



SickKids[®]

ANNUAL REPORT

2015-16



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MESSAGE FROM OUR LEADERS

An Annual Report is always about two things – where you are, and where you’re going. The thrust of this Annual Report is where SickKids is going – what’s next.

Hence our theme: ‘Then/Now/Next’.

The last 10 years have opened up tremendous possibilities in children’s health. There have been huge advances in genetics, regenerative medicine, robotics, medical imaging, and information technology. SickKids has been part of all of them, and all of them create opportunity for SickKids. We’re on the cusp of taking on, and winning against, the greatest remaining challenges in child health. Change and growth, both inside the Hospital, and outside the walls, are necessary. Momentum is building.

As we change and grow, we will forge new partnerships. We will work with our community in new ways. But most vitally, we’ll look to our donors and partners – who make what’s extraordinary about SickKids possible.

Our donors and partners deserve our thanks for a SickKids ‘then’ that’s rich and deep: because of you, we’ve been at the forefront of child health since 1875. You deserve thanks for our ‘now’: world-leading medical expertise, delivered with compassion. And we ask you to join us in being as excited, engaged, and committed to a SickKids ‘next’, as we are.

The following pages highlight our financial reports, our boards, and our benefactors. Patient care, research and education stories paint a picture of the year’s achievements – where we are now. But as you read, we ask you to think ahead, about where our momentum will take us. SickKids will define what’s next in children’s health care.

Photo, from left to right:

Dr. Michael Apkon, President and CEO, SickKids;
Rose M. Patten, Chair, SickKids Board of Trustees;
Ted Garrard, President and CEO, SickKids Foundation;
Kathleen Taylor, Chair, SickKids Foundation
Board of Directors

HOSPITAL FINANCIALS

Financial highlights for the year ended March 31, 2016

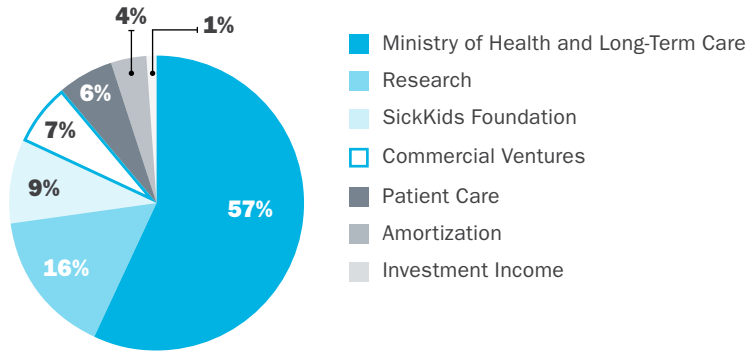
SickKids is committed to operational efficiency, transparency and accountability. We support evidence-based decisions to enhance our financial health, conduct business under the principle of fiscal prudence and act with integrity and good judgment when allocating resources.

The Hospital continues to maintain its financial health. Excess of revenues over expenses contribute positively to the Hospital's net assets, which are then reserved for specific purposes or reinvested into operations and capital investments aligned with the Hospital's strategic priorities.

To view the audited financial statements, please visit:
www.sickkids.ca/AboutSickKids/annual-report/index.html

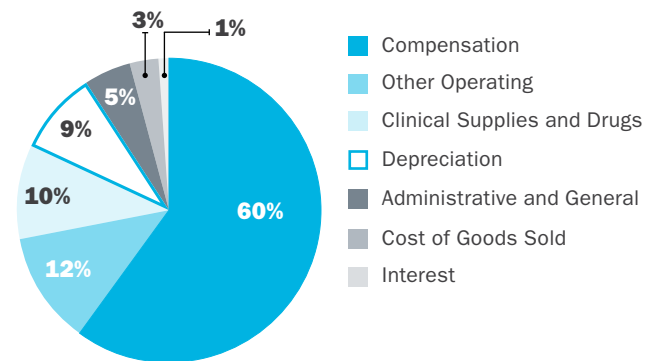
REVENUES AND INVESTMENT INCOME

(\$823.8 MILLION)



EXPENSES

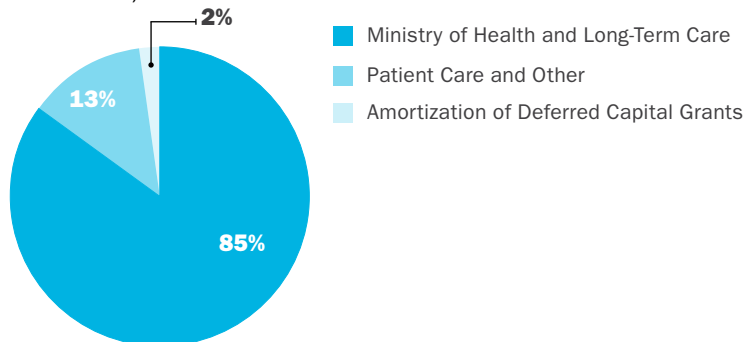
(\$814.1 MILLION)



2015-16 PATIENT CARE TOTAL REVENUES AND EXPENSES

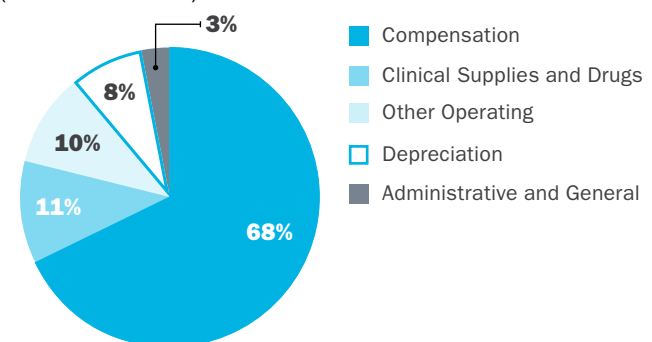
REVENUES

(\$549.6 MILLION)



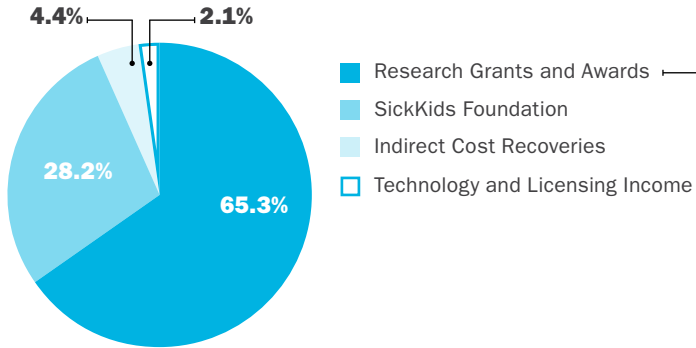
EXPENSES

(\$541.2 MILLION)



2015-16 RESEARCH INSTITUTE TOTAL REVENUES AND EXPENSES

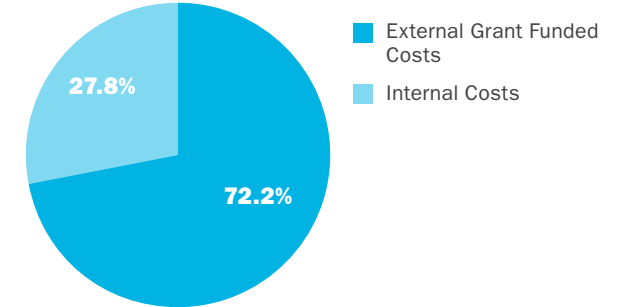
SOURCES OF RESEARCH INSTITUTE FUNDING (\$208.6 MILLION)



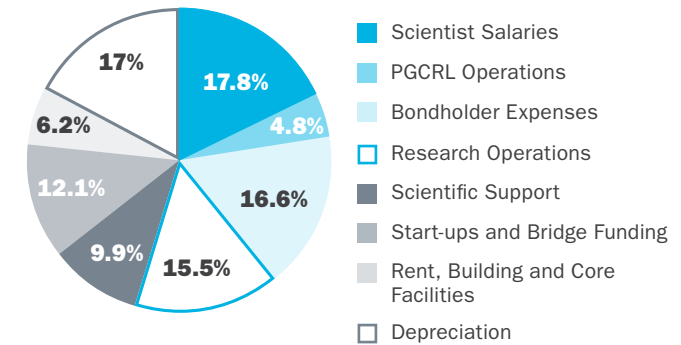
RESEARCH GRANTS AND AWARDS SOURCES OVER \$1.0M

\$32.5M	Canadian Institutes of Health Research
\$21.5M	Canada Foundation for Innovation
\$10.2M	Genome Canada
\$9.4M	Ontario Ministry of Research and Innovation
\$5.6M	Canada Research Chairs Secretariat – Federal Indirect Cost Program
\$3.3M	Canada Research Chairs Secretariat – CRC Program
\$2.3M	Natural Sciences and Engineering Research Council of Canada
\$2.2M	Bill & Melinda Gates Foundation
\$2.2M	Ontario Brain Institute
\$2.1M	Canadian Cancer Society
\$1.7M	Ontario Institute for Cancer Research
\$1.3M	JDRF Canadian Clinical Trial Network
\$1.3M	Luminex Molecular Diagnostics
\$1.3M	Brain Canada Foundation and The W. Garfield Weston Foundation
\$1.2M	Autism Speaks
\$1.2M	Brain Canada Foundation
\$1.2M	Quest Diagnostics
\$1.0M	University Of Michigan
\$1.0M	Ontario Student Opportunity Trust Fund
\$1.0M	Juvenile Diabetes Foundation International

TOTAL RESEARCH INSTITUTE EXPENDITURE (\$226.5 MILLION)

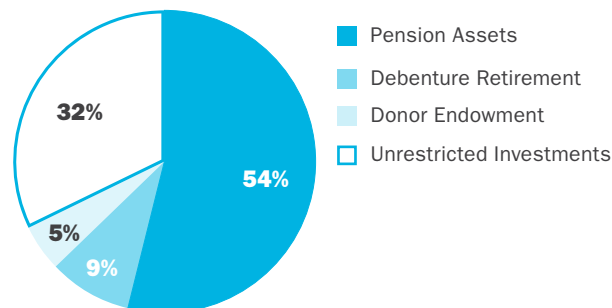


TOTAL RESEARCH INTERNAL EXPENDITURE

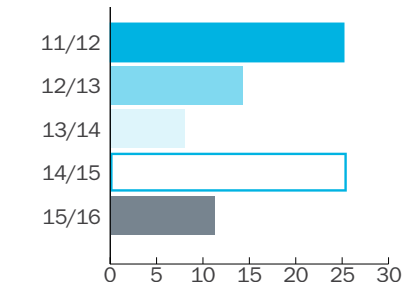


2015-16 INVESTMENT PERFORMANCE

HOSPITAL INVESTMENTS (\$374.1 MILLION)



INVESTMENT INCOME (\$ MILLIONS)*



* Investment income and realized gains only

FOUNDATION FINANCIALS

Financial highlights for the year ended March 31, 2016

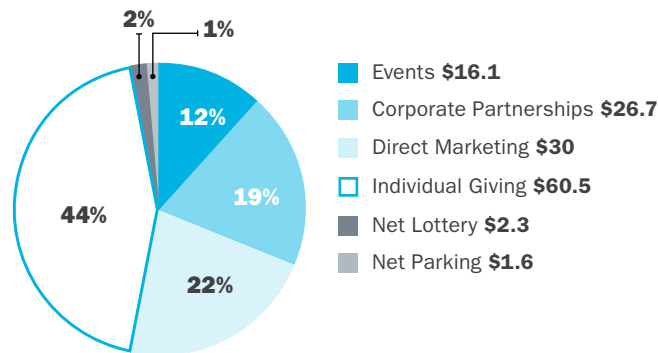
SickKids Foundation is committed to the highest standards of accountability and transparency. We were among the first nationally accredited charities

under Imagine Canada's Standards Program and have been recognized by the Canadian Professional Accountants for the quality of our financial reporting.

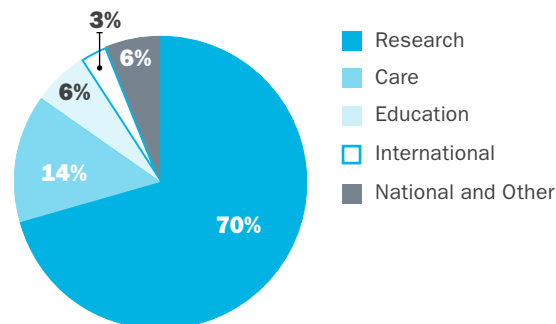
To view the audited financial statements, please visit:
sickkidsfoundation.com/annualreport

Gross fundraising program revenue and net lottery revenue	\$137.3 million
Total grants and charitable activity	\$86.5 million
Fundraising and administrative expenses	\$39.4 million

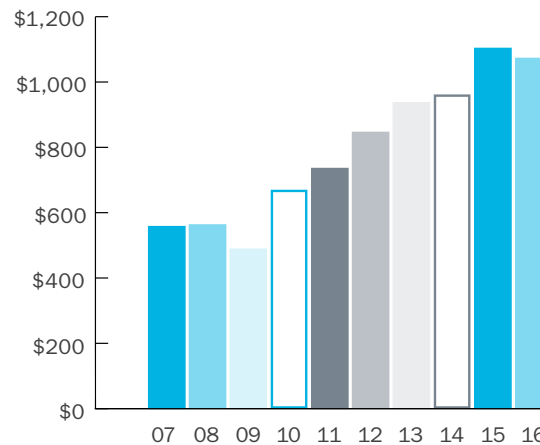
SOURCES OF REVENUE (IN MILLIONS)



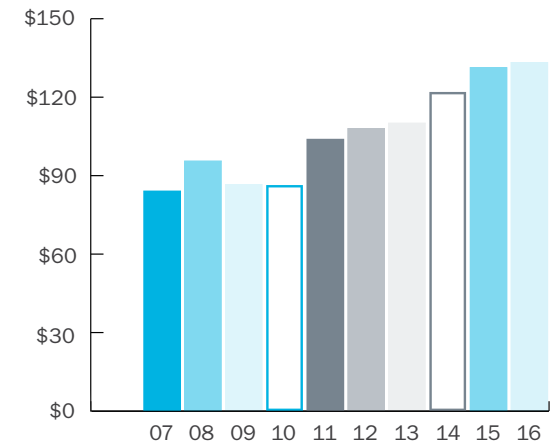
INVESTMENTS IN CHILD HEALTH



TOTAL ASSETS (IN MILLIONS)



FUNDRAISING REVENUE (IN MILLIONS)



Report on investments for the year ended March 31, 2016

Endowment funds at SickKids Foundation provide an important base of funding for child health initiatives at SickKids.

Total value of endowment fund	\$925.9 million
Rate of return for the year	(2.1) per cent

INVESTMENT RETURNS

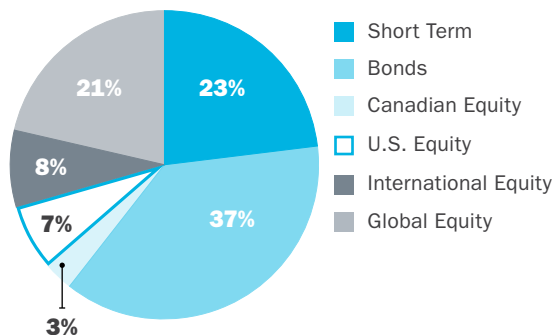
	1 Year	3 Years	5 Years	10 Years	Since Inception*
Annualized Rate of Return	(2.1%)	7.1%	9.1%	8.4%	10.6%
Percentile Ranking**	Top 60%	Top 67%	Top 34%	Top 1%	Top 1%

*Inception date: March 31, 1995 **versus the RBC Investor Services Endowment and Foundation plans universe

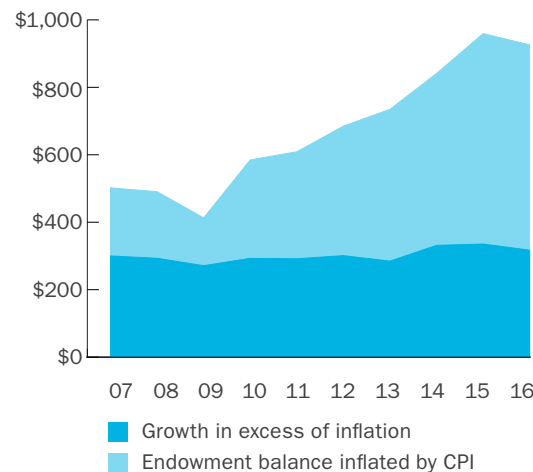
Investment management and philosophy

The SickKids Foundation Board of Directors manages endowed funds with assistance from the Board's Investment Committee using a long-term, value-oriented investment philosophy. The Investment Committee monitors the performance of the Investment Managers. The goal is to attain an average annual real total return (net of investment managers fees, after Consumer Price Index) of at least five per cent over a five-year period and also to be in the top 25 per cent of the RBC Investor Services survey.

INVESTMENT ASSET MIX



ENDOWMENT OUTPACES INFLATION (IN MILLIONS)



INVESTMENT ASSET GROWTH SUMMARY SINCE 1995 (IN MILLIONS)

(IN MILLIONS)

Opening Market Value, March 31, 1995	148
Contributions	1,187
Grants/Withdrawals	(1,247)
Net Contribution (Withdrawal)	(60)
Investment returns, Realized gains and Unrealized appreciation	963
Cumulative Return from Investments	963
Ending Market Value, March 31, 2016	1,051



TWIN TRANSPLANTS

Phuoc and Binh Wagner are alive and thriving today thanks to life-saving gifts and collaboration between SickKids and UHN.

TWIN GIRLS RECEIVE LIFE-SAVING LIVER TRANSPLANTS

Twins Phuoc and Binh Wagner are only five years old, but their lives are already remarkable epics of courage, compassion, and collaboration.

Adopted from a Vietnamese orphanage in 2012, the girls, malnourished and ill, joined Johanne and Michael Wagner's large Kingston family. The twins have Alagille syndrome, a rare, life-threatening genetic condition that arises from a lack of bile ducts in the liver, leading to jaundice, poor nutrient absorption, and liver disease.

Phuoc's successful life-saving liver transplant in February 2015 – from a liver donated by her adoptive father – was a collaboration between the SickKids Liver Transplant Program and the Living Donor Liver

require continuing medical attention, we are also researching ways to improve their quality of life."

Living donor transplants not only reduce waiting time and declining health, they offer distinct survival advantages. SickKids' first live liver transplant was performed in 1996. Today, SickKids' Liver Transplant Program is the largest paediatric program in Canada, annually performing approximately 30 transplants, 20 of which are live donor transplants done in partnership with UHN. SickKids' five and 10-year survival rates – now exceeding 90 per cent – are unsurpassed worldwide. Excellent long-term survival after paediatric liver transplantation, now the rule rather than exception, depends on comprehensive ongoing care.

so well because of SickKids' superb care; grief, knowing that the girls suffer from a multi-system disorder that demands a lifetime of vigilant medical attention; concern, for her children and their donors, especially, as she says, for the anonymous donor who is "missing from my family yet part of my family. We are deeply grateful to SickKids for giving our children back their lives."

And what's ahead for treatment? According to Kamath: "While the twins' plight highlighted the need for organ donation, it's critical to find alternatives to transplantation, which, while life-saving, is not a cure. In the lab, we're growing cells from patients themselves to develop new drugs and therapies so that tissue replacement doesn't necessarily require

NEXT

"In the lab, we're growing cells from patients themselves to develop new drugs and therapies so that tissue replacement doesn't necessarily require organ transplantations. The promise of this therapy is incredible; discoveries we're making today mean that in the future, the child could one day be its own donor," says Dr. Binita Kamath.

Transplant Program at University Health Network (UHN). The story captured international public attention and generated an outpouring of support. In April, the two hospital teams announced they had successfully transplanted another live liver, generously offered by an anonymous donor, and saved Binh's life.

Today, the twins are thriving, active junior kindergarten students. Their doctor, Binita Kamath, of the SickKids Transplant and Regenerative Medicine Centre, is confident they can enjoy regular childhood activities at school and play. "But a successful transplantation is not without risks to future health. Though the girls will always

At the one-year anniversaries of her daughters' transplants, Johanne Wagner experienced a myriad emotions. Joy, that Phuoc and Binh are doing

organ transplantations. The promise of this therapy is incredible; discoveries we're making today mean that in the future, the child could one day be its own donor."

DONORS MAKE THE DIFFERENCE

Jeff and Sherrie Logan's lives changed overnight when their healthy two-year-old, Ashley, suddenly experienced a rare type of liver failure. It quickly became clear that she would need a liver transplant, ideally from a living donor. To the relief of Ashley's frightened parents, her aunt Cheryl was a match. In 2009, Ashley underwent a successful liver transplant and is now an active, sport-loving eight year old. To express their gratitude for saving Ashley's life, and to help other children with liver transplants, Ashley's parents founded the Ashley's Angels Fund in support of transplant research, education, and care at SickKids. By organizing events and mobilizing the support of their family and friends, the Logans have raised almost \$1-million dollars. Although Ashley is well, SickKids is still an important part of the family's life. "I go to SickKids to stay healthy," says Ashley.



CHANGING THE GAME

International support helps propel Dr. Ronald Cohn's breakthrough research using the CRISPR gene-editing tool.

GAME-CHANGING TECHNOLOGY COULD REVOLUTIONIZE PATIENT CARE

Ever since the discovery of the structure of DNA and the decoding of the human genome, we have waited for news of the breakthrough in gene manipulation that would lead to treatment for genetic disease. And that's about to happen – with the help of SickKids' Dr. Ronald Cohn and his breakthrough work with an exciting and radical technology enthusiastically endorsed by researchers around the world as truly

duplicated gene from a genome, restoring protein function of donated cells from a boy with DMD. Essentially, it corrected the mutation that causes the devastating disease – which could have significant impact on future therapeutic developments.

“CRISPR is the most important technology that I have encountered in my scientific career. Working with patients and families with genetic disorders,

I'm often in a position where I can provide a diagnosis, and perhaps supportive care, but no treatment. CRISPR could change that. It could improve the quality of life for those affected by DMD, and revolutionize the way we care for patients with currently untreatable genetic conditions,” says Cohn, incoming Chief of Paediatrics and Senior Scientist in Genetics & Genome Biology at SickKids.

NEXT

“CRISPR is the most important technology that I have encountered in my scientific career. Working with patients and families with genetic disorders, I'm often in a position where I can provide a diagnosis, and perhaps supportive care, but no treatment. CRISPR could change that,” says Dr. Ronald Cohn.

transformational. CRISPR is a DNA-altering, highly precise and efficient gene editing tool being welcomed as a “game changer” that will revolutionize the scientific and clinical treatment of genetic disorders.

This includes Duchenne Muscular Dystrophy (DMD), which is life-limiting and fatal. A rare, progressive, neuro-muscular genetic disorder, diagnosed in childhood, it renders patients unable to produce the protein needed for muscle strength and function. Muscle cells, including those used for breathing and the heart, gradually break down, paralyzing and eventually claiming the lives of affected teenagers and young adults.

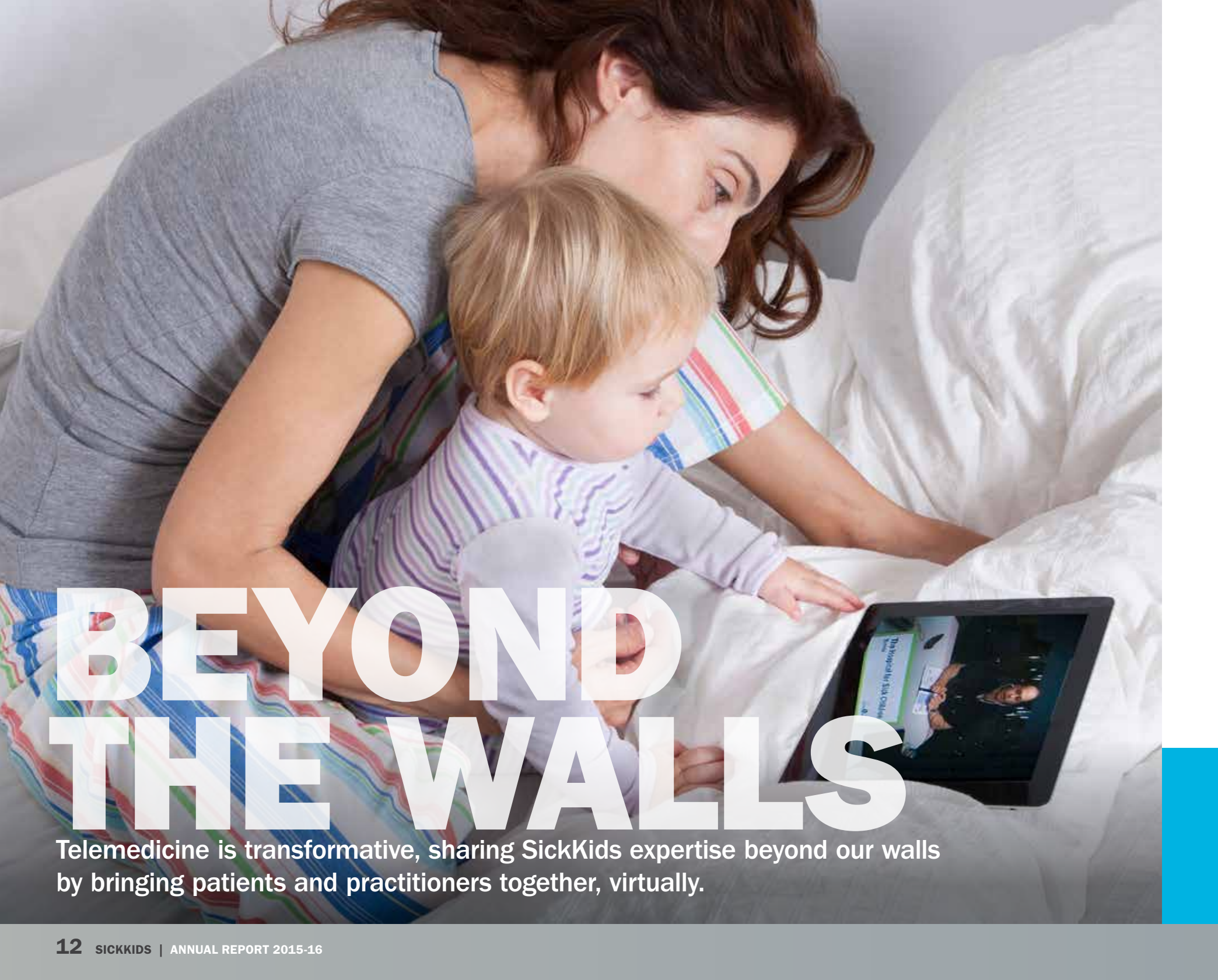
For the first time ever in a lab, CRISPR was used like a pair of genetic scissors by Cohn to remove a

DONORS MAKE THE DIFFERENCE

This historic research is a heartening milestone that comes not a moment too soon for Emily and Nick Crossley, who started The Duchenne Children's Trust in 2012 after their son was diagnosed with the disease. Based in London, England, the Trust's mission is to fund the most promising global research that will bring a cure and treatments to help children and young adults living with DMD. “We won't be limited by lack of ambition. We won't be limited by borders. We make big investments in big projects. And we fund the best research in the UK and around the world,” says Nick. Funding the best internationally included a September 2015 gift of \$250,000 to SickKids in support of Cohn's research.

According to Emily, “Dr. Cohn is bringing us closer to a breakthrough in the history of this shattering disease. He and SickKids offer real hope about what's ahead for everyone grappling with the impact of DMD.”

Cohn shares this optimism about new treatments being developed within the lifetime of current DMD patients. “I am now in a position to move the science forward, to actually create a medication that could help patients one day. Nothing is more powerful to a scientist or a physician to begin tackling these problems.”



BEYOND THE WALLS

Telemedicine is transformative, sharing SickKids expertise beyond our walls by bringing patients and practitioners together, virtually.

IN 2016, THE SICKKIDS TELEMEDICINE PROGRAM IS CELEBRATING ITS MILESTONE 20TH ANNIVERSARY

Imagine being a parent whose child is seriously ill, and not being able to access the care you desperately need because of where you live. As a hospital dedicated to healthier children everywhere, two decades ago SickKids began a program which breaks down barriers to health-care access. In 1996, it created a basic Telemedicine Program serving Northern Ontario communities by transmitting secure video images over telephone lines. In 2016, the SickKids Telemedicine program is celebrating its milestone 20th anniversary and, with it, a remarkable transformation of delivering care, education, research and collaboration at SickKids. Telemedicine has become an integral resource for clinicians, a reliable way to assess and manage patients remotely, as well as a platform for sharing knowledge.

Given the dramatic evolution of technology, services expand consistently as telemedicine adopts new platforms available to health care. And the numbers of SickKids staff using these tools have doubled in the last year alone. The latest advancement is Guest-Link, a real-time, direct and secure videoconference system launched at SickKids in 2016 and supported by the Ontario Telemedicine Network. Now patients

can connect with clinicians right from home – through their computer, tablet or smartphone – breaking down yet another obstacle to care.

“SickKids was an early adopter, using technology to bridge barriers to treat patients; now ours is the largest comprehensive program in Canada. We provide care and training, developing customized service and models to support primary caregivers across the province,” says Dr. Tony Pignatiello, Medical Director for SickKids’ Telepsychiatry/Tele-Link, Associate Psychiatrist-in-Chief and the SickKids Chair in Medical Psychiatry, funded by an out-of-province anonymous donor. “Today, telepsychiatry is fully integrated as a standard in regular practice, not as an afterthought. With such significant usage increases – annually more than 2,500 consultations – access to specialized child psychiatry is now equitable, improving children’s lives, everywhere.”

Dr. Darius Bagli, Urologist and Associate Surgeon-in-Chief at SickKids, was the first SickKids clinician to use Guest-Link. “In less than 10 years, the entire concept of telemedicine will be transformed; in its place will be the virtual presence platform for care.

DONORS MAKE THE DIFFERENCE

Telepsychiatry has been a consistent focus for SickKids, building capacity and providing expertise to remote communities like Northern Ontario and elsewhere in Canada through programs like SickKids’ Tele-Link Mental Health Program. Bell Canada funding supports Cognitive Behavioural Therapy (CBT) for youth in Northern Ontario, an innovative project that uses telemedicine to provide supervision-based training for mental health practitioners. To address concerns about growing mental health issues for youth in Nunavut, Tele-Link expanded to the region in 2014 through a partnership with Cisco Canada’s Connected North program, and with funding from RBC Foundation. The goal is to enhance children’s mental health services in Nunavut, improving access and outcomes.

Smart technology everywhere, including wearable personal devices, will dynamically feed into the virtual care space in real time. We’ll even be able to perform simple care interventions remotely. Physical distances don’t have to be large to be unnecessary: we’ll all need to re-think when patients and practitioners must be together in person, vs. the greater peace of mind knowing we are always ‘there’ wherever and whenever we’re needed.”

NEXT

“In less than 10 years, the entire concept of telemedicine will be transformed; in its place will be the virtual presence platform for care,” says Dr. Darius Bagli.



SAVING AUGUSTA

A collaborative effort saved Augusta Toews; a world first from SickKids brought her leg back to life.

No one gave up on seven-year-old Augusta Toews after a boating accident severed 95 per cent of her leg. Her nightmare quickly turned into a miraculous story of invention and collaboration, as the Ontario health-care system came together to save her life, and her leg. Seamless transport,

treatment, and recovery included the Ornge crew airlifting her from Muskoka to SickKids; Canadian Blood Services, providing massive amounts of blood to keep her alive; Dr. Thomas Lindsay, the vascular surgeon from University Health Network, who led the team that restored blood flow to her

HOW THE ONTARIO HEALTH-CARE SYSTEM CAME TOGETHER TO SAVE A LITTLE GIRL'S LIFE AND LEG

leg; and SickKids' world-class teams in trauma, orthopaedic and plastic surgery, critical care, medical engineering, basic science and research, physiotherapy and occupational therapy.

According to SickKids Plastic and Reconstructive surgeon Dr. Gregory Borschel, Augusta had the most severe and rarely treated type of nerve injury; her sciatic nerve was completely divided in half. A series of successful surgeries reattached her leg,

room," says Borschel. The electricity stimulated the nerve's regeneration, accelerating the healing process and helping to avoid neuropathic pain. A world-first in paediatric clinical care, the procedure is now used by SickKids to treat most severe nerve injuries.

Augusta's recovery has been truly remarkable, and astonishingly rapid. Back home in Calgary, she refused a wheelchair, crutches, walkers and

providers at critical points in a patient's care. This, he says, can open the door for unprecedented clinical breakthroughs, and ultimately, better recoveries for patients.

There's no doubt in Borschel's mind that her family's positive attitude has been critical to Augusta's extraordinary recovery. But he mostly credits his patient's "indomitable spirit. Nothing can hold Augusta back; nothing keeps Augusta down."

NEXT

For Dr. Gregory Borschel, Augusta's case underscores the importance of collaboration between health-care providers at critical points in a patient's care. This, he says, can open the door for unprecedented clinical breakthroughs, and ultimately, better recoveries for patients.

weaving together veins, muscles, flesh and bone. But the body's largest, longest nerve remained severed. Since the sciatic nerve is the leg's command centre, controlling movement, muscles and sensation, the attached leg would remain lifeless if it didn't function.

A nerve specialist, Borschel reconnected the sciatic nerve using an established nerve grafting technique. But to bring it back to life, Augusta became patient zero in an experimental procedure of electrical nerve stimulation, which Borschel had been researching, but never before performed on a child. "I saw the opportunity to use it clinically with Augusta. SickKids got behind me, a surgeon-scientist, immediately so we could take this treatment right from my lab and into the operating

sympathy; within months progressing from dragging herself to crawling, walking, running, dancing and jumping. Now nine years old, she is also active with kickboxing, Irish dancing and snowboarding.

Augusta's mother, Leslie Baker-Toews, will always be deeply grateful. "If this had to happen, we were blessed to be in Ontario at the time, so that we could be treated at SickKids, which is truly innovative, compassionate and courageous. In fact, as Canadians we are incredibly fortunate to have SickKids: its world-class clinicians and researchers are the best of the best, and that comes through in the care they provide."

For Borschel, Augusta's case underscores the importance of collaboration between health-care

DONORS MAKE THE DIFFERENCE

SickKids has always been there for Maria Carreiro when she needed it most – first, when her baby daughter suffered a life-threatening injury, and years later, when her granddaughter, Tatiana, was born with a rare malformation of the veins in her forearm. This condition caused constant bleeding and pain, and could have resulted in the loss of her arm. Luckily, she was referred to Borschel. Five surgeries later, Tatiana is an active preteen with full use of her arm. Now, Carreiro is there for SickKids as a donor to Borschel's research. "Dr. Borschel is like a member of our family," says Carreiro. "It makes me so happy to be able to help him, and all the children who need SickKids."

MOMENTUM:

THIS YEAR'S PROGRESS, AND WHERE IT'S TAKING US

CARE

NOW:

For all patients to receive the best care, patient safety is integral. As part of our 2015-20 strategic plan, *Building Connections, Accelerating Impact*, SickKids recommitted to reducing preventable harm through the *Caring Safely* campaign.



WHAT'S NEXT:

Reduced preventable harm for all SickKids patients and staff.

RESEARCH

NOW:

Research teams at SickKids are constantly investigating issues that shape the health of children and families around the world. The largest-ever suicide-risk study, co-led by SickKids, found most deaths occur well after the first suicide attempt.

WHAT'S NEXT:

Suicide prevention through ongoing, sustained initiatives to monitor and support high-risk patients in the long term.



LEARNING

NOW:

Recently, SickKids welcomed an international group of cardiac surgeons from around the globe for an innovative, first-of-its kind educational program.

HOST: Hands-On Surgical Training, allows surgeons to use 3D-printed heart models to refine their skills in complex paediatric heart surgery, before they go into the operating suite.

WHAT'S NEXT:

The HOST team hopes to make this type of training a standard practice for SickKids fellows and for SickKids to be seen – worldwide – as the place to train in paediatric cardiac surgery.

COLLABORATION

NOW:

SickKids Foundation and Cystic Fibrosis Canada have partnered to create the Program for Individualized Cystic Fibrosis Therapy.

WHAT'S NEXT:

This partnership will create a national resource that will accelerate the discovery of new treatments, and determine the most effective, personalized cystic fibrosis (CF) therapies – so patients with CF can live like they don't have CF.

INNOVATION IN FUNDRAISING

NOW:

A new SickKids Foundation fundraising event debuted in 2016. Bubble Hockey for SickKids is a March Madness-style bubble hockey tournament.

WHAT'S NEXT:

The more than \$170,000 raised in the first year represents unrestricted giving to support SickKids' highest-priority needs. You'll see more about the impact of unrestricted giving in this report.





WHY UNRESTRICTED GIVING?

Unrestricted giving means the donor places no restriction on how SickKids Foundation allocates funds. With your unrestricted donation, you're giving SickKids flexibility – because unrestricted gifts can be deployed in the areas of most promise, or most need, at speed. Whether it's funding research, clinical advances, or compassionate care, this is the best way for donors to assure the best possible outcomes for kids, now and in the future.

UNRESTRICTED GIVING MEANS UNRESTRICTED IMPACT

RESEARCH

Unrestricted giving enables us to find and fund the next research star. Someone primed to make as significant an impact as SickKids' Dr. Stephen Scherer, whose work in the genetics of autism has had worldwide impact. Unrestricted giving helps fund SickKids Catalyst Scholars – promising researchers in the early stages of their careers. Currently, the Catalyst Scholars program is supporting the development of four exceptional researchers: two Catalyst Scholars in stem cell research, one in traumatic brain injury research, and one in the Centre for Healthy Active Kids.



CLINICAL CARE

Unrestricted giving means a child can go home hours after a major procedure – with less risk of infection and post-operative complications – thanks to minimally invasive surgeries performed using image-guided therapy (IGT). That's because unrestricted giving helped fund the renovation of our IGT suites into state-of-the-art hybrid intervention/imaging facilities. It also gave SickKids the flexibility to replace the over-10-year-old MRI machine in the Cardiac Diagnostic and Interventional Unit, making diagnoses more precise, which leads to more effective treatments.



UNRESTRICTED GIVING CREATES IMPACT WHERE IT'S NEEDED MOST NOW, AND WHERE IT'S NEEDED NEXT.



CHILD AND FAMILY-CENTRED CARE

Unrestricted giving gives families a sense of normalcy in hospital, by funding special places and experiences that let them spend time together, and let kids be kids. Outdoor play, crafts led by our Child Life Specialists, or playing video games in Starlight help provide distraction and fun; our therapeutic clowns help reduce feelings of isolation and anxiety through play, friendship, and giggles; the Paediatric Advanced Care Team (PACT) helps families face potentially life-limiting disease together, and in the right setting. This is the impact of unrestricted giving.

BY THE NUMBERS

STAFF AND VOLUNTEERS

HOSPITAL OPERATIONS AND CLINICAL CARE

3,874 Health-care professionals
2,601 Management and support
717 Physicians

RESEARCH

* Of these, 150 are both researchers and clinicians, reflected in the clinical staff numbers above.

** <50% of time committed to research activities, all of whom are also reflected in the clinical staff numbers above.

248* Scientists
363** Project Investigators and Team Investigators
754 Research staff (primarily grant funded)
203 Research Operations staff
162 Core Facilities research staff

TRAINEES

259 Research fellows
435 Research graduate students
348 Research summer students
836 Medical Affairs residents and fellows
624 All other clinical and corporate trainees

VOLUNTEERS

1,450 Registered volunteers
240 Women's Auxiliary Volunteers (WAV)

TOTAL STAFF AND VOLUNTEERS

10,456



CLINICAL CARE

INPATIENT ACTIVITY

283.9	Average number of beds occupied daily
6.5	Average length of stay (in days)
15,988	Admissions
15,984	Discharges
103,925	Patient Days

OUTPATIENT ACTIVITY

74,346	Emergency visits
227,651	Total clinic visits
301,997	Total ambulatory visits

OPERATING ROOM CASES

6,834	Inpatient and same-day admit cases
5,581	Outpatient cases
12,415	Total OR cases

BOARD MEMBERS

SICKKIDS BOARD OF TRUSTEES 2015-16

Rose M. Patten

*Special Advisor to President & CEO,
BMO Financial Group*
• Chair

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*Retired Vice-Chairman & Chief Operating Officer,
Bank of Nova Scotia*
• Vice-Chair
• Chair, Governance and Nominating Committee

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President & CEO, RBC Royal Bank
• Chair, Human Resources Committee

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• Chair, Investment and Pension Committee

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*Vice-Chair of Deloitte Canada and Global Chief
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• Chair, Finance and Audit Committee

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• Chair, Board Quality Committee

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President, C.A. Delaney Capital Management Ltd.

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President & CEO, Manulife

Ajit Khanna

Advisor, Global Enablement

Joseph M. Natale

Corporate Director

Timothy H. Penner

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Chair, Torys LLP

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Administration Corporation*

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Chairman, EPIC Realty Partners Inc.

Robert Weese

*Retired Vice President of Government & External
Relations, GE Canada Corporate*

Ex-Officio (voting and non-voting)

Dr. Michael Apkon

Dr. Claire De Souza (as of Jan. 2016)

Pamela L. Hubley (until Nov. 2015)

Dr. Peter Laussen

Gail O'Brien

Dr. James Robertson (until Jan. 2016)

Kathleen Taylor

Judy Van Clieaf (as of Nov. 2015)

SICKKIDS FOUNDATION BOARD OF DIRECTORS 2015-16

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- Chair
- Chair, Strategic Planning Committee (Ad Hoc)

Sonia A. Baxendale

- Vice-Chair and Treasurer
- Chair, Audit and Finance Committee

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Chief Venture Advisor, The Next 36

- Vice-Chair
- Chair, Development Committee

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- Chair, Compensation/Resource Management Committee

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Managing Director, Fraser Kearney Capital Corp.

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Services Inc.*

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President, Woodbourne Canada Management Inc.

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President, TD Ameritrade

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Doctor, The Clinic on Dupont

Lori Latchman

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Financial Services*

Gail O'Brien

Justin Poy

*Founder, President & Creative Director, The Justin
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Deputy Chairman, Rogers Communications Inc.

Reza Satchu

Managing Partner, Alignvest Capital Management

Irit Shay

Co-owner, Royal de Versailles Jewellers

Erol Uzumeri

Founder, Searchlight Capital Partners

Ex-Officio (voting)

Dr. Michael Apkon

Ajit Khanna

Rose M. Patten

About SickKids

Healthier Children. A Better World.™ is a vision everyone at SickKids shares. And it will continue to guide us as we look to the future of SickKids. By working together and with our partners in the community, we can lead transformational change that will improve the lives of children everywhere and create a better world for all of us.

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SickKids®

