



*The 2003/04 Annual Report
of the
Board of Governors
The Credit Valley Hospital*

“Knocking on the Future”



World Class. Right Here.

BOARD OF GOVERNORS

*Executive**

Harinder Takhar (*Chair June – Oct. 23/03*)
Cheryl Englander (*Interim Chair Oct. 23 – Nov. 27/03*)
Norman Loberg (*Chair Nov. 27/03 - AGM*)
Geoff Watson (*Vice Chair*)
Richard Podsiadlo (*Treasurer*)
Wayne Fyffe (*Secretary*)

Catherine Clark
Dr. Barbara Clive (*Chief of Medical Staff*)
Renato Discenza (*resigned May 5, 2004*)
Dr. Asha Devanesen (*President, Medical Staff Association*)
John Fleming
Bill Gardiner
Louis Rene Girard
Cindy Heinz
Katie Mahoney (*Region of Peel*)
Jill McGill (*President, Volunteer Partners*)
Michael Murphy (*Chairman, CVH Foundation*)
Jim Murray
Dr. Can Nguyen (*Vice President, Medical Staff Association*)
Joanne Rogers
Wendy Roney
Peter Smith
Bart Wassmansdorf
Randy Wright (*appointed Nov. 27, 2004*)

*Due to the resignation of Harinder Takhar, upon his election to the provincial legislature, The Board of Governors has had three chairs during this fiscal year. Mr. Takhar was chairman from the time of his election at the Annual General Meeting in June 2003 until his resignation, October 23; Cheryl Englander, current vice chair, became interim chair from October 23 to November 27, 2003 when Norm Loberg, was acclaimed chairman of the board.

BOARD OF GOVERNORS

2003/04



FRONT ROW: DR. ASHA DEVANESEN, WAYNE FYFFE, NORM LOBERG, HARINDER TAKHAR, RICK PODSIADLO, DR. BARBARA CLIVE.

MIDDLE ROW: JILL MCGILL, RENATO DISCENZA, JIM MURRAY, CINDY HEINZ, JOANNE ROGERS, BILL GARDINER, BART WASSMANSDORF, JOHN FLEMING, PETER SMITH, CATHERINE CLARK, DR. CAN NGUYEN, LOUIS GIRARD, KATIE MAHONEY.

ABSENT: CHERYL ENGLANDER, WENDY RONEY, GEOFF WATSON, RANDY WRIGHT, MICHAEL MURPHY.

OUR VISION

The Vision of the Credit Valley Hospital is to be the finest hospital in Canada in the hearts and minds of the people we serve.

OUR MISSION

The Credit Valley Hospital offers quality compassionate health care to the people of the growing communities of Peel and Halton.

OUR VALUES

Excellence in Patient Care

We will provide excellence in patient care by considering the individual's physical, emotional and spiritual needs. We see each patient as a special individual.

Respect

We recognize and treasure the unique contribution of each member of our CVH family (staff member, volunteer and physician) and value the rights of our patients and their families.

Leadership

We have a culture that facilitates and promotes innovation. We foster an organizational climate that encourages advancement of knowledge through education, experience and leadership.

Teamwork

We have found the best outcomes are achieved when we work together. The diverse skills and knowledge of our CVH family can be brought together to fulfill our service objectives.

Accountability

We acknowledge our responsibility to provide the best possible quality of care by managing our resources effectively and acknowledge our responsibility to act as advocates for our community to secure adequate resources to meet their needs.

Partnership

We seek the opportunity to develop effective partnerships to further improve the health of our community.

“KNOCKING ON THE FUTURE”

They say it with pride.

Credit Valley.

Nothing more needs to be said.

The eyebrows raise, the slight nod of the head in recognition.

You work at Credit Valley? You're so lucky.

It's true. We belong to a world class fraternity of men and women whose dedication is unparalleled...men and women who have seen us through multiple crises over the last several years. Undaunted by the crush of activity, they continue to move forward with new initiatives and quality improvement with the same gusto that has been the trademark of this world class facility.

We stand as a leader in hospital efficiency.

A technology leader, we ensure our clinicians have the best possible tools to do their jobs.

We instigate and nurture partnerships with colleagues and the Ministry of Health and Long-Term Care to advocate for the best healthcare for our patients.

And our peers have recognized our achievements.

We are challenged by the complexity and diversity of our patients' needs. But we will never shy away from meeting them.

Our vision is clear. The door is ajar.

We are *knocking on the future*. It is within our grasp!

CREDIT VALLEY AT A GLANCE

Our Staffing Complement...

Full Time Staff	1,837
Physicians with Privileges (including active, associate and courtesy)	368
Volunteers	720
Total	2,925

Our Programs...

Regional Programs

Renal
Oncology
Maternal/Child
Genetics

Other

Medicine
Surgery
Cardiopulmonary
Mental Health
Emergency
Rehabilitation

Activity Snapshot

Annual Budget

\$209,900,000

Admission Type	2001/02	2002/03	2003/04
Surgery	12,930	13,535	13,082
Births	4,080	4,264	4,699
Discharges	17,113	16,889	17,503
Emergency	66,692	66,815	61,520
Outpatient Visits	293,485	297,935	288,672
Inpatient Services	129,504	128,328	124,479
Laboratory Workload	10,746,322	10,892,060	11,349,788
Diagnostic Imaging	3,037,165	3,341,273	3,333,235

You will note a reduction in activity levels in some areas of the hospital compared with previous years. This is due to fluctuations in inpatient and outpatient activity associated with restricted availability of these services during SARS (severe acute respiratory syndrome) during the fiscal year.

ANNUAL REPORT OF THE PRESIDENT & CHAIRMAN

“KNOCKING ON THE FUTURE”

It is our pleasure to report on the activities of the hospital and the Board of Governors during the 12 month period April 1, 2003 to March 1, 2004.

Capital Construction and Planning for Improved Access

Phase I

We are now less than a year away from *knocking on the future* of ambulatory care and cancer care at Credit Valley Hospital. The Carlo Fidani Peel Regional Cancer Centre and Ambulatory Care Centre is slated to open in May 2005 and we are pleased and proud to tell you that it is on budget and on time. During the last year we adopted the slogan “World Class – Right Here”. The progressive patient-centered design elements of the new building, coupled with our desire to continue Credit Valley Hospital’s reputation as the most efficient provider of health care in the province of Ontario, means that we truly will have a world class facility right here.

Phase II

We are anxious to proceed with tendering of Phase II which will provide inpatient back-up to our overcrowded emergency department. This will reduce wait times, as well as provide desperately needed relief for mothers, babies and our staff who are currently working in a facility designed to deliver 2,700 babies a year, while actually delivering 4,700! Our planning staff, working along side our architects, our internal user groups, and the Ministry of Health and Long-Term Care have managed to complete the costs estimates, 100% of the working drawings required to go to tender and pre-qualified five construction firms to bid on the project.

The Board of Governors officially approved the project at an estimated cost of \$132 million, including \$63.9 million as the CVH share which will initially be borrowed funds but paid back later by a combination of donor dollars from the Foundation, parking revenues, and contributions from operations. We expect that the province of Ontario will provide us with permission to go to tender on this project in the very near future, as our local MPPs and others are fully aware that the project is essential to reduce wait times in our ER; to provide safe care to the growing number of babies being born at The Credit Valley Hospital; to fully realize our designated role as a regional centre for maternal/child care; and to complete the legal requirements to comply with the 1998 directives from the Hospital Services Restructuring Commission (HSRC) of Ontario.

Strategic Directions

Our new strategic plan (to provide direction to the Hospital to the year 2006 and beyond) was distributed at last year’s Annual General Meeting and we have worked hard to ensure that it influences all that we do. It is the desire of the Board that we find even

further savings at this highly efficient hospital in order to create our own funds to pursue our strategic directions. In this way our strategic plan drives our annual operating plans and budget.

Balancing the Annual Budget

Hospitals of Ontario have struggled for a number of years to balance their budgets. Last year we were happy to report that we had essentially a balanced budget (a deficit of less than 1% of operations). This year we are extremely happy to report to you that we ended the year with a small surplus. This healthy financial position is as the result of two significant events in the last year. First, due to the hard work of our staff and excellent leadership from management and the Board, Ministry of Health and Long-Term Care statistics now show that The Credit Valley Hospital is the lowest cost provider in the province for hospitals of its size or larger. Second, we were delighted that in the month of March the new government used a performance-based formula for determining hospital funding for the year ending March 31, 2004. Since Credit Valley is a high performance hospital, it benefited from an increase in its base funding (ongoing funding) of \$9.4 million plus \$507,000 for specific initiatives in nursing, plus \$507,000 of one-time funding for lift equipment to reduce the number of injuries amongst our nursing staff. In addition, \$1.9 million in one-time funding for diagnostic equipment was received as a result of a federal grant. These announcements were extremely positive for The Credit Valley Hospital, and we thank both the provincial and federal government for these grants and the recognition of Credit Valley as a high-performing hospital. Our only hope is that in future, these grant announcements will be made closer to the beginning of the fiscal year instead of at the end!

Accountability

Following election of the new government, the Minister of Health and Long-Term Care announced a desire for accountability agreements with hospitals to ensure that mutual expectations were clear and that accountability on behalf of the government and hospitals was transparent to the public. The Credit Valley Hospital welcomed this initiative as the hospital will clearly do well in future accountability agreements based on performance funding. Board members were concerned however with the wording of some aspects of Bill 8. Therefore, we appeared on two occasions at public hearings of The Standing Committee on Justice and Social Policy charged with the responsibility for reviewing the Bill and making necessary amendments. At the time of writing this report, several amendments were agreed to by the Minister of Health and Long-Term Care and we are grateful for that. We remain interested in the final version of the Bill, as in our opinion we are *knocking on the future* of how hospitals will be funded. The notion of accountability is not new at Credit Valley, since the Board has had a standing committee called the Public Advocacy and Accountability Committee for a number of years. Also, during the year the hospital Board entered into a form of accountability agreement with Cancer Care Ontario. In this agreement it makes it clear that we are accountable to Cancer Care Ontario for appropriate use of funds for cancer services and adherence with province-wide standards for clinical care. We were delighted that the lines of accountability were clarified that The Credit Valley Hospital's Board of Governors is responsible for the provision of cancer care at the Credit Valley site and Dr. Sheldon

Fine, as regional vice president for Cancer Care Ontario, as well as chief of oncology at The Credit Valley Hospital is also responsible for ensuring consistent standards for cancer care in the entire region served by The Carlo Fidani Peel Regional Cancer Centre at Credit Valley.

Special Challenges – Infectious Diseases and the Blackout

We began the year in the throws of the SARS crisis, during which approximately 60 directives were issued and following a declaration that the SARS emergency was over, another 15 directives and communiqués have been issued by the Ministry of Health and Long-Term Care. Each of these directives had legal consequences for the hospital and consequences for expenditure of funds as well as safety of staff and patients alike. Needless to say, this was an item that occupied a great deal of our time and attention over the last year and we can only hope that it will not be repeated in the future. There is no question however that we are *knocking on the future* of healthcare in Canada with increasing attention to infectious diseases. This was obvious over the December holiday period, when despite a record number of staff being immunized for influenza, several patients contracted influenza at the hospital. This was of grave concern for the hospital and the medical officer of health and a number of restrictions on visitation and on staff assignments were necessary in order to contain the outbreak. Once again this was a wake up call to the essential nature of hospital services in the province of Ontario, and our need to remain ever vigilant with respect to infectious diseases. During the year, the Board of Governors adopted new visitor guidelines which were more restrictive than in the past. While we regret that this impacts on families and patients alike, it is clear from recent experiences with infectious diseases, that we have no choice but to maintain these restrictions for the protection of patients, visitors, staff and the community as a whole.

On August 14, 2004 The Credit Valley Hospital, and a majority of the eastern seaboard of Canada and United States, experienced the largest blackout in recent history. The demand for batteries to operate equipment and flashlights was suddenly a priority but we were delighted when staff and suppliers worked together to ensure that we had enough. Emergency back up generators were immediately put into operation. As the days progressed and threats of rolling blackouts made the news, Credit Valley continued to provide its own electrical power drawing from our on-site generators to ease the burden to Mississauga Hydro and possibly overloading the system, putting the community we serve at greater risk.

Board Membership / Succession Planning

Our Board is comprised of 16 members elected by the membership of the Corporation at the Annual General Meeting and seven ex-officio members. There was significant turnover at the top of our Board of Governors during the year. In October, after four years on the Board of Governors, Harinder Takhar was elected MPP and appointed as Minister of Transportation in the cabinet of the new government. We are grateful for vice chairman Cheryl Englander who filled in as interim chair while the Board elected a new chair. Our new chairman, Norm Loberg, accepted his responsibilities in November 2003, and has accepted the nomination for re-election as chairman at the meeting of the

Board of Governors immediately following the Annual General Meeting in June. We welcomed Dr. Asha Devanesen as the newly-elected president of the Medical Staff Association, and Dr. Can Nguyen as vice president, positions which automatically place them as voting members of the Board of Governors. We also welcomed John Fleming and Randy Wright as new members of the Board of Governors and they have made wonderful contributions over the past year. During the year we acknowledged the leadership of Mr. Bob Ferchat, former chairman of the capital campaign. While he has stepped down from that position, he is still very active in the background assisting us to achieve our \$50 million goal and we thank him for his vision, initiative and contribution to the early success of our capital campaign. Renato Discenza has resigned after two-years of service on the Board due to conflicting business commitments. As one of Canada's Top 40 under 40, Renato made a significant contribution to Board discussions and we will miss him. Mr. Peter Smith and Mr. Jim Murray will both complete 12 years on the Board of Governors, the maximum term under our old by-laws (the new term maximum is nine years), needless to say over that many years each of them have made significant contributions to The Credit Valley Hospital and we look forward to publicly acknowledging their exemplary volunteer efforts at the Annual General Meeting. We are delighted to say that once again Credit Valley Hospital has more excellent applicants than we have vacancies available in the coming year.

Credit Valley Hospital Foundation

In addition to thanking the volunteers who serve on our Board of Governors for their dedication, hard work and commitment to patients served by The Credit Valley Hospital and to our own Credit Valley family, there are many others who deserve credit for our highly successful year. We welcomed Michael Murphy as the new Foundation Board Chair, and chair of our capital campaign. The construction project is underway and planned, so necessary to achieve capacity to provide timely access to quality care at Credit Valley, would not be possible without the efforts of our Foundation Board of Directors and the Foundation staff. The Board of Governors and senior management have pledged support for all of their endeavors and are delighted that the community phase of our capital campaign was launched with great fanfare in September of last year. As of the writing of this report we are 65% of our way towards our goal of \$50 million with many significant milestones in the last year including the installation of a second CT scanner as a result of a gift from the WB Foundation. This CT scanner has already reduced our wait times from six months to two weeks. There were also two unique and precedent setting gifts in the past year, namely a \$1 million grant from the Bloch Foundation in the United States to build a cancer survivor park, the first outside of the United States. Second, the Kresge Foundation has provided a \$1 million challenge gift which again is unique for a regional community hospital in Canada. The significance of this last gift is important for the community in that we do not receive the gift unless we have raised another \$4 million in the next 12 months. The challenge is on!

Credit Valley Volunteer Partners

The Credit Valley Hospital is blessed with the support of over 700 volunteers in our volunteer department led by a volunteer Board of Directors. They have once again made an exemplary contribution to that "tender loving care" so needed by our patients

and at the same time have pledged \$1 million toward our capital campaign. We, and our volunteers, look forward to welcoming approximately 300 volunteers from the Canadian Cancer Society when the new cancer centre opens up.

Thanks to our Community

Owing to construction we were severely short of meeting space over the last year. Many community partners came to our rescue and provided us with free space. The Peel Board of Education provided space for our Board meetings, and the Peel Regional Police, Amica and Wellspring provided space for ongoing staff training. It is wonderful to see the support of the community for such a great staff with such a great mission. We also want to thank all members of the community who have contributed their constructive feedback, their donor dollars, and most of all their patience with the construction on site. We too can hardly wait until all of the phases of our parking expansion and traffic re-routing are complete.

Federal / Provincial Leadership

All that has been described so far in this annual report emphasizes the need for strong leadership at all levels so that we can maintain and strengthen Canada's healthcare system. We are therefore delighted that Premier Dalton McGuinty has agreed to take a leadership role in the upcoming federal/provincial discussion on healthcare in Canada. The hospital has made significant efforts to bring to the attention of the public as a whole, as well as our political leaders, the Romanow and Kirby reports and the need for this leadership. We remain hopeful that with the high priority placed on healthcare by both our federal and provincial governments, we are *knocking on the future* of more sustainable and predictable funding as well as capital construction projects which will provide us with the capacity to deliver high quality care with reasonable wait times to the ever growing community of Mississauga and surrounding area.

It's the People Who Make the Difference

The theme of this year's annual report is knocking on the future. We end this report with a very big expression of gratitude to our hard working management team, medical leadership, front line hospital and medical staff, who through their every day efforts, allow us to come even closer to reaching our vision to be *the finest hospital in Canada in the hearts and minds of the people we serve.*

Respectfully submitted,



Norman Loberg
Chairman



D. Wayne Fyffe
President and CEO

NL/DWF/bt

“KNOCKING ON THE FUTURE”

The Future is Now at Credit Valley 2004 Achievements

It has been a year of challenges and significant achievements at Credit Valley. In this portion of our annual report, we summarize just a few of the significant accomplishments of departments and programs throughout the hospital. We salute our staff for their innovation, creativity and commitment to continuous quality improvement. We want the best for our patients, today and well into the future. The future is *now* at Credit Valley.

Infection Control

- Credit Valley has taken a leading role in helping other hospitals to manage their infection control procedures regarding personal protective equipment. With the help of our infection control professionals, a detailed video was created demonstrating proper gowning and disrobing and other infection control techniques for use when caring for isolated patients. The videos have been purchased by hospitals throughout the province and beyond as an effective teaching tool for all health care professionals.
- Hand washing stations have been strategically placed throughout the hospital to reduce the spread of germs.

Emergency

- SARS forever changed our work processes to incorporate screening as an integral component of ER assessment. Staff and physicians were challenged during the peak weeks and months to manage patients utilizing strict infection control precautions including masks, gowns and gloves while excluding family members from the patient's bedside and under a veil of uncertainty about their own safety. They were our heroes.
- Implementation of the Emergency Department Management System (EDMS) in our ER has been an outstanding achievement for our broad-based multidisciplinary team. The initiative fully supported our CVH mission and vision:
 - *Excellence in Patient Care* – The tracking and monitoring of each individual patient improved dramatically. Information on the patient is now quickly and easily accessible from anywhere in the department. The white board and manual lists are gone.



- *Leadership* – This innovative information system was a first for any Meditech hospital in Canada. Its approach has been to understand our current issues and implement an improved process where it makes sense.
- *Teamwork* – This project pulled together a team from many departments to implement some major improvements, both in the ER and in other departments.
- *Accountability* – Our ability to track and understand patient flow is improving with this system. From analysis, we can more effectively and efficiently manage our resources.
- *Partnership* – Our partnership with Meditech has enabled us to implement a system that helps address our unique Canadian requirements. Through our improved visibility with this system in healthcare, we improve our access to knowledge to better serve our community.

This initiative has contributed to knowledge, innovation, and improvement in the following ways:

- At a glance, you can tell what is going on in the ER
 - Online work lists for staff
 - Finding a patient is easier with active patient lists
 - Improved workload management for physicians
 - Ability to understand a patient's status / results from a common screen
- The emergency nursing team was recognized for their outstanding leadership and contribution to nursing with two nursing recognition awards: the nursing award for leadership going to Janet Cadigan, nurse manager and Janice Whitford, nurse educator.
 - The trauma and error reduction committees are two new multidisciplinary initiatives implemented this past year to address continued improvement in the quality of care we deliver to our patients.

Obstetrics

- The big story for obstetrics this year is the high volume of deliveries with a record 4730 deliveries for the year ending April 2003 to March 2004. The Credit Valley Hospital is second only to North York General Hospital in numbers of births at regional maternal-newborn centres in the GTA. The labour and delivery unit at CVH has been challenged by the increase in the number of births and the space limitations of the existing facilities. Plans for the new maternal-child wing (A and H) include space for an early labour assessment unit, 15 labour and delivery rooms and 34 obstetrics beds to manage the current volume of obstetrics patients.
- The early labour assessment unit (ELAU) opened in October 2003 to help manage the high volumes by improving throughput and quality of care for obstetrics patients, until such time as the capital expansion is complete.
- An additional four-bed unit was opened on the inpatient obstetrics unit, 3C, as well.



Paediatrics

The CVH Satellite Paediatric Oncology Program was officially recognized by the MOHLTC as a member of POGO's Provincial Paediatric Oncology Satellite Program, one of four satellite programs in the province. The formal provincial Paediatric Oncology Group of Ontario (POGO) designation requires commitment to ensure that medical, nursing, pharmacy, radiology, laboratory staff and other members of the health care team have the required

skill and clinical knowledge to assume responsibility for care of these patients in a satellite setting. Despite being the most recent POGO designated program, CVH has continued to expand the program base such that CVH has the second highest volumes of the four provincial satellite centres with 546 outpatient visits, 60 admissions and 214 patient days for 2003/04.

Transition of the Newborn Project

- A joint initiative with the obstetrics program team was undertaken to promote family-centered care by keeping more newborns with their mothers at the time of delivery and decreasing admissions to our special care nursery. The transition of the newborn project addresses practice changes to facilitate the transition from an intrauterine to extrauterine environment that occurs during the first six to 12 hours of life. Transition care includes skin-to-skin contact by placing the infant on the mother's chest immediately after delivery with minimal to no suctioning. To encourage this practice on a consistent basis, a "transition" nurse was utilized for a six-week period to provide assessment, education and mentoring to staff and physicians. The admission rate to Special Care Nursery has decreased from 25.5 percent (for 2002/03) to 15.2 percent for the six months since implementation of this project in October 2003.



Paediatric MRI Program

- A program was developed by members of the multidisciplinary team including, diagnostic imaging, paediatric nursing, respiratory therapy and child life staff, to provide conscious sedation, diversion therapy, education and other supportive measures for children undergoing MRI procedures.

Rehabilitation

- 1D Rehab unit - In collaboration with pharmacy and information systems, a system was developed to print a one-page, computer generated script identifying all the medications a patient is taking. This saves time, decreases errors, improves information sharing and facilitates discharge planning.

- OR - The multidisciplinary staff on the unit have significantly enhanced their expertise with regard to caring for stroke patients. They have attended workshops, accessed certification programs through the Heart and Stroke Network, participated in giving and going to workshops and participated in a GTA Stroke Network research study evaluating the transition of stroke patients from the institution to the home environment.
- OR - The multidisciplinary staff have developed a staff group to identify, share and learn about best practices in geriatric care, and explore strategies to support a more elder friendly environment. The geriatric assessment unit team has revised and enhanced its program definition, its assessment tools and its documentation.
- The acute care physiotherapists have teamed with the occupational health kinesiologist to develop and provide a presentation to nurses focusing on the importance of mobilizing patients, the complications of bed rest, a review of transfer techniques as well as back wellness. The goal is to enhance the safety of the patients and the nurses when patients are being transferred to or from bed, to decrease workplace injuries and to increase awareness of the availability of physiotherapy and kinesiology staff for consultation in this area.

Death With Dignity

- Credit Valley, together with the Community Care Access Centre of Peel, community agencies and local funeral homes, have been working together to remove barriers to appropriate palliative care in the home. One of those barriers has been the pronouncement of death when the patient dies at home. In November a pilot project between the caregiver agencies and The Credit Valley Hospital began, allowing the community/visiting registered nurse to pronounce death in the home. The death certificate would then be completed by a physician within 24 hours. Participating funeral homes transfer the deceased directly from home and arrange to pick up the death certificate from the hospital after it has been completed.

Mental Health Services

- The mental health child and family program along with adult outpatients services (START day hospital, eating disorders and schizophrenia) temporarily relocated to new office space in the community. The programs now reside at 25 Watline until the summer of 2005 at which time they will move back to new space in the ambulatory care centre.
- The hospital now has two programs located in the community, mental health and renal care services.

Respiratory Therapy



GlaxoSmithKline made a significant donation to the hospital, a portion of which has been designated to expand the asthma education centre to accommodate the adult population. The centre will focus on GSK's PRIISME approach to healthcare. PRIISME stands for Program to Integrate Information Services and Manage Education. The program was created to provide more integrated and coordinated care to patients with chronic disease at a primary care level.

Laboratory

- The Credit Valley Hospital has been granted continued accreditation by the American Association of Blood Banks (AABB). AABB accreditation is voluntary and involves an intensive on-site assessment by specially trained surveyors who determine that the level of medical, technical and administrative performance within the facility meet or exceed the established standards. By seeking and successfully meeting the accreditation requirements, The Credit Valley Hospital joins Sunnybrook Health Science Centre in Toronto and The Queen Elizabeth II Health Sciences Centre in Halifax, NS and approximately 2000 international healthcare facilities who have earned this much coveted AABB accreditation.

Quality Management

- The quality facilitators and pathway coordinator supported nine hospital programs while the risk management specialist provided corporate wide support for patient safety. This support included case review, development of documents guiding clinical practice, clinical focus studies and quality indicators.
- Project highlights for the past year include:
 - Preprinted Physician Orders – enteral nutrition ICU, peritoneal dialysis catheter implantation, elective cardioversion, hypertension in pregnancy, preoperative.
 - Clinical Pathways – colorectal resection, transurethral resection of prostate (TURP), stroke rehabilitation.
 - Guideline Development – surgical antimicrobial prophylaxis, urinary tract infections in children, blood transfusion.
 - Clinical Focus Studies – uterine artery embolization.
 - Culture of safety assessment completed in January 2003.
 - Automated incident-reporting program implementation.

Donor Support

- In February, the R.A. Bloch Foundation pledged \$750,000 (USD) to build the first Cancer Survivors Park in Canada at Erin Mills Parkway and Credit Valley Road. A Cancer Survivors Park is the brainchild of the renowned and much acknowledged Richard Bloch, founder of H & R Block. Himself a cancer survivor, Mr. Bloch has devoted many years to the creation of a supportive environment for those who have been afflicted with cancer. The park will include three key elements to the garden. A *Positive Mental Attitude Walk*; an art presentation of *Eight Life Size Bronze Figures Passing Through a Maze* representing the experience of fighting cancer, and a *Road to Recovery Walk*.
- The Kresge Foundation also pledged \$750,000 (USD) to help complete The Carlo Fidani Peel Regional Cancer Centre. This challenge grant is contingent on The Credit Valley Hospital raising an additional \$4 million in new gifts by May 2005 while also broadening its base of philanthropic support. The Kresge Foundation, an independent, U.S. private foundation headquartered in Troy, Michigan, was created in 1924 by the personal gifts of Sebastian S. Kresge “to promote the well-being of mankind.”
- The WB Family Foundation has provided \$5 million to the Foundation’s capital campaign as a result of personal experience with long waiting times for



diagnostic tests. The donation is designated for the purchase of a second Magnetic Resonance Imaging (MRI) unit and second CT scanner. While Credit Valley has yet to install the second new state-of-the-art Philips MRI machine — it plans to shortly — the second CT scanner has already led to a 40-per-cent reduction in waiting times for diagnostic tests.

Diagnostic Imaging

- The imaging department was re-accredited for mammography with no corrections or revisions required by the Canadian Association of Radiologists Mammography Accreditors.

The Good Will Tour

- Peel Police Department and Credit Valley have created a unique information-sharing opportunity which has resulted in improved communication, understanding and working relationships between health care workers and the police, especially in the emergency department. Police officers accompany a

variety of individuals to Credit Valley's emergency department, who may require medical assessment and treatment, such as victims of violence, car accidents, those suffering from a mental health disorder and 'the criminal element' to name a few. Occasionally, officers who are wounded while on duty will become our patients. The Good Will Tour was an eleven-week "exploration" and discussion about how to work better together. A protocol was developed, arising from the agreed upon resolutions and commitments. Decisions were made addressing such issues as when, where and how to triage those escorted to the emergency room by police; the transfer of care from police to ER personnel, treatment decisions, information sharing, confidentiality, and key communication contacts.

Medical Administration

- Medical administration was awarded a grant from the Ontario Cancer Research Network to support more clinical trials at CVH. The grant also provides additional clinical staff for oncology research activities within the oncology program.

Health Information Management

- Health information management implemented coding for all oncology and renal clinic patients. This information is sent to the Ministry of Health and Long-Term Care as part of the ambulatory data capture for the province of Ontario.
- Health information management developed labels for use in scanning patient records. This reduces the chart preparation time and increases the accuracy of the scanning procedure

Volunteers Youth Program

- 155 new volunteers were recruited to join our existing 126 enthusiastic youth, contributing over 14,280 hours. To support the development of our youth program, a Youth Committee was established. Committee members were selected based on their contributions to the hospital, reliability and initiative. A new volunteer position of youth team leader was created. These outstanding youth assist in a variety of roles including orientation, volunteer follow up and leadership.

2003 Provincial Election Health Issues Panel

Credit Valley wanted to ensure the needs of the patients and families we serve were top of mind among the candidates running for elected office in the ridings immediately surrounding the hospital. To do so Credit Valley took the unprecedented step of hosting the hospital's first candidates' panel. Ontario Hospital Association interim president, Hilary Short, said the magnitude of event was unprecedented in Ontario hospital history.



CVH on Rogers Cable



Credit Valley Hospital participated in a special two-hour Health issues panel discussion and phone-in show on Rogers Cable television. Hosted by Gabriel Khayatt from the Mississauga Board of Trade during Mayor Hazel McCallion's normal time slot, chief of staff, Dr. Barbara Clive, chief of medicine, Dr. Ron Grossman and nursing director, Shelley DeHay-Turner took time from their very hectic schedules to reinforce the world-class expertise and experience provided to our patients and families.

Shared Services West

- The Credit Valley Hospital, Halton Healthcare Services, Trillium Health Centre and William Osler Health Centre own and operate Shared Services West Regional Materials Management. Leveraging the supply, service and equipment requirements of the four hospitals provides the group with volume buying discounts and improved service and responsiveness from our vendors. SSW also works closely with HealthPRO, a national group purchasing organization, to purchase commodity items with specialty products, equipment and services contracted regionally. In its first three years of operation, SSW's conservatively calculated savings for CVH in this area total \$2,500,000 and \$12,000,000 for the region. CVH also continues to achieve process efficiencies and high service levels through its participation in the just-in-time inventory management system.
- Regional savings for fiscal year 2004/05 will exceed \$5,000,000, of which \$1,000,000 are forecasted for CVH. Contract management, service and value to clients at CVH will continue to be improved through the review and implementation of "best practice" in supply chain management.

ANNUAL REPORT OF THE CHIEF OF MEDICAL STAFF

We opened the year garbed in N95 masks, surgical gowns and gloves. Never before have we been so acutely aware of the personal risks we take as health care professionals when we are caring for others. The SARS crisis necessitated closures of clinics, canceling of operations and barring of visitors from the hospital – actions which are against the basic principles we hold as caregivers: to provide needed care to patients and their families in an open, friendly, calm and secure environment. We were asked to provide or deny care based on how essential or urgent it was, necessitating the wisdom of Solomon. This event changed the future of hospitals both physically, with the addition of negative pressure rooms and new equipment for personal protection from infection and philosophically, with a change in the balance between a sterile environment with potential health risks versus a place for family and friends to share moments of joy or grief. Things will never be the same in hospitals around the world.

However, through this there have been many accomplishments to recognize and celebrate.

In May 2003, in the midst of our second round of SARS, we quietly received a notice of our fifth successful accreditation with no recommendations.

We have begun to build the organizational structure of The Carlo Fidani Peel Regional Cancer Centre to support its administration and to recruit the physicians and staff. Dr. Thomas McGowan was welcomed as the medical director of radiation oncology. Dr. Leonard Kaizer, on staff since 1985, was appointed the medical director of systemic therapy. We look forward to the growth of these divisions and the addition of the medical director of surgical oncology in the near future.

The Credit Valley Hospital has completed the negotiations with The Ontario Cancer Research Network to become the first community hospital and the second hospital in the province to participate in the OCRN Tumour Bank Project. Samples of different tumour types are catalogued and saved for subsequent research – both academic and privately sponsored. This project requires the collaboration of our departments of surgery, oncology and laboratory medicine along with research administration for its success. I wish these groups much success in their endeavors to contribute to work being done to find cures for cancer.

In keeping with our regional paediatric role, our membership to the Paediatric Oncology Group of Ontario was launched in November 2003 under the leadership of Dr. Pamela Coates and Dr. Hanna Erez. In less than a year from this announcement, we are already one of the busiest POGO satellite sites in the province.

Changes in medical leadership over the past year included the reappointment of Dr. Marino Battigelli for a third term as the chief of psychiatry reflecting his outstanding leadership. His department faced significant upheaval with a move off-site because of the encroachment of construction. In the Spring of 2003, Dr. Athayde stepped down as

the chief of anaesthesia and medical director of the operating room. We appreciate his hard work and tenacity in leading his department and in guiding the smooth running of the operating room under a tight schedule and in cramped quarters. A search committee has been struck for a new chief of anaesthesia. Drs. Tom Short and Mathias Gysler must be thanked for quickly stepping in to the void as the operating room director and acting chief of anaesthesia respectively.

We thank Dr. William Geddie for his 17 years of quiet, competent leadership as our infection control officer. He has our best wishes as he pursues a career at the University Health Network.

Dr. Clarkson, chief of family medicine, was appointed as the infection control officer in September of 2003, and then adeptly led us through an influenza outbreak starting only three days before the December holidays.

Kudos goes to Dr. Srigley and the laboratory staff for a second annual accreditation by the American Blood Bank Accreditors in December 2003.

Dr. Barsky and the imaging department staff successfully completed a second accreditation from the Canadian Association of Radiologists Mammography Accreditors in September 2003 for a three year accreditation.

Congratulations to Dr. Letovsky in being appointed as full professor at the University of Toronto.

A special thanks goes to all of the staff for their patience in providing outstanding patient care in the cramped quarters existing in every area and throughout the upheaval of renovations in areas including the operating room, endoscopy and emergency department. In the midst of turmoil the kind gestures, warm smiles and compassion complement their skills and judgments.

We are *knocking on the future* and when the door opens, we will gratefully submit to the expanded space as we are bursting at the seams. We will welcome the new space and the accompanying challenges in continuing to provide world class care – right here.

Respectfully submitted,



Barbara Clive MD, FRCP(C)
Chief of Medical Staff

ANNUAL REPORT OF THE CHAIRMAN OF THE CREDIT VALLEY HOSPITAL FOUNDATION

A Letter To Our Community

To make progress is to undertake a journey. Our journey this past year has been one of institutional self-discovery, of recognition of our world class achievements in the delivery of outstanding health care, of financial success to date in our campaign and of the joy of increasing our donor family by more than 5,000 new members.

Following formal approval, construction of The Carlo Fidani Peel Regional Cancer Centre began and our campaign for \$50 Million was launched. Many responsible citizens and companies began their pledges to help Credit Valley become more than it is and all that it can become.

Eight gifts of more than \$1 million each have been received to date. Revenue from our new donors grew to more than \$2.9 million, twice what we received last year. The average gift to our foundation doubled and our monthly giving program increased by 63%. Our direct mail program grew by 12% at a time when other charities experienced declining revenue. This past fiscal year, more than \$6 million in cash was received.

We believe our success on this journey is due to those in our community who recognize the importance of the availability of *World Class* health care *Right Here* in their neighbourhood. We salute the achievements of our physicians, who despite overcrowding, continued to provide round-the-clock care to our burgeoning number of patients. We are proud that Credit Valley has been designated one of four provincial satellite centres of the Paediatric Oncology Group of Ontario (POGO). We honour the dedication and overtime given by so many of our caring staff whose first pledge is to the care of our patients.

We thank our three volunteer boards for taking this journey with us and for prudently providing their expertise, governance and their own campaign gifts demonstrating their genuine belief in the quality and needs of The Credit Valley Hospital.

We believe The Credit Valley Hospital has a distinguished future and are proud as a Foundation to collaborate with them, raising money for their urgent needs. To have a noted *World Class* hospital *Right Here* in our community is a privilege and a responsibility. As we work to raise the final \$16 Million of our \$50 Million Capital Campaign, we hope we can count on you to contribute to your health care needs and those of your family and friends.



Michael Murphy
Chairman , The Credit Valley Hospital Foundation

KNOCKING ON THE FUTURE



- The 5th day of the 5th month of the 5th year (May 5, 2005) will mark the mid-way “move-in” point into The Carlo Fidani Peel Regional Cancer Centre and Ambulatory Care Centre. Operation 555 is “code” for the activities surrounding the preparation for the big move next year.

- In March 2003 construction of The Carlo Fidani Peel Regional Cancer Centre and Ambulatory Care Centre began. The centre is planned to be open and operational by May 5, 2005.



- By the end of December 2003, the centre was shelled in. Work was well underway for internal fittings.
- By the end of June 2004, tenders are expected to go out (pending MOHLTC approval) for the hospital’s long-

awaited “A” wing as well as “H” wing. “A” wing, located at the north-east end of the hospital will house two floors of complex continuing care and palliative care units. The upper two floors are designated for the regional maternal child program (paediatrics and perinatal inpatient care).

- “H” wing will include a second floor for the laboratory. The third floor will house portions of the regional maternal child program (labour and delivery, and neonatal intensive care unit).

- Plans are being developed for a regional women's health centre and outpatient perinatal care. Construction is expected to be underway by the Fall of 2004.



- Objectives to address the hospital's strategic directions were completed for the 2003/04 fiscal year. For the 2004/05 fiscal year, an interdisciplinary process was followed involving the various hospital departments, clinical program teams, medical staff leadership, senior management and the Board of Governors. Incremental resources required for the initiatives will be provided through operational savings, created through a performance benchmarking review being carried out by an objective third party review team.

KNOCKING ON WOOD

If a hospital is meant to be a place where people can receive personal care and healing from the professionals who work there, why shouldn't that place offer a caring, healing environment to complement that experience?

The idea of creating a healing environment by transforming natural products like wood, natural light, water and flowers into a building that would otherwise be comprised of steel, artificial lights and piped in music makes most people think of expensive, unworkable designs, and personal safety.

But wood advocate Gary Williams of Timber Systems in Markham, Ontario knows it doesn't have to be that way. The company that he founded in 1980 has been extolling the natural benefits of engineered wood products, or wood framing, in large commercial structures for nearly 25 years.

When The Credit Valley Hospital officially opens The Carlo Fidani Peel Regional Cancer Centre and Ambulatory Care Centre next year it will become a signature project for Williams. The wood design will come to life in the new hospital lobby and as part of the lantern structures along the west side of the building that will flow healing, natural light to those who need it the most.

"Upon its completion the Credit Valley project will be the most complicated and ambitious wood structure in North America," says Williams. "It will become a trademark design for our company."



The Douglas fir wooden beams are from the forests of British Columbia and will adorn the new main lobby and the cancer treatment areas. The frames are called 'glulams' – or glued laminates - that can then be engineered into virtually any shape. In the case of Credit Valley's design, they are meant to replicate large trees that let light flow through into an open and inviting complex.

The beams that are exposed at this point of construction are a story unto themselves. They were transported across the country on 12 tractor trailers. The total load would be roughly equal to delivering 60,000 residential two-by-four strips of lumber.

And although the wood materials and overall feel of the new building has a certain cache, Credit Valley president and CEO Wayne Fyffe insists it is a cost-efficient project for tax-payers and the right design for patients.

“It is no costlier than steel,” says Fyffe. “And, as we learned from 9/11, steel melts in a fire. We have adapted a European fire retardant technology in the new building, especially designed for wooden structures like ours.”



Similar wood glulams will also overhang the cancer treatment bunkers to support a glass facing that will allow patients and their caregivers to benefit from the warmth and brightness of natural light. The patients will be able to see through the glass, while those on the outside won't be able to see in; only the light will penetrate this unique outer shell.

“We are doing our best through the use of wood, trees, water, flowers, fish and so on, to create a healing environment for our patients,” says Fyffe. “It has been proven that patients heal faster if they are in a pleasant, healing environment. This expansion of Credit Valley is merely the latest adaptation of that commitment to those whom we serve.”

REPORT OF THE PRESIDENT OF THE CREDIT VALLEY VOLUNTEER PARTNERS

Our 705 volunteers provided 71,000 hours of support in 60 areas of the hospital this year. We applaud them for their selfless devotion to the success of the hospital. Their donation of hours, as valuable as any cash donation, provides oil for the hinges on that door to the future!

Ten volunteers have completed a ten-week off site course in palliative care. They are now supporting patients and their families. This has been a very successful collaboration between our volunteer department and the Cancer Society. Volunteers in the emergency department, patient information desk and the Gift Shop have also completed and enjoyed training in the Our People Care Program.

Our fundraising, despite the negative effect of SARS on our Gift Shop sales and other fund raising events, has once again generated sufficient funds to support our third donation of \$200,000.00 towards the ongoing pledge of \$ 1,000,000.00. Well done everyone and keep up the superb efforts.

Our fountain of youth is also overflowing and we are at the maximum number of youth volunteers that can be housed in our present facility. In the past year, our youth coordinator, Elizabeth Cochrane, has facilitated the formation of a youth council to monitor the effectiveness and manage the assignment schedules of all of our youth volunteers. Our youth volunteers will provide an increasingly important role in future activities in the hospital.

The Gift Shop has been given a temporary new façade and layout until the move to new premises in the new wing. The recruitment of a new full-time manager for the Gift Shop will give a much-needed boost to our fundraising efforts and a continuation of our pledge.

No volunteer report would be complete without mention of the excellent help and support provided by our volunteer staff, Deb and Sheri, who enable us to do all the things we do. Our strategic plan, which covers the period of transition, is designed to take us into the future and continue to open the doors to new ideas and improvements.

We are proud to be given the opportunity to be among the first inhabitants of the new wing of the hospital and rest assured your knocking will be answered by a group of volunteers ready to provide care and support of the highest quality into the future.

Respectfully submitted,



Jill McGill
President, Volunteer Partners Board

2003/04 OPERATING SUMMARY

AUDITORS' REPORT

The Credit Valley Hospital

CONDENSED BALANCE SHEET

As at March 31

	2004	2003
	\$	\$
	[000's]	
ASSETS		
Current Assets	24,080	17,137
Long-term receivable	2,633	1,393
Long-term investments	31,536	50,650
Capital assets, net	150,127	102,541
	208,376	171,721
LIABILITIES AND NET ASSETS		
Current Liabilities	33,367	20,440
Long-term debt	5,017	5,071
Accrued post-retirement benefits	4,163	3,798
Deferred capital contributions	134,547	113,023
Net Assets	31,282	29,389
	208,376	171,721

CONDENSED STATEMENT OF OPERATIONS

Year ended March 31

REVENUE		
Ontario Ministry of Health and Long-term Care grants	172,602	151,696
Other revenue sources	39,738	38,615
	212,340	190,311
EXPENSES		
Salaries, wages and employee benefits	147,968	134,158
Supplies and other expenses	27,022	26,390
Drugs, medical and surgical supplies	25,031	22,456
Depreciation	10,426	9,852
	210,447	192,856
Excess (Deficiency) of revenue over expenses for the year	1,893	(2,545)

AUDITORS' REPORT

The above condensed balance sheet and condensed statement of operations are derived from the complete financial statements of The Credit Valley Hospital as at March 31, 2004 and for the year then ended on which we expressed an opinion without reservation in our report dated April 30, 2004. The fair summarization of the complete balance sheet and statement of operations is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the condensed balance sheet and condensed statement of operations.

In our opinion, the above condensed balance sheet and condensed statement of operations fairly summarize, in all material respects, the related complete balance sheet and statement of operations in accordance with the criteria described in the Guideline referred to above.

This condensed balance sheet and condensed statement of operations does not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that this condensed balance sheet and condensed statement of operations may not be appropriate for their purposes. For more information on the Hospital's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Toronto, Canada,
April 30, 2004.

Chartered Accountants

Copies of the complete audited financial statements are available upon request.

SALARY DISCLOSURE STATEMENT 2003

HOSPITAL	LAST NAME	FIRST NAME	POSITION	SALARY	BENEFITS
The Credit Valley Hospital	ANDERSEN	HELEN	Admin. Director, Program Management	\$119,553.67	\$372.15
The Credit Valley Hospital	BACHLE	MARG	VP, Nursing	\$178,793.73	\$7,151.88
The Credit Valley Hospital	BANDLER	NORMA	VP, Resource Development	\$185,689.53	\$9,425.60
The Credit Valley Hospital	BOWIE	JAMIE	Director, Information Systems	\$120,869.77	\$381.39
The Credit Valley Hospital	CAZZIN	DENNIS	Business Manager, Pharmacy	\$101,792.29	\$318.52
The Credit Valley Hospital	CHAPMAN	CORRINE	Admin. Director, Program Management	\$121,695.10	\$372.15
The Credit Valley Hospital	DAY	CONNIE	Assoc. VP. Medical Administration	\$107,335.45	\$6,674.82
The Credit Valley Hospital	DEHAY-TURNER	SHELLEY	Nursing Director	\$118,291.05	\$363.02
The Credit Valley Hospital	DONOHOE	ANTHONY	Psychologist	\$101,936.47	\$301.37
The Credit Valley Hospital	DOUGLAS	BEVERLY	Nursing Director	\$116,358.50	\$372.15
The Credit Valley Hospital	ERDMAN	JOHN	Psychologist	\$102,134.69	\$301.37
The Credit Valley Hospital	FELTIS	TIMOTHY	Pathologist	\$210,826.66	\$678.68
The Credit Valley Hospital	FINE	SHELDON	VP Peel Regional Cancer Centre	\$151,326.91	\$693.20
The Credit Valley Hospital	FITZGIBBON	TERRY	Business Manager, Foundation	\$104,299.74	\$335.58
The Credit Valley Hospital	FYFFE	WAYNE	President	\$307,872.16	\$9,776.95
The Credit Valley Hospital	GEDDIE	WILLIAM	Pathologist	\$173,810.38	\$430.44
The Credit Valley Hospital	GERMAIN	DAN	VP, Finance	\$178,793.74	\$7,151.88
The Credit Valley Hospital	HILLEBRAND	NICOLETTE	Director, Pharmacy	\$112,860.52	\$361.41
The Credit Valley Hospital	HODGES	SHARON	Nursing Director	\$121,776.89	\$372.15
The Credit Valley Hospital	HOLLOWAY	ROBIN	Psychologist	\$101,936.49	\$301.37
The Credit Valley Hospital	HOPE	DAVID	Capital Project Manager – Design	\$116,689.17	\$378.35
The Credit Valley Hospital	JOHNSON	WENDY	Director, Community Relations / Comm.	\$116,315.21	\$355.32
The Credit Valley Hospital	JOYNER	MRIDULA	Campaign Director	\$107,699.26	\$344.52
The Credit Valley Hospital	KEEBLE	MYLES	Director, Financial Services	\$115,439.96	\$341.25
The Credit Valley Hospital	KING	DOUGLAS	VP, Support Services	\$178,793.73	\$7,151.88

The Credit Valley Hospital	LANG-BERKOWITZ	ANNE MARIE	Admin. Director, Program Management	\$116,195.22	\$372.15
The Credit Valley Hospital	LO	VINCENT	Director, Psychology	\$110,199.26	\$344.52
The Credit Valley Hospital	LUMSDEN	KARYN	Director, Rehabilitation	\$112,699.25	\$344.52
The Credit Valley Hospital	MACDONALD	BONNIE	Psychologist	\$101,936.49	\$301.37
The Credit Valley Hospital	MARTIN	BARBRA	Director, Social Work	\$108,142.37	\$328.56
The Credit Valley Hospital	MERCURI	PAT	Admin. Director, Program Management	\$118,695.29	\$372.15
The Credit Valley Hospital	NOBLE	RON	VP, Corporate Planning	\$178,793.71	\$7,151.88
The Credit Valley Hospital	OLD	DONALD	Director, Imaging	\$111,346.49	\$338.73
The Credit Valley Hospital	RESNICK	MARTIN	Psychologist	\$101,936.40	\$301.37
The Credit Valley Hospital	ROWE	DAVID	Senior Vice President	\$233,089.86	\$7,663.89
The Credit Valley Hospital	SPEEVAK	MARSHA	Cytogeneticist	\$120,028.47	\$389.82
The Credit Valley Hospital	SUE CHUE LAM	ANDREW	Pathologist	\$210,826.70	\$678.68
The Credit Valley Hospital	SYER	FRANK	Capital Project Manager – Construction	\$116,689.17	\$378.35
The Credit Valley Hospital	TRIANO	TINA	Vice President – Foundation	\$100,557.50	\$316.34
The Credit Valley Hospital	TURNER	LYNNE	Director, Health Records	\$101,202.33	\$305.46
The Credit Valley Hospital	WRIGHT	YVONNE	Director, Cardiopulmonary	\$108,142.38	\$328.56

*Salary paid may include any or all of the following: base salary, retroactive pay, grievance settlement, deferred bonus plan, and other taxable earnings shown in Box 14 on an individual's T4 (excluding taxable benefits). Prepared in accordance with the Public Sector Salary Disclosure Act, 1996.

2004 CAL GUTKIN AWARD NOMINEES

The Dr. Calvin Gutkin Award was established in 1995 to recognize outstanding achievement by a team/ individual who has made a significant quality improvement. The Team Award was open to all members of the hospital and medical staff.

This year the ballot was revised to link the principles of quality improvement to the efforts of strategic change. The criteria includes:

- * Teams/individuals leading quality improvements
- * Improvement description which reflects the significance of the initiative
- * Data/information analysis which uses data and/or information to support such an initiative
- * Implementation reflecting the method and processes used for change
- * Outcomes/sustaining outcomes - keeping the gains

This year, there are six nominations for the 2003 Dr. Calvin Gutkin Quality Award. The ballots will be evaluated by an awards committee comprised of:

- * Committee Chair: Chair - Board Quality Care Committee CVH
- * VP representative from Quality Council - CVH
- * Director, Quality Management CVH
- * MAC Representative - Physician
- * 1 representative QM Department staff
- * 1 representative of the service or other areas knowledgeable in quality improvement processes.

The quality award will be presented at the CVH Annual General Meeting on June 10, 2004.

Nominees for the award:

1. Transition of the Newborn – Pediatric/Obstetrics Programs:

This submission focuses on the work of a regional team in the development of evidenced – based guideline for transition of the newborn from inter-uterine to extra-uterine life. The goals include quality of care for patients and newborns with immediate skin-to-skin contact of the newborn with their mothers.

Team Members: Dr. Carol Wade, Dr. Kim Leveille, Dr. S. Hafiz, Lena Lloyd, Nancy Frank, Nancy Hardman, Sheryll Brimley, Laura Kirby, Trudy Wilson, Sophia Cabral, Cathy Walker, Patricia Peart, Urszula Mazur, Karen Thyne, Susan DeLeon, Vicki Smith, Cecilia Indovina, Joanne Lebrun, Brenda Wilson.

2. Perinatal Clinical Practice Case (CPC) Review Team – Perinatal Program

This submission focuses on the development of this CPC Review team. Goals include the identification of opportunities for improvement in clinical practice and process improvement and the investigation of trends and variances in practice and utilization through the review by an interdisciplinary team case review approach.

Team Members: Dr. Wilkinson, Dr. Kanee, Dr. MacKinnon, Marilyn Matthews, Cindy Noble, Lena Lloyd, Sheryll Brimley, Sophia Cabral, Cathy Walker

3. Hospital-wide Pain Initiative: Phase 1 – Nursing Pain Assessment and Documentation Sub-Committee

This submission focuses on a hospital-wide pain management initiative for the enhancement of patient care in the area of pain management. The goals include the identification of current pain assessment practices and tools, the development and implementation of standards for pain assessment and documentation.

Team Members: Cathy Kiteley, Lorraine Bird, Cathy Walker, Chris Zettler, Robert Prebble, Alima Ali, Susan Bird, Inge Bonnette, Debbie Grant-Shead, Madoline Baluca, Gerry Henry, Linda Palubiski, Janet Harms, Mary Cabral, Nancy Novak, Esmera Van Riemsdijk, Adrena Campbell, Brenda Wilson, Linda Evans, Maureen Kennedy, Lynn Wells, Joan Hillier, Helen Coulombe, Cheryl Hoare, Cathy Harrison, Mary Jo Baldwin, Annie Leung, Bev McLean, Sheryll Brimley, Peter Rughi, Laurie Goodman, Sylvie Pirro, Suzanne Tierney, Janice Whitford, Cindy Van Horn, Delayne Haasz, Lena Lloyd.

4. Partial Hospitalization Program – Mental Health

This submission focuses on providing a partial hospitalization for mental health patients that allows patients to be discharged home sooner with the continued access to a day program in the hospital for continued mental health inpatient services such as group work and medication education and compliance support. The goal is to smooth the transition of mental health patients from inpatients to outpatients.

Team Members: Louise Balian, Gail Cosgrove, Helen Andersen, Dr. Battigelli, Dr. Philips, Cathy Walker.

5. Emergency Department Information System – Emergency Department

This submission focuses on the better management of information flow and care processes in the emergency department by the implementation of information

technology. The goal is to improve efficiencies, workload management, and patient tracking during their ED visit.

Team Members: Avril Cardoso, Keri Brown, Carol Nelson, Bill Andreopoulos, Michael Durkacz, Dr. Samir Patel, Dr. Nick Scampoli, Bill Samuel, Whitnie Eves, Jackie Rodricks, Linda Clarke, Penny Wemekamp, Jana Janik, Cathy Harrison, Cheryl DeLugt, Janet Cadigan, Lisa Gray.

6. Satellite Pediatric Oncology Service – Pediatric Program Team

This submission focuses on the satellite program for pediatric oncology service at CVH in partnership with the Hospital for Sick Children (HSC). The goals include allowing care to be given closer to home, to support family centered care and enhance patient/family satisfaction.

Team Members: Dr. Hanna Erez, Dr. Pam Coates, Dr. J. MacKinnon, Dr. U. Ahmed, Colleen Butler, Anna Geraldine, Eve Poulin, Lorraine Bird, Mary Beth Reid, Brenda Zalter, Dr. Anthony Donohoe, Cindy Leng, Sandra Gabriele, Laura Harrison.