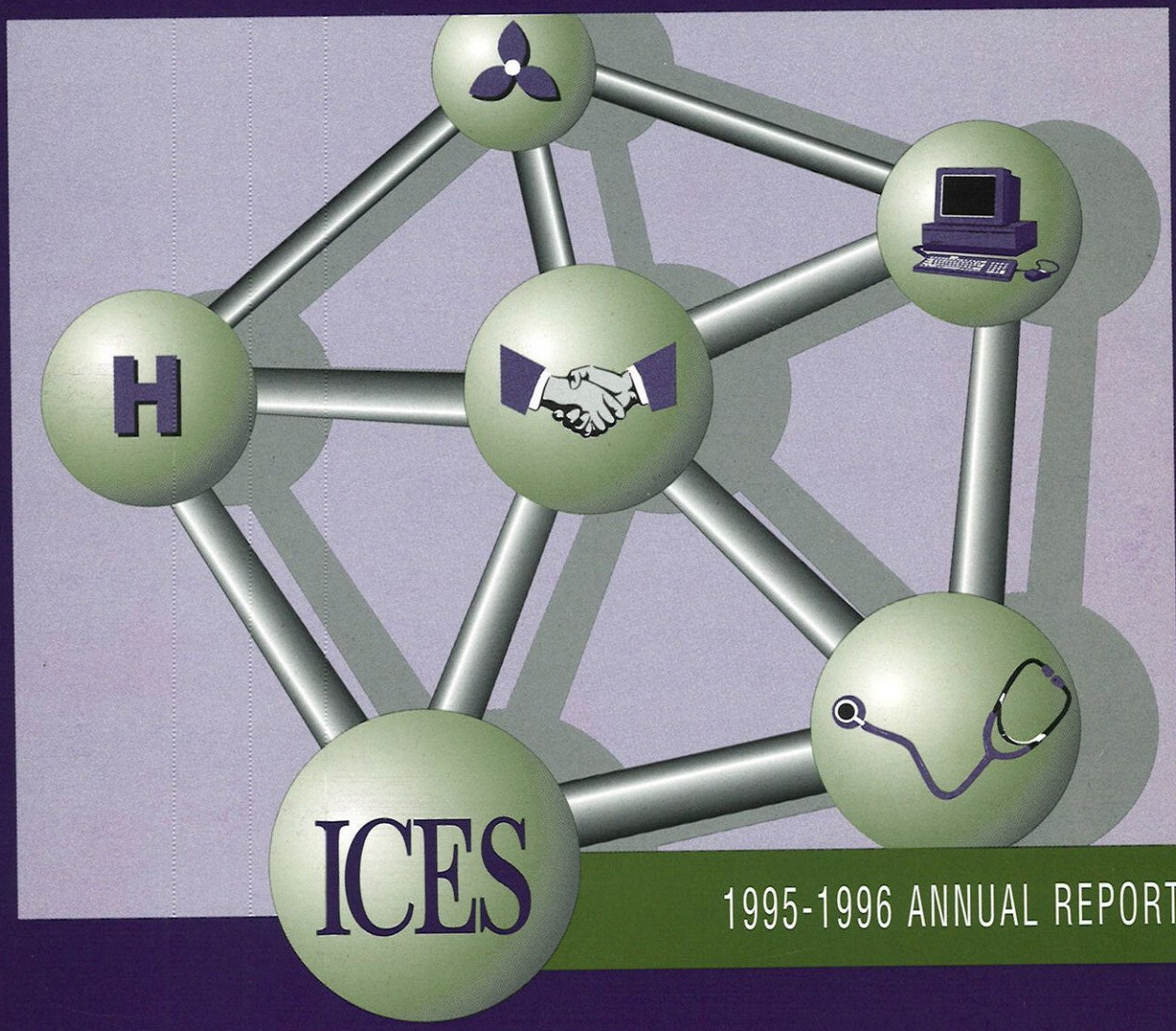
BUILDING LINKAGES



1995-1996 ANNUAL REPORT

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES IN ONTARIO

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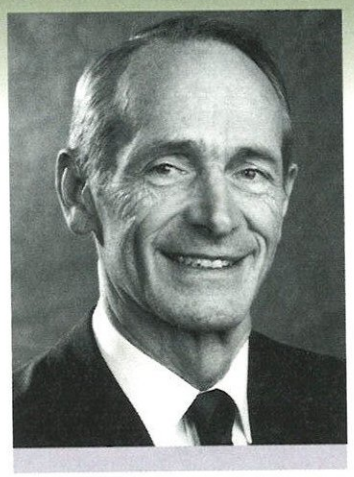
CHAIRMAN'S MESSAGE



Four years ago, the idea of an independent health services research body for Ontario was brought to fruition with the establishment of the Institute for Clinical Evaluative Sciences (ICES). It was a collaborative effort; the Ontario Medical Association and the Ministry of Health were co-sponsors of this new endeavour established to conduct research that would contribute to the effectiveness, efficiency, and quality of the health care system in Ontario.

Since that time, linkages have been an integral part of the ICES mandate. ICES has continued to establish and build upon relationships with other health research organizations, policy and decision makers, and stakeholder groups in an effort to enrich its research and ensure that we can "put research into practice." Some of these relationships involve collaborations on research projects, some involve dissemination partnerships, while others involve participation by ICES staff and faculty on numerous multi-stakeholder committees and boards.

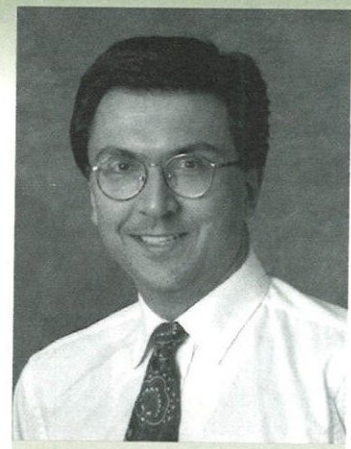
As a result, in the past four years, we have seen ICES projects, collaborations, and various external initiatives result in leading-edge research and useful tools, as well as changes to policy and practice. These positive outcomes will continue to benefit both the health care system and the people of Ontario and beyond.

On behalf of the Board, I would like to congratulate the dedicated staff at ICES on their excellent research and many accomplishments, the most recent of which are documented in this annual report. The Board wishes them and their collaborators continued success in their contributions to effective, efficient, and high quality health care.

Yours sincerely,

John Evans
CHAIRMAN *of* THE BOARD OF DIRECTORS

CEO'S REFLECTIONS



Four years ago, ICES was a compelling set of ideas championed by stakeholders who shared a belief that research information and evidence could and should be better marshalled to improve health care in Ontario. Today, ICES is a large, independent research organization, but our accomplishments remain heavily dependent on the input, assistance, and advice of our many stakeholders. We hope to maintain and build upon these linkages with the medical profession and other stakeholders so that our research and dissemination efforts can continue to serve as a catalyst for change.

During 1995/96, we completed many of our early research projects. A monumental amount of staff time and effort was devoted to the development of the second *ICES Practice Atlas: Patterns of Health Care in Ontario*. We hope that this volume, like its predecessor, will be a useful resource to policy and decision makers in the health care field. It provides a comprehensive picture of health care in Ontario through analyses of data about health and the delivery of services, and serves as a basis for change at the local and provincial levels. My personal thanks go to those who worked on this project, and to all ICES staff for their continued support and dedication to health services research that is both rigorous and relevant.

It also has been a year for internal and external reviews of ICES. In an internal operational review of the corporation in early 1995, the late Alan Backley provided us with invaluable advice that continues to shape the internal evolution of our management structures and processes. In the past year, ICES also underwent an external review, which was mandated by the Ministry of Health in our original agreement, to evaluate the progress of the Institute and to determine its future.

Our many thanks to the members of the panel who conducted the review, and the many stakeholders who participated, for their valuable feedback and their recommendations that ICES continue as an organization. As a result of this positive renewal process, a transition is under way that will

lead to new accountabilities and governance structures for the Institute.

Last, I must thank our many partners and stakeholders for the ongoing support and contributions to the research of ICES. We know that the next year will be an extremely challenging one for all who work within the health care system. ICES remains committed to generating information and evidence with the aim of helping those on the frontlines of health care meet the challenge of retooling the system so that it will be sustainable for generations to come.

Yours sincerely,

C. David Naylor
CHIEF EXECUTIVE OFFICER

BUILDING LINKAGES

Combining Resources & Expertise

Canadian Cancer Society, Ontario Division • Cardiac Care Network - CCN • Clarke Institute of Psychiatry • Health Evidence Application and Linkage Network - HEALNet • Joint Policy & Planning Committee - JPPC • Midwifery Human Resources and Practice Databases, Laurentian University • Ontario Association of Medical Laboratories - OAML • Ontario Health Care Evaluation Network - OHCEN • Ontario Mental Health Group, McMaster University • Provincial Hysterectomy Working Group - MOH, OMA, OHA • Southwestern Ontario Critical Care Resources Network, London, Ontario

ICES provides...

support to many organizations—scientific expertise, dissemination and other resources—on projects that contribute to effective, efficient, and high quality care in Ontario.

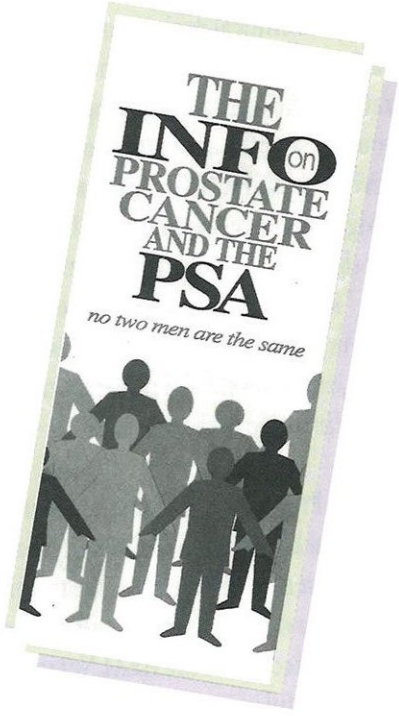
In the past year, ICES has worked with organizations on various research projects, implementation projects, and initiatives to develop information tools and other products.

The Info on Prostate Cancer and the PSA: no two men are the same, a brochure which provides men with general information about the disease and the prostate screening test, was the result of a successful collaboration with the Canadian Cancer Society (CCS)—Ontario Division. Bunny Segal, Director of Community Services for CCS, says working relationships such as the one with ICES are extremely important. "Partnerships play an important role for volunteer-based organizations—like ours—in making their information relevant and accessible to people," she says.

ICES provided the scientific background for the brochure, while the CCS coordinated production and distribution. The brochure is widely available through cancer centres and doctors' offices across Ontario. Segal says the brochure has been so successful, a second printing was required and it was translated into a French-language fact sheet as well.

Evaluating how to get information out to those who need it is the focus of an ongoing partnership with the Ontario Association of Medical Laboratories (OAML), a group representing community-based, independent labs. Through its quality assurance program, the OAML is trying to optimize the use of lab services. "We're encouraging clinically relevant decision making and the efficient use of health care resources," says John Hamilton, Program Manager. "This means ensuring that the appropriate tests are done at the appropriate time."

The OAML has developed a number of evidence-based guidelines for physicians to help them determine what's best for their patients. ICES Senior Scientist, Dr. Vivek Goel, sits on the OAML's Professional Advisory Group, one of the bodies which reviews the guidelines before they are disseminated to the



province's lab directors and their client physicians. "In projects such as this, relationships with other stakeholder groups are really critical," says Hamilton. "It's a way of getting our message out to a broader audience." ICES has helped OAML reach a wider group of physicians by making the guidelines available through the ICES fax-on-demand service. The Institute is also evaluating the OAML's new public education campaign.

A new national initiative, the Health Evidence Application and Linkage Network (HEALNet), is linking researchers, decision makers, and private sector partners from across the country. ICES was one of the key players in the proposal of HEALNet for funding under the federally-sponsored Networks of Centres of Excellence. Headquartered at McMaster University in Hamilton, HEALNet is a multidisciplinary, four-year research program centred on six themes including the improvement of clinical decision making, the organization and performance of health care organizations, the equitable distribution of health care resources, and the maintenance of healthy, productive workplaces. "Ultimately, we want to provide high quality research that will result in good ideas that the private sector can utilize and make profitable," says Program Leader, Dr. George Browman. An active research agenda has been established, and several ICES researchers and staff members are involved in the projects.

> "We work together to improve the quality of the data and the quality of care."

An Education Program Committee has been formed as well, and Dr. Jack Williams, ICES Deputy Director of Research, is a member. He believes the training of future health services researchers will be one of the most positive outcomes of the HEALNet initiative. "If we are successful in implementing an academic exchange program, students who take part in these multidisciplinary projects will get tremendous experience. Their exposure to a wide variety of disciplines and sectors, including private industry, will provide them with a broader set of skills that will prepare them for a research career in either the academic or private sector areas." The committee is deliberating ways to facilitate exchanges for students and fellows.

ICES also has been involved with the Cardiac Care Network (CCN). It was established by the Ministry of Health in 1990 as an advisory body on cardiovascular services in Ontario. It also acts as a liaison and coordinating body for patients who are waiting for cardiac surgery. ICES CEO, Dr. David Naylor, who has been involved with the Network from its early developmental stages, says the ongoing work between the two organizations is a tremendous partnership, both practically and academically. ICES provides overview analyses for academic purposes, and acts as an external monitor of data on cardiovascular services. "We work together to improve the quality of the data and the quality of cardiovascular care," he says.

The analyses have provided CCN with information to guide them and the Ministry of Health in policy and decision making. A study on patterns of cardiac surgery provided supporting data and analyses for some of the recommendations contained in CCN's report, *Three-year Strategic Plan—Adult Cardiac Surgery*. The recommendations were accepted by the Minister of Health, and in December of 1995, the Minister announced a budget increase for cardiac surgery in Ontario.

CREATING ALLIANCES

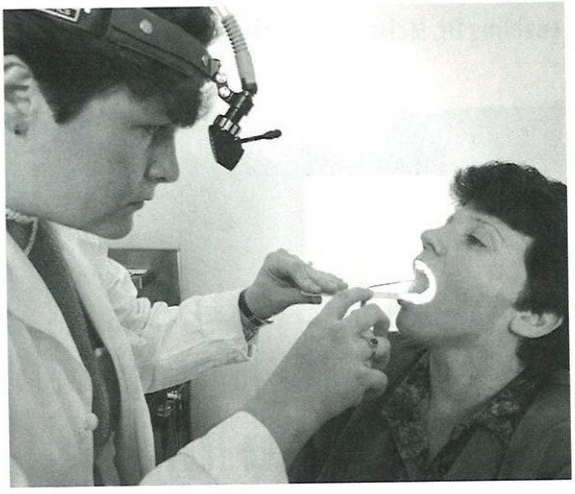
Cooperative Research Achieves Change

Developing Tools Together

"A project that would never have happened without a community partnership."

That's how Dr. Warren McIsaac, an Adjunct Scientist with ICES, describes his recent research project. Since receiving a letter from concerned doctors in Stratford, Ontario, Dr. McIsaac has been investigating scoring systems to help physicians determine when antibiotics should be prescribed for an adult patient with a sore throat. The final product is the Sore Throat Score Card, a practical, pocket-sized tool that doctors can use during a patient visit.

It's not that doctors are erroneously prescribing antibiotics. They are required for strep throat. However, a lot of factors, including patient expectations, affect a physician's decision to prescribe the drugs, and as a result, about half of the patients who visit their doctors for a cold leave with a prescription for antibiotics. Only 10 to 20 per cent of them actually have strep. The increasing incidence of antibiotic resistance, combined with the fact that nearly 13 per cent of all visits to physicians are related to colds and their symptoms, means that reducing unnecessary antibiotic prescribing could have a



significant impact on the health system and its limited resources, as well as the quality of care for patients.

Sore throat scores aren't new. Dr. McIsaac investigated scoring systems from around the world, each of which predicted the probability of strep, but none of which had an impact on prescribing patterns. His score card builds on a system developed by an American team. Not only does it predict the probability of a patient having strep throat, but it also provides an explicit decision step. That added step, in addition to the simplicity of the score card, are behind its clinical usefulness. "All the feedback from physicians is that this is practical, this is doable, this is useful," says Dr. McIsaac. "But unless doctors are using it at each encounter and formally scoring people, we're not going to see the benefit in terms of reduced antibiotic prescribing levels."

Changing physicians', or anyone's behaviours, is not a simple feat. Dr. McIsaac believes in a community development approach as an instrument for change. It was successful in a pilot trial in Stratford, where four local doctors serving as community experts had the entire medical community involved. The sore throat score then caught the attention of 3M, a private sector company with an interest in antibiotic prescribing patterns.

3M funded a wider dissemination of the score card, enabling Dr. McIsaac to test the system and its impact on prescribing patterns. About 2,500 physicians received information packages and a form which they were asked to fill out during the next visit with a patient with a cold. The results suggested a 25 per cent drop in prescriptions for antibiotics when physicians used the scoring system.

Revisions are now being made to the score based on the results of the trial. Dr. McIsaac's next step is to test an adapted version of the score for those under the age of 15.

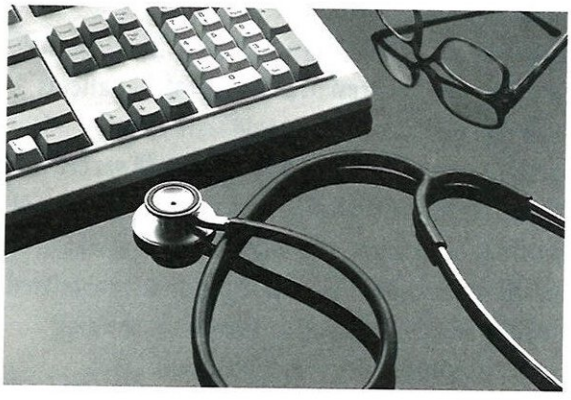
Building Consensus for Patients' Safety

Should Ontario physicians have a duty to inform third parties when they believe a patient's threat to seriously harm another individual or group could become reality?

According to a medical expert panel—they should. As a result, the College of Physicians and Surgeons in Ontario (CPSO) is implementing the panel's recommendations to clarify the physician's duty in these circumstances.

Dr. Lorraine Ferris, a senior scientist at ICES, assembled and chaired the panel. It comprises representatives of CPSO, the Ontario Medical Association, the Canadian Medical Protective Association, the Royal College of Physicians and Surgeons, and the Ontario College of Family Physicians. Ferris brought the group together after she was approached by the board of the Patricia Allen Memorial Fund to research the area of duty to inform.

"In Ontario and other provinces, doctors have been in a catch-22," says Dr. Ferris. According to common law, physicians may be required to report patients when there is a serious risk of violence; however, doing so puts them at risk of professional misconduct because it breaks the rules regarding physician-patient confidentiality. "The situation has been rather confusing and stressful for physicians. The goal of this project has been to help physicians meet their common law obligations without fear of professional misconduct."



After conducting a literature review, studying submissions from other interested parties, and interviewing various experts, the panel concluded that there are instances when confidentiality should be breached. If the patient has made a directed threat, has a weapon, has a feasible plan and the ability to carry out the threat, physicians should immediately notify police, and where appropriate, the potential victim. The report should include information about the threat, the situation, and the doctor's opinion. When a patient has made a threat, but the other elements aren't present, the patient should undergo a risk assessment for violence. If the assessment indicates that the violence will more likely than not occur, the physician again should notify the third parties.

Dr. Ferris also has been working with the Attorney General's Office, the Ontario Ministry of Health, and medical professionals to address another legal issue facing Ontario physicians—proper documentation of alleged and suspected cases of spousal abuse. The research team has published work on the issue and is currently developing a standard medical form that would help physicians document the necessary, relevant, and appropriate clinical information in patients' medical charts. The practice of high quality documentation is essential to the identification of abuse and care of the patient, and potentially, the provision of concrete evidence of abuse in court. "Physicians are nervous about interacting with the legal system," says Ferris. "But the courts only expect physicians to maintain quality medical records according to the standards of practice of the profession."

Collaboration for Children

When Senior Scientist Dr. Teresa To decided to add children's health to the research mix at ICES, she knew she needed to link up with experts in pediatrics.

She found those dedicated specialists in PORT—the Pediatric Outcomes Research Team—a group associated with the Hospital for Sick Children in Toronto, under the direction of Dr. William Feldman, who also heads the Division of General Pediatrics at the hospital. Since then, Dr. To has worked closely with both Feldman and Dr. Paul Dick, a pediatrician at the hospital who is also a member of PORT.

"We complement each other's area of expertise," says To. "They provide clinical expertise. I provide methodological skills and data sources."

Describing the partnership as a "marriage made in heaven," Dr. To and PORT have worked on numerous projects including studies on gastroenteritis, asthma, and croup. Their major

collaborative effort, however, was the production of a chapter on pediatrics for the second edition of the *ICES Practice Atlas*.

The group spent the past year developing the chapter which reviews child-related OHIP data, hospitalization rates, and several common childhood medical conditions and surgical procedures. The primary focus of their research was childhood asthma, a respiratory disease which results in the hospitalization of more than 12,000 children every year. "We were surprised by the number of hospitalizations for a disease that is treatable in the community and doesn't necessarily require hospitalization," says To.

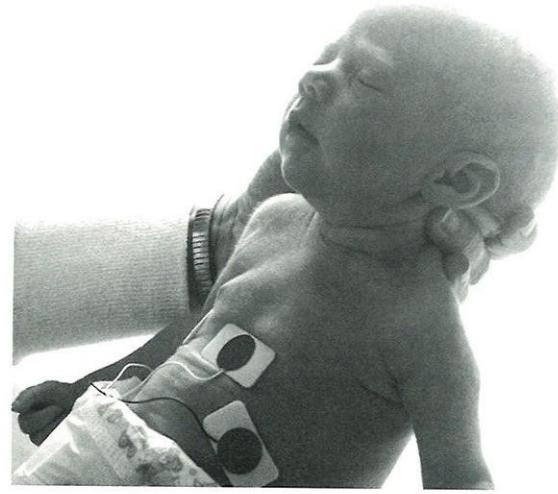
The study found that children four years of age and younger have the highest rate of asthma-related hospitalizations and boys are twice as likely as girls to be hospitalized. Twenty per cent of those children will be readmitted to hospital within six months for more treatment.

"Because asthma is largely defined by symptoms, and most of those are also signs of other conditions, a diagnosis of asthma may be delayed," says To. As a result, proper treatment is also delayed. Dr. To will be working with PORT to look at the issue of diagnosis and what tools might be developed to help physicians make their determination. They'll also be examining what other mechanisms must be in place—such as community care, asthma outpatient clinics, and better education for parents—to meet the needs of asthmatic children and their families, and reduce hospitalizations.

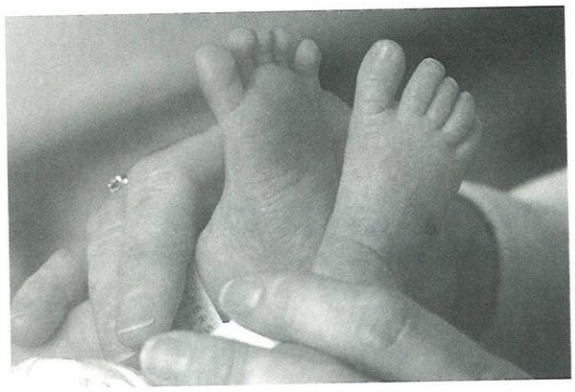
Joint Ventures for Quality Care

"Everybody has an interest in providing high quality health care; by working together, we can achieve that goal," says Dr. Geoffrey Anderson, Senior Scientist at ICES.

Anderson is the principal investigator for several major research collaborations involving a wide range of stakeholders, provincially and nationally. Among them is the Maternity Care Guidelines Implementation Development Project (MCGIDP), developed two years ago in cooperation with the



Ontario Medical Association, the Society of Obstetricians and Gynecologists of Canada (SOGC), and the Ontario Ministry of Health.



"Putting research into medical practice is key to providing high quality care," says Dr. Anderson. "MCGIDP is doing this through the implementation and evaluation of four evidence-based guidelines." The guidelines, originally developed by the SOGC, cover vaginal birth for patients who have had a previous cesarean section, dystocia (long, difficult labour), fetal health surveillance and labour support (the continous presence of a professional caregiver such as a nurse).

The pilot project for the implementation strategy has been ongoing in the south central Ontario town of Orillia and is based on modern continuing education principles. Obstetrical staff from six area hospitals have been participating in a series of workshops, training sessions and lectures featuring prominent guest speakers. They learn about the guidelines, as well as barriers to, and methods for, implementation at the local level.

Patients will be learning about the guidelines as well. MCGIDP is developing patient materials, on issues such as pain and progress of labour, which will make the guidelines accessible to women so that they can make informed decisions about their care. "Our goal is to develop a system so that everyone involved in obstetrics—from the patient to the specialist—is involved in achieving effective, high quality obstetrical care," says Dr. Anderson.

The MCGIDP pilot project provided valuable information for a broader, randomized trial—which recently was awarded funding from the Medical Research Council (MRC)—that will begin in the fall of 1996.

Drug prescribing patterns in Ontario are the focus of another of Dr. Anderson's projects. Along with other ICES staff members, he is working with the Office of Continuing Education in the University of Toronto's Faculty of Medicine to study different educational

techniques to improve drug prescribing in Ontario. "The combination of our research skills and the university's educational expertise has made this an ideal partnership for this research project," he says.

On a national level, Dr. Anderson is also working with the Canadian Institute for Health Information (CIHI) on several research projects. One of the initiatives will link hospital utilization data with the National Population Health Survey. "It's a unique opportunity to look at both social and health determinants of hospital utilization," he says. Other studies will examine tools to help in planning, management and evaluation of subprovincial health care programs such as regional health authorities, and to determine the feasibility of a national database on prescription drug use.

REACHING PEOPLE

Making Research Relevant and Clear

How do you make the results of research relevant to the broader community so that it can be put to good use?

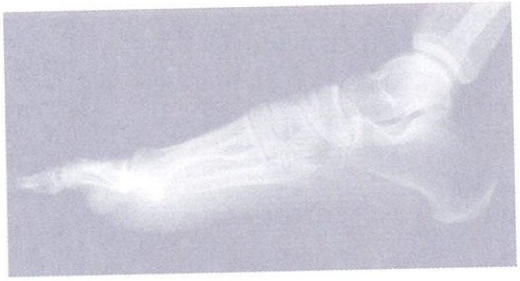
For ICES, communicating with, and reaching policy makers, decision makers, health care professionals, and the general public is critical if the institution is to achieve its goals and serve as a catalyst for change in the Ontario health care system.

Publishing research in peer-reviewed journals is an established method of getting research into the academic community. Last year alone, ICES faculty published more than 40 articles in key medical and health services journals. However, an external review panel recommended that ICES should be more proactive and consistent in the dissemination of its research activities to reach a wider audience. The announcement of the Research Transfer Unit in 1994/95 was the first step. Since then, under the leadership of Director Cathy Fooks, the unit has developed into a team capable of taking research beyond the walls of the Institute in a variety of ways.

One of the key communications initiatives for 1995 was the development and launch of the ICES World

Wide Web site on the Internet. "Our goal is to get as much evidence-based research as possible into the hands of health care providers and patients, and the Internet is just one of the tools we use to do that," says Lawrence Stevenson, Informatics Officer and the ICES Webmaster. "People from all over the world are telling us that they find the information on our web site useful, and more people are visiting and revisiting our site as it becomes better known."

The ICES web site was operational March 1st and features information about the Institute, ICES research and staff, *informed* (a newsletter for Ontario physicians), and the ICES Exchange. The Exchange is a unique opportunity which provides a forum for health professionals from across the province, and around the world, to share useful information that can help them in their work.



"If you don't measure, how do you know if the research you're disseminating is having an impact?"

Patients need information too, and ICES is involved in producing tools to help them make informed decisions about their treatment. ICES developed several new decision aids this past year which are now in the pilot stage. They include a booklet and audio tape for women faced with a choice between lumpectomy and mastectomy and a booklet for coronary risk assessment. ICES also sponsored the development of a decision aid for post-menopausal women considering the use of hormone replacement therapy, which was produced at the University of Ottawa by Dr. Annette O'Connor.

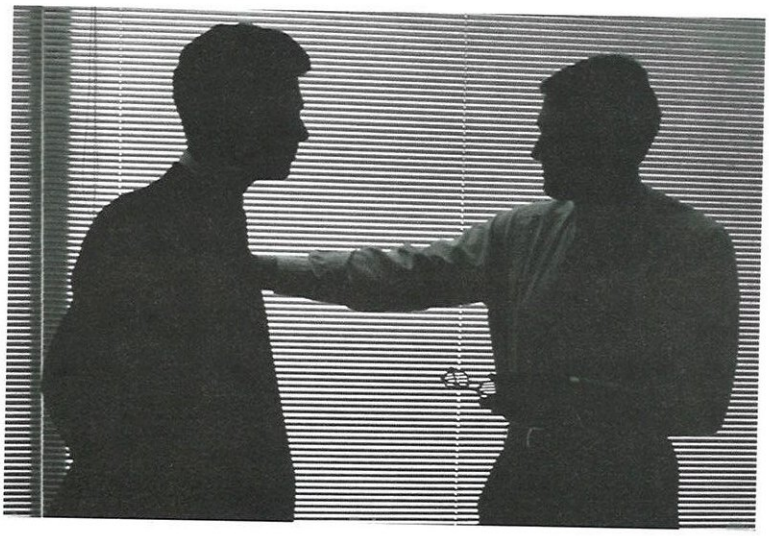
With the multitude of information available, it's important to make sure that what ICES is sending out is useful and having the desired impact. Evaluation is an integral function of the Research Transfer Unit.

"If you don't measure, how do you know if the research you're disseminating is having an impact?" says Cathy Cameron, Evaluation Coordinator. "Evaluation is a way of getting feedback on what you're doing and finding improved methods for research implementation."

A province-wide implementation and evaluation of the Ottawa Ankle Rules began in early 1996. The rules were created by Dr. Ian Stiell at the University of Ottawa and were funded, in part, by ICES. The rules help emergency room physicians decide which ankle injuries aren't fractures and, as a result, cut down on the number of unnecessary ankle and foot X-rays.

Approximately 85 per cent of people who go to hospital with an ankle injury are sent for X-rays although only about 15 per cent of them will actually have a fracture. The implementation project involves a group of physicians who were provided with the training and tools to go back into community hospitals across the province to teach the rules to emergency physicians and nurses. The effect of the implementation will be evaluated through a variety of means including chart abstractions in late 1996.

INVESTING IN THE FUTURE



Preparing and training tomorrow's health services researchers is an integral part of the ICES mandate.

"We're committed to developing people," says CEO, David Naylor, who has seen former students and fellows, some of the brightest young minds in the country, go on to work at renowned organizations across Canada and around the world. Currently, more than one dozen students are involved in ICES' academic component, a collaborative initiative with the Clinical Epidemiology Unit (CEU) of Sunnybrook Health Science Centre. For those with an interest in clinical epidemiology and health services research, the program offers unique research experience and training under the guidance of distinguished faculty.

The majority of ICES faculty members hold cross-appointments in graduate programs at the University of Toronto in clinical epidemiology, health administration, behavioural science, epidemiology, nursing and in the university's Institute of Medical Science. But teaching and learning are not limited to the university; they're global, and many faculty have travelled to distant places to teach and share their expertise.

Dr. Peter Singer, Director of the University of Toronto Joint Centre for Bioethics, discusses "Multi-method and Interdisciplinary Research" with ICES students, staff, and visitors during a Health Services Research Lecture.

Dr. Jan Hux, recipient of the Adam Linton Fellowship award 1994-1996.

For students who decide to pursue a career in clinical evaluative sciences, ICES established the Adam Linton Fellowship which is administered by the Ontario Medical Association. For the past two years, Dr. Jan Hux has been the recipient of this award which honours the memory of the former OMA president whose ideas and support were so crucial to the early development of ICES. A new Linton Fellow will join ICES in September of 1996.

Dr. Hux was the driving force behind ICES' most recent educational forum, the Health Services Research Lecture Series. Held twice a month, these informal lectures span a wide variety of topics and are open to all. The lectures are designed to be of general interest—a learning experience for anyone, even if they don't have a background in the subject matter.

Other ongoing education and information sessions include the weekly Conjoint Evaluative Sciences Rounds, presented by ICES and the Clinical Epidemiology Unit of Sunnybrook Health Science Centre, where internal and external speakers present the results of their recently completed or ongoing research; a journal club which promotes discussion on the methodologies used in published papers; and, informal student seminars, in which students present their current work or practice for a formal presentation such as a thesis defence. ICES is also involved in the National Centres of Excellence program which serves as a training ground for tomorrow's scientists.

FINANCIAL STATEMENTS

Balance Sheet as at March 31, 1996

	1996			1995		
	Capital and Operating Fund	Restricted Fund	Total	Capital and Operating Fund	Restricted Fund	Total
ASSETS						
Current Assets						
Cash	$ 24,851	$ 27,629	$ 52,480	$ 176,695	$ 98,085	$ 274,780
Short-term investments	1,019,212	284,299	1,303,511	1,091,673	542,372	1,634,045
Other receivables	31,018	- - -	31,018	31,665	- - -	31,665
Prepaid expenses	16,124	- - -	16,124	43,283	- - -	43,283
	1,091,205	311,928	1,403,133	1,343,316	640,457	1,983,773
Capital Assets	966,535	- - -	966,535	969,990	- - -	969,990
	$2,057,740	$ 311,928	$2,369,668	$2,313,306	$ 640,457	$2,953,763
LIABILITIES						
Current Liabilities						
Accounts payable and accruals	$256,336	$ 239	$ 256,575	$ 214,508	$ - - -	$ 214,508
Due to Sunnybrook Health Science Centre	834,869	- - -	834,869	1,128,808	- - -	1,128,808
	1,091,205	239	1,091,444	1,343,316	- - -	1,343,316
Deferred Capital Appropriation	$438,340	- - -	438,340	290,530	- - -	290,530
Deferred Start-up Grant	528,195	- - -	528,195	679,460	- - -	679,460
Deferred Grants	- - -	311, 689	311,689	- - -	640,457	640,457
	$2,057,740	$ 311,928	$2,369,668	$2,313,306	$ 640,457	$2,953,763

Capital and Operating Fund

Statement of Revenue and Expenditures for the year ended March 31, 1996

	1996	1995
REVENUE		
Grants -		
Operating	$ 4,173,547	$ 4,352,709
Start-up	151,265	125,745
Interest Income	175,464	45,439
Other Income	71,460	52,579
	4,571,736	4,576,472
EXPENDITURE		
Salaries and benefits	3,122,271	3,132,753
Consultative services	312,639	443,670
Computer supplies and software	202,755	189,395
Office and general expenses	255,485	208,835
Travel	79,118	89,049
Amortization of capital assets	264,946	204,359
Professional	43,949	22,072
Administrative	211,366	221,366
Catering	16,799	25,515
Other	62,408	39,458
	4,571,736	4,576,472
Excess of Revenue Over Expenditure for the Year	$ - - -	$ - - -

Capital and Operating Fund

Statement of Changes in Financial Position for the year ended March 31, 1996

	1996	1995
Cash Provided From (Used In):		
Operating Activities		
Excess of revenue over expenditure for the year	$ - - -	$ - - -
Items not affecting cash-		
Start-up grant	(151,265)	(125,745)
Transfer from operating grant to deferred capital appropriation	268,291	70,188
Amortization of deferred capital appropriation	(119,474)	(78,614)
Net book value of disposed capital assets transfer to operating grant	(1,007)	- - -
Amortization of capital assets	264,946	204,359
Loss on disposal of capital assets	2,030	- - -
Change in non-cash working capital	(224,305)	191,501
	39,216	261,689
Investing Activities		
Purchase of capital assets	(268,291)	(252,293)
Proceeds from disposal of capital assets	4,770	- - -
	(263,521)	(252,293)
Increase (Decrease) in Cash and Short-term Investments for the Year	(224,305)	9,396
Cash and Short-term Investments-Beginning of Year	1,268,368	1,258,972
Cash and Short-term Investments-End of Year	$1,044,063	$1,268,368
Cash and Short-term Investments Comprises:		
Cash	$ 24,851	$ 176,695
Short-term investments	1,019,212	1,091,673
	$1,044,063	$1,268,368

Restricted Fund

Statement of Revenue, Expenditures and Deferred Grants for the year ended March 31, 1996

	Deferred grants at March 31, 1995	Grant receipts	Interest and other income	Expenditure	Deferred grants at March 31, 1996
Ontario Health Care Evaluation Network	$ 544,779	$ ---	$ 32,592	$ 349,789	$ 227,582
Breast Cancer Screening Mapping Project	25,569	---	1,193	17	26,745
T.A. Studies #1-4	30,079	---	858	22,875	8,062
D.T.I. Study	40,030	30,000	1,404	40,160	31,274
Task Force on Funding and Delivery of Medical Care	---	70,350	---	61,324	9,026
HealNet Grant	---	9,000	---	---	9,000
ICES External Review	---	51,000	---	51,000	---
	$ 640,457	$ 160,350	$ 36,047	$ 525,165	$ 311,689

Auditors' Report

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, 1996, by the Institute's management. We have audited these financial statements and reported thereon without reservation on May 10, 1996. 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, 1996

LEGISLATIVE REQUIREMENTS

The Institute for Clinical Evaluative Sciences (ICES) receives an operating grant through the Ontario Ministry of Health. As a publicly funded agency, the Institute must comply with various legislative requirements. During the 1995/96 fiscal year, ICES met the following:

Employment Equity Act, 1993

ICES participated in an employment equity workforce survey as part of the Sunnybrook Health Science Centre's Valuing Diversity initiative.

Social Contract Act, 1993

ICES met the financial requirements outlined in the Act.

Ontario Public Sector Salary Disclosure Act, 1996

ICES made available the following information as required under the Act on March 29, 1996.

Public Sector Salary Disclosure Act

The following employees of the Institute for Clinical Evaluative Sciences (ICES) received salaries of $100,000 or more in 1995:

- Dr. Vivek Goel, Senior Scientist
  Salary- $123,461.94 Benefits- $1,165.09
- Dr. J. Ivan Williams, Deputy Director Research
  Salary- $111,000.00 Benefits- $1,138.51

COMMITTEE & BOARD MEMBERS

ICES Board of Directors

Dr. John Evans (Chair)
TORSTAR Corporation

Mr. Tom Closson
CEO, Sunnybrook Health Science Centre

Mr. Tom Magyarody
Director of Administration, Ontario Medical Association

Dr. Ian Warrack
Past President, Ontario Medical Association

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The Cochrane Centre, Oxford, United Kingdom

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Queen's University Faculty of Medicine
Kingston, Ontario

Dr. George Torrance
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ICES

Ms. Jackie Cooper
Ontario Medical Association

Mr. Brad Graham
Ontario Ministry of Health

Dr. Nora Ho
Ontario Ministry of Health

Mr. Paul Huras
Thames Valley District Health Council

Mr. Ron Sapsford
Ontario Hospital Association

Ms. Natalie Rashkovan
Joint Policy and Planning Committee Secretariat

Ms. Joanne Rolland
Simcoe District Health Council

Dr. Michael Thoburn
Ontario Medical Association

WORKING TOGETHER

Research Coordinators

(left to right) Elaine Gort, Judy Carter, Mohammed Agha, Patti Pinfold (Manager), Elaine Thiel, Michael Paterson, Michele Melady, Tami Axcell, Susan Bronskill, Jane Sandercock, Ruth Croxford, Wendy Young

Faculty

(upper photo, left to right) Jack Williams (Deputy Director, Research), Warren McIsaac, Toni Basinski, David Naylor (CEO)

(lower photo, left to right) Jan Hux, Hans Kreder, Teresa To, Geoff Anderson, Marsha Cohen, Don Redelmeier, Hilary Llewellyn-Thomas, Aubie Angel, Ben Chan, Jack Tu

Administrative Support Team

(left to right) Francine Duquette, Pauline Grant, Lina Paolucci, Eileen Patchett, Margaret Brady, Gale Delaney, Donna Polyak, Wendy Cooke, Mona Shaw, Madeline Rogers (Director)

ICES staff...

are dedicated to improving the efficiency, effectiveness, and quality of health care for all Ontarians.

Technical Team & Systems Dept.

(upper photo, left to right) Marc-Erick Thériault, Keyi Wu, Erluo Chen, Don DeBoer

(lower photo, left to right) Martin Louis-Bright, Michelle Tran, David Fielding, Kathy Sykora, Colin Shepherd, Eileen Lee, Rod Hernandez, Claus Wall (Manager, Technical Team)

Research Transfer Unit

(left to right) Donna Hoppenheim, Cathy Fooks (Director), Laura Benben, Lawrence Stevenson, Cathy Cameron, Kathy Knowles Chapeskie

Graduate Students and Fellows

(left to right) David Alter, Shawna Mercer, Lynn Elinson, Anne Shin

ICES

The Institute for Clinical Evaluative Sciences

produces a variety of publications, reports and other materials. For more information about ICES and the products available, please contact us at:

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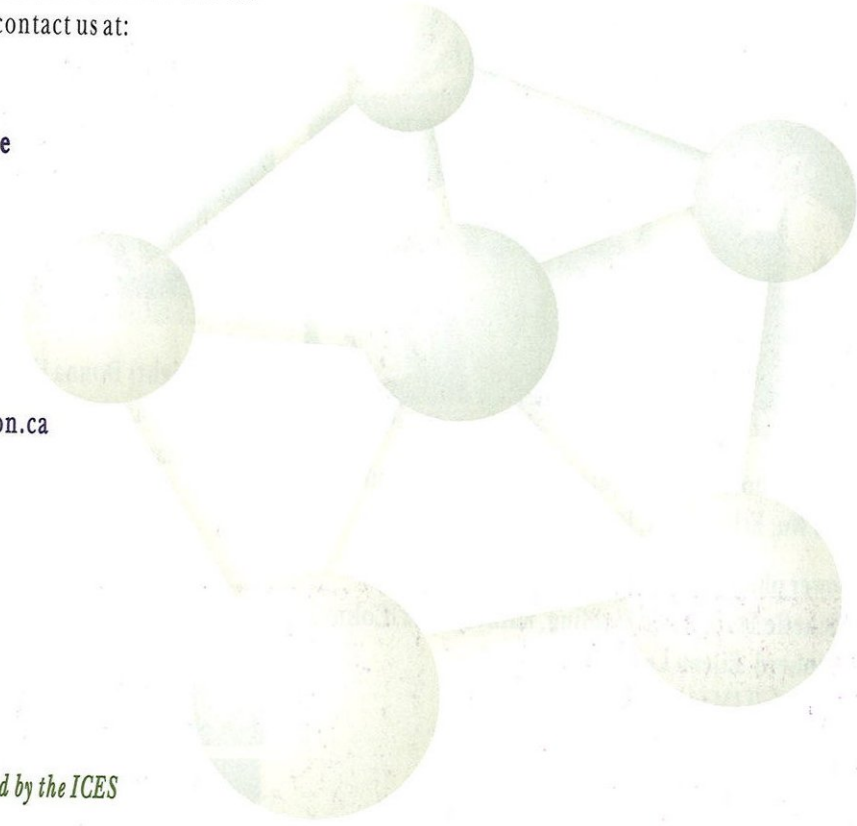

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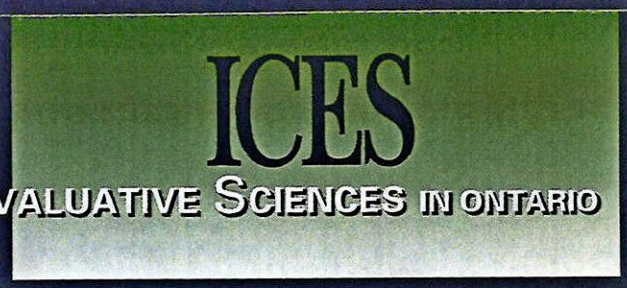

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES IN ONTARIO