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THE REGIONAL CARDIOVASCULAR CENTRE FOR NORTHEASTERN ONTARIO
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 Sudbury Memorial Hospital does not normally provide in-patient or out-patient services in obstetrics, psychiatry or chronic care. Although paediatrics is not a designated specialty of the Hospital, paediatric patients are cared for in the Emergency Department and, if necessary, in the tertiary care programs.

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 tertiary care specialties as well as non-medical services. Sudbury Memorial Hospital will promote 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 and services that will meet community health care needs within available resources such as the Diabetes Education, Cardiac Rehabilitation, Nutrition Counselling, Respiratory Home Care, Pulmonary Rehabilitation Programs, and the Copper Cliff Clinic. 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.

The Hospital will endeavour to provide adequate clinical manpower to fulfill its mission.

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.
As the Regional Cardiovascular Centre for Northeastern Ontario, the Sudbury Memorial Hospital provides a full range of cardiac investigation and treatment services for a referral population of approximately 600,000.

Some of the major clinical services included in this unique tertiary care program are: cardiac surgery, cardiopulmonary investigation, specialized nursing care, patient education, and cardiac rehabilitation to name a few.

We are proud of the excellence of our clinical reputation as evidenced by recent cardiac surgery mortality studies. This is the story of a cardiac patient, his treatment and recovery.

On January 13th, 1989 Paul Schutz, Terminal Operations Manager for Manitoulin Transport in Gore Bay on Manitoulin Island, began suffering from bouts of chest pain. On the morning of January 17th, 1989 he went to the Manitoulin Health Centre and was referred to Cardiologist, Dr. G.F. Trobridge, in Sudbury for urgent investigation.
On January 17th, 1989 Dr. Trobridge examined Mr. Schutz in Sudbury Memorial Hospital's Emergency Department and he was admitted.
On January 18, 1989, a cardiac catheterization was performed and revealed disease in three major arteries of the heart and the initial phase of a myocardial infarction.
Following consultation with Cardiovascular Surgeon, Dr. Sewa Aul, a decision was made to proceed with emergency surgery to minimize the potential of a serious attack. On the same day, Dr. Aul performed a triple bypass on Mr. Schutz. The first coronary artery bypass procedure in Canada was performed at Sudbury Memorial Hospital in 1968 by Dr. Paul Field.
On January 23rd, 1989 after a 5 day stay in Critical Care, Drs. Aul and Trobridge agreed Mr. Schutz should be moved to the Cardiovascular Unit. Immediately following surgery, all heart surgery patients are cared for in the Hospital's Critical Care Area, which is equipped with a state-of-the-art patient monitoring system. Specially trained nurses provide one-on-one care to all patients in the Critical Care Area.
The Nurse Clinician in the Cardiovascular Unit familiarizes staff with what they should be teaching patients about pre-operative and post-operative care. Model hearts are used to explain by-pass procedures as well as valve replacements. All heart surgery patients receive a copy of the Hospital’s “Discharge Planning Manual for Heart Patients.”
Mr. & Mrs. Schutz enjoy walks along the shores of Lake Huron with the family pet. Ten days following surgery, Mr. Schutz was discharged from Sudbury Memorial and he is now back to work and feeling great.
Following discharge from Hospital, many heart surgery patients are referred to the Hospital’s Cardiovascular Prevention and Rehabilitation Centre located in the Sudbury Arena. This program is a medically supervised exercise, education and motivation program supervised by Patrick O’Sullivan, Co-ordinator of the Centre. Dr. Martin Barkin, Deputy Minister of Health, was given a tour of the centre during a recent visit to Sudbury.
PERCENTAGE OF PATIENTS TREATED IN SUDBURY MEMORIAL HOSPITAL'S PROGRAMS
(based on inpatient diagnoses)

REGIONAL CARDIOVASCULAR SERVICE
39%

REGIONAL RESPIRATORY DISEASE & THORACIC SERVICE
20%

REGIONAL MAJOR/HIGH RISK GENERAL SURGERY SERVICE
15%
Resource Intensity Weights (R.I.W.) were developed as a means to facilitate comparisons of the volume and service mix provided by different hospitals. A combination of length of stay and resource utilization data provides a severity index or weight for the work being performed in a particular hospital.

The Sudbury Memorial Hospital had an R.I.W. of 1.57 (est.) in 1988/89 which was only exceeded by two other hospitals in the Province and is much higher than the average R.I.W. for Ontario's hospitals or teaching hospital.
**Sudbury Memorial Hospital**
**Statement of Revenue and Expense**

<table>
<thead>
<tr>
<th></th>
<th>1989</th>
<th>1988</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td>$31,017,217</td>
<td>$28,507,570</td>
</tr>
<tr>
<td>Dietary</td>
<td>394,789</td>
<td>332,735</td>
</tr>
<tr>
<td>Ancillary</td>
<td>886,855</td>
<td>887,704</td>
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<tr>
<td>Investment income</td>
<td>101,274</td>
<td>86,828</td>
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<tr>
<td>Donations</td>
<td>—</td>
<td>71,710</td>
</tr>
<tr>
<td>Other</td>
<td>755,083</td>
<td>910,514</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$33,155,218</td>
<td>$30,797,061</td>
</tr>
</tbody>
</table>

| **Expenses**         |              |              |
| Nursing              | $9,327,026   | $8,544,779   |
| Diagnostic           | 7,562,157    | 6,764,585    |
| Administration and support | 8,505,897  | 8,120,637    |
| Medical and surgical supplies | 3,323,712  | 3,067,937    |
| Drugs                | 1,112,616    | 994,993      |
| Employee benefits    | 1,476,388    | 1,554,918    |
| Ancillary            | 807,006      | 807,899      |
| Depreciation         | 1,030,090    | 974,403      |
| **Total Expenses**   | $33,144,892  | $30,830,151  |

**Excess of Revenue over Expenses**
(Expenses over Revenue)

<table>
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<tr>
<th></th>
<th>1989</th>
<th>1988</th>
</tr>
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<tbody>
<tr>
<td>Excess</td>
<td>$10,326</td>
<td>$(33,090)</td>
</tr>
</tbody>
</table>

SUDBURY MEMORIAL OUT-PATIENT STATISTICS

Emergency Visits

Cardiopulmonary Procedures

Radiology Exams
SUDBURY MEMORIAL IN-PATIENT STATISTICS

Patient Days

1985: 63,975  
1986: 63,991  
1987: 66,341  
1988: 67,303  
1989: 68,279

O.R. Visits

1985: 4,290  
1986: 4,337  
1987: 4,561  
1988: 5,202  
1989: 5,598

Open Heart Procedures

1985: 100  
1986: 200  
1987: 300  
1988: 400  
1989: 500
REPORT OF THE PRESIDENT OF THE
BOARD OF GOVERNORS

It is my privilege to present my second President’s report at this 39th Annual Meeting of the Sudbury Memorial Hospital Corporation.

Your Board of Governors has been active during the past year in a number of areas including fiscal controls, strategic planning, expansion project approvals, patient care issues, fund-raising, joint hospital discussions and so on. I appreciate the time and commitment that the trustees have given to the Hospital as well as their support for me as their President.

I wish to thank the Sudbury Memorial Hospital Foundation and its President, Mr. Joe Drago, for the excellent fund-raising work that they have done. They successfully fund-raised $300,000 for the Nuclear Cardiology Equipment Project and have achieved excellent progress so far in the $525,000 Cardiac Diagnostic Equipment Project.

We are pleased that the Ministry of Health has approved the Minor Expansion/Nuclear Cardiology Project which will allow us to develop needed facilities for our cardiovascular, respiratory disease, emergency and out-patient services. This project was identified as an immediate priority by our Board during our 1987 hospital planning studies in order to meet patient care needs and reinforce our special role as a Regional Referral Hospital for Northeastern Ontario.

During the year we were able to assist INCO Ltd. and the Ministry of Health by expanding our 12-year relationship with the Copper Cliff Clinic (formerly the Copper Cliff Hospital) and taking over its operation in January. This, so far, has proven to be a mutually beneficial relationship.

We were pleased to host a visit to our Hospital and Cardiac Rehabilitation Centre at the Sudbury Arena, by the Deputy Minister of Health, Dr. Martin Barkin, in November. He seemed to be suitably impressed with our clinical record, level of technology and facilities. Our institution received special recognition when Mrs. Vickie Kaminski was chosen to lead the investigation into cardiac surgery problems at St. Michael’s Hospital in Toronto as well as the Provincial cardiac surgery referral system. Some of our Critical Care Nurses volunteered to work at the Toronto General Hospital to help them during an acute staff shortage. Similarly, we assisted the Ottawa Heart Institute by offering perfusion assistance during their temporary shortage of perfusionists. These examples illustrate the high regard that many in the Province have of our hospital and its Health Care Team.

I would like to thank our Executive Director, Mr. Esko Vainio, and his very dedicated Management Team, Department Heads and staff for their capable and professional operation of our Hospital. Special thanks are extended to our Chief of Staff, Dr. George Walker, and President of the Medical Staff, Dr. Bill McMullen, as well as the Medical Advisory Committee and its sub-committees for their excellent management of the medical affairs of our institution.

Mrs. Ailsa Newton, our Hospital Auxiliary President, and her members deserve our sincere appreciation for their contributions and commitment to our Hospital. We thank our Volunteers as well for their loyal service to our patients and visitors.

My two-year term is now completed and I am stepping down as your President. I have appreciated your support and assistance during my term of office and ask that it be continued for my successor. My parting advice to the new President and the Board is that we foster the tradition of team work and excellence that are the cornerstones of the Memorial and have placed this progressive hospital at the forefront of patient care in the Province.
I am pleased to present my ninth Executive Director's report to the Annual Corporate Meeting. This report covers the period 1 April 1988 through 31 March 1989.

In the past year, the Memorial Hospital provided 68,279 days of care to 6,767 in-patients. The annual occupancy rate for the Hospital was the highest in our history at 93.1%. The average length of stay has decreased from 10.3 to 10.1 days. We were able to decrease the number of long-term patients occupying our acute care beds, resulting in 28% fewer cancelled elective admissions this past year.

The growth in heart surgery volume was 10.5% over the previous year. Additional life support funding for cardiac surgery caseload increases assisted us in achieving a minor operating surplus for the fiscal year. Emergency and ambulatory care visits were down slightly over the previous year due to the development of local "walk-in" medical clinics.

In terms of equivalent patient days, which measures both the in-patient and out-patient activity of a hospital, there was a 5.3% increase last year as compared to the previous period. The per diem rate or net operating cost per patient day was $485. The total paid hours per patient day for 1988/89 were 15.84, up 2.5% over 1987/88.

The Resource Intensity Weight (R.I.W.) is a new statistic developed by H.M.R.I. to show the relative acuity or intensity of in-patient care (i.e. volume and service mix) provided in an Ontario hospital based upon case weights. In 1987/88, our institution's R.I.W. was 1.52 and for the first nine months of the past fiscal year, it was over 1.56. We understand that this relative patient care severity index places our institution in the same category as the leading teaching hospitals in the Province based upon the magnitude of this workload statistic. This confirms our long-held belief that our Hospital is one of the leading patient care institutions in Ontario on the basis of our strong clinical programs, particularly cardiovascular, respiratory/thoracic, mental health and burn treatment. This reflects the clinical accomplishments and contributions of an excellent Health Care Team.

We appreciate the efforts of our Hospital and Medical Staff in maintaining high standards of patient care and for their contributions towards our institution's reputation for excellence.

I personally thank the members of our hard-working Management Team - Dr. George Walker, Mr. John Ostler, Mrs. Vickie Kaminski, Mr. Lloyd Harris, Mr. Dean Germano and Sandra Irwin, our Executive Secretary - for their dedication and commitment to the progress of the Memorial.

We will miss Mrs. Bernice Crowe who retired after three decades of invaluable service. I also commend our Department Heads for their loyalty to our institution, their management ability and their ingenuity in dealing with various disruptive factors to promote and enhance our Hospital.

We are sincerely indebted to Mrs. Ailsa Newton and her fellow Auxiliaries for the services and funds that they have provided the Hospital to aid us in our patient care role. We also appreciate our Volunteers who contribute much time and effort in aid of our patients, visitors and staff.

Finally, I wish to thank the out-going President of the Board, Mr. Jim Corless, for his assistance, support and counsel during his term of office. I also appreciate the dedication of the Board Executive in providing us with guidance and encouragement as we strive to fulfill our mission to the community that we serve.

We look forward to working with the new Executive and Board Members in the exciting year ahead.
It is with pleasure that I present my Annual Report for 1988-89. It has indeed been an interesting 12 months. Although many activities deserve mention, I have chosen to highlight but a few.

The 5th Annual Joint Medical Advisory Committee meeting was held in October, 1988. Once again, the topics discussed were of mutual interest and concern. One item in particular continues to be discussed and will undoubtedly see resolution early in the Fall of 1989. The issue deals with credentials and physician coverage within the City. The Joint Chiefs of Staff, Joint Administrators and Joint Board Chairmen continue to meet and discuss this very timely issue.

As Hospital occupancy continues to climb, and as long term patients take up increased numbers of acute care beds, improved bed utilization in the Hospital becomes increasingly important. The Medical Utilization Committee has indeed been active over the past year in this regard. To date, a bed allocation plan has been proposed and accepted for evaluation effective 1 June 1989. The main thrust of the plan is a “unitized” Hospital, with a specific number of beds identified for each medical service and/or department. This will be an ongoing project and will hopefully stimulate some dynamic changes in overall bed utilization.

Quality Assurance/Risk Management programs continue to improve, and great strides are being made in the medical aspects of both areas.

There is an anticipated increased activity in the medical audit function, as well as other aspects of medical staff involvement with hospitals.

It is noted that Dr. G.R. Trobridge is leaving Sudbury this Spring. He has been a great asset to the City and particularly to the Cardiovascular program here at Sudbury Memorial Hospital. He has undertaken a major review of open heart mortality statistics for Sudbury Memorial Hospital and hopes to have it published this year. He remains interested in further statistical analysis and in working with Sudbury Memorial Hospital to formalize some ongoing research.

This is my last year as Chief of Staff for Sudbury Memorial Hospital. The five years in this capacity have been interesting, challenging and occasionally rewarding! I would like to thank the medical staff, nursing staff, administrative staff, and the Board for their cooperation, and I anticipate continued involvement with this Hospital.

Shirley Retty deserves special recognition for her ability to organize meetings, and record the activities in the hospital, along with her many other responsibilities.

Sudbury Memorial Hospital, in its 33 years, has established a wide and excellent reputation. This should be maintained and improved by continuing cooperative efforts.

G.R. Walker, M.D.
Chief of Staff
I report to you for the last time as president of the Medical Staff of the Sudbury Memorial Hospital; this is a role that I have fulfilled for the last five years.

It seems, in many ways, that these reports have become repetitive as we have talked about increasing workloads in the Hospital and increasing problems with respect to bed occupancy. We again report that the hospital was busier than ever in the last year and that occupancy was again at an all-time high. It should be evident to all readers that this is a situation which cannot go on indefinitely, though, clearly, improved utilization will allow some mobility.

In light of the fact that it has taken almost three years to get from initial announcement to sketch diagrams with respect to chronic beds in one hospital in this city, it is imperative that immediate plans be undertaken to look at expansion of acute treatment facilities in the Sudbury area. We cannot be the Regional Referral Centre without added beds and I feel that our medical priority at the Memorial Hospital is to provide medical care for the citizens of Sudbury and Region before attempting to reach out too far and wide. I say this while recognizing the tremendous job being done by the Cardiovascular Department in providing its services to Northeastern Ontario, but again emphasize that this is a situation that just cannot continue without added resources. The citizens of Sudbury conceived the idea of the Memorial Hospital to care for their clinical needs primarily; these needs have to be considered and met in any planning for expansion of regional services.

I am again pleased to comment on the excellent co-operation with the Medical Staff, Administration and the Board over the past year. During the past five years that I have been involved with the Board, they have been extremely supportive of medical endeavours in the hospital and the level of co-operation between the medical staff, administration and board has been exemplified by the lack of crisis situations at the Memorial Hospital.

Dr. Walker also is stepping aside this year and I would be remiss if I did not express publicly my appreciation for his co-operation in dealing with medical staff matters; and I am sure that I will miss our 7:00 a.m. weekly breakfast meetings.

We wish the new President, Chief of Staff and Medical Advisory Committee well and feel confident that they will face the above-mentioned challenges in a manner that will allow continued excellence in medical care for the citizens of Sudbury and Region.

W.J. McMullen, M.D.
President, Medical Staff
REPORT OF THE PRESIDENT OF THE AUXILIARY

In this 45th Anniversary year of the Sudbury Memorial Hospital Auxiliary, I am pleased to present to you the Annual Report for the period 1 April 1988 to 31 March 1989.

The 1988/89 financial commitment of $84,200 was completed with the donation of $28,200. The first payment of $31,500 of the 1989 commitment of $50,000 has been given. The money will be used for the purchase of crash carts, wheelchairs, patient recliners, a stretcher, patient commodes, rocking chairs and scales.

The largest source of revenue is from the Gift Shop and we thank the Convenor, Mrs. Ann Bennett and all the volunteers who staff the Shop. The commission from television rentals and vending machines in the hospital is received by the Auxiliary. Further money is raised by the Units through Bake Sales, Teas, Tag Days, a Bridge Tournament, Raffles, Christmas Boutique, Flea Market, Craft Show, participation in the Community Fair and the sale of Nevada tickets.

The main floor of Humphrey House has been rented to Dr. S.S. Aul since October. The ladies continue to make the flower arrangements on the lower level and “out of season” items from the Gift Shop are stored on the upper floor.

Sixty members attended the Annual Meeting on May 4th of last year. Mr. Patrick O’Sullivan of the Cardiac Rehabilitation Centre was the guest speaker. The Auxiliary was also represented at the Region #10 Spring and Fall Conferences, the Institute for Hospital Auxiliaries, the Seminar for Volunteers and the H.A.A.O. Convention. We congratulate Mrs. Joanne Pettit on her appointment as Chairman of Region #10.

The Units provided favours for the patients’ trays on special occasions and the refreshments for the Christmas Tea Party for the staff.

Mrs. Joanne Pettit, Co-ordinator of Volunteer Services, reports a total of 10,642 in-hospital volunteer hours provided by Auxiliary members; 10,088 by other adults and 1217.5 by teens. A total of 136,000 envelopes were prepared for the mail-out campaign of the Foundation. A new service, the staffing of an Information Desk in the main lobby, was commenced in February 1989.

We wish to thank Mrs. Doris Dolson, Mrs. Margaret Hagar and Mrs. Sheila Lafranchier for the preparation and circulation of the Fall and Spring Auxiliary Newsletters.

The Auxiliary is saddened by the death of a Charter Member, Mrs. Margery (Gordon) Stubbs, on 4 November 1988. She was appointed the secretary for the organizational meeting of the Auxiliary which was held on 31 May 1944.

I wish to express my thanks to my Executive and all Auxiliary members for their co-operation and efforts during my first year as President. I also appreciate the experience gained from being a member of the Board of Governors and the Public Relations Committee.

Ailsa Newton
Auxiliary President
BOARD OF GOVERNORS

James G. Corless (1983)  President
Joseph R. Drago (1984)  1st Vice-President
James R. Bisset (1987)  Treasurer
Esko 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
Madeleine Dennis (1982)

Albert C. Magee (1987)
Ailsa Newton (1988)

Ronald Symington (1985)

Peter Dow (1988)
Hardo Ilves, M.D. (1987)

HONORARY MEMBERS
Robert N. Browne
Margaret Dow
Earle G. Jarvis
D. Bruce McCulloch
Wilfred H. Salo
Ann Symington
FINANCE COMMITTEE
James Bisset Chairman
Elmer J. McVey Governor
Joseph R. Drago Governor
Frank J. Morassutti Governor
James Simmons Governor
Terrence Sirois Governor
George R. Walker, M.D. Chief of Staff
James G. Corless Ex-officio
Esko J. Vainio Executive Director
Dean Germano Asst. Executive Director - Hospital Services
John P. Ostler Asst. Executive Director - Finance & Planning
Vickie Kaminski Asst. Executive Director - Nursing

PROPERTY/PLANNING COMMITTEE
Joseph R. Drago Chairman
Frank J. Morassutti Vice-Chairman
James Bisset Governor
J. David Innes Governor
Elmer J. McVey Governor
Terrence Sirois Governor
George R. Walker, M.D. Chief of Staff
James G. Corless Ex-officio
Esko J. Vainio Secretary
Dean Germano Asst. Executive Director - Hospital Services
John P. Ostler Asst. Executive Director - Finance & Planning
Vickie Kaminski Asst. Executive Director - Nursing
Lloyd E. Harris Asst. Executive Director - Personnel

PERSONNEL COMMITTEE
George B. Reed Chairman
Frank J. Morassutti Governor
Albert Magee Governor
Herve Sauve Governor
James Bisset Governor
James G. Corless Ex-officio
Esko J. Vainio Secretary
Lloyd E. Harris Asst. Executive Director - Personnel

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

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

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

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

SUDBURY HOSPITAL SERVICES BOARD REPRESENTATIVE
From left to right:
Vickie Kaminski, Assistant Executive Director - Nursing;
Dr. Zul Juma, Chief of Cardiovascular;
Dr. James Strong, Chief of Pathology;
Esko Vainio, Executive Director;
Dr. Robert Greco, Chief of Radiology,

Dr. George Walker, Chief of Staff;
Dr. Joel Andersen, Chief of General Practice;
Dr. Wm. McMullen, President of Medical Staff;
Dr. Eoin MacCallum, Secretary of Medical Staff;
James Simmons, Board Observer;
Dr. Gary Kivinen, Chief of Medicine.

Absent: Dr. Hardo Ilves, Vice President of Medical Staff;
Dr. Elwood Dunn, Chief of Anaesthesia;
Dr. James Deacon, Director of Emergency Services;
Dr. Paul van Boxel, Chief of Surgery.
Standing: Lloyd Harris, Assistant Executive Director - Personnel;  
Esko Vainio, Executive Director;  
Dean Germano, Assistant Executive Director - Hospital Services;  
Seated: Vickie Kaminski, Assistant Executive Director - Nursing;  
John Ostler, Assistant Executive Director - Finance & Planning;  
Dr. George Walker, Chief of Staff.

DEPARTMENT HEADS

Louis Andrichetti  Director of Respiratory Therapy  
David Antebi  Director of Pharmacy  
John Babiak  Director of Dietary  
Dorothy Collin  Nursing Manager  
Bruno Crispo  Purchasing Agent  
Laura DeGagne  Nursing Manager  
Margaret Dryland  Director of Physiotherapy  
Beth Dykalski  Director of Health Records  
Brian French  Technical Director of Pathology  
Richard Guindon  Director of Plant Maintenance  
Cathy Judson  Nursing Manager  
Carol Kirkwood  Assistant Director of Nursing  
Janice Love  Nursing Manager  
John McColl  Director of Biomedical Engineering  
Frances McInnes  Director of Patient  
Laura Jean McNeill  Nursing Manager  
Dennis Peroni  Director of Finance (resigned)  
Susie Perry  Director of Patient Documentation/Communications & Coordinator of Quality Assurance  
Vi Pevato  Nursing Manager  
Richard Richards  Director of Housekeeping  
Bill Rossetto  Director of Finance  
Grace St. Jean  Nursing Manager  
Marion Searle  Assistant Director of Personnel  
Alec Thorpe  Director of Perfusion  
Gaëtan Vallières  Director of Material Management  
Michael Welsh  Technical Director of Cardiopulmonary  
Wally Yung  Technical Director of Radiology
PHILOSOPHY AND GUIDING PRINCIPLES

We Believe that the primary function of Sudbury Memorial Hospital is to provide care and treatment to the sick and injured.

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, free of discrimination. 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 that patient care must be an ever-changing process involving a multi-disciplinary health care team working in harmony with the patient and his or her family. All Hospital staff are members of the Health Care Team regardless of race, sex, creed or national origin.

We Believe that Hospital staff should be encouraged to develop initiative and express creative ideas.

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

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, organizational and personal growth and development to improve the quality of working life at the hospital 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 Programs 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 in the promotion of a positive image that instills patient and public confidence in the care provided at Sudbury Memorial Hospital; we are all ambassadors of the Memorial.

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.

We Believe that the above statements of philosophy are achievable within the limits of the hospital’s resources.
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
Clinical training of Respiratory Therapists
Clinical training of Physiotherapists
Nursing Education

Affiliated with
Laurentian University
University of Ottawa
Cambrian College of Applied Arts & Technology
Toronto Institute of Medical Technology
Mohawk College of Applied Arts & Technology