

HERITAGE



The History of Providence Hospital, Everett 1905 - 1980

HERITAGE

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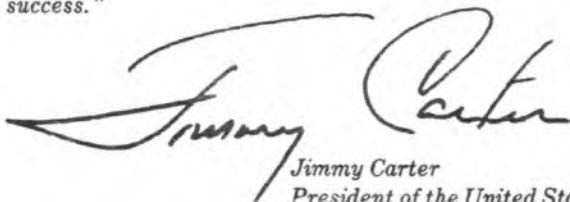
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"I congratulate the staff and friends of Providence Hospital on this seventy-fifth anniversary.

The founding Sisters of Providence were women of strong faith and vision. They accepted the hardships of opening a hospital as an opportunity to demonstrate their belief in providing quality health care for those in need.

In keeping with the fine tradition they established, the Hospital has become a vital part of America's health delivery system. I wish it every future success."



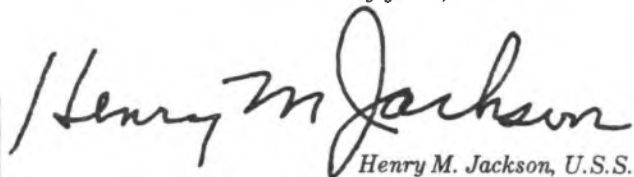
Jimmy Carter
Jimmy Carter
President of the United States

"The Sisters of Providence have a long and proud history of health care in the Pacific Northwest. You all can be proud, as I know I am, that a statue of Mother Joseph will be placed in the U.S. Capitol Statuary Hall this spring. I am very much looking forward to the dedication and hope many of our friends from home will be here.

I congratulate you on this joyous occasion and send my very best wishes as the hospital looks to its centennial anniversary and beyond.

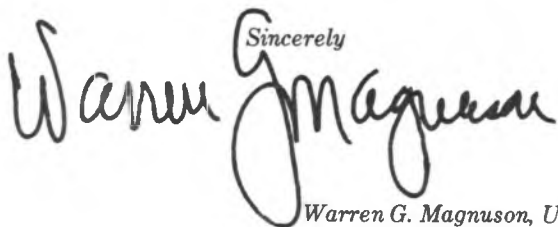
With best wishes."

Sincerely yours,



Henry M. Jackson
Henry M. Jackson, U.S.S.

"This is a special year for the Sisters of Providence. I was extremely proud to sign the legislation providing for the placement of one of your number—Mother Joseph—in the United States Capital Statuary Hall. Mother Joseph spent her life building a better life for all the citizens of Washington—as Providence Hospital is doing today. Throughout the 75 years of Providence Hospital's existence countless individuals have benefited from the care and dedication of those who care for the sick. I salute all of you who have worked as hard to insure the fine reputation of Providence Hospital."

Sincerely

Warren G. Magnuson, U.S.S.



The Monte Cristo Hotel was purchased by the Sisters to become the first Providence Hospital, Everett.

Opening in the Monte Cristo

In 1903, Bishop Edward O'Dea of Nisqually found himself a spokesman for several very persistent Everett townspeople. For many months they asked him to forward their request to Superior General Mother Mary Antoinette in Montreal for the Sisters of Providence to open a hospital in Everett. Even though a year earlier the Provincial Superior Mother Benedict Joseph found it unfeasible to open a hospital due to a scarcity of Sisters.

Bishop O'Dea's prayerful inquiries were answered in early 1904 when word came to the booming timber town that soon the Sisters of Providence would be opening a hospital.

On May 13, 1904, Wyatt J. Rucker's Monte Cristo Hotel, a three-story wood landmark, was purchased for \$50,000 through the Duryee Real Estate Agency. Located on Pacific and Kromer Streets near Rucker Hill, the prestigious 80-room hotel boasted a commanding view of Port Gardner Bay,

immaculately kept grounds, and elegant interiors. The seven-acre tract left ample room for future expansion.

After roughly \$13,000 of improvements and remodeling, the Sisters officially opened the doors of Providence Hospital, Everett, on March 1, 1905. In its first year, with 75 beds and a staff of only eleven Sisters and three employees, 435 patients were treated. In the next five years, the patient count would almost double, while the staff size would increase to just 12 Sisters and 18 employees.

Providence Nursing School

A shortage of nurses in Everett, as well as a desire to educate, prompted the Sisters to open the Providence Nursing school on May 12, 1911. Little more than an eagerness to learn was necessary for admittance. A high school diploma was not required.

Taught by the Sisters and Everett physicians, with plenty of on-the-job experience, the students

completed a rigorous three-year curriculum before graduation. A typical day meant twelve hours of work in the hospital (from 7 a.m. to 7 p.m.), then one to two hours of lectures in the evening.

Only two young ladies, Gertrude Rolland and Ann Thompson, enrolled in 1911. The enrollment grew each following year. The students paid no tuition and received free room and board as well as a \$5.00 monthly allowance for personal items.

To accommodate the increasing number of student nurses, in May, 1919, the Sisters bought a house for \$1,700 and had it moved to the hospital grounds. On August 25, twenty-five nurses moved out of the Monte Cristo and into spacious new quarters equipped with bathrooms, closets, and the "modern convenience" of a hot water system!

The "Everett Massacre"

The Sisters' Chronicles describe the November 5, 1916, bloodbath known as the Everett Massacre:

"Our small town, always quiet, today was the scene of a serious battle. About 2 p.m., a ship, the Verona, arrived from Seattle loaded with people from the union who had come to sow discord. The authorities were resolute to keep them from disembarking. A great number of people were there to see how the meeting would end. We did not have to wait long. On refusal to land, they started to shoot the deputies. Soon there were some wounded on both sides. We received eight of them in 15 minutes. Three were wounded seriously—hit near the heart. Soon the doctors were here to give first aid. It reminds us of what the war in Europe must be like."

Although many earlier accidents required immediate emergency care, this clash between members of the Industrial Workers of the World (Wobblies) and Everett deputies produced the first large-scale trauma the hospital staff had experienced.

Two noteworthy improvements were made in 1916: the southwest porch was enclosed and converted into a new, modern surgery for \$2,505.32; and, an elevator was installed for \$2,550. For the first eleven years, patients had been carried up and down the stairs on hand litters.

In 1917, to the delight of doctors who practiced at Providence, the hospital upgraded some of its equipment and purchased an x-ray machine in order to keep patient care contracts with the government. A Vulcan Coil Type "A" x-ray machine costing \$500 fulfilled the requirements.

Room rates at this time were between \$7 and \$18 a week. One individual was hospitalized for 111 days with a fractured thigh and paid only \$111—a dollar a day!

Influenza

In early October, 1918, a "Spanish Influenza" epidemic struck the country. Like many neighboring cities, Everett was hit full force, leaving all 17 Providence nurses feverish in bed.

On Tuesday, October 8, the Everett Health Board, in an attempt to curb the epidemic, banned all public gatherings including school, church, dances or fraternal meetings. By mid-October, the Health Board received reports of 50 new cases of the flu a day.

On November 4, the State Board of Health announced it would require everyone to wear gauze masks in public to prevent the spread of the virus. The next day there was a



Mother Mary Alexander



Sister Louise Aline

The legacy of Sisters as administrators of Providence Hospital, Everett, started in the founding year, 1905, and lasted to 1972 when Carl Munding became the first lay administrator.

- 1905 - 1907 Mother Mary Alexander
- 1907 - 1910 Mother Mederic
- 1910 - 1916 Sister Ananie
- 1916 - 1919 Sister Mary of the Holy Spirit
- 1919 - 1925 Sister Caron
- 1925 - 1931 Sister Joseph-Octave
- 1931 - 1937 Sister Gertrude of Providence
- 1937 - 1943 Sister Romuald
- 1943 - 1948 Sister Joseph-Octave
- 1948 - 1951 Sister Vincent of Foling
- 1951 - 1954 Sister Melece
- 1954 - 1958 Sister Carmelina
- 1958 - 1961 Sister Gertrude of Providence
- 1961 - 1972 Sister Louise Aline

run on masks. The November 5, 1918, Everett Herald reported that some people had paid as much as 25 cents for their mask!

By November 12, the "Spanish Influenza" had run its course. Thirty-four people, including two Providence nurses, died during the epidemic after the flu was complicated by pneumonia.

A new hospital

From the start it was clear the Sisters' purchase of the Monte Cristo Hotel was a temporary measure at best. In the May 9, 1904, Everett Herald, the Sisters, while still negotiating the sale, announced

their plans to build a modern brick hospital and convert the hotel into a sanitarium.

Nearly eighteen years later, the Sisters' plans became reality. The Monte Cristo couldn't adequately house the volume of patients seen in the 1920s. Records show the yearly census topped 1,000 in 1919, and from July, 1922, to July, 1923, 1,396 patients were treated.

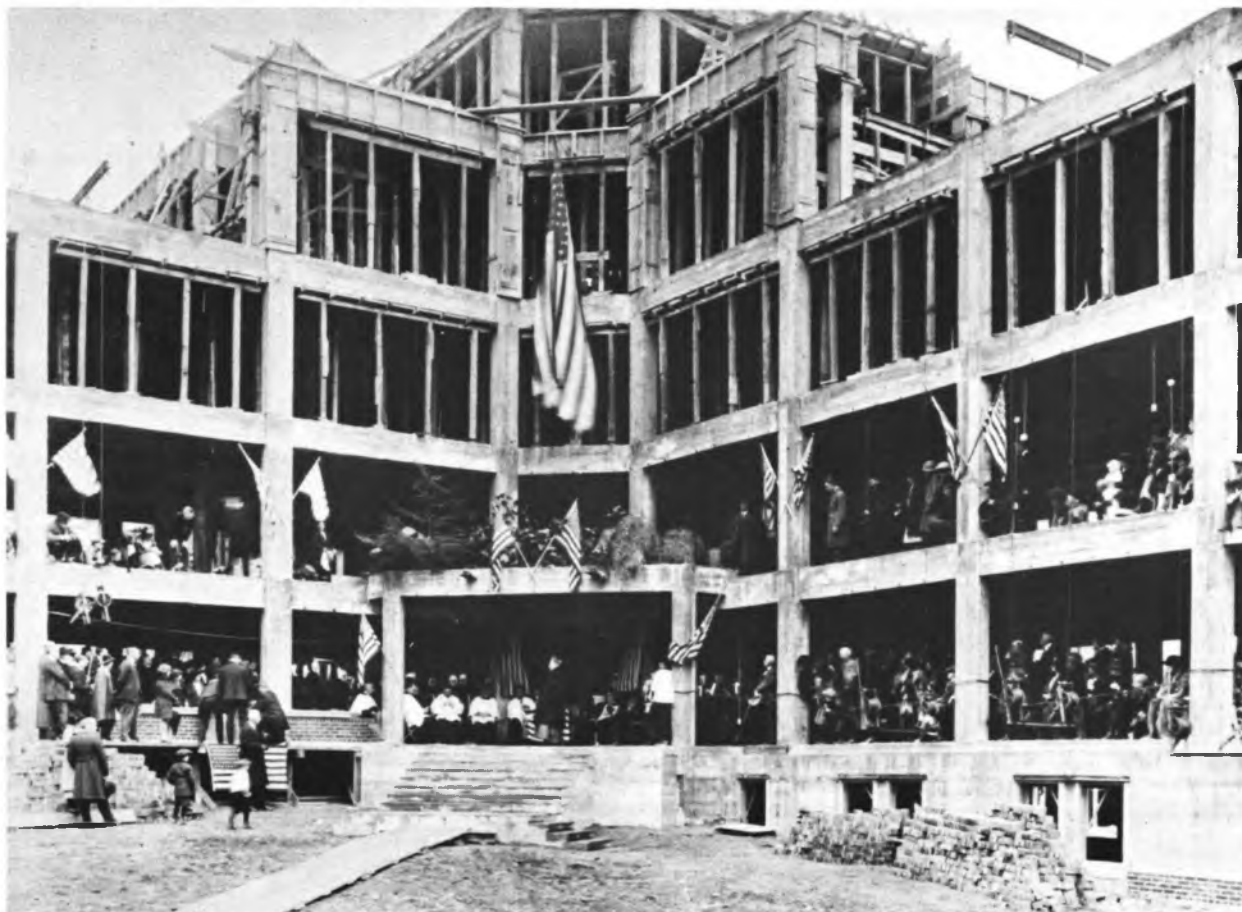
On March 1, 1923, the anticipated groundbreaking ceremony was held just 32 yards east of the Monte Cristo. On April 17, excavations started on the first of a two-stage plan drawn up by John A. Maloney, architect.

On May 10, Superior Sister

Caron received good news from the Sisters of Providence General Council in Montreal. They approved the complete two-stage plan, and the entire \$300,000 hospital could be built at once, rather than in two separate stages!

A month and a half later, the A.W. Quist Company of Seattle began construction on the 126-bed brick hospital. Built in the shape of a cross, the new three-story structure would be completely fireproof. Patients would continue to enjoy a spectacular view of the bay, gaining access to the hospital through a main entrance off of Pacific and Nassau Streets.

While the Sisters were taking



Hundreds of people turned out for the blessing of the cornerstone of the new 1924 hospital already under construction.



The 126-bed hospital constructed in 1924.

bold steps toward modernizing the hospital, the Providence Medical staff was also reshaping its approach to the practice of medicine. Founded in 1905, the medical staff had annually elected a local physician to head the group. However, in 1923, serious consideration had to be given to reorganizing the medical staff along guidelines recognized by the American College of Surgeons. This move was necessary in order that Providence could maintain its good standing with the government and regulatory bodies. At the invitation of Superior Sister Caron, the doctors met on May 29, and decided to accept the guidelines of the College. Dr. Arthur Gunderson was medical staff president at the time.

Dedication

At 3:30 p.m., Sunday, October 14, 1923, Bishop O'Dea, now of Seattle, faced a much more pleasant task than he had 19 years earlier while acting as the liaison between the Sisters and the Everett townspeople. Now, he had the privilege of blessing the cornerstone of Everett's new Providence Hospital.

Hundreds of people crowded around the building site to hear speeches by Bishop O'Dea, Dr.

Chauncey A. Mead of Everett, the first president of the medical staff, and The Honorable Dudley Wooten, an orator from Seattle. Max Eister's orchestra played musical selections.

The granite cornerstone contained a sealed copper box filled with records, contracts, and a history of the hospital. Bishop O'Dea, in his blessing, congratulated the Sisters for their compassionate work. Dr. Mead spoke of the coming advantages of practicing medicine at the new hospital. Mr. Wooten reported that 16,450 patients had been treated at Providence since 1905. Dr. H. P. Howard, the 1910 medical staff president, hosted the ceremonies.

The opening of the hospital on May 12, 1924, coincided with National Hospital Day and the graduation of five student nurses. Early that morning, the Sisters celebrated a solemn mass in the new first floor chapel, then prepared for the grand opening later that afternoon.

Speakers included the loyal Bishop O'Dea, Everett Mayor John Smith, and Dr. Nathan Thompson, the 1907 medical staff president. Bishop O'Dea presented diplomas to Bessie Deiner, Norine Kreuger, Lillian Nelson, Inez Elsom, and



Bishop Edward O'Dea

Anna Downey. Throughout the day and well into the evening, the hospital was open for public viewing. The Everett Herald proclaimed Providence Hospital, Everett, the most modern facility in the Northwest.

Three days later, patients were transported by ambulance from the Monte Cristo to the new hospital. Cost per patient day in 1924 ranged from \$2.50 to \$5. Maternity cases cost between \$35 and \$80, including medicine, dressings, and post-natal care.

After shelving plans to convert the hotel into a sanitarium, the Sisters watched with mixed emotions as workmen started the demolition of the Monte Cristo in August. On May 26, 1925, the grand old hotel was no more.



The arched front entrance of the school of nursing built in 1930.



The Providence School of Nursing.

New nurses' home

With the nursing school's enrollment climbing every year and the students' housing becoming more cramped, the Sisters decided in 1929 to build a nursing school adjacent to the hospital on Nassau Street.

The A.D. Belanger Company of Everett contracted to build the \$107,000 project. Groundbreaking ceremonies for the 85-room, three-story brick building were held on May 26, 1930. The cornerstone was blessed on October 26.

On December 9, Virginia Braem and Anna Thompson had the honor of graduating in the new nurses' residence on its opening day. Father Thomas Madigan, Providence chaplain, blessed the new building, thanking the community for its support. Dr. Albert Murphy, medical staff president, and Mayor N.D. Martin spoke eloquently of the Sisters' work in Everett. Over 800 people toured the nurses' home and enjoyed tea and musical selections performed by local artists.

The Providence Nursing School graduated over 350 nurses between 1911 and February 25, 1954, when Sister Ann Louise, nursing school director, announced the school was not accepting new students. Her decision came because suitable affiliation programs in pediatrics and obstetrics were unobtainable. These services did not sustain the daily patient average required for approval by The National League of Nurses. The school was scheduled to close in 1956, following the graduation of those nurses already enrolled.

Seventeen student nurses received their diplomas at the last Providence Nursing School graduation ceremonies on September 1, 1956. The official closure was delayed until February 1, 1957, to

allow Patricia Joann French, the school's last student, to complete her studies on January 31. In its 45 years, the school graduated over 420 nurses.

At the end of 1956, Providence Hospital employed 193 people. Records show that 5,712 patients were admitted during the year, including 725 newborns. The cost per patient day had risen to \$31.50.

Depression

Providence Hospital, like the rest of the country, experienced extreme hardships during the Great Depression of the 1930s. After the extensive building programs of the 1920s, the hospital had few reserves in the bank when the economy bottomed out. With money scarce, Sister Gertrude of Providence, administrator, found that people hesitated to use the hospital for anything less than severe emergencies. This left whole wards empty. Often those who were admitted couldn't pay for their care. Hundreds were treated for free.

A number of labor disputes compounded the problems in Everett, stopping most of the work in the port and worsening an already gloomy financial situation. The local economy did get a boost in 1935 when the Weyerhaeuser Company announced plans to open a new paper mill in Everett. Hopes were high that the new industry would signal an end to the depression, but the economy remained at an ebb into the late 1930s.

Throughout this time, the hospital barely kept ahead of loan payments and bills. Still, the motto of the Sisters of Providence, "The Charity of Christ Impels Us," characterized their work during the Depression. Besides caring for the sick for free, the Sisters also donated over 20,000 meals to Everett's poor and needy. At the end of each year, the *Chronicles* annalist ended her report with a prayer of



Patriotic student nurses on the first National Hospital Day.



The last class to graduate from the Providence School of Nursing.

thanksgiving to Divine Providence for helping the hospital struggle through another year.

The Sisters offered many thankful prayers when the dark cloud of poverty lifted from Port Gardner Bay in 1936 and 1937 and Everett's businesses and population were back on the road to prosperity.

Flowers from the President

"October 2, 1937. Early this morning we received a basket of beautiful flowers which had been offered to President Franklin Delano Roosevelt when his train stopped for a few moments on its return trip from a visit to this Western coast. When presented with this floral gift, our President kindly thought of a hospital for its reception. A coin was tossed in favor of our hospital, making us the happy, privileged recipients." --*The Sisters' Chronicles, 1937.*

Quarantine

In April, 1946, Providence Hospital, as well as the Everett City Jail, was quarantined due to an unexpected outbreak of small pox. A recently jailed man was admitted with the feared disease and put to bed on the third floor. On April 17, Dr. Burton Johnson, city health officer, quarantined the 84-bed floor.

The outbreak reached near epidemic proportions, and several Everett residents died after contracting the disease. Vaccination stations were set up all over the city and an isolation ward was outfitted at Paine Field Airbase. By late May, the small pox outbreak was under control, and on May 24, the Providence quarantine was lifted.

Three years later, in July, 1949, a polio epidemic plagued Everett. By September, the "C" wing had 33 polio patients cared for by Provi-

dence and Red Cross nurses. The National Polio Foundation supplied the hospital with much-needed equipment during the worst of the polio ordeal. All the polio patients received massages and exercise therapy from three full-time technicians. The last polio patient was discharged on November 17.

Auxiliary and Children's Association

Many members of the Everett community contributed to the hospital in its developing years. Several prominent doctors, including Drs. F.R. Hedges, William Smith, Raymond Quigley, and Albert Murphy, often donated money for equipment or loaned their homes to the Sisters and student nurses for retreats and holidays.

Everett political leaders also had a fondness for the Sisters. Mayor Smith, Commissioner of Finance Headlee, and Fire Chief Swanson were particularly supportive. They landscaped the 1924 hospital grounds without charge.

The Providence Auxiliary, and later, the Children's Association, probably contributed more to the development of the hospital than any other volunteer group. The Sisters' Chronicles date the founding of the Auxiliary as August, 1924. Between then and the time the Children's Association was formed in 1952, Providence Auxiliary members devoted hundreds of hours, and raised thousands of dollars for the hospital.

At the March 7, 1953, regular meeting of the Providence Auxiliary and the Pediatric Guild, several women expressed the desire for the Pediatric Guild to become a separate organization.

On April 4, the Providence Hospital Children's Association, Inc., was formed. The members elected

Mrs. Dan English, president; Mrs. Leon Specketer, first vice president; Mrs. Lowell Playford, second vice president; Mrs. David Hagen, secretary; and Mrs. Leo Duffy, treasurer. Mrs. English's husband, an attorney, drafted a constitution and by-laws. These were adopted on April 25. A \$500 stainless steel sink for the pediatric department was the first gift donated by the Children's Association.

While fund raising for the pediatric unit became the primary function of the Children's Association, the Auxiliary lost momentum and disbanded in 1963.

Meanwhile, the need for volunteer workers became more pressing as hospital occupancy rates soared. Paid personnel could not meet all the patient demands or provide patients with the extra comforts in which the Sisters prided themselves.

On November 29, 1966, Mr. John Greeley and Mr. William Tobin, of the Sisters of Providence Central Development Office in Seattle, asked Sister Louise Aline, administrator, to initiate reactivation of the Providence Auxiliary.

Fifty-six women joined the Auxiliary at the reorganization meeting on February 17, 1967. With the emphasis on service, several important duties were outlined with the inservice director, Nancy Walsh.

Today, the familiar "Pink Ladies" continue to provide much-needed services to Providence Hospital patients and their visitors. Volunteers operate an information desk, deliver mail and flowers, read in the Providence Children's Center, escort patients and visitors, run errands, and distribute books, magazines, coffee and good cheer. In addition, they operate a gift shop which provides convenient flowers and sundry items to patients, employees, and visitors. Proceeds, after expenses, are used to assist in purchasing equipment and provid-



Nancy Walsh, R.N., and Sister Odele in the 1924 building's pharmacy.

ing support for Providence programs.

The Providence Board

In November, 1954, the Sisters saw the need for a community board to better serve Everett residents.

A preliminary meeting was held on January 26, 1955, to discuss the by-laws drafted by Dan English, hospital attorney. Three other Everett business leaders attended. They were Donald McCall, Everett Pulp and Paper Company; Russell LeRoux, Weyerhaeuser; and Harold Walsh, Walsh-Platt Motors.

On February 10, the board met and elected LeRoux chairman; Dan Duryee, Duryee Real Estate, vice

chairman ; and McCall, secretary. Other action included committee by-laws approval and appointment of Walsh to chair the committee organizing the hospital's fiftieth anniversary celebration. Regular board meetings were scheduled for the first Monday in January, February, April, May, September, and November.

By the May 2 board meeting, membership was complete. The charter members were: George Duecy of Siever and Duecy Civil Engineers, Dan Duryee, Dan English, Russell LeRoux, Loren Forman of Scott Paper Company, Donald McCall, J.A. Norway of the First National Bank, and Harold Walsh. Ex-officio members were Dr. J.W. Ebert, medical staff presi-



Russell LeRoux

dent; Mrs. Frank Payette, Providence Auxiliary president; and Mrs. George Shuh, Children's Association president.

Today, the Providence Board continues to play a pivotal role by providing community representation and support to hospital decisions and programs. The twenty-five members and two ex-officio members serve on committees overseeing functions from planning to community relations. A series of board taskforces work with Providence staff to achieve a common goal: assurance of quality health care for Snohomish County residents.

The Providence Residence

After the nursing school closed in 1957, the building was converted into the Providence Juniorate, a school for women studying to become Sisters of Providence. The students moved to Providence Heights in Issaquah, Washington in 1961.

On July 4 of that year, Sister Gertrude of Providence, administrator, announced that the nurses' home would be remodeled into a 60-bed home for the elderly at a cost of \$65,000 by Puget Sound Builders Company of Everett.

The Providence Residence opened on March 5, 1962. The first guest was Rose Vance, a former nurse who had worked in the old Monte Cristo. Mrs. Anita Claymore, R.N., was appointed director of the Residence with Sister Lucy Emily as consultant. Sister Joseph Francis was director of the dietary department. Over 400 people toured the Providence Residence during a March 11 open house.

In January, 1963, a "Ladies of Charity" auxiliary was organized to raise money for the Providence Residence and to cheer its guests. The Residence enjoyed full occupancy through 1967 when it received certification and accreditation as an Extended Care Facility. The certification allowed a higher reimbursement rate from the government for the care of the aged.

To make way for a new hospital wing, the Providence Residence closed in April, 1969. On March 17, the "Ladies of Charity" auxiliary met for the last time. Sister Louise Aline, administrator, reported from 1963 to 1967 they had raised \$3,400 to purchase equipment for the Residence.

Demolition of the Providence Residence by the Shaffer Crane and Rigging Service, Inc., started in May, 1969. The \$17,718.89, month-long job proved to be difficult because the structure was built of thick reinforced concrete.

Phase I Construction

In the late 1950's, accrediting and licensing agencies started noting deficiencies in the hospital's surgery and maternity units. By 1961, dietary, laboratory, x-ray, and central service departments were also listed as below standard.

To raise funds for the first of a \$14.5 million four-phase building program, the Providence Hospital Development Program was initiated



Aerial view of the hospital in 1969 before work began on the Phase III construction. On the right is the Providence Residence.

on January 3, 1962, under the direction of Mr. John Malley of the Community Counseling Service, Inc., of New York. The program hoped to raise \$400,000 in the next five months for the construction of a new \$2.7 million, six-story wing to house dietary, clinical and pathology lab, delivery suite, radiology, central service, and new Sisters' quarters. The new wing, designed by the Harry Botesch & Associates architect firm (later, Botesch-Nash and Associates) would also allow expansion of other departments in the old structure.

George Duecy, president of Associated Sand and Gravel, made the first contribution of \$10,000 to the Development Program on March 1. A formal announcement of the fund-raising drive was made at a press conference in the newly opened Providence Residence. Retired Everett businessman, Paul Sevenich, was declared fund-raising chairman. By June 29, \$404,602 was pledged to the building fund, including a \$30,000 donation from the Weyerhaeuser Foundation.

Groundbreaking services were held on May 25, 1964, after hasty preparation, to take advantage of a special visit by Mother Annunciata, second assistant general for the Sisters of Providence, and her traveling companion, Sister Emile of the Sacred Heart. Reverend August Royer, chaplain, officiated at the ceremony.

The John H. Sellen Construction Company of Seattle was awarded the building contract for \$1,190,225 with construction slated to begin June 8, 1964. On July 11, 1965, the Most Reverend Thomas Connolly, archbishop of Seattle, blessed and dedicated the new building at a simple ceremony. Over 1,000 people toured the building that afternoon and evening. Central Service was the first department to move into the new wing on July 19.

The cost per patient day in 1965

was \$61. Less than a month after the opening of the new wing, President Johnson signed the Medicare Bill, effective July, 1966. The bill would have great impact on hospitals and healthcare in the future.

Phase II Construction

The John Sellen Company started the \$1.5 million Phase II construction in May, 1967, which would contain 66 beds, surgical suite, recovery room, and a new boiler plant.

With construction underway, the Sisters retained William Pickens from the Naramore, Bain, Brady and Johanson architectural firm of Seattle to study the future of the original 1924 building. Engineers had already determined that the building was sound, but the whole interior would have to be completely rebuilt to suit present and future needs. The "Feasibility Study" concluded in 1968 that it would be more efficient and less costly to replace both the old structure and the Providence Residence with a new wing.

Three weeks before the opening of the Phase II wing, the Bob Ayer Construction Company of Everett started remodeling the emergency room for \$100,000. A temporary measure to replace cramped, out-of-date quarters, the new emergency room, blessed on February 16, 1969, would be used until it would be replaced in the Phase III construction.

After a two day employee "sneak preview" on August 27 and 28, Phase II wing was opened to the public on September 8, 1968, before patients moved in on the 9th. Dr. Paul White performed the first surgery in the spacious new surgical suite on September 28. Room rates had risen to \$55 to \$60 a day. With the Boeing boom pushing Everett's

population over the 50,000 mark, occupancy rates now stood at 80 percent.

Phase III Construction

For the third time, the Sellen and Hanson Construction Company of Seattle underbid their competitors and were contracted on November 26, 1969, to start the \$8.8 million Phase III construction in early 1970. When the Phase III construction was complete, the 1924 building would then be totally replaced by new facilities.

The new structure would house temporary business office space, emergency room, expansion of radiology, medical records, doctors' lounge, admitting and outpatient, personnel department, pharmacy, purchasing, meeting rooms, students' room, expansion of maintenance department, housekeeping, laundry, four floors of 32 private rooms each, and two floors shelled in for future expansion. Father John Collins, hospital chaplain, officiated at the groundbreaking ceremony on February 11, 1970.

The 1924 cornerstone was opened on August 10, 1972, seventeen days before the dedication of the new facility. The old documents were added to current reports and records and placed in a cornerstone designed by Everett artist Bernie Webber and his daughter Elizabeth. The 1973, Phase IV construction would include a new housekeeping area, main lobby, switchboard, chapel and business office.

Speakers included Daniel Evans, governor of Washington; The Most Reverend Thomas Connolly, archbishop of Seattle; Robert Anderson, mayor of Everett; William Dobler, Providence Board president; Schuyler Bissell, medical staff president; Mrs. Lorene Drapeau, Providence's employee of the year; and Sister

Barbara Ellen, Provincial Superior, Sacred Heart Province.

A special guest of honor was Sister Ermelinda Moore, a centenarian who came to Everett in 1904 to oversee the carpentry work needed to transform the Monte Cristo Hotel into the first Providence Hospital.

Archbishop Connolly blessed the hospital. Harold Walsh was master of ceremonies. Thousands of people toured the new facility that afternoon, assisted by members of the Providence Children's Association, the Providence Auxiliary, and many employees.

By 1972, the cost per patient day had increased to \$123. Providence Hospital now employed 379 full and part time employees. Sister Louise Aline was administrator.

Phase IV Construction: finis

The thirteen-year building program concluded in March, 1974, when the front portion of the hospital was finished. From March 25 to April 7, Providence Hospital was open to the public for tours.

A year later, a special dedication mass was celebrated in the main lobby for the blessing of the chapel and front entrance. Monsignor John Mattie was the celebrant, Reverend John Hanses, chaplain, the homilist, and Carl Munding, administrator, the lector. The Holy Names Sisters joined the Sisters of Providence in the singing directed by Sister Chauncey Boyle.

Right: Mrs. Jerome "Sis" Jones, who was born in the Monte Cristo Hotel, and Sister Ermelinda Moore both attended the 1972 dedication. Mrs. Jones' father was manager of the Monte Cristo for a few years. Sister Ermelinda was the aunt of Dr. Charles Trask of Everett.

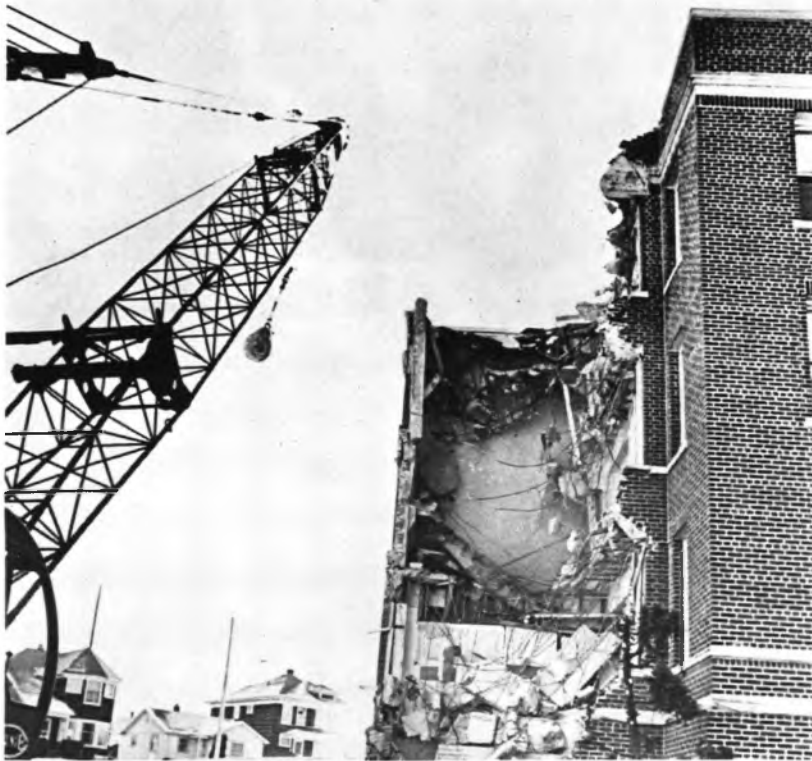


Phase III construction.





Blessing of the cornerstone. Left to right: Father James Gandrau, editor of the Northwest Progress; Father Stephen Szeman, secretary to the archbishop; Sister Louise Lebel, administrator; Archbishop Thomas Connolly; Father John Collins, Providence Chaplain.



The sturdy old 1924 hospital was demolished to make way for the phase IV construction which contains the business office and main entrance.

New CCU

Work started on the unit—a new patient service, on January 24, 1966. Newland Construction Company of Everett contracted to renovate a portion of the third floor “B” wing for \$17,626 to house a coronary care unit.

Everett residents and industry enthusiastically supported the “CCU” from the start. The Weyerhaeuser Company, Burlington Northern, and the Providence Auxiliary helped purchase a “crash cart” filled with equipment for reviving heart attack victims. Mr. and Mrs. George Duecy, who cut the ribbon at the CCU grand opening on May 2, also contributed thousands of dollars and inestimable time to the project.

Sixty-two guests attended the dedication in the Phase III wing on August 25, 1972. As a tribute to a surprised Duecy, at the opening, Sister Louise Lebel, administrator, unveiled an oil portrait of the hospital board member and dedicated benefactor. The portrait now hangs in a prominent place in the hospital. Since 1955, the Duecy trust has donated over \$100,000 to Providence Hospital, including \$44,000 to the 1972 coronary care unit.

Intensive Care at Providence

On April 12, 1969, the intensive care unit (ICU) opened in the old recovery room space on the second floor. The need for such a unit was voiced repeatedly by members of the medical and nursing staff as the population of Everett mushroomed in the 1960s.

While the Ayer Construction Company started remodeling for the \$12,500 ICU in late 1968, a group of physicians, led by Dr. James Otto,

chairman of the ICU planning committee, started to train nurses in intensive care at in-service educational meetings.

Over 300 patients were treated in the unit in its first year of operation. Most of these were treated for major surgical and medical problems, although some were post anesthesia recovery on weekends. Mrs. Myrtle Little, R.N., was head nurse on the unit. Dr. Otto was medical director.

Like the CCU before it, the ICU also received wide community support, including a \$30,000 donation from the Boeing Employees Good Neighbor Fund and a \$53,000 grant from the Weyerhaeuser Foundation.

In 1979, the Providence nursing staff started a unique 24-month educational program to ready nurses for the American Association of Critical Care Nurses board exams. Upon successful completion of these boards, Providence registered nurses are able to rotate among the hospital's critical care areas—emergency department, ICU, and CCU—when patient load is unusually high or when regular staff is ill or on vacation.

1970s: A decade of change

The arrival of Carl Munding as assistant administrator on May 19, 1969, didn't signal immediate changes in administrative organization at Providence Hospital. However, organizational changes became evident in July, 1972, when he was promoted to associate administrator, and on January 1, 1973, when Munding had the honor of succeeding Sister Louise Lebel to become the first lay administrator of Providence Hospital, Everett.

Formerly Sister Louise Aline, before adopting her legal name in 1970, Sister Louise Lebel was administrator of Providence for 12 years. She made a career change after leaving Providence, accepting a pastoral care position in Providence Hospital, Oakland, California.

For thirteen years the hospital had channeled its energies in two directions—providing good basic patient care and completing an extensive building program which resulted in a totally new facility. As the new administrator, Munding faced the challenge of shifting the emphasis from "bricks and mortar"

to program enhancement. The multi-disciplinary approach to comprehensive patient care programs became the watchword. Munding also placed renewed emphasis on people making the difference in patient care.

At the same time, as the first lay administrator, he had the responsibility to see that the hospital continued to fulfill the Sisters' goal of providing compassionate health care for the whole person to all who require it.

By meeting these challenges, Munding would help guide Providence Hospital into the 1970s and 1980s to serve as a complete health care center for Snohomish County residents.

January 1973 also signaled a minor reorganization in the structure of the Providence Medical Staff. On January 23, with permission and guidance from the Joint Commission on Accreditation of Hospitals, the medical staffs of Providence and General Hospital of Everett started combining their monthly medical staff meetings. This seemed the logical thing to do, since the staff at each hospital, with few exceptions, was the same.

Later, in 1975, the medical staff formally combined and in March, 1976, accepted by-laws to form the Combined Medical Staff of Providence Hospital, Everett and General Hospital of Everett. The first Combined Medical Staff officers were Dr. Clayton R. Haberman, president; Dr. Willard Larson, vice president from General Hospital of Everett; Dr. Erwin R. Slade, vice president from Providence Hospital, Everett; and Dr. Paul H. White, secretary-treasurer.

New services and the JPC

In the early 1970s, several important medical services and programs were started at Providence



Sister Louise Aline unveils the portrait of George Duecy at the CCU dedication.

Hospital, Everett. They include: respiratory/cardio-pulmonary department (1972); physical therapy (1974); occupational therapy (1975); stroke rehabilitation program (1974); and the Pain Control Center (1974).

To avoid duplicating services, Providence and General Hospital of Everett started a joint planning taskforce in 1974 which evolved into the Joint Planning Committee (JPC) in 1976. The JPC's efforts would increase the availability of more specialized medical services to Snohomish County residents at greatly reduced costs.

The first JPC committee members were: James Lienesch, chairman, Providence Board representative; Harold Walsh, Providence Board representative; Mary Secoy, Providence Board representative; William Dobler, Providence Board president, ex-officio member; Carl Munding, Providence Hospital administrator, ex-officio member; Ralph Schapler, vice chairman, General Board representative; Robert Freidenrich, General Board representative; Stephen Saunders, General Board representative; Alfred Muller, Jr., General Hospital administrator, ex-officio member; Patterson Miller, General Board president, ex-officio member; Clayton Haberman, M.D., Combined Medical Staff president, ex-officio member; Willard Larson, M.D., Combined Medical Staff representative; Thomas Skalley, M.D., Combined Medical Staff representative; and Thomas Hutchinson, M.D., Combined Medical Staff representative. Dr. Larson served as chairman pro tem during the JPC's organizational stages.

As a result, the first medical services to be consolidated were the cardiac catheterization lab at General and radiation therapy at Providence. In 1977, total knee replacement surgeries were performed exclusively at Providence, and total hip replacement surgeries at



Carl A. Munding became the first lay administrator in 1972.

General. In 1978, despite some controversy, obstetrics services were consolidated at General and pediatric services at Providence. Other consolidations to avoid duplication of services attributable to the JPC include the CT scanner at General, and physical medicine and rehabilitation at Providence.

Pastoral Care and Outreach Services

The 1970s were also a time of transition for the Sisters living and working at the hospital. With the administration and department heads comprised mainly of lay people, the Sisters intensified their efforts of caring for the spiritual and emotional concerns of patients and personnel by establishing the pastoral care department. On October 1, 1973, Sister Georgette Bayless was named director.

Four years later Sister Georgette was assigned to coordinate the increasing number of outreach programs the hospital

sponsored when the outreach services department was established in September, 1977. Father O'Connell took over her role as director of the pastoral care department.

By 1980, the hospital was involved with many community outreach programs such as Hospice of Snohomish County, the Sharing of Self (S.O.S.) Widows Group, Rape Relief of Snohomish County, Alcoholics Anonymous, Senior Services "Meals on Wheels" hot lunch program, and Overeaters Anonymous. Medical-oriented outreach services included family diabetes classes, free blood pressure screenings, health fairs, and community educational forums.

In addition to their involvement with outreach services and pastoral care, today the Sisters are also very active in other aspects of patient care which uniquely meet the needs of the whole person. They include: Providence Children's Center "play lady," Sister Chloe, who uses her talents in music, art, and human relations to aid in the healing process of children and their families; and Sister Flora Mary, who acts as the patient's advocate to assess the care they receive at Providence and assure that each was treated with dignity and respect.

The Providence Foundation

Fund raising is nothing new to Providence Hospital, Everett. From the time the hospital was founded in 1905, the Sisters continually relied on the public to help support building and modernization efforts and the development of specialized medical programs. Millions of dollars were raised to help finance the 1924 building, the nursing school, the Providence Residence, and the four-phase construction program.

In the late 1960s and early 1970s, the hospital found it financially impossible to keep pace with the expensive capital needs for continued expansion and modernization of facilities and medical services. So, on April 7, 1976, the Providence Community Health Foundation was incorporated to raise funds for the hospital through charitable gifts. John Herber was elected the first president of the new completely independent non-profit corporation.

In addition to providing financial support to the hospital the Foundation is committed to furnishing the public with the latest available information on preventative medicine and general health care.

The Providence Foundation was instrumental in the development of the Providence Children's Center, the Lions Eye Care Center and the Dr. John Flynn Cancer Center. It also has sponsored an on-going series of health education forums on such topics as stress, cancer, arthritis, and high blood pressure. It has supported the needs of a community

stressed by growth, through support of the Sno-Isle Blood Bank and helped launch Hospice of Snohomish County with a \$5,000 grant.

The Flynn Center

Congressman Lloyd Meeds and Mrs. John Flynn helped dedicate the Dr. John E. Flynn Cancer Center on January 26, 1977. Located on the lower level of Providence Hospital, the Center was named after a dedicated Everett physician who succumbed to cancer in April, 1976.

Before the Center was built and started admitting patients in December, 1976, Snohomish County cancer patients had to drive to Seattle for radiation treatments. Research shows that people who can receive treatment in their own communities, surrounded by the support of family and friends, tend to do better in combating the disease.

Over 300 patients received radiation treatments in 1977. In the

first three years, over 825 new patients were treated at the Flynn Center.

The Flynn Center is equipped with a Varian Clinac 6X linear accelerator and a Picker treatment simulator. In 1980, to stay abreast of technology, a new ortho voltage unit and a treatment planning computer were installed.

Dr. John E. Flynn Cancer Center was a forerunner in treating the "whole person," much like the doctor for which it is named. In addition to receiving radiation treatments, each patient is screened by a dietitian, a social worker, and physical and occupational therapists.

A Multi-Disciplinary Cancer Committee directs cancer care at Providence and General Hospital of Everett and oversees patient care at the Flynn Center in accordance with guidelines established by the American College of Surgeons. The Flynn Center received accreditation from the American College of Surgeons and the American College of Radiology in 1978.



Dr. Fiorino.

Probably the largest pledge made to the Providence Foundation was an endowment fund established in 1977 in the memory of Dr. John Fiorino and his wife, Genevieve, by their three daughters, Mrs. Mary Orradre, Mrs. Martha Dowell, and Mrs. Elizabeth Ruff.

Income generated from the \$250,000 endowment pledge was appropriated to support medical treatment and educational programs at Providence Hospital, Everett.

Dr. Fiorino, who died in September, 1976, was a noted scholar, scientist, and specialist in obstetrics and

gynecology. During his distinguished lifetime he served as chairman of the Washington State Board of Medical Licensure, president of the Washington State Obstetrical Association, and president of the Snohomish County Medical Society.

Fiorino practiced the majority of his career—49 years—in Everett and established the Women's Clinic on Hoyt Avenue. He was particularly interested in human fertility and during his early career, he worked with Dr. George Papanicolaou, originator of the Pap test for cervical cancer.



Dr. John Flynn. Photo by Dr. Bruce Lamus.

Providence Children's Center

On Saturday, December 15, 1979, the Providence Community Health Foundation and the Evergreen Kiwanis Club hosted a "Christmas for Kids" party in the Providence dining room for alumni from the pediatrics and the Pediatric Disabilities Treatment Center (PDTC). The Christmas event officially marked the designation of the hospital's children's services as the Providence Children's Center.

The PDTC was established in June, 1976, to assist in the education and training of children with neurological, mental, orthopedic and developmental disabilities. Physical therapy, occupational therapy, speech therapy, and social services all work in conjunction with community agencies in evaluating and treating children with disabilities. These disabilities include muscular dystrophy, nerve injuries, meningitis, fractures or joint replacements, spinal cord injuries, mental retardation, and birth defects.

Following the consolidation of obstetrics at General Hospital of Everett in 1978, the PDTC moved into the refurbished maternity ward on second floor.

In 1979, the PDTC was awarded a three-year federal grant by the Department of Health, Education and Welfare, which provided \$75,000 a year to operate an extensive demonstration project of screening and intervention for handicapped children from birth through 35 months. The project was the only hospital-based program selected from 376 applications.

Left: The present Providence Hospital, Everett.



75 Minutes at Providence Hospital



Seventy-five minutes can't begin to do justice to the scope of care patients receive at a hospital like Providence. What it can do is show both the problems and challenges the Providence staff face every day.

Every second that clicks by, dedicated people, specially trained in their specific disciplines, attend not only to each patient's body but to their minds and souls as well.

Seventy-five minutes...An incomplete composite, but an example of the hospital's 75 year commitment to compassionate, family-oriented healthcare.

10 a.m. Emergency Department (ED)...“The car swerved towards us. . . I lunged for the ditch and we fell in it,” sobs the young mother in examining room number three. A bearded physician stitches up a small cut on her little boy's left arm as the ED nurse unsuccessfully attempts to distract him. “You'll hardly even see the scar when he gets older,” the doctor assures the mother.

Not all of the over 25,000 cases treated in the Providence ED each year end so happily. Besides the everyday cuts and coughs, there are occasional serious traumas resulting from falls, auto crashes, and organ failures. The 24-hour ED is equipped with eight treatment

rooms, each with additional space for stretchers should more room be needed in the event of a disaster.

10:01 a.m. Main Floor hallway...Barbara hums softly to herself as she starts her rounds with mop in hand. Her housekeeping cart trails reluctantly like a dog on a leash as she carefully wipes down the walls and counters outside the pharmacy.

Housekeepers play a vital role in infection control. By keeping all the rooms, corridors, windows, nooks and crannies spotless; by working with the infection control nurse to insure the hospital is safe and sanitary; the housekeepers help maintain a germ-free environment for patient care.



10:02 a.m. Switchboard...

"Providence Hospital, may I help you? Yes, she's in room 206, bed two, I'll ring for you."
 "Dr. Bond, Dr. Bond, please."
 --ring--"Providence Hospital. Yes, his light shows on. Shall I page him? You're welcome."
 "Will the owner of a light blue Honda, license DNA557, please call the switchboard."

10:10 a.m. Physical Therapy Department... Tears come to her eyes. Just for a moment. A split second of joy. After six months of therapy, Josh extended his right leg all by himself. For 137 days he had needed her help. Now, he could move on his own.

Josh was brought into the Emergency Department with his right leg badly mangled in a motorcycle accident. At first it looked like he would lose it. After four hours in surgery, his physician was able to set the leg and repair the damaged arteries and veins. Now, with his latest accomplishment, there's a glimmer of hope that one day he'll have at least partial use of his right leg again.

10:11 a.m. Admitting...

Harold leads his wife, Martha, to the admitting desk. She's at Providence for cataract surgery. Twelve days ago he received a call from the admitting clerk and after only 11 minutes, they had all the forms filled out over the phone and Martha was "pre-admitted." Now they just have to sign the releases and she can be escorted to her room. "Right this way," a clerk directs Martha. "You'll be in room 446, It has a beautiful view."

10:12 a.m. Flynn Center...The 58-year old man comes in daily for radiation treatment. He has lung cancer. As he lies on the treatment table, Debbie, the chief radiation oncology technologist, carefully moves two lead blocks into place on the grid-like tray above the chest. The blocks help prevent the x-ray treatments from affecting normal tissue.

After making sure he is comfortable, Debbie steps out of the room and closes the door. She sits down behind the control console which displays a myriad of lights, meters and dials.

On the closed circuit television screen she can see the 158-pound man dwarfed by the six-ton linear accelerator. "We're ready to go," she says into the intercom. His treatment lasts 30 seconds. Preparation had taken half an hour. The ratio of set-up to treatment time is typical of the exactness required in radiation therapy.

The man will receive radiation treatments every day, Monday through Friday, for three more weeks. Then his physician and a Flynn Center doctor will evaluate his progress and schedule a series of follow-up check-ups.



10:15 a.m. First Floor lounge...The balding, middle-aged man has just learned that his mother had suffered a severe stroke and is lying unconscious upstairs. Only once, a long, long time ago, when his collie was hit by a car, did he ever break down and cry. Now, the salty streams won't stop.

Beside him sits a Sister from the pastoral care department. Right now there are few things she can do for him, aside from letting him cry, and listening to him when he's ready to talk.

She'll pray with him if he wants to pray. Silently, she sits, her wrinkled hands resting on his forearm, "being there" if he needs her help.

10:18 a.m. Pain Control Center...In the fifth floor Pain Center lounge, a nurse leads eight men and five women through a series of exercises. All of them experience chronic pain. They are here because of headache, low back pain, neck pain, or pain unrelieved by medication or surgical procedures.

Most of them were heavy users of narcotic pain killers before they entered the three-week program. Few believed they would ever have increased activity and pain control without the use of the pain killers.

Now into their second week of therapy, many of them are noticing a difference in the way they feel. Through biofeedback and relaxation therapy, transcutaneous electrical stimulation, physical and



occupational therapy, and gradual drug withdrawal, each of them has become more attuned to his body and how to deal with his pain.

The patients live in private rooms and dress in street clothes. A daily lecture is presented by medical and hospital staff on topics such as the anatomy and physiology of pain, the psychology of pain, and problems associated with pain medications.

After completing the pain control program, some 30 percent of the patients return to employment, 60 percent maintain a higher degree of activity, and 70 percent remain off narcotic medications.

10:19 a.m. ICU...Shawna's kidneys stopped working shortly after the automobile accident. Her key to survival is the dialysis machine sitting next

to her bed. Blood from an artery in her left arm travels through a tube into the dialysis machine and back into a vein in her left arm. The machine filters the residue ordinarily processed by the kidneys. The whole process takes between three and four hours a day to complete. Without the dialysis machine, Shawna would be poisoned by naturally produced waste products in her bloodstream.

10:20 a.m. Patient Accounts...Above the din of typewriters, telephones and the copy machine, Ruth tries for the third time to explain to the elderly gentleman that Medicare has already paid his hospital bill. It seems the more she says, the more confused he becomes:

Finally, the man's wife comes to the phone and explains that her husband's hearing is impaired. Ruth patiently explains the billing

situation again. This time, she is able to successfully answer the conscientious couple's questions.

10:24 a.m. Emergency Department [ED]...A call comes in over the Hospital Emergency Administrative Radio (HEAR) from the Snohomish County Sheriff Department's Rescue Huey helicopter. They are enroute from Index carrying a 17-year-old male with a possible fractured femur and suffering from exposure. The boy, who had been missing five days, was found unconscious by two hunters. Approximate arrival time: 10:45 a.m.

10:26 a.m. ED...An ED nurse notified the switchboard of the helicopter arrival and the following announcement is made over the hospital PA system: "Attention please. There will be a helicopter landing in 15 minutes. All unauthorized personnel please



stay clear of the area." The switchboard operator then dials 911 and alerts the fire department of the helicopter landing.

10:27 a.m. ED...The trauma team is notified and treatment room number two is readied for the patient. The trauma team consists of the ED doctor, the ED staff, a respiratory therapist, an IV therapist, and a nurse from the fourth floor.

10:35 a.m. ED...A Snohomish County Sheriff's deputy arrives to coordinate the helicopter landing by walkie talkie. He reports that the boy's

parents have been informed of the airborne rescue and will soon be arriving from Monroe. The deputy follows the ED doctor and nurses to the fourth floor where they'll await the arrival of the Huey.

10:44 a.m. Helipad...The Huey is sighted and the team lifts the gurney into place. When the helicopter sets down and the doors swing open, the staff rushes out and transfers the boy onto the stretcher. Once he is secure, the team races to an awaiting elevator which transports them downstairs.

10:47 a.m. ED...When the boy arrives in treatment room number two, a mini-drama begins. Little is said as each member of the trauma team performs his or her assigned task. Each of them has a specific job to do; yet, their work is as synchronized as the gears of a precision timepiece. The ED physician examines the boy and evaluates his injuries. The ED nurses remove his wet clothing and cover him with warm blankets. The IV therapist starts a stabilizing Lactated Ringer's IV in the boy's left arm. A laboratory aide



draws blood from his right arm and takes the sample to the lab for a complete blood count and type and crossmatch.

From the ED, the boy will be wheeled to the radiology department for x-rays and then to the ICU for observation and monitoring. The boy's parents will be greeted by a member of the pastoral care department at the ED entrance. They will immediately be advised of their son's condition and kept posted as changes occur.

10:48 a.m. Occupational Therapy (OT)... "Why don't you leave the soap by the sink? That way there's less reaching involved," suggests Roberta's occupational therapist. Roberta is 62 and has chronic arthritis. After her total knee replacement surgery, her

physician suggested she receive therapy and referred her to Providence's OT department.

While working with Roberta the past week, the therapist has emphasized proper body mechanics and work simplification. Today they practiced reaching, squatting, and bending in the OT kitchen. Tomorrow the therapist will fit Roberta with a splint to restrict the movement of her inflamed wrist joints. She'll also set a date to visit Roberta's home to see if there are any problem areas where special adaptive equipment should be installed.

10:49 a.m. Medical Records... Only a slight clicking can be heard from the keyboards of the word processing terminals. Three medical transcriptionists briskly transcribe patient information

that physicians dictated just 24 hours ago. The computer-linked print-out machine will then type the information onto forms to be placed in patient files.

Across the sun-drenched room, a medical records technician makes sure a patient's folder is complete. She files it using the terminal digit filing system.

Medical records personnel provide an important hospital support service. Keeping the tons of patient paperwork organized and within easy reach is a weighty responsibility. It is made easier by the use of modern equipment such as the Lanier Text Editors and through the use of standardized medical record procedures.



10:50 a.m. Lions Eye Care Center... A curly-haired technologist gently positions the elderly woman's chin so he can accurately photograph her left eye. Recently, the 66-year-old woman has noticed a blank spot in her field of vision. Despite her glasses, objects appear fuzzy.

Her ophthalmologist suspects her retina may be hemorrhaging. He has requested that the technologist, specially trained in ophthalmic photography, use the fundus camera to take 35mm photographs of the woman's interior eyeball.

After dialating her pupils with eyedrops, the technologist first shoots a series of color slides showing, in detail, the vessels of the woman's retina. He will then switch to a motor-drive camera and inject 5cc's of fluorescein into the woman's left arm. The fluorescein acts as a light-sensitive dye in the retina's blood vessels. With proper lighting and filters, the camera will take a rapid series of photographs that will vividly show the blood flow in the different tissue levels of the retina.

The Lions Eye Care Center was established with the help of the Lions Sight and Hearing Conservation Foundation of Snohomish County and the Lions Sight Conservation Foundation—Washington and Northern Idaho. The Lions equipped the Center with a fundus camera, a technologically advanced argon laser used in exacting eye surgeries, and the A and B mode diagnostic ultrasound.

10:51 a.m. Carpentry Shop... No patients hear the beat of country-western music punctuated by the rhythmic



sound of pounding hammers in the seventh floor carpentry shop. There, in the only office on the otherwise unfinished top floor, two carpenters listen to the radio as they put the finishing touches on a cabinet for the laboratory.

The carpenters are part of the diversified engineering and maintenance staff. There are also gardeners, painters, bio-medical engineers, mechanics, and other staff who keep the hospital running smoothly. Over the years the engineering department has also contributed to the

hospital's cost containment efforts by making the facility energy efficient and by performing building and remodeling projects themselves rather than hiring expensive outside contractors. Their economies have resulted in annual savings of over \$20,000 in recent years. In March, 1980, the engineering department received a \$10,000 energy saving grant to study ways to make the hospital more energy efficient.

10:56 a.m. Surgery...In OR 2, an orthopedic surgeon

performs a delicate lumbar laminectomy in hopes of relieving some of the middle-aged man's back pain. An anesthesiologist diligently monitors the vital signs of the patient lying in a halothane-induced, sleep-like state. Hovering over the patient, the surgeon carefully removes the spongy disk between two of the man's lower vertebrae and replaces it with a bone graft from his left hip. When the graft heals, it will fuse together the two vertebrae.





Beside the doctor stands a scrub nurse dressed in faded green/blue surgical "scrubs." She assists the physician by handing him the correct surgical instruments as he needs them. From the patient's feet a circulating nurse attentively eyes the instrument stand. She is responsible for getting materials for the doctor or scrub nurse.

When the grafting is finished and the surgery is completed, the man will be moved to the dimly lit recovery room for an hour before he is taken up to his room on the third floor.

10:57 a.m. Laundry...On a table behind the seamstress sits a pile of wrinkled gowns. The quiet hum of her sewing machine is drowned out by the belligerent whir of dryers, the clanking of folders, and the bursts of steam from the main laundry room. All this noise goes unnoticed by the seamstress, busily stitching a rip

in one of the gowns, her ears safely plugged against the neighboring din.

The seamstress is part of the 30-member laundry department staff that works in the lower level of the hospital. They keep Providence's thousands of pounds of laundry clean as well as that of Stevens Memorial Hospital in Edmonds and Cascade Valley Hospital in Arlington.

10:58 a.m. Social Services Department...The discharge planning nurse still has a lot of work to do so Steve, a patient in room 330, can go home in two weeks. Steve, age 27, has an infection in his bones called osteomyelitis which requires him to receive intravenous antibiotics every six hours around the clock.

The nurse has already arranged for Steve's family to learn how to administer the IVs themselves. She has also

spoken with Steve's insurance company about paying for his hospital bills, including the cost of the special equipment he will need at home.

Now she is on the phone with the Visiting Nurse Association trying to schedule a nurse to check on Steve every other day for the next month. Next on her "to do" list is to arrange for a chore service to help Steve's family with their shopping and yard work once a week.

Discharge planning by the social services department is just one of the many ways patients are cared for before, during, and *after* their stay at Providence.

11:03 a.m. Rehabilitation Lounge...Kevin wears a crooked smile as he sits in his electric wheelchair.

A smile because he's being serenaded by therapists from physical, occupation, respiratory and speech



therapies, social worker and nurses from the rehab unit.

Crooked because they're singing "Happy Birthday" a little flat.

A serious trauma case with multiple injuries, Kevin was rushed to Providence by aid car eight months ago. He had been crushed by a crate while working on the Everett waterfront.

After several hours in surgery, and months in the ICU, Kevin was moved to a room on the fourth floor Center for Rehabilitative Medicine. There he started his long climb toward recovery and independence with the help of many dedicated therapists and nurses.

Kevin's doctors and therapists hope he'll be able to move back home soon and receive therapy as an outpatient. Until then, they will continue with his daily therapy sessions, challenging and teaching him to communicate and function to the best of his ability.

11:04 a.m. Providence Room... Tense oinks and squeals sound from the six-week-old piglet restrained on a table. Moments later he is anesthetized and ready to become a patient in a unique inservice educational session for Providence respiratory therapists.

Treating infants with the ventilator is very exacting work. There must be constant monitoring because the slightest dial twist can produce great changes in the infant's condition. Providence respiratory therapists don't often face infant ventilation problems. This inservice was arranged to keep their skills sharp. A piglet was selected because it is physiologically similar to a human infant.

The respiratory therapy director hands a case problem to the first team of two therapists. They are instructed to treat the case as if they had received a physician's order on the piglet "patient." A pulmonary specialist and a veterinarian observe the procedures.

By the end of the day, five teams of therapists will have completed their case problems. When the session is finished, the piglet will be resuscitated and turned loose at the farm of one of the therapists.

11:08 a.m. Room 324... A registered dietitian knocks at the door, then peeks in. She has come to talk to Brenda, a new diabetic, about the relationship of diet to diabetes. Brenda's physician determined that her diabetes can probably be controlled by diet alone and asked the dietitian to visit.

The basis of the dietitian's discussion is the need for good nutrition. Using a number of color pamphlets and charts, she explains why it's important that Brenda eat balanced meals and keep her sugar intake to a minimum.

The dietitian gives her a copy of the Choice System diet plan which stresses independence for diabetics much like weight reduction diet plans do. Individuals are given an extensive list from which they are free to choose specified quantities of selected foods for each meal. She also gives Brenda some tips on cooking and eating out, reading labels, and eating during illness. Before she leaves, the dietitian will also invite Brenda to the next series of diabetic classes taught at Providence.

11:09 a.m. CCU... Ironically, fifty-two-year-old Phil finally has some time to think now that he's had a heart attack.

As he lies in one of the six CCU beds (his every heartbeat monitored by an expensive and very complex machine), Phil remembers that he laughed when his doctor said he was like a bomb ready to explode.

Surely, he thought then, his doctor could come up with a better analogy than that stale cliché. Maybe he worked too hard. He knew he was 25 pounds overweight. But, he figured it was okay since he didn't smoke.

While Phil considers the many reasons that led to his heart attack, CCU nurses and

heart monitoring machines keep him under constant surveillance. The specially trained nurses continuously observe and record his vital signs from the centralized nurses' console, looking for any indication of unexpected complications.



11:10 a.m. Purchasing...In the back of the storeroom, the purchasing clerk gingerly nudges a new typewriter onto a cart. On his way to deliver it to the business office, he'll also drop three boxes of stationery by the personnel office, an extension cord by the administrator's office, and five cases of soda pop by the cafeteria.

Besides storing and delivering hospital goods and housing the mail room, the purchasing department procures materials and equipment for the entire hospital, except the dietary, engineering, and pharmacy departments.

11:13 a.m. Enterostomal Therapist's office...Rick sets the synthetic tubing down on the table. He can hardly believe that in eleven days it will become a regular part of his life.

Due to cancer, Rick will have to be fitted with an artificial means to collect bodily wastes when part of his urinary tract is removed. This surgically created opening is called a stoma.

Rick was referred to the certified enterostomal therapist by his physician. Before the surgery she will counsel Rick and his family and help them prepare for his soon-to-be-altered lifestyle. She'll teach him how to clean the stoma and how to wear a special odor proof "appliance" to collect the urine. She will also arrange for a social worker and dietitian to talk to him and his family about his condition.

After the surgery she will make sure he is comfortably fitted with the appliance and answer any questions Rick or his family may have. She will follow his progress throughout the next year, and if necessary, visit him at home.

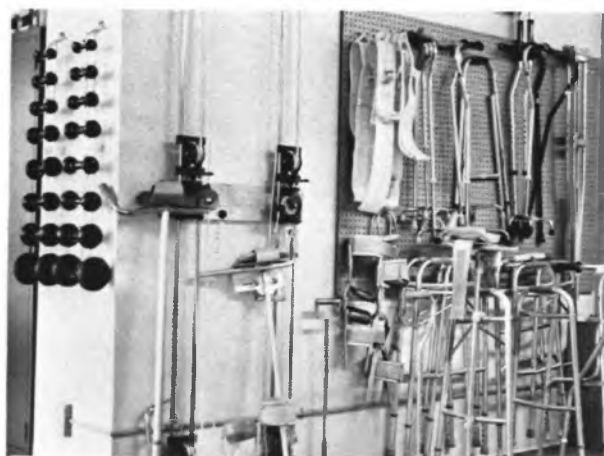
11:15 a.m. Children's Center...Little Jody's liquid eyes can barely take in the flurry of activity around her. She is at the hospital to have her tonsils removed. Pulling her Pooh bear closer, the blond seven-year-old smiles at the nurse leading her and her mother past the colorful wall murals to the room she'll be sharing with another little girl.

Jody isn't scared about her stay because three evenings ago

she and her parents visited the Children's Center on a pre-surgery tour.

Children who undergo surgery at Providence have the opportunity to become familiar with the hospital so they won't be as frightened when they arrive for their operation. During the tour, a guide shows the children a variety of common medical equipment, such as a stethoscope, syringe, and tongue depressor. She also lets each of them try on an anesthetic mask like those used in surgery, and practice breathing in it. After the guide reviews what will be in each of the children's rooms, she leads them through the Children's Center play room and ward.

The children also visit the surgery lounge, where their parents will wait for them, the surgery department, recovery room, short stay surgery area, and the admitting desk, where they will receive their ID bracelet when admitted to the hospital.



Who We Are....

Executive Staff

Carl Munding, Administrator
 Scott Bond, Assistant Administrator
 Tom Chan, Assistant Administrator
 Bruce Donaldson, Assistant Administrator
 Ann Gabrielson, Assistant Administrator
 Bill Isaacson, Assistant Administrator
 Nancy Walsh, Director of Personnel
 Marty Fagan, Director of Planning
 Mary Fears, Director of Public Affairs
 Sister Georgette Bayless, Coordinator of Outreach Services
 Terry O'Neal, Administrative Assistant
 Mark Benedum, Administrative Assistant

Sisters of Providence

Sister Flora Mary MacDonald
 Sister Irene Gabrielle Fortier
 Sister Bernard Desveaux
 Sister Georgette Bayless
 Sister Chloe Keitges
 Sister Florida Hinse
 Sister Margarita Acosta

1980 Children's Association Officers

Virginia Simpson, President
 Kathy Wilson, Vice President
 Kris Hausmann, Secretary
 Leann Torgerson, Treasurer

Providence Hospital Auxiliary

Ann Thorsen, Chairman
 Ann Philippsen, Monday Representative
 Alvina Scott, Tuesday Representative
 Cathy Elliston, Wednesday Representative
 Helen Bruskrud, Thursday Representative
 Lucille Ashton, Friday Representative

1980 Employees of the Year

Martha Habenicht, Admitting, day shift
 Wally Peper, Pharmacy, night shift
 Julie Pitts, unit secretary, Pediatrics,
 evening shift

Past Employees of the Year

1978 - Arlene Altes, LPN, (night shift);
 Verna Reed, RN, (day shift)
 Dorothy VerHoeven (evening)
 1977 - Maimie "Nicki" Sicklich
 1976 - John Butsch
 1975 - Signe Cogdill, RN
 1974 - Grace Otis
 1973 - Gaynell Collins
 1972 - Elizabeth Byrd, RN
 1971 - Lorene Drapeau, RN
 1970 - Casmira "Cassie" Zak, RN
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