Sudbury Memorial Hospital
Annual Report

1·9·8·8
“GO TEAM GO”
The support and dedication of the entire Patient Care Team enables us, at Sudbury Memorial Hospital, to provide the community with in-patient and out-patient care of high quality within available resources.

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The Sudbury Memorial Hospital, a 201-bed fully accredited non-denominational acute care general hospital, tends to the needs of high-risk patients who require tertiary care diagnostic and treatment services such as cardiovascular surgery, cardiology (including nuclear cardiology), respiratory disease care, thoracic surgery, major gastrointestinal surgery, selected invasive radiological procedures, burn treatment and plastic surgery. The Hospital provides secondary care to patients in the form of general medicine, general surgery and diabetes education, as well as primary care in the Emergency Department and elsewhere in the institution, as required by patients.

The Memorial is committed to providing a balance of these clinical services to the residents of the Regional Municipality of Sudbury as well as for Northeastern Ontario (population base of approximately 600,000). The Hospital will promote the development of Sudbury as the Regional Hospital Referral Centre for Northeastern Ontario with respect to programs identified by the Rationalization of Services Agreement as endorsed by the Sudbury and District Hospital Council and the Minister of Health.

The Memorial Hospital will continue providing a comprehensive Emergency Service.

The Hospital will provide leadership to other health care agencies in developing these tertiary care specialties as well as non-medical services. Sudbury Memorial Hospital will enhance its level of co-operation with other community health care facilities reflecting our interdependence with respect to patient care, incorporating the sharing of more common services and programs.

Sudbury Memorial Hospital will pursue the continuance and the development of programs that will meet community health care needs within available resources such as the Diabetes Education, Cardiac Rehabilitation, Nutrition Counselling, Respiratory Home Care and Pulmonary Rehabilitation Programs. The Hospital also is committed to provide clinical placements for students from recognized accredited educational programs. The Memorial will continue to pursue a formal affiliation with a medical school and the development of a clinical research program.

Hospital staff, Medical staff, Volunteers and Board members will continue to follow the Hospital's Philosophy and Guiding Principles in their day-to-day activities.

Above all else, the primary goal of Sudbury Memorial Hospital is to provide the community with in-patient and out-patient care of high quality within available resources.

**Tertiary Care**
- Usually provided by Medical & Surgical Sub-Specialists who require highly sophisticated technological & support facilities.

**Secondary Care**
- Usually provided by Medical & Surgical Specialists.

**Primary Care**
- Usually provided by General Practitioners/Family Physicians.
The support and dedication of the staff at Sudbury Memorial Hospital, and the commitment to patient care of high quality, reflect the core values of the hospital.

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Sudbury Memorial Hospital was surveyed by the Canadian Council on Hospital Accreditation on March 2nd and 3rd, 1988 and received the maximum three-year Accreditation status again for excellence in patient care, management and operation of the hospital.

Susie Perry, Quality Assurance Co-ordinator, Esko Vainio, Executive Director, and Dr. G.R. Walker, Chief of Staff, met with the Accreditors, Dr. Chapin Key and Mrs. Therese Ton That, for a summary session following the Accreditation Survey. The results of this "debriefing" were very positive.
Table 1

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The support of the Sudbury patient care community

Dr. W.J. McMullen confers with Holly Woermke, R.R.T. and Jane Williamson, R.N. to review patient triage procedures.

A “mini disaster” exercise was carried out in the Hospital’s Emergency Department as a result of an industrial gas cloud (sulphur trioxide) which occurred on August 19th, 1987. Although no serious illness resulted from the incident, residents in the south end of the City who were exposed to the gas suffered irritation to the eyes and nose and respiratory passages. A total of 134 patients were treated by 10 physicians and 16 additional nurses throughout the day. Emergency services were well augmented by the resources of the Hospital’s Regional Respiratory Disease Program.
Wendy Zalucki, R.T.N.M. and Kathy Santii, Reg. N. check results of nuclear cardiology testing being performed at bedside in the Critical Care Area.

Since its establishment in 1984, the Nuclear Cardiology Program has experienced an increased workload to the extent that there is a waiting list of up to 3 months. At the present time, 1,000 scans per year are performed and there is a need to double that capability to serve the needs of regional cardiovascular patients as well as oncology patients from the newly opened Northeastern Ontario Oncology Program. A tomographic gamma camera and computer will be acquired in order to reduce the waiting list and to allow specialized cardiac imaging to be done.
MCTV News filmed Critical Care Nurses Kerry Carswell, Debbie Gray and Jane Carpentier and David White, Perfusionist, along with Metro Toronto Ambulance Attendants, checked the equipment prior to departure. Other members of the transfer team were Dr. Paul Chouaz, Anaesthetist, Mary Ann Barnsiki, R.T. and Colette Plourde, R.N.

In early December, a 31-year-old patient was transferred to the Ottawa Heart Institute to be assessed for a Jarvik 7 artificial heart implant. Due to poor weather conditions and the critical nature of the patient, the only suitable transportation was the Metro Toronto Ambulance Bus, a vehicle equipped with specialized equipment to transport patients dependent on life support technology. Additional equipment, including an intra-aortic balloon pump, was provided by the Hospital and installed prior to transport.
Suzanne DeGarie, R.T. processes blood samples on the Pathology Department's Technicon H.I Haematology Analyzer which processes basic blood tests and produces a computerized print-out of each patient's blood test.

The efficiency of the analyzer is an important factor when you consider that an average of 100 patient blood samples are processed daily and a complete blood count (12 blood cell parameters) of each sample is measured. The total time per sample including printed results is 1.5 minutes.
Pictured are Dennis Peroni, moderator; contestants Shirley Gertz, Pharmacy; Doug Carle, Housekeeping; Gerry Bornn, Stores; Gloria Alexander, SPD; and Terri Depatie, Dietary.

In a recent survey, staff indicated an interest in supply and equipment costs. During February and March, a cost awareness program was held, culminating with a “Price is Right” contest on March 11th.

Three teams competed, each guessing whether or not the price was right for 4 items. Results were: 3 - high; 3 - low; 6 - right.

The piece of equipment in question, is a disposable artificial heart lung oxygenator costing $420, which is used for all chest surgery.
Nancy Berardi, R.T., positions the transducer as Regional Chairman Tom Davies undergoes diagnostic ultrasound testing on the Hospital's newly installed equipment which was acquired, at a total cost of $150,000, to enhance patient care and testing facilities at Sudbury Memorial Hospital.

The Regional Municipality of Sudbury invests annually in the health care needs of its citizens by supporting hospital equipment acquisition and facility expansion projects.

Diagnostic ultrasound is a basic testing procedure which shows the function and size of vital organs. This equipment produces images of various parts of the body and certain blood vessels. The test is non-invasive and the only preparation for the procedure is fasting.
BOARD OF GOVERNORS

James G. Corless, F.C.A.  
(1983)  
President

Joseph R. Drago  
(1984)  
1st Vice-President

Frank J. Morassutti  
2nd Vice-President

Esto J. Vainio  
(1980)  
Executive Director &  
Secretary to the Board

William J. McMullen, M.D.  
(1981)  
President, Medical Staff

George R. Walker, M.D.  
(1982)  
Chief of Staff

Joun Babij (resigned January 1988)  
(1986)

Robert N. Browne  
(1976)

James R. Bisset  
(1987)

Madeleine Dennis  
(1982)

Herko Ilves, M.D.  
(1987)

J. David Innes  

Albert C. Magee  
(1988)

George B. Reed  
(1980)

Herve Sauve  
(1987)

James Simmons  
(1987)

Terrence Siros  
(1985)

Ann Symington  
(1986)

Ronald Symington  
(1985)

HONORARY MEMBERS

Margaret Dow, LLD

Earle G. Jarvis

Michael B. Martin

D. Bruce McCulloch

Elmer J. McVoy

Margaret Pollock

Wilfred H. Salo
MANAGEMENT TEAM

Eska J. Vainio  Executive Director
Bernice Crowe  Asst. Executive Director
Lloyd E. Harris  Asst. Executive Director - Personnel
Vickie Kaminski  Asst. Executive Director - Nursing
John P. Oster  Asst. Executive Director - Finance & Planning
George Walker, M.D.  Chief of Staff

DEPARTMENT HEADS

David Antebi  Director of Pharmacy
John Babiak  Director of Dietary
Dorothy Collin  Head Nurse
Bruno Crisco  Director of Purchasing
Laura DeGagne  Head Nurse
Margaret Drjand  Director of Physiotherapy
Beth Dukalski  Director of Health Records
Brian French  Technical Director of Pathology
Richard Guindon  Director of Plant Maintenance
Cathy Judson  Head Nurse
Carol Kirkwood  Assistant Director of Nursing
Janice Love  Head Nurse
John McColl  Director of Biomedical Engineering
Frances Melsaas  Director of Patient Documentation/Communications
Laura Jean McNeill  Head Nurse
Dennis Peroni  Director of Finance
Susie Perry  Coordinator of Quality Assurance
Vi Pevato  Head Nurse
Richard Richards  Director of Housekeeping
Grace St. Jean  Head Nurse
Marion Searle  Assistant Director of Personnel
Alec Thorpe  Director of Perfusion
Gaëtan Vallières  Director of Material Management
Michael Welsh  Technical Director of Cardiopulmonary
Holly Woermke  Director of Respiratory Therapy
Wally Yung  Technical Director of Radiology
I am privileged to present my first report as President of the Board of Governors at this 38th Annual Meeting of the Sudbury Memorial Hospital Corporation.

Hospital issues and major projects have occupied your Board of Governors throughout the year. The support given me by your Board members and the many volunteer hours put in by them has made my first term as President so much easier and enjoyable.

We appreciate the hard work of the Sudbury Memorial Hospital Foundation. Under the enthusiastic chairmanship of Mr. Joe Drago, they achieved their $500,000 campaign goal for new Critical Care Patient Monitoring Equipment on schedule. In addition, we also thank the Foundation and its members for launching a new $300,000 fund-raising drive for additional Nuclear Cardiology Equipment. We are pleased by the tremendous community support for the Foundation's numerous fund-raising projects.

The Sudbury Hospitals Role Review process finally is over and we are pleased that the two-site consolidation scenario has been rejected by the Minister of Health. We now need to get on with the planning of needed hospital services in Sudbury such as additional chronic and rehabilitation beds to meet the needs of our patients. I hope that the ongoing discussions of organizational integration between the Sudbury Hospitals vis-a-vis a federated hospital board will be productive. This type of co-operative development should assist joint hospital planning in enhancing Sudbury further as a Regional Hospital Referral Centre by meeting identified health care needs in Northeastern Ontario.

The Memorial's hospital planning consultant finalized three strategic-planning documents for us. He completed a Role Study which clarified the Hospital's current and future role, a Master Plan which identified facility space needs to meet that role and an Immediate Development Program to recommend the functional space requirements of an immediate expansion project. The Board has reviewed these documents and endorsed a Minor Expansion/Nuclear Cardiology Project as an immediate priority. This project has been approved by the Sudbury & District Hospital Council and the Manitoulin-Sudbury District Health Council and now awaits Ministerial approval. The Board is now discussing major expansion plans to develop a Thoracic/Chest Unit to meet the needs of respiratory disease and thoracic surgery patients who rely on our Hospital for diagnostic and treatment services.

During the year, we underwent another successful Accreditation survey process; the positive results attained in this formalized peer review are a direct result of our dedicated and highly competent Health Care Team. Also, the Board has instituted a budget base review process in the Hospital to ensure that capital funds will be available through operating surpluses for future projects.

I wish to thank our Executive Director, Mr. Esko Vainio, and his capable Management Team, Department Heads and staff for their professional operation of the Hospital. We also thank our Chief of Staff, Dr. George Walker, and President of the Medical Staff, Dr. Bill McMullen, and the Medical Advisory Committee and its sub-committees for their high standards of excellence and dedication to the Hospital.

Our appreciation is extended to the Hospital Auxiliary President, Mrs. Ann Symington, and her members for their generosity and commitment to the Hospital. As this is the end of Mrs. Symington's two-year term on our Board, we thank her for her hard work as a Governor and as Auxiliary President. Similarly, all Volunteers deserve a special note of thanks.

As your President, I am very proud of the achievements of the Sudbury Memorial Hospital Health Care Team. We have a very exciting future in store for our Hospital as we plan to meet regional health care needs for the next decade.

I am grateful for your support and confidence during the past year.

James Corless, F.C.A.
President,
Board of Governors
It is my pleasure to present my eighth Executive Director’s report to the Annual Meeting of the Corporation. The period covered by this report is 1 April 1987 through 31 March 1988.

During the past year, the Memorial Hospital provided 67,303 days of care to 6,556 inpatients. This reflects an increase of 1.5% in patient days over the previous fiscal year. The annual occupancy rate for the Hospital was the highest in our history at 91.5%. We have experienced 93 days of 100% and over occupancy during the year, thus resulting in 307 cancellations of elective admissions. A total of 728 patients were held overnight on stretchers in the Emergency Department awaiting Inpatient beds.

The average length of stay has increased from 9.9 to 10.3 days. This is due to the increasing number of long-term care patients occupying our acute care beds, in addition to the 33% increase in heart surgery caseload over the previous year. Additional Ministry of Health cardiovascular life support funding, due to this growth in heart surgery volume, assisted us in achieving a modest operating surplus for the year just ended. Emergency and ambulatory care visits were up 6.3% over 1986/87.

In terms of equivalent patient days, which measures both the inpatient and outpatient utilization of the Hospital, there was a 6.3% increase last year as compared to the previous period. The per diem rate or net operating cost per patient day was $448. The total paid hours per patient day for 1987/88 were 15.46, up 4% over 1986/87.

The Hospital’s facilities, organization, management and patient care were inspected by two surveyors from the Canadian Council on Hospital Accreditation in March. The surveyors appeared very pleased by what they saw and reviewed. They stated that our institution was “doing a good job” and that “if they were sick, they would have no hesitation in being treated here.” I wish to thank all Hospital and Medical staff and Volunteers for this outstanding accomplishment in our formal peer review. My personal thanks are extended to Mrs. Susie Perry, our Quality Assurance Coordinator, as well as to the entire Management Team and Department Head group, for their special efforts to prepare us for this survey.

The Accreditation survey was but one of many successes achieved by our Health Care Team during a year of high patient activity and other internal and external disruptive influences. We are very proud of the achievements of Memorial’s Health Care Team.

The Medical Staff deserve our appreciation for their assistance and hard work in maintaining high standards of medical care. I also commend our Hospital Staff for their commitment to our patients which has resulted in our reputation for excellent patient care.

I wish to thank the members of our hard-working and dedicated Management Team - Dr. George Walker, Mr. John Ostler, Mrs. Vickie Kaminiski, Mr. Lloyd Harris, Mrs. Bernice Crowe and Mrs. Sandra Irwin, our Executive Secretary - for their loyalty and significant contributions to the advancement of this Hospital. The Memorial’s Department Heads should be recognized for their fine efforts in capably managing the Hospital in a professional manner and in enhancing our reputation as a progressive health care institution.

We are sincerely indebted to Mrs. Ann Symington, the out-going President, and the rest of the Auxiliary, who have aided the Hospital in many ways through the provision of needed funds and services. I will miss Mrs. Symington and wish to thank her for her assistance and support during her term of office.

We also owe much to our Volunteers for their tireless contribution of time and effort to assist our patients, visitors and staff.

In conclusion, I must thank the President of the Board of Governors, Mr. Jim Corless, for his support and guidance. I also extend my appreciation to the Board Executive and all the Governors for their counsel and dedication to our patients, our Hospital and our community.

We look forward to working with the new Executive and Board Members in the coming year.

Esko J. Vainio
Executive Director
uring the last year there has been continued progress in the Hospital in spite of several disruptive events, including the completion of the Sudbury Hospitals Role Review.

The fourth Joint Medical Advisory Committee Meeting was held at Killarney in October 1987. Common subjects were discussed. It is hoped that this leads to a better understanding of problems between the hospitals and will promote interhospital cooperation. The format for the next meeting is under review.

There is a continuing need for increased facilities as indicated by the high occupancy rate as well as the increase in volume of cardiology, cardiac surgery, chest disease and general surgery. This, along with the increasing numbers in the Emergency Department, which result in an increased number of admissions, has caused even greater strain.

The continuing occupancy of our active beds by long-term patients who do not require acute hospital treatment, reduces the number of available beds.

The Role Study of the Sudbury Hospitals has been completed in such a way that the future of the Sudbury Memorial Hospital, as a viable entity, seems assured. We can now progress more actively with plans for development, including a minor expansion plan which, it is hoped, will commence within the next year.

In early March 1988 an Accreditation Survey of the Hospital was carried out and as judged from the "wrap-up" session with the surveyors, we did very well. As a part of Accreditation there was a review of the quality assessment function in the Hospital as well as the increasing number of medical audits. Ideally, one would hope that the activities in the Hospital were such that an Accreditation Survey could be done at any time, on say 2 weeks' notice.

A complement of medical staff for the Sudbury Memorial Hospital has been developed, approved, and already requires some revision. We noted that during the last 2 years many of the "vacancies" have been filled.

There is an increase in cooperation amongst the Sudbury medical fraternity toward common Departments, such as Surgery and General Practice. Others which have combined are the Sudbury Memorial and Laurentian Hospitals in some aspects of Pathology, the General and Laurentian Hospitals in Anaesthesia, etc. The public would be better served by a single, large, well-organized staff, than by three or four smaller ones. This would be in keeping with a "Federated Board" concept.

The Memorial Hospital has been an example of quality care in health services which have been assigned to it and indicates what can be done in a relatively small, non-university unit. We have the medical staff, technical personnel, and others, as well as the building and equipment. This, along with continued motivation, can produce further improvement in care and result in this hospital becoming a model for Canada.

I wish to thank all the staff for their efforts, especially for the extra effort required to comply with Accreditation Standards. Special thanks to Dr. W. J. McMullen, President of the Medical Staff, the Department Chiefs and the Medical Committees. Shirley Retty is deserving of additional recognition from the Medical Staff for her ability to organize the many meetings and record the medical activities in the hospital, along with her other duties.

G.R. Walker, M.D.
Chief of Staff
Once again I am pleased to report to you as President of the Medical Staff of Sudbury Memorial Hospital for the past year.

As evident elsewhere in this report, the hospital has been an extremely busy place with rising demands for services; and, as a result, increasing physician frustrations with difficulty in having sick patients admitted.

However, we are appreciative of the general level of tolerance shown by the members of the medical staff and recognize the help from the board and hospital administration in attempting to deal with the problems with such steps as opening the emergency room at night to hold overflow patients.

No doubt there are going to be continued problems with occupancy, and these are going to have to be addressed further at the hospital as well as at local, community and provincial levels. It is going to be impossible to carry out our local mandate, let alone our regional responsibilities, without this problem being brought to a relatively quick resolution.

As in past years, major effort was focused on the review of medical staff bylaws, rules and regulations and quality assurance programs, as well as on preparations for the recently completed accreditation process. We acknowledge everybody’s cooperation in this endeavour and anticipate that we will receive full accreditation status again.

The cooperation between members of the medical staff, administration, the board and all the hospital employees, has been exemplary during the past year, and we trust that this will continue. We especially appreciate the regular attendance of the majority of the members of the medical staff at regular quarterly meetings and committee meetings during the past year.

We would again like to thank Dr. Walker, Mr. Vainio, members of the Board and Medical Advisory Committee for their help through the past year.

W.J. McMullen, M.D.
President
Medical Staff
I am pleased to present to you the Annual Report of the Sudbury Memorial Hospital Auxiliary for the period 1 April 1987 to 31 March 1988.

The Sudbury Memorial Hospital Auxiliary has once again had a successful year both financially and with volunteer service. During 1987/88, we raised $71,500 and provided 9,672 hours of volunteer service.

For 1988/89, we have chosen several items of equipment including a cell saver, an external pacemaker and a dry spirometer for a fund-raising project totaling $34,200.

A total of $500 was raised from our February "Slim-A-Thon" for the 1987/88 Nuclear Cardiology Expansion Project.

The City Unit continues to operate the Gift Shop and we thank the Convenor, Mrs. Ann Bennett, and the many volunteers who give so generously of their time. The Area Units (City, Copper Cliff, Lively and New Sudbury) have worked very hard throughout the year with Tag Days, Raffles, Bake Sales, Teas, Flea Markets, etc. The New Sudbury Unit has taken responsibility for the Nevada ticket sales and we thank Mr. Sandy Dick and Mr. Clarence Badgeron for their efforts on this project.

The "Flower Brigade" continues to work in Humphrey House and we now have a craft group working in the house once per week. Small committee meetings are also held in Humphrey House.

The Christmas Tree Lighting Fund was again organized by the Auxiliary Board of Directors and followed by a February "Slim-A-Thon". Both ventures proved to be worthwhile financially.

All Units participated in the "Christmas Tea Party" and made tray favours for patients on special occasions.

Congratulations are extended to Mrs. Margaret Dow who received an Honorary Doctor of Laws Degree from Laurentian University. Margaret is an Honorary member of the Board of Governors, a member of the Public Relations and Pastoral Care Committee and Public Relations Convenor of the Auxiliary.

Mrs. Jean Ustalio (Dietary) and Mr. Joe Retty (Finance) have both retired and will be greatly missed by the Auxiliary. We wish them both a long and happy retirement.

Many Auxiliary members work with the Volunteer Department and we appreciate the cooperation we receive from Mrs. Joanne Pettit. Adult and Teen Volunteers provided 21,854 hours of service.

Several members attended the H.A.A.O. Convention in Toronto and the Spring and Fall Conferences for Region 10. We are proud to have Mrs. Margaret Comberl on the Provincial Executive and Mrs. Joanne Pettit as Chairwoman - Elect for Region 10.

Sincere thanks are extended to my Unit Chairmen for their support and dedication.

Thanks to the efforts of Mrs. Shirley Burton and Mrs. Marg Hagar, we now have an Auxiliary Newsletter. I am sure this will be a great benefit to the Auxiliary and we thank them both for a job well done.

As Auxiliary President, I am a member of the Board of Governors, Public Relations and Emergency Planning Committees.

This is my final year as President and I have found the past two years to be a very rewarding experience.

My sincere thanks to the Board of Governors, Mr. Esko Vainio, our Executive Director and the Management Team, the staff, especially Sandra Irwin, and all my Auxiliary members for their support and encouragement.

Ann Symington
Auxiliary President
BOARD COMMITTEES  
AND MEDICAL ADVISORY COMMITTEE

FINANCE COMMITTEE
James Bisset  Chairman
Madeleine Dennis  Governor
Joseph R. Drago  Governor
Frank J. Morassutti  Governor
Herve Sauge  Governor
James Simmons  Governor
Terrence Siros  Governor
Wm. J. McMullen, M.D.  President of Medical Staff
George R. Walker, M.D.  Chief of Staff
James G. Corless  Ex-officio
Esko J. Vainio  Secretary & Executive Director
John P. Ostler  Asst. Executive Director - Finance & Planning
Vickie Kaminski  Asst. Executive Director - Nursing

PUBLIC RELATIONS COMMITTEE
Madeleine Dennis  Chairman
George B. Reed  Governor
Ann Symington  Governor
James G. Corless  Ex-officio
Margaret Dow  Honorary
Esko J. Vainio  Secretary & Executive Director
John P. Ostler  Asst. Executive Director - Finance & Planning

AUDIT COMMITTEE
James Bisset  Chairman
Joseph R. Drago  Governor
J. David Innes  Governor
Frank J. Morassutti  Governor
Jorna Larton  Auditor

PERSONNEL COMMITTEE
George B. Reed  Chairman
Frank J. Morassutti  Governor
Madeleine Dennis  Governor
James Simmons  Governor
James Bisset  Governor
James G. Corless  Ex-officio
Esko J. Vainio  Secretary & Executive Director
Lloyd E. Harris  Asst. Executive Director - Personnel

PROPERTY / PLANNING COMMITTEE
Joseph R. Drago  Chairman
Frank J. Morassutti  Governor
James Bisset  Governor
J. David Innes  Governor
Terrence Siros  Governor
James G. Corless  Ex-officio
George R. Walker, M.D.  Observer
Robert N. Browne  Past President
Esko J. Vainio  Secretary & Executive Director
John P. Ostler  Asst. Executive Director - Finance & Planning
Vickie Kaminski  Asst. Executive Director - Nursing
Lloyd E. Harris  Asst. Executive Director - Personnel

MEDICAL ADVISORY COMMITTEE
George R. Walker, M.D.  Chairman & Chief of Staff
Wm. J. McMullen, M.D.  President of Medical Staff
Hardo Ilves, M.D.  Vice President of Medical Staff
Eoin MacCallum, M.D.  Secretary of Medical Staff
R. Elwood Dunn, M.D.  Chief of Anesthesia
Zul Juma, M.D.  Chief of Cardiovascular
James Deacon, M.D.  Director of Emergency Services
Joel Andersen, M.D.  Chief of General Practice
Gary W. Kivinen, M.D.  Chief of Medicine
S. James Strong, M.D.  Chief of Pathology
Robert Greco, M.D.  Chief of Radiology
Paul J. van Boxel, M.D.  Executive Director
Esko J. Vainio  Asst. Executive Director - Nursing
Vickie Kaminski  Asst. Executive Director - Nursing

Medical Advisory Committee
SUDBURY HOSPITAL SERVICES BOARD REPRESENTATIVE
Elmer J. McVey

JOINT ADVISORY COMMITTEE ON EMPLOYEE RELATIONS (J.A.C.E.R.) REPRESENTATIVE
George B. Reed

SUDBURY & DISTRICT HOSPITAL COUNCIL MEMBERS
James G. Corless
Joseph R. Drago
George R. Walker, M.D.
Esko J. Vainio

Accredited by
Canadian Council on Hospital Accreditation

Member of
Ontario Hospital Association
Canadian Hospital Association
American Hospital Association

Approved for
Clinical training of Medical Laboratory Technologists
Clinical training of Radiological Technologists in Diagnostic Radiology
Nursing Education

Affiliated with
Laurentian University
Cambrian College of Applied Arts & Technology