

University Health Network

Annual Report 2008/09



Toronto General Hospital
Toronto Western Hospital
Princess Margaret Hospital



Vision

Achieving Global Impact

Mission

Exemplary patient care,
research and education

Purpose

We are a caring,
creative and accountable academic hospital,
transforming health care for our patients,
our community and the world

Values

Caring
Integrity
Teamwork
Respect
Innovation
Excellence
Leadership



Message from the Board Chair and the Chief Executive Officer

This past year has been one of great accomplishment for University Health Network and you will find the highlights in the rest of this report. We also encourage you to visit our website (www.uhn.ca, and click on Annual Report) for additional information and for the audio and video clips which illustrate many of the stories found in this year's report.

We were particularly pleased with the very positive results that UHN received following accreditation; the full report is linked to from the online Annual Report. This was our first experience with the pre-accreditation survey and the practice of tracing, which has the accreditor follow a patient through the care process from start to finish. In total, about 60 percent of our staff participated in the pre-accreditation survey on patient safety. The surveyors left UHN with glowing comments and a full accreditation, the first to be awarded using the new process.

We believe that patients receive excellent Patient-Centred Care when they come to our hospital, and the accreditation process was a pleasant endorsement from individuals who observed our care processes for a full week. Our thanks to all the staff, physicians and volunteers who helped make our accreditation a complete success.



Bob Bell and Philip Orsino

We would also like to thank Dr. Michael Baker, UHN's former Physician-in-Chief, for over 15 years of service to UHN in that capacity. Dr. Baker's steady hand has been much appreciated by everyone and he remains with us in his role as Medical Director of the Medicine and Community Health Program. In addition, he continues as Expert Lead on Patient Safety for the Province of Ontario, so patients across the province will benefit from his work. Dr. John Parker is UHN's new Physician-in-Chief and continues to lead the Peter Munk Cardiac Centre in addition to his new responsibilities.

As this year's Annual Report focuses on patient safety, we would like to make particular reference to UHN's leadership in this area. This hospital was the first in the country to put many safety indicators, including infection control rates, online for anyone to read. Now that all hospitals are reporting in the same manner, we believe that we will all be challenged to do an even better job in such areas as hand hygiene and reduction of medication errors, and we welcome that challenge. And, our congratulations go to Drs. Bryce Taylor and Richard Reznick for all the work they did to make the Surgical Safety Checklist a way of life in UHN's operating rooms, and for their efforts to make this a standard of care in all hospitals.

Finally, this past year saw our research divisions attract the largest single grant ever received by UHN—\$119.9 million from the Canada Foundation for Innovation. This massive grant was the result of an institution-wide approach which demonstrated the collaboration of scientists and clinicians from across our three sites. Dr. Chris Paige and his team worked hard to build this spirit of collaboration and their efforts have been rewarded.



Dr. Bob Bell
President and CEO
University Health Network



Philip Orsino
Chair, Board of Trustees
University Health Network

*To view our extended
Annual Report,
including multimedia content,
visit www.uhn.ca*

Our Team

In 2008, we continued to focus on attracting and retaining the best people to UHN, and providing them an environment in which to thrive. For the sixth consecutive year, we were named one of Canada's Top 100 Employers, affirming our success in these areas and the need to continue to grow as an employer of choice.



Creating a culture of recognition

We moved forward in our efforts to create a vibrant culture of recognition, largely driven by our Employee Opinion Survey (EOS) results, where staff have identified a need for improvement in demonstrating recognition of staff. Our new recognition program, You Make a Difference!, gives staff a number of creative ways to recognize their colleagues—by sending an e-card, for instance—when their work and actions align with UHN's key values. The program is in addition to existing recognition programs, and is unique in that it encourages both managers and peers to get involved in recognizing each other's efforts on a daily basis.

We've also just completed our 2009 EOS, where 89 percent of our staff told us that UHN is a great place to work.

Employee health, safety and well-being

Our Oasis Wellness Centre, now in its second year, continues to create innovative lifestyle and wellness programming, with over 100 programs across all three sites. The Centre also launched the Nurses' Toolbox, a combination of physical and stress reduction exercises tailored to clinical nursing staff and designed to fit around nursing schedules.

Our Occupational Health & Safety Department continues to set the bar by reducing time lost through workplace accidents. Our redesigned Modified Work Program ensures a safe and early return to work for staff, while also reducing costs relating to short-term disability and the Workplace Safety & Insurance Board. We also undertook an organization-wide musculoskeletal risk assessment in injury prevention. Over the next year, we will roll out changes based on the findings.

Workplace diversity

For the second year, we have been named one of Canada's Top Diversity Employers. Our efforts to build an inclusive, respectful environment continue to be recognized and are a source of pride to employees as we keep building a multicultural workplace.

Strengthening our leadership

The Supervisory Skills Development Program continued to grow this year, with our first cohort completing their training in February. The program promotes a collaborative approach to managing in a unionized environment, and includes coaching support and practice to actively engage participants in transferring their new learning into the workplace. With the support of participants' managers, through on-the-job coaching, we ensure a return on investment in leadership skills for UHN, our staff and, ultimately, our patients.

Our Patients

This year, our goals focused on three major themes: patient safety, improved access to our programs and health care system leadership. We made great strides in all three areas and plan on continued improvements in the upcoming year through our focused initiatives.

UHN enhanced our patient safety practices across the organization. We were a beta-testing site for the Surgical Safety Checklist in the Operating Room (OR) initiative, making a global contribution to patient welfare through this World Health Organization-sponsored pilot. The study found that the Checklist improves communication among surgical team members and increases consistency in the use of evidence-based standards of surgical care. We now use the Checklist across all three of our hospitals.

For the second year in a row, UHN posted one of the lowest hospital standardized mortality ratios in the country. We were one of the first Canadian hospitals to publicly post our rates for common hospital-acquired infections—*Clostridium difficile* (*C. difficile*), methicillin resistant *Staphylococcus aureus* (MRSA) and Vancomycin Resistant *Enterococcus*. UHN has also played a leadership role in efforts to disseminate this level of transparency across Ontario. This work has resulted in public reporting of these infection rates for all Ontario hospitals and the creation of a provincial reporting website (www.ontario.ca/patientsafety). In the coming year, we will begin reporting rates for Central Line Infection, Ventilator-Associated Pneumonia, Surgical Site Infection Prevention and Hand Hygiene Compliance.



Our ORs saw the completion of the OR Transformation Project, begun in 2006. The project engaged inter-professional teams across UHN, and focused on improving patient care and access to care through new clinical care models, treatment innovations and work-flow processes, as well as team renewal and engagement initiatives. We have reduced wait times in our pre-admission clinics by over two hours; we have also reduced time between cases, increasing our capacity to care for patients requiring emergency procedures. Our Central Processing Department, which provides sterile instruments and supplies for all our ORs, improved efficiency by establishing new standards and staffing practices.

Our Emergency Department (ED) – General Internal Medicine Transformation Project shifted its focus towards improving the care of Alternate Level of Care patients. Our efforts to improve the continuum of care for our patients are in alignment with a province-wide strategy that aims to create partnerships and programs to reduce waits in Ontario's emergency departments. For example, UHN has piloted a highly successful nurse-led mobile outreach team in conjunction with several long-term care homes (LTCH) in west Toronto. The objective of the program is to decrease unnecessary hospital transfers from LTCHs to our ED. A team of UHN nurses provides care directly to the patient in a LTCH setting and when necessary, the team facilitates booking of investigations, procedures and appointments, averting admissions to hospital.



Advancing Research

Landmark funding spurs growth across the organization

UHN received a historic \$119.9 million for research funding from the Canada Foundation for Innovation in August. This significant accomplishment will allow us to move forward on a number of research initiatives. It is a unique opportunity to create pioneering research platforms integrated across our labs and clinics, helping us continue to make a global impact.

The grant will fund new equipment across seven research themes—signaling, clinical studies, stem cells, medical imaging, immunity, biomarkers and drug discovery—and includes support for research-focused construction projects at our three main research institutes.

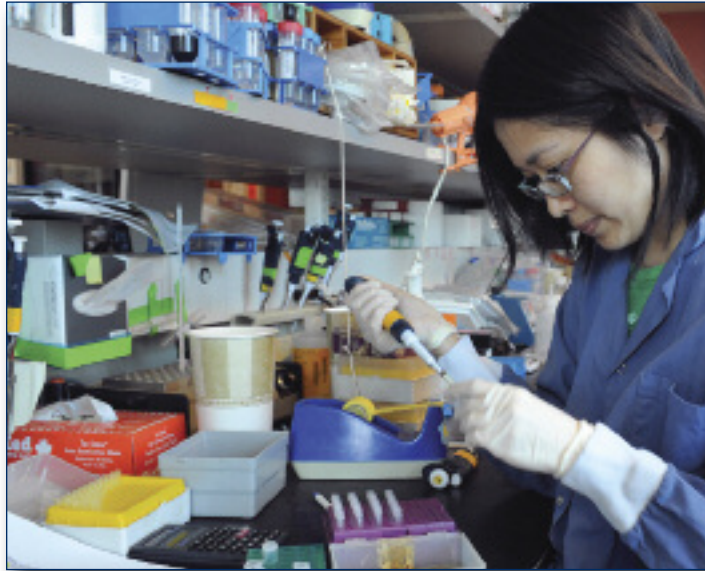
New centres for hepatitis and cancer research

A multidisciplinary team of investigators, led by UHN's Dr. Jenny Heathcote, was awarded a \$2-million grant from the National Institutes of Health (NIH) in the US this past year. The grant will create a new Clinical Centre for Chronic Hepatitis B at TWH, and will be a significant resource for researchers locally and nationally. One of the Centre's key roles is to support the establishment of a database that will connect a network of up to 10 Hepatitis B centres across North America. UHN is the only clinical centre outside the US to receive NIH funding in 2008, and we are anticipating exciting new research growth in this area.

The Ontario Cancer Institute is now home to the newly created Campbell Family Cancer Research Institute, thanks to a generous donation of \$37.5 million from the Campbell family. The Institute will support a high content tumour bank, a state-of-the-art Advanced Molecular Profiling Lab and cancer research in areas such as stem cells, genomics and tumour metabolism.

Improving clinical research quality

UHN runs up to 1,000 clinical trials each year, and the strengthening of our clinical research infrastructure was a major focus this year. A clinical study quality committee, the first of several initiatives aimed at providing organization-wide leadership for patient safety and best practice in clinical



research, was founded early in the year, chaired by Dr. Christopher Paige, Vice President, Research, and Dr. Catherine Zahn, Executive Vice President, Clinical Programs and Practice. A mandatory Good Clinical Practices training program for our clinical research staff trained 50 percent of the research teams, with plans to complete the remainder next year. We have also set up an internal audit team to help identify areas that we need to improve on systemically.

As a leading research hospital, we are in the process of setting standards in professional practice and operating clinical research procedures, as well as in designing tools to facilitate and monitor the quality of clinical studies across the organization.

Being Accountable

UHN is now in the second year of our 2008-2010 Hospital Accountability Agreement with the Toronto Central Local Health Integration Network (TC LHIN). As we worked to meet all our service accountabilities and increase access to our local community under the current economic climate, we were challenged to ensure we stayed on budget. Throughout our budget management process, we have remained committed to our promise of no involuntary layoffs among our staff. As a result, our major focus has been on reducing overtime and aligning our patient volumes in keeping with Ministry of Health and Long-Term Care (MOHLTC) budgeted volumes.

2008 has been a year of looking forward as we have been in ongoing negotiations with the MOHLTC and the TC LHIN to ensure a stable financial platform for our programs—specifically Transplant, Neuroscience, Cancer, Chronic Kidney Disease and Mental Health and Addictions. We have been successful in raising awareness of the significant role that UHN plays in delivering health care services to Ontarians and are making progress with the MOHLTC and TC LHIN on one-time funding issues.

We have met our wait times accountability targets in nearly all areas. In the area of cancer wait times—an ongoing issue across Ontario—UHN continues to be involved in multi-tiered efforts to address it on a broader, provincial scale and help come up with solutions that will enhance care for all Ontario patients.



A measure of UHN's influence in shaping the future of health care and increasing access and accountability of our system is the frequency with which our leaders are asked to champion local, provincial and even international change efforts. From advising on patient safety to consulting on service delivery or comprehensive program development, there are many examples in 2008 that showcase our talent.

Greening health care

UHN continued to lead in environmentally sound health care and workplace practices, launching five new green initiatives in an organization-wide campaign. Our new environment slogan, created by a staff member, brings to the forefront the connection between health care and environmental care: *Committed to Patient- and Planet-Centred Care*.

As a result, we have eliminated bottled water from our nutritional services and are working with departments to phase out bottled water cooler services, saving both energy and money. Our Cycling Master Plan continues to expand—highlights include the opening of an indoor bike lock-up facility at TWH; our existing composting efforts have grown to include the food courts at TGH and TWH; and we were pleased to roll out the next phases of our Thermostats, Lights and Controls – Care to Conserve program, expanding it to TGH and, in the coming year, to PMH.

The response was overwhelming, with staff not only embracing the new initiatives, but taking the time to contact UHN leadership and suggest additional changes, or share their own existing “green actions” with their colleagues through the staff newsletter.

We were recognized with awards from the Canadian Council of Ministers of the Environment for Pollution Prevention and the 2008 Practice Green Health Environmental Leadership Award, in which we have attained the highest level for the second year running.

Teaching and Learning

This year was one of significant achievement and progress for our education programs. UHN is one of the largest teaching hospitals in the country, and we are proud to be the teaching site of choice for 85 percent of medical trainees. Our trainee satisfaction has also continued to grow, with, for example, student satisfaction reaching 85 percent for nursing placements.

Two UHN physicians—Dr. Christopher Wallace and Dr. Lori Albert—were honoured with the W.T. Aikins Faculty Teaching Awards, the most prestigious teaching award offered by the Faculty of Medicine. The awards reflect the calibre of our staff and our strong emphasis on excellence in teaching.

Interprofessional Education

In 2008, we saw a dramatic increase in the number of UHN staff who completed training offered by the Office of Interprofessional Education (IPE). This training has been instrumental in helping further establish collaborative models of interprofessional care throughout UHN. Interprofessional care is an important means by which to address shortages of health care professionals across Canada, and UHN is proud to play a role in enhancing patient care through IPE.

IPE is also branching out into less traditional areas. John Vincent, Spiritual Care Manager at TGH, initiated a pilot IPE program in spirituality this year—a first in Canada. The pilot is an opportunity for physicians and staff from all areas to engage in a reflection model of education focusing on the use of spirituality.

Over the coming year, we will also continue our work in the creation of an IPE Centre, a collaborative effort between UHN, Toronto Rehab and the University of Toronto.

Wilson Centre

The Wilson Centre, now in its tenth year, successfully completed an external review, with the resulting re-appointment of its Director, Dr. Brian Hodges, for another five-year term. Our education scientists, clinician educators and graduate students had an extremely productive year, capturing a total of \$5.3 million in funding and publishing 66 papers in peer-reviewed journals.

Telesimulation

Simulation continues to thrive at UHN. We made further progress in our fundraising efforts to establish a full telesimulation program at TWH, building on the existing work of Dr. Allan Okrainec in this field. We look forward to bolstering the strength of the program through our involvement in the newly established Network of Excellence in Simulation for Clinical Teaching and Learning. The steering committee that established the Network was chaired by Dr. Richard Reznick, Vice President, Education, and UHN's Dr. Vicki LeBlanc has been appointed the Network's first Director. The Network is a joint endeavour to help further telesimulation practice and education by linking simulation facilities and resources at multiple sites across Toronto.



Our Laboratories

This year, UHN Labs achieved program status to become officially known as the Laboratory Medicine Program (LMP). With over 80 percent of doctors' diagnoses and treatments based on lab results, laboratory medical professionals are an integral part of patient care within the hospital setting.

LMP strives to achieve excellence in three pillars: teaching, research and clinical service. It is the largest academic laboratory medicine program in Canada and ranks among the world's top five most active teaching and research laboratories. With more than 400 staff, LMP performs over 12 million complex and routine tests annually for UHN and other health care organizations.

Patient safety is a constant focus at LMP. This year, Transfusion Medicine piloted a "second sample initiative" that draws two distinct specimens from a patient to provide further assurance that we have the correct blood group for that patient. The pilot has been a success and we have recently revised our policies on the appropriate use of blood components in an effort to cut back on unnecessary transfusions, thereby helping us manage often-scarce supplies of blood.



Remaining at the forefront of technology is another priority for LMP. Telepathology—which offers the expertise of UHN's highly specialized pathologists online through digital imaging—continues to include new northern hospital partners and grant equal access to patients across the province, and, in the future, will enhance pathology across Canada.

In the Molecular Diagnostics and Cancer Cytogenetics labs—the largest cancer genetics testing service in Canada—increasingly sophisticated tests



analyze chromosomes and mutations in tissue, blood or

bone marrow of patients with cancers and enable personalized medicine. This year, we added KRas testing to the diagnostic toolbox—a test used to detect low levels of DNA mutations and anticipate a patient's response to certain treatments.



Information Management

Electronic whiteboard

We continued to expand use of our electronic whiteboard technology across our sites, focusing on developing a specially tailored version in the TWH Operating Room (OR), which has significantly enhanced patient safety and allowed staff to more easily communicate across the OR units. The whiteboard displays real-time clinical information such as the case schedule, patient arrival times and patient tracking, resulting in streamlined, real-time patient status information that is accessible to all OR staff.

ALC and emergency wait times

As part of our ongoing strategy to reduce emergency wait times, we have turned our attention to improving management of Alternate Level of Care (ALC) patients—patients who have finished their acute treatment, but remain in acute care beds. These patients are blocked from admission to post-acute care in the community due to space constraints, leading to overcrowding on inpatient units and emergency departments. A multidisciplinary team of clinical leaders and staff, alongside project management experts and technical specialists from SIMS, collaborated on a three-pronged approach to reduce the number of ALC patients and their length of stay at UHN by 10 percent.

We implemented enhanced ALC documentation through the electronic patient record across all three sites, allowing us to accurately and quickly identify ALC patients. In addition, thanks to enhanced partnerships with post-acute facilities, such as Toronto Rehab, we are pleased to be able to transfer more patients to the appropriate level of care and consequently improve our Emergency Department wait times.



Medication reconciliation

Medication reconciliation is essential to patient safety. To prevent medication discrepancies, a comprehensive medication list is gathered upon admission to hospital, allowing us to reconcile any discrepancies between the list and medication orders throughout the patient's stay at UHN. Our Electronic Medication Information Transfer Tool (EMITT) does this by ensuring synchronized medication information is consistently communicated amongst health care staff as patients move through their treatment. After discharge, the tool transfers correct medication information to patients and community health care professionals as required, enhancing patient safety beyond the patient's stay at UHN.

The multidisciplinary group of pharmacists, physicians, nurses and SIMS staff who developed EMITT were honoured with a National Commitment to Care Award this year, which recognizes innovations in pharmacy practice.

SIMS Partners:

Transforming the way health care is delivered

The SIMS Partnership grew to 15 this year, making SIMS one of the largest health care informatics groups in Canada. Visit www.simpspartners.ca.

- Bridgepoint Health
- Central Community Care Access Centre
- COTA Health
- North York General Hospital
- Providence Healthcare
- St. John's Rehab Hospital
- St. Joseph's Health Centre
- St. Michael's Hospital *(new in 2008)*
- Sunnybrook Health Sciences Centre *(new in 2008)*
- Toronto Central Community Care Access Centre
- Toronto East General Hospital
- Toronto Rehabilitation Institute
- University Health Network
- West Park Healthcare Centre
- Women's College Hospital

Our Foundations

This year, our three Foundations—the Arthritis & Autoimmunity Research Centre Foundation (AARCF), Princess Margaret Hospital Foundation (PMHF) and Toronto General & Western Hospital Foundation (TG&WHF)—raised a combined total of \$133.9 million (net) for research, medical education and patient care at UHN.

Channeling the power of grassroots fundraising

AARCF saw several years of successful grassroots fundraising bear fruit this year. The Power of Movement, an annual yoga fundraiser now in its third year, expanded from a Toronto event to a national phenomenon, with events held in eight major cities across Canada plus hundreds of small communities. The cross-Canada event raised over \$250,000, bringing much needed funds to research and simultaneously raising awareness of arthritis issues across the country.

Landmark gifts make a difference

TG&WHF enjoyed a very successful fundraising year, bringing in over \$56.6 million in net revenue for TGH and TWH.

The Loretta Anne Rogers Critical Care Centre opened at TWH, thanks to a generous \$5-million gift from Ted and Loretta Rogers. As a TG&WHF Board Member, Loretta Rogers spearheaded the fundraising campaign. An outpouring of tribute gifts following the untimely death of Ted Rogers allowed the campaign to reach its goals and make his wishes for the centre a reality.



In gratitude for the care received during a kidney transplant, Jose and Maria Bacardi gave TGH its single largest gift this year—\$5 million to create the Maria H. Bacardi Ambulatory Transplant Centre, allowing UHN to continue its groundbreaking research and treatment in transplant.

TG&WHF received two awards from the Association of Fundraising Professionals this year. Robert and Linda Krembil, longtime supporters through the Krembil Neuroscience Centre, received the Outstanding Philanthropist Award. Tennys Hanson, TG&WHF President, was honoured with the Outstanding Fundraising Professional Award for her leadership and success as a fundraiser.

Bold new event pays off for cancer

This June saw the inaugural Ride to Conquer Cancer—the first and largest such event in Canada. The two-day bike ride from Toronto to Niagara Falls raised \$9.4 million for cancer research at PMH, thanks to 2,850 participants who came together from eight provinces and 16 states. In September, over 4,000 walkers raised \$9.1 million for breast cancer research, clinical enhancements and the Survivorship Program at PMH in the annual Weekend to End Breast Cancer.



PMHF was named the designated charity of the annual Brazilian Ball in May, with proceeds—\$7 million—going to Oncology Nursing at PMH and The Campbell Family Cancer Research Institute. In further support of oncology nursing education, the provincial government announced the establishment of the de Souza Institute at PMH, named after the late Anna Maria de Souza, with a boost of \$15-million provincial funding over five years.



Financial Statements

For the year ended March 31, 2009 (Amounts in \$ thousands)

Revenue

Ontario Ministry of Health & Long-Term Care/
Toronto Central Local Health Integration Network

Hospital programs	\$ 800,169
Specifically funded programs	33,617
Other patient services	164,852
Grants and donations for research and other purposes	213,782
Ancillary services and other	198,741
Amortization of deferred capital contributions	70,923
	<hr/>
	\$ 1,482,084

Expenses

Compensation	\$ 900,402
Medical, surgical supplies and drugs	173,553
Supplies and other	174,146
Specifically funded programs	33,817
Plant operations and equipment maintenance	74,357
Depreciation	92,313
Write-off of capital assets	6,761
Interest on long-term liabilities	20,330
	<hr/>
	\$ 1,475,679

Excess of revenue over expenses

6,405

Full audited statements may be viewed at www.uhn.ca

Assets

Current

Cash and cash equivalents	\$ 116,643
Accounts receivable	122,659
Inventory	11,520
Prepaid expenses	4,772
Total Current Assets	255,594
Loans receivable	3,250
Capital assets, net	997,886
Long-term investments	185,541

\$ 1,442,271

Liabilities and Net Assets

Current

Accounts payable and accrued liabilities	\$ 261,834
Current portion of long-term liabilities	13,558
Total Current Liabilities	275,392
Due to MaRS Development Trust	90,701
Deferred contributions	129,853
Long-term debt	233,092
Employee future benefit liabilities	22,362
Deferred capital contributions	422,618

Total Liabilities **1,174,018**

Total Net Assets **268,253**

\$ 1,442,271

Trends Report

Inpatient and Outpatient Activity

(in thousands)



Growth in Revenue

(in \$ millions)



Growth in External Research Funding Awarded

(in \$ millions)



Statistical Report

Program Grouping Activity 2008/2009

UHN	Inpatient Separations*	Inpatient Weighted Cases*+	Day Surgery Cases	Day Surgery Weighted Cases^	Ambulatory Visits`
Total	30,489	66,290	28,897	3,728	942,966

*Based on 2006 Grouper, +PAC 10 Weight MOHLTC 2006 Calculator, ^Estimated PAC 10 DPG weight; `Includes radiation fractions

Site Activity

Site	Beds	Inpatient Days	Clinic & Day/Night Care Visits	Emergency Visits
TGH	398	133,882	226,295	32,545
TWH	247	90,628	384,168	47,108
PMH	118	40,049	249,333	
Non-Site Specific			3,517	
UHN	763	264,559	863,313	79,653

Research Activity (Amounts in \$ thousands)

Program Grouping Activity 2008/2009	External Research Grants Awarded to UHN
Krembil Neuroscience Program	\$ 17,965
Laboratory Medicine Program	15,723
Medical & Community Care – Complex Medical Care	1,686
Medical & Community Care – Chronic Disease Management	4,649
Medical & Community Care – Community & Multicultural Health	3,722
Musculoskeletal Health and Arthritis	9,858
Peter Munk Cardiac Centre	16,033
PMH Cancer Program	133,012
Surgical & Critical Care – Critical Care	391
Surgical & Critical Care – Surgical Services	15,575
Transplantation	8,905
Total	\$ 227,518*

* Figure rounded to nearest thousand from full total

Global Impact

Exemplary Patient Care, Research and Education

Our Purpose

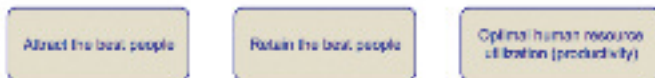
Academic

Caring

Creative



We



Accountable





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University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

*We are a caring, creative and accountable
academic hospital, transforming health care for
our patients, our community and the world.*



UNIVERSITY OF TORONTO

*University Health Network is a
teaching hospital affiliated with
the University of Toronto.*

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