

Chief Executive Officer's Report – April 2002

MARS

On March 28, 2002 UHN and MARS executed an Amended Purchase and Sale Agreement for Parcels B and C with options to purchase Parcels A1 and A2. Legal counsel for both parties have been directed to prepare the necessary closing documents to conclude the land sale. The closing is April 19, 2002 at which time UHN will transfer title to the "Parcels B and C land" to MARS for a cash payment of \$10.225 million provided that all closing conditions are met.

Funding 2002/2003

Management has been told that the MOH is going to make a significant funding announcement in the next few weeks for fiscal 2002/2003. This announcement will be a funding increase of approximately 7.3% or over \$640 M for hospitals. The MOH will make the announcement, but only flow 1/2 to the hospitals and hope to create an imperative for the Federal Government to fund the remaining 1/2. UHN has been led to believe that we will receive a previously announced one-time performance grant of \$8.7 M, inflation of 2% (\$10.4 M) and some performance grant in the range of \$2.8 M. We have also been led to believe that UHN will receive approximately \$16.0 M to go towards our annual operating deficit. This funding announcement, therefore, could total \$38.0 M for UHN, against a budget prediction of \$28.0 M. The net result of this will be that our budget deficit of \$20.0M could be reduced to \$10.0 M at this early juncture.

Research Strategic Planning

The strategic planning process for Research was launched at the end of March called "The Future Project". This is a UHN-wide process designed to gather information and make decisions about Research's future.

One of the main goals of the process will be to come to terms with the four priority technologies described in the UHN strategic plan, "Strategic Directions 2011: Exemplary Patient Care & Global Impact" – Advanced Clinical Technologies, Clinical Informatics, Genomics/Proteomics and Patients, and Regenerative Medicine – and to determine their full definitions and implications as platforms for Research planning. A series of events will take place between April 23 and May 4th for discussion and assessment of these and other issues facing UHN Research. A draft document will be prepared arising out of this activity. This document will be sent out for consultation and the plan will be finalized in the fall of 2002.

Commission on the Future of Health Care

As part of the consultation process of the Romanow Commission, two sessions were scheduled for April 2 and 3rd in Toronto. Tom Closson was invited to attend the session on April 3rd, which consisted of an expert panel focus group from different sectors of health care in Ontario.

The meeting discussed the role of the Federal Government in health care, comprehensiveness of care, accessibility in the system, funding and a number of other broad issues.

The Centre for Global eHealth Innovation

The Centre for Global eHealth Innovation hosted an open house March 4 to celebrate a gift of funding from the Canada Foundation for Innovation to develop its allotted space on the 4th floor of the R. Fraser Elliott building.

The Centre, which is the first of its kind in Canada, will feature 60 workstations and three central components -- the eHealth Innovation Collaboratory, a Health Usability Laboratory and a Health Multi-tasking environment.

The new facility will enable health professionals and policymakers to avail of Toronto's remarkable diversity -- the city is described as a "mini-model" of the world -- to develop new technologies that improve health and make more efficient use of available resources.

Daycare Centre

Kidzone@uhn is the name of the new daycare centre scheduled to open at UHN on Monday 6 May 2002. Located at the Residence at 90 Gerrard St., the service will be provided exclusively for the children of UHN staff. The daycare will be operated by fully trained early childhood educators and childcare specialists, and will feature fun, interactive and knowledge-rich programs.

Left Ventricular Assist Device Program (LVAD)

The Peter Munk Cardiac Center launched its mechanical circulatory support program in October 2001. The artificial heart program was introduced to complement the heart transplant program and support those patients who were likely to die before a suitable donor organ became available. We have the capability of supporting 2 patients simultaneously with a 3rd control unit in place as a backup.

The first patient received his device Nov. 3, 2001 and was discharged home in December. He continues to wait at home for his transplant and has just passed his 5-month anniversary on mechanical support with no complications to date. Our second patient received her device on Dec. 5, 2001 and was discharged home in January. During our routine follow-up, we discovered that her native heart function had recovered to the point where device removal was a possibility. (See attached article) On March 15th, her device was removed and she was discharged home 7 days later in good condition. Prior to the introduction of our LVAD program, she would have faced certain death or emergency transplantation with a life expectancy of 12 years. She now has a 50% chance of leading a normal life with her own heart! At age 29, this is a much better prognosis than emergency transplant.

The Surgeons

In February and March, the digital channel, "Discovery Health" broadcast a series of 13 one-hour programs called The Surgeons. Each episode profiled one prominent surgeon, and showed the doctor interacting with patients, doing rounds, operating, etc. Reviewers said "...a series that will make you feel good about Canada's medical system" and "who says superheroes only wear fancy costumes. Some wear scrubs".

Of the thirteen surgeons featured on the series, five are from UHN. They were Mark Bernstein, neurosurgeon, TWH; Shaf Khavjee, transplant surgeon, TGH; Ralph Manktelow, plastic surgeon, TGH; Brent Graham, plastic surgeon, TWH; Joan Murphy, gynecological oncology surgeon, PMH; and Rob Devenyi, ophthalmologist, TWH.

Four of the programs were subsequently broadcast on the Life channel, three of them featuring UHN surgeons (Keshavjee, Manktelow, Bernstein).

The programs received such favourable response that, later this year, all 13 programs will be broadcast on the Life channel.

Accreditation

UHN will be surveyed by the Canadian Council on Health Services Accreditation in November of this year. The survey will take place during the week of November 18-22 with six surveyors on site. The preparation process is well under way with 18 quality teams which are aligned with our new Program Groupings structure and four corporate teams completing self assessments of their strengths and weaknesses compared to national standards.

It is anticipated that our new reporting structure for quality which is now aligned to site management and the newly created Office of Performance Measurement will greatly assist the teams with the process by providing more timely and appropriate data.

Cardiac Care Network

UHN can be extremely proud of the Cardiovascular Surgical Program. According to the Cardiac Care Network, our CV surgical program has a complication rate (risk adjusted) of less than one percent (.9%). This is lower than any other cardiac centre in the province. The **ICES Cardiac Surgery in Ontario Report** for 1999-2000 shows our CABG mortality rate (risk adjusted) as 0% for low risk, 0.1% for medium risk and 2.8% for high risk. The other provincial centres had mortality rates that ranged from 3% to a high of 7.1% for high risk patients. The CCN data for UHN shows a monthly average of 162 cases performed with approximately 273 people on our wait list for surgery, indicating that our system is under considerable pressure. Taking this into consideration, we do exceptional work accomplishing 82% of our emergent and urgent cases within the Recommended Maximum Waiting Time of 0-14 days (a rate only matched by Sudbury), with a median wait of 48 hours from referral (consistently the lowest median wait matched only with Hamilton).

Ethics in Clinical Teaching

In March 2001, the British Medical Journal published an article relating to ethical concerns in clinical teaching experienced by medical trainees from the University of Toronto. This sparked a series of discussions and a decision to develop a policy document on Ethics in Clinical Teaching jointly with the other TAHSC hospitals and University of Toronto. The document has been reviewed by internal and external stakeholders including students, ethicists, CAC representatives, the Advisory Council on Education, MAC, and PPC. The document puts forward a set of principles that will govern the interaction between teachers, students and patients and include:

- Affirmation that consistent with the mission of the hospital, it is the normal expectation health professional trainees will be involved in patient care,
- The need for patients to understand the role and identity of health professional trainees ,
- The need for patient consent to participating in clinical education,
- The right of a patient to refuse to participate in activities that are purely educational,
- The emphasis to the clinical teacher of his or her role as a model of ethical practice,
- The development of mechanisms to deal with ethical concerns,
- Affirmation of the obligation for learners to refuse to participate in conduct they perceive as unethical or in activities they feel ill-prepared to carry out,
- The assurance that students who voice concerns about ethical issues are not subject to repercussions.