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Rapid Access

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Triumphant Turn-Around

Revolutionizing knee replacement surgery

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SUZANNE LIMA
GRATEFUL BREAST CANCER PATIENT

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A message from our leaders

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.

MARILYN EMERY
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Greg Nemez
Photo Credit: Lucas Oleniuk

Making Strides

Revolutionizing knee replacement surgery

| JACLYN TERSIGNI

Greg Nemez assumed he'd be in the hospital for a week following his knee replacement surgery. The 56-year-old realtor from Mississauga had been struggling with severe pain resulting from ACL injuries and wear-and-tear that stemmed from competitive sports and a tackle football injury at age 15. He had reparative surgeries in the '70s and '80s, but in the last year, the discomfort became overwhelming.

He was relieved when he learned he could have the surgery within months. He was amazed when he found out his surgery would be a same-day experience, known as ambulatory surgery.

"I'd never heard of anything like it before," says Nemez. "When they said I'd be in and out in one day, I was shocked."

On April 9, Nemez became the fifth patient to participate in the day-surgery joint replacement program at Women's College Hospital (WCH). It's the first program of its kind in Canada, and one that promises to subvert the traditional model of joint replacement surgery, which sees patients stay in hospital

for an average of four days, delaying their return to everyday life and costing the Canadian healthcare system close to $1 billion each year. The program will reduce healthcare costs and free up desperately needed hospital beds, while also improving the patient experience; patients will be able to heal in the comfort of their own home where, as research shows, they prefer to be.

The program is part of a WCH pilot project, whose mandate includes the development of innovative solutions to improve health services country-wide.

In 2017, Carlo and Angela Baldassarra made a significant donation to support surgical innovation. The funds supported the formation of a new working group comprised of various researchers, surgeons, anesthetists, nurses, physiotherapists and pharmacists that began looking for tangible ways to improve the healthcare system.

Dr. David Urbach is the surgeon-in-chief and medical director of perioperative services at the hospital. "The motivation was that we were trying to figure out where we could make a real difference in the health system," says Dr. Urbach. "We didn't necessarily set out saying, 'Oh, we need to work to improve joint replacement surgery.' Instead we said, 'What's happening out there? What's a common operation that uses beds in hospitals where we, as an ambulatory hospital, can be on the forefront of revolutionizing how healthcare is delivered?'"

What Dr. Urbach discovered, along with fellow group leader and orthopedic surgeon Dr. David Backstein and their team, was that joint replacement surgeries were the most common planned operations that landed patients in hospital beds unnecessarily for days following the procedure. 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 procedures are 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 the 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 knee and hip replacement patients don't actually need active medical care following their 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 a hospital 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 Evelyn Bateman/Cara Operations Chair in Ambulatory Anesthesia at WCH and helped develop the anesthesia techniques used in the same-day joint replacement program. "Our role is the 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 immobile for a longer period of time and can also struggle with the nausea that narcotics can induce.

"Minimizing 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 day surgery 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 lightheadedness or that they're still woozy from their anesthetic," he says.

Dr. Brull begins by administering preventative 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 anesthetics 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 to which they're aware of the activity in the room can be customized.

"They asked me, 'Do you want to hear everything, see everything, what do you want to do?' and I said, 'I just want to be pretty mellowed out,'" Nemez says. "I was awake. I can remember saying a few words during the operation but I was kind of groggy."

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 than before I got to the hospital."

Shortly after that, he was on his way home.

But Nemez wasn't headed home to face recovery 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 medication, it asks patients to report on their levels of pain and, most importantly, it connects patients with their healthcare team using video calls and text messages.

"I check in with the patient in the morning and in the evening with a video conference," says Dr. Dan Cornejo Palma, a surgical resident and PhD student at University of Toronto's Institute for Health Policy Management and Evaluation.

Dr. Cornejo Palma learned about the opportunity to develop a digital care component for the same-day joint replacement program through Dr. Urbach, his PhD advisor. He consulted on an existing communication and information sharing digital platform created by Ottawa-based Aetonix Systems, which has now become the app used by patients and healthcare providers in the joint replacement program.

"This is the future. It's a future where doctors are more connected, not less connected," Dr. Cornejo Palma says. Plus, using it is as simple "as a toaster."

Nemez's experience with the app was a positive one. "I loved the video calls. I showed my knee, they could see the progress, the swelling, the range of motion," Nemez says. "I felt confident. They were right there if I had any issues."

Dr. Urbach estimates that up to 50 per cent of joint replacement patients could be candidates for same-day surgery. If the model was replicated country-wide, the impacts could be monumental.

"Ultimately this is trying to be a force for good for the Canadian health system, so that we can be transformative, so that we can take the pressure off hospitals, and so that we can build a sustainable health system," Dr. Urbach says.

For patients like Nemez, leaving the hospital mere hours after having a knee replaced was a very positive experience.

"I did not want to stay in the hospital. I'd rather be home, so I can get better faster," Nemez says. "I can see family and interact. It lets me be back in the swing of things."

"I'd never heard of anything like it before. When they said I'd be in and out in one day, I was shocked

L-R: Gillan Grant, Greg Nemez
Photo Credit: Lucas Oleniuk

DONORS ARE THE DIFFERENCE

Carlo Baldassarra
CEO, Greenpark Homes

Angela Baldassara

As the longtime chairman and CEO of Greenpark Homes, Vaughan-based real estate developer and builder, Carlo Baldassarra is a familiar face in the GTA. But he may be even better known for his philanthropy. Notably, he and wife Angela's generous, and often quiet, support of healthcare institutions like Women's College Hospital.

In September 2017, the Baldassarras made a significant donation to Women's College to support surgical innovation, inspired by the work of Dr. David Urbach, the hospital's surgeon-in-chief and medical director of perioperative services. The impact of the gift has already been felt; the funds have fueled innovative approaches to care such as the launch of the day-surgery joint replacement program at Women's College, the first of its kind in Canada.

"These patients often occupy hospital beds for three days to a week," says Baldassarra. "This is a fantastic idea. People can go home the same day, with the highest quality of care and excellent outcomes. It's incredible."

Baldassarra chose to dedicate his donation to surgical innovation at Women's College after learning about the hospital's bold vision to revolutionize healthcare, but his relationship with the hospital has deeper roots. Angela is a grateful patient of the hospital.

"I believe helping out the hospital is the best thing I can do," says Baldassarra. "It's very important to me and my family."

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. Anishnawbe 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

JESSICA LOCKHART

In an overburdened healthcare system, where emergency room visitors often lay in stretchers lining public hallways and millions of Canadians go without a family doctor, patients with addiction-related concerns often fall to the bottom of the list when it comes both to priority and empathy.

"There's a tremendous amount of stigma and shame associated with addiction," says Dr. Meldon Kahan, medical director of the Substance Use Service at Women's College Hospital (WCH). "Patients are reluctant to disclose they have this problem because they know they may be treated with disdain, even by some healthcare professionals."

But at a time when the number of opioid-related deaths in Ontario is skyrocketing — research has found one in six deaths among Ontarians aged 25 to 34 was related to opioids in 2015, a number that has likely increased in the years since — addictions treatment has taken on a new urgency.

To help address the crisis, WCH opened a Rapid Access Addiction Medicine (RAAM) clinic in the spring of 2017. It's among the first barrier-free RAAM clinics in Toronto; patients addicted to opioids, alcohol or other drugs can see healthcare providers within one to two days, no pre-booked appointment or referral necessary, though referrals from family doctors, hospitals and community organizations are accepted.

The clinic is open on Monday, Tuesday and Thursday mornings and, since opening, has seen increasing numbers of patients come through its doors. In addition to improving access to addictions care in a destigmatized 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 have to be mutually exclusive.

"There's a feeling in the healthcare system — among doctors, nurses, hospitals, primary care, and emergency departments — that addiction is not a healthcare issue. That it needs to be treated in specialized psychological centres," Dr. Kahan says. "The addiction field reinforces that notion, so you have this weird split where you have these psychosocial treatment programs for alcohol, which don't involve any anti-craving medications and where they view addiction 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 methadone with no other intervention."

The RAAM clinic at WCH doesn't subscribe solely to either 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 treatments for mild to moderate withdrawal, as well as solution-focused psychosocial therapy, such as counselling and motivational interviewing. If needed, the clinic will also make referrals for psychiatry and for community services, such as structured counselling or group therapy, as well as connect patients with primary care.

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

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. Wright visits the clinic to receive Suboxone, which she credits with helping her remain heroin-free for six-and-half-years and counting. Wright uses Suboxone to help manage symptoms associated with colitis, for which she previously sought street opiates.

"When my colitis was still undiagnosed and when I would feel like I


L-R: Amy Wright, Irene Njoroge, Dr. Meldon Kahan

needed to use, I would still have to go buy a pill off the streets. Every time I'd have to go get a pill from the streets instead of going to the doctors, it really took a toll on my self-esteem," Wright says. "It really made me feel like this awful person because I couldn't go to the hospital like everyone else, or I couldn't go to my doctor like everyone else and say, 'This is going on. I'm in pain. Can you help me?'"

Now, Wright says, "If there's a medical issue going on, I can go to the RAAM clinic."

Like many people with substance-use issues, Wright's descent into addiction began fairly innocuously. A years-long struggle with migraines intensified when, at 19, she began studies at York University. A prescription for painkillers eventually morphed into a reliance that would lead to her first overdose, and then her second and third, while she was still a university student. What she didn't know was that she had undiagnosed depression; the drugs that treated her migraine pain also made her feel "more alive."

Wright's life, for the next decade or so, was marked by addiction driven by healthcare issues (fibromyalgia, in addition to the migraines, colitis and depression) and brief periods of sobriety. There were more overdoses, both accidental and intentional, as well as periods of homelessness. By 2009, she found herself in Vancouver's Downtown Eastside, where she spent a year and eight months using heroin, largely at a supervised clinic. It wasn't until she learned that her brother, her only sibling, had taken his life that she found her motivation to return to Ontario and stop using; she detoxed on the cross-country Greyhound bus trip.

In the last few years, much of Wright's work has focused on harm reduction, including helping design safe injection sites. Part of her current portfolio at Toronto Public Health is certifying and training people 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. "Being able to access these services when they need them is really serving them well."

The model is also lessening the burden on the healthcare system, by reducing emergency department visits and engaging patients in both short- and long-term care. The WCH RAAM clinic 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 addictions 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."

A SAFE PLACE

Care, counsel and support for sexual assault and domestic violence

| LIZ BEDDALL

L-R: Sheila Macdonald, Shaniqwa

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 victim-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 approached the situation, their wording, 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 assault 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 it 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 imperative 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, Macdonald says one aspect of the SA/DVCC that has remained steadfast

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 in 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 victim in Kenora, gets 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 gently, 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."

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 enhance 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 the hope is to 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**

When women give, they give big. That's one of the findings of the TD Bank Report *Time, Treasure, Talent: Canadian Women and Philanthropy*, which reveals affluent women donate a bigger proportion of their assets to charity than men. And a life-changing event — a birth, a death or a health scare — is one of the biggest motivating factors that prompts a woman to give.

For female donors, opening their wallets starts with opening their hearts.

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 affected her ability to speak properly and didn't help the pain. "The doctor realized the distress I was in and gave me an epidural. 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 epidural 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, that's well funded — so you can give prominence to programs of importance to women," she says.

She also points to the trailblazing work of psychiatrist Dr. Simone Vigod, lead of the Reproductive Life Stages Program at Women's College Hospital, whose research discoveries focus on optimizing outcomes for women with mental illness during the pregnancy and the postpartum period. Dr. Vigod's research has found that one in five women experience significant mental health issues during pregnancy, post partum or early motherhood, making it one of the most common complications of childbirth. "Pregnancy and childbirth can make some women vulnerable and Dr. Vigod's research is raising much needed awareness among other medical practitioners and in the community," says Regan.

Over the past 50 years, Regan's family has donated approximately $5 million to WCH. "The hospital has been a big focus for my family," she says. One of her most significant donations supports a named chair position at the hospital — the Evelyn Bateman/Cara Operations Chair in Ambulatory Anesthesia and Women's Health. "WCH was inspired to be the best in the world when it comes to obstetrical anesthesia — and when you set that kind of standard, it is recognized around the world and this means more women will benefit," she says. "This has incredible implications because if a woman happens to have a traumatic experience during childbirth the post-traumatic stress that can result could derail her for the rest of her life. WCH recognizes the burden women may face during their reproductive years, and is providing them with access to the care they need in order to be active participants. That's an initiative worth supporting."

Regan's legacy at WCH is an impressive one and includes more than 30 years of active board work, continuing through to her current membership on the WCH Foundation advisory council. "WCH has been part of my life from the time I was a young woman to becoming a senior citizen," she says. That early experience of a physician easing her pain in childbirth still resonates for her — and inspires her to keep on giving. "In my experience people are motivated to give because of an emotional experience. There are many grateful patients 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 Caesarean 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 includes 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 cancers 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." Improved ambulatory (or outpatient) care is an issue that's close to Daniels' heart. Her mother died from diabetes complications when she was just 73 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

Elle 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 staff. 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 all those years ago — Emily Stowe is still there."

There's no doubt Dr. Stowe would be proud of the influential female philanthropists such as 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."

IN HONOUR OF DR. EMILY STOWE

Ask any of the female philanthropists who give so generously to Women's College Hospital (WCH) why they do it and it isn't long before one particular woman's name comes up in the conversation: Dr. Emily Stowe.

Dr. Stowe fought for the right to practice medicine in Canada. It wasn't an easy battle. When she applied to the Toronto School of Medicine in 1865 she was refused on the grounds that she was female and was told by its vice principal, "The doors of the university are not open to women and I trust they never will be."

Dr. Stowe showed them. A lifelong champion of women's rights, not only did she become the first woman to practise medicine in Canada, but she also founded Woman's Medical College, Toronto's first medical school for women and a predecessor to Women's College Hospital. In 1909 a group of prominent Toronto women formed a committee to create the hospital because they saw the need to advance and advocate for the health of women.

Just as that group helped bring WCH to life more than 100 years ago, many Toronto women today from all walks of life are the lifeblood of the hospital's fundraising efforts, giving a portion of their wealth, time and advocacy to ensure the health of women in the community.

These female philanthropists dig deep because they want to make a difference. And because they are inspired by the activism of Dr. Emily Stowe.

Dr. Paula Rochon

PIONEERS OF RESEARCH

Canada's leading hospital research institute focused on women

JESSICA LOCKHART

The facts are startling. Despite women presenting health conditions and responding to treatment different 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 even included in most healthcare and medical research studies.

Since then, advocacy has led to the inclusion of women in research, but a gender gap still exists; findings are rarely published in such a way that allows for the exploration of the differences between men and women, including the social, cultural and economic factors that affect health. The result is that the needs of women — particularly those in marginalized and disadvantaged communities — are often overlooked.

Researchers at the Women's College Research Institute (WCRI), at Women's College Hospital (WCH), are actively working to close this health gap. WCRI 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 research being informed by their clinical practice and vice versa.

It's also one of the only research institutes where the majority of scientists are women.

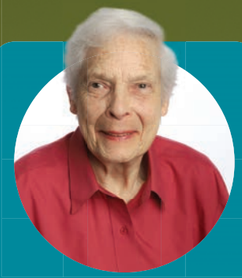
"Encouraging women to pursue careers in science is not only the right thing to do, it's very useful," says Dr. Rochon, noting that only 22 per cent of Canadians working in science, technology, engineering and mathematics (STEM) are female. "When you have diversity in science, you have different perspectives and ways of seeing things, which adds a lot of value."

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.

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. Simone 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.



DONORS ARE THE DIFFERENCE

○ Jocelyn Palm

When Jocelyn Palm helped to launch the Friends 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 threatened to widen an already massive gap in women's healthcare and research.

"In those days, most of the health 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.

Palm, the owner of Glen Bernard Girls' Camp for girls and the former national director of The Royal Lifesaving Society, managed a winning campaign against a proposed merger with Toronto General Hospital. It was only the start of a lasting legacy of supporting WCH and WCRI. Since then, Palm has been a volunteer, a donor, a board member, and a director of Women's College Health Research, an independent charitable organization.

Despite a brief merger with Sunnybrook Health Science Centre, Women's College Hospital, with tenacious support from advocates like Palm, continued to champion women's healthcare and, in 2006, 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 no less important than it was 30 years ago. Today, the Order of Canada recipient continues to advocate for the importance of health research conducted through a gender lens.

"I've always respected that the majority of the scientists at WCRI are women and the attention they pay to the social determinants of health," she says. "We don't just require more research about women, we also need more women doing the research. That's what WCH is committed to achieve."

SCIENCE AT THE CENTRE OF HEALTH

Meet three scientists who are advancing the health of women

| JESSICA LOCKHART

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 advising 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 offer care for individuals who have been sexually assaulted or experienced 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 WCH 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 identified need.

Yet, despite her research's far-reaching implications — 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 moms with seemingly perfect lives may convince you otherwise, motherhood is no easy job. One in five women have significant mental health problems during pregnancy, post partum or early motherhood, making it one of the most common complications of childbirth. Yet, as few as 20 per cent receive help.

"Women are pretty worried what people will think if they're struggling. The shame is really there," says Dr. Simone Vigod, a psychiatrist and a 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 800 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. A localized stimulation of the brain using electrodes, the procedure is being tested for its efficacy in treating depression, and for its safety on both the mother and developing fetus.

But developing new models of care doesn't come without its challenges.

"There isn't always a clear map of how to move forward," says Dr. Vigod. "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 genes' 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 mastectomy and oophorectomy.

"So when we tell these women they have a very high lifetime risk of breast cancer — what do we tell them to do about it?"

That was the question that launched Dr. Metcalfe's work at WCRI. Her background as an oncology nurse allowed her to identify gaps in research, and that inspired her to begin working on her PhD. Since then, the adjunct scientist has worked within the interdisciplinary Familial Breast Cancer Research Unit to prevent cancer in high-risk women.

Dr. Metcalfe has developed the largest known database of North American women with hereditary breast cancer. She's currently studying the effects of rapid genetic testing for BRCA in women who have been diagnosed with breast cancer. Typically, testing takes months, but Metcalfe's study of 1,000 women has demonstrated that being able to provide results within 10 days significantly alters treatment plans. It also impacts the patient's prognosis, with 80 per cent of BRCA carriers opting to have a bilateral mastectomy, where they may have otherwise only had a lumpectomy.

But newly discovered cancer-causing genes, such as PALB2, mean that her work 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," 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 walls on a global scale," she says. "And to know that the research we're doing is saving women's lives, that's what keeps me going."

L-R: Dr. Ruth Heisey, Elaine Goulbourne

A Centre for the Future

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

ANDREA JANUS

Suzanne Lima was diagnosed with breast cancer a decade ago. As a patient of Dr. Ruth Heisey – chief of family medicine and primary care at Women's College Hospital – she was already part of the healthcare system at WCH. That, along with her background in science and a friend in the healthcare sector, meant Lima had more knowledge than many patients about what lay ahead. Though scared, she was comforted knowing she had the best care available in the country.

As she went through treatment and after-care, she saw women who did not have the same advantages, who did not seem to have basic information about their disease or their treatment plan.

"That really opened my eyes," Lima says. "I was lucky enough to know the proper questions to ask to get the care that I needed, and my healthcare team at WCH respected my desire to be involved in my treatment plan. However, I was also seeing other women who did not have the same access to information that I had."

Through her own diagnosis, treatment, mastectomies and reconstructive surgery – as well as physiotherapy and other care – Lima always felt her healthcare team was on top of things. But the system still felt "piecemeal" back then, she says. And while things have improved, a major new initiative at WCH is now putting world-class research, treatment protocols and after-care support all in one place.

The Peter Gilgan Centre for Women's Cancers at WCH, in partnership with the Canadian Cancer Society is drawing together WCH's excellence in research, clinical care, innovation and education for women's cancers. It's then leveraging that knowledge across the country through the Canadian Cancer Society's national network with a goal to ensure equitable access of information, research and best practices across the country.

Mostly a virtual initiative, the Centre was established in 2017 through a joint $12 million investment from philanthropist Peter Gilgan and the Canadian Cancer Society (CCS) in an unprecedented collaboration.

"Strong and healthy families have always been at the core of my beliefs and values," says Gilgan, founder of Mattamy Homes, the largest privately owned home builder in North America when the centre was launched. "When a wife, mother, daughter or sister is diagnosed with cancer, it is devastating. If I can play a small part and enable a collaboration that will leverage tremendous expertise, knowledge and reach, then I'm in," he states.

"The whole concept is very forward-thinking and innovative," says Dr. Ruth Heisey, the Centre's medical director, to "spread and scale our best practices across Canada."

As a family physician and the hospital's chief of family medicine and primary care, in addition to her time spent working with not-for-profit agencies, Dr. Heisey says it's clear to her that the Centre can "make a difference."

"WCH prides itself on being the hospital of the future and thinking differently about how we deliver healthcare," she says, adding that not all of women's medical needs are met in a doctor's office.

"So we didn't want to build a big bricks and mortar centre because we know that not everybody can come to us. Rather, we'd like to focus on virtually connecting with these women in more effective and far-reaching ways using technology enabled tools and programs to connect with women across the country."

> **Strong and healthy families have always been at the core of my beliefs and values**

Elaine Goulbourne, administrative 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.

"Everyone was really 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 spent 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, families and other stakeholders, she says.

Among new staff members being hired are a genetic counsellor, a social worker and a nurse practitioner who will serve as a navigator for patients as they make their way through the various periods of their care.

"We will always be changing and always evolving and always adding something new because research will be changing, technology will be changing, education will be changing, treatment and care will be changing, and we will definitely be on the edge to pivot with those changes and improve care," Goulbourne says.

As an example, she mentions the work the hospital will be doing in training prevention practitioners across Eastern Canada to create personalized preventative health prescriptions for women to reduce their risk of cancers.

"Those are the kinds of things we're thinking of," says Dr. Heisey. "How can we actually help women to not only live better with cancer, but how can we help them reduce their risk of cancer to begin with."

DONORS ARE THE DIFFERENCE

Luke Gilgan
Manager, Peter Gilgan Foundation

Lynne Hudson
President and CEO, Canadian Cancer Society

The Peter Gilgan Foundation is a private foundation that has donated more than $160 million to a variety of causes including health and wellness, community development and poverty reduction, educational institutions, international development and environmental protection.

"For us, the health of communities and of families are key pillars," says Luke Gilgan – Peter's son – and manager of the foundation. "What impressed us with Women's College was the chance to leverage a partnership with the Canadian Cancer Society, which in turn will create a formidable impact for hundreds of thousands of women and their families.

"It doesn't matter where you are, it doesn't matter who you are or the background you have or the life you live, you should have the same high quality healthcare that any of us would expect," says Gilgan.

The foundation has developed a strong relationship with Women's College Hospital in recent years, contributing to the redevelopment campaign to build Canada's first academic ambulatory hospital and donating millions from its Tour de Bleu event – a 160-kilometre fundraising cycling race.

Lynne Hudson, president and CEO of the Canadian Cancer Society, which over the past 30 years has invested $1.2 billion in cancer research, has been instrumental in developing this partnership with Women's College Hospital.

"Together, we have taken a tremendous step forward toward a better healthcare journey for women facing cancer," says Hudson. "As the centre's work continues to gain momentum, our ability to provide patients and healthcare providers with reliable, tested and cutting-edge information, resources and models of care will only improve."

Sex and gender MATTER in research

L-R: Amy Clare, Jordan Benadiba, Robin Mason, Nousin Hussain, Amy Hoang-Kim

Women's Xchange is Leading the Way

ANNE BOKMA

Women's College Hospital has a long history of firsts in addressing the health of women: the first hospital to use mammograms (1963), the first to open a walk-in birth control centre (1973) and the first to have a regional sexual assault centre (1984). Five years ago it achieved another first with the creation of the Women's Xchange, the only centre in the country that's exclusively dedicated to changing the shape of women's research with a sex- and gender-sensitive approach designed to reduce gender inequalities in healthcare.

It is increasingly evident that men and women experience health, access healthcare, and respond to therapies such as drug interventions in unique ways. Women have historically been excluded from participating in clinical research, primarily because of concerns that pregnancy and hormonal fluctuations could affect study outcomes. Even male mice have been preferred over female mice in the lab. This exclusion has had a detrimental effect on women's health, explains Dr. Robin Mason, the scientific lead of Women's Xchange. "What this means is that drugs that have been developed, or the dosage that is recommended for those drugs, are not always appropriate for women given their smaller bodies and different metabolism," she says, noting that the FDA's Office of Women's Health reports that women have nearly double the risk of developing an adverse drug reaction when compared to men. "Thankfully, we have become aware of the separate influences of sex and gender on health and how different individuals experience illness and react to medications and other treatments — that's why it's so important to integrate sex and gender perspectives into research."

Today, many researchers, policy makers and clinicians are looking for expert advice and support on how to use a more gender-sensitive approach in their work.

In addition to benefiting from a consultation service where they can get advice on their projects, researchers can also access an extensive library of resources that includes the recent addition of a series of seven online learning modules for students and researchers on how to introduce sex and gender into different research modalities. Women's Xchange has also developed a set of metrics that is being used to assess how sex and gender have been taken into consideration at every stage of a particular research study. "The hope is that we will build sufficient momentum so that journal editors will want papers to explicitly assess sex and gender in the research."

Women's Xchange runs a bi-annual competition where $15,000 grants are awarded to approximately 20 grassroots organizations dedicated to improving the health of women and girls. It's funded 134 projects involving 8,000 participants since its inception. These studies have focused on a vast array of health issues, from enhancing healthcare for marginalized sex workers to expanding post-abortion support, interventions for homeless women, sexual health services for women with psychiatric disabilities, colorectal cancer screening in new immigrant women and the impact of cyber shaming on young women. Many of these projects have made a tangible impact in their local communities. For example, a study that explored the negative health impacts of chemical exposure among nail salon workers received funding from the Ontario Ministry of Labour to hire health workers who delivered workshops on protecting your skin at work.

"It can be challenging for smaller community groups doing research to find sources of funding and we've been able to fund projects all over the province. The impact of these small grants has been absolutely amazing," says Dr. Mason.

Women's Xchange hosts two annual events to highlight these projects and create a forum for critical discussions on a wide variety of women's health issues, from the effects of precarious labour to healthy relationships in the #MeToo world. Attendees include graduate students, junior researchers, postdoctoral fellows, academics and the general public. "We are building this wonderful network of community members and researchers interested in women's health. We've connected with researchers at every level and from almost every university in the province," says Dr. Mason. "We want to do something about the deficit of women in the academic science stream and continue to develop a community of researchers."

All those $15,000 grants and the ongoing support offered to researchers dedicated to examining the impact of sex and gender in their work will ultimately lead to improved health outcomes for women and their families. "I truly believe that small changes can have significant impacts," says Dr. Mason, who channels the famous words of Margaret Mead: "Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it's the only thing that ever has."

transitions OF HOPE

L-R: Cheryl Woodman, Emery Potter, Tamara Weins

The first comprehensive Gender Transition healthcare program in Ontario

| JACLYN TERSIGNI

Tamara 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, now 51, recalls. "It was something I suppressed 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 waiting 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 lastly, wait for the procedure(s) to take place at GRS 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 be in a situation where I'd have to live for years without feeling complete. I didn't want to go through that," Wiens says. "There are other people who, in the worst cases, have spent a decade waiting to get approval 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 gender-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 (THEx). THEx 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, oophorectomy (removal of ovaries), orchiectomy (removal of testicles), scrotoplasty, penile implant post phalloplasty, testicular implant, select surgical revisions and hysterectomy. In addition to the surgeries 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 trans 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

Dr. Yonah Krakowsky

> **"It's important to create an environment where everyone will be treated fairly and with respect**

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," Wiens says. "It's easy to see a broken leg. It's easy to see measles. 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 healthcare 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 will truly be life-changing for trans people seeking care."

One of the most significant gaps in services has traditionally been access to healthcare providers that are both willing and trained to provide trans healthcare, such as hormone therapy and referrals to be assessed for surgery.

"When I first started working with RHO and going around the province, we were trying to get physicians mostly to start providing hormone therapy. To get their buy-in was extremely challenging," Potter says. "Although the organizing centre may have said, 'we have a commitment to equity and we want to be providing these services,' some physicians were really apprehensive about it."

Potter is hopeful that the TRS program will be able to address the unique gaps that exist in trans healthcare in Ontario, "from the initial challenge, which may be about assessment for surgery, to getting clinicians that are trained, are trans confident and are culturally sensitive."

Building the academic surgical department that enables the TRS program has been a priority for Women's College. The hospital has assembled a healthcare team that, in addition to Potter, includes leading gynecologists, 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 clinics and service providers in the U.S., engaging in peer-learning and best practice sharing.

Dr. Yonah Krakowsky is one of the Women's College surgeons making the trips for additional training. A urologist, sexual medicine surgeon and passionate trans care advocate, Dr. Krakowsky is the medical director for the TRS program. One of his hopes for the program is that it offers the equity and access that trans people navigating the healthcare system have often been denied in the past.

"When you deal with people who have struggled so much through 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. Krakowsky says. "It's scary to think that we all start as babies and at some point in life people label us as 'other' and that changes everything in terms of how the world looks to you."

Rectifying that failure for trans and gender diverse people in Ontario, but 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 Foundation and Women's College Hospital Foundation, a compassion fund has been established which will help offset the cost of select transition-related surgeries not covered by OHIP for eligible patients and travel expenses incurred for those having TRS at WCH. The out-of-pocket expenses incurred as a result of these surgeries can often have a devastating 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 transition-related surgeries at WCH.

In the fall of 2016, Wiens answered a call for community members to join the surgical committee of the Trans Health Expansion Partnership. Since then, she has made several trips from her home in Ottawa to Toronto and attends meetings by teleconference, lending her voice as someone with lived experience and helping to shape what the TRS program at Women's College will be.

"It's reassuring to see that there's a broader concern within healthcare to understand the needs of trans Ontarians," Wiens says. "I'm really happy to see what WCH is doing and the way they're doing it. They've shown a degree of concern for trans issues, for trans rights, for respectful and equal treatment of trans people, that's incredibly gratifying and still all too rare. It's a hopeful thing and I'm proud to be a part of it."

The EIGHTEEN-HOUR objective

Relieving ER Congestion


L-R: Heather McPherson, Dr. Tara O'Brien

LIZ BEDDALL

"At WCH we often describe ourselves as 'the hospital designed to keep people out of hospital'," says Heather McPherson, executive vice-president of ambulatory innovation and patient care at Women's College Hospital (WCH).

It is a concept that McPherson says rings 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, rapid diagnostics 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 coordinated and efficient way possible.

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

"It makes us think very differently because you can't keep someone for a longer period of time or can't admit them to an inpatient bed," McPherson adds. "It forces us to rapidly manage and coordinate an effective care plan."

Dr. Tara O'Brien, medical director of the AACU, manages the unit as both the operational leader and in her role as a physician. Day-to-day she provides care to the AACU's patients who are medically stable but have complex conditions.

"Usually the issues these patients have are multi-layered," she says. "Like an infection such as cellulitis or pneumonia coupled with other chronic conditions."

Dr. O'Brien remembers one patient who had been suffering from serious abdominal pain and had visited emergency departments a number of times prior. Before visiting the AACU, investigations into her symptoms hadn't resulted in any definitive information. Dr. O'Brien recalls that the day the patient arrived, her care was streamlined with same-day imaging and bloodwork. The symptoms unfortunately were the result of pancreatic cancer but the rapid diagnostic work up helped to optimize her treatment plan, including better pain management and alleviating her feelings of uncertainty by arranging urgent follow-up at Princess Margaret Hospital.

"The patients that use our services have been extremely satisfied with their care experience," adds Heather McPherson. "We are able to handle these complex cases –which would otherwise end up 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 patient 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 response to Toronto reaching a widely publicized, pressure-point situation with emergency room wait times and lack of inpatient beds, the AACU launched a highly successful initiative, called '5 Alpha' (Acute Ambulatory Assessment to Avoid Admissions). 5 Alpha has created an effective new clinical pathway for stable patients requiring general internal medicine consultations. These patients, who present at University Health Network's emergency room, are referred to WCH's AACU.

"The WCH AACU has had an important effect on our General Internal Medicine inpatient volumes," says Dr. Robert Wu, general internal medicine site chief at Toronto General Hospital. "We used to see regular increases of our admissions by about 5 per cent a year for the last decade. Our emergency physicians have since started referring patients directly to the AACU at Women's College, we have had little growth in admissions. The AACU's ability to manage acutely unwell but stable patients is very helpful to our service but also ensures appropriate use of our scarce healthcare resources."

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 redesign that demonstrates alternative thinking about resources in a system where capacities are either beyond the hours or beyond the complexities that primary care physicians can manage," says McPherson. "We're offering a solution that sits in the middle – between family physicians and emergency care – and delivers efficient, cost-effective and high quality care."

McPherson says WCH plans to expand this support service and envisions 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 reexamine traditional models so we can improve healthcare and close the health gaps."


Marlene Cepparo


L-R: Barbara Hall, Cheryl Woodman


Women for Women's 2016


Jully Black


Event guests


L-R: Mary-Martin Morris, Colleen Moorehead

Redefining the 'power lunch'

ANNE BOKMA

This is one power lunch that packs a punch.

Almost 1,000 corporate, philanthropic and community leaders gather every November in Toronto to learn, laugh, connect and contribute at Women for Women's — an influential annual luncheon and the signature fundraising event of the Women's College Hospital Foundation.

The punch? These luncheon attendees have helped raise over $3 million to advance research and programs at WCH since the event was first launched in 2011.

"I wanted businesswomen in the community to understand WCH's role in women's health research and become investors," says Colleen Moorehead, chief client officer at Osler, Hoskin & Harcourt LLP, one of the founders of the luncheon who also served as its co-chair for several years. "Canada needs a hospital that focuses on the health of women. We deserve it and WCH is delivering it."

Moorehead was inspired to get involved with WCH after her niece, Tracy, died of familial breast cancer at the age of 37, leaving behind a seven-year-old daughter. "It was my way of dealing with my grief," says Moorehead. "When something bad happens you have to grieve. But you can grieve and get angry or grieve and do something. I wanted to make a difference. I love the work I do with Women's College. It's something I'm proud of every day."

Women for Women's goes far beyond the usual delectable gourmet food and swag bag goodies of your typical fundraising luncheon. The event is billed as "a movement to save lives through the transformative power of conversation and philanthropy." That's because the event features acclaimed speakers and experts who share 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


L-R: Cindy Emmerson, Laura Sousa, Jennifer Lang, Chris Knight, Sona Mehta, Aman Mander

taking place at WCH.

One of the unique aspects of the massive gathering is the opportunity for attendees to connect in an intimate way at their tables for conversation about pressing health issues. This has the thousands of attendees over the years taking better care of themselves and their families. "We

> "This is something we really believe in

talk about how we are there for our mothers, our daughters, our sisters and our friends," says Moorehead. "Some of these health issues affect us directly and certainly all of us have had the experience of them affecting the people close to us."

The events have featured such high profile speakers as Tony Award-winning actress Andrea Martin; TV personality Jeanne Beker; physician and TV host Dr. Marla Shapiro; and cancer survivor and broadcast journalist Libby Znaimer. JUNO singer-songwriter Serena Ryder and Olympic medalist Elizabeth Manley have both addressed their struggle with depression; international opera star Measha Brueggergosman, experienced a heart attack at age 31; and Globe and Mail reporter Amy Verner 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 positioning WCH as a world leader in bringing mental healthcare to women where and when they need it. Lately, the event has adopted a TedTalk style format and is focused on addressing key issues women are facing in their healthcare today.

"I don't think there's any other event like this. The energy in the room is incredible," says Marlene Cepparo, former co-chair. "When people leave the luncheon, they truly feel more informed about their health." Cepparo, who was born at WCH, also benefitted from the care the hospital provides when she experienced depression, and when she was diagnosed with breast cancer in 2014. "When I was depressed, they didn't just give me medication, I also received the therapy I needed and the whole experience made me a stronger person," says Cepparo. When she was being treated for breast cancer, she referred to her medical team at the hospital as her "guardian angels" and "super sleuths." The treatment she received affected her profoundly, she says. "When I would walk through the doors of WCH I felt safe, cared for — even loved."

Cepparo, the partner-in-charge of KPMG Canada's National Tax Centre, is proud that her firm has been the presenting sponsor of the Women for Women's luncheon since its inception. In fact, over the years, 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

A VIRTUAL SUCCESS

Bridging the gap between technology and healthcare

L-R: Dr. Sacha Bhatia, Dr. Danielle Martin

| CAMILLA CORNELL

Cardiologist 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 him 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 something is wrong, there is no need for them to come into the hospital."

It's that type of innovation that Dr. Bhatia aims to harness as director of the Women's College Hospital Institute for Health Systems Solutions and Virtual Care (WIHV). While other healthcare organizations hone in on finding cures for diseases, Dr. Bhatia points out, WIHV seeks to find cures for what's ailing the healthcare system as a whole.

It asks questions like: How can we help people manage chronic diseases better? Why don't 50 per cent of Ontarians have same-day access to a doctor? And how can we help keep people out of the hospital by improving home care service?

The answer, Dr. Bhatia believes, lies in unlocking the power of innovation and digital technology to make healthcare more accessible, more effective, and more sustainable as the population ages.

AT THE FOREFRONT OF DIGITAL TRANSFORMATION

"Digital technology has transformed so many industries – from banking to travel to music," says Dr. Bhatia. "But healthcare still uses faxes and pagers and other old-school technology. What we've started to do is figure out ways these new types of technology – like apps and wearables – can make healthcare better."

WIHV currently has more than 20 digital healthcare projects on the go, aimed at helping patients recover from surgery at home and manage a range of chronic conditions.

Among the innovations being tested are an online platform that connects patients with mental illness to care and peer support; a diabetes care app that offers diet and lifestyle tips and checks blood sugar levels; and a project that provides high-risk cardiac patients with a series of educational reminders by phone or email, aimed at reminding them to take daily medications or attend rehabilitation appointments.

The hospital's goal is not simply to transform healthcare within the walls of Women's College itself, but to scale up successful models, "from Windsor to Wawa and beyond," says Dr. Bhatia, reaching smaller communities with limited access to doctors and specialists.

To that end, WIHV is set to lead a Provincial Centre of Excellence in Digital Health Benefits Evaluation this year, putting it at the centre of a partnership of more than 30 organizations, including a number of hospitals and three universities.

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 WIHV, 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 achieve that goal, says Dr. Martin, it is moving increasingly toward a "virtual hospital" model, where doctors care for patients at a distance. In a virtual hospital, patients can interact with healthcare providers through virtual means – by phone, email, electronic messaging or face-to-face interaction through a virtual portal.

"It may mean anything from being able to book your own appointment online to messaging electronically with your healthcare provider through a secure private platform to get questions answered," says Dr. Martin. "By properly integrating digital tools in our healthcare system, we hope to solve some of the access problems, reducing wait times for outpatient care and increasing convenience, all while saving the system money."

TAKING A HOLISTIC APPROACH TO DEVELOPMENT AND TESTING

In order to develop tools with the potential to remake the healthcare system, Women's College relies on the ingenuity of private sector engineers and researchers.

"We're not building these solutions," explains Dr. Bhatia. "We work at the intersection of four elements: patients, physicians, researchers and private companies." What generally happens, he says, is that digital tech companies approach the hospital at an early stage of their invention and say, for example: 'We have this technology that we think might have value in monitoring patients after surgery so they can recuperate at home rather than spending five or six days in hospital.'"

WIHV's scientists and doctors then work with the company to try to determine the benefits of the solution, as well as to pinpoint the challenges. Finally, "we go out into the field and test it using scientific methods to determine if it is altering outcomes and providing value for money," says Dr. Bhatia. "After all, you can't just assume they work."

He points to the popular activity trackers as an example. "The assumption is if you keep track of your steps and get your 10,000 steps in every day, it will help you lose weight," he says. "But when they actually tested that assumption they found people who use these trackers didn't lose any more weight than people who didn't. How does that make sense?"

The answer isn't clear, he says. But perhaps some people give themselves permission to take that extra scoop of ice cream as a reward for upping their activity level. In that case, "it's possible trackers might actually help people lose weight if they are provided with a support system," says Dr. Bhatia. "Maybe they need to be connected with a nutritionist, for example."

Or maybe you'd have better outcomes with a different type of patient. "The patient must be motivated to make the change," says Dr. Bhatia. "Just as all drugs don't act the same way on every patient, neither will other interventions. Patient fit is very important." In order to get the most out of technological innovation, he says, "we try to figure out for whom and how will these products work best. Then we try to create a system where products will work best."

THE REAL-WORLD LITMUS TEST

The primary benefit of conducting research and assessment at a working hospital, says Dr. Bhatia, 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 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 well as trans 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, she says, "we begin by co-designing the innovation in partnership with those groups. We design something that is made for them."

DONORS ARE THE DIFFERENCE

○ Michael Cooper
President & Chief Responsible Officer, Dream

"Women's College Hospital is committed to making the healthcare system better," says Michael Cooper, president and chief responsible officer for commercial and residential real estate company, Dream.

It was that fact, combined with a shared passion for innovation between Cooper's own company and WCH that prompted him to make a $1 million donation, jointly pledged by himself and Dream.

Cooper admires the hospital's fearless drive to create change and its commitment to equity. "We connect with both what they're doing and how they're doing it," he says. "They've become an incubator for ideas that can be scaled up to save lives globally."

The unique collaboration enables WCH and Dream to exchange knowledge, ideas and best practices on innovation, leadership and risk management.

"It's inspiring to see how WCH manages to be innovative in spite 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."

Marilyn Emery

Q&A

After 11 years of leadership, President & CEO Marilyn Emery looks back on an enriching and transformative time

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 new building. We recognized that the faces and voices of the women of this city have changed and we needed to shape this hospital around their needs and their lives. We wanted to transform a hospital known for serving privileged women to a hospital that serves all women. What we learn about improving health for women is also applicable to improving health for everyone — 33 per cent of our patients are men.

I am also proud of how we solidified our brand. From a historical, hundred year-old hospital we transformed WCH into a bold, innovative brand that is revolutionizing the future of healthcare while retaining the values and intrepid, pioneering vision of our feminist founders. 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 do you feel have been some of the key accomplishments at WCH during your tenure?

In 2012, the launch of WCH Institute for Health system solutions and Virtual care (WIHV) was nothing more than an idea, and today it has $8 million in revenue and has been selected to spearhead Ontario's Centre of Excellence for Digital Health.

Women's College Research Institute (WCRI) has grown into one of Canada's top research institutes. Our researchers and scientists are changing the way health research is integrated into clinical practice and viewed through a gender lens, especially in the areas of women's cardiac health, post partum depression, women's cancers and treatment for victims of sexual assault and violence.

The launch of our Rapid Access Addiction Medicine (RAAM) Clinic where patients with addictions and substance use issues can access comprehensive, integrated care when they need it most — without a booked appointment or a physician referral. And we're not only delivering this service at WCH but have expanded this program so that there are now 12 RAAM clinics around the province.

We run Ontario's biggest Sexual Assault and Domestic Violence Care 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.

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

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 partnership with YWCA is delivering primary care services at the Elm Street residence to women who are struggling with significant substance-use issues and mental health concerns. The program ensures these marginalized and underserved women receive consistent comprehensive care in a safe, accessible environment.

The Toronto Birth Centre, established in Toronto's Regent Park community, is a partnership with Seventh Generation Midwives that allows women with low-risk pregnancies to give birth in a non-hospital community setting. It's a midwife-led centre that offers culturally integrated care and also supports the practice of Indigenous midwifery.

> **I am eternally grateful for having the opportunity to lead such an extraordinary organization**

Our Crossroads Refugee health clinic works with refugee centres across the city to provide health services to refugees. The clinical team works with interpretive services 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?

We have discovered that, from research and treatment options to access to services and programs, women are often overlooked and underserved because healthcare has traditionally not considered the impact of sex and gender differences. Our research shows that women's needs, including physiological differences, cultural challenges and life circumstances, are often not taken into consideration in the diagnoses, treatments and prescriptions that are provided to them. So WCH is committed to identifying and closing these health gaps that affect women and girls across multiple and complex areas — mental health, sexual assault and violence, addictions and substance use, women's cancers and cardiac health.

In both clinical and leadership 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-judgemental culture.

The other aspect that makes WCH unique, is that we maintain our long-standing focus of advancing women in medicine, in science, in research and in leadership. Our hospital executive team and our Board of Directors are made up mostly of women and this means that inclusion and diversity are 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 the plans for some of our most innovative initiatives yet – ambulatory joint replacement surgeries, a centre for sexual and reproductive health, a program for gender transition surgeries, a world leading centre 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 gender and social 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 compassionate, 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 listening to the voices of patients and to continue developing disruptive innovations in research and clinical care, so that we can create a healthier world and close the health gaps for all.

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 equal 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 Māori 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 features 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.

> **I also see my role as a chance to educate healthcare providers about the resilience and strengths of Indigenous peoples**

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 can go to Women's College Hospital and they will be treated with respect and receive the highest level of care that also considers their specific needs as Indigenous people.

Photo Credit:
Roberto Caruso

WOMEN'S

A SPOKEN WORD POEM WRITTEN BY CHIKA STACY ORIUWA
UNIVERSITY OF TORONTO MEDICAL STUDENT

You'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,
her 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 improbable

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.

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

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