



**PURPOSE,
VALUES AND
PRINCIPLES**



**CLINICAL
OPTIMIZATION**



caringsafely

**CARING
SAFELY**



**PATIENT
EXPERIENCE**



**TEAM
ENGAGEMENT**



**IT
TRANSFORMATION**



**RESEARCH AND
INNOVATION**



**MICHENER
INTEGRATION**

Bringing UHN into Focus

2015-16 Year in Review



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab



Dr. Peter Pisters, President and CEO of University Health Network, and John Mulvihill, Chair of the UHN Board of Trustees. (Photo: UHN Visual Services)



Message from the CEO & Board Chair

The theme of this year's Annual Report – Bringing UHN into Focus – looks at the activities of the past year as the building blocks for UHN's future.

As part of our organizational renewal, we announced plans to focus on eight critical areas and aligned authority and accountability in these areas to members of the executive team. This work enabled us to focus on outcomes and improve operations in the years ahead. The first section of the Annual Report gives an update on what we've done in the past year to prepare for success in each of these areas and where we are going this year and beyond.

UHN has always served patients. Everything we do is for them. That remains as true as ever and the extraordinary work done at UHN every day on behalf of patients is highlighted in the second section – our Year in Review. This is what makes UHN Canada's premier academic health centre, with extraordinary contributions in research, education and patient care. We also spotlight the accomplishments of our four Foundations which exist to support our mission.

On behalf of the Board of Trustees, we thank everyone at UHN for their dedication. And, we offer deep appreciation to our patients for sharing their stories, which help us underscore the compassion, spirit of discovery and commitment to excellence found across the entire organization.

We have much to be proud of in our history at UHN and we look forward to our future and to working with everyone to continue to care for our patients and support everyone who works here to realize their potential.



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Purpose, Values and Principles: All of us play a key role in the process



A number of individuals and teams are leading the work on Purpose, Values and Principles, including members of the Senior Management Team, with the initiative reporting into Dr. Peter Pisters, President and CEO. (Photo: UHN Visual Services)

Why does UHN exist and what is our impact on the world? That is the question at the heart of the process underway to develop a new set of Purpose, Values and Principles for the organization.

Our culture and beliefs are under review using a process that engages people across the organization, exploring what it is that connects them to this place.

It's a different UHN – and a different world – since the last time we had this conversation. Toronto Rehab and the Michener Institute are now key contributors to the dynamism, collaboration and excellence in patient care, scientific research and medicine that have long been our hallmarks.

In an initiative that began in the past year, UHN's core values are being examined. Our culture and beliefs are under review using a process that engages people across the organization, exploring what it is that connects them to this place. The work will provide an overarching framework to guide us in developing a new strategic plan, while better aligning and connecting our current activities.

Illuminating work by [Simon Sinek](#) has informed the discussion on purpose, on why. His work, and that of other scholars, has helped frame the conversation at UHN in the quest to create a purpose statement that allows every employee to clearly grasp how they fit into the organization and why they matter to it.

There's an intrinsic passion that exists within healthcare workers and people who join organizations such as UHN. Many could be working

elsewhere, perhaps more convenient, closer to home, better paying. But they come to UHN because its mission resonates with them and they are bound by a commitment to it. They find here something that has them get out of bed in the morning with a spring in their step, brings enthusiasm to their teams and creates meaning in their work, regardless of the task they do.

Following the development of a draft Purpose, Values and Principles over the winter, PVP Open Houses were held earlier this spring for staff, patients and the broader UHN community to drop in and offer their feedback. The turnout was very strong as participants completed interactive “dotmocracy” exercises at “purpose” and “values” stations, posting on a board their reaction to statements on display. They also had

an opportunity to have their say in a comments box and in discussions with colleagues.

Responses from the PVP Open Houses will be incorporated into the final Purpose, Values and Principles. We are also looking into other interactive tools that will seek to get even more participation

and input from the UHN community.

No one disputes that healthcare is challenging.

And, with those demands, there will inevitably be frustrations and even times

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when people ask themselves why they are here, why they are doing this.

It's during those times that UHN's Purpose, Values and Principles can have their biggest impact. If they can provide clarity around why we exist as an organization, why we are here, engagement will deepen and there will be a better understanding of what we do, why it matters and why it's worthy of celebrating.

This process marks a pivotal moment in the history of UHN. If done right, it will produce something there's no reason to change for generations to come. And, years from now, when people look upon our purpose statement chiseled into the walls, we can know we played a key role in creating it.



Clinical Optimization: Using more real-time, data-driven approaches to manage what we do



The individuals and teams leading the work on the Clinical Optimization initiative report to (L to R) Dr. Charlie Chan, EVP Clinical Programs, Quality & Safety, Justine Jackson, EVP Business & Chief Financial Officer, and Dr. Peter Pisters in his role as EVP Clinical Operations, (Interim). (Photos: UHN)

Healthcare is constantly evolving. Technology improves. Research leads to enhanced treatments. The demands of our population and fiscal realities necessitate the development of new and more efficient ways of doing things. This is especially true at a place as big and as complex as UHN.

A key part of this evolution is achieving operational efficiencies through more sophisticated, data-driven management. This is at the heart of our focus at UHN on clinical optimization.

At UHN, we have some extraordinarily efficient operations. This is particularly true when you

We need to take lessons from other industries that are managing complex operations.

consider that in many cases we're still operating the organization using methods that hospitals have used for decades. We're employing tried-and-true approaches such as Excel spreadsheets and pagers. These things have worked very well in the past but going forward, as we strive to become more efficient, we will need to use more real-time, data-driven approaches to manage what we do.

We need to take lessons from other industries that are managing complex operations. As one example, an airline flight operations centre employs sophisticated algorithms that tell them exactly what they should be doing when bad weather forces flight cancellations in one area of the country and they're looking at how best to manage their priorities – such as, inconveniencing the fewest number of passengers, managing their fuel supplies, or minimizing the recovery time of their flight network.

At UHN, the equivalent of such an unexpected event impacting our operations might be a flu outbreak, people experiencing complications after surgery, a surge in Emergency visits or performing a large number of transplants in just a few days. These, and other unscheduled activities, impact operations.

Managing in such environments will be increasingly important going forward. Employing real-time data management, live dashboards, business intelligence tools that enable us to optimize the flow of patients through our complex organization, is the world we need to migrate to at UHN. By managing internal operations in that way, with that degree of precision, we will be able to increase our efficiencies.

This move toward more clinical optimization is intrinsically coupled with the IT Transformation we've launched over the past year under the direction of Dr. David Jaffray, EVP Technology and Innovation. It requires investment in resources – our people and our data management – and also involves more of a movement toward Population Health Management. Michael Nader, recently appointed as our EVP, Clinical Operations, brings experience with operational analytics and business intelligence in working collaboratively across very large, complex and integrated health systems.

The evolution to more Population Health Management will involve a focus on working with people's needs as out-patients. That will mean having staff within our organization directly involved with people outside in community agencies and with

patients in their homes.

One such example could be teams structured around working with people with chronic conditions.

Achieving a greater degree of operational efficiency could open the path for such a group to manage

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patients with heart failure in our Local Health Integration Network by getting online to meet with them, monitor their weight, exercise, diet and medications. It's an approach that could help us keep them healthy and well, but also let them stay at home, rather than come to our Emergency Departments.



Caring Safely: Making UHN even safer for patients, caregivers and each other



A number of teams and individuals are leading the work of Caring Safely, which reports in to Dr. Charlie Chan, EVP Clinical Programs, Quality & Safety, Emma Pavlov, EVP Human Resources, Organizational Development & Michener Operations, and Dr. Peter Pisters, in his role as EVP Clinical Operations (Interim) (Photos: UHN)

Imagine a small puddle of water in a hospital hallway. To some, it's left unnoticed. To others, it's careless and potentially dangerous. To most, it's someone else's concern.

Under UHN's Caring Safely Transformation, launched by President and CEO Dr. Peter Pisters at the 2015 Annual General Meeting, that puddle in the hallway is the responsibility of everyone at UHN who sees it.

Safety has always been a focus at UHN and Caring Safely is designed to heighten awareness and create individual accountability for it. Whether clinical or non-clinical, staff must have an awareness that puts safety first in everything we do, for each other, for

the workplace and, of course, for the patients and their caregivers who we serve.

In the past year, much groundwork has been done on Caring Safely. A Memorandum of Understanding was

signed with SickKids, which had already begun its own safety transformation. There was engagement with others in the Toronto Academic Health Science Network, including neighbours at Sinai Health System and

Women's College, and detailed discussions with leaders from a dozen other hospitals, where much can be learned from their focus on patient safety over the past 15 years.

Safety has always been a focus at UHN and Caring Safely is designed to heighten awareness and create individual accountability for it.

Learning from the experience of others has informed UHN's Caring Safely mandate. There's an understanding that the path to becoming a High Reliability Organization (HRO) committed to zero preventable harm and recognizing we must all anticipate problems and make the assumption that failure will happen, is a long-term journey. So too is continuing to build a just culture free from "shame and blame" when it comes to mistakes. UHN is embarking on a cultural transformation.

Another key is recognizing the importance of including the workplace in any safety transformation. Not only does data show that our industry is on par with logging in terms of staff injury rates, it also makes sense that if you want to eliminate harm to patients then you should also strive to make the workplace safe for all people.

A number of milestones have been marked over the past year. Core safety concepts have been adopted at the UHN senior management and Board levels. A Caring Safely Steering Committee has been created with representation from across UHN, including engaging Patient Partners. Six Hospital Acquired Conditions (HACs) and three priority areas to reduce workplace harm have been identified. Results from last fall's *Speak Up for Safety* survey are now being shared. Safety huddles are happening at all UHN hospitals and a new Caring Safely intranet site has been launched as an important resource for staff.

The year ahead will feature more Caring Safely developments. All of the work that's been done on developing an education curriculum will translate into

the launch of core safety training programs, which UHN staff will complete. Also, Healthcare Performance Improvement, a company which has

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worked with dozens of other hospitals on safety transformation, will complete a detailed assessment capturing current state data that will inform the overall implementation strategy.

Ultimately, it's about creating safer work environments for staff and safer care and service environments for patients, contributing to optimal patient experience and outcomes.



Patient Experience: Being brought into even sharper focus at UHN



The individuals and teams, including members of the Senior Management Team, who lead the Patient Experience initiative, report in to Drs. Charlie Chan, EVP Clinical Programs, Quality & Safety, and Peter Pisters, in his role as EVP Clinical Operations (Interim) (Photos: UHN)

If you or a loved one were in hospital, you would want – and expect – the best care. Not just in terms of medical treatment but in every facet of the experience, from the first decision to pick up the phone or go online to access the facility, to interactions with clinical and support staff throughout the stay.

That end-to-end patient experience is being brought into even sharper focus at UHN.

Building on the foundation of patient-centred care begun more than a decade ago at UHN, hardwiring it into the fabric of the organization has accelerated over the past year. Patient experience has been included among the eight corporate priorities. Many of the resources and services dedicated to it – including, Bioethics, Patient Relations, Interpretation and Translation Services, Patient and Family Education

and Collaborative Academic Practice – have been consolidated under one umbrella, which allows each of these areas to create synergies and learn from each other.

It's vital that UHN continue working with the province to ensure patients receive the right care at the right time and in the right setting.

The UHN Patient Partners Program selects, orients and provides skill-building for our patients and caregivers, which ensures that the patient's voice is at tables throughout the hospital where important decisions are made. Work is underway to create permanent space for an Office of Patient Experience.

Fundamentally, we're a service-based industry. When you look at quality, there are two broad domains – clinical and service. There is no disputing UHN has the clinical quality. But a key part of the initiative to enhance the patient experience is to ensure that service quality offered is at the same high level.

UHN is a very big and busy place – four hospitals, more than one million out-patients and 35,000 in-patients each year. In the face of those numbers, it would be easy to say that we do the best we can. But neither size nor the suggestion that because it's a publicly-funded healthcare system patients should feel fortunate for the treatment they receive, changes the fact that we must bring an even greater focus on the needs of our patients. This requires an incredibly committed and focused workforce, supported by the organization's leadership so that people can do their very best for patients.

Looking beyond, to the people behind those numbers, there's a recognition we can do better. Patient experience is about relationships, how we can learn from each other, listen to each other, offer compassion

Patient experience is about relationships, how we can learn from each other, listen to each other, offer compassion and kindness while creating a sense of community and well-being.

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Part of the work to improve patient experience at UHN is also understanding the directions of the Ontario Ministry of Health and Long-Term Care and the Toronto Central LHIN with respect to the movement towards Population Health Management. It's vital that UHN continue working with the province to ensure patients receive the right care at the right time and in the right setting.

People are at different stages of their healthcare journey when they come through the doors at UHN. Some are sick, they get well and they go home. Others come, receive a life-altering diagnosis, and are back repeatedly as we become woven into the fabric of their lives. But, no matter the trajectory of their health, it's key to understand the honour it is to travel with them through good and bad.



Team Engagement: Better understanding of what successful teams do well; ‘deep dive’ on those with low engagement



The individuals and teams leading the work on Team Engagement, including members of the Senior Management Team, report into Dr. Charlie Chan, EVP Clinical Programs, Quality & Safety, and Emma Pavlov, EVP Human Resources, Organizational Development & Michener Operations. (Photos: UHN)

Everyone wants to have a job they love, one where they enjoy coming in each day, feel valued in the work they do, and are part of a collaborative, respectful and engaged team environment. Across UHN, we are very fortunate to have many staff who say: “I love my work. I love my team.”

The goal is to expand the number of people at UHN who feel that way. One of the key ways we can do that is by better understanding what successful teams are doing well. It’s also very helpful to further examine those areas where we know we can – and must – do things better.

Over the course of the past year, we changed Staff Engagement to Team Engagement. The move was

intentional because we recognize that everyone at UHN is part of a team no matter what they do. And, given that our most valuable assets are our people, our initial focus is on workplace wellness, workplace safety and building capabilities and capacities in key roles in our organization such as our managers.

Over the course of the past year, we changed Staff Engagement to Team Engagement. The move was intentional because we recognize that everyone at UHN is part of a team no matter what they do.

Every couple of years at UHN, we do an Employee Engagement Survey (EES). The units and teams with the highest scores are typically the ones where people value their work and that of others. They watch out for each other. They help one another. They have free and honest and respectful discussions with their manager, who is willing to respond to any concerns and escalate them if that's what's required.

Our Respect & Civility @ Work initiative came from a previous EES, which saw some staff tell us there was a need for a more respectful environment. We've also heard that a key for some employees to be more engaged is having more time with their managers, especially with clinical teams. We're embarking on a process that is re-defining the role of managers and our performance-management system.

A "deep dive" has also been conducted in eight areas of the organization where we have had low engagement scores in the EES to identify barriers to engagement that need to be addressed. This initiative, in addition to looking at areas with high engagement scores is helping with the development of action plans that, utilizing principles of a learning health organization, will share best practices across UHN.

Last summer, a UHN team visited Vanderbilt University in Tennessee to look at its validated and standardized way of managing disrespectful behaviour, particularly among physicians and other clinicians. This July, Dr. Gerald

Hickson, a senior executive at The Vanderbilt Center for Patient and Professional Advocacy, will come to UHN to further discuss the Vanderbilt model so that we can determine its applicability to UHN.

An excellent example of Team Engagement that has emerged over the past year is the daily safety huddle at each of UHN's clinical sites. The huddles bring together senior executives, clinical directors, managers and members from a wide array of clinical and non-clinical teams to review issues impacting hospital operations over the past 24 hours and look ahead to the next 24 hours.

Not surprisingly, Team Engagement is also linked to two other priority areas at UHN – Patient Experience and Caring Safely. Employees who are more engaged at work, are more likely to be focused on enhancing the experience of patients as well as more committed to following their work protocols, including those related to patient and workplace safety.

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IT Transformation: UHN on an exploratory journey of all things digital



The individuals and teams leading the work on IT Transformation report into Dr. David Jaffray, EVP Technology & Innovation. (Photo: UHN)

When we think about the future of UHN, and health care as a whole, most of us can only begin to imagine what's possible. However, we know that digital technology will have a tremendous impact on what this looks and feels like in the future. UHN has identified the need to prepare for its digital future to support its two biggest assets – its people and its data. People are now connected in ways that previously were unimaginable. We need to create the opportunity for a connected ecosystem here at UHN between our clinicians, educators, researchers, patients, patient families and students.

Over the next year, the IT Transformation priority will build the foundation to prepare for this digital world. This initiative is not simply a change to IT but is a profound change to all of UHN.

UHN is currently on an exploratory journey of all things digital. This journey is not about simply adopting digital technologies, but rather changing the way we work in response to the nature of a digital world. In the fall of 2015, an external assessment was completed to benchmark UHN's IT organization against other high-performing, academic health sciences centres. In early 2016, UHN Leadership kicked off the IT Transformation initiative to move forward on core elements of the findings and recommendations from the IT assessment.

Over the next year, the IT Transformation priority will build the foundation to prepare for this digital world. This initiative is not simply a change to IT but is a profound change to all of UHN. This change will require us to make decisions differently, organize ourselves differently and invest differently. Our future will bring together capabilities from across all domains at UHN that continue to foster local innovation and support us building a learning organization. Through this, we will begin to achieve our greater potential.

The approach for the IT Transformation has been set for the next year, with initial focus on learning about the current state of IT across the organization and introducing global perspectives of possibilities. A primary method of discovery is being done through “co-design events.” The co-design events are allowing for hundreds of people from across UHN to contribute to the future digital organization. There has been great success with engagement and learning from across the organization at three events to date: Future IT Architecture, Business Intelligence, and IT Operating Model – several more are planned throughout the year.

The learnings from the co-design events will contribute to the design of: 1) a new IT organization; 2) its decision making processes and; 3) our collective digital priorities over the coming years. At the same time, UHN will continue to move forward on the

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immediate needs of today, such as the Medical Order Entry / Medical Administration Record (MOE/MAR) implementation at Princess Margaret Cancer Centre and introduce advanced technologies such as cloud based communications and productivity tools.

As we undergo changes this year, there will be profound impact to the organization. The transformation will help bring teams together, and allow for new and innovative ways to support clinical, education and research needs, as well as patient needs both in and out of the hospital. This will position UHN for the future digital world that will surround us and will allow for IT to enable the purpose of the hospital.



Research and Innovation: Integral to UHN's mission



The individuals and teams leading the work on Research and Innovation, including members of the Senior Management Team, report in to Drs. David Jaffray, EVP Technology & Innovation, and Chris Paige, EVP Science & Research (Interim). (Photos: UHN)

Each day ideas are sparked that, if given the proper support, can be stoked into a roaring fire with the potential to change the way care is delivered. We have seen this throughout UHN's 200-year history, from the discovery of blood-forming stem cells, to studying and creating electronic skins. Research and innovation are integral to UHN's mission.

Simply looking at the numbers you can see why the research taking place here has a global impact. As Canada's top-funded research hospital, we have more than 1,200 researchers, 1,307 trainees and 2,078 staff generating more than 3,400 papers each year. Growth in research is happening in every part of the organization – from individual labs to teams working across departments and with other partner organizations.

One of many examples of these partnerships is the ongoing creation of a state-of-the-art Good Manufacturing Practice (GMP) cell manufacturing facility—the Centre for Cell and Vector Production (CCVP)—which will be located on the 9th floor of the MaRS Phase 2 Tower. Cell-based therapies provide an enormous opportunity to alter the landscape of incurable diseases; this facility will enable the scalable production for cell therapy and drug development. It will be established and co-operated by the Centre for Commercialization of Regenerative Medicine (CCRM) in partnership with UHN. GE Healthcare and FedDev Ontario recently committed \$40M towards CCRM's efforts in building its centre to accelerate the development and adoption of cell manufacturing technologies.

There are a number of other infrastructure investments taking place this year to support the critical work taking place in our labs. These CFI-funded endeavours are essential to our ability to retain and attract the best scientists in all fields of research. Investments in image-guided resources and expertise are underway, including the CFI-funded research biobank, the Image-guided Discovery Labs (MR/PET, Cyclotron, research labs) at Toronto General and the Slaight Family High Field MR (7 Tesla) Facility in the Krembil Neuroscience Centre at Toronto Western.

Another important milestone this past year was the update of UHN's Coordinated Approval Process for Clinical Research (CAPCR), a web-based application. CAPCR provides a "one-stop shop" for researchers to obtain approvals required to conduct research involving humans. Since its launch, UHN's CAPCR has been introduced as a solution to the TAHSN hospitals, and agreements have been concluded with Sunnybrook Research Institute, Centre for Addiction and Mental Health and Holland Bloorview Kids Rehabilitation Hospital.

For many, the enormous success of the research portfolio is because of the commitment of Dr. Christopher Paige, who has tenaciously pursued the innovation and sciences agenda during his time at

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UHN. Since arriving in his role as Vice-President, and now Executive Vice-President, Research and Science this portfolio has seen steady growth from \$50 million to more than \$356 million in 2014-15. He has zealously represented research and science within UHN, at Queen's Park and on Parliament Hill with his involvement in CAHO and H10.

After many years of success, Dr. Paige has decided to step down and let someone else take the reins as EVP, Research and Science. The process to find an outstanding candidate is currently underway. Whoever that may be, they will have very big shoes to fill.

Research excellence is essential to UHN's role in driving societal impact through discovery, invention and innovation.

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Michener Integration: Coming together makes us both stronger



The teams and individuals working on the Michener Integration initiative report into Dr. Brian Hodges, EVP Education, and Emma Pavlov, EVP Human Resources, Organizational Development & Michener Operations. (Photos: UHN)

The landscape of health care is changing at a rapid pace. With the development of new technologies, therapies and groundbreaking research it has become increasingly important

to ensure our workforce is equipped with the skills for the future. UHN’s merger with the Michener Institute for Education will help to do just that.

Michener has an esteemed history of training students in professions such as radiation therapy, radiology technology, medical laboratory technology and respiratory therapy – to name just a few – which are key to the quality of care UHN. We realized that together UHN and Michener might be able to do an even better job of preparing the future health

This integration is the first of its kind in Canada and we believe it will advance health care education in a way that has not previously been possible.

professional workforce. Bringing together a school of applied health science and a hospital network will allow us to design programs that don’t exist today, while closing the gap between

classroom education and clinical practice. Developing graduates who are practice ready and able to meet the demands of new technology in a rapidly changing environment is a priority not just for UHN but for all hospitals and clinics in Ontario and around the world. UHN’s reputation for excellence in the academic world will help students, while the opportunity to build curricula with Michener is a game changer for health care.

This partnership will also better serve current UHN staff, as Michener has a strong continuing education program. Michener has been very successful leveraging technologies, such as e-learning and simulation that will enable our staff to continue to learn and grow. At a time when UHN is undergoing important initiatives such as our Caring Safely transformation, having a partner that can help us invest in furthering our clinical staff's education is critical.

We are just beginning to scratch the surface of what our new joint impact will be as one organization. One area where we are beginning to see this is with UHN's Joint Department of Medical Imaging (JDMI), which has implemented a peer review process to monitor image quality. We know that the need to repeat scans is inconvenient to patients who may be exposed to additional radiation, and expensive for our system. Working with Michener, this program is now linking to the system of pre-certification training for radiology technologists as well as continuing education for all radiology professionals in practice in a way that we believe will improve image quality and reduce the need for repeat scans.

This integration is the first of its kind in Canada and we believe it will advance health care education in

Bringing together a school of applied health science and a hospital network will allow us to design programs that don't exist today, while closing the gap between classroom education and clinical practice.

a way that has not previously been possible. What has allowed this to be one of the most successful integrations in UHN history is the enthusiasm about this partnership by both Michener and UHN's four hospitals. Developing state-of-the-art programs that bridge the gap between theoretical and clinical education will help us train health care workers that are knowledgeable, engaged and able to continuously upgrade their skills to keep up with demand. This is a win for our students, our staff and, most importantly, our patients and their caregivers.

UHN and Michener are both great institutions with a reputation for quality. Coming together makes us both stronger.

HPV vaccination of adolescent boys may be cost-effective for preventing oropharyngeal cancer



A study led by Dr. Lillian Siu at Princess Margaret Cancer Centre indicates that vaccinating 12-year-old boys against the humanpapilloma virus (HPV) may be a cost-effective

strategy for preventing oropharyngeal squamous cell cancer (OPC), a cancer that starts at the back of the throat and mouth, and involves the tonsils and base of the tongue.

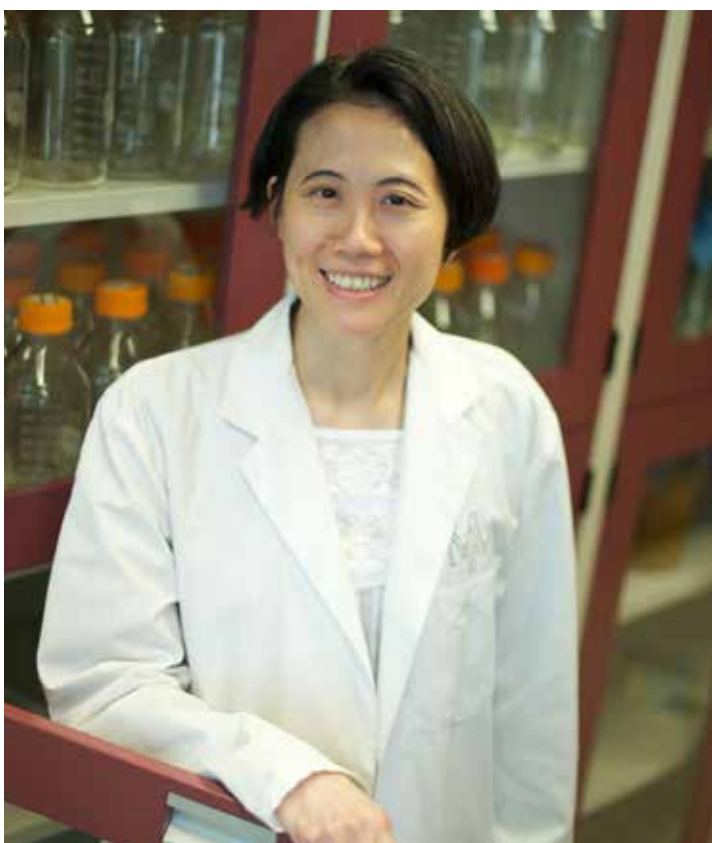
Findings of the study, done in collaboration with researchers from the Canadian Centre for Applied Research in Cancer Control, were published online April 13, 2015 in *CANCER*, a peer-reviewed journal

of the American Cancer Society.

The research team compared the potential costs and effectiveness of vaccinating adolescent boys in Canada against HPV for preventing HPV-related OPC.

When the investigators applied a statistical model to a population of 192,940 Canadian boys who were 12 in 2012, they discovered HPV vaccination could save from \$8 million to \$28 million over the boys' lifetimes.

“We hope that results from this study would raise awareness and lead to further assessment of this important public health issue,” says Dr. Siu, Senior Medical Oncologist at the Princess Margaret and a Professor of Medicine at the University of Toronto.



[Link to full story: click here.](#)

Also Making News

Researchers target the gut in quest to reduce diabetes complications.

Improved discharge summaries enable patient-centred care.

Canadian Sports Concussion Project releases Montador, Forzani brain autopsy results

Dr. Lillian Siu said she hoped the results of the study would “raise awareness and lead to further assessment of this important public health issue.” In April 2016, the Ontario government announced the expansion of the publicly funded HPV vaccine program to include boys as well as girls. (Photo: UHN)

Second Twin Walking after Life Saving Liver Transplant from an Anonymous Living Donor



Just six days after her life-saving liver transplant, still attached to multiple monitoring and medication tubes, three-year-old Binh took a few steps on wobbly legs.

Holding her mother’s hand, her feet in pink slippers, she was able to make it to a weight scale and back to her bed.

“We can do a few little steps,” cooed her mother, “Good job, Binhie Bear.”

A relieved mom, Johanne Wagner, posted on Facebook this week that her daughter had received a life-saving transplant from an anonymous living donor. She is recovering “well” and is expected to make an “excellent” recovery.

SickKids and Toronto General Hospital announced the successful transplant at a news conference April 21, 2015, while being careful not to divulge the date of the surgery nor any other potentially identifying factors.

 [Link to full story: click here.](#)

Also Making News

Operating Room pit crew keeps surgeries on track.

Listen up! Study says music you play while working out impact exercise adherence.

Ottawa Senators owner Eugene Melnyk stable after liver transplant.



Michael Wagner (C), who donated a portion of his liver to daughter, Phuoc, 3, (F) in February, 2015, is all smiles flanked by his wife, Johanne Wagner (L), and Dr. Gary Levy (R), then the Director of Living Donor Liver Program at Toronto General Hospital, UHN, at a news conference. (Photo: UHN)

First lab in Canada to offer amyloid subtyping for patients



UHN's Laboratory Medicine Program is the first lab in Canada to offer amyloidosis subtyping – a test to identify the specific type of amyloid that has been deposited, so that treatment can be tailored to the patient.

Amyloidosis is a group of diseases in which one or more organ systems in the body accumulate deposits of abnormal proteins called amyloids. The patient's symptoms may vary depending on where in the body the amyloid deposits have accumulated, though amyloidosis frequently affects the vital organs: heart, kidneys, liver, spleen, nervous system and gastrointestinal tract.

One form of amyloid can be a life-threatening complication associated with some cancers, most significantly multiple myeloma.

The symptoms associated with this disease are progressive and severe.

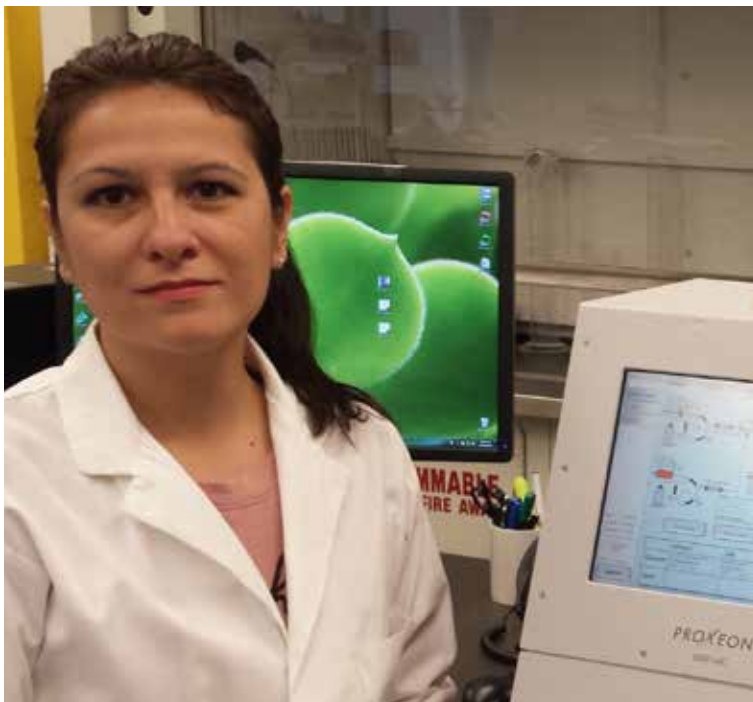
“Management of amyloidosis relies on the treatment of the underlying cause of the disease differs radically for each different type of amyloid,” says Dr. Vathany Kulasingam, Biochemist, Laboratory Medicine Program (LMP). “A clear diagnosis and subtype characterization is essential.”

But Dr. Rohan John, Pathologist, LMP, says when patients initially present with symptoms – such as arrhythmia or vomiting – there could be a multitude of reasons as to why.

“We need to know whether or not the patient has amyloidosis because they are very sick and can't wait for an answer,” Dr. John says. “We recognized this as an opportunity to improve how we deliver care to our patients.

“So, a decision was made to bring the test in house in order to provide faster, better care to our patients.”

 [Link to full story: **click here.**](#)



Dr. Andrea Bozovic and a mass spectrometer used for amyloid testing (Photo: UHN)

Also Making News

Creating a safe space for psychiatric emergencies

Patient regains strength and stability after brain tumour

UHN student triumphs on CBC's Dragons' Den

Dr. Pisters looks ahead with new vision for UHN



It's a provocative and wide-reaching challenge for UHN staff – and the entire Canadian healthcare sector.

UHN President and CEO Dr. Peter Pisters used his first Annual General meeting to call for a national discussion on medical errors and preventable harm of patients with an eye to their elimination.

Dr. Pisters, a native of St. Catharines, Ont. who moved into the top post at UHN in January 2015 after nearly three decades as a surgical oncologist and hospital administrator in the United States, screened

a thought-provoking new video documenting the number of such incidents at hospitals across Canada.

From objects left in patients during surgery, to falls, acquired infections and preventable deaths, the video provided statistics for these medical errors and said UHN is prepared to be a leader by kick-starting conversation on the topic because those under our care deserve nothing less.

“We are famous for what we have done,” Dr. Pisters told the audience at the meeting at the MaRS Auditorium.

“We need to be famous for what we will do.”

[Link to full story: **click here.**](#)



Also Making News

New study sheds light on overlooked treatment for genetically caused emphysema

Multi-Organ Transplant program celebrates 25th anniversary

Funding for molecular testing gets a boost

A thought-provoking video by UHN on medical errors and preventable harm was screened by President and CEO Dr. Peter Pisters at the Annual General Meeting. (Video: UHNToronto YouTube)

The Local Impact Award – UHN is the winner!



At the 2015 UHN Annual General Meeting, the Local Impact Award was given for the first time.

The response to the award from the UHN community was overwhelming – 52 letters of nomination received from across the organization for the work of 44 individuals, teams or projects.

“The idea for the award was Dr. Peter Pisters,” Dr. Michael Baker, Rose Family Chair in Medicine and co-chair of the awards committee, says of the UHN President and CEO. “When he heard about the Global Impact Award, he thought that it would also be fitting

to honour people at UHN who make a difference to our patients and community every day.

“So the Local Impact Award was created with a focus on work that has impacted patient care and the workplace. The response was immediate and the committee chose three winners.”

The three winners were:

The S.C.O.P.E. team; Dr. Sam Sabbah, Assistant Medical Director – Emergency Department; and, Victor Trotman, Senior Director – Labour Relations.

 [Link to full story: **click here.**](#)



Members of the S.C.O.P.E. team received the Local Impact Award – Clinical Team, for their work with patients with high needs; collaboration with Women’s College Hospital and the Community Care Access Centre; and the creation of links with community primary care providers. (Photos: UHN)

Also Making News

A day in the life of the Krembil Neuroscience Centre stroke team

Major milestone marked by Peter Munk Cardiac Centre staffer

Dr. Milos Popovic honoured with UHN Inventor of the Year Award

Kristen's comeback: a return to sport



Skating down the ice with her eyes trained on the puck, Kristen Cameron is a picture of concentration as she and her teammates try to take home a victory for Team P.E.I.

It's one of many photos Kristen has from her hockey days.

Now, paralyzed from the collarbone down with limited mobility in her arms and wrists, Kristen is using her athletic skill to tackle a new sport.

"My life revolved around hockey. I grew up in a hockey family, went to school for hockey and decided to coach for my career," Kristen says.

Kristen was working towards her career goal,

following in the footsteps of her uncle Dave Cameron, head coach of the Ottawa Senators. While studying for a Master's degree at Mercyhurst University in Erie, Pennsylvania, she coached women's hockey and competed in triathlons in her spare time.

One evening on her way home from a bike ride down a road she had just discovered, a drunk driver hit her. The impact broke her neck.

Kristen arrived at Toronto Rehab's Lyndhurst Centre for spinal cord rehabilitation.

"It wasn't until the first six or seven months of being at Lyndhurst that I started to realize this is going to be a more permanent thing," she recalls.

 [Link to full story: **click here.**](#)



After being struck by a drunk driver, Kristen Cameron's life changed forever. The avid hockey player had to pursue a different sport: Wheelchair Rugby. (Video: UHN YouTube)

Also Making News

UHN Global Impact Award goes to Dr. Jenny Heathcote

Revitalizing the blood lab: patient experience makeover

First-of-its-kind app supports pediatric cancer patients

How Transcription Services saved seven feet of paper per month



When Transcription Services clerical staff members Maria Sojor, Doreen Knott, and Adem Hussen began each day at work last fall, they were faced with huge stacks of paper. Rolled up over the course of each month, a wall of paper literally stood between them and a more efficient use of their time.

Clerical staff at UHN’s Health Records and Transcription Services department – such as Maria, Doreen and Adem - along with their colleagues and volunteers, manually sort, process, and mail out Discharge Summaries and other patient reports to primary care providers and referring physicians on a daily basis.

This is a necessary step for reports that have inaccurate or missing recipient contact information

documented in patients’ records. But, as they discovered, it also has the potential to produce a large paper trail.

Committed to improving the completion, quality, and delivery of Discharge Summaries, UHN launched the Quality Improvement Plan (QIP) Discharge Summary project. It’s led to Transcription Services reducing seven feet of paper, or 16,000 reports per month. Spread out over the next year, that’s a minimum of 84 feet of paper saved.

“We no longer have to sort through large amounts of paper reports, only to end up discarding them as the provider recipient was listed as ‘None’ or ‘Unknown,’” says Doreen.

“Optimizing the use of the team’s time has been extremely beneficial,” she says.

 [Link to full story: click here.](#)



Doreen Knott, Adem Hussen, and Maria Sojor from Transcription Services demonstrate the seven feet of paper saved each month. (Photo: UHN)

Also Making News

UHN ready for the many languages of the Games

Program helps breast cancer patients return to daily lives

Older patients benefit from lung transplant as much as younger ones

UHN volunteers at Pan Am & Parapan Am Games



Volunteering at the Pan Am and Parapan Am Games has given UHN staff member Sharon Munawa an opportunity to learn about healthcare around the world.

As a member of the TGH and TWH Nursing Resource Team (Medical/Surgical cluster), Munawa has experience with various medical issues, which inspired her to volunteer as a nurse at the Polyclinic in the Athletes' Village.

"It has been an amazing experience from a healthcare

perspective and a social perspective, meeting so many healthcare professionals and athletes," says Munawa. "It's amazing interacting with different people from so many different countries."

From nursing to administration, the Pan Am and Parapan Am Games have attracted nearly 23,000 volunteers - including Munawa - to ensure an efficient and enjoyable Games.

Many of these volunteers are UHN employees.

 [Link to full story: click here.](#)



Sharon Munawa, a member of UHN's Nursing Resource Team, volunteered as a nurse at the Polyclinic in the Pan Am and Parapan Am Athletes' Village. (Photo: UHN News)

Also Making News

Spiritual Care pilots new approach to treating delirium

Charting the brain's new pain app

New app empowers thalassemia patients to take control of their disease

ConnectingGTA: changing how you access patient information



Dr. Peter Rossos understands the frustrations of being both a patient and a clinician.

“I’ve spent days as a patient waiting to hear from my own physician and, as a clinician, putting together piecemeal information before I can develop a treatment plan for my patients,” says Dr. Rossos, UHN’s Chief Medical Information Officer and a Gastroenterologist at Toronto General Hospital.

“Clinician time should be spent providing care to patients, not playing detective.”

These frustrations are commonplace across all care settings.

Patients in central Ontario visit multiple healthcare

organizations to receive care. Unfortunately, essential information does not always travel with them or is not readily available at the point of care.

When information is available, it may be fragmented, dispersed in paper or across multiple electronic systems. Each electronic system may require a separate username and password to access.

But ConnectingGTA, which launched in August 2015, addresses these challenges. Led by University Health Network and funded by eHealth Ontario and Canada Health Infoway, ConnectingGTA provides seamless and secure access to acute and community care data. This will improve the timeliness of care decisions, reduce duplicate tests and procedures to better support care transition points.

 [Link to full story: click here.](#)



Dr. Peter Rossos, UHN’s Chief Medical Information Officer and a Gastroenterologist at Toronto General Hospital, says ConnectingGTA helps clinicians “make better decisions and facilitates better follow-ups.” (Photo: UHN Visual Services)

Also Making News

Device keeps donor liver healthy outside body until transplant

Stroke survivors living with disability to climb 80 per cent in next 20 years

Bariatric patients click their way to recovery

Heart failure patient turns staff member into Ironman



Charles Cook was 17 years old in the United States Naval Academy when he was diagnosed with a genetic heart condition called hypertrophic cardiomyopathy (HCM), caused by an enlarged heart muscle.

He received a medical discharge and while at university, he came to the conclusion that every new day gives the opportunity to “keep bangin” through the obstacles life throws at you.

That philosophy kept him afloat and inspired others – including at least one UHN caregiver - in the years to come, during which Charles would suffer a stroke,

cardiac arrest, and ultimately heart failure.

In 2005, Charles suffered a massive stroke, keeping him off his feet for over a year. Soon after, a defibrillator implanted in his chest saved his life after cardiac arrest.

“The thing that has gotten me through any of the challenges that I have faced in my life is a strong belief that patience and persistence can overcome just about any obstacle,” Charles explains.

“If an obstacle is placed in front of me I just keep bangin’ until I knock it down and then I move onto the next one - and there is always a next one.”

 [Link to full story: click here.](#)



Mike Walker (left), Exercise Physiologist, Peter Munk Cardiac Centre, met Charles Cook near his home in Kitchener, Ont., one week after Mike successfully participated in an Ironman event. Mike wanted to thank Charles personally for inspiring him to take part in the event. (Photo: PMCC/UHN)

Also Making News

A Brain Test to Detect Dementia

Researchers find abnormal protein shape common in Alzheimer’s

Researchers mimic viral infection in colon cancer stem cells

State-of-the-art imaging allows doctors to navigate inside brain with greater precision



The Joint Department of Medical Imaging (JDMI) officially opened two new procedure rooms at Toronto Western Hospital (TWH), with biplane angiography systems that produce

highly detailed views of the brain.

Using Philips AlluraClarity imaging technology, interventional neuro-radiologists now have the ability to perform a new range of treatments for conditions such as stroke, aneurysms and vascular conditions in the brain.

“We now have specialized equipment that matches the world-leading expertise of our interventional neuro-radiologists,” said Dr. Karl terBrugge, who helped spearhead the project as Head of Neuroradiology at TWH.

“With this new technology we are able to see the brain in greater detail and access spaces that we are not normally able to see, such as tiny blood vessels, and perform treatments with tools that are no thicker than the size of a strand of hair.”

 [Link to full story: click here.](#)

Also Making News

Disease in a dish: turning stem cells into bile duct cells

Microchip assesses donor lungs for transplant

Leading arthritis experts spearhead a go-to guide for osteoarthritis



Delivering state-of-the-art care: UHN doctors and leaders cut the ribbon to mark the opening of two new treatment rooms. (UHN Visual Services)

Spinal arthritis may increase risk of heart attack or stroke



A recent study from UHN experts has shed light on additional health concerns that people with a type of spinal arthritis called ankylosing spondylitis (AS) may face.

The study, “Patients with ankylosing spondylitis have increased cardiovascular and cerebrovascular mortality: a population-based study,” published online in the *Annals of Internal Medicine*, links AS with a 35 per cent higher risk of dying from heart attack and a 60 per cent increased risk of dying from stroke than those without AS.

Drs. Nigil Haroon and Nisha Haroon, a husband and wife team at UHN, designed a population-based study including more than 21,000 AS patients and 86,000 controls without AS to determine the level of mortality risk AS patients face.

“This research provides a bigger picture as to what patients with AS might face living with this disease,” says Dr. Nigil Haroon, lead researcher and specialist in spondyloarthritis.

“The study shows that it is important that patients receive comprehensive screening, preventative care, as well as optimal management of cardiovascular and cerebrovascular disease.”

 [Link to full story: click here.](#)

Also Making News

TIFF and UHN co-star in mental health program

Toronto man ‘blessed with second chance’ thanks to Peter Munk Cardiac Centre

Defying the odds – from paralysis to half-marathon



Dr. Nigil Haroon is co-director of the UHN Spondylitis Program and lead author of a study that identifies additional health risks for patients with ankylosing spondylitis. (Photo: UHN)

Read all about it! *Globe and Mail Magazine* features Peter Munk Cardiac Centre



The Peter Munk Cardiac Centre is accustomed to making news.

Recognized across Canada and globally as one of the world's leading centres in cardiac and vascular care, it

has been the site of many international and Canadian firsts.

This time PMCC is the news, featured as a magazine insert published in thousands of copies of the *Globe and Mail* newspaper and distributed nationally.

The 60-page insert shines a light on Canada's premier cardiac centre with profiles of patients, staff and donors. It also peers into the Programs' six pillars of care and examines how and why PMCC has become a global leader in its field.

The magazine also includes a feature interview with the PMCC's namesake, Peter Munk, to find out his vision for the Centre and how it has and continues to impact his own life.

 [Link to full story: click here.](#)



Peter Munk Cancer Centre was featured in the Globe and Mail Magazine, which was distributed nationally. (Photo: Globe and Mail Magazine)

Also Making News

Dr. Peter Pisters: 'Realizing we had made a significant error.'

Stroke survival better at hospitals with more stroke cases

Alex Dritsas walks after paralyzing hockey injury

A cancer patient's story: inoperable to alive 13 years later



Thirteen years ago, Irene Duy was told her lung tumour was inoperable.

She was then referred to University Health Network's (UHN) Thoracic Surgeon, Dr. Shaf Keshavjee.

Since then, Irene has celebrated the births of all five of her grandchildren, and in 2015, marked her 50th wedding anniversary.

"It was easy to say she's inoperable, because by the textbooks, she had poor lung function and did not fit the standard criteria for lung resection, so she was

deemed inoperable," explains Dr. Keshavjee, also Director of the Toronto Lung Transplant Program and Surgeon-in-Chief at UHN.

"It's the question then of: can you figure out anything special to get this patient through curative surgery for her cancer surgery?"

Irene showed no signs of trouble 13 years ago. She discovered the cancerous tumour on her lung in an annual x-ray with her general practitioner.

"I was quite surprised when I received the diagnosis," explains Irene.

 [Link to full story: click here.](#)



Irene Duy (C), with her husband, children and five grandchildren at their 50th wedding anniversary celebration this year. (Photo: Irene Duy)

Also Making News

Dr. Brian Hodges wins prestigious education award

Stem cell scientists redefine how blood is made

Surgery helps patients with metastatic cancer in the spine

Toronto Rehab named Ontario's Green Hospital of the Year



UHN's Toronto Rehab has been named the 2015 Green Hospital of the Year by the Ontario Hospital Association (OHA).

Toronto Rehab was nominated because of staff success in making the physical environment efficient and sustainable, resulting in impressive annual green and cost savings.

The green accomplishments include:

- Lights converted to LED resulting in an annual savings of 110,632 kWh of electricity
- New paperless volunteer orientation packages and facilities work orders saving 54,000 sheets of paper annually

- Pesticide-free grounds maintenance
- Planting of trees at Lyndhurst to replace those damaged by the 2013 ice storm
- New bike racks installed to support sustainable transportation
- Rooftop patient healing garden produced vegetables used by patients as part of their rehab therapy
- Sixty-two Toronto Rehab staff joined UHN's Green Team

"Toronto Rehab has had a focus on green initiatives for many years," says Susan Jewell, Senior Vice President and Executive Lead, Toronto Rehab.

 [Link to full story: click here.](#)

Also Making News

UHN's Lydia Lee named 2015 Public Sector CIO of the Year
 Refugee sponsorship ripples through UHN
 Renamed Krembil Research Institute heralds 'new era'



Toronto Rehab, UHN receives Green Hospital of the Year award from the OHA. (L to R): Matthew Cannon, Jeanette Despatie, Mark Cammisuli, Joanne Zee, Stewart Dankner, Edward Rubinstein, Lisa Vanlint, Rita Soares, Yinny Chen, Adeline Cohen (Photo: UHN)

Dear Cancer, Part One: Diary of a Five-Time Cancer Survivor



My name is Sabrina Fuoco and I am a five-time cancer survivor. I am 34 and have been battling this grueling illness for 31 years: as a child, teenager and young adult. Over the years, cancer

has taken my health, my hair, my energy, chunks of my body and sometimes even my sanity – but it has also given me a gift – to live life meaningfully and with great urgency. Not knowing whether I have months or years to live has forced me to live life in the moment and enjoy the present.

This is my open letter to cancer.

This is where my story begins.

Dear cancer,

My dad was driving us to a relative's house for dinner when my mom first noticed you – a small bump the size of a walnut on my neck.

It was 1984. I was three.

After a week of taking antibiotics, I went to The Hospital for Sick Children (SickKids) for a biopsy. I was diagnosed with rhabdomyosarcoma, a rare form of cancer most commonly seen in children ages one to five years old.

While most kids my age were playing with puzzles and trying to colour inside the lines, I started chemotherapy in an attempt to shrink my tumour. When this didn't work, I underwent surgery to remove it.

By 1986, following surgery, I had undergone two years of chemotherapy at SickKids and 23 radiation treatments at Princess Margaret Cancer Centre. I was five years old.

 [Link to full story: click here.](#)

Also Making News

Canadian first: UHN opens multidisciplinary clinic on genetic disorder

Woman dreams of driving after revolutionary surgery improves her sight

Making the invisible 'visible': first-of-its-kind medical device shines new light on chronic wounds



Sabrina Fuoco's cancer journey begins at the age of three. Her mother, Marcella Fuoco, noticed a small bump on her neck. (Photo: Sabrina Fuoco)

After 40 years, he's cured of hepatitis C



Having lived with the hepatitis C virus for more than 40 years, Steve Burns of Orillia, Ont. was ready to give up on the thought that he would ever be cured.

In his early 40s, Burns and his brother – who had bought the family business from their father years earlier – decided to apply for partnership insurance to cover any incidentals. After a routine blood test that was a requirement for the application, Burns learned he had “irregularities in his blood” and was referred to the Toronto Western Hospital’s (TWH) Francis Family Liver Clinic.

It was there that he learned he had hepatitis C which had gone undiagnosed since his late teens.

“It was a shock,” Burns recalls. “I felt healthy enough and didn’t have any symptoms, but it just goes to show you don’t always know what’s going on inside your body.”

Burns was diagnosed in the early days of the virus, only a few years after it had been discovered.

“They had only recently started calling it hepatitis C,” he says. “So there was little they could offer me for treatment.”

 [Link to full story: click here.](#)



Steven Burns, second from left, at home with his family. Burns was cured of Hepatitis C after living with the virus for more than 40 years. (Photo: Burns Family)

Also Making News

A look into the past – and future
– at Princess Margaret Cancer
Centre

Triple transplant teen doing well
after rare surgery

New approach to detect
Alzheimer’s disease

Spinal unit marks 60 days without any patient developing a pressure ulcer



It was a moment three-and-a-half years in the making.

The team on 5A at Toronto Western Hospital (TWH) recently celebrated 60 days without any patient

developing a pressure ulcer. It's a first for the team, and for UHN.

And it's particularly impressive given the limited mobility of the spinal injury patients the unit treats. Pressure ulcers occur when the skin breaks down due to prolonged immobility. They are painful and notoriously difficult to heal once they develop, but

completely preventable.

“We work very hard to be preventative and proactive,” Rosemary Ritchie, manager, TWH, says in explaining how her team was able to reach this milestone. “We discuss every patient who comes on to our unit during our daily huddles.

“If they are deemed at risk of developing a pressure ulcer, a fall or a urinary tract infection, we flag them on our risk board and act immediately by involving other members of the team or employing the necessary equipment to prevent harm.”

[Link to full story: click here.](#)

Also Making News

Toronto Rehab researchers help change building codes for stairs

Sharing imaging advancements with broader healthcare community

UHN's Barb Tiano named CBC 'Torontonion of the Year'



The 5A team cares for a patient population particularly susceptible to pressure ulcers. (Photo: UHN)



'UFO' procedure propels cardiac surgeons into new territory



Healthy and active with no history of heart trouble, few could have predicted that Christopher Scott of Scarborough would quickly spiral into a life and death struggle, while becoming a “medical rarity” that pushed cardiac surgeons at the Peter Munk Cardiac Centre (PMCC) to chart new, unfamiliar ground to try and save the 33-year-old’s life. Led by cardiac surgeons, Dr. Mitesh Badiwala and Dr.

Christopher Feindel, Christopher underwent what has been dubbed the “UFO surgery” – underscoring just how rare the more than 10 hour surgical procedure was. “He would have died anywhere else,” says Dr. Badiwala, Cardiac Surgeon, PMCC. “This story is an example of what we are capable of here.” Dr. Feindel, Cardiac Surgeon, PMCC, calls it the “worst case I have seen in my 30-year-career.”

 [Link to full story: click here.](#)



Dr. Mitesh Badiwala, Cardiac Surgeon, Peter Munk Cardiac Centre, helped lead a multi-disciplinary medical team in a complicated “marathon” surgery on Christopher Scott, 33, whose heart was extensively damaged and had to be rebuilt. (Photo: UHN)

Also Making News

Quick screening method identifies promising anti-Ebola drugs

New lifestyle program helps young woman reduce cancer risk

E = Health: UHN’s 2015 Research Report

Canada's first hand transplant performed at UHN



Dr. Steven McCabe was part of the surgical team that performed the world's first hand transplant in 1999 in Louisville, Kentucky.

Fast forward 17 years and Dr. McCabe has made the possibility of hand transplants in Canada a reality, leading a multi-disciplinary team of experts to complete the country's first transplant of the upper limb.

The team at Toronto Western Hospital (TWH) successfully attached the hand and forearm from a donor to a patient who had lost her arm below the elbow in an accident several years ago.

"We are very proud to have successfully performed this forearm and hand transplant procedure," said Dr. McCabe, Director of TWH's Hand and Upper Extremity Transplant Program.

"This is a tremendous accomplishment involving many people across several programs, and we are excited to make this treatment possible and available for patients who would benefit from it."

The procedure lasted approximately 14 hours and involved 18 surgeons of a variety of different surgical disciplines from a number of hospitals.

 [Link to full story: click here.](#)

Also Making News

Prime Minister Justin Trudeau offers funding boost to cell therapy development facility

Shira rings in New Year at home after full-body paralysis

'Why I'm a patient partner': a brain injury survivor's story



Getting to the last few steps of the procedure, surgeons (including Dr. Steven McCabe, second from the left) attach the muscles and plan how to suture the skin. (Photo: UHN)

Toronto General Hospital program trains medical staff from around the world on home dialysis



Medical staff from around the world come to the home dialysis program at Toronto General Hospital (TGH) to learn how to teach dialysis patients in their countries to become more independent and informed about their treatment.

TGH's internationally renowned ExpLoRe Home Dialysis Program is the largest and most unique program of its kind in the world. Throughout the year, it hosts healthcare professionals from countries such as

Thailand, Spain, Brazil and Lebanon.

“The number of end-stage renal disease patients in Thailand has been increasing dramatically over the past 10 years and has become a major public health issue, so improving quality of care in this group of patients is essential,” explains Dr. Nalinee Saiprasertkit, a Clinical Fellow from Thailand, training at ExpLoRe.

“I’m here to learn more about how to implement and grow home dialysis program in my country”

 [Link to full story: click here.](#)



Dr. Nalinee Saiprasertkit, an international fellow from Thailand, pictured here with a hemodialysis machine in TGH's hemodialysis unit. This machine is used by home hemodialysis patients. (Photo: UHN)

Also Making News

Words from the heart to kick off Heart Month

Joint Department of Medical Imaging sponsors Syrian family of seven

Four from UHN awarded new Canada Research Chairs

Mosquito-borne virus getting close to U.S.



A mosquito-borne virus, with a possible link to birth defects, is spreading rapidly across South and Central America, and the Caribbean, with potential to reach the United

States, according to infectious disease specialists at Toronto General and St. Michael's Hospitals.

In Correspondence published in *The Lancet*, Toronto General Hospital Tropical Infectious Disease specialist Dr. Isaac Bogoch, Dr. Kamran Khan, Infectious Disease physician at St. Michael's Hospital, and co-authors map out the spread of the Zika virus, typically found in Africa and Asia-Pacific, across South and Central America, resulting in an epidemic in Brazil. Estimates in Brazil range from 440,000 – 1,300,000 cases.

Soon after the article was published, the U.S. Centers for Disease Control and Prevention advised pregnant women against travelling to Latin America and the Caribbean. This is the first time the department

advised pregnant women not to travel to a specific region during an outbreak.

“The world we live in is very interconnected now,” says, Dr. Bogoch, who is an assistant professor at the University of Toronto. “Things don't happen in isolation anymore.

“Infections from the far corners of the world can quickly reach us here on our doorstep.”

In their paper, the authors map out high-risk international pathways of the Zika virus, along with geographical areas that encourage its spread, through mapping climate, temperature, mosquito populations, and airline flight patterns.

Their mapped data show that more than 60 per cent of the population in Argentina, Italy and the U.S. live in areas that are susceptible to seasonal or summer Zika virus transmission, while Mexico, Columbia and the U.S. have millions of people living in areas that are at risk for year-round transmission.

 [Link to full story: click here.](#)

Also Making News

UHN Bioethics: when patients' requests prompt ethical issues

Canadian Cancer Society honours Dr. Mary Gospodarowicz with prestigious research award

Giving wheelchairs a home keeps patients on their feet



Toronto General Hospital Tropical Infectious Disease specialist Dr. Isaac Bogoch was part of the team that mapped out the spread of the Zika virus. (Photo: UHN)

Making history with landmark integration

Michener
INSTITUTE

The Michener Institute and University Health Network are making history in Canadian healthcare.

Michener officially integrated with UHN in January 2016 to become The Michener Institute of Education at UHN. The first-of-its-kind in Canada partnership is set to transform health professional education by embedding a school within a hospital network.

The move will more deeply integrate teaching into daily

clinical practice and research at the country's biggest teaching hospital and health research facility.

"Paradigms in education are changing rapidly, no moreso than in health professions education," Dr. Brian Hodges, UHN's Executive Vice-President Education, told an event marking the integration.

Highlighting emerging changes to technologies and practices in health care, Dr. Hodges, who now oversees Michener education programs, says that integration is about empowering patients and students as partners.

 [Link to full story: click here.](#)

Also Making News

Making history with a mechanical heart

UHN recognized for green and smart commuting

Toronto Rehab celebrates Canadian-first in spinal cord rehab



Respiratory therapist Felita Kwan, a member of the faculty at The Michener Institute of Education at UHN, explains to her audience, including Dr. Peter Pisters, UHN President and CEO, the use of the "SimBaby" in the Institute's Centre for the Advancement of Simulation Education, or CASE. (Photo: UHN)

Brain surgery at Krembil Neuroscience Centre life changing for U of T student



Ben McVicker was studying Russian in a reading room at the University of Toronto when his seizures returned suddenly after a 10-year absence.

“First, my muscles twitched, then my heart rate jumped, and finally I felt a sharp ringing in my left ear,” Ben, now 31, says of the 2008 tonic-clonic seizure. “I showed another student my MedicAlert bracelet then I collapsed and hit my head on a table.”

“It was surreal. Afterward, I kept asking myself, ‘Did this really happen?’”

Ben was diagnosed with epilepsy at age 6 and experienced tonic-clonic seizures about once a

year throughout his childhood in Nova Scotia.

Tonic-clonic seizures are characterized by a loss of consciousness and wild muscle contractions.

As Ben entered adolescence, medication helped slow the frequency then stop the seizures altogether. At one point, he thought he might be among the 50 per cent of those with epilepsy as children who outgrow the condition as adults.

That first seizure in 10 years was an eye-opener. It resulted in a short hospital stay, an abrupt change in lifestyle and an introduction to the Krembil Neuroscience Centre (KNC) at Toronto Western Hospital.

 [Link to full story: click here.](#)



Ben McVicker, pictured here outside the Kremlin in Moscow, was able to travel to Russia after having brain surgery to treat his epilepsy at the Krembil Neuroscience Centre. The University of Toronto PhD student is studying veterans of the Soviet-Afghan War and was previously unable to travel overseas due to the possibility of seizures. (Photo: Ben McVicker)

Also Making News

Five questions to ask about your medications

Dr. Mansoor Husain named Executive Director to lead first-of-its kind centre

Sweet results: maple syrup research gets worldwide coverage

Jalynn Bennett's family continues her tradition of generosity



The Arthritis Research Foundation was particularly important to Jalynn Bennett, who passed away in 2015, as she had family members affected by arthritis or autoimmune conditions. (Photo: Courtesy Listed Magazine)

Jalynn's daughter, Alex, and her niece, Kara, both have Rheumatoid Arthritis and they initiated a campaign to raise funds to support R.A. research.

"You can imagine how Kara and I are determined to seek solutions to ensure that our children and grandchildren will not have to suffer the pain, depression, isolation and stress that have wreaked havoc on our lives," Alex said.

Building on the success of the "Kara and Alex Fund," Alex's daughter, India, knew what to do when she was assigned a project in Grade 4. With a family affected by R. A., she chose to create a fundraising event for her project – hosting a tea party for friends to learn more about the disease and current research. India's "Hope Campaign" inspires everyone who hears about it.

We cannot thank the Bennett family enough for their support.

The Arthritis Research Foundation lost a good friend in 2015.

Jalynn Bennett was a dynamic business woman, respected by her peers as well as those in the charitable sector who benefitted from her generosity for many years.

"Jalynn's impact on the Arthritis Research Foundation is profound," said her friend, Jim Meekison, ARF advisory board member. "She served on the Board of Directors and was committed to helping us find better treatments, and someday a cure for arthritis and autoimmune diseases."

ARF was especially important to Jalynn as many of her family members are affected by arthritis or autoimmune conditions. In fact, her legacy includes inspiring her daughter, granddaughter and niece to become philanthropists.



Jalynn Bennett's granddaughter, India, (L), and daughter, Alex, have continued her tradition of generosity toward ARF. (Photo: ARF)

Highlight

Giddy up

Day at the Races, which is held annually at Woodbine Racetrack in Toronto, is a well-loved fundraiser which has generated more than \$2 million for arthritis and related autoimmune disease research.

Our world-renowned doctors, sponsors, donors and volunteers look forward to this party every year as it is an elegant yet casual afternoon affair.



Day at the Races has raised more than \$2 million for arthritis and related autoimmune disease research. (Photo: ARF)

A new neuro-oncology centre 'with a touch of honey'



The Centre is led by (L to R) Drs. Gelareh Zadeh, an internationally-recognized brain tumour surgeon-neuroscientist, and Ken Aldape, a world-leading neuropathologist recruited from one of the top cancer centres in the United States. (Photo: The Princess Margaret Cancer Foundation)

Ron MacFeeters lived a long and inspiring life. He died on December 7, 2014, shortly after his 100th birthday.

A life-long resident of Toronto, Ron attended Victoria College at the University of Toronto. He served in the Signal Corps in Ottawa during WWII, and then returned to Toronto to work with his father perfecting a recipe for honey butter, which he manufactured at MacFeeters Creamery on Jarvis Street until 1971 when he sold the business.

Ron always had an interest in medical research, but after his daughter, Sheila, was diagnosed with a brain tumour, he took a much more active interest. Along with Sheila, his daughter, Laura, and his sister-in-law, Elizabeth Hamilton, Ron pledged \$5 million to create the MacFeeters Hamilton Centre for Neuro-Oncology Research at Princess Margaret Cancer Centre. A gift of \$1 million in Ron's will fulfilled this pledge.

World-leading neuropathologist, Dr. Ken Aldape, was recruited from one of the top cancer centres in the United States to lead the new Centre. Dr. Gelareh Zadeh, an internationally recognized brain tumour neurosurgeon-scientist, is co-leading the effort and has established her laboratory at the Centre.

The Centre, which is located in the Princess Margaret Research tower at MaRs, will accelerate our neuro-oncology research with a focus on better methods of molecular classification of brain cancer. It will also examine the fundamental biology of these tumours to gain insights into new therapies.

The Centre is working in collaboration with The Gerry and Nancy Pencer Brain Tumor Centre to translate new findings into practice-changing improvements that benefit patients at the Princess Margaret and around the world.

Highlights

OneWalk, big success

The inaugural OneWalk to Conquer Cancer was held on September 12, 2015. Participants now walk 25 kilometres over one day and fundraise individually or in teams for the cancer that matters most to them – ONE DAY. ALL CANCERS. This year, 4,523 walkers raised more than \$7.5 million.

Celebrating 20 Years in the Princess Margaret Atrium

The 20th anniversary of Music in the Atrium was celebrated on Feb. 17, 2016 – a tradition of weekly lunch time performances in The Princess Margaret atrium by recognized Canadian musicians. Support from The Tauba and Solomon Spiro Family Foundation makes this cherished program possible.



(L to R) Tauba, Solomon and David Spiro help celebrate the 20th anniversary of Music in the Atrium, which was established in 1996 in honour of Tauba Spiro's father, Max Tanenbaum. (Photo: TPMCF)

\$50 million campaign for biomedical discovery

In June 2015, the Foundation announced a \$50 million campaign to accelerate biomedical discovery at Princess Margaret Cancer Centre. This campaign supports the Foundation's five-year Billion Dollar Challenge – now in its final year – which will enable the Centre to lead the way in personalized cancer medicine.

Donors recognized for their unwavering commitment to research



Linda and Robert Krembil greet Her Royal Highness, The Princess Edward, Countess of Wessex, at the official renaming ceremony for the Krembil Research Institute as Kathy Sabo, Senior VP and Executive Lead, Toronto Western Hospital, looks on. (Photo: Toronto General & Western Hospital Foundation)

Last fall ushered in a new era of research at UHN when the former Toronto Western Research Institute was christened with a brand new name – the Krembil Research Institute.

The research arm of Toronto Western Hospital (TWH) was named in recognition of the transformational support of the Krembil family who are among Canada’s leading investors in neuroscience research. Their two-decade-long impact at TWH alone totals \$80 million. The announcement was made by Her Royal Highness, The Princess Edward, Countess of Wessex, who is the hospital’s patron.

“Over the many years we’ve been associated with this fine organization, we have gained a deep appreciation for the research excellence and the scientists who are working to find cures for some of the most debilitating

health issues of our day,” Robert Krembil said in front of a capacity crowd at the unveiling event in November. “We are proud to continue our support of the valuable work that happens here.”

Krembil is aligning its strategic focus with the big health issues of the 21st century – diseases of the brain, spine, bones joints and eyes. Dr. Donald Weaver, Krembil’s Director, notes these diseases are an enormous burden in terms of human suffering and economic impact.

“As our population ages, these diseases will place more and more pressures on patients, their families and our systems,” Dr. Weaver says. “At Krembil, our research will – must – make a difference to this changing landscape. If we’re not here to find a cure, then why the hell are we here?”

Highlights

A heartfelt gift

Inspired by the work of our world-renowned specialists, Joseph Burnett and Colleen Kennedy have contributed an extraordinary \$10 million in support of UHN. Most recent is their \$5 million gift in support of the Technion Institute-UHN International Centre for Cardiovascular Innovation (ICCI). The ICCI is a joint project involving UHN's Peter Munk Cardiac Centre and the McEwen Centre for Regenerative Medicine, in partnership with Technion-Israel Institute of Technology. Together, UHN and Technion are developing and commercializing new treatments to repair damaged hearts.

A visionary couple

Last year, Donald K. Johnson celebrated his 80th birthday. There was a party, toasts and, of course, cake. But the biggest gift wasn't wrapped, and it wasn't even for Don. It was from him. Don, together with his wife, Anna McCowan-Johnson, announced to those gathered that they were donating \$10 million to the Donald K. Johnson Eye Centre to support leading-edge vision science research and advanced clinical treatments. This brings the Johnson's visionary support to \$15 million.

Raise a glass

Of exceptional quality. That's the definition of Grand Cru. And, after 11 years and more than \$21 million raised, this top-notch event is on the calendars of many of Canada's most generous philanthropists. This year was no exception – another stellar wine experience with exceptional cuisine presented by BMO Wealth Management. Together we raised \$3 million net for the McEwen Centre for Regenerative Medicine at UHN. A toast to our guests, hosts, chefs and vintners for their generosity.



(L to R): Dr. Rob Devenyi, Donald K. Johnson, Dr. Graham Trope, Anna McCowan-Johnson and Dr. Allan Slomovic (Photo by Cavouk)

Bickle Centre redevelopment to dramatically improve lives



Artist renderings of the inside and outside of the redeveloped Bickle Centre, which will enhance accessibility, enable the use of new and innovative technologies for patient care and establish a nocturnal dialysis unit. (Photos: Toronto Rehab Foundation)



At Toronto Rehab's Bickle Centre, we embrace the most fragile and complex patients in our community. We put patients and their families first, with the goal of enhancing quality of life, and helping individuals return to their community and return to living their lives.

The Bickle Centre is committed to helping patients from all walks of life make strides in achieving and sustaining wellness, and in managing chronic conditions. Our clinical teams are devoted to the individual needs of the patients and their families and are deeply committed to providing the best possible care.

In 2016, the Bickle Centre embarked on major redevelopment to enhance accessibility, to enable the use of new and innovative technologies for patient care, and to establish a nocturnal dialysis unit - the first of its kind in Ontario in a complex continuing care setting for patients with late-stage renal disease.

Our donor community has stepped forward in a profound way to enable this redevelopment. In early 2016, BMO Financial Group committed \$1M toward the project. This visionary investment will not only help transform the Bickle Centre, it will dramatically improve the lives of countless individuals now and in the future.

"We are very privileged and proud to support the campaign for Toronto Rehab. Our investment in The Bickle Centre, which has always had a stellar reputation for its breakthrough work in rehabilitation and patient care, will allow it to continue helping patients reach their full potential", says Nada Ristich, Director, Corporate Donations, BMO Financial Group.

Highlight

'Where Incredible Happens'

At the launch of our \$100-million Campaign, Chair Dean Connor unveiled that Toronto Rehab is “Where Incredible Happens” and home to the Number One Rehabilitation Research Centre in the World. To propel our leadership in innovation and care, the Campaign offers an incredible opportunity to support our aging population and help transform recovery and care for those affected by traumatic brain injury, spinal cord injury, falls and multiple fractures, heart disease, stroke, diabetes and complex illnesses.



*The banner for the Toronto Rehab Foundation's \$100-million fundraising campaign, which represents the largest and most transformative appeal in the history of TR, hangs from the side of the University Centre site.
(Photo: Toronto Rehab Foundation)*

Financial Highlights

For the year ended March 31, 2016

(in thousands of dollars)

Full audited statements are available at www.uhn.ca

REVENUE	\$
Ontario Ministry of Health and Long-Term Care/ Toronto Central Local Health Integration Network	1,225,430
Other patient services	201,792
Grants and donations for research and other purposes	294,667
Ancillary services and other	323,396
Amortization of deferred capital contributions	60,491
	2,105,776
EXPENSES	
Compensation	1,316,632
Medical, surgical supplies and drugs	278,202
Other supplies and expenses	274,606
Plant operations and equipment maintenance	115,570
Amortization	102,678
Interest on long-term liabilities	15,826
	2,103,514
Excess of revenue over expenses for the year	2,262

ASSETS	\$
Current	
Cash and cash equivalents	146,926
Accounts receivable	205,843
Inventory	16,899
Prepaid expenses	17,772
Long Term	
Loans receivable	2,450
Capital assets, net	1,257,108
Long-term investments	360,526
	2,007,524

LIABILITIES AND NET ASSETS

Current	
Accounts payable and accrued liabilities	409,263
Current portion of long-term liabilities	20,341
Long Term	
Due to MaRS Development Trust	78,059
Deferred research contributions	177,459
Long-term debt	157,046
Employee future benefit liabilities	46,301
Deferred capital contributions	669,090
	1,557,559
Net Assets	
Internally restricted	130,456
Unrestricted	320,118
	450,574
Accumulated remeasurement losses	(609)
	449,965
	2,007,524

Statistical Report 2015/2016

Program Grouping Activity

UHN	Inpatient Separations *	Inpatient Weighted Cases+	CCC RUG Weighted Patient Days **	Day Surgery Cases ~	Day Surgery Weighted Cases ^	Ambulatory Visits *^
Acute	36,510	88,542		31,102	6,648	1,006,629
Rehab	2,158	3,358				
Complex Continuing Care (CCC)	487		74,275			
Rehab and CCC Combined						103,835
Total	39,155	91,900	74,275	31,102	6,648	1,110,464

* Data is based on General Ledger for Acute and Mental Health , NRS for Rehab, and CCCRS for CCC, PHS for Rehab & CCC Ambulatory Visits; + 2015 HIG Grouper RIW for Acute, 2015/16 grouper year for Rehab; ** 2015/16 RUG III CMI Weights; ~ Coding (NACRS); ^ 2015 HIG Grouper 2015 CACS ON RIW; *^excludes radiation fractions.

Site Activity

Site	Beds *	Inpatient Days	Clinic & Day/Night Care Visits	Emergency Visits
TGH	457	161,322	305,960	48,484
TWH	280	105,057	427,834	67,797
Princess Margaret	129	43,761	279,504	
TRI - Bickle Centre	208	67,552	2,675	
TRI - University Centre	161	49,932	39,291	
TRI - Lyndhurst Centre	60	19,072	8,037	
TRI - Rumsey Centre			47,163	
Total	1,295	446,696	1,110,464	116,281

* Beds staffed and in operation.

Trends Report

Research Activity

UHN Research Activity by Program		2015/2016
(in thousands of dollars)		
Arthritis Program		16,495
Joint Department of Medical Imaging		6,309
Krembil Neuroscience Centre		27,718
Laboratory Medicine Program		6,051
Medical and Community Care Program		41,675
Multi-Organ Transplant Program		12,218
Peter Munk Cardiac Centre		17,490
Princess Margaret Cancer Centre		193,358
Surgery & Critical Care Program		37,769
Toronto Rehabilitation Institute		22,542
Total		381,625

Inpatient and Outpatient Activity

(thousands)



Revenue

(\$ millions)



External Research Funding Awarded

(\$ millions)

