



The *Great* Canadian
Catholic Hospital History Project

Documenting the legacy and contribution of the
Congregations of Religious Women in Canada,
their mission in health care, and the founding and operation of Catholic hospitals.



Projet de la *Grande* Histoire
des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des
congrégations de religieuses au Canada,
leur mission en matière de soins de santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

Sudbury General Hospital
Transitions in Treatment
30th Anniversary 1950-1980
Annual Report 1979-80

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Most Reverend Alexander Carter
D.D.
Bishop of Sault Ste. Marie
Bishop's House
NORTH BAY, Ontario

TRANSITIONS IN TREATMENT

1950 - 1980
30th. ANNIVERSARY

Sudbury
General Hospital

**Annual
Report**
1979-80

“remember when?”

by Polly Rutenberg



Does anyone remember Mrs. F. Lenihan, the play lady on peds with Fern Poulin one of our polio patients?

A large part of the history of the Sudbury General Hospital is embedded in the memories of many people of the noteworthy events and humorous incidents that took place throughout the building.

Hundreds of quotes and incidents have been documented, and these will be published in a special in-house booklet as a project of the communications committee to celebrate our 30th year.

Following are just a few of these memories:

REMEMBER WHEN?

- * Pauline Wilson (who was in charge of the Polio Unit) and Doug Russell, Physiotherapist had to play Robin Hood and Maid Marion to get the children into the swimming pool for hydrotherapy during one of the polio epidemics.
- * Remember the good times in the “coffee shop” (present Gift Shop) with Mrs. Lodge.
- * There was no intensive care and just private duty nursing.
- * The doctors knew each student nurse by name and everyone knew each doctor.
- * C.S.R. was a one room department.
- * Who could forget Chris Hansen our gardner who used to bring in fresh vegetables for staff.
- * The Crippled Children’s Centre and how staff would run up to the gift shop to buy candy for the kids when they’d come around to the various departments trick or treating for Halloween.

Continued...



- * We never seemed to have enough linen.
- * Staff dinners in the cafeteria at Christmas when the staff were served with the best china.
- * INCO Tonsil Days with Dr. Wilson and Dr. Bowen.
- * Students had to stand back at elevators and let others go first.
- * Nursing students had to wear a girdle whether they needed one or not.
- * Student nurses spent time in the kitchen learning how to make up special diet trays, and baby formulas.
- * Housekeeping, Purchasing and maintenance was all one in a little room on 'M' level under Mr. Gainer.
- * The little parties and plays that would be put on whenever there was a shower or when someone was leaving. "We had to go to the auditorium and practice a play to put on at the party" said Sophie Szalata, Accounts Payable.
- * Sister Beatrice Serpell remembers when "Father Allan McMillan drove taxi for the Hospital" when he was a seminarian.



Plays in auditorium . . . Jan. '59



contrasts over 30 years



* Number of Beds
1950 — 151
1979-80 — 323

* Number of Bassinets
1950 — 18
1979-80 — 68

* Per Diem Rate
1951 — \$13
1979-80 — \$144

* Operating Expenditures
1950 — \$83,299
1979-80 — \$18,058,000

* Salaries
1950 — \$44,508
1979-80 — \$13,345,000

* Patients Admitted
1950 — 637
1979-80 — 14,464

* Annual Births
1950 — 124
1979-80 — 2,689

* Employees
1950 — 171
1979-80 — 975
(full-time & part-time)

* Emergency Out-Patient Visits
1951 — 1,200
1979-80 — 63,038

	1978-79	1979-80
Admissions	14,459	14,464
Births	2,789	2,689
Patient Days	96,957	100,022
Operations	4,795	4,595
Average Length of Stay	8.30	8.47
Emergency Visits	68,490	67,501
Ambulance Calls	10,542	11,053
Laboratory Units	5,974,583	6,313,477
Radiology Exams	45,830	47,613
Per Diem Rate	\$138	\$144

donations 1979-1980



Defibrillator Donation
- Rotary Club, New Sudbury



OTHER:

Mrs. M. Wilkes — Recreational Equipment,
-Psychiatry
Lodge 230, Loyal Order of Moose —
Colour TV Psychiatry
New Sudbury Lions Club — Color TV,
Medical B & C
Physician's Library Fund \$1,370

GIFTS IN MEMORY OF:

Helen Stolte	Mrs. Mandella Hughes
Mr. A. Derks	Mrs. Wendy Mossey
Mr. Herbert Bissett	Mr. Eddie Norquay
Mrs. Elizabeth Gilfillan	Clara B. Kyle
Rev. A. MacDonald	Mrs. Anne Penttila
Miss A. Delaney	Mr. Robert Beange
Rev. F. Browne	Mr. Carle Slomke
Mr. Robert Hall	Mr. Ernest Demore
Mr. Frank Pugliese	
Dr. R. Orange	
Mr. Richard Schroeder	
Mrs. Elvina Del Missier	\$1,123.00

Marymount School of Nursing Remembrance Fund:

In Memory of:

Mr. Sulo Sarlin	Susan Chadwick	
Shirley Belisle	George Hastie Jr.	\$90.00

Medical Equipment Fund:

I.O.D.E. — Alexander Ramsey Chapter (Education, Fetal Monitoring)	\$ 100
Mrs. W. Rogers — Nursery Equipment	100
Dr. P.A.T. Nolan	10,000
Independent Order of Foresters — IVAC Infusion Pump Coronary Care	1,200
Individual Donations	45
W. Garfield Weston Foundation — (Fetal Monitoring Unit)	6,000
Lodge 230, Loyal Order of Moose — IVAC Infusion Pump	1,310
Brunton, Browning Day and Partners — IVAC Infusion Pump	1,000

Donations to the C.A.T. Scanner fund to be published in a separate report.



building renovations

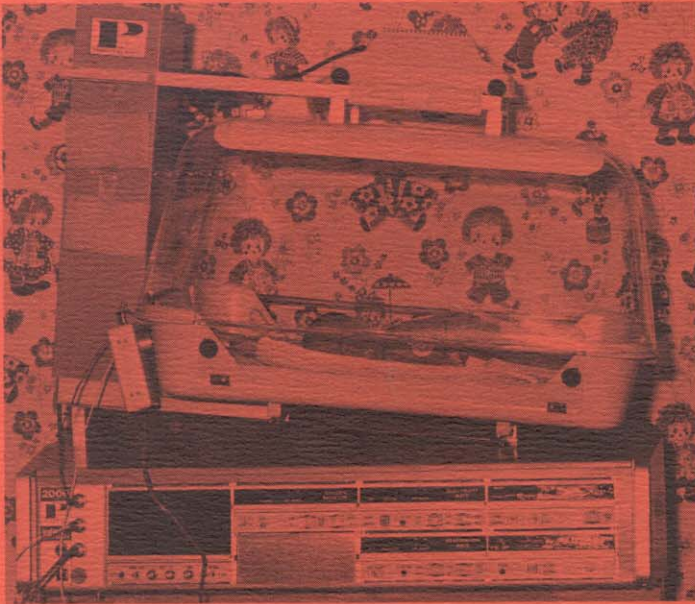
by Sister Beatrice Serpell

The hospital has 'changed its face' more than once since its original construction. Some of the renovations for greater comfort, safety, convenience, access and beauty, have been:

- * Paris Street widened in 1974. Increased difficulty in entrance and exit to parking lot experienced until new traffic lights and intersection installed at Boland Avenue in 1978.
- * New coil-tube Boilers installed in 1978 to provide an automated power plant.
- * An Energy Management program implemented in 1978 to produce substantial savings in all forms of energy used.
- * Quarry Tile installed in the main lobby and Admitting to replace original, deteriorating terrazzo.
- * Air Conditioning installed in the kitchen, plus air cooling for Admitting and main lobby area.
- * A long-range program of window replacement in the main building, starting with Psychiatry unit in 1979.
- * Front entrance completely renovated after new A-wing construction providing more space and easier access for vehicles.
- * Completion in 1978 of an extensive fire safety program (new doors, walls, corridor separations) to upgrade building to current codes.
- * Installation of many new showers on older nursing units.
- * Planned program to install new nurse call systems on units.



new techniques new standards new methods

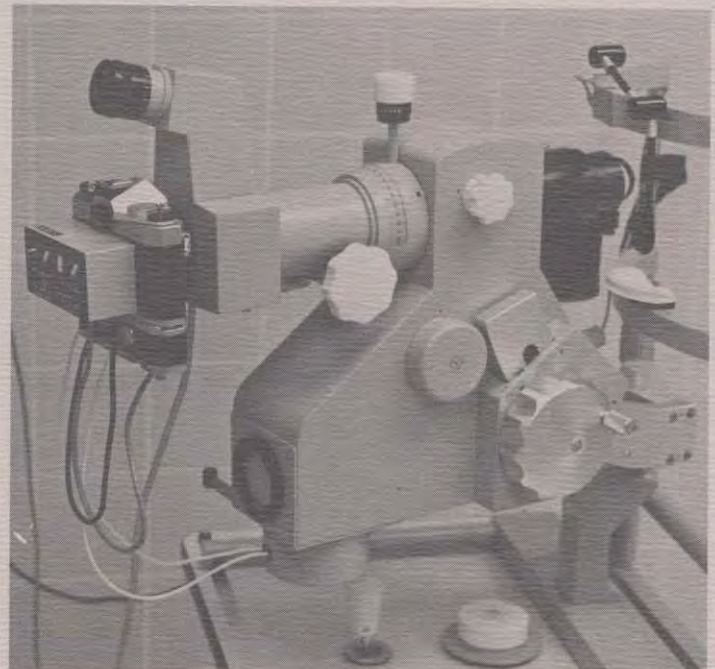


Increasing complexity in rules and requirements governing the Hospital have brought dramatic changes over the last thirty years. Some of these are:

- * The advent of pre-paid medical care (now OHIP), producing . . .
 - More stable financing
 - Prepaid treatment for all
but
 - Extensive bureaucracy
 - The myth that health care is free and 'a right'
 - The continuing pressures of budget restraints
- * Labour Relations
 - Advent of province-wide bargaining.
 - Lengthy negotiations for collective agreements
 - A staff 'salary administration' program to equate performance and wages.
- * Greatly improved employee records.
- * The Patient Rights' movement, with many now insisting on a say in treatment.
- * Theoretical preparation of all hospital professionals under auspices of colleges and universities.
- * Clinical experience for health students still offered in hospital.
- * 'Orientation' to the job specially developed through specific programs.
- * Demand for continual up-grading of professional qualifications for hospital management.

- * New management methods in every department to handle increased workload.
- * Changing accreditation requirements to ensure Quality of Patient Care.
- * The Inquest in 1974 pointed to the need for stricter building codes regulating medical gas line installation in hospitals throughout Canada, as well as the need for continual evaluation of procedures and standards in the use of medical gases.
- * Development of full-scale disaster plans and training.
- * A full-time emphasis on infection control.
- * Hundreds of training seminars in specialized fields.
- * Accident Prevention monitoring to reduce compensation costs and enhance job effectiveness.
- * Medical Equipment:
Since 1950 the technological explosion has produced a stunning array of medical devices to aid in patient treatment and ensure safety. Only a few of these are:
 - The C.A.T. Scanner - Fiberoptics
 - The Century Bath - Ultrasound
 - Surgical Stapling - Monitoring equipment
 - The Fundus Camera - Intravenous systems
- * An Exchange cart system to provide each unit with a 24-hour supply of medical-surgical items.
- * New hospital admission card for use at all Hospitals provides instant documentation.
- * Improved housekeeping products, equipment and methods to help cope with cleaning required.

- * 'Word Processing' equipment assists Medical Records in faster and improved transcription of physicians' records.



1950-1980: viewpoint



Hugh S. Judges

On July 17, 1944, the property for the Sudbury General Hospital was purchased.

Construction of the original hospital, completed by 1950, cost \$3 million.

The hospital has witnessed two additional construction projects since that time. To build this hospital today would cost in excess of \$40 million.

Although there have been major changes with these projects, the spirit of service given by the Board of Directors has not changed.

The Board is comprised of lay people in the community who voluntarily give their time and talent to be

responsible for, and improve the treatment of the sick.

Although government intervention and the complexity of today's society have become hurdles to this dedication, the trustees' authority to serve the local community cannot be eroded.

I am confident the Board's service to this hospital will continue in its tradition for another 30 years, and well beyond.

Mr. Hugh S. Judges
Chairman



G.M. Irvine

Since the inception of the Sudbury General Hospital, a Medical Advisory Committee comprised of chiefs of each department has been responsible for the organization of medical care and treatment.

In terms of technology and equipment, the world of medicine has dramatically changed during this time, and these advances have resulted in high costs.

Health Care is governed by a multiplicity of rules and regulations, requiring constant vigilance, that could not possibly have been predicted in 1950.

The impact of improvements and complex

technology must be tempered by the intelligent practice of medicine employing diagnostic skills, combined with a personal knowledge and humanitarian relationship with the patient.

The medical staff of the Sudbury General Hospital have served the institution well during the last 30 years, and will continue to do so in the future.

G.M. Irvine, M.D.
Chief of Staff



Sister Miriam

October 15, 1950 commemorated two very important events for our religious community:

- *the formal opening of this hospital

- *the tricentenary of the formation of the Order of the Sisters of St. Joseph

Our mandate, which has been reaffirmed by the Sisters of St. Joseph over the past 330 years, is in essence to search out and respond to the needs of society where we are situated, and to continue this service until the need is no longer, or until someone else takes over this work.

Hospital changes over the past 30 years have been the result of a firm belief in the value of our work in health care, and in the ability of our Board and all staff to respond to changing needs.

The qualities of faith, determination, persistence and sustaining hope has carried us through many changes.

With the incessant pressure for efficiency, cost effectiveness and pragmatism, it is easy to forget what we are . . . the questions we must frequently ask are 'why' and 'to what end', for the end does not justify the means.

During the next 30 years, we will need wisdom to determine our role, and the courage to ensure that this role is carried out.

The patient and his well-being is our main concern.

Sister Miriam
Executive Director



changes in patient care

by Peggy Furino
Colette Gazdic
Carreen O'Connor

Health care of the 80's is witness to a multi-discipline approach to patients' needs, with emphasis on self-help and preventive medicine. Some examples are:

*The "Nursing Process".

Formation of a new Nursing Council, comprised of patient care, patient education and evaluation committees, to implement a quality assurance program.

Nurses have evolved from the traditional role as handmaidens to doctors, and are establishing their own professional standards for nursing care in which the patient is actively involved in his own treatment and care.

The quality assurance program consists of standards which describe the quality of nursing care; action to bring performance in line with these standards, and a system for measuring how well these standards are being achieved.

Continued . . .



Intern Program in the Delivery Room

* Cardiopulmonary resuscitation (C.P.R.)

* Obstetrics

Hospital staff can now partake in an eight hour rigid course to aid patients in cardiac arrest.

Increased family involvement in births, such as fathers in the delivery room; prenatal education; parents visiting infants in the special care nursery; and 24-hour rooming in.

Significant technological development in the care of mothers and babies before and after birth, such as fetal monitoring, equipment to monitor high risk infants; more aggressive treatment of risk infants; helicopter transport teams to other centres, etc.

More self-help, with mothers up 24 hours after delivery, and self care by post-partum patients in 24 hours.

Establishment of a clinical program for interns through the University of Ottawa Medical School.

Continued . . .

- * Diet Counselling Offers teaching and support to patients who must adapt eating habits to medical conditions.
- * Moditen Clinic An out-patient psychiatric clinic using anti-psychotic drugs, allowing patients to function well in community and reduce psychiatric admissions.
- * Drug Therapy Since 1950, number of drugs in use have quadrupled, providing more definitive therapy, but also the need to monitor usage due to wide range of adverse effects and interaction. Patient medication profiles are kept to monitor on-going therapy.
- *Out-Patient Surgery Increases in ophthalmological (eye), gynecological, dental, neurological, ear, nose and throat, and plastic surgery, on an out-patient or daily basis, has resulted in improved use of hospital beds for major in-patient surgery.



Diet Counselling

expanded facilities

by Polly Rutenberg
Peggy Furino
Colette Gazdic
Don Hawyrliuk

Numerous changes and additions in services to patients have evolved. When the hospital opened in 1950, there were 152 beds and 18 bassinets in service.

The Hospital now has 310 beds, and 68 bassinets.

Major development of facilities include:

- * Original construction 1948
- * Building complete 1950
- * Marymount School of Nursing started 1951
- * Opening of D-Wing 1954

—Psychiatry opened 36 beds for acute care patients, with the first Mental Health Clinic established for the area.

—Social work professionals first in Psychiatry, later expanded to serve all other nursing units.

—Occupational Therapy opened offering rehabilitation services to hospital; major support to Psychiatry

—Physiotherapy also established to meet rehab needs, particularly the polio epidemic of the early 50's. In 1952, the General was designated as the polio unit.

- * Staff health services established. 1956
- * Gynecology unit with 37 beds opened. 1957
- * Expansion to Mason Residence 1963 complete.

Continued . . .



- * Nuclear Medicine opened, providing a 1964 diagnostic service for body conditions and diseases using radio pharmaceuticals.
- * Medical Library established for Medical 1965 education and research.
- * Medical Photography opened as a 1965 regional service offering patient photography of diseases, education film/tapes and public relations photography.
- * An 6-bed specially equipped Intensive 1967 Care Unit opened to give intensive medical and nursing care for critically-ill patients. This unit was dedicated to Dr. R.W. Poole its founder.
- * A poison control centre in Emergency 1967 established under auspices of Federal Health & Welfare.
- * A co-ordinator was hired to organize a 1968 Volunteer Services Department to support professional patient services.
- * Sudbury and District Ambulance Service 1969 developed under hospital operation.
- * Neurosurgery (brain surgery) offered as 1970 a special department under surgery to treat trauma victims brought to Emergency.
- * Completion of the new A-Wing which 1972 included: -73
 - Swithboard area completely renovated.
 - Library, Finance and Personnel moved to Mason to use space vacated by the student nurses.
 - One additional Delivery Room for a total of 3.
 - 8 new Operating Theatres.
 - New and expanded Intensive Care Unit.
 - New and expanded Emergency and Admitting departments.



Renovations completed on front entrance.

- New, expanded X-ray facilities.
- New, expanded Laboratories.
- New and expanded Nuclear Medicine

Department

- A new 4-bed Coronary Care Unit.
- A new 30-bed Special Surgery Unit for Eye, Ear, Nose, Throat and Neurosurgery.
- Expanded office for Dietary and kitchen storage facilities.

- Attractive, expanded Gift Shop located on Main Floor. Profits from the shop enable the SGH Auxiliary to be the hospital's main and reliable fund-raisers.

- * Organized Pastoral Care formally 1971 established.

Four Sisters of St. Joseph voluntarily visit, counsel, and support all patients and their families when needed. The philosophy of treating the whole patient includes physical, spiritual, emotional and social needs. Priests and ministers regularly visit and accept referrals from Pastoral Care team.

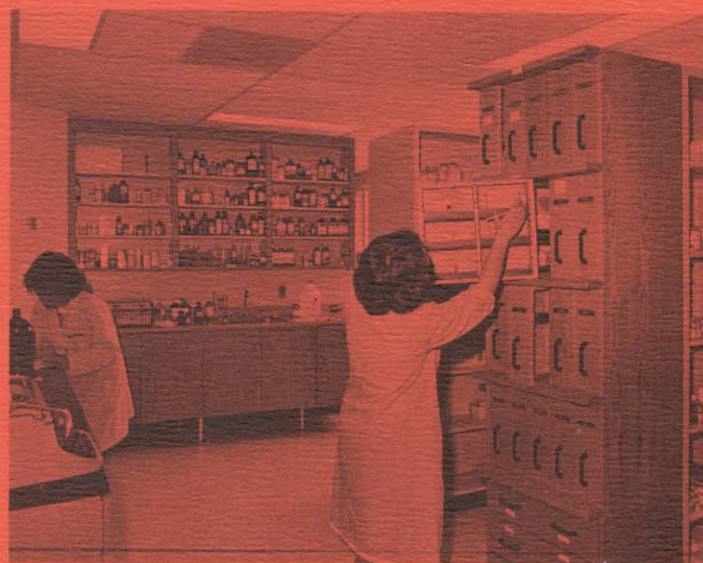
- * A Respiratory Technology Department 1975 established to administer to pre and post operative patients as well as patients needing mechanically assisted ventilation.

- * Renovated and enlarged Supply, 1976 Processing and Distribution facilities for all supplies.

- * A new Audiology (hearing testing) 1976 Service opened for out-patients and support to ear surgery in-patients.

- * Electroencephalography (EEG) facilities 1977 as a regional medical service, moved into spacious new quarters to meet increased workload.

- * Improved Morgue facilities with viewing area and autopsy room 1977



New Pharmacy Department

Continued . . .

- * Obstetrics (Maternity) was centralized 1977 at this hospital, now with 60 beds and 64 bassinets, and many changes in treatment have been made. (see Changes in patient care)
- * Pharmacy moved to enlarged quarters 1978 from basement area to the 6th floor.
- * Physiotherapy also relocated to 1978 renovated space on 6th floor, providing increased space for Psychiatric Day Care Program in the basement.
- * Credit office relocated to Admitting 1978 area.
- * An Ultrasound service established. 1978 Examination for obstetrical and abdominal work offers high diagnostic accuracy with no risk of radiation.
- * A Biomedical Engineering Service 1979 established among Sudbury Hospitals to service and advise on medical and hospital equipment.
- * Ostomy Service established to meet 1979 need for treatment and support of ostomate patients.
- * Approval given by Ministry of Health to 1979 acquire a whole body C.A.T. (Computed Axial Tomography) Scanner, and major fund-raising campaign launched for the estimated \$950,000 capital funds required. -80



Coronary Care

30 years of service

In 1949, a group of women banded together to prepare sheets and bandages for a new hospital which was to open the following year. And so, our Auxiliary was born. Since that time, the Auxiliary has worked diligently to provide for "better patient care".

Our main fund raising in past years was through sponsoring dances, knit and bake sales, and an Annual Tea and Penny Sale. A small corner in the Hospital's main lobby housed a gift counter.

May 1972 saw the grand opening of our present Gift Shop — our main source of fund raising today. The shop has progressively expanded in size and income.

1968 was the advent of our "In-Service" Volunteers. This program has soared and proved to be a tremendous benefit to the hospital and staff. Some 1500 hours per month are given by adult and teenage volunteers — hours spent in easing the workload of the staff and in assisting and comforting patients.

Our Auxiliary boasts in active membership of approximately 100 — 35 geared towards fund raising and 65 to "In-Service", working together amicably to provide "better patient care". Teenage volunteers total about 40. All volunteers are automatically members of the Auxiliary and no membership fee is charged. The trend towards large numbers of inactive memberships no longer exists.

Our 1979 donation totaled \$44,000.00 . . . \$4,000.00 of which was specifically designated to the Hospital's fund-raising campaign for the purchase of a C.A.T. Scanner.

Mrs. Sylvia McCoy, President
S.G.H. Auxiliary



In October 1979, we were very proud to celebrate our 30th birthday. A special dinner was held to honour past presidents, life members and active members. On this occasion, the Administration and Board of Directors presented the Auxiliary with a plaque and certificate in appreciation of donations over the years. From 1950-1978, approximately \$300,000 was donated.

staff services

Working conditions and benefits to staff have substantially improved during the last thirty years, such as:

* **Employee Benefits** A greater number of benefits are now financed by the hospital, compared to limited coverage of past benefit packages. More research is being conducted by Personnel to ensure both the employee and the Hospital receive good benefits at the most economical costs. Fringe benefits are playing a larger role in negotiations with the proliferation of items now developed.

* **Staff Health**

New regulations under the Public Hospitals Act and increased awareness of the importance of healthy employees have brought vast changes in staff health services, including employment of regular counselling by health nurses and staff physicians.

* **Communication**

The importance of providing two-way communication between staff and management, with provision of information to employees and the community, has resulted in regular publications ('Dispatch' and Capsule) and other programs to staff and the media that relate the hospital's story.

* **Service Awards**

10, 20 and 25 year Employees are widely recognized for continuous full-time service at the Annual Christmas Dinner and Dance.

* **Employee of the Month**

An employee is chosen each month for exemplary service, and honored through tangible ways such as a luncheon, article for publication, photo, plaques, and a day off with pay.

regionalization of services

Until 1950, all hospital services were provided by St. Joseph's Hospital and Copper Cliff Hospital.

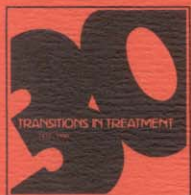
In 1954, Regionalization began with opening of the SGH Psychiatry unit and the first Mental Health Clinic for in-patients and out-patients, plus an EEG (electroencephalography) department to serve northeastern Ontario.

Between 1963 and 1965, the Sudbury and District Hospital Council (formed in 1961) and the hospitals planned for individual hospital expansion with serious efforts made to avoid costly duplication of services.

Throughout the years, regional services — those so designated because they serve northeastern Ontario — have been established, as well as Medical Specialities centralized at specific Sudbury hospitals to avoid unnecessary duplication, and to concentrate volume which improves expertise.

These developments, as they have affected the Sudbury General have resulted in many changes. They include:

- A Central Laundry became operational in 1970 to service all hospitals.
- Marymount School of Nursing closed in 1969.
- Pediatrics phased out of Sudbury General and Memorial Hospitals in 1975 and '76 and moved to Laurentian Hospital.
- Audiology opened as an Ancillary service in 1976; centralized at Laurentian Hospital in 1979.



Continued . . .

- Transfer of the Sudbury District Ambulance Service to a new operator in the spring of 1980.

Regional and Medical specialities of the Sudbury General now consist of:

- E.E.G.
- Emergency (24-hour)
- Ophthalmology
- Ear, Nose and Throat Surgery
- Neurosurgery (Brain Surgery)
- Obstetrics
- Special Care Nursery
- Nuclear Medicine
- Acute Adult Psychiatry (In-Patient; Out-Patient and Day Care Services)
- Ultrasound
- Computed Axial Tomography Scanner

As well as allocation of beds and services, mutual sharing of ideas and resources is carried out by at least 12 inter-hospital committees that meet regularly.



Fetal Monitoring Instruction

SUDBURY GENERAL HOSPITAL
OF THE
IMMACULATE HEART OF MARY

BALANCE SHEET
AS AT MARCH 31, 1980

SUDBURY GENERAL HOSPITAL
OF THE
IMMACULATE HEART OF MARY
CONDENSED STATEMENT OF INCOME
FOR THE YEAR ENDED MARCH 31, 1980

ASSETS	1980	1979
Current Assets		
Cash	\$ 237,364	\$ 927,231
Term deposits	1,096,220	500,000
Accounts receivable (net)	1,491,681	1,318,510
Provincial capital grant receivable	22,902	
Inventory of supplies (at cost)	419,546	305,061
Prepaid expenses	117,704	60,905
	<u>3,585,417</u>	<u>3,111,707</u>
Property Plant and Equipment		
Land and land improvements	103,057	103,057
Buildings (net of depreciation)	8,098,823	8,343,224
Equipment (net of depreciation)	2,023,585	2,029,397
Construction in progress	347,778	6,255
Minor equipment	84,242	84,242
	<u>10,657,485</u>	<u>10,566,175</u>
Other Assets		
Computer centre deposit	5,000	5,000
TOTAL ASSETS	<u>\$14,247,902</u>	<u>\$13,682,882</u>
LIABILITIES AND EQUITY		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 2,265,904	\$ 2,091,756
Current portion of long term debt	150,000	183,400
	<u>2,415,904</u>	<u>2,275,156</u>
Long Term Liabilities		
Provincial loans payable	2,163,946	2,550,634
Notes payable		2,800
	<u>2,163,946</u>	<u>2,553,434</u>
Equity		
Unappropriated equity	9,668,052	8,854,292
TOTAL LIABILITIES AND EQUITY	<u>\$14,247,902</u>	<u>\$13,682,882</u>

NOTE: These statements were prepared before audit.
There is a deferred liability in respect to accrued sick leave and vacation pay in the amount of \$1,018,669.

REVENUE	1980	1979
In Patient		
Ward	\$14,377,850	\$13,905,714
Room differential	588,923	530,144
Out Patient		
Ministry of Health	1,977,778	1,798,221
Other	851,956	710,796
Ambulance Service	1,029,324	931,021
Recoveries		
Dietary	231,989	215,055
Others	400,895	348,439
TOTAL REVENUE	<u>19,458,715</u>	<u>18,439,390</u>
EXPENDITURES		
Salaries and Wages	13,019,935	12,155,300
Fringe Benefits	1,103,028	1,098,044
Supplies and Other Expenses	3,779,310	3,780,791
Interest on Long Term Debt	72,613	76,970
Depreciation - Building and Equipment	581,116	498,988
Bad Debt Expense	54,093	63,456
Ambulance Costs	1,029,324	931,021
	<u>19,639,419</u>	<u>18,604,570</u>
EXCESS OF EXPENDITURES OVER REVENUE	<u>\$ 180,704</u>	<u>\$ 165,180</u>
OTHER INFORMATION		
Patient Days (adult and children)	100,022	96,957
Per Diem Standard Ward Rate		
Actual	137.40	136.56
Ministry of Health Approved Rate	144.00	138.00
Salaries Wages and Fringe Benefits as a percentage of Total Expenditures	71.90%	70.70%

**CHAIRMAN OF BOARD OF DIRECTORS
from 1950-1980**

Judge P.J. McAndrew	1948-50
Dr. J.F. McCullough	1950
Saul Silverman	1952-55
J.W. Tate	1955-60
Gordon E. Browning	1960-65
William J. Shea	1965-69
F. Baxter Ricard	1969-71
Gordon O. Machum	1971-75
Mervin J. McNamara	1975-76
George A. Bouchard	1976-78
Hugh S. Judges	1978-

**CHIEFS OF STAFF
from 1950-1980**

Dr. J.F. McCullough	1951-57
Dr. R. Orange	1958-63
Dr. P.R. Kyle	1964-67
Dr. J.W. Sturtridge	1968-70
	1974-77
Dr. P.A. J. Andrews	1971-74
Dr. G.M. Irvine	1978-

**ADMINISTRATORS
from 1950-1980**

Sister Mary Joan	1948-50
Sister Mary Alice	1950-51
Sister Jovita	1951-54
Sister Patricia	1954-57
Sister Jane Frances	1957-61
Sister Paula	1962-67
Sister St. Louis	1967-74
Sister Miriam	1974-

PAST AUXILIARY PRESIDENTS

Miss Mary Whalen	Mrs. Ruby (Wattie) Hayes
Mrs. Mary Percival	Mrs. Elzene Lenihan
Mrs. Mildred Maloney	Mrs. Frances Harrison
Mrs. Ruth Lynch	Mrs. Margaret Demarco
Mrs. Margaret Orange	Mrs. Beverly (McCormick) Rossiter



Percy Gardner
Original Member 1950
Life Member 1974

**1979-80
BOARD OF DIRECTORS**

Bishop Carter Honorary Chairman
 Mr. H. S. Judges Chairman
 Mr. C.V.J. Nurmi, Jr. 1st Vice-Chairman
 Mr. R.B.M. Keenan 2nd Vice-Chairman
 Sister Miriam Secretary
 Mr. G.A. Bouchard Past Chairman
 Doctor G.M. Irvine Chief of Staff
 Mr. P. Gardner Life Member
 Mr. G.O. Machum Life Member
 Mr. F.B. Ricard Life Member

Doctor R. Parraga	Sister Beatrice Serpell
Doctor E.S. Lapchinski	Sister Anne Keenan
Mr. R.M. Christie	Mr. G.R. Buckland
Mr. W.C. Wilson	Mr. J.R. Paquette
Mr. J.H. Coghlan	Mr. T. Szilva
Reverend R. van Berkel	Mr. P.J. Kenny
Mr. H. Armstrong	Mr. J.K. Weglo
Mr. J.G. Cullain	Mrs. S. McCoy

Special Committee Appointments

Mr. J. Harris	Reverend W.A. Fraser
Reverend E. M. Erion	Mr. M. Solski
Mr. M.E. Brown	Doctor R. Grosso
Doctor W. Marsh	Doctor W. McMullen

**1979-80
Administration**

Sister Miriam	Executive Director
Mr. J. Wallner	Assoc. Executive Director
Mr. R.F.J. Browne	Assis. Executive Director
Mrs. D.C. McChesney	Director, Nursing Service
Mrs. D.K. Dean	Director, Personnel
Mrs. E.S. Brown	Director, Communications



Sister Joan, first Administrator



**1979-80
MEDICAL ADVISORY COMMITTEE**

Doctor G.M. Irvine	Chief of Staff
Doctor R. Parraga	President, Medical Staff
Doctor E.S. Lapchinski	Vice-President, Medical Staff
Doctor E.D. MacCallum	Secretary, Medical Staff
Doctor R.S. Sloan	Chief, Radiology
Doctor G.M. Irvine	Chief, Psychiatry
Doctor E.C. MacLeod*	Chief, Psychiatry
Doctor I.M. Waldmann	Chief, Medicine
Doctor T.H. Flaherty	Chief, Surgery
Doctor J.A. Maloney	Chief, Obstetrics & Gynecology
Doctor G. Massarella	Chief, Pathology
Doctor J.W. Fyfe	Chief, Anaesthesia
Doctor R. Seguin	Chief, General Practice
Doctor J.P. Hennessy	Chief, Paediatrics
Doctor R.J. Bolton*	Chief, Paediatrics

*Appointed in 1980

General Council of the Sisters of St. Joseph

Sister M. Regina	Superior-General
Sister Noreen McColgan	Assistant Superior-General
Sister Jean Doyle	Councillor
Sister Nora Mullen	Councillor
Sister Marie McGirr	Councillor
Sister Frances O'Grady	Treasurer-General



Sister Regina, Superior General

Diocese of
Sault Ste. Marie



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