

WOMEN'S COLLEGE HOSPITAL 2015 ACCESS + INNOVATION REPORT



Women of the WCH study - *A Thousand Voices for Women's Health*

A NEW HOSPITAL TO IMPROVE HEALTHCARE FOR ALL

When our new facility is completed later this year, WCH will fully integrate research, teaching, clinics and surgery under one roof. This purpose-built and welcoming space was designed with direct input from women in the communities we serve, on what they want from their hospital. This was done through a WCH study, *A Thousand Voices for Women's Health*, wherein we spoke to over 1,000 women from different cultural, socio-economic and ethnic backgrounds. These women's insights and ideas were used in the design of our new hospital and they inspired the functional layout and sensory environment of this exceptional healthcare facility and the programs and services that are provided within it.

One of its unique features is the iconic pink cube at its centre: a bright, open space forming part of a conference centre that will serve as a hub of collaboration in research, clinical care and education. This bold architectural feature is the physical and philosophical heart of Women's College Hospital. It is a symbol of our dedication to advancing the health and well-being of women – a place for them to be inspired, empowered and healed.

The more we discover and understand about the differences between women and men, the better we are able to serve all.



"As a leader in health system solutions and virtual care, Women's College Hospital is driving real innovations in how and where treatment is provided. WCH is creating a sustainable model for the future of healthcare."

– Mary Lou Maher, chair of the board of directors

"At Women's College Hospital, we know that the healthcare needs of women from all cultural and socio-economic backgrounds are changing. And as an ambulatory hospital with a focus on women's health, we're responding to those growing needs."

– Marilyn Emery, president and CEO

REVOLUTIONIZING HEALTHCARE THROUGH THE VOICES OF A THOUSAND WOMEN



The Revolutionists: (L-R) Marilyn Emery, President and CEO
and Mary Lou Maher, Board Chair

A MESSAGE FROM MARILYN EMERY AND MARY LOU MAHER

Women's College Hospital (WCH) has always been committed to advancing the health of women.

To us, that means more than diagnosing and treating medical conditions. Our approach encompasses research and clinical programs that recognize the broad spectrum of issues that influence a woman's health: personal, social, political, economic and environmental factors. It's an approach that drives us to acknowledge women's experiences, and to help women and their families live healthier and more independent lives. And the more we discover and understand about the differences between women and men, the better we are able to serve all.

That approach has been revolutionary.

Our long-term commitment to improving the health of women has made Women's College Hospital a leader in creating and implementing new models of care, which allow us to improve the health system as a whole. By delivering innovative clinical programs and research for women, we are also developing solutions for some of the most pressing issues facing our health system today.

We do that by reducing inpatient hospitalization, by fostering prevention and by developing innovative ways of managing chronic conditions. Diabetes, heart disease, mental illness and cancer are just a few of the conditions that are affecting women's lives, often in

combination – and often very differently than they affect men. Women’s College Hospital is helping our patients to manage and even prevent these conditions without overnight hospitalization. That’s why we say that we are a hospital designed to keep people out of hospital.

We are able to accomplish that because Women’s College Hospital is far more than an ambulatory care facility. It’s an academic hospital with a research institute dedicated to improving the health and the lives of women and their families. It’s an innovative environment where many of our scientists and researchers are also clinicians, so their research breakthroughs are translated directly to clinical programs. It’s the home of WIHV – the WCH Institute for Health System Solutions and Virtual Care – which develops and tests new ideas, programs and public policies. And it’s a teaching hospital where tomorrow’s healthcare professionals learn to work in an ambulatory setting.

The completion of our new facility will further strengthen our leadership in health system solutions and innovative models of ambulatory care.

When our new facility is completed later this year, WCH will fully integrate research, teaching, clinics and surgery under one roof. This purpose-built and welcoming space was designed with direct input from women in the communities we serve, on what they want from their hospital. This was done through a WCH study, *A Thousand Voices for Women’s Health*, wherein we spoke to over 1,000 women from different cultural, socio-economic and ethnic backgrounds. These women’s insights and ideas were used in the design of our new hospital and they inspired the functional layout and sensory environment of this exceptional healthcare facility and the programs and services that are provided within it.

One of its unique features is the iconic pink cube at its centre: a bright, open space forming part of a conference centre that will serve as a hub of collaboration in research, clinical care and education. This bold architectural feature is the physical and philosophical heart of Women’s College Hospital. It is a symbol of our dedication to advancing the health and well-being of women – a place for them to be inspired, empowered and healed.

The programs featured in this report describe advances in areas that vary from technology to mental health to gerontology. They are examples of how the dedicated staff, clinicians and researchers at Women’s College Hospital have pioneered ideas, forged new approaches and created solutions that benefit patients, their families and the healthcare system.

This is how Women’s College Hospital is revolutionizing the health of women.

We would like to thank our Board of Directors for their unwavering support and dedication to our hospital.

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LEADING THE WAY IN COLPOSCOPY CARE **THROUGH PARTNERSHIPS AND INNOVATION**



The Revolutionists: (L-R) Dr. Joan Murphy, Clinical Lead, Ontario Cervical Screening Program; Dr. Lisa Allen, Site Chief of Obstetrics and Gynecology; Gayle Veira, RN; Nancy Groff, RN, Clinical Manager, Surgical Program Clinics; Susan Bell, RN, Clinical Resource Lead, Surgical Services; Victoria Noguera, RN, Director of Perioperative Services & Gynecology; Catriona Buick, RN, PhD Candidate

Colposcopy is a diagnostic procedure that identifies very early precursors to cervical cancer. Women who have had an abnormal Pap screening test are referred for this procedure.

“We hope to be integrating the use of HPV testing into colposcopy and cervical cancer screening, which is a brand new intervention,” says Dr. Joan Murphy, clinical lead, Ontario Cervical Screening Program, explaining that almost all cases of cervical cancer are linked to HPV. “At the same time, the population of women immunized for HPV will begin to reach screening age. That’s going to move the goalposts for cervical screening, and it will change the practice of colposcopy.”

Another big change is that the Ministry of Health and Long-Term Care is bringing colposcopy under the Quality-Based Procedures funding model, or QBP.

“The basis of service delivery under QBP is the clinical handbook, which defines evidence-based best practices from referral to discharge,” says Victoria Noguera, RN, director of perioperative services and gynecology. “It also regionalizes services into areas of specialty, which is a more efficient, effective way to deliver healthcare through centres where that specialty is the primary area of focus.”

The Centre of Excellence for Colposcopy is putting those changes into action. It will be more efficient in terms of resource use, but also in terms of achieving expertise and optimal practice. Bringing experts together to provide focused care creates opportunities for clinical improvements and research advancements.

The centre brings together healthcare professionals from WCH’s gynecology program and the Bay Centre for Birth Control, Princess Margaret Hospital and University Health Network. Among its resources is an electronic database called e-Colpol, which was developed at Princess Margaret. E-Colpol is a clinical documentation tool as well as a research database.

The centre is also taking a leadership role in nursing education, with a learning model set up by PhD candidate Catriona Buick, RN with the colposcopy centre, and Sue Bell, RN, clinical resource lead, surgical services.

“The Ontario Colposcopy Nursing Network is scheduled to launch in September,” Buick says. “The hope is to collaborate with nurses across Ontario in colposcopy with all the changes that are coming down the pipeline in terms of QBP and changes to HPV screening, and to expand the role of nurses in colposcopy.”

The Centre of Excellence for Colposcopy also hosts visits from other centres and external observers with an interest in establishing best practices in colposcopy.

“As a Centre of Excellence, we are trying to be exemplary in terms of standards of care, and we will serve as a resource for other centres trying to make these changes,” Dr. Murphy says.

“Most women with an abnormal Pap test will not have the precursors to cervical cancer. Our job is to find the ones who do. When identified at that stage, the cure rate is close to 100 per cent.”

– Gayle Veira, RN

TAILORING CARE FOR PATIENTS WITH ATRIAL FIBRILLATION



IT IS ESTIMATED THAT 70 TO 80 PER CENT OF ATRIAL FIBRILLATION (AF) PATIENTS ARE ADMITTED TO HOSPITAL AT SOME POINT. WITH THE WOMEN'S COLLEGE HOSPITAL AF QUALITY CARE PROGRAM, PATIENTS CAN MANAGE THEIR CONDITION INDEPENDENTLY AND STAY OUT OF THE HOSPITAL.

The Revolutionists: (L-R) Dr. Tara O'Brien, Medical Director of AACU; Maria Timofeeva, NP-PHC; Jon Hunchuck, Pharmacist

Approximately 350,000 Canadians are living with atrial fibrillation (AF) – the most common cardiac arrhythmia. In recent years, as the population has aged, emergency department visits and hospital admissions related to AF have steadily increased. Additionally, AF patients are three to five times more likely to suffer a stroke later in life. In fact, these patients account for 15 per cent of all stroke cases.

Prevention of AF-related hospital admissions and strokes can be achieved through comprehensive chronic disease management, including regular visits with primary care providers. At Women's College Hospital (WCH), the Atrial Fibrillation Quality Care Program (AFQCP) provides early intervention in the care of patients with AF to prepare them for long-term disease management. With expertise in general internal medicine, pharmacy and nursing, a coordinated and individualized patient care plan is developed and communicated to each patient's primary care provider. Under this unique WCH program, patients are provided with tools to better understand their condition. Additionally, patients benefit from treatments that decrease stroke risk and minimize symptoms, so that unnecessary visits to the hospital can be avoided.

"Patients living with atrial fibrillation often have recurrent visits to the emergency room. Our program creates a support network for patients by providing education about atrial fibrillation as well as a number to call to help troubleshoot questions or symptoms," says Dr. Tara O'Brien, medical director of WCH's acute ambulatory care unit (AACU) and a member of the AFQCP team.

Upon entering the program, patients typically complete a number of recommended tests and procedures – such as echocardiography, stress tests and extended heart rate and rhythm monitoring – to identify any structural or electrophysiological heart conditions.

Each member of AFQCP's interdisciplinary team takes time to meet with the patient and review the recommended care plan – which addresses the individual's specific symptoms, stroke risk and quality of life concerns. Patients are provided a basic overview of this lifelong condition.

"We provide a space for patients to ask questions and complete diagnostics," says Jon Hunchuck, a WCH pharmacist and AFQCP team member. "It's an investment in time, but our program could save patients from unnecessary trips to the emergency room – and from serious conditions."

At the end of each visit, patients walk away with written documentation, summarizing the major discussion points from the meeting and a number they can call to reach the AFQCP if they have any additional concerns. What's more, these notes are also forwarded to the patient's family physician.

Though the program was only established at WCH two years ago, the AFQCP team has worked with approximately 300 unique patients with successful outcomes.

Recently, the team recalls working with a patient who left the emergency room after having a transient ischemic attack, or mini-stroke. The team worked quickly to connect the patient to a general internal medicine physician and stroke specialist familiar with the patient's case. This put into action a rigorous plan for reducing the patient's potential risk of stroke.

"Our model of care is unique and unlike anything out there," explains Maria Timofeeva, a nurse practitioner with WCH's AACU and a member of the AFQCP team. "Our patients get more in terms of education and we develop personalized treatment plans that are geared towards their symptoms and risks, and are backed by research."

"Our model of care is unique and unlike anything out there. Our patients get more in terms of education and we develop personalized treatment plans that are geared towards their symptoms and risks, and are backed by research."

– Maria Timofeeva, NP-PHC and member of AFQCP team

A TRAUMA-INFORMED APPROACH TO HEALTHCARE



The Revolutionists: (L-R) Dr. Catherine Classen, Psychologist; Dr. Carrie Clark, Psychologist; Anne Fourn, OT Reg. (Ont.); Sheila Macdonald, RN, Clinical Manager of SA/DVCC & BCBC; Janice Du Mont, EdD; Dr. Valerie Taylor, Chief of Psychiatry; Robin Mason, PhD

For a trauma survivor, visiting the doctor's office can be one of the most difficult tasks. Though survivors are at a higher risk of developing chronic health conditions – including depression, anxiety, migraines, heart disease and certain cancers, to name a few – this same population is less likely to seek medical help. Often when trauma survivors do seek medical care, their conditions have reached an advanced stage.

These trends speak to a larger problem – individuals who have experienced serious trauma tend to avoid medical checkups because they fear the invasive nature of certain procedures or the feeling of powerlessness when interacting with health professionals. In some cases, these appointments might actually re-traumatize clients and set them back substantially in their mental health recovery.

For the trauma therapy team at Women's College Hospital (WCH), caring for traumatized populations involves changing the way care providers approach health and their clients. WCH psychologist Dr. Catherine Classen, PhD, firmly believes that trauma-informed approaches need to be embedded into current clinical practices. More specifically, practitioners need to collaborate with clients, explain medical procedures in detail and avoid any perception of patient-blaming.

Recently, Dr. Classen and her colleagues – Dr. Carrie Clark, PsyD, a WCH psychologist; Anne Fourt, a WCH occupational therapist, and psychiatrist Dr. Maithili Shetty, who was previously with WCH and who is now affiliated with the University of British Columbia – published a unique reference text for all healthcare providers called *Treating the Trauma Survivor: An Essential Guide to Trauma-Informed Care*. This concise and user-friendly book sheds light on how clinicians can create a space where clients feel safe and supported. Without a sense of safety, trauma survivors may not feel able to communicate their healthcare needs or may avoid healthcare altogether.

"We're a part of a real and important cultural shift in healthcare," says Dr. Classen. "Care providers have a clinical and ethical responsibility to deliver trauma-informed care that is respectful and inclusive. We want to lead this change by making our hospital a model of trauma-informed care."

The team at WCH is also in the early stages of planning its next Trauma Talks conference – a meeting that brings together providers across various health disciplines to discuss principles of trauma-informed care.

"Trauma-informed care is high-quality, personalized patient care. It recognizes that many clients we see have had difficult experiences earlier in life and this can compromise their ability to fully participate in, or deal with, current systems of care," says Fourt. "Our motivation comes from our focus on learning from clients. Our system needs to be fully accessible and truly sensitive to the needs of survivors."

Both the new text and the conferences have earned high praise. The team has been commended for sharing meaningful and practical insights on this complex healthcare issue. From here, the team is striving to establish WCH as Canada's first trauma-informed hospital, from top to bottom.

"Survivors of trauma often do not feel safe – even in their own bodies. Our work is about helping survivors develop a sense of security during interactions, through respect, honouring boundaries and listening," says Dr. Clark. "Sharing tools and resources with our colleagues, across all disciplines, is an important part of creating a trauma-informed system."

"We're a part of a real and important cultural shift in healthcare. Care providers have a clinical and ethical responsibility to deliver trauma-informed care that's respectful and inclusive. We want to lead this change."

– Dr. Catherine Classen, psychologist

REDEFINING THE POTENTIAL OF AMBULATORY CARE FOR COMPLEX SURGERIES



The Revolutionists: (L-R) Cheryl Woodman, Director of Strategy & Performance; Dr. Gerald O'Leary, Chief of Anesthesia; Dr. John Semple, Chief of Surgery; Dr. John Theodoropoulos, Head, Division of Orthopaedics; Dr. Lisa Allen, Site Chief of Obstetrics & Gynecology; Dr. Richard Brull, Site Chief of Anesthesia; Mei Lei Ling, RN, Clinical Manager of Surgical Services; Victoria Noguera, RN, Director of Perioperative Services & Gynecology

The 10 state-of-the-art operating rooms at Women's College Hospital (WCH) are among the most advanced in North America. Fittingly, they are home to innovative, minimally invasive approaches to complex surgeries that let patients go home in time to sleep in their own beds.

As a fully ambulatory hospital, WCH is a leader in transforming traditionally inpatient surgeries into ambulatory procedures. By creating novel clinical pathways and pain management processes, WCH surgical teams are not just dramatically reducing length of hospital stay, but also improving patient experience and treatment outcomes.

"Reasons patients might require an overnight hospital stay include pain, and post-op nausea and vomiting," says Victoria Noguera, RN, director of perioperative services and gynecology. "We're developing standardized approaches to provide pre-emptive analgesia and post-op nausea and vomiting practices."

Surgeons at WCH are now implementing this type of innovation in thyroid surgery.

"Currently we keep patients less than 24 hours for total thyroidectomies," says Dr. John Semple, chief of surgery at WCH. "But we're going to be able to send half of those patients home about six hours after surgery. We're building patient care pathways and a comprehensive program that involves surgery, anesthesia, nursing and our partner institutions."

Some surgeries at WCH will be moving out of the operating room altogether. The gynecology department's ambulatory procedures program uses conscious sedation, rather than general anesthesia, during procedures such as global endometrial ablation and hysteroscopic tubal occlusion.

"We've optimized patient safety for these procedures, and we're going to transition them out of the operating rooms and into procedure space so it's even less invasive for women," says Dr. Lisa Allen, site chief of obstetrics and gynecology at WCH.

WCH's ambitious expansion of its surgery program will help address growing needs within the healthcare system, and advance the health of women.

"We'll be expanding breast cancer surgery, hereditary cancer clinics and programs, and thyroid surgery. These are all cancers more common in women," Dr. Semple says. "In doing so, we are addressing cancer wait times in downtown Toronto and supplying timely treatment while also offering unique programs specific to cancers common in women."

One such program is the Familial Ovarian Cancer Clinic (FOCC), which offers comprehensive, multidisciplinary care for women with BRCA mutations who have a high risk of ovarian cancer. In addition to preventive surgery, the program offers counselling about risk reduction options, and ongoing aftercare to meet the specific needs of women whose ovaries were removed before menopause.

"In the past year, we've doubled the volume of the clinics to accommodate the current patient needs," Dr. Allen says, noting that demand for the program will likely grow as BRCA testing expands. "The goal for us is to create and incubate a model of care that works well, and then to disseminate it beyond our walls so that this exceptional care can also be offered elsewhere."

In addition to expanding existing programs, WCH will also be providing new surgeries in areas such as orthopedics, hernia surgery and gynecology.

"These are all areas for which other hospitals are struggling to keep up with their waiting lists," Dr. Semple says.

One such program that is now underway at WCH is surgery for soft tissue trauma injuries in orthopedics.

"These are surgeries that have to be done in a limited time frame," Noguera explains. "By creating this trauma capacity, we are taking pressure off acute care facilities and emergency departments."

WCH's role as an ambulatory hub provides the ideal environment for redefining the scope and potential of ambulatory surgery. This pioneering approach is what makes WCH the hospital that keeps people out of hospital.

"Women's College Hospital has a ground-breaking surgical program that develops health system solutions, and contributes in a unique way to modern healthcare in Ontario."

– Dr. John Semple, chief of surgery

BRIDGING CARE BETWEEN HOSPITAL AND THE COMMUNITY WITH YWCA



OF THE 300 APARTMENTS FOR WOMEN AT THE YWCA ELM CENTRE, 15 PER CENT ARE FOR WOMEN OVER AGE 50 AND 100 APARTMENTS ARE RENT-GEARED-TO-INCOME (RGI) UNITS FOR WOMEN WHO HAVE MENTAL HEALTH OR SUBSTANCE USE ISSUES.

The Revolutionists: (L-R) Dr. Sheila Wijayasinghe, Medical Director of Primary Care Outreach; Jennifer Dockery, RN, Clinical Director of Primary Care and Health Equity; Rosanra Yoon, NP, Jane Tweed Centre; Kristen Winter, Chief Human Resources Officer; Heather McGregor, CEO, YWCA Toronto

Women's College Hospital (WCH) has always been a committed member of the diverse communities of Toronto, striving to reach beyond its doors. That's why WCH partnered with YWCA to provide primary care at the YWCA Elm Centre to women who are struggling with significant substance use issues and mental health concerns.

"The goal of the program is to connect these women back to family practice at Women's College so they will have consistent comprehensive primary care," says Dr. Sheila Wijayasinghe, medical director of primary care outreach at WCH. "The YWCA Elm Centre is an apartment complex that houses 300 women, 150 of whom are in supportive housing."

Dr. Wijayasinghe provides care at a weekly clinic at the YWCA Elm Centre, working in collaboration with YWCA case workers, addiction support case workers from the Jean Tweed Centre, and a nurse practitioner. Patients from the YWCA clinic are then referred into WCH's PATH (Promoting Access to Team-based Healthcare) program, a centralized intake model that brings complex patients without a primary care doctor into the hospital's family practice.

"My role has been to support these women and provide a bridge to the care they need," Dr. Wijayasinghe says, noting that these patients may have complex needs because of addiction issues, mental health problems, history of trauma and issues related to low socioeconomic status. "The ultimate goal is to increase access for women who really struggle and face barriers to getting care."

The clinic was launched in November 2014 and has already succeeded in linking patients to permanent primary care.

"We have a multidisciplinary team at Women's College family practice, so there is support in terms of a social work team, dietitians and nurse practitioners," explains Jennifer Dockery, RN, director of primary care and health equity at WCH. "There are benefits to a whole-team approach to care, which is essential for these women's health and well-being."

The program is also looking beyond primary care to build partnerships that could bring other health services to women at the YWCA. Goals include facilitating dental services, arranging a mobile Pap testing and STI screening clinic, and coordinating with the psychiatry and addiction support teams at WCH.

"Social determinants of health such as income, education, gender and social environment can have a big impact not only on health, but also on access to care," says Heather McGregor, CEO of YWCA Toronto. "This partnership with Women's College Hospital removes barriers to care for our residents, who have complex health issues, by bringing services right here to the Elm Centre where these women feel supported and safe."

WCH's YWCA clinic offers these patients a comfortable, accessible touchpoint for immediate care, as well as a supportive transition to ongoing care.

"For patients to be able to access care on site offers an opportunity to build trust," Dr. Wijayasinghe says. "I give them information about the WCH family practice team, but provide care at the YWCA Elm Centre residence so they don't have to go to walk-in clinics or an emergency room."

Keeping these patients out of hospital also provides long-term benefits for the health system by facilitating ongoing primary care for high-needs patients.

"That decreases health-related complications down the road, which is very cost-effective for the system," Dr. Wijayasinghe says. "When they have one person to go to who knows them well and whom they trust, they're much more likely to follow up. It's clear that they're more compliant, and that can make a huge impact on their health."

"It's very fulfilling work, as a healthcare provider, to be able to connect with these women who are incredibly resilient despite having struggled considerably through life circumstances."

– Dr. Sheila Wijayasinghe, medical director of primary care outreach

A **DIFFERENT KIND** OF ELECTRONIC PATIENT RECORD



The Revolutionists: (L-R) Dr. Afshan Zahedi, Medical Director of Thyroid Program; Brendan Kwolek, Director of IM/IT; Dan Hill, CFO; Dr. Jeff Stal, Division Head of Gastroenterology & aEPR Physician Lead; Heather McPherson, EVP, Patient Care & Ambulatory Innovation; Jane Mosley, CNE & Health Disciplines, Professional Affairs; Dr. Jennifer Price, APN & aEPR Clinical Project Lead

While the second phase of construction continued outside the hospital this winter, Women's College Hospital (WCH) was also undergoing a significant transformation inside. In January, the hospital officially launched its new ambulatory electronic patient record, or aEPR. This new system meant that the entire hospital began using a centralized registration and scheduling tool. As well, many of the hospital's services and clinics began documenting patient clinical care electronically, using a common, secure platform.

Unlike other hospital electronic records that are designed for inpatient care, WCH's aEPR was specifically designed to meet the needs of WCH's unique ambulatory care model. The record allows clinicians to easily add notes during phone calls with patients, and providers can easily generate after-visit summaries for patients to take home.

"This was an amazing interprofessional effort," notes Brendan Kwolek, director, information technology and project manager. "The healthcare providers, administrators and IT experts across WCH came together to examine how clinical information was documented and how patient safety and care coordination could be enhanced through the use of an electronic health record."

Through this process, the EPIC system was determined to best meet the hospital's needs. The WCH team then worked with EPIC's software architects to create a system that would work seamlessly within WCH. With this new aEPR, health information can be quickly accessed by clinicians, results can be posted and referrals can be made.

"The aEPR allows for more accurate and accessible charting – there's no need for multiple charts among multiple clinics, and medical appointments can be carried out more efficiently," says Dr. Afshan Zahedi, the medical director of WCH's Thyroid Program and physician lead for the aEPR project during the initial launch.

"The change has been tremendous," explains Heather McPherson, executive vice-president of patient care and ambulatory innovation. "Many of our patients typically visit with three or four different clinics at the hospital. This system now allows clinicians in those programs to record and share patient information in one electronic location that can be accessed by various care providers at WCH. It makes for a more comprehensive and coordinated patient experience."

"Patients do not need to repeat their story, at each visit. Now, healthcare providers can simply display a patient's complete records and add to their story," adds Dr. Jennifer Price, PhD, advanced practice nurse in cardiology and clinical project lead for WCH's aEPR. "We are making the best use of our patients' time."

Implementing such a system is a complex undertaking requiring that staff and clinicians be trained on new clinical documentation processes. A number of WCH health professionals from across the hospital were selected to be super-users in leading this transition.

"The team at Women's College Hospital exceeded expectations in implementing the aEPR," describes Jane Mosley, chief nursing executive and health disciplines, professional affairs. "Although it required months of planning and training, they understood the benefits that this system will deliver to our patients and clinicians."

Ultimately, the aEPR allows the hospital to aggregate patient data and evaluate health outcomes. Next, the WCH plans to develop a new element of the patient record that would allow patients to review and contribute to elements of their chart, from home.

"The possibility of including the patient in the next stage of the aEPR project will be huge," says Dr. Price. "It's about empowering patients and making sure that they are aware of the important role they play in maintaining health."

"Many of our patients typically visit with three or four different clinics at the hospital. This system now allows clinicians in those programs to record and share patient information in one electronic location that can be accessed by various care providers at WCH."

– Heather McPherson, executive vice-president of patient care & ambulatory innovation

MEETING THE NEEDS OF OLDER PATIENTS WITHIN FAMILY PRACTICE



The Revolutionists: (L-R) Dr. Cynthia Whitehead, VP of Education; Dr. Paula Rochon, VP of Research; Dr. Sheila Dunn, Research Director of WCH FPHC; Holly Finn, Program Coordinator; Leslie-Anne McDonald, RN; Lisa Fernandes, Clinical Pharmacist; Lisa McCarthy, Pharmacist Researcher; Mary Novak, RN, retired; Nicole Bourgeois, RD, Clinical Dietitian & Health Promoter; Sara Karlsson, Research Assistant; Susan Hum, Research Associate

77 PER CENT OF WCH FAMILY PRACTICE PATIENTS AGES 80 AND OVER ARE WOMEN, AND THEY HAVE UNIQUE HEALTH ISSUES AND OFTEN MULTIPLE CHRONIC CONDITIONS.

Older patients are often complex patients. They may have more than one chronic condition, use multiple medications or have cognitive problems. The particular needs of this growing age group prompted gerontologist Dr. Paula Rochon, vice-president of research at Women's College Hospital (WCH), and Mary Novak, a registered nurse, to create an interprofessional working group from the WCH family health team to hold regular discussions about issues affecting the care of elderly patients.

Discussing patient stories led to research, continuing education and innovative approaches to serving older patients. All of these are now components of Elder Care, the WCH Family Practice Health Centre's (FPHC) multidisciplinary program for patients ages 80 and over. The program team includes physicians, nurses, pharmacists, researchers, a dietitian and a CCAC coordinator.

“Our main goal was to build capacity within our own family practice to provide the best possible primary care for complex patients,” says Lisa Fernandes, a pharmacist with the team. “We did a literature review and talked to other family health teams to find out what they were doing. What we found wasn’t a defined model of care, but components that we felt worked well.”

Those components include:

- monthly Elder Care rounds
- weekly working group meetings
- a patient assessment process
- medication reviews
- outreach measures such as telephone and home visits
- building relationships with community partners to make fragmented resources more accessible to patients

This kind of thinking also generated CIHR-funded research, led by pharmacist researcher Lisa McCarthy, to examine ways of identifying which older patients are frail and more likely to have poorer health outcomes. These findings could help family health teams implement supports that might prevent some of these outcomes.

Patients can be referred to Elder Care by anyone in the family health unit, not just doctors and nurses. Referrals have come from unit secretaries who noticed a patient did not sound well on the phone, or from a footcare nurse who was concerned when an older patient mentioned she was having difficulty caring for her husband at home.

“Thinking bigger about how we can help our patients has diffused throughout the whole practice since the Elder Care group started,” says Dr. Sheila Dunn, research director of the WCH FPHC. “It’s not just building capacity for physicians and nurses. It’s for the whole team.”

Referred patients first meet with registered nurse Leslie-Anne McDonald for a comprehensive assessment. This assessment includes factors such as patients’ living arrangements, how they manage tasks at home, and their risks for falling through the gaps in the healthcare system – issues that are crucial to a patient’s social and physical well-being, but which may not come up during a routine 15-minute visit.

“Out of that assessment, you might have five action items that you may not have known about a patient even though they’ve been with us for 15 or 20 years,” McDonald says. “It wasn’t necessarily the medical issues that were challenging. It was the psychosocial issues: social isolation, loneliness, issues around driving, capacity to care for oneself versus self-determination.”

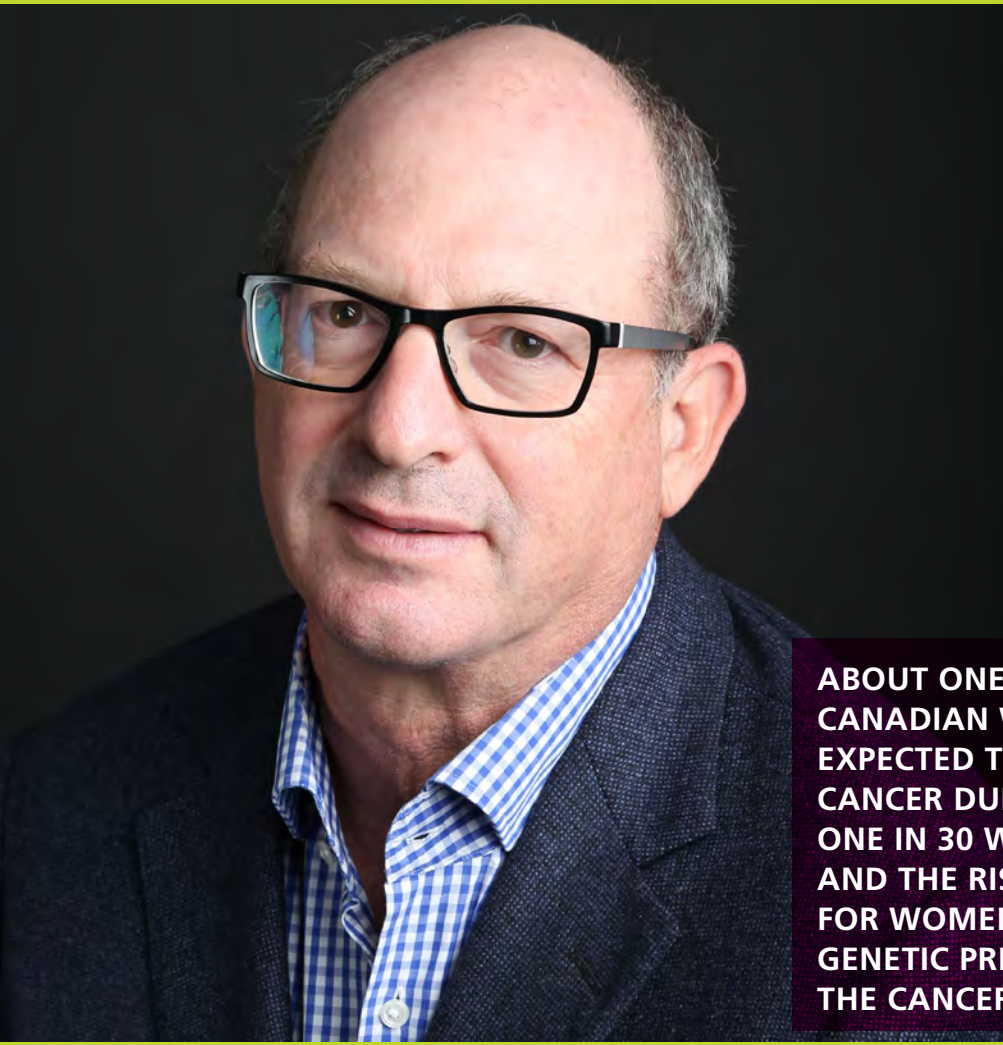
Dr. Dunn says the Elder Care program understands the common challenges – such as multimorbidity, complex care and fragmented resources – that healthcare providers face when trying to provide optimum care to frail, vulnerable patients. In addition, the program also recognizes the importance of a patient’s own priorities like independence, safety and quality of life.

“As a family medicine team, we have longstanding relationships with our patients,” Dr. Dunn says. “Our primary objective is to meet the personal goals of those older patients, and understand what they value and where they want to be in their lives.”

“There is a great need for leadership in improving care for complex elderly patients. This innovative practice enhancement builds our capacity to deliver geriatric care, and makes a real difference in the lives of our patients.”

– Dr. Paula Rochon, vice-president of research

INNOVATION IN PREVENTION AND TREATMENT OF GENETIC CANCERS



ABOUT ONE IN NINE
CANADIAN WOMEN IS
EXPECTED TO DEVELOP BREAST
CANCER DURING HER LIFETIME;
ONE IN 30 WILL DIE FROM IT.
AND THE RISKS ARE HIGHER
FOR WOMEN WHO HAVE A
GENETIC PREDISPOSITION TO
THE CANCER.



The Revolutionists: (L-R) Dr. Steven Narod, Tier 1 Canada Research Chair, Women's College Hospital, Dr. Mohammad Akbari, Scientist

There has been great progress in reducing breast cancer death rates over the last few decades in Canada thanks to the introduction of chemotherapy in the 1980s. But breast cancer remains the most common cancer and the second leading cause of death from cancer in Canadian women. About one in nine Canadian women is expected to develop it during her lifetime; one in 30 will die from it. And the risks are higher for women who have a genetic predisposition to the cancer.

That's why research at Women's College Hospital has focused on exploring strategies for personalizing prevention and treatments, particularly for hereditary breast and ovarian cancers.

"We want to empower women who are genetically susceptible to cancer, and their healthcare professionals, to make medical decisions that will save their lives," says Dr. Steven Narod, Tier 1 Canada Research Chair in Breast Cancer, who leads the Familial Breast Cancer Research Unit at Women's College Research Institute (WCRI).

To do this, one of the team's major efforts has been to expand its cancer genetics program.

"Knowing more about the genes that cause breast and ovarian cancer can open the door for novel ways of approaching prevention and treatment," says Dr. Mohammad Akbari, scientist at WCRI who collaborates with Dr. Narod. "For instance, we might be able to select or develop treatments that can work around or correct genetic mutations that are linked to these cancers."

The team has made incredible strides in understanding how mutations in the *BRCA* genes impact breast and ovarian cancer risk and survival.

Recently, the team made a breakthrough discovery of a new breast cancer gene – the first gene discovery for WCRI. Leading the research, Dr. Akbari found that mutations in a gene called *RECQL* significantly increase the risk of breast cancer. The finding was published in *Nature Genetics*.

"Our discovery of the *RECQL* mutations is an exciting step in identifying all of the relevant genes that are associated with inherited breast cancer," says Dr. Akbari. "The importance of the gene has already been confirmed in a study from China."

The team is also expanding its laboratory's capabilities for cancer genetics studies. With new funding from the Ontario Research Fund and the Canada Foundation for Innovation, the state-of-the-art laboratory is now being enhanced with new equipment that will allow the team to conduct even larger genetic studies and take a deeper look at the impact of gene mutations on cancer.

The enhanced lab will allow the team to expand its study of genetic mutations in the *RECQL* gene, among others, and of how these genes shape breast cancer risk, survival and response to preventions and treatments.

"We expect to make even more cancer gene discoveries that will further advance cancer care for women worldwide," says Dr. Akbari.

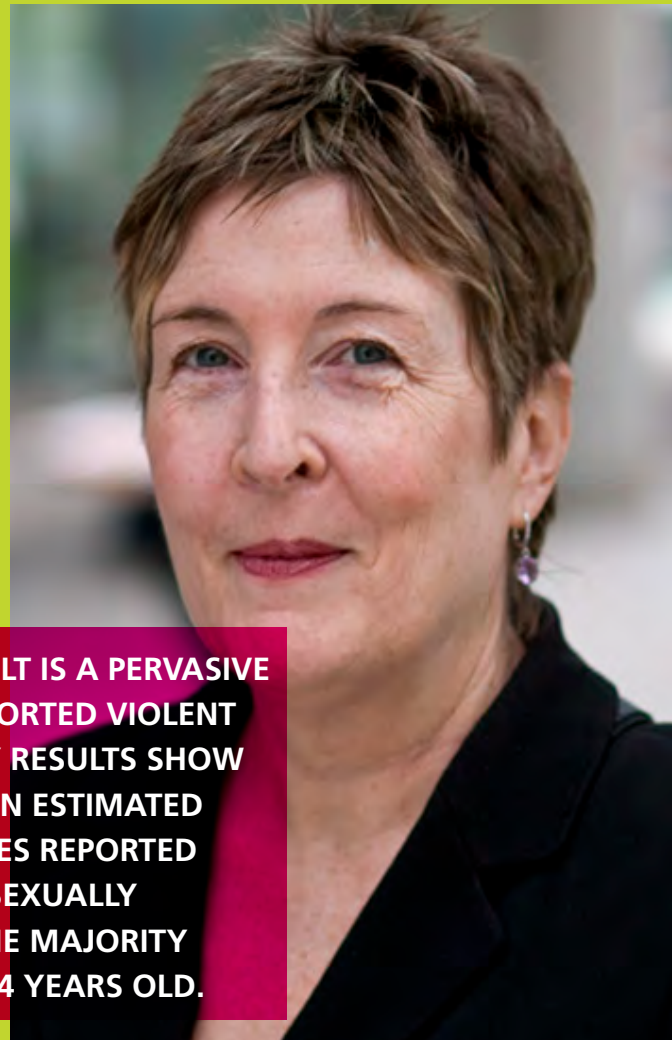
"We want to empower women who are genetically susceptible to cancer and their healthcare professionals to make medical decisions that will save their lives."

– Dr. Steven Narod,
Tier 1 Canada Research Chair
at Women's College Hospital

REVOLUTIONIZING CARE FOR VICTIMS OF SEXUAL ASSAULT



SEXUAL ASSAULT IS A PERVERSIVE
YET UNDERREPORTED VIOLENT
CRIME. SURVEY RESULTS SHOW
THAT IN 2009 AN ESTIMATED
472,000 FEMALES REPORTED
HAVING BEEN SEXUALLY
ASSAULTED; THE MAJORITY
WERE UNDER 34 YEARS OLD.



The Revolutionists: (L-R) Robin Mason, PhD; Janice Du Mont, EdD; Sheila Macdonald, RN, Clinical Manager of SA/DVCC & BCBC

Sexual assault is one of the most commonly experienced forms of violence against women. It can have profound, negative physical and psychological effects on victims. Yet victims are often reluctant to seek help due to feelings of shame and embarrassment and fears of insensitive reactions from healthcare providers.

That's why it's essential that practitioners have the knowledge and skills to recognize and respond to victims of past sexual assault in clinical settings, whether victims choose to disclose that they've been assaulted or not.

"Fostering a supportive environment will ensure that victims receive appropriate, compassionate care, and that the potential for negative responses is minimized," says Robin Mason, PhD, a scientist at Women's College Research Institute (WCRI).

Given the lack of training on this topic for health providers, Mason – with fellow WCRI scientist Janice Du Mont, EdD, and Sheila Macdonald, MN, provincial coordinator of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs) – created a free, online curriculum with funding from the Ontario Women's Directorate.

"Our curriculum has been designed for a variety of health professionals – everyone from physiotherapists to nurses to medical technologists," says Mason. "We hope that this evidence-based, interactive and engaging tool will help providers recognize indicators of past sexual assault and know how to respond appropriately, even when a victim hasn't yet disclosed their sexual assault."

The curriculum incorporates multiple elements, such as videos and problem-based presentations. And it will be evaluated for its effectiveness in shaping knowledge and attitudes.

"We hope we can help providers create the supportive and trusting environment victims need when accessing care," says Mason.

In the meantime, Du Mont has also been collaborating with SA/DVTC program coordinators to improve emergency services for victims. There are 35 nursing-led, hospital-based SA/DVTCs in Ontario, one of which is based at Women's College Hospital, that offer specialized care for victims of sexual assault and domestic abuse.

To determine whether the centres are meeting victims' needs and how care could be improved, Du Mont and Macdonald led the first-ever evaluation of the SA/DVTC emergency services.

"We found that almost all individuals are getting the care they need and are satisfied with the services they receive, confirming the value of these centres," says Du Mont.

The study did, however, identify some opportunities for improvement, particularly around creating a more comfortable and private environment for survivors waiting for SA/DVTC care in emergency departments, and increasing community awareness of the SA/DVTC services so that individuals know where to go if they have been victimized.

Du Mont and Macdonald's findings were published in the *Journal of Forensic Nursing*. The next steps are to address the recommendations that came out of the study.

"Through these and various other initiatives, we aim to continue improving the care and support that victims of sexual assault and intimate partner violence receive from the health sector," says Du Mont.

"We hope that this evidence-based, interactive and engaging tool will help providers recognize indicators of past sexual assault and know how to respond appropriately, even when a victim hasn't yet disclosed their sexual assault."

– Robin Mason, PhD

WCH DONORS: CONNECTED BY A COMMON CAUSE, BRINGING OUT THE BEST IN ALL



***The Revolutionists:** (L-R) Michael Cooper, Founder, President & CEO, Dream; Ed Clark, Former President & CEO, TD Bank Group & Honorary Chair, WCH Foundation*

You can sense in this report the dizzying pace of progress at Women's College Hospital. Extraordinary efforts, undaunted determination and constant contributions converge and begin to take shape. Milestones reached; expectations exceeded. It seems to be the WCH way, the way of the future, forged by thoughtful people working towards a common goal, together bringing out the best in all.

Women's College Hospital Foundation has come a long way since it was established in 2006. Today, 22,000 donors believe in Women's College Hospital and are part of its community. People like Honorary Chair Ed Clark and businessman Michael Cooper, who knew little about Women's College Hospital when first introduced to it. Asked recently to recall if anything surprised him as he came to know the hospital, and Cooper replies with a smile in his voice, "Everything!"

Women's College Hospital donors are not just generous; they are invested in the hospital in every way, genuinely passionate about its mission – to improve the health and lives of women and families, and to seek, find and spread health system solutions.

That speaks to WCH's capacity to make people pause, to look further and deeper at what it does, for whom and how and to its ability to exceed expectations. It also shows the profound engagement of its donors. Women's College Hospital donors are not just generous; they are invested in the hospital in every way, genuinely passionate about its mission – to improve the health and lives of women and families, and to seek, find and spread health system solutions. To these donors who always turn up for – and never away from – Women's College Hospital, thank you for giving so much in so many ways.

IN THE PINK: A WCH FOUNDATION UPDATE

KATHERINE HAY, PRESIDENT & CEO AND V. ANN DAVIS, BOARD CHAIR



The Revolutionists: (L-R) Kathy Hay, President & CEO; Ann Davis, Board Chair

Our collective goal – a new home that will serve to advance and revolutionize health for all women – is within sight, made visible because of the support, both steadfast and unsurpassed, that our donors have shown to Women’s College Hospital.

If we shift our gaze backward for a moment, we can recall a year filled with exciting milestone moments and all the collaborative efforts and thoughtful generosity behind them. We also remember the excitement and energy generated by engaging, at work and play, with our fiercely loyal and expanding community – patients, staff, business, health and charitable leaders, donors and volunteers.

Because of our community, that energy never drained; the momentum never stalled. We met people new to Women’s College and saw them evolve into enthusiastic new champions of the hospital – Michael Cooper and Dream are a case in point. With gratitude, we accepted gifts of all shapes and sizes from newcomers and longstanding friends – each time seeing the power of the WCH story, the strength of its potential, anew. We learned more about donors’ passions and the life experiences that created them, discovering, for instance, the amazing women who populated the family tree of Ed Clark.

Listening to WCH donors and volunteers, you hear and feel a spirit of shared ownership, a sense of building, protecting, improving this place together. There is real community-based support for what this organization is doing with patients and healthcare. And you feel the pull of that.

It’s fair to say that as the capital campaign wraps up and the opening of the new hospital approaches, we are sensing a bit of impatience and growing anticipation.

We like this anticipatory excitement; we hope you savour it too. After all, you only get to witness the future of healthcare arrive in front of you once. We thank our donors and supporters for their part in bringing Women’s College Hospital so far and so close; we celebrate their contributions to the construction of a remarkable building, and for understanding and supporting all it signifies and makes possible for patients and healthcare across Ontario.

We welcome you to request our 2014/2015 Report to our Community. Please contact our WCH Foundation office by calling 416-323-6323 or e-mailing foundation@wchospital.ca.

“Listening to WCH donors and volunteers, you hear and feel a spirit of shared ownership, a sense of building, protecting, improving this place together.”

– V. Ann Davis, board chair,
Women’s College Hospital
Foundation

AN AWARD OF DISTINCTION

WOMEN'S COLLEGE HOSPITAL CONGRATULATES OUR PRESIDENT AND CEO, MARILYN EMERY,
ON RECEIVING THE YWCA TORONTO 2015 WOMEN OF DISTINCTION AWARD.

Few people can match the impact Marilyn Emery has had on Toronto's healthcare system for women and girls. As President and CEO of Women's College Hospital, Marilyn has led the design of innovative academic and community health service models that meet the short and long-term needs of women. Marilyn is a compassionate leader committed to better health access, equity and outcomes for all women and girls.

From mobile crisis teams that respond to survivors of sexual and domestic violence to the creation of Stella's Playroom at Women's College Hospital, which supports mothers by providing short-term childcare so they can attend their medical appointments, Marilyn's impact reverberates within and beyond the walls of Women's College Hospital.

Marilyn spearheaded *A Thousand Voices for Women's Health* – a commissioned study which asked over 1,000 women, covering the spectrum of age, race,



gender, sexual orientation and socio-economic backgrounds, what they wanted from their healthcare services. The results of this groundbreaking study informed the design of the new hospital, its services and models of care.

She continues to work with community partners to co-create high impact services for marginalized women, like the brand-new Toronto Birth Centre, launched in partnership with Seventh Generation Midwives, which offers birthing and prenatal support to Aboriginal women, women from vulnerable communities, and women who do not otherwise have access to healthcare.

Through her pioneering leadership in healthcare delivery, research and advocacy, Marilyn is revolutionizing health for women in our communities.



Marilyn
Emery
Health


YWCA TORONTO
WOMEN OF DISTINCTION



PRESENTED BY



Now I can get expert advice based
on my personal health priorities.

You are the reason
we've developed
MyHealthMatters.ca

As part of our ongoing commitment to make
a meaningful difference to women's health,
Women's College Hospital and Shoppers
Drug Mart have partnered to bring you
MyHealthMatters.ca – an online resource for
health information created especially for women
by the experts at Women's College Hospital.

Now you have instant access to latest health
information based on your specific life stage and
personal health priorities. Our articles, videos,
recipes, exercises and interactive tools will help
you manage and improve your health. Because,
better health starts with knowledge.

Cynthia, 58

Life Stage:

Young (18-29)

Midlife (30-55)

MATURE (55+)

Health Priority:

Heart Health

Diabetes

Bone & Joint Health

MENTAL HEALTH

My health matters

WCH WOMEN'S HEALTH MATTERS
WOMEN'S COLLEGE HOSPITAL

Proudly supported by:

SHOPPERS
DRUG MART



THAT IS HOW WE ARE
REVOLUTIONIZING
THE HEALTH OF WOMEN

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To subscribe to our digital publications, please visit our website at www.womenscollegehospital.ca/stay-connected:

WCH Connect – our hospital newsletter with news, events & updates from WCH

Women's Health Matters – a monthly health and wellness newsletter from www.WomensHealthMatters.ca

WCRI IMPACT – a quarterly newsletter with news and information about the work of our researchers and scientists

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2015 ACCESS + INNOVATION REPORT

Cover photographs from Women's College Hospital's *Thousand Voices for Women's Health* study

Internal photographs by Michael Wong