



CREDIT VALLEY
THE CREDIT VALLEY HOSPITAL

annual report
2009-2010



Together We Create Better **H** Health Care



Quality, Access and Sustainability. These are the strategic goals that will drive our performance over the next five years. These goals and our new mission, vision and values are the crux of our hospital's Strategic Plan 2010-2015.



Michelle DiEmanuele
President & CEO

Joanne Rogers
Chair, Board of Directors

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A MESSAGE FROM THE CHAIR, BOARD OF DIRECTORS AND THE PRESIDENT & CEO

Excellent hospital care that focuses on the needs and satisfaction of our patients begets excellent patient experiences. Those experiences, enhanced through partnerships that connect our patients to other health care specialists and community resources will complete the continuum of safe, quality patient care that is our hospital mission – *to deliver safe, quality and patient centred hospital care, directly or through partnerships.*

The Credit Valley Hospital's Strategic Plan 2010 – 2015 has three overarching goals – quality, access and sustainability. We must provide our patients with access to quality care within our defined role as a hospital and within the budget we are given in order to ensure sustainable and affordable patient care.

For the last two years The Credit Valley Hospital has been operating with a structural deficit. Over the last decade Credit Valley has continually tried to meet the needs of all patients coming through our doors for care.

The hospital has consistently delivered more care to patients that we are funded to do.

In spite of these pressures, Credit Valley continues to provide safe, quality patient care.

Our new strategic plan recognizes that we can no longer continue to subsidize the funding shortfalls given our high volumes of service.

As we approach the hospital's 25th anniversary in November, we reflect on the growth and maturity of our hospital and how we have evolved over the years because of need, and in some instances because of opportunity. The economic reality coupled with demand for services will be the catalyst for changing how we deliver care. We will not compromise the quality of care our patients and families demand and expect from us.

We are an efficient hospital. Our cost per weighted case is among the lowest in the province compared with hospitals of the same size and scope.

CATEGORY	FIVE YEAR GROWTH
CVH outpatient visits	↑ 40%
CVH emergency department visits	↑ 17%
CVH surgical cases	↑ 25%
Mississauga population	↑ 9%



Two years ago we were faced with a structural deficit. This is a reflection of the unprecedented growth in the chart on the previous page. Our emergency department visits have increased by 17% over the last five years. This has manifested itself in gridlock – when there are more than 25 admitted patients in the emergency department waiting for the next available patient bed on an inpatient unit.

We have seen a 25% growth in surgical procedures in the last five years which means longer waits for care. We have capped the number of obstetrical patients we care for in order to ensure we have the facilities to deliver babies safely.

For the second year in a row we have ended the year with a deficit. We also reduced services and drove efficiencies to save \$13.1 million – an achievement that was made possible only through the dedication and commitment of the staff. The remaining deficit is due for the most part to inadequate funding in our core service areas to meet the demand. This means that our hospital gets fewer dollars per person than in other parts of the province and that we are expected to provide patient care with fewer dollars to pay for the drugs, diagnostics and beds to support care.

The Credit Valley Hospital is now implementing new service plans that invest in core services while eliminating some services that are more appropriately provided outside the hospital setting. These changes will be implemented in a planned way that minimizes the impact on patients. Patients currently receiving care in areas where reductions are being made will not be impacted – these services will remain in place until the patient's care is completed or can be transferred.

To ensure the services we provide at Credit Valley create and enhance evidence based safety and patient centred systems for patients we have developed a more comprehensive balanced scorecard. The scorecard provides an overview of quality, safety and satisfaction in all patient care areas. It can be found on page 21 of this report.

Quality Hospital Care

On December 11, 2009 CVH was informed by Accreditation Canada that our hospital met or exceeded national compliance standards, scoring 100% in sustainable governance, infection prevention and control, managing medications, diagnostic imaging services and emergency department services. This is a significant achievement in light of continually

escalating patient volumes and acuity of their illnesses.

This report provides insight into the way in which our hospital staff, physicians and volunteers worked tirelessly together and with our partners to provide safe, quality patient care despite often challenging conditions.

Patient Centred Care

The second wave of H1N1 struck Credit Valley and the entire country in late October, putting all of our resources to the test. A record 397 patients were seen through the emergency department in one day. On many days throughout the second wave, volumes were well over 300. Our professionals and support staff rallied as never before to manage the pandemic. Their creativity and enthusiasm despite very trying conditions, made us extremely proud. This report tells their story in more detail on page 12.

At time of writing we have received verbal notification that we will receive a capital planning grant for our next phase of work related to our critical care unit, our long standing surgical needs and teaching space.

Leadership, Partnership and Integration

Our commitment to partnership and integration with our sister hospital, Trillium Health Centre, was demonstrated with the first shared vice president and chief information officer in July of last year. Since then, we have hired a shared vice president of people services and organizational effectiveness and four shared director positions in strategy management, laboratories,

pharmacy and diagnostics. A regional ethicist was also hired. These individuals are leading our two hospitals in planning and implementing integrated clinical and administrative support services to support both distributed and centralized clinical and business operations and achieve more effective enterprise-wide operations for our shared community.

People

Creating a workplace of choice that provides an enriching experience for staff, physicians, volunteers and maintains human resource capacity is fundamental to our continued success. This year we introduced our new comprehensive HR strategy to align with the strategic goals and directions. The plan was developed following extensive consultation with staff and has already proven successful on several fronts.

In previous staff surveys, recognition and reward was cited as an area for improvement. The new plan includes a People's Choice Awards to recognize staff who, through their daily work with patients and colleagues, reflect our values of excellence, diversity, leadership and partnership. Within the first month, this recognition initiative saw a 400% increase in employee involvement over previous recognition initiatives.

The plan includes a talent management component that is essential for professional recruitment and succession planning, as we, and all hospitals, are challenged with an aging workforce. We will continue to invest in our employees.

Enabling Services

Last summer, The Credit Valley Hospital and Trillium Health Centre hired a “shared” Chief Information Officer who harnessed the expertise of the hospitals’ two very separate information system departments to develop one information system that would *REACH* beyond individuals hospitals and the various health care partners within the Mississauga Halton Local Health Integration Network (MH LHIN) and the Central West LHIN. This completes the information sharing cycle between hospital care providers at Credit Valley, Trillium Health Centre, Halton Healthcare Services and William Osler Health Centre. *REACH* stands for **R**apid **E**lectronic **A**ccess to **C**linical **H**ealth information.

The functionality of the system has at its core, the needs of the patient – the information that is integral to the patient’s care – the electronic patient record (EPR) will be at the ready when his family physician, his surgeon, his imaging technician or his nurse needs it to support his care.

Clinical Supports

The Credit Valley Hospital Phase II Capital Project - A and H wings - continues to operate on schedule and on budget. Our complex continuing care patients are preparing to move into their new wing on level 0 later this month. During the next year, different programs and services will move to the new space and we intend to report in this report next year, that all moves have been successfully completed.

On the Horizon

Construction of the University of Toronto Mississauga Academy of Medicine began earlier this year. We are on target for 54 students each of four years of the medical education program at Credit Valley as well as 60 post graduate students each year. The Ministry of Health and Long-Term Care committed to a funding model to develop and support the medical academy business case submission.

Finally we wish to thank our leadership team, staff, physicians and volunteers for an outstanding job.

It is an exciting, albeit challenging time for Credit Valley. We are moving forward with passion and commitment to our patients and families and with determination and vision for the future.

Together we create better health care.

Respectfully submitted,



Joanne Rogers

Chair, Board of Directors



Michelle DiEmanuele

President & CEO



Matt Gysler
Chief of Medical Staff

We will not change for change sake, but we will make changes to promote the best in patient care.

A MESSAGE FROM THE CHIEF OF MEDICAL STAFF

This has been a year of many changes and improvements. There was extensive engagement of our medical staff as we undertook the development of a new strategic plan. Participation in this process has enlightened many to the funding and service challenges we face. It is only by the coordinated efforts of our medical leaders and patient care directors that we will achieve the balance of accessibility and quality for a long period of time.

Complementing this are the many developments with our medical departments to respond to the changing demands. Our paediatric department along with the entire maternal child team has engaged the many stakeholders across the LHIN to initiate the development of a regional mat-child model of service delivery. This department, under the leadership of Dr. Ann Bayliss, has also been a leader in embracing our role as medical educators for the full range of medical trainees.

Dr. Tom Short’s leadership in surgery has been instrumental in improved efficiencies in the operating room. Surgery’s informal department structure has been formalized to improve communication and decision-making within that medical department. The surgical division heads are now engaged in service

and budget planning as well as many quality improvement measures such as physician scorecards.

A key element of our strategic plan is the development of a different hospitalist model. The increased acuity and demands of inpatient care prompted a re-evaluation of the family medicine hospitalist service. A new hybrid model is now being implemented which includes both general internal medicine specialists and family physicians. A special thank you to the eight family physicians who stepped up to fill the gap for unaffiliated patients since 2002 - Dr. David Clarkson, Dr. Robert Boyko, Dr. Tom Hong, Dr. Len Debolster, Dr. Joel Eisen, Dr. Fred Besik, Dr. Jan Gustafsson, and Dr. Michael Kroll. I am confident that our new model will meet the needs of this patient group and provide the specialty support across the continuum of care.

The cadre of general internal medicine specialists will be a new division in the department of medicine. This medical department has also formalized the division head structure with the same goals of improved communication and decision-making. Specific quality initiatives pertaining to the practice of medicine have been identified to improve patient flow and clarify referrals.



Recent organizational change and expansion in the Infection Prevention and Control department made it possible to improve efforts in the tracking of infections and educational activities. This contributed to a significant decrease in the incidence of MRSA, VRE and C.difficile in comparison to 2008. In the wake of pandemic influenza, the infection prevention and control team provided guidance and leadership to the stakeholders, front line staff and community partners. Despite increased numbers of patients admitted with pandemic influenza, there was no known transmission of this infection that occurred at Credit Valley.

All this has been undertaken while planning for the Mississauga Academy of Medicine. While we await the final funding announcements, we continue to expand the trainee volumes. This year our volume of medical trainee days exceeded 10,000. There were over 300 medical trainees at CVH at different times – some for one day, some for the entire year. Congratulations to the leaders of the Medical Staff Association who identified the need and established a joint Clinical Teachers Association to help our physicians address the many issues relating to their role in medical education.

And finally, we concluded the development of a regional credentialing process with our partners at Trillium Health Centre and Halton Healthcare Services. This will avoid duplication of effort for both hospitals and physicians while promoting best practices in credentialing. This new process will be implemented over the summer with new candidates then next year at reappointment time.

Forces will continue to exert pressure to change. Change is a fact of life. We will not change for change sake, but we will make changes to promote the best in patient care.

Matt Gysler
Chief of Medical Staff

TOGETHER WE CREATE BETTER HEALTH CARE

Like any service, when demand outstrips supply we need to make choices. A strategic plan brings together the history, data, issues and economic forecast that will enable an organization to set its course for the future.

The Credit Valley Hospital's Strategic Plan 2010 – 2015 represents the “voice” of the more than 400 patients, families and caregivers who participated in the development of the plan. Our strategic plan is the framework to guide our staff, physicians and volunteers as they provide compassionate, quality patient centred care over the next five years.

The plan incorporates the outstanding work of the past and aligns it with the future, focusing on our core patient services

that should be provided in a hospital and redirecting those services that are more appropriately provided in the community.

The plan is about creating a health care delivery system for our community that is sustainable and affordable. It's providing patient centred care in an environment that is driven by the needs of the patients. It's about integrating services with health care partners throughout the continuum of care and closely linking our care with the management of chronic disease. These commitments are reflected in our mission, *to deliver safe, quality and patient centred hospital care directly and through partnerships.*

The Credit Valley Hospital Strategic Plan 2010-2015

OUR MISSION
To deliver safe, quality and patient centred hospital care, directly and through partnerships

OUR VISION
Together We Create Better Health Care





OUR VALUES
Excellence
Diversity
Leadership
Partnership

STRATEGIC GOALS

Quality

Access

Sustainability

STRATEGIC DIRECTIONS



Patient Centred Care



Quality Hospital Care



Leadership, Partnership, Integration

STRATEGIC FOUNDATIONS



Enabling Services
People
Clinical Supports

Our Vision

Together We Create Better Health Care emphasizes our shared commitment to be better each and every day. The **H** in health reflects our commitment to provide quality hospital services.

Our Values

We will ensure best practice in everything we do and we will make strategic investments to ensure we maintain that standard of care to all members of our diverse community. These promises are reflected in our values: *excellence, diversity, leadership and partnership.*

Our Goals

Our goals – *quality, access and sustainability* – reflect our promise to you to deliver on our strategic plan and all that it stands for.

Each day every individual at Credit Valley will bring this plan to life. We have outstanding staff, physicians, volunteers and leaders whose dedication and skills will create a foundation for our shared success. At Credit Valley we will strive to make each experience the best.

“Salus et spes” are the Latin words defining Credit Valley in the original hospital crest 25 years ago. The words are as synonymous with Credit Valley today, as they were then. To that, patient Sharon Ingle will attest.



Living Our Promise

What Success Looks Like

We promise to treat you with respect and dignity and to do our best to reduce the anxiety that may be associated with your condition.

We promise to build a rapport and relationship with you that will meet or exceed your needs.

We promise to provide safe and consistent care in a timely manner, meeting or exceeding provincial standards.

We promise to connect you with caregivers in the community or at other hospitals to ensure the continuity of your care is intact.

We promise to recruit and retain the best care providers and through continuing education, support them to continuously upgrade their skills to meet or exceed the provincial standards of care.

“SALUS ET SPES” MEANS HEALING AND HOPE

Sharon wanted hope. She wanted to be healed.

Learning that she had breast cancer in October 2008, was very much like the kind of sentences handed down in the criminal courtroom where she practices law. And she wanted no part of it.

“I was traumatized. I was worried that the effect of chemotherapy would disable my athletic ability.” Sharon was and is an award winning amateur athlete.

Carole Veenema was Sharon’s chemotherapy nurse. Carole gave Sharon the hope she needed. “Right away I could tell that she was special,” Sharon says of their first meeting. Almost immediately they learned of their shared respect for cancer survivor, Lance Armstrong and their love of competitive sports.

Sharon wanted to be able to continue her athletic pursuits. She was not only a championship swimmer, but a triathlete as well. “Carole looked at me and said why can’t you do these things?”

Ingle says because of Carole’s encouragement she kept competing and won three medals at her next provincial swimming championship! After her ninth round of chemotherapy and four days before her surgery, Sharon competed in the national championships! Carole had given her the hope to carry on.

“Carole is my angel,” Sharon says. She smiles broadly as Carole borrows her medals to parade in front of other chemotherapy patients who need the kind of healing and hope Sharon received.

And so, Sharon nominated Carole for the Nightingale Award presented annually by the Toronto Star. The judges at the newspaper agreed with Sharon and on May 10th awarded Carole with the prestigious award for excellence in nursing – for those nurses who go above and beyond in the tradition of the award’s namesake, Florence Nightingale.

Sharon and Carole wore “their” medals at the award ceremony.



T-ake time to ask
 A-sk me about my disability
 L-isten
 K-now what accommodations
 there are for persons with
 disabilities



It is comforting to know that Credit Valley Hospital took things seriously. They obviously care about their community.
 - father of an ED patient

CREDIT VALLEY IS TALK-ING ABOUT ACCESSIBILITY

This year, as part of Credit Valley’s awareness campaign around the Accessibility for Ontarians with Disabilities Act (AODA) we encouraged several patients with disabilities to TALK to us about how they prefer to be treated and how we’re accommodating their special needs.

Credit Valley got an “A” in placing hand sanitizer stations at a level accommodating persons in wheelchairs. As well, providing space for wheelchairs in hospital waiting areas was acknowledged because “in that way, I feel that I’m part of the rest of the patient population.”

Speaking directly to the individual in a wheelchair rather than their caregiver and sitting with them for a conversation to maintain eye contact is respectful and makes for a more comfortable conversation.

One individual with a vision disability told us they appreciate being asked if they want assistance. This allows them to explain how one may be of assistance – “please take my right elbow and guide me down the hall”. Patients also appreciate it when caregivers explain what’s about to happen to them – an approach that is respectful in all patient encounters!

We learned so much from our patients with disabilities that we asked them to participate in several videos which are now available on the hospital’s website at www.cvh.on.ca/accessibility.

Accessibility for Ontarians with Disabilities Act is synonymous with Credit Valley’s commitment to provide patient centred care.

H1N1 RESPONSE

The second wave of the H1N1 influenza hit Credit Valley on October 28th. The volumes were very high as a result of the highly publicized death of an Etobicoke teen several days earlier. Initially many of the patients arriving at our emergency department were the “worried well” – individuals who did not qualify for the first round of vaccine because they weren’t in the high risk group that was able to receive the vaccine from the public health clinics.

We spent the first several days educating the public and patients internally and via the media, that hospitals were unable to provide routine H1N1 testing and/or vaccine.

As a result, the number of patients arriving for this reason decreased. But our numbers for real or perceived threat of H1N1 increased to an all time high several days later when we peaked at 400 patients in one day. We normally see 220 patients each day in the ED.

The hospital’s initial response was to establish a segregated ED triage area for febrile respiratory illness (FRI) positive patients

(those persons with new or worsening cough or shortness of breath; feeling feverish or had the chills or shakes; vomiting or diarrhea) in the ambulance bay. All staff and physicians caring for these patients wore personal protective equipment (PPE). Despite the challenge of the equipment and the very constrained quarters, the caregivers sense of humour prevailed. They quickly dubbed the temporary triage area “the Bay”.

On November 3, a second Flu Assessment Surveillance Team (FAST) was created in the Diabetes Education Centre (DEC). As a result the DEC suspended non-urgent appointments and made alternate arrangements for those patients requiring more immediate diabetes support.

Over the next few days, we cohorted H1N1 patients on one nursing unit which resulted in multiple moves throughout. Because our critical care unit was at full capacity we opened additional CCU beds in the post anaesthetic care unit (PACU) and created another unit to handle critical care surge in endoscopy “C”.



An unprecedented influx meets an unprecedented response!

PARTNERSHIP FOR PATIENTS

It seemed as though the staff, physicians and volunteers at Credit Valley had just caught their breath after the second wave of H1N1 when they were challenged by yet another influx of patients due to gastrointestinal illness in our community.

Credit Valley recorded a record number of emergency room admitted (ERA) patients on January 13th with an overwhelming 53 patients waiting in the emergency department for an inpatient bed.

No patient waiting in emergency is acceptable. On average each day in the emergency department there are 21 patients waiting to be transferred from the ED to a bed on a patient unit. The jump to 53 patients waiting for a bed was an unprecedented increase of 152 %.

Innovative solutions must be found to ensure the safety of our patients when the number of admitted patients is that high. Patient care teams throughout the hospital went to extraordinary means above and beyond the normal code gridlock protocol - mental health took in patients; temporary accommodation was found in the 1D and 1E dining rooms and a temporary unit was set up

in the ambulatory care clinic area. But it still wasn't enough!

As the gridlock continued through that week, individuals from Credit Valley and Trillium Health Centre worked behind the scenes to secure temporary funding from the Local Health Integration Network (LHIN) to open additional beds at Trillium Health Centre. Others developed a joint protocol for direct admissions between The Credit Valley Hospital and Trillium Health Centre. Eight patients were transferred over the next several days to Trillium Health Centre. The collaborative efforts of both hospital teams positively impacted the pressure in our emergency department and most importantly, enabled us to provide safe, quality patient care.

Credit Valley has a long standing partnership with Trillium Health Centre to serve our community. This partnership has evolved into system leadership whereby we work seamlessly to enhance hospital services. Two hospitals working together and making safe patient care happen means the system works for you.

The 'all clear' was called on January 20th.



PATIENT & STAFF SATISFACTION

"If I have to choose between hospital emergency departments, your hospital is my first choice!"

"Contrary to what one hears about hospital Emergency or other wait times to be addressed as a patient I have nothing but the highest praise for the hospital, it's staff and the care consideration and help I received. Carry on."

"You are a credit to our health care system. Your compassion and care is second to none. Thank you."

"All of the staff were wonderful + made me feel at home + most comfortable - I give them an A++"





FOUNDATION SUPPORT

Mayor Hazel McCallion helped to officially launch The Credit Valley Hospital Foundation's **lifetime of care** \$45 million campaign and urged the community to support this much-needed initiative. More than 100 guests gathered atop the hospital's parking garage to celebrate the launch of the fundraising campaign and hear a special performance by the Mentor College student choir. As of May 2010, \$27 million has been raised to build and equip Credit Valley's current expansion. In February guests at the Foundation's annual Gala heard Daniel Tram's first hand account of his life altering patient experience.



VOLUNTEER PARTNERS

1070 volunteers 122,552 hours \$193,301 donated





Other improvements include expanding cancer treatment resources to include a new high-dose radiation therapy suite and additional surgical oncology, palliative and complex continuing care beds. Additionally, there will be more capacity for neonatal care, increased diagnostic services and support areas. An expanded laboratory - from approximately 15,000 square feet to 42,000 square feet - will provide more in-house support for diagnostics.

CONSTRUCTION PROGRESS

The construction project has consistently reached all milestones on time and on budget since the first shovel hit the ground in June 2008. The expansion project will result in approximately 270,000 square feet of new construction and 70,000 square feet of renovations. It will provide enhanced hospital services including more beds (from 392 to 471) and double the number of labour and delivery rooms (from seven to 15) with additional room for growth.





ACADEMY OF MEDICINE

The Credit Valley Hospital and Trillium Health Centre will teach 54 University of Toronto Mississauga medical students in each year of the 4-year program for a total of 216 students.



MANAGING TO BUDGET - FOCUSING ON CORE HOSPITAL-BASED SERVICES

Well over a million people live in the health care service area known as the Mississauga Halton Local Health Integration Network (LHIN). 65% of the people in our LHIN, live in Mississauga, the remainder in the Region of Halton. More people have moved to Mississauga in the last decade, than almost anywhere else in the province.

At Credit Valley, the challenge presented by the increasing number of patients we see is compounded by the age and diversity of our population which manifests in more complex illness and chronic disease. Mississauga is also home to the fastest growing childrens' population in the province.

Over the last decade Credit Valley has continually tried to meet the needs of each of these patients.

What it's meant for the patients and families we serve is longer waits for care, in the emergency and in the operating room. And it's meant capping the number of babies born each month at our hospital to ensure we can deliver them in a safe environment.

What it's meant to Credit Valley's bottom line, is red ink because our funding has not kept pace with the number of patients we have been caring for.

The economic pressures coupled with demand and growth left us with a \$7 million deficit last year. This year, we'll have another \$7 million deficit, despite reducing services and driving efficiencies to save \$13.1 million.

The LHIN has recently begun to provide modest growth funding to help alleviate pressures but that will not begin to touch the years of unfunded growth, escalating costs, inflation and our share of the new construction costs.

We recognize that government is also seriously challenged to address the very legitimate funding needs not only in health care, but in areas such as education.

To balance our budget and to live within our funding allocation from government, we will continue to drive efficiencies. However, this alone is not enough. We will need to reduce services in some areas to operate within the funding provided. We will retain those services which only hospitals can do.

Credit Valley will provide hospital care for emergency and acute care patients and those patients requiring support to manage chronic disease. We will partner with other hospitals to ensure our patients have access to all acute care services provided within our region. Outpatient or ambulatory care patients who do not require specialized hospital services will be connected with care providers in the community.

Our new strategic plan provides us with the framework to help make the best use of our limited resources - to determine what services are best delivered in hospitals and most appropriately delivered at Credit Valley. This framework has enabled us to make good decisions based on quality, access and affordability.

BALANCED SCORECARD

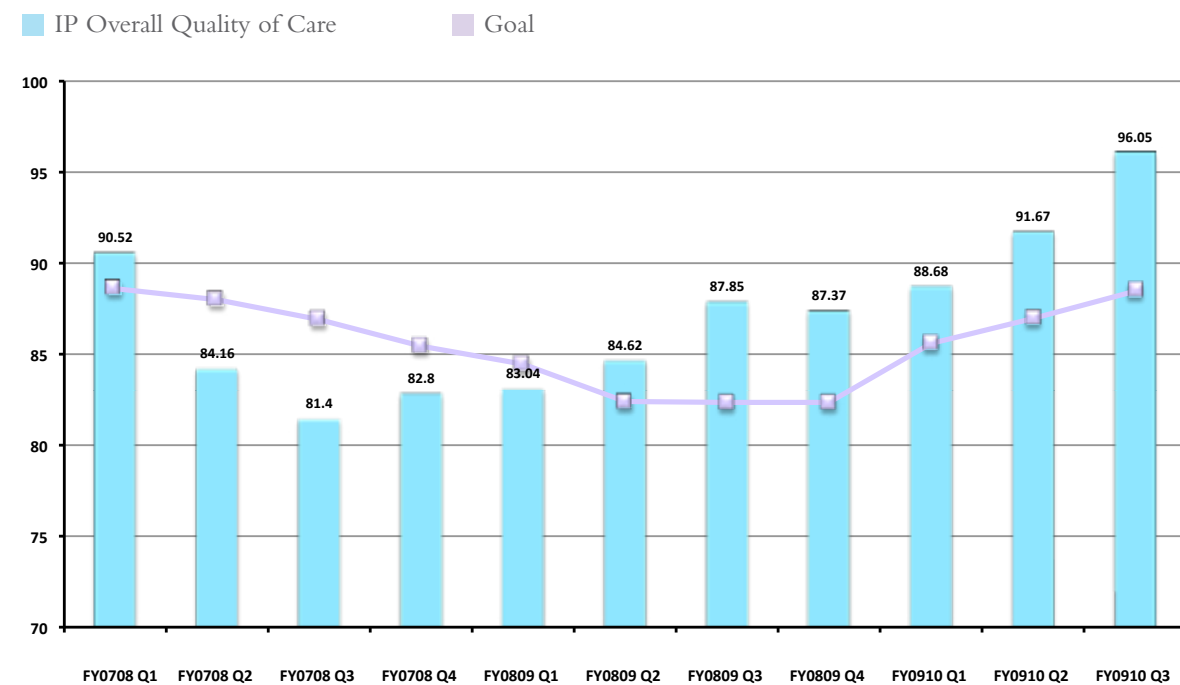
CORPORATE SCORECARD FOR CALENDAR YEARS 2008 AND 2009		
Patient Safety and Satisfaction	2008	2009
Number of Critical Safety Events	76	89
Rate of Hospital Acquired CDAD	0.58	0.27
Rate of Hospital Acquired MRSA	0.49	0.32
Rate of Hospital Acquired VRE	n/a	0.04
Rate of Ventilator Associated Pneumonias (VAP)	2.23	3.33
Rate of Surgical Site Infection Prevention (SSI)	n/a	97.49
Rate of Central Line Blood Stream Infections (CLBSI)	0.76	0.96
Rate of Hand Hygiene Compliance (before patient contact)	n/a	63.5
Rate of Hand Hygiene Compliance (after patient contact)	n/a	79
Hospital Standardized Mortality Ratio (HSMR)	97	88
Overall Quality of Care (%) - Inpatient (Med/Surg)	84.6	88.9
Overall Quality of Care (%) - Emergency Department	71.9	77
Financial Performance and Conditions	2008	2009
Total Margin (%)	-3.06	-3.27
Current Ratio	0.79	0.68
Working Capital	-7,473,272	-12,103,074
Non-Ministry of Health Funding (%)	19.9	19.5
Salaries and Benefits (%)	60.5	61.7
Worklife	2008	2009
Employee Sick Hours (%)	3.9	4.0
Full Time Nurses (%)	77.8	79.7
Lost Time Frequency Rate (%)	1.4	1.5
Lost Days Severity Rate (%)	20.4	18.9
Turnover Rate (%)	1.93	1.86
Vacancy Rate (%)	3	1.5

Clinical Utilization & Outcomes	2008	2009
Acute Inpatient Separations	23,023	23,302
Average LOS for Acute Cases	5.0	4.9
Average Acute RIW	1.04	1.03
Average Outpatient RIW	0.07	0.06
ALC Days (%)	11.8	10.6
ER - Percent of admitted patients leaving ER within 8 hours (%)	23.1	26.2
ER - Percent of non-admitted CTAS 1-3 patients treated within respective targets (%)	77.7	85.7
ER - Percent of non-admitted CTAS level 4 and 5 patients treated within 4 hours (%)	89.2	93.2
ER - Left Without Being Seen (LWBS) (%)	4.5	3.2
Total ER Visits	75,502	81,776
Total Ambulatory Care Visits	356,773	390,370
Mental Health Patient Days	7,315	6,477
Inpatient Rehab Days	14,051	14,121
Complex Continuing Care Inpatient Days	13,822	13,893
Occupancy (%)	93.5	94.8
System Integration & Change	2008	2009
Phase II Construction - Adherence to Project Schedule	Meeting target	Meeting target
Teaching Initiative - Adherence to Project Schedule	Not meeting target	Not meeting target
90th Percentile Wait Time - Cancer Surgery (Days)	64	65
90th Percentile Wait Time - CT (Days)	22	14
90th Percentile Wait Time - MRI (Days)	66	113
ER - 90th Percentile Total ER LOS for Admitted Cases (hours)	65	75



PATIENT SAFETY BY THE NUMBERS

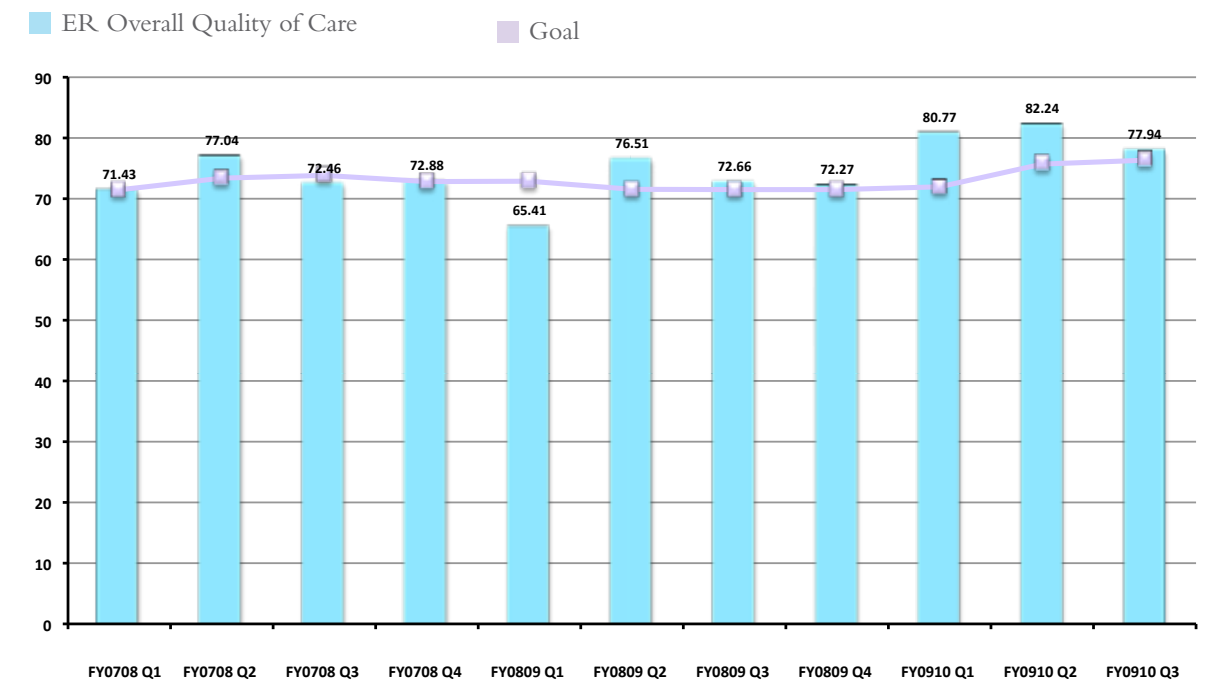
Inpatient (Med/Surg) Overall Quality of Care FY0708-FY0910



Please note: The Patient satisfaction goals were set based on the past four quarters' performance

The increase in the patient satisfaction data from Q2 FY 08/09 onwards could be due to wider and more comprehensive communication of the data across the hospital and to the front line staff as well as the implementation of the Family and Patient Centred Care initiative across the hospital.

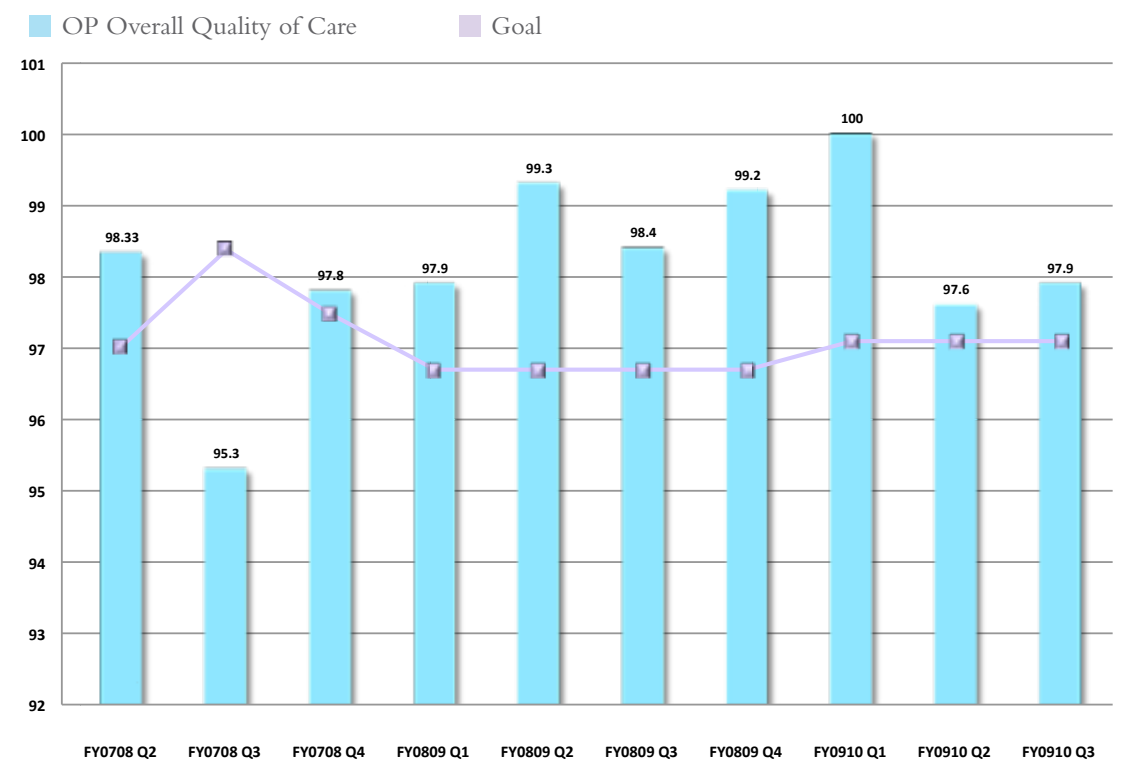
Emergency Room Overall Quality of Care FY0708-FY0910



Please note: The Patient satisfaction goals were set based on the past four quarters' performance

The increase in the patient satisfaction data from Q2 FY 08/09 onwards could be due to wider and more comprehensive communication of the data across the hospital and to the front line staff as well as the implementation of the Family and Patient Centred Care initiative across the hospital.

Outpatient Oncology Overall Quality of Care FY0708-FY0910



Please note: The goal used for outpatient oncology is the Ontario average

AUDITED FINANCIAL STATEMENTS

The Credit Valley Hospital

Condensed Balance Sheet
As at March 31, 2010

(in thousands of dollars)

	2010 \$	2009 \$
Assets		
Current assets	36,298	27,640
Other assets	569	853
Investments	13,872	13,674
Property and equipment, net	187,103	189,539
	<u>237,842</u>	<u>231,706</u>
Liabilities		
Current liabilities	49,361	39,021
Obligations under capital lease	427	392
Long-term debt	9,590	8,493
Accrued non-pension post-retirement benefits	8,333	7,760
Deferred capital contributions	162,257	161,285
	<u>229,968</u>	<u>216,951</u>
Net assets		
Invested in property, plant and equipment	27,122	30,805
Unrestricted	(19,248)	(16,050)
	<u>7,874</u>	<u>14,755</u>
	<u>237,842</u>	<u>231,706</u>

Approved by the Board of Directors

Director

Director

The Credit Valley Hospital

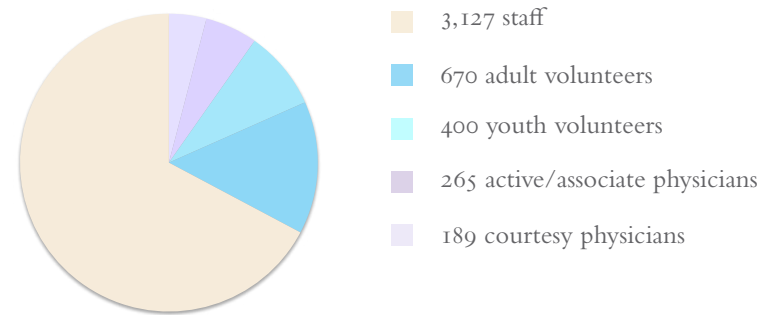
Condensed Statement of Operations
For the year ended March 31, 2010

(in thousands of dollars)

	2010 \$	2009 \$
Revenue		
Ontario Ministry of Health and Long-Term Care/Local Health Integration Network	270,871	258,605
Other revenue sources	57,156	57,504
	<u>328,027</u>	<u>316,109</u>
Expenses		
Salaries, wages and employee benefits	239,381	229,990
Supplies and other	43,064	42,921
Drugs, medical and surgical supplies	39,462	37,498
Amortization – equipment	10,554	10,463
	<u>332,461</u>	<u>320,872</u>
Deficiency of revenue over expenses before the following	(4,434)	(4,763)
Amortization of capital contributions – building	4,689	3,659
Amortization – land improvements and building	(6,602)	(5,613)
Interest on long-term debt	(534)	(575)
Deficiency of revenue over expenses for the year	<u>(6,881)</u>	<u>(7,292)</u>

CREDIT VALLEY AT A GLANCE

Staffing Complement



ACTIVITY REPORT	FY 07/08	FY 08/09	FY 09/10
Surgery	15,861	15,683	15,837
Births	4,950	4,930	4,957
Discharges	24,442	24,409	20,001
Emergency Visits	73,778	75,868	83,742
Other Outpatient Visits	370,284	393,296	392,901
Laboratory Workload Units	13,356,477	13,792,808	13,341,351
Diagnostic Imaging Workload Units	5,087,017	5,327,433	5,516,725

AWARDS AND ACKNOWLEDGEMENTS

- The Credit Valley Hospital received a three year accreditation from Accreditation Canada. The hospital scored higher than the national average in all eight quality dimensions and in all 12 of the hospital's program areas.
- The hospital's neonatal barcoding system was recognized in the Leading Practices Awards ceremony at the Ontario Hospital Association's Health Innovations Fair.
- The Credit Valley Hospital received a recognition award from the Toronto Region Conservation Authority's Greening Health Care organization for lowering energy and operating costs while contributing to the health and wellbeing of the community by more than 5% since 2005.
- CVH Diabetes Education Centre successfully met the Standards for Diabetes Education in Canada by the Canadian Diabetes Association
- From Boardroom to Bedside: How to Define and Measure Hospital Quality, written by Mike Heenan, Dorothy Binkley and H. Khan was published in Healthcare Quarterly. Vol. 13 No. 1. 2010.
- The Eating Disorders Program for York Region honoured Dr. Randy Staab at their Wings of Hope 5th Annual Gala for his passionate dedication and leadership in the battle against eating disorders.
- Angie Kingma, occupational therapist in the START Program was invited to be a speaker at the Ontario Society of Occupational Therapists' (OSOT's) May 2009 conference called "Advancing OT in Mental Health". Her topic was called "Mindfulness Based CBT for Depression".
- Diane McLaughlin, occupational therapist will present a workshop at the 2010 OSOT Annual Conference in September 2010. The title of the presentation is Outpatient Rehab – Where and How Do We Go From Here?
- Physiotherapists, Ruth Sirur, physiotherapist's Masters research was published in May 2009 in Physiotherapy Canada. The article was The Role of Theory in Increasing Adherence to Prescribed Practice.
- Cheryl Hoare and Karyn Lumsden presented the Patient Focused Staffing Model (RPN integration) to the RPNAO Annual General Meeting and Conference.
- Karyn Lumsden presented "Promoting your Profession Within Your Organization" at the University of Toronto Rehabilitation Research Day.
- Pharmacist Jimmy Fung was voted best international speaker at last year's International MUSE or HIMSS conference. His presentation was on eMAR BMV implementation.
- Social worker Dan McGann was published in *Minding our Bodies* magazine regarding the Child and Family Clinic Run Group Therapy Program.
- Suzanne Serre-Hall was awarded the "Excellence in Administration" Award from the Department of Family and Community Medicine of University of Toronto for her administrative support to the Family Medicine Teaching Unit at Credit Valley.
- The University of Toronto's Department of Family and Community Medicine's 2009-2010 Awards Committee awarded Dr. Melissa Graham for Leadership in the category of Resident Awards and Dr. Hanna Bielawska for Leadership in the category of Resident Awards.

- Dr. Christine Pereira who was nominated by the residents and recognized for Excellence in Teaching in the clinical teaching category; Dr. Paul Philbrook, also nominated by the residents, received an award in recognition of Role-Modelling Clinical Excellence in the clinical teaching category.
- Carole Veenema, staff RN working in oncology won the Toronto Star's Nightingale Award after being nominated by patient, Sharon Ingle.
- Sherry France RN was nominated by Olive Sheridan for a Hospital News nursing hero award for her heroic efforts to save the life of a man holidaying at Wasaga Beach.
- Joy Williams won a 2009 RNAO Award for contribution to Breastfeeding Workshops
- Denise Chen a staff RN who works in ICU/CCU won the Preceptorship Award of Excellence from Ryerson University as a result of nomination by nursing student, Karolina Ek.

- Over 100 CVH nurses were nominated by their colleagues as Nurse of the Year for each unit of the hospital:

UNIT	NURSE
Inpatient Surgery	Yamilee Julien
Inpatient Rehabilitation	Iryna Sevryukova
Paediatrics	Chantale Kelly
Complex Continuing Care	Deb Brandon
Inpatient Neurology/ Nephrology Medicine	Imelda Navera
Oncology	Jarmila Gavac
Inpatient Mental Health	Gail Day
Medicine Cardiology	Michelle Mandry
Mother Baby Unit	Jaana Jardin
Ambulatory Care	Glenna Scarlett
Critical Care	Karen DeCiccio
Diabetes Education	Debbie Hollahan
Endoscopy	Shelley Barker
Emergency Department	Maryanne Holmes
High Risk Clinic	Geraldine Venantius
Labour & Delivery	Marilyn Matthews
Operating Room	Susan O'Neill
Post Anesthetic Care Unit	Ann Currell
Paediatric Oncology	Anna Geraldde
PRCC Oncology	Andrea Finlayson
Palliative Care Unit	Cory Parker
Presurgery Clinic/Surgical Check In	Anna Lotesto
Neonatal Intensive Care Unit	Susan DeLeon
PRCC Radiation	Kim Lang
Renal	Tracey Graper



BOARD OF DIRECTORS

Front row (left to right): Michael Kilkenny, Michelle DiEmanuele (*president and CEO*), Gary Chin, Joanne Rogers (*chair*), John Fleming, Nina Tangri
 Back row: Gillian Platt, Randy Wright, Lee Stem, Tim McGuire, Dr. Peter Toth, Pam Turner, Colin Adamson, Cindy Heinz, Bart Wassmansdorf, Catherine Clark, Dr. Allan Kanee, Dr. Matt Gysler
 Absent: Neil Skelding

SENIOR ADMINISTRATION

<i>President and CEO</i>	<i>Michelle DiEmanuele</i>
<i>Senior Vice President Patient Care Services and Programs</i>	<i>Susan Kwolek</i>
<i>Vice President Strategy, Quality and Organizational Performance and Chief Nursing Executive</i>	<i>Kathryn Hayward-Murray</i>
<i>Vice President Capital and Facilities Management and Chief Financial Officer</i>	<i>Ron Noble</i>
<i>Vice President and Chief Information Officer (shared with Trillium Health Centre)</i>	<i>Mike Somerville</i>
<i>Associated Vice President Medical Administration</i>	<i>Connie Day</i>
<i>Chief Human Resources Officer</i>	<i>Cindy Fleming</i>
<i>Chief Communication and Public Affairs</i>	<i>Wendy Johnson</i>

DEPARTMENT CHIEFS

<i>Chief of Medical Staff and Acting Chief of Anaesthesia and Acting Chief of Medicine</i>	<i>Dr. Matt Gysler</i>
<i>Chief of Diagnostic Imaging</i>	<i>Dr. Michael Barsky</i>
<i>Chief of Emergency Medicine</i>	<i>Dr. Eric Letovsky</i>
<i>Chief of Family Medicine</i>	<i>Dr. Paul Philbrook</i>
<i>Chief of Laboratory Medicine</i>	<i>Dr. Tim Feltis</i>
<i>Chief of Mental Health</i>	<i>Dr. Louis Peltz</i>
<i>Chief of Obstetrics/Gynaecology</i>	<i>Dr. Carol Wade</i>
<i>Chief of Oncology</i>	<i>Dr. Sheldon Fine</i>
<i>Chief of Paediatrics</i>	<i>Dr. Ann Bayliss</i>
<i>Chief of Surgery</i>	<i>Dr. Tom Short</i>



CREDIT VALLEY
THE CREDIT VALLEY HOSPITAL

OUR MISSION

To deliver safe, quality and patient-centred hospital care, directly and through partnerships

OUR VALUES

Excellence

Diversity

Leadership

Partnership

OUR VISION

Together We Create Better **H**Health Care

www.cvh.on.ca

www.cvhfoundation.ca

2200 Eglinton Avenue West, Mississauga, ON L5M 2N1