Cover photo: 
The Globe and Mail / Patrick Dell

Design and photography by
Medical Media Centre, St. Michael’s Hospital
This year has been an exciting year at St. Michael’s Hospital.

We launched our new 2015-18 Strategic Plan, which includes our new vision, world leadership in urban health.

This plan is bold and different from others we’ve had before. It changes the way we will work with our patients, families, as well as our community partners, and enables us to improve the high quality care for which we are already known.

When the Sisters of St. Joseph founded the hospital in 1892, they set out to provide health care to disadvantaged people living in Toronto’s inner city. Their mission and values continue to drive the hospital to this day, which is why we centred our new plan on the patient. Patients have always been at the heart of everything we do, but we wanted to ensure that the notion of patients being first is embedded in every visit, discussion and diagnosis we make. It helps us think about how we can best engage and treat our patients, and it holds us accountable for delivering the best patient experience we can provide. More details about our plan are highlighted in this report.

While the hospital’s new plan is exciting, we’d be remiss if we didn’t acknowledge other transitions and accomplishments that took place at St. Michael’s over the past year.

- We selected Bondfield Construction to build our new 3.0 redevelopment project, which consists of the Peter Gilgan Patient Care Tower, an expanded Slaight Family Emergency Department, the Element Financial Way and Atrium and new outpatient clinic space. These important changes to patient spaces and facilities, supported by our Inspire 2018 campaign, will enable us to become the premier critical care hospital in Canada.

- A new integrated business system, dubbed My Business, was launched. It digitized all administrative functions at the hospital and provides faster and easier access to information.

- Our education portfolio embarked on its new Education Strategic Plan.

- We’ve partnered with Ryerson University to bring together Ryerson’s engineering science strengths with St. Michael’s biomedical research and clinical expertise. The partnership established the Institute for Biomedical Engineering Science and Technology, known as iBEST.

The year ahead will be equally, if not more, exciting.

We look forward to seeing our redevelopment project rise from the ground as we move forward on key priorities in our strategic plan including: advancing systems of care for disadvantaged patients; providing comprehensive care for our entire urban community; and excelling in the care of our critically ill patients.

Thank you to all our supporters – staff, physicians, volunteers, students, donors and all our partners – whose contributions help make our organization such a wonderfully successful place.
St. Michael’s Hospital Strategic Plan 2015-18

St. Michael’s 2015-18 Strategic Plan is the culmination of an extensive planning process that engaged staff, physicians, leaders, patients and families, volunteers, partners and the community.

It centres on three patient-focused priorities that include:

- Advancing systems of care for disadvantaged patients
- Comprehensive care for our entire urban community
- Excelling in the care of critically ill patients

These priorities set St. Michael’s apart from other urban academic hospitals and lay the foundation for developing new models of care for these priority areas.

Embedded in the plan is our bold new vision: world leadership in urban health. We're putting a new emphasis on serving our entire catchment area, which is one of the most diverse in Canada and is changing faster than ever before.

Hospitals have an important role in driving and facilitating change that will modernize home and community care, improve system integration and accessibility, promote high-quality care and increase the health and wellness of Ontarians. All of this must be done without an increase in our base funding. We will leverage our corporate principles — quality improvement, integration and innovation — to become more efficient, not just to balance our books, but to have resources to invest in innovative ideas and new models of care.

This plan sets the stage for St. Michael’s to take bold, focused and deliberate action to shape the future of health care with our patients.
Advance systems of care for disadvantaged patients

Helping the homeless find a home

On April 8, 2014, the Mental Health Commission of Canada released the final report of the *At Home/Chez Soi* project, led by Drs. Stephen Hwang and Vicky Stergiopoulos of the Centre for Research on Inner City Health. *At Home/Chez Soi* was the largest study of its kind and provided strong evidence that “Housing First” — providing rent supplements and supports for people who are homeless and have mental illness — is an effective way to reduce homelessness. The study also showed that Housing First is a sound financial investment that can lead to significant cost savings. For those participants who were the highest users of emergency and social services, every $10 invested led to an average government savings of $21.72. Because of this CRICH-led research, the Canadian government’s $600-million Homelessness Partnering Strategy shifted to a Housing First approach.

Arnold Walton, one of the randomly selected participants in the *At Home/Chez Soi* project, shows off the keys to his apartment.
Comprehensive care for our entire urban community

Health care is more than just medicine

Social factors such as income, education and employment status play pivotal roles in a person’s health and well-being. These factors, known collectively as the social determinants of health, have been shown to particularly affect the health of inner city populations. In January, St. Michael’s Department of Family and Community Medicine and the Toronto Public Library launched one of the first Reach Out and Read programs in Canada, and the first connected with a Canadian hospital. During regular well-child checkups for children ages 6 months to 5 years, Reach Out and Read physicians and nurse practitioners talk to parents about the importance of reading aloud to their children. They also give each child a developmentally appropriate book. By the time a child in the Reach Out and Read program at St. Michael’s enters kindergarten, he or she should have a home library of at least five books. Read more.
Excel in the care of critically ill patients
Care plans helping ventilated patients transition between hospital and long-term care facilities

The right care in the right place is the key to a patient’s recovery and sometimes St. Michael’s isn’t the right environment for a patient. For those who are medically stable but require ongoing invasive ventilator support as a result of a life-altering incident, a long-term care facility is the more appropriate environment for them.

An initiative is underway in our Medical Surgical Intensive Care Unit to develop interdisciplinary individualized care plans to help these patients transition more smoothly from the hospital. The plans address issues such as optimizing ventilation, improving a patient’s communication and enhancing his or her mobility. The plans are shared with the receiving long-term care facility to assist them in providing continuity of care for the patient and help family members gain a better understanding of how care will be provided once their loved one has transitioned from the hospital. Read more.
This year, St. Michael’s reached an exciting milestone in its plans to transform patient care as it becomes the premier critical care hospital in Canada. In January, the hospital announced with Infrastructure Ontario that Bondfield Construction was chosen to design, build and finance the construction of a new 17-storey patient care tower, expansion of the Emergency Department and renovation of existing hospital space, all while the hospital remains fully operational.

The tower, named for Peter Gilgan, the founder and CEO of Mattamy Homes, will include new state-of-the-art operating rooms and intensive care units. All inpatient rooms in the tower will be single occupancy, meaning there will be more privacy, better infection control and dedicated space for families.

The Emergency Department, to be named the Slaight Family Emergency Department, will nearly double in size and will include a complete suite of imaging equipment to be fully staffed around the clock.

There will also be a dedicated mental health area: a quiet and secure space, physically separated from the rest of the department, staffed 24-7 by specially trained Psychiatric Emergency Service clinicians.

Finally, the hospital will have a new main entrance off Queen Street: a light-filled, welcoming entryway into the hospital. The tower's atrium, intended to be the heart of the hospital, will be named the Element Financial Atrium. A new corridor, which will be known as the Element Financial Way, will extend the length of the first floor, improving wayfinding for patients and visitors.

Vital to the realization of this project have been the many generous gifts the hospital received from donors this year. Through the Foundation’s Inspire 2018 campaign, Peter Gilgan’s $30 million gift was the largest single donation in the hospital’s history and Element Financial Corporation’s $15 million donation was the largest one-time gift the hospital has ever received from a corporation. Both of these build on the Slaight family’s $10 million donation received in 2013.
Excellence in quality

Continuous quality improvement is a commitment that St. Michael’s staff, physicians and leadership make to our patients each and every day. Our common goal is to provide the best possible experience for all patients and their families, at all times. Generous donor support, which was matched by members of the Foundation and Hospital Board of Directors, was critical for initiating many quality improvement projects across the hospital.

Every year, St. Michael’s carefully tracks our performance in areas that are central to our patients’ safety and overall experience. We use this data to plan new projects and changes to improve the quality of our care. Below is a sample of how the hospital performed in 2014-15.

**PATIENT SATISFACTION**

Response to survey question: “Overall, how would you rate the care and services you received at the hospital?”

96 per cent

2014-15 target: 95 per cent

Year over year, St. Michael’s patient satisfaction scores remain high. In 2014-15, 96 per cent of respondents rated our care as “excellent,” “very good” or “good.” In 2015-16, we are focusing on improving patient satisfaction with the discharge process.

**FALLS**

Rate per 1,000 patient days.

4.17

2014-15 target: 4.25

We surpassed our goal, reducing our patient falls rate by two per cent. Preventing falls continues to be a quality priority across the hospital. In 2015-16 we will focus on standardizing our falls review process across the hospital and pilot individualized care plans for falls patients in our General Internal Medicine Unit.

**MEDICATION RECONCILIATION**

The total number of patients with medications reconciled at admission, as a proportion of the total number of patients admitted to the hospital.

71.0 per cent

2014-15 target: 67.3 per cent

We surpassed our target in 2014-15, and piloted a new tool on our Cardiovascular Surgery Unit to facilitate medication reconciliation across the patient journey. We will focus our improvement efforts on the Mental Health Program in 2015-16 by analyzing workflow and implementing process improvements to facilitate medication reconciliation.

**EMERGENCY DEPARTMENT WAIT TIMES**

90th percentile length of stay for admitted patients.

22.23 hours

2014-15 target: 21.0 hours

ED wait times continue to be a challenge; increasing patient volumes coupled with a complex patient population mean that 21 hours was an ambitious goal. Achieving our target of 21.0 hours continues to be a priority focus area in 2015-16.
St. Michael’s worked with Health Quality Ontario and the Institute for Healthcare Improvement in the U.S. to launch a whiteboard animation video by staff physician Dr. Mike Evans that helps people understand what quality improvement is and why it’s important. It features concrete advice and an example of something St. Michael’s does to help its patients along the journey from the Emergency Department to surgery. The video has received more than 20,000 views (and counting).
Plagued by seizures of increasing intensity and frequency, Cyla Daniels agreed to let St. Michael’s neurosurgery team operate on her brain in search of a deep-seated growth. Thanks to an anesthetic technique pioneered at St. Michael’s and a tablet designed in collaboration with the hospital’s Neuroscience Research Program, researchers and clinicians were able to wake Cyla during her brain surgery to test her speech, reading and writing. The Globe and Mail was allowed inside the operating room to document her journey, which appeared on the front page of the newspaper, front page of the Life section and featured in a three-page spread. The Globe and Mail also created several videos and an animated graphic to accompany the online version of the story.
The Canadian Institutes of Health Research named Dr. Arthur Slutsky its CIHR Canadian Researcher of the Year. Dr. Slutsky is vice-president of research at St. Michael’s and the Keenan Chair in Medicine. Dr. Slutsky’s work in engineering and medicine has resulted in improved approaches to pulmonary care. He coined the term biotrauma to refer to lung damage caused by life-saving mechanical ventilators, and in the process helped create a new field of health research. His studies on ventilator-induced injury have a tremendous impact on clinical practice and have played a role in reducing patient mortality. Dr. Slutsky is now applying his considerable expertise to help increase the number of eligible donor lungs available for transplantation.
Dr. Teodor Grantcharov developed a “black box,” similar to that used in the airline industry, for use in operating rooms. The goal was to improve patient safety and outcomes by identifying where errors occurred in the OR and teaching surgical teams how to prevent them.

The box is about the size of a box of tissues or a thick book and it records almost everything that goes on in the OR, such as video of the surgical procedure, conversations among health care workers, room temperature and decibel levels. It works only for laparoscopic, or minimally invasive, surgeries that insert video cameras in thin plastic tubes into small incisions in the body that allow the surgeon to see what is going on inside the patient.
St. Michael’s developed a “health-solutions incubator” focused on testing new approaches to help homeless and vulnerably housed people regain their lives. As each idea is proven, it will be spun off for regular funding and a new idea will be tested. Initial funding comes from a $10 million gift last year from the Louis L. Odette Family to create an endowment, the Urban Angel Fund for Homeless People. Based on our learning from At Home/ Chez Soi, the first project developed was a recovery and learning centre called Supporting Transitions and Recovery, or STAR. Based on an educational model, it offers people who experienced homelessness and housing vulnerability the opportunity to develop skills they need to secure or maintain stable housing and become full participants in our community. The centre has partnered with community organizations to offer a range of free classes from skills training to arts-based recreation. The classes are designed to support people as they make the transition to housing and work to recover their mental health.
Virtual wards, a new model of care that can be used to support patients in the community with higher-than-average needs, were pioneered in Britain 10 years ago. The “wards” were thought to have the potential to improve health and reduce the need for hospitalization, but had not been rigorously evaluated by researchers.

Dr. Irfan Dhalla, a physician at St. Michael’s Hospital, led a randomized trial in Toronto to determine whether a virtual ward could improve health outcomes and reduce readmissions to hospital in high-risk patients being discharged from hospital. Dr. Dhalla, who is also an associate scientist in the Li Ka Shing Knowledge Institute of St. Michael’s, said the results demonstrated that this approach did not substantially improve health outcomes. The small difference in readmissions at 30 days after discharge was not statistically significant, and there was no difference at 90 days, six months or one year after discharge. The results indicated that the virtual ward was not cost effective. The study demonstrates why research is needed before costly interventions are launched on a wide scale.
Drs. Mark Peterson and Chris Buller led the first team in North America to use a new device allowing them to replace an aortic valve from an incision in the neck rather than the chest or groin.

While the patient’s heart was still beating, the team guided the new catheter-based valve in from the aortic arch through to the apex of his heart to the mitral valve. Once the new valve was deployed, it functioned perfectly and immediately reduced the pressure in the patient’s heart and lungs.
Our Values in action

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:

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.

VISION

World leadership in urban health

VALUES

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

Human Dignity
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Our values in action

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**
Henry Benjamin, business application support specialist

**The Human Dignity Award**
Amanda Hignell, social worker with obstetrics, gynecology and the Neonatal Intensive Care Unit

**The Community of Service Award**
Charles-Luc Tanguay, unit service worker

**The Social Responsibility Award**
Dr. Patricia O’Campo, director of the Centre for Research on Inner City Health

**The Compassion Award**
Donna Monis, registered nurse, hematology, oncology and infectious diseases

**The Excellence Award**
Pathology Laboratory team from Laboratory Medicine
Financial Statement

**Assets**

**Current Assets**

- Cash and cash equivalents
  - Operating funds: $149,611, $145,615
  - Restricted and capital funds: $76,955, $82,673
- Accounts receivable: $42,035, $29,538
- Inventories: $3,821, $3,891
- Prepaid expenses and other assets: $6,191, $5,729

**Employee future benefits asset**: $31,002, $25,830

**Property, plant and equipment**: $442,637, $424,405

**Liabilities**

**Current liabilities**

- Accounts payable and accrued liabilities: $98,690, $86,295
- Long-term debt: $1,000, $1,000
- Deferred contributions: $115,892, $126,446

**Employee future benefits liability**: $24,364, $22,186

**Deferred contributions**: $273,606, $247,089

**Net Assets**: $233,819, $228,885

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
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<tr>
<td>Current Assets</td>
<td>278,613</td>
<td>267,446</td>
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<tr>
<td>Employee future benefits asset</td>
<td>31,002</td>
<td>25,830</td>
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<td>Property, plant and equipment</td>
<td>442,637</td>
<td>424,405</td>
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<tr>
<td>Liabilities</td>
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<tr>
<td>Current liabilities</td>
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<td>213,741</td>
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<td>Long-term debt</td>
<td>4,349</td>
<td>5,111</td>
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<tr>
<td>Provision for sick leave benefits</td>
<td>532</td>
<td>669</td>
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<tr>
<td>Employee future benefits liability</td>
<td>24,364</td>
<td>22,186</td>
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<tr>
<td>Deferred contributions</td>
<td>273,606</td>
<td>247,089</td>
</tr>
<tr>
<td>Net Assets</td>
<td>233,819</td>
<td>228,885</td>
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</table>

752,252 717,681
### Revenues

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<thead>
<tr>
<th>Source</th>
<th>2015</th>
<th>2014</th>
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<tr>
<td>Ontario Ministry of Health and Long-Term Care/Toronto Central</td>
<td>486,905</td>
<td>482,337</td>
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<tr>
<td>Local Health Integration Network/Cancer Care Ontario</td>
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<tr>
<td>Other funded programs</td>
<td>19,474</td>
<td>18,768</td>
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<td>Preferred accommodation</td>
<td>3,508</td>
<td>3,774</td>
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<tr>
<td>In-patient</td>
<td>6,241</td>
<td>6,867</td>
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<td>Out-patient</td>
<td>17,194</td>
<td>16,409</td>
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<td>Sales and other revenue</td>
<td>47,777</td>
<td>45,404</td>
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<tr>
<td>Interest</td>
<td>2,355</td>
<td>1,486</td>
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<td>Amortization of deferred contributions</td>
<td>10,693</td>
<td>9,992</td>
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<tr>
<td>Grants and donations for research and other purposes</td>
<td>68,083</td>
<td>60,754</td>
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<td><strong>Total Revenues</strong></td>
<td><strong>662,230</strong></td>
<td><strong>645,791</strong></td>
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### Expenses

<table>
<thead>
<tr>
<th>Category</th>
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<th>2014</th>
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<tbody>
<tr>
<td>Salaries and employee benefits</td>
<td>424,392</td>
<td>410,204</td>
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<tr>
<td>Medical and surgical supplies</td>
<td>54,558</td>
<td>55,192</td>
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<tr>
<td>Drugs</td>
<td>41,207</td>
<td>38,965</td>
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<td>Other supplies</td>
<td>88,960</td>
<td>84,571</td>
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<td>Bad debts</td>
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<td>1,440</td>
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<td>Interest accretion</td>
<td>238</td>
<td>271</td>
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<tr>
<td>Amortization of property, plant and equipment</td>
<td>25,052</td>
<td>24,916</td>
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<td>Other funded programs</td>
<td>21,786</td>
<td>20,990</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>657,296</strong></td>
<td><strong>636,549</strong></td>
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### Excess of Revenues over Expenses for the Year

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of revenues over expenses for the year</td>
<td>4,934</td>
<td>9,242</td>
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<tr>
<td>Net assets - Beginning of year</td>
<td>228,885</td>
<td>219,643</td>
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<tr>
<td>Net assets - End of year</td>
<td>233,819</td>
<td>228,885</td>
</tr>
</tbody>
</table>
Medical Advisory Committee
As at March 31, 2015

Voting Members
Chair Dr. Andrew Baker
Vice-chair Dr. Tom Parker
President, Medical Staff Association Dr. Kenneth Pace
Vice-president, Medical Staff Association Dr. Aaron Hong

Department chiefs:
Anaesthesia Dr. John Laffey
Critical Care Dr. Andrew Baker
Emergency Medicine Dr. Glen Bandiera
Family and Community Medicine Dr. Karen Weyman (interim)
Laboratory Medicine Dr. Victor Tron
Medical Imaging Dr. Tim Dowdell
Medicine Dr. Tom Parker
Obstetrics and Gynecology Dr. Michael Geary
Occupational Health Dr. L. Holness
Otolaryngology Dr. David Wong
Pediatrics Dr. Jennifer Anderson
Psychiatry Dr. Michael Sgro
Surgery Dr. Vicky Stergiopoulos

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

Program medical directors:
Diabetes Comprehensive Care Program Dr. Jeffrey Zaltzman
Heart and Vascular Program Dr. Michael Freeman
Inner City Health, Core Services Dr. Philip Berger
Specialized Complex Care Program Dr. Jerry Teitel
Mobility Program Dr. Earl Bogoch
Trauma and Neurosurgery Program Dr. Andrew Baker
Perioperative Services Dr. James Mahoney

Non-voting members

Other appointments:
President and chief executive officer Dr. Robert Howard
Executive vice-president, programs, chief nursing executive and chief health disciplines executive Ella Ferris
Executive vice-president and chief administrative officer Vas Georgiou
Vice-president, Research Dr. Arthur Slutsky
Vice-president, Education Dr. Patricia Houston
General counsel Michelle Moldofsky
Administrative support Narisha Jiwa

Medical directors:
Quality and Patient Safety Dr. Chris Hayes
Clinical Informatics Dr. Michael Freeman
Board of Directors
April 1, 2014 to March 31, 2015

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 and chief health disciplines executive
Peter Gordon
Anthony R. Graham
Doug Guzman
Dr. Aaron Hong
Vice-president, Medical Staff Association
Dr. Robert Howard
President and chief executive officer
Colleen Johnston
Claude Lamoureux
Mary McConville
Noella Milne
Dr. Cheryl Misak
Michael Norris
Chair, St. Michael’s Foundation Board
Tom O’Neill
Chair, St. Michael’s Hospital Board
Dr. Kenneth Pace
President, Medical Staff Association
Dr. Tom Parker
Vice-chair, Medical Advisory Committee
Harcharan (Harry) Singh
Frank Techar
Incoming Chair, St. Michael’s Foundation Board
Dr. Catharine Whiteside
Dr. Trevor Young

Non-voting observer:
John Ruetz

Executive Steering Group
As at March 31, 2015

Dr. Andrew Baker
Chair, Medical Advisory Committee
Ella Ferris
Executive vice-president, programs, chief nursing executive and chief health disciplines executive
Vas Georgiou
Executive vice-president and chief administrative officer
Dr. Patricia Houston
Vice-president, education
Dr. Robert Howard
President and chief executive officer
L. Alayne Metrick
President, St. Michael’s Foundation
Dr. Douglas Sinclair
Executive vice-president and chief medical officer
Dr. Arthur Slutsky
Vice-president, research
Support St. Michael's Hospital with a gift to *Inspire 2018.*

[st michael hospital.com](http://stmichaelshospital.com)