

# momentum

HOW WE'RE DEFINING THE FUTURE OF HEALTH CARE



WOMEN'S COLLEGE HOSPITAL  
Health care for women | REVOLUTIONIZED

ACCESS + INNOVATION REPORT 2012

## Delivering Access and Innovation

- > Supporting family physicians with complicated patients
- > New approaches to complex chronic conditions
- > Complete thyroid treatment under one roof
- > Caring for post-cancer patients
- > Using technology to transform patient monitoring
- > Providing care for refugees
- > Reaching out to under-screened women
- > Transitional care for patients after discharge from psychiatric units
- > Keeping patients out of emergency rooms
- > Online mental health support
- > The campaign to revolutionize health care

It's here, in every  
moment, where we  
can define and impact  
the future of health  
care for everyone.

**Note:** In order to protect patient privacy and confidentiality, all photography and patient stories do not portray real patients, but are based on typical scenarios.

## REVOLUTIONIZING HEALTH CARE A MESSAGE FROM MARILYN EMERY, JANE PEPINO & DR. JIM RUDERMAN

Women's College Hospital is entering its second century with the same spirit and dedication that made our first hundred years such a remarkable success story. Since 1911, Women's College has been a leader in access and innovation, and we continue to break new ground – literally with the construction of our new hospital, and figuratively as we continue to develop revolutionary programs and health system solutions.

As our new hospital takes shape, we are building momentum toward the hospital of the future. We are building not only with glass and stone, but also with research and innovation, with partnerships and collaborations, and with the care and caring on which we've built our reputation.

At Women's College, we know that health-care needs are changing. The population is aging, people are living longer, and increasingly, people are dealing with multiple chronic conditions. As a stand-alone ambulatory (or outpatient) hospital with a focus on women's health, we're responding to those growing needs.

We are working closely with acute care hospitals and community partners. We're creating new models of ambulatory care that keep people out of hospital. We're providing treatment strategies for the most complex patients who are inspiring real innovations in how and where we provide treatment, and we're making sure that the next generation of health-care providers is prepared to deliver those innovations.

As an academic health sciences centre, Women's College is dedicated to providing medical trainees from a number of health disciplines the opportunities to learn in an ambulatory health-care setting. We're also creating new teaching models, and sharing them with other hospitals.

Meanwhile, scientists and researchers at Women's College Research Institute are tackling some of the biggest health-care challenges of our time: reducing the cost and improving the quality of health care, managing an aging population and patients with chronic conditions, and improving women's health and quality of life.

Women's College is creating programs that bridge gaps in the health system – programs that will help reduce re-hospitalization, cut down on emergency room use and provide access for underserved populations. These programs also serve as models of care that can be disseminated to other facilities throughout the province and across the country.

As we achieve these crucial goals, it's the individual patient moments that take us there: those moments that touch patients' lives, those moments that connect us to our community, those moments that bring research to life in the clinic, those moments that – one by one – build on our legacy of unparalleled caring.

This year's **Access and Innovation Report** focuses on those moments, and on the pioneering programs that make them happen. They represent groundbreaking research in treating mental health and chronic conditions, in teaching the health-care professionals of tomorrow, and in creating new models of care that can improve the health system as a whole.

These moments represent Women's College Hospital's commitment to **revolutionizing health care**.

By providing patients with the access to **care they deserve today**, we are bringing innovative ideas to the forefront of Canada's health-care system.



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



**N. Jane Pepino**  
*Chair of the Board  
Women's College Hospital*



**Dr. Jim Ruderman**  
*Chief of Medical Staff  
and Family Physician  
Women's College Hospital*



Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"Family care providers are a natural anchor for patients in our health-care system... They need to be spending less time on the phone searching for a specialist to see their patient and more time with their patients."

"If family health-care providers are to have an even stronger role in our health-care system, they must be well integrated at a local level with all the other providers involved in the patient journey."

FRIDAY 16:08

Today, we're creating a treatment framework and a contingency plan for Karla's multiple health problems so **she can get the care she needs, at home**, even in the middle of the night.

## BUILDING BRIDGES AT WOMEN'S COLLEGE HOSPITAL

When her family doctor diagnosed Karla with heart failure, he wanted advice from a medical specialist about the best management approach. Instead of waiting for the patient to see a specialist, the doctor picked up the phone and discussed the case with the internist on call at Women's College Hospital.

Family doctors in solo practice – those who are not part of a family or community health team – have fewer resources and thus unique challenges in managing complicated medical patients. Ensuring patients in crisis have access to specialists, community resources and diagnostic tests is often difficult; sending the patient to a hospital emergency department is often seen as the only resort.

Supporting these family doctors in keeping their complicated medical patients well and out of hospital is what the University of Toronto BRIDGES program (Building Bridges to Integrate Care) is all about. Women's College is uniquely positioned to partner with acute care hospitals and community providers to ensure safe transitioning of patients from hospital to home, and to ensure they stay well. So it makes sense that the SCOPE project (Seamless Care Optimizing the Patient Experience) – a partnership of Women's College with University Health Network

(UHN) and Toronto Central Community Care Access Centre (TC CCAC) – was granted funding from the Ministry of Health and Long-Term Care as a BRIDGES initiative.

Women's College's mandate is to create innovative health system solutions to keep complicated medical patients out of hospital, provide evidence to show that these innovations work, and then share these models with others across the country.

The SCOPE project is an excellent example of this model. It is a two-year quality improvement project that will evaluate the impact of providing a group of 25 solo-practice, community-based family doctors with specific services at Women's College, UHN and the TC CCAC to help them manage their complex medical patients. The aim is to avert exacerbations of chronic illness that often result in an emergency department visit or hospital admission.

The project has three key components:

- a navigation hub staffed by a nurse and a CCAC co-ordinator who can respond to calls from the physicians or their secretaries around urgent access to things like specialists, diagnostic testing and community resources
- doctor-to-doctor telephone access to a general internist at Women's College Hospital
- access to the University Health Network's electronic medical records system to enable fast, online access to things like test results, consult notes and discharge notes, which may otherwise take days or weeks

"As an ambulatory care hospital and home of the new Institute for Health System Solutions and Virtual Care, Women's College Hospital is perfectly positioned to partner on the development and evaluation of innovative models of care that keep people out of hospital," says Dr. Gillian Hawker, chief of medicine at Women's College Hospital.

All components of the project are being evaluated. The result will be a scalable model for hospital, community and primary care integration that can be applied in other parts of the province to help reduce emergency room use within the system as a whole.

"It makes sense that the hospitals, CCAC and the primary care docs come together," Heather McPherson, vice-president, patient care and ambulatory innovation, says. "It's a beautiful example of how our Institute for Health Systems Solutions and Virtual Care is advancing primary care integration, and it's an immediate and tangible way to improve the health outcomes for more complicated patients."

We believe that by working with our acute care hospital partners and the TC CCAC, we can **prevent health-care crises in complex patients** that result in emergency department visits and hospital admissions.



**Dr. Gillian Hawker**

*Chief of Medicine*

*Women's College Hospital*



**Heather McPherson**

*Vice-President, Patient Care and*

*Ambulatory Innovation*

*Women's College Hospital*





TUESDAY 10:25

Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"If we are to meet the  
needs of a growing  
population with multiple,  
complex and chronic  
conditions, our health-  
care system must be even  
better co-ordinated, with  
seamless levels of care."

Through research, ideas  
and hands-on experience,  
**we're training  
tomorrow's doctors**  
to meet the needs of  
the health system's most  
complex patients.

## COMPLEX CARE AND EDUCATION

Frieda takes eight pills a day to manage her multiple chronic conditions. At 68, she has diabetes and high blood pressure. Two years ago she had a heart attack followed by bypass surgery. Frieda is a complex case, but her situation is not unusual.

Studies show that four out of five Ontarians over age 45 have a chronic condition and of those, 70 per cent have two or more chronic conditions. Every year 60 per cent of all deaths in Ontario are linked to chronic conditions. In fact, chronic conditions account for 55 per cent of Ontario's direct and indirect health costs.

Women's College Hospital's Complex Care Clinic (CCC) was established specifically to help these patients improve their quality of life and help keep them out of hospital. It's an internal medicine clinic that treats the top users of the health-care system.

The clinic is staffed by attending doctors, medical residents, nurses and pharmacists with access to Community Care Access Centre resources, and also works with occupational therapy, respiratory therapy, physiotherapy, nutrition, social work and psychiatry. Because of its unique role in the health-care system, the CCC is able to provide outpatients with more efficient access to specialists.

As a teaching hospital specializing in ambulatory, or outpatient, care, Women's College is uniquely positioned to generate evidence-based knowledge and models of teaching, as well as to provide relevant training opportunities through programs such as the CCC.

The clinic supports primary care doctors in treating their most complex patients. This not only helps keep these patients out of emergency rooms, and out of hospital, but also provides excellent teaching opportunities. That's why CCC is part of Women's College's Centre for Ambulatory Care Education (CACE), whose main priority is educating the health-care professionals of the future.

"We teach residents, medical nursing and health discipline students and allied health profession students how to manage complex patients and hopefully keep them out of hospital," says medical director Dr. Tina Borschel. "Medical residents get a lot of in-patient experience, but not much opportunity to work in ambulatory care."

Thanks to innovation and advances in treatment, most health care now takes place in an ambulatory setting. People with complex chronic conditions are treated primarily in the community. However, most teaching still takes place in in-patient hospitals.

To meet the challenges facing health care, we need to provide health-care professionals with training opportunities that are more relevant. That's the mission of the CACE and its CCC.

"The care model has shifted," says CACE director Dr. Heather Carnahan. "What we need to do is rethink how we educate our health professionals to be ready to work in ambulatory care settings and be trained within ambulatory programs."

A collaboration between Women's College Hospital and the University of Toronto, CACE is an extra-departmental unit that serves the entire Toronto Academic Health Science Network (TAHSN).

CACE is dedicated to building capacity and developing a research base in ambulatory care education. That means initiating teaching programs, faculty development opportunities and mentorship programs at Women's College and beyond.

In eight months of operation, CACE's research arm has had 15 papers accepted for publication and attracted a team of nine University of Toronto researchers working to build evidence-based teaching models.

Together, CACE and the Complex Care Clinic are not only filling a health system gap by providing a unique model of care, but are also educating the physicians and health-care professionals of the future.

By creating a unique educational environment, with proven partners, we're well on our way to transforming care for everyone.



**Dr. Tina Borschel**  
*Medical Director, CCC  
Women's College Hospital*



**Dr. Heather Carnahan**  
*CACE Director  
Women's College Hospital*



FRIDAY 12:29

Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"Higher quality care is better  
for patients and is also less  
expensive. It means getting  
it right the first time."

When Miriam awoke  
from her thyroid surgery,  
she was **greeted by  
the same nurse** who  
was there when she was  
first diagnosed.

8

ACCESS + INNOVATION | WOMEN'S COLLEGE HOSPITAL



## A ONE-STOP SHOP FOR THYROID TREATMENT

At age 46, Miriam has just been told that she has a mass on her thyroid that might be cancer. She has a lot to think about, so it's a huge comfort to know that all of her upcoming health-care needs will be managed in one place.

A thyroid cancer patient navigating the health system may have to make numerous stops along the way: endocrinology, radiology, surgery, and eventually radioactive iodine treatment. It's a process that can require referrals, waiting and unfamiliar locations at every step.

That's why Women's College Hospital has brought all of these steps under one roof with its groundbreaking Thyroid Program. It's a rapid-access program that works like a one-stop shop for thyroid patients.

Working in partnership with the University Health Network (UHN) and Sunnybrook Health Sciences Centre, Women's College's Thyroid Program brings together endocrinology and surgery, plus diagnostic imaging, a fast-track biopsy program and a dedicated bed for radioactive iodine treatment following surgery. The result is a patient-centred model of care with the potential to cut wait times in half.

The program is a true partnership between medicine and surgery. Housing both in the same clinic means that if an endocrinologist has a patient who needs to see a surgeon urgently, they can simply take the patient next door. Space is always reserved for critical patients.

"Patients can walk over to see the thyroid surgeon if needed on the same day," says endocrinologist Dr. Afshan Zahedi, medical director of the program. "That really shortens wait times."

The Thyroid Program is also the only program in Ontario doing total thyroidectomies within an ambulatory (outpatient) surgery model.

"We worked with UHN to see what kind of innovations we could implement here at Women's College that would provide the safe ability to do a total thyroid surgery safely," says Vicky Noguera, director of surgical services. With patient management tools in place in case of emergency, Women's College is now performing total thyroidectomies with a length of stay less than 23 hours, and most importantly, with excellent outcomes and high patient satisfaction.

The Thyroid Program also provides exemplary continuity of care and increased patient comfort because patients see a familiar face at every step along the way. That familiar face is OR nurse Dennise Forde.

"They see Dennise preoperatively, they see her when they come for surgery, and then post-op when they come back for their management care," says Noguera. "We've created this amazing model of care that's completely patient-centred."

It's a model that the Thyroid Program wants to share with other locations to improve thyroid care and reduce wait times throughout Ontario.

"We're hoping to use the program as a model so that we can start to help other centres to set up their own integrated thyroid teams," Dr. Zahedi says.

By providing all aspects of thyroid care, our Thyroid Program offers **unparalleled treatment in a one-stop shop.**



**Dr. Afshan Zahedi**

*Endocrinologist*

*Medical Director, Thyroid Program*

*Women's College Hospital*

MONDAY 10:25

Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"Helping people stay healthy  
must be our primary goal  
and it requires partnership."

After completing  
treatment for testicular  
cancer, Jim got **the  
reassurance he needed**  
about his continuing care.

## THE ACTT AT WOMEN'S COLLEGE HOSPITAL

Now that his treatment is complete, Jim is relieved to be cancer-free – but he's still anxious about a future that could include long-term side-effects or even a small risk of recurrence. Women's College Hospital is here to ensure that his post-cancer care includes care for treatment side-effects, surveillance for recurrence and emotional support.

The transition from cancer patient to cancer survivor is one that many find difficult to navigate.

The After Cancer Treatment Transition (ACTT) program is leading the way. An innovative partnership between Women's College and Princess Margaret Hospital, the ACTT program is the first of its kind in Canada and one of only a few such programs in the world.

Patients are referred to ACTT at Women's College Hospital after they have completed cancer treatment at Princess Margaret, and are disease-free with low to moderate risk of cancer recurrence. ACTT's novel approach to care as these patients transition back to the community includes:

- a comprehensive clinical assessment, by a team led by an advanced practice nurse and physician, which includes an assessment for mental health conditions like depression and anxiety
  - plan for transition back to the family physician, when appropriate, with a clear plan for post-treatment care
  - reassessment if abnormalities arise and rapid access to Princess Margaret should the cancer recur

Patients are provided with a post-treatment summary that includes a review of their cancer treatment, information about long-term side-effects and symptoms of recurrence, and links to information about healthy lifestyles. ACTT encourages cancer survivors to take charge of their own health by being active participants in their own followup care, such as sharing their treatment information with their primary care provider, and establishing a plan to ensure monitoring for long-term treatment effects, cancer recurrence and recommended screening for other cancers.

"We give them a passport for the future," says Shari Moura, clinical nurse specialist at Women's College Hospital.

More than 1,200 survivors of testicular, breast and gynecological cancers have already benefited from the ACTT program. By evaluating the model, Women's

College Hospital is establishing a standard of care and a model for delivering high quality, safe and integrated post-cancer care throughout the health-care system.

The need for ACTT is clear: thousands of new cancer cases are diagnosed in Ontario every year, and the numbers are only increasing due to a growing and aging population. The good news is that advances in treatment mean that more and more people are surviving cancer. That creates a growing need for post-cancer followup care. It's a need that Women's College Hospital is filling with another pioneering partnership.

We're guiding the way for post-cancer patients with **a unique program** that ensures they continue to get followup care and surveillance even after their cancer treatment is complete.



**Shari Moura**

*Clinical Nurse Specialist  
Women's College Hospital*



WEDNESDAY 17:16

Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"Technological advances  
have resulted in  
productivity gains and  
effectiveness of care."

Today, Dr. John Semple  
checked Renata's  
surgical incision  
**without the patient  
leaving her sofa.**

## PATIENT MONITORING: THERE'S AN APP FOR THAT

Two days after her post-mastectomy breast reconstruction surgery, Renata became concerned that her incision might not be healing properly. Fortunately, her surgeon had been monitoring her quality of recovery every day since she had been discharged from Women's College Hospital and all she had to do to restore her peace of mind was pick up a smartphone and click on an app.

It's beneficial when someone finds a way to improve patient care, lower infection rates or reduce unnecessary followup visits. What's truly innovative is finding a way to do all three, simply and inexpensively. That's the potential of a mobile app being pilot tested at Women's College.

The app allows surgeons to send ambulatory surgery patients, or outpatients, home while still being able to monitor their daily progress. Patients are equipped with a smartphone loaded with an app developed by QoC Health Inc., a patient health-care focused technology company. Using the app, patients make daily reports to their surgeon by answering a series of questions and taking photos of their incision sites. The app has multiple levels of encryption to ensure confidentiality.

Using smartphones and tablet computers, **patients get daily check-ins** from their surgeon to monitor progress and ensure timely treatment if complications arise.

It allows patients to have daily connectivity to their doctor and care team, and it allows doctors to more closely monitor their patients after surgery. Using the photos and information provided through the app, doctors can catch complications such as infection very early. They can also ease their patients' anxiety during their recovery.

"Through the innovative use of technology, we can enhance care," says Dr. John Semple, chief of surgery at Women's College Hospital, who helped develop the app. "We're making it easier and more convenient for doctors and patients to communicate."

The app is being tested at Women's College Hospital, where 60 orthopedic and breast reconstruction surgery patients have filed daily reports on their recovery. Using the same technology platform, their doctors then download the data, which are already prioritized based on the patient responses and urgency required.

One of the advantages of using mobile technology to improve health care is that it's easy to disseminate. Once the results of the pilot study are in, Dr. Semple and QoC Health Inc. intend to make the app available to other hospitals throughout Canada. Meanwhile, Women's College Hospital is preparing to begin using the app

with surgery patients in its Thyroid Program.

"Women's College Hospital is focused on developing innovations that help to fill gaps in the health-care system, and the convenience and effectiveness of new secure technology is allowing us to make big advancements in this area," Dr. Semple says.



**Dr. John Semple**  
*Chief of Surgery*  
*Women's College Hospital*



Ontario's Action Plan  
for Health Care, Ministry of Health  
and Long-Term Care

"At the heart of our action  
plan is a commitment to  
ensure that patients receive  
timely access to the most  
appropriate care in the  
most appropriate place."

"There are still too many  
instances where patients  
don't know how to access  
the care they need."

THURSDAY 8:25



This morning,  
Dr. Meb Rashid's team is  
working hard to ensure  
Kwan has **one less  
thing to worry about.**



## WOMEN'S COLLEGE HOSPITAL'S CROSSROADS: A REFUGEE CLINIC

When he arrived in Toronto as a refugee, Kwan needed to find a place to live, learn English, look for employment and find a school for his daughter. He also needed treatment for his diabetes. With no family doctor, he might have wound up in emergency. Instead, he was referred to the Crossroads Clinic directly from the refugee centre where he accessed other services.

Women's College Hospital's Crossroads Clinic is the first hospital-based refugee clinic in Toronto, a city where thousands of refugees arrive every year to build new lives.

Access to health care can be challenging for this population for many reasons. Although refugees have some health insurance coverage, factors such as language barriers and learning to navigate the health-care system can be huge challenges. Often, other issues such as housing, income and adjusting to life in Canada take priority over health. As a result, refugees may access health care through walk-in clinics or emergency departments, which may not be ideal.

The Crossroads Clinic provides a bridging system that offers primary health care during refugees' first two years in Ontario. After

two years – when patients are more established here, have gained some language proficiency and can navigate the health-care system – they are referred to a family physician in the community.

"The model is deliberately responsive, not requiring that you have a physician referral," explains Angela Robertson, director of equity and community engagement, Women's College Hospital. "That enables access from the community referral point – from the shelters that are serving and supporting refugees, and from the individuals who come to know of this clinic."

The need for such a clinic is clear: with a staff of three, the Crossroads Clinic was designed to take 250 patients per year. By the end of its first four months in operation, it already had 270 patients.

The Crossroads Clinic has three key objectives: clinical care, education and research. The clinic makes preventive health a priority, focusing on immunization and screening, while also addressing the nuanced health needs of refugees.

"There are language issues, there are cultural issues, there are medical issues in terms of things like infectious disease," says Crossroads Clinic medical director Dr.

Meb Rashid. "In the refugee population we certainly see people who have witnessed horrible trauma, so there's a tremendous burden of mental health issues in that population also."

One of the clinic's goals is medical resident education, and it has already had residents from Toronto and other parts of Ontario.

"New medical graduates fully recognize that working cross-culturally is going to be an essential part of primary care," says Dr. Rashid.

That's why it's so important to share what's learned at the Crossroads Clinic.

"What I found when I started doing this work is there's really no guidance in terms of what issues are important," says Dr. Rashid. "You have to learn this through experience."

With more than 25,000 refugees arriving in Canada every year, there's an urgent need for leadership in this area.

"We want to take our experiences and disseminate them," says Dr. Rashid. "We're a small clinic, but one that hopefully will provide guidance to other clinicians across Toronto and across Canada."

By being there for cases like this, we are not only treating patients, but also developing a model of care that can help health-care providers throughout Canada deliver **better care for refugees.**



**Dr. Meb Rashid**  
*Clinical Director  
Crossroads Clinic  
Women's College Hospital*



**Angela Robertson**  
*Director of Equity  
and Community Engagement  
Women's College Hospital*

TUESDAY 16:07

Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"Ontario ranks among the  
best in the world with  
our cancer survival rates.  
However, we must be  
relentless in maintaining  
our efforts to save lives  
and early detection is  
fundamental to this effort."

This afternoon,  
Ramira had her first-ever  
**cervical cancer  
screening – without  
going near a hospital.**



## CANCER AWARENESS: READY FOR EDUCATION & SCREENING (CARES) PROGRAM

Sometimes it's just not as simple as making an appointment. In order to get screened for cervical cancer, Ramira needs to arrange care for her two children, cover transit costs and try to access information in her own language. On top of that, she's concerned about ensuring that the test is done by a female practitioner.

Research has shown that more than half of women diagnosed with new cases of cervical cancer have never or seldom been screened.

We know that cervical cancer screening and mammography save lives, so it's crucial to reach out to those who have not been screened or who are behind in screening. The CARES project (Cancer Awareness: Ready for Education & Screening) is reaching out to women who are homeless, under-housed, low income, immigrants or refugees, as well as people who identify as lesbian, bisexual, transgender or queer.

Funded by Cancer Care Ontario, CARES takes education and outreach into the community to provide on-site educational sessions at agencies that provide services to these target groups. The project is a collaboration between Women's College Hospital, St. Michael's Hospital and more than a dozen community-based agencies within the Toronto Central LHIN. The goal of this collaboration is to improve breast and cervical cancer screening rates.

Its wide scope is one of the unique aspects of CARES; it targets many different groups of under- or never-screened women. "Usually this type of intervention is focused on a single group," says CARES project and research manager Catherine Moravac. "Our project aims to reach a wide cross-section of people."

The program aims to reduce barriers that may prevent women from getting screened. For example, the concept of preventive health care may not resonate with all cultural groups, and many women have obstacles like child care, transit costs and language barriers. The program provides socially and culturally appropriate education materials and systematically breaks down barriers to screening by:

- arranging child care during the presentations
- providing TTC tokens so women can attend the presentation and get to screening appointments
- presenting the information and resource materials in different languages
- using multilingual peer educators
- providing female health-care professionals for screening procedures

- bringing care to the places that underscreened women already frequent

CARES ensures that women have the opportunity to have same-day Pap testing after the education session, as well as the opportunity to book a future Pap or mammography appointment. Peer educators also accompany groups of women to mammography appointments to provide support and help with things like filling out forms in English.

The CARES project has a dedicated nurse practitioner who will perform Pap tests and follow up with women. Some of the community partners are Community Health Centres which are also able to provide on-site Pap testing. At other sites, CARES has arranged for the use of a mobile bus with Pap-testing facilities, so the test can be done where it's most convenient and discreet for women.

The project also includes a research component that will collect and analyze data on the impact of the program on screening rates, changes in knowledge, attitudes, susceptibility and screening behaviour before and after the program.

"As an ambulatory care facility, it's important for Women's College Hospital to be out in the community," says Dr. Sheila Dunn, research director at the Family Practice Health Centre at Women's College Hospital. "It's breaking down the walls within the health-care system and delivering real solutions to the patients who need them most."



**Catherine Moravac**

*CARES Project and  
Research Manager  
Women's College Hospital*



**Dr. Sheila Dunn**

*Research Director of  
the Family Practice Health Centre  
Women's College Hospital*

We're **reaching outside traditional hospital walls** to bring cancer screening to women who might otherwise be overlooked.





FRIDAY 7:25

Toronto Central LHIN 2010-2013  
Health Service Plan

**Key priority:**

**"Improve the prevention,  
management and treatment  
of mental illness and  
addiction."**

**"People with mental illness  
and/or addiction tend to be  
frequent users of hospital  
emergency departments,  
resulting from the inability  
to access timely and  
appropriate support in  
the community."**

By ensuring that the right  
medications and support  
are available, our team will  
make certain that Joan's  
**recovery from depression  
will continue** after her  
release from hospital.

## WOMEN'S COLLEGE HOSPITAL'S PSYCH STEP

After a week of in-patient treatment for depression, Joan was stable and doing well. However, she was back in hospital again less than a month later.

When a patient is readmitted to hospital within a few weeks of being discharged, it's an indicator that his or her care may not have gone according to plan.

In 2009/10, more than one in 10 patients discharged from psychiatric units in Ontario hospitals were re-hospitalized within 30 days.

Women's College Hospital has proposed a program that will address the transitional needs of patients after discharge from a psychiatric in-patient hospital unit: the Psychiatric Structured Treatment Extension Plan (Psych STEP).

The program is modelled in part on the success of Women's College's Virtual Ward, a partnership designed to keep medically high-risk patients out of hospital by providing them with the best features of hospital care – such as fast access to an interdisciplinary team

through a single point of contact – after they are discharged.

"Program elements will mirror the Virtual Ward, but will be tailored to the needs of individuals with mental health problems," says Dr. Valerie Taylor, chief of psychiatry at Women's College Hospital.

Like the Virtual Ward, Psych STEP would identify patients at high risk for early re-hospitalization. These patients would receive community-based intervention to help ensure successful transition to outpatient treatment that targets important modifiable risk factors for re-hospitalization, such as lack of followup care and difficulties with medication management.

"They're getting care as if they're virtually in the hospital, but they're back at home and getting community-based care," says Women's College Hospital psychiatrist Dr. Simone Vigod.

Recent research found that up to half of Ontario patients discharged from hospital with a diagnosis of schizophrenia, bipolar disorder or major depressive

disorder received no followup care within 30 days.

"The STEP model is a way to deliver that followup care, ensure patients do not fall through the cracks, and support primary care practitioners in caring for these patients over the long-term," says Dr. Vigod. "It is a unique intervention to fill a gap in the system."

As a model of ambulatory care, Psych STEP has immense potential to offer mental health solutions and reduce re-hospitalizations in other parts of the city and the province.

"What we want to do is export this program so that other hospitals can create something similar," Dr. Taylor says. "We want to teach other hospitals how to provide this model of care."

The project has already won the support of many community partners, including Mount Sinai Hospital, Community Care Access Centres, Toronto Central Local Health Integration Network (LHIN), and the Centre for Addiction and Mental Health (CAMH), which will refer appropriate patients upon discharge.

We're creating a new model of care to **help people thrive in the community** following discharge from psychiatric hospitals.



**Dr. Valerie Taylor**  
Chief of Psychiatry  
Women's College Hospital



**Dr. Simone Vigod**  
Psychiatrist  
Women's College Hospital



**Key priority:**

**"Reduce emergency room  
wait times and alternate  
level of care days."**

**"Long emergency room  
wait times are a symptom  
of problems in the health  
system. One problem in  
particular is that many  
hospital in-patient beds  
are occupied by "alternate  
level of care" (ALC) patients  
waiting to be transferred to  
a more appropriate setting  
such as long-term care or  
home care."**

MONDAY 13:17

Dr. Andrea Gruneir is  
**taking a closer look**  
at why Eric needed  
emergency care.



## WOMEN'S COLLEGE RESEARCH INSTITUTE: LEARNING HOW TO KEEP PATIENTS OUT OF THE EMERGENCY ROOM

Today's health-care costs make up nearly half of Ontario's budget. With the proportion of seniors in our population growing fast, the costs of delivering health care continue to grow.

"Making health care more effective and more efficient is absolutely critical as the Ontario population ages," says Women's College Research Institute scientist Dr. Andrea Gruneir.

To move our system in the right direction, Dr. Gruneir led a study published recently in the peer-reviewed *Journal of the American Medical Directors Association (JAMDA)*<sup>1</sup>. Her insights are helping policy-makers understand how gaps in the health-care system can increase the burden on emergency departments.

"By understanding how these gaps contribute to patterns of emergency department use, and possibly hospital readmission, we can begin to target new models of care that address these weak points in our system, and prevent health crises that lead to poor outcomes for patients. Especially frail older adults."

New research highlighting gaps in the system can identify the key areas where **innovative models of care** can make the greatest difference.

Dr. Gruneir's population-based cohort study examines rates of emergency department use by long-term care home residents. She linked health-care transitions, especially from hospital to long-term care, with an increase in emergency department transfers.

"The findings really highlight the need for a stronger focus on transitional care, especially for vulnerable older people who are being discharged from hospital to long-term care, and who often need more support to continue to get better," says Dr. Gruneir.

Older women living in the community are more likely to rely on children for support, compared to older men who are more frequently cared for by their living spouse, according to another report<sup>2</sup> by Dr. Gruneir, released in November 2011.

"Most older people are women, and most are living with multiple chronic conditions," Dr. Gruneir explains. "Also, most of these women are living without the benefit of a spouse's care and support."

With more supportive transitional systems, Dr. Gruneir hopes that vulnerable older people will be healthier and better supported. And so will their spouses as well

as busy "sandwich generation" children.

"To develop effective new models that address these gaps and shortfalls in our health-care system, we need to understand where the weaknesses lie," says Dr. Gruneir. "That's what my work is focused on."



**Dr. Andrea Gruneir**  
Scientist  
Women's College  
Research Institute

1 Gruneir A, Bronskill S, Bell CM, Gill SS, Schull M, Ma X, Anderson GM, Rochon PA. Recent Health Care Transitions and Emergency Department Use by Chronic Long-Term Care Residents: A Population-Based Cohort Study. *JAMDA*, 2011 Nov 7 [Epub ahead of print].

2 Bronskill SE, Corbett L, Gruneir A, Stevenson JE. Introduction. In: Bronskill SE, Camacho X, Gruneir A, Ho MM, editors. *Health System Use by Frail Ontario Seniors: An in-depth examination of four vulnerable cohorts*. Toronto, ON: Institute for Clinical Evaluative Sciences; 2011.

SUNDAY 20:13

Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"New advances have resulted  
in...virtual health initiatives  
that are eliminating the  
barrier of distance."

Toronto Central LHIN 2010-2013  
Health Service Plan

Key priority:  
"Improve the prevention,  
management and treatment  
of mental illness and  
addiction."



Late last night, Carrie  
got the **help she  
needed while surfing  
the web** in the privacy  
of her home.

## WOMEN'S COLLEGE RESEARCH INSTITUTE: THE MENTAL HEALTH SUPPORT GROUPS OF WOMEN'S COLLEGE HOSPITAL

Cancer therapy treated Carrie's uterine cancer, but not her anxiety about how it would affect her life.

For many women with gynecological cancers, treating the illness is only part of the recovery process. Many experience psychological distress around issues like sexual functioning and body image.

That was the impetus behind GyneGals, a support group that brings gynecological cancer survivors together to discuss the psychosexual impact of cancer and cancer treatment. Each week, members are provided with educational material on relevant topics, and invited to explore the topic in a closed discussion moderated by two mental health professionals.

What's unique about GyneGals is that it takes place entirely online.

Dr. Catherine Classen, a senior scientist at Women's College Research Institute (WCRI) and director of the Women's Mental Health Research Program, notes that online groups can be particularly helpful for conditions that are highly sensitive and private, potentially stigmatizing, or that are so rare it is virtually impossible to get a group together.

"Because it provides privacy, you can do it anonymously and you can bring people who share the same condition together from great distances into an intimate group that otherwise wouldn't be able to meet," Dr. Classen explains. The results of the GyneGals pilot study suggest this intervention has the potential to reduce sexual distress. Interviews with women who completed the study indicate that they found it extremely helpful to know that the challenges they were experiencing were not unusual and that they are not alone.

Online groups can provide access to support for patients who might otherwise avoid talking about their condition, who might live outside of areas where support interventions are available, or whose schedules are too busy to meet on a regular basis at a set time and place. That's why Women's College Hospital developed online support for people with diabetes or HIV, and for new mothers.

WCRI developed Sweet Sisters, a clinical group for women with diabetes. The response suggested that this group filled an otherwise unmet need. Women commented on how they learned from each other and how this gave them hope. Dr. Classen and her colleagues will also be launching Shared Journey, a clinical group for

women living with HIV, in autumn 2012.

While GyneGals and Sweet Sisters were designed for women experiencing mental health issues related to their conditions, Mother Matters is a group for healthy new mothers. It's designed to help women adjust to the changes and challenges of becoming a parent. By providing a supportive and informative forum, Mother Matters is intended to help prevent post-natal mental health issues.

The psychological impact of medical conditions can be difficult, so it's crucial to increase access to effective support. GyneGals, Sweet Sisters and Shared Journey not only provide that support, but are also research projects as well. The results will enable researchers to demonstrate the value of the programs, and build empirically validated interventions that can then be used by groups across Canada.

Based on the success of the GyneGals pilot project, Dr. Classen and her colleagues will be running a randomized controlled trial of GyneGals that will include 520 women at sites in Ontario, British Columbia, Alberta and New York City.

The Internet makes it possible to bring support to under-served groups of women, so more groups are in development.

"We're only just getting started," Dr. Classen says of online interventions. "There is great potential to provide cost-effective online programs for many types of patients."



**Dr. Catherine Classen**

*Senior Scientist*

*Women's College Research Institute*

*The Women's College Online  
Mental Health Program is  
proudly sponsored by*





Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"The most significant part  
of our plan focuses on  
ensuring patients are  
receiving care in the  
most appropriate setting,  
wherever possible at home  
instead of in the hospital or  
long-term care."

# momentous

building the hospital of the future

A THOUSAND VOICES  
FOR WOMEN'S HEALTH  
A PIONEERING STUDY



"I want care that  
gives me control  
over my own health."



"It's about providing  
a sense of well-  
being – healing the  
body and spirit."



"I have a story.  
Please listen to it."

In 2010, Women's College  
Hospital carried out an  
unprecedented study:  
we asked 1,000 women  
about what they want  
from a hospital and from  
health care.  
Then we listened.





TUESDAY 10:25

Ontario's Action Plan for  
Health Care, Ministry of Health  
and Long-Term Care

"The most significant part  
of our plan focuses on  
ensuring patients are  
receiving care in the  
most appropriate setting,  
wherever possible at home  
instead of in the hospital or  
long-term care."

Another 10,000 pounds  
of concrete were added  
today, **bringing more  
life** to our new state-  
of-the-art facility – one  
that integrates research,  
education and care.



## THE HOSPITAL DESIGNED TO KEEP PEOPLE OUT OF HOSPITAL

Construction on the new Women's College Hospital is well underway. As it rises at the pinnacle of Toronto's Discovery District, a new future is taking shape – a future where clinical care, research and education are fully integrated; where patients are treated in comprehensive, interprofessional clinics for people with complex chronic conditions; where new models of care are created and shared with the world.

"Being an ambulatory care hospital means providing a completely different model of care," says Heather McPherson, vice-president, patient care and ambulatory innovation at Women's College Hospital. "So we needed to design a building that could accommodate that type of care and the innovations required to provide it."

It's also a future that's uncompromisingly patient-centred.

In 2010, Women's College Hospital carried out an unprecedented study: we asked 1,000 women about what they want from a hospital and from health care.

With every stone panel  
and every beam, we are  
building **the foundation of  
a revolutionary approach  
to care** for generations  
to come.

Then we listened.

"They want someone to look them in the eyes and treat them as an individual, not just another patient," says Susan Black, architect of the new hospital. "They want someone to genuinely care about them as a person right from the moment they step into the hospital."

We took what we learned, and incorporated it into the plans for the new Women's College Hospital. So we are building not just another hospital, but a whole new kind of hospital: a hospital focused and designed around an ambulatory model of care that actually helps keep people out of hospital. It will be a hospital that advances the health of women and improves access to health care for all. It will be a hospital that provides the type of leading-edge care and unparalleled caring that has been our hallmark for 100 years.

That's why Black designed the new Women's College as an L-shape, like open arms, with a glass pavilion between the two arms. When people enter, they will find themselves in a bright, welcoming environment. The focal point of the pavilion will be an iconic pink-coloured glass cube that will serve as Women's College's

conference centre: a place to share ideas, discuss new research and educate the physicians of the future; a place that will spark groundbreaking innovations and will provide real solutions for our health-care system. Visible from blocks away, and lit at night, the pink cube will be a beacon for the bright future of health care.

Improving our health system means more than addressing wait times and ensuring care for under-served populations. It also means building a truly patient-centred hospital. It means creating an environment where people feel welcome, calm and empowered. It means being innovative from the ground up. At Women's College Hospital, it means completely revolutionizing health care.



**Susan Black**  
Principal and Director,  
Perkins Eastman Black

With special thanks to:



*Bilfinger Berger Project Investments  
The Walsh Group  
Bondfield Construction  
Black & McDonald  
Perkins Eastman Black  
IBI Architects*

**Women's College  
Hospital Foundation  
Board of Directors 2011-2012**

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Peter Angelou\*  
Sue Carruthers, WCHF President and CEO  
Tonie Chaltas  
Carol A. Cowan\*  
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Stephen Dowd  
Marilyn Emery, WCH President  
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\*Board Members completing their term in 2012

†Oncoming Board Members for 2012





## WOMEN'S COLLEGE HOSPITAL FOUNDATION A MESSAGE FROM CHRISTOPHER HOFFMANN AND SUE CARRUTHERS

Women's College Hospital Foundation has an ambitious goal: to complete its \$70-million capital campaign target and continue to raise funds in excess of \$100 million over a five-year period, while inspiring philanthropic relationships with people who are aware and appreciative of the new vision of Women's College Hospital.

The 2011-12 fiscal year was extremely successful thanks to the support and commitment of our donors and the strength of our volunteer leaders. Donors have contributed more than ever before, increasing revenues by 33 per cent over the previous year. Expenses were below plan and very importantly, we granted 77 per cent more than last year to support education and research.

As construction on our new facility continues, the dedicated volunteers of The Campaign for Women's College Hospital are working hard to raise awareness and secure generous pledges. This year we reached an important campaign milestone: 50 per cent of our \$70-million campaign goal. This success enabled us to forward \$11 million toward construction of the new hospital. Our goal for 2012-13 is to achieve 78 per cent of our campaign target. It's an exciting time to shape Canada's health-care future.

One of the most significant highlights of the past year was the welcomed leadership of Mr. Ed Clark, president and CEO, TD Bank Group. Mr. Clark is honorary chair of The Campaign for Women's College Hospital and is actively engaged in taking our message to the community alongside campaign chair Sylvia Chrominska and vice-chairs Colleen Moorehead and Zabeen Hirji.

Women's College is transforming health care with the construction of a new, modern facility and the foundation is making important changes as well. This year we welcomed Sue Carruthers as president and CEO. In June, Joanne Mealia, software group national compliance executive, IBM Canada and current WCHF vice-chair will assume the role of chair of our board of directors. Having served on our board since 2010, Joanne is an ideal candidate to lead our initiatives, and a champion of Women's College Hospital's mission and vision.

The foundation sincerely thanks Marilyn Emery, WCH president and CEO, and the board of directors of Women's College Hospital for their continued support and encouragement. The expert staff and physicians at Women's College and its expert volunteers embody the mission and lead the way as we garner support for our new facility. We are honoured to be part of an outstanding team!

We'd like to again acknowledge the donors who generously support Women's College Hospital Foundation. Together we are advancing the health of women – building a new hospital that provides more access to care and the best in innovative programs.

"I am delighted to take over the position of chair at this significant juncture in the history and evolution of Women's College Hospital. We are leading an unprecedented fundraising campaign supported by a group of talented and dedicated volunteers, in whom I have the utmost confidence. 2012 promises to be another pacesetting year at WCHF!"



**Joanne Mealia**  
*Vice-Chair  
Women's College  
Hospital Foundation*



**Christopher Hoffmann**  
*Board Chair  
Women's College  
Hospital Foundation*



**Sue Carruthers**  
*President and CEO  
Women's College  
Hospital Foundation*



## ENABLING INNOVATIVE CARE AND RESEARCH IN FAMILY MEDICINE

### Women's College Hospital Foundation Campaign Executive

**Honorary Chair** W. Edmund Clark,  
President and Chief Executive Officer,  
TD Bank Group

**Campaign Chair** Sylvia Chrominska,  
Group Head, Global Human Resources  
and Communications, Scotiabank

**Campaign Vice-Chairs**  
Zabeen Hirji, Chief Human Resources  
Officer, Royal Bank of Canada; Colleen  
Moorehead, Chief Client Officer, Osler,  
Hoskin & Harcourt LLP

**Honorary Patrons** Senator Nancy Ruth,  
C.M., President, Nancy's Very Own  
Foundation; Louise A. Fast, Partner,  
Destination Toronto; The Honourable  
Margaret McCain, O.C., O.N.B.,  
Philanthropist and first female  
Lieutenant-Governor of New Brunswick

**Campaign Executive Members**  
Tonie Chaltas, Chief Operating Officer,  
Hill+Knowlton Strategies; Carol A.  
Cowan, Private Practice, Individual,  
Child and Family Therapy; Christopher  
Hoffmann, President, Merchant Banking,  
The Brompton Group; Jodi Macpherson,  
Senior Partner & Canada/Latin America,  
Communication & Change Business  
Leader, Mercer Canada; N. Jane Pepino,  
C.M., Q.C., L.L.D., Partner, Aird & Berlis  
LLP; Sue Carruthers, President and  
Chief Executive Officer, Women's College  
Hospital Foundation; Marilyn Emery,  
President and Chief Executive Officer,  
Women's College Hospital

The first-ever endowed Chair in Family Medicine Research has been made possible by a \$2-million transformational gift from long-time donor Louise Fast. The chair will function as a partnership between the Family Practice Health Centre at Women's College Hospital and the University of Toronto's Department of Family and Community Medicine.



**Dr. Rosaire Frigon**  
*Grandfather of Louise Fast*

"I have felt for a long time that family practice doesn't have the pizzazz of other specialties. I see this as a way to increase visibility, foster research, and encourage more medical students to consider a career in family medicine. After all, family doctors can often help prevent illnesses that cause patients to go to a specialist or an emergency room," says donor Louise Fast.

The Frigon Blau Chair in Family Medicine Research is named in honour of Fast's grandfather Dr. Rosaire Frigon and retired Women's College Hospital family physician Dr. Nadia Blau.

Dr. Frigon, born on Jan. 3, 1877 in Saint-Prospere, Quebec, practised medicine for over 50 years. Fast has fond memories of the remarkable stories told of her grandfather: "I know that many hours of 'doctor service' went unpaid but that never made him say 'no' to a patient in need."

Dr. Blau joined the department of family practice at Women's College Hospital in September 1968 and practised medicine here for over 40 years. During that time she earned the admiration of countless patients, including Fast, for her expertise and warmth.

With such extraordinary namesakes, the prospective candidate has big shoes to fill. The search for the future chair holder will begin in the summer of 2012. It can often take more than a year to select the right candidate.

"As a renowned researcher and international leader in primary care research, the chair holder will serve as a catalyst for developing knowledge that addresses important issues in family medicine," explains Dr. Jim Ruderman, chief of medical staff and a family physician at Women's College Hospital. "As one of Ontario's largest academic centres in family medicine we are honoured to receive such significant support from donors like Louise Fast. Not only will the chair holder practice within our family health team, they will enhance our department's ability to foster innovation and quality in delivering co-ordinated, patient-centred care."



**Dr. Jim Ruderman**  
*Chief of Medical Staff  
and Family Physician  
Women's College Hospital*

**WOMEN'S COLLEGE HOSPITAL FOUNDATION**  
**LEADING THE CAMPAIGN FOR WOMEN'S COLLEGE HOSPITAL**



**W. Edmund Clark**  
*Honorary Chair  
President and CEO  
TD Bank Group*

"As the honorary chair of The Campaign for Women's College Hospital, I have chosen to back an institution that every day makes a difference in the lives of Canadian women. Women's College Hospital is built on a rich tradition and a compelling vision. It is leading the way in both securing a healthy future for women and their families, and providing more efficient, innovative care directly to our community.

As leaders of the campaign, we are tasked with the goal of helping to raise \$70 million, and to achieve this we need to tell Women's College Hospital's story – about the incredible people and this incredible place – one that resonates in the hearts and minds of our community. I need your help. But more importantly, Women's College Hospital needs your help. Because working together, we will deliver a new kind of thinking about women, their medicine, their health care and their hospital."



**Sylvia Chrominska**  
*Campaign Chair  
Group Head, Global Human  
Resources and Communications  
Scotiabank*

"Women's College Hospital is iconic, not only because of its longstanding physical presence in our community, but most importantly because of the vital care it has provided to women and their families for well over a century. Once again, Women's College is reinventing itself to meet the evolving health-care needs of the people it serves. The vision is both evolutionary and revolutionary and very exciting.

As a business leader and chair of The Campaign for Women's College Hospital, I am dedicated to the investment in realizing this vision. Our mothers, sisters, daughters, colleagues and friends will benefit as this remarkable hospital establishes, yet again, best practices to meet the challenges of sustainable, quality public health care and the needs of women."



**Women's College Hospital**  
*Artist's renderings of our new  
state-of-the-art facility under  
construction now.*

# WOMEN'S COLLEGE HOSPITAL FOUNDATION THE CAMPAIGN FOR WOMEN'S COLLEGE HOSPITAL

## Women's College Hospital Foundation Campaign Executive

**Honorary Chair** W. Edmund Clark,  
President and Chief Executive Officer,  
TD Bank Group

**Campaign Chair** Sylvia Chrominska,  
Group Head, Global Human Resources  
and Communications, Scotiabank

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The Brompton Group; Jodi Macpherson,  
Senior Partner & Canada/Latin America,  
Communication & Change Business  
Leader, Mercer Canada; N. Jane Pepino,  
C.M., Q.C., L.L.D., Partner, Aird & Berlis  
LLP; Sue Carruthers, President and  
Chief Executive Officer, Women's College  
Hospital Foundation; Marilyn Emery,  
President and Chief Executive Officer,  
Women's College Hospital



## SOURCES OF FUNDING

GOVERNMENT OF ONTARIO  
\$451 MILLION

THE CAMPAIGN FOR  
WOMEN'S COLLEGE HOSPITAL  
\$70 MILLION

WOMEN'S COLLEGE HOSPITAL  
\$34 MILLION



# financial statement 2012



WOMEN'S COLLEGE HOSPITAL  
Health care for women | REVOLUTIONIZED

# Report of the Independent Auditor on the Summary Financial Statements To the Board of Directors of Women's College Hospital

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2012, the summary statements of operations and changes in net assets for the year then ended, and related notes, are derived from the audited financial statements of Women's College Hospital for the year ended March 31, 2012. We expressed an unmodified audit opinion on those financial statements in our report dated June 6, 2012. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Women's College Hospital.

## **Management's Responsibility for the Summary Financial Statements**

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Note 1.

## **Auditor's Responsibility**

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

## **Opinion**

In our opinion, the summary financial statements derived from the audited financial statements of Women's College Hospital for the year ended March 31, 2012 are a fair summary of those financial statements, in accordance with the basis described in Note 1.

"signed" PricewaterhouseCoopers LLP  
Chartered Accountants, Licensed Public Accountants  
Toronto, Canada  
June 6, 2012

## **Note 1 - Applied criteria in the preparation of the summarized financial statements**

*The criteria applied by management in the preparation of these summarized financial statements are as follows:*

- *the information in the summarized financial statements is in agreement with the related information in the complete financial statements;*
- *a summarized statement of cash flows has not been presented, as the relevant information can be obtained from the complete financial statements; and*
- *the summarized financial statements contain the information necessary to avoid distorting or obscuring matters disclosed in the related complete financial statements, including the notes thereto.*

Summary Statement of Financial Position  
As at March 31, 2012

	2012 \$000's	2011 \$000's
<b>Assets</b>		
<b>Current assets</b>		
Cash	39,564	40,865
Investments	20,535	20,139
Accounts receivable	5,220	2,684
Supplies and prepaid expenses	2,095	1,502
	67,414	65,190
<b>Capital assets</b>	13,259	17,991
<b>Facility redevelopment</b>	19,013	15,660
	99,686	98,841
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	19,825	17,554
Deferred revenue and research grants	13,113	12,916
	32,938	30,470
<b>Post-employment benefit liability</b>	2,982	2,918
<b>Deferred capital contributions</b>	9,964	13,789
<b>Deferred redevelopment contributions</b>	27,766	26,598
	73,650	73,775
<b>Net Assets</b>		
<b>Investment in capital assets</b>	6,062	7011
<b>Facility redevelopment</b>	14,864	14,696
<b>Capital acquisitions</b>	2,182	2,182
<b>Unrestricted</b>	2,928	1,177
	26,036	25,066
	99,686	98,841

Summary Statement of Operations  
For the year ended March 31, 2012

	2012 \$000's	2011 \$000's
<b>Revenues</b>		
Province of Ontario	87,092	83,371
Research grants	7,133	5,862
Ancillary services and other sources	9,651	10,380
Amortization of deferred capital contributions	4,418	3,795
	108,294	103,408
<b>Expenditures</b>		
Salaries, wages and benefits	75,527	70,876
Medical and surgical supplies and drugs	5,707	5,307
Other supplies and expenses	19,805	19,915
Amortization of capital assets	6,285	5,631
	107,324	101,729
<b>Surplus of revenues over expenditures for the year</b>	970	1,679

Summarized statement of changes in net assets  
For the year ended March 31, 2012

	Facility Redevelopment \$ 000's	Capital Acquisition \$ 000's	Investment in capital assets \$ 000's	Unrestricted \$ 000's	2012 Total \$ 000's	2011 Total \$000's
<b>Balance, beginning of year</b>	14,696	2,182	7,011	1,177	25,066	23,388
Surplus of revenues over expenditures for the year	168	—	(1,867)	2,669	970	1,678
Internally funded capital assets	—	—	1,057	(1,057)	—	—
Disposal of capital assets	—	—	(139)	139	—	—
<b>Balance, end of year</b>	<b>14,864</b>	<b>2,182</b>	<b>6,062</b>	<b>2,928</b>	<b>26,036</b>	<b>25,066</b>



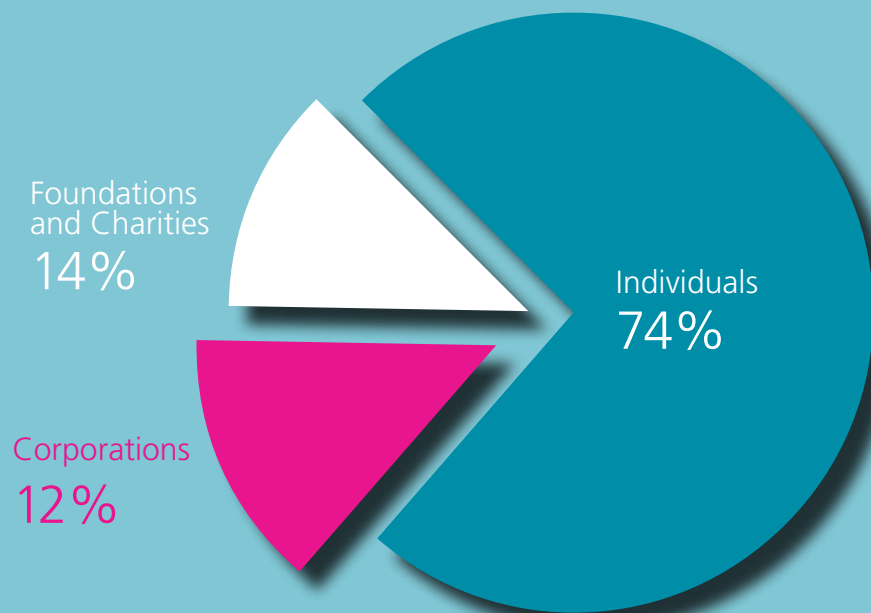
# WCHF financial highlights 2012



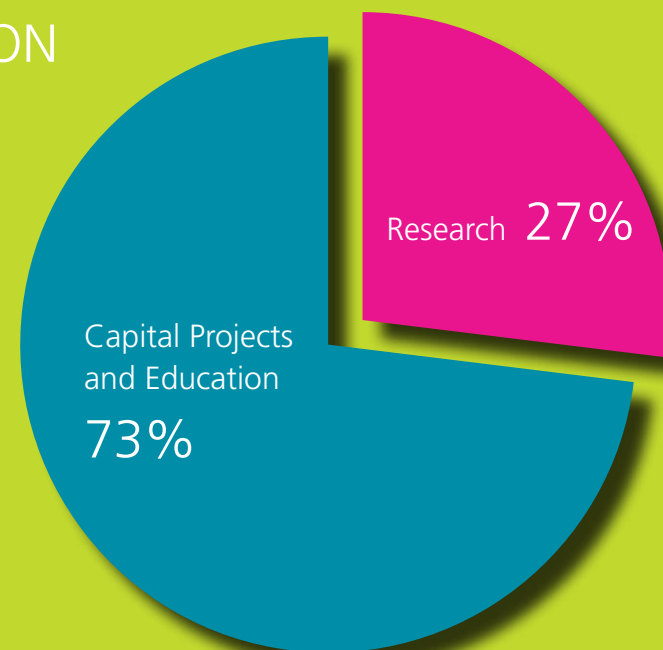
WOMEN'S COLLEGE  
HOSPITAL FOUNDATION

Health care for women | REVOLUTIONIZED

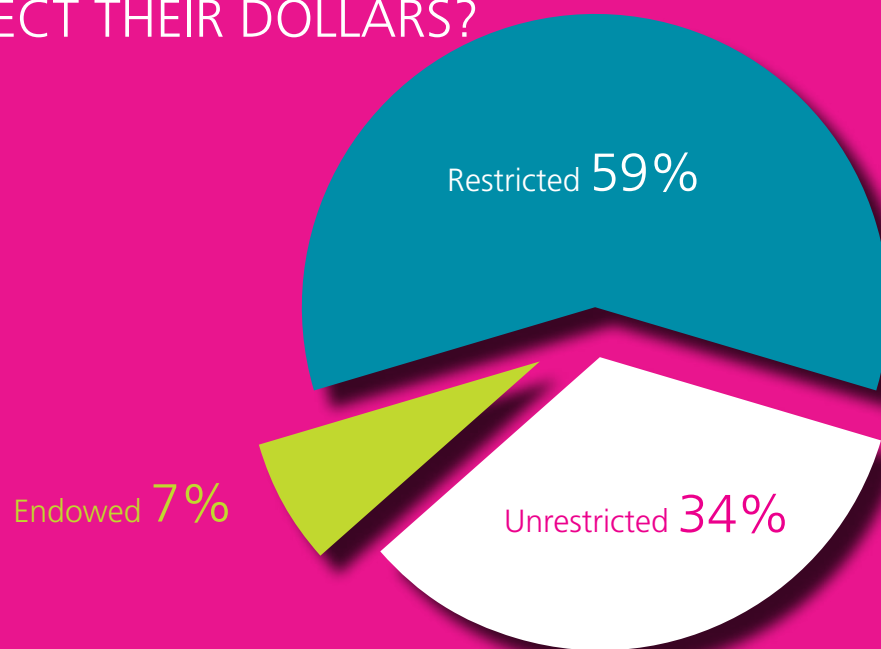
## DONOR CONSTITUENCIES: PROFILE OF DONORS



## GRANTS TO THE HOSPITAL \$2.8 MILLION



## WHERE DO OUR DONORS DIRECT THEIR DOLLARS?



## Highlights of Operations and Fund Balances

For the fiscal year ended March 31, 2012

	2012	2011
<b>Revenue</b>		
Donations and Fundraising	7,329,851	5,503,758
Investment Income	(65,728)	4,410,886
Total Revenue	7,264,122	9,914,644
<b>Grants and Activities</b>		
Fundraising & Administration	3,521,762	3,245,686
Grants to the Hospital	2,841,507	1,600,935
Increase in Fund Balances	900,853	5,068,023
<b>Fund Balances at Year End</b>		
Unrestricted Fund	818,736	860,391
Restricted Funds	48,220,347	47,277,839
Total Funds	49,039,083	48,138,230





**References:**

Ontario. Ministry of Health and Long-Term Care. *Ontario's Action Plan for Health Care*. Toronto: Ministry of Health and Long-Term Care, 2012.

Ontario. Toronto Central Local Health Integration Network. *Delivering High-Value Local Health Care Through Collaborative Action: the Toronto Central Local Health Integration Network's 2010-2013 Integrated Health Service Plan – Executive Summary*. Toronto: Ontario Local Health Integration Network, 2009.

**Women's College Hospital  
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Alice Dong  
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Diane Meschino  
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Wanda O'Hagan – Secretary  
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