

Today leading-edge technology and research are challenging the status quo of healthcare. They are raising questions that demand new answers. And these answers demand new thinking. It is this **new thinking** that is the vision and energy behind the **New Women's College Hospital**.





Message from the Chair, Board of Directors  
Michele Landsberg, O.C.

In the last ten months, your Board worked hard to fulfill the commitments we made at the September 2006 Annual General Meeting. Our most pressing task was to search, with professional help, for the perfect new CEO to take us into the future. Two weeks from now, Marilyn Emery will be at the helm of the New Women's College Hospital, to the delighted anticipation of staff and directors alike. Our deepest thanks go to Nancy Malcolm and Marian Walsh for bringing us to this auspicious moment.

Last fall, we undertook to broaden and deepen our connections to diverse communities in Toronto, and have so far established two Community Advisory Panels: one for Women's Health (whose members represent many front-line women's agencies) and one for Active and Independent Living, with staff and patients from our chronic disease management programs. We're already acting to increase our accessibility, based on the insights offered by these two CAPS. We have begun our ambitious agenda of collaborating with partners in our LHIN, and our Diagnostic Imaging Centre (a joint endeavour of University

Health Network, Mount Sinai Hospital and Women's College) is well underway, with our new MRI being installed, thanks to our hospital's Foundation. Our Academic Ambulatory Surgical Centre will also soon open, with support from our Volunteers.

Our directors, working with staff and community representatives, produced an Equity Vision which I believe is among the most forward-looking models anywhere in the healthcare world, and we are now intent on producing the work plans to put equity into action.

With new initiatives in patient safety, board self-evaluation and board recruitment, we feel excited and optimistic about the coming year of challenges!

Michele Landsberg, O.C.

## Women's College Hospital Board of Directors 2007 – 2008 Current as of June 27, 2007

Michele Landsberg, O.C., Chair

Flora Agnew  
Dr. Ruth Brooks  
Carol A. Cowan  
Dr. Alice Dong  
Tamara Finch  
Margot Franssen  
Kathryn Giffen  
Marcia Gilbert  
Tekla Hendrickson  
Michael Herman  
Rev. Dr. Nan Hudson  
Valerie Hussey  
Patricia O'Connell  
Shannon MacDonald  
Wanda O'Hagan  
Hazelle Palmer  
Dr. Beverley Richardson  
Dr. James Ruderman  
Anne Swarbrick  
Dr. Catharine Whiteside  
Marian Walsh  
Dr. Susanne Williams

## Honorary Members

Celia Corcoran  
Dr. Burnett Thall  
Carol A. Cowan  
Janet MacInnis  
N. Jane Pepino  
Gail Regan  
Dr. Beverley Richardson



Message from the President & CEO (Interim)  
Marian Walsh

At the New Women's College Hospital, we are using new thinking to make a difference. The past year has been one of inspiration, exploration and stabilization – all essential for delivering new thinking about women, their medicine, their healthcare and their hospital.

Inspired by our vision of leadership in women's health and ambulatory care, our medical and administrative staff defined our strategic priorities for care, research and education. We began building on our bedrock of primary and specialized medical and surgical services, and expanding activities in Cancers Common in Women, Chronic Disease Care in Women, Reproductive & Sexual Health, and Women's Mental Health. This summer we will launch our new Academic Ambulatory Surgical Centre, complete our new Diagnostic Imaging Centre, and start expanding our Musculoskeletal Health in Women program.

We forged academic and service partnerships with other teaching hospitals, renewed our affiliation with the University of Toronto, and explored our future space and equipment needs. We

worked with the province on a proposal to redevelop our Grenville site, and have started to seek municipal zoning approvals.

Last but not least, we stabilized the organization. We came to agreement with the Ministry of Health and Long-Term Care on funding arrangements to essentially balance our budget in 2006/2007, and will do so again in 2007/2008. We strengthened the executive team, defined and filled vital new administrative positions, and attracted dozens of new staff and volunteers.

I want to thank the Board and staff of Women's College Hospital for the opportunity to serve as President & CEO on an interim basis, and Bridgepoint Health for sharing my services with Women's College during this exciting and challenging time. I also want to thank the Ministry of Health and Long-Term Care for their support of Women's College Hospital and me as interim CEO.

The future of Women's College is bright. I congratulate you, as a new partner and lifelong supporter.

Marian Walsh

# Our Vision

We will become a world leader in women's health and a pre-eminent ambulatory care hospital.

# Our Mission

We will enhance the health and quality of life of all we serve.

We will do research to improve women's lives.

We will empower our communities by exchanging knowledge.

We will work in caring, interprofessional teams and educate others to do the same.

# Our Values

We will be guided by our values in everything we do.

Leadership  
Innovation  
Collaboration  
Compassion  
Respect  
Equity  
Safety  
Excellence

Over time, we will define more precisely how each value will guide our actions. The first value we have defined is Equity. We bring the value of Equity to life through our commitment to optimal health outcomes for diverse women and their families through community-informed, inclusive, and responsive services.

## Women's College Hospital Executive Team

Marian Walsh  
President & CEO (Interim)

Kathryn Lennox  
Vice-President,  
Community & Ambulatory Care

Maureen Adamson  
Vice-President, Corporate Services  
and Chief Administrative Officer

Dr. Heather Maclean  
Vice-President, Research  
and Interprofessional Education

Naomi Rose  
Vice-President, Strategic Communications

Dr. James Ruderman  
Chief of Medical Staff

Karen McClure  
Strategic Initiatives

Joanne Cole  
President & CEO, Women's College  
Hospital Foundation

Nancy Malcolm  
President & CEO (on medical leave)

## Medical Staff: Building for the future

A teaching hospital's ability to undertake care, research and education demands a solid medical infrastructure and outstanding medical leaders. Women's College Hospital has both.

This was a year of enormous activity in establishing our medical infrastructure. Our Medical Advisory Committee formed, populated its sub-committees, and assumed responsibility for vital functions including independent physician credentialing, infection control, medical records, pharmacy and therapeutics. The office of the Chief of Medical Staff became fully operational. The Medical-Dental-Midwifery Staff Association began regular meetings. The hospital's Medical

By-Laws were modified to ensure optimal representation from a variety of Medical Departments on the Staff Association executive. Our Alternate Funding Plan, critical to ensure the hospital is competitive in recruiting and retaining top academic clinicians and researchers, came into existence.

Strategic planning led to new academic relationships and programs, and the recruitment of new physicians. For example, since the hospital regained its independence, we more than doubled the number of members of our Department of Medicine, and more than tripled our number of clinician scientists/investigators.

Many Women's College physicians received honours this year. For example, 11 of

our Family Practice physicians received awards from the University of Toronto for leadership, research and teaching. In the coming year, we expect an ever greater number of new faculty, residents and medical students, demonstrating even more leadership in patient care, research and education.

## Caring for patients: The heart and soul of the hospital

New thinking has already led to great things. After just one year, Women's College Hospital's patients are benefiting from innovations in women's health and ambulatory care.

Our new Diagnostic Imaging Centre will make it possible in the near future for women to go from mammogram to diagnosis in just one day. Our new cancer screening, surgery and survivorship programs will focus on women with cancers of the breast, colon, thyroid and skin. Our new Musculoskeletal Health program provides acute-care patients, such as those with injuries, and chronic care patients, such as those with osteoporosis and osteoarthritis, with specialized services in foot care, sports care, ambulatory surgery, and new services in self-management, pain management, body image and rehabilitation, in partnership with other healthcare providers. Our new Centre of Excellence in Dermatology will provide medical and surgical care for patients with complex medical conditions of the skin. Our Women's Mental Health program is expanding trauma therapy, care for women throughout their life stages, and mental

healthcare for women with chronic medical conditions. This November, our new Gynaecology program will be launched, emphasizing same day surgical procedures for women with urological and fertility problems, and treatments for women with endometriosis, and reproductive health concerns. Care for patients with cancer, musculoskeletal, gynaecological and dermatological conditions is linked as needed with our new Academic Ambulatory Surgical program. And a leading-edge Academic Ambulatory Anaesthesia program is being created to ensure optimal pain relief for our surgical patients.

At Women's College, our patients are our judges. In our November, 2006 – February, 2007 Patient Satisfaction Survey, patients of the 18 programs surveyed reported overall satisfaction rates of 98%.

### What is ambulatory care?

Ambulatory care describes any healthcare activity or procedure that can be done in a way that lets the patient go home within 23 hours, ranging from diagnostics or therapies to surgical interventions that can be done on a short-stay basis.



Is preventing  
illness better than  
curing it?



Can a  
hospital  
see me  
as a  
person  
and  
not a  
disease?



Can research help women live better lives?

**Women's College Research Institute: Research to improve women's lives**

Our research is already improving women's lives. Women across Ontario who have been sexually assaulted now have access to medication to prevent HIV. Fracture care coordinators now prompt family doctors to offer osteoporosis screening to women treated for fractures that suggest bone loss. Our Wound Care Clinic recently proved that if a Community Care wound specialist visits patients at home to assess leg ulcers as soon as they are observed, over a third of infections and amputations could be avoided.

Our researchers' expertise is being acknowledged and making a difference. In the past year, Dr. Gillian Hawker was named the first Senior Distinguished Research Investigator by the Canadian Arthritis Society. Dr. Catherine Classen was elected President of the International Society for the Study of Trauma and Dissociation. Dr. Steven Narod helped establish genetic cancer centres in Latin America. Dr. Robin Mason partnered with emergency services personnel to create an e-training program on domestic violence. The University

of Toronto, supported by our Research Institute, approved a new Collaborative Graduate Program in Women's Health, destined to be a valuable source of new research talent.

The community informs our research and is informed by it. In 2007, our Ontario Breast Cancer Community Research Initiative (OBC CRI) completed a six-year project working with women living with breast cancer, including women of colour, lesbians, and low-income women. This work inspired new services and enabled community agencies to do research.

New thinking means further integration of our research with clinical care and community connections, and will lead to even more improvements in women's lives.



Does collaboration lead to innovation?

**Interprofessional Education: Leading by example**

Breaking down silos between health professions is vital to the healthcare of the future, so Women's College Hospital is founding the Centre for Ambulatory Interprofessional Education. With funding from the Ministry of Health and Long-Term Care and the University of Toronto, the Centre will lead ambulatory interprofessional education through implementation and evaluation of exemplary ambulatory education models.

An Education Committee has already been created with representatives from all professions at the hospital. This unique committee brings together the Medical Education and Health Professional

Education Committees to develop an innovative vision for education, focusing on interprofessional ambulatory care and women's health.

Several interprofessional education modules will be launched this year, including Wound Care, Mental Health, Musculoskeletal, Diabetes, Cardiorespiratory, and Wellness & Health. The Wound Care module, for example, involves Family Practice residents, students of Nursing, Physiotherapy, Pharmacy, Chiropody, Nutrition, Respiratory Therapy, and Holistic Practitioners. The students receive training on chronic wound prevention and care with an interprofessional focus, collaborative practices, and the contributions of different professions to a single health issue.

Three interprofessional education projects with the University are also underway. The Eptic Program, with Health Force Ontario, trains Women's College clinicians/educators in interprofessional theory and models. With support from the Ministry of Training, Colleges & Universities, infrastructure is being created to ensure the sustainability of interprofessional education. The Script Program will work with our Family Practice Health Centre on communication skills for interprofessional collaboration.

The hospital's mission of working in caring, interprofessional teams and educating others to do the same is being realized through the new Centre for Ambulatory Interprofessional Education.

## Community Advisory Panels: Direct from the source

Women's College Hospital is committed to enhancing the health and quality of life of all we serve. By hearing from our patients through the vehicle of Community Advisory Panels, we will better understand the barriers people in our community face in accessing healthcare services, including language, culture, physical disability and psychological health issues. Community voices can help us recognize where our own procedures may hinder access to healthcare, and guide us to ways to improve.

Two Community Advisory Panels have already been established, one in Women's Health and another in Active

Living with Chronic Diseases. Each panel includes community members, hospital staff, and representatives from the hospital's Board of Directors. The panels report directly to the Board, and ensure the public's voice is heard in the Board's deliberations. Meetings and discussions have been lively and honest.

Some changes have already been made based on feedback from the panels. For example, the Women's Health CAP, whose members represent a broad array of agencies providing women's health services in the community, has already established a task force to address the issue of non-insured and undocumented women who require healthcare.

The Active Living Panel, populated with patients and a

few disease-based advocacy organizations, are sharing information and identifying common interests. We look forward to their comments and suggestions.

Working with Community Advisory Panels helps bring our Value of Collaboration to life.



# Do communities have a real role in healthcare?

The accompanying summarized statements of financial position, operations, changes in net assets and cash flows are derived from the complete financial statements of Women's College Hospital as at March 31, 2007 and for the year then ended on which we expressed an opinion without reservation in our report dated June 26, 2007. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the hospital's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

*PricewaterhouseCoopers LLP*

Chartered Accountants,  
Licensed Public Accountants

**Summarized Statement of Financial Position  
As at March 31, 2007**

<b>Assets</b>	<b>\$</b>
<b>Current assets</b>	
Cash	20,344,866
Accounts receivable	2,063,405
Inventories	415,751
Prepaid expenses	187,661
Due from Sunnybrook Health Sciences Centre	13,230
	<u>23,024,913</u>
<b>Restricted cash and investments</b>	18,386,625
<b>Property, plant and equipment</b>	10,418,749
	<u>51,830,287</u>
<b>Liabilities</b>	
<b>Current liabilities</b>	
Accounts payable and accrued liabilities	6,860,033
Deferred revenue	6,776,432
	<u>13,636,465</u>
<b>Post-employment benefit obligation</b>	1,896,000
<b>Deferred contributions and grants</b>	31,702,932
	<u>47,235,397</u>
<b>Net Assets</b>	
<b>Investment in property, plant and equipment</b>	3,744,117
<b>Unrestricted</b>	850,773
	<u>4,594,890</u>
	<u>51,830,287</u>

Contingencies and commitments

**Summarized Statement of Operations  
For the year ended March 31, 2007**

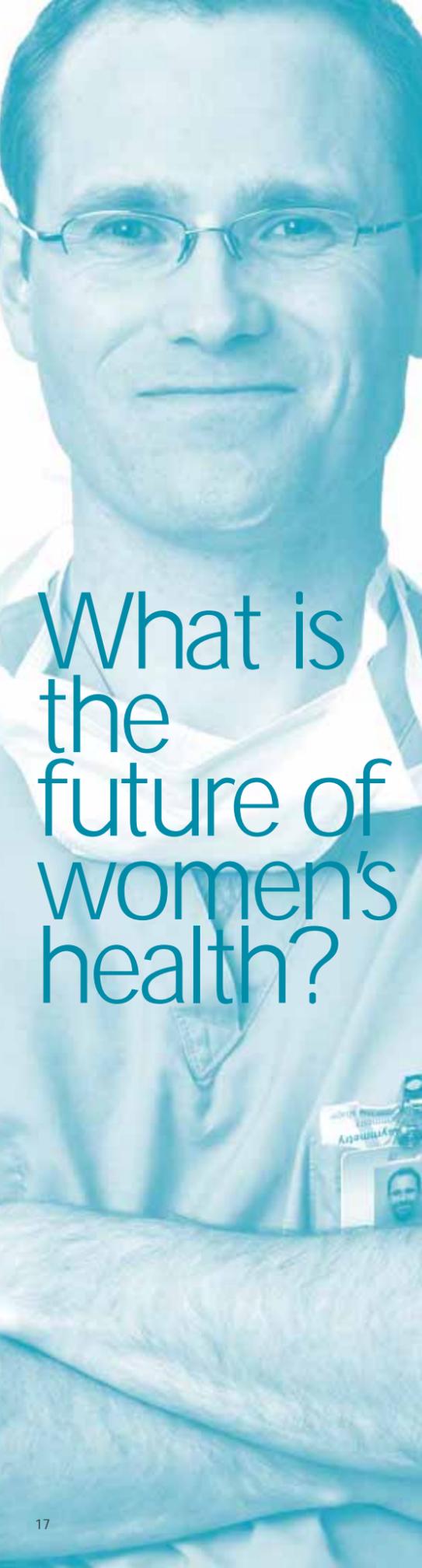
<b>Revenues</b>	<b>\$</b>
Ministry of Health and Long-Term Care	
Base funding	39,316,075
One-time funding	6,096,268
Other votes	1,622,871
	<u>47,035,214</u>
Other agencies and patients	6,641,551
Service level agreements	6,560,714
Amortization of deferred contributions and grants	264,719
Ancillary services and other sources	12,177,518
Investment income	382,049
	<u>73,061,765</u>
<b>Expenditures</b>	49,000,228
Salaries, wages and benefits	2,457,434
Medical and surgical supplies	2,205,992
Drugs	14,616,337
Other supplies and expenses	3,452,574
Service level agreements	1,531,353
Amortization of property, plant and equipment	
	<u>73,263,918</u>
<b>Deficiency of revenues over expenditures before restructuring items</b>	(202,153)
<b>Restructuring revenue</b>	3,500,000
<b>Restructuring costs</b>	<u>(3,500,000)</u>
<b>Deficiency of revenues over expenditures for the year</b>	<u>(202,153)</u>

**Summarized Statement of Changes in Net Assets  
For the year ended March 31, 2007**

	Investment in property, plant and equipment \$	Operating fund - unrestricted \$	Total \$
<b>Balance - Beginning of year</b>	6,412,343	(1,615,300)	4,797,043
Deficiency of revenues over expenditures for the year	-	(202,153)	(202,153)
Amortization of property, plant and equipment	(1,531,353)	1,531,353	-
Amortization of deferred capital contributions	264,719	(264,719)	-
Purchase of property, plant and equipment	3,987,633	(3,987,633)	-
Amounts funded by capital contributions	(5,389,225)	5,389,225	-
<b>Balance - End of year</b>	<u>3,744,117</u>	<u>850,773</u>	<u>4,594,890</u>

**Summarized Statement of Cash Flows  
For the year ended March 31, 2007**

<b>Cash provided by (used in)</b>	<b>\$</b>
<b>Operating activities</b>	
Deficiency of revenue over expenditures for the year	(202,153)
Items not involving cash	
Amortization of property, plant and equipment	1,531,353
Amortization of deferred contributions and grants	(264,719)
Increase in post-employment benefit obligation	<u>130,900</u>
	1,195,381
Changes in non-cash working capital balances	
Accounts receivable	(2,035,288)
Prepaid expenses	18,455
Inventories	55,572
Due from Sunnybrook Health Sciences Centre	5,044,124
Accounts payable and accrued liabilities	1,384,089
Change in deferred revenues	<u>6,639,266</u>
	<u>12,301,599</u>
<b>Investing activities</b>	
Purchase of property, plant and equipment	(3,987,633)
Increase in restricted cash and investments	<u>(5,083,650)</u>
	<u>(9,071,283)</u>
<b>Financing activities</b>	
Deferred contributions and grants received	23,902,977
Research and trust grants spent	<u>(6,788,427)</u>
	<u>17,114,550</u>
<b>Change in cash during the year</b>	20,344,866
<b>Cash - Beginning of year</b>	<u>-</u>
<b>Cash - End of year</b>	<u>20,344,866</u>



## Women's College Hospital Foundation: New thinking about philanthropy

Women's College Hospital and the Foundation share a vision for a new, state-of-the art ambulatory hospital with a focus on women's health. This ambitious project requires the Foundation to raise \$70 million in capital. Putting together the philanthropic building blocks has already begun.

The Foundation is rebuilding fundraising capacity and developing the relationships and infrastructure necessary for a \$70 million campaign over eight years. In the past year, the Foundation received gifts amounting to nearly \$2 million. Including income from investments, the Foundation's total revenue was \$5.8 million in 2006/2007. A very positive beginning!

Together with the hospital, the Foundation conducted marketing research to understand the perception of Women's College Hospital in the healthcare marketplace; a fundraising feasibility study, which concluded that a \$70 million campaign was a realistic and achievable target,

and introduced the hospital's brand positioning, New Thinking, at an event in January, 2007.

Three strategic priorities are needed to ensure success: recruit key Board and Campaign leadership; build the Foundation staff; and connect with key stakeholders. Significant progress was made on all strategic priorities and they remain the focus of activity over the course of the coming year.

Foundation Chair Carol Cowan sees "an opportunity to have real impact on the health of women and men throughout our community, across Ontario and around the world." Joanne Cole, Foundation President & CEO, concurs. "To support new thinking about healthcare, we need new thinking about philanthropy. The future of Women's College Hospital is in the hands of its supporters."

## Association of Volunteers of Women's College Hospital: Ninety-two years of service

The Association of Volunteers looks forward with confidence to its centenary in 2015, which should coincide with the completion of the newly rebuilt Women's College Hospital. The Volunteers are applying new thinking to their mandate of providing service and fundraising for the hospital, by introducing new programs and new fundraising approaches.

The Volunteers' financial position has continued to thrive, enabling the Association to make a nearly \$400,000 donation to the hospital to purchase Stryker equipment for the new Academic Ambulatory Surgical Centre, to permit

ambulatory orthopaedic surgery to begin this Fall.

Volunteers play a key role in enhancing patient care. Feedback during Volunteer Week indicated Women's College "could not be a patient-centred organization without [their] kind support" and "the volunteers are truly the heart and soul of the hospital."

Volunteering at Women's College is growing! 24 new adult volunteers joined in the past year, representing a 12% increase. And summer youth volunteering has exploded, with over 68 youth volunteers last summer and up to 94 this summer, an increase of 38%. New thinking has been applied to the volunteer application process, to developing new roles for volunteers, and to computerized record-keeping.

Immediate Past President Ruth de Winter " marvels at all the changes the hospital has experienced, and how the Association has continued its support and service, maintaining the traditions of the last ninety-two years." President Flora Agnew comments, " the next three years will be ones of continued challenges. We have our new thinking caps on!"

# Can a hospital create a community?



The **New**  
Women's  
College  
Hospital

