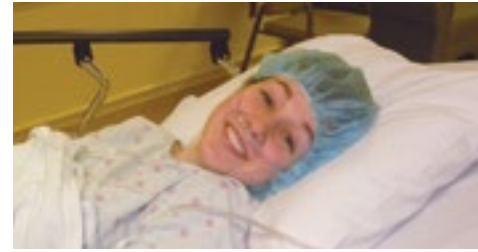




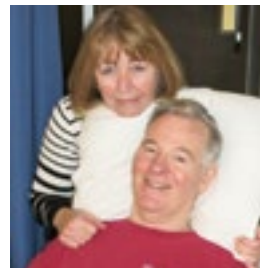
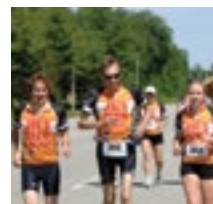
# UHN

Toronto General  
Toronto Western  
Princess Margaret  
Toronto Rehab



# Courage Lives Here

A Year in Review 2012-2013



# Message from the Chair & CEO

## Vision

Achieving Global Impact

## Mission

Exemplary patient care, Research and education

## UHN's Purpose Statement

We are a caring, creative, and accountable academic hospital transforming healthcare for our patients, community, and the world

## Values

Caring

Excellence

Teamwork

Innovation

Integrity

Leadership

Respect



UHN's Dr. Robert Bell, President and CEO, left, and John Mulvihill, Chair of the Board of Trustees. (Photo: UHN)

This past year is one of accomplishment and challenge at University Health Network, and this Year in Review provides a sampling of 2012-2013. We invite you to read this complete report, in which you will find our audited financial statement, photos and videos from the past year, highlights from each program and stories of courage from across the organization.

Courage Lives Here, UHN's new tagline, is the theme of this year's report. Throughout the year, we have asked people to tell us their courageous stories. It is gratifying to read about UHN through the eyes of patients, staff, students, physicians, researchers and volunteers. We make a difference in people's lives and that comes through in many ways.

At UHN, the support and encouragement patients and staff receive can be life-changing — and sometimes an individual's willingness to tell their story reaches far beyond the walls of this hospital.

This past year, we saw Hélène Campbell turn her experience with lung transplantation into a campaign for organ donor registration. We saw news reporter Mark McAllister and UHN patient Whitney Goulstone join forces to raise awareness about epilepsy and its treatment. We also saw anorexia patient Kim Rollins step forward to talk about how a research study using Deep Brain Stimulation has given her new hope.

We are honoured to work with the people of UHN in the service of our patients.

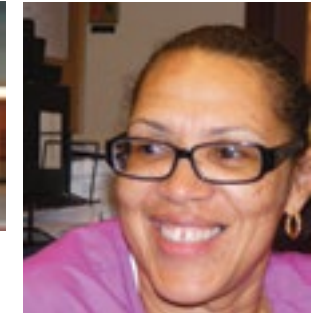
Dr. Robert Bell  
President and CEO  
University Health Network

John Mulvihill  
Chair  
University Health Network

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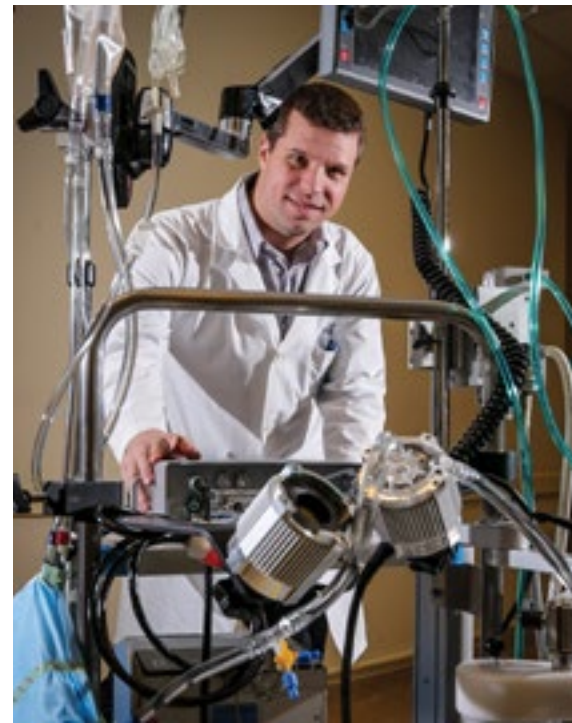


# Programs

UHN's programs and services are among the most advanced in the world. Our physicians, staff, services and resources are grouped in 10 programs to meet the needs of patients. The programs bring together teams of specialized health-care professionals, equipment and facilities in areas of patient care, research and education.



# Courage is... going the distance



A Brazilian nightclub fire left Artur, above with his parents, in critical condition. UHN's Dr. Marcelo Cypel, right, helped save his life with special artificial lung technology. (Photo at left: Juglans Alvarez; Photo at right: David Cooper, Toronto Star)

## UHN lung expert saves lives in Brazil

On January 27, 2013, Dr. Marcelo Cypel turned on the TV and was horrified. A fire had broken out in a nightclub in Brazil — killing hundreds and leaving many others critically injured.

News footage showed those who survived gasping for air outside the club as firefighters fought desperately to get more people out.

“The TV images of young people performing CPR on their friends in front of the club stayed with me,” said the UHN thoracic surgeon and lung specialist.

So much so, he felt he needed to help.

The UHN doctor is trained in the Extra-Corporeal Lung Support (ECLS) Program.



(Graphic: AFP)

He's an expert using the ECLS machine, which performs the lungs' essential function.

He knew his expertise in this area would be of great use to medical teams caring for victims with smoke damage to their lungs.

Phone consultations took place with local medical teams, and the Brazilian Minister of Health asked him to help identify victims who would benefit from the ECLS treatment.

At UHN, the ECLS team, comprised of thoracic surgeons, intensivists, respirologists, perfusionists and nurses, had emergency strategy meetings and promptly developed a plan.

By February 2, Cypel was on a flight to his native land.

### 'It was very shocking'

Within hours, he was in the operating room, working desperately to save the lives of as many victims as he could.

“It was very shocking to see such young people side by side with lung problems, amputations and burns,” said Cypel, noting that when he arrived in Porto Alegre, 50 patients were being treated in five hospital intensive care units.

Within two days, Cypel had assessed the situation and identified patients who could be saved with artificial lung support.

TGH chief perfusionist Cyril Serrick and ICU nurse Lina Karkanawi then joined Cypel in Brazil to assist in training the local health care teams.

(Continued on page 10...)

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### Saving Artur

One of the patients Cypel identified for ECLS treatment was a young man named Artur.

Initially, local medical staff hesitated to perform the treatment on him, since attempts with other patients in the past had not been very successful.

But with Cypel's coaching, assistance and careful post-procedure patient management, the young man's lung function improved dramatically and he survived.

"It was very rewarding to be helping and saving patients that otherwise would have had a dismal chance of survival," Cypel said.

In addition to helping with fire victims, Cypel also lent his expertise to a man with pneumonia who had only been given an hour to live. Thanks to Cypel and ECLS support, the man survived.

### Teaching local teams

While in Brazil, Cypel, Serrick and Karkanawi also took the opportunity to teach local medical teams.

They presented ECLS workshops to doctors, perfusionists and nurses. The Brazilian teams learned how to select appropriate candidates for treatment, realized the need for a specialized "team" and specific practices to use the machine successfully.

The trip opened the door to plans for future multi-disciplinary educational symposiums.

Karkanawi said the experience was both "humbling and amazing".

"I met a wonderful group of dedicated and enthusiastic nurses and doctors. It was a very enriching experience for all," she said, adding, "It was also a very proud moment to be a part of UHN and be able to bring our expertise and technology around the globe."

For Cypel, the experience was not only rewarding, but inspiring.

"You see things in the news, but when you see it firsthand, when you see the families — families so happy that their child has a chance and is still alive — I think we really made a difference for a few patients, but in the future we can make a difference to many," he said.

***"I think we really made a difference for a few patients, but in the future we can make a difference to many."***

*—Dr. Marcelo Cypel*

## Highlights

### GTx-OR

The GTx-OR (for guided therapeutics), a new clinical research operating room, is creating the next frontier for cancer surgery. Improved hi-tech imaging and tracking tools and a multidisciplinary team of specialists, including surgeons and engineers, will advance image-guided minimally invasive surgery. The technologies — a GPS for surgeons — will help navigate inside the body, spare healthy tissue, ensure greater precision, and deliver targeted therapies to patients with fewer side effects.

### Acute Respiratory Distress Syndrome (ARDS)

An international study on Acute Respiratory Distress Syndrome (ARDS), published by the New England Journal of Medicine, showed that the High Frequency Oscillation method of ventilating patients in Intensive Care Units can significantly impact their risk of mortality. Dr. Niall Ferguson found mortality rates higher in patients treated with high-frequency ventilation than patients treated with conventional mechanical ventilation of lungs.

### Peter Munk Cardiac Centre Innovation funds

Using Peter Munk Cardiac Centre Innovation funds, a multidisciplinary (anesthesia, surgery, perfusion and nursing) blood management program was instituted in cardiac surgery that reduced blood transfusions by more than 50 per cent.

# Courage is... keeping hope alive



A body surfing accident left Jake Hamoen, right, paralyzed from the neck down. He's pictured here with his wife, Toni.  
*(Photo: Toni Hamoen)*

## Body surfing accident victim determined to beat the odds

"For better or for worse," were the first words Toni, Jake Hamoen's wife of 24 years, said to him when he awoke from major spinal surgery in a Miami hospital.

It was May 2012, and the couple from the Hamilton, Ont. area, had been on a beach in Barbados, where Jake and his friend were body surfing.

As Hamoen, a 66-year-old mechanical engineer, approached a wave, it picked him up and drove him head first into the ocean floor.

Immediately, Hamoen was airlifted to the hospital in Miami. He had fractured his spinal column in his neck, which was compressing his spine.

He was put on a ventilator and told he would never breathe independently again — and that he was paralyzed from the neck down.

But Hamoen was determined to prove the diagnosis wrong.

"I made it my mission to breathe again," he said.

And he did — shortly after arriving back in Hamilton, Hamoen was taken off the ventilator.

### Hope and faith

After time in hospital and rehab, health-care workers still said Hamoen had complete quadriplegia. But he maintained hope and faith that this too could be defied.

After meeting with Dr. Cathy Craven, a physiatrist at Toronto Rehab's Spinal Cord Rehabilitation Program, it was determined Hamoen needed to stabilize medically before enrolling in the rehab program.

In October 2012, he was admitted to E.W. Bickle Centre for Complex Continuing Care.

"My wound is right down to the bone and could have killed me. The specialized care at Bickle has helped heal my wound," Hamoen said, noting his care team has also focused on stabilizing his blood pressure — no easy task given his condition.

### Integrated team

Thanks to Toronto Rehab's integration with UHN, Hamoen also sees a registered respiratory therapist



Toni and Jake Hamoen pictured here before Jake's life-changing accident. *(Photo: Toni Hamoen)*

(RRT) who is based out of Toronto Western Hospital. The on-site expertise means he doesn't have to travel elsewhere for respiratory therapy.

"Our RRT has worked with Jake on breathing exercises and has trained the nursing staff how to set up his ventilator," said Jon Dela Cruz, RN, 4 South, Bickle Centre.

The time and effort put forth by his care team is paying off.

*(Continued on page 14...)*

**"Not every facility would do this."**

—Jake Hamoen

(...continued from page 13)

### Defying the odds

In February 2013, Hamoen did what doctors never believed he would be able to do: he began moving his thumb, fingers, triceps and biceps. Incredibly, with great effort and concentration, Hamoen can also now move both legs.

“The fact that many months post-injury Jake has flickers of movement suggests he could potentially improve his functional abilities,” said Craven.

“When it’s time, Lyndhurst can help Jake improve his upper body function where possible,” she continued.

At Lyndhurst, Hamoen will learn to use assistive technology to enhance his mobility and independence. He’ll learn to use the phone and computer, and get help to move back home.

Craven, Bickle and Lyndhurst teams remain in contact about Hamoen’s progress and timelines for transfer.

For now, he continues to make strides.

“Bickle is a God send,” Hamoen said, noting that the Bickle care team worked hard to evolve his care, ensuring it matched his goals and challenged his abilities.

“Not every facility would do this,” he said.

Staff members aren’t the only ones making an impression.

“I’ve never cared for a patient with such optimism,” said Dela Cruz. “I feel like his goals are my goals.”

And those goals are exactly where Hamoen will stay focused.

“I’ve surpassed all expectations,” he said. “And I plan to keep doing so.”

**“I’ve surpassed all expectations.”**

–Jake Hamoen

## Highlights

### Integration savings

Integration savings have been reinvested into rehabilitation to enhance patient care and increase capacity:

- Added three new high-intensity Stroke Rehab beds
- Neuro Rehab and MSK Rehab Programs added extra rehab for patients by moving to a seven-day rehab schedule to increase patient admissions annually
- Hired the first-ever Clinical Nurse Specialist in the Geriatric Rehab Program to help care for the growing medical complexities of patients and to decrease transfer back to acute care

- Toronto Rehab and Peter Munk Cardiac Centre’s Cardiac Rehab programs have been integrated by establishing one management team, while maintaining two locations
- The MSK Rehab Program was moved from Hillcrest Centre to University Centre marking the completion of the University Centre Redevelopment Project
- Implemented Lean to redesign in our spinal cord rehab and acute programs resulting in better and more efficient patient flow and patient care

### VIDEO: Keeping people upright



Janet Raymond learned to walk again thanks to Toronto Rehab research that’s helping patients with balance control and fall prevention. (Video: UHN)

### RELATED

**VIDEO:** Healing the heart at home

**VIDEO:** Helping hospitals with hand hygiene



# Courage is... never giving up



Hélène Campbell heads into surgery for a double-lung transplant. (Photo: Alan Campbell)

## Hélène Campbell praises ‘team effort’

When 20-year-old Hélène Campbell arrived at Toronto General Hospital in January 2012, she didn’t know if she would reach her 21st birthday.

Her condition, called idiopathic pulmonary fibrosis (more common to people in their 50s), had progressed so much that she was placed on a lung transplant waiting list.

The bubbly, petite brunette had severe difficulty breathing. The simplest everyday activity — like bending over to put on her shoes— was a monumental task.

### Compassionate team

But even with the challenges she faced, Hélène was quick to notice the incredible help she received from each employee who crossed her path.

“From the moment I arrived at TGH, I realized that my care was a team effort,” she said. “Everyone from the transplant coordinator to the guy who cleaned my room in the ICU — everyone was caring, committed to his or her particular job and compassionate.”

Hélène’s first three months focused on preparing for her transplant — both mentally and physically.

“They tell you everything you need to know. My transplant coordinator has been with me from day one and is still coordinating my follow-up appointments,” Hélène said.

While on the transplant waiting list, as the young woman’s health deteriorated, she worked with a dietician, palliative care professionals and a number of lab technicians who did blood work and other tests.

It was all part of her “training” — to build enough strength to survive the operation and her recovery.

Hélène developed a trusting relationship with the same two physiotherapists who worked with her three times a week. They noticed changes in her health, pointed out her progress and gave her encouragement.

(Continued on page 18...)



Hélène Campbell with her mom, Manon Campbell. (Photo: Alan Campbell)

## VIDEO: Hélène Campbell dances with Ellen DeGeneres



Hear Hélène Campbell chat about her double-lung transplant with talk show host Ellen DeGeneres on May 25, 2012. The surgery took place in early April of that year. (Video: *The Ellen DeGeneres Show*)

## Multi-Organ Transplant

(...continued from page 17)

### Life-saving transplant

Then, in the spring of 2012, H el ene heard the incredible news that donor lungs had become available.

In early April, just before her 21st birthday, Dr. Tom Waddell and an 11-person surgical team performed the high-risk double lung transplant that saved her life.

"I feel amazing, I feel so good, it's unbelievable," H el ene told *The Ellen DeGeneres Show* on Skype seven weeks after the transplant.

"Every day after the surgery, I felt stronger. Like, I was slowly able to tie my shoes again, then make my bed, and then I took a standing shower for the first time without the oxygen in a full three years — that was amazing," she continued. "I can laugh again, I can dance, it's unbelievable how amazing this has been."

While in the ICU, H el ene said she also continued to be amazed by the patience and care of nursing staff.

"I was an intubated, anxious and sometimes hallucinating patient," she said. "But the nurses were remarkable and extremely compassionate."

**"Every member of the team works hard to make you feel better."**

—H el ene Campbell

### VIDEO: Give2Live



Give2Live raises money for the Transplant Patient & Family Support Fund at Toronto General Hospital. (Video: Toronto General & Western Hospital Foundation)



H el ene Campbell wasn't sure she would see her 21st birthday. Here she celebrates that very birthday with a Booster Juice smoothie. (Photo: Alan Campbell)

### Birthday boost

On H el ene's 21st birthday — the day she hadn't even been sure she would see — nurses helped make the day even more special.

When she could not drink due to a trach she'd received the day before, to celebrate, her nurse brought her a Booster Juice smoothie to swish around in her mouth.

"Every member of the team works hard to make you feel better," she said.

As an ever-present member of her support team, Manon, H el ene's mother, a nurse herself, took particular notice of her daughter's exemplary care.

"The nurses' role in communicating what they had

observed to the physicians was huge. I sensed that the team members really valued each other's knowledge and showed great communication in caring for my daughter," Manon said.

"Every day, six or seven people, including those in training, did rounds. Although they often talked out of earshot, I know the discussions were great teaching moments and opportunities for planning care," she continued.

For H el ene, grateful for the donor whose lungs she received and everyone involved in her transplant procedure, it's all meant a new chance at life.

"I've gained the ability to live again, it's such a miracle," she said.

(Continued on page 20...)



Members of H el ene Campbell's care team at Toronto General Hospital were key to her successful transplant journey. (Photo: Bruce Deachman, Ottawa Citizen)

## Multi-Organ Transplant

(...continued from page 19)



Above, Hélène Campbell with members of her care team.  
(Photo: Bruce Deachman, Ottawa Citizen)

### Highlights

#### Transplant

The living donor transplant program at Toronto General Hospital performed close to 90 living donor kidney transplants and more than 50 living donor liver transplants. The liver transplant program at Toronto General, the largest in North America, performs more live liver transplants than all other programs in Canada combined.

#### Highest immune risk

UHN's desensitization program, to offer transplant opportunities to the highest immune risk patients, is the longest running and largest renal desensitization program in Canada. In 2012, we successfully desensitized 14 kidney transplant recipients.

#### Outreach Initiative

In partnership with Trillium Gift of Life Network, SickKids and St. Michael's Hospital, the High School Outreach Initiative increased awareness of the need for organ and tissue donation. Since 2011, more than 12,000 GTA high school students have participated in presentations. As a result, 82 per cent of students said they were likely or very likely to register at [beadonor.ca](http://beadonor.ca), compared to 24 per cent before the presentations.

### VIDEO: Tribute to living organ donors



These are the stories of UHN's living donors — those who donate a portion of their liver or a kidney — to save or enhance a life. (Video: UHN)



A post-transplant Hélène Campbell shows off a special dance at Toronto General Hospital. From left to right: Dr. Gary Levy, Dr. Shaf Keshavjee, Hélène, her mom, Manon, and dad, Alan.  
(Photo: UHN)

# Courage is... asking tough questions



Annette Cyr, diagnosed with melanoma in 2001, reviews her medical documents. Meeting with her pathologist gave her more understanding about her disease path and treatment options. (Photo: UHN)

## Patient-pathologist connection at heart of diagnostic process

Annette Cyr is a take-charge type of person.

That's why, when diagnosed with melanoma in 2001, Annette wanted to know everything about her condition and treatment plan.

The 51-year-old resident of Oakville, Ont., had many questions and wanted to connect with everyone involved in her care.

"I knew that a pathology report had been issued about my tumour and my oncologist was using this report to make decisions about my treatment plan," said Cyr. "But, I wanted to meet and talk to the person that issued this report."

So, Cyr met with Dr. Danny Ghazarian, a dermatopathologist in UHN's Laboratory Medicine Program (LMP).

### Gaining control

It's Ghazarian's job to view the biopsies of patients with skin cancer and give a diagnosis. The diagnosis, called a "pathology report," is sent to the treating physician and the patient.

Many patients are unaware of the value in meeting with their pathologist to learn more about their diagnosis.

"Some patients don't want to know about their disease," said Cyr. "I really needed to know some of the answers. I felt if I had some of the information, I'd feel more in control of my disease path and treatment options."

### 'Patients are real people'

"As a pathologist, I make myself available to the patient if they have questions," said Ghazarian. "As pathologists, we have a responsibility to offer advice and education about our reports. It makes the patient's life much easier."

"Our patients are not a glass slide with some tissue on it," Ghazarian continued. "Our patients are real people."

Dr. Sylvia Asa, Medical Director of the Laboratory Medicine Program, encourages the patient-pathologist connection.



Dr. Danny Ghazarian is a dermatopathologist. He views biopsies of patients with skin cancer and gives diagnoses. (Photo: UHN)

"We've come from a laboratory in the basement with clinicians who were hiding behind the scenes and were not known by their patients to a subspecialty program where we are implementing molecular diagnostics to drive personalized medicine," she said.

"Pathology is the heart of the diagnostic process," she added. "Patients have questions and our pathologists are always happy to provide answers."

## Highlights

### Enhancing care:

LMP is an innovative leader in digital telepathology, automatic barcode tracking of specimens, integrated and synoptic reporting, Endoscopic Ultrasound (EUS)/Fine Needle Aspiration (FNA) biopsies, biobanking, molecular diagnostics and other cutting edge laboratory technologies.

UHN's laboratory program generates value through partnerships with other large laboratories, including Lakeridge Health, Sunnybrook Health Sciences Centre and CAMH, to develop and support new and innovative approaches in lab medicine.

### Equitable access to care:

As leaders in laboratory medicine, UHN works with health care centres like Weeneebayko Area Health Authority, near James Bay, the Timmins and District Hospital and its partners in the NE Cluster, Haldimand War Memorial Hospital and the Sault Area Hospital. Patients at these health care centres deserve to have access to the best laboratory medicine available.

# Courage is... empowering others



Thanks to the efforts of Dr. Barry Rosen, right, Dr. Elkanah Omenge, left, will be one of the first gynecologists in Kenya to be trained in a gynecologic oncology subspecialty. (Photo: Dr. Barry Rosen)

## Princess Margaret doctors help fight cancer in Kenya

When Dr. Barry Rosen visited a Kenyan hospital in 2008 he was astounded.

“It was shocking. I’ve never seen so many cases of advanced cervical cancer affecting young women. These women are in their 30s and 40s with young children at home,” he said.

The head of the Familial Breast and Ovarian Cancer Clinic at Princess Margaret Cancer Centre had travelled to Kenya with his wife, Beth, and their kids, to celebrate 25 years of marriage.

But his visit to the hospital had a lasting impact.

“I was so impressed with the resiliency of the doctors, women, children and people working in the centre — but what they lacked were resources,” Rosen said, noting that Kenya’s population of 44 million has access to only one radiation machine, compared to Ontario’s roughly 100 machines for 10 million people.

He knew his experience in Kenya couldn’t end. He wanted to make a difference.



In its first year, the cervix cancer screening program in Kenya saw 150 women. This year, over 14,000 women may be screened. Above, Dr. Barry Rosen performs surgery as part of the program. (Photo: Dr. Barry Rosen)

### Fellowship training program

So, ever since, Rosen has been helping Kenyan physicians develop a fellowship training program to prevent and treat gynecologic cancers in Western Kenya.

In September 2012, Rosen and physicians from Princess Margaret, including Drs. Subrata Banerjee, Michael Milosevic and Marjan Rouzbahman, dedicated their own time to the cause.

For six weeks, they trained two Kenyan doctors in the areas of palliative care, radiation oncology and pathology.

The training is part of the first subspecialty fellowship training program in Gynecological Oncology at Moi University School of Medicine and Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya, in partnership with the University of Toronto’s Department of Obstetrics and Gynecology.

### Doctors to be first

The two Kenyan doctors, Dr. Elkanah Omenge and Dr. Peter Itsura, will be the first gynecologists in their country to be trained in a gynecologic oncology subspecialty.

“The level of care and procedures we have to offer at home are so limited compared to Princess Margaret,” said Omenge. “It’s so frustrating to know what you should be doing, but not having the skills or resources to do it.”

Since Rosen’s visit in 2008, in collaboration with the University of Toronto, AMPATH and Moi University, Omenge, Itsura and Rosen have helped implement a cervix cancer screening program in Kenya.

(Continued on page 26...)



Dr. Barry Rosen speaks with the nurses in Western Kenya. (Photo: Dr. Barry Rosen)

**“It was shocking. I’ve never seen so many cases of advanced cervical cancer affecting young women.”**

—Dr. Barry Rosen

In June 2012, the Princess Margaret Hospital officially changed its name to the Princess Margaret Cancer Centre.

(...continued from page 25)

### 150 to 14,000

In its first year, the cervix cancer screening program saw 150 women. By the second year, 1,000 women were screened. This year, Omenge, who leads the program, anticipates over 14,000 women will be screened.

“After the success of the cervix screening program, we asked ourselves: what next?” said Omenge. “You need legitimacy in your training — how do I tell my peers I’m

qualified in this area? This fellowship training program is the sustainability piece to what we’ve started.”

The Gynecologic Oncology fellowship training program will help close the gap in care between high-and low-resource countries, and implement a sustainable program to prevent and treat gynecologic cancers in Western Kenya.

One of the program goals is to have specialized Kenyan physicians manage the entire program themselves.

**“After the success of the cervix screening program, we asked ourselves: what next?”**

–Dr. Elkanah Omenge

## Highlights

### Robot

In December 2012, Princess Margaret became the first cancer centre in Canada to use a robot to produce chemotherapy doses for ambulatory and inpatients. On Dec. 4, the Chemo Daycare Pharmacy prepared its first chemotherapy dose using RIVA (Robotic IV Automation). RIVA improves medication safety for cancer patients, occupational health and pharmacy staff.

### Intermediate-risk prostate cancer

A team of radiation oncologists led by Dr. Michael Milosevic discovered that low oxygen levels in tumours can be used to predict cancer recurrence in men with intermediate-risk prostate cancer, even before they receive radiation therapy. This could change the way prostate cancer is treated — ensuring patients receive the right treatment from the outset.

### COMPACT

On Nov. 16, 2012, the COMPACT (Community Oncology Molecular Profiling in Advanced Cancers Trial) clinic, a first in Ontario, opened its doors to provide patients with molecular profiling on tumour samples. Molecular profiling can provide insight that helps oncologists decide on personalized cancer treatments.

## VIDEO: Genetic risks in breast cancer



UHN's Dr. Mathieu Lupien and a team of researchers show why genetic risks promote breast cancer. (Video: UHN)

## RELATED

**Cancer researchers show why genetic risks promote breast cancer**

**Oxygen in tumours predicts prostate cancer recurrence**

**Cancer scientists link 'oncometabolite' to onset of acute myeloid leukemia**

# Courage is... rising to the challenge



From left to right, emergency care staff Kathy Bates, Patient Care Coordinator, along with RNs Licia Simoes and Chai Shi Yee. (Photo: UHN)

## Emergency staff come together to battle the flu

Nurse manager Jill Smirnis remembers the surge of patients clearly.

They came in by cab and ambulance, lying on stretchers and in wheelchairs — coughing and sneezing, vomiting and suffering from diarrhea.

Flu season had hit.

“Families and patients were spilling out into the hallways, and patients were filling up every single bed in Emergency,” Smirnis recalled. “Often it was standing room only.”

Smirnis works in the Toronto Western Hospital Emergency Department. She and fellow Emergency staff members at TWH and Toronto General Hospital were on the front lines of this year’s flu and stomach infection season gone wild.

### ‘Like the Don Valley Parkway’

“It was like the Don Valley Parkway at 4 p.m. on a Friday, with four lanes reduced to one,” said Kathy Bates, Emergency Patient Care Co-ordinator at the Toronto Western. “It was a pressure cooker, with constant monitoring to make sure that every patient remained stable.”

During this time at TWH alone, staff saw an increased number of patients — up to 184 a day — compared to around 160 patients a day during non-flu season. At one point, three patients were intubated simultaneously with mechanical breathing machines, waiting for ICU admissions.

Adding to the workload were the extra precautions that need to be taken during flu season. Staff are required to thoroughly examine anyone who comes through the door with flu-like symptoms.



Nursing student Devora Byer, left, and nurse practitioner Cathy Beaudreau, right, of Toronto General Hospital’s Emergency Department. (Photo: UHN)

### Extra isolation rooms

It can often mean creating extra isolation rooms with posted signs, leaving carts with supplies outside the room, and ensuring that everyone going in takes extra precautions such as donning gowns, gloves, masks and goggles.

All this, on top of what Emergency sees in a typical 12-hour shift in the winter: patients with heart attacks, those with end-stage diseases who are dying, patients who have slept out in the cold and need to be wrapped in a “bear hugger” or warming blanket, those with broken or fractured limbs, some who have ingested too much alcohol or drugs, and those who are suffering from the flu and have nowhere to go since physicians’ offices are closed over the holidays.

(Continued on page 30...)



Nurses at Toronto General Hospital and Toronto Western Hospital were at the front lines of the flu season this year. (Photo: UHN)

**“Families and patients were spilling out into the hallways, and patients were filling up every single bed in Emergency.”**

–Jill Smirnis

(...continued from page 29)

**Coming together**

But Emergency staff, most of whom worked many hours without breaks throughout the exceptionally busy season, came together, keeping an eye out for each other and each other’s patients.

“Are you ok? What can I do for you?” or “Extra hands here!” rang back and forth throughout the department.

One patient care assistant decorated the department with a holiday motif, boxes for the food bank were put out, and potluck suppers were organized to get into the holiday spirit.

“We don’t have set hours. And we never close our doors, no matter how many patients we have,” said Bates. “You really have to love the chaos, the challenge, the unknown.”



Staff Nurse Joy Nabaretti, RN, left, and Kathy Bates, RN, Patient Care Coordinator, in the resuscitation room, Toronto Western Hospital Emergency Department. (Photo: UHN)

**Highlights**

**Dalglish Family Hearts & Minds Clinic:**

Opened world’s first comprehensive, interdisciplinary clinic devoted to adults with 22q11.2 Deletion Syndrome, a genetic condition linked to more than 40 conditions.

**S.C.O.P.E. (Seamless Care Optimizing the Patient Experience):**

A pilot project called S.C.O.P.E. was created between Toronto Western Hospital, UHN, the Toronto Central Community Access Centre and Women’s College Hospital. It provides support and timely access to primary care physicians for patients who frequently visit emergency departments for chronic health-care needs, but who could be cared for in the community.

**My KidneyCare Centre**

The electronic system My KidneyCare Centre was established for patients to track their symptoms and questions for review by a clinic physician.

Patients are given a print-out summary and take-away information after their clinic visit. The kiosk is available in English, Chinese and Italian, and the system is planned to be expanded to other technologies such as smartphones or home computers.

**Global health emergency physicians**

The only Centre of Excellence for Canada comprised of global health emergency physicians dedicated to improving health in resource-poor settings was established.

Projects range from developing an emergency medicine residency training program in Ethiopia, to improving the care of critically ill children in Malawi and supporting three grassroots projects in Lesotho.



# Courage is... accepting change



Before suffering a paralyzing mid-air collision, Carolyn Piro, left was a trapeze aerialist. At right, post-accident, Piro has managed to live an independent life. (Photo at left: Carolyn Piro; photo at right: UHN)

## Former trapeze aerialist lives new life after accident

Carolyn Piro recently completed a successful internship at a fashion magazine. Working as an online editor for *Chatelaine* is a proud accomplishment for the 34-year-old, who has long held a passion for writing.

It's a stark contrast, however, to a life once spent swinging and dangling from ropes, swings and various circus contraptions.

Piro is a former trapeze aerialist whose life drastically changed. A devastating spinal cord accident left the Toronto resident a quadriplegic.

Her story is one of incredible strength — and a remarkable journey to cope with adversity.



Carolyn Piro works at her computer using voice recognition software and an optical head mouse. (Photo: UHN)

### Mid-air collision

In September 2005, Piro was working as both a waitress and circus performer. She specialized in aerial rope and bungee trapeze, while also training on the flying trapeze for an upcoming tour with the company Cirque Sublime.

It was during a practice session with her troupe that Piro's life changed forever. While executing a trick on the trapeze called a layout, she collided mid-air with her catcher. Piro was thrown through the air and landed on her neck on the safety netting below.

"When I landed, I knew immediately that something was wrong," she said. "There was an audible snap in my neck and I saw a flash of bright light. I remember telling my colleagues that it was all over, that my life was over."

### Immediacy counts

Rushed to Toronto Western Hospital, Dr. Michael Fehlings was the neurosurgeon on-call who performed emergency surgery on Piro's spinal cord.

At the time, Dr. Fehlings was leading the Acute Spinal Cord Injury Study (STASCIS). The clinical trial aimed to show that people who suffer a spinal cord injury have improved outcomes if they receive surgery within the first 24 hours of their accident.

Piro became part of this study — and is living proof that more immediate surgery in cases like hers makes a difference.

Although her spinal cord was completely severed, leaving her paralyzed from the shoulders down, the decompression surgery prevented her from being dependent on a ventilator for the rest of her life.

It also allowed her to retain some mobility in her shoulders — giving her the ability to operate a wheelchair through shoulder and head movements.

After two months in intensive care at Toronto Western, she spent eight months at Toronto Rehabilitation Institute's Lyndhurst Centre.

### Independent life

At Lyndhurst, nurses specializing in spinal cord injury taught Piro how to live with paralysis, giving her confidence and knowledge to live an independent life.

It was a key component to her recovery since Piro refused to believe she couldn't live on her own.

"The nurses at Lyndhurst really showed me that autonomy is still possible," she said.

This perseverance, combined with computer technology and Ontario's Direct Funding program, are what has enabled Piro to reshape her life and regain her autonomy.

(Continued on page 34...)

**"The nurses at Lyndhurst really showed me  
that autonomy is still possible."**

—Carolyn Piro

(...continued from page 33)

Government assistance allows her to hire and train her own attendants. It means the management of her care is back in her hands.

Voice recognition software and an optical head mouse — powered by a small box on the top of her computer screen that tracks a reflective dot on the bridge of her glasses — helped Pioro discover her talent for writing.

It even inspired her to pursue a certificate in Magazine and Web Publishing from Ryerson University — a program she completed in the spring of 2012.

It's what led to her six-month internship as online editor for *Chatelaine*.

Each of these small things have been instrumental in giving Pioro the chance to recover and live her own life.

"I'm grateful for being able to take back my independence," she said. "It has been a tough journey, but it's the little things like closeness with my family, which has only deepened over the years, and the support from a true circle of friends that have helped to make things easier."

## Highlights

### Deep Brain Stimulation to treat Anorexia Nervosa

In a world first, Dr. Andres Lozano and a team of researchers announced that Deep Brain Stimulation (DBS) in patients with chronic, severe and treatment-resistant Anorexia Nervosa helps some patients achieve and maintain improvements in body weight, mood, and anxiety. The research potentially provides an additional therapy option for patients of chronic anorexia, and also furthers practitioners' understanding of this illness.

### Saving patients hospital visits

Dr. Hans Katzberg conducted the first Canadian study on home-based intravenous immunoglobulin (IVIG) treatment for chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), an auto-immune disorder that causes swelling and inflammation of nerves. The study determined it is safe and feasible to administer IVIG for maintenance therapy in these patients outside of a hospital setting without compromising quality of care. The next step is to determine how this program can work on a larger scale.

### Expansion of limbal stem cell transplant program

Since starting the first comprehensive limbal stem cell transplant service in Ontario in 2010, Dr. Allan Slomovic has seen the program expand. The limbal stem cell surgeons have performed five limbal stem cell transplant procedures and 20 artificial corneal transplants to date. He hopes to also establish a laboratory with the capabilities to grow stem cells from donated tissue.

**"I'm grateful for being able to take back my independence."**

—Carolyn Pioro

## VIDEO: Anorexia patient has groundbreaking surgery



Kim Rollins suffered from anorexia for most of her life, but recently, Deep Brain Stimulation, a procedure involving brain surgery, helped her overcome the disorder. (Video: UHN)

## RELATED:

## VIDEO: Blind man gains vision after limbal stem cell transplant surgery

# Courage is... making a difference



Carole Leduc-Atri comforts a patient in Uganda. While there, she provided ultrasound training to local clinicians and performed quality diagnostic scans. (Photo: Carole Leduc-Atri)

## Ultrasound in Uganda: Helping those in need

When Carole Leduc-Atri was planning her trip to Uganda in 2011, she had no philanthropic intentions.

In fact, the only reason the UHN ultrasound technologist was visiting Africa was to accompany her daughter, Sima.

Little did she know the trip would be one of the most eye-opening journeys she'd ever been on.

### Daughter's idea

It began when 20-year-old Sima was embarking on a project funded by the Canadian International Development Agency. Hoping to keep her mom busy during the trip, Sima had emailed local hospitals on Leduc-Atri's behalf, explaining that her mother was an ultrasound technologist wanting to spend some time in Ugandan hospitals.

Soon, Leduc-Atri began receiving emails from excited Ugandan clinicians — and at first she thought it was a mistake.

But after realizing her daughter's behind-the-scenes efforts, Leduc-Atri's genuine concern for others took over — and she agreed to go and help.

"I had always wondered whether there was anything I could do abroad as an ultrasound technologist, but never known how to find the opportunities," she said.

### UHN support

With lots of support and encouragement from her colleagues at UHN, including a donated portable ultrasound unit, Leduc-Atri made her way to Uganda.

Upon arrival, her skills and expertise were quickly put to use.

She provided critical ultrasound training to the local clinicians, performed quality diagnostic scans and comforted patients.

Leduc-Atri also traveled to remote villages ravaged by AIDS and war — often providing the first diagnostic evaluations the villagers ever received.

"I found the poverty and sickness I witnessed emotionally draining," she said. "But I also felt prepared due to the expertise I had learned at TGH, and the incredible support I received from colleagues back home."



Carole Leduc-Atri lends her expertise to local sonographers in Uganda. (Photo: Carole Leduc-Atri)

### Inspiring experience

Leduc-Atri came back to Canada invigorated and encouraged to make even more of a difference.

She's embarked on numerous campaigns to spread awareness to her colleagues, health care professionals and others about how simple it is to help those with so little.

"I realize that my efforts were just a small drop in the bucket, but I truly believe that every drop makes a difference," she said.

(Continued on page 38...)

***"I felt prepared due to the expertise I had learned at TGH."***  
—Carole Leduc-Atri

### Highlights

#### JDMI

The Joint Department of Medical Imaging (JDMI) is the first medical imaging department in North America and the fifth worldwide to use the procedure MR-Guided HIFU.

Performed by radiologist Dr. Sangeet Ghai, with co-clinical research lead Dr. Walter Kucharczyk, this non-invasive procedure uses magnetic resonance imaging (MRI) and high-intensity focused ultrasound (HIFU) to target and destroy tumours confined to an area of the prostate gland. While focused ultrasound is not new, pairing it with MR guidance provides real-time feedback that ensures precision.

[Click here for full story: The courage to go first](#)

#### Carestream DR X-ray unit and upgarded Toshiba 320 CT

The installation of the new Carestream DR X-ray unit and upgraded Toshiba 320 CT unit in Toronto General Hospital's Emergency Department offers emergency staff access to advanced diagnostic equipment without having to move patients to other areas of the hospital.

#### Medal of Bravery

Dr. Kenneth Sniderman, Interventional Radiologist, JDMI, has been awarded the Medal of Bravery by His Excellency, The Governor General of Canada. Dr. Sniderman received this award for his heroic actions while on vacation. When a speedboat crashed and left a man trapped inside it, Dr. Sniderman helped rescue the man and revive him.

[Click here for full story: Life saver](#)

#### Cardio-Thoracic Imaging

Dr. Narinder Paul, Head of Cardio-Thoracic Imaging, JDMI, is leading an effort to modify X-ray systems and provide more accessible and effective technology for diagnosing thoracic disease in the developing world, with much lower costs. This has the potential to diminish the need for the more expensive and less available computed tomography (CT) technology.

***"I realize that my efforts were just a small drop in the bucket, but I truly believe that every drop makes a difference."***

*–Carole Leduc-Atri*

#### **VIDEO:** X-ray technology and lung disease detection



Hear Dr. Narinder Paul discuss the impact of improved X-ray technology in developing countries. (Video: UHN)

# Courage is... keeping faith



Before heart surgery, Ravindran Jesuthasan said he was afraid to go anywhere alone for 'fear of fainting, or worse'. (Photo: UHN)



Leaders from Toronto General & Western Hospital Foundation, Peter Munk Cardiac Centre and GoodLife Fitness (from left to right): Linda Goldsack, Barry Rubin, Sherry Grace, Bob Bell, David Patchell-Evans, Caroline Chessex and Tennys Hanson. (Photo: UHN)

"I was afraid," Ravindran said. "I was scared of going anywhere alone for fear of fainting, or worse."

The Scarborough, Ont., resident spent six months feeling tired and dizzy. After seeing a number of physicians, he was ultimately sent to the Peter Munk Cardiac Centre.

Being referred to a heart specialist was worrying.

"He was disheartened by this news because it meant he was quite sick," Mary Noyala said.

### Discovering FREEDOM

"Having both diabetes and coronary artery disease is complicated for patients and for their physicians," said Dr. Michael Farkouh, Chair of the Peter Munk Centre of Excellence in Multinational Clinical Trials. "Until FREEDOM, nobody knew the best way to treat these patients."

Dr. Farkouh is referring to the FREEDOM trial that was published in The England Journal of Medicine in November 2012.

In this large international study, Dr. Farkouh and colleagues showed that bypass surgery is the preferred treatment for patients with diabetes and more than one arterial blockage.

Ravindran didn't have one blockage, he had four.

"I'd never had surgery like this and I was scared," he said, noting that despite his fears, his care team was confident.

"Dr. Vivek Rao told me that since I have diabetes, bypass surgery was absolutely the best option for me. He and my family gave me the courage to face this surgery," he said. (Continued on page 42...)

**"I'd never had surgery like this and I was scared."**

–Ravindran Jesuthasan

## Family man thankful for FREEDOM

When Ravindran Jesuthasan first heard the news, he told his wife, "I don't think that I'm going to live long."

Ravindran's heart specialist told the 54-year-old he had heart disease.

If he had surgery, he told his wife, "I may not come back."

Ravindran is among the 1.3 million Canadians with a buildup of arterial plaque that blocks blood flow. It's especially common for patients with diabetes, which Ravindran was diagnosed with in 2009.

"I couldn't sleep," Ravindran said. "When I'd lie down my legs and arms would ache."

### Couldn't walk to church

While Ravindran's pain was one issue, loss of independence was another.

He could suddenly no longer attend church with his wife, Mary Noyala Jesuthasan, and their two children, Robinson and Emil. That's because, since the family doesn't have a car, the pain and fatigue were simply too much for him to make the walk.

(...continued from page 41)

**Lucky man**

After a successful surgery in March 2013, Dr. Rao told Ravindran he was a lucky man.

Starting to feel better, Ravindran was able to return to his Scarborough home — where he’s lived with his family since emigrating from Sri Lanka in 1998.

One month later, Ravindran’s dizziness had disappeared and his confidence was returning.

Although he’s still recovering, he thinks he’ll be able to go to church again soon.

That return is something the entire Jesuthasan family is looking forward to.

“When he is able to come back, we’ll be very happy to be together again,” said Mary Noyala. “It will be a delightful thing to go as a family. That [return to normalcy] will give us all happiness and peace of mind.”

**Highlights**

**Dragon’s Den-style**

In its inaugural year, the Peter Munk Cardiac Centre’s “**Dragon’s Den-style**” Innovation Committee funded eight innovative treatments from its \$2-million yearly Innovation Fund. The goal is to prove efficacy of promising patient-centred treatments for the eventual adaptation across the health care system.

**The South Pole**

Cardiologists Heather Ross and Diego Delgado journeyed to the bottom of the earth (the South Pole) in January to raise awareness for heart failure research, cardiac transplantation and heart health. Dr. Ross wants to motivate people to live their life to the fullest and “**At any age, any stage — test your limits**”.

**GoodLife Fitness**

A \$5-million donation by GoodLife Fitness will improve access to cardiovascular rehabilitation for Canadians with heart disease.

**The GoodLife Fitness Centre of Excellence in Cardiovascular Rehabilitation Medicine** marks the beginning of an innovative and first-of-its-kind private/public collaboration between GoodLife Fitness and UHN’s Cardiovascular Prevention and Rehabilitation Program.

**“Until FREEDOM, nobody knew the best way to treat these patients.”**

–Dr. Michael Farkouh

**VIDEO: Dr. Heather Ross and her near-death experience**



UHN’s Dr. Heather Ross created the “Test Your Limits” fundraising/awareness campaign — and nearly died on the journey. Find out how the experience brought her even closer to her patients. (Video: UHN)

# Courage is... listening and leading



Patient Suheyyla Padil, 65, is comforted by nurse manager Olga Muir, left, and in-charge nurse Donna Robinson, right. Padil had her knees replaced two days earlier. (Photo: UHN)

## An extra dose of DLC: Donna's loving care

Donna Robinson has a sixth sense about nursing.

In Toronto Western Hospital's orthopedic/rheumatology unit, part of the Arthritis Program, Robinson anticipates what patients need.

Be it a change in IV or an extra dose of DLC (Donna's loving care), she's a leading example in how to take the extra step in patient care.

"I like to have a positive impact on people who don't expect a positive experience," she said. "I'm open to their needs. I think of patients as my brother, sister, mother or dad."

### Radar-like ability

A veteran of 20 years on nights, Robinson is now the evening in-charge nurse in the unit.

Throughout the night shift, she demonstrates a radar-like ability to detect anyone who needs help, and walks over promptly to pitch in.

"Donna's courage to lead the team and ensure excellence in patient care is remarkable," said Olga Muir, nurse manager of the unit.

Muir described a time when Robinson noticed a patient being sent to rehab whose dressing was not secure.

"Donna quietly but firmly informed a much more senior nurse of the inappropriateness of sending the patient off in that manner," Muir said, adding, "Donna is a role model to her peers."

Indeed, Robinson's co-workers say she has taught them to listen to patients and families without interrupting them, to always scan a patient's surroundings for tell-tale signs of his or her condition— such as the colour or amount of urine in the drainage bag — and to initiate a patient connection.

She's a firm believer that a cheery hello, eye contact and  
(Continued on page 46...)



Donna Robinson inspires her team with compassion, positive energy and humour. (Photo: UHN)

***"I like to have a positive impact on people who don't expect a positive experience...I think of patients as my brother, sister, mother or dad."***

*—Donna Robinson*

(...continued from page 45)

### Valuable expertise

Millicent Jones, a nurse who has worked with Robinson for 10 years, recalled a time when she benefitted from her expertise.

Jones had had a patient whose husband rang the call bell often. But since Jones had been tending to a patient who was bleeding after surgery, she could not respond immediately. The husband was not satisfied with how quickly Jones answered the call.

That's when Robinson and another nurse stepped in to help the patient. Afterwards, Jones went to the patient's room apologizing for not having been able to come right away. With Robinson's support, she acknowledged the husband's frustrations and listened to his concerns.

When he finished, still frowning, she thought of how scared he must have been for his wife, not knowing if she would live.

She assured him his wife would always receive proper care, explaining that even if she herself could not come right away — that nurses and physicians work as a team to help with every patient.

The husband nodded his head and smiled for the first time in days.

"I learned how to be patient and listen from Donna," Jones said. "Sometimes it is the simple things that work best."



Donna Robinson, left, is a key source of support for staff nurses Carlo Santiago and Millie Jones. (Photo: UHN)

## Highlights

### Visionary Research Program

An innovative research program in biological and clinical arthritis research has been created. The program envisions a future in which genetic profiles can help determine the likelihood of a person developing arthritis, and in which we can keep our own joints for the duration of our lives.

### Spinal assessment

Led by orthopedic surgeon Dr. Raja Rampersaud, the Ontario pilot, Inter-Professional Spine Assessment and Education Clinics (ISAEC), builds on best practices to help patients with spine and lower back pain.

Specially trained Advanced Practice Clinicians provide patients with timely assessment, education and tailored treatment plans that emphasize self-management strategies or, in more serious cases, a referral to a surgeon.

### Regenerative medicine

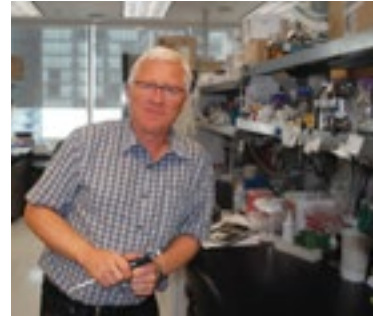
New research partnerships have been established with the McEwen Centre and the STARR facility for regenerative medicine initiatives in cartilage regeneration.

Toronto Western Hospital's team has been one of the first to grow human cartilage in a laboratory using stem cells.

### Saving patients hospital visits

Dr. Hans Katzberg conducted the first Canadian study on home-based intravenous immunoglobulin (IVIG) treatment for chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), an autoimmune disorder that causes swelling and inflammation of nerves. The study determined it is safe and feasible to administer IVIG for maintenance therapy in these patients outside of a hospital setting without compromising quality of care. The next step is to determine how this program can work on a larger scale.





# **Corporate Support, Research & Education**

UHN has a strong history and culture of taking on the most difficult challenges faced by our health care system. This ambition is possible in part by strong corporate support services. Our human resource team brings top programs that build leaders, foster workplace positivity and ensure staff are inspired to achieve our goals. UHN's focus on local accountability also ensures we have the funding, space and advanced technology needed to care for our patients. We are also home to some of the world's best and brightest researchers and are educational leaders in all health care professions.

# Courage is... overcoming weakness



Dr. Carol-anne Moulton says some surgeons may not speak up about a mistake because they worry about their reputation or appearing uncertain. Her courage to speak up about the issue is making an impact. (Photo: UHN)

## Surgical mistakes: Doctor creates 'slowing down' phenomenon

What does it mean to have courage in Education? For UHN's Dr. Carol-anne Moulton, "courage" means asking difficult questions. Challenging assumptions. Speaking up when others may not have had the courage to do the same.

Moulton is a hepatobiliary surgeon and scientist at the Wilson Centre for Research in Education.

Her research has focused on surgical judgement. She's looked at the reasons why surgeons — experts in particular — "get into trouble" in the operating room.

"The more we do something, the more automatic and routine it becomes... But occasionally you might find you've done something stupid because you've kind of drifted into that kind of automatic mode and are not paying attention," she said.

## 'Courage' means asking difficult questions

### Reputation, time pressures

Moulton says surgeons may not speak up about a mistake because they're worried about their reputation or about appearing uncertain. Others are conflicted by time pressures, teaching expectations, fatigue and other competing priorities.

Her courage to draw attention to the important issue is making an impact.

"It's the ability to know when you're in trouble and to slow down at the right time," she said.

Moulton's efforts have focused on identifying crucial points of surgical procedures, flagging them to surgeons as key "slowing down" moments, and pushing to have the "slowing down" phenomenon become part of educational curriculum.

By pioneering a new field of educational research, she's creating better teachers, better learners and better patient care.

(Continued on page 52...)

### VIDEO: Studying surgical mistakes



Dr. Carol-anne Moulton knows mistakes happen in the operating room. Her research on surgical judgement is helping to educate surgeons and future surgeons on how mistakes can be avoided. (Video: UHN)

***“It’s the ability to know when you’re in trouble  
and to slow down at the right time.”***

*–Dr. Carol-ann Moulton*



Dr. Carol-ann Moulton, second from left, performs laparoscopic surgery. (Photo: UHN)



From left to right, Dr. Allan Okrainec, general surgeon, Dr. Carol-ann Moulton and Dr. Alice Wei, staff. (Photo: UHN)

## Highlights

### Education portfolio

The Education portfolio advances the practice of lifelong teaching and learning to enable the success of tomorrow’s health-care professionals. This expanding portfolio now includes Patient and Family Education, eLearning, Libraries, Health Professions, Nursing and the newly amalgamated Conference and Educational Technology Services (CETS).

### Education facility

UHN annually engages with almost 5,000 learners through partnerships with over 90 learning institutions worldwide. With growing student numbers, UHN will be developing a new state-of-the-art education facility at Toronto Western Hospital.

### Education relations

Building on its relationships with the Wilson Centre for Research in Education and the Centre for Interprofessional Education, Education achieves global impact through novel and collaborative approaches to teaching and learning. The portfolio also pushes global boundaries in Education through its partnership with Kuwait and its Cancer Control Centre, as well as in telesimulation training, continuing education and e-Learning.

# Courage is... embracing change



Dr. Allan Okrainec, left, and Sandra Robinson, RN and manager of UHN's Bariatric program, hold iPads that support an app which is used as a documentation tool for clinicians. (Photo: UHN)

## Technology transforms, improves patient care

In a world full of technological advancements, gadgets and smartphones, UHN's Dr. Allan Okrainec knows the advantage of technology goes far beyond video games and instant messaging.

It has a valuable place in the medical field.

"Pen to paper is a thing of the past," he said.

The bariatric surgeon leads a team at the Toronto Western Hospital's Bariatric Clinic.

It's a place where technology is not only transforming the patient experience, but the way clinicians work.

"Incorporating mobile technology in our work can help create efficiencies so we can spend more time with our patients or potentially treat more patients," said Okrainec. "For the patient, it means waiting less for the care they need."

***"This initiative marks a major milestone in documenting patient care at the bedside using mobile technology."***

*–Dr. Allan Okrainec*

### Milestone project

To highlight the potential of technological advancements in patient care, UHN launched the Bariatric Surgery Advanced Clinical Documentation (ACD) project.

"This initiative marks a major milestone in documenting patient care at the bedside using mobile technology," said Okrainec. "But what's truly exciting about this initiative is that we developed the program here at the hospital, from the ground up."

The project involved a multidisciplinary team including nurses, social workers and SIMS' (Shared Information Management Services) project managers and developers.

### 'Real magic'

Using the iPad, together, they created a synoptic documentation tool for clinicians. The project leverages mobile technology to help clinicians and surgeons

streamline their workflow, reduce error and improve efficiencies so they can, ultimately, deliver better patient care.

"The real magic of bringing this type of technology into the process of care is to make it work for the care providers — not making care providers work for the technology," said Michael Caesar, Director of Information Management.

"Having the right information at the right time throughout the entire continuum of care is essential, and the combination of this device and application has allowed the technology to take second stage," he continued. "The focus remains on the patient and delivering the best possible outcomes."

*(Continued on page 56...)*

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### Setting a standard

As a result of the project, clinicians can input and access an extensive amount of patient data from one tool such as the iPad, instead of having to refer to a number of separate charts, for example.

Now, clinicians and surgeons have a better look into patients' needs and medical histories, which translates into providing individualized and holistic care to patients before and after surgery.

In fact, as part of the bariatric patients' journey, they are required to follow up with their clinicians over a five-year period. With this new tool, not only will clinicians be able to access patients' medical histories, but they will soon be able to track and trend each patient's recovery.

"We're transforming the way we capture data, and it will be exciting to see how this will help improve patient outcomes and enhance research," said Okrainec. "There's no doubt that all the work our team put into this will become a backbone for other programs at UHN."

## Highlights

### ConnectingGTA Program

The ConnectingGTA Program is delivering a regional electronic health record for approximately 50 per cent of Ontario's population. ConnectingGTA, funded by eHealth Ontario and Canada Health Infoway, will provide new electronic tools for clinicians to access their patient's health-care information from other care providers, including hospitals, primary care, home care and community agencies. This seamless and secure system will improve the timeliness of care decisions, reduce the need for duplicate tests and procedures and improve the patient experience.

### The Barcode Patient Identification Band

The Barcode Patient Identification Band helps technologies like the blood glucometers to identify the right patient to the right products. It will also set the foundation for future UHN initiatives to help improve patient safety and directly link results to the electronic patient record — improving accuracy, speed and availability of data to health-care providers.

### CLiP

UHN's Clinical Portal (CLiP) helps Infection Control Practitioners (ICPs) reduce their time to review patient information by providing electronic information in a consolidated place. CLiP has already reduced practitioners' time up to 46 per cent.

***"There's no doubt that all the work our team put into this will become a backbone for other programs at UHN."***

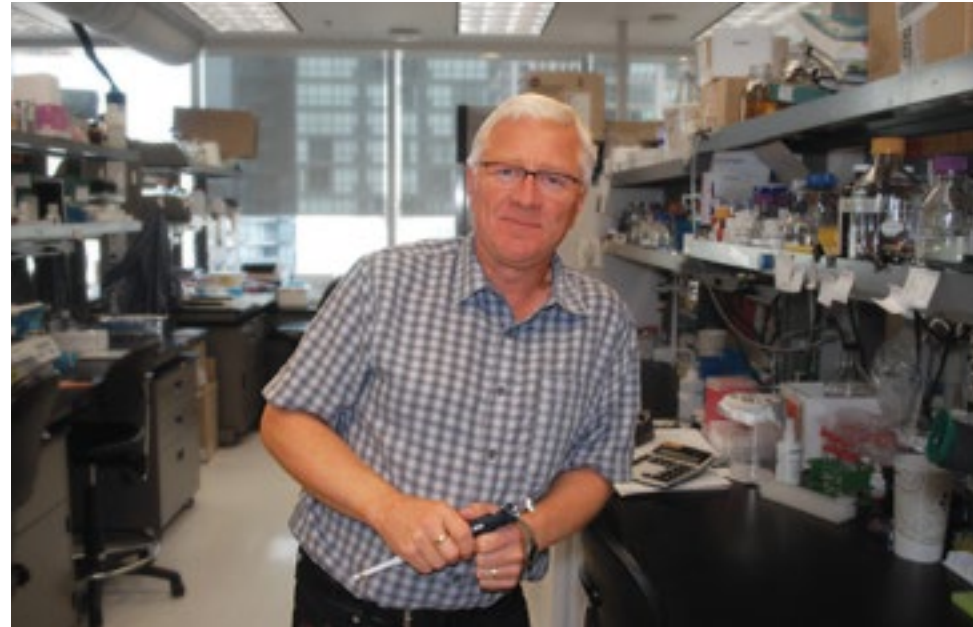
*–Dr. Allan Okrainec*

### **VIDEO:** Technology advances patient care



Mobile technology, such as the iPad, combined with innovative applications, can improve care and enhance the patient's experience. Bariatric surgeon Dr. Allan Okrainec shows how to use this cutting-edge solution to capture patient information and more. (Video: UHN)

# Courage is... driving change



A study by UHN researcher Dr. John Dick has shown that to improve outcomes of chemotherapy treatment, research should focus on the biological properties of cells. (Photo: UHN)

## Researcher expands knowledge in cancer treatment

Challenging the status quo takes courage. At UHN, clinicians and researchers do this every day.

Whether pushing the limits in medicine, seeking new ways to understand biomedical mysteries or driving new directions in knowledge generation and scientific study — researchers and clinicians are constantly driving change and improvement.

For example, a study published in *Science*, which was led by UHN Researcher and Ontario Cancer Institute Senior Scientist Dr. John Dick, has uncovered new evidence that genetic mutations, regarded by many as a major driver in cancer growth, are only one piece of the cancer puzzle.

### Tracking tumours

Biological factors and cell behaviour were also found to drive tumour growth, contributing to treatment failure and relapse.

By tracking individual cancer tumour cells, Dick and his team found that only a small subset of cells contributed to cancer growth.

Specifically, some cells kept the cancer growing for long time periods while other cells lay dormant before being activated.

### New focus for the future

When chemotherapy was applied, it was observed that the dormant cells were not eliminated by drug treatment but were instead activated, causing the tumour to grow again.

These cancer cells that survived therapy were genetically similar to the cancer cells initially responsible for tumour growth and responsive to treatment, suggesting that cellular factors not linked to genetic mutation can be responsible for therapy failure.

“This is a paradigm shift that shows research needs to focus on the biological properties of cells,” Dick explained. “Targeting the biology and growth properties of cancer cells could expand the repertoire of usable therapeutic agents and provide better outcomes for patients.”



Dr. John Dick's research is helping to solve the cancer puzzle. (Photo: UHN)

## Highlights

### Bipolar patients

Cognitive deficits are common in adults with bipolar disorder and although drugs can help control mood, they do not treat these deficits. Toronto General Research Institute scientists have found that using an insulin nasal spray improved cognitive functioning in bipolar patients.

### Techna Institute

Techna scientists developed an in-home blood pressure monitoring system that sends self-care messages to the patient's smartphone. The telemonitoring and automated self-care support helped diabetic patients control their blood pressure and reduce their cardiovascular risk.

### Sleep apnea

A new wearable facemask designed by Toronto Rehab scientists can monitor sleep apnea at home as an alternative method for diagnosis. It records breathing and airflow and is analyzed after the memory card is mailed to a clinic.

### Ontario Cancer Institute

A new type of organic, non-toxic and biodegradable nanoparticle has been developed by OCI researchers. Known as a porphysome, this minute sphere can be tracked by medical imaging and can deliver drugs directly to tumours.

## Human Resources

### Human Resources at UHN

Human Resources develops and continuously improves systems and programs that differentiate UHN and enable us to attract, engage, develop and retain talented people to achieve UHN's vision and strategic priorities.

Our vision is to create a place where people can achieve remarkable results. We focus on building a workplace culture that is honest, respectful, caring and inclusive for every member of the community. We encourage the health, wellness and career aspirations of our people while celebrating innovation and courage.

### Highlights

#### Emerging Leaders Program

Designed to help identify, develop and profile employees aspiring to leadership roles, this emerging program has provided opportunities for 50 employees to develop leadership skills and test their interest in taking on a greater leadership role within the hospital. The program included a combination of formal learning sessions, networking opportunities with senior leaders and on the job activities.

#### Employee Engagement Survey

UHN implemented a new survey to measure employee engagement. It compared UHN to top employers in a wide range of industries. UHN achieved an employee engagement score of 58 per cent, which is in the moderate engagement range. Our goal is to increase this score into the high engagement range (65 per cent plus) in the next survey. The survey highlighted areas where UHN excels, including teamwork, inspiring a sense of accomplishment, reputation and exemplifying corporate social responsibility. Areas of opportunities included enhancing career development process and tools, better managing performance and simplifying work processes.

#### Building the desired culture

UHN continues to focus on building an inclusive, respectful and healthy workplace environment. Tools to assist employees and managers in recognizing and addressing mental health issues have been developed. A survey and focus groups were conducted to better understand what additional actions are needed to address behaviours inconsistent with our Code of Conduct. Mediation services were introduced to help individuals constructively resolve conflict, and nearly 200 leaders participated in educational workshops focused on addressing issues of incivility in the workplace.

### VIDEO: Paulina Bleah and her passion for nursing



**Faces of UHN:** Watch the inspiring story of Paulina Bleah, a nurse at Toronto General Hospital. Hear about her harrowing journey from the violent civil war in Liberia to discovering her passion and calling as a nurse. (Video: UHN)

### RELATED VIDEOS: Faces of UHN

**Dr. Heather Ross and her near-death experience**

**Bill Atkins lends a hand at Princess Margaret**

**Human Resources at UHN (*Khaula Mangla*)**

**Mentoring staff at Toronto Rehab Institute (*William Cachia*)**

**LEANing for patients at Toronto Western Hospital (*Diana Harris*)**



# Foundations

Four foundations are critical to UHN's efforts to achieve global impact and make a difference in patients' lives. Each foundation helps create new medical and research facilities, recruitment and retention of the world's best health care professionals, the establishment of Chairs, Fellowships and Professorships and more. Our foundations and their fundraising efforts are key to ensuring UHN's progress, development and success in delivering the best in patient care.



# Courage is... supporting innovation



Joan and Bob Wright have a long family history of supporting the Arthritis Research Foundation. (Photo: Arthritis Research Foundation)

## A family's gift

Joan and Bob Wright have a long history of philanthropy with the Arthritis Research Foundation.

It began with Joan's mother, the late Frances Jennison, who was an early and generous supporter of the Foundation.

Since that time the Wright's philosophy has been to support innovative projects that can improve the lives of patients and will help our scientists find a cure.

Their current gift stands as a testament to their belief in the importance of scientific research.

Their generosity will support the foundation's Imaging Inflammation project at the STTARR Innovation Centre at MaRS.

When Bob and Joan toured the centre they could see how this investment would help researchers diagnose diseases earlier, identify which cells are causing tissue damage, provide early information on whether drugs are working and to accurately measure the responsiveness to drug therapies.

For anyone who suffers from these diseases, these research improvements could be life-altering — and the foundation thanks Joan and Bob for their long-standing support and vision.



The foundation's Power of Movement Yoga Challenge has raised over \$1.3 million and continues to inspire people to further support the cause. (Photo: Arthritis Research Foundation)

## Highlights

### Arthritis and autoimmune diseases

ARF scientists are at the forefront of research activities related to arthritis and autoimmune diseases. The foundation is committed to supporting leaders such as Dr. Dafna Gladman who was awarded the Edward Dunlop Research Challenge Award, which supports an innovative project in its early stages. Dr. Gladman's research will help further the understanding of the complex interaction of genetic and environmental factors to determine disease susceptibility in patients with psoriasis and psoriatic arthritis.

### Power of Movement Yoga Challenge

The foundation's Power of Movement Yoga Challenge has raised over \$1.3 million. It continues to inspire people of all ages from Vancouver to Halifax to raise awareness and money for arthritis research.

### Arthritis Research Foundation's fundraising revenues 2012-2013:

■ Gross revenues: \$3.4 million ■ Net revenues: \$3.2 million \*These are unaudited figures

# Courage is... striving for new heights



Joe Finley (centre) runs alongside his son and daughter in the annual Joe's Team triathlon. (Photo: Princess Margaret Cancer Foundation)

## Largest single fundraising initiative in Canadian health care

On April 12, 2012, the Princess Margaret Cancer Foundation set a goal that no other Canadian health care organization had ever set out to achieve.

They initiated a challenge to staff, doctors, researchers and donors to raise \$1 billion over five years — \$500 million from philanthropy and \$500 million from research grants.

It is the largest single fundraising campaign in the history of Canadian health care.

### Many patients still to cure

Dr. Robert Bell, President and CEO of University Health Network, summed up the need for this challenge by saying, "When I began my career 25 years ago, 90 per cent of my sarcoma patients would die within two years. Today, 75 percent of those patients are cured of their

cancer. This challenge is to bring the tools of personalized cancer medicine to bear on those remaining 25 percent of patients who we need to cure."

Overall, 64 per cent of cancer patients survive their disease for at least five years with most being cured, but some types of cancer — for example, lung cancer and pancreatic cancer — are still very deadly, and more effective detection methods and treatments are needed.

The Princess Margaret Cancer Centre is proud to lead in the development of a new gold standard in cancer care for all Canadians — Personalized Cancer Medicine.

The Billion Dollar Challenge will enable this centre to develop new techniques and technology to detect cancer earlier, diagnose it more precisely, target treatment so it spares more healthy tissue, and support patients and families throughout their emotional journey with cancer.



Constable April Dequanne, Paul Alofs, Dr. Mary Gospodarowicz, Dr. Benjamin Neel and Constable Terry Russel shown with 400 ounce gold symbolizing the new gold standard of cancer care at Princess Margaret. (Photo: Princess Margaret Cancer Foundation)

## Highlights

### \$50-million gift

In January 2013, Emmanuelle Gattuso, Allan Slaight and the Slaight family made the largest private gift to cancer research in Canada. Their \$50 million gift will advance the Princess Margaret's Personalized Cancer Medicine initiative by creating a 'superfund' used to attract and retain the world's brightest minds and allow them to focus on eradicating cancer.

### 10 years strong

The Shoppers Drug Mart Weekend to End Women's Cancers™ celebrated its 10th year in 2012, and thanks to our passionate and dedicated walkers, the event has raised over \$133 million to advance scientific research and improve the treatment and care of those who face breast and gynecological cancers.

### How proud Joe would be

In 2012, the second Joe's Team event to be held in memory of its founder raised an incredible \$1.25 million bringing the six-year total to almost \$6 million in support of head and neck cancer research.

### PMCF's fundraising revenues 2012-2013:

- Gross revenues: \$144.2 million (including lotteries of \$58.2 million)
- Net revenues: \$88.6 million (including lottery net revenue of \$19.4 million \*These are unaudited figures)

# Courage is... committing to a challenge



Members of the Dalglish and Weston families, board members and distinguished guests — including Governor General David Johnston, far left, front row — celebrated the official opening of The Dalglish Family Hearts and Minds Clinic. Camilla Dalglish, in a necklace, is fourth from left. (Photo: Toronto General & Western Hospital Foundation)

## Hearts and Minds clinic supports those with rare disease

The very name of the condition — 22q11.2 Deletion Syndrome — hints at its many complexities.

For individuals with this syndrome and their families, these complexities manifest as lifelong and life-altering challenges.

It's why, in December 2012, University Health Network established the Dalglish Family Hearts and Minds

Clinic — a resource centre where those with 22q11.2 Deletion Syndrome can find innovative ways of meeting these challenges.

It's the first of its kind in the world.

The Dalglish Family Hearts and Minds Clinic was made possible by a \$4-million donation from The W. Garfield Weston Foundation.

**“As a parent, caregiver and member of The W. Garfield Weston Foundation, I am delighted that University Health Network has agreed to open such a clinic.”**

—Camilla Dalglish

### Caregiver grateful

Camilla Dalglish is the mother of a young woman who was diagnosed with the genetic disease in 1998.

“It has been very difficult to navigate the health care system as so many different medical aspects are involved in the treatment,” she said. “It is stressful and time-consuming for both the patient and the caregiver.”

Dalglish noted the great need for a clinic dedicated to the condition, and one that would integrate services for adult patients.

“As a parent, caregiver and member of The W. Garfield Weston Foundation, I am delighted that University Health Network has agreed to open such a clinic. I am sure that families like ours will welcome this integrated approach,” she said.

UHN researchers will explore the range of clinical challenges that 22q11.2DS presents, particularly in psychiatric, cardiac and neurological specialties. They aim to develop cutting-edge treatments to directly benefit patients and families.

### Highlights

**TG&WHF exceeds fundraising goal by raising \$76.1 million in 2012/2013.**

#### \$1-million gift to advance concussion research

Mitchell Goldhar, owner of shopping plaza developer SmartCentres, made a \$1-million gift to The Brain Campaign for the Canadian Sports Concussion Project, which researches the effect of sport-related concussions suffered by Canadian athletes and youth. Repeated concussions have been linked to a brain condition called chronic traumatic encephalopathy (CTE) that resembles Alzheimer's or Parkinson's disease and leads to premature death.

“Today we know that a concussion is a brain injury. I am investing in this project with the hope that, in the future, parents will feel reassured that when their kids are playing hockey, soccer or other sports, they will be better protected from concussions,” said Goldhar.

Led by UHN Neurosurgeon Dr. Charles Tator, the project is based at the Krembil Neuroscience Centre at Toronto Western Hospital and involves 13 investigators from five institutions. For more information, visit [www.solveconcussions.ca](http://www.solveconcussions.ca).

#### TG&WHF's fundraising revenues 2012-2013:

■ Gross revenues: \$76.1 million ■ Net revenues: \$69.4 million \*These are unaudited figures

# Courage is... giving back



Thanks to Toronto Rehab's LIFEspan Program, Jessica Coriat, 22, has increased mobility and volunteers helping other patients. (Photo: UHN)

## Inspirational patient gains mobility, helps others

As volunteer with Toronto Rehab's Spinal Cord Rehab Program, Jessica Coriat helps prepare meals, arrange appointments, provides company and lends a compassionate ear.

"Patients are comfortable speaking with me because I live with a disability," she said.

Jessica's desire to give back stems from personal gratitude — Toronto Rehab has helped transform her life.

Born with cerebral palsy, Jessica, 22, has always lived with limited mobility and pain.

Much of her life has been spent in various rehabilitation programs, and as she grew older, the transition from paediatric to adult rehabilitation was made easier thanks to the support from Toronto Rehab's LIFEspan Program.

### Improved quality of life

Under the care of Dr. Mark Bayley, medical director, Toronto Rehab's Brain & Spinal Cord Rehab Program, Jessica's quality of life began to improve.

Under new forms of therapy, within weeks of starting her new rehabilitation, Jessica was able to move her legs free of pain.

"Jessica has this amazing strength of spirit," said Bayley, who continues to monitor Jessica in clinic. "Our team at Toronto Rehab helps her reach her goals, and in turn, she provides us with great inspiration."

### \$1-million gift

Motivated by their daughter's progress and desire to help other families, Jessica's parents, David and Lynn Coriat, together with the Slaughter Family Foundation, made a \$1 million gift to Toronto Rehab to expand and enhance patient care.

This visionary gift will help others like Jessica triumph.

"Look at people for their personality and what they can do, not their disability," Jessica said. "Don't look at the assistive device. Look past it to see the person."



Jessica Coriat, right, with Nurse Practitioner Andrea Lauzon of Toronto Rehab's LIFEspan Program. (Photo: UHN)

## Highlights

### Brain & Spinal Cord Rehabilitation Program

Toronto Rehab Foundation is proud to support the groundbreaking research of the Brain & Spinal Cord Rehabilitation Program to develop pioneering solutions that enable greater independence. An international leader in stroke and brain injury rehabilitation, Toronto Rehab is also home to the largest spinal cord rehabilitation program in Canada.

Through visionary donor support from George and Anne Ploder, Toronto Rehab Foundation helped transform Lyndhurst Centre into a modern facility with the equipment, tools and environment to accelerate the rehabilitation journey.

### Cardiac Rehab and Secondary Prevention Program

Toronto Rehab is home to one of North America's largest and most comprehensive outpatient cardiac rehabilitation programs. Through exercise, education and lifestyle change, individuals improve with the support of an inter-professional health care team.

Toronto Rehab is committed to working strategically with donors to help empower individuals with cardiac conditions to take control of their own health. Toronto Rehab donors provide key support to accelerate the development of new solutions.

### Toronto Rehab Foundation's fundraising revenues 2012-2013:

■ Gross revenues: \$3.8 million ■ Net revenues: \$2.2 million \*These are unaudited figures

## Financial Statements

### For the year ended March 31, 2013

(Amounts in \$ thousands)

Full audited statements are available at [www.uhn.ca](http://www.uhn.ca).

#### Revenue

Ontario Ministry of Health & Long-Term Care / Toronto Central Local Health Integration Network	
Hospital programs	\$1,043,722
Specifically funded programs	110,008
Other patient services	188,229
Grants and donations for research and other purposes	244,255
Ancillary services and other	280,666
Amortization of deferred capital contributions	57,177
	<b>\$1,924,057</b>

#### Expenses

Compensation	\$1,135,688
Medical, surgical supplies and drugs	210,694
Specifically funded programs	110,061
Plant operations and equipment maintenance	87,028
Depreciation	99,575
Interest on long-term liabilities	17,855
Supplies and other	235,063
	<b>\$1,895,964</b>
<b>Excess of revenue over expenses for the year</b>	<b>28,093</b>

#### Assets

##### Current

Cash and cash equivalents	\$210,910
Accounts receivable	169,422
Inventory	15,236
Prepaid expenses	8,926

##### Long Term

Loans receivable	1,725
Capital assets, net	1,260,467
Long-term investments	325,674
	<b>\$1,992,360</b>

#### Liabilities and Net Assets

##### Current

Accounts payable and accrued liabilities	\$400,293
Current portion of long-term liabilities	17,144

##### Long Term

Due to MaRS Development Trust	84,199
Deferred research contributions	207,558
Long-term debt	208,644
Employee future benefit liabilities	45,144
Deferred capital contributions	631,872
	<b>\$1,594,854</b>

##### Net Assets

Internally restricted	65,505
Unrestricted	329,055
	394,560
Accumulated remeasurement gains	2,946
	397,506
	<b>\$1,992,360</b>

Program Grouping Activity

UHN	Inpatient Separations *	Inpatient + Weighted Cases	CCC RUG Weighted Patient Days **	Day Surgery Cases ~	Day Surgery Weighted Cases ^	Ambulatory Visits *'
Acute	34,775	79,710		28,801	4,634	901,966
Rehab	2,122	2,966				
Complex Continuing Care (CCC)	435		73,254			
Rehab & CCC Combined						90,187
<b>TOTAL</b>	<b>37,332</b>	<b>82,676</b>	<b>73,254</b>	<b>28,801</b>	<b>4,634</b>	<b>992,153</b>

\*Data is based on General Ledger for Acute, NRS for Rehab, and CCRS for CCC, PHS for Rehab & CCC Ambulatory Visits; + 2012 HIG Grouper RIW for Acute, 2012/13 grouper year for Rehab; \*\*2012/13 RUG III CMI Weights; ~ Coding (NACRS); ^ 2012 HIG Grouper 2012 RIW; ' excludes radiation fractions

Site Activity

Site	Beds	Inpatient Days	Clinic & Day/Night Care Visits	Emergency Visits
TGH	416	143,319	235,766	43,568
TWH	262	91,283	403,868	59,987
PMH	124	43,470	262,332	
TRI – Bickle Centre	208	65,404	3,366	
TRI – University/Hillcrest Centre	158	50,607	28,727	
TRI – Lyndhurst Centre	57	19,511	7,063	
TRI – Rumsey Centre			51,031	
<b>UHN</b>	<b>1,225</b>	<b>413,594</b>	<b>992,153</b>	<b>103,555</b>

Research Activity

UHN Research Activity	2012-2013
Medical & Community Care (MCC)	31,029,431
Surgical Programs and Critical Care (SPCC)	25,944,667
Multi-Organ Transplant (MOT)	11,137,068
Peter Munk Cardiac Centre (PMCC)	19,388,108
Princess Margaret Cancer Program (PMCP)	182,311,328
Krembil Neuroscience Centre (KNC)	20,877,934
Arthritis Program (AP)	14,810,674
Laboratory Medicine Program (LMP)	5,098,976
Joint Department of Medical Imaging (JDMI)	2,226,896
Toronto Rehabilitation Institute (TRI)	13,612,469
PI's without program grouping assignment	5,037,816
	<b>331,475,367</b>

Trends Report

Inpatient and Outpatient Activity (thousands)



Growth in Revenue (millions)



Growth in External Research Funding Awarded (millions)



# Achieving Global Impact

## Exemplary patient care, research and education

### Academic

Position UHN as the institution of choice for trainees  
Continue to pioneer new models of teaching and learning

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### Caring

Measure and improve the value of care  
Transform “*patient-centred care*” to “*patients as partners in care*”  
Become a world leader in documenting and improving patient outcomes

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### Creative

Further our understanding of the basis of health and disease  
through biology and technology platforms  
Enable the collection, analysis and application of health information  
Leverage experimental therapeutics and health services  
research to impact the lives of patients

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### Accountable

Optimize productivity and integration of care through next generation  
information management and technology  
Develop new sources of revenue  
Enable the collection of new physical space for our clinical programs,  
operations, research and education areas

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### We

Continue to build organizational capability and capacity



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