



CREDIT • VALLEY
THE CREDIT VALLEY HOSPITAL

BOARD OF GOVERNORS

2005/06

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CREDIT • VALLEY

Chairman and Presidents Annual Report

“Healing and Hope – New Opportunities at CVH”

In the past year, we celebrated 20 years of operation as a community hospital. Remarkably 165 employees were recognized for their 20 years of service in special ceremonies that brought forward many stories of the “good old days” as well as testimonials on the many opportunities that have been presented over those 20 years. Our vision is to be the finest hospital in Canada in the hearts and minds of the people we serve. This report summarizes the activities of the period April 2005 to March 2006. As you will see, in our 20th year of operation, we were provided with more opportunities than ever before to move closer to achieving our vision.

Capacity

Last June we were delighted to officially open our new 330,000 gross square foot Carlo Fidani Peel Regional Cancer Centre and the Vijay Jeet and Nina Kanwar Ambulatory Care Centre with special ceremonies attended by many VIP’s including the Lieutenant Governor of Ontario, the Honourable James Bartleman. Just prior to that we were able to keep a promise to our staff who had an informal official opening and sneak peek of the facilities on May 5th – known as Operation 5-5-5. There was also a ceremony for major donors who deserved special recognition by our Foundation for helping to make our new addition a reality. The Minister of Health, the Honourable George Smitherman, was able to attend the official opening but not tour the facilities on that day due to other commitments. We were therefore delighted to welcome him back in January for a tour and major announcement of operating funds for regional cancer centres across the province including an \$11 million grant for The Carlo Fidani Peel Regional Cancer Centre.

This new addition included an improvement in parking capacity by over 400 spaces – none too soon as this remains a major issue in our rapidly growing city! We also increased our capacity to provide retail outlets for staff, patients and visitors including eight new facilities in addition to the seven existing services. During the year we approved the expansion of the gift shop and look forward to the positive results for those served by our Volunteer Partners. We also renovated the Guru Nanak Dev Pharmacentre so that at long last they have a truly private facility for patient counseling and a vastly upgraded modern looking storefront. As the year ended, we were constructing seven on-call rooms for physicians and post graduate trainees in family medicine from space vacated when we moved into the new building. We approved the renovation and upgrading of one of our operating rooms in order to provide better throughput and up to date facilities. Finally thanks to the generosity of the WB Family Foundation we were able to purchase and install a second MRI machine which will have a dramatic impact on wait times for this diagnostic procedure.

Speaking of wait times, the hospital and its medical staff co-operated with the federal / provincial agreement to reduce wait times. We met our targets for increased volume for cataract surgery, hips and knee surgery and number of MRI examinations. We tried our

best but did not quite meet the volumes we intended for increased cancer surgery due to the limited capacity of our operating room facilities. On the other hand, our cancer centre was deliberately built with the capacity to be expanded and we had predicted that within a year of opening we would need to install a fourth linear accelerator (radiation treatment machine) in the room that we had outfitted in advance. We are now operating the three machines installed at the time of the official opening 11 hours per day. We look forward to installing the fourth machine so that we can maintain access to this treatment closer to home as promised when the building was opened.

So have we made use of the new building and the space vacated as a result of the moving departments into that building? Here are a few statistics that indicate that we have certainly increased our service levels and in some cases could be described as bursting at the seams: diabetes education 14,167 visits – an increase of 25% over the previous year; medical oncology clinic visits 31,237 – an increase of 69%; medical and surgical ambulatory care clinics 5,471 visits – an increase of 85%; a record number of births at 5,008 – a 3.7% increase over the previous year; 4,641 inpatient operating room cases – a 6% increase; 11,255 same day surgery cases – 8.6% increase; 7,406 endoscopy cases – a 20.4% increase; diagnostic imaging a 16% increase over the previous year; laboratory a 5% increase; and cardiopulmonary inpatient and outpatient volumes - a 15% increase over the previous year.

In order to decongest our site and provide better access to care, the Board approved the planning for relocation of our maternal / child outpatient services to an offsite location as well as all of our day surgery to an offsite surgicentre.

Finally under the topic of capacity, we were delighted to welcome the Honourable David Caplan, Minister of Public Infrastructure Renewal, local MPPs and other officials to an August ceremony to announce the approval to proceed with construction of the A and H (Phase II) in fiscal 2007/08. We want to acknowledge the special efforts of our local MPP Mr. Bob Delaney who worked tirelessly on our behalf including a petition to the legislature to ensure that this announcement was made.

Accountability and Performance Monitoring

In our report last year we indicated that the Board of Governors had undertaken a “best practices” review of its operation as a Board. As a result during the year we reduced the number of elected members from 16 to 13, restructured our board committees and clarified the role of board members. At this year’s Annual General Meeting, after a year of work by our Corporate Governance Committee and advice of our legal counsel, we will be presenting entirely new administrative by-laws that reflect best practices in board governance in the hospital sector. A special thank you to Cindy Heinz, chairman of our Corporate Governance Committee, for the countless hours of hard work and advice to bring this final component of our governance renewal process to a close at the Annual General Meeting.

The Board of Governors, approved and the Chairman and CEO signed, our hospital accountability agreement within the prescribed deadlines by the Ministry of Health. This included a pledge to have a balanced budget in both 2005/06 and 2006/07. As you will

see in the financial reports, we were successful in achieving the balanced budget in the current fiscal year and even recording a small surplus. Even more remarkable was that our \$129 million construction project was completed on time and nearly \$10 million under budget – unprecedented in the province of Ontario! The Board and senior management have worked diligently on establishing a balanced scorecard performance monitoring system that is now complete and beginning to be used by the Board and its committees on a regular basis. In advance of provincial legislation on smoking, Credit Valley Hospital on May 5, 2005 became one of the first hospitals in the province of Ontario to ban smoking on the entire property. Our hospital was recognized for this progressive policy and received the Heather Crowe Award from the province of Ontario.

During the year the Board spent a great deal of time trying to determine the appropriate response to the very real fear of a flu pandemic and other infectious disease outbreaks. After much deliberation, the Board has made specific investments to ensure that its workers, medical staff and volunteers are protected in the event of a flu pandemic and that the public is assured that we will be as prepared as we can be to respond to their needs if such a pandemic should occur. In addition we have doubled the resources that we have available to us to ensure that infection prevention and control is emphasized at all times.

Finally we are pleased to report that the Canadian Council on Health Services Accreditation for the sixth time in a row has awarded The Credit Valley Hospital the highest accreditation award (a three year award) which means that we meet or exceed all of the national standards for quality patient care, safety, and excellence in management and governance. This was truly a team effort involving Board, management, staff, medical staff and volunteers and all are to be congratulated for achieving this recognition by a national standard setting body. Members of the public can be assured that despite the constraints we face and chaos of construction over the last three years, The Credit Valley Hospital once again rose to the occasion and met or exceeded national standards.

New Opportunities ... for service and quality

There were many new opportunities presented by the opening of our new facility and vacating space in the original building.

Our new building allowed us to provide radiation treatment for the first time to our local community closer to home and the volume of service provided by the hospital has increased dramatically as a result of the new space available to us.

Vacated space in the existing building has allowed us to renovate and relocate our addictions and concurrent disorder treatment program as well as our women's health program from rented facilities at 2300 Eglinton Ave. West to Valley House which had originally been built to house administration while we waited for the new addition to open.

We renovated space to better accommodate our inpatients who require haemodialysis, to expand our emergency room capabilities, and to expand office space for our infection control team and others.

There are still many areas of the hospital that are overwhelmed with volume of care. We remain concerned about patient throughput, patient safety and quality. We therefore entered into an agreement with the 3M consulting company to undertake a Six Sigma project in our emergency department to improve the throughput and care of patients triaged as urgent but not in need of immediate care.

We have adopted the Canada wide initiative called Safer Healthcare Now! We are one of the first hospitals in the country to commit to all six initiatives to improve patient safety.

Finally there have been many new opportunities presented by the Ontario government's transformation agenda in health care. The hospital has been proactive in co-operating with government, including the establishment of the new Local Health Integrated Network. We took the initiative to begin dialogue with Halton Health Services Corporation and Trillium Health Centre leadership to provide our LHIN with opportunities for early implementation of integration opportunities to improve efficiency and access to care. Our vice president Dan Germain has been named by the LHIN as the information technology lead and we look forward to the contributions that he will make in that leadership role. Our not for profit corporation owned by the hospitals in Halton and Peel, called Shared Services West, continues in operation and will demonstrate to our LHIN new opportunities for further integration of services to each of the hospitals and perhaps others in the healthcare system.

New Opportunities ... for teaching medical students

Perhaps the most significant new opportunity presented to The Credit Valley Hospital in the past year is the teaching of undergraduate and postgraduate medical students. At our annual leadership summit in October, senior management and the Board were encouraged to complete negotiations for the establishment of a postgraduate teaching unit in family medicine at Credit Valley. This has now become a reality and as of July 1st the first four family medicine residents will begin their training at Credit Valley in rented facilities at 2300 Eglinton Ave. West on the hospital campus. When this program is fully mature, there will be nine family medicine residents for each of two years for a total of 18 residents involved in inpatient and outpatient care on hospital campus as well as throughout the community. This is good news for the community, for the hospital and for the department of family medicine at The Credit Valley Hospital. As many Ontario communities are becoming increasingly aware of the shortage of family physicians, The Credit Valley Hospital will be "growing its own" as a significant number of those new graduates are expected to set up practice in Mississauga and surrounding communities upon graduation from this two-year program. Even more impressive was a later announcement that we will be able to establish a family health team in association with the teaching unit. This means that these new doctors will be trained in the new and very progressive family health team model wherein the family doctor works with nurse practitioners, nurses, dieticians, social workers, psychologists and others to ensure a comprehensive service with extended office hours with great benefit to the people we serve.

In February, the Minister of Training, Colleges and Universities announced that the Ontario government will fund 26 additional undergraduate medical trainee positions at a new academy of medicine at the Mississauga campus of the University of Toronto. The university then indicated that it would relocate ten undergraduate medical trainee spots from an existing academy to UTM in order to ensure a critical mass of 36 students in each of four years (a total of 144 undergraduate medical students). Later, we were informed that up to 144 postgraduate residents would also be assigned to the UTM campus to ensure adequate supervision of undergraduate medical students. It is proposed that the approximately 288 additional medical students and residents would receive their clinical experience on a shared basis between Trillium Health Centre and The Credit Valley Hospital.

We are proud that the expertise of our medical staff and capabilities of our hospital as a whole have been recognized by the Ontario government and that we have been provided with the opportunity to develop a new learning experience for undergraduate and postgraduate medical students in a community hospital setting. Just as the postgraduate family medicine training unit will provide opportunities for graduates to stay in this community, the presence of an academy of medicine will also provide new opportunities for the supply of physician manpower in our fast growing community.

The Credit Valley Hospital however is first and foremost a community hospital that will continue to emphasize patient care over teaching and research. Therefore it is imperative that we are assured that A and H block construction will be accelerated and that other additional resources will be put in place in time for the arrival of these undergraduate and postgraduate medical students. They will begin to receive the bulk of their clinical training in July of 2009. The Board will continue to consider the implications of a teaching unit along with an assessment of the commitment of the Ministry of Health and Long Term Care to ensure that adequate resources are in place to assure access and quality of patient care; that the needs of our physicians are addressed; and that students will receive an excellent experience at the UTM academy of medicine and The Credit Valley Hospital.

We believe we have a unique opportunity to design a new learning environment for medical students based on our vision as a community teaching hospital dedicated to efficient delivery of quality patient care in an interdisciplinary model of care.

Teamwork

It is not possible in this report to detail all of the activities of the past year. It is clear however that we are a very busy hospital and that the recognition that we have received for excellence could not have been accomplished without the dedication and commitment of high functioning teams throughout the hospital. Our Board of Governors met ten times and actively participated in our annual two-day leadership summit on strategic planning – this year focusing on contributing to the development of our Local Health Integration Network and understanding the challenges and opportunities of becoming a teaching hospital. We want to thank Board members for their support and guidance as we undertook many initiatives over the past year.

In the last year we said a fond farewell to Dr. Barbara Clive as she completed a ten year term as chief of medical staff, and thank her for her ongoing efforts to develop of a regional geriatric program. At the Annual General Meeting last June we announced the appointment of Dr. Matt Gysler, former chief of obstetrics and gynaecology at The Credit Valley Hospital, who took on the position of chief of medical staff on September 1st. We have benefited greatly from his enthusiasm and wise counsel and thank him for the efforts he has made to understand his new role and the importance the board places on input from the chief of medical staff in all board decisions.

Our Foundation enjoyed a successful year, attracting many new donors who recognized the benefits of supporting The Credit Valley Hospital. Our capital campaign has reached \$47 million and the effort continues to reach our goal of \$50 million in the next year. We are grateful to all our donors and to our Foundation Board and staff who lead this initiative.

Our Volunteer Partners also had a very successful year that involved achievement of their fundraising goal of \$1 million to our Foundation's capital campaign, as well as expansion to over 950 volunteers as a result of continuing demand for volunteers in our regular programs and a full integration with the Canadian Cancer Society volunteers associated with The Carlo Fidani Peel Regional Cancer Centre. Marie Clipperton, president of the Volunteer Partners, is an ex-officio member of our Board and will be stepping down at the Annual General Meeting of the Volunteer Partners later in June. We thank Marie for her contributions over the past year and look forward to working with her successor as even more opportunities are presented to enhance the quality of the experience for our very essential Volunteer Partners.

We have a hard working and dedicated medical staff some of whom are understandably concerned about the impact of a decision to become a teaching hospital. We have tried our best listen to their concerns and have pledged to ensure that the decision to become a teaching hospital will have a positive impact on quality and access to patient care, working conditions for medical staff, and opportunities for learners and teachers alike. We have benefited from the input of the president of the Medical Staff Association, Dr. George Dyke, and will bid a farewell to him as he finishes his term as president and welcome the new president to be elected following our Annual General Meeting as an ex-officio board member.

Our hospital staff accomplished the move into the new building with amazing ease after many months of planning. Our patients have benefited from their hard work and dedication and we are very grateful for their ongoing support and contribution to achieving our vision.

Just before the AGM, we received notice that once again, thanks to the dedication to excellence of our medical staff and hospital staff, The Credit Valley Hospital has received full accreditation from the Canadian College of Health Services Accreditation (CCHSA). This means that we have met or exceeded all of the national standards for quality, safety, and excellence in management and governance. It is only through the efforts of our medical staff and hospital staff that this significant achievement was realized during the past three years of challenges of construction, increasing volume of patient care and fiscal restraint. Well done everyone!

Our local MPPs have remained actively engaged in all of the issues facing The Credit Valley Hospital, and we thank them for their ongoing support and look forward to working with them as we face the challenges and opportunities of the future. In particular we want to thank MPP Bob Delany in whose riding the hospital exists. He has been tireless in supporting the need for this hospital to expand to meet the needs of the still growing and aging population we serve.

Finally on behalf of the Board, staff, medical staff, volunteers and patients we serve, we want to thank the City of Mississauga and surrounding communities for their ongoing support and encouragement as we strive to find new opportunities to achieve our vision and to provide healing and hope.

Respectfully submitted,



Norman Loberg
Chair, Board of Governors



D. Wayne Fyffe
President and CEO

ANNUAL REPORT OF THE CHIEF OF MEDICAL STAFF

“Healing and Hope – New Opportunities at CVH”

To grow as communities of grace, joy and peace we must live and practice our diversity and call on our leaders to embrace new opportunities in our changing environment. To live as people of healing and hope we are committed to meet the growing and changing healthcare needs of our community through the work of our staff.

It has been said to allow people to heal, we must provide hope. At The Credit Valley Hospital, we provide healing and hope not only through our new and beautiful new physical facilities but more importantly through our staff and all the members of the healthcare team. Our medical and professional staff provides healing through their knowledge of science and medicine and their efforts are made possible only through the contributions of the entire Credit Valley family.

The knowledge, caring and kindness shown by our staff plays a significant role in enabling our patients to draw upon their inner strength. New opportunities to value, acknowledge and encourage these qualities in our staff through “Our People Care “ add immeasurably to our effectiveness. Working together our professionals, patients and their families learn to guide their own path to health and healing in an holistic and healthy environment.

Changes in leadership support new opportunities and are essential for growth and development. We are fortunate to be able to attract new leaders from within.

In June 2005, we were pleased to welcome Dr. Gerard Bruin as the new chief of anaesthesia. Dr. Bruin has been on staff as an anaesthetist here at CVH since 2000. Under his leadership relationships with the departments of surgery and obstetrics and gynaecology and within the hospital operating room setting have markedly improved. His interest in new opportunities has made our participation in the new provincial wait list management possible.

Dr. Carol Wade was welcomed as the new chief of obstetrics and gynaecology in September 2005. Dr. Wade has an outstanding reputation amongst patients, the community and her peers. She provides solid leadership and helps us provide excellence in women's health.

Dr. Barbara Clive was appointed the medical director of the regional geriatric services in September 2005. Barbara is building strong relationships between the diverse geriatric services within our communities and thereby strengthening patient care. Dr. Clive has accepted the physician lead of the electronic documentation and data integrated everywhere (EDDIE) project. Her experience as a leader will help us to be successful with this project designed to provide us with new opportunities to reduce risk and medical error.

I am pleased to announce the appointment of Dr. Alicia Sarabia to the department of laboratory medicine on June 5, 2006. Dr. Sarabia comes to us from MDS Laboratories and I welcome her as our medical microbiologist. Dr. Sarabia will strengthen our team managing infectious diseases and infection control in our hospital and community.

In September 2005 I was appointed as chief of medical staff. I must take this opportunity to thank Dr. Barbara Clive for her invaluable support in the transition. Mr. Norm Loberg, chairman of the Board and Mr. Wayne Fyffe, president and CEO have provided wonderful support and guidance during this period. The senior management team and the members the Board of Governors and staff of The Credit Valley Hospital have offered their patience and time to help me adjust and learn in my new role. I now welcome and look forward to the challenges ahead.

Academy of Medicine

Partnering with our neighbor The Trillium Health Center we have entered into dialog with the Ministry of Health and Long-Term Care, the Ministry of Training, Colleges and Universities and the University of Toronto to develop a new Academy for undergraduate medical students at the University of Toronto in Mississauga. This new opportunity must be resourced so as not to interfere with patient care. We look forward to this new challenge in the interest of patients, our community and our health care team.

Family Medicine Teaching Unit

Dr. Paul Philbrook, Dr. David Clarkson and Ms. Connie Day with the support of the Board of Governors will open the doors to the new Family Medicine Teaching Unit at The Credit Valley Hospital on July 1, 2006. Our role as a teaching facility will serve to invigorate our staff and encourage us to take on this new challenge with enthusiasm. We are grateful for the support of the leadership team and proud of the amount of external funding made available through their efforts so as to minimize any impact on our funding.

Research

We are currently participating in 140 research projects. In my role as chief of medical staff, I support the growth of research at our community hospital. I believe this is essential in attracting health care providers in the forefront of medicine and providing our patients with the best possible care available.

Ending Mandatory Retirement

Legislation has required that all references to mandatory retirement be removed from our medical staff policies and procedures. Credentialing will continue on the basis of competency and departmental rules and regulations.

Master Plan

The completion of the first phase of construction – The Carlo Fidani Peel Regional Cancer Centre and The Vijay Jeet and Neena Kanwar Ambulatory Care Centre – has had great benefits for patients and caregivers. We enjoy our new environment and sincerely thank those responsible for making the transition seem effortless.

We must now focus on the needs of other areas under pressure from clinical volumes. We have successfully initiated expansion in labour and delivery and moved the outpatient women’s health services thereby mitigating the most severe risk in this fashion. This will allow us to complete the expansion in the emergency department. Expansion of the operating room facilities with the renovation of operating room number two, will give us temporary relief in the surgical service to help us cope with the additional surgical volumes. We must now deal with the neonatal intensive care unit (NICU) and the intensive care unit (ICU) and coronary care unit (CCU). We are all proud to see such effort put forward to accommodate patients needs in these times of financial restraints.

To make The Credit Valley Hospital truly the finest hospital in Canada in the hearts and minds of people we serve we must continue to extend ourselves, remain innovative and committed to provide the best service possible.

Respectfully submitted,



Dr. Mathias Gysler
Chief of Medical Staff

FOR THE PERIOD ENDING
March 31, 2006

HOSPITAL OPERATIONS REVENUE	CURRENT BUDGET	CURRENT ACTUAL	CURRENT VARIANCE	%	Y.T.D. BUDGET	Y.T.D. ACTUAL	Y.T.D. VARIANCE	%	ANNUAL BUDGET
MINISTRY OF HEALTH	24,668,243	23,254,364	(1,413,879)	-5.7%	206,323,469	208,103,739	1,780,270	0.9%	200,932,945
MOH TECHNICAL FEES	1,618,982	2,642,610	1,023,628	63.2%	19,213,660	22,599,811	3,386,151	17.6%	19,213,660
PREFERRED ACCOMODATION	458,630	447,430	(11,200)	-2.4%	5,400,000	4,658,321	(741,679)	-13.7%	5,400,000
CHRONIC CO-PAYMENT	29,896	31,898	2,002	6.7%	352,000	292,667	(59,333)	-16.9%	352,000
FOOD SERVICES	92,590	57,728	(34,862)	-37.7%	1,090,174	916,606	(173,568)	-15.9%	1,090,174
TELEVISION & TELEPHONE	52,319	46,978	(5,341)	-10.2%	616,000	583,076	(32,924)	-5.3%	616,000
PARKING	463,323	405,864	(57,459)	-12.4%	4,369,000	4,142,993	(226,007)	-5.2%	4,369,000
PHARMACENTRE	102,768	238,433	135,665	132.0%	1,210,000	1,415,694	205,694	17.0%	1,210,000
INTEREST INCOME	16,986	12,142	(4,844)	-28.5%	200,000	212,403	12,403	6.2%	200,000
OTHER INCOME	991,145	2,931,452	1,940,307	195.8%	11,669,908	14,113,850	2,443,942	20.9%	14,032,193
OTHER VOTES	403,170	(56,255)	(459,425)	-114.0%	4,774,677	4,261,246	(513,431)	-10.8%	4,774,677
	28,898,052	30,012,644	1,114,592	3.9%	255,218,888	261,300,406	6,081,518	2.4%	252,190,649
EXPENSES									
SALARIES AND WAGES	10,902,720	11,460,788	(558,068)	-5.1%	126,185,984	125,669,812	516,172	0.4%	125,689,481
EMPLOYEE BENEFITS	3,415,182	2,664,195	750,987	22.0%	31,142,539	30,717,180	425,359	1.4%	31,595,311
MEDICAL STAFF REMUNERATION	1,655,833	2,259,078	(603,245)	-36.4%	17,357,646	19,783,131	(2,425,485)	-14.0%	17,370,313
MEDICAL & SURGICAL SUPPLIES	1,307,030	1,952,936	(645,906)	-49.4%	15,389,331	16,702,901	(1,313,570)	-8.5%	15,384,819
DRUGS	776,793	1,659,597	(882,804)	-113.6%	9,146,089	10,546,881	(1,400,792)	-15.3%	9,386,089
SUPPLIES & OTHER EXPENSES	9,478,996	5,902,870	3,576,126	37.7%	39,722,622	37,689,327	2,033,295	5.1%	36,489,959
OTHER VOTES	403,170	(56,255)	459,425	114.0%	4,774,677	4,261,246	513,431	10.8%	4,774,677
DEPRECIATION-EQUIPMENT	27,939,724	25,843,209	2,096,515	7.5%	243,718,888	245,370,478	(1,651,590)	-0.7%	240,690,649
SUB-TOTAL	958,329	2,696,419	1,738,090	181.4%	11,500,000	13,249,969	(1,749,969)	-15.2%	11,500,000
	28,898,053	28,539,628	358,425	1.2%	255,218,888	258,620,447	(3,401,559)	-1.3%	252,190,649
SURPLUS(DEFICIT)	-	1,473,016	1,473,016	100.0%	-	2,679,959	2,679,959	100.0%	-
BUILDING DEPRECIATION									
AMORTIZATION OF CAPITAL GRANTS	247,235	689,664	442,429	179.0%	2,966,827	3,409,256	442,429	14.9%	2,966,827
BUILDING DEPRECIATION	391,196	657,968	(266,772)	-68.2%	4,694,347	4,961,119	(266,772)	-5.7%	4,694,347
SURPLUS(DEFICIT)	(143,961)	31,696	175,657	-122.0%	(1,727,520)	(1,551,863)	175,657	-10.2%	(1,727,520)
SURPLUS(DEFICIT)	(143,961)	1,504,712	1,648,673	1145.2%	(1,727,520)	1,128,096	2,855,616	165.3%	(1,727,520)

OPERATING STATISTICS

March 31, 2006

	CURRENT BUDGET	CURRENT ACTUAL	CURRENT VARIANCE	Y-T-D BUDGET	Y-T-D ACTUAL	Y-T-D VARIANCE	LAST YEAR Y-T-D ACTUAL	LAST YEAR VARIANCE	ANNUAL BUDGET
Patient Days									
Adults & Paediatric	7,725	7,951	102.92%	90,957	90,692	99.71%	88,807	102.12%	90,957
Newborn	1,256	1,312	104.45%	14,804	14,920	100.78%	14,804	100.78%	14,804
Mental Health	573	562	98.15%	6,742	6,744	100.03%	6,742	100.03%	6,742
Rehabilitation	1,204	1,137	94.40%	14,182	13,530	95.40%	14,182	95.40%	14,182
Chronic	1,139	1,143	100.33%	13,413	13,313	99.25%	13,413	99.25%	13,413
Emergency	203	592	290.91%	2,396	4,342	181.22%	3,546	122.45%	2,396
Total Patient Days	12,101	12,697	104.93%	142,494	143,541	100.73%	141,494	101.45%	142,494
Out Patient Summary									
Emergency Service Visits	5,518	6,034	109.36%	64,966	66,275	102.01%	64,966	102.01%	64,966
Emergency Service Visits (Mental Health Only)									
-Crisis Team	155	129	83.04%	1,829	1,650	90.21%	1,829	90.21%	1,829
Other Day/Night Care Visits									
- Rehab Day Hospital	221	262	118.51%	2,603	2,744	105.42%	2,603	105.42%	2,603
-Diabetes Education	1,188	1,288	108.42%	14,000	14,167	101.19%	11,295	125.43%	14,000
-Oncology Clinic	1,913	3,110	162.61%	22,519	31,297	138.98%	18,521	168.98%	22,519
-Radiation Pre & Post	798	1,049	131.39%	9,400	6,900	73.40%	698	988.54%	9,400
- Surgical Oncology Pre & Post	51	70	136.68%	603	666	110.45%	137	486.13%	603
-Supportive Care	21	84	395.61%	250	219	87.60%	0	0.00%	250
-Paediatric Oncology	52	103	198.08%	616	924	150.00%	616	150.00%	616
-Haemodialysis Treatments	5,150	5,159	100.17%	60,652	58,624	96.66%	55,714	105.22%	60,652
-Pre Dialysis Clinic	160	165	102.90%	1,888	1,951	103.34%	1,888	103.34%	1,888
-Home Dialysis Clinic	133	101	75.70%	1,571	1,230	78.29%	1,571	78.29%	1,571
-Transplant Clinic Visits	25	22	86.92%	298	291	97.65%	298	97.65%	298
-Nephropathy Visits	377	326	86.39%	4,443	5,259	118.37%	4,443	118.37%	4,443
Total Other Day/Night	10,091	11,739	116.33%	118,843	124,272	104.57%	97,784	127.09%	118,843
Day/Night Care Mental Health & Addictions Visits									
-Alcohol & Drug	525	866	164.90%	6,300	9,784	155.30%	5,486	178.34%	6,300
-Mental health Visits	3,999	4,159	104.00%	47,085	40,381	85.76%	43,192	93.49%	47,085
Total Day/Night Mental Health	4,524	5,025	111.07%	53,385	50,165	93.97%	48,678	103.05%	53,385
Clinic Visits									
-Pacemaker Clinic	116	1,046	905.57%	1,360	2,688	197.65%	1,360	197.65%	1,360
-Cardiac Rehabilitation	712	1,046	146.91%	8,390	7,959	94.86%	5,249	151.63%	8,390
-Endoscopy Clinic	154	135	87.43%	1,818	1,635	89.93%	1,818	89.93%	1,818
-Amb. Care Medicine	252	701	278.65%	2,962	5,471	184.71%	2,962	184.71%	2,962
-Amb. Care Gynaecology	398	442	110.99%	4,689	4,709	100.43%	4,689	100.43%	4,689
-High Risk Clinic	708	723	102.12%	8,339	8,248	98.91%	8,339	98.91%	8,339
-MCS Visits & PPS Visits Breastfdg	839	810	96.53%	9,880	9,740	98.58%	9,880	98.58%	9,880
-Tonsillectomy & Adenoids	19	19	97.69%	229	307	134.06%	229	134.06%	229
-Neonatal Followup	107	191	178.50%	1,265	1,587	125.44%	1,265	125.45%	1,265
-Breastfeeding Clinic	0	262	0.00%	0	2,705	0.00%	1,736	0.00%	0
- Postpartum Clinic	0	390	0.00%	0	4,611	0.00%	3,380	0.00%	0
-Presurgery Clinic	2,404	2,278	94.76%	28,313	24,261	85.69%	26,484	91.61%	28,313
-Amb. Care Clinic	3,774	3,712	98.37%	44,254	41,792	94.44%	38,967	107.25%	44,238
-Community-Health Promotion	552	0	0.00%	6,500	0	0.00%	0	0.00%	6,500
Total Clinic Visits	10,035	11,755	117.14%	118,000	115,713	98.06%	106,358	108.80%	117,993
Community Service Visits									
-Quick Response	176	108	61.40%	2,071	1,338	64.61%	2,071	64.61%	2,071
Total Outpatient Summary	30,344	34,661	114.23%	357,265	357,763	100.14%	319,857	111.85%	357,248
OTHER VOLUMES									
BIRTHS	410	452	110.21%	4,829	5,008	103.71%	4,829	103.71%	4,829
OR INPATIENT CASES	408	369	90.42%	4,805	4,641	96.59%	4,372	106.15%	4,805
OR SDC CASES	922	1,065	115.51%	10,861	11,255	103.63%	10,356	108.68%	10,861
ENDOSCOPY CASES	548	718	130.97%	6,455	7,406	114.73%	6,150	120.42%	6,455
TOTAL CASES	1,878	2,152	114.57%	22,121	23,302	105.34%	20,878	111.61%	22,121
WORKLOAD									
IMAGING UNITS									
INPATIENTS	48,411	63,369	130.90%	570,000	670,049	117.55%	558,653	119.94%	570,000
OUTPATIENTS	274,329	360,645	131.46%	3,230,000	3,749,397	116.08%	3,241,408	115.67%	3,230,000
TOTAL UNITS	322,740	424,014	131.38%	3,800,000	4,419,446	116.30%	3,800,061	116.30%	3,800,000
LABORATORY									
INPATIENTS	267,534	305,797	114.30%	3,150,000	3,413,148	108.35%	3,151,370	108.31%	3,150,000
OUTPATIENTS	586,027	654,811	111.74%	6,900,000	7,291,646	105.68%	6,891,364	105.81%	6,900,000
REFERRED IN	39,918	70,935	177.70%	470,000	640,612	136.30%	461,459	138.82%	470,000
REFERRED OUT	16,477	18,361	111.44%	194,000	203,350	104.82%	193,887	104.88%	194,000
ROUTINE HEALTH	124,000	115,652	93.27%	1,460,000	1,261,337	86.39%	1,462,656	86.24%	1,460,000
TOTAL UNITS	1,033,956	1,165,556	112.73%	12,174,000	12,810,093	105.23%	12,160,736	105.34%	12,174,000
CARDIOPULMONARY									
INPATIENT	161,370	143,230	88.76%	1,900,000	1,986,602	104.56%	1,877,841	105.79%	1,900,000
OUTPATIENT	254,795	399,192	156.67%	3,000,000	3,585,374	119.51%	2,959,865	121.13%	3,000,000
TOTAL UNITS	416,164	542,422	130.34%	4,900,000	5,571,976	113.71%	4,837,706	115.18%	4,900,000