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Management Commentary and Analysis

Introduction
Welcome to our inaugural, on-line Management Commentary and Analysis. In this special section of our website, we will provide you with an overview of how the hospital performed from April 1, 2007 to March 31, 2008, in a number of key areas including enhancing the quality of patient care, breakthroughs in research and continued excellence in education. In addition, you will find information about Sunnybrook’s financial performance, construction projects, including an outlook for 2008/09 and 2009/10, and an update from the Foundation on our fundraising success. This is yet another innovative way we are communicating with our stakeholders and the general public to bring information and context about our many successes and the challenges that the health care industry faces.

This year, Sunnybrook revisited our strategic plan and building upon previous work, redefined our Programs and established strategic areas of focus that will guide our investments in the years to come. You can find more information regarding our strategic goals and objectives by visiting the Sunnybrook Strategic Balanced Scorecard, which is updated twice a year to reflect ongoing results.

1.0 Improving the Quality of Patient Care

We are committed to becoming a national leader in reducing wait-times and improving access to care, managing patient volumes as efficiently as possible, and improving patient safety.

1.1 Reducing Wait Times and Improving Access to Care

Consistent with the priorities of the Ministry of Health and Long Term Care, we have initiated a number of projects to reduce wait times in the Emergency Department and improve the efficiency of care for patients such as those requiring hip and knee replacements. In partnership with several hospitals in the GTA and Toronto Emergency Medical Services (EMS), we launched a new program this year to ensure we are achieving optimal “door-to-balloon” response times for certain heart attack patients who would benefit most from an emergency angioplasty (STEMI Project). An angioplasty is a technique that widens a narrowed or totally blocked blood vessel by inserting a catheter into the vessel and inflating a tiny balloon to alleviate the blockage and improve blood flow to the heart.

Emergency Department Wait Times

Sunnybrook, like many other hospitals in the province has had challenges in the Emergency Department, mostly due to the increased acuity level of the patients we are caring for and the resulting availability of in-patient beds. Sunnybrook cares for some of the most acutely ill and seriously injured patients in the GTA and as a result the Emergency Department has the highest admission rate of any other in the city. This causes pressure on acute care ward beds and can impact wait times.

There is some relief in sight however. By the end of December 2008, we will be opening our newly expanded Emergency Department (ED) and the John and Liz Tory Regional Trauma Centre. The construction project has moved along exceptionally well and is both on schedule and on budget. Since January 2008, the Emergency Department has been operating in about half of its new space, with decreased stretcher capacity, which has been a challenge for the staff, physicians and volunteers and an occasional frustration to many of the patients we serve. This welcome new addition will enable the department to see its current volume of patients in a more appropriate setting with state-of-the-art equipment and improved infection prevention and control facilities.
In addition to improving the movement of patients throughout the hospital, there have been two main initiatives that have combined to help reduce wait times in the ED: (i) the introduction of an ambulance off-load nurse and (ii) the creation of an Accelerated Care and Treatment (ACT) Zone. There is still work to be done but improvements in patient flow throughout the organization and expanded capacity in the ED should yield further reductions in wait times.

**Seeing Patients Sooner and Getting Ambulances Back on the Street Faster**

With the help of the Ministry of Health and Long Term Care, the Toronto Central LHIN, and Toronto EMS, we began the Offload Nurse Program in the summer of 2008 and have already seen dramatic results with the addition of a new nursing position in the Emergency Department. Patients who used to wait an average of more than 200 minutes to be transferred from an ambulance stretcher to one in the ED are now waiting less than 60 minutes in most cases (as noted in the graph below).

Our program provides dedicated nurse staffing in the Emergency Department to accept care of EMS patients and is designed to get paramedics back in the community as soon as possible. The program runs during peak hours in the ED from 11:30 to 23:30, seven days per week.

When the nurse is off duty, paramedics will continue to wait with patients until the hospital assumes care of the patient. The hours of the program cover the paramedics’ busiest times and the times when there is the most offload delay.

**Ambulance patients waiting more than 60 minutes from triage to leaving EMS Hall**

![Graph showing the number of ambulance patients waiting more than 60 minutes from triage to leaving EMS Hall.]

**Improving Wait Times and Ambulance Offloading Delays**

The Accelerated Care and Treatment (ACT) Zone initiative has been implemented in the ED as a way to manage and improve wait times and ambulance offloading delays.

ACT is a unique approach to patient flow and is specifically for patients who are a level three on the triage scale. Level three on the Canadian Triage and Acuity Scale are non-critically ill patients (in contrast to those who are level one or two and require immediate attention). Level three patients can be assessed
and treated safely in a stretcher and then moved to a chair in a monitored area. This maximizes the use of stretchers by rotating select patients from chair to stretcher depending on treatment.

The ACT Zone is staffed by at least one nurse and one physician 24/7. Two nurses are on shift from 11:30 a.m. to 23:30 p.m. daily and a float nurse is available as required. Since opening, the ACT Zone has been achieving great success. It has reduced wait times and now approximately 25 per cent of the Emergency Department’s patients go through these four beds.

Additional benefits of the ACT Zone include enhanced patient satisfaction - as patients feel their concerns are being addressed more promptly, enhanced patient safety, faster service overall, reduced ambulance offload times, and enhanced usage of resources.

**Improving Efficiency for Hip and Knee Replacements**

At Sunnybrook’s Holland Orthopaedic & Arthritic Centre, efficiency of care has improved for hip and knee replacement surgeries due to improved coordination of care such as the hip and knee referral tracking system and new models of care that include extended roles such as the advanced physiotherapy practitioners, anesthesia assistants, and registered nurse first assistant (RNFA).

**Referral Tracking System**

Sunnybrook’s unique Hip & Knee Referral Tracking System (RTS) was developed at the hospital in response to an expression of interest from the Toronto Central LHIN eHealth Council. In collaboration with Ontario’s Access to Care e-Health Office and the Toronto Central (TC) LHIN, the Holland Centre’s care team redesigned its web-based electronic system and successfully implemented it in May 2007 to support the Toronto Central LHIN’s new Hip & Knee Arthritis Program.

Focusing on improving access for referring physicians and patients with hip or knee arthritis, the new program provides referrals to any surgeon or hospital within the TC LHIN through one central website ([www.torontocentrallhin.on.ca](http://www.torontocentrallhin.on.ca)) and phone number 416.599.4577. Patients will be seen at an Assessment Centre within two weeks of referral.

RTS provides many advantages for patients, referring physicians and staff such as real-time electronic access to information on referrals – when they are received, when appointments are scheduled, reasons for delays and outcome of appointments. The system also ensures that answers about referral status are available at all times. Detailed reports are easily generated from the system providing valuable outcome data to support quality improvement, program evaluation and development.

**New model of care**

Sunnybrook’s Holland Centre is improving the delivery of care for patients requiring hip and knee joint replacements, which is helping to improve efficiency by engaging advanced practice physiotherapists and other professionals to screen patients prior to the surgical consult and to conduct postoperative follow-up assessments.

This new model of care has extended the scope of physiotherapists and represents a shift in traditional roles in order to meet the high demand for hip and knee replacement surgery. The goal is to ensure that each patient is assessed promptly after referral, managed proactively and triaged to a surgeon based on urgency and appointment availability.

The role of the advanced practice physiotherapist is intended to reduce the time spent by orthopaedic surgeons seeing new patients who are not surgical candidates and to develop non-surgical treatment plans for these patients. The advanced practice physiotherapists are also playing a key role in patient education and in conducting the routine follow-up assessments for patients after surgery.
In a recent satisfaction survey, comparing the physiotherapist-led clinics to those led by surgeons, there was no difference in the mean satisfaction scores.

*And in the operating room...*

Other innovations at the Holland Centre, such as those in the operating room are allowing us to see more patients and better utilize our physical capacity. Expanded roles for surgical nurses and respiratory therapists are in place and new anesthesia and pain management techniques are improving the patient’s experience.

In addition, the Holland Centre has pioneered the use of a registered nurse first assistant (RNFA) who can help optimize the surgeon’s time by positioning and preparing the patient.

**Wait Times for Joint Replacement Surgery**

### 90% Completed Wait Time (Days)

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<tr>
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<th>Joint Replacement - Hips</th>
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<td><strong>Sunnybrook Hospital</strong></td>
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90 per cent completed wait time is the point at which 9 out of 10 patients have completed surgery.
These graphs depict dramatic reductions in wait times but it should be noted the data do not necessarily tell the entire story. Patients are free to choose their surgeon and in some cases they prefer to wait for a personal choice. Unfortunately, these are calculated in our overall wait time data and will skew the numbers to higher than actual wait times for patients who do not choose to wait on a specific surgeon’s list.

**STEMI: Sunnybrook Provides 24/7 Emergency Cardiac Care**

Sunnybrook is providing improved access to the lifesaving procedure, emergency angioplasty for heart attack victims presenting in the hospital’s Emergency Department (ED) by now offering the procedure 24 hours a day, seven days a week.

Since launching the ‘24/7’ program this spring, Sunnybrook’s ED and cath lab (where emergency angioplasty takes place) are demonstrating impressive “door to balloon” times. Sunnybrook’s team has successfully been achieving times of 90 minutes or better since the inception of the program. Patients are transferred from the cath lab when they are stable and are moved on to the patient care unit.

The program has proven to be successful from the start and acts as a model for other teaching hospitals in the GTA.

Offering 24/7 emergency angioplasty for heat attack patients in need is now the gold standard of care across North America. Now, when a heart attack patient presents in the ED, emergency physicians call in the cath lab team by activating what is known as "code STEMI" (ST Elevation Myocardial Infarction – the medical term for heart attack), which automatically pages the on-call cath team to come in to the lab to perform the emergency procedure.

Before this program came in to play, people presenting with heart attacks ‘after hours’ (before 7:30 a.m. or after 5:30 p.m., Monday to Friday and weekends) were given clot-busting drugs (thrombolytics).

Emergency angioplasty, also known as timely primary percutaneous coronary intervention (PCI), has demonstrated to be the best possible therapy for certain types of heat attack victims. Compared to the conventional therapy of thrombolysis (clot-busting drugs), the potential benefits of angioplasty include reduction in death, stroke, in-hospital length of stay and costs.

### 1.2 Achieving volume commitments and managing patient demand

Achieving patient volume targets is a bit of a balancing act. It is often a combination of maximizing bed utilization for various services and improving the flow of patients in and out of the hospital. The hospital routinely operates at 90-100 per cent occupancy (as you can see from the graphs below), which can cause physical capacity challenges at times. A seemingly trivial delay in one area of the hospital can cause a domino effect across the organization and result in increased wait times. Sunnybrook has been leading a process in 2008 to improve its patient flow throughout the hospital to ensure patients continue to access our services in a timely manner.

Meeting government targets for volumes is also a function of supply and demand and in some cases there is excess supply and decreasing demand. Coronary Artery By-pass Graft surgery is a good example where there are more centres offering these procedures therefore there is more choice for patients to have their surgery closer to home. The treatment of patients with coronary artery disease has also changed somewhat and the emergence of early detection and interventional technologies such as drug eluting stents in cardiac angioplasty has reduced the numbers of people requiring by-pass procedures.

*Patient Flow: Managing Patients Effectively as They Move Through the Hospital*
Sunnybrook is one of 23 Ontario hospitals to receive a portion of a $40 million Performance Fund from the provincial government. The hospital received $900,000 that will be put toward improving wait-times and patient flow.

Patient flow is the hospital’s capacity to manage patients as they move through the hospital, from before they present to the Emergency Department to their discharge. Flow is an issue that all hospitals in Ontario have to manage. It involves making daily decisions about who has access to limited resources based on severity of patient needs.

A multi-disciplinary steering committee will guide the Patient Flow project as a whole, assisted by five working groups. The working groups are composed of representatives from the: Operating Room, Emergency Department, Critical Care Unit, and Nursing Unit Discharge Planning and Integration Team (which will combine elements of the other four).

1.3 Patient Safety

Sunnybrook is a leader in Patient Safety best practices, with a commitment to continual improvement in patient care and safety. Some of our current initiatives include reducing surgical site infections (cardiac, orthopaedic, colorectal cancer, caesarian sections), the rapid response team, quality and safety innovations in Sunnybrook’s ICUs, fighting antibiotic resistant organisms and VTE / DVT prevention.

Reducing Surgical Site Infections

A multidisciplinary team of Sunnybrook nurses, surgeons, anesthesiologists, pharmacists and infection control staff, well supported by administration, are working together to continue to reduce surgical site infections (SSI), sparing many patients post-operative infections, while reducing extra costs to the health care system. Surgical site infections account for 17 per cent of all hospital-acquired infections in North America.
Efforts are focused on cardiac surgery and general surgery at Sunnybrook including a concentration on four key areas: antibiotics, normothermia (intra-operative temperature control), hair removal and glucose control.

Because of the anesthetic, the body is unable to warm itself as well as it does under normal circumstances. To prevent this temperature drop, OR staff were advised to use intraoperative warming blankets whenever possible to keep patients’ body temperatures at a higher level during surgery. Since June 2008, patients have been provided with a warming blanket before the surgery as well, to ensure that the body temperature drop is kept at a minimum.

The areas that have contributed the most to the SSI rate decrease in general surgery at Sunnybrook are preventing hypothermia in patients during surgery and the administration of antimicrobial prophylaxis in a timely fashion.

As of June 2008, the antimicrobial prophylaxis delivered on time reached a 100 per cent compliance in colorectal and hepatobiliary surgery. From 32 per cent, we are now achieving normothermia at the end of surgery at a rate of about 75 per cent in that population.

For the first time since we have been following these populations, the incidence of SSI during the first quarter of the fiscal year 2008/09 in patients undergoing hepatobiliary surgery or coronary artery bypass graft surgery (CABG) has fallen below their respective American National benchmark rate.

Starting in September 2008 the updated Sunnybrook antimicrobial prophylaxis guidelines will be disseminated and used more widely to include other surgical services.

Quality and Safety Innovations from the Sunnybrook ICUs

Small Handheld Tracking Device has Significant Impact on ICU Patient Care

A wireless handheld application is making a significant impact on patient care and safety practices in Sunnybrook’s Intensive Care Units (ICU). The system, which tracks process of care measures for each patient in the ICU, recently completed a successful two-year trial in 16 Hospitals across Ontario and continues to be used at Sunnybrook.

A bedside data collection tool used in the trial specifically measures the six best practices including preventing: deep vein thrombosis, catheter related blood stream infections, pressure ulcers, and ventilator-associated pneumonia; and feeding patients as early as possible and assessing daily their ability to be removed from the mechanical ventilator.

Focusing on these initiatives has helped improve safety in the critical and intensive care units and in the coming year, Sunnybrook will continue to lead a number of safety initiatives in its ICU’s to improve care and the safety of our patients.

Rapid Response Teams

The Critical Care Rapid Response Team, also known as a ‘Medical Emergency Team’ or ‘Critical Care Outreach Team’, represents a major innovation in hospital practice. These teams are comprised of ICU physicians, ICU nurses, and respiratory therapists who work collaboratively with hospital nursing unit staff to identify, assess and respond to the needs of seriously ill patients prior to the development of progressive (and in some cases irreversible) deterioration. The Rapid Response Team applies the principles of acute medicine and resuscitation across the hospital, and brings specialist knowledge and skills from the ICU directly to the bedside on a 24/7 basis.

Venous Thromboembolism (VTE) Awareness

Sunnybrook Team Leads Major New Initiative to Reduce VTE in Hospital Patients Across Canada
The Thromboembolism (TE) team at Sunnybrook has been active since 1990 and is nationally and internationally recognized for their excellent work. The TE team has developed practical, evidence-based protocols for prevention, treatment and investigation of thromboembolic disorders that are being used throughout the organization.

Based on best practice guidelines, the Sunnybrook TE team recommends that every medical and surgical patient in hospital be assessed for their risk of developing VTE, and most patients should be given thromboprophylaxis.

VTE is a common, potentially life-threatening, but highly preventable disorder that includes two related conditions. They are deep vein thrombosis (or DVT), which is the formation of a blood clot in a deep vein of the leg or arm; and pulmonary embolism (PE), which is when a vein clot travels to the lung and blocks blood flow to the lung tissue.

It can develop after major surgery, trauma or leg injury, cancer, acute medical illness, immobilization, bed rest or, stroke. VTE can also occur due to a central venous catheter, pregnancy, use of birth control pills or hormonal replacement therapy, severe obesity or a family history of VTE.

The team at Sunnybrook has taken the commitment to hospital safety a step further. They have developed and are leading a new initiative to improve the use of thromboprophylaxis across Canada as part of the Safer Healthcare Now! national campaign to make hospitals safer for patients.

Safer Healthcare Now! is a national grassroots campaign aimed at improving the safety of patient care in Canada through learning, sharing and implementing interventions that are known to reduce avoidable adverse events.

2.0 Excellence in Research & Education

Sunnybrook’s academic mission in research and education is thriving and this past year our faculty continued to win awards for teaching excellence and our scientists made breakthrough discoveries and attracted unprecedented growth in research grant funding.

2.1 Education

From its very beginnings more than 60 years ago, Sunnybrook has been renowned for the high quality of our teaching programs. Sunnybrook prides itself on fostering opportunities for learners of all health professions to study and to work together, learning about each other’s roles and developing the skills of collaboration as part of a highly functioning health care team.

Students learn in a wide variety of areas of inter-professional teams that include medicine, nursing, and health disciplines. Leading-edge skills are developed and used from the clinic to the bedside in the big classroom that is our hospital.

Sunnybrook’s faculty members are committed to excellence and dedicate their time, knowledge and skills to teaching. They are known locally, provincially, nationally and internationally for their excellence.

Teaching Excellence: Meet some of our Award Winning Faculty

- **Dr. Steven Shadowitz**, Department of Medicine, Division of General Internal Medicine, won the E. Mary Hollington Award for Excellence in Clinical Teaching. This is an award for undergraduate teaching.
- **Dr. Scott Walsh**, Department of Medicine, Division of Dermatology, won the Excellence in Postgraduate Medical Education Award.
• **Dr. Mary Bell**, Department of Medicine, Division of Rheumatology, won the Dave Davis Continuing Education Professional Development Research Award.

As you can see from the graph below, Sunnybrook continues to attract an increasing number of medical trainees and is projected to continue doing so in the coming year.

![Medical Trainee Data Comparison](image)

**INTER-PROFESSIONAL EDUCATION**

The expanded EHPIC (Educating Health Professionals in Interprofessional Care) group, led by Dr. Sue Coke, EVP and Dr. Peeter Poldre, Vice President, Education, has been established.

The health sciences Faculties at the University of Toronto are continuing to plan for implementation of a mandatory Interprofessional Education (IPE) curriculum for September 2009. In preparation for this, Sunnybrook has been one of the IPE placement sites during the summer of 2008.

Sunnybrook recently received an Interprofessional Project award from HealthForceOntario for the submission entitled: “Interprofessional Care Team Effectiveness: Creating a Systemic Approach to Assess, Measure, and Improve Interprofessional Care Team Effectiveness and Patient Safety”. The initiative has been awarded $248,637 and is co-sponsored by the Organizational Development and Quality and Patient Safety Departments.

**Inter-professional Education Placements Piloted at Sunnybrook**

Sunnybrook launched its first inter-professional education (IPE) placement in July 2008 as part of a new Ministry of Health and Long-Term Care sponsored initiative to advance inter-professional care (IPC). In partnership with the University of Toronto and in conjunction with the Toronto Academic Health Sciences Network (TAHSN), Sunnybrook offered a structured interdisciplinary placement for students of the health disciplines.

Inter-professional education has been defined as, ‘occasions when two or more professions learn with, from and about one another to improve collaboration and the quality of care’. Students who are involved
in their own profession-specific clinical placement at Sunnybrook have an opportunity to participate in inter-professional placement experiences.

The five-week IPE program consists of an introductory tutorial where students are oriented to fundamental group skills and the establishment of group norms for the tutorials that follow. During the four subsequent weeks students meet for facilitated weekly patient themed tutorials. These tutorials provide an opportunity for the students to learn about specific topic areas and how the disciplines provide care and interact with one another.

2.2 Research

Sunnybrook Research Institute (SRI) had a shining year of success, one sparkling with many major achievements. Some of these are highlighted below, including a $74.6 million award, the largest grant in the hospital’s history, from the Canada Foundation for Innovation’s (CFI) Research Hospital Fund.

In external funding, SRI made history with its extraordinary success in the Research Hospital Fund competition. The Canada Foundation for Innovation awarded $74.6M to Sunnybrook to build the Centre for Research in Image-Guided Therapeutics: $57.4M for construction and equipment, and $17.2M for operation of the infrastructure. It is the largest award in the history of the hospital. Only eight of 28 proposals that were submitted from across Canada were funded. The Centre, which will add more than 100,000 square feet to Sunnybrook, has a total budget of $160M; of this, $143M is for construction and equipment. The remaining funding will come from other funding agencies, industry partners and the Sunnybrook Foundation.

Another federal investment came through the government’s recognition of the Heart and Stroke Foundation’s Centre for Stroke Recovery. Founded in 2002, the centre is a virtual partnership among Sunnybrook, Baycrest and the University of Ottawa/Ottawa General Hospital. The federal government honoured the centre with the designation ‘national centre of excellence,’ supported by an investment of $15M. Dr. Sandra Black, director of the neurosciences research program at SRI, is the centre’s Sunnybrook site director.

The province, through the Ministry of Research and Innovation (MRI), awarded $23M to two multi-institutional research teams led by scientists at SRI via its Ontario Research Fund, Research Excellence program; overall the two research programs are worth $70M, including matching partner funding from Industry and from SRI. MRI awarded $14.5M to the project “Imaging for Cardiovascular Therapeutics,” led by Dr. Graham Wright, director of the Schulich Heart Research Program, and $8.4M to “Focused Ultrasound Devices for Noninvasive Surgery and Drug Delivery,” led by Dr. Kullervo Hynynen, director of imaging research at SRI.

In addition, Dr. Martin Yaffe, a senior imaging scientist at SRI, was named co-director of the Ontario Institute for Cancer Research’s (OICR) $30M cancer imaging research program. He now leads the One Millimetre Cancer Challenge (1mmCC), which aims to identify cancers early—when they are only one millimetre. The OICR is giving $9.2M to SRI projects; 11 other SRI scientists are participating.

Several major partnerships were established, including the Molecular Medicine Research Centre (MMRC) with Thunder Bay HSC, Lakehead University and Philips Medical Systems. The federal government is investing $14.7M into the MMRC, which has secured a total investment of $53.4M over five years. At Sunnybrook, the MMRC will take shape as the $7M Translational Research Centre, to be located in the Odette Cancer Centre. It will have Canada’s first 3T high-intensity focused ultrasound system.

3.0 Strategic Direction and Financial Performance

Sunnybrook achieved a balanced budget for the fifth consecutive year. Through the hard work of the organization’s staff, leadership and physicians, the hospital has continued to find efficiencies and savings while maintaining volumes of service. This year, the hospital refreshed its strategic plan through Strategic Focus 2008, which identified the hospital’s seven Programs and four Strategic Priorities.
3.1 Strategic Focus Initiative

Through the Strategic Focus process, the organization identified those areas of patient care, teaching and research where the hospital has an international reputation for excellence. Focusing on these areas will enable the hospital to better care for patients who have complex healthcare needs, while continuing to serve the healthcare needs of the community through Sunnybrook’s programs and services.

Through extensive consultation with the Sunnybrook’s peer hospitals, healthcare agencies, government and members of the community, the hospital’s Board of Directors confirmed recommendations from the organization’s leaders to have four main Strategic Priorities:

1) Cancer (specifically breast, colorectal, and prostate)
2) Heart (with a focus on image-guided procedures) and Stroke (involving acute interventions and the Heart and Stroke Foundation’s Centre for Stroke Recovery)
3) High Risk Maternal and Newborn Health
4) Trauma and Burns

In addition to the four Strategic Priorities, Sunnybrook plays an important role in caring for its community through seven operational Programs: Holland Musculoskeletal (orthopaedic and arthritic), Neurosciences, Odette Cancer Centre, Perinatal and Gynecology, Schulich Heart Centre, Trauma-Emergency-Critical Care, and Veterans and Community. Clinical Support areas such as medical imaging, laboratory services, and pharmacy, as well as physical and corporate support areas are critically important to the effective operation of Sunnybrook.

3.2 Financial Performance

Sunnybrook has consistently achieved a surplus before net building amortization for the past five years (as previously required by the Ministry of Health and Long Term Care, and for 2007/08 per the Hospital Service Accountability Agreement (H-SAA) signed with the Toronto Central Local Health Integration Network (TC LHIN)).

Sunnybrook has published its audited financial statements on the internet. Sunnybrook reported net income before net building amortization of $4.1 million for the year ended March 31, 2008, down $25 million from a year ago. The decline from the prior year is reflective of a one time funding reconciliation in the prior year. The associated funding was recorded as LHIN revenue in 2006/07 and due to its one time nature there is a seeming decrease to LHIN revenue (0.3 per cent) in 2007/08 despite an economic increase received from the TC LHIN of 2.3 per cent for 2007/08.

Importantly, Sunnybrook is committed to achieving a balanced budget through sound fiscal management and efficiencies in order to ensure the highest quality care is available to our patients. The following charts illustrate the breakdown of expenditures by Sunnybrook into various categories for the current and prior year.

It is evident from these charts that the majority of funds are directed towards direct patient care, 76 per cent in 2007/08 compared to 73 per cent in the prior year representing a 3 per cent decrease in the corporate support category.
In order to ensure sustainable operations Sunnybrook has also been focused on its financial condition and is committed to maintaining or improving its working capital ratio. Compared to 2006/07 the ratio has declined slightly from 0.75 to 0.68 but this decline is related to ongoing construction, primarily at the Bayview site, and pending the successful negotiation of a loan facility.

In 2007/08 Sunnybrook has invested $60.8M in property, plant and equipment resulting in an increase (net of depreciation) of 15 per cent from a year ago. The two major projects involved are the expansion of the Emergency Department and the planned relocation of Sunnybrook’s Perinatal and Gynaecology Program from its leased facilities at Women’s College Hospital. Related to the latter project is a long term receivable and long term obligation which arises as a result of the build-finance model the hospital has entered into with a third party construction company.

The continued investment in its property, plant, and equipment is yet another way in which the hospital demonstrates its commitment to enhancing patient care and long-term sustainability of the organization.

4.0 Construction at Sunnybrook

Sunnybrook has a total of about $300 million in construction projects either underway or in planning for the Bayview and Holland Centre sites.

Two of the most visible construction projects are the M-wing and Emergency Department expansions. Sunnybrook’s M-wing, four floor addition represents 300,000 sq. ft. of new space for patient care and research. Two of the four floors will be the future home of the Perinatal & Gynaecology (P&G) program, including a state-of-the-art Neonatal Intensive Care Unit and expanded capacity for Labour and Delivery. This project in on time and has a scheduled occupancy date of June 2010.

Our two research floors in M-wing are on schedule and have begun functional planning for new space that will establish Canadian first centres of excellence in angiogenesis, regenerative medicine research as well as provide a home for the country’s most comprehensive breast cancer centre.
Our Emergency Department and John and Liz Tory Regional Trauma Centre expansion will double the size of the previous department and add additional medical imaging equipment. It will also increase the stretcher bays from 30 to 48. This project will provide additional capacity to handle Sunnybrook’s volume of emergency cases and will offer state-of-the-art infection prevention and control requirements to ensure the safety of our patients and staff.

To help power our new facilities at the Bayview site, the Central Utility Plant (CUP) expansion was completed in November 2007, which added 4,000 sq. ft. of space to the existing plant. It has increased the hospital’s chilled air capacity by more than 20 per cent, our hot water/heating capacity by more than 25%, and our emergency power capacity by just over 20 per cent. The CUP provides heat, hot water, cooling, power, and other utilities for the Bayview campus.

In addition to the projects that are in active construction, planning is underway for expansion of the Holland Orthopaedic & Arthritic Centre of Excellence, which will be adding OR capacity from four to six suites. Sketch drawings, working drawings and tendering for the project are in progress.

To handle the additional volume of traffic on the Bayview site, planning for a third parking garage at the Bayview campus is also in the works. This parking garage will be located at the south eastern part of the campus. It is anticipated that it will be able to accommodate parking for about 670 vehicles and is expected to be completed at approximately the same time as the M-wing expansion, in summer 2010.

5.0 Outlook for 2008/09 and 2009/10

Sunnybrook submitted its annual planning submission in November 2007 for two fiscal years: 2008/09 and 2009/10. After negotiations with the TC LHIN it was agreed that, based on the approval of certain one-time funding, Sunnybrook would be balanced in 2008/09. Absent a similar commitment to continue this funding in 2009/10 the hospital was unable to commit to being balanced in 2009/10. As such, the Hospital is operating on a one-year plan and is required under the signed H-SAA to re-submit and finalize its 2009/10 plan by January 2010. In order to balance its budget in 2009/10 the Hospital will consider all revenue opportunities and will engage the organization in identifying and implementing necessary cost/service reductions.

The hospital will also be engaging in negotiations with the TC LHIN for additional funding as we anticipate we will require a recurrence of the one-time support received in 2008/09 and in addition there are likely to be additional needs including increased costs related to the opening of the expanded emergency department. The negotiations are ongoing but we anticipate significant consultation in the fall with confirmation to be received by the end of January 2009.

6.0 Update from the Foundation

Our ever-growing community of donors and volunteers made this past year our most successful one to date. Together we raised $63.7 million, and we have far surpassed the two-thirds marker of our $300 million capital campaign. We are one of Toronto’s most popular destinations for donors, and, with a cost-per-dollar-raised of 10.9 per cent, we are one of the best at ensuring more funding goes directly to the initiatives in which you invest.

Highlights from the past year include:

- Edmond and Gloria Odette making a visionary investment in Sunnybrook’s cancer program, establishing the Odette Cancer Centre Cancer, the second largest cancer program in Canada;
- The Dan Family making the largest single donation in the history of our Perinatal & Gynaecology Program, establishing the Aubrey & Marla Dan Program for High Risk Mothers & Babies;
Sunnybrook hosting 13,000 music fans and supporters at the Air Canada Centre for One Night Live, raising vital funding for a new home for our Perinatal & Gynaecology Program.

We have made tremendous strides together, but much work remains to be done, so we look forward to another successful year. Thank you to all of our supporters for being there, when it matters most.

**Sunnybrook Foundation**  
2007-2008 Financial Summary  
Revenue Raised by Program Designation

- **Veterans** - $0.2M  
- **Trauma, Emergency & Critical Care** - $0.7M  
- **Holland Musculoskeletal Program** - $1.8M  
- **Community Health** - $1.9M  
- **Other** - $2M  
- **Imaging & Surgery** - $4.3M  
- **Sunnybrook Fund** - $4.5M  
- **Neurosciences Program** - $4.9M  
- **Sunnybrook Research Institute** - $6.4M  
- **Schulich Heart Centre** - $10.9M  
- **Women & Babies** - $12M  
- **Odette Cancer Centre** - $14.1M  

**GOAL** $60 Million  
**FUNDS RAISED** $63.7 Million
Sunnybrook Foundation
2007-2008 Financial Summary
Cost of Funds Raised

- Funds raised: $63.7M
- Expenses: $6.9M

Cost of dollar raised: $0.11