Inspired Care. Inspiring Science.

ANNUAL REPORT 2013-14
This means we care for the sickest of the sick – in our catchment area as well as the GTA and beyond. Our critical care team provides acute care for patients who are critically ill or injured, medically unstable, or whose chronic or multiple conditions require advanced technical monitoring by a highly skilled and experienced team of health care professionals, whether in the Emergency Department, ICU or inpatient unit.

We do more than just provide care; our research and education initiatives are closely aligned with our clinical priorities – we are among the top 15 research hospitals in Canada and we are the top first and second choices for University of Toronto medical students. A few of our achievements from the past year support those statistics:

• The Ministry of Research and Innovation handed out five Early Researcher Awards to St. Michael’s researchers – the most garnered by any Ontario hospital in the 2013 competition.

• This year, 10 of our staff were elected as fellows of the Canadian Academy of Health Sciences, bringing our total to 13. CAHS fellows are those who have a history of outstanding performance in the academic health sciences in Canada.

• In November, we announced a major venture with Ryerson University – the Institute for Biomedical Engineering and Science Technology, a virtual entity also called iBEST, the goal of which is to expedite advances in technology and biomedical science. We will be creating a 22,000-square-foot home in the Li Ka Shing Knowledge Institute for approximately 15 faculty members and 40 students from Ryerson whose active research involves health care so that they can work side-by-side with St. Michael’s scientists and clinician-scientists.

The year ahead looks equally if not more exciting. We are looking forward to breaking ground on our new 17-storey patient care tower. St. Michael’s 3.0, as we’ve dubbed the project, includes the building of the tower, an expansion of our Emergency Department and the creation of new outpatient clinics. Upon completion, St. Michael’s 3.0 will enable us to not only remain a health care leader, but position us to become a pre-eminent centre for critical care.

Thank you to all our supporters – staff, physicians, volunteers, students, donors, all our partners – whose contributions of time, funds, dedication and guidance help make our organization the wonderfully successful place it is.
St. Michael’s 3.0

ST. MICHAEL’S HOSPITAL IS EMBARKING ON A SERIES OF PROJECTS TO TRANSFORM CARE AT THE HOSPITAL, INCLUDING A NEW 17-STOREY PATIENT CARE TOWER AT THE CORNER OF QUEEN AND VICTORIA, A RENOVATED EMERGENCY DEPARTMENT AND SIGNIFICANT UPGRADES TO IMPROVE THE EXISTING CAMPUS. CONSTRUCTION IS SCHEDULED TO BEGIN LATER THIS YEAR.

We know that our patients’ involvement and collaboration is crucial to the development of this new tower, so we created a Patient and Family Advisory Panel last year. More than 150 patients and family members have since joined and we’ve heard from them on a number of topics, including food and retail services in the new tower, inpatient rooms, elevators and public areas.
Inspire 2018

HELP ST. MICHAEL’S STAY ON THE LEADING EDGE OF PATIENT CARE: CONSIDER A GIFT TO SUPPORT OUR TRANSFORMATION.

The St. Michael’s Foundation is raising $200 million to support St. Michael’s 3.0 as well as crucial research and education projects through a campaign called Inspire 2018. The new twice-as-large Slaight Family Emergency Department (that will allow for a 50 per cent increase in trauma capacity), new state-of-the-art intensive care units, additional hybrid operating rooms, the latest in inpatient facilities, a new main entrance – all these improvements combined will allow us to provide safer, faster, better care. See the back cover for how you can help make St. Michael’s the premier critical care hospital in Canada.
ST. MICHAEL’S HOSPITAL IS ONE OF 11 ONTARIO HOSPITALS DESIGNATED AS A LEVEL 1 TRAUMA CENTRE BY THE ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE. THIS REGIONAL SYSTEM WAS DESIGNED TO ENSURE THAT SEVERELY INJURED PATIENTS HAVE ACCESS TO AN APPROPRIATE LEVEL OF QUALITY CARE IN A TIMELY FASHION. AS A LEVEL 1 TRAUMA CENTRE, WE ARE MANDATED TO CARE FOR THE MOST SEVERELY INJURED PATIENTS WITHIN OUR DEFINED GEOGRAPHIC AREA. ON TOP OF THAT, WE ALSO RUN THE LARGEST HEAD INJURY CLINIC IN CANADA AND ARE A LEADING CLINICAL SITE FOR THE DIAGNOSIS AND TREATMENT OF NEUROLOGICAL DISORDERS SUCH AS ALZHEIMER’S, TRAUMATIC BRAIN INJURY, STROKE, ANEURYSM, MULTIPLE SCLEROSIS AND PARKINSON’S. OUR RESEARCHERS ARE INTERNATIONALLY RECOGNIZED FOR THEIR WORK IN THE AREAS OF SUBARACHNOID HEMORRHAGE AND NEUROTRAUMA.
St. Michael’s blue, like no other

Unlike other CPR courses, St. Michael’s Basic Life Support program teaches CPR that is specific to the hospital, training staff to deal with cardiac arrests in their real-world environment. Whether engaging in resuscitation exercises in a simulated patient room or in an open area like our Marketeria, this interactive course has been designed to train individuals to respond to cardiac arrests with a particular focus on St. Michael’s Code Blue protocols. The course educates people on how to call a Code Blue, use the equipment available on their floor or in their office, provide CPR while help is on the way and pass a cardiac arrest patient over to the St. Michael’s cardiac arrest team.

Fast tracking concussions

Mild traumatic brain injuries and concussions are a major cause of injury and the most resource-intensive, non-acute medical issue these days. St. Michael’s new Urgent Care Concussion Clinic, opened in September 2013, facilitates quicker and more streamlined treatment. Patients who come to the clinic right away can avoid months of pain and uncertainty.

We’ve created a new model of patient care with this urgent care clinic. Patients who have experienced a mild traumatic brain injury or concussion will benefit from rapid referral as the clinic fills the gap between an emergency department, where patients are seen right away, and going to your family doctor. The health system will benefit because patients will get the most appropriate care by the most appropriate care provider at the most appropriate time.

Unravelling the mysteries of the brain

Brain diseases are among the leading medical, social and economic burdens affecting the world’s population. Last summer, St. Michael’s launched a Neuroscience Research Program with Dr. Tom Schweizer as director. The program brings together the hospital’s world-class experts in subarachnoid hemorrhage, neuroimaging, stroke rehabilitation and dementia, with the goal of fostering innovation and interdisciplinary collaborations with scientists and clinicians. By mobilizing researchers in the areas of fundamental neurobiology, neuroimaging, clinical trials and knowledge translation, the Neuroscience Research Program works to unravel the mysteries of the brain and brain health.
ST. MICHAEL’S TAKES A MULTIDISCIPLINARY APPROACH TO MANAGING PATIENTS WITH DIABETES AND ITS RELATED COMPLICATIONS. PATIENTS RECEIVE COMPREHENSIVE, ONE-STOP CARE FROM EXPERTS IN THE AREAS OF NEPHROLOGY, ENDOCRINOLOGY, NUTRITION, UROLOGY, OPHTHALMOLOGY, PHARMACY, NURSING AND SOCIAL WORK. THE PROGRAM ALSO INCLUDES PREVENTION AND RESEARCH INTO THE CAUSES OF DIABETES AND ITS ASSOCIATED COMPLICATIONS, WHICH ARE BECOMING MORE COMMON WITH THE RISE IN OBESITY AND THE AGING OF THE POPULATION.
Helping patients feel, and do, more at home

Diabetes is the most common cause of kidney disease. Dr. Jeffrey Perl, part of the nephrology team at St. Michael’s, is working to encourage more people who need dialysis to opt for home dialysis, versus coming to the hospital to have their blood cleaned in a machine.

Although home dialysis is associated with similar survival rates as hospital-based dialysis, fewer than 20 per cent of kidney patients are treated with home dialysis, known as peritoneal dialysis. Dr. Perl received $1.4 million in funding last year to investigate how to optimize peritoneal dialysis use for patients with end-stage kidney disease.

The potential benefits of home dialysis include: superior patient satisfaction and increased treatment-related autonomy because it allows patients to manage their own therapy; cost savings because it’s being administered at home by a patient or caregiver; and the ability to live a relatively flexible lifestyle, including travel.

Walkable neighbourhoods may help cut diabetes rates

Researchers Dr. Gillian Booth and Dr. Rick Glazier have been studying the impact residential density and the proximity of walkable destinations has on Torontonians’ health. They’ve found that Torontonians living in neighbourhoods that aren’t conducive to walking have a 33 per cent greater risk of developing diabetes or being obese. This study builds on earlier research on how neighbourhoods are determinants of health. In 2007, Dr. Booth and others at the hospital’s Centre for Research on Inner City Health showed that diabetes rates were highest in areas that have lower income levels, higher unemployment rates and a higher proportion of visible minorities.

“The environment we live in can be an indicator of whether we develop diabetes.”

St. Michael’s experts help draft new national diabetes guidelines

Eighteen health care providers and researchers from St. Michael’s Hospital were involved in drafting the new Canadian Diabetes Association guidelines for preventing, diagnosing and treating diabetes. The national Clinical Practice Guidelines are intended to help health care professionals determine how best to manage and treat diabetes and reduce the potential for serious complications such as heart, kidney and eye disease. The involvement of so many St. Michael’s experts in the guidelines process is a testament to the hospital’s leadership in diabetes prevention and treatment.
ST. MICHAEL’S INNER CITY HEALTH PROGRAM IS THE ONLY ONE OF ITS KIND IN CANADA, WITH A CLEAR DEFINITION, A RESEARCH COMPONENT AND A STRUCTURE FOR COMMUNITY INPUT. OUR SERVICES PROVIDE CARE FOR HIV/AIDS PATIENTS, PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESSES, PEOPLE WITH HEMOPHILIA AND CYSTIC FIBROSIS, SENIORS, WOMEN AT RISK, PEOPLE WHO ARE HOMELESS OR UNDERHOUSED AND MANY MORE.

This year, the program received an anonymous donation of $10 million to create the Urban Angel Fund for Homeless People. This resource will create a “health-solutions incubator” under the leadership of Dr. Vicky Stergiopoulos, chief of psychiatry, to test new approaches to help homeless people regain their lives and dignity.

We are also committed to excellence in education and research. Medical students from the University of Toronto learn first-hand about the challenges of health in the inner city, and both students and distinguished professionals conduct research to track, analyze and produce a better understanding of how to prevent and solve inner city health issues.
Inner city health

Asking for equity
Asking patients about their income, sexual orientation and ethnicity is going above and beyond getting the regular patient demographic information, but St. Michael’s family health teams began using a health equity questionnaire with our patients this past year. With this data, for the first time, our care providers will be able to really understand who our patients are and as a result, provide more appropriate and equitable care. For example, we know that income and health are closely linked, so knowing more about our patients’ needs can help us better plan our services.

Partner violence and housing stability
Approximately one in four women will experience intimate partner violence in their lifetime. Researchers from the hospital’s Centre for Research on Inner City Health’s Intimate Partner Violence program spoke to women across Ontario who experienced partner violence, and learned about their experiences related to housing, health care and service provision. They found that, over time, women are able to rebuild their lives. Their success, however, is experienced in small steps, and deeply tied to housing stability.

So what concrete steps can policy-makers in Ontario take to help women and families increase safety, health and well-being? In the context of health care, the team found that providers need more training and support around talking to patients about partner violence, building trust, and making referrals, as well as education around the fact that partner violence can include verbal and psychological abuse and controlling behaviour.

Creating a more inclusive mental health curriculum
Our psychiatrists and mental health staff developed an inner city mental health curriculum to help psychiatry residents and interprofessional colleagues enhance their collective abilities to improve the health of the patients we care for in the inner city environment.

These patients often experience a range of complex physical and mental health issues, social care needs, and frequently experience multiple and severe disadvantages as they move through the health care system. In addition to their mental health problems, they may also be homeless, struggle with isolation and loneliness, be a recent immigrant or refugee, identify as LGBTQ or be contending with physical health issues such as diabetes or HIV/AIDS – a patient population often overlooked in traditional curricula.

Learners are taught practical skills to help them work more effectively with patients experiencing severe and multiple disadvantages. They also look at all dimensions of care to help address complexity with skill, empathy and hope.
Introducing our new critical care research program

CRITICAL CARE IS A MAJOR CLINICAL PRIORITY AT ST. MICHAEL’S. DR. JOHN LAFFEY, CHIEF OF ANESTHESIA, AND DR. WOLFGANG KUEBLER, AN INTERNATIONALLY RECOGNIZED LEADER IN LUNG VASCULAR BIOLOGY, ARE SPEARHEADING THE HOSPITAL’S EFFORTS IN CONSOLIDATING OUR CLINICAL AND RESEARCH STRENGTHS INTO THE NEW CENTRE FOR CRITICAL CARE RESEARCH, LAUNCHED EARLY THIS YEAR.

The new centre will bridge clinical services and research in acute lung injury, sepsis, trauma and resuscitation. Strengthening collaborations among critical care clinicians and scientists at St. Michael’s will set us up to be the pre-eminent centre for critical care in Canada and internationally.

It is comprised of close to 40 clinicians and researchers, organized into three research interest areas: lung injury, overseen by Dr. Laurent Brochard, a world leader in mechanical ventilation research; sepsis, headed by Dr. John Marshall, another world leader in sepsis research and clinical trials; and trauma, led by Dr. Ori Rotstein, an internationally renowned investigator in the effects of trauma and ischemia-reperfusion injury.

Drs. John Laffey and Wolfgang Kuebler
Facts and figures

- 5,741 Staff
- 1,691 Nurses
- 720 Physicians (Active/Courtesy)
- 2,952 Babies Born April 1, 2013 to March 31, 2014
- 467 Acute Adult Inpatient Beds
- 2,952 Babies Born April 1, 2013 to March 31, 2014
- 467 Acute Adult Inpatient Beds
- 74,958 Emergency Visits Annually
- 287,639 Diagnostic, Therapeutic and Other Visits
- 26,232 Inpatient Visits (Average Length of Stay 6.0 Days)
- 30,341 Surgeries (Inpatient and Surgical Day/Night Care)
- 478,378 Ambulatory Visits
- 3,467 Students Trained in 2013-14
- 538 Volunteers
- 79 Investigators (Scientists and Associate Scientists)
- Approximately $62 Million in Research
- Almost Two Million Square Feet of Property
QUALITY IMPROVEMENT IS AT THE HEART OF EVERYTHING WE DO AT ST. MICHAEL'S. IT ENHANCES THE WAY WE DELIVER CARE AND SERVICES TO OUR PATIENTS ACROSS THE HOSPITAL AND KEEPS US FOCUSED IN OUR DAILY WORK. WE TRACK AND PUBLICLY REPORT OUR PROGRESS ON ALL OUR QUALITY IMPROVEMENT GOALS EVERY YEAR. BELOW IS A SAMPLE OF HOW WE DID THIS PAST YEAR ON SOME OF OUR GOALS.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Provincial target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department wait times: 90th percentile length of stay for admitted patients.</td>
<td>22 hours</td>
<td>21.4 hours – despite a six per cent increase in admitted patients in 2013.</td>
</tr>
<tr>
<td>Patients awaiting transfer to an alternate level of care (percentage of inpatients)</td>
<td>10%</td>
<td>7.8% – possible because of our established and strengthened relationships with our community partners.</td>
</tr>
<tr>
<td>Patient satisfaction (response to survey question, “Overall, how would you rate the care and services you received at the hospital?”)</td>
<td>95%</td>
<td>95.1% – those who responded excellent, very good and good.</td>
</tr>
<tr>
<td>Clostridium difficile (rate of infection per 1,000 patient days)</td>
<td>0.42</td>
<td>0.32 – due to improved environmental cleaning this past year. We achieved a 15% improvement in the quality of cleanliness, representing a 26% decrease in C. diff infections.</td>
</tr>
</tbody>
</table>
Through its philanthropic activities, the hospital’s foundation assists in attracting the resources required to fulfil its mission of caring, education and research, as inspired and fostered by the Sisters of St. Joseph.

This past year, generous donor gifts enabled the foundation to provide $15.1 million to support hospital priorities, including the purchase of innovative equipment to improve patient care and support for new research and education initiatives.

St. Michael’s Hospital statement of financial position
As at March 31, 2014
(in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
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</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and portfolio investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating funds</td>
<td>138,600</td>
<td>140,570</td>
</tr>
<tr>
<td>Knowledge Institute funds</td>
<td>7,015</td>
<td>3,027</td>
</tr>
<tr>
<td>Restricted and capital funds</td>
<td>82,673</td>
<td>81,141</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>29,538</td>
<td>32,393</td>
</tr>
<tr>
<td>Inventories</td>
<td>3,891</td>
<td>3,359</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>5,729</td>
<td>4,207</td>
</tr>
<tr>
<td></td>
<td>267,446</td>
<td>265,597</td>
</tr>
<tr>
<td>Employee future benefit asset</td>
<td>25,830</td>
<td>23,928</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>424,405</td>
<td>414,753</td>
</tr>
<tr>
<td></td>
<td>717,681</td>
<td>704,278</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>86,295</td>
<td>81,200</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Deferred contributions</td>
<td>126,446</td>
<td>127,132</td>
</tr>
<tr>
<td></td>
<td>213,741</td>
<td>209,332</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>5,111</td>
<td>5,840</td>
</tr>
<tr>
<td>Provision for sick leave benefits</td>
<td>669</td>
<td>788</td>
</tr>
<tr>
<td>Employee future benefits</td>
<td>22,186</td>
<td>20,196</td>
</tr>
<tr>
<td>Deferred contributions</td>
<td>247,089</td>
<td>248,479</td>
</tr>
<tr>
<td>Net assets</td>
<td>228,885</td>
<td>219,643</td>
</tr>
<tr>
<td></td>
<td>717,681</td>
<td>704,278</td>
</tr>
</tbody>
</table>
St. Michael's Hospital statement of operations and changes in net assets

For the year ended March 31, 2014
(in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ontario Ministry of Health and Long-Term Care/</td>
<td>479,539</td>
<td>469,546</td>
</tr>
<tr>
<td>Toronto Central Local Health Integration Network</td>
<td>18,768</td>
<td>17,641</td>
</tr>
<tr>
<td>Other funded programs</td>
<td>3,774</td>
<td>4,369</td>
</tr>
<tr>
<td>Preferred accommodation</td>
<td>6,867</td>
<td>6,644</td>
</tr>
<tr>
<td>Inpatient</td>
<td>16,409</td>
<td>15,678</td>
</tr>
<tr>
<td>Outpatient</td>
<td>18,768</td>
<td>17,641</td>
</tr>
<tr>
<td>Sales and other revenue</td>
<td>48,202</td>
<td>45,001</td>
</tr>
<tr>
<td>Interest</td>
<td>1,486</td>
<td>2,004</td>
</tr>
<tr>
<td>Amortization of deferred contributions</td>
<td>9,992</td>
<td>11,271</td>
</tr>
<tr>
<td>Grants and donations for research and other purposes</td>
<td>60,754</td>
<td>58,032</td>
</tr>
<tr>
<td></td>
<td>645,791</td>
<td>630,186</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and employee benefits</td>
<td>410,204</td>
<td>399,456</td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
<td>55,192</td>
<td>52,086</td>
</tr>
<tr>
<td>Drugs</td>
<td>38,965</td>
<td>37,828</td>
</tr>
<tr>
<td>Other supplies</td>
<td>84,571</td>
<td>79,988</td>
</tr>
<tr>
<td>Bad debts</td>
<td>1,440</td>
<td>1,605</td>
</tr>
<tr>
<td>Interest accretion</td>
<td>271</td>
<td>302</td>
</tr>
<tr>
<td>Amortization of property, plant and equipment</td>
<td>24,916</td>
<td>26,557</td>
</tr>
<tr>
<td>Other funded programs</td>
<td>20,990</td>
<td>19,710</td>
</tr>
<tr>
<td></td>
<td>636,549</td>
<td>617,532</td>
</tr>
<tr>
<td>Excess of revenues over expenses for the year</td>
<td>9,242</td>
<td>12,654</td>
</tr>
<tr>
<td>Net assets - beginning of year</td>
<td>219,643</td>
<td>206,989</td>
</tr>
<tr>
<td>Net assets - end of year</td>
<td>228,885</td>
<td>219,643</td>
</tr>
</tbody>
</table>

To obtain the hospital’s audited financial statements, please contact communications@smh.ca.
Every year, we recognize individuals and teams across the hospital for their exemplary demonstration of our core values. This past year, we celebrated the following award winners:

The Pride of Achievement Award
Dr. Sharon Straus, director, Knowledge Translation Program, Li Ka Shing Knowledge Institute

The Community of Service Award
Dr. Philip Berger, medical director, Inner City Health

The Human Dignity Award
Jacqueline Judah, clerical assistant, Psychiatric Emergency Services

The Compassion Award
Julie Seemangal, case manager, Respirology/Cystic Fibrosis Program

The Social Responsibility Award
Geriatric Mental Health Outreach Team

The Excellence Award
Cardiovascular Intensive Care Unit

The results are in: St. Michael's staff and physicians are very engaged and happy:

- 97% of staff and physicians rate the quality of care provided by St. Michael's as good, very good or excellent.
- 84% of employees think that staff members from diverse groups are respected and valued. 83% of physicians feel the same way.
- 80% of staff members intend to remain at St. Michael's for at least three years.
- 85% of physicians would recommend St. Michael's as a good place to practice medicine to other physicians.
CHAIRS ARE FUNDS THAT SUPPORT OUTSTANDING MEDICAL EXPERTS DOING IMPORTANT THINGS. CHAIRS PROVIDE THE PROTECTED TIME AND RESOURCES NEEDED TO FOCUS INVESTIGATIVE RESEARCH AND FIND NEW THERAPIES AND TREATMENTS. THE RESULT IS BETTER RESEARCH, SO PATIENTS BENEFIT SOONER.

Many people support the work of the hospital through the St. Michael’s Hospital Foundation with gifts to create positions like these to facilitate quality care for today and tomorrow. Donors have made it possible to establish a number of new chairs at the hospital, and endowed funds ensure that important research into new treatments continues.

Chairs awarded in 2013-14

Robert and Dorothy Pitts Term Chair in Integrated Clinical Research
Muhammad Mumdani

Chair in Intersectoral Solutions to Urban Health Problems
Dr. Patricia O’Campo

Keenan Chair in Critical Care and Respiratory Medicine
Dr. Laurent Brochard

Term Chair in Fracture Care Research
Dr. Emil Schemitsch

Endowed Chair in Trauma Research
Dr. Sandro Rizoli
Board of Directors 2013
APRIL 1, 2013 - MARCH 31, 2014

Dr. Richard Alway
Nora Aufreiter
Dr. Andrew Baker
(Chair, Medical Advisory Committee)
Ian Clarke
John Cruickshank
Ruth daCosta
Julie Di Lorenzo
William A. Etherington
Ella Ferris
(Executive vice-president, programs, chief nursing executive, chief health disciplines executive)
Peter Gordon
Anthony R. Graham
Dr. Robert Howard
(President and CEO)
Colleen Johnston
Claude Lamoureux
Mary McConvaille
Don McDermott
Noella Milne
Dr. Cheryl Misak
Michael Norris
(Chair, Foundation Board)
Tom O’Neill
(Board chair)
Dr. Kenneth Pace
(President, Medical Staff Association)
Dr. Tom Parker
(Vice-chair, Medical Advisory Committee)
Hon. David Peterson
Harcharan (Harry) Singh
Frank Techar
Dr. Catharine Whiteside

Executive Steering Group
AS AT MARCH 31, 2014

Dr. Andrew Baker
Chair, Medical Advisory Committee

Ella Ferris
Executive vice-president, programs, chief nursing executive, chief health disciplines executive

Vas Georgiou
Executive vice-president and chief administrative officer

Dr. Patricia Houston
Vice-president, education

Robert Howard
President and chief executive officer

Alayne Metrick
President, St. Michael’s Foundation

Dr. Douglas Sinclair
Executive vice-president and chief medical officer

Dr. Arthur S. Slutsky
Vice-president, research

Medical Advisory Committee
AS AT MARCH 31, 2014

Voting members
Chair
A. Baker
Vice-chair
T. Parker
President, MSA
K. Pace
Vice-president, MSA
A. Hong

Department chiefs
Anaesthesia
J. Laffey
Critical Care
A. Baker
Emergency Medicine
G. Bandiera
Family and Community Medicine
L. Graves
Laboratory Medicine
S. Jothy
Medical Imaging
T. Dowdell
Medical
T. Parker
Obstetrics and Gynaecology
G. Lefebvre
Occupational Health
L. Holness
Ophthalmology
A. Berger
Otolaryngology
J. Anderson
Paediatrics
M. Sgro
Psychiatry
V. Stergiopoulos
Surgery
O. Rotstein

Other appointments
Executive vice-president and 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
Perioperative Services
J. Mahoney

Non-voting members

Other appointments
President and CEO
R. Howard
Executive vice-president, programs, chief nursing executive, chief health disciplines executive
E. Ferris
Executive vice-president and chief administrative officer
V. Georgiou
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

BOARD, STEERING GROUP AND ADVISORY COMMITTEE

As at March 31, 2014

Dr. Richard Alway
Nora Aufreiter
Dr. Andrew Baker
(Chair, Medical Advisory Committee)
Ian Clarke
John Cruickshank
Ruth daCosta
Julie Di Lorenzo
William A. Etherington
Ella Ferris
(Executive vice-president, programs, chief nursing executive, chief health disciplines executive)
Peter Gordon
Anthony R. Graham
Dr. Robert Howard
(President and CEO)
Colleen Johnston
Claude Lamoureux
Mary McConvaille
Don McDermott
Noella Milne
Dr. Cheryl Misak
Michael Norris
(Chair, Foundation Board)
Tom O’Neill
(Board chair)
Dr. Kenneth Pace
(President, Medical Staff Association)
Dr. Tom Parker
(Vice-chair, Medical Advisory Committee)
Hon. David Peterson
Harcharan (Harry) Singh
Frank Techar
Dr. Catharine Whiteside

Executive Steering Group
AS AT MARCH 31, 2014

Dr. Andrew Baker
Chair, Medical Advisory Committee

Ella Ferris
Executive vice-president, programs, chief nursing executive, chief health disciplines executive

Vas Georgiou
Executive vice-president and chief administrative officer

Dr. Patricia Houston
Vice-president, education

Robert Howard
President and chief executive officer

Alayne Metrick
President, St. Michael’s Foundation

Dr. Douglas Sinclair
Executive vice-president and chief medical officer

Dr. Arthur S. Slutsky
Vice-president, research

Medical Advisory Committee
AS AT MARCH 31, 2014

Voting members
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A. Baker
Vice-chair
T. Parker
President, MSA
K. Pace
Vice-president, MSA
A. Hong

Department chiefs
Anaesthesia
J. Laffey
Critical Care
A. Baker
Emergency Medicine
G. Bandiera
Family and Community Medicine
L. Graves
Laboratory Medicine
S. Jothy
Medical Imaging
T. Dowdell
Medical
T. Parker
Obstetrics and Gynaecology
G. Lefebvre
Occupational Health
L. Holness
Ophthalmology
A. Berger
Otolaryngology
J. Anderson
Paediatrics
M. Sgro
Psychiatry
V. Stergiopoulos
Surgery
O. Rotstein

Other appointments
Executive vice-president and 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
Perioperative Services
J. Mahoney

Non-voting members

Other appointments
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Executive vice-president and chief administrative officer
V. Georgiou
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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As at March 31, 2014

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