

Patients as Partners in Care

2014-15 Year in Review



Read our cover story and more...

Message from the CEO & Board Chair

Vision

Achieving Global Impact

Mission

Exemplary patient care, research and education

UHN's Purpose Statement

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

Values

Caring

Excellence

Teamwork

Innovation

Integrity

Leadership

Respect

The theme of this year's Annual Report – Patients as Partners in Care – is our description of how a patient should feel while receiving treatment at University Health Network. We want every patient to feel comfortable and confident in discussing their condition and options with members of the health care team. And, we want all members of the health care team focused on understanding what is important to the patient throughout their care in the hospital. It is a long way from the days when patients were told what was going to happen and expected to follow directions and light years ahead of the time when patients sometimes weren't told what was happening because it was felt that it would be too distressing.

In reading the stories of care from the past year, we see many examples of this approach to patients and family members and we can also see how much change can be accomplished by involving people in their care and listening to what is important to them. We are pleased to share these stories with you in the Annual Report and want to thank everyone at UHN for their commitment to our patients. We also want to thank the patients who have come forward and shared their stories with us. It is this generosity which allows everyone to fully understand what a difference we can make in people's lives.



Dr. Peter Pisters, President and CEO, and John Mulvihill, Chair of the Board of Trustees. (Photo: PhotoGraphics UHN)*

Dr. Peter Pisters
President and CEO
University Health Network

John Mulvihill
Chair
University Health Network

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'It takes remembering the patient is a person, not just a procedure'



Judith John talks about the importance of the "simple stuff" — basic human connections — between healthcare workers and their patients. (Video: UHNToronto YouTube)

There are many sides to Judith John. Loving wife. Devoted mother. Dear friend. Successful professional. Passionate advocate.

"I am very fortunate," Judith says with a smile.

"I consider myself a serial optimist, because it hasn't been all smooth sailing. Since 1999, I've been fighting for my life."

Factual. Understated. Delivered without a hint of self-pity despite a medical resume that includes five surgeries — for cancer and for a recurring brain tumour — and three times "I was sure I was going to die."

Recently, Judith has entered another realm of her healthcare experience. With more than 15 years as a patient, she is now also a caregiver, following the cancer diagnosis of her husband, who is being treated at Princess Margaret Cancer Centre.

Cover story

These experiences offer a unique perspective into a system she has known intimately as the senior communications executive at two major Ontario hospitals. Rather than retreat, she has created a new scaffolding for her life, channelling her experience into energetic advocacy to improve the patient experience.

Judith's passion and advocacy are emblematic of UHN's commitment to making patients a partner in their own care, and the reason she's been selected to be on the cover of this 2014-15 Year in Review.

Judith talks passionately about the vital partnership between patient and healthcare worker, based on respect, communication and trust. She feels that while the clinical bricks of our healthcare are strong, too often the mortar between them is cracked and uneven — because the communications are not consistent.

"It takes remembering the patient is a person, not just a procedure," says Judith. "It doesn't take much but it

means the world of difference. Quality care really comes from lessons our parents taught us: treat others as you wish to be treated."

'Simple stuff'

Judith talks about the importance of the "simple stuff" - basic human connections — in dealing with patients. Above all, it means acknowledging them as individuals.

It includes greeting people when they arrive for an appointment or giving them an explanation for the doctor running hours behind schedule. It's about not being too busy or too absorbed in something else to recognize someone's fears, and take the time to talk that person through them.

It's about remembering that what is standard procedure professionally is often life-changing and overwhelming for the patient.

'Great common denominator'

"Every time I walk into the hospital and put on my blue hospital gown, that great common denominator, I'm at my most vulnerable," Judith says. "That's why those personal interactions are absolutely critical to my care."

Judith recalls an exchange while she was a patient at Toronto Western Hospital. She joked with a nurse that the inoperable brain tumour crushing her optic muscle wasn't all bad because the double-vision it caused allowed her to see twice

as many fireworks during a holiday show. The next day, Judith found a card on her bedside table with a picture of a fireworks display.

"At the time, I was struck by the extraordinary kindness," she says. "This was a healthcare worker who had connected to me as a person, not just a patient.

"It was so meaningful. I still have that card and look at it to remind me what a difference one person's act of kindness can make. It really made me feel better."

[For the full video, click here.](#)

"Quality care really comes from lessons our parents taught us: treat others as you wish to be treated."

— Judith John



Judith John says when she walks into the hospital and puts on that blue gown, "that's when I'm at my most vulnerable. That's why those personal interactions are absolutely critical to my care." (Photo: PhotoGraphics UHN)



The UHN Team

UHN's programs and services are among the most advanced in the world. To meet the needs of patients, our physicians, staff, services and resources are grouped into IO programs.

As Canada's preeminent research hospital, UHN is home to some of the world's best and brightest researchers who are driven by relentless inquiry. And, as an international leader in education, we share our wisdom each year by teaching thousands of students across all health professions.

The specialized healthcare professionals at UHN are supported by a dedicated team that strives to build leaders, foster workplace positivity and ensure staff members are inspired to achieve our goals.

UHN's focus on local accountability enables us to ensure we have the funding, facilities and equipment, and advanced technology to maximize of our resources and deliver high quality care to our patients.

Giving the gift of life to a stranger



Watching her sister Carolyn, (L), thrive after donor surgery, Annemieke Vanneste decided to donate her kidney anonymously. Watch their story. (Video: UHNToronto YouTube)

Six weeks after donating her kidney to someone she will never meet, Annemieke Vanneste was already snowshoeing in the woods of the Gatineau Hills and planning her next winter outdoor adventures.

“Donating an organ has made me a happier person,” Annemieke says. “Once you do this, you realize what a gift it is to donate. I won’t ever know who received my kidney but that does not matter because I know that I changed that person’s life.”

Annemieke, 53, and her sister, Carolyn Vanneste, 47, both understand how vital organ donation is. Carolyn donated one of her own kidneys to a friend a few months before Annemieke chose to donate anonymously. That friend, who had been on dialysis for seven years, was

steadily growing weaker and sicker until she received a new kidney from Carolyn.

“I saw how that donation transformed her life. She does not have to wonder if she will be alive next year,” Annemieke says. She also talks about how Carolyn’s husband received a life-saving liver transplant 16 years ago, and the many recipients she has met through the transplant community.

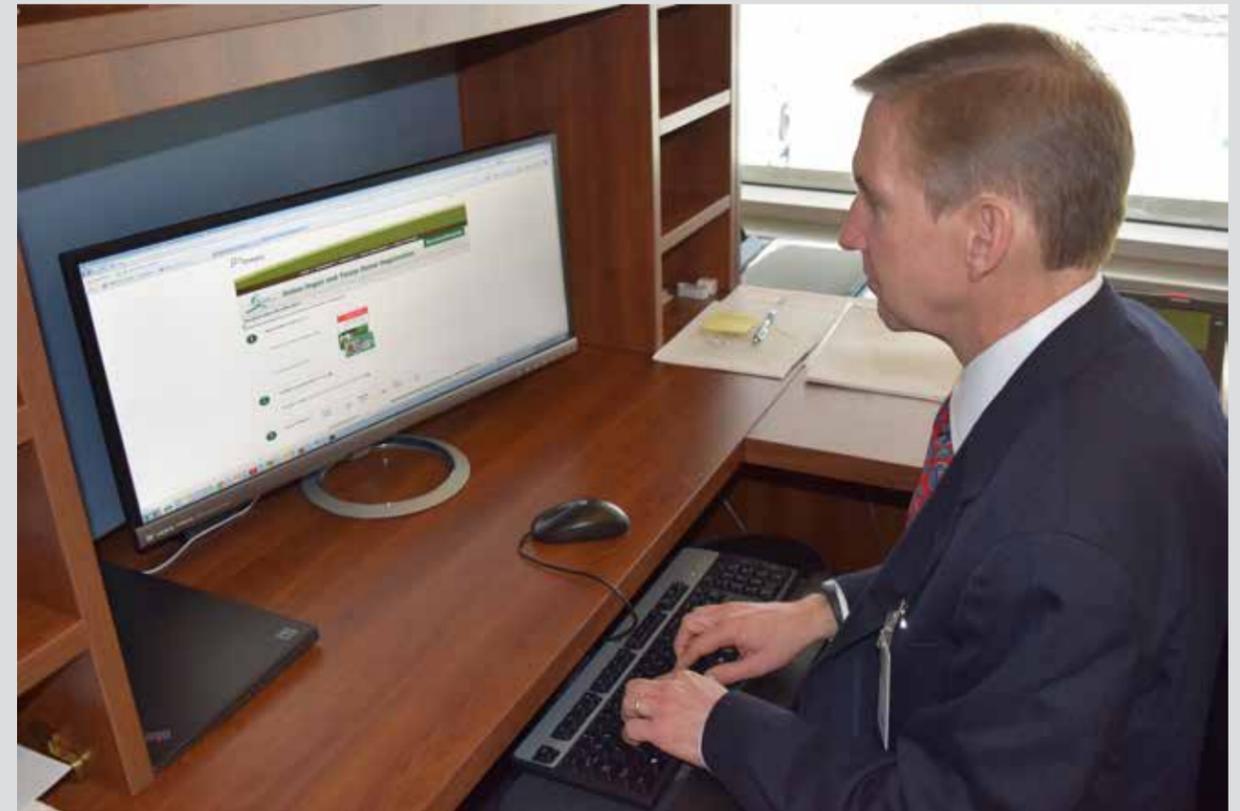
“I know that transplants work,” Annemieke says. “I have seen recipients do remarkable things — travel, compete in athletic games, win medals, and set goals for the future — something which they can believe in again because of the gift of donation.”

Dr. Anand Ghanekar is co-director of the Kidney Transplant Program at UHN, which is the largest living kidney donor program in Canada. It performs about 80 living donor transplants a year, and regularly exceeds accepted American benchmarks for one-year and 10-year survival rates of recipients.

Dr. Ghanekar has evaluated many living donors and calls them heroes. “Their generosity helps those in need of a transplant who otherwise might have to wait much longer, or not receive one, because there is not enough organs for everyone who needs one,” Dr. Ghanekar says. “We are very grateful to living and deceased donors. They have the power to change many lives.

[Link to full story: click here.](#)

Highlights



Recently returning to Canada as UHN President and CEO, Dr. Peter Pisters registers to become an Ontario organ and tissue donor at beadonor.ca (Photo: UHN)

Record year for transplants

More than 500 transplants were performed at UHN last year, setting a new record. Transplant program innovations, living donations and increased deceased donor rates in Ontario have enabled the program to do many more transplants. [click here](#)

New method to treat lung recipients

A unique new method to treat a specific group of patients who are at greater risk of rejecting a donor lung, allowing them to live longer after transplant without rejection, has been developed by the Toronto Lung Transplant Program at UHN.

Assessing, repairing, improving deceased donor livers

Our liver transplant team is developing and refining a method to assess, repair and improve deceased donor livers. The use of this method could significantly expand the donor organ pool, reduce waiting list time and improve outcomes after transplantation. The technique also provides information about the liver function which could assist in future assessment for transplantation.

Scott Capper's journey from Toronto Rehab to home



"Bickle got me going and Lyndhurst fine-tuned me," Scott Capper says of his time at two Toronto Rehab facilities after a spinal cord infection left him unable to move his legs and one arm. (Video: UHN Toronto YouTube)

When Scott Capper arrived at Toronto Rehab's Bickle Centre for Complex Continuing Care, he couldn't move his legs and one arm as a result of a spinal cord infection.

No one knew whether his loss of movement would be permanent. "I was worried I wasn't going to use my legs or one arm again," says Scott.

After a year of effort from Scott and his multidisciplinary care team at the Bickle Centre, he regained movement and was able to transfer himself out of bed, manage his daily care and use a wheelchair or two-wheeled walker for shorter distances.

"At Bickle, I was able to learn to do things for myself," Scott says. "It was a lot of good work they did."

After he was medically stabilized and his function had improved, Scott was transferred to Toronto Rehab's Spinal Cord Rehab Program at Lyndhurst Centre to continue his progress.

"My dexterity was poor in my hands," Scott says. "My occupational therapist, Angela Lam, worked with me on exercises to increase coordination in my fingers and better control my hands."

At Lyndhurst Centre, Scott also worked with physiotherapist Jamie Young to improve his leg movement.

"Just from looking at me stand, Jamie knew what muscles to target to get my legs moving properly," Scott says.

"He used body-weight support therapy to strengthen my legs and give back my function and stamina." When he left Lyndhurst after eight weeks, Scott was using a standard walker and could also walk short distances with two canes.

"Bickle got me going and Lyndhurst fine-tuned me," Scott says.

[Link to full story: click here.](#)

Highlights

AGE-WELL comes to Toronto Rehab

Toronto Rehab became host institution for AGE-WELL, a newly-launched national research network focused on developing and commercializing new technology to keep older adults in their homes safely and longer. Dr. Alex Mihailidis, Senior Scientist, Toronto Rehab, is co-scientific director of AGE-WELL. [click here](#)

Dr. Andrea Furlan leads new ECHO project

Dr. Andrea Furlan, Toronto Rehab scientist and physician, leads the new Extensions of Community Healthcare Outcomes (ECHO) project that connects chronic pain specialists with primary care providers in underserved areas of Ontario to empower them to provide timely and appropriate treatment, diagnostic testing and prescriptions for patients with chronic pain.

Improved transfer process for hip fractures

Hip fracture patients spend an average of seven fewer days in the hospital thanks to an improved transfer process. Today, 40 per cent more patients move to Toronto Rehab within five days of their surgery at Toronto Western. Patients start rehab with less function but achieve the same outcomes.



AGE-WELL will "establish Canada as a leader in designing and implementing technology that contributes significantly to the well-being of older people," says Dr. Alex Mihailidis, Senior Scientist, Toronto Rehab and Joint Scientific Director, AGE-WELL.

(Photo: UHN)

New way of living for stroke 'selfie' patient



On April 2, 2014, while driving home from work, Stacey Yepes sensed a stroke coming on. She pulled over and recorded on her smartphone what was happening for others to see. Since the video went viral, she's been learning a new way of living to prevent further strokes. (Video: UHNToronto YouTube)

In 2014, Stacey Yepes suffered three episodes where she thought she was having a stroke. Told she was likely just suffering from "stress," Stacey eventually found her way to the Krembil Neuroscience Centre at Toronto Western Hospital (TWH) where she received the critical help she needed to treat what had actually been minor strokes.

TWH has Toronto's only day unit to treat Transient Ischemic Attacks (TIAs) and minor strokes. The Transient Ischemic Attack and Minor

Stroke (TAMS) Unit, is dedicated to assessing patients at high risk for stroke and providing them with the necessary interventions to prevent it.

During her assessment in the TAMS unit, Stacey was engaged in her own care and partnered with nurse practitioner Anne Cayley for ongoing education and to develop a treatment plan to prevent any more strokes.

Stacey was also referred to an out-patient rehabilitation program to regain the strength she had lost as

a result of her minor strokes. Now, more than a year after her strokes, Stacey has made the necessary lifestyle changes and also returned to work full time.

"The TAMS Unit really taught me a new way of living and how to change my lifestyle so I don't have another stroke," she says.

[Link to full story: click here.](#)

Highlights



Dr. Robert Devenyi (right) and his surgical team are the first in Canada to successfully implant a retinal prosthesis that will restore a form of vision to blind patients. In this photo, he delicately implants the internal portion of the device around the patient's eye (Photo: UHN)

Ophthalmology — Successful implant of the first retinal prosthesis in Canada

The Donald K. Johnson Eye Centre team successfully implanted the first ARGUS II retinal prosthesis and is the only centre in Canada to offer the device to patients suffering from advanced retinitis pigmentosa. Within months of the procedure, the system allowed patients to detect white and black colours. [click here](#)

Neurosurgery – Launch of FRONTIER trial

Basic research conducted by Dr. Michael Tymianski over the past 18 years has culminated in a nation-wide Phase 3 clinical drug trial that launched in March 2015. It is hoped the drug, called NA-1, will be used as an emergency treatment to reduce the damaging effects of stroke. [click here](#)

Neurology - Ellen and Martin Prosserman Centre for neuromuscular diseases

Thanks to a \$10 million gift, the Ellen and Martin Prosserman Centre for Neuromuscular Diseases was established. The centre, helmed by Dr. Vera Brill, will significantly grow capacity to care for more people with neuromuscular disease; further innovative research; and educate future leaders in the field. [click here](#)

New medical imaging role goes with the flow



As JDMI's Patient Flow Coordinator (PFC), Karen MacDonald is working to streamline communication to help improve the patient experience. (Photo: UHN)

Karen MacDonald has become a full-fledged communicator, educator and detective.

She's the new Patient Flow Coordinator (PFC) for the Joint Department of Medical Imaging (JDMI) at the Toronto General Hospital, a role she took on in December 2014 to help streamline communication across wards and improve imaging access for patients.

"So far it's been a very positive

experience with lots of learning opportunities and progress made in improving our department's connection with patients and staff," says Karen.

This is a new position for the JDMI, and communication is key. Karen works with various hospital services including surgery, ER and general internal medicine, helping expedite urgent in-patient scans and discharging in-patients whose

procedures can wait and be organized for a later date.

"By sharing knowledge and being fully involved in the hospital network at all levels, I get a sense of where the hospital stands and which patients are in the queue," explains Karen. "I can make rearrangements to help the medical teams plan effective care for patients."

Karen educates TGH clinical staff on identifying the best scan for patients and properly prepping them for medical imaging procedures. She also sharpens her detective skills to make informed decisions: if a scan is requested incorrectly or there's an urgent request to treat a patient, she investigates further to analyze the patient's situation and act accordingly.

Karen's daily interaction with other hospital areas helps ensure that

medical imaging has a face. She's become a welcomed — and critical — component to bridging the gap in the JDMI's patient care process.

"Until now, we haven't been able to speak with our referring TGH clinicians to understand their patients' context — this was an important missing component when triaging a patient," says Paul Cornacchione, Clinical Director, JDMI. "Karen's role allows us to see the greater hospital landscape,

so we can make more informed decisions when prioritizing scans and addressing our patients' needs."

Implementing this role is only the beginning of a long line of plans for the JDMI. The Program aims to create more roles like Karen's in the future to support its greater vision of "Exceptional Quality, Exceptional Care."

[Link to full story: click here.](#)

Highlights

Mom, triathlete back on her feet after clot retrieval procedure

Macy Mills suffered an ischemic stroke and was successfully treated with stent thrombectomy — an alternative treatment to the traditional clot-busting drug IV TPA — by the JDMI's Dr. Richard Farb, Interventional Neuroradiologist. Today, Macy, a mother of three young boys, continues to live life to the fullest and has resumed training for her next race, an Olympic distance triathlon. [click here](#)

Coral RIS go-live launch

In 2014, the JDMI's Informatics team implemented their own internally developed Radiology Information System (RIS), interfacing with 15 different systems including UHN, Mount Sinai Hospital and Women's College Hospital's Hospital Information Systems. With its launch, hospital staff have secure access (through Coral Viewer) to three million patients, five million visits and six million orders and reports, going as far back as 10 years.

Got an imaging question, give us a call

Since its launch in 2014, the JDMI's Medical Imaging Call Centre (MICC) has been delivering service to JDMI radiologists and staff as well as callers from other program areas at UHN. The number of services offered at the MICC has grown gradually. With hopes of improving the quality service they provide to its callers, in January, 2015 the team revised its technical infrastructure allowing for more effective documentation and performance tracking, increased its size and began operating longer hours.



Macy Mills was on her way to pick up her three boys from school when she felt her body go numb and lost control of her car. She was suffering from a stroke. (Photo: Macy Mills)

GreenLight Laser transforms prostate surgery



Dr. Dean Elterman, a men's health expert who teaches other urologists how to use the GreenLight Laser, is one of only a handful of surgeons in Ontario trained to use the tool (Photo: UHN)

An advanced, minimally invasive "bloodless" surgical technique that is able to treat many more men with enlarged prostates as outpatients, with fewer complications, is now being offered at University Health Network.

Toronto Western Hospital is the only academic teaching hospital in the city to provide GreenLight Laser, with ever-increasing requests from

patients all over Ontario for the new treatment. The laser treatment enables patients to be in and out of the hospital in hours in contrast to the usual hospital stay of one to three nights, results in little or no blood loss, shorter catheterization and a return to work in about a week, rather than the usual four to six weeks with traditional open surgery through the abdomen.

The laser procedure can also be used on patients who are on blood thinners such as Plavix or warfarin, used to treat heart disease and reduce the risk of stroke. Previously, patients had to stop taking these medications before standard surgery, which involves blood loss. The laser vaporizes tissue and cauterizes blood vessels, so the risk of bleeding is much less.

About half of all men over the age of 50 will have an enlarged prostate, a process also known as benign prostatic hyperplasia (BPH).

This may create blockage of urine flow causing bothersome urinary symptoms such as frequent urination, weak or slow urine stream, and waking up frequently at night. If left untreated, serious bladder and kidney damage, frequent urinary tract infections, significant bleeding or stones in the bladder could result.

Dr. Dean Elterman, a men's health expert who teaches other urologists how to use the GreenLight Laser, is one of a handful of surgeons in

Ontario trained in the use of this tool, which works by vaporizing the prostate tissue.

"Men are very satisfied with this technology because it allows them to be treated quickly, efficiently, with an easy recovery," says Dr. Elterman, adding that it also alleviates pressures on the healthcare system with no overnight hospital admissions required."

Gary Klein, the first patient at UHN to receive GreenLight Laser surgery, was experiencing the typical symptoms associated with an enlarged prostate.

Even though he was on medication, he was always conscious about needing to be near a bathroom and was waking up numerous times in the night to urinate.

"I thought I was adequately controlling the problem with medication. But it turns out I wasn't and if I had not had the surgery I might have easily caused irreversible damage to my bladder and kidney," says Gary. "It was gratifying to be treated with the GreenLight Laser.

"The surgery itself was remarkable, there was a very small amount of pain and I recovered quite quickly."

Highlights

Program improves patient quality of life

A preventative and rapid assessment program was developed for patients with excess fluid in their chests as a result of their cancer. Previously these patients were admitted to hospital, but this program improves patient quality of life and reduces hospital admissions by identifying, treating and following at-risk patients as outpatients.

One robot, two surgeries

Drs. Fayez Quereshey, Sean Cleary and Alice Wei performed the first combined robotic rectal and liver resection in Canada. Using the da Vinci Robotic Surgical System surgeons successfully treated a patient with Stage 4 colon cancer and a liver metastasis in a single surgery. With robotic surgery, surgeons are able to use minimally invasive techniques that result in more precise removal of cancer cells, smaller incisions, and fewer complications.

Canada's first Hand Transplant Program Established

Dr. Steve McCabe established Canada's first Hand Transplant Program, which will begin a new era of plastic and reconstructive surgery, including partial and full face transplants. The surgeons and medical teams are internationally known for treating complex hand, wrist and arm injuries, and are trained and experienced in all areas of transplant surgery.



The program, established by Steve McCabe, launches a new era of plastic and reconstructive surgery. (Photo: UHN)

Family-centred rounds a 'culture shift'



Family-centred rounds, an initiative introduced in the Peter Munk Cardiac Centre Coronary Intensive Care Unit in 2014, enhances communication among patients, their families and the multi-disciplinary medical team involved in their care. Family members of patients are invited to participate in medical briefings that occur daily involving their loved one. (Photo: Peter Power)

Introduced in the Coronary Intensive Care Unit in 2014 as a pilot project to further enhance communication, the “family-centred rounds” initiative provides family members of critically ill cardiac patients the opportunity to join the medical team on twice-daily rounds. The intent is to help relatives better understand the prognosis and treatment protocol of their loved

one, receive more detailed medical information and have face-time with the doctors, nurses, and specialists responsible for their loved one’s care.

These medical briefings also permit families to ask questions, gain a level of comfort, trust and a realistic understanding of how their loved one’s condition is being handled by healthcare staff.

Through this approach, families also have the option to convey medical information directly to the patient and other relatives in their native tongue.

The initiative represents a “culture shift” for the nurses and physicians in the CICU. “It has been a resounding success,” says Dr. Christopher Overgaard, Medical Director, CICU. “

I know the staff have all embraced it,” he says.

Adds Claire Holland, Interim Nurse Manager, CICU, “we are planning to develop a team charter for staff, family and patients as well as utilize white-boards in the patient rooms to

record the goals of the day that have been decided on rounds, so the medical team, patient and families are aware of the plan. This is part of our goals and objectives certificate for excellence in patient service standards.”

The family-centred rounds initiative further supports the institution-wide goal of “patients as partners in care,” ensuring greater transparency and deeper trust between patients, families and the medical team.

Highlights

First-in-Canada implant

On October 31, 2014, advanced heart failure patient, Robert Power, became the first Canadian to be implanted with the latest in mechanical heart device technology, the HeartMate III LVAD, as part of a clinical trial at the Peter Munk Cardiac Centre.

Called a “heart pump,” the device was implanted by Dr. Vivek Rao, cardiovascular surgeon — near the patients’ heart. It is designed to imitate the pumping action of a heart that is too weak to pump on its own. The LVAD replaces the failing heart’s left ventricle and is able to pump up to 10 litres of blood per minute —twice the amount of a healthy heart.

‘Awake TAVI’ an Ontario first

The Peter Munk Cardiac Centre was the birthplace of TAVI in Ontario in 2007.

Another innovative step occurred there this year when it became the first centre in the province to perform the transcatheter heart valve implantation procedure without having patients under full anaesthesia, dubbed the “awake TAVI.” [click here](#)

Lean at PMCC

Tasked with the overall goal of improving the patient journey, Lean, a process improvement system focused on enhancing safety quality, delivery and efficiency within an organization began at the Peter Munk Cardiac Centre in 2014. Lean coaches, in tandem with PMCC staff, have begun delving into current processes and opportunities to improve them across 10 different areas of the program.



Dr. Eric Horlick, Cardiologist and Director of the Adult Structural Heart Disease Program at the Peter Munk Cardiac Centre, explains the “awake TAVI,” which he performed for the first time in Ontario in Januar, 2015 (Photo: UHN)

Pathologist at the Bedside



Dr. Gilda da Cunha Santos, a pathologist with the Laboratory Medicine Program, says surgeons, clinicians, radiologists and other healthcare providers “see the value of having a pathologist at the bedside as partners in care.” (Photo: UHN)

Highlights

- Serving as system leaders around quality, diagnostics and planning
- Investing in fully integrated Laboratory Information System (LIS) platform across all partner sites
- Driving digital pathology
- Enhancing the understanding of the value of laboratory medicine to stakeholders, including physicians and patients



Dr. Eva Szentgyorgyi, a pathologist in the Laboratory Medicine Program, uses digital pathology to review cases and make diagnoses. (Photo: UHN)

Usually the members of the Laboratory Medicine Program, including our team of pathologists, work in the lab, far removed from the patient. In contrast, in cytopathology (the name of a specific area of anatomic pathology), the work and diagnosis is often done right at the patient’s side.

Using a procedure called fine-needle aspiration (FNA), our LMP

pathologists investigate lumps or masses in a patient by inserting a thin needle into the patient’s mass and collecting a small sample of cells.

Our pathologists who specialize in the procedure run a cytology clinic at UHN and meet and diagnose patients every day. They are among a very small and select group of pathologists in Canada who do this – and their decisions have a direct and

immediate impact on patient care.

“If a patient comes in with an unusual lump or mass, we collect a small sample look at the cells through the microscope right there in the clinic and in many cases we already have information to give to the patient and clinician – no waiting required,” explained Dr. Scott Boerner, pathologist, Head of the Division of Cytopathology, LMP.

Meeting with the patient means that they do not have to wait for results, and also allows the patient to be a direct part of the diagnostic process. They can ask questions about the procedure, talk to the pathologist about their diagnosis, and be as informed as possible about what it means for their care.

“We might be the ones who look down the microscope and make the diagnosis,” added Dr. Gilda da Cunha Santos, pathologist, LMP. “But when we discuss our findings with the surgeons, clinicians, radiologists and other healthcare providers about our patient and our diagnosis, they all really see the value of having

a pathologist at the bedside as partners in care.”

Focus on the person, not the tumour



Odette Young, Patient Flow Coordinator at the Princess Margaret and Bruce Campbell, volunteer, help patients fill out DART assessments before every clinic visit. (Photo: UHN)

Bruce Campbell understands the emotional burden tied to three life-changing words: you have cancer. As a prostate cancer survivor turned volunteer, Bruce helps patients at the Princess Margaret Cancer Centre fill out the [Distress Assessment and Response Tool \(DART\)](#), a short, self-assessment measuring patients' emotional well-being, physical symptoms, and [psychosocial](#) needs.

"DART is the ultimate personalized cancer medicine tool and example of person-centered care," says

Dr. Madeline Li, developer of DART and Staff Psychiatrist at the Princess Margaret.

"We want to focus on the person, not the tumour."

Patients may be distressed about topics they're embarrassed about or afraid to discuss, including: financial issues, sexual symptoms, depression and fear of dying.

All cancer patients who have a clinic visit at the Princess Margaret complete DART screening before

their appointment begins. Personalized reports are created in real time and reviewed by health care professionals in clinic.

"If we screen for symptoms and start talking early enough, we can provide patients with the right care, at the right time, by the right professional," says Alyssa Macedo, Program Lead, DART.

Without a standardized assessment in place, health care providers can miss up to 70 per cent of distressed

patients. In 2009, [Cancer Care Ontario](#) mandated a 70 per cent symptom screening response rate — the Princess Margaret has exceeded this rate with a 75 per cent average.

"DART offers patients a voice and positions them as partners in care," says Alyssa.

Since 2012, Bruce has worked as a volunteer in eight different clinics across the Cancer Centre.

"Every patient needs a champion," says Bruce. "But you'd be surprised at how many individuals are going through the cancer experience alone."

"When I volunteer, I see myself as a patient advocate."

[Link to full story: click here.](#)

Highlights

Peaceful vista for patients, families

The Max Tanenbaum Healing Garden in the 14th floor atrium provides a peaceful vista featuring the artistry of 1,234 hand-blown glass flowers. The challenge for landscape architect Janet Rosenberg & Studio was to create a beautiful space without using live plants to ensure a pleasing, year-round, no-maintenance garden that is seen through windows.



You can see the garden perfectly once you exit off the 14 floor elevators of Princess Margaret Cancer Centre. (Photo: UHN)

Real-time safety tool for radiation patients

A quality initiative that guarantees radiation patients always get the prescribed dose — and safely — received Honourable Mention for Innovation from the Cancer Quality Council of Ontario. AQUA (Automated Quality Assurance) integrates technologies used for imaging and treatment to provide real-time managing, analyzing, documenting and storing quality assurance tests and results.

Researching care to the end of life

The Global Institute of Psychosocial, Palliative and End-of-Life Care at University of Toronto was launched at the Princess Margaret. The Institute will drive research into care for patients with life-threatening or terminal disease. Dr. Gary Rodin, Head, Psychosocial Oncology and Palliative care at Princess Margaret, is the Director.

First North American Stem Cell Trial for Osteoarthritis



Dr. Jas Chahal, an orthopedic surgeon, is co-principal investigator of the stem cell trial for patients with knee osteoarthritis at Toronto Western Hospital. (Photo: UHN News)

The UHN Arthritis Program is conducting the first North American Stem Cell Trial for Osteoarthritis. Co-principal investigators Drs. Jas Chahal and Sowmya Viswanathan bring together the expertise of orthopaedic surgery and cell therapy research to help patients who suffer from arthritis in their knees.

Mesenchymal stromal cells (MSCs) taken from the patient's bone marrow may create the ideal conditions in the knee joint to help the body reduce inflammation and replace lost cartilage. This Phase 1 study will look at safety and understanding any changes or improvements patients may experience.

The stem cell trial is part of the UHN's Arthritis Program vision to cure arthritis through prevention, early diagnosis and personalized treatment.

[Link to full story: click here.](#)

Highlights

Research links arthritis of the spine with higher risk of death from heart attack and stroke

Dr. Nigil Haroon, rheumatologist and expert in arthritis of the spine, or ankylosing spondylitis (AS), has found an increased risk of fatal heart attack or stroke for patients with AS. The disease predominately affects people between 20 and 40 years of age, a group traditionally considered too young to be at risk for cardiovascular disease. This research provides evidence for the need of a comprehensive strategy to screen AS patients for cardiovascular risk factors and provide appropriate treatment.

Innovative patient education program for patients with ankylosing spondylitis (AS)

Patients with AS now have access to a web-based education program to help them better understand their disease and the appropriate medications, therapies and self-management strategies to control AS. The content for this program was developed through the expertise of an interdisciplinary team, patient representatives and Patient and Family Education Program.

Patient Advisory committee

The Psoriatic Arthritis Program has established a six-member patient advisory board. The medical staff and board members meet every three months to discuss ongoing and new research and educational initiatives. The board members review grant submissions, with a focus on ensuring they can be understood by a general audience. They also advise on what should be included in the annual patient symposium, as well as other activities they believe patients should participate in.



The research of Dr. Nigil Haroon, rheumatologist and expert in arthritis of the spine, or ankylosing spondylitis (AS), provides evidence of the need for a comprehensive strategy to screen these patients for cardiovascular risk factors and provide appropriate treatment. (Photo: UHN)

New treatments bring hope of eradicating Hepatitis C



Just weeks after receiving the news he had been cured of Hepatitis C, Lance Gibson teamed up with Dr. Jordan Feld to run the Scotiabank Toronto Waterfront Marathon to raise awareness about the virus. From left to right: Dr. Jordan Feld, Lance Gibson, and Gibson's daughter Jade Gibson. (Photo: Lance Gibson)

One of the deadliest infectious diseases in Ontario, hepatitis C, can now be virtually cured. Dr. Jordan Feld, a hepatologist at Toronto Western Hospital, led a global, multi-centred, clinical study to investigate new treatments for viral hepatitis. Published in the *New England Journal of Medicine*, the research showed that 96 per cent of patients treated with the new drug treatment were cured of their infection.

Nearly one per cent of the Canadian population is infected with Hepatitis C, which offers no early warning signs or symptoms until the condition is quite advanced. The majority of infected individuals remain undiagnosed and only a tiny minority currently receive treatment. As a result, the economic burden of viral hepatitis is high. The most costly form of treatment for patients with Hepatitis C is a liver transplant, which only buys time before the virus

attacks the new liver.

With the ability to cure viral hepatitis, Dr. Feld is also advocating for provincial, national and global strategies to prevent, diagnose, treat and ultimately eliminate viral hepatitis around the world.

[Link to full story: click here.](#)

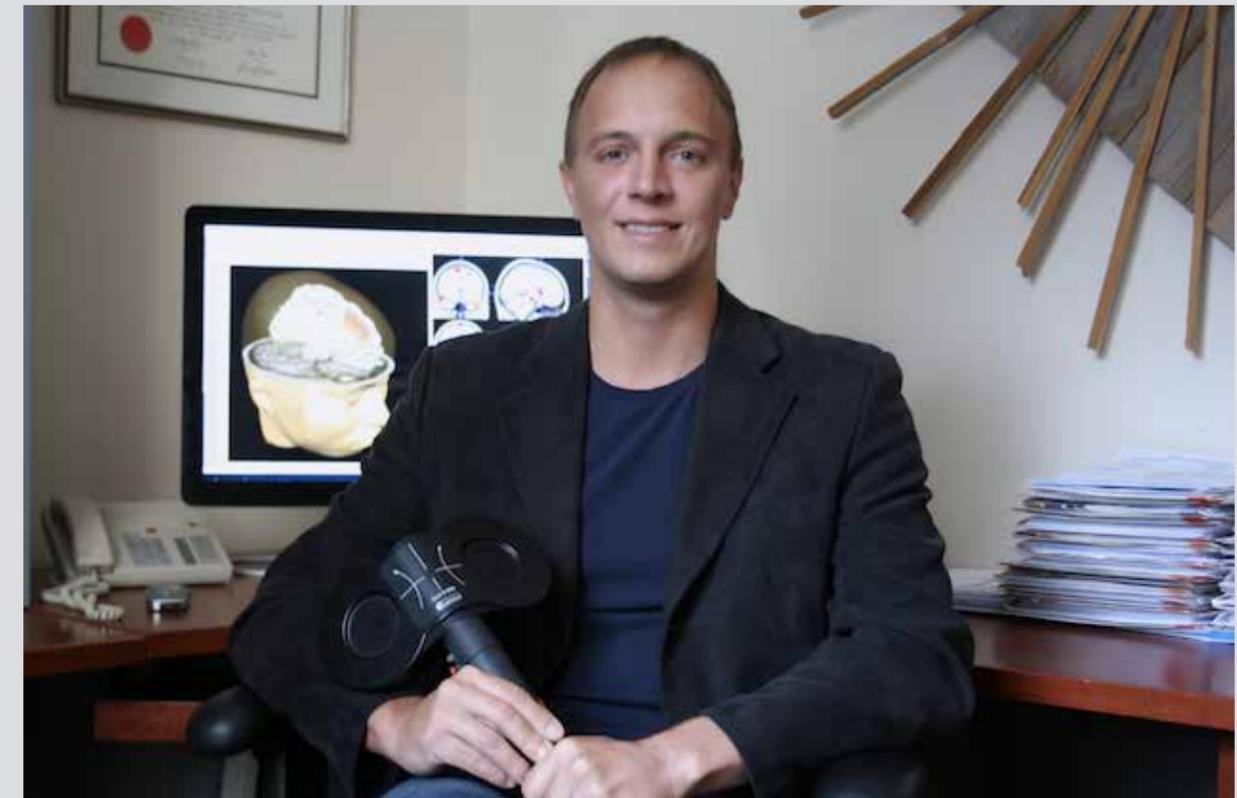
Highlights

Nephrology – Helping dialysis patients achieve independence

UHN is a global leader in providing home dialysis for patients. The health-care providers in the nephrology program partner with patients to educate them on how to administer their dialysis at home. This enables patients to be more independent and helps to create more capacity in-hospital to treat those with complex needs. As a result of the success of the home dialysis program, the Nephrology program launched EXPLORE, an education initiative, which allows international visiting scholars to emulate our model of care.

Psychiatry – Three-minute treatments for depression

Repetitive Transcranial Magnetic Stimulation (rTMS) is a new way of treating patients with treatment-resistant depression using powerful, focused magnetic field pulses to reactivate areas of the brain. The UHN rTMS clinic, in collaboration with the Centre for Addictions and Mental Health, conducted new research showing that the same beneficial effects can be achieved with a different kind of rTMS technique that is just three minutes long versus traditional 38-minute sessions.



Dr. Jonathan Downar, neuroscientist and psychiatrist at Toronto Western Hospital is a leader in the field of repetitive transcranial magnetic stimulation, a treatment that uses magnetic field pulses to activate parts of the brain for patients with depression. (Photo: UHN)

Improved care for patients with 'sickle cell crisis'

Emergency nurses, physicians and social workers are streamlining and improving the care for patients who present to the Emergency Department with a "sickle cell crisis." Patients require emergency care when their condition causes reduced blood flow throughout their body, resulting in severe pain. Increased communication with a patient in a sickle cell crisis as well as proper implementation of the sickle cell protocol is the key to improving care.

Creating Financial Strength: Achieving global impact and local accountability



From left to right: Ed Rubinstein, Lisa Vanlint, Kady Cowan, Adeline Cohen and Stewart Dankner celebrate three Green Healthcare wins for UHN at the Ontario Hospital Association (OHA) HealthAchieve Conference. The awards are: Energy Winner's Circle, Waste Reduction and Green Hospital Finalist. (Photo: UHN)

UHN's Finance, Performance Measurement, Strategic Developments and Infrastructure departments are a multi-disciplinary team focused on helping clinical teams improve patient care outcomes, and providing leadership to the larger healthcare

environment. Under increasingly challenging circumstances, the team has achieved a balanced hospital budget using strategies and closely monitoring monthly financial activities and results.

The team is highly attentive to the

renewal of facilities and equipment that will provide safe environments and innovative technology to improve patient care — which continues to be one of the biggest challenges in the health-care system.

Highlights

Energy efficiency

UHN became the first hospital to be inducted into the Energy Efficiency Winner's Circle. This award recognizes UHN as a leader to all Ontario hospitals in energy conservation, efficiency and management.

Operation TLC has helped staff turn off lights and computers when not in use, and UHN has reduced building energy use by installing more efficient equipment. The is doubly beneficial — environmentally and economically — as utility bills are lowered by about \$1 million a year.

UHN received the OHA Waste Management Award, recognizing efforts in the 3Rs: Reducing, Reusing & Recycling. Though just 20 votes shy of the Green Hospital of the Year award, UHN was acknowledged as a finalist. On the upside, it is a great honour to be nominated and something to strive for next year.

UHN also won the Smart Commute Employer of the Year award for sustainable transportation, a competition amongst workplaces across the Greater Toronto and Hamilton Area (GTHA). [click here](#)

Used Beds head to West Africa

UHN purchased 150 new beds for our patients at Princess Margaret Cancer Centre and Toronto General Hospital. Thanks to UHN's Energy & Environment department, instead of landfill or scrap metal recycling, the 150 20-year-old beds were given a new lease on life in Liberia in West Africa. [click here](#)

Finance business case – behind the scenes teamwork

The UHN Transplant Outpatient Pharmacy is Canada's first and only transplant specialty pharmacy. It would not have happened without the expertise provided by UHN's Finance team. [click here](#)



From left to right: Clinical Pharmacist Dipika Munyal, double lung transplant recipient Dave Paterson, and Transplant Outpatient Pharmacy Operations Leader Shabdis Djazayeri, do a final check on Dave's medications before he goes home to Ottawa. Djazayeri and team were able to prepare all his medications in one hour after his prescription was ordered, ensuring a seamless and fast transition home. (Photo: UHN)

ConnectingGTA — Wherever patients go, they want their information to follow



Dr. Peter Rossos, UHN Chief Medical Information Officer, co-leads the ConnectingGTA Clinical Working Group, an interprofessional clinical team that determines the design, workflow and implementation priorities to best support regional care. (Photo: PhotoGraphics UHN)

Whether you work as a healthcare provider, or have experienced the system as a patient, many of us have seen up close what works and what needs improvement. ConnectingGTA, a hub for electronic health information in central Ontario, is striving to address some of the most common challenges expressed by patients: long waits for results, repeat tests, being asked for the same information multiple

times, carrying medical records and medication. UHN's SIMS team, under the direction of Lydia Lee, Senior Vice President and Chief Information Officer, University Health Network, is working with eHealth Ontario, the ConnectingGTA solution owner and operator to develop a regional electronic health record for health care organizations and clinicians across central Ontario that serves

as a foundation for the province-wide electronic health record (EHR). "We started with a simple idea," says Lydia. "Wouldn't it be great if the information we needed to make care decisions was all in one place? Seeing this concept come to life, making information available at our clinicians' fingertips and having a real difference in the patient experience is amazing."

Funded by eHealth Ontario and Canada Health Infoway, ConnectingGTA integrates electronic health information so that clinicians can have a more comprehensive view of an individual's health history. Starting with the information needed most by clinicians, the system captures critical information such as lab results, diagnostic imaging reports, discharge summaries and community assessments, and makes it available to clinicians across central Ontario. Up to 20,000 users are expected by the end of 2015.

Dr. Peter Rossos, UHN's Chief Medical Information Officer co-leads the ConnectingGTA Clinical Working Group, an interprofessional clinical team that determines the design, workflow and implementation priorities to best support regional care.

"More than 200 clinicians were directly involved in the development process to best understand the needs of care providers and their patients," says Dr. Rossos.

"The clinical priorities were established in the early stages of the project. Our major efforts currently relate to alignment with existing technology, data quality and availability, privacy and governance policies."

Dr. Rossos says the goal is to deliver a core solution that will allow all clinicians within Central Ontario to deliver better and safer care within their existing work environments.

Highlights

GTA West Diagnostic Imaging Repository Program

GTA West Diagnostic Imaging (DI) Repository program is a shared, regional repository that now provides UHN clinicians access to patients' diagnostic imaging results from healthcare organizations outside UHN. In 2014, the program expanded to include Independent Health Facilities (IHF's).

Rogers Innovation Gift

The Rogers Information Technology Innovation gift will support UHN to co-develop the infrastructure and innovative applications and communication approaches needed to enable cutting edge healthcare delivery.

'We want every person at UHN to feel valued and respected'



Staff from across UHN urge their colleagues to "skill up, stand up and speak up" for respect and civility in the workplace. (Video: UHNToronto YouTube)

UHN is committed to building compassionate, caring and collaborative work environments where team members feel safe and supported to provide optimal service and care to UHN's patients and their caregivers. The Respect & Civility@ Work Campaign is a new initiative to further strengthen UHN's positive workplace culture.

The campaign began with the launch of rounds and education for leaders and employees, along with an Intranet hub with resources.

A year later, UHN's Respect and

Civility Campaign continued to evolve with the introduction of a video urging everyone to "skill up, stand up and speak up," new resources and a blog telling stories about civility and respect.

"We want every person at UHN to feel valued and respected," says Emma Pavlov, Senior Vice-President of Human Resources at UHN. "This is why we must continue on this journey — until we are all working in the most respectful and inclusive workplace environment in healthcare."

Since the Respect and Civility campaign began, more than 150 sessions have been presented to 3500 staff and physicians. Response to the first year of the campaign has been very positive and employees have asked that UHN continue its focus on building respect and civility.

UHN CEO Dr. Peter Pisters is supporting the campaign, noting, "a civil and respectful work environment is one of the key conditions for safe, patient-centred care."

Highlights

Career Hub now open

Opened over the past year, UHN's Career Hub is a welcoming space at Toronto General Hospital supported by online resources, workshops and peer-led career development sessions. Whether employees want to grow in their current job, explore new directions or fine-tune their résumé — the Career Hub has resources and tools to assist them.



The Lead-Up Leadership Program is an example of the programs offered through Organization and Employee Development. (Photo: UHN)

A new and improved Employee Orientation

In February 2015, an interdisciplinary team redesigned UHN's New Employee Orientation (NEO) as part of a Lean Rapid Improvement Event. Responding to feedback from new hires and leaders, the NEO provides a weekly, interactive and inspirational introduction to UHN's culture to help new employees understand what it means to be part of UHN.

New Test Personalizes Prostate Cancer Treatment



Dr. Robert Bristow, a Senior Scientist at Princess Margaret Cancer Centre, co-led a team which developed a test that personalizes prostate cancer treatment. (Photo: UHN)

Aggressive prostate cancers can recur in 30 to 50 per cent of men treated with radiation or surgery. To improve cure rates in this group, researchers have developed a genetic test that can identify — with almost 80 per cent accuracy and in about three days — cancers that are more likely to recur.

The new test uses a sample of prostate tissue to measure genetic and physiological information that is unique to each patient's cancer. Clinicians could use the test results to help them prescribe more effective and intensive treatments to ensure that the cancer does not return.

A team co-led by Dr. Robert Bristow, Senior Scientist at Princess Margaret Cancer Centre, developed the test by examining tissue biopsy samples taken from men before they were treated with radiation or surgery.

Researchers found that the likelihood that a tumour would recur depended

on two factors: the sample's genetic information and the oxygen levels present in the tissue. The tumours with the greatest chance of recurrence — 50 per cent — after radiation or surgery had high levels of genetic abnormalities and low oxygen levels. Consequently, these

tumours should be treated using more potent therapies, such as chemotherapy, hormone therapy or therapies that target the genetic abnormalities, to prevent recurrence.

"This is personalized medicine to the hilt — the test provides more

targeted treatment options to patients based on their unique cancer genetic fingerprint and the cancer cell's surrounding environment," says Dr. Bristow.

Highlights

Inflammation in Diabetes

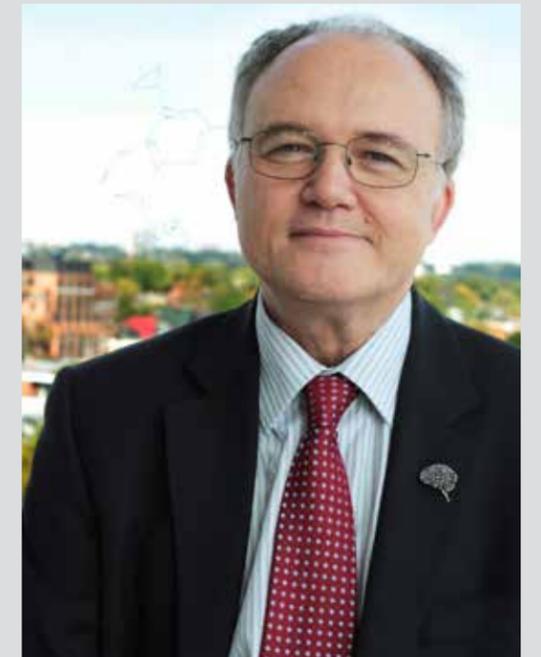
Inflammation mediated by macrophages — a type of blood cell — contributes to the development of type 2 diabetes (T2D). By altering a subset of nerves, Dr. Minna Woo promoted the anti-inflammatory activity of macrophages, which prevented the onset of T2D in an experimental model. This approach could be a powerful new strategy for preventing and treating T2D.

New medicinal chemistry facility launched

A new medicinal chemistry facility was launched at TWRI, headed by Dr. Donald Weaver, a medicinal chemist and neurologist who has led several successful drug design programs. The facility provides computational resources for drug design and modeling, and capabilities for biological screening and the preclinical development of candidate drugs.

Non-invasive technique to measure severity of obstructive sleep apnea

Fluid accumulation in the neck is associated with the occurrence of obstructive sleep apnea (OSA), when the upper airway is periodically blocked during sleep. Dr. Azadeh Yadollahi developed a non-invasive technique—using the change in breathing sounds and tissue vibrations—to measure fluid accumulation in the neck and to monitor the severity of OSA.



Dr. Donald Weaver, a medicinal chemist, neurologist and Director of Toronto Western Research Institute, has led several successful drug design programs. (Photo: UHN Research Communications)

myUHN Patient Portal: Health information at your fingertips



Tanya Di Persio, leukemia patient at Princess Margaret Cancer Centre, with her three children under the age of six: (from left to right) Nicholas, Juliana and Adam. (Photo: Tanya Di Persio)

Tanya Di Persio likes to be in control.

As a lawyer and mother of three children under the age of six, order and preparation is necessary.

Now, as a 39-year-old leukemia patient, Tanya understands the need to be her biggest advocate and stay on top of her appointments, test results and treatment plans.

Since May 2015, Tanya and patients

from select clinics across UHN have the opportunity to take a more active role in the management of their care. The [myUHN Patient Portal](#) offers patients online access to their personal health information from UHN's electronic patient record.

In October 2014, six months after giving birth to a baby girl, Tanya was diagnosed with leukemia and began seeing Dr. Mark Minden, oncologist and hematologist at Princess

Margaret Cancer Centre.

Dr. Minden, an early adopter of myUHN, believes the portal will reduce anxiety among patients waiting for results and improve the quality of clinical documentation.

"Even when the news isn't positive, most patients would rather know the results than have to wait and anticipate the worst – that's the hardest part," says Dr. Minden.

"My husband and I are particularly savvy with the computer so keeping track of appointments will be much easier," says Tanya.

Once a patient has access to myUHN, they can see all UHN appointments, results and clinical documentation.

Early adopters of the portal, include:
• Clinics/teams at Princess Margaret: Breast Cancer Survivorship, Leukemia (Dr. Minden only), Endocrine (Drs. Ezzat, Brierley and Tsang only), Testis
• Clinics/teams at Toronto General:

Red Blood Cell Disorders and Renal Management Clinic

For now, myUHN is only available in the clinics listed above to evaluate it and to help us learn how patients will use it.



What does myUHN Patient Portal mean for patients and families? (Video: UHNToronto YouTube)

Highlights

Conference & Educational Technology Services (CETS)

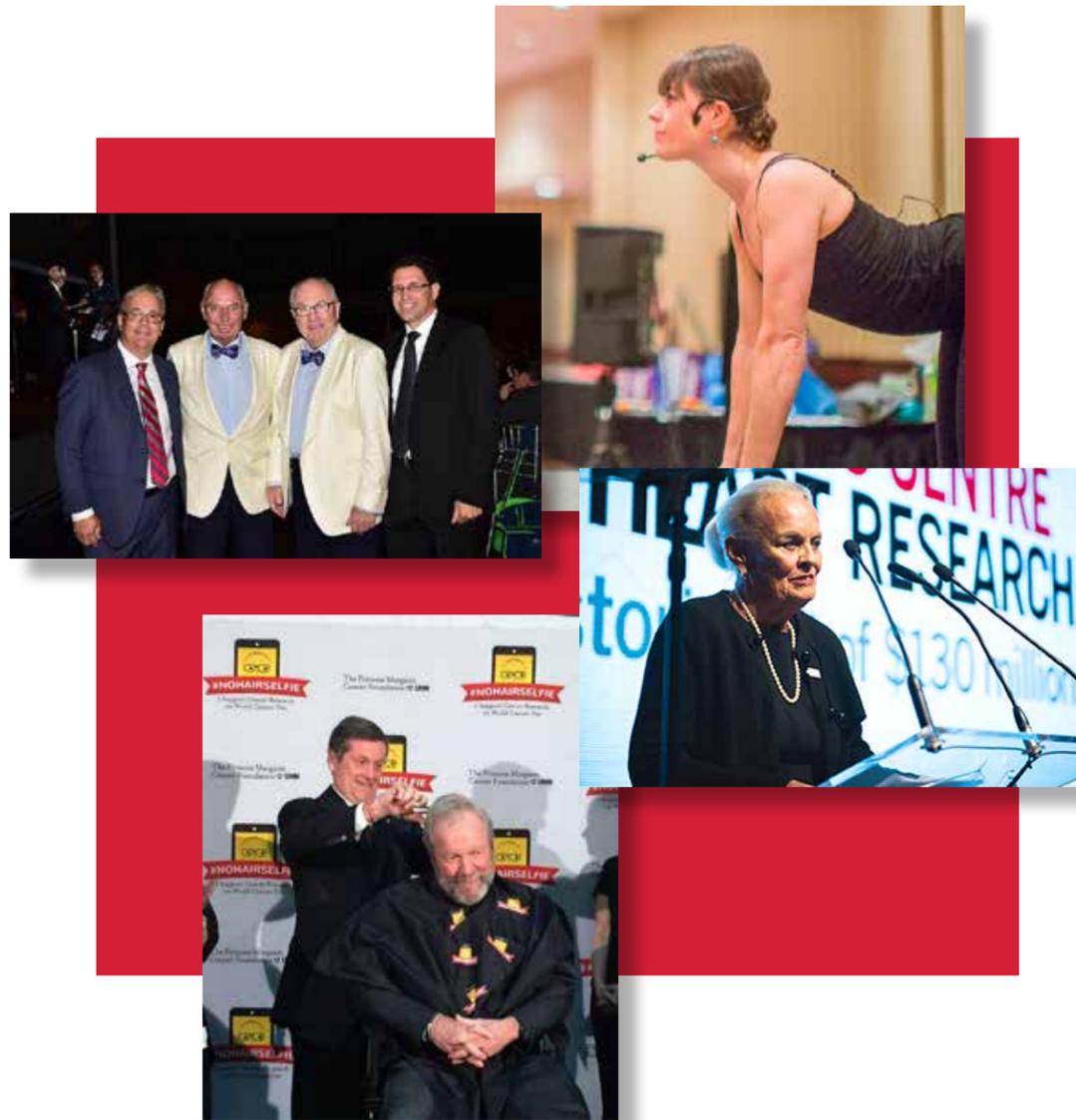
The Conference & Educational Technology Services (CETS) portfolio is pleased to announce that the BMO Education & Conference Centre in the Krembil Discovery Tower at Toronto Western Hospital is open. The new, state-of-the-art facility can accommodate 200 people. The audio visual services are second to none and allow for real time broadcasting from our OR's directly into the Centre. This facility will enable education to reach all corners of the world.

Education Development

Our Education tagline at UHN is: "We are all teaching. We are all learning." We are also, "all learning to teach." That has been the focus of educational development work over the past year and has included drafting of teaching competencies for everyone involved in teaching at UHN and growth of programs that support the building of teaching skills. We look forward to sharing these teaching resources over the coming year.

Learner Registration System

Nearly 7000 student/trainees from 24 health professions join UHN for clinical placements each year. To manage these high volumes and ensure our learners are ready to deliver care on their first day, we have been working with SIMS to plan a registration system solution that tracks and effectively onboards our learners. It streamlines mandatory orientation processes across the organization, ensuring tracking, compliance, safety and quality care. The tracking phase for medical learners was rolled out over the past year and work on the remaining 23 health professions is underway.



Foundations

Four partner foundations are critical to UHN's efforts to achieve global impact and make a difference in patients' lives.

Each foundation helps with the creation of new medical and research facilities, recruitment and retention of the world's best healthcare professionals, the establishment of Chairs, Fellowships and Professorships and more.

Our foundations and their fundraising efforts are key to ensuring UHN's progress, development and success in delivering the best in patient care.

Generosity + Imagination = Innovation



Dorrie Dunlop established The Edward Dunlop Challenge Research Grant in honour of her late husband. (Photo: UHN)

In 2001, the Arthritis Research Foundation (ARF) received a generous gift of an endowment from The Edward Dunlop Foundation to honour the late war hero, successful businessman and former Ontario Cabinet Minister.

Mr. Dunlop's volunteer activities were dedicated to arthritis research and education. With this in mind, his wife, Dorrie Dunlop, established The Edward Dunlop Challenge Research Grant. Given annually, the \$25,000 award is unique because it provides seed money for pilot projects in the area of arthritis and autoimmune disorder research.

Although Mrs. Dunlop passed away over the past year, the Dunlop legacy will continue. Mrs. Dunlop's philosophy was that "whether an idea succeeds or fails, there is always something to be learned by trying. Without someone taking a chance on a new idea, discovery will not happen."

To date, The Edward Dunlop Challenge Research Grant has funded 12 unique projects, allowing the successful recipients to continue their important research.

This past year, the award was granted to Dr. Joan Withers. Her project will provide insight into the immune system and may lead to finding new biomarkers of disease activity and, ultimately, to new and better treatments.

The Dunlop family is delighted to see the legacy established by Mrs. Dunlop continue.



More than \$1.8 million has been raised for arthritis research in the Foundation's Power of Movement Yoga Challenge. (Photo: ARF)

Highlights

Beat Arthritis Campaign

The Beat Arthritis Campaign, launched over the past year, is a major step forward in the Foundation's fight against arthritis and autoimmune diseases. It is ARF's strong desire to look back one day and know that a difference was made to the lives of people living with arthritis and autoimmune disease. Now is the time to launch a campaign to raise funds for research and ignite a movement that will Beat Arthritis!

Power of Movement Yoga Challenge

The Foundation's Power of Movement Yoga Challenge has raised more than \$1.8 million. It continues to inspire people of all ages across Canada to raise awareness and money for arthritis research.

Shave, Share and Donate



Toronto Mayor John Tory couldn't resist the invitation to take the scissors to Gary Slight, broadcaster, philanthropist and huge supporter of Princess Margaret Cancer Centre. Friends, co-workers and family donated over \$620,000 in support of Gary's shave. (Photo: Malinda Denbok/The PMCF)



Free #NoHairSelfie app gave people the opportunity to get a virtual cut. (Photo: iTunes)

The Princess Margaret Cancer Foundation launched an all-new social media fundraising campaign called [#NoHairSelfie](#) in early January 2015. It culminated on February 4 — World Cancer Day.

The campaign drew attention to the many side effects of cancer treatment impacting patients, with the most visible and often most difficult being hair loss.

The #NoHairSelfie web site encouraged visitors to join the movement either by doing an actual head shave or a virtual one (using the free app) and sharing the selfies on their social media. All "hair-ticipants" were encouraged to use their selfies to raise awareness and funds to support cancer research.

"The response to the #NoHairSelfie campaign went well beyond our

expectations," says Paul Alofs, President and CEO of the Foundation. "The app was named best new app by Apple, and it was downloaded more than 57,000 times. Over 21,000 #NoHairSelfies were posted in the online gallery, and the campaign raised over \$1.8 million."

Many of the campaign participants were cancer survivors, including Dawn Murphy who raised more

Highlights

'A Golden Day'

On October 15, 2014, The Princess Margaret Cancer Foundation celebrated the halfway point in its five-year Billion Dollar Challenge. The Challenge is a partnership between the Foundation and researchers at The Princess Margaret. At the halfway point, the partnership has raised \$576 million to revolutionize cancer care by creating a new gold standard: Personalized Cancer Medicine. ibelieveit.ca/

Joe's Team achieves major milestone

This year, the Joe Finley Centre for Head and Neck Cancer Research was created at The Princess Margaret. Joe's Team triathlon/duathlon has become one of Canada's most successful grassroots fundraising initiatives. Thanks to Joe's devoted wife, Cara, and their children and close friends, the event continues following his death in 2010, and has raised over \$10 million. joesteam.ca/

Taking our passion to conquer cancer to the fairways

The inaugural [Golf to Conquer Cancer](#) presented by Harry Rosen was held in June 2014, and raised more than \$800,000 — making it the largest single-day golf fundraiser for cancer research in Canada. The event was held at the exclusive Coppinwood Golf Club in Uxbridge, Ontario.



Dr. Peter Pisters, President and CEO of University Health Network, and Paul Alofs, President and CEO of The Princess Margaret Cancer Foundation, with two Mounties at the celebration of the halfway point in the Foundation's Billion Dollar Challenge. Six gold bars were on display representing a \$3.2 million donation from the gold mining industry. (Photo: TPMHF)

than \$9,000. "#NoHairSelfie gave my friends, family and colleagues the opportunity to show their solidarity for those of us still on our treatment journey or in remission," she says.

On World Cancer Day, a news conference was held at Princess

Margaret Cancer Centre, and a #NoHairSelfie Buzz-Off & After Shave Party was held later in the day at the Steam Whistle Brewery. Lead fundraisers, Gary Slight, broadcaster and philanthropist, and Harley Mintz, co-Chair of Deloitte,

helped to draw great audiences for both these events.

[Link to full story: click here.](#)

A world-first collaboration makes history



History in the making: Martha Rogers, TGWHF Board Member Dr. Bernie Gosevitz, Rogers Communications Board Chair Alan Horn, Loretta Rogers, Dr. Barry Rubin, Medical Director, Peter Munk Cardiac Centre and Edward Rogers at the announcement of a \$130-million gift to create the Ted Rogers Centre for Heart Research. (Photo credit: John Loper)

On November 20, 2014, the Rogers Foundation announced a landmark \$130-million gift shared by UHN, Sick Kids and the University of Toronto to create the [Ted Rogers Centre for Heart Research](#). The Centre is the first in the world to bring together research in individualized genomic medicine, stem cell research, bioengineering, and cardiovascular treatment under one umbrella. TGRI Director Dr. Mansoor Husain

was appointed Interim Director of the Ted Rogers Centre for Heart Research and he is tasked with setting a roadmap to ensure that the Centre moves forward with its goal of reducing hospitalizations from heart failure by 50 per cent within the next 10 years.

"We are tremendously proud and tremendously grateful that the Rogers Foundation has chosen to honour Ted's legacy through this

historic donation," said Tennyson Hanson, President and CEO of TGWHF. "This announcement is wonderful news for our clinicians and researchers within Peter Munk Cardiac Centre and the McEwen Centre for Regenerative Medicine, and for Canada overall."

The Rogers family's support of UHN goes back over 15 years. Loretta Rogers has served on the TGWHF Board of Directors since 2005 and

has served as a Board Champion for the Peter Munk Cardiac Centre Campaign. "Ted believed in progress and in innovation and knew that raising money for heart research was essential," she said, referring to her late husband's public battle with heart disease.

Approximately \$47 million of the Rogers' gift will come through TGWHF, making it the largest single gift in the Foundation's history.

[Link to full story: click here.](#)



Loretta Rogers announcing the \$130-million gift to create the Ted Rogers Centre For Heart Research. (Photo credit: John Loper)

Highlights

The Campaign to Cure Arthritis

The Campaign to Cure Arthritis has raised \$38 million — surpassing the original goal of \$25 million — thanks to recent gifts from Angela and David Feldman, the Krembil Foundation, and the Arthritis Program's own medical leadership. With the Campaign's help, a new trial to test the safety of stem cells in early knee osteoarthritis is underway at Toronto Western Hospital. [click here](#)

A Grand fundraiser

Thanks to the support of sponsors, donors, participants, chefs and wine makers, the 10th Annual Grand Cru Culinary Wine Festival raised \$1.8 million for Toronto General Research Institute and Toronto Western Research Institute. Founded by TGWHF Board Member Todd Halpern, Grand Cru has raised more than \$18.2 million since 2005. [click here](#)

\$1 million gift

George and Terrie Eaton made a \$1 million gift to UHN's Multi-Organ Transplant Program to establish a Kidney Bioengineering Research Program, focused on more rapid assessment of donor kidneys, donor organ repair and kidney bioengineering. George is a TGWHF Board Champion for the Transplant Campaign.

Gala for Hull-Ellis Concussion Clinic & Research Centre



(Left to Right) Dr. Paul Comper, Dennis Hull, Ron Ellis and Dr. Mark Bayley at TWIINS Gala, which raised more than \$600,000 for the Hull-Ellis Concussion Clinic & Research Centre at Toronto Rehab. (Photo: TWIINS Tribute/System 4 Productions)

On October 1, 2014, more than 700 guests and Canadian sporting legends gathered for TWIINS: A Toast to Ron Ellis and Dennis Hull, two of Canada’s hockey greats. More than \$600,000 was raised, with net proceeds establishing the Hull-Ellis Concussion Clinic & Research Centre at Toronto Rehab.

“There is a clear opportunity to improve access to specialized

concussion care in Ontario,” says Dr. Mark Bayley, Toronto Rehab’s Medical Director of the Brain & Spinal Cord Rehab program and newly-appointed holder of the Saunderson Family Chair in Acquired Brain Injury Research. “It is our duty as health professionals to enhance system change.

“Donor support is helping to expedite essential changes in

concussion treatment.”

Under Dr. Bayley’s direction, the new clinic will be unique in offering and evaluating a full spectrum of care and interventions. Its team of physicians, researchers, physiotherapists and psychologists will include Dr. Paul Comper, a Toronto Rehab neuropsychologist and NHL Players’ Association consultant.

Highlights

Cardiac College

Participants in the On Track to Cardiac Recovery fundraising walk have raised more than \$1.5 million over the event’s history and this year helped launch [Cardiac College](#). A world first educational program, Cardiac College aims to empower virtual participants with the tools to live a heart-healthy lifestyle including healthy eating in partnership with Longo’s. [click here](#)

RBC Innovations Fund

Toronto Rehab Foundation celebrates a transformative \$1 million donation that has founded the RBC Innovations Fund and named the RBC iDAPT Innovations Gallery. This gift will accelerate advances in health research in Toronto Rehab’s iDAPT Centre and establish an integrated educational program that will inform and inspire the community about the health technologies developed here. [click here](#)



Those attending the On Track to Cardiac Recovery event in February 2015 included (Left to Right) Alex Vaccari, Richard Woods, Cindy Yelle, Sheila Casgrain, Tim Casgrain, Susan Jewell. (Photo: UHN)

Reminiscing about the pivotal roles played by Ellis and Hull during the 1972 Summit Series against Russia, Paul Henderson toasted former teammate and long-time friend, Ellis. Former Toronto Argonaut player, Michael “Pinball” Clemons, paid tribute to his friend Hull.

Brian Williams, the Dean of Olympic broadcasting and the

evening’s master of ceremonies, welcomed all in attendance, including Bobby Orr, Catriona Le May Doan, Darryl Sittler, Tie Domi, and Marnie McBean among 75 celebrity guests.

“I had my share of concussions and my doctors believe it led to some problems with depression I’ve had

later in life,” said Ron Ellis. “So this cause is very dear to my heart.”

[Link to full story: click here.](#)

Financial Highlights

For the year ended March 31, 2015

(in thousands of dollars)

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

REVENUE	\$
Ontario Ministry of Health and Long-Term Care/ Toronto Central Local Health Integration Network	1,195,114
Other patient services	204,400
Grants and donations for research and other purposes	279,206
Ancillary services and other	281,617
Amortization of deferred capital contributions	60,017
	2,020,354
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EXPENSES	
Compensation	1,275,375
Medical, surgical supplies and drugs	249,223
Other supplies and expenses	246,200
Plant operations and equipment maintenance	106,315
Amortization	103,403
Interest on long-term liabilities	16,899
	1,997,415
Excess of revenue over expenses for the year	22,939

ASSETS	\$
Current	
Cash and cash equivalents	196,311
Accounts receivable	208,463
Inventory	16,072
Prepaid expenses	16,488
Long Term	
Loans receivable	2,450
Capital assets, net	1,273,110
Long-term investments	313,042
	2,025,936
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LIABILITIES AND NET ASSETS	
Current	
Accounts payable and accrued liabilities	411,434
Current portion of long-term liabilities	19,215
Long Term	
Due to MaRS Development Trust	80,242
Deferred research contributions	181,946
Long-term debt	175,204
Employee future benefit liabilities	45,057
Deferred capital contributions	664,479
	1,577,577
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Net Assets	
Internally restricted	78,485
Unrestricted	369,827
	448,312
Accumulated remeasurement gains	47
	448,359
	2,025,936

Program Grouping Activity

UHN	Inpatient Separations *	Inpatient Weighted Cases+	CCC RUG Weighted Patient Days **	Day Surgery Cases ~	Day Surgery Weighted Cases ^	Ambulatory Visits **
Acute	35,683	85,146		31,549	6,916	958,891
Rehab	2,253	3,106				
Complex Continuing Care (CCC)	472		78,009			
Rehab and CCC Combined						100,591
Total	38,408	88,252	78,009	31,549	6,916	1,059,482

* Data is based on General Ledger for Acute, NRS for Rehab, and CCCRS for CCC, PHS for Rehab & CCC Ambulatory Visits; + 2014 HIG Grouper RIW for Acute, 2014/15 grouper year for Rehab; ** 2014/15 RUG III CMI Weights; ~ Coding (NACRS); ^ 2014 HIG Grouper 2014 CACS ON RIW; *excludes radiation fractions.

Site Activity

Site	Beds	Inpatient Days	Clinic & Day/Night Care Visits	Emergency Visits
TGH	444	157,665	254,182	47,456
TWH	285	105,239	431,061	64,735
Princess Margaret	129	44,146	273,648	
TRI - Bickle Centre	208	66,729	3,095	
TRI - University Centre	158	50,342	43,326	
TRI - Lyndhurst Centre	60	18,542	8,004	
TRI - Rumsey Centre			46,166	
Total	1,284	442,663	1,059,482	112,191

Research Activity

UHN Research Activity by Program	2014/2015
(in thousands of dollars)	
Arthritis Program	17,713
Joint Department of Medical Imaging	2,390
Krembil Neuroscience Centre	23,348
Laboratory Medicine Program	6,271
Medical and Community Care Program	29,550
Multi-Organ Transplant Program	11,928
Peter Munk Cardiac Centre	13,549
Princess Margaret Cancer Centre	201,967
Surgery & Critical Care Program	33,050
Toronto Rehabilitation Institute	14,918
Total	354,684

TRENDS Report

Inpatient and Outpatient Activity

(thousands)



Revenue

(\$ millions)



External Research Funding Awarded

(\$ millions)

