ICES

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES IN ONTARIO

1993
1994 ANNUAL REPORT

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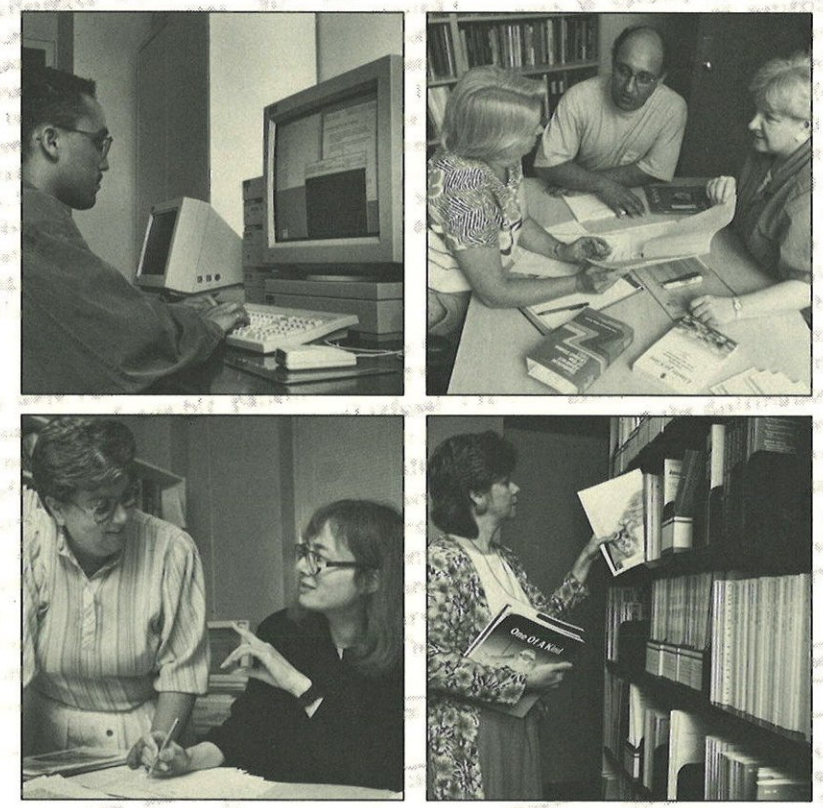


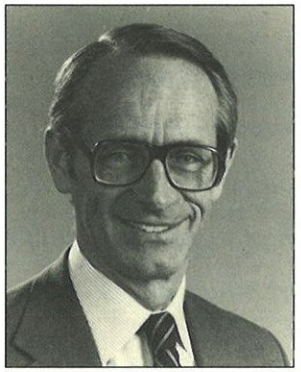
ICES conducts research that contributes to the effectiveness, quality and efficiency of health care in the province of Ontario.

CONTENTS

President, Board of Directors

DR. JOHN EVANS

ICES has surged forward this year thanks to its extremely capable staff and its disciplined approach to research. The results of its projects have attracted broad interest because of their implications for the quality and cost effectiveness of health services in Ontario. An international Scientific Advisory Committee has confirmed the significance of ICES research efforts and endorsed the approaches which have been adopted. With the start-up phase behind it, ICES is directing its attention to collaborating with research groups in and beyond Ontario. The challenges ahead include sustaining the motivation and sense of purpose of an outstanding research team, and engaging the groups in the health sector in a manner which translates research findings into constructive changes in policy and practice. Another objective for ICES is to enlarge the network of research interaction to take further advantage of the knowledge emerging from health care research groups throughout the world.



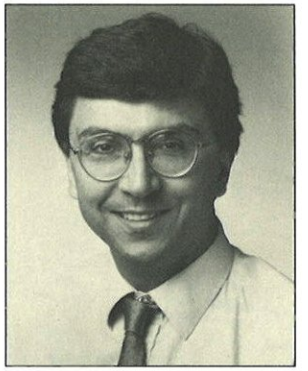
On behalf of the Joint Management Committee of the Ministry of Health and the Ontario Medical Association, I express appreciation to Dr. David Naylor and his colleagues for a second year of impressive achievements. We are also grateful to the administration of Sunnybrook Health Science Centre for facilitating the work of ICES with its excellent support services.

Chief Executive Officer

DR. DAVID NAYLOR

ICES has spent a second exciting year developing and implementing a wide-ranging research agenda focused on the effectiveness, efficiency and quality of medical care for Ontarians. Our corporate mission and goals, presented throughout this report, provide a clear framework for the Institute's activities. There are too many studies completed and underway for me to review them here but this annual report highlights a few.

Organizationally, the Institute has now reached its operational capacity with over 60 staff and faculty on a full or part time basis, and a full complement of graduate students, research fellows and visiting scientists. We have also been developing links with a growing number of stakeholder organizations across the province, and forging closer ties with many other research groups across Canada.



One positive and recurring theme in our activities this year is that the professionals working in the health care system are eager for information that will help them do their jobs better. Our field-work highlights the fact that the overwhelming majority of health care providers respond to evidence and ideas when given practical tools to improve the quality of care. And given information and incentives, providers will work even harder to be responsible allocators of limited health care dollars.

For the Ontario health care system, 1993 was clearly a difficult year and it is likely that public funding for health care will be frozen or reduced through the next decade. Accordingly, one priority in the last year has been preparing for the release of the ICES Practice Atlas: Patterns of Health Care in Ontario. *The Atlas will contain information about medical service patterns and health status indicators. We look forward to working with a number of local and provincial stakeholders in the wake of the public release of the document.*

ICES remains appreciative of the support received this year from our corporate Board and from colleagues in the Ontario Ministry of Health, the Ontario Medical Association, the Sunnybrook Health Science Centre, and the University of Toronto. We also appreciate the positive report card received from the ICES Scientific Advisory Committee (SAC) and look forward to their feedback in 1994.

ICES has a particular debt to the scores of busy physicians, nurses and health records staff on the front lines of care, and to the hospital leaders and research colleagues who worked with us in 1993. We have enjoyed positive relationships with many stakeholders and agencies and our thanks go out to them. In particular, the Ontario Hospital Association has been extraordinarily facilitative of our work and we look forward to a continued partnership.

Above all, I should indicate my deep personal gratitude to the ICES faculty and staff, and to the staff at our sister unit - The Clinical Epidemiology Research Program of Sunnybrook Health Science Centre. We look forward to interacting with a growing network of researchers, clinicians, managers, planners and policy makers, in the coming year.

RESEARCH

Changing practice for breast cancer

Goal

To conduct health services research in areas of clinical and policy relevance from a population-wide perspective.

Clinical trials are regarded as the best way to determine the effectiveness of a therapeutic intervention. Determining whether trials actually lead to a change in practice, and how that change occurs are important steps which need to be taken more often. ICES took those steps through two major studies on breast cancer surgery: 1. Temporal trends in breast cancer surgery in Ontario: Can one randomized trial make a difference? *and 2.* Variation in breast cancer surgery in Ontario.

Temporal Trends

The Temporal Trends study focused on whether a clinical trial, which showed that breast conserving surgery (BCS) worked as well as mastectomy (full removal of the breast), changed the way physicians treated patients. Using a sample of 37,447 women with breast cancer from 1980 to 1989, the ICES study showed a sudden acceleration of BCS after the trial results were published. In fact, the annual rate of BCS rose from 12.5% in 1980 to 43.5% in 1989.

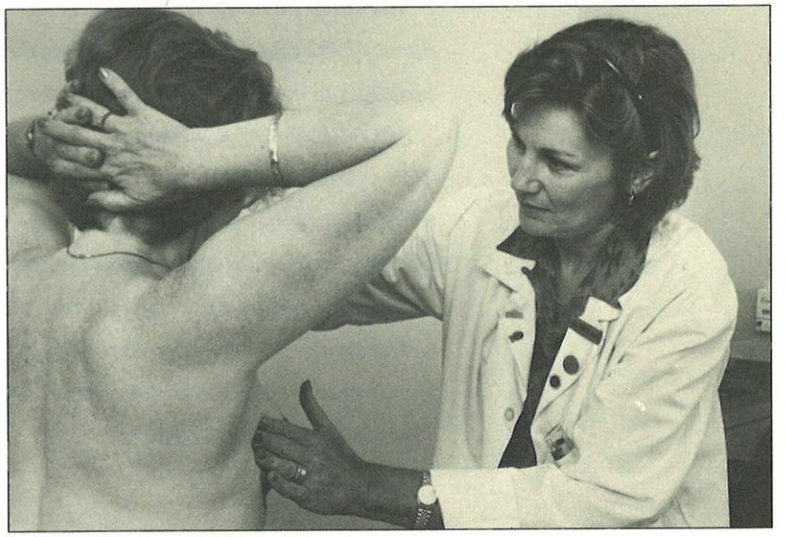
"Physicians responded to new information and changed their practice for the benefit of their patients," says Dr. Neill Iscoe, ICES clinical researcher, staff physician at the Toronto-Sunnybrook Regional Cancer Centre and Principal Investigator of both studies. "To the profession's credit, the change was sudden and dramatic."

Variation study

The Variation study was then conducted to determine whether physician practices for breast cancer surgery differed by county across Ontario. All 14,570 women with newly diagnosed breast cancer from 1989 to 1991 were included in the study.

Study results showed the range of breast-conserving procedures by county was significant: 11% to 84%. While reasons for the variation are unclear, Dr. Iscoe says that geography, patient or physician preference, the availability of services and coding errors may be contributing factors.

This study allows physicians who treat patients with breast cancer to consider how their practice patterns compare to others and to the literature. "Physicians have never been able to make these comparisons because the necessary information has not been available," says Dr. Iscoe. "Health care professionals need and want to examine what they are doing in comparison to others, with a view to improving patient care."



RESEARCH

Ruling on ankle injuries proven successful

Radiography is typically ordered for emergency patients with ankle injuries, one of the most common injuries seen in emergency departments. The overall cost for ankle radiography in North America is approximately $500 million each year. However, 85% of those tests indicate that no fracture exists.

University of Ottawa researchers, led by Dr. Ian Stiell, created the Ottawa ankle rules to help physicians decide when to order radiography for patients with ankle injuries. Previous studies in one Ottawa hospital suggested that if physicians followed the rules, ankle radiography might be performed 30% less often. This would mean significant savings to hospitals.

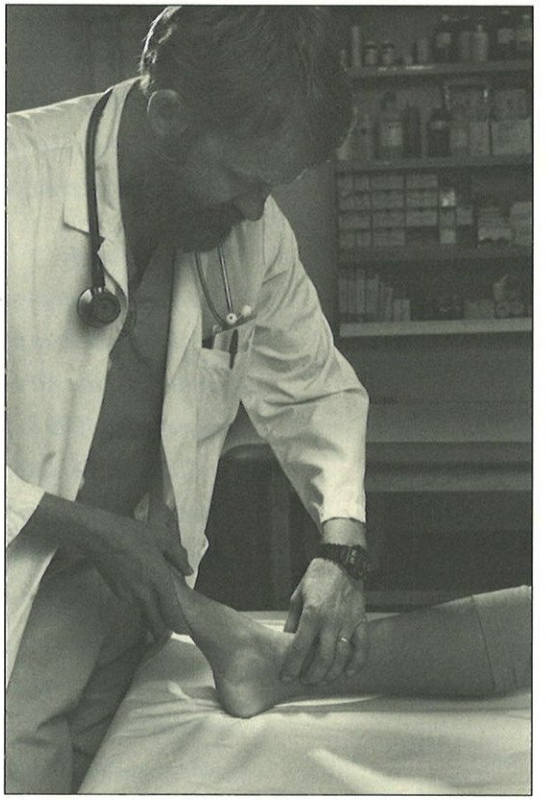
"A definitive test of the use of the rules with a range of hospitals was needed before the rules could be widely implemented," says Dr. David Naylor, CEO of ICES.

This led ICES to sponsor an eight-centre study on the impact of Ottawa ankle rules on clinical practice. The before-after clinical trial included emergency departments in three teaching and five community hospitals: Brockville General, Great War Memorial (Perth), Hotel Dieu (Kingston), Kingston General, Peel Memorial (Brampton), Queensway-Carleton (Nepean), Smiths Falls Community, and Sunnybrook Health Science Centre.

The study involved 12,047 adults seen with acute ankle injuries at these sites during 1992 and 1993. Study staff worked closely with the intervention hospitals to implement the rules, gather data and share results.

"Results showed a dramatic reduction of radiography for ankle injuries -- 26% overall," says Dr. Naylor, a co-investigator in the study. "The dissemination of the rules worked." The trial also showed that patients spent less time in hospital and were as satisfied with their care without radiography. In addition, costs were reduced without an increase in missed fractures.

During the after-intervention period of the study, more than 200 physicians were introduced to the Ottawa ankle rules. Plans are now in place to implement the rules extensively.



Following the will of the patient

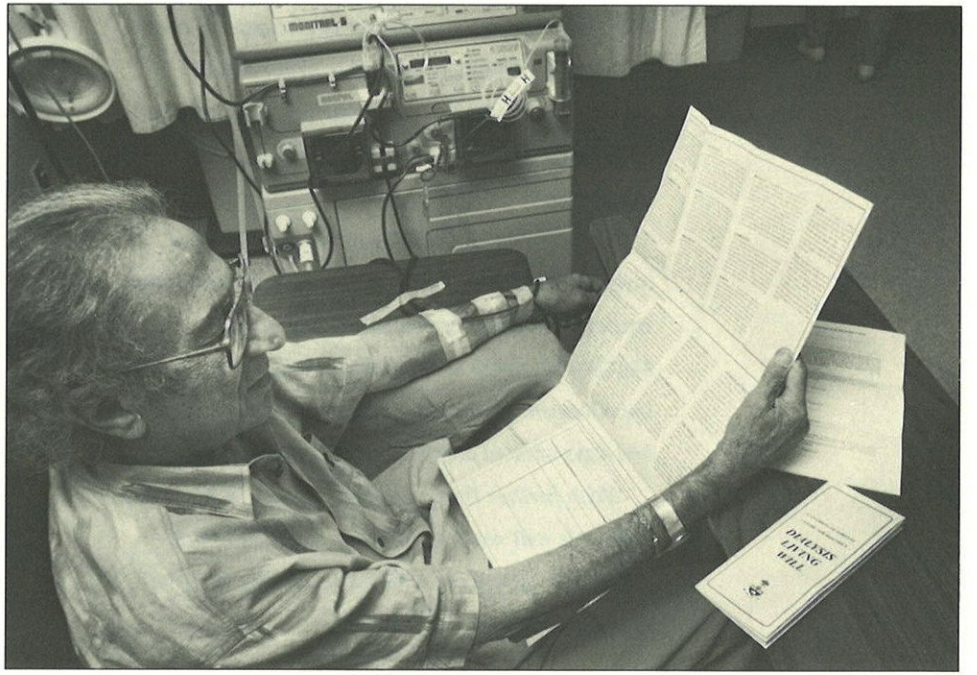
Goal

To develop information and decision-tools of use to policy-makers, administrators, clinician-managers, practitioners, and patients.

"The average Canadian is afraid of losing control over the dying process," says Dr. Peter Singer, Associate Director of the Centre for Bioethics at the University of Toronto. "Living wills help people make serious decisions about their own care."

Dr. Singer is heading the ICES-sponsored study Advance Directives in Dialysis, *which will determine whether certain advance directives, or living wills, meet the needs of patients. Living wills are written documents containing a person's wishes about life-sustaining treatment. British Columbia, Manitoba, Nova Scotia, Ontario and Quebec have passed laws to enact living wills, however they have not yet taken effect in British Columbia and Ontario.*

"Living wills are being created," says Dr. Singer, "but there has not been much evaluative research to find out how they work in practice." The ICES study began by asking 95 patients on hemodialysis from six renal dialysis sites to randomly compare three different living wills and record which one they preferred. One living will, which was created for the study, was tailored specifically to patients on dialysis while the others were created for a general population.



When offered this choice, patients did not choose one particular living will more often than the others. This suggests that not only should patients be given the option of having a living will, they should also be provided with a variety from which to choose to meet their individual needs. The next phase of the study is to determine whether patients who intended to fill out the wills for their own use actually did so, and why or why not.

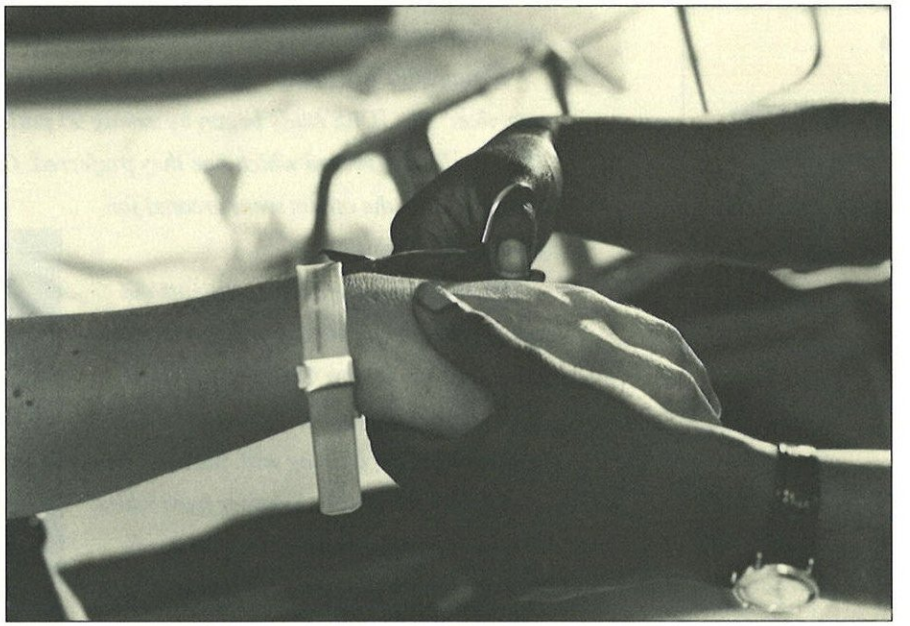
"This study will have an effect on how we tailor living wills to the specific needs of people with particular medical problems," says Dr. Singer, "and it will also have broader implications for the use of living wills."

RESEARCH

Managing hospital resources to maintain quality of care

In progress at ICES is a study called Managing Acute Care Resources in Ontario *(MACRO). It focuses on strategies to assist hospitals with programs to reduce bed days.*

"While many hospitals have implemented programs to improve their management of inpatient resources, very few have systematically evaluated the impact of the program on efficiency or quality of care," says Dr. Antoni Basinski, Senior Scientist at ICES and principal investigator of the study.



ICES researchers are evaluating bed day reduction strategies at six intervention community hospitals and comparing the results to six control hospitals. At the intervention hospitals, researchers are helping to modify current programs for 16 diseases or procedures, from pneumonia to heart attack to hip replacement. This process will identify approximate benchmarks for the number of days patients should be in hospital for a particular diagnosis.

Comparisons will then be made to the control hospitals, which will not have the use of intervention strategies to improve their utilization profiles. MACRO's goal is to determine whether the improvement strategies implemented actually reduce bed days without compromising quality of care.

"With further fiscal restraints likely in the future, hospitals will need to continue optimizing their acute care resources while maintaining quality," says Dr. Basinski.

Optimizing the use of heart attack drugs

Goal

To implement and evaluate projects in clinical settings to promote more effective and efficient patterns of health care.

ICES researchers are currently examining the best way to inform health care professionals about proven medications for patients with acute myocardial infarction, or heart attack.

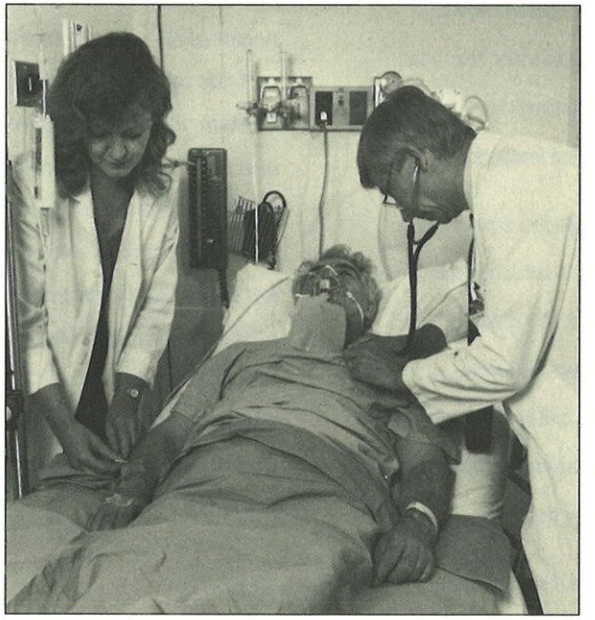
The study, titled Optimizing Pharmacological Therapy for Acute Myocardial Infarction *(OPTAMI), examines methods to assist health care professionals in the optimal use of two types of heart medication: thrombolytic drugs, used in the immediate treatment of heart attacks, and discharge medications, taken after patients go home to help prevent subsequent attacks.*

Clinical trials have shown that thrombolytic drugs, tPA and streptokinase, save up to three to four per cent of heart attack victims if they are given early after the onset of symptoms. And many trials have shown that certain discharge medications, such as beta-blockers and aspirin, are extremely beneficial to patients.

But making decisions about when to use these drugs can be difficult. "Administering powerful thrombolytic drugs promptly is crucial," says Dr. Antoni Basinski, Senior Scientist at ICES and co-principal investigator of the study, "so professionals need to engage in rapid clinical decision-making to determine which patients are eligible for the drugs."

Educational methods such as teaching sessions, posters and pocket cards are being used in the OPTAMI intervention hospitals to help health professionals decide on the use of thrombolytic and discharge medications. Twenty community hospitals -- 10 intervention and 10 control -- are included in the study.

"Study results already show physicians and administrators are taking positive steps to care for patients who suffer myocardial infarction," says Dr. Basinski.



RESEARCH

Wake-up call for Ontario's health care system: ICES Practice Atlas

Working Papers

The ICES Working Papers are a series of works in progress that aim to stimulate debate among researchers, opinion leaders, and interested parties. They offer preliminary findings for discussion and feedback.

Two to four papers are circulated each month to subscribers and stakeholders. All the papers are reviewed internally before distribution, and some may have been submitted for publication in academic journals.

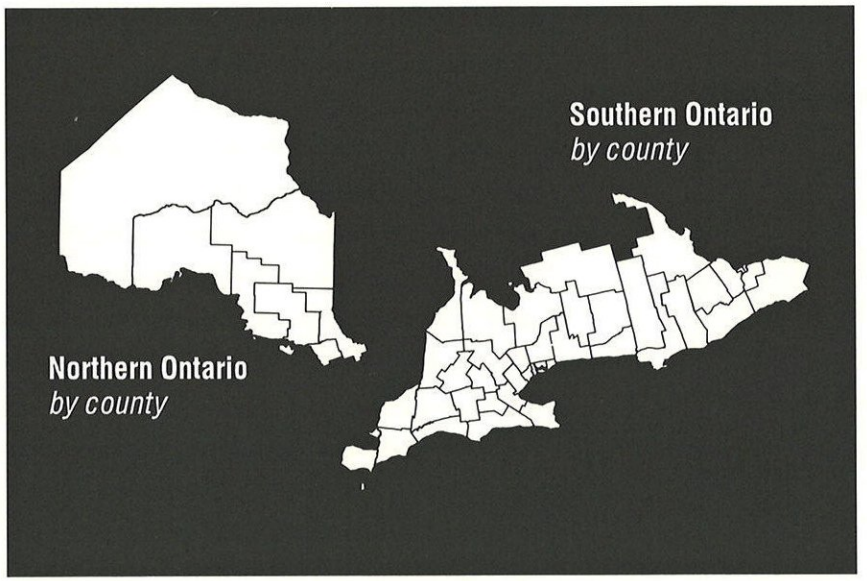
Interested subscribers can contact Caitlin Davies at (416) 480-4055.

"You can't manage what you don't measure" was a familiar phrase resounding through the Ontario health care sector in 1993. In response, ICES devoted much of its energy during 1993 to creating Patterns of Health Care in Ontario.

Data from the Ministry of Health, the Hospital Medical Records Institute, the Ontario Health Survey and Ontario Drug Benefits Plan were used to compile this comprehensive look at the operation of the Ontario health care system. The publication was dubbed the "Practice Atlas" for its extensive use of maps and charts to show regional differences in the delivery of health care.

Atlas topics include: expenditures on health care in Ontario; patients' perceptions of their health and their use of the health care system; county level rates for 12 surgical procedures; hospital length of stay and day surgery rates for 68 Ontario hospitals; and changes in drug costs and utilization for the elderly population of Ontario.

ICES is proud of the contribution the first Practice Atlas will make to health care planning and delivery in Ontario. A second issue is planned for early 1996.



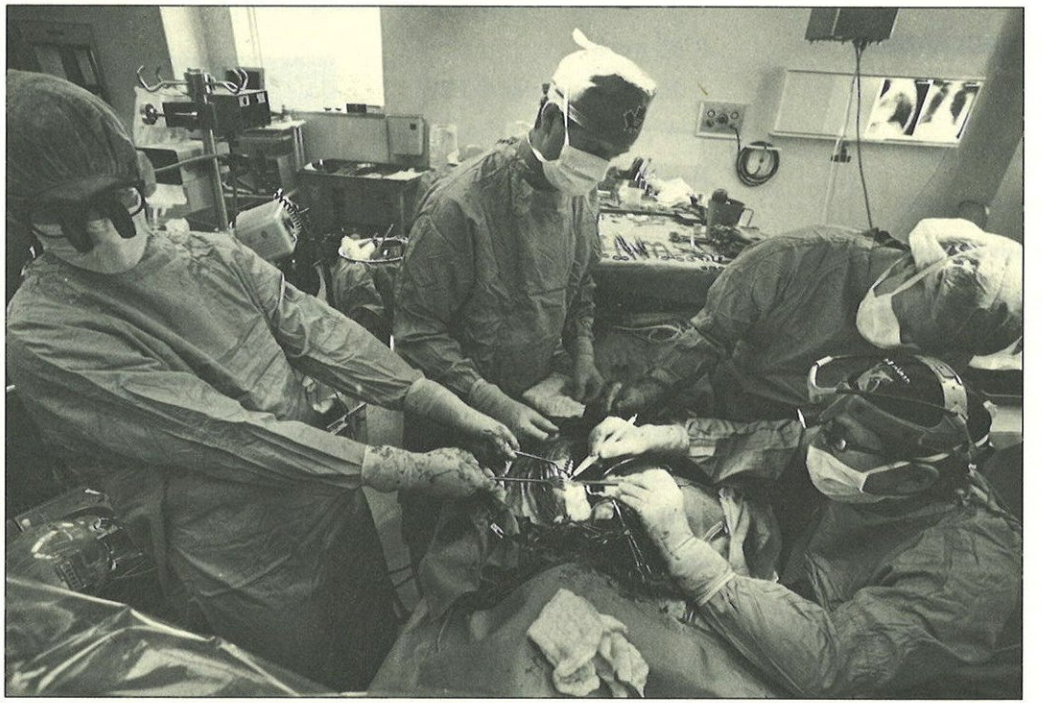
Information highway improves cardiac care

Goal

To document province-wide patterns of medical care on an ongoing basis.

How are patients doing before and after a procedure in comparison to others across the province? ICES has been hard at work trying to answer this question for patients who undergo cardiac surgery.

While it may seem simple, making comparisons between patients means collecting key data elements on everyone who undergoes a specific procedure. The Provincial Adult Cardiac Care Network (PACCN), which monitors the waiting list for all patients in the province who are in line for cardiac surgery, has made this type of data-gathering possible.



PACCN was created because of lengthy waiting lists for cardiac surgery in the late 1980s. "Waiting times for cardiac surgery had to be better managed to ensure that those who needed it most were treated first," says Dr. David Naylor, CEO of ICES, who is involved in the network.

ICES serves as an analytic resource for PACCN and uses data from the network to generate information for cardiac surgeons, cardiologists and managers to help them measure how their patients are faring against other similar patients. Staff at ICES provide health care professionals with length of hospital stay data, as well as risk-adjusted mortality rates after surgery.

"This risk-adjusted information allows physicians to make better comparisons with other centres. They are able to constantly evaluate themselves and change accordingly," says Dr. Naylor. "The extent to which cardiologists and cardiac surgeons are interested in outcomes and improving the quality of their care is impressive."

ICES and Sunnybrook staff were among a panel of expert cardiologists and cardiac surgeons who developed the original waiting list queuing criteria. They also created the program to monitor the network.

"The PACCN shows that patient outcomes are similar across heart surgery centres in Ontario, with a low average post-operative mortality rate that is among the best in the world," says Dr. Naylor. "Ontarians can be confident of getting excellent care for cardiac surgical problems."

RESEARCH

New addition furthers ICES mandate

Goal

To promote linkages among health services researchers in Ontario, and between researchers and decision-makers.

In December 1993, Catherine Fooks joined ICES as Manager, Policy and Implementation. Her role is to focus on the policy implications of ICES research; disseminate research information to external stakeholders and decision makers; create partnerships with interested organizations; and implement the results of ICES work.

Ms. Fooks comes to ICES from the Premier's Council on Health, Well-being and Social Justice and the Premier's Council on Economic Renewal, where she was Director of the Research Services Unit. Prior to that she worked in the Ontario Ministry of Health, and at the Centre for Health Economics and Policy Analysis at McMaster University.

Making research relevant

In October 1993, ICES sponsored a symposium entitled Making Health Services Research Relevant. *With 350 delegates across Ontario in attendance, the event provided a unique opportunity for health services researchers to meet with managers and decision makers in health care to discuss the practical use of research findings.*

Also during the conference, the structure and mandate of a new network of research centres was developed.

OHCEN: The research network

Getting research information to policy makers and health planners is important to ICES.

For that reason, ICES provided financial and logistical support to the launch of the Ontario Health Care Evaluation Network (OHCEN).

OHCEN's goals are to provide relevant and timely research to decision-makers in the health care field, and to enhance the interactions between consumers and producers of research information. Chaired by Dr. George Browman, who also heads McMaster University's internationally recognized Department of Clinical Epidemiology and Biostatistics, the network's membership now includes representatives from government, District Health Councils, health care professions, hospitals, and private and public sectors.

Second annual conference

OHCEN is planning a second Making Health Services Research Relevant *conference on November 17, 1994. It will be called* From Research to Informed Decisions: Bridging the Gap.

For more information on the annual symposium, please call Anne Snider, OHCEN Secretariat at (905) 525-9140, ext. 22163.

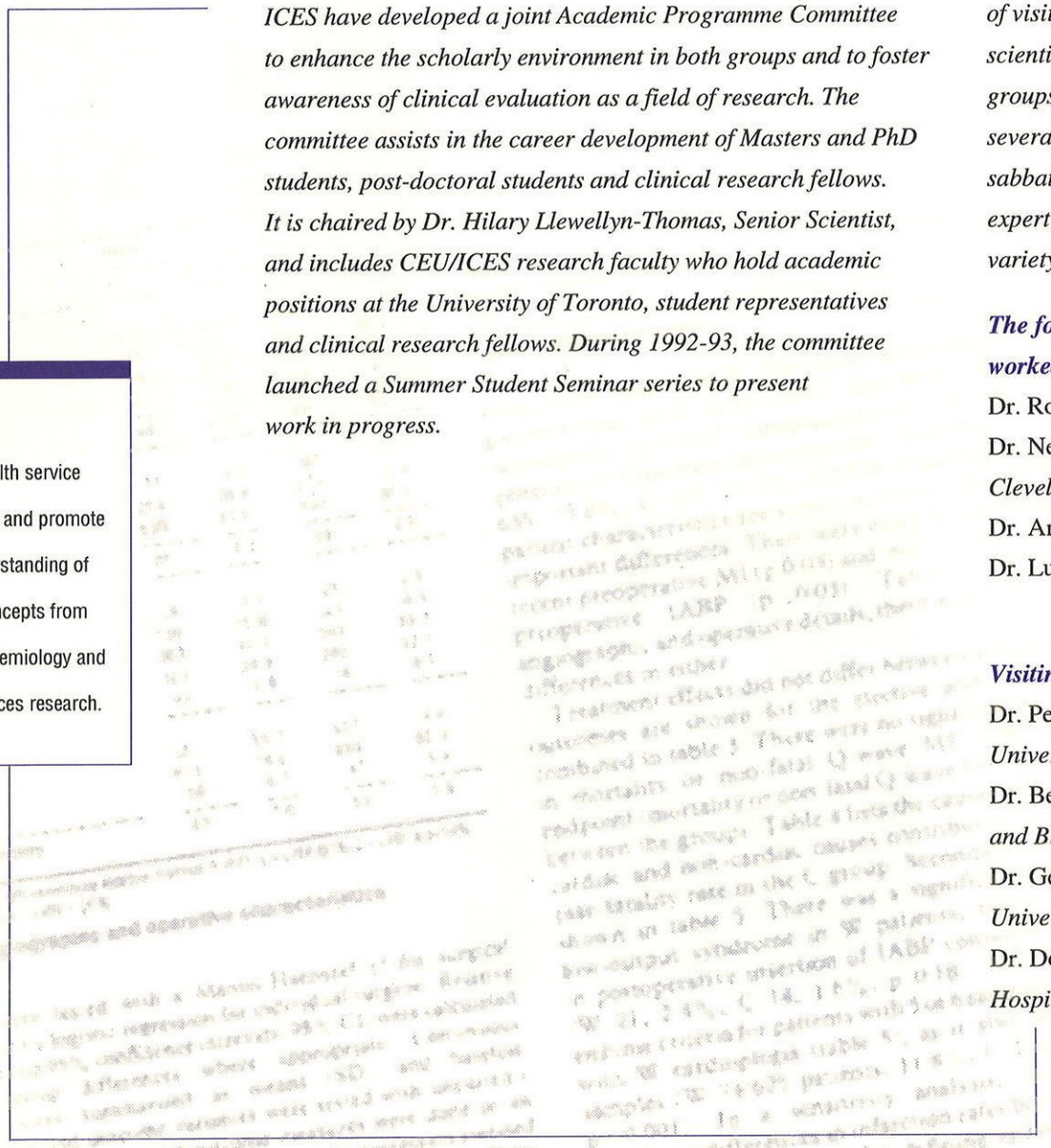
RESEARCH

Academic Programme Committee

The Clinical Epidemiology Unit (CEU) of Sunnybrook and ICES have developed a joint Academic Programme Committee to enhance the scholarly environment in both groups and to foster awareness of clinical evaluation as a field of research. The committee assists in the career development of Masters and PhD students, post-doctoral students and clinical research fellows. It is chaired by Dr. Hilary Llewellyn-Thomas, Senior Scientist, and includes CEU/ICES research faculty who hold academic positions at the University of Toronto, student representatives and clinical research fellows. During 1992-93, the committee launched a Summer Student Seminar series to present work in progress.

Goal

To train health service researchers and promote wider understanding of relevant concepts from clinical epidemiology and health services research.



Visiting and sabbatical scientists

The Institute for Clinical Evaluative Sciences hosted a number of visiting and sabbatical scientists over the past year. These scientists, who hold primary appointments with other research groups, use ICES facilities on an occasional or full-time basis for several months. The arrangement is symbiotic since visiting and sabbatical scientists bring their methodological and clinical expertise to ICES while working with Institute researchers on a variety of topic areas.

The following sabbatical scientists worked within ICES in 1993-94:

Dr. Robert Dales, *Ottawa General Hospital*

Dr. Neal Dawson, *Case Western Reserve University Hospital, Cleveland, Ohio*

Dr. Annette O'Connor, *University of Ottawa*

Dr. Lucas Stalpers, *University of Nijemgen, Netherlands*

Visiting scientists included:

Dr. Peter Coyte, *Department of Health Administration, University of Toronto*

Dr. Bernie O'Brien, *Department of Clinical Epidemiology and Biostatistics, McMaster University*

Dr. George Pink, *Department of Health Administration, University of Toronto*

Dr. Donald Redelmeier, *Department of Medicine and Wellesley Hospital Clinical Epidemiology Division, University of Toronto*

RESEARCH

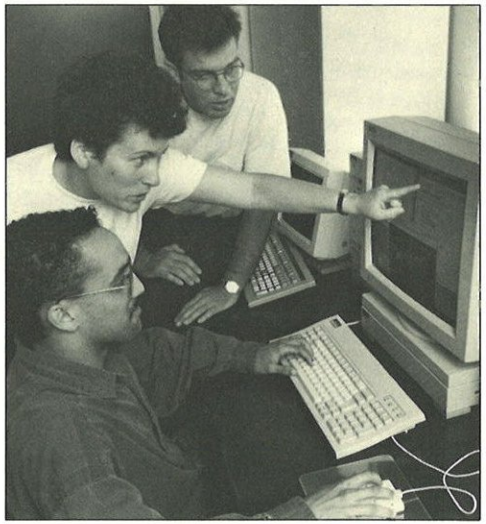
Computer teams keep ICES running

Working behind-the-scenes, the Technical Team (Tech Team) keeps each ICES project running smoothly by providing programming and analytical support to all staff. "Our team is like an engine," says Dr. Teresa To, manager of the ICES Tech Team. "You don't see the engine unless you open up the hood, but without it the car won't run."

Tech Team staff specialize in translating human statements into computer language, says Dr. To. They work with complex administrative databases, such as those from the Hospital Medical Records Institute, Ontario Health Survey and Ontario Drug Benefits Plan, to help ICES investigators find answers to their research questions.

The 11-person team will be responsible for all the data analyses in the ICES Practice Atlas. Team members bring to ICES expertise in many fields, including mathematics, statistics, computer science and epidemiology. They also take the time to share their knowledge and train ICES students and fellows on data programs.

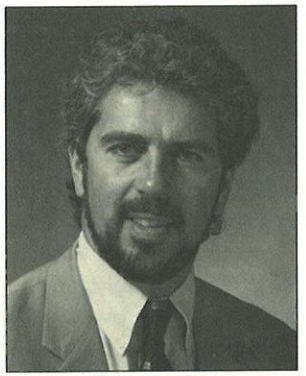
Yet another group of computer experts, Information Systems, keeps the Tech Team and all of ICES on track. This group, managed by J-R Kidston, is responsible for providing systems support to the whole Institute. They are the trouble-shooters for the huge SUN SPARC database, which stores all ICES data, and also for the computer network that links the entire organization. Information Systems recommends hardware and software packages and on occasion provides computer training to staff.



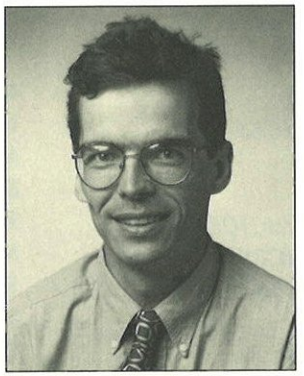
Fellowship honours

Adam Linton

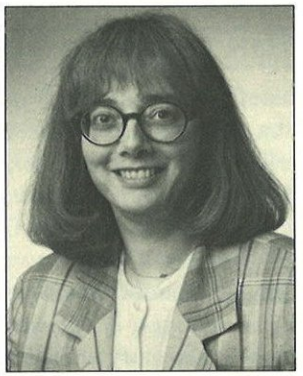
The Adam Linton Fellowship was established by ICES in March of 1993 to support the work of a scientist in health services research for one year. The fellowship is dedicated to the memory of the late Dr. Linton who was integral in the conceptualization of the Institute. During his career in medicine and medical politics, Dr. Linton served as Chief of the Department of Medicine at Victoria Hospital in London and President of the Ontario Medical Association. He was involved in research which covered the entire spectrum of renal disease and addressed a broad range of health care, economic and quality assurance issues. The first Adam Linton Fellowship will be awarded in May of 1994.



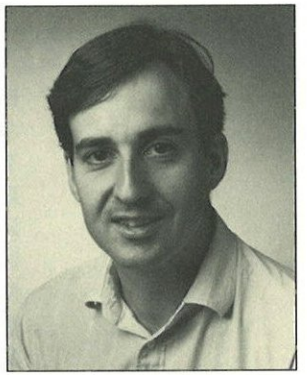
Dr. Geoffrey Anderson
Senior Scientist



Dr. Antoni Basinski
Senior Scientist

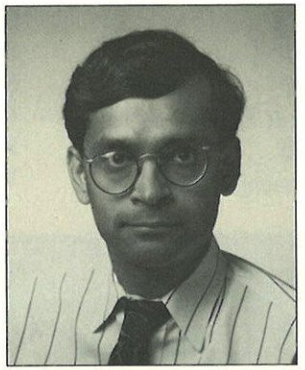


Dr. Marsha Cohen
Senior Scientist



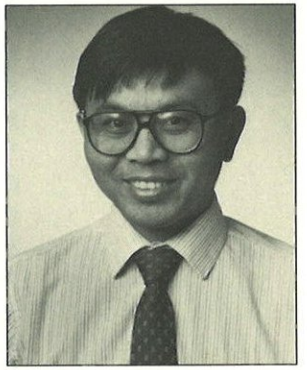
Dr. Warren McIsaac
Associate Scientist

Dr. Lorraine Ferris
Scientist



Dr. Vivek Goel
Scientist

Dr. Hilary Llewellyn-Thomas
Senior Scientist



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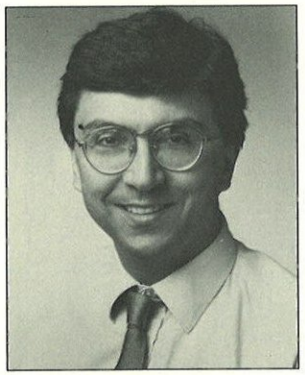

Dr. David Naylor
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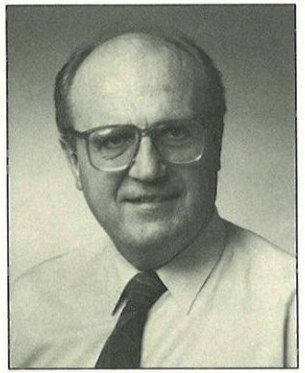
Dr. Teresa To
Scientist



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Anne-Marie Ugnat
Dr. Ross Upshur
Helen Xie
Nancy Young

COMMITTEES

Joint Management Committee

The following people served on the committee during part, or all, of the 1993-94 fiscal year:

Mr. Michael Decter
Dr. Tom Dickson
Dr. John Evans
Mr. Peter Fraser
Dr. Wendy Graham
Dr. Karyn Kaufman
Ms. Patricia Malcolmson
Dr. Robert McKendry
Ms. Margaret Mottershead
Dr. Wayne Parsons
Ms. Jodey Porter
Dr. Michael Thoburn
Dr. Michael Wyman

External Coordinating Committee

The ICES External Coordinating Committee (ECC) was established in the fall of 1993 by the Joint Management Committee. The ECC includes representatives from ICES, the Ministry of Health, the Ontario Medical Association, the Ontario Hospital Association and the District Health Councils of Ontario. The committee meets bi-monthly to develop strategies to disseminate research information, and to coordinate the development of policies and procedures in response to ICES research findings. The committee's meetings in 1993 were devoted to reviewing the Practice Atlas and formulating plans for its release and implementation.

Scientific Advisory Committee

The Scientific Advisory Committee was created as an advisory body to the CEO of ICES and to the Joint Management Committee. It provides guidance to ICES to ensure the scientific merit and policy relevance of the Institute's work. The committee also makes recommendations on the use of ICES resources.

In June of 1993, the Scientific Advisory Committee reported on the start-up activities of the Institute. The following is an excerpt from the report:

"Our overwhelming impression at this initial meeting was that an exciting opportunity was being grasped by a group of highly competent investigators. ... Accordingly, we find this enterprise an unprecedented opportunity for improving the effectiveness and efficiency of health care through relevant research of high quality."

Dr. Renaldo Battista,
Montreal General Hospital
Dr. Iain Chalmers,
The Cochrane Centre, Oxford
Dr. Wendy Dobson,
University of Toronto
Dr. Thomas Inui,
Harvard University
Dr. Arnold Relman,
Brigham & Women's Hospital, Boston
Dr. Noralou Roos,
Manitoba Centre for Health Policy & Evaluation, Winnipeg
Dr. David Sackett *(Chair), Centre for Evidence-based Medicine, Oxford*
Dr. Duncan Sinclair,
Queen's University, Kingston
Dr. George Torrance,
McMaster University, Hamilton

Auditor's Report

To the Members and Board of Directors of The Institute for Clinical Evaluative Sciences in Ontario

The accompanying Summarized Financial Statements have been prepared from the financial statements of The Institute for Clinical Evaluative Sciences in Ontario for the year ended March 31, 1994 by the Institute's management. We have examined these financial statements and reported thereon without reservation on May 10, 1994. In our opinion, the accompanying Summarized Financial Statements are fairly stated, in all material respects, in relation to those financial statements from which they have been derived.

Coopers + Lybrand

Chartered Accountants
North York, Ontario
May 10, 1994

Balance Sheet as at March 31, 1994

	1994			1993
	Capital and Operating Fund	Restricted Fund	Total	Capital and Operating Fund and Total
Assets				
Current Assets				
Cash	$ 561,177	$ 159,637	$ 720,814	$ 711,778
Short-term investments, at cost	697,795	696,101	1,393,896	762,364
Other receivables	32,551	-	32,551	11,949
	1,291,523	855,738	2,147,261	1,486,091
Capital Assets	922,056	-	922,056	347,648
	$ 2,213,579	$ 855,738	$ 3,069,317	$ 1,833,739
Liabilities				
Current Liabilities				
Accounts payable and accruals	$ 246,124	$ -	$ 246,124	$ 73,532
Due to Sunnybrook Health Science Centre	863,294	-	863,294	63,102
	1,109,418	-	1,109,418	136,634
Deferred Operating Grant	-	-	-	1,159,089
Deferred Capital Appropriation	298,956	-	298,956	68,980
Deferred Start-Up Grant	805,205	-	805,205	469,036
Deferred Grant	-	855,738	855,738	-
	$ 2,213,579	$ 855,738	$ 3,069,317	$ 1,833,739

Capital and Operating Fund
Statement of Revenue and Expenditure
For the year ended March 31, 1994

	1994	1993
Revenue		
Grants -		
Operating and start-up	$ 4,085,438	$ 1,802,895
Roundtable conference	-	18,775
Interest income	43,111	80,018
Other income	21,442	-
	$ 4,149,991	$ 1,901,688
Expenditure		
Salaries and benefits	$ 2,835,681	$ 1,296,426
Consultative services	328,290	154,298
Computer supplies and software	260,099	134,834
Office and general expenses	210,019	89,693
Travel	90,532	44,351
Amortization of capital assets	126,325	38,639
Professional	11,783	44,025
Administrative	226,366	20,000
Catering	14,405	13,665
Roundtable conference	-	18,775
Other	46,491	46,982
	4,149,991	1,901,688
Excess of Revenue Over Expenditure for the Year	$ -	$ -

Capital and Operating Fund
Statement of Changes in Financial Position
For the year ended March 31, 1994

	1994	1993
Operating Activities		
Excess of revenue over expenditure for the period	$ -	$ -
Item not affecting cash -		
Amortization of capital assets	126,325	38,639
Change in non-cash working capital	952,182	124,685
	1,078,507	163,324
Investing Activity		
Purchase of capital assets	(700,733)	(386,287)
Financing Activities		
Change in deferred operating and start-up grants	(822,920)	1,628,125
Increase in deferred capital fund	229,976	68,980
	(592,944)	1,697,105
Change in Cash and Short-Term Investments - for the Year	(215,170)	1,474,142
Cash and Short-Term Investments - Beginning of Year	1,474,142	-
Cash and Short-Term Investments - End of Year	$ 1,258,972	$ 1,474,142

Restricted Fund

Statement of Revenue, Expenditure and Deferred Grants

For the year ended March 31, 1994

	Grant receipts	Transferred from deferred operating grant	Interest and other income	Expenditure	Deferred grants
Ontario Health Care Evaluation Network	$ -	$ 800,000	$ 40,029	$ (101,439)	$ 738,590
Breast Cancer Screening Mapping Project	56,195	-	-	(8,828)	47,367
Studies on Therapeutic Abortion Services in Ontario	115,444	-	-	(45,663)	69,781
	$ 171,639	$ 800,000	$ 40,029	$ (155,930)	$ 855,738

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