



UNIVERSITY HEALTH NETWORK

Annual Report 2010/11



Toronto General Hospital



Toronto Western Hospital



Princess Margaret Hospital

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Achieving global impact

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“ Altogether, the Hospital may be regarded as the highest development of the modern institution, and the citizens of Toronto have ample reason to be proud of it, as it reflects the spirit of advance in such a marked degree. It is a far cry from the humble beginning made in 1820, and no better illustration of the progress of science and of humanitarianism can be found than the magnificent institutions, the Hospital for Sick Children and the Toronto General, side by side on College Street. One wonders if the next century will be as full of marvels as the last has been, and whether these hospitals will be as much of an anachronism in 2013 as the old York General would be to-day. ”

- A History of the Toronto General Hospital:
Including an account of the medal of the Loyal and Patriotic Society of 1812,
by C.K. Clarke, MD, LLD, Superintendent Toronto General Hospital; published May 1913

From the Chair and CEO

Every year at University Health Network is eventful and 2010/11 was no exception.

Of particular note is all the work that went into preparing, consulting, revising and ultimately having the Board of Trustees approve UHN's next strategic plan entitled *University Health Network Strategic Directions 2016 – Global Impact, Local Accountability*. During the plan's development we received direct input from over 1,500 employees; well over 5,000 people visited the finished plan online. This plan will guide us in the next five years and contains our aspirations and dreams while creating a solid road map to assist in realizing those dreams.

In 2010/11 we dipped our toe into the brave new world of social media with launches of a Twitter account, a Facebook page for UHN, a number of blogs and the now familiar 'Bob' avatar which was tireless in promoting the new strategic plan. We are learning from every step we take with social media and will focus on using social media, the web and any technology that enhances our ability to serve our patients better and support our staff, researchers, clinicians and volunteers.

Our foray into social media has also given us new ways to interact with our patients. It seems fitting here to mention that our theme for this Annual Report is "Towards the Patient as Partner in Care," recognizing that as patient expectations change, so too must we shift and grow to meet our patients where they are. You can read about some of the results of that shift in these pages—whether that's our Patient-Centred Care work leading to our first patient-led project, or two cousins afflicted with the same genetic condition becoming both patients and fundraisers for the Arthritis & Autoimmunity Centre. In the coming year, we will continue to look towards our patients—for example, in the development of our Patient Declaration of Values, as part of the Ministry of Health & Long-Term Care's "Excellent Care for All Act."

We celebrated the accomplishments of Drs. James Till and Ernest McCulloch this year, including their discovery of the stem cell 50 years ago. At the same time, we were saddened by the death of Dr. McCulloch, a mentor to generations of scientists and clinicians. Their partnership was a special one that embodied the spirit of inquiry, cooperation and dedication which is essential to great science.

This message wouldn't be complete without acknowledging the many accomplishments of Dr. Mary Ferguson-Pare, who retired from her leadership role at UHN as our Chief Nurse Executive. Mary's passion for Patient-Centred Care and her complete commitment to her colleagues remain with us as we welcome her successor, Dr. Joy Richards. We must also mark the evolution of the education portfolio as Dr. Richard Reznick left UHN to become Dean of Medicine at Queen's University. Richard's leadership of UHN's Education portfolio was stellar. We welcome Dr. Brian Hodges to that important role and know that Joy and Brian are committed to enhancing and expanding on the work that has been done by their predecessors. We also welcomed Dr. Shaf Keshavjee, who took over as surgeon-in-chief from Dr. Bryce Taylor, and Dr. Ed Cole, who was appointed our new physician-in-chief.



You Tube Watch our Till and McCulloch tribute videos, "Legacy," and "Mentors," on YouTube



Dr. Robert Bell
President and CEO
University Health Network

John Mulvihill
Chair, Board of Trustees
University Health Network

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Visit our Blogs:

The Patient as Partner
Talkin' Trash Blog
UHN Nurses

UHN mourns passing of Dr. Ernest McCulloch, one of the fathers
Honouring fathers of stem cells on 50th anniversary of discovery of the stem cell



Wellness programming

Our Wellness Centre is now in its fourth year, and continues to expand its offerings to all staff. We increased our classes by 150% with the opening of a second location at TGH. The Wellness team also took on the running of our fitness space at TWH, so all programs now fall under Wellness and can be easily coordinated across the sites to ensure staff needs are being met.

Programs like the Inter-Hospital Challenge, with five participating Toronto hospitals, expanded opportunities for staff to easily add physical activity into their busy routines, with an element of fun and camaraderie. The results came in for our FACTS pilot program, which looked at whether wellness initiatives can reduce staff health risks, and in turn, benefit UHN economically. Twenty-four staff members completed the year-long program, with an estimated cost saving to UHN of \$583/employee per year. Finally, we launched our Heart Health pilot program for Facilities and Support Services—a group not traditionally targeted with wellness programming. The goals of this program are to also reduce individual health risks and to calculate wellness return-on-investment.

Workplace violence

In compliance with new regulations from the Government of Ontario, which recognizes violence, harassment and domestic violence that may occur in the workplace as an occupational health and safety risk, UHN strengthened its existing Workplace Violence policies. Over 70% of staff across the organization participated in Workplace Violence, Harassment & Domestic Violence Awareness training through eLearning, in-services and safety bulletin reviews.

“*Dr. Raimundo Correa cares about the entire patient, and not just my sister's disease. He shows this consistently, through his day-to-day dealings with patients and families. I would never expect a specialist at any hospital to call me at home twice a day to update me on someone's progress...Nor would I expect him to ask for my mother's phone number so he could call her and see how she was doing. But Dr. Correa has done all of this and more. His actions and behaviour are the best in what we, the public, seek in the health care profession.*”

- Mark Burrell, brother of Jennifer Burrell,
who was a patient at PMH for ovarian cancer

Top GTA Employer

Investment in our people and our workplace environment continues to distinguish us as a place where people want to work and contribute. Once again, UHN was selected as a Top GTA Employer. We were cited for our accomplishments in helping employees attain work-life balance through our on-site Wellness Centre, as well as for our parental leave policies, vacation time and a defined benefit pension plan. We were also selected as one of Canada's Top Employers for Young People for 2011.

HR Strategic Plan

Building our Future is our new 2011–2016 HR Strategic Plan, which was released this year. Developed in consultation with key stakeholders, the plan focuses our efforts on four critical areas—Attracting and Retaining Top Talent, Building Capability and Capacity, Creating the Desired Culture, and Enhancing the Health Care System.

Employee Self-Service

We were pleased to launch our new Employee Self-Service tools, which allow staff to access pay statements, view benefits coverage and review their personal information electronically.



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UHN cracks down on workplace violence
UHN emergency physician finds his patients all over the world
UHN named one of GTA's Top Employers 2011

Hand hygiene hits a milestone

2011 saw us hit new milestones in hand hygiene. We reached our compliance target of 70% (prior to patient contact), a vast improvement from 40% when we first started measuring in 2008. The hand hygiene culture at UHN has changed dramatically in the last five years, with areas all over the hospital making great strides and showing leadership, right up to our physicians. This is partly attributed to our Positive Deviance (PD) program, which relies on bottom-up change. We see PD results everywhere across the hospital—whether that’s Environmental Services at PMH introducing a simple red flag on hand hygiene dispensers to alert staff to empty dispensers, or our Transplant physicians taking the lead as physician champions to change hand hygiene rates on their unit.

Much of this success can be attributed to our habit of going above and beyond the basics. We have chosen to do up to 10,000 measurements of hand hygiene, well above the required 200. We have also chosen to use the moment immediately before patient contact as our gauge of compliance—this is the moment where risk of infection is highest, and where UHN had traditionally reported the lowest results. We also escalated our reporting from quarterly to monthly and began posting those results in public areas on each unit. We report all our data every month, for every program, broken down by health care provider—all far and above what we’re required to report.

For the upcoming year, we’ve set our sights on an 80% compliance rate. It will be a challenge to get to that number, but we are confident that we are headed in the right direction.

Putting the patient at the centre

Our Patient-Centred Care (PCC) philosophy continues to be a cornerstone to practice at UHN. We expanded our work in building a research culture for PCC this year. Studies developed by UHN staff include: the meaning of changing expectations for patients living with tongue reconstruction where one of the investigators is also a UHN patient; exploring how patients from different cultural and linguistic backgrounds make meaning of their hospital experience.

We also further developed collaborative PCC programs. The Centre for Innovation in Complex Care and the York-UHN Nursing Academy saw the first patient-led project—*Norm vs. Cancer*, a play written and acted by a patient about his experience with cancer. We continue to build leadership and capacity in PCC through tools like eLearning and sharing staff stories, while also continually assessing the impact of PCC on patient satisfaction and the overall patient experience.

Patient satisfaction increases

We are very pleased to report that our Patient Satisfaction Scores exceeded 80% this year. UHN has been working on improving our Patient Satisfaction results for over seven years. Every month, we send out patient questionnaires asking recently discharged patients about their satisfaction with the care that they received at UHN. These questionnaires are a standard used across the North American hospital sector and we get a reasonably high return rate from our patients. We have carefully followed the scores for the “Unit-Based Care” measurement since this score measures satisfaction with daily care received on the unit and is probably the best indicator of PCC for our inpatients. This measurement has reached over 80%, a clear indicator that our efforts are paying off.



Watch a video on Deep Brain Stimulation and hear from patients on YouTube



LEARN MORE

- Social networking gets busy fighting superbugs
- New clinic for depression opens at TWH
- Anesthesiologist helps surgery patients with simple questionnaire
- Collaboration with aboriginal community has challenges and rewards
- Mom with epilepsy gets her life back
- UHN launches Canada’s first in-hospital interpretation call centre

A life is saved and medical history is made

Ordinarily, in early summer, Patricia Ross is active and busy—walking, swimming and chasing around her six grandkids. But last June, Patricia found herself suffering from blurred vision in her right eye and relentless headaches that were so debilitating she stopped venturing outside.

After months of inconclusive tests, her doctor in Hamilton sent her for an MRI. That's when she learned she had a life-threatening aneurysm pressing on her optic nerve which could potentially blind her or worse.

She was sent for a procedure in which four metres of platinum wiring were coiled inside the aneurysm to prevent it from rupturing. Though it alleviated her symptoms, the relief was temporary.

Patricia was then referred to Toronto Western Hospital. Dr. Michael Tymianski, acting Head of Neurosurgery, called her personally to arrange the appointment. He explained that he wanted to connect delicate arteries in her neck to veins in her brain using a new laser-guided technique which would reroute the blood and bypass the unstable aneurism. Dr. Tymianski had travelled to Europe specifically to learn this procedure, which he describes as technically demanding, and Patricia would be his eleventh patient. He'd performed this surgery more than anyone else in North America.

Faced with the risks of a complicated and rare surgery, but no other treatment alternatives, Patricia knew what she had to do. In fact, she was so sure, she didn't even tell her husband until she'd already signed the consent forms.

"They said I was a walking time bomb," Patricia says. "So the choice to go ahead was easy."

Unwavering optimism and a dash of humour served Patricia well through the experience. On her way into surgery she joked with Dr. Tymianski that she'd been practicing lying still for the ten hours the surgery would take. He joked back that his team would have that part under control.



The surgery was well attended. Dr. Tymianski even invited the surgeon who'd performed her first procedure to watch. "When they wheeled me in almost 20 people were there," she recalls. "I was a little anxious but I also knew that I couldn't be in better hands."

Patricia also remembers how a family history of complications with anaesthesia meant an added layer of concern for her well-being and surgical risks. The entire team, which included Dr. Tymianski's own wife, a neurological nurse, made her feel calm and relaxed.

"I knew they were treating me as a whole patient," she says. She was comforted to know that everything was taken into consideration and "not just this one set of symptoms that I had."

The \$300,000 laser used to treat the aneurysm was made possible with a gift from real estate developer Ron Kimmel, whose own employee had once been a patient of Dr. Tymianski. Touched by that experience, he made the gift that enabled Patricia to get the treatment she needed.

It's been just short of a year since her ordeal but Patricia has made a quicker recovery than she expected. She's back to doing many of her favourite things like swimming and watching her grandchildren play road hockey.

Reflecting back on the experience, she concludes: "I think it's medical history and it's really something when you think about how that helped me."



Arthritis Program

- Relaunched the Musculoskeletal Health and Arthritis Program as the [Arthritis Program](#).
- Launched a strategic plan to create an integrated research platform for arthritis research, which includes a comprehensive arthritis biobank and bioinformatics systems to collect clinical data.

Joint Department of Medical Imaging

- Launched the new Picture Archiving Communications System (PACS) Viewer (made possible through internal development), giving medical imaging clinicians immediate access to images at UHN as well as at Mount Sinai and Women’s College hospitals.
- Welcomed new division heads—Dr. Nathalie Duchesne (Divisional Head for Breast Imaging) and Dr. Patrik Rogalla (Divisional Head for Abdominal Imaging).

Krembil Neuroscience Centre

- Established new cornea stem-cell transplant program, in collaboration with the Kidney Transplant Team at TGH.
- In a world first, a research team led by Dr. Andres Lozano successfully demonstrated that using [Deep-Brain Stimulation](#) on patients with early signs of Alzheimer’s disease is safe and may help improve memory.

Laboratory Medicine Program

- Continued outreach across Canada, establishing partnerships with academic and cancer centres such as Sunnybrook and [Lakeridge Health in Ontario](#), and with Eastern Health Region in Newfoundland.
- Established the first ever Global Centre of Excellence in digital pathology—GE PICOE (Pathology and Imaging Centre of Excellence)—a collaboration between UHN, GE Canada, Ontario Institute for Cancer Research and the Health Technology Exchange to serve as the next generation of telepathology.

Medical and Community Care

- Continue to receive international recognition for the success of our innovative home dialysis program.
- Established full palliative care services at TGH and TWH, adding to the existing program at PMH

Multi-Organ Transplant

- Toronto Pancreas Transplant Program at TGH [celebrated 15 years](#) of groundbreaking, life-saving treatment for patients with Type 1 Diabetes, delivering high patient survival rates and long-term glucose control.
- Living Donor Kidney and Liver Transplant programs remain the largest in Canada, and among the best in the world, offering patients with organ failure exceptional transplant success rates.

Peter Munk Cardiac Centre

- PMCC staff continue to demonstrate leadership that extends well beyond the walls of UHN. Dr. Barry Rubin, PMCC Medical Director, exemplifies local and global leadership in his drive to educate and advocate for MS patients; Dr. Tirone David, Head of Cardiac Surgery, was [honoured in November at a gala event](#) with Howie Mandel and CTV’s Lloyd Robertson.
- Successfully performed Ontario’s first minimally invasive procedure using the [new Amplatzer Cardiac Plug](#) to prevent strokes in patients with atrial fibrillation, a common heart rhythm disorder.

Surgical Program and Critical Care

- Our Otolaryngologist-in-Chief, Dr. Patrick Gullane, [received the Order of Canada](#), as well an Honorary Fellowship in the Royal College of Surgeons of England.
- The Gynecological Oncology Program continues to lead in providing minimally invasive surgery to improve patient recovery and hospital stay, including a Canadian study led Dr. Marcus Bernardini to evaluate outcomes of robotic gynaecological surgery.

Princess Margaret Cancer Program

- Began a collaborative pilot program with Women’s College Hospital—the After Cancer Treatment Transition Clinic (ACTT), a dedicated, post-cancer treatment clinic. The initial stage will focus on transitioning PMH patients to ACTT following a cancer diagnosis.
- Launched new rapid diagnostic programs—the Gattuso Rapid Diagnostic Centre models a new approach to care for patients with breast abnormalities, and the Lung Rapid Assessment and Management Program (LungRAMP) is an outpatient program that assesses and manages patients with presumed lung cancer in the shortest possible timeframe.

LEARN MORE

[New Interventional Radiology Suites at TGH](#)

In November, the Joint Department of Medical Imaging hosted the official launch of two new interventional radiology suites in the Peter Munk Medical Imaging Centre, part of the Peter Munk Cardiac Centre at TGH. These suites are among the most sophisticated radiology facilities of their kind in Canada, combining diagnostic tests with therapeutic treatment in a single procedure. They’re operated by a multi-disciplinary team of radiologists, registered nurses and medical radiation technologists, and treat both vascular and non-vascular issues.

Flip the page to see a full graphic of the new Interventional Radiology Suite.

The Interventional Radiology Suite— leading the world in patient-centred innovation.

Combining diagnostic tests with therapeutic treatment in a single procedure, the Interventional Radiology Suite (IVR) in the Peter Munk Cardiac Centre is among the most sophisticated radiology facilities of its kind in the world. The IVR is operated by a multi-disciplinary team of radiologists, vascular surgeons, registered nurses and medical radiation technologists, who treat patients with both vascular and non-vascular diseases.

An integrated team treats circulatory problems—such as blood vessel blockages in the chest, abdomen and legs—using minimally invasive methods in the angiography suites. In an emergency, patients with bleeding arteries can be treated quickly, efficiently and safely, without surgery.

Minimally invasive interventional procedures to treat patients with certain cancers, such as liver or lung, are performed using x-ray image guidance. The central control room enables a direct view of all activities in the IVR, and will enhance patient coordination, safety and efficiency.

By successfully combining medical imaging, surgery and vascular interventions, the IVR will enable world class, multidisciplinary patient care, consistent with the vision of the Peter Munk Cardiac Centre.

"The specially designed layout and functionality of these rooms will help free up valuable resources and time, allowing staff to better tend to patient care," says Dr. KT Tan, Vascular and Interventional Imaging Divisional Head.

For more information, please visit www.petermunkcardiaccentre.ca



CT Scanner
Room One has a CT scanner for procedures where the structure is not easily seen on ultra sound or fluoroscopy (real time x-ray imaging).

Ultra Sound
Provides real time imaging with no radiation.

C-Arm Angiogram
State of the art, precise real time x-ray imaging that allows radiologists to follow x-ray dye, wires or catheters through various structures.

Procedure Table
Diagnostic radiology, x-rays and interventional procedure performed without moving the patient.

Monitors
Mobile banks of monitors allow all team members, and the triage desk to see x-ray images and vital signs in real time.

Triage Desk
Staff monitor the procedures underway in each of the rooms and move staff and resources as needed.

Line Room
Dedicated room for the insertion of PICC (Peripherally Inserted Central Catheter) lines.

Interventional Radiology Suite
Each of the four diagnostic and treatment rooms has a specially designed patient treatment table, ultra sound, C-arm angiogram, mobile monitors, angiojets and anaesthetic gas equipment for procedures that require general anaesthesia.

Cancer survivorship research

We were pleased to celebrate the opening of the Electronic Living Laboratory for Interdisciplinary Cancer Survivorship Research (ELLICSR) at TGH this past June. The 12,000-square-foot research centre is led by Dr. Pamela Catton, Medical Director of the Cancer Survivorship Program at PMH. The centre will explore new ways to learn from cancer survivors, develop new survivorship communities and study how cancer survivors can be engaged, empowered and active in adopting healthier behaviours to minimize the negative impacts of cancer and its treatment. ELLICSR functions like a community centre, with teaching and self-management areas for patients and survivors, and is fully wired to support current and future virtual programming, community connections and global collaborations.

Clinical trials and research

Clinical research and trials are what takes the research conducted at UHN a step closer to impacting patient care and treatment. Researchers from the Toronto Western Research Institute led an international team in finding strong evidence to confirm the long-term effectiveness of deep-brain stimulation, in particular regions of the brain for patients with advanced Parkinson’s disease.

A UHN research team led by Dr. Gary Rodin undertook a longitudinal predictive study of depression in patients with metastatic cancer. The group found that depressive symptoms are common in cancer patients, especially towards the end of life, and are now looking into what future studies are needed to evaluate the benefit of preventive and therapeutic options for such patients.

Other highlights include a lung cancer study into targeted therapy in the early stages of the disease, and a study that attempts to better understand the disease cycle in lupus patients. The unique symptom severity of lupus makes it difficult for health care teams to design and recruit patients for clinical trials, which in turn leads to challenges in developing new drug therapies.

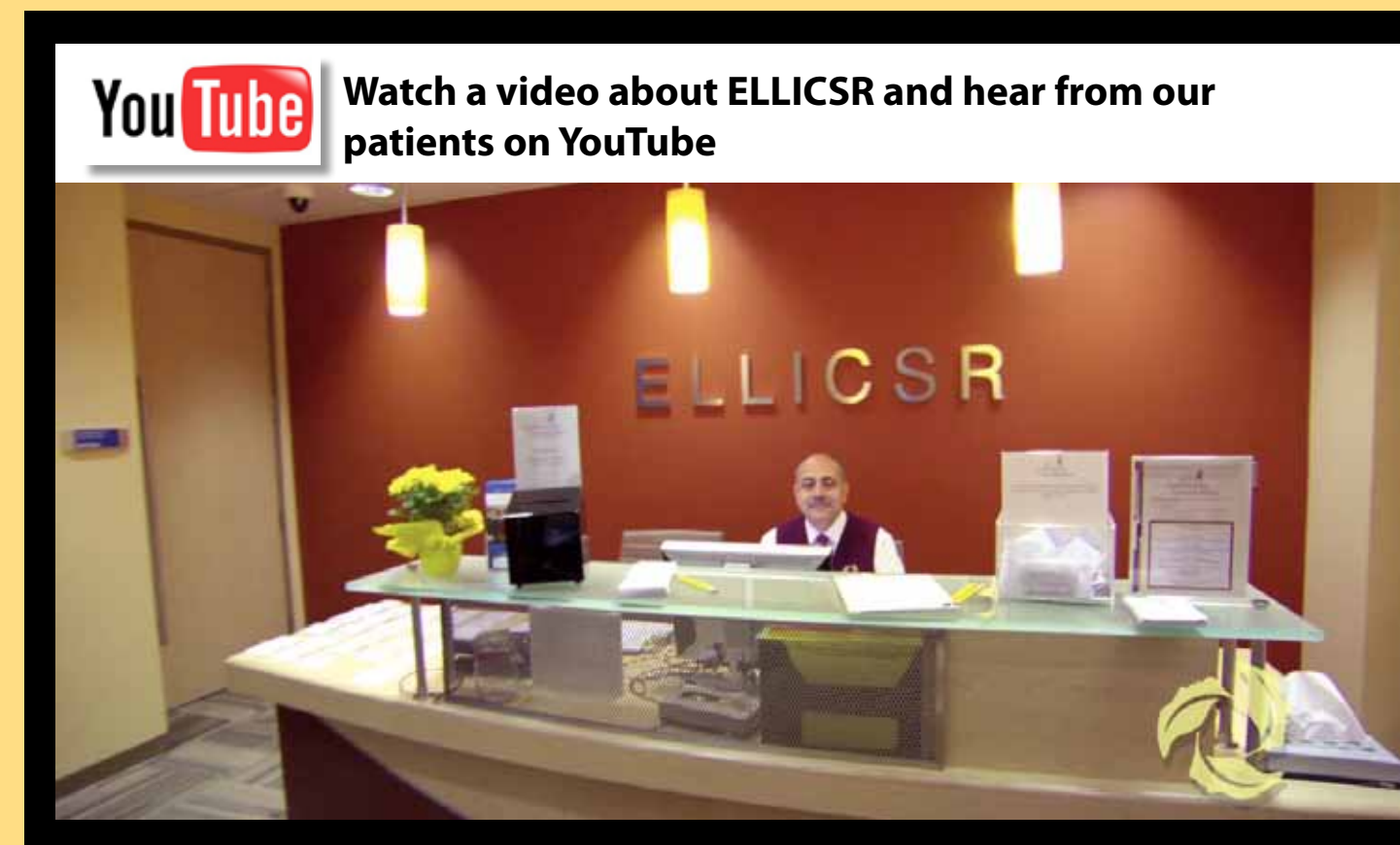
These trials rely on patient support, and in turn, ultimately benefit patients at UHN, across Ontario and Canada, and around the world.



New funding

Seven UHN-led projects received new funding this past year, for a total of \$40 million. This will enable new discoveries in a number of areas, including cancer, cardiology, lung transplant, vision sciences and computational biology.

“It takes an exceptional team of people to take care of just one patient. The staff at UHN is just that—nothing short of exceptional. I owe a huge debt of gratitude to my doctors... Though I am still recovering from a recent lupus flare-up, I’m now able to climb trees with my daughter.”
 - Dorna Chee, treated for Lupus Nephritis



LEARN MORE

- UHN opens ELLICSR and the Collaborative Centre for Health and Wellness and Cancer Survivorship
- Researchers studying cancer genes find way to treat congenital heart disease
- Sleep research gets boost from Sleep Country Canada
- Global Malaria Consortium highlights all the pieces needed for drug development
- McLaughlin-Rotman Centre up for “Grand Challenge”

Interprofessional education

In partnership with the University of Toronto Centre for Interprofessional Education (IPE), we continued to build leadership in IPE through a focus on new models of teaching, learning and practice, as well as leadership and preceptor training. What started three years ago as a strategy to “seed change” in how health care professionals are trained before and after they enter practice, has become a vibrant, sustainable and integrated IPE program that is driving not only new models of learning, but also new models of care benefiting patients and families at UHN.

The IPE placement model in acute care, adapted at UHN in partnership with Toronto Rehabilitation Institute, was evaluated and presented nationally and internationally this year, and the early impact of this new model of learning is already evident. We also developed innovative narrative IPE learning formats, such as reader’s theatre, and poetry and story writing, to bring staff and students together to build reflective practice skills and improve patient care processes.

Plans for opening the new physical location of the Centre for IPE at TWH are well underway, and we look forward to the opening celebration this coming fall.

Wilson Centre

The Wilson Centre, a unique centre dedicated to the development of health professional education research and researchers, continues to make an impact.

The Centre renamed its annual research day the Richard K. Reznick Wilson Centre Research Day, in recognition of the contributions of Dr. Reznick, the former Vice President of Education at UHN, who founded the Wilson Centre and served as its inaugural director from 1996-2002. The day is an opportunity to highlight research in health professional education and shows the remarkable depth and breadth of scholarship undertaken at the Wilson Centre.

The Currie Fellowship Program, launched this year thanks to a generous gift from Richard Currie, is the first such program in the world, and aims to create leaders in health professional education research.

Virtual learning

UHN continues to expand opportunities for virtual learning in numerous areas. The telesimulation program, started by Dr. Allan Okrainec in 2008, has trained surgeons on five continents. This year, the program hit an important milestone with its 100th surgeon trainee. It also received a major boost with the establishment of the International Centre for Telesimulation and Innovation in Medical Education. The Centre will be a hub for developing innovative training and education approaches to advance the skills of health care professionals in remote or developing regions of the world, who would not otherwise have easy access to such training.

The Toronto General & Western Hospital Foundation has already raised \$2.6 million to support the Centre. Dr. Okrainec and his team plan to open the Centre by 2014.

In March, our Nursing Education group [launched a new teaching platform](#) in Second Life, a popular, virtual world where avatars can explore spaces and interact with each other. The platform allows UHN educators and nurse leaders to provide role-playing simulations within the hospital setting, without disrupting the clinical environment. The space replicates the exact site specifications of UHN, so students become familiar with the facility they’ll be working in. These sessions can be recorded for future use and can be accessed simultaneously by multiple students.



Watch a video of Dr. Allan Okrainec train a surgeon using telesimulation on YouTube



In 2010/11, we've faced a challenging fiscal environment, but UHN ended the year with balanced operations and achieved the required surplus contribution for capital projects such as the Krembil Discovery Centre (KDC). Construction for the KDC has progressed steadily this year, and we are on target for completion in early 2013.

Our revenues continue to grow and have increased by 2.3% over the previous year. Working capital has improved through steady cash management, and our prudent and responsible financial management practices continue to ensure that adequate space and facilities are available to meet patient care needs. To that end, major construction projects have been undertaken this past year, such as a new Multi-Purpose Operating Suite, new Interventional Radiology Suites, an Interventional Thoracic Surgery Suite, and a new Chemotherapy Daycare Unit. We continue to redesign our ambulatory care program at PMH to deliver high quality, safe and integrated patient care. All these areas will ensure that we can continue to meet patient needs in the coming years and as we face increasing pressures on the health care system.

UHN is undertaking an integrated master planning process for TGH, PMH and the Toronto Medical Discovery Tower, translating Clinical Program plans outlined in *Strategic Directions 2016* into space requirements for the hospitals' programs and services as well as the associated research institutes (Toronto General Research Institute and Ontario Cancer Institute). The resulting Master Plan will serve as a guide toward cost-effective site redevelopment over the next five, 10 and 20 years, illustrating the highest and best use of the current stock of owned and leased buildings and the need and opportunities for new construction.

This year, we are pleased to report that we have exceeded our targets, as set out by the Toronto Central Local Health Integration Network (TC-LHIN), for weighted cases, patient days, emergency visits and clinic visits. We have also established ourselves as a system leader in wait times initiatives, and have been pleased to note a marked shortening of wait times in the Emergency Department.

With TC-LHIN and MOHLTC funding support, we have expanded programs in Neurosurgery and Neuromodulators, MRI, Complex Foot and Ankle Surgery, Bariatrics, Leukemia and Transplant. We also increased access to cancer surgery with Cancer Care Ontario support.

We continue to demonstrate creativity and innovation in obtaining new sources of revenue that will ultimately benefit our patients.

Turning an eye to sustainability

UHN continues to lead the hospital sector in environmental stewardship. As part of our social media strategy, we launched our new "Talkin' Trash" blog, which expands our audience beyond the walls of UHN and gives us new opportunities to engage staff.

Increasingly, we are focusing on how green initiatives benefit not just the environment, but also our staff, patients and finances—a sustainability approach that allows us to balance these concerns and account for the relationships among them. To that end, the Energy & Environment Department has been reaching out to areas such as Purchasing, Infection Prevention & Control and Occupational Health & Safety to bring in a broader sustainability perspective.

We continue to see a cumulative cost benefit as a result of green changes, with an estimated annual savings of \$2 million. This includes initiatives in waste management, energy efficiency and water conservation, which has led to a decrease in water usage of approximately 30% since we started measuring in 2000.



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Going Green at UHN - It's about the people
Talkin' Trash with UHN
Improving wait times for patients with back pain

Resource matching and referral

Resource Matching and Referral (RM&R) is a shared electronic tool implemented across the Toronto Central Local Health Integration Network (TC-LHIN) by UHN's Shared Information Management team to coordinate referrals for all participating organizations through a single comprehensive system. It enables patients to be matched to appropriate clinical programs and services, via direct electronic referrals across 86 acute, rehabilitation, complex continuing care, home care, long-term care and community support service providers. As of this past year, 34 community support service agencies have been brought into the program, the first step in moving RM&R into the broader community sector. Since the program was first developed in 2007, over 32,000 patients have been successfully placed.

Electronic discharge summary

Effective and timely communication among clinicians is essential for ensuring the continuity of patient care, better health outcomes and reduced re-admission rates. When a patient is admitted to hospital, discharge summaries are often the only form of communication available to their family physician. Traditional paper-based discharge summaries, however, are imperfect reports—they may be illegible, not informative enough or received too late for the information to be clinically relevant.

To address these issues, enhance clinical communication and improve the accuracy of patient data within the continuum of care, UHN developed an electronic discharge summary (EDS), designed to integrate with the electronic patient record. The EDS has been available to physicians for over five years. We have since built upon our initial work, and this past November, launched our enhanced EDS, which is integrated with the electronic medication transfer tool and facilitates medication reconciliation upon patient discharge.

The enhanced EDS helps health care professionals make timely and efficient decisions about patient treatment, and improves clinical productivity by simplifying access to patient information for all health care providers, both in and out of UHN. Discrete data capture in the EDS also strengthens UHN's ability to evaluate patient outcomes.

A shared finance information system

For the first time, 12 hospitals across the GTA are collaborating to create a shared finance information system. The project, called Plexxus Integrated Technology Solution (ITS), is a joint initiative of Plexxus, a shared service provider of supply chain services, and Plexxus member hospitals. Through the collaborative efforts of these groups, we are implementing the SAP software system to support our finance and supply chain efforts, which will ultimately transform our financial and procurement processes. The partnership allows all the hospitals to benefit from sharing implementation and support costs.

UHN will be the first hospital of the group to implement the Plexxus ITS Project, a recognition of our project management leadership and supply chain best practices. By fall 2011, we look forward to having widely accessible, flexible and integrated financial management tools with enhanced contract management, e-requisitioning and financial reporting capabilities.



Lean at UHN

Our Lean initiatives focus on some of the most pressing issues in patient care, streamlining care delivery processes to improve patients access and decrease wait times. UHN has been implementing clinical change manage projects throughout areas of the hospital, such as Emergency, General Internal Medicine, Surgical Services, Palliative Care and Medical Imaging departments. The result of this work has been not just a change in practice, but a change in the Lean culture at UHN.



YouTube Watch "Lean Culture at UHN" on YouTube

Finding the personal connection

The Arthritis & Autoimmunity Centre Foundation (AARCF) raised \$2.2 million this year towards research into arthritis and autoimmune diseases.

2011 has been a year of coming full circle to make arthritis personal to both patients and staff. The Foundation welcomed David Prowten as its new executive director in the spring. David brings with him over five years on the national scene as a vice-president with the Arthritis Society, plus a strong personal connection that motivates and inspires him—his own daughter, now 11, was diagnosed with juvenile arthritis as a two-year old, a stark reminder that this is not just a disease of the elderly.

The Kara and Alex Fund illustrates how patients are motivated to become our partners in fundraising to beat these diseases. Kara McIntosh and Alexandra Bennett are cousins who were both diagnosed with Rheumatoid Arthritis in their early 30s, shortly after becoming mothers. Driven to find a cure for themselves and avoid the same outcome for their children, they established the new fund, with an eye towards raising \$50,000 for a research fellowship. We look forward to seeing the fruits of their labour in the coming year.

The Vasculitis Foundation of Canada generously donated \$50,000 to AARCF in 2010 directed to vasculitis research under the direction of Dr. Simon Carette. Their continued support has helped the Vasculitis Clinic attract a world-renowned researcher, Dr. Christian Pagnoux. This year, Drs. Pagnoux and Carette initiated Canvasc, a new national network dedicated to studying and improving care standards for this condition.



Staff get involved

Toronto General & Western Hospital Foundation (TG&WHF) continued its work to support our hospitals, raising \$66.8 million in 2010/11.

This past year saw the planning for three major campaigns launching in 2011: The Arthritis Campaign, the Krembil Neuroscience Centre Campaign and the Peter Munk Cardiac Centre Campaign. In addition to these UHN initiatives, the Foundation is working jointly with the University of Toronto on campaigns for the Banting and Best Diabetes Centre, the University of Toronto Transplantation Institute and the Tanz Centre for Research in Neurodegenerative Disease.

Staff at every level, from housecleaning to senior executives, have become fundraisers and ambassadors for the Foundation, the result of ongoing efforts to build a culture of philanthropy among UHN staff via the Honour Your Hero program and the Cornerstone Campaign. The Honour Your Hero Program lets patients and their families thank staff who have made a difference in their lives; over 1,100 staff have been honoured and over \$518,000 has been raised for TGH and TWH.

The Cornerstone Campaign has raised over \$1 million since its launch in 2009. Staff can donate through a variety of options, including payroll deduction, employee tributes and event-based fundraising projects. The campaign has also inspired some creative new events—in June, the inaugural UHN Amazing Race, modeled on the popular television program, saw staff solving clues and completing various challenges to raise over \$51,000 for nursing education.

TG&WHF received a generous combined gift of \$5.5 million from the Barrick Gold Corporation and the family of Greg Wilkins, former CEO of Barrick, to create the Greg Wilkins-Barrick Chair in International Surgery and fund medical training in neurosurgery for health care providers in developing countries. The funds will allow TWH to further expand its groundbreaking work in this area by establishing a Chair, a Fellowship and the Barrick Gold Corporation Centre for International Outreach.



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Personal arthritis connection leads to fundraising career
Memory of late Barrick CEO, Greg Wilkins, honoured at TWH

A social enterprise model of success

The Princess Margaret Hospital Foundation (PMHF) had a successful year, raising \$77.2 million towards cancer research at PMH, the Ontario Cancer Institute and the Campbell Family Institute for Cancer Research.

PMHF has worked to incorporate a social enterprise model into its organizational practices, rather than a standard non-profit model. Social enterprise leadership uses an inspired hybrid of private sector strategies, entrepreneurial practices and cause-based energy for impact and sustainable success. This new model has driven performance, inspired a vibrant culture and attracted and retained some of the best staff to the Foundation. These efforts were rewarded this year when PMHF was recognized as one of Canada's 10 Most-Admired Corporate Cultures by Waterstone Human Capital.

The annual Dove Campaign had a record-breaking year, with over 10,000 personalized paper doves decorating the PMH Lobby and over \$1 million raised; each dove celebrates a loved one, or a dedicated hospital employee or volunteer. In October, the 5K Your Way event brought in \$1.2 million from 1,500 walkers and runners. In all, 35 different areas of the hospital benefitted from 5K Your Way.

In June, over 4,100 riders cycled from Toronto to Niagara Falls in just two days, raising \$16.7 million and \$1.2 million in royalties, in the third annual Enbridge Ride to Conquer Cancer. The event expanded to include multiple distance options for riders looking for an additional challenge, and a virtual rider program for those unable to participate but still wishing to raise funds. Donors were also given the option of sending donations from their cell phones via text message this year.

A \$5-million gift from Wallace and Margaret McCain will establish the Wallace McCain Centre for Pancreatic Cancer at PMH. The Centre will further existing pancreatic cancer programs in cancer genetics, surgical therapy and drug development. A rapid diagnosis program will also be established, providing personalized medicine to approximately 60% more patients each year

Pharmaceutical company Boehringer Ingelheim partnered with PMH this year. With their support, the diagnosis and treatment of each new lung cancer patient will now include the generation of a DNA profile that identifies specific genetic mutations. Knowing the mutations informs physicians of how the patient will likely respond to various drugs and treatment strategies. This is a major step in the development of personalized cancer medicine.

Finally, this year saw the kick-off to a new fundraising mega-event—Road Hockey to Conquer Cancer—which will take place this coming fall.



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NHLers come out to support PMH hockey fundraiser
New cycling record for Ride to Conquer Cancer
PMHF proud to be named one of top Corporate Cultures in Canada
UHN to establish Wallace McCain Centre for pancreatic cancer

For the year ended March 31, 2011 (Amounts in \$ thousands)

Revenue

Ontario Ministry of Health & Long-Term Care / Toronto Central Local Health Integration Network	
Hospital programs	\$ 847,529
Specifically funded programs	79,354
Other patient services	149,799
Grants and donations for research and other purposes	228,362
Ancillary services and other	214,538
Amortization of deferred capital contributions	69,479
	\$ 1,589,061

Expenses

Compensation	\$ 938,676
Medical, surgical supplies and drugs	188,805
Specifically funded programs	79,496
Plant operations and equipment maintenance	73,278
Depreciation	91,865
Interest on long-term liabilities	18,576
Supplies and other	174,462
	\$ 1,565,158

Excess of revenue over expenses	\$ 23,903
Net change in unrealized gain on available for sale investments	670
Net assets, beginning of year	284,690
Net assets, end of year	\$ 309,263

Assets

Current	
Cash and cash equivalents	\$ 171,611
Accounts receivable	117,015
Inventory	12,319
Prepaid expenses	6,534
Long Term	
Loans receivable	1,939
Capital assets, net	976,132
Long-term investments	220,157
	\$ 1,505,707

Liabilities and Net Assets

Current	
Accounts payable and accrued liabilities	\$ 303,337
Current portion of long-term liabilities	14,593
Long Term	
Due to MaRS Development Trust	87,664
Deferred contributions	151,383
Long-term debt	203,173
Employee future benefit liabilities	24,928
Deferred capital contributions	411,366
Net Assets	309,263
	\$ 1,505,707

Full audited statements are available at www.uhn.ca.

Trends Report

Inpatient and Outpatient Activity (thousands)



Growth in Revenue (millions)



Growth in External Research Funding Awarded (millions)



“ The treatment that I received has, literally, gotten me back on my feet. I wasn't able to walk two years ago, and I just ran a half marathon. ”

- Andrew Turner,
seen at TWH for Ankylosing Spondylitis

Statistical Report

Program Grouping Activity 2010/2011

UHN	Inpatient Separations	Inpatient Weighted Cases	Day Surgery Cases	Day Surgery Weighted Cases	Ambulatory Visits
Total	32,377	72,506	29,027	3,807	988,738

Data is based on 2010 CMG+ Grouper RIW and 2010 CACS Grouper 2010 RIW; Radiation fractions excluded.

Site Activity

Site	Beds	Inpatient Days	Clinic & Day/Night Care Visits	Emergency Visits
TGH	405	137,422	232,592	37,678
TWH	242	87,257	403,425	54,103
PMH	118	41,330	256,684	
Non-Site Specific			4,256	
UHN	765	266,009	896,957	91,781

Research Activity

Research Activity

Program Grouping Activity 2010/2011	External Research Grants Awarded to UHN
Krembil Neuroscience Centre	\$ 15,758,224
Laboratory Medicine Program	4,308,258
Medical & Community Care – Chronic Disease Management	4,730,404
Medical & Community Care – Community & Multicultural Health	3,124,050
Medical & Community Care – Complex Medical Care	1,427,995
Musculoskeletal Health and Arthritis	10,183,802
Peter Munk Cardiac Centre	8,450,712
PMH Cancer Program	126,364,689
Surgical & Critical Care – Critical Care	681,946
Surgical & Critical Care – Surgical Services	12,680,154
Transplantation	6,384,028
Sub-Total Funding by Program Grouping	\$ 194,094,261

*PIs without a program grouping assignment

\$ 37,150,566

“Can you imagine getting a new heart? Somebody else giving you a heart and you are able to go out and have a second chance at life and carry on your dream? It's just such a magical feeling. I look forward to every day.”
- Jennifer Monteith, Heart Transplant Recipient

Global Impact

Exemplary patient care, research and education

ACADEMIC

Position UHN as the institution of choice for trainees
Continue to pioneer new models of teaching and learning

CARING

Measure and improve the value of care
Transform “patient-centred care” to “patients as partners in care”
Become a world leader in documenting and improving patient outcomes

CREATIVE

Further our understanding of the basis of health and disease through biology and technology platforms
Enable the collection, analysis and application of health information
Leverage experimental therapeutics and health services research to impact the lives of patients

ACCOUNTABLE

Optimize productivity and integration of care through next-generation
information management and technology
Develop new sources of revenue
Enable the collection of new physical space for our clinical
programs, operations, research and education areas

WE

Continue to build organizational capability and capacity





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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