In 2009–10, health care in Canada and in our region was dominated by one main topic: H1N1. Some people believe it did not deserve the publicity it received and that the threat was blown out of proportion. This has not been our experience at CHEO as H1N1 turned out to be one of the greatest challenges the hospital has ever faced. While the annual flu usually causes around 40 hospitalizations, we had to admit 140 children during the two phases of the pandemic, including 14 in intensive care. While our Emergency Department typically receives an average of 150 visits per day, this number exploded to more than 350 per day during the second phase of the pandemic—an all time record. We had to cancel elective surgeries, cancel ambulatory care visits and redeploy 160 physicians and staff. We are extremely proud of what our nurses, physicians, staff and volunteers were able to achieve during that difficult period and how they contributed significantly to the community’s efforts in dealing with H1N1.

The opening of the Garry Cardiff wing, in August 2009, has been another major highlight of the year. Twelve years after it was first recommended by the Health Services Restructuring Commission, our two intensive care units, Emergency Department, Medical Day program as well as a few clinics were finally able to move into their brand new quarters filled with natural light, state-of-the-art equipment and, most of all, SPACE! This move required months of planning to ensure that everything was fully operational. With our sickest patients moving in, we could not leave anything to chance. And things went remarkably smoothly, thanks to the outstanding cooperation of all areas of the hospital.

CHEO’s commitment to excellence did not stop there. Thanks to relentless efforts and a strong will to improve patient care, our Emergency Department has been able to gradually reduce patient wait time by 20%, bringing us well below provincial average. We have opened a new pediatric clinic in Renfrew and expanded our outreach in mental health. In addition, recognizing the expertise we have developed in the fields of newborn care and genetics, the government of Ontario has established within CHEO a provincial surveillance system named BORN Ontario that gathers data on all new births in the province and provides information and analysis that will help improve the health of mothers and newborns for years to come.

And just in the last week of the fiscal year, the Ministry of Health and Long Term Care announced that, further to a province-wide call for proposals, CHEO had been successful and would receive funding to establish a new clinic for obesity and expand its services for children suffering from type II diabetes.

It has been a remarkable year where our nurses, physicians, health professionals as well as our support staff have pushed the limits of what we thought possible within the resources we have. We know we have made a difference in the lives of children, youth and their families. And in turn, our reward is the tremendous support we receive, year after year, from the population of our region. On behalf of the Board of Trustees and the members of the senior management team, thank you.

It has been a remarkable year where our nurses, physicians, health professionals as well as our support staff have pushed the limits of what we thought possible within the resources we have.
GOING ABOVE AND BEYOND TO PROVIDE EXCELLENCE IN PATIENT CARE

Michèle Taché, Childlife Specialist
“It is OK to ask me if I’ve cleaned my hands”
CHEO Redeploys in the Face of H1N1 Pandemic

On October 27th, CHEO set a hospital record when 353 children walked through the doors of the CHEO emergency department in need of medical attention. This unprecedented surge was the direct result of the H1N1 flu pandemic, which spread quickly throughout the province of Ontario and the country. For the following three weeks, CHEO cancelled non-urgent surgeries and clinical appointments and redeployed hundreds of hospital workers, including physicians, nurses and support staff to its emergency department and other hospital services.

In total, close to 3,885 clinical hours were redeployed between Oct. 28th and Nov. 17th, 2009 involving 163 clinical staff and 127 support staff. CHEO’s redeployment effort was another demonstration of our employees’ dedication to our children and their families.

Electron Microscopy Lab Goes Regional

CHEO’s electron microscope laboratory (EM), which is associated with the pathology department, has greatly increased the scope of its duties by becoming the primary EM lab for the entire Ottawa region. March 2010 marks two full years of successful regional operation. A valuable imaging tool for the diagnosis of a wide range of conditions, the electron microscope allows us to observe changes in cell structure that relate to specific diseases. Although images can be resolved at powers greater than 100,000X, a range of magnifications is used to observe whole cells, sub-cellular components, viruses and other pathogens.

CHEO More Than Doubles Hand Hygiene Compliance

After implementing a comprehensive hand hygiene program in the summer of 2009, audits conducted in the spring of 2010 revealed that 79 percent of the time, hand cleaning took place at CHEO at the right time and in the right way. This is a significant improvement over the 33 percent CHEO reported in its baseline audit, before the program started and it surpasses the hospital set target of 70 percent and the 72 percent provincial average for last year. Since the initial hand hygiene audit, CHEO launched a series of new activities and communications, including a “train the trainer” program, staff training sessions and an “It is OK to ask me if I’ve cleaned my hands” poster campaign featuring members of CHEO’s front line staff.

Satellite Pharmacy on the Intensive Care Unit

In 2008 CHEO began the implementation of a full scale medication management system in order to meet the highest standards of quality in the hospital’s pharmacy department. The framework for this system considers all aspects of medication use from the physician who prescribes the medication to the nurse who administers it and every step in between. To better meet the needs of our patients and health care team, a satellite pharmacy is now located in the critical care wing and used exclusively for the neonatal and pediatric intensive care units. Open seven days a week, the pharmacy is conveniently located and provides timely medication to our most fragile population.

New Emergency Department Ambulatory Zone

CHEO is committed to reducing waiting times for patients in our Emergency department. To achieve this, a new Ambulatory Zone was created to reduce inefficiencies caused by a single path for all patients. The Emergency department now operates with two patient flow streams: one for serious cases and the new Ambulatory Zone reserved for less serious cases. In the six months after this change, the average wait to see a doctor had already been reduced by 36 minutes (33 percent reduction) for patients in the Ambulatory Zone. These improvements have also helped patients with more serious illness and injuries, whose wait time to be seen by the doctor was reduced by 18 minutes (22 percent reduction) and total stay was reduced by 24 minutes (11 percent reduction). We will continue to review and improve other areas of the Emergency Department to reduce unnecessary waiting even further.

CHEO Rehabilitation Team Receives Award of Excellence

The CHEO Rehabilitation Team was presented with the Award of Excellence for Interprofessional Collaboration awarded by the Canadian Association of Speech Language Pathologists and Audiologists Association (CASLPA). The award recognized the collaborative work done by CHEO’s Rehabilitation team, who provides services for children with traumatic and acquired brain injuries as well as spinal cord injuries. The primary goal of the CHEO Rehabilitation Team is to help individuals reach their optimal potential for independent living and social integration. The emphasis on interprofessional collaboration has evolved over the years. Team members participate in rounds on a weekly basis in order to re-evaluate the ever-changing profile of each patient. The team is present from the very early stages of admission to the hospital right through until discharge.
REACHING ABOVE AND BEYOND TO FULFILL OUR LONG-TERM VISION

Regional Maternal-Newborn Centre begins to take shape.
The Champlain LHIN Board issued directives to several hospitals asking them to establish a new regional maternal-newborn network.

Future plans for CHEO include:
1) Administratively integrate our NICU with the neonatal units at the Ottawa General and the Civic hospitals through the appointment of a joint medical chief and a joint clinical/administrative lead;
2) Participate on a joint planning committee to develop the master plan/functional plan for a new tertiary Maternal-Newborn Center;
3) Establish a Maternal-Newborn Community of Practice network within CHEO's infrastructure;
4) Integrate the Perinatal Partnership Program of Eastern and Southeastern Ontario (PPPESO) within this network.

In the long term, the directive includes the creation of a tertiary maternal-newborn centre, the consolidation of all level three neonatal beds and all of the Ottawa Hospital's maternal services within this centre. Eventually maternal and newborn services at the Civic hospital will be relocated to another site.

Our Commitment to Patient and Family Centred Care
CHEO is firmly committed to patient and family centred care (PFCC). We value patients and their families as partners, not only in the delivery of care, but also in how we plan for and evaluate the care we provide. The Family Forum committee, a group of patient parents, has become a sounding board for the hospital. The committee provides a faculty of parents who are able to educate our staff in addressing patient and family centred care and act as advisors on a variety of CHEO committees. CHEO keeps an inventory of its PFCC practices and continuously aims for improvements through corporate and area specific endeavors. This past year, corporate initiatives included evaluating our accessibility for the disabled community, reevaluating our visitation policy and improving our cultural competence by inviting our diverse community to educate us on how we are perceived and on how we could improve our service delivery to better address their needs.
Roadmap to Care in Community Hospitals

In 2007, CHEO rolled out its Emergency Department (ED) Outreach Program, in partnership with the region’s community hospitals. Since then, the program has provided education on pediatric illnesses (asthma, bronchiolitis, croup, gastroenteritis and diabetic ketoacidosis) to 17 community EDs in the region. Educational sessions focused on the use of “clinical pathways” as a tool to ensure standardized quality care for children. The clinical pathways were developed at CHEO and were based on research and best practices. Community ED partners are further supported by access to a specialized ED Outreach website, which contains resources including pre-printed orders, information on clinical pathways, parent information pamphlets, drug dosage programs, recorded educational sessions, and more. In collaboration with its partners—including the Champlain Emergency Services Network of the LHIN—the program will continue to integrate its clinical pathways and related resources into community EDs, formally evaluate the initiative, and work together to ensure standardized quality care for children and youth, as close to home as possible.

Housing as a Child Health Issue

CHEO continues to promote the importance of adequate and affordable housing for families. Through its Child and Youth Health Network for Eastern Ontario, CHEO continues to support a committee that has developed a tool kit for service providers—to help them assess and respond to the housing issues of patients. This past year, the initiative was introduced to representatives from pediatric health centers across Canada who supported a national approach to address housing as a child health issue. The resulting coalition, lead by CHEO, will implement a national survey in all pediatric emergency departments across Canada and promote housing as a child health issue at key conferences.

Coordination of Care Pilot Project Takes Off

This innovative project aims to help families of children and youth with complex medical needs in the Champlain LHIN. The pilot project provides a single point of access for families to assist them in coordinating their child’s medical needs, navigate the medical system, and reduce preventable hospital admissions. CHEO has joined with community partners from the Champlain Community Care Access Centre (CCAC), Ottawa Children’s Treatment Centre (OCTC), Champlain Local Health Integration Network (LHIN), and the Ottawa Children’s Coordinated Access Referral Services to introduce and evaluate this exciting initiative.

Care Closer to Home

CHEO has been an active partner in the planning for the Orleans Family Health Hub. This project, under the leadership of the Montfort Hospital in Ottawa represents an innovative, collaborative partnership model that will provide the greater Orleans community (Ottawa East) access to a comprehensive range of primary care services and programs. The vision for the centre includes improving access to primary care services by shifting these services from hospitals to more appropriate community settings, thereby creating additional service capacity within hospitals. A site location has recently been selected for this centre, as planning activities continue.
REACHING ABOVE
AND BEYOND TO
DELIVER LEADING-EDGE RESEARCH

BIG STEPS Campaign on its Way to $25 Million Goal
The CHEO Foundation announced a $25 million fundraising campaign. The BIG STEPS Campaign is an ambitious initiative that is raising funds to buy the most sophisticated equipment needed to treat our children and take huge steps forward in vital, life-saving research. The research component of the campaign will focus on clinical, cancer, obesity and mental health research. It will build on CHEO’s reputation as a centre of world-class research into childhood diseases. The equipment component of the campaign will focus on bringing new technologies to CHEO and upgrading existing equipment in emergency, critical care, surgery, diagnostic imaging and information technology.

Better Treatment for Babies with Respiratory Infection
Dr. Amy Plint, a pediatric Emergency room physician at CHEO, co-authored a study that found using two drugs for bronchiolitis (a common lung infection) cut hospital admissions for babies by 35 percent. The clinical trial at CHEO showed that Epinephrine, a bronchodilator which relaxes the muscles and opens the airways, combined with dexamethasone, a steroid that reduces inflammation, produced surprising results in infants aged six weeks to 12 months. In Canada, an estimated 35 in 1,000 babies are hospitalized with bronchiolitis each year. Bronchiolitis causes symptoms that are distressing for infants and their parents. It also causes a high rate of hospital admissions and high health care costs. Dr. Plint’s findings, which were published in the New England Journal of Medicine will allow more infants to be safely treated in their own homes, reducing health care costs and parental stress.
CHEO Battles Cancer with Unique “Virus Therapy”

Dr. David Stojdl, a scientist at the CHEO Research Institute, is making exciting progress in the treatment of childhood cancers and brain cancer – moving quickly towards clinical trials with a unique “virus therapy”. The CHEO Research Institute is leading this investigation of two of the newest and most promising virus therapies. Dr. Stojdl and his team have designed virus strains that have been able to cure mice of tumors caused by malignant melanoma, ovarian and lung cancer. His lab has also recently carried out the world’s first functional genomic screen of an oncolytic virus (a virus that kills cancer cells). Dr. Stojdl and his team searched through all of the human genes to find ones that control oncolytic viruses to target tumor cells, and identified the genes that impede the oncolytic viruses from killing tumor cells efficiently. Dr. Stojdl has been awarded $200,000 to adapt this technology for children and youth with Neuroblastoma, a brain tumor that is the most common solid tumor in children. This would represent a significant step forward in the treatment of children who suffer from this often-fatal disease.

HALO Advocates Physical Activity for Children and Youth

Active Healthy Kids Canada, its strategic partners, ParticipACTION and the Children’s Hospital of Eastern Ontario (CHEO) Research Institute – Healthy Active Living and Obesity Research Group (HALO) released the 2009 Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth. The report sent a clear message that physically active children perform better in school than those who are not. Physical activity positively impacts children’s achievement in math, reading, grades, perceptual skill and overall academic readiness. It has also been shown to increase a child’s self-confidence, self-esteem, self-image and connection to school. For the third consecutive year, the 2009 Report Card assigned Canada an F for physical activity levels. Only 13 per cent of Canadian children and youth met the minimum recommendation of 90 minutes of physical activity a day. CHEO-HALO worked with Active Healthy Kids Canada’s research group to lead the coordination, data collection and data analysis necessary to develop the Report Card, and provided access to the latest research findings.

Responding to an alarming rise in childhood obesity, HALO was established to provide national leadership and research excellence for the prevention and treatment of obesity in children and youth. This centre of excellence is comprised of a multidisciplinary group of research scientists, clinicians, and research staff who are working with local, provincial and national partners to address obesity and inactivity in children and youth. Located in the CHEO Research Institute, HALO is developing and testing innovative treatments and prevention strategies for the health and wellness of our most precious resource, our children.

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**Hospital Operating Results**

(Excluding Other Funded Programs)

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**Revenue by Sources**

- LHIN/MOHLTC
- Patient revenues
- Other revenues and recoveries
- Amortization of capital grants

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**Expenses by Category**

- Compensation
- Supplies and other expenses
- Medical supplies and drugs
- Amortization—Equipment

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**Statement of Revenue and Expenses**

(Excluding Other Funded Programs)

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<td>Revenues</td>
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*audited financial statements available upon requests