

UNIVERSITY HEALTH NETWORK

Sharpening the Focus at UHN

2016–17 Year in Review



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
Michener Institute





(L to R): John Mulvihill, outgoing Chair of the University Health Network Board of Trustees, Dr. Peter Pisters, President and CEO of UHN, and Brian Porter, incoming Chair. (Photo: UHN Visual Services)

Message from the CEO & Board Chair

The theme of this year's Annual Report – Sharpening the Focus at UHN – looks at how the achievements of the past year have set the stage for UHN's future.

This was an incredible year of renewal throughout UHN and a pivotal time in the organization's history. We made remarkable progress in each of our eight Areas of Focus, which is illustrated in the report's opening section, strengthening our culture while laying the foundation for the strategic planning process now underway. A central piece of this work was refreshing our Purpose, Values & Principles by engaging thousands in the UHN community. It created a profound new purpose and also helped us establish a hierarchy of values.

Our primary value at UHN is the needs of patients come first. This, along with our values of safety, compassion, teamwork, integrity and stewardship are central to the stories of remarkable patients, dedicated staff and inspiring researchers and students we share in the second section – our Year in Review. We also spotlight the accomplishments of our three foundations, which continue their vital work to help UHN continue as a Canadian leader in patient care, education and discovery.

Peter Pisters *John Mulvihill*

This was an incredible year of renewal throughout UHN and a pivotal time in the organization's history.

A year of sharpening focus, defining purpose and living values



Dr. Peter Pisters, President and CEO,
*is the Executive Lead on Purpose,
Values & Principles, and Strategy.*
(Photo: UHN Visual Services)

UHN is on a journey of renewal, leveraging our past successes to establish the foundational supports for a new strategic plan that will enable us to sustain the excellence we have achieved in our everyday work and define where we are going tomorrow.

Vital work on this journey was completed in 2016-17. Building on our refreshed management and board structure, and the eight Areas of Focus that were established in 2015-16, we collectively created our Purpose, Values & Principles (PVP). These statements are the reflection of a tremendous commitment on behalf of the entire UHN organization and provide us with the foundation on which we will build our Strategic Plan over the first seven months of 2017-18.

UHN's PVP is designed to anchor the organization in core values and create a strong values-based, patient-centred culture. The PVP process helped us define our purpose – “Transforming lives and communities

through excellence in care, discovery and learning.” It’s a statement that exemplifies what we do now but will last for generations as our cornerstone.

The renewed PVP was made public at the end of November at seven events held at all sites, which included speeches by UHN Patient Partners and President and CEO Dr. Peter Pisters amid a festive atmosphere of cake, pop-up photo booths and life-size cardboard cutouts of our community members.

UHN’s PVP is designed to anchor the organization in core values and create a strong values-based, patient-centred culture.



Emma Pavlov, Executive Vice-President Human Resources and Organizational Development, and Michener Operations,
is an Executive Lead on Caring Safely, Team Engagement and Michener Integration. (Photo: UHN Visual Services)

We are all working to make the PVP statements an integral part of our daily lives at UHN. It articulates why all of us come to work each day – whatever our job. The values of safety, compassion, teamwork, integrity and stewardship resonate personally with our staff. The primary value – “The needs of patients come first,” – strikes a chord because it’s not only the underpinning for our organization-wide strategy, decision-making and resource allocation, but also gives voice to the reason most of our staff chose careers in healthcare – to make a positive difference in the lives of patients.

Along with our PVP, the other Areas of Focus anchor our everyday work as we strive together to transform lives and communities with every interaction. We had a number of key accomplishments in these other areas, which are fundamental on our journey of renewal.

At UHN, our people are our greatest asset and we want a high-quality work environment for our team. Team Engagement in 2016-17 saw an enhancement of the culture of engagement through coaching, providing feedback and skills building. In response to what we heard in the Employee Engagement Survey, Unleashing Peak Performance (UPP), UHN’s new performance management system, was launched. We are also continuing to develop a safer, stronger workplace through the implementation of our Caring Safely Workplace strategy; and, addressing barriers to staff engagement and refreshing the way we identify and develop leaders within the organization.

These values resonate personally with our staff.



Dr. Charlie Chan, Executive Vice-President and Chief Medical Officer, is an Executive Lead on Caring Safely, Patient Experience, Team Engagement and Clinical Optimization.
(Photo: UHN Visual Services)



Mike Nader, Executive Vice-President and Chief Operating Officer, is an Executive Lead on Caring Safely, Patient Experience and Clinical Optimization.
(Photo: UHN Visual Services)

In Caring Safely, we developed comprehensive action plans to move towards a culture of safety. Daily safety huddles are now fully entrenched on all our sites, a clear demonstration of our commitment to our core values of safety and stewardship, and tangible evidence of the promise we are making to patient and workplace safety through this transformation.

Caring Safely education for leaders began rolling

out late in 2016-17 and will continue into the latter part of this year. A core course, which will be taken by all staff organization-wide began in March 2017. Central to this work is “one UHN chasing zero” – a local reference to the 2010 documentary on healthcare harm and a phrase which defines our efforts to eliminate preventable harm to patients and staff.

We developed comprehensive action plans to move towards a culture of safety.

In Patient Experience, patients and caregivers were engaged in more than 100 activities. The Patient Experience Roadmap was introduced in 2016-17 in response to new Accreditation Canada standards as well as several Ontario government legislated requirements. The year also saw the roll-out of our myUHN Patient Portal. An achievement of both our IT Transformation and Patient Experience teams, it's a secure digital website where patients can see all of their UHN appointments, results, reports and clinical documentation across UHN in real time. The initial sign-up rate of nearly 1,000 patients per week over the first four months since its expansion on Jan. 30, 2017 offered tangible evidence of the pent-up demand for it.

Finding safer, smarter and simpler ways of providing care is at the heart of the Clinical Optimization Area of Focus. In 2016-17, the key development was the creation of the Office of Stewardship and Sustainability (OSS), which is designed to ensure UHN is using

its resources in the best possible way and on our priorities. A focus for the OSS was the development of an Overcapacity Protocol to help our hospitals deal with increasing demands for care.

The year also saw the roll-out of our myUHN Patient Portal.



Dr. Brian Hodges, Executive Vice-President, Education, is an Executive Lead of Michener Integration. (Photo: UHN Visual Services)

The integration of The Michener Institute of Education at UHN creates a first-of-its-kind Canadian health sciences centre which bridges the gap between the education of many different health professions and clinical care. This new entity will allow us to rapidly adapt professional education to meet pressing challenges, better integrate clinical practice and

research with education, and deploy innovative healthcare education solutions in Ontario and beyond. A successful first full year of the integration in 2016-17 saw the identification of further education and research opportunities.

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Dr. David Jaffray, Executive Vice-President, Technology and Innovation, is an Executive Lead of IT Transformation, and Research and Innovation. (Photo: UHN Visual Services)

The IT Transformation Area of Focus is building the foundation to digitally-enable the great work being done at UHN. It is bringing together more than 22 IT teams across the organization, restructuring the way they function, and aligning their focus to our purpose and strategy. This new team, UHN Digital,

will accelerate innovation, patient care, research and education, and enhance UHN's ability to digitally collaborate inside and outside the organization. A transformative first year established the Digital leadership team, and brought together hundreds of collaborators to design new ways of working.

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Dr. Brad Wouters, Executive Vice-President, Science and Research, is an Executive Lead of Research and Innovation.
(Photo: UHN Visual Services)

UHN is an institution that fuels inquiry and fosters world-leading innovation, research and discovery. In 2016-17, Research and Innovation had three key activities – achieving better alignment of research operations, funding sources and industry partnerships; investing in next-generation

infrastructure to support UHN’s research priorities; and streamlining participation in clinical research and access to data through the launching of the Coordinated Approval Process for Clinical Research (CAPCR) v2.0.

UHN is an institution that fuels inquiry and fosters world-leading innovation, research and discovery.

Given the large amount of work accomplished in the eight Areas of Focus in 2016-17, and understanding that our strategic plan is still under development, the focus will now be on five areas for 2017-18. Our strategic plan, which will be released in October 2017 and take effect on April 1, 2018, will articulate how we will transition from these five Areas of Focus to four areas of foundational, everyday priorities, and three long-range goals for the future (our Big Dot goals). This framework will then be used to align and orient the rest of the organization over time, and will guide future work related to facilities and financial planning, so that we can achieve UHN’s vision and mission,

and ensure employees and stakeholders are working toward common goals.

UHN is a national asset. We have so much to be proud of in our history and in the tremendous work we accomplished in 2016-17 to set the stage for our exciting future. There is still much work to be done and a lot of challenges to overcome. However, we have started to see the impact within the organization, and we have achieved a number of substantial improvements in how we live our primary value – the needs of patients come first.

A note of thanks from our Executive Team

Our Board of Trustees also experienced a transition this year, as John Mulvihill finished his term as Board Chair. Over the past year John has been transitioning his responsibilities to Brian Porter, who will officially take on his role as Chair during our Annual General Meeting.

John has been an integral member of UHN, both in his role as a Trustee and Chair of the Board. Since becoming Chair in 2009, he has been at the helm for remarkable changes at UHN – the establishment of UHN as a research hospital, the integrations of both Toronto Rehabilitation Institute and the Michener Institute, the establishment of the Krembil Research Institute, the evolution of Toronto’s life sciences ecosystem and the growth of MaRS from its infancy to the vibrant community it is today.

We have all greatly appreciated the vision, critical thought and enthusiasm he has brought during his time here. Thank you John for all you’ve done to ensure the continued success of UHN.

Heart function day unit open for business in new space



Tucked away at one end of the long hallway in the fifth floor Ambulatory Cardiac Clinics area of the Peter Munk Cardiac Centre (PMCC), a bright new space is now open. And

Carlos Gaspar, along with Registered Nurse Suzanne Hemeon, was the first to occupy it.

Gaspar had aortic valve surgery at PMCC in January 2016 and while recovering at a rehabilitation centre, contracted a virus that left him with Congestive Heart Failure. As a result, he requires regular treatment, which is where the room fills a void.

“The treatment room is for short-term out-patient therapy, interventions and infusions,” says Suzanne. “These are treatments which could take up to three or four hours and do not require continuous monitoring.”

Among the treatments patients receive in the large, airy space: intravenous Lasix, iron infusions, first

dose antibiotics for patients going home on homecare, dressing changes, intravenous (IV) fluid replacement for dehydrated patients, blood transfusions, and IV medication administration.

The Richard A. G. Robinson Heart Function Day Unit was made possible through philanthropy via the Ted Rogers Centre for Heart Research, and is seen as beneficial for both patients and staff for a variety of reasons, including:

- Appointments can be scheduled to coincide with clinic visits if needed
- Appointments can be ordered upon assessment of the patient (in the moment) to manage symptoms
- Patients remain ambulatory in the clinic for monitoring and further decision-making
- Instills confidence in the patient and decreases wait time

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

Also Making News

Website helps with writing a better Discharge Summary

Mom dances again: Stroke patient to dance at son's wedding

UHN volunteers provide HELP for patients



Suzanne Hemeon, RN Coordinator, Ambulatory Cardiac Clinics, provides care to 77-year-old Carlos Gaspar, a congestive heart failure patient, inside the newly-opened Richard A.G. Robinson Heart Function Day Unit at the Peter Munk Cardiac Centre. (Photo: UHN)

Sealing babies' vessels and a lasting legacy: Dr. Karel terBrugge retires from Medical Imaging



Etched in one man's legacy are the words Founding Father, President, Editor-in-Chief, Chair, Head and Site Chief. A collection of prestigious titles decorate the long and lustrous career

of Dr. Karel terBrugge, who, after 40 years of clinical service and leadership with the Joint Department of Medical Imaging (JDMI), has retired from his role as Head of the Division of Neuroradiology and Site Chief of Medical Imaging at Toronto Western Hospital. (TWH)

But for 12-year old Audrey Fennell, he is simply her hero.

It was back in January 2004. Sheila Fennell had just given birth to beautiful twin girls, Audrey and Hannah. Two days later, she received the discouraging news: Audrey had been diagnosed with Vein of Galen Malformation (VGM).

This rare, life-threatening condition, which has been described as “Niagara Falls of the brain” due to the rush of blood to the brain, usually develops *in utero* during the embryonic stage of development, and is a result of abnormal connections between the arteries and veins in the brain.

With little time to save Audrey's life, she was immediately transferred to SickKids Hospital. She weighed just four pounds. The healthcare team wanted Audrey to gain more weight before they performed surgery but within 24 hours, they realized they couldn't control the heart failure any longer.

“We were told to prepare for the worst,” recalls Sheila. “Dr. terBrugge informed us of the seriousness of Audrey's condition and the high risk associated with the procedure, but we had very little choice.”

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



Dr. Karel terBrugge achieved many prestigious titles during 40 years of clinical service, but to one young patient and her family, he is a hero. (Photo: UHN)

Also Making News

Caring Safely patient story: ‘I was all that mattered to her.’

New Michener blog post launches with simulation education

Epilepsy diet clinic offers hope for patients with hard to control seizures

National Nursing Week: 'A UHN nurse is...'



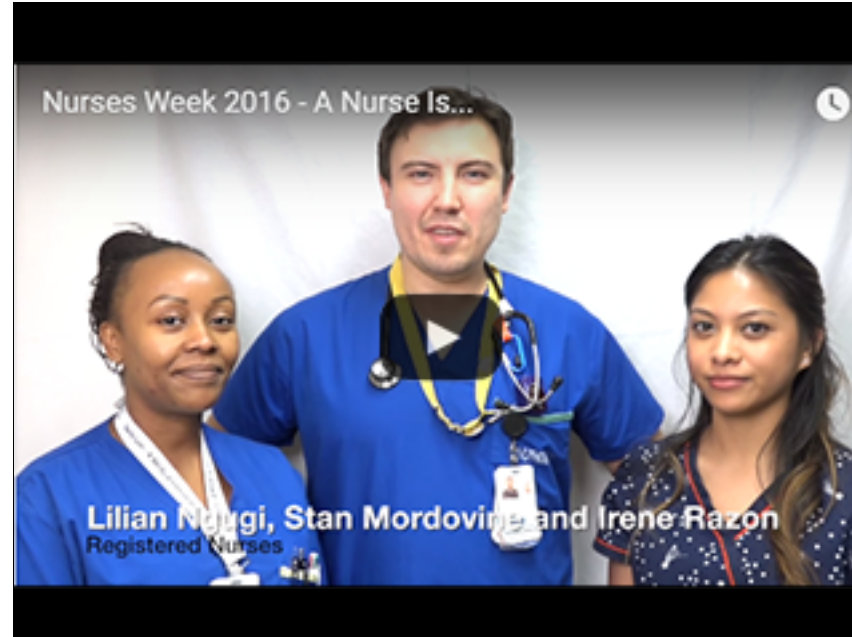
The slogan for 2016 National Nursing Week was nurses are “with you every step of the way.”

But here at UHN, we think they're much more. And, it turns out, so do they.

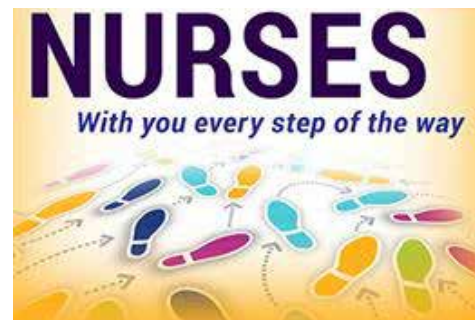
There are about 4,200 nurses at UHN, making them the largest professional group in our workforce.

We got some of them together and asked them to complete the sentence, “A UHN nurse is...”

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



There was no shortage of suggestions for how to finish the sentence, “A UHN nurse is...” (Video: UHN)



Also Making News

Brain cancer at 26 – How cancer changed Brandon's life

Concussion clinic begins treating patients

Ontario Premier visits UHN to showcase partnership

'Be Amazed'—UHN's World Class Multi-Organ Transplant Program



UHN's world-leading Multi-Organ Transplant Program is Canada's largest – performing nearly 600 transplants every year and providing world-class follow-up care to more than 5,000

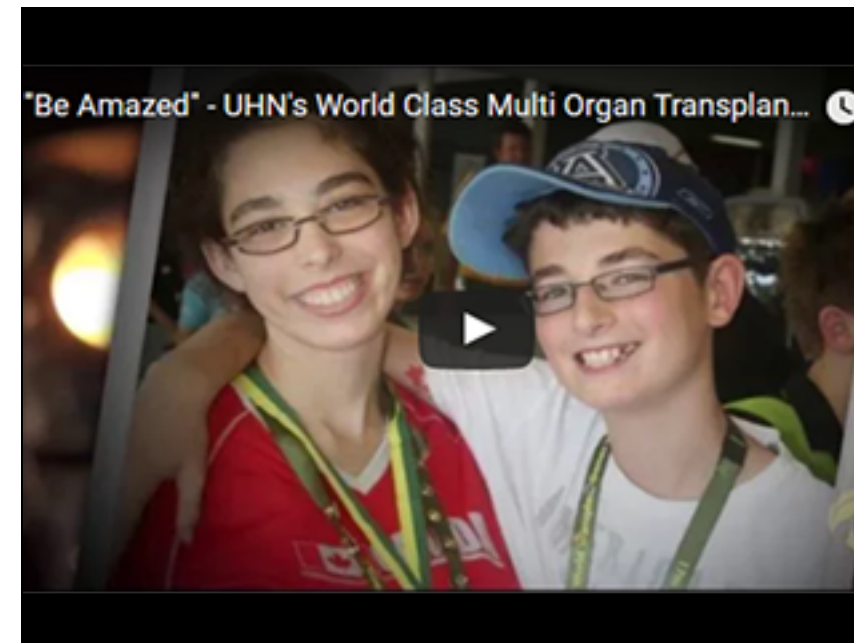
transplant recipients.

Based at Toronto General Hospital, it is one of the top five transplant centres in the world thanks to excellence

in kidney, liver, lung, heart, pancreas and intestinal transplant procedures.

The program is also a leader in living donor transplantation and innovative, cutting edge bench-to-bedside research – most notably pioneering the *ex-vivo* technique of organ assessment and repair.

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



This short film, directed by award-winning Canadian filmmaker Barry Avrich, pays tribute to UHN's amazing Multi-Organ Transplant Program, which is based at Toronto General Hospital. (Video: Toronto General & Western Hospital Foundation)

Also Making News

First global summit about hypertrophic cardiomyopathy

Stroke patient grateful to Krembil team that 'saved my life'

Two UHN start-ups join Johnson & Johnson Innovation

And, the winner is...UHN



A nurse practitioner at Toronto General Hospital, the former Executive Assistant to the five most recent UHN CEOs and the team behind a new discharge summary

program at Toronto Rehab are this year's winners of the Local Impact Award.

The Local Impact Awards, which were presented at the Annual General Meeting, began in 2015 and are given to an employee or team whose work has significantly improved patient care or the workplace for staff at UHN.

The response to the award was once again overwhelming.

"This is the second year of the Local Impact Awards and we have already received a combined 100

nominations," said Dr. Michael Baker, Rose Family Chair in Medicine and co-chair of the awards committee. "It has quickly become a tradition of recognizing excellence.

"The quality of the nominations for this year's awards was outstanding and represented people and groups who have helped make UHN an excellent place for patient care."

The three award winners were:

Ruth Gopaul, former Executive Assistant to Dr. Peter Pisters, President and CEO

Susan Jenkins, Nurse Practitioner – Thrombosis and Hemostasis Clinic at Toronto General Hospital

The Patient Oriented Discharge Summary (PODS) Team at Toronto Rehab's Lyndhurst Centre

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



Ruth Gopaul, pictured here with four of the five UHN CEOs for whom she was Executive Assistant (L to R) Tom Closson, Dr. Peter Pisters, Dr. Alan Hudson and Dr. Bob Bell, was described by her nominators as "an invaluable resource, a beloved co-worker and a trusted confidante." She also worked for Interim President and CEO Justine Jackson, who was unable to attend Ruth's retirement celebration where this photo was taken. (Photo: UHN)

Also Making News

Meet the hand transplant patient

Chair in skull base surgery helps cement legacy for Krembil neurosurgeon

Transitional pain service at TGH helps wean patients off opioids (TGH)

Morning motivation: How one nursing team is staying energized on the job



Since 1981, Jackie Boyce has been caring for patients as a registered nurse at Toronto Rehab's Bickle Centre for Complex Continuing Care – and she couldn't be happier.

So, what's her secret?

According to Jackie, it's a supportive team, staying energized on-the-job, and striking a healthy balance between work and home life.

For the past year, Jackie and her fellow nurses on Bickle Centre's Special Care Unit – who care for patients who require assistance for most or all of their needs – started "Special Care Morning Stretch and Exercise," a wellness initiative to kick-start their mornings.

The initiative came out of UHN's Employee Engagement Survey, which saw a need for an action plan to enhance wellness and team building at work.

"Thirty-five years ago, wellness wasn't really on the radar," says Jackie.

"But as we get more and more patients who are increasingly complex, it's important to incorporate personal and team wellness to accommodate this challenging and physical environment."

After their huddle every morning, the nursing team takes five minutes to exercise and stretch, with a different nurse leading the activity every day.

UHN's Wellness team agrees that taking time – even five minutes out of the day – to focus on improving overall health and well-being can have many benefits for both employees and employers.

A healthy organization translates into a more productive and resilient workforce.

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



Toronto Rehab – Bickle Centre nurses on the Special Care Unit have a new favourite morning ritual. Jackie Boyce, registered nurse, describes the impact of "Special Care Morning Stretch and Exercise" and how it works. (Video: UHN)

Also Making News

Former Krembil patient walks 500 miles for Parkinson's disease

UHN recognized for green leadership

Dr. Peter Pisters: Renewal sets stage for future success

First wheelchair accessible garden blossoms at Bickle



Toronto Rehab is painting the hospital green this summer with UHN's first wheelchair accessible garden at Bickle Centre for Complex Continuing Care.

Toronto Rehab's Bickle Green Team received funding from *TD Friends of the Environment* to start a collaborative effort involving staff, patients and the Parkdale community organization Greenest City, to create a 1,200-square-foot community garden located in the heart of Bickle Centre's property.

The six plant beds are elevated, enabling a wheelchair accessible, inclusive gardening experience for all patients and staff to enjoy.

A group of green thumbs at Bickle, including staff from recreational therapy, speech language pathology, nursing, clinical nutrition, spiritual care, volunteer resources, maintenance, management and administration, gathered in summer for a planting

workshop led by Ayal Dinner, Executive Director at Greenest City, and Arlene Hazzan Green, Co-Owner & Operator, The Backyard Urban Farm Company.

"This has been a great team-building exercise," says Paula Cripps-McMartin, Clinical Director, Bickle Centre. "We're working together to create something new, learn from each other, and have some fun while we're doing it."

According to a recent UHN survey, 98 per cent of staff indicated environmental protection was important to them.

Bickle's garden project aims to promote these values and increase environmental accountability through local food production, water conservation, waste reduction, and educating the community on the role of urban gardens for environmental protection.

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



Over summer, the Bickle Gardening Group gathered for a planting workshop led by Parkdale community organization, Greenest City. Richard Khoo, Clinical Project Lead, Bickle Redevelopment (left) and Klara Siber-Simic, Spiritual Care Practitioner, enjoyed the sunshine and soil. (Photo: UHN)

Also Making News

Peter Munk Cardiac Centre aiming to understand the patient experience in real time

The ultimate assist: one hockey parent donates liver to another

Diversity initiative at UHN works to promote awareness and inclusion

Re-imagining outpatient care to fit patient needs



A patient with diabetes arrives at the Toronto Western Hospital (TWH) Emergency Department feeling unwell. Something is wrong with the person's blood sugar levels and kidney function.

After being assessed by Emergency staff, the patient is stable and can probably go home safely after being given some medication, but will need a follow-up appointment with a specialist within the next few days – something that the Emergency Department isn't equipped to arrange.

As a precaution, the patient gets admitted to hospital and referred to the General Internal Medicine (GIM) unit. On the one hand, this is a guaranteed way to ensure the patient will see a specialist, but on the other the person ends up staying overnight at the hospital.

It's an inefficient way of getting patients to the specialist they need.

That's why the TWH GIM team has reimagined how they deliver care – setting up new clinics and reorganizing current ones to fit patient needs, keeping patients out of the hospital and, for those who do need to be admitted, getting them discharged sooner.

"Over 90 per cent of patients who come to the Emergency Department and are referred to GIM get admitted, and we were also aware of a high number of patients being admitted for only 24 hours," says Dr. Tom MacMillan, Staff Physician, GIM.

"Taken together this indicated to us that our team needed to come up with a better system to assess and follow up with these patients as well as keep them out of the hospital."

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



Dr. Tom MacMillan (L) and GIM resident Dr. Kevin Venus go over patient referrals before starting their day in the GIM clinics. TWH GIM has restructured its outpatient care to ensure patients receive the care they need without being admitted to the hospital (Photo: UHN)

Also Making News

Seventeen safety achievement badges earned in program's first year

Research team discovers biomarkers that cause spine osteoarthritis

Early intervention in psychosis program helps patients lead full lives

Off-duty UHN nurse helps resuscitate man after heart attack



It was a warm, summer Sunday morning when Hailey Couroux was suddenly awoken from a deep sleep by her alarmed mother. Hailey, a Registered Nurse in Toronto General Hospital's General Internal Medicine unit (GIM), was urgently needed outside where someone had collapsed.

Minutes earlier, Hailey's mother had noticed a lot of unusual noise in the field behind their house. When she looked out, she noticed a man was down and the people around him were trying to perform CPR.

"She burst into my room and said, 'I think someone is in cardiac arrest!'" explains Hailey.

"I jumped out of bed, ran downstairs, and as I was about to run outside, I realized I didn't have pants on!

So my mom just handed me the pyjama pants she was wearing."

The man on the ground was Alistair Kinnear. He had experienced cardiac arrest during a weekly soccer game with friends. Hailey, in collaboration with two St. John Ambulance Burlington Branch volunteers present at the game, saved Alistair's life that day.

Alistair has recovered since this incident in the beginning of July, and he is now playing soccer again.

"It's not often that one sees the community act in concert as it did the morning of my heart attack," says Alistair. "Everyone knew precisely what to do, and did it unthinkingly.

"For that, my family and I will be eternally grateful."

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

Also Making News

Zika virus: What you need to know

Curing liver cancer at the nano level

UHN staff lend their expertise to improve safety in radiation medicine



Hailey Couroux, a nurse for nearly two years, explained that helping a man after a cardiac arrest in a park was very different compared to helping patients alongside a medical team in hospital. (Photo: UHN)

Olympic bronze golden moment for mom



Nerissa Maxwell is tremendously proud her son won a bronze medal at the Summer Olympics.

But more than anything, she's just thankful she lived to see him compete for Canada in Rio.

"It's exciting," Nerissa, a UHN employee since 1989 who is nurse manager of 5B Fell at Toronto Western Hospital (TWH), says of the podium finish by son Brendon Rodney and his team in the men's 4 x 100m relay. "You look at it and say: 'Oh, my gosh.'

"And, I'm so grateful that I was here to see this. I'm very grateful to be alive."

Last winter, having already booked her holidays to be able to be in Rio to cheer on Brendon if he secured his spot on Team Canada, Nerissa fell ill. She was diagnosed with a brain aneurysm and underwent surgery. It was successful and she is on the long road to recovery, getting stronger daily.

While she wasn't well enough to make the trip earlier this month to Brazil to support Brendon as he competed in the 200 metres and the relay, Nerissa says, "I stayed home and cheered him on through the TV" and kept in touch with texts and phone calls before and after each of his races.

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



Recovering from surgery for a brain aneurysm, Nerissa Maxwell had to cancel plans to go to Rio but says she's "so grateful" to have survived to see her son, Brendon Rodney, win a bronze medal in the 4 x 100 m relay at the Summer Olympics. (Photo: Courtesy Nerissa Maxwell)

Also Making News

Marking the anniversary of a loved one's death

Krembil doctor plays supporting role in production of TIFF film

Toronto Centre aims to transform how we diagnose and treat liver disease

'I come to work for patients': UHN Environmental Services staff member discusses role in patient care



Pat Mason has been making her "rounds" at Toronto General Hospital (TGH) for more than 35 years, with her own special dose of healthy cheer.

A resource of information to medical staff, a provider of hugs to concerned families, and a conversation-buddy to patients who are healing, Pat considers the role of Environmental Services staff to be much more than maintaining the cleanliness of the hospital.

"I love my job. I come to work for patients," explains Pat, who now works in the transplant step-down unit on the 10th floor at TGH.

"The staff look at me as more than a housekeeper. They view me as a team member who's working with them and their patients."

For this year's International Housekeeping Week, *UHN News* profiled Pat, who explained what she enjoys about housekeeping, and how she helps create exceptional

patient and staff experiences.

In 2003, when SARS hit and visitors to the hospital were limited, Pat felt that the patients needed a way to connect with the outside world. So, she started picking up *Metro Toronto* newspapers and handing them out to the patients on her floor every morning. At the time, she worked in the transplant inpatient unit on the seventh floor of TGH.

This is a practice she has maintained for the past 13 years. Every day of the work week, Pat's shift starts at 7 a.m., but she is at the hospital at 6 a.m. – first distributing the paper to patients on the seventh floor, and then to those on the 10th floor.

"The patients look forward to it," explains Pat.

"Many say, 'Thank you. If it wasn't for you, I'd be staring at the wall.'"

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

Also Making News

Toronto Rehab team goes outside hospital walls for seniors

Grant allows Krembil researcher to use imaging to study Alzheimer's

Landmark agreement standardizes cancer care training



Pat Mason sees the role of Environmental Services as team members to other departments who are critical in patient care. (Photo: UHN)

Toronto Rehab and Michener team up on aging simulation



Noosha Afshin Jah's hands shake and her voice wavers as she arrives for her appointment. Her joints ache, she's uneasy on her feet and she relies on a cane for mobility and support. She's

having trouble seeing clearly and tasks that were once easy for her – such as reading small print or getting in and out of a chair – have become significantly more difficult.

Luckily, the frailty she is experiencing is temporary. Noosha, an occupational therapist at Toronto Rehab's Musculoskeletal (MSK) and Multi-System Rehabilitation Program, is taking part in a simulation facilitated by The Michener Institute of Education at UHN that mimics the experience of becoming frail with age.

Noosha is wearing a bright orange jumpsuit – the frail aging simulation suit – equipped with straps,

bands and weights that limit movement in her joints and force her to walk slowly and with a pronounced hunch. She wears goggles that limit her vision, earplugs that impair her hearing and gloves that reduce her sense of touch. All together, the suit simulates many of the physical characteristics associated with frailty.

The frail aging simulation suit is part of the "Working With Seniors" specialty program offered by The Michener Institute to help healthcare workers gain a better understanding of the healthcare needs of an aging population. The suit immerses its wearer into the experience of what simple activities might feel like for a frail older adult, helping to change participants' perspectives on providing senior-friendly care.

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



To gain a deeper understanding of what frail aging might feel like for many of her patients, Noosha Afshin Jah, Occupational Therapist at Toronto Rehab, stepped into the shoes of an older patient and participated in an aging simulation at The Michener Institute of Education at UHN. (Photo: UHN)

Also Making News

First education day focused...adults born with heart disease

Blood transfusions are now quicker, simpler for patients

Finding a new home for unused medical supplies

Wheelchair wedding dance for Toronto Rehab patient and daughter



Tuesday, June 7, 2016, is a day that 64-year-old Jason Monas, and Ruth, his wife of 39 years, will not soon forget.

It was about 1:45 a.m. when Jason awoke to use the washroom. He stepped out of bed and began to walk down the hall – except something was wrong – his legs felt wobbly and he couldn't seem to stabilize without holding onto the walls for support.

Once he finally reached the washroom, he lost his balance and fell. Ruth called 9-1-1.

Later that day, Jason was diagnosed with Guillain-Barré Syndrome (GBS), a rare neurological disorder in which the body's immune system attacks the nerves, causing progressive paralysis starting from the feet and taking over the rest of the body.

Jason, a healthy gym-goer and active cyclist used to riding 60 km with his friends in the summer

months, could feel the tingling sensations spreading throughout his body. Over the next few weeks following his diagnosis, despite medication and treatment, his condition and overall mobility drastically declined.

He couldn't help but think of the impact of his condition on a family milestone event only a few short months away – his 28-year-old daughter Alanna would be getting married.

In mid-July, Jason was re-diagnosed with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), and like GBS, it's caused by damage to the covering of the nerves, called myelin. Left untreated, 30 per cent of CIDP patients will progress to wheelchair dependence. Early recognition and proper treatment can avoid a significant amount of disability.

On July 25, Jason was admitted to Toronto Rehab's Lyndhurst Centre, for extensive rehabilitation therapy.

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

Also Making News

Linking health literacy and patient safety

Peter Pisters FB Live: Caring Safely transformation

Team hopes new book leads to better understanding of low back pain



There wasn't a dry eye in the room when 28-year-old Alanna Monas and her father, Jason Monas, who was diagnosed with Chronic Inflammatory Demyelinating Polyneuropathy in July, met on the dance floor in September to perform an unforgettable dance on her wedding day. (Video: Video Productions by Josh, <http://www.videobyjosh.com>)

UHN PVP celebrations: 'If you look at what we've accomplished, it's absolutely fantastic.'



Calling it the reflection of “a tremendous commitment” on behalf of the entire organization, President and CEO Dr. Peter Pisters has launched UHN's new Purpose, Values and Principles (PVP).

“I'm just so proud of the amazing work that has taken place throughout the organization,” Dr. Pisters told a couple of hundred people in the lobby of Toronto Western Hospital (TWH) in the first of seven PVP celebrations that took place across UHN.

“We collected ideas. We sought input. We got incredible contributions.”

Amid a festive atmosphere featuring cake, a pop-up photo booth and life-size cardboard cutouts of staff, volunteers and Patient Partners, Dr. Pisters outlined the main themes of a PVP nearly a year in the making. The process began, he said, with “asking ourselves

some very important questions,” including why we exist as an organization and what is it that creates the passion in all of us as we do our work?

Dr. Pisters said the purpose statement – “Transforming lives and communities through excellence in care, discovery and learning” – is something that “exemplifies what we do” and will endure.

“This will be a purpose statement that will last for generations,” he said. “There should be no reason for any other group of UHN employees to ever change the statement.

“When people write the history of UHN, there will be a chapter on what the 2016 team did – all 15,000 of us – how we came together, how we crafted this statement and how this statement has stood the test of time.”

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

Also Making News

Heart Failure Patient receives milestone implant at Peter Munk Cardiac Centre

Most winter boots too slippery to walk safely on ice

Preserving donor lungs makes transplant more elective



Velma Bailey, a nurse at Toronto Western Hospital, presses an inky thumb onto the “Leaf your thumbprint” display to show her commitment to the PVP as part of a celebration in the hospital lobby. (Photo: UHN)

Dr. Pisters and fellow UHN leaders speak candidly about their medical errors



Three senior leaders at UHN are discussing medical errors they made on the job.

In candid and sometimes painful detail, UHN President and CEO, Dr.

Peter Pisters, Chief Medical Officer Dr. Charlie Chan, and Dr. Joy Richards, VP Patient Experience & Chief Health Professions, discuss a moment in their career they will never forget.

The conversations are part of the Caring Safely initiative underway at UHN. It's built on the understanding that a key step on the path to becoming a High Reliability Organization committed to zero preventable harm among patients and in the workplace, is building a just culture free from shame and blame when it comes to mistakes.

In the early 1980s, Dr. Richards was just 18 months into her nursing career when she made a medication error.

"It was a dose of codeine that as I was pouring it, I thought - this isn't right," she says in the video. "But I thought I read the order, I thought I read it right, and so I didn't question it."

It turns out the dosage was 50 times the amount prescribed.

As in all three cases highlighted in the video, Joy's patient was informed of the error and made a full recovery.

All three UHN leaders who spoke out in the video hope to raise awareness about preventable medical harm and reinforce the urgency and need to strive toward having zero incidents.

"As leaders we need to talk about those failures," Dr. Richards says.

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



In the latest video spotlighting UHN's Caring Safely initiative and the effort to build a just culture free from shame and blame, President and CEO Dr. Peter Pisters, and fellow UHN leaders Dr. Charlie Chan and Dr. Joy Richards, discuss medical errors they made. (Video: UHN)

Also Making News

TGHRI researcher Donna Stewart on postpartum depression

Liver transplant patients could become free of immunosuppressive drugs

TRI researcher Frank Rudzicz on his robot for dementia and Alzheimer's

myUHN Patient Portal: a patient and a doctor tell how it's made a difference



Carrie Orfus Gelkopf has been a patient at UHN since 2004, predominantly at Toronto General Hospital and Princess Margaret Cancer Centre.

Over the years, she says her interaction with physicians and others on her care team "has always been with the utmost of caring and respect and I have always been made to feel part of my care."

But recently, that connection has reached a whole different level. She was introduced to myUHN Patient Portal, a new digital patient experience, when she became a patient of Dr. Richard Tsang at the Endocrine Clinic at the Princess Margaret.

"It opened up a whole new world for me," Carrie says of the secure website where patients can see all of

their UHN appointments, results, reports and clinical documentation across UHN in real time.

myUHN also allows patients to share their information with others such as their caregivers or family doctor. And, it has patient education resource links to help in interpreting health information.

"It has empowered me, and by extension my family, to become partners in my care," says Carrie, a busy wife and mother of four who spends a lot of time travelling for her volunteer work in the community.

myUHN began with a phased rollout in May 2015. It was made available to all patients starting Jan. 30, 2017.

It's just one example of how UHN is transforming lives and communities and above all else, putting the needs of patients first.

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



Carrie Orfus Gelkopf, (middle, wearing scarf) pictured with her husband and their four children, says myUHN Patient Portal "has empowered me, and by extension my family, to become partners in my care." (Photo: Courtesy Carrie Orfus Gelkopf)

Also Making News

Final words on UHN's first Caring Safely Month

UHN-created tool for obesity wins national award

UHN's Digital future is coming

Work of UHN scientists among first projects for BlueRock Therapeutics, a new stem-cell research company



In one of the largest investments ever seen in the bio-tech industry, two multinational firms are investing US\$225 million to launch a Toronto-based stem-cell therapy company, BlueRock Therapeutics, which will initially focus on the work of two UHN scientists.

The work of Dr. Gordon Keller, a world leader in stem cell biology and head of the McEwen Centre for Regenerative Medicine, and Dr. Michael Laflamme, a cardiac cell therapy pioneer and Senior Scientist at Toronto General Hospital Research Institute, will be part of BlueRock's first efforts to commercialize an approach to regenerating heart muscle in patients who have had a heart attack or suffer from chronic heart failure.

The investment, by German drug maker Bayer AG and United States-based venture-capital firm Versant Ventures, was formally announced at a news conference in the MaRS Discovery District.

"I truly believe that establishing BlueRock Therapeutics at this time is both a visionary and a bold move that will lead to new therapies for the treatment of cardiovascular disease," Dr. Keller told the audience, which included Federal Minister of Innovation, Science and Economic Development, Navdeep Bains, Ontario Premier Kathleen Wynne, Ontario Minister of Research, Innovation and Science, Reza Moridi, and Rob and Cheryl McEwen, whose philanthropy established the McEwen Centre, as well as officials from Bayer and Versant, and the scientific, medical and University of Toronto communities.

"The launching of BlueRock Therapeutics, in my view, is truly transformative and it will go a long way, be a major step forward, to establishing Toronto as a global leader in regenerative-medicine based therapeutics," added Dr. Keller, who is also a Senior Scientist at Princess Margaret Cancer Centre and a Professor at the U of T.

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



Federal Minister of Innovation, Science and Economic Development, Navdeep Bains, addresses a news conference at MaRS Discovery District announcing the creation of BlueRock Therapeutics as (L to R) Ontario Premier Kathleen Wynne, Dr. Brad Wouters, UHN's EVP Science & Research, and Dr. Gordon Keller, head of the McEwen Centre for Regenerative Medicine, look on. (Photo: UHN)

Also Making News

Krembil research prompts rethink on established vision recovery theory

Hep C transmitted through lung transplant cured in three months

McEwen Centre scientists produce functional heart pace maker cells

Student advocates for peer reviewed asthma app



From logging sleep and exercise, to tracking heart rate and blood pressure, mobile apps have become fixtures for people looking to monitor their health. There is no shortage of smart phone applications to offer the latest tools and techniques that claim to help keep us healthy.

Now, one student at The Michener Institute of Education at UHN is advocating for standardized, peer-reviewed apps to help those living with asthma safely manage their health.

Third-year Respiratory Therapy student Shirley Quach's research on the subject recently earned her the Dr. Renate Krakauer Research Scholarship, and an opportunity to present in May at the Canadian Society of Respiratory Therapists (CSRT) conference in Halifax.

After coming across a smart phone app that acts as an asthma diary for patients and a data-gathering tool for researchers, Shirley immediately wanted to know the scientific validity of the app in question.

The app claims to help asthma patients track their asthma triggers and identify their symptoms, however according to Shirley, there was no evidence that the app had gone through the rigorous peer-review process required of many other medical resources.

"We have Canadian Consensus Guidelines on how asthma should be managed," Shirley says. "Any of the Consensus Guidelines created for asthma management are evidence-based and peer-reviewed."

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



Shirley Quach, a third-year Respiratory Therapy student at The Michener Institute of Education at UHN, is advocating for a standardized, peer-reviewed apps to help those living with asthma safely manage their health. (Photo: UHN)

Also Making News

Prostate cancer researchers discover genetic fingerprint

TWH goes above and beyond in quest for stroke distinction

Toronto Rehab trio of inventors tackles sleep apnea

Living without lungs for six days saves a mom's life



In a bold and very challenging move, thoracic surgeons at Toronto General Hospital (TGH) removed severely infected lungs from a dying mom, keeping her alive without them for six days, so that she could recover enough to receive a life-saving lung transplant.

This is believed to be the first such procedure in the world.

It was made possible by advanced life support technology, a dedicated and diverse surgical, respirology, intensive care and perfusion team, as well as the grit and gumption of the patient, Melissa Benoit, and her close-knit family.

"This was bold and very challenging, but Melissa was dying before our eyes," recalls Dr. Shaf Keshavjee, Surgeon-in-Chief, Sprott Department of Surgery at UHN, one of three thoracic surgeons who operated together on Melissa to remove both her lungs. "We had

to make a decision because Melissa was going to die that night.

"Melissa gave us the courage to go ahead."

Melissa, then 32, was brought into TGH's Medical Surgical Intensive Care Unit (MSICU) in early April 2016, sedated and on a ventilator to help her laboured breathing. For the past three years, Melissa, who has cystic fibrosis, had been prescribed antibiotics to fight off increasingly frequent chest infections.

A recent bout of influenza just before her hospital admission had left Melissa gasping for air, with coughing fits so harsh that she fractured her ribs. Her inflamed lungs began to fill with blood, pus and mucous, decreasing the amount of air entering her lungs, similar to a person drowning.

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

Also Making News

Overcoming obstacles par for the course for international students

Marking Black History Month at UHN

Better blood profiles predict diabetes more accurately



Melissa Benoit, who was kept alive without lungs for six days before a successful transplant, plays with daughter Olivia, 2, before news conference detailing what's believed to be the world's first such procedure. (Photo: UHN)

Four days in a hospital hallway: UHN taking action on overcapacity



Imagine it's your vacation and you arrive at your sunny destination only to be told your room isn't ready.

You sit in the lobby, watching the clock, feeling discouraged as minutes

turn into hours, then days, and the waiting area becomes increasingly over-crowded, noisy, chaotic, and you can't find an employee who can tell you when the waiting will end.

Now, imagine if rather than a tropical resort it was a hospital emergency department, and the waiting was in a hallway and lasted four days.

This was a reality back in 2008 for Chris Taylor, now a UHN Patient Partner offering his unique insights in the development of UHN's Overcapacity Protocol and action plan.

Chris recently joined more than 80 UHN leaders and team members across four hospital sites and many disciplines – including nurses, physicians, professional practice, supports services and more – for a rigorous two-day workshop.

It was led by UHN's Lean Process Improvement team to kick-off the development of an action plan to ensure the right patient receives the right care in the right amount of time, especially when the hospital is in a state of overcapacity.

"This work directly supports our focus on Caring Safely and team engagement," says Mike Nader, EVP and Chief Operating Officer, who along with Dr. Charlie Chan, EVP and Chief Medical Officer, are spearheading efforts to optimize clinical operations at UHN and recognize that while changing practices and organizational culture is difficult, it's also necessary for sustainability.

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



Chris Taylor, a grateful patient who credits UHN for his second chance at life, also feels an obligation to share the challenging experiences patients face within the Ontario healthcare system – and spark the conversations on how we can improve. (Photo: Courtesy Chris Taylor)

Also Making News

Living history: nurse reflects on 50 years of service at TWH

Princess Margaret Cancer Centre and Terry Fox RI part of innovative project

Immune therapy scientists discover distinct cells that block cancer-fighting cells

Dr. Runjan Chetty discusses his error of distraction: 'It was an awful feeling.'



It was a number of years ago, before Dr. Runjan Chetty became Interim Medical Director of the Laboratory Medicine Program at UHN. He was known for an open door policy in his office, so several colleagues came in seeking his input on a lab initiative as Dr. Chetty was reviewing a patient's pathology case.

"While we all think we can multi-task, we're really not very good at it," Dr. Chetty says now. "We can manage our time to do multiple things throughout a day, but doing even two things simultaneously leaves us unnecessarily susceptible to errors."

That day, the conversation in his office eventually required some mediation. Dr. Chetty weighed in and offered his opinion while finishing up the pathology report, sending the results to the patient's treating physician.

Problem was, he left out the most important part of the report – the diagnosis.

And it wasn't until several weeks later that Dr. Chetty realized his error.

The "cliff-hanger" report revealed itself when a new case came in from the same patient. It was a different biopsy sample this time, and when Dr. Chetty looked at the patient's previous pathology report, signed out by him, he saw the abrupt conclusion – he left out the diagnosis.

"It was an awful feeling," he says. "Realizing you made a mistake that causes worry and uncertainty for a patient and their family is difficult to accept as a healthcare provider."

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



Dr. Runjan Chetty, Interim Medical Director of UHN's Laboratory Medicine Program, speaks out about his "error of distraction" and emphasizes vigilance even when performing the most routine clinical work. (Photo: UHN)

Also Making News

Breaking Barriers: 2016 UHN Research Report

'You can get through it' – patient shares her story for World Cancer Day

Dr. Furlan leads WHO rehab guidelines

Rare surgery sees patient's mechanical cardiac pump removed after failing heart recovers



Every moment of your life is a second chance. Just ask Marcel Powell.

The last thing the 27-year-old musician remembers before fainting in the waiting room of the Hamilton General

Hospital in May of 2015 is being with his goddaughter and his fiancée, Maria. He awoke five days later in a hospital bed at the Peter Munk Cardiac Centre (PMCC) with a mechanical pump secured to his heart.

"Marcel came to us in a severely compromised state," recalls Dr. Vivek Rao, Division Head, Cardiovascular Surgery at the PMCC. "He was put on immediate life support to maintain blood flow and oxygenation to his body's vital organs."

"He had several blockages in his coronary arteries, which was unusual for a man of his age. There were

some prior risk factors that led to this. As a result, Marcel underwent bypass surgery and subsequently needed a mechanical cardiac assist device to maintain his heart function."

On May 28, 2015, cardiovascular surgeon Dr. William Stansfield and a multidisciplinary team performed a delicate operation to implant the mechanical heart on Marcel's left ventricle, the lower chamber of the heart that receives blood from the left atrium and pumps it out under high pressure through the aorta to the body.

The device uses a tiny, continuously-moving propeller to help blood flow. The mechanical heart would support Marcel's damaged heart until its function recovered or until a matching donor heart could be found.

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



Marcel Powell, with his wife, Maria, on their wedding day, is only the second Peter Munk Cardiac Centre patient to have undergone explant surgery, which involved removing the mechanical heart he was implanted with, after doctors determined that his own heart function had recovered successfully. (Photo: Courtesy Marcel Powell)

Also Making News

Psychology Month: a glimpse into the mind and body

Toronto General Hospital teams rise to occasion when volumes surge

Researchers report first-known case of CTE in patient with no known head trauma

Looking at healthcare through a different lens



Stethoscope. Blood work. X-Rays. These are just a few of the tools Dr. Dawn Lim uses in her daily work as a UHN Emergency Medicine physician.

Then, twice a week after her shift, she swaps her medical tools for a Canon 5D Mark 3 and a laptop – the camera for a photography course she’s taking at Ryerson’s Chang School of Continuing Studies; the computer for a Creative Writing course at the University of Toronto.

And Dr. Lim is convinced both pursuits improve her medical practice.

“I’m a better doctor when I have time to exercise my creative side,” she says. “I laugh more. I have more patience. I listen to my patient’s stories with more interest.”

For Dr. Lim, these creative outlets enhance the core demand of medicine: to get the patient’s story. The

process of taking pictures teaches her to look at the patient through a new or different lens. The art of writing helps her develop different perspectives for the patient’s narrative.

“I think patients like doctors who are not afraid to go beyond the facts, who take some time to connect on a more personal level, even if only for a short while,” says Dr. Lim. “On a more practical side, I sometimes use my stories to entertain patients while I inflict necessary and temporary pain on them.

“It’s better than lidocaine!”

Dr. Lim recently spent a day taking pictures in the Toronto Western Emergency Department for her photography course. The task – create a visual essay on a subject matter that implies “...*human presence without showing people.*”

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

Also Making News

Complications from Zika virus may be underestimated

Glaucoma: The strong, silent type

Interferon drug shows promise in treating Ebola



UHN Emergency Medicine physician Dr. Dawn Lim says learning the art of storytelling through writing and taking pictures makes her “a better doctor.” (Photo: UHN)

Setting the stage to help patients ENGAGE



*And though the night is cloudy,
There is still a light that shines on me
Shine until tomorrow, let it be.*

If you happen to be passing by Toronto Western Hospital’s (TWH) in-patient unit on 9A Fell Pavilion, you might hear patients’ voices tentatively singing these well-known lyrics to the Beatles’ Let It Be and other classics.

Joined by staff from both the unit and Allied Health, and led by a volunteer, the music activity is one of the many different sessions that make up 9A’s ENGAGE initiative – a program that provides mental, physical and social stimulation to long-stay patients in acute care who have cognitive and physical challenges.

With the recent focus on UHN’s new Purpose, Values, and Principles (PVP), the team on 9A was looking for ways they could contribute to “transforming lives through excellence in care” to prioritize patients’ needs. They identified a gap in care among long-stay patients on their unit with dementia and cognitive challenges who had little social contact.

“We had a number of patients sitting around with nothing to do, which often led to behavioural issues,” says Olga Muir, Nurse Manager for 9A. “There was a need to develop something that would keep these patients occupied, entertained and help them cope with being in a hospital.”

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



Toronto Western Hospital volunteer Haig Beylerian, (L), leads a group of patients in song accompanied by Olga Muir, Nurse Manager, 9A Fell, TWH, as part of 9A’s ENGAGE program, which provides social opportunities for long-stay patients. (Photo: UHN)

Also Making News

Glioblastoma clinical trial shows combined therapy extends life

Epilepsy Patient thanks UHN staff for ‘miracle baby’

Cardiac rehab dropouts cost Ontario healthcare system \$100 million per year

‘We are most grateful for the generous support of our community’



Celebrating the success of the Billion Dollar Challenge at an event on the 7th Floor Atrium are: (L to R) Dr. Mary Gospodarowicz, Medical Director at the Princess Margaret Cancer Centre, Tom Ehrlich, former Chairman of the Board of Directors at The Princess Margaret Cancer Foundation (TPMCF), Dr. Peter Pisters, President and CEO of UHN, Dr. Brad Wouters, UHN’s EVP Science & Research, Marnie Escaf, Executive Lead of the cancer centre, Karen Maident, Vice-Chair of the Board of Directors of TPMCF, and Paul Alofs, President and CEO of TPMCF. (Photo: TPMCF)

It was the largest single fundraising campaign in the history of Canadian healthcare.

And, the intent was to support the creation and delivery of Personalized Cancer Medicine.

On April 12, 2012, The Princess Margaret Cancer Foundation (TPMCF) launched our Billion Dollar Challenge in partnership with Princess Margaret Cancer Centre. The goal was to secure \$500 million through philanthropy and another \$500 million through research grants.

On Jan. 11, 2017, we announced the challenge was completed ahead of schedule.

Glenn Ives, Chairman of the Board of Directors of TPMCF, said \$532 million was secured through philanthropic support and \$520 million in research grants by the cancer centre for a total of \$1.052 billion.

“We are most grateful for the generous support of our community, which totaled over 1,802,000 gifts and the purchase of over 3,000,000 mega-lottery tickets over the past five years,” said Paul Alofs, President and CEO of the TPMCF.

This significant achievement has enabled the cancer centre to expand its scientific and clinical research in key areas including epigenetics, bioinformatics, drug development, and immunotherapy.

Personalized Cancer Medicine is a multi-faceted, integrated approach that involves finding the right treatment, for the right patient, at the right time. We are now in the early days of delivering on our promise of personalized cancer medicine.

With the continued support of our community, we will conquer cancer in our lifetime

What we have built

- Expanded and streamlined Biobanks
- Opened the Guided Therapeutics Operating Room
- Established the Cancer Genomics Program
- Enhanced the Cancer Informatics Program
- Accelerated the Epigenetics Program
- Amplified the Cancer Clinical Research Unit
- Expanded to the Princess Margaret Cancer Research Tower
- Established the Global Institute of Psychosocial, Palliative and End-of-Life Care
- Created the Tumour Immunotherapy Program (TIP)
- Built the Magnetic Resonance Guided Radiation Therapy suite
- Enhanced the Myeloproliferative Neoplasms program
- Established the Techna Institute



The Princess Margaret Cancer Research Tower, which officially opened in June 2015, includes several research laboratories where Princess Margaret scientists are harnessing new technology such as genetic sequencing and 3D printing to develop more effective cancer therapies and procedures. (Photo: TPMCF)

A \$20-million investment in knowledge



Longtime UHN supporters John and Myrna Daniels made a \$20-million donation to three world-leading programs: Peter Munk Cardiac Centre, Krembil Neuroscience Centre and the Multi-Organ Transplant Program. (Photo: Genevieve Caron)

On Feb. 16, 2017, John and Myrna Daniels Foundation announced it was making a major investment to healthcare in Canada with an incredible \$20-million gift to UHN.

“John and Myrna Daniels have been long-time supporters of UHN and over the years they have learned how UHN is a driver of medical innovation,” said Tennys Hanson, President and CEO of Toronto General & Western Hospital Foundation, and Vice-President, Development at UHN.

The gift will support three world-leading programs at UHN: Peter Munk Cardiac Centre, the Krembil Neuroscience Centre and the Multi-Organ Transplant Program.

Each of these programs has a rich history of excellence

and world firsts that have changed the landscape of healthcare here and around the globe. This gift – which includes facility upgrades and research – will make sure that UHN can continue to make an impact on patients’ lives.

Building communities and improving the quality of life of others is a core focus for John and Myrna Daniels Foundation.

“For philanthropists John and Myrna Daniels, giving back to the community that has been so good to them is a way of life,” said Jim Aird, a spokesperson for John and Myrna Daniels Foundation.

“The Foundation is proud to make this substantial donation to help advance the face of healthcare in our local community, in Canada and around the globe.”

Toronto General & Western Hospital Foundation launches Billion Dollar Campaign

On Oct. 20, 2016, Toronto General & Western Hospital Foundation publicly launched its Billion Dollar Campaign. The campaign has been underway quietly for a number of years and the Foundation is well along the path to reaching its goal of \$1 billion in private support.

This “campaign of campaigns” will support the many program areas for which TGWHF is responsible.

The campaign theme – “**What Knowledge Can Do**” – showcases UHN’s drive to push the frontiers of science by pursuing the knowledge that makes the lives of all of us better.”

The fact that the campaign is not just about knowledge for today, but also knowledge for the future, is what makes it so motivating to Todd Halpern, Campaign Chair, who is joined by a powerhouse of business and community leaders.

“UHN is home to extraordinary talent,” Todd said. “Everyone who works here – at all levels and in all roles – is driven to make things better for patients.

“We must give them the resources and infrastructure they need to uncover and apply new knowledge so patients can benefit as soon as possible. That’s what our campaign is all about.”

Knowledge Lives Here.



Meet the outstanding individuals who are leading our campaigns to raise over \$1 billion in support of University Health Network.

They know what knowledge can do.



Members of the Campaign Cabinet who are leading efforts to raise more than \$1 billion for UHN.

Sun Life Financial gives \$1 million to create Toronto Rehab’s Diabetes College

Last fall, **Sun Life Financial Diabetes College** was launched thanks to a \$1-million gift to Toronto Rehab Foundation’s Where Incredible Happens \$100-million campaign. An online, interactive resource, it enables and inspires individuals to take control of their diabetes and overall health through lifestyle changes.

The Sun Life Financial Diabetes College offers step-by-step instruction on safely engaging in physical activity and learning healthy eating habits, while also providing information about medication and risk factors. It also provides lifestyle tools, learning modules in several languages and healthy-living tips that reflect cultural diversity.

“Through the Sun Life Financial Diabetes College, we’re increasing access to physician-verified information and healthy behaviour programs to individuals regardless of barriers such as geography, financial constraints and language,” says Dr. Paul Oh, Medical Director of the

Cardiovascular Prevention and Rehabilitation Program and a scientist at Toronto Rehabilitation Institute. He led the development of the College.

Did you know?

- According to the Canadian Diabetes Association, the prevalence of diabetes is expected to increase by 44 per cent by 2025.
- People with diabetes are over three times more likely to be hospitalized with cardiovascular disease, 12 times more likely to be hospitalized with end-stage renal disease, and over 20 times more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population.
- The Sun Life Diabetes College represents a new paradigm emerging in the healthcare field that uses technology to improve access to care beyond hospital walls and into homes and communities.



A \$1-million gift to Toronto Rehab Foundation’s Where Incredible Happens \$100-million campaign helped launch the Sun Life Financial Diabetes College. (Photo: Toronto Rehab Foundation)

Grateful family giving back through Toronto Rehab Foundation

An accidental seven-storey fall six years ago landed Bryan Tamblyn in Toronto Rehab’s Brain Injury Rehabilitation Program. The fall broke most of the bones on the right side of his torso and several vertebrae, punctured his lung, and caused a serious brain injury.

Once revived from a coma and able to breathe on his own, Bryan turned to Toronto Rehab to get his life back.

His team of doctors and therapists helped him re-learn how to speak, walk, and re-circuit his brain as part of his recovery. Their skills, resources, know-how and dedication engineered what his family refers to as “Bryan’s supernatural recovery.”

Bryan is now back enjoying the sports he loves and advancing in his career.

To demonstrate their gratitude, Bryan and his father, Michael, hosted a day on the Canadian Tire Motorsport Park’s Driver Development Track and dinner at Five Doors North. This Toronto Rehab Shifts Gears event on Sept. 30, 2016, raised



In appreciation of Bryan Tamblyn’s “supernatural recovery,” he and his dad, Michael, hosted the “Toronto Rehab Shifts Gears” event last fall, raising more than \$178,000. (Photo: Toronto Rehab Foundation)

more than \$178,000 in support of the incredible care and work at Toronto Rehab.

“It is time for our family to show its gratitude to Toronto Rehab by helping them raise funds to support their continuing world-class research and treatment,” Michael Tamblyn said as he announced plans for the event. “There is nothing more fun than a track day, including autocross and skid pad events, with a dinner that evening, to recognize and celebrate all that Toronto Rehab has accomplished.”



Financial Highlights

For the year ended March 31, 2017
(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	1,235,922
Other patient services	207,365
Grants and donations for research and other purposes	315,991
Ancillary services and other	346,975
Amortization of deferred capital contributions	61,680
	2,167,933
EXPENSES	
Compensation	1,341,186
Medical, surgical supplies and drugs	284,678
Other supplies and expenses	285,736
Plant operations and equipment maintenance	115,783
Amortization	105,015
Interest on long-term liabilities	14,663
	2,147,061
Excess of revenue over expenses for the year	20,872

ASSETS	\$
Current	
Cash and cash equivalents	157,902
Accounts receivable	230,060
Inventory	16,882
Prepaid expenses	19,298
Long Term	
Loans receivable	2,450
Capital assets, net	1,256,707
Long-term investments	379,574
	2,062,873
LIABILITIES AND NET ASSETS	
Current	
Accounts payable and accrued liabilities	435,218
Current portion of long-term liabilities	21,545
Long Term	
Due to MaRS Development Trust	75,727
Deferred research contributions	204,151
Long-term debt	137,834
Employee future benefit liabilities	47,778
Deferred capital contributions	670,082
	1,592,335
Net Assets	
Internally restricted	122,812
Unrestricted	348,634
	471,446
Accumulated remeasurement losses	(908)
	470,538
	2,062,873

Program Grouping Activity

UHN	Inpatient Separations *	Inpatient Weighted Cases+	CCC RUG Weighted Patient Days **	Day Surgery Cases ~	Day Surgery Weighted Cases ^	Ambulatory Visits *^
Acute	36,840	90,907		31,212	6,768	1,004,548
Rehab	2,289	3,503				
Complex Continuing Care (CCC)	534		67,611			
Rehab and CCC Combined						105,951
Total	39,663	94,410	67,611	31,212	6,768	1,110,499
* Data is based on General Ledger for Acute, NRS for Rehab, and CCCRS for CCC, PHS for Rehab & CCC Ambulatory Visits; + 2016 HIG Grouper RIW for Acute, 2016 RPG Weights for Rehab; ** 2016 RUG III Grouper; ~ Coding (NACRS); 2016 CACS ON RIW; *^ excludes radiation fractions.						

Site Activity

Site	Beds *	Inpatient Days	Clinic & Day/Night Care Visits	Emergency Visits
TGH	433	157,498	355,993	49,483
TWH	281	106,795	364,908	68,149
Princess Margaret	129	44,524	283,647	
TRI - Bickle Centre	208	65,492	2,691	
TRI - University Centre	161	51,303	40,332	
TRI - Lyndhurst Centre	60	18,639	9,338	
TRI - Rumsey Centre			53,590	
Total	1,272	444,251	1,110,499	117,632
* Beds staffed and in operation.				

Research Activity

UHN Research Activity by Program	2016/2017
(in thousands of dollars)	
Arthritis Program	19,254
Joint Department of Medical Imaging	3,980
Krembil Neuroscience Centre	32,036
Laboratory Medicine Program	6,065
Medical and Community Care Program	43,348
Multi-Organ Transplant Program	12,628
Peter Munk Cardiac Centre	19,870
Princess Margaret Cancer Centre	209,570
Surgery & Critical Care Program	37,357
Toronto Rehabilitation Institute	21,026
Total	405,134

Trends Report

Inpatient and Outpatient Activity



Revenue



External Research Funding Awarded

