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A STUDY IN TRAILBLAZING
Canada’s leading hospital research institute focused on women

Women with Impact
Meet the philanthropists who are inspiring their own legacy

Rapid Access
Breaking down barriers to addiction treatment

Triumphant Turn-Around
Revolutionizing knee replacement surgery
“WHAT STRUCK ME MOST THROUGHOUT MY CANCER JOURNEY WAS THE PEOPLE WHO HELPED ME.”

SUZANNE LIMA
GRATEFUL BREAST CANCER PATIENT

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Making Strides

Revolutionizing knee replacement surgery

For more than 100 years, Women’s College Hospital (WCH) has been developing revolutionary advances in healthcare. We are building on the rich legacy of our courageous founders — women who refused to accept the status quo, who broke down barriers and who pushed the boundaries in the pursuit of equity and excellence.

Today, Women’s College Hospital is a leader in the health of women, health equity and health system solutions. We are developing groundbreaking innovations that address the most pressing issues in our system, like wait times, high costs and inconsistent quality of care. We advocate for health equity because we know that inequity threatens people’s health. So we are confronting gender, cultural and social problems that impact access to healthcare and health outcomes for all. Together with our patients and partners, we are working to transform clinical programs, scientific research and surgical innovations so we can close the health gaps in the diverse communities we serve.

In the pages that follow, you’ll read stories about our patients, our health experts, our scientists and our generous donors. There are stories of courage, perseverance and compassion, and they show how, together, we are building a stronger and more efficient health system.

We are Women’s and we are revolutionizing healthcare to create a healthier and more equitable world.
Dr. Urbach believes in the surgeon-in-chief and medical director of perioperative services at the hospital. "We were trying to figure out how to improve joint replacement surgery," he says. "What's a common operation that uses beds in hospitals where we, as an ambulatory hospital, can be on the front lines of revolutionizing healthcare if delivered thoughtfully?"

What Dr. Urbach discovered, along with fellow anaesthesiologist and orthopedic surgeon Dr. David Brull and their team, was that joint replacement surgeries were the most common planned operations that landed patients in hospital beds unnecessarily for a longer period of time than necessary. "More than 100,000 hip and knee replacement surgeries take place in Canada every year and, with patients staying an average of four days for knees and seven days for hips, the length of stay for procedures is responsible for occupying a significant number of hospital beds that could be used to provide more care and shorten wait times.

"Where we can make a big impact on the sustainability of our healthcare system is if we can allow hospitals to use their beds for people who are actually sick and need acute medical care. Those are the people who should be in those beds," Dr. Urbach says. "If you can preserve those hospital beds by taking care of everybody else in a different environment, then you’ve got all these extra resources in a system that’s quite strapped and under stress."

As it turns out, a significant percentage of hip and knee replacement patients don’t actually need active medical care following the procedure. What often keeps joint replacement patients in hospital is management of pain and nausea.

Establishing a model for ambulatory surgery meant that Dr. Urbach and the working group had to develop solutions for two challenges: First, how can patients get on their feet sooner while also staying comfortable? And second, how can their recovery be monitored and reassurance be provided in a non-hospital environment?

To answer those questions, the group made site visits to hospitals in the U.S. where same-day joint replacement is routinely performed. “That reassured us that this can be done and that it can be done safely,” Dr. Urbach says. "They also investigated what the best practices were for anesthesia that would provide better pain management for patients, with less reliance on oral painkillers, so patients can recover more quickly in the comfort of their own home.

What they discovered was that anesthesia could play an important role in making same-day surgery possible. The surgical techniques of the resulting program are no different from those used in in-patient joint replacement surgery; what’s innovative is how anesthesia is administered. “It plays the central role for planning and managing the patient’s perioperative experience — the before, during and after,” says Dr. Richard Brull. Dr. Brull holds the Envelope Barretts’ Care Operations Chair in Ambulatory Anesthesia at WCH and helped develop the anesthesia techniques used in the same-day joint replacement program. “Our role is meticulous planning of each of those phases so that the patient is walking on the same day of their surgery and can go home.”

In traditional inpatient surgery, patients are given long-acting anesthetics, such as morphine, to help manage the pain. As a result, patients are immobilized for a longer period of time and can also struggle with the nausea that narcotics can induce. “Removing pain and minimizing nausea go hand-in-hand,” Dr. Brull says. "When the patient is given a routine anesthetic, pain is treated with morphine. Morphine causes nausea. What happens when they have nausea is we withhold the morphine and the pain returns. It’s a vicious cycle.”

In the WCH program, Dr. Brull’s focus is keeping patients comfortable and making sure they can move following the procedure. “And not only that they can actually move physically, but that they don’t have the side effects like dizziness or light-headedness or anything else that could be worrisome from their anesthesia,” he says.

Dr. Brull begins by administering preemptive local anesthetic. Nerve block injections are then used to prevent the sensation of pain travelling from the knee to the brain. The combination of nerve blocks and local anesthesia means patients have a numb knee; but full strength in their quadriceps and hamstrings. As for their alertness during the procedure, Dr. Brull works with each patient to ensure they’re as conscious as they want to be. "Patients aren’t completely put under, but the level so which they’re aware of the activity in the room can be customized. "They asked me, ‘Do you want to hear everything, see everything, do you want to do this? I just want to be pretty mellowed out,’” Nemez says. “I was awake. I can remember saying a few words during the procedure.”

Three hours after being wheeled out of the operating room, Nemez was taking his first steps up stairs, working with a physiotherapist. “I really didn’t have a lot of pain in my knee,” he recalls. “I had a greater range of motion before I got to the hospital.”

Shortly after that, he was on his way home.

But Nemez wasn’t headed for home to recover alone. Prior to the surgery, he was provided with a tablet equipped with an app that would help his care team monitor his progress in the hours and days after his procedure. This model of virtual care is the other tool Dr. Urbach and his team are using to make same-day discharge possible. The app replicates and even improves upon some of the post-surgery care that patients typically receive in hospital. It provides reminders for when to take med-
FAST-TRACKING HELP

Rapid Access Addiction Clinic breaks down barriers, offers immediate access to treatment

Amy Wright

ONTARIO RAAM CLINICS
1. Women’s College Hospital
2. Michael Garron Hospital
3. Sunnybrook Health Sciences Centre
4. Toronto Western Hospital
5. Alonquin Health Toronto
6. St. Joseph’s Health Centre
7. St. Michael’s Hospital
8. London Health Sciences Centre
9. Grey Bruce Health Services
10. The Ottawa Hospital
11. Southlake Regional Health Centre
12. Health Sciences North
13. Bluewater Health
14. Niagara Health System

SUPPORT Throughout Ontario

I
increased in the years since —
to 34 was related to opioids in
deaths among Ontarians aged 25
healthcare professionals.”
treated with disdain, even by some
disclose they have this problem
at Women’s College Hospital
of the Substance Use Service
“T"-shirts, nurses, hospitals, primary care,
and withdrawal treatment don’t
approach to care, where counselling
an absence of a multipronged
world of addictions treatment:
Dr. Kahan sees as a systemic issue in
improving access to addictions care
creasing numbers of patients come
to two days, no pre-booked
see healthcare providers within
opioids, alcohol or other drugs can
heathcare providers within
three-and-a-half-years. Wright uses Su-
remain heroin-free for six-and-half-
view addictions treatment exclusively
as exclusively a psychological
tion as exclusively a psychological
view addictions treatment exclusively
as a matter of opiate withdrawal,
and they give patients medications
with no other intervention.”
The RAAM clinic at WCH
doesn’t subscribe solely to
other method. Instead, it offers
care driven simply by what
each unique patient needs. The
healthcare team will prescribe
buprenorphine (known by the
brand name Suboxone) to treat
opiate addiction, medications to
reduce alcohol cravings and other
reasonable to address addiction care
in a designated setting, the clinic
is also working to address what
Dr. Kahan sees as a systemic issue in
the world of addictions treatment:
an absence of a multipronged
approach to care, where counselling
and withdrawal treatment don’t
be mutually exclusive.
“There’s a feeling in the
healthcare system — among doc-
tors, nurses, hospitals, primary care,
and emergency departments —
that addiction is not a healthcare
issue. That it needs to be treated in
specialized psychological centers,”
Dr. Kahan says. “The addiction
field reinforces that notion, so you
can have this weird split where you
have these psychosocial treatment
programs for alcohol, which don’t
involve any anti-craving medica-
tions and where they view addic-
tion as exclusively a psychological
disease. And at the same time,
you have these methadone clinics
which view addiction exclusively
as a matter of opiate withdrawal,
and they give patients medications
with no other intervention.”

Amy Wright, 41, works in
community outreach at Toronto
Public Health and is finishing up
her master’s degree in social work
at Ryerson University. She’s also
a patient of the RAAM clinic.

“Substance use is a chronic
condition. Like other chronic
conditions, like diabetes or depres-
sion, patients need a multi-model
approach,” says Irene Njoroge,
advance practice nurse for the
RAAM Clinic at Women’s Col-
lege. “We need to support people
facing addiction with the same
support we give other patients
with chronic health conditions.”

Amy Wright uses Suboxone
for her chronic colitis, which she
reports helps reduce the pain
associated with colitis, for which she
visits the clinic to receive Suboxone,
as counselling and motivational
interviewing. If needed, the clinic
will also make referrals for psychi-
ary and for community services,
such as structured counselling or
group therapy, as well as connect
patients with primary care.

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made her feel “more alive.”

The drugs she didn’t know was that she had undiagnosed depression; the drugs she was taking to treat her migraine pain also led to a descent into addiction. While she was still a university student. What started out as a way to numb the pain of her first overdose, and then her second and third, while she was at York University. A prescription for painkillers eventually morphed into a reliance that would lead to the first 90 days of treatment.

In the last few years, much of Wright’s work has focused on harm reduction, including helping patients to use Naloxone. Rapid access is a model with proven results, both for patients and the system. By giving patients immediate access to care, rather than asking them to wait a week or more, their health outcomes are much better. “Withdrawal can often force even highly motivated patients to relapse,” says Njoroge. “Bringing able to access these services when they need them is really serving them well.”

The model is also learning the boundaries of the healthcare system, by reducing emergency department visits and engaging patients in both short- and long-term care. The WCH RAAM clinics is one of 12 current rapid-access clinics in the province. The initial seven clinics, opened in 2016, saved the healthcare system approximately $200,000 for the first 150 patients in their first 90 days of treatment.

The program is improving access to evidence-based addiction treatment,” says Njoroge. “We are able to support the healthcare system to build capacity, and we’re improving care for patients with addictions. Traditionally there is a lot of stigma, a lot of shame and guilt, and in this model we are building the continuum of care.”

In Toronto, the program has supported the establishment of additional RAAM clinics at Sunnybrook Health Sciences Centre, Toronto Western Hospital and Michael Garron Hospital. The newest clinic is a partnership with the Anishnawbe Health Toronto and focuses on the healthcare needs of Indigenous people. The program has also partnered with the existing addiction clinics at St. Joseph’s Health Centre and St. Michael’s Hospital to integrate them with the rest of the Toronto RAAM network. Outside of Toronto, there are seven pilot sites across the province in London, Owen Sound, Ottawa, Newmarket, Sudbury, Sarnia and St. Catharines. Plans are in place to expand to community hospitals and to additional facilities across the province.

“We are very excited to see the tremendous success of the RAAM clinic that opened in Sudbury almost two-and-a-half years ago is now spreading across northern Ontario. With the opening of these northern RAAM clinics, patients in more remote areas will be able to access care close to their homes,” says Dr. Mike Franklyn, lead physician of the Sudbury RAAM. “Everyone, even the patients without a primary care provider, can now seek the type of specialized substance-use care they need that, prior to these RAAM clinics, simply did not exist. As a result, we’re seeing a decrease in ambulance and emergency room use, detox and also in hospital admissions that result from a single RAAM clinic visit.”

The Lebovic Golf Club was generously donated for this event by Dr. Joseph Lebovic.
Care, counsel and support for sexual assault and domestic violence

LIZ BEDDALL

Within two minutes of being reached for an interview, Sheila Macdonald, clinical manager of the Sexual Assault and Domestic Violence Care Centre (SA/DVCC) at Women’s College Hospital (WCH), is forced to hang up the phone. A victim has just arrived — one of approximately 700 such individuals the SA/DVCC staff will likely see this year. And so it goes with anyone who walks through the unit’s doors — the staff of nurses and counselors see that the immediate care of people takes precedence over anything else.

“We don’t have an emergency department,” says Macdonald when she is free again to chat. “So this is a space where the nurse meets the victim directly at the door. We are their first contact. Our services are very focused on the person, and our immediate goal is to convey the message that, ‘You are here now and you are safe.’”

It’s a message that has been at the core of the Centre’s value system since 1984, when the unit at WCH was created as the first regional space of its kind in Ontario. While it was then devoted solely to sexual assault victims, the SA/DVCC has since expanded its mandate to include victims of domestic violence and has recently mobilized its delivery of care — expanding comprehensive services to all seven of Toronto’s emergency departments.

“If the person shows up at another hospital, we travel there,” she says, adding that the healthcare worker will be on the scene within one hour of the victim arriving at the emergency department. “The person doesn’t have to first go to an emergency room and then travel to our hospital.”

“We don’t want to miss caring for the victims who in the past might have said, ‘I don’t want to go through all of this again. I’m just going to go home,’” says Macdonald.

Shaniqwa, a survivor of a violent sexual assault, which occurred during her time as a university student, may have done just that had a member of the SA/DVCC’s mobile team not made herself known as an ally in the emergency room. “I was very numb at the time,” says Shaniqwa, who received follow up care from the Centre where a nurse offered her additional crisis support and further testing. “I had already faced vic- tim-blaming and I didn’t expect for them to be so welcoming given that society hadn’t been welcoming to me.”

Shaniqwa goes on to say that while she anticipated that the staff at the Centre might request she rehash her traumatic story and ask such questions as, “What were you wearing,” and “how much did you drink,” what she heard instead upon entering the hospital was, “How are you feeling” and “what can we do to support you.”

“The way in which they ap- proached the situation, their word- ing, the way they do their work and just giving me space to share my feelings,” she says, “Made me feel safe and comfortable and gave me a place where I could take a pause from being hard on myself.”

In the months and even the years following her assault, Shaniqwa says she has looked to the SA/DVCC and WCH as a constant backbone of support, knowing without doubt that follow up services and additional resources were always on offer if she was in need.

She adds that those powerful reinforcements have since given her the strength to become an outspoken advocate for proactive and equitable responses to sexual assaults on Canadian campuses. It has also inspired her to organize an on-campus fundraiser to give back to those who continue to show her that they care.

“We were able to raise $650 for Women’s College,” says Shaniqwa. “I can’t repay everyone that was there for me during that time. But fundraising to support their work was the best way I could try to say thank you.”

“Overall I would say that if Women’s College hadn’t been there, my story would have likely been totally different,” she adds. “I wouldn’t have been thinking that I mattered or that my life mattered if they weren’t reminding me that I did.”

There are other ways, says Macdonald, that the stories of those like Shaniqwa and other victims may have been markedly different in years past. She says that until recently, it was imper- tant that the SA/DVCC see victims within 72 hours of their assault for them to benefit from proper, post-assault DNA testing.

Today, however, Macdonald points to technological advances in DNA test sensitivity allowing the Centre to expand to a 12-day timeframe for assessment. While she also lists the Centre’s offering of post-HIV-exposure prophylaxis to assault victims as a recent evolution in care, Macdon- ald says one aspect of the SA/ DVCC that has remained steadfast for Women’s College has remained steadfast...
“Overall I would say that if Women’s College hadn’t been there my story would have likely been totally different.”

Shaniqwa

since 1984 is the dedication of its staff and their commitment to non-judgmental support regardless of a victim’s decisions.

“People are active participants in their care plan,” says Macdonald. “So whether or not someone decides to report to the police, for example, that’s their decision to make and not mine.”

If the victim does, however, choose to pursue legal action, Macdonald points to a particularly important victory achieved via the SA/DVCC in developing nurses as expert witnesses in court.

“The Sexual Assault Nurse Examiner program began in 1995,” says Macdonald, who also fills the role of provincial director for sexual assault and domestic violence treatment centres in Ontario. “It’s specialized training provided for all nurses in sexual assault and domestic violence programs across the province, which has allowed them to be seen as experts within the legal system.”

Speaking further to the provincial collaboration, Macdonald says that she is equally proud of the work that is being done at all 35 such centres now in operation in Ontario, the members of which she says are all committed to ensuring the same quality of comprehensive healthcare.

“It’s important that the work we do at WCH is also being done across the province,” she says. “The victims in Kenora, get the same care they would if they were anywhere else in the province. And when there are issues and concerns that arise, it’s important that we’re speaking in the same voice to ensure that all victims get access to service.”

Macdonald adds that the atmosphere itself while delivering care to a victim for the first time is a great example of the Centre’s universality of practice.

“Our spaces are quiet — we speak gratefully at the pace of the person,” she says. “We want to deescalate what may have been a chaotic, at times violent and frightening situation for victims, many of whom have experienced their assault only hours before.”

Each centre provides items like a toothbrush, comb, shower facilities and change of clothing for the assault victim with the goal of compassionately countering the effects that the perpetrator has inflicted.

“Even though they may sound small, these things are so important when they may feel degraded, dirty and unworthy,” says Macdonald.

The SA/DVCC sees people coming from emergency rooms, physician referrals or direct walk-ins. Macdonald says the ability to provide equitable access to all those in need is a challenge her team will likely face on an ongoing basis.

“Toronto is a very multicultural, diverse community and that is the beauty of this city,” she says. “But when it comes to providing services, making sure that we’re meeting everyone’s needs is something that always requires reassessment.”

In particular Macdonald points to individuals who are vulnerable to being victimized because of complex mental health issues, marginalization and homelessness.

Macdonald acknowledges that there are certain populations more at risk of sexual assault, including new immigrants, women with disabilities, trans people and Indigenous women, and that the SA/DVCC is actively working with community partners to understand the intricacies of care each person may need.

“For us to help others we need to make sure that we are trained to be culturally sensitive,” she says. “So in partnership with Rainbow Health, for example, we’re developing training for the frontline nurses on trans healthcare. We’re also working with the Indigenous Friendship Centres to understand our understanding and knowledge of providing care to an Indigenous person who has experienced sexual assault.”

Going forward, Macdonald says she has hopes that the SA/DVCC’s mobile services will expand to community health centres, serving individuals who would generally avoid traditional emergency rooms.

She adds that one focus this year will be looking at where there are gaps in existing services, particularly in remote northern areas, and examining how to address these challenges. Whether that means establishing new specialized Centres or creating initiatives around online communication platforms, Macdonald says she hopes it is better connect with victims in their own communities so that traveling far for help does not have to be part of the process.

“We just want to make sure that we’re responding to the needs where they are,” says Macdonald. “When this type of trauma happens, people don’t know who to tell and they don’t know where to go. I want the message to always be, ‘you can talk to us, you’re safe with us, and we’re here to support you.’”
There’s no other hospital like WCH in Canada — it’s revolutionary and innovative in ways that many hospitals aspire to be.

GIVING PROMINENCE TO PROGRAMS OF IMPORTANCE TO WOMEN

That’s certainly true for Gail Regan, the 73-year-old retired vice chair of Cara Operations, which operates the Swiss Chalet, Milestones, Harvey’s and Kelsey’s restaurant chains. Her life-changing moment occurred during the stressful birth of her first child at Women’s College Hospital in 1964: “I had no idea what I was in for. The pain was over the top.” She was given Demerol, which temporarily alleviated the pain. “It felt as though I had been saved. That’s when I knew this was an institution that really cares.” At that time, Women’s College Hospital was one of the only hospitals to routinely offer epidermal pain relief to women in labour since there was still reluctance among obstetricians to do so.

That experience set Regan on the road to becoming a major contributor at WCH. She first became a member of the hospital board when she was just 34 (11 years later she would chair the board). Before this, her mother chaired the board in the 1960s and her grandmother also served as a volunteer. “My mother was a feminist as am I,” she says, pointing out that unequal treatment of women extends to the healthcare system. “That’s why it’s so important to have a teaching hospital, which WCH is through its affiliation with the University of Toronto — the doors of the university are never shut.”

Regan’s legacy at WCH is an impressive one and includes more than 30 years of active board work, contribution through her named membership on the WCH Foundation advisory council. “WCH has been part of my life from the time I entered medical school through to becoming a senior citizen,” she says. That early experience of a physician caring so profoundly for her materneate is something she — and helps her to keep on giving. “In my experience people are motivated to give because of an emotional experience. There are many gratifying patterns like me who have had an experience at WCH that has made them want to give.”

SUPPORTING GROUNDBREAKING RESEARCH

Wendy Daniels, a retired financial services professional, experienced her reason to give at the hospital 21 years ago when her son Jack was born five weeks premature and delivered by emergency C-section. “It was a very scary time but the medical staff were amazing and very reassuring,” she says. The compassionate medical attention she received at this crucial juncture in her life is one of the reasons she chooses to support the hospital. “When you really feel the connection with an organization you want to take the bigger step.”

That bigger step included her recent appointment to the WCH Foundation development committee as well as a substantial donation to support the new Peter Gilgan Centre for Women’s Cancers, an unprecedented new collaboration between WCH and the Canadian Cancer Society. Daniels is supporting the Centre because of its groundbreaking work in educating women on preventative measures they can take to keep themselves and their families healthy, and because it has a vision to transform care for women’s cancer by sharing its research with healthcare facilities across the country. “I’m passionate about preventative medicine, and the work the Peter Gilgan Centre is doing goes beyond the walls of the hospital — it’s about improving healthcare for all Canadians,” Daniels says.

“WCH is changing the way healthcare is being delivered through initiatives such as virtual care, innovative patient electronic records and ambulatory care,” she says. “Improv- ambulatory care is an issue that’s close to Daniilf’s heart. Her mother also died of complications she just was 75 and was frequently in and out of hospitals. “It was difficult for her and I think she could have received better and more efficient care at home. The kind of care that WCH is leading now.”

DRIVEN BY THE NEED TO MAKE A DIFFERENCE

Eileen AyoubZadeh, the founder and creative director of Zvelle, a luxury web-based shoe company, which donates $10 to WCH for every pair of shoes it sells, cites the example of Dr. Emily Stowe as an inspiration for her charitable contributions at WCH. “I will never forget that the rights and opportunities that I take for granted today are because women like Dr. Stowe spoke up,” she says. “I can’t even begin to understand how hard she had to fight to get WCH started. Women like her inspire me.”

It’s because of women like Dr. Stowe that she enjoys the privileges she has today, including access to the healthcare WCH provides. “That’s why I want to do what I can to make a contribution,” says AyoubZadeh. “I really believe there’s no other hospital like WCH in Canada — it’s revolutionary and innovative in ways that many hospitals aspire to be. That’s something I want to be part of.”

Her philanthropic efforts are driven by the need to make a difference. “I think businesses can have a positive impact in the world and I certainly want to do something positive with my company,” she says. “That’s why I give to WCH. I believe in the hospital and its stuff. From the moment you enter the place it’s as though you are enveloped with a sense of love. The building itself still has the essence of the woman who fought for this hospital 120 years ago — Emily Stowe is still there.”

There’s no doubt Dr. Stower would be proud of the influential charitable work carried out by AyoubZadeh, Regan and Daniels who are working to maintain her legacy of advancing healthcare for women at WCH. AyoubZadeh says it best: “When women champion each other the world becomes a better place.”
Canada’s leading hospital research institute focused on women

Dr. Paula Rochon

The facts are startling. Despite women presenting health conditions and responding to treatments differently from men, their needs continue to be overlooked by health and medical research. Each year, heart disease kills more women than men, but only 35 per cent of participants in heart disease studies are women. Many of the therapies and treatment protocols in use, including cardiovascular drugs, have been disproportionately studied on men. In fact, until the 1990s, women weren’t routinely studied on men. In fact, until the 1990s, women weren’t included in most healthcare studies. Women’s healthcare and research is no less important than it was 30 years ago, according to Dr. Laura Jocelyn Palm.

Jocelyn Palm

“Encouraging women to pursue careers in science is not only the right thing to do, it’s very useful,” says Dr. Laura Jocelyn Palm, the owner of Glen Bernard Girls’ Camp for girls and the former national director of The Royal Life-saving Society, managed a winning volunteer, a donor, a board member, and a director of Women’s College Health Research, an independent charitable organization.

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When Jocelyn Palm helped to launch the Women’s College Hospital in 1989, the need for the organization’s work was pressing. The hospital was on the verge of losing its independence—a change that would have resulted in an already massive gap in women’s healthcare and research. “In those days, most of the research was done on men. That was a problem because there’s a significant difference between diagnosis and treatment of men and women—and Women’s College Hospital was making a huge contribution to the health of women,” says Palm, the co-founder of Glen Bernard Girls’ Camp for girls and the former national director of The Royal Life-saving Society, managed a winning volunteer, a donor, a board member, and a director of Women’s College Health Research, an independent charitable organization.

“The fact is, the research being done on women isn’t enough. There is no less important than it was 30 years ago, according to Dr. Laura Jocelyn Palm.

“The gap is widening, not narrowing, and we need to do better,” Palm says. “We need more women in science and we need to learn from the research doing the research. That’s what WCRI is committed to achieving.”

JESSICA LOCKHART

OF RESEARCH

PIONEERS

OF RESEARCH

T

he Women’s College Research Institute is one of the few research institutes worldwide dedicated to advancing the health of women. Our scientists consider issues of importance to sex and gender in their research,” says Dr. Paula Rochon, vice president of research at WCH and a senior scientist at WCRI.

Dr. Rochon explains that this approach has allowed WCRI to fine-tune strategies and therapies. Over 200 scientists, trainees and research staff study issues with unique implications for women, including reproductive health, aging, arthritis, depression, diabetes and heart disease. Being based at WCH only serves to strengthen the quality of work being produced, with many larger institutions on the list in several categories.

However, WCRI’s focus on women doesn’t just benefit patients—it also benefits the organization’s staff. Dr. Rochon says that mentoring and supporting the careers of women is a priority for WCRI. “That’s been the experience of Dr. Simon Vigod, a psychiatrist at WCH and scientist at WCRI.

“There’s something to be said about a place that puts its money where its mouth is,” says Dr. Vigod. “To be a woman researcher in a space where there is explicit attention to ensuring equity for women of diverse backgrounds is really important. It benefits both scientists like me and the research we do.”

The value, in this case, is innovative research resulting in concrete change to both policy and practice, including the development of specialized care and education. In the last five years, WCRI has seen a 70 per cent increase in funding, allowing researchers to tackle their research through a gender lens. It’s part of the reason why in 2017 WCH was named one of Canada’s Top 40 research hospitals by Research Infosource Inc., outperforming many larger institutions on the list in several categories.

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Women’s College Hospital, with historic support from advocates like Palm, continued to champion women’s health care. In 2000, the Friends of Women’s College Hospital was designated a Centre of Excellence in Women’s Health.

Despite a brief merger with Sunnybrook Health Sciences Centre, Women’s College hospital, with tenacious support from advocates like Palm, continued to champion women’s health care. In 2000, the Friends of Women’s College Hospital was designated a Centre of Excellence in Women’s Health.

While enormous strides have been taken to improve equity in health research, Palm believes her work is only important that it was 30 years ago. “It’s important that the medical community continues to advocate for the importance of health research conducted through a gender lens,” she says. “We don’t just require more research about women, we also need more women doing the research. That’s what WCRI is committed to achieving.”

Donors are the difference

When Martin Black helped to launch the Health of Women’s College Hospital in 1989, the need for the organization’s work was pressing. The hospital was on the verge of losing its independence—a change that would have resulted in an already massive gap in women’s healthcare and research. “In those days, most of the research was done on men. That was a problem because there’s a significant difference between diagnosis and treatment of men and women—and Women’s College Hospital was making a huge contribution to the health of women,” says Palm, the co-founder of Glen Bernard Girls’ Camp for girls and the former national director of The Royal Life-saving Society, managed a winning volunteer, a donor, a board member, and a director of Women’s College Health Research, an independent charitable organization.

The facts are startling. Despite women presenting health conditions and responding to treatments differently from men, their needs continue to be overlooked by health and medical research. Each year, heart disease kills more women than men, but only 35 per cent of participants in heart disease studies are women. Many of the therapies and treatment protocols in use, including cardiovascular drugs, have been disproportionately studied on men. In fact, until the 1990s, women weren’t included in most healthcare studies. Women’s healthcare and research is no less important than it was 30 years ago, according to Dr. Laura Jocelyn Palm.

“Encouraging women to pursue careers in science is not only the right thing to do, it’s very useful,” says Dr. Laura Jocelyn Palm, the owner of Glen Bernard Girls’ Camp for girls and the former national director of The Royal Life-saving Society, managed a winning volunteer, a donor, a board member, and a director of Women’s College Health Research, an independent charitable organization.

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Meet three scientists who are advancing the health of women

JESSICA LOCKHART

HEALTH CENTRE AT THE SCIENCE OF HEALTH

DR. JANICE DU MONT
Senior Scientist, Women’s College Research Institute (WCRI)

For scientist Dr. Janice Du Mont, focusing her life’s work on gender-based violence has been a double-edged sword. “Sometimes I get very discouraged,” she says. “Despite all the research, activities and advocacy, violence against women and girls is still one of the most pernicious and pervasive public health problems of our time. It signals very strongly the continued and pressing need to address the problem.”

Since the late 1990s, Dr. Du Mont has been advancing internationally, nationally and provincially on responding to the problem of gender-based violence. She has worked closely with the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs), a network of 35 centres across Ontario that offers care for individuals who have experienced sexual assault or domestic violence. Much of the care provided at these centres is informed by Dr. Du Mont’s collaborative research, demonstrating that the work conducted at WCRI is implemented in patient care at WCRI and beyond.

For example, Dr. Du Mont’s research has made it possible for sexual assault victims to be tested for drug exposure without police intervention. She’s also led the development of materials that have been used to train more than 1,500 emergency room physicians and nurses across Canada, who are often the first point of contact for people who have experienced sexual assault or domestic violence. And now, after 96 per cent of nurses at Ontario’s SA/DVTCs indicated they wanted more training to care for transgender people who have been sexually assaulted, she’s working closely with an advisory group to meet this unidentified need.

Yet, despite her research’s far-reaching impacts — resulting in improved care for individuals who have experienced violence across the province — Dr. Du Mont remains humble about her contributions. She credits her success to her colleagues — like Sheila Macdonald, a nurse and provincial director of Ontario’s Network of SA/DVTCs, and fellow WCRI researcher Robin Mason, PhD — women through whom she’s found strength and partnership.

“WCRI has allowed me to collaborate with a community of researchers and clinicians with diverse perspectives and shared goals,” says Dr. Du Mont. “Being able to apply a social science lens to research within a medical institution isn’t that common — but I’ve been able to do that here with a positive impact on the field of violence and health.”

“Gender-based violence is not just a health issue,” she says. “It’s a social issue that requires an interdisciplinary approach.”

DR. SIMONE VIGOD
Psychiatrist and Lead, Reproductive Life Stages Program, Women’s College Hospital (WCH) Scientist, Women’s College Research Institute (WCRI)

While the millions of social media posts of happy moments with seemingly perfect lives may convince you otherwise, motherhood is no easy job. One in five women have significant mental health problems during pregnancy, postpartum or early motherhood, making it one of the most common complications of childbirth. Yet, as few as 20 per cent receive help.

“We women are pretty worried what people will think if they’re struggling. The shame is really there,” says Dr. Simone Vigod, a psychiatrist and scientist at WCRI.

“These illnesses can have such a far-reaching impact — not only on a mother’s health, but on the health of her relationship with her partner, her baby and her other children.”

Dr. Vigod holds the Shirley A. Brown Memorial Chair in Women’s Mental Health Research, and as the lead of the Reproductive Life Stages Program at WCH — a program that focuses on women’s mental health during menstruation, pregnancy, postpartum and menopause — she researches how to best treat mood and anxiety disorders across the lifespan. In the case of pregnant and postpartum women, she’s found that in addition to stigma, women also struggle with accessing care. Eliminating these barriers has meant developing innovative models of care, such as video visits with psychiatrists and online support groups, which make it possible for patients to receive care at home.

The demand has been overwhelming. In May 2017, Dr. Vigod launched “Postpartum Depression: Actions towards Causes and Treatments” — a study to better understand the connection between genetics and postpartum depression. As of May 2018, almost 900 Canadian women have enrolled. Currently, Dr. Vigod is investigating new models of care including non-invasive, non-drug treatments for pregnant patients, such as the use of transcranial direct current stimulation. “New cancer-causing genes, such as PALB2, mean that research is far from done.”

“New cancer-causing genes are being discovered, and we need to evaluate the implications of having a mutation in one of these genes for the patient and her family,” says Dr. Metcalfe. “We are learning as we go, that’s what research is about and WCRI supports that exploration. We are trying to change our healthcare system to better fit people’s needs, and that’s exciting.”

DR. KELLY METCALFE
Adjunct Scientist, Women’s College Research Institute (WCRI)

When BRCA1 and BRCA2, the genes linked to hereditary breast cancer, were discovered in the mid ’90s, scientists promptly began work to better understand the mutations. However, a critical component of research was missing — what a positive diagnosis actually meant for the patient and her family.

“We didn’t really understand the clinical implications of having a mutation of one of these genes,” says Dr. Kelly Metcalfe, who was a nursing student at the time of the gene’s discovery.

Research demonstrated that women with BRCA1 or BRCA2 have an 80 per cent chance of developing breast cancer in their lifetime, but little work had been done on the psychosocial implications of preventative options, including preventative mastectomies, and surveillance.

“But developing new models of care don’t come without its challenges.”

“New cancer-causing genes are being discovered, and we need to evaluate the implications of having a mutation in one of these genes for the patient and her family,” she says. Dr. Metcalfe believes that the WCRI is the best place to do this work “We have an impact on practice; not just at Women’s College, but far beyond our hospital walks on a global scale.”

“And to know that the research we’re doing is saving women’s lives, that’s what keeps me going.”
A Centre for the Future

Innovative partnership focuses on research, treatment and survivorship of women’s cancers

**A Centre for the Future**

Women’s College Hospital (WCH) is leading the way in cancer care and research with a new initiative that aims to provide world-class care for women and their families. The Centre has spent the last year laying important groundwork that will integrate and share knowledge across the country.

As an example, she mentions the work the hospital will be doing in training prevention practitioners across Eastern Canada, and work is now underway to establish the many facets of the Centre’s mandate. The centre’s robust online presence will include portals for care providers, patients and their families, and reach, then I’m in,” he states.

Elaine Goulbourne, administrator-director for the Centre, and also the hospital’s director for clinical resources and performance, says, “The concept was born from internal conversations about how the hospital could integrate, and then share, all of the best practices it is renowned for. In particular in the areas of research, BRCA 1 and 2 genetic mutations, integrated clinical programs, innovation, education and empowerment. ”

“People were excited about this wonderful opportunity, with the vision of ensuring every Canadian woman has every chance to survive cancer, regardless of her location,” Goulbourne says. The centre has started the last year laying important groundwork to address the gaps in cancer care for women and their families across Canada, and work is now underway establishing the many facets of the Centre’s mandate. The centre’s robust online presence will include portals for both care providers and patients in order to share the latest research and spread the hospital’s best practices nationally, Goulbourne says.

Other initiatives will include conferences, courses and workshops for care providers, patients and families and other stakeholders, she says. Among new staff members being hired are a genetic counselor, a social worker and a nurse practitioner who will serve as a navigator for patients as they make their way through the various phases of their care.

“Strong and healthy families have always been at the core of my beliefs and values,” says Gilgan. “We are excited to build on this foundation and thinking of the hospital of the future and thinking about this wonderful opportunity, with the vision of ensuring every Canadian woman has every chance to survive cancer, regardless of her location,” Goulbourne says. As an example, she mentions the work the hospital will be doing in training prevention practitioners across Eastern Canada, and work is now underway establishing the many facets of the Centre’s mandate. The centre’s robust online presence will include portals for care providers, patients and their families, and reach, then I’m in,” he states.

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Thank you, Shoppers Drug Mart, the runners and supporters, for helping us close important health gaps.

On June 9, at the fifth annual Shoppers Drug Mart LOVE. YOU. Run for Women in Toronto, over 1,200 community members gathered in front of Women’s College Hospital with a shared goal: to help create a brighter future for women facing mental health challenges. Together, they walked, ran and wheeled through the streets to raise funds for WCH’s Women’s Mental Health Program.

Thank you, Shoppers Drug Mart, the runners and supporters, for helping us close important health gaps.

Learn more: www.wchf.ca
transitions
OF HOPE

The first comprehensive Gender Transition healthcare program in Ontario
JACLYN TERSIGNI

Amara Wiens was in her mid-teens when she first realized there was something different about how she experienced her gender. “It was the early ’80s in rural southern Ontario. There wasn’t a whole lot of access to information, and certainly no LGBTQ groups that I was aware of. There was really nothing informative to figure out who and what I was, and how I could move forward on that,” Wiens says. “It was something I supposed for around 30 years.”

It wouldn’t be until 2012 that she came out to herself, and later, to others. Less than a year later, she had the gender-affirming surgeries that, after three decades, finally made Wiens feel like herself. “I had been wasting 30 years to become me,” she says. “It was remarkably transformative. It had a huge impact in terms of my self-image, in terms of my comfort with being in situations where the shape of my body impacts others’ perceptions of me.”

After deciding to move forward with transition surgeries, Wiens, who lives in Ottawa, only had to wait about four to five months before her procedures took place. But that’s because she decided to pay for the surgeries herself thanks to a well-paying job and savings. She was able to afford the approximate $50,000 cost. Had Wiens decided to seek OHIP funding, the process might have taken years.

Prior to the spring of 2016, trans Ontarians seeking OHIP-covered surgery faced a long and arduous process. First, join a waiting list of nearly 2,000 names for an assessment; then, months or years later, receive a referral for surgery and then wait for the procedure(s) to take place at GR5 Montréal, the only facility in Canada providing transition-related genital surgeries. Or travel to facilities as far away as Thailand. Furthermore, not all transition-related surgeries are covered by OHIP.

For those awaiting surgery, the long wait times weren’t a mere annoyance; they were deeply painful. Thinking about whether she could have chosen to wait for OHIP funding, Wiens says, “I would have been close to 50 before I had surgery. I would’ve been in a situation where I’d have to live for years without feeling complete. I didn’t want to go through that.”

“The whole process, really, has been very informative to figure out who and what I was,” Wiens says. “There are other people who, in the worst cases, have spent a decade waiting to get approved for surgery. I simply cannot imagine how damaging that would have been to me.”

Things are changing. On March 1, 2016, the Ontario government expanded the referral system to allow qualified healthcare providers from across the province to provide referrals, and, in June 2017, another important announcement Women’s College Hospital (WCH) would become the hub of surgical services for gen- der-transition surgeries in Ontario, providing expanded access to various transition-related surgeries and becoming the second facility in Canada to provide genital surgeries.

What that means, in practice, is that Women’s College Hospital will be home to an accessible, high-quality and comprehensive trans healthcare program unlike anything else in the country.

To build the program, Women’s College has partnered with Sherbourne Health Centre (including Rainbow Health Ontario [RHO]), the Centre for Addiction and Mental Health (CAMH), and individuals from the community who act as consultants to form the Trans Health Expansion Partnership (THERP). THERP supports the expansion of health services for trans individuals in communities across the province, which includes the development of the Transition-Related Surgery (TRS) Program at WCH.

The TRS program officially opened its doors in October 2017. Currently, available procedures include mastectomy, chest contouring, breast augmentation, sopreration [removal of ovaries], orchitectomy [removal of testicles], scrotoplasty, penile implant post phalloplasty, testicular implant, select surgical revisions and hysterectomy. In addition to the surgeons themselves, the program will offer a streamlined system for surgical referrals and will be rooted in a “client-engaged model of care,” where patients are active partners in their healthcare journey.

“I can’t convey how important this program is for people across Ontario and Canada,” says Cheryl Woodman, chief strategy and quality officer at Women’s College and current president of the Canadian Professional Association for Transgender Health (CPATH). “Trans and gender-diverse communities have been underserved across so many levels of healthcare.”

In their role, Woodman is responsible for developing and implementing strategies that help WCH move the needle to close health gaps. For them, helping the hospital become a hub of care in Ontario has been a project of unique significance.

“This is a passion project for me. This impacts my community,” Woodman says. “This is an area where there are huge inequities across the country in care and access, and in many cases, no services at all.”

Long wait times for surgeries are only one such challenge. Health insurance coverage for medically necessary procedures related to transition varies from province-to-province. And trans people who live outside of major urban centres...
often have to travel, sometimes long
distances, for healthcare.

What underpins each of these challenges is an absence of what Woodman refers to as “culturally competent care” — services that promote and are rooted in respect, equity, safety and trust.

“These are invisible medical needs and they get minimized and
often denigrated by those who are not living with those challenges,”
Wiem says. “It’s easy to see a broken
leg. It’s easy to see muscles. You don’t
see depression ... You don’t see gender dysphoria either.”

Emery Potter knows this well.
Potter recently joined WCH as a primary health nurse practitioner for the TRS program. Prior to Women’s College, they worked at Sherbourne Health Centre for nearly 10 years and spent time administering primary care for LGBTQ and trans communities, as well as with RHO providing training and mentorship on trans health to healthcare providers across the province.

“The idea of this program is mind-blowing in so many ways. When I started working in trans healthcare 10 years ago, I never thought that a program like this would exist,” Potter says. “Having worked in this field for so long and knowing all the gaps in the services for this community, and to now be creating a program specifically designed to meet people’s needs in a holistic way is incredible. What we are able to provide to people undergoing their transition-related surgeries at WCH.

“The most important thing is that people undergoing their transition-related surgeries at WCH.

Potter hopes that the PRS
program will be able to address the unique gaps that exist in trans health care in Ontario. “From the initial challenge, which may be about assessment for surgery, to getting clini-
cians that are trained, are trans con-
cидентъ and are culturally sensitive.”

Building the academic surgical department that enables the TRS pro-
gram has been a priority for Women’s College. The hospital has assembled a healthcare team that, in addition to Potter, includes leading gynecologist, plastic surgeons and urologists. To
strengthen the skill sets required for some of the procedures in the TRS program — particularly vaginoplasty, a complex bottom surgery that is not traditionally taught in medical programs — the team is working with clowns and service providers in the US, engaging in peer-learning and best practice sharing.

Dr. Sarah Keakley is one of the Women’s College surgeons mak-
ing the trips for additional training. A urologist, sexual medicine surgeon and passionate trans care advocate, Dr. Keakley is the medical direc-
tor for the TRS program. One of her hopes for the program is that it offers the equity and access that trans peo-
ple navigating the healthcare system have often been denied in the past.

“When you deal with people who have struggled so much to access care and meaningfully participate in the healthcare system and who haven’t been treated with respect and dignity, it’s even more important to create an environment where everyone will be treated with respect and treated fairly,” Dr. Keakley says. “It’s scary to think that we all exist as babes and at some
time in life people label us as ‘other’ and that changes everything in terms of how the world looks to us.”

Rectifying that future for trans
and gender diverse people in On-
tario, and also across Canada, is what galvanizes Woodman.

“I feel proud to be part of this
work. It is an opportunity to reimagine how healthcare can remedy itself to support healthy, resilient, and thriving trans communities,” Woodman says.

“Our leaders across Women’s College Hospital are stepping
up to drive a truly needed system solution that’s going to translate into changing lives.”

In partnership with the Toronto Pride and Remembrance Foun-
dation and Women’s College Hospital Foundation, a compassion fund has been established which will help off-
set the cost of select trans-surgery-re-
lated surgeries not covered by OHIP for eligible patients and travel
expenses incurred for those pursuing TRS at WCH. The out-of-pocket expenses incurred as a result of these surgeries can often have a devas-
tating impact on people who may be already facing socio-economic challenges. The goal of this fund is to provide better access and support to trans people undergoing their trans-

stor related surgeries at WCH.

In the fall of 2016, Wiems
answered a call for communi-
ty members to join a medical committer of the Trans Health
Expansion Partnership. Since then, she has made several trips from her
home in Ottawa to Toronto and
takes meetings by teleconference, lending her voice to someone with lived experience and helping to shape what the TRS program at
Women’s College will be.

“We’re reasoning to see that there is a broader concern within
healthcare to understand the needs of trans Ontarian,” Wiems says. “I’m really happy to see what WCH is starting to do in this way and they’re doing it. They’ve shown a degree of concern for trans issues, for trans rights, for trans health, and for the treatment of trans people, that’s incredibly gratifying and still too rare. It’s a hopeful thing and I’m proud to be a part of it.”

Dr. Tara O’Brien, medical
director of the AACU, manages the team out of hospital.

“WCH if often describe
ourselves as the hospital designed
to keep people out of hospital,”
says Heather McPherson, executive
vice-president of ambulatory innova-
tion and patient care at Women’s
College Hospital (WCH).

“It is a concept that McPherson
says may be particularly true in the
case of the facility’s innovative Acute
Ambulatory Care Unit (AACU) —
"a one-of-a-kind, short stay medical
unit that provides urgent assessment,
radiographic diagnoses and management for patients with either acute or chronic health issues.

The AACU has been designed to avoid unnecessary admissions into hospital beds or emergency departments and ensure patients are managed in the most co-
ordinated and efficient way possible.

Boosting a highly skilled interdisciplinary team that includes physicians, nurses, nurse practitioners, social
workers and pharmacists, as well as having access to diagnostic resources like medical imaging and cardiac testing, means the AACU was able to rapidly assess patients and deliver
care within a maximum of 18 hours.

“it makes us think very differ-
cently because you can’t keep some-
one for a longer period of time or
not admit them to an inpatient bed,” McPherson adds. “It forces us
to rapidly manage and coordinate
an effective care plan.”

Dr. Tais O’Brien, medical
director of the AACU manages the
AACU for the TRS program, which
means the AACU is able to
close the health gaps.

“We offer new thinking and
system solutions that aren’t possible in an
emergency room — and provide optimal and timely care that allows patients to return home. Our clinicians are able to take the time with each pa-
tient that may not be possible in an
emergency room environment. This means better health outcomes and
wiser use of system resources,”

McPherson adds that, as a re-
tponse to Toronto reaching a widely
published, pressure point situation with emergency room wait times and lack of access to both
the AACU and the hospital.

McPherson also notes that
the AACU sees between 15 to 20
patients per day, many of whom have
been referred from the more than
140 primary care physicians in the local community.

“This is an example of system
redesigns that demonstrates alternative thinking about systems in a way
which capacities are otherwise beyond the
hours or beyond the complexities that
primary care physicians can manage,”

McPherson says. “We’re offering a solution that isn’t in the middle —
between family physicians and emer-
cency care — and delivers efficient, cost-effective and high quality care.”

McPherson says WCH plans
to expand this support service and envision a future where the
AACU includes a virtual care hub to
facilitate care at home and in
other community settings allowing
patients another option before they
head to the emergency room.

“Women’s College Hospital
looks at the healthcare system differently,” says McPherson.

We offer new thinking and
recanalise traditional models so
we can improve healthcare and
close the health gaps.”

Women’s College Hospital
2018 We Are Women’s

The EIGHTEEN-HOUR
objective

Relieving ER Congestion

“I had been
waiting 30
years to become
me”

Dr. Heather McPherson,
Dr. Tara O’Brien

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2018 We Are Women’s,

WOMEN’S COLLEGE HOSPITAL

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Redefining the ‘power lunch’

This is something we really believe in.

Taking place at WCH.

One of the unique aspects of the Women’s luncheon is the opportunity for attendees to connect in an intimate way at their tables for conversation about pressing health issues. This year, the luncheon has featured high-profile speakers including Dr. Maria Shapiro, cancer survivor and broadcast journalist Libby Zezemer, Juno Award-winning actress Andrea Martin, TV personality Jeanne Beker, and JUNO singer-songwriter Serena Ryder. These speakers share their personal stories, and lead important discussions on key issues affecting women’s health — from breast cancer to heart disease and healthy aging — and cutting-edge research on addressing key issues women are facing in their healthcare today.

The events have featured such high-profile speakers as Tony Award-winning actress Andrea Martin, TV personality Jeanne Beker, physician and TV host Dr. Maria Shapiro, and cancer survivor and broadcast journalist Libby Zezemer. JUNO singer-songwriter Serena Ryder and Olympic medalist Elizabeth Manley have both addressed their struggle with depression, international opera star Mmesiha Breuggergover, experienced a heart attack at age 31, and Globe and Mail reporter Amy Verne spoke about the life-changing diagnosis that revealed she carries the BRCA1 gene mutation.

WCH medical leaders also take to the stage to share their latest research, including experts such as Dr. Steven Narod, a world leader in the field of breast and ovarian cancer, and psychiatrist-in-chief Dr. Valerie Taylor, who is developing new models of virtual care that are truly feel more informed about their health. Cepparo, who was purchased through the WCHF website at wchf.ca

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Related to this topic, KPMG’s corporate and individual employee donations to WCH total an impressive $1 million. “This is something we really believe in,” says Cepparo. “KPMG is committed to reaching out to the community to make sure we are giving and making a difference.”

This year’s Women for Women’s luncheon will be held Friday, Nov. 16 at the Sheraton Centre Toronto Hotel. Tickets can be purchased through the WCHF website at wchf.ca.
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ardiology Dr. Sacha Bhatia sees patients who travel all the way from Thunder Bay to Toronto for a short appointment to get their life-saving pacemaker examined. Yet the technology exists for those patients to be able to connect with them remotely through a laptop, saving them the trip to the hospital. “I can check their device, their heart rate and their blood pressure to determine if we need to make adjustments,” says Dr. Bhatia. “Unless there is something wrong, there is no need to bring them into the hospital.”

“WHY WOMEN’S COLLEGE?“ As an ambulatory care hospital, Women’s College is well positioned to lead the digital revolution. “We are a hospital without the hotel,” explains Dr. Danielle Martin, co-founder of WHVH, family physician and vice president of medical affairs and health system solutions at Women’s College Hospital. Although Women’s College provides diagnostic tests, surgery and clinical treatments, says Martin, “we don’t have any inpatient beds and we don’t have an emergency room.”

That “liberation from the dependence on traditional hospital models,” makes Women’s College an excellent place to research innovative approaches to care, Dr. Martin contends. “We’re free to focus on where most healthcare is happening currently and where it will happen in future: helping people manage chronic diseases, such as diabetes and cardiovascular conditions, in the community.”

Our healthcare system tends to focus on acute illnesses like heart attacks, car accidents and broken hips, adds Dr. Bhatia, but people with chronic illnesses are the least well-served. “If we can support them effectively through new models of care, we hope they will be less likely to have a heart attack or stroke, for example,” he says.

In order for Women’s College to do that, says Dr. Martin, it is moving increasingly into the field and test it using scientific methods to determine if it is altering outcomes and providing value for money.”

“WHVH’s vision is that potential innovations get tested in real scenarios. ‘That’s really important,’ he says. ‘Sometimes research can be dismissive of actual care of patients. But at Women’s College, we do research and then we go two floors down and we’re in clinic with patients. It’s patients who are actually living with healthcare challenges day-to-day.’”

In addition, says Dr. Martin, Women’s College has always had a “deep commitment to equity.” That has led researchers to really think about “how new models of care can close health gaps and offer improved access for people who are marginalized that includes women, as an adult people, Indigenous people and other groups who have traditionally experienced barriers to healthcare.”

Rather than tweaking mainstream interventions for a group that is experiencing poorer health outcomes, the team is building a support system that enables WHV and Dream to exchange knowledge, ideas and best practices on innovation, leadership and risk management.

“Our inspiring stories of how WHV manages to be innovative is despite of the complexity of the issues and the constraints within the healthcare system. This is a hospital that’s not afraid to do things differently,” Cooper says. “We’ve learned a lot from them, and it’s an organization that I’m proud to be invested in and partnered with.”

A VIRTUAL SUCCESS

Bridging the gap between technology and healthcare

| CAMILLA CORNELL |
I am eternally grateful for having the opportunity to lead such an extraordinary organization.

What do you feel are the key accomplishments at WCH during your tenure?

In 2012, the launch of WCH Institute for Health System Solutions and Virtual Care (WHSSV) was nothing more than an idea, and today it has $88 million in revenue and has been selected to speak at Harvard’s Center for Strategic Innovation. Women’s is now recognized and respected as a unique hospital that is championing health equity and inventing new models of patient care. And most importantly, feedback from our patients and health sector partners backs up that reputation. I am eternally grateful for having the opportunity to lead such an extraordinary organization and work with so many incredible people here.

What advice would you give the future healthcare leaders roles, you’ve helped build a hospital unlike any other. What do you feel are the unique benefits to WCH that patients experience?

We have an extraordinary respect for patients – for their time, their need for information and their desire to be involved in their own care. So we place an emphasis on ensuring we have systems in place that work for patients, like carefully managing and monitoring wait times in our waiting rooms and creating a welcoming, safe and non-judgmental culture. That is still very uncommon deep in our culture and is deeply ingrained in our culture and focus. That is still very uncommon in public sector organizations and corporations today.

How is WCH positioned to support the healthcare sector and the communities you serve?

We have just launched our new five-year Strategic Plan — Healthcare Revolutionized. It outlines a bold and ambitious vision to revolutionize healthcare for a healthier and more equitable world. And within it are plans for some of our most innovative initiatives yet — ambulatory joint replacement surgeries, a center for sexual and reproductive health, a program for gender transition surgeries, a world leading center for women’s cancers and partnerships to strengthen Indigenous health. The leadership at WCH is fully committed to steer the organization in achieving these goals and setting the pace for the future of healthcare. They will continue to confront a climate of sexual and gender inequities, to transform the delivery of care and to create models of technology enabled virtual care. WCH is great because of the people who are devoted to it and it’s an incredibly passionate, talented and driven group of people.

What advice would you give the future healthcare leaders in the city of Toronto?

Be unstoppable. As much as women’s issues have progressed and healthcare has improved, there are still so many issues that keep emerging. We need to be vigilant and work tirelessly to keep listened to the voices of patients and constructing and developing disruptive innovations in research and clinical care, so that we can create a healthier world and close the health gaps for all.

What makes you most proud of your WCH years?

There’s so much at Women’s to be proud of! I feel incredibly fortunate to have been part of solidifying WCH’s place in Toronto’s health sector and the hospital’s drive to deliver innovative solutions for some of the most urgent issues facing our health system.

When we set out to rebuild Women’s College Hospital, we spoke to over a thousand women and girls before we started designing the hospital around their needs and we needed to shape this place in Toronto’s health sector and the hospital’s drive to solidify WCH’s place in Toronto’s health system. There’s so much at Women’s to be proud of.

Women’s is creating an entirely new paradigm. We’re a hospital like no other — we have no inpatient beds, so we like to say that we’re a hospital designed to keep people out of hospital. We do this by creating innovative ways to deliver treatments, diagnosis and complex surgeries without the requirement for patients to be admitted to hospital. We then spread these new models of care to our health sector partners so that we can help improve the health system as a whole.

The WCH community is all about people. How important are your community partnerships?

We couldn’t be who we are without our community and health sector partnerships. We rely on partners from the diverse communities we serve to keep us honest when it comes to reducing barriers to care and delivering services that work in the context of their lives. We know that in order to enhance health equity and improve access to care we need to look at the social determinants of health affecting our patients. That’s the only way we’ll be able to close the health gaps.

Our Crossroads Refugee Health clinic works with refugees coming across the city to provide health services to refugees. The clinic team works with interpreters so that individuals can receive care in a language they understand and the clinicians make time to orient newcomers to Canada and the country’s healthcare system.

A vision of inclusivity and equity is central to your legacy. Why has this been such an important focus for you?

Women’s is a world leading centre for women’s health in general. The Newborn Baby Unit, with clinical care available 24-7 with comprehensive services for women, men, and trans people who have experienced sexual assault and intimate partner violence. Our team is also mobile, seeing patients across the city’s emergency departments at any time.

WCH is revolutionary healthcare. How will it specifically impact the communities you serve, as well as healthcare in general?

Women’s is a non-profit community setting. It’s a midwife-led centre that offers culturally integrated care and also supports the practice of Indigenous midwifery.

The Toronto Birth Centre, with clinical care available 24-7 with comprehensive services for women, men, and trans people who have experienced sexual assault and intimate partner violence. Our team is also mobile, seeing patients across the city’s emergency departments at any time.

We have the opportunity to lead such an extraordinary organization and work with so many incredible people here.

What are you most looking forward to in your new role?

I am eternally grateful for having the opportunity to lead such an extraordinary organization.
Creating a place of healing
Making Women’s College Hospital a safe place for Indigenous patients

Liz Beddall

We spoke with Dr. Lisa Richardson, strategic lead in Indigenous Health at Women’s College and co-lead in Indigenous Medical Education at the University of Toronto, who is helping to create a comprehensive program for Indigenous Health.

Dr. Lisa Richardson

What would you say is the biggest challenge with regard to the delivery of healthcare services to Indigenous communities in Canada?

One of the biggest ongoing health inequities in Canada is related to the health of Indigenous peoples. What we know from research is that health outcomes for Indigenous people across the country are poor. Broadly, we know this is partly because of what we refer to as the social determinants of health – the things that impact a person’s health but are not directly related to healthcare like employment status, access to safe housing, and educational opportunities to education.

We also need to acknowledge that there is a deeply rooted history of systemic racism in Canada that is impacting healthcare delivery for Indigenous peoples. Part of my job is to make sure there is an understanding of the specific histories and healthcare needs that must be considered when caring for Indigenous patients. This helps ensure Indigenous peoples have a safe and equitable experience within our healthcare system. I also see my role as a chance to educate healthcare providers about the resilience and strengths of Indigenous peoples. These are factors that need to be addressed across all sectors but healthcare is where I think my experience and expertise can have the biggest impact.

Why is cultural safety important?

Cultural safety is a concept that first emerged out of the work of Irihapeti Ramsden, a Maori nurse educator and scientist. She found that the basic teachings around cultural awareness and competence were not adequate, in terms of caring for Indigenous peoples. Cultural safety considers the history of colonization, ongoing colonial practices and the specific power dynamics that exist in the relationship between a healthcare provider and a patient.

We all have histories and stories that influence how we interact with each other. Cultural safety encourages an understanding of those experiences and how, as healthcare providers, they may impact how we care for our patients. The concept of cultural safety reminds us to always be mindful of the power dynamic. Being a patient, even if you are relatively healthy, is a vulnerable place to be. That vulnerability is heightened when you are a member of a community that has been marginalized for so long.

How will your work at Women’s College Hospital help to create a hospital environment that is welcoming to Indigenous patients?

A first step to providing care to Indigenous people is acknowledging that everyone has a role to play in response to the Truth and Reconciliation Commission. Healthcare providers need to understand the history and experience of Indigenous peoples in Canada so they proactively work to create safe spaces where healing can happen.

Women’s College is already creating a foundation for meaningful change. It has included Indigenous people on the hospital board and it’s my plan to have more Indigenous people actively advising the hospital on what services are required and how to implement them to best serve Indigenous patients. Community involvement is paramount to creating an inclusive, meaningful care program, including incorporating Indigenous approaches to healthcare like traditional healers and Elders within the hospital.

We are also planning to provide training opportunities for people across the hospital – not only healthcare providers – on how to deliver culturally appropriate care to Indigenous patients and visitors to Women’s College.

Another important signal to the Indigenous community is the physical space. For example, does the hospital have a place where people can participate in a smudge? Seemingly small factors are a big signal to the community that they are being considered and that their traditions, values and practices are seen to be equally important. It is imperative that we are caring for the mind, body and spirit in a very holistic way. We are working to create this type of space at Women’s and I think it’s going to be really effective.

What do you hope the Indigenous healthcare program at Women’s College achieves?

I would love for Indigenous peoples across the GTA, and Indigenous women in particular, to know if they have a concern related to their health they may impact how we care for our patients. The concept of cultural safety guarantees that they are being considered and that their traditions, values and practices are seen to be equally important. It is imperative that we are caring for the mind, body and spirit in a very holistic way. We are working to create this type of space at Women’s and I think it’s going to be really effective.

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Women’s Health Matters – monthly health and wellness information from WCH experts

WCR Impact – quarterly news and information about our research work

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2018 We Are Women’s

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ou’ve waited one week
no words are heard when the doctor begins to speak,
your fingers tightly interwoven on your lap
head is slightly tilted back, as he says
“your scans are clear”
eyes begin to well with tears,
because at 36 years
you could not imagine that you’d find yourself here

a few floors below,
a little girl you do not know is sitting by her mother’s side
she said there was no place to hide when the bombs would blast
this new country is safety at last
but she cannot sleep
the nightmares would always seem to creep in
when her eyes would close

suddenly, her attention shifts to a girl who froze
outside the door
Lindsey realizes she’s on the wrong floor
but her mind can’t make sense of the space
as her thoughts begin to race
she quickly heads towards the correct place
and waits for her name to be called

she said she doesn’t know where her mind went when it happened
she said it all was so fast and
she felt trapped and
couldn’t find the strength to push him away
she had no choice but to stay the night
her eyes were full of fright
when she asks if anyone will believe her?
the doctor does not deceive her with the stats

five floors above
a young couple reacts
to the sound of their son’s heart beat
the mother begins to weep as the father takes his seat
and holds her hand

this is the start of the family they always planned
but could not imagine
when she learned her ovaries were covered in cysts,
a pregnancy was hard to fathom

across the floor was a woman determined to break tradition
she had spent the last few years in the grips of addiction
treating a pain that caused her much affliction
but she doesn’t want her days to blur
and she can’t defer her happiness any longer
she’s confident that on this new treatment plan,
hers chances at sobriety would be stronger

waiting nearby outside the elevator,
a doctor ponders
about the patient she is desperately trying to save
despite the interventions that she gave
the prognosis is grim
but she musters a smile,
for the next patient has been waiting quite a while
and wants to know the impact
of the chemo on her fertility
see she is only 33 and
a few months ago she was counseled on IUDs
and she’s confused about how the tides turned so quickly

but she finds hope in the four walls of that room
where faith lingers in the air like perfume
within a hospital that conquers the impossible
for everyday women with concerns
ranging from abdominal to oncological
gynecological to optical
with doctors, nurses, and healthcare workers
that bravely face every obstacle
spinning miracles out of the impossible

at women’s college hospital
healthcare for women is revolutionized
the gaps that once seemed so wide are being drawn to a close
leading women through the ebbs and flows of their darkest hours
reminding them of their power
pressing for progress in every direction
professionals of the finest collection
are gathered here
for women,
for us,
and so we thank you.
Women for Women’s 2018

A NEW DAY FOR WOMEN’S HEALTH

Tickets now on sale!

Friday, November 16, 2018
11:30 a.m. - 2:00 p.m.
Sheraton Centre Hotel
Toronto

Early bird
individual tickets: $225
After June 30: $250
Tables of ten available

Join us at Women’s College Hospital’s signature luncheon as we raise important funds for Canada’s leading hospital dedicated to health for women.

For information, or to inquire about sponsorship, please call 416.323.6323 or email: foundation@wchospital.ca
www.womenforwomens.ca
You are the reason we created Women’s Health Matters.

No two women are the same and neither are your health needs. As a partner in your care, Women’s College Hospital has online health centres with feature articles and in-depth information on a variety of topics to help you live your healthiest life.

Each month you can receive accurate and reliable information tailored exclusively for women, by our physicians, researchers and experts.

To learn more or sign up for our e-newsletter, visit: www.womenshealthmatters.ca

You can also stay connected on @WHealthMatters

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