

Together we

REACH

beyond our boundaries

2014 ACCESS + INNOVATION REPORT

WCHI
WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED



The new Women's College Hospital – opening in 2015

“The iconic pink cube in our new, state-of-the-art facility will be a hub of innovation and collaboration, where we will continue developing groundbreaking research and exemplary clinical care.”

– Marilyn Emery

Through innovations in the treatment of complex chronic conditions, groundbreaking research in women's health and the development of essential health system solutions, Women's College Hospital (WCH) is pioneering new models of ambulatory care that are improving healthcare options for all.

With our health system's ever-expanding need for better alternatives to hospitalizations, these advances are more crucial than ever. As Canada's leading academic, ambulatory hospital and a world leader in the health of women, WCH is breaking down barriers to care and filling the gaps where patients are falling through the cracks in our health system. We are extending our reach to ensure that everyone – every member of our community and beyond – has access to the highest quality patient care.

Mary Lou Maher, Chair of the Board,
and Marilyn Emery, President and CEO,
Women's College Hospital



THE FUTURE OF HEALTHCARE IS WITHIN OUR REACH

Our 2014 Access and Innovation Report showcases some of the ways we are accomplishing that:

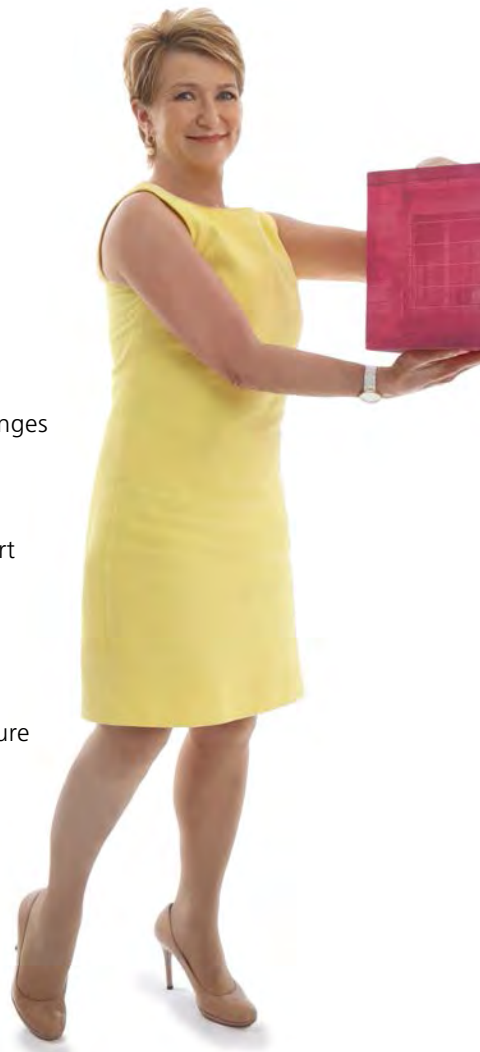
- linking high-needs patients with a family practice team
- identifying new and innovative approaches to reach women with mental health challenges
- discovering new ways to prevent genetic cancers
- helping chronic pain patients get faster access to the most appropriate resources
- making it easier for people with substance use challenges to get treatment and support
- offering family physicians faster access to vital services for their patients
- eliminating unnecessary tests that may delay treatment and cause unintended harm

The completion of our new facility in 2015 will further strengthen our leadership in delivering this innovative ambulatory care. Over the coming year, the hospital of the future will take shape: a state-of-the-art facility, with a design and structure founded on the input of more than one thousand women.

At its centre, an iconic pink cube will be WCH's new hub of innovation and collaboration where we'll continue our work in groundbreaking research, in delivering exemplary clinical care and in educating the next generation of healthcare professionals to practice in integrated ambulatory settings. It's where we'll develop tangible solutions that address some of the most pressing issues facing our healthcare system.

On the street, this distinctive pink cube will be visible from blocks away: a bright beacon reaching out to our patients, our partners and our community. And for our staff, physicians and volunteers the pink cube has become a symbol of our unwavering commitment to building a truly patient-centred hospital. One that enables us to deliver the leading-edge care and unparalleled caring that has become the hallmark of Women's College. A hospital designed to keep people out of hospital.

This is how Women's College Hospital is revolutionizing healthcare and extending our reach to those who need it most.



REACHING HIGHER STANDARDS IN TREATING CHRONIC PAIN



“Creating best practices for chronic pain management will improve care for the large number of Canadians whose lives are affected by chronic pain.”

– Heather McPherson, EVP,
Patient Care and
Ambulatory Innovation

Pain is one of the most common conditions for which patients seek care, and one that has a huge impact on people’s lives. It affects not only their physical health, but also their ability to function at work, school, and within their families and communities.

Chronic pain can also be challenging to treat. It’s an area in which patients need better access to care, and clinicians need better quality research data to optimize treatment decisions. That’s why Women’s College Hospital (WCH) is developing a regional centre of excellence in pain management.

The intention of the Toronto Pain Medicine Institute at WCH is to coordinate intake for pain referrals from across the city. The program will offer assessment for patients, and match them to the most appropriate resources not only at WCH, but at other pain specialty sites as well.

“Right now, patients often have difficulty finding and accessing timely pain care. We’ll be able to provide an integrated, coordinated and accessible menu of services for chronic pain,” says Heather McPherson, vice-president patient care and ambulatory innovation at WCH.

“The goal is to create a central access hub for patients in Toronto, as well as an academic centre for evaluating care and creating best practices for chronic pain management.”



Dr. Richard Brull; Dr. Anuj Bhatia; Dr. Gerald O’Leary; Heather McPherson, EVP, WCH; Victoria Noguera, RN, Clinical Director; Dr. Gil Faclier

The first step in developing the program was to consolidate the pain treatment resources at Sunnybrook Health Sciences Centre and WCH by moving Sunnybrook’s services to WCH and merging them with WCH’s pain program.

“Individual hospitals are struggling to provide chronic pain services on their own,” says Dr. Anuj Bhatia, director of chronic pain clinical services at WCH. “It requires a lot of input in terms of human as well as financial resources. Bringing it together improves quality of patient care because there is access to more resources.”

Clinicians treating pain patients would like higher-quality evidence for the treatments they are using, whether those treatments are medications, procedures, physical therapy or psychological support. Much of the research on these therapies comes from smaller studies, which often don’t provide the best quality data. One of the goals of the pain centre is to develop a large research database that enables better studies and produces stronger evidence. That’s why the consolidated program at WCH will create a team of pain clinicians with outstanding academic backgrounds.

Using validated pain scales, the centre intends to collect vital information from all patients. This will include not only pain assessment and measurement, but also data on how that pain affects patients’ lives: their work and social functioning, as well as their emotional and psychological responses to chronic pain.

“Most importantly, we’re looking at patient satisfaction with their treatment,” Dr. Bhatia says.

The pain program at WCH intends to work with academic centres in four other Ontario cities to collect chronic pain data from across the province.

“Common data streams will allow better evaluation of the short- and long-term effectiveness and outcomes of therapies and interventions,” says Dr. Gerry O’Leary, chief of anesthesiology and pain management at WCH. “This research will be a major step forward in developing best practices in treating chronic pain.”

As the pain program evolves, its goal is to establish a dedicated centre that brings together the clinics as well as specialized procedure rooms.

“Chronic pain is different than acute pain. If you have appendicitis and you have your appendix out, you’re better – your life’s back to normal,” says Dr. Bhatia. “Chronic pain doesn’t work like that. It has a huge ongoing impact on people’s lives. There’s a need to examine all the outcomes relevant to patients: pain relief, psychological improvement and satisfaction.”



REACHING ACROSS THE GAPS IN OUR HEALTH SYSTEM

“It’s the hard-to-reach and hard-to-treat patients who are often most vulnerable to falling through the gaps in the healthcare system. It’s our job to mind the gap.”

– Dr. Gillian Hawker

Even in the most comprehensive healthcare system, there will be patients whose needs straddle the lines between service providers. It’s along these boundaries between services that hard-to-treat patients may be vulnerable to gaps in care.

One of those gaps is in services that can’t be provided in a family doctor’s office, but don’t necessarily require hospitalization or an emergency department visit: things like providing IV medications, rapid diagnostic services, or assessment and management of patients experiencing an exacerbation of a chronic illness.

The Acute Ambulatory Care Unit (AACU) at Women’s College Hospital (WCH) directly addresses those needs.

The AACU is a short-stay medical unit staffed around-the-clock by a general internal medicine (GIM) specialist and nurses. It provides urgent services for patients who might otherwise require acute hospital care.

“We provide support for physicians in the community,” says Dr. Tara O’Brien, medical director of the AACU. “The goal is to reduce hospital

admissions and emergency department use, as well as develop more of a connection between community physicians and hospital physicians.”

Patients are referred by their own doctor, and referring physicians contact the GIM specialist directly to determine if the AACU is the right facility for each patient. Referrals can come from targeted family doctors within the Toronto central LHIN, specialists or even the Community Care Access Centre (CCAC).

“Primary care physicians feel like they have somewhere to turn to, and somewhere to send their patients where they know they can be seen very quickly,” says Dr. O’Brien.

“Many of these are patients who would otherwise have had to go to an emergency department.”

For patients, being treated in the AACU often means getting faster care in a calmer setting than they might find in an emergency department. Patients are often in and out in just a few hours.

“We try to target patients who have chronic medical conditions such as heart failure, COPD and asthma,” Dr. O’Brien says. “But we also see patients who need rapid treatment that a family doctor can’t arrange – such as an infection that needs IV antibiotics – or who need a rapid diagnostic workup for a new medical problem.”

Patients who will need home support for things like further IV treatment or followup wound care can then be referred to the CCAC, and return to AACU for re-assessment a few days later – completely avoiding emergency departments.

“The AACU provides an important alternative to the emergency department for many of our patients who need urgent acute care. We are very grateful for our partnership with WCH in helping to bridge better support for patients in the community,” says Dipti Purbhoo, senior director, client services, Toronto Central Community Care Access Centre.

Many AACU patients have multiple chronic conditions with complex health needs. Many are also non-English speakers, so the AACU uses a translation service to ensure clear communication.

“It’s the hard-to-reach and hard-to-treat patients who are often most vulnerable to falling through the gaps in the healthcare system,” says Dr. Gillian Hawker, chief of medicine at WCH. “Our job is to mind the gap, and the AACU is one of the solutions we’ve created to do that.”

The AACU has been operating since fall 2012, and has received very positive feedback from both patients and referring physicians.

“I think it has really improved ties with community doctors, to have someone they can call or email to bounce ideas off of,” says Dr. O’Brien. “They can call the AACU just for advice, they don’t always have to send someone in. Being able to pick up the phone when they have a question has really helped them improve quality of care for their medically complex patients.”



*Maria Timofeeva, NP;
Dr. Tara O’Brien;
Jon Hunchuck,
Pharmacist;
Olga Byck, RN*



ADDICTIONS TREATMENT THAT REACHES THOSE WHO NEED IT MOST

For Dr. Meldon Kahan, medical director of the Substance Use Service at Women's College Hospital (WCH), the traditional model of treating addiction – waiting for months to go into a treatment program far away from one's home – just doesn't work. It's not the right solution for these patients.

"Most addiction treatment takes place in institutions that are far away from healthcare centres, that have long waiting lists and that use primarily psychosocial counselling. This presents tremendous barriers to addicted patients, and it's a serious problem," says Dr. Kahan.

"In most cases, when patients want help for their addiction, it's usually because they're in crisis. They often go to emergency departments, because they want and need help immediately. However, this doesn't help them deal with their addiction in the long term."

So, WCH developed a Substance Use Service that uses a completely different model of care, and it's one of the few hospital-based addictions programs in Ontario.

"One of the things that makes our service unique is that our team is inter-professional and inter-departmental – we work in a shared care model integrating addictions services and family medicine together with psychiatry and social work, and we offer a combination of counselling and medication," says Dr. Sheryl Spithoff, WCH family physician who specializes in addictions.

The interdisciplinary team at WCH meets weekly to go over referrals and they often consult one another to make decisions.

"We view addiction as both a biomedical and psychological illness, and one that needs to be primarily treated in a healthcare setting," says Dr. Kahan, adding that in the long term patients should be cared for by their family doctor.

Family doctors can follow the patient for years, encourage counselling and detect relapse; they can treat the patient's physical health at the same time as the addiction, and patients trust them because they've established a long term relationship with them.

The service also works on rapid access, and the team is available as soon as possible to see the patients in crisis.

Dr. Kahan says that hospital-based interventions that combine medication and counselling and offer immediate access are very effective, and his experience confirms this.

The team is currently conducting a randomized trial. Participants are recruited from withdrawal management centres and are randomly assigned to receive either immediate or delayed intervention. Immediate intervention means that hospital staff bring the patient to WCH within a day or two of being referred by a detox centre; the delayed intervention is more traditional in that patients are given the phone number for the Substance Use Service and it's up to them to make the call.

"What we're finding is that there's tremendous need for addiction services, and our initial impression is that the immediate intervention works a lot better, in terms of meeting patients where they are at and decreasing barriers to service," says Dr. Kahan.

The Substance Use Service is available to men and women, and offers a wide variety of services including help with alcohol and all drug addictions, smoking cessation, and addictions in pregnancy. The service accepts self-referrals as well as referrals from physicians, community agencies and healthcare workers. It is more accessible than traditional addiction treatment programs for several reasons: because it's offered in a non-threatening ambulatory hospital setting, because of the ease of referral and because it is less structured so the treatment can be individualized, which helps to retain patients in the program.

"We're not looking at just the substance use in isolation but looking at the whole person – at chronic pain management, mental health, trauma and substance use. We treat all of these together by combining medication with psychotherapy and case management," says Dr. Inbal Gafni, addictions psychiatrist, WCH.

One example of this work is the Seeking Safety treatment group, a 10-week group therapy piloted for women with symptoms of post-traumatic stress disorder (PTSD) and substance use, which often go hand-in-hand.

"People need a lot of tools to be able to cope with addiction, and we're able to give them a toolbox of resources to do that," says Dr. Gafni.

*Leslie Ann Molnar, Social Worker/Mental Health Therapist,
Dr. Meldon Kahan; Dr. Valerie Taylor; Dr. Inbal Gafni;
Dr. Sheryl Spithoff*

"WCH is a real leader in setting up and evaluating an addictions program that is practical and truly useful for patients and physicians."

– Dr. Meldon Kahan



EXPANDING OUR REACH TO DELIVER HIGH-SPEED ACCESS FOR HIGH-NEEDS PATIENTS



“We know that healthcare systems in which people have good access to high-quality primary care outperform all other healthcare systems.”

– Dr. Danielle Martin

Without a family doctor, patients who have complex medical needs or who belong to vulnerable groups may not be getting the primary care they need. This may not only put their health at risk, but can also lead to avoidable emergency department visits.

The PATH (Promoting Access to Team-based Healthcare) project at Women’s College Hospital (WCH) connects complex patients with a family doctor, while eliminating the barriers to that care for both the patients and the doctor.

“It’s a centralized intake model for high-needs patients who may be challenging to treat,” says Dr. Danielle Martin, vice-president of medical affairs and health system solutions at WCH. “It provides these vulnerable patients with fast access to Women’s College Hospital’s excellent family health team, while also making it easier for providers to effectively treat these patients.”

Patients are referred to PATH by clinical programs at WCH, such as specialty clinics, mental health programs and the Bay Centre for Birth Control. Other referral sources include the Ontario Healthcare Connect program for people seeking family doctors.

The interprofessional PATH team includes registered nurses, nurse practitioners, a health promoter, a project manager, and a physician, as well as other healthcare professionals and administrative staff.

When patients are referred to PATH, they come to the family practice unit for orientation. This session covers things like how the unit works, and how to reach the doctor on call after hours. The nurse practitioner then does a detailed health assessment that includes a full health history, medication reconciliation, ordering bloodwork, ensuring screening and immunizations are up to date, having health records transferred, and starting a chart.

“The nurse practitioner’s initial assessment makes the transition much easier when the patient then meets with their permanent family doctor or nurse practitioner on the WCH primary care team,” Dr. Martin explains. “Taking on complex patients into a full practice can be difficult and time-consuming for busy clinicians. This is about trying to reduce those barriers and making it as easy as possible for our providers to bring high-needs patients into their practices.”

Patients are eligible for PATH if they do not have a family physician, live in the Toronto Central Local Health Integration Network (TCLHIN) area, and are considered complex patients by medical or social criteria. Medical criteria include multiple chronic conditions, frequent emergency department visits and older age. Social criteria include things like language barriers and substance use issues, or



*Charlie Wharton NP;
Sara Karlsson, Research Assistant;
Jennifer Dockery, RN,
Clinical Director;
Dr. Danielle Martin; Holly Finn,
Program Co-ordinator;
Tania Denmark, Clinical Secretary;
Ken Callaghan, Executive Director
Academic Family Health Team*

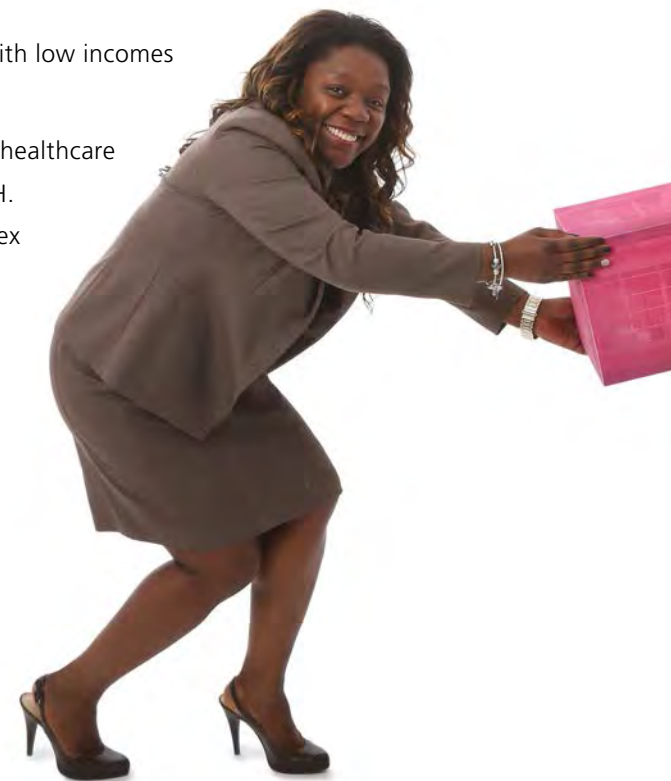
being a member of a marginalized group, such as new immigrants, people with low incomes and people who are homeless.

“Ensuring that high-needs patients have good access to team-based primary healthcare is a very high priority,” says Jennifer Dockery, director of primary care at WCH.

“We launched the PATH project as a means to improve that access for complex patients in the Women’s College Hospital community.”

PATH operates as part of WIHV (WCH Institute for Health System Solutions and Virtual Care). It is also part of WCH’s commitment to the Triple Aim improvement community, which targets high-needs, high-cost patients with the goal of advancing both quality and capacity of care. PATH is being evaluated under the Triple Aim criteria of patient experience, population health and cost per patient.

“One of the most important things for high-needs patients is to have a primary care provider who sees the whole person, in addition to any specialty care they may be receiving,” Dr. Martin says. “We know that healthcare systems in which people have good access to high-quality primary care outperform all other healthcare systems in terms of population health and in terms of health system costs, so our PATH project is a much-needed health system solution.”



MAKING SURE WE REACH THE RIGHT PREOPERATIVE DECISIONS

*Dr. Richard Brull,
Dr. Kyle Kirkham
and Dr. Sacha Bhatia*



“Pre-operative tests often don’t take into account the nature of the surgery. It’s not one size fits all.”

– Dr. Richard Brull



Women’s College Hospital’s (WCH) anesthesiologists want to ensure that surgical patients get all the tests they need, and none that they don’t need.

“On January 1, we rolled out a policy of eliminating the standardized approach to testing, and instead we consider the whole patient and the surgical context in which that testing is being done,” says Dr. Kyle Kirkham, medical director of the anesthesia preadmission clinic at WCH. “That doesn’t mean that WCH is no longer doing preoperative tests – it means tests are ordered based on clinical assessment.”

Different surgeries and different procedures have different risks. But in Ontario, the presurgical testing is all the same.

“Ontario hospitals use a standard form to determine which types of lab tests a patient will get,” says Dr. Richard Brull, anesthesiology site chief at WCH. “It doesn’t take into account the minimally invasive nature of some surgeries. You would get the same tests regardless of whether you were having surgery for an aneurysm or an ingrown toenail.”

Patients undergoing low-risk ambulatory surgery get the same preoperative tests as they would before high-risk inpatient surgery, although there is no evidence that this

improves patient safety or outcomes. In fact, for low-risk patients, some unnecessary tests may do more harm than good. They may not only cause discomfort and increased anxiety for patients, but may lead to further tests that have no effect on care decisions. They can also result in delays in surgery, which can have a significant impact on patient health.

In addition to preventing those potential harms, WCH’s new testing policy will save an estimated \$40 per patient. WCH performs about 5,000 surgeries per year, so appropriate testing has the potential to save \$200,000 per year, while sparing patients the inconvenience of unnecessary tests.

To study the potential benefits of the policy change, the WCH department of anesthesia is conducting a comprehensive study called ESPRESS: Elimination of Standardized PREoperative testing for Same-day Surgery. ESPRESS will look at whether eliminating standardized presurgical testing has any effect on patient outcomes such as cancelled surgeries, overnight hospital admissions and need for further surgery. The study will involve 100,000 patients from four hospitals: WCH, and three facilities using standardized preoperative testing.

The ESPRESS study shares many goals with the Choosing Wisely Canada campaign, which was launched in April 2014. Led by Dr. Wendy Levinson, professor and chair of the department of medicine at the University of Toronto, and the Canadian Medical Association, Choosing Wisely Canada aims to eliminate unnecessary treatments, tests and procedures that have no benefit to patients, and which may even be detrimental.

In the first wave of the campaign, nine medical specialties submitted lists of interventions that may be overused, and that physicians should question. One of the interventions targeted by the Canadian Society of Internal Medicine (CSIM) is routine preoperative testing for low-risk surgical patients: echocardiograms, cardiac stress tests and chest X-rays.

“This is where we meet the Choosing Wisely campaign very closely in our goals: to test the right patient for the right indication at the right time,” says Dr. Kirkham.

WCH is participating in another research project that is affiliated with Choosing Wisely, and funded by the Institute for Clinical Evaluative Sciences. To study whether CSIM’s Choosing Wisely recommendation has any effect on the use of routine presurgical cardiac testing, WCH anesthesiologists are collecting data on those tests from across Ontario.

“We’re looking at the last 10 years as a historical benchmark to see where people are testing in the province, how frequently, and how it has evolved over time leading up to the Choosing Wisely campaign,” Dr. Kirkham says.

“That research addresses ECGs, cardiac stress testing and chest X-rays, but the ESPRESS study, and our policy change here at WCH, is looking at preoperative testing in a much broader way. We’re looking at clinically meaningful patient outcomes, on top of the potential cost savings and impact it may have on the health system in Ontario.”



CANCER PREVENTION IS WITHIN OUR REACH

For a woman with a BRCA mutation, knowing her genetic risk can change her lifespan. These women have unusually high risks of developing breast and ovarian cancers, but preventive options can dramatically decrease those risks. The difficulty is identifying these patients.

“Having access to that genetic information can help women make crucial decisions about cancer screening and prevention,” says Dr. Steven Narod, director of the Familial Breast Cancer Research Institute at Women’s College Research Institute (WCRI), and one of the world’s foremost genetic cancer researchers.

Clinical care for women with germline (inherited) BRCA1 or BRCA2 gene mutations at Women’s College Hospital (WCH) is directly informed by the genetic cancer research performed at WCRI, with vital results for patients. Women who carry these mutations have a 60 to 80 per cent risk of developing breast cancer in their lifetime. The risk of ovarian cancer is as high as 40 to 50 per cent in germline BRCA1 carriers, and 20 to 25 per cent in germline BRCA2 carriers.

WCH’s comprehensive program offers BRCA testing to eligible women, genetic counselling, screening options, preventive removal of the ovaries and fallopian tubes, and prophylactic mastectomy and single-stage breast reconstruction surgery.



“Women with BRCA mutations used to have a high risk of dying before they ever saw their grandchildren. Women’s College Hospital was once known for delivering babies, but thanks to our genetic cancer program, now we deliver grandmothers.”

– Dr. John Semple

Screening for early detection can be effective for breast cancer, but ovarian cancer screening has been less successful at finding cancer in its early stages. Surgery, however, is very successful.

“The great benefit of the surgery is that for BRCA1, it reduces that substantial risk of ovarian cancer to one or two per cent, and it may actually reduce it to zero,” says Dr. Barry Rosen, gynecologic oncologist at WCH. “The same can be said for BRCA2: risk reduction from 25 per cent down to almost zero. I don’t think there is any other intervention that reduces a risk that dramatically for almost anything.”

Removal of the ovaries and fallopian tubes is minimally invasive day surgery at WCH, but it can have a dramatic impact on a woman’s life. WCRI research has shown that the optimal timing for this surgery is between ages 35 and just after 40.

“It’s dramatic because it puts a woman immediately into menopause, and it’s a surgical menopause,” Dr. Rosen explains. Women who have had a surgical menopause are at increased risk for osteoporosis and heart disease, and also may have sexuality issues after suddenly losing their natural hormones.

“A 35-year-old woman is often less worried about her bone health than she is about a change in her relationship and her sexuality,” he adds.

Understanding these issues is a major part of WCH’s program.

“We’ve started an aftercare program where women can get counselling regarding their bones, their heart and hormone replacement therapy. We’ve involved experts in all of those areas,” says Dr. Lisa Allen, gynecology site chief at WCH. “It also gives us an opportunity to do a great deal of research to learn more about the needs of these women so we can address those needs in the future.”

Until now, there have been few followup resources available for BRCA patients who have had preventive mastectomy or oophorectomy (removal of the ovaries).

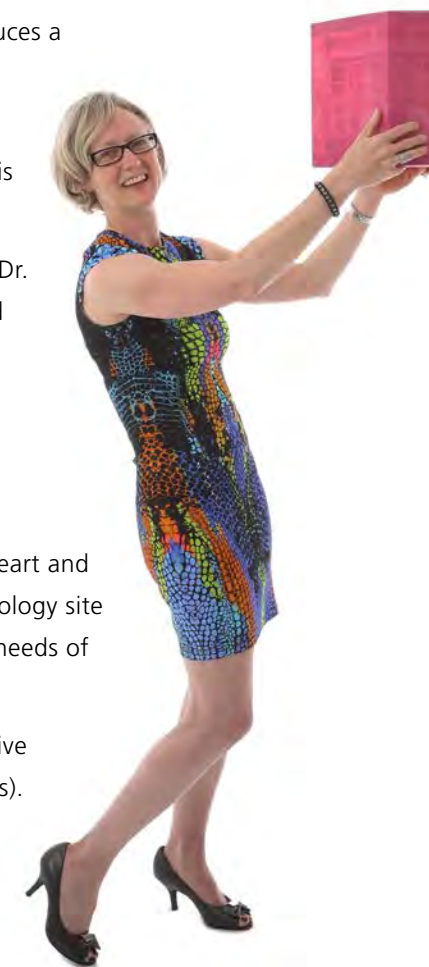


“A lot of these patients have had the same surgery that cancer patients have had, yet they’re not eligible for survivorship programs. There isn’t really a service that addresses their needs,” says Dr. John Semple, chief of surgery at WCH. “We want to provide an equivalent program for these BRCA patients beyond their surgical treatment: a comprehensive support system of aftercare, not just post-operative care.”

Because the WCH genetic cancer program is linked to the genetic counselling resources at several Toronto hospitals, it will provide an important resource for the whole city.

“Women identified as having an inherited BRCA1 or 2 mutation at any of those centres will have access to this comprehensive program at Women’s College,” says Dr. Allen. “Bringing it together in one place makes the women’s journey through it much smoother.”

Amy Finch, PhD; Dr. Barry Rosen; Sonia Nanda, Certified Genetic Counsellor; Dr. Steven Narod; Aletta Poll, Genetic Counsellor; Dr. Tulin Cil; Dr. John Semple; Dr. Lisa Allen; Dr. Joan Murphy



REACHING BEYOND SYSTEM BOUNDARIES TO IMPROVE ACCESS TO MEDICAL IMAGING



For any medical imaging needs, Women's College Hospital's (WCH) new "virtual radiology hub" offers family physicians faster and more appropriate access to medical imaging requests to ensure care for those who need it most.

The project, called 1-800 Imaging, is a new call centre that provides a single point of contact for primary care physicians to access a variety of medical imaging information and services, quickly and efficiently.

"Family physicians are able to get advice on selecting the appropriate tests for their patients, and book urgent imaging without the patient having to register through emergency departments. They can easily access medical imaging services such as consultations with a radiologist, interpretation of imaging results, and expedited reporting for urgent cases – all under one phone number," says Dr. Heidi Roberts, radiologist and WCH medical imaging site chief.

The five-month pilot project – which was launched in May 2014 – provides the following key services:

- **Support in selecting appropriate tests** – Family doctors seeking advice on the best imaging test for their patient can speak with a radiologist who provides a recommendation on the most appropriate test. By selecting the most appropriate exam first, patients avoid multiple tests, possible exposure to unnecessary radiation, and unnecessary stress and wait times for additional exams.

"We're very excited about 1-800 Imaging because here at WCH, when it comes to patient care, we like to think outside the box."

– Dr. Heidi Roberts



Dr. Sacha Bhatia; Dimitra Spiris, Administrative Assistant; Raquel Gaspar, Clerical Support Supervisor; Corwin Burton, Clinical Manager; Catherine Wang, Executive Director; Jeffrey Zon, Project Manager; Dr. Heidi Roberts; Dr. Lawrence White; Christina Ciapanna, Manager Business Operations; Daphne Antonopoulos, Acting Support Services Supervisor; Paul Cornacchione, Clinical Director; Marino Fernandopulle, Manager; Dr. Danielle Martin

- **Expedited urgent imaging** – This service quickly connects family physicians with a radiologist to decide together how urgently a patient needs imaging. All urgent referrals are first directed to WCH, and expedited appointments are booked immediately, quickly reaching patients who need it most. Family physicians and their patients have access to immediate appointments without having to go through an emergency department. This service will help avoid unnecessary emergency visits, and provide a better and less stressful experience for the patient.
- **Expedited reporting for urgent cases** – Family physicians who require an immediate medical imaging result can request expedited reports through this service.
- **Radiology consults** – Consults on outside exams have always been offered at WCH, but the new service hub provides simplified access with dedicated support. Radiology consults enable family physicians to acquire second opinions and sub-specialized expertise on medical imaging exams conducted at other institutions. The additional expertise gained from the consult can help to build confidence in a diagnosis and potentially improve the family physician's decision-making in determining the treatment for the patient.
- Any other concerns regarding medical imaging can be addressed, including assistance with report interpretation and questions about contrast contraindications, or radiation exposure.

"We're improving the integration of medical imaging with the broader medical community by bridging system gaps and building closer relationships with family physicians," says Dr. Roberts, who for the duration of the pilot is the first point of contact for all calls requiring radiologist support. "And it is the patient who benefits in the end. Regardless of what level we are able to intervene, the patient ends up getting the right exam, resulting in faster access to the appropriate care."

The project is one of three that are part of WCH's participation in the Triple Aim initiative to improve quality in healthcare. The call centre is a collaborative project delivered by the Joint Department of Medical Imaging (JDMI) – a partnership between WCH, Mount Sinai Hospital and the University Health Network.

The 1-800 Imaging services are currently available to a select group of more than 60 local family physicians. If successful, Dr. Lawrence White, radiologist-in-chief for JDMI, says the team hopes to leverage the success of this pilot to create a regional or provincial network in the future, thereby integrating medical imaging with primary care on a larger scale.



DEVELOPING INTERVENTIONS THAT REACH PREGNANT AND POSTPARTUM WOMEN WITH MENTAL HEALTH ISSUES

*Cindy-Lee Dennis, PhD,
and Dr. Simone Vigod*

“If left untreated, depression in pregnancy or the postpartum period can have significant negative effects on child development that can last into adulthood.”

– Cindy-Lee Dennis, PhD

Understanding mental health throughout women’s reproductive life stages is a priority at Women’s College Research Institute (WCRI).

Identifying and preventing postpartum depression and developing innovative, accessible treatment interventions is the research focus of Cindy-Lee Dennis, PhD, who holds the Shirley Brown Chair in Women’s Mental Health Research.

“If left untreated, depression in pregnancy or the postpartum period can have significant negative effects on child development that can last into adulthood,” says Dennis. “My program of research focuses on developing and evaluating

interventions that improve maternal health and enhance infant outcomes.”

Dennis recently evaluated, for the first time, telephone-based interpersonal psychotherapy by trained nurses for the treatment of postpartum depression and found that this therapy can be highly effective for depressed mothers.

“We know that interpersonal psychotherapy is a cost-effective treatment for postpartum depression and mothers prefer it over medication,” says Dennis. “But, in its usual face-to-face format, women in rural and remote areas have very limited access to it. If the telephone format is implemented, all women could receive the treatment.”

Dennis works closely with Dr. Simone Vigod, psychiatrist in the reproductive life stages program at Women’s College Hospital (WCH) and scientist at WCRI, whose research is answering important questions about how to better manage mental illness in pregnancy. In 2012, Dr. Vigod received the inaugural Clinician-Scientist Award from the Shirley Brown Chair program to support her research.

In her clinic, Dr. Vigod sees women who need help managing their condition or preventing an exacerbation of their condition during pregnancy and postpartum.

“Unfortunately, little research exists about the safety of using medications that effectively manage serious mental illness during pregnancy,” says Dr. Vigod. “Pregnant women and practitioners are reluctant to use medications because of concerns about fetal exposure to those drugs. But at the same time, discontinuing treatment during pregnancy could harm a woman and her developing baby.”

One of Dr. Vigod’s recent areas of research has been in exploring the impact of antipsychotic medication use in pregnancy.

“There is an enormous gap in knowledge about how schizophrenia and antipsychotics affect the health of pregnant women and their babies,” says Dr. Vigod. “Using population-based data, my research will provide key information for planning appropriate supports and services to help improve the health of pregnant women with schizophrenia and their newborns.”

She is also interested in advancing the management of depression in pregnancy. Current treatments for depression in pregnancy are less than ideal. While antidepressant drugs are the standard of care for moderate to severe depression, many pregnant women are hesitant to take the drugs; however, they are also aware of the risks of untreated depression.

“Women with depression have a difficult decision to make about their treatment during pregnancy,” says Dr. Vigod. “To help them with their decision process, my team and I have created a simple, low-cost, online decision support tool, accessed using a computer or smartphone, which we hope will reduce distress for these women and help them make effective decisions.”

Dr. Vigod will be leading a pilot study to evaluate the tool, which, if proven successful, could be implemented in a wide variety of settings and reach many women.

She is also exploring the use of non-drug treatments for depression in pregnancy. This year she will launch a pilot study to evaluate an innovative, non-pharmacologic treatment for women with moderate to severe depression in pregnancy. If this treatment is effective, practitioners could soon offer women an alternative to medication.

“Dennis and Dr. Vigod are promoting women’s mental health and well-being across the lifespan,” says Dr. Paula Rochon, vice-president of research at WCH. “Their work has attracted remarkable funding and international media attention, and it is improving the quality, reach and accessibility of mental health services for women in Ontario and beyond.”

REACHING OUT TO COMMUNITIES WITH A NEW CENTRE FOR WOMEN'S HEALTH RESEARCH

"We are studying how sex, gender and other influences like race, culture, income and geography shape our individual health."

– Robin Mason, PhD

*Robin Mason, PhD;
Dr. Paula Rochon, VP WCRI;
Stephanie Lagosky, Project Lead*

Women's College Hospital is home to a new hub for knowledge, collaboration and support established to build a better future for women and girls in Ontario and beyond.

In May 2013, the Ministry of Health and Long-Term Care (MOHLTC) announced the creation of Women's Xchange, a new centre based at Women's College Hospital (WCH) that will promote the development of women's health research across the province and ensure a more equitable and sustainable healthcare system for all Ontarians.

"This initiative is really about reaching out to scientists, trainees and community partners, and connecting and supporting them to make women's health a priority in research," says Dr. Paula Rochon, vice-president of research at WCH. "It leverages the 100 years of history and expertise that we have at WCH to grow momentum in women's health research."

A key role of Women's Xchange is to serve as the go-to place for sex- and gender-based analysis, resources and support. The tools provided on the WomensXchange.ca website and the support and expertise available through online and personal consultation will encourage researchers to include sex and gender in their research, so that their work leads to a better understanding of women's health.

"Sex- and gender-based analysis challenges us to think about how sex, gender and other influences, like race, culture, income and geography, shape an individual's health and access to healthcare," says Robin Mason, PhD, scientific lead of Women's Xchange. "We have created one of the most robust collections of web resources on the topic of sex and gender-based analysis nationally, for use by academic as well as community-based researchers."

In the past year, Women's Xchange launched a series of initiatives to raise the profile of women's health research, foster communication and engagement among researchers, students and community members, and raise awareness about its resources.

One of its most novel initiatives is the \$15K Challenge, a competition that provides funding to researchers and community organizations to conduct research that advances the health of women and girls. It allows community groups to come forward with research ideas and partner with academics to study important questions.

"We know that women's health is influenced by many factors outside of traditional healthcare," says Dr. Rochon. "The \$15K Challenge is not only an opportunity for us to mentor and empower community organizations to conduct research, but it also has the potential to improve the health of communities at a local level in a very tangible way."

Women's Xchange is also raising the profile of women's health researchers in Ontario and creating opportunities that facilitate collaboration. The WomensXchange.ca website profiles the endowed Women's Health Research Chairs in Ontario and their research programs. It also invites women's health researchers and trainees to meet and exchange ideas at conferences and events organized by Women's Xchange.

Women's Xchange is also one of 12 partners in the Ontario SPOR (Strategy for Patient-Oriented Research) SUPPORT (Support for People and Patient-Oriented Research and Trials) Unit, which works under an overall goal set out by the CIHR (Canadian Institutes of Health Research) to facilitate and support patient-oriented research and evidence-informed healthcare.

"The ultimate goal of Women's Xchange is to create a hub of research related to the unique experiences of women and to ensure that research advances clinical care and community programming," says Dr. Rochon. "The initiative will continue to build on WCH's commitment to extend our reach to communities and to develop strategies that address gaps in care."



HEALTH LITERACY THAT REACHES

BEYOND OUR HOSPITAL DOORS

At Women's College Hospital (WCH), being a leader in women's health means ensuring that women have access to reliable information that can help them make better healthcare decisions. Online properties like MyHealthMatters.ca make that information available to all women, not just those who walk through our doors.

WCH has always had a unique mandate – to help women manage their health issues and chronic conditions so they can live healthier, more independent lives.

So to understand what women want when it comes to their health, WCH conducted a study called *A Thousand Voices For Women's Health*. The study asked women from diverse communities, different cultures and varying demographic and socio-economic backgrounds about their health needs. The researchers found that most women wanted to be in control of their health, but only 30 per cent felt empowered when it came to their health and their healthcare. These women wanted to be co-creators of their own health through knowledge and understanding.

So in addition to providing specialized programs and innovative models of integrated care, WCH also created WomensHealthMatters.ca, a comprehensive website that delivers trusted, evidence-based health information and news specifically for women. And this year, WCH launched an extension to this website called *My Health Matters*.

What makes *My Health Matters* unique is that it filters this health information based on a woman's individual life stage and her personal health priorities. And it's fully mobile enabled, so women can also access this information on their smartphones or tablets.

MyHealthMatters.ca is the first website in Canada to provide this type of customized health information for women. It offers a health toolkit of videos, articles, quizzes, and fitness and nutrition information that brings the latest healthcare expertise to women across the country. And all the content adheres to the latest online accessibility standards, for example, the video content has been transcribed and all the videos include closed captioning for women who are hearing impaired.

"We created this unique online property so we could improve health literacy by reaching beyond our hospital doors and providing women access to the most relevant health information, directly from the physicians and health professionals at Women's College," says Lili Shalev-Shawn, chief communications and marketing officer at WCH.

Developed by the experts at WCH, the website delivers information on the four most common health concerns facing women: diabetes, heart health, mental health, and bone and joint health. As the website evolves, additional health topics will be added, including reproductive health, cancer care and pain management.

"We know women have unique health needs and concerns based on their age and health priorities," says Craig Thompson, director of digital communications at WCH. "And women lead busy lives so having access to information when they need it most, using their phone, tablet or computer, provides an added convenience for helping them manage their health."

My Health Matters is made possible by the generous sponsorship of Shoppers Drug Mart, through its community investment program, Shoppers Drug Mart WOMEN.

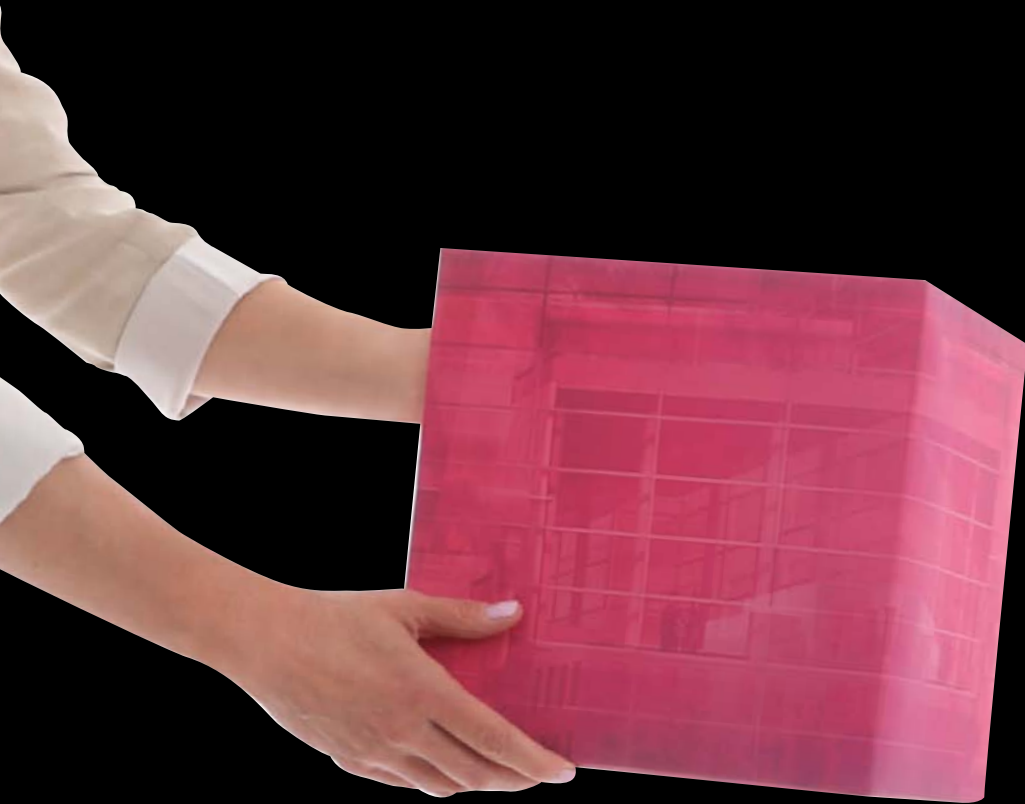
"Shoppers Drug Mart is committed to making a meaningful difference in women's health. We believe that when Canadian women are healthy and well, Canada is healthy and well. Through our WOMEN program, we have invested over \$40 million in community projects over the last three years and *My Health Matters* is one of the initiatives we are proud to support," says Lisa Gibbs, director community investment at Shoppers Drug Mart.

"My Health Matters is the first website in Canada to provide health information for women based on their individual life stage and personal health priorities."

– Lili Shalev-Shawn,
Chief of Communications



Atifa Hamir, Co-ordinator; Aiann Oishi, Digital Producer;
Diba Kohandani, Assistant; Craig Thompson, Digital Director;
Lili Shalev-Shawn, Chief of Communications; Julie Saccone, Communications Director;
Magdalena Stec, Specialist; Patricia Nicholson, Health Writer; Mary Anne Howse, Manager Library Services



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