OUR VISION

Creating a healthier world, through our culture of caring and discovery

MISSION

St. Michael’s Hospital is a Catholic academic health care provider, fully affiliated with the University of Toronto and committed to innovative patient care, teaching and research. Established in 1892 by the Sisters of St. Joseph to care for the sick and poor, St. Michael’s Hospital remains dedicated to treating all with respect, compassion and dignity.

At St. Michael’s Hospital, we recognize the value of every person and are guided by our commitment to excellence and leadership. We demonstrate this by:

• Providing exemplary physical, emotional and spiritual care for each of our patients and their families
• Balancing the continued commitment to the care of the poor and those most in need with the provision of highly specialized services to a broader community
• Building a work environment where each person is valued, respected and has an opportunity for personal and professional growth
• Advancing excellence in health services education
• Fostering a culture of discovery in all of our activities and supporting exemplary health sciences research
• Strengthening our relationships with universities, colleges, other hospitals, agencies and our community
• Demonstrating social responsibility through the just use of our resources.

The commitment of our staff, physicians, volunteers, students, community partners and friends to our mission permits us to maintain a quality of presence and tradition of caring, which are the hallmarks of St. Michael’s Hospital.

OUR VALUES

Our Values represent the philosophy and beliefs of our organization, guiding all of our decisions and actions.

Human Dignity
We value each person as a unique individual with a right to be respected and accepted.

Excellence
We value quality in care, work life, education and research.

Compassion
We value a quality of presence and caring that accepts people as they are and fosters healing and wholeness.

Social Responsibility
We value integrity and the promotion of the just use of resources entrusted to us for the enhancement of human life.

Community of Service
We value a work climate of mutual trust and harmony to enable healing, collaboration and the fulfillment of human potential.

Pride of Achievement
We value our colleagues, our work and our accomplishments and take pride in bringing our rich tradition of hope and healing to every person in our care.
MESSAGE TO THE COMMUNITY

When the Sisters of St. Joseph founded St. Michael’s 120 years ago, they set out to provide health care to the disadvantaged people living in the inner city of Toronto. The mission and values that they set continue to drive the hospital to this day.

St. Michael’s is dedicated to treating all with respect, compassion and dignity. But in order to do this, two new imperatives have emerged: adding value to both the system and to patients and integrating with community care providers.

The concept of adding value is emerging as the province starts to reduce health care expenditures. Tax payers want to know that their tax dollars provide value. In health care terms, value goes up if quality goes up or if costs go down. Therefore, decreasing costs is just as important for high value patient care as increasing quality. The ideal, of course, is to both increase quality and reduce costs at the same time. St. Michael’s believes strongly that both can and must be accomplished in tandem.

While inpatient acute care is always our first priority, St. Michael’s acknowledges that as a major player in the health system we have an obligation to work with other providers to help improve care across the whole continuum – from a family physician’s office to the hospital to home care or long-term care. We do not have to choose between acute care and working with our community; rather we can and should do both.

Solid links into the community are crucial to our success. For example, our Family Health Team now has close to 30,000 patients registered in five separate locations to ensure community residents receive high quality primary care that helps prevent unnecessary hospitalization and facilitates effective follow-up after discharge from hospital.

We work closely with the Community Care Access Centre, Bridgepoint Health and Providence Healthcare so that patients who need alternative levels of care after hospitalization in acute care move to appropriate spaces quickly.

We are guided by our six dimensions of quality: patient safety, good outcomes, timely access to care, improving the patient experience, treating all patients equitably, and using our resources as efficiently as possible.

This year we have made great progress on the directions outlined in our strategic plan. Our annual report provides some of the highlights from 2011-12.

In conclusion, we would like to thank everyone who lives St. Michael’s values every day: our staff, physicians, volunteers and students. We are grateful to Tony Arrell and Tony Gagliano, retiring Board members, who have given hours of their time over many years to help guide the hospital. We are also very grateful to our partners on both the hospital and foundation boards for their contributions of wisdom, time and funds to the hospital.

Bill Morneau        Robert Howard, MD
Chair, Board of Directors,     President  & CEO,
St. Michael’s Hospital      St. Michael’s Hospital
Patient care
Patients want to be involved in discussions about their care – it improves both their experience in hospital and their safety. As part of becoming a Best Practices Spotlight Organization as recognized by the Registered Nurses’ Association of Ontario, St. Michael’s implemented 17 best practices including one called “transfer of accountability.”

Katie Olivier and Ramir Bugarin, RNs in the nephrology, urology and renal transplant unit, do their shift change briefing at the bedside of Lisa Henry so that she can participate.

Olivier notes, “It decreases anxiety for patients because they know who is responsible. They like to be included so they can have more in depth conversations with their health providers.”

Patients surveyed about the process say that it keeps them informed about their care. One commented, “It feels like a warm cocoon and that I’m taken care of.”
St. Michael’s provides care to local residents of a community that is known for its diversity; it includes people from all walks of life – from the homeless to business leaders to young urban condo dwellers. St. Michael’s also offers the most complex care to people from across the province with serious injuries resulting from trauma and critical illnesses.

**Accreditation**

During the winter, a survey team from Accreditation Canada spent a week at the hospital reviewing its practices. The survey team was extraordinarily complimentary about its experience at St. Michael’s. The lead surveyor told staff during a debriefing session, “Organizational values are demonstrated in every staff encounter with clients in every program and service every single time. Your mission, vision and values have gone viral.”

**Critical Care**

St. Michael’s is a major critical care resource for the province. The hospital is highly regarded for accommodating the greatest number of critically ill medical and neurosurgical patients from across Ontario. It provides the ultimate destination for the most complex critical illness. The Critical Care Department is a leader in advancing quality at St. Michael’s with a highly engaged staff, shared accountability and a positive culture. Academically, the department is widely recognized both nationally and internationally for its excellence in education and research.

**General Internal Medicine Innovation**

An innovative pilot, called the Rapid Assessment and Planning to Inform Disposition (RAPID) model, is finding ways to make the admission and process for Emergency patients going to the General Internal Medicine (GIM) unit more efficient. Approximately 20 per cent of all patients admitted from Emergency go to GIM. Traditionally, those patients wait a long time in Emergency and often are admitted to beds in units other than GIM where they do not receive the most effective treatment and care promptly.

RAPID helps the GIM unit discharge or transfer enough patients out of 14 Cardinal Carter to accommodate all incoming patients from Emergency. Patients are admitted to the right location where they are put on treatment plans quickly. If they have to be transferred elsewhere to free up GIM beds, they are moved when they are close to discharge.
The results have been extraordinary. Length of stay for GIM patients is close to two full days shorter than prior to the pilot. The number of patients being admitted to other services has dropped by 60 per cent. And, those who are transferred are much easier for the receiving unit to care for which makes both patient and staff satisfaction higher.

**Family Health Team turns two**
The St. Michael’s Family Health Team has opened five locations and provides primary health care and specialized services in a timely and accessible way. The team is committed to treating a number of priority patient populations that are complicated, time consuming and resource intensive.

The Family Health Team has one of the largest HIV/AIDS primary care practices in North America and a specialized methadone maintenance treatment program to respond to community needs. Physicians care for recent immigrants, transgender patients, the homeless or under-housed and mental health patients discharged from hospital without a family physician. Through a partnership with Toronto Public Health, the Family Health Team provides free dental services to low-income patients.

As of March 31, 2012, there were 29,425 patients enrolled with 55 physicians. Other members of the team include: three nurse practitioners, 13 registered nurses, four social workers, two pharmacists, two dieticians, and eight clerical staff.

The team provides education for students in medicine, social work, nursing, including nurse practitioners, clinical psychology, physiotherapy and chiropractic.

**Senior-friendly Hospital Strategy**
St. Michael’s has its first senior-friendly hospital strategy. Goals fall under three over-arching themes: organization-wide capacity building, access to specialized geriatric services and the physical environment based on senior-friendly design principles.

During the development of the strategy, a number of senior-friendly practices already in use across the hospital were identified including:

- A geriatrician sees every patient over 60 who has had a major injury or trauma.
- All patients 65 and older are assessed for frailty and their risk of falling before going home.
- Rates of delirium have fallen by 10 per cent thanks to a delirium assessment and prevention approach.
- As a result of the delirium prevention project, clocks and whiteboards have been installed in all patient rooms. Lights and the overhead paging systems are turned off at night and blinds opened in the day time so that patients have natural sleep patterns.
- Patients aged 65 or older are getting up and moving more often and for longer periods of time so that they don’t lose function while in hospital.

**Applying Best Practices to Nursing Care**
St. Michael’s became a Registered Nurses Association of Ontario’s Best Practices Spotlight Organization. Over 170 nurses in 33 units and clinics implemented and evaluated 17 best practice guidelines. Hospital-wide guidelines included establishing therapeautic relationships, professionalism in nursing and workplace health, safety and wellbeing of the nurse.

Nurses from each program selected additional best practices that they felt would most benefit their clinical work and patient population. Allied health professionals also developed best practices guidelines and are implementing them across the organization.

**Telemedicine Expands Reach of St. Michael’s Trauma**
St. Michael’s pilot to provide trauma assistance via telemedicine to five referring hospitals expanded greatly in 2011-12 to a 24/7 program to include Sunnybrook, the other trauma centre in the region, as well as the Ontario Telemedicine Network and Criticall Ontario.

The program is an example of how collaboration within the health care system works so that trauma patients receive immediate care. The trauma specialist can see the patient’s injuries via video and make a crucial diagnosis in real time.
Research
Dr. Sharon Straus, who is both a geriatrician and the director of the Knowledge Translation program, is an expert in taking research results and figuring out how to implement changes to clinical practice based on the findings.

She is the driving force behind Move On, a program to assess all seniors within 24 hours of their arrival in hospital, develop care pathways that ensure mobility and then, make sure that seniors are up and around at least three times a day.

Research shows that elderly patients lose muscle during hospital stays and that about one-third lose at least one activity of daily living when in hospital. With Dr. Barbara Liu from Sunnybrook Health Sciences Centre and colleagues from across Toronto, MOVE ON gets people moving early and often. Dr. Straus says, “The results can be significant – reducing lengths of stay, helping patients keep their day-to-day functioning, decreasing depression and allowing more people to return home rather than to long-term care.”

MOVE ON is being tested in 14 Ontario teaching hospitals, including St. Michael's.
Research entered a new era in early May with the opening of the Keenan Research Centre in the Li Ka Shing Knowledge Institute. The new building provides a fitting home to the St. Michael’s research enterprise.

It houses 420 research staff and 92 principal investigators, including basic biomedical research and clinical research including knowledge translation, with a major focus on disadvantaged populations.

Symbolically joined to the hospital by a stunning glass bridge, St. Michael’s research is committed to merging discovery with patient care. The goal is to accelerate the pace, identification and movement of promising approaches from the lab into the clinic.

The research priorities are aligned with the hospital’s programs and priorities.

<table>
<thead>
<tr>
<th>Research Priorities</th>
<th>Hospital Priorities</th>
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<tbody>
<tr>
<td>Basic/Translational/Clinical research</td>
<td>Heart &amp; Vascular</td>
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<tr>
<td></td>
<td>Trauma and Neurosurgery</td>
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<td></td>
<td>Diabetes Comprehensive Care</td>
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<td>Specialized Complex Care</td>
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<td>Critical Care</td>
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<td>Inner City Health Research</td>
<td>Inner City Health</td>
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<tr>
<td>Global Health Research</td>
<td>Caring for the Disadvantaged</td>
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<tr>
<td>Knowledge Translation Research</td>
<td>Quality Improvement agenda</td>
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</tbody>
</table>

As part of increasing the profile of research at St. Michael’s, the Li Ka Shing Knowledge Institute hosted an international advisory committee to provide advice and feedback. The committee were impressed by the calibre of researcher, and noted, “A clear return on investment in the Knowledge Institute is the attraction and recruitment of great clinician scientists.”

Research became a priority of St. Michael’s Hospital in 1999 and since then, has played an active role in shaping the hospital’s strategic priorities and supporting the mission of St. Michael’s. Over the last 10 years, research has experienced significant growth at a number of levels. The number of principal investigators has more than doubled and funding from Canada’s major granting agency, Canadian Institutes of Health Research, has increased tenfold.

**Impacting Health in Canada and World-wide**

The 2011-12 fiscal year was highly productive. Many of the research studies published had far-reaching implications for health care around the world. Of particular significance were the following:

- A clinical trial looking at how a new medication reduces the relapse rates and slows progression of multiple sclerosis.
- The discovery that a genetic mutation linked to higher rates of breast cancer may also play a critical role in regulating heart function.
- The development of a special, cholesterol-lowering diet that could make heart problems a thing of the past.
• The first publication from the Million Deaths study in India that has found an innovative method to determine the cause of death and make recommendations on how to prevent unnecessary deaths.
• The creation of an innovative video, 23 ½ hours, that has been translated into a number of languages and has gone viral with over 3 million hits on YouTube.
• Eight different studies by the Knowledge Translation program that are linked to quality improvement at St. Michael’s including delirium prevention and mobilization of vulnerable elders.
• Hosting an international colloquium to address pandemic planning in the critical care setting.
• Hosting a national symposium and summer institute on Knowledge Translation.
• Studies on the health care issues affecting the homeless including the severity and management of chronic pain among residents of homeless shelters, the increased rates of hospitalization for homeless patients (20 per cent higher), and the severity of tuberculosis in Toronto’s immigrant, homeless population.
• The completion of the POWER study, the most comprehensive report on women’s health in Ontario, after a six year research initiative involving 60 scientists.
• A high profile article highlighting the problem or unintentional discontinuation of medications after hospital admission or admission to the ICU.
• The development of Canada’s first newborn weight curves that can be applied to different ethnic groups.
• Research into the misuse of opioids, including OxyContin that demonstrated a compelling association between use of newer opioid drugs and opioid-related death. This research has significantly influenced legislation in Ontario regarding the use of these powerful but potentially harmful drugs.

Building a sustainable future
With the completion of the Keenan Research Centre, St. Michael’s is now engaged in looking at its long-term structure and sustainability. A three-year action plan was completed looking at key areas necessary for the future. The planning process was inclusive with close to 100 research staff involved in various working groups.

Themes emerged during the planning process: continuing to foster interaction and collaboration within research; development of a knowledge translation/quality improvement strategy between researchers and quality portfolios; looking for ways to demonstrate the impact of research within both St. Michael’s and more broadly; identifying alternative funding sources and models, particularly for the operating expenses of the research centre; and working closely with the St. Michael’s Hospital Foundation.
Education
Providing health care to the residents of Toronto’s inner city has always been an important part of St. Michael’s mission. Over the years, the hospital has developed a great deal of expertise in caring for the complex problems experienced by the homeless, those with HIV/AIDs, new immigrants to Canada and other vulnerable populations.

The Centre for Research on Inner City Health does research into both the health problems and the best care programs for people from the inner city. In 2011-12, the third pillar was added to our inner city expertise: an education program designed to share St. Michael’s knowledge with other health care professionals.

Vivian Trinh (left) came to St. Michael’s as an administrative resident, part of her own education journey. She was assigned to the Education portfolio and took part in getting the inner city curriculum pilot up and running.

Trinh worked closely with dietetic intern Shirley Walsh to examine the nutritional value of drop-in meals at shelters. The pair developed basic training for kitchen staff that included basic healthy eating guidelines, how to make healthy substitutions, nutritional needs of specific populations, and foods and diets from other cultures.
Our education journey began anew in 2007 when the strategic plan recognized that education at St. Michael’s had become very broad. Traditionally, the role was to work with medical students from the University of Toronto. Today, the experience for all students includes a simulation centre, continuing education and professional development for staff and physicians, and most recently, patient and family education.

Our vision goes beyond creating excellence in student education to include creating excellent patient outcomes through leadership in all aspects of education.

Like research, St. Michael’s Education portfolio moved into new space in the Li Ka Shing International Healthcare Education Centre in 2011-12, also a part of the Li Ka Shing Knowledge Institute. The new facility includes a student centre, health sciences library, a state-of-the-art simulation centre, 30 classrooms and a 200-seat auditorium.

While the audiences that Education deals with are complex, the core educational competencies are similar. The work undertaken enhances St. Michael’s capabilities and capacity in developing the tools, approaches and resources required to build effective education programs for all types of learning regardless of the student/learner population.

For example, building expertise in e-learning supports both staff within the hospital, patients and families who are either in the hospital or at home, and faculty who are developing their research or teaching skills.

At St. Michael’s Hospital, our approach to education is founded on the belief that everyone in the hospital is a student and everyone is a teacher. It is both as simple and as complex as that.

**Enhancing the Student Experience**

St. Michael’s engages the students fully – and not just the medical, nursing and health disciplines students but all students who come into the organization. In creating the best placement experience, we started right at the beginning by streamlining the registration experience and orientation. We want students to be part of our culture right from the beginning so that some will stay here to work.

In the next year, we will have a student council for those who are here on placements and we are working on a student engagement survey tool that will be piloted at St. Michael’s and eventually used in all of the Toronto.

We want to learn what it takes to ensure all our students are as committed to the hospital as our staff are.
Learning through Simulation
The 5,800 square Allan Waters Family Simulation Centre, opened in October 2011, allows students and health care workers to learn and practice new procedures and conduct research using computers and life-like mannequins.

The Centre includes a full-size operating room where trainees are put through real-life medical scenarios and crises to learn how to respond quickly and as a team. The operating room can also be turned into an Emergency trauma suite, an intensive care unit or a patient room on an inpatient unit.

At the centre of the simulation is a life-sized, anatomically correct mannequin that has a pulse, heart beat and breath sounds. It bleeds, sweats and cries.

Innovating with Professional Development
In the area of continuing education and professional development, St. Michael’s completed an internal and external environmental scan to determine what the learning needs of physicians and staff are.

In this area, the goal is to improve the quality of the work being done by developing the infrastructure to help people learn and teach each other. We are looking at tools for curriculum development, evidence-based approaches to adult learning, and ways to evaluate and share knowledge effectively. We are teaching the teachers how to teach ... better.

Technology will be an important part of this work. When the “students” are working 24/7, you need to make education convenient and accessible. Technology-based learning can do that very effectively.

Educating Patients and their Families
To some, patient and family education seems an unlikely part of an academic portfolio but at St. Michael’s, patient and families are seen as both students and teachers too.

Education opened a new patient and family learning centre in our busiest lobby that offers a wide range of resources with staff to help patients find the information that they need. We are also working with staff and physicians to help them develop their patient education skills so that they are better teachers at the bedside and in our clinics.

Education also provides an electronic patient education data base at stmichaelshospital.com. We are the first Canadian hospital to use this on-line tool that was developed by a U.S. company in collaboration with the Harvard teaching hospitals. There are more than 3,000 topics covered in up to eight languages each.

There is no question that our education journey is in its early days. Education has moved into its new building and launched activities in each key area; however, there is still much work to be done to realize the potential available. After all, in an organization dedicated to life-long learning, the journey will never be complete.
Our people are essential to enabling St. Michael’s achievement of excellence. Guided by our corporate human resources strategic plan, we will strengthen our support for all staff and physicians.

The only way that a hospital can provide great patient care, discover breakthroughs in health care and educate tomorrow’s health professionals is by attracting and retaining the best people. In 2010, St. Michael’s developed a strategic human resources plan to facilitate that.

This year, St. Michael’s conducted an engagement survey with both full-time staff and physicians. In both cases, the results showed a very high level of engagement with 73.9 per cent of staff feeling actively engaged with the hospital and 77.8 per cent of physicians.

Each year, St. Michael’s celebrates staff and physicians who epitomize the hospital’s values. The year’s winners were: Estrela Botelho, Clerical Assistant, Breast Centre won the Human Dignity Award; Julie Muravsky, Social Worker, Hemodialysis, won the Compassion Award; Abera Mamo, Automation Specialist, Engineering, received the Pride of Achievement Award; Jonathan Fetros, Clinical Leader Manager, Specialty Clinics, received the Social Responsibility Award; 7CCN Cardiac & Vascular Surgery Unit, Heart & Vascular Program, received the Excellence Award; and Muhammad Mamdani, Director, Applied Health Research Centre, won the Community of Service Award.

St. Michael’s Hospital uses the LEADS/Leaders for Life competency model as part of its strategy to develop people as leaders. The human resources plan also is developing capacity for change and growth.

For the fifth straight year, St. Michael’s was selected as a Best Employer for New Canadians for its work with providing opportunities to health care professionals who are new to Canada.

VOLUNTEERING TO ENHANCE ST. MICHAEL’S
Each year, hundreds of community residents work with the hospital to enhance the patient experience. Volunteers provide meaningful and compassionate services in our inpatient units, clinics, waiting rooms, and other specialty areas. Volunteers also support the foundation for fundraising and assist research scientists with their studies.

Many staff and physicians at St. Michael’s also volunteer to share their health care skills with those in developing countries. The annual mission to the Philippines is a good example. Last year, more than 20 St. Michael’s staff members used their vacation time and paid their own way to set up mobile medical clinics. The team saw more than 10,000 patients, performed 70 cataract surgeries and gave out 300,000 vitamins, thousands of eyeglasses and thousands of medical supplies.
It has been an incredibly exciting year with both physical space and information systems reaching major milestones. St. Michael’s Hospital opened the Li Ka Shing Knowledge Institute, a nine-storey, 31,000 square metre building that houses research and education.

In the fall, the Minister of Health and Long-term Care, Deb Matthews, announced that St. Michael’s has received approval to move forward with a massive redevelopment and building project that will include a 17-storey patient care tower on the northeast corner of Queen and Victoria Streets, a best in class Emergency Department, a new ambulatory area in the Queen wing and renovations to the Bond wing.

Diamond Schmitt Architects and DIALOG Ontario Inc. will lead the planning and design of the Queen–Victoria redevelopment project. The two companies, in partnership, will develop the guidelines and requirements for the design-build-finance contractor bidding process. Known as the planning, design and compliance (PDC) team, the two will also work with St. Michael’s throughout the project to ensure that construction and commissioning activities comply with design and quality requirements.

The roll-out of Computerized Practitioner Order Entry (CPOE) is now complete in all inpatient acute care units. CPOE is used for all types of orders including medications, laboratory tests, radiology examinations and patient care orders, from vital signs and dressing changes to nutrition orders. In the first seven months, nearly 550,000 orders were placed via CPOE by more than 700 physicians. That makes the utilization rate close to 96 per cent of orders, a rate far higher than the industry best practice rate of 85 per cent.

Pre-built admission order sets were developed by the clinicians at the beginning of the CPOE process. Use of these order sets drives the correct investigations and evidence-based therapies for different diagnoses and ensures that nothing is overlooked.

In today’s inpatient environment, where the patients are sicker and the care requirements more complex, the system gives alerts, cues and guidance to help clinicians provide the best care possible.

The completion of the CPOE rollout, in conjunction with the complete closed-loop medication management process, puts St. Michael’s in the top 0.2 per cent of Canadian hospitals, according to the Healthcare Information and Management Systems Society (HIMSS). St. Michael’s achieved HIMSS Level 6, one of only a handful of Canadian hospitals to achieve that level. HIMSS was introduced in 2005 to track electronic medical record adoption at hospitals and health systems internationally.
St. Michael’s looks at quality improvement under six key dimensions: safety, outcomes, access, patient experience, equity and efficiency. Like all hospitals, St. Michael’s submitted its first Quality Improvement Plan (QIP) to Health Quality Ontario. The plan identified 12 indicators with targets for the year.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010-11 performance</th>
<th>2011-12 target</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clostridium difficile (rate of infection per 1,000 patient days) lower score is better</td>
<td>0.42</td>
<td>0.42</td>
<td>0.37</td>
</tr>
<tr>
<td>Ventillator-associated pneumonia (rate of infection per 1,000 ventilator days) lower score is better</td>
<td>0.44</td>
<td>0.44</td>
<td>0</td>
</tr>
<tr>
<td>Hand hygiene compliance before patient contact higher score is better</td>
<td>26.6%</td>
<td>36%</td>
<td>52%</td>
</tr>
<tr>
<td>Hand hygiene compliance after patient contact higher score is better</td>
<td>37%</td>
<td>47%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Central line blood stream infections (rate of infection per 1,000 patient days) lower score is better</td>
<td>1.52</td>
<td>1.52</td>
<td>1.31</td>
</tr>
</tbody>
</table>

We made good progress against all but one indicator – the Emergency Department length of stay for admitted patients where we held our own despite a 10 per cent increase in patient visits. As required by the Excellent Care for All Act, executive compensation was linked to performance for the following indicators: hand hygiene, ER length of stay for admitted patients, total margin, Hospital Standardized Mortality Rate (HSMR) and readmission rates.

**Safety**

The QIP included five indicators within the safety dimension: rates of clostridium difficile, ventilator-associated pneumonia, hand hygiene compliance before and after patient contact and the rate of central line blood stream infections. St. Michael’s met or exceeded its targets on all five.

We made good progress against all but one indicator – the Emergency Department length of stay for admitted patients where we held our own despite a 10 per cent increase in patient visits. As required by the Excellent Care for All Act, executive compensation was linked to performance for the following indicators: hand hygiene, ER length of stay for admitted patients, total margin, Hospital Standardized Mortality Rate (HSMR) and readmission rates.
Outcomes

Two of the QIP indicators fall under outcomes. In both cases, we exceeded the target. HSMR, a measure of actual deaths at the hospital vs. expected deaths, continued to fall as it has since first reported in January 2008. The indicator for readmission within 30 days for patients with congestive heart failure is proving to be difficult to measure. While we can determine if a patient was readmitted to St. Michael’s, we do not have access to data to determine if our patients were readmitted to another institution.

### Indicator Table

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<th>2011-12 target</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Standardized Mortality Rate 100 is average, below is better than average</td>
<td>74</td>
<td>83</td>
<td>73</td>
</tr>
<tr>
<td>Readmission within 30 days for congestive heart failure 100 is average below is better than average</td>
<td>127</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Access

While St. Michael’s publicly reports a number of wait times on its external website, the two that are highlighted in the QIP are the 90th percentile length of stay for Emergency visitors who are admitted to hospital and the 90th percentile length of stay for Emergency visitors with complex conditions.

In 2011-12, the 90th percentile wait time was longer than the year prior at St. Michael’s despite ongoing initiatives. At least in part, this is due to sharp growth in the number of visits. Emergency Department visits rose by almost 10 per cent. There was also an increase in the number of acutely ill psychiatric patients coming into Emergency. We have renewed our focus on patient flow through the hospital and are reviewing all of the available data to determine what further interventions are needed.

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<tbody>
<tr>
<td>ER wait times (in hours): 90th percentile length of stay for admitted patients</td>
<td>22.5</td>
<td>20.2</td>
<td>23.6</td>
</tr>
<tr>
<td>ER wait times (in hours): 90th percentile length of stay for complex conditions</td>
<td>8.5</td>
<td>8.0</td>
<td>8.6</td>
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</table>

Patient Experience

St. Michael’s undertakes ongoing surveys to determine patient satisfaction. Overall, satisfaction remains consistently high at about 95 per cent with the number of patients who rate their care as excellent continuing to increase. In the QIP, we tracked responses to the question, “Would you recommend the hospital to your friends and family?”

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</tr>
</thead>
<tbody>
<tr>
<td>Patient satisfaction: Would you recommend the hospital to your friends and family? (% who responded “definitely yes”)</td>
<td>80.2</td>
<td>82.2</td>
<td>83.8</td>
</tr>
</tbody>
</table>

Equity

St. Michael’s does not yet have any indicators for equity but is in the process of developing several including: assessing quality of care by income levels and by age. We expect to be able to report further on these indicators in the near future.

Efficiency

In the QIP, we used two indicators to measure efficiency. Total margin is the difference, either positive or negative, between revenues and expenses, as a percentage of total revenues.

The other indicator is the percentage of acute care beds that are occupied by patients who would be better served by an alternate level of care (home care, rehabilitation services, long term care or complex continuing care).

### Indicator Table

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010-11 performance</th>
<th>2011-12 target</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total margin (difference between revenues and expenses, positive or negative, as a percentage of revenues) above 0 is better</td>
<td>1.77</td>
<td>0</td>
<td>2.26</td>
</tr>
<tr>
<td>Percentage of patients awaiting transfer to ALC lower is better</td>
<td>11.8</td>
<td>11.5</td>
<td>10.2</td>
</tr>
</tbody>
</table>
The St. Michael’s annual budget is made up of four components: the hospital’s operating budget, research administration, capital spending for equipment, information technology and renovations, and the capital costs of the Queen-Victoria redevelopment project.

The hospital’s 2011-12 operating budget of $552 million was funded primarily by the base dollars received from the Ministry of Health and Long-term Care/Toronto Central LHIN and other sources of revenue including: preferred accommodation; inpatient and outpatient costs paid directly by patients; sales; and other revenue. The hospital ran an overall operating surplus of $14.6 million. This surplus was primarily the result of one time MOHLTC priority and wait time revenues as well as a significant PST rebate aggregating to $12.2 million. To a lesser degree operating savings to budget in certain expenditures and revenues amounting to $2.4 million also contributed to the operating surplus.

One-time revenues and savings on the operating budget are used to fund capital spending for equipment, information technology and renovations. Cash generated by amortization also helps to fund these needs. In 2011-12, we spent $20.8 million on equipment, $2.9 million on information technology and $14.2 million on renovations.

Research studies are funded by various granting agencies and companies, such as pharmaceutical companies doing clinical trials. Research overhead expenses include scientist and administrative salaries, costs for leased space, a share of the operating costs of Keenan Research Centre and other administrative costs.

Some of the granting agencies, including the Canadian Institutes of Health Research and the Ontario government allow a percentage of a grant to be used for overhead expenses. Private sector companies are also charged an overhead fee. Like most research organizations in Canada, these revenues do not cover the expenses. In 2011-12, the shortfall was covered by the hospital’s budget, by salary recovery and awards from the University and other agencies, and by the St. Michael’s Hospital Foundation. However, this model is not sustainable in the long-term and will be the subject of a full review in 2012-13.

The Queen-Victoria redevelopment project will be funded by Infrastructure Ontario with the hospital’s local contribution funded by monies raised by the St. Michael’s Hospital Foundation. This project will begin in the 2012-13 budget year.

St. Michael’s Hospital Foundation will work with the hospital to support identified priorities and to explore new opportunities for increased fundraising.

The St. Michael’s Hospital Foundation had an excellent year, raising total revenue of $33.7 million, well above expectations. Almost 49,000 gifts were received during the year from 19,000 donors. During the year, grants of $20.5 million were made from the Foundation to support the capital, equipment, research, education and clinical priorities of St. Michael’s Hospital.
Revenues $627.124 million

- MINISTRY OF HEALTH AND LONG-TERM CARE/TORONTO CENTRAL LHIN 73.23%
- AMORTIZATION 10.95%
- SALES AND OTHER REVENUES 7.41%
- PATIENT REVENUES 4.71%
- OTHER 3.70%

Expenses $612.559 million

- SALARIES AND BENEFITS 63.78%
- MEDICAL/SURGICAL SUPPLIES 8.55%
- DRUGS 6.00%
- OTHER SUPPLIES 13.16%
- AMORTIZATION 4.36%
- OTHER 4.15%
## Hospital Stats

As of March 31, 2012 or from April 1, 2011 to March 31, 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>2011-12</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td>5,392</td>
<td>5,345</td>
</tr>
<tr>
<td>Physicians</td>
<td>690</td>
<td>682</td>
</tr>
<tr>
<td>Principal investigators (scientists and associate scientists)</td>
<td>181</td>
<td>180</td>
</tr>
<tr>
<td>Volunteers</td>
<td>574</td>
<td>628</td>
</tr>
<tr>
<td>Inpatient separations</td>
<td>26,725</td>
<td>26,076</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>6.1</td>
<td>6.1</td>
</tr>
<tr>
<td>Emergency visits</td>
<td>70,508</td>
<td>64,263</td>
</tr>
<tr>
<td>Surgeries (Inpatient &amp; Surgical Day/Night Care)</td>
<td>30,879</td>
<td>32,172</td>
</tr>
<tr>
<td>Births</td>
<td>3,199</td>
<td>3,000</td>
</tr>
<tr>
<td>Ambulatory visits</td>
<td>456,071</td>
<td>436,998</td>
</tr>
<tr>
<td>Diagnostic, therapeutic and other visits</td>
<td>285,137</td>
<td>271,941</td>
</tr>
<tr>
<td>Number of students trained</td>
<td>3,280</td>
<td>3,147</td>
</tr>
</tbody>
</table>
Board of Directors 2012

APRIL 1, 2011 - MARCH 31, 2012

Dr. Richard Alway
Dr. Andrew Baker
Ian Clarke
John Cruickshank
Ruth daCosta
Julie Di Lorenzo
William A. Etherington
Ella Ferris
Tony Gagliano
Anthony R. Graham L.L.D.
Dr. Robert Howard
Claude Lamoureaux
Dr. Guylaine Lefebvre
Mary McConville
Don McDermott
Noella Milne
Dr. Cheryl Misak
Bill Morneau (Chair)
Michael Norris
Tom O’Neill
Dr. Kenneth Pace
Hon. David Peterson
Dale Ponder
Dr. Rajiv Shah
Harcharan (Harry) Singh
Frank Techar
Kristine Thompson
Rick Waugh
Dr. Catharine Whiteside

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AS AT MARCH 31, 2012

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President and CEO

Ella Ferris
Executive Vice President,
Programs and Chief Nursing
Executive

Dr. Patricia Houston
Vice President, Education

John King
Executive Vice President and
Chief Administrative Officer

Dr. Guylaine Lefebvre
Chair, Medical Advisory
Committee

Alayne Metrick
President, St. Michael’s
Foundation

Dr. Douglas Sinclair
Executive Vice President,
Programs and Chief Medical
Officer

Dr. Arthur Slutsky
Vice President, Research

Medical Advisory Committee

AS AT MARCH 31, 2012

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Chair
G. Lefebvre

Vice-Chair
A. Baker

President, MSA
R. Shah

Vice-President, MSA
K. Pace

Department Chiefs:

Anaesthesia
P. Houston

Critical Care
A. Baker

Emergency Medicine
G. Bandiera

Family and Community Medicine
P. Berger

Laboratory Medicine
S. Jothy

Medical Imaging
T. Dowdell

Medicine
T. Parker

Obstetrics and Gynaecology
G. Lefebvre

Occupational Health
L. Holness

Ophthalmology
A. Berger

Otolaryngology
J. Anderson

Paediatrics
T. Barozzino

Psychiatry
V. Stergiopoulos

Surgery
O. Rotstein

Other Appointments:

EVP & Chief Medical Officer
D. Sinclair

Program Medical Directors:

Diabetes Comprehensive Care Program
J. Zaltzman

Heart and Vascular Program
M.R. Freeman

Inner City Health, Core Services
P. Berger

Specialized Complex Care Program
J. Teitel

Mobility Program
E. Bogoch

Trauma and Neurosurgery Program
A. Baker (interim)

Perioperative Services
J. Mahoney

Non-Voting Members

Other Appointments:

President and CEO
R. Howard

EVP & Chief Nursing Executive
E. Ferris

EVP & CAO
J. King

Vice President, Research
A. Slutsky

Vice President, Education
P. Houston

General Counsel
M. Moldofsky

Administrative Support
N. Jiwa

Medical Directors:

Quality and Patient Safety
C. Hayes

Clinical Informatics
M. Freeman

Patient Access and Flow

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St. Michael’s

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Inspiring Science.

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