



St. Boniface Hospital Annual Report 2016-2017



Hôpital St-Boniface Hospital

June 2017

Espoir et guérison
Hope and Healing

**As I sit here reflecting on my experience at
St. Boniface Hospital during the birth of our
second child I cannot stop thinking about
the wonderful care and compassion
I received from your excellent
team of nurses and doctors!
The most important thing they
provided was time!
They took all the time we needed and
not once did they appear rushed or they were
trying to cut us short to move onto
the next patient.
Every one of your staff took the time to
introduce themselves and provide
small talk if you will,
which put me at ease each time.
This hospital should truly be a hospital where
other individuals from different provinces
come to learn what
patient care really means.**

Grateful patient (BG)

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, our staff, physicians, and our community, we will achieve these goals. The human face of health care, we are here when you need us most.

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Report from the Chair

The Board and senior leadership are pleased to report on St. Boniface Hospital's activities and accomplishments for 2016-2017.

The Board of Directors and senior leadership work with our sponsor, the Catholic Health Corporation of Manitoba (CHCM) and our partner, the Winnipeg Regional Health Authority (WRHA), to deliver quality health care to Manitobans, monitor and evaluate patient satisfaction, quality of care, staff engagement, sustainability of services, management and mitigation of risk, and the financial health of the organization.

The Board's primary concern in 2016-2017 year was the recruitment of a new President and Chief Executive Officer. We are pleased to report the appointment of Dr. Bruce Roe August 9, 2016, following several months in an acting position.

Following the 2016 enactment of Bill C-14 by the House of Commons to amend the Criminal Code of Canada and permit Medical Assistance in Dying (MAID), the Board engaged with CHCM, regional and hospital leadership, clinical ethicists, physicians and other experts to understand and address the implications of the decision for patients, caregivers and the Hospital as a faith-based facility. In the last year, we have learned about the lived experience of patients, their families and caregivers. These experiences have informed and shaped the board's reflections and deliberations, management's practices and discussions with our sponsor, with respect to the scope of care within St. Boniface Hospital. In the absence of a policy, the Board has provided direction allowing assessments on site by a third party external to Hospital staff. The Board has also asked management to propose a policy to guide caregivers in responding to requests for MAID. At year end, the board was preparing to review the proposed policy.

The Hospital's health care insured services operations ended the year with an in-year deficit of \$11.2 million. This result was better than expected and better than the prior year. Targeted spend reductions of \$2.2 million were achieved and improvements in cost per patient day

(4%) and cost per weighted case (6%) were realized. The cost drivers for the deficit include: volumes that exceed funded levels for inpatient activity, mothers' delivered and diagnostic and therapeutic care; and, price pressures related to inflationary and market price increases, changes in technology, and changes in practice and quality standards. The accumulated deficit for insured services is \$21.9 million.

We are pleased to report the Research portfolio's deficit management and operating plan continues to successfully achieve a balanced position. We acknowledge and appreciate St. Boniface Hospital Foundation's contributions to research activities and operations and 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.

In the final quarter of 2016-17, the Winnipeg Regional Health Authority required all health facilities to develop plans to achieve a balanced budget by March 31, 2018. To this end, St. Boniface Hospital developed proposals to address the \$15.5M deficit, including proposals to restructure delivery of care within St. Boniface Hospital. On April 7, the WRHA announced a plan to heal the health system. The Clinical Services Plan will reorganize the delivery of services in Winnipeg. The Plan reaffirms St. Boniface Hospital's role as a tertiary health care center caring for acutely ill patients within Manitoba and Winnipeg's health system. 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. We will no longer provide rehabilitation and long term geriatric care within our Hospital. We believe these changes will support our ability to provide specialized care to patients when they need it. St. Boniface Hospital will continue to serve the needs of patients as we work with the WRHA to develop and implement plans and changes in the coming months.

As fiscal year 2016-2017 closes, I would like to thank 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.

The Board also thanks 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 thanks Dr. Bruce Roe for his leadership in guiding the organization and ensuring we remain true to the vision and goals of the organization and our commitment to patients. The Board also wishes to recognize the efforts of the Hospital's Leadership and Management teams, staff and physicians, researchers, students, and volunteers for their dedication to St. Boniface Hospital's mission and the delivery of quality patient centered care.

The Board of Directors is proud to work with people who believe in St. Boniface Hospital's mission to attend to those who come to us in need.

MURRAY KILFOYLE

Chair, St. Boniface Hospital
Board of Directors
June 2017

Report from Senior Leadership

Improving patient care is no small task. It involves listening to patients, families, staff, and physicians, learning from each other, and working differently while attending to patient needs.

Engaging employees in making St. Boniface Hospital a better place for all patients has been one of the great successes of our transformation journey. In the past year we have made great strides in providing managers with the training in daily management practices to enable them to better understand the work and the barriers to care. Changes in practice have enabled employees to participate in identifying problems, proposing solutions and getting involved in improving their work environment. We have also been fortunate to engage patients and family members who help focus on what matters most to them.

The involvement and active participation of employees, physicians, students, volunteers, patients, families, donors, and our partners in the community are critical to the success of our vision, one we are committed to maintaining as we continue our journey towards perfect care.

Changes facing the delivery of health care within the Winnipeg region and at St. Boniface Hospital identified in the provincial and regional Clinical Services Plan will require us to work closely with our partners. These changes will affect the people we care for and those who work within St. Boniface Hospital. Our traditional involvement in care of the elderly will be different, however there is opportunity to increase our role in specialized care; ensuring patients have the care they need at the right place and the right time.

These changes, along with the implementation of mandated deficit reduction strategies will require adjustments to our management and operational structures and processes. It is our intent however to pursue these in a manner consistent with our tradition of compassion, innovation and excellence to ensure patients receive the care they need, and to minimize disruption to employees and physicians.

Part One

The following report describes St. Boniface Hospital's activities as they correspond to the Catholic Health Corporation's sponsorship accountability framework's five areas of focus – Excellence, Sustainability, Unmet Needs, Spiritual Purpose, and Ethics.

1. A Commitment to Excellence

We are committed to continuous improvement to achieve excellence with an emphasis on satisfying patients and engaging staff.

In 2016-17 our commitment to excellence led St. Boniface Hospital to prioritize improvement of patient flow, specifically time to treatment in the Emergency department and time to admission to a patient unit.

A Rapid Assessment Zone to Improve Patient Care

Three years ago, staff from St. Boniface Hospital Emergency Department attended a conference on patient flow in Toronto where they learned about rapid assessment zones, or RAZ, an interesting approach to see patients in a timely manner. The Emergency team set out to understand and implement RAZ at St. Boniface Hospital as an approach to reducing wait times in the emergency department and improve patient safety.

The RAZ process involves the use of a single stretcher as the first point of contact between the patient and the RAZ physician and nurse team. Once a patient is assessed, they are moved to a recliner for active treatment, a chair to await diagnostics, discharged home, or directed to an alternate care area.

Historically, all patients in the emergency department were treated on a stretcher, however it is not always necessary or the best option for patient care. RAZ helps maximize the use of space and treat more patients by assessing, then moving them to a more suitable and comfortable treatment area depending on the type of care they need. It also ensures stretchers for patients who need them the most.

On average the emergency department sees 110-120 patients a day. Currently, the ED sees an average of 30 patients daily through RAZ. Since the start of RAZ a year ago, despite a 10% increase in the number of patient visits in 2016, the ED has reduced the length for stay for non-admitted patients from 6.87 hours to 5.87 hours and the waiting to be seen time by 33.6 minutes, from 2.73 hours to 2.17 hours, for all patients.

Surveys of patients and staff since February 2016 indicate the experiment is proving successful, and the team will continue developing and improving the RAZ process until it becomes common practice in Emergency.

Understanding the Patient's Experience

St. Boniface Hospital gains a sense of the patients' experience through the regional NCR Picker Patient Satisfaction Surveys, daily leadership visits at the bedside, input from the Patient and Family Advisory Council, the Patient Relations office, and from investigations following critical incidents and near misses. These sources of information provide insights into opportunities to reduce harm to patients, decrease staff injuries and risk, and improve operational processes. We measure harm by identifying safety risks, infection rates, and medication errors, among other metrics. We also measure staff engagement scores, attendance at work, overtime costs, patient length of stay, and our financial performance.

In 2016-2017, the regional NRC Picker Survey indicated patient satisfaction scores remain stable over previous years. For the period of April to December 2016, 83 per cent of inpatients surveyed rated overall care at St. Boniface Hospital as very good to excellent.

Employee Opinion

Similarly, the annual employee engagement survey helps Hospital leadership understand what is important to staff. In October 2016, 64 per cent of our employees shared their thoughts and suggestions for improvement. Staff engagement scores decreased slightly to 59% engaged from the previous 61% engaged however, the richness of staff comments provides information about what is working well and what can be improved.

Staff Injury Prevention

The Occupational Health and Safety Department has undertaken work on further developing the injury prevention system for St. Boniface Hospital, with the assistance of grant funding received in 2015 from the Workers Compensation Board Research and Workplace Innovation Program. Information received through staff feedback forums contributed to the development of a pilot injury prevention system in two areas of the Hospital. The working group created visual displays highlighting injuries and illnesses to facilitate improved communication about workplace hazards, and corrective actions taken to mitigate these risks. The injury prevention system will be spread to other areas of the Hospital once processes are refined.

Management System

In 2015, we introduced a management system in two areas, the Pharmacy Department and the Cardiac Surgery Inpatient Unit, to develop managers' skills in leading staff to see everyday performance and work together to problem-solve issues. Based on specific principles of operational excellence, managers learn to set direction and ask questions differently using specific processes and tools to guide conversations and innovative thinking. Since 2015, we have spread the teaching and coaching of a specific series of processes and tools to eight other areas.

French Language Services

St. Boniface Hospital strives to meet the language needs of French speaking patients to provide safe and timely care. Currently 390, approximately 9% of 4,349 employees are declared bilingual. Of these, 156 are nursing staff (MNU); 116 are support staff (UFCW) and 105 are non-union staff.

We invite and encourage staff to self-identify as bilingual candidates during time of hire and during Hospital orientation. We offer Active Offer workshops to raise awareness of language barriers and techniques to address these when bilingual staff is unavailable.

In September 2016, French Language Services was invited to enhance its active offer orientation presentation to new hires from 15 minute to two hours. An average of 48 new employees, nurses, support staff, managers and directors participate in orientation every month. Evaluations to date have been positive. In 5 months, 153 new staff responded to the orientation questionnaire; 91% agreed information regarding French Language Services will help them in their job. Employees are informed about French courses; available resources and testing opportunities, and bilingual employees receive bilingual identifiers. Staff has responded well to the orientation and active offer workshops.

I learned a lot about looking through the perspective of a patient who doesn't understand English.

With the assistance of Santé en français, St. Boniface Hospital offers all levels of French language training. Courses are offered in-Hospital or at the University of Saint-Boniface. Three sessions of French classes are offered annually with an average of 20 enrolled staff per session.

2. Sustainability

We hold ourselves accountable to responsibly plan and manage the public and private resources to achieve and sustain our mission of care.

Managing resources is critical to our ability to meet patient needs and maintain our organizational sustainability. For fiscal 2016/17, our focus was on improving staffing processes, developing alternative care models for patients living with dementia and reducing supply expenditures. Although our patient volumes increased, this focus and these improvements led to spend reductions of \$2.2 million.

Our first area of focus, staffing processes, built on work undertaken over the prior year. The objective of the work is to refine processes towards more effective and efficient scheduling of staff to ensure staffing levels and skill sets are aligned to patient census and care needs and that the processes are reliable and consistent across the organization. We have learned much over the two years. We sustained results from experiments conducted in 2015/16 that led to improved matching of staffing levels to patient volume and acuity and we undertook to spread learning to other areas, including designing alerts to better predict and plan for surges in activity. This work will continue in 2017/18.

Our second area of focus, an alternative care model for patients living with dementia was successful, particularly from a patient and family perspective. The care model, "Know Me", was designed and implemented for our Family Medicine Program patients. The goal is to provide expert care to patients with dementia in an environment designed to promote engagement and activity for the patient. The model provides care teams with methods to support an improved experience for patients and at the same time reducing the hours of one-on-one observation required for patients.

Our third area of focus was supply spend. We realized a spend reduction of \$1.5 million as a result of improved contract pricing and assessments that led to better product utilization. Work in both these areas will continue in fiscal 2017/18.

Improving access to information - Surgical Information Management System (SIMS)

At the end of March, St. Boniface Hospital received a Surgical Information Management System as part of a region wide plan to standardize policies, procedures, patient charting and information technology across all WRHA operating rooms wherever possible and relevant.

The key functions include scheduling of surgical/procedural cases, management of surgeon preference cards, and real-time nursing documentation during surgery and real-time tracking of surgical case progress.

3. Unmet Needs

We encourage the development of innovative and creative solutions to respond to emerging needs, especially where the need for compassionate care is greatest.

As the needs of people in our community evolve, anticipating and responding to emerging care issues, while continuing to improve processes are central to our vision. As an acute care facility, St. Boniface Hospital is challenged every day to respond to an increasing number of patients presenting with complex and acute needs.

One of our strategic initiatives in 2016-17 included actions to reduce the use of constant care in the clinical programs. Constant care is one-on-one care and monitoring of a patient, used in situations where the patient may be a risk to themselves or others. The use of constant care is of limited benefit to patients and costly in terms of human and financial resources. The team charged with identifying opportunities to reduce the use of constant care focused on strategies most helpful to the patient and likely to enhance their experience and safety.

To this end, the team developed an approach involving the family, the patient and the caregiver to better understand the patient, and then used this knowledge to create specific care plans for the patient, focused on activities more likely to engage the patient and potentially reduce the need for one-on-one care. The Geriatrics Program initiated a Music and Memory Program to help connect with the patient. Through this program, the recreation therapist works with the patient or their family to identify a patient's music preference and with the help of volunteers creates an individualized playlist of songs to help connect patients with memories of a happier time and generally promote a sense of wellbeing. Currently, the program is being trialed with patients, most of who are diagnosed with dementia.

To ensure the safety of patients and volunteers alike, all volunteers within the program undergo a month long dementia training session. Their training includes one-on-one time with recreational therapists, shadowing therapists and working with patients under observation from trained staff personnel.

Preliminary results of the Music and Memory pilot program are positive for the patient. Caregivers are also better equipped to respond to patient needs.

4. Our Spiritual Purpose

We support the creation of an environment where compassionate practices are present to nourish people to care for others as they would themselves, including care for the physical, emotional, and spiritual needs of the individual.

St. Boniface Hospital remains rooted in the traditions of its founders and strives to meet the spiritual and religious needs of patients, families, and staff through a variety of programs and services.

The department offers spiritual care services on a 24 hrs. per day, seven days a week basis, with daily Roman Catholic Mass and Sacramental support, with the help of communion volunteers. In 2016-2017, Spiritual Care staff made nearly 16,000 visits with patients, families and staff.

Following challenges in recruiting qualified spiritual care providers and Roman Catholic priests, St. Boniface Hospital with the help of Catholic Health Corporation of Manitoba entered into an agreement with the Archdiocese of St. Boniface, for the Department to facilitate the offer of Sacramental support to patients, families, and staff.

The Department also hired a new supervisor and is working toward accreditation of the Clinical Pastoral Education program with the Canadian Association of Spiritual Care with the aim to provide further training to current staff starting in September 2017.

Nurturing a Culture of Compassion – Being, Doing, Caring

In 2016, the Patient and Family Advisory Council initiated a series of patient visits to learn more about how patients perceive and experience compassion at the hands of staff. The Council shared the results of these conversations with senior leadership and Board members. The information was also shared with nursing students at the University de Saint-Boniface in an effort to engage in discussions about the meaning of compassion with future health professionals, as to the key role they play. The presentation was well received. Hospital Leadership is working with the Board and the Patient Care Committee of the Board to inform future discussions, directions, and actions relative to compassion.

5. A Consistent Ethical Framework

We strive to integrate ethical reflection and discussions to inform decision-making, including consideration of “what is called for now” in our planning and execution of daily activities. Submitted by the Health Care Ethics Service (HCES)¹

Ethics Consultation

This past year has seen an increase in ethics consultations related to organizational ethics issues. These consultations touched on quality improvement, patient safety concerns, matters related to business practices, and conflicts of interest. The greater focus on organizational ethics concerns reflects a growing awareness of the need to understand and respond to ethical issues in health care in a more comprehensive and systematic manner.

In 2016, the Health Care Ethics Service (HCES) was very involved in ongoing discussions regarding medical assistance in dying (MAID). The HCES contributed to dialogue about organizational policy development, as well as, administrative and clinical implications of MAID. The HCES was also consulted by professional regulatory bodies and provincial and national organizations addressing this issue.

The HCES also offered a variety of educational opportunities (e.g. meeting presentations and ethics reflections, workshops, health care ethics grand rounds) for practicing health care professionals, CHCM and its Communities of Service boards, leadership and staff, students of various health care disciplines, and members of the general public.

Student Supervision and Mentoring

The HCES developed and supervised an ethics elective practicum for three Med IV students from the University of Manitoba. During the elective period, students reviewed a select bibliography of readings in health care and clinical ethics, and also focused on specific readings in their particular areas of interest. They also had opportunity to participate in the clinical ethics consultation process and attended several ethics educational sessions organized by the HCES.

Ethics Compass Rounds

New this year was the introduction of Ethics Compass Rounds as a regular, alternate forum or “time out” to sort through emerging or existing ethical concerns. Ethics Compass Rounds create an interactive, facilitated forum where health care professionals from all disciplines come together on a regular basis to openly and honestly talk about difficult clinical, organizational and emotional issues

that may arise in caring for patients/families. In 2016, eight Ethics Compass Rounds were held on the Palliative Care Unit providing opportunities to debrief and offer ongoing support to health care staff and physicians.

¹ *The Health Care Ethics Service (HCES) offers programming in clinical and organizational ethics to all facilities and agencies associated with the Catholic Health Corporation of Manitoba and responds to requests to contribute to ethics activities developed and sponsored by external organizations. Established in May 1993, the HCES is located at St. Boniface Hospital. The Service employs two full-time ethicists and one full-time administrative assistant, and provides ethics education, policy review and development, research review and ethics consultation to patients, residents, clients, clinical and administrative staff, governance personnel and other associates of the health care and social service agencies that make up CHCM. The opportunity for direct consultation with the Health Care Ethics Service is available 24-hours a day/seven-days-a-week. Ethics consultations are organized in four broad categories – clinical ethics, research ethics, organizational ethics, education and curriculum development.*

**After my surgery,
as I stayed in the Asper Institute,
I felt so cared for by all of the health care
professionals who dedicated their time and energy
to my care while in hospital
and in my post-op visits.
I was never once afraid because
I felt such positive energy all around me.**

Part Two

1. Research

Submitted by Dr. Grant Pierce, Director, Research

For the 5th year in a row, St. Boniface Hospital has made the list of top research intensive hospitals in Canada, according to Research Infosource Inc., an independent group from Toronto. St. Boniface Hospital was ranked 1st in Western Canada and 5th in Canada.

St. Boniface Hospital Research launched a partnership and research collaboration, Research Without Borders, with Ben-Gurion University of the Negev, Israel.

Steve Jones, Director of the RBC Youth BIOLab Jeunesse, provided hands-on science experiences for nearly 5,000 students this past year, enabling the predominantly Grades 4-12 students to experience science in a whole new way, in both French and English.

Monteris Medical announced the U.S. Food and Drug Administration's approval of an Investigational Device Exemption to evaluate the NeuroBlate® System in patients newly diagnosed with glioblastoma multiforme. With this approval, Monteris will initiate a feasibility study on this Laser directed method to remove tumours in the brain that were previously deemed inoperable. This prospective study will be conducted in five sites in the United States. The NeuroBlate® Surgical System was originally developed in the Albrechtsen Research Centre by Dr. Mark Torchia. Dr. Torchia also received the inaugural Governor General's Innovation Award for this research innovation in brain surgery.

Awards

Dr. John Foerster, Executive Director of Research for St Boniface Hospital from 1986-2005 was named a member of the Order of Canada for his contributions to health care administration and the creation of the Albrechtsen Research Centre at St. Boniface Hospital.

Dr. Foerster and Dr. Torchia were also inducted into the St. Boniface Hospital Research Hall of Fame this year. Dr. Grant Pierce, the current Executive Director of Research for St. Boniface Hospital was awarded Research Canada's 2016 Leadership Award at the Research Awards Gala held in Toronto. Dr. Pierce was also appointed Assistant Executive Director of the Manitoba Medical Service Foundation.

Dr. Michael Czubryt was the 2016 recipient of the Ronald Duhamel Innovation Fund Award in recognition of his innovative research into cardiac fibrosis.

Doctors Manitoba presented its 2016 Scholastic Award to Dr. Davinder Jassal, Chair of Cardiology, at an awards dinner in Brandon for "scholarly activity in the health professions including research, teaching and writing."

These are but a small sampling of over 70 awards received by students, staff and faculty last year alone at the Albrechtsen Research Centre in St Boniface Hospital in recognition of research excellence at a provincial, national and international level.

2. Education

The success of the Hospital's vision relies on support for educational opportunities, practicums and health professional training. Partnerships with academic institutions support a variety of clinical placements including Physicians, Nursing, Allied Health (Pharmacy, Physiotherapy and Occupational Therapy), Respiratory and Diagnostic Imaging, among others.

Over 2,437 students took part in clinical placements at St. Boniface Hospital, through partnerships in Manitoba: University of Manitoba, Red River College, Université de St. Boniface, Brandon University, Assiniboine Community College, Robertson College, Academy of Learning; Canada: University of Alberta, University of Ottawa, British Columbia Institute of Technology, and Canadian Association Enterostomal Therapy. St. Boniface Hospital also established partnerships with the Department of National Defence to help train intensive care nurses in the military and with the City of Winnipeg, Fire Paramedic Advanced Care and Red River College Primary Care Paramedic Programs to provide clinical placements for Para-medicine students.

Staff development opportunities are key recruitment and retention factors. Thanks to financial support from the Hospital Auxiliary, Education Services provided workshops, seminars and conferences to staff. These education opportunities are designed to help employees and managers work through challenges in the workplace and in their personal lives. Last year, Education Services offered 113 general workshops, and nine management/ leadership sessions with over 1,162 attendees.

3. Enhanced Services

Volunteer Services

St. Boniface Hospital's 400 volunteers offer more than 44,000 hours annually to support a wide range of services to enhance the patient experience. The Volunteer Service department coordinates 53 programs including baby cuddlers, welcome ambassadors, Buhler Gallery greeters and more providing invaluable support to programs and caregivers. In 2016, the department worked with the Rehabilitation and Geriatrics team, as they launched the 'Music and Memory Program' to help create a more comfortable environment for our elderly patients with dementia. Volunteer Services recruited volunteers to accompany patients with dementia. The response to dementia training and support for this new program along with volunteers' commitment to responding to patient needs is appreciated by patients and caregivers.

Buhler Gallery

The Buhler Gallery continues to be a destination for patients, staff, physicians, and visitors to St. Boniface Hospital. The gallery furthers the role of the arts in healing and general well-being by providing a place where patients and the community can engage with changing art exhibitions in an environment removed from the stresses and activity of the larger Hospital.

Fafard et Famille, featuring the work of renowned Canadian artist Joe Fafard, along with members of his extended family, opened in June, 2016, to acclaim from visitors and the media. It was also the first show at the gallery to feature numerous major sculptural works. This was followed in September by *Landscape Musings: the Mythological & Real: Maureen Watchorn and Kirsten Britt Hanson*. The landscape theme resonated with visitors, prompting rotating mini-shows titled *Prairie Visions*, which celebrated our prairie landscapes. These shows included paintings by Roger Lafrenière, David Owen Lucas, and Lenard Anthony, and works from the Buhler Gallery permanent collection. *Essences of Natural Inspirations: Shirley Brown, Jane Everett and Ann Kipling* opened in March. Each of the three artists is influenced by the natural world, producing paintings, drawings, and multi-media sculptures to present personal memories and narratives.

The Buhler Gallery hosted over 20 additional events, including student musical recitals, an Easter Concert with the Cantata Singers from the University of Manitoba, and mezzo-soprano Laurelle Froese performing popular Broadway show tunes and light opera.

With over 10,000 visitors to the gallery in the past year, we are reminded daily of the importance of this space within the Hospital. St. Boniface Hospital looks forward to celebrating the gallery's 10th anniversary, in September 2017,

"Thank you for providing this gallery. It's a lovely space and a welcome distraction. I've been in the hospital a week and it's calming, soothing, and so very pleasant to have a non-clinical space to visit on the hospital grounds."

C.J. Sept. 29, 2016

"J'ai beaucoup aimé le Buhler Art Gallery."

T.D. sgm Sept. 29, 2016

"Such a wonderful idea – a gallery in a hospital. As an inpatient it helped me awaken my senses and remind me there was a world beyond the hospital."

L.M. Oct. 31, 2016

Building on Innovations and Inspiration

St. Boniface Hospital's leadership and staff are committed to continuing its mission of care and compassion as it works within an evolving health system. We look forward to collaborating with our partners of the Catholic Health Corporation, the Winnipeg Regional Health Authority and Manitoba Health to chart a new course for St. Boniface Hospital in 2017-18.

We are grateful for the commitment of more than 4,000 staff, physicians, patients, community volunteers, and our partners on this journey. Opportunities abound to build on the legacy of our founder, Saint Marguerite d'Youville, and the Grey Nuns of Montreal, in a contemporary manner to provide the safest, most reliable care to the sick, the vulnerable, and to all who come to us in need.

DR. BRUCE ROE

President and Chief Executive Officer
St. Boniface Hospital

On behalf of the Executive and Leadership Teams
June 2017

Financial Statement

ST. BONIFACE GENERAL HOSPITAL

March 31, 2017, with comparative information for March 31, 2016

(in thousands of dollars)

		March 31 2017	March 31 2016
Condensed Consolidated Statement of Financial Position	Assets		
	Current	\$ 40,175	\$ 91,835
	Future employee benefits recoverable from Winnipeg Regional Health Authority	33,055	35,620
	Capital assets	192,930	201,201
	Contributions Receivable from Manitoba Health, Seniors and Active Living	10,872	25,997
	Total assets	\$ 277,032	\$ 354,653
	Liabilities and Deferred Contributions		
	Current	\$ 53,033	\$ 122,560
	Employee future benefits payable	37,461	40,069
	Long term debt	12,098	12,367
Deferred contributions	181,263	186,945	
Total liabilities and deferred contributions	283,855	361,941	
Fund Balances			
Insured services	(10,950)	(10,669)	
Non-Insured Services:			
Ancillary	(404)	(583)	
Research	(14,807)	(15,048)	
Restricted	7,456	6,807	
	(7,755)	(8,824)	
Capital	11,882	12,205	
Total fund balances	(6,823)	(7,288)	
Total liabilities, deferred contributions and fund balances	\$ 277,032	\$ 354,653	

Year ended March 31, 2017 with comparative information for 2016

(in thousands of dollars)

		2017	2016
Condensed Consolidated Statement of Operations	Revenue		
	Winnipeg Regional Health Authority	\$ 351,649	\$ 352,031
	Patient services	3,376	2,936
	Amortization of deferred contributions, capital	13,522	12,418
	Other income	17,021	16,139
	Total revenue	385,568	383,524
Expenses			
Hospital and education	358,646	352,971	
Ancillary operations	908	942	
Research	7,947	7,861	
Restricted funds	2,225	3,123	
Amortization and interest	15,377	18,317	
Total expenses	385,103	383,214	
Excess (Deficiency) of revenue over expenses	\$ 465	\$ 310	
Condensed Consolidated Statement of Cash Flows	Cash provided by (used in):		
	Operating activities	(12,184)	15,614
	Capital activities	2,479	181
	Investing activities	66,316	(10,659)
	Financing activities	(66,884)	10,409
	Increase in cash	\$ (10,273)	\$ 15,545

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 12, 2017

ST. BONIFACE HOSPITAL
Board of Directors 2016-2017
March 31, 2017

Murray D. Kilfoyle
Haig Vanlian
Carolyn Duhamel
Dr. Marcus Blouw
Tom Carson
Gabor Csepregi
Romel Dhalla
Monique Fillion
Dr. José François
Dr. Gary Glavin
John Graham
Linda Hughes
Son Ex. Mgr Albert LeGatt
Naomi Levine
Robert (Bob) Pruden
Jean-Marc Ruest
Daniel Lussier, ex officio