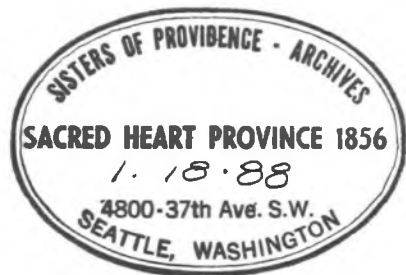


St. Peter Hospital

A History by Shanna B. Stevenson



*A Century of Caring
A Commitment to Quality*



'88 # 20

Introduction

St. Peter Hospital is an unusual institution in the modern world--a 100 year old success story that has succeeded not through profit, but through caring for the sick, aged and poor. St. Peter, its heroic sisters, and their mission are an important chapter in Olympia's history.

The fine care and reputation of the hospital are well-known. However, in reviewing the past 100 years of the hospital, some not so well-known information comes to light such as the role of the hospital in aiding the logging industry, the innovative "pre-paid" medical plans, advanced methods of hygiene and treatment of amputees, and establishment of legislative precedents for Washington hospitals.

These and other history-making practices and events make St. Peter Hospital important in understanding the medical and political past.

The Sisters of Providence were fine record keepers which aids in researching their history. Yearly Chronicles were written by the sisters detailing the events, personnel and works of the hospital. In addition, a number of other records were kept including ledgers, reports of visits of superiors, necrologies of the sisters, maps, memoirs, and clippings. These sources are preserved at the Sisters of Providence Archives in Seattle in excellent order. In addition to these official records are the memories of the many who served at the hospital or received care there.

The first St. Peter Hospital was built in 1887 on what is today the Washington State Capitol grounds. This photo shows the hospital after an expansion in 1889.





Left: Mother Gamelin
Right: Bishop Blanchet

“The Charity of Christ Impels Us”

The legacy of generations of religious women who have cared for the sick since the Middle Ages belongs to the Sisters of Charity of Providence who have ministered to the sick, needy and elderly in Olympia and throughout the West over the past 130 years.

The Sisters of Charity of Providence, later known as the Sisters of Providence, were organized in 1843 by French Canadian Madame Emilie Gamelin, a widow who had also lost her three children. Mother Gamelin set aside her own home in Montreal, Canada for the care of the elderly and sick and soon attracted other women who were devoted to charitable work. In 1843 the Bishop of Montreal officially designated the Sisters of Providence as a religious order consecrated to works of corporal charity under the rules of St. Vincent de Paul and similar to the Sisters of Charity founded by St. Elizabeth Seton in the U.S. Their motto, “The Charity of Christ Impels Us,” was the hallmark of their work.

The French Canadian connection to the Northwest was a strong one. The first Bishop of Nesqually, of which Olympia was a part, was Bishop Augustin M. Blanchet, a friend of Madame Gamelin. The French Catholic prelates came to the Northwest to minister to the employees of the Hudson’s Bay Company, many of whom were Catholic,

as well as to convert the Indians of the area. Arriving in 1838, Blanchet was first located at Walla Walla and later settled at Vancouver, Washington, headquarters of the Hudson’s Bay Company.

Fr. Blanchet requested the assistance of nuns from the Sisters of Charity of Providence as early as 1852 when a group of five sisters arrived in Oregon. Unfortunately, no preparations had been made for the expedition, and the population was so decimated by the California Gold Rush that the Sisters decided to return to Montreal. Enroute they were diverted to Chile where they established a mission. Fr. Brouillet, another of the French missionaries, had wanted the nuns to settle in Olympia where he had built a two story house with an annex for 20-25 persons. He saw Olympia as the central point on the Sound and the gathering place for thousands of Indians.

Father Rossi who accompanied this first missionary group described the Olympia of 1852:

... There are between three and four hundred inhabitants, two churches, one Catholic and one Methodist, both unfinished. There is a big building for legislative sessions and law-courts, there are perhaps about one hundred buildings, shops and houses scattered here and there among big felled trees, marshes, and sloughs in their pristine state. The streets are still obstructed by fallen trees, here, by tree stumps there, a little

further on by holes, and even further on, by swamps. It is difficult to get through. You have to ride zig-zag, and you are pleased if you arrive at the stable without breaking your neck, or, at the very least, a limb.

Olympia, first settled in 1846 and platted in 1850, was the largest town on Puget Sound at its founding and continued its prominence with the proclamation as capital for the town in 1853 when Washington became a territory. The town boasted a newspaper and customs house for Puget Sound when Territorial Governor Isaac I. Stevens arrived there in 1853 and proclaimed it as temporary capital. Olympia was designated permanent territorial capital in 1855 and became the social center of the territory in its early years.

Olympia was the site of an early Catholic mission of the Oblates of Mary Immaculate in 1848, a French Catholic order, which ministered during its twelve year stay to the Indians in the area now known as Priest Point Park.

The first Catholic church was built in Olympia in 1852 but the parish was not large enough to support the mission. St. Michael’s Parish was officially founded in 1875.

Again in 1856, sisters were requested by Blanchet and this time five sisters led by the intrepid Mother Joseph of the Sacred Heart arrived in Vancouver to find that preparations for their arrival were minimal. Nevertheless, they worked to make the inadequate buildings livable and to embark upon charitable endeavors including the keeping of the sick, insane, and orphaned and the education of children.

In these early years, they founded schools, hospitals and Indian missions in Steilacoom, Walla Walla, Missoula, Tulalip, Colville, Vancouver, Yakima, Portland, Cowlitz, and Seattle. To secure funding for their work, the sisters inaugurated begging tours to the mining camps of Idaho, Montana and Eastern Washington.

Mother Joseph, the daughter of a carriage maker and a trained wood-worker, was a strong administrator who established 29 institutions in six

western states, often designing and building structures herself. In 1980 she was recognized for her contributions to Washington State by placement of her statue in Statuary Hall in Washington D.C. A duplicate statue is in the legislative building in Olympia and a smaller replica stands in the St. Peter Hospital lobby.

In 1881 the Sisters of Providence established a boarding school in Olympia known as the Providence St. Amable for the instruction of children of all faiths. This school was later known as Providence Academy and then St. Michael's School.

Although Olympia had retained the territorial capital since 1855, other Washington cities--Vancouver, Tacoma, Yakima--had tried over the years to capture the title. In 1887 with the possibility of statehood at hand, Olympians were arming themselves for yet another referendum attached to the constitutional ratification to locate the capital of the new state. Left behind other communities of the state in population, railroads and development, Olympians were anxious to provide amenities for visiting legislators. A permanent hospital facility would be a valuable addition to the city. The burgeoning growth of the lumber industry in Mason and Thurston counties and the attendant accidents also prompted the need for a hospital. The mammoth forests of the Northwest had long been a source of commerce and with the advent of the railroad in the 1870's and the Timber Claim Act of 1878 which provided for the sale of timberlands, the logging and lumbering industry took hold.

By 1889 there were 40 operations in Thurston County alone. The logging activity not only brought an influx of men and commerce into the area, but an increase in accident victims--for whom there were few facilities. A letter to the editor of the *Washington Standard* from early 1887 states the problem, "A hospital has become almost a necessity in our midst, surrounded as we are by large logging-camps, sawmills, manufactories and a well populated country. We witness every year a large number of patients who receive insufficient attention in our hotels and

boarding-houses, whilst every man knows that good care and kind nursing contribute much towards the patient's recovery."

There had been a few other ill-fated attempts at hospitals--one in 1853 by Dr. J. R. Johnson fifteen miles below Olympia at a point named in his honor and another by Dr. U. G. Warbass in 1860 which was located in downtown Olympia--but neither were of lasting consequence.

The drive to locate a hospital in Olympia was headed in 1886 by A. H. Chambers, local businessman and mayor of Olympia. On the condition that the city provide the property, the sisters agreed to build the hospital. A site was chosen on the present Capitol Campus, a fine location overlooking Puget Sound, adjacent to the Capitol grounds, and close to the Catholic church and Providence Academy. The land was purchased for \$2250 and paid for through subscriptions of the residents of Olympia.

"A hospital has become almost a necessity in our midst, surrounded as we are by large logging camps . . ."

Hospital construction began on April 7, 1887 under the direction of Father Charles Claessens, pastor of St. Michael's parish; Mother Joseph of the Sacred Heart, renowned architect of the Northwest mission; and Mr. J.B. Blanchet, her associate. A 30 bed facility was planned.



Above: Mother Joseph

The first St. Peter Hospital prior to expansion depicted in "West Shore" magazine, April 1889.



The early years 1887 – 1912

Sister Benedict Joseph, who had been a founder of the Providence Amable Academy in Olympia, arrived in June to be superior of the hospital. She immediately set out for the logging camps to sell “billets” or tickets which would entitle the men to care in the hospital. This was to be a mainstay of income for the fledgling hospital as well as a godsend for the often single woodworkers with no one to care for them.

The first patient with a card entitling him to care approached the sisters on June 21, 1887 before the hospital was completed. By July 15, 1887, the hospital was well under construction as noted in the *Washington Standard*, “The roof of the new hospital building is one of the objects that comes into sight from the deck of an approaching steamer. The enterprise is a credit to its projectors.”

Over the summer twelve more patients came who were housed in a small house used by a school employee. In August, a temporary hospital was built with eight rooms, a laundry and woodshed. Three other nuns joined Sister Benedict to minister to the increasing number of patients, many of whom were amputation victims. On September 23, the hospital was ready for the 13 patients who moved from the temporary quarters. The hospital was built at a cost of \$15,485 and furnished for \$880. Local contractor William H. White built the towered, three story structure which faced northward overlooking Budd Inlet. The name of St. Peter Hospital was given by the Sisters of Providence community to honor the Prince of the Apostles. The hospital was the 50th house of the Sisters of Charity in operation and the 72nd founded by the order. Here Sister Benedict Joseph, Sister Vincent Ferrier, Sister Mary Aegidius and Sister Mary of the Annunciation began their work. Sister Aegidius did much of the work in the lumber camps because of her ability to speak English.



Early sisters appear ready to go on one of their “begging tours.” A.H. Chambers, businessman and Mayor of Olympia, helped bring Mother Joseph to town to build the hospital.

The sisters were disheartened by the first death of a leg amputee in August. In the first two months three other surgery cases, all leg amputations, were lost testing the faith of sisters in their mission. The first year brought 255 patients to St. Peter but, true to their mission, four old people and four orphans also found a home at the hospital.

Prompted by the large number of patients, the hospital was enlarged to double its original size in 1889 when 523 patients were served. The facility could boast 80 surgeries, 37 of which were performed on women without the loss of a single patient. Four more sisters joined the staff for a total of eight. The *Washington Standard* of September 13, 1889 sang the praises of the hospital which had already firmly established itself in the Olympia Community:

St. Peter's hospital which is now being enlarged will be completed about the first of October. Its origin dates back to 1887, and was brought about through the instrumentality of Father Claessens, Sister Benedict and many of our prominent citizens including A. H. Chambers, T.I. McKenny and others.



The growth and popularity of this institution has been so rapid and extensive that it was found necessary to double its capacity. During the past two years, 700 patients have been cared for, of which 370 have been received in the past year, and it is a fact that out of that number but 7 deaths have occurred, which bespeaks the highest praise for the careful nursing of the Sisters, and also of the able treatment administered by the superintendent, Dr. G. L. Flannigan.

The surgery is simply a marvel, and it is fitted up with all the modern improvements and instruments, possessing all the electric appliances, a galvanic cautery, electric lights for examination, and a battery in the basement consisting of 150 cells. Rooms for surgical purposes are fitted up with the latest antiseptic furnishings, no upholstery being used, which makes it equal to any of the eastern hospitals; all other rooms are fitted for special cases, care being taken to make them attractive and homelike.

There are at present 21 patients, many of whom are from Seattle or Tacoma. When this magnificent structure is completed, it will accommodate 125 patients with ease, and will be the best equipped hospital in the state of Washington.

The sisters were prepared for their medical work through a publication from Montreal, "The Little Medical Guide of the Sisters of Providence." This comprehensive volume covered poisons and antidotes, anatomy, symptomology, pathology and therapeutics as well as being a formulary for pharmaceuticals. Issued by the Mother House in conjunction with physicians there, the sisters of Oregon and Washington followed a special edition geared toward the needs of their mission.

The era was a general period of growth for Olympia which did maintain its title of capital when statehood was proclaimed in 1889. New business blocks were built downtown, a city water system was installed in Olympia, an incandescent system of lighting lit the streets and the telephone-telegraph company was instituted.

In 1890 influenza was rampant and the sisters cared for an overflow of patients, 15 of whom were state

legislators. The legislators were to find the hospital a pleasant lodging place over the years whether they were sick or well. The hospital was next to the wooden Capitol which served the state until 1905. The Capitol housed the legislative chambers, governor's office and state library. The legislators found the hospital more convenient than making their way over muddy streets to downtown lodging in Olympia which was huddled along the waterfront. The legislators witnessed first hand the medical care and service to the poor of the sisters. They reciprocated by abolishing taxes on Providence hospitals, orphanages and homes for the aged. This relationship was to prove valuable not only for St. Peter Hospital but for hospitals throughout the state.

The legislators were not the only group to find the hospital a hostel. Persons who came from outlying areas to receive the spiritual care of baptism or marriage were also lodged at the hospital. "Whole families came, some brought chickens, eggs and butter to help defray their board and room expenses. Others paid in cash. They were so happy about the arrangement

that they asked to come several times a year," noted the chronicler in 1892.

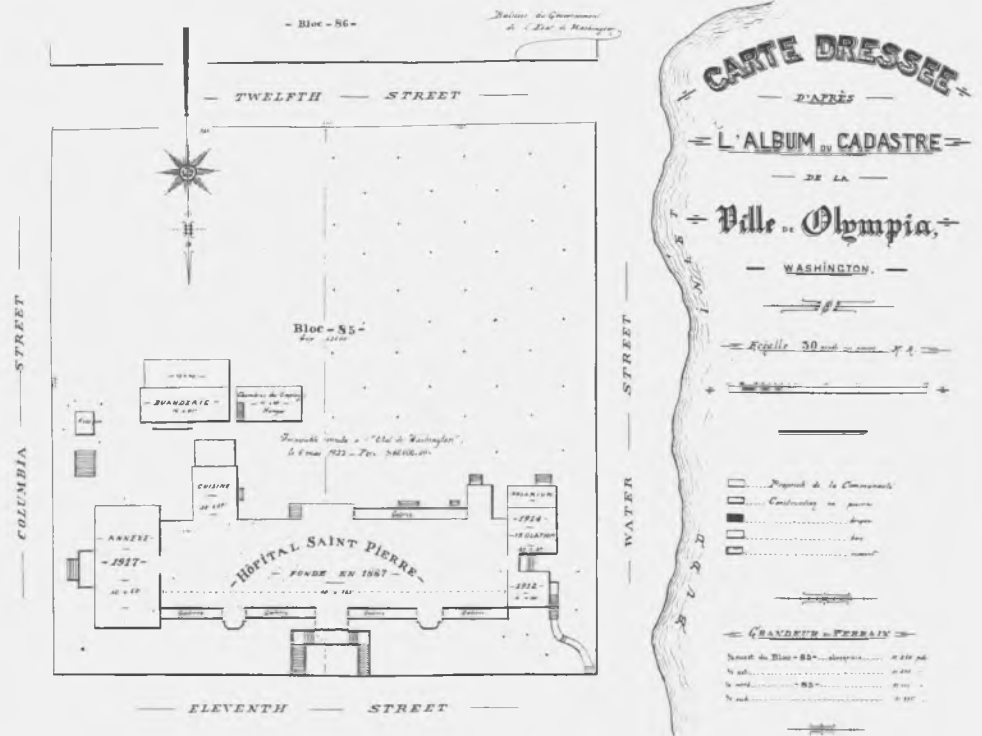
St. Peter Hospital contracted with Thurston and Mason Counties to care for the poor and incarcerated beginning in 1890 at a rate of \$1.00 per day or \$1.25 per day for mother and child.

The early years of the chronicles are replete with the religious work of the nuns. They rejoiced in conversions and in bringing the fallen-away back to the faith. The sisters welcomed the spiritual retreats which they attended yearly, often given in their native French. These occasions replenished their spirits for the challenging mission of ministering to the sick.

The *Tribune Souvenir* of 1891 for Olympia gives a picture of the hospital in that year:

An institution that has added to the fame of Olympia as much or more than any other agency, is St. Peter's Hospital. Nearly 2000 patients have received treatment, nearly all of which have recovered, the death rate being very small. Besides laborers from the logging camps, residents of the city take refuge at the Hospital when stricken with sickness. It is a boon to strangers in the city and those temporarily sojourning

Plan of the first hospital, drawn circa 1922.



here...The management has no fixed schedule of rates; patients whose surroundings make them or their friends able to do so, are expected to pay reasonably for the services they receive, but no one is denied treatment for lack of means. During the last year not one surgical case resulted fatally. In 1889 the capacity of the building was doubled, and now contains fifty-two rooms, well furnished; but, with extra departments, it is capable of caring for one hundred patients at a time. It is heated by the hot water apparatus which maintains an even temperature. The building commands a splendid view of all parts of the city, Budd's Inlet, the snow capped Olympics and proud old Rainier. Sister Benedict, Superioress, Sister Barnebee, Assistant Superioress, and six other Sisters have charge of the building and care for the patients. By their courtesy and kindness patients are made to feel at home and even to forget that they are in a hospital, all the surroundings seeming more like that of a hotel.

The boom years of the 1880's were followed by the lean years of the early 90's. Spurred by a nationwide depression, the timber and other businesses languished. The patient count for 1893 was a mere 159 but nearly 2000 meals were served to the poor, noted the chronicles of that year.

Another Catholic mission was established near Olympia in 1895. The Benedictines founded St. Martin's College and started construction at a site near Lacey. The priests from St. Martin's fulfilled a large spiritual role for the hospital often acting as chaplains and assisting the sisters in their work throughout the years.

Because of the financial hard times, the sisters from the Providence Academy and their boarders moved into the hospital to save money in 1895.

The hospital and school were aided by the first of many organizations founded by the women of the community to assist the sisters in their

work. The Ladies of Charity traced their origin to a similar group which assisted Mother Camelin at the founding of the Sisters of Providence in Montreal.

With the financial crisis continuing through 1895, the sisters decided to put on a bazaar with the assistance of the Ladies of Charity at Kamilche where many loggers were eager consumers. Profits from the event totaled \$333.34. The sisters again took to the logging camps to sell billets for care at the hospital to increase their income. Not only was money welcomed, but the chronicles of 1895 note the particular generosity of the people of Bucoda for gifts of vegetables, fruit, chickens and pork.

Surgery as it looked in the mid-1800's.



The individual billets or tickets for care were replaced with a more comprehensive plan in 1896. Under a contract with the owners of the camps, 75 cents was deducted from the monthly paycheck of each worker which went toward payment for care by the sisters. Wages in the woods in the 1890's ranged from \$4.75 per day for a horse teamster to \$2.00 per day for a swamper. September 12, 1896 marked the first payment from Simpson Timber of Shelton in the amount of \$210 of which \$28 went to the doctors. Also in September, Mr. Bordeaux who logged in the Black Hills paid \$66.75. By 1898 the chronicles could report that Masher and McDonald of Mud Bay had added their men to the plan. Monthly income averaged \$300 per month from the lumbermen, more in summer than in winter when fewer men were at hand. With the good will created by their treatment the sisters also went on begging expeditions to the lumber camps to raise additional funds.

The cases cared for at the hospital were often acute with patients rushed to the hospital by train. The chronicles document a number of emergency surgeries with the use of chloroform in this early period--not all of which were caught in time to be successful.

Longtime Olympia resident, Margaret Barton whose parents both worked at the hospital described it before the turn of the century:

The hospital was three and a half stories high. The top floor was the dormitory for the nuns. The chapel and surgery were on the third floor, with some private rooms for patients. On the second floor was a large study room for girl students at the nearby convent. They had their sleeping quarters on the second floor. Later these rooms were converted to wards for patients. The main floor had dining rooms for the priests, the Sisters, the patients and for students.

There was a very large kitchen on the south side of the main building. Another room was used as a surgery. Here all the drugs were kept under lock. There was another men's ward on this floor and a few private rooms.



Logging at Mud Bay.

The south half of the hospital property included an orchard and a vegetable garden. A Mr. Kennedy did the outside garden work. He slept upstairs over the woodshed.

There were three flights of stairs that led from the first to the top floor, one at each end of the building and another in the middle. Patients had to be carried up these stairs either on stretchers or in someone's arms. Stairways had landings midway to the next floor thus easing the problem for the stretcher cases. Until electricity was installed, coal oil lamps were used throughout the hospital. Some of the lamps hung from the ceiling, others were small lamps set on bedside tables out of reach of the patients. The students helped trim and fill the lamps. They also helped fold clean laundry in the wash room. They attended school at the convent some three blocks north of the hospital.

The legislators who continued to board at the hospital provided enough extra funding to enable payment of \$100 on capital in 1897. Their "brouhaha" as described by the chronicler more than once interrupted the prayerful solitude of the hospital.

The ladies of the town came to the aid of the hospital in 1897 when money for the electrification of the hospital seemed impossible. Mrs. Chambers and Mrs. Barbee arranged for the soiree by placing the following notice in the *Washington Standard*:

A number of the ladies of Olympia will give a dancing and card party on Monday evening March 1st, at the residence of Mrs. A. H. Chambers, the proceeds to be applied to the lighting of the St. Peter's hospital with electricity. The evening will be opened with a musical programme. Refreshments will be served. Tickets 75 cents a couple.

The event proved to be a success raising \$35.60, allowing workmen to immediately begin installing electricity which was completed within a month. The sisters credited the legislators with the success of the event, "Members of the legislature contributed more than others. They have our interests at heart as well as their own."

By 1899 the patient load had again increased for the hospital and fewer legislators could be accommodated. However, their goodwill was instrumental in passing an act to abolish back taxes of the hospital which were in arrears since 1890 and amounted to \$3000.

The pre-paid medical care for the loggers was a principal means of income but often the 75 cents per month was inadequate for their care including doctors' fees. That was the case in 1898 when measles, often turning to pneumonia, were rampant in the camps. The deductions were increased to \$1.00 a month by the lumber owners. Of this amount, 75 cents went to the hospital and 25 cents to the doctors.

The care given by the sisters at St. Peter Hospital particularly impressed N.R. Piper, a victim of a severely broken leg who stayed there for four weeks around the turn of the century. He wrote to the *Morning Olympian*:

Now I was to see a Sister of Charity put to the test. Not once but often. See them cursed by a man in his right mind. Yet again and again, go to his bedside many times a day, always in the same sweet temper, always doing the best that could be done for the patients. There was not a trace of pique in their faces. I looked for it, expected to see it, but it was not there. Not even a trace of it could be detected... In conclusion I wish to say that while the city of Olympia may not make so much smoke as some of her sister cities, she has one institution that it ought always to be a pleasure to aid, one that is without a peer anywhere. And that is her St. Peter's hospital.

The hospital seemed to be a way station for all manner of religious visitors: priests and bishops visiting parishes, nuns who were on retreat or ill, and other sisters who were en route to other assignments. All were cheerfully accommodated at the hospital. The Mother General of Montreal and the Provincialate of Vancouver also visited periodically to review the institution, keeping a close eye on spiritual and medical quality of care at the hospital.

The sisters benefited from the instal-



lation of the telephone. Injuries were reported so that the sisters could be prepared when patients arrived by train. The doctors were performing a number of advanced procedures by 1898 including appendectomies and breast cancer surgery with the aid of chloroform.

“Now I was to see a Sister of Charity put to the test . . .”

By the turn of the century, the patient count was up and the school sisters re-opened their boarding school when better times returned to Olympia. The sisters had other problems to face when typhoid and an outbreak of small pox caused concern that the hospital would have to be quarantined and the loggers--the largest source of income of the hospital--sent away. With the help of doctors and friends the quarantine was avoided.

More sisters were sent to Olympia by the Vancouver Provincialate in 1902 when the St. Peter nuns were ill themselves and rumor had it that the hospital might have to close.

The chronicles could report in 1904 that the hospital was in a prosperous state and improvements and repairs were made to the water pipes, the heating system and the operating room. The building also received a new roof and paint job. In 1908 the much needed elevator was installed and cement walks were laid around the hospital. The interior was again upgraded in 1909 when an electric washing machine, boiler and extractor and dryer were added to the facilities. The staff still was only eight sisters

assisted by eight other staff serving 630 people in 1908. In 1905 the state moved to a new Capitol building downtown and the legislators no longer boarded at the hospital, but continued to receive medical care there.

A new high school was built in 1907 only two blocks south of the hospital and the muddy streets were finally paved bringing a cosmopolitan air to the city. The *Morning Olympian* in 1909 characterized the hospital as “St. Peter Hospital a Noted Institution”:

It is equipped with 90 beds, which are kept well filled most of the time. Broad verandas on two floors afford ample room for exercise or rest of convalescents in the open air and sunshine. . .

The building is equipped with phone service on each floor, electric call bells, steam heating, hot and cold water and recently an electric elevator has been installed, at no small expense.

Under the solicitous care of the Sister Superior and the corps of trained nurses of the order, the institution is a model of cleanliness, white linoleum with which all halls are covered shining spotless and dust is unknown. The rooms are exceptionally well furnished and the cuisine has become famous, putting many a noted hotel to blush in its service of appetizing meals.

Although a Catholic institution, it is in every sense a public hospital, no distinction as to race or creed being shown. All receive the best attendance, charity patients included.

The shape of Olympia changed drastically in 1909-1911 when the harbor was dredged and the spoils filled some 29 blocks of the northern section of the city. The activity set the stage for the creation of the Port of Olympia and enlarged downtown.

The chronicles record the work of the hospital in 1910, “It is peaceful; we have many patients; God is glorified the poor receive charity, lapsed Catholics return to their duties.” The work was primarily among single workers who had no one else to care for them, especially the loggers.

This relationship was not always an easy one when outbreaks of typhoid fever were raging in the camps in 1913-1914 and 32 men contracted the disease. The sisters had to employ advanced techniques of hygienic

conditions to contain the spread of the disease within the hospital.

The chronicles of the day showed the closed nature of the hospital in 1910, "We also enjoy a privilege, rare today, that of being able to care for our patients and respond to the wishes of the doctors without the help of nurses who are the nightmare of our hospitals elsewhere because of the responsibility of supervising them." Most of the help during this period were young girls who worked as aides and received their room and board while attending nearby Providence Academy.

By 1911, the billet system which the Sisters had employed to assure the care of injured from nearby logging camps had given way to the "Hospital Benefit Association" organized by the owners and operators of the mills and camps in Thurston and Mason Counties. These firms included Mason County Logging, Mosher and McDonald, Western Washington Logging, McCleary Timber and many more. This early

form of pre-paid group insurance allowed care for all the sick or injured free of cost for as long as their convalescence required which was "often many months, and sometimes more than a year." Care was given

without the stigma of being a charity patient for the logger.

Dr. G. W. Ingham and Dr. Nathaniel Redpath were the hospital physicians with the Association but the patients were free to choose their own doctor.

A Second St. Peter Hospital

Prior to World War I, the sisters not only continued their contracts with the logging camps but also added the shipyards at the newly dredged Port of Olympia to the prepaid plan. The hospital was enlarged in 1917 and an x-ray machine was installed, which eliminated the inconvenience of accident victims being transported elsewhere for the service.

William Winlock Miller High School, then located adjacent to the hospital,

burned in 1918, setting fire to eleven nearby houses. Heroic firemen and citizens saved the hospital by dousing it with water when the wind changed away from the building. Nineteen-eighteen was the year of the Spanish Influenza which devastated the hospital as it did much of the nation. The deaths of 52 were recorded by the hospital including one of the nuns. Nine of the sisters and five of the aides became ill. The Provincial sent six extra sisters to help.

Olympia street at the turn of the century.



A rush of building was underway in Olympia after the war. The Elks Building, Hotel Olympia, American Legion Hall, Capital National Bank, Olympia Veneer Company, new city schools and the Capitol and Liberty Theaters went up in short succession. In 1911 a plan for a group of new capitol buildings was approved and the Temple of Justice and Insurance Building were constructed on the campus adjoining the hospital in the next few years.

With the expansion of the capitol grounds, the sisters contemplated giving up their location in 1919. Prompted by the need for a new and larger facility dictated by the medical advances of the era, they purchased for \$12,000 the block on Main Street (now Capitol Way) where the 1930 vintage Thurston County courthouse was later built.

Because of the increase of patients and the inability to add more sisters, a school of nursing was undertaken in 1919 at the hospital offering a three year course of study. The doctors taught the girls who boarded at the hospital. The first class of five young women worked a 12-hour day and received their instruction at night.

The first enrollees were Martha and Erma Herman, Dora Hansen, Jane Bousquet and Alice Whitney who wore uniforms closely resembling the nuns' habits. They worked side by side with the sisters cleaning, doing laundry, fumigating the rooms, and caring for the sick. Despite the difficult work, Dora Hansen Muller remembered in later years that, "Those were the best years of my life working side by side with the Sisters. They never asked us to do anything they wouldn't do. We were dedicated. Our patient was OUR patient."

By the 1920's the nurses had to buy their own uniforms and books. They worked a 12-hour day with one-half day off a week. The student nurses gained experience in all phases of nursing since they performed all of the care for an individual patient. Students were the only nursing staff with the sisters in the hospital.

Father Sebastian Ruth, pioneer radioman from St. Martin's installed a radio at the hospital for the entertainment of the sisters and patients in 1922. Fr. Sebastian's station, KGY, was

one of the first in the Northwest.

The state officially purchased the hospital land in 1921 for expansion of the capitol campus. Although land had been purchased on Capitol Way in 1919 for a new facility, the sisters determined that the noise and the inconvenient location dictated a different building site. They purchased a site overlooking the city and Puget Sound from the west for \$5000. The Main Street property was sold for \$19,500 to the county to which was added \$3500 in insurance money from an old house which had burned on the site. The whole transaction turned out to be a financial benefit for the sisters who confided that their patron "St. Joseph is a good business man."

In August, 1923, ground was broken for the new hospital and construction began in September of that year. Nearly 1000 people attended the dedication of the new hospital on July 29, 1924 where they heard Dr. G. W. Ingham recount the advances in medicine which necessitated the building of a new facility. Governor Louis F. Hart

lauded the hospital and Mark Reed, prominent legislator and head of Simpson Timber of Shelton, also spoke to a crowd which included a number of Catholic dignitaries and Sisters of Providence from all over the area.

The building designed by noted Seattle Architect John Graham stood majestically overlooking Olympia. Measuring 211 by 74 feet, the building was constructed of fire-proof, reinforced concrete, faced with Chehalis Brick and enhanced with terra cotta trim. Rising five floors, the building was built at a cost of \$450,000. One hundred patients could be accommodated in the hospital which also boasted a most modern maternity ward with two delivery rooms and a nursery. Other facilities included x-ray and laboratories.

First graduating class from the School of Nursing in 1922: Mildred Keeton, Josephine Chaney, Alice McTavish, and Jeanne Bousquet.





The second St. Peter Hospital was completed in 1924. It still stands today on W. Sherman Street.

The old St. Peter's was razed to make way for a boulevard to beautify the capitol buildings. People came from miles around to buy bricks and wood as souvenirs of the house of charity, noted the sister Chronicler.

From the inception of the new hospital, the drive toward more technology became evident. New light treatment equipment had to be purchased to keep up with other hospitals and new x-ray equipment was procured at a cost of over \$5000.

St. Peter received listing on the College of Surgeons roster of approved hospitals in 1928. The accreditation program arose out of the efforts of the American College of Surgeons which established the program in 1918 to facilitate the accurate recording of medical records for medical study. The program grew to include a variety of standards for both the hospital and its staff which was eventually taken over by the Joint Commission on Accreditation of Hospitals in 1952, which continues to monitor and certify St. Peter.

The onset of the Great Depression affected Olympians as it did the whole country. Olympia, once the small New England-like village now had "Little Hollywood," a congregation of ramshackle buildings huddled along what is now the east side of Capital Lake. Here lived Olympia's destitute and unemployed. Banks failed including the depository of hospital funds in Olympia. The depression years were difficult ones for the hospital which experienced wide fluctuations in numbers of patients and constraints from the county in paying for the care of the poor who were ill.

The hospital was involved in the response of Olympians to a group of radical unemployed who marched on the Capitol in early 1933 calling for aid to the unemployed and destitute who had been severely affected by the Depression. The citizens of Olympia organized the "American Vigilantes" to meet them. Rumor had it they were headed for the hospital for food. Eighty men of the vigilantes were headquartered at the hospital, with

the first floor at their disposal. The vigilantes escorted the some 3000 participants to Priest Point Park where they were billeted overnight under armed guard.

"Their aim is to petition the Governor for help but their request is coated with bitterness towards the American Flag. They refuse to march under its stars and stripes and insisted to lead their parade with the Russian Flag," noted the chronicles.

After two days, the group dispersed but the Sister Chronicler noted, "Our hospital looked more like a field of battle than a home for the sick. Fear was in all hearts."

During the mid 1930's the sisters again had to marshal their legislative contacts and friends to thwart plans to institute taxes on the hospital. A representative from the Provinciate spent the legislative session of 1935 at the hospital lobbying against such action.



Nursery in Sherman Street Hospital.

The hospital is conducted by the Sisters of Providence who carefully scrutinize the efficiency of the nurses they employ and open the door to those only who are, or who by training become, proficient in their profession. Incompetency is not tolerated. Professional efficiency is the Sisters' standard, and they have permitted no influence of creed to be a determining factor in any of the departments. .

Beginning in 1938 and continuing as funds permitted by the county through 1945, a clinic for the poor was set up in the hospital with volunteer assistance from area physicians and the equipment of the hospital. Sr. Dacien enlarged the ministry to the poor by including the distribution of clothing and household goods at the clinic. Four beds were reserved for charity care. Prescriptions were filled for a nominal fee at the hospital. Over 3000 patients were served in the first year alone.

Olympia was the site of a Civilian Pilot Training Program in 1939 and with the outbreak of war the airport became an adjunct of McChord Air Force Base. Shipbuilding was stepped up at the Port of Olympia where lend-lease and war cargo went over the docks.

Patient census was again up during the mid 30's and renovations were made to improve the surgical and orthopedic departments which were completed in time to receive the visit of the American College of Surgeons for accreditation.

In 1936 the sisters registered at Seattle College to pursue degrees in nursing which was becoming compulsory in the field. The sisters were also enrolled in hospital administration courses at the college.

The nursing school with a dormitory and classroom moved to the second floor of the new hospital. Students followed an intensive three year course of study with only two weeks vacation during the summer. The women worked 12-hour days with two hours in the afternoon devoted to classroom studies. Their work often included admitting, dispensing medication and housekeeping. Fees were \$100 for three years of training which included books, tuition, room and board and uniforms in 1937. The students received five dollars a month from which breakage was deducted which could be considerable in the era of glass supplies. One graduate remembers those years: "There were glass straws, no plastic then; things were always getting burned up in the sterilizer. One month my pay

Hospital room in Sherman Street Hospital.

was 75 cents." Students knelt nightly with the sisters for evening prayers in the doorways of the hospital.

1937 - 1962 *Growing with the County*

High standards were the rule for the hospital and its staff as noted in a May 10, 1939 article in the *Daily Olympian*:



With the specter of war becoming a reality, the hospital geared up for the war effort. A Volunteer Nurses Aid Corps was initiated at the hospital and through federal efforts in 1942 improvements were made to the plant and an annex was constructed at the hospital to house an increased student nurse population.

The nursing school became part of the U.S. Cadet Nurse Corps aimed at increasing the supply of nurses for the war effort. Nurses enrolled in the program received free schooling and uniforms and a stipend for their education went to the hospital. With the removal of the student nurses from the hospital, renovations were made to increase the number of beds and update the facility with federal funding. The short-lived cadet nursing program was suspended after the halt of World War II in October, 1945. The nurses' home was purchased by the hospital in 1947.

The war was forcibly brought to the hospital in June, 1942 when a pilot on a training mission crashed into the building causing minimal damage but killing the pilot who was stationed at the nearby training air fields.

Dr. Reed Ingham recalls that day:

When I was on the west wing of the fourth floor making rounds, a tremendous crashing noise occurred overhead--as I ran to the north fire escape at the end of the hall, I saw the plane land on the power line on Sherman Street just north of 4th Avenue. I ran down the fire escape and jumped over the sparking power lines on the pavement, to try to open the cockpit of the tilted craft which had dropped nearly to ground level. The door was jammed, and the pilot was slumped over the controls, apparently dead. Firecrackers seemed to be popping all around. Fire Department men hollered to me to get away, and so I left the plane, hopping back again over the sparking wires. Later I learned that these firecrackers were 50 mm machine gun bullets that were spraying around the area, and by good fortune, had not found me as a target. Post-mortem showed that the pilot had a been electrocuted when his plane hit the wires--a fine young man, and recent graduate from a military academy with honors. The Commandant of the P-38 Squadron had me as a guest at



St. Peter Hospital staff ca. 1941. Top Row: Dr. Ken Partlow, John Steen, Dr. A.M. Treat, Dr. Reed Ingham, Dr. Tom Taylor, Dr. Chester B. McArthur, Dr. Don Lyon. Middle Row: Dr. Max R. Hunter, Dr. J.F. Gibson, Dr. Ralph Highmiller, John Neal, Dr. James Row, Dr. Al Campbell, Dr. Harold Lillibridge, Dr. L.W. Wilson, Dr.A.B. Ferman. Front: Dr. C.B. Larson, Dr. Ralph Brown.

the airport, thanked me for the futile rescue effort, and showed me how to release the cockpit door of a P-38 to open same.

The influx of the families of armed forces personnel to the Olympia area from Ft. Lewis and McChord Air Force Base was felt at the hospital where continued improvements were underway to accommodate the population boom. A new x-ray unit and cold storage plant joined a new elevator, laundry and other improvements after the end of the war.

A number of area doctors left to serve in the war and upon their return were pleasantly surprised to find the improved facilities at the hospital. They also brought with them increased medical knowledge gained in their service during the war.

Continued licensing requirements mandated other improvements such as a wire recorder to meet the standards of the American Medical Association for records and extension of staff meeting time to meet the American College of Surgeons requirements. The Sisters continued to attend professional nursing and administrative classes, and participate in conferences, reflecting the growing complexity of

1944 class presidents of Nurse Cadet School with Governor Walgren. L TO R: Helen Baker White, Gloria Randish, Zora Holtzhauser, Betty Duffy and Wilma Metz.



the hospital administration and medical care.

The School of Nursing, unable to accommodate increasingly technical trends in nursing, failed to gain accreditation in 1952. The school was closed in 1953 due to the increased demands for professional training, the need for broader experience in the clinical areas and lack of qualified instruction. During its 35 years, 341 nurses received professional training at the St. Peter Hospital School of Nursing. The closure adversely affected the hospital by increasing staffing costs with the loss of the students.

The gap was filled with the inception of a Practical Nursing Program in

1954, aimed at filling the nursing shortage region wide. The course met the requirements of the State Board of Practical Nursing and included both classroom and clinical instruction in a year long program.

A reorganized and revitalized Women's Auxiliary made its appearance in 1954. Following in the footsteps of a long line of women and women's groups who have aided the hospital through community work, the Auxiliary became an extremely important part of the hospital fund raising and public relations effort. They began by taking over the Hospital Day festivities, hosting visitors to St. Peter's. This enthusiastic and dedicated group in the following years embarked on an ambitious program of fund raising. Early efforts were directed at raising money for a badly needed parking lot and providing a post operative recovery room.

This news photo shows first president, Mrs. Patrick Montague (left) with Mrs. Kenneth Partlow, co-chair of publicity, and Kathrine Nettleton, secretary.



One of the new organizations that will be represented at The Daily Olympian's seventh annual tea for presidents and publicity chairmen this Tuesday is the St. Peter Hospital Women's Auxiliary. Mrs. Patrick Montague (left) president of the auxiliary, is pictured with Mrs. Kenneth Partlow, co-chairman of publicity and Kathrine Nettleton, secretary of the group. This organization, which has a membership of more than one hundred women, was organized just this last year. The women are reading one of the tea invitations sent out by the Daily Olympian last week to club leaders here. The informal gathering will be held in Jade Room of Hotel Olympian, from two-thirty to five-thirty o'clock. Organization representatives will receive club notice forms, outlines to follow in preparing publicity and the 1954-55 Blue Book of Olympia Organizations. The booklet, largest ever compiled by The Daily Olympian, lists more than 400 organizations. (Sunday Olympian photograph.)

Women's Auxiliary Plans Program To Aid Hospital

St. Peter Hospital now has a chairman. Permanent officers will be elected next September. Sister Barbara Ellen reviewed activities of women in connection with the hospital since its founding in 1888. She made the point that probably the first and last formal auxiliary, until the present time, was organized in 1897.

The group will be known as the St. Peter Women's Auxiliary. It will assist the hospital in seeking improved methods of care for patients, will help in numerous fund raising projects and will develop a program of public relations to adequately explain the services and problems of the hospital to the community.

Dr. Thomas J. Taylor, chief of the hospital staff, and Sister Barbara Ellen, administrator, presided over the meeting. Helena Knudsen and Mary Jo Rathke, students of the training school, served as hostesses.

The following Olympia women were present:

Mrs. Patrick Montague, Mrs. Edwin J. Alexander, Mrs. James A. Roe, Mrs. T. J. Taylor, Mrs. Kathrine Nettleton, Mrs. Adolph Schmidt, Sr., Mrs. Phillip A. Wack, Mrs. Kenneth L. Partlow, Mrs. Mark A. Malloy, Mrs. L. A. Campbell, Mrs. T. Reed Ingham, Mrs. James B. McGoldrick and Mrs. John Kressek.

Temporary officers of the auxiliary were appointed and they include Mrs. Patrick Montague, chairman; Mrs. Kenneth L. Partlow, secretary; Mrs. T. J. Taylor, treasurer, and Mrs. Kathrine Nettleton, historian and publicity

Mrs. Edmund H. Smith of Seattle, who is the chairman of the Washington State Hospital Association Committee on Women's Hospital Auxiliaries, was guest speaker at Wednesday's meeting. She explained the necessity of a good public relations program and urged that the new organization stress the fact that St. Peter Hospital is a non-profit institution and that all revenue is used to maintain its facilities.

The next meeting of the auxiliary will be held Thursday, May 6, starting at two o'clock in the afternoon in the Nurses' Home. A committee composed of Mrs. Nettleton, Mrs. Goldrick and Mrs. Nettleton will then report on a study they are making on proposed by-laws for the group.

The auxiliary's first project will be to sponsor a tea and open house at the hospital on May 12.

Today's hospital auxiliary was formally chartered in 1954.

In 1954 another new program was begun at the hospital aimed at serving the aging population of the area. Called the "Gamelin Department," the program honored Mother Emilie Gamelin, foundress of the Sisters of Providence whose initial work in Montreal involved the care of the aged. An area of the hospital was set aside as a residence for the elderly which served an average of seven patients until its closure in 1964.

The hospital received a large grant from the Ford Foundation in 1955 and a number of other individuals and groups continued their assistance to the hospital with the donation of funds and equipment which improved the facility and hospital care.

St. Peter Hospital was held in high regard by residents of the outlying areas of Thurston County as well as Olympians as this excerpt from a 1956 *Nisqually Valley News* of Yelm indicates:

During its years of service to the people of the Puget Sound region, the hospital has cared for many people of this rural section of Thurston county and many people of this and other communities throughout the region owe

their rapid recoveries from illnesses and operations to the splendid care which they receive at this modern institution.

The Auxiliary continued to keep the hospital in a high profile in the community and in 1958 inaugurated an inservice volunteer program in the hospital. Volunteers staffed a gift bar in the lobby, provided reading material, distributed beverages, mail, and meal

trays and provided assistance to patients with eating and writing.

By the early 1960's the hospital became part of the area-wide Southwest Washington Hospital Council which negotiated with the employees and nurses for salary increases. Government was beginning to take a larger role in hospital administration. New additions or treatments required the approval of the State Health Department.

community at large. This had become the practice of the Sisters of Providence in replacing their hospitals in other communities. Realizing their limitations in staffing and financing, the sisters embraced the role of a community rather than purely religious hospital and recognized their work as a public trust needing local support.

Originally 16 members, the board was made up of male community leaders who advised the hospital. Members of this first Community Board were Ernest Meyer, Neil McKay, Robert Selene, Philip Wack, C.A. Boddy, Curt Lewis, Edward Dohm, Harry Lewis, Carlton Sears, Milton Bean, Michael Contris, A. G. Homan, John Ellison, Noyes Talcott, Ludlow Kramer, and Harry Lynch. Their first recommendation, based upon a feasibility study done by the firm of Skidmore, Owings & Merrill, was to build a new hospital large enough to accommodate further growth in the community.

By mid-1966 the purchase of the Lilly Road property for the hospital had been made. The area near Lacey was growing rapidly and offered the kind of open land which would allow future expansion for the hospital. Board members were instrumental in foreseeing the need for a larger hospital than was

A New Era of Expansion & Technology

The 75th anniversary of the hospital was in 1962. The budget for that year of \$1,004,652 contrasted sharply with the budget of 75 years before of \$23,921.50. Most of the cost in 1887 went toward building of the hospital, while in 1962 the lion's share was devoted to salaries. Trends in medical care dictated an increasing number of personnel, especially nurses, to administer and monitor new kinds of therapies.

Improvements in the hospital plant were made with substantial donations from the United Good Neighbor Fund which sponsored the initiation of an Intensive Care Unit in 1962. The hospital continued updating its plant with a new nursery, X-ray equipment, new laboratory facilities, enlargement of the intensive care department, and operating room improvements. New accounting procedures were put in place and medical records improved as the sisters continued to develop their skills in administration.

By 1965 the patient census and continued expansion of the facility made it evident that the West Side location was no longer feasible for continued operation of the hospital in accordance with area growth. From 1920 to 1960, Thurston County's population nearly doubled, but the hospital served this wide area of population including Mason County with only 123 beds in an outdated facility. The phenomenal growth in state government accounted in large measure for the growing population

especially during the 1960's. In fact, the provisional license granted by the state was only extended to the hospital until 1969 because of the deficiencies in the plant. This was further reinforced by the fact that by late 1965 Thurston County had been elevated to first place in the competition for Federal Hill-Burton hospital construction funds in the State of Washington.

Planning for a community board began in late 1965 to assist the hospital and the Sisters of Providence in creating a stronger bond with the

Members of the first St. Peter Hospital Lay Advisory Board. Seated left to right: Mr. Robert J. Selene; Hon. Ludlow Kramer; Mr. Ernest L. Meyer; Mr. Michael J. Contris; Mr. Milton Bean; Gen. Edward C. Dohm. Standing - left to right: Mr. Philip Wack; Mr. Carlton I. Sears; Fire Chief Harry Lynch; Mr. Noyes Talcot; Hon. Neil McKay, Mayor; Mr. C.A. Boddy; Mr. A.G. Homan; Mr. Curt Lewis; Unable to attend: Mr. John Ellison.



originally contemplated and recommended a 150 bed versus a 123 bed construction. Early in 1967, the application for Hill-Burton funds in the amount of \$1,107,000 was approved with the possibility of additional monies. Funding for the facility was to total over \$6 million dollars with the Sisters of Providence assuming a \$2 million debt and Hill-Burton eventually contributing over \$2 million with the remainder coming from community funds and depreciation sources.

With the funding forthcoming and planning being done by architects, the next obstacle was the raising of a significant amount of community money to supplement the federal grant and cement the role of the community in the larger and more expensive facility.

The difficult task was undertaken by civic activist Percy Bean with the cooperation of other board members and leaders in the Olympia area, including then Governor Dan Evans, honorary chairman. A goal of \$750,000 was set to be raised from doctors, auxiliary, hospital employees, businesses, state employees, and the community at large with the slogan, "Your New Community Hospital." The drive was a tremendous success eventually raising over \$900,000 for the project.

The fundraising effort and community board ratified the relationship of the hospital which over the past years had always been a strong one but now openly embraced community input and guidance. In the words of the Provincial, "Today . . . the private Catholic hospital, although administered by Sisters, has become a public trust--a work which must be shared with people living in the hospital's area of service."

The Auxiliary played a large part in the community relations effort. The group pledged a hefty \$50,000 toward the new hospital and in 1967 presented the first of what was to become a community favorite--A Hospital Happening. Teaming with professional producers, Auxiliary members and hospital staff and friends presented a glitzy musical revue to a sold out theater.

Other events were shaping the future of health care as well for the hospital.



Division chairpersons in community fund drive to build Lilly Road hospital. Top Row left to right: Dr. Gordon E. Jones, Mrs. Kirk Townsend, Charles (Dean) Kitterman, Richard Talcott, Percy Bean (General Campaign Chairman). Bottom Row left to right: Byron Brady, Robert Schmidt, Mrs. Burton Johnson, Sister Claire (Administrator), Dr. Rodney A. Brown. 1967

With the passage in 1965 of Medicare and its introduction in 1966, the complicated federal intervention into health care began its first steps which changed the economics of hospitalization drastically. The poor and middle class elderly for the first time had guaranteed access to medical care and the medical establishment was encouraged to provide the best care possible. Compensation from the government operated on a "cost-plus" basis. The hospital experienced an upsurge of patients especially in surgical procedures.

Even after construction began in September, 1968 on the new hospital, the old St. Peter Hospital continued to improve its plant as patient loads expanded. The need for cardiac care was especially evident and the hospital opened a special coronary care unit and provided additional cardiac monitoring equipment. Demands upon the Intensive Care Unit necessitated enlargement and supplementary equipment. The high patient census focused the need for re-evaluating the size of the new hospital and in 1969 three additional patient floors were added to the plans

and the completion date extended to December, 1970.

The \$10 million hospital boasted a ten-level tower on a two-level service base totaling some 218,970 square feet of area built of reinforced concrete. The hospital was designed for horizontal expansion and the addition of three floors. The typical patient floor of 30 rooms had the most modern design for optimum service, safety and comfort in a single room concept. In addition, the service areas of the hospital located on the lower floors provided for maximum coordination and access of specialized services.

In a little over three hours, sixty-one patients were moved on January 6, 1971 to the new facility marking a new era in the history of St. Peter medical care.

The move to the new hospital, although accomplished in a short period of time, was light years away from the old institution. The second hospital was later sold and renovated to house federally subsidized apartments.

The larger and more modern facility invited a wide range of specialty equipment and attracted numbers of physician specialists, leading the way to the creation of a tertiary or referral care character for the hospital serving Southwest Washington.

Although the special quality of care of the Sisters of Providence continues in the institution, by the early 1970's the numbers of nuns available to serve in the hospital setting had declined. In 1972 the Sisters of Providence instituted a new governing board for the Washington Corporation of the Sisters of Providence. This new organization signaled the change of the order's emphasis of the sisters from administrative and staff roles to pastoral care.

The emphasis on Catholic spiritual care at the hospital was widened to include all faiths with interdenominational chaplains who concentrate on support and concern rather than conversion. A staff of nine chaplains headed by a member of the Sisters of Providence serve the spiritual needs of the patients, staff and community through a healing ministry.

The period of 1971 to 1973 was a gradual expansion and refinement of existing services including upgrading of equipment and addition of specialties in the new hospital. A long range planning effort got under way in 1974 with input of all areas of the hospital as well as community members to assess the needs of the hospital over the next five years and into the future. During 1974 the Medical Staff also underwent a major reorganization into medical and surgical sections. Specialties such as neurosurgery, plastic surgery, vascular surgery and the addition of many new doctors from the new Group Health facility contributed to major growth in the size and makeup of the medical community.

In 1971 the longstanding inservice volunteer group officially became the Volunteer Program. Men and women of all ages including teenagers have volunteered thousands of hours a year at the hospital assisting with patient care, performing clerical work, serving in the gift shop, taking baby pictures, answering questions and performing other important work within the hospital.

In 1974, David Bjornson, the first lay administrator of the hospital, took the reins from Sister Claire Gagnon, who had directed the construction of the new hospital and its successful beginning at the new location. Sister

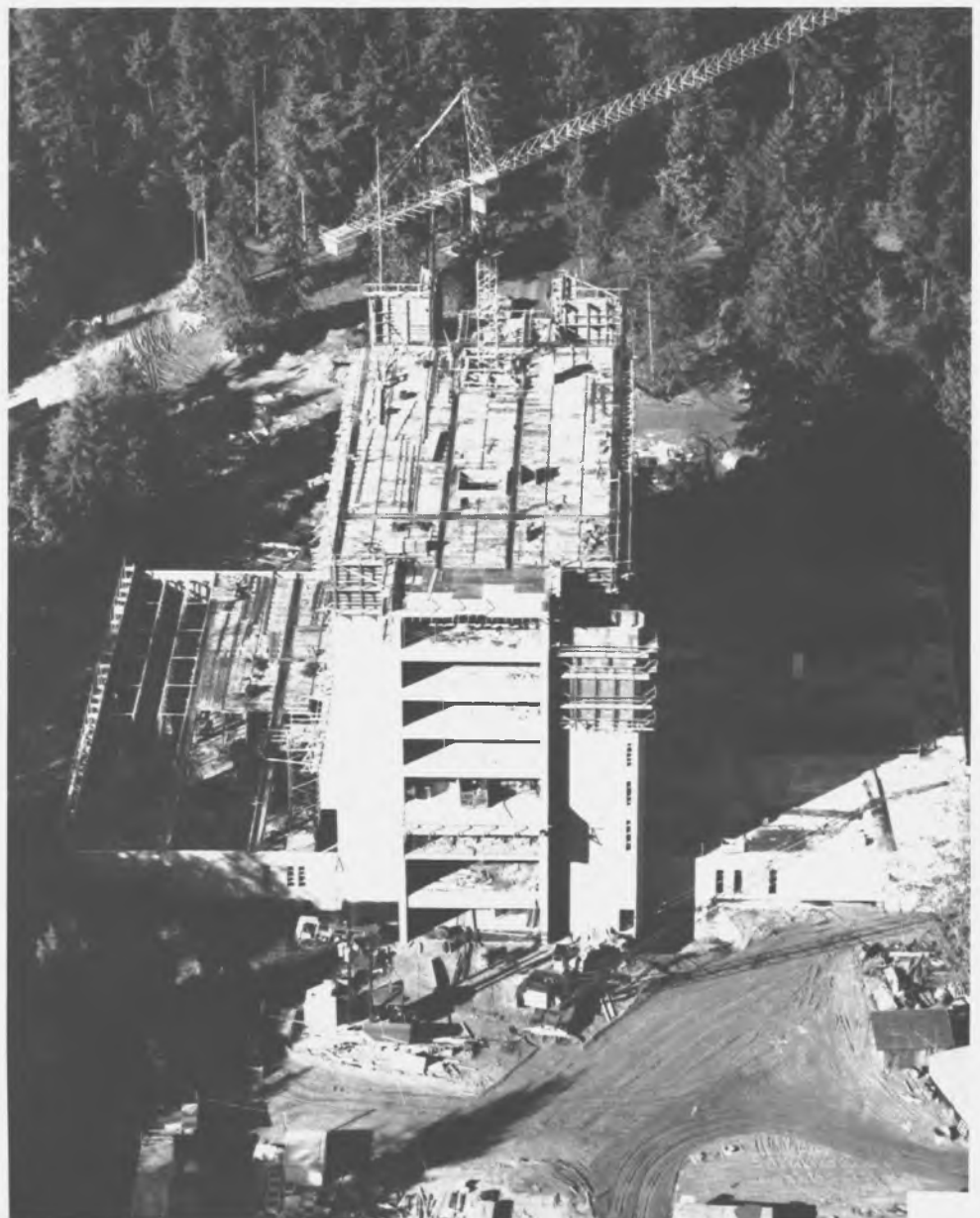
Claire joined many of her fellow sisters in emphasizing the pastoral care work at her new assignment.

Members of one of Thurston County's most valued services, Medic I, began training in 1974 at the hospital. Twelve paramedics spent 18 weeks at St. Peter for intensive training in acute and emergency care with staff nurses and physicians as instructors. The paramedics also trained in Seattle with other Medic I services and emergency facilities before the inception of service in this area.

By 1976 the hospital had achieved such a rapid rate of growth that some departments moved to an auxiliary location as occupancy averaged 86 percent. That same year a Certificate of Need was approved for a \$5.6

million expansion to the hospital for laboratory, radiology, emergency, physical therapy, respiratory therapy, lobby and administrative services. The Certificate of Need program was established in 1974 under a federal mandate to insure coordinated health planning on a regional and state basis with approval for expanded services, equipment or construction from the state Department of Social and Health Services.

Construction on the Lilly Road hospital began in September 1968 with completion December 1970.



Improved efficiency in services was implemented to meet increased patient census including admission procedures and triage nurses in emergency. The first portion of the short stay unit (one-day surgery) was opened in 1976 to accommodate minor surgery procedures lessening the pressure on patient floors.

The mid-70's also saw the introduction of advanced diagnostic equipment including Computerized Axial Tomography (C.A.T. Scanner) in 1975 and Ultrasound in 1976. These increasingly sophisticated tools formed the "diagnostic imaging department," the updated version of "x-ray."

The hospital enlarged its service area to the five counties of Southwest Washington including Thurston, Mason, Lewis, Grays Harbor, and Pacific. By 1977, twenty-five percent of the patients at the hospital came from outside Thurston County.

The approach to health care during this period moved toward more involvement of patients in their own care. St. Peter Hospital initiated support groups for many concerns--cancer patients, parents of premature babies, arthritis patients, mastectomy patients, enterostomy patients, and others.

In 1976 the Social Services Department was established to help patients with emotional, social, economic, and family problems while they are in the hospital and after they go home.

The late 1970's saw increasing emphasis on home based care coordinated through the hospital. One example of this is Hospice, started in 1977 by a community interest group to help the terminally ill. In 1980 St. Peter Hospital collaborated with Capitol Hospice and Sound Home Health to produce a unified Hospice effort. The Hospice program was later administered by Sound Home Health which came under the purview of St. Peter Hospital in 1981. Sound Home Health Services provides all types of home nursing care. Another home-based health care service provided by St. Peter Hospital is Lifeline, a home emergency response system for the elderly and handicapped, established in 1983.

St. Peter Hospital cooperates with a variety of schools and area hospitals. Colleges in Olympia, Centralia, and Tacoma look to the hospital for LPN and RN clinical experience.

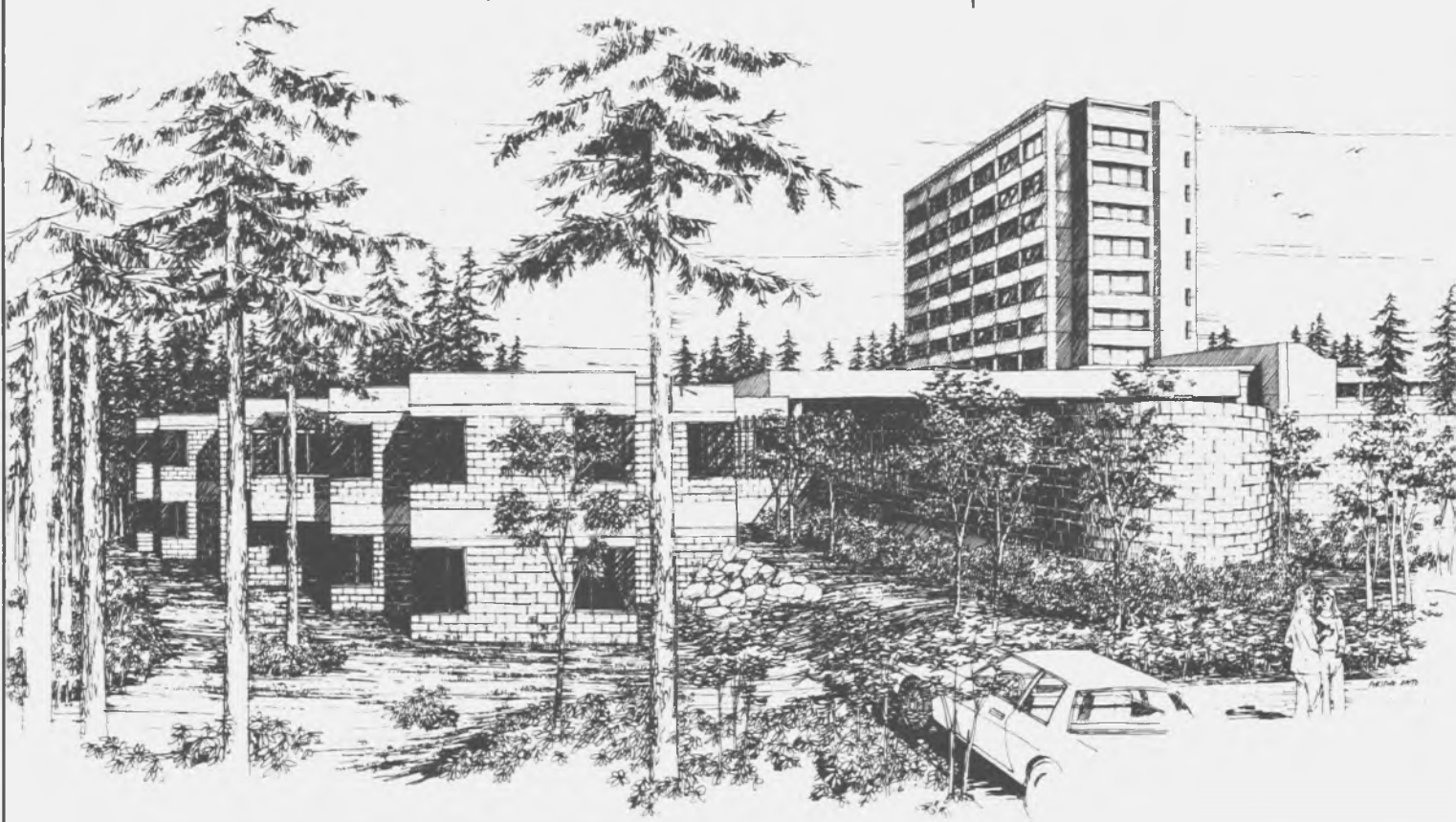
In 1983, the Clinical Ladder program was established to provide advancement opportunities to nurses dedicated to bedside care.

The Medical Staff of St. Peter Hospital includes over 270 physicians, practicing in a wide spectrum of specialties. The staff has traditionally been a strong voice for patient care and an integral part of the success and prestige of the hospital.

The St. Peter Hospital Community Board was organized in 1966 and now includes a membership of 23 dedicated community residents. These citizens operate through committees to advise the hospital in the areas of planning, finance, buildings and grounds, and public relations as well as special projects. The board has worked with physicians and administrators to bring the voice of the community into hospital deliberations.

A free-standing, 26-bed psychiatry unit opened in the Spring of 1984. The unit serves both voluntary and involuntary patients.

Facing page: Cataract surgery in St. Peter Hospital's Eye Center. (Rex Ziak photo)







Above: St. Peter Hospital after Phase VII expansion in 1985. The new areas included surgery, maternity, and critical care units.

The hospital's Auxiliary is another important group which raises money for various hospital projects that would otherwise not be possible. Some of the Auxiliary's well-known projects include "The House of the Christmas Mouse," a children's Christmas fantasy land and adult gift boutique; the Hospital Happening, an amateur variety show; and the Daisy Circle gift shop in the lobby.

Another happy example of continuing community support and interest in the hospital is Sunshine House. The Altrusa Club of Olympia conceived the idea of a place where families of ill people could stay at a minimal cost to be near their loved ones. A temporary in-house facility was opened in 1985, staffed and managed by volunteers. A fund-raising drive to build a free-standing building on hospital grounds was launched in 1987.

In January 1981 a Certificate of Need was prepared for an expansion plan for 98 new beds and support services. The project

included new intensive and coronary care units, a new surgery department, new maternity and nursery units, a short stay surgery wing and a free standing psychiatric unit. At the same time, the Hospital Corporation of America submitted a Certificate of Need to build a general medical-surgical hospital in West Olympia. The two Certificates of Need were debated widely in the community and after a protracted period of consideration by the state, the Certificate of Need was awarded to St. Peter Hospital and denied for HCA. HCA appealed this decision and a local administrative law judge ruled in favor of HCA in 1982. Both building projects were eventually completed.

Construction work began in 1982 on the \$34.4 million project, the largest building program for St. Peter Hospital since the opening of the 1970 facility. The short stay surgery wing and the psychiatry unit were completed in the spring of 1984. The other areas opened in December, 1985. The broad range

of services offset through this expansion reflected the growth of St. Peter Hospital as a referral center for Southwest Washington.

Beginning in 1984, government reimbursement for Medicaid and Medicare patients changed drastically with the implementation of the Prospective Payment System or "DRG's," diagnostic related groupings. Under this system, hospitals receive a set amount of payment for a specific diagnosis. If

hospitals provide care for less than the set amount, they keep the difference. However, if the costs go above the DRG rate, the hospital must make up the difference. The program, aimed at cost containment, presents strong inducements for hospitals to limit costs.

In the mid-1980's, St. Peter Hospital experienced a patient census decline reflecting a national trend. More emphasis on lower cost programs such as home nursing and short stay surgery as well as cost containment of hospital expenses was necessitated as both government and private insurers put the squeeze on hospital cost reimbursement. St. Peter Hospital has been successful in adapting to these changing conditions while increasing and enlarging its specialty and regional referral capabilities.

A few examples of this include the opening of the Kidney Dialysis Unit and a Chemical Dependency Treatment Center in 1986. In early 1987, lithotripsy treatment for kidney stones began, utilizing a mobile unit shared by several hospitals. Lasers became the surgical tool of the 1980's with the hospital's establishment of a Laser Center and the purchase of four

different types of lasers used for a wide range of surgical procedures.

Although faced with challenges in balancing costs and types of care, the hospital continues to retain its original mission of caring for the needy. In 1987 the hospital budgeted over \$993,000 for charity care, \$1.1 million to cover bad debts owed to the hospital, and \$4.8 million to cover uncompensated care for medicare and medicaid patients. This mission of care for the poor is a precarious one as governments continue to diminish their participation in health care of the indigent.

St. Peter Hospital joined with area governments, community service groups as well as private donors to re-institute a Community Care Clinic in 1982. Volunteer physicians, nurses and clerical workers staff the center housed in a mobile home on hospital grounds. Family physician services and referral to specialists are available at the clinic

and the hospital provides administrative services, laboratory, x-ray and pharmacy when necessary. The clinic received the Governor's Award for Distinguished Volunteer Service in 1984.



*Community Care Clinic, opened in 1982.
(David Coble photo)*

In 1987, a fundraising campaign was launched to build Sunshine House, an overnight facility for out-of-town families of critically ill patients. This view is the artist's conception of the building prior to construction.



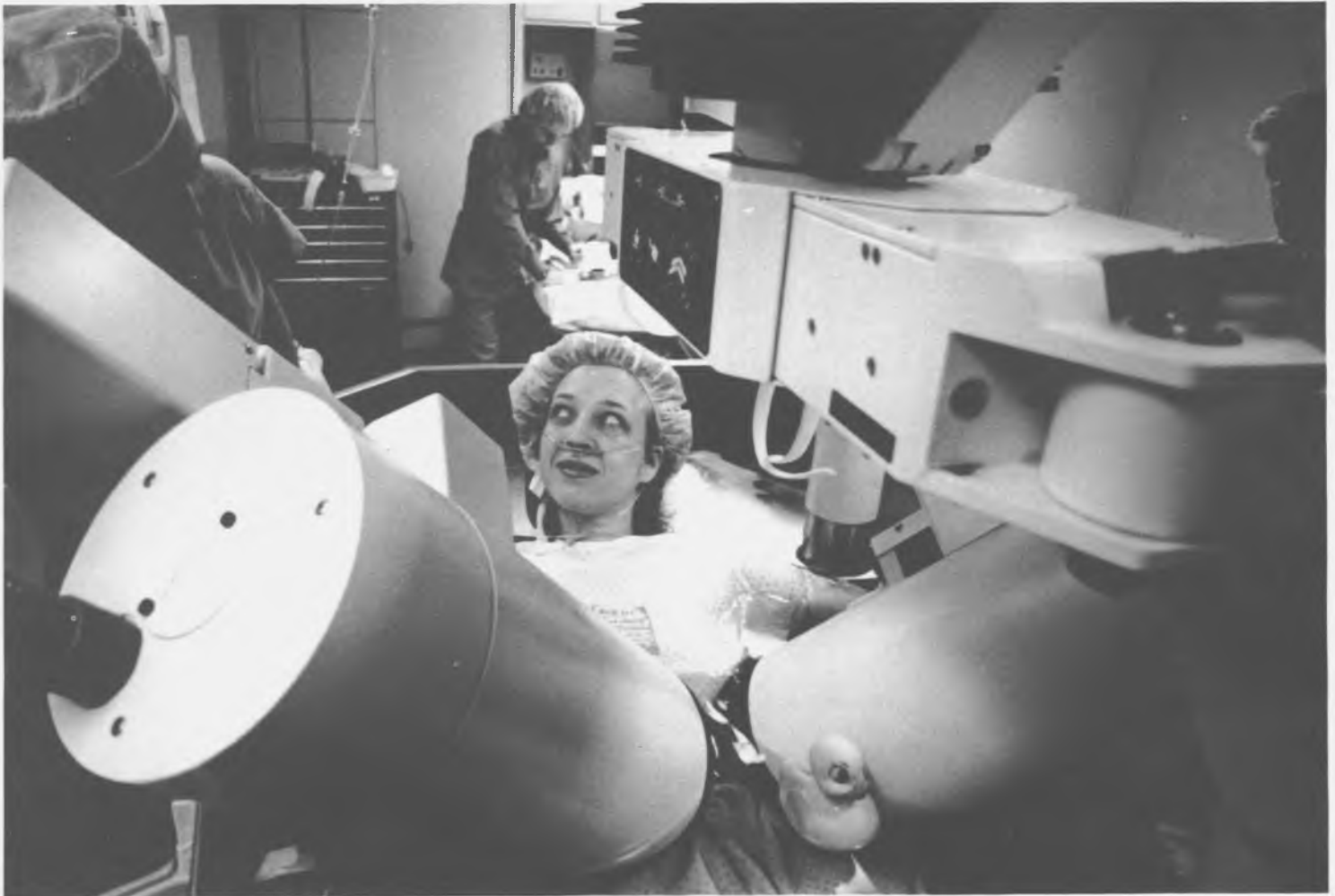
With increasing financial burdens and census decline the hospital has adopted a number of innovative health care programs.

The Short Stay Unit is part of the trend toward outpatient care. First opened in 1976 with 12 beds the unit has experienced growth to its 32 bed size in 1987 with two specialty clinics. The unit was built to meet the needs of patients undergoing diagnostic medical or surgical procedures which require a supervised recovery period of less than 14 hours. Specialty short stay areas were opened in 1985 to include one primarily for use by eye patients for cataract and laser surgery and another for patients undergoing invasive x-ray procedures. Short-stay surgery procedures accounted in 1986 for approximately one-half of all hospital surgeries resulting in significant cost savings to the consumer.



Above: *Laser Surgery.* (Rex Ziak photo)

Kidney Stone Lithotripsy – a new method which uses high frequency underwater shock waves to break up kidney stones into sandy particles which pass out of the body during normal urination. (Rex Ziak photo)





In the midst of the high technology, cuts in Medicare reimbursement, certificates of need and other administrative and technical concerns, St. Peter Hospital looks to other mandates as well. Sister Lauretta Frawley, former Director of Ministry for the Sisters of Providence, looks to the mission of the hospital in the future:

That will mean not just maintaining a good bottom line, not just being on the cutting edge of technology, not just having the best census in town or opening new departments ahead of the competition. It will mean that behind all choices will ring the call to serve the poor, to be alert to new ways of meeting needs that are not being met, to be concerned that patients and employees sense the loving care of a Provident God in our institution. It will mean following the tradition that has inspired the Sisters of Providence in that health care ministry since the mid-nineteenth century.

The challenge of new mandates in medical care awaits St. Peter Hospital in its next century, but the resources and strength developed over the past 100 years should serve it well.

Cardiac Catheterization was added as a service in 1985. (Rex Ziak photo)

A conversation with a preemie in the intensive care nursery.

Coronary care represents another integrated program incorporating diagnosis, treatment and rehabilitation for heart patients. An important diagnostic and treatment tool, the cardiac catheterization laboratory opened in June, 1985 bringing advanced capabilities to the hospital.

Another example of outpatient care is the outpatient Intravenous Therapy Unit which decreases costs by allowing patients to live at home while still receiving professional therapy. The Kidney Dialysis Center which opened in 1986 at the hospital incorporates training for home dialysis users as well as outpatient services at the hospital.

Cancer care at St. Peter Hospital, formally established in 1973, has grown to be one of many interdepartmental care efforts. In 1985 the hospital treated more than 700 cancer patients from a five-county area. Patients receive a team approach to cancer care which not only addresses their medical needs but their social, psychological and spiritual needs as well. The cancer committee, tumor registry and tumor board serve as the organizational framework for treatment assisted by the most up-to-date diagnostic and therapeutic equipment and methods. The program is one of 35 Accredited Cancer Programs in the State of Washington recognized by the American College of Surgeons.



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 1977--Dr. Andre Mihalyi
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 1981--Dr. Richard Seaman
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*Published by members of the
St. Peter Hospital Centennial
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Mission Statement



St. Peter Hospital, founded in 1887, is owned and operated by the Sisters of Providence. It is a Catholic, not-for-profit regional hospital and health care center, serving the people of Thurston and surrounding counties.

With special concern for the poor and elderly, we continue the healing mission of Christ by delivering quality care, respecting the dignity of every individual, and meeting the physical, social, psychological and spiritual needs of our patients.

We are committed to the delivery of care in a cost-effective manner.

We pursue our mission with the support and cooperation of hospital employees, physicians, Community Board members and other citizens of the community.

Governing Board Approved: August 8, 1984



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