

# University Health Network



**Four hospitals,  
one vision...**

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Achieving global impact

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Exemplary patient care, research and education

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

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Integrity  
Teamwork  
Respect  
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Excellence  
Leadership

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# From the Chair and CEO

It is a great pleasure to introduce the theme of this year's Annual Report which is integration.

The theme was chosen because it was one year ago that the Boards of the Toronto Rehabilitation Institute and University Health Network agreed to come together to create a seamless path of care for patients and we wanted to celebrate our first year as one organization. We believe that integration will be the theme of health care in Canada for the next decade, as health care organizations and professionals work to maintain high quality of health care within a challenging funding environment.



Over the years there has been much talk about making it easy for patients to move through the health care system as if it truly was a system designed to meet the needs of each patient. There has always been reference to patients falling through the cracks, needing help to navigate the system or the desire to see rehabilitation started sooner in the patient's care. This year, as our teams at Princess Margaret, Toronto Western, Toronto General and Toronto Rehab began exploring the possibilities of our integration, we saw ample evidence that our coming together as one organization has improved care for our patients. The exciting part is that we're just getting started and you can see evidence of that throughout this report in the stories we tell about patients. Our accomplishments to date make us very proud and enthusiastic about the possibilities.

In putting together this report, our programs were asked to focus on the theme of integration – not just between acute care and rehabilitation – but about the myriad of projects and initiatives that are going on across UHN to ensure that we work well with community agencies, patients and families, and other care providers. We also wanted to hear about research and education initiatives which would support patients, improve care and offer new solutions. The Annual Report – which is entirely online this year for the first time – is able to tell many of these stories and illustrate them with video, audio and pictures in a way that is effective, efficient and comprehensive.

As always, the past year has been full of great accomplishments by our staff, students, volunteers, researchers and physicians. We are proud to present a small fraction of what UHN has achieved in the pages of this year's Annual Report and we hope you enjoy this summary.

Dr. Robert Bell  
President and CEO  
University Health Network

John Mulvihill  
Chair, Board of Trustees  
University Health Network



# Krembil Neuroscience Centre

**With the integration, UHN added rehab to its complement of care. Read about Pablo Boada's journey through the spectrum of care UHN – from acute to rehab beginning with his care at the Krembil Neuroscience Centre.**

## Canada's first neurovascular unit goes to work for stroke patients

Pablo Boada was walking his Jack Russell, Mellie, in the park near his house. The walk is part of his daily routine – and Mellie's for that matter.

Amidst a game of fetch, Mellie brought the ball back to her master as she had hundreds of times before but this time was different, Pablo's eyes couldn't focus on her.

"That was the moment I realized that something was wrong. There was tingling in my hand and my foot felt like there was a cement block attached to it," Pablo remembers.

The leg began losing sensation and he began to sense the same problem in his arm. He flashed back to television ads he'd seen and was sure he was having a stroke.

He was right.

Though the park is only about 100 feet from Pablo's front door, he still considers it a miracle that he was able to make it back.

"I'd left my cell phone in the house and I had to cross a major street and get up two flights of stairs before I could call for help. My legs were heavy and I was having a hard time; I had to get down on all fours to make it up the stairs."

Pablo wanted to alert his sister but didn't want to incite panic so he asked her to come home because he "wasn't feeling well."

But in reality, he was moving like a pinball, caroming off walls, just to get to the washroom and splash some water on his face.

When his sister arrived, Mellie led her to Pablo who had by then collapsed on the far side of his bedroom. The paramedics took him to Lakeridge Health Oshawa. There, doctors quickly realized that Pablo's brain wasn't responsive and rushed him to the Krembil Neuroscience Centre (KNC) at Toronto Western Hospital.

Pablo was among the first patients to experience Canada's first neurovascular unit. The unit was designed to provide the optimal treatment settings and support the initial stages of recovery for stroke and other neurovascular conditions such as aneurysms and diseased blood vessels in the brain.

The unit also works in collaboration with the Toronto Rehab stroke program to ensure that recovery is seamless and that the transition from acute care to complex continuing care maintains the highest level of expertise.

This innovative unit depends on a highly specialized, multidisciplinary team – including, neurologists, neurosurgeons, neuro-radiologists, RNs, Advanced Practice Nurses, and allied health

professionals – who circulate through the unit to deliver expert care.

"Extensive research has shown that stroke patients have better outcomes in dedicated stroke units because it creates a dedicated and specialized team of integrated health professionals," says Dr. Frank Silver, Neurologist and Director, Stroke Program, UHN.

A team of experts at the KNC used this rationale for creating the new unit, but took it a step further.





# Krembil Neuroscience Centre

“We believe that the same reasons stroke patients do better in dedicated stroke units also apply to patients with other neurovascular conditions,” said Dr. Mike Tymianski, Medical Director, Neurovascular Therapeutics Program and Head, Division of Neurosurgery, UHN.

“There are many similarities between what appears to be a very diverse patient population – it makes sense to bring all of our expertise together to treat stroke and neurovascular patients.”

With this innovative unit, the KNC aims to reduce lengths of stay, improve return-to-work rate for patients, and prevent further readmissions.

That became reality for Pablo – when he returned to the unit after discharge, it was only as a visitor.

“When I went for follow-up to see the neuro-team, I wanted to thank everyone at the Western who took such good care of me,” says Pablo. “From the nurses to the janitors, I told them, ‘they’re all God’s angels.’”

**Pablo’s journey at UHN is still ongoing. [Click here to learn more about the next steps, literally, in his road to recovery at Toronto Rehab.](#)**

“*Extensive research has shown that stroke patients have better outcomes in dedicated stroke units because it creates a dedicated and specialized team of integrated health professionals.*”

- Dr. Frank Silver, Neurologist & Director, Stroke Program



## Program Highlights:

- Dr. Mark Bernstein was appointed the inaugural holder of the Greg Wilkins-Barrick Chair in International Surgery at UHN. Greg’s wish was to ensure that those less fortunate had access to the same high standard of medical care he received during his illness. The Chair will be used to improve surgical care in developing countries, and will support the new Barrick Gold Corporation Centre for International Outreach, Greg Wilkins-Barrick Fellowship program, and Gregory C. Wilkins Centre for Excellence in Neuro-Oncology at Toronto Western Hospital.
- The Donald K. Johnson Eye Centre’s Yvonne Buys shows the pros and cons of separate incisions during phacotrabulectomy, a combined procedure in which both cataract extraction and glaucoma-filtering surgery are performed. Her study provides the evidence necessary for best practices and enhancing patient care.
- Findings on the first four brains donated to The Canadian Sport Concussion Project at the Krembil Neuroscience Centre revealed that two of four former Canadian Football League players suffered from a brain disease known as Chronic Traumatic Encephalopathy.

# Arthritis Program

**Canada’s largest comprehensive program in arthritis, providing provincial and local leadership in complex joint reconstruction and minimally invasive surgical techniques.**

## Varsity lacrosse player back on the field after orthopaedic surgery

It was the summer before his senior year of high school and Fenner Dalley, a promising young athlete, was excited to get back to school and onto the field for the coming football season. Which is why he was doing everything possible to ignore the persistent pain in his leg that had begun as a mild tightness in early August.

I didn’t really think anything of it at first, I thought I just pulled something,” he says. “By mid-September, the pain worsened and I knew it had to be more serious.” Every morning, it took an hour to get his leg moving. Walking was turning into a daily chore. He felt his football season slowly slipping away.

Fenner visited Toronto Western Hospital near the end of September for an MRI. When he met Dr. Raj Rampersaud, an orthopaedic surgeon, he knew he was in good hands: “He just had this great

“ *Dr. Rampersaud really changed my quality of life.* ”

- Fenner Dalley, University Student

presence in the room. Dr. Rampersaud was always attentive and involved me in the process.”

In mid-October, Fenner received a nerve root injection, and learned that he was suffering from a

herniated disc in his leg. The bulging disc was pushing under the nerve, causing the pain.

Since Fenner was a competitive athlete, it’s possible he sustained the injury playing a sport and felt the effects post-game. The goal of the injection was to reduce the swelling in the nerve canal and relieve the pressure in his leg.

After the injection, Fenner immediately felt better – for two weeks. But it didn’t work as a long-term solution, so he began physical therapy. He was determined to get better without surgery. He began therapy three times per week, followed by hours of stretching, exercise and yoga. But nothing seemed to work. After a month, he knew he would have to face the inevitable – Dr. Rampersaud recommended a microdisectomy, a surgery that would remove the herniated disc material pressing on the nerve root.

The surgery was scheduled for mid-December. “I remember meeting with Dr. Nizar Mahomed, the Head of Orthopaedic Surgery, before my procedure – he told me what to expect,” says Fenner. “It was really reassuring.”

And he recalls meeting other surgeons before Dr. Rampersaud – one in particular that stood out was Dr. Douglas Orr from the Cleveland Clinic. Dr. Orr had gone through school with Dr. Rampersaud, “He recommended Dr. Rampersaud over himself! At that point, I knew I didn’t have anything to worry about.”

In the months following the surgery, Fenner worked diligently to speed up his recovery. From November until the end of March he would attend physical therapy for four hours each day. By April, he began to move his leg with a bit of confidence. By the end of May, he was standing up in class and reduced his physical therapy sessions to twice per week.

Today, Fenner has made a full recovery and is once again playing the contact sports he loves. “Dr. Rampersaud really changed my quality of life,” he says. After graduation he was accepted to five different schools. He currently attends St. Andrews University in Scotland where he is studying sustainable development and art history – and of course, playing varsity lacrosse.



*The Hand Program is a speciality within the Arthritis Program that provides care in four primary areas: traumatic hand injury, arthritis of the hand, rheumatoid arthritis and work-related injuries.*

### Program Highlights:

- A new partnership with the McEwen Centre for Regenerative Medicine was established to recruit new scientists with a focus on research in cartilage regenerative medicine.
- Enhanced collaboration with Bridgepoint and Toronto Rehab to implement an ambulatory rehab clinic.
- Developed a bio-bank to capture data used to understand the cause of osteoarthritis, and develop diagnostic tests and novel therapeutic interventions.



# Joint Department of Medical Imaging

**Harnessing the resources of three hospitals – University Health Network, Women’s College and Mount Sinai – to enhance medical imaging resources for our patients.**

## Advances in medical imaging research give teacher with double aneurysms her life back

No one likes to hear the words “ticking time bomb” about themselves. But that was exactly how Dr. Timo Krings, Interventional and Diagnostic Neuroradiologist, JDMI, described the aneurysm that appeared on Linda Summerfeldt’s MRI scans. Linda, a mother and elementary school teacher had two aneurysms, in fact. As the donut-shaped aneurysms grew behind her eyes, normal life began to slip away. The aneurysms forced her eyes to cross and impaired her vision so severely that basic things like reading and driving were impossible.

When Dr. Krings saw Linda, she’d already been told by medical experts that the aneurysms were too big and their impact too severe to treat - they were too fragile and the risk of rupturing was too high.

But Dr. Krings and his team at Toronto Western Hospital had been working on new research which shows that not all aneurysms are alike. Using new imaging techniques developed at UHN, they were able to identify eight categories of brain aneurysm. While they can appear the same, their underlying causes are different.

That finding saved Linda’s life.

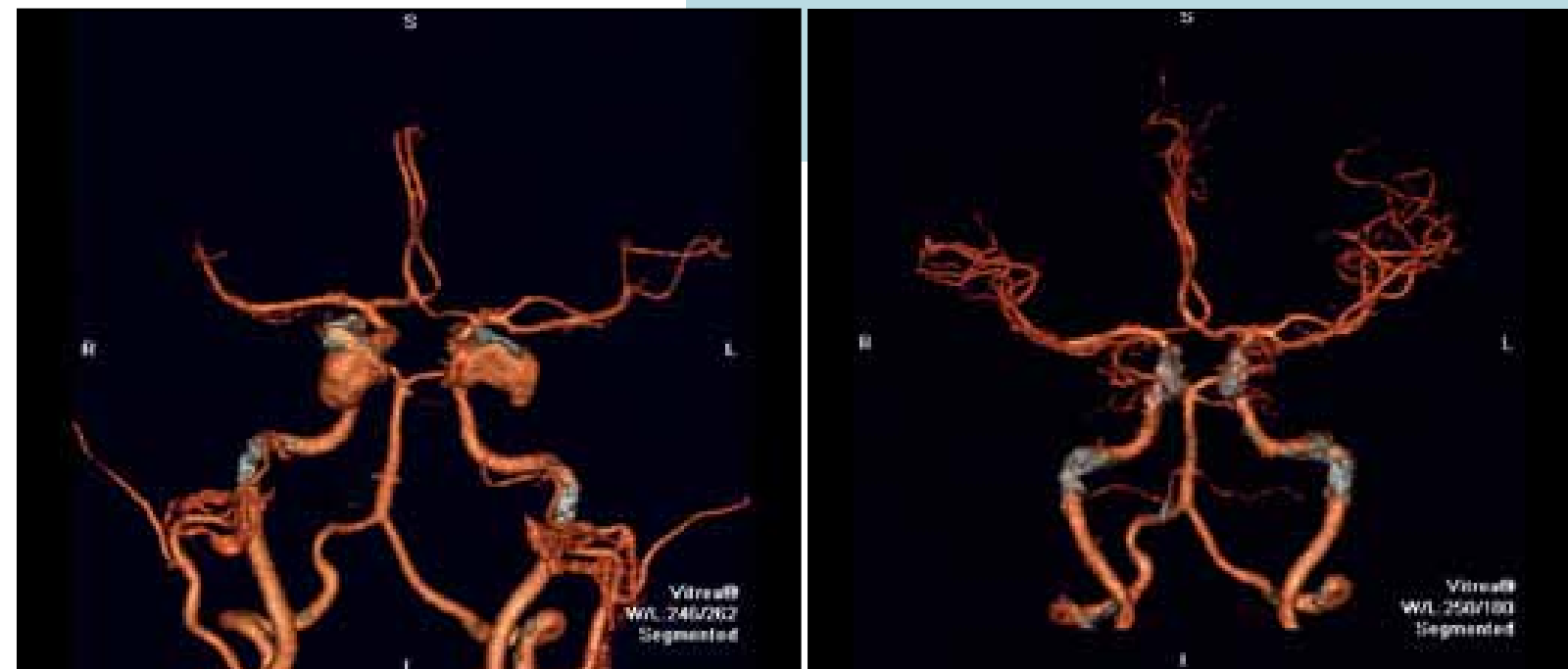
The UHN team had found that looking at vessel walls would help them determine the appropriate treatment and whether brain surgery is necessary. Thicker walls meant that the aneurysm wasn’t in danger of rupturing, making surgery unnecessary. In Linda’s case, the vessel walls were far thinner. So the team used tiny stents, similar to those used in a traditional cardiac angioplasty, to guide the blood flow away from the aneurysms. This caused them to shrink and eventually disappear.

Within a few days after her procedure, Linda’s eyes went back to their natural place, her vision went back to normal and the headaches stopped. She characterizes it as a “miracle” to have her life back.

### Program Highlights:

- The new JDMI Biopsy Centre consolidates Women’s College, Mount Sinai and Toronto General Hospital’s thyroid biopsies into one location, better utilizing resources and providing more efficient services for patients.
- Part of the integrated team comprising surgery, cardiology and imaging, which performed Canada’s first such treatment on a patient with high blood pressure
- On-going global leadership in information technology as seen through the implementation of various medical imaging quality initiatives including the peer review process, new urgent turnaround-time standards and

communication of critical and urgent findings.



Linda’s scans before (left) and after (right) her operation.



**Not all brain aneurysms are alike, study finds**

# Laboratory Medicine Program

**Laboratory Medicine integrates with every program and patient at UHN to provide the high volume, complex testing and sub-specialty approach needed to provide a high level of patient-centred care.**

## Lab technologists make a global impact in Kuwait

For Christine Schirippa and Pam McCartin, working as Medical Laboratory Technologists in UHN's Laboratory Medicine Program (LMP) has its perks.

"Every day we get to work in the one of the biggest labs in Canada and provide laboratory medicine for some of the most specialized patients in the world – it's a great environment to do some world-class medicine," they say. "But labs are often seen as a black box – that place where your sample disappears as you wait for a test result."

“ *It really hits home how vital laboratory medicine is to safe, quality patient care.* ”

- Pam McCartin, Medical Lab Technologist

With UHN's partnership with the Kuwait Cancer Control Centre (KCCC), in Kuwait, the Laboratory Medicine Program has stepped beyond the walls of UHN and played an important role in helping develop and strengthen the laboratories for KCCC and their patients. LMP has been sending teams to Kuwait every two months since May 2011. The goal is to assist them in improving their laboratory medicine services, establishing the full scope of services to meet the needs of their patients, and to introduce a framework and structure for sustainable, internationally recognized quality management.

So, front-line medical laboratory technologists (MLT's), including Pam, Christine and others have had the opportunity to travel to KCCC several times in the past year. As front-line MLT's, Pam and Christine were able to share UHN standards, benchmarks and quality expectations directly with the front-line laboratory technologists in KCCC. They also got to see, firsthand, how smaller laboratories function in order to take some learnings around organizational efficiencies back home to UHN.

"Working side-by-side with the lab staff in KCCC really made a difference. The technologists were eager to learn and enable their lab to be more effective and efficient with a greater focus on quality," says Christine.

"For example, here in LMP, quality and safety are two of our biggest strengths. We knew we wanted to bring that focus with us over to KCCC and the staff couldn't have been happier. Sure, their lab is smaller than ours – but the team over there was incredibly eager to learn from us and our laboratory operations, so we were happy to share everything we could."

During their time in Kuwait, they observed the daily routines, provided educational resources and training sessions, discussed specific testing needs and made recommendations for how the hospital can enhance its quality standards and management. The hospital is working towards its first international accreditation, a process that UHN went through in the 1980s and continues to show leadership in.

"It takes time to build up towards accreditation. It was gratifying to help and be involved," they say of the experience. The challenges of working in a smaller setting also gave them a new appreciation for the resources that are available to them here at UHN."

Since their return, they've been preparing for a first-time visit from their Kuwaiti counterparts for one month in the fall.

"This experience is a once-in-a-lifetime opportunity," says Pam. "We are incredibly lucky that we get to work in a cutting edge laboratory every day, then travel the world and share our expertise with others. It really hits home how vital laboratory medicine is to safe, quality patient care."



## Program Highlights:

- To improve turnaround times for patients and clinicians, LMP reintroduced a limited biochemistry testing menu onsite at PMH.
- Led advances in transplant testing to target novel matching strategies in Ontario's most difficult Toronto transplant patients, part of LMP's histocompatibility laboratory.
- On-going integration of Laboratory Information System platforms across partner sites, including Lakeridge Health and Sunnybrook Health Sciences Centre, to improve regional communication of patient information.



# Medical and Community Care

**Changing the face of hospital medicine by transforming care for today's complex medical patients and reaching out to the community to build bridges across the health care continuum for our patients.**

## Community pulse propels AFIB success

It is one of the leading cardiac causes of visits to Ontario Hospital Emergency Rooms. From 1993-2004, the number of ER visits related to this condition increased by 88%. The yearly cost to the health care system in Ontario is approximately \$700 million.

It is the most common, abnormal rhythm of the heart. It is Atrial Fibrillation and many patients are unaware they suffer from it.

UHN's Centre for Innovation in Complex Care (CICC) has created a plan to optimize the use of ER resources and decrease the burden of this condition to both patients and the health care system.

### Meet David

David is 75 years old and has multiple health issues. He is wheelchair-bound, lives alone and needs daily assistance. He is in cognitive decline and has suffered a stroke in the past. He also has Atrial Fibrillation.

When David visited the ER, he was referred to the Atrial Fibrillation Quality Care

Program (AF-QCP). Kaye Benson, the Nurse Practitioner for the program recalls meeting him: "In the midst of the chaos, I had about four minutes to make a connection and engage this patient with our program." A few days later, she received a call from one of David's community caregivers, who explained that David was part of a community outreach program through his family physician.



The caregiver was hesitant about David joining the program. The family physician didn't want to interrupt David's daily medications – it was already a struggle to get him accustomed to one routine. Kaye explained that the program was not to replace the doctor, but to support him and the community outreach team. After discussing with the family doctor, they agreed to enroll David in the AF-QCP clinic.

*“Many patients come to the ER but it's not an emergency. If we can streamline services for these patients, we can provide better care.”*

– Michelle Grinman, Specialist, Internal Medicine

### Enter: Innovate AFIB

The AF-QCP is one component of the overall plan to provide better care for AFib patients. In the past six months, the AF-QCP has developed an ambulatory care clinic which integrates specialist and primary care with community health services. The clinic is directed by Michelle Grinman, Specialist in General Internal Medicine, Nurse Practitioner Kaye Benson, and Pharmacist Kori Leblanc.

The program is designed to improve the system and process of care for Atrial Fibrillation. "Many patients present in the ER with Atrial Fibrillation, but most often, their condition is not an emergency," Michelle says. "If we can streamline services for these patients, we can provide better care and prevent unnecessary visits to the hospital."

In the current system, patients with Atrial Fibrillation are often sent home from the hospital with instructions to contact their primary care provider. The AF-QCP acts as a "bridge" between the ER and the patient's community care providers to ensure early follow up after the ER visit and an ongoing care plan with their family physician. AF-QCP also supports a 1-855 "hotline" for both patients and caregivers to access AFib clinicians – something no other AFib care program is currently providing.

### Collaboration is key

Before David's first visit, Kaye reviewed his medical history, going back ten years. She found conflicting reports about his conditions, which is not unusual. This information and care process is currently fragmented.

“Our current system is challenging because there is no easy way to access all the pertinent information about a person’s health,” she explains. “We rely on notes from every encounter with any type of health service to ultimately make their way to the family doctor.”

### Success

Given David’s unique situation, the AF-QCP team identified three necessary medication adjustments specifically impacted by his living situation and disabilities – changes that would significantly improve David’s quality of life. A week later, the community caregiver called to tell her they had implemented all the changes.

One month later, Kaye and Michelle scheduled a follow-up appointment to evaluate David’s progress. David was adapting well to the changes although often forgetting to take the second medication of the day. The community health team played an instrumental role in identifying this. David is currently waiting for access to more supervised housing.

The AF-QCP Clinic is the largest program in the CICC. The team has seen 15 patients since January 2012 and is engaged with other heart and stroke and cardiac care networks.

To learn more about Innovate AFIB, visit: <http://www.thecicc.com/innovateafib.html>.

### Program Highlights:

- The CICC implemented Clinical Message, an app that has transformed how clinicians communicate on medical wards. The app received a Bronze at the 2012 Edison Awards in New York City.
- My KidneyCare Centre, created by the Division of Nephrology, is a web-based self-management kiosk that educates patients on Chronic Kidney Disease. Patients can track symptoms, document concerns and select learning topics of interest.
- The Mobile ACE Service, launched in July 2011 at Toronto Western Hospital, is a specialized inter-professional team of geriatrics care professionals providing consultation and enhanced support for elderly inpatients. It is available to support teams across all programs in addressing complex/multiple medical and social issues.

## Multi-Organ Transplant

**Collaboration between UHN’s Multi-Organ Transplant Program and other hospitals is key to the success of many organ transplants performed at UHN.**

### Stephanie Huiskamp donates kidney to save her cousin’s life

Bradley Nicholson was bored waiting for his mother and younger brother to pick up a prescription at the drugstore. To pass the time, the 16-year-old strapped himself into the blood pressure machine. He was alarmed to discover that his blood pressure was reading abnormally high. His mother had him do it a second time to be sure – he had the same reading. Those few minutes at the pharmacy set in gear a whirlwind of medical appointments and tests.

In June 2011, Bradley was diagnosed with kidney disease. He had lost 83% of his kidney function and was immediately put on dialysis. The search for an organ donor began.

“We have a strange connection since the transplant– it’s almost as if we can look at each other and know what the other is thinking.”

– Bradley Nicholson, high school student and transplant recipient

Bradley’s second cousin Stephanie Huiskamp, who lives three doors down from the Nicholson home in Etobicoke, Ontario, says she had a gut feeling that she would be a match.

After filling out the donor papers, her hunch was confirmed. Stephanie was the only family member who was able to do this for Bradley.

“There was never a question in my mind whether I would donate my kidney to Bradley if I could,” says Stephanie.

Bradley found his kidney donor within a couple of months compared to the average wait time of five to six years for a kidney from a deceased donor. And, out of the approximately 150 kidney transplants done at Toronto General Hospital, a little more than half come from living donors, who typically may be relatives or friends.

“I was speechless when I found out Steph was going to be my donor,” says Bradley. “My mind was blown that she would do it for me.”



Wash your Hands – it just makes sense



Stephanie received her care as an organ donor at the Toronto General Hospital's Transplant Program, while Bradley was at the Hospital for Sick Children (SickKids). This collaborative approach is commonplace for transplants. In fact, the Kidney Transplant Team at Toronto General creates partnerships with other hospitals and community nephrologists in the Greater Toronto Area and throughout Ontario to effectively coordinate the care of donors and recipients and to build the capacity for patients to receive some of their pre- and post-transplant medical needs in their community. This provides the patients and their families with the convenience of being close to home and the comfort of a familiar setting. To help facilitate this, the program uses services like TeleHealth and are in close communication with the appropriate health professionals.

"Our program serves patients throughout Ontario," explains Dr. Jeffrey Schiff, Medical Director, Kidney-Pancreas Transplant, UHN. "We understand that partnering with other hospitals and health professionals is key to eliminating any unnecessary burden, such as travel, on our patients. We have many partnerships and the shared goal is to do what's best for the patients."

As in this case, Toronto General and SickKids transplant teams commonly work together. Stephanie received her pre-transplant testing and care at Toronto General, relatively close to her Etobicoke home. The transplant took place on November 22, 2011. Stephanie's surgery lasted one hour and 45 minutes, while Bradley waited in the SickKids operating room across the street. After her surgery, Stephanie's kidney was quickly transported to Bradley's surgical team to complete the transplant.

"We knew there had to be good communication between the Toronto General and SickKids teams to make this work," says Bradley. "It was critical to making the transplant a success."

Stephanie was discharged from hospital four days after her surgery and was back on the ski hill coaching at Mount St. Louis four weeks later.

"The Toronto General experience was phenomenal," says Stephanie. "Every single staff member was so helpful, kind and understanding."

Stephanie and Bradley have always had a close relationship, one they characterize as sibling-like. "Steph and I were pretty close before the transplant, and now we're even closer," reflects Bradley, who is now 17 and has returned to biking, long-boarding and working in the mechanic shop. "We have a strange connection since the transplant- it's almost as if we can look at each other and know what the other is thinking."



"I still can't comprehend what I did last November and what it means," says Stephanie. "My three-and-a-half-inch scar under my ribcage from the surgery (though barely noticeable) is my reminder of what I did for Bradley. It gives me no shame because I saved someone's life."

Stephanie is moving to Chilliwack, British Columbia, to attend the University of Fraser Valley in September. And, Bradley is back in high school looking forward to a summer at Camp Koinonia in Parry Sound, Ontario.



### Program Highlights:

- Pilot program for new infection control system called Hospital Watch Live which uses ultrasound technology to track staff hand-washing practices, potential "hot spots" for disease transmission and contact between staff and patients. Organ-transplant patients will have miniature "badges" on their wristbands; physicians will attach them to their shirts; and pieces of equipment such as wheelchairs will have them.
- The Transplant Medication Information Teaching Tool is an elearning tool - UHN's first for patients - developed in partnership with our Pharmacy department, for patients who've had a transplant. It has won a national teaching award, and is also being used by patients at other Canadian transplant centres. It is currently being evaluated through a randomized clinical trial.



# Peter Munk Cardiac Centre

**A world leader in treating adult congenital heart disease, electrical disorders of the heart, heart transplant and complex aneurysms, while providing care for patients with all levels of acuity.**

## Treating high blood pressure without medication

Luis Martins felt like he was in a perpetual state of slow motion. Five years ago, his blood pressure approached a dangerous rate of 180/90 and he was rushed to the hospital.

This would not be the last time Luis would visit the hospital to manage his volatile blood pressure.

Luis, a 57-year-old family man and clerk at Bombardier, was diagnosed with hypertension 10 years ago, a term used to describe high blood pressure. He was taking 12 anti-hypertension drugs per day in an attempt to manage his blood pressure, but continued to experience life-threatening rates of 225/12. "One doctor told me I was a ticking time bomb," says Luis.

When he first heard of the experimental renal denervation

*"I'm so grateful — I sent thank you notes to all of the doctors at Toronto General Hospital and the nurse who stayed with me."*

— Luis Martins, 57

procedure at the Peter Munk Cardiac Centre (PMCC), he was hesitant: "I was nervous about being the first person in Canada to ever have the procedure," says Luis. Renal denervation is a procedure designed to help patients with high blood pressure avoid the threat of heart failure, a major cause of death in Canada. The hope is to decrease a patient's systolic blood pressure within a six-month period by heating (or, ablating) the renal artery, reducing the stimulus for high blood pressure.

Luis' blood pressure reading of "180" indicates the systolic blood pressure, a measure of blood pressure while the heart is beating. The "90" represents diastolic blood pressure, a measure of blood pressure while the heart is relaxed. For an adult, an average blood pressure reading of 120/80 is normal.

On Tuesday January 17, 2012, Luis met with his multidisciplinary team at Toronto General Hospital. Performing the procedure was cardiologist Dr. Douglas Ing, radiology specialist Dr. Dheeraj Rajan and vascular surgeon Dr. George Oreopoulos. The team had recently returned from Germany where they learned how to perform the minimally invasive procedure.

The surgery took approximately one hour and Luis was discharged the next afternoon. Immediately following the procedure, his blood pressure dropped to 100/60, a rate considered low, but a normal body response post-surgery. By the weekend, Luis' blood pressure stabilized at a relatively healthy rate of 120/70. "I had my reservations about the procedure at first, but I was so excited after," he says. "My wife, Fatima, was afraid I would have a heart attack – now she's relieved."

In April, Luis indicated his average blood pressure was 150/90. Since his surgery, he's been able to go for walks, a small pleasure he was deprived of before his surgery.

"I'm so grateful - I sent thank you notes to all of the doctors at Toronto General Hospital and the nurse who stayed with me," he says.





While trials have been conducted in various countries around the world, the renal denervation procedure is currently only approved in the European Union and Australia. PMCC was the first in Canada to receive approval for the operation from Health Canada and has since performed a few more procedures with funding from the Peter Munk Cardiac Centre Innovation Fund.

**Program Highlights:**

- In January 2012, surgeon-scientist Dr. Terrence Yau and his team performed Ontario's first cardiac stem cell transplant on James Culross, a 67-year-old man from Etobicoke, injecting 2.83 million stem cells into his heart, which had been damaged by a heart attack in November 2011. The stem cells were injected following coronary artery bypass graft surgery. This therapy may help James and the 50,000 other Canadians diagnosed each year with advanced heart failure.
- The Peter Munk Cardiac Centre Innovation Committee, a "Dragon's Den-style" approach to managing innovation using donations to fund innovative treatments, held its first meetings from December 2011 through March 2012. Comprised of experts from various medical specialties and non-medical business leaders, the committee will meet quarterly to determine how to allocate the PMCC Campaign's \$2-million yearly Innovation Fund, for procedures such as the renal denervation Luis Martins underwent.
- The Peter Munk Cardiac Centre's New Cardiac Catheterization Laboratories were completed in October 2011, allowing interventional cardiologists to efficiently perform and develop image-guided, minimally invasive procedures, improving the lives of thousands of patients.

**On the frontiers of medical, surgical and radiation oncology, setting standards for patient care, embracing the latest technology and international best-practices.**

**DART streamlines personalized care**

A tool cancer patients can use to assess their own anxiety is helping PMH health care teams personalize treatment even more.

The Distress Assessment and Response Tool (DART) is a computer-based survey that provides results far beyond its seeming simplicity. It asks patients questions about all aspects of their lives – not only their cancer – and streamlines personalized care for each patient based on the level of distress. DART helps the clinical team deliver the right care, for the right patient, at the right time.

"Sometimes patients don't even realize that their level of anxiety or depression is high because they're so concerned with other aspects of their health," says Nancy Gregorio, Specialized Oncology Nurse, PMH Ambulatory Clinics. "DART reveals issues that weren't always recognized during a regular clinic visit."

*“ That we're asking about their emotional and psychosocial needs give patients permission to discuss this openly. It tells them that we are interested in knowing about this part of their health. ”*

- Nancy Gregorio, Specialized Oncology Nurse

DART is now standard of care in every PMH clinic and all PMH staff are involved in using this tool to help patients. As a result, DART has improved communication in clinics and helped the health care team integrate the care it provides.



“DART bridges the gap between the patient’s concerns and the health care team making patient-centered care more enriched and effective,” says Dr. Madeline Li, Psychiatrist, Psychosocial Oncology and Palliative Care. “It’s the ultimate in personalized medicine. Care doesn’t get more individually tailored than this.”

When a patient arrives in the clinic, a patient flow coordinator directs them to the computer kiosk where they can fill out the DART assessment. A volunteer is waiting there to help them with the survey, answer questions they might have, and provide them with individually tailored educational materials based on the assessment. “It’s another meaningful way for volunteers to help patients while they are at PMH,” says Onur Kabakulak, a volunteer in the radiation review clinic.

Once the assessment is completed, the nurses and physicians in the clinic review the results, and they can compare results from visit to visit to assess how the patient is doing over the course of treatment. When distress is persistent and high, the DART printout can be used as a referral sheet to supportive care specialists such as social workers, psychologists or psychiatrists who work in the cancer program. In this way, DART has been described as the “connective tissue” in cancer care, integrating the care provided by clinic staff, nurses, oncologists, and supportive care specialists.

“I think just the fact that we’re asking about their emotional and psychosocial needs gives patients permission to discuss this openly. It tells them that we are interested in knowing about this part of their health,” says Nancy Gregorio.

“Holistic care means treating the whole person, not just a disease,” says Dr. Li. “DART helps staff across the Princess Margaret Cancer Program to do just that; integrate the psychosocial into regular cancer care to fulfill PMH’s commitment to building caring relationships with our patients and improve the overall quality of cancer care.”



**Program Highlights:**

- Dr John Dick isolated the human blood stem cell. In its purest form, this stem cell is capable of regenerating the entire blood system. This breakthrough opens the door to harnessing the power of these life-producing cells to treat cancer and other debilitating diseases more effectively.
- Dr Amit Oza found the first new drug in 15 years that improves outcome for ovarian cancer patients. Dr. Oza believes that the drug, Avastin, should be considered a potential new standard in care.
- Drs. Lillian Siu and Phillippe Bedard launched the Integrated Molecular Profiling in Advanced Cancer Trials study which will analyze tumour samples of patients with advanced lung, breast, ovarian and colorectal cancers, as well as patients eligible for Phase I clinical trials. UHN’s Laboratory Medicine Program will provide the molecular profiling information about genetic changes in the tumours which may help their doctors make treatment decisions.



**A Needle in a Haystack  
A New Era in Regenerative Medicine**



# Surgery and Critical Care Program

**Our surgical program brings in talent from around the world and integrates with every disease area across UHN to pioneer new techniques within Canada and across the world.**

## Robotic surgery gives new chance at life for lung cancer patients

It's a machine that "moves just like our hands," as Dr. Kazuhiro Yasufuku puts it.

Those new hands belong to the da Vinci Surgical System, a new surgical robotic arm that's being pioneered in Canada by UHN surgeons like Dr. Yasufuku and his team in the Interventional Thoracic Surgical Program.

In October 2011, a team of surgeons led by Dr. Yasufuku, Director of the Interventional Thoracic Surgical Program, and Dr. Tom Waddell, Thoracic Surgeon and Head of the Division of Thoracic Surgery, used the robot to remove a tumour the size of a penny from the lungs of 78-year-old Stanley Skorpion. It was a chance at life that would not have been possible before, and Stanley didn't hesitate to become the first Canadian lung cancer patient to undergo the procedure.

"The robot becomes your hands—it augments what your hands can do," explains Dr. Yasufuku. "It's so easy for your hands to move much more finely right inside the patient. They can get in really deep."

How does it work? The scope provides a three-dimensional view of the chest and lungs on high-definition monitors – a magnification 10 times greater than normal vision—while the surgical tools are used to remove the cancer. The surgeon's hands control the four robotic arms from a nearby console, and the robotic arms, in turn, translate the surgeon's hand movements into smaller, flexible, and more precise movements of tiny instruments inside the body in real time.



*“What sounds fantastic and surreal today will become the standard of care tomorrow. And we need to be part of that.”*

– Dr. Shaf Keshavjee, Surgeon-in-Chief at UHN

With earlier diagnosis of cancers such as lung cancer, made possible through UHN's Lung Cancer Rapid Assessment and Management Program, surgeons see smaller tumours. The robot lets them be more precise in their work. And those "enhanced" hands and eyes mean that not only can a

patient undergo surgery earlier in their illness, they lose less blood, have less scarring, and face a much shorter recovery time.

Patients such as Stanley, who might be ineligible because of the intensity of the procedure can be considered for surgery with the da Vinci system.

All of which meant that Stanley was already sitting up, munching on cornflakes the morning after his procedure. Within a week he was home and on the way to resuming his regular routines. In place of a large scar across his chest area, he has just four small incisions to remind him of what he went through.

At his check-up in February, he remained cancer-free, saying that "there was nothing to it. There was no pain and the incisions are so small."

To date, robotic surgery has most often been used for prostate and gynecological surgeries. It is now being used in several U.S. and European centres, and at TGH, as a useful technique in treating lung cancer.

"More than 70% of lung cancers have a good chance of being cured, if they are treated early enough," says Dr. Yasufuku. "We have brought together a team of surgeon-scientists, who use and further develop the latest technology to try and change lung cancer's horrible statistics."

Dr. Yasufuku, one of the most internationally respected thoracic surgeons with expertise in minimally invasive thoracic surgery and diagnostic procedures, was recruited from Tokyo to set up a unique interventional thoracic surgical program at TGH, which includes the development of novel technology and a surgical suite to improve the current ways of diagnosing and treating lung cancer.

The robot has since been used by the Thoracic Surgery department on 15 patients.

“Robotics has the capability to enhance the abilities of the surgeon’s hands. What sounds fantastic and surreal today will become the standard of care tomorrow. And we need to be part of that,” says Dr. Shaf Keshavjee, Surgeon-in-Chief at UHN.

### Program Highlights:

- In March 2011, a new stent graft system was used to treat a patient with an abdominal aortic aneurysm – a first in North America. The device is called a Fenestrated Anaconda and gives surgeons greater accuracy in positioning it than has been possible up to now. Patient wait times are also reduced with the new device, from months to mere weeks.
- In a study published in *Nature*, Dr. Michael Tymianski demonstrated the neuroprotective effects of a drug in treating stroke in a lab setting. The drug, known as a postsynaptic density (PSD95) inhibitor, prevents the occurrence of these neurotoxic reactions.
- Opened the Organ Repair Laboratory at Toronto General Hospital, which will enable leading edge stem cell work and organ repair regeneration - such as Ex-Vivo Lung Perfusion - directly within the surgical unit.

## Toronto Rehab

**We began this annual report with the story of Pablo Boada, who was treated for a stroke at the Krembil Neuroscience Centre. It seems fitting that we should end with his rehab care at Toronto Rehab in this, our first year of integration.**

### Toronto Rehab gets Pablo Boada back on his feet and at home with his family

Thirty-five-year-old stroke patient Pablo Boada was eager to begin rehab so he could return home to his family. Fortunately, on February 2—after only nine days at Toronto Western Hospital—he had a quick and smooth transition to Toronto Rehab’s Stroke Program.

“*This team-to-team relationship didn’t exist a couple years ago. Now if a Toronto Rehab stroke patient needs acute care attention, we can easily be in touch with our Toronto Western colleagues. Our collaboration allows for more continuous care that is best for the patients.*”

– Dr. Denyse Richardson, Physiatrist, Stroke Program

Pablo’s stroke left him with no movement on his left side. When he arrived at Toronto Rehab, he just had surgery and struggled to sit up in a chair. Through his busy and demanding rehab regimen of occupational therapy, physiotherapy and physical exercise, he graduated from a wheelchair to walking with a quad cane, to walking with a single cane, and eventually standing on his own by the time he was discharged on March 29.

“I found the transition to Toronto Rehab extremely overwhelming, but my care team made my transition comfortable,” says Pablo. “Once I was settled, my therapists pushed my limits, which I always encouraged. They knew I wanted to work as hard as I could on my rehab goals.”



Studying surgical mistakes



Pablo's time at UHN was made better thanks to a formal collaboration initiative between Toronto Rehab's Stroke Program, Toronto Western's Neurovascular Unit and other hospitals' stroke programs. This began before Toronto Rehab and UHN's integration to familiarize the different teams with one another. However with integration, there has been an easier flow of information, patients and staff, and the establishment of collaborative meetings between the acute and rehab teams to look at ways to improve the quality of care and transition for patients. The greater collaboration between the programs has ultimately improved the stroke patients' experiences.

"The reinvestment of the integration savings adds three beds to the Stroke Rehab Program to intensify therapy and fast track patients so they can return home sooner," says Joanne Zee, Clinical Director, Brain and Spinal Cord Rehabilitation Program, UHN. "These are the additional resources the stroke collaboration needs to succeed."

Dr. Denyse Richardson, Pablo's physiatrist in the Toronto Rehab Stroke Program, recalls that when Pablo had concerns about the healing of the surgical incision on his head, he was relieved to know that his TWH neurosurgeon, Dr. Michael Tyminski, was just a phone call away for Dr. Richardson. She never did need to make that call.

"This team-to-team relationship didn't exist a couple years ago," explains Dr. Richardson. "Now I would say the Toronto Rehab and Toronto

Western stroke teams are much more aware of each others' work and therefore can work together more cohesively. If a Toronto Rehab stroke patient needs acute care attention, we can easily be in touch with our Toronto Western colleagues. Our collaboration allows for more continuous care that is best for the patients."



Pablo has returned home and continues his rehab in the Toronto Rehab outpatient clinic. The therapists are working with him on his finer motor skills so he can achieve his greater goals of losing the cane, hiking again with his Jack Russell terrier, Mellie, playing sports and video games with his 14-year-old son Elijah, getting his driver's license back and being able to care for all his personal needs.

### Program Highlights:

- In November, 2011, Toronto Rehab opened the iDAPT Centre for Rehabilitation Research – a first-of-its-kind in the world, that recreates real-world environments, such as winter conditions or stairs, for research.
- The University Centre East Wing opened, enhancing patient care space and therapy facilities.
- Reinvested \$2.5 million in integration savings for the following initiatives:
  - Building capacity in high tolerance Stroke Care
  - Intensification of Neuro Rehab
  - Intensification of Muskuloskeletal Rehab
  - Advanced practice nursing resources in Geriatric Rehab
  - Enhancement of Pharmacy services



**iDAPT: The Future of Rehabilitation Research**  
**Stimulation Therapy: A Wake-up Call for Muscles**  
**Sleep Apnea: A New Detection Device**

# Foundations

**Toronto General & Western Hospital Foundation**

**Arthritis Research Foundation**

**Toronto Rehab Foundation**

**Princess Margaret Hospital Foundation**

## Foundations

### Arthritis Research Foundation

**The Arthritis Research Foundation raised \$3.1 million dollars in 2011/2012.**

### Arthritis advances make motherhood possible for Erin McQueen

When Erinn McQueen first met Dr. Edward Keystone, she cried. At 21, she was diagnosed with arthritis. Dr. Keystone's words—"I will get you better. It may take some time, but I will get you better."—left both Erinn and her mother in tears. Dr. Keystone is a rheumatologist and one of the founders of the Arthritis and Autoimmunity Research Centre (AARC) at UHN.

"His determination and belief were infectious. I believed I could get better too," she recalls.

When Erinn was first diagnosed with arthritis, she was an active kinesiology student and a soccer player. "I took good health for granted. Like any 21-year-old would," she says. Given her age, it took some time for the pain in her knees, elbows and wrists—eventually spreading to 30 different joints—to be diagnosed as rheumatoid arthritis.

"It got worse almost daily," says Erinn.

Twelve years later, she is married with two children. But she is also on anti-inflammatory medications. She has had an elbow and a hip replacement. It is her treatments through Dr. Keystone that have helped Erinn keep going—she's received biologic treatments, the first of which put her in remission for long enough to have her children.

### Foundation Highlights:

- Over the past year, AARC scientists have brought together their biomedical research expertise with the radiation physics department of UHN to find new ways to help patients with inflammatory diseases. In particular, they are using the STTARR Innovation Centre – a radiotherapy research facility established by the Princess Margaret Cancer Program – to further expand the use of imaging technology specifically for arthritis patients.
- The Foundation changed its name to the Arthritis Research Foundation, to further clarify its goals and mission.



## Foundations

### Princess Margaret Hospital Foundation

**The Princess Margaret Hospital Foundation raised \$84.2 million dollars in 2011/2012.**

#### Rapid diagnostics gets Christmas boost from donor

Emmanuelle Gattuso received a Christmas gift this year that just keeps on giving. And giving, and giving – not just to her, but to numerous cancer patients. A \$1.4 million donation from her husband and children wrapped up a \$25-million fundraising campaign that will see one-day breast cancer diagnoses become a reality at Princess Margaret Hospital, through the Gattuso Rapid Diagnostic Centre.



The campaign was inspired by Emmanuelle's own brush with cancer a decade ago. The six-week wait to find out whether she did in fact have cancer seemed like an extra, painful cruelty. Then, in 2006, Dr. David McCready, a surgical oncologist and head of the breast cancer program at Princess Margaret Hospital, initiated a pilot program of rapid diagnosis that would substantially reduce wait-times and the stress involved for patients for whom breast cancer was suspected—down to just one

day. An earlier diagnosis not only greatly reduces patients' anxiety, it means treatment can start sooner too.

Emmanuelle jumped on board, and with her family, has donated more than \$20 million for this groundbreaking venture into personalized cancer medicine.

"I cried tears of joy when Allan and Gary gave me the \$1.4 million cheque for The Gattuso Rapid Diagnostic Centre campaign. There is nothing we would love more than to have rapid diagnosis become the standard of care for all cancers."

Since its inception, nearly 2,000 patients have been through the Gattuso Rapid Diagnostic Centre. Of those patients, 48% received a diagnosis of breast cancer.



#### Foundation Highlights:

- The inaugural Road Hockey To Conquer Cancer was held in October 2011. Over 1,500 participants spent the day from dawn to dusk enjoying a full day of road hockey, along with food, celebrity involvement, and more. More than \$2.4 million was raised to benefit Princess Margaret Hospital and the Canadian Cancer Society. In 2012, the event will expand to Vancouver and Edmonton.
- Disco Days and Boogie Nights (Dance To Conquer Cancer) took place for the first time in February, and was an instant success. The three-hour dance-athon raised \$500,000. Highlights included appearances by Richard Simmons, Blake McGrath and vocalist Gloria Gaynor of "I Will Survive" fame.



**Road Hockey To Conquer Cancer Flashmob**



# Foundations

## Toronto General & Western Hospital Foundation

**The Toronto General & Western Hospital Foundation raised \$71.7 million dollars in 2011/2012.**

### New Diwali fundraiser supports UHN Emergency Departments

It started as a small idea - a whim, almost - and ended in colourful costumes, dancing, music, and \$1 million in sponsorships to support Emergency Medicine at UHN.

"This truly has been a labour of love for me. It began with an idea I had about two years ago... well, OK, it was my wife's idea, but in a couple of more years, it would have definitely come to me!" joked Dr. Anil Chopra, Medical Director of UHN's Emergency Departments, at the gala event. "She encouraged me to do something more for our hospital -- to do something more for our patients."

That small spark spread and became an example of integrated fundraising across UHN. Dr. Chopra brought his idea to the Toronto General & Western Hospital Foundation (TG&WHF), while UHN leaders such as Dr. Michael Baker, former Physician-in-Chief, and TG&WHF Board Member Richard Wachsberg who served as Co-Chair along with Dr. Chopra and Vikram Khurana. Dr. Dhun Noria, UHN Board of Trustees member, also joined the planning committee. And finally, the team reached out to the South Asian community to become involved and attend the first annual Diwali - A Night to Shine.

In all, the efforts of the planning team led to a sold-out evening with 650 guests. The money raised went towards cutting edge patient care tools, IT, infrastructure and providing the best education and research care program possible for Emergency Departments that treat over 85,000 patients every year.

The gala event began with a traditional Diwali diya-lighting ceremony, and included a fashion show with models and Indian dancers, as well as an art show and numerous celebrity guest appearances such as Bollywood star Akshay Kumar. Plans are already underway for the 2012 event, on November 10.

### Foundation Highlights:

The Foundation launched three major campaigns this year:

- Brain Campaign - A \$200-million campaign to raise funds for critical neurological research at the Krembil Neuroscience Centre
- Peter Munk Cardiac Centre - A \$100-million campaign to help the PMCC move cardiovascular care in innovative new directions and deliver the best patient outcomes.
- Arthritis Campaign - A \$25-million campaign to help create a world-first research program in arthritis.



**Why we give to UHN Education  
Diwali - A Night to Shine, Event Highlight Reel**



## Toronto Rehab Foundation

**The Toronto Rehab Foundation raised \$2.3 million dollars in 2011/2012.**

### Honouring a patient's recovery through fundraising

"I recognized the toothbrush, but I couldn't say the word," says Harvey T. Strosberg. "I had to learn language over again and it took me a lot of time."

A leading Ontario litigator, Harvey suffered a stroke in 2010, which left him unable to speak. He received acute care through Toronto Western Hospital and rehabilitation through Toronto Rehab. The toothbrush was one of many everyday objects his therapists would show him to help him regain language skills.

"I couldn't have imagined I would have a stroke at my age, and yet I did," he says. "Thanks to the help from Toronto Rehab, my family, my friends, my doctors and my speech therapists, I'm back."

Just one year later, in November 2011, Toronto Rehab Foundation hosted the Harvey's Back gala event, in his honour.

"Harvey Strosberg is one of a kind. When he had his stroke, everyone was shocked because he seemed so invincible. A brilliant man who speaks eloquently in court for a living, suddenly could not utter a word," says Terry O'Sullivan, event co-chair, and a Board Member with the Toronto Rehab Foundation. "At Toronto Rehab he learned to apply his famous determination to get better. He fought hard. And he won. He never ceases to amaze."

Harvey gave a moving speech at the gala about the positive impact of his rehabilitation and how his stroke profoundly influenced his perspective on life.

The event raised \$315,000 for stroke research in Toronto Rehab's Brain & Spinal Cord Program.

### Foundation Highlights:

- Toronto Rehab's Chair in Cardiovascular and Metabolic Rehabilitation was established, focusing on chronic disease management and rehabilitation through exercise therapy, education and lifestyle change.
- Toronto Rehab researchers were among the first to successfully demonstrate the connection between sleep and health care, including stroke risk. The Clifford Nordal Chair in Sleep Apnea and Rehabilitation Research will more fully develop and expand specialized research, teaching and clinical work and develop new treatments.



For the year ended March 31, 2012 (Amounts in \$ thousands)

## Revenue

Ontario Ministry of Health & Long-Term Care / Toronto Central Local Health Integration Network	
Hospital programs	\$ 997,090
Specifically funded programs	81,919
Other patient services	178,786
Grants and donations for research and other purposes	246,081
Ancillary services and other	254,502
Amortization of deferred capital contributions	73,679
	<b>\$ 1,832,057</b>

## Expenses

Compensation	\$ 1,089,801
Medical, surgical supplies and drugs	201,758
Specifically funded programs	82,175
Plant operations and equipment maintenance	85,846
Depreciation	100,046
Interest on long-term liabilities	18,750
Supplies and other	224,058
	<b>\$ 1,802,434</b>

<b>Excess of revenue over expenses for the year</b>	\$ 29,623
Net change in unrealized gain on available for sale investments	2,557
Transfer to internally restricted net assets	(29,817)
Net change in unrestricted net assets	2,363
Unrestricted net assets, beginning of year	315,660
<b>Unrestricted net assets, end of year</b>	<b>\$ 318,023</b>

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

## Assets

<b>Current</b>	
Cash and cash equivalents	\$ 201,661
Accounts receivable	194,375
Inventory	14,031
Prepaid expenses	6,858
<b>Long Term</b>	
Loans receivable	7,988
Capital assets, net	1,197,740
Long-term investments	294,862
	<b>\$ 1,917,515</b>

## Liabilities and Net Assets

<b>Current</b>	
Accounts payable and accrued liabilities	\$ 414,501
Current portion of long-term liabilities	15,836
<b>Long Term</b>	
Due to MaRS Development Trust	85,989
Deferred research contributions	179,928
Long-term debt	202,270
Employee future benefit liabilities	37,555
Deferred capital contributions	605,744
	<b>1,541,823</b>
<b>Net Assets</b>	
Internally restricted	57,669
Unrestricted	318,023
	<b>\$ 1,917,515</b>

On July 1, 2011, UHN acquired the assets and assumed the liabilities of Toronto Rehab. As a result, the former carrying values of Toronto Rehab's assets, liabilities and net assets and its operations and cash flows for the years ended March 31, 2012 are included in these financial statements as if the hospitals had always been combined.



## Statistical Report 2011/2012

### Program Grouping Activity

UHN	Inpatient Separations*	Inpatient Weighted Cases+	CCC RUG Weighted Patient Days**	Day Surgery Cases~	Day Surgery Weighted Cases^	Ambulatory Visits*
Acute	33,887	76,636		31,757	5,452	898,602
Rehab	1,869	2,921				
Complex Continuing Care (CCC)	299		73,491			
Rehab & CCC Combined						86,385
<b>TOTAL</b>	<b>36,055</b>	<b>79,557</b>	<b>73,491</b>	<b>31,757</b>	<b>5,452</b>	<b>984,987</b>

\*Data is based on General Ledger for Acute, NRS for Rehab, and CCRS for CCC, PHS for Rehab & CCC Ambulatory Visits; + 2011 CMG+ Grouper RIW for Acute, 2011/12 grouper year for Rehab; \*\*2011/12 RUG III CMI Weights; ~ Coding (NACRS); ^ 2011 CACS Grouper 2011 RIW; `excludes radiation fractions

### Site Activity

Site	Beds*	Inpatient Days*	Clinic & Day/Night Care Visits*	Emergency Visits*
TGH	406	137,687	231,517	40,888
TWH	245	89,192	406,505	56,630
PMH	122	42,599	260,580	
TRI - Bickle Centre	208	66,810	2,816	
TRI - University/Hillcrest Centre	152	49,840	25,189	
TRI - Lyndhurst Centre	57	18,453	7,174	
TRI - Rumsey Centre			51,206	
<b>UHN</b>	<b>1,190</b>	<b>404,581</b>	<b>984,987</b>	<b>97,518</b>

\*TGH, TWH, and PMH data based on General Ledger. TRI data based on the TRI Operating plan FY2011/12.

### Research Activity

Program Grouping Activity 2011/2012	External Research Grants Awarded to UHN
Medical & Community Care (MCC)	\$ 21,683,963
Surgical Programs and Critical Care (SPCC)	20,238,513
The Arthritis Program (AP)	10,933,394
The Joint Department of Medical Imaging (JDMI)	2,733,165
The Krembil Neuroscience Centre (KNC)	16,061,097
The Laboratory Medicine Program (LMP)	6,103,249
The Multi-Organ Transplant (MOT)	7,434,621
Peter Munk Cardiac Centre (PMCC)	12,845,442
The Princess Margaret Cancer Program (PMCP)	175,275,319
Toronto Rehabilitation Institute (TRI)	14,161,649
<b>Sub total Research External Grants</b>	<b>\$ 287,470,413</b>
*PIs without a program grouping assignment	<b>\$ 14,848,468</b>
<b>Grant total Research External Grants</b>	<b>\$ 302,318,881</b>

### Trends Report

#### Inpatient and Outpatient Activity (thousands)



#### Growth in Revenue (millions)



#### Growth in External Research Funding Awarded (millions)



# Global Impact

## Exemplary patient care, research and education

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### ACADEMIC

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

### 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

### 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

### 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

### WE

Continue to build organizational capability and capacity