



Memorandum

To: Program and Corporate Directors

From: Wayne Miller
Director, Planning and Research

Date: July 31, 2003

Re: **Annual Report**

As you would have anticipated, this is the time of year for individual department and program annual reports. Each of the reports are summarized and included in a Corporate-wide document that is submitted to the Board of Trustees and the Minister of Health & Community Services. Previous attempts at standardizing and minimizing the amount of information collected from individual departments have met with mixed results. This year we are providing you with a small worksheet that contains information previously collected from you and some additional questions that require small written sections. It will be necessary for you to confirm the appropriateness of the information that is contained within our database and make changes if necessary. For the questions that have been left blank it will be necessary for you to write small sections or attach appropriate documentation. The entire worksheet must be forwarded back to the Planning and Research Department.

It is important when completing this process you remember that you are answering questions relating to the annual year April 1, 2002 through to March 31, 2003 and that all data must be relevant to that timeline. The following is a simple guide for completing the process:

- Section 1: Confirm the director.
- Section 2: Confirm the Executive Management Team member.
- Section 3: Confirm the Clinical Chief if applicable.
- Section 4: a) Confirm the Divisional Managers if applicable.
b) Identify the divisions that the managers have responsibility for.
- Section 5: Confirm the stated purpose or make changes as appropriate.

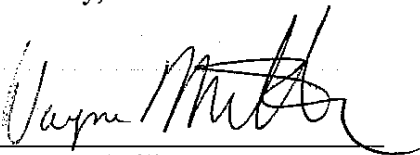
St. Clare's Mercy Hospital

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- Section 6: Confirm the 2002 – 2003 highlights. This documentation is listed in our “Pride and Accomplishments 2002 – 2003” document.
- Section 7: Please list any additional significant awards, accomplishments, presentations, and publications not identified above. (Bravo, Green / Purple Awards, Acknowledgements by external organizations, etc)
- Section 8: Identify major challenges that your department or program will be addressing in the forthcoming months. Please list these in bullet form and limit your response to major challenges.
- Section 9: Confirm the strategic directions that you listed for your program and department as part of the strategic planning retreat that was held March 2003.
- Section 10: Identify any changes to your program / department’s service mandate.
- Section 11: List any external reviews, audits or accreditations that occurred during 2002 – 2003.
- Section 12: Please attach an organizational chart for your program or department.
- Section 13: Please attach the last balance scorecard that you submitted to the Quality Initiatives Committee.
- Section 14: Please list any additional comments or information that you think is relevant to the annual report.

This information is due September 9, 2003. If you have any questions, please contact me at 777-5233 after September 2, 2003. I believe that this revised process will streamline the reporting process.

Sincerely,



C. Wayne Miller
Director, Planning and Research

Laboratory Program

1) *Director*

Mr. Terry Gulliver

2) *Executive Manager*

Dr. Williams

3) *Clinical Chief*

Dr. D. Cook

4a) *Divisional Managers*

4b) *Please Identify Managers Divisions*

- Ms. Annette Hill
- Ms. Marg Nofle
- Ms. Lynn Wade
- Mr. Winston Brown
- Ms. Patsy Francis
- Mr. Barry Dyer
- Mr. Ernie Stapleton

5) *Purpose*

Changes

To provide a comprehensive high quality, timely laboratory service for the Health Care Corporation of St. John's and/or the province utilizing available technology and human resources with current fiscal capacity.

Goals:

- To be benchmarked in the top quartile within Canada.
- To provide a comprehensive service for the Health Care Corporation of St. John's and/or the province and to develop new services to eliminate out of province testing.
- To make available the latest technology ensuring the Laboratory Program is one of the leaders in Canada.
- Ensure the Laboratory Program has the proper number of qualified staff, the correct skill mix of staff and to utilize our human resources in an efficient manner.

6) *2002 - 2003 Highlights*

Changes

1) The program is ranked in the top quartile for productivity as per the HAY guidelines. The program's workload increased by 6% and worked

hours decreased.

2) New tests were added for osteoporosis markers and expanded testing for breast cancer screening.

3) Many advances were made involving lab technology: (i) Power Processor was installed to automate pre-analytic testing. Only 10 labs in Canada have this level of automation; (ii) A Tandem Mass Spectrometer and 2 DNA Sequencers were installed for our Genetics service; (iii) A fully Automated Blood Bank System was installed for Transfusion Medicine service; (iv) Benchtop automated Flow Cytometry system installed for our Immunology service.

4) Two additional Genetics Technologists were added to the Genetics lab - Negotiated a separate agreement with NAPE to implement corporate wide recall of staff thereby improving the utilization of human resources.

7) Please list any significant awards, accomplishments, presentations, and publications not identified above. (Bravo, Green / Purple Awards, Acknowledgements by external organizations etc)

8) *Please identify the major Challenges that you plan on addressing in the forthcoming months*

[Empty response box for question 8]

9) *Strategic Directions 03 -04 (as listed for Strategig Planning Retreat Mar 03*

Changes

- Lab planning day March 24, 2003 to put 3 year plan in place.
- Improve specimen collection service (off site proposal).
- Provide province with new testing.
- Consolidate lab services (eg. Microbiology, pathology, core lab St. Clare's).
- Work towards provincial pap smear consolidation to HCCSJ.

10) *Has your Program / Department's service mandate changed? If Yes please explain*

[Empty response box for question 10]

11) Did you have an external reviews, audits or accreditations? Please list.

12) Please attach an organizational chart for your Program / Department.

13) Please attach the last Balance Score Card that you submitted to the Quality Initiatives Committee.

14) Additional information or other relevant comments