

St. Boniface Hospital  
**Annual Report**  
**2017-2018**



Hôpital St-Boniface Hospital

June 2018

Espoir et guérison  
Hope and Healing

## **Our Mission**

*In the inspired tradition of the Grey Nuns, our mission is to serve our patients with unparalleled skill, compassion, and innovation.*

## **Our Vision**

*To create, with those we serve, a place that delivers the safest, most reliable care to every person, every encounter, every day, with the best outcomes, at a cost we as Manitobans can afford.*

## **Our Values**

*Caring, Respect, Stewardship*

## **Our Mission Statement**

*We embrace tradition, innovation and inspiration.*

### **Tradition**

*St. Boniface General Hospital is a Catholic teaching facility founded by the Sisters of Charity of Montreal, the “Grey Nuns.” Established in 1871, the first Hospital in Western Canada, we are pioneers in health care. Our tradition of caring and reputation for leadership flow from the Grey Nuns’ belief in taking action to care for those who come to us in need. To do so, we manage our resources efficiently and responsibly. Our strength lies in creating an environment that respects and welcomes diversity of faith and cultures. We recognize our special responsibility to the Francophone community.*

### **Innovation**

*We anticipate and respond to community needs and lead the way in patient care, research, and education, promoting and ensuring excellence in all that we do. Moved by the desire to improve quality and safety of care, we work with all health care providers, researchers, educators, support staff, volunteers, community agencies, and partners, seeking innovative ways to improve the quality of life for all.*

### **Inspiration**

*In our quest for excellence, we are inspired by the passion and the spirit of our founder, St. Marguerite d’Youville, and the mission of the Grey Nuns. We maintain the highest ethical standards, respecting life and human dignity, and are committed to the people we serve. We believe that through the involvement of our patients, staff, physicians, and community, we will achieve these goals. The human face of health care, we are here when you need us most.*

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# Chair's report

The Board and Executive Team are pleased to report on the initiatives and challenges of the 2017-18 year.

There have been significant changes within the health system and at St. Boniface Hospital in the past year. The Board of Directors and senior leadership worked with our sponsor, the Catholic Health Corporation of Manitoba (CHCM), and all our partners to continue delivering quality health care to Manitobans in accordance with our mission.

Following Dr. Bruce Roe's resignation as President and CEO in July 2017, Brenda Badiuk was appointed in an interim role to lead the organization. The Board's recruitment and selection process culminated with the appointment of Martine Bouchard as President and CEO, effective May 1, 2018.

Board priorities, of necessity, were focused on Medical Assistance in Dying (MAID), the implementation of provincial and regional decisions to address health system deficits, shifts in the delivery of health services in Winnipeg and implications for St. Boniface Hospital, financial health, and labour relations.

During the first quarter of 2017-18, the Board engaged in discussions involving CHCM, regional and Hospital leadership, clinical ethicists, physicians, and other experts, to understand and address the implications of Bill C-14 and MAID for patients, caregivers, and the Hospital as a faith-based facility. The policy approved in June 2017 clearly states St. Boniface Hospital will not deliver MAID, but that the Hospital will allow the MAID team to meet with patients in Hospital and will respond with compassion and respect to patients who seek information or access to MAID.

The provincial announcement about changes to the health system on April 7, 2017, reaffirmed St. Boniface Hospital's role as a tertiary health care center, caring for

acutely ill patients. We will continue to serve patients in specialty areas, including cardiac sciences, emergency, internal medicine, family medicine, palliative care, women and child health, mental health, and surgery, but no longer have a mandate to provide inpatient long-term geriatric care or outpatient physiotherapy services.

In the last quarter of 2016-17, the provincial government mandated a 15 per cent reduction in management and supervisory positions. Positions were terminated at St. Boniface Hospital on June 6, 2017. In addition, the Winnipeg Regional Health Authority required all health

facilities to develop plans to achieve a balanced budget by March 31, 2018. St. Boniface Hospital developed proposals to address its \$15.5M sustainable expenditure reduction target. As a result of these initiatives and

consistent attention to our financial targets, the Hospital's health care insured services operations ended the year with a \$400,000 deficit.

The Research portfolio's deficit management and operating plan continues to achieve a balanced position. We acknowledge and appreciate St. Boniface Hospital Foundation's contributions to research activities and operations, as well as the efforts of the Director of Research and the research team towards achieving an improved financial position. The Board and Management remain committed to maintaining a balanced operating budget.

The Finance and Audit Committee of the Board encouraged and supported the development of an Integrated Risk Management program, resulting in a robust risk registry describing risk events, context, and mitigation strategies. Hospital leadership drafted an Integrated Risk Management policy for Board approval (April 2018). It refers to the risk registry to assess its risk situation and mitigation strategies to plan and respond to opportunities and challenges.

“ *Nursing staff made the difference in health care world that is in the midst of change.* ”

As fiscal year 2017-18 closes, I would like to thank the Catholic Health Corporation of Manitoba for their confidence and support in my first term as Chair of the Board and my colleagues on the Hospital's Board of Directors for their participation in reflections, discussions, and decisions throughout the last year. The commitment and interest of Board members provided valuable support to St. Boniface Hospital and to the mission entrusted to us by the Catholic Health Corporation of Manitoba.

On behalf of the Board, I also extend my thanks to the members of the Board of Directors of the Foundation and the Auxiliary whose fundraising efforts through donations and retail enterprises respectively enable improvements in patient care services, staff education, and research, among others.

In closing, the Board and I would particularly like to thank Brenda Badiuk for accepting the role of Interim President and CEO. Her commitment, passion, and excellent leadership guided and supported the Board, management, and staff through this year of transition and change. Thank you for helping ensure St. Boniface Hospital remained true to its vision, goals, and its commitment to patients, staff, and physicians.

The Board and I welcome Martine Bouchard to the role of President and CEO. We look forward to working with her in the coming years. The Board also takes this opportunity to recognize and thank the Hospital's leadership and management teams, staff and physicians, researchers, students, and volunteers for their dedication to St. Boniface Hospital's mission during this year of unprecedented changes and challenges to our organization and the health system. We appreciate your commitment and dedication to our community of patients and families.

We are proud to work with people who believe in St. Boniface Hospital's mission to attend to those who come to us in need.

**Tom Carson, Chair**  
St. Boniface Hospital Board of Directors  
June 2018

## Executive overview

Our capacity to deliver our core mission of patient care has been influenced by changes prescribed by the provincial and regional consolidation of clinical health services. St. Boniface Hospital's priorities for the year were in line with those of the Winnipeg Regional Health Authority (WRHA). In 2017-18, we focused on improving patient flow, reducing wait times for admission to Hospital and for patients in the Emergency Department, while also attending to our financial health.

In early 2017, provincially mandated deficit reduction directives required St. Boniface Hospital to adjust its management and operational structures and processes. This included the reduction of non-union management staff by 15 per cent and the identification of \$15.5 million in sustainable expenditure reduction strategies, SBH's share of a regional target.

In early April 2017, the WRHA announced its *Healing our Health System* plan, describing a phased approach to the consolidation of health services and changes to the delivery of services, the models of care used, and patient to staff ratios, among others. SBH immediately started planning for the targeted October 2017 transition of services, despite tight timelines and limited financial resources.

Once clinical consolidation is fully implemented, St. Boniface Hospital will be one of three acute care hospitals with an emergency department in Winnipeg. Phase 1 of the clinical consolidation plan provided additional beds in Internal Medicine and Intensive

“ *The staff exhibited such empathy, expertise, and appropriate levity that we all felt there was no better place to have a medical emergency than SBH.* ”



*Nurses Todd Winter and Lauryn Garrett in the MLA Unit.*

Care Medicine and the development of a Mid-to-Lower Acuity (MLA) Unit to assess and treat patients who come to the Emergency Department with less severe health concerns. SBH also repurposed space to open a Clinical Assessment Unit (CAU) to care for patients presenting to the Emergency Department who require further observation or investigation before discharge, admission, or transfer to another care facility.

Clinical consolidation also included moving St. Boniface Hospital's inpatient Rehabilitation Geriatrics Unit to the Victoria Hospital in October 2017 and closing outpatient Rehabilitation Services in November 2017. These closures were emotionally challenging for staff and patients alike. St. Boniface Hospital continues to work with its partners to ensure safe patient transitions and to provide rehabilitation services for admitted patients.

Prior to the October transition of services, SBH's patient care and support areas had made progress on improving processes and the flow of patients from the Emergency Department to inpatient units, and reducing the overall wait times for admitted and non-admitted patients. Since October 2017, SBH has experienced a 30 per cent increase in admissions over the planned bed base and staffing ratios identified through the clinical consolidation plan. This has created challenges for all areas of the Hospital, as inpatient units are at capacity and staffing to meet patient needs is challenging.

A significant and disruptive change in the last year has been the adjustment of patient to staff ratios in response to regional directives to standardize models of care across similar programs in the region. At the same time, St. Boniface Hospital introduced new staff rotations for health care aides and nursing staff to meet the standard, reduce vacancies, and achieve staffing at the patient's bedside 24/7. The process to transition employees to new rotations has been a collaborative effort between union leaders, Human Resources employees, Hospital leaders, management, and employees.

Rotation changes coincided with an aggressive flu season and an increase in patient admissions, contributing to an increase in voluntary and mandated overtime to fill shifts while the organization worked to fill vacancies. Efforts to fill positions continue.

### **Changes to St. Boniface Hospital in 2017-2018**

#### ***Emergency Program***

In early October, developed the Emergency Mid-to-Lower Acuity (MLA) Unit, an expansion of the former Emergency Minor Treatment Area, located in the former ACF Clinic area.

#### ***ICMS***

Expanded by two beds as critical care at Victoria General Hospital closed.

#### ***Transitional Care Unit on 6AS***

Closed mid-October.

#### ***Medicine/Family Medicine***

Opened the Clinical Assessment Unit on L2. Began admitting more acute patients in early to mid-October on all medicine units.

#### ***Geriatric Rehabilitation***

Reduced census on 4E late September, with all patients transitioned home or to Victoria Hospital by end of October/early November.

As St. Boniface Hospital adjusts to these changes, the Hospital's Executive Team meets regularly with our WRHA partners to discuss the achievements of our operating plan and financial targets, and the challenges we face with increased admissions and barriers to transfer patients to appropriate care sites.

St. Boniface Hospital also participated with CHCM and its Communities of Service in discussions to identify opportunities to share expertise and work together to meet the needs of our clientele. We have recently begun discussions with one of the Communities of Service to explore how we might better serve patients presenting to Emergency in need of a family physician and those who

might require services in French. These discussions are expected to continue in the coming year.

Looking forward, the WRHA has set regional targets for patient flow and financial sustainability. In addition to those targets, SBH's 2018-2019 operating plans include organizational goals for quality and safety, such as reducing falls with injury and injury prevention programs for staff, and for the financial sustainability of health services.

As Interim President and CEO, I am particularly proud of how SBH's Executive, Directors, Managers, physicians, and employees have worked together through consolidation of services and program and staffing transitions. I am also humbled and grateful for the compassionate presence of our employees and physicians as they remain committed to the people we serve.

Despite sometimes trying circumstances, St. Boniface Hospital has received many letters of appreciation from patients and families. These letters speak to the level of

care and commitment provided by St. Boniface Hospital nurses, physicians, and support staff.

Our leadership team, employees, and physicians have responded to the challenges of the last year while maintaining professionalism and respect for patients. Care of our patients and employees remains a priority as we strive to remain true to the legacy of our founders, the Grey Nuns, and our mission to serve patients with unparalleled skill, compassion, and innovation.

### **Brenda Badiuk**

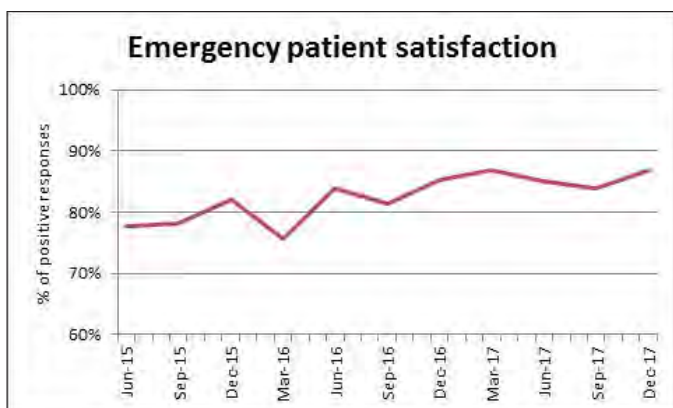
Interim President and CEO

April 2018

## **Excellence**

One measure of excellence is our patients' experience receiving care at St. Boniface Hospital. SBH looks at a variety of sources to evaluate how patients perceive the quality of care.

A patient satisfaction survey for the Emergency Department shows the percentage of positive responses (Good, Very Good, Excellent) for January to December 2017 is 85 per cent. This is comparable to 84 per cent for April 2016-March 2017. Survey results have been heavily influenced by the implementation and sustainment of the Rapid Assessment Zone (RAZ) introduced in 2017, followed by the opening of the Mid to Lower Acuity (MLA) area in October 2017, to support the Emergency Department in responding to anticipated increases from the clinical consolidation plan. The chart below shows the trend over the last two and a half years. SBH maintained higher levels of satisfaction towards the end of 2017, even with changes resulting from clinical consolidation.



Inpatient satisfaction scores tell a more complicated story. The WRHA introduced a new survey in April 2017 with a very different scale for measuring overall satisfaction. In 2016, 82 per cent of patients gave positive responses (Very Good & Excellent) on a 5-point scale. In 2017, we asked patients to rate the Hospital using a scale of zero (0) to 10, with 9 and 10 considered positive responses. Using the new scale, 58 per cent of patients rated SBH as a 9 or 10 at end of December 2017. This does not compare well with last year's 82 per cent, or Emergency's 85 per cent.

SBH notes two especially positive scores among the questions most important to patients:

- *During this hospital stay, how often did nurses treat you with courtesy and respect? (79 per cent positive)*
- *Overall, do you feel you were helped by your hospital stay? (75 per cent positive)*

Two questions important to patients with the most room for improvement and opportunity for SBH were:

- *Do you feel that there was good communication about your care between doctors, nurses and other hospital staff? (54 per cent)*
- *How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care? (54 per cent)*

In addition to patient satisfaction surveys, SBH regularly reviews reports of critical incidents, occurrences and good catches or near misses, monitoring for incidents of harm and to identify opportunities for learning and improvement. SBH also monitors patient falls and medication errors, among other harm indicators. Follow up actions are focused on preventing or reducing incidences of harm to improve overall patient safety.

### **Meeting the needs of labouring women**

A measure of excellence is our ability to adjust care practices to better meet the needs of patients and demands on our service areas.

One such adjustment resulted in changes to the Woman and Child Program model of care. The Program transitioned from Labour, Delivery, Recovery, and Postpartum (LDRP) and Labour and Delivery (L&D) models of care, to Labour, Delivery, and Recovery (LDR) care. LDR is the preferred model of obstetrical care, as it better meets the needs of patients and staff, and increases St. Boniface Hospital's obstetric capacity.

In the new model of care, patients labour, deliver, and recover in one of seven beds on 3A LDR (formerly L&D)

or one of four labour beds on 3E LDR (formerly LDRP). Patients recover in the Mother Child Unit (MCU), located on 3A, 3B, and 3E, and are discharged home following a short stay. Thanks to the new model of care, the MCU has an additional 12 beds for postpartum patients. The change is welcomed in light of increased volumes of mothers delivered at SBH. The goal is to eventually transition LDR to a single unit.

### **Improvements in Health Information Services**

A spirit of excellence and improvement is not unique to patient areas. It is also embraced by employees in many parts of the Hospital. In May 2017, the Health Information Services (HIS) team challenged themselves to improve their filing process to better meet the needs of patients and staff, while reducing waste of time and resources.

The HIS team is responsible for receiving and filing patient information in patient charts within two weeks to ensure there are no delays in care, as the health care team relies on information in patient charts to make treatment decisions. HIS was receiving over 93 inches of documents every two weeks and employees were only able to process 32 inches within that timeframe. This created risks to patients, with information not available in their files, and generated overtime for the department as they struggled to meet their work targets. The Late Reports clerks frequently used overtime to try to keep up with the incoming paperwork. Over 54 per cent of overtime in Health Information Services was attributed to the Late Reports area alone.

The team identified their filing process as a barrier to efficiency and timeliness of filing. Progress notes and diagnostic results, among other documents, were being filed in a specific order with new documents filed among the old, making it difficult for care providers to find the most recent information. The system was hard for HIS staff to learn and slowed down filing.

The Late Reports clerk improvements included moving the newest patient information to the front of the patient's chart and eliminated the specific filing order. This new method makes filing simpler for clerks and easier for health care staff to find the most recent notes and test results in the patient's chart. Clerks now file between four and four-and-a-half inches of paper per day, exceeding their target of three-and-a-half inches.

New employee training used to take 12 weeks and cost \$12,000, including the wages of the trainee and trainer.

Thanks to the simplified filing process, new employees are trained in three weeks.

The Late Reports area no longer needs overtime to manage their workload. Patient charts contain the most current information about a patient's care at St. Boniface Hospital. With access to this information, the health care team can make the right decisions for patients in their care.

### **Education Services**

Education Services is the central hub for all staff education and development. Programming is tailored to align to the Hospital's mission, vision and values, to assist staff in enhancing their knowledge and skills to care for patients. A team of 25 educators, assigned to clinical programs, educates staff about new equipment, policies, and other information relevant to patient care.

In 2017, Education Services restructured the General Hospital Orientation format, allowing for more interactive presentations. Approximately 343 new employees attend orientation every month and feedback from attendees has been positive.

The Winnipeg Critical Care Nursing Education Program (WCCNEP), coordinated through Education Services, prepares nurses to work with critically ill patients. In a 2017 trial, all students taking the 24-week course completed clinical practicums in all three intensive care units at St. Boniface Hospital: Intensive Care Medical/Surgical, Intensive Care Cardiac Sciences, and the Acute Cardiac Care Unit. As a result, graduates of the WCCNEP are qualified to work in all three ICUs. This new familiarity is breaking down silos and allowing SBH to work as a team, sharing staff and resources as needed.



*Graduates of the 2018 Winnipeg Critical Care Nursing Education Program.*



St. Boniface Hospital has built a reputation as a student-friendly facility. Education Services works with the Winnipeg Regional Health Authority and a variety of academic institutions throughout the province to organize student practicum placements. The majority of placements are for nursing students; however many other health care disciplines send students to SBH for their practicums. Education Services also partners with the Winnipeg Fire Paramedic Service and paramedics working towards their advanced care certification complete clinical placements at SBH to practice their intubation and IV skills.

Staff development opportunities are important to all staff and are offered thanks to financial support from the Hospital Auxiliary. Courses and programs are continually revised to add value and information that allows St. Boniface Hospital to provide the best possible care for patients. Sessions are also designed to help employees work through challenges at work and in their personal lives. In 2017, Education Services offered 55 general workshops and six management and leadership sessions to 498 attendees.

## Compassion, spiritual purpose and ethics

### **Nurturing a Culture of Compassion: *Being, Doing, Caring***

This year of transition has been challenging for leadership and employees at St. Boniface Hospital. In an effort to be as transparent and supportive as possible following the announcement of management reductions, Hospital leadership implemented weekly forums with managers to foster conversations, share information about system changes and impacts to St. Boniface Hospital, coach managers supporting staff through change, and listen to the concerns and frustrations generated by massive system changes.

In September, senior leadership began hosting bi-weekly staff forums for all employees, focused on addressing staff concerns for patients, their roles, and their employment. SBH held additional meetings in conjunction with our union leaders, UFCW, MNU, and MAHCP, to address

“ *All around, the staff I encountered at St. Boniface Hospital made an awful situation so much more bearable and I want to thank them all for their wonderful patient care and hard work.* ”

specific employee questions and concerns relating to labour strategies underway from September 2017 to January 2018. While employees expressed concerns for their jobs, they also expressed concerns about the

impact of multiple changes on our patient populations. Verbal feedback from managers and staff about senior leaders' openness and availability was positive.

Throughout the year, SBH has encouraged and supported managers and employees in attending change management and personal development workshops, including those offered by WRHA's

Organizational Change Management consultants and those sponsored by CHCM. We are grateful to WRHA and CHCM for the opportunities provided to our employees and physicians.

### **Caring for the mind, body, and soul**

As a faith-based Hospital, meeting spiritual needs is an integral part of caring for our patients, regardless of their faith traditions, practices, or beliefs.

The Spiritual Care team at St. Boniface Hospital includes four full-time, five part-time, and six casual Spiritual Health Practitioners, also known as chaplains. They are important members of the health care team, focused on meeting the spiritual needs of patients while the health care team focuses on the patient's physical needs. Spiritual Health Practitioners are trained in crisis intervention, spiritual assessment, and listening skills.

Spiritual Health Practitioners are assigned to specific areas and are familiar faces on the patient care units. While their goal is to meet with every patient, they also attend daily health care rounds to learn who may benefit from their support and prioritize to meet urgent needs.

The role of Spiritual Health Practitioners is to support patients through their journey at the Hospital. They also offer encouragement and counselling to patients, families, and even employees. The Spiritual Care team saw a rise in employees reaching out to them who need support following a difficult patient situation, who have a personal issue that requires guidance, or who need a compassionate shoulder to lean on.

Spiritual Care services are available 24 hours a day to assist in the well-being of patients, families and staff,

and the team is expanding its support to the Hospital in different ways. They have started offering group sessions in Mental Health which have been well received by patients. The plan is to offer more group sessions in other areas of the Hospital in the coming year.

The Spiritual Care team is also exploring the possibility of offering Grand Rounds and lectures on stress, trauma, multi-faith care practices, and other topics that may be relevant to care providers. This is in addition to services already offered, including daily mass, memorial services, and committal of ashes ceremonies for families who have suffered the loss of pregnancy.



*Members of the Spiritual Care team (from back, left to right): Paul Holbrook, Timothy Fenlon, Claire David, Father Chris Nwosu, Joanne Biggs, Mirela Stepic-Rhodes, Leslie Clark, and Chenene Layne.*

St. Boniface Hospital also re-introduced a Clinical Pastoral Education (CPE) program in 2017 after several years' hiatus to support the development of its Spiritual Health Practitioners. Spiritual Health Practitioners have a range of experience, training and backgrounds.

The CPE program helps individuals acquire greater skills, strengthen their self-awareness, and improve

their spiritual care assessment and intervention skills to facilitate work with patients.

The program was offered at St. Boniface Hospital from 1978 until the mid-1980s and again from 2001 until 2007. There are a total of four units in the CPE program – two basic, and two advanced. Two units are currently offered at the Hospital and following a few more sessions, we will apply for site accreditation in 2019.

CPE helps develop emotionally and spiritually healthy individuals. Registration in the program is offered to current St. Boniface Hospital Spiritual Health Practitioners and unfilled spots are open to employees from other sites within the Catholic Health Corporation and the general public. The course runs two full days a week from September until April. Interest in the CPE program is growing, with over 20 people applying for one of 12 available spaces at St. Boniface Hospital.

Students in the CPE program spend half their time in the classroom and half their time supporting patients, families, and staff, practicing their skills alongside seasoned St. Boniface Hospital Spiritual Health Practitioners. Students greatly improve our ability to offer spiritual care services to all in need, at no additional cost to the Hospital.

### **Volunteer Services**

St. Boniface Hospital enjoys the compassionate and supportive presence of 341 volunteers who provide more than 35,000 hours annually to patients, staff, and visitors.

The Volunteer Service department coordinates 53 programs including communion ministry, Gift Shop, special events, NICU baby cuddlers, welcome ambassadors and escorts, Buhler Gallery greeters, library services, summer student, and research volunteers, among others.

In 2017, Volunteer Services joined the Woman's Health Program to develop a Veteran Parent Program. Developed in collaboration with Health Sciences Centre Volunteer Services, the Veteran Parent Program recruits veteran parents who have experienced the Neonatal Intensive Care Unit (NICU) to provide informal support to current parents with infants in the NICU. Volunteers will provide one-on-one peer support and in-unit visitation and the program is available to mothers, fathers, and bereaved parents. Volunteer Services welcomed a new Veteran Parent Program Coordinator to recruit, train, and assist new volunteers. The Program will begin recruiting early summer.

In collaboration with Artists in HealthCare Manitoba, a non-profit agency, the Volunteer Services department coordinates music and art at the bedside programs. The music program is offered by three musicians who perform for patients and the public. They are warmly received and provide moments of comfort to many.

### **Health Care Ethics Services (HCE) in transition**

St. Boniface Hospital experienced significant changes in our ability to provide Health Care Ethics Services to our organization and CHCM's communities of service following the retirement of ethicists Patricia Murphy and Dr. Georges Webster. SBH's Chief Medical Officer, Dr. C. Scott Brudney is providing direction and support to clinicians in Hospital with administrative support from Lydia Shawarsky. CHCM and St. Boniface Hospital initiated a process to recruit ethicists to support St. Boniface Hospital and the communities of service of CHCM. At year-end, this process is still underway.

### **Buhler Gallery**

Since 2007, the Buhler Gallery, the first public art gallery of its kind in a hospital setting, has provided a space where patients, families, staff, and visitors can seek peace and tranquility.

In the last 10 years, there have been 27 exhibitions curated specifically for the Buhler Gallery, five staff exhibitions featuring the works of St. Boniface Hospital employees, physicians, and volunteers, as well as two loaned exhibitions with pieces borrowed from other Canadian art galleries. 60 artists from Winnipeg, rural Manitoba, and across Canada have been featured in the Gallery.

The Buhler Gallery was designed with patients in mind. The Gallery is divided into small bays and every bay is like a mini gallery. Artwork is hung at a lower level than most galleries to accommodate patients in wheelchairs. There is ample space between the artwork as well as a lot of seating for patients, visitors, and staff who seek a moment of quiet contemplation in the midst of a busy Hospital environment.

The Gallery's permanent collection has grown over the last decade to include over 330 works of art by 111 artists. The works are all donated by the artists or their families, or people who are looking for a new home for their artwork. Pieces from the permanent collection are on display in hallways, waiting rooms, and offices throughout the entire Hospital. High quality reproductions are displayed in areas where original pieces risk getting damaged.

In June 2017, Hospital staff, physicians, researchers, students, and volunteers were invited to submit their artwork for *Canada 150: Fifth Juried Art Exhibition*. Artists were invited to explore the theme and consider the history and mission of the Hospital in the context of events that shaped our culture and society. Staff exhibits showcase the creativity, talent and passion of our caregivers. Over 168 pieces of art have been displayed in the juried exhibits over the years.



*Opening of Visual Celebrations II, (l to r): Vince Barletta; Cathy Cox; the Honourable Patricia Bovey; Lieutenant-Governor Janice Filmon; Bonnie Buhler; John Buhler; and Leona Herzog.*

The exhibition was followed in September by *Visual Celebrations II*. The anniversary exhibition featured favourites from the Gallery's permanent collection and new works of art previously not shown. The show included pieces from well-known Manitoba artists, including Aliana Au, Diana Thorneycroft, Don Reichert, Tony Tascona, Jackie Traverse, Bill Lobchuk, Karen Cornelius, Bruce Head, Steve Gouthro, Kirsten Britt Hanson, Kelly Clark, Colleen Cutschall, Don Proch, Tim Schouten, and Sheila Spence. *Built Environment: Hidden Cities*, featuring artwork by Andrew Beck and Leif Norman, opened to the public in January 2018. The exhibition connects us to the city in a way that is both familiar and unseen.

The Gallery space promotes more than artwork. In 2017, 25 events took place in the space, including retirement celebrations for employees, tours, musical performances, and healthy workplace events.

Approximately 100,000 visitors have explored the Buhler Gallery since it opened in 2007. The work of the Gallery would not be possible without dedicated volunteers who welcome visitors, provide information about the exhibitions, and serve as ambassadors.

# Sustainability

The sustainability of our operations is a critical annual objective. From a financial perspective, St. Boniface Hospital started the 2017-18 year with a mandated sustainable expenditure reduction target of \$15.5 million, our share of the regional \$83 million target. We are pleased to report we ended the year with a \$400,000 deficit, due in part to strategies implemented in the course of the previous year to address constant care, length of stay, overtime, and vacancies.

Savings are the result of consistent attention to costs and expenses in all areas of the Hospital, but are achieved largely in the areas of constant care, overtime and renegotiating supply contracts with better terms. St. Boniface Hospital also noted a reduction in Worker's Compensation costs as a result of fewer injuries with lost time. While overtime increased in the last quarter of the fiscal year due to model of care changes, vacancies, and increase in acuity and admissions, results in the first nine months balanced the overall expenses.

To facilitate a transparent view of progress towards our financial objectives, St. Boniface Hospital's finance staff developed a sophisticated tracking model in the early part of 2017-18. This tool allowed managers to view unit level progress towards our financial goals monthly and take immediate steps to adjust as needed to stay on track. The tool and some other St. Boniface Hospital strategies have been shared with the WRHA.

The efforts of leadership, management, staff, and physicians have enabled us to treat an increased number of patients with available staff and other resources. We will continue to be challenged to be increasingly fiscally prudent and to make decisions to ensure the sustainability of our operations and the health system.

## Research

For the sixth consecutive year, St. Boniface Hospital has ranked among Canada's top 40 research hospitals according to Research Infosource Inc., an independent group from Toronto. St. Boniface Hospital was ranked fifth in terms of research intensity (research spending per researcher) in the small hospitals category, with size based on total hospital spending.

The Albrechtsen Research Centre continues to attract provincial, national, and international funding to support research efforts. In 2017, we received approximately \$8M in competitive funding, which represents an impressive 8:1 ratio for funds brought into Manitoba in relation to funds invested by the Government of Manitoba.



*Post-Doctoral Fellow Inna Rabinovich-Nitkin (front) and research assistant Illana Minuk.*

In 2017-18, Dr. Luc Clair, the first Albrechtsen Research Centre faculty member from the University of Winnipeg, joined the Canadian Centre for Agri-food Research in Health and Medicine (CCARM) to study health/ agricultural economics and the financial implications of research in CCARM. He will expand our understanding of the implications of our research beyond health-related benefits, which will interest the Government, the Hospital, our donors, and granting councils who are increasingly focused on research impacts.

Research's focus on the future includes inviting Manitoban children aged 10-12 years to experience science, medicine, and research in the state-of-the-art RBC Youth BIOLab, the only lab of its kind in North America, made especially for kids. The RBC Youth BIOLab welcomes over 5,000 children each year and over 50,000 children have received education through this program since its inception.

The promotion of research and its advancements aids significantly in gaining donor, community and government support, and we are grateful for the efforts of the St. Boniface Hospital Foundation in raising awareness of the work being undertaken within the Albrechtsen Research Centre and Hospital.

## R30

April 2018 marked the 30th anniversary of the Albrechtsen Research Centre's opening. To celebrate the occasion and thank those who have contributed to the Research Centre's success, a scientific meeting with former trainees was held, followed by a gala dinner and dance at the RBC Convention Centre. The St. Boniface Hospital Foundation included a retrospective in its 2018 Spring edition of Believe, and local media also featured the work of research at St. Boniface Hospital.

Congratulatory video messages were received from a number of political leaders to mark the occasion, including Justin Trudeau, the Prime Minister of Canada; Brian Pallister, the Premier of Manitoba; Brian Bowman, City of Winnipeg Mayor; Jim Carr, Minister of Natural Resources, Government of Canada; Dan Vandal, Member of Parliament for St. Boniface; Terry Duguid, Member of Parliament for Winnipeg South; and Doug Eyolfson, Member of Parliament for Charleswood-St. James Assiniboia-Headingley. Kelvin Goertzen, Minister of Health, Seniors and Active Living for the Province of Manitoba also brought greetings in person.

### International research programs

The Asper Endowment Fund, held at the Mayo Clinic in Minnesota, accumulated enough interest to allow a second competition in support of a collaborative research project in cardiovascular disease between the Mayo Clinic and St Boniface Hospital Research. The results of the competition initiated in 2017 will be announced in Spring 2018.

A similar competition launched in 2017 to initiate research collaborations between scientists at St. Boniface Hospital and Ben Gurion University (BGU) in Israel resulted in funds for five successful projects starting in summer 2018. Drs. Larry Hryshko, Hope Anderson, Paul Fernyhough, Peter Zahradka and Jeff Wigle from the Albrechtsen Research Centre will collaborate with their respective partners at BGU in the areas of cardiovascular disease, nutrition, and neurological disorders.

The Canada Italy Tissue Engineering Laboratory (CITEL) expanded from its base collaboration with University of Rome Tor Vergata to include the Scuola

Superiore in Pisa, Italy. Principal Investigator Dr. Paolo Di Nardo in Rome and Dr. Vincenzo Lionetti in Pisa are leading the work at their respective institutions, with Dr. Sanjiv Dhingra leading the work at St. Boniface Hospital Research. Their work is focused on heart regeneration, using stem cells to create beating heart muscle cell patches, much like a bandage. They hope to integrate these cells into the heart following a heart attack to regenerate live tissue. Under the banner of CITEL program, Dr. Dhingra and Dr. Di Nardo organized an international conference on the Future of Regenerative Medicine in Tuscany, Italy, in October 2017. This meeting was attended by more than 70 scientists, clinicians and industry personnel to discuss clinically relevant issues related to regenerative medicine and tissue engineering.

### Scientific journals

St. Boniface Hospital researchers published more papers in peer reviewed scientific journals than in previous year years and research quality indicators also showed improvements. Researchers were invited to present their data at conferences

all over the world and received more than 30 provincial, national, and international awards in recognition of their contributions to the advancement of medical science.

We continue to host the editorial offices of two international scientific journals: The Canadian Journal of Anesthesia (Editor-in-Chief: Dr. Hilary Grocott) and Molecular and Cellular Biochemistry (Editor-in-Chief: Dr. Naranjan Dhalla). Dr. Dhalla also oversees the International Academy of Cardiovascular Sciences, located in the Albrechtsen Research Centre, a global initiative to advance the translation of scientific discoveries and educate the medical community across the world.

### Research progression

WinSanTor is a spin-off research company created through Dr. Paul Fernyhough's innovative research. His discovery of a novel drug to treat nerve damage in diabetics is progressing and results have been positive. Once the drug is available in pharmacy, it will be a welcome addition to the treatment of diabetic neuropathy which currently has no treatment options.

The discovery of a novel antibiotic platform that may be used to treat multi-drug resistant bacteria, led by

“ *I cannot say enough good things about the care and attention received. Every doctor, nurse, tech, aide, physiotherapist, and occupational therapist was so caring and helpful.* ”

”

Dr. Grant Pierce, received national and international attention last year. Research in this area holds considerable promise for future advancements.

Thank you to all our supporters for helping us achieve a successful research program in 2017-18. We appreciate the guidance and support provided by our most significant partners: the President and CEO and the Board of Directors of St. Boniface Hospital; the President and CEO and the Board of Directors of St. Boniface Hospital Foundation; the provincial and federal governments; the University of Manitoba; the University of Winnipeg; Agriculture and Agri-food Canada; and the Canadian associates of Ben Gurion University. Our success is also due in no small part to the thousands of donors who give freely and support hope for improved health care in the future. Together, we will make Manitoba a healthy place to live!

## Building the future

As we navigate the winds of change, we are guided in our discussions and decisions by our vision for the future. We strive to remain true to the legacy of our founders, the Grey Nuns, and our mission to serve patients with unparalleled skill and compassion. We are ever mindful of our rich tradition of innovation, knowing the needs of our patients and our community today and tomorrow can only be met by building relationships with our partners.

St. Boniface Hospital  
Executive Team June 2018

“ *Without fail, the staff in each of the department that provided care to Mom, from portering and cleaning staff, to physicians, did so thoughtfully, with respect, consideration and kindness, and the utmost professional attention.* ”

# Financial statement

## ST. BONIFACE GENERAL HOSPITAL

March 31, 2018, with comparative information for March 31, 2017

(in thousands of dollars)

		March 31 2018	March 31 2017
<b>Condensed Consolidated Statement of Financial Position</b>	Assets		
	Current	\$ 37,772	\$ 40,175
	Future employee benefits recoverable from Winnipeg Regional Health Authority	32,348	33,055
	Capital assets	183,722	192,930
	Contributions Receivable from Manitoba Health, Seniors and Active Living	12,110	10,872
	<b>Total assets</b>	<b>\$ 265,952</b>	<b>\$ 277,032</b>
	Liabilities and Deferred Contributions		
	Current	\$ 50,275	\$ 53,033
	Employee future benefits payable	36,770	37,461
	Long term debt	11,819	12,098
Deferred contributions	173,404	181,263	
<b>Total liabilities and deferred contributions</b>	<b>272,268</b>	<b>283,855</b>	
Fund Balances			
Insured services	(11,325)	(10,950)	
Non-Insured Services:			
Ancillary	302	(404)	
Research	(14,642)	(14,807)	
Restricted	7,674	7,456	
	(6,666)	(7,755)	
Capital	11,675	11,882	
<b>Total fund balances</b>	<b>(6,316)</b>	<b>(6,823)</b>	
<b>Total liabilities, deferred contributions and fund balances</b>	<b>\$ 265,952</b>	<b>\$ 277,032</b>	

Year ended March 31, 2018 with comparative information for 2017

(in thousands of dollars)

		2018	2017
<b>Condensed Consolidated Statement of Operations</b>	Revenue		
	Winnipeg Regional Health Authority	\$ 322,235	\$ 351,649
	Patient services	3,620	3,376
	Amortization of deferred contributions, capital	12,500	13,522
	Other income	15,692	17,021
	<b>Total revenue</b>	<b>354,047</b>	<b>385,568</b>
	Expenses		
Hospital and education	329,423	358,646	
Ancillary operations	696	908	
Research	8,212	7,947	
Restricted funds	1,800	2,225	
Amortization and interest	13,409	15,377	
<b>Total expenses</b>	<b>353,539</b>	<b>385,103</b>	
<b>Excess (Deficiency) of revenue over expenses</b>	<b>\$ 508</b>	<b>\$ 465</b>	
<b>Condensed Consolidated Statement of Cash Flows</b>	Cash provided by (used in):		
	Operating activities	(2,831)	(12,184)
	Capital activities	232	2,479
	Investing activities	(1,238)	66,316
	Financing activities	969	(66,884)
	<b>Decrease in cash</b>	<b>\$ (2,868)</b>	<b>\$ (10,273)</b>

The information contained in these condensed consolidated financial statements has been extracted from audited consolidated financial statements upon which KPMG LLP Chartered Accountants have issued an audit opinion as reported under the date of June 11, 2018.

# ST. BONIFACE HOSPITAL

## Board of Directors 2017-2018

Mr. Tom Carson, Chairperson

Mr. Haig Vanlian, Vice-Chairperson

Mr. George Bass

Ms. Debbie Brown

Mr. Léo Charrière

Mr. Gabor Csepregi

Mr. Romel Dhalla

Mr. Neil Duboff

Dr. Jose Francois

Dr. Gary Glavin

Mr. Hugh Goldie

Mrs. Jacqueline Gosselin

Mr. Cliff Jeffers

Mrs. Diane Leclercq

Mr. Bob Pruden

Mrs. Bianca Salnave-Dandekar

Son Excellence Monseigneur Albert LeGatt

Ms. Joanne Therrien

Mr. Daniel Lussier (ex-officio)