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

Institute for Clinical Evaluative Sciences

Statement of Financial Position

As at March 31, 2001

	Fiscal Year 2001			Fiscal Year 2000		
ASSETS	Capital and Operating Fund $	Restricted Fund $	**Total $**	Capital and Operating Fund $	Restricted Fund $	**Total $**
Current assets						
Cash	646,003	1,415,283	2,061,286	782,990	1,417,783	2,200,773
Other receivables	181,653	3	181,656	118,787	92	118,879
Prepaid expenses	7,195	--	7,195	7,641	--	7,641
Total current assets	**834,851**	**1,415,286**	**2,250,137**	**909,418**	**1,417,875**	**2,327,293**
Capital assets	686,854	--	686,854	709,541	--	709,541
Total assets	**$1,521,705**	**$1,415,286**	**$2,936,991**	**$1,618,959**	**$1,417,875**	**$3,036,834**
LIABILITIES AND DEFERRED AMOUNTS						
Current liabilities	Capital and Operating Fund $	Restricted Fund $	**Total $**	Capital and Operating Fund $	Restricted Fund $	**Total $**
Accounts payable and accruals	251,828	--	251,828	246,873	--	246,873
Due to Sunnybrook and Women's College Health Sciences Centre	195,402	--	195,402	345,135	--	345,135
Total current liabilities	**447,230**	--	**447,230**	**592,008**	--	**592,008**
Deferred operating grant	387,621	--	387,621	317,410	--	317,410
Deferred capital grants	581,875	--	581,875	562,570	--	562,570
Deferred start-up grant	104,979	--	104,979	146,971	--	146,971
Deferred expense grants	--	1,415,286	1,415,286	--	1,417,875	1,417,875
Total liabilities and deferred amounts	**$1,521,705**	**$1,415,286**	**$2,936,991**	**$1,618,959**	**$1,417,875**	**$3,036,834**

Statement of Operations

For the year ended March 31, 2001

	Capital and Operating Fund		Restricted Fund		Total	
REVENUE						
Fiscal year	**2001 $**	2000 $	**2001 $**	2000 $	**2001 $**	2000 $
Grants—Operating	4,410,484	4,106,851	--	--	4,410,484	4,106,851
—Amortization of deferred start-up grant	41,992	47,003	--	--	41,992	47,003
Interest income	66,940	31,679	--	--	66,940	31,679
Other revenue	983,953	664,770	--	--	983,953	664,770
Amortization of deferred expense grants	--	--	100,362	144,525	100,362	144,525
Total revenue	**$5,503,369**	**$4,850,303**	**$100,362**	**$144,525**	**$5,603,731**	**$4,994,828**
EXPENDITURES						
Salaries and benefits	3,758,194	3,310,436	37,424	69,687	3,795,618	3,380,123
Consultative services	309,964	314,967	50,202	54,272	360,166	369,239
Computer supplies and software	393,142	292,947	--	--	393,142	292,947
Office and general	236,828	221,800	8,272	5,944	245,100	227,744
Travel	96,491	101,915	2,173	3,286	98,664	105,201
Amortization of capital assets	258,933	229,810	--	--	258,933	229,810
Professional	93,741	72,564	370	285	94,111	72,849
Administrative	224,141	224,141	--	--	224,141	224,141
Other	131,935	81,723	1,921	11,051	133,856	92,774
Total expenditures	**$5,503,369**	**$4,850,303**	**$100,362**	**$144,525**	**$5,603,731**	**$4,994,828**
Excess of revenue over expenditures for the year	--	--	--	--	--	--

Statement of Cash Flows

For the year ended March 31, 2001

	Capital and Operating Fund		Restricted Fund		Total	
CASH PROVIDED BY (USED IN)						
Fiscal year	**2001 $**	2000 $	**2001 $**	2000 $	**2001 $**	2000 $
OPERATING ACTIVITIES						
Excess of revenue over expenditures for the year	--	--	--	--	--	--
Items not affecting cash: Excess of operating grant deferred	70,211	298,210	--	--	70,211	298,210
Amortization of deferred start-up grant	(41,992)	(47,003)	--	--	(41,992)	(47,003)
Amortization of deferred capital grant	(216,941)	(182,807)	--	--	(216,941)	(182,807)
Amortization of deferred expense grants	--	--	(100,362)	(144,525)	(100,362)	(144,525)
Amortization of capital assets	258,933	229,810	--	--	258,933	229,810
Change in non-cash working capital	(207,198)	(552,450)	89	85,771	(207,109)	(466,679)
Total operating activities	**($136,987)**	**($254,240)**	**($100,273)**	**($58,754)**	**($237,260)**	**($312,994)**
INVESTING ACTIVITIES						
Transfer from operating grant to deferred capital grant	236,246	277,746	--	--	236,246	277,746
Purchase of capital assests	(236,246)	(277,746)	--	--	(236,246)	(277,746)
Total investing activities	**--**	--	**--**	--	**--**	--
FINANCING ACTIVITIES						
Deferred grants received	**--**	--	97,773	73,163	97,773	73,163
Increase (decrease) in cash for the year	(136,987)	(254,240)	(2,500)	14,409	(139,487)	(239,831)
Cash—Beginning of year	782,990	1,037,230	1,417,783	1,403,374	2,200,773	2,440,604
Cash—End of year	**$646,003**	**$782,990**	**$1,415,283**	**$1,417,783**	**$2,061,286**	**$2,200,773**

Auditors' Report

To the Board of Directors of the Institute for Clinical Evaluative Sciences

The accompanying summarized balance sheet and statements of operations and cash flows are derived from the complete financial statements of the Institute for Clinical Evaluative Sciences as at March 31, 2001 and for the year then ended on which we expressed an opinion without reservation in our report dated April 30, 2001. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

PricewaterhouseCoopers LLP

Chartered Accountants

Full audited statements available upon request.

Ontario Public Sector Salary Disclosure Act, 1996

The following full-time employees of the Institute for Clinical Evaluative Sciences (ICES) received salaries of $100,000 or more in calendar year 2000.

Dr. Benjamin Chan, Scientist
Annual salary $105,944.76—No Taxable benefits

Madeline Riehl, Vice-President Corporate Services
Annual salary $110,782.75—Taxable benefits $1,044.17

Dr. J. Ivan Williams, Scientist
Annual salary $125,383.24—Taxable benefits $918.28

This information is not part of the financial statements and therefore is not audited.

ANNUAL REPORT 2000-2001

FOCUS ON Research

ICES Institute for Clinical Evaluative Sciences

Mission

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

Our Goals

- To carry out policy and clinically relevant health services research from a population-wide perspective.
- To document province-wide patterns of medical care on an ongoing basis.
- To develop and disseminate information and decision tools of use to policy makers, administrators, clinician-managers, practitioners, and patients.
- To implement, then evaluate projects in a clinical setting so as to promote more effective and efficient patterns of care.
- To promote linkages among health services researchers in Ontario, and between researchers and decision makers.
- To train health services researchers and promote a wider understanding of relevant concepts from clinical epidemiology and health services research.

Focus on Research

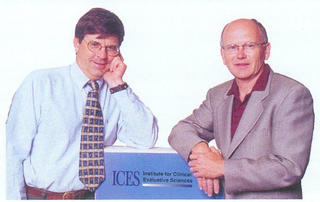
Looking Back...

Message from the Chairman and CEO

Funding for health research in Canada has increased significantly through agencies and programs such as the Canada Foundation for Innovation (CFI), Canadian Institutes of Health Research (CIHR), the Networks of Centres of Excellence and others. ICES plans to capitalize on these opportunities, while we continue to work with the Ministry of Health and Long-Term Care in Ontario (MOHLTC) and our other research partners.

In July, we were delighted to learn that our proposal to the CFI for infrastructure support, submitted in collaboration with Sunnybrook and Women's College Health Sciences Centre (S&W), was approved. This funding, combined with additional funding support from the Ministry, will allow us to add two more floors to our current building, and expand our databases into a world-class resource, which will include administrative databases, data from registries and clinical studies. The MOHLTC fully supports this project and has extended our research agreement until the year 2005.

Our researchers will continue their studies of variations in practice and outcome, the effectiveness, equity and efficiency of health care in Ontario, methods of optimizing care, and health technology assessment. We look forward to extending the scope of our research by conducting more studies comparing Ontario with other provinces and countries.



The ICES research team continues to grow. Andreas Laupacis joined the staff officially as President and Chief Executive Officer in September. While still in Ottawa, he helped to draft the CFI proposal, giving him an opportunity to familiarize himself with the "ICES culture" before taking over his new responsibilities. Other scientists joining the ICES team this year include: David Alter, Veronique Benk, Gillian Booth, Adelsteinn Brown, Carole Estabrooks, Curry Grant, Barbara Liu, Nizar Mahomed, Mark Stabile and Gary Teare.

Former President and CEO, J. (Jack) Ivan Williams, continues to serve as Senior Scientist and Manager, Health Information at ICES. His commitment to ICES, and its development, has been enormous over the past decade, as have his contributions to health services research over the last 30 years. As Jack tackles the new challenge of setting up a research division at the Toronto Rehabilitation Institute in Toronto, we wish him well and every success with this new venture. In particular, we thank Jack for making the leadership transition so smooth.

We also extend a warm welcome to Stan Lofsky, a family physician from Toronto and member of the Board of the Ontario Medical Association, and Catharine Whiteside from the University of Toronto, who have joined the ICES Board for two-year terms. Regretfully, Heather Munro-Blum resigned from the Board during the year to concentrate on her responsibilities at the University of Toronto.

Achievements

Several ICES researchers have had their excellence recognized with peer-reviewed, career support awards. Beyond acknowledging the talent of these scientists, the awards provide valuable financial support for the scientists' career development and the hiring of staff to assist with their research activities. In addition, many faculty members received awards and recognition for their academic and clinical activities.

Career awards were received by:
David Alter—*Career Scientist Award, CIHR;* **Carole Estabrooks**—*Population Health Investigator Award, Alberta Heritage Foundation for Medical Research (AHFMR) and a Health Scholar Award, CIHR;* **Gillian Hawker**—*Investigator Award, CIHR;* **Michael Schull**—*the Peter Lougheed Research Award and New Investigator Award, CIHR;* **Jack Tu**—*Canada Research Chair in Health Services Research, CIHR;* **Carl van Walraven**—*Career Scientist Award, Ontario Ministry of Health and Long-Term Care.*

Leading edge research

ICES researchers have been highly successful in obtaining grants to pursue their research into the examination of methods and outcomes of health care delivery in Ontario and Canada.

Two major projects that will bring together researchers from across Canada are now underway. The Canadian Cardiovascular Outcomes Research Team (CCORT) is a national project that will conduct research to improve the care and outcomes of patients suffering from heart disease. As a member of the Networks of Centres of Excellence program in stroke, ICES staff will help develop the Canadian Stroke Registry which will study how stroke care is currently managed in Ontario and the rest of Canada, and assess the effect of changes in stroke care upon patient outcomes. ICES staff will also be evaluating the new Ontario Stroke Strategy.

> ***"ICES is embarking on new endeavours in the coming years. Andreas brings a wealth of experience in health care and research to ICES."***
>
> *Peter Glynn, Board Chair*

In the area of cancer research, investigators have begun to study the process and outcomes of care for soft tissue sarcoma of the extremities, and ICES staff is playing a lead role in investigating the waiting times for radiotherapy in Ontario for patients with various cancers.

Another project involves assessment of the burden of diabetes in Ontario, the change in incidence and prevalence over time and across regions, as well as patterns of care and outcomes. This project will culminate in the production of a comprehensive "Diabetes Atlas."

In addition to about 100 projects already in progress, researchers are involved in the following new studies:

- Socioeconomic Status and Acute Myocardial Infarction (SESAMI) Project, which is examining the relationship between socioeconomic status, quality of care, and patient outcomes following acute myocardial infarction.
- Population Health Impact Assessment Tools (PHIAT). The ICES team is developing population-based analytic methods that link health care data to assess the impact of both medical and non-medical factors upon population health.
- Positron Emission Tomography (PET) Scanning. This health technology assessment reviews the available literature about the diagnostic accuracy, effect upon clinical outcomes and cost-effectiveness of PET scanning.

Training future researchers

ICES' first international educational venture is the Ulysses Project—an International Master's Program in Health Technology Assessment (HTA) and Management. It is being funded by the European Union and Human Resources Development Canada, with support from the Canadian Health Services Research Foundation (CHSRF). For the next three years, faculty from institutions in Quebec, Ontario, Spain and Italy will train about 15 students from Canada and 21 students from Europe to become HTA users and producers. Much of the training will be done long-distance, although there will be four two-week blocks of intensive instruction at various sites. ICES faculty will serve as trainers and ICES will be one of the training sites where students will obtain practical experience. More information on this innovative project can be found on the ICES website at www.ices.on.ca—Projects-Health Technology Assessment.

Sharing research findings with the health care community and decision makers has been made easier through the re-design of the ICES website. The inclusion of an advanced search function enables us to share the results of our research around the world. While improvements in technology speed the dissemination activities, we continue to produce printed reports and promote our work through peer-reviewed journal articles, conference presentations, committee work and involvement in collaborative partnerships throughout the health care community.

Protecting privacy

The protection of privacy and the security of data have always been high priorities at ICES. With the introduction of federal legislation to protect personal information—Bill C-6—early in 2000, and proposed provincial legislation under review, we have re-examined our policies and procedures relating to privacy and protection of data. Using advice from experts in the field, our existing procedures and practices have been updated and we have developed a Privacy Code, Privacy Impact Assessments for each project, and expanded our orientation and documentation processes. In addition, we have appointed a Privacy Officer who will monitor activities in this area and respond to inquiries and concerns from the general public.

In appreciation

ICES has been fortunate to receive strong, ongoing support from the Ontario Ministry of Health and Long-Term Care, as well as continuing cooperation and collaboration from a wide variety of partners across all sectors of the health care community. Our research projects could not be accomplished without the support and involvement of these partners. In the coming year, we will be devoting time to strengthening our existing partnerships and building new ones.

All of our achievements during the past year would not have been possible without the commitment and dedication of all ICES faculty and staff. The complexity of our activities requires the knowledge of people with many different talents and skill-sets. Collectively, they are the foundation upon which ICES' reputation is built and they will be the ones who help to build our research capacity in the years to come.

Peter Glynn
Chair, Board of Directors

Andreas Laupacis
President and Chief Executive Officer

Looking Ahead...

ANDREAS LAUPACIS
PRESIDENT & CHIEF EXECUTIVE OFFICER

Dr. Andreas Laupacis

Dr. Andreas Laupacis assumed his position as President and Chief Executive Officer of ICES in September 2000. Prior to his appointment, he was Director of the Clinical Epidemiology Unit at the Loeb Health Research Institute and Vice-Chair of Research in the Department of Medicine at the University of Ottawa.

An accomplished researcher, Dr. Laupacis has interests in health technology assessment, clinical trials and economic evaluation in a number of clinical areas ranging from stroke prevention to joint replacement. He has published more than 100 articles in peer-reviewed journals and written chapters for several books. He obtained a five-year Career Scientist Award from the former Medical Research Council of Canada in 1995 and is now a Senior Scientist with the Canadian Institutes of Health Research (CIHR). He was the first recipient of the International Society of Technology Assessment in Health Care Fellowship in 1995.

Currently, Dr. Laupacis serves on the Board of Directors of the International Society of Technology Assessment in Health Care and the Health Advisory Committee of the Alberta Heritage Foundation for Medical Research. He also chairs the Health Services Evaluation and Interventions Research Committee of the CIHR.

In addition to his role at ICES, Dr. Laupacis is a professor in the Departments of Medicine and Health Administration at the University of Toronto. He is a member of the division of General Internal Medicine at Sunnybrook and Women's College Health Sciences Centre, seeing inpatients and outpatients on a part-time basis. He is also an affiliate investigator of the Ottawa Health Research Institute (formerly the Loeb Health Research Institute) and an adjunct professor in the Department of Medicine at the University of Ottawa.

Dr. Laupacis received his medical degree from Queen's University and his post-graduate clinical training from Dalhousie University and the University of Western Ontario. He also has an MSc in Design, Measurement and Evaluation from McMaster University.

FIRST IMPRESSIONS

"ICES is fortunate to have enormously skilled and dedicated scientists and staff who work together on a wide variety of research activities. Our areas of clinical research appropriately reflect the importance of different diseases to the health of Ontarians.

ICES will be looking at increased interaction and cooperation with other groups as a way of managing the demand for research and the keen interest that Ontarians have in their health care system.

Our mission statement continues to accurately reflect what ICES will be doing in the coming three to five years. In addition, I see an important role in education of future researchers."