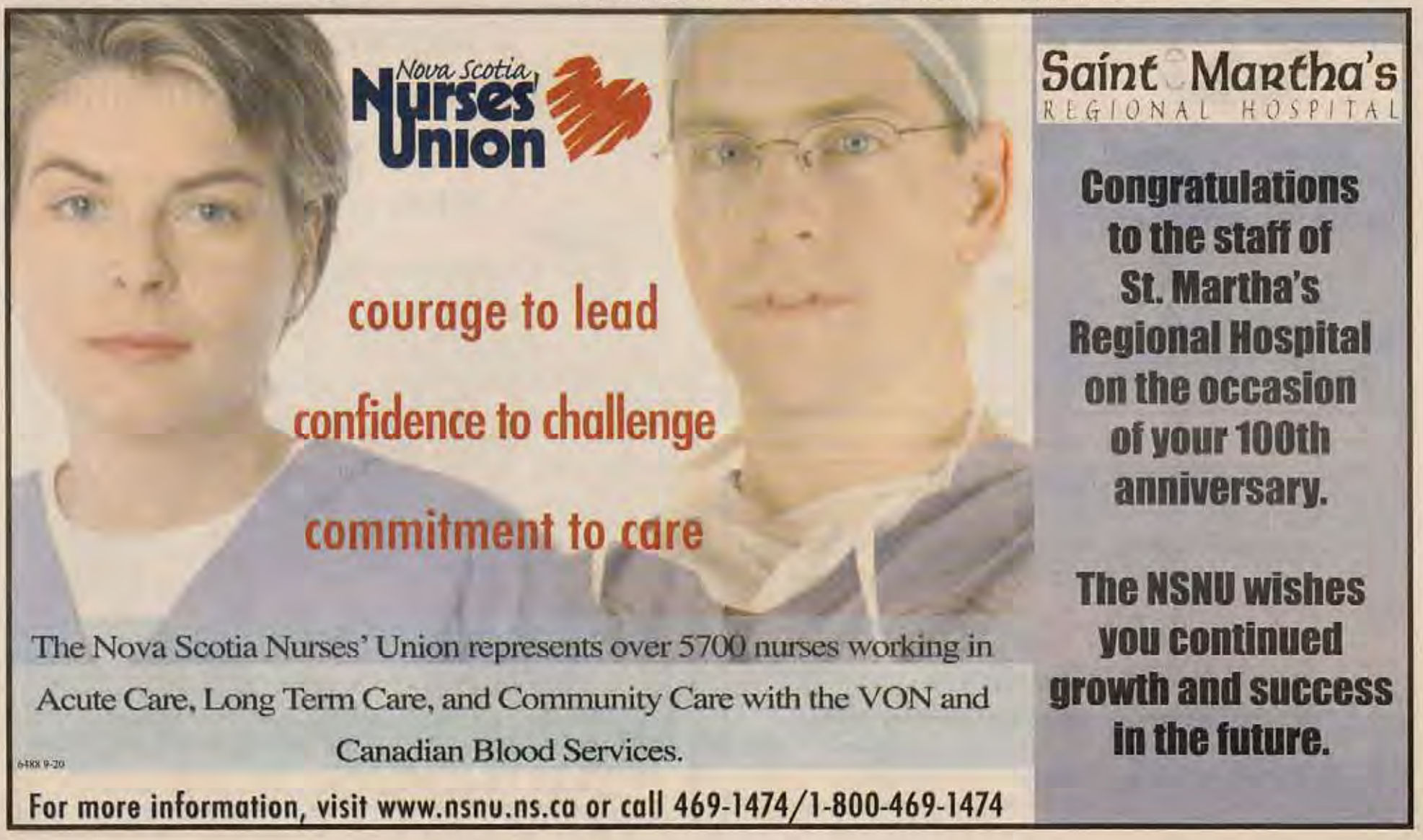
"Peoples' free time is so much in demand, it's a challenge (to attract new members)."

Rita Ross, 81, has been a member of the Auxiliary for more than 40 years. "It's so far back, I can't remember exactly when I joined," she says with a laugh.

Ross started attending meetings not long after she moved to Antigonish with her husband, Sandy. When The Gift Corner started, she began working shifts.

Ross has no plans to retire from Auxiliary activities. "When you do something you like, it's not work.

"The only retiring is when I'm out."



Place of Peace source of comfort for all

Garden blossoms on St. Martha's grounds

A beautiful gazebo, located across from the grotto, is part of the garden.

by Brendan Dunbar

While other people saw an empty piece of land, Janice Chaisson envisioned a garden.

The St. Martha's Regional Hospital employee, an avid gardener, has translated her vision into reality.

Chaisson has transformed the grassy area between the parking lot and the driveway into a profusion of flowers and bushes.

"It's a labour of love," she says. Chaisson works in the garden in her spare time.

Once completed, Chaisson started casting about for a name. "Everything didn't sound right," she says ruefully.

She ended up calling the Celtic Studies department at St. Francis Xavier and asking them to provide a Gaelic name.

"They called it Aros na Sith, w- ich means 'place of peace' in English."

The name has been carved into a stone at the centre of the garden. The five languages on the stone — English, French, Gaelic, Dutch and Mi'kmaq — reflect the main cultural influences in the area.

Two of the more striking features in the garden are the cupola and the gazebo.

Strollers encounter the cupola as they pass under the trellis to enter the garden.

Chaisson found the cupola behind a barn at Bethany while out for a walk. The wooden frame had rotted away, leaving just the copper dome and stylized cross.

"I didn't know what it was, so I took it to the hospital carpenter to see if he knew."

The carpenter, Jerry Gillis, certainly did. He told Chaisson that the dome and cross came from the cupola of the old St. Martha's Hospital Annex.

The Annex was built in 1932 as a 50-bed tuberculosis ward. In 1957 it was converted into a residence for second- and third-year nursing students.

When the new nurses' residence was completed in 1962, the building became an outpatient mental health and ophthalmology clinic.

The hospital lab moved into The Annex and stayed until the building was torn down in 1989 to make way for the new hospital.

Holly Cleary, a lab technician at St. Martha's, says Chaisson proposed that the laboratory take on the project of restoring the cupola.

"She approached me about restoring the cupola and putting it in the garden," says Cleary.

People from the laboratory did most of the early work.

"We built the frame, but we were in a bind for time, so we approached CACL to do the finish work on the wooden structure," says Cleary.

Cleary researched the cupola's history. She took the information and pictures to a graphic designer, who created historical signage. Cleary hopes to have it place before the weather turns cold.

Chaisson asked a local building supply company to provide lumber for the gazebo. Members of the Lions Club and the Knights of Columbus contributed the labour.

"It's really nice," she says. "People are out here all the time. It's a nice break."

The Place of Peace welcomes visitors in five languages. (Brendan Dunbar)

Congratulations St. Martha's Regional Hospital on 100 years of Serving Our Community

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Front Row: Owen McCarron, Mary MacLellan, Herbert J. DeLorey, Russell Boucher. **Back Row:** Donnie F. MacDonald, Hugh D. Stewart, Bill MacFarlane, Angus Bowie, Rémi Deveau, Vaughan Chisholm

6896 9-20

Alfred Deon tastes years of change in St. Martha's dietary section

by Heather MacAdam

Most people will change their career at least once in their lifetime, but Alfred Deon is not one of them.

Hard-working Deon has been employed in the dietary section at St. Martha's Regional Hospital for more than 40 years. The Pomquet resident adds he's seen a lot of changes at the hospital during those years.

Alfred Deon stands in front of a pot-washer in the kitchen at St. Martha's Regional Hospital. Deon said when he began working at the hospital 41 years ago, all the pots had to been washed, rinsed and sanitized by hand.

> ***"Pot washing was three (stages). One for the wash, one for the rinse, and one to sanitize. There were two people working on the pots all the time."*** ***- Alfred Deon***

When he first started in 1965, Deon said most tasks were more time-consuming than they are now.

"I had a room downstairs for peeling all the potatoes. Everything had to be done by hand. We weren't using any frozen stuff then."

However, in those days, there were more people working with him, he added.

"Pot washing was three (stages)," he said. "One for the wash, one for the rinse, and one to sanitize. There were two people working on the pots all the time."

However, since moving to the new hospital, Deon said he has a mechanical pot washer, which saves him a lot of time.

In the old hospital, Deon said, all the meals were cooked upstairs, but had to be taken downstairs to the cafeteria to be served.

"There was a big cart to take everything downstairs. There was a big milk bag you had to take down, too."

Currently, the kitchen and the cafeteria are on the same floor, which makes things much easier, he said.

All the meat had to be cut by hand as well, he added.

"They use to take some of the bones, boil them, and make homemade beef soup. It was really good."

Boiled dinners used to be held at the old St. Martha's as well, the long-time employee said.

In addition to the patients, Deon said they served a lot of staff, especially when the nurses still lived in the residence at St. Martha's.

"Some of the nurses still eat here, but some of them bring their own lunch."

Every two months the oven had to be cleaned in the old kitchen, but now, Deon said they have a self-cleaning oven.

"I only have to clean the door, now. There's been big changes."

The size of the staff in the kitchen area had's been one of the biggest changes over the years, he added.

"I don't work with anyone now," he said with a laugh. "I'm retiring pretty soon, too."

Despite having a few tough days, Deon said he has really enjoyed his time working at St. Martha's.

"We used to carry on a little once in a while. One of the sisters used to be the boss, and she kept a close eye (on us), so you couldn't carry on too much."

ATCCHB, St. Martha's have close ties

Service to the community is one of the cornerstones of St. Martha's Regional Hospital. In this effort, the regional health care facility has formed and fostered many beneficial partnerships, including one with the Antigonish Town and County Community Health Board (ATCCHB).

"I think the Antigonish Town and County Community Health Board is very much in tune with the historical mission of St. Martha's. Our role is to advocate for programs and services which help contribute to the health of our community in the broadest sense, like physical, mental, social and spiritual well being. We know that health determinants such as culture, gender, healthy child development, physical environment, income, social support networks affect the health of individuals and therefore, the health of our communities," ATCCHB chair Brenda MacKinnon said.

"I think we work very well with our district health authority through facilities like St. Martha's to ensure that a community health approach is very present in our mission and vision."

In 1999, the Nova Scotia government passed legislation for the formation of community health boards across the province, including the ATCCHB. The mission of the local community volunteer group is to develop a community health plan through broad community participation and on-going consultation that includes strategies aimed at the promotion and improvement of the health of the community.

"Each year our community health plan goes forward to the district health authority. It addresses the broad determinants of health, presents the actions needed to create effective policies, programs and services to support and promote the health of our community. It is through facilities such as St. Martha's that those programs and services are delivered," MacKinnon pointed out.

Former ATCCHB chair Evelyn Lindsey knows firsthand the importance of the close relationship between the community group and the health care facility.

"It is an interesting question because in a sense the board itself is independent, but it is not independent... With the (provincial) legislation, we are now obliged to report to GASHA. That's part of what is happening now ..." Lindsey informed, noting the connection between St. Martha's and the community health board is much more than St. Martha's being part of the Guysborough Antigonish Strait Health Authority.

"If you look at the history of St. Martha's, over the years its philosophy has always been service to the community, which made our job I believe not easy, but much easier," the former board chair offered.

"Unlike some of the community health boards across the province, which have been struggling with facilities that will not recognize them. St. Martha's has always been an outreach."

Lindsey pointed out the start of Martha Homecare in the 1980s is just one example of the health care facility reaching out to the community.

"That was a huge venture forward to bring services to people."

The ATCCHB and St. Martha's have also strengthened the connection between and the community.

"There has been an education element to all of this, where the staff at St. Martha's, through the community health board, has become much more aware of their responsibility to reach out into the community. I think that has been a huge step forward."

Since the community health board's inception, Lindsey said St. Martha's has always been a key contributor to many of its projects. When the Sisters of St. Martha sold the hospital to the government, the mission statement drafted has been crucial to keeping this sense of community and basic philosophy of service alive.

"I think, as we talked to St. Martha's in developing plans for action for the community as a community health board that same philosophy and spirit were present. I think that has really been the link that has helped with the success of the community health board," Lindsey concluded.

Anniversary ornament

In celebration of the hospital's 100th anniversary, this beautiful pewter Christmas tree ornament, as well as a similarly designed pewter keychain, are for sale, exclusively at The Gift Corner, St. Martha's Regional Hospital. (Catherine MacPherson photo)

Environmental services continues squeaky clean tradition

Environmental Services manager Michael Duke (left) and John MacDonald, a staff member for 17 years at St. Martha's, inspect some of the supplies used to keep the facility healthy and clean. (Catherine MacPherson photo)

by Catherine MacPherson

What does it take to keep a busy regional hospital squeaky clean? It takes a great deal of sanitation products, a lot of elbow grease, a dedicated environmental services staff of 30 full-time, part-time and casual workers and a manager, Michael Duke.

The environmental services department, Duke informed, is responsible for the day-to-day cleaning of all patient and public areas, the cleaning of patient rooms and the public areas adjacent to them, offices, laboratory areas, and the kitchen and laundry areas.

"Basically, every room in the facility, we are responsible for ensuring it is kept clean," said Duke.

A quick inspection of the floors anywhere in the hospital will reveal gleaming surfaces, a testament to the staff's hard work.

Duke noted, "We are pretty much a 24-7 operation. We provide coverage five days a week for 24 hours, and two days a week for 18 hours. We have an on-call person who covers any other needs we may have. We cover everything from beds to the labour/delivery rooms to the ORs."

Part of that cleaning process is ensuring that the workers are following proper cleaning guidelines, especially for infection control.

"These guidelines come through infection control within health care, as well as through the national health care system. We have some specific guidelines for the cleaning processes," Duke noted.

The department's staff undergoes generalized training in regards to cleaning, and the standards to which St. Martha's adheres. There is also some very specific training when considering hospitals and health care. Staff must be knowledgeable of bacteria that are often found concentrated in hospitals.

"MRSA (methicillin-resistant Staphylococcus aureus) and VRE (vancomycin-resistant enterococcus) are two of the 'super bugs'. They are basically antibiotic-resistant bacteria."

Generally, anyone who is healthy is not usually affected by these strains of bacteria; however, for a person with a compromised immune system, or who has just had an operation, the 'super bugs' can be life threatening.

> ***"We ensure that anything that they utilize, with regards to emergency room space to patient rooms, is taken care of when needed, so that the medical staff can do their duties. We make sure that everything is done efficiently and timely, so that there's minimal delay to the patients."***
>
> ***- Michael Duke, St. Martha's environmental services manager***

"When we are notified that the bugs are present in a patient or a room where a patient is, we give a very thorough cleaning. Normally, it might take about 20 minutes to half an hour to clean a patient room, whereas when you have a MRSA or VRE area, it could take up to four hours. We use virucidal cleaners to ensure that these bacteria are killed off. It's a matter of actually going from top to bottom, right from the ceiling down. It has to be a very thorough cleaning because you don't want to put the patient at risk, one who might have a compromised immune system and would be at the mercy of those types of bugs."

Duke said that patients respond well to the environmental services staff.

"We are probably the only contact in the room that doesn't want to poke them with a needle," he said with a chuckle.

Though the environmental services workers are not front-line staff, so to speak, they are part of a patient's day.

"We try to be respectful; we try to be interested in what it is that's going on with the patient, at the same time respecting confidentiality," said Duke.

Environmental services is also respectful of the needs of the medical staff.

"We are the support system for the medical staff," Duke said. "We support what they do. We ensure that anything that they utilize, with regards to emergency room space to patient rooms, is taken care of when needed, so that the medical staff can do their duties. We make sure that everything is done efficiently and timely, so that there's minimal delay to the patients."

Duke is relatively new to St. Martha's, being on the job for about a year. "I've actually only been here a year. I'm kind of a new kid on the block, as far as the managers go."

However, he is well versed in environmental services, a department formerly known as housekeeping. Duke spent 18 years in the hotel industry, mostly in housekeeping. The switch to providing environmental services to a hospital is an interesting and welcome change of pace.

"I'm enjoying the job so far, and the change of pace for me, a welcome change. In some respects, like any job, it has its own challenges, but it's interesting."

Staff members keep busy pressing bed sheets in this 1947 photo. (Sisters of St. Martha archives)

From nursing student to hospital administrator

by Clare Lazzuri

When a young woman from Pictou began her nursing degree at St. F.X. in the late 1950s, she had no idea then that she was beginning a lifelong relationship with St. Martha's Hospital.

Antigonish resident Mary Foshay earned her degree, which at the time was jointly administered by St. F.X. and St. Martha's School of Nursing, in 1960. She returned to St. Martha's as a nurse in 1971, planning to work for a year, but that led to teaching at the School of Nursing from 1972-78. From 1979-87 she was curriculum coordinator for the school.

For the next two years, she returned to the hospital full-time as a nurse supervisor, until she was named Director of Patient Services in 1990. In 1995, Foshay was acting administrator of the hospital for one year. In 1996, the year the hospital changed ownership from the Sisters of St. Martha to the government of Nova Scotia, she was named Vice President of Operations for the Eastern Regional Health Board, which was the predecessor to the current GASHA.

Since her retirement in 2000, Foshay remains involved with the hospital through her participation on the Mission Assurance Advisory Council. The council ensures the integrity of the mission statement of the hospital, as agreed to by the Sisters of St. Martha, the Government of Nova Scotia and the Hospital in 1996.

According to Foshay, the mission assurance agreement ironed out 10 years ago is an important feature of the hospital. Not only does it maintain the institution as a "Christian hospital in the Catholic tradition," she said, but it emphasizes the important contribution of the Sisters of St. Martha.

"When you think about St. Martha's Hospital, the Sisters are in the forefront always," said Foshay, during a recent interview with the *Casket*. "They were responsible for the whole nursing program."

Having gone through the Sisters' nursing program, taught within it, and then witnessed the closing of the nursing school, Foshay said the move from the two-year diploma offered at the school to the four-year baccalaureate nursing degree was one of the major changes at St. Martha's over the years, but a necessary one.

"The students needed more time to assimilate the knowledge they acquired," she said. "They also now receive a broader perspective of health care because they get out into the community, not just the hospital."

Foshay noted that another, more gradual change over the years is the move from "just a hospital-oriented system to a comprehensive community-based system."

"We've gotten away from focusing on hospital beds and gone to programs that are about keeping people healthy," she said, noting that it takes many disciplines "to get people healthy and keep people healthy."

One example of this community health care is the Hospital in the Home program, recalled Foshay. Begun when she was Director of Patient Services, she said the practice of helping people stay in or return to their own homes in order to get better has made "quite a difference." Not only has the community benefited, but the program was considered groundbreaking.

"We had calls from all over Canada about the program," she recalled. "St. Martha's is a very progressive institution when it comes to physicians and health disciplines — there is never a reluctance to try something new."

Foshay said the student presence maintained at the hospital through the St. F.X. nursing program, contributes to the progressive attitude. "It always helps to have a student environment; it keeps you on your toes."

Gathered together after their first-year capping ceremony at Immaculata Hall in 1958, are nursing students Mary (Cameron) Foshay, Suzanne Francis and Sheila Keyes.

Noting that "St. Martha's can hold its own against any other health institution," Foshay said one of the most important attributes of the hospital is the staff.

"There is a real feeling of care and compassion by people who work there," she said. "Part of that has to be attributed to the Sisters, who set the tone, and the people have continued to carry it through."

The vast and generous support of the community for the hospital is another factor that has built up St. Martha's, said Foshay.

"The community is extremely supportive," she said. "They very much see the hospital as theirs, and you can see that in the success of fundraising and the work of the auxiliary."

Foshay is confident the hospital will continue to excel in the future. Having known the place inside and out for almost 30 years, she has no doubts for its potential.

"The hospital will continue to change as the needs of the people change," she said. "New programs will be added as necessary. I just hope the hospital always maintains the culture that is there now."

On a personal level, Foshay said she has a "special bond" with the hospital.

"It's where I had my career and it was a fulfilling and challenging career," she said. "I would do it all again."

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The Sisters of St. Martha's played a part in almost all aspects of the hospital, including assisting in surgeries. Pictured is the operating room at the old St. Martha's Regional Hospital.

Locally trained nurses: a boon

Editor's note: The following editorial comment on the locally trained nurse appeared in the July 2, 1925, edition of the Casket, *and appeared again in the* Casket's *1989 Centennial Special edition.*

One feature of the utility of hospitals, which is not always emphasized, is the facility given by hospitals for developing the profession of the trained nurse. This is a most useful profession, and one may say with substantial truth that its development is impossible without hospitals, and we think we may say, without local hospitals. The profession of the physician and surgeon, helped as it is in a hundred ways by the existence of the local hospitals, is not so dependent upon them as is the profession of the trained nurse. Nursing is, of course, possible without a hospital, even trained nursing, but a nurse cannot learn her profession at all except in a hospital, and that is not quite true of the profession of the doctor. We may then give the hospital the whole credit for the nurse at the same time we give it a considerable part of the credit for the beneficial activities of the doctor.

Of course, there was trained nursing before the establishment of what are called local hospitals. Girls did go far away to large hospitals in large cities, and some go there yet. But for years past there has been a growing class of girls who take their training at home, or so near home that they can be in touch with their home and family. The benefits of this growing custom are of two sorts, principally. In the first place, it is always well when young people are kept in the country. It is good for the country and good in most cases for themselves when young people are not under the necessity of going far from home, and cutting home connections, even temporarily. But in the days when young women are obliged to go far away to train for their profession, how many of them come back? This is our second point in favour of the local hospital as it effects the nursing profession. It keeps us from losing some of the best and the most useful of our clever young people, while at the same time it gives to those who go abroad to train, a chance to practice their profession at home or near home. We suggest also that is an advantage to have a class of trained nurses who know somewhat of the people they are going to nurse. This may be regarded as, to some extent, fanciful, but we think it is true that a nurse can do better work amongst a people whose disposition she understands; and in local hospitals, with a class of nurses trained on the spot, there must necessarily be a greater and more direct sympathy between the patient whose disposition and inclinations have to be understood and humoured and the trained nurse who knows instinctively her own people.

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Innovative Hospital in the Home program offers quality service, care

by Catherine MacPherson

When we feel sick, sometimes the best remedy is to just stay at home, in bed, and recuperate. But when a doctor's care is required, is there a way to have the hospital come to the ill person?

The Hospital in the Home program offered at St. Martha's Regional Hospital is exactly what it sounds like — the hospital actually comes right to the patient's home.

Hospital in the Home's dedicated and caring staff, all of whom are Registered Nurses, include manager Debbie Horne (standing, left), Margaret MacLellan, Joan Crawford and Donna Connors (standing, right). (Catherine MacPherson photo)

For acute care patients — those who require short term care — it is often more convenient for them to stay in their homes.

Hospital in the Home (HITH) manager Debbie Horne, RN, explains, "Someone who would receive acute home care, such as IV antibiotics, the person would go to their home, and the nurse would go to their home, give them their IV antibiotics and leave the catheter in. The person could do their shopping or whatever, and the nurse comes back, whether it is once or twice a day, three times or four times a day. The patient receives the care in the home, rather than in the hospital."

Not only is this service convenient for patients, it also saves the health care system a great deal of money.

"To keep a person in hospital (at St. Martha's) is more than $800 a day per bed. To keep someone in their home, looking at staffing, the patient's treatment, the whole works, (it's) about $220 per day, so it's a significant saving," Horne notes.

Patients can be admitted into the program in a variety of ways: from their doctor's office, their home, out-patients, as an in-patient or via transfers from Halifax or other areas outside of the Guysborough Antigonish Strait Health Authority (GASHA). All referrals to the program are through attending physicians.

"When we get a referral here, the nurse will usually see the patient within an hour, or at least have some sort of contact (with the patient)," says Horne. "So we don't have to go through pages and pages of assessment. The referral will come in, sometimes on the fax machine; one of the nurses will pull up the information on the computer, and then make sure the program is suitable for the person and the family, and then the patient signs the consent form."

Horne is quick to add that should a patient feel uncomfortable with "the idea of being ill and not in hospital, they can refuse the service and be admitted to hospital, if necessary."

Patients utilize HITH from 2-3 days to several months, depending on the situation. Patients can range in age from babies to the elderly.

Because HITH is a department of St. Martha's, the nurses, the patients and their families have the access of all the services of the hospital. This includes visits from physiotherapists, dieticians, access to the hospital pharmacy, and even home visits from the attending physician. Says Horne, "It is an expectation that physicians will do home visit as well."

continued on page 17

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Patient praises in-home care program

Editor's note: The following is an expert from a letter that Hospital in the Home recently received from a patient under its care.

Recently I was admitted to the hospital and was diagnosed with a heart condition. I spent two nights in the emergency room due to a bed shortage. I was then advised I would be sent home and monitored by the Hospital in the Home program.

I am writing to tell you how impressed I was to be able to return home and receive such close supervision from a group of highly skilled and wonderful nurses. Their daily visits were very professional, thorough and compassionate. I felt extremely fortunate to receive such excellent care, and compliment the hospital for providing such an innovative and vital service to patients and their families.

There is a tremendous value in being able to stay in your own home and, at the same time, receive such superb and individualized care. As I mentioned, all nurses who visited were a credit to their profession and were always ready to answer any of my questions and kept in close contact with my treating doctors.

At a time when there are so many criticisms about the health care system, I feel St. Martha's deserves much credit for being a leader in supporting this vital service.

Please accept my sincere thanks to the doctors and nurses. I hope this program will continue to succeed. It's truly amazing!

Front line

Phyllis Connors is kept busy at the admitting and switchboard desk at St. Martha's Regional Hospital. (Catherine MacPherson photo)

Many palliative care (end-of-life) patients are admitted to HITH. "For a person who is (receiving) end-of- life care, what better setting?" muses Horne. "You've got your own home, your own familiar sounds, you've got your own bathroom to use, your own food, you can get up when you want to, you can sleep when you want to, if you want your family at your side (they can be). The nurses can go four times a day and do the bathing and look at your pain-symptom management. It's really ideal" for a patient in this position.

Donna Connors, RN, a member of the HITH team, relates a touching story of a palliative care patient. "There was a lady dying at home. Her family was all around. The lady had a real like for the bagpipes, and as she was dying, in the last five to ten minutes, her son was playing the bagpipes outside her bedroom window, while the rest of the family were with her at her bedside. They lived in this area that was really tranquil, with flowers all over the place."

"This is something that could never happen in the hospital," adds Horne.

Other members of the HITH unit agree, and add that the program is very special in the way that the nurses are able to connect not only with the patients, but with their families, as well.

Since a family member often act as caregivers for HITH patients when the nurse is not present, support is available for that family member. "The nurse is only a phone call away," says Connors.

"You get to feel like part of the family," says Margaret MacLellan, RN, who has been with the department for six years.

"It's a privilege," adds Connors.

Since the staff is small, consisting of eight RNs, Horne says the patients and their families are able to "get to know all of us."

The nurses certainly get to know the streets and roads of Antigonish town and county. Connors admits that, "Winter driving is a challenge. The Department of Highways are more than cooperative. We can call them (when needed)."

A glance at the busy looking chalk board in the HITH office reveals the plow shed's number.

"We've gone in the plow," quips MacLellan.

Joan Crawford, RN, who has been with the department since its inception, adds, "We get our husbands (to take us) in their four-wheel drives."

The nurses with the HITH program have been visiting patients in their homes since the program began as a six-month pilot project, under the approval of the Nova Scotia Department of Health, in 1994. The project was funded by reallocating the funds used for the Short Stay unit at the local hospital, which was shut down to make way for HITH.

At the end of the pilot program, patients and families expressed high levels of satisfaction with the program, while hospital administrators were pleased with the lowered costs of delivering the unique and innovative program. The program then received approval as a regular-funded clinical service.

Hospital in the Hotel is another service offered through this department. A patient from out of the area may have day surgery at St. Martha's, but is unable to travel back to their home the same day, can check into a local hotel linked to the program, where they can receive a visit from one of HITH's nurses. All costs for the hotel program and the home program are covered by the hospital.

Professional Registered Nurses provide care seven days a week, 24 hours a day. Visits to patients are from 7:30 am to 10 p.m., with a nurse available on-call from 10 p.m. to 7:30 a.m. Hospital in the Home is committed to providing individualized, patient-focussed care to enhance the patient's independence, comfort and wellness.

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Nutritious food helps to

by Catherine MacPherson

Food is always on the mind of Sue Ellen McCarron. And those thoughts come from the heart.

Heart-healthy diets low in fat and sodium are part of what this nutrition and food services manager at St. Martha's Regional Hospital promotes when working with patients, both in hospital and at home.

"We have always been (heart- healthy), even in the cafeteria here," informs McCarron. "The menus that we give to patients are definitely a low-fat, heart-healthy kind of concept. Heart-healthy would mean low-fat and low-sodium. Those would be the two big ones."

McCarron's department looks at statistics from national health institutes, then compares them with the local district.

"We look at our district and say, 'what kind of diseases are really, really prevalent in GASHA (Guysborough Antigonish Strait Health Authority)?' We are seeing things like congestive heart failures and cardiac (heart attacks and angina)," notes McCarron. "And cancer is certainly up there, too, but probably congestive heart failure is one of the biggest ones."

Sister Mary Gilbert oversees some of the dietary staff in the kitchen of the hospital circa the early 1930's. (Sisters of St. Martha archives)

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ensure health at St. Martha's hospital

Her team at St. Martha's looks into "things that we can do to intervene and try to decrease those numbers and improve the whole picture of chronic health issues."

McCarron spends about 50 percent of her time at the hospital managing patient food services and clinical nutrition, and the rest of her time is spent working in the intensive care and progressive care units as a dietician.

"In the units that I work, they have a lot of cardiac and surgical patients," says McCarron. Her work includes "nutritionally assessing someone when they are post-surgery, or even before surgery and they are having difficulty getting back to regular food."

McCarron adds that some patients require the initiation of tube-feeding. "I give direction to the doctors about what I feel is the appropriate product to use, how much to use, that kind of thing," she says. "Then the nurses need to know a little bit about that, too, like what do with a tube-feed, how fast to move it up, the rate, that kind of thing."

Once a patient is discharged, McCarron's work continues.

"There's certainly a lot of discharge information that you have to give out to cardiac (patients), for example, someone who has just had a heart attack or something along that line. I give low-fat, heart-healthy information."

She adds that patients who may have bowel surgery would need information "on which foods to stay away from and which ones will help out" with their healing process. "When you are getting over things like surgery, you need certain components in your diet to promote healing: the protein you need to build the muscle, the tissue."

Once at home, patients can stay in touch with their dietician over the phone if they have any questions.

"(Most patients) won't have a lot of the questions until they are home and they try to do some of these (recommendations) and try to put them into their lifestyle," she notes.

There is also the Heart-to-Heart program for people who have suffered heart attacks.

The patient "comes with their spouse and they do seven, eight, nine weeks of class time," says McCarron.

One week, a dietician will talk with the patient; another session will see a pharmacist or a physiotherapist involved in the rehabilitation of the heart attack victim, who must consider new lifestyle choices in order to prevent further heart damage.

Ensuring that the hospital's cafeteria is producing nutritious, heart-healthy food is another of McCarron's duties. The kitchen staff of 23 full-time, part-time and casual employees, including two dieticians and McCarron, produces a whopping 85,000 patient meals a year, in addition to the 70,000 customer meals per year.

Sue Ellen McCarron, manager of nutrition and food services at St. Martha's Regional Hospital, and dietary clerk Jean McGee review patient menu plans. The kitchens at St. Martha's provide 85,000 patient meals a year. (Catherine MacPherson photo)

"We start with our patient menus," says McCarron. "It's a two week menu rotation. It has your standard breakfast, lunch and supper items."

A lot of what is served in the cafeteria is built around the patient menu. For example, at breakfast time, patients can choose hot or cold cereal or eggs. In the cafeteria, there may be some specialty items like omelettes or muffins.

McCarron adds, "For lunch, (in the cafeteria) we will serve whatever the patients are having and then we'll add a casserole to that."

The main meal is served at lunch, with lighter fare, such as soups and sandwiches, for supper.

The patients have a choice in what they will eat for most of their meals.

"It's what we call a selective menu," McCarron notes. "The patients get a menu and they choose what they would like at that time. Lunch time, because it's our bigger meal and requires a little bit more preparation, there's less choice, but definitely at breakfast and supper, they can choose what they want."

People with special diets, such as vegetarians or those who cannot tolerate gluten, can be accommodated, says McCarron.

"We are regular customers at the health food store and (other grocery stores). The nurses will identify those people (who require a special diet), send that message to the kitchen, or they will contact the dietician to scope out what (the patient) will or won't eat, and then we'll go from there."

McCarron says that the kitchens at St. Martha's use mostly whole foods, and rely very little on convenience foods.

"We try to do most of our baked products, like rhubarb crisp, from scratch, rather than buy them ready made. We have gone to a pre-peeled potato, and we don't serve instant potatoes. We try to keep things as whole (food) as possible. It's very important, in my mind, anyways."

Food can also play a huge role in the mental state of a patient, says MacCarron. "Everything is so channelled around what we eat and meal times, so (food) is kind of a comfort measure...so much of getting better is part of that."

Good food is truly a big part of this dietician's heart and mind.

Congratulations St. Martha's Regional Hospital

St. Martha's has grown over the last century from its humble beginnings as a six-bed cottage hospital. Today it's a full-fledged hospital offering a range of services, from a Veterans' unit to Emergency Services to a wide range of clinics. And throughout, it has remained committed to a mission of caring for all.

To all of the health professionals, staff, and volunteers who carry on St. Martha's legacy of offering that helping hand, thank you and congratulations as you celebrate the 100-year anniversary of caring for your community.

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1905 - 1949

• **1905** First meeting held of some citizens of Antigonish and priests at St.F.X. agreeing to establish a hospital in Antigonish to be operated by the Sisters of St. Martha. Sisters raise $500 in their door-to-door appeal for the fist hospital.

• **1906** First six-bed cottage hospital opens.

• **1911** Harris house purchased, hospital expands to 20 beds.

• **1923** Hospital building a necessity, 90-bed hospital estimated cost $100,000.

• **1924** Plans for a new hospital prepared, estimate grows to $200,000.

• **1925** Turning of sod for new building.

• **1926** 100-bed, state-of-the art hospital opens. Rates: public ward $10.50/week; 4-bed ward $14/week; semi-private $15/week; private $20/week. With initiation of St. Martha's School of Nursing, Department of Nursing and Health established at St. F.X., leading to B.Sc.N.

• **1931** Plans for a 40-50 bed T.B. annex.

• **1932** Ladies' Aid sells T.B seals.

• **1933** T.B. annex opens.

• **1938** Mutual Hospital Insurance Group organized with about 80 members.

• **1943** Hospital joins Maritime Hospital Services Association.

The TB annex constructed in 1932 (left), the old hospital (centre) and the new hospital are shwon in this undated historic photo. The TB annex had many uses throughout the years including nurses residence, hospital laboratory and morgue.

• **1944** Radiologist appointed for one day a week. Electrocardiograph donated by Ladies' Aid.

• **1945** Pathologist/radiologist appointed.

• **1946** Board recognizes need for paediatric extension to hospital. Search for eye, ear nose and throat specialist initiated. Chief surgeon appointed.

• **1948** Block system of nursing introduced; 120 students and nurses on staff. Hospital expansion recommended; board approves building program.

• **1949** Psychiatric unit approved. Lab established, work praised by DOH.

1950 - 1959

• **1950** Three interns serve hospital.

• **1951** New hospital wing opens, cost $760,000; community contributes $100,000, government contributes $100,000, sisters mortgage Motherhouse for remainder. Internal medicine specialist appointed.

• **1954** Board continues discussion on four-year nursing program at St. F.X.

• **1955** As in previous years, board struggles with overdue accounts and collections.

• **1956** Nurses' residence urgently needed. Talks begin on health planning for province.

• **1957** Board approves participation in Mental Health Association. Cost of nurses' residence estimated at $500,000.

• **1958** Plans for unionization of general workers. Four-storey nurses' residence approved for construction. Mental health clinic requested for Antigonish.

• **1959** Federal government legislates funding for Hospital Insurance Plan. Ladies' Auxiliary campaign for funds for nurses' residence.

1960 - 1969

• **1960** Revised estimate for nurses' residence at $1.5 million; Hospital Commission approves plan.

• **1962** Construction of nurses' residence begins. Obstetrics/gynecology specialist joins staff.

• **1963** Major purchases: G.E. X-ray table, automatic stoker installed for coal furnace. Paediatrician appointed.

• **1964** New nurses' residence opens. Ladies' Auxiliary donate bassinettes to paediatrics, furnishings for parlours in nurses' residence; alumnae donate everything from bedside tables to refrigerators for hospital and residence.

• **1965** Physiotherapist joins staff. Sisters of St. Martha commission research study in community health planning.

• **1966** Lab expands. Social Service Department opens. Four-year integrated nursing program initiated, leading to Bachelor in Nursing at St. F.X.

• **1968** Mobile X-ray unit purchased for $5,263. New equipment purchases: X-Omat processor ($9,345); monitors and defibrillators ($5,300); electrocardiograph machine ($824). Lab workload increased by 30,000 units over previous year. Diabetic day clinic opens.

• **1969** Board launches campaign for funds for equipment and patient care.

1970 - 1979

• **1970** R.N. Association approves shortened nursing program from three years to two.

• **1971** Obstetrics/gynecology intern training program in place. St. Martha's Hospital separately incorporates.

• **1972** Eastern Regional Health Planning Advisory Committee organizes, meets to discuss home care program, ambulance service, dental services, psychiatric services.

• **1973** Intensive Care unit opens, operating room is air conditioned. Patients can now rent TVs.

• **1974** Equipment purchases: Hobart mixer ($2,995); centrifuge ($300); X-ray film processor ($8,631).

• **1976** Day surgery facility opens. "No Smoking" policy initiated. Laundry renovated. Eastern Counties Mental Health Centre, satellite program in Strait area, and St. Martha's Hospital program amalgamate.

• **1977** Planning initiated for new hospital; cost estimated at $10 million, increases to $22 million, community responsible for funding $4 million. Ladies' Auxiliary makes substantial contribution; Sisters of St. Martha contribute $2.6 million to construction of new building.

• **1978** St. Martha's Hospital administers outreach program, Isaac's Harbour Medical Centre.

• **1979** New hospital construction delayed, so renovations made to old building.

1980 - 1989

• **1980** Goldboro-Bayview Clinic and Outpatient Clinic at Isaac's Harbour funded. St. Martha's operates a Mental Health Clinic in Inverness.

Wooden carvings depicting a nurse and a Sister of St. Martha stand as silent reminders to the rich history of the hospital.

• **1981** Problems with electrical and heating systems, deteriorating physical plant, board urges construction of new building.

• **1983** Emergency hospital paging system promotes faster response for cardiac arrests, fire and disasters.

• **1984** Building for Health established to raise funds, collected $701,000 in '84 and $1.219 million in '85 for new hospital.

• **1985** 80th anniversary of hospital.

• **1987** Quality Assurance program introduced. St. Martha's Hospital provides hospice services to community hospitals.

• **1988** New hospital officially named a regional hospital. $1.7 million donated to new building. Mission Effectiveness workshops held.

• **1989** New hospital official opening. Old hospital demolished. School of Nursing celebrates 75 years. Hospital designated non-smoking.

1990 - 2006

• **1990** St. Martha's regional Hospital Foundation established.

• **1991** School of Nursing baccalaureate education expands, diploma program to be phased out.

• **1992** Leadership seminar re future of Catholic Health Care. Hospital Foundation makes first equipment purchase (laparoscopic surgical device).

• **1994** Partnership for Continuum of Care between R.K. MacDonald Nursing Home and St. Martha's Regional Hospital.

• **1995** Board recognizes Sisters of St. Martha for 84 years of sponsorship of nursing education and establishes scholarship in their honour. Hospital approved for Level III Emergency Services. Plastic surgery services introduced.

• **1996** Province designates St. Martha's Regional Hospital, Eastern Regional Health Board assumes responsibility, honours SMRH Board of Directors.

• **2001** Eastern Regional Health Board is dissolved and district health authorities are formed. The Guysborough Antigonish Strait Health Authority assumes responsibility for administration of the hospital.

• **2005** Provincial government decides to locate MRI at St. Martha's Regional Hospital. Foundation launches fundraising campaign to pay 25% of cost of machine.

St. Martha's Regional Hospital as seen from Bethany on Sept. 12, 2006. (Corey LeBlanc Photo)

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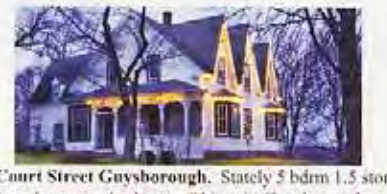
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Congratulations St. Martha's Regional Hospital on your 100th Anniversary from

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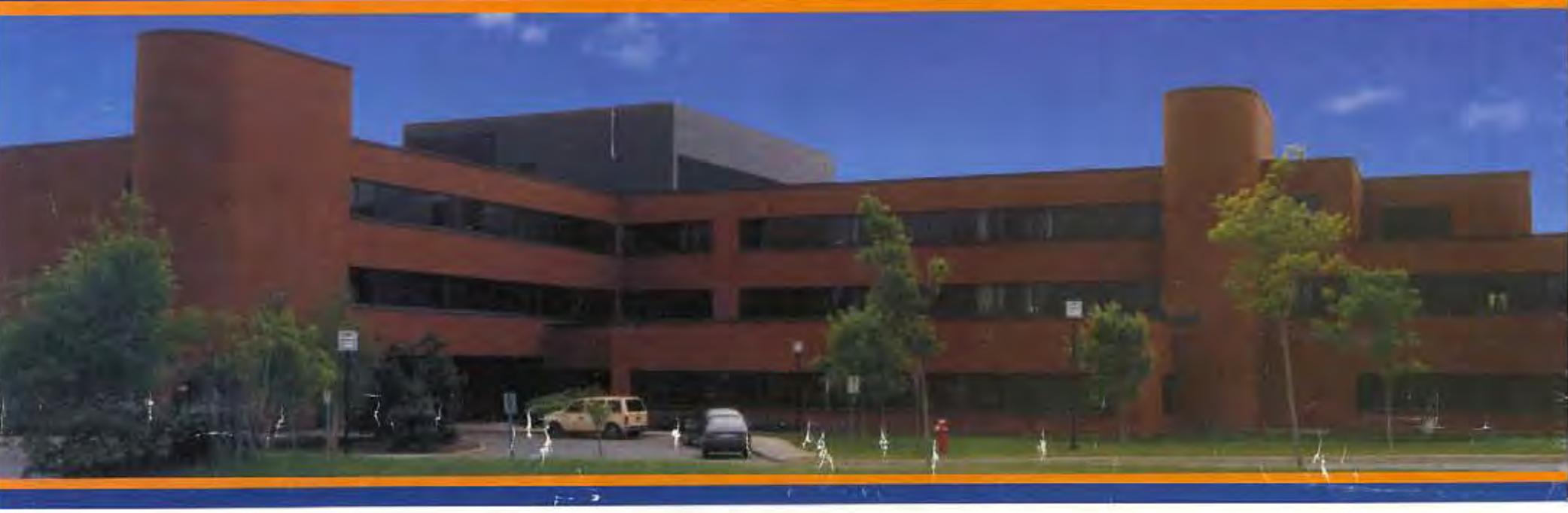
Congratulations to
St. Martha's Regional Hospital
staff and volunteers for providing
healthcare services with a difference
over the last 100 years.

All of our best wishes for the next 100!



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