Annual Report
1981-82
Richard G. Dow

Sudbury Memorial Hospital Trustee
Since 1962

President of Board of Governors
1968 - 1970

“A special tribute to an honoured citizen
and a dedicated hospital Trustee”
PAST PRESIDENTS

- Mr. W.E. Mason  1946-1948
- Mr. A.E. Collins  1948-1952
- Mr. R.D. Parker  1951-1954
- Mr. E.A. Hodge  1954-1955
- Mr. R.R. Jessup  1955-1962
- Mr. E.C. Facer  1962-1964
- Mr. W.B. Plaunt  1964-1968
- Mr. R.G. Dow  1968-1970
- Mr. R.R. Jessup  1970-1971
- Mr. E.G. Jarvis  1971-1973
- Mr. J.D. Innes  1973-1976
- Mr. J.A. Lawrie  1976-1978
- Mr. M.B. Martin  1978-1980
- Mr. J.R. Crandall  1980-1981

- Deceased
WE BELIEVE that the primary function of Sudbury Memorial Hospital is to provide care and treatment to the sick and injured.

WE BELIEVE that patient care must be an ever changing process involving a multidisciplinary health care team working in harmony with the patient and his or her family. All Hospital staff are members of this Health Care Team.

WE BELIEVE that patient care and recovery is promoted by a positive attitude on the part of our staff.

WE BELIEVE that it is essential for all Hospital staff to recognize the wholeness of patients with emphasis on their physical, emotional, economic, social and spiritual needs. Every patient has an equal right to the best care possible. Our care should be consistent and the patient should be made aware of all aspects of this care in order that he or she may actively participate, question, accept or refuse it. Every patient is assured of his or her independence, safety, privacy and right to confidentiality.

WE BELIEVE in providing a pleasant and amicable work environment in the belief that a harmonious atmosphere will foster good patient care. Given the primary commitment to patient care, the Hospital also recognizes a commitment to the well-being of all its employees, and has a sincere continuing concern for their welfare.

WE BELIEVE that we are responsible for promoting professional growth and we encourage attitudes that generate an atmosphere of respect and co-operation for patients and fellow workers.

WE BELIEVE that Hospital staff must be committed to developing, implementing and evaluating Quality Assurance Programmes that will improve and enhance patient care.

WE BELIEVE in the concept of education including the advancement of preventive health care for patients, their families, Hospital staff and students.

WE BELIEVE that Hospital staff should foster excellent internal and external relations as well as inter-agency and inter-professional co-operation and communication in the best interests of patients in all community health care facilities.
The Sudbury Memorial Hospital is a fully accredited, public non-denominational, acute care general hospital. This 201-bed facility serves the people of Sudbury and the surrounding Northeastern Region. The Hospital's formal designation by the Ontario Ministry of Health as the Regional Centre for Cardiovascular Investigation and Cardiac Surgery for Northeastern Ontario, as well as its recognized mandate to provide respiratory disease treatment and burn care, all reinforce the institution's special role as a Regional Referral Hospital. The development of these three important services at the Memorial as well as diabetes education are in keeping with the 1970 joint Hospital Services Rationalization Agreement of the Sudbury and District Hospital Council and the Ministry of Health.

The first open heart surgery or aorto-coronary bypass graft procedure in Canada was performed by Dr. Paul Field at the Sudbury Memorial Hospital in December, 1968. This surgery was very successful in correcting the patient's cardiovascular problem and thousands of similar patients have been treated ever since. The Memorial is the only non-teaching community general hospital in Ontario, and only one of two in Canada to perform these procedures. As with teaching hospitals where cardiac surgery is performed, the Memorial Hospital undergoes a regular peer review accreditation process of its specialized cardiovascular service.

As a result of extensive consultant studies and in accordance with the Hospital's role as a Referral Hospital with a regional cardiovascular mandate, the Hospital has undertaken the development of a 15-bed Critical Care Area, an expanded and modernized Emergency Department and an enlarged Cardiopulmonary Department. These three new areas enhance the diagnostic and treatment services provided at the Memorial to cardiovascular, respiratory and burn patients from all over Northeastern Ontario.

The Hospital is owned by the Sudbury Memorial Hospital Corporation with membership open to the public and which elects and appoints a 17-member Board of Governors consisting of volunteer trustees from the community. The Board is legally responsible for the management and operation of the Hospital in accordance with the Public Hospitals Act. The day-to-day operation of the Hospital is administered by the Executive Director and the Management Team. Medical matters are supervised by the Medical Advisory Committee of the Hospital.

Approximately 550 technical personnel are employed by the Hospital and 170 physicians have Medical Staff Privileges. Our highly skilled staff permit us to provide diagnostic and treatment services of excellent quality to high risk medical and surgical patients.
BOARD OF DIRECTORS
AND COMMITTEES

OFFICERS
Mr. F.J. Morassutti
President

Mr. D.B. McCulloch
1st Vice-President

Mr. R.N. Browne
2nd Vice-President

Mr. J.D. Wallace
Treasurer

Mr. E.J. Vainio
Secretary

BOARD OF DIRECTORS
Dr. M.C. Bouffard
Mr. R.N. Browne
Mrs. M. Conibear
Mr. J.A. Lawrie
Mr. D.B. McCulloch
Dr. W.J. McMullen
Mr. E.J. McVey
Mr. M.B. Martin
Mr. J. Maslack

Mrs. G.R. Matte
Mr. F.J. Morassutti
Mr. J.S. Poupore

Mr. G.B. Reed
Mr. P. Soucie
Mr. W.J.B. Sutton
Dr. R.G.B. Turner
Mr. J.D. Wallace

HONORARY DIRECTORS
Mr. A.R. Baker
Mrs. A.R. Baker
• Mrs. P.A. Coates
• Mr. J.R. Crandall
• Mr. R.G. Dow

Deceased

Mrs. R.G. Dow
Mr. J.D. Innes
Mr. E.G. Jarvis
Mr. R.R. Jessup
Mr. W.H. Salo

FINANCE COMMITTEE
Mr. J.D. Wallace
Chairman
Mr. F.J. Morassutti
Mr. D.B. McCulloch
Mr. R.N. Browne

Mr. P. Soucie
Mrs. G.R. Matte
Mr. J. Maslack
Mr. J.A. Lawrie

LIAISON COMMITTEE
Mr. F.J. Morassutti
Mr. D.B. McCulloch
Dr. R.G.B. Turner

Dr. M.C. Bouffard
Mr. E.J. Vainio

PROPERTY/PLANNING COMMITTEE
Mr. R.N. Browne
Chairman
Mr. D.B. McCulloch
Mr. W.J.B. Sutton
Mrs. M. Conibear

Mr. J.S. Poupore
Mr. J.A. Lawrie
PUBLIC RELATIONS COMMITTEE
Mrs. G.R. Matte
Chairman
Mrs. M. Conibear
Mr. D.B. McCulloch

Mr. P. Soucie
Mr. G.B. Reed

PERSONNEL COMMITTEE
Mr. M.B. Martin
Chairman
Mr. R.N. Browne
Mr. E.J. McVey

Mr. J.D. Wallace
Mr. D.B. McCulloch

AUDIT COMMITTEE
Mr. J.D. Wallace
Chairman
Mr. D.B. McCulloch

Mr. R.N. Browne
Mr. M.B. Martin
Ladies and Gentlemen: It is my privilege to present to you my report as President of the Board of Governors at this 32nd Annual Meeting of the Sudbury Memorial Hospital Corporation.

Your Board of Governors has been very busy this past year dealing with many issues and projects involving this Hospital. The successful conclusion to the Critical Care Campaign conducted by the Sudbury Memorial Hospital Foundation is an example of the hard work of our Trustees and Foundation Members. Mr. Earle Jarvis as General Chairman of the Campaign as well as all the canvassers, Foundation Members and other campaign participants are to be commended for a job well done in raising the needed $1,086,000. Finally, but most importantly, the community is to be sincerely thanked for its all-out financial support of our Hospital during a period of local economic uncertainty.

The development and opening of the 15-bed Critical Care Unit fits in well as the first major step to enhance the Memorial's formalized mandate as the Regional Cardiovascular Centre for Northeastern Ontario.

The second major advancement was the expansion and modernization of our unique Emergency Department, thus fulfilling our role in providing immediate cardiovascular, respiratory disease and burn care to patients in this community. This sophisticated new service was opened on 26 April 1982 with the welcomed financial support of the Regional Municipality of Sudbury, the Ministry of Health and several generous donations. This development reinforces the Hospital's acute care treatment role in ministering to the clinical needs of seriously ill and high risk patients.

The third and final stage of the Hospital's three-phased development as a true regional referral hospital is as recommended in the hospital consulting studies of Agnew Peckham and Associates Ltd. conducted between 1976 and 1980. This project involves the expansion of our Cardiopulmonary Department where all the sophisticated diagnostic testing is performed for our cardiovascular and respiratory disease patients. The physical improvements to this Department will support and promote the Hospital's Regional Cardiovascular and Respiratory Disease Treatment roles further. The project began construction on 18 May 1982.

In conjunction with these exciting changes as well as with other hospital business, your Board and its Committees held many meetings and several planning sessions throughout the year. I wish to personally thank all the devoted Governors for their hard work and dedication in donating their valuable time in the interests of this Hospital and health care in our community. Your assistance has made my job as President that much easier.

It is with regret that in April of this year we lost a dear friend, Richard Dow. Dick has been a corner stone to the Memorial Hospital in his 20 years as Trustee. His expertise, dedication and general concern for the well-being of Sudbury Memorial Hospital will be deeply missed.

We are especially pleased this year with the selection of one of our long-time trustees, Mr. David Innes, as the President-elect of the Canadian Hospital Association. He is also a Vice-President of the Ontario Hospital Association Board of Directors. Mr. Innes does the Memorial Hospital and Sudbury proud.
The personal commitment of our Medical Staff, particularly the Chief of Staff, Dr. Ron Turner and the President of the Medical Staff, Dr. Mike Bouda and the Medical Advisory Committee members to the operation and advancement of the Memorial is to be admired and appreciated by all of us. Their dedication to medical care of high quality in our Hospital is commendable. As you are no doubt aware, Dr. Turner has resigned as Chief of the Medical Staff at our Hospital. We are indebted to him for the exemplary way that he had led the Medical Advisory Committee for the past six years and ensured that our high quality of medical care is fostered and maintained. His hard work has been instrumental in obtaining maximum Accreditation Status for our Hospital in 1979 and 1982. The Board will sincerely miss his invaluable counsel and lucid insights. We eagerly all anticipate working with his successor, Dr. George Walker.

The generous contribution of money and time in the interest of our patients, staff and visitors provided by hard-working Hospital Auxiliaries under Mrs. Conibear's leadership is an inspiration to us all. We regret that she is stepping down from the Board as the Auxiliary President and we will miss her dedication and enthusiasm. I look forward to working with her successor, Mrs. Joanne Pettit.

The staff of the Hospital under the capable direction of Esko Valino, our Executive Director, and the Management Team have to be thanked for the excellent quality of patient care which has been provided in the past year. This has been accomplished amid major physical and organizational changes and exemplifies the dedication of our experienced staff. In addition, the countless hours of service provided by our numerous Hospital Volunteers must be mentioned and receive special thanks.

I am very pleased with the level of achievement that we have attained in working together with the other Hospitals in our community. As a result of persistence and hard work by staff and trustees, we have strengthened the communication lines between the Hospitals and with our community. Our planning sessions stressed that the key word here is co-operation.

With the state of the economy today and the constraints on the health dollar, co-operative efforts between the Hospitals will become a means of survival in our never-ending struggle to bring a high quality of patient care and specialization to the Sudbury area.

This is my first year as your President and I am grateful for your support in the past year.

Respectfully submitted,

Frank J. Morassutti,  
President.
EXECUTIVE DIRECTOR'S REPORT

It is my honour and privilege to present my second Executive Director's Report to this Annual Meeting. This report covers the period from 1 April 1981 through to 31 March 1982.

In the past year the Memorial Hospital provided a total of 57,023 days of patient care, with in-patients staying an average of 9.0 days, resulting in an occupancy rate of about 78 percent based on our approved 201-bed capacity. The actual rate of almost 90 percent based on the average actual number of beds open may be a more appropriate figure here due to bed closures to facilitate renovations. The average length of stay again has been reduced from the previous year. Ambulatory care and out-patient visits and procedures had increased again as compared to the previous twelve-month period.

This past fiscal year 1981/82 was an exciting and hectic period for our Hospital. With Ministry of Health assistance we were able to successfully appeal for additional funding for the coming year to enhance our Cardiovascular Program with the opening of our enlarged Critical Care Area. Year-end budget appeals and settlements for the year 1981/82 are still uncertain but we hope for a positive response from Ministry officials. Our net operating costs per patient day for the year just finished were $212.18. The total paid hours per patient day for 1981/82 were 15.1. These were as expected due to bed closures and a lower patient day total than in the previous year. Total paid hours increased by 3.8 percent in line with the January Cardiovascular Program staffing increases.

Many developments have taken place at the Memorial in the past year. Mr. Morassuti already has mentioned the new Critical Care Area and the two projects expanding and modernizing our Emergency Service and Cardiopulmonary Department. They have absorbed much of our time in planning, implementing and monitoring. We participated in the Emergency Services Review Study, a proposed community-based Nutrition Counselling Service, many public relations functions and planning sessions with Medical Staff, Board Members and Department Heads. I believe that it is very correct to say that all people directly associated with the Memorial have found 1981/82 an extremely busy and productive year.

Several organizational changes have occurred in the fiscal year 1981/82: Mrs. Bernice Crowe was promoted to Assistant Executive Director from her previous post as Director of Patient Services; Mrs. Vickie Kaminski was appointed Assistant Director of Nursing to replace Ms. Bernice Gawalko, who unfortunately had to resign due to health reasons; Mrs. Kaminski was then promoted to Director of Nursing to succeed Mrs. Crowe; Mrs. Marion Searie replaced Mrs. Georgie Curran as Director of Patient Documentation (Admitting); Mr. Al Smylie succeeded Mr. Kevin Mumford and Mr. George Raven, as Chief Housekeeper; Mrs. Laura DeGagne replaced Mrs. Sue Martin as Operating Room Head Nurse; Mrs. Pauline St. Georges took over as Head Nurse of 3rd Floor to replace both Mrs. Searie and Mrs. DeGagne with Nurse Clinician, Mrs. Claire Antonioni, to assist; Mrs. Laura Jean McNell succeeded Mrs. Kaminski as Critical Care Area Head Nurse; and, Mrs. Darlene Derache was appointed Nurse Clinician for 4th Floor. Rev. John McKibbon joined the staff of our Hospital, with the assistance of the United Church of Canada, as our much needed non-denominational Hospital Chaplain.

I wish to thank all Hospital and Medical Staff for their assistance
and hard work in ensuring that the excellence in patient care at the Memorial is maintained and enhanced. The other members of the Management Team — Dr. Turner, Mrs. Crowe, Mr. Oetler, Mrs. Kaminski, Mr. Harris and our Secretary, Mrs. Biederman — are to be commended for their dedicated enthusiasm and invaluable counsel in the interests of the Hospital and the community we serve. This superb team along with our innovative Department Heads make it a real pleasure to work here and illustrates already why the Memorial is truly a progressive Hospital.

We also are sincerely indebted to the Hospital Auxiliary, in particular Mrs. Marg Conibear, whom we will all miss as President of the Auxiliary, and the Volunteers for the many hours of service and considerable financial support that they have provided to the Hospital. This “unsung” assistance to our patients, visitors and staff merits a special word of thanks from all of us who work at the Memorial.

Finally, I wish to thank the President of the Board of Governors, Mr. Frank Morassutti, the Executive Members of the Board and all of our Trustees for their assistance, support and counsel over the past year. The Board Members are all to be commended for their dedication and personal sacrifices that they have made during the year in order to attend to Hospital business and planning issues and in providing us with an overall direction toward our common goals. We look forward to working with the new Executive and Board Members in the coming year.

Respectfully submitted,

Esko Vainio,  
Executive Director
In this, my inaugural address to the Board, I would like to express a word of thanks on behalf of my colleagues for the continued good rapport between the Medical Staff and Board of this hospital. In an age of increasing bureaucracy, it is refreshing and encouraging to note that the recommendations of the Medical Staff are not only being heard but considered and acted upon. I am firmly convinced that only through meaningful 'co-operative participation' in all levels of administrative affairs of this institution can a hospital best serve the community interests. Obviously, this increased privilege carries with it the challenge and added responsibility of pure and simple work as expressed in the many hours of committee work and meetings necessary to facilitate the business of a complex community health care system. On behalf of the Medical Staff, I would like to reaffirm our commitment to join hands with the Board in aiding our administrative staff in fulfilling these responsibilities.

From a broader perspective, I would like to draw three observations to the Board's attention. Firstly, most physicians servicing this hospital have been made aware of a 'changing role' for this institution. While remaining very much a community hospital committed to the care of the acutely ill and injured and providing general services, this institution has also become a Regional Referral Centre as reflected both in the specialized services provided as well as the architectural changes within the structure itself. This evolution while adding prestige to the institution has produced stresses within the medical staff as they struggle to meet the increasing demands for service without significant augmentations to manpower and while coping with the inconvenience of a seemingly endless number of renovations.

Secondly, the medical community has now had a decade to accommodate to the rationalization of medical services in this community. Despite the passage of time, I note that there is persistent and possibly increasing disquiet accommodating this consolidation. The recent recommendations of the District Health Council Committee studying emergency services in this community perhaps best exemplifies this issue. I offer no solutions but urge the Board to listen carefully to the medical community in these matters in the future.

Thirdly, this past year has seen 'watershed' labour disputes involving many levels of personnel, including physicians. I have been impressed with the solidarity exhibited by the hospital staff during these times of very emotional labour negotiation. It is obvious that the principle of primacy of patient care has not been forgotten and I am proud of the way in which my colleagues have served the needs of the community first and foremost.

To speculate on the future, if only to provide some amusement later on when 'retrospection' brings all things into clear focus, I offer the following thoughts: I see medical care becoming a 'technological express' building up an ever-increasing head of steam and rushing down tracks which remain uncharted. The arguments for state-of-the-art equipment are persuasive: the costs, both capital and replacement, are prohibitive and the fiscal constraints severe. The resolution of this paradox I believe will be the next crisis in health care, not only in our institution, but throughout the country. Focusing locally, I feel we need to commit ourselves to increasing inter-institutional cooperation and the avoidance of confrontation, to the point of encouraging the formation of a community wide common
Board and Medical Advisory Committee. Additionally, I trust we will see the completion of the Agnew Peckham role plan and renovations and an increasing commitment to education, hopefully including medical intern and resident staff as well as a commitment to self education within the various medical departments through the process of audit.

There is no end to the provision of health care, the cure of one illness is always followed with the discovery of another. So too with our tasks as Trustees. Let us be prepared to do continual battle with Cyclops, hand in hand.

Respectfully submitted

M.C. (Mike) Bouffard, M.D.
President of the Medical Staff
REPORT OF THE CHIEF OF STAFF

As my last official duty as Chief of Staff at Sudbury Memorial Hospital I am pleased to present to you my 6th and final Annual Report. The fiscal year 81/82 just ended, was a very busy period in the history of the hospital and for the Medical Advisory Committee.

During the past year we welcomed the following physicians to our staff: Dr. J.E.J. Deacon, Dr. J. Holub, Dr. G. Porter, Dr. S. Scott, Dr. A. Takac, Dr. F. Wright, Dr. J. Abourbih, Dr. R. Gay, Dr. U. Kalu, Dr. F. Moradhasse, Dr. S.R. Costello, Dr. D. Carswell, Dr. R. Greco, and Dr. L. Schonberger.

Our deepest sorrow is expressed with the passing of Dr. J. Henderson and Dr. R.M. Thompson. They will be greatly missed by all of us.

Our new Critical Care Unit which opened last year met the clinical needs of hundreds of seriously ill Cardiovascular, Respiratory Disease and Burn patients in our Community and all over Northeastern Ontario.

Dr. M. Bouffard and Mrs. D. Arena are to be commended for the planning and foresight that has helped to develop our Emergency Services so that they are second to none.

The last major stage in developing the Sudbury Memorial Hospital as a true Regional Referral Hospital is the redesign and expansion of our Cardiopulmonary Department to facilitate modern diagnosis and treatment of Cardiovascular and Respiratory Disease patients.

The enhancement of these services augment our formalized role as a Regional Cardiovascular and Respiratory Disease Centre for the Northeast.

The Medical Advisory Committee as well as its Standing Committees met regularly during the past 12 months and painstakingly reviewed the medical care provided in this Hospital.

The Medical Advisory Committee members including myself were very appreciative of the Board’s involvement and participation with us in major planning issues during the year. We have also been involved in physician recruitment activities for needed specialists in the Sudbury area in conjunction with the Sudbury and District Medical Society and Sudbury and District Hospital Council.

We have revised the Hospital’s Medical Staff Bylaws and await your approval this evening. Our new Medical Staff Rules and Regulations Booklet is in draft form and will be presented to the Board for endorsement at a later date.

I wish to thank Administration, Nursing Staff and Chiefs of Departments and all members of the Medical Staff for their cooperation during the past year and indeed for the 6 years that I have been Chief of Staff at Sudbury Memorial Hospital. Your support during this period has enabled us to attain the maximum accreditation status for this hospital in 1979 and 1982.

As I leave my post as Chief of Staff in the capable hands of Dr. George Walker I am confident that the excellent quality of medical care at the Sudbury Memorial Hospital will continue to be maintained. The team work in the interest of good patient care exhibited at this institution is exemplary for all Hospitals in the North.

Respectfully submitted

R.G.B. Turner, M.D.
Chief of Staff
REPORT OF THE SUDBURY MEMORIAL HOSPITAL AUXILIARY

It is an honour and a privilege to present the Auxiliary Annual Report for the fiscal year 1 April 1981 to 30 March 1982.

As everyone in the Hospital knows, renovations continued in 1981. The major change affecting the Auxiliary was the move of the Gift Shop to the window of the front lobby, on 17 July 1981. With the larger shop in a new location, sales have increased and profits have more than doubled - from almost $8,000.00 in fiscal 1980 to $16,688.00 in fiscal 1981.

Moving the Gift Shop has accomplished more than an increase in revenue. It has brought the Auxiliary to the attention of the public, and has resulted in renewed interest in the Auxiliary, and an awareness of the Hospital's need.

Memberships purchased in 1981-1982 were 490. Six Honourary Life Memberships were presented in May 1981. We regret the passing of three dedicated Honourary Life Members - Mrs. Marcia Ironstone, Mrs. Kay Coates and Miss Margaret Fowler.

1981 was a very good year financially for the Auxiliary. At the Annual Meeting in May 1981, a cheque for $10,000.00 was presented to the Auxiliary Board. Since a large percentage of this was raised prior to the end of the fiscal year, 1980 and 1981 reports should be considered together.

In June of 1981 payment was completed on the 12-Channel Simultrace Recorder for Cardiopulmonary (total cost $19,000.00). A commitment was then made to purchase an E.C.G. Monitor with write-out and a Defibrillator with paddles ($10,000.00) for the Emergency Department. This commitment was met in September and the Auxiliary agreed to purchase Morgan Transfer Test Apparatus to be used by Dr. Kivinen to perform diffusing capacity tests on respiratory disease patients, cost $22,000.00. It was with a great deal of pleasure that the final payment was made 30 March 1982.

Money was raised through the Gift Shop, flea markets, teas, raffles, etc. $33,784.26 was forwarded to the hospital for equipment, $55.00 to the Foundation fund and $252.69 was used for various hospital work - total $34,091.95.

The Auxiliary continued to fulfill their commitment to assist the Hospital by volunteer service, public relations and fund raising. Volunteer hours were 20,466, an increase of 1,846 over the previous year. Excellent coverage has been given our activities by all the media.

One of the highlights of the year was the Christmas Tea Party when we say "Merry Christmas" and "Thank you" to all the staff. A special thanks goes to Dietary Department who are always so helpful.
Twenty members attended Region No. 10 Annual Meeting hosted by Laurentian Hospital Auxiliary in June. It was my privilege to represent our Auxiliary at the H.A.A. Convention in Toronto in November. I have been appointed to the Registration Committee of H.A.A. for the 1982 Convention.

Six long-time Auxiliary members took part in video-taping some of the history of the Auxiliary in February. The Coordinator of Auxiliary Volunteers attended a workshop on volunteers in March.

Auxiliary By-Laws were revised and approved at the annual meeting.

I wish to acknowledge all the assistance which I have received from our Executive Director, Esko Vainio, and all members of the Hospital staff during my term of office. It has been a privilege to represent the Auxiliary on the Board of Governors. Thank you for your co-operation, encouragement and support.

As you are aware, I have completed my term as Auxiliary President. The past two years have been interesting and challenging. I thank the Auxiliary for the opportunity to serve Sudbury Memorial Hospital in this way.

Respectfully submitted,

Margaret Combearyr
Auxiliary President
HOSPITAL CHAPLAIN
EMERGENCY DEPARTMENT

SUPPLY ROOM
This room features mobile exchange carts which are centrally stocked with medical supplies. Equipment are can be easily re-supplied. Easy access.
1981-82 OPERATING COSTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>Patient Days</th>
<th>Average Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979-80</td>
<td>6,099</td>
<td>62,723</td>
<td>10.3</td>
</tr>
<tr>
<td>1980-81</td>
<td>6,537</td>
<td>58,861</td>
<td>9.0</td>
</tr>
<tr>
<td>1981-82</td>
<td>6,301</td>
<td>57,023</td>
<td>9.0</td>
</tr>
</tbody>
</table>
# SUDBURY MEMORIAL HOSPITAL

## STATEMENT OF INCOME AND EXPENSES

**YEAR ENDED 31 MARCH 1982**

<table>
<thead>
<tr>
<th></th>
<th>31 March 1982</th>
<th>31 March 1981</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-patient</td>
<td>$12,271,016</td>
<td>$10,839,903</td>
</tr>
<tr>
<td>Out-patient</td>
<td>1,576,753</td>
<td>1,348,746</td>
</tr>
<tr>
<td>Preferred Accommodation</td>
<td>423,853</td>
<td>412,941</td>
</tr>
<tr>
<td>Dietary</td>
<td>254,683</td>
<td>248,674</td>
</tr>
<tr>
<td>Ancillary</td>
<td>276,382</td>
<td>207,803</td>
</tr>
<tr>
<td>Other</td>
<td>294,523</td>
<td>211,840</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>15,097,210</strong></td>
<td><strong>13,269,907</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>31 March 1982</th>
<th>31 March 1981</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Services</td>
<td>4,408,214</td>
<td>3,760,357</td>
</tr>
<tr>
<td>Diagnostic and Therapeutic Services</td>
<td>2,835,035</td>
<td>2,426,803</td>
</tr>
<tr>
<td>Administrative and Supportive Services</td>
<td>4,861,047</td>
<td>4,470,163</td>
</tr>
<tr>
<td>Medical and Surgical Supplies</td>
<td>1,144,606</td>
<td>932,626</td>
</tr>
<tr>
<td>Drugs</td>
<td>396,578</td>
<td>360,797</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>851,665</td>
<td>724,129</td>
</tr>
<tr>
<td>Ancillary</td>
<td>184,799</td>
<td>152,865</td>
</tr>
<tr>
<td>Depreciation</td>
<td>386,569</td>
<td>320,412</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>15,068,513</strong></td>
<td><strong>13,148,152</strong></td>
</tr>
</tbody>
</table>

**EXCESS OF INCOME OVER EXPENSES FROM OPERATIONS**

$28,697

$121,755
ADMINISTRATIVE & SENIOR STAFF

Mr. E.J. Vainio ..................................Executive Director
Mrs. D. Arena ..................................Head Nurse
Miss F. Cadeau ..................................Director of Health Records
Mrs. D. Collin ..................................Head Nurse
Mr. B. Crispo ..................................Purchasing
Mrs. B. Crowe ..................................Assistant Executive Director
Mrs. C. Cunningham ..................................Head Nurse
Mrs. G. Cutler ..................................Volunteer Services
Mrs. L. DeGagné ..................................Head Nurse
Mrs. M. Dryland ..................................Physiotherapy
Mr. B. French ..................................Pathology
Mr. L. Harris ..................................Director of Personnel Services
Mrs. V. Kaminski ..................................Director of Nursing
Mrs. J. Love ..................................Head Nurse
Mr. B. Maloney ..................................Chief Accountant
Mr. J. McColl ..................................Biomedical Engineering

Mrs. M. McInnis ..................................Quality Assurance
Mrs. F. Mclsaac ..................................Staff Education
Mrs. L.J. McNeil ..................................Head Nurse
Mr. T. Nagler ..................................Engineering
Mr. E. Nowicki ..................................Dietary
Mr. J.P. Oster ..................................Director of Financial Services
Mrs. V. Pevato ..................................Head Nurse
Mr. P. Rupert ..................................Pharmacy
Mrs. M. Searle ..................................Admitting
Mr. A. Smylie ..................................Housekeeping
Mrs. P. St. Georges ..................................Head Nurse
Mr. A. Thorpe ..................................Perfusionist
Mr. G. Vallieres ..................................Material Management
Mrs. L. Vandleaf ..................................Cardiopulmonary
Mrs. H. Woermke ..................................Respiratory Technology
Mr. W. Yung ..................................Radiology
MEDICAL ADVISORY COMMITTEE - 1981

President of the Medical Staff ............... Dr. M.C. Bouffard
Vice-President of Medical Staff............... Dr. W.J. McMullen
Secretary of Medical Staff ................. Dr. R.B. Sawkiw

Chief of Anaesthesia ....................... Dr. R.E. Dunn
Chief of Cardiovascular ................... Dr. S.U. Mecci
Chief of General Practice .................. Dr. R.E. Morgan
Chief of Medicine .......................... Dr. M.I. Ali
Chief of Pathology ........................ Dr. S.J. Strong
Chief of Radiology ........................ Dr. P.J. Cullen
Chief of Surgery .......................... Dr. P.J. van Boxel

SUDBURY MEMORIAL HOSPITAL
DONOR OPPORTUNITIES

Any person who wishes to donate towards the on-going construction projects or any needed hospital medical equipment can make their contribution directly to the Hospital or the Sudbury Memorial Hospital Foundation. Donations can be made in the Finance Department of the Hospital which is located in the North Wing of the Lower Level (Ground Floor). Telephone enquiries can be made by calling 673-8421 (Ext. 445).

Donations received from the Community make it possible for us to provide the excellent care we give to our patients.
SUMMARY OF SUDBURY MEMORIAL HOSPITAL PLANNING PROCESS:
ON BECOMING A REGIONAL REFERRAL HOSPITAL

1968  First Aorto-Coronary Bypass Graft Procedure in Canada performed by Dr. Paul Field at Sudbury Memorial Hospital.

1970  Joint Sudbury Hospitals Rationalization Agreement developed by Sudbury & District Hospital Council and approved by Minister of Health.

1976  Hospital Consulting firm of Agnew Peckham and Associates hired to perform a comprehensive hospital planning study at Memorial Hospital.

Sudbury Memorial Hospital received conditional Ministry approval as a Regional Cardiovascular Centre for Northeastern Ontario.

1977  Role Study/Master Program completed by Agnew Peckham and Associates.

1978  Immediate Development Plan released by Agnew Peckham and Associates recommending three stages of development:

1. A 15-bed Critical Care/Burn Treatment Area;

2. An Expanded and Modernized Emergency Department;

3. An Improved and Expanded Cardiopulmonary Department.

1979  The Immediate Development Plan was endorsed by the Manitoulin-Sudbury District Health council and approved by the Minister of Health.

Functional Program completed by Agnew Peckham and Associates.

SMH formally approved as the Regional Centre for Cardiovascular and Respiratory Disease Investigation and Cardiac Surgery for the Northeast by the Minister of Health. (The Sudbury Memorial Hospital is the only non-teaching community general hospital in Ontario and only one of two in Canada to perform open heart surgical procedures.)

Critical Care Unit/Burn Treatment Area construction began.

1981  15-bed Critical Care Unit/Burn Treatment Area opened.

Emergency Department Expansion began.

1982  Cardiopulmonary Department Expansion Project begins with improvement of Regional Diabetes Education Centre facilities.

New Emergency Department is opened for patient treatment on 26 April.