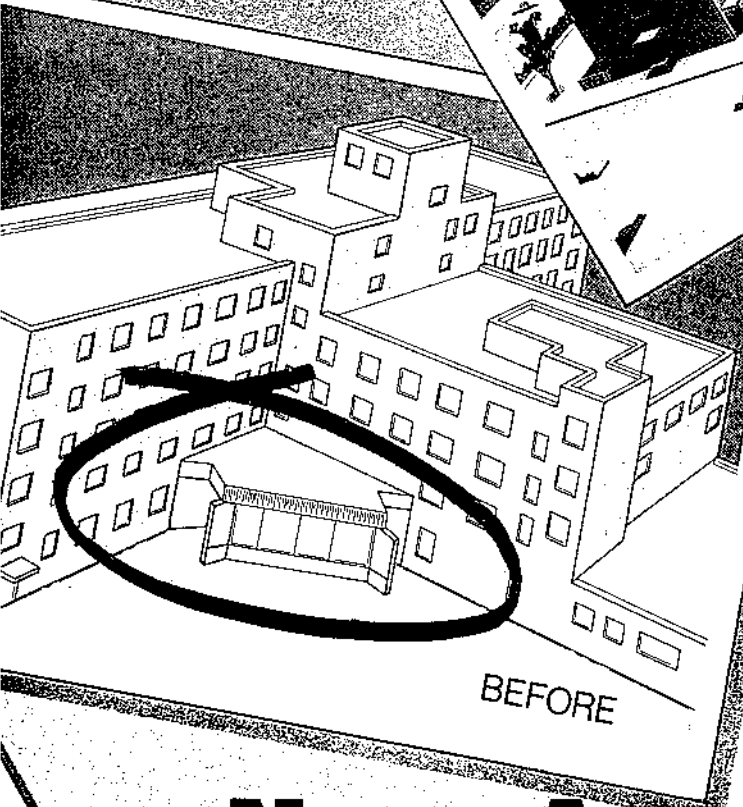
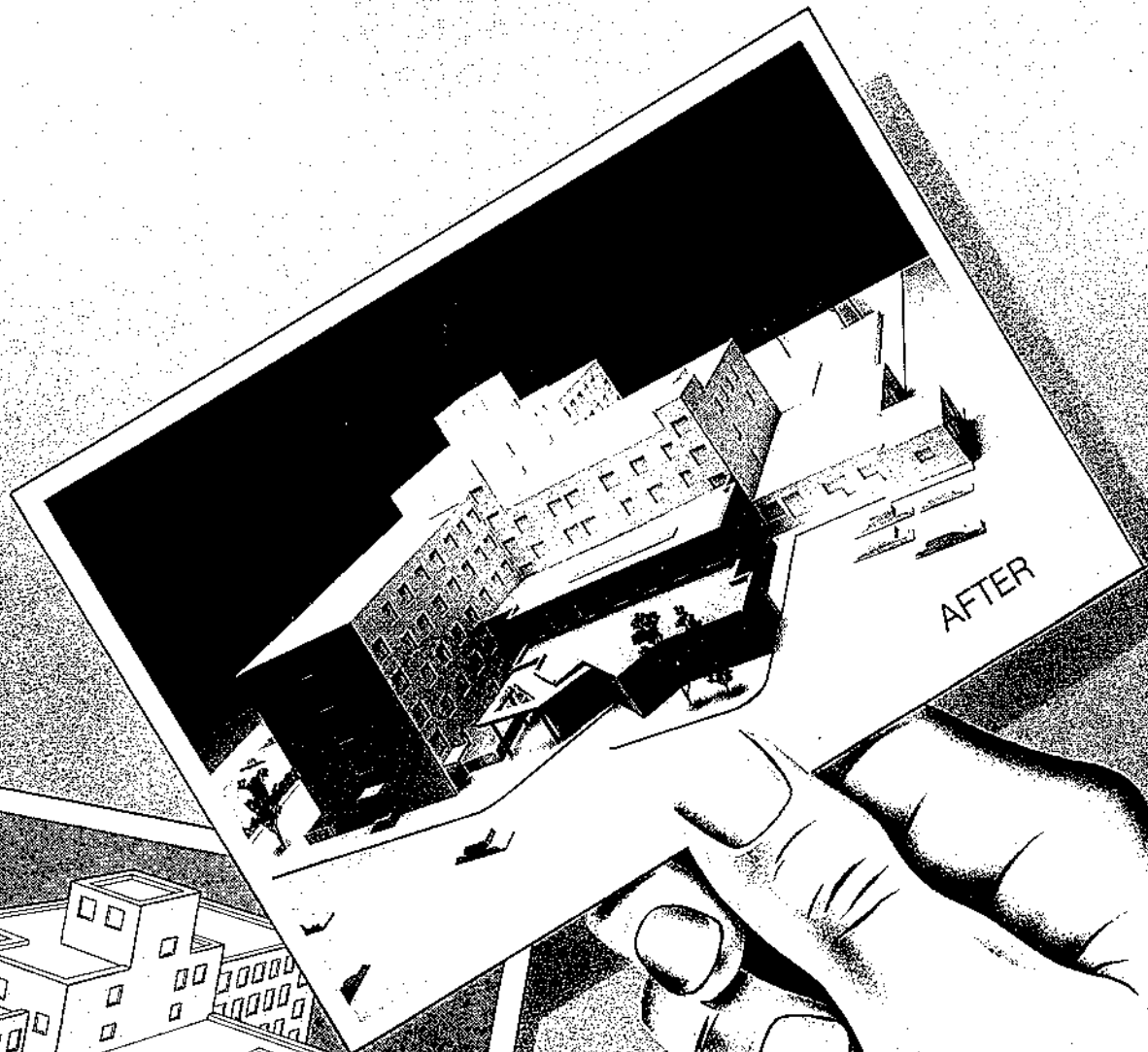




Bursting at the Seams!


THE REGIONAL CARDIOVASCULAR CENTRE FOR NORTHEASTERN ONTARIO



Nous Avons Grandi!

LE CENTRE CARDIOVASCULAIRE RÉGIONAL DU NORD-EST DE L'ONTARIO

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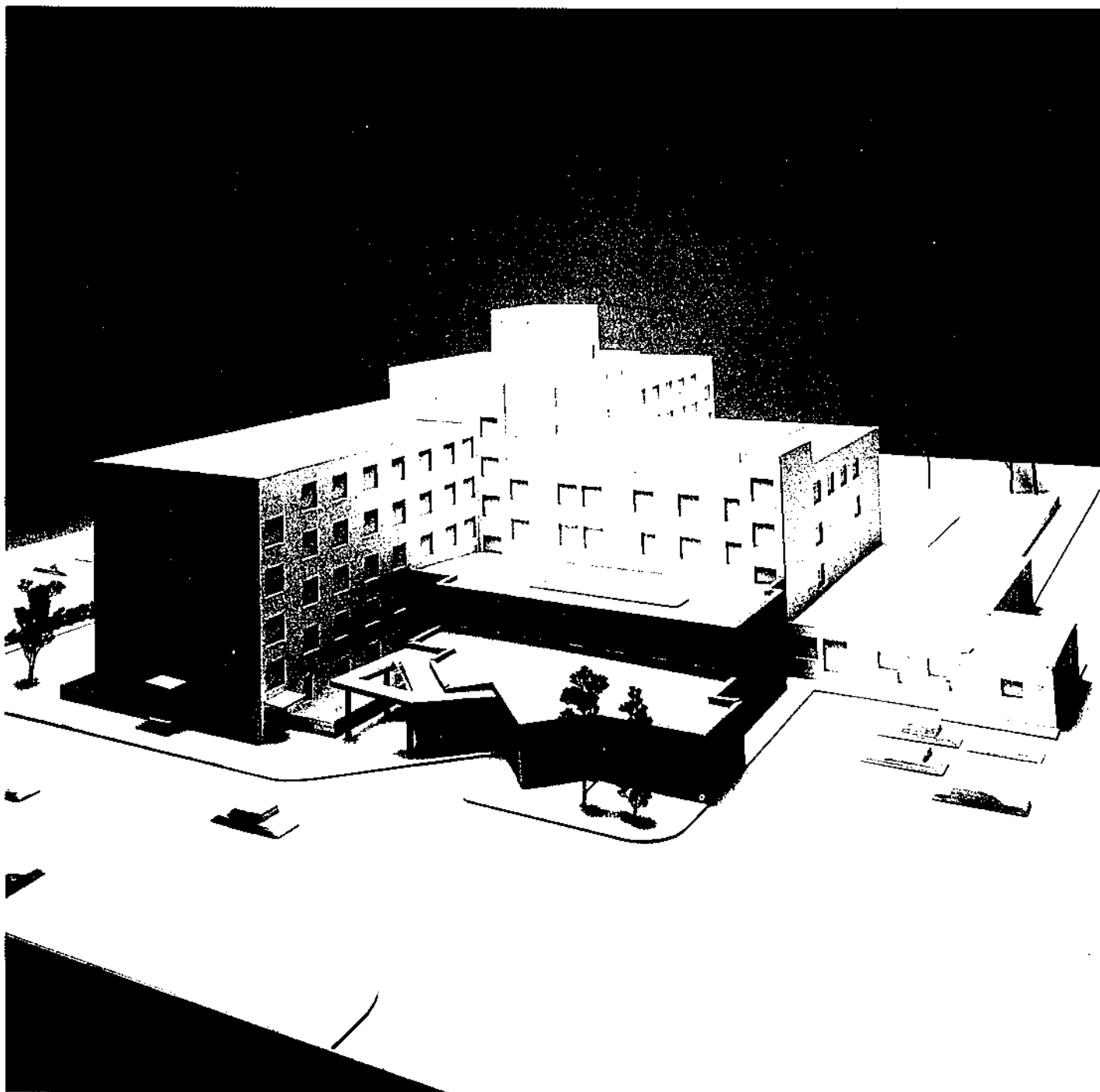
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“During my hospitalization, I received the VERY BEST of care. Many thanks and appreciation to the Memorial and to a great team of medical professionals. I was in good hands.”

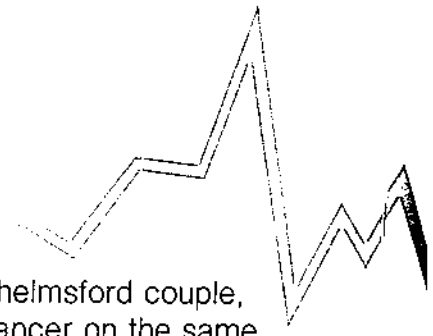
WE'RE BURSTING

AT THE SEAMS!

In order to meet increased cardiovascular and oncology patient needs and to resolve overall hospital space requirements, the Hospital is expanding. Construction of a new enclosed ambulance canopy, enlarged Emergency, X-Ray and Cardiopulmonary facilities, as well as a second Nuclear Cardiology diagnostic laboratory is expected to begin in late 1990.



THORACIC SURGERY



Dr. John Rowen, Thoracic Surgeon, is pictured with a Chelmsford couple, Robert and Marian Maskell, who were diagnosed with cancer on the same day and who shared a room as thoracic surgery patients in Sudbury Memorial Hospital. Thoracic surgery is considered tertiary hospital care for patients with respiratory or other serious thoracic diseases and requires very specialized care and treatment to deal with these lung or chest problems.



"I can't say enough about the care and attention that was received from the staff.....you can be truly proud of this dedicated group of employees."

RESPIRATORY THERAPY

Louis Andrighetti, Technical Director of Respiratory Therapy, and Sylvie Paquette, R.R.T., monitor Richard Richards, Director of Housekeeping, during a recent pulmonary stress test. A sophisticated diagnostic tool used in the assessment of respiratory and cardiac function in relation to exercise and workload, the new electrocardiograph monitors cardiac function at regular intervals during the testing. Prior to surgery, selected cardio-thoracic patients may undergo testing.



"Even the cleaners wore a smile which did my heart much good."

PERFUSION SERVICES

& CLINICAL EDUCATION

The hospital's new Intra Aortic Balloon Pump is totally computerized allowing the nurse to spend more time with the patient and can be used for transporting patients between hospitals.

The diagram in the inset shows schematically the positioning of the Intra Aortic Balloon catheter (in its inflation phase as indicated by the smaller arrows) in the descending aorta (main artery) with the tip just below the left subclavian artery.

The balloon is timed, using the patient's electrocardiogram as a trigger, to inflate rapidly immediately after the heart has ejected blood into the aorta and the aortic valve is closed. This rapid inflation causes displacement of the blood in the aorta as indicated by the large dark arrows. This backwards displacement of blood causes an increase of blood pressure and flow through the coronary arteries, thus increasing the supply of oxygen rich blood to the heart. Subsequently, the pump is timed, again using the ECG as a trigger to deflate the balloon just prior to the heart ejecting blood into the aorta. This effectively reduces the blood pressure in the aorta which allows the heart to pump against lower pressure, thereby reducing its workload.

Intra Aortic Balloon therapy, therefore is indicated as temporary support for patients with a wide range of low cardiac output syndromes or cardiac instability.

Alec Thorpe, Director of Perfusion Services, instructs Critical Care Nurses Mary Roque, Sherry Belanger and Michelle Turcot on the use of the new portable Intra-Aortic Balloon Pump as part of the certification program.

Dr. Thorpe was honoured by Laurentian University at its 1989 spring convocation with an honorary Doctor of Science degree for his leadership and contributions to cardiovascular care locally, nationally and internationally. He is the founding President of the Canadian Council of Cardiovascular Perfusionists.

"The Heart of Sudbury is Sudbury Memorial Hospital"



MAJOR

HIGH-RISK GENERAL SURGERY

Drs. Paul van Boxel, President of Medical Staff, and Rick Wright, Chief of Surgery, and Registered Nurses Sharon Wright, Cathy Staszak and Michelle McEwen, Nursing Manager, are members of the Hospital's highly skilled operating room staff. The major/high-risk general surgery service is a regional service for Northeastern Ontario patients. Many of these patients have underlying cardiac or respiratory diseases.



6

"The Memorial has justly earned its reputation as a No. 1 hospital."

EMERGENCY DEPARTMENT

Drs. John Mulloy, Director of Emergency Services, and Jim Deacon and Registered Nurses Diane Horsfall, Suzanne Morin and Donna MacLean-Duhamel work on a patient who has suffered cardiac arrest. The Hospital's Emergency Department, one of two in the region, is open from 8:00 a.m. to 12:00 midnight and handles approximately 40,000 patients each year.



"The cheerful compassionate care was so appreciated."

SUDBURY MEMORIAL HOSPITAL

STATEMENT OF FINANCIAL POSITION.



Year ended March 31

ASSETS	1990	1989 (as restated)
Current Assets		
Cash	\$ 2,728,638	\$ 1,823,519
Accounts receivable	1,308,056	2,935,594
Inventories	649,153	544,409
Prepaid expenses	46,814	49,917
	<u>4,732,661</u>	<u>5,353,439</u>
Property and Equipment		
Land, buildings and equipment	19,597,535	17,590,105
Accumulated depreciation	10,028,789	8,990,235
	<u>9,568,746</u>	<u>8,599,870</u>
	<u>\$14,301,407</u>	<u>\$13,953,309</u>

LIABILITIES AND EQUITY

Current Liabilities		
Accounts payable and accrued liabilities	\$ 4,411,088	\$ 4,681,475
Equity	<u>9,890,319</u>	<u>9,271,834</u>
	<u>\$14,301,407</u>	<u>\$13,953,309</u>

SUDBURY MEMORIAL HOSPITAL

Year ended March 31

STATEMENT OF OPERATIONS

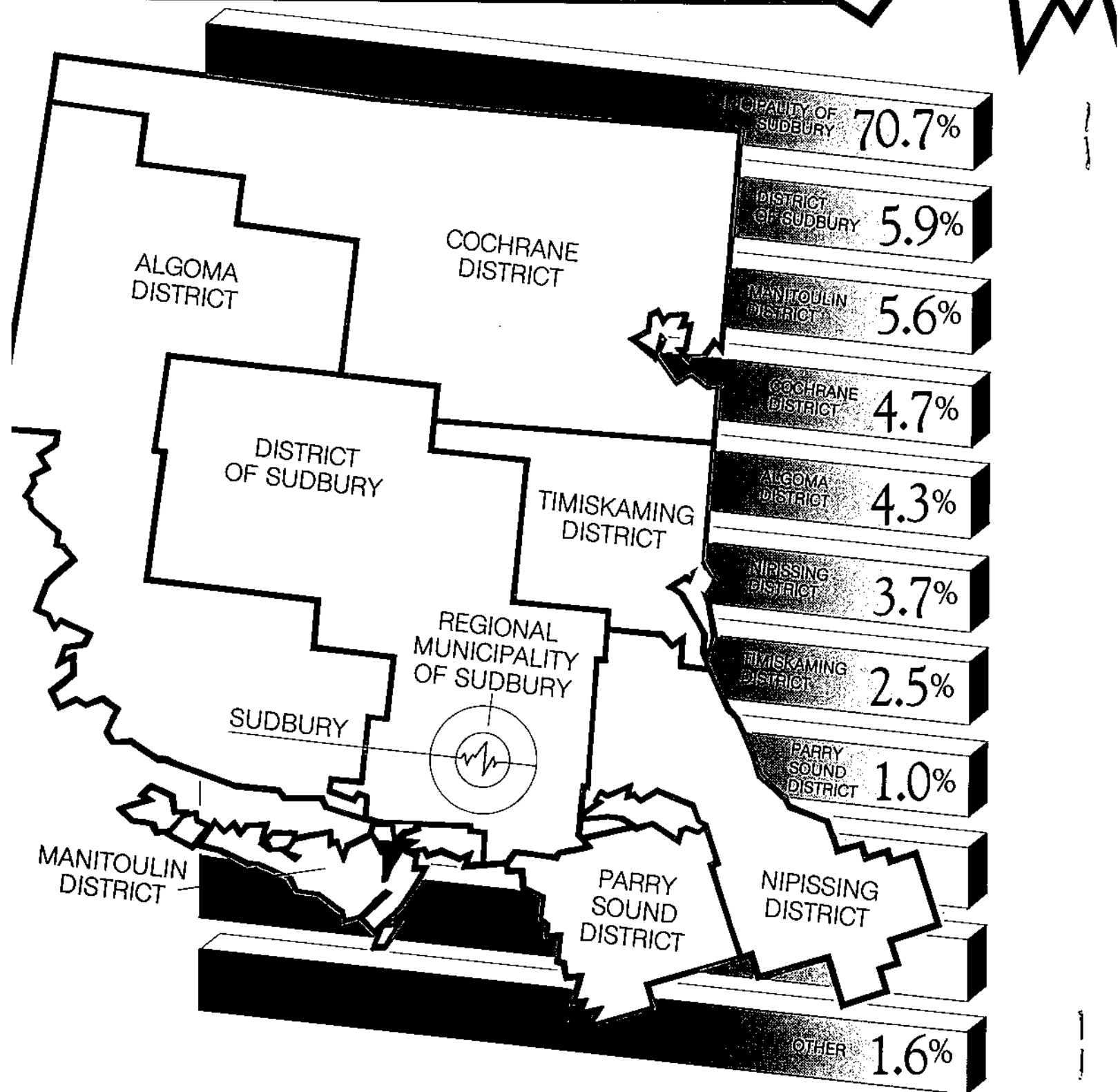
	1990	1989 (as restated)
REVENUE		
Patient Care	\$34,256,696	\$31,017,217
Dietary	485,734	394,789
Ancillary	884,656	886,855
Investment income	143,500	101,274
Donation, Sudbury Memorial Hospital Foundation	315,000	—
Other	1,034,017	755,083
	<u>37,119,603</u>	<u>33,155,218</u>
EXPENSES		
Nursing	10,140,157	9,360,326
Diagnostic	8,001,846	7,577,475
Administration and support	9,369,458	8,523,879
Medical and surgical supplies	3,651,939	3,323,712
Drugs	1,281,041	1,112,616
Employee benefits	2,218,630	1,476,388
Ancillary	799,493	807,006
Depreciation	1,038,554	1,030,090
	<u>36,501,118</u>	<u>33,211,492</u>
Excess of Revenue Over Expenses (Expenses Over Revenue)	<u>\$ 618,485</u>	<u>\$ (56,274)</u>

STATEMENT OF EQUITY

	1990	1989
Equity at beginning of year		
As previously reported	\$10,223,534	\$10,213,208
Adjustment for change in accounting practice	(951,700)	(885,100)
As restated	9,271,834	9,328,108
Excess of revenue over expenses (Expenses over revenue)	<u>618,485</u>	<u>(56,274)</u>
Equity at End of Year	<u>\$9,890,319</u>	<u>\$9,271,834</u>

WHERE

DO OUR PATIENTS COME FROM?



TOTAL NUMBER OF ADMISSIONS

6,790

REPORT OF THE PRESIDENT OF THE BOARD OF GOVERNORS

I am pleased to present my first President's report at this 40th Annual Meeting of the Sudbury Memorial Hospital Corporation.

Your Board has been very busy during the past fiscal year dealing with a number of hospital issues and projects. Some of these have included strategic planning, construction project approvals, cardiovascular surgery expansion, financial monitoring, patient care issues, fund-raising, etc. The Board members deserve our thanks for their commitment of time and effort to advance the provision of patient care in our community.

I wish to thank the Sudbury Memorial Hospital Foundation and its President, Mr. Jim Corless, for an effective fund-raising program. The Foundation easily surpassed the \$525,000 goal for the Cardiac Diagnostic Equipment Project and is currently supporting other cardiac technology needs through the Heart Equipment Fund.

Ministry of Health approval of the Immediate Development Plan: Phase I (Minor Expansion/Nuclear Cardiology Project) was received in May 1989. However, due to delays in obtaining the necessary approvals at each planning stage, construction is not expected to begin before the Fall of 1990.

During the year, we were pleased to host a visit by the Minister of Health, the Honourable Elinor Caplan, and to discuss our expansion plans and Regional Cardiovascular Program. The Minister has approved expansions of our cardiac surgery program which reinforces our Hospital's formal mandate as the Regional Cardiovascular Centre for Northeastern Ontario.

We were pleased that Mrs. Vickie Kaminski was seconded by the Ministry of Health as the interim critical care co-ordinator to implement the province-wide critical care hotline network. Also, our Hospital received further recognition when Mr. Esko Vainio was appointed as the Chairman of the Ontario Hospital Association's Financial Advisory Committee and Co-Chairman with the Assistant Deputy Minister (Institutional Health) of the Joint Ministry/O.H.A. Financial Advisory Committee. In addition, our Hospital was honoured last year by the honorary doctorate of science bestowed by Laurentian University on Mr. Alec Thorpe, our Chief Perfusionist, who is widely regarded as a pioneer in his field. These examples, along with others noted last year, again illustrate the reputation for excellence that our Health Care Team has achieved.

I would like to thank our Executive Director, Mr. Esko Vainio and his very capable Management Team, Department heads and staff for the dedicated and professional manner in which they operate our Hospital and meet our objectives. Special thanks are conveyed to our Chief of Staff, Dr. Paddy Bruce-Lockhart, and President of the Medical Staff, Dr. Paul van Boxel, as well as the Medical Advisory Committee and its sub-committees for their excellent management of our medical affairs.

Our sincere appreciation is extended to our outgoing Hospital Auxiliary President, Mrs. Ailsa Newton and her committed members who provide countless hours of their time and effort toward our institution. We commend Mrs. Newton for her exemplary leadership of the Auxiliary and for her contributions to our Board. In addition, we thank our many volunteers for their loyal service to our patients, visitors and staff.

I am very pleased with the achievements of our Health Care Team. It is this teamwork along with a progressive attitude which has brought Sudbury Memorial Hospital to the forefront of patient care in this Province.

I am grateful for the confidence you have shown in me and the support that you have provided me during the past year.

Respectfully submitted,



Joseph Drago
President
Board of Governors

REPORT OF THE EXECUTIVE DIRECTOR

It is my privilege to present my tenth Executive Director's report to the Hospital's Annual Meeting. The period covered by this report is 1 April 1989 through 31 March 1990.

In the past year, the Memorial Hospital provided 64,479 days of care to 6,790 in-patients. The annual occupancy rate for the Hospital was reduced by 5.6% to 87.9% from our previous year's all-time high rate of 93.1%. The average length of stay has been decreased by 5.9% from 10.1 days to 9.5 days. This has resulted primarily from more effective utilization management within the hospital, particularly through the implementation of physician bed monitoring. We commend our medical staff for this utilization initiative. This has resulted in 65.3% fewer cancelled elective admissions in this past year. In addition, there has been an 85.6% decrease in the number of patients held overnight in the Emergency Department or in hallways beside nursing stations. Comparative H.M.R.I. data for matched cases illustrates that our lengths of stay by physician groups are at or under the mean of the data base for virtually all categories of patients.

The growth in heart surgery volume was 21.1% over the previous year. This was supported by additional Ministry funding for cardiac surgery caseload increases in order to reduce heart surgery waiting lists. This extra operating revenue along with sound fiscal management using the budget base review methodology resulted in a minor operating surplus for the year.

Slight reductions in emergency and ambulatory care visits again were experienced due to the development of local walk-in medical clinics. The per diem rate or net operating cost per patient day was \$560.00. The total paid hours per patient day were 17.09, up 7.9% over the previous year due to the reduction in patient days.

The Resource Intensity Weight (R.I.W.) is the new hospital statistic developed to show the relative acuity or intensity of in-patient care in terms of volume and service mix based upon case weights. Our institution's most recently published R.I.W. was extremely high at 1.76. The magnitude of this relative patient care severity index rates our institution as the acute care general hospital with the second highest R.I.W. in Ontario; it categorizes our Hospital above most teaching hospitals. This reflects our Health Care Team's tertiary care clinical accomplishments in diagnosing and treating cardiovascular, thoracic surgery, respiratory disease, high-risk general surgery and burn patients.

All Hospital and Medical Staff deserve our appreciation for their contributions towards our reputation for excellent patient care and for fostering a co-operative team approach to health care delivery.

I wish to thank the members of our effective and dedicated Management Team - Dr. Paddy Bruce-Lockhart, Mrs. Vickie Kaminski, Mr. John Ostler, Mr. Lloyd Harris, Mr. Dean Germano and Sandra Irwin, our Secretary - for their loyalty, perseverance and initiative in the management and advancement of the Hospital.

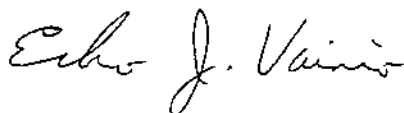
Our loyal Department Heads are to be recognized for their innovative management of the Hospital in a positive atmosphere. Our team of very capable managerial, professional, technical and service staff makes my job as administrator that much easier and underscores the Memorial's province-wide reputation as a progressive hospital.

We owe much to our Auxiliary, and in particular, to Mrs. Ailsa Newton, its President. They have assisted us in countless ways to provide needed funds and services to the Hospital. We will miss working with Mrs. Newton; I wish to thank her for assistance and support during her term as President. We also are indebted to our Volunteers who contribute countless hours toward our Hospital's programs and activities.

In conclusion, I must thank the President of the Board, Mr. Joe Drago, for his active involvement in the affairs of the Hospital and for the support and counsel that he has provided to me. I also extend my appreciation to the Board Executive and all of our Governors for their contributions and commitment to our patients, to our Hospital and to our community.

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

Respectfully submitted



Esko J. Vainio
Executive Director

REPORT OF THE CHIEF OF STAFF

When I look back on the past year from the perspective of the Chief of Staff and compare it to the 20 odd years ago when I held the same office, there are striking similarities, and yet marked differences.

Then Administration and Nursing and Medical Staff were a triumvirate pulling in opposite directions, funding was on the basis of patients looked after and medical care in Sudbury was expanding, and the division of services between the hospitals was beginning to be discussed. Today the division of services is well established to everyone's benefit and has resulted in a good deal of high quality tertiary care. In this hospital today, Nursing and Administration and the Medical Staff are on the terms where we can be upfront with problems, there are no secret agendas and there is mutual respect and a good deal of trust.

The funding constraints inherent in a global budget, which pays scant lip service to inflation have to affect medical care. The population is aging and increasing, requires more medical care and yet we are told by government we have to cope with the beds we have. In fact they might even be reduced, as government wishes to move Health care into the home and community rather than in institutions and hospitals.

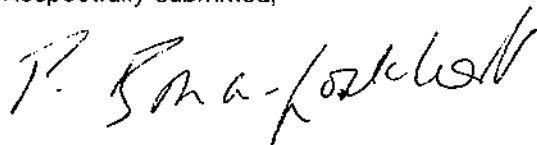
We have tackled this by extending the hours of routine surgery. We have used this to increase the number of operations done as outpatients, and the number of hearts and general surgical operations. This has been achieved with no increase in the number of beds, but by improving utilization. Beds are now allotted to Departments, each with physicians taking a turn at monitoring the bed usage. Cardiovascular and General Surgery Departments, Internal Medicine and Cardiology all reduced their length of stay, hitting the difficult balance between getting the patient out as soon as possible, and yet safely. I would like to commend the medical staff and the nurses for doing an admirable job in this area. It would not be possible without the help of the other departments of the hospital in particular X-ray and the laboratory. The Department of General Practice has only just started to monitor their beds and have a harder time because they are not dealing with illnesses which have an end point as surgery has. However, the concept of doing investigation when possible as an outpatient and only admitting patients, either to exclude serious matters such as heart attacks or for definitive treatment, is catching on. We have actually been able to admit elective medical patients for the first time in some years.

I would like to express my admiration for the members of the Medical Advisory Committee who have proved themselves knowledgeable and thoughtful in discussing matters in depth, in arguing without rancour and in developing sensible solutions. I thank them for the support they have given me.

I would like also to thank the Chairmen and members of the Medical Staff Committees for their hard and valuable work.

Finally, I would like to express my appreciation to the members of the Management Committee who have treated me with unfailing courtesy and helpfulness.

Respectfully submitted,



P. Bruce-Lockhart MB, CHB, FRCOG, FRCSC
Chief of Staff

REPORT OF THE PRESIDENT OF THE AUXILIARY



I am pleased to present the Annual Report for the period 1 April 1989 to 31 March 1990.

The 45th Anniversary of the Sudbury Memorial Hospital Auxiliary is now a memory and on behalf of the members, I wish to express our appreciation to the Board of Governors and the Hospital for the special celebration on 3 May 1989, and for the gift of official stationery for the Auxiliary Board of Directors. We were pleased to have coverage of the event in the Fall issue of the "Volunteer", the H.A.A.O. publication.

The Auxiliary hosted the Spring Conference of Region #10 H.A.A.O. in April and was represented at the Institute for Hospital Auxiliaries in May, the Regional Fall conference in September and the H.A.A.O. Convention in October. In recognition of 33 years of service to our Auxiliary, Mrs. Elsie Kossatz was presented with a Provincial Life Membership.

The Auxiliary paid for the coffee and "health" cookies and assisted in the serving of same on Canada Health Day in May.

Total memberships sold were 559 and 158 active members, including 9 male members, contributed 24,908 volunteer hours in and out of the hospital.

A cash register was installed in the Gift Shop in May. A donation of \$500 toward the purchase was received from the Sudbury Rotary Club. The net income from the Shop was \$45,431. A sincere thank you is extended to the Convenor, Mrs. Ann Bennett and all the volunteers.

The revenue from the sale of Nevada tickets is increasing. Mr. Sandy Dick and Mr. Clarence Badgerow of the New Sudbury Unit are the co-convenors. This project plus the commission from television rentals and vending machines, the rental of Humphrey House to Dr. Aul, bank interest and net proceeds from fund-raising activities of the four Units, realized the amount of \$42,494.

The 1989 financial commitment of \$50,000 was completed with the donation of \$18,500. The next commitment is \$79,900 to purchase a Microbiology Reporting System (\$55,000), a Bronchoscope Olympus (\$12,900) and two Electrosurgery Units (\$12,000). The total amount will be available for presentation in June 1990.

I have appreciated the opportunity to serve as Auxiliary President for 1988-1990. Our Auxiliary has an excellent relationship with the Board of Governors, the Management Team, the Department Heads and the Hospital staff. I wish to thank them, my Executive, and all Auxiliary members for their assistance and co-operation during my term of office.

Respectfully submitted,



Ailsa Newton
Auxiliary President

BOARD OF GOVERNORS



Joseph R. Drago
(1984) President



James R. Bisset
(1987) 1st Vice
President & Treasurer



Frank J. Morassutti
(1974) (1986) 2nd
Vice-President



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



Patrick Bruce-
Lockhart, M.D. (1989)
Chief of Staff



Madeleine Dennis
(1982)



Peter Dow (1988)



J. David Innes,
(1969) (1982)



Richard Laine (1989)



Albert C. Magee
(1987)



Elmer J. McVey
(1976) (1988)



Ailsa Newton (1988)



George B. Reed
(1980)



Herve Sauve (1987)



James Simmons,
(1987)



Terrence Sirois (1985)

Paul J. van Boxel, M.D.
(1989) President of Medical Staff

James Deacon, M.D.
(1989) Vice President of
Medical Staff

Hugh Dougan (1989)

Donald Sheehan (1989)

HONORARY MEMBERS

Robert N. Browne
James G. Corless, F.C.A.
Margaret Dow
Earle G. Jarvis
George R. Walker, M.D.

BOARD COMMITTEES

AND MEDICAL ADVISORY COMMITTEE

FINANCE COMMITTEE	James Bisset Hugh Dougan Elmer J. McVey Donald Sheehan Frank J. Morassutti James Simmons Terrence Sirois Madeleine Dennis James Deacon, M.D. Joseph R. Drago Esko J. Vainio Dean Germano John P. Ostler Vickie Kaminski	Chairman Governor Governor Governor Governor Governor Governor Governor Vice President of Medical Staff Ex-officio Executive Director Asst. Executive Director - Hospital Services Asst. Executive Director - Finance & Planning Asst. Executive Director - Nursing
PERSONNEL COMMITTEE	George B. Reed Frank J. Morassutti Madeleine Dennis Donald Sheehan James Bisset Joseph R. Drago Esko J. Vainio Lloyd E. Harris	Chairman Governor Governor Governor Governor Ex-officio Secretary Asst. Executive Director - Personnel
PROPERTY/ PLANNING COMMITTEE	Elmer McVey Frank J. Morassutti James Bisset J. David Innes Richard Laine Terrence Sirois Patrick Bruce-Lockhart, M.D. Joseph R. Drago Esko J. Vainio Dean Germano John P. Ostler Vickie Kaminski Lloyd E. Harris	Chairman Vice-Chairman Governor Governor Governor Governor Chief of Medical Staff Ex-officio Secretary Asst. Executive Director - Hospital Services Asst. Executive Director - Finance & Planning Asst. Executive Director - Nursing Asst. Executive Director - Personnel
PUBLIC RELATIONS COMMITTEE	Madeleine Dennis George B. Reed Ailsa Newton Joseph R. Drago Margaret Dow Esko J. Vainio John P. Ostler	Chairman Governor Governor Ex-officio Honorary Secretary Asst. Executive Director - Finance & Planning
AUDIT COMMITTEE	James Bisset Elmer McVey James Simmons Frank J. Morassutti Jorma Larton	Chairman Governor Governor Governor Auditor
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		Joseph R. Drago James Bisset Patrick Bruce-Lockhart, M.D. Esko J. Vainio
MEDICAL ADVISORY COMMITTEE	Dr. Paul van Boxel Dr. James Deacon Dr. Douglas Prince Dr. Paul Chovaz Dr. Edwin Knight Dr. Joel Andersen Dr. John Mulloy Dr. Gary Kivinen Dr. Lian Widjanarko Dr. Robert Greco Dr. Frederick Wright Dr. Alnoor Abdulla	President of Medical Staff Vice President of Medical Staff Secretary of Medical Staff Chief of Anaesthesia Chief of Cardiovascular Chief of General Practice Director of Emergency Services Chief of Medicine Chief of Pathology Chief of Radiology Chief of Surgery Deputy Chief of Cardiovascular (by invitation)

ADMINISTRATIVE AND SENIOR STAFF



l to r: Esko Vainio, Executive Director; Dean Germano, Assistant Executive Director - Hospital Services; Lloyd Harris, Assistant Executive Director - Personnel; John Ostler, Assistant Executive Director - Finance & Planning; Dr. Paddy Bruce-Lockhart, Chief of Staff. Absent: Vickie Kaminski, Assistant Executive Director - Nursing.

DEPARTMENT HEADS

Louis Andrighetti	Director of Respiratory Therapy
David Antebi	Director of Pharmacy
John Babiak	Director of Dietary
Dorothy Collin	Nursing Manager
Bruno Crispo	Purchasing Agent
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
Michelle MacEwen	Nursing Manager
John McColl	Director of Biomedical Engineering
Laura Jean McNeill	Nursing Manager
Susie Perry	Director of Patient Documentation
Vi Pevato	Nursing Manager
Richard Richards	Director of Housekeeping
Peter Smith	Director of Finance
Grace St. Jean	Nursing Manager
Marion Searle	Assistant Director of Personnel
Alec Thorpe	Director of Perfusion
Gaetan Vallieres	Director of Material Management
Michael Welsh	Technical Director of Cardiopulmonary
Wally Yung	Technical Director of Radiology

DÉCLARATION DE LA MISSION



L'Hôpital Mémorial de Sudbury est un hôpital de soins actifs, complètement agréé et non-confessionnel à 201 lits. L'hôpital remplit un rôle de soins primaires destinés aux résidents de la Municipalité régionale de Sudbury ainsi qu'un rôle de soins secondaires à l'intention des résidents de la Région et des districts de Sudbury et de Manitoulin. Il assure un rôle de soins tertiaires dans les spécialités suivantes: chirurgie générale à haut risque, soins respiratoires, chirurgie thoracique, chirurgie cardio-vasculaire et cardiologie pour les résidents du nord-est de l'Ontario. Dans le cadre de ses rôles de soins primaires et secondaires, l'hôpital offre des services généraux de médecine et de chirurgie, y compris un service d'urgence complet de 16 heures et un programme de traitement des brûlures.

L'hôpital n'offre pas normalement des services d'obstétrique, de psychiatrie, de soins prolongés ou de pédiatrie pour malades hospitalisés. Ainsi, il fait partie d'un système de soins de santé interdépendant dans la Région en association avec les hôpitaux Général, Laurentien et Algoma de Sudbury.

L'hôpital assure un leadership à d'autres organismes de soins de santé en élaborant des spécialités de soins tertiaires ainsi que des services non médicaux dans l'ensemble du nord-est de l'Ontario. Il consolidera son rôle dans les programmes cliniques et administratifs extension et améliorera les liens avec les communautés du nord-est de l'Ontario qu'il dessert.

L'hôpital poursuivra la mise au point de programmes et de services pour répondre aux besoins de soins de santé régionaux dont: enseignement du diabète, réadaptation cardiaque, consultation en nutrition, soins respiratoires à domicile, programmes de réadaptation pulmonaire, soins thoraciques, et la clinique de Copper Cliff. Il offre des services de soins de santé dans les deux langues officielles.

L'hôpital s'engage à offrir des placements en cliniques pour les étudiants des programmes de formation agréés. Il établira des affiliations formelles avec les écoles de médecine et poursuivra la mise au point d'un programme de recherche clinique.

L'hôpital tâchera d'offrir une main-d'oeuvre clinique suffisante pour remplir sa mission. Le personnel hospitalier et les médecins, les bénévoles et les membres du conseil se conformeront à la philosophie et aux lignes directrices dans le cadre de leurs activités hospitalières.

Le principal but de l'Hôpital Mémorial de Sudbury, c'est de faire son possible pour offrir des soins compatissants et de qualité supérieure aux malades en fonction des ressources disponibles.

MISSION STATEMENT



Sudbury Memorial Hospital is a 201 bed, fully accredited, non-denominational, acute care hospital. The hospital has a primary care role for residents of the Regional Municipality of Sudbury and a secondary care role for residents of the Region and the Districts of Sudbury and Manitoulin. It has a tertiary care role in High Risk General Surgery, Respiratory Care, Thoracic Surgery, Cardiovascular Surgery and Cardiology for residents of Northeastern Ontario. In fulfilling its primary and secondary care roles, the Hospital provides general medical and surgical services together with a 16-hour comprehensive Emergency Department and a Burn Treatment Program.

The Hospital does not usually provide obstetrical, psychiatric, chronic care or paediatric in-patient services. The Hospital thus fits into the interdependent health care system for the Region in association with the Sudbury General, Laurentian and Algoma Hospitals.

The Hospital provides leadership to other health care agencies in developing tertiary care specialties as well as non-medical services throughout Northeastern Ontario. The Hospital will strengthen its role in clinical and administrative outreach programs and will enhance linkages with the Northeastern communities it serves.

The Hospital will continue the development of programs and services that meet regional health care needs such as Diabetes Education, Cardiac Rehabilitation, Nutrition Counselling, Respiratory Home Care, Pulmonary Rehabilitation Programs, Thoracic Services and the Copper Cliff Clinic. The Hospital provides health care services in both official languages.

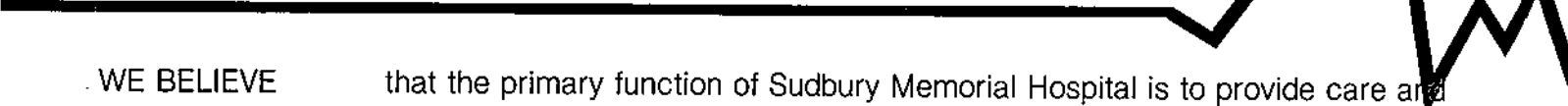
The Hospital is committed to provide clinical placements for students from accredited educational programs. The Hospital will build on formal affiliations with medical schools and will pursue the development of a clinical research program.

The Hospital will strive to provide adequate clinical manpower to fulfill its mission. Hospital and medical staff, volunteers and Board members will follow the Philosophy and Guiding Principles in their hospital activities.

The primary goal of Sudbury Memorial Hospital is to strive to provide excellent and compassionate patient care within available resources.

PHILOSOPHY

AND GUIDING PRINCIPLES

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- 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.



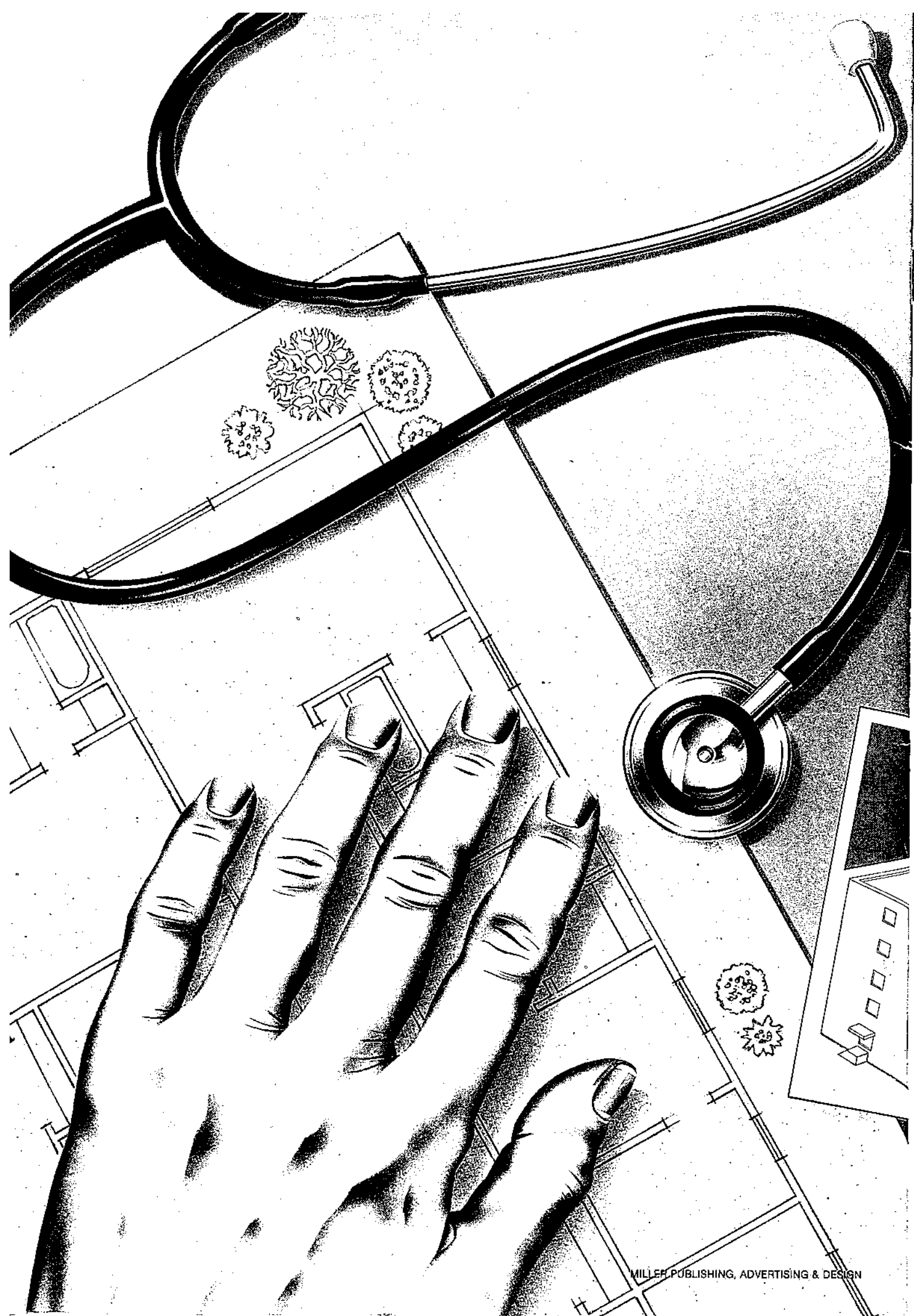
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Clinical training of Medical Laboratory Technologists
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Diagnostic Radiology
Clinical training of Respiratory Therapists
Clinical training of Physiotherapists
Nursing Education

AFFILIATED WITH
Laurentian University
University of Ottawa
Cambrian College of Applied Arts & Technology
The Michener Institute for Allied Health Sciences
(formerly Toronto Institute of Medical Technology)
Mohawk College of Applied Arts & Technology

“As one who has just had to use their facilities, I want everyone to know that the services of Sudbury Memorial Hospital are second to none . . . to the doctors, nurses and every single member of the support staff who make Sudbury Memorial Hospital the fine place that it is — God bless you all as you continue to work with Him restoring His people to good health”.



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