



What does it take to build the future of women's health?

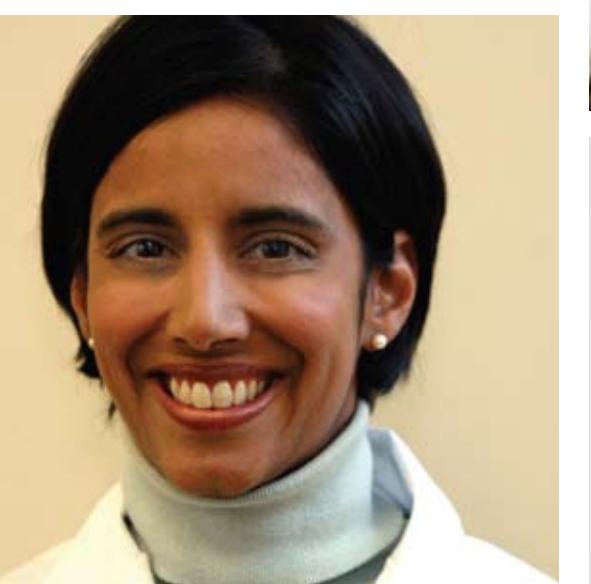


2 0 0 9 A N N U A L R E P O R T



new thinking

The **smartest** thinkers  
and medical **experts** working in  
a **new kind** of hospital  
that delivers **care differently.**



# Welcome to the world's pre-eminent academic ambulatory hospital dedicated to women's health.

*– Michele Landsberg, Chair of the Board, Women's College Hospital*

Women's College Hospital is doing what no one else has done before.

We're creating the hospital of the future.

Imagine a hospital that helps you manage your disease at home, so that you're here less often. Imagine a place that focuses on prevention, healthy living and survivorship, as much as it does on medical and surgical interventions. Imagine a hospital that is built not around in-patient wards and bedrooms, but around specialized ambulatory operating suites and clinic spaces that combine treatment, education and research.

All in all, we're talking about an unprecedented way of delivering care.

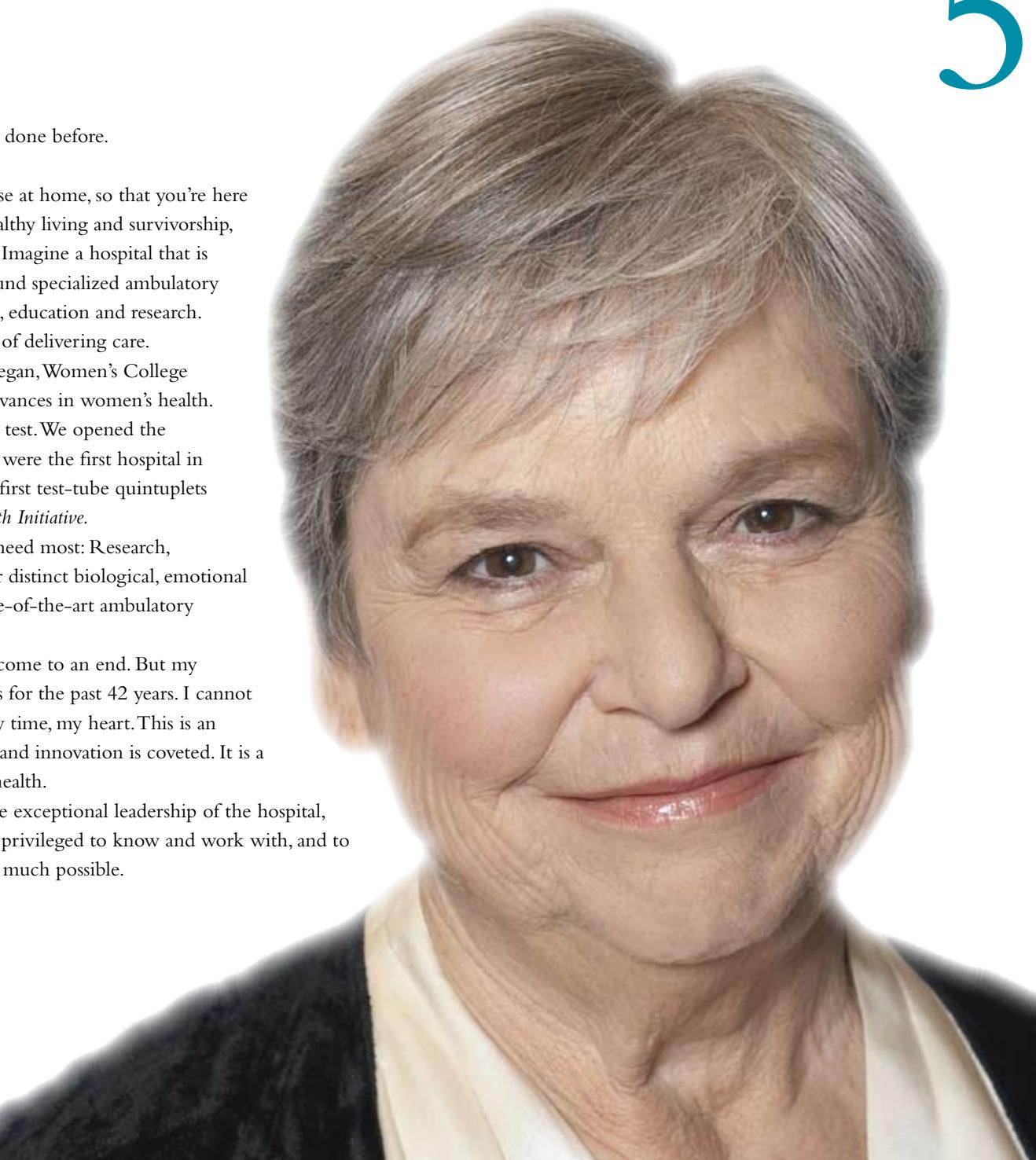
It's no wonder. Nearly one hundred years after we began, Women's College remains dedicated to a single mission: groundbreaking advances in women's health. Every year, we do a little bit more. We pioneered the Pap test. We opened the first Cancer Detection Clinic for women in Ontario. We were the first hospital in Ontario to use mammography. We delivered the nation's first test-tube quintuplets and established Canada's first *Women's Cardiovascular Health Initiative*.

Today, we are once again focusing on what women need most: Research, treatment, care and medication that are designed for their distinct biological, emotional and social needs. And we're building an entirely new, state-of-the-art ambulatory hospital that will be responsive to the lives of women.

After four years as Chair of the Board, my term has come to an end. But my relationship with Women's College continues on, as it has for the past 42 years. I cannot think of a place where I would rather give my energy, my time, my heart. This is an institution where people are heard, courage is cultivated, and innovation is coveted. It is a hospital that always knows what matters most: women's health.

Thank you to the wonderful board I've served, to the exceptional leadership of the hospital, to the health care professionals and staff whom I've been privileged to know and work with, and to the Women's College Hospital Foundation that makes so much possible.

My time here has been an honour.



# After one hundred years of innovation we've only just begun.

**– Marilyn Emery, President and CEO, Women's College Hospital**



Since it began nearly a century ago, Women's College Hospital has been at the forefront of groundbreaking innovations in women's health.

This year has been no different.

We're attracting some of the best and brightest minds in women's health. Dr. Paula Rochon has joined Women's College as Vice President of Research and Director of the Women's College Research Institute. She is known around the world for her work on aging – with a particular focus on women.

We're expanding existing programs. Women's College is already home to Dr. Nowell Solish and Dr. Christian Murray – the only two specially-trained physicians in Ontario who perform Mohs Micrographic Surgery, the foremost technique with the highest cure rate for treating complicated skin cancers. Joining them will be Dr. An-wen Chan, a Rhodes Scholar trained in Mohs surgery at the Mayo Clinic, and an internationally recognized expert on research integrity. His work has influenced how clinical trials are done across the globe.

We're leading in teaching. We're developing the *Centre for Ambulatory Care Education* in partnership with the University of Toronto to train students in ambulatory settings – where the majority of health care happens.

We're creating new programs. The newly established *Centre for Headache* is the first hospital-based Headache Centre in Ontario and is being led by Dr. Christine Lay, an international authority in the field.

And, as always, we're advocating on behalf of women's health. We're working to establish standard protocol across all hospitals in the GTA so that uninsured and undocumented women can access the care they need. We're developing national HIV pregnancy planning guidelines so that women with HIV can have families safely. We've played a pivotal in Ontario's emerging Osteoporosis Strategy through the development of bone density screening guidelines for mid-life women. And we're partnering in the Queer Women's Health Initiative to develop the Pap Test Awareness Project to create a shift in consciousness around the importance of annual pap tests for women who have sex with women.

Then there is our work in sex and gender differences. As science has made clear, women and men are not the same when it comes to their health. So we started *XEffects* – a multi-faceted program that focuses on the healthcare realities of women. As one initiative, we conducted a nationwide poll – the *XEffects Health Index* – that tells a worrying story: three-quarters of Canadian women don't know how certain diseases and conditions affect them differently from men. That means most women can't

identify the symptoms of their own heart attack. They don't know their susceptibility to diabetes and non-melanoma skin cancer. And they don't know that they might be taking medications tested predominantly on men.

And, of course, we're building. Our new, state-of-the-art ambulatory hospital will begin construction in 2010.

We've attracted an international consortium of top architects, builders, designers and planners who are vying for the project. In the end, we'll have a building that will serve as a model for the most innovative practices in academic ambulatory care and women's health anywhere.

Women's College Hospital is aiming to be the world's pre-eminent academic ambulatory hospital dedicated to women's health. It's a big agenda and we've never been more ready. Our expertise is extensive and growing every day. Our programs are state-of-the-art. Our research is pioneering. And our support is skyrocketing, thanks to the Women's College Hospital Foundation.

Most thanks, no doubt, goes to the indomitable Michele Landsberg, our outgoing board chair.

Michele has been our guiding light. She has infused this institution with her determination, her principles, her graciousness and her humour. She has made everyday of my tenure here that much more inspiring.

# Our world-renowned researchers look at women differently than men.

**– Dr. Paula Rochon, Vice President, Research, Women’s College Hospital  
Senior Scientist, Women’s College Research Institute**



Dr. Paula Rochon has spent her career thinking about the challenges seniors face living with chronic illness. She has a particular interest in how medications are prescribed to older women. “It’s ironic,” she says, “that in the real world, older women are the most frequent users of many of the medications prescribed for heart failure, dementia, and arthritis, for instance, and yet clinical trials of these medications don’t include enough older women.”

As a world-renowned researcher and geriatrician, Dr. Rochon’s arrival at Women’s College Hospital could not be timelier.

She’s heading up the Women’s College Research Institute, which has always been dedicated to conducting groundbreaking research in women’s health. As the population ages and women, in particular, are increasingly living with multiple chronic conditions, Dr. Rochon is asking the questions we need answered to protect women’s health.

Her work is so vital that the Canadian Institutes of Health Research has invested \$1.9 million in a grant that will enable Dr. Rochon and her research collaborator, Dr. Geoffrey Anderson, to bring together a team of researchers and research trainees. They’ll comb through databases of health records and document the risks and benefits of using a drug developed to treat one illness in someone living with several. As Dr. Rochon points out, there are many examples of drugs that should not be taken together. Unfortunately, these problems too often go unrecognized until the drugs are approved for use.

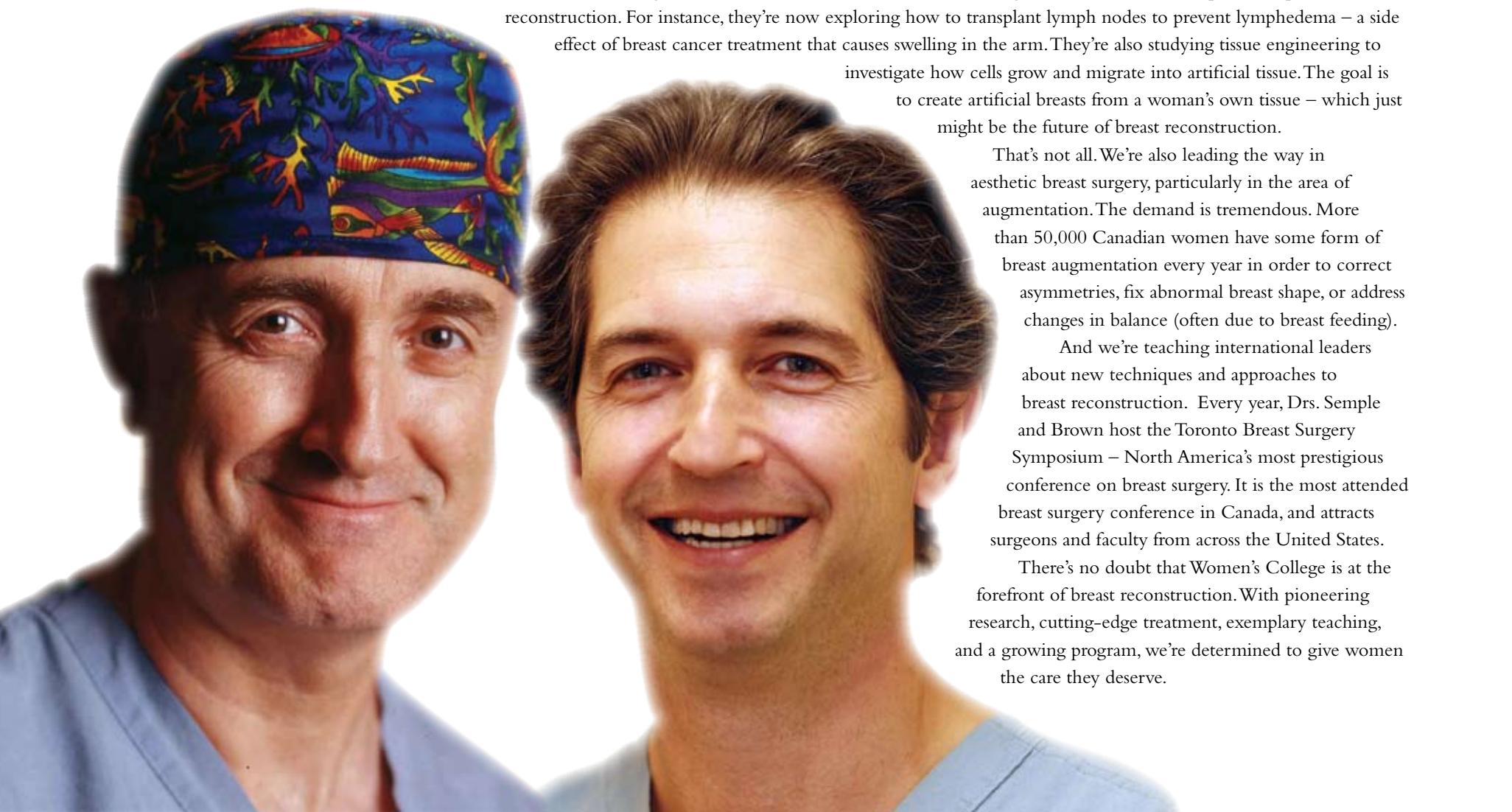
The goal, she says, is to focus specifically on the real world experiences of older people in our communities being treated for multiple conditions. With her team, she will look for gender differences and for interactions between medications.

How medications are prescribed is just one example of an area in which women’s needs are not being fully recognized by health-care services. As Dr. Rochon sees it, Women’s College is doing crucial research to address the challenge. In fact, researchers will now have an opportunity to work with clinicians in creating a new kind of hospital – one that helps women in our communities manage their health and chronic diseases.

For Dr. Rochon, Women’s College will become a living laboratory, a place that develops uniquely tailored services that support women’s needs. It’s as easy – and as complex – as that.

We never stop  
pushing the boundaries  
of what's possible to give breast  
cancer survivors the quality of life  
they deserve.

*– Dr. John Semple, Chief of Surgery, Head of Division of Plastic Surgery, Women's College Hospital (L)  
– Dr. Mitchell Brown, Plastic Surgeon, Women's College Hospital (R)*



Women's College Hospital has one of Canada's leading centres for breast reconstruction.

The reason is simple. Dr. John Semple and Dr. Mitchell Brown – internationally renowned plastic surgeons – are refining treatments and using techniques to make breast reconstruction simpler, less invasive, and more predictable.

In fact, Women's College was the first hospital in Canada to complete a breast implant reconstruction in a single stage using a regenerative tissue substitute. That means some women can have a mastectomy and breast reconstruction at the same time, minimizing recovery time and optimizing results.

But we're not resting on our laurels. Our researchers are continuing to look for new techniques to improve breast reconstruction. For instance, they're now exploring how to transplant lymph nodes to prevent lymphedema – a side effect of breast cancer treatment that causes swelling in the arm. They're also studying tissue engineering to investigate how cells grow and migrate into artificial tissue. The goal is to create artificial breasts from a woman's own tissue – which just might be the future of breast reconstruction.

That's not all. We're also leading the way in aesthetic breast surgery, particularly in the area of augmentation. The demand is tremendous. More than 50,000 Canadian women have some form of breast augmentation every year in order to correct asymmetries, fix abnormal breast shape, or address changes in balance (often due to breast feeding).

And we're teaching international leaders about new techniques and approaches to breast reconstruction. Every year, Drs. Semple and Brown host the Toronto Breast Surgery Symposium – North America's most prestigious conference on breast surgery. It is the most attended breast surgery conference in Canada, and attracts surgeons and faculty from across the United States.

There's no doubt that Women's College is at the forefront of breast reconstruction. With pioneering research, cutting-edge treatment, exemplary teaching, and a growing program, we're determined to give women the care they deserve.

# Teaching women to manage their diabetes can be just as important as how we treat it.

– Dr. Lorraine Lipscombe, Clinician-Scientist, Endocrinology, Women's College Hospital (R)  
– Nicola Donovan, Advanced Practice Nurse Specialist, Endo-obstetrical Clinic, Women's College Hospital (L)

Rates of Type 2 diabetes are soaring drastically and the biggest rise is in younger women. In fact, almost 20 per cent of women with gestational diabetes will go on to develop Type 2 diabetes within ten years of their pregnancies. Here's the good news. Lifestyle and dietary changes can prevent onset of diabetes after childbirth. Now the bad news. Nowhere in Canada are there postpartum follow-up programs to provide women with the education and counselling they need to make positive lifestyle changes.

That's why Dr. Lorraine Lipscombe and her team are leading a research study to identify those women who are at higher risk of developing Type 2 diabetes. The outcome will be the development of the first-ever prevention program geared to this population – young moms.

Other research is underway as well. Studies are showing that women with diabetes have a 20 per cent increased risk of developing breast cancer. The hypothesis goes that higher insulin levels increase the risk of breast cancer. That begs a whole host of questions and Dr. Lipscombe is heading up a study to explore them. Can we predict diabetes based on breast cancer occurrence? Can diabetes drugs help in preventing breast cancer? How do breast cancer drugs affect diabetes? And what are the implications for women who have survived breast cancer? Are there prevention strategies worth investigating?

Dr. Lipscombe's pioneering research is just one part of Diabetes Care at Women's College Hospital – the only treatment and education program in Ontario that addresses the realities and implications of diabetes for women at different stages throughout their lives.

We have a full team of endocrinologists who treat patients with all types of diabetes, and we treat more pregnant women with Type 1 diabetes than does any other program. We also train dozens of diabetes care professionals every year and offer a unique program to endocrinology residents who learn what it means to live with diabetes by wearing an insulin pump and monitoring their own blood sugars. And we're part of one of Canada's leading diabetes education programs.

Education, in fact, is core to what we do. Nicola Donovan is an Advanced Practice Nurse Specialist who is part of a team of dietitians, physiotherapists, and social workers that provide counselling to women with gestational diabetes. Women learn what diabetes is, how to manage it, how to eat right and how to exercise properly so that risk to the mother and child are minimized. Nicola also counsels patients with complex Type 2 diabetes. And she is part of the *Mid-Life Program*, helping women (aged 49–60) with Type 2 diabetes set goals and manage this chronic disease.

Diabetes is affecting more and more young women every year. Treatment is key, but prevention is just as vital. Scientists, clinicians and other health professionals at Women's College are making sure women have both.



# Women need control over their reproductive health needs. It's that simple.

– Dr. Sheila Dunn, Family Practice Physician Researcher, Women's College Hospital and Clinical Researcher, Women's College Research Institute

Dr. Sheila Dunn came to Women's College Hospital in 1982. She's worked in the Emergency Department. She's been Medical Co-Director of the *Sexual Assault and Domestic Violence Care Centre*. And she's served as Medical Director of the *Bay Centre for Birth Control*.

Perhaps above all else, Dr. Dunn has been a tireless advocate for women's right to information, access and services when it comes to their reproductive health.

It's hardly surprising, then, that the *Bay Centre for Birth Control*, which began more than three decades ago, has helped hundreds of thousands of women get the care they need – in the way they need it. Privacy is preserved. Judgments are suspended. Peer-to-peer education is a mainstay. Teams of physicians and advanced practice nurses provide physical exams, counselling, and information to girls and women of all ages and backgrounds. Year in and year out, 8,000 new patients arrive at the *Bay Centre* for a whole range of services including family planning, Pap smears, treatment for sexually transmitted diseases, safer sex counselling, and emergency contraception.

But it's not only the *Bay Centre*'s patient care that makes it exemplary. At its core is an innovative research agenda that identifies and evaluates best practices and policies in sexual health. Dr. Dunn herself has conducted clinical trials of hormonal contraceptives and methods of medical abortions. She has co-led a study that explores the impact of changes to federal regulation which allows emergency contraception to be provided without a prescription. She is co-author of a chapter on Reproductive Health Indicators for the government of Ontario's upcoming Power Study, and is helping to devise guidelines on contraception for new immigrants. And she is now heading a project to institute colposcopy on-site at the *Bay Centre* – a sophisticated tool for tissue diagnosis of abnormal Pap smears.

For Sheila Dunn, there is still so much to be done. She wants more and better family planning products. She wants more and better information that empowers women to make their own decisions about their sexual and reproductive health. She wants more and better access for women to reproductive health technologies.

She's working to make it happen.



# Millions of people suffer from disabling headaches because of inaccurate diagnosis and inappropriate treatment.

## We're taking action.

*– Dr. Christine Lay, Director, Centre for Headache, Women's College Hospital*



Over four million Canadians suffer from migraine. Three-quarters of them are women. The toll taken on them, their families, their marriages, and their careers is incalculable.

Sadly, a full half of these women have not been getting diagnosed or treated. Until now.

Women's College Hospital has opened the first hospital-based Headache Centre in Ontario. Leading it is Dr. Christine Lay, the province's only Headache Subspecialty board-certified neurologist and an international authority on headache.

Migraine affects women disproportionately – three women for every man. And the effects are severe. The World Health Organization lists migraine as one of the leading causes of disability, and 80 per cent of sufferers report disability during their attacks.

Part of the problem, according to Dr. Lay, is that although migraines affect more people than asthma and diabetes combined, relatively few doctors have specialized training in diagnosing and treating headache.

That's why Dr. Lay is committed to a program that offers expert evaluation and individualized treatment plans for patients, and that educates physicians and medical trainees about the debilitating – and costly – effects of headache. In its early stages, the *Centre for Headache* is building links with endocrinologists here at Women's College to address hormonal triggers, and with our *Mental Health Program* to help patients deal with the anxiety and depression that may be associated with chronic headache. Ultimately, the *Centre* will develop an interprofessional care team of nurses, dietitians, and pharmacists to help patients manage this chronic illness.

The new *Centre for Headache* at Women's College is just one more example of our abiding commitment to advancing women's health.

# When it comes to chronic conditions, we treat body and mind.

*– Dr. Mona Gupta, Deputy Psychiatrist-in-Chief and Leader,  
Mental Health and Medicine Program, Women’s College Hospital*

Too often, mental health problems are connected to medical illness. There may be the psychological consequences of a new diagnosis or a chronic disease. There may be psychiatric problems that compromise treatment. And there may be psychiatric symptoms caused by medical disorders and medications.

Women’s College Hospital is a leader in addressing these challenges. Headed by the venerable Dr. Mona Gupta, a team of psychiatrists and social workers treat women living in the community, most often with chronic diseases and mental health problems.

Diabetes, for instance, is an area of clinical focus. In fact, fully half of Dr. Gupta’s patients have psychiatric issues associated with it. Some might not take their medications appropriately as a means of dealing with their anxiety, depression, family conflicts, or other life stresses. Girls might try to cope with the conflicts of adolescence by refusing to take their insulin so that they can lose weight. Still others might find that managing diabetes itself has traumatic associations, and so default to eating badly or ignoring sugar levels.

No doubt the issues are complex. But innovative research being undertaken by Dr. Gupta just might help to uncover new strategies. She’s talking to women with Type 1 and Type 2 diabetes to get a sense of their perceptions, experiences, and health needs when it comes to living with diabetes. It might sound like business-as-usual. But in reality, most research tests patients based on existing diagnostic categories. Here, there are no pre-determined criteria. There are no items for patients to check off. Rather, Dr. Gupta and her colleagues are starting with a blank slate. By listening to what people have to say about their own lives, in their own words, researchers are hoping to find new insights and new ways of helping women manage their disease more effectively.

And it’s not just diabetes that clinicians and researchers are addressing in our *Mental Health and Medicine Program*. HIV is a major focus. So too are endocrinological disorders, as well as chronic pain conditions.

The in-roads we’ve made have been substantial and our agenda is clear. We want to help people living with chronic diseases manage their medical conditions to best effect. That means taking a holistic approach to our patients. It means treating mind and body. At Women’s College, we’re expert at both.



# We strive to empower victims of violence to make the decisions that are right for them.

*– Petra Norris, Nurse Examiner and Outreach Coordinator,  
Sexual Assault and Domestic Violence Care Centre, Women's College Hospital*

When Petra Norris was 18, she was assaulted by her partner. She went for help to a local hospital. But she only felt more isolated.

Now Petra is one of 21 nurses at Women's College Hospital's *Sexual Assault and Domestic Violence Care Centre* who spend their days and nights helping victims of violence. The approach they take is based on a simple philosophy: the best medical care coupled with the most compassionate support.

This year, the *Centre* is celebrating its twenty-fifth anniversary. It is indeed a major milestone. After all, it was the first hospital-based program in Ontario to help victims of sexual assault and domestic violence. Its nurses are on call 24 hours a day, seven days a week to provide forensic examination, treatment, counselling, follow-up care and most importantly – options for care. Its staff are dedicated to building awareness, knowledge and skills in conjunction with violence organizations across the province. And training is provided to emergency service workers and police officers who may be the first point of contact for those experiencing abuse, as well as to crown attorneys and the general public.

What's more, people from around the world come to learn about our standards of care and access our knowledge and expertise. That's because, at the *Centre*, practice is guided by research. In fact, the Women's College Research Institute's *Violence & Health Research Program* is emerging as a global leader in health-based research around violence against women. Our researchers have been involved in developing policy locally, and nationally, and throughout the world. Just this year, we collaborated with the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres and carried out a study on drug facilitated sexual assault. The findings are astonishing: one in five sexual assault victims believe they were drugged prior to the assault.

For Petra and her colleagues, the goal is to help victims of violence make the decisions that are right for them. That might mean calling the police, staying at a shelter, getting counselling, or simply going home. No matter the outcome, staff want women to know that they're not alone. That they don't have to cope on their own. And that they don't have to be afraid of being judged, blamed, or disbelieved.

As Petra says, she didn't feel supported when she experienced violence and she doesn't want anyone else to ever feel that way. Even if it just means listening.

That's much like the thinking throughout all of Women's College Hospital. As we see it, our job is to treat the whole person. Judging by the number of people we've helped, seems to us it's working.



# We not only practice ambulatory care. We teach it.

*– Heather McPherson, Vice President Patient Care and Ambulatory Innovation, Women's College Hospital*

*– Dr. Gary Sibbald, Director, Medical Education, Women's College Hospital*

Women's College Hospital is committed to becoming the world's pre-eminent academic ambulatory hospital dedicated to women's health.

That means we not only practice ambulatory care, we teach it as well.

That's why we're developing the *Centre for Ambulatory Care Education* in partnership with the University of Toronto.

At the helm is Heather McPherson and the Ambulatory Care Education Committee including Dr. Gary Sibbald, Dr. Gillian Hawker, Dr. Catherine Kelly and Judi Laprade. They are working with a team of experts to create innovative teaching techniques that will enable students from all health science disciplines – nurses, doctors, physiotherapists, dietitians, and social workers, to name a few – to enhance their understanding and skills in ambulatory care.

Ambulatory care is about providing a whole host of health and social services – like diagnostic procedures, specialized medical therapies, and surgical interventions – that do not require hospitalization. In fact, the goal is to get patients home within 18 hours. The focus is on preventing and managing chronic diseases for people living in the community.

As it stands now, students are often not satisfied with their ambulatory care learning experience. The problem, as they see it, is that they are segregated into discreet professions, and see patients at a moment in time without the opportunity to follow the progress of their care and treatment. In addition, students receive most of their training in in-patient settings and primarily focus on episodes of acute care. But the reality is, the majority of health care happens in ambulatory setting. Students simply aren't getting the training they need to work in that environment. And as Sarita Verma, Deputy Dean, Faculty of Medicine at the University of Toronto says, "In a few years, the lion's share of the practice of medicine and the learning environment will have shifted dramatically from in-patient to ambulatory. Learning in settings where the majority of patients are independent yet still have high quality of care for prevention, surveillance and chronic disease management is the trend of the future."

The *Centre for Ambulatory Care Education* will provide students with the skills they need to manage ongoing chronic diseases. It will pilot new models of interprofessional ambulatory care teaching and curriculum that include longitudinal experiences so students can follow a patient over time. And its teaching methods will incorporate novel approaches by relying not only on real patients, but by using actors as patients as well. An advisory committee with local and national experts, including students, will guide the development and implementation of these teaching methods.

Our future in the academic leadership of ambulatory care is an exciting one. Through our new *Centre*, we'll become an academic hub for integrated ambulatory care education and scholarship across the province, and we'll set a higher standard for ambulatory teaching and learning around the world.

It's an ambitious agenda. Given our leadership in teaching throughout our history, we'll no doubt achieve it.



# For women living with HIV there's more to life.

**– Dr. Mona Loutfy, Scientist and Head of the Women and HIV Research Program, Women's College Research Institute**

When Dr. Mona Loutfy graduated from the University of Toronto Medical School in 1995, HIV was being transformed from a feared and fatal disease into something else – a chronic illness. She was inspired by the difference that treatment advances were making in people's lives.

Eleven years later, with specialized training in infectious diseases and a Masters degree in Public Health from Harvard, Dr. Loutfy set out to address the needs of the rapidly expanding population of Canadian women who are living with HIV. She led the creation of the *Women and HIV Research Program* at Women's College Hospital.

In part, Dr. Loutfy was concerned that the medications being used to treat people with HIV had not been studied extensively enough on women. But she was also recognizing that the concerns of women living with HIV reached far beyond medication. In fact, some of her most recent work shows that over three-quarters of young women with HIV would like to have families.

As Dr. Loutfy says, “Women living with HIV understand that their lives aren’t over. They can have partners, families, and careers. What we really need now are health services to help them do that.” So she’s been working with a diverse team of specialists to create national HIV pregnancy planning guidelines. Women with HIV are a prominent part of this “specialist” team, an approach that is central to how Dr. Loutfy does research. As she sees it, HIV+ women are the experts on their own needs.

Mona Loutfy’s work is bringing recognition across the board. She’s been lauded as one of Ontario’s hottest young researchers. She’s the recipient of the highly prestigious and competitive New Investigator Award from the Canadian Institute of Health Research. And in 2008, she was recognized by Ontario’s Ministry of Research and Innovation with an Early Researcher Award that heralds the best and brightest innovators.

No doubt she is that.



# It takes collaboration across disciplines to provide the best in women's health.

*– Diana Raymond-Watts, Research Manager, Women's College Research Institute (L)  
– Dr. Heidi Roberts, Member, Research Ethics Board, and Site Director, Radiology, Women's College Hospital  
– Dr. Miriam Shuchman, Psychiatrist, Women's College Hospital Chair, Research Ethics Board, Women's College Hospital  
– Abrena Smith, Research Ethics Board Coordinator (R)*

It's hard to believe that Dr. Miriam Shuchman has been at Women's College Hospital less than two years.

Since she's arrived, Dr. Shuchman – together with her colleagues – has transformed the hospital's Research Ethics Board, helped develop the general psychiatry program, and maintained her work as a journalist and award-winning author.

Take, for example, her team's work for the Research Ethics Board – a body that ensures that the rights and safety of human subjects are protected in research studies. The aim has been to revitalize the Board so that the focus is on people, not paper – and to develop a process that is less cumbersome and time-consuming for scientists. Integral to that success has been the work not only of Dr. Shuchman, but of the Board's manager, coordinator and members—including WCH physicians and nurses and individuals from the community.

But it is her work as a medical journalist and editorialist that is equally vital. Dr. Shuchman writes on the challenging issues that lead to better health care for everyone. She writes, for instance, about clinical trials and she asks the tough questions. How does Health Canada keep track of clinical trials? What sorts of trials ought to be taking place? Do clinical trials as they're currently done – normally in pristine conditions – really give us the answers we need to treat people in real-life? Dr. Shuchman also writes about research ethics boards. How well are they functioning? Who's monitoring them? Should there be an accreditation agency to oversee them?

Perhaps most compelling is Dr. Shuchman's current work on relationship-centered care, an emerging priority in health care and the possible answer to key problems amongst hospital professionals. She is convening a cutting-edge conference in 2010 – hosted by Women's College Hospital – aimed at helping health-care professionals adopt new ways of relating to their patients and their colleagues. Ultimately, the goal will be to shift the cultures of hospitals and medical schools to a set of values based on collaboration, mutual accountability and group trust. Speaking at the conference will be major figures from Canada and the United States who specialize in organizational change at hospitals, and whose thinking is grounded in complexity theory and relationship psychology.

No matter how many changes she pioneers, Dr. Shuchman never fails to talk about the people she does it with. For her, it is the spirit of collaboration that makes anything possible. Clearly, it's an approach that's working wonders.



# The future of women's health will be built on today's best young minds.

– **Dr. Andrea Grunier, Canadian Institute for Health Research Fellow, Women's College Research Institute**



At Women's College Hospital, we see medical and research trainees as the future of care.

Dr. Andrea Grunier is a perfect example. She has a PhD in Epidemiology from Brown University. She's received a host of honours and awards. She's expert at identifying critical gaps in the quality of health services by gathering evidence from the complex databases created by OHIP and other health-care plans. And she is now looking at how we care for some of Ontario's most vulnerable older women.

Happily for the Women's College Research Institute, Dr. Grunier has joined the team as a post-doctoral fellow under the mentorship of Dr. Paula Rochon. Her skills are invaluable as we study how to create ambulatory services that meet the needs of women and their families.

Take our new 'virtual hospital initiative,' for instance. It's a pilot study that addresses a serious gap in the health-care system – patients who may be well enough to leave hospital but not well enough to cope at home. Often, they end up right back in a hospital bed. The 'virtual hospital' will use health specialists from Women's College to provide vigorous follow-up to patients once they've been released from hospital. The aim is to prevent readmission due to relapse.

Finding ways to improve access to appropriate health care, particularly for older women, is not new to Dr. Grunier. She is now undertaking the first study in Canada to explore why nursing home residents – three-quarters of whom are women – are taken to hospital emergency rooms when they face a health crisis. As Dr. Grunier says, "Imagine taking a frail elderly woman into a typical emergency room, particularly if she has some degree of dementia. It's crowded and unfamiliar. Her anxieties are the same anxieties we all face in emergency rooms, but greatly magnified."

Ultimately, Dr. Grunier would like to know if there are ways to redesign nursing home care to make emergency visits less necessary. This would reduce the stress on vulnerable older people – and potentially lessen the burden on our over-taxed emergency rooms as well.

The design of health-care delivery is of major importance to the Women's College Research Institute. As we look to fulfill our new vision as the world's pre-eminent academic ambulatory hospital dedicated to women's health, we're leaving no stone unturned as we evaluate each and every element of ambulatory care: its organization and delivery, its integration and measurement, and its training, research, education and promotion.

With young researchers like Dr. Grunier, we're well on our way.

# By doing what no one else has done we're getting closer to preventing breast cancer before it begins.

***– Dr. Steven Narod – Clinician-Scientist, Medicine, Women's College Hospital and Director, Familial Breast Cancer Research Unit, Women's College Research Institute***

Dr. Steven Narod has done the remarkable: he's changed how health professionals around the globe understand and test for genes associated with breast and ovarian cancer – and how they help at-risk women and their families.

His work in the genetics of cancer has made him one of the world's foremost experts.

Nearly 15 years ago, Dr. Narod was part of a team that identified BRCA1 and BRCA2. The discovery was a major breakthrough. Because the fact is, when a woman inherits one of these genetics mutations, she has an approximately 80 per cent chance of developing breast or ovarian cancer.

Since then, Dr. Narod has been dedicated to finding ways for women who inherit these mutations to change their fate. He's been succeeding. His team has documented more than a dozen approaches to reduce risk – including preventative surgery, hormonal medications, nutrition, and choices around childbirth and breastfeeding.

"Our job," Dr. Narod says, "is to create evidence so that women can weigh the options when it comes to prevention and take control of their cancer risk."

That evidence has been so compelling that his work is recognized and supported with a prestigious Tier I Canada Research Chair. What's more, he has been the world's most cited breast cancer researcher, and he is in the top half of one per cent of all published authors.

His research papers are only part of what make Dr. Narod pre-eminent in his field. He has also built a powerful network of researchers from 51 institutions in Canada, Israel, the United States and Europe, who together study the BRCA1/BRCA2 genes. His interest in how specific mutations are inherited in particular ethnocultural communities has led him to work in countries where there is little infrastructure for genetic research – or clinical testing. He is giving hope to people around the world by establishing genetic testing centres in Poland, Pakistan, Philippines, Brazil and Cuba, by organizing training for local clinicians, and by advising on both scientific and administrative issues.

Dr. Narod has a vision: to provide cancer prevention for at-risk families across the world. He's determined to make it come true.



# Health care is not a luxury – it is a right – one that we must protect and promote.

**– Dr. Samantha Nutt, Family Practice Physician, Women's College Hospital  
Founder and Executive Director, War Child Canada**

When Dr. Samantha Nutt was in medical school, the only place she wanted to work was Women's College Hospital. For her, the institution fit right in with her thinking. She believed in strong, collaborative community health care for women. She believed in a health system where access for women was not an issue. And she believed in taking a gender-specific approach to health and well-being for women and their families.

Precisely the mindset of Women's College Hospital.

Fifteen years later, Dr. Nutt still practices medicine at Women's College Hospital. But today, her work has taken on a whole other dimension. Her resumé is stunning. She holds post-graduate degrees in community medicine, family medicine and public health. She has completed a sub-specialty in women's health as an international Women's Health Scholar. And she's received honorary doctorates from Niagara, Brock, McMaster, St. Mary's, Lethbridge and Nova South Eastern universities.

Really, that's the least of it.

For more than a decade, Dr. Nutt has been working in the world's most violent war zones to help women and children, always the most vulnerable victims caught in the cross-fire of war. In 1999, she founded War Child Canada, an organization dedicated to providing long-term humanitarian support and programming to children and families in war-ravaged countries. Here at home, the organization aims to promote awareness of children's rights everywhere. Her work has taken her to some of the most dangerous areas of conflict across the globe – Liberia, Sierra Leone, Somalia, Burundi, Iraq, Afghanistan, Darfur, northern Uganda, and the Democratic Republic of Congo.

Dr. Nutt sees a direct link between her work overseas and her work at Women's College. As she puts it, health and wellness for women is about all of the factors that influence their lives – ranging from their economic status and their gender roles, to their age and their education levels, their work outside the home and the cultures within which they live. In her practice, Dr. Nutt sees women whose health is impacted by their life situations. She sees young, immigrant women, as well as refugees and Canadian women from all walks of life. She sees women who need preventative care and screening for such things as sexually transmitted diseases, sexual health, and family planning. She sees women who are living in their own kind of war – they are victims of sexual violence, abuse or poverty.

She is a published author, a television commentator, and a media star. She's produced documentaries to educate youth about the impact of war on children, and platinum-selling benefit CDs to support War Child. She's received countless awards, honors and accolades. Most recently, she was chosen as one of "200 global leaders" by the World Economic Forum.

But mostly, Samantha Nutt is an indefatigable spirit who's determined to protect the vulnerable and get the world to understand the realities of war. For Dr. Nutt, medicine is her vehicle because, as she says, medicine is about empathy. It's about understanding health as a right to which we are all entitled. Clearly, she's devoted her life to it.



# The best treatment for women means caring about their whole lives.

– Dr. Gillian Hawker, Clinician-Scientist, Rheumatology, Physician-in-Chief, Women's College Hospital, and F. M. Hill Chair in Academic Women's Medicine (L)

– Chandra Farrer, Advanced Practice Physiotherapist, Musculoskeletal Health, Women's College Hospital (R)

Four million Canadians suffer from arthritis. Two-thirds of them are women. Osteoarthritis is the most common form of arthritis and, by the age of 70, most Canadians will be affected by it.

Fortunately, Women's College Hospital is pilot testing a state-of-the-art treatment program for individuals suffering from osteoarthritis. At the helm is Dr. Gillian Hawker, one of Canada's leading experts in the field. She and her team have developed the *Multidisciplinary Osteoarthritis Program*, incorporating two decades of osteoarthritis research by her group that highlights misperceptions about the disease by both patients and their physicians – resulting in serious gaps in care overall, and particularly for older women.

The *Multidisciplinary Osteoarthritis Program* is designed for individuals with complex care needs – people who cannot take the usually recommended therapies because of other medical conditions, for instance. It offers one-stop access to a team of specialized health professionals – physicians, pharmacists, dietitians, physical therapists, occupational therapists and clinical nurse specialists – who work with patients to develop individualized care plans. Underpinning the program is a strong focus on self-management and informed decision-making about treatment options.

How these programs are structured and how they deliver care reflect some of our most fundamental values at Women's College Hospital. For one, we believe in care that takes into account the priorities, needs and choices of each patient. That's why we work collaboratively with our patients to create health-care programs that are right for every one of them. After all, the more patients are on board with their plans, the more likely they are to practice them.

We also believe that it's senseless to separate the biomedical from the psychosocial impacts of living with chronic illness. We know, for instance, that women are more likely than men to live alone, to have lower incomes, and to be socially isolated – all conditions that have an impact on women's ability to access the health care they need. What's more, we know that women make health-care decisions differently than men. Women, in general, want to discuss their options in more detail than men do. They tend to want more information and are often more eager to try alternative therapies. They sometimes need extra visits. We accommodate that.

Finally, we believe in the critical and complementary role that each of our health professionals plays. Chandra Farrer is an Advanced Practice Physiotherapist who conducts assessments, orders x-rays and lab work, runs group education classes and provides exercise therapy, interprets results, provides treatment and offers referrals. Importantly, she helps patients navigate their way through an often complex system of care. Her job, as she sees it, is to empower patients to manage their condition on their own, and to provide the self-management tools they need to do that.

As always, our commitment to innovation continues unabated.



# Financials

As of March 31, 2009

May 27, 2009

## **Auditors' report on summarized financial statements to the Board of Directors of Women's College Hospital**

The accompanying summarized statements of financial position, operations and changes in net assets are derived from the complete financial statements of Women's College Hospital (the Hospital) as at March 31, 2009 and for the year then ended, on which we expressed an opinion without reservation in our report dated May 27, 2009. 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 complete financial statements.

Chartered Accountants, Licensed Public Accountants

# Board of Directors

Summary Statement of Financial Position  
As at March 31, 2009

	2009 \$	2008 \$
<b>Assets</b>		
<b>Current assets</b>		
Cash	22,837,905	23,986,022
Investments	12,797,583	13,550,878
Accounts receivable	2,674,305	4,886,678
Inventories and prepaid expenses	780,876	793,940
	<b>39,090,669</b>	<b>43,217,518</b>
<b>Due from Foundation</b>	500,000	1,000,000
<b>Property and Equipment</b>	25,990,171	19,954,814
	<b>65,580,840</b>	<b>64,172,332</b>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	15,114,847	13,369,187
Deferred revenue and research grants	7,213,264	9,732,016
Trust funds	6,227,714	7,367,488
	<b>28,555,825</b>	<b>30,468,691</b>
<b>Post-employment benefit liability</b>	2,432,918	2,201,600
<b>Deferred capital contributions</b>	29,222,060	26,038,774
	<b>60,210,803</b>	<b>58,709,065</b>
<b>Net Assets</b>		
<b>Investment in property and equipment</b>	6,360,173	6,131,539
<b>Unrestricted</b>	(990,136)	(668,272)
	<b>5,370,037</b>	<b>5,463,267</b>
	<b>65,580,840</b>	<b>64,172,332</b>

Summarized statement of changes in net assets  
For the year ended March 31, 2009

	Investment in property and equipment \$	Unrestricted \$	2009 Total \$	2008 Total \$
<b>Balance, beginning of year</b>	6,131,539	(668,272)	5,463,267	4,594,890
(Deficiency) Surplus of revenues over expenditures for the year	(839,239)	746,009	(93,230)	868,377
Internally funded property and equipment	1,067,873	(1,067,873)	-	-
<b>Balance, end of year</b>	<b>6,360,173</b>	<b>(990,136)</b>	<b>5,370,037</b>	<b>5,463,267</b>

Summary Statement of Operatios  
For the year ended March 31, 2009

	2009 \$	2008 \$
<b>Revenues</b>		
Ministry of Health and Long-Term Care	58,258,169	54,287,633
Other agencies and patients	6,593,317	6,027,939
Research grants	3,600,142	3,878,710
Ancillary services and other sources	13,161,065	18,878,670
Investment income	535,829	1,166,801
Amortization of deferred capital contributions	2,346,152	1,060,186
	<b>84,494,674</b>	<b>85,299,939</b>
<b>Expenditures</b>		
Salaries, wages and benefits	57,483,982	53,906,326
Medical and surgical supplies	2,388,959	1,913,482
Drugs	1,803,610	1,930,092
Other supplies and expenses	19,725,962	24,757,829
Amortization of property and equipment	3,185,391	1,923,833
	<b>84,587,904</b>	<b>84,431,562</b>
<b>(Deficiency) Surplus of revenues over expenditures for the year</b>	<b>(93,230)</b>	<b>868,377</b>

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