Patients as Partners in Care

2014-15 Year in Review

Read our cover story and more...
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.

Message from the CEO & Board Chair

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’


“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, channeling 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.

‘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.”

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

— Judith John

For the full video, click here.
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 10 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.
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 how donors 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.

“T...
Scott Capper’s journey from Toronto Rehab to home

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.

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.

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)

Link to full story: click here.
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: UHN/Toronto 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 outpatient 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.

Highlights

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.

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.

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 Bril, will significantly grow capacity to care for more people with neuromuscular disease; further innovative research; and educate future leaders in the field.
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.”

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.

Link to full story: click here.
GreenLight Laser transforms prostate surgery

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.

“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.”

Surgery and Critical Care

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 Quereshy, 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.
Family-centred rounds a ‘culture shift’

Introducing 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.”

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 January, 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

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.”

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.

Dr. Eva Szentgyorgyi, a pathologist in the Laboratory Medicine Program, uses digital pathology to review cases and make diagnoses. (Photo: UHN)
Focus on the person, not the tumour

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 Alyssa Macedo, Program Lead, DART.

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

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.

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.

Link to full story: click here.
First North American Stem Cell Trial for Osteoarthritis

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 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.

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

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.
Medical And Community Care

New treatments bring hope of eradicating Hepatitis C

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.

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)

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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.

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.

Link to full story: click here.
Creating Financial Strength: Achieving global impact and local accountability

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).

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.

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.

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)

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

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 (IHFs).

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’

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.

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

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 cancers 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.
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.

“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.

“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.

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.
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.
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)
Princess Margaret Cancer Foundation

Shave, Share and Donate

Toronto Mayor John Tory couldn’t resist the invitation to take the scissors to Gary Slaight, 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)

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 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 Slaight, broadcaster and philanthropist, and Harley Mintz, co-Chair of Deloitte, helped to draw great audiences for both these events.

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

Toronto Mayor John Tory couldn’t resist the invitation to take the scissors to Gary Slaight, 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)

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)

Link to full story: click here.
A world-first collaboration makes history

On November 20, 2014, the Rogers Foundation announced a landmark $130-million gift shared by UHN, SickKids 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 Tennys 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 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.

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.

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.

$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.

Link to full story: click here.
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.

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.”

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**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.

**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.
### Financial Highlights

For the year ended March 31, 2015  
*(in thousands of dollars)*

Full audited statements are available at [www.uhn.ca](http://www.uhn.ca).

**Revenue**

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<th>Description</th>
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</thead>
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<tr>
<td>Ontario Ministry of Health and Long-Term Care/</td>
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<tr>
<td>Toronto Central Local Health Integration Network</td>
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<td>Other patient services</td>
<td>204,400</td>
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<tr>
<td>Grants and donations for research and other purposes</td>
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<td>Ancillary services and other</td>
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<td>Amortization of deferred capital contributions</td>
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**Expenses**

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<td>Medical, surgical supplies and drugs</td>
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<td>Other supplies and expenses</td>
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<td>Plant operations and equipment maintenance</td>
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<td>Amortization</td>
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<td>Interest on long-term liabilities</td>
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<td><strong>1,997,415</strong></td>
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<td>Excess of revenue over expenses for the year</td>
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**Assets**

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<td>Cash and cash equivalents</td>
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<td>Accounts receivable</td>
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<td>Inventory</td>
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<td>Prepaid expenses</td>
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<td>Long Term</td>
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<td>Loans receivable</td>
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<td>Capital assets, net</td>
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<td>Long-term investments</td>
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**Liabilities and Net Assets**

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<td>Current</td>
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<td>Accounts payable and accrued liabilities</td>
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<td>Current portion of long-term liabilities</td>
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<td>Long Term</td>
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<td>Due to MaRS Development Trust</td>
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<td>Deferred research contributions</td>
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<td>Long-term debt</td>
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<td>Employee future benefit liabilities</td>
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<td>Deferred capital contributions</td>
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<td>Net Assets</td>
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<td>Internally restricted</td>
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<td>Unrestricted</td>
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<tr>
<td>Accumulated remeasurement gains</td>
<td>47</td>
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<td></td>
<td><strong>448,359</strong></td>
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Program Grouping Activity

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<tr>
<th></th>
<th>Inpatient Separations *</th>
<th>Inpatient Weighted Cases+</th>
<th>CCC RUG Weighted Patient Days **</th>
<th>Day Surgery Cases ~</th>
<th>Day Surgery Weighted Cases ^</th>
<th>Ambulatory Visits *</th>
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<tbody>
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<td>UHN</td>
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<td>Acute</td>
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<td>Rehab</td>
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<td>Complex</td>
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<td>Continuing Care (CCC)</td>
<td>472</td>
<td>78,009</td>
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<tr>
<td>Rehab and CCC Combined</td>
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<tr>
<td>Total</td>
<td>38,408</td>
<td>88,252</td>
<td>78,009</td>
<td>31,549</td>
<td>6,916</td>
<td>1,059,482</td>
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</table>

* 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.

Research Activity

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<tr>
<th>UHN Research Activity by Program</th>
<th>2014/2015</th>
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<td>(in thousands of dollars)</td>
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<td>Arthritis Program</td>
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<td>Joint Department of Medical Imaging</td>
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<td>Krembil Neuroscience Centre</td>
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<td>Laboratory Medicine Program</td>
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<td>Medical and Community Care Program</td>
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<td>Multi-Organ Transplant Program</td>
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<td>Peter Munk Cardiac Centre</td>
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<td>Princess Margaret Cancer Centre</td>
<td>201,967</td>
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<tr>
<td>Surgery &amp; Critical Care Program</td>
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<tr>
<td>Toronto Rehabilitation Institute</td>
<td>14,918</td>
</tr>
<tr>
<td>Total</td>
<td>354,684</td>
</tr>
</tbody>
</table>

TRENDS Report

| Inpatient and Outpatient Activity |
|----------------------------------|----------|
| (thousands)                      |          |
| 10/11                            | 1163     |
| 11/12                            | 1390     |
| 12/13                            | 1406     |
| 13/14                            | 1464     |
| 14/15                            | 1502     |

<table>
<thead>
<tr>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>($ millions)</td>
</tr>
<tr>
<td>10/11</td>
</tr>
<tr>
<td>11/12</td>
</tr>
<tr>
<td>12/13</td>
</tr>
<tr>
<td>13/14</td>
</tr>
<tr>
<td>14/15</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>External Research Funding Awarded</th>
</tr>
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<tbody>
<tr>
<td>($ millions)</td>
</tr>
<tr>
<td>10/11</td>
</tr>
<tr>
<td>11/12</td>
</tr>
<tr>
<td>12/13</td>
</tr>
<tr>
<td>13/14</td>
</tr>
<tr>
<td>14/15</td>
</tr>
</tbody>
</table>

Site Activity

<table>
<thead>
<tr>
<th>Site</th>
<th>Beds</th>
<th>Inpatient Days</th>
<th>Clinic &amp; Day/Night Care Visits</th>
<th>Emergency Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TGH</td>
<td>444</td>
<td>157,665</td>
<td>254,182</td>
<td>47,456</td>
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<tr>
<td>TWH</td>
<td>285</td>
<td>105,239</td>
<td>431,061</td>
<td>64,735</td>
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<tr>
<td>Princess Margaret</td>
<td>129</td>
<td>44,146</td>
<td>273,648</td>
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<tr>
<td>TRI - Bickle Centre</td>
<td>208</td>
<td>66,729</td>
<td>3,095</td>
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<tr>
<td>TRI - University Centre</td>
<td>158</td>
<td>50,342</td>
<td>43,126</td>
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<tr>
<td>TRI - Lyndhurst Centre</td>
<td>60</td>
<td>18,542</td>
<td>8,004</td>
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<tr>
<td>TRI - Rumsey Centre</td>
<td></td>
<td></td>
<td></td>
<td>46,166</td>
</tr>
<tr>
<td>Total</td>
<td>1,284</td>
<td>442,663</td>
<td>1,059,482</td>
<td>112,191</td>
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</tbody>
</table>