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WCH WOMEN'S HEALTH MATTERS
WOMEN'S COLLEGE HOSPITAL
CONNECTING WOMEN WITH TRUSTED HEALTH NEWS AND INFORMATION FROM OUR EXPERTS

HEALTHCARE REVOLUTIONIZED
WE ARE WOMEN'S



**WOMEN AND
PHILANTHROPY**

The collective power of women to drive change

**TRUE
INCLUSION**

A safe space for Indigenous patients

**THE SCIENCE
BEHIND
AGING WELL**

Moving toward an age-friendly society

**A QUICK
TRIP**

Same-day surgery accelerates care

**GIVING
BACK WITH
GRATITUDE**

One family's inspiration to invest in the future of healthcare

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AHEAD OF
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Creating a better hospital takes a community



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Dr. Paula Harvey, Physician-in-Chief

A MESSAGE FROM OUR LEADERS



Leading Women’s College Hospital is an inspiring and challenging responsibility. It is a promise of partnership to our diverse and changing communities of patients, to science and discovery, to our health system and to training the healthcare leaders of the future. It is also a commitment to giving our best every day to our staff, clinicians and scientists, and to the donors who believe in the work we do and support our hospital so generously.

At Women’s, we have a bold vision to create a healthier, more equitable world for all. We advocate for health equity because we know that a healthy society requires a level playing field where everyone has

access to timely, high quality and compassionate care. This means creating programs and services that enhance our health system and solve its most pressing challenges for the people who need it most.

In the pages that follow, you’ll read stories about our Women’s College Hospital community—our health experts, our patients, our researchers and our donors. You’ll learn how we are all working together to ensure that healthcare becomes more accessible, inclusive and effective—now and for decades to come.

We are Women’s and we are revolutionizing healthcare for everyone.



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President & CEO
Women’s College Hospital



JENNIFER BERNARD
President & CEO
Women’s College Hospital
Foundation



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THANK YOU

to our board members for sharing
their time and expertise to help us
revolutionize healthcare for a
healthier, more equitable world.

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HEATHER MCPHERSON



Q&A

President & CEO, Heather McPherson, looks forward to a bright, transformative and inclusive future

Heather McPherson has a bold vision for the future. And that's no surprise to the healthcare community. The President and CEO of Women's College Hospital (WCH) is a highly recognized healthcare executive with a unique combination of experience across clinical, academic, administrative and health system leadership. Prior to her current role, McPherson served as the hospital's Executive Vice President of Patient Care and Ambulatory Innovation and was named as one of Canada's Top 100 Most Powerful Women in 2018.

She set aside some time to discuss a few of the hospital's achievements as well as her goals for the future.

You've spent much of your career at Women's College Hospital and lead some of the hospital's most transformative and challenging initiatives. What contributions give you the most pride?

There is so much to be proud of, Women's College Hospital is an extraordinary place. The one thing that stands out for me though is how, over the last 12 years, we have completely shifted how we care for our patients. In 2006 we transformed from being a traditional in-patient hospital to an entirely ambulatory (or out-patient) hospital. This meant we had to rethink everything we did. We now provide clinical treatments, diagnostic testing and complex surgeries without requiring in-patient beds. We restructured our clinical programs so we can help our patients avoid hospital admissions and reduce emergency room visits.

Our role within the health system is to help people stay healthy so they can get back home and back to their daily lives. We like to say we're a hospital designed to keep people out of hospital.

Part of that is understanding where gaps exist in the health system

and what we can do to close those gaps so that patients have better access to the healthcare programs they need, at the time and place that is most convenient and efficient for them. So we are constantly evaluating what services are currently provided at in-patient hospitals that could be moved to an out-patient environment, and we then develop the models and processes to deliver that care with the highest standards of quality – that means the best treatment outcomes and the highest patient satisfaction.

What excites you most about your role as President & CEO?

It's a really interesting time in the healthcare system right now and I'm thrilled to have the opportunity to lead Women's College Hospital through all the changes that are taking place. WCH has always focused on integrating care across the system and we're aligning with our health sector, community and government partners so we can all work together to support people to be in their best health. I think that's really exciting.

I'm also very inspired by the people I get to work with every day at WCH. The dedicated team of clinicians, researchers, staff and volunteers here are so passionate about what

they do and they are the reason I feel confident that we'll be able to take advantage of all the opportunities to develop even higher quality and more sustainable healthcare for the future.

WCH has a bold vision to revolutionize healthcare for a healthier, more equitable world. What is being done to make that vision a reality?

Part of it is being intentional about shifting how we design and deliver healthcare services. To do that we first need to identify which populations are not getting the care they need and then we have to develop new models that will meet those needs.

So WCH has developed over 60 clinical programs and services designed to support the diverse community of patients we serve and close the health gaps they experience. For instance, to help battle the existing opioid crisis, we created our RAAM (Rapid Access Addiction Medicine) Clinics – where people dealing with substance use issues can see a physician right away, without an appointment, because we know that immediate access to treatment is a crucial element in helping people with addictions. And then, to ensure this service is available more broadly, we expanded that model across the province, so other clinics in Ontario can deliver the same care to their populations.

Another good example is healthcare for the transgender community. Not long ago, there was no publicly funded hospital in Ontario that provided gender transition related surgery (TRS). So we created a TRS program and hired specialized health experts so we can provide high-quality, inclusive trans healthcare for a community that has often been overlooked.

One other aspect to consider is that we know that there are many people who feel unsafe or anxious about walking through the doors of a hospital to receive care. That in itself is a barrier to health. Often it is the most vulnerable groups who never show up at the hospital. So we have to think about how and where we deliver care to ensure that our hospitals are safe, inclusive and welcoming environments. We also need to consider the importance of providing care in the places people live, so our healthcare providers often see patients in their own communities. It's a really important part of providing truly equitable and accessible care for all our communities.

What do you see as the biggest challenge in the healthcare system and how is Women's College Hospital working to solve it?

Most people's needs in the healthcare system don't start and stop in separate episodes,

especially when you consider our aging population and the prevalence of chronic conditions. One of our biggest challenges is figuring out how to support people with a continuum of care throughout their life span — that requires more than specialty services provided by hospitals. Our patients need social services, housing, community supports and home care. Pulling all of those resources together in a seamless and cost-effective way is not easy.

So at WCH we're working with other healthcare institutions to integrate care across the system so that different health professionals from various organizations can talk to each other and coordinate the total care needs of our patients.

How do you approach mentorship to ensure advancement opportunities for women at WCH?

I'm a strong believer in mentorship. I've had great mentors throughout my career so I know how valuable it can be. Today, there are still relatively few women in senior leadership roles in healthcare even though, when you look at the healthcare workforce, most are women.

At Women's College Hospital we've always placed a strong emphasis on supporting and promoting women leaders – most of our clinical and administrative leaders are women and so are most of the Directors on our Board. But I think we can still do better, particularly in increasing diversity in our leadership teams. An important aspect of mentorship is ensuring that everyone's voice is heard and that there are opportunities for advancement for all people across the organization. For me as a leader, this means I need to help open doors in different ways to ensure that people who haven't been included in the past are able to share their perspectives and talent.

When you think five years ahead, what do you envision for Women's College Hospital?

That's a big question because I think a lot will change not only at our hospital but within the healthcare system more broadly. At WCH, I think the biggest shift will be in the way we deliver care. We are working toward offering more virtual care and exploring what we can do with technology and digital health tools. I imagine in five years, many of our patients will not need to come to the hospital as often. They'll be able to participate in virtual-consults with their clinicians, use specially designed apps and have access to tools like our electronic patient record to interact with their healthcare providers more efficiently and conveniently. †



L-R: JEAN PARKIN, LEONARD BENOIT AND VICKY NOGUERA

TRUE INCLUSION

Creating a safe space for Indigenous patients to navigate their healthcare journey

ANDREA JANUS

Some of the most significant ongoing health disparities in Canada disproportionately affect Indigenous peoples. Indigenous women with breast cancer are more likely to be diagnosed at a later stage of disease and experience higher rates of mortality. They are less likely to access family physicians or specialist care, and are overrepresented in emergency room visits.

For many Indigenous patients, experiences of stigma and discrimination steeped in a deeply rooted history of colonization make institutions like hospitals and clinics inaccessible. For others, a lack of a shared language and cultural barriers prevent them from seeking care.

“Women’s College Hospital wants to change that, and to ensure underserved and marginalized populations have access to the care they need,” says Vicky Noguera, Director of Peri-operative Services and Gynecology. “Improving access to early screening is a big part of that.”

With a view to closing the gap, Noguera and Leonard Benoit, an Indigenous Patient Navigator with the Toronto Central Regional Cancer Program, began implementing a plan to bring Indigenous women to Women’s College Hospital (WCH) for breast and cer-

vical cancer screening. Benoit, who is Qalipu Mi’kmaq and worked as a nurse before becoming a health navigator, has found that there can be a health-literacy deficit in Indigenous communities when it comes to what certain tests mean and involve. “There can be a stigma attached to screening,” he explains. “In a lot of Indigenous cultures, there is no word for cancer, so it can be viewed as a colonized term.”

As a first step of the new program, the hospital worked collaboratively with Indigenous community members to create a culturally sensitive setting where Indigenous women would feel comfortable getting screened.

Benoit reached out to community partners to recruit patients while Noguera ensured that participating WCH staff—including physicians, the team from gynecology conducting the cervical cancer screening and breast-imaging staff—received additional training on providing health-care to Indigenous patients.

The team also invited an Elder to open the inaugural screening day with a smudging—a traditional ceremony that consists of burning sacred medicines like sweet grass, tobacco and cedar to clear away negative energy and promote healing.

TRADITIONAL MEDICINES USED IN THE SMUDGING CEREMONY



JEAN PARKIN



**“WE REALLY WANT THE MESSAGE
TO GET OUT THAT OUR HOSPITAL IS A
CULTURALLY SENSITIVE PLACE.”**

For Jean Parkin, a resident of the Native Canadian Centre of Toronto, the smudging was a special part of the day. “We connect to our ancestors every time we smudge, and get our strength for the day and for whatever we’re going through,” Parkin explains.

Parkin, who is 62 years old, participated in the screening day last December and describes the event as unique compared to past healthcare experiences. “The mere fact that it was all Indigenous, to be honest, was a real comfort for me,” she notes.

Noguera says the goal is to make the screening days a quarterly event, and to continue collaborating with Indigenous communities

to create programs that meet their specific needs. This includes implementing changes throughout the hospital that signal that WCH is a safe space, such as installing Indigenous art, including materials written by Elders in the hospital’s health sciences library and offering a place for patients to smudge.

“We really want the message to get out that our hospital is a culturally sensitive place—that Indigenous patients can receive the highest level of care here,” Noguera says. “Part of that is making sure that everyone here at Women’s College Hospital understands the complex history and experiences of Indigenous peoples—as well as their strength and resilience—and to be mindful of how these dynamics affect our roles as healthcare providers.”

Benoit is hoping other facilities will follow the Women’s College Hospital example.

“It would be amazing to make sure that each time folks came in for testing, we have the ability to have our medicines present, we have the ability to do our smudging, we have the ability to practice our ceremony,” he says.

Noguera adds, “We are innovating to not only create a safe space for Indigenous patients in Toronto but to create a program that can be shared with healthcare organizations across the country.” †



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www.womenforwomens.ca

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AN INSPIRED GIFT

Grateful patient gives back to help research help others

CAMILA CORNELL

In the early 2000s when Urve Earthy, now 74, started fainting without warning, she didn't think it was all that serious. "Lots of people faint now and then," she says. But over the next 15 years of her life, the spells grew more frequent—often happening three or four times a week. And they began to last longer and bring lingering dizziness and weakness.

When no one was around to catch her, Urve sometimes hit the ground hard, sustaining everything from a nasty bump on the head to major bruising and broken ribs. Mostly, though, she grew to recognize the signs of becoming unsteady. "Oh, I know your wife," an employee at a shop Urve frequented once told her husband, David. "She's the one who sits down on the floor now and then."

The Earthys did their best to figure out what was going on. Urve's family doctor referred her to a cardiologist who said her heart was sound. He in turn sent her to other specialists, who performed a raft of

diovascular Health Initiative at WCH. After reviewing the evidence, Dr. Harvey provided a diagnosis of dysautonomia, orthostatic hypotension—a dysfunction of the autonomic nervous system.

She accepted Urve as a patient and began overseeing her care. With Dr. Harvey's help, Urve embarked on a treatment and medication regimen that has helped stabilize her condition. "It was such a relief," admits David. "We were so reassured and so grateful."

Ultimately, though, the Earthys wanted to ensure others wouldn't face the same long wait for diagnosis and hit-and-miss treatment they had received over the years. So, together with their children, they made a significant donation to Women's College Hospital to fund two fellowships in dysautonomia and heart health, to benefit others who may be experiencing the same challenges in accessing care.

The goals: to test and develop clinical techniques for diagnosis and treatment of

most common form of the disease, POTS (postural orthostatic tachycardia syndrome). Dysautonomia patients present with a range of symptoms that includes fainting and light-headedness, but also chest and gastrointestinal discomfort, brain fog, fatigue and dry eyes and mouth. "The collection of symptoms doesn't fall into a recognizable package," says Dr. Harvey. "And patients bounce from doctor to doctor because nobody has the tools or the knowledge to put it all together."

To complicate matters, dysautonomia comes in different subtypes. "It's not as rare as you might think," says Dr. Harvey, who is one of only about 15 doctors across Canada that include dysautonomia as an area of specialization. But a lack of training and understanding of the condition among medical professionals means the unique and perplexing symptoms often go unrecognized. "I had somebody a few weeks ago who had seen 30 different doctors," she says. "The inability to diagnose these patients puts enormous strain on the entire healthcare system as well as the affected individuals."

Currently there is no cure for dysautonomia, points out Dr. Harvey, and treatment options are frequently not entirely effective. Further research is desperately needed to learn about how best to reduce disability, improve care and treatment options and provide patients with positive health outcomes and improved quality of life in the face of a profoundly debilitating disorder.

In Urve's case, even with medication, growing fatigue forces her into bed before 9 p.m. most nights, where she remains until noon the next day. Some days, she simply lacks the stamina to get out of bed and she requires full-time help from David or other family members. "Without medication, it's almost impossible for her to leave the house," says Dr. Harvey.

Although Urve is matter-of-fact about the limitations she faces, she hopes

her family's gift will allow for better treatment options for those suffering from dysautonomia, including perhaps emerging virtual monitoring techniques, and ensure more healthcare professionals recognize symptoms when they see them. Women with dysautonomia are often accused of malingering, points out Dr. Harvey. In fact, before her diagnosis, Urve was chastised by a nurse for "lying about in bed" after an episode, even though standing made her immediately faint.

The focus on dysautonomia is reflective of WCH's long legacy of advocating for the health of women, says Dr. Harvey. "We have the first-ever women's-only cardiac rehab program, which launched in 1996, right at the head of the curve of people beginning to understand that women and men are not the same," she says. "And we're still working to raise awareness of different heart problems that affect women across their lifespan."

As for David and Urve Earthy, they regard their family's transformational gift as a rare opportunity. Their children were involved in the decision and they are proud to be able to support WCH as a family. "We feel very good about being able to give our lives meaning through this gift," says David. "None of us live in a vacuum. We've been helped by other people. It's good to give back." ‡



L-R : ALEX EARTHY, DAVID EARTHY AND URVE EARTHY

"WE'VE BEEN HELPED BY OTHER PEOPLE.

IT'S GOOD TO GIVE BACK."

tests before sending her to more specialists. "We probably saw 12 to 15 different doctors over the years," says David. "And each time we'd have to wait months in between." None of them could come up with a definitive or even a tentative diagnosis.

It wasn't until last December that the Earthys got some answers. Their daughter Alex's research led them to the door of Dr. Paula Harvey, a cardiologist at Women's College Hospital (WCH) and Medical Director of the Women's Car-

dysautonomia; develop communications programs to spread awareness, research and care options among doctors and medical specialists; and create a network of medical professionals to treat and care for Canadian patients. There are also funds to support virtual care innovations at Women's College Hospital, which aim to help more people access high quality care from the comfort of home.

As Dr. Harvey points out, Urve's battle to get a diagnosis is by no means unique for sufferers of dysautonomia. Women make up approximately 85 per cent of those with the

CARE & COMPASSION

Expert sexual-health care in a safe and non-judgmental environment

ANNE BOKMA

When Bridget discovered she was pregnant, she was in a committed relationship but it was still the wrong time to have a baby. She worried about being judged for wanting an abortion. “I wondered if the doctor would give me the guilt treatment, if they would raise the idea of adoption. I didn’t want someone to try to get me to second-guess my decision.”

Bridget had reason to be wary. She once lived in New York City where she had to deal with protestors on the street when she went to a Planned Parenthood clinic for contraception. “You’d have to walk through a maze of people holding placards or holding pictures of a fetus. And that was just for birth control. It was awful.”

DR. SARAH WARDEN



Bridget got pregnant after suffering bouts of illness—the vomiting likely affected the absorption of the oral contraceptives she was taking. When her doctor confirmed she was five weeks pregnant, she was immediately referred to Women’s College Hospital’s (WCH) Bay Centre, which specializes in contraceptive services and reproductive and sexual-health care. She was prescribed the new abortion pill, Mifegymiso, a medication she took at home to terminate her early pregnancy. “The staff at the Centre were amazing,” says Bridget. “They create such a caring, non-judgmental environment—all along the way, I felt totally supported in my decision.”

“I take great pride in how amazing our staff is in terms of understanding the sensitivity around these issues,” says Dr. Sarah Warden, a staff physician at the Bay Centre. “Every patient becomes the entire clinic’s case. We want them to have the most positive experience possible.”

Mifegymiso, which can be taken up to nine weeks into pregnancy, has had a revolutionary impact on women’s health since becoming available in Canada in 2017. Included on the World Health Organization’s list of “essential medicines,” it is a safe, non-surgical option that consists of two medications that can be self-administered in the privacy of the woman’s home. The first pill, Mifepristone, blocks the progesterone hormone that prepares the uterine lining for pregnancy. A second medication, Misoprostol, is taken one to two days later.

Since becoming available, Mifepristone has reduced the number of surgical abortions by half and has also made abortion more accessible for women in remote and rural areas. These barriers to care are most prevalent within marginalized groups—women from lower income and racialized communities are often required to travel greater distances to reach their nearest clinic, which can be expensive and time consuming.

“Our patients are supported with telephone counselling by our nurses and physicians 24 hours a day,” says Dr. Warden. Clients include women who have been victims of sexual assault, older women who thought their reproductive years were over and teenagers who might not have used birth control or used it incorrectly.

“Even if a woman is diligent with birth control, failures exist with every single method of contraception,” Dr. Warden notes. “Because that failure rate exists, we need this option for patients. Women need control over their reproductive health.” Mifegymiso is usually covered by OHIP but for women who can’t afford to pay, the Bay Centre does what it can to help.

Safe, sensitive and secure. That’s the kind of environment the Bay Centre’s team of physicians, nurses and social workers strives to offer the thousands of patients who visit the Centre for a range of sexual-health services, including a popular evening drop-in Pap program. Research indicates that women who are low-income or new to Canada are under-screened when it comes to reproductive health, leading to higher rates of cervical cancer.

“A lot of the time, we’ll see patients who don’t have health insurance, don’t have a family

doctor or have experienced sexual trauma and need extra care and support, and don’t want to be rushed through the test,” says Dr. Warden.

To help bridge this gap, the Bay Centre’s Pap program provides screening, treatment and education to women without requiring an appointment. For those who need follow-up, the clinic provides a seamless continuum of care that supports patients with referrals and further testing.

The Bay Centre also serves a growing non-binary and trans community. A culture of respect and inclusion is at the heart of the clinic, with every member of the clinic’s team, from check-in staff to nurses and physicians, participating in trans-inclusivity training to ensure the clinic is a safe space.

“Often our patients are facing difficult and sometimes scary experiences. Our goal is to be a safe, welcoming and non-judgmental place for them,” says Dr. Warden. †

BRIDGET AND DR. SARAH WARDEN



CHAMPIONING FOR CHANGE

How women are changing the trajectory of healthcare

Since its inception in 1883 as the first place in Canada where women could study and practice medicine, Women's College Hospital's (WCH) bold vision—to create a healthier and more equitable world for everyone—has been driven forward by generations of women philanthropists and community leaders.

Today, that legacy of women-led philanthropy and volunteerism continues through an ever-growing wave of support that's being spearheaded by two unique groups committed to championing the work and impact of Women's College Hospital: 100Women, a community of leading women philanthropists, and neWCHapter, a committee of young professionals dedicated to rallying emerging changemakers around a shared cause.

When it comes to philanthropy, women offer a different perspective than men—just as they do in other arenas of life, says Jennifer Bernard, President and CEO of Women's College Hospital Foundation. “Women are using their philanthropic power and volunteerism

to bring about change in areas such as healthcare and social justice,” she says. “For Women's College Hospital, a passionate community of women has been by our side since the day our doors opened, influencing and shaping healthcare for women across the country.”

Indeed, WCH was founded by pioneering women willing to stand up as advocates. Dr. Emily Stowe, for example, the first Canadian woman to practice medicine in Canada, rallied for women to have the right to study medicine and established Woman's Medical College in 1883 (the precursor for WCH). “Great strides have been made in healthcare for women since Women's College Hospital first opened its doors, but women do continue to face many serious gaps that put their lives and well-being at risk,” says Bernard. “Many of these gaps are the result of a lack of medical research that considers the unique needs of women.”

Research for women, and by women, continues to be vastly under-represented; in fact, until the 1990s women were not required to be in-

cluded in research studies. “Most drugs have been developed without being tested on women,” says Bernard. “Pharmaceutical drugs play an enormous role in healthcare, so it's important that we understand how these medications may affect women differently.”

Supporting cutting-edge women's health research is a major focus for Women's College Hospital, which is home to one of the only hospital-based research centres in the world with a unique focus on identifying and addressing health gaps affecting women. Key areas of exploration include issues related to aging, women's cancers, mental health and musculoskeletal health.

With women's health issues coming into focus and women giving a greater proportion of their investible assets to charity compared to men, their collective impact on the future of healthcare has the potential to be profound.

For Jane Pepino, partner at law firm Aird & Berlis and a member of the 100Women initiative, it's Women's College Hospital's unique approach to delivering care that's creating change. “This is a hospital that's doing things

differently,” she says. “It champions a spirit of collaboration, consultation and putting the patient at the middle of everything, and that leads to equity at large and leads to innovation at large.”

Pepino says that the hospital's founding focus on training women to become doctors at a time when they were not otherwise permitted to study medicine is a big part of why she supports the hospital. “It's not simply improving women's health but, as importantly, it's driving women's leadership in medicine and allied professions—nursing and pharmacy and hospital governance—and also in medical research about women's health.”

WCH invests in women, but also in innovation, health equity and health system solutions. As part of its new mandate as an independent hospital, WCH became the first academic ambulatory hospital in Ontario, which required a new building. “One of the proudest days of my life was when they cut the ribbon of that building,” says Pepino.

The hospital itself was purpose-built for ambulatory care—meaning no one stays overnight. As the way of the future for health-care—less time in hospital means less exposure to infection, better patient outcomes and reduced costs to the health system—ambulatory care requires outside-the-box thinking to enable many traditionally inpatient procedures to be conducted on an outpatient basis. In short, Women’s College Hospital is known as the hospital without beds.

For example, through the use of innovative approaches to anesthesia and new surgical techniques, the hospital’s surgery team is now able to conduct total joint replacement operations, have patients walking just a few hours after surgery and return home the same day equipped with a virtual application that provides direct access to their WCH physicians and care teams.

This commitment to innovation is one of the reasons Katie McGarry, a partner with KPMG, joined neWCHapter; she’s now co-chair. Initially a patient at the hospital, McGarry was impressed with the service she received and with WCH’s role in health equity and innovation. “I’m very passionate about the advancement of women, and helping to close the healthcare gap is something I want to be part of,” she says.

McGarry believes Ontario needs to make fundamental changes to its healthcare model. “Our hospital is making some bold changes—it’s incredible that we’re now able to do a number of same-day surgeries that were traditionally done in a hospital where patients would stay overnight, often for several days.”

"WE ARE INSPIRED BY THE
GROWING WAVE OF SUPPORT WE'RE SEEING
FROM WOMEN OF ALL AGES."

By hosting engaging and informative events at trendy locales around Toronto, neWCHapter is creating a culture of giving back among the city’s emerging leaders. neWCHapter holds three to four events per year—from movie nights to spinning classes and yoga—to raise awareness about these bold changes. The committee’s annual signature fundraising event, Women Paying it Forward, is a sought-after education session and networking opportunity that offers the community a unique chance to learn more about important issues impacting healthcare.

Michelle Myers, also a partner at KPMG, was first exposed to neWCHapter during a movie night. She’s now co-chair. “Fundraising is part of it, but the bigger part is raising awareness and letting people know about the unique and amazing programs being developed at Women’s College Hospital,” she says.

That includes raising awareness of the health-care gap for women—something Myers is passionate about. “I think it is important to talk about the physiological differences between women and men—to talk about why it’s important, and why we should be thinking about it.”

Through neWCHapter, Myers is committed to raising funds for women’s health initiatives such as the hospital’s virtual mental health program, where patients communicate with doctors from home via smart technology—allowing them to connect when it works for them.

The use of technology to transform healthcare is also an area of passion for Elisabetta Bigsby, a member of 100Women as well as Women’s College Hospital Foundation’s Advisory Council, a special committee of community leaders and donors who provide guidance and support for the Foundation’s activities. While she has long been impressed by the quality of care she receives at WCH, she is also an advocate for innovation and quality outcomes in healthcare.

“The care has always been so good, so prompt, so sensitive,” says Bigsby. “As time went by I quite spontaneously thought I needed to do something for this hospital.” She’s now a champion of the WCH Institute for Health System Solutions and Virtual Care (WIHV), created to transform the way patients experience their care through cutting-edge research and evaluation.

She’s taken her philanthropy further by sponsoring a senior fellowship position in quality and innovation improvement at Women’s College Hospital.

Philanthropic efforts are helping to fuel this innovation, which in turn helps more women. “Women truly are leading the healthcare revolution,” says Bernard. “We are inspired by the growing wave of support we’re seeing from women of all ages and stages of their careers, who are joining together in a movement to help bring equity to healthcare—a movement that will directly benefit women today and tomorrow. This is what Women’s College Hospital is all about: women using their collective power to create change.” †

ABRA SECORD



SWIFT SUPPORT

Addictions program makes real impacts and fast

Ontario is in the midst of an epidemic. According to Statistics Canada, between January and September 2018, there were 1,031 opioid-related deaths in the province—the majority of which were caused by accidental overdoses.

It’s a shocking number, made even more so by the fact that the deaths were preventable. But even for those who manage to seek out the treatment they need, there are countless barriers to overcoming addiction. Typically, patients in crisis—such as those experiencing withdrawal symptoms—end up in emergency rooms, where they fall to the bottom of the priority list of an already crowded hospital.

JESSICA WYNE LOCKHART

L-R: MICHELLE MYERS, ELISABETTA BIGSBY, ELLE AYOUBZADEH, LINDA REED AND JENNIFER BERNARD



**“REGARDLESS OF WHAT HAPPENS OUTSIDE,
THIS IS WHERE THEY CAN LAY
THEIR BURDEN DOWN.”**

“When they present at the emergency department, they may not get the care they need,” says Miriam Young, a nurse in the Acute Ambulatory Care Unit (AACU) at Women’s College Hospital (WCH). “There’s a lot of stigma that it’s actually their fault, and it may not be considered an emergency.”

And when patients are in crisis and go to an emergency room, they often only receive care to treat their acute symptoms—once they are stable and discharged, the likelihood that they will use substances again is high.

“The problem is that patients in distress are often treated, then sent home with nothing except maybe medication to relieve withdrawal symptoms. If that’s all they get, they’ll relapse,” says Dr. Meldon Kahan, Medical Director of the Substance Use Service at WCH.

Yet, this health gap isn’t limited to emergency rooms—addiction-specific treatment programs often have long wait lists, and may not be equipped to manage detox or prescribe medications. Ultimately, addiction continues to be treated exclusively as a psychosocial issue rather than as a complex chronic condition requiring holistic treatment.

That’s why in 2017, WCH launched the Rapid Access Addiction Medicine (RAAM) clinic—the first of its kind in the Toronto core. The model proved to be such a success that the WCH team has supported its expansion to over 50 hospitals and health centres throughout Ontario. The reason for this rapid expansion? Healthcare providers are noticing that RAAM sites are alleviating demand on the healthcare system by reducing emergency room visits and hospital stays by engaging patients before there is an emergency.

Every Monday, Tuesday and Thursday morning, patients with alcohol, opioid or other drug addictions can access the clinic’s services, including counselling, medication (such as anti-craving medications for alcohol and buprenorphine/naloxone for opioid use disorder)

and referrals to community treatment programs.

For those who need immediate care or detox services, a bed in a private room is promptly made available at the hospital’s AACU. Those going through withdrawal are given access to medication, and are monitored by a team of nurses and physicians familiar with detox healthcare protocols—all without having to obtain a referral or deal with the long wait times often associated with inpatient detox programs.

One such patient is Abra Secord, a chef at a small bar and restaurant in Toronto. A func-

tional alcoholic, Secord’s days would typically begin with a splash of alcohol in her orange juice or coffee, followed by continuous alcohol use throughout her workday. Staying sober was made even more difficult by her high-stress work environment where alcohol was always within her reach.

“I knew there was a problem, but I was in full-on denial. I didn’t think I was an alcoholic,” she says. Her family felt otherwise, noticing her shortness of breath and mood swings. Early one morning, Secord’s sister accompanied her to Women’s College Hospital. They were the first to arrive during the clinic’s drop-in hours, which Secord credits with allowing her to seek treatment.

“[Being able to walk in] took the pressure off. I was still nervous going, but I didn’t feel as nervous as I would have if I had to be there and had waited for an appointment,” says Secord.

All of the hospital’s RAAM services are offered on a walk-in basis. No appointments are needed, and although referrals are accepted for the program, they’re not necessary.

“Offering immediate treatment and making it easy for patients really does make a difference,” says Dr. Kahan. Rather than making



ALLAN SMART AND ABRA SECORD



DR. MELDON KAHAN



MIRIAM YOUNG

people wait for appointments, the key to recovery is engaging people with treatment options as soon as they are ready and interested.”

Allan Smart, an addictions counsellor at WCH’s RAAM clinic, says that this approach to treatment is one of the cultural tenets of working at WCH—and ultimately what makes the clinic successful. Smart is one of the first people that patients meet when they visit the clinic, assessing their treatment goals and building a foundation of trust from the outset.

Now celebrating 10 months sober, Secord can’t imagine her life any other way. Every two weeks, she looks forward to returning to WCH to meet with Smart. “Hands-down, I’ve never felt more supported. They actually care and I don’t feel judged,” she says. “Yes, [alcoholism] is a problem, but it can be dealt with in a friendly and positive way.”

Smart, who has been working in the addictions field for over a decade, appreciates that the WCH RAAM model meets patients where they are at. To him, relapses don’t represent failure but rather a part of the recovery process.

“To know that we’ve formed a relationship of respect and safety with our patients, and to be there to support their journey is amazing,” says Smart. “Regardless of what happens outside, this is where they can lay their burden down.” †

A PAIN IN THE HEAD

Centre for Headache offers relief for the “silent epidemic” of migraine

Laurie Powers remembers her family doctor registering surprise at a routine checkup when she was 15 and he asked her how often she experienced headaches. “I told him it was a few times a week. I thought everybody’s head hurt. It didn’t occur to me until then that I was different.”

That was more than 30 years ago. Since then, Powers has experienced a lifetime of pain. Migraines disrupted her life four or five times a week. Her days would begin with a dull headache that would escalate into raging proportions by the time she got home from work.

Anything could bring them on—stress, a sudden change in weather, the fluorescent lighting in the classroom where she works as a grade school teacher in London, Ontario. She would spend days in bed, lying in the dark in complete silence, unable to even listen to the radio. She often felt isolated from friends and colleagues, and felt guilty that her daughter had to help so much around the house. Not surprisingly, she became depressed.

Over the years, a slew of doctors tried different remedies. Some medications worked for a while, then stopped. In 2008, after a stint in hospital when her headaches became debilitating, a neurologist told her nothing could be done and she’d have to learn to live with her condition.

“That made me feel desperate,” says Powers. “I wondered if I’d see another day without a headache.”

Then she found relief.

Powers learned of the Centre for Headache at Women’s College Hospital (WCH) through her parents. Her first appointment with the Medical Director, Dr. Christine Lay, an internationally recognized neurologist and one of only a handful of headache experts in the country, lasted over an hour and left her with feelings of hope for the first time in years.



LAURIE POWERS AND DR. CHRISTINE LAY

“Dr. Lay said she was going to do whatever she could to get me back on my feet,” says Powers. “She understood the kind of pain I was in.”

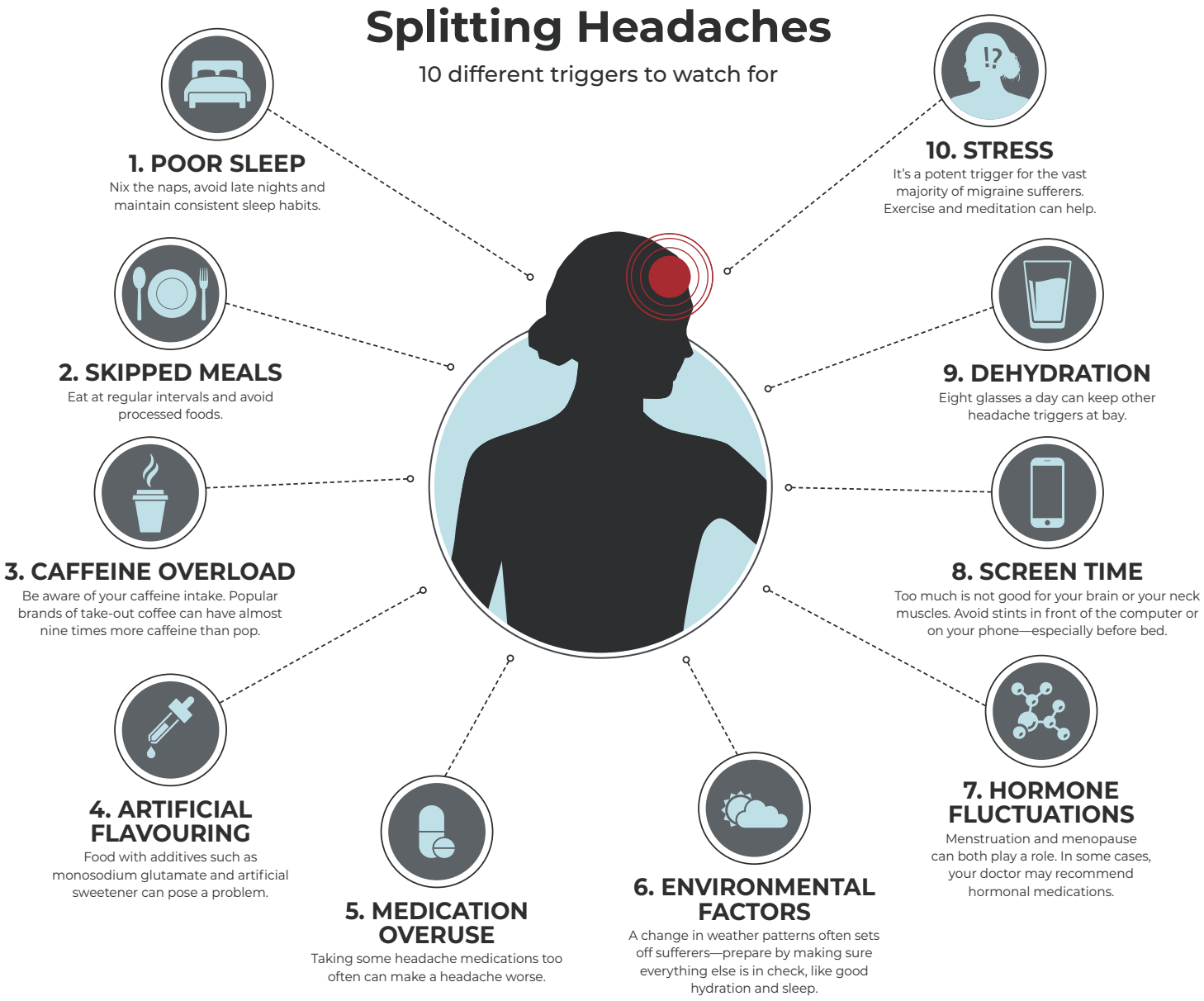
The Centre for Headache is the only academic medical centre in the province dedicated solely to research, education, expert evaluation and individualized treatment plans for patients suffering from migraine and other headache disorders. Dr. Lay offers her patients wide-ranging treatment options, from vitamin regimens to migraine drugs to cognitive

behavioural therapy groups to the newer migraine injectable therapies and Botox—which enters the nerve endings and blocks the release of chemicals that carry pain signals to the brain. She points out that migraine affects women three times more than men, and chronic headaches are more common among those who have experienced early trauma as their brains are wired to be hyper-reactive, particularly when placed under stress.

“Part of what we do at the Centre for

Headache is take an exceptionally detailed history for each patient, going back to childhood. It’s a very individualized process because each patient is different,” says Dr. Lay. “A family doctor might be able to spend 10 minutes with a patient, a neurologist might have 20 minutes. We spend close to an hour and a half with new patients.”

Powers experienced significant relief after using Botox, going from near daily disabling headaches to migraines about twice a week.



In the fall of 2018, she began a new injectable drug recently approved by Health Canada and a first-of-its-kind treatment for migraine prevention. The results were dramatic. “It’s been incredible,” says Powers. “I went from two migraines a week to two a month. They might last an evening, and that’s it.”

Powers’ story isn’t unusual. Migraine is a debilitating neurological disease that affects almost three million Canadians and one billion people worldwide—it’s the second most disabling medical condition in the world, more prevalent than diabetes and asthma combined.

“The burden is huge,” says Dr. Lay, noting that a person with untreated migraine can lose up to 44 days a year in home or workplace productivity. “It’s a silent epidemic,” she says. “While 12 per cent of the population have migraines, about 50 per cent of sufferers are undiagnosed.”

Dr. Lay, who completed her neurology residency at the Mayo Clinic, where she was chief resident, and a headache fellowship at Albert Einstein College of Medicine in New York City, was recruited to start the new WCH Centre for Headache in 2008. Since then, the Centre has expanded to include three other neurologists, a registered nurse, a nurse practitioner,

as well as a number of residents and headache fellows who train at the Centre. The team sees close to 5,000 patient visits every year.

In an effort to help patients before they even attend their first appointment, the Centre introduced an educational seminar, created by nurse practitioner Valerie Lawler and Dr. Lay, which provides information on common triggers and lifestyle strategies that can mitigate headache pain. More than 1,000 patients have participated in the sessions, and a recent study shows this initiative has dramatically reduced emergency room visits and opioid use among participating patients. The education sessions have even eliminated the need for some patients to travel to the clinic. “Sometimes people can manage their migraines by making lifestyle changes such as improving sleep or reducing caffeine,” notes Dr. Lay.

As for Powers, after decades of pain, she finally feels she can face the future. She is looking forward to helping run the graduation program for 400 students at the school where she teaches. Plus, she is getting married this summer.

“Without the care and treatment I received at the Centre for Headache, I doubt I’d be working and I wouldn’t be functioning as a normal member of society,” she says. “I got my life back.” †

VIRTUAL CARE

Technology-enabled care connects patients and their healthcare providers

Women’s College Hospital recently launched Women’s Virtual—the hospital’s new strategy for using digital health tools to improve access to care and enhance the patient experience. Dr. Danielle Martin, Executive Vice President and Chief Medical Executive, believes that virtual care can help solve some of the challenges that patients and the health system are facing. “Technology has changed the way we bank, shop and communicate with our friends and family. The next step is using it to change the way our healthcare is delivered,” says Dr. Martin. “Virtual care can give people living in remote communities better access to care, it can let patients speak with their physicians in real-time without having to wait for their next appointment and it can allow people to have their health information at their finger tips when they need it—and that’s just the beginning.”

Here’s what you need to know about Women’s Virtual:

Virtual care defined.

“I would define virtual care as any kind of interaction between patients and members of their healthcare team that occurs remotely,” says Dr. Trevor Jamieson, Medical Director for Women’s Virtual. That might include email, secure text messaging, phone calls, remote monitoring or face-to-face video appointments—basically any form of care where the patient and the provider are not physically in the same room.

Information when and where patients need it.

Virtual care offers information and follow-up care to patients when and where they need it. Patients sometimes wait months for appointments with busy specialists. When the day finally arrives, they often have to book time off work or travel great distances. “For patients who live far from their hospitals or are shift workers, this can be a real barrier,” says Laura Pus, Administrative Director for Women’s Virtual. “By using technology, in-person visits at the hospital can be replaced with a video appointment or it could also mean reimagining the interaction all-together.” For example, with virtual care, patients can attend a support group online or have their vital signs monitored from the comfort of their own home using a digital app.

Enhancing the virtual ward.

One of the goals of virtual care is to improve care for patients at high risk for hospital readmission. “Often these patients have a team of clinicians overseeing their care, from their family physician and specialists to those providing home care services,” says Dr. Jamieson. “The virtual ward uses technology to allow continuous communication between the whole care team to ensure a cohesive continuum of care that aligns with the patient’s needs.”

So will hospital visits soon be a thing of the past?

The goal of virtual care is not to eliminate in-person hospital visits. “I don’t see that ever happening,” says Dr. Jamieson. “Instead, virtual care aims to enhance existing programs and give patients more access to help and support when they need it, eliminating unnecessary hospital and emergency room visits.”

Many applications for virtual care.

Here are a few ways Women’s College Hospital is already delivering virtual care:

- an online support group for new moms
- a web-based education program to help Ontarians manage chronic pain
- an online consulting service that makes it easier for primary care providers and their patients to get advice from specialists
- an app that connects patients and their care team after surgery, allowing them to go home sooner and be well-supported at home



DR. TREVOR JAMIESON



LAURA PUS



DR. DANIELLE MARTIN

TRAILBLAZERS AND CHANGEMAKERS

Women's College Hospital's community of partners, volunteers and sponsors are some of the trailblazers and changemakers driving the healthcare revolution. Dedicated to hosting events and raising important funds to advance the hospital's greatest priority needs, their support is transforming the health of women and building a healthier, more equitable world for all. Here are a few event highlights from the past year:

1. REACH FOR THE STARS

After Liz Walter passed away from pancreatic cancer, her family—husband Bruce and daughters Sarah, Hannah, Emma and Victoria—looked for what they could do to have the greatest impact in the fight against cancer. They found their answer in supporting hereditary cancer research at Women's College Hospital. This groundbreaking research holds the promise of saving lives by stopping cancer before it can even begin.

Together with their close friend Lisa McCann, the Walter family organized Reach for the Stars—a gala event at Toronto's Aga Khan Museum. The event raised over \$1 million to support cutting-edge cancer research at Women's College Hospital.

Liz always encouraged her daughters to reach for the stars. Through this event, that's exactly what they've done—and their impact will be felt by countless women and families.

2. SHOPPERS LOVE. YOU. RUN FOR WOMEN

Every June, community members walk, run and roll through the streets of downtown Toronto in support of Women's College Hospital. Funds raised through the SHOPPERS LOVE. YOU. Run for Women directly support the Women's Mental Health Program at WCH. Last year's event raised a record-breaking \$225,000!

3. DENALI CLIMB

Grace McDonald and Heather Geluk, two of Canada's leading female adventurers, broke out of their comfort zones to support Women's College Hospital's mission to revolutionize healthcare. Through an expedition to the top of Denali, North America's highest mountain peak, they raised funds to advance cutting-edge women's health research taking place at Women's College Research Institute—one of the only hospital-based research centres in the world with a unique focus on women. To date, their fundraising efforts have raised nearly \$4,000.

4. BARREWORKS

Those who work out together, fundraise together! BarreWorks Yonge Street raised over \$500 in support of Women's College Hospital from proceeds raised via registration to special fitness classes.

5. WOMEN'S BONSPIEL

After attending Women's College Hospital Foundation's annual fundraising luncheon, Women for Women's, Judy Schembri was inspired to find a way to fundraise for WCH within her own community. As a passionate

curler, she decided to host a bonspiel in support of Women's College Hospital's greatest priority needs. Four years later, the annual Women's Bonspiel hosted by the Wednesday Night Women's Section at the High Park Curling Club has raised over \$11,700!

6. SLUMBER IN THE CITY

Students for change! On March 26, students from George Brown College's Special Event Management program hosted "Slumber in the City" at Revival Bar, a unique slumber party-themed event complete with pyjamas, DIY face masks and games. Half of the evening's proceeds were donated to Women's College Hospital to help improve the health of women and health equity for all.

7. WOMEN FOR WOMEN'S

Last November, Women for Women's—Women's College Hospital Foundation's signature annual fundraising luncheon—welcomed more than 1,000 philanthropic and community leaders to learn about and support groundbreaking care and research taking place at WCH. The event raised an incredible \$519,000 toward the hospital's most pressing needs. Thank you to our incredible Women for Women's Committee for their passion, efforts and dedication to the success of this event!

8. LADYBUG FLORIST

The healthcare revolution is blooming! To celebrate International Women's day 2019 and then Mother's Day, local flower shop Ladybug Florist donated a portion of proceeds from each bouquet sold in support of innovative research and patient care at Women's College Hospital.

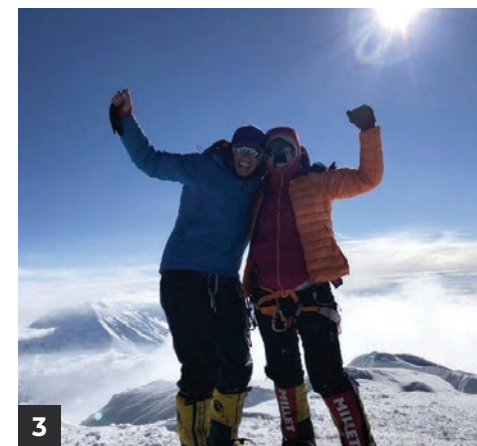
If you would like to host an event in support of Women's College Hospital, please email foundation@wchospital.ca



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A QUICK TRIP

Minimally invasive, same-day surgery gets patients back to their lives faster

ANDREA JANUS

Cathy spent a year planning the trip of her dreams. The five-week itinerary would take her and her husband, both now retired, through Asia and parts of Europe. This would be their first time visiting many of the destinations—but as the big trip drew nearer, she began experiencing abnormal periods.

One evening over the Christmas holidays, Cathy found herself in the emergency room after menstruating for 25 days straight. “It was like a tap was turned on and my body couldn’t stop it,” she describes.

CATHY



DR. MICHELLE JACOBSON

**“DOING A MINIMALLY
INVASIVE PROCEDURE
IS GOING TO GET PEOPLE
BACK ON THEIR FEET FASTER.”**

At around the same time, she was referred to Dr. Michelle Jacobson, gynecologist and surgeon at Women’s College Hospital (WCH), and a biopsy in January revealed that Cathy had complex hyperplasia.

“Complex endometrial hyperplasia occurs when the uterus lining becomes overgrown,” explains Dr. Jacobson. “While it isn’t cancerous, it often leads to or co-exists with cancer.”

Six weeks before her trip, Cathy was quickly booked for a hysterectomy.

“When I was told that it would only take a day, I was a little surprised,” she admits.

In late 2018, WCH began offering ambulatory hysterectomies as part of its minimally invasive, same-day surgical program, which allows patients to recover in the comforts of their own home.

“Doing a minimally invasive procedure is going to get people back on their feet faster—they can go back to work sooner, back to their everyday activities,” explains Dr. Jacobson. “It also leads to less pain, less bleeding and fewer complications. They are taking less IV pain medication and fewer narcotics in general.”

On the day of her procedure, Cathy’s husband drove her to the hospital at 7 a.m., where Dr. Jacobson, the anesthetist and head nurse met her.

“I was pretty scared going in, but when I had these three women around me—they were so comforting,” describes Cathy. “I remember Dr. Jacobson holding my hand while I went to sleep.”

For an ambulatory hysterectomy, the camera and instruments are inserted through the belly button, and the uterus is removed through the vagina. There is no visible incision, and patients are able to leave a few hours after the procedure.

When Cathy woke up in recovery, her nurse greeted her and checked on her pain levels, making sure she was comfortable. And by 2:30 p.m., her husband was taking her home.

“I really didn’t have a lot of pain,” says Cathy. “I was pretty cautious and taking it easy, but by the end of the week I was doing laps around the house to get walking again. To be in your own home and your own bed definitely helps.”

Dr. Jacobson, who was always a quick phone call away, checked in a few days post-surgery. And when Cathy attended her follow-up five weeks later, her final pathology results came back clean and she was cleared to travel.

On April 12—a little over a month after her surgery—Cathy and her husband boarded their flight to Hong Kong.

“Over the course of the trip, we actually walked 360 kilometres,” Cathy laughs. “I feel really lucky—and I am so grateful to Dr. Jacobson for making it happen.” †

LEARNING FROM EXPERIENCE

Patients and community members creating a better hospital

LIZ BEDDALL

If you walk into Women’s College Hospital’s (WCH) Crossroads Refugee Health Clinic, you likely won’t notice the small space that separates the patient queue from the registration desk.

Yet the deliberately observed gap—meant to instill a sense of security in patients who might feel especially protective of their identification documents—never goes unnoticed by Yvonne Niwahereza Jele, the Crossroads Clinic patient responsible for the implementation of this hospital protocol through her participation in WCH’s new Experience Advisor program.

“I come from a society where my voice did not matter,” says Jele, who arrived in Canada as a refugee from Uganda in 2016. “Providing my feedback as an Experience Advisor and seeing my ideas come to life has made me feel special and made me feel heard—like a valued patient within the healthcare system.”

Since its launch in the fall of 2018, the Experience Advisor initiative has enlisted Jele, as well as a team of hospital patients and community members, to provide feedback on all aspects of hospital life.

Marie Pinard, Director of Quality, Safety and Patient Experience at WCH, says the program is creating an invaluable opportunity for patients to join forces with staff in order to refine and enhance the cycle of healthcare provision within the hospital.

“At Women’s College Hospital, we have a strong history of engaging patients in the planning and decision-making around their own healthcare,” says Pinard. “But something we’ve recognized is that our patients can actually help us improve the care and services we provide to everyone, and this program is really about taking that to the next level.”

With the guidance of Pinard and her colleagues, the hospital’s current team of more than 30 Experience Advisors are regularly called upon to take part in focus groups, surveys, committee meetings and hospital walk-throughs. The advisors’ feedback on program development, hospital policies and the delivery of care and services is carefully considered.



YVONNE NIWAHEREZA JELE AND MARIE PINARD

“What they often do is challenge our assumptions,” says Pinard of the volunteer program members. “Sometimes, in a given situation, our attention is focused on something else and it takes another perspective to make us realize what needs to be done.”

The projects that Experience Advisors work on can range from smaller program-specific items to hospital-wide initiatives.

“A great example is the extensive Experience Advisor feedback we’ve received around improving wayfinding within the hospital,” says Pinard. This particular move towards better signage within the hospital is yet another item Jele has witnessed evolve from a personal suggestion to an in-hospital reality.

Pinard notes that the process by which Advisors such as Jele are selected and prepped further exemplifies the level of regard WCH has for both its patients and staff.

A formal recruitment process takes place, followed by an in-depth orientation and training protocol. Support is also provided at all stages to both the Advisor and to hospital staff, who might eventually come together to reflect upon a pertinent issue.

“We really want to make sure this pro-

“WHEN THIS PROCESS WORKS, THE HEALTHCARE SYSTEM CEASES TO BE ONE-SIDED.”

gram also meets the needs of our Advisors,” says Pinard, who adds that in the early stages of the program, the group was even responsible for deciding that ‘Experience Advisors’ be their title.

And while Advisors are most commonly recommended by members of hospital staff, Pinard says those interested in becoming involved are welcome to fill out an expression of interest form on the hospital website.

“We work hard to ensure our participants are right for the role,” she says, “and that they are comfortable telling their story, they have time to take part and they understand what’s ahead of them.”

Looking into the future, Pinard says her

team is hoping to include voices that have historically gone unheard. Recently, a trans patient was recruited to advise on the development of WCH’s new trans-related surgery program to ensure care meets the unique needs of the community and is conducted in a respectful way.

As Jele points out, providing meaningful and inclusive care requires a two-way dialogue.

“When this process works, the healthcare system ceases to be one-sided,” says Jele. “It results in an environment where equal representation exists and where no person is left standing on the sidelines. It’s obvious that the patients are highly valued at this hospital.” †

THE SCIENCE BEHIND AGING WELL

How research is creating an age-friendly society

CAMILLA CORNELL

By 2025, Canada will be a ‘super-aged’ society—this means more than 20 per cent of our population will be made up of adults 65 and over. Last year, for the first time in Canada, the number of people over 65 outnumbered children under 15. Despite this expanding aging population, there are only 265 geriatricians in the country compared to 2,600 pediatricians, explains Dr. Nathan Stall, a research fellow at Women’s College Research Institute (WCRI). As this group continues to grow and diversify, so too will their healthcare needs. An increasingly older population will create a greater demand for social services, including healthcare, housing and caregiving.

“The goal of creating an age-friendly society where people can stay healthy, active and involved is one that should appeal to all of us,” says Dr. Stall.

Geriatrician Dr. Paula Rochon, Vice President of Research at Women’s College Hospital (WCH) and Senior Scientist at WCRI, explains that all of us must be actively engaged when it comes to promoting health and wellness associated with aging. “From the time we are born, we are all aging. This issue doesn’t affect a specific group at a specific time, it impacts all of us—right now,” she says.

To improve the health and wellbeing of older adults and their (often) younger caregivers, WCRI has undertaken focused research targeted toward optimizing care for older people. The team is addressing international issues of societal importance related to aging—caregiving being one of these.

If we do not care for our caregivers, who will?

One of the primary issues facing an aging society is the prevalence of dementia. Already about 564,000 Canadians live with the disease and that number will rise to one million over the next 15 years. What’s more, contends Dr. Rochon, “dementia is an important issue for women because this is a condition that disproportionately impacts them.”

Women represent 61 per cent of older Canadians living with dementia and also provide two-thirds of dementia care to family members. Daughters and wives are more likely to take on the caregiver role than male family members.

The job of caregiving is associated with social isolation, loneliness and can lead to family strife, as one person frequently takes on the lion’s share of the load. And the economic cost can be severe, as caregivers cover out-of-pocket expenses or interrupt careers to manage daily routines, complicated medication regimens and navigate a complex healthcare system.

Although many take on caregiving willingly as a way of giving back to loved ones, the role is equal parts intense and demanding. “This is really a full-time, 24-seven, 365-days-a-year job,” says Dr. Stall. “And about 40 per cent of all caregivers experience caregiver distress. We see increased rates of anxiety, depression, adverse cardiovascular outcomes and even mortality in caregivers.”

WCRI focuses on research that enables older people to stay in their homes, and improves the health and wellness of caregivers. Potential solutions involve training caregivers in managing dementia; offering increased access to respite care; and implementing programs to ensure caregivers do not suffer economically, including more flexible workplaces and access to paid leave and benefits. “Caregiving has a tremendous impact across society,” says Dr. Rochon. “And we just don’t know enough about it.”



DR. NATHAN STALL AND DR. PAULA ROCHON

Medication reviews and avoiding prescribing ‘cascades’

Because older adults often exhibit multiple health conditions, many of them chronic, prescribing the right medication is another crucial factor in managing their care. As Dr. Rochon points out, the use of multiple medications puts older adults—particularly women—at risk of “adverse events” (what most of us refer to as ‘side effects’).

Dr. Rochon has been leading seminal research illustrating the harms associated with potentially inappropriate medications. She has also co-developed the concept of “prescribing cascades,” which harm older patients and result in the development of new medical conditions that may not need to occur.

A prescribing cascade begins when a healthcare provider misinterprets the side effect of a drug as a new medical condition. Doctors then prescribe a new potentially unnecessary drug to manage that new condition without considering it could be related to the initial prescription. The result? The patient gets a drug that they may not need.

“This puts pressure on the healthcare system because patients may require additional resources to address new health concerns that should never have existed in the first place,” says Dr. Rochon.

Preventing complications from potentially inappropriate prescribing may start with giving patients access to medication reviews, implementing electronic alerts to let doctors know they could be generating a prescribing cascade, and helping doctors, pharmacists, and patients to

**“CAREGIVING HAS A TREMENDOUS
IMPACT ACROSS SOCIETY.”**

ask the right questions when a new health condition arises.

A deeper understanding of healthy aging and how to create communities and services to support older adults benefits all of us.

In Ontario and across the country, it is more important than ever to understand the aging process and implement strategies to ensure that older adults are set up for success. Healthy aging is not tomorrow’s issue—it needs our attention today so that we can improve health and wellness for all. ‡

PRIDE AND EQUITY

Pride Toronto champions equity in healthcare through support of WCH's transition-related surgeries program

CAMILLA CORNELL

From its earliest days, Women's College Hospital has been committed to breaking down barriers to achieve equity in healthcare for vulnerable and underserved communities. For transgendered individuals, barriers to accessible and compassionate care have been particularly difficult to overcome.

So when Women's College Hospital created Canada's first public hospital-based surgical program to provide safe and timely access to transition-related surgical care, it was "really ground-breaking in so many ways," says Olivia Nuamah, executive director of Pride Toronto.

"[WCH is] the first public institution in Canada to try to break down healthcare barriers for the trans community," says Nuamah.

Nuamah sees the Transition-Related Surgeries (TRS) program at WCH as an affirmation of the values of equity in healthcare that have long been championed at WCH. The hospital was founded in 1883 to train female doctors when no other institution in Canada would. It has

since focused on providing quality healthcare for women and men, as well as individuals from disadvantaged or marginalized communities.

In 2019, Pride Toronto will acknowledge WCH's role in "moving the needle on LGBTQ+ issues in the city, the province and the country as a whole," says Nuamah, by naming it Honoured Group of Pride Month 2019. Sixty percent of the funds raised during Pride Month (June 2019) and the Pride Festival weekend (June 21 to 23) are earmarked for the TRS program.

Being named Honoured Group means Women's College Hospital will have a chance to raise awareness in the LGBTQ+ community and beyond about the healthcare required to support the needs of the trans community. "Through the example of Women's College Hospital, hopefully other institutions will begin to understand the trans community and develop specialized services for this group," says Nuamah.

Compassionate support for trans individuals in need

Although access to care for trans individuals has been improving in recent years, not all transition-related surgeries are covered by OHIP and costs to patients can be considerable.

To help offset the financial burden for patients undergoing surgery through Women's College Hospital's Transition-Related Surgeries program, the Pride & Remembrance Foundation has created the Pride & Remembrance Compassionate Fund to ensure patients in need can access support and receive care regardless of their socio-economic background. The organization has pledged \$100,000 over three years in support of the fund—its first multi-year commitment made to a charity.

"We realized that the funding gap between available OHIP support for trans surgeries and what the community needs is larger than what we would typically raise through the Run,"



says Chris Brohman, president of the Pride & Remembrance Run. "A larger, ongoing gift made through the Pride & Remembrance Foundation allows us to offer more meaningful and stable support for the program."

Chris was inspired by the passion and compassion of the individuals at WCH who

were involved in the initiative. "We want to show all stakeholders that the Run strongly supports the efforts of WCH in bringing about health equity for all people," he says. "I hope our allies in and outside the LGBTQ+ community will also be inspired to support and grow this fund."